Ch 212	ON C		State CATION oursuant to		STOS	ABATE					3 (G	1		<u> </u>	
Date of Notification (1) 9-28-2018			Name of I			perator	(2)	-,000	ř.,		OC1		- 2	201	8
Agencies Notified Type No	otification		Street Ad		<i></i>				-	A.S	REST	Ö	TO.	ATTO	Ci
EPA X Init		-	1221 A	2505-1250-226102-00		Americ	as 				erap. : rep.	700 4	5 -17	(<u></u>	0.00
X DOL An	nended nendment #	- 1	City, State New Yo												
× DOH jus	nergency (including tification) ncellation		Name of O		icz				- 10 CO CO	phone N 2-991-					
			FACIL	ITY INFO	RMATI	ON						*****			
Name of Facility Where Abatemer Commercial	nt is Taking Place (3)							Facility (4)							
Street Address 1430 Park Avenue							☐ St	ibchapter 8 her (i.e. pri	(Othe			uildii	ngs,	home	s,
City (5) Hoboken, NJ 07030							Square 3100	Feet	# of 2	Floors		70	lg. A	je	
County (6) Hudson			County C				Current	Use (Prior	if bein	g demo	lished)				
Name of Monitoring Firm Hired by	Building Owner (8)		ASCM	No.				ment Contr	12000	100	LLC)			
Street Address							Address Virginia	Avenue							
City, State, Zip Code							State, Zip ey City,	Code NJ 0730)4						
Project Manager for Monitoring Fi	rm		Telephon	e No.		100	none No. 333-88	55		License 01174					
Start Date (10) 10-8-2018	Scheduled		Completion Date (11) Name of OSHA Monitor Green Environmental Services, LLC												
Occupancy Status During Abatem	nent (Check Only One	2)	Street Address 235 Virginia Avenue												
Facility Closed/Vacated Duri Abatement Performed Outsid Other – Describe:						City, S	State, Zip	Code							
Scope of Work (Check All That A	nnlv)					Jers	ey City	NJ 0730)4	-)					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	☐ Re	enova emoli				>	Mini- Glov	Containmer Enclosure ebag Proce Exempted	dure					9	
	20000	Locat	53/23/5/40/						A. Z.					ment	ă I
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Used	ntena	ely by nce/ Staff?		tos Cont thermal surfa		Material (is insulati AT, or		(S	mount pecify or LF)		Demove	Repair	Encapsulate	Enclosure
8. 6	Yes	No	N/A								3	-	8.	ate	re e
Roof	Χ			Roofi	ng Ma	iterial		210	02 SF	X					
Above Office	Х		Gra	ay Trai	nsite V	Vallboa	rd	100	00 SF	x					
												_			
Name of Desistered Wests Usual			NJDEP W	anto	Cubia	Yards		Name of R	ogisto	rod Lan	dfill				
Name of Registered Waste Haule Green Environmental Servi		ŀ	Hauler ID 1034889	No.	of Wa			Fairless	150		IGINI				
City, State Jersey City, NJ					100	sal Date 1-2018		City, State Morrisvil		Ą					
Completed by Liliana Serrano	Title Office	Ма	nager		1	Signatur 	e A(11	i) Se	ll.	4.5	Date 9-28	-20	18		

Print Form

2h 2721		NO CONTRACTOR OF THE PERSON OF	FICATIO	State of New J DN OF ASBEST	TOS ABATE	EMEN 20)	NT		E C			Print
Date of Notification (1)			Name	of Building Ow	ner/Operato	r (2)		114	OCT	- 1	2 20	119
9-24-2018			Lynn	Maltz								
Agencies Notified Type Notificatio	n		Street	Address			-	AS	BEST	00.0	KIT IT	tor it
EPA Initial Amended										1.44		
X DOL Amended Amendmen	at #			state, Zip Code	7.50							•
□ × Emergency	(including	g	5.00	ewood, NJ 0	7450							
DOH justification	1)			of Contact Maltz				Telephone I	Numbe	r		
							7 7 14 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Name of Facility Where Abatement is Taki	ng Place ((3)	FAC	CILITY INFORM	ATION	Tyr	pe of Facility (4	()				
Residential						, yk	5.700	80				
Street Address						H	School (K-1) Subchapter	2) 8 (Other than K	-12\			
						×	Other (i.e. pr	rivate & comme	rcial bu	ilding:	s, hon	nes,
City (5)						Sai	etc.) uare Feet	# of Floors		Bldg.		
Ridgewood, NJ 07450						42		2		75+	Age	
County (6) Bergen		T	County	Code (7)		Cur	rent Use (Prio	r if being demo	- 1			
			STATE	USE ONLY) _				3				
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	Name	of At	patement Cont	ractor (9)				
Street Address					Gree	en Ei	nvironmenta	al Services,	LLC			
					Street							
City, State, Zip Code							inia Avenue					
87 E 1777							Zip Code	24				
Project Manager for Monitoring Firm			Telepho	ne No	Teleph		ity, NJ 0730					
			- cropi io				No. 8855	License 01174	No.			
Start Date (10)	Schedul	ed Con	npletion	Date (11)			SHA Monitor	01174				
9-25-2018	9-25-2	018		10 (10)				al Services, L	LC			
Occupancy Status During Abatement (Chec	ck Only Or	ne)			Street							
Facility Closed/Vacated During Entire	Period of	Abaten	nent		11.00.000.000.000.000.000.000.000.000.0		nia Avenue					
Abatement Performed Outside of Norn Other – Describe:	nal Facility	/ Hours	3		City, St	tate,	Zip Code					-
Scope of Work (Check All That Apply)					Jerse	еу С	ity, NJ 0730)4				
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti			×	Fi	ull Containmer	it with Negative	Pressu	ire		
		CHOIL	1011		×	M	ini-Enclosure lovebag Proce					
	T					No	on-Exempted (*) and Non-Fria	ble Pro	cedur	'e	
V(28)	147333	Locati								Abate	ement	
Location of Asbestos-Containing Material (ACM)		lormall d Solel		Achair	Description	of					/pe	
TO BE ABATED	Mai	intenar	ice/	Ashestos C (i.e. therr	ontaining Ma nal systems	ateria insul	al (ACM)	Amount (Specify	71		g	Е
In Facility (13)	Cust	odial S (12)	iaif?	SU	rfacing, VA1	r, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure
3.576	-		ı	othe	er miscellane	eous)		Ű.	lova	pair	sula	JUSC
	Yes	No	N/A								Ite	Œ
Garage		Х		Du	ict Insulat	ion		50 SF	X			
				- Andrews						-		-
										-		
	 											_
ame of Registered Waste Hauler		T NI	JDEP W	lagte 1 0								
reen Environmental Services, LLC			auler ID		ic Yards Vaste		1 22	gistered Landfi	II.			
	35	00	34889	1			Grows No	orth Landfill				
ity, State ersey City, NJ					osal Date		City, State					
ompleted by				9-2	5-2018		Morrisville	e, PA				
liana Serrano	Title	0.4			Signature	4 5 0			ate			
	Office	Man	ager		101/1	1111	1011x 0 11 1		-24-20	118		

Ch 2113	}	NOTIF (F	urstiant	tate of Me N OF ASB t to NJAC	ESTOS A 8 60 and	12:12	(0)			E	G	- 2	20	int F
Date of Notification (1) 9-21-2018				of Building	Owner/Op	perato	r (2)		111 14	-	161			10
Agencies Notified Type Notification	n		Street A	Buehler						A 0 0 0	- 400			
☐ EPA ☐ Initial			Oliceti	1001033					DESIGNATION	PU		1		\$ 1 · · · ·
DEP Amended				ate, Zip Co					La Contract	- Hara-Cu.		2 Submit		
X DOL Amendmer X Emergency		_		Arlingto	n, NJ 07	7031								
DCA justification Cancellation)			of Contact Buehler					Telepho	ne Nun	nber			
Name of Facility Where Abatement is Taki	na Dinna (2)	FAC	ILITY INF	ORMATIO	N	T =							
Bergen	rig Flace (3)						of Facility (4)						
Street Address								School (K-12 Subchapter 8		an K-12	2)			
							×	Other (i.e. pri etc.)				dings,	home	es,
City (5)			- Colonia				Squa	re Feet	# of Floo	rs	E	Bldg. A	ge	
North Arlington, NJ 07031 County (6)			Č-				296		2	men e e menenge com -		+8		
Bergen	43			Code (7) USE ONLY)		Carre	ent Use (Prior	if being de	emolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	M No.				atement Contr vironmenta		es, LL				
Street Address							Addre	ss iia Avenue						
City, State, Zip Code								ip Code						
								y, NJ 0730	4					
Project Manager for Monitoring Firm	ject Manager for Monitoring Firm							o. 8855	Lice 011	nse No	0.			
Start Date (10) 9-22-2018	Schedul 9-22-2		Completion Date (11) Name of OSHA Monitor 8 Green Environmenta					I Service	e II					
Occupancy Status During Abatement (Che							Addre			,o, LL		-		-
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of mal Facility	Abaten	nent					ia Avenue						
Other – Describe:								y, NJ 0730	14					
Scope of Work (Check All That Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				>	Mir Glo	II Containmen ni-Enclosure ovebag Proce n-Exempted (dure				0	
	Is	Locati	on				140	Tr Exempled () and Ivol	i-i ilabi	1	Abate	ement	
Lecation of		Normal ed Sole	ly			ription						Ту	ре	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intena	nce/		tos Contai thermal s				Amoun (Specif		70		En	Ш
In Facility (13)	Cus	todial 8 (12)	Staff?	,,,,,,	surfacir	ng, VA	AT, or		SF or LI	F)	Remova	Repair	caps	Enclosure
1.0/	Yes	No	NI/A		other mis	sceilăl	neous)				val	air .	Encapsulate	ure
Basement	X	N/A		Pipe I	nsula	ation		240 LI	=	X				
					1 100 11				240 Li		-			
											-			
Name of Registered Waste Hauler		1000	JDEP Wauler ID		Cubic Y			Name of Re						
Green Environmental Services		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	034889		2			Grows N	orth Lan	dtill				
City, State Jersey City, NJ					Disposa 9-22-20			City, State Morrisvill	e. PA					
Completed by	Title					nature	e	C		Dat	te	-		
Liliana Serrano	Offic	e Mar	nager		1	. 1		. JUV	V.T	774.023	21-21	118		

		1		Λ Π		L.					Pr	int For	
Ch 1871	.5	NOTIF (P	CATIO	tate of New Jers NOF ASBES TO t to NJAC 8:60 a	SABATE	MEN	т		: C [W		
Date of Notification (1) 09/28/2018				of Building Owner beth Guest	r/Operato	r (2)		11.4	OCT	- 2	2018		
Agencies Notified Type Notification		-	Street /	Address				1	Senangament consecu-				
× EPA × Initial		L						7.0	1200			1. 8	
X EPA		_		ate, Zip Code tainside, NJ 0	7092				Terror Sales Na			- 050	
➤ DOH justification) DCA Cancellation	i			of Contact beth Guest				Telephone	Nimet -				
Name of Equility Where Abstragant is Takin	DI (6		FAC	ILITY INFORMA	TION	T =							
Name of Facility Where Abatement is Takir House	ng Place (3	3)				Тур	e of Facility (4	50 					
Street Address						×	Other (i.e. pr	?) 3 (Other than ivate & comm	K-12) nercial bui	ldings	, hom	es,	
City (5) Mountainside						Squ N/A	etc.) are Feet	# of Floors N/A	2 112	Bldg. /	Age		
County (6) Union	64			Code (7) USE ONLY)		Curr	rent Use (Prior use	if being dem	olished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	M No.			atement Conti tement, Inc						
Street Address					Street 11 R		ess ngren Aveni	ue					
City, State, Zip Code	45-14-19p				City, S	State, 2	Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.	Teleph 973-			Licens 0131					
Start Date (10) 10/12/2018	Schedule 10/13/2		npletion	Date (11)	HA Monitor tement, Inc								
Occupancy Status During Abatement (Chec	ck Only On	ie)			Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Occupied	Period of Anal Facility	Abatem Hours	City, State, Zip Code Totowa, NJ 07512										
Scope of Work (Check All That Apply)					1010	wa, i	NJ 0/512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emoliti			××	Mi Gl	ull Containmen ini-Enclosure ovebag Proce on-Exempted (rocedure					
Location of	l N	Locati	y	D	escription		SII EXCITIPICA () and Non-F	Trable 1 To	Abate	ement rpe		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel intenar odial S (12)	ice/	ce/ Asbestos Contain			ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A						<u>a</u>		ate	Ге	
Garage		Х		Duc	t Insula	tion		50 SF	Х				
									-				
Name of Degisters J.M		100	IDEE:										
Name of Registered Waste Hauler D&S Abatement, Inc.		Ha	JDEP W auler ID 1996	10 E 15 E				egistered Lan anagemen					
City, State Fotowa, NJ				Dispo TBD	osal Date	1	City, State Morrisville	e, PA					
Completed by Oliver Hegedis	Title Proje	ct Ma	nager		Signature	10	/		Date 09/28/	2018			

		- Francisco	NE		[_ P	rint Fo
Ch 1163	N	(Pürs	State of NATION OF AS	BESTOS C 8:60 ar	ABATE nd 12:12	(0)	т		EC			\mathbb{V}	
Date of Notification (1) 09/28/2018			ame of Buildin risten Culle		Operato	r (2)		1.4	00	T -	- 2	2018	111
Agencies Notified Type Notification	1		reet Address	111					None were		- to - 141-18		
× EPA × Initial								-	ACOES,				ii K
X EPA X Initial Amended Amendmen	nt #		ty, State, Zip (hatham, No						CONTRACT (190)	-			97.6
Emergency	(including		me of Contac					Tolonk	one Nice				
DOH justification Cancellation			risten Culle					1 I DIANE					
Name of Facility Where Abatement is Takir	DI (0)		FACILITY IN	FORMAT	ION	_							
House	ng Place (3))				Тур	e of Facility (4		-				
Street Address						×	School (K-12 Subchapter 8 Other (i.e. pri	Other t	han K-12 ommercia	?) al bui	ldings	, hom	es,
City (5) Chatham						Squ N/A	etc.) are Feet	# of Flo	oors	01.5	Bldg. /	Age	
County (6) Morris		(ST	unty Code (7) ATE USE ONL		_	Ho			demolish	ed)			
Name of Monitoring Firm Hired by Building N/A Street Address	Owner (8)	-	ASCM No.		D&S	Aba	atement Contr tement, Inc	actor (9)					
Street Address					Street 11 R		ess Igren Aveni	Ie.					
City, State, Zip Code					City, S	State, 2	Zip Code NJ 07512						
Project Manager for Monitoring Firm			ephone No.	none N 345-	No. 8685		cense No).					
Start Date (10) 10/08/2018	10/09/2	018	etion Date (11)	HA Monitor tement, Inc.									
Occupancy Status During Abatement (Chec					Street		2000					-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Occupied	Period of Al mal Facility I	batement Hours	rs City, State, Zip Code Totowa, NJ 07512										
cope of Work (Check All That Apply)					1010	wa, i	10 07 5 12						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovation emolition			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
Location of		ocation		Do	scription		Exempted (y drid ive	n-i nabi	3110	Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Sebestos-Containing Material (ACM) TO BE ABATED In Facility No Used Main Custo						I (ACM) ation,	Amou (Spec SF or I	ify	Remova	Repair	Encapsulate	Enclosure
	Yes	No N	I/A							3		ate	ге
Garage		Х		Duct	Insula	tion		25 S	F	Х			
							-						
ame of Registered Waste Hauler		NJDE	P Waste	Cubic	Yards		Name of Re	nistered	andfill				
&S Abatement, Inc.		1 TANK STATES	r ID No.	of Was	ste		Waste Ma	70 10 10		PA			
ty, State otowa, NJ			Dispos TBD	al Date	,	City, State Morrisville	e, PA						
ompleted by iver Hegedis	Title Project	t Manag	ger	S	ignature	17	/	no ton - put - parent	Date 09/		018		

		1		$/\Lambda$ \parallel				1-3				P	rint F
h 677240118	9		FICATIO	tate of New Jo N OF ASBEST t to NJAC 8:60	OS ABATE		Т		臣 (G.			/ [5
Date of Notification (1) 09/28/2018				of Building Owr kah Castro	ner/Operato	r (2)	1		0(T	- 2	201	8
Agencies Notified Type Notification	า		Street A	Address				-	1000				
X EPA X Initial Amended			0.11						۱۹۹۲		100		N. S
X DEP Amended X DOL Amendmer	nt #			ate, Zip Code Orange, NJ	07052					12.	mark to a	- 14 · 44	100 - 2
➤ DOH justification DCA Cancellatio)		Name o	of Contact kah Castro				Telepho	ne Num	ber			
			FAC	ILITY INFORM	IATION			1					
Name of Facility Where Abatement is Taki House	ng Place (3	3)				Тур	e of Facility (4)					
Street Address						×	School (K-12 Subchapter & Other (i.e. pr	Other tha	an K-12) Il bui	Idinas	. hom	es.
City (5) West Orange						_	etc.) are Feet	# of Floo		E	Bldg. /		
County (6) Essex	-			Code (7) USE ONLY)		Curr	rent Use (Prioruse	0.000.000	emolishe	100	4//~		
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.	Name D&S	of Ab	atement Conti	ractor (9)					
Street Address					Street	Addre	100000000000000000000000000000000000000						
City, State, Zip Code					City, S	State, 2	Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 973-	none N	No.	Lice 013	nse No				
Start Date (10) 10/08/2018	10/09/2	2018	mpletion	Date (11)			HA Monitor tement, Inc						
Occupancy Status During Abatement (Che	ck Only On	e)			Street		7.07 (F)						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied	Period of A	Nbaten Hours	nent s		City, S	tate, Z	gren Avenu Zip Code	ie					
Scope of Work (Check All That Apply)					Toto	wa, N	NJ 07512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit			×	Mi	ull Containmen ni-Enclosure ovebag Proce on-Exempted (dure				0	
Location of	N	Locati orma!	ly	i	Description		- Exemples (y and reon	Thabit	. 1 10	Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/	Asbestos C (i.e. therr su		lateria s insul T, or	ation,	Amoun (Specifi SF or LF	/	Remova	Repair	Encapsulate	Enclosure
Covers	Yes	No	N/A							<u>a</u>	7	late	ıre
Garage		X		Du	uct Insula	tion		25 SF		Х			
lame of Registered Waste Hauler		10000	JDEP Wa		oic Yards		Name of Re	egistered La	andfill				
&S Abatement, Inc.		1.50000	996	TBI			Waste Ma	anageme	ent of F	PA			
otowa, NJ				TBI		10	City, State Morrisville	e, PA					
ompleted by liver Hegedis	Title Projec	t Ma	nager		Signature	W.		and the second second	Date 09/2		018		

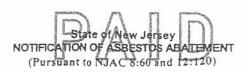


State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) 9/28/18 Type Notification Agencies Notified Name of Building Owner / Operator Michael Kaplan Street Address	
EPA Emergency Notification Street Address OCT - 2 2019	
DEP X Initial Notification City, State & Zip Code	
X DOI Amended Notification New Proposition At Lagran	
V DOLL Committee to the committee of the	Telephone Number
DCA Michael Kaplan	releption promoci
FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)	300 00000000000000000000000000000000000
Residence School (K-12) Street Address Subchapter 8 (Other than K-12)	
Street Address Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings	age homos etc
	Bldg. Age
City (5) County (6) County Code (7) 2,500 2	80
New Brunswick Middlesex Current Use (Prior if being demolished)	
Residential	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc ASCM No. Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address Street Address	
64 Broad Street 443 Schoolhouse Road	
City, State & Zip Code City, State & Zip Code	
Matawan, NJ 07747 Project Manager for Monitoring Firm Telephone Number Telephone Number Telephone Number I icense Number	
Tom Geiger 732-290-2217 732-605-9062	lumber 00714
Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Street Address 443 Schoolhouse Road	
Abatement Performed Outside of Normal Facility Hours - City, State & Zip Code	
X Describe: Area Isolated During Abatement Other - Describe: Monroe Township, NJ 08831	
Scope of Work (Check all that apply)	
Demolition X Renovation Full Containment with Negative Pre	Pressure
Large Project Mini-Enclosure	
X Quantity is ≥ 3 SF or ≥ 3 LF ACM X Glovebag Procedure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Non-friable Location of Is Location Description of Amount	
A-1-1- O 1111	Abatement Type
14 : 144 010	(Specify: Removal, Repair, Encapsulation
TO BE ABATED Maintenance or (i.e., thermal systems or	or Enclosure)
in Facility Custodial Staff? insulation, surfacing, VAT Linear Feet)	· · · · · · · · · · · · · · · · · · ·
(13) or other miscellaneous)	
Basement N/A TSI Pipe 80 LF	Removal
Name of Registered Waste Hauler	ered Landfill
City, State Disposal Date City State	
Trenton, NJ 10/12/18 Tullytown, Pa	1
Completed By (Print or Type) Title Signature	Date
Dominick Tringali Pres. Dominick Tringali	9/28/18

CK# 4636



. <				
111				
1 11	AAT	2	0040	

OCT -2 2018

Date of Notification (1)		N:	eme of Build	ling Owner/Operato	or (2)	1					
9-27-	18	1		RAW SFUM		ENT	ron i	1,500	rter	11 17	
Agencies Notified Type	Notification	St	reet Addres	s 01 W. ((ARKSI	MUDING	ID V)			
	nended	Cit	y, State, Zip	Code		DAVID IV OUT	125			=	
□ Er	nendment # nergency (including	-		EGG HAR	BOR	N.J	0	82	18		
	stification) Incellation	Na	me of Cont	-		Telephone Nurr			00		
		يـــــــــــــــــــــــــــــــــــــ	EACH ITY IA	FORMATION		609-9	6)-	_/9	40	=	
Name of Facility Where Abateme	ent is Taking Place (3		AGILITIN	COURTION .	Type of Facility	(4)					
RESID					School (K-1	2)					
Street Address					Subchapter Other (i.e., phomes, etc.)	8 (Other than K-1 private & commerce)	2) ial bui	ldings	5,		
City (5)	A : A - 7 -				Square Feet	# of Floors	В	ldg. A			
	CATE	TC	Suphy Code	(7) (STATE	1500	ior if being demoli		20	+	_	
County (6)	110		SE ONLY)	(1) (31412		C AWT	Shed)				
Name of Monitoring Firm Hired by		ASC	M No.	Name of Abatem	nent Contractor (9					=	
N/A		l_		The second secon	MCO I	MC.				_	
Street Address				Street Address	S. SPRU	CE LLUE					
City, State, Zip Code			City, State, Zip Code								
			Dhone No. Telephone No. License No.								
Project Manager for Monitoring F	irm Te	elephon	ie No.	856-77°	7-0472	License No.	37			_	
Start Date (10)	Scheduled Comp			Name of OSHA N	Monitor 1.A						
Occupancy Status During Abaten	1 1	1-18		Street Address	MIR					=	
Facility Closed/Vacated During										_	
Abatement Performed Outside	of Normal Facility Ho	urs		City, State, Zip Co	ode						
Other - Describe:				L						=	
Scope of Work (Check all that app	ory) □ Renova	ation		Full Con	tainment with Neg	gative Pressure					
≥160 sf or ≥260 lf	Demotif	ion			g Procedure empted (*) and No	n-Friable Procedu	re				
,	Is Local					9.	P	bate Typ	ment		
Location of	Used Sole	ely by		Description of		#1 - William 100	-	1,71		\vdash	
Asbestos-Containing Material (A TO BE ABATED	CM) Maintena Custod			tos Containing Mate thermal systems in		Amount (Specify	Re	Z)	Encapsulate	Enc	
IN Facility	Staff1 (12)	?		surfacing, VAT, other miscellaneous		SF or LF)	Removal	Repair	nsde	Enclosure	
(13)	Yes No	N/A	1				<u>a</u>	7	ate	ГӨ	
2110.1.2		X	-	RAWSITI	- 1	750 SP	X			\Box	
SIDING		1~		ACENTO 2111	- (4505					
		+									
Name of Registered Waşte Hauler		WDEP	Waste	Cubic Yards of Waste	Name of Regis	tered Landfill					
KLEMCO INI		tauler II	04	_/0	A	CUA				=	
City, State MAPLE SHAO	E W.J.			Disposal Date	City, State,	ANITUIZLE		Μ.	7		
Completed By	Title			Signature	1001	Date	77		8		
MICHAEZ KLEMM	SUPER	017	OR	- Mie	W/~	=1	1		0		

CKH 4636

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

0)-	E	C	E		W	E	1
	(OCT	-	2	2018		

							1 1				1
Date of Notification (1) 27 - 18			Na	me of Build	ing Owner/Operato		STROCT	104	trees	Try ii	
Agencies Notified Type Notificati	on	-	Str	eet Addres	S		L	- transport			
□-EPA ⊠ Initial			_		300 7	774 57					
DEP Amended			Cit	y, State, Zip	Code					_	
M DOL Amendmen ☐ Emergency	-	ling	_	SEX	+ ISLE	CITY	N.).	38C	24	5_	
DOH justification	(۱	37.0	Na	me of Conta			Telephone Nu	mber			
DCA Cancellation	ח			V-1	RAMIC						
			F	ACILITY IN	FORMATION						
Name of Facility Where Abatement is Tal	-	ce (3)				Type of Facili					
RESIDEN	(F					School (K-	·12) er 8 (Other than K-	12)			
Street Address							private & commer		ilding	S,	
City (5) AVALOW						Square Feet	# of Floors	E	36g.		
County (6)					(7) (STATE		Prior if being demo	kished)			
CAPE MIAY				SE ONLY)			ACHRIT				_
Name of Monitoring Firm Hired by Building	Owne		ASC	ASCM No. Name of Abatement Contractor (9)							
(8) N/A				Street Address							
Street Address				wa varrana	Street Address	S. SP	RUCE AL	15			
City, State, Zip Code			City, State, Zip Code								
						LE 21) (780	25	2
Project Manager for Monitoring Firm		Tel	ephon	e No.	Telephone No. 856-77	9-0472	License No.	37	Ĺ		
	eduled (Compl	etion Date (11) Name of OSHA Monitor								
16-7-18	10-	- /	5-	18		N	4				
Occupancy Status During Abatement (Che					Street Address						
Facility Closed/Vacated During Entire P	eriod of	f Abate	ement								_
Abatement Performed Outside of Normal Other - Describe:	al Facili	ty Hou	irs		City, State, Zip Co	ode					
Scope of Work (Check all that apply)											-,73,500
	По	enovat	ion		∐ Full Con □ Mini-Enc		egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		emolitic			Gloveba	g Procedure	25				
(81					Non-Exe	empted (*) and N	on-Friable Proced	_			
		Location compatible co						/	abate Tyr	ment be	
Location of		Sole			Description of			-	<u> </u>		
Asbestos-Containing Material (ACM)		ntenan			os Containing Mate thermal systems in		Amount (Specify			Enc	ū
TO BE ABATED IN Facility	1 7	Staff?	*	(1.6.,	surfacing, VAT,		SF or LF)	em	Repair	aps	clo
(13)		(12)]	other miscellaneou	us)		Removal	alr	Encapsulate	Enclosure
	Yes	No	N/A							9	
211.101.3			V	-	TRAN SIT	F	1500 SF	X			
SIDING			_		VCF 4G O			1			
	-	_						+-			
								+			
		,	IDED !	Masta T	Cubic Yards	I Name of Roc	istered Landfill				
Name of Registered Waste Hauler			JDEP auter IC		of Waste		4				
ICLEMOD DUC.		_ []	59	24			CMU-A-				
City, State	17	_	10	252	Disposal Date-	City, State	BINIE	T 14	-0		
MAPLE SHADE	MI.	7	US	0) (Signature -	1000	Dale	٧)			=
Completed By Title	S	UP.			- Wein	Wh		- 2) -	18	_

CK4 4636

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

OCT - 2 2018

Date of Notification (1).				IN		£ - 0 0	- (0)							
Date of Houseand (1)	77-18				ame of Buil	ding Owner/Operato	SUNS	S EX	CAUR	NIN	W.	70	1775	
Agencies Notified	Type Notifica	tion		S	reet Addre				The Parket Street, Street, St. Street,			No.	-	
	Initial Amended			-	- Ot-1- *		ISHORE	RD		_		-		
⊠ DOL	Amendme		E	1 4	ty, State, Zi		MAY	TIA	0820	~ \l	. 			
☑ DOH	☐ Emergenc justificatio		ung	No.	ame of Con		POLIT	I Tele	phone Num		_	:. 1		
□ DCA	Cancellatio	n'				SON		100	PHONE NUM	iber				
					FACILITY I	NFORMATION				_		_		
Name of Facility Where A			ice (3))			Type of Fac	lity (4)		-		- ~	-	
Street Address	SIDEMC						School (K	(-12) ter 8 (Otto	ar than K f	21				
Sireet Address	50	V350			125	1 02	Other (i.e.	., private &	& commerci	albu	ikling	rs,		
City (5)							homes, e Square Feet		Floors		3ldg.	Ane		
- WIC	DWOOL	(121	:27			1500	_ _	2		50) †		
County (6)	Hill			C	ounty Code SE ONLY)	(7) (STATE	Current Use	(Prior if be	ing demolis	shed				
CAFE	MUT				- UALANI									
Name of Monitoring Firm (8)	Hirea by Buildin	g Owne	•	ASCM No. Name of Abatement Contractor (9) KLFWCO IWC										
Street Address	H		=	Street Address										
				369 S. SPRUCE HIE										
City, State, Zip Code						City, State, Zip C	ode						_	
					MAPLE SHADE N. J 080									
Project Manager for Monit	oring Firm		Te	lephon	e No.	Telephone No.	2. 6122	Lice	nse No.	۲٠ ج	1			
Start Date (10)	T Coh	adulad I	Como	ation [SS6-779-0472 # 01371 on Date (11) Name of OSHA Monitor									
10-7-18	301	()	- 1	5-	18	THAT OF COTENTY	NIF	}						
Occupancy Status During	Abatement (Ch	eck only	one)			Street Address							_	
Facility Closed/Vacated													_	
Abatement Performed C Other - Describe:	outside of Norm	al Facili	ty Hou	N2		City, State, Zip Co	xde	177			50 5.000.1			
	hat analysis												=	
Scope of Work (Check all t	natahhiy)						ainment with N	egative Pr	ressure					
≥3 sf or ≥3 lf √2≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-Encl	osure Procedure							
LAT 100 01 01 2200 11		45					mpted (*) and N	lon-Friable	Procedure				_	
			ocation of the last of the las							A	bate Typ	ment se		
Location of		Used	Solel	y by		Description of	-i-1 (A CAA)						\neg	
Asbestos-Containing Mate TO BE ABATED			stodia			os Containing Mater thermal systems ins		(Spe	ount ecify	R	-71	Enc	Ē	
IN Facility			Staff? (12)			surfacing, VAT, o		SF or	r LF)	Removal	Repair	apsı	Enclosure	
(13)		-				OUR TIESCHAIRCOS				val	=	Encapsulate	B.M.	
		Yes	No	N/A					.:				_	
SIDING				X		CANSITE		22	2020	X				
Name of Registered Waste H	lauler		1	JDEP V auleg ID		Cubic Yards of Waste	Name of Regi	istered La	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Λ				
	MC		1	790	14_	9		M (MU	4_	_		_	
City, State	_ 141 -					Disposal Date	City, State	Bruce	- Mi	T	- ,,			
MAPLE SHUW Completed By	E W.J					Signature	_www	UNIC			<u> </u>		=	
MICHAEL VICULU		RES				Mill	nu		P# -2	7-	-18	_	_	

										-					P	int
h 00100	97			ICATIO		w Jersey ESTOS AB 8:60 and 1					1	E ()			\mathbb{V}	<u>UU</u>
Date of Notification (1) 09/26/2018						Owner/Ope		(2)			4	00			2018	
	Type Notification	1			Address	Jinais, iii	U.			1_	\perp		OTI	3CK#	000	097
□ EPA □	7 Initial			어린 생긴 그렇게 뭐요	ronica A	\ve				1	A	BE 9	103	CO	Ú Ar	£ 8-
DEP 5			Ì	City, St	ate, Zip Co	ode			V C 8 400	ļ	, Services	1	11 11 11			E 5.3
X DOL	Amendmen			Some	rset, NJ	08873										
X DOH	Emergency justification		'	Name o	of Contact					Tele	ephor	ne Nun	nber			
DCA [Cancellatio	n			ie Masci					97	3-96	8-36	32			
Name of Facility Where Aba	atement is Taki	na Place /	3/	FAC	ILITY INF	ORMATION	N	T 4E								
Former Air Products			3)				I	Type of Fa		20.						
Street Address	or oriorinour i	domey							ol (K-12 hapter 8		ar the	n K-10	1			
172 Baekeland Ave									(i.e. pr					dings	, hom	es,
Oity (5)								etc.) Square Fe	ot .	1 # 01	Class	~~	-	olde /	Λ σ.ο.	
Middlesex								875	G.	1 1	Floo	10	1000	3ldg. / 50+	nge	
County (6) Middlesex			T	County (STATE	Code (7))		Current Us		1	ng de	molish	000			
Name of Monitoring Firm Hi	irad by Buildina	Owner (0				100000		Boiler R			100					
Langan Engineering	ned by building	Owner (8	,	ASC	VI IVO.	346 62		of Abateme nat Diagr			(8)					
Street Address								Address	i Dilleti	الداعلية			TOTAL WAY			
300 Kimball Drive						1		Address Ienwild A	Ve							
City, State, Zip Code								tate, Zip Co			- 108070					
Parsippany								mingdale		7403						
Project Manager for Monitor	ring Firm	10-001-001-001-001-001-001-001-001-001-		Telepho	ne No.			one No.			Lice	nse No	 D.			
Vijay Patel				973-50	60-4900			928-3995		1	011					
Start Date (10) 09/26/2018		Schedul 09/29/			Date (11)			of OSHA M nat Dia gn		10						
Occupancy Status During A	batement (Che	ck Only O	ne)					Address								-
Facility Closed/Vacate	d During Entire	Period of	Abaten	nent			16 G	lenwild A	ve							
Abatement Performed Other – Describe:	Outside of Norr	mal Facilit	y Hours	s		C	ity, St	tate, Zip Co	de						102-110-	
_							31001	mingdale	NJ 07	4.03						
Scope of Work (Check All T	hat Apply)						-	9								
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Full Con Mini-Err Gloveba Non-Exe	dosure g Proce	dure	Š				re	
		Is	Locat	ion						head a management					emen	t
Location of			Normal			Descri	iption	Of	1					Ty	ype	
Asbestos-Containing Ma TO BE ABATE			ed Sole intena					aterial (ACI	(f)		นอนก		777		m	m
In Facility	===	Cus	todial ((12)	Staff?	(1.6.	thermal sys					pecify or LF		Remova	Repair	Encapsulate	Enclosure
(13)		(12)		1	other miss	cellan	eous)					ova	air	sula	Sur	
		No	N/A											e e	(0)	
Boiler Room F	Roof		Х		Roof F	lash	ing		15	OSF		Χ				
ame of Registered Waste I	l N	JDEP W	aste.	Cubic Ya	rcie	Nin	ne of Re	o giate	٠ ام ٠٠	75.46H			<u> </u>			
	11 3340	lauler ID		of Waste												
reehold Carting Inc.		S	-2265	15939	TBD		1 77	VI Fair	1888	Lanc	Tiii					
ity, State						Disposal	Date		, State							
reehold, NJ		1				TBD			orrisvill	s, P	15 12					
Completed by atiana Rotaru		Title	,			Sign	eture	_	1			Dat	72	2018		

CK+ 4638

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

0.07 2 2040

OCT -2 2018

Date of Notification(1)	78-18		1	Name of Build	sing Owner/Operato	U BUIL	ones no	1.57	7.7	7	
Agencies Notified	Type Notification	on	\$	Street Addres	\$ 136 57	ST ST			- ender		
	Inital Amended Amendmen	, #	-	City, State, Zip	Code	11- 11			-		=
⊠ DOH	☐ Emergency iustification	(including		lame of Cont		LE CIT	Telephone Num	ber		:,1	
DCA	☐ Cancellation			To							_
			701	FACILITY I	FORMATION	Tues of Fo. 98	5.70				
Name of Facility Where	Abatement is Tak	ing Place	: (3)			Type of Facili	12)				
Street Address	21000					Subchapte Other (i.e.,	er 8 (Other than K-1 private & commerci	2) ial bui	dings	i,	
City (5)						Square Feet	# of Floors		ldg. A		-
St	A ISU	E C	177			1500			50	+	_
County (6) (APE	MAY		0	County Code JSE ONLY)	(7) (STATE		Prior if being demote	shed)			
Name of Monitoring Firm		Owner	AS	CM No.	Name of Abatem	ent Contractor (9)				_
(8)	/A				Street Address	LEMCO	IMC				-
Street Address	•				36°C		RUCE HIE				_
City, State, Zip Code					City, State, Zip C	ode PLE SH	ADE W.J	08	05	2	
Project Manager for Moni	toring Firm		Telepho	one No.	Tetephone No. 856-77	9-0472	License No.	37	1		
Start Date (10)	Sche	eduled Co	mpletion	Date (11)	Name of OSHA N						
10-17-18			10-	18	Street Address	NIA					=
Occupancy Status During Facility Closed/Vacated	Abatement (Che d During Entire P	eriod of A	batemer	nt						_	_
Abatement Performed	Outside of Norma	al Facility	Hours		City, State, Zip Co	ode					
Other - Describe: Scope of Work (Check all	that analy)										
☐ >3 sf or ≥3 lf	uer oppry		ovation		Mini-Enc		egative Pressure				
∑≥160 sf or ≥260 H	***	Den Den	1040011		Non-Exe	mpted (*) and N	on-Friable Procedu	-	bater	mont	
		100000000000000000000000000000000000000	ication maily					"	Typ		
Location of Asbestos-Containing Ma	terial (ACM)		Solely by enance/	Asbes	Description of tos Containing Mate	erial (ACM)	Amount			En	m
TO BE ABATE IN Facility			todial aff?	(i.e.,	thermal systems in surfacing, VAT,	or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(1	12)	-	other miscellaneou	JS)		val	4	ilate	п
		Yes	No N/		2.4S.T.C		2000 in	X	\dashv	-	\dashv
SIDING			X	1	RANSITE		25007E	1			\dashv
			-	-							
		-	_	1===							-
Name of Registered Waste	Hauler			Waste ID No.	Cubic Yards of Waste	Name of Regi	istered Landfill	111			
TOCCPACE	INC		179	04	Disposal Date	City, State	401	VH	_		=
City, State MAPLE SHAW	OF W.J					- WOO'V	BINE N	I		_	=
Completed By	Title	Do to C			Signature	M	10018	28	+1	8	_
MICHAEL CLOW	n_ _t	RES			- Arthur						

CK 4638

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

	E	C	F	I	W	[S	1
11/1			123	U MARINET.	1.7		-
1.1						1	1

OCT - 2 2018

Date of Notification (1)	18-18			Name of Build	ling Owner/Operato		TO ACT	WI C	cycol		
Agencies Notified	Type Notification	on.		Street Addres		ECH CC	MITRACTO	MU		3174	48 G
D BPA	Initial	211		Succi Addres	155 RT	50		1121300			
	Amended		-	City. State, Zip						-	_
Ø DOL	Amendment Emergency		0	G	RELNIFIE	LO MI.	530 T	30			
Ø DOH	justification)	T	Name of Conta			Telephone Num	ber			
□ DCA	Cancellation		1-	BR	UCE						
				FACILITY IN	FORMATION						
Name of Facility Where			e (3)			Type of Facili	ty (4)				
	ESIDENC	<u> </u>				School (K-	12) er 8 (Other than K-1)	21			
Street Address			4201 11 1207 270			Other (i.e.,	private & commerci		lding	S,	
City (5)						homes, etc	# of Floors	T 6	ldg.	0.00	_
	LAW (1	TY				2000	7	1	7 S. I. D. V.) +)	
County (6)	Crisq Ci			County Code	(7) (STATE		Prior if being demoli	shed)	2	_	_
	MAY	-		USE ONLY)			CAMT				
Name of Monitoring Firm		Owner	A	SCM No.	Name of Abatem	nent Contractor (9)				_
(8)	JIA				L KLE	EMCO I	NC				_
Street Address					Street Address	6 6 -					
					369	S SPIRI	ICE ALE				
City, State, Zip Code					City, State, Zip C		AL T	10	^_	2	
			¥-11		Telephone No.	E SHAD	License No.	08	رد	_	=
Project Manager for Moni	toring Firm		relepi	none No.	856-))	9-0472	013	7 1			
Start Date (10)	Sche	duled Co	moletic	n Date (11)	Name of OSHA N						
10-10-18		0-1		18		NIA					
Occupancy Status During	Abatement (Che	ck only o			Street Address						
☐ Facility Closed/Vacate	d During Entire Pe	eriod of A	Abateme	ent							_
Abatement Performed	Outside of Norma	l Facility	Hours		City, State, Zip Co	ode	-				
Other - Describe:										_	_
Scope of Work (Check all	that apply)				☐ Full Con	tainment with Ne	egative Pressure				
≥3 sf or ≥3 lf			ovation		Mini-Enc	losure g Procedure					
∑≥160 sf or ≥260 lf		₩ Den	nolition				on-Friable Procedu	е			
		W-770, TANK	cation					1		ment	
I agation of			mally Solely b	v	Description of			_	Ту	e -	_
Location of Asbestos-Containing Ma		Mainte	enance	Asbest	os Containing Mate		Amount			Εī	ш
TO BE ABATE			todial aff?	(i.e.,	thermal systems in surfacing, VAT, of		(Specify SF or LF)	Ren	Re	Icap	nck
IN Facility (13)			12)		other miscellaneou		0. 0. 2. /	Remova	Repair	Encapsulate	Enclosure
, ,	Ì	Yes	No N	N/A				=		ate	е
	,			< T	RANSITE		7750 SC	X			\neg
SIDING	Y	-	/	1-1	ICHN 311		(1)030	/	_		
			-	-				-	-	-	-
				_				-	_		\dashv
Waste West	Llaulas		INIDI	EP Waste	Cubic Yards	Name of Regi	stered Landfill				\dashv
Name of Registered Waste	_			904	of Waste	(14	1 C IM 1).	14			
_ (CLTMCO	INC		111	704	Disposal Date	City, State	L.C. UM.U-	01			=
City, State	AOE IAC	T			Disposar Date	WÓO	DBINE				
Completed By	Title				Signature	^-	T D-1-	2/3	-	_	
	JMM 1100	SU	P.		Durle	Dr	-19-	28	-18		
J. H. L. M.	-										

CK 4638.

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

	旦	6	L	II W	15	1
F-31						
	C	CT	- 2	2019		

			,	Name	of Building	g Owner/Operator	(2)					7
Date of Notification (1)	78-18			ivaline (JI DOIROIT	ARTHTE	CH CON	TRACTIME	P =	17.5		1
Agencies Notified	Type Notification			Street	Address	160 107			April 1			
	[X] Initial					155 KT	_30 =					7
DEP DEP	Amended Amendment #			City, St	ate, Zip C	code	D N1.7	08230)			
Ø DOL	Emergency (in	cluding				ELMFIEL	13 14.	Telephone Number				7
⊠ DOH	justification) Cancellation			Name	of Contac	t 		1 Grophionio 1 tall = 1				_
□ DCA	Cancellation				BRI							٦
		52.5		FAC	ILITY INF	ORMATION	Type of Facility	(4)			-	\dashv
Name of Facility Where	Abatement is Taking	g Place	(3)				School (K-12					
R	ESIDENCE						Subchapter 8	3 (Other than K-12)	97-71-01-RG			
Street Address			^		-			rivate & commercial	buildir	ngs,		
							homes, etc.) Square Feet	# of Floors	Bldg	. Age	9	\neg
City (5)	2- 4 1: (·					7000	1 2	5	0	+	_
	CCTAN C	114		0	h. Codo (7) (STATE		ior if being demolish	ed)			
County (6)				USE	ONLY)	., , ,		AWIT				
CAPE	MAY	· ·		ASCM I		Name of Abaten	nent Contractor (9)				
Name of Monitoring Fir	m Hired by Building	wher	1	WOW!		The same of properties and discontinuously	EMCO I	5-1-1-2				_
(8)	NIA					Street Address		V.				
Street Address	Pa.					369	S SPIRU	CE ALE			_	_
						City, State, Zip C	Code		180	c 2		
City, State, Zip Code							E SHAD		000	2 4	_	=
Project Manager for M	anitoring Firm		Tele	phone I	₩.	Telephone No.	G 01122	License No.	1 1			
Project Manager for W	Of all of the state of the stat						19-0472	1010				_
Start Date (10)	Sche	duled C	omplet	ion Dat	te (11)	Name of OSHA	Monitor					
		10-	-15	5-1	8		NA				_	_
Occupancy Status Du	ring Abatement (Che					Street Address						
of F The Classida/ac	ated During Entire Pe	to boins	Abatel	ment			2 ada					
Abatement Perform	ned Outside of Norma	ıl Facilit	y Hour	S		City, State, Zip (20de					_
Other - Describe:												
Scope of Work (Chec	k all that apply)						ntainment with Ne	gative Pressure				
		□R€	enovati	on		= = = = = = =	nclosure pag Procedure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Ø De	emolitio	n		Non-E	xempted (*) and N	on-Friable Procedur	e	_		
00-100		l le l	Locatio	Y 0					A	bater		
			omally			Description (of		-			
Locatio	n of		Soleh ntenan		Asbe:	stos Containing Ma	aterial (ACM)	Amount	1-1		En	П
Asbestos-Containin	g Material (ACM)		ustodia		(i.e	thermal systems	insulation,	(Specify SF or LF)	Rem	Repair	aps	Enclosure
TO BE AF	SATED Bity		Staff?			surfacing, VAT other miscellane	eous)		Remova	air	Encapsulate	Suite
(13			(12)						-		e	
		Yes	No	N/A				775-55	X			T
71:2:	AL C			X		TRANSI	TE	2250 SC	1	-	-	-
5101	NG	-	-	1					-	_	-	+
		-	-		-				_		_	-
		-	-	-	-							
			<u>L, .</u>	UDEP '	Wacte	T Cubic Yards	Name of Re	gistered Landfill	50.00			
Name of Registered \	Waste Hauler			tauler I	No,	of Waste	(1)	UCIMIU.	A			
KLEMC	+ /			179	04_	Disposal Date	City, State,	C, C, V				
City, State						Dobosal Date	1 420	OBBINE				
MAPLE S	HADE N	LI				Signature	- 1	Date	70	. 1		
Completed By	Tit	e c	12.0			DA I.	li O W		-(3		X_	_
MirHAU	Kucmm -		UP	·		-1-1						

Check#3174		NO	TIF G	ATIO	NOFAS	New Jerse SBESTOS AC 8:60_2	ABA	TEMENT 6)		CE		W	
Date of Notification (1)			3 9	Nam	e of Buildin	ng Owner/O	perator (2)		OT	2 (2040	
	28 / _	18		1	n McMal				1 4	CT -	2 1	2018	7 (24)
Agencies Notified	Type Notifica	tion		_	et Address						U - 1.10. WH	- 70000000	
□ EPA	Initial								VCO	Amo			
☑ DOLWD ☑ DHSS	Amended Amendme			City,	State, Zip	Code							
D DCA	Emergenc		_ G	Weel	nawken, N	VI 07086							
(NJAC 5:23-8)	justificatio	n)	y		e of Conta				Telephone N	umber		-	
	Cancellation	on		Eilee	n McMah	non			1				
				-		NFORMAT	TION						
Name of Facility Where A	batement is Ta	aking Place	e (3)					Type of Facility	(4)				
Private house								School (K-1	2)				
Street Address								Other (i.e.,)	8 (Other than K- private and comm	1 2) nercial b	uildin	gs.	
City (5)				-				homes, etc. Square Feet	# of Floors	10	ldg. A	100	
Weehawken, NJ 07086								0400.01000	2 01 1 10013		iug. r	,ñc	
County (6)				Cou	nty Code (7)	(STATE USE	E ONLY)	Current Use (P	rior if being demi	olished)			
Hudson								•	3				
Name of Monitoring Firm	Hired by Buildi	ing Owner	(8)	ASCM	No.	Name of	Abateme	nt Contractor (9)				
04						Gr Tech	LLC						
Street Address				•		Street Ad	idress						
City, State, Zip Code						576 Vall							
ony, otate, zip oode						City, Stat							
Project Manager for Monit	orina Firm		Tele	phone	No	Wayne, 1		0	T				
ā			1016	priorie	NO.	7elephon 973-638-			License No.				
Start Date (10)	Sc	cheduled C	omple	tion Da	ate (11)	Name of		onitor	01127				
					18	1		nsultants,Inc					
Occupancy Status During	Abatement (Cl	heck only	one)			Street Ad		,,,,,					
Facility Closed/Vacated Abatement Performed	d During Entire	Period of	Abate	ment		20-21 Wa	agaraw]	Road, Bldg .#	35E				
Time of Abatement:	AM-	PM/	y Houi PM_		AM	City, State	e, Zip Co	de					
Scope of Work (Check all						Fair Law							
	mat apply)					H	Clean up	and decontaming ainment with Neg	nation with negat	ive press	sure		
>3 sf or >3 lf 2 160 sf or 2260 lf			novati				Mini-Enclo	osure					
		L] De	emolitic	n					Tent with Negati n-Friable Proced		sure		
		Is	Locat	ion	T	- Lad		()			atem	ent T	vno
Location of Asbestos-Containing M			Norma ed Sole				ription of				1		
TO BE ABAT		Ma	intena	nce/	Asbe	stos Contair ., thermal s	ning Mate	erial (ACM)	Amount (Specify	em	Repair	nca	inch
IN Facility (13)	1	Cus	todial ((12)	Staff?	(surfacir	ng, VAT,	or	SIF or LF)	Remova	air	Encapsulate	Enclosure
(13)		Vac	T	1		other mis	scellaneo	us)		-		ate	G
Basement		Yes	No	N/A							_		
odsettlettt.					Pipe inst	ulation			60 LF	X			Ш
												П	П
										П	П	П	П
Name of Registered Waste	Hauler		NJD	EP Waste	Hauler ID No.	Cubic Yards	s of Waste	Name of Regis	tered Landfill				-
Fr Tech LLC	0	03378	5	TBD		T.R.R.F. Inc							
City. State			Disposal D	Date	City, State					\dashv			
Vayne, NJ 07470				TBD		Tullytown, PA	4						
Completed By (Print or Typ	e)	Title				Signa		1		Date			-
.Jevtic	lo)wner					He	who wena	d	9/28/18			
SB-41										2/20/10			

Check#3173		NO	TIFIC	ATIC	State of N OF A ant to N.	New Jersey SBESTOS AB AC 8 60 and 5	ATEMENT 16)		CE		5
Date of Notification (1)			osti, (1 = 1)	Nan	ne of Buildi	ng Owner/Operator	(2)			2010	
	/!	8		Ann	a Leticia	Avila)CT - 2	2018	
The state of the s	e Notificatio	n		-	et Address			+ + -			_
C	Initial							ASS	ESTON C		11. 1
	Amended Amendment	#		City,	State, Zip	Code			- 1		
	Emergency (_ 10	Bloo	mfield, N	IJ 07003					
(NJAC 5:23-8)	justification)		3	Nam	ne of Conta	ict		Telephone i	Number		
	Cancellation			Anna	a Leticia	Avila					
				F	ACILITY	NFORMATION					
Name of Facility Where Abate	ment is Taki	ng Plac	e (3)				Type of Facility	(4)			-
Private house							School (K-1	2)			
Street Address							Other (i.e.,	8 (Other than k private and con	(-1 2) nmercial bi	uildings,	
City (5)							homes, etc.				
Bloomfield, NJ 07003							Square Feet	# of Floors	В	ldg. Age	
County (6)				Cou	inty Code (7) (STATE USE ONLY)	Current Haz /5	rior if hades of			
Essex				000	, 0000 (1	(STATE OSE ONLY)	Current Use (P	HOT IT DEING der	molished)		
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCN	1 No	Name of Abatom	nent Contractor (9	, ,			
						Gr Tech LLC	ient Contractor (a	1			
Street Address				1		Street Address					
						576 Valley Rd	#283				
City, State, Zip Code						City, State, Zip C					
						Wayne, NJ 074	70				
Project Manager for Monitoring	Firm		Tel	ephone	No.	Telephone No.	- Addition - Addition	License No	i.		
Charle Date (40)						973-638-1777		01127			
Start Date (10)					ate (11)	Name of OSHA	Monitor				
				9_/		Envirovision Co	onsultants,Inc				
Occupancy Status During Abat	ement (Ched	k only	one)			Street Address					
Facility Closed/Vacated Dural Abatement Performed Outs	ing Entire Pi	eriod of I Facilit	Abate	ement	o orib o	20-21 Wagaraw	Road, Bldg .#	35E			
Time of Abatement:	AMF	M/	PM	-	AM	City, State, Zip C					2 12 103
Scope of Work (Check all that a	anniy)		our annual and			Fair Lawn, NJ (
	zppiy)					Clean u	p and decontamin tainment with Neg	nation with nega	ative press	ure	
>3 sf or >3 If 2 160 sf or >260 If			novat moliti			Mini-End	closure				
			2111011111	O! I		Non-Exe	g Procedure empted (*) and No	n-Friable Proce	itive Press edure	ure	
			Loca							atement 1	Type
Location of Asbestos-Containing Materi	al (ACM)		Norma ed Sole			Description					T
TO BE ABATED	a. (Hom)	Ma	intena	ance/	Asbe (i.e	stos Containing Ma	iterial (ACM)	Amount (Specify	\em	Encapsi Repair	nclo
IN Facility (13)		Cus	todial (12)	Staff?		surfacing, VAT	, or	SIF or LF)	Remova	Encapsulate Repair	Enclosure
(.0)		Yes		T	1	other miscellane	ous)		=	late	O
Basement			No	N/A					_		_
rasement					Pipe insi	ulation		120 LF	M		
		ᆜ	Ш							ПП	
									П	ПП	
		П	П	П						<u> </u>	
Name of Registered Waste Hau	ıler	1	NJE	_	Hauler ID No.	Cubic Yards of Wast	e Name of Region	tered Landfill			
				003378		TBD	I	LOIGO LANGIIII			
r Tech LLC					J.	1 151 1	T.R.R.F. Inc				
				703376							
City, State				703376		Disposal Date	City, State				
City, State Vayne, NJ 07470	Title)		703376		Disposal Date TBD		A	Det		
Gr Tech LLC City, State Vayne, NJ 07470 Completed By (Print or Type) LJevtic	Title	50				Disposal Date TBD Signature	City, State	0	Date 09/28/18		

347174	N		CATION	of ASB to NUAS	ESTOS	ABATE		г			00		- 2 %	2018
Date of Notification (1) 09/28/18				Building				SERVICES						
Agencies Notified Type Notification EPA Initial			Street A		nt RD N	NE - Bu	uildin	ng 7 Suite 7	0	Λ	Sing			2
DEP Amended DOL Amendmen		_		te, Zip Co a, GA, 3										
□ Emergency □ justification □ DCA □ Cancellation			Name of APRIL	Contact					Telep	ohone I	Numbe	r		
			FACI	LITY INFO	ORMAT	ION						_		
Name of Facility Where Abatement is Takin Street Address 2024 WALKER AVE	ng Place (3)					Type	e of Facility (4) School (K-12 Subchapter 8 Other (i.e. pri) (Other			uildin	gs, hon	nes,
City (5) UNION							Squ 150	etc.) are Feet 00	# of F	loors		Bldg	g. Age	
County (6) UNION			County (Code (7) JSE ONLY,)		Curr	rent Use (Prior ne	if being	g demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	l No.				atement Contr AD PROFES						
Street Address						Street 6 WH		ess DOVE CO	URT					
City, State, Zip Code						100 000000000		Zip Code OOD, NJ 08	701					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 732-6		No. 9078	1200	License 1200	e No.			
Start Date (10) 10/07/18	Schedule 10/15/1		npletion [Date (11)				SHA Monitor AD PROFES	SION	ALS				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire			nent			Street 6 WH		ess DOVE CO	URT					
Abatement Performed Outside of Non Other – Describe:					_			Zip Code OOD, NJ 08	701					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				×	M G	ull Containmen lini-Enclosure lovebag Proce on-Exempted (dure				dure	
Location of	N	Locati	ly		De	scription	70-70	on Exempted	() and	1401111			atemer Type	nt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/		tos Con thermal surfa		Materia s insu T, or	5016-F104000 74	(Sp	ount ecify or LF)	Nemoval		Encapsulate	Enclosure
INTERIOR	Yes	No	No N/A TSI						150	OLF	x	+	ि	
			151						100					
							59							
Name of Registered Waste Hauler NEWARK CARTING		Н	IJDEP W lauler ID 4509		Cubic of Wa 6	Yards ste		Name of Re	egistere	ed Land	dfill			
City, State NEWARK, NJ					Dispo:	sal Date 5/18		City, State BETHLE	HEM	PA				
Completed by	Title	EP.			5	Signature	9	-			Date			

Ch 7174	70	NO	Pursuan	State of N N OF AS to No A	BESTOS C 8:60 ar	ABATE rd 12:12	0)	Т) <u>E</u>	G	[E] - 2	U V	rintil
Date of Notification (1) 09/28/18			Name AME	of Building RITRUS	Owner/ ST RES	Operator IDENT	r (2) IAL	SERVICES			UU1			10
Agencies Notified Type Notification EPA Initial	ŕ	ŧ	3525			NE - Bı	uildii	ng 7 Suite 7	0	An-				78.
DEP Amended Amendmen Emergency				tate, Zip 0 ta, GA,										
DOH justification Cancellation)	3	Name o	of Contac L					Telep	hone N	umber			
Name of Facility Where Abatement is Takir	ng Place i	(3)	FAC	CILITY IN	ORMAT	ION	Tyr	e of Facility (4						
	.9	,					П	School (K-12						
Street Address 424 W 12TH ST							×	Subchapter Other (i.e. pretc.)	8 (Other			ildings	, hom	es,
City (5) LINDEN							Squ 100	are Feet	# of FI	loors		Bldg. /	Age	
County (6) UNION				Code (7) USE ONL	n		Cur	rent Use (Prio me	r if being	demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.		Name AAA	of Ab	atement Cont AD PROFES	ractor (9)) ALS				
Street Address						Street 6 WH		ess DOVE CO	URT					
City, State, Zip Code								Zip Code OOD, NJ 08	701					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 732-6			1000	icense 200	No.			
Start Date (10) 10/07/18	Schedul 10/15/		mpletion	Date (11)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SHA Monitor	SSIONA	ALS				
Occupancy Status During Abatement (Chec						Street								
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of a nal Facility	Abate y Hou	ment rs			City, S	tate,	DOVE CO Zip Code OOD, NJ 08					-11	
Scope of Work (Check All That Apply)	7 (5)					LAND		JOD, NJ 08	701					
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demol				×	M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure				0	
81 193 mg		Loca Vorma							7 4.14	on ma	1	Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sol	ely by ance/ Staff?	Asbes (i.e	tos Cont thermal surfac	scription aining M systems cing, VAT niscelland	ateria insu r, or	lation,	Amor (Spec SF or	cify	Remova	Repair	Encapsulate	Enclosure	
¥000€0	Yes						eous				val	Ħ	ulate	ure
INTERIOR						TSI			150l	_F	х			
Jame of Registered Waste Hauler		N	NJDEP W	/aste	Cubic '	Yards		Name of Re	anistarad	andfi	1			1000
EWARK CARTING		H	Hauler ID 4509		of Was			IESI	-Aiorei en	Lanuill	is.			
ity, State EWARK, NJ					Dispos 10/15/	al Date /18		City, State BETHLE	HEM P	A				
Completed by OSEPH PERLISTEIN	Title	EP))		Si	gnature				Da	ate			

									F	7 [E C	E	n n	rint
noch			NOTI (FICATIO	State of New on OF ASBES of to NJAC 8:	TOS ABATI	EME 20)	NT	And the second second		E G		U U	/ [
Date of Notification (1) 09/27/18	0	b a al 440	054		of Building Ov				t	- 4	OC1	- 6	20	18
	pe Notification	heck#3	254		ohn the Bap	tist Churc	h		- Land					
	pe Nouncation	1			Address Kennedy E	Dlud				Λ	SPEST	070	41.4 FT	15.2
EPA DEP	Initial Amended				tate, Zip Code				Į.,		SHIP TO SERVICE	Nie lander		T _i
☑ DOL	Amendmen				ey Clty, NJ									
D DOH	Emergency justification	(includin	g		of Contact				TA	lenhone	e Numbe	or.		
DCA	Cancellation			Ryan	Mooney				22.00		2-4397			
Name of Escility Whose Above			(4)	FAC	CILITY INFOR	MATION								
Name of Facility Where Abai Golden Door Charter S	tement is Takir School	ng Place	(3)				Ту	pe of Facility (4	1)					
Street Address	3011001						X	School (K-12	2)					
3044 Kennedy Blvd								Subchapter of Other (i.e. pr	8 (Oth	er than	K-12)	uildina	e hon	200
City (5)								etc.)						iles,
Jersey City								uare Feet		f Floors	3	100000000000000000000000000000000000000	Age	
County (6)				County	Code (7)			0,000	3		!!-!	60+		
HUDSON				(STATE	USE ONLY) _			rrent Use (Prio	i ii be	ing dem	nolished)		
Name of Monitoring Firm Hire	ed by Building	Owner (8)	ASC	M No.	Name	-	batement Cont	ractor	(9)				-
N/A	<u>=</u>	92						ices Corpor						
Street Address						Street								
City State 7:- 0-1						426	69tl	h Street						
City, State, Zip Code								, Zip Code						
Project Manager for Monitoring	na Firm			Toloni	N -			erg, NJ 0709	93					
	ig Fillit			Telepho		Teleph 201-		No. 5-1700		Licens 0107	se No. '4			
Start Date (10) October/01/2018					Date (11)	Name	of O	SHA Monitor						
Occupancy Status During Aba	atamant (Oh	10/02/				Sam	e as	s above						
The second second second		3579	5.0			Street	Add	ress						
Facility Closed/Vacated Abatement Performed O Other – Describe: Starti	utside of Norm	Period of a nal Facility	Abaten y Hours	nent		City, S	tate,	Zip Code						
Scope of Work (Check All Tha	at Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit			×	N G	Full Containmen Mini-Enclosure Blovebag Proce Ion-Exempted (dure					
		Is	Locati	on				ion-Exempted () and	I NOH-F	nable P		temen	t
Location of		1	Vormal	ly		Description	of						уре	
Asbestos-Containing Mate TO BE ABATED	erial (ACM)		d Sole intenar		Asbestos (Containing M	lateri	al (ACM)		mount			Ш	
In Facility		Cust	todial S (12)	Staff?	(i.e. ther	mal systems urfacing, VA	insu T, or	lation,		pecify or LF)	Remova	Re	Encapsulate	Enclosure
(13)			(12)			er miscellan			0.	01 21)	nova	Repair	sula	osur
		No	N/A							2		ate	, e	
Boiler Room		х			ACN	1 pipe insu	ılati	on	3	LF		Х		
										_				
lame of Registered Waste Ha			20000	JDEP W		bic Yards		Name of Re	gister	ed Land	dfill			
ri-State Transfer Assoc	iates		11000	auler ID 9551	No. of	Waste RD		Minerva E	Enter	prises	3			
City, State			1.0			sposal Date		City, State						
ronx, NY					TE			Waynesh	ura.	ОН				
Completed by		Title	8			Signature		12/1	,		Date			-
Sina Betances		Office	e Man	ager			(Diuas-			9/27/1	8		

Jh 200	00		NOTIF (F	Pursuar	N OF ASI	BESTOS 8:60 an	ABATE nd 12:120	MENT 0)		all in the second	3	1 90000		0.0	
Date of Notification (1) 9/28/2018					of Building JPOR	Owner/	Operator	(2))CT_	- 2	201	B
Agencies Notified	Type Notification				Address	= 15					ASP	ESTO	GOL	TILL	10-1
EPA DEP	× Initial						EVARD	, BUI	LDING #	11 [-	9 9	
X DOL	Amended Amendment		_		tate, Zip C RISON,		29								
× DOH	Emergency (justification)	including	1		of Contact						ephone Nu				
☐ DCA	Cancellation				K A. TR		1011			97	3-481-26	000			
Name of Facility Where A	Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Туре	of Facility	(4)					
BUILDING #2									School (K-						
Street Address 1000 FRANK E. RO	GERS BOULE	VARD							Subchapte Other (i.e. _l	r 8 (Oth orivate	er than K-1 & commerc	2) ial buil	dings	, hom	es,
City (5)			7					(etc.) re Feet	# o	f Floors	T E	Bldg. A	\ae	
HARRISON													5	.5-	
County (6) HUDSON					Code (7) USE ONLY	0		Curre	nt Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm N/A	Hired by Building C	wner (8))	ASC	M No.				tement Cor		(9) TRACTIN	NG			
Street Address				- W			1072534 1272-1115-2	Addres				1000			2.
City, State, Zip Code									AND AV	ENUE	:				
THE THE PROPERTY OF THE PROPER									NJ 0751	12					
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph				License N	10.			
Start Date (10)		Schedul	ed Cor	moletion	Date (11)		100000000000000000000000000000000000000	956-8	700 A Monitor		00494				
10/8/2018		11/9/20	018		Dato (11)				(9) ABO	VE					
Occupancy Status During		15	30				Street	Addres	s						
Facility Closed/Vaca Abatement Performe Other – Describe: V.	ed Outside of Norma	eriod of A	Abaten / Hours	nent			City, St	tate, Zij	o Code		117-11-117-11-11				
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mini Glov	i-Enclosure vebag Prod	e cedure	Negative I			e	
			Locati										Abate	ement	
Location Asbestos-Containing N			Normal d Sole		Ashan		scription		(4.014)		-2/2/2010		l y	ре	
TO BE ABA	TED	0.000000	intenar			thermal	aining Ma systems	insulat		(S	nount pecify	Re	Z)	Encapsulate	Enc
(13)	у		(12)				cing, VAT			SF	or LF)	Remova	Repair	Insde	Enclosure
		No	N/A								<u>m</u>		ate	re	
ROOF			X		METAL	CORF	REGAT	ED P	ANELS	150,	000 SF	Х			
Name of Registered Waste	e Hauler		N	JDEP W	/aste	Cubic	Yards		Name of I	Register	red Landfill				
TWO BROTHERS C	ONTRACTING		3800	auler ID 8743	No.	of Was 2,000	ste				IAGEME		.R.C	.W.S	3.
City, State TOTOWA, NJ						Dispos 11/9/2	al Date 2018		City, State		E, PA				
Completed by VIVECA RAMOS		Title PRO	JECT	COOF	RDINAT		ignature	-			Da 9/	te 28/20	118		

Wintgorm.

Ch aus		NOTE:	FICATION	tate of Ne 4 OF ASE TO NA	ESTD\$	ABATE	MENT	r ^{II}		OCI	<u>E</u>	-	W	et Fo			
Date of Notification (1) 09//26/2018 CHECK #0065	111111111		1	of Building RCH OF			(2)			061			.010				
Agencies Notified Type Notification EPA Initial			Street A	Address GION P	L				AS	PEST)()()	W S	1971	8			
DEP Amended Amendment				ate, Zip Co													
DOH justification) DCA Cancellation				of Contact	STOFO	LETTI			Telephone Number (201)768-7565								
Name of Facility Where Abatement is Takin	g Place (3)	FAC	ILITY INF	ORMATI	ON	Type	Type of Facility (4)									
CHURCH OFST. MARY			-					School (K-1	2)	20010020							
Street Address 20 LEGION PL							×		8 (Other that rivate & com		build	dings,	home	es,			
City (5) CLOSTER NJ.07624							1000000	are Feet X100	# of Floor	'S	100	ldg. A	lge ARS				
County (6) BERGEN				Code (7) USE ONLY)		Curr	ent Use (Pric	or if being der	molished	d)						
Name of Monitoring Firm Hired by Building	Owner (8)	,	ASCN	A No.				atement Con		TING	INC						
Street Address						Street	ALL SOLUTIONS CONTRACTING INC Street Address 24 CHURCH ST										
City, State, Zip Code				-		City, S	state, Z	Zip Code OD NJ 074	07								
Project Manager for Monitoring Firm	oject Manager for Monitoring Firm							lo. -9418		nse No.							
Start Date (10) 09/28/2018	Schedule 09/29/2			Date (11)		Name	of OS	HA Monitor UTIONS C		***************************************	NC						
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street Address 24 CHURCH ST								\neg			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of / nal Facility	Abate / Hour	ment rs			City, S	tate, Z	Zip Code						-			
Scope of Work (Check All That Apply)						ELIVI	ELMWOOD NJ 07407										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renov				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		Loca					a inc	JII-EXEMPLEO	(*) and Non-	rnable		Abate	ment				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	intena	ely by ance/ Staff?	Asbes (i.e.	tos Conta thermal surfac	cription aining M systems ing, VA niscellan	lateria s insula T, or	ation,	Amount (Specify SF or LF		Remova	Ty Repair	e Encapsulate	Enclosure			
	Yes	No	N/A								_		ate	O)			
MAIN CHURCH	MAIN CHURCH X					OR TI	LE		450 SF	X							
											-						
Name of Registered Waste Hauler		4 8	NJDEP Waste Cubic \ Hauler ID No. of Was TDB				/aste			Registered Landfill D CENTRAL							
City, State PEN ARGYL			Disposal Date City, State PEN ARGYL PA 18072														
Completed by UIS ARCILA	NT		Si	gnature	v	A		Date 09/2	6/2	018							

0h 3055		NOT!	Ursyant	ate of No OF ASI	8:60 an	ABATE d 12:12	0)	T .					204	Ē	rint Fo		
Date of Notification (1) 09/28/18				of Building one Sch		Operator	(2)		1. 4	0(Cl	- 2	201	Ü			
Agencies Notified Type Notification			Street A	Address	Ave					ACC.	STO				-		
EPA Initial DEP Amended Amendment	,		City, Sta	ate, Zip C	ode			1.									
Amendment : Emergency (i justification)		-		wn, NJ, f Contact)			Telephone Number								
DCA Cancellation			Rober							73-955							
Name of Facility Where Abatement is Taking	Place (3	3)	FAC	LITY INF	ORMATI	ON	Тур	e of Facility	(4)								
St. Anne School Street Address							×	School (K-									
1-30 Summit Ave							H	Subchapte Other (i.e. etc.)					dings,	, hom	es,		
City (5) Fairlawn							10.30	are Feet 000+	# o	of Floors	S		8ldg. <i>A</i> 60+	\ge			
County (6) Bergen			County (STATE	Code (7) USE ONL	0			rent Use (Pr	or if be	ing den	nolish	ed)					
Name of Monitoring Firm Hired by Building ON/A	wner (8)		ASCN N/A	/ No.			of Ab	atement Co	ntractor	r (9)							
Street Address			INA			EA S Street	000000000000000000000000000000000000000				- (
N/A City, State, Zip Code						426 69th st City, State, Zip Code											
N/A						Guttenberg, NJ, 07093											
Project Manager for Monitoring Firm N/A			Telepho N/A	ne No.		Teleph 201-2				Licen 0107	ise No).					
10/00/10	Schedule		mpletion	Date (11)		Name N/A	of OS	SHA Monitor									
Occupancy Status During Abatement (Check	Only Or	ie)				Street	Addre	ess									
Facility Closed/Vacated During Entire Printer Abatement Performed Outside of Normal Other – Describe: 10am	eriod of A	Abater	nent s			N/A City, S N/A	tate, 2	Zip Code									
Scope of Work (Check All That Apply)														-	-5-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova emoli	0.750.730.75			×	M GI	ull Containm ini-Enclosure lovebag Pro on-Exempte	e cedure					•			
THREE SOUTH OF THE		Locat					1 140	on-Exemple	u () aii	u Non-r	Паріс		Abate	ement			
Location of Asbestos-Containing Material (ACM)	Use	lorma d Sole	ely by	Ashas	Des	scription		J (ACM)	^	mount			i y	ре			
TO BE ABATED In Facility (13)	0.000	intena odial ((12)	nce/ Staff?		thermal surface		insul T, or	lation,	(5	Specify or LF)		Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A											le l			
Maintenance Shop		Х			ACN	/I Elbo	WS			3 SF			Х				
Name of Registered Waste Hauler		133	JDEP W		Cubic '	Yards		Name of	Registe	ered Lar	ndfill						
Tri-State Transfer Associates		1 1 1 1 1 1 1 1	lauler ID 9551	No.	of Was	te		Minerva									
City, State Bronx, NY					Dispos	al Date		City, Stat Waynes		ОН							
Completed by Michael Fajardo	Title	geet	1 Mai	nager	0.01111.000.01	ignature	1	ML	Joury,	511	Date 09/	e 28/1	8				
ASB-41 (R-06-08)			(<i>J</i>		* Do no	t use	this form for	asbest	tos licer				activit	ties.		

2018 03:41PM	NJ Asbestos	Contro	1 60)9,63	3.066	4	pa	ge 1				0	<i>F</i>	п	
PP 07 10-07		O.	ahar	66	liro	Shen F	pt >> 61	19 63	53	0654	In E	C	JE,	14	$\underline{\mathbb{W}}$
-09-27 12:03		þ.	Tade	7/	1		8 1 1	J7 64	94	000-	1-3			No. Police	
1 = 101	~		TIFIC	EATI	UN O	E ASBI	jerbey Estos abat	EME	NT	Č.		OCT	_	່າ	040
とうら	1	140	(1	Purs	uant t	O NJAC	8:60 and 6:1	6) [100		-	5	UIS
100	0			I NA	eme of	Sulldien I	Owner/Operator	2)	_		4-10-D	44	_	+	٦
Date of Notification (1		18			Kelly		Britis Int. militari di m.			West list to a	\ \AS	PEAT	100	3	
	-				treat Ac			-	_	Sr	· paritime			-	-
Agencies Notified	Type Notific	npga		13	ITOBE PAG	101.02x9				31	أأسم	1	l		
M DOTMD	☐ Amende	đ		c	N SH	e, Zip Co	do	-	-	-	11			_	٦
⊠ DOH .	Amendm			٦		II, NJ 07		1	1	JANIE	D ADDDO	-3 1F-1	1		
DOCA		nsy (inclui	ding	N	2200	Contact				77	elephone Numb	-)	1	٦
(NJAC 5:23-8)	Cancells			- 1		Catlin						-	_	_	
	- Caracia	-				_	ORMATION	-	-		Minan a	4,199, 111,			
Name of Facility Who	an Akasamaar k	Taking F	Ince (2	13	1 Main			Type	01	antity (4)		-		-	
Catin Resident		I would 1	una fe	•							Sher than K-12	2 8.			-
Street Address				-		- orest			ube Whe	iapier 8 (C	Jiher (han K-12) Ité and cómme:) relat bul	dinas		1
Super (versions)									וחסו	s, etc.)			111111111111111111111111111111		
Olly (5)					- New york of			2000000			# of Places	1	ş, Agı	9	
Howell				,					60(3	-	9		_
County (6)					County	Gade (7)	STATE USE ONLY	2.5			If being damelia	shod)			1
Monmouth										lonco			_		-
Name of Menitoring	Firm Hired by Bu	ilding Ow	mer (B)	A	scm n	0.	Name of Abate								
Management &	Enviro. Const	ulting Se	ervice	18			Shada Env		on t	La L.Labo					-
Stroot Address							Suset Address 823 Cutter								-
PO Box 341							City, State, Zip		-				-	_	
City, State, Zip Cod							Maple Sha		U13	152					
Chestorfield, N				Talou	hone N	10	Telephone No.	Control of the contro	M.C		License No.			_	-
Project Manager for					9-298-		856-755-00				00842				
Bill Weisgarbs Start Data (10)	<u> </u>	Schedu	ried Co				Name of OSH		ar-			-	-		
09 / 29	/ 18				_/_		EMSL Ana			! -					
Occupancy Status							Street Address		- THE						
Aranam Miller Ra	Anestad Curing E.	ntire Port	od of A	Leaten	neni		200 Routo	1000	ort	1	7				
C Abelamant Dad	arman Outside of	Normal P	Pacility	Hours	5 - Des-	ribe	City, State, Zip		-4"	Billion - O			65		
Time of Abatem	ant:AN	PN		1997-,		-010 -010	Cinnamina	on, N	J ()	1077		_		Will be seen	-
Scope of Work (Ch	eck all that apply?	,						- stalar	nai	· salt 's Marro	iha Pinesura				
23 af or ≥3 if		(⊠ Ran	tevon	an		Minh	Enclosu	I C		ilive Prossure				
160 si or ≥260	R		Dor	malilia	pt's		Glove	ıbeg Pı Exempt	8C.	1 and Nor	-Friable Presed	lure			1
			lgr.	Locat	ion	Г			_		- Contract of the Contract of		palem	ent T)	ype
Le	cotion of		l h	d Solo	lly	١	Dascriptk astos Conteining	on of	m1 /	Phil	Amount	37	B	E C	M
Asbestos-Cont	aining Material (A SE ABATED	CM)	Ma	interna	mos/	ASO	e., thermal syste	ms inu	igit	30,	(Specify	Removal	Repair	- B	Endosum
100 5	J Facility		Qual	(12)			surfacing, to	AT, or			SF or LF)	=		Encapsulate	\$
	(13)		Yes	No	NA	1	Otton sup-cor	GH IS A MY	"	1				1 8	
				-	-	Class	Tile and Mast	_			90 SF	B		0	
Laundry Room				Ø		Pioor	1110 mein tertebn					-	-	-	1
									-				-	and a second	
•														-	
			0												
	ed Weste Hauler			1	NUDEP		Cubic Yards	31			tered Landiil				-
Name of Sanistan				1	Haylor I 1593		Waste			airioss Li	indfill				
Name of Register				-	1835	4	Disposel Oat	1		, State	n rove				
Freehold Car		_	enteriore												
Freshold Car City, State	tage						10/01/201	8	J	lorrisville	, PA				
Freehold Car	tage	Title	6		-		10/01/201 Signatu		ا ==	lonisville	, PA	Date Q/ ₆	-		********



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

Check No. 5331

Date of Notification (1)				l N	ame	of Buildi	ng Owner/Operato	r /2\	F	7	E (9		1	7 [3
September 26, 201	8			1.0			Dept. of Treasu	48.03		1				<u>V</u>		-
Agency Notified	Type Noti	ification	_			Address		ny, Div. of Pro	perty	ivid	nage	men	i a i	ons	truc	tion
ПЕВА	37.0						ate Street				٨	CT	- 2	20	18	
EPA Mr. required per Sate Reg. 102004	☑ Initial ☐ Amend	led				tate, Zip			1.1	Law	U	() I	-	40	10	100
⊠ DOL	Amend	dment #		- 1	2010		1. 08625									
⊠ DOH		ency (including		1	HAIL SAN	of Conta			IITO		agpr one N			111	101	E
□ DCA	justific Cancel			1 1 2 2 2 2			atochvil		11	110	73 1		union .	ж. н		67
							FORMATION		00	J	.73 1	303	-			
Name of Facility Where A	batement i	s Taking Place	(3)	- 1	ACI	LIII IIVI	-ORWIATION	Tuna of Fability	(4)							
NJSP Toop "B" He			(0)					Type of Facility	0200							
Street Address	auquart							School (K-12	2)		10	10)				
250 Minnisink Road	4							☐ Subchapter i ☐ Other (i.e. pr	ivate	er tr & co	nan K- mmer	12) cial bu	uildin	as.		
City (5)								homes, etc.)		09/19/19/09	03/////2009	2412-2-20		-		
1 5 5 5 5 5 6 7 5 7 5 7 5 7 5 7 5 7 5 7 5								Square Feet	000	f Flo	ors	E	Bldg.	Age		
Totowa, NJ 07512								38,632	2				38			
County (6)					ounty NLY)	Code (7) (STATE USE	Current Use (Pr	rlor if	being	g dem	olishe	d)			
Passaic				CM No				Business/S	tora	ge						
(0)	A Environmental Management, Inc.						Name of Abatem	nent Contractor (9	9)							
	l Manag	ement, Inc.	11	2			B&N&K Res	toration Co.,	Inc.							
Street Address							Street Address									
344 West State Stre	eet						223 Randolp	oh Avenue								
City, State, Zip Code							City, State, Zip C	Code					0=0-			-
Trenton, NJ 08618							Clifton, NJ 0	7011								
Project Manager for Monit			Telepl	hone I	No.		Telephone No.		Lice	ense	No.					
William Weisgarber				656-		1	973-478-468	1	00	120	ľ					
Start Date (10)		cheduled Comp			(11)		Name of OSHA Monitor									
October 10, 2018		December 31		18			McCabe Env	ironmental S	ervi	ces	, L.L	C.				
Occupancy Status During	Abatement	t (Check only on	e)				Street Address									
☐ Facility Closed/Vacated	During En	tire Period of Al	ateme	ent			464 Valley B	rook Avenue								
	utside of N	Normal Facility F	lours				City, State, Zip C								1500	
							Lyndhurst, N	NJ 07071			2.4					
Scope of Work (Check all t	that apply)							Containment with	Mogai	tivo I	2****					
☐ ≥ 3 sf or ≥ 3 lf				1000000		vation	☐ Mini-l	Enclosure	nega	live	ressu	ıre				
≥ 160 sf or ≥ 260 If				П	Demo	lition	☐ Glove	ebag Procedure	Mon	Eriah	olo Dro	a a du	**			
			la 1		Т		M HOIL-	Exempled () and	and Non-Friable Procedu					Aha	teme	ent
			Is Loc Norm												Гуре	
Location Asbestos-Containing			sed Sc			Anha	Description of									
TO BE ABA		, o.u.,	lainter Custo		/	(i.e.	stos Containing Ma , thermal systems i	insulation.			nount pecify			70 -	Enc	四
IN Facili	ty		Stat	ff?		,	surfacing, VAT	, or			or LF			Remova	aps	Enclosure
(13)			(12	2)			other miscellane	ous)						Removal	Encapsulate	sure
		Yes	No		I/A									-	е	1 1
Exterior perimeter v	vindows		140		Z	Caulk	ina				1 2	20 li	n ft	\forall	+	+
				-	1		9				1,4	20 11	110	γ	+	+
			+	+	+								-	+	+	+
			-		-								-		-	\vdash
Name of Registered Waste	Hauler		LIDER	Wast	to Ha	uler	Cubic Varda -f	Name of David	o w.c1 1		C:11					
				**451	co ild	uiei	Waste	waine of Regist	ered L	.andi	1111					
			1269	5/2	A45	6	2	Minerva En	terp	rise	s, In	c.				
Tri-State Transfer Associates, Inc. 12695 / 2A456 City, State Clifton, NJ 07011 / Bronx, NY							Disposal Date		•							-
Clifton, NJ 07011 / B	tate Transfer Associates, Inc. 12695 / 2A456 2 Minerva Enterprises, Inc. City, State 10/11/2018 - 12/31/2018 Waynesburg, OH Signature Date															
Completed by	Tit	le					- //	1	J, J			Date	e			
G. Roger Woodman				1/10		Date 9/26/2018										

Ch 870	2		NOT		ATION		BE	Jersey STOS ABAT 8:60 and 5:1			CE		\mathbb{V}	
Date of Notification (1)			- but		I North Control			wner/Operator (2)	C C	ICT -	. 2	2018	
	28 /	18			Dix	on Proje	ects			To the control of the				T THE
Agencies Notified	Type Notific	ation				t Address				ACE!	SUL O	CT		
☑ EPA ☑ DOLWD	☐ Initial	٨			1	Dogwoo				L	THE	e e		
☑ DOH	Amendm					State, Zip			2)					
DCA	☐ Emergen		cluding	9		ingston		07039						
(NJAC 5:23-8)	_ justificati	5.5				of Contac				Telephone Nu	mber			
	☐ Cancellat	tion			Ga	ry Fleysl	nma	n		1-973-493-	1307			
					FA	CILITY II	NFO	RMATION		9				
Name of Facility Where A	batement is 1	Taking	Place	(3)					Type of Facility (4	4)				
Dixon Projects									School (K-12)		40)			
Street Address									☐ Subchapter 8 ☐ Other (i.e., pri			uildin	ns.	
59-61 Sterling Ave.									homes, etc.)				, ,	
City (5)									Square Feet	# of Floors	E	ldg. A	ge	
Weehawken									3008	2		95		
County (6)					Cour	nty Code (7)(ST	ATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Hudson									residential					
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					
A.E.S.L					002	1	1	CPR ENVIRO	NMENTAL SER	VICE				
Street Address				0.00			St	reet Address						
2200 PATTERSON F	PLANK RD.	UNIT	7				1	8421 Hegerm	an Street					
City, State, Zip Code							Cit	ty, State, Zip Co	ode			1000		
NORTH BERGEN N.	J 07047						1	Phila PA 1913	36					
Project Manager for Monit	toring Firm			Tel	ephone	No.	Те	elephone No.		License No.				
CARMELO ALTAMO	DNTE			2	01664	5583	:	215 333-5117		01328				
Start Date (10)					etion Da		Na	me of OSHA M	lonitor					
10 /07 /	18	1	0_/	0	8_/	18	1	A.E.S.L						
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement:	d During Entir Outside of No	re Per ormal	iod of a	Abate y Hou	irs - Des		Cit	reet Address SAME ty, State, Zip Co	ode					
Scope of Work (Check all								SAME						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	шат арріу)		⊠ Re □ De					☐ Mini-Enc			Iure	20 20 W		
				Loca							A	patem	er* T	/pe
Location of Asbestos-Containing Modern TO BE ABA IN Facility (13)	Material (ACM TED	1)	Use Ma	inten	lely by ance/ Staff?		e., the	Description of Containing Mar ermal systems in surfacing, VAT, ther miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
######################################			Yes	No	N/A								(D	
BASEMENT				\boxtimes		PIPE IN	ISU	LATION		75LF				
														П
				П	ТП						1	$\frac{1}{\Box}$	П	П
Name of Registered Wast	e Hauler			100	NJDEP !		12000000	bic Yards of	Name of Registe	ered Landfill		1-		
CENTURY WASTES	SERVICES				dauler II 32797			aste		NAGEMENT				
City, State ELIZABETH NJ							Dis	sposal Date	City, State BRISTOL P	A				
Completed By (Print or Ty ANTHONY JONES	pe)	Title PF	ROJE	CT N	IANAG	ER	1	Signature	Geory J.	mes	Date 9.	es.	18	

Ch 1883	!		ursuart	OF ASE	ESTOS 8:60 and	ABATER 112:120			EC	E (
Date of Notification (1) 09-27-18		1		Building (Konefal		perator	(2)		OCT	- 2	201	ê						
Agencies Notified Type Notification			Street A						001									
□ EPA □ Initial		POST PERSON							ASPEST	0000		11. 7						
DEP Amended DOL Amendment	¥			te, Zip Co ford, NJ		n		L		na nematic			-					
Emergency (i		STREET, ST.		Contact	07070			Tel	ephone Nu	ımhar								
DOH justification) Cancellation		1		Konefal				1 10	chilone M	minei								
			FACI	LITY INFO	DRMATI	ON			(A)									
Name of Facility Where Abatement is Taking Private Home	Place (3	3)					Type of Faci											
Street Address							School Subcha	(K-12) pter 8 (Oth	er than K-	12)			-					
								e. private			dings,	home	s,					
City (5)							Square Feet	# 0	f Floors	В	ildg. A	ge	\neg					
Rutherford							Current Use											
County (6) Bergen			County ((STATE L	Code (7) JSE ONLY)		_												
Name of Monitoring Firm Hired by Building C N/A	wner (8))	ASCN	l No.			of Abatement Contractin		(9)									
Street Address		712					Address		-									
							th St.											
City, State, Zip Code							tate, Zip Code n City NJ 0											
Project Manager for Monitoring Firm		- 1	Telepho	ne No.			one No.		License	No.		22-11-11						
Charle Date (40)	0 1						216-9603		01206									
Start Date (10) 10-06-18	10-08-		ipletion l	Date (11)			of OSHA Mon Contractin											
Occupancy Status During Abatement (Check	Only Or	ne)					Address	J					\dashv					
Facility Closed/Vacated During Entire P	eriod of	Abatem	ent			522 7	th St.											
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours				City, St					on collificati							
Scope of Work (Check All That Apply)		- 134				Offici	n City NJ 0	7007					\dashv					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	Renova Demoliti				·	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	Is	Location	on						7-11		Abate	ement						
Location of		Normali d Solel				scription				-	1 1 1	pe	-					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		thermal surface			(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure					
	Yes	No	N/A							-		ite	0					
Exterior		х			Tran	site Sic	ding	43	00 SF	X								
										Name of the last o								
Name of Designation - 1 March - 1		1	IDED	(a.e.)		Vand		1										
Name of Registered Waste Hauler		1.00	JDEP W auler ID		of Was						05, 5	CONTRACTOR OF THE PARTY OF THE	.					
Delfa Contracting LLC			35240	0		20			Source F	recov	ery F	aCIII	ry					
City, State Union City, NJ						sal Date -10-18	City, Tully	State /town, P/	A									
Completed by	Title				S	ignature	4			ate	45							
Jaime Delgado	Proj.	Mana	iger.		100		19		10	9-27-	18		O-CONT. THE					

Ch 7046	Laterage Z.	D P P (P	ICATION ursuant	te of Ne I OF ASB to NJAC	w Jersey BESTDS 8:60 and	BATE 12:12	MEN 0)	Т		E	C	E	14		
Date of Notification (1) 9/28/18					Owner/O					1	CT	- 6	21	10	
Agencies Notified Type Notification X EPA Initial			Street A	ddress						ASPI	ERTO	0.01	COT NO	ROI.	<u>8</u> :
☑ DEP ☒ DOL ☐ Amended Amendment		_ [ate, Zip Co Berlin N	ode IJ 0809	1		Vicinity of the second			1.			-	
☑ DOH ☐ Emergency justification) ☐ DCA ☐ Cancellation	3 1		Name of Jen	f Contact					Te	lenhone	Alum	hor.			
		874 E	FACI	LITY INF	ORMATIC	NC						-			
Name of Facility Where Abatement is Takir Jennifer Kramer Private Home	g Place (3))					Тур	e of Facility (4)	1750.000					
Street Address		200020						School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth				dings,	home	es,
City (5) West Berlin NJ 08091							- 12.00	are Feet 00+	# 0	f Floors	i	17533	ldg. <i>F</i>	ge	
County (6) Camden			County (Code (7) USE ONLY)			rent Use (Pric	or if be	ing dem	nolishe	- 100			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	No.		Name Perr	of Ab	patement Con	tractor	(9)					
Street Address						Street									
						PO I	Зох	329							
City, State, Zip Code						100		Zip Code rlin NJ 080	91		3/252		0.00		29-21000
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 856-		No. -9800		Licens 0072					
Start Date (10)	Schedule	d Con	npletion [Date (11)				SHA Monitor							
10/8/18	10/12/1					Sam	е								
Occupancy Status During Abatement (Chec	k Only One	9)				Street	Addr	ess							_
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe:	Period of Al nal Facility	batem Hours	ent			City, S	tate,	Zip Code		•					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				X	Fi M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure					е	
Location of	100000	_ocati			_								Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	Sole	ly by		tos Conta	systems ing, VA	lateria insu T, or	lation,	(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
Estarias Cidina	Yes	No	N/A											te	U
Exterior Siding			×		Exter	ior Sic	ling		14	00SF		Х			
Name of Registered Waste Hauler United Roll Off		Н	JDEP Wauler ID I 2459		Cubic Y of Wast 4			Name of F	200	ered Lar	ndfill				
City, State Elm NJ					Disposa 10/12/		-3 0-0	City, State		A 1906	37				
Completed by Anthony T Perna	Title Presid	dent				gnature	C				Date	8/18	3		

D&S Froj. #: 18-202	72)	N/	Not (Pur	tification of Assessment to NJA	sbes	os Abatement 30 and 12 120	-		EC	E	\mathbb{V}	E	
Date of Notification (1)	-/	Name of E	Building O	wner/Operator (2)				AAT	2	204	0	
10 9 1/12 6 1/11 8		sol novi		•					OCT	- 2	201	Ĭ	1
Agencies Notified Type Notific	ation	Street Add	ress				,			0.00	# pro *+	() () ()	}
DEP Amended							Control	Po	ORESTO H	ranci		15. 1.	
DOL Amendment		City, State	Zip Code	е						2000-200			
DOH Emergence	11		park, nj	07204									
justification	1)	Name of Co	ontact					Telepho	ne Numb	er		10	
Cancellatio	on	sol nov	ick								_		
			FA	ACILITY INFORM	MATIC	N						18	
Name of facility where abatement	is taking p	place (3)					Туре	of Facility					
sol novick								=	ol (K - 12	70			
Street Address									hapter 8 ((Private/			12)	
								Bldgs	./Homes,	etc.			
City (5)	Cou	inty (6)			T co	unty Code (7)	Squa	re Feet	# of Flo	ors	В	ldg. A	ge
00000		, (-,				ate use only)	Curr	ent Use (F	Prior if he	ina der	nolish	ed)	
roselle park		ion											
Name of Monitoring Firm Hired by	Bldg. Owr	ner (8)		ASCM No.		Name of Abateme		-2					
Street Address					_	D & S RESTO	RATION	, INC.					
ou out / had it cas						Street Address 20 California	A						
City, State, Zip Code					_	City, State, Zip Coo						- Common	
· ·						Paterson, NJ (
Project Manager for Monitoring Firm	n	Ph	one Num	nber		Telephone Number	г		Licens	e Num	ber		
						973-345-802				01169			
Start Date (10)	Sche	d. Completi	on Date (11)		Name of OSHA Mo							
10/01/18	10/1					Street Address	mon, me.						
Occupancy Status During Abateme				A THE RESERVE OF THE PARTY OF T		20 California A	Avenue						
Facility closed/vacated during Abatement performed outside Describe:	entire per of normal	iod of abate facility hou	ment. rs-			City, State, Zip Cod	le						
Other-Describe: NORMAL I	IOURS				-	Paterson, NJ (7503						
Scope of Work (check all that appl	y)			·//			Full Con	tainment v	v/negative	e press	ure		
≥3 sf or ≥3 lf	Renovation	on					Mini-enc						
≥160 sf or ≥260 lf	Demolitio							g procedu empted (*)		-friable	proce	edure	
Location of asbestos-containing		n normally i						ON.		R	R	E	E
material (acm) to be	staff(12)		T	Description material (sbestos-containing		Amount (Specify S	SF or	m	р	n c	n
abated in facility (13)	Yes	No	N/A	,	8			LF)		o v	a i	a p	Ĺ
BASEMENT		X		PIPE INSU	LAT	ION	79 1	ft		e		\Box	
					(I exam)						H	븕	一
												一	
				<u> </u>									
Registered Waste Hauler	INLIDE	D Haular II	<u> </u>	Cubic Yards of V	Vooto	IN(D							
D & S RESTORATION, INC.	135	P Hauler II 06		Jubic Yards of V 1 yd	vaS(e	Name of Registere TULLYTOWN		RCE RE	COVF	RY	out the second		
City, State			Disposal	Date		City, State				-			
PATERSON, NJ 07503 Completed by (Print or Type)	70		10/02/			TULLYTOWN	I, PA						
BOGDAN JOLDZIC	Title PRESID	ENT		Signature					Date 09/26/	/2010			
ASB-41 *			or asbest	- I tos licensure exe	mpte	d activities.			09/20/	2010			_