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Date of Notification (1) 10/18/2019				of Building Schunldl			r (2)	N KY		E G		W	E	
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DEP Ame	nded ndment #	_		ate, Zip C				White April 1	2	1101	hs_	CUIS	the description of the section of th	<u> </u>
DOH justif	rgency (including ication) cellation			of Contact im Schu						lephone (P. Walter	VINU IQ	L ČI	in and Parks as an
Non- of F- Ut- IAU Al .			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement Former Schundler Company							Туре	of Facility School (K-	NE 150					
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City (5) Edison							Squa N/A	are Feet	# o	f Floors A		Bldg. /	Age	
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Name of Monitoring Firm Hired by B	uilding Owner (8)		ASCN	M No.			of Aba	atement Co	ntractor		er muc	W D6	POL	
Street Address			1			Street	Addre		C LLC					
City, State, Zip Code		····						ild Ave lip Code		~~~~				
Project Manager for Monitoring Firm	=======================================		Telepho	ne No		Bloo Teleph		dale, NJ	07403		N			
						973-	928-3	3995		License 01181			2000-	
Start Date (10) 11/02/2019	11/03/2	2019	npletion	Date (11)				HA Monito Diagnosti						
Occupancy Status During Abatemen	t (Check Only On	ie)				Street		THE STREET						
Facility Closed/Vacated During Abatement Performed Outside a Other - Describe: Construction	of Normal Facility	Hours	3			City, S	tate, Z	ild Ave ip Code dale, NJ	07403				(2)	
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	le	Locati	on				1 110	n-Exemple	u () and	u Non-Fri	able Pro	Abate		
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City, State Bloomingdale, NJ					Dispos TBD	al Date		City, Stat		Δ				44 44 1 T
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Deni Naumovski	Presi	dent					2)	They		100	10/18/	2019		

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CK 0ado83	AM	NOT	IFICATION	ON OF A	SBESTOS AC 8:60 a	SABATE	EMENT (0)	Party Spe	161	e e	77	n di	
Date of Notification (1) 10/25/2019			Name	of Buildi Schunl	ng Owner dler Cor	/Operato	r (2)	1100) <u> </u>	GE	# 0	Obl	300
Agencies Notified Type Notifical	tion		Street	t Address Whitma		- Ipany			N N	0V 1	2 20	19	
DEP Amende Amendm	ent#		City, S	State, Zip	Code		-		ASBE	Sios	ONT		<u> </u>
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					FORMAT	ION			732-28	37-2246) 		
Name of Facility Where Abatement is Ta Former Schundler Company / T	king Place	(3) of		3.2	II OKMAI	ION	Type of Fa	cility (4)					
Street Address 150 Whitman Ave							Subcl	ol (K-12) hapter 8 (Other tha	n K-12)			
City (5) Edison							etc.)		# of Floor			Age	nes,
County (6)			County	Code (7)		N/A	- /D-ii	N/A		N/A		
Middlesex Name of Monitoring Firm Hired by Buildin			(STATE	USE ONL	, n		Current Us No Build	ing Exi	sts / For	molished mer Tr) uck D	epot	
N/A	ng Owner (8	3)	ASC	M No.			of Abatemer nat Diagn						
Street Address						Street	Address				1.00		
City, State, Zip Code				-			lenwild Av						
Project Manager for Monitoring Firm			Talanh	one No.			mingdale,	NJ 074					
Start Date (10)						CPANAS I	one No. 928-3995		Uicer 011	nse No. 81			
10/31/2019	11/01/	2019	mpletion	Date (11)		of OSHA Mo nat Diagno	7.00	C				
Occupancy Status During Abatement (Ch	eck Only O	ne)					Address	JOHC EL					
Facility Closed/Vacated During Entir Abatement Performed Outside of No	rmal Facility	V Hour	e				enwild Av ate, Zip Cod						
Other – Describe: Construction work	suspended	in this	area				ningdale,		03				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Full Conta Mini-Enclo Glovebag Non-Exen	osure Procedu	re			re	
Location of		Locat									Abat	emen	t
Asbestos-Containing Material (ACM) TO BE ABATED	Use	d Sole	ly by	Asbes	stos Conta	cription or aining Ma	terial (ACM)	,	Amount		T	Π	
In Facility (13)	todial S (12)		(i.e.	surfac	systems ing, VAT iscellane	insulation, , or ous)		(Specify SF or LF)	Kemova	Repair	Encapsulate	Enclosure	
	No	N/A				**			<u>a</u>	-	late	ıre	
Center of Construction Site			Х		ACM Tr	ansite	Pipe		80 LF	Х			
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								-			1		
Name of Registered Waste Hauler Hazmat Diagnostic LLC		H	JDEP Wauler ID 10035440	No.	Cubic Y of Wast TBD		- 1	100000	stered Lan Central		1		
City, State Bloomingdale, NJ		00			Disposa	I Date	City, S	State					
Completed by	Title				TBD	not:	Pen	Argyl, F	PA				
Deni Naumovski	Presid	dent			519	nature	AL			Date 10/25/	2019		

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Date of Notification (1) 11/8/19			Name Gridi	of Buildin ron Fon	g Owner warding	Operato CO. II	r (2) NC	\$100 V/II		NO	V	2	2019		1
Agencies Notified Type Notification EPA X Initial	1			Address Route 1	8			-	1	SBES)L &	ah daga
DEP Amended Amendmer				tate, Zip (Brunsw				I.	arenter state med	TV s september 1900 as a	<u>ICE</u>	SIM			ent of the a
DOH justification Cancellatio)	g		of Contac Goldber	27					elephone					
None of Facility and			FAC	ILITY IN	FORMAT	TION						_			
Name of Facility Where Abatement is Taki	ng Place	(3)					Ту	pe of Facility School (K							
Street Address							×	Subchapt Other (i.e etc.)	er 8 (Otl	ner than & comm	K-12) nercia	l build	dings,	hom	es,
City (5) East Brunswick							Sq	uare Feet	# (of Floors	3	В	ildg. A	\ge	
County (6) Middlesex			County (STATE	Code (7) USE ONL	Y)			rrent Use (P me	rior if be	ing den	nolishe	ed)			7-1-2
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.				batement Co			<u> </u>	O			
Street Address						Street 6 Wh		ress E DOVE C	OURT	-					
City, State, Zip Code				2.5				Zip Code OOD, NJ	08701		70				7-11 IV
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none			Licen:	Same and the	vi			
Start Date (10) 11/18/19	Schedul 11/21/		npletion	Date (11))	Name	of O	SHA Monito				Sign 1			
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INTERIOR	Yes	No	N/A		DIDE !!	10111 4	=:0					₩.		ate	ге
INTERIOR					PIPE II	NSULA	IIC)N		7LF	2	c			
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W auler ID 1509		Cubic of Was			Name of IESI	Registe	red Lan	dfill				
City, State NEWARK, NJ					Dispos 11/21	al Date /19		City, Stat		I PA					\neg
Completed by JOSEPH PERLSTEIN	Title	IER			S	ignature					Date	/10			

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Date of Notification (1) 11/7/19				of Building och Priv			r (2)	_ CP	1 00	DE	G	E		
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Name of Facility Where Abatement is Takin	g Place (3)	FACI	LITY INF	ORMAT	ION	Тур	e of Facility (4)					
Street Address City (5)					# * * * * * * * * * * * * * * * * * * *		Squ	School (K-1 Subchapter Other (i.e. p etc.) are Feet	8 (Oth rivate		cial buil	dings,		es,
Long Beach Township NJ 08008 County (6)			County (Code (7)				00+ rent Use (Pric	2	na domoli		0+		
Ocean Name of Monitoring Firm Hired by Building N/A Street Address	Owner (8)			USE ONLY)	10	of Ab	ouse atement Con Inc.			sileu)			
City, State, Zip Code							Box :	329 Zip Code						
						100000000000000000000000000000000000000		rlin NJ 080	91					
Project Manager for Monitoring Firm			Telepho			Teleph 856-		√o. •9800		License 00727	No.			
Start Date (10) 11/18/19	11/22/1	19	npletion I	Date (11)		Name Sam		SHA Monitor						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A	batem	nent	8	84	Street City, S		ess Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit	3700000				Mi Gi	ull Containme ini-Enclosure lovebag Procon-Exempted	edure				e	
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Exterior Siding behind steps front & back steps			X		Exte	rior Sic	ing			5 SF	X			
Name of Registered Waste Hauler United Roll Off		Н	JDEP W auler ID 2459		of Was			Name of F	N.S.	red Landfi				
City, State Elm NJ					Dispos 11/22	sal Date 2/19		City, State Morrisvi		19067				
Completed by Anthony T Perna	Title Presi	dent			S	ignature	7			1,000,00	ate 1/7/19	9		

IN# 15912

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

CK 9021

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Date of Notification (1)	9		P	lame o	f Building	Owner/Operator	(2) 1116 NE	W 5 6		W	ig.	
Agency Notified	Type Notification	<u></u>	- 5	Arrest A		XX 31.C V	VASIO					+
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D DCA	☐ Cancellation	35			45	MAGNE	2				- 6	امرابه
				FACIL	ITY INF	ORMATION				9		
Name of Facility Where	Abatement is Taking Pla	œ (3)					Type of Facility	(4)				
rs.	SUSIE W	IAG	NE	R		e .	School (K-12)				
Street Address		^			17		☐ Subchapter 8	(Other than K-12) ivate & commercial	heidings			
					, ,		homes, etc.)			•		
City (5) .	**			;	4."		Square Feet	# of Floors	Bldg. Ad	-	_	
TINTON	FAUS					. *	2000.	2	19	45		
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MOHRON	77K.		1	ONLY)	٠.	te	160	5105NG				
Name of Monitoring Fire	m Hired by Building Owne	a /	ASCM	No.		Name of Abaten	nent Contractor (5	9)				
(8)							moval In	С				_
Street Address						Street Address						
							th River	St				-
City, State, Zip Code						City, State, Zip (07601				
							ack, N.J	License No.				
Project Manager for Me	ZINDING FUIII	ie	lephon	e No.		Telephone No. 201-329	-7444 -	00388				
Start Date (10)	Scheduled Q	ompleti	on Dat	a (11)		Name of OSHA		1. 00300		=:		
11/18/19	117	211	1	~ ()			Environm	ental				
the second secon	ing Abatement (Check on	70000000				Street Address						
D Facility Classed Name	ted During Entire Period o	of Abote	omont	•		280 H	uyler St					
D Abatement Performs	ed Outside of Normal Faci	tity Hou	IIS .	1000	-	City, State, Zip		•				
DrOther - Describe: 8	3:00 pm to 5:	008	M			S. Ha	ckensack	,N.J. 07	606			
Scope of Work (Check	all that apply)			_	*	□ Full	Containment with	Negative Pressure				
□≥3-sfor≥3 ff					ovation	O Mini	-Enclosure					
25 160 sf or ≥ 260 lf				□ Dem	GREON		rebag Procedure -Exempted (*) an	d Non-Friable Proc	edure			
		ls	Locati	on.						Abat	eme voe	nt
100	ition of	N	lormail	У	:	Description	of.		F	T	T	Г
Asbestos-Contain	ning Material (ACM)		d Sole intenar			stos Containing M	latorial (ACM)	Amount	Ī,		Encapsulate	E
TO BE	ABATED acity	Ģ	ustodi Small?		(i.e	., thermal system surfacing, VA		(Specify SF or LF)		Remova	Bolac	Enclosure
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Name of Registered V	Vaste Hauler	I N.	DEPV	Vaste I	lauler	Cubic Yards of	Name of Reg	istered Landfill				1
	oval Inc	10000	No.			Waste					•	
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City, State	-l- NT T 05	100-				Disposal Date	City, State	01	7011	2	_	
	ck , N.J. 07	601					2 NEW BUR	6H, PA. !	7240 Date	!	_	
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Wast Manager for Monkeyes King	4 2mg					Midle	nd Park, N	107499				Balang St. American	- control	
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a.e. a. 6285 U	7-	Renor Demo			Total Management		Full Contains Mint-Endosu Glovebeg Pro Non-Example	ment with A lea caseura	legative :	Probes	桐			
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Jnv# 15917 AU	P	NOTIF	ICATIO	N OF ASBESTOS t to NJAC 8:60 ar	ABATEME	INT) E C E		W		7
Date of Notification (1)	19		Name	of Building Owner/	Operator (2	Step	he outa	K	1	,	
Agencies Notified Type Notification EPA Initial			Street	Address		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	R AND R	iv	og 	Denne Live	No s
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□ DCA justification) □ Cancellation			St	CPDEN ILLITY INFORMAT	Jaku	biK	Telephone Nu 732-8	mber 14	64	18	0
Name of Facility Where Abatement is Taking	. 1			Llling		ype of Facility	Mark 1				
Street Address City (5)					, ,	Subchapte Other (i.e. etc.)	r 8 (Other than K-1 private & commerc	2) ial buil	dings,	home	es,
County (6) LI	N	<u>J</u>	0	7002	ŀ	quare Feet	# of Floors		90	ge) †	-
Hudson			(STATE	Code (7) USE ONLY)	.		or if being demolis	hed)			
Name of Monitoring Firm Hired by Building C			ASC	No.	Name of	Abatement Co	ntractor (9)	ie		In	1
Street Address R.O. BOX 3 City, State, Zip Code	37			1	Street Ad	dress BOX	337	3			
Project Manager for Modifying Firm	NI		08	533	Neu	e, Zip Code	Di NJ	0	85	13	3
Steve Schenken		1	Telepho	758-3365		58-334	License N	5	59	4	
Occupancy Status During Abatement (Check	- 1		22-	Date (11)	E	PC Tec	hnologies	\mathcal{I}	nc		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other – Describe:	eriod of	Abatem	ent	*	City, State	Box , Zip Code	337				2.
Scope of Work (Check All That Apply)					Neu	Egypt	NJC	285	53	3	\dashv
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		Renova: Demoliti		(5) 8		Mini-Enclosure Glovebag Prod	cedure				
	100	Location		×		Non-Exemple	d (*) and Non-Friab	7	Abater Typ	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	d Solel intenar todial S	y by ice/	Asbestos Cont (i.e. thermal		sulation,	Amount (Specify SF or LF)	Ren			Encl
(13)	Yes	(12) No	N/A		niscellaneou		S. S. E. ,	Removal	Repair	Encapsulate	Enclosure
Basement	X			Pipe I	nsul	ation	90 LF	X			
					·			-			
Name of Registered Waste Hauler		l N	JDEP W	aste Cubic	Yards	Name of	Registered Landfill				
EPC Technologies	•	Ha	uler ID	00	4	Wast	e Manager	nent	L 0 F	P	A
	VJ			by	al Date 11-22-1	City, State	isville F	A		20-11-202	
Steps Schenker	Title	- : D.	+	l Si	ignature	250	Da Da	e	-7.	10	1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 11/04/2019 Agencies Notified Type Notification Agencies Notified Type Notification Initial Amendment # Emergency (including justification) Emergency (including justification) Name of Facility Where Abatement is Taking Place (3) Name of Facility Where Abatement is Taking Place (3) Street Address Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Morristown County (6) Morris Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contracts (1) Ascending Not the Contract (2) Not 12 2019 ASPESTOS CONTROL A ASPES
Agencies Notified Type Notification EPA
Agencies Notified Type Notification Initial Amended Amendment # Emergency (including justification) DCA Total Cancellation Name of Facility Where Abatement is Taking Place (3) Street Address Telephone Number FACILITY INFORMATION Type of Facility (4) Street Address Street Address Type of Facility (4) Street Address City (5) Morristown County (6) Morristown County (6) Morristown Name of Morristown County (6) Morristown County (6) Morristown Type of Facility (4) Square Feet N/A N/A N/A N/A County Code (7) (STATE USE ONLY) Name of Morristown City (5) Current Use (Prior if being demolished) House
Emergency (including justification) Name of Contact Marin Dragojevic FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) House Street Address Street Address City (5) Morristown County (6) Morris Name of Contact Marin Dragojevic FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet N/A N/A N/A County Code (7) (STATE USE ONLY) Name of Monitorian Firm Hind In D. Hind Accordance Telephone Number Telephone Number Telephone Number Tolephone Number Tolephone Number Tolephone Number Tolephone Number Tolephone Number County (4) School (K-12) Subchapter 8 (Other than K-12) N/A Other (i.e. private & commercial buildings, homes, etc.) Square Feet N/A N/A N/A N/A N/A N/A N/A Norris
Emergency (including justification) Name of Contact Marin Dragojevic FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) House Street Address City (5) Morristown County (6) Morris Name of Contact Marin Dragojevic FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet N/A N/A County Code (7) (STATE USE ONLY) Name of Monitorian Firm Vised by D. It is a demolished) House
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DCA Cancellation Marin Dragojevic
Type of Facility (4) Street Address Street Address City (5) Morristown County (6) Morris Name of Monitorias Firm Hind to P. It is a street and stre
House Street Address Street Address Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors N/A N/A N/A County (6) Morris County Code (7) (STATE USE ONLY) Name of Monitoring Firm Nine has belief.
Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age N/A N/A N/A N/A County (6) County Code (7) Current Use (Prior if being demolished) House
City (5) Morristown County (6) Morris County (7) Morris County Code (7) (STATE USE ONLY) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age N/A
Morristown Square Feet # of Floors Bldg. Age N/A N/A N/A County (6) Morris County Code (7) (STATE USE ONLY) Name of Monitoring Firm User (Prior if being demolished) House
County (6) Morris County Code (7) (STATE USE ONLY) N/A N/A N/A N/A N/A N/A N/A N/
Morris Current Use (Prior if being demolished)
Name of Manitoring Firm Ulind to D. 111
N/A ASCM No. Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address Street Address
City State Zin Code
City, State, Zip Code City, State, Zip Code Totowa, NJ 07512
Project Manager for Monitoring Firm Telephone No. Telephone No. 973-345-8685 License No. 01311
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/05/19 11/07/19 D&S Abatement Inc.
Occupancy Status During Abatement (Check Only One) D&S Abatement, Inc. Street Address
Facility Closed/Vacated During Entire Period of Abatement 11 Rosengren Avenue
Abatement Performed Outside of Normal Facility Hours Other – Describe: Occupied City, State, Zip Code
Scope of Work (Check All That Apply)
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
Is Location Non-Exempted (*) and Non-Friable Procedure Abatement
Location of Normally December 1
Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM)
In Facility (13) Custodial Start? (12) Surfacing, VAT, or other miscellaneous) SF or LF) Output Repair Output Repair Output
Rasement V
Basement X Floor Tiles 900 SF X
Name of Registered Waste Hauler NJDEP Waste Cubic Vards Negation 1
Atlantic Carting Hauler ID No. 26085 TBD Rame of Registered Landfill Grand Central
City, State Vayne, NJ Disposal Date TBD City, State Pen Argyl, PA
Completed by Italian Signature Date Project Manager 11/04/2019

15721

Inv# 15920 State of NJ Notification of Asbestos Abatement Proj. #: 19-240 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2 2019 1 1 1/10 16 1/11 19 1 Susan Witkin Agencies Notified Type Notification Street Address ☐ EPA | Initial ASBESTOS CORTROL & Amended LICENSING DEP Amendment #: City, State, Zip Code DOL Maplewood, NJ 07040 DOH. (including Name of Contact Telephone Number justification) DCA Cancellation Susan Witkin **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential 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) 2,000 SF 02 80 (State use only) Current Use (Prior if being demolished) Maplewood, NJ 07040 Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) N/A KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 833-455-6629 02007 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) KLOMAX, LLC 11/22/2019 11/27/2019 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure \boxtimes >3 sf or >3 If □ Renovation Mini-enclosure ≥160 sf or ≥260 if Glovebag procedure Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial E asbestos-containing e e n Description of asbestos-containing Amount staff(12) material (acm) to be n m p C material (ACM) (Specify SF or abated in facility (13) C a a Yes No N/A LF) V p Garage Pipe Insulation 35 LF X 1st Floor Boiler Room VAT 70 SF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill KLOMAX, LLC 0038241 2 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State Hopatcong, NJ 07843 TBD TULLYTOWN, PA Completed by (Print or Type) Title Signature Paige Boylan Owner 11/06/19

Do not use this form for ashestes lineagues

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Inv# 151079

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

	ABBU							hK:	#	117	7			
Date of Notification (1) 11/01/2019				of Building d Juchnie		Operato	r (2)	The same	E	C	E	7	// [- F
Agencies Notified Type N	lotification		Street	Address			r ty			********		II I	- Indiana	- Per
EPA X In	itial													The state of
	mended			tate, Zip Co		004				NOV	12	20	19	distance of the last of the la
	mendment # mergency (includin	g		ardsville,	NJ 07	924			1					1-0
≥ DOH jus	stification)			of Contact ael Rodri	aguni			Te	elephor	ne Nun	nber	ewe yayya	J.	i.
	aricciation			ILITY INFO		ION		Lance Angel	TANK PERSON DINES	F 14 .	<u> </u>			
Name of Facility Where Abateme	nt is Taking Place	(3)	170	ALIT IN	JIMMI	ION	Type of Facilit						4	Clief CC.++
Residential Property							School (K	(-12)						
Street Address							Subchapt Other (i.e etc.)	er 8 (Otl	her tha	n K-12 mercia	!) al buil	dings,	hom	es,
City (5)							Square Feet	# (of Floor	rs	E	ildg. A	\ge	
Bernardsville							2,235	2				930	50 1	
County (6) Somerset				Code (7) USE ONLY)			Current Use (F	rior if be	eing de	molish	ed)		1	
Name of Monitoring Firm Hired by	Building Owner (8	3)	ASCI	M No.		Name Dany	of Abatement C	ontracto	r (9)					
Street Address			-				Address South 5th St.							
City, State, Zip Code							tate, Zip Code							
Project Manager for Manifester 5		-	= : :				beth, NJ 072	06						
Project Manager for Monitoring Fi			Telepho			908-	one No. 906-4123		Licer 013	nse No 55)			
Start Date (10) 11/12/2019	Schedu 11/16/		mpletion	Date (11)		N. HELLINGSCHALL	of OSHA Monito nvironmenta		atorie	es, Ind	Э.			
Occupancy Status During Abatem	ent (Check Only O	ne)	20				Address							
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: OCCUPIE	le of Normal Facilit	Abaten y Hours	nent s			City, S	Route 22 W tate, Zip Code	est '						
ASSESS NAME OF THE PARTY OF THE						Unio	n, NJ 07083							
Scope of Work (Check All That Ap						_	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Glovebag Pr	re ocedure						
				T			Non-Exempt	ed (*) an	nd Non-	Friable			ment	
Location of	1,12	s Locati Normal			D								pe	
Asbestos-Containing Material (TO BE ABATED In Facility (13)	Ma Cus	ed Sole aintenar stodial S (12)	nce/		os Cont thermal surfac		aterial (ACM) insulation, T, or	(5	Amount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ф	, a-500
Basement			X		Pipe	Insula	tion	8	32 LF		X			
Name of Registered Waste Hauler			IDED IA	lasta	Cultin	Vand-	I M	D		16"				
Danvic Contracting LLC		Н	JDEP W auler ID 7574	No.	Cubic of Was		Name of Fairles			ndfill				
City, State Elizabeth, New Jersey					Dispos TBD	al Date	City, Sta Morris		Α	3				
Completed by Jeymy Donneys								A		Date	01/2	019		
					10	Fing F	ALT 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	11		1 2 1/1	,	0		

Inv#15727 Notification of Asbestos Abatement Proj. #: 19-230 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) NOV 2019 1 11 1/10 15 1/11 19 1 Doris Mena Agencies Notified Type Notification Street Address ☐ EPA X Initial ASSESTOS CONTROL & Amended DEP LICENSING Amendment #: City, State, Zip Code DOL. L Emergency Nutley, NJ 07110 DOH. (including Name of Contact Telephone Number justification) ☐ DCA Doris Mena Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential 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) 1.200 SF 70 (State use only) Current Use (Prior if being demolished) Nutley, NJ 07110 Essex Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 833-455-6629 02007 Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor KLOMAX, LLC 11/13/2019 11/18/2019 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure ≥ 3 sf or >3 If Renovation Mini-enclosure ≥160 sf or ≥260 lf Glovebag procedure Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of R E by maintenance/custodial E asbestos-containing e e Description of asbestos-containing Amount n staff(12) n material (acm) to be m p C material (ACM) (Specify SF or C abated in facility (13) 0 a Yes No LF) a N/A V Basement Paper Duct Insulation 40 SF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill

Hopatcong, NJ 07843 TBD TULLYTOWN, PA Completed by (Print or Type) Signature Title Paige Boylan Owner

1 yds

Disposal Date

0038241

KLOMAX, LLC

City, State

Date 11/05/19

TULLYTOWN, RESOURCE RECOVERY

Nov 05 2019 10:59A1	1 HP Fa	x	No (Pu	dification of A	sbe	page 2 of NJ estos Abatement 8:60 and 12:120)		NOV DUNE	wa e	2019	Y.	A commence of the commence of
Deta of Notification (1) 1 1 / 0 5 / 1 9 Agencies Notified Type Noti EPA Initial DEP Amendmen DOL Emerger DOH (Including justification) DCA Cancella	d #:	Doris Street Ad	Mena dress e, Zip Cod /, NJ 071 Contact Mena	10			The second of	IVER		7)	
Name of facility where abateme Residential Street Address	nt is teking	place (3)	- ''	ACILITY INFORM	LP()	ON	□ su ⊠ o#	ty (4) hool (K - : bohapter 8 er (Private gs./Homes	(Othe	r than	K-12)
City (5) Nutley, NJ 07110 Name of Monitoring Firm Hired b N/A Street Address	Fe	unty (5) sex her (8)		ASCM No.	C (S	Name of Abasament (KLOMAX, LLC Street Appress	I ,200 SP Current Use Residential	02 (Prior if be	and a	170		Age
City, State, Zip Code Project Manager for Monitoring Fir Start Date (10) 11/13/2019 Coupancy Status During Abatema Facility closed/wassted during Abatemant performed outside Coset/be:	3 Schein 11/1	d. Complete 8/2019 anly one)				309 W. End Ave City, State, Zip Code Hopatcong, NJ 0' 16/aphone Number 833-455-6629 Name of OSHA Monite KLOMAX, LLC Street Address 309 W. End Ave City, State, Zip Code		Licens 0200	o Nun	ber		
Citier-Describe: NORMAL: Scepe of Work (chack all that appl 2 sf or >3 f ≥160 sf or ≥260 f Lincation of asbestos-containing meterial (scm) to be ebated in facility (13)	Renovation Demoktion		sed solely	2	of e	∭ Mi	843 # Containment ni-enclosure proced proced (* Amount (Specify LF)	ure) and Non-			edura E n c	E n e L
esement		X		Paper Duct In		ation	40 SF		. XX			
nige Boylan	Tille Owner	0	TBD	bic Yards of Was yds site Signature	2	Name of Registered Le TULLYTOWN, RE City, State TULLYTOWN, PA	SOURCE RE	Date 11/05/		<u> </u>		<u></u>

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

Inv-1	584	0	NOI	(Pursua	nt to	NAC	ESTOS A 8:60 and	12 120)	ENT	C	heck # 2	294			
Date of Notification (1)				Name	of Buildi	ing Own	er / Operate	or (2)							
Agencies Notified No	Type Notifica				Jersey D Address		of Propert	y Managem	ent and C	Construc	tion C	E		W	FI
□EPA □DEP ☑DOL		I			est State					The second	NO	V 12	2)19	The second secon
⊠doh	Ame	nded			on, NJ 0	. Same					AND AND ADDRESS OF A PERSON	COLD WAR SOM LOW			
DCA	1	ndment # cellation		Name	of Conta	act					ASBEST	elephor			
				Jim S	tiles – To	CI Cons	struction			Emantus and a second	WIRE CONTRACTOR OF THE PARTY OF	32-558-	and the said		VII NAMED TO BE
				FA	CILITY	INFO	RMATIO	23420							
Name of Facility Where Warren Residential C	Abatement i ommunity He	s Taking Pl ome	ace (3)				Type of F	acility (4) ool (K-12)							
Street Address								hapter 8 (C	ther than	K-12)					
509 Brass Castle Roa	d							er (i.e., priv			al building	s, hom	ne, e	tc.)	
City (5)							Square Fe	eet	# of Floo	ors	Blo	dg. Age			
Oxford							Current U	se (Prior if b	eing dem	olished)			59		
County (6) Warren			unty Cod				resident	,c -							
Name of Monitoring Fire	m Hired by Bi				ASCM	l No.		Abatement (Contractor	(9)					
Street Address							Synatech Street Add	ress						_	
City, State & Zip Code	1112						829 Radio	& Zip Code					7		
Project Manager for Mo	nitorina Firm		IT.	I			Little Egg	Harbor, N.							
				elephone N	0.0000000000000000000000000000000000000		Telephone 609-296-6	916		L	icense Nun	nber 0081	7		
Scheduled Start Date (* November 20, ;	2019	Scheduled	Decem	ion Date (iber 19, 2			Name of C Synatech	SHA Monit , Inc.	or						
Occupancy Status Duri	ng Abatement / <u>Vacated</u> Dur	t (Check on ing Entire P	ly one) Period of	Abatemer	nt		Street Add								
Abatement Pe		ide of Norm	al Hours	5				& Zip Code							
Other – Descri		atement (N	ot includ	ling work	area)		Little Egg	Harbor, N.	J 08087						
Scope of Work (Check			ot moral	anig work	urcuj										-
M - 2 - 5 2 15								Full Cor	ntainment	with Neg	gative Press	sure			
≥3 sf or ≥ 3 lf ≥160 sf or ≥260 l	lf		H	Renovation Demolition				Mini-En	closure (Vag Procedu		d Cut)				- 1
				20111011110					•		n-Friable P	rocedur	e		
	ion of	1011		on Norma				ription of		las an	oraca estadores.	Aba	atem	ent T	уре
Asbestos-Containi TO BE A		ACIVI)		y Mainten dial Staff				-Containing al (ACM)			(Specify Sl or LF)	F			
IN Fa (1	acility	1					(i.e., therr	nal systems			/			m	
(1	3)					1	insulation, s or other mi	iuпаcing, vi iscellaneous				Rer	Re	nca	Enc
			Yes	No	N/A				**			Removal	Repair	Encapsulate	Enclosure
Bathroom Chases/Wal	lls				Х	P	ipe and Fit	ting Insulat	tion	1:	25 LF	X	_		\forall
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Name of Registered Wa	iste Hauler	100	NJDEP \		Cubic	Yards of	Waste	Name	of Register	red Land	Ifill				\neg
Synatech, Inc.				429	4				s Hills						
City, State		Dispos	al Date		City, St	tate									
Little Egg Harbor, NJ		ber 20,	2019	Morris	ville, PA										
Completed By	ure	. 00		D	ate										
Diane Aloia		Executive	Admini	lane	_ Ulo	<u></u>	N-	ovembe	r 6, 2019						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

To. 158	29		NO	(Pursi	TION O	FASBE	STOS A	BATEMENT 12:120)					
Date of Notification (1)				*	last to the same	2 10			Ch	neck #	231	3	
	mber 6, 20	19		J. P	e of Build . Morgan	ling Dwne	Operat	or (2)			n -		
Agencies Notified Ty	pe Notificat	tion			et Addres				III) E G	-6		V/	EF
□EPA □DEP				111	1 Polaris	Parkway				1 1 2	9	199	The second second Eddershy
⊠DOL	Initial			City,	State & Z	Zip Code			PH PH 4047 A	1 5	_0	1130	1 Sermon
⊠DOH L		dment #_		Col	umbus, C)H 43240			ASBEST	00.0	↑ N. 377	001	
	Cance	ellation		7	e of Conta					elepho			
								rgan Chase	92	29-275	-5318	Printers.	
Name of English Where Al	h = t = t !-	T.1: 5	21 (6)	F	ACILITY	INFOR					4		
Name of Facility Where Al Chase Bank	patement is	I aking I	Place (3)				Type of Fa	acility (4) ool (K-12)					
Street Address							Subo	hapter 8 (Other tha	n K-12)				
20 Bushnell Road						-			commercial building	s, hon	ne, e	tc.)	
City (5)							Square Fe		oors Bld	lg. Age			
Old Bridge						9	Current Us	000 se (Prior if being de	molished)	5	5 Ye	ars	
County (6) Middlesex		C	ounty Coo	ie (7)			Bank						
Name of Monitoring Firm F	Hired by Ru	ilding Ow	SE ONLY		ASCM	1 N =	1						
Apex Companies, LLC	med by bu	namy Ow	ner (6)		ASCIV		same of A Synatech	batement Contracto	or (9)				
Street Address 120D Wilbur Place						S	treet Add	ress					
City, State & Zip Code							29 Radio	Road & Zip Code					
Bohemia, NY 11716						L	ittle Egg	Harbor, NJ 08087					
Project Manager for Monito Steve Cotrone			63	elephone 31-567-17	777		elephone 09-296-6		License Num	ber 0081	7		
Scheduled Start Date (10) November 19, 201		cheduled	Complet	ion Date ber 18, 2				SHA Monitor					
Occupancy Status During A	Abatement	(Check o	nly one)				ynatech, treet Add				_		
Facility Closed/Va	acated Durin	ng Entire	Period of		nt		29 Radio		8.				
Abatement Perform		le of Norr	nal Hours	3		С	ity, State	& Zip Code					
Other – Describe: Facility Occupied		tomont (r	ant noor o			, L	ittle Egg	Harbor, NJ 08087					
Scope of Work (Check all t		ternent (i	iot near c	or in the	work area	a)							-
≥ 3 sf or \ge If ≥ 160 sf or ≥ 260 If	5,57,550			Renovati Demolitio]	Full Containmen Mini-Enclosure Glovebag Proce	it with Negative Press	ure			
(2)-2)							Ď	_	*) and Non-Friable Pr	ocediii			- 1
Location		20.00			ally Used			ption of		Aba	atem	ent T	уре
Asbestos-Containing I TO BE ABA	TED	(۱۷۱ت		y Mainte dial Staff		,		Containing al (ACM)	Amount (Specify SF or LF)				
IN Facilit (13)	ty							nal systems urfacing, VAT				ш	
A								scellaneous)		Rei	R	nca	Enc
			Yes	N-	N/A			52		Removal	Repair	Encapsulate	Enclosure
			Tes	No				-		<u>a</u>		ate	re
exterior (4 Locations)					Х		Wall	Stucco	180 SF	Х			П
lame of Registered Waste	Hauler		NJDEP V		Cubic	ards of W	/aste	Name of Regist	ered Landfill				Н
ynatech, Inc.			Hauler ID	No. 429	5			Fairless Hills					
City, State					Dispos	al Date		City, State					\neg
ittle Egg Harbor, NJ 080	87				Decem	ber 19, 20	119	Morrisville, PA					
ompleted By		Γitle			Signatu	ire ,	2		Date			-	-
iane Aloia	E	Exec. Ad	ministrat	or		ane	alor		November 6, 2019				
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		-											

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJA6 8:60 and 42-120)

Ta 150 70

_INV-1		5		(Fursu	ante	NJA 8:6	and	12:120)				C	heck #	221	1	
Date of Notification (1)) ovember 6, 2	010		Nam	e of Build	ing Owner /	Operat	or (2))		1	7 [- A	E I	7	77 1	FF
Agencies Notified	Type Notifica				t Address					+) [3 6	<u> </u>	1		5 [
□EPA □DEP ☑DOL	✓ Initia	al .			l Polaris State & Z	Parkway				C. E. C.		NO/	112	20	119	100
□ DOH	Ame	ended			ımbus, O					-		NEOT	00.00		201	0
DCA		ndment # cellation			e of Conta						AS	- 1	OS CO	NG		
	Can	cilation					.IPMo	rgan Chase		Imoniew	WITH THE SECOND		elephor 29-275-			ir.
												9	29-275-	5510		
Name of Escility Whor	Abatament	- Table	DI (O)	F.F.	CILITY	INFORM										
Name of Facility Where Chase Bank	e Abatement	is raking	Place (3)			Typ		acility (4) ool (K-12)						1 11000		
Street Address								chapter 8 (Of	ther than	K-12)						
370 Essex Street								er (i.e., priv				uilding	s, hom	ne, e	tc.)	
City (5)						Sqi	uare Fe	eet	# of Floo	ors			dg. Age			
Lodi						Cui		,000 se (Prior if be	l eina dem	olishe	d)		5) Yea	ars	
County (6)		Ic	County Coo	lo (7)		Bai	ık									
Bergen		U	JSE ONLY													
Name of Monitoring Fir Apex Companies, LLC	m Hired by B	uilding Ov	wner (8)		ASCN		ne of A	Abatement C	ontractor	(9)						
Street Address							et Ado									
120D Wilbur Place City, State & Zip Code								Road								
Bohemia, NY 11716								& Zip Code Harbor, NJ								
Project Manager for Mo Steve Cotrone	nitoring Firm			elephone 31-567-17		Tele		Number			Licens	se Nun	0076-F-00			
Scheduled Start Date (Schedule	d Complet	ion Date (11)	Nar	ne of C	SHA Monito	or				0081			
November 18, 2 Occupancy Status Duri		t (Check o	Decem	ber 18, 2	019		et Add									
Facility Closed	Nacated Dur	ing Entire	Period of		nt .	200000000		Road								
Abatement Pe		ide of Nor	mal Hours	\$				& Zip Code								
Facility Occupi		atement (not near	or in the v	vork area	Litti	e Egg	Harbor, NJ	08087							
Scope of Work (Check			, iot ilour (), III ale 1	VOIK area	*/								_	_	
≥3 sf or ≥ lf ∑ ≥160 sf or ≥260 l	f			Renovation Demolition]]]	Full Cont Mini-Enc Glovebag	losure g Proced	ure						
Locat	ion of		Ila I sasti	an Manua			[Non-Exe	empted(*)	and N	Non-Fri	able Pi				
Asbestos-Containi TO BE A	ng Material (A BATED	ACM)	Solely b	on Norma y Mainter dial Staff	nance or		bestos Materia	ription of -Containing al (ACM)		Amou	nt (Spe		Aba	atem	ent T	ype
IN Fa (1)			Yes	No	N/A	insula	ation, s	nal systems surfacing, VA scellaneous					Removal	Repair	Encapsulate	Enclosure
Exterior Soffit					Х		\A/In:4	e Caulk			2051		U		(D	-
					^		vviiite	Caulk			325 LF	-	X			
													\vdash			
lame of Registered Wa	ste Hauler		NJDEP V Hauler ID		Cubic Y	ards of Was	te	Name of	f Registe	red La	ndfill					
Synatech, Inc.				429	2			Fairless	Hills							
City, State					Disposa	al Date		City, Sta					57	-		
ittle Egg Harbor, NJ	08087				Decem	ber 19, 2019)	Morrisv	ille, PA							
Completed By		Title			Signatu		11			ate				1/200		
iane Aloia		Exec. Ac	dministrat	or	1	Une C	Uo.	~	N	ovemi	ner 6 2	2019				

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Ch 3834	7		NOTIF	ICATIO	tate of New Jers N OF ASSESTOS t to NJAC 8:50 a	ABATE	MENT	DE	C	E	R	int
Date of Notification (1) 11.06.19	MV-15	90		Name of	of Building Owner/ ERAL NATION/	Operato AL MO	r (2) RTGAGE ASS	0000 0000	NOV	16	20	3
Agencies Notified	Type Notification X Initial				Address WISCONSIN A	AVE, N	W	ASB	ESTO	OS CC	NTR NG	OL
X DEP X DOL	Amended Amendment				ate, Zip Code HINGTON, DC	20016	3	APRILITATION OF SECTION OF	elligen particul	and the same of th	**************************************	-
DOH DCA	Emergency (justification) Cancellation	includin	9		of Contact SAPNAR			Telephone No. 202-752-70				
				FAC	ILITY INFORMAT	ION			1 - 7 7 7 - 7			
Name of Facility Where	Abatement is Taking	g Place	(3)				Type of Facility (4)				
Street Address								2) 8 (Other than K- rivate & commerc		ildings	, hom	es,
City (5) IRVINGTON							Square Feet 2000	# of Floors 2		Bldg. A		
County (6) ESSEX					Code (7) USE ONLY)		Current Use (Price PRIVATE RE		shed)			
Name of Monitoring Firm A. SIENE LIGHTHO			3)	ASCI	M No.		of Abatement Con NK'S TANK SE					
Street Address PO BOX 354							Address S LIBERTY AVE					
City, State, Zip Code SOUTH ORANGE,	NJ 07079						State, Zip Code SIDE, NJ 0720	5				
Project Manager for Mon SARAH CALANDR		5%		Telepho 201-3	one No. 49-2666	Telepi	none No. 462-7465	License I	No.		0	
Start Date (10) 11.18.19		Schedu 12.09.		mpletion	Date (11)	100	of OSHA Monitor ENE LIGHTHO		IONO			
Occupancy Status During		5-10-00 rosem	17.0110000				Address	JUSE SULUT	IONS)		
Facility Closed/Vac	ated During Entire P	eriod of	Abaten	nent	5:	PO E	30X 354					
Other – Describe:	ed Outside of Norma FORMER PRIVATE F	al Facilit RESIDEI	y Hours	s			State, Zip Code ITH ORANGE,	NJ 07079				
Scope of Work (Check A	II That Apply)						<u>-</u>					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	2.016		Renova Demolit		,	×	Mini-Enclosure Glovebag Proc				e	
Location	of		s Locati Normal			oorint:	of .			Abate Ty	ement rpe	
Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Use Ma Cus	ed Sole aintena stodial S (12)	ely by nce/ Staff?	Asbestos Cont (i.e. thermal surfa		flaterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
ENTIRE H	OUSE	Yes	No X	N/A		otte-l	and a		-		Ф	
		-	_^	-	see	attach	leu		X	_		
UNSAFE STR	UCTURE	-	-									

EAST ORANGE, NJ Completed by

ALISON LAMERS

NEWARK CARTING

Name of Registered Waste Hauler

Disposal Date

NJDEP Waste Hauler ID No. 04509

OFFICE MANAGER

Title

Name of Registered Landfill
WASTE MANAGEMENT LANDFILL

City, State PEN ARGYLE, PA

Signature ONON

Cubic Yards

of Waste

Date 11.06.19

City, State

3171		NOTIF	CATIO	tate of New J NOP ASBEST TO NJAC 8.5	OS ABATE	NENT		D.E	The second of the second	E		PI	int F
Date of Notification (1) 11/7/19	0			of Building Own		r (2)			NOV	1	2-2	.019	12
Agencies Notified Type Notification EPA Initial				Address ROSEVILLE	AVE			AS	BEST LI	OS (CON'	TROI	- &
DEP Amended Amendment				ate, Zip Code rk, NJ 0710	7			CONTRACTOR STATE OF THE CONTRACTOR	Mighting Hilliam	a ing the Property of the	KE-BHANS/ED	MI REPORTE	talishin kari dalam b
Emergency (injustification) DCA Emergency (injustification) Cancellation	including			of Contact isa De Don	Pedro	- 03165		Telephor 973-28					
None of Facility Management			FAC	ILITY INFORM	MATION			1					
Name of Facility Where Abatement is Taking	Place (3)				Туре	e of Facility (4)					
Street Address						×	School (K-12 Subchapter 8 Other (i.e. pretc.)	(Other tha			dings	, hom	es,
City (5) Newark			0	7108	(Squi	are Feet	# of Floo	rs	E	Bldg. A	Age	
County (6) Essex				Code (7) USE ONLY)		Curr	ent Use (Prio	r if being de	molish	ed)			
Name of Monitoring Firm Hired by Building C)wner (8))	ASC	M No.			atement Cont		S				
Street Address					Street 6 Wł		ess DOVE CO	URT					
City, State, Zip Code							Zip Code OD, NJ 08	701				10	
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 732-			Lice	nse No).			
	Schedul 11/21/		npletion	Date (11)			HA Monitor D PROFES	SIONAL					
Occupancy Status During Abatement (Check	na permena			- 300 - 35	Street								
Facility Closed/Vacated During Entire Pont Abatement Performed Outside of Normal Other – Describe:	eriod of A	Abatem / Hours	nent S		City, S	tate, Z	DOVE CO				38		
Scope of Work (Check All That Apply)					LAKI	EVVO	OD, NJ 08	701					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	promound:	Renova Demolit			×	Mi Gl	III Containmer ni-Enclosure ovebag Proce on-Exempted	dure				۵	
Location of	1	Locati Normal	ly		Description			() and () on	111001		Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	(i.e. ther	Containing M mal systems urfacing, VA er miscellar	lateria s insula T, or	ation,	Amount (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A	DID	- NO	7101						ate	Ĉ
INTENIOR				PIP	E INSULA	(TIOI	N	12LF		Х			
Name of Registered Waste Hauler		H	JDEP W auler ID	No. of	bic Yards Waste		Name of Re	egistered La	andfill				
City, State		04	1509		sposal Date		City, State						-
NEWARK, NJ					/21/19		BETHLE	151.5					

				lanner		(mg	(Innexes)		1		E	C E	n I	N/ Pr	int Fo
CK 1175	2		NOTIF	ICATIO	tate of New N OF ASB t to NJAC	w Jersey ESTOS / 8:60 and	ABATE 1 12:12	MENT	Т		<u>15</u>	<u> </u>	2 9	<u> </u>	
Date of Notification 11 11/7/19	nv 15	399	7		of Building er Trucki		perato	r (2)		LL	57	O4 1		UIJ	leses
	pe Notification	1			Address Bartlett Av	venue					ASBE	STOS	CON		. &
DEP DOL	Initial Amended Amendmen	t #			ate, Zip Co Creek, N		12			ere terretere en		edicionus prytovorii i	ncjajordanjilaj (Ba	o taxatame	Birth Colonia
X DOH	Emergency justification)	(including		Name o	of Contact er Trucki				9.		phone	Number			
	Caricellation				ILITY INFO) N			008		4900			
Name of Facility Where Aba	tement is Takir	ng Place (3)	.,,,		J. Chilly C. L.	J14	Тур	e of Facility (4	1)					
Street Address									School (K-1		24 24				
								×	Subchapter Other (i.e. pletc.)				iildings	, hom	es,
City (5) Surf City				0	300	8		Squ	are Feet	# of	Floors		Bldg.	Age	
County (6) Ocean					Code (7) USE ONLY)	-		Curr	rent Use (Prio	r if bein	g demo	olished)			
Name of Monitoring Firm Hir	ed by Building	Owner (8)	ASCI	M No.				atement Con						
Street Address							Street 6 WH		ess DOVE CC	URT					
City, State, Zip Code							City, S	state, 2	Zip Code			- 111-			
Project Manager for Monitori	ng Firm			Telepho	one No.		Teleph 732-	none N	No.		Licens	e No.			
Start Date (10) 11/18/19		Schedul		npletion	Date (11)		Name	of OS	SHA Monitor D PROFES				<u> </u>		
Occupancy Status During Ab	atement (Chec						Street		The second second second	33101	IALS				
Facility Closed/Vacated				nent					DOVE CO	URT '					*
Abatement Performed Council Other – Describe:	Outside of Norn	nal Facility	y Hours	8		_			Zip Code OOD, NJ 08	3701					
Scope of Work (Check All Th	at Apply)														
≥3 sf or ≥3 lf ≥160 st or ≥260 lf			Renova Demolit				×	Mi Gl	ull Containme ini-Enclosure ovebag Proce	edure	ă				
- Miles		Is	Locati	on				a INC	on-Exempted	(*) and	NON-FI	Table Pi		re ement	
Location of			Normal ed Sole	ly		Desc	cription	of				-	T	уре	
Asbestos-Containing Mat TO BE ABATE		Ma	intena	nce/	Asbest	os Conta thermal s	ining N	lateria s insul	al (ACM)	0.000	nount ecify	1 2		En	ш
In Facility (13)	 3	Cus	todial 9 (12)	Staff?		surfaci other mi	ng, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
X 7/		Yes	No	N/A		outlot thi	Social	icous)				\alpha	=	llate	ure
EXTERIOR						SI	DING			260	0SF	х			
													-		
Name of Registered Waste H NEWARK CARTING	auler		Н	JDEP Wauler ID 1509		Cubic Y of Wast 11			Name of R	egistere	ed Land	Hill		5	
City, State NEWARK, NJ						Disposa 11/22/			City, State BETHLE		PA				
Completed by JOSEPH PERLSTEIN		Title OWN	IER			Sig	gnature					Date 11/7/1	9		

CK1173		NOTI	FICATIO	tate of Ne N OE ASE t to NJAC	BESTOS	ABATE	MENT	2 1 5				<u>IS</u>		\mathbb{V}	
Date of Notification (1) V - 1589	3			of Building n Schrof		Operator	(2)			Ц	NO	1	2	2019	Aryan engages
Agencies Notified Type Notification EPA Initial				Address						AS	BES1	OS CEN	CON	ITRO G	L &
DEP Amended Amendment Emergency	(including		Passa	ate, Zip C aic, NJ of Contact					T =						
DOH justification) DCA Cancellation			Chain	n Schrof	ff	TON	- 199		le	lephon	e Num	her			
Name of Facility Where Abatement is Takir	ng Place (3)	1740		ORMA	1014	Туре	of Facility (4)							
Street Address							×	School (K-12) Subchapter 8 Other (i.e. prietc.)	(Oth				dings	, home	es,
City (5) Passaic		C)7C	55				re Feet	# 0	f Floor	S	В	ldg. A	Age	
County (6) Passaic				Code (7) USE ONLY	n		Curre	ent Use (Prior 16	if be	ing den	nolishe	ed)			
Name of Monitoring Firm Hired by Building	Owner (8		ASC	И No.				tement Contr D PROFES			3				
Street Address						Street 6 Wh		ss DOVE COL	JRT						
City, State, Zip Code								ip Code OD, NJ 087	701					57	
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6				Licen 1200	ise No				
Start Date (10) 11/18/19	Schedul 11/22/		mpletion	Date (11)				HA Monitor D PROFES	SIC	NALS	 S	-			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I			nont			Street 6		ss DOVE COL	JRT				•		
Abatement Performed Outside of Norm Other – Describe:	nal Facility	/ Hours	S			(5.00		ip Code OD, NJ 087	701						
Scope of Work (Check All That Apply)								02,110 001	0,						-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Processor .	Renova Demolit				×	Mir Glo	I Containment ni-Enclosure ovebag Proced n-Exempted (*	dure					e	
Location of	1	Locati	lly		De	scription							Abate	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial S (12)	nce/		tos Cont thermal surfa	taining M systems cing, VA miscellan	aterial insula Г, or		(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		חוחר וו	NOLII A	TION							ite	Ф
INTERIOR					PIPE II	NSULA	HON	1	1	50LF	-	x			
Name of Registered Waste Hauler			JDEP W		Cubic	J (1) 시구() HERE IT IT IT		Name of Re	giste	red Lar	ndfill				
NEWARK CARTING			lauler ID 4509	No.	of Was			IESI							
City, State NEWARK, NJ					Dispos 11/22	sal Date 2/19		City, State BETHLEH	HEN	I PA					
Completed by IOSEPH PERLSTEIN	Title OWN	ER			S	ignature					Date 11/7				

Print Form

Inv-15	1895)		-	> \(\cdot \)				尼日	77 [7 6	2 /
Ch 3776		NO	TIFI (CATIO	State of N N OF AS ant to NJ	lew Jersey BESTOS ABA AC 8 60 and 5:1	TEMENT 6)			1 /	/ [7 7
Date of Notification (1)	V			Nan	ne of Buildin	ng Owner/Operator	(2)	NOV	12	20	19	111
	07 / _	19			ob Bailey	[[[]	(-)		3-	17	6-	V
Agencies Notified	Type Notifica	ation		Stre	et Address			ASBEST			OL:	&
☑ EPA ☑ DOLWD	☐ Initial							LIC	DENS	W.C.	/industrial	military father
⊠ DOH	☐ Amended Amendme			City	State, Zip	Code						
DCA	☐ Emergend		na	C	ark, NJ 0	7066						
(NJAC 5:23-8)	justificatio	on)			e of Contac	ct		Telephone Num	ber			
				90000	b Bailey			1				
Name of Facility Where A	hatement is T	aking Pla	co (3)		ACILITY II	NFORMATION	T					
Residence	batoment is 11	aking r ia	GE (3)				Type of Facility					
Street Address							☐ School (K-1: ☐ Subchapter ☐ Other (i.e., phomes, etc.	8 (Other than K-12 private and comme) rcial bu	iilding	s,	
City (5)					Nº-	8735	Square Feet	# of Floors	Bl	dg. Ag	ge	
Lavallette County (6)					\mathcal{L}	0100	1000	1	11 8	65		
Ocean				Cou	inty Code (7)(STATE USE ONLY)	200 - 70	rior if being demolis	shed)			
Name of Monitoring Firm I	Hirad by Duildi	ina Owas	- (0)	1 400*		1	Residence					
Guardian Contractir		ing Owne	(0)	ASCN	I NO.	Name of Abateme		8				
Street Address	ig, iiic.						ntracting, Inc.					
1889 Rte. 9, Unit 61						Street Address	11-11-04					
City, State, Zip Code	,					1889 Route 9 City, State, Zip Co						-
Toms River, New Je	rsev 08755						oge New Jersey 08	755				
Project Manager for Monit			Te	lephone	No	Telephone No.	New Jersey U					
Nicholas Fernicola	g		10.00	732-34		732-349-9932	(License No. 00624				
Start Date (10)	Sc	cheduled		distriction.		Name of OSHA M		00024				
11 /18 /				19_/		E.M.S.L. Anal						
Occupancy Status During	Abatement (Cl	heck only	one)			Street Address						-
☐ Facility Closed/Vacated	During Entire	Period o	f Abat	ement		1056 Stelton						
Abatement Performed	Outside of Nor	mal Facil	ity Ho	urs - De		City, State, Zip Co	ode					\neg
Time of Abatement:		_PIVI/	P	/	_AM	Piscataway, N	lew Jersey 08	854				
Scope of Work (Check all t	that apply)				127		PSQ 00 (7870 (207)				-25-15-2	
≥3 sf or ≥3 lf		□R	enova	ition		☐ Full Cont	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf		⊠D	emoli	tion		☐ Glovebag	Procedure					
		Τ.	-1	-41		Non-Exer	mpted (*) and No	n-Friable Procedur	_			
Location o	f		s Loc Norm			Description of			Ab	ateme	nt Ty	/pe
Asbestos-Containing M	aterial (ACM)			lely by	Asbe	stos Containing Mat		Amount	Re	Repair	En	E
TO BE ABAT IN Facility				ance/		., thermal systems is	nsulation,	(Specify	Removal	oair	caps	Enclosure
(13)			(12			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	иге
		Yes	No	N/A							e e	
interior					asbesto	s floor tile		650 sf				
			П									
~~			П									
			1	_	-					Ш	Ш	Ц
Name of Registered Waste	Haulas				10/	0.11.22						
Guardian Contracting				NJDEP ' Hauler I	0.000	Cubic Yards of Waste	Name of Regis	tered Landfill				
	g, IIIG.			2022		3	T.R.R.F.					
City, State	353					Disposal Date	City, State					
Toms River, New Jer	-					11/19/19	Tullytown,	Pennsylvania				
Completed By (Print or Typ	e) 1	Title				Signature		Da	tej	1		
Nicholas Fernicola		Projec	Mar	nager	03		7	11	1	119	7	
SB-41		* 0-					5 V6 11 AC 17500	1 11	1	1 '		

INV 15728

B & G proj. #: 2019-247

State of NJ
Notification of Asbestos Apatement
(Pursuant to NIAC 860-7 and 12:120-7)
*** EMERGENCY***

					TEMER	SEN	YLS** L	T	Check	#9/0/	ri r		-	
Date of Notification	1 (1)	l l Na	me of Bui	ildina Owr	ner/Operator (2)	1			11_5	56	U V	/ E	Tr	11
11 1/10 15	1/1119	1.1			Education				3			Towns Service	7//	
Agencies Notified	Type Notificat		eet Addre					- 111	81/	101 4 7	004	<u></u>	#	#
☐ EPA ☐ DEP	Initial	_		C Lutjin	Place				N(DV 12	201	9	L	1
₹ DOL	Amend		y, State, 2 Bogota,	Zip Code NJ 076	03				ASBES	TOS CO	NTRI	OL &		7
M DOH		1 1	ne of Cor	ntact						e Number	-			
DCA	Cancell	ation	lrfan Ev	cil					201-44	11-4800	x 10	04		
				FAC	ILITY INFORM	ATION	l					6.6.		
Name of facility wh	here abatement i	s taking place	e (3)					Туре	of Facility ((4)				-
Bogota High S	School								=	(K - 12) apter 8 (O	thort	oon K	12)	
Street Address										Private/Co			-12)	
1 Henry C Lu	thin Place							Squa	Bldgs./	Homes, e	tc.		ig. A	ae
City (5)		County	(6)			Cou	nty Code (7)							
Bogota, NJ 0		Berg			l l	(Sta	te use only)		nt Use (P School	rior if being	g dem	olishe	ed)	
Name of Monitorin		Bldg. Owner	(8)		ASCM No.	T	Name of Abatement	Contract	or (9)					
EnviroVision							B & G Restorat	ion, Ind						
Street Address							Street Address	Victoria de la compansión						
	aw Road, Bu	ilding 35E					105 Ryerson R	load	THE COLUMN TWO IS NOT		+			
City, State, Zip Cod Fair Lawn, N							City, State, Zip Code Lincoln Park,	NJ 070	35					
Project Manager for	r Monitoring Firm		Ph	one Numb	per	-	Telephone Number			License	Numb	er	-	
Fred Larson	ğ		97	3-636-9	145	f	(973)696-686	9 .		00	378			
Scheduled Start Da	ite (10)	Sched. 0	Completio	n Date (1	1)		Name of OSHA Mon							
11/06/2019		11/09	/2019				B & G Restorat	ion, me	<i>.</i>					
Occupancy Status I	During Abatemer	nt (Check only	y one)			_	105 Ryerson R	oad						
	d/vacated during erformed outside						City, State, Zip Code							_
➤ Other-Descrit	be: start work	3:00 pm					Lincoln Park, N	J 0703	5					
Scope of Work (ch	eck all that apply	')												
Demolition	X	Renovation				F	ull Containment w/neg	gative pr	essure [Gloveb	ag pr	ocedu	re	
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	x	≥160 sf or ≥2	60 If				fini-enclosure		Ī	₩ Non-fri	-			
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B & G Restorat	NJ t or Type)		9563 1	Disposal D	4 Date		Grand Ce	ntral La	andfill	Date 11/0				

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City: State, 20 Code			-			th River			
Project Mesager for M	ordining Fem	Telegi	hané Na.		Telephone No. 201-329		Ucense No. 00388		
Sheet Claim (19)	9 11	21,	Deta (14)	Alberta Second	Marma of Olista		antà1		— .
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J. MAIOR	Title	imato	r		Statusture /	ممحير	Table minimum	11/6	19

Inv-15889

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 9017

Date of Notification (1)			1 Mana	.65.75			- TH /6	(2 6	To a		-
11/6/19					g Owner/Operator いんソルモ		NEW E C		\mathbb{V}		1
Agency Notified	Type Notification		Street	Address			III				1
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D DCA	☐ Cancellation	(4)			RWICK	es.					
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Name of Facility Where				•		Type of Facility	(4)				
I TR SH	AYNE BER	WICK		2	941	School (K-1	2)				
Street Address	1			7.			8 (Other than K-12)				
And the second s						homes, etc.	rivate & commercia	l buildings,	•		
City (5)	2			11.5		Square Feet	# of Floors	Bldg. Ag	ie.		
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do.	Rus.		Count		(STATE USE		rior if being demoli				
				***	290		SIDENC	5			
Name of Monitoring Firm (8)	n risted by Building Own	er ASC	M No.		Name of Abaten		10.5				
					Best Re	moval In	C	VII. ANZ-11-041161.A. 11-11-11			j
Street Address			-		Street Address						
			75 04		450 Sou	th River	St				
City, State, Zip Code					City, State, Zip C						
					Hackensa		07601				
Project Manager for Mor	nitoring Firm	Telepi	none No.		Telephone No.		License No.		-		-
		1			201-329-	-7444 ·	00388				
Start Date (10)	Scheduled C	ompletion	Data (11)		Name of OSHA		00300		=		
11/15/19	11	1	19			Invironm	ontol				
Occupancy Status Durin	g Abatement (Check on				Street Address	311 A TI OHIM	ептат				-
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☐ Facility Closed/Vacate ☐ Abatement Performed	ed During Entire Period	of Abateme	ent			yler St					4
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D ≥ 160 sf or ≥ 260 lf			U Den	nolition		ebag Procedure	d Main Prinkle Pres				
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Name of Registered Wa	ste Haufer	NUDE	Waste I	lauler	Cubic Yards of	Name of Reci	stered Landfill		1		-
Best Remo		ID No.		ACTOR 100.0	Waste /	1				• 1	1
		1	7109		2 1/207	PLIMRERI	AND COUNT	Y LAW	DF.	LŻ	-
City, State					Disposal Date	City, State	,,	/			-
Hackensac	k , N.J. 07	601			11/18/19	NEWBUR	GH. PA. I	7240	8		
Completed by	Title				Signature /	11000000	The state of the s	Date			-
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ASB-41				bestos lin	ensure exempted	/		/ _/	. 1	.·	
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[]Demolition [X]>3 sf or >3 lf []∑160 sf or >260 l	f	X	Rend	ovati	.on	[V] LITH	l Containment : i-Enclosure vebag Procedure -Friable Proce		e Pr	essu	re	•
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Nor So by ten Cus	Is ationallised lely Mair ance todi ff(1	ly Y n- e/ ial	2	Description Asbestos-Con Material (; (i.e., thermal insulation, sur or other miso	taining ACM) systems	Amount (Specify SF or LF)	R E M O V A L	R E P A I	E N C A P S U L	ENCI. OSUR
Woodshop Basement Area - Hallwa	ay Ceiling	X			Pipe	e insulation		6 LF	X		<u> </u>	E
			1									
Name of Registered Waste Hau. Newark Carting, Co. City. State	Ler		uler	Wast ID		Cubic Yards of Waste	Name of Regis					
Newark, NJ	T88724					Disposal Date	Pen Argyl, PA		uiii			
Bilyana Kulakovska	,			or		Signature		7)		te /6/19		
JUN 95									111		0166	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Inv# 15680 PAJ	D	NOTI	FICATIO Pursuar	ON OF AS	BESTOS C 8:60 ai	ABATE	EMENT (0)	V.4	11	61)			
Date of Notification (1) 11/01/2019			Name Valle	of Buildin	g Owner/ tractors	Operato	r (2)		E	G	E		7 [5	
Agencies Notified Type Notification EPA Initial				Address Susque	ehanna	Ave.		The second secon		011	1 0	20	10	NATIONAL PRINCIPAL PRINCIP
DEP Amended Amendmen	t#			tate, Zip (wood, N)			N	lOV-	1/2	- 20	13	I look
□ Emergency justification) □ DCA		g		of Contac Vallese				Te	elephone 43-602	e Nun 2-708	ber 37NS	OKT ING	iOt.	Š.
Name of Facility Where Abatement is Takir	g Place	(3)	FAC	CILITY IN	FORMAT	ION	Type of Facilit	y (4)			make (Mindre	and the second second	- Table - Tabl	tac Lot SITT - the
Residential Property Street Address							School (F Subchap Other (i.e	ter 8 (Ot	her than	K-12) al buile	dinas	hom	es.
City (5) Cape May			<u> </u>				etc.) Square Feet 1,862		of Floors		В	884		-
County (6) Cape May				Code (7)			Current Use (F		eing dem	nolish		001		
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			of Abatement C vic Contractir							
Street Address						Street	Address South 5th St.							
City, State, Zip Code						City, S	State, Zip Code beth, NJ 072							
Project Manager for Monitoring Firm		T	Telepho	one No.		Teleph	none No. 906-4123		Licens 0135					
Start Date (10) 11/13/2019	Schedu 11/16/		mpletion	Date (11))		of OSHA Monito		atories	s. Inc	····			
Occupancy Status During Abatement (Chec	3			N		Street	Address Route 22 W			,		23		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abaten y Hours	nent S			City, S	tate, Zip Code n, NJ 07083							\dashv
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Contains	re ocedure					9	
Location of		Locati Normal	ly		Des	scription	of				20		ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole iintenar todial S (12)	nce/ Staff?	Asbes (i.e	stos Conta thermal surfac	aining M	aterial (ACM) insulation, Γ, or	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Crawlspace	Yes	No	N/A X		Pine	Insulat	ion	1	6 LF		х		Ф	
					, ipo	modica		·	<u> </u>		Λ			
Name of Registered Waste Hauler			JDEP W		Cubic `	Yards	Name of	Registe	red Lan	dfill				
Danvic Contracting LLC			auler ID '574	No.	of Was	~~~	Fairles	s Land						
City, State Elizabeth, New Jersey	M.1.1112.000000				Disposi TBD	al Date	City, Sta Morris		A					
Completed by Jeymy Donneys	Title Owne	ər			100	gnature Helyfry	Den L	7		Date 11/0		019		

D&S Proj. #: 19-227	In P	AII			sbes	NJ stos Abatemen :60 and 12:120	t))		CE ov 1	2 20		Table	The second secon
Date of Notification (1) 1 1 / 0 5 / 1 9 Agencies Notified Type Notified Initial Amended	ation	Name of Betty W	Verner	wner/Operator (;	2)				STOS (ā.n.		2	
DOL Amendment Emergence (including justification Cancellation	y	Parlin, Name of Co	NJ 08859 ontact					Teleph	one Num	ber			
			FA	CILITY INFORM	1ATIC	ON							
Name of facility where abatement Residential Street Address	is taking pl	ace (3)						Subo	(4) ool (K - 1 hapter 8 (Private :/Homes	(Other)
City (5)	Cour	ounty Code (7)	=	Square Feet 1, 000 SF	# of Flo	ors	3	Bldg.	Age				
Parlin, NJ 08859	Mia	ldlesex				tate use only)		Current Use (F		ing de	80 molis		
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abaten	nont C	Residential					
N/A						D & S REST							
Street Address					_	Street Address	Olca	TION, INC.			_	_	
City, State, Zip Code						20 Californi	-	ð.					
						City, State, Zip C		0.2					
Project Manager for Monitoring Firm		Ph	one Numb	per	-	Paterson, N. Telephone Numb		03	Licens	a Num	her		
					1	973-345-80	20			01169			
Start Date (10)	Sched.	Completio	n Date (1	1)		Name of OSHA							
11/06/19	11/11/	2019				D & S Resto Street Address	ration	i, inc.			_		
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Other-Describe: NORMAL H					-	Paterson, NJ	0750)3					
П. 100 г) Renovation Demolition						Ful Min Glo	II Containment w ni-enclosure ovebag procedur	е				
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asbestos-containing material (acm) to be abated in facility (13)	staff(12) Yes	No No	N/A	Description material (A0	of as CM)	sbestos-containing		Amount (Specify SI LF)	= or	e m o v	e p a i	n c a p	E n c L
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egistered Waste Hauler O & S RESTORATION, INC.		Hauler ID:	# Cu	bic Yards of Wa	ste	Name of Registere	ed Lar	ndfill					Ш
ity, State PATERSON, NJ 07503	13506		sposal Da	yds te	-	TULLYTOWN City, State	I, RE	SOURCE REC	COVER	Y			
ampleted by (Director)	itle			Signature		TULLYTOW	N, PA						
BOGDAN JOLDZIC I	RESIDEN			Signature	EC,	actic 7		_	Date	0			
SB-41 * 5	o not use the	nis form for	asbestos	licensure exemp	oted	activities			11/05/1	7			

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	ndment #:	City.	Biete, Zip (Code			egi sene	YH	MVER	f_{\cdot}^{*}	e e)	*			
DOH KIN	nergency	II Pa	rlin, NJ 0	8240								-				
lue	cluding tification)	Name	of Contact	7007	Male .	THE PERSON NAMED IN COLUMN										
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	- Teamerall	11 00	uy weme	T			250000	' -	_							
Name of facility when at-				FACILITY INFOR	MAT	ION				_						
Name of facility where abo	stement is takir	g place (3	3)		-		_									
Residential							1	Type of Facility	y (4) col (K - 1)	A)	120					
Street Address	-	-											anegon.			
	85					-	7	Other	hapter B	Cothe	er th	an K-'	(2)			
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Parlin, NJ 08859		Middlese	22		(8	cunty Code (7) tate use only)		1,000 SF	02	-		80				
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N/A		- nor (s)		ASCM No.	-	Name of Abatem	ent C	outlactor (a)		late in	-					
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City, State, Zip Code			-		Williams:	20 California	Ave.									
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Project Menager for Monitorin	g Firm		Phone Nu	mber		Paterson, NJ	0750	3 .								
and the same of th		- 1		1120	1	Telephone Numbe 973-345-802			Licenze	Num	hor	- Care				
Start Date (10)	Sch	d. Compi	ation Data	1111		Name of OSHA M	0	1 . Azzan								
11/06/19			(8)	,		D& S Restora	oniior Mon	Total	-	0410						
Occupancy Status During Abar	mmant //hand					Street Address	HIVII9	Mic.		and the last						
	escione				71	20 California A	veni	ta .								
Describer	abide of norma	facility ho	inis-			City, State, Zip Cod	D .		-		Viz.					
Other-Describe: NORW	AL HOURS		-		-11											
Scope of Work (check all that	apply)		THE REAL PROPERTY.		.]]	Paterson, NJ 0	7503									
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City, State	1350	6	1	vds		ame of Registered I	andi				1	4	<u> </u>			
PATERSON, NJ 07503		P	Disposel Da	ita		TULLYTOWN, R		JURCE RECO	VERY	The same						
Completed by (Print or Type)	Title			Signature		TULLYTOWN, I	PA.					-				
BOGDAN JOLDZIC	PRESIDE	NI		1 1	-		1	I Di	ate							
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State of NJ
Notification of Asbestos Abatement D&S Proj. #: 19-241 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1/0 5 /1 19 2 2019 Kara Alexander Agencies Notified Type Notification Street Address EPA Initial | Amended DEP ASSESTOS CONTROL & Amendment #: City, State, Zip Code DOL Emergency Chatham, NJ 07928 (including DOH. Name of Contact Telephone Number justification) 7 DCA Cancellation Kara Alexander **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential 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) 1,200 SF (State use only) Current Use (Prior if being demolished) Chatham, NJ 07928 Morris Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) N/A 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. 11/18/19 11/25/2019 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 \boxtimes >3 sf or >3 lf Renovation Mini-enclosure ≥160 sf or ≥260 lf Glovebag procedure Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of Ε by maintenance/custodial E asbestos-containing e n Description of asbestos-containing staff(12) Amount material (acm) to be n m p material (ACM) C (Specify SF or abated in facility (13) C 0 a Yes а No N/A LF) V p Basement Boiler Insulation 40 SF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds TULLYTOWN, RESOURCE RECOVERY City. State Disposal Date City, State PATERSON, NJ 07503 TULLYTOWN, PA

Signature

Do not use this form for aspestos licensure exempted activities.

Date

11/05/19

Completed by (Print or Type)

BOGDAN JOLDZIC

ASB-41

Title

PRESIDENT

	T	II IFC	TIES .	_										_					
	TWA	# 150	100)	C.	hata of No.	!			(ICT TOTAL			7 11	n ir) Parame	nt Fo			
CK	2177	PAI	D		CATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		E. Joseph J. St.]]_\\		Commission of the Commission o	Company control			
Date of No.	otification (1)				Name o	of Building asting	Owner/	Operato	r (2)		NO	V i	2 20	19		1			
Agencies	Notified	Type Notification	1		Street Address														
EPA DEP		Initial Amended			City, Sta	ate, Zip Co	ode				ASSESTOS CONTROL &								
DOL		Amendmen Emergency			East Hanover, NJ 07936											A			
DOH DCA		justification Cancellation)		Name o	f Contact isting			Telephone Number										
Name of F	acility Where	Abatement is Taki	na Place (3)	FAC	ILITY INFO	ORMAT	ION	Tuno	of Facility (4	4)								
Private		Abatement is Taki	ily riace (3)					gover	of Facility (4 School (K-1)	50								
Street Add	dress									Subchapter Other (i.e. p	8 (Other			dings	home	∋s,			
City (5) East Ha	nover				etc.) Square Feet # of								Bldg. Age						
County (6) Morris)					Code (7) USE ONLY,)		Curre	nt Use (Pric	or if being	demolis	shed)						
Name of N N/A	Monitoring Firm	Hired by Building	Owner (8))	ASCA	A No.				tement Con)							
Street Add	dress				Street Address 1119 East Grand St.														
City, State	e, Zip Code	2						1		p Code NJ 07201	 1								
Project Ma	anager for Mon	nitoring Firm	T	74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						icense l									
Start Date	(10)		ed Cor	moletion	Date (11)			201 216-9603 01206 Name of OSHA Monitor											
11-15-1	9		11-18-	19	Delfa Contracting LLC														
		g Abatement (Che				÷		10000000	Addres	s Grand St	(0)	13				24			
Abate		ated During Entire led Outside of Nor						City, S	tate, Zi										
Scope of V	Nork (Check A	II That Apply)																	
-	or ≥3 If sf or ≥260 If	Renovation Full Containment with Negative Pressure																	
	25		Locat						LXOITIPAGE	174114	ion i na	Abatement Type							
Asbesi	Location tos-Containing	of Material (ACM)	Use	Norma ed Sole	ely by	Asbes		Description of Containing Material (A)			ACM) Amount								
TO BE ABATED				todial (12)	Staff? (i.e. therma			al systems insulation, acing, VAT, or miscellaneous)					Removal	Repair	Encapsulate	Enclosure			
	Basem	No X	N/A			VAT			60 :	SF	x		ro r	200					
					+		Pine	Insula	tion		30 1		×						
		X			1 100						A .								
Name of E	Registered Was	ste Hauler			NJDEP W	/aste	Cubic	Yards		Name of F	Pagistors	1 Lande	1						
	ntracting LL			H	Hauler ID 35240		of Wa				510		fill Recovery Facility						
City, State Elizabeth							900000	sal Date 19-19		City, State Tullytow									
Completed by Title Jaime Delgado Proj. Ma					ager.		S	Signature	A	2		100	ate 1-05-19						

_	150 L		NOTIF	S ICATIOI	tate of No N OF ASI	ew Jerse BESTOS	y ABATE	MENT		-	#	100	41	>			
M# 128	3> PA				to NJAC				Tr.	ST E	C	FI	W	F	loca of		
Date of Notification (1)	Name of Building Owner/Operator (2) Palm Properties, LLC. Street Address NOV 2 2010											A DEPOSIT OF THE PROPERTY OF T					
Agencies Notified EPA	Type Notification Initial				Address North St	iles Str	eet	And the Control of th	211	NOV	12	2019	State Property	الميا			
DEP DOL	Amended Amendment				ate, Zip C		1	ASSESTOS CONTROL &									
DOH DCA	Emergency justification) Cancellation		Name o	f Contact Pupo	ę.		- law	Telephone Number 201-341-0776									
Name of Facility Where	Abatament in Takin	a Diana /	2)	FAC	ILITY INF	ORMAT	ION	Ι									
Name of Facility where	Abatement is Takii	ig Place (3)						Facility (885 1980							
Street Address								∏ Si	ubchapter ther (i.e. p	8 (Other			ldings,	hom	ies,		
City (5) Elizabeth, NJ					Feet	# of I	Floors	E									
County (6) Union		County (STATE	Code (7) USE ONL	0		Current Two f	Use (Pricamily	or if being	g demoli	shed)							
Name of Monitoring Firm	Hired by Building	Owner (8))	ASCN	/ No.		Name Dina	of Abate ago Cor	ment Con p.	tractor (9)	2					
Street Address		1			,		VIII (1995) (1995) (1995)	Address Lafaye	tte Stree	ət							
City, State, Zip Code	s					-	City, S New	State, Zip rark, No	Code 07105		18						
Project Manager for Mor										License No. 01240							
Start Date (10) 11/15-19	ed Cor	ompletion Date (11) Name of OSHA Monitor															
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street	Address	1	14					3		
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I led Outside of Norm						City, S	state, Zip	Code	-74							
Scope of Work (Check A	ll That Apply)	55 C-81						_							-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf								tion — Mini-Enclosu Glovebag Pr									
			Locat	ion			<u> </u>	」 Non-	Exempted	(*) and	Non-Fria	ble Pro	Abate		t		
Location	n of	1	Vorma	ally ely by ance/ Staff? Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing VAT or									Туре				
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) ATED	Ma	intena							Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
Oldin.		Yes	No	N/A			,							ate	e		
Siding			X				ransite)			2 SF	х	,				
Roo			X				Roof				SF	х					
Pipe insu	STATE OF THE STATE		Х			7250400	isemer (itchen	NO.		1100.0	L	X					
Floor t			X	JDEP W				1		SF.	X						
					No.	Cubic of Was			Name of R		d Landii	ffill					
City, State Po Box 5670, Newa	rk ,NJ 07105					Dispos	al Date		City, State BETHLE		PA						
Completed by Carlos Gomes		Title Pres	ident			S	ignature	1/3	·	Date 11/6/19							
ASB-41 (R-06-08)						E	* Do no	t use this	form for a	asbestos	licensu	re exer	noted	activi	ties.		