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

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Date of Notification (1)					wner/Opera	ator (2)	Commission of the Commission o		MAY	26	201	7
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Agencies Notified Type Notification	n	S	Street Add	iress									
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X DOH justification	n)	100	Name of (Jason	Jontact			= 1/						
DCA Cancellat	on ————		#5000000000000000000000000000000000000	ITY INFO	RMATION								
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Street Address			- /				Subchanter 8 (Other th	an K-12)			
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City (5)							Square Feet	# of Flo	ors	BI	dg. Ag	je	
City (5) Park Ridge							2200	2		80)		
County (6)			County C	ode (7)			Current Use (Prior i	f being o	lemolish	ed)			
Bergen		(STATÉ U	SE ONLY)		-	single family ho	me					
Name of Monitoring Firm Hired by Buildi	ng Owner (8)		ASCM	No.			f Abatement Contra		2700000000				A-100-000
Traine of Monitoring Film Files by Bullet	J =				A	BS E	Environmental S	Service	s, LLC				
Street Address					Str	reet A	ddress			-			
Street Address					P	OB	ox 483, 4 E Gat	te Drive	Э				
City, State, Zip Code					Cit	ity, Sta	ate, Zip Code						
City, State, 219 3333					G	Glenv	vood, NJ 07418	5					
Project Manager for Monitoring Firm			Telephon	e No.	Te	elepho	one No.	Lie	cense N	0.			
Project Manager for Montening 1 mm					9	73-7	64-2276	70	03				
Start Date (10)	Schedule	d Com	npletion D	ate (11)	Na	ame c	of OSHA Monitor				1		
6/3/17	6/30/17												
Occupancy Status During Abatement (C	heck Only One	€)			St	treet A	Address						
			nent										
Abatement Performed Outside of N	Iormal Facility	Hours	3		Ci	ity, St	ate, Zip Code	dia wikadi					
X Other - Describe: Saturday/Sunda	y work baseme	nt											
Scope of Work (Check All That Apply)													
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× ≥160 sf or ≥260 lf	□ D	emolit	tion			×	Mini-Enclosure Glovebag Proce	dura					
							Non-Exempted ((*) and N	on-Frial	ole Pro	cedur	е	
												ement	
		Locati Iormal			Descri	intion	of				Ту	ре	
Location of Asbestos-Containing Material (ACM	Use	d Sole	ly by	Asbes	tos Contain	ing M	aterial (ACM)	Amo	unt			Ш	(T)
TO BE ABATED	ividi	ntena odial S		(i.e.	thermal sys	stems	insulation,	(Spe		Rer	Re	nca	ncl
In Facility	Cust	(12)			surfacing other misc			SF or	Lr)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		1.000	NJDEP W		Cubic Ya		Name of R				G- A		
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			10000		Disposal	Date	City, State					-	-
City, State					TBD		Birdsbor						
Freehold, NJ	Title					nature		2-2-W-		ate			
Completed by	Pres	ident	6		O.g.		11		5	5/23/1	7		
A. Scott Higgins	1 103	Joint				-	XV.						-

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

MENT (2)	EGEVE 10510 MAY 26 2017
	ASBESTOS CONTROL & LICENSING
	Telenhone Number

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23/17 Type Notified Type Notificatio	n	5	Street A	ddress					7	ASBESTO	ns coi	VTR	OL 8	2
silcles Notified				ox 680						LIC	ENSI	lG.		
EPA X Initial Amended			City, Sta	ate, Zip	Code	77								
DEP Amendme	ent #				r, NJ 0880	-	-		Tele	nhone Numbe	r			
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DOH Cancellat	ion		Peter	Filipia	ak NEODMATIC	ON								
DCA D			FAC	CILITY	NFORMATIO	JIV.	Туре	of Facility	(4)					
ame of Facility Where Abatement is Ta	king Place	(3)					П	School (K-	-12)	11-an 1/ 12)				
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treet Address							×	etc.)			Bldg.			1
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/5\							230	00	2		- Charles			
Sity (5) Somerville	10/00		-	ty Code	(7)		Curi	rent Use (F	rior if be	ing demolished	u)			
County (6)			(STAT	rE USE (ONLY)		va	cant sing	gle fami	ly house				1
+				CM No		Name	of At	batement C	Contracto	r (9)				
Somerset Name of Monitoring Firm Hired by Build	ding Owner	(8)	AS	CIVITIO	*	ABS	En	vironmer	ntal Ser	vices, LLC				-
varie or me						Street	t Add	ress		Daire	,			
Street Address						PO	Box	483, 4 E	Gate	Drive				
						City, S	State	, Zip Code	= 440					
City, State, Zip Code								od, NJ 0	7418	License No			-	-
			Tolo	phone	No.	Telep	ohone	e No.		703	J.			
Project Manager for Monitoring Firm			1616	priorie				4-2276		100				
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(10)	1 Sch					50,000								
Start Date (10)	613	0/17	Unipio	HION DA	10 (11)	0.000								
Start Date (10) 5/26/17	6/3	30/17				0.000		Idress			10			
5/26/17	6/3 (Check On	30/17 ly One)				Stree	et Ad	Idress			. 21			_
5/26/17 Occupancy Status During Abatement Facility Closed/Vacated During Abatement Performed Outside of	6/3 (Check On	30/17 ly One)	atemen			Stree	et Ad	idress te, Zip Cod	e		. I			
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Agencies Notified Type Notification			Street A	Address			141	I AS	BEST	OS (CON	TRC	1 &
X DEP Initial Amended Amendment	#			ate, Zip Coo Orange, N							SIN		
■ Emergency justification) ■ DCA Cancellation			Name o	of Contact een Melsc				Toloph	one Nur	nher			
				ILITY INFO	35.42							-	
Name of Facility Where Abatement is Takin House	g Place (3)				Ту	pe of Facility (School (K-1						
Street Address						×	Subchapter	8 (Other th			dings.	, hom	es,
City (5) West Orange						Sq N/	uare Feet	# of Flo	oors		Bldg. A	\ge	
County (6) Union				Code (7) USE ONLY)			rrent Use (Prid Ouse	or if being o	demolish	ed)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCI	M No.			abatement Cor atement, In						
Street Address						et Add	fress engren Aver	nue					
City, State, Zip Code							, Zip Code NJ 07078						
Project Manager for Monitoring Firm			Telepho	ne No.	Tele	ohone			cense No	Э.			
Start Date (10) 06/05/2017	Schedul 06/06/		npletion	Date (11)		ame of OSHA Monitor &S Abatement, Inc.							
Occupancy Status During Abatement (Chec	k Only O	ne)			Stree	et Add	ress						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied	Period of all Facility	Abaten y Hours	nent		City,	State	, Zip Code	iue					
Scope of Work (Check All That Apply)					- 1 Ot	owa,	NJ 07512						
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intena todial 8 (12)	ly by nce/	(i.e. th	Descriptions S Containing nermal system surfacing, V other miscella	Materns ins AT, or	ulation,	Amou (Spec SF or I	ify	Remova	Repair	e Encapsulate	Enclosure
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Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Yards		Name of F	Registered	l andfil				
0&S Abatement, Inc.		Н	auler ID 0996	No.	of Waste		Throwers your est	registered Nanagem		PA			
City, State Fotowa, NJ					Disposal Date	е	City, State Morrisvi				-2		
Completed by Diver Hegedis	nager		Signatur		/		Dat -05/		017	3 3			

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X DOL Amendment Emergency justification) □ DCA Cancellation	(including]	Name	ewood, N of Contact ra Charla					Telenh	one Nu	mber			
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Street Address							×	School (K-1. Subchapter Other (i.e. p etc.)	8 (Other th	nan K-1: mmerci	2) ial buil	dings	, hom	es,
City (5) Maplewood							Squ N/A	are Feet	# of Flo	ors		Bldg. A	Age	
County (6) Essex			County (STATE	Code (7) USE ONLY)		_	Curr	ent Use (Prid use	or if being o	lemolish	ned)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASC	M No.				atement Con tement, In						
Street Address						Street 11 R		ess Igren Aven	ue					
City, State, Zip Code						City, S	tate,	Zip Code NJ 07078					100 Julio	
Project Manager for Monitoring Firm			Telepho			Teleph 973-3			110000	ense N 311	0.			
Start Date (10) 06/05/2017	06/06/	2017	mpletion	Date (11)		Name of OSHA Monitor D&S Abatement, Inc.								
Occupancy Status During Abatement (Check	650	59				Street .		ess gren Aven	110					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Occupied	Period of al Facilit	Abater y Hour	nent s			City, St	tate, 2	Zip Code NJ 07512	ue		W-18.3			
Scope of Work (Check All That Apply)						10101	, i	10 07012	-					
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Basement		X			Pipe I	nsulat	tion		25 LI	F	Х			
Name of Registered Waste Hauler			IDEE :	14	0.1.			TN						
&S Abatement, Inc.		Н	JDEP W auler ID 0996	15000000000	Cubic Y of Wast TBD			Name of R Waste M			PA			
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Date of Notification (1) 05/22/2017				of Building Homes		Operator	r (2)			Li M	AY 2	2 6	2017	1
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X DEP Amended X DOL Amendment		_		ate, Zip Co eth, NJ							JCE!			<i>-</i>
Emergency (justification) DCA Cancellation	including			of Contact Santos					Те	leph.	··· » » » »			
			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Taking House	g Place (3	3)					Туре	of Facility (4)					
Street Address							×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Oth			ldings	, hom	ies,
City (5) Elizabeth								re Feet	# o	f Floors A		Bldg. N/A	Age	
County (6) Union				Code (7) USE ONLY)		Curre	nt Use (Prior se	if be	ing demolis	shed)			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASC	M No.				tement Contr ement, Inc		(9)				
Street Address							Addres	ss gren Aven	ue	······································				
City, State, Zip Code								ip Code J 07078						
Project Manager for Monitoring Firm		Totowa, NJ 07078 Telephone No. 973-345-8685						License No. 01311						
Start Date (10) 06/03/2017	Schedule 06/13/2		npletion	Date (11)		A STATE OF THE PARTY OF		A Monitor ement, Inc						
Occupancy Status During Abatement (Check	Only On	ie)					Addres	37	70					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Abaten Hours	nent			City, S	tate, Zi	p Code	ie					
Scope of Work (Check All That Apply)						10101	wa, N	J 07512					7.00	
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1st floor hallway		Χ			Flo	or Tile	es		5	0 SF	Х			
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Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP W auler ID)996	20000 mm	of Was			Name of Re Waste M						
City, State Totowa, NJ					Dispos TBD	al Date	12	City, State Morrisville	e, P	Ą				
Completed by Oliver Hegedis	ct Ma	nager		Si	gnature	10	/_			ate 5/22/2	2017			

Print Form

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Date of Notification (1) 05/22/2017				of Building Owner/ Ainyette	Operator	r (2)	M.	AY 2	0 21	317			
Agencies Notified Type Notification I limital I Amended Amendment		-	City, St	Address ate, Zip Code Orange, NJ 0	7079		ASBES	STOS (. &		
Emergency justification) DCA Cancellation		-	Name o	of Contact Ainyette			*elephone	Number					
Name of Facility 184	51		FAC	ILITY INFORMAT	ION		-						
Name of Facility Where Abatement is Takin House	ig Place (3	3)				Type of Facility School (K-							
Street Address						Subchapte	er 8 (Other than k private & comme	K-12) ercial bui	ildings	, hom	es,		
City (5) South Orange						Square Feet N/A	# of Floors N/A	100	Bldg. / N/A	Age			
County (6) Essex			County (STATE	Code (7) USE ONLY)		Current Use (Pr House	ior if being demo	olished)					
Name of Monitoring Firm Hired by Building N/A	Owner (8)	,	ASCI	M No.		Name of Abatement Contractor (9) D&S Abatement, Inc.							
Street Address						Street Address 11 Rosengren Avenue							
City, State, Zip Code			City, State, Zip Code Totowa, NJ 07078										
Project Manager for Monitoring Firm			Telepho	ne No.		none No. 345-8685	License 01311	F1000000000					
Start Date (10) 06/02/2017	Schedule 06/03/2		pletion	Date (11)		of OSHA Monitor Abatement, In							
Occupancy Status During Abatement (Chec	k Only On	ie)			100000000000000000000000000000000000000	Address							
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basement	X		Pipe	Insula	tion	35 LF	X						
Name of Registered Waste Hauler		l N.	JDEP W	aste Cubic	Yards	Name of	Registered Land	lfill					
0&S Abatement, Inc.	No. of War	ste	Waste	Management									
City, State Totowa, NJ	Dispos TBD	sal Date	City, Stat	te rille, PA									
Completed by Dliver Hegedis	nager	S	ignature	1/		Date 05/22/2	2017						

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City (5) Orange						Sq	uare Feet	# of	Floors	1	E	Bldg. A	\ge	
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Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No. Name of Abatement Contra Delfa Contracting LLC						9)					
Street Address		Street Address 522 7th St.												
City, State, Zip Code			100 mm		Zip Code ity NJ 0708	7								
Project Manager for Monitoring Firm			Telepho	ne No.	Telepi 201		No. -9603	License No. 01206						
Start Date (10) 05-22-17	Schedul 05-24-	ed Cor	npletion	Date (11)			f OSHA Monitor Contracting LLC							
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City, State inden, PA				3 4 4 4 5 5 6 5 7	posal Date 22-17		City, State Waynes		Ohio					
Completed by Title Proj. Manager.							18			Date		17	====	

State of New Jersey

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County (6) Union				Code (7) USE ONLY)	Cui	rent Use (Pri	or if being demolish	ed)			
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City, State, Zip Code	NJ		80	533	City State,	Zip Code	DA HO	0	8	53	3
Project Manager for Month ril g. Firm			Telepho	ne No. 758- 3365	Telephone	No. 334	License N	53	39	4	
Start Date (10)	Schedule			Date (11)	Name of O	SHA Monitor	hnologies	7		-	
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Steve Schenker	PRES	side	ent		Signature Sleep	Sch	Da I		24-	17	

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City, State, Zip Code							ensack, NJ	0760	License No.				
Project Manager for Monito	ring Firm		T	elephone	No.	Telephone	: No. 1-329-744	4	003				
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Best Removal In City, State Hackensack, N.					6	13/17	Wa	ynesb	urg, OH	4400	<u> </u>	-	
City, State		Title			6	Signature	Paiore	_	urg, On	ate	23,	117	r

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) 5-23-2017 Diocese of Camden Agencies Notified Type Notification Street Address \boxtimes EPA 631 Market Street **ASBESTOS CONTROL &** DEP Initial LICENSING City, State & Zip Code DOL Amended Camden, NJ \boxtimes DOH П Emergency Name of Contact Talanhone Number DCA Cancellation Deacon Bill FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Holy Cross Parish-Basement Boiler Room School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 46 Central Avenue Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (E) County Code (7) 8,312 52 Bridgeton, NJ Cumberland Current Use (Prior if being demolished) Parish Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) MDG Resource Management Group, LLC Street Address Street Address 100 Maplewood Drive, Suite 207 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Maple Shade, NJ 08052 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Chris Macri 856-755-9300 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6-05-2017 06-14-2017 J&S Environmental Laboratories Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Hours City, State & Zip Code Describe: Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Asbestos-Containing Normally Used (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsula Enclosure TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Basement Boiler Room M ☐ Rip Packing 100 LF \boxtimes Basement Boiler Room X 22 Associated Fittings 144 M П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian J. Haney President 5/23/2017

State of New Jersey

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Project Manager for Monitori n/a	ing Firm			Telepho	ne No.		Teleph			License				
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City, State Garfield, NJ 07026					Disposal Date City,			City, State						
Completed by Title									Morrisville PA 19067					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 9:99 and 12:120)

	1		1	Pursua	int to NJAC 8:50 8	end 12:12	(0)	261# 30	16	,	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.JAC 8:60 and 12:120)

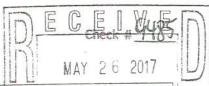
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ony, orato, zip code									Jode IJ 07418	ě					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none No. 764-227		Li	icense N	lo.			
Start Date (10) 6/3/17		Schedul 6/30/1		npletion	Date (11)		Name	of OSHA I	Monitor			-0.500	deres Iso		
Occupancy Status During	Abatement (Check	c Only O	ne)				Street	Address					-		
X Facility Closed/Vaca X Abatement Performe X Other – Describe: S	ed Outside of Norm	eriod of al Facility	Abaten y Hours	nent			City, S	tate, Zip C	ode						
Scope of Work (Check Al													15.0-00		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тист, фругу	Personnia.	Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					ure		
			Locati Vormal											ement pe	
Location Asbestos-Containing		Use	d Sole	ly by	Asbes		scription taining M		CM	Amo	unt		10		
TO BE ABA In Facilit (13)			intenar todial S (12)			thermal surface		g Material (ACM) ems insulation, VAT, or		(Sper SF or	cify	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u> 20</u>		ate	Гe
exterio		×			siding			1,500	SF	×					
Name of Registered Wast Freehold Cartage	e Hauler		Н	JDEP W auler ID 5939		Cubic of Was TBD			ame of Re Vestern E				A		
City, State				15939 TBD Disposal Date			Entransport to a Manager transport of the Control o								
Freehold, NJ Completed by		T:u-		TBD			t==-4	Birdsboro, PA			-				
A. Scott Higgins		Title Pres	ident			S	Signature Date 5/23/17								

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

				Jama of F	Quilding ()	wner/Ope	rator (2)	1	- FLAV	200	20	(7	1
Date of Notification (1) 5/23/17					ontractir		rator (<i>L</i>)	UU	MAY	26	20	1	
Agencies Notified	Type Notification		9.5	Street Add					L					
	× Initial				eshpond				A:	SBEST	SCC	NTE	ROL	&
EPA DEP	Amended				e, Zip Cod		040	L		LIC	ENSI	NG		
X DOL	Amendment Emergency (k, NJ 08	8876		Tale	phone Niii	mbor			
× DOH	justification)	including		Name of (Tele	DUOUS KILL				
DCA	Cancellation			SALES AND AND ADDRESS OF	igiovan							-		
Name of Facility Where	a Abatament is Taking	Place (3)		FACIL	ITY INFO	RMATION	1	Type of Facility	(4)			74.5-455		
home	e Abatement is Taking	g 1 1800 (0)						School (K-						
Street Address							1220	Subchapter	8 (Othe	r than K-1	2)	.0002200		
Gacotridaroo								Other (i.e. petc.)	orivate &	commerc	al build	ings,	nome	5,
City (5)								Square Feet	# of	Floors	BI	dg. A	ge	
Monroe Township	0							2100	2		70	0	v. iv. com i co	
County (6)			T	County C	ode (7)			Current Use (Pri			hed)			
Middlesex				(STATE U	SE ONLY)		-	vacant single						
Name of Monitoring Fi	rm Hired by Building	Owner (8)	122	ASCM	No.			of Abatement Co						
								Environmenta	al Servi	ces, LL(ر			
Street Address						1 57		Address		1000				
							11. (2) 300	30x 483, 4 E (sate Dr	ive				
City, State, Zip Code								tate, Zip Code	10					
								wood, NJ 074	.10	License N	do.			-
Project Manager for M	Ionitoring Firm			Telephon	ie No.			one No. 764-2276		703	٧٥.			
				1.0	D-1- /44\			of OSHA Monitor		700				
Start Date (10)		Scheduled 6/30/17	Con	npietion L	Date (11)	1	varrie	bi OSHA WONIO						
6/3/17 Occupancy Status Dui	-in- Abstancet (Char		1				Street	Address				G		-
							0.11001							
× Facility Closed/V	acated During Entire rmed Outside of Norr	Period of Ab nal Facility H	oaten Hours	nent s		(City, S	tate, Zip Code						
Abatement Perfo Other – Describe	: Saturday					_								
Scope of Work (Check	k All That Apply)													
23 sf or ≥3 lf		П Ве	enova	ation			Full Containment with Negative Pressure					re		
≥3 \$1 or ≥3 ii x ≥160 sf or ≥260 l	f		emoli				_	Mini-Enclosu	re					
							2	Glovebag Pro Non-Exempte	ocedure ed (*) an	d Non-Fria	ble Pro	cedur	е	
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		100000	ocat	1		Dono	ription	of				T)	pe	
	tion of ing Material (ACM)	Used	Sole	ely by	Asbes	tos Contai	ining N	Material (ACM)		mount			m	m
TO BE /	ABATED	11.5 400 60000	ntena odial :	ince/ Staff?	(i.e.	thermal s		s insulation,		Specify or LF)	Ren	Re	lcar	nci
	acility 13)		(12)			other mi	ng, va scellar	neous)	01	Of LIT	Removal	Repair	Encapsulate	Enclosure
1	,	Yes	No	N/A								1	ite	æ
		162	INU	X		1	nit-	ıall	1	30 SF	×	-	-	-
base	basement						site w	/aii	1.	30 31	- ^			
		-									1			
Name of Registered V	Nasta Hauler		1	VJDEP W	/aste	Cubic Y	'ards	Name o	f Registe	ered Land	ill	1		
F or part was or	Hauler ID No. of V			of Waste		0.00000	Vestern Berks Landfill							
					15939 TBD			BD				-		
City, State				Disposal Date City, State										
Freehold, NJ							TBD Birdsboro, PA							
Completed by		Title					Signature Date 5/23/17							
A. Scott Higgins		Presid	ueni	l.		1		10			-,011	1		

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



								ld Li				
Date of Notification (1)		IN	lame of E	Building Owne			1717	CHURCH				
5-23-17		1	V	WESLE	<u>y</u>	UNI	TED	ASULS				OL
Agencies Notified Type Notification				1500	PLOU	NFI	ELD	AUE	ICE	4SIN	IG_	
DEP Amended Amendment	# 2-	- 10		Zip Code	Pin	1.1 A	eus ,	N.5 070	80			
Emergency (including	1	lame of (The second secon	1 000	100		· · · · · · · · · · · · · · · · · · ·	hor			
DOH Justification) Cancellation				HN E	31455			1				
Name of Facility Where Abatement is Takin	Place (3)		FACIL	II Y INFORM	ATION	Туре	of Facility (4	4)				-
CHURCH							ichool (K-12	2)				
Street Address						S X	ubchapter	8 (Other than K-12 rivate & commercia) al build	inas.	home	S.
1500 PLAINFIE	ELD	AL)E			e .	tc.)					
City (5)							e Feet 500	# of Floors		dg. A		
	160		County C	ode (7)				r if being demolish		1 20		
County (6) MIDDLESEX				SE ONLY) _				URCH				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.			ement Con ntracting	tractor (9)				
Street Address						Addres	s ind Ave	Company of the Compan				
Car. Ctobs. Zin Codo						State, Zi						
City, State, Zip Code							ark, NJ	07432				
Project Manager for Monitoring Firm		and the second	Telephon	e No.		hone No 262-58		License N 00156	0.			
Start Date (10)	Scheduled	Com	pletion D	Date (11)	Name Ome	of OSH	IA Monitor vironmer	ntal Services In	C			
Occupancy Status During Abatement (Cher	k Only One	131				Addres						-
▼ Facility Closed/Vacated During Entire	Period of Ab	atem	ent		1		Street					
Abatement Performed Outside of Norr Other – Describe:	nal Facility I	Hours				State, Zi kensa	p Code ck, NJ 07	606				
Scope of Work (Check All That Apply)	1					_						
23 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same	nova molit				4 Min	Containment-Enclosure		ressu	re		
						No	n-Exempted	d (*) and Non-Friat	ole Pro			
The second of th		ocati	50-00				and the second s				ement pe	
Location of	Used	ormal Sole	ly ly by	Ashastas	Descriptio Containing	n of Material	(ACM)	Amount			m	
Asbestos-Containing Material (ACM) TO BE ABATED		itenar	nce/	(i.e. the	rmal systen	ns insula	rtion,	(Specify	Rei	Re	пса	Enc
in Facility (13)	Cusic	(12)	жан:		iurfacing, V her miscella			SF or LF)	Remova	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A						31	and the same	ate	.e
Saleman				PLI	STUL		-	SYSF	1			
San crualy			To a contract of the contract		0.00			2, /. 0			A CONTRACTOR OF THE CONTRACTOR	
							and the second second					-
Name of Registered Waste Hauler		IN	J JDEP W		ubic Yards		Name of	Registered Landfil	1		L	1
Newark Carting, Inc.		1	lauler ID 04509	No.	f Waste		Grand	Central Sanitar	y Lar	ndfill		Ty.c
City. State Newark, NJ 07105		Disposal E				2 مي. و	City, State Pen Argyl, PA 08072				123.52 123.52	
Completed by	Title				Signatu	çe ,	.j	D	ate	1		
Joseph Vocauro	Vice F	resi	dent		5	123/1	7		5/	3	7	

State of NJ

B & G proj. #: 2017-65

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

						10	Cl	neck # 83	96			
Date of Notification (1)		Name	of Building O	wner/Operator ((2)		-	1				
10 15 1/12 14 1/11 17		11	in Byrne	, ,	,		lanca lanca	JE	CE	3 1	1//	R
Agencies Notified Type No	tification		Address							- U	M	E
	nitial						A STREET	1				
			tate, Zip Code				111	11 14	AY 2	6	201	7
	nendmen	t Gle	en Rock, NJ	J 07452				į				all property and the same of t
▼ DOH	ncellation	The state of the s	of Contact		- Alban		Tele	hone Nun	nber)S	CO	NTR	OL &
DCA Ca	ncellation		nn Byrne					-	LICE	<u>VSII</u>	VG_	person Louis common
		1//49	FA	CILITY INFORM	MATIC	ON	75		-			
Name of facility where abatem	nent is tal	king place (3)				Type of Fac	lity (4)				
John Byrne								chool (K -	12)			
Street Address					_			bchapter 8				.)
								ner (Private lgs./Home:		nercia	ıl	
City (5)		County (6)					Square Fee			T	Bldg.	Age
		\$5 A\$\$50				ounty Code (7) tate use only)						
Glen Rock, NJ 07452		Bergen			, (0	tate use only)	Current Use residentia		eing de	molis	hed)	
Name of Monitoring Firm Hired	by Bldg.	Owner (8)		ASCM No.		Name of Abatement						
Charles				n/a		B & G Restorat	ion, Inc.					
Street Address						Street Address						
City, State, Zip Code	-				_	105 Ryerson R	load					
V2					1	City, State, Zip Code Lincoln Park, I	N.I.07035					
Project Manager for Monitoring F	Firm		Phone Numb	per	-	Telephone Number	10 07 000	Hicen	se Num	her		
						(973)696-6869	9	000000000000000000000000000000000000000	00378			
Scheduled Start Date (10)	S	ched. Comp	letion Date (1	1)	-	Name of OSHA Monit				-		
06/05/2017		06/07/201				B & G Restorati	on, Inc.					
Occupancy Status During Abater	ment (Ch	eck only one)	the state of the s	-	105 Ryerson Ro	oad					
Facility closed/vacated duri	ing entire	period of ab	atement.			City, State, Zip Code				-	_	
Describe:	ide of fibi	mai facility r	iours-		_							
Other-Describe: Scope of Work (check all that ap	-1.3				-	Lincoln Park, N.	J 07035					
Demolition T		vation			G.							
▼ >3 sf or >3 lf	_					ull Containment w/nega	ative pressure	Glove	ebag pr	oced	ure	
		of or ≥260 If	lly used solely			Mini-enclosure		☐ Non-	friable _l	oroce	dure	
Location of asbestos-containing	by m	aintenance/c	ustodial					10	R	R e	E	E
material to be abated in facility (13)	staff(T	material (A	CM)	sbestos-containing	Amount (Specify	SF or	m	р	С	n
45 /0 -1453	Yes	No No	N/A				LF)		V	i	a p	L
asement			X	VAT & mas	tic		700 sf		e		П	\vdash
	-	-		Autoponium								
	-	=							101			旦
egistered Waste Hauler	I N	JDEP Haule	r ID# Cu	bic Yards of Wa	aste	Name of Registered La	andfill					
3 & G Restoration, Inc.		19563		10		Tullytown Re	esource & R	ecovery	Cente	er		
ty, State Lincoln Park, NJ			Disposal Da 06/08	ite 3/2017		City, State Tullytown, PA			and the second second			
ompleted by (Print or Type)	Title		1	Signature			7	I Dot-			, <u>y</u>	
Gordana Luna	Secre	etary/Treas	surer	42/20/1000/19/2	9	Gordana Luna		Date 05/24	1/2017	7		

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

B & G proj. #: 2017-56

Check # 8395 Date of Notification (1) Name of Building Owner/Operator (2) 10 |5 |/|2 |4 |/|1 |7 | Raymond Lynch Agencies Notified Type Notification Street Address ☐ EPA X Initial DEP City, State, Zip Code DOL Amendment Cranford, NJ 07016 X DOH Name of Contact Telephone Municipal & CONTROL & Cancellation LICENSING ☐ DCA Raymond Sisto **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Raymond Lynch Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Cranford, NJ 07016 Union residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 06/05/2017 06/06/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: Lincoln Park, NJ 07035 Scope of Work (check all that apply) ☐ Demolition X Renovation X Full Containment w/negative pressure Glovebag procedure X >3 sf or >3 lf ≥160 sf or >260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E asbestos-containing е e n Amount staff(12) Description of asbestos-containing n m material to be p C material (ACM) (Specify SF or C 0 abated in facility (13) a a Yes No N/A V p basement X duct insulation X 17 sf Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Tullytown Resource & Recovery Center City, State Disposal Date Lincoln Park, NJ 06/06/2017 Tullytown, PA Completed by (Print or Type) Signature Date Gordana Luna Gordana Luna Secretary/Treasurer 05/24/2017

2017-61 B & G proj. #:

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

Check # 8380

			E	EMERGENC	Y A	MENDED	Спеск	# 8389							
Date of Notification (1)	11 N	ame of B	uilding Own	er/Operator (2)				ECE	IVEF						
10 15 1/1 19 1/11 17 1	- 11"	Danny		.о., органа (-,											
Agencies Notified Type Notificati	on S	treet Add				The state of the s			A Company of the Comp						
EPA Initial			orth Avenu	ue				MAY 2	6 2017						
DEP DEP		강면하다 하막 강에 많아 다	Zip Code				- Same								
X DOL X Amendr		2010/2010/2010/2010	e, NJ 07	024					CONTROL &						
▼ DOH ☐ Cancella		ame of Co	ontact				Telepho	ne Number	COTTYC						
DCA Cancella	uon	Danny	Taub				F								
			FAC	ILITY INFORM	ATIO	N	,								
Name of facility where abatement is	taking pla	ce (3)					Type of Facility	(4) ol (K - 12)							
Mediterranean Towers Uni	12F (NO	ON Sub	8)					hapter 8 (Other	than K-12)						
Street Address								(Private/Comm ./Homes, etc.	ercial						
555 North Avenue							Square Feet	# of Floors	Bldg. Age						
City (5)	Cour	ity (6)				unty Code (7)									
Fort Lee	Ber	gen			(51	ate use only)	apartment b	Prior if being der	molished)						
Name of Monitoring Firm Hired by I	Bldg. Owne	er (8)		ASCM No.		Name of Abatement (
Sky Environmental Service						B & G Restorati	ration, Inc.								
Street Address						Street Address	and								
140 Blvd.						105 Ryerson R	oau								
City, State, Zip Code Mountain Lakes, NJ 0704	3					City, State, Zip Code Lincoln Park, N	NJ 07035								
Project Manager for Monitoring Firm		F	hone Numb	per	_	Telephone Number	`	License Num							
						(973)696-6869 Name of OSHA Monit		00378							
Scheduled Start Date (10)	Sched	. Comple	tion Date (1	1)		B & G Restorati									
05/15/2017	05/2	23/2017													
Occupancy Status During Abatemen						105 Ryerson Ro	oad								
Facility closed/vacated during Abatement performed outside	entire perio	od of abat	ement.			City, State, Zip Code									
Describe:	OI HOITHAI I	actility 110	ui 3-		_	Lincoln Park, N	J 07035								
Other-Describe:						l =====									
Scope of Work (check all that apply		23			X	Full Containment w/neg	ative pressure	Glovebag p	rocedure						
	Renovatio				-	Mini-enclosure	ative pressure	☐ Non-friable							
>3 sf or >3 lf	160 sf or		used solely	,	Ш			TR	TRIFI						
Location of asbestos-containing	by mainte	normally nance/cu	used solely stodial	1	on of	asbestos-containing	Amount	e	e n E						
material to be	staff(12)			material ((Specify	SF or o	p c c						
abated in facility (13)	Yes	No	N/A					v e	r p -						
Unit 12 F		×	X			orn ceiling	// 1300 sat		 						
*** Room # 1				asbestos	popo	corn ceiling	140 sqft	X							
			-		-	7	1	AH	岩岩岩						
		_==	#=												
Registered Waste Hauler	NJDE	P Hauler	ID# C	ubic Yards of V	Vaste	Name of Registered			1-1-1-						
B & G Restoration, Inc.		9563		5		Tullytown I	Resource & R	ecovery Cer	nter .						
City, State Lincoln Park, NJ			Disposal D	Date 15-22/2017		City, State Tullytown, F	PA		V						
Completed by (Print or Type)	Title		L	Signature		1		Date							
Gordana Luna	Secretar	y/Treas	urer			Gordana Suna		05/19/20	17						

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

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	1	AAY	2	2	2017	1	11 ,

Date of Notification (1)	10					0.00 and 5			11/ 0		004	
5 /	24 /	17		Na Na	me of Build	ding Owner/Operato	r (2)	pieg mini-	AY 2		201	7—
		17	-	'	Wayne Se	enior Citizens Ru	nnymede Cor	p / Job #1502-1	959 (Chk.	4696	3
Agencies Notified EPA	Type Notificat	ion		Str	eet Addres	SS		ASDES	TOS	CO	VIII	OI
⊠ DOLWD					100 Runn	ymede Drive			LICE	VSIN	IG.	-
☑ DHSS	Amendmen	nt #			y, State, Zij							
☐ DCA	☐ Emergency		ding		Vayne, N.							
(NJAC 5:23-8)	justification	1)	amig		me of Cont			T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
	☐ Cancellatio	n		\	incy Brui	no		Telephone Nu	ımber			
				-		INFORMATION						
Name of Facility Where Ab	atement is Ta	king Pl	ace (3)		ACILITY	INFORMATION	1-					
Edward Sisco Sr. Cit	izens Villag	е	, ,				Type of Facili					
Street Address							School (K-	12) r 8 (Other than K-	12)			
100 Runnymede Driv	'e						Other (i.e.,	private and comm	12) nercial	build	inas	
City (5)			Constitution (Constitution Constitution Cons				nomes, etc	0.)	22302038		go,	
Wayne							Square Feet	# of Floors		Bldg.	Age	
County (6)				00	umb. O - d	(7) (07.17.	9000	1		40		
Passaic				00	unty Code	(7)(STATE USE ONLY)	,	Prior if being demo	lished)		
Name of Monitoring Firm H	ired by Buildin	a Owne	r (9)	ACC	M.M.		R-2					
Criterion Laboratorie	s	g Owne	1 (0)	ASC	M No.	Name of Abatem						
Street Address						Asbestos an	d Mold Service	es, Corp.				
3370 Progress Drive,	Suite I					Street Address						_
City, State, Zip Code	Cuite 5					3859 Sylon E						
Bensalem, PA						City, State, Zip C	ode					-
Project Manager for Monitor	ine Circu					Hainesport, I	NJ 08036					
Mike Panepresso	ing riim			ephone		Telephone No.		License No.				_
Start Date (10)	10.1				4-1300	609-702-0400	I.S.	00862				
6/_9_/_	Sch				ate (11)	Name of OSHA M	lonitor					_
		6	/ _ {	/	17	EMSL Analyti	ical, Inc.					
Occupancy Status During At	patement (Che	ck only	one)			Street Address						
Facility Closed/Vacated D	ouring Entire P	eriod o	f Abate	ment		200 U.S. Rout	te 130 North					
Abatement Performed Ou Time of Abatement:	AIVI-	20/1/	ity Hou	rs - De	scribe	City, State, Zip Co						
1705517710	TV	77,1	10 PIVI		_AM	Cinnaminson						
cope of Work (Check all that	it apply)						,					
≥3 sf or ≥3 lf		⊠ R	enovat	ion		☐ Full Conta	ainment with Neg	gative Pressure				
] ≥160 sf or ≥260 lf			emolitic			☐ Mini-Encl ☐ Glovebag	osure					
						Non-Exen Non-Exen	npted (*) and No	n-Friable Procedu	r 0			
Location of			Locat					- rabio rioccau	7			
Asbestos-Containing Mate	erial (ACM)		Norma ed Sole			Description of	=			atem	1	УF
TO BE ABATED	2	Ma	intena	nce/	Asbes	stos Containing Mate , thermal systems in	erial (ACM)	Amount	Remova	Repair	Enc	1
IN Facility (13)		Cus	todial (12)	Staff?	(surfacing, VAT.	or	(Specify SF or LF)	VOL	air	aps	
(10)		Yes	No	NI/A	-	other miscellaneo	us)	SI OI LF)	<u>m</u>		Encapsulate	
nits 609, 610, 611, 612,	612 644		140	N/A							e	
			Ш	\boxtimes	Popcorn	n Ceiling (1 " stri	p per unit)	approx. 5 SF	П	П	\boxtimes	Г
9, 710, 711, 712, 713, 7	14			\boxtimes				ner unit	1			-
AME UNITS AS ABOVE					Floor Til	e & Mastic (14 SI	F per unit)	140.05				L
						(1.10)	per unit)	140 SF		Ш	Ц	L
me of Registered Waste Ha	uler		N.	DEP V	Vaste 1	Cubic Yards of	No.					
reehold Cartage			Ha	uler ID		Waste	Name of Regist					
				2265		5	GROWS La	ndfill				
y, State												_
y, State Freehold, NJ					.		City, State					
reehold, NJ	D					Disposal Date 6/9/17	City, State Morrisville,	PA 19067				
	Title	fice C					a	PA 19067	e			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

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Date of No. 5/24/17	otification (1):		e of Bu Y MIL		wner	Operator (2):				or or other party and the		MA	Y 2	6 21	017			
Agencies Notified	Type Notification	Stree	et Addr	ess:						1								
	() Initial	City	Ctoto	7: 0 1						1		REC	TOST	77761	TROL			
() EPA () DEP	Notification () Amendment			Zip Code		D, SUITE 10	3				, 10			ISING				
(X) DOL	Notification		e of Co		DD	D, BOILD 10	3		Telephone	Num			_		-			
(V) DOH	(X) Emergency () Cancellation	AUS	TIN T	X 78703														
(X) DOH () DCA	() Cancenation																	
					FA	CILITY INF	ORM	ATION										
Name of F	acility Where Abat	ement is	Takin	Place (3				oe of Facility	(4):									
	,			511400 (3	,	A TAKE I THE LATE	400,000	School (K-12										
C4 A 1.1	I COD IIII I	1 OF 5	100				_ ()	Subchapter 8	(Other than K									
Street Add	ress: JACOB VILL	AGE, E	LDG.	18, UNIT	5			Other (i.e., p nomes, etc.)	rivate & comr	nercial bu	ildings,							
City & Sto	te (5): MORRISTO	MAN						U.S. (1990) 1990 (1990)	200				D11					
City & Sta	ie (3). MORRISTC	W IN					Sq	uare Feet: 20	900	# of F	loors: 2		Bldg.	Age:	50+			
County (6)	1:			unty Cod			Cu	rrent Use (P	rior if being	demolis	hed):							
MORRIS			(S	TATE U	SE C	NLY)		ARTMENT			-16							
Name of	Monitoring Firm	Hire/	l by	Ruilding	Ι Δ	SCM No.:	No	ma of Aboto	mant Contro	ata= (0).	- Comment							
Owner:(8)	womtoning 1 in	1 111160	. Uy	Dunding	N.		0.000		ment Contra									
						~~	S/I	M Enterpris	se of NJ, In	c.								
Street Add	ress:						Street Address:											
							339 North 6 th Street											
City, State	, Zip Code:					City, State, Zip Code:												
							Pro	spect Park	, NJ 07508									
Project Ma	nager for Monitoria	ng Firm:			Tel	ephone No.:		ephone No.		License	e No.:	W-SA						
							(97	3) 595-6955		00641								
Start Date	(10):	Schedu	led Cor	npletion I	Date	(11):	-	me of OSHA		00011								
6/02/17		6/04/1	7				S/N	M Enterpris	e of New J	ersey, I	nc.							
Occupancy :	Status During Abatem	ent (Che	ck only	one)			Stre	eet Address:							-			
(X) Facility	Closed/vacated Durin	g Entire	Period o	f Abateme	ent		P.C). Box 8265										
() Abatem () Other –	ent Performed Outside Describe:	e of Norn	nal Facil	ity Hours				y, State, Zip										
	of congress contracts						Haledon, NJ 07538											
Scope of Wo	ork (Check all that app	oly):							() FII C			. N	4' . D	lanaan ee				
$(X) \ge 3 \text{ sf}$				(X) R	enov	ation	() Full Containment with Negative Pre (X) Mini Enclosure								e			
() ≥ 160	sf or \geq 260 lf			() D	emol	ition	(X) Mini Enclosure () Glovebag Procedure () Non-Friable Procedure											
		1,000	Locat					2 (2)	() 1.01.1.	140.01.10	coddio			ement				
	ocation of		Norma		Δ	D shestos Con	escript	tion of	(ACM)				Ту	pe				
	Containing Material (ACM)	Ma	d Sole	nce/		sbestos Con (i.e., therm	al syst	ems insula	tion,			-		(H)	ш			
	BE ABATED		ustodi	al/		surf	acing,	VAI, or		Amo		\en	Re	nca	ncl			
IJ	N Facility		Staff (12)	?		otner	misce	llaneous)		(Spe	-	Removal	Repair	Encapsulat	Enclosure			
	(13) (12) Yes No N/A								SF or	LF)	12		lat	re				
CRAWL S	SPACE		X		PI	PE INSULA	TION			20 LF				X				
							28											
	egistered Waste Ha		NC			NJDEP Was Hauler ID N		Cubic Ya		Name o	f Regis	stered	landfil	1:				
	TRANSPORT GR	.000, 1				20990	12.51											
City, State:				osal Date:	:			City, State:		2.2334								
NEW CASTLE, DE 6/04/17						WAYNESBURG, PA 19720												
Completed				Title:		223	Signature: Date:											
MIKE ALTADOUKA PRESIDENT								5/24/17										

Ch 20	781L	+	NO		Pursu	ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	16)	DE	G	E		V
Date of Notification (1) 5 /	23 /	17	7				ing Owner/Operator e's Health Syste		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MAY	2 6	20)17
Agencies Notified	Type Notifi	ication				eet Address	energy V						
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⊠ DOLWD	Amende	70.70			1-33	, State, Zip			The state of the s		ENS		
☑ DHSS ☐ DCA	Amenda Emerge					enville, N							
(NJAC 5:23-8)	justificat		iiGuuli	ig		ne of Conta			Telephone Nu	mhor			
	☐ Cancella	ation			0	Christoph	er McIvor		relephone No	imbei			
							NFORMATION						
Name of Facility Where Ab		Takin	g Plac	e (3)			• • • • • • • • • • • • • • • • • •	Type of Facility	(4)		-		
Saint Franicis Health	n Center							☐ School (K-12	1 /				
Street Address								─ Subchapter 8	(Other than K-	12)			
122 Diamond Spring	Road							Other (i.e., p homes, etc.)	rivate and comm	nercial l	buildii	ngs,	
City (5)								Square Feet	# of Floors	1	3ldg.	Δαρ	
Denville								50,000	3	- 1	77	ngc	
County (6)					Co	unty Code ((7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Morris							The state of the s	I V	munity Living			are C	nfr
Name of Monitoring Firm H	lired by Buil	lding C	Owner	(8)	ASC	M No.	Name of Abatem	ent Contractor (9)		rricar	06	1100	
Environmental Healt	h Investig	ation	ıs		297	737	Superior Aba						
Street Address							Street Address						
655 West Shore Trail							2 Henderson	Drive					
City, State, Zip Code							City, State, Zip Co	ode					
Sparta, NJ 07871							West Caldwe	ell, NJ 07006					
Project Manager for Monito	ring Firm			Tel	ephone	e No.	Telephone No.		License No.		-		
Bill Kerbel				(973) 7	29-5649	(973) 808-161	16	00411				
Start Date (10)		Sched				ate (11)	Name of OSHA M	lonitor					-
		2.77			4_ /	17	Superior Aba	tement Inc					
Occupancy Status During A							Street Address						
☐ Facility Closed/Vacated	During Entir	re Per	iod of	Abate	ement		2 Henderson	Drive					
☐ Abatement Performed O Time of Abatement:	utside of No	ormal	Facilit	y Hou	rs - De	scribe	City, State, Zip Co	ode					
			1/			_AIVI	West Caldwe	II, NJ 07006					
Scope of Work (Check all th	at apply)								W 16				
≥3 sf or ≥3 lf			⊠ Re	novat	ion		☐ Full Cont	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf			☐ De	moliti	on			Procedure					
		1	le	Loca	tion	1	☐ Non-Exer	mpted (*) and Non	-Friable Procedu	ure			
Location of				Norma			Description of			Ab	atem	ent T	уре
Asbestos-Containing Ma	terial (ACM))		d Sol	ely by	Asbe	stos Containing Mat	terial (ACM)	Amount	Re	Re	En	En
TO BE ABATE IN Facility	: <u>D</u>		8 (55 70)		Staff?	(i.e	., thermal systems in	nsulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
(13)		L		(12)			surfacing, VAT, other miscellaned		SF or LF)	la la		sula	ure
			Yes	No	N/A			,				te	
Bsmt Hallway by Utility	Tunnel Er	ntr.				Pipe Ins	sulation/Pipe Fitt	ings	350 LF				
										П		П	
Name of Registered Waste H				N	JDEP \	Waste	Cubic Yards of	Name of Registe	ered Landfill				
Service Transport Gro	up, Inc			Н	auler II SW21	S 5 (6 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5	Waste 5	Minerva Lan					
City, State					JIIZI	.,	Disposal Date	City, State					
New Castle, DE							6/14/2017	Waynesburg	jh, OH				
Completed By (Print or Type))	Title		100-		<u></u>	Signature	- 1	Da	ite	,	,	
Mary Petrovski		Pre	eside	nt			Mala	Villan	1	te 5/2	23/	17	7

State of New Jersey

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Date of Notification (1) 05/19/2017				of Building Sphine		Operator	r (2)		A construction of the cons		MAY	1 2	6	201	7
Agencies Notified Type Notification	n		Street A	Address					-						
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DEP X Amended		Ī		ate, Zip C					_				NSI		and the second second
X DOL Amendme	nt # <u>1</u> y (including	_	Ridge	wood, N	۱J, 074	50									
	n)			of Contact					1						
DCA Cancellati	on			Mulligar					i						
Name of Facility Where Abatement is Tak	ing Place /	2)	FAC	ILITY INF	ORMAT	ION	T =	- F 30 /4							
Mona Sphineller	ing riace (3)					Т	pe of Facility (4	500						
Street Address							×	School (K-12 Subchapter 8 Other (i.e. pr	(Othe			build	dings,	home	es,
City (5)								etc.) uare Feet		Floors			ldg. A		
Ridgewood County (6)			County	Code (7)			Cu	rrent Use (Prior	rifboir	a dom	aliaha	1			
Bergen				USE ONLY	o		Cu	Helit Ose (Filol	II Dell	ig dem	olished	1)			
Name of Monitoring Firm Hired by Buildin	g Owner (8))	ASC	И No.				batement Cont operty Maint			LC				
Street Address						Street 105		ress Riper Aven	ue						
City, State, Zip Code								, Zip Code NJ, 07011							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none	No.			se No.				
Start Date (10)	Schodul	od Con	onlotion	Date (11)				-9008		0133	0				
05/29/2017	05/31/	2017	npietion	Date (11)		ivame	or O	SHA Monitor							
Occupancy Status During Abatement (Ch	eck Only Or	ne)				Street	Add	ress				V-384-		-	
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: 8:00 A.M.	Period of a rmal Facility	Abatem / Hours	nent			City, S	state,	Zip Code			- 07-31-2				
Scope of Work (Check All That Apply)	11 11 11 11 11 11 11														
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	le	Locati	on					- Individual in the second in	7 0.10		- I		NO.	ment	
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TO BE ABATED In Facility		todial S		(i.e.	thermal surface	systems cing, VA				pecify or LF)		Ren	Re	ncap	ncl
(13)		(12)				niscellan			O.	0, 1,		Remova	Repair	Encapsulate	Enclosure
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Basement							tion		12	2 LF	Х				
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Name of Registered Waste Hauler TBD		H	JDEP W auler ID 3D		of Was	ste		Name of Re							
City, State				Dispos	al Date		City, State Melville,	NY 1	1747						
Completed by	Title				S	ignature				T	Date				
Darko Raloski	Proje	ct Ma	nager					Man.			05/1	9/2	017		

Print Form

Emergency (including Name of Contact John Multigan Facility Where Abatement is Taking Place (3) Name of Contact John Multigan Facility InfoRMATION School (K-12) Subchapiler 8 (Other than K-12)									F	7 0		F	rint F
Mar 2 b 2017 Mona Sphineller Mar 2 b 2017 Mare and Assessing the Market Address Mark	NOCK		NOTI	FICATIO Pursuar	ON OF ASBES nt to NJAC 8:	STOS ABAT 60 and 12:1	20)			<u> </u>	<u>L</u>	<u> </u>	<u>[</u>
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Emergency (including DoA Cancellation DoA Do	DEP Amended	nt #							* * * * * * * * * * * * * * * * * * *	LIC	ENS	NG	name of thickness
State Address Street Address Stree	DOH justification)	g	Name	of Contact				Telenhon	o Alamha	-		
Name of Facility (Nihere Abstement is Taking Place (3) Mona Sphrineller Street Address City (5) Ridgewood County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abstement Contractor (9) MKD Property Maintenance, LLC Street Address City, State, Zip Code City, State, Zip						MATION			<u>_</u>				
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City (5) Rergen County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) MKD Property Maintenance, LLC Street Address 105 Van Riper Avenue City, State, Zip Code City, State, Zip Cod	Street Address							Subchapter	8 (Other than	n K-12) mercial h	uildina	s hom	291
County (6) Bergen Bergen County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) MKD Property Maintenance, LLC Street Address 105 Van Riper Avenue City, State, Zip Code Clifton, NJ, 07011 Telephone No. 201-899-9008 Clisten Description Date (11) O5/29/2017 Docupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other—Describe: 3:00 AM City, State, Zip Code Clifton, NJ, 07011 Telephone No. 201-899-9008 Clisten Description Date (11) O5/29/2017 Docupancy Status During Abatement (Check Only One) Street Address City, State, Zip Code City, S	City (5)	dgewood						etc.)					
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) MKD Property Maintenance, LLC Street Address Street Address 105 Van Riper Avenue City, State, Zip Code Clifton, NJ, 07011 Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. 201-899-9008 Start Date (11) DoS/29/2017 Scheduled Completion Date (11) Name of OSHA Monitor Street Address 105 Van Riper Avenue City, State, Zip Code Clifton, NJ, 07011 Telephone No. 201-899-9008 O1336 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Street Address Full Containment with Negative Pressure Mini-Enclosure Glover Jepsoners 260 AM Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State,	County (6)	nty (6)						ırrent Use (Prio	r if being den	nolished)			
Street Address Street Address Street Address 105 Van Riper Avenue City, State, Zip Code Ciffon, NJ, 07011 Telephone No. 201-899-9008 City State Zip Code Ciffon, NJ, 07011 Telephone No. 201-899-9008 City State Zip Code Ciffon, NJ, 07011 Name of OSHA Monitor Dis/29/2017 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Street Address City, State, Zip Code Street Address City, State, Zip Code C		0			- (CO) 10	Salata in taxolir							
State, Zip Code	270 #70	ne of Monitoring Firm Hired by Building Owner (8								.LC			
City, State, Zip Code Ciffon, NJ, 07011 Telephone No. 201-899-9008	oreer Address								ue	17			
Telephone No. 201-899-9008 Dia336 Start Date (10)	City, State, Zip Code					City, S	State	, Zip Code					
Start Date (10) 05/29/2017 05/29	Project Manager for Monitoring Firm			Telepho	one No.	Telep	hone	No.					
Street Address Street Address	Start Date (10) 05/29/2017	Schedul 05/31/	ed Cor	mpletion	Date (11)				0130				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code C	Occupancy Status During Abatement (Chec					Street	Add	ress					
Scope of Work (Check All That Apply) ≥ 33 sf or ≥3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Procedure	Abatement Performed Outside of Norn	Period of a	Abater y Hour	nent s									
≥3 sf or ≥3 if ≥160 sf or ≥260 if □ Renovation Demolition □ Renovation Demolition □ Renovation Demolition □ Renovation Demolition □ Renovation Period of Normally Section Procedure Renovation Re													
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Basement X Basement 122 LF X Abatement Type Abatement Type Registered Waste Hauler BD NDEP Waste Hauler ID No. TBD NDEP Waste Hauler ID No. TBD Disposal Date Disposal Date Signature Signature Abotement Type A	x ≥3 sf or ≥3 lf	-				×	1 0	Mini-Enclosure Blovebag Proce	dure				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Basement X Basement Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF Amount (Specify SF or LF) Basement X Basement 122 LF X Amount (Specify SF or LF) Basement Title Disposal Date Date Date	W 1/2 1/2	1,000					1 1	Non-Exempled	() and Non-F	-паріе Рі	Abat	emen	
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ame of Registered Waste Hauler BD NJDEP Waste Hauler ID No. TBD Hauler ID No. TBD Disposal Date City, State Melville, NY 11747		Yes	No	N/A						<u>a</u>		late	ire
Hauler ID No. TBD of Waste 2 YDS 110 Sand Company ity, State Disposal Date City, State Melville, NY 11747 Title Signature Date	Basement	X			Basemer	nt		122 LF	Х				
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Disposal Date City, State Melville, NY 11747 Disposal Date Signature Disposal Date	BD		H	auler ID	No. of	Waste		N commercial a				o	
ompleted by Title Signature Date	City, State	State						City, State					
1 /1/7 4 1 11.01 13/7/11/7	Completed by Parko Raloski		ct Ma	nager		Signature			NI 11/4/		2017		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 25 17 Verizon Agencies Notified Type Notification Street Address 1 Verizon Way **⊠** DOLWD ☐ Amended ASBESTOS CONTROL & City, State, Zip Code □ DHSS Amendment # LICENSING Basking Ridge, NJ 07920 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Alex Baylor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 245 South Wood Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Linden, NJ 10,000 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **USA Enviornmental** JVN Restoration Inc Street Address Street Address 8436 Enterprise Avenue 47 Foster Road City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5870 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 05 / 17 08 / 31 / 17 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM-____PM/5:00PM-1:30AM LIC NY 11101 Scope of Work (Check all that apply) Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If ☐ Mini-Enclosure ≥160 sf or >260 lf ☐ Demolition ☐ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Removal Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement HVAC Room \boxtimes Pipe Insulation and Fittings 11 LF \boxtimes **Basement Meter Room** M Pipe Insulation and Fittings 27LF X П П Basement Stair Landing M Floor Tile and Mastic 30SF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste **Newark Carting** G.R.O.W.S., Inc. NJ-566 40 City, State Disposal Date City, State Hackettstown, NJ 06/16/17 Morrisville, PA Completed By (Print or Type) Signature Ralph Barnhardt 05-25-2017 Project Manager

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

State of New Jersey

Date of Notification (MC	\vdash	,	ant to NJ										
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5/5/2017 Agencies Notified Type Notifical	ion		Eng	lewood et Addres	L Hospit	al and	Medical C	entel	N		, [\mathbb{W}	
			in misses		T.			-	3					-
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☑ DOL Amendm	ent#					202000		16	I Lij	MA	Y 2	6	2017	7
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□ DCA □ Cancella			1	2, 55,500				[]	Telepho	не уш	mher	8	TRO	71
			FA	V Hahr	1 NFORMA	TION						1911	3	ノレ
Name of Facility Where Abatement is Ta						1014	Type of Facil	ity (4)				- Mary Construction		The Completion
Englewood Hospital and Medi	cal Cen	iter					☐ School (10000		
Street Address							☐ Subchar	oter 8 (C	Other tha	an K-12	2)			
350 Engle Street							□ Other (i.	e. priva	te & cor	nmercia	al bui	ildings	, hon	ies
City (5)							etc.) Square Feet		of Floo					
Englewood, NJ 07631						1		1 *	F 01 1-100)rs		Bldg.	Age	
County (6)		e e e e e e e e e e e e e e e e e e e	Count	y Code (7	7)		10,000 Current Use (Drine if t	2	11.1	-	+50		
ergen				E USE ON						molish	ed)			
lame of Monitoring Firm Hired by Buildin	g Owner	(8)	ASC	CM No		Name	Hospital P of Abatement (ower	Plant					
Iillman Environmental Group		165				Marie .		Jontract	or (9)					
treet Address	- LLL					Degm	or Inc.							
500 Route 22E														
ity, State, Zip Code	-3.410-0-0-0	76				511 C	nal Street ate, Zip Code	- 3rd	Floor					
nion, NJ 07083				5158	1 1									
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24219199901 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) MAY 26 2017 23 / 17 05 Rebecca Parkinson Agencies Notified Type Notification Street Address ☐ EPA X Initial ASBESTOS CONTROL **⋈** DOLWD Amended LICENSING City, State, Zip Code X DHSS Amendment # ☐ DCA Basking Ridge, NJ 07920 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Rebecca Parkinson FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Blda. Age Basking Ridge, NJ 07920 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Somerset Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 06 / 01 / 17 06 / 02 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf ≥ 160 sf or ≥260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Repair Used Solely by Asbestos-Containing Material (ACM) Encapsulate Remova Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes N/A No \boxtimes Basement Ш \boxtimes Pipe insulation 110 LF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 T.R.R.F. Inc TBD City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date Tentic Wenad N.Jevtic Owner 05/23/17 ASB-41

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

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ASB-41 (R-06-08)						U +	Do not	use this for	m for ast	bestos licensu	re exe	mpted	activi	ties.

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

Ch24174			ICATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE		T CHECK	# 23	915/2	2392	5/2	400	1/24	174
Date of Notification (1) 05-22-17			Name of Uniles	of Building ver	Owner/0	Operato	r (2)			In	E	C	, [\mathbb{V}
Agencies Notified Type Notification				Address Sylvan A	Vanue					K		-		The books	
EPA Initial Amended				ate, Zip C	and the second second						Table 1	MA	Y 2	6	2017
X DOL Amendment Emergency (wood C		j					Metablished				
DOH justification) Cancellation	ii iciddii iç	1		of Contact							ktrmi	er-	775	CO	NTRO
Cancellation				ILITY INF	90	ION								<u>ISII</u>	VG_
Name of Facility Where Abatement is Taking	Place (3)					Тур	e of Facility (4)					4	
Street Address 700 Sylvan Aveue							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe	er than comm	K-12) ercial	build	dings	, hom	ies,
City (5) Englewood Cliffs							Squ	are Feet	# of	Floors		В	ldg. A	Age	
County (6) Bergen	DESIGNATIONS.			Code (7) USE ONLY	0			rent Use (Pric	or if bein	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building C ALC Environmental	wner (8)	ASC	M No.				eatement Con Environme							
Street Address 121 West 27th Street, Suite 402						Street	Addr								
City, State, Zip Code New York, NY 10001								Zip Code , NJ 07072							
Project Manager for Monitoring Firm Shawn Waldron			Telepho (212) (ne No. 675-554	4	Teleph	none l	INTERNAL CONTRACTOR OF THE STREET	T	Licens					
	Schedul 07-31-		· Commercial Commercia	Date (11)	10	Name Even		SHA Monitor							
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addre	ess	4500-A						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of a	Abaten / Hours	nent					ckson Aver Zip Code	nue						
Other – Describe:					_			nd City, N	11110)1					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	[F] -	** ** **** **** *****				ΙV	7								
≥3 St of ≥3 if ≥160 sf or ≥260 lf	_	Renova Demolit				×	M Gi	ull Containme ini-Enclosure lovebag Proce on-Exempted	edure	1576				_	
	Is	Locati	on				1 190	DII-Exempted	() and	14011-1	lable			ement	t
Location of Asbestos-Containing Material (ACM)		Normal d Sole				cription			2000		1	_	Ту	ре	\vdash
TO BE ABATED In Facility (13)	11 1000000000	intenar todial S (12)					insul T, or	lation,	(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	W
Building D: 2nd Floor			Х		-	proofi	ng		11,0	00SF		х			
Building D: 1st Floor			Х			VAT				25SF		x			
Building D: 1st Floor			X			Insula				16LF	_	x			
Building D: 3rd Floor Name of Registered Waste Hauler		I NI	JDEP W	'nata	Fire Cubic	proofin	ng	N=====(D		00SF		x			
ATC, Inc. / JBT (50071)		H	auler ID 1310		of Was			Name of R Minerva							
City, State Shirley, NY / Bronx, NY		-	13	77.2-11	Dispos TBD	al Date	}	City, State Waynest	ourg, (OH 44	1688				
Completed by Richard Doran	Title Proje	ct Ma	nager		Si	gnature	N.	AT	20		Date 05-2	2-1	7		

Title Of Project: 700 Sylvan Avenue, Englewood Cliff, NJ

Additional Materials / Floors

ASBESTOP CONTROL &

		į.	LICER	STNG
Location of Asbestos-Containing Material (ACM)	Is Location Normally Used Solely by Maintenance or	Description of Asbestos-Containing Material (ACM)	Amount (Specify Square Feet	Abatement Type (Specify: Remova
TO BE ABATED in Facility (13)	Custodial Staff? (12)	(i.e., thermal systems insulation, surfacing, VAT	or Linear Feet)	Encapsulation or Enclosure)
Building D: 2nd Floor	N/A	or other miscellaneous) Pipe & Fittings	1,400LF	Removal
Building D: 3rd Floor	N/A	Pipe & Fittings	1,400LF	Removal
Building B: Basement	N/A	Fireproofing	144SF	Removal
Building B: 2nd Floor	N/A	Mastic	1,200SF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	6LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	11LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	10LF	Removal
Building A: Ground Floor	N/A	Debris	100SF	Removal
Building A: 1st Floor	N/A	Pipe Insulation	6LF	Removal
(2)Under Pedestrian Bridge between Bldgs. B&C	N/A	Pipe Insulation	60LF	Removal
(2)Under Pedestrian Bridge between Bldgs. A&B	N/A	Pipe Insulation	65LF	Removal
(3) Building A: 3rd Floor	N/A	Glue Dots	15,000SF	Removal
			1	

													_	Pr	int-I
Ch 975			FICATIO		w Jersey ESTOS Al 8:60 and			т	R	E	C	<u> </u>			In I
Date of Notification (1) 05-22-17				of Building el Silva	Owner/Op	erator	(2)			[N	AAY	2 6	3 20	117	1
Agencies Notified Type Notification EPA Initial Amended	n			Address ate, Zip Co	ode					ASBE	STO	S C	ON	TROI	. &
DOL Amendmen			Caldv	vell, NJ C									- "		
DOH justification Cancellation	1)	,		of Contact el Silva					Te	lephone	Num	ber		=-00!!!!=oc	
Name of Facility Where Abatement is Taki	ing Place (3)	FAC	ILITY INFO	ORMATIO	N	Tim	o of English	- (4)						
Private Home	ing ridoc (٥)					Typ	e of Facility School (K	1000000 2100000						
Street Address						K	Subchapte Other (i.e. etc.)	er 8 (Oth				dings,	hom	es,	
City (5) Caldwell						Squ	uare Feet	# 0	f Floors	3	В	lldg. A	\ge		
County (6) Essex			County (STATE	Code (7) USE ONLY))	_	Cur	rent Use (P	rior if be	ing dem	nolishe	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASCI	M No.	100			patement Co entracting		(9)					
Street Address						Street 522							0.00		
City, State, Zip Code				-	0.0			Zip Code ty NJ 070	87						
Project Manager for Monitoring Firm			Telepho	ne No.	1	Геlерһ	one	•		Licens 0120	se No.				
Start Date (10) 06-02-17	Schedul 06-04-		mpletion	Date (11)	51 53			SHA Monito							-
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street									
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of a	Abater y Hour	ment s				tate,	Zip Code	07	-					
Scope of Work (Check All That Apply)						Unio	n CI	ty NJ 070	87						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				· · · ·	N G	ulf Containn lini-Enclosu llovebag Pro on-Exempte	re ocedure	17.2				۵	
Location of	1	Locat	lly		Descr	intion							Abate	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintena todial ((12)	nce/		thermal sy surfacing other mis	ning M stems g, VA	ateri insu T, or	lation,	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									=		ate	
	Exterior						ling			00 SF	-	X			
Roof	X			R	oof			32	25 SF		x				
Name of Registered Waste Hauler	IN	IJDEP W	'aste	Cubic Ya	rds		Name of	Registe	red Lan	ndfill					
Delfa Contracting LLC	100000	lauler ID 35240	No.	of Waste			Tullyto	8			cove	ery F	acilit	у	
City, State Jnion City, NJ					Disposal 06-05-		1. 111	City, Sta Tullyto		Λ.					
Completed by laime Delgado	Title Proj.	Mana	ager.		Sign	ature		18			Date		17		to to

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('	M	LV)(04
	7)	7	

State of New Jersey

Ch 52lly				N OF ASI t to NJAC							1.437	0	o 0	04=9	The contraction of
Date of Notification (1) 05/19/2017			Name o	of Building lence	Owner/	Operato	r (2)			nd Pi	AAY	2	6-2	U1/	L
Agencies Notified Type Notification X EPA Initial			Street /	Address						ASBE			CON		L &
X DEP Amended X DOL Amendment				ate, Zip C ord, N.J		3			the feet fragment						
Emergency justification) DCA Cancellation		1	200	of Contact Fabrield					Tel	ephone	Numl	ber			
N 65 30 10			FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Abatement is Takir Residence	ig Place (3)					-	of Facility (School (K-1	5500						
Street Address								Subchapter Other (i.e. petc.)	8 (Oth				dings	, hom	es,
City (5) Cranford								re Feet	# o	f Floors		8 8	ldg. A	\ge	
County (6) Union				Code (7) USE ONLY)		Curre	nt Use (Pri	or if bei	ng demo	olishe	d)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	ASC	M No.				tement Cor		(9)					
Street Address PO Box 354						100000000000000000000000000000000000000	Addres	s ty Avenu	Α.						
City, State, Zip Code South Orange, NJ 07079					City, S	State, Zi	p Code J 07205					-			
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 49-2666		Teleph	none No	D.		License 01316					
Start Date (10) 06/05/2017	Schedul 06/16/		npletion	Date (11)				IA Monitor	s Solu						
Occupancy Status During Abatement (Chec							Addres			itions					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of a	Abaten	nent				Box 35	p Code				11.5			
Other – Describe:					_			nge, NJ (7079						
Scope of Work (Check All That Apply)	П.	23				_	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit		V		×	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure					e	
Janetter of	1.00	Locati											Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use Ma	ed Sole intenai todial S	ly by nce/		tos Cont thermal	systems	laterial s insula			mount		Re	Z)	Enc	Ē
In Facility (13)		(12)	7.0			ing, VA niscellan			SF	or LF)		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A							0.15				te	
Dasement	X			bit	e wra	p		14	0 LF)	2	_			
Name of Registered Waste Hauler Newark Carting		Н	JDEP W auler ID		Cubic of Was			Name of F Waste N	_ 5			461			
City, State	04	1509		Dispos	al Date		City, State	,		Lai	iuiiii	10:		_	
	st Orange, NJ							Penn Ar	gyle,						
Completed by Alison Lamers	Title Office	e Mar	ager		Si	gnature	WW	WOV.)		Date 05/1		017		

05/19/2017

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

		NC				AC 8:60 and 5:	Control of the Contro					Charles and and
Date of Notification (1)				Nai	ne of Buildin	ng Owner/Operator	(2)	HI U MAY	26	50.	17	
05/	23 /	17		1		elopment	_/		51	91	11	
Agencies Notified	Type Notific	cation		Stre	et Address			ASBESTO	15 00	TMC	BOL	2
⊠ EPA	☐ Initial	odtion		1	153 Laure				ENS		100	LA.
□ DOLWD	☐ Amende				, State, Zip			The state of the s			- P. D. PT. 1 PEC.	
□ DOH	Amenda		_									11.5
DCA	☐ Emerge	ncy (includ	ing	100000	ne of Conta	rbor, NJ 08734						
(NJAC 5:23-8)	justificat Cancella			Action and	ne of Conta rian Dean			Telephone Num	ber			
				F	ACILITY II	NFORMATION			X757/6	Second Second		
Name of Facility Where A	batement is	Taking Pla	ce (3)				Type of Facility	(4)				
Residence							School (K-1)					
Street Address							☐ Subchapter	8 (Other than K-12	2)			
							Other (i.e., phomes, etc.)	private and comme	rcial b	uildin	gs,	
City (5)							Square Feet			I-I- A		
Ship Bottom							800 sf	# of Floors	В	ldg. A	ige	
County (6)				Co	unty Code (7)(STATE USE ONLY)				65		
Ocean				00	unity Code (I JUSTATE USE ONLY)		rior if being demoli	shed)			
Name of Monitoring Firm	Hired by Ruil	Idina Owne	r /8)	ASC	M No.	None of Abote	Residence					
N/A	rined by Dun	iding Owne	1 (0)	ASC	VI INO.		ent Contractor (9)					
Street Address							ntracting, Inc.					
ottoot / tdu/c33						Street Address						
City, State, Zip Code						1889 Route 9	0).					
only, orato, zip obac						City, State, Zip C						
Project Manager for Monit	oring Firm		TT	elephon	o No		New Jersey 08					
,	ioning i mini		1.	siepriori	e INO.	Telephone No. 732-349-9932		License No.				
Start Date (10)		Scheduled	Com	olotion F	oto (11)			00624				
06 /02 /					17	Name of OSHA N E.M.S.L. Ana						
Occupancy Status During	Abatement (Street Address	,					
☐ Facility Closed/Vacate						1056 Stelton						
☐ Abatement Performed	Outside of N	ormal Faci	lity Ho	urs - De	escribe							
Time of Abatement:	AM	PM/	P	M	_AM	City, State, Zip C	ode New Jersey 08	054				
Scope of Work (Check all	that apply)				WE-	FISCalaway,	New Jersey U8	854				
		1950				☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf			Renov				closure	,				
24 = 100 31 01 = 200 II		ML	emol	tion			g Procedure	n-Friable Procedu	ro			
			ls Loc	ation		2	Improd () drid 140	II-I Habie i Toceda	-	patem	ont T	100
Location of			Norn			Description of	of		-	_		
Asbestos-Containing N TO BE ABAT	faterial (ACN			olely by nance/	Asbe	stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
IN Facility		111 0110.01		al Staff?	(I.e	., thermal systems surfacing, VAT		(Specify	VOL	and and	aps	losu
(13)			(1:	2)		other miscellane	ous)	SF or LF)	<u>m</u>		Encapsulate	Тe
		Yes	N	o N/A			•				е	
exterior					asbesto	os siding		700 sf				
									П	П	П	П
			ĪП									
			1						무			
lame of Registered Waste	Hauler			NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill			Ш	Ш
Guardian Contractin				Hauler	ID No.	Waste	T.R.R.F.	tered Landilli				
City, State				2022	J	3 Disposal Date	City, State					
Toms River, New Jer	sey					06/06/17	200	Pennsylvania				
Completed By (Print or Typ	oe)	Title				Signature	1	A	to :			
Nicholas Fernicola	condition of the second	Projec	t Ma	nager		Signatule	/	Da	5/	12	1-	

Ch3974	+	NOTII		ON OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1		DEG	6		\mathbb{V}	E
Date of Notification (1)			Nar	ne of Buildir	ng Owner/Operator ((2)					
	22 / 17	7			ennerty Revoca		III L MA'	1 2	6 2	2017	***************************************
Agencies Notified	Type Notification		Stre	et Address						With the state of	
⊠ EPA			6	812 Pelica	n Bay Boulevard	1	ASBES1	OS	CON	ITRO	DL 8
⊠ DOLWD	Amended			, State, Zip			L	ICEN	ISIN	<u>G</u>	1000
□ DCA	Amendment #		N	aples, FL	34108						
(NJAC 5:23-8)	justification)	icidaling	Nar	ne of Contac	ot .		Telephone Num	ber			
	☐ Cancellation		А	nita Fenne	erty						
			NFORMATION								
Name of Facility Where	Abatement is Takin	g Place ((3)			Type of Facility	(4)				
Residence Street Address							8 (Other than K-12 private and commen		uildin	gs,	
City (5)						Square Feet	# of Floors	BI	ldg. A	vae.	
Cape May						4,000	3		80	3-	
County (6)			Co	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			-
Cape May						Residentia	I				
Name of Monitoring Firm	Hired by Building	Owner (8	B) ASC	M No.	Name of Abateme	ent Contractor (9)				
Mgmt. & Environme	ental Consulting	Servic	es		Shade Enviro	onmental, LLC	;				
Street Address					Street Address						
PO Box 341					623 Cutler Av	/enue					
City, State, Zip Code					City, State, Zip Co	ode	,				
Chesterfield, NJ 08	515				Maple Shade	, NJ 08052					
Project Manager for Mon	toring Firm		Telephon	e No.	Telephone No.		License No.				
Bill Weisgarber				8-4070	856-755-0099		00842				
Start Date (10)			mpletion [Name of OSHA M						
		06_ /	05 /	17	EMSL Analyti	ical, Inc.					
Occupancy Status During		7.0	9.5		Street Address						
☐ Facility Closed/Vacate					200 Route 13	0 North					
Abatement Performed Time of Abatement: _					City, State, Zip Co	ode					
		VI/	_FIVI	_^\\\	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)	⊠ Rend	ovation nolition		☐ Mini-Enc	g Procedure	gative Pressure	e			
		1993.00.700	ocation					Ab	atem	ent T	уре
Location Asbestos-Containing I TO BE ABA IN Facilit (13)	Material (ACM) TED	Used Main Custo	Solely by stenance/dial Staff?	(i.e	Description of stos Containing Mar thermal systems in surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure

Basement				Resid	lual Pipe Insulatio	n	55 LF			
Basement		\boxtimes		Trans	site		50 SF	\boxtimes		
Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Hauler 3242	ID No.	Cubic Yards of Waste 2	Name of Regis	stered Landfill County Landfill				
City, State Maple Shade, NJ					Disposal Date 06/05/2017	City, State Woodbine	, NJ			
Completed By (Print or Type) Christina Lynch	Title Vice P	resid	dent of	Operati	Signature ons	25	Dat	e /];	 	

Pipe Insulation

 \boxtimes

40 LF

Basement

CH3012

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

0110010		(1	'ursuant	to NJAC	8:60 an	d 12:12	0)								
Date of Notification (1)				of Building					1		MAY	2 6	20	17	
5/18/2017 Check #3012					olic Re	gional	High	School	1	Ì					
Agencies Notified Type Notification EPA Initial				Address Bergen A	venue					ASB	ESTO	OS C			
DEP Amended	12	İ		ate, Zip C		2005			*9.11			7	77710		
DOL Amendment Emergency (_		y City, N)6							35 155		
DOH justification)				of Contact					Tel	ephone N	umber				
DCA Cancellation			Victor		001117				-03						
Name of Facility Where Abatement is Taking	g Place (3)	FAC	ILITY INF	ORMAII	ON	Typ	e of Facility (4)						
Hudson Catholic High School		*					X	School (K-1	850						
Street Address			=				H	Subchapter	8 (Oth	er than K-	12)				
790 Bergen Avenue								Other (i.e. p etc.)	rivate	& commer	cial bui	ldings	, hom	es,	
City (5)							Squ	are Feet	#0	Floors		Bldg. /	Age		
Jersey City								000	2			50+			
County (6) HUDSON				Code (7) USE ONLY)			rent Use (Prid	or if bei	ng demoli:	shed)				
Name of Monitoring Firm Hired by Building (Owner (8))	ASCN	И No.		Name		atement Con	tractor	(9)					
N/A	,	ä						ces Corpo		***************************************					
Street Address						Street									
						426	69th	Street							
City, State, Zip Code						City, S	tate,	Zip Code							
						Gutte	enbe	erg NJ 070	93						
Project Manager for Monitoring Firm	24.079 (6-2-3-		Telepho	ne No.		Teleph				License	No.				
								1700		01074		-2-5217			
Start Date (10)	ed Cor	npletion	Date (11)				SHA Monitor								
Coordinate Status During Abote and Object	\						above								
Occupancy Status During Abatement (Check						Street	Addre	ess							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Starting 8 AM	Period of a lateral Pacifity	Abater / Hour	nent s			City, S	tate, 2	Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	vation				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	Is	Locat	ion								riable Procedure Abatement				
Location of	1	Vorma	lly		Des	scription	of					Ty	/ре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial ((12)	nce/		thermal surface	escription of staining Material (ACM) Il systems insulation, acing, VAT, or miscellaneous)			(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								2	,	ate	ē	
Basement		X			Pipe	Insula	tion		Ę	5 LF		Х			
	+														
	-								-		-				
Name of Registered Waste Hauler		N	JDEP W	lasta	Cubic	Varda		Name of F	Domint -	rod I and	1		L		
Freehold Carting		F	lauler ID 5939		of Was			Cumber			11				
City, State Freehold, NJ					10000000	al Date		City, State							
Completed by	Title					ignature	/	200	7	D	ate				
Gina Betances	100000000000000000000000000000000000000	e Ma	nager			X	4	1Vin 1			118/2	017			

Ch4237

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

E C			\mathbb{V}	M
MAY	2	6	2017	

								1					1
Date of Notification (1)	21-17			1		ding Owner/Operat		MTAG	E ESTO	806	DNT	ROL	8
Agencies Notified	Type Notifica	tion		15	Street Addres		_ ~:		LIC	ENS	NG		
DEPA	nitial Amended			L		155 R	T 50						
₩ DOL	Amendme	nt #			ity, State, Zi) -: · · O A	. —	00.	-			
₩ рон	☐ Emergence justification		ding	<u>_</u> -		rten fi	tlo 1	1)	08	250	2		
□ 0CA	Cancellation			"	lame of Cont	act RUCE		Tele	ohone Nur	mber		100-00-0	
						NFORMATION							
Name of Facility Where A)			Type of Fac	ility (4)					
Street Address	RESIDE	MC	<u>E</u>				School (F		- 15	401			
							Other (i.e homes, e	ter 8 (Othe ., private & etc.)	commer	iz) cial bu	ilding	IS,	
City (5)	1 ARGAT	F					Square Feet	# of	Floors	. [3ldg.	Age) †	
County (6)					County Code (SE ONLY)	(7) (STATE	Current Use	(Prior if be	ing demo	ished			=
Name of Monitoring Firm	MT/C	g Owne	er	_1_	CM No.	Name of Abater	ment Contractor	4CAN	<u></u>				_
(8) W	JA.					- KI	- TM CO	IN (7				
Street Address						Street Address	5. Sf	PRUCE	AL	t`			
City, State, Zip Code						City State Zin (Code SE				81		
Project Manager for Monit	oring Firm		Te	lepho	ne No.	Telephone No.		Lice	nse No.		702	36	_
Stad Data (40)			<u></u>	7.7			19-047	2 _	004	44			
Start Date (10)	Sch		S-		Date (11)	Name of OSHA	Monitor N /	A					
Occupancy Status During	Abatement (Ch			-		Street Address					-		_
Facility Closed/Vacated													
☐ Abatement Performed C☐ Other - Describe:	Outside of Norm	al Facil	ity Hou	ırs		City, State, Zip C	ode	50 ±					
Scope of Work (Check all t	hat apply)	-									_		_
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Asbestos-Containing Mate		Mai	ntenan	œ/		os Containing Mate	erial (ACM)	Amo	unt			E	
TO BE ABATED IN Facility	2		ustodia Staff?	31	(i.e.,	thermal systems in surfacing, VAT,		(Spe		Rer	Re	Encapsulate	Enclosure
(13)			(12)			other miscellaneo		0, 0	L1)	Remova	Repair	psul	uso
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City, State MAPLE SHO	ADE NI	T				Disposal Date	City, State	+S Hul	TVIL	LE	Ø.		
Completed By	Title	< 1	0			Signature /	m-		Date	71	_ >	,	
MICHAEL KLE	IMM	50	4-			- Mert	WIV			4			_

CKac	133	NOT	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)								\mathbb{V}	E
Date of Notification (1) 05 / 1	2 / 17	,		1		g Owner/Operator n Academy	(2)	III MA	Y 2	6 :	2017	7
Agencies Notified T	ype Notification				Address				202	350 0		
	Initial				W. 7th S	treet		ASBEST	roc	001	ITD	01
☑ DOLWD □] Amended				State, Zip (ICEN			UL
☑ DOH	Amendment #				infield, N			5-5 Feet 6-4	- 05 1551	alapanini na ma		
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N				FAG	CILITY IN	IFORMATION						
Name of Facility Where Aba	tement is Takin	g Place	(3)				Type of Facility (
Commercial							School (K-12)				
Street Address								(Other than K-12) ivate and commercial		ildina		
530 W. 7th Street							homes, etc.)		Jiai bu	liuling	٥,	
City (5)							Square Feet	# of Floors	Blo	dg. Ag	ge	
Plainfield												
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolisl	ned)		-	_
Union					., (.)(0.7.7.2 002 01/2.7)	Carront boo (i ii	or it being demons	icuj			
Name of Monitoring Firm Hir	ed by Building (Juner /	(8)	ASCM	No	Name of Abstor	ent Contractor (9)					_
Bio Terra Solutions	ed by building (DANIEL ((0)	ASCIVI	IVO.							
							NAGEMENT LI	LC				
Street Address						Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip C	ode					
Union, NJ						Garfield, NJ	07026					
Project Manager for Monitori	ing Firm		Tele	phone	No.	Telephone No.		License No.				
Rick Eustaquio			97	73-494	-3762	973-928-4888	3	1188				
Start Date (10)	Sched	duled C	omple	tion Da	te (11)	Name of OSHA	/lonitor	1				-
05/_22_/	9		75	2 /		ALL PRO MA	NAGEMENT LI	С				
Occupancy Status During At						Street Address			-			_
☐ Facility Closed/Vacated [10000	ment			Laus					
☐ Abatement Performed Ou					Dit							
Time of Abatement:												
						Garrield, NJ	07026					
Scope of Work (Check all the ≥3 sf or ≥3 lf ≥ ≥160 sf or ≥260 lf	at apply)	-	novati molitic			☐ Mini-End ☐ Gloveba	g Procedure					
		,				Non-Exe Non-Exe	empted (*) and No	n-Friable Procedur	е			
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Location of Asbestos-Containing Mar	terial (ACM)		d Sole		Acho	Description stos Containing Ma		Amount	R	R	Щ	1
TO BE ABATE		100000000000000000000000000000000000000	intena			., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	
IN Facility		Cus		Staff?		surfacing, VAT	, or	SF or LF)	val	=	nsc	
(13)		Yes	(12) No	N/A	1	other miscellane	eous)				ate	1
Under Back Stage				N/A	VAT/Ma	astic		20 SF]
Sanctuary					Mastic	l		3,500 SF				[
Two storerooms in San	ctuary			\boxtimes	VAT/Ma	astic		340 SF				
Kitchen and Pantry					VAT/Ma	astic		470 SF		П	П	I
Name of Registered Waste H	Hauler	Tremela !	1000	JDEP V		Cubic Yards of Waste	Name of Regis					1-
Century Waste LLC			П	lauler II 32797		As Needed	IESI Bethle	hem Landfill				
City, State						Disposal Date	City, State					
Elizabeth, NJ						TBD	Bethlehem	, PA				
Completed By (Print or Type) Title	е				Signature	1	Da	te f		f	
Allen Monchik			Man	ager		lanager Signature Date						2
ASB-41					The state of the s		/ \ /	-	11		1	

State of New Jersey 12:120-7)

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND CONTINUATION SHEET



				530 W. 7th Street, Plainfield, NJ	Property and the second	CONTROL 8			
		(max), (max)					ISING		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13) Yes No N/A				Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i	E n c a p s u	E n c l o s u r e
1st Floor Cooridor, offices, and	162	INO	N/A				-		-
stairwells and landings incl.							_		
basement landing			×	VAT/Mastic	720.65	v	1		
Lobby	-		X	VAT/Mastic	720 SF	X			-
	-	-	^	VALANGSCIE	560 SF	Х	· ·		
Basement room under lobby			х	VAT/Mastic	700 SF	х			* .
Basement front room next				80			1 11		
room under lobby				VAT/Mastic	1,800 SF	X			
Basement storerooms			Х	VAT/Mastic	700 SF	Х			
Exterior Doors			X	Fire Doors	5 Doors	Х			
Side and Front Entrances			Х	Curtain wall panels	100 SF	X	1		
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Complete the 18 to 1				
Completed by: (Print or type) Monchik	Allen Title:	Project Manager	(Signature)	Date: 11/17
				1-11-1

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

fee only. Contracted this project prior to May I CHange.

Date of Notification (1)				No	me of Build	ling O	wner/Operator	(3)		-		-		
	17 /	17		10,000	Name of Building Owner/Operator (2) New Providence Board of Education / Job #1702-2161 Chk. #4678									
Agencies Notified EPA	Type Notific	ation			reet Addres 356 Elkwo		venue		ME	3 6	3 [W	E	
□ DOLWD	☐ Amended	t			y, State, Zi							<u></u>		
□ DHSS	Amendm		_		i		e, NJ 07974							
DCA	☐ Emergen		ding		me of Conf	Mary S. C Mary	e, NS 07574		Telephone Num	Y 2	6	2017	7	
(NJAC 5:23-8)	justificati Cancellat			1 10000	Administr				Telebuotie Mutti	bei			i	
	- Carlocila								40000			E refres to the		
Name of Facility Wilson	L -1	F.11 D			FACILITY	INFO	RMATION		ASBES	LICE			OL &	
Name of Facility Where A			ace (3)					(1)		4011	40	(VARIATION -	
New Providence Mi Street Address	udle/High S	cnool						School (K-1	8 (Other than K-12)				
35 Pioneer Drive									private and commer		uilding	gs,		
City (5)								Square Feet	# of Floors	BI	dg. A	ge	_	
New Providence								163,618	1		59	90		
County (6)				С	ounty Code	(7)(S7	TATE USE ONLY)	Current Use (P	rior if being demolis	hed)				
Union								School						
Name of Monitoring Firm	Hired by Build	ding Own	er (8)	ASC	CM No.	N:	ame of Abatem	ent Contractor (9)					
Langan Engineering	g			0	0099		Asbestos an	d Mold Servic	es, Corp.					
Street Address	981					St	treet Address				7-17-17-17-17-17-17-17-17-17-17-17-17-17			
300 Kimbal Drive, 4	th Floor						3859 Sylon E	Boulevard						
City, State, Zip Code						Ci	ity, State, Zip C	ode						
Parsippany, NJ 070	54						Hainesport, I	NJ 08036						
Project Manager for Moni	toring Firm		1	elepho	ne No.	Te	elephone No.		License No.					
Vijay Pital				973-5	60-4900		609-702-0400)	00862					
Start Date (10)	435-357				Date (11)	Na	ame of OSHA N	Monitor						
6 /14 /		8	_ / _	15	/17		EMSL Analyt	ical, Inc.						
Occupancy Status During	Abatement (Check or	ly one)	- 17111 - 200	St	reet Address							
☐ Facility Closed/Vacate							200 U.S. Rou	te 130 North						
Abatement Performed Time of Abatement: _						Ci	ty, State, Zip C	ode						
				101	Aivi	Cinnaminson, NJ 08077								
Scope of Work (Check all	that apply)													
		\boxtimes	Reno	vation			☐ Mini-End		gative Flessure					
≥160 sf or ≥260 lf			Demo	lition				g Procedure	on Eriable December					
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Name of Registered Waste Hauler NJDEP Waste							ibic Yards of	Name of Regi	stered Landfill					
Newark Carting, Inc. Hauler ID No. 04509							aste 5	Grand Cer	ntral					
City, State					1-2	Dis	sposal Date	City, State				10111000		
Newark, NJ						8	B/15/17	Penn Argy	rle, PA					
Completed By (Print or Ty	pe)	Title					Signature /		Da	te				
Kimberly A. Trumbe	tti	Offic	e Co	ordina	tor	4.774 Tables	IN	Date 5 · 13 · 13						



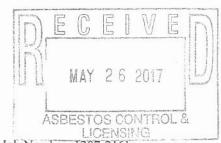
PAGE 2 of 3

Initial Notification Date: 5/17/2017

Project:

New Providence Middle/High School

35 Pioneer Drive New Providence, NJ



Job Number: 1207-2161 Check Number: 4678

Work Area #1 - to be performed under subchapter 8 regulations

Room 316

150 LF of pipe insulation and associated joints

Room 316A

100 LF of pipe insulation and associated joints

Room 318

50 LF of pipe insulation and associated joints

10 LF of pipe joints with fiberglass pipe insulation 400 LF of pipe insulation and associated joints

Room 320

200 LF of pipe insulation and associated joints

920 LF of tan floor tile and mastic

Room 322

150 LF of pipe insulation and associated joints in Rm 322 & Toilet

250 SF of ceramic wall tile glue & grout in Toilet in Room 322

Hallway

800 SF of pipe insulation and associated joints

Work Area #2 - to be performed under subchapter 8 regulations

Library & Office

500 LF of pipe insulation and associated joints

4,300 SF of tan floor tile, mastic and carpet glue

Work Area #3 - to be performed as non-subchapter 8 work

Roof

30 SF of roof flashing/mastic

Work Area #4 - to be performed as non-subchapter 8 work

Exterior by Library

300 SF of window caulk

20 LF of expansion joint caulk

Roof

70 SF of roof flashing/mastic

X Kl-, Almin



PAGE 3 of 3

Assumed Materials, if exist & tested by an ASCM firm Per project specification

Removal To Be Determined



Room 316 150 LF of glue/mastic associated with tack board/marker board

21 SF of door insulation 5 SF of electrical panel board

Room 316A 80 SF of glue/mastic associated with tack board/marker board

21 SF of door insulation

Room 318 50 SF of glue/mastic associated with tack board/marker board

84 SF of door insulation

Room 320 50 SF of glue/mastic associated with tack board/marker board

21 SF of door insulation

Room 322 50 SF of ceramic floor tile grout, glue and waterproofing

200 SF of waterproofing/floor fill below quarry tiles

63 SF of door insulation

Hallway 42 SF of door insulation

Work Area #2 - to be performed under subchapter 8 regulations

Library & Office 150 SF of glue/mastic associated with tack board/marker board

189 SF of door insulation 5 SF of electrical panel board

Work Area #3 - to be performed as non-subchapter 8 work

Exterior by Shed 500 SF of suspect foundation waterproofing materials exterior by

Girls Locker Room

Work Area #4 - to be performed as non-subchapter 8 work

Exterior by Library 50 SF of weatherproofing behind face bricks

Admir.

500 SF of suspect foundation waterproofing materials exterior by

Girls Locker Room

Asbestos and Mold Services 3859 Sylon Blvd. Hainesport, NJ 08036 Phone 609.702.0400 Fax 609.702.1013

Chaps

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

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Date of No 5/24/17	otification (1):		of Bu MILI		mer/Operator (2):						MA'	/ 21	6 20	17	
Agencies Notified	Type Notification	Street	Addre	ess:											
() EPA () DEP	() Initial Notification () Amendment	2630	EXPO		BLVD, SUITE 103					ASI			ONT	ROL	
(X) DOL (X) DOH	Notification (X) Emergency () Cancellation	1 277 (VIII)	of Co	ntact: 78703				Telephone	Num			-			
() DCA							mrosi								
Name of E	acility Where Abate	tin'	Taleina	Dlass (2)	FACILITY INFO	-	TION of Facility	(4):							
181	lress: JACOB VILL					() S	School (K-12 Subchapter 8	0.00		ildings,					
							omes, etc.)	9		SE:					
City & Sta	te (5): MORRISTO	WN				Squ	are Feet: 2	000	# of Fl	oors: 2		Bldg.	Age: 6	60+	
County (6) MORRIS):			unty Code TATE US	e (7) SE ONLY)		rent Use (P ARTMENT	Prior if being	demolish	ned):					
Name of Owner:(8)	Monitoring Firm	Hired	by	Building	ASCM No.: NA	Nan	ne of Abate	ement Contra	actor (9):						
O WHEL.(0)					1111	S/M	I Enterpri	se of NJ, In	ic.						
Street Add	lress:						et Address								
C't Ct	7: 6.1					70(7000	North 6th	25200000000000000000000000000000000000							
City, State	, Zip Code:					305	, State, Zij								
Project Ma	anager for Monitorin	a Firm:			Telephone No.:	_	spect Parl	k, NJ 07508	License	No ·					
r roject ivit	mager for Monteorni	g i iiiii.			relephone ivo	1	3) 595-695		00641	3 140					
Start Date 6/02/17	70 00	Schedul 6/04/17		npletion D	Date (11):			A Monitor: se of New J	Jersey, I	nc.					
Occupancy	Status During Abateme	ent (Chec	k only	one)			et Address								
	Closed/vacated During ent Performed Outside Describe:				nt	P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538									
Scope of W	ork (Check all that app	oly):				1				- 201 1989					
$(X) \ge 3 \text{ sf} () \ge 160$	$or \ge 3 lf$ $sf or \ge 260 lf$			(X) Ro () Do	enovation emolition	() Full Containment with Negative Press (X) Mini Enclosure () Glovebag Procedure () Non-Friable Procedure						ressure	e		
	ocation of	N	Locat Iorma	lly	De	script	ion of	(ACM)					ement pe		
<u>TO 1</u>	Containing Material (ACM) BE ABATED N Facility	Ma	d Sole intena ustodi Staff (12)	nce/		l syste	ems insula VAT, or llaneous)	(ACM)	Amo (Spe	cify	Removal	Repair	Encapsulat	Enclosure	
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City, State NEW CAS	: STLE, DE		Disp 6/04/	osal Date:			City, State WAYNES	: BURG, PA	19720						
Completed MIKE AL	l By: TADOUKA			Title: PRESI	DENT	Signature: Date: 5/24/17									