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CKU5US PAI			ICATIO	tate of Nev N OF ASBI t to NJAC	ESTOS	ABATE		K	MAY		2010		Control Street Street Street	Mary District Contract Contrac	
Date of Notification (1) May 28, 2019				of Building (ton Unive		Operator	(2)		34177	30 /	1118			1	
Agencies Notified Type Notification				Address /era King	Farris	Drive			ASBESTOS LICE	S CON	TRC)L 8	L.	- Contraction of the least	
□ EPA Initial Amended ■ DOL Amendmen	t #	İ	City, St	ate, Zip Co way, NJ								Letabrarya	Ordinan-us	_	
➤ DOH justification DCA Cancellation	(including	1	Name o	of Contact Brown					Telephone Number 609-652-4233						
		- 1		ILITY INFO	ORMATI	ON									
Name of Facility Where Abatement is Takin Stockton University	ng Place (3)						Facility (4)							
Street Address 101 Vera King Farris Drive							Sub Sub	er (i.e. pri) (Other than vate & comm		uildi	ngs,	hom	;,	
City (5) Galloway							Square F	etc.) Square Feet					ge	_	
County (6) Atlantic				Code (7) USE ONLY)				rent Use (Prior if being demolished)						8. 	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCI	M No.			Name of Abatement Contractor (9) ecoservices, LLC							9—	
Street Address							Address B Nation	ss ional Road							
City, State, Zip Code						100000000000000000000000000000000000000	tate, Zip C		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					<u> </u>	
Project Manager for Monitoring Firm			Telepho	ne No.		9555577	none No. 872-888	4	Licens 0116	se No.					
Start Date (10) 6/10/19	Schedul 6/14/1		70 72 73				of OSHA	0014							
Occupancy Status During Abatement (Chec	ck Only O	ne)	Street Add												
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Trash area, segrega	nal Facilit	Abaten y Hours	nent S	*		200 Route 130 North City, State, Zip Code Cinnaminson, N.I.								-	
Scope of Work (Check All That Apply)						Cinnaminson, NJ								-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
Location of		Locat Normal					14011-2	xempled () and Non-P	nable r			ment		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena todial s (12)	ly by nce/	Asbesto (i.e. t	os Cont thermal surfac	scription aining M systems sing, VA niscellan	laterial (Ad insulation T, or	CM)	Amount (Specify SF or LF)	Nelliona	Domou	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								-		ate	re –	
Bldg. 30, C Wing Ext	X				Т	ransite		-	1,300 SF	X	+	-		8-	
											1			_	
Name of Registered Waste Hauler Waste Management		11 (29)	NJDEP Waste Cubic Ya Hauler ID No. of Waste 20				200		egistered Lan					V <u>2</u>	
City, State Trenton, NJ			Disposal TBD					ity, State	or Townsh	hip, N.					
Completed by Jack Bally	Title Sr. P	roject	ject Manager					Date May 28, 2019							

CK2143 IP	AI	NOTI	FICATION Pursuant	t to NJAC	BESTOS 8:60 ar	ABATE nd 12:12	0)	The second secon		MA'	/ 3 () 20	19	
Date of Notification (1) 5/28/19				of Building		Operato	r (2)							
Agencies Notified Type Notification	n		Street A		110			The same of the sa	A	BEST			ROL &	
EPA Initial DEP Amended								İ		L	ICENS	SING	-	
			100000	ate, Zip C										
DOL Amendmer Emergency				nus, NJ										
DOH justification)			of Contact w Cofo					Teler	hone N	lumber	8		
	11		N. Prince Prince	ILITY INF		ION								
Name of Facility Where Abatement is Taki	ng Place ((3)	FACI	ILIT IN	OKIVIA	ION	Type of Fa	cility (4)	-					
Residential Home							☐ School	ol (K-12)						
Street Address							☐ Subcl	hapter 8	(Other	than K	-12)	2022000		
							Other etc.)	(i.e. priv	ate &	comme	rcial bu	ildings	, home	
City (5) Paramus				To the second of			Square Fe	et	# of F	loors	1.0	Bldg.	y, 1. 	
County (6)				<u> </u>			2100		2			65 +	/ <u>-</u>	
Bergen			(STATE	Code (7) USE ONLY	2		Current Us Residen			demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN			Mama	of Abatemen		10.10.00	.,				
Project Manager	Owner (o	,	Acciv	VI 140.			tages Aba			")				
Street Address							Address							
						280	N. Midland	d Ave.						
City, State, Zip Code							r, State, Zip Code addle Brook, NJ 07663							
Project Manager for Monitoring Firm			Telepho	ne No.	none No.			icense	No.	-				
					201-600-3184 01305									
Start Date (10) 5/31/19	Schedul 6/3/19		mpletion I	Date (11)		Name	of OSHA Mo	onitor						
Occupancy Status During Abatement (Che-	ck Only O	ne)				Street	Address					_		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 A.M to 4 P.M	Period of mal Facility	Abate y Hour	ment rs			City, S	tate, Zip Coo	de						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renov Demol				×	Full Cont Mini-Enc Glovebao Non-Exe	losure g Proced	ure				re.	
	Is	Loca	tion						<i>y</i> 4.14 1	1011111	1		ement	
Location of		Norma ed Sole	ally		De	scription	of					T	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	ance/	Asbes	tos Cont	aining M	laterial (ACN insulation,	1)	Amo (Spe				m	
In Facility	Cus	todial (12)	Staff?	(1.0.	surfac	cing, VA	T, or		SF o		Remova	Repair	Encapsulate	
(13)					other n	niscellan	eous)				oval	air	sula	
	Yes	No	N/A										le	
Main Basement Area				VAT			360	SF	x					
Office		X				VAT			107	SF	x			
Mud Room		Х				VAT			81	SF	×			
Landing		Х				VAT			15	SF	×			
Name of Registered Waste Hauler			NJDEP W					ne of Reg	e of Registered Landfill					
All Stages Abatement		7775	Hauler ID 1		of Was	ste		and Ce				ndfill		
City, State Saddle Brook, NJ			000000			Disposal Date City, State								
Completed by	Title					ianatura	/	Argyl	, PA		\			
Richard Cristofol	1 200	ident			3	ignature	111.1-			0.1	ate	0		

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Date of Notification (1) 5/10/2019			Name Shar	of Building	g Owner/ er	Operator	(2)		MAY	30	2019	And the second second	IJ			
Agencies Notified Type Notification Type Notification Initial DEP Amended Amendment	.4		City, St	Address tate, Zip C					ASBESTO		TROL	Lamenda	Para I			
DOH DCA Emergency justification) Cancellation	(including	g	Name	of Contact		77.00			Telephone N	Number		-				
Name of Facility Where Abatement is Takin	g Place ((3)	FAC	ILITY INF	ORMAT	ION	Type of Fac	cility (4)	tv (4)							
N/A Street Address							School Subcha	l (K-12) apter 8	(Other than K rate & comme	-12) rcial bui	ldings,	me	es,			
City (5) Livingston							Square Fee 1,658	t	# of Floors 2		Bldg. A 1941	1				
County (6) Essex				Code (7) USE ONLY	o		Current Use residence	lished)								
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.		Name Che	of Abatement ckmark Ind	of Abatement Contractor (9) kmark Industrial								
Street Address	Part Comment					100000000000000000000000000000000000000	Address lorgan Dr		-							
City, State, Zip Code				2-00			tate, Zip Code ta NJ 0787		_							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	No.		-							
Start Date (10) 5/11/2019	Schedul 5/24/2		mpletion	Date (11)			of OSHA Mor kmark Ind		01334			8				
Occupancy Status During Abatement (Checi Facility Closed/Vacated During Entire F	70		nont.				Address organ Dr					-				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	y Hours	S			City, State, Zip Code Sparta NJ 07871										
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Personne)	Renova Demolif				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proced									
		Locat									Abater	∍nt				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole iintena todial s (12)	ly by nce/		tos Conta thermal surfac		aterial (ACM) insulation, , or		Amount (Specify SF or LF)	Remova	Typ Repair	1	Enclosure			
. 1 223 £	Yes	No	N/A		outer ii	nscenare	sous)			val	#	:	sure			
Laundry Room		X			flo	or tiles			40 SF	X		-				
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Name of Registered Waste Hauler Newark Carting		1000	JDEP W auler ID	1100.00	Cubic \ of Was			_	istered Landfi ntral Sanita		ndfill					
City, State Newark NJ					Dispos	al Date	City, S	State Argyl,	PA			3-				
Completed by Corey Stankovic		Si	gnature		kon	D	ate 5/11/20	019	-							

NK 333 PAT	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)												M			
Date of Notification (1) 5/3/2019	riter and		Name of Aaron	f Building Johns	Owner/C	Operator	(2)			MAY	3 0	2019	- Annual Property and a second	IJ		
Agencies Notified Type Notification Type Notification Initial Amended Amendment	<i>+</i>			ddress ite, Zip Co vood NJ				Botton Age (processor)	LA	SBESTO LIC	S CON ENSIN	ITROL G	Esperantum by	The second secon		
			Name of	Contact Johns				***************************************	Tel	lephone N	lumber		-			
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFO	PRMATI	ON	Type	of Facility (4)				_			
N/A Street Address	1 1400 (0)						S	chool (K-1	2) 8 (Oth							
City (5)								other (i.e. p tc.) e Feet		& comme		ldings, Blda. A		es,		
Westwood County (6)			Country	20do (7)			2,386		2			100+				
Bergen			County ((STATE L	Jode (7) JSE ONLY)		_	Current Use (Prior if being demolished) residence									
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	l No.		Name Chec	of Abate ckmarl	ement Cor k Industi	itractor ial	(9)			_			
Street Address							Address lorgan	-					-			
City, State, Zip Code							City, State, Zip Code Sparta NJ 07871						-			
Project Manager for Monitoring Firm			Telephor	ne No.			one No 570-26				License No. 01334					
Start Date (10) 5/4/2019	Scheduled 5/20/20		pletion [Date (11)				A Monitor	ial							
Occupancy Status During Abatement (Check	457	500	1000			Address	24724									
Facility Closed/Vacated During Entire Postering Abatement Performed Outside of Normal Other – Describe:	eriod of At al Facility I	Hours	nent										2 %—			
Scope of Work (Check All That Apply)						500 1 500							-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Commence	nova				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar	y by nce/		os Cont thermal surfac	scription aining M systems cing, VA niscellan	aterial (insulat T, or		Amount (Specify SF or LF)		Remova	Repair	1	Enclosure		
	Yes	No	N/A								-			o o		
attic		X			vei	rmiculit	te		4 (Cu. Ft.	Х		_			
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											-					
Name of Registered Waste Hauler Newark Carting		EP Waste Cubic Yards Name of Registered Landfill					ndfill									
City, State Newark NJ					Dispos	al Date		City, State Pen Ar		A			-			
Completed by Corey Stankovic	S	ignature	(5	tarko	·		Date 5/3/20	19	. ::=							

	A TITA	OTIFIC	CATION	te of New Jer OF ASBESTO NJAC 8:60	OS ABATEI	MENT	[[[]]]] [[] [] [] [] [] []						ī		
1K30+	ALL			Building Own		5.		E ((EL	\mathbb{V}		H	Ь		
Date of Notification (1) 4/26/2019			Tom H		еп/Орегатог	(2)					BELLIA BOLLANDE	- Constitution			
Agencies Notified Type Notificati	ion	1	Street Ad	dress			Section of the sectio	M/	4Y 30	2019	The state of the s	9			
	ent # icy (including	-	Montcl Name of				and standardings offer any		STOS CON LICENSIN phone Numb	G_	- 84	The same of the sa			
DOH justification Cancella	500.00			tare, Gene		actor						_			
Name of Facility Where Abatement is Ta	aking Place (3)		FACIL	ITY INFORM	ATION	Туре	of Facility (4	.)				-			
N/A							chool (K-12		- II IC 40\						
Street Address						×	Subchapter 8 Other (i.e. pr	ivate &	commercial	buildi	ngs, h	nes	5 ,		
City (5)						Square	tc.) e Feet	Floors	Blo 10	lg. Age	-				
Montclair			0 1 0) - (7)		2,96	nt Use (Prio	2	a demolishe						
County (6) Essex			County C (STATE U	SE ONLY) _		resid	dential	i ii beili	g demonstre	.u)					
Name of Monitoring Firm Hired by Build	ing Owner (8)		ASCM	No.	Name Che	of Abat ckmar	ement Cont k Industri	tractor (9)						
Street Address						Addres Morgar									
City, State, Zip Code						ity, State, Zip Code Sparta NJ 07871									
Project Manager for Monitoring Firm			Telephor	ne No.		Felephone No. License No. 01334									
Start Date (10) 4/29/2019	Schedule 5/10/20		npletion [Date (11)		ne of OSHA Monitor neckmark Industrial									
Occupancy Status During Abatement (C			***			eet Address 4 Morgan Dr									
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe:	tire Period of A Normal Facility	Hours	nent s		City,	State, Zi	ANTENNAS VOI					-			
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Constant	lenova Jemolii				Mir Glo	l Containme ni-Enclosure ovebag Prod n-Exempted	edure				_			
	177	Locat			Danadatia	- of					Abater Typ				
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	(I) Use	d Sole intena	ely by ince/ Staff?	(i.e. the	Description Containing Firmal system Surfacing, V Ther miscella	Material ns insula AT, or	I (ACM) ation,	(S	Amount (Specify SF or LF)		(Specify		Repair	7	Enclosure
First Floor	- 1	X			plaste	er		42	23 SF	Х		-			
Second Floor		Х			plaste	er		16	30 SF	Х					
												-			
Name of Registered Waste Hauler Newark Carting		1 1	NJDEP V Hauler ID	No.	Cubic Yards of Waste 12				ered Landfill al Sanitar		ndfill				
City, State Newark NJ					Disposal Da	te	City, Star Pen Ar	te rgyl, P	A						
Completed by Corey Stankovic	Title)			Signatu	ire (Jank	· ~		ate /26/2	019	_			

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Date of Notification (1) 5/20/2019			ame of B Patrick	Building Ow Fixter	ner/Ope	erator ((2)		MA'	7 3 0	2019)	The second	Paralle Parant Organia	
Agencies Notified Type Notification X EPA	0		treet Add	dress e, Zip Code				AS	SEEST	09 00i	VTIN)L &	Service and Servic	etrosoficio asser sprint	
DEP Amended Amendment # Emergency (ir DOH justification)		- N	Morristo ame of C	own NJ Contact				Transcripto medicia	- Andrews	CENSIA phone Nu	**********	r	alla ladores carago	-	\dashv
DOH justification) DCA Cancellation	1	_ F	Patrick	TY INFOR	MATIO	N			1	SCHOOL SECTION	_				\dashv
Name of Facility Where Abatement is Taking N/A	Place (3)		TAOILI	TT INI OIL				School (K-12	f Facility (4) chool (K-12) ubchapter 8 (Other than K-12)						
Street Address							×	Other (i.e. pretc.)	ivate &	commer	cial b				1
City (5) Morristown				13			2,85		2	Floors		19	g. Ag 53	V <u></u>	
County (6) Morris			County Co	ode (7) SE ONLY)		Current Use (Prior if being demolished) residence)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			ne of Abatement Contractor (9) neckmark Industrial								
Street Address						Street Address 54 Morgan Dr									
City, State, Zip Code						City, State, Zip Code Sparta NJ 07871									
Project Manager for Monitoring Firm		Т	elephon	e No.			none N -570-2			License 01334					
Start Date (10) 5/21/2019	Scheduled 6/1/201		pletion D	ate (11)		Che	ckma	HA Monitor rk Industr	ial						
Occupancy Status During Abatement (Check							Addre: /lorga								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours			_			ip Code J 07871							
Scope of Work (Check All That Apply)						-	_								
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		enovat emoliti				Full Containment with Negative Pressur Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc									
	77-47	Location											Abate Tyj	ent	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormali d Solel ntenar odial S (12)	ly by nce/	(i.e. tl	s Conta	system	Materians insul AT, or		(5	mount Specify F or LF)		Removal	Repair	Encansulate	Enclosure
	Yes	No	N/A		d at	inaul	otion		3	00 SF	_	Х		_	- 9
basement		X			duct	insul	auUII				-	Λ		_	
Name of Registered Waste Hauler Newark Carting	Hauler ID No.				Cubic Yards of Waste 4		formation for the first of the		e of Registered Landfill nd Central Sanitary Landfil						
City, State Newark NJ			Dispos	sal Dat	te	City, Sta Pen A	te rgyl, F	PA							
Completed by Corey Stankovic)			8	Signatu	ire (Stank	· w		Date 5/2	20/20	019			

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-103 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 30 0 5 /12 4 /1 19 Jonas Geduldig Agencies Notified Type Notification Street Address **ASBESTOS CONTRO** X Initial ☐ EPA LICENSING Amended DEP City, State, Zip Code Amendment #: X DOL Emergency Glen Rock, NJ 07452 (including **⊠** DOH Name of Contact Telephone Number justification) ☐ DCA Jonas Geduldig Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than I 12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors E g. Age City (5) County (6) 1,800 County Code (7) 02 50 (State use only) Current Use (Prior if being demolish Glen Rock, NJ 07452 Bergen Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 833-455-6629 02007 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) KLOMAX, LLC 06/04/19 06/10/2019 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable proc dure Is location normally used solely R E Location of E by maintenance/custodial е n asbestos-containing Description of asbestos-containing Amount staff(12) m n p C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) LF) Yes No N/A L ٧ D e Garage **Duct Insulation** 35 SF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill KLOMAX, LLC 038241 2 yd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date Hopatcong, NJ 07843 TBD TULLYTOWN, PA Completed by (Print or Type) Signature Title Date Paige Boylan Owner 05/24/19

CK3310	PAI	ID'		CATION	ate of New OF ASBE to NJAC 8	STOS	ABATE				GE		7 E	Consumption of the last of the	- Comment of the Comm		
Date of Notification (1) 5/17/2019		* *			Building C el Colga		perator	(2)		and the same of th	MAY 3	0 201	9	U			
Agencies Notified	Type Notification			Street A	ddress ·							n hasansanna		-	Spinister of the last of the l		
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X DOH	Emergency (justification) Cancellation	including	-	Name of	Contact el Colga	n				Tele	ephone Ni	ımher		-			
DCA	Cancellation				LITY INFO		ON							-			
Name of Facility Where N/A	Abatement is Takin	g Place (3)					-	of Facility (
Street Address					9				School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			dings,	ome	s,		
City (5) Flanders									re Feet	# of	Floors		ldg. A 1972	9			
County (6) Morris					Code (7) USE ONLY)		Current Use (Prior if being demolished) residence										
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.		Name of Abatement Contractor (9) Checkmark Industrial										
Street Address	lacara de la constanta de			1			Street Address 54 Morgan Dr							N a tra			
City, State, Zip Code							City, State, Zip Code Sparta NJ 07871							-			
Project Manager for Mon	nitoring Firm		T	Telephor	ne No.			none No -570-2			License 01334						
Start Date (10) 5/20/2019		Schedule 5/30/2		npletion (Date (11)				HA Monitor rk Industr	ial							
Occupancy Status Durin				27	-			Addres									
	cated During Entire I ned Outside of Norm					_	City, S	State, Z	ip Code J 07871								
Scope of Work (Check A	All That Apply)														-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Springer 1	Renova Demolit	1000000				Mir Glo	l Containmeni-Enclosure ovebag Production	e cedure							
		Is	Locati	on					T Exemple	<u> </u>	4 11011 1 11		Abat	nent e			
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Use Ma	Normal ed Sole iintenar todial S (12)	ly by nce/		os Con thermal surfa	scription taining N system cing, VA miscella	Material s insula AT, or	I (ACM) ation,	(5	Amount (Specify SF or LF)		(Specify		Repair	_b Encapsulate	Enclosure
		Yes	No	N/A										6			
Kitch	en 		Х			F	loor til	e		11	00 SF	X	_				
	 	-										+	\vdash	-			
			. 8:									+	+-	-			
Name of Registered Wa	ste Hauler		100	JDEP W			Yards		Name of	Registe	ered Land	fill		_			
Newark Carting				lauler ID	No.	of Wa					al Sanita	ary La	ndfill				
City, State Newark NJ		Title					sal Date		City, Stat								
Completed by Corey Stankovic			Signature Date 5/17/20					2019									

PATD

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

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Date of Notification (1)	400 000 0000			Name of	f Building	Owner/C	perator	(2)		7 [G	E		W-	=	A
05/28/19				First P	resbyte				nglewood	化					=	and other state of the state of
Agencies Notified	Type Notification			Street A	^{ddress} alisades	Ave			Annes property of the Control of the		MAY	3 () 21	019		IJ
☑ DEP	Initial Amended	44	f		ite, Zip Co				1						- :	
	Amendment Emergency	(including			wood, N	J 0763	1		-		BEST				8	
☑ DOH ·	justification) Cancellation			Robert	Ryder				Luxan		1-927-				umun)i -	Newscale
Name of Facility Where A	batement is Takin	g Place (3	3)	FACI	LITY INFO	ORMATI	ON	Tv	pe of Facility (4)						
First Presbyterian C									School (K-1							
Street Address 150 Palisades Ave									Subchapter Other (i.e. p etc.)				Set - Color	501 - 501 (500 (500		es,
City (5) Englewood									uare Feet 000	# o 2	f Floors			dg. A 50	ge	
County (6) Bergen	1			County (Code (7) JSE ONLY			C	rrent Use (Pri nurch/Scho	ol	3	olishe	d)			
Name of Monitoring Firm Detail Associates, In		Owner (8)	i.	0012					batement Cor Contracting		(9)					
Street Address 560 Sylvan Ave Suit	e 3065						Street 185		ress eland Ave							
City, State, Zip Code Englewood Cliffs, No	J 07632						City, State, Zip Code Midland Park, NJ 07432									
Project Manager for Monit Stephen Jaraczewsł				Telephor 201-56	ne No. 89-6708		Telephone No. License No. 201-262-5841 00156									
Start Date (10) 06/11/19		Schedul 06/30/		npletion (Date (11)	Name of OSHA Monitor Omega Environmental Services Inc.										
Occupancy Status During	Abatement (Chec	k Only Or	ne)	***************************************			Street		The state of the s						_	
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire I ed Outside of Norn	Period of a	Abaten / Hours	nent s			City, S	State	ler Street Zip Code sack, NJ 07	7606						-
Scope of Work (Check All	That Apply)						71401								-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce								2	
		Is	Locat	ion					Ton Exemple	4 () 411	4 110111			Abate	mı :	t
Location Asbestos-Containing I		Use	Norma ed Sole	ely by	Achec		scription		rial (ACM)	^	mount	+		Ту	-	П
TO BE ABA In Facilit (13)	TED		intena todial ((12)	Staff?		thermal surface		s ins	ulation, r	(8	Specify F or LF)		Removal	Repair	Circabaniare	Enclosure
\(\(\)_ \(\) \(\)_ \(\)	f	Yes	No	N/A			1 / 0 77								- a	
Vestibu	le	X		-			VAT			5	50SF		X			H
		1		1												\vdash
						:										
Name of Registered Wast Newark Carting Inc.	te Hauler	lauler NJDEP Waste Hauler ID No. 04509						Cubic Yards of Waste Grand Central Sanitary					Lan	dfill		
City, State Newark, NJ 07105		Dispo 06/11							City, Stat		A 0870)2			-	:
Completed by Randall McDonald		Title Pres	ident			S	ignature	e /	MS	M		Date 05/		9		