2h 1306		NOT	ΓΙFΙ (CA1	TION	tate of N NOF AS nt to NJ	BE	Jersey STOS ABA 8:60 and 5:1	FEMENT	DE C			7	
Date of Notification (1)				1	Name	of Buildin	ig O	wner/Operator ((2)	In the Part of the	Y		4	3
	19				GI	C Murray	Hill	LLC		11				100000000000000000000000000000000000000
Agencies Notified Type Notifi	cation			- 5	Stree	t Address				ASBES			17	OL &
☐ EPA ☐ Initial					182	201 Von I	Karı	man, #1170		anacidate para anabater, standary (MA	LICE	NSIN	G	several participation
☑ DOLWD ☐ Amende				(State, Zip		Contract to the contract of th					_	
☑ DHSS Amendr ☐ DCA ☐ Emerge						ne, CA 9								
DCA Emerge justifica		iciuain	g	1		of Contac				Telephone Numb	or		_	
Cancell						ant Morl				(949)407-011				
					FA	CILITY IN	IFO	RMATION				-1 -10		1
Name of Facility Where Abatement is	Taking	Place	e (3))			- 1.10		Type of Facility	(4)			_	
Commerical Building									School (K-12	2)				
Street Address										(Other than K-12)		ildina		
433 Murray Hill Parkway									homes, etc.)		ciai bi	unun ig	3,	
City (5)			-335						Square Feet	# of Floors	В	dg. Ag	je	
East Rutherford									100,039	1		50		
County (6)					Cour	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pri	ior if being demolis	hed)		-	
Bergen									Commerical	I				
Name of Monitoring Firm Hired by Bu				AS	SCM	No.	Na	me of Abateme	ent Contractor (9)				_	
Environmental Health Investig	gation	s, Ind	٥.		2973	37	1	SAI Environn	nental Services	s, LLC				
Street Address							Str	reet Address					7	45
655 West Shore Trail							1 2	277 Fairfield	Road, Suite 10	2				
City, State, Zip Code			- 124	-0112			Cit	y, State, Zip Co	ode				_	
Sparta, NJ 07834							F	Fairfield, NJ (07004					
Project Manager for Monitoring Firm			Te	eleph	none	No.	Te	lephone No.		License No.			- 70	
Bill Kerbel						-5649	(973) 852-344	4	01349				
						te (11)	Na	me of OSHA M	lonitor				_	
5/28/19					- / -	19	5	SAI Environm	nental Services	s, LLC				
Occupancy Status During Abatement							Str	eet Address					_	
☐ Facility Closed/Vacated During Ent	ire Per	iod of	Aba	teme	ent		2	77 Fairfield	Road, Suite 10	2				
	lormal	Facilit	y Ho	ours -	Des	cribe	Cit	y, State, Zip Co	ode				_	
		117.00	i IVI-	-3.30	<u>U</u> AIVI		F	airfield, NJ (7004					
Scope of Work (Check all that apply)													_	
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		⊠ Re		ation ition	1			☐ Mini-Encl	Procedure	native Pressure	e			
				cation							Ab	ateme	nt	уре
Location of Asbestos-Containing Material (ACN	n			nally olely		Acho	ctoc	Description of			R	R	_	I
TO BE ABATED	"			nanc				Containing Mai ermal systems i		Amount (Specify	Remova	Repair	circapsulate	Enclosure
IN Facility		Cus	todia (1:	al Sta	att?		\$	surfacing, VAT,	or	SF or LF)	val	=	usu	sur
(13)	Ì	Yes	N		N/A		ot	her miscellaned	ous)				ale	(D)
Lunchroom Area						Floor Ti	le/N	flastic		720 SF				H
		П		1										
		=		-							12		늗	H
			_	-				-			Ш	Ш	L	
N														
Name of Registered Waste Hauler					DEP V	Vaste	Cul	oic Yards of	Name of Regist				=0	
Service Transport Group, Inc					W21	100000000000000000000000000000000000000		0	Minerva La	ndfill				
City, State New Castle, DE								posal Date /21/2019	City, State Waynesbur	rah. OH				
Completed By (Print or Type)	Title								24 /				_	
Mary Petrovski	20000000	anage	er					Signature	MININTE	Dat				
ACD 44	1416	anage	-1					///	my lew	WIN !	5/16	5/20	15	

OM Oldon	NO	OTIFIC	CATIO	NOF AS	lew Jersey BESTOS ABA	TEMENT		m		C	E		/	E
I Allost		(1	Pursua	ntto NJ	% 8:60 and 5:	16)		K					60 market	/ Samuel
Date of Notification (1)			Nam	e of Buildin	g Owner/Operator	(2)	-		1	A A V	27	7 7	40	
5/16/	19			ounty of F	77.5 S.	(-)	-	ЦL		MAY	21) 2	19	
Agencies Notified Type Notifi	cation		Stre	et Address			-		- Contraction	Are warning	NAME OF TAXABLE	re-retriated	roman	e Page
☐ EPA ☐ Initial			11/2/2015	1 Grand	Street				ASB	ESTO	SC	NO:	90	L
☑ DOLWD ☐ Amende				State, Zip			L	March clean	Antibelier's member		announce Trail A	OH NY	investo.	- Pariton
☑ DHSS Amendr ☐ DCA ☑ Emerge		lina	1000	aterson, N										
(NJAC 5:23-8) justifica	tion)	iirig		e of Contac			IΤ	olonh	none N	l	_			
☐ Cancella	ation			ndrew The					3) 881					
					FORMATION			(973	001	-4424			_	
Name of Facility Where Abatement is	Taking Pla	ace (3)		CILITI	I OKWATION	Type of Facility	. (4)						_	
Passsaic County Courthouse			a			Type of Facility ☐ School (K-1								
Street Address			9			Subchapter	8 (0	ther	than K	-12)				
63 Hamilton Street						Other (i.e.,	oriva	te an	d com	mercia	l bui	ldinç	,	
City (5)				,	S-19-5-3-18-18-18-18-18-18-18-18-18-18-18-18-18-	homes, etc.							_	_
Paterson							1		loors			g. A		
County (6)			Cou	inty Code /7)(STATE USE ONLY)	35,000	rio - ''	3		-11.		27	S	
Passsaic			300	Code (1	NOTHIE OOL ONLY)	Current Use (P	1101 11	bein	y aem	olishe	d)			
Name of Monitoring Firm Hired by Bui	lding Owne	er (8)	ASCM	1 No	Name of Abatam	ent Contractor (9	1							_
Langan	3	(-/	000	All Comme	Superior Ab)							
Street Address			000		Street Address	atement Inc							_	
300 Kimball Drive					2 Hendersor	Drive								
City, State, Zip Code					City, State, Zip C								_	
Parsippany, NJ 07054					West Caldwe									
Project Manager for Monitoring Firm		Te	lephone	No	Telephone No.	ell, 145 07000								
Vijay Patel				60-4900	(973) 808-16 ⁻	16	L	oo4	se No.					
Start Date (10)	Scheduled				Name of OSHA N			004	err.					
05 /17 /19			20 /		Superior Aba									
Occupancy Status During Abatement (Street Address	atement inc							_	
☐ Facility Closed/Vacated During Enti			ement		2 Henderson	Delice								
☐ Abatement Performed Outside of N	ormal Faci	lity Hou	ırs - Des	scribe	City, State, Zip C								_	
Time of Abatement: _AMP	W/P	M	AM		West Caldwe									
Scope of Work (Check all that apply)					West Caldwe	:II, NJ 07000		oper surje				_	_	
☐ ≥3 sf or ≥3 lf	_					tainment with Neg	ative	e Pre	ssure					
☐ ≥160 sf or ≥260 if		Renova Demolit			☐ Mini-End	losure								
		Cirione	1011			g Procedure mpted (*) and No	n-Fri	able	Proce	dure				
		Is Loca				1			10000		Δhat	eme		mo
Location of Asbestos-Containing Material (ACM	as Us	Norma sed Sol			Description of					11				
TO BE ABATED	' N	lainten	ance/	Asbes	tos Containing Ma , thermal systems	insulation			ount	1	am	Repair	3	incl
IN Facility	Cu	stodial (12)		(surfacing, VAT,	, or			ecify or LF)	Kolliova		₩	1	Enclosure
(13)	Yes		N/A		other miscellane	ous)			15		-		1	ē
2 nd Floor (Inactive elevator shaft)		-								_	+	4		
ιουι (mactive elevator snaπ				Wall Pla	ster			70	SF	₽]	
								75-23-3][
											7 1	\exists	7	F
			 -								-	_	7	_
Name of Registered Waste Hauler			JDEP \	Masta	Oubia V	100][]	
Service Transport Group, Inc		1 22.5	dauler I	1865 FEB 1100	Cubic Yards of Waste	Name of Regis			dfill					
City, State			SW21	17	10	Minerva La	ndfi	H						
New Castle, DE					Disposal Date	City, State								
					Various	Waynesbu	rgh,	ОН						
Completed By (Print or Type)	Title				Signature	1111			1	Date			38	-
Nick Petrovski	Presid	ent			This	More	1-	, 1		5-	-/	/_	10	19
SB-41 AY 11	* 0	4 41	nia form	£	s licensure exemp						C		-1	1

Date of Notification (1)		NO	Furst	iant to in	f New Jers ASBESTO AC 8:50 a	SIABATI and 12:12	20)		EG		20	10	3 7 1
4/17/19			NJ	DPMC	ung Owne	r-uperato	or (2)		MAI	E (20	13	1
Agencies Notified Type Notification	n		Stre	et Addres	ss			-		and the state of			
EPA X Initial			1		tate St.				ASBEST L	OS CI	ONTF ING	ROL	k
DEP Amended Amendme	nt#		City	, State, Zi	p Code			Commence		O 101 1 C	1110	and and a	Difference of the Control of the Con
Emergenc	y (includ	ding		enton, N									
DOA justification	۱)			ne of Cont					Telephone	Numb	er	_	-
				gina Bru					609-433	3-8745	;		
Name of Facility Where Abatement is Tak	ing Plac	e (3)	F	ACILITY	INFORMA"	TION	T (=					_	
former residence, BLUE ACRES Street Address	DEMO	DLITIC	NC				Type of Fa			54			-
29 Stephen St.							School Subch	ol (K-12)	(Other than	16 401			
City (5)							○ Uther	(i.e. priv	ate & comm	K-12) ercial b	uildin	as.	ımes
South River, NJ							etc.) Square Fee		# of Floors				
County (6)							2,000		2 1/2		50-	g. Αί	
Middlesex			Coun (STAT	ty Code (E USE ON	7)		Current Use	e (Prior i	f being dem	olished)	_	
Name of Monitoring Firm Hired by Building	Owner	(8)	1				Abandon	ed, BL	UE ACRE	ES	,		
II/a	OWIG	(0)	AS	CM No.		Name	of Abatemen	t Contra	ctor (9)		_	_	
Street Address			1			Yanr	nuzzi Grou	p, Inc.	W SP				
0							Address						-
City, State, Zip Code							Kinnelon R						
Project Manager & Manager						Kinne	ate, Zip Cod	e 7405					
Project Manager for Monitoring Firm			Teleph	none No.			one No.	405	11:				
Start Date (10)							218-0880		License 01228				
5/14/19	Sched 5/30/	uled Co	mpletio	n Date (1	1)		of OSHA Mor	itor	01220				
Occupancy Status During Abatement (Chec	5/30/	19					uzzi Group						
Facility Closed/Vacated During Faul						Street A	ddress	10 = 50 = 18 m			_		
Abatement Performed Outside - 11	eriod o	f Abater	ment				innelon Ro		102				
	30/	., 110ul	J				ite, Zip Code						
Scope of Work (Check All That Apply)						Kinne	lon, NJ 07	405					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				X	Glovebag F	sure Procedur	rith Negative				
2 45 W/S	1:	s Locati	ion				14011-EXEIT	ited (*) a	and Non-Fria	able Pro			
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly ly by		Desc	ription of						eme ype	t
TO BE ABATED	Ma	aintenar	nce/	Asbe	stos Conta	ning Mat	erial (ACM)		Amount			<u> </u>	
In Facility (13)	Cus	todial S (12)	Staff?	11.6	thermal s. surfacir	ystems ir 1g, VAT,	isulation, or		(Specify	Re	R	Enc	ᄪ
			1		other mis	scellaneo	us)	"	SF or LF)	Removal	Repair	sde	Enclosure
Interior	Yes	No	N/A							a	=	Encapsulate	ure
			х		Pla	aster		3	100 sf	V	_	-	
Interior			Х		She	etrock			400 sf	X			
Exterior			х			ding		+		X			
or & porch & basement damproofi			х	poring 8		A4750	nproofing	-	320 sf	X			
me of Registered Waste Hauler		NJ	IDEL M	aste	Cubic Ya	rds			380 sf	Х			
nnuzzi Group, Inc		Ha	uler ID I 467	No.	of Waste				ered Landfil	l)			
y, State		17	+01		80			Fairle	ess				
nnelon, NJ					Disposal 5/30/19		City, Sta						-
mpleted by hn Mucha	Title					∖ ature/i	Morris	ville, P	'A				
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AHEE	RA Pro	ject D	esigner	Sigh	ature	(N)	1	Da				-
B-41 (R-06-08)				301	1	於	1/14	ya.	4/	17/19			

					-						11111
Date of Notification (1)		NOT	(Pursue	State of New Jer DN OF ASBESTO thit to NJAC 8:60	O ADATE	WENT	DE	G [Ē [1 7	FI
4/17/19			Name	of Building Owne	er/Operato	r (2)	1151			_	4
Agencies Notified Type Notificat	ion			PMC t Address			III II MA	Y 2	0 21	1 1	
EPA Initial			100	Vest State St.					V-C	+ +	
Amende			City,	State, Zip Code			ASBES	TOS	CONT	=	\perp
Emergen	cy (includi	ina	4	nton, NJ			L	ICEN	ISING	4 16	8
DOH justification Cancella	on)			of Contact			Telephone I				
				ina Bruno CILITY INFORMA	TION	APPENDIX HENRY	609-433-	8745			
Name of Facility Where Abatement is Ta former residence, BLUE ACRES	king Place	(3)		OLLIT INFORMA	TION	Type of Facility	v (4)				
Street Address	DEMIO	LIIIO	N			School (K	(-12)				
27 Stephen St.						Subchapt	er 8 (Other than K	-12)			
City (5)						etc.)	. private & comme	rcial b			ies,
South River, NJ	To a strangered					Square Feet 2,000	# of Floors 2 1/2		Bldg.	Ф э	
County (6) Middlesex			County	Code (7)			rior if being demol	ished		-	
Name of Monitoring Firm Hired by Buildin	g Owner /	(8)	1			Abandoned	, BLUE ACRES	5	01		
n/a	a Owner (3)	ASC	M No.	Name	of Abatement Co	ontractor (9)			_	
Street Address						uzzi Group,	Inc.				
City, State, Zip Code						Kinnelon Rd.					
orty, State, 21p Code					City, St	ate, Zip Code			-		
Project Manager for Monitoring Firm			Toloph	one No.		elon, NJ 0740	05				
			relebili	one No.		one No. 218-0880	License	No.			
Start Date (10) 5/14/19	Schedu	uled Co	mpletion	Date (11)		of OSHA Monitor	01228				
Occupancy Status During Abatement (Che	5/30/	19		57. 950.6		uzzi Group, I					
Facility Closed/Vacated During Entire Abatement Performed Outside (Chie					Street A					-	
Abatement Performed Outside of No. Other – Describe:	mal Facili	Abater ty Hour	ment 's			innelon Rd.	Suite 102				
						ate, Zip Code Ion, NJ 0740	5				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	-		11			1011, 110 07 40					_
≥160 sf or ≥260 lf		Renova Demoli			X	Glovebag Pro	cedure				
	1:	s Locat	ion			Non-Exemple	d (*) and Non-Frial	ble Pr	ocedure Abate	_	_
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		De	scription o	f			Typ		
TO BE ABATED In Facility	Ma	aintena todial S	nce/	Asbestos Cont (i.e. thermal	aining Ma	terial (ACM)	Amount				
(13)		(12)	Jian:	surfa	cing, VAT,	or	(Specify SF or LF)	Remova	Repair	.	Enclo
	Yes	No	N/A	outer i	iiscellane	ous)		oval	pair		Enclosure
Interior/ bathroom	1		×	÷1							(0
				thermal p	aper ins	ulation	10 sf	Х			
										T	
										1	
Name of Registered Waste Hauler		N.	JDEP W	aste C.L.	/ass					T	
annuzzi Group, Inc		Ha	auler ID I	Vo. of Was	rards te	1	Registered Landfill				
City, State		17	7467	80 Diana	-1.0 :	Grows F					
				Dispos	al Date	City, State	0.000		-	_	-
Kinnelon, NJ											1
Kinnelon, NJ Completed by Ohn Mucha	Title			5/30/1		Morrisvi					

bo not use this form for asbestos licensure exempted act ties.

<u> </u>	H711					ICATIO	tate of Ne N OF ASE t to NJAC	ESTOS	ABATE) IT	***************************************			, 2	0	20.	nŒc
Da O	te of Notification (1) 5/06/2019				-	Name o	of Building asa Don	Owner/o	Operator	r (2)								sunction!
Ag	encies Notified	Тур	e Notification	1		Street /	Address				(1 - 2 - 1) - 2 - 1 - 2 · 1		AS			CON		11 &
KKK	EPA DEP	П	Initial Amended		-		Roseville		ie									
Ž	DOL		Amendmen		_		ark, NJ, 07											
Y	DOH DCA		justification) Cancellation)	' [of Contact Pagan						ephone 3-485				-335100	
Na	me of Facility Where	Abata	ment is Takir	na Place (2/	FAC	ILITY INF	ORMAT	ION	J 7.	5 5104	(4)			_		_	
Pi	rivate House	Abale	ment is take	ig Place (3)					П	pe of Facility School (K-	105						
Str	eet Address										Subchapte Other (i.e. etc.)	r 8 (Oth	er than & comm	K-12) ercial	build	dings,	hor	ıs,
	y (5) ewark				***********					Sq N/	uare Feet	# o N/	f Floors A			ldg. A	ge	
	unty (6) SSEX		***********	****		County (STATE	Code (7) USE ONLY)		Cu Pl	rrent Use (Pri	or if be	ing dem	olishe	d)		_	
Na Na	me of Monitoring Firm /A	Hired	d by Building	Owner (8))	ASCI	M No.				batement Co		(9)					
Str	eet Address								Street 89 F		ress NKLIN STF	REET			To the second			
City	y, State, Zip Code										, Zip Code SON.NJ.07	524		,				_
Pro	ject Manager for Mon	itoring	Firm	****************	T	Telepho	one No.		Teleph	none			Licens					-
	rt Date (10)						Date (11)		Name	of O	SHA Monitor		0127	4			_	\dashv
	5/07/2019 cupancy Status During	g Aba	tement (Che	05/08/					Street		BATEMENT	LLC						_
П	Facility Closed/Vaca	ated D	ourina Entire	Period of	Abaten	nent					NKLIN STE	REET						
V	Abatement Perform Other – Describe:			nal Facility	y Hours	S		_			, Zip Code SON,NJ,07	524	700,400,1040					
	ope of Work (Check A ≥3 sf or ≥3 if ≥160 sf or ≥260 if	II Tha	t Apply)		Renova Demoli				Y Y		Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure						
					Locat											Abate		
	Location Asbestos-Containing	Mate		Use	Normal ed Sole aintena	ly by	Asbes		scription taining M		ial (ACM)	А	mount			.,	-	
	TO BE ABA				todial (12)		(i.e.		cing, VA	T, or	r		Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	(13)			Yes	No	N/A		otner r	niscellar	neou	s)				val	air	ulate	sure
	Baseme	ent			х			PIPE II	VSULA	ATIC	N	3	5 LF		Х		_	
														-			_	-
EH	ne of Registered Was		uler		Н	IJDEP V lauler ID 03709	No.	Cubic of Was N/A	ste		Name of TRI ST				1			
	, State TERSON,NJ							Dispos TBD	sal Date		City, Stat	e X,NY	,	11/4/1				
	npleted by tor Espiritu			Title Proje	ect Ma	aneger		Ş	igriature		11/1	1	,	Date 05/		2019		\neg

Date of Notification (1) 05/10/2019	The State of the S	P	LI	State of New Je CATION OF ASBEST Insuant to NJAC 8:80 Name of Building Own	and 12:1	(20)		MAY	20) 200 0 200	
Agencies Notified Type No	tification			- Casa Doll Per	ien/Opera iro	tor (2)	Age	NFQ:R/	100 (2×	Cola I Tristra	Rest
₽ EPA □ Initi			1	Street Address 3178 Roseville Av	/enue		(Add	DESTIL	1514 C	THIS	H.C
DOL Ame	ended endment#_		1	City, State, Zip Code Newark,NJ,07107							
I DOA JUSTI	ergency (Inc fication)	luding	N	Vame of Contact							
	cellation			CHRIS PAGAN FACILITY INFORMA			Telepho 973-48	ne Nur 85-75	nber 55		_
Name of Facility Where Abatement Private House Street Address	is Taking P	lace (3)		- ACILITY INFORMA	ATION	Type of Fa	clility (4)				_
City (5) Newark						School Subch	ol (K-12) napter 8 (Other tha (i.e. private & com	in K-12) I build	lings h	201
County (6)						Square Fee	# of Floor			dg. Age	
Essex			Co	ounty Code (7) TATE USE ONLY)		Current Use	N/A (Prior if being der	nolisho	1 N	/Å	_
Name of Monitoring Firm Hired by Bu N/A	ilding Owne	er (8)		ASCM No.	Name	of Ahatemont	Cont		u)		
Street Address]	ADA I CIVIL	ENT LLC				_
City, State, Zip Code					89 FI	Address RANKLIN S					-
Project Manager for Monitoring Firm					City, St	ate, Zip Code RSON,NJ,					-
Start Date (set			Tele	phone No.	Telepho	ne No	Licens	se No			_
J5/17/2019 05/5/0	Sche 05/1	duled Co	omplet	ion Date (11)	Name of	33-5144 OSHA Monit	0127	4			
Occupancy Status During Abatement (0	Check Only	One)		5/16/19	EHVV	ABATEME	NT LLC				
Facility Closed/Vacated During En Abatement Performed Outside of NOTIFIED OCCUPIE	tire Period o Normal Faci	of Abate	ment			ANKLIN ST	TREET				-
Goope of Work (Check All That Apply)					City, State PATEF	e, Zip Code RSON,NJ,0	7524				_
≥3 sf or ≥3 if ≥160 sf or ≥260 if	8	Renova Demoil	ition tion		RK	Full Containr Mini-Enclosu Glovebag Pro	ment with Negative				_
		s Locati Normali	lv			Non-Exempte	ed (*) and Non-Fria	able Pro			_
Asheston O	1		he has	Descr	ription of				Ty	ement /pe	_
Asbestos-Containing Material (ACM) TO BE ABATED	Mi	ed Solel aintenan	ice/	Movestos Contair	ning Maste	ial (ACM)	Α		1	Enca	בות
Aspestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mi	aintenan stodial S (12)	taff?	(i.e. thermal sy	ning Mater stems ins	ulation,	Amount (Specify SF or LF)	Remov	Repa	psi	5
Aspestos-Containing Material (ACM) TO BE ABATED In Facility	Cus	aintenan stodial S	ice/	(i.e. thermal sy surfacing other miss	ning Mater stems ins g, VAT, or cellaneous	ulation, s)	(Specify SF or LF)	Removal	Repair	Encapsulate	circiosure
Aspestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Cus	aintenan stodial S (12) No	taff?	(i.e. thermal sy surfacing	ning Mater stems ins g, VAT, or cellaneous	ulation, s)	(Specify	Removal	Repair	psulate	usure
Aspestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement	Cus	aintenan stodial S (12) No	taff?	(i.e. thermal sy surfacing other miss	ning Mater stems ins g, VAT, or cellaneous	ulation, s)	(Specify SF or LF)		Repair	psulate	usure
Aspestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement Basement	Cus	aintenan stodial S (12) No X	nce/ taff?	(i.e. thermal sy surfacing other missing page 1975)	ning Mater stems ins g, VAT, or cellaneous	ulation, s)	(Specify SF or LF)		Repair	psulate	usure
Aspestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement Basement Ame of Registered Waste Hauler HW ABATEMENT LLC	Cus	No X NJE Hau	taff?	(i.e. thermal sy surfacing other mission of the state of Waste No. of Waste	ning Mater stems ins g, VAT, or cellaneous	Name of R	(Specify SF or LF) 80 LF	Х	Repair	psulate	usure
Aspestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement Basement	Cus	No X NJE Hau	N/A DEP Water ID	(i.e. thermal sy surfacing other missing the Cubic Yard	ning Materials ins grant in the stems in the	Name of R	(Specify SF or LF) 80 LF	Х	Repair	psulate	osure

Ch712		NOT	IFICATI (Pursua	State of New Jen ON OF ASSESTO Int to NJAC 8:60 a	sey S ABAT	EMENT 20)		E C	20	20	
Date of Notification (1) 05/06/2019			Name	of Building Owne Casa Don Pedr	r/Operato		144	WAI	_ (
Agencies Notified Type Notificati EPA DEP Amended Amendment			Street 317	t Address Roseville Aver			A	SBEST		ONT	<u> </u>
DOL Amendme Emergen justificatio Cancellati	cy (includia n)	ng	Name Cris	vark,NJ,07107 of Contact Pagan			Telephone 973-485	Numbe 5-0701	г		-
Name of Facility Where Abatement is Tal Private House	king Place	(3)	FA	CILITY INFORMA	TION	Type of Facility	(4)				
Street Address City (5)						School (K- Subchapte Other (i.e. etc.)	12) r 8 (Other than private & comm	K-12) nercial be	uilding	s, hom	3,
East Orange						Square Feet N/A	# of Floors		Bldg. N/A	Age	
County (6) Essex			County (STATE	Code (7) USE ONLY)		Current Use (Pr PRIVATE HO	ior if being dem OUSE	nolished)	-		: s
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)	ASC	CM No.	Name	of Abatement Co V ABATEMEN	ntractor (9)				-
Street Address					Street	Address					
City, State, Zip Code					City, S	RANKLIN STE			-		
Project Manager for Monitoring Firm			Teleph	one No.	-	ERSON.NJ.07	524 Licens	a No			
Start Date (10)	Schedu	lled Co	molation	Date (11)	973-	333-5144	0127				
05/08/2019	05/09	/2019	impletion	Date (11)	EHW	of OSHA Monitor / ABATEMENT	LLC				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Dorinal as	A 1-4	ment s		89 F	Address RANKLIN STF tate, Zip Code					
Scope of Work (Check All That Apply)					PATE	ERSON,NJ,07	524				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli			\ \ \ \	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure			-	
Location of		s Locati Normal					17 4114 11011 1	TIGOLO I TO	Abat	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar stodial S (12)	nce/	Asbestos Cont (i.e. thermal surfac	scription aining Management systems bing, VAT niscelland	aterial (ACM) insulation, r, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosura
Basement	Yes	No	N/A	DIDE:			·	<u>a</u>		late	3
Datamon	+	Х		PIPE II	ISULA	TION	30 LF	X			. 4
											-
Name of Registered Waste Hauler EHW ABATEMENT LLC		H	JDEP Wauler ID	No. of Was			Registered Land				
City, State PATERSON,NJ				Dispos TBD	al Date	City, State , BRONX	NV				-
Completed by Victor Espiritu	Title Proje	ct Ma	neger		ghature	I BHONX		Date 05/06/2	2019		-

B & G proj. #: 2019-117

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

								T.	Check	# 9296	_		_
Date of Notification			Micha	el O'Brie	wner/Operato n	r (2)				ECE.		<u> </u>	
EPA DEP	Initial		Street Ad	dress e, Zip Code					Can	MAY 20	20)19	
X DOL	Amend				ns, NJ 074	44				ASBESTOS CO	VIT	ROL	2
X DOH		11	lame of 0	Contact					B	ne Number LING	dental and		The state of the s
☐ DCA	L Cancell	lation	Mich	ael O'Brie	en								
	570WK			FA	CILITY INFO	RMATIO	N	-			_		
Name of facility wh	nere abatement	is taking pla	ace (3)					Type	of Facility	(4)	1		
Michael O'Bri			72 52						School	ol (K - 12) hapter 8 (Other th	n k	(-12)	
Street Address				18					Other	(Private/Comme /Homes, etc.		,	
								Squa	re Feet	# of Floors	В	ldg. A	ige
City (5)		Cou	nty (6)				unty Code (7)				_		
Pompton Pla			rris				ate use only)	resid	dential	rior if being dem	ish	ed)	
Name of Monitorin	g Firm Hired by	Bldg. Owne	er (8)		ASCM No).	Name of Abatemen						
Street Address							B & G Restora	ation, Inc). 		_		
Od Cot / Idai Cos							105 Ryerson	Road					
City, State, Zip Cod	е						City, State, Zip Code	9			_	-	
							Lincoln Park	NJ 070	35				
Project Manager for	Monitoring Firm	1		Phone Nun	nber		Telephone Number (973)696-68	69		License Numb 00378			
Scheduled Start Da	te (10)	Sched	. Comple	etion Date (11)		Name of OSHA Mo			3.			
05/29/2019		05/3	31/2019)			B & G Restora	ation, inc). ————————————————————————————————————	***************************************	-		
Occupancy Status I					and the second second		105 Ryerson I	Road					
Facility closed Abatement pe Describe:	d/vacated during erformed outside	entire period of normal	od of aba facility ho	tement. ours-			City, State, Zip Code	е			_		
Other-Describ	oe:					_	Lincoln Park,	NJ 0703	5		_		
Scope of Work (ch	eck all that apply	y)			SHALO: OF THE SHALO						_	-	
Demolition	X	Renovatio				X F	ull Containment w/ne	egative pre	essure [Glovebag pro	edu	ıre	
✗ > <u>3</u> sf or > <u>3</u> lf		≥160 sf or					Mini-enclosure		[Non-friable p	ce	dure	
Location of asbestos-con	taining	Is location by mainte		y used sole ustodial	1				Amount	R	?	E n	E
material to be		staff(12)				ption of a al (ACM)	sbestos-containing		Amount (Specify S	For m)	С	n
abated in faci	iity (13)	Yes	No	N/A					LF)	v e	•	a p	L
lower levl family ro	om & office			X	VAT on	ly		3	40 SF	X	I		
]						1		
					-]		
					-						1	ᆜ	14
Registered Waste H		NJDE	P Haule	 r ID#	Cubic Yards	of Waste	Name of Registered	d Landfill			7	Ц,	111
B & G Restorati			9563		4		Grand Centr	al Landf	ill		_		
City, State Lincoln Park, N	IJ			Disposal 05/	Date 31/2019		City, State Pen Argyl, PA					74	
Completed by (Print Gordana Luna	or Type)	Title Secretar	y/Treas	surer	Signature		Gordana Luna			Date 05/17/2019	-	1	

B & G proj. #: 2019-119

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

В & О рюј. #.	192			. T		I	(D)	<u>C</u>	heck # 9	297	_		_
Date of Notification (1	/ <u> 1 9 </u>		ame of Bui Casey B	. III	ner/Operator (2	2)) <u>E</u>	C E I	$\overline{\mathbb{V}}$	7 [
ПЕРА	Type Notification		reet Addre	3-20 L				-	The state of the s	MAY 20	201	9	
X DOH	Amendm	nent Na	Maplew me of Con	ood, NJ	07040			∓ek	ASBI ephone Nu	ESTOS CC LIGENISI umber	ITA	OL	&
DCA	Cancellat	tion	Casey E	Bradford	1			-			_		
-				FAC	ILITY INFORM	MATIO	N				_		
Name of facility where Casey Bradford	e abatement is	taking plac	ce (3)						School (K	- 12) r 8 (Other th	ı K	-12)	
Street Address								X C	ther (Privildgs./Hom	ate/Commer	al	dg. A	ge
City (5)		Count	y (6)			Fr. 807.000.	unty Code (7)		# 01	110013	_	.9.7	
Maplewood, NJ Name of Monitoring F		Ess				(Sta	ate use only)	resident	ial	f being demo	she	:d)	
ivame of Monitoring F	irm Hired by B	lag. Owner	(8)	10	ASCM No.		Name of Abatement B & G Restora	20)				
Street Address						-	Street Address				-	_	_
City, State, Zip Code			-			_	105 Ryerson F City, State, Zip Code				_		
							Lincoln Park,						
Project Manager for Mo	onitoring Firm		Pho	one Numb	per		Telephone Number (973)696-686		Lic	ense Numbe 00378			
Scheduled Start Date (10)	100000000000000000000000000000000000000	Completio	n Date (1	1)		Name of OSHA Mon B & G Restora						
05/30/2019		_	1/2019				Street Address						_
Occupancy Status Duri	A CONTRACTOR OF THE PROPERTY O	N. # 12-14-1 Dec 201-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		ment			105 Ryerson R				_		
Abatement perfo							City, State, Zip Code						
Other-Describe:							Lincoln Park, N	IJ 07035			_		
Scope of Work (check		Renovation				П	Full Containment w/ne	native pressu		Slovebag pro	vdu	ro	
>3 sf or >3 lf		160 sf or ≥				-	Mini-enclosure	gative pressu		lon-friable p			
Location of		Is location			/					R	1	E	-
asbestos-contair material to be		by mainten staff(12)	ance/cust	odial 	Description material (asbestos-containing	Amo (Spe	unt cify SF or	e m	,	n c	n
abated in facility	(13)	Yes	No	N/A	materiary	(ACIVI)		LF)	o, o. o.	v	1	a p	L
basement main room				X	pipe insula	ation		90 lf		e X	1		
boiler room, storage											П		
hallway & bathroom					1	and the same		_			1	井	H
					1			_			+	븜	旹
Registered Waste Haul B & G Restoration	er n, Inc.		P Hauler III 9563		ubic Yards of \	Vaste	Grand Centra				-	<u></u>	
City, State Lincoln Park, NJ				Disposal D 05/3	ate 31/2019		City, State Pen Argyl, PA						
Completed by (Print or Gordana Luna		Title Secretary	/Treasu	rer	Signature		Gordana Luna		4.5	ate 5/17/2019	_		

B & G proj. #: 2019-117

Notification of Asbest (Pursuant to NIAC 8:60

							Chec	k# 9295	_		
Date of Notification (1)	111	Name of Build	ding Ow	ner/Operator (2)		- Interest		77	ПБ	- Indiana
0 5 / 1 7 / 1 9	- 11	Mario Bat		(-	,		IID	ECE	_\	y [3 1
Agencies Notified Type Notified	cation	Street Addres	s				118		=		#
EPA X Initia	al							MAY 20	n	19	IIU
		City, State, Zij	p Code				and lead	WAT	=	10	-
	ndment	Ramsey,	NJ 07	746			A	SBESTOS CO	177	ROL	
M DOH	110	ame of Conta	act					one Number NSII		TOLO	A.
DCA Cano	ellation	Mario Ba	ittista							-	
			FAC	ILITY INFORM	ATIO	N	 L		=		
Name of facility where abatemer	nt is taking pla	ace (3)					Type of Facility	(4)	-		
Mario Battista		10 10						ool (K - 12)			
Street Address								hapter 8 (Other t			
Od Cot / ludicss								(Private/Comme :/Homes, etc.	ia	1	
0.4.75							Square Feet	# of Floors	Ē	3ldg. A	\ge
City (5)	Cour	nty (6)				unty Code (7)			_		
Ramsey, NJ 07746	Bei	gen			(St	ate use only)	Current Use (I residential	Prior if being dem	s	ned)	
Name of Monitoring Firm Hired b	y Bldg. Owne	er (8)		ASCM No.	7	Name of Abatement C			=		
<u></u>						B & G Restoration	on Inc				
Street Address						Street Address			=		
City, State, Zip Code						105 Ryerson Ro	oad				
City, State, Zip Code						City, State, Zip Code	11.07005		1000		
Project Manager for Monitoring Fir	m	Phon	e Numb	er	_	Lincoln Park, N	J 07035		. =		
		1	C Marrie			(973)696-6869		License Numb	(
Scheduled Start Date (10)	Sched	Completion	Date (1	1)	-	Name of OSHA Monito	or		=		
05/28/2019	1	0/2019		•		B & G Restoration	on, Inc.		9 000		
Occupancy Status During Abatem					_	Street Address 105 Ryerson Ro	od		-		+
Facility closed/vacated during	g entire perio	d of abateme	ent.		- 1	City, State, Zip Code	au		=		
Abatement performed outsid Describe:	e of normal f	acility hours-				City, State, Zip Code					
Other-Describe:					-	Lincoln Park, NJ	07035				
Scope of Work (check all that app	oly)				-				=		
Demolition X	Renovation	1			X F	full Containment w/nega	tive pressure	Glovebag pro	:d	ure	
X >3 sf or >3 lf ☐	≥160 sf or ≥					Mini-enclosure		Non-friable p	ı be	dure	
Location of asbestos-containing		normally use						R	1	E	E
material to be	staff(12)			Description material (A		sbestos-containing	Amount (Specify S	SF or m		n	n
abated in facility (13)	Yes	No	N/A				LF)	0 V		a	L
basement			X	pipe (cur &	wra	p)	100 lf	e	Г	H	
basement			X	boiler insul			28 sf	X	ī	片	H
									Ė	I	T
									Γ		
Registered Waste Hauler	INIDE	D. Haviler 10 ii		his VI-					_		
B & G Restoration, Inc.		P Hauler ID# 9563	100	ibic Yards of W 3	aste	Name of Registered La Grand Central I					
City, State Lincoln Park, NJ		Dis	posal Da	ate 0/2019		City, State Pen Argyl, PA	- Groun	PERMITE ECONOMINATION OF THE PROPERTY OF THE P	-		
Completed by (Print or Type)	Title			Signature	_			Date	=	V.	_
Gordana Luna	Secretary	/Treasurer	.		(Gordana Luna		05/17/2010	1		

1	1/	n
(M	INNX
-	1	and a

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

M.	E	C	E		\mathbb{V}	M
Ñ		MAY	2	0	2019	Ш
		AND DEPARTMENT	The state of the s	Married Street	District of the last of the la	

Date of Notification (1)										AAY		1 21		3.7
				Name	of Buildin	g Owner/Operator ((2)							-
	17 /	19		Me	rcer Cou	nty Improvemen	t Authority		ACDI	ECTO	00	ONIT	DI	2
Agencies Notified	Type Notifica	ation		Street	Address			8	ASBI	LIC	ENS	ING	MC	. CL
⊠ EPA	☐ Initial			80	Hamilton	Ave., Trenton,	NJ 08611	German			natophalopi pr		BORGO	
DOLWD	Amended	0.750			State, Zip (-
DOH DOA	Amendm		20		nton, NJ									
DCA (NJAC 5:23-8)		icy (incluain on)	g		of Contac	200000000000		Tele	phone N	lumbe	r		_	
	☐ Cancellat			AIC	Collins				09-278-					
				EA	CII ITV IA	IFORMATION		1 -			7.5		_	VI - 1 - 1 - 1
Name of Facility Where At	hatement is T	Taking Plac	a (3)	FA	CILITI	IFORWATION	Type of Facility	(4)					-	
Roebling Block 3 - E			5 (5)				School (K-12	53 53						
Street Address	Julium 9 10	-				21	Subchapter		er than k	(-12)				
30 Elmer Street							Other (i.e., p		and com	nmerci	al bu	ilding	s,	
City (5)							homes, etc.)		-£ []		T DI	I - A	_	
Trenton							Square Feet		of Floors			lg. Aç		
County (6)				Cour	t. Cada /	VOTATE LIGE ONLY	13500	1			1	00+	_	
Mercer				Cour	ity Code (/	')(STATE USE ONLY)	Current Use (Pr	IOF IT D	eing den	nolish	ea)			
	lined by Duile	di O	(O) I	10011	NI-	I	Vacant							
Name of Monitoring Firm F	•	aing Owner	(8)	ASCM	No.	Name of Abateme	٠,,							
Mark Jovic Consulti Street Address	ng LLC						NAGEMENT L	LC						_
						Street Address	2							
87 Main Street, Suite	e A					27 Outwater	auto (170 auto)							
City, State, Zip Code						City, State, Zip Co								
Lincoln Park, NJ 070						Garfield, NJ	07026							
Project Manager for Monito	oring Firm		1000	phone		Telephone No.			ense No).				
Mark Jovic	1.			73-650		973-928-4888	10,		1188					
Start Date (10)		Scheduled (13.5	Name of OSHA N								
		06	25	_ ′ -	19_	ALL PRO MA	NAGEMENT L	LC						
Occupancy Status During						Street Address								
☐ Facility Closed/Vacated					1022	27 Outwater								
Abatement Performed (Time of Abatement:						City, State, Zip Co								
	21.055				Zivi	Garfield, NJ	07026							
Scope of Work (Check all t	that apply)					П г. по-			_	10				
≥3 sf or ≥3 lf		⊠R	enovat	ion		☐ Mini-End	tainment with Neo	gative	Pressure	Э				
≥160 sf or ≥260 lf			emoliti				g Procedure							
						☐ Non-Exe	mpted (*) and No	n-Fria	ble Proc	edure				
Location o	of	1	s Loca Norma			Description					Aba	ateme	ent	/pe
Asbestos-Containing N) Us	ed Sol	ely by	Asbe	Description of stos Containing Ma			Amount		Re	Repair	En	Enclosure
TO BE ABAT			aintena	ance/ Staff?	(i.e	., thermal systems			(Specify		Removal	pair	apg	clos
IN Facility (13)	У		(12)			surfacing, VAT other miscellane		5	SF or LF))	a		Encapsulate	ure ure
()		Yes	No	N/A		other misocharie	000)						е	
Interior					Pipe In	sulation			80 LF		\boxtimes			
Interior					2. 2. 20. 200	Jp- Wet Wipe an	d HEDA Vac		500 SF					
Interior			-	1	Clean	op- wet wipe all	U HEFA VAC.		500 SF				_	
N (D 1111					<u> </u>									
Name of Registered Waste			192	IJDEP I lauler II		Cubic Yards of Waste	Name of Regis							
Mercer Group / Horiz	zon Dispos	sal	'	10416		As Needed	Fairless La	andfil	II					
						Disposal Date	City, State							
City, State							The state of the s							
City, State Ewing, NJ						TBD	Morrisville	, PA						
	pe)	Title					Morrisville	, PA		Date			_	

160711		NO	TIFIC (F	ATIO	NOF A	New Jersey BESTOS A AC 8:60 and	BA1	TEMENT 6)	DE	C [E [\mathbb{V}	E	1
Date of Notification (1)				Nam	ne of Buildi	ng Owner/Oper	ator (2)	111	AAY :	2 0	2041		
05/14	/1	9		Pe	ennsville	Board of Edu	ucati	ion	14 "	MAI	2 U	201:		
	otification	n		Stre	et Address								_	
⊠ EPA ⊠ Initia				30	Church	Street			ASB	ESTOS	COI	VTR	- &	A.
☑ DOLWD ☐ Ame	2000			City,	State, Zip	Code				LICE	NSIN	<u>IG</u>	-	
□ DCA □ Eme	ndment :		_			NJ 08070								
(NJAC 5:23-8) justif	ication)	includii	ilg	-	e of Conta				Telepho	ne Nur	hor		_	-
☐ Cano	ellation			Mi	ke Simpl	kins			200	40-620				
				_	•	NFORMATIO	A.I		030-3	40-020	10		-	
Name of Facility Where Abatemen	t is Takir	ng Plac	ce (3)	17	CILITTI	NFORWATIO	N	Tune of Feeling	(4)				_	
Valley Park Elementary Sch		.5	,					Type of Facility						
Street Address								School (K-1) Subchapter		an K-12	2)			
63 Mahoney Road								Other (i.e., p	rivate and	comme	rcial b	uildin	3,	
City (5)								homes, etc.						
Pennsville								Square Feet	# of Flo	ors	В	ldg. /	е	
County (6)				10-	mb 0 1 1	7)/07475		65,000	2			70	-	
Salem				Cor	inty Code (7)(STATE USE ON	VLY)	Current Use (Pr	ior if being	demolis	shed)			
Name of Monitoring Firm Hired by B	: احال ا	0	(0)	1000		T		School						
		Owner	(8)	ASCN	1 No.	1		nt Contractor (9)						
Health and Safety Services,	inc.					Shade En	nviro	nmental, LLC						
Street Address						Street Addres	ss						-	
PO Box 365						623 Cutle	er Av	enue						
City, State, Zip Code						City, State, Zi	ір Со	de						
Berlin, NJ 08009						Maple Sh	ade,	NJ 08052						
Project Manager for Monitoring Firm	n		Tel	ephone	No.	Telephone No	0.		License	No.				
Jim Proctor					2-1311	856-755-0	0099		0084	2				
Start Date (10)06 /18 /19	(06_	/ _ 2	etion Da	ate (11) 19	Name of OSH EMSL Ana								
Occupancy Status During Abatement	nt (Chec	k only	one)			Street Addres	ss							-
☐ Facility Closed/Vacated During E	Entire Pe	riod of	Abate	ment		200 Route	130	North						
Abatement Performed Outside o	f Normal	l Facilit	ty Hou	rs - Des	scribe	City, State, Zi								
Time of Abatement:AM	PI	M/	PM		_AM	Cinnamin								
Scope of Work (Check all that apply)			1.70			,							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	y		enovat emolitio			☐ Mini- ☐ Glove	Enclo ebag	ninment with Neg osure Procedure opted (*) and Nor			e			
7			Locat Norma			100					Ab	atem	it T	ype
Location of Asbestos-Containing Material (A	CM)	Use	ed Sole	ely by	Asha	Description stos Containing	on of	orial (A Cha)			-	-	-	-
TO BE ABATED	,		intena		(i.e	, thermal system	ms in	sulation.	Amou (Spec		Removal	Repair	nca	nclo
IN Facility (13)		Cus	todial (12)	Starr?		surfacing, V	AT, c	or	SF or I		val	=	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscella	aneo	us)					late	е
Toilet Rooms									400 S	F				
Toilet Rooms	oilet Rooms								100 S	F			=	-
					Glue Do				100 3					Ш
Name of Decidents			Щ											
Name of Registered Waste Hauler				JDEP V auler ID		Cubic Yards of	f	Name of Regist	ered Landfi	11				
Freehold Cartage				15939	20.0000000	Waste 5		Fairless La	ndfill					
City, State Freehold, NJ						Disposal Date 06/21/2019	- 1	City, State Morrisville,	PA					
Completed By (Print or Type)	Title				1	Signature				Det			-	
Christina Lynch			eside	nt of C	Operation	/ / /	tal	2		Date	e .14	16		

CH	13(0)		1	IOTIFIC (Purs	tate of New Je ATION OF ASBEST uant to NJAC 8:50	SABATEMENT	Canada and	DE G	E [V E
Date of Notifica	ation (1)		Nan	ne of Build	ling Owner/Operator (2)				, 6/	
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Agencies Notifi	Service Transfer of the Control of t			et Address				ASDESTO	S COT ENSIN	ROL &
□ DEP	☐ Initial			Valley			Long	E101	-14011A	-
☐ DEP ☑ DOL	Amended			State, Zip	07470					
E DOL	Amendment # Emergency (including)	ng	-	e of Conta						
⊠ DOH	justification)				s c/o Vanas Constru	iction	Telephone Nun 201-883-19			
⊠ DCA	☐ Cancelation			· · · · · · · · · · · · · · · · · · ·	o o varias constit	iction	201-003-15	144		
N 5.5 '11'		7000			FACILITY INFORMA	TION				
	Where Abatement is Taking Place (3) Ce Department					Type of Facility (4)				-
Street Address	се рерагинени					☐ School (K	-12)			
475 Valley R	heos					0.0	er 8 (Other than			
valley iv	- Und					Other (i.e.)	. private & Com	mercial buildings, h	omes,	c.)
City (5)					<u> </u>	Square Feet	# of Floors	Bldg, Age		-
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County (6)					y Code (7)	Current Use (Prior if	being demolished)			
Passaic				(STATE	E USE ONLY)					
Name of Monitor NV5	ring Firm Hired by Building Owner (8)				ASCM No.	Name of Abatement	Contractor (9)			
7,C.E. (TV)	Ť)					Unicorn Contra	cting Corp.			
Street Address						Street Address				Sec. 10.
	ive, Suite 300			A		32 Willow Way				
City, State, Zip Co						City, State, Zip Code				
Parsippany, N	fo Monitoring Firm					Woodland Park	, NJ 07424			
Ryan Broadw					one No.	Telephone No.		License No.		
Start Date (10)	ratei		C26.24		946-5600	973-333-9176		01331		
5/29/19			06/12		letion Date (11)	Name of OSHA Monit			128	
	During Abatement (Check Only One)		100/1	-/13		Envirovision Co	isultants, Inc.			
☐ Facility	Closed/Vacated During Entire P	eriod of A	batemei	nt		20-21 Wagaraw	Rd Bldg 35-E	:		
	ent Performed Outside of Norm					City, State, Zip Code	Na., Diag. 55-L	•		
	Describe: 7AM-3:30 PM					Fair Lawn, NJ 0	7410			
cope of Work (Ch	eck All That Apply)	acily technic			4					-
≥3 sf or	≥3 If		X	Renova	ation		ment with Nega	ative Pressure		
× ≥160 sf	or ≥260 If			Demol	ition	☐ Mini-Enclos				
						☐ Glovebag P	rocedure			
						☐ Non-Exemp	ted (*) and Non-	-Friable Procedure		
	Legation of		Is Locatio						A	
Asbest	Location of os-Containing Material (ACM)	U	sed Solely	3 1	Ashasta	Description of s Containing Material (A	CM			Гуре
	TO BE ABATED	1 20	laintenand	880		ermal systems insulation		Amount (Specity		
	In Facility	Cu	stodial Sta (12)	arf?		surfacing, VAT, or	1000	SF or LF)	R	En
	(13)	Yes	No	N/A	c	ther miscellaneous)			Removal	Enclosure
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	itenance Boiler Room	X				eching Insulation		1,440 SF 480 SF	X	+-
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ne of Registered	Waste Hauler		NJDEP W	aste Haule	er ID No.	Cubic Yards of Waste		Name of Regustered	andfill	+
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, State					1	Disposal Date	*	City, State		
wark, New J	ersey					ГВD	11 /	Pen Argyl, PA		

Date

5/14/ 3

Title

General Manager

Completed by

Dimo Golcev

Date of Notification (1)		NOTIF (F	ICA FIO	to NAC	v Jersey ESTOS ABA 3:60 and 12:	420	y			ibraienam aeta) 201		nt FOI
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Agencies Notified Type Notification				Address ne Court	5				AS	BEST	OSC	ONTR	(St.
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X DOL Amendment				vood, NJ										
DOH justification) DCA Cancellation		'		of Contact Construc	otio -				Teleph					
DCA Cancellation			Manufacture Co.	ILITY INFO	5 M30 3 C C S 2 C C C C C C C C C C C C C C C C				732-9	05-44	194		_	
Name of Facility Where Abatement is Takin	g Place (3)	IAO	ILITI INTO	KWATION	Т	Туре	of Facility (4)				-	
44 East 13th Street Street Address						\perp		School (K-12	?)					
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City (5) Lakewood						1		etc.) re Feet	# of Flo	ors	-	Bldg. Ag		
County (6) Ocean			County (STATE	Code (7) USE ONLY)			Curre	nt Use (Prior	I r if being o	lemolis	hed)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	√l No.				tement Cont		LS			-	
Street Address							Addres	SS DOVE CO	URT					
City, State, Zip Code								p Code DD, NJ 08	701					
Project Manager for Monitoring Firm			Telepho	ne No.	Tele	epho	one No 68-9	o.	Lic	ense N	No.		_	
Start Date (10) 05/27/19	Schedul 05/31/		npletion	Date (11)	11			A Monitor PROFES	SIONA	LS			-	
Occupancy Status During Abatement (Chec	k Only O	ne)					ddres			-				-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of a	Abaten / Hours	nent S		City	, Sta	ate, Zi	p Code						
Scope of Work (Check All That Apply)					_ LA	NE	VVOC	DD, NJ 08	701				-	
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Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Ashaata	Descripti				107 . 0770-30-40770		-	Тур	: T	-
TO BE ABATED	Ma	intenar todial S	nce/		os Containino hermal syste	ms	insula		Amou (Speci	ify	Re	71	Ī	四
In Facility (13)		(12)	ziuii.	68	surfacing, \other miscel				SF or L	_F)	Remova	Repair	Licabadiate	Enclosure
	Yes	No	N/A	lii O							<u>a</u>		aic	re
INTERIOR				Т	ILE AND I	MA:	STIC		50SF	=	x		+	
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Name of Registered Waste Hauler		1	IDES		0.11.11								Ι	
NEWARK CARTING		Н	JDEP W auler ID 1509	No.	Cubic Yards of Waste 10			Name of Re	egistered I	Landfill				
City, State NEWARK, NJ					Disposal Da 05/31/19	te		City, State BETHLE	HEM PA	λ				
Completed by JOSEPH PERLSTEIN	Title OWN	IER			Signatu	ure				100000	ate 5/16/1	19	-	

Chupy		NOTI	FICATIO	ON OF ASI	ew Jersey BESTOS AE C 8:60 and 1	3ATE	EMENT	E-manual Russ) E C				Fint
Date of Notification (1) May 15, 2019			Name NJIT		g Owner/Ope	erato	r (2)		L MAY	<u>5 U</u>	201	9-	L
Agencies Notified Type Notification X EPA X Initial	on		323		in Luther k	King	Jr. B	lvd.	ASBEST	OS CO		OL	donous de la constante de la c
DEP Amended Amendme				state, Zip C ark, NJ C				- Constant	2007				
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Name of Equility Where Abeleand 1. T. I		701	FAC	CILITY INF	ORMATION	1						-	-
Name of Facility Where Abatement is Tak NJIT Tiernan Hall Forenics Lab F	ing Place Room 20	(3) 9						of Facility (4 School (K-12	500				
Street Address 161 Warren Street							X	Subchapter 8	(Other than Kivate & comme	-12) rcial bu	ildings	s, hc	es,
City (5) Newark								re Feet	# of Floors	T	Bldg.	Age	
County (6) Essex			County (STATE	Code (7)	y)		Curre		if being demol	ished)			**********
Name of Monitoring Firm Hired by Building Omega Environmental Services I	g Owner (8	3)	ASC	M No.			of Aba	tement Conti	ractor (9)				
Street Address 280 Huyler Street					Si	treet	Addres	ss Street, #26					-
City, State, Zip Code South Hackensack, NJ 07606					Ci	ity, S	tate, Z	ip Code e, PA 194				_	-
roject Manager for Monitoring Firm Geiser Fajardo				one No. 89-8700	Te	eleph	one No 400-8	o.	License 01373	No.			-
tart Date (10) May 28, 2019	Schedu June 6	led Co 3. 201	mpletion	Date (11)	Na	ame	of OSH	A Monitor	ies Global In				-
Occupancy Status During Abatement (Che							Addres		es Global II	IC.			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abater	S		2:	512	West	Cary Stre	et				
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	55	Locat									Abate	eme	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole aintena todial ((12)	ely by nce/		Descriptos Containir thermal syst surfacing, other misce	ng Ma tems , VAT	aterial insula Γ, or		Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	-	late	ıre
Room 209		Х			Counter	r To	ps		102SF	X			
Room 209		X		\	Vent Hood	Ma	terial		90SF	X			
Room 209		X		F	loor Tile w	ith I	Masti		2,050SF	X			
ame of Registered Waste Hauler	N	JDEP W	lasts	O. E. V.									
ntury Waste Services LLC		10000	auler ID	60(2)	Cubic Yard of Waste	IS		Name of Re Fairless L	gistered Landfil andfill	II			
y, State zabeth, NJ								City, State Morrisville	e, PA				
ompleted by arol Bradford	Title Presi	dent			Signat	ture	1>	6	Da	ate	- 00		-

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-19 Date of Notification (1) Name of Building Owner/Operator (2) May 14, 2019 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT. (F EH\$ ☑Initial Notification ☐ EPA □Amended Notification # 74 STREET 1603, BLDG 4116 LIVINGSTON CAI PUS D DCA Emergency (including) City, State, Zip Code ASBESTOS CONTRO X DOL LICENSING justification) PISCATAWAY, NJ 08854 X DEP- No Longer REQUIRED □Cancelled Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) GRADUATE MUSIC HOUSE, BLDG# 8306 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) DOUGLASS CAMPUS Sq. Feet: N/A # of Floors: 2 Bldg. Age: 100+ ye rs City (5) County (6) County Code (7) **NEW BRUNSWICK** Current Use (prior if being demolished): ACADEMIC **MIDDLESEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN R. KEARNEY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/23/2019 ENVIROVISION, INC. 05/25/19 Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐Abatement Performed Outside of Normal Facility Hours -Describe: City, State, Zip Code Other- Describe: Schedule: 5PM − 5AM (24 HOURS & FAIRLAWN, NJ 07410 WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressu → $\boxtimes \ge 3$ sf or >3 If X Renovation Mini-Enclosure **□**≥ 160 sf or ≥ 260 lf ☐ Demolition ☐ Glove bag Procedure / Wrap & Cut ■Non-Exempted (*) and Non-Friable Prc edure Location of Asbestos-Containing Description of Asbestos Containing Material Is Location Normally Used Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Enc > Enclose or LF) NO YES NA 001 MER X GASKETS <20 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfi 5 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Lai Ifill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Fc 1 Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisv le, Pa 05/25/2019 NJ DEP # 4509 19067 215-736-171 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino May 14, 2019 MANAGER

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

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CHECK # 26227

Date of Notification (1) 05-08-19		T		of Building				ENII			Fa	P	P	П	77	
	ype Notification		-	Street A	rs, The S	otate t	ulvers	sity O	INJ	-	IN)	E	G	E		<u>y</u>
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			_	111-000000-011-0000	ILITY INFO		ION							CEN		
Name of Facility Where Aba Richardson Apartment		g Place (3)						_	of Facility (4 School (K-12	,		.8				
Street Address 187 Bevier Road									Subchapter 8 Other (i.e. prietc.)	(Oth				dings,	, hom	S,
City (5) Piscataway								Squa	are Feet	# o	f Floor	S	В	ldg. A	ge	
County (6) Middlesex					Code (7) USE ONLY)				ent Use (Prior sidential	r if be	ing der	nolish	ned)	=		
Name of Monitoring Firm Hir ATC Group Services	red by Building (Owner (8)		ASCN	/ No.				atement Cont Environme							
Street Address 3 Terri Ln							Street 200 l		ess d Street							
City, State, Zip Code Burlington NJ 08016							7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Zip Code NJ 07072							_
Project Manager for Monitori Brian Kearney	ing Firm			Telepho	ne No. 36-8800		Teleph 201-9	none N	lo.		Licer 007		0.			
Start Date (10) 06-03-19		Scheduled 08-31-19		pletion	Date (11)		Name Even		HA Monitor							-
Occupancy Status During At	patement (Check	k Only One)	Š.				Street	Addre	ss							
Facility Closed/Vacated							10000000000	America (Co.)	kson Aven	ue						50 -
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Scope of Work (Check All Th	nat Apply)						N. 100								_	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat					Mi	Il Containmer ni-Enclosure ovebag Proce on-Exempted	dure					e	
		Is Lo	ocatio	on					- Exempted	/ / 411	0 11011	Hub	1	OTTO CONTRACT	emer).
Location of		No	mall	y			scription							Ту	pe	
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3rd Floor	-	Х		VA	T/Mast	tic		1,6	600SF		х		_	-		
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Name of Registered Waste F ATC, Inc. / Newark Carl		509)	Ha	JDEP W auler ID 310	Market Control	of Was TBD			Name of Re						_	
City, State Shirley, NY / Newark, N	J		1			255	al Date	1	City, State Waynesh	ourg.	OH 4	1468	88			-
Completed by Richard Doran	ompleted by Title								AI)_		Da		19	-	
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Agencies 🗸	EPA	Type of N	otification Initial			PECT AVE			115		
	DEP		Amended			e, Zip Coo SACK, NJ				MAY 20 201	
V	DOH		Amendment #	1	Name of 0		07001		Telephor	ne Number	I form
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			Cancellation							SPECTOC CONTR	0
				F	ACILITY II	NFORMAT	TION		-	LICENSING	NO CONTRACTOR OF THE PARTY OF T
Name of I	Facility Who	ere Abaten	ent is Taking F	Place (3)		Type of F	Facility (4)	-			
I IOIVIC LA	ONDK! BU	ILDING					School (K	12)			
Street Ad	dress					1 🛱		er 8 (Other th	nan K-12)		
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								mes, etc.)	15 75		
City (5) HACKENS	SACK	County (6)	County Code ((7)	Square F		# Of Floors		Building Age	
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							AL/LAUNDRY	being demo	iisnea)	40 +	
Name of I	Monitoring	Firm Hired	by Bldg. Owne	er (8)	ASCM NO		ALILAUNDIN				
LANGANI	ENOWEED										
Street Ad	ENGINEER	ING				ACCRECATE VALUE OF THE PARTY OF		RACTING GR	OUP, INC		
	ALL DR, 4T	H FLOOR				Street Ac	adress				
City, State	, Zip Code					32 Willian	ns Parkway				
PARSIPP	ANY, NJ 07	054					te, Zip Code				
	ngr. For Mo	nitoring F	irm	Telephone Nu	mber						
BRIAN FE		// (1)		973-560-4857			over, NJ 079	36			
05	Start Date	(10) / 19	O7	etetion Date (1	1) 19	Telephor	ne Number		License N	Number	
/	/ /	/ —	/			973-8	384-8682			00860	
	y Status D	uring Abat	ement (Check (Only 1)			OSHA Moni				
			ted During Ent	ire Period of				ACTING GR	OUP, INC		
	Abatemen Abatemen	T)	d Outside of N	ormal Facility		Street Ac	idress				
	Hours - De		a Judiue of N	Ormai r acmity		32 Willian	ns Parkway				
V		Section of the Comment of the Commen	7:00 AM-3:30 F	<u>PM</u>			te, Zip Code				
							over, NJ 079	36		Apple to the second of the second of	
Scope of	Work (Ched	k All That	Apply)			_					
V	Demolition	n		Renovation	П	Full Conf	tainment wit	h Negative P	ressure		
	≥3sf or ≥3		_			Mini - En		gauve i	. cooure		
V	≥160 sf or	≥260 If					g Procedure				

Other - Describe:	7:00 AM-3:30	<u>PM</u>		City, State, Zip Code East Hanover, NJ 079					
Scope of Work (Check All That	Apply)			13					
 ☑ Demolition ☐ ≥3sf or ≥3lf ☑ ≥160 sf or ≥260 lf 		Renovation		Full Containment wi Mini - Enclosure Glovebag Procedure Non-Exempted (*) ar	e –				
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Asbes M. (I.e., t insulatio or othe	laterial (A thermal on, surfa	ontaining	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I R	E N C A P S U L	E N C L C S L F
LAUNDRY EXTERIOR	YES NO N/A	VAPOR BARRIER	/WATER	RPROOFING	1,160 SF				
Name of Registered Waste Hau NORTHSTAR CONTRACTING G		NJDEP Waste Cub Hauler ID No. Yard 30534 Was	ds Of	Name of Registered FAIRLESS LANDFILL					
City, State EAST HANOVER, NJ		THE RESERVE OF THE PERSON NAMED IN COLUMN	sposal	City. State MORRISVILLE, PA	/				
Completed by (Print or Type)		Title		Signature				Date	
Steve Stiles ASB-41		Project Manager		Ste	eexd	Ku	1	05/	/17 19

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 19 HACKENSACK UNIVERSITY MEDICAL CENTER Street Address Agencies Notified Type of Notification 30 PROSPECT AVENUE 1 **EPA** Initial City, State, Zip Code DEP 1 2 0 2019 Amended HACKENSACK, NJ 07601 DOH Amendment # Name of Contact Telephone Number DOL 551-996-3778 Emergency w/ justification DONAL FERRELL Cancellation ASBESTOS CONTRO FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) HUMC MAIN BUILDING School (K-12) Street Address Subchapter 8 (Other than K-12) 30 PROSPECT AVENUE 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** HACKENSACK BERGEN 20,000 Current Use (Prior if being demolished) 40 + HOSPITAL Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO LANGAN ENGINEERING NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 300 KIMBALL DR, 4TH FLOOR City, State, Zip Code 32 Williams Parkway PARSIPPANY, NJ 07054 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number **BRIAN FEURY** 973-560-4857 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 07 19 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 1 Other - Describe: 7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) 1 Demolition Renovation Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure >160 sf or >260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) Amount Ε R TO BE ABATED Used (I.e., thermal systems (Specify M E C C in Facility Solely SF or LF) insulation, surfacing, VAT, 0 P Α (13)by Mainor other miscellaneous) V A P C tenance/ S S A 1 Custodial U R L Staff (12) F YES NO N/A MAIN WINDOW/LINTEL CAULK 590 LF MAIN 7 GLAZING 600 LF MAIN CAULK 165 LF MAIN ROOF FLASHING 800 SF Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NORTHSTAR CONTRACTING GROUP, INC Hauler ID No. Yards Of FAIRLESS LANDFILL 30534 Waste City, State Disposal City. State EAST HANOVER, NJ Date MORRISVILLE, PA

Signature

Date

05/17 19

ASB-41

Steven Stiles

Completed by (Print or Type)

Title

Project Manager

Ch4559		NOTII	CATIO	tate of New N OF ASBE t to NJAQ	ESTOS A	BATE	WENT	f.		3,[E (int Form
Date of Notification (1) May 17, 2019			United					entral NJ Dis	strict		MA	Y 2	0	2019
Agencies Notified Type Notification IN EPA DEP Amended			Kilme	Address r P&DC, ate, Zip Co		er Ro	oad			A		STOS LICEI		ITROL &
X DOL Amendment				n, NJ 08		91								
DOH justification) Cancellation		,		of Contact a Chong					Telepho 860-28				_	
Name of Facility Where Abatement is Takin	a Place (3/	FAC	ILITY INFO	DRMATIO	N	T	-4 F 1114 - 741						
U.S Post Office Somerville	g Flace (3)					Туре	of Facility (4) School (K-12)						
Street Address 39 Division Street								Subchapter 8 Other (i.e. privetc.)				ldings,	ho	es,
City (5) Somerville							Squa 27,0	are Feet	# of Floo	ors		Bldg. A 36	lge	
County (6) Somerset				Code (7) USE ONLY)		_		ent Use (Prior t Office	f being de	emolish	ned)			
Name of Monitoring Firm Hired by Building (ATC Group Services	Owner (8))	ASC	Л No.				atement Contra es, LLC	actor (9)					
Street Address 3 Terri Lane, Suite 4-5						erene e	3 Na	tional Road						
City, State, Zip Code Burlington, NJ 08016			Telepho					Zip Code 19341						
Francis Pierre	ject Manager for Monitoring Firm ancis Pierre							lo. 3884	Lice 011	ense N 161	0.			
Start Date (10) 6/3/19	6/28/1	9	npletion	Date (11)	1000	Name EMS		HA Monitor	'				_	
Occupancy Status During Abatement (Chec						Street		ss e 130						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Work area isolated fr	al Facility	/ Hour	S		C	City, S	tate, Z	ip Code son, NJ					_	-
Scope of Work (Check All That Apply)						Onnie	arriiri	3011, 143						-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demoli				×	Mir Glo	Il Containment ni-Enclosure ovebag Proced n-Exempted (*	ure					
	Is	Locat	ion				1 140	II-Exclipica () and Nor	I-I Hab	10110	Abate	me	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intena todial S (12)	ly by nce/	(i.e. t	Descr os Contain thermal sy surfacing other mis	ning M stems g, VA	ateria insula T, or		Amoun (Specif SF or LI	y	Removal	Ty Repair	e Encapsulate	Enclosure
6	Yes	No	N/A								=		ate	ē
Throughout basement	Throughout basement						sulat	ion	1,125 L	.F	X			
1st floor loading dock	X		The	ermal pip	pe in	sulat	ion	20 LF	:	Х				
													_	
Name of Registered Waste Hauler Waste Management of New Jersey	6.10	JDEP W auler ID	No.	Cubic Ya of Waste 30			Name of Reg		andfill					
City, State Trenton, NJ			-	Disposal 6/24/19			City, State Morrisville	, PA				_	-	
Completed by Joseph K. White	ct Ma	nager		Sign	nature	A A	(116to	**************************************	Dat	te 17/19	9	_		

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

CK#1000

Date of Notification (1)				Nam	ne of Buildin	na Ow	vner/Operator	(2)	F	CE	3	7	尼	P
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Agencies Notified Type Notif	ication			Stre	et Address				HHH			_		11
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☑ DOLWD ☐ Amend				City.	State, Zip	Code						_		Lange
☐ DHSS Amenda					oston, MA				ACD	CCTOO	0011	Digit.	mescand	-
DCA Emerge (NJAC 5:23-8)	ency (incl	luding	l		e of Contac				ASB	ESTOS	CONT	H	L &	
Cancell				1	ısan Peck	C10.0		•	Telephone		Con Co	Name .	MORROLLA	achiete.
				4		-			617-757	-5632				
Name of Facility Where Abatement is	Taking I	Diago	(2)	FA	ACILITY IN	VFO	RMATION							
Santander Bank	raking i	riace	(3)					Type of Facility (School (K-12						
Street Address								☐ Subchapter 8	Other than	K-12)				
463 Washington Avenue								Other (i.e., pr homes, etc.)	rivate and co	mmercia	l buildir	g		
City (5)								Square Feet	# of Floor:	s	Bldg. A	λc		_
Belleville, NJ 07109								2,500	1		45			
County (6)				Cou	inty Code (7	7)(STA	TE USE ONLY)	Current Use (Pri	or if being de	emolished	1)		_	-
Essex							**				2.5.0			
Name of Monitoring Firm Hired by Bui	lding Ow	ner (8	3)	ASCN	I No.	Nar	me of Abateme	ent Contractor (9)				-	-	-
Hillmann Consulting				622	52		VN Restorat							
Street Address						Stre	eet Address					-	-	_
1600 Route 22 East						4	7 Foster Roa	ad						
City, State, Zip Code						City	, State, Zip Co	de				-	-	-
Union NJ 07083						S	taten Island	NY 10309						
Project Manager for Monitoring Firm			Tele	ephone	No.	Tele	ephone No.		License N	0.		-		-
Tammy Lomax			9	08-577	7-6171	7	18-605-6256		00774					
Start Date (10)	Schedule				W 200	Nan	ne of OSHA M	onitor						
06 /03 /19				1_/	19	To	estor Tech							
Occupancy Status During Abatement						Stre	et Address					-70	-	\dashv
☐ Facility Closed/Vacated During Ent	ire Perio	d of A	bate	ment		10	59 Jackson	Avenue						
Abatement Performed Outside of N	ormal Fa	acility	Hou	rs - Des	scribe	City	, State, Zip Co	de				_		\dashv
Time of Abatement: _AMPN	1/ <u>6:00</u> P	IVI- <u>Z:</u>	<u>3U</u> A	M		31224	C NY 11101							
Scope of Work (Check all that apply)												-		\dashv
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Ren					☐ Full Conta☐ Mini-Enclo☐ Glovebag	ainment with Nega osure Procedure	ative Pressur	re				
							☐ Non-Exen	npted (*) and Non-	-Friable Proc	cedure				
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TO BE ABATED		Main		nce/ Staff?	(i.e.	, then	mal systems ir	sulation,	Amount (Specify		Repair		ncio	-
IN Facility (13)	,		(12)	olan?		SU	urfacing, VAT, er miscellaneo	or	SF or LF) 2			Enclosure	
(/	Y	es	No	N/A		Olli	ei miscellaneo	us)					· ·	
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Basement HVAC Room	D	a I			Duct Ins	sulati	ion		300 SF			i		1
Basement HVAC Room					Viberati	ion C	loth		5 SF	D		1	ITE	
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Name of Registered Waste Hauler			N.	JDEP V	Vaste	Cubi	c Yards of	Name of Registe	red Landfill		111	-	1	-
Newark Carting	1 1 1 1 1 1 1 1 1	auler ID	No.	Wast	te	Grand Centr		/ Landf	ill					
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Newark, NJ	Newark, NJ							Pen Argyl, P	'a					
Completed By (Print or Type)					/20 /19 Signature		17.E	Deta	,	_		_		
Ignatius Marraccino	Title Proje	ect N	lana	aer			()	-		Date	1-	1		
				J .			1cmelin	11 1 comes	man in	5	11.11	1	1	

State of New Jersey (Pursuant to NJAC 8:60 and 12:120) K 1202 Date of Notification (1) Name of Building Owner/Operator (2) 05/15/2019 David's Home Improvement Inc. Agencies Notified Type Notification Street Address 89 Hill St **EPA** Initial DEP Amended City, State, Zip Code L × DOL Amendment # Bloomfield, NJ 07003 Emergency (including DOH Name of Contact Telephone Number CON 973-980-9460ENSING justification) DCA 30L& Cancellation David FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, omes, × etc.) City (5) Square Feet # of Floors Bldg. A : Bloomfield County (6) County Code (7) Current Use (Prior if being demolished) Essex (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Removal Safety LLC Street Address Street Address 8 Crosby Ave City, State, Zip Code City, State, Zip Code Paterson, NJ 07502 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-400-8711 01332 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/24/2019 05/27/2019 Same as (9) Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 08:00 -16:30 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 Is Location Abater ent Normally Тур Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Custodial Staff? Removal In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Pipe insulation 60 LF x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Removal Safety LLC Fairless 0037007 2 City, State

Disposal Date

Signature

TBD

Title

President

Paterson, NJ

Lasko Veskov

Completed by

Date

05/15/2019

City, State

Morrisville, PA

Carl

CK# 1204		NOT	(Pursua	State of ION OF A	SBESTO AC 8:60 a	S ABATE	<u>.g</u>)		EG	E			
Date of Notification (1) 05/18/2019			Nam	e of Buildi	ng Owner	/Operato	r (2)	TIS)			_	#
Agencies Notified Type Notification	n		-	America		ers		1	MAY	, 20	201		
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DOH Emergency justification	(includi	ng	-	of Conta		0		bansan		NOW WITH MINISTER AND	omedianyot	10000	Acceptation (
DCA Cancellatio			Bill	or conta	Ot .				Telephone		г		
Name of Facility 140			FA	CILITY IN	IFORMAT	TION			908-591-	0194		_	
Name of Facility Where Abatement is Taki Private home	ng Place	(3)					Type of Facility	/ (4)				_	
Street Address							School (K	-12)					
St. Got Address							Subchapte	er 8 (C	ther than k	(-12)			
City (5)	-,						Other (i.e. etc.)	privat	e & comme	ercial bu	uildings	nom	ies,
Cranford							Square Feet	#	of Floors	T	Bldg. /	e	
County (6)													
Union			Count (STATI	y Code (7 E USE ONL) Y)		Current Use (P	rior if b	peing demo	lished)		_	
Name of Monitoring Firm Hired by Building	Owner (0)			,								
o and by building	Owner (0)	ASC	CM No.		Name	of Abatement Co	ontract	or (9)			_	
Street Address							oval Safety L	.LC					
							Address Osby Ave						
City, State, Zip Code							ate, Zip Code					_	
							rson, NJ 075(าว					
Project Manager for Monitoring Firm			Teleph	one No.			one No.		License	Ma			
04.15.44							100-8711		License 01332				
Start Date (10) 05/28/2019				Date (11)	Name o	of OSHA Monitor		01002			_	
	05/31	/2019)				e as (9)						
Occupancy Status During Abatement (Chec						Street A	Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of	Abater	nent										
Other – Describe: 8:00 - 16:30	iai Facili	y Hour	S			City, Sta	ate, Zip Code					_	
Scope of Work (Check All That Apply)													
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	_						Mini-Enclosure Glovebag Prod						
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TO BE ABATED In Facility	Cus	aintenar todial S	nce/ Staff?	(i.e.	thermal s	systems i	nsulation,		Amount Specify	70		П	ш
(13)	100000	(12)			surfac	ing, VAT, iscellane	or		F or LF)	Remova	Repair	1	nclo
	Yes	No	N/A	1	outer in	iscellarie	ous)			oval	air	1	Enclosure
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Removal Safety LLC		10000	auler ID	Carlo Carlo	of Wast	е			sieu Landîii				
City, State	037007	/	7	,	Fairless		2.010						
Paterson, NJ					Disposa TBD	II Date	City, State		0/00				
Completed by	Title					nature	Morrisvi	ille, P					
Lasko Veskov	Presi	dent			2	1216	0 1/2 11	/_	1	ate 5/17/2	2010		

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Date of Notification (1)		(of Building) 				<u>U</u>	
5/15/2019			Saye	rville BC	DE	operator	(2)		Ш	The same of	MAY	2	0 2	019	lo de
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스 DOH justi	ergency (including fication)	1	Name	of Contact	t				Tel	ephone	Nun	nher			-
DCA Can	cellation			s Kolma						2-525					
Name of Facility Where Abatement	is Taking Place (3)	FAC	CILITY INF	ORMAT	ION	Tyr	e of Facility (4	\						
Truman Elementary School	****						×	School (K-12	6.77						
Street Address 1 Taft Pace								Subchapter 8	(Oth	er than	K-12)			
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Parlin							Squ	are Feet	# of	Floors		E	Bldg. A	ge	-
County (6)			County	Code (7)			Cur	rent Lica (Bries	16 15 -1						
Middlesex			(STATE	USE ONLY)		Scl	rent Use (Prior	IT Deli	ng dem	olish	ed)			
Name of Monitoring Firm Hired by E Management International Ir	Building Owner (8)		ASC	M No.		Name	of Ab	atement Conti	actor	(9)					
Street Address	10.							mpany Inc.							
500 Atlantic Ave		4				Street /		ess et Ave							-
City, State, Zip Code Ventnor City, NJ 08406						City, St	ate,	Zip Code		45-0				-	-
Project Manager for Monitoring Firm	1		Telepho	one No		Telepho		J 07011							
Ken Bolton			609-8	23-5900		973-2				Licens		3			
Start Date (10) 05/24/2019	Schedule	ed Co	mpletion	Date (11)				SHA Monitor							
Occupancy Status During Abatemer	05/25/2							mpany Inc.							
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Abatement Performed Outside Other – Describe: Fri. 3pm -Sa	of Normal Eacility	Hour	nent s			City, Sta	ate, Z	Zip Code							
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(13)	Yes	No	N/A		other m	iscellane	ous)			o, E, ,		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		1											1		-
lewark Carting Inc.		H	JDEP Wauler ID I		Cubic Y of Wast			Name of Re GROWS	gistere	ed Land	fill			l	
City, State Iewark, NJ					Disposa	al Date		City, State Morissville	D D A	:			// CO TO THE		-
Completed by	Title				Sir	gnature		IVIOLISSVIII	;, PA		764-				
oytek Roszkowski	Presid	ent			1	2.()		1			Date 05/1	5/20	119		

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Date of Notification (1) 5/17/2019			Name of	Building ((2) al Gateway		3				
Agencies Notified Type Notification			Street A	ddress						MAY	2 ()	019
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DEP Amended Amendment Emergency		_		te, Zip Co		rentor	n, NJ 08611		AS	BEST LI	OS C		TROL
DOH justification) DCA Cancellation			Name of	Contact Paul S	Schorr				hone Nu (609) 9		00		://lic
Name of English Whore Abetement is Takin	- Di (0)		FACI	LITY INFO	ORMATIC	N						_	
Name of Facility Where Abatement is Takin Residential	g Place (3)	16				- 1	Type of Facility (4)						
Street Address							School (K-12) Subchapter 8 Other (i.e. pri	(Other			dings.	hc	es,
City (5) Trenton, NJ 08611					110.110-0		Square Feet 3500	# of F	loors 3	E	3ldg. <i>A</i>	37.33	
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCM			Name	of Abatement Contr	actor (0	1)			_	
MECS	OWNER (0)		AOON	1110.			ens Environmen			Inc.			
Street Address PO Box341			•				Address ox 322						
City, State, Zip Code Chesterfield, NJ 08515							tate, Zip Code town, NJ 08501					_	
Project Manager for Monitoring Firm Bill Weisgarber									icense 1	No.		-	-
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	Yes	No	N/A									ā	Ф
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Crawl Space	X			Т	hermal	Pipe	Debris	30	sf	Х			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Y	/arde	Name of Re	agietoro	d l ands			L	
Stevens Environmental Services		100000	lauler ID 18292	No.	of Wast	te	Fairless I			"			
City, State Allentown, NJ		***			Disposa 6/3/2		City, State Morrisvill	e, PA				_	
Completed by Mahlon E. Stevens	Title Projec	ct Ma	anager		Sig	gnature		7	D	ate 5/17	/201	9	

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X DOL Amendment			Oity, Ot		Princeto	n, NJ 08	540		ASBES	TOS	COI	TROL
区	including	1	Name o	of Contact		2004 (1000)	1	Telephone		ICEN	ISIN	1 Material Portugues
DCA Cancellation				Mark Harri	S			raiopriorio	rambo			
			FAC	ILITY INFORMA	TION							
Name of Facility Where Abatement is Taking Residential	g Place (3)				Type of F	acility (4)					
Street Address							ool (K-12)					
							er (i.e. priva	Other than ate & comm		ilding	s, ho	es,
City (5) Princeton, NJ 08540						Square F 3000	eet	# of Floors		Bldg. 45		
County (6) Mercer				Code (7) USE ONLY)		Current L	Jse (Prior it	f being dem	olished)			
Name of Monitoring Firm Hired by Building O	Owner (8))	ASC	M No.	Name	of Abatem	ent Contra	ctor (9)				
MECS	(-)	,						al Service	es, Inc.			
Street Address PO Box341					Street	Address Box 322					_	
City, State, Zip Code						State, Zip C	ndo					_
Chesterfield, NJ 08515						itown, N						
Project Manager for Monitoring Firm		T	Telepho	ne No.	Telepi	none No.		Licens	se No.			-
Bill Weisgarber		1	609 29	98-4070	609	259-9688	3	0049	3			
Start Date (10) 5/30/2019	Schedul		npletion 7/2019	Date (11)	Name MEC	of OSHA N	Monitor					
Occupancy Status During Abatement (Check	k Only Or	ne)			Street	Address						-
Facility Closed/Vacated During Entire P	eriod of	Abaten	nent		POE	30x 341						
Abatement Performed Outside of Norm Other – Describe:	al Facility	y Hours	\$		FECTOR S. 151	state, Zip C sterfield,		5			_	
Scope of Work (Check All That Apply)					0110	otornoia,	140 0001					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit			2	Mini-Er Gloveb	nclosure ag Proced					
	T	10 110				J Non-Ex	cempted (*)	and Non-F	riable P		re teme	_
Location of	100	Locati Normal									ype	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/	Asbestos Co (i.e. therm sur		Material (AC s insulation T, or		Amount (Specify SF or LF)	Remova	Repair	circapsulate	Enclosure
	Yes	No	N/A						-		ale	, e
Attic	Х			V	ermiculi	te		800 sf	Х			
											T	
											Т	
Name of Registered Waste Hauler		1222	JDEP W		ic Yards /aste	1		gistered Lan	dfill			
Stevens Environmental Services			18292	Marie Co.	15	Fa	airless La	andfill				
City, State Allentown, NJ					osal Date 7/2019		ty, State orrisville	, PA				
Completed by Mahlon E. Stevens	Title Proje	ect Ma	nager		Signature	10 11/	1/		Date 5/1	7/201	19	\neg

int Form

Check # 25881

Jh91278			ICATTO Pursuan	tate of Ne N OF ASE	ew Jers	ABATE	MENT		E C	E 20	20	15		
Date of Notification (1)				of Building		Operator	(2)	lad to	1				- Note	
05/17/2019 Agencies Notified Type Notification				ty of Es	sex				ASBEST	os c	ONT	B	. &	
	n			Address Bloomfie	ld Ave	nue			L	CENS	SING			
EPA Initial Amended				ate, Zip C		- Ide			-			_		
X DOL Amendme				na, NJ										
DOH justification	1)	9		of Contact					Telepho					*
DCA Cancellation	on			10000					973-2	26-85	00			
Name of Facility Where Abatement is Tak	ing Place ((3)	FAC	ILITY INF	ORMAT	ION	Tyne	of Facility (4)			_		
Veterans Courthouse	,	een.					_	10.0	850					
Street Address						7	S	ubchapter	8 (Other th	an K-12	2)			
	r. Blvd.						X C	other (i.e. p	rivate & cor	mmerci	al buil	dir	s, hom	es,
City (5)							Square	e Feet	# of Floo	ors	E	Bld	Age	
									12			30		
Essex			County (STATE	Code (7) USE ONLY	0				or if being d	emolish	ed)			
	Owner (8	1				l Nie			1 (0)					
Mott MacDonald	owner (o	,								10				
Street Address									uction, ii	10.				
111 Wood Avenue South									MB Suite	218				
City, State, Zip Code												-		
						Clifto	n, NJ	07012						
						100000000000000000000000000000000000000			1 100000		0.		-	71
	Schodu	lad Car					20/5/20/03/20	37000	00	693				
05/27/2019				Date (11)		and the second second			ruction In	ıc.				
Occupancy Status During Abatement (Che	The second contract of the second								dottori, ii					
The state of the s			nent						MB Suite	218				
Abatement Performed Outside of Nor	mal Facilit	y Hours	S			City, S	tate, Zip	Code				-	-	
					_	Clifto	n, NJ	07012						
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Security Sec					×	Mini- Glov	Enclosure ebag Proc	edure				31	
	Le	Locat	ion				14011-	rvembred) and No	i-rnabi	- Pro	Terrendo.		ŀ
Location of		Normal	ly		De	scription	of					5/20	ype	ie.
Asbestos-Containing Material (ACM)				Asbes	tos Cont	aining M	aterial (ACM)					m	_
In Facility		todial S		(i.e.	thermal surfa	systems cing, VA	insulati Γ. or	on,			Rem	i	ncap	Encl
(13)		(12)			other r	niscellan	eous)		121 221/2	- /	lova	1	sula	Sur
	Yes	No	N/A								_		ite	(0)
SEE ATTACHED					DUST	CONT	ROL				x	Г	+	
												-	+	
				-								-	+	
									***	_		-	+	
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of F	legistered I	andfill				
Service Transport Group		H	lauler ID		of Was		1			anunn				
City, State	-	2	U99U			-10 :								
New Castle, DE							1	15150		1460	0			
Completed by	Title							vvaynes	ouig, OH			_		
FACILITY INFORMATION Type of Facility (A) Scheduled Completion Date (11) Dia General Construction, Inc. School (For inc. physiolatus and processing of Montering Prime Period of Abatement Abalament Performed Oxistics of Normal Facility (Hours Officer) Period (Cliffon, NJ) 07012 Size (A) Period (Cliffon, NJ) 07012 Size (Cliffon														

05/17/20 9

List of Asbestos Containing Materials to be Removed from the Following

Note: Is location normally used solely by maintenance/custodial staff@SY25OS CONTROL LICENSING

Veterans Courthouse 465 – 479 Dr. Martin Luther King Jr. Blvd. Newark, NJ

Location of ACM to be abated in facility	Description of ACM (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
North End Lawyer's Conference Room	Non-ACM ceiling tiles	225 SF
North End Jury Room 1	Non-ACM ceiling tiles	345 SF
North End Toilets in Jury Room 1	Non-ACM ceiling tiles	70 SF
North End Jury Room 2	Non-ACM ceiling tiles	345 SF
North End Toilets in Jury Room 2	Non-ACM ceiling tiles	70 SF
North End Corridor	Non-ACM ceiling tiles	785 SF
North End Law Library	Non-ACM ceiling tiles	324 SF
North End Secretary Office 1	Non-ACM ceiling tiles	322 SF
North End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
North End Storage 1	Non-ACM ceiling tiles	40 SF
North End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
North End Secretary Office 2	Non-ACM ceiling tiles	322 SF
North End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
North End Storage 1	Non-ACM ceiling tiles	40 SF
North End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
South End Jury Room 1	Non-ACM ceiling tiles	345 SF
South End Toilets in Jury Room 1	Non-ACM ceiling tiles	70 SF
South End Jury Room 2	Non-ACM ceiling tiles	345 SF
South End Toilets in Jury Room 2	Non-ACM ceiling tiles	70 SF
South End Corridor	Non-ACM ceiling tiles	785 SF
South End Law Library	Non-ACM ceiling tiles	324 SF
South End Secretary Office 1	Non-ACM ceiling tiles	322 SF
South End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
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South End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
South End Secretary Office 2	Non-ACM ceiling tiles	322 SF
South End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
South End Storage 1	Non-ACM ceiling tiles	40 SF
South End Electrical Closet 1	Non-ACM ceiling tiles	81 SF

(h91054		NOTI	FICATIO	ON OF ASBEST	OS ABATE	EMENT	M	C		1 W	
Date of Notification (1) 05/06/2019			Name	of Building Own	er/Operato	(2)	TIME				-
Agencies Notified Type Notificati	on			Address	2 []		1111	MAY	20	2019	-
EPA Initial			900	Bloomfield A	/enue						
DEP Amended				tate, Zip Code			AS	BEST	OS CC	NTRO	
X Emergen		na		na, NJ				LIC	ENS	NG	_
DOH justification	n)	.9		of Contact		In the second se	Telephone		-		_
Cancellat	on			Sanjeev Varg			973-226	3-8500			
Name of Facility Where Abatement is Tal	king Place	(3)	FAC	CILITY INFORM	ATION	T 4 F - 104 - 74					_
Veterans Courthouse	3 / 1440	(0)				Type of Facility (4	en.				
Street Address 465-479 Dr. Martin Luther King	Jr. Blvd.					School (K-12 Subchapter 8 X Other (i.e. pri	(Other than	K-12) nercial bu	ildings	, home	
City (5)						etc.) Square Feet	# of Floors				_
Newark						240,000	# 01 Floors		Bldg.	Age	
County (6)			County	Code (7)		Current Use (Prior		olichad			-
Essex			(STATE	USE ONLY) _		Courthouse	ii being dein	olistieu)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASC	M No.	Name	of Abatement Contr	actor (9)		-	_	-
Mott MacDonald			001	40		General Constru					
Street Address					Street	Address					-
111 Wood Avenue South					1360	Clifton Ave., Pl	MB Suite 2	218			
City, State, Zip Code Iselin, NJ 08830						tate, Zip Code					
Project Manager for Monitoring Firm					Clifto	n, NJ 07012					
Kevin Herrighty			Telepho			one No.	Licens				
Start Date (10)	10-1	1 10		79-3400		389-0089	0069	3			
05/08/2019		3/2019		Date (11)		of OSHA Monitor					-
Occupancy Status During Abatement (Che). 			General Constru	ction, Inc.				
	Ø.	85			100000000000000000000000000000000000000	Address	AD Cuita O	10			
Facility Closed/Vacated During Entire Abatement Performed Outside of No. Other – Describe:	Period of mal Facili	Abater tv Hour	nent s			Clifton Ave., PN	JID Suite 2	18			-
Other – Describe:						n, NJ 07012					
Scope of Work (Check All That Apply)					0	11, 140 07 0 12					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli			×	Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (*	lure			٩	
	1	s Locat	ion				,		No. Contractor	ement	-
Location of	201	Normal			escription	of			Ту	ре	_
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asbestos Co	ntaining Ma	aterial (ACM)	Amount			m	
In Facility	Cus	stodial S	Staff?		al systems facing, VAT		(Specify SF or LF)	Remova	Re	Encapsulate	1
(13)		(12)		othe	miscellane	eous)	0. 0. 2. /	JOV	Repair	lusc	
	Yes	No	N/A					=		ate	
11th Floor			Х	Del	ris Clear	nup	9,000 SF	X			177
											-
										-	-
										-	_
lame of Registered Waste Hauler		N	JDEP W	aste Cubi	c Yards	Name of D-	nietored !	ten .			-
Service Transport Group		Н	auler ID			Minerva L	gistered Land andfill	1181			
ity, State					osal Date						_
lew Castle, DE				10	18/2019	City, State Waynesh	پرrg, OH 44	1688			
completed by	Title			14 200000	Signature		1	Date	-		_
rutarth Jagad	Proje	ect Ma	nager			4	1	05/07/	2019		

Ch4033		NOT	(Pursua	State of N DN OF AS Int to NUA	BESTO: 8:60 a	S ABATE	1	DE	E		₩	
Date of Notification (1) 05/16/19			Name	of Building ler Realty	y U.C	/Operato	r (2)	TU U MA	1 1 5	0 2	1015	
Agencies Notified Type Notification	on		Street	t Address Route 36				ASBES	STOS	CON	TR(. &
DEP Amended Amendmen			City, S	State, Zip Contown, N	ode	24			LICE	VSIN	i	continues
DOH justificatio	n)		Gary	of Contact / Foltz				Telephone 732 264		r		***************************************
Name of Facility Where Abatement is Tak	ing Place (3	3)	FA	CILITY INF	ORMAT	rion	Type of Facility	(4)				
Car Dealership Street Address 105 Route 36 City (5)							School (K- Subchapte		(-12) ercial be	uilding	s, h	nes,
Eatontown							Square Feet 11,250	# of Floors		Bldg. 50+	Age	
County (6) Monmouth			County (STATE	Code (7) USE ONLY	o		Current Use (Pri	or if being demo	lished)		-	***************************************
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.		Name Bako	of Abatement Cor Construction	ntractor (9)	n. Inc.			
Street Address						Street	Address Route 46 Suite		1, 1110			
City, State, Zip Code						City, St	ate, Zip Code va, NJ 07512	. 00				
Project Manager for Monitoring Firm			Telepho	one No.		Telepho	one No.	License	No.			
Start Date (10) 06/03/19	Schedule 06/08/1		mpletion	Date (11)		Name o	56 7010 of OSHA Monitor	00666				
Occupancy Status During Abatement (Che						Street A	Construction Address Route 46 Suite		, Inc.			-
Abatement Performed Outside of Non Other – Describe:	nal Facility	Hours	nent s			City, Sta	ate, Zip Code	3D			-	
Scope of Work (Check All That Apply)						NOJOT	va, NJ 07512					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova				×	Mini-Enclosure Glovebag Proci	nt with Negative edure (*) and Non-Fria			·A	
Location of	No	ocati ormal	ly		Des	cription o				Abat		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenar	nce/	(i.e. t	os Conta hermal s surfaci	aining Ma	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
West Lower Roof	Yes	No	N/A						3		ate	Ге
West Lower Root			X		Roof	Flashin	ig	1,250 SF	X			
									-			
Name of Registered Waste Hauler		I N.	IDEP Wa	aste	Cubic Y	arde	I No.					
Newark Carting, Inc.		Ha	uler ID N	Vo.	of Waste	3000 T	The second con-	egistered Landfill n Resource R		ery F	acil	,
City, State Newark, NJ		1			Disposa TBD	l Date	City, State Tullytowr					
Completed by Goran Kojic	Title Project	Mar	nager		Sig	nature	ن الم	Da	te 5/16/1	9		-

				Stat	e of	NJ		In-construction of the last of		470mm-70am	entern	Professional Control of the Control
D&S Proj. #: 19-97			Not	ification of As	sbes	stos Abatement		IME	G	EIV	7	1
Ses F10J. #. 19-97	2		(Pur	suant to NA	C 8	60 and 12:120)			<u> </u>		THE PARTY OF THE P	41111
)			PA	1							Constitution of the consti
Date of Notification (1)		Name of	Building O	wner/Operator (1			Property of the Property of th	MAY	2.0 201	0	IIUII
10 15 1/11 15 1/11 19 1	1			when operator (2)						_	longer
Agencies Notified Type Notifi	cation	Berry S Street Add									accuracy.	
☐ EPA ☐ Initial		Street Add	aress					ASL		CONTR NSING	O E	-
DEP Amended									4140	CHICH	contents	
DOL Amendment		City, State	, Zip Code								=	
Emergen	су	South	Orange, N	NJ 07079								
DOH (including justification		Name of C			-		-	Tolonk	NI	7		
DCA I		D	CI.					relepno	one Num	nber		
Cancellat	ion	Berry	Snore							-		
			FA	CILITY INFORM	ATIO	ON					=	
Name of facility where abatemer	nt is taking	place (3)				NA (0.27	_	T= 7=				
	J							Type of Facility	/ (4) ool (K - 1	(0)		
Residential								=				
Street Address							-			(Other tha		12)
								Other Bldgs	(Private ./Homes	e/Commerc	cial	
City (5)								Square Feet	# of Flo		В	g. Age
City (5)	Co	unty (6)			Co	ounty Code (7)	1	1,600	02		60	g. / igc
South Orange, NJ 07079	-					tate use only)		Current Use (F				
Name of Monitoring Firm Hired by	Es	ssex						Residential	nor ii be	sing demo	11511	1)
	y Blag. Ow	ner (8)		ASCM No.		Name of Abateme	ent C	ontractor (9)				
N/A				1	- 1	KLOMAX, LI	C					
Street Address						Street Address					_	
·						309 W. End A	VO					
City, State, Zip Code					_	City, State, Zip Coo	-		-			
					- 1							
Project Manager for Monitoring Fire	m	IPI	none Numi	ner	-	Hopatcong, N		843				
			ione realin	301	- 1	833-455-6629				se Number		
Start Date (10)	ICaba	d CaI-1				Name of OSHA M				02007		
- Newton, (1.00 to 1.00 to 1.	Scrie	d. Completi	on Date (1	1)		KLOMAX, L		ır				
05/24/19	05/3	1/2019			- 1	Street Address	LC					
Occupancy Status During Abateme				4		309 W. End A						
Facility closed/vacated during	g entire per	iod of abate	ment.			City, State, Zip Coo						
Abatement performed outside Describe:	e of normal	facility hour	rs-			City, State, Zip Coc	ie					
Other-Describe: NORMAL I	HOURS				-	Honotoona Mi	1 070	0.42				
Scope of Work (check all that appl	(v)				-	Hopatcong, N.					_	
\boxtimes >3 sf or >3 lf	Renovation						Ful	II Containment w	//negativ	e pressure	9	-
☐ ≥160 sf or ≥260 lf								ni-enclosure				
	Demolitio					F	GIC	ovebag procedur	re			
Location of	Is locatio	n normally t	used solely		1000		7 .40	on-Exempted (*)	and Non	R R		ire
asbestos-containing material (acm) to be	staff(12)	enance/cust	odial	Description	of a	sbestos-containing		Amount		e e		- E
abated in facility (13)		-	T	material (A	CM)	ezecios containing		(Specify S	For	m p		; n
	Yes	No	N/A					LF)		o a		L
Basement		X		PIPE INSUL	ΔΤΙ	ON		11.6		e r	_	
				- 1. 2 IIVOUL		OIN		11 ft			1	
6.46												
] 🔲
Registered Waste Hauler	L	DUL		T-V							Ti	
KLOMAX, LLC	038	P Hauler ID		ibic Yards of Wa	aste	Name of Registere	d La	ndfill			1	
City, State			Disposal Da	yd		TULLYTOWN	, RE	SOURCE RE	COVER	RY		
Hopatcong, NJ 07843		ال	TBD	ale.		City, State	2000-00-0					
Completed by (Print or Type)	Title		100	Signature	-	TULLYTOWN	, PA	1				service se
Paige Boylan	Owner			Signature	-	more management			Date			
	-	this form f	ar aches	. II.a.a.	1				05/15/	19		
	Do not use	uns form fo	or aspestos	s licensure exen	npted	activities.						

Chian	N	OTIFICA (Purs	ATION C	e of New Jersey OF ASBESTOS I NJAC 8 60 and	BATEMENT	DEC	E	7	
Date of Notification (1) May 15, 2019		Na	me of Bui	Iding Owner / Operat	or (2)	HIII MAY	2 0	00	- 111
Agencies Notified Type Notification		Ba	nk of Ame	erica	70	IL LI MAI	2 0	20 :	
□EPA Emei	gency			pan Road		ASBESTO	OS CO CENSII	NTI :	OL &
DOL Initial Amended Amendm	ent #	Old		NJ 07675					wasance on Augusta
Cancellai	ion	1	ne of Con o Nappi	tact			elepho 16-972		mber
		F	ACILIT	Y INFORMATIO	N			_	
Name of Facility Where Abatement is Ta Bank of America	king Place (3)		Type of Fa	acility (4) ol (K-12)			_	
Street Address 211 Old Tappan Road				Subo	hapter 8 (Other tha				
City (5)				Square Fe	et # of Flo	commercial building			tc.)
Old Tappan				8,0	000 Fe (Prior if being der	2	dg. Age	56	
County (6)	County Co	de (7)		Bank					
Bergen	USE ONL								
Name of Monitoring Firm Hired by Buildin Arcadis U.S., Inc.	g Owner (8)		ASCN	Traine of A	batement Contracto	or (9)			
Street Address				Synatech, Street Add					
35 Columbia Road City, State & Zip Code				829 Radio	Road				
Branchburg, NJ 08876				City, State	& Zip Code				
Project Manager for Monitoring Firm	Т	elephone	Number	Telephone	Harbor, NJ 08087 Number	License Num	her	_	
Scheduled Start Date (10) May 16, 2019 Sche	duled Comple			609-296-69	16 SHA Monitor	License Mult	00817	<u> </u>	
Occupancy Status During Abatement (Che	eck only one)	y 19, 201		Synatech, Street Addr					
Facility Closed/Vacated During E	ntire Period o	f Abateme	ent	829 Radio					
Abatement Performed Outside of Other – Describe	Normal Hou	rs		City, State				-	
Facility Occupied During Abateme	ent			Little Egg I	larbor, NJ 08087				
Scope of Work (Check all that apply)								—	
≥3 sf or ≥ 50 If		Renovat	ion		Full Containment	with Negative Press	ure		
≥160 sf or ≥260 lf		Demolitic	1700	[2] [5]		0000			
					Glovebag Proced	ure) and Non-Friable Pro	2004		
Location of Asbestos-Containing Material (ACM)	Is Locat	ion Norma	ally Used	Descrip	tion of				nt Type
TO BE ABATED	Custo	oy Mainter odial Staff	? (12)	Asbestos-(Material	Containing (ACM)	Amount (Specify SF or LF)		13:35	,,,,,
IN Facility (13)				(i.e., therma	al systems	SF OF LF)	-	-	
857/				insulation, su or other mise	rtacing, VAT		R.	ZI (Enca
	V				,		Remova	Repair	Enclosure
	Yes	No	N/A				<u>a</u>	7	ure late
Mechanical Room	X			Pipe Fitting	Insulation	10 LF	Х	7	
lame of Registered Waste Hauler	NJDEP V		Cubic Y	ards of Waste	Name of Registe	red Landfill			
ynatech, Inc.	Hauler II	No. 429				ieu Landiili			
city, State		743	< 1 Disposa	I Date	Fairless Hills City, State	-			
ittle Egg Harbor, NJ 08087									
completed By Title			May 20, Signatur		Morrisville, PA	N4-			
Piane Aloia Execu	ıtive Adminis	strator	1	ane alor	.	ate			

Ch 243	36		NOTI)	FICATIO	N OF ASI	BESTOS	ABATE	MEN (0)	IT	Resident State of the State of			eative of a de	54	NAMES OF SEC.	
Date of Notification (1) 5/16/2019	1			Name of TOWI	of Building	Owner/ OF WC	Operato ODBF	r (2) RIDO	 E			W)	1	<u> </u>	20	-
Agencies Notified Tyl	pe Notification Initial Amended			1 MAI	Address IN STRE						A	SBE		S CC ENSI)L &
X DOH	Amendment # Emergency (in justification)		-	WOO	DBRID(GE, NJ	07095	5		Te	lephon	e Num	ber			
DCA	Cancellation				S KOST		ION				32-634					
Name of Facility Where Abate WOODBRIDGE WOME Street Address 11 CORRIELLE STREE	EN'S CLUB	Place (3	3)			O'MINAT		Typ	School (K-1 Subchapter Other (i.e. p	2) 8 (Oth	ner thar & comr	n K-12 mercia) I buile	dings	hon	S,
City (5) FORDS								Squ	uare Feet	# 0	f Floors	s	В	ldg. A	\ge	
County (6) MIDDLESEX					Code (7) USE ONLY	0		Cui	rent Use (Pric	or if be	ing den	nolish	ed)			-
Name of Monitoring Firm Hire PEAK ENVIRONMENT	d by Building Ov AL, LLC	vner (8)		ASCN	M No.		Name	of Al	oatement Con	tractor	(9) TRAC	TING	i IN	С.		-
Street Address 74 MAIN STREET, 2ND) FLOOR		-33				Street	Addı					,			
City, State, Zip Code WOODBRIDGE, NJ 070	095						City, S	State,	Zip Code A, NJ 0751							-
Project Manager for Monitorin ROB EDGAR	g Firm			Telepho 732-32	ne No. 26-1010		Telepi	none	- 22		Licen 004	ise No				-
Start Date (10) 5/28/2019		chedule			Date (11)		Name	of O	SHA Monitor S (9) ABO		004	34	77			-
Occupancy Status During Aba			_7/22				Street			V E		-				-
Facility Closed/Vacated I Abatement Performed Or Other – Describe:	Ouring Entire Per utside of Normal	riod of A Facility	bater Hour	ment s		40.00	City, S	state,	Zip Code						-	-
Scope of Work (Check All Tha	t Apply)															-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				×	M G	ull Containme lini-Enclosure lovebag Proce on-Exempted	edure					2	
Location of		Ν	Locat orma	lly		Des	scription						1 1 1 1 1 1 1	Abate	mon pe	
Asbestos-Containing Mate TO BE ABATED In Facility (13)		Mair	ntena	ely by nce/ Staff?		tos Cont thermal surfac	aining M	fateria s insu T, or		(8	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											ite	Φ
KITCHEN & MAIN F	ROOM		X				TILE			1,4	00 SF	=	Х			
EXTERIOR			X			ROOF	SHING	GLE	S	1,5	00 SF		Х			
EXTERIOR		-	X			TRANS	ITE SI	IDIN	G	2,0	00 SF	=				
Name of Registered Waste Ha			Н	 JDEP Wa auler ID I 8743		Cubic of Was			Name of R WASTE				T G	R.O	.W.\$	
City, State TOTOWA, NJ						Dispos 6/11/2	al Date 019		City, State	SVILL	.E, P/	Α				
Completed by VIVECA RAMOS		Title PROJ	ECT	COOR	DINATO		ghature	الإها	1	7-	2	Date 5/16		19		

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Ch18865		NOTI	FICATIO	State of Ne ON OF ASB nt to NAC	w Jersey ESTOS ABA 8 60 and 12:	TEME 120)	NT (9/	- n _ _		10	0/	_
Date of Notification (1) 5/14/19					Owner/Opera	itor (2)		个是	G	自	74	信
Agencies Notified Type Notificatio	n			Dupont Address					ルー		- Annie Malana		
▼ EPA			Street	Audress						MAY	2 (20)
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▼ Emergency	(including										20.0	~ h 171	21.0
DCA justification			l	of Contact via Kurdy	la			Tele	phoneN	Umbel	03.0	ONTI	3L &
Name of Earlin Miles Alexander				*	ORMATION			1	-				-
Name of Facility Where Abatement is Taki home	ng Place	(3)				T	ype of Facility (4	1)					
Street Address							School (K-12 Subchapter		rthan K	12)			
						×	Other (i.e. pr	rivate &	commer	cial bu	ildings	s, hor	3,
City (5) Carteret						So	etc.) quare Feet	# of I	Floors		Bldg.	Age	-
County (6)			01	0 1 (7)		10.00	400	2			68		
Middlesex			(STATE	Code (7) USE ONLY			urrent Use (Prio ome	r if bein	g demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	Nan		Abatement Cont	ractor (9)				-
Street Address							nvironmental			С			
Sileet Address						et Add		+- D-		100			-
City, State, Zip Code							483, 4 E Ga	ate Dri	ve				
							od, NJ 0741	18					
Project Manager for Monitoring Firm			Telepho	one No.		phone	e No. 4-2276	7 119	License	No.			
Start Date (10)	Schedul	ed Cor	mpletion	Date (11)			SHA Monitor		703				_
5/15/19	5/30/1												
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire					Stree	et Ado	Iress						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of a nal Facility	Abaten / Hours	nent s		City,	State	, Zip Code						-
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit					Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (dure					
	Is	Locati	ion				von-Exempled () and i	von-Friai	DIE Pro		ement	-
Location of Asbestos-Containing Material (ACM)		Normal d Sole			Descriptio	n of					Ty	/ре	
TO BE ABATED	Ma	intenar	nce/	Asbesto (i.e. ti	os Containing hermal systen	Mater	rial (ACM) ulation.	Amo (Spe		70		Ē	П
In Facility (13)	Ousi	(12)	otan :		surfacing, V. other miscella	AT, or		SF o		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		outer middelic	i i cou	3)			val	¥.	ulate	E ITA
roof			X		roofing mat	erial	9	800	SE.	x			-
					3			000	01				-
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Name of Registered Waste Hauler		100,000	JDEP W	V21	Cubic Yards	-	Name of Re	gistered	d Landfill				-
Newark Carting		13,000	auler ID 4509	Market 18	of Waste TBD		Grand Ce				ndfill		
City, State Newark NJ			244 - EW		Disposal Date	9	City, State			12			-
Completed by	Title				TBD		Pen Argy	I, PA					
A. Scott Higgins	Presid	dent			Signatur	е			Da 5/	ite 14/19	a		

					and profession						P	nt
Date of Notification (1)		NOT	Pursua	State of New ON OF ASBE fit to NJAC 8: of Building O	STOS ABATI 60 and 12:1	29)	T Cher	JAP -		循		7
5/15/19				mond Brow		(-)		113				
Agencies Notified Type Notification	on		Street	Address					MA	Y 2	0 20	9
EPA X Initial								In II	W M	1 -	0 20	. J
DEP Amended Amendme				State, Zip Cod		- 1				NAME OF TAXABLE PARTY.		_
Emergence		<u> </u>	Wes	tfield NJ 0	7090			P	ASBES	TOS (CONT	ō
X DOH justification	n)	9		of Contact				Telephone	-Numb	ICEN	SING	5000
DCA Cancellation	on		1	mond Brow								
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY INFOR	RMATION	-						
home	any Flace	(3)				Тур	e of Facility (4)					
Street Address							School (K-12)					
						×	Subchapter 8 Other (i.e. priv	(Other than	K-12)	wilding	s hom	
City (5)						_	etc.)			anun ig	o, 110ff	5,
Westfield						100000000000000000000000000000000000000	are Feet	# of Floors			Age	d keep
County (6)			Count	Code (7)		180		2		75		
Union				Code (7) USE ONLY		C	ent Use (Prior	if being dem	olished)		,
Name of Monitoring Firm Hired by Building	Owner (8)		M No.	N==-	hor						
5 Substituting	, 5 (0	1	ASC	IVI IVO,			atement Contra					
Street Address							ironmental S	bervices, L	LLC			
					Street	Nanagaran a	ess 183, 4 E Gat	o Drive				
City, State, Zip Code							Zip Code	e Dilve				-
							d, NJ 07418	3				
Project Manager for Monitoring Firm			Telepho	one No.	Teleph				no Nic			_
er 407 - 050406			ar word to # Table 112		973-			Licens 703	e NO.			
Start Date (10)	Schedul	ed Co	mpletion	Date (11)			HA Monitor	103				
5/25/19	5/31/1	9	8			00						
Occupancy Status During Abatement (Che	ck Only O	ne)			Street	Addre	SS					_
Facility Closed/Vacated During Entire	Period of	Abater	nent									
Abatement Performed Outside of Non Other – Describe: basement & crawl s	mai Facility space	/ Hour	S		City, S	tate, Z	ip Code					_
Scope of Work (Check All That Apply)					8							
≥3 sf or ≥3 lf	E					1						8 2715
≥3 st or ≥3 it ≥160 sf or ≥260 if		Renova Demolii				Fu	II Containment	with Negativ	ve Press	sure		
and the second substitutes and the CTU		- STITUTI			×		ni-Enclosure ovebag Proced	ure				
	T					No	n-Exempted (*)	and Non-Fr	riable P	rocedu	re	
		Locati								Abat	ement	
Location of Asbestos-Containing Material (ACM)	Use	lormal d Sole	ly ly by		Description	of				T	уре	_
TO BE ABATED	Ma	intena	nce/	Asbestos	Containing M rmal systems	aterial	(ACM)	Amount			Ш	-
	Cust	odial 5 (12)	Staff?	(1.6. 1/16	urfacing, VA	msula F, or	auon,	(Specify SF or LF)	Ren	Re	ncar	ncl
In Facility		(12)	_	oti	ner miscellan	eous)		J. OI EI /	Remova	Repair	Encapsulate	Enclosure
in Facility (13)		Ma	N/A						<u> </u>	,	ate	F
	Yes	No	1							-		-
	Yes	INO	Х		pipe fitting	S		2015	4.6			
(13)	Yes	NO	х		pipe fitting	S		20 LF	X		-	_
(13)	Yes	INO	X		pipe fitting	S		20 LF	X			_
(13)	Yes	INO	X		pipe fitting	S		20 LF	X			-
basement & crawl space	Yes	INO	X		pipe fitting	S		20 LF	X			-
basement & crawl space	Yes	N	JDEP W		ıbic Yards	S	Name of Reg					_
basement & crawl space	Yes	N H	JDEP W	No. of	ıbic Yards Waste	S		istered Land	dfill	andfill		_
basement & crawl space Jame of Registered Waste Hauler ABS Environmental Services LLC Sity, State	Yes	N H	JDEP W	No. of	ubic Yards Waste BD	S	Chrin Broti	istered Land	dfill	andfill		-
basement & crawl space Name of Registered Waste Hauler ABS Environmental Services LLC Sity, State	Yes	N H	JDEP W	No. of TE	ubic Yards Waste BD sposal Date	S	Chrin Brot	istered Land hers Sanit	dfill	andfill		_
(13)	Yes	N H	JDEP W	No. of TE	ubic Yards Waste BD	S	Chrin Broti	istered Land hers Sanit	dfill	andfill		-

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K19977	1	NOTIFICA (Purs	State of NATION OF AS	BEST	OS ABATE	EMENT	0 1 10	la , L	22	7)	2		
Date of Notification (1) 5/15/19			me of Building		er/Operato) (2)	CILLO				Ĝ [3	1
Agencies Notified Type Notification			ileen Lodde	er					KI	-	OTP Triding to some		jamionos
	1	Str	eet Address							1.4	AV	2 0	204
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➤ DOH Emergency justification			me of Contac					Teleph	one Ni	SDE	STOS	co	TR
DCA Cancellatio		Ei	leen								, ICE	NSII	3
Name of Facility Where Abatement is Taki	DI (0		FACILITY INF	ORM	ATION	_		490000000000000000000000000000000000000		and the same of			_
home	ng Place (3	3)				Туре	of Facility (4)						
Street Address							School (K-12)			01			
						×	Subchapter 8 Other (i.e. priv	(Other the	nan K-1 mmerc	2) ial bui	Idinas	. hon	S.
City (5)						_	etc.)						_
Hawthorne						170	re Feet	# of Flo	ors	-86	3ldg. / 72	Age	
County (6)		Cou	unty Code (7)				ent Use (Prior i	157	iemolic		1 2		_
Passaic			ATÉ USE ONL	Y)		hom		, being C	IGITIONS	ileu)			
Name of Monitoring Firm Hired by Building	Owner (8)	A	ASCM No.		Name	of Aba	itement Contra	actor (9)	- Sec. 2311			-	-
St							ronmental S		s, LLC	2			
Street Address						Addre	F-5						-
City, State, Zip Code							83, 4 E Gat	e Drive	}				
ony, State, Zip Code							ip Code						
Project Manager for Monitoring Firm		Tolo	ephone No.				I, NJ 07418						_
,g ,		1 616	sprione ivo.		Teleph 973-	10ne N 764-2		70	ense N	lo.			
Start Date (10)	Scheduler	d Comple	tion Date (11)	\			HA Monitor	170					
5/24/19	5/31/19)					ii (Normoi						
Occupancy Status During Abatement (Chec	ck Only One	e)			Street	Addres	SS						_
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: basement	Period of Al nal Facility I	batement Hours	£		City, St	tate, Zi	p Code						8
Scope of Work (Check All That Apply)				_									-
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≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovation emolition				Full	Containment i-Enclosure	with Neg	gative F	ressu	re		
					×	Glo	vebag Procedi	ure					
				<u> </u>		1 Nor	n-Exempted (*)	and No	n-Friab	le Pro			_
Location of	2000000	ocation ormally				13721						emen pe	
Asbestos-Containing Material (ACM)	Used	Solely by	Asbes	tos Co	Description ontaining M	of aterial	(ACM)	Amour	nt			İ	-
TO BE ABATED In Facility	Custo	ntenance/ odial Staff?	/i o	therm	al systems	insula	tion,	(Speci	fy	Re	Į,	Encapsulate	Enc
(13)		(12)		other	facing, VAT r miscellane	i, or eous)		SF or L	F)	Removal	Repair	nsde	Enclosure
	Yes	No N	/A							<u>a</u>	7	late	ıre
basement		>		pip	e insulat	ion		80 LF	=	x			7
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ame of Registered Waste Hauler		NIDE	P Waste	C.L	io Vosda		No.						
ewark Carting			· ID No.	of W			Name of Reg Grand Cer			/ Lan	dfill		
ity, State				9.5	osal Date		City, State						-
ewark, NJ	1-			TBD			Pen Argyl,	PA					
ompleted by . Scott Higgins	Title	ont			Signature	/	1 ~		Dat				-
. ocati nggma	Preside	ent				11		_	5/	15/19)		

Ch 18875		NOT!	FICATIO Pursuan	t to NJACI8	STD\$ ABATE :60 and 12:12	0)	T C		EG	E	76	7 (6)	t-Fo
Date of Notification (1) 5/15/19					wner/Operator	r (2)		- I	WIT	E U	201	J	9
Agencies Notified Type Notification				en Fallon							U S I I S		
	1		Street	Address			1	AS	BESTO	SCO	NTR	S.JC	
EPA Initial Amended			City St	ate, Zip Cod	9	_	- Lauren		LIV	ENSI	VG		Elipson
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➤ DOH Emergency justification)	(includino	g		of Contact				Tele	ohone Nu	ımher			-
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Name of Equility Miles of Alexander			FAC	ILITY INFO	RMATION							_	-
Name of Facility Where Abatement is Takir home	ng Place ((3)				Тур	e of Facility (4)					
Street Address							School (K-1						
Oli GGT Address						×	Subchapter Other (i.e. p	8 (Other	than K-	12) rial bui	Idinas	home	
City (5)							etc.)				58.	*! 	,
West Trenton						1100	are Feet	The state of the s	loors		Bldg. A	Age	
County (6)			County	Code (7)		200		2			88		
Mercer				USE ONLY)		hor	ent Use (Pri	or it being	g demolis	sned)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	VI No.	Name	1.5-2.5	atement Cor	tractor (3)	-1-1-0			_
				non-AMITAT			ironmenta		0.00	С			
Street Address					Street				700,				-
					PO E	Box 4	183, 4 E G	ate Dri	ve				
City, State, Zip Code					City, S	tate, 2	Zip Code						-
					Glen	woo	d, NJ 074	18					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph				License N	Vo.			
Start Date (10)					973-				703				
5/18/19	5/31/1		mpletion	Date (11)	Name	of OS	HA Monitor						
Occupancy Status During Abatement (Chec													
					Street	Addre	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of a	Abateı v Hour	ment		City	toto 7	Zip Code						_
Other - Describe:		,			- City, S	iaie, z	rih Code						
Scope of Work (Check All That Apply)						-							-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× F	Renova Demoli	ation tion		×	Mi	III Containme ni-Enclosure ovebag Proc on-Exempted	edure					
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Location of	1	Vorma	lly		Description	of						pe	
Asbestos-Containing Material (ACM)		ed Sole iintena			Containing M	ateria		Amo	ount			Ш	
TO BE ABATED In Facility		todial		(i.e. th	ermal systems surfacing, VA	insula For	ation,	(Spe		Rer	Re	Encapsulate	2
(13)		(12)	8	0	ther miscellan	eous)		SF 0	(LF)	Remova	Repair	psu	2
	Yes	No	N/A							2	- 1	ate	3
kitchen			X		floor tile			000	CF				-
			^		noor tile			200	51	Х			
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Name of Registered Waste Hauler		1000	JDEP W		Cubic Yards		Name of F	Registere	d Landfill				_
ABS Environmental Services LLC		5000	lauler ID 04248	(A. 1977)	of Waste BD		Chrin Bi				ndfill		
City, State			04240		OESTER				Jaimai	y Lai	IGIIII		
Glenwood, NJ				1 1	Disposal Date BD		City, State Easton,						
Completed by	Title				Signature		Laston,	1- M	Da	to			_
A. Scott Higgins	Presi	dent			Signature		11			ite 15/19			

CI 1 //22 / 2		NO	TIFIC	CATIL	State of	New Jersey SBESTOS ABA	TEMENT	In E	GE	1 /	
Check#3348			(F	ursu	ant to A	AC 8:60 and 5:	16)				
Date of Notification (1)				8 8	//	ng Owner/Operator			MAY 2	0 26	9
05/	14/	19					(4)	14 7	WAI -	ن کر	J
Agencies Notified	Type Notification				ette N. Ster				N. S. S. S. S. S.	uttivisienosi	the taken
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■ DOLWD	☐ Amended			City	. State, Zip	Code		International Control of the Control		- Contractor	protect
DHSS	Amendment		_								
DCA (NJAC 5:23-8)	Emergency justification)	(includi	ng	Nan	Orange, 1	NJ 07017					
,	Cancellation							Telephone Nu	mber		
					tte N. Ster				23		_
Name of Facility Where	e Abatement is Taki	ing Plac	20 (3)	Γ.	ACILITY	NFORMATION	1= :=				
Private house		nig r iai	JE (3)				Type of Facility	0.3 0		509,410	
Street Address							School (K-1	2) 8 (Other than K-1	2)		
							Other (i.e.,	private and comm	ercial buil	dings.	
City (5)							homes, etc.)			
East Orange, NJ 070	17						Square Feet	# of Floors	Bldg	g. Age	
County (6)	1.7			10-	into O - 1 - 1=	ANTARE LINE					
Essex				COL	unty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being demo	lished)		
Name of Monitoring Fir	m Hired by Building	Owner	(0)	1.00.		· · · · · · · · · · · · · · · · · · ·					
The second secon	rined by building	Owner	(0)	ASCN	ЛNo.	4	ent Contractor (9)			
Street Address						Gr Tech LLC					
0.100171001003						Street Address					-
City, State, Zip Code			-			576 Valley Rd	#283				
,						City, State, Zip C					
Project Manager for Mo	nitorina Firm		Tal	ephone	NI-	Wayne, NJ 074	70				
•	g :		161	epnone	e NO.	Telephone No.		License No.			
Start Date (10)	Sche	eduled i	Comple	ation D	ate (11)	973-638-1777		01127			-
05/14		05				Name of OSHA					
Occupancy Status Durir		ck only	000)			Envirovision Co	onsultants,Inc				
Facility Closed/Vaca	ted During Entire P	eriod o	f Abate	ment		Street Address					
Abatement Performe	ed Outside of Norma	al Facili	ty Hou	rs - De	scribe	20-21 Wagaraw	Road, Bldg .#	35E			
Time of Abatement:	AMF	PM/	PM		_AM	City, State, Zip C					
Scope of Work (Check a	ill that apply)					Fair Lawn, NJ 0					-
	11.55	-				Full Con	tainment with Ne	nation with negative	e pressur	е	
≥ 160 sf or >260 lf			enovat emolitic			Mini-End	closure		_		
7			omone.	J11		Non-Exe	g Procedure L	Tent with Negativ in-Friable Procedu	e Pressur ire	е	
			s Loca							ement	
Location Asbestos-Containing			Norma			Description of					/pe
TO BE AB	ATED	Ma	aintena	ince/	Asbe:	stos Containing Ma ., thermal systems	terial (ACM)	Amount	Remova	Encapsulate	Enclosure
IN Facil	lity	Cus	todial (12)	Staff?		surfacing, VAT,	, or	(Specify SIF or LF)	Jova a	psc	nso
(13)			T	I	-	other miscellane	ous)		1 2	late	ō
		Yes	No	N/A						(8)	
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lame of Registered Was	ste Hauler		J L] L							
	no Haulei		MAL	ur Wasti	e Hauler ID No.	Cubic Yards of Waste	Name of Regis	tered Landfill			
r Tech LLC			0	03378	35	TBD	T.R.R.F. Inc				
ity, State						Disposal Date	City, State				-
ayne, NJ 07470				.,		TBD	Tullytown, PA	A			
ompleted By (Print or T	ype) Title	ê				Signature /	1	Da	ate		-
Jevtic	Ow	ner				17	ente Wena.	d of	/14/19		
B-41								03.	14/17		

Ch 508	36	NOTIFICA (Pur	MOLTA	OF/ASE	ew Jersey ESTOS ABA 8:60 and 12:	TEMENT 120)	R	C E			E
Date of Notification (1)	1.0		Name	of Buildin	ng Owner/Operato	r (2)		MALCI	_ 1	119	7
S[IS	Type Notification			Address	MALIA "	DUHAIM		DECTOR O		-001	-
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D DEP	☐ Amended			State, Zip		7	etrosynyous.com en se	THE PROPERTY OF THE PROPERTY O	10,000 50	0.00000000	7
	Amendment #	ling			EU. UJ	. 2705					
D DCA	justification) Cancellation	-	100,000	of Conta	d SUHALME		Telephone Nu	mber	264		
			-	ayen e e	ORMATION		1			-	+
Name of Facility Where				,		Type of Facilit	y (4)				-
	LUIA DUHAIM	E		_		☐ School (K-1	(2)				
Street Address				,		☐ Subchapter	8 (Other than K-1) private & commerci				-
City (5)	CLEN				* +4	Square Feet		Bldg. Age			1
County (6)			1			2100		184	5		
	ERSET		ONLY) (STATE USE	-	Prior if being demo				
Name of Monitoring Firm		er ASC	CM No.		Name of Abaten						4
(8)	2000 - 1000					moval Ir					
Street Address					Street Address		10	-			1
City, State, Zip Code			50		City, State, Zip C						-
Project Manager for Mor	itaring Eine	T+1-1		*	Hackens						
1 Toject Manager for Mor		relepi	none No.		Telephone No. 201-329-		License No. 00388				
Start Date (10)	Scheduled C	ompletion I	Date (11)		Name of OSHA		1 00300			-	+
S/28/19 Occupancy Status Durin		50/19				Environm	ental				
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe:	ed During Entire Period Outside of Normal Fac 200 DR 70 S:00	of Abateme	ent		City, State, Zip C		,N.J. 07	7606			
Scope of Work (Check a □ ≥ 3 sf or ≥ 3 if □ ≥ 160 sf or ≥ 260 if	Il that apply)		☑ Ren		☐ Mini- ☐ Glove	Enclosure ebag Procedure	Negative Pressur	70	-		-
		Is Loc	ation	Π	G MOIL	exempled (*) an	d Non-Friable Prod		bat r	nent	1
. Locatic Asbestos-Containin TO BE AF 	g Material (ACM) BATED sility	Norm Used So Mainter Custo Stat	ally blely by nance/ odial		Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	insulation, or	Amount (Specify SF or LF)	Removal	F Repair	Enclosure	- Company of the Comp
		Yes No	N/A					.			١.
TONSET	EVEC		1	VI	+ + 1	ASTIC	375	中ド			
								4 #		_	
		_	-							+	
Name of Registered Was		NJDEP	Waste H	lauler	Cubic Yards of	Name of Regi	stered Landfill				
Best Remo	val Inc	ID No.	7109		Waste 342 c7		Enterpr	ises ,	L. (C	
City, State	k , N.J. 07	601			Disposal Date	City, State					
Completed by	Title	001			Signature A	Waynes	burg, Oh	, 44688 Date			
J.Maiorano		imator			VNo	کسرمین د	2	5/15	1, 3	9	
ASB-41		use this for		bactes lie	ancura diameted	-		-1/	_ :		1

CK 16619		NOTI (Pursu	FICA	LON OF	ASBE	Tersey STOS ABATEMENT 7 and 12:120-7	Y	Total Control	Chec	k (h)1	6619	
Date of Notification (1)		120230				Owner/Operator			H -	ਲੀ		
5/15/2019			1			ranzo	3.3	4	Ц	MAY	5 0	2019
Agencies Notified Type Not	ificat	ion	Stre	et Add	ress		w-1,					
[]EPA [X]Init	ial .								ASE	ESTO	SCC	ITROL 8
[]DEP Not	ificat	tion	City	Stat	e, Zip	Code				LIC	ENS	<u>G</u>
[]Amer	nded					J,07501						
	ificat	tion			,011,10	0,07301						
[X]DOH	CENCY		1	of Co			Telepho	one Number			100	
[]DCA []Cano		ion	GI	isse	d Li	ranzo	1					
į į jouic			1	FAC	ILITY	INFORMATION						
Name of Facility Where Abater	ment is	s Taki	ng Pl			•	Type of Faci	lity (4)				1000000
Grissed Liranzo						1	[]School	(K-12)				
Street Address					-			pter 8 (Oth				
octes Address								(i.e., priv buildings,				
							Square Feet	# of Flo		Bldg.		
City	Ico	unty			Con	nty Code (7)		. 02 210		9.	90	
		1				ATE USE ONLY)	Current Use	(Prior if h	eine e	lemol :	shee	
Paterson	P	assa	ic				Current 026	CTTOT IT E	erna (LLOMBA	-21160	
Name of Monitoring Firm hired				CM No.		Name of Abate	ment Contracto	or (9)				
Owner (8) N/A						AZTECH M	ANAGEMENT	!, Inc.				
Street Address						Street Address	s					
						86 Chris	topher St	:.				
City, State, Zip Code						City, State, 2						-
							r, NJ 070	142				
Project Manager for Monitorin	g Firm	ı Tel	Lepho	ne Numi	per	Telephone Numb			Licens	se Nur	nber	
-		N	STATE OF STATE			(973) 744			003	71		
Scheduled Start Date (10)	Sched.	Compl	etio	Date	(11)	Name of OSHA N	Monitor		L			
05 29 19	05	16-500-570	30	19		N/A						
Month Day Year	Mont		Day	Year	<u> </u>							
Occupancy Status During Abate [X]Facility Closed/Vacate						Street Address	3					
of Abatement		00000000										-
[]Abatement Performed Ou Hours - Describe: «Offi				Facili	ty	City, State, 2	Zip Code					
[]other - Describe: «Other				ript»								
Scope of Work (Check all that	apply	.)				Ц						
[V] > af an > 2] f			ZI Don		_		Containment wi	ith Negativ	e Pres	sure		
<pre>[X]≥3 sf or ≥3 lf []>160 sf or >260 lf</pre>		4773		ovation olition			Enclosure bag Procedure					
			Ta			[]Non-Fi	riable Procedu	ire				
Location of			Is ocati			Description	n of		A	batem	ent	7pe
Asbestos-Containing		N	ormal Used			Asbestos-Cont		Amount		RR	C	N C
Material (ACM)			Solel y Mai			Material ((Specif	Y I	M E	A	L
TO BE ABATED In Facility		to	enanc	e/	in	(i.e., thermal sulation, surfa		SF or LF)		V A	A P S	os
(13)			aff (10	or other miscel	1127300 NATURE NATURAL OF BRIDE	ا عليه		A R	U	U R
		Yes	No	N/A	-			05			4.	E
Basement				X	Fibe	Insulation	on	25 LF	X		+	
											1	
								<u> </u>				·
Name of Registered Waste Haul AZTECH MANAGEMENT,		Ha		ID No.	1000000	oic Yards Waste 1.0	Name of Regi		dfill			
City, State		1	7040	,	Die	posal Date	City, State					
Montclair, NJ 07042						5/31/19	Bronx,	NY, 104	74			
Completed By (Print or Type)	Title		_			Signature	L /-	1/	Dat		No.	-
Constantine Vivian	Pre	side	nt			1/00	ETZITU.	11, Na	- 5/1	5/201	.9	
330 East 18th St												

CLOSO9 Date of Notification (1)		NOTI	FICATION Pursua	State of New Jers ON OF ASBESTOS nt to NJAC 8:60 a	ABATE			***************************************	NY ?		019
5-15-19			17/		BIC		10 11	tvi F	41 6	. 0	.010
Agencies Notified Type Notification	1		Street	Address	2)/			SRE	STOS	CO	TRO
EPA Initial Amended								المالات	LICE	NSII	3
DOL Amendmen				ED BAW	1	wan Alexand					
DOH Emergency justification)	ng		of Contact	T		Telephone N	umber	200		-
DCA Cancellation	1		17		BIC						£
Name of Facility Where Abatement is Takin	ng Place	(3)	FA	CILITY INFORMAT	ION	Type of Facility	* E				<i>5</i>
Street Address						School (K		12) cial bu	ildings	, hor	is,
Dir Bank						Square Feet	# of Floors		Bldg.	Age	-
County (6)			County	/ Code (7)		1200	rior if being demolis		M	1_	
8700 27704K				USE ONLY)			FOR IT being demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	Name	of Abatement Co	ontractor (9)				
ATIAS GNV. INS	ECT	1000	5		FRY	117AR C	ONSTRU	-71	ان و		
POBOX 11645					Street	Address	100				
City, State, Zip Code					City. S	Box /	1581				
PHIA PA 19116						1/A PA	19116				
Project Manager for Monitoring Firm				one No.	Teleph	one No.	License N	No.			
Start Date (10)	Schedu	iled Cor	mpletion	784-169 3 Date (11)	261	-184-46	94 012	76	,		
5-12-19	5	-12		Date (11)	Name	of OSHA Monito	r				
Occupancy Status During Abatement (Chec	k Only C	One)			Street	Address					-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of al Facili	f Abaten ty Hours	nent S		City, St	ate, Zip Code					_
Scope of Work (Check All That Apply)		_							_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			2	Mini-Enclosur Glovebag Pro					
		s Locati					a () and Hon-i had	T		emen	-
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			cription				Ту	ре	
TO BE ABATED In Facility (13)	M	aintenar stodial S (12)	nce/	Asbestos Conta (i.e. thermal surfac other m	aining Ma systems sing, VAT niscellane	insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	163	140	IVIA	00		_		ļ.,		Ф	
BASEMENT	-			PIPE W	RIY		604	/			
1511 Selice								_			
Name of Registered Waste Hauler		N.	JDEP W	/aste Cubic Y	/arde	Nama of	Registered Landfill				
FRYMAR CONSTRUE	Tim	Ha	auler ID	No. of Wast		Ivame of	negistered Landfill	1			
City, State	100	100	367	Disposa		City, State		CKS	0		-
Completed by	Title			5-20 Sid	gnature	13/R	DSBORO	/	13		
EFRAIM DUA	1	1.1.	Pro	-5 8	Maria	a 1	Dat	e			

										and the section (2)	-	Sandane Contraction of the last	and the Property of
	NOTIFIC	ATIO	N OF	4005	State of) <u>E</u>	C			1 E
CK 1989	NOTIFIC	AIIC	IN OF		STOS ABAT Suant to NJA	11 3 6	3 9 5 5	CHECK#198	111	MAY	2 0	2	19
Date of Notification (1)					Name of Bu	ilding Ov	vner/Operator (2)	T. C.				-	-
5/15/2019					PRIVATE	RESIDE	ENCE	-	ASB	ESTO	SC	ON	IOL &
Agencies Notified	Type Notifica	ation			Street Addre	ess	•		OTO DO SANTONIO		ENS		THE PROPERTY OF THE PARTY OF TH
□ EPA	\\X\T Initial												
□ DEP	Amend			The state of the s	City, State, 2	Zip Code	10 10 10						
□ DOL	☐ Emerge		ncludin	g	Hamilton S								
□ DOH	justifica				Name of Co	ntact				Telep	hone	Nur	er
DCA	☐ Cancell	ation			DAVID D'A	ANDRE	4		-				
Nome of Facility VAII AL	1 11 7				FACILITY IN	IFORM.	ATION						
Name of Facility Where Ab	atement is 1	aking i	Place (3	3)				Type of Facility	(4)				
PRIVATE RESIDENCE Street Address								School (K-1	7250				
Street Address								Subchapter					
City (5)								Other (i.e., p					
								Square Feet		# of F	loors	Bld	Age
Hamilton Sq., NJ County					To	(=) (O =		1					
Mercer						e (7) (S7	ATE USE ONLY)	Current Use (Pri	or if beir	ng den	nolish	ied)	
					ASCM No.	Name	of Abatement Con	tractor (9)					
0						CREA	M RIDGE ENVI	RONMENTAL	INC.				
Street Address						Street	Address						
						15 BL	ACK FOREST R	OAD					
							ate, Zip Code						
Droinet Manager for Marit		1					LTON, NJ 0869	1					
Project Manager for Monitor	ing Firm	Telep	hone N	10.		Telepho	one No.			Licens	e No		
Start Date (10)						609-89				00676			
Start Date (10)				Complet	ion Date (11)		of OSHA Monitor						
5/16/2019 Qccupancy Status During A	hatamant (C)		2019	,		MECS							
Facility Closed/Vacate							Address						
Abatement performed outs					ent		OX 341						
Additional performed outs	ide of working	y noui	S DPIVI-	-Z AIVI		1	ate, Zip Code						
Scope of Work (Check all th	at annly)			100000000000000000000000000000000000000		CROSS	SWICKS, NJ 08						
$\supseteq \ge 3 \text{ sf or } \ge 3 \text{ lf}$	at apply)				⊠ Renovat			☐ Full Contain		h Neg	ative	Pre	ure
≥ 160 sf or ≥ 260 lf					☐ Demoliti			Mini-Enclosu					
					☐ Dellioliti	OH		☐ Glovebag Pr					
		1	s Locati	ion	Ι			Non-Exempt ■ Non-Exempt Non-Exempt ■ Non-Exempt Non-Ex					edure
Location of Asbestos-Co	ntoinina	No	rmally (Jsed	Description	of Asbe	stos Containing		<u> </u>	Abater		_	-
Material (ACM) TO BE A		I THE WAY TO LEAVE	Solely b		Material (AC	CM) (i.e.	thermal systems	Amount (Specify	SF or	R	- I	Encapsulate	E
Facility (13)	<u> </u>		enance ! Staff?				g, VAT, or other	LF)		Removal	Repair	aps	Enclosure
		Yes	No	N/A	n	niscellan	eous)			val	₩.	ulat	sure
BASEMENT			V	36.00.00	NFVAT			1494 CO ET		N/	-	(D)	_
			/		MYAI			1484 SQ. FT.		X	\rightarrow		\rightarrow
									-	-+	-		-
									-	-	+		-
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of	Name of Register	red Land	Ifill		-	
. VINCH					Hauler ID No.		Waste 40	GROWS	2 = will				
City, State							Disposal Date	City, State					-
TRENTON							5/20/2019		D 4				
Completed By	T	Title	-			Signatur	1/27-Mar	MORRISVILLE		ate		_	
DAVID D'ANDREA			IDEN	г		N	more DV	160.1		ale	210		

ASB-41

410693		NOTH	HEATIO	tate of New Jers N.OF ASBESTOS It to NJAC 8:60 a	ABATE	EMENT	IK!	AV 20	0040	1
Date of Notification (1)	7-19		Name /	of Building Owner	/Operato		LI-LI M	AY 20	2019	1
Agencies Notified Type Notific			Street	Address D	ted	Build	ASBE	STOSCO	NTRO	<u> </u>
☐ EPA ☐ Initial ☐ Amend	ed		City S	tate, Zip Code	1 1	OX 5	1029	LICENSI	NG	handard sages
DOL Amend	ment # ency (includin		Oity, O	140	رسية	1tan	NI	020	50	
DOH justifica	ition)	9	-	of Contact			Telephon		111	1-
Name of Facility Where Abatement is				CILITY INFORMAT	TION	452	609	540	-40	61
1 1 0	in Ily	(3)) w	ellins		Type of Facility	555			
Street Address	2	- 3	2 8 40	4		School (K-Subchapte Other (i.e. etc.)	-12) er 8 (Other than private & comi	n K-12) mercial bui	ldings, h	mes,
City (5) Lavy Rence		11	7	08648	ď	Square Feet	# of Floor	s I	Bldg. Ag	
County (6)	2	10	County	Code (7)	0	Current Use (Pr	ior if being den	nolished)	00	/-
Name of Monitoring Firm Hired by Build	ting Owner /9	1		M No. A						
EPC CERNO	11		ASCI	NINO.	Name	of Abatement Co	intractor (9)	0010	5 1	91
Street Address City, State, Zip Code	337	;				Address Q. BOX	150 Ch 450	7		160
New Equat	N.		08	533	City, S	tate, Zip Code	A far	TA	25	12
Project Manager for Monitoring Firm			Telepho		1	none No.	Licen	ise No.	<u> </u>	1
Start Date (10)	Schedu	led Con	npletion	758-3365 Date (11)		758-330 of OSHA Monitor				
Occupancy Status During Abatement (0	heck Only O	5-	<u> 19-</u>	19		EPC Tec	hnologi	es I	nc	
Facility Closed/Vacated During En	tire Period of	Abatem	nent			Address	337			
☐ Abatement Performed Outside of I☐ Other – Describe:	Normal Facilit	y Hours	i 		City, S	tate, Zip Code	/ 1~~			
Scope of Work (Check All That Apply)					100	ew Egypt	NU	08	53	-
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		Renova Demolit				Full Containm Mini-Enclosur Glovebag Pro		ive Pressu	re	
	1 .					Non-Exempte	d (*) and Non-F	Friable Pro		
Location of	1	Normall	у	De	scription	of			Abatem Type	10
Asbestos-Containing Material (ACM TO BE ABATED	Ma Ma	ed Solel iintenar itodial S	ice/	Asbestos Cont (i.e. thermal	taining M	ateriai (ACM)	Amount (Specify	R	_ !	m
In Facility (13)	Cus	(12)	nane	surfa	cing, VAT	T, or	SF or LF)	Remova	Repair	Enclosure
	Yes	No	N/A					<u> a a a a a a a a a a a a a a a a a a a</u>		ire
Basement	X			Pipe]	[A54	Mation	30 L	FX		
										+-
Name of Registered Waste Hauler		10 10 10 10 10 10 10 10 10 10 10 10 10 1	JDEP W			Name of	Registered Lar	ndfill		1
EPC Technolog	ies	Ha	uler ID 1 700	[[라마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마	2	- Wast	eManag	jenent	FUF	AIS
City, State New Egypt	NJ			Dispos	al Date	City, State	e isuille	PA		
Completed by	Title			S	ignature		1	Date	-	1
Steve John Ker	Mire	side	nT	4	De	co DOCKE	h	5	117.	19

Ch5083

NOTIFICATION OF ASSESTOS ABATEMENT (Bursuant to NJAC 8:60 and 12:120)

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<u></u>	1.700TO						11 MAY 2 U 2U	1	11	4
Date of Notification (1) 5/13/19		-			g Owner/Operator	(2) 11 RSH		1225125	-	
Agency Notified Type Notification	· ·	+	-	ddress			ASBESTOS CONTI GENSING	5L 8	3.	
D EPA Ja Initial							J.E. Convo	porturalization	0/100	managed to a
D DEP D Amended				ate, Zip (Contraction (A)		
☐ DOL Amendment# ☐ Emergency (including	207				ECK. NO	0766				
DOH justification)	49	Γ		of Contac	102	-	Telephone Mumber	100000000		
□ DCA □ Cancellation			ff	R HI	RSH			-		
			FACIL	JTY INF	ORMATION				*	
Name of Facility Where Abatement is Taking Pla	œ (3)			•		Type of Facility	(4)			
MR HIRSH	22			60		School (K-12	3			
Street Address	16						(Other than K-12)			
manuscriptor and a second a second and a second a second and a second a second and a second and a second and						homes, etc.)	ivate & commercial building			
City (5)				7	 	Square Feet		3e		
TEANECIC			¥.			2000.		1A	0	, .
County (6)		-	County	Codo 77) (STATE USE	*	ior if being demolished)			
BERGEN.			ONLY)	., come (1)	NOINE COE		Si Dence			
	- 1				Manua e At					
Name of Monitoring Firm Hired by Building Owne (8)	1	ascm	140			ent Contractor (9	.e.			
						noval In	<u>c</u>			
Street Address			72		Street Address					
			- 6355			th River	St			
City, State, Zip Code					City, State, Zip C	od e			0000000	
					Hackensa	ack, N.J	. 07601			
Project Manager for Monitoring Firm	Te	iephor	e No.		Telephone No.		License No.			
					201-329-	-7444 -	00388	_		
Start Date (10) Scheduled Co	mpleti	on Dat	e (11)	THE VOR	Name of OSHA	Monitor				
5/29/19 5/3	31./	19			Omega I	Environme	ental			
Occupancy Status During Abatement (Check only	y one)				Street Address					
☐ Facility Closed/Vacated During Entire Period of	of Alberta	mont			280 Hi	yler St				O COLOR
☐ Abatement Performed Outside of Normal Facilities	By Hou	es de la company			City, State, Zip C		``			
Pother-Describe: 8:00 Au TO 51	H		-		S. Had	ckensack	,N.J. 07606			
Scope of Work (Check all that apply)										
ET≦3sfor≥3ff			D Ren	ovation		Containment with Enclosure	Negative Pressure			
□ ≥ 160 sf or ≥ 260 lf		-	C Dem			ebag Procedure				
<u> </u>							Non-Friable Procedure			
	ls	Locati	on					Aba	tem ype	
Location of		omal		:	Description	n#		T	700	T
Asbestos-Containing Material (ACM)		d Solei ntenar		Asbe	stos Containing M:		Amount	_	ū	
TO BE ABATED	Ç	යන්නේ	al	· (Le	thermal systems		(Specify	No.	100	Enclosure
(13)		(12)	7		other miscelland		SF or LF)	Dail	n8	nso
		(12)			ounce masocatan	,		1	Enospeulate	10
	Yes	No	N/A							
BASEMENT			1		VAT		150 SF	0		
			,				4 4 4 4	1	T	T
								+	1	
			-					+	+	+
Name of Registered Waste Hauler	NB	DEDV	Vaste H	autor	Cubic Yards of	Name of Regis	tered I andfill	1	_	
Best Removal Inc		No.	ease: N	CUIC1	Waste ,	Manie of Regis	RUICH SCHWAR			
			109		24207	Aungeo!	AND COUNTY LA	'DK	=,1	7
City, State					Disposal Date	City, State	THE COURT OF	-	160	_
Hackensack , N.J. 07	601				5/80/19	NEWBURG	H PA 1724	,		
Completed by Title					Signature /	The Diver	Date .			-
J. MAIORANO Esti	imat	or			1 //	Sugar	5/1	3/1	9	
				hestos Er		(1 - 1	1	4	

Check#3349		NC	TIFI	dAD	N OF A	New Je	DS AB	ATEMENT			<u> </u>	Ţ
Date of Notification (1)			,	Name of	iant to N	a fad	Samoured					_
1400 CONTRACTOR CONTRA	1	0		Na	me of Build	ing Owne	r/Operator	r (2)		MAY	2 0	20
1		- //		Chr	istopher [Dully			I L	WAI	_ U	20
Agencies Notified Type Not ☐ EPA	tification	1			eet Address				-			- Condition
☐ EPA ☐ Initial ☐ Amen	ded								AS	BESTO	S COI	ITI
	dment #	#		City	/, State, Zip	Code			I to the second	LIG	ENSIN	
☐ DCA ☐ Emerg	gency (i		ng		lewood, N							
(NJAC 5:23-8) justific	cation)			Nar	me of Conta	act			Telephone I	Number		-
Cance	ellation			Chr	istopher D	ully			-	_		
				F	ACILITY	INFORM	ATION			-		
Name of Facility Where Abatement	is Takin	g Plac	ce (3)					Type of Facili	tv (4)	-		
Private house								School (K	0.50 (50 0.5)			
Street Address								── Subchapte	er 8 (Other than K	-1 2)		
								Other (i.e.	private and com	mercial	building	gs,
City (5)								homes, et Square Feet	,		DIA A	
Englewood, NJ 07631									# OF FIGURS		Bldg. A	ge
County (6)		10.00		Cor	unty Code (7) (STATE /	USE ONI YI	Current Head	Prior if being den	nolinh - (1)		
Bergen					,	, ,	. JE ONE!	Ourient Ose (i iloi ii being den	ionsned)		
Name of Monitoring Firm Hired by Bu	uilding (Owner	(8)	ASC	И No.	Name	of Abatem	l nent Contractor	(0)			
							ch LLC	ient contractor	(9)			
Street Address							Address					
							alley Rd	#202				
City, State, Zip Code							tate, Zip C					
						The second second	e, NJ 074					
Project Manager for Monitoring Firm			Te	ephone	e No.		one No.	70	License No.			
						Assessor Testa-	8-1777					
Start Date (10)	Sched	luled (Compl	etion D	ate (11)		of OSHA N	Monitor	01127			-
05 / 24 / 19					_19							
Occupancy Status During Abatement	(Check	conly	one)			Street	Address	onsultants,Inc				
Facility Closed/Vacated During Er	ntire Per	riod of	f Abate	ement		Name and the same		D I DII				
Abatement Performed Outside of I	Normal	Facili	ty Hou	re Do	scribe	City St	tate, Zip C	Road, Bldg .#	‡ 35E			
Time of Abatement:AM		N	PM		_AM	1	wn, NJ 0					
cope of Work (Check all that apply)						I all La			ination with nega	Aires		
₹ >3 sf or >3 If		Z n	20				Full Con	tainment with N	egative Pressure	tive pres	sure	
3 >3 sf or >3 If 2 160 sf or >260 If			enovat emoliti			X	Mini-Enc	losure _		ine Dese		
				-,,			Non-Exe	g Procedure L mpted (*) and N	Tent with Negation-Friable Proce	ive Pres dure	sure	
1			s Loca								ateme	nt '
Location of Asbestos-Containing Material (ACI	M)		Norma ed Sole				scription o				T	
TO BE ABATED	"",	Ma	intena	ince/	Asbe:	stos Cont	aining Mai I systems i	terial (ACM)	Amount	Ren	Repair	Enca
IN Facility (13)		Cus	todial (12)	Staff?	,	surfa	cing, VAT,	, or	(Specify SIF or LF)	Removal	a:	sde
(13)			T	Τ	-	other n	niscellane	ous)		<u>n</u>		Encapsulate
sement		Yes	No	N/A								(5)
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ame of Registered Waste Hauler		<u> </u>	Щ									
			NJE	JEP Waste	Hauler ID No.	Cubic Yar	ds of Waste	Name of Regi	stered Landfill			_
Tech LLC			0	03378	35	TBE)	T.R.R.F. Inc				
ty, State						Disposal	Date	City. State				_
yne, NJ 07470					and have a second	TBD)	Tullytown, P	Α			
impleted By (Print or Type)	Title				1		natur 4	1		Date		-
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evtic	Owne	er					Houles	Wenad		5/14/19		

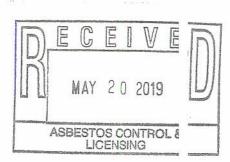
FEPA DEP DOL DOT DOCA DOCA	Amendment #_ Emergency (including justification) Cancellation	NOTIFICATION DE ASRESTON (Pursuant to NJAC 3:60 an Name of Building Owner/O Street Address City, State Zip Code Name of Contact Name of Contact	perator (2) Fild FX (c)	US234
Name of Facility Where Abatem	ent is Taking Place (3)	FACILITY INFORMATIO		Telephone Number
Street Address	· Lent	· SIGNATIO	Type of Facility (4)	609-233-8565
!			1 to	
City (5)			Subchaptor 8 (O)	Or then to the
Lagge M	100 00 : 11		I omer (i.e. private	er than K-12) & commercial buildings, homes, etc.)
County (6)	19 Cent Ho	is Sc	Square Feet # 0	
Name of Montrolin		County Code (7) (STATE USE ONLY)	}	Ditte wife
Name of Monitoring Firm Hired by I	Building Owner (8)	1 ACC1523	Current Lise (Prior if being	demolished)
Street Address		Name	Of Aharaman O	
		1 1 1/1	1 . 16.5 111 1	1 1 1
City, State, Zip Code				art Comoting / (1)
Project Manager in		City St	2 Bizing	i hour
Project Manager for Monitoring Firm	170		11 TO	
Start Date (10)		1 elephon	ie No	Esto)5
5/24/19	Scheduled Completi	On Date (11)	-35/2-1911	tense No. EVA70
Occupancy/Status During Abatement (Ch.	124/	Name of (OSHA Monitor	272723
Facility Closed/Vacated During Entit Abatement Performed Outside of No. Other – Describe:	To Period of Abatement	Street Addi	ress	
cope of Work (Check All That Apply)	- Todis	City, Smie.	Zin Coris	
≥3 sfor≥3 If ≥160 sfor≥260 If	Renovation Demolition	□ Ft	dl Containment	Prossure
		U Gi	Wahaa D	1
Aspertor C. Location of	Is Location Normally	No.	n-Exempled (*) and Non-Fria	ble Procedure
Asbestos-Commining Material (ACM) TO BE ABATED	Used Solaly by Maintenances	1	1	Abatement
in Facility (13)	Custodial Staff?	(i.e. thermal systems insulation	ACivi) Amount	Type
	(12)	VAT, or other miscellaneous)	(Specify SF or LF)	Enclosure Encupsulate Repair
Out S'de	Yes No NA	-Machaneous)	1 - 6. 21)	Enclosure Encupsulate Repair
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		2. Eding	2000	1/1-1-1
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Registered Waste Hauler	NJDEP Waste			
MEUC	Hauler ID No.	of Waste Na	me of Registered Landfill	
- Delance Mi			M of Pa	
iny	Fitie	1 150 150	State	
5-08)	K. Riendent.	Signature	Jelly tocon P	15/10/1
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	CHOOSE	N		CAT	ION (OF ASE	W Jersey SESTOS ABAT 8:60 and 12:		K	E	<u> </u>		The state of the s	
	Date of Notification (1)					emas p	g Owner/Operator		U Ц МАY	20 :	119	-	L	
	5/15/19			- 1			nn smic		HED IS	(880)	'A'	رط	<	
	Agency Notified Type Notifi	ication			Street	Address			ASBEST(OS CON	ROL	8	-	
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	D DEP D Amende			Γ	City, S	Sity, State, Zip Code								
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	Jal DOH justifica	tion)				of Conta	mber	,						
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	Non- of Earth, 105 Abstract	Talin Pri	- (00		FACI	LITY INF	ORMATION				_	7//	_	
	Name of Facility Where Abatement is							Type of Facilit	y (4)					
	NEW BRUSHICK Street Address	HART	HEN	21	45	Socia	(187)	School (K-1		a				
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	NEW BRUNS	111.010			ï		574 S	Square Feet	# of Floors	Bidg.		-	7	
	County (6)	wide			C	· Cadai G	O OTATE HOE	36031	Prior if being demo		58		_	
	MIDDLESEX	DOVESER							LPTS					
	Name of Monitoring Firm Hired by Bu		er	ASCM	No.		Name of Abaten						_	
	(8)	_					Best Rei		- 7					
	Street Address				Street Address		10		_		-			
			10.	450 South River St										
	City, State, Zip Code		oir—Viceore				City, State, Zip C	, Zip Code						
					Hackensa	ack, N.J	7. 07601							
	Project Manager for Monitoring Firm Telepho						Telephone No.		License No.					
	Start Date (10) Scheduled Completion D				(44)		201-329		00388	=				
-	Start Date (10) Scheduled Completion E						Name of OSHA Monitor Omega Environmental							
-	Occupancy Status During Abatement	- / //					Street Address							
	☐ Facility Closed/Vacated During En	•					280 Huyler St							
	Abatement Performed Outside of I	enem US		S	City, State, Zip Code						-			
-	El Other - Describe: 730 A U To	5',00 6	M	100 120 100	-	_	S. Had	ckensack	7606					
	Scope of Work (Check all that apply)						100							
-	□ ≥ 3 sfor ≥ 3 ff □ ≥ 160 sfor ≥ 260 ff					ovation	Full Containment with Negative Pressure Affini-Enclosure Govebag Procedure							
	32 2 100 St 01 2 200 B				☐ Den	HOUSION		ebag Procedure Exempted (*) as	cedure					
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	Asibestos-Containing Material (A TO BE ABATED	Asbestos-Containing Material (ACM) M					stos Containing Ma	atorial (ACM)	Amount	4	3	En	1	
-	(N. Facility		ċ	usbd Saff?		(Le	thermal systems surfacing, VAT		(Specify SF or LF		Rapair	adac	10101	
	(13)	(13)					other miscellane	eous)		-	- 1	Encepsulate	Enclosure	
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	Best Removal In	ıc	ID		109		Waste	A		T)				
	City, State							12 CYS CUMBERLAND COUNTY Disposal Date City, State				146		
-	Hackensack , N.	J. 07	601				6/10/19							
-	Completed by		301				Signature A	The a Dive	<u>оп, ј п.</u>	17241 Date,	-		-	
J. MAIORANO Estimator							1 No.	ک دورہ	2	5/1	://	9		

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

Ch 571	1		NOT	ΓΙΓΙΟ (F	AT O	State of N NOF AS int to NOT	BES	STOS ABA 3:60 and 5:1	TEMENT 6)		G	E		<u></u>	E					
Date of Notification (1) 05 /	14 /	19)		1		-	wner/Operator		Donato de la constanta de la c	MAY	2 () ?	19						
Agencies Notified				-			City	rubiic 3cii	0015					10						
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DCA (NJAC 5:23-8)			cludin	g																
(NJAC 5.23-0)					10,000	RCS 0000	380			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	di populari de la compania de mana la									
	Curiocité				-		•			609-617	-3208									
Name of Facility Where A	hatement is	Taking	n Dlace	0 (2)	FA	CILITY IN	NFO	RMATION	T=					_						
		raking	y Flaci	e (3)					1											
Street Address	ii ociiooi										K-12)									
1300 Market Street									Other (i.e., pr			buil	ding							
City (5)														_						
Gloucester City										SANCORA SANCORA ANTONIO	S									
County (6)													7							
					Cou	nty Code (7	7)(STA	ATE USE ONLY)		or if being de	molished	d)								
Camden									SUPPLIES THE SECOND CO.											
					ASCM	l No.	Name of Abatement Contractor (9)													
	iro. Consu	lting	Servi	ces			Shade Environmental, LLC													
Street Address							Street Address													
PO Box 341							6	323 Cutler A	venue											
City, State, Zip Code							City	y, State, Zip C	ode		4.7			30L&						
Chesterfield, NJ 085	City, State, Zip Code Chesterfield, NJ 08515 Chesterfield, NJ 08515 City, State, Zip Code Maple Shade, NJ 08052																			
Project Manager for Monit	oring Firm			Tel	ephone	No.	Tel	lephone No.		License N	0.			-						
Bill Weisgarber 609-298-4070 856-755-0099 00842																				
Start Date (10)05 /23 /							1000000													
Occupancy Status During	Abatement (Check	only	one)			Stre	eet Address						7	_					
					ment		200,000,000		0 North											
☐ Abatement Performed	Type Notification																			
Time of Abatement:	AM	PN	N/	PM		_AM														
Scope of Work (Check all	that apply)																			
≥3 sf or ≥3 If			⊠ Re	novat	ion			☐ Full Con	tainment with Neg	ative Pressur	e									
≥160 sf or ≥260 lf			-					☐ Gloveba	g Procedure											
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Location											,	Abat	eme	: Ту	ре					
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TO BE ABAT	ED	'									. }	8	ba.	3	Clo					
	1									SF or LF) [7		sure					
(13)		Ī	Yes		T	1	otr	ner miscellane	ous)					3						
Room No. C13			_	51000	1120000	Floor Ti	le ai	nd Mastic		350 SF	Б	a r	\exists	7	П					
Room No. C13				\boxtimes		Chalkbo	oard			50 SF			5	i	ᆔ					
Room No. C14				\boxtimes		Chalkbo	pard	Mastic		100 SF		-	=	7	ᆔ					
Room No. C16				\boxtimes		Chalkbo	pard	Mastic		50 SF			7	1	\exists					
Name of Registered Waste	Hauler			I	JDEP \	Waste	Cub	ic Yards of	Name of Registe	ered Landfill					-					
Freehold Cartage				F																
City, State					15935	7			City State											
Freehold, NJ									The control of the Co	PA										
	16)	Title							ome,		T .			-						
Christina Lynch	Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A o. C13 o. C13 o. C14 o. C14 o. C16 calculated Waste Hauler ID No. 15939 Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Amount (Specify SF or LF) Type No N/A Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Type No N/A Description of Asbestos Containing Material (ACM) (Specify SF or LF) Type No N/A Amount (Specify SF or LF) Type No N/A Type No No N/A Type No N/																			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility			Used Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Remo	
	Yes	No	N/A				
Room No. C18		Х		Chalkboard Mastic	100 SF	X	
Room No. C23		X		Chalkboard Mastic	75 SF	X	



Un0112	NC	TIFI)	CATI Pursu	ant to N	SBESTOS ABA JAC 8:60 and 5:	TEMENT 16)		G		_	<u> </u>		
Date of Notification (1)			Na	me of Build	ing Owner/Operator	r (2)		MAY	2.0	-	040		
05/14/	19				Board of Educa		U U	MAT	2 0	21	119		
Agencies Notified Type Notifica	ation	1.000	Stre	eet Address	4								
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□ DOLWD □ Amended			-	, State, Zip					ENS				
□ DOH Amendme			0.00		, NJ 08070								
DCA Emergen	cy (includ	ing											
(NJAC 5:23-8) justification Cancellat				ne of Conta			Telephone Nu	ımber					
				like Simp		856-540-6200							
Name of Facility Where Abatement is T	akina Dla	22 (2)	F	ACILITY	INFORMATION								
Penn Beach Elementary School		ce (3)				Type of Facility	300						
Street Address	11					School (K-12		40)					
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Other (i.e., n	8 (Other than K- private and comm	12) nercial h	uilding				
96 Kansas Road						homes, etc.)	iciolai L	ununi				
City (5)						Square Feet	# of Floors	E	ldg. A	,			
Pennsville						80,000	2		70				
County (6)			Co	unty Code	(7)(STATE USE ONLY)								
Salem						School		onou)					
Name of Monitoring Firm Hired by Build	ing Owne	r (8)	ASCI	M No.	Name of Abatem	nent Contractor (9))			-			
Health and Safety Services, Inc.		60 10				onmental, LLC							
Street Address	80				Street Address	offinerital, LLC				_			
PO Box 365													
City, State, Zip Code					623 Cutler A								
Berlin, NJ 08009					City, State, Zip C								
Project Manager for Monitoring Firm		-1-			Maple Shade	e, NJ 08052							
Jim Proctor		1	lephon		Telephone No.		License No.	nse No.					
		711		2-1311	856-755-0099	856-755-0099 00842							
06 /18 /19		1 _2		ate (11) 19	Name of OSHA N EMSL Analyt	30.00.00.0000				i kanin			
Occupancy Status During Abatement (C					Street Address					-			
☐ Facility Closed/Vacated During Entire	Period o	f Abat	ement	nt 200 Route 130 North									
Abatement Performed Outside of Nor	mal Facil	ity Ho	urs - De	scribe	City, State, Zip Code								
Time of Abatement:AM	_PM/	PN	Λ- <u> </u>	_AM	Cinnaminsor								
Scope of Work (Check all that apply)					1 3 11 11 11 11 11 11	1, 110 00077				_			
≥3 sf or >3 If			4i a u		☐ Full Con	tainment with Neg	ative Pressure						
⊠ ≥160 sf or ≥260 lf		enova emolit				closure a Procedure							
						mpted (*) and Nor	n-Friable Proced	ure					
		s Loca							ateme	Т	уре		
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TO BE ABATED	M	ainten	ance/	Asbe	estos Containing Ma e., thermal systems	iterial (ACM)	Amount	Removal	Repair	1	Enclosure		
IN Facility	Cu		Staff?	(1.0	surfacing, VAT,	or	(Specify SF or LF)	SVOI	air	1	OSL		
(13)	-	(12		4	other miscellane	ous)	SI UILI)	<u>m</u>		ì	ле		
	Yes		N/A							į.			
Toilet Rooms				Floor T	ile and Mastic		400 SF	\boxtimes]			
Toilet Rooms		\boxtimes		Pipe In:	sulation (Wrap &	Cut)	10 LF		П	1			
										1			
		П	П					+		7			
Name of Registered Waste Hauler			NJDEP	Waste	Cubic Yards of	Name of Registe	orod Landell			1			
			lauler I 1593	D No.	Waste 5	Fairless Lar							
Freehold Cartage			1000		THE RELEASE DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.					S SOUTH			
					Disposal Date	City, State							
					06/21/2019	City, State Morrisville.	PA						
City, State Freehold, NJ	-itle					City, State Morrisville,		ate		-			