

CK 4834

4.													-	
Date of Notification (1)	18		N	MR.	Building Ov	vner/Operator	(2)	1				17.77 - 1.4	1.7	
Agencies Notified	Type Notification		S	treet Ad						•				Carlon of a
□ EPA □ DEP	☐ Initial ☐ Amended		C	City, Stat	e, Zip Code	1			3 1 1	NOV	<del>- 9-</del>	2016	3	
D DEP	Amendment #_	hudina	- L		PPER	MON	704	ATR	٠, ١	J. Of	04	3		1
DOH DOH	☐ Emergency (inclination)	luomg	N	lame of	Contact	BNO U		Ė	Tele	phone Numbe	r			1000
□ DCA	☐ Cancellation			FACII	ITY INFO	RMATION	<i>- ان</i>		1					_
Name of Facility Where Ab	A .						Type of	f Facility (4	-)					
	MR. GI	LOVE	R					chool (K-12 ubchapter 8		han K-12)				
Street Address			V	4	**	iit.	20	ther (i.e. pr	ivate &	commercial bu	iilding	s, hon	nes, et	c.)
City (5)	4						Square	Feet	# of	Floors		ig. Ag		
UPPER	Morrica	Ai	r_	79 9				000	.1.	2		19.	95	
County (6)				County C	Code (7)		Current			demolished)				
Name of Monitoring Firm 1	SSE >	er (8)		ASCM	1 No.	Nan	ne of Abate							
Transe of Montoning Linit		(0)					st Re							
Street Address		(i				Stre	et Address							
							O Sou State, Zip		ver	Stree		-	•	
City, State, Zip Code	~~						ckens		N.I (	7601				
Project Manager for Monito	oring Firm	*	1	Telephon	e No.		ephone No.			License No.				
	555						1-329			00388	3	- 3		
Start Date (10)	4	Scheduled	l Compl	etion Da		1 - 10-	ne of OSHA		-02/2020 2000	7				
Occupancy Status During A	Abatement (Check Only	(One)	- ' '	100	/10	Stre	ega E et Address	nviro	nmer	ıraı			45.04.2	
☐ Facility Closed/Vacati	ed During Entire Perio	d of Abat	ement				0 Huy		tree	et				
Abatement Performed Other – Describe:	l Outside of Normal Fa 73っるロ へっ	cility Hou	o er	4			y, State, Zip		^ \ ' - 1	- NTT (	776	0.6		
Scope of Work (Check All						50	utn H	acken	saci	c, NJ (	110	00		
≥3 sf or ≥3 lf		₽ R	enovati	on						Negative Press	sure			
≥160 sf or ≥260 lf			emolitic	on "			F Glor	i-Enclosure vebag Proc	edure		0.0			
		т					□ Non	-Exempted	(*) and	Non-Friable P	rocedi		ment	
			Locatio					•				Ту		,
Location Asbestos-Containing	Material (ACM)	Use	d Solely	у Бу	Asbes	Descript tos Containin	g Material (.	ACM)	100	mount			표	H
TO BE ABA			todial S		(i.e. then	mal systems i VAT		urfacing,		Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other misce	ellaneous)				val	El-	ulate	ure
		Yes	No	N/A										-
BASEMENT				0	THERMAL	STSTEN	الما دكار	1010		CSLF	7			$\vdash$
							. —							-
													-	-
			130	IDEA E	lasta	Cubic Yard	c	Name of	Register	ed Landfill				
Name of Registered Waste	namer		10000	JDEP Wauler ID		of Waste	_				57			
Best Removal	Inc			171	09	Disposal Da	e75	Mine City, Star	rva	Enter	pri	ses	.,	لىلىل
City, State	NI 07601						0/18	Wayn		irg. Ol	T 4	468	8.8	
Hackensack, Completed by	N.I U/OUL	Title				Signa	ture a	ionar	0	Dat		, 1 .	a	
J. Maiorano		Est	ima	tor			Ma	-orac	$\supset$		11/	0/1	1	
ASB-41 (R-06-08)						U	* Do not	t use this fo	rm for a	sbestos licens	ие ехе	mptec	l activ	rities.

	161907	_	P	AUL	NOTII	St FICATION Pursuant	ate of Ne N OF ASE to NJAC	w Jerse BESTOS 8:60 an	y ABATE d 12:12	MENT	r [		9 E	eseración S P Z p Lucia	N.O			11
	te of Notification (1) 0/16/2018						f Building ns Instit					N	OV -	- 9	2018	100 mm		1
_	encies Notified		otification			Street A	ddress	t On H	udson			14		. "		- 28		4
×	EPA DEP DOL	☐ An	itial mended mendment	#			ate, Zip Co ken, NJ				- /			1.7.1	1	<u> </u>	- 1	
×	DOH DCA	jus	mergency stification) ancellation			Name of	f Contact Fernan		T.			1 222	lephon					
E-3			arroditation				LITY INF		ION				1 0 12	_ 100				
	me of Facility Where a chool (Burchard E			g Place (3	3)					Тур	e of Facility (4 School (K-12							
	eet Address Castle Point On F	Hudson									Subchapter 8 Other (i.e. pretc.)	B (Oth				dings,	home	es,
	y (5) oboken									Squ N/A	are Feet	# o	f Floor A	S	100	ldg. A	ge	
	unty (6) udson					County (	Code (7) USE ONLY	)			ent Use (Prior nool (Burch				ed)			
	me of Monitoring Firming Siggs Associates	Hired by	/ Building	Owner (8)	)	ASCM 0004					atement Cont tement, Inc		(9)	250				
	eet Address Crosswicks Stree	t								Addre	ess ngren Aven	ue						
	y, State, Zip Code ordentown, NJ 08	505									Zip Code NJ 07512							
	ject Manager for Mon chael Hoodak	nitoring Fi	rm			Telephor	ne No. 98-5520		Telepl 973-		No. 8685		Licer 013	nse No	).			
	rt Date (10) /17/2018			Schedule 11/19/2		mpletion (	Date (11)				HA Monitor tement, Inc	······ ;.						
Oc	cupancy Status During			15	(2)				Street 11 R		ess igren Aveni	ue					20 00 00 000	
×	Abatement Perform Other – Describe:	ed Outsic	de of Norm	nal Facility	/ Hour	rs			City, S	State, 2	Zip Code NJ 07512							
Sco	ppe of Work (Check A	II That Ap	oply)												_		7	-
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renov				> >	Mi GI	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure						
	Location	o of		1000	Loca	\$15.50 ATT		Do	scription		2. Examples	( ) ( ) (	0 11011	Habi		Abate Ty	ment	
	Asbestos-Containing TO BE AB In Facil (13)	Material ATED	(ACM)	Ma	ed Sole intena todial (12)	ance/ Staff?		tos Cont thermal surfa	aining N	Materia s insul T, or	lation,	(5	mount Specify or LF	,	Remova	Repair	Encapsulate	Enclosure
	Room 5	510		Yes	No X	N/A		Dina	la a cola	41			015				ite	Ф.
		2.22			- 10 00	Insula	No-section.			0 LF		X						
	Room 5	X			Fitting	g Insul	ation		1	5 LF		Х						
Nar	ne of Registered Was	ste Hauler	г		1	NJDEP W	/aste	Cubic	Yards		Name of R	eaiste	ered La	andfill				
-	S Abatement, Inc	<b>.</b>			1,729	Hauler ID 10996	No.	of Was			Waste M	-100 <del>4</del> 00-100			PA			
	r, State owa, NJ							Dispos TBD	sal Date	/i	City, State Morrisvill		A					
	npleted by ver Hegedis			Title Proje	ct M	anager		S	ignature	11	/			Date 10/	16/2	018		

LK3911	105	PAI		FICATION	OF ASE	ESTOS	ABATEN				12			
Date of Notification (1) 11/05/2018		To be a simple and a	Nacional Control	Name of John H	f Building Hock	Owner/0	Operator	(2)		NOV	- 9	201	8	
Agencies Notified	Type Notification	1		Street A	ddress									Ť
× EPA × DEP	× Initial			City Ct	-t- 7:- 0					1				
DEP DOL	Amended Amendmen	t #			ate, Zip Co ingdale		7043							
× DOH	Emergency justification			The second secon	f Contact	,			Te	lephone Nu	ımber			
DCA	Cancellation			John F	Hock									
Name of Facility Where A	batement is Taki	ng Place (3	3)	FACI	LITY INF	ORMAT	ION	Type of Facili	hy (4)					
House	is a control to Take	ng / 1000 (v	-)					School (						
Street Address			3.77					Subchar	ter 8 (Oth	ner than K-1 & commerc		dings	home	es,
City (5) Bloomingdale, NJ 07	7043	<u> </u>						Square Feet N/A	# 0 N/	of Floors	10000	Bldg. A	\ge	
County (6) Passaic					Code (7)	)		Current Use (	Prior if be	ing demolis	hed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	/ No.			of Abatement ( Abatement,		r (9)				
Street Address							Street /	Address osengren Av					774	
City, State, Zip Code							City, St	ate, Zip Code va, NJ 0751						
Project Manager for Monit	toring Firm			Telepho	ne No.		Teleph	one No. 845-8685		License I	No.			
Start Date (10) 11/16/2018		Schedule			Date (11)		Name o	of OSHA Monit Abatement,		0.011				
Occupancy Status During	Abatement (Che	ck Only Or	ne)				Street /	Address						
Facility Closed/Vacat	ted During Entire	Period of	Abater	ment				sengren Av	/enue					
Abatement Performe  Other – Describe: 00	ccupied	mal Facility	/ Hour	'S		= = = = =		ate, Zip Code va, NJ 0751	2					
Scope of Work (Check All	That Apply)						10101	va, 110 07 01						
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Renova Demoli				×	Full Contair Mini-Enclos Glovebag F Non-Exemp	ure rocedure	-			e	
		14.00	Locat					,				Abate	ement pe	
Location Asbestos-Containing N			Norma d Sole	illy ely by	Achoe		scription	of aterial (ACM)		Amount		1		
TO BE ABA	TED		intena todial	ance/ Staff?		thermal		insulation,	(	Specify	Rer	Re	Encapsulate	Enc
(13)	у		(12)	X A			miscellane		3	F or LF)	Remova	Repair	psula	Enclosure
		Yes	No	N/A							_		ate	e e
Laundry R	Х				VAT		2	00 SF	Х					
				-							-			
											+			
Name of Registered Wast	e Hauler		1	NJDEP W	laste	Cubic	Yards	Name	of Regist	ered Landfi	<u> </u>		L	
D&S Abatement, Inc.			122	Hauler ID 20996	No.	of Wa	ste	0.000		gement o				
City, State Totowa, NJ						Dispos	sal Date	City, S Morri	tate sville, F	PA				
Completed by Ned Joksimovic		Title	ct M	anager			Signature	A	/	D	ate 1/05/	2010		

	82.000	
CLECK	11	1222
1 45 66	-	401

PATE		(P	ursuant	to NJAC	8:60 and	d 12:12	0)		r	CL	Ea	- F	= 20	بالمدات
Date of Notification (1) 11/5/2018			Name o	of Building ential	Owner/C	Operator	(2)			),E	5) I			7
Agencies Notified Type Notifica	tion		Street A	Address										
EPA Initial									1	N	01	- 5	2018	}
DEP Amende Amende Amende	nent #			ate, Zip Co lair, NJ,						! ! !				
DOH justificat				f Contact /an Hod	gson				Tel	ephone Nu	mber			
Nome of Facility Villages Abote work in T		2	FACI	ILITY INF	ORMATI	ON								
Name of Facility Where Abatement is T Residential	aking Place (	3)					Тур	oe of Facility ( School (K-1	2000					
Street Address							×	Subchapter Other (i.e. p etc.)	8 (Oth			dings	home	es,
City (5) Montclair	10 TO						Squ 70	uare Feet	3	f Floors	1 (0.00)	Bldg. A	\ge	
County (6) Essex				Code (7) USE ONLY	)			rrent Use (Pri esidential	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Build TBD	ing Owner (8)		ASCN	A No.				batement Cor tracting, LI		(9)				
Street Address						Street 1385		ress Iley Road,	Suite	K				
City, State, Zip Code					City, S	state,	Zip Code New Jerse							
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph	none			License N	lo.				
Start Date (10) 11/15/2018	ed Con 2018	npletion	Date (11)		Name	of O	SHA Monitor tracting, Ll	С						
Occupancy Status During Abatement (0	heck Only Or	ne)				Street					1			-
Facility Closed/Vacated During En Abatement Performed Outside of N								lley Road,	Suite	K				
Other – Describe:	voimai raciiity	Hours	•		_			Zip Code New Jerse	y 074	70				
Scope of Work (Check All That Apply)							-							
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		Renova Demolit				×	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	full Containme dini-Enclosure Blovebag Prod lon-Exempted	e cedure				0	
	le	Locati	on					voir-Exemple	a ( ) am	u Non-i nat	1	1 5 - 5 10 - 5 4000	ement	
Location of	1	Normal	ly		Des	scription	of				_	Ту	ре	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	) Ma	ed Sole iintenar todial S (12)	nce/		tos Cont thermal surfac	aining M	Mater s insi T, or		(S	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										е	
Troughout		X		ACM	Plaster	Walls	8 (	Ceilings	18,	500 SF	х			
							-772							
Name of Registered Waste Hauler Service Transport Group, Inc.		Н	JDEP W auler ID		Cubic of Was		1120	000000000000000000000000000000000000000		red Landfill rprises, L				
City, State	2(	0990			al Date		City, Stat	e	* *					
New Castle, Delaware  Completed by	70				TBD	f		Waynes	sburg,	THE PROPERTY OF THE PARTY OF TH				
Predrag Sarcev	Title Vice	Presi	dent	93	S	ignature	2			553	ite 1/5/20	)18		

CHECK # 2934

PA		(F	ursuant	to NJAC	8:60 and	d 12:12	0)				(	Hi	ECK	+	20
Date of Notification (1) 11/5/2018	R R A		Name of Reside	f Building ential	Owner/C	Operato	r (2)				Ö	[]		1	
Agencies Notified Type Notif	ication		Street A	ddress					111-						ì
X EPA     X Initial     X DEP     X DOL     Amer     Amer				ate, Zip Co lair, NJ,		<u> </u>				2 , 1	<b>VOV</b>	-	<del>S</del> 2	018	The state of the s
➤ DOH Emer	gency (includir cation) ellation	g -	Name of	f Contact an Hodg					Tel	ephone l	Num	ber	MA IC		- 1
			FACI	LITY INFO	ORMATI	ON					-		-		
Name of Facility Where Abatement i Residential	s Taking Place	(3)					Туг	oe of Facility ( School (K-1							
Street Address							×	Subchapter Other (i.e. p etc.)	8 (Oth			build	lings,	home	es,
City (5) Montclair							Sq 65	uare Feet	# o	f Floors			dg. A 10	ge	
County (6) Essex				Code (7) USE ONLY	)			rrent Use (Pricesidential	or if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Br	uilding Owner (	8)	ASCN	No.		302 2020		batement Con tracting, LL		(9)					
Street Address						Street 138		ress Iley Road,	Suite	K					
City, State, Zip Code								Zip Code New Jersey	y 074	70					
Project Manager for Monitoring Firm			Telepho	ne No.		Telep (973		No. 8-5040		License 00874					
Start Date (10) 11/15/2018		uled Cor 1/2018	mpletion I	Date (11)				SHA Monitor tracting, LL	.C						
Occupancy Status During Abatemen	t (Check Only	One)				Street	Add	ress		500				-12-2-17	
Facility Closed/Vacated During Abatement Performed Outside	Entire Period o of Normal Facil	f Abater ity Hour	nent s					Iley Road, S Zip Code	Suite	K	-				
Other – Describe:					_	Way	/ne,	New Jerse	y 074	70					
Scope of Work (Check All That Apply ≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	/) 	Renova Demoli						Full Containme		n Negativ	re Pr	essur	e		
E 130 0/ 0/ 1200 II		Demoi						Glovebag Prod Non-Exempted	edure	d Non-Fr	riable	Pro	cedur	е	
		Is Locat											Abate Tv	ment pe	
Location of Asbestos-Containing Material (Al TO BE ABATED In Facility (13)	)   N	Norma sed Sole flaintena istodial (12)	ely by ince/ Staff?	Asbes (i.e.	tos Cont thermal surfa	scription taining I system cing, VA niscella	Mater ns ins AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											е	
Throughout		X						Ceilings		000 SF		х			
Former Servants House		X		ACM	Black	Roofi	ng N	Material	50	00 SF		Х			
			1						<u> </u>						
Name of Registered Waste Hauler			JDEP W	/acta	Cubic	Varde		Name of I	Dagiete	red Lan	Hall				
Service Transport Group, Inc.	F	Hauler ID 0990		of Was			Minerva				.C				
City, State New Castle, Delaware					Dispos TBD	sal Date	>	City, State Waynes		Ohio		1000			
Completed by Predrag Sarcev	Title Vice	e Pres	ident		3	Signatur	e				Date 11/	5/20	18		

### PAID

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

CHECK# 2927

Date of Notification (1)				Building (	Owner/C	perator	(2)			@ [	<b>3</b> 4	11.7		7
10/26/2018			Reside	985332						1.7	· _ 1 <sub>5</sub> _		1.7	14
Agencies Notified Type Notification			Street Ac	idress									all the second	
EPA  Initial  Amended			City, Stat	te, Zip Co	de					NOV	- 9 /	2018		-1
DOL Amendment #		_	Hillside	e, NJ, 07	205			1	1					
■ Emergency (i justification)	nciuaing	198	Name of					81	Tele	phone N	umber	alian Se se	198	
DCA Cancellation			Logan	Hebert ITY INFO	DSSATI	ON			L					
Name of Facility Where Abatement is Taking	Place (3)	)	FACIL	LITY INFO	RIVIATI	UN	Туре	of Facility (4	l)					
Residential								School (K-12	2)					
Street Address							X (	Subchapter and Subchapter (i.e. propertion)				dings	home	es,
City (5) Hillside							Squar 2000	re Feet )	# of 2	Floors		Bldg. /	\ge	
County (6) Union			County C	Code (7) ISE ONLY)	22		200000000000000000000000000000000000000	nt Use (Prio dential	r if beir	ng demoli	ished)			
Name of Monitoring Firm Hired by Building C TBD	wner (8)		ASCM	No.				tement Cont acting, LL		(9)				
Street Address							Addres Valle	s y Road, S	Suite l	Κ				
City, State, Zip Code								ip Code ew Jersey	0747	70				
Project Manager for Monitoring Firm			Telephor	ne No.			hone N			License 00874	No.			
Start Date (10) 11/09/2018	Schedule		npletion [	Date (11)				HA Monitor acting, LL	С	<u> </u>				
Occupancy Status During Abatement (Check	Only On	e)	- 800				Addres		***					
▼ Facility Closed/Vacated During Entire P	eriod of A	baten	nent			1385	5 Valle	y Road, S	Suite I	K				
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	3		_			ip Code ew Jersey	0747	70				
Scope of Work (Check All That Apply)							_							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		enova emolit					Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure	3556			re	
	le	Locat	ion			_			( )			Aba	emen	t
Location of	_ N	Iormal	lly		De	scriptio	n of				-	Т	уре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai Cust	d Sole intena odial ( (12)	nce/ Staff?				ns insula AT, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	D:			0 5:44		-	0.1.5	-	+	-	-
Besement		X		Pip	e Insu			ngs		0 LF	x	+	-	-
On the porch	On the porch						es			4 SF	X	-		
Besement	Х			FI	oor Til	es		1	0SF	X	-		-	
		1 -	LIDED	(		\/t-		I Name of	D'-1		IEII			
Name of Registered Waste Hauler Service Transport Group, Inc.		H	NJDEP W Hauler ID 0990		of Wa	Yards ste		Name of I	V-100					
City, State New Castle, Delaware					Dispo TBD	sal Dat	е	City, State Waynes		Ohio				
Completed by Predrag Sarcev	Title Vice	Pres	ident		1	Signatu	e.>				Date 10/26	/201	3	

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18	-01	90					11	5 6	12		, 13 5.77
Date of Notification (1)					Name of Building Owne	r/Operator (2	)		- 100 AC 9		9.1
Novembe	er 5, 2				RUTGERS, THE S	STATE UN	IVERS	SITY C	)F NJ		1
Agencies Notified  EPA DCA		7.00	Notificated No	tification #	Street Address ENVIRONMENTAL 74 STREET 1603,	L HEALTH	& SA	FENO!	DEPT.	2018 (REH AMPU	S)
X DOL				(including	City, State, Zip Code		1			Ti	
DEP- No Longer REQUIRED	0		cation)		PISCATAWAY, NJ	08854	1		1000	1	
<b>⊠</b> DOH		□Cance	ellea		Name of Contact MICHAEL F. SMIT HEALTH & SAFET		100000000000000000000000000000000000000	phone N -445-2	11.00		
				FACILITY IN	FORMATION						
Name of Facility Where Abatemen	t is Tak	ing Place (3)			Type of Facility (4)						
RU GYM, BLDG# 3097					☐ School (K-12)						
Street Address					Subchapter 8 (other that						
COLLEGE AVENUE CAN	MPUS	;			Sq. Feet: N/A	ommercial buil # of Floors:				ears	
City (5) Co	unty (6)		County	/ Code (7)							
NEW BRUNSWICK	MIDDI	LESEX	(State	Use Only)	Current Use (prior if beir	ng demolishe	d): AC	ADEMI	С		
Name of Monitoring Firm Hired by	Bldg. O	wner (8)	ASCM		Name of Contractor (9)						
ATC			0009	98	CREENIMOOD ADA	TERRENT	201101		ITO 111		
Street Address	-				GREENWOOD ABA Street Address	TEMENT	ONSU	JLIAN	115, INC	<i>)</i>	
3 TERRI LANE					<u>Street Address</u>						
					511 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
	016				BUTLER, NJ 07405						
Project Manager for Monitoring Fire	<u>m</u>	Telephone I			Telephone Number		Licen	se Numl	ber		
BRIAN R. KEARNEY		609-386	-8800		973-492-0477		0084	40			
Scheduled Start Date (10)		Scheduled (	Completio	on Date (11)	Name of OSHA Monitor		0002	40			
11/16/18		11/20/18			ENVIROVISION, IN	C.					
Occupancy Status During Abater  Facility Closed/Vacated During  Abatement Performed Outside	g Entire	Period of A	batemer	nt	Street Address 20-21 WARGARAW		.DG# 3	35E			
Describe:  Other- Describe: Schedule: WEEKENDS AS NEEDED)	5PM –	· 5AM Daily	/ (24 H	OURS &	City, State, Zip Code FAIRLAWN, NJ 074	10					
Scope of Work (Check all that appl	у)						-,				
ISI. 0						Full Contain	ment w	ith Nega	ative Pres	ssure	
$\boxtimes \geq 3$ sf or >3 If $\square \geq 160$ sf or $\geq 260$ If				Renovation		Mini-Enclos					
<b>□</b> ≥ 100 si or ≥ 260 ii				■ Demolition		Glove bag					
Location of Asbestos-Containing	Is Loc	ation Normal	lv Used	Description of Ast	bestos Containing Material	Non-Exem			n-Friable ment Type		ure
Material (ACM) in Facility (13)	Solely	by Maint./Cu		(ACM) (i.e. therm	al systems insulation, surfac				11	-	
	Staff? YES	(12) NO	NIA	VAT, or other mis	cell.)	or LF)		Remov Enclose	e Repair	Encap	
	TES	11.000000	NA					Enclose	2		
Room 036		X		Thermal Sys	tem Insulation	<9	LF	X			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		See Below		r ID #	Cubic Yards of Waste:	5 CY			stered Lar North I	The second name of the second	II
Hauler #1) Greenwood Abatement	t Consu	Itants, Inc	Butler, N	NJ 07405		Disposal Da	te		City, Stat	<u>e</u>	
NJDEP # 12561 Hauler #2) Newark Carting, Inc., I NJ DEP # 4509	Newark	k, NJ 04509				11/20/20	18		100 New Rd. Morr 19067 215-736-	isville,	
Completed by (Print or Type)		tle			Signature		Date				
RAYMOND C. PEDALING	100000	ENIOR PI		T	Raymond C. Pe	Edatino		embei	r 5, 201	8	

GAC Project # 060-18 A

# State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18 4 1	الصحائال والاستانا	,				·*>					eramo como	a carety ( )
Date of Notification (1)  Novemb	er 5, 2	2018			Name of Building Own RUTGERS, THE	er/Operator (	2) MIVED	CITY	DE N		, n	1.
Agencies Notified  EPA DCA SIDOL		☐ Amer	Notific Work Anded No	cation & 440 Areas) # 440 otification #	Street Address ENVIRONMENTA 74 STREET 1603. City, State, Zip Code	L HEALTI BLDG 41	H & S/	AFETY	DEJ	PT. (	(REI	15) <sub>18</sub>
☑ DEP- No Longer REQUIRE ☑ DOH	:D		ication	1)	PISCATAWAY, N Name of Contact MICHAEL F. SMIT HEALTH & SAFE	ΓH, ENV.		ephoné 8-445-				
Name of Facility Where Abateme SCHOOL OF DENTAL IN	nt is Tak	ing Place (3)	G# 72		Type of Facility (4) School (K-12) Subchapter 8 (other the	non I/ 49\						
Street Address RBHS NEWARK CAMPI	US				Sq. Feet: N/A	commercial bu # of Floors	ildings, l	homes, e	etc.)	+ ve	ars	
City (5) NEWARK	ES:	SEX		ty Code (7) Use Only)	Current Use (prior if bei							
Name of Monitoring Firm Hired by ATC	Bldg. O	wner (8)	000		Name of Contractor (9)  GREENWOOD ABA	TEMENT	CONS	III TAP	UTC	INIC		
3 TERRI LANE					Street Address 511 MAIN STREET		OONO	OLIA	110,	iivo.		
City, State, Zip Code BURLINGTON, NJ 08 Project Manager for Monitoring Fire	016	Telephone	Nonethan		City State, ZipCode BUTLER, NJ 07405	i						
BRIAN R. KEARNEY		609-386	-8800		<u>Telephone Number</u> 973-492-0477		Licer 008	nse Num	ber			
Scheduled Start Date (10) 11/15/18 Occupancy Status During Abate	mont (C	11/27/18		ion Date (11)	Name of OSHA Monitor ENVIROVISION, IN	IC.	1					
□ Facility Closed/Vacated Durin □ Abatement Performed Outside Describe: □ Other- Describe: Schedule: WEEKENDS AS NEEDED)	g Entire e of Nor <b>5PM</b> –	Period of A mal Facility	batemei Hours -		Street Address 20-21 WARGARAW  City, State, Zip Code FAIRLAWN, NJ 074		LDG#	35E		Pare 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Scope of Work (Check all that appl	ly)					Full Contain	nment w	vith Nea	ative F	Proce	ure	
$\square$ ≥ 3 sf or >3 If $\square$ ≥ 160 sf or ≥ 260 Location of Asbestos-Containing			-	Renovation Demolition		☐ Mini-Enclo☐ Glove bag	sure Proced	ure / Wi	rap & (	Cut		lure
Material (ACM) in Facility (13)	Solely Staff? YES	ation Normall by Maint./Cu (12) NO	y Used istodial NA	Description of Ast (ACM) (i.e. therm VAT, or other mis	pestos Containing Material al systems insulation, surfac	Amou	int ify SF	Abate	ment T	ype		Enclose
D-LEVEL 721 SUITES (2 PHASES)		X		VAT		560	00 SF	X				
									-			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was		r ID#	Cubic Yards of Waste:	40 CY	Name G.R.	of Regis	stered	Landf h I a	fill ndfil	11
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509	Newark,	NJ 04509	Butler, N	NJ 07405		Disposal Da	ite	10 M	City, 5 100 N Rd. M 19067 215-73	State ew Fo	ord M ville,	iii
Completed by (Print or Type) RAYMOND C. PEDALINO		<u>e</u> ENIOR PF ANAGER		т	Signature Raymond C. Pe	Edalino	Date Nove	ember	5, 2	018		

# M0253008 K92 AI

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

00.								171		- 5			1
Date of Notification (1) 10/30/2018					Owner/Oners, Ma		(2) g & Termir	nals - Ea		t Facil		18	1.
Agencies Notified Type Notification	n		Street A Route		Route 1	30		1	/	9.11			
EPA Initial DEP Amended DOL Amendme	nt#			ate, Zip C						• • • • • • • • • • • • • • • • • • • •		17.54	
Emergenci justification DCA Cancellation	1)	3		f Contact			-	100	elephone				
E Garionali			FACI	LITY INF	ORMATIC	ON							
Name of Facility Where Abatement is Tak Eagle Point Facility Street Address	ing Place (	3>					Subch	l (K-12) apter 8 (O	ther than k				
295 & Route 130rt Rd							Other etc.)	(i.e. privat	e & comme	ercial bu	ildings	, hom	es,
City (5) Westville							Square Fee 15 acres		of Floors		Bldg.	Age	
County (6) Gloucester				Code (7) USE ONLY	n		Current Use Oil Refine		eing demo	lished)		ite-Roomine	
Name of Monitoring Firm Hired by Building Total Environmental Solutions	Owner (8)	)	ASCN NA	A No.			of Abatemen						
Street Address 1005 St Georges Lane							Address Veterans D	Drive					
City, State, Zip Code Landenburg, Pa 19350							tate, Zip Coo desboro, N		;				
Project Manager for Monitoring Firm Ed Igelesias			Telephoi	ne No. 14-4217	,	Teleph	none No. 467-2850		License 01009	0.0000000000000000000000000000000000000			
Start Date (10) 11/13/2018*	Schedul			Date (11)		Name	of OSHA Mo Environm	30 0000					
Occupancy Status During Abatement (Che							Address						
Facility Closed/Vacated During Entire	Period of	Abater				1005	St George						
Abatement Performed Outside of No. Other – Describe: Regulated Area wil	l be Establi	shed -	Active Oil	Refinery	_		tate, Zip Cod lenburg, P.		lii.				
Scope of Work (Check All That Apply)						900	4						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Mini-Encl Glovebag	osure Procedur					
	T			<u> </u>		L	a Non-Exer	npted (*) a	and Non-Fr	lable Pr		emen	t
Location of	1	S Locat Norma			Door	cription	of					уре	-
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	ed Sole aintena stodial ( (12)	nce/ Staff?		stos Conta . thermal s	aining N systems ing, VA	faterial (ACM s insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	The			0 -4		2015		-	-	-
Tank Farm		X		Inei	rmai ins	ulatio	n Systems		30 LF	х			
								-					
Name of Registered Waste Hauler			JDEP W		Cubic Y		Nam	e of Regis	stered Land	ffill			
Republic Services			lauler ID 7158	140.	of Wast	2224			County S	Solid V	Vaste	Con	nple
City, State Camden NJ					Dispose 11/16/	2018	Sou	State uth Harri					
Completed by Charles J Perri	Proje	ect Ma	anager		Sig	gnature	1	)	100	Date 11/08/	2018	}	



CK#752

P			•				-,	The state of the s	er er oan-de tweet		
Date of Notification (1)	08 /	18		7,000,000		ng Owner/Operator		y E	7 1		
						Conoor Develop	oment Authorit	y			
Agencies Notified  EPA	Type Notific				t Address East Fro	nt Street P.O Bo	x 991	NOV	- 5 2	2018	
⊠ DOLWD	☐ Amende			City,	State, Zip	Code	¥	1			1
☐ DHSS	Amendm	30 XXX	-	Tre	enton, N.	08625-0991					
(NJAC 5:23-8)	☐ Emerger justificati		g	-	e of Contac			Telephone Num	her		.4
(	☐ Cancella			Lu	ke Dentir	10		609-341-590			
				FA	CILITY II	NFORMATION					
Name of Facility Where		-	e (3)				Type of Facility	(4)			
Dayton Avenue Ed	ucational C	ampus					School (K-12				
Street Address								8 (Other than K-12		Idiaaa	
81 Dayton Avenue							homes, etc.)	rivate and comme	rciai bui	idings,	
City (5)							Square Feet	# of Floors	Bld	g. Age	
Passaic, NJ 07055							2,000	2	1 55	5	
County (6)				Cou	nty Code (	7)(STATE USE ONLY)		ior if being demolis	shed)		
Passaic				100000000000000000000000000000000000000	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ior in boning donnous	onou		
Name of Monitoring Firm	Hired by Build	dina Owner	(8)	ASCM	No	Name of Abateme	ent Contractor (9)				
9	,		(-,			JVN Restora					
Street Address						Street Address					_
						47 Foster Ro	ad				
City, State, Zip Code						City, State, Zip Ci					
• • • • • • • • • • • • • • • • • • • •						Staten Island					
Project Manager for Mon	itorina Firm		Tele	phone	No	Telephone No.		License No.			
, ,	3			.роо		718-605-6256	:	00774			
Start Date (10)		Scheduled C	comple	tion Da	ate (11)	Name of OSHA M		00774			
11/ 19/		11/				Testor Tech	nomion				
Occupancy Status During											
☐ Facility Closed/Vacate						Street Address	estantan <b>a</b> mining pagamagan na paga				
☐ Abatement Performed	Outside of N	re Period or ormal Facilit	Abate v Hou	ment re - Doc	cribo	10 59 Jackso					
Time of Abatement: 7	:00 AM-3:30	PM/	PM-	3 - DC3	AM	City, State, Zip Co					
		-			_	LIC NY 11101	l .				
Scope of Work (Check al	i that apply)					□ Full Cont	tainment with Neg	ative Pressure			
		☐ Re	novati	on		☐ Mini-Enc	losure	gative Flessule			
≥ 160 sf or ≥260 lf		⊠ De	emolitic	on		☐ Glovebag	g Procedure	2			
		le le	Locat	ion			mpted (*) and No	n-Friable Procedu	1		
Location	of	332	Norma			Description o			-	tement 7	Туре
Asbestos-Containing			d Sole		Asbe	stos Containing Ma		Amount	Re	Encaps Repair	E
TO BE ABA		1.000	iintena todial			thermal systems	insulation,	(Specify	Removal	Encapsulate Repair	Enclosure
IN Facili (13)	ty	Cus	(12)	otaii:		surfacing, VAT, other miscellane		SF or LF)	a l	sula	sure
(10)		Yes	No	N/A		other miscellane	ous)			ate	-
Exterior Bridge					Pipe Fi	tting		1 LF			$\frac{1}{1}$
Exterior Bridge						Tar Paper		27 LF			
Exterior Bridge		$\neg \vdash \Box$		$I_{\Box}$		ar Joint Seal		65 LF			
Name of Registered Was	te Hauler			JDEP \		Cubic Yards of	Name of Regis	tered I andfill			
Newark Carting			10000	auler II	D No.	Waste		tral Sanity Land	dfill		
City, State				140-00	,,	30 Disposal Date	City, State				
Newark, NJ						11/30 /18	Pen Argyl,	PA			
Completed By (Print or Ty	ype)	Title				Signature	1//	Da	te		
Ralph Barnhardt		Project	Man	ager		WKL	Umn			3 -20	18

State of N.J. Notification of Asbestos Abatement D&S Proj. #: 18-240 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1/0 1 1/1 18 1 frank lepre Agencies Notified Type Notification Street Address **EPA** X Initial Amended DEP Amendment #: City, State, Zip Code DOL. PLAINFIELD, NJ 07060 DOH DOH (including Name of Contact Telephone Number justification) ☐ DCA Cancellation frank lepre **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) frank lepre Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) PLAINFIELD union Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 11/15/18 11/30/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure > 3 sf or > 3 lfMini-enclosure
Glovebag proce Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of R E by maintenance/custodial E asbestos-containing е е Description of asbestos-containing Amount staff(12) n material (acm) to be m p C material (ACM) (Specify SF or abated in facility (13) C 0 a a Yes No N/A ٧ L BASEMENT hallway large rm. texture finish plaster 1,450 sq ft X BASEMENT office glue dots 250 sq ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 20 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 11/16/18 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 11/01/2018 ASB-41 Do not use this form for asbestos licensure exempted activities.

### State of NJ Notification of Asbestos Abatement

D&S Proj. #: 18-237 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 1 /0 1 /1 8 9 2018 NOV chet ensign Agencies Notified Type Notification Street Address ☐ EPA X Initial Amended DEP City, State, Zip Code Amendment #: DOL Emergency MAPLEWOOD, NJ 07040 DOH. (including Name of Contact Telephone Number justification) □ DCA chet ensign Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) chet ensign Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) MAPLEWOOD essex Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 11/13/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\times$  >3 sf or >3 lf Renovation Mini-enclosure X Glovebag procedure ≥160 sf or ≥260 lf ☐ Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of Ε by maintenance/custodial E asbestos-containing е е n Description of asbestos-containing Amount staff(12) n material (acm) to be m p (Specify SF or C material (ACM) abated in facility (13) C 0 a a Yes LF) No N/A V p BASEMENT PIPE INSULATION 45 l ft X basement above ceiling PIPE INSULATION 201ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 11/14/18 TULLYTOWN, PA Completed by (Print or Type) Signature **BOGDAN JOLDZIC** PRESIDENT 11/01/2018 ASB-41 Do not use this form for asbestos licensure exempted activities.

### NOCK

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

Pg 1

Date of Notification (1)				Nan	ne of Buildi	ng Owner/Operator	(2)					
9 /	12 /	18				estwood C.O.	(2)		3			* 1
⊠ EPA	Type Notificatio	n			et Address '5 Broad		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nov	- 0	2016		
☑ DOH	Amended Amendment	#2 44 <i>1</i>	7/10	City,	State, Zip	Code		NOV	y	2018	3	
	☐ Emergency (			Hi	lisdale, N	IJ 07642		i				
(NJAC 5:23-8)	justification)	inciduli	ıy		e of Conta			Telephone Num	hor			
	☐ Cancellation				enzo Con			973-951-054		3		
Name of Early 148				F/	CILITY	NFORMATION		14-0-160				
Name of Facility Where Ab		ng Plac	e (3)				Type of Facility (	4)				
Verizon Westwood C	;.0.						School (K-12)	)				
Street Address							Subchapter 8	(Other than K-12	)			
175 Broadway							homes, etc.)	ivate and comme	cial b	uildin	gs,	
City (5)							Square Feet	# of Floors	F	Bldg. A	100	
Hillsdale							32,775	3	1	+-50		
County (6)				Cou	nty Code (	7)(STATE USE ONLY)		or if being demolis	(bod)		A	
Hillsdale					1 - Carlotte (1)			nmunications	neu)			
Name of Monitoring Firm H	ired by Building	Owner	(8)	ASCM	No.	Name of Abateme		manications				
TTI Environmental, Ir				0.2		and the second s	VIRONMENTAL	INC				
Street Address						Street Address	VIICORRILLATAL	., INC.				
1253 North Church S	treet					1123 BEAVE	PSTDEET					
City, State, Zip Code						City, State, Zip Co						
Moorestown, NJ 0805	57					BRISTOL, PA						
Project Manager for Monito	ring Firm	-	Tel	ephone	No	Telephone No.	19007	1				
Kris Smith	3			09-313		215-788-6040		License No.				
Start Date (10)	Sche	duled C			ate (11)	Name of OSHA M		00509				
_10_/_1_/	18	01	اماور ار	HALI	9			"10				
Occupancy Status During A		de ambe		10			VIRONMENTAL	, INC				
☐ Facility Closed/Vacated						Street Address						
Abatement Performed O	utside of Norma	l Facilit	Abate	ment re Dor	ariba	1123 BEAVER						
Time of Abatement:	AMP	M/5:00	y 1100 PM-2	:00AM	scribe	City, State, Zip Co						
Scope of Work (Check all th			-			BRISTOL, PA	19007					
	at apply)				ii.	⊠ Full Conta	ainment with Nega	tivo Progruss	( S			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re □ De				☐ Mini-Encl	osure					
		Is	Local	tion			There ( ) and Hell	Thable Trocedure	_			
Location of			Vorma	illy ely by		Description of				atem		
Asbestos-Containing Ma TO BE ABATE	terial (ACM)		intena		Asbe	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure
IN Facility	_	Cus		Staff?	(1.6	, thermal systems in surfacing, VAT,		(Specify SF or LF)	VOL	a-	aps	losu
(13)		Yes	(12) No	N/A		other miscellaneo		Of Or Ery	=		Encapsulate	ire
Basement Boiler Room					Exterior	Boiler Insulation	n	90 SF		П	П	
Basement Boiler Room					Duct Ins	sulation		90 SF		П		
Basement Boiler Room				$\boxtimes$	Pipe Fit	tings		60 LF				
Basement Boiler Room				$\boxtimes$	Pipe Ins	ulation		315 LF				
Name of Registered Waste H			10220	JDEP V		Cubic Yards of	Name of Registe	red Landfill				
SERVICE TRANSPORT	r group, ind	Э.	H	auler ID 20990	5/100/00/00/00	Waste	MINERVA LA					
City, State				20000		Disposal Date	City, State	(100 E86 - 100 E86 E87 E87 E				
NEW CASTLE, DE						TBD	WAYNESBU	RG OH				
Completed By (Print or Type)	) Title					Signature						
Dillan DeCaro	tik julian julia	stimat	or			O a	Dec 1.	Date	1-	/15	7	
SB-41						Dellan	De Cars /	11	17	110		



Date of Notification (1)					Nom	o of Duildin	- 0		(0)					
9 /	12 /	18			455			wner/Operator	(2)					
			,				STW	00a C.O.		Y				
Agencies Notified  EPA	Type Notific	cation			Stree	t Address			(F)					
☑ DOLWD		٦			17	5 Broadw	ay							
⊠ DOH	Amendm		2 - 11	/7/18		State, Zip (			-	NOV -	- 9	2018		
☐ DCA	☐ Emerger				Hil	Isdale, N	J 07	642				2010		
(NJAC 5:23-8)	justificat	ion)		_	Name	e of Contac	t			Telephone Numi	ber			
	Cancella	ition			Re	nzo Cont	rera	as		973-951-054	2			
					FA	CILITY IN	IFO	RMATION		1000		2 -		
Name of Facility Where A		Taking	g Place	e (3)					Type of Facility (	(4)				
Verizon Westwood	C.O.								School (K-12	)				
Street Address									Subchapter 8	(Other than K-12)	)	حالمان		
175 Broadway									homes, etc.)	ivate and commer	ciai D	uliaini	ys,	
City (5)									Square Feet	# of Floors	В	dg. A	ge	
Hillsdale									32,775	3		+-50	-	
County (6)					Cour	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Hillsdale					1			201		nmunications	2000 T.			
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)		_			
TTI Environmental,	Inc						E	BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							-	eet Address		-				
1253 North Church	Street						1	1123 BEAVE	R STREET					
City, State, Zip Code							Cit	y, State, Zip Co	ode					
Moorestown, NJ 080							E	BRISTOL, PA	19007					
Project Manager for Monit	toring Firm			Tele	phone	No.	Tel	lephone No.		License No.				
Kris Smith				6	09-313	-8218	2	215-788-6040		00509				
Start Date (10)		Sched	uled C	omple	țion Da	te (11)	Na	me of OSHA M	onitor					-
_10 / _1 /	18		ON		404	D	E	BRISTOL EN	VIRONMENTAL	., INC				
Occupancy Status During	Abatement (	Check	only	one)				eet Address						-
☐ Facility Closed/Vacated					ment			123 BEAVER	STREET					
Abatement Performed	Outside of No	ormal	Facility	y Hou	s - Des	cribe		y, State, Zip Co						
Time of Abatement:	AM	PN	// <u>5:00</u>	PM-2	MA <u>00</u> :			BRISTOL, PA						
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 lf								☐ Full Cont	ainment with Nega	ative Pressure				
≥160 sf or >260 lf			Re     De     De     De     Re     De     Re     De     Re     Re		(T)(C)(D)			☐ Mini-Encl	osure Procedure					
								☐ Non-Exer	npted (*) and Non	-Friable Procedure	е			
				Locat		-					_	atem	ent T	vpe
Location of		.		Norma d Sole				Description of	f i					
Asbestos-Containing N TO BE ABA		1)		intena		Asbes	stos	Containing Matermal systems in	terial (ACM)	Amount	em	Repair	nca	ncl
IN Facility			Cust	todial	Staff?	(i.e.	, trie	surfacing, VAT,	or	(Specify SF or LF)	Removal	ai-	sde	Enclosure
(13)		}		(12)	T			her miscellaned		0. 0. 2. /	-		Encapsulate	ē
Basement Power Roo			Yes	No	N/A	)/AT/04					_			
HSB Area		-		П		VAT/Ma				2,200 SF				
Pad Area				П		VAT/ma				288 SF				
Meter Room						VAT/ma				1760 SF				
Name of Registered Waste	Hauler		Ц		1					135 SF		Ш	Ш	
SERVICE TRANSPO		, INC	:.	1	JDEP V auler ID	No.	Was	oic Yards of ste	Name of Registe MINERVA L					
City, State					20990		Die	posal Date		ANDI ILL				
NEW CASTLE, DE								BD	City, State	IDC OU				
Completed By (Print or Type	201	T:41-					1		WAYNESBU	JKG, UH				
Dillan DeCaro	ue)	Title	. 4i <i>1</i>					Signature	De 10	/ . Dat	e /	_ /	, 0	-
Dilian Decaro		ES	timat	or				Della	-D'Caro	11/	!//"	1/,	10	

ASB-41 JAN 13 DD 18079

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

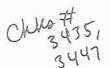
Pg 3

Date of Notification (1)					Nan	ne of Buildi	na C	Owner/Operator	(0)	J				
9 /	12 /	18	B					wner/Operator vood C.O.	(2)	3 73 13				
Agencies Notified  EPA	Type Notifi	ication			100000000	et Address			-		77.	1		<del></del>
□ DOLWD					City	State, Zip	•					į		
⊠ DOH	Amendr				8 I	Ilsdale, N				NOV - 8	2018			
DCA (NJAC 5:23-8)	☐ Emerge justifica		ncludin	ng		e of Conta		1042		T= :				
(10,10 0.20 0)	☐ Cancella					enzo Con		as	7	Telephone Nur 973-951-05				
					F	CILITY	NFC	DRMATION		****			-	
Name of Facility Where A	Abatement is	Takin	g Plac	e (3)					Type of Facility	(4)	·			
Verizon Westwood	C.O.								School (K-12	7. 7.				
Street Address									☐ Subchapter 8	(Other than K-1	2)			
175 Broadway									homes, etc.)	rivate and comme	ercial b	uildin	gs,	
City (5)		- 4/3							Square Feet	# of Floors	IP	ldg. A	ae	
Hillsdale									32,775	3		+-50		
County (6)					Cou	inty Code (	(7)(S7	TATE USE ONLY)	Current Use (Pri	ior if being demol	ished)			
Hillsdale								Ý.		nmunications				
Name of Monitoring Firm	Hired by Bui	ilding (	Owner	(8)	ASCN	No.	N	ame of Abateme	ent Contractor (9)					
TTI Environmental,	Inc								VIRONMENTAL					
Street Address							-	reet Address				-111		
1253 North Church	Street						8	1123 BEAVE	R STREET					
City, State, Zip Code			25 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				Ci	ty, State, Zip Co	ode					
Moorestown, NJ 080								BRISTOL, PA	19007					
Project Manager for Monit	toring Firm			Te	elephone	No.	Te	elephone No.		License No.	VIIIV. e		-	-
Kris Smith					609-31		:	215-788-6040		00509				
Start Date (10)		Sched	luled C	omp	letion D	ate (11)	Na	ame of OSHA M	onitor					
_10_ / _1_ / .	18	_	01	<i></i>	H06	<u> </u>	1	BRISTOL ENV	VIRONMENTAL	., INC				
Occupancy Status During							Sti	reet Address		<u> </u>				-
☐ Facility Closed/Vacated	d During Enti	ire Per	riod of	Abat	ement			1123 BEAVER	RSTREET					
Abatement Performed	Outside of N	lormal	Facilit	у Но	urs - De	scribe	Cit	ty, State, Zip Co	de					
Time of Abatement:		PI	///5:00	PIVI-	2:00AN		I	BRISTOL, PA	19007					
Scope of Work (Check all	that apply)								80 00 00 00 000					
≥3 sf or ≥3 If			⊠ Re	nova	ation				ainment with Nega	ative Pressure				- 1
≥160 sf or ≥260 lf			☐ De		2010/00/00			☐ Glovebag	Procedure					
						Т		☐ Non-Exer	npted (*) and Non	-Friable Procedu	ire			
Location of	, f		2000	Loca Norm	ation					50	Ab	atem	ent T	уре
Asbestos-Containing M		<i>(</i> 1)	Use	d So	lely by	Ashe	stos	Description of Containing Mat		Amazunt	Re	R	щ	ш
TO BE ABAT		,	Ma	inten	ance/ I Staff?	(i.e	e., the	ermal systems in	nsulation,	Amount (Specify	Removal	Repair	ıcap	1Clo
IN Facility (13)	/		Ousi	(12			, ;	surfacing, VAT, ther miscellaned	or	SF or LF)	Val	7	Encapsulate	Enclosure
			Yes	No	N/A		OI.	iner miscellanec	ous)				ate	
Basement Sprinkler R						VAT/Ma	stic	;		60 SF				
Basement Diesel Roor	m					VAT/ma				720 SF				
Hallway Power Room						VAT/ma	stic	:		200 SF				
Stairwell Landing						VAT/Ma	stic	;		81 SF				
Name of Registered Waste				1.00	NJDEP		100000	bic Yards of	Name of Registe	ered Landfill				
SERVICE TRANSPO	RT GROUP	, INC			Hauler II 2099		Wa	iste	MINERVA L	ANDFILL				
City, State							Dis	posal Date	City, State					-
NEW CASTLE, DE							Т	BD	WAYNESBU	JRG, OH				
Completed By (Print or Typ	e)	Title						Signature		De	ate /	,		
Dillan DeCaro		Es	timat	or				A:00.	n De Car	a lie	11/	1/1	F	
SB-41		1						- COUNT	o o car	0/10	/	11	U	

Pg 4

Date of Notification (1)					Non	o of Duildin	na O	-/0	(0)		1 3		11	
9 /	12 /	18	3			erizon We		er/Operator	(2)	in the time	,			
								u C.O.						1
Agencies Notified  EPA	Type Notifi  Initial	cation			100000000000000000000000000000000000000	et Address				NO.	\/ -	9 2	018	
⊠ DOLWD	☐ Illitial ☐ Amende	he				5 Broady				110	,		010	
⊠ DOH	Amendr		2 -11	7/18		State, Zip				18.				
☐ DCA	☐ Emerge	ncy (ir				llsdale, N		2		8 000				
(NJAC 5:23-8)	justifica					e of Contac				Telephone Nu	mber			
	☐ Cancella	ation			Re	nzo Conf	treras			973-951-05	542			
					FA	CILITY	NFORM	IATION						
Name of Facility Where A		Taking	g Plac	e (3)					Type of Facility	(4)		-		
Verizon Westwood	C.O.								School (K-12					
Street Address									Subchapter	8 (Other than K-1 rivate and comm	(2)	الدائدة		
175 Broadway									homes, etc.)	iivate and comm	erciai	Dullali	igs,	
City (5)									Square Feet	# of Floors	T	Bldg.	Age	
Hillsdale									32,775	3		+-5		
County (6)					Cou	nty Code (7	7)(STATE	USE ONLY)	Current Use (Pr	ior if being demo	lished	)		
Hillsdale										nmunications		<u>()</u>		
Name of Monitoring Firm		lding C	wner	(8)	ASCM	No.	Name	of Abateme	ent Contractor (9)					
TTI Environmental,	Inc						BRI	STOL EN	VIRONMENTA	L, INC.				
Street Address								Address		<u> </u>				0.50.50.00
1253 North Church	Street						112	3 BEAVE	R STREET					
City, State, Zip Code							City, S	tate, Zip Co	ode					-
Moorestown, NJ 080							BRI	STOL, PA	19007					
Project Manager for Monit	oring Firm			Tele	phone	No.	Teleph	one No.		License No.				
Kris Smith				6	09-313	-8218	215	788-6040		00509				
Start Date (10)		Sched	uled C	omple	tion Da	ite (11)	Name	of OSHA M	Ionitor		21.70.000			
10 /1 / _	18		01	N	HOO		Activities State		VIRONMENTAL	INC				
Occupancy Status During	Abatement (	Check	only	one)				Address						
☐ Facility Closed/Vacated	During Enti	ire Per	iod of	Abate	ment				R STREET					
Abatement Performed	Outside of N	ormal	Facilit	y Hou	s - Des	scribe		tate, Zip Co				_		
Time of Abatement:	AM	PN	1/ <u>5:00</u>	PM-2	:00AM		1	STOL, PA						
Scope of Work (Check all t	that apply)								10001					
≥3 sf or ≥3 lf			C7 5	2.			Σ	Full Cont	ainment with Neg	ative Pressure				
≥ ≥ 160 sf or ≥ 260 lf			Re     De     De     Re     De     Re     Re					Mini-Encl	losure Procedure					
				monac			Ė	Non-Exer	mpted (*) and Nor	-Friable Procedu	ire			
				Locat							-	batem	ont T	vno
Location o		.		Norma d Sole			De	scription of	f			T	T	
Asbestos-Containing M TO BE ABAT		1)		intena	, ,				terial (ACM)	Amount	\cen	Repair	Enc	inc
IN Facility			Cust	odial	Staff?	(1.6,		I systems in cing, VAT,		(Specify SF or LF)	Remova	ai-	aps	Enclosure
(13)		-		(12)	T			miscellaned		0. 0. 1.	=		ncapsulate	ē
			Yes	No	N/A								O	
Basement Meter Stora	ge Room					VAT/Ma:	stic			75 SF				
Basement AC Room 2						VAT/Mas	stic			420 SF				
								7						
											T	П		
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cubic Y	ards of	Name of Regist	ered Landfill		1—		
SERVICE TRANSPOR	RT GROUP	, INC		Н	auler ID		Waste		MINERVA L					
City, State		-			20990		Disposa	al Date	City, State					
NEW CASTLE, DE							TBD		WAYNESBU	IRG OH				
Completed By (Print or Typ	e)	Title					10.000	nature						
Dillan DeCaro		7	timat	or			1	Dilles	De Cou	1-pl 100	ate ///	11/1	8	
	-	L								1 / -	- /	16		1

· Chu	S#3"	135 147	/ ' NO	OTIFI (	CATI( Pursu	ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	ATEMENT 16)	Pg. 1	I			
Date of Notification (1)	-				Nai	me of Build	ing Owner/Operator	(2)	10				
9 / _	12		18				estwood C.O.	V-57020					
Agencies Notified	Type Not	ificatio	n		Stre	eet Address	3	1.5	1.54				
⊠ EPA ⊠ DOLWD		ا ـ ا			1	75 Broad	way	[H.					
⊠ DOH	Amen		#1-10	/9/18	City	, State, Zip	Code		NOV	- 6 2	018	7	-
DCA	☐ Emerg				H	illsdale, l	NJ 07642	*					
(NJAC 5:23-8)	justific					ne of Conta			Telephone	Number			
	☐ Cance	illation			R	enzo Cor	ntreras		973-951	-0542			
None of Facility VAP Al					F.	ACILITY I	NFORMATION						
Name of Facility Where All Verizon Westwood		s Taki	ng Pla	ce (3)				Type of Facility					
Street Address	J.U.	11-12-12-12-12						School (K-1)	2)	22000000			
175 Broadway			30				177	Subchapter Other (i.e., p	8 (Other than rivate and cor	K-12)	huildi	nac	
City (5)								nomes, etc.	)		Dullul	nys,	
Hillsdale								Square Feet	# of Floors	3	Bldg.	Age	
County (6)					100		77\/07475.1105.01111	32,775	3		+-5	0	
Hillsdale					Col	unity Code	(7)(STATE USE ONLY)				)		71
Name of Monitoring Firm F	lired by Bu	ilding	Owne	r (8)	ASCN	f No.	Nome of Abeter	Verizon Cor		ns			
TTI Environmental, I		and in g	Owne	(0)	ACCI	n NO.		ent Contractor (9)					
Street Address							Street Address	VIRONMENTA	L, INC.				
1253 North Church S	treet						1123 BEAVE	RSTREET					
City, State, Zip Code							City, State, Zip Co						
Moorestown, NJ 080	57						BRISTOL, PA						
Project Manager for Monito	ring Firm			Tel	ephone	No.	Telephone No.		License No				
Kris Smith				6	09-31:	3-8218	215-788-6040		00509	<b>/-</b>			
Start Date (10)						ate (11)	Name of OSHA M	lonitor	1 0000		4000	C>	
/ / / /					6_ /	18	BRISTOL EN	VIRONMENTAL	, INC				
Occupancy Status During A							Street Address						
Facility Closed/Vacated	During En	tire Pe	riod of	Abate	ment		1123 BEAVER	R STREET					
Abatement Performed O Time of Abatement:	AM-	vorma Pi	VI/5:0	ty Hou IPM-2	rs - Des	scribe	City, State, Zip Co						
				21 101 2	100/1101		BRISTOL, PA	19007					
Scope of Work (Check all th	at apply)						Ø FII 01						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				enovat emolitio				ainment with Neg osure Procedure npted (*) and Non					
			17	Locat							atem	enf T	Type
Location of Asbestos-Containing Ma	terial (ACN	Æ)	Use	Norma ed Sole	ely by	Ashar	Description of				_	1	-
TO BE ABATE		*1)	Ma	intena	nce/	(i.e.	stos Containing Mat , thermal systems ir	erial (ACIVI)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	todial (12)	Starr?		surfacing, VAT,	or	SF or LF)	oval	≒	psu	Jusc
(, -7			Yes	No	N/A	1	other miscellaneo	us)				late	0
Basement Boiler Room	2544111-200-65-					Exterior	Boiler Insulation	n	90 SF				
Basement Boiler Room						Duct Ins			90 SF				
Basement Boiler Room					×	Pipe Fitt	tings		60 LF				
Basement Boiler Room						Pipe Ins	ulation		315 LF	_		] [	
Name of Registered Waste H	lauler				JDEP V	Vaste	Cubic Yards of	Name of Registe			Ш	Ш	
SERVICE TRANSPORT	GROUF	, INC		Ha	auler ID 20990	No.	Waste	MINERVA L					
City, State		10 to 10 to					Disposal Date	City, State					
NEW CASTLE, DE							TBD	WAYNESBU	RG, OH				
Completed By (Print or Type) Dillan DeCaro	W 14	Title	timat	015			Signature	0000	/-	Date			-
		ES	umat	UI			Walan	DeCarol	me I	100	1-1	1	



Pg. 2

Date of Notification (1)  9 / 12 /	18		1		ing Owner/Operator estwood C.O.	(2)	()(			
Agencies Notified	ded		1 City	eet Address 75 Broad	way		NOV	- 5 [	2018	
	dment #1 - ency (inclu		ŏ	/, State, Zip Iillsdale, N						
(NJAC 5:23-8) justific	ation)		Nar	ne of Conta	ect		Telephone Nur	mber		
☐ Cance	llation		R	enzo Con	itreras		973-951-05			
			F	ACILITY I	NFORMATION					
Name of Facility Where Abatement in Verizon Westwood C.O.	s Taking Pl	ace (3)				Type of Facility  School (K-1	0.000		11000000	
Street Address						Subchapter	8 (Other than K-1	2)		
175 Broadway						Other (i.e., p	private and comme	ercial bu	ildings	s,
City (5)						homes, etc. Square Feet		1		
Hillsdale						32,775	# of Floors	1	lg. Ag	е
County (6)			Co	unty Code /	7)(STATE USE ONLY)				50	
Hillsdale			00	unity Code (	I )(STATE USE UNLT)		rior if being demol	ished)		
Name of Monitoring Firm Hired by Bu	ilding Own	or (8)	ASCI	M No.	Mana of Abeles		mmunications			
TTI Environmental, Inc	manig Own	01 (0)	ASU	VI INU.	Name of Abatem					
Street Address						VIRONMENTA	L, INC.			
1253 North Church Street					Street Address		-	E-EAW		
ity, State, Zip Code					1123 BEAVE	L. C.	-			
Moorestown, NJ 08057					City, State, Zip Co		2-24119			
roject Manager for Monitoring Firm		-			BRISTOL, PA	19007				
Kris Smith			lephon		Telephone No.		License No.			
1 15 1 (10)	01			3-8218	215-788-6040	9	00509			
	Scheduled 11			ate (11) 18	Name of OSHA M	lonitor VIRONMENTA	L. INC	X		
Occupancy Status During Abatement	(Check onl	y one)			Street Address					
☐ Facility Closed/Vacated During En	tire Period	of Abate	ement		1123 BEAVER	RSTREET				
Abatement Performed Outside of I	Normal Fac	lity Hou	ırs - De	scribe	City, State, Zip Co					
Time of Abatement:AM	PM/ <u>5:</u> (	00PM-2	2:00AN	1	BRISTOL, PA					
cope of Work (Check all that apply)										
] ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	***************************************	Renova Demoliti			☐ Mini-Encl	Procedure	pative Pressure n-Friable Procedu	re		
		Is Loca						1	emen	t Tv
Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	, N	Norma sed Sol laintena stodial (12)	ely by ance/ Staff?		Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	1		Encapsulate
	Yes	No	N/A		outer microcitation	100)			i	it
asement Power Room			$\boxtimes$	VAT/Ma	stic		2,200 SF			7
SB Area			$\boxtimes$	VAT/ma	stic		288 SF			5
id Area			$\boxtimes$	VAT/ma	stic		1760 SF		510	7
eter Room			$\boxtimes$	VAT/Mas	stic		135 SF		7	7
me of Registered Waste Hauler SERVICE TRANSPORT GROUI	P. INC.	1000	JDEP lauler II		Cubic Yards of Waste	Name of Regist			-15	-1
y, State			20990	)	Dianas I Dat		-ANDEILL			
NEW CASTLE, DE					Disposal Date TBD	City, State WAYNESBU	JRG OH			
ompleted By (Print or Type)	Title		-		Signature					-0.8
Dillan DeCaro	Estima				o griature,	^	/n Dat	te		p-



Po. 3

Date of Notification (1)				TNI			•	17.				
	1	18				ng Owner/Operator	(2)					II.
Agencies Notified Type	Notification							NOV	- (	. 20	118	
⊠ EPA		311			eet Address		-					177
F-1	nended				75 Broady	10.70						
⊠ DOH An	nendmeni	#1 - 1	0/9/18	4 1	, State, Zip			# * * * * * * * * * * * * * * * * * * *			- 300	
DCA En	nergency	(includ	ing		illsdale, N							
	tification) ncellation				ne of Contac			Telephone Nun				
	ricellation	•		K	enzo Cont	treras		973-951-05	42			
Nome of Facility 18/1 All 1				F.	ACILITY II	NFORMATION						
Name of Facility Where Abateme	ent is Tak	ing Pla	ce (3)				Type of Facility					
Verizon Westwood C.O.							School (K-1)	2)				
Street Address							Other (i.e., r	8 (Other than K-12 private and comme	2)	ميناطن	200	
175 Broadway							homes, etc.	)	(Clair	Juliuli	igs,	
1 - 7 (-)							Square Feet	# of Floors	T	Bldg.	Age	
Hillsdale							32,775	3		+-5		
County (6)				Co	unty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Hillsdale							Verizon Co	mmunications				
Name of Monitoring Firm Hired by	y Building	Owne	r (8)	ASC	/I No.	Name of Abateme	ent Contractor (9)					
TTI Environmental, Inc						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
1253 North Church Street						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Moorestown, NJ 08057						BRISTOL, PA	19007					
Project Manager for Monitoring Fi	rm		Tel	ephone	No.	Telephone No.		License No.				
Kris Smith			6	09-31	3-8218	215-788-6040		00509				
Start Date (10)					ate (11)	Name of OSHA M	onitor			-		
_10_ / _1_ / _18_	_	11	/ _ 10	3_ /	_18_	BRISTOL EN	/IRONMENTAI	L, INC				
Occupancy Status During Abatem						Street Address						
☐ Facility Closed/Vacated During	Entire P	eriod of	Abate	ment		1123 BEAVER	STREET					
Abatement Performed Outside	of Norma	l Facili	ty Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement:AM		/W/ <u>5:U</u>	JPM-Z	:00AM		BRISTOL, PA	19007					
Scope of Work (Check all that app	ly)					-	1000					
☐ ≥3 sf or >3 If		M p.		22		Full Conta	inment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf			enovati emolitic			☐ Mini-Enclo						
		(2				☐ Non-Exen	npted (*) and Nor	n-Friable Procedur	e			
			Locat						T	atem	ent T	vne
Location of Asbestos-Containing Material (	A C 5 6)		Norma ed Sole			Description of				1	T -	
TO BE ABATED	ACIVI)		intena		Asbest	tos Containing Mate thermal systems in	erial (ACM)	Amount	Rem	Repair	nca	inc
IN Facility		Cus	todial 3	Staff?	(1.0.,	surfacing, VAT,	or	(Specify SF or LF)	Removal	air	Encapsulate	Enclosure
(13)		Van	(12)	1 21/0	-	other miscellaneo	us)	3. 2. 7	-		ulate	re
Basement Sprinkler Room		Yes	No	N/A	1/6 T/0 F						(D)	
Basement Diesel Room					VAT/Mas			60 SF	$\boxtimes$			
Hallway Power Room	-				VAT/mas			720 SF				
Stairwell Landing					VAT/mas			200 SF	$\boxtimes$			
Name of Registered Waste Hauler					VAT/Mas			81 SF				
	NID IN		1230.6	JDEP V auler ID		Cubic Yards of Waste	Name of Registe					
SERVICE TRANSPORT GRO	OP, IN	٥.	1,000,000	20990		vasic	MINERVA L	ANDFILL				
City, State						Disposal Date	City, State					
NEW CASTLE, DE						TBD	WAYNESBU	IRG, OH				
Completed By (Print or Type)	Title					Signature		Date	9			
Dillan DeCaro	E	stimat	or			Dillan	NO CAN.	0/ Du 10	-9	-/	P	
D 44			_			I V VVVVV	10000	17100 110	(	16	1	1



9/_	12	/18				ilding Owner/Operato Westwood C.O.	r (2)	MAN		10		
Agencies Notified  ☑ EPA ☑ DOLWD	Type Not  ☑ Initial  ☑ Amen				Street Addre	idway		NOV	— ∋ 20 -	118		
☑ DOH	Amen	dment #1	- 10/9	118	City, State, 2	- M		2			d.	
□ DCA	☐ Emerg	gency (ind	cluding			, NJ 07642		5- 115-A				
(NJAC 5:23-8)		cation)			Name of Co			Telephone	e Number			
	☐ Cance	ellation			Renzo C	ontreras		973-95	1-0542			
					FACILITY	INFORMATION						
Name of Facility Where		is Taking	Place (	3)			Type of Facility	y (4)		-		
Verizon Westwood	C.O.						School (K-	12)				
Street Address							Subchapter	r 8 (Other than	n K-12)			
175 Broadway							Other (i.e., homes, etc	private and co	ommercia	build	lings,	
City (5)		To the King of the					Square Feet	# of Floo	rs	Blda	Age	_
Hillsdale							32,775	3		+-:		
County (6)					County Cod	e (7)(STATE USE ONLY)	Current Use (P	Prior if being d	emolishe			
Hillsdale						,	,	mmunication	one	1)		
Name of Monitoring Firm		uilding Ov	vner (8)	A	SCM No.	Name of Abatem	ent Contractor (9				-	_
TTI Environmental,	Inc						VIRONMENTA					
Street Address						Street Address	- Constant I	,				_
1253 North Church	Street					1123 BEAVE	RSTREET					
City, State, Zip Code						City, State, Zip C						
Moorestown, NJ 08	057					BRISTOL, PA						
roject Manager for Monit	toring Firm		17	elenh	one No.	Telephone No.	1 19007 .					
Kris Smith					313-8218	215-788-6040		License N	0.750			
			- 1									
Start Date (10)		Schedul	ed Com		Date (11)			00509				
	18			pletio	Date (11)	Name of OSHA N	Monitor					
_10_ /1_ /		11	_ / _	pletio 16	Date (11)	Name of OSHA N BRISTOL EN						
10 / 1 /	Abatement	11 (Check o	/ _	pletio	/18	Name of OSHA M BRISTOL EN Street Address	Nonitor VIRONMENTA					
	Abatement d During En		only one	pletio	/ <u>18</u>	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE	Monitor VIRONMENTA R STREET					
	Abatement d During En Outside of N	(Check of tire Perion Normal Fa	only one d of Aba	pletion 16	/18	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co	Monitor VIRONMENTA R STREET					
	Abatement d During En Outside of N	(Check of tire Perion Normal Fa	only one d of Aba	pletion 16	/18	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE	Monitor VIRONMENTA R STREET					
	Abatement d During En Outside of N	(Check of tire Perion Normal Fa	only one d of Aba	pletion 16	/18	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Monitor VIRONMENTA R STREET ode 19007	L, INC				
	Abatement d During En Outside of N	11 (Check of tire Perion Normal Farance PM/	only one d of Abacility H	pletion 16 hteme ours - -2:00	/18	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Monitor VIRONMENTA R STREET ode 19007  ainment with Neglosure	L, INC				
	Abatement d During En Outside of N	11 (Check of tire Perion Normal Farance PM/	only one d of Abacility H	pletion 16 hteme ours - -2:00	/18	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Monitor VIRONMENTA R STREET ode 19007 tainment with Neglosure 2 Procedure	L, INC	re			
	Abatement d During En Outside of N	11 (Check of tire Perion Normal Farance PM/	only one d of Aba acility H 5:00 PM Renov	pletion 16 hteme ours - -2:00 ation	/18	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Monitor VIRONMENTA R STREET ode 19007  ainment with Neglosure	L, INC	re			
Decupancy Status During  ☐ Facility Closed/Vacated ☐ Abatement Performed ☐ Time of Abatement: ☐ Cope of Work (Check all of the cope of Work) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	Abatement d During En Outside of N _AM that apply)	11 (Check of tire Perion Normal Farance PM/	only one d of Abacility H	pletion 16  ateme purs2:00  ation ition	/18	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA   Full Cont  Mini-Enc  Glovebag  Non-Exe	Monitor VIRONMENTA R STREET ode 19007  ainment with Neglosure g Procedure mpted (*) and No	L, INC	re	bater	ment	Ty
	Abatement d During En Outside of NAM that apply)	11 (Check of tire Perio Normal Fa PM/s	/	pletion 16 ateme ours 2:00 ation ition cation hally blely b	/ 18  nt Describe AM	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA   Full Cont  Mini-Enc  Glovebag  Non-Exe	Monitor VIRONMENTA R STREET ode 19007 cainment with Neglosure g Procedure mpted (*) and No	gative Pressur	re cedure	1	1	
	Abatement d During En Outside of NAM that apply)  If laterial (ACN	11 (Check of tire Perio Normal Fa PM/	/	ation ally below the name	/ 18  nt Describe AM	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA   Full Cont  Mini-Enc  Glovebag  Non-Exe  Description of the stos Containing Mare, thermal systems in	Monitor VIRONMENTA R STREET ode 19007  Jainment with Neglosure Procedure Inpled (*) and No ferrial (ACM) Insulation,	L, INC	re cedure	1	1	
	Abatement d During En Outside of NAM that apply)  If laterial (ACN	11 (Check of tire Perio Normal Fa PM/	/	pletio 16 ) atterne eation ation ation ally blely t nance	/ 18  nt Describe AM	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Glovebag Non-Exe  Description of the story Containing Mare, thermal systems is surfacing, VAT,	Monitor VIRONMENTA R STREET ode 19007  tainment with Neglosure procedure mpted (*) and No ferrial (ACM) nsulation, or	gative Pressur	cedure	1	1	
	Abatement d During En Outside of NAM that apply)  If laterial (ACN	11 (Check of tire Perion Normal Far PM/s	/	pletion 16 ) atterne attion at	/ 18  nt Describe AM	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA   Full Cont  Mini-Enc  Glovebag  Non-Exe  Description of the stos Containing Mare, thermal systems in	Monitor VIRONMENTA R STREET ode 19007  tainment with Neglosure procedure mpted (*) and No ferrial (ACM) nsulation, or	gative Pressur	re cedure	1		
	Abatement d During En Outside of N AM- that apply)  If laterial (ACN	11 (Check of tire Perion Normal Far PM/s	only one d of Aba acility H 5:00 PM Renov Demoi	pletion 16 ) atterne attion at	/ 18  nt Describe AM  y Ast (i)	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exe  Description of the content of the	Monitor VIRONMENTA R STREET ode 19007  tainment with Neglosure procedure mpted (*) and No ferrial (ACM) nsulation, or	gative Pressur on-Friable Prod Amount (Specify SF or LF	cedure	Repair	Encapsulate	
	Abatement d During En Outside of N AM- that apply)  If laterial (ACN	11 (Check of tire Perion Normal Fare Pen/4	only one d of Aba acility H 5:00 PM Renov Demoi Is Loc Norr Used S Mainte Custodia (1) Fes N	pletion 16  atterne burs2:00  attion attion nally blely be below the staff of t	/ 18  nt Describe AM  y Ast (i) /A  VAT/N	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exe  Description of the control of the	Monitor VIRONMENTA R STREET ode 19007  tainment with Neglosure procedure mpted (*) and No ferrial (ACM) nsulation, or	gative Pressur on-Friable Prod Amount (Specify SF or LF	re cedure	Repair	1	
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	Abatement d During En Outside of N AM- that apply)  If laterial (ACN	11 (Check of tire Perion Normal Face Perion Normal Face Perion PM/s	only one d of Aba acility H. 5:00 PM Renov Demoi	pletion 16  atterne burs2:00  attion attion attion attion attion bull bull bull bull bull bull bull bull	/ 18  nt Describe AM  y / / / / / / / / / / / / / / / / / /	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exe  Description of the control of the	Monitor VIRONMENTA R STREET ode 19007  tainment with Neglosure procedure mpted (*) and No ferrial (ACM) nsulation, or	gative Pressur on-Friable Prod Amount (Specify SF or LF	re cedure	Repair	Encapsulate	
10 / 1 / Decupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement:  cope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  assement Meter Storal assement AC Room 2	Abatement d During En Outside of N AM- that apply)  If laterial (ACN ED	11 (Check of tire Perion Normal Fare Perion Normal Fare Perion Normal Fare Perion Normal Fare Perion	/	ation ation all Staff St	/ 18  nt Describe AM   y / Ast // // // // // // // // // // // // //	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exe  Description of the control of the	Monitor VIRONMENTA R STREET ode 19007  tainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or ous)	gative Pressur on-Friable Prod Amount (Specify SF or LF 75 SF 420 SF	re cedure	Repair	Encapsulate	
10 / 1 / Decupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement: cope of Work (Check all to be a series of the cope of Work (Check all to be a series of the cope of Work (Check all to be a series of the cope of Work (Check all to be a series of the cope of Work (Check all to be a series of the cope of Work (Check all to be a series of the cope of Work (Check all to be a series of the cope of the cop	Abatement d During En Outside of N AM- that apply)  of laterial (ACN ED  ge Room	11 (Check of tire Perion Normal Fare Perion Normal Fare Perion Normal Fare Perion Normal Fare Perion Period Perion Period	/	ation ation cation nally NJDE	/ 18  nt Describe AM  y / / / / / / / / / / / / / / / / / /	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exe  Description of the content of the	Monitor VIRONMENTA R STREET ode 19007  Jainment with Neglosure Procedure Inpited (*) and No ferrial (ACM) Insulation, or ous)  Name of Regist	gative Pressur	re cedure	Repair	Encapsulate	
	Abatement d During En Outside of N AM- that apply)  of laterial (ACN ED  ge Room	11 (Check of tire Perion Normal Fare Perion Normal Fare Perion Normal Fare Perion Normal Fare Perion Period Perion	/	ation ation cation nally NJDE	/ 18  nt Describe AM  y // // // // // // // // // // // //	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exe  Description of the content of the	Monitor VIRONMENTA R STREET ode 19007  tainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or ous)	gative Pressur	re cedure	Repair	Encapsulate	
	Abatement d During En Outside of N AM- that apply)  of laterial (ACN ED  ge Room	11 (Check of tire Perion Normal Fare Perion Normal Fare Perion Normal Fare Perion Normal Fare Perion Period Perion	/	ation ation ation ation ation by the policy	/ 18  nt Describe AM  y // // // // // // // // // // // //	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exe  Description of the content of the	Monitor VIRONMENTA R STREET ode 19007  Jainment with Neglosure Procedure Insulation, or Ous)  Name of Regist MINERVA L City, State	gative Pressur on-Friable Prod Amount (Specify SF or LF 75 SF 420 SF	re cedure	Repair	Encapsulate	
	Abatement d During En Outside of N AM- that apply)  of laterial (ACN ED  ge Room  Hauler	11 (Check of tire Perion Normal Fare Perion Normal Fare Perion Normal Fare Perion Normal Fare Perion Period Perion	/	ation ation ation ation ation by the policy	/ 18  nt Describe AM  y // // // // // // // // // // // //	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exe  Description of the content of the	Monitor VIRONMENTA R STREET ode 19007  Jainment with Neglosure Procedure Inputed (*) and No  derial (ACM) Insulation, or or ous)  Name of Regist MINERVA L	gative Pressur on-Friable Prod Amount (Specify SF or LF 75 SF 420 SF	re cedure	Repair	Encapsulate	
	Abatement d During En Outside of N AM- that apply)  of laterial (ACN ED  ge Room  Hauler	11 (Check of tire Perion Normal Fare Perion Normal Fare Perion Normal Fare Perion Normal Fare Perion Period Perion	/	ation ation ation ation ation by the policy	/ 18  nt Describe AM  y // // // // // // // // // // // //	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA  Full Cont Mini-Enc Glovebag Non-Exe  Description of the content of the	Monitor VIRONMENTA R STREET ode 19007  Jainment with Neglosure Procedure Insulation, or Ous)  Name of Regist MINERVA L City, State	gative Pressur on-Friable Prod Amount (Specify SF or LF 75 SF 420 SF	re cedure	Repair	Encapsulate	

Pg:1

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

CML# 3435

Date of Notification (1)				Na	me of Build	ling Owner/Operator	(0)	<u> </u>				
9 /	13 /	18				ling Owner/Operator	(2)	[2] [A] [=	7 5	* - · ·		
Agencies Notified	Type Notificat	ion		Stre	eet Addres	s	1 11	65 to 17				
Ø EPA 4258					75 Broad	_						11
DOLWD 9241	☐ Amended	-2-22-0			, State, Zip			8//11/	70			
DOHQQ65 □ DCA	Amendmer				25	NJ 07642		NUV - 5	20	18	1	4
(NJAC 5:23-8)	☐ Emergency justification	(includ	ling	1	ne of Conta			7.1.1				
	Cancellatio				enzo Cor		1	Telephone Nun				
								973-951-05	42			
Name of Facility Where	Abatement is Ta	king Pla	re (3)	Г.	ACILITY	INFORMATION	T					
Verizon Westwood		ining i ic	100 (3)	10			Type of Facility (					
Street Address							School (K-12) Subchapter 8	(Other then K 4)	21			
175 Broadway							Other (i.e., pri	vate and comme	ercial	buildi	ngs,	
City (5)		102000000000000000000000000000000000000					Square Feet	# of Floors	- 11	Blda	۸۵۵	
Hillsdale							32,775	3	- 1	Bldg. +-5	100	
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Prio		chod			77.6
Bergen							Verizon Com	munications	oneu,			
Name of Monitoring Firm		g Owne	r (8)	ASC	√l No.	Name of Abateme	ent Contractor (9)					
TTI Environmental,	Inc						VIRONMENTAL	INC				
Street Address						Street Address		, 1140.				
1253 North Church	Street					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						
Moorestown, NJ 080	057					BRISTOL, PA						
Project Manager for Monit	oring Firm		Te	lephone	No.	Telephone No.		License No.	_			
Kris Smith				609-31	3-8218	215-788-6040		00509				
Start Date (10)	Sch	eduled	Comp	letion D	ate (11)	Name of OSHA M		00303				
	18	11_	/		18		VIRONMENTAL,	INC				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated	During Entire F	Period o	f Abat	ement	102	1123 BEAVER	STREET					
Abatement Performed ( Time of Abatement:	AM-	al Facil	non.	urs - De	scribe	City, State, Zip Co	de				-	
			<u></u>	2.00/\\\\		BRISTOL, PA	19007					
Scope of Work (Check all t	inat apply)					⊠ Full Cont						
≥3 sf or ≥3 lf		⊠R	enova	tion			ainment with Negat	ive Pressure				
⊠ ≥160 sf or ≥260 lf			emolit	ion			Procedure					
		1 1		Ai		☐ Non-Exer	npted (*) and Non-F	riable Procedure	е			
Location of	f	0	s Loca Norma			D			Ab	atem	ent T	уре
Asbestos-Containing M	aterial (ACM)	Us	ed Sol	ely by	Asbe	Description of stos Containing Mate		A				_
TO BE ABAT			ainten:	ance/ Staff?	(i.e	., thermal systems in	sulation,	Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)		Out	(12)			surfacing, VAT, other miscellaneo		SF or LF)	val	=	Encapsulate	Enclosure
		Yes	No	N/A		other miscellaneo	us)				ate	0
Basement Boiler Room					Exterior	Boiler Insulation	n	90 SF				
Basement Boiler Room					Duct Ins	sulation		90 SF				
Basement Boiler Room				$\boxtimes$	Pipe Fit	tings		60 LF		П	П	П
Basement Boiler Room					Pipe Ins	ulation		315 LF				
lame of Registered Waste		-	97	JDEP V		Cubic Yards of	Name of Registere		ш	Ц	Ш	
SERVICE TRANSPOR	T GROUP, IN	C.	F	20990		Waste	MINERVA LAI					
City, State						Disposal Date	City, State					
NEW CASTLE, DE						TBD	WAYNESBUR	G. OH				
Completed By (Print or Type	e) Title	е				Signature				2002		
Dillan DeCaro	E	stimat	or				De Caro 19	Date O		2,	0	
R-41 0 -						Dulan	Well )	12	-14	3-1	6	- 1

· 60:5

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

Chht+3435

Date of Notification (1)					Na	me of Build	ling Owner/Operator	(2)	The state of the s	*****			rayes a
9 /	13	/	18				estwood Co	(2)				10	
Agencies Notified	Type Not	ificatio	n		Str	eet Address	s		1				11
⊠ EPA						75 Broad	7//		MAN -	. (1	2010		1 1
⊠ DOLWD	☐ Amen					, State, Zip			NOV -	J ,	2018	† *	
Ø DOH	Amen		-	_	0.000	illsdale, I							
DCA (NJAC 5:23-8)	☐ Emergi justific			ing		ne of Conta			1/=				
,	☐ Cance	T/2				enzo Cor		5.04	Telephone Nu				
									973-951-05	542		87	
Name of Facility Where A	Abatement i	is Taki	na Pla	ce (3)		ACILITY	INFORMATION	T=					
Verizon Westwood		io rain	ng i ia	CC (3)				Type of Facility (					
Street Address								School (K-12) Subchapter 8	) (Other than K. 1	(2)			
175 Broadway								U Other (i.e., pr	ivate and comm	ercial	buildir	igs.	
City (5)								nomes, etc.)				~ .	
Hillsdale								Square Feet	# of Floors		Bldg. /	∖ge	
County (6)					Co	unty Code	(7)(STATE USE ONLY)	32,775	3		+-5(	)	
Bergen					00	unity Code (	(T)(STATE USE ONLY)		or if being demol	ished	)		
Name of Monitoring Firm	Hired by Bu	ilding	Owne	r (8)	ASCI	A No.	Nome of Ab -t	Verizon Com	munications				
TTI Environmental,		anamg	OWNE	(0)	ASCI	n NO.	Name of Abateme						
Street Address						7		VIRONMENTAL	, INC.				
1253 North Church	Street						Street Address	07055					
City, State, Zip Code							1123 BEAVE						
Moorestown, NJ 080	)57						City, State, Zip Co						
Project Manager for Monit			-	ITO	lephone	No	BRISTOL, PA	19007					
Kris Smith	oung i min					3-8218	Telephone No. 215-788-6040		License No.				
Start Date (10)		Sche	duled (			ate (11)	Name of OSHA M		00509				
_10_/_1_/_	18				2 /		1				163		
Occupancy Status During	1			200				/IRONMENTAL,	INC				
☐ Facility Closed/Vacated	During En	tire Pe	riod of	f Ahate	ement		Street Address						
Abatement Performed (	Outside of N	Vorma	I Facili	tv Hou	ırs - De	scribe	1123 BEAVER	A THE REAL PROPERTY AND A SECOND PORTY OF THE PERTY OF TH					
Time of Abatement:	AM	P	M/ <u>5:0</u> 0	<u>0</u> PM- <u>2</u>	2:00AM		City, State, Zip Co						
Scope of Work (Check all t	hat apply)						BRISTOL, PA	19007					
	mat apply)						□ Full Conta	ainment with Negat	ive Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				enova: emoliti				osure	ive Flessule				
				emonu	on		☐ Glovebag	Procedure npted (*) and Non-	Calabla D				
			Is	Loca	tion	T	LI WON EXCIT	ipied ( ) and ivon-	Friable Procedu	_			
Location of				Norma			Description of			At	pateme	ent T	T .
Asbestos-Containing Ma TO BE ABAT		VI)		ed Sol aintena		Asbes	stos Containing Mate	erial (ACM)	Amount	Rer	Repair	Enc	Enclosure
IN Facility	<u> </u>			todial	Staff?	(I.e.	<ul> <li>thermal systems in surfacing, VAT, o</li> </ul>	sulation,	(Specify	Removal	pair	caps	clos
(13)				(12)	1		other miscellaneo	us)	SF or LF)	2		Encapsulate	иге
			Yes	No	N/A							te	
Basement Power Roon	n					VAT/Ma	stic		2,200 SF				
			П								닏	_	П
					+								
15										П		П	П
ame of Registered Waste			27-27-27-27-27-27-27-27-27-27-27-27-27-2	0.000	JDEP V		Cubic Yards of	Name of Register	ed Landfill	1	1-1		
SERVICE TRANSPOR	GROUF	, INC	;.	Н	auler II 20990	September 1997	Waste	MINERVA LA					
ity, State							Disposal Date	City, State					
NEW CASTLE, DE							TBD	WAYNESBUR	G. OH				
ompleted By (Print or Type	e)	Title					Signature		I Det				
Dillan DeCaro		Es	timat	or			Dillan	De Cario	Date O	1	2-	10	>
		1					I I J ( L L UIV	1 11 (11/1/1)	1 4100	11	5-	1 3	

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Date of Notification (1)					Nan	ne of Buildir	na O	wner/Operator	(2)		M. r.		-	
	15 /	1	B					unications	(2)	NOV -	- a n	A10	Bellin	
	ype Notifi	cation			Stre	et Address				NUV	9 2	U10	- 11	
	Initial				27	7-02 Fair L	Law	n Ave	1				1	
☑ DOLWD ☑	Amende			7140	City	State, Zip	Code	e		/ / / / / / / / / / / / / / / / / / / /			3	
	Amendr Emerge				Fa	airlawn, N	J 07	7410						
(NJAC 5:23-8)	justifica	tion)	iciuuli	ig	Nam	ne of Contac	ct			Telephone Nu	mher			
	Cancell	ation			M	ark Jenkii	ns		11	215-365-58				
					F	ACILITY II	NFO	RMATION						
Name of Facility Where Aba		Takin	g Plac	e (3)			350		Type of Facility (	4)				
Verizon Fair Lawn C.0	). 								School (K-12)					
Street Address						in the second			☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-1	2)	wildin		
27-02 Fairlawn Ave									homes, etc.)	vate and comm	erciai	ouliaing	JS,	
City (5)				713-31					Square Feet	# of Floors	E	Bldg. A	ge	
Fair Lawn	10								36,060	3	1	+-50		
County (6)					Cou	inty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pric	or if being demo	lished)			
Bergen									Verizon					
Name of Monitoring Firm Hir		lding (	Owner	(8)	ASCN	No.	Na	ame of Abatem	ent Contractor (9)					
USA Environmental In	IC						I	BRISTOL EN	VIRONMENTAL	, INC.				
Street Address							Str	reet Address					-	
8346 Enterprise Ave							1	1123 BEAVE	R STREET					
City, State, Zip Code							Cit	ty, State, Zip Co	ode		200	115.5		
Philadelphia PA 19153							E	BRISTOL, PA	19007					
Project Manager for Monitori	ng Firm			Tel	ephone	No.	Te	lephone No.		License No.				-2.570%
Mark Jenkins				2	15-36	5-5870	2	215-788-6040	C)	00509				
Start Date (10)		Sched	luled C	ompl	etion Da	ate (11)	Na	me of OSHA N	lonitor					
10 /29 /1					7 /	18	E	BRISTOL EN	VIRONMENTAL,	INC				
Occupancy Status During Ab							Str	eet Address						
☐ Facility Closed/Vacated D	uring Enti	ire Pe	riod of	Abate	ement		1	123 BEAVER	R STREET					
Abatement Performed Ou	tside of N	ormal	Facilit	у Ноц	rs - De	scribe		y, State, Zip Co						
Time of Abatement:		P	/l/ <u>5:00</u>	PM-Z	2:00AM		4	BRISTOL, PA						
Scope of Work (Check all that	t apply)							DE IIO						
≥3 sf or ≥3 lf			⊠ Re	novat	tion			☐ Mini-Enc	ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf			☐ De	moliti	on			☐ Glovebag	Procedure					
			1-	1	r'			☐ Non-Exer	mpted (*) and Non-	Friable Procedu	ıre			
Location of				Loca Norma				Danninting	,		Al	pateme	ent T	уре
Asbestos-Containing Mate	erial (ACN	1)	Use	d Sol	ely by	Asbes	stos	Description of Containing Mar		Amount	Re	Re	m	m
TO BE ABATED	<u> </u>				ance/ Staff?	(i.e.	., the	ermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)			Ous	(12)				surfacing, VAT, her miscellaned		SF or LF)	<u>a</u>	1	Encapsulate	sure
02 <b>*</b> 3403-40 <b>*</b> 03			Yes	No	N/A	1	Oti	noi inisociianet	Jusy				ite	
Basement Power Room						VAT/Ma	stic			1033 SF				П
											10			
			П											=
Name of Registered Waste H	auler				JDEP 1	Waste	Cub	oic Yards of	Name of Registe	red Landfill			Ш	
SERVICE TRANSPORT		, INC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lauler II	D No.	Was		MINERVA LA					
City, State	-				20990	,	Disr	oosal Date	City, State				_	
NEW CASTLE, DE								BD	WAYNESBU	RG, OH				
Completed By (Print or Type)		Title		100	V-10-12			Signature		I D	ate	,	,	_
Dillan DeCaro		Es	timat	or				Della	~ De Can	o/il	11/	7/	18	-

ASB-41 JAN 13 00 180 85

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Ch 11 #2448

	15 /	18				ling Owner/Operator ommunications	(2)		17	A	
Agencies Notified  EPA 9816  DOLWD 9850  DOH 9825		ded dment #_		St	eet Address 2 <b>7-02 Fair</b> y, State, Zip	Lawn Ave			<u> </u>	2018	
☐ DCA.	☐ Emerge	ency (inc	luding	_	airlawn, I						
(NJAC 5:23-8)	justifica Cancel				me of Conta Nark Jenk			Telephone N		1111	
				_				215-365-	5870		T E
Name of Facility Where A	Abatement is	s Taking	Place (3	1	ACILITY	INFORMATION	T=				
Verizon Fair Lawn (		- railing	0) 3001	')			Type of Facilit				
Street Address							→ Subchapte	r 8 (Other than K	(-12)		
27-02 Fairlawn Ave							Other (i.e., homes, etc	private and com	mercial	buildin	gs,
City (5)							Square Feet	# of Floors		DI4- 4	
Fair Lawn							36,060	3		Bldg. A +-50	
County (6)				Co	unty Code	(7)(STATE USE ONLY)		Prior if being dem	nolished		
Bergen							Verizon		ononea	,	
Name of Monitoring Firm I		ilding Ow	ner (8)	ASC	M No.	Name of Abatem	ent Contractor (9	9)			
USA Environmental	Inc					BRISTOL EN	VIRONMENTA	AL, INC.			
Street Address						Street Address					
8346 Enterprise Ave	)			M-10127		1123 BEAVE					
Philadelphia PA 191	E2					City, State, Zip Co					
Project Manager for Monito		-	1 -	-11		BRISTOL, PA	19007				
Mark Jenkins	oning Film		- 4	elephon	e No. 5-5870	Telephone No.		License No.			
Start Date (10)		Schedule				215-788-6040 Name of OSHA M		00509			
10 / 20 /	40					Name of OSHA IV	ionitor				
10 /29 / _	18	- 11	/	9 /	18	BRISTOI FN	VIRONMENTA	OIAL L			
_					18	BRISTOL EN	VIRONMENTA	L, INC			
Occupancy Status During /	Abatement (	(Check or	nly one)	tement		Street Address		AL, INC			
Occupancy Status During / Pacility Closed/Vacated Abatement Performed C	Abatement ( During Enti Dutside of N	(Check or ire Period lormal Fa	nly one) d of Abar cility Ho	tement	escribe		R STREET	AL, INC			
Occupancy Status During /  Facility Closed/Vacated  Abatement Performed C  Time of Abatement:	Abatement ( During Enti Dutside of NAM	(Check or ire Period lormal Fa	nly one) d of Abar cility Ho	tement	escribe	Street Address 1123 BEAVER	R STREET	AL, INC			
Occupancy Status During /  Pacility Closed/Vacated  Abatement Performed C	Abatement ( During Enti Dutside of NAM	(Check or ire Period lormal Fa	nly one) d of Abar cility Ho	tement	escribe	Street Address 1123 BEAVER City, State, Zip Co	R STREET de 19007				
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Occupancy Status During /  Facility Closed/Vacated  Abatement Performed C  Time of Abatement:  Cope of Work (Check all the cope of Work of Abatement)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Abatement ( During Enti Dutside of NAM hat apply)	(Check or ire Period lormal FaPM/5_	nly one) I of Abar cility Ho :00PM- Renova Demoli	tement urs - De 2:00AN ation ation	escribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conte	R STREET  de 19007  ainment with Ne osure Procedure			pateme	ent T
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-	PAII		NOT	IFICATION (Pursua	ON OF AS	SBESTO: AC 8:60 a	S ABAT nd 12:1	EMENT 20)	1	Inn	4 7	2-	1/	7	
Date of Notification (1) 11/5/18				Name	of Buildir ota Pub	ng Owner	/Operato	or (2)						<u> </u>	1 -
Agencies Notified	Type Notificatio	n			Address	110 00110					, i elt 1,	j :		-	
× EPA	× Initial				enry C I		Place								
DEP X DOL	Amended Amendmer	s+ #			State, Zip						N	)V -	- 9	2018	,
	☐ Emergency	(includia	ng		ota, NJ					1					
DOH DCA	justification Cancellation				of Contac	ct					elephone N				
				150000000000000000000000000000000000000	CILITY IN	FORMAT	TION			_   2	01-441-4	800	x 10	)4	H OFFICE
Name of Facility Where	Abatement is Taki	ng Place	(3)	170	OILITT IN	OKWA	TON	Туре	of Facility	(4)		- 19	5000		
Bogota High Scho	ool								School (K-						
2 Henry C Luthin I	Place								Subchapte	r 8 (Otl	her than K-	12)			
City (5)	riace								Other (i.e. etc.)	private	& commer	cial bu	ilding	s, hon	nes,
Bogota									re Feet	0.000	of Floors		Bldg.	Age	
County (6)				County	/ Code (7)			20,0		3			80		
Bergen				(STATE	USE ONL	.Y)		scho	ent Use (Pri	or if be	ing demoli	shed)			
Name of Monitoring Fire	m Hired by Building	Owner (	8)	ASC	M No.		Name	22/2/23/2	tement Co	ntracto	r (Q)			_	
EnviroVision Cons	ultants			000	79		ABS	S Envir	onmenta	al Ser	vices. LL	С			
Street Address		-						t Addres			,				
20-21 Wagaraw R	oad - Bidg. 35	E							83, 4 E G	Sate D	rive				
Fair Lawn NJ 074	10								p Code	Managara.					
Project Manager for Mo				Telepho	one No.		-		, NJ 078	3418					
Fred Larson	3				636-91	45		hone No -764-2			License 1	No.			
Start Date (10)		Schedu	led Co		Date (11				IA Monitor		703	_			
11/21/18		11/28	/18												
Occupancy Status Durin						0.75	Street	Addres	S						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norn	nal Facili	Abater ty Hour	ment s			City, S	State, Zij	o Code						
Scope of Work (Check A		,				_									
	III That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli				×	Full	Containme	ent with	Negative I	Pressi	ıre		
			Demon	don				Glov	-Enclosure /ebag Proc	edure					
				um-tr et				Non	-Exempted	(*) and	d Non-Friat	ole Pro	cedu	re	
Location	of		s Locat Norma											ement ype	t
Asbestos-Containing	Material (ACM)	Use	ed Sole	ly by	Asbes	Des stos Cont	scription	of laterial (	(ACNA)	^.			1	T	T
TO BE ABA In Facil			aintena stodial S		(i.e	. thermal	systems	s insulat	ion,		mount pecify	R	71	Enc	m
(13)			(12)			other m	cing, VA	T, or eous)		SF	or LF)	Remova	Repair	apsı	Enclosure
		Yes	No	N/A								\sigma	=	Encapsulate	ure
Basement Confe	rence Room			x	fl	ooring	& subfl	looring	1	56	0 SF	x		3.0	
											-	1**			
													_		
Name of Registered Was	te Hauler		N	JDEP W	aste	Cubic \	/ards		Name 5						
Tonys Cleanup & Ha			Н	auler ID		of Was			Name of R						
City, State			17	7787		TBD	-10:		Chrin Br	omer	s Sanitar	y Lai	natill		
Bridgewater NJ						Disposa	al Date		City, State	DΛ					
Completed by		Title					gnature		Easton,	FA		ta			
A. Scott Higgins		Presi	dent				J. 101010		A-	n day a sering taggering	Da 11	te /5/18	3		



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ite of Notification (1)			N.	lame Sup	e of Build preme S	ling Owner/C Search Gr	oup	2)			E C		T.	1 27-	2		
encies Notified	Type Notification	n			Addres				14. 14. 14. 14. 14. 14. 14. 14. 14. 14.						101		
EPA			P.O. Box 2623 City, State, Zip Code								NOV 9 2018						
DEP DOL	Amended Amendme	nt#	_   E	Eliz	abeth,	NJ 07207				Telen	hone Numb	er	7.50		-		
DOH	justification				e of Conson Car						209-1841				- 5		
DCA	Cancellation	on				INFORMAT	ION			1111			19 4	20000	-		
ame of Facility Where	Abatement is Tal	king Place (3)		•				Type of Fa									
Home								-	ol (K-12) hapter 8 (	Other	than K-12)	و ما امال	o ho	nac			
treet Address								Othe etc.)	r (i.e. priva	ate &	commercial			_	_		
								Square Fe	eet		loors	Bldg 73	. Age				
city (5) Elizabeth								2000	an /Drior if	2 f boin	g demolishe				_		
County (6)				Cou	inty Cod	e (7) ONLY)		home	se (Piloi ii	Deni	g dome						
Union		0 (0)		1	ASCM No	testo Mid Midde	Name	of Abatem	ent Contra	ctor (	9)						
Name of Monitoring Fi	m Hired by Buildi	ng Owner (8)		1	AGOINI IA		ABS	S Environ	mental S	Servi	ces, LLC				_		
Street Address				_			Stree	t Address Box 483,	4 E Gat	e Dr	ive						
3(166) /100/1669								State, Zip C									
City, State, Zip Code								nwood, N		8					_		
Project Manager for N	Ionitoring Firm			Te	lephone	No.		phone No.			License No	<b>D.</b>					
Project Manager for N	ionitoring i iiii							3-764-227 ne of OSHA			703				_		
Start Date (10)				mp	letion Da	te (11)	Nam	e of USHA	MOUNTO								
11/14/18		11/21					Stre	et Address									
Occupancy Status Du	iring Abatement (	check Only C	f Ahate	eme	nt										_		
Facility Closed/\ Abatement Perf Other – Describ	/acated During Er ormed Outside of e:	Normal Facil	ity Hou	ırs			City	, State, Zip	Code						_		
Scope of Work (Che	ck All That Apply)							П г.л.с	`ontoinme	nt wit	h Negative I	Pressure	е				
≥3 sf or ≥3 lf		×	Reno					Mini-	Enclosure								
× ≥160 sf or ≥260	lf		Dellie	Ontro				X Glove Non-	ebag Proc Exempted	edure (*) ai	nd Non-Fria	ble Proc	edure	9			
			Is Loc	notic	n I								Abate Ty	ment pe			
			Norn	nally	y		Descrip	tion of			Amount						
Ashestos-Conta	ation of ining Material (AC	(M)	Jsed So Mainte			Asbestos (i.e. the	Containir rmal syst	ng Material ( ems insulat	ion,		(Specify	Rer	Re	Encapsulate			
TO BE	ABATED Facility	C	ustodia (1	al S (2)	taff?	1000000	surfacing.	VAT, or ellaneous)		,	SF or LF)	Remova	Repair	sula			
	(13)			No	N/A			3103737777				_		e e			
		Ye	S	NO	-		pipe ins	sulation			80 LF	Х					
bas	sement		-		X		1-16-219										
															1		
			-														
	(11) -1-11-1			IN	NJDEP W	V CLOSEO	Cubic Ya	rds			stered Land						
Name of Registere				F	Hauler ID	No.	of Waste TBD		Weste	rn B	erks Land	dfill					
Freehold Carta	ye 				วรวร		Disposal	Date	City, Sta		D.4						
City, State Freehold NJ							TBD		Birdsb	oro	PA T	Date					
Completed by			itle				Sign	nature	HL	-	Of the control of the	11/5/	18				
A. Scott Higgin	c	F	resid	len	t				1	-		A CONTRACTOR			_		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Jan 22 2000 01:22AM NJ Asbestos Control 609.633.0664

page 1

11/05/2018 11:37AM 2013297440

BEST REMOVAL INC CIC 4832 PAGE 02/84

PAID	HOTI	FICATION PUREUM	nt to i	: ABE	ESTOS ABL B:60 and 12				00E-	- 10 Di		1
of Natification (1)		18	dame of	Butldi	NA NA NO	mor (2)	PUL	A.	N	\ _/NO	IV -	9 2
11/5/19			Street A	-	JOHUNN	76		_	14	17	1	
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JEP SOL	D Amended armindment &	1		SA:	MUNE -	. 12	9	1 2000	Heptone Num	180	*- 5	-
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	in Hired by Building Owner	,,,,			Best	Rei	novs.	Inc				-
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Street Address			1		450	Sou	th R:	ver	SE			
City. State, Zip Code					City, State	o, zup	eck.	N.J.	07601			
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Project Manager for b	ontothe Firm	Tales	shone N	φ,	201-	329	-744	]	00388	3		
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D Facility Closed/Val D Ameternent Person	ned Outside of Normal Factors of State	lity Houn			S.	. He	cken	Back	,N.J.	07606		-
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and the same of th			-8	Renov Deimo	Man /		k-Ension vebug P					
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TO	E ABATED	ç	uario dital Staff?	1	AT MOREST	DMBM N	AT. er		97,4	441	18 8	Don branching
	(43) of Legillot	1	(12)		DEMES	Hanes a	41000007					1-1
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City, Stone		0760	1		1	#8/11	1	Nayn	esburg,	Oh 4	1088	
1 Trankon	sack , N.J.	0/00.				-mental		-		Ces	116/	8
Correlated by	Title					-	an'or	. 2.5			388 F 3-8 *	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	Ck	all had the		(P	ursua	nt to NJA	C 8:60 and 5:1	6)	-, E		1,		7
Date of Notification (1)	PA		)		Name	e of Buildin	g Owner/Operator (	(2)	11-7:	ale de		-1-0-5	- 1
	06 /	18			Cri	velli Con	struction		11112	$\leq 2$	Sol	0010	
Agencies Notified	Type Notific	ation			Stree	t Address			11:11	NOV =	190	ZUIÓ	-
⊠ EPA					198	55 Route	35 N., Suite D		,				
⊠ DOLWD	☐ Amende	300				State, Zip (			1 1		1.1	11.	
⊠ DOH	Amendm						h, NJ 08751						
DCA (NJAC 5:23-8)	☐ Emerger justificati		cluaing			of Contac	100		Telephone N	umher		0	
(	☐ Cancella	0000000			Jea	anine	7.		732-793-6				
					FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility (	4)				
Residence								☐ School (K-12)	)				
Street Address								Subchapter 8			.tt attions		
								Other (i.e., pr homes, etc.)	ivate and com	nercial bi	ullaing	JS,	
City (5)								Square Feet	# of Floors	В	dg. A	ge	11.00
Lavallette								1800 sf	1		65	-	
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Prid	or if being dem	olished)	0.24		
Ocean								Residence					
Name of Monitoring Firm	Hired by Build	ding O	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A							Guardian Co	ntracting, Inc.					
Street Address							Street Address						
							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					
							Toms River,	New Jersey 087	755				
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telephone No.		License No.	3			
							732-349-9932	!	00624				
Start Date (10)				2.1	etion Da	50 850	Name of OSHA M	lonitor					
11 /16 /					9_/	18	E.M.S.L. Ana	lytical					
Occupancy Status During							Street Address			-			
☐ Facility Closed/Vacate							1056 Stelton						
Abatement Performed Time of Abatement;	Outside of No	ormal f	Facility	Hou	rs - Des		City, State, Zip Co	ode					_
						AM.	Piscataway, I	New Jersey 088	354				
Scope of Work (Check all	that apply)						П <u>Б.</u> П О						
≥3 sf or ≥3 lf			Re	novat	tion		☐ Full Cont	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf			□ Der				☐ Glovebac	Procedure					
			la	1 000	tion			mpted (*) and Nor	1-Friable Proce	1 2000		20/202	
Location	of			Loca lorma			Description o			Ab	atem	ent Ty	
Asbestos-Containing N	Material (ACM	1)			ely by	Asbe	stos Containing Ma		Amount	Re	Repair	En	Enclosure
TO BE ABAT					ance/ Staff?		., thermal systems	insulation,	(Specify	Removal	air	aps	los
(13)	у			(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	иге
15 27			Yes	No	N/A			/				e .	
exterior				$\boxtimes$		asbesto	s siding		1800 sf		П	П	П
		-	=		-								
					$\perp$								
Name of Registered Waste				3.5	NJDEP \		Cubic Yards of	Name of Regist	ered Landfill				
Guardian Contractin	ig, Inc.			1	dauler II 20223		Waste 3	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New Je	rsey						11/19/18	Tullytown,	Pennsylvani	а			
Completed By (Print or Ty	pe)	Title					Signature	// /	/	Date	1		
Nicholas Fernicola		Pro	oject	Man	ager			1.1		1.	1.1	18	7
SR-41		I					V \	11/1		16/	4/1	10	

### State of New Jersey

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7.5	ite of Notification (1) 1/06/18		100000		Name o	of Building	Owner/	Operato	r (2)			N(	٠ ٧٥	- 9	201	8	
Ag	encies Notified	Type Notification			Street A	Address					1,	notan da					-4
	EPA	× Initial										1-1-	. 11		1		SE.
×	DEP DOL	Amended Amendmen	t #			ate, Zip C ewater,					100	2.0			3 4	- 12	10%
	a average	× Emergency	(including	7	1559						T =						
×	DOH DCA	justification) Cancellation			Name o	of Contact					Tel	lephone	Numb	oer			
Ma	me of Facility Where A	hatament is Takir	a Diese	(2)	FAC	ILITY INF	ORMAT	ION	-								
IVG	me or radiity vinere A	Abatement is Takii	ig Flace (	(3)					Typ	e of Facility	27005						
Str	eet Address								H	School (K Subchapt		or than	K 12)				
									×	Other (i.e.	private	& comm	nercial	build	dings,	hom	es,
Cit	y (5)								Sai	etc.) Jare Feet	# 0	f Floors		Тв	ldg. A	ao.	
	idgewater														iug. A	ge	
1	unty (6) omerset					Code (7) USE ONLY	0		Cur	rent Use (P	rior if bei	ing dem	olishe	d)			
Na	me of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.				patement Co							2 - 100
Str	eet Address							Street			E3310	INAL5					
										DOVE C	OURT	•					
City	y, State, Zip Code									Zip Code	LVLIN HOUSE						
Dro	icat Managas for Mani	in in a Firm								DOD, NJ	08701						
	ject Manager for Moni	toring Firm			Telepho	ne No.		Teleph 732-		No. -9078		Licens 1200					
	rt Date (10) /8/18		Schedu 11/12/		mpletion	Date (11)		450 250 30		SHA Monito		NALS			390 e 1900		
Occ	cupancy Status During	Abatement (Chec	ck Only O	ne)				Street				TVILO					
	Facility Closed/Vaca	ted During Entire	Period of	Abaten	nent			6 WH	HITE	DOVE C	OURT						
×	Abatement Performe Other – Describe:		nal Facilit	y Hours	5					Zip Code OOD, NJ	08701						
Sco	ppe of Work (Check All	That Apply)								202,110					-		
×	≥3 sf or ≥3 lf		×	Renova	ition				] F	ull Containn	nent with	Negativ	ve Pre	eeur	9		
	≥160 sf or ≥260 If			Demolit	ion			×	N	lini-Enclosu	re	rrogan	VC 1 10	ooui			
								×		lovebag Pro on-Exempte		d Non-F	riable	Prod	cedure	9	
			Is	Locati	ion					•					Abate		t
	Location			Normal ed Sole			De	scription	of				-		Ту	pe	
	Asbestos-Containing I TO BE ABA		Ma	aintenai	nce/	Asbes	tos Cont thermal	aining N	Materi	al (ACM)	205000	mount specify		71		回	m
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	(13)			V/			other n	niscellar	neous	)				oval	air	Encapsulate	Enclosure
			Yes	No	N/A											Ö	****
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			-		-								_				
-			-							-23			-				
Nan	ne of Registered Wast	e Hauler		L	JDEP W	/aste	Cubic	Yarde		Name of	Registo	rod Lan	dfill				
	WARK CARTING			H	auler ID 4509		of Was			IESI	rtegiste	ieu Laii	idilli				
	, State WARK, NJ							al Date		City, Sta		ΙΡΛ					
			Title				1			DETRI		T	Date				
Completed by Title JOSEPH PERLSTEIN OWNER						Signature					11/06/18						

x 26 200	N	OTIFICA (Pu	TION	N OF A	f New Je ASBEST	ersey FOS ABATE 60 and 5:16)	MENT	y	en as most fo	o <del>o</del> wet do	<del>-</del> 7	
1 00 000	PAI		Nome	e of Bui	Idina Owr	ner/Operator (2)		TABLE ST.	25			7
ate of Notification (1)	06 / 18	_	All	l Amer	ican En	vironmental			)	-		
. Netfod	Type Notification		Stree	et Addre	ess			NOV	- 9	20	18	
30110100 11011	N Initial		13	36 Edis	on Road	d		NOV		20	10	1
	☐ Amended		City	State.	Zip Code							1.
DOLWD	Amendment #_		1.5	ake Ho	natcono	, NJ 07849		A				-
DOH	☐ Emergency (inc	luding		ne of Co		,		Telephone Number	4762			
DCA (NJAC 5:23-8)	justification)		100000000000000000000000000000000000000					973-663-1680				
(140) (0 0.22 0)	☐ Cancellation		100000		Smith			7c -e - 17 in 2-27				
			F	ACILIT	Y INFO	RMATION	T f Facility	(4)				1
lame of Facility Where A	hatement is Taking	Place (3)					Type of Facility					
	Datement to Talling						School (K-12	Other than K 171				
Residence							M Other (i.e., p	rivate and commercial b	ouildin	gs,		
Street Address							homes, etc.	<u> </u>				4
	500						Square Feet	# of Floors	Bldg. A	Age		
City (5)							2400 sf	2	90			
Orange								rior if being demolished	)			
			C	county C	ode (7)(S	TATE USE ONLY)	Residence					
County (6)							10.000000000000000000000000000000000000			-		
Essex	III - d by Building (	Owner (8)	AS	CM No.	N	lame of Abatem	ent Contractor (9	))				
Name of Monitoring Firm	Hirea by building	Owner (o)	1			Guardian Co	ontracting, Inc	•				_
Guardian Contract	ing, Inc.		-		5	Street Address						
Street Address						1889 Route	9. Unit 61					
1889 Rte. 9, Unit 6	1					City, State, Zip C						
City, State, Zip Code					1	Jity, State, Zip	, New Jersey (	8755				
Toms River, New	Jersey 08755						, New Jersey C	License No.		7. (7)		
Project Manager for Mo	nitoring Firm		Teleph	one No		Telephone No.		00624				
Project Manager for Wild	-	1	732	-349-99	932	732-349-993		00024				
Nicholas Fernicol	Coho	eduled Con	nnletio	n Date	(11)	Name of OSHA	Monitor					
Start Date (10)		11_ / _		1_	18	E.M.S.L. An	alytical					_
11 /20	/ _18					Street Address						
Occupancy Status Dur	ing Abatement (Che	eck only on	e)			1056 Stelto						
	ated During Entire t	eriod of Al	Jacenn	ent								
Abatament Perform	ed Outside of Norm	ial Facility	liuuis	- Dooo.	M lbe	City, State, Zip	New Jorean	08854				
Time of Abatement	:AM	PM/	PM	^	IVI	Piscataway	y, New Jersey	00004				
Scope of Work (Check  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	all that apply)	☐ Ren	ovatio	on n		☐ Mini-E	enclosure	Negative Pressure	Abo	ateme	ont Tv	- C
		le	Locati	ion					-		1000	
Asbestos-Contain TO BE	tion of ing Material (ACM) ABATED acility	Use Mai	lormali d Sole intenai odial S	lly ely by nce/ Staff?	Asbe (i.e	Description estos Containing e., thermal syste surfacing, \ other miscell	Material (ACM) ms insulation, /AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
(*	13)	Yes	No	N/A				82 lf		П	П	+
			$\boxtimes$		asbest	os pipe insul	ation	02 11	-	1	=	+
basement										닏	1	+
			-									
										П		1
							f Name of	Registered Landfill	1	1-		1
Name of Registered	Waste Hauler		1	NJDEP Hauler I	Waste D No.	Cubic Yards Waste	of Name of					
	racting, Inc.			2022		3 Disposal Date	te City, Sta	te			200	
Guardian Cont						Dispusal Da	0, 0					
City, State						11/23/18	Tullyt	own, Pennsylvania	- 1	4.		_
	ew Jersey	Title				11/23/18 Signate	/	1	ate	. /,	5	_

17129 PAIL		FICATION	N OF ASBE to NJAC 8	STOS	ABATE		NT			)	j.		
Date of Notification (1)		Name o	of Building C	)wner/	Operator	(2)					3 6	010	
11/6/18		Ted 8	& Joanne	Flue	hr Priva	ite	Home		N(	)\ -	J 7	018	
Agencies Notified Type Notification		Street A	Address										
EPA   X Initial   DEP   Amended		City, St	ate, Zip Coo	de					1	-			
DOL Amendment #			h Haven		ce NJ (	080	800	14.5		44.04			
☐ Emergency (included justification)	ding	Name o	of Contact					Tele	ephone Nu	ımber			
DCA   Cancellation		Ted	•										
		FAC	ILITY INFO	RMA	TION								
Name of Facility Where Abatement is Taking Place	ce (3)					Ty	ype of Facility	(4)					
Ted & Joanne Fluehr Private Home							School (K-						
Street Address						X	Subchapte Other (i.e. etc.)				dings,	home	es,
City (5)						S	quare Feet	# of	Floors	E	Bldg. A	ge	
Beach Haven Terrace NJ 08008						1	000 +	2		1000	50+		
County (6) Ocean			Code (7) USE ONLY)				urrent Use (P	rior if bei	ng demolis	shed)	*		
	- (0)		M No.						(0)				
Name of Monitoring Firm Hired by Building Owne N/A	r (8)	ASC	W NO.		0.000		Abatement Co co Inc	ontractor	(9)				
Street Address					Street								
							x 329						
City, State, Zip Code					100000000000000000000000000000000000000		e, Zip Code Berlin NJ 08	3091					
Project Manager for Monitoring Firm		Telepho	one No.		Telepi		e No. 3-9800		License 00727	No.			
Start Date (10) Sche	adulad Co	mpletion	Date (11)				OSHA Monito	er .	00121				-
	/23/18	mpiedon	Date (11)		San		OSI IA MONICO						
Occupancy Status During Abatement (Check Onl	ATTENDED TO			- N-111	Street	(0)	dress			46			
☐ Facility Closed/Vacated During Entire Period	of Abate	ement							1				
Abatement Performed Outside of Normal Fa Other – Describe:	cility Hou	ırs		_	City, S	State	e, Zip Code						
Scope of Work (Check All That Apply)					-	114-21							
23 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno				=		Full Contains Mini-Enclosu	ire	Negative	Pressi	ıre		
e e					Σ	<u> </u>	Glovebag Pr Non-Exempt		d Non-Fria	able Pr	cedu	e	
	Is Loc										100000000000000000000000000000000000000	ement /pe	
Location of	Norm Used So				escription					-	T		
Asbestos-Containing Material (ACM) TO BE ABATED	Mainter	ance/					erial (ACM) sulation,		mount Specify	Z	_	E	ū
In Facility	Custodia (12	70.70.00000	(	sur	facing, VA	AT,	or		or LF)	Remova	Repair	Encapsulate	Enclosure
. (13)		·,	-	other	miscella	neo	ous)			val	#	ulat	ure
Y	es No	N/A										Ф	
Exterior Siding House		x		Ext	terior Si	idir	ng	22	00 SF	х	1		
							(9						
Name of Registered Waste Hauler		NJDEP		100000000000000000000000000000000000000	ic Yards		Name o	of Registe	ered Landi	fill			
United Containers		Hauler II 22459	J No.	of W	/aste		G.R.O	D.W.S.					
City, State				1	osal Date	е	City, St		B 02620000				
Elm NJ				11/	23/18		Morri	sville P	A 1960				
	itle			Signature				Date					
Anthony T Perna President							11/6/18						

CK 8940	PAID	(Pursuai	nt to N.J	ASBESTOS .A.C. 8:60 a	ABATEMEN and 12:120)		
Date of Notification	(1) 11-6-2018	Na	me of Build	ding Owner / Op	erator (2)	N.	OV - > 2018
Agencies Notified	Type Notification		sue Sanch eet Addres			10	
	_	Oll	eet Addres	S		. L.,	
☐ DEP ☐ DOL	☐ Initial	Cit	y, State & Z	Zip Code		J-,, 41	
☑ DOL □	☐ Amended ☐ Emergency	We	eehawken,	NJ		10 (a) 1 (a)	Control of the contro
DCA	☐ Emergency ☐ Cancellation		me of Cont				Telephone Number
		JOS	sue Sanch				
Name of Facility Who	ere Abatement is Takin	- DI - (0)	FACILITY	INFORMATION			
Residential	ore Abatement is Takin	g Place (3)			acility (4)		
Street Address					ool (K-12) chapter 8 (Other ti	K 40)	
				⊠ Othe	er (i.e. private & co	nan K-12) Immercial buildi	ings homos etal
City (5)	[Count (0)			Square F	eet # of FI	oors	Bldg. Age
Weehawken, NJ	County (6) Hudson	Count	y Code (7)		000 3		108
	Firm Hired by Building (			Residen		(#X)	
Health and Safety Se	rvices	wner (8)	ASCM 117		Abatement Contra	ctor (9)	
Street Address			1117	Street Ad	Management Gro	oup, LLC	
P.O. Box 365					nilton Ave, Suite 2	02	
City, State & Zip Cod Berlin, NJ 08009	е			City, State	e & Zip Code	02	
Project Manager for N	Monitorina Firm	Telephor	ne Number	Trenton, I	NJ 08619		
Mr. Jim Proctor		856-452-	-1311	609-914-4	e Number	License	
Scheduled Start Date 11-19-2018	(10) Scheduled (	Completion D	ate (11)	Name of	OSHA Monitor		01185
	uring Abatement (Check	11-23-201	8	J&S Envir	onmental Laborat	ories, Inc.	
☐ Facility Close	d/Vacated During Entire	Period of A	hatement	Street Add	dress te 22 West		
Abatement Pe	rformed during Normal	Hours:	Sutomoni	City, State	& Zip Code		
Describe: 8:	:30am-5:30pm ied During Abatement			Union, NJ	07083		
Scope of Work (Check	k all that apply)						
	11.77					stainmont with N	Varati D
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 l</li></ul>	£		enovation		☐ Mini-En	closure	Negative Pressure
☐ ≥100 SI ≥200 I	T	☐ De	emolition			ag Procedures	
Loca	ation of	Is Loca	tion		☐ Non-Exe	empted and No	n-Friable Procedure
Asbestos	-Containing	Normally		Descrip Asbestos-C	tion of	Amount	Abatement Type
	al (ACM)	Solely	by	Material	(ACM)	(Specify SF or LF)	
	ABATED acility	Maintena	nce or	(i.e., therma	l systems	or or Er y	Re Re
	13)	Custodial (12)		insulation, sur or other misc	facing, VAT		Enclosur Encapsula Repair Removal
		Yes No		or other misc	enaneous)		Enclosure Encapsulat Repair
Hallways			⊠ Rot	igh Coat plaster		100 CF	
				g out prinoter		190 SF	
							-   -   -   -   -   -   -   -   -   -
		1919					
Name of Registered W	aste Hauler		IDEB Woot	e Cubic Yards	151		
		Ha	auler ID No.	of Waste	Name of Regis	stered Landfill	
Resource Managemen	t Group, LLC		35218	TBD	Grows Landfill		
City, State Frenton, NJ 08619				Disposal Date		-	
Completed By (Print or	Type)	l		TBD'	Morrisville, PA		
Mr. Brian Haney	, , , pe)	Tit Pro	le esident	Signature	ion X	MA	Date 11/6/2018