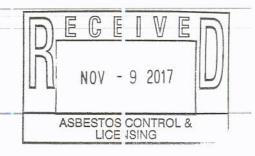
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	ASB		38		NTRO	&	

Date of Notification (1)		, L	Name of E	AL JOB# Building O	17-16 wner/C	perator (Mat (2)	erial	14	Ц	14	101		LU	
11/06/2017		5	Seritage	SRC F					上	_	ASBE	ST) S C (NTF	Ot
Agencies Notified Type Notification			Street Add	iress h Avenu	ie 18t	h Floor					,,,,,,,,	Li	ENS	ING	
EPA Initial DEP Amended Amendment	# 1	0	City, State	e, Zip Cod	е		- W- W	-							
Emergency (justification)			Name of C						Te'	1			-		
■ DCA			1701 TO 100 100 100 100 100 100 100 100 100 10	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking Sears Auto Center Unit#6434	Place (3)						Тур	school (K-12) Subchapter 8		r tha	n K-12	0)			
Street Address 50 Route 46							×	Other (i.e. privetc.)	vate &	com	mercia	al bui d			١,
City (5) Wayne							80,	are Feet 000	2	Floo		; i	iO+	je	
County (6) Passaic			County C STATE U	ode (7) SE ONLY)	-		Co	rent Use (Prior mmercial			molish	ed) 			
Name of Monitoring Firm Hired by Building of Omega Environmental Services	Owner (8)		00120					ironmental S							
Street Address 280 Huyler Street						Street 11-02		ess Jeens Plaza	Sou	th		Well-rates for			
City, State, Zip Code South Hackensack, NJ 07606								Zip Code and City, NY	111	01		-			
Project Manager for Monitoring Firm Veronica Kero			Telephon 201-48			Teleph 718-		No. -0900			ense N 8675				
Start Date (10) 10/30/2017	Schedule		npletion D	Date (11)				SHA Monitor IcRea	1						
Occupancy Status During Abatement (Chec	k Only On	e)				Street						-			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A nal Facility	batem Hours	nent		_	City, S	State,	Zip Code e, NJ 07002							
Scope of Work (Check All That Apply)				-		Day	511110	5,110 01 052							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				2	- N	Full Containmer Mini-Enclosure Glovebag Proce	edure	:57					
		ver deserv					1 1	Non-Exempled	(*) an	d No	1-гпар	T		ement	
Location of	N	Locati Vormal	lly		D	escription	n of						Ту	rpe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial S (12)	nce/ Staff?		therma surf	ntaining f al system acing, VA miscella	ns ins AT, or	r	(5	mou Speci or L	fy	кеточа	Repair	Encapsulate	Enclosure
Marchotz	Yes	No	N/A									-		6	
Please see revised attached												┿.	-		
material breakdown				-								-			
Name of Registered Waste Hauler			NJDEP W			c Yards		Name of F	Registe	ered	Landfil				
ATO			Hauler ID 14310	NO.		'ards		Minerva		erpri	ses				
ATC			200.00			osal Date		City, State		٠.	1 446				
City, State Shirley, NY 11967					11/0	2/2017	()	Waynes	burg	, OF	1 440	886			

LOCATION	DESCRIPTION	QUANTITY	
		SF	LF
ROOF	EXHAUST FLASHING	92	
ROOF	PITCH POCKET	39	
ROOF	TAR	1340	
EXTERIOR	EXPANSION JOINTS		3,200
BASEMENT	PIPE FITTINGS		430
BASEMENT	HOLDING TANK INSULATION	85	
BASEMENT	BOILER INSULATION	350	
BASEMENT	BOILER FLUE INSULATION	160	
GROUND	PIPE INSULATION		100
GROUND	MASTIC	9210	
TOTAL		11276	3730



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CK6452	840		FICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		т			G	E		<u>/</u>	E
Date of Notification (1)				of Building Halpin					╫	Ш	NOV	-	9 20	17	
Agencies Notified Type Notification	1			Address					+	1			Bearings	-	_
EPA Initial Amended			City St	ate, Zip C	nde					ASE	BESTO LIC	S(EN	ONT	ROI	_ &
DOL Amendmer Emergency				City NJ (1.370-9-0-0-0						
DOH justification Cancellatio)	9	Name of Chris	of Contact					Te	lephone	Numbe	er			
				ILITY INF	ORMAT	ION			-						_
Name of Facility Where Abatement is Taki	ng Place	(3)					Тур	e of Facility	(4)			_			- 17
Chris Halpin Private Home Street Address						-		School (K-1	12)						
Oli Cot Address							X	Subchapter Other (i.e. p	orivate	er than & comm	K-12) iercial b	uilc	ngs, h	ome	es,
City (5)							Squ	etc.) are Feet	# 0	f Floors		BI	ig. Ag	е	_
Surf City NJ 08008 County (6)				0 1 (7)				00+	1			0.00	5+		
Ocean				Code (7) USE ONLY)			rent Use (Pri use	or if be	ing dem	olished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASCI	M No.		**************************************		atement Cor	ntractor	(9)					
Street Address						Street	Addr	muses					-	_	
						PO	Box :	329							
City, State, Zip Code				705 (5110)				Zip Code	204						
Project Manager for Monitoring Firm			Telepho	ne No		Teleph		rlin NJ 080	J91	Licens	o No				_
						55/55/		9800		0072					
Start Date (10) 11/15/17	11/21	/17	mpletion	Date (11)		Name Sam		SHA Monitor					-		
Occupancy Status During Abatement (Che						Street	Addre	ess		,		_			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of mal Facilit	Abater y Hour	nent s			City, S	tate, 2	Zip Code		-					
Scope of Work (Check All That Apply)			***									-			_
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli					Mi Gi	ull Containme ini-Enclosure ovebag Proc on-Exempted	e edure	:50			udura		
	ls ls	s Locat	ion					JII Exempted	2 7 000	a Holl-1	TIGOIC I		batem	ent	
Location of	19 200100	Normal				scription					-	$\overline{}$	Туре	1	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintena stodial ((12)	nce/ Staff?		thermal surface	aining M systems cing, VA niscellan	s insul T, or		(8	mount Specify or LF)	Zelloval	Domonia	Repair	Encapsulate	Enclosure
Exterior Siding	Yes	No	N/A		Endo	-i Ci-	J		40	20.05		+	4	D	
Exterior Siding			X		EXTE	rior Sid	ing		12	00 SF	×	+	+	+	
												+	7	1	
Name of Registered Waste Hauler		1 1000	IJDEP W		Cubic '			Name of F	Registe	red Land	dfill				
Jnited Roll Off			lauler ID 2459	NO.	of Was	ste		G.R.O.\	N.S.						
City, State					Dispos	al Date		City, State			1000				
Elm NJ Completed by	Title				11/21			Morrisv	ille PA		-				
Anthony T Perna		ident			Si	ignature	0	1.00	_		Date	47			

rall							Γ		2 6	P	пл	
CK41059	24		NOTIF	FICATION OF AS (Pursuant to <u>N.</u>	SBESTOS ABAT J.A.C. 7:26-2.12				C		\mathbb{V}	
Date of Notification (1)				Y-IIII II I	Name of Build				NOV	- 9	2017	וטוו
11/3/17		T 11 115 11	_		Paulsboro Re		pany					
Agencies Notified		Notification	Type		Street Addres 800 Billingspo		-		THE STREET	E Transfer and		
() EPA		(X) Initial N	otification		Coo Billingspo	nt itu	- 1	AS	BEST(S CO	VTROL	&
() DEP (X) DOL		() Amended () Cancelle () Emergen	ed	on	City, State, Zi Paulsboro, NJ		Lan		Lit	ENSIN	G	
(X) DOH () DCA		() Emergen	СУ		Name of Cont	act		T 				
W. Control of the Con					Ravi Jarecha						W <u>enderson in</u>	
				FACILITY IN	IFORMATION							
Name of Facility Where Aba		aking Place (3)		Type of Facilit							
Paulsboro Refining Compan	ıy				() School (K- () Subchapte		non K 12\					
Street Address					(X) Other (i.e.			das hom	es etc			
800 Billingsport Rd					(X) Other (i.e.	. private a c	JOHN THE TOTAL DI	ago., non	100, 010			
ood Diiiiigopoitita					Sq. Feet N/A		# of Floo	rsN/A				
-	County (6)		County C]							
Paulsboro	Gloucester		(State Us	se Only)	Bldg. Age N Current Use (p		a demolished)	Oil Ba	finen			
Name of Monitoring Firm Hir	ead by Dide	Ournes (8)	ACCMAN		Current ose (prior ii beiri	Name of Co					_
ATC Associates	ed by Blag.	. Owner (8)	ASCM N	<u>0.</u>			Mansfield In					
Street Address			1		Street Address	s	_ manonora n	radotrian				
3 Terri Lane, Suite 4					26 Colonial Av							
Burlington, NJ 08016					City State, Zip							
D. I. (M f. M it.	F:	T-1	Mark as		Woodbury, NJ			Linana	Mumak			
Project Manager for Monitor John Lutz	ing Firm	Telephone I 609-479-85			Telephone Nu 856-224-4392			00857	e Numb	<u> </u>		
JOHN LUIZ		003-473-03	12		030-224-4332			00007				
Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSH							
11/20/17		11/22/17		of the contract of the contract of	Mansfield Indu							
Occupancy Status During Ald () Facility Closed/Vacated I () Abatement Performed On	During Entir	e Period of A	batement		Street Address 26 Colonial Av							
(X) Other – Describe – Remo				area in outside	City, State, Zig Woodbiry Nj 0							
area Source of Work (Check all the	at apply)								-	-		
Source of Work (Check all tr	ial apply)											
() Demolition (X) Renovat () Large Proj. (160 SF or >2 (X) Full Containment with N	60 LF ACM						<25 SF or <10	LF ACM	1)			
Location of Asbestos-		ation Normally		Description of		Amount (Specify SF or	LF)	Abate	nent Ty	be	
Containing Material (ACM) in Facility (13)	Staff?	by Maint./Cus	itodial	thermal systen surfacing, VAT								
racinty (15)	_YES	NO NO	NA	misc.)	, or other				Rem.	Rep.	Encap	Enclose
		210.17.070.00										
Steam Line at Gate Entrance to Storehouse Lot	9	X		TSI		Approx 5	0 LF		X			
to Storenouse Lot		-										
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Was 17273	te Hauler I	<u>D#</u>	Cubic Yards of 1 CY	f Waste		Name of Glouce			ndfill	
City, State							Disp Date		10	ity, Stat	e	
South Harrison, NJ		v a registração do la composição de la c					Various				arrison, I	NJ
Completed by (Print or Type))	<u>Title</u>			Signature			Date				
ANDREW GREEN		MANAGER	– Mansfield	d Industrial, Inc	-Ande Site o	perations S	Supervisor	11-3-17	•			
							8					

Mail to: NJDEP-DSHW-BRRTP

PAID

401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYC CS\ASBESTOS 9/18/00

PAID CKL6986

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		NOV	-	9	2017		

KULI				(1	ursuarit to	NOAC	0.00 and 1	12.120)				NOV	- 9	21	017]][
Date of Notification (1)	Job	#: 9678	.01	Name	of Build	ding Owner	r/Operator	(2)		1			-		1	
11/06/17					The P	arish o	f Saint Mo	nica, Atlaı	ntic City	J-1,-				-	. with the same		
Agencies Notified	Notification	п Туре				Addres				,	ASE	BEST	OS CO	11 (ROL	å	
	⊠ 1	1.00.0	ADMINITED BY		2651	Atlantic	Avenue		1	-	_	LIC	ENS	11 0	No storono	-	
□ EPA □ DEP			on		_		p Code									-	
⊠ DOL		ndment	#				1 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
⊠ DOH	☐ Emerge		cluding			of Con	, NJ 08401			_	377.50	Tole	phone	2 111	mher		
☐ DCA	justification Cance				Ivanic	01 0011	laci					Tolo	priori	3 40	IIIDGI		
	☐ Carice	ilation			Fathe	r Jon T	homas										
					FACII	LITY IN	FORMATIO	NC									
Name of Facility When	e Abateme	nt is Tal	king Pla	ce (3)					Type o	of Faci	ility (4)			78.00		50-14	
Our Lady Star of the	Sea								☐ Sch								
Street Address									Sub							r	
2651 Atlantic Avenue)								⊠ Oth	ner (i.e nes, e		ite & (c	comme	er :ıa	Duild	lings,	
City (5)									Square			of Flo	ors	Т	Bldg	. Age	
Atlantic City									5,000		1				<u>50+</u>	Ü	
County (6)							(7) (STA	TE	Curren	nt Use	(prior	if being	g dem	o sh	ned)		
Atlantic					USE	ONLY)			Church	n							
Name of Monitoring Fi	rm Hired by	/ Buildin	g Owne	er (8)	ASCM	No.	Name of	Contractor		-							
Indoor Environmenta			•		137		0.0000000000000000000000000000000000000	roup Reme		Inc							
Street Address	ii oonoopi.	3			107		Street Ac		Julation	, 110.							
286 Sunset Road							1400 Ad:	ams Road,	Suite I	PO	Box 6						
City, State, Zip Code								e, Zip Code	NAME AND ADDRESS OF TAXABLE PARTY.	,	DOX 0						
Barrington, NJ 08007	,						100	m, PA 1902									
Project Manager for M		rm	Teleph	one Nu	mher			ne Number			Licens	e Num	her			-	-
Michael Menz	ormering i			8-6020			215-533-						i DOI				
Scheduled Start Date	(10)	Schod		mpletion	. (11)			OSHA Mor	itor		00858						
	(10)				1(11)												
November 15, 2017 Occupancy Status Dur	ing Abatem		ber 17				Street Ad	nvironmer	ntal Cor	ncepts	S						_
Selection of the control of the cont							1707055577700										
☐ Facility Closed/Vac	ated During	Entire	Period (of Abate	ement		286 Suns							-			
☐ Abatement Perform ☐ Other – Describe:	iea Outsiae	OT INOTE	nai Fac	lity Hou	rs -		Service State Control No.	e, Zip Code									
							Barringto	on, NJ 080	07								
Source of Work (Chec	k all that ap	ply)															
					novation					nt with	Negat	tive Pre	essure	9			
☐ >160 sf or >260 lf				☐ De	molition			Mini-End		J							
							I	☐ Gloveba ☐ Non-Exe			d Non-	Friable	Proc	ec ur	e		
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			Location													ement	
Location of Asber	stos-		mally U Solely b			D	escription o	of			Amou	ınt			1 1	/pe	
Containing Material			intenan	•	Asbes			aterial (ACN	A)		(Spec		Ī			_	
TO BE ABATE	D	(Custodia	al	(i.e.		al systems		5		SF or	LF)		21	71	Encapsulate	m l
IN Facility (13)			Staff? (12)				acing, VAT miscellane							1	Repair	aps	Co
(13)			(12)			other	mscenane	ous)						Tolliova.	a:	sula	Enclosure
		Yes	No	N/A										7070		ē	(D
Entrance way		163	X	IN/M	Floor T	ile			1	50 SF				- x			
Name of Reg. Waste H	laules		l KI	JDEP W	lasts	Cubic	Varda	Name of	Don 1 -	one fill							
ivallie of Reg. waste r	lauler		10000	auler ID	1000	of Was		Name or	Reg. La	ancini							
Prime Group Remedi	ation Inc.		77339	272	h1505	1	10070	Atlantic	County	Utilit	ies Au	thorit	У				
City, State						Dispos	sal Date	City, Stat	te								
Bensalem, PA 19020						11/17/		Egg Har	bor Tov	vnshi	p, NJ						
Completed by	Title)					Signature		//	1			Date				
Jesse Shablin	Pro	ject Ma	nager				4/2	AL	//	7.			11/6/2	2017	**		
SB-41							//	11	6								

AV 83/2817 15:31						ì	10.653 # 6	g ² (ם ה		
							11D)- <u>L</u>	= (0 [1
CK4414	NO		ATIO	N OF AS	low Jeresy IBESTOS ABA AC 6:60 and 5:1			NO	٧ -	- 9	
Date of Natingstion (1)					g Ownst/Operator	(2)		NAME OF TAXABLE PARTY.			-
	17		-		Township		AS	BES	HOE	CC	1
Agenules Notified Type Notification	n			Address	m Avenue				LIUL	I IOI	IN
⊠ DOI.WO □ Amended	_			State, Zip			-	DOI	-	7	
□ DCA Amiliadment			At	60, NJ 08	004						
(NJAC 5:23-8) justification)		-	1	e of Contac			Talmohand Min	nhar		,	7
Toppellation				vin Sans	6-1p-7-		92 27		1	1/	. ?
No. of F. alb. Valley Abole and I. Tel.	l DI	(5)	FA	CILITY	PORMATION	/ = / = W			1		
Name of Facility Where Abelement is Tak	ing Pias	× (3)				Type of Facility (4		VE	7 /1		7
Sired Address						Subchapter 8	(Cther than K-1;	AL.	(Asi	12/	1
						Other (i.e., private)	### and comme	ircial	uildir	I E,	- 41
CRy (5)						Square Feet	of Floors	E	aldg.	A 色	
Atco County (8)			121		X.3.	1,800	3		70		
Camden			Cou	ud made () (STATE USE ONLY)	Quirent Uso (Prig	r ir being damoi	aneq)			
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCM	No.	Name of Abstern	eni Contractor (5)				-	_
Management & Enviro, Consultin	ğ şora	lçms			Shade Enviro	onmental, LLC					
Street Address					Street Address					-	
PO Box 341 City, State, Zip Code		_			623 Cutler A		_				
Chesterfield, NJ 08615					Maple Shade						
Project Manager for Manitoring Firm		Tol	ephane	No.	Telephone No.		License No.				-
Bill Welagarber			00.28		984-788-0099		00842				
	eduleu (11	377		17	Nama of OSHA N EMSL Analyti						
Occupancy Status During Absternant (Oho					Šireel Address				eneman :	-	_
Facility Closed/Vacated During Entire F				2	200 Route 13	0 North					
Abatement Performed Outside of Norm Time of Abatement:AM	al Facili	Hou PM	75 - Des	AM	City, State, Zip Co		111				
Scope of Work (Check all that apply)					Ollinamilitadi	(_
⊠ ≥3 st or ≥3 ¥ ⊠ ≥150 st or ≥250 If	Through .	iniomal Monaliti			☐ Glovebee	tainmant with Nagat Hoaure y Procádura mptad (*) and Non-		rhe			
, xx		s Lagsi Norma						Al	palam	a nt T	У
Location of Asbestoe-Coniaining Melerial (ACM) TO BE ABATED IN Facility (13)	Us Mi	ed Soli intens itadial (12)	ely by Ince/ Stair?	Asber (i.e.	Disscription o stoe Completing Ma , themsel systems l surfacing, VAT, other miscellarse	mrial (ACM) Insulation, or	Amount (Bpsolfy SF ar LF)	Removed	Repair	Encapsulate	
2	Yes	No	NIA				_	-	-	63	1
Exterior		M		Translu	9		300 8F	X			1
-10"											
	0		T							J	Ī
Name of Registered Weste Heuler Freehold Cartage	chicatoro		UDFP L lauler (C 15939	No.	Clibic Yards of Wests	GROWS Non		•		in process	iden
City, State Franhold, NJ	-		ALC: N		11/09/2017	City, State Morrieville, P	A				
Completed By (Print or Typs) Til	a			Denation	Signalya	10-	. De	_	11		

03 2017 15:43 NJ Asbestos Control	609.63	33.0664	4		page	⊇ 1			E C	, [W	F
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CK1018			-	State of Ren CN OF ASSI IN to NUAC	23706	ALC: N			No de	V		20	17
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Agencies National Type Maillings	in .		200	Address		MEINTS)			Nov	-2	2,001	7	+
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C CCA S Comme	:			E OFFE	-				YEN.		'A(-	ME	<u>) </u>
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See Address			***************************************	-			Salar (n, boc	Walter .
FRANKLIN	•				· · ·	9 "	united Found		2-	1	+ 5	App.	
Sussex		- 1	\$62083E	Code (i)	(,		Most Line	65 (\$ CV)				~	************
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Chy, Stade, 234 Code		, ,,				185 V ₁₈₆)	4,%	•			
Project Manager for Mandaday Fire		, 	Taingh	ins No.		Caly, States, Ballationed Temphone	Park, MI				,		,
8405(p),) dans	and Con		Date (11)	14	(201)282 Name of Ol	-6841	10	0186 0186			** * ******	·
11/03/17	at Only O	4/1	0/17		-	Omega 5	BIVETONIE I	eptal Serv	rices in				11.2
Additional Public County of the County of th	Project of that Parcilli	Ababas Y Nibusa	waf	e e e e e e e e e e e e e e e e e e e		Chy Sino, Harassen	The Cooks	Teos		-	, ,	·	
Service of West (Charles All Year Applie) 20 of to 20 9 1460 of air 2000 8		Parameter Desirable	lieby Stří				hi Gretes I Kantoner Pe	homest Payans	9			4	
76	8 (s Leenethe November	P		Form			45 min		A Print	Mank	na despend gris	è
Authorities Conditioning Statement (ACDA) 200 EEE ACA DEC to Providing (13)	3 Sulla	(122)		Landon (Landon)	Opening	tring Modern years book ing, YAT, or institutions)	MINOR.	Athenia (Alignos (Alignos)	SS)y	None N	Puspeir		Plandstagere
BASEMENT	JEN	Mo Ma	PRIA	P	IPE	, DSU	leaner	160	ĹF	V			
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City, State Mowerk, NJ 07108	Ton	£.			11/0	OS MY On	Chy, la s	9 95% PA 06	702				PHILIPPINA MINISTRA
Compated by									and the same of th				-

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Date of Notification (1)	02 /	17			Name		ng Ow	ner/Operator (E	G	-	\mathbb{V}	E		-
Agencies Notified	Type Notifica					t Address					U)	A	107	- 3	201	7	\parallel	
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□ DHSS □ DGA □ DGA	Amendme		ıdina		Во	ston, MA	A					ASB	ESTO	SCC	NTF	OL 8	3	
☐ DCA (NJAC 5:23-8)			Juling		Name	of Conta	ct				T-1-		-110	115	NO	SC HOUSE	-	-
(110/10 0.20 0)	☐ Cancellati				Su	san Pec	k			11								
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Name of Facility Where	Abatement is T	aking F	Place	(3)		OILITT I		(11) (1101)	Type of Fac	ility (4)								
Santander Bank	, abatament io 1	uning i	1000	(0)					School (F									
Street Address									☐ Subchap	ter 8 (
1 Union Square									Other (i.e homes, e		ate a	ind cor	nmerc	a bu	ilding	s,		
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Elizabeth, NJ 0720	1								2,000		2			4	15			
County (6)					Cou	nty Code	(7)(STA	TE USE ONLY)	Current Use	(Prior	if be	ing de	molish	er)				
Union																		
Name of Monitoring Firm	n Hired by Build	ling Ow	ner (8)	ASCN	No.	Na	me of Abatem	ent Contracto	r (9)					7-23			
Hillmann Consultii	ng				622	52	J	IVN Restora	tion Inc									
Street Address							Str	eet Address						-				
1600 Route 22 Eas	t						4	7 Foster Ro	ad									
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Union NJ 07083							1 0.00	Staten Island										
Project Manager for Mor	nitorina Firm			Tel	ephone	No.	Tel	lephone No.			Lice	ense N	lo.					
Tammy Lomax	3					7-6171		18-605-6256	6		0	0774						
Start Date (10)	Is	Schedul	ed Co			ate (11)	Na	me of OSHA N	Monitor	_						-		
11 /03 /						17	Т	estor Tech										
Occupancy Status Durin	g Abatement (0	Check o	only o	ne)			Str	eet Address										
□ Facility Closed/Vacat	ted During Entir	re Perio	d of A	Abate	ment		1	0 59 Jackso	n Avenue									
Abatement Performe					rs - De		City	y, State, Zip C	ode									
Time of Abatement:	9:00 AM-6:00	PM/	P	M		AM	L	IC NY 1110	1									
Scope of Work (Check a	all that apply)					0-0-8-47-11-		_								1221100		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☑ Re					☐ Mini-End ☐ Gloveba	tainment with closure g Procedure empted (*) and					ŀ				
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(13)	•	-		(12	Topics of	-		ther miscellane								late	е	
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City, State								sposal Date	City, State		۸ د							
Newark, NJ							1	11/07/17	Bethle	iem,	A							
Completed By (Print or	Type)	Title						Signature	11/1	1_			Dat		2210		7	
Ralph Barnhardt		Pro	oject	Mar	nager			Inh	1 Miles		,		11	-0	2-	201	1	

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Date of Notification (1)					Na	me	of Building	Owi	ner/Operator (2	2)		origina	l has				
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(NJAC 5:23-8) jus	tificatio	n)	adding		Na	me	of Contact					elephono	NOK	9	201	1	114
	ncellati				F	Rich	Treglov	vn									
					F	AC	ILITY IN	FOR	MATION		1	ASE	BESTOS	00	NTR	OL 8	2
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New Jersey Turnpike Aut	hority	-Mai	ntena	nce	Gara	age	la .			☐ School	I (K-12)						DOLUMN NO.
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Maintenance District 1, M	ile Pos	st 13	.0				5-20			Other (ate and co	mmercia				
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Swedesboro										1200 st	f	1		6	0		
County (6)					C	ount	ty Code (7)	(STA	TE USE ONLY)	Current Us	se (Prior	if being de	emolishe	b			
Gloucester					4					Mainte	nance	Garage					
Name of Monitoring Firm Hired b	y Build	ing O	wner (8)	ASC	1 MC	No.	Nar	ne of Abateme	ent Contract	tor (9)			_			
Guardian Contracting, Inc	.							G	uardian Co	ntracting,	Inc.						
Street Address				_				Stre	eet Address	NAME OF STREET				-			-
1889 Rte. 9, Unit 61								1	889 Route 9	. Unit 61							
City, State, Zip Code					-		,		, State, Zip Co								
Toms River, New Jersey (8755							2000	oms River,		ev 0375	55					
Project Manager for Monitoring F				Tel	lepho	ne N	No.		ephone No.		o, oo, c	License N	Vo.				
Nicholas Fernicola				-0.00			9932	1000	32-349-9932			00624					
Start Date (10)	S	chedi	ıled Cı		555.00		e (11)	J 789	ne of OSHA M			00024					
							17	13500 3660	.M.S.L. Ana								
Occupancy Status During Abater	nent (C	heck	only o	ne)				Stre	et Address								
☐ Facility Closed/Vacated Durin	g Entire	e Per	iod of	Abate	emen	t		1	056 Stelton								
☐ Abatement Performed Outside								City	, State, Zip Co	ode							_
Time of Abatement:Al	M	PN	1/	_PN	1	/	AM		iscataway, I		ev 0385	54					
Scope of Work (Check all that ap	ply)	-5-71-											2000				
≥3 sf or >3 If			□ Re	nova	tion				☐ Full Cont		th Negat	ive Pressu	ire				
☐ ≥160 sf or ≥260 lf			⊠ De						Glovebag	Procedure							
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TO BE ABATED	(/10141)	′			ance	0.			rmal systems		"	(Specif	fy		Repair	cap	clos
IN Facility			Cust	odia (12	Staf	17			urfacing, VAT			SF or L	F)	<u>i i</u>		Encapsulate	Enclosure
(13)			Yes	No		/A		Oti	ner miscellane	ous)						ite	
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kitchen]	sink un	dero	oating			1 sf						
generator room]	black ca	aulk	-generator			38 If					
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Guardian Contracting, Inc						er ID 223	No.	Wa	ste	T.R.R							
City, State					20.	223			posal Date	City, Sta	ite						
Toms River, New Jersey									1/13/17			ennsylva	ania				
Completed By (Print or Type)		Title	1						Signature	1		2	Date	-	-	1	
Nicholas Fernicola			oject	Mai	nage	r			1	(1)	- -	P		((161	1-	7

Date of Notification (1)		ا لہ	IFIC	Purs	uant I	o NJAC	8:60 Owner	OS ABATE and 5:16 Operator (2)		NOV	America i	5()	V 017	-	
				- 0	treet A	ddress			_		ASBESTO	SEN	INC	RO	- &L	
Agencies Notified ⊠ EPA	Type Notification	1		3		est Sailb	oat L	ane		l _{max}	LIU	EN	ING	-	-	
⊠ DOLWD	☐ Amended			C		te, Zip Cod										
☑ DOH	Amendment	1000	_			ala Park,		8008								
DCA	Emergency (justification)	includin	g	N	lame of	Contact					Telephone Numb	er				
(NJAC 5:23-8)	☐ Cancellation				Travi	s Leply				Y						
	1				FACI	LITY INF	ORM	IATION								
Name of Facility Where	Abatement is Taki	ng Plac	e (3))						pe of Facility (4)					
Residence										School (K-12)	(Other than K-12))				
Street Address									×	Other (i.e., priv	vate and commer	cial	uildi	ngs,		
										homes, etc.)	# of Floors		Ilda	Age		
City (5)										uare Feet 2000	2		65			
Long Beach Twp.					Caush	, Codo (7\/	CTATE	USE ONLY)			or if being demolis	shed	_			
County (6)					County	Code (7)(SIAIL	USE ONL I)		Residence	n n bonig dome	alitaise.i.				
Ocean Name of Monitoring Firm	a Uisad by Building	Owner	r (8)		SCM N	in T	Name	e of Abateme	8	Contractor (9)		_				
N/A	in miled by Building	y Owner	(0)	1	001111					acting, Inc.						
Street Address								t Address								
Oli ect / tadicos							18	89 Route 9), U	nit 61						
City, State, Zip Code								State, Zip C			55-54-016-016					
									Ne	w Jersey 087						_
Project Manager for Mo	nitoring Firm			Telep	hone N	lo.		ohone No.	_		License No.					
							- 19.VE	2-349-9932		14	00624	_			74.55	-
Start Date (10)	200000	neduled						e of OSHA M M.S.L. Ana								
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Occupancy Status Duri					nent		500	et Address 1 56 Stelton								
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≥160 sf or ≥260 lf		\boxtimes	Dem	nolitio	n			☐ Gloveba	ag F	Procedure ofed (*) and No	n-Friable Proced	ure				
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City, State					2022			posal Date		City, State						
Toms River, New	/ Jersey						1	1/21/17		Tullytown	, Pennsylvania	а				
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Nicholas Fernico		Proj	ject	Mar	nager				V -	1- ta-	+	1	11	11	7	

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Date of Notification (1)			Name	of Building	Owner/Operator (2				==	=	
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ame of Facility Where Abstement is To	EKING HIBCS	(3)				Type of Facility School (K-12					
treet Address						Subchapter t	(Other than K-12)	,			
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ity (5)						Square Feet	# of Floors		dg A	36	
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ame of Monitoring Firm Hired by Build Detail Associates, Inc	ing Owner (8	D) F	ASCM)	VO.	Name of Abatema					. (-	
reet Address			NIA		Lilich Corpor	ation					_
300 Grand Ave					606 McBrids	Avanua				5 5	
ity, State, Zip Code					City, State, Zip Co						-
Englewood, New Jersey 07631					Woodland Pa	rk, New Jerse	y 07424				
roject Manager for Monitoring Firm		1	phone i		Telephone No.	,	License No.				0
Stephen A. Jaraczewski	Salara A		1-589-		973-225-8400		01104			8	_
tert Date (10) S	Scheduled Co			BIO :	Name of OSHA M	onitar nental Labs Li	C			5	
Docupancy Status During Abstament (C					Street Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of No	re Period of A	Absten Hours	s - Desc		2333 Route 2 City, State, Zip Co	ide			1,		
Time of Abstement: AM-		A CONTRACTOR			Union, NJ 070						
cope of Work (Check all that apply)					Full Cont	einment with Ne	gative Pressure				
cope of Work (Check all that apply) ≥3 sf or ≥3 ff ≥160 sf or ≥250 if		molitio	n		⊠ Mini-End ⊠ Glovebag	osure Procedure	gative Pressure n-Friable Procedur				_
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Date of Notification (1)			Na	me of	Building O	wner/O	perator (2)	117	NOV.	- 9	201	7	Total Section 1	
11 / 06 /	17		Tal	boro P	Borbon					MOV -	- 9	201	ä	Local	1
Agencies Notified Type Notif		-	- It seems	reet Ac					-				5-5		
☐ EPA ☐ Initial	10411011								-	ASBESTOS	CO	ITR	OL 8	à.	
☑ DOLWD ☐ Amend	ed		Ci	tv. Stat	te, Zip Cod	e				LICE	NSII	G			-
□ DHSS Amend	ment #		10.0	200	n, NJ 074				Total street						
	ency (inclu	ıding			Contact	+10			1	Telephone Numb	per				
(NJAC 5:23-8) Justific					Borbon				I):						
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A STATE OF THE STA	a Takina B	llace /3		TAGI	LITT HAT V	JIXIII/X	11011	Type of Fa	cility (4)					\neg
Name of Facility Where Abatement i	s raking r	riace (3)					☐ School	(K-12)						
Private house			-					Subcha	pter 3 (Other than K-1 2)	uildir	nae		
Street Address								Other (vate and commer	cial I I	unun	iys,		
								Square Fe	A.C2	# of Floors	1	ldg.	Age		
City (5)								24231010	erk 7			6	18.5		
Fair Lawn, NJ 07410				County	Code (7) (S	TATE II	SE ONLY)	Current U	se (Pric	or if being demoli	shed;				\neg
County (6)				County	00de (1) (0	INILO	or oner,	04.10.11	550.8	, and the second					
Bergen Name of Monitoring Firm Hired by E	wilding Ov	vper (8)	IAS	SCM N		Name	of Ahatem	I ent Contrac	tor (9)						
Name of Monitoring Firm Hired by t	sullaling Ov	wilei (o)	A	OW IN			h LLC								
							Address								
Street Address							illey Rd	H283							- 1
							tate, Zip C								
City, State, Zip Code							NJ 074								
S. J. J. J. S.	~		Teleni	none N		-	one No.	70		License No.	-	10000			
Project Manager for Monitoring Fire	11		reichi	TOTIC IT		000000000000000000000000000000000000000	88-1777			01127					
(40)	Schod	uled Co	moletic	on Date			of OSHA	Monitor		01127					
Start Date (10) 11 / 16 / 17	1 Contract of the Contract of	1 /			17				Inc						
							Address	onsultants	,mc						-
Occupancy Status During Abateme	Entire Per	ind of A	hatem	ent	,			v Road, B	do #	35E.					
Abatement Performed Outside	of Normal	Facility	Hours	- Desc	cribe		State, Zip		lug	7313					
Time of Abatement:AM	PN	Λ/	PM_		I AAZ		awn, NJ								
Scope of Work (Check all that app				-	1	I an D	Clean	up and deco	ontarnin	ation with negati	ive pi	essu	re		
	19)						Full Co	ntainment v	vith Ne	gative Pressure					
>3 sf or >3 lf > 160 sf or >260 lf			novatio molitior			×	Gloveh	nclosure lad Procedu	re 🗌	Tent with Negati	ive Pi	essu	re		
≥ 160 st or ≥260 it		□ nei	HOHLIOI			Ë	Non-Ex	cempted (*)	and No	n-Friable Proced	aure		J		
			Location											nt Ty	/pe
Location of			lormall d Solel			111	escription		NA)	Amount		Re	Repair	Enc	Enc
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TO BE ABATED IN Facility		Cust	odial S	Staff?		sur	facing, VA	T, or		SIF or LF)		ă	7	Encapsulate	ure
(13)			(12)	Γ	-	othe	r miscella	neous)						e e	
		Yes	No	N/A											-
Basement-boiler room				\boxtimes	Pipe inst	ulation	i			12 LF	-	X	ᆜ	_	-
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					11	10	Vente ()	Install Mana	of Dac	istered Landfill					1
Name of Registered Waste Haule	er		NJI	JEP Wast	e Hauler ID No			li .							
Gr Tech LLC			(00337	85		BD		R.F. Inc	3				-	
City, State						Disp	osal Date	City,							
Wayne, NJ 07470						10.77	BD		town, l	PA			_		
Completed By (Print or Type)	Tit	le					Signature	1.		4	Date				
N.Jevtic	Ov	vner						Henric	Wer	ad	11/0	6/17	7		
14.364116								11							

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

NO Cr.				(Pu	rsuan	t to NJA	C 8	:60 and 5:10	6)	MEC	E I	W	F	F
Date of Notification (1)					Name	of Building	g Ow	ner/Operator (2)	11),50	<u></u>	10		11
11 /	3 /	17	20		Nev	v Jersey	Sch	ools Develo	pment Autho	2 7 2 11		001	_	
Agencies Notified	Type Notific	ation			Street	Address				U WOV	- 9	201	1	
⊠ EPA	☐ Initial				32 I	E. Front S	St.							
□ DOLWD				i	City, S	state, Zip C	Code			AODEOTO	00.00	ITD	21 0	1
☑ DHSS	Amendm		dina		Tre	nton, NJ	086	25-0991	1	ASBESTO LIC	E ISIN	ig Ig	JL CL	
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		aing		Name	of Contact	t		b	Telephone Num	-			
(Cancella				And	drew Oak	ley							
					FAC	CILITY IN	FOF	RMATION		_	**			
Name of Facility Where A	batement is	Taking Pl	lace	(3)					Type of Facility	(4)				
Former Camden Hig	gh School								School (K-1)		2)			
Street Address										8 (Other than K-1: private and comme		ildino	IS.	
1700 Park Blvd.									homes, etc.					
City (5)									Square Feet	# of Floors	Blo	dg. A	ge	
Camden									175,000	3		+/- 50	0	
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pr	rior if being demol	st ed)			
Camden									Vacant		D SWILL BY			
Name of Monitoring Firm			- 20	3)	ASCM	No.			ent Contractor (9	58				
Brinkerhoff Environ	mental Ser	vices I	nc.				U	SA Environ	mental Manag	jement, Inc.				
Street Address								eet Address						
1805 Atlantic Avenu	ie						8	436 Enterpr	ise Avenue					
City, State, Zip Code							City	, State, Zip Co	ode					
Manasquan NJ 0873	36						P	hiladelphia,	PA 19153					
Project Manager for Moni	toring Firm			Tele	phone I	No.	Tele	ephone No.		License No.				
Gary Fleming				V - 1200-2	2-223	STREET, LAND	2	15-365-5810	0	001156				
Start Date (10)		Schedule				180 300	10000	ne of OSHA M						
10 /05 /		01	_ /	26	_ / _	18	U	SA Environ	mental Manag	ement, Inc.				
Occupancy Status During	Abatement (Check or	nly o	ne)	P45 / / 15		Stre	eet Address						
☐ Facility Closed/Vacate						1000	8	436 Entperp	rise Avenue					
Abatement Performed							City	, State, Zip Co	ode					
Time of Abatement: 7	00 AM-5:30	PIVI/	P	VI	AIVI		P	hiladelphia,	PA 19153					
Scope of Work (Check all	that apply)							П		. 5				
☐ ≥3 sf or ≥3 lf			Rer	novatio	on			☐ Full Cont	tainment with Ne losure	gative Pressure				
≥160 sf or ≥260 lf				nolitio					g Procedure	740416 (1970 NSS) 100				
									mpted (*) and No	on-Friable Procedu				
1				Locati ormal				Description o			Ab	atem		
Location Asbestos-Containing I		1)	Used	Sole	ly by	Asbes	stos	Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABA	TED			ntena	nce/ Staff?	(i.e.		rmal systems i		(Specify	VOO	air	aps	lost
IN Facilit (13)	У		ouou	(12)	otan.			urfacing, VAT, ner miscellane		SF or LF)	<u>n</u>		ulat	Iге
(.0)		Y	'es	No	N/A		•						е	
Main BuildingCrawls	pace and					Air Cell	Inst	ulation Debr	is	40,000 SF	\boxtimes			
Main Building Chase			7			Air Cell	Pipe	e insulation		180 LF			П	
Throughout Building							_	nd Mastic	-	79,670 SF		П	П	
Room 127 , 127 A, 12			Plaster				1,900 SF		П	П				
Name of Registered Was		D [JDEP V			oic Yards of	Name of Regis	A STATE OF CONTRACT OF CONTRAC			_	
Service Transport 0				232	auler IE	35 75 7 Toronton	Was	ste	Minerva L					
	5-5-4-0-C-9- 5 -0							oosal Date	City, State					
City, State	S 100 100 100 100 100 100 100 100 100 10								71					
City, State New Castle, DE							1/	26/18	Minerva, C	OH				
City, State New Castle, DE Completed By (Print or Ty	vpe)	Title					1/	26/18 Signature	Minerva, C		at :			

	λ	Chiefenes) principles	B	ate of No	ew Jersey			-	410		
Check#2912	-NOT	F C	ATON	OF ASI	BESTOS ABA C 8:60 and 5:1	TEMENT 6)	ME	C		\mathbb{V}	E
Date of Notification (1)			Name	of Building	Owner/Operator	(2)		-			
11/06/11	7		Seema	. Kizhakk	'ev			NOV .	- 9	201	1
Agencies Notified Type Notification				Address	ley			-			
☐ EPA ☐ Initial				, 1001 000						NTDO	21 9
□ Amended □ Amended			City. S	State, Zip (Code		ASE	SESTC S	NSI	VIII	JL O
			100	10. 10.				DIC D			
DCA Emergency (i justification)	ncluding	3		awn, NJ			Tele-1				100
Cancellation			===					9.			
			-	Kizhakk					-		
Name of Equility Where Abstract is Takin	a Diago	(2)	FAI	CILITIE	IFORMATION	Type of Fac	ilito (A)				_
Name of Facility Where Abatement is Takir	ig Place	(3)				School (
Private house							oter 8 (Other than K-1	2)			
Street Address						Other (i.	e., private and comm		ilding	IS,	
014-75						homes,			alar *		
City (5)						Square Fee	t # of Floors	31	dg. A	ge	
Fair Lawn, NJ 07410			Τ.	h. 0-4- 47	CTATE LIGE ON "	Current 11	(Dalos If Balanda	link = -			
County (6)			Coun	ty Code (7)	(STATE USE ONLY)	Current Use	(Prior if being demo	iisned _.			
Bergen	0	701	10011		T		765				
Name of Monitoring Firm Hired by Building	Owner	(0)	ASCM	NO.	Name of Abatem	ent Contracto	r (8)				
Charact Address					Gr Tech LLC						
Street Address					Street Address						
0					576 Valley Rd						
City, State, Zip Code					City, State, Zip (
5 :		1-			Wayne, NJ 074	70	N				
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
					973-638-1777		01127				
			etion Da		Name of OSHA	Monitor					
<u>11 / 17 / 17</u>			<u>o</u> / .	1 /	Envirovision C	onsultants,Ir	nc				
Occupancy Status During Abatement (Che					Street Address						
Facility Closed/Vacated During Entire P				a aile a	20-21 Wagarav		g .# 35E				
Abatement Performed Outside of Normal Time of Abatement:AM	ai Facili PM/	ty Hot	irs - Des	AM	City, State, Zip (Code					
					Fair Lawn, NJ						
Scope of Work (Check all that apply)							amination with negat Negative Pressure	tive pre s	sure		
	⊠ R	enova	tion		Mini-Er	closure					
≥ 160 sf or ≥260 lf		emolit			Gloveb	ag Procedure	Tent with Negat	ive Pres	sure		
	T-	s Loc	ation		☐ NO∏-EX	empted () an	T Table Floce		1	T	
Location of		Norm			Description	of		<u> </u>	atem	1	T
Asbestos-Containing Material (ACM)			lely by	Asbe	estos Containing M		Amount	2	Repair	Encapsulate	Enc
TO BE ABATED	1333		ance/ I Staff?	(i.	e., thermal systems		(Specify	5	Dair	aps	Enclosure
IN Facility (13)		(12			surfacing, VA other miscellar		SIF or LF)	٠ ۽		ulat	Te
(,	Yes	No	N/A			,				С	
Basement-utility room				Pipe ins	ulation		12 LF	03	П		
Dasoment-unity 100m] [Tipe IIIs	utation		12 11		-	-	금
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			-	-		- 10		[]	П		П
Name of Registered Waste Hauler				e Hauler ID No). Cubic Yards of Wa	stel Name of F	Registered Landfill				
Name of Registered Waste Hauler			IJDEP Wast				Registered Landfill				
Gr Tech LLC					TBD	T.R.R.F.	Inc				
Gr Tech LLC City, State			IJDEP Wast		TBD Disposal Date	T.R.R.F.	Inc e				
Gr Tech LLC City, State Wayne, NJ 07470			IJDEP Wast		TBD Disposal Date TBD	T.R.R.F. City, State Tullytow	Inc e n, PA				
Gr Tech LLC City, State Wayne, NJ 07470	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		IJDEP Wast		TBD Disposal Date TBD	T.R.R.F.	Inc e n, PA	Date 11/06.1			

V#3075	PA	407	Purs	TION O uant to	of New Jersey F ASBESTOS A NJAC 8:60 and	12:120)		Grand Control of the	0,4	EGE		// [7
Date of Notification (1)	01 1 1/00==		Na	me of B	uilding Owner/O DY OF LOUI	perator	(2) CHUP	CH II	1	Non	- 01	247		
Nov-2-2017	Check #3075		- 8	eet Add		VDE3	CHOIN			NOV -	9-21)17		J
Agencies Notified	Type Notification				E ROCK AVE	ENUE								
EPA DEB	Initial Amended		-		, Zip Code				AS	BESTOS	CNT	ROL	&	
DEP DOL	Amendment #_				DRANGE, NJ	07052	2	L		LICEN	COS SUPPLIES			rutorries
П рон	Emergency (including justification)	cluding		me of C					Tolo	nhana Niimh	10			
DCA	Cancellation		F		s Ferry						_	-		_
11 15 15 18 18 18 18 18 18 18 18 18 18 18 18 18	Abatamant in Taking I	Place (3)		FACILI	TY INFORMATI	ON	Type of	Facility (4)	1					
Name of Facility Where A		lace (5)					_	chool (K-12)						
Street Address							T S	ibchanter 8	(Othe	r than K-12) commercial	h iildir	nae h	omes	2
100 Valley Way								ther (i.e. pri c.)						'1
City (5)	-						Square	Feet	# of	Floors	8	g. Ag	е	
West Orange				X011-0-12				75	: 6 la - i-	- de mediaba	60	т		_
County (6)				ounty Co	ode (7) SE ONLY)		Scho		it beir	ng demotishe	,u			
ESSEX		(0)				Name	7000 AND 1975	ement Cont	ractor	(9)				
Name of Monitoring Firm	Hired by Building O	vner (8)		ASCM I	NO.	1		s Corp		ngood B				
Street Address						Street	Address	3						
Sileet Address						426	69th S	treet						
City, State, Zip Code							State, Zip							
								, NJ 070	93	1.1 NI-				_
Project Manager for Mon	nitoring Firm		T	elephon	e No.		hone No -295-17			License No 01074).			
				1-t' D	ata (11)	79.40.00		A Monitor		01071	-	-		
Start Date (10)		Scheduled		pletion D	ate (11)		ne as a							
11/11/17 Occupancy Status Durin	1					Stree	t Addres	s						
	cated During Entire P			ent										
Facility Closed/Vac Abatement Perforr Other – Describe:	ned Outside of Norma	al Facility I	Hours			City,	State, Zi	p Code						
Scope of Work (Check	All That Apply)						_							
≥3 sf or ≥3 lf			novat				Full	Containme	ent with	n Negative P	re ssur	e		
≥160 sf or ≥260 lf		L De	emolitic	on			Glo	vehag Proc	edure	. N	In Drov	aadur	•	
		1					× Nor	n-Exempted	1 (*) ar	nd Non-Friab		Abate		t
			ocatio									Ту	ре	_
Location		Used	ormall Solel	y by	Asbestos Co	escription ntaining		(ACM)		Amount			Щ	П
Achoetoe, ontain	g Material (ACM)		ntenan odial S		(i.e. therm	al syster	ns insula	ation,		Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
TO BE A		(.11510				acing, V			Ŭ	. 0. 1.)	1000	pair	sula	Suis
TO BE A	cility	Custo	(12)		outer	miscella	anicous	1			777		te	
TO BE A	cility		(12)	N/A	outer	miscella	arieous)				3		1	+
TO BE A	cility 3)	Yes	(12) No	N/A			***			1 LF		Х		
TO BE A	cility 3) ment		(12)		Pip	e Insu	lation					-		+
TO BE A	cility 3) ment		(12) No	N/A	Pip		lation			1 LF 3 SF	<u>a</u>	x		
TO BE A	cility 3) ment		(12) No		Pip	e Insu	lation				<u> </u>	-		
TO BE All In Fac (13	ment ay #4		No X	X	Pip Ce	e Insu iling Pl	lation	Name of	Regis	3 SF		-		
TO BE A In Fac (13) Baser Hallwa	ment ay #4		No X		Pip Ce	e Insu	lation			3 SF		-		
TO BE All In Fac (13	ment ay #4		No X N H	X JDEP W	Pip Ce /aste Cub No. of W tbd	iling Plaic Yards	lation	Minerv	a En	3 SF		-		
Baser Hallwa Name of Registered W. Tri-State Transfer City, State	ment ay #4		No X N H	X JDEP W lauler ID	Pip Ce /aste Cub No. of W tbd Disp	e Insuilling Plaid Yards Vards	lation	Minerv City, Sta	ra En	3 SF tered Landfilterprises		-		
TO BE A In Fac (13) Baser Hallwa Name of Registered W Tri-State Transfer	ment ay #4		No X N H	X JDEP W lauler ID	Pip Ce /aste Cub No. of W tbd	e Insuilling Plaid Yards Vards	lation	Minerv	ra En	3 SF tered Landfilterprises g, OH		-		

0 r #2070	P		NOTII	FICATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE	MEN ¹	г		E	C	[7 E	
Date of Notification (1)			-	Name of	f Building	Owner/	Operator	r (2)		HK!			-			\mathbb{H}
U. Belling and Company and Auto-Auto-Auto-Auto-Auto-Auto-Auto-Auto-	eck #3079			100000000000000000000000000000000000000	ints Cat			100000000000000000000000000000000000000			N	101	. 9	20	17	
Agencies Notified	Type Notification			Street A	ddress 13th Str	oot				1						
EPA DEP	Initial Amended				ite, Zip Co					_	ASBE	STOS	CO	NIH	OL 8	
☑ DOL	Amendment				ne, NJ							LICE	ISI	NG		
□ DOH	Emergency justification)				f Contact					Tel	ephone	Numb	ər			
☐ DCA	Cancellation	Ř.		Al	LITY INFO	DMAT	ION			_					_	
Name of Facility Where		g Place (3	3)	FACI	LITTINE	JRIVIAI	ION	Тур	e of Facility ((4)			-			
All Saints Cathlic A	cademy							X	School (K-							
Street Address 19 W. 13th Street								H	Subchapter Other (i.e. p	8 (Oth	er than & comm	K-12) nercial	build	lings.	home	es.
City (5)								San	etc.) are Feet		f Floors			ldg. A		5250389
Bayonne									000	3	1 10010			0+	ge	
County (6)					Code (7)	ı.			rent Use (Pri	or if bei	ng dem	nolishe)			
HUDSON Name of Monitoring Firm	Hirad by Puilding	Ourser (9)		ASCM					hool		(0)					
N/A	Hired by Building	Owner (o)		ASCIV	I NO.				eatement Cor ces Corp	ntractor	(9)					
Street Address							Street	Addr	ess					- 193		
City State Zie Cada							3550000	36,037	Street							
City, State, Zip Code							0.05		Zip Code erg, NJ <mark>0</mark> 7	093						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Telepi 201-		No. ·1700		Licen: 0107	se No. 74				
Start Date (10)				mpletion I	Date (11)				SHA Monitor							
11/11/2017 Occupancy Status During	Abatement (Chec	11/13/					Sam		above				_			
				ment			Street	Audit	255							
Facility Closed/Vaca Abatement Perform Other – Describe: S	ed Outside of Norn	nal Facility	Hou	rs			City, S	State, 3	Zip Code							
Scope of Work (Check Al	ll That Apply)															
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renov Demol					M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	e cedure						
		le	Loca	tion				<u> </u>	on-Exemple	J () all	u Non-r	Tiable	-		ement	t
Location	of	1	Norma	ally		De	scription	n of				_	_	Ту	ре	
Asbestos-Containing TO BE ABA		Ma	intena	ely by ance/			taining N		al (ACM)		mount Specify		ת	_	Enc	ш
In Facili (13)	The state of the s	Cus	todial (12)	Staff?	(surfa	cing, VA	T, or			or LF)	í l	Removal	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		outer i	mscenar	leous	,				val	Ŧ	ulate	ure
Second Floor-	Room #1		х			Ceili	ing Pla	ster		3	3 SF		-		х	
Second Floor-F	Room #24		Х				ing Pla			2	2 SF		-		Х	
Second Floor-F	Room #14		X				ing Pla				SF				Х	
Kindergarden	-Pre-K 3		Х				ing Pla			3	3 SF		-		Х	
Name of Registered Was	te Hauler			NJDEP W Hauler ID			Yards		Name of	Registe	red Lar	ndfill				
Tri-State Transfer As	ssoc		100	19551	140.	tbd	310		Minerva	a Ente	rprise	es Inc				
City, State Bronx, NY				3010		Dispo	sal Date		City, State Wayne		ОН		-			
Completed by		Title					Signature	e /	211	1		Date				
Gina Betances		Offic	e Ma	anager				(2	Kua	1		11/	/20	17		

					÷.							П	Pr	int Fo
00 CH	Ν		CATION		Jersey STOS ABAT :60 and 12:1				200	E C	E] [7 E	
Date of Notification (1)				Building C gon Dr. I	wner/Operat	tor	(2)			NOV	- 6	20	17	U
Agencies Notified Type Notification		100	Street Ac	ddress gon Dr.				-		ASBEST	os c	ONTE	OL &	
EPA Initial Amended	**		City, Stat	te, Zip Coo	ie						CENS	NG		
DOL Amendment : Emergency (i justification)			Montva	Contact				-	Tel	ephone N	Jumbe	-		_
DCA Justification				chaevitz	2									
Name of Facility Where Abatement is Taking	Place (3	3)	FACIL	LITY INFO	RMATION	T	Туре	of Facility (4)					
Former A&P Headquarters								School (K-1			40)			
Street Address 2 Paragon Way							×	Subchapter Other (i.e. p etc.)	8 (Oth orivate	er than K & comme	-12) rcial bi	inerana ant a a		es,
City (5) Montvale, NJ							200,0		3	f Floors		Bldg. 50+	Age	
County (6) Passaic			County C STATE U	Code (7) ISE ONLY)				nt Use (Pri ndoned	or if be	ing demo	lished)			
Name of Monitoring Firm Hired by Building C n/a	Owner (8)		ASCM	No.				ement Cor Environm			es, In			
Street Address					7.00		Addres Kinnel	s on Rd.						
City, State, Zip Code								p Code NJ 0740	5					
Project Manager for Monitoring Firm		1	Telephor	ne No.			one No 218-08			License 01228		-		
Start Date (10) 11/15/17			pletion [Date (11)	1,000			A Monitor	nental	Service	es, In	· ·		
Occupancy Status During Abatement (Check			, ,				Addres							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: ABANDO	al Facility				City	, S	tate, Zi	on Rd. S p Code NJ 0740		102	-			
Scope of Work (Check All That Apply)				10 110001000								-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renovat Demoliti				×	Min Glo	Containm i-Enclosur vebag Pro n-Exempte	e cedure				ıre	
Location of	200	Location Normall	25%		Descript	tion	53		7 (7 (3)			Aba	temer Type	nt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel iintenar todial S (12)	nce/		os Containin thermal syste surfacing, other misce	g M ems VA	Material s insula T, or		(-	Amount Specify F or LF)	To a control of the c	repair .	Encapsulate	Enclosure
	Yes	No	N/A			_				20.05			ю	
Elevators			X		VA.					00 SF	X	+	1	-
Computer Room	-		X		Mas Field ro					00 SF ,000 SF	×	+		
Roof Roof Flashing	-		X		Roof peri	_				,900 SF	X	-	3	
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic Yard		21013	Name of		ered Land				
Yannuzzi Group, Inc.		Н	auler ID 7467		of Waste 200			GROW						
City, State Kinnelon, NJ					Disposal Dec 1/20	17		City, Sta Morris		airless	Hills	11		
Completed by John Mucha	Title AHE	RA Pr	oject D	Designer	Signal	tyre	A	1/1	^		Date //	-/-	-17	7



Z M. K. R. F										ME	C	E		V/Pri	色行师
chila		N		CATION	of New OF ASBES to NJAC 8:	STOS	ABATE			K	VOV		21	017	
Date of Notification (1) 11/6/2017				Name of Tilcon	Building Ov New York	wner/0 k Inc.	Operator	(2)			sindam: Seile		Name of Street		
	pe Notification			Street Ad 9 Berg	ddress gen Turnp	ike				ASB		OS C			. &
EPA DEP DOL	Initial Amended Amendment #			City, Sta	te, Zip Code erry, NJ	e 0764	3								
▼ DOH	Emergency (in justification)			Name of	Contact Stankov	-		Manad	ıer	_ Talonha-					
DCA L	Cancellation			65/15/5/2000	LITY INFOR			rariag	-	-1					
Name of Facility Where Aba N/A	tement is Taking	Place (3))	.,,,,,,,,				-	of Facility				-		
Street Address 9 Bergen Turnpike								×	Other (i.e.	r 8 (Other than private & comm	K-12) nercial	build	ngs,	home	es,
City (5) Little Ferry									etc.) re Feet 100	# of Floors			ig. A	ge	
County (6) Bergen				County (Code (7) ISE ONLY)			Curre	nt Use (Pri ccupied	or if being dem	olishe	ed)			
Name of Monitoring Firm Hir	red by Building Ov	wner (8)		ASCN	1 No.				tement Cor rk Indust	ntractor (9) rial					
Street Address		<u> </u>				Addres Norga									
City, State, Zip Code									ip Code I 07871						
Project Manager for Monitor	ing Firm			Telephor	ne No.			none No -570-2		Licens 0133	se No.	•			
Start Date (10) 11/17/2017		Schedule		npletion [Date (11)				HA Monitor rk Indust						
Occupancy Status During Al	batement (Check	Only On	e)					Addres /lorgal			- 1111				
Facility Closed/Vacated Abatement Performed Other – Describe:	Outside of Norma						City, S	tate, Z	ip Code J 07871	-			-		
Scope of Work (Check All Ti	hat Apply)	N = 90.						-							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit					Ful Mir Glo	ni-Enclosur ovebag Pro	cedure					
			2 1				2	9 No	n-Exempte	c (*) and Non-F	Friable			ment	
Location of		٨	Locati Iormal	ly		De	scription	of					Ту	ре	
Asbestos-Containing Ma TO BE ABATE In Facility (13)	iterial (ACM)	Mai	d Sole intena odial 3 (12)	nce/		nerma surfa	taining N I system cing, VA miscellar	s insula T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		ASSOCIATION OF THE PROPERTY OF		• 00000		0.40 0 =0 :				ite	מ
shop & electrical	building		X				of flash	(5)		240 & 76 L		X			
trailer			X				oor tile			288 SF		X			
control hous	se		X				oor tile			112 SF		X	_		
shop	Hauler		X	JDEP W	lasto		OOV +	iles	Name of	240 S. Registered La	122	Χ			
Name of Registered Waste Atlantic Carting	ndulei		525	lauler ID	The state of the s	of Wa	iste		Waste	Manageme					
City, State Wayne NJ						Dispo	sal Date		City, Sta Tullyto	te vvn PA				1224	
Completed by Corey Stankovic		Title CEO	15		-		Signatur	Ha	No	rė	Date 11	e /6/20	17		



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	NOV	- 9 2017	L
	ASRESTO	3 CONTROL 8	

0 111	,				7	I I II N	UV	- 9	201	1
Date of Notification (1) 11/6/2017		Name o New I	f Building Owner/ Brunswick Urb	Operator an Ren	(2) lewal, LLC			PROCESSION	- Automotives	Section September 1
Agencies Notified Type Notified	ation	Street A 1970	ddress Brunswick Ave	9		ASBE	LIC	3 CC ENSI	NTR NG	OL &
DEP Amend	led Iment #	City, Sta Lawre	ate, Zip Code enceville NJ 08	8648						
Emerg justifica DCA Cance			f Contact Stankovic, P	roject N	Manager	Teles				
		FACI	LITY INFORMAT	ION			-		V 101/100	
Name of Facility Where Abatement is North Brunswick Crescent Ap					Type of Facility (4) School (K-12)					
Street Address 400 Crescent Court					Subchapter 8	(Other than K-1) vate & commerc		dings,	home	es,
City (5) North Brunswick					Square Feet	# of Floors	E	ldg. A		
County (6) Mercer			Code (7) USE ONLY)		Current Use (Prior unoccupied	if being demolis	ned)	40		
Name of Monitoring Firm Hired by Bui	ding Owner (8)	ASCN	Л No.		of Abatement Contra ckmark Industria					
Street Address					Address lorgan Dr					
City, State, Zip Code			:	City, S Spar	tate, Zip Code ta NJ 07871			•		
Project Manager for Monitoring Firm		Telepho	ne No.		one No. 3-570-244	5 License N		-		
Start Date (10) 11/15/2017	Scheduled Co		Date (11)	Name	of OSHA Monitor ckmark Industria		97	-		
Occupancy Status During Abatement	1				Address lorgan Dr			1		
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:				City, S	tate, Zip Code rta NJ 07871					\exists
Scope of Work (Check All That Apply)			· · · · · · · · · · · · · · · · · · ·					-		-
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renov Demo			×	Full Containn ent Mini-Enclosure Glovebag Proced Non-Exempted (*	dure			e	
	ls Loca	ation			Tron Example of) and Hom Has		-	ement	
Location of	Norm		De	scription	of			Ту	ре	
Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Custodial (12	ance/ I Staff?)	Asbestos Con (i.e. therma surfa	taining M	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Building	Yes No		wind	ow cau	lking	400 LF	X			-
Name of Registered Waste Hauler		NJDEP W	laste Cubic	Yards	Name of Re	gistered Landfill				_
Atlantic Carting		Hauler ID	No. of Wa	ste		anagement				
City, State Wayne NJ			Dispo	sal Date	City, State Tullytown	PA .				
Completed by Corey Stankovic	Title CEO			Signature	tanko		ite 1/6/2)17		



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

JUL# 3,88

Date of Notification (1)				Name	e of Buildi	ng Owner/Operator (2)		-			
11/6	17	7		Sterious .	rizon	ng owner operator (-/	IN E	(0)	E		\mathbb{V}
Agencies Notified Type No	ification			Stree	t Address			113				
				15	East Mo	ntgomery Place,	Lower Level		N(V		0 2	047
☑ DOLWD ☐ Amer					State, Zip	The state of the s		- ILL	1 <u>1</u> 7 <u>1</u>		9 2	UII
□ DHSS Amen □ DCA □ Emer	dment #		-	Pit	tsburgh,	PA 15212						
	cation)	iciudini	g		e of Conta			Telephone AS	E T	os c	CONT	ROL
☐ Cance				An	thony Po	orta		. 1	1	OEN:	SING	i
				FA	CILITY	NFORMATION						
Name of Facility Where Abatement	is Takin	g Place	e (3)			200	Type of Facility (4	4)				
Verizon Hackettstown CO							School (K-12)					
Street Address							☐ Subchapter 8 ☐ Other (i.e., pri			wildin	ins	
114 Valentine St.							homes, etc.)	vato ana commo	TOIC D	unum	95,	
City (5)							Square Feet	# of Floors	В	Bldg. A	\ge	
Hackettstown												
County (6) Warren				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	she I)			
Name of Monitoring Firm Hired by E	uilding (Junar	70\	ASCM	Ma	I North of Abote 1	10 1 10					
USA Environmental Manage	200 m	Jwnei	(0)	ASCIVI	INO.	Name of Abateme		INC				
Street Address	ment					Street Address	VIRONMENTAL	, INC.				
8436 Enterprise Ave						1123 BEAVER	OCTDEET					
City, State, Zip Code						City, State, Zip Co						
Philadelphia, PA 19153						BRISTOL, PA						
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.	10001	License No.				
Mark Jenkins				5-365		215-788-6040		00509				
Start Date (10)	Sched	duled C	omple	tion Da	te (11)	Name of OSHA M	onitor	1 33333				-
11 /29 /17	1	12 /	8	_ / .	17	BRISTOL EN	/IRONMENTAL	, INC.				
Occupancy Status During Abatemer	t (Check	k only	one)			Street Address						
☐ Facility Closed/Vacated During E						1123 BEAVER	RSTREET					
Abatement Performed Outside of					cribe	City, State, Zip Co						
Time of Abatement:AM	P	M/ <u>5:00</u>	PM- <u>1</u> :	30AM		BRISTOL, PA						
Scope of Work (Check all that apply						D-110		AU 128				
≥3 sf or ≥3 If		⊠ Re	novati	on			ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf			molitic			☐ Glovebag	Procedure					
		lo	Locat	ion		☐ Non-Exer	npted (*) and Non-	-Friable Procedur	e –			
Location of		0.00	Vorma			Description of			Ab	1	ent T	
Asbestos-Containing Material (A	CM)	200000000000000000000000000000000000000	d Sole		Asbe	stos Containing Mat		Amount	5	Repair	Enc	Enc
TO BE ABATED IN Facility		8500	intena todial ((i.e	e., thermal systems in		(Specify	3	oair	caps	Enclosure
(13)			(12)	_		surfacing, VAT, other miscellaned		SF or LF)	1.3		Encapsulate	ure
	3875.2-	Yes	No	N/A							ie.	
Basement AC Equipment Room	n #2				Floor ti	le and Mastic		50 SF	[]			
Basement HSB Room					Floor ti	le and Mastic		200 SF	[]			
Basement AC Equipment Room	n #1	\boxtimes			Floor ti	le and Mastic		500 SF	[]			
Basement Boiler Room		\boxtimes			Floor ti	le and Mastic		235 SF	[]			
Name of Registered Waste Hauler		0.553	JDEP V		Cubic Yards of	Name of Registe	red Landfill					
SERVICE TRANSPORT GRO) .	1000000	auler ID 20990		Waste	MINERVA LA	ANDFILL					
City, State						Disposal Date	City, State			0.10		
NEW CASTLE, DE 19720							WAYNESBU	RG, OH 44688				
Completed By (Print or Type)	Title	8				Signature	0 15	Dat Dat		-		
Brian Scafiro	Es	stimat	or			man	Scafino	194 1	11-	6-	17	7

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CK 121		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)											0 V	- (9 2	017		
Date of Notificatio 11/6/2017	n (1)				of Building Energy		Operator	(2)				005	O.T.	20.0	0 17	5001		
Agencies Notified		1	7			A	SBE		JS C		ROL							
EPA DEP DOL		Amended City, State, Zip Code Amendment # Milford NJ 08848																
DOH DCA	Emergency justification Cancellation)	3		of Contact o Stanko	ovic, Pr	roject M	/lana	ger	- i	lonhono	Numb	ner	_				
FACILITY INFORMATION										_1					3 <u>417</u>			
Name of Facility Where Abatement is Taking Place (3) N/A								Type of Facility (4) School (K-12)										
Street Address Route 31 & Rocky Run Road (CT's #A-1 thru #B-8) identical units								School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial bui direct.)						dings,	hom	es,		
City (5) Lebanon				Squa 8,0	are Feet 00	# o 1				ldg. A								
County (6) Hunterdon		Code (7) USE ONLY	Curr	Current Use (Prior if being demolish unoccupied														
Name of Monitorin	ASC	M No.			ame of Abatement Contractor (9) Checkmark Industrial													
Street Address				Street 54 M		ess an Dr												
City, State, Zip Code								tate, Z	Zip Code J 07871									
Project Manager fo	ne No.		Teleph	one N	lo.		License			-								
							2645		0133	4								
Start Date (10) 11/20/2017									HA Monitor ark Industr	rial								
	During Abatement (Chec d/Vacated During Entire			ment			Street / 54 M											
Abatement Pe Other – Descr	erformed Outside of Norr	mal Facilit	y Hou	rs		_			Zip Code J 07871					Aut.				
Scope of Work (Ch	neck All That Apply)			2007		-	9						-	_				
≥3 sf or ≥3 lf × ≥160 sf or ≥26	60 If	greenweg.	Renov				Full Containment with Negative Pressu e Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
		Is	Loca	tion			Description of ontaining Material (ACM) all systems insulation,) and Non-r hable Pio				Abatement			
Asbestos-Conta TO B	ocation of aining Material (ACM) E ABATED Facility (13)	Use Ma	ainten	ely by ance/ Staff?		tos Cont thermal surfac					Amount (Specify Removal			Ty Repair	e Encapsulate	Enclosure		
		Yes	No	N/A									=	one of	ate	ře		
lr	nterior		X		Ele	ectrical	wire in	sulat	tion	+/- 1	1500 LF	=	X					
Turk	oine units		X			gaske	et mate	rials		2	0 SF		X					
Exterior U	Init & Oil Pipes		X		cloth wrap & tar pipe wra					280S	F&120l	LF :	X					
Motor Co	ntrol Cabinets		X			trans	ite chu	tes		2	2 SF		X					
					P Waste Cubic Yards of Waste			Name of Registered Landfill Waste Management					-					
City, State Wayne NJ	<u> </u>					Dispos	al Date	2	City, State Tullytov	e vn PA								
Completed by Corey Stankovic	ompleted by Title						Signature Date 11/6/2(17											

E C E I PALLEM



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

Chil # 3,287

Date of Notification (1)					Name of Building Owner/Operator (2)														
	6 /	17			Vei	rizon						2		7 0	-				
Agencies Notified	Type Notific	ation			Stree	Address					In E	D D	5		/ 8				
⊠ EPA					15	East Mo	ntgo	mery Place	, Lo	ower Level									
☑ DOLWD ☑ DHSS	Amended Amendm				City, S	State, Zip	Code				11111		_	00					
□ DCA	☐ Emergen			1	Pit	sburgh,	PA ·	15212			In the M	. 1	- 9	20	1/				
(NJAC 5:23-8)	justificati		Juanie	,	Name	of Contac	ct			1	Telephone Number								
9.5	☐ Cancellat	tion			An	thony Po	rta			I.	JTROI								
	FA	CILITY IN	VFOI		-IUEINOING														
Name of Facility Where A	batement is 7	Taking	Place	(3)					Т	Type of Facility (4)									
Verizon Ramsey CC)									School (K-12)									
Street Address		///S=;=								Subchapter 8 (Other than K-12) rate and commerc	al hi	ilding	10					
36 N Franklin Turnp	ike								1	homes, etc.)	ato and common	. AI DC	manig	, ,					
City (5)									S	Square Feet	# of Floors	BI	ge						
Ramsey			x-accessor																
County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)) C	Current Use (Prior	if being demolish	ed)		- inc					
Bergen																			
Name of Monitoring Firm			wner ((8)	ASCM	No.	Na	me of Abaten	nent	t Contractor (9)									
USA Environmental	Manageme	ent					E	BRISTOL EN	NVI	RONMENTAL,	INC.								
Street Address							1000000	eet Address											
8436 Enterprise Ave)							123 BEAVE											
City, State, Zip Code						City, State, Zip Code													
Philadelphia, PA 19153						BRISTOL, PA 19007													
					ephone		10000	ephone No.			License No.								
					15-365			15-788-604	1972		00509								
Start Date (10) Scheduled Complet 11 /20 /17								me of OSHA			INIO								
					9_/	17	1		NVI	RONMENTAL,	INC.								
Occupancy Status During								eet Address											
☐ Facility Closed/Vacated ☐ Abatement Performed					- Describe														
Time of Abatement:						Clibe	17 33	y, State, Zip C BRISTOL, P											
Scope of Work (Check all			Westing?																
Scope of Work (Offeck all	triat apply)								ntair	nment with Negat	tive Pressure								
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re					☐ Mini-En	rclos	sure									
△ ≥100 St 01 ≥200 II		1	☐ De	monti	on				☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure										
				Loca								-	уре						
Location of		.		Norma	ally ely by			Description				-							
Asbestos-Containing N TO BE ABA)			ance/			Containing M rmal systems			Amount (Specify	Remova	Repair	nca	nclo				
IN Facility			Cust		Staff?	(S	surfacing, VA7	T, o	r	SF or LF)	oval	=	Encapsulate	Enclosure				
(13)		t	Yes	(12) No	N/A	1	otl	her miscellan	eou	s)				late	Ф				
Basement Mechanical	l Room				N/A	Duct In	sula	tion			800 SF		П	П	П				
Basement Mechanical	Room					Pipe In:	sula	tion	7-51		120 LF								
					П							П	П	П					
Name of Registered Waste	e Hauler				JDEP V	l Vaste	Cub	oic Yards of		Name of Register	red Landfill								
[18] [18] [18] [18] [18] [18] [18] [18]					lauler II 20990	No.	Wa	1945 N FN 1 FN FN FN FN F	MINERVA LANDFILL										
City, State							Disp	posal Date		City, State		- Harris							
NEW CASTLE, DE 19	9720					WAYNESBURG, OH 446						3							
Completed By (Print or Typ	pe)	Title	X-15-15					Signature		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Date		2						
Brian Scafiro Estimator								Brian	1.	Scalino	/ML 10	-6	5-1	7					

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M		NO/	-	9 P	rint F 2017	Form	
	ASB	ES 7	25.0	40'	ITRO	1 2	

Date of Notification (1) 11/02/2017	100000000000000000000000000000000000000	Name of Building Owner/Operator (2) Watchung Borough ASBES OS CO LICENSIN								TROL 8			
Agencies Notified Type Notification EPA Initial Amended Amended			15 M City, St	Street Address 15 Mountain Boulevard City, State, Zip Code Watchung, NJ 07069									
DOL Amendment: Emergency (justification) Cancellation			Name (nung, NJ 0706 of Contact Herits	Telephone N	Viimha		Names -					
Name of Facility 155. Al. 1. 17. 17.			FAC	ILITY INFORMAT	TION						-		
Name of Facility Where Abatement is Taking Abandoned Farm House Street Address 666 Mountain Boulevard	Place (3)				Type of Facility (4) School (K-12) Subchapter 8 (Other (i.e. priva			ildings	, hom	es,		
City (5) Watchung			Square Feet	# of Floors 2		Bldg.	Age						
County (6) Somerset				Code (7) USE ONLY)		Current Use (Prior if Abandoned	being demol	lished)	-				
Name of Monitoring Firm Hired by Building C RK Occupational & Environmental	wner (8) Analysi	s Ind	ASCI 009	M No.	Name	of Abatement Contraction & F	ctor (9) Restoration	n, Inc					
Street Address 401 St. James Avenue						Address Route 46 Suite 3	3D		-		\neg		
City, State, Zip Code Phillipsburg, NJ 08865					City, Si								
Project Manager for Monitoring Firm Jon Gilbert	Telepho 908-4	ne No. 34-6316		one No. 256-7010	License 0666	No.			\dashv				
Start Date (10) 11/16/2017	ed Co 2017	mpletion	Date (11)		of OSHA Monitor Construction & F	Restoration	n Inc	***************************************		and Campanyana			
Occupancy Status During Abatement (Check			-	Address					-				
Facility Closed/Vacated During Entire Pont Abatement Performed Outside of Normal Other – Describe:	ment rs	265A Route 46 Suite 3D City, State, Zip Code Totowa, NJ 07512											
Scope of Work (Check All That Apply)						,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	DOCTORAL PROPERTY.	lenov Iemol	ation ition		2	Full Containment with Negative Pres Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable I					der Trade de la constitución de Consegue d		
	ls	Loca	tion				and Horrin	abic i i	Abatement				
Location of	Hen	lorma	illy ely by	De	scription	of		_	Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	intena	ance/ Staff?	Asbestos Con (i.e. therma surfa other i		insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A							e e			
Basement		X			Insulat		100 LF	X					
Basement		X		Furnac	ce insul	ation	16 SF	X	-				
								+	-		-		
Name of Registered Waste Hauler	VJDEP W		Yards	Name of Regi	stered Landf	ill I							
Bako Construction & Restoration Inc	Hauler ID 20889	15		Tullytown Resource Recove					У				
Totowa, NJ				Disposal Date City, State 11/18/2017 Tullytown, PA									
Completed by Damir Valjevac	anager	S	Signature	- flight		Pate 11/02/	2017						



2017-156 B & G proj. #:

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 8679

Date of Notification (1) Name of Building Owner/Operator (2) 11 11 1/10 16 1/11 17 1 Lee Tracv Agencies Notified Type Notification Street Address EPA X Initial - Q 2017 ☐ DEP City, State, Zip Code Amendment X DOL Midland Park, NJ 07432 X DOH Name of Contact CENSING Cancellation DCA Lee Tracy **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 2) Lee Tracv ■ Subchapter 8 (Other than K-12) Other (Private /Commercial Street Address Bldgs./Home:, etc. Square Feet | # of F pors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if b sing demolished) Midland Park, NJ 07432 Bergen residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) 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 Telephone Number Licer se Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 11/17/2017 11/18/2017 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Renovation ✗ Mini-enclosure No 1-friable procedure × >3 sf or >3 lf ≥160 sf or ≥260 lf Is location normally used solely E E Location of e by maintenance/custodial п Amount asbestos-containing Description of asbestos-containing n m staff(12) p C (Specify SF or material to be material (ACM) C 0 a a abated in facility (13) Yes No N/A p Basement pipe Insulation X 66 If Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill 19563 B & G Restoration, Inc. Tullytown Resource & Recovery Center Disposal Date City, State 11/20/2017 Tullytown, PA Lincoln Park, NJ Signature Completed by (Print or Type) Title Cordana Luna 11'06/2017 Gordana Luna Secretary/Treasurer



B & G proj. #: 2017-133

State of NJ

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

						CHECK	# 00/0			_					
Date of Notification (1)	I I Name o	of Building Ow	ner/Operator (2	2)						Taken and the same					
[1 1 / 0 6 / 1 7		Van Order		-)			CE		E	1					
Agencies Notified Type Notification			1			HUL			=	\coprod					
□ EPA □	Street	duress					MOV	0 201	7 1	IIIII					
DEP Initial	City Ct	ate, Zip Code				NOV -	9 201	1	<u></u>						
▼ DOL		ris Plains, I													
X DOH		Contact	10 07 000			ASBEST 2S CONTROL &									
□ DCA □ Cancellat	ion					Telepho	HE MUI DEIV	SING	-	******					
	Jac	k Van Orde	en				-								
		FAC	CILITY INFORM	ЛАТІО	N										
Name of facility where abatement is	taking place (3)					Type of Facility									
Jack Van Orden						School	ol (K - 12)								
Street Address						10.00 800000000	napter I (Otl		Charles all the charles						
Street Address					a a a a a a a a a a a a a a a a a a a	X Other Bidgs.	(Private/Con/ /Homes, etc	nmercia :	į						
						Square Feet	# of F oors		Bldg. A	ge					
City (5)	City (5) County (6)														
Morris Plains	Morris			(51	ate use only)	Current Use (F	Prior if I eing	demolis	hed)						
Name of Monitoring Firm Hired by B	dg. Owner (8)		ASCM No.	4	Name of Abatement	residential									
			n/a		B & G Restorat	2013 (Mathematical Property of the Section Control of the Section C									
Street Address				=	Street Address	311, 1110.									
					105 Ryerson F	Road									
City, State, Zip Code	City, State, Zip Code						Description of the last of the								
			Lincoln Park,	NJ 07035											
Project Manager for Monitoring Firm	ber		Telephone Number (973)696-686	9	Lice ise N										
			Name of OSHA Mon		1	10									
Scheduled Start Date (10)		oletion Date (1	11)		B & G Restorat										
11/16/2017	11/17/201				Street Address										
Occupancy Status During Abatement					105 Ryerson R	oad	V :								
Facility closed/vacated during e Abatement performed outside of					City, State, Zip Code										
Describe:					Lincoln Park, N	LI 07035									
Other-Describe: Scope of Work (check all that apply)				-1					- 11						
	Renovation				Full Containment w/neg	antiko processo	V 011								
	160 sf or ≥260 lf				Mini-enclosure	gative pressure	Glc veba								
	s location norma		ly.	<u></u>	With-chologuic			RR	_						
ashestos-containing	by maintenance/		1	on of s	asbestos-containing	Amount	-	e e	E n	E					
material to be abated in facility (13)	staff(12)		material			(Specify S	it or	m p	c	n c					
abated in facility (13)	Yes No	N/A				LF)		V i	p	L					
boiler room, main room,		X	pipe insul	ation		110 lf		X L							
hallway, bathroom & laundry rm															
			ļ				[110	10						
Registered Waste Hauler	NJDEP Hau	ler ID# I C	Ubic Yards of \	Waste	Name of Registered	Landfill				Ш					
B & G Restoration, Inc.	19563	101 1D# C	1 1/2			Resource & Re	ecove v C	enter							
City, State Lincoln Park, NJ		Disposal I	Date 20/2017		City, State Tullytown,										
	itle Secretary/Tre		Signature		Gordana Luna		Date								
Gordana Luna			Jordana Zuna		2017	(0									

m ck			ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE			D	E (ন গ্		\mathbb{V}				
Date of Notification (1) 11/06/2017				of Building f Trento		Operator	r (2)			N(ΟV	9	201	7	世		
Agencies Notified Type Notification EPA Initial				. State S		ASBESTOS CONTROL & LICE NSING											
DEP Amended Amendment Emergency		<u> </u>	City, State, Zip Code Trenton, NJ 08006								LIU	E 1/21	NG				
	DOH justification)								Telephone Numper								
			FAC	ILITY INF	ORMAT	ION			8				-				
Name of Facility Where Abatement is Taking ABANDONED HOUSE	g Place (3)				Type of Facility (4)											
Street Address 1026-28 Stuyvesant Ave.		School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercia buildings, homes,								es,							
City (5) Trenton						etc.) are Feet				Bldg. Age 50+							
County (6) Mercer	County Code (7) (STATE USE ONLY)					Current Use (Prior if being de ABANDONED				molishe d)							
Name of Monitoring Firm Hired by Building C)	ASCM No. Name of					of Abatement Contractor (9)					-2/2/160					
Street Address			Yannuzzi Environi Street Address						nmental Services, Inc.								
City, State, Zip Code	135 Kinnelon Rd S City, State, Zip Code							Suite 102									
						NJ 07405											
Project Manager for Monitoring Firm		Telepho	ne No.			one No 218-0			Licens 0122)						
Start Date (10) 11/9/17									ental	Servic	es,	Inc.					
Occupancy Status During Abatement (Check			Addres	s on Rd Su	te 10)2											
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	al Facility	Abatem / Hours	ent			City, State, Zip Code Kinnelon, NJ 07405											
Scope of Work (Check All That Apply)				Turners, ne cr							_		_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
4 2000	507	Locati			8000	827-3				au () and Non-r i			Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	y by nce/		tos Con thermal surfa	Description of Containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous)			(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A											te	CD		
RACM			X		l	RACM			3	,000		1.					
Name of Registered Waste Hauler Yannuzzi Group, Inc.	H	Hauler ID No. of Wa			Waste			of Registered Landfill WS/FAIRLESS									
City, State Kinnelon, NJ					Dispos 10/20	sal Date 1/17		City, State Fairless	tate ss Hills Pa								
Completed by John Mucha	Title Proje	ct De	siger		S	ignature		Date 11/(6/17				17					