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

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Date of Notification (1)		82						wner/Operator (計	0 5	n n		-		
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☑ DOH	Amend					State, Zip				AS	BESTOS	CONT	ROL	- Gl		
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									Other (i	.e., priv	ate and cor	mmercia	al bu	ilding	s,	
City (5)			-						homes,							
Fair Haven								1	Square Fee	et	# of Floors	5		ig. A	ge	
County (6)			1112.5-		Cou	ntv Code (7	7)(ST	TATE USE ONLY)	Current Us	e (Prior	2 if boing do	maliaha		65		
Monmouth						,(.	, ηση.	7112 GGE GI421)	Resider		ii being de	molisne	a)			
Name of Monitoring Firm Hire	ed by Bui	lding Ow	vner (8)	ASCM	No.	Na	ame of Abateme								_
N/A								Guardian Con								
Street Address							-	reet Address								
0.1								1889 Route 9,	Unit 61							
City, State, Zip Code							Cit	ty, State, Zip Co	de			1				
Project Manager for Monitorin	- F:						-	Toms River, N	lew Jerse	y 0875	5					
r roject Mariager for Monitorin	ig Firm			Tele	phone	No.	1077	elephone No.			License N	0.				
Start Date (10)		Schedul	od Co	mala	tion D	to (44)		732-349-9932			00624					
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Occupancy Status During Aba	1 - 2 - 2							E.M.S.L. Analy	yticai							
☐ Facility Closed/Vacated Di					ment		1000	reet Address 1056 Stelton								
☐ Abatement Performed Out	side of N	ormal Fa	acility	Hour	s - Des	scribe		ty, State, Zip Coo	40							
Time of Abatement:	_AM	PM/_		_PM-		AM		Piscataway, N		/ 0885	Λ					
Scope of Work (Check all that	apply)							.coataway, it	CW OCISC)	, 0000					-	_
≥3 sf or ≥3 if		_	Rer	ovati	00			☐ Full Conta	inment with	Negati	ve Pressur	е				
≥160 sf or ≥260 lf			Den					☐ Mini-Enclo	Procedure							
								⊠ Non-Exem	npted (*) and	d Non-F	riable Proc	edure				
Location of				Locat orma									Aba	teme	nt Ty	/pe
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Name of Registered Waste Ha	uler				IDEBA	Manta	0 :	i i v]				
Guardian Contracting, I					JDEP \ auler IC		Cub Was	bic Yards of	Name of R		ed Landfill					
City, State					20223	0.0000	3		T.R.R.F	•						
Toms River, New Jersey	v							posal Date	City, State		•					
Completed By (Print or Type)	1	Title					U	5/28/18	lullyto	wn, Pe	nnsylvan	ııa	5	. Ja		
Nicholas Fernicola			ect l	Vlana	ner			Signature	1	Sugar	1	Date	-		1	
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* Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 05/11/2018	A.S. Saw of The P	1			of Building C ns Institu				v [[\overline{n}	E C	0 [W	E	
Agencies Notified	Type Notification)		Street A	Address				J.C.D. Commercial Comm	以下		emaha eti ette e	manufacture of White			
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× DEP × DOL	Amended Amendmen	t #			ate, Zip Coo ken, NJ 0				1		į, v. c	The i		22.0-9		Pri-page
NOH DOH	Emergency justification				of Contact					Tel	ephone	Nun	ber	INTE	ROL 8	_ <u>i</u>
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Name of Facility Where Howe Center (Scho	Abatement is Takin	ng Place (3)	FAC	ILITY INFO	KIVIAI	ION	Тур	e of Facility (4	4)						
Street Address	,							×	School (K-1: Subchapter		er than	K-12	١			
1 Castle Point on F	łudson							Ħ	Other (i.e. pretc.)					dings	, hom	es,
City (5) Hoboken									are Feet		Floors			lldg. /	Age	
County (6)			-	County	Code (7)	2-10-7-		N/A	-	N/A				I/A		
Hudson				(STATE	USE ONLY)				rent Use (Prio hool	r if bei	ng dem	olish	ed)			
Name of Monitoring Firm Briggs Associates	Hired by Building	Owner (8)		ASCN 0004					patement Contatement, Inc		(9)					
Street Address							Street									
3 Crosswick Street City, State, Zip Code									ngren Aven	ue						
Bordentown, NJ 08	505								Zip Code NJ 07512							
Project Manager for Mor Michael Hoodak	nitoring Firm			Telepho 609-29	ne No. 98-5520		Teleph 973-		No. 8685		Licens 0131		,			
Start Date (10) 05/25/2018		Schedule 05/29/2		mpletion	Date (11)				SHA Monitor Itement, Inc							
Occupancy Status During	g Abatement (Che	ck Only One	e)				Street									\dashv
Facility Closed/Vaca Abatement Perform	ed Outside of Norr	Period of A	bater Hour	ment s					ngren Aven Zip Code	ue	-					
Other – Describe:	Occupied	,				-			NJ 07512							
Scope of Work (Check A	Il That Apply)						-	_								
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Totowa, NJ					1.5	TBD	_ Dute	1	Morrisvill	le, PA	A.					
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City, State

Completed by

Nikica Mrda

Randolph, NJ 07869

Title

President

State of New Jersey Project # NOTIFICATION OF ASBESTOS ABATEMENT Check # 442 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 09/09/2018 NJ Department Of Military and Veterans Affair Agencies Notified Type Notification Street Address 2018 101 Eggert Crossing Rd **EPA** Initial DEP Amended City, State, Zip Code -DOL Amendment # Lawrence NJ П AITROL & Emergency (including Telephone Number LICENSING Name of Contact DOH iustification) DCA Cancellation (732)684-3905 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) National Guard Armory School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 2001 Park Blvd etc.) City (5) Square Feet # of Floors Bldg. Age Cherry Hill, NJ County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Nick Restoration LLC Street Address Street Address 1253 North Church St 72 Brookside Rd City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Randolph NJ 07869 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. (856)840-8800 973-933-2550 01358 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/10/2018 05/18/2018 IRIS Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 RT 22 Abatement Performed Outside of Normal Facility Hours
Other – Describe: Outside of the building City, State, Zip Code Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Custodial Staff? Remova In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Outside around the building X Windows - 22pcs caulking X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting G.R.O.W.S 04507 TBD

Disposal Date

Signature

TBD

City, State

Tullytown, PA

Date

04/06/2018

Agencies Notified Agencies Notified Agencies Notified Type Notification		ID A (III)	- 3	(IL TO NJAC				Tr	· rand		7)		Π. (7	F77	- Comment
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DEP	Agencies Notified	Type Notification	n		Street	Address				11				-			
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Union Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) D&S Abatement, Inc. Street Address Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. 973-345-8685 Start Date (10) 05/21/2018 Scheduled Completion Date (11) 05/22/2018 Name of Abatement Contractor (9) D&S Abatement, Inc. Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Totowa, NJ 07512 Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Totowa, NJ 07512	Springfield									are Feet	22000		rs			Age	
N/A Street Address City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. 973-345-8685 O1311 Start Date (10) 05/22//2018 Scheduled Completion Date (11) 05/22//2018 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Occupied City, State, Zip Code Totowa, NJ 07512 Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (') and Non-Friable Procedure Abatement Type Abatement Ty											ior if be	ing de	molis	shed)			
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City, State, Zip Code City, State, Zip Code	Street Address							Street	Addre	ess							
Telephone No. 973-345-8685	City, State, Zip Code							City, S	tate, 2	Zip Code							
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Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	Name of Registered Waste	e Hauler		N	JDEP W	aste	Cubic `	Yards		Name of F	Reniste	red l a	ndfill				
D&S Abatement, Inc. Hauler ID No. 20996 of Waste TBD Fairless Landfill							of Was			Mari 2009			. iGill				
City, State Cotowa, NJ Disposal Date TBD City, State Morrisville, PA	Γotowa, NJ							al Date	/.			Α					
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Date of Notification (1)			(1		_					E	C	E	<u>li</u>	A	느	
05/11/2018					of Building ce Divir		Operato (r (2)	113						-	A COLUMN
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DOH DCA	justification) Cancellation				ce Divin	•			Lagranda	Tel	ephor	ne Nur	nber			
None of Facility and				FAC	ILITY IN	FORMAT	ION			*						
Name of Facility Where House	Abatement is Takin	g Place	(3)					Type of Far	cility (4)							
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County (6) Essex					Code (7) USE ONL	Y)		Current Use House	(Prior	f bei	ng der	molish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASCI	M No.		Name D&S	of Abatemen Abatemer	t Contra	ctor	(9)		-			
Street Address							Street	Address osengren /						- 26:5-	11.4	
City, State, Zip Code							1	tate, Zip Cod		-		_			0.7	
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Project Manager for Mon	itoring Firm			Telepho	ne No.			none No. 345-8685			Licer 013	nse No).			
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Date of Notification (1) 05/11/2018				Name o	of Building	Owner/	Operator	(2)		the state of the s	LANZ.	1 7	2010	and the state of t	And or control of
Agencies Notified	Type Notification			Street /	Address				1111	1 1/1	AY	1 /	2018		hat
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□ box	Caricellation	ji .			ILITY INF	ODMAT	ION		r~	Ä					
Name of Facility Where A House	Abatement is Takin	g Place	(3)	1 70	ILII I IIVI	ORWAT	ION	Type of F	acility (4	1.0					
Street Address		**						Sub	chapter 8 er (i.e. pr	3 (Other	than K	(-12) ercial b	uildin	gs, hor	nes,
City (5) Martinsville								Square F N/A		# of F N/A	loors		Bldg N/A	. Age	
County (6) Somerset					Code (7) USE ONLY)		Current U House	lse (Prior	if being	demo	lished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASC	M No.		Name D&S	of Abatem	ent Contr ent, Inc	ractor (9)				
Street Address								Address osengrer	n Avenu	ue					
City, State, Zip Code								tate, Zip C							
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	one No. 345-8685			icense				
Start Date (10) 05/25/2018		Schedu 05/26/		npletion	Date (11)		Name	of OSHA M	Ionitor						
Occupancy Status During	Abatement (Chec	k Only O	ne)		-			Address					_		
Facility Closed/Vaca	ted During Entire F	eriod of	Abaten	nent			11 R	sengrer	Avenu	ie er					
Facility Closed/Vaca Abatement Performe Other – Describe: O	ccupied	al Facilit	y Hours	i 		_		ate, Zip Co va, NJ 0							
Scope of Work (Check All	That Apply)		1												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mini-En Gloveba	ntainmen closure ag Proce empted (dure					
		10	Locati	on				HOIPEX	empteu () and iv	1011-111	able Pi	7.7.7	atemer	nt
Location	of		Normal	ly		Des	scription	of						Туре	
Asbestos-Containing N TO BE ABA			ed Sole		Asbes	tos Cont	aining M	aterial (AC	M)	Amo				m	_
In Facility		Cus	todial S	Staff?	(i.e.		systems cing, VA	insulation,		(Spe SF or		Ren	7	ncap	incl
(13)			(12)	_			niscellan					Remova	veball	Encapsulate	Enclosure
		Yes	No	N/A								-		हिं	0
Baseme	nt		X			Pipe	Insulat	ion		15 I	_F	Х			
												-		1	
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Name of Registered Waste	e Hauler		0.000	JDEP W	(T0)=00000000000000000000000000000000000	Cubic '	Yards	Na	me of Re	egistered	Landf	fill	_		-
D&S Abatement, Inc.				auler ID 1996	No.	of Was		100000	irless L	E					
City, State Totowa, NJ						Dispos TBD	al Date		y, State orrisville	e, PA					
Completed by Oliver Hegedis		Title Proje	ect Ma	nager		Si	gnature	11/			74	Date 05/11	/201	8	

		NOT	(Pursua	ON OF ASBESTO nt to NJAC 8:60 a	S ABATE nd 12:120	EMENT	Chark.	1)	- 1	7-	\ /
Date of Notification (1) 5-14-18			Name 52	of Building Owner/0 28 LLC)perator (2)	MEGE	-{+	- (/ <	又(.
Agencies Notified Type Notification	n		_	Address							
☑ EPA ☑ Initial				355 Camp	uc D	Parkusu	Laura FE	(a)		П	пп
□ DEP □ □ Ammulat			City, S	tate, Zip Code	us r	arkway	IN E	(6	E		\mathbb{V}
Amendmen	nt #			all Townsh	in N.I	07753					-
M DUFT justification	(including		Name o	of Contact	p, 110	01700					
□ DCA □ Cancellatio				rdon Milne	2		Telephond Num	her & V	. 3	1 21	018
Name of S. J.		W-1 50-		ILITY INFORMA						7,340	
Name of Facility Where Abatement is Taking	Place (3)	14.0			110/11	Type of Facility (4)			e, trime,	
Route 440 and New Hoo	k Roa	d				☐ School (K-I	1 ASE	BEST	OS (CON	TRO
Route 440 and New Hoo	k Poo	٦				☐ Subchapter	8 (Other-than K-1-3-			SINC	for the same
City (5)	IN INUA	u		200		Other (i.e. p	rivate & commercial	buildir	igs, ho	mes, e	tc.)
CONT. (2007)				- HAVE TO THE TOTAL OF THE TOTA		Square Feet	# of Floors	TE	Bldg. A	0,0	
Bayonne, NJ 07002						1,600	1			yrs	
. 300 CO 200 P 0 0 70 P			County	Code (7) USE ONLY)		Current Use (Prio	r if being demolished)		7.0	-
Hudson Name of Monitoring Firm Hired by Building (S					vacant		5.			
Brinkerhoff Environ	owner (8)	+-1	ASC	M No.	Name	of Abatement Conti	ractor (9)	-			
Street Address	imen	lal			Ply	mouth Envi	ronmental ('n	Tnc		
1805 Atlantia Aver	2110				Street ,	Address				•	-
1805 Atlantic Aver	iue				923	Haws Aver	ue				
Manasquan, NJ 08	2726				City, S	tate, Zip Code				-	
Project Manager for Monitoring Firm	3130		T		Nor	ristown, P	A 19401				- 1
Jason Hooper		- 1	Telephor	16 No.	Teleph	one No.	License No				
Start Date (10)	I Schedule	d Com	pletion D	223-2225		-239-9920	0039	8			
5-29-18	6-	8-1	Q	ne (11)	ŧ.	of OSHA Monitor					
Occupancy Status During Abatement (Check C	Only One)	0-1	0		Ply	mouth Env	ironmental (Co.,	Inc		
Facility Closed/Vacated During Entire Pa	ried of Abo	•			Street A						
	Facility Ho	iement iurs			920	3 Haws Ave	enue				
Utilet – Describe:						ate, Zip Code	24 40404				
Scope of Work (Check All That Apply)	The same				IVUI	ristown, i	PA 19401				
□ ≥3 sf or ≥3 lf		Renova	tion		_						
≥160 sf or ≥260 ff	10 <u>2000</u>	Demolit				Full Containme Mini-Enclosure	nt with Negative Pres	sure			
						Glovebag Proce	dure				
			20		X	Non-Exempted	(*) and Non-Friable	Proced	ure		
Location of		Locati Normal								ement	
Asbestos-Containing Material (ACM)	Use	d Sole	ly by	A change C	scription	of .		-	13	pe	
TO BE ABATED In Facility		iintena todial S		Asbestos Cont (i.e. thermal syst	arning Ma	iterial (ACM)	Amount				
(13)	"	(12)	Juli I		VAT. or		(Specify SF or LF)	Remova	Repair	ncar	incl
			T	other	niscellan	cous)		B.vo	air	Encapsulate	Enclosure
	Yes	No	N/A		ZONAHI TAANISHIRA					te	c
concrete block mortar		X		exterior			1,550 SF		X		
								\vdash	-		
					-3155 - CO 15-				_		
Name of Registered Waste Hauler		TN	JDEP W:								
W125 N 200 7		H	lauler ID	No. Cubic		Name of I	Registered Landfill				
Newark Carting			4509	80°		Mine	rva Landfi	II			
City, State				Dispos	al Date	City, State					
Newark, NJ				6-8	-18		nesburg, (H(
W _ CONTROL CO	Title			. 45	ignature	1101					
James Kelly	P	res	sider	it \	M	mn	MINT	5-1	4-1	8	
ASB-41 (R-06-08)					TW		V / 1		-	_	
14 AN 100 TOOL					11.	Do not use this for	m for asbestos licensi	ire exe	emptec	lactiv	itles
					1			1000		7-77.34	0000000

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#3058	PATT)	(Pu	ırsuaı	nt to NJA	AC 8:60	and 5:16	5)				an delay
Date of Notification (1)	31 / 18 18 J. J. No.			Name	of Buildin	g Owner/	Operator (2	2)	TEGE		尼市	7
	14 / 18			Hieu	Phan					<u> </u>		And the same of th
Agencies Notified	Type Notification				t Address			117		7 2010	11	1
□ EPA	Initial								WAY	7 2018		- Land
☑ DOLWD ☑ DHSS	Amended Amendment #			City,	State, Zip (Code		tel	Inch		- 1	-
☐ DCA	☐ Emergency (in			Morri	s Plains,	NJ 0795	0		ASBESTOS	S CONTRO)L&	1
(NJAC 5:23-8)	justification)			Name	of Contac	t			TelephonelNo	mbel/4G		ا - اا مدن
	Cancellation			Hieu 1	Phan		-W-Continue	Lipsetter				
				FA	CILITY IN	FORM!	TION					
Name of Facility Where A	batement is Taking	Place	(3)					Type of Facility	(4)		1-2-2	
Private house Street Address								School (K-1	2) 8 (Other than K-1	1.2\		
Street Address								Other (i.e.,	private and comm	2) rercial buildi	ngs,	
City (5)								homes, etc.	M.	180	•	
Morris Plains, NJ 0795	0						}	Square Feet	# of Floors	Blag.	Age	
County (6)	0	-		Coun	ity Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being demo	olished\		
Morris					, (.)	,	3	- Jan. 536 (F	in boning define	manauj		
Name of Monitoring Firm	Hired by Building (wner (8)	ASCM	No.	Name o	of Abateme	nt Contractor (9))			
						Gr Tec	h LLC					
Street Address						Street /	Address					
City, State, Zip Code							lley Rd #2					
City, State, Zip Code						Acres 100	ate, Zip Co					
Project Manager for Monit	toring Firm		Tele	phone	No	Vayne	NJ 0747	0	License No.			
	9		1010	prioric	110.	973-63						-
Start Date (10)		uled C	omple	tion Da	ite (11)	-	of OSHA Me	onitor	01127			
	18 0	5_/	_ 25	/	18	Enviro	vision Cor	sultants,Inc				
Occupancy Status During					-		Address	isanants,inc				
Facility Closed/Vacate	d During Entire Pe	riod of	Abater	ment		20-21 \	Wagaraw I	Road, Bldg .#	35E			
Abatement Performed Time of Abatement:	AM- PI	Facility //	Hour PM	s - Des	scribe AM	City, St	ate, Zip Co	de				
					7.141	Fair La	wn, NJ 07					
Scope of Work (Check all	that apply)					H	Clean up	and decontami	nation with negat gative Pressure	ive pressure)	
>3 sf or >3 If 2 160 sf or 260 If		Re	novati	on		X	Mini-Enclo	osure		_		
100 St 01 2200 II		∐ ∪е	molitic	n		Н	Glovebag Non-Exen	Procedurenpted (*) and No	Tent with Negation-Friable Proces	ve Pressure dure	ž	
1			Locat		1						ment T	Гуре
Location Asbestos-Containing N		1	lormal d Sole				scription of					1
TO BE ABA		Ma	intena	nce/			aining Mate I systems ir	erial (ACM) nsulation.	Amount (Specify	Remova	ncap	Enclosure
IN Facilit (13)	у	Cust	odial ((12)	Statt?			cing, VAT,		SIF or LF)	oval	Encapsulate	sure
(.5)		Yes	No	N/A		other	miscellaneo	ius)			ate	
Basement		П	П	×	Duct ins	ulation			15 CE		1	
					Duct IIIS	uiatiOII			15 SF			
			_	1	-						1 1	
		Ш									1 0	
Name of B												
Name of Registered Wast	e Hauler		NJD	EP Waste	Hauler ID No.	Cubic Ya	rds of Waste	Name of Regi	stered Landfill			
Gr Tech LLC			0	03378	35	TBI)	T.R.R.F. Inc				
City, State						Disposa	I Date	City, State				
Wayne, NJ 07470						TBI)	Tullytown, P	A			
Completed By (Print or Ty	pe) Title	É				Sig	nature 4	1 ,	1	Date		
N.Jevtic	Owi	ner						who wend	ad 0	5/14/18		
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MO#24776119664

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MOTIFICATION OF ASBESTOS ABATEMENT	
(Pursuant to NJAC 8:60 and 5:16)	1

Date of Notification (1)		1 N. J. N. 1884	<i>y</i> .	Name	e of Buildin	a Owner/	Operator (2)					
	14 / _ 1	8			Witkowsl		operator (ECE		7 E	I.	17
Agencies Notified	Type Notification			_	t Address	X.I				U U	حسم	111	₩-
□ EPA								III	1				III
☑ DOLWD ☑ DHSS	Amended			City,	State, Zip	Code			H MAY 1	7 201	8	11	44
DCA	Amendment		-		istown, N			[1
(NJAC 5:23-8)	Emergency (i justification)	nciuain	g		of Contac				Tologhama NE			1	-
	Cancellation			100 months	Witkowsk	70.00 0.00			A Telephone N	#UNTR	OL&		ě ř
				-	4 A CO TO TO TO TO THE PARTY OF							2011	
Name of Facility Where A	batement is Takin	n Place	(3)	ГА	CILITY II	NFORMA	ATION	T					
Private house		g i lace	. (3)					Type of Facility					
Street Address			10000					School (K-1	2) 8 (Other than K-	1 2)			
								Other (i.e.,	private and comp	nercial b	uilding	s,	
City (5)								homes, etc.					
Morristown, NJ 07960								Square Feet	# of Floors	В	ldg. A	ge	
County (6)				Cour	ty Code (7)	/CTATE !!	CE ON!! \						
Morris				Coun	ty code (7)	(SIAIE U	SE UNLY)	Current Use (P	rior if being demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No	TN	- 1						
	-,	0 111101	(0)	ASCIVI	NO.			nt Contractor (9)				
Street Address						Gr Tec							
						Street A							
City, State, Zip Code							lley Rd #2						
						Lanca de la constantina della	ate, Zip Co						
Project Manager for Moni	toring Firm		Tale	phone	No	Wayne, Telepho	NJ 0747	0	T				
			1 616	phone	NO.	I was a second			License No.				
Start Date (10)	Sche	duled C	omple	tion Da	to (11)	973-63	The Control of the Co		01127				
05/23/				1 /			f OSHA M						
Occupancy Status During								nsultants,Inc					
☐ Facility Closed/Vacate				ment		Street A	836 B55						
Abatement Performed	Outside of Norma	l Facilit	v Hou	rs - Des	cribe	20-21 V	Vagaraw 1	Road, Bldg .#	35E				
Time of Abatement:	AMP	M/	PM_		AM		ate, Zip Co						
Scope of Work (Check all	that apply)					Fair La	wn, NJ 07			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	mar apply)					Н	Full Conta	and decontamii ainment with Ne	nation with negat gative Pressure	ive press	sure		
>3 sf or >3 If > 160 sf or >260 If		⊠ Re	novati	on		×	Mini-Encl	osure		3 123			
			molitic	on		Н	Glovebag Non-Eyer	Procedure	Tent with Negat	ive Press	sure		
		ls	Loca	ion			TTOTT EXCI	ipted () and itt	Tradic Froce		1		-
Location			Vorma			De	scription of	•			ateme		
Asbestos-Containing N TO BE ABA			d Sole		Asbe	stos Cont	aining Mat	erial (ACM)	Amount	Rer	Rep	Enc	Enc
IN Facilit		7035		Staff?	(1.e		l systems in cing, VAT.		(Specify SIF or LF)	Removal	Repair	aps	Enclosure
(13)			(12)				niscellaneo		SIF OI LF)	<u>a</u>		Encapsulate	Ге
		Yes	No	N/A								ю	
Basement				\boxtimes	Duct ins	ulation			30 SF		П	П	П
		In	П	П					30 01				
][1							ᆜᆜ		Ш	Ш
			Ш	Ш									
												П	
Name of Registered Wast	e Hauler		NJI	DEP Waste	Hauler ID No.	Cubic Ya	rds of Waste	Name of Regis	stered Landfill		11		
Gr Tech LLC			(03378	35	TBI		T.R.R.F. Inc					
City, State						Disposa		City, State					-
Wayne, NJ 07470								-	A	6			
Completed By (Print or Ty	pe) Titl	e				TBI	nature/	Tullytown, P		Date			_
						319	// .	c Wenad	1	Date			
N.Jevtic ASB-41	Ow	ner					//ew	c Wenad	()5/14/1	8		

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Date of Notification (1) 5/14/2018			of Building O		or (2)	M.	EGE		\mathbb{V}		M
Agencies Notified Type Notification			ert Burns R Address	esidence		131				-	
EPA Initial Amended Amendment Emergency		City, S Clifto	itate, Zip Code on, NJ 0701		ANA ACPLICATION PROPERTY AND ACPLICATIONS AS A CONTROL AS		ASBESTO	1 / 2	ITRO	. &	الا
DOH justification) DCA Cancellation			of Contact ert Burns		The state of the s		Telephone	Nivinobia	G		makit
			CILITY INFOR	MATION		1	8		-		
Name of Facility Where Abatement is Takin Robert Burns Residence-Basemer	g Place (3) it				Type of Fac						
Street Address					Other (apter 8	Other than Fate & comme	K-12) ercial bu	ildings	, hom	nes,
City (5) Clifton					etc.) Square Feet 1,800 SF		# of Floors		Bldg.	Age	
County (6) PASSAIC		County (STATE	Code (7)		Current Use Residence			lished)	30+		
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	M No.		of Abatement	Contra					
Street Address				Street	Address	1.50	tion				
City, State, Zip Code				City, S	69th Street)					
Project Manager for Monitoring Firm		Telepho	one No.		enberg, NJ	07093	License	No.			
Start Date (10)				201-	295-1700		01074				
5/26/2018	Scheduled 0 5/27/2018		Date (11)		of OSHA Mon e as above						
Occupancy Status During Abatement (Check				Street	Address					-	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Starting at 9 AM	eriod of Abat al Facility Ho	tement urs		City, S	tate, Zip Code						
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Personal Control of the Control of t	ovation olition		×	Mini-Enclo	sure Procedu	with Negative ure and Non-Fri				
	Is Loc	ation			1 WOII-EXCIII	pteu ()	and Non-Fi	able Pi		emen	t
Location of	Norn Used So	nally olely by		Description						/ре	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainter Custodia (12	nance/ al Staff? 2)	(i.e. the	Containing M rmal systems urfacing, VAT ner miscelland	Γ, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement Area						-				Φ.	
Basement Alea	X		F	ipe insulat	tion		120 LF	х			
											П
Name of Registered Waste Hauler		NJDEP W	/aste Cu	ubic Yards	Name	of Regi	istered Landi	ill .			
Tri-State Transfer Assoc.		Hauler ID 19551	No. of	Waste 3D	200000	6100	nterprises				
City, State Bronx, NY			10.000	sposal Date	City, S Wayı		rg, OH				
Completed by Gina Betances	Title Office M	anager		Signature	Blica		[Date 05/14/	2018		

Date of Notification (Name of Building Owner/Operator (2) 01/15/2018 Lauren Schwartz Private Residence Check No. 1101 Agencies Notified Type Notification Street Address EPA Initial X DEP City, State, Zip Code Amended X Teaneck, New Jersey 07666 DOL П Amendment # X DOH Emergency (including Name of Contact DCA justification) Telephone Number Lauren Schwartz Cancellation FACILITY INFORMATION ASSESTOS CONTROL & Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Residence LICENSING □ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Teaneck, New Jersey 07666 2 55+ County (6) County Code (7) Current Use (Prior if being demolished) Bergen County (STATE USE ONLY) Private Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Lilich Corporation Street Address Street Address 606 McBride Avenue City, State, Zip Code City, State, Zip Code Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/24/2018 05/29/2018 IRIS Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ☐ Other - Describe: Union, New Jersey 07083 Scope of Work (Check All That Apply) ≥3 sf or≥3 If Renovation Full Containment with Negative Pressure ≥160 sfor ≥260 lf П Demolition Mini-Enclosure × Glove bag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, Custodial Staff? (Specify Enclosure Remova Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement Thermal System Insulation/elbows 150 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Lilich Corporation Hauler ID No. of Waste Fairless Landfill 18724 3 City, State Disposal Date City, State Woodland Park, New Jersey

05/29/2018

Signature

Title

President

ASB-41 (R-06-08)

Adriana Olejarova

Completed by

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

Date

05/14/2018

Morrisville, Pennsylvania

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Ch255	91		NOTIF	ICATO	tate of Ne NOF ASE t to NOAG	ESTOS	ABATE	MEN	т	ID) []	C E		\mathbb{V}	
Date of Notification (1) 4/4/20	18			Name o	of Building	Owner/0			ough		M	AY 1	7	2018	
EPA DEP	Type Notification Initial Amended	northern now f			Address ate, Zip Co						ASBE	Si();	CCP	1780 G	L&
× DOL × DOH □ DCA	Amendmen Emergency justification) Cancellation	(including	,		of Contact Kim Mc[sbor	o, NJ 0808		ephone N	umber	-		
				FAC	ILITY INF	ORMATI	ON								
Name of Facility Where Ab	Residential	ng Place (3)					Тур	e of Facility (4 School (K-1	*					
Street Address								×	Subchapter Other (i.e. p etc.)	8 (Othe			ildings	, hom	es,
City (5)	desboro, NJ (08085						Squ	are Feet 1600	# of	Floors 2		Bldg. /		
County (6) Gloucesto	er				Code (7) USE ONLY)		Curr	ent Use (Pric	or if beir	ng demoli	shed)			
Name of Monitoring Firm H MECS		Owner (8))	ASC	M No.				atement Con Environme			, Inc.			
Street Address PO Bo	x 341			-			Street PO E				V				
City, State, Zip Code Chester	rfield, NJ 085	15							Zip Code n, NJ 0850	1					
Project Manager for Monito Bill Weisgarbe				Telepho 609 2	ne No. 98-4070)	Teleph 609 2				License 00493	No.			
Start Date (10) 5/23/2018		Schedul		mpletion 5/31/20	Date (11) 18		Name MEC		SHA Monitor						
Occupancy Status During A	Abatement (Chec	ck Only Or	ne)				Street	Addre	ess						
Facility Closed/Vacate Abatement Performed X Other – Describe: 7 a	Outside of Norn	Period of a	Abater Hour	nent s			33.50	tate, Z	341 Zip Code eld, NJ 085	515					
Scope of Work (Check All 7	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Mi	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				Α.	
Location of	f	1	Locat	lly		Des	cription			7			Abate	ement /pe	
Asbestos-Containing Ma TO BE ABAT In Facility (13)		Ma	ed Sole intena todial ((12)	nce/		tos Conta thermal surfac	aining M	ateria insul T, or	100	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Attic		Yes	No	N/A										ate	е
			X				miculi				30 sf	X			
Attic			X			Fib	erglas	S		60	00 sf	X			
Name of Registered Waste	Hauler		1000	IJDEP W		Cubic `	Yards		Name of R	Register	ed Landfi	ill			
Stevens Environmenta	I Services		H	lauler ID 18292		of Was	6		Fairless	Landf				e e e e e e e e e e e e e e e e e e e	
City, State Allentown, NJ						Dispos 5/1	al Date 31/20	18/	City, State Morrisvil						
Completed by Mahlon E. Stevens		Title Proje	ct Ma	anager	D.	Si	gnature	1			D	ate 5/14	/18		

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Date of Notification (1) 05/04/2018	f a		(1	Name	of Building Ow orook Garde	ner/Operato		West, The	A CONTRACTOR OF THE PARTY OF TH	VI AY	17	2018	Control of the contro
	Type Notification	า		Street	Address Riverside Dr				ASB	ESTO:	3 601	VIRO)L&
EPA DEP DOL	Initial Amended Amendmer	nt #		City, St	tate, Zip Code York, NY 10					LICE	<u> IIBNE</u>	IG	
X DOH X DCA	Emergency justification Cancellatio	(including	3	Name o	of Contact Tarzik	0024			Telephone (212) 873				-
					ILITY INFORM	MATION			(212) 010	J-4313			
Name of Facility Where Ab Maybrook Gardens -		ng Place ((3)				Ту	pe of Facility (11.500 (11.500)				
Street Address 58-64 Maybrook Driv	е						×	Subchapter	8 (Other than I		uilding	s, hom	ies,
City (5) Maywood							Sq	uare Feet	# of Floors		Bldg.	Age	
County (6) Bergen				County (STATE	Code (7) USE ONLY)			rrent Use (Pricesidential	or if being demo	olished)			
Name of Monitoring Firm H Crown Air Services L		Owner (8)	ASCI	M No.			batement Con ays Solutio					
Street Address 478 Albany Street						Street 132		ress shington Av	enue				
City, State, Zip Code Brooklyn, NY 11203								, Zip Code n, NY 11205	5				
Project Manager for Monito	ring Firm			Telepho	one No.	Teleph (718		No. 8-2600	License 01340		9.		
Start Date (10) 05/31/2018		Schedul 07/02/		mpletion	Date (11)	III DE TORS		SHA Monitor rays Solutio	ns Corp				
Occupancy Status During A	batement (Chec	ck Only O	ne)			Street							
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire Outside of Norr	Period of an all Facility	Abaten y Hours	nent s		City, S	tate,	Shington Ave Zip Code					
Scope of Work (Check All T	That Analy					Broo	klyr	i, NY 11205	j				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	пат Арріу)		Renova Demolit			×	, N	Mini-Enclosure Slovebag Proce	nt with Negative edure (*) and Non-Fri			re	
Location of		1	Locati	ly		Description					Abat	emen	t
Asbestos-Containing Ma TO BE ABATI In Facility (13)	aterial (ACM) ED	Ma	ed Sole intenar todial S (12)	nce/	(i.e. then	Containing M mal systems urfacing, VA er miscellan	insu T, or	ulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(0) 14:		Yes	No	N/A	0.430				8	<u>a</u>		late	ıre
(2) Misc Crawl S		X			Pi	ipe Insula	tion		260 Lnf	X			
Basemen		X			Pi	ipe Insula	tion		115 Lnf	X			
Meter Roo	m	X			Pi	ipe Insula	tion		150 Lnf	Х			
Name of Registered Waste	Hauler		l N	JDEP W	aste Cu	bic Yards		Name of D	egistered Land	Ifili			Щ
Newark Carting Inc			H	auler ID 506		Waste			n RE Facilit				
City, State Newark, NJ 07102					Dis	posal Date	1	City, State					
Completed by Mendy Gorodetsky		Title Presi	dent			Signature	Y	TY	100	Date 05/04/	2018		

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





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Date of Notification (1)	1		(1 miant	ant to NJAC 8:60 and 12:1	1201	ASBES			ROI	_ &
05/03/	18		Nam	e of Building Owner/Operat	tor (2)	11 1 -10:00		Proposition (COLLAC)	-	
Agencies Notified Type Notificatio	n		Stree	t Address .	1110	NAMEN	€			
EPA Initial										
DOL Amended Amendmen	nt#		City,	State, Zip Code			-			
DOH Emergency justification	(includi	ng	None	UN 10	4 CMY	NJ, 076	OB.	7		
DCA Cancellatio	n n		Name	of Contact , VITO MAI		Telenhone M		(20)		
Name of Facility Where Abatement is Taki	no Place	(3)	FA	CILITY INFORMATION						- 14.00
1105 HOM	E	(0)			Type of Facilit	y (4)				
Street Address					School (K	(-12)	2020			
City (5) 9					Other (i.e	ter 8 (Other than K- . private & commer	12) cial bu	ılldinas	s. hom	nes
UNION CFT	Y				Square Feet	# of Floors	-	Bldg.		
County (6) HUDS ON			Count	y Code (7)	2400	2		60		
Name of Monitoring Firm Hired by Building			(STATI	E USE ONLY)	Current Use (F	rior if being demoli	shed)	,		
	Owner (8)	ASC	CM No. Nam	e of Abatement C	ontractor (9)				
Street Address					ARIAI et Address					
City, State, Zip Code					44 MIL	L 5%				
Deci- (A)				City,	State, Zip Code	14 015	20			
Project Manager for Monitoring Firm		T	Teleph	one No. Telep	phone No.	NJ 0750				
Start Date (10)	Schedu	iled Cor	nnlation	373	653 963	License !	VO.			
05/12/18	11.5	116	118	1.101110	ORAZI PO					
Occupancy Status During Abatement (Chec	k Only C	ne)		Street	Address	768				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of nal Facili	Abaten by Hours	nent	194		To				
- TENTONE	WOX	LL.		City, S	State, Zip Code	(NJ, 07.	m	,		\neg
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If				1-81	1000000	W, 01	וטנ			
≥160 sf or ≥260 if		Renova Demolit		F	Full Containm	ent with Negative I	Pressi	Ire		
					Glovebag Pro	cedure				.
50	ls	Locati	on	100	J Non-Exempte	d (*) and Non-Friat	le Pro			
Location of Asbestos-Containing Material (ACM)	1	Normal	V	Description	of			Abate Ty		1
TO BE ABATED In Facility	Ma	intenar todial S	ice/	Asbestos Containing N	laterial (ACM)	Amount			m	
(13)		(12)	tallf	Surfacing, VA	Tor	(Specify SF or LF)	Remova	R	nca	Enc
	Yes	No	N/A	other miscellan	neous)	1	oval	Repair	Encapsulate	Enclosure
EXTRIOR	1	100	1	Sup TAO !	10	0			fe	е
		-		SURFACIN	G	3000SF	1			
Name of Registered Waste Hauler										
(NOPA) ADD OF 2		N. Ha	DEP W	aste Cubic Yards No of Waste	Name of	Registered Landfill				
City, State	,	30	603	780	FAR	RIS HIL	18			
City, State PATE2SON, N	J			Disposal Date	City, State		<u>ر -</u>	A		-
Completed by GORALI I. GOV	Title	7.0	_	730 Signature	MA MORR	isville	PA	1	_	
1.401		<u>ce</u>	0	Signature		Dat	95/	03	1	2
					TR PO		1	401	1 1 1	A

				[[]]	/A)	Management								-	rint E
Ch 7771			NOT	IFICATIO	N OF AS	lew Jerso BESTOS C 8:60 ar	ey ABATEI nd 12:120	VIENT	г						The same of the sa
Date of Notification (1) 05/04/2018				Name Mayb	of Buildin prook G	ng Owner/ ardens	Operator Inc	(2)			MA	Y 17	20	18	1
-	Notification	1		Street	Address	le Drive					AGREG	87086	ONT	3017	2
ĭ DEP ☐ A	nitial Amended Amendmen	t #		City, S	tate, Zip	Code				<u> </u>		LICENS	ING	restar.	- American
E	mergency	(includin	g		of Contac	IY 1002	4			l Te	elephone	Number			
	Cancellation				Tarzik	FORMAT	TON				212) 87				
Name of Facility Where Abatem Maybrook Gardens - Build	ent is Takir dina 6	ng Place	(3)	1740	, LITT 114	ORWIAT	ION	Туре	of Facility	(4)					
Street Address								П	School (K Subchapt Other (i.e. etc.)	er 8 (Oti	her than & comm	K-12) ercial bu	ldings	, hom	es,
City (5) Maywood								Squa	are Feet	2	of Floors		Bldg.	Age	
County (6) Bergen					Code (7) USE ONL			Curre	ent Use (P sidential	rior if be	eing demo	olished)			
Name of Monitoring Firm Hired b Crown Air Services LLC	y Building	Owner (8	3)	ASCI	M No.		Name of Asbes	of Aba	atement Co ys Solut	ontracto	r (9)				
Street Address 478 Albany Street							Street A	Addre							-
City, State, Zip Code Brooklyn, NY 11203							City, Sta	ate, Z	ip Code						
Project Manager for Monitoring F	irm			Telepho	one No.		Telepho	ne N)5	Licens	e No.			
Start Date (10)		Schedu	led Co	mpletion	Date (11)	(718)		-2600 -IA Monitor		01340)			
05/29/2018 Occupancy Status During Abatem	nant (Ch	07/02/	2018	B .		,	Asbes	twa	ys Soluti		orp				
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:	ing Entire I de of Norm	Period of	Ahate	ment rs			City, Sta	/ash ite, Z	ington A						
Scope of Work (Check All That A	pply)														
≥3 sf or ≥3 if ≥160 sf or ≥260 if		×	Renov Demol	ation ition			×	Glo	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				· 0	
		9.0	Loca							7	- 1101111	T T	Abate	ement	Č.
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Use Ma	Norma ed Sola intena todial (12)	ely by ance/ Staff?	Asbes (i.e	stos Conta thermal surfac	scription o aining Ma systems i cing, VAT, niscellane	terial nsula or	(ACM)	(5	mount Specify or LF)	Remova	Repair	e Encapsulate	Enclosure
(4) Miss Crewd Co		Yes	No	N/A								<u>B</u>		ate	Ге
(4) Misc Crawl Space	es 	X				Pipe	Insulation	on		36	S5 Lnf	X			
Name of Registered Waste Haule	r		0000	JDEP W		Cubic	Yards		Name of	Registe	red Land	fill			
Newark Carting Inc				fauler ID 506	No.	of Was	te		Tully-to	80.58					
City, State Newark, NJ 07102						Disposa	al Date	V	City, Stat	е					\neg
Completed by Mendy Gorodetsky		Title Presi	dent			Sig	gnature		1	7	100	Date 05/04/2	2018		
ASB-41 (R-06-08)						,	* Do not u	ise th	is form for	asbesto				activiti	es.

		1	Contractor									F	rint Fo
ChTTI		NOTIF	ursuar	State of New Jerson OF ASBESTOS of to NJAC 8:60 ar	ABATE 10 12:12	20)	IT .		E C			7 (5	
Date of Notification (1) 05/04/2018				of Building Owner/ prook Gardens		r (2)	The second secon		MAY	1 7	20	18	11
Agencies Notified Type Notification			Street	Address			-	-			mer manage.	77177777	
EPA Initial Amended		ŀ		Riverside Drive				A	SDEAT	OS OX Delias		ÖL.	à.
X DOL Amendment			New	York, NY 1002	4		law a.					(*)(*, 0, 1	
DOH justification) Cancellation	_			of Contact Tarzik				2000	ephone N 2) 873-				
Name of Equility Where Abstract 17.11			FAC	CILITY INFORMAT	ION			(2)	2) 01 5-	4313			
Name of Facility Where Abatement is Takin Maybrook Gardens - Building 5	ng Place (3)				Тур	e of Facility (4	33					
Street Address						H	School (K-12 Subchapter 8	(Othe	r than K-	12)			
City (5)						×	Other (i.e. prietc.)	ivate &	commer	cial bu	ildings	s, hon	nes,
City (5) Maywood						Squ	ıare Feet	# of 2	Floors		Bldg. 60	Age	
County (6) Bergen			County (STATE	Code (7) USE ONLY)		Cur	rent Use (Prior sidential	if bein	g demoli	shed)			
Name of Monitoring Firm Hired by Building of Crown Air Services LLC	Owner (8)		ASC	M No.			patement Contrays Solution						
Street Address 478 Albany Street					Street	Addr	- 22		•				
City, State, Zip Code Brooklyn, NY 11203					City, S	tate,	Zip Code , NY 11205						
Project Manager for Monitoring Firm		T	Telepho	one No.	Teleph	one i			License 01340	No.			-
Start Date (10) 05/24/2018	Schedule 07/02/2		pletion	Date (11)	Name	of OS	SHA Monitor ays Solution						
Occupancy Status During Abatement (Check			_		Street			S COI	þ			_	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	Period of A	Abatem Hours	ent				nington Ave Zip Code	nue		-		1017 2	
Other – Describe: Scope of Work (Check All That Apply)							NY 11205						
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Property.	enovat emoliti			×	Mi GI	ull Containmeni ini-Enclosure ovebag Proced	dure					
	lo	Logotic				No	on-Exempted (*) and	Non-Frial	ble Pro			
Location of	N	Location lormally d Solely	4	Des	cription	of						ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Mai	ntenan odial St (12)	ce/	Asbestos Conta (i.e. thermal surface		insul		(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Encl
(13)	Yes	No	N/A	other m	iscellane	eous)			,	ioval	pair	sulate	Enclosure
(6) Misc Crawl Spaces	Х			Pipe	Insulat	ion		610	Lnf	X			
Meter Room	Х			Pipe	Insulat	ion		40	Lnf	Х			
lame of Registered Waste Hauler		I NI I	DEP W	aeto Cubia y	lard-								
ewark Carting Inc		100000000	uler ID				Name of Reg						
City, State lewark, NJ 07102				Disposa	al Date	_	City, State						
Completed by Mendy Gorodetsky	Title Presid	ent		Siç	gnature	<u></u>	1	A	Da	ite 5/04/2	010		

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

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Date of Notification (1) 05/04/2018				Name of Mayb	of Buildin	g Owner/ ardens	Operato	r (2)			MAY	1 7	201	8
Agencies Notified	Type Notification	n		Street /	Address						correction.			711 9
X EPA X DEP X DOL	Initial Amended				ate, Zip (e Drive				A	Seus:	1 1 1 1	151.7	teller (de
X DOL	Amendmer Emergency			New '	York, N	Y 1002	4							
DOH DCA	justification Cancellation)			of Contac Tarzik	t				Telephone (212) 87				
Name of Facility Where	Abatement is Taki	na Place /	2)	FAC	ILITY IN	FORMAT	ION	_						
Maybrook Garden	s - Building 4	ng Place (3	3)					Тур	e of Facility (4					
Street Address								Ħ	School (K-12 Subchapter	(Other than				
City (5)								×	Other (i.e. pr etc.)					es,
Maywood								Squ	iare Feet	# of Floors	S	Bldg.	Age	
County (6) Bergen				County (STATE	Code (7)	Y)			rent Use (Prio sidential	r if being den	nolished)			
Name of Monitoring Fire Crown Air Services		Owner (8)		ASC				of Ab	atement Cont					$\overline{}$
Street Address							Street	Addr						-
478 Albany Street City, State, Zip Code							1		hington Ave	enue				
Brooklyn, NY 1120	03								Zip Code , NY 11205					
Project Manager for Mo	nitoring Firm	9		Telepho	ne No.		Teleph (710				ise No.			
Start Date (10)		Schedule	ed Cor	mpletion	Date (11)			3-2600 SHA Monitor	0134	+0			
05/22/2018	Ab-1- 1 (OI	07/02/2	2018	100					ays Solution	s Corp				
Occupancy Status Durin				nont			Street 132 \		ess hington Ave	enue				
Abatement Perform Other – Describe:	ned Outside of Nor	mal Facility	Hour	S			City, S	tate,	Zip Code , NY 11205					
Scope of Work (Check A	All That Apply)							/	,,,,					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli					M	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure				
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Location Asbestos-Containing		Use	lormal d Sole	ly by	Acho		scription		-1 (A CAA)	•		T	уре	\vdash
TO BE AB	ATED	Mai Cust	intena odial s	nce/ Staff?	(i.e	stos Cont thermal	systems	insu	lation,	Amount (Specify SF or LF)	70	R	Enca	Enc
(13)			(12)	_		other m	niscellan	eous))	SF OI LF)	Kemoval	Repair	Encapsulate	Enclosure
(4) Misc Cray	vl Spaces	Yes	No	N/A		D:	la sud s			5001			te	
(1) Miles Oldv	VI Opaces	+^				Pipe	Insula	uon		530 Lnf	X	-	-	
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Name of Registered Was Newark Carting Inc	ste Hauler		35.5	JDEP W		Cubic of Was			Topography of the control of the con	egistered Lar				
City, State				506						n RE Faci	lity			
Newark, NJ 07102						Dispos	al Date	N. ST.	City, State					
Completed by Mendy Gorodetsky		Title	Ja 4			Si	gnature		1/11	1	Date	general control		$\overline{}$
mority Gorodetsky		Presid	uent	-		1		\Rightarrow	///		05/04	/2018		
ASB-41 (R-06-08)						a	* Do no	use	this form for a	r sbestos licen	nsure exe	mpted	activit	ies.
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Date of Notification (1)		NOT	IFIC P	ation ursua	VOF AS	BESTOS ABA	6)		CE	7 2	 ✓	III THE RESERVE THE PARTY OF TH
O5 /	14 /	18				g Owner/Operator	, ,	land funk!	,	_	.010	Em Linear
	-					f Toms River- D	epartment of E	The second second second		CONTRACTOR OF THE PARTY OF THE	umam.	
Agencies Notified EPA	Type Notific Initial	ation			Address	S 2200 IN		ASDA	ESTOS (LICEN	PIOL MISI	3	LO
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⊠ DOH	Amendm	ent #2			State, Zip (
DCA	☐ Emerger	ncy (includin	g			, NJ 08753						
(NJAC 5:23-8)	justificati Cancella				of Contact	5		Telephone Nu				
				1619.00				732-341-1	000			
Name of Facility Where A	hatement is	Taking Place	2 (3)	FA	CILITY	IFORMATION	Type of Facility	(4)				
Commercial		raking r laok	J (0)				Type of Facility ☐ School (K-1)					- 1
Street Address								8 (Other than K-	12)			
1536 N. Bay Avenue								rivate and comn	nercial bu	ilding	s,	
City (5)		100					homes, etc.	# of Floors	Ble	dg. A	70	-
Toms River							oquare i cet	# 01110013		ug. A	90	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)			-
Ocean						,		==g ==	onoriou			- 1
Name of Monitoring Firm I	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					\dashv
McCabe Environmen	ntal Servic	es, LLC				ALL PRO MA	NAGEMENT L	LC				-
Street Address						Street Address						\neg
464 Valley Brook Av	enue					27 Outwater	Lane					
City, State, Zip Code						City, State, Zip C	ode					
Lyndhurst, NJ 0707						Garfield, NJ	07026					
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		License No.				\neg
Michael O'Hanlon			100	01-438		973-928-4888	3	1188				
Start Date (10) 05 /15 /		Scheduled C				Name of OSHA N						
		05/		<u> </u>	18	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During Facility Closed/Vacated						Street Address						
☐ Abatement Performed					cribe	27 Outwater						
Time of Abatement:	AM	PM/	PM-		AM	City, State, Zip C						
Scope of Work (Check all	that anniv)	===\(\frac{1}{2}\) = \(\frac{1}{2}\)				Garfield, NJ	07026					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	шас арруу		enovat emolitic			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No	20 000 0	dure			
		1949	Loca						1 500	ateme	ent T	vpe
Location of Asbestos-Containing M		J19090000	Norma			Description of		100				-
TO BE ABAT	TED `	" Ma	aintena	ince/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	/	Cus	(12)	Staff?		surfacing, VAT other miscellane	, or	SF or LF)	val		sul	sure
(10)		Yes	No	N/A	1	other miscellane	eous)				ate	
Throughout				\boxtimes	RACM					П	П	П
										Ш	П	Ш
Name of Pasisters 1144	. 111											
Name of Registered Waste Weigle Trucking, LL			1.725	IJDEP I lauler II PA-58	O No.	Cubic Yards of Waste As Needed	Name of Regis					
City, State			-			Disposal Date	City, State					
Linden, PA						TBD	Waynesbu	ırg, OH				
Completed By (Print or Tyl	pe)	Title	3			Signature			Date			\neg
Allen Monchik		Projec	t Man	ager		1000	Marshi	6	5/1///	0		

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Date of Notification (1)				Name	e of Ruildir	ng Owner/Operator	(2)	Best Spis.	MAY	_1	7	201	8
	07_ /	18				of Toms River- D		nginering	WIT TOTOWOOD	edecis			
Agencies Notified EPA	Type Notific	ation		Transmission .	t Address Washing	yton Street	g 180	AC.	OLC:	00 Caj	00 (5)	(Ti	OL.
☑ DOLWD		150 E-170			State, Zip								
☑ DOH	Amendm					, NJ 08753			8 1				
(NJAC 5:23-8)	☐ Emerger justificati		ig .		e of Contac		410	Telephone N	umber				-
***	Cancella		1	A 100 CONT. 1	bert Cha		*	732-341-1					
			88			NFORMATION		102011	-	100			
Name of Facility Where	Abatement is	Taking Plac	e (3)	.FA	CILITI	NFORIVIATION	Toma of Facility					4	
Commercial	, iodicinent is	raking r iac	C (3)	63 79	***		Type of Facility (☐ School (K-12	(5)	32		8		
Street Address		1.				\$100 PER	Subchapter 8		-12)				ž.
1536 N. Bay Avenu	ie .						Other (i.e., pr homes, etc.)	ivate and com	mercial	l buil	ding	s,	ia .
City (5) Toms River				# ##			Square Feet	# of Floors	10.0	Bldg	g. Ag	je .	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished	4)			
Ocean	- Te 201	9 1 .4.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		or it boiling don't	·	-			
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)						
Bio Terra Solution							NAGEMENT LI	C	I			*	
Street Address				1		Street Address	CEMENT EL		8	6.			
P.O. Box 1224		5400 M S		9 11		27 Outwater	l ane		-	32	10		
City, State, Zip Code				e voit		City, State, Zip C	- 26				101	8	107
Union, NJ						Garfield, NJ						1000	
Project Manager for Mor	nitorina Firm		Te	lephone	No	Telephone No.	07020	License No.		8.	· .	N 4.	. 4
Rick Estaquio	3			73-494		973-928-4888		1188	· ·	. 1	8		
Start Date (10)	18	Scheduled 0	Compl		ite (11)	Name of OSHA N						<u>* 10</u>	2"
Occupancy Status During	a Abatement (Check only				Street Address		· · · · · · · · · · · · · · · · · · ·				_	764
□ Facility Closed/Vacate □ Abatement Performed	ed During Entir	re Period of	Abate		oribo	27 Outwater			5 gg	N G		ži g	¥.
Time of Abatement:	AM	PM/	PN	1	AM	City, State, Zip Co							er s
Scope of Work (Check a	Il that apply)		No.			2.7					_	- 200	4
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova			☐ Mini-End	tainment with Nega losure g Procedure mpted (*) and Non				25		
			Loca		1.0					Abat	eme	nt T	уре
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM ATED	l) Use Ma	ainten	lely by ance/ Staff?		Description of stos Containing Ma s., thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Comora	Removal	Repair	Encapsulate	Enclosure
-		Yes	No	N/A		8	85%	3				œ.	
Throughout					RACM		2		10	I			
						10			. [1			
	4.	. 🗆						N .					
	£1					Territoria de la companya della companya della companya de la companya della comp		.is		7/1		П	П
Name of Registered Was	te Hauler		1	NJDEP		Cubic Yards of	Name of Regist	ered Landfill	10	- T			
Weigle Trucking, L		3+	- + - 100	Hauler II	No.	Waste As Needed	Minerva En						
City, State						Disposal Date	City, State						
Linden, PA						TBD	Waynesbur	g, OH					
completed By (Print or T	ype)	Title				Signature	1		Date				
Allen Monchik		Project	t Mar	nager			Monchik		5/7/1	0			
And the second s						AYEUN	HUNCIUR	31	0///	O			

1	EC	E		\mathbb{W}	E	E
14r	der an more a pro-	4	- 100			1
	MAY	1	7	2018	- Collection	

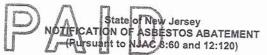
Date of Notification (1)				Name	of Building	Own	ner/Operator (2	2)	1 100	n:				71
03 /	27 /	18		Toy	vnship of	Ton	ns River- De	epartment of E	nginering	and the second		T- T- 11- 10-00		
							no ravor- ba	parament of E	ASBE	19703	10	WŢ	HOL	2.
Agencies Notified EPA	Type Notifica	tion		Sileet	Address					LICE	Nã	MG		
⊠ DOLWD	Initial □ Amended				Washingt		Street							
⊠ DOH	Amendme				State, Zip C									
DCA	☐ Emergeno		ng '	Tor	ns River,	NJ (08753							
(NJAC 5:23-8)	justificatio	n)			of Contact				Telephone No	umber	-111	78		
	☐ Cancellation	on		Rol	pert Char	ıkali	an		732-341-1	000				
				FA	CILITY IN	FOR	MATION							
Name of Facility Where A	Abatement is Ta	aking Pla	ce (3)					Type of Facility ((4)					
Commercial								School (K-12						
Street Address								Subchapter 8	Other than K-	-12)				
1536 N. Bay Avenu	е							Other (i.e., pr homes, etc.)		nercial	bui	lding	5,	
City (5)								Square Feet	# of Floors		Bld	g. Ag	10	\dashv
Toms River								oquare i cet	# 01110013		Diu	9.719		
County (6)				Cour	nty Code (7	VSTA	TE USE ONLY)	Current Use (Pri	or if being dem	olisher	1)			\dashv
Ocean				000.	, oodo (r	10111	. 2 002 0.12.17	ourone oco (i ii	or in being dem	Ollorico	-,			Ì
Name of Monitoring Firm	Hired by Buildi	ina Owne	r (8)	ASCM	No	Nan	ne of Ahateme	ent Contractor (9)			_			\dashv
Bio Terra Solutions		ing Owne	. (0)	ACCIVI	140.	100000000000000000000000000000000000000		NAGEMENT LI	1.0					
Street Address	,						et Address	NAGLWILNI L	LU					-
P.O. Box 1224														
							7 Outwater							_
City, State, Zip Code							, State, Zip Co							- 1
Union, NJ			1= .				arfield, NJ	07026						
Project Manager for Mon	itoring Firm			ephone			ephone No.		License No.	E .				
Rick Estaquio			1	73-494			73-928-4888		1188					
Start Date (10)		cheduled	시아 아이 아이 아이를 받는다.			500000	ne of OSHA M							
04 /05 /				<u>7</u> / .	18	A	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During						Stre	et Address							
☐ Facility Closed/Vacate						2	7 Outwater I	Lane						
Abatement Performed Time of Abatement: _						City	, State, Zip Co	ode						
Time of Abatement.	Aivi	PIVI/	PIV		Alvi	G	arfield, NJ	07026						
Scope of Work (Check al	I that apply)						D- "-							
☐ ≥3 sf or ≥3 lf			Renova	ion			☐ Full Cont	tainment with Neg	jative Pressure					
⊠ ≥160 sf or ≥260 lf			Demoliti				☐ Gloveba	Procedure						
							Non-Exe	mpted (*) and No	n-Friable Proce	edure				
			Is Loca								Aba	ateme	ent Ty	уре
Location Asbestos-Containing		, lu	Norma sed So		Acho	ctoc (Description of Containing Ma		Amount		R	Re	Щ	四
TO BE ABA		' 1	Mainten	ance/			mal systems		(Specify		Removal	Repair	car	clo
IN Facil	ity	C	ustodial (12			S	urfacing, VAT	, or	SF or LF)		val	7	Encapsulate	Enclosure
(13)		Ye			1	oth	ner miscellane	ous)					ate	
Thursday			-	_	D					-		_	_	
Throughout					RACM					!	\boxtimes		П	
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			ПП							1			П	
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Name of Registered Was	eta Haular			NJDEP	Masta	Cut	oic Yards of	Name of Regis	stored Landfill		ш	Ц	Ш	
Weigle Trucking, L			4.0	Hauler I		Was	100							
				PA-5	89		s Needed	Minerva E	irei hi ises					
City, State						1	posal Date	City, State						
Linden, PA						T	BD	Waynesbu	ırg, OH					
Completed By (Print or T	ype)	Title					Signature			Date				
Allen Monchik		Proje	ct Mai	nager			Allen	Monchik	2	3/27	7/18	3		

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5/14/2018				Br	icktown	Iding Owne	r/Operato	or (2)	5290.T = 1220	hui 603)	- IVI /	41-	11	-20	18
Agencies Notified	Type Notifica	ation		Stro	et Addre	UE LLC	/ UE B	rick L	LC						
X EPA						ss 4 East				1 1	ASBES	310	SOC	MTF	Oi
L DEP	Initial Amende	hed			, State, Z					-	Ottobero ora mod	LIC	ENSI	NG	
X DOL	Amendr	ment#				NJ 0765	2								
DOH DCA	Emerge justificat	ncy (includ	ding		ne of Con										
☐ DCA	Cancella									Teleph	one Nu	ımbe	r		
					Mark N						571-34				
Name of Facility Where	Abatement is T	aking Place	ce (3)		ACILITY	INFORMA	TION	1 =						1000	
Koni see Brick Plaza	а								of Facility (4					-	
Street Address									School (K-1	2)					
664 Route 70								×	Subchapter	8 (Other th	nan K-1	2)			
City (5)								Ň	Other (i.e. pretc.)	ivate & co	mmerc	ial bu	uilding	s, ho	mes,
Brick									re Feet	# of Flor	ors	T	Bldg.	Age	
County (6)				10					000÷	1			50+		
Ocean				(STAT	ty Code (7)		Curre	nt Use (Prior	if being de	emolish	ned)			
Name of Monitoring Firm I	Hired by Build:	na Our==	/01					Exti	rior Pedes	trian Are	a	/			
Whitestone Associa	ites. Inc	ig Owner	(8)	AS	CM No.		Name	of Aba	tement Contr	ractor (9)	-AX			_	
Street Address	100, 1110.						Hazn	nat D	iagnostic	LLC `					
35 Technology Drive	South						Street A				-				
City, State, Zip Code	Count				201		16 G	lenw	ild Ave						
Warren, NJ 07059							City, St							_	
Project Manager for Monito	oring Fire								ale, NJ	07403					
Mr. Jeremy Hassett	oring Firm			Teleph	none No.		Telepho				ense No				
Start Date (10)					496-79		973-9			011).			
5-25-2018		Sched	uled Co	mpletio	Date (1	1)			A Monitor	1011	101				
		6-20-	2018			170.7%			agnostic	II C					
Occupancy Status During A							Street A					_			
Facility Closed/Vacate Abatement Performed	d During Entire	e Period o	f Abate	ment					d Ave						
Abatement Performed Other – Describe: Ext						H	City, Sta								2000
		- Or Tou UCII	on Area						ale, NJ 07	403					
cope of Work (Check All T	nat Apply)							gu	AIO, NU U/	703					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov: Demoli					Mini-	Containment Enclosure abag Proced		tive Pre	essur	re		
					1		×	Non-	Exempted (*)	and Non-	Friable	Prod	cedur	٥	
Land			s Locat								1		Abate		
Location of Asbestos-Containing Ma	terial (ACM)		Norma ed Sole			Desc	ription of						Ty		
TO BE ABATE	D (ACIVI)	Ma	aintena	nce/	Asbe	stos Contai	ning Mate	erial /A	CM)	Amount				_	
In Facility (13)		Cus	todial 8 (12)	Staff?	(1.6	thermal s	ystems in ng, VAT, d	sulatio	on,	(Specify		Re	R	inca	En
(13)			(12)			other mis	scellaneo	us)		SF or LF)		Removal	Repair	sde	clos
		Yes	No	N/A				100				Val	₹	Encapsulate	Enclosure
Two Story Extirior T	ransition			X	_					- 100 301				0	
				^	- 1	ransite C	eiling P	anels	3	640 SF		X			
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ne of Registered Waste H.				IDEP Wa		Cubic Ya		N	ame of Regis	stered Lan	dfill		_		\dashv
me of Registered Waste H	_		1	35440		of Waste TBD		- 1	S.R.O.W.S			200	100	ten.	
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zmat Diagnostic LL(<u> </u>		00	-		Dienas-	Dot-	1				,00		41111	
zmat Diagnostic LL0 , State omingdale, NJ	0					Disposal	Date		ty, State						-
zmat Diagnostic LL(, State omingdale, NJ npleted by	0	Title				TBD									\dashv
zmat Diagnostic LL0 , State omingdale, NJ	0	Title Presid				TBD	Date ature		ty, State	PA	Date				

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Ch 152	10		NOTI	FICATIO Pursuan	N OF ASI	BESTOS 8:60 at	ABATE 1d 12:12	MEN O)	IT				u	<u> </u>	1
Date of Notification (1) 5/15/18					of Building Shaw) Owner	/Operator	r (2)			MA'	Y 1	7 20)18	
Agencies Notified	Type Notification	n		Street	Address							Services and a		waran	
× EPA	Initial										ASBES	TOS C	TMD	ROL	81
DEP [Amended Amendmer	nt #			ate, Zip C n, NJ 07					CONTRACTOR OF THE PERSON OF TH		ALP AND COMPANY OF THE PARTY OF	and other lives	TATION POUNC	CONTRACTOR OF THE PARTY OF THE
	Emergency	(including	9		of Contact					I To	lanhana N	l b. a a			
DOH DCA	justification Cancellatio			Rick						16	lephone N	umber			
None of Facility Man Al				FAC	ILITY INF	ORMAT	TION								
Name of Facility Where At Residential Home	atement is Taki	ng Place ((3)					Тур	e of Facility	(4)					
Street Address								H	School (K- Subchapte	12)	er than K.	.12)			
								×	Other (i.e.	private	& comme	cial bu	ilding	s, hom	ies,
City (5)							-	Squ	etc.) uare Feet	# 0	f Floors		Bldg.	Age	
Clifton								18	7454	2		- 1	60+/	-	
County (6) Passaic				County (STATE	Code (7) USE ONLY	0		Cur	rent Use (Pri	ior if be	ing demol	shed)			
Name of Monitoring Firm H	lired by Building	Owner (8	1		M No.		Namo		esidential Footenant Co		. (0)				
Project Manager		Owner (o	,	7,001	VI 140.				es Abatem		(9)				
Street Address							Street								
									lidland Av	e.					
City, State, Zip Code									Zip Code	07000				TILT IN	
Project Manager for Monito	orina Firm			Telepho	ne No		Teleph		Brook, NJ (0/663					
,				reichile	ile No.				-3184		License 01305	NO.			
Start Date (10)	W-1			mpletion	Date (11)		Name	of OS	SHA Monitor						
5/16/18		5/21/1													
Occupancy Status During A			127				Street	Addr	ess					100,000	
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Norr	Period of nal Facility	Abate y Hour	ment 's			City, S	tate,	Zip Code						
Scope of Work (Check All 1	hat Apply)														
≥3 sf or ≥3 lf		×	Renov	ation			×] _F	ull Containme	ent with	Negative	Dracei	ıra		
× ≥160 sf or ≥260 lf			Demol	tion			F	M	lini-Enclosure	9	rvegative	1 10331	110		
									lovebag Prod on-Exempted		d Non-Fria	ble Pro	ocedu	re	
			Loca											emen	t
Location of Asbestos-Containing Ma	storial (ACM)		Norma				scription						T	уре Т	
TO BE ABAT	ED (ACIVI)	0.0000	intena todial		(i.e.	thermal	systems	insu	al (ACM) lation,	(8	mount Specify	70	77	Enc	m
In Facility (13)		Jus	(12)			surfa other r	cing, VAT niscellan	T, or	,	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
50 * -54.55**		Yes	No	N/A		0.1101	····oomari	COGO	<i>'</i>			\a	=	ılate	ure
Basemen	t	1.00	Х	1307			VAT			66	32 SF	-	-	-	
Basemen	T		X				MENSAN.					X	-	-	
Datemen			^				Mastic			- 60	S2 SF	X	-	_	
Name of Registered Waste	Hauler		l N	JDEP W	asta	Cubic	Varda		Nome of	Dog!st-	real 1 10				
All Stages Abatement			H	lauler ID	No.	of Was			Name of I				محادان		
City, State			0	036592	?	3					al Sanita	y La	idilli		
Saddle Brook, NJ						Dispos	sal Date		City, State Pen Arg		4				
Completed by	1	Title					ignature		11 /	11		ate			
Richard Cristofol		Pres	ident				,	//	4	1	-	/15/1	8		

MILLESC			NOT	ΓΙFΙ(Pursua	NOF A	New Jersey SBESTOS ABA AC 8:50 and 5:	16)	DE	C E		\mathbb{V}	B
Date of Notification (1) 5 /	15 /	18	3			ne of Buildi J Group	ng Owner/Operator	(2)		MAY 1	7 :	2018	April 1441 March 2017
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Noti					et Address 515 Burnt			ASE	BESTOS LICE	CON	THO	1.8
☑ DHSS		dea dment#			City,	State, Zip	Code		<u> </u>		777		E-TIME.
□ DCA	☐ Emerg			-	CI	nerry Hill	, NJ 08003						
(NJAC 5:23-8)	justific		oldani	9	Nam	e of Conta	ct		Telephone	Number			
	☐ Cance	llation			Pa	t Hannig	an		856-552				
	-				F	CILITY	NFORMATION		10000				
Name of Facility Where Al	batement i	s Takino	Place	e (3)	.,,	COLLIT I	IN ORWIATION	Type of Engility	(4)				
5176 Harding Way			, , , , , ,	o (o)				Type of Facility	5.4				
Street Address	-		A					School (K-12		K-12)			
5176 Harding Way								Other (i.e., p	rivate and con	nmercial	buildir	igs,	
								homes, etc.)					
City (5)								Square Feet	# of Floors	;	Bldg. /	Age	
Mays Landing, NJ								151,000	1		58		
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being der	molished)		
Atlantic								Vacant	······································				
Name of Monitoring Firm H	lired by Bu	uilding C	wner	(8)	ASCN	1 No.	Name of Abatem	ent Contractor (9)					
Vertex					NA		1	ironmental Sys	tome				
Street Address							Street Address	nonnental dys	items				
700 Turner Way							Production and the state of the	a= C4					
City, State, Zip Code							550 East Uni						
							City, State, Zip C						
Aston, PA 19014							West Cheste	r, PA 19382					
Project Manager for Monito	oring Firm				lephone		Telephone No.		License No	o.			
Don Heim						3-8902	610-701-9000)	00508				
Start Date (10)		A CONTRACTOR OF THE PARTY OF TH				ate (11)	Name of OSHA N	Monitor					
5/30/	18	6	5 /	1	3 /	18	Vertex						
Occupancy Status During A	Abatement	(Check	only o	one)			Street Address						
□ Facility Closed/Vacated							700 Turner W	lav					
Abatement Performed C	Outside of I	Normal I	Facilit	у Ноц	ırs - Des	scribe	City, State, Zip Co						
Time of Abatement: 7Al	MF	PM/ <u>3:30</u>	PM		_AM		Aston, PA 19						
Scope of Work (Check all ti	hat apply)						Astoli, I A 15	014					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	117,		□ Re 図 De					tainment with Neg losure g Procedure mpted (*) and Nor					
22 93 6				Loca						A	batem	ent T	уре
Location of Asbestos-Containing Ma		.0.0		Norma d Sol	ely by	0-1	Description o	f		7	R	m	Ш
TO BE ABATE	ED	ivi)	Ma	inten	ance/	Asbe	stos Containing Ma	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust		Staff?	(surfacing, VAT,	or	SF or LF)	ova	=	psu	nsc
(13)		H		(12)	1		other miscellane	ous)	Control of the second section of the 🏕			late	o,
			Yes	No	N/A								
Main Floor					\boxtimes	VAT			4300 SF				
Warehouse					\boxtimes	Pipe Ins	sulation		350 LF			$\overline{\Box}$	П
			П	П									
				_					117			П	
				Ц									
Name of Registered Waste	Hauler				JDEP \		Cubic Yards of	Name of Registe	ered Landfill				
Richard Burns & Co.				1	lauler II 19955	20.00.01000	Waste 40	Western Be	rks Commu	ınity La	ndfill		
City, State					10000		Disposal Date	City, State					
Phila., PA							TBD	Birdsboro,	ΡΔ				
Completed By (Print or Type	2)	Title						Dirusburo, i	^				
Mark Griffin	•)	10.19.50	timat	or			Signature	na Ale		Date /	-/		3
SB-41	-						111	TI NA		0/1	0/	18	
AY 11		* D	o not i	use th	nis form	for asbesto	os licensure exemp	ted activities.			1		

CK#006013



M.	E	C	E		W	Pri	t Form
K							To Aid Selections
]	MAY	1	7	2018	777	IJ

Date of Notification (1)				T	C D III						MAY	1/	201	8	lad		
5/14/2018				Brick	of Buildir ktown Ll	ng Owner	Operator / UE Bric	(2)		T Carried					Í		
Agencies Notified	Type Notification	on			Address	L LLC	OL BIIC	K LLC		ASD	ECTO	000	MITP	01 0			
X EPA	X Initial				Route 4	East				Thomas	EGTO	ENSI	NG	Jim Di			
L DEP	Amended				State, Zip						A.C. 10 (00)	CONTRACTOR AND	- Walter Control	Memora	CO-CITAGO A		
X DOL	Amendme	nt #			imus, N)										
₩ DOH	Emergence justification	y (including]		of Contac					- 1 .							
☐ DCA	Cancellati	on		100717070000000	lark Ma				Telephone Number								
					CILITY IN		TION		201-571-3443								
Name of Facility Where	Abatement is Tak	ing Place (3)			· OILINA		Type of Facili	ity (4)				_				
Former Smoothie	King						- 11	School (0.20.000.000								
Street Address								Subchar	oter 8	(Other t	han K	-12)					
124 Chambers Bri	dge Road							Other (i. etc.)	e. priv	ate & co	omme	rcial bu	ilding	s, hor	nes,		
City (5) Brick								Square Feet		# of Fl	oors		Bldg.	Age			
			A PERSONAL PROPERTY.					30,000+	-	1			50+	90			
County (6) Ocean				County	Code (7)			Current Use (Prior i	f being	demol	ished)					
E				(STATE	USE ONL	n		Extirior Pe	destr	ian Ar	ea						
Name of Monitoring Firm Whitestone Associated	m Hired by Building	Owner (8)		ASC	M No.		Name of	f Abatement (Contra	ctor (9)							
Street Address	lates, Inc.					tic LLC											
35 Technology Dri	vo Couth							reet Address									
City, State, Zip Code	ve South						16 GI	Glenwild Ave									
Warren, NJ 07059	0						1000000	y, State, Zip Code									
	Project Manager for Monitoring Firm							ingdale, N	IJ O	7403							
Mr. Jeremy Hasse	tt		1	Telepho		_	Telephoi			Lie	cense	No.					
Start Date (10)		Cabadal			96-795		Landau Control	28-3995		0.	1181						
5-25-2018		6-20-20		npletion	Date (11))	The state of the s	OSHA Monito		W 12			-20		27-17-13		
Occupancy Status Durin	g Abatement (Che							at Diagnos	stic L	LC_							
Transaction 1							Street Ad	ldress enwild Ave									
Abatement Perform	led Outside of Non	Period of A	Hour	nent					•					2000			
Other – Describe:								e, Zip Code		400							
Scope of Work (Check A	II That Apply)						DIOUITI	ingdale, N.	1 0/4	403							
≥3 sf or ≥3 lf		Пр	enova	tion			_										
× ≥160 sf or ≥260 lf		Department .	emolit					Full Contain Mini-Enclose	ment i	with Ne	gative	Pressu	ıre				
								Glovebag Pr	ire								
		T						Non-Exempt	ted (*)	and No	n-Fria	ble Pro	cedur	e			
Location	of		Locati ormal											emen /pe	t		
Asbestos-Containing	Material (ACM)	Used	Sole	ly by	Achoo	Des	scription of			0.20		-	T .,	pe			
TO BE ABA	ATED		ntenar		(i.e.	thermal	aining iviati systems in	erial (ACM)		Amou (Speci		70		四	т		
In Facili (13)	ty	Ousid	(12)	nanr	8	surfac	ing, VAT,	or		SF or L		Remova	Repair	caps	nclo		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				other m	iscellaneo	us)				oval	ar.	Encapsulate	Enclosure		
D		Yes	No	N/A										6			
Basement Cra				X	Р	ipe Insu	ulation D	ebris		600 S	F	X					
Bathroom & R				X		Linoleu	m Sheet	ing		60 SI	F	Х					
Basement	Area			Х		Flue	Packing	1		2 SF	:	X					
	Roof Penrtrations					Bla	ack Tar			110 S		X					
Name of Registered Wast	lame of Registered Waste Hauler				aste	Cubic Y		Name of	f Regi						-		
Hazmat Diagnostic	LLC		1000000	auler ID 1 35440		of Wast	te	G.R.O					sLar	ıdfill			
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Completed by		Title					gnature	/	· Production	. , ,	T Do	ite					
Deni Naumovski		Presid	ent			- 13	/	///			1 1979		112				
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Date of Notification (1) 05/14/2018				Name The I	of Building Owner Port Authority	er/Operato of New	r (2) York	7	L L	MAY	17	201	8	
	Type Notification	1		Street	Address teway Center		210			SBES7	OS CC DENSI		OL &	1
DEP DOL	Initial Amended Amendmen	ıt #		City, S	tate, Zip Code ark, NJ 07102			L	**** Tectors visio		ar act at the	semananan 1.47%	TOTAL STATE	er in terminal and
DOH DCA	Emergency justification Cancellation) .	g	Name	Name of Contact Glenn Milarczyk Telephone Number 484-239-1902									
N. CE W.					CILITY INFORMA	ATION			10	7 200 1	302			
Name of Facility Where Ab Newark Airport - Build	atement is Takii ding 345	ng Place	(3)				Тур	e of Facility School (K-	\$60.50 					
Street Address 350 Scargo Earhart [Orive						×	Subchapte Other (i.e.	r 8 (Othe	er than K- commer	12) cial bui	ldings	, hom	es,
City (5) Newark							Squa 43,2	etc.) are Feet 200	# of	Floors	100	3ldg. /	Age	
County (6) Union				County (STATE	Code (7) USE ONLY)		Curr	ent Use (Pri	or if beir	ng demoli	1			
Name of Monitoring Firm H ATC Associates, Inc.	ired by Building	Owner (8)	ASC	M No.		Name of Abatement Contractor (9) Brandenburg Industrial Service Company							
Street Address 104 East 25th Street						Street	eet Address 217 Spillman Drive							
City, State, Zip Code New York, NY 10010						City, S	tate, Z	Zip Code n, PA 180						-
Project Manager for Monito	ring Firm			Telepho	one No. 53-8280	Teleph	one N	lo.		License	No.			
Start Date (10) 05/29/2018		Schedul 06/08/	led Cor		Date (11)		of OS	HA Monitor		00721				
Occupancy Status During A	batement (Chec					Bran								
Facility Closed/Vacate Abatement Performed	d Durina Entire I	Period of	Ahaten	nent		2000000	Spill	man Driv	Э					
Other – Describe: DEI	MO - 6/4/2018-7/	3/2018	y Hours	0.17, 0.10				ip Code n PA 180	15		70-3			
Scope of Work (Check All T	hat Apply)		VI 1			Dean	CHOI	111 A 100	15					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
Location of		1	Locati	ly	D	escription	escription of ntaining Material (ACM) systems insulation, acing, VAT, or miscellaneous)			zu () anu Non-Fria		Abate Ty	ement	
Asbestos-Containing Ma TO BE ABATE In Facility (13)	aterial (ACM) ED	Ma	ed Sole iintenar todial S (12)	nce/	(i.e. therma	al systems acing, VA				nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
4.5		Yes	No	N/A							<u>a</u>		late	lle
1st Floor Roor	n 1A	-		X		Tile - 1			40	SF	Х			
Roof	ilalia a	-		X		Flashing			160	0 SF	X			
Throughout Bu	iiding			X	Pipe Sealant	t on Spri	nkler	Heads	885	Units	X			
Name of Registered Waste I			10 (55%)	JDEP W auler ID		c Yards		Name of F						
Brandenburg Industrial City, State	Service Co			838	30			IESI Bei		m Landf	fill			
Bethlehem, PA					05/3	osal Date 1/18-06/	12/1	City, State Bethlehe		4				
Completed by Stephen Carne		Title Envir	onme	Signature/ Date							4/2018			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT L# 3364 (Pursuant to NJAC 8:60 and 5:16) Date of Notification Name of Building Owner/Operator (2) 5 18 Verizon Agencies Notified Type Notification Street Address **⊠** EPA 15 East Montgomery Place, Lower Level MAY 17 2018 **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Pittsburgh, PA 15212 ☐ DCA ☐ Emergency (including ASBESTOS CONTROL & (NJAC 5:23-8) justification) Name of Contact Telephone Number SING ☐ Cancellation Anthony Porta 412-633-4021 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Paulsboro CO School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 220 W Broad St. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Paulsboro County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Gloucester Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **USA Environmental Management** BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5 / 29 / 18 6 / 4 / 18 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all that apply) $\square \ge 3$ sf or ≥ 3 If ☐ Mini-Enclosure ≥160 sf or ≥260 If Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Removal Asbestos Containing Material (ACM) Encapsulate Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement Battery Area M Floor tile and mastic 245 SF \boxtimes Basement Dryer Area M Floor tile and mastic 275 SF X Basement Storage Room M Floor tile and mastic 325 SF \boxtimes П Name of Registered Waste Hauler Cubic Yards of NJDEP Waste Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State

ASB-41 BS 18047

Brian Scafiro

NEW CASTLE, DE 19720

Title

Estimator

Completed By (Print or Type)

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

Disposal Date

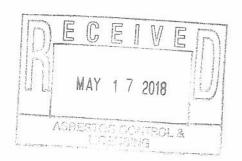
Signature

City, State

WAYNESBURG, OH 44688

		D/A	NOTIFICA	TION OF A	NEW JERS ASBESTOS AC 8:60-7	ABATEME	INT	1 . 6	b #	21	2.7		
Date of Notification	1	6	I III OKOO	Name of	Building C	wner / Ope	erator (2)	1 Dec	y er	2/			
$\frac{-02}{}$	- /	<u>-</u> 8		SOUTH A	AVE URBAN	RENEWA	L, LLC	HD.	EC	FI	WEE		
Agencies Notified	Type of	Notification		570 COMMERCE BLVD									
☑ EPA		Initial		City, State, Zip Code									
☐ DEP ☑ DOH		Amended		CARLSTADT, NJ 07072									
☑ DON	155=500	Amendment	#1 v/ justification		Contact			Telepho	ne Numb	er /	2010		
		Cancellation		DOMINICK TUCCI 201-487-5657							i,		
Nome of Facility M				FACILITY I	NFORMAT				ADDEDI		G G		
Name of Facility V 400 SOUTH AVEN	vnere Abate UE	ement is Taking	Place (3)		Type of F	acility (4)							
						School (F	K-12)						
Street Address					7 🗆	Subchap	ter 8 (Other t	han K-12)					
400 SOUTH AVEN	UE				✓		., private & c	mmercial			- 1		
City (5)	County	(6)	County Code	(7)	Square F		omes, etc.)		Touldin	~ A~~			
GARWOOD	UNION	,	Journey Code	(*)		,000	# OI FIOOIS		Buildin	g Age			
					Current U	lse (Prior if	f being demo	lished)	1	40 +	.		
Name of Monitorin	a Eirm Llies	d b Did - O	(0)	1.00	MANUFA	CTURING		72					
Manie of Monitorii	ig Fillii Hile	ed by Bidg. Own	er (8)	ASCM NO	9								
EHI					NORTHS	TAR CONTI	RACTING GR	OUP. INC	;		- 1		
Street Address	TD 4.11				Street Ad	The second secon							
655 WEST SHORE City, State, Zip Co.					-						1		
SPARTA, NJ 07871						s Parkway							
Project Mngr. For		Firm	Telephone Nu	mher	City, State	e, Zip Code	9						
WILLIAM KIERBIL		202000	973-729-5649	bci	East Hand	ver, NJ 079	936						
Sheduled Start Da	te (10)	Sched. Comp	letetion Date (1	11)	THE RESERVE TO SHARP SHAPE TO SHAPE THE PARTY OF THE PART	e Number		License	Number				
03_//12_	/18		<u> </u>	18							I		
Occupancy Status	During Aha	tement (Check	Only 1)			34-8682	16		0	0860			
☐ Facility	Closed/Vac	ated During Ent	ire Period of			OSHA Moni	itor RACTING GR	OUR INC					
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Abatem	ent Perform	ed Outside of N	ormal Facility										
	Describe:	7:00 AM-3:30 I	DM		32 William								
_ other - i	Describe	7.00 AIVI-3.30 I	<u>PIVI</u>	City, State, Zip Code East Hanover, NJ 07936									
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D114											1		
☐ Demolit		~	Renovation				th Negative F	ressure			- 1		
	or ≥260 If			□	Mini - End	Procedure	P.						
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(13)		by Main- tenance/	ord	other misc	ellaneous)			V	A	P	0		
		Custodial						A L	R R	S U	S		
		Staff (12)						-	I N	L	R		
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ND FLOOR			PIPE & FITTING				505 LF	7					
ST FLOOR			CEILING TILE				540 LF 1,850 SF	7					
Name of Registered	d Waste Ha	ule 🗆 🗀 🗀 📗	NJDEP Waste	Cubic	Name of R	egistered		Ľ					
NORTHSTAR CONT	RACTING (GROUP, INC	Yards	GROWS									
City, State				of Waste	Cit. Ci i								
AST HANOVER, N	J			Disposal Date	City. State MORRISVI								
				Dute	MONINOVI	LLL, FA							
completed by (Prin	t or Type)		Title			Signature		// -	_	Date			
Steve Stiles			Davis 111			X+	200	1,6)				
SB-41		-	Project Manage	r		ere	100/3	1	/_	05	/16/18		

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I	E N C A P S U L	E N C L O S U R
	YES NO N/A				_	+	1
2ND FLOOR		VAT	400 SF	7			
1ST FLOOR		VAT& MASTIC	150 SF	V	In	11	T T
ROOF		ROOFING	750 SF	7	T	1 1	
ROOF		FLASHING	1,280 SF	1			



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Date of Notifi	100000000000000000000000000000000000000		TO		Building Owner / O							
/ -	26 / 1	5		Street Ad	VE URBAN RENEV	VAL, LLC	B	E G		WEIN		
Agencies Not	tified Type	of Notification			MERCE BLVD				<u> </u>			
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Name of Faci		atement is Taking	Place (3)		Type of Facility (4)		()	HELDERSTEIN CHARLES	Maria and an and an an and an		
					☐ School	(K-12)						
Street Addres						apter 8 (Other t	han K-12)					
450-490 SOU	TH AVENUE					l.e., private & c	mmercial					
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SPARTA, NJ (Project Mngr.		- Firm	ITalaahaaa No		City, State, Zip Co	de						
WILLIAM KIEF		ng rinn	Telephone Nu 973-729-5649	mber	East Hanover, NJ (17936						
Sheduled Sta		Sched. Comp	letetion Date (1	1)	Telephone Number		License	Number				
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7/	/	/	/		973-884-8682				00860			
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		ormed Outside of N	lormal Facility									
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	ation of	ls		Descript			Abateme	nt Type		1-		
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BOILER ROOF			FITTINGS			3 EA	V					
OFFICES/SHO)PS		VAT/MASTIC			3,000 SF	7					
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		IG GROUP, INC		Yards	GROWS	a Lanuill						
		20 E		of Waste						U <u>niversity</u>		
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I sompleted by	(,cor ryp	~,	1.100			1/-	L		Date			
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SHOP	T		1			GALBETOS	2,000 SF	V			
SHOP	T		1			ELECTRICAL BOARD	10 SF	V			
EXTERIOR	T		1			GLAZING	59 EA	V			
EXTERIOR			1			CAULK	2,400 LF	N	1 1	T T	T T
ROOF	T		1		П	ROOFING	35,400 SF	V		Th	TH
ROOF	T		1			FLASHING/TAR	500 SF	V	1 7		
GARAGE/SHOP			1			PIPE & FITTING	230 LF	V	1 7	TH	1 5
SHED			1			FLASHING	50 SF	V			
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Date of Notification (1)	JI II L			Name	of Building	Owner/Operator (2	2)	provide the second seco							
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Name of Facility Where A		king Place	(3)				Type of Facility								
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Bergen															
Name of Monitoring Firm	Hired by Buildin	ng Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)								
Hillmann Consultin	ng			6225	2	JVN Restorat	tion Inc								
Street Address						Street Address									
1600 Route 22 East	t					47 Foster Ro	ad								
City, State, Zip Code						City, State, Zip Co	ode								
Union NJ 07083						Staten Island NY 10309									
Project Manager for Mon	itorina Firm		Tele	phone	No	Telephone No.		License No.							
Tammy Lomax	,			08-577		718-605-6256		00774							
Start Date (10)	Sc	heduled C	1000			Name of OSHA M		00174	W 17-74-		_	-			
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						LIC NY 11101	<u> </u>								
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≥3 sf or ≥3 lf		⊠ Re	novat	ion		☐ Mini-Enc	closure								
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		ПП	П							П					
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Ralph Barnhardt		Project	Man	ager		1	—	,	1	1/	10				
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