PATD

Date of Notification (1)	13/12	P		Name o	of Building	Owner/0	Operator	r (2)		017				1
	e Notification				Address HADLE	Y ROA	D		N	OV 15	2018	2.7		2
EPA X DEP DEP DOL	Initial Amended Amendment			City, St	ate, Zip C	ode		07080	Ž., 12.,			- 1.4		
Ď DOH ☐	Emergency (justification) Cancellation	-		Name of	of Contact	REY	Lo			elephone Nu		25	30	2
Name of Facility Where Abate	ement is Taking	g Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type of Fac	cility (4)					
PSE & G Street Address 120 W. 7	TH 51	REE	ァ					Subch		ner than K-1: & commerci		dings	, hom	es,
City (5) PLAINFIE	(4)							Square Fee	et # (of Floors	E	Bldg.	Age	YRS
County (6) UNION				County (STATE	Code (7) USE ONLY	?		Current Use		ing demolish		N/SC	7-	a_0 .
Name of Monitoring Firm Hire	d by Building C	Owner (8)		100000000000000000000000000000000000000	M No.			of Abatemen	t Contracto				OF	F.CE
ENVIRONMENTAL TAC Street Address	CTICS			004	5			QUE SYST	EMS OF	AMERICA	AINC)		
64 BROAD STREET City, State, Zip Code							396	WHITEHE						
MATAWAN, NJ 07747								State, Zip Cod ITH RIVER		32				
Project Manager for Monitoring TOM GEIGER	g Firm			Telepho 732-2	one No. 90-2217		T. (1) (1) (1) (1)	none No. 432-8350		License N 01111	0.			
Start Date (10) 11/28/	18	Schedule	d Con	npletion	Date (11)			of OSHA Mo		AMERICA	AINC	:		
Occupancy Status During Aba		Only On	e)				Street	Address						
Facility Closed/Vacated D	itside of Norma	al Facility	Hours	2		1420		WHITEHEA tate, Zip Cod	Secretary and Committee of the Committee					
Scope of Work (Check All Tha		<u>eelaa</u>	eky	agleri	elors	only		TH RIVER		32				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Дррју)	_	enova emolit					Mini-Enclo	osure Procedure	n Negative P				
W 145		F 5000	Locati					2 HOH-EXCH	ipted () an	d Noti-1 (lab)	1	Abate	ement	
Location of Asbestos-Containing Mater	rial (ACM)	Used	ormail Solei	ly by	Asbes		cription aining M	of laterial (ACM)) 4	mount		1 y	pe 	
TO BE ABATED In Facility (13)			ntenar odial S (12)		(i.e.	thermal surfac	systems ing, VA niscellan	s insulation, T, or	(5	Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
1 - 21	. ,	Yes	No	N/A	20	_// -// -/	•						te	(D
1 pt Ilsa	<i>z</i>		X		Ales	r Jil	e 4	Mastre	6 6	00 SF	X			
Name of Registered Waste Hail WASTE MANAGEMENT	uler		Ha	JDEP W auler ID 125	The state of the s	Oubic of Was	te		e of Registe RLESS	red Landfill				
City, State ELIZABETH, NJ						Dispos			State RRISVILL	.E, РА				
Completed by CAROL RAIMO		Title OFFIC	CE M	GR.		Si	gnature	0	72.5	10-4		13	118	2

Date of Notification (1)		920000000000						-	*11			13.7	F1 . Ta	
11-14-18						ng Owner/0						7-12-	100	
Agencies Notified	Type Notification	1			Address	BB DRIVI	F			NOV	5 2	2018	11	
EPA DEP DOL	Initial Amended			City, S	tate, Zip	Code		-	1	maria no				****
	Amendmen Emergency	(including	g	_		SWICK,	NJ 08	3903	<i>i</i>					
X DOH X DCA	justification Cancellation			Name	of Contac	ct			100	elephone Nu 32-227-5(1 40%		11
Name of Facility Where A	batement is Takir	ng Place ((3)	FAC	ILITY IN	FORMATI	ON	Type of Facility	(4)					
BRISTOL MYERS S Street Address	SQUIBB-BLDO	65						School (K						
ONE SQUIBB DRIV	Έ							Subchapte Other (i.e. etc.)	er 8 (Oti private	ner than K-1 & commerc	2) ial bui	ldings	, hom	nes,
City (5) NEW BRUNSWICK								Square Feet 20000	# 0	of Floors	- 1	Bldg +/-50		
County (6) MIDDLESEX					Code (7)			Current Use (P	rior if be		_	., 00		
Name of Monitoring Firm	Hired by Building	Owner (8	5)	ASC	M No.		Name	of Abatement Co						
EHI Street Address		W// C					PEP	PER ENVIRO			RVIC	ES,	INC.	
655 WEST SHORE	TRAIL							Address FRALEY ST	REET					
City, State, Zip Code SPARTA, NJ 07871								tate, Zip Code .ADELPHIA, F	PA 19	137				
Project Manager for Monit	oring Firm			Telepho	ne No. 29-564	0	Teleph	one No. 533-5155		License N	lo.			
Start Date (10)					Date (11			of OSHA Monitor		01166	_			
11-26-18 Occupancy Status During	Ahatement (Chec	3-31-1					EHI							
Facility Closed/Vacat	ed Durina Entire I	Period of	Abater	ment				Address NEST SHOR	E TRA	dL.				
Abatement Performed Other – Describe:	d Outside of Norn	nal Facility	y Hour	S				tate, Zip Code	7.4					
Scope of Work (Check All	That Apply)						SPAI	RTA, NJ 0787	′1					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×××	Glovebay Fro	e cedure					
		Is	Locat	ion			1	Non-Exempte	d (*) an	d Non-Friab	le Pro	Cedur Abate		t
Location of		1	Norma ed Sole	lly		Desc	cription	of				Ту	ре	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ED ` ´	Ma	intena todial ((12)	nce/	Asbes (i.e	. thermal s	systems ing, VAT		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>a</u>	-	late	ıre
					SE	E ATTA	CHED	SHEET						
Name of Registered Waste	Hauler		N	JDEP W	aste	Cubic Y	ards	Name of	Registe	red Landfill				
SERVICE TRANSPOR	RT		Н	auler ID	No.	of Waste	е	1 2232 233		AGEMEN	ΙT			
City, State YARDLEY, PA 19067						Disposa	I Date	City, Stat		ILLS, PA				
Completed by JENNIFER NIVEN		Title	05.0		TIG::-	Sig	nature		/ -	Dat				
LININI ER NIVEN		DIR.	OF C	PERA	IIONS	1/9	Mn	whit A	E	_ 11	-14-	18		
ASB-41 (R-06-08)						().	Do not	use this form for	asbest	os licensure	exem	pted	activit	ties.



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT WIAC 8:60 and 5:16) WHAT 3468

Date of Notification (1)					Non	o of Duildin	- 0 - 10 - 1	(0)		0 1	<i></i>		
11 /	12 /	18					ng Owner/Operator	(2)	F O	172	tur-io Pe t		
							illinunications		File C	120	ķ.		15
Agencies Notified EPA	Type Notific	cation			5000	et Address			1.74				10
⊠ DOLWD	☐ Amende	ed					in Avenue		NO	, 1 .	- 00	110	
⊠ DOH	Amendm	1000773				State, Zip			NU	/ '	20	10	14
□ DCA	☐ Emerger		cluding	ı			ence, NJ 07974						
(NJAC 5:23-8)	justificat Cancella					e of Contac			Telephone Nur			1,000	
	☐ Cancella	ation				ian Kings	•		201-356-51	66	100		1 1 4 7 1
N					FA	CILITY IN	NFORMATION						
Name of Facility Where A		Taking	Place	(3)				Type of Facility	(4)				
Murray Hill Central	Office	0000						School (K-12	2)				
Street Address								Subchapter	8 (Other than K-1 rivate and comm	2)	uildin		
846 Mountain Aven	ue							homes, etc.)	invate and commi	erciai L	ullulli	ys,	
City (5)								Square Feet	# of Floors	В	ldg. A	\ge	
New Providence								29100	2		+- 5		
County (6)			- Val		Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Union									nmunications				
Name of Monitoring Firm					ASCN	l No.	Name of Abateme	ent Contractor (9)					
Environmental Heal	th Investig	ations	s, Inc				BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						
655 West Shore Tra	il						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Sparta, NJ 07871							BRISTOL, PA	19007					
Project Manager for Monit	oring Firm			Tele	ephone	No.	Telephone No.		License No.				
Tom Januszeski					I Commission	9-5649	215-788-6040	t	00509				
Start Date (10)	5					ate (11)	Name of OSHA M	lonitor					
/					/	18	BRISTOL EN	VIRONMENTAL	_, INC				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated	d During Entir	re Perio	od of A	bate	ment		1123 BEAVER	R STREET					
Abatement Performed	Outside of No	ormal F	acility	Hou	rs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:		PIVI/	5:00	/IVI- <u>2</u>	:00AM		BRISTOL, PA						
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 If		Г	☑ Rer	ovati	on		⊠ Full Cont	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			Den				Mini-Encl Glovebage						
							☐ Non-Exer	npted (*) and Nor	n-Friable Procedu	ire			
V W				ocat		10		Ω ·	#5	Ab	atem	ent T	уре
Location o Asbestos-Containing M		n		Sole	lly ely by	Achan	Description of	f			-		T
TO BE ABAT	ED	'	Mair	itena	nce/	(i.e.	stos Containing Mat , thermal systems i	nsulation	Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)			Custo	(12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Ι,	Yes	No	N/A	-	other miscellaneo	ous)				late	(D)
Basement Mech. Equip	n Room	-	7		N/A	Vat/Mas	4:_			-	_	_	<u> </u>
Basement Battery Area				In O					920 SF		Ш	Ш	Ш
Boiler Room (Chimne]			Vat/Mas			60 SF				
Doner Room (Chilline	y Flue Area	-				Pipe Fitt	tings		2 SF				
Name of Registered Waste	Haula	L		Ц									
SERVICE TRANSPOR		INC		100	JDEP V auler ID		Cubic Yards of Waste	Name of Registe					
	VI GROUP	, INC.		'	20990)	10	MINERVA L	ANDFILL				
City, State							Disposal Date	City, State					
YARDLEY, PA							TBD	WAYNESBU	JRG, OH				
Completed By (Print or Typ	e)	Title					Signature		/o.a Da	ite	300		
Patrick DeCaro		Esti	imato	r			Patri71	(DoCaro	16/h 1	1-1	2-	18	
SR-41 -							1. /	- 1- 1-0-0-	1 11	\$37 VIII	0.50		

Date of Notification (1) 11/14/2018	All.		Na	ame of B	uilding Owne	er/Operat	,	E	r e	1	7.5	
A === 1 11	47		S	amuel	Amponsa	h						7
) por round	tion		St	reet Add	ess							1
EPA X Initial Amende	d		-014	. 01 1	_			1	100	5 2	2018	1
_ Amendn	ent#		Uit	y, State,	Zip Code							
Emerger	icv (includ	ling			VJ 07036			7.55				
DCA justificati	on) tion			me of Co	ntact			Telepho	ne Numi	ner	<u>.</u>	
				am				1	i o i tulli	JC1		
Name of Facility Where Abatement is Ta	king Plac	e (3)		FACILIT	Y INFORMA	TION						
i iivate nome	•	0 (0)					Type of Facility	(4)				
Street Address							School (K-	-12)				
							Subchapte	er 8 (Other tha	n K-12)			
City (5)							Other (i.e. etc.)	private & com	mercial	buildir	ngs, h	ome:
Linden							Square Feet	# of Floo				
County (6)								011100	3	Dia	g. Age	3
Union			Cou	nty Code	(7) DNLY)		Current Use (Pr	ior if heing do	moliahaa			
Name of Monitoring Firm Hired by Buildin	- 0						- V. V.	or in being de	nonsnec)		
3 · ···· · · · · · · · · · · · · · · ·	g Owner	(8)	AS	SCM No.		Name	of Abatement Cor	ntractor (0)				
Street Address						Rem	oval Safety LI	C				
							Address					
City, State, Zip Code		9.					osby Ave					
, Fig. 2. p Code							ate, Zip Code		1475			
Project Manager for Monitoring Firm						Pate	rson, NJ 0750	2				
1 spect manager for Monitoring Firm			Telep	hone No		Teleph	one No.					
Start Date (10)							100-8711		se No.	575.63	TEAT COM	
11/23/2018	Schedu	led Co	ompletio	on Date (11)		of OSHA Monitor	0133	32			
	11/26	1/201	8				as (9)					
Occupancy Status During Abatement (Che	ck Only C	ne)				Street A						
Facility Closed/Vacated During Entire Abatement Performed Outside of New	Period of	Abate	ment		1	Oli CCL /	luuress		SALE TO THE	(9-2-11-		
Abatement Performed Outside of Nor Other – Describe: Normal hours	mal Facilit	y Hou	rs		-	City Sta	to 7: 0 1					
						Oity, Ota	ite, Zip Code					
Scope of Work (Check All That Apply)			-									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renov	ation			হ						
1 2 100 St 01 2260 If		Demoli				×	Full Containmer	nt with Negativ	e Press	ure		
							Mini-Enclosure Glovebag Proce					
				_			Non-Exempted	(*) and Non-Fi	iable Pr	ncedu		
Location of	ls ls	Locat lorma	ion						Table 1 1		emen	+
Asbestos-Containing Material (ACM)	Use	d Sole	elv by	i	Desc	ription of					ype	L
TO BE ABATED In Facility	Ma	intena odial S	nce/	Asb (i	estos Contai e. thermal s	ining Mat	erial (ACM)	Amount				T
(13)	Cusi	(12)	stan?		surfacir	ng. VAT.	or	(Specify	Re	R	inc	En
				4	other mis	scellaneo	us)	SF or LF)	Removal	Repair	apsi	clos
15.	Yes	No	N/A						/ <u>a</u>	=	Encapsulate	Enclosure
Living room			X		Floo	or tiles					w	
					1 100	n tiles		154 SF	x		x	
ame of Registered W.												
ame of Registered Waste Hauler		N.	JDEP W	aste	Cubic Ya	rde	I NI					
emoval Safety LLC		Ha	auler ID	No.	of Waste	105	1	gistered Landf	ill			
y, State		00	37007	7	2		GROWS	North				
aterson, NJ					Disposal I	Date	City, State					
mpleted by	Tin				TBD		Morrisville	ΡΔ				
sko Veskov	Title				Signa	ature /	1	1.71				
- CONOV	Presid						- Wester	1 5	ate			

CK#1148 P

Date of Notification (1)				Namo	of Building O	10		*-	臣					
11/14/2018					of Building Owr Roman	ner/Opera	ator ((2)	y*************************************	*****		v = 1	411	
Agencies Notified	Type Notification	n			Address			11111	1					
□ EPA	× Initial			011001	Address				N	OV 15	201	8	11.	
DEP	Initial Amended			City, S	State, Zip Code			¥ .	1					*
X DOL	Amendme	nt #	_		sippany, NJ 0	7054		1	1.50				1	
X DOH	justification	y (including			of Contact	7004	-			Mar Age	12.40			
DCA	Cancellation			Jose					16	elephone	Numbe	Γ		
News 65 W M					CILITY INFORM	ATION						-		
Name of Facility Where Private home	Abatement is Tak	ing Place (3))			· trioit	T.	Type of Facility	(4)		-			
Street Address							F	School (K	10.20					
Street Address		5525						Subchapte	er 8 (Oth	ner than K	(-12)			
0': (5)							Ē	X Other (i.e.	private	& comme	ercial bu	ilding	s, hor	mes,
City (5)							- 5	etc.) Square Feet	# 0	of Floors	Т	Bldg	۸۵۵	
Parsippany								1	17.0	71 10015		Diug.	Age	
County (6) Morris				County	Code (7)			Current Use (P	rior if be	ina demo	liched)			
				(STATE	USE ONLY) _					ing demo	iisiicu _j			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.	Nam	ne of	Abatement Co	ntracto	r (9)		-		
Ct+ A I I						Re	emo	val Safety L	LC	(0)				
Street Address								ddress						
City State 7: 0						8 0	Cros	sby Ave						
City, State, Zip Code								te, Zip Code						
Project Monage 6 14	=					Pa	ters	on, NJ 0750)2					
Project Manager for Mon	itoring Firm			Telepho	one No.			ne No.		License	No.			-
Start Date (10)						973	3-40	00-8711		01332				
11/26/2018		Scheduled		pletion	Date (11)	Nam	e of	OSHA Monitor						
	Abata	11/29/20				sar	ne a	as (9)						
Occupancy Status During						Stree	et Ad	dress						
Facility Closed/Vaca Abatement Performe	ted During Entire	Period of Ab	atem	ent										
X Other - Describe: r	ormal hours	nai Facility H	lours			City,	State	e, Zip Code						
Scope of Work (Check All	That Apply				· · · · · · · · · · · · · · · · · · ·									
TOTAL CONTRACTOR OF THE PARTY O	тпас Арріу)													
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 		The state of the s	novat				×	Full Containm	ent with	Negative	Pressi	Ire		
		L Dei	nolitio	on			-	Mini-Enclosure	9	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
								Glovebag Pro Non-Exempte	cedure d (*) and	l Non-Fris	hle Pro	cedu	ro	
		Is Lo	catio	n					1 / 3		10101110		emen	t
Location Ashestos Containing	of	Nor Used S	mally			escription	n of						уре	•
Asbestos-Containing N TO BE ABA	viaterial (ACM) TED	Mainte	enan	ce/	Asbestos Co	ntaining I	Mate	erial (ACM)	Ar	nount			_	
In Facility	y	Custod		aff?	(i.e. therm	al system facing, V	ns in	sulation,	(S	pecify	Re	R	inca	E
(13)		(12)		other	miscella	neou	us)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes N	No	N/A							l'al	=	ılate	ure
Family ro	om			х		74								
Bathrooi		+	-			loor tile	es		23	0 SF	x		х	
Datillooi	П			Х		Ceiling]		14	SF	х		х	
									301				-	
											-			
Name of Registered Waste	Hauler		NJI	DEP Wa	aste Cubi	c Yards		No.						
Removal Safety LLC			Hai	uler ID I	No. of W			Name of F			I			
City, State			00	37007	2			GROW	S Nort	h				
Paterson, NJ					20	sal Date		City, State	1					
Completed by		T			TBD)		Morrisv		Ą				
Lasko Veskov		Title		E TO VE TE		Signature	4	1/1	- W		ate			
75.107		Preside	III		t	Shin!	hi	· Kestu	~	1	1/14/2	2018		

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Date of Notification (1) 11/12/2018			Name McV	of Buildin Villiams	g Owner Forge (Operato Compar	r (2) ny		1.	221 VET 4				
Agencies Notified Type Notification EPA Initial	n			Address Franklin	Ave.				· · · · · · · · · · · · · · · · · · ·					
DEP Amended Amendme				state, Zip ((away, N		 66								
DOH justification Cancellation				of Contac						ephone No 3-627-0			7/10 - 27	
				CILITY IN		ION				0-021-0	200			
Name of Facility Where Abatement is Tak McWilliams Forge Company	ing Place (3	3)					Тур	e of Facility						
Street Address 387 Franklin Ave.								School (K- Subchapte Other (i.e.	er 8 (Oth	er than K-	12) Nal hu	ildioo	s hon	300
City (5) Rockaway							Squ	etc.) are Feet	# 0	Floors		Bldg.		185,
County (6)			County	Code (7)			1,000	000	2		- Indiana	50+		
Morris			(STATE	USE ONL	n —		Boi	rent Use (Pr iler Room	ior ir bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building RK Occupational & Environmenta	Owner (8) I, Inc.		ASC 000	M No. 90		Name Bako	of Ab	atement Co nstruction	ntractor & Res	(9) storation.	Inc.			
Street Address 401 ST. James Ave.						Street	Addre							
City, State, Zip Code Phillipsburg, NJ 08865						City, S	tate,	Zip Code NJ 07512						
Project Manager for Monitoring Firm Jonathan Gilbert	пинене	-	Telepho	one No.		Teleph	one N	No.	1	License N	No.			
Start Date (10) 11/26/2018	Schedule	d Co	mpletion	Date (11)			of OS	HA Monitor		0666				
Occupancy Status During Abatement (Che	12/01/2							nstruction	& Res	toration,	Inc.			
Facility Closed/Vacated During Entire	Period of A	hator	ment			Street 265A		ess ute 46 Sui	ite 3D					
Abatement Performed Outside of Non Other – Describe: Limited Occupancy	mal Facility	Hour	s			City, St Totov	tate, Z wa, N	Tip Code NJ 07512						-302:110
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if														
≥160 sf or ≥260 if		enova emoli					Glo	il Containmoni-Enclosure	e cedure					
	îs i	ocat	ion			lowel	140	n-Exempted	J () and	Non-Fnac	le Pro		emeni	1
Location of Asbestos-Containing Material (ACM)	Used	ormai Sole	ely by	Aches		scription					<u> </u>	Ty	rpe T	1
TO BE ABATED In Facility (13)	Mair Custo	ntena idial S (12)	nce/ Staff?	(i.e.		aining ivi systems bing, VAT niscellane	insula . or	ation,	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					***************************************			18	T.	late	le le
Boiler room-old water tank	X			Asbes	tos Wat	ter Tanl	k Ins	ulation	450	SF	х			
	111										and the second			
					***********						and the same of th			
Name of Registered Waste Hauler Bako Construction & Restoration, Ir	10	1	JDEP Wauler ID		Cubic \ of Was			Name of F				11		
City, State	IG.	A 15 (20) (5)	0889		20 Disposa			Fairless City, State		ill/Waste	Mar	nage	meni	
Totowa, NJ					TBD	valt		Morrisvi						
Completed by Damir Valjevac	Title Projec	t Ma	nager	The state of the s	Si	gnature 11111	w	Kula		Dat 11	te /12/2	2012		
					-/-	jun	-	12 1		- 11	11616	.010		

PAID

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

0,K4504

Date of Notification (1)				Name	of Build	ing Owner	r/Operator	(2)		10	<u>U</u>	1		
11/13/18	-			Holy	/ Family	/ Parish		(=)		3 19	(72	1		
Agencies Notified	Type Notificati	on			Address				1 1 1 1 1	9 N.J	-	i.	11	1.13
EPA DEB	× Initial				oyd Ave) Partie					
DEP DOL	Amended Amendme	ent#			State, Zip nam Pa	Code irk, NJ C	7932			NOV	/ 	7 2	018	
DOH	Emergeno justificatio	y (includi n)	ng	_	of Conta				Tolor	A	I			
DCA DCA	Cancellati	on				Rekiel				377.1				
Name of Fig. 111						VFORMA"	TION		013	311.1	017	12,000		
Name of Facility Where Holy Family Parish Street Address 1 Lloyd Avenue City (5)	Aparement is Tal	king Place	(3)					Type of Facility School (K Subchapte Other (i.e. etc.)		than K-	-12) rcial b	uilding	js, ho	ome
Florham Park								Square Feet 3500	# of F	loors			Age	
County (6)				County	Code (7	1			2			50+		
Morris				(STATE	USE ON		'	Current Use (Pi Holy Family	rior if being Parish	demoli	shed)			, Leave
Name of Monitoring Firm Envirovision Const	n Hired by Building	Owner (8)		M No.			Abatement Co)				
Street Address	iliants, Inc.			000	79		Bako	Construction	& Resto	ration	, Inc			
20-21 Wagaraw Ro	ad Building 34	=					Street A	Harris State of the Control of the C						
City, State, Zip Code	Tana Dananing Oc	, _					Market Street Con-	oute 46 Ste	3D					
Fair Lawn NJ 0741							City, Sta	te, Zip Code a, NJ 07512						
Project Manager for Mon Fred Larson	itoring Firm			Telepho			Telephor	ne No.		icense l	No.			_
Start Date (10)		T = '			36 914			6 7010		0666				
11/24/18		11/25	iled Co	mpletion	Date (11)		OSHA Monitor						-
Occupancy Status During	Abatement (Che	ck Only O)ne)					Construction	& Resto	ration,	Inc.			
Facility Closed/Vaca							Street Ac	dress oute 46 Ste 3	20					-
Abatement Performe	ed Outside of Norr	nal Facilit	Abate by Hour	ment 's				e, Zip Code	טט					
_ Other - Describe: _								a, NJ 07512						
Scope of Work (Check Al	That Apply)						100000	4, 140 07012						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovi				X	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				70	
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Location Asbestos-Containing I	of		Norma ed Sole			Des	cription of					Ty	/pe	- 22
TO BE ABA In Facilit (13)	TED	Ma	intena todial ((12)	nce/	Asbes (i.e	thermal s. surfac	aining Mate systems in: ing, VAT, o iscellaneou	r	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	
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1st Fl. Refector			Х			Pipe I	Insulation	1	3 LF		X			t
1st Fl. Refector			Χ			Pipe I	nsulation	1	1 LF		-	X		-
1st Fl. Commun			Х			Pipe I	nsulation	1	1L F		X			r
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me of Registered Waste ko Construction & I		c.	H	JDEP Wa auler ID N 0889		Cubic Y of Waste TBD	ards	Name of R	legistered L Landfill \	andfill	Mar		men	1
y, State		3 3				Disposa	I Date	City, State		. , 4010	ivial	.ugel	Hell	
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 8 16 18 10-12 Commerce, LLC / Job #1807-23270V Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 20 Commerce Drive **⊠** DOLWD City, State, Zip Code **⊠** DHSS Amendment #3 Cranford, NJ 07016 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Charles A. Wojcik 212-470-5200 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 10-12 Commerce School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 10-12 Commerce Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cranford 72000 2 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) GEI Asbestos and Mold Services, Corp. Street Address Street Address 300 Broadacres Drive 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Bloomfield, NJ Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Margaret Halasnik 973-873-7110 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 27 / 18 __11__ / __30__ / __18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) $\square \ge 3$ sf or ≥ 3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Encapsulate Asbestos-Containing Material (ACM) Remova Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE ATTACHED SCOPE OF WORK \boxtimes 1st Floor Full Containment \boxtimes with Shot Blast for Mastic Plus additional notif fee per Peter A. \Box Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Cubic Yards of Hauler ID No. Waste Management Waste **Grand Central** 17273 5 City, State Disposal Date City, State

ASB-41 **MAY 11**

Lafayette, NJ

Completed By (Print or Type)

Kimberly A. Trumbetti

* Do not use this form for asbestos licensure exe

Office Coordinator

11/9/18

Signature

Penn Argyle, PA

11-12-18

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MOCK	/		NOT		ATIO	N OF AS	BESTOS ABAT AC 8:60 and 5:1		1.15.19	:	l., .		173
Date of Notification (1)					Nam	e of Buildin	g Owner/Operator	(2)	NOV		= 20	218	- 1
	28 /	17	0: ————————————————————————————————————		Не	althSout	h Corporation	<i>1</i> J	lob #1609-2116	С	hk. #	ŧΝΑ	
Agencies Notified	Type Notific	ation			Stree	et Address			1. 10-12-		11,000		1
⊠ EPA ⊠ DOLWD	☐ Initial				33	60 Grand	view Parkway, S	uite 200					
☑ DOLWD		1966	1		City,	State, Zip	Code						
□ DCA	☐ Emerger			a	Bir	minghan	n, AL						
(NJAC 5:23-8)	justificati	ion)	Ciddin	9	Name	e of Contac	ot .		Telephone Num	ber			
	☐ Cancella				Eli	zabeth M	ann		205-970-785				
Name of Facility May					FA	CILITY IN	FORMATION						
Name of Facility Where A								Type of Facility					
HealthSouth Rehab	Hospital o	t I on	ns Ri	ver				School (K-12	2)	¥75			
Street Address								Subchapter 8	8 (Other than K-12) rivate and commer	cial h	ilding	10	
14 Hospital Drive								homes, etc.)	mate and comme	Ciai De	manig	J S,	
City (5)								Square Feet	# of Floors	BI	dg. A	ae	
Toms River								84,619	3		over		
County (6)					Cou	ntv Code (7)(STATE USE ONLY)		ior if being demolis				
Ocean						, (,	Novine doe oner)	Rehab Hosp		neu)			
Name of Monitoring Firm	Hired by Buil	dina C	lwner	(8)	ASCM	No	Name of Abstance				-		
Horizon	Timed by built	unig c	VVIICI	(0)	ASCIVI	INO.	Name of Abateme						
Street Address								d Mold Service	es, Corp.				
							Street Address						
PO Box 316							3859 Sylon B						
City, State, Zip Code							City, State, Zip Co	ode					
Thorofare, NJ 08086							Hainesport, N	NJ 08036					
Project Manager for Moni	por electronic company to programme and			Tel	ephone	No.	Telephone No.		License No.		-		
Dave or Steve Flani	gan			8	56-848	3-0800	609-702-0400		00862				
Start Date (10)		Sched	uled C	ompl	etion Da	ate (11)	Name of OSHA M	lonitor					
10 /1 /					0_/	18	EMSL Analyt	ical, Inc.					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	d During Enti	re Per	iod of	Abate	ment		200 U.S. Rou	te 130 North					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement:	AM	PN	/\/	_PM		_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)												
☐ >3 sf or >3 lf			⊠ Re	novo	ion			ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			☐ De				☐ Glovebac						
			0	100000	3000				n-Friable Procedur	е			
				Loca	2000000					Ab	ateme	ent T	ype
Location				Norma	ally ely by		Description o				_		_
Asbestos-Containing N TO BE ABA	viateriai (ACN TED	1)		inten		Asbe	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	nca	Enclosure
IN Facility			Cust		Staff?	(i.e	., thermal systems i surfacing, VAT,		(Specify SF or LF)	940	H.	sde	nso
(13)				(12)		1	other miscellane		Si Gi Li')	=		Encapsulate	re
			Yes	No	N/A							Ф	
Approx. Nine Rooms	& Hallway				\boxtimes	Popcor	n Ceiling		2,000 SF				
1 st Floor Hallway					\boxtimes	Popcor	n Ceiling		220 SF				
													П
Name of Registered Wast	e Hauler			1	IJDEP I	Waste	Cubic Yards of	Name of Regist	tered Landfill				
Waste Management				F	lauler II 17273		Waste 5	Grand Cen					
City, State							Disposal Date	City, State					
Lafayette, NJ							11/30/2018	Penn Argyl	e, PA				
Completed By (Print or Ty	pe)	Title					Signature	1	Dat	te	7.70	- 120	
Kimberly A. Trumbe	tti	Of	fice (Coor	dinato	r	981	1		-8-	18		

* Do not use this form for ashestos licensure evented activities

ASB-41 MAY 11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

DK 5188	5 P	ALL	- (Pursu	ant to NJ	AC 8:60 and 5:1	6)		a 1		15	
Date of Notification (1)	13 /	18				ng Owner/Operator e Winkelspecht	(2)	/ Job #1811-2	376	6hla	#518	33
Agencies Notified	Type Notific	cation		Stre	eet Address			NUV		2010		
□ EPA								1				
⊠ DOLWD	Amende	100		City	, State, Zip	Code		1 1000	5 52	- 1		
☑ DHSS ☐ DCA	Amendn					rel, NJ 08054						
(NJAC 5:23-8)	☐ Emerger justificat	ncy (incluition)	ding		ne of Conta			Tolonhana N.				
	Cancella				arlene	ot .		Telephone Nui	mber			
					ACILITY II	NFORMATION						
Name of Facility Where At	patement is	Taking PI	ace (3)				Type of Facility	(4)				
Residential							School (K-1	2)				
Street Address							Other (i.e., p	8 (Other than K-1 private and comm	2) ercial l	buildin	ıgs,	
City (5)							homes, etc. Square Feet	# of Floors		21-1		
Delanco							894	# 01 Floors	1	3ldg. A		
County (6)				Co	unty Code (7)(STATE USE ONLY)			I I I	195	U	
Burlignton				00	unity Code (THOTALL OSE ONLY)	Residential	rior if being demo	iisnea)			
Name of Monitoring Firm H	lired by Buil	ldina Own	er (8)	ASCI	M No.	Name of Abateme						
Finog Environmenta		9	0. (0)	71001	WI IVO.	72 11 W 22 25 25 25 25 25 25 25 25 25 25 25 25						
Street Address						Street Address	d Mold Service	es, Corp.				
617 Stokes Road Sut	te 4-138											
City, State, Zip Code						3859 Sylon B						
Medford, NJ 08055						City, State, Zip Co						
Project Manager for Monito	ring Firm		T	lonhon	o No	Hainesport, N	NJ 08036		-15-0-5			
Rebecca Rubnitz	ing riiii			elephone	5-2211	Telephone No.		License No.				
Start Date (10)		Schodulos				609-702-0400		00862				
11 /26 /	18	Scheduled		26 /		Name of OSHA M						
						EMSL Analyti	ical, Inc.					
Occupancy Status During A Facility Closed/Vacated						Street Address						
☐ Abatement Performed C	outside of No	ormal Fac	ility Ho	ternent	ecribe	200 U.S. Rout						
Time of Abatement:	AM	PM/_	Pi	игэ - De И-	AM	City, State, Zip Co						
Scope of Work (Check all the						Cinnaminson	, NJ 08077					
≥3 sf or ≥3 If						☐ Full Cont	ainment with Neg	gative Pressure				
\(\text{\frac{1}{2}} \ge 5 \) f or \(\frac{2}{2}\) 160 sf or \(\frac{2}{2}\) 60 lf			Renova Demoli			☐ Mini-Encl	osure					
			Jemon	uon		⊠ Glovebag □ Non-Exer □ □ Non-Exer □ Non-Exer	npted (*) and No	n-Friable Procedu	ire			
			Is Loc	ation			, (,			batem	ont T	· vno
Location of			Norm	ally dely by		Description of	F				1	1
Asbestos-Containing Ma TO BE ABATE	iterial (ACM =D		/ainter		Asbe	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	nca	Enclosure
IN Facility		C		I Staff?	(1.6	., thermal systems in surfacing, VAT,		(Specify SF or LF)	lova	a-	sde	uso
(13)			(12	_	-	other miscellaned		0. 0. 2.	-		Encapsulate	ē
Attic		Ye	s No	N/A		oulation.			+	-		_
					Fipe ins	sulation		70 LF				
			+=	-	-							
										П	П	П
Name of Registered Waste	Hauler		100	NJDEP		Cubic Yards of	Name of Regis	tered Landfill		1-	_	_
Waste Management				Hauler I 1727	3153 Charles and the	Waste 5	Grand Cen					
City, State				1121	-	Disposal Date	City, State	CONC20100				
Lafayette, NJ						11/23/18	Penn Argyl	e. PA				
Completed By (Print or Type	2)	Title				Signature	h		-1-			
Kimberly A. Trumbetti			Coor	dinato	r	1			ate			
SB-41						CP 1	4		1-13	5-18		
AY 11		* Do no	ot use i	his form	n for asbesto	os licensure exempt	ed activities.					

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Date of Notification (1)				Nam	e of Buildir	20.0	wner/Operator	(2)	4				-11	111
11 /12	/1	8					st Real Estate		NOV	15	20	18		
Agencies Notified Type I	Votification	n		Stree	et Address				1101	356.		-	1	- 2 1
□ EPA □ Init					0 N. Bart		Stroot	Š	ì				1	
	ended				State, Zip						-10		,	
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DCA Em	ergency (includir	ng	_	edford, O		7501				50 00	200		- 55
	tification)			1.0000000000000000000000000000000000000	e of Contac		The state of the s		Telephone					
L Cai	icellation			-	mes Weir	_			732-675	5-1441				
Nome of Facility Wilson At at	=			FA	CILITY	NFO	RMATION							
Name of Facility Where Abateme	nt is Takii	ng Plac	e (3)					Type of Facility	3753774					
DCH Auto Group								School (K-12	2)					
Street Address								Subchapter Other (i.e., p	8 (Other than	K-12)	al h	uildin		
440 Franklin Turnpike								homes, etc.))	minerci	ai Di	Jiiuiiiig	js,	
City (5)								Square Feet	# of Floor	s	Тв	ldg. A	ae	
Mahwah, NJ								108,000	1			58		
County (6)				Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pr	ior if being de	molish	ed)	-	_	
Bergen								Vacant	3		,			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)				_		
Environmental Health Inve	stigatio	ns		297	37			nental Service						
Street Address							reet Address		0 220		717			
655 West Shore Trail	68					100000		Road, Suite 10	12					
City, State, Zip Code							y, State, Zip Co		-					
Sparta, NJ 07871							Fairfield, NJ (
Project Manager for Monitoring Fi	rm	The state of the state of	Tele	phone	No		lephone No.	77004	Tr					
Jean Paul Von Doehren					-5649		973) 852-344		License N	0.				
Start Date (10)	Sche	duled (1 1000		ite (11)		me of OSHA M		01349					
10/22/18					18			onitor nental Services						
Occupancy Status During Abatem	_					-		iental Services	S LLC					
☐ Facility Closed/Vacated During				mont			eet Address							
☐ Abatement Performed Outside	of Norma	l Facilit	v Hour	s - Des	cribe			Road, Suite 10	2					
Time of Abatement:AM	P	M/	PM-		AM		y, State, Zip Co							
Scope of Work (Check all that app	h.					r	airfield, NJ 0	17004						
Coope of Work (Check all that app	iy)						X Full Conta	ainment with Neg	ativo Propour					
≥3 sf or ≥3 lf			noyati					osure	auve Pressur	е				
≥160 sf or ≥260 lf		☐ De	molitic	n			Glovebag	Procedure						
		l le	Locat	ion			⊠ Non-Exen	npted (*) and Nor	n-Friable Prod	cedure				
Location of			Vorma				Description of				Aba	ateme	nt T	уре
Asbestos-Containing Material (ACM)		d Sole		Asbes	stos	Containing Mat		Amount		Re	Re	Щ	ᄪ
TO BE ABATED IN Facility		58600 9	intena todial S			, the	rmal systems in	nsulation,	(Specify		Removal	Repair	cap	clos
(13)			(12)	zian :			surfacing, VAT, ner miscellaneo		SF or LF)	val	3	Encapsulate	Enclosure
8 5		Yes	No	N/A		Ott	ici illiscellarieo	ius)				1	ate	,,,
1 st Floor				VAT/Ma	stic	& Carpet Tile	es/Mastic	30,670 S	F	\boxtimes	П			
Exterior Windows/Doors				Glazing	/Ca	ulk		69 Ea./11 I		X				
Building Facade Seam/Joints	;			\boxtimes	Caulk				150 LF	_	- 1	7	듬	
		П			- Guant				150 LF			뷔	늬	
Name of Registered Waste Hauler				JDEP V	Vacto	Cub	io Vordo of							
Service Transport Group, In	10		1,000	auler ID		Was	oic Yards of ste	Name of Regist						
				SW21		24	40	Minerva La	ndfill					
City, State							osal Date	City, State						\neg
New Castle, DE						11	1/15/18	Waynesbur	gh, OH					
Completed By (Print or Type)	Title						Signature 6	0.	,	Date	_			
Mary Petrovski	P	reside	nt				-///	W Vitinas		00000	112	1204	0	
OB 11						-	11/000	THUVEN	V	11	112	/201	O	1

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

Date of Notification (1)				Nam	e of Buildin	ng Owner/Operator	(2)	16			_			- 4
10 /12	/18					neast Real Estat			MOV	15)	010		
Agencies Notified Type No	tification			Stree	et Address			1	MOA		4	UIO		1
☐ EPA ☐ Initia	I					lett Street	į.							
☑ DOLWD ☐ Ame			-		State, Zip		4		Transaction				103	
	ndment #_				edford, O									
	rgency (incication)	luding	-		e of Contac	III VANCARO E PROCESSO ANTIGOS	2	-	-	0.00				
Cand					mes Weir	57.			Telephone					
				_		FORMATION			732-675	-1441				
Name of Facility Where Abatemen	is Taking	Place ((3)			. OKINATION	Type of Facili	4.11	1)					
DCH Auto Group	•						Type of Facili School (K-		1.500					
Street Address							Subchapte	er 8	Other than	K-12)				
440 Franklin Turnpike							Other (i.e.,	, priv	ate and cor	nmerci	al b	uilding	js,	
City (5)							homes, et	c.)						
Mahwah, NJ							Square Feet		# of Floors	5	В	ldg. A	ge	
County (6)				0			108,000		1			58		
Bergen				Cou	nty Code (7	()(STATE USE ONLY)	Current Use (Prio	r if being der	molish	ed)			
Name of Monitoring Firm Hired by I	0	/0					Vacant							
				SCM		Name of Abateme								
Environmental Health Inves Street Address	tigations			297	37	SAI Environn	nental Service	es	LLC					
						Street Address								
655 West Shore Trail						277 Fairfield	Road, Suite	102						
City, State, Zip Code						City, State, Zip Co	ode							
Sparta, NJ 07871						Fairfield, NJ	07004							
Project Manager for Monitoring Firm	1		Teleph	hone	No.	Telephone No.			License No	D.				_
Jean Paul Von Doehren					-5649	(973) 852-344	4		01349					
Start Date (10)	Schedul					Name of OSHA M	lonitor							-
10 /22 /18				_ / .	18_	SAI Environn	nental Servic	es l	_Lc					
Occupancy Status During Abatement	nt (Check o	nly one	e)			Street Address								-
☐ Facility Closed/Vacated During E	ntire Perio	d of Ab	ateme	ent		277 Fairfield I	Road, Suite 1	102						- 1
Abatement Performed Outside o	Normal Fa	acility F	lours -	- Des	cribe	City, State, Zip Co								=
Time of Abatement:AM	PM/_		PM		AM	Fairfield, NJ (
Scope of Work (Check all that apply)													_
☐ ≥3 sf or ≥3 lf	N	7 D				☑ Full Conta	ainment with Ne	egat	ive Pressure	9				
≥ 160 sf or ≥ 260 lf		Reno Demo				☐ Mini-Encl ☐ Glovebag								
							npted (*) and N	lon-F	Friable Proce	edure				
			cation	1			. (,	T	110010111001	T	Λh	atomo	nt Ti	120
Location of		Nor Used S	mally	hv		Description of				-		ateme		
Asbestos-Containing Material (A TO BE ABATED	JIVI)	Maint			Asbes	tos Containing Mat	erial (ACM)	1	Amount		Ren	Repair	≣nc	Enc
IN Facility	1	Custod		aff?	(1.6.,	thermal systems in surfacing, VAT.			(Specify SF or LF)		Remova	ar.	aps	Enclosure
(13)	12) No 1	N/A		other miscellaneo	ous)		0. 0. 1.		=		Encapsulate	Ire		
1 st Floor				XI	VAT/Mas	stic & Carpet Tile	es/Mastic	-	22,670 SF	-	\boxtimes			\exists
Exterior Windows/Doors		_		 X	Glazing			-	9 Ea./11 E			뭐		
Building Facade Seam/Joints				 X	Caulk	- Julia		-	150 LF			片		
Roof				<u> </u>	Flashing				1,000 SF		XI	믬		믬
Name of Registered Waste Hauler						Cubic Yards of	Name of Regi	eter	AND			ш		
Service Transport Group, Inc.			Haul	ler ID	No.	Waste	Minerva L							
City, State			SV	N21		220		ano	11111					
New Castle, DE					1	Disposal Date	City, State	900	s vesso					
	1					11/30/18	Waynesbu	ırgl	n, OH					
Completed By (Print or Type)	Title					Signature	MariAL	_	/	Date				
Mary Petrovski	Pres	ident				7,	wy Kur	UE	TO	10/1	2/2	018		
SB-41						- Landau - L	-/							

ASB-41 MAY 11

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

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Date of Notification (1) 11/12/2018			Name PSE	of Buildin &G	g Owner/	(2)		N	OV 1	5	2018	}		*			
Agencies Notified Type Notification X EPA Initial				treet Address 60 Park Place										i.			
DEP Amended Amendment	#			state, Zip 0 ark NJ 0			A STATE OF	1 4			2 + 1	15.					
■ Emergency justification DCA Cancellation		ng	Name	of Contac	Contact						Telephone Number						
			CILITY IN	FORMAT	ION	201-678-2645											
Name of Facility Where Abatement is Takin PSE&G Marion Station Switch Ya	170	JILIT IIV	ONWAT	ION	Type of Facility (4)												
Street Address 186 Van Keuren Avenue					×	School (K Subchapte Other (i.e.	er 8 (Oth	ner than & comn	K-12 nerci	2) al buil	dings	, hon	nes,				
City (5) Jersey City						etc.) quare Feet # of			3		Bldg. A	Age					
County (6) Hudson	County (STATE	Code (7)	y)		Curre	nt Use (P	rior if be	ing dem	nolish	1000							
Name of Monitoring Firm Hired by Building 6 Haztek Inc.						Substation Control Room le of Abatement Contractor (9) Indenburg Industrial Service Company											
Street Address 143 Medford Mount Holly Road			Street	et Address 17 Spillman Drive													
City, State, Zip Code Medford, NJ 08055				City, St	State, Zip Code hlehem, PA 18015												
Project Manager for Monitoring Firm	Telepho	one No.			phone No. Lice					n							
Kevin McMahon Start Date (10)		14-1003 Date (11)		610-6		800 A Monitor		0072		**							
11/26/2018	. ipicuon	Date (11)			ndenburg												
Occupancy Status During Abatement (Check	20			Street A		s nan Driv	10										
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: DEMO - 12/10/2018-	nent 3			City, Sta	State, Zip Code								_				
Scope of Work (Check All That Apply)	Bethlehem PA 1801)15										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	tion ion			××××	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e							
Location of	s Locati Normall					cription of aining Material (ACM) systems insulation, ing, VAT, or iscellaneous)						Abatement Type					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12) Asbestos (i.e. the				aining Ma systems ing, VAT				Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure			
1ot Floor The Late	Yes	No	N/A											ite	Ф		
1st Floor - Throughout 1st Floor - Throughout			X		pe Insu		_			0 LF		Х					
2nd Fl NW			X		nsite El			127720		0 SF	-	X					
Roof			X	9x	9 Floor			ic) SF		X					
Name of Registered Waste Hauler		l NI	JDEP W	lanta		fing fiel				00 SF	- 1	X					
Waste Management of NJ		Ha	auler ID 273		of Wast		Name of Registered Landfill WM Fairless Hills										
City, State Newark NJ					Disposa 12/3/1	al Date 8-1/18/		City, State Morrisville, PA 19067									
Completed by Stephen Carne	Title Envir	onme	ental Manager Signature					1				Date 11/12/18					

State of NJ

D&S Proj. #: 18-243		PA				tos Abatement 60 and 12:120)		NOV 15 2018									
Date of Notification (1)		Name of gail los		wner/Operator (2	2)				NOV_	F 2	018						
Agencies Notified Type Notific	ation	Street Ad						Take									
☐ EPA ☐ Initial ☐ Amended	- 1		00 o 80000														
Amendment	#:	City, State	e, Zip Code		_												
DOL Emergence	, —	monte	lair, nj 07	1042													
DOH (including justification		Name of C		042			LTelepho	ne Numb	NOT.	-							
DCA Cancellation		gail lo	ng			1											
Name of facility of			FAG	CILITY INFORM	IATIO	ON											
Name of facility where abatement	is taking	place (3)					Ty	pe of Facility	(4) ol (K - 12	2)							
gail long									hapter 8		4h	V 12)					
Street Address						i =	1						!				
						Bldgs./Homes, etc.											
City (5)	Co	unty (6)				ounty Code (7)	- S	quare Feet	E	Bldg. Age							
montclair	es	sex			(Si	tate use only)	C	Current Use (F	Prior if be	ing de	demolished)						
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)		ASCM No.		Name of Abateme											
Street Address					D & S RESTO	RATION, INC.											
Street Address			Street Address														
City, State, Zip Code						20 California	Charles and the Control of the Contr										
						City, State, Zip Code											
Project Manager for Monitoring Firm	1	ΤP	hone Numb	per	-	Paterson, NJ (Tir								
	- 1	none reams			973-345-802			License Number 01169									
Start Date (10)	Sche	d. Complet	ion Date (1	1)	_	Name of OSHA Monitor											
11/16/18		7/18				D & S Restora	ation, I	nc.									
Occupancy Status During Abatemen	t (Check	only one)			-	Street Address	• 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
Facility closed/vacated during Abatement performed outside	entire per	iod of abate	ement.			20 California A City, State, Zip Cod		-									
Describe: NORMAL H		radinty 1100			_												
Scope of Work (check all that apply					-	Paterson, NJ 07503											
M >2 of ox > 2 15		dance:						ontainment w	/negative	press	ure						
	Renovation					L		enclosure bag procedur									
	Demolitio							Exempted (*)		friable	proc	edure)				
Location of asbestos-containing	by mainte	n normally enance/cus	used solely todial					442700000000000000000000000000000000000		R	R	E	Е				
material (acm) to be abated in facility (13)	staff(12)			Description material (A	of a	sbestos-containing		Amount (Specify S	For	m	p	n c	n				
	Yes	No	N/A					ĹF)		o v	a i	a p	L				
BASEMENT BOILER ROOM		$\square X$		PIPE INSUL	ATI	ON	7	0 L FT		e	Ó						
					end along												
			#	-													
egistered Waste Hauler	INJDE	P Hauler I	D# Cu	ibic Yards of Wa	acto	INC. of Decision											
D & S RESTORATION, INC.	135			yd	1316	Name of Registered TULLYTOWN,	a Landf	III NIRCE RE	COVED	v	REPARENT.						
ity, State			Disposal Da	ate		City, State	,	OROL RE	COVER	1							
PATERSON, NJ 07503			11/17/18			TULLYTOWN	, PA										
0000	Title PRESIDI	ENT		Signature					Date								
			or asbestos	s licensure exen	npted	activities.			11/06/	18							

State of NJ Notification of Asbestos Abatement D&S Proj. #: 18-244 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1/10 16 1/11 18 1 RICHARD ROSENBLUM Agencies Notified Type Notification Street Address ☐ EPA Initial Amended DEP Amendment #: City, State, Zip Code DOL Emergency SOMERVILLE, NJ 08876 (including DOH. Name of Contact Telephone Number justification) I DCA Cancellation RICHARD ROSENBLUM **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) RICHARD ROSENBLUM 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) SOMERVILLE SOMERSET Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. 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. 11/12/18 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 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E asbestos-containing е n Description of asbestos-containing Amount staff(12) material (acm) to be m material (ACM) (Specify SF or C abated in facility (13) 0 C a Yes а LF) No N/A V p P BASEMENT PIPE INSULATION 160 L FT X BASEMENT BOILER boiler insulation 40 SQ FT 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 11/13/18 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC** PRESIDENT 11/06/2018

Do not use this form for asbestos licensure exempted activities.

ASB-41

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

D&S Proj. #: 18-245						tos Abatement 60 and 12:120		4.5 70.0000	ANAPORTS SAID SAID	er a ser er er entra ar	green n						
CV 739	0	PA	ID			00 and 12.120	, :	THE G		7.	100 100 100 100 100 100		i i				
Date of Notification (1) 1 1 1 7 7 1 8 Agencies Notified Type Notifi	ootion		f Building Ov IE O'BRIE	vner/Operator (2 N	2)		1	NO ¹	/ 15	2018							
☐ EPA ☐ Initial		Street A	ddress														
DEP Amended		City Sta	te, Zip Code	,							1 13	Ā.	1				
DOL Emergen		555,000			e4				ana Na a a a a a a				- 5				
DOH (including		Name of	Contact	LLE, NJ 0792	.4			LTolopho	na Missal								
□ DCA □ Cancellat		MAR	RIE O'BRIE	N			releptio	ne Numi	ber								
Name of facility whose abote and	11. 1 11.		FAC	CILITY INFORM	MATIO	N											
Name of facility where abatemer	it is taking	place (3)						Type of Facility	(4) ol (K - 1:	2)							
MARIE O'BRIEN								=	hapter 8		than	K-12)					
Street Address			○ Other	(Private/ ./Homes,	Comm	nercia	I										
City (5)	C	ounty (6)			Co	unty Code (7)	E	Bldg. Age									
BERNARDSVILLE								(State use only) Current Use (Prior if being demolished									
Name of Monitoring Firm Hired b		ASCM No.		Name of Abater	nent C	ontractor (9)	ntractor (9)										
Street Address					ORA	RATION, INC.											
Officer Address						Street Address											
City, State, Zip Code			-	20 Californi City, State, Zip C													
				Paterson, N													
Project Manager for Monitoring Fir	Phone Numb	er	_	Telephone Numb	W/W - 0415 W - 11 200	75	License	e Num	ber								
01-12-140				973-345-8020 01169													
Start Date (10)	Sch	ed. Comple	etion Date (1	1)		Name of OSHA											
11/08/18		18/18				Street Address	nation	i, Inc.									
Occupancy Status During Abateme				And the first of the second		20 California	Aver	Avenue									
Facility closed/vacated during Abatement performed outside	entire pe of norma	riod of aba al facility ho	itement. ours-			City, State, Zip C	ode	e									
Describe: NORMAL I		-	Paterson, NJ	1.0750	13												
Scope of Work (check all that app	y)					1 44013011, 143		I Containment w	/no motile se								
≥ 3 sf or >3 lf	Renovat	ion						ni-enclosure	negative	press	ure						
≥160 sf or ≥260 lf	Demolitic	on					Glo	vebag procedur	е								
Location of	Is location	on normally	y used solely				☐ NO	n-Exempted (*)	and Non-	-friable	Proc	edure E	_				
asbestos-containing material (acm) to be	staff(12)	tenance/cu	istodial	Description	n of as	sbestos-containing	3	Amount		e m	e	n	E n				
abated in facility (13)	Yes	No	N/A	material (A	(CM)			(Specify SI	For	0 v	a i	a	c L				
BASEMENT		X		PIPE INSUL	ATI	ON		90 L FT		e	r						
egistered Waste Hauler O & S RESTORATION, INC.		EP Hauler		bic Yards of Wa	aste	Name of Register							Ш				
ity, State		506	Disposal Da	yd ote			N, RE	SOURCE REC	COVER	Y							
PATERSON, NJ 07503			11/08/18			City, State TULLYTOW	N DA										
ompleted by (Print or Type) BOGDAN JOLDZIC	Title			Signature		TODETTOW	14, FF	1	Date								
	PRESID Do not us		for asheston	licensure ever	onto d	notiviti		11/07/2018									

CK015899	PAIN	NOT	IFICATIO	State of N ON OF AS nt to NJA	BESTO	SABATE	EMENT (0)		EB		\	144				
Date of Notification (1) 11-08-18	A M Si Si J		Name PSE	of Buildir G	ng Owner					- 37						
Agencies Notified Type No				Address Hadley	/ Rd			NOV	1	2018						
X DOL Am	ended endment #		City, S	tate, Zip	Code			Acceptance of the second								
□ DOH □ just	ergency (includin ification) icellation	g	Name	of Contac	at				Telephone N 856-628-2							
Name of Facility Where Abatement	is Taking Diago	(0)		CILITY IN		TION	Yangara da ka		030-020-2	411						
PSEG Essex Switching State Street Address 155 Raymond Blvd				Facility (4) nool (K-12) pchapter 8 (Other than K-12) ler (i.e. private & commercial buildings, homes,												
City (5)					Other (etc.) Square Feet					Bldg. Age						
County (6)	Newark						N/A		N/A		N/A		Age			
Essex		Code (7) USE ONL			Current Use (Prior if being demolished) Control House											
Name of Monitoring Firm Hired by E N/A	ASCI N/A	M No.		Name WRS	me of Abatement Contractor (9) /RS Environmental Services, Inc.											
Street Address N/A					reet Address 7 Old Dock Rd											
City, State, Zip Code N/A					ty, State, Zip Code aphank, NY 11980											
Project Manager for Monitoring Firm N/A	Telepho N/A	ne No.		Telephone No. License No. 631-924-8111 01136												
Start Date (10) 11-19-18	Schedul 12-23-	ed Cor	mpletion Date (11) Nam				me of OSHA Monitor RS Environmental Services, Inc.									
Occupancy Status During Abatemen				Street /	et Address Old Dock Rd											
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: Electrical circ	nent s			City, St	ate, Zip Code											
Scope of Work (Check All That Apply	y)					Yaph	ank, NY 11	980								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Personal Control of the Person	Renova Demolit				×	Full Containment with Negative Pres Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable									
Location of		Locati Normal						1	and non-i na	Abatement Type						
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Ma Ma	d Sole intenar todial S (12)	nce/	Asbes (i.e.	tos Conta thermal surfac	scription of aining Ma systems sing, VAT siscellane	iterial (ACM) insulation, , or	(ACM) Ar		Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A				9 - 20 1 • 9			l a	=	ilate	ure			
Control House			Х			C cable)	26		x						
								-		-						
										-						
Name of Registered Waste Hauler Waste Management		Ha	JDEP Waste auler ID No. Cubic Yards of Waste TBD				Name of Registered Landfill Fairless landfill									
City, State Elizabeth, NJ 07201			Disposal Date													
Completed by Raymond Tutiven				mature			Date 11.09.19									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) Cresskill School District/ Job #1810-5102 Check #10758, 19757 11 9 18 Agencies Notified Type Notification Street Address **⊠** EPA ✓ Initial 1 Lincoln Drive **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # Cresskill, NJ □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Frank Bennett 973-472-1578 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bryan ES School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1 Lincoln Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Creskill, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Bergen School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Karl & Associates AbateTech, Inc. Street Address Street Address P Box 645 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Shillington, PA 19607 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike Krisher 610-856-7700 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 21 / 18 11 / 25 / 18 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Cinnaminson, NJ 08077 ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Pressure Scope of Work (Check all that apply) ≥3 sf or >3 If □ Renovation ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Nurse's Office П X П Double Layer Floor tile & Mastic 400 SF X Nurse's Office П X П Cove Base 35 LF X **Basement Child Care** \boxtimes Transite Ceiling Panels 600 SF X П П П

Gwendolyn Trumbetti
ASB-41
MAY 11

City, State

Name of Registered Waste Hauler

AbateTech, Inc.

Lumberton, NJ

Completed By (Print or Type)

Cubic Yards of

Disposal Date

11/26/18

Signaturé

Waste

40

Name of Registered Landfill

G.R.O.W.S. Landfill

Date

Tullytown, PA

City, State

NJDEP Waste

Hauler ID No.

18750

Operations Coordinator

Title