64		NON			lew Jerse BESTOS		MENT	,		-	Carlotte Service		
CL 4014.		19	ursuai	t to NJA	C 8:60 a	d 12:120	0)		EG	E		E	M
May 24, 2018 Agencies Notified Type Notification]	Victo	d Buildin Fran Tor Address	wers	Operator	(2)		MAY	25	201	Q	
EPA Initial	8				gton Str	eet		had kod			LUI		
X DOL Amendmen			Cape	itate. Zip (May, N	11				ASBEST LI	OS CC CENSI	NTRO VG	DL &	
DOH justification Cancellatio)	9		of Contact				1	Telephone		pantunu 	TOTAL STATE	TRANSFER.
			-		FORMAT	ION							
Name of Facility Where Abatement is Takin Victorian Towers	ng Place	(3)					Type of Fac	ility (4)					
Street Address 608 Washington Street							Subcha Other		Other than te & comm		uilding	s, hon	nes.
City (5) Cape may			· · · · · · · · · · · · · · · · · · ·				Square Fee 120,000	100	# of Floors		Bldg 50+	Age	
County (6) Cape May				Code (7)			Current Use Residentia		being dem	iolished)			
Name of Monitoring Firm Hired by Building Vertex	Owner (8)	ASC	M No		of co	of Abatement ervices, LL	Contrac	tor (9)				
Street Address 700 Turner Way							Address 3 National	Road					
City, State, Zip Code Aston, PA 19014						City, St	ate, Zip Code						
Project Manager for Monitoring Firm Dave Turotsy			Telepho	one No. 58-8902	2	Teleph			Licens 0116				
Start Date (10) December 20, 2017	December 20, 2017							nitor					
Occupancy Status During Abatement (Chec	k Only O	ne)) , (C	8101		EMS!	Address					-	
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Work only in segregation	nal Facility	V Hour					Route 130 I			111111			
Scope of Work (Check All That Apply)	ated, unoc	cupied	areas			Cinna	aminson, N	IJ					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli	300			×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedu	re			ire.	
	is	Locat	ion				HOH-EXCH	pied ()	313 11011-1	Tiable 7	9.502.5	itemen	it
Location of	1	Normal ed Sole	ly			scription (_	_	уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenal todial S (12)	nce/		thermal surface				Amount (Specify SF or LF)	кепюуа	Repair	Encapsulate	Enclosure
See attached	Yes	No	N/A								1	, te	6
oce attached											\perp		
												-	
Name of Registered Waste Hauler Waste Management	10.000	JDEP W auler ID		Cubic \ of Was		1		stered Lan	dfill		.1		
City. State			ord.W.S	100)WS La	andfill					
Frenton, NJ					Dispos:	al Date	City. S Morr	State isville,	PA				
Completed by lack Bally	Title Sr. Pr	oject	Manag	ger		gnature		Wy (····	Date 5	241	18	
ASB-41 (R-06-08)	1				16	Jac · Do not	use this form	W.				•	ties

Work Area Work Area Work Area Work Area Handicap unit, 2nd floor Handicap unit, 3rd floor Handicap unit, 3rd floor Handicap unit, 3rd floor Handicap unit, 3rd floor Handicap unit, 4th floor Handicap unit, 5th floor Handicap unit, 6th floor Handicap unit, 6th floor Handicap unit, 6th floor Handicap, efficiency, 2nd fl. Handicap, efficiency, 2nd fl. Handicap, efficiency, 5th fl. Handicap, efficiency, 6th fl. Ha	M SBE		Permit Fee Summary Victorian Towers Washington Street
solely by Staff? Pud floor In d floor		Is location normally	£.
and floor In I	The state of the s	solely by	
end floor end floor rid floor rid floor th floor th floor th floor th floor th floor ency, 2nd fl. ency, 2nd fl. ency, 4th fl. ency, 4th fl. ency, 5th fl. ency, 6th fl. e	Work Area	Staff?	Description
Ind floor Ind floor In frd floor Ith	Handicap unit, 2nd floor	n	popcorn ceiling treatment
srd floor th floor nn nn nn nn nn nn nn nn nn	Handicap unit, 2nd floor	ם	VAT & mastic
rd floor th floor n n n n n n n n n n n n n n n n n n	Handicap unit, 3rd floor	=	popcorn ceiling treatment
th floor n n n n n n n n n n n n n n n n n n	Handicap unit, 3rd floor	ם	VAT & mastic
th floor n n n n n n n n n n n n n n n n n n	Handicap unit, 4th floor	D D	popcorn ceiling treatment
th floor n n n n n n n n n n n n n n n n n n	Handicap unit, 4th floor	=	VAT & mastic
th floor n nncy, 2nd fl. n nncy, 4th fl. n nncy, 5th fl. n nncy, 5th fl. n nncy, 6th fl. n n	Handicap unit, 5th floor	3	popcorn ceiling treatment
th floor n th floor n necy, 2nd fl. n necy, 3rd fl. n necy, 4th fl. n necy, 5th fl. n necy, 6th fl. n necy, 6th fl. n n n n n n n n n n n n n n n n n n n	Handicap unit, 5th floor	ם	VAT & mastic
th floor	Handicap unit, 6th floor	3	popcorn ceiling treatment
nercy, 2nd fl. nercy 3rd fl. nercy, 4th fl. nercy, 5th fl. nercy, 6th fl. n n n n n n n n n n n n n	Handicap unit, 6th floor		VAT & mastic
ncy, 4th fl. ncy, 5th fl. ncy, 5th fl. n n n n n n n n n n n n n	Handicap, efficiency, 2nd fl.	3	popcorn ceiling treatment
ncy, 4th fl. ncy, 5th fl. ncy, 6th fl. n n n n n n n n n n n n n	Handicap, efficiency 3rd fl.	ם	popcorn ceiling treatment
ency, 5th fl. ency, 6th fl. n n n n n n n n n n n n n n n n n n n	Handicap, efficiency, 4th fl.	מ	popcorn ceiling treatment
ency, 6th fl. n p, throughout, 1 sf/apt. n encountered n n n n n n n n n n n n n	Handicap, efficiency, 5th fl.	n	popcorn ceiling treatment
s, throughout, 1 sf/apt. n n n n n n n n n n n n n n n n n n	Handicap, efficiency, 6th fl.	ח	popcom ceiling treatment
throughout, 1 sf/apt. nncountered n n n n n n n n n n n n n	Lobby ceiling	5	stucco
encountered n n n n n n n n n n ce n n n	Window opening, throughout, 1 sf/apt.	3	popcorn encapsulate
ce n	Throughout, as encountered	=	fitting insulation
ce n n ncy (201-601)	Mens room	ם	VAT
ce n n rcy (201-601)	Ladies room	ם	VAT
ce n ncy (201-601) n	Kitchen		VAT
ncy (201-601) n	Construction office		VAT
	First Floor, stage	3	tar paper
	Handicap, Efficiency (201-601)		fire stop material

remove

remove

remove

200.00

200.00

remove remove remove remove remove remove

encapsulate

remove

200.00

remove remove

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remove remove

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200.00

remove

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1,600.00

remove

Units

Removal/Repair/Enca Regulated psulate/Enclose by NESHAP

TEM req'd

Fee 200.00

200.00

200.00

(Pursuant to NJAC 8:60 and 12:120)

Asbestos-Containing Material (A TO BE ABATED In Facility (13) Cashier Kiosk ext. Cashier Kiosk ext. Cashier Maste Hauler aste Management y. State enton, NJ mpleted by k Bally	Yes	NJ Ha	DEP Was	of Waste 3 Disposal TBD	ards	Name of F GROWS City, State Morrisvil	Registere S landfil		X			
Cashier Kiosk ext. Cashier Kiosk ext. Cashier Kiosk ext.	Yes	NJ Hai	DEP Was	ste Cubic Y.	ards	Name of F	Registere	d Landfill	X			
In Facility (13) Cashier Kiosk ext.	Yes		100		CK On M	stal	600) SF	X			
In Facility (13)	Yes	A	X	Faux bri	ck on m	star	600) SF	Х			
In Facility (13)	Yes		X	Faux bri	ck on m		600) SF	Х			-
In Facility (13)	Yes		X	Farmet		atal		CALLED TO THE STATE OF THE STAT				
In Facility	Yes	INO	N/A					nne -			ate	
TO BE ABATED		(12) No		surfac	ing, VAT, i iscellaneo	or I		pecify or LF)	Removal	Repair	Encapsulate	-
Ashestos-Containing **	.CM) Us	Normal sed Sole laintenar stodial S	ly ly by nce/	Des Asbestos Contr (i.e. thermal	cription of aining Mate	erial (ACM)		nount			emen ype m	-
less:		Is Locati	on		×	Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure			ocedu		_
Scope of Work (Check All That App ≥3 sf or ≥3 If ≥160 sf or ≥260 If	oly)	Renova Demoli				Full Containn	nent with	Negative	Pressi	ure		
		mry Hou	S		City, Sta	te, Zip Code minson, NJ						
Facility Closed/Vacated Durin Abatement Performed Outside			ment		Street A 200 R	ddress Oute 130			164			
Occupancy Status During Abateme	ent (Check Only	One)	8		EMSL	'	or			-		
Start Date (10) 6/2/18	Sche	duled Cr	610-5	558-8902 Date (11)	484-8	72-8884		License 01161	No.			
Project Manager for Monitoring Fit Joseph Anello	rm		Teleph	one No.	Extor	, PA 19341		T	- William			
City. State, Zip Code Aston, PA 19014						National Rate, Zip Code	load					
Street Address 700 Turner Way, Suite 105	5			-	Street	ervices, LLC Address)		 			
Name of Monitoring Firm Hired b The Vertex Companies	y Building Owne	er (8)	AS	CM No	Name	Gas Statio	Contracto					
Ocean			Coun (STAT	ty Code (7) E USE ONLY)		Current Use	(Prior if b	eina dem	olished	35		
Toms River County (6)				The second second second		etc.) Square Feet 1,000	E-22-27-1	of Floors		Bld	g. Agı	
1349 Route 9						Subcha	pter 8 (C	ther than e & comm	K-12) iercial	buildii	igs, h	on
Street Address	/259					Type of Fac						
Name of Facility Where Abatem	ent is Taking Pl	ace (3)	F	ACILITY INFORM	ATION		The same of the sa	0200722	S049:	2, 2 m		
DCA D	Cancellation			becca Herbert			ASB	Telephone 856-722	Aumi	er-	e l	-
=	Amendment #_ Emergency (incl justification)	luding	_ Ne	W York, NY 10	0017	Med		MAY 2	5 20	118	1 1	Ĵ
	Initial Amended	ì	City	. State, Zip Code				May 7			1	St. Labour.
DEP DOL				eet Address 5 5th Avenue][[CE		V_{\parallel}	5//	1
EPA DEP DOL	Notification		- Comments and the comments are comments and the comments and the comments and the comments are comments and the comments and the comments and the comments are comments and the commen	koil North Ame	inca	11	7 15	CE	П	17 1	7 -	titles.

Ch 1544	0		NO.	FICATE	State of New Jers N OF ASBESTO IN O NUAC 8 60 a	SABATE	EMENT	Garden and Market and Andrew Common and Andrew C	K	G E		V	Brint
Date of Notification (1) 5/23/18					of Building Owner stine Sunier	/Operato	г (2)		I LI M	AI C	5 6	U10	100
Agencies Notified	Type Notification	n		Street	Address		1-172	7-20	ASBE	STOST	JON JON	TRO	L&
EPA DEP	Initial Amended			City, S	State, Zip Code			Lunari	THE PROPERTY OF THE PROPERTY O	LIGEN	aneninabi	A House, amou	armouet, ive
X DOL	Amendmen Emergency	(includir	ng		dale, NJ 07642 of Contact	?							
DCA	justification Cancellatio				stine Sunier				Telephor	Je Niimh	or		
Name of Facility Where	Abatement is Taki	ng Place	(3)	FAC	CILITY INFORMA	TION	Type	of Facility (4	4)	-			
Residential Home			\- /					School (K-1)					
Street Address City (5)							×	Subchapter Other (i.e. poetc.)	8 (Other that rivate & com	n K-12) mercial	ouildir	ngs, h	nomes,
Hillsdale							Squar 3000	re Feet)	# of Floor	rs	Bld 60	g. Ag +/-	е
County (6) Bergen		Code (7) USE ONLY)		Curre	nt Use (Prio idential Ho	r if being der ome	molished)	<u> </u>				
Name of Monitoring Firm Project Manager	Hired by Building	M No.	Name	of Abat	tement Cont Abateme	tractor (9)			= 4/2				
Street Address			Street	Addres	of the second contract of								
City, State, Zip Code						City, S	tate, Zi	p Code ook, NJ 07		<u> </u>			
Project Manager for Moni	toring Firm			Telepho	one No.	Teleph).		nse No.			
Start Date (10) 5/24/18		Schedu 5/28/		mpletion	Date (11)		05,000,000,000,000	A Monitor	0130				
Occupancy Status During			7.0			Street /	Addres	S					
Facility Closed/Vacar Abatement Performe Other – Describe: 8	d Outside of Norm	Period of nal Facili	Abater ty Hour	ment s		City, St	ate, Zip	Code					
Scope of Work (Check All	That Apply)												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli			×	Mini Glov	-Enclosure rebag Proce	nt with Negatedure (*) and Non-I				
			s Locat				. 10/1	_xompted (Jana Non-	nable P	Ab	atem	
Location of Asbestos-Containing N	Material (ACM)	Use	Normal ed Sole	ly by	De: Asbestos Cont	scription (ACM)	^	-	_	Туре	
TO BE ABA In Facility (13)	ΓED	aintena stodial S (12)		(i.e. thermal surfa	systems cing, VAT niscellane	insulati , or	ion,	Amount (Specify SF or LF)	Zemova	Kepair	Lincaboulate	Enclosure	
		Yes	No	N/A						<u>a</u>	- -	late	Jre late
Basemer	nt		х		VAT			351 SF	x				

Ch8439		NOTE	CATIC	State of Nev	Jersey STOS ABA 50 and 12:1	EMEN 20)	ΙΤ	DE	G			y [rintE
Date of Notification (1) 5/22/2018				of Building O			ity Club		MAY	2 5	20	18	1
Agencies Notified Type Notification	1		Street	Address erry Hill La		Jour	ity Olub	ASE	ESTOS	S C	ONTI	i aremaia ROL	R
DEP Amended Amendmen	nt #	Ī	City, S	tate, Zip Code Bridge, NJ	e		***************************************	and the state of a	LICE	ALS.	MG	L. POTENTA	natronion, o
Emergency justification DCA Cancellation)	g	Name	of Contact Prieto				70.00	one Num 27-141				
Name of Facility Where Abatement is Taki	Di	(0)	FAC	CILITY INFOR	RMATION				27-141	+		=203	
Glenwood Apartments	ng Place ((3)				Тур	e of Facility (9			
Street Address 17&21 Apple Tree Lane						I X	School (K-1 Subchapter Other (i.e. p	8 (Other th	an K-12) nmercia	l bui	ldings	, hon	nes,
City (5) Old Bridge , NJ						7.0	etc.) Jare Feet 1000	# of Floo	ors		Bldg	Age	
County (6)				Code (7) USE ONLY)			rent Use (Pri	or if being de	emolishe	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		of Al	patement Cor peral Const		nc.				
Street Address					Street	Addr				8			
City, State, Zip Code					City, S	State,	Zip Code	-,,	ano E				
Project Manager for Monitoring Firm	1	Telepho	one No.	Telep	none l			ense No. 693	N.				
Start Date (10) 06/06/2018	Schedul 06/09/		pletion	Date (11)	Name	of OS	SHA Monitor eral Const						
Occupancy Status During Abatement (Chec	k Only Or	ne)			Street			dodon, m					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe:	Period of / nal Facility	Abateme / Hours	ent				ton Avenu Zip Code	e, PMB S	uite 21	8			
Scope of Work (Check All That Apply)					Clift	on, N	J 07012						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Constant	Renovati Demolitic	-		×	M GI	ull Containme ini-Endosure ovebag Procon-Exempted	edure				9	
Location of	N	Locatio Normally	,		Description			, ,		-	Abate		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solely intenand odial Sta (12)	ce/	(i.e. the	Containing Iv rmal systems surfacing, VA her miscellan	lateria insul T, or	ation,	Amoun (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	7	late	ЭГО
17 A-D Apple Tree Ln	X				/Elbow Ins			180 LF	= K				
21 A-D Apple Tree Ln	X			Pipe	/Elbow Ins	ulati	on	150 LF	×				
Name of Registered Waste Hauler	Name of Projectored Western U. 1												
Service Transport Group		Hau	DEP W uler ID 990	No. of	ubic Yards Waste CY		Name of R Minerva	egistered La Landfill	andfill				
City, State New Castle, DE 19720		1		Di	sposal Date 5/09/2018		City, State Waynes	burg, OH	44688				
Completed by Milan Njezic	pleted by Title						Leti	7	Date 5/22	/20	118		

MIXUY

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

	PAL			(Pursua	ant to NJA	C 8:60 a	and 12:12	20)		-14				
Date of Notification (1) 05/24/2018	All dis words			Name	e of Buildin	ng Owner	r/Operato	or (2)) E	G	目	W	E
Agencies Notified	Type Notification	n			t Address		AllAL		-11	4		and the second		
⊠ EPA	☐ Initial								44 704		24.437	0 E	201	0
DEP	Amended			City,	State, Zip	Code			- 11	hod	MAY	£ 9	201	Ö
DOL_	Amendme Emergenc			RAN	MSEY N.	J. 0744	-6							
DOH DOH	justification	n)	ng		e of Contac	t			Te	elephône	Numbe	\$ 00	जनस	OL E
☐ DCA	Cancellation	on		MAL					1			inal()	NG_	
Name of Facility Where	Abatement is Tak	ing Place	(3)	FA	CILITY IN	FORMA	TION							
PRIVATE		mig i idoc	(0)					Type of Facility						
Street Address								School (K Subchapt Other (i.e.	er 8 (Otl	her than & comm	K-12) ercial b	uilding	ıs, ho	mes,
City (5)				200				etc.) Square Feet	1 # (of Floors		Dida	Age	
RAMSEY NJ. 074	46							1,820	1 "	2		Diug.	Age))	
County (6) BERGEN				County (STATE	y Code (7) E USE ONL	r)		Current Use (P	rior if be		olished)	_ ପ୍		
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASC	CM No.		Name	of Abatement Co	1	(9)				
N/A						31	NOF	RTH EAST EN	IVIRO	NMEN	TAL LI	_C.		
Street Address								Address						
City, State, Zip Code							17 (17 (17 (17 (17 (17 (17 (17 (17 (17 (51-ST.						
Oity, Gtate, Zip Code					*	10		tate, Zip Code						
Project Manager for Mor	nitoring Firm			r =				TH BERGEN	NJ 07	047				
N/A	morning Firm			Teleph	one No.			one No.		Licens				
Start Date (10)		Schadu	ulad Co	moleties	Date (11)			776 0642	Sec	1300)			
05/125/2018		05/26	2018	nubienon	Date (11)			of OSHA Monitor						
Occupancy Status Durin	g Abatement (Chec	ck Only C	ne)					RO PROBE I	NC,					
✓ Facility Closed/Vac	ated During Entire	Period of	Abata	mont			1	LIBERTY ST.						
Muddellietti Periorm	ed Outside of Norn	nal Facili	ty Hou	rs				ate, Zip Code				\$		
Other – Describe:								UCHEN NJ.						
Scope of Work (Check A	ll That Apply)													
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Economic Co.	Renov Demol				2	Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure				15 12	
		Is	Local	tion				I Znompto	a () and	TNOII-FT	aule Pi	773300000	emen	t
Location	of		Norma			Des	cription o	of.					уре	
Asbestos-Containing TO BE ABA	Material (ACM)		ed Sole aintena		Asbest	tos Conta	ainina Ma	iterial (ACM)	Ar	nount			E	
In Facili		Cus	todial ((12)	Staff?	(I.e.	tnermal : surfac	systems ing, VAT	insulation,	(S	pecify or LF)	Rer	R	Encapsulate	Enclosure
(13)		-	(12)				iscellane		01	טו בר)	Remova	Repair	psu	losu
		Yes	No	N/A							0		late	l'e
BASEME	NT		Х		F	LOOR	TILE 1	2X12	930	SF.	X			

lome of Beside 114	me of Registered Waste Hauler													
	1 E33	JDEP Waller ID	100000000000000000000000000000000000000	Cubic Y		Name of F	Register	ed Landf	īll					
RI STATE ASSOC)			9951	INO.	of Wast		MINER	VA EN	TERPE	RISE	VC		
ity, State RONX NY.						Disposa	i Date	City, State						
ompleted by		Title					naturê	WAYNE	SROK	2				
ARLOS ESQUIVEL			TY N	MANAG	ER	Sig	(12) 8	munth	welt	1/1	ate)5/18/2	2012		

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



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

				(P	ursua	nt to NJA	AC 8:60 and 5:1	6)	MEC	E			3 [
Date of Notification (1)					Name	e of Buildin	g Owner/Operator ((2)		7 5	n r		-11
5 /	7 /	18	_				nal Medical Cen	1		O F		10	The second second
Agencies Notified	Type Notific	ation			Stree	t Address			 	AY 25	20	18	11
⊠ EPA					2 S	tone Har	bor Blvd						K-Controllar.
⊠ DOLWD					City,	State, Zip (Code		ACCE	STOS C	ONT	ROL	R.
⊠ DHSS	Amendm						ourt House, NJ	08210	ASBE	LICENS	SING		~
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati		cluding	3	-	of Contac			Telephone N	-			CONTRACT CO.
(110710 0.20 0)	Cancella				A CONTRACTOR	nn Sloan			609-463-2				
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)				
Cape Regional Med	ical Center	•						School (K-12	2)				
Street Address								Subchapter 8					
2 Stone Harbor Blvd	1							Other (i.e., p homes, etc.)	rivate and com	nercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	B	ldg. A	nge.	
Cape May Court Ho	use							oquaio i cot	# 01110013		iug. r	ge	
County (6)					Cour	nty Code (7	(STATE USE ONLY)	Current Use (Pri	ior if being dem	olished)	-		
Cape May													
Name of Monitoring Firm	lired by Buil	ding C	Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)			-7516		
Criterion Laboratori	es						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address				20.02		
400 Street Road							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Bensalem, PA 19020							BRISTOL, PA	19007					
Project Manager for Monit	oring Firm			Tele	ephone	No.	Telephone No.		License No.				
Mike Panepresso				2	15-244	-1300	215-788-6040	1	00509				
Start Date (10)		Sched	uled C	omple	etion Da	ite (11)	Name of OSHA M	Ionitor					
ON INTOCK			/	_	/ .		BRISTOL EN	VIRONMENTAI	L, INC.				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated							1123 BEAVE	R STREET					
Abatement Performed	Outside of N	ormal	Facility	/ Hou	rs - Des	cribe	City, State, Zip Co	ode					_
Time of Abatement:	AIVI	PI\	///11:0	UPIVI-	7:00AN	/I	BRISTOL, PA	19007					
Scope of Work (Check all	that apply)								Table State				
☐ ≥3 sf or ≥3 lf			⊠ Re	novat	ion			tainment with Neg	gative Pressure				
≥160 sf or ≥260 lf				moliti			☐ Glovebag	g Procedure					
	- Name -				-	,	☐ Non-Exe	mpted (*) and No	n-Friable Proce	dure			
78			0000	Loca Iorma			_			Ab	atem	ent Ty	уре
Location of Asbestos-Containing N		1)			ely by	Ache	Description o stos Containing Ma		Amount	Re	Re	m	E
TO BE ABAT	ED	,			ance/		., thermal systems		(Specify	Removal	Repair	cap	clos
IN Facility (13)			Cust	odiai (12)	Staff?		surfacing, VAT,		SF or LF)	<u>a</u>	1	Encapsulate	Enclosure
(13)			Yes	No	N/A		other miscellane	ous)				ate	
Hallway				\boxtimes		Floor T	ile		235 SF	\boxtimes			П
Hallway						Mastic			235 SF				
,		-			+=	Mastic			233 37				님
			Ц	Ш							Ш	Ш	Ш
						Waste	Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPO	RT GROUP	, INC).	F	lauler II 20990		Waste 3 Cu Yd	Minerva La	ındfill				
City, State					20000		Disposal Date	City, State					
NEW CASTLE, DE 19	720						5/23/18		rg, OH 44688				
Completed By (Print or Typ	oe)	Title			/3//2005-3		Signature	1 .		Date			
Gino Pizzigoni	5 65	Es	stimat	or				Pempopui		5-7	1.1-	18	.

ASB-41 GI 18061

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

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

							SBESTOS ABA JAC 8:60 and 5:	16)	MH 3	35	9	District	
Date of Notification (1)					Na	me of Build	ing Owner/Operator	(2)	INE	G	5	1 1	7 [
	7/	No.	18				onal Medical Cer			U	5	1 19	
Agencies Notified	Type Not	ificatio	n		Str	eet Address	3				c F		
⊠ EPA					2	Stone Ha	arbor Blvd			MAY	25	201	8
☑ DOLWD ☑ DHSS	Amen		41		City	, State, Zip	Code						
□ DCA		dment		_			Court House, NJ	08240			-		****
(NJAC 5:23-8)	☐ Emergi justific	gency (ation)	includ	ing		ne of Conta		00210		ESTO			OL
	☐ Cance				1	ohn Sloar			Telephone N 609-463-2		ENOI	IVG	
		8/11-			F	ACILITY I	NFORMATION						0.010
Name of Facility Where A	batement i	s Taki	ng Pla	ce (3)			THE OTHER PROPERTY.	Type of Facility (4)				
Cape Regional Medi	ical Cent	er						School (K-12)					
Street Address								Subchapter 8) (Other than K	-12)			
2 Stone Harbor Blvd	1							Other (i.e., pr	ivate and com	mercial	build	inas.	
City (5)								homes, etc.)				go,	
Cape May Court Hou	ise							Square Feet	# of Floors		Bldg.	Age	
County (6)					100	b. O- d- /	7) /07475 / 105 0						
Cape May					100	unty Code (7)(STATE USE ONLY)	Current Use (Price	or if being dem	olished)		
Name of Monitoring Firm H	lired by Bu	ilding	Owner	(8)	ASCI	// No	Name of All 1		9.55				
Criterion Laboratorie		and mig	OWITC	(0)	ASCI	VI INO.	Name of Abatem	12 51					
Street Address								VIRONMENTAL	, INC.				
400 Street Road							Street Address						
City, State, Zip Code							1123 BEAVE						
Bensalem, PA 19020							City, State, Zip Co						
Project Manager for Monito				1-			BRISTOL, PA	19007					
Mike Panepresso	ning ritti				lephone		Telephone No.		License No.				
Start Date (10)		0-1				4-1300	215-788-6040		00509				
5 / _ 21 /	10					ate (11)	Name of OSHA M						
					3_/	18	BRISTOL EN	VIRONMENTAL,	INC.				
Occupancy Status During A	Abatement	(Chec	k only	one)			Street Address						
Facility Closed/Vacated	During En	tire Pe	riod of	Abate	ement		1123 BEAVER	RSTREET					
Abatement Performed O Time of Abatement:	AM-	ismrov 19	///11·	ODM	rs - De	scribe	City, State, Zip Co	de					
Scope of Work (Check all th			771.0	<u> </u>	1.00/	ivi	BRISTOL, PA	19007					
2000 A	iat apply)						⊠ Full Conta	ainment with Nega	tive Dressure				
≥3 sf or ≥3 If ≥160 sf or ≥260 If			⊠ Re					osure	ave i ressure				
			☐ DE	monti	on		☐ Glovebag	Procedure npted (*) and Non-	Trialla D	la constant			
			ls	Loca	tion			inpled () and Non-	Friable Proced				
Location of				Vorma			Description of			A	T	nent 7	1
Asbestos-Containing Ma		VI)	Ma	ed Sol intena	ely by	Asbes	stos Containing Mat	erial (ACM)	Amount	Remova	Repair	E	Enclosure
TO BE ABATE IN Facility	<u>:D</u>		Cus	todial	Staff?	(i.e.	, thermal systems in	sulation.	(Specify	mo	pai	cap	CO
(13)				(12)	Oldin.		surfacing, VAT, other miscellaneo	or	SF or LF)	val	7	Encapsulate	sur
			Yes	No	N/A	1	other miscellaneo	us)				ate	O
allway				\boxtimes		Floor Ti	le		235 SF		-	-	-
allway						Mastic			235 SF	-	-		-
									200 01		12	1	
													L
ame of Registered Waste H	ame of Posistand Western						Cubio Varda	No					
SERVICE TRANSPORT		, INC		100000	JDEP \ auler II 20990	No.	Cubic Yards of Waste	Name of Register Minerva Land					
ty, State					20000		3 Cu Yd Disposal Date	City, State					
NEW CASTLE, DE 1972							5/23/18	Waynesburg,	OH 44688				
ompleted By (Print or Type)		Title					Signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Gino Pizzigoni		Es	timat	or			Mins 1	Employer?	192	ate	7-	18	

ASB-41 GI 1806(



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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification	. ,			Name	of Bu	uilding	Owner / Operat	or (2)			II M	AY 2	0	2018	
	5/17/2018			Suno	co P	artne	rs Marketing	& Tern	ninals,	LP. Ea	gle Poi	nt Fac	ility		22000000
Agencies Notified EPA	Type Notific	ation		Street	Addr	ress				1000	1	STOS		ITRO	1 8
□ DEP	☐ Initia	d.					oint Road				ASBE	LICE	VISIN	G	
□ DOL	_	nded		City, S						-	and the second second	-			
☑ DOH		rgency		West Name							- 1-				
DCA		cellation		Ron F								Telepho			er
							1.75. 					356-85	3-31	ວວ	
Name of Facility Wh	nere Ahatem	ent is Taking F	Diace /	FA(CILIT	Y INF	Type of Faci	II / 4\							
Eagle Point Facil		one to running t	iacc	.5)			School								
Street Address	-								Other tha	an K₌12	,				
1240 Crown Poin	t Road						Other (i					is hon	100	etc)	
							Square Feet		# of Flo			ldg. Ag		.,	
City (5)		County (6)	C	ounty C	ode ((7)	n/a			n/a		149.719	n/a		
Westville		Burlington					Current Use	(Prior i	f beina d		ned)		11/6		
		3					Commerci		. zomg a	· cinonon	iou)				
Name of Monitoring	Firm Hired b	y Building Ow	ner (8)	ASC	CM No			Contrac	ctor (9)					
N/A		, ,	•				Alpha Envi			0.01 (0)					
Street Address							Street Addre								
							PO Box 82	97							
City, State & Zip Co	de						City, State &								
Drainat Managas for	Manitarian		I= .				Trenton, N		0						
Project Manager for Monitoring Firm Telephone N							Telephone N 609-847-29			Li	cense N	umber 0122	2		
Scheduled Start Dat	e (10)	Scheduled Co	mpleti	on Date	e (11))	Name of OS		nitor			0122			
5/27/2018	8	6/27/2018			(,	()	ALPHA En								
Occupancy Status D	od//costed	ment (Check o	nly on	e)			Street Addre							7	
		During Entire F					PO Box 82								
Describe:	remonned O	utside of Norm	ai Ho	urs – /	am to	o 3pm	City, State &								
Facility Occu	inied During	Abatement					Trenton NJ	08650)						
Scope of Work (Che									3745 CO. 1						
		.6.37						\boxtimes	Full Con	tainmer	nt with Ne	egative	Pres	sure	
≥3 sf or ≥3 lf				Rend	ovatio	n		_	Mini-End			3			
≥160 sf ≥260) If			Dem	olition	n		\boxtimes	Glove Ba	ag Proc	edures				
									Non-Exe	empted a	and Non-	Friable	Pro	cedu	re
	cation of		Is	Locatio	on		Description		I		nount	-		ent T	
	os-Containin	g		nally U			Asbestos-Con			(Sp	pecify		-		,,
Mate	erial (ACM) E ABATED			olely by			Material (A			SF	or LF)	Z	1555	E	Ш
in	Facility			odial S		l i	(i.e., thermal s insulation, surface					Remova	Repair	Encapsulate	Enclsoure
	(13)			(12)			or other miscell					ova	a:	sula	our
			Yes	No	N/A				·			-		ē	CD
Filter Building Int	ilter Building Interior						Pipe Insula	ation		1500lf	•				
Name of Registered	Waste Haule	er		NJD	EP V	Vaste	Cubic Yards	Name	of Regis	stered L	andfill				
Ha						No.	of Waste		3						
Service Transport Group 00033:						30	100		rva Lan	ndfill					
City, State							Disposal Date	City, S	state						
New Castle DE							various	Wayr	nesburg	g. OH					
Completed By (Print	or Type)			Title			Signature	1	19			Date			
Rod Richardson					ject		. 4					5/17	/20	18	
	Mai	nage	r	17/		10000000		-							

CK4612

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	,A		(Pu	rsuant	to NJAC 8:00	and 12:1	20)					1	111	
Date of Notification (1)	1 0	Na	me of I	Building Owne	r/Operato	r (2)	-	MA	XY 25 21)18			-	
5/21/	18				. DAR	YL.	ANU	#120	101	2150		-		-
Agencies Notified	Type Notification		Str	reet Ado	iress	40		A	SBES	STOS CON	TRO	_&_		Total State of the
□ EPA	☐ Initial ☐ Amended		Ci	ty, State	e, Zip Code			les years	and Deminstrator ware	LIOETTOIT	-	and the same of th	درواوندا بخيدن	
DEP DOL	Amendment #		-	•	HENC	HAA	1 . N	J. 0	79-	45				
DOH .	☐ Emergency (in justification)	ncluding	Na	ame of (Contact				Tele	phone Number			-	
□ DCA	☐ Cancellation				FILA									
Name of Facility Where Al	hatement is Taking P	ace (3)		FACIL	ITY INFORM	MATION		of Facility (4)	1					
	. FILAN							School (K-12))					
Street Address	•		-					Subchapter 8	(Other	than K-12) commercial bu	ilding	s hom	ies, et	c.)
		2							2000		_			
City (5)			268	5	4			e Feet		Floors Z		lg. Ag		
/ (2	ORRIS		10		ode (7)			nt Use (Prior			1		20	
County (6)	of ris				SE ONLY) _		. Cuire	- 12	ESI	DONCE				
Name of Monitoring Firm		wner (8)	\dashv_{T}	ASCM	No.	Na	me of Abat	ement Contra	ctor (9)				7,0	
1						Be	est Re	emoval	Tn	C				
Street Address						Sti	reet Address	3						
							ty, State, Zi		ver	Street				
City, State, Zip Code								sack,	NT T	07601				
Project Manager for Monit	toring Firm		Te	elephon	e No		lephone No		NO	License No.				
Project Manager for Moni-	toring ritin			оторион			A= 6			00388	}			
Start Date (10)		Scheduled C				Na	me of OSH	9 – 7444 IA Monitor						
6/7)			61	181	18	On	nega I	Enviro	nme	ntal				
Occupancy Status During					10 OC	100.00								
☐ Facility Closed/Vaca ☐ _Abatement Performe				0			ty, State, Zi	yler S	LIE	<u> </u>				
Abatement Performe Other – Describe:	8:00 BK 7	0 5:	00	(M		Sc	outh I	Hacken	sacl	k, NJ (76	06		
Scope of Work (Check Al	Manager and American Control of the	-				100								
≥3 sf or ≥3 lf			novatio							Negative Press	ure			
☐ ≥160 sf or ≥260 lf		☐ Der	molitio	n			F GI	ini-Enclosure ovebag Proce	dure		9			
					1			on-Exempted	(*) and	Non-Friable P		ure Abate	ment	
		9000000	ocation									Ту		8
Locatio Asbestos-Containing			ormally Solely		Achestos		ption of ng Material	(ACM)	I	Amount			H	
TO BE AF	BATED		ntenano dial Sta		(i.e. therma	l systems	insulation,	surfacing,		Specify F or LF)	Removal	Repair	ncap	Enciosure
In Faci			(12)	5-1607/4			T, or cellaneous)	-	5	i or Dry	oval	pair	Encapsulate	osure
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BASEMENT	_			x	MERMI	V SV	STEM	insulatio	W	70LF	×			
DASCILER		+-+		,	10000	1 0 9	0,7							
					-									
Name of Registered Wast	e Hauler		INI	DEP W	laste (Cubic Yar	ds	Name of I	Register	red Landfill				
ivalite of Registered Wast	e Haulei		1	uler ID	No.	of Waste	20/20	2			220			
Best Remova	1 Inc			171	09	Disposal I	Date	/ Mine City, State		Enter	ri	ses	نب	الله
City, State	07/0-				-	6/8	C52 2 C101	Wavn		ura OI	T /r	468	8.8	
Hackensack, Completed by	NJ 07601	Title					ature /			Dat	е,		1.0)
J. Maiorano		Est	ima	tor			1 M	مامره	کس		5/	21/	18	
							/)		0.	akantaa liaan	F9 2***	mata	l gatir	rition
ASB-41 (R-06-08)							J. * Do n	of use this for	III TOL S	sbestos licensu	L CXC	ripied	- wolly	

PA	Total Control					S ABATEMENT and 12:120-7) [- I		П \\Л	尼		Introduction of
Date of Notification	(1)		Name	of Buil	ding O	wner/Operator		10)-	GGE		5		T-STATE OF STATE OF S
5/22/18				ena R				M					
Agencies Notified	Type Notific		Stree	t Addre	SS				MAY 25	2018	-	L	-
[]EPA	[X]Initial Notifi	200	2:1	ab-t-	B:- 0						-		-
[]DEP	[]Amended			State,		07044		A	SBESTOS C	ONTRO)L&		Designation of the last of the
[X] DOL	Notifi	cation							LICENS ne Number	SING	-	-	
[X] DOH	[]EMERGEN	CY	Ele	of Cont	act		1	етериоп	e Number				
[]DCA	[]Cancell	ation											7
					ITY IN	FORMATION							
Name of Facility Whe Elena Russu	re Abatement	is Taki	ng Pla	ce (3)					ity (4)				
arena Rassa							10.00	School Subchap	(K-12) ter 8 (Othe	r than	K-1	2)	
Street Address							1 2 70		i.e., priva		omme	rcia	1
							ll bar	turiya,	nomes, ecc	,			
							Square	Feet	# of Floo	ors B	ldg.	Age	
City (5)		County				y Code (7) E USE ONLY)							
Verona		ES	sex		(0222	d ood ondry	Current	Use (Prior if be	ing de	moli	shed)
Name of Monitoring F	irm hired by	Buildin	g Asc	M No.	100	ame of Abate	ment Cor	tracto	r (9)				
Owner (8) N/A	-					AZTECH M	IANAGE	MENT	, Inc.				
Street Address					S	treet Address	s						
						86 Chris	tophe	r St	•				
City, State, Zip Cod	e		W-0837111-E		C	ity, State, : Montclai			42				
Project Manager for	roject Manager for Monitoring Firm					elephone Numl	ber		Į.	icense	Num	ber	
		N	'A			(973) 744	-8800)		003	71		
Scheduled Start Date		ed. Comp				ame of OSHA	Monitor						
06- 02- Month Day Ye)4- Day	18 Year	1	I/A							
Occupancy Status Dur	ing Abatemen	t (Check	only	one)	s	treet Address	s						
[X] Facility Clos of Abatement		uring En	tire E	eriod									
[]Abatement Per	formed Outsi		20	acility	Y	ity, State,	Zip Code)					
Hours - Descr []other - Descr			- Character	:ipt»									
Scope of Work (Check	all that ap	ply)					a		45 Nonetino	Dance			
[x]>3 sf or	>3 lf	[X]Reno	vation		[x]Mini-			th Negative	Press	ure		
[]≥160 sf c		Ţ]Demo	lition		[x]Glove							
		T .	Is							Ab	ateme		
Location Asbestos-Con			ocatio			Description Asbestos-Cont			Amount	R	R	E	E
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TO BE ABA		Ct	ainten ustodi	al		i.e., thermal lation, surfa		100000000000000000000000000000000000000	SF or LF)	A O	Ā	P S	S
(13)		Yes	aff (1	N/A		other miscel			4.5-1000e	A L	R	T	R
Basement				X	Pipe	Insulat	ion		70 LF	X	+	·	E
		-											
Name of Registered W	1	DEP W			c Yards			stered Land					
AZTECH MANAGI	EMENT, II		7040		of W	aste 1.0	Min	erva	Enterp:	rise	IN	C	
City, State					1	osal Date		State			4.00	2	
Montclair, NJ				6/	5/18	Way	nesb	urg, Oh:	10 4	108	5		
Completed By (Print	or Type) Ti	tle				Signature	7/	/	/	Date			
Constantine V	ivian P	reside	ent			1/08	Short	11/1	Tian	5/22	/18		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator (2) 5/22/18 John Kardashian Agencies Notified Type Notification Street Address []EPA [X] Initial Notification []DEP City, State, Zip Code []Amended Montclair, NJ, 07043 [X]DOL Notification [X]DOH Telephone Minder I OF 191NG Name of Contact []EMERGENCY []DCA John []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) John Kardashian []School (K-12) []Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) Montclair (STATE USE ONLY) Essex Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) N/A AZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 06-05-18 06-07-18 N/A Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure $[x] \ge 3$ sf or ≥ 3 lf [X] Renovation [x]Mini-Enclosure []>160 sf or >260 lf []Demolition [x]Glove-bag Procedure []Non-Friable Procedure Is Type Abatement Location Location of Description of Normally Asbestos-Containing Used Asbestos-Containing NCAPSU NCHOND Amount Material (ACM) Solely Material (ACM) (Specify E TO BE ABATED By Maintenance/ (i.e., thermal systems SF or OV Custodial In Facility insulation, surfacing, VAT, Staff (12) LF) IR (13)A Yes or other miscellaneous) No N/A L Basement X Pipe Insulation 120 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill AZTECH MANAGEMENT, INC. Hauler ID No. of Waste 1.0 Minerva Enterprise INC 17040 City, State Disposal Date City, State Montclair, NJ 07042 6/8/18 Waynesburg, Ohio 44688 Completed By (Print or Type) Signature Date Constantine Vivian President 5/22/18

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

CK 4613

							Manager and Manage	-	- Continue of the	PRESIDEN	
Date of Notification (1)				Building Owner/Op			NECE		\mathbb{W}		M
5/21/18			MS		50	HMEELK	7				H
Agencies Notified Type Notification		Str	reet Ado	dress))	114		Agreement of	
□ EPA Initial		0		7:- 0-1-		2 1.0	U MAY 2	5-2	018		4
□ DEP □ Amended		Ci	ity, State	e, Zip Code		- 03	. 38			1 2	NONE DE LA CONTRACTION DE LA C
DOL Amendment #		-			, 2	J. 971	Talanhana Numb	NOT.		_	-
DOH justification)		1,000	ame of (Telephone Numb	T:ON:	ROI	R	
□ DCA □ Cancellation				. SCHME						-	
Name of Facility Where Abatement is Taking Pl	202 (3)		FACIL	ITY INFORMAT	ION	Type of Facility (4)				
MS. TWTH SC Street Address	HMEE	CK		. 7		☐ School (K-12 ☐ Subchapter 8	(Other than K-12)				
Street Address				*		Other (i.e. pr	ivate & commercial	ouilding	s, hon	ies, etc	c.)
Cit. (5)		-				Square Feet	# of Floors		ig. Ag		
City (5)						2000	2	1	3	40	
DUMONT		LC	ounty C	ode (7)			if being demolished)			
County (6) BERGEN				SE ONLY)		12	ESIDENC	3			
Name of Monitoring Firm Hired by Building Ov	mer (8)	-	ASCM	I No	Name	of Abatement Contra					
Name of Monitoring Firm Timed by Bunding Ov	viici (o)		710011								1
0: 1111			_		Bes	<u>t Removal</u> Address	<u>lnc.</u>				\neg
Street Address					100000000000000000000000000000000000000		ver Stree	t			
Gir See 71 Code					1	tate, Zip Code	VEL DILEC	-			
City, State, Zip Code					1	kensack,	NI 07601				}
0.36 1.5		T	elephon	a Na		one No.	License No).			\neg
Project Manager for Monitoring Firm		16	етерпоп	e 140.			0000	0			
	Scheduled (Cl-	ties De	t- (11)		- 329 - 7444 of OSHA Monitor	1 0038	0			\neg
Start Date (10)			5 / 14	(8)							
Occupancy Status During Abatement (Check On		6/5	5//		Street	ga Enviro Address	nmental				\neg
		- 4			1	Huyler S	treet				
☐ Facility Closed/Vacated During Entire Per ☐ Abatement Performed Outside of Normal	Facility Hour	rs				State, Zip Code	CICCO				
Other - Describe: 8:00440	5:00 6	PM			SOU	th Hacken	sack, NJ	076	06		
Scope of Work (Check All That Apply)			-		100a	on nacical	04014				
45	D Re	novatio	ND.		1	☐ Full Containme	ent with Negative Pre	ssure			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		molitio			Æ	Mini-Enclosure	:				1
						Glovebag Proce	edure (*) and Non-Friable	Proced	ure		
	T	7.								ement	
	200000	Location ormally							Ту	ре	
Location of		Solely		A shartos Cor	escription	of Naterial (ACM)	Amount				
Asbestos-Containing Material (ACM) TO BE ABATED		ntenanc		(i.e. thermal sys	tems insu	lation, surfacing,	(Specify	Rer	Re	nca	Enc
In Facility	Custo	(12)	an?	a than	VAT, or	neous)— ²⁰ 2	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-			Odlei	miscena	neousy		1 2		ate	re
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Name of Registered Waste Hauler		0.000	DEP W		e Yards aste		Registered Landfill				
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Best Removal Inc City, State			1710	Disp	osal Date	City, Stat	te	-		*	
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Hackensack, NJ 07601 Completed by	Title				Signatur	77 (4) 11		ate		1	
J. Maiorano		ima	tor		1	Maiore	Fue	5/	21	18	
C. Harorano	1 556	TIHC	CUL		$-\Lambda$.,		
ASB-41 (R-06-08)					U	* Do not use this fo	rm for asbestos licen	sure exe	empte	d activ	ities.

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

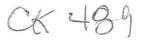
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DOL DOL	Amendment #_ Emergency (in	cluding	-		Contact	4 ගිර	TH	. ~	J - E	2/2	©ZESTO ephone Num	S CO	NTR	OL &	
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City, State, Zip Code								tate, Zip							
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Project Manager for Monitor	oring Firm		1	Telephor	ne No.		Teleph	one No.			License No				
Start Date (10)		Scheduled	Comp	lation De	ata (11)		201-	-329	7444 A Monitor		0038	8			
6/12/1				18	ac (11)				nviro		n t o 7				
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☐ Facility Closed/Vacat									ler S	tre	et				
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Scope of Work (Check All				- 00			Sout	h H	lacken	sac.	k, NJ	076	06		
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ASB-41 (R-06-08)							, U	Do not	t use this for	m for as	bestos licens	те ехе	mpted	activi	ities.

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[]DCA []EI	MERGENCY		0:	rland	do			120201	onone r	umber								
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Orlando Santiago		Taki	ing P.	Lace (.	3)			Type of Fa	cility	(4)								
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City, State, Zip Code						City, State				65.55								
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Project Manager for Monitor	ing Firm	Te.	Lepho	ne Num	ber	Telephone 1				ь	icense	Niim	her					
		N	'A			(973)7					0037		-					
Scheduled Start Date (10)	Sched.	Compl	Letio	n Date	(11)	Name of OSE	HA Mo	nitor										
06- 01- 18	06-		<u>4</u> -	18		N/A												
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Scope of Work (Check all the			Desc	ript»														
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Material (ACM) TO BE ABATED			Solel	y lance/		Material			10 7992	Specify	E	E	CA	C				
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				25	ETDe	e Insure	1616)11	10	LF	X							
									-									
Name of Registered Waste Hau	ler	NJ	DEP W	aste	Cubi	ic Yards	- b	Name of Rec	ristere	d Landf	111							
AZTECH MANAGEMENT	INC.		ler 7040	ID No.	of V	Waste 0.5		Minerv				INC						
City, State					Disp	posal Date		City, State	9									
Montclair, NJ 07042	2				6,	/5/18		Waynes!		, Ohi	0 44	688	3					
Completed By (Print or Type)				Signatu	re	7 7	/		Date									
Constantine Vivian	nt			1 5	1	las las	11		5/22/	18								

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator (2) Joe Petito 5/22/18 Agencies Notified Type Notification Street Address []EPA [X] Initial MAY 25 2018 Notification []DEP City, State, Zip Code []Amended Verona, NJ, 07044 [X] DOL Notification ASBESTOS CONTROL & [X] DOH Name of Contact Telephone Number LICENSING []EMERGENCY []DCA Joe []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Joe Petito []School (K-12) []Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) Verona (STATE USE ONLY) Essex Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/AStreet Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 06-04-18 06-06-N/A Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure $[x] \ge 3$ sf or ≥ 3 lf [X] Renovation [x]Mini-Enclosure []≥160 sf or ≥260 lf []Demolition [x]Glove-bag Procedure []Non-Friable Procedure Is Abatement Type Location Location of Description of Normally Used Asbestos-Containing Asbestos-Containing N C A Amount Material (ACM) Solely E C EPA Material (ACM) (Specify TO BE ABATED By Maintenance/ (i.e., thermal systems SF or PSU OV Custodial In Facility Staff (12) insulation, surfacing, VAT, S LF) (13)À or other miscellaneous) Yes No N/A L R Basement Pipe Insulation 50 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill AZTECH MANAGEMENT, INC. Hauler ID No. 17040 of Waste 1.0 Minerva Enterprise INC City, State Disposal Date City, State Montclair, NJ 07042 6/7/18 Waynesburg, Ohio 44688 Completed By (Print or Type) Signature Date Constantine Vivian President 5/22/18

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

Date of Notification	(1)		Name of Building Owner/Operator (2)													
5/22/18			Luke Taylor								EF					
Agencies Notified	Type Notifica	ation	Street .	Addres	s			3 ()	<u> </u>	14/	5/1					
[]EPA	[X]Initial										Parties and Partie					
[]DEP	Notific	ation	City, S	tate.	Zip Code		<u> </u>	MAY	25 /	2018	-HU					
[X] DOL	[]Amended				d, NJ, 0704	10				-010	-					
[X] DOH	Notific		Name of		74 8.5K			DECTOS	0.0	TO SHARE						
[]DCA	[]EMERGENC		Luke		CL	Te	lephone Numbe	5105	"3ING	TROL	ઢ					
1 1501	[]Cancella	tion		7					-	AND WITHOUGH	Parameter Street, St. o.					
				FACILI	TY INFORMATION											
Name of Facility Whe	re Abatement	is Takin	g Place	(3)		Type of Facility (4)										
Luke Taylor						[]School (K-12)										
Street Address						[]St	ubchapter 8 (0									
							ther (i.e., p: dings, homes,		comi	nercia	al					
						Square I	Feet # of 1	Floors	Blda	. Age						
City (5)	(County (County Code (7)											
Maplewood		Ess	sex		(STATE USE ONLY)	Current	Use (Prior if	being	demol	ished	(£					
Name of Menitonias Di																
Name of Monitoring Fi Owner (8)	rrm nired by	Building	ASCM 1	No.	Name of Abate											
N/A Street Address		-					ÆNT, Inc	•								
Street Address					Street Addres											
						stopher St.										
City, State, Zip Code	2				City, State,		0000									
						Montclair, NJ 07042										
Project Manager for M	fonitoring Fir	0.000	ephone N	Number	Telephone Nur				ise Nu	mber						
	-	N/Z			(973) 74	4-8800		00	371							
Scheduled Start Date 06- 16-	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	. Comple				Monitor										
Month Day Yes		550	3- 1	8 Sear	N/A											
Occupancy Status Duri	ng Abatement	(Check c	only one	2)	Street Addres	ss										
[X] Facility Close of Abatement	ed/Vacated Du	ring Ent	ire Per	iod												
[]Abatement Peri				ility	City, State,	Zip Code			V 10000 1000							
Hours - Descri				t»												
Scope of Work (Check			COULTP													
		.77			[]Full	Containme	nt with Negat	ive Pre	ssure							
[x]>3 sf or > []>160 sf or			Renovat		[x]Mini-	Enclosure	1									
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Asbestos-Cont			rmally Used		Description Asbestos-Con		Amou	nt	RR	E	E					
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(13)	-2	Yes	No N	/A	or other misce	-	r, LF)		A R	TT	UR					
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Basement			X	. P	ipe Insulat	ion	40 LI	F X								
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Completed By (Print or	r Type) Titl			Signature	1 ,		Dat		-							
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	Ν		ICATION ursuant	ste of New Jers OF ASBESTO to NJAC 8:60 a	S ABATE and 12:120	3)		A CONTROL OF THE PARTY OF THE P	*********	9 E	2 5	2018		
Date of Notification (1) 05-20-2018				Building Owner Plains Board										
Agencies Notified Type Notification			Street A			icalio		AS		LICI		ONTROL &		
X EPA Initial Amended Amendment	24	1		te, Zip Code	7050			In many Committee of Many Assessment				-		
X Emergency		-		Plains NJ 07	950			Telephone Nur						
DCA justification Cancellation			Mark N	Maire				973-538-16						
Name of Facility Where Abatement is Takin School	g Place (3)	FACI	LITY INFORMA	TION		Type of Facility (4)							
Street Address 500 Speedwell Ave			****			×	Other (i.e. etc.)	r 8 (Other than K-1) private & commerci		ldings	, hom	es,		
City (5) Morris Plains NJ 07950						Square Feet # of Floors Bldg. Age N/A N/A N/A								
County (6) Morris			County (Code (7) JSE ONLY)		Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building (Langan Engineering	Owner (8)		ASCM	No.	Ama	Name of Abatement Contractor (9) Amax Contracting LLC								
Street Address 300 Kimball Drive					Street PO E	Addre			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			And and the second		
City, State, Zip Code					1 - 00000000000000000000000000000000000		lip Code							
Parsippany NJ 07054 Project Manager for Monitoring Firm			Telephor	ne No.	Woo		d Park N.	I 07424 License N						
Darshan Desai		1	973-56	60-4277	- FEBRUARY	692-6		01266						
Start Date (10) 05-21-2018	Schedule 08-30-2			Date (11)		Name of OSHA Monitor Amax Contracting LLC								
Occupancy Status During Abatement (Chec					Street	Street Address PO BOX 734								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 4pm till 12pm	Period of A al Facility	baten Hours	nent :		tate, 2									
Scope of Work (Check All That Apply)	***************************************				VVoc	dian	dland Park NJ 07424							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova emolit			×	Mi Gl	ni-Enclosur ovebag Pro							
		Locati				/ (emen /pe			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mail Custo	ormali I Sole ntenar odial S (12)	ly by nce/ Staff?	Asbestos Co (i.e. therma surf		fateria s insul T, or	ation.	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Englosure		
Exterior	Yes	No	N/A	\A/:-	ndow Ca	Null-		320 windows	1,6	-	ļ.,			
LAGIO		X	VVII	100W C2	HUIK	-	320 WINDOWS	×						
Name of Davidsand Waster Hands		100000		- \/. /			e of Registered Landfill							
Name of Registered Waste Hauler Amax Contracting LLC		H	NJDEP Waste Cubic Hauler ID No. of Wa					sirless Hills						
City, State Woodland Park NJ 07424		0036184 60 CY Palliess Fills												
Completed by Tome Masiarkov	ot Ma	anager		Signature		6-) Da		2018	3				

ASB-41 (R-06-08)

Lo not use this form for asbestos licensure exempted activities.



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

Date of Notification (1) 5-18-2018				Name	of Buildin	g Owner	/Operato	or (2)	m	EG	E	$-\mathbb{V}$	E	Po	
	Type Notification				272 Nev	vark A	venue,	LLC	1141			-	- Andrews	Annual series	
EPA DEP DOL	X Initial Amended Amendmen Emergency justification Cancellation	t# (including		City, S Ridge Name Gera	Address Challeng tate, Zip C efield, N of Contact Id Eglen	ode J 0766 t towicz	0	te 401	T	MAY ASBESTO	os co	NTR			
Name of Facility Where Aba	atement is Takir	g Place (3)	FAC	CILITY INF	ORMA	TION	Type of Facili	tv (4)						
Commercial Street Address 270-272 Newark Aver City (5) Jersey City, NJ 07302								School (K-12) oter 8 (O e. private	ther than K	-12) rcial bu	ilding Bldg.		nes,	
County (6)	-			County	Code (7)			2500	3		- 1	75+			
Hudson					USE ONL	0		Current Use (Prior if b	eing demol	ished)				
Name of Monitoring Firm Hi	red by Building (Owner (8)		ASCI	M No.		Name	of Abatement C en Environme	nt Contractor (9) nmental Services, LLC						
Street Address							Street	Address Virginia Aver							
City, State, Zip Code							City, S	tate, Zip Code				-			
Project Manager for Monitor	oject Manager for Monitoring Firm						Teleph	ey City, NJ 0	License No.						
Start Date (10)	tart Date (10) Scheduled C							333-8855		01174					
5-18-2018		5-18-20	18	npiction	Date (11)			of OSHA Monito	or						
Occupancy Status During Ab Facility Closed/Vacated Abatement Performed (Other – Describe: Scope of Work (Check All The	During Entire P Outside of Norm	eriod of Ah	aton	nent				Address tate, Zip Code							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			nova molit			- Dept. 150	×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				re.		
Location of		No	ocati rmal	ly		200	scription					Abat	emen /pe	t	
Asbestos-Containing Mat <u>TO BE ABATE!</u> In Facility (13)	erial (ACM) <u>D</u>		tenar dial S (12)	nce/ Staff?	Asbest (i.e.	tos Cont thermal surfac	aining M	aterial (ACM) insulation, 「, or	(:	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
Roof		Yes	No X	N/A		Deef							te		
	^			Kooiii	ng Mate	eriai	18	35 SF	X						
Name of Registered Waste H.			N.	JDEP Wa	aste	Cubic	Yards	Name o	Registr	ered Landfil					
00				Hauler ID No. of Waste 0034889						Landfill	1				
City, State Jersey City, NJ						Disposi 5-18-2		City, Sta Morris	te						
Completed by Liliana Serrano Title Office Mana					1	Si	grature	0		/ Da	ate -18-20)18			

CK4611

PAW.	, NO		ATION		STOS ABAT 60 and 12:12) E	E,E	16	Wil	5	M
		Name of Building Owner/Operator (2)											
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Agencies Notified Type Notification		S	treet Ado	iress			lad .	lank	**			To have the	
☐ EPA ☐ Initial ☐ Amended		C	ity, State	e, Zip Code		2000		AS	BESTOS	NOC	TROI	. &	\dashv
DOL Amendment #	aludina	_	4	FORT	Les	1 22	LO		4 LICEN		3		_
DOH Emergency (in justification)	cluding	N	lame of (0 -			Tele	phone Numbe	Г			
□ DCA □ Cancellation			-	GIL	RMATION								
Name of Facility Where Abatement is Taking Pla	ice (3)	4	FACIL	ATT INFO	KWIATION	Туре о	f Facility (4))					
MR. EDWI		NA				s	chool (K-12)					
Street Address				15	***	S	ubchapter 8 other (i.e. pri	(Other to	han K-12) commercial bu	iilding	s, hon	ies, etc	c.)
City (5)						Square	Feet	# of	Floors		dg. Ag		
FORT LEE				•			200	1	2		190	PO	_
County (6)	4.		County C	ode (7)		Ситтеп			demolished)				
BERGER			ASCM		Nar	ne of Abate	ment Contra						\dashv
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCIV	110.									
Street Address					1	st Re et Address							
						450 South River Stree							\dashv
City, State, Zip Code						**************************************	ack,	NT (7601				
Project Manager for Monitoring Firm		1	Celephon	e No.		phone No.			License No.				
					2.0	201-329-7444 00388 Name of OSHA Monitor							
Start Date (10)	Scheduled		-	te (11)	2,1770								
Occupancy Status During Abatement (Check Or		2/1	ð		Om	ega E	nviro	nmei	ntal				\neg
☐ Facility Closed/Vacated During Entire Per		ement			28	O Huy	ler S	tree	et				
Abatement Performed Outside of Normal I	acility Hou	urs P	24		City	, State, Zip	Code						
AND AN ARCHITECTURE AND		-			So	uth H	acken	sacl	c, NJ)76	06	_	-
Scope of Work (Check All That Apply)						- r	Contoinme	nt waith	Negative Pres	enre			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enovati emoliti				- Mir	ni-Enclosure		vegative i tos	Jule			
The first of the control of the cont						Glo Nor	webag Proce n-Exempted	dure (*) and	Non-Friable I	roced	шге		
	Is	Locatio	าก								Abate Ty		
Location of	N	Normally d Solely	y		Descrip						-,		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenan	ice/	Asbest	tos Containin mal systems i	g Material (nsulation, s	(ACM) urfacing,	(amount Specify	Re	R	Enca	Enc
In Facility	Cust	todial S (12)	taff?		VAT			SI	For LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A	1	0410. 111100					-		te :	ci.
1	100		-	-11 - 4 + 1	44 (245	44 . 44 . 1			SLF	×			
Attic	-		4	Herch	al Syste	7 10501	Aires		201				
	_		-			VI		•					
3				-									
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic Yard	s	Name of I	Register	ed Landfill				
Name of Registered waste matter			auler ID		of Wacta	21/207				N 54 2 8			
Best Removal Inc City, State			1710	09	Disposal D		City, State		Enter	ori	ses		LLC
						1/18	Wavn		irg. 01	T 4	468	8	
Hackensack, N.J 07601 Completed by				Signa	ture /			Da		10.	1,0	,	
J. Maiorano	ima	tor			XX	مان الم		5	2/	21	110		
ASR-41 (R-06-08)						U* Do no	ot use this for	m for a	sbestos licens	иге ехе	empted	activ	ities.

CK 490

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

		(Pursuant to NJAC 8:60 and 12:120) DECEIVED												
Date of Notification (1)			Name o	of Building Ow	ner/Operato	or (2)	HUYr		u u	ط		11		
05-20-2018				ark Public S	chools			NAV 0 5	001					
Agencies Notified Type Notificati	on			Address			ШШ	MAY 25	201	Ö		1		
EPA Initial DEP Amended				Broad St										
× DOL × Amended Amendme				ate, Zip Code ark NJ 0710	2		1 7	SBESTOS C		OL&	1	and Table		
Emergence justification	cy (including			of Contact				LICENS	New Author District	-				
DOH justification Cancellati			100000000000000000000000000000000000000	topher Cerf				Telephone N 973-733-7						
No. of the second				ILITY INFORM				070 700 7	7000					
Name of Facility Where Abatement is Tal Newark Vocational School	king Place (3	3)				Delimon	of Facility (4							
Street Address						x S	chool (K-12	2) 8 (Other than K	.12\					
301 W Kinney St							ther (i.e. pr	rivate & comme	rcial bu	uilding	s, hon	nes,		
City (5)						Square	T	Bldg.	Age					
Newark NJ 07103						N/A		N/A	-					
County (6) Essex			County (STATE	Code (7) USE ONLY)		Curren	t Use (Prio ol	r if being demol	ished)					
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCI	M No.	Name	of Abate	ement Cont	ractor (9)				_		
Whitman Environmental Consult	ant				Ama	ax Cont	racting L	LC						
Street Address 7 Pleasant HIII Road					4	eet Address								
City, State, Zip Code				~		BOX 73								
Cranbury NJ 08512	anbury NJ 08512						ip Code Park NJ 07424							
Project Manager for Monitoring Firm	ject Manager for Monitoring Firm							License	No					
Kevin Lovely			Telepho	90-5858		none No. 692-62	140.							
Start Date (10) 05-28-2018				Date (11)	1		Monitor							
Occupancy Status During Abatement (Che	06-17-2						racting LI	LC						
Facility Closed/Vacated During Entire						Address 3OX 73								
Abatement Performed Outside of No.	mal Facility	Hour	S			tate, Zip								
	DING				7555	oodland Park NJ 07424								
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli			×	Mini-l Glove	Enclosure bag Proce	it with Negative						
	la la					I Non-l	=xempted (*) and Non-Fria	ble Pro		e ement			
Location of	N	Locat ormal	ly		Description	o.f					ептет пре			
Asbestos-Containing Material (ACM) TO BE ABATED		Sole		Asbestos C	ontaining N	laterial (A		Amount			m			
In Facility	Custo	dial S	2007	(i.e. them	mal systems rfacing, VA	insulation	on,	(Specify SF or LF)	Rer	Re	nca	Enc		
(13)		(12)		othe	er miscellan	eous)		or or Er)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A						=		ate	6		
Ground Floor Office Area			х	Acc	oustical c	eiling		1600 SF	x					
								-						
								+	-					
Name of Registered Waste Hauler		JDEP Wa	(A) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	oic Yards	1	gistered Landfil	1			\dashv				
Amax Contracting LLC	Hauler ID No. of Waste 0036184 9 cy Fairless Hills													
City, State		Dis	posal Date		ity, State			-						
Woodland Park NJ 07424				06-	23-2018	_ I	Morrisville	e PA						
Completed by Title Tome Maslarkov Project Mar				ject Manager Signature Date 05-20-20					2018	î				
				1 1	1	National Property of the Parket								

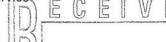
New Jersey Department of Health

Consumer, Environmental and Occupational Health Service

PO Box 369 -Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

ASBESTOS CONTROL &

I. NOTIFICATION INFORMAT	ΓΙΟΝ	LIUENSING	
Date of Notification:	nclude justification)		
II. BUILDING INFORMATIO	DN		
Name of Building Owner/Operator: Chr	is Dearing		
Street Address: City: Ocean View			230
Name of Contact: Chris Dearing	Telephone No.:		
III. FACILITY INFORMATIO	DN		
Name of Facility Where Work Activity is to Take Place:	Dearing Residence	ce	
	ce		
Street Address: City: Ocean View			230
County Name: Cape May County Code (S	State Use Only):	18 2-11-11-1	
	mpletion Date: 06		
☐ Activity Performed Outside Normal Facility Hours—Describe: ☐ Other—Describe: ☐ Seans of Wark (about all that are lab)			
Scope of Work (check all that apply): ☑ Floor Tile Square Footage: 144 SF	D		0/
Mastic Square Footage:	1		%
		estos:	70
IV. CONTRACTOR INFORMAT	TION		
Company Name: Shade Environmental, LLC	_ Telephone No.: _	856-755-009	9
Street Address: 623 Cutler Avenue City: Maple Shade	State: N	J Zip:080	052
New Jersey Asbestos License Number (if applicable): 00842			
Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services	_ Telephone No.: _	609-298-407	0
V. SIGNATURE			
Completed By (type or print legibly): Christina Lynch Title:	Vice Preside	nt of Operations	5
Signature:	Date:M	ay 22, 2018	

K			04-4-	F NI	. 8							L			
2583 FAIL	N		ATION O		STOS	ABATE		Trans	万巨	C F	П	n n	P		
Date of Notification (1) 5-14-2018			lame of B Monticel					.C	行			\mathbb{V}_{-}		n	
Agencies Notified Type Notificatio	n	1 33	treet Add 219 Mon		Aver	iue			and Company of the Co	MAY 2	5 2	018		IJ	
DEP Amended Amendme			ity, State, ersey C					Thomas and the same of the sam	ASBE	STOS	CONT	BOL			
➤ DOH justification DCA Cancellation	1)	N	lame of C Gerald E	ontact				la colony balance	Telep	hone-Nu	SING mber	1102	- CK	H-pictor.	
			FACILIT			ION			732-991-1173						
Name of Facility Where Abatement is Tak Commercial	ing Place (3)						Туре	of Facility (4)						
Street Address								School (K-1							
170 Monticello Avenue							×	Subchapter Other (i.e. p etc.)	8 (Other rivate & c	than K-1 commerc	2) ial buil	dings	, hom	es,	
City (5) Jersey City, NJ		· · · · · · · · · · · · · · · · · · ·				Square Feet # of Floors					- 1	3ldg. <i>A</i> 75+	Age		
County (6) Hudson			ounty Cod			Current Use (Prior if being demolished									
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCM No. Name of Abatement											***********	
Street Address			G					vironment	al Serv	ices, Ll	_C				
						Street Address 235 Virginia Aveue									
City, State, Zip Code							Zip Code ty, NJ								
Project Manager for Monitoring Firm		Te	elephone	No.		Teleph 201-3	one N	lo.		icense N	lo.				
Start Date (10) 5-14-2018	Scheduled 5-17-20		letion Dat	te (11)		Name	of OS	HA Monitor		1114					
Occupancy Status During Abatement (Che	The same of the same					Street		above							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Ah	nateme	nt					Zip Code							
Scope of Work (Check All That Apply)					_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovatio				×	Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure	_			e		
Location of	No	ocation ormally			De	scription	of					Abate Ty	emen vpe		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	Solely tenance dial Sta (12)	e/	(i.e. ti	s Contrernal surfa	taining M systems cing, VA niscellan	ateria insul r, or	ation,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A		0111011	inscending.	cous				val	=	ulate	ure	
Roof		Х			Dus	st Conti	rol		1500	SF	x				
		_													
	-	+													
Name of Registered Waste Hauler Green Environmental Services		Hau	DEP Wast		of Was	Yards ste		Name of F							
City, State Jersey City, NJ		1003	4889			sal Date		City, State		- MIIII				-21-02	
Completed by	Title				5-17 ₋	2018 lignature		Jersey (Jity, NJ	Da	to				
Liliana Serrano	Manager				1111	11	12/18	10 17.	46	14-2	018				