OCT 3 2016

ASBESTOS CONTROL & LICENSING

4
en
H
386
Basemer
se
no
urthouse
'n
Cor
<u>p</u>
MCIA
ĭ

PROJECT NAME:

Area / Notes	Abatement Item	Unit	Quantity	Price/Unit	Unit Quantity Price/Unit Total Pricing Mandays	Mandays

Office and Storage Area						
	Plaster Walls	SF	2,120			
	Plaster Drop Ceilings	SF	2,728			
	Drop Ceiling	SF	2,728			
	Pipe Insulation	4	650			
	Carpet	SF	2,728			
2 Layers	Tile & Mastic	SF	2,728			
Total						

						122	50000 Laure			APPROVE	D' TAM	VO	0	RHI	EES	JU.	
CH 310			NOT		ours	ION	OF AS	ew Jersey BESTOS \C 8:60 ar	ABA1 nd 5:1	TEMENT 6)	19/3/	GE		7 []	<u> </u>		
Date of Notification (1)	sarenas ser	1004000			N	lame	of Buildin	g Owner/Op	erator (2)	1111111 7	OCT		3 2	016	100	
9 / _	27 /	16				Ver	izon)CT			JIO	11	
Agencies Notified	Type Notific	ation			S	treet	Address									1	
☐ EPA	☐ Initial					15 E	East Mor	ntgomery l	Place,	Lower Level	ASBE	STOS	C	ON	TRC	L &	
☑ DOLWD	☐ Amende				C	ity, S	state, Zip (Code				LICE	N	SINC	3		
□ DHSS	Amendm		aludina	9		Pitt	sburgh,	PA 15212									
☐ DCA (NJAC 5:23-8)			ciuaing		N	ame	of Contac	t			Telephone N	lumber					
(☐ Cancella	(2) .				Ant	hony Po	rta									
						FAC	CILITY IN	IFORMATI	ION		_		-				
Name of Facility Where A	Abatement is	Taking	Place	(3)						Type of Facility	(4)						
Verizon Hightstown	1 CO									School (K-12		(40)					
Street Address										Subchapter 8			bu	ildina	9		
393 Mercer St.										homes, etc.)		moroidi	-	nunig	σ,		
City (5)			-22-2-22-2							Square Feet	# of Floors		Blo	dg. Ag	ge		
Hightstown					0500									V. 1. FK.			
County (6)						Coun	ty Code (7)(STATE USE	ONLY)	Current Use (Pri	or if being dem	nolished)				
Mercer										Office							
Name of Monitoring Firm	Hired by Buil	ding C	wner (8)	AS	CM	No.	Name of A	Abateme	ent Contractor (9)							
TTI Environmental,	Inc.							BRIST	OL EN	VIRONMENTA	L, INC.						
Street Address								Street Add	dress					200-1-120			
1253 N. Church St								1123 B	EAVE	R STREET							
City, State, Zip Code						7.		City, State	, Zip Co	ode					SEAT.	7.215,-	
Moorestown, NJ 08	057							BRISTO	OL, PA	19007							
Project Manager for Moni	itoring Firm			Te	eleph	one l	No.	Telephone	No.		License No.						
Harold Baldwin					856-	840	-8800	215-78	8-6040)	00509						
Start Date (10)		Sched	uled C	omp	oletio	n Dat	te (11)	Name of C	SHA N	Monitor							
9/27/	16		9/	;	30	. / _	16	BRISTO	OL EN	VIRONMENTAI	L, INC.						
Occupancy Status During	Abatement (Check	only	ne)				Street Add	iress								
☐ Facility Closed/Vacate						nt		1123 B	EAVE	R STREET							
Abatement Performed							cribe	City, State	, Zip Co	ode				11111			
Time of Abatement: _	AM- <u>5:0</u>	0PM/_		PM-	1:30	<u>MAQ</u>				19007							
Scope of Work (Check all	that apply)																
T1 . 0 . 1 . 0 . 15										tainment with Neg	ative Pressure	•					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			⊠ Re		ation ition				Mini-Enc Bloveba	a Procedure							
					******			□N	lon-Exe	mpted (*) and No	n-Friable Proce	edure					
	112				cation								Aba	ateme	ent T	ype	
Location		40			nally olely		Asha		ription o		Amount		U	Re	En	m m	
Asbestos-Containing I TO BE ABA		/1)	Ma	inte	nanc	e/		thermal sy		iterial (ACM) insulation,	(Specify		Removal	Repair	cap	clos	
IN Facilit			Cus	todia (1:	al Sta	aff?		surfacin	ig, VAT	, or	SF or LF)	2	<u> </u>	7	Encapsulate	Enclosure	
(13)			Yes	N		N/A		other mis	cellane	ous)					ate		
Basement MER #1			⊠ ⊠				Transit	e wall pan	els		24 SF	5	3		П	П	
AGGINGTIC WILK #1	1		OTTEN	Tanott	o man pan					-							
		-															
Name of Registered Was BRISTOL ENVIRON		1C			Hau		Waste O No.	Cubic Yard Waste	ds of	Name of Registered Landfill GROWS LANDFILL							
City, State					Ann I			Disposal D	Date	City, State	NATIONAL DESIGNATION						
BRISTOL, PA										MORRISVI	LLE, PA						
Completed By (Print or Ty	ype)	Title	2					Signa	ature	- I	1	Date	/	,	,	100 H W	
Brian Scafiro		E	stima	tor				Bri	-22-24 -	Scalus 1	rl.	9/0	2'	7/1	6		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Federal Aviation Administration 9 3 / 15 Agencies Notified Type Notification Street Address William J Hughes Tech. Center Bldg 306 TSF Annex SESTOS CONTROL & ☐ EPA ☑ DOLWD □ Amended City, State, Zip Code LICENSING Amendment #4-9/28/16 ☑ DHSS Atlantic City Airport, NJ 08405 ☐ DCA ☐ Emergency (including Name of Contact Telephone Number justification) (NJAC 5:23-8) □ Cancellation Chris Jones FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) William J Hughes Tech Center School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Amelia Earhart Blvd homes, etc.) Square Feet # of Floors Bldg. Age City (5) Atlantic City Airport County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) Office Atlantic Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 215-788-6040 00509 Start Date (10) BACK ON SITE Scheduled Completion Date (11) Name of OSHA Monitor 9 / 29 / 16 9 / 29 / 16 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/____PM-__AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ☐ Mini-Enclosure $\boxtimes \ge 3$ sf or ≥ 3 lf Glovebag Procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Repair Encapsulate Enclosure Remova Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)(13)other miscellaneous) Yes No N/A X 40 LF Exterior-Pole 22 transite conduit \boxtimes X Exterior Pole 256 X Transite Conduit 20 LF П Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Hauler ID No. G.R.O.W.S. NORTH LANDFILL BRISTOL ENVIRONMENTAL, INC. 18706 Disposal Date City, State City, State MORRISVILLE, PA 19067 BRISTOL, PA 19007 9/28/16 Completed By (Print or Type) Title Signature Estimator Brian Scafiro

State of New Jersey

ASB-41 MAY 11 B S 1 5 0 7 6

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Federal Aviation Administration 3 15 9 William J Hughes Tech. Center Bldg 306 TSF Annex LICENSING Agencies Notified Type Notification Street Address ☑ Initial ☐ EPA □ Amended □ DOLWD City, State, Zip Code Amendment #3-4/18/16 **⊠** DHSS Atlantic City Airport, NJ 08405 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Chris Jones □ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) William J Hughes Tech Center Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) Amelia Earhart Blvd Square Feet # of Floors Bldg. Age City (5) Atlantic City Airport County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Office Atlantic Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. BRISTOL ENVIRONMENTAL, INC. NONE Street Address Street Address 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00509 215-788-6040 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) BRISTOL ENVIRONMENTAL, INC. 4 / 15 / 16 Street Address Occupancy Status During Abatement (Check only one) 1123 BEAVER STREET ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-4:00PM/____PM-___AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation Mini-Enclosure \boxtimes \geq 3 sf or \geq 3 lf Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Encapsulate Removal Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, Maintenance/ (Specify TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)N/A Yes No \boxtimes 40 LF transite conduit X Exterior-Pole 22 \boxtimes П Transite Conduit 20 LF X Exterior Pole 256 Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler G.R.O.W.S. NORTH LANDFILL Waste Hauler ID No. BRISTOL ENVIRONMENTAL, INC. 18706 Disposal Date City, State City, State MORRISVILLE, PA 19067 BRISTOL, PA 19007 Signature Title Completed By (Print or Type) Estimator Brian Scafiro

State of New Jersey

MAY 11 B 5 150 76

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

P 5 \$					State of I	New Jersey		ID E	ع ا	3 [\//	
· 00 C	4	NO		ATIO	N OF AS	SBESTOS ABA AC 8:60 and 5:1		Sk #	30	50	4	<u> </u>
Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)	11111 0	ÛŤ	0	2011	Ĝ.
9 / _	3 / _	15				iation Administra						
Agencies Notified	Type Notifica	ation		Stree	et Address			ASBES				1OL
□ EPA				W	illiam J H	lughes Tech. Cer	nter Bldg 306	TS <u>F Annex</u>	LICE	NSI	NG	
⊠ DOLWD			3146	City,	State, Zip	Code						
☑ DHSS ☐ DCA	☐ Emergen	ent # <u>2-4/1</u> cv (includir		At	lantic Cit	y Airport, NJ 084	105					
(NJAC 5:23-8)	justification		.5	Nam	e of Conta	ct		Telephone Nu	mber			
20/00/00/2016 (19/00/00/00/00/00/00/00/00/00/00/00/00/00	☐ Cancellat	ion		Ch	ris Jone	s						
				FA	CILITY II	NFORMATION						
Name of Facility Where A	batement is T	aking Plac	e (3)				Type of Facility					
William J Hughes T	ech Center		- CALCHEN				School (K-1	2) 8 (Other than K-1	2)			
Street Address							Other (i.e., p	private and comm		buildi	ngs,	
Amelia Earhart Blvo	1						homes, etc.	5				
City (5)							Square Feet	# of Floors		Bldg.	Age	
Atlantic City Airport						7.107475.1105.048.14	0 111 (D		(i = b = d)			
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Office	rior if being demo	isnea)			
Atlantic			(0)	10001	N/-	Name of Abateme						
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	I NO.	I .	VIRONMENTA					
NONE						Street Address	VIIVOIVIMEIVIA	L, INO.				-
Street Address						1123 BEAVE	R STREET					
City, State, Zip Code				-		City, State, Zip Co				-		
City, State, Zip Code						BRISTOL, PA						
Project Manager for Monito	oring Firm		Tele	phone	No.	Telephone No.		License No.				
Troject Mariager for Morni	g			•		215-788-6040		00509				
Start Date (10)	Sc	cheduled (Comple	tion Da	ate (11)	Name of OSHA M	onitor					
4 / 15 /	16	44	18	3 /	16	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During		heck only	one)			Street Address						
☐ Facility Closed/Vacated	During Entire	Period of	Abate	ment		1123 BEAVER	STREET					
Abatement Performed (Outside of Nor	mal Facilit	y Hour	s - Des		City, State, Zip Code						
Time of Abatement: 7:0	00AM-4:00PN	<i>M</i> P	M	AM		BRISTOL, PA	19007					
Scope of Work (Check all t	hat apply)					□ Full Coate	sinmont with Non	estivo Prosouro				
≥3 sf or ≥3 lf		⊠ Re	novati	on		☐ Mini-Encl	ainment with Neg osure	alive Flessule				
≥160 sf or ≥260 lf		☐ De	molitic	n		☐ Glovebag		n-Friable Procedu	re			
		le	Locat	ion	T	M Mon-Exen	ripted () and 140	II-I Hable Flocedo		atem	ent T	vne
Location of		100	Norma			Description of				_	T	T
Asbestos-Containing M			d Sole			stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATI	<u>ED</u>		todial		(i.e.	 thermal systems in surfacing, VAT, 		(Specify SF or LF)	ova	F	psu	unsc
(13)			(12)		1	other miscellaneo			-		late	е
		Yes	No	N/A					-	-		
exterior-Pole 22			\boxtimes		transite	conduit		40 LF		Ш	Ш	Ш
Exterior Pole 256			\boxtimes		Transite	Conduit		20 LF				
						A PARTY OF THE PAR						
lame of Registered Waste	Hauler			JDEP V		Cubic Yards of	Name of Regist	ered Landfill				
BRISTOL ENVIRONM			10.7000	auler ID	900000000	Waste	G.R.O.W.S.	NORTH LAND	FILL			

Completed By (Print or Type) Brian Scafiro

ASB-41 MAY 11 B 5/5/30

Title

Estimator

BRISTOL, PA 19007

City, State

Disposal Date

Signature

City, State

MORRISVILLE, PA 19067

Date 4/13/16

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Federal Aviation Administration 9 DOCTION SOTO Type Notification Agencies Notified Street Address LICENSING M Initial ☐ EPA William J Hughes Tech. Center Bldg 306 TSF Annex □ DOLWD City, State, Zip Code Amendment #1-9/14/15 ☑ DHSS Atlantic City Airport, NJ 08405 ☐ Emergency (including ☐ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation Chris Jones **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) William J Hughes Tech Center School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Amelia Earhart Blvd homes, etc.) Square Feet City (5) # of Floors Bldg. Age Atlantic City Airport County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) Office Atlantic Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 215-788-6040 00509 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) ON HOLD BRISTOL ENVIRONMENTAL, INC. _____/ Occupancy Status During Abatement (Check only one) Street Address 1123 BEAVER STREET ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-4:00PM/ BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Proce □ Renovation □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Removal Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No X transite conduit 40 LF \boxtimes Exterior-Pole 22 П NJDEP Waste Name of Registered Landfill Cubic Yards of Name of Registered Waste Hauler

Completed By (Print or Type) Estimator Brian Scafiro

Hauler ID No.

18706

Waste

Disposal Date

Signature

G.R.O.W.S. NORTH LANDFILL

MORRISVILLE, PA 19067

City, State

City, State

BRISTOL, PA 19007

BRISTOL ENVIRONMENTAL, INC.

10 CLC

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

11 11 - 5 - 5	
11/1	
3	

Date of Notification (1)					Name of I	Building	Owner/Op	erator	(2)						
9 / 3	3/	15	_		Federa	al Avia	tion Adm	inistr	ration	1	ASB	EST	OS (CON	ITRO
Agencies Notified T	ype Notific	cation			Street Add	dress							JEN		
	j Initial				William	n J Hu	ghes Teci	h. Ce	nter Bldg	306 TS	F Annex				
	Amende			ı	City, State	e, Zip C	ode								
☑ DHSS 97/9	Amendm Emerger	-		.	Atlantic	c City	Airport, N	J 08	405						
☐ DCA (NJAC 5:23-8)	justificati		CHUUIIN	9	Name of C	Contact				T	Telephone	Num	ber		
	Cancella	tion			Chris J	lones							-		
					FACILI"	TY INF	ORMATIC	NC							
Name of Facility Where Abate	ement is 1	Taking	Place	(3)					Type of Fa					7.70	
William J Hughes Tech	Center								☐ School	(K-12)	2002 02 0	m ver			
Street Address									☐ Subcha ☒ Other (i	pter 8 (0	Other than	K-12)	rial h	uildin	06
Amelia Earhart Blvd									homes,	etc.)	ite and cor	miner	טומו ט	ullolli	ys,
City (5)									Square Fee	et	# of Floors		В	dg. A	ge
Atlantic City Airport															
County (6)	3-7			1	County Co	de (7)(S	TATE USE OF	NLY	Current Use	e (Prior i	f being der	nolish	ed)		
Atlantic	a /0							- 1	Office				19.59 t a		
Name of Monitoring Firm Hired	by Buildi	ng Ow	ner (8) AS	CM No.	N	ame of Aba	teme	nt Contracto	r (9)		-		-	
NONE							BRISTOL	ENV	IRONMEN	TAL, II	VC.				
Street Address						Si	treet Addres	SS							
							1123 BEA	VER	STREET						
City, State, Zip Code						Ci	ty, State, Zi	p Coo	le					000000	
							BRISTOL,	PA	19007						
Project Manager for Monitoring	Firm		- 1-	Telepho	ne No.		lephone No			Li	cense No.				
, reject meneger ich men							215-788-6			10000	00509				
Start Date (10)	Sch	nedule	d Com	pletion	Date (11)	Na	me of OSH	A Mor	nitor				_	_	
9 / 15 / 15					/15		RISTOL	ENVI	RONMENT	AL. IN	C.				
Occupancy Status During Abater							eet Address							_	
☐ Facility Closed/Vacated Durin						1000000	123 BEAV		TDEET						
☐ Facility Closed/Vacated Duffit Abatement Performed Outside	g citile r	al Fac	ilih Ha	nurs - D	escribe										
Time of Abatement: 7:00AM-	4:00PM/		PM	A	И	-	, State, Zip RISTOL, I								
							KISTOL, I	A 1.	7007						
Scope of Work (Check all that app	oiy)						☐ Full Co	ontain	ment with Ne	egative F	ressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova				☐ Mini-E	nclosi	ıre						
≥160 sf or ≥260 lf			emoli	tion	☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Pro										
		T 7	s Loc	ation	Non-Exempted (*) and Non-Friable Proc							_		4 :	-
Location of			Norm	ally			Description	of				-	paten		-
Asbestos-Containing Material (ACM)	4		lely by ance/		estos C	ontaining M	lateria			nount	Removal	Repair	Enc	Enclosure
TO BE ABATED				Staff?	(i.€		nal systems		lation,		pecify	Vou	air.	aps	los
IN Facility (13)			(12)				r miscellan			35	or LF)	<u> a</u>		Encapsulate	иге
(10)		Yes	No	N/A										le le	
xterior-Pole 22			Ø		transite	cond	uit			4() LF				
		П		10.								П	П	П	П
99															
	IDEBIA	J North Chin Verdo of Alama of Basisland In 1811						\Box		Ш					
me of Registered Waste Hauler RRISTOL ENVIRONMENTAL,	INC.		H	auler ID	DEP Waste					LL					
, State				18706		Dispos	al Date	City	, State						\dashv
RISTOL, PA 19007									ORRISVIL	LE, PA	19067				
opleted By (Print or Type)	Title					Si	gnature		, .	1	Date	,	/		
rian Scafiro	Est	imato	30				R.	1	1.00	10	10	/2	/	-	

ASB-41 MAY 11 PD/6/18	* Do n	ot use	this for	m for asbes	tos licensure exemp		0					
Pat Decaro	Estin	nator			Patrick	D. D.Ca	w Lig	9/0	28/	16		
NEW CASTLE, DE 19720 Completed By (Print or Type)	Title			Here are seen to d	Signature		JRG, OH 4468	ate				
City, State			200	- 4	Disposal Date	City, State	IDC 011 4460	0				
SERVICE TRANSPORT GROUP	, INC.			ID No.	Waste 80	MINERVA L					2000	
Name of Registered Waste Hauler			NJDEF	P Waste	Cubic Yards of Name of Registered Landfill							
Crawlspace(east of column line 6	(8) (Page 1)			pipe in:	sulation/fittings		600 If					
Mat Lab											-	
					e Fume Hood		300sf					
Mat Lab	Ye	s N	0 N//	Vat/Ma	stic		3,450 sf			П	-	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	C	Norm sed So Mainter ustodia (1)	nally olely by nance/ al Staff? 2)	(i.e	Description of estos Containing Ma e., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	1:nclosure	
≥160 sf or ≥260 lf		Demoli Is Loc			⊠ Glovebaç □ Non-Exe	g Procedure mpted (*) and Non	-Friable Procedu	1	atem	ent T	vne	
Scope of Work (Check all that apply)	_	Renova			☐ Mini-Enc		ative Pressure					
☐ Abatement Performed Outside of No Time of Abatement: <u>7AM-5PM/</u>				escribe	City, State, Zip Co BRISTOL, PA		75					
Occupancy Status During Abatement (C Facility Closed/Vacated During Entire					1123 BEAVER	R STREET						
				16	BRISTOL EN' Street Address	VIRONMENTAL	, INC.					
				Date (11)	Name of OSHA M	lonitor						
Jean-Paul von Doehren				51-2041	215-788-6040		00509					
Project Manager for Monitoring Firm		Te	elephon	e No.	Telephone No.		License No.					
Sparta NJ 07871					BRISTOL, PA							
655 West Shore Trail City, State, Zip Code					1123 BEAVEI			1000000				
Street Address				11	Street Address							
Environmental Health Investiga			00	104		VIRONMENTAL	, INC.					
Name of Monitoring Firm Hired by Build	ing Owne	er (8)	ASCI	M No.	Name of Abateme		<u></u>				_	
Middlesex	25		100	unty Code (/	MOTATE USE UNLT)	Lab, R&D	n n being demoli	sileu)				
Iselin County (6)			100	unty Code C	7)(STATE USE ONLY)	Current Use (Price	5 or if being demoli	shed)				
City (5)						Square Feet	# of Floors	BI	dg. A	ge		
25 Middlesex Avenue						Other (i.e., pri homes, etc.)	vate and comme	iciai Dl	muing	, o,		
Street Address						Subchapter 8	(Other than K-12		- الران			
Name of Facility Where Abatement is T BASF	aking Pla	ce (3)				Type of Facility (- ☐ School (K-12)						
				ACILITY IN	NFORMATION							
	ion	W	D	iana Wrigh	nt							
DCA Emergence (NJAC 5:23-8) Instification		iiiy		ne of Contac			Telephone Num	ber	1		-	
DHSS Amendme		inc		elin New		-						
□ DOLWD □ Amended				, State, Zip (LIC	CENS	ING			
Agencies Notified	idOH		-	et Address 5 Middlese	ex Avenue		ASBEST	75.00	TIAC	BOI	2	
					ysts,LLC	and the same of th	П Ц				1	
Date of Notification (1) 9 / 19 /	16		Paper	ne of Buildin ASF Catal	g Owner/Operator (2)	II III OCT	3	20	16		
NOCH		(F			AC 8:60 and 5:10		U/F					
0000	NO	TIFIC			ew Jersey BESTOS ABAT	EMENT [MEG	E	W	7 [5		
				O								

no c	(NO		ATIOI ursua	N OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1	6)	D & G	30	96	<u> </u>		
Date of Notification (1)	19 /	1	6				ng Owner/Operator (lysts,LLC	(2)						
Agencies Notified EPA 106 2	Type Notin				Stree	t Address	ex Avenue		1 ADDLUI	00	SIN		M 8	
□ DOLWD / 64 8 □ DHSS / 055 □ DCA	Amend	dment # ency (i		- ig	City,	State, Zip	Code Jersey							
(NJAC 5:23-8)	justifica Cancel					e of Contac ana Wrigi	1000		Telephone Num	ber				
	4				FA	CILITY IN	NFORMATION							
Name of Facility Where A BASF Street Address 25 Middlesex Aven		s Takir	ng Plac	e (3)				Type of Facility School (K-12 Subchapter 8 Other (i.e., phomes, etc.)) cial b	uildin	gs,		
City (5)								Square Feet 60000	# of Floors	В	ldg. A	Age		
County (6) Middlesex					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)				
Name of Monitoring Firm Environmental Hea				(8)	ASCM 001		Name of Abateme	ent Contractor (9) VIRONMENTAI	_, INC.					
Street Address 655 West Shore Tra	ıil						Street Address 1123 BEAVER							
City, State, Zip Code Sparta NJ 07871			0.08-18-18				City, State, Zip Co BRISTOL, PA							
Project Manager for Moni	torina Firm			Tele	ephone	No	Telephone No.		License No.		-		-	
Jean-Paul von Doel				0.00	73-651		215-788-6040		00509					
Start Date (10)		Sched	duled C	Comple	tion Da	te (11)	Name of OSHA M	onitor						
10 / _3_ /	16		10_/	_2	1/.	16	BRISTOL EN	/IRONMENTAL	., INC.					
Occupancy Status During Facility Closed/Vacate					ment		Street Address 1123 BEAVER	R STREET						
Abatement Performed Time of Abatement: 7/			l Facilit VI	y Houi	rs - Des	cribe	City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)			enovati emolitio			☐ Mini-Encl☑ Glovebag	Procedure	ative Pressure	9				
			100	Locat						Ab	atem	ent T	ype	
Asbestos-Containing M TO BE ABA IN Facility (13)	Material (ACI TED	M)	Use Ma	Norma ed Sole intena todial (12)	ely by Asbestos Containing Material (ACM) Amount (i.e., thermal systems insulation, Staff? Surfacing, VAT, or SF or LF						Repair	Encapsulate	Enclosure	
Mat Lab						☐ Vat/Mastic 3,450 sf ☐								
Mat Lab						Transite Fume Hood 300sf								
Crawlspace(east of co	lumn line	6)	\boxtimes			pipe ins	ulation/fittings	45 70	600 If	\boxtimes				
Name of Registered Waste SERVICE TRANSPO		P, INC).	13000	JDEP V auler ID 20990	No.	Cubic Yards of Waste 80	Name of Registe					201	
0: 0: :							Diamanal Data	City Chata						

Pat Decaro ASB-41

MAY 11

NEW CASTLE, DE 19720

Title

Estimator

Completed By (Print or Type)

Signature

tbd

WAYNESBURG, OH 44688

Ch 5122	N		CATION	te of New OF ASBE o NJAC 8	STOS A	BATE						2 [\mathbb{W}	
Date of Notification (1) 9/28/16				Building C Diana Ta				ome	T. Carrier		0	CT	3	201	6
Agencies Notified Type Notificatio	n		Street Ad	idress						AS	BES	STOS	S CC	NTE	ROL
EPA Initial Amended	nt #			e, Zip Coo Nay NJ (LICE	140	HG	
DOL Amendme Emergenc justification	y (including		Name of		J02U4				Tele	ephone	Num	ber			
DCA Cancellation	on		Jim FACIL	ITY INFO	RMATIO	ON			L				2		
Name of Facility Where Abatement is Tak Jay & Diana Talsanis Private Hor							Туре	of Facility (4)							
Street Address			Yani.				×	School (K-12 Subchapter & Other (i.e. pri	(Othe				lings,	home	es,
City (5) Cape May NJ 08204								etc.) are Feet 10+	# of	Floors			ldg. A	ge	11175-
County (6) Cape May			County C	ode (7)				ent Use (Prior	if bei	ng dem	olish				
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCM				of Ab	atement Cont	ractor	(9)					
N/A Street Address						Pern						100-60			
City, State, Zip Code						PO E		329 Zip Code							
						Wes	t Ber	lin NJ 0809)1						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 856-		No. 9800		Licens 0072).			
Start Date (10) 10/11/16	Schedule 10/18/1		pletion [Date (11)		Name Sam		SHA Monitor							
Occupancy Status During Abatement (Ch						Street	Addre	ess							
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of A ormal Facility	Hours City, State, Zip Code													
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emoliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	100	Locati	27.2.2					on Exemples	1 / 411	0 110111	1100		Abat	ement rpe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormali d Sole ntenar odial S (12)	ly by nce/	Asbest (i.e.	tos Cont thermal surfac	Description of ontaining Material (ACM) nal systems insulation, facing, VAT, or miscellaneous)			(5	mount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	
Exterior Siding			Х		Exter	rior Si	ding		12	00 SF		х			
Name of Decistored Westerland		1	JDEP W	looto	Cubic	Vorda		Name of R) og ist	arod I c	ndell				
Name of Registered Waste Hauler United Roll Off		H	auler ID 2459		of Was			G.R.O.V	200	нео са	HUIIII				
City, State Elm NJ					Dispos 10/18	sal Date /16		City, State Morrisvil		A 1906	57				
Completed by Anthony T Perna	Title Presid	dent			S	ignatur	e /				Da 9/2	te 28/16	6		

Print Form

CK5721		Sta IFICATION (Pursuant			Di	EG				7 7			
Date of Notification (1) 9/28/16			f Building C					Ш	l del		0 6	JIS	-
Agencies Notified Type Notific	ation	Street A	ddress						ASBEST	os c	ON	TRO	<u> </u>
	ment #		ite, Zip Coo le NJ 087						11	OEN!	SIM	3	
➤ DOH justification Cancel		Name of Jeff	f Contact					Tel	ephone Nur	nber			
Name of Facility Minary Abote word in	Takina Diaga (2)	FACI	LITY INFO	RMATIC	NC	Т	e of Facility (4	()				VIII	
Name of Facility Where Abatement is Toniann Roses Private Home	Taking Place (5)					Гур	School (K-12						
Street Address						×	Subchapter Other (i.e. pretc.)	8 (Oth			dings,	home	s,
City (5) Bayville NJ 08721						Squ 100	are Feet	# o	f Floors		ldg. <i>A</i> 5=	ge	
County (6) Ocean		County (Code (7) USE ONLY)		_	Curi	rent Use (Pric me	r if be	ing demolish	ned)			
Name of Monitoring Firm Hired by Bui N/A	ding Owner (8)	ASCN	/ No.		Name Perna		atement Con Inc.	tractor	(9)				
Street Address					Street PO E		편() () () () () () () () () ()						
City, State, Zip Code							Zip Code rlin NJ 080	91					
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 856-7				License N 00727	0.			
Start Date (10) 10/11/16	Scheduled 0 10/18/16	Completion	Date (11)		Name Same		SHA Monitor						
Occupancy Status During Abatement					Street		ess						
Facility Closed/Vacated During E Abatement Performed Outside or Other – Describe:													
Scope of Work (Check All That Apply)			1/2										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		ovation polition			×	N G	ull Containment with Negative Pressure ini-Enclosure lovebag Procedure on-Exempted (*) and Non-Friable Procedure						
	10.1 0				<u> </u>	N F	on-Exempted	(*) ar	na Non-Friat	le Pro		ement	
Location of	Norr	cation mally Solely by									T)	/pe	
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Mainte Custodi	enance/ al Staff?		thermal surfac	Description of Containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous)				Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	lo N/A										ite	(D
Exterior Siding		X		Exte	rior Sid	ding		14	100 SF	X			
					- Covered			<u> </u>					
Name of Registered Waste Hauler United Roll Off		NJDEP W Hauler ID 22459		Cubic of Was			Name of I	0.000	ered Landfil				
City, State Elm NJ		Disposal Date 10/18/16					City, State Morrisvi		A 19067				
Completed by Anthony T Perna	Title Preside	nt		S	ignature					ate 28/1	6		

Print Form

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

								170	11-21				11	1
Date of Notification (1)					Name o	of Buildin	g Owner/Operator	(2)		_				П
September 26, 2016	6				PA of	f NY &	NJ		II II 00	.1 3	20.	16		-
Agency Notified	Type No	tification				Address				Ton 1-2-4-03-000	-100			
□ EPA	M Initial				Goet	hals Bi	ridge, 2777 Go	ethal Road N	orth ACRES	TOS CO	TIAC	201	2	
	☐ Amer				City, St	ate, Zip	Code			ICENS				
⊠ DOL		ndment #			State	n Islan	d, NY 10303-8	3413						
⊠ DOH		gency (including ication)			Name o	of Contac	et		Telephone Nu	mber				
	☐ Canc				Uday	Mehta	l		-					
					FACIL	ITY INF	ORMATION							
Name of Facility Where Al	batemen	t is Taking Place	(3)	_	NW 344500-31			Type of Facility	(4)				-	\neg
Goethals Bridge - N				ne.				E						
Street Address	4044 00	iscy olde of	Dila	90				☐ School (K-12) ☐ Subchapter 8		12)				
2777 Goethals Road	d Nort	h						☑ Other (i.e. pri			ngs,			
	a Nort							homes, etc.) Square Feet	# of Floors	Blda	. Age			-
City (5)									60	88	3,74			
Staten Island, NY 1	0303-8	3413						440,758	1		+/-		_	_
County (6)					County ONLY)	Code (7) (STATE USE	Current Use (Pr	for it being demo	olisnea)				
Middlesex					8			Bridge						_
Name of Monitoring Firm I			A:	SCM	No.			ent Contractor (9						
Saban Engineering	Group	o, Inc.	I	I/A			B&N&K. Res	storation Con	npany, Inc.					
Street Address							Street Address							
201 Stuyvesant Avi	neu						223 Randolp	oh Avenue						
City, State, Zip Code							City, State, Zip C	Code						
Lyndhurst, NJ 0707	71						Clifton, NJ 0	7011						
Project Manager for Monit	oring Fir	m	Tele	phor	ne No.		Telephone No.		License No.					
Stephen Pharai			20	1-67	73-006	64	973-478-468	1	00120					
Start Date (10)		Scheduled Com	pletio	n Da	te (11)		Name of OSHA	Monitor						
October 06, 2016		December 3	31, 2	016			McCabe Env	rironmental S	Services, L.L	C.				
Occupancy Status During	Abateme	ent (Check only	one)				Street Address							
□ 510to Ol10tt1	. Di	Fusing Davied of	A la ata				464 Valley E	Brook Avenue						
☐ Facility Closed/Vacated ☐ Abatement Performed C	During Dutside o	entire Period of of Normal Facility	Hour	nent s			City, State, Zip C	ode						
☑ Other - Describe: Not	n-friab	le exterior w	ork				Lyndhurst, I	NJ 07071						
Scope of Work (Check all	that app	ly)								-17000-1				
					□ Reno	ovation		Containment with Enclosure	Negative Pressi	ıre				
≥ 160 sf or ≥ 260 lf					☐ Dem		□ Glov							
							☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure							
				ocati	1						AL	oatem Type		2
Location	n of		No Used	rmal			Description	of						
Asbestos-Containing		I (ACM)	Main				stos Containing M	aterial (ACM)	Amoun		_	9	1 1	m
TO BE AB			200	stodi	2222	(i.e	., thermal systems surfacing, VA1		(Specify SF or LF		lem	Re		nele
IN Facil				taff? (12)	1.1		other miscellane		31 01 11	,	Removal	Repair		Enclosure
(,		2		(12)	_			**			<u>a</u>	re	1	D
			/es	No	N/A							_	+	_
Bakers Basin			X			Concret	e Encased Transite Pip	e (Duct Bank)		300 In f	-		-	_
Bakers Basin			\times			Two debri	ris piles consisting of transite pipe & concrete 20 yards each							
		5.												
Name of Registered Wast				Vaste H	auler	Cubic Yards of	Name of Regist	tered Landfill						
Two Brothers Cont	racting	g, Inc.	ID N	o. 743			Grand Central Sanitary Landfill							
City, State							Disposal Date City, State							
Totowa, NJ 07512-1	1120			- NA			10/07/2016 - 12/31/2016 Penn Argyl, PA							
Completed by		Title					Signature	111		Date				
G Roger Woodman	1	Project Mar	age	-			///	///		9/26/	/201	6		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Caravella Demolition 09-23-16 Street Address Type Notification Agencies Notified 40 Deforest Ave. ASBESTOS CONTROL & Initial FPA City, State, Zip Code Amended LICENSING DEP East Hanover NJ 07936 Amendment #__1 E DOL Telephone Number Emergency (including Name of Contact iustification) DOH Cary Palmer III Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Commercial Property Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address 220 W. Westfield Ave. etc.) Bldg. Age # of Floors Square Feet City (5) Roselle Park Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Union Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Delfa Contracting LLC. N/A Street Address Street Address 522 7th St. City, State, Zip Code City, State, Zip Code Union City NJ 07087 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01206 201 216-9603 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Delfa Contracting LLC 10-05-16 09-29-16 Street Address Occupancy Status During Abatement (Check Only One) 522 7th St. Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Union City NJ 07087 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Туре Is Location Normally Description of Location of Amount Used Solely by Encapsulate Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) (Specify Maintenance/ (i.e. thermal systems insulation, Remova Repair TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or In Facility (12) other miscellaneous) (13)Yes No N/A 670 LF X Pipe Insulation Bsmt., 1st floor & 2nd Floor X 950 SF X Linoleum & VAT X Bsmt., & 2n Floor X 181 SF Table Top X 3rd Floor X 5.550 SF Black Flashing X Roof 1 & 2 Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Tullytown Resource Recovery Facility Hauler ID No. of Waste Delfa Contracting LLC 35240 10 Disposal Date City, State City, State Tullytown, PA 10-10-16 Union City, NJ Date Signature Title Completed by 09-23-16 Proj. Manager. Jaime Delgado

NO CK	NO		CATION	OF ASBES	New Jersey BESTOS ABATEMENT C 8:60 and 12:120) Ing Owner/Operator (2)								W_		n
Date of Notification (1) 09-23-16				Building O			(2)	A COMPANY		0 C T	3	2	016	100 mm mm mm m	IJ
Agencies Notified Type Notification EPA Initial		100	Street Add 40 Defo	dress prest Ave	Э.				Ĺ	BEST	20.0	OA.	TD	7 0	
DEP		1		e, Zip Cod anover N		936			^		CENS				
Emergency (ir justification) DCA Cancellation	cluding	10.5	Name of 0 Cary Pa	Contact almer III				The state of the s	Tele	ephone N	lumbe	r P.			
			FACIL	ITY INFOR	RMATI	ON					-20-23-0-2				27-125
Name of Facility Where Abatement is Taking Commercial Property	Place (3)							of Facility (School (K-1							
Street Address 250 W. Westfield Ave.							-	Subchapter Other (i.e. p etc.)				uildi	ngs, l	nome	s,
City (5) Roselle Park								re Feet	# of	Floors		Blo	lg. Ag	je	
County (6) Union			County C				Curre	ent Use (Pri	or if bei	ng demol	ished))			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.		Name	of Aba	tement Cor	ntractor	(9)				-	
N/A							Addre	tracting L	LC.	-					
Street Address						522	7th S	t.							
City, State, Zip Code						7.00		ip Code / NJ 0708	37						
Project Manager for Monitoring Firm			Telephon	e No.			hone N 216-9			License 01206					
	Schedule		npletion D	ate (11)				HA Monitor stracting L							
Occupancy Status During Abatement (Check	Only One	e)					Addre								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	baten Hours	nent S			City, S		Zip Code	27						
Scope of Work (Check All That Apply)						Unic	on Cit	y NJ 070	07						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				t	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							е	
	ls	Locat	ion									,	AL RESIDENCE TO SERVICE	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole intena odial ((12)	ely by nce/ Staff?		os Con therma surfa	escription staining I I system acing, V/ miscella	Materia ns insu AT, or	SF or L				Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_			Ф	
Basement		X		Pipe		lation /				30 LF	X	-			
1st Floor		X				Comp				000 SF					-
2nd Floor		Х			Wa	all Plas	ster		2,	200 SF	X	_			-
					0.1:	V 1		1 81	Daniel	ered Lan	dell				
Name of Registered Waste Hauler Delfa Contracting LLC		1	NJDEP W Hauler ID 35240	No.	of Wa	Yards aste 30				esource		OVE	ery F	acili	ty
City, State Union City, NJ						sal Date 17-16	е	City, Sta Tullyto		A					
Completed by Jaime Delgado	Title Proj.	Man	ager.			Signatu	re	H			Date 09-2		16		

MOCK		N		CATION	te of New OF ASBES o NJAC 8:	STOS	ABATE		г		EC	E		\mathbb{V}		
Date of Notification (1) 09-23-16			0.000		Building O			(2)			0.0	Ţ	3	201	6	
Agencies Notified Type	Notification		10.0	Street Ad						T	1					
EPA .	Initial				orest Ave					ļ	ASDES	TOS	00	MIT	OL	8.
	Amended Amendment#_	1			e, Zip Cod anover N		936				L	ICE	NSI	NG		-
	Emergency (inc		100	Name of						Tele	ephone N	umb	er			\neg
Andrew A	justification) Cancellation		100		almer III								B	6		
				FACIL	JTY INFO	RMAT	ION									
Name of Facility Where Abaten Commercial Property	nent is Taking P	lace (3)						Тур	e of Facility (
Street Address								H	School (K-1 Subchapter		er than K-	-12)				
230 W. Westfield Ave.								E	Other (i.e. p	orivate 8	& commer	rcial I	ouildi	ngs, l	nome	5,
City (5)	<u> </u>							Squ	uare Feet	# of	Floors		Blo	g. Ag	je	
Roselle Park																
County (6) Union				County C (STATE U	ode (7) SE ONLY)			Cui	rrent Use (Pri	or if bei	ng demol	ished	i)			
Name of Monitoring Firm Hired N/A	by Building Ow	ner (8)		ASCM	No.				batement Cor ontracting L		(9)					
Street Address							Street 522									
City, State, Zip Code									Zip Code							
									ity NJ 0708	37						
Project Manager for Monitoring	Firm			Telephor	ne No.		Telepi 201		No. -9603		License 01206					
Start Date (10) 10-03-16		chedule 0-08-		npletion [Date (11)				SHA Monitor ontracting L							
Occupancy Status During Abat	ement (Check (Only On	e)				Street									
Facility Closed/Vacated D							522		, Zip Code							
Abatement Performed Ou Other – Describe:	tside of Normal	racility	Hours	-					ity NJ 070	87						
Scope of Work (Check All That	Apply)						-	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit						Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure					a	
			Locat	ion					Non-Exemple	1	id I voli i i			Abate	ment	
Location of		1	Norma	lly		D	escriptio	n of				-		Ту	pe	
Asbestos-Containing Mate			d Sole intena	00.00		os Co		Mate	rial (ACM)	100	Amount Specify		70		Enc	Щ
TO BE ABATED In Facility		Cus	todial ((i.e.	surf	acing, V	AT, c	οr		F or LF)		Removal	Repair	Encapsulate	Enclosure
(13)			(12)	_		other	miscella	aneou	18)				val	¥÷	ulate	ure
		Yes	No	N/A												
Basement			Х				e Insul				40 LF	_	X	_		
1st Floor			X			VA	T & Ma	astic			75 SF		X			
1st & 2nd Floo	or		X			W	all Pla	ster		4	500 SF		X			
												(81)				
Name of Registered Waste Ha	uler			JDEP W Hauler ID			ic Yards laste			0.70	tered Lan		0011	m, F	ia a ili	tv
Delfa Contracting LLC			,	3524			20				esource	; Ke	COVE	ery r	aciii	Ly
City, State Union City, NJ			per but			2000	osal Dat -10-16		City, Sta Tullyto		A					
Completed by		Title					Signatu	re	11			Dat		16		
Jaime Delgado		Proj.	Man	ager.				1	19			09.	-23-	10		

nock	NC		CATION	te of New OF ASBE o NJAC 8	STOS A	BATE) <u>E</u>	G	E		\mathbb{V}	E
Date of Notification (1) 09-23-16				Building (perator	(2)) C.T		3 (2016	
Agencies Notified Type Notification		- 1	Street Ad	dress prest Av	re			-			10-11-			17 112	
EPA Initial Amended		- 3		e, Zip Coo					-	ASBE	STO	S	100	TAC)L 8
DOL Amendment		- 1		anover l		36							ISIN	G_	
Emergency (justification) Cancellation	including	- 21 3	Name of						T-1.	nhone Ni	ımber				
DCA Cancellation			-	almer III								, ,			
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATI	ON	Type	of Facility (4	-)						
Commercial Property	, , , , , , , , , , , , , , , , , , , ,						-	School (K-12							
Street Address								Subchapter	8 (Othe			ildii	nge	nome	
240 W. Westfield Ave.								Other (i.e. pretc.)							5,
City (5) Roselle Park							Squar	re Feet	# 01	Floors		Bld	ig. Ag	je	
County (6) Union			County C	ode (7) SE ONLY)			Curre	nt Use (Prio	r if bei	ng demolis	shed)				
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.		Name	of Aba	tement Cont	tractor	(9)					_
N/A								tracting LI	_C.			_			
Street Address							Addres 7th St								
City, State, Zip Code						125.6		ip Code NJ 0708	7						
Project Manager for Monitoring Firm		T	Telephon	e No.			hone No 216-9			License 01206	No.				
Start Date (10)	Scheduled		npletion D	Date (11)		Name	of OSH	HA Monitor							
10-06-16	10-11-1	-20				in constitution	Addres	tracting LI	LC						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire R			nent				7th St	200							
Abatement Performed Outside of Norm Other – Describe:	nal Facility I	Hours			_			ip Code NJ 0708	7						
Scope of Work (Check All That Apply)						01110	,								
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	enova emolit					Mir Glo	l Containme ni-Enclosure ovebag Proc	edure						
			- T				□ No	n-Exempted	(^) an	a Non-Fri	able P			ment	
	72.00	_ocati ormal			De	scription	n of						Ту		
Location of Asbestos-Containing Material (ACM)	Used	Sole			tos Con	taining I	Materia			mount				Щ	ш
TO BE ABATED In Facility	Custo	dial S	10700000 U	(i.e.	thermal surfa	system cing, V		ation,		Specify F or LF)	Kemova		Repair	Encapsulate	Enclosure
(13)		(12)				niscella				parama subannas wa	oval		air	sulat	sure
	Yes	No	N/A											(D)	
Roof		Х			Roo	of Flas	sing		3,4	100 SF	X	1			
											-	1			
											_				
										11	C11				
Name of Registered Waste Hauler Delfa Contracting LLC		1000	JDEP W lauler ID 3524(No.	of Wa	Yards ste 20		1	100	ered Land esource		ove	ry F	acili	ty
City, State			002-70			sal Date	8	City, State	e						
Union City, NJ						14-16		Tullytov	vn, P	A					
Completed by Jaime Delgado	Title Proj. I	Mana	ager.		3	Signatur	re /	H		1 1	Date 09-23	3-1	6		200

. 0 . 0 . 0 . 0 . 0	190	=1												Prin	nt For
mo1972307	+ 0"		ATION	te of New OF ASBE o NJAC 8	STOS A	BATE				E	G	E	7	<u> </u>	
Date of Notification (1) 09/26/16	1	77000		Building CeteTrotr		perator	(2)				0 CT		3 2	016	No. of Control
Agencies Notified Type Notification		S	treet Ad	dress						ASBI	ESTO)S (ON	TRO	L &
EPA Initial Amended Amendment #			ity, Stat	e, Zip Cod k, NJ	ie		/				LIC)EN	SIN	3	
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	ncluding	N	lame of	Contact					Tele	phone	Numb	er			
			FACIL	ITY INFO	RMATIC	NC									
Name of Facility Where Abatement is Taking Margarete Trotmam	Place (3)						Туре	of Facility (4 School (K-12							
Street Address					The second Property St. P. Com		×	Subchapter Other (i.e. pretc.)	(Othe			build	ngs,	nome	s,
City (5) Newark							Squa	are Feet	# of	Floors		Ble	dg. Aq	je	
County (6) Essex County			County C	ode (7) ISE ONLY)			Cum	ent Use (Prio	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.				atement Con ement	tractor	(9)					
Street Address						Street 1009		ess n Street Su	uite A	4					
City, State, Zip Code								Zip Code rgen, NJ 0	7047						
Project Manager for Monitoring Firm		T	elephor	ne No.		Teleph	hone N		1011	Licens					
Start Date (10) 10/08/16	Schedule		pletion [Date (11)		Name	of OS	HA Monitor M CONSU	I TIM						
Occupancy Status During Abatement (Check		200				Street	200000000000000000000000000000000000000		L1114	O LLO					
➤ Facility Closed/Vacated During Entire P			ent			1600	RO	UTE EAST	SUI	TE 10	7	101			
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours			_			Zip Code NJ 07083							
Scope of Work (Check All That Apply)	Story AV		2.5				_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovat emoliti					M G	ull Containme ini-Enclosure lovebag Prod	edure						
	1					12	× N	on-Exempted	(*) an	d Non-F	-riable			ment	
Location of	1	Location Lormalli			De	scription	n of						Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel ntenan odial S (12)	ice/	Asbesi (i.e.	tos Cont thermal surfa	aining I	Materia ns insu AT, or		(8	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	
Basement						TSI			7	7 LF		X			
Name of Registered Waste Hauler NEWARK CARTING		H	I JDEP W auler ID 1509		Cubic of Wa	Yards ste		Name of WASTE				T G	ROV	VS N	l.
City, State HILLSIDE, NJ			100		Dispo	sal Date	e	City, Stat		LE PA					
Completed by Bryan Parra	Title Proje	ct Ma	nager			Signatúr	1211	ALA	A		Dat 09	e '26/1	6		
						_	17	10. 1			1			-	-

Print Form

THE	6-247	7	411.00	250	10.00	-
	Deir	4 E	-	-		
	Prir	11	OH			

024051281411		FICATION	of New Jersey OF ASBESTOS to NJAC 8:60 and	ABATE) E C	E		W [
Date of Notification (1) 09/27/16			Building Owner/C Becker	perator	(2)		11 00	Ţ	3 2	2016	
Agencies Notified Type Notification		Street Ad				1	1				
							ACRES	TOS	CON	ITRO) {
X EPA X Initial Amended Amendment			te, Zip Code			1			VSIN		the S
DOL Amendment		Ridgev	vood , NJ 074	50							
		Name of	Contact			Tel	ephone Nun	nber			
		FACIL	LITY INFORMATI	ON		-				111111111111111111111111111111111111111	
Name of Facility Where Abatement is Takir	ng Place (3)				Type of Facility (4	.)					
Karen Becker					School (K-12		1	200			
Street Address					Subchapter Other (i.e. pr				lings,	homes	5,
C:b. (5)			21		etc.) Square Feet	1 # 0	f Floors	I B	ldg. Ag	20	
City (5) Ridgewood					Oquare reet	# 0	1110013		iag. A	90	
County (6)		County C	Code (7)		Current Use (Prio	r if bei	ing demolish	ed)			
Bergen County			JSE ONLY)								
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	1 No.	11/20/20/19	of Abatement Con	tractor	(9)				-7
				Pro	Abatement						
Street Address					t Address 9 87th Street Su	uite A	4				
City, State, Zip Code					State, Zip Code th Bergen, NJ 0	7047	É				
Project Manager for Monitoring Firm		Telephor	ne No.		hone No. -293-6305		License N 01223	0.			
Start Date (10) 10/17/16	Scheduled C 10/31/16	completion I	Date (11)	10777700000	of OSHA Monitor	LTIN	G LLC				
Occupancy Status During Abatement (Che	ck Only One)			Street	t Address						
➤ Facility Closed/Vacated During Entire		ement		160	0 ROUTE EAST	SUI	TE 107				
Abatement Performed Outside of Nor Other – Describe:	mal Facility Ho	urs		0.000	State, Zip Code ON NJ 07083					V) == 844.	
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		ovation olition			Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				Э	
	Is Loc	ration							Abate		
Location of	Nom	nally	De	escriptio	n of				Ту	pe	
Asbestos-Containing Material (ACM)	Used Some		Asbestos Con	taining l	Material (ACM)		Amount	-		Ē	Ш
TO BE ABATED In Facility	Custodia	al Staff?		acing, V	ns insulation, AT, or	S	Specify F or LF)	Remova	Repair	cap	nclo
(13)	(1	2)		miscella				oval	air	Encapsulate	Enclosure
	Yes N	o N/A								e l	
Basement				TSI		2	70 LF	x			
Boiler				TSI			4 LF	х			
				-				-			
Name of Decisioned Wester United		NIDEDIA	footo Cubic	Yards	Name of	Paniet	ered Landfil				
Name of Registered Waste Hauler		NJDEP W	vaste Cubic	laius	Ivalle 01	regist	CICU Lanuill				

WASTE MANAGEMENT GROWS N. **NEWARK CARTING** 04509 Disposal Date City, State City, State

of Waste

HILLSIDE, NJ

MORRISVILLE PA

Hauler ID No.

Completed by Signature Bryan Parra Project Manager

Date

09/27/16

MO24051281400 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

						10	(0)		113	</th <th></th> <th></th> <th></th> <th></th>				
Date of Notification (1) 09/28/16					operties	wner/Operat LLC	or (2))CT	3	2016	5
	Type Notification		100	treet Add	34 7 July				100					-
X DEP	initial Amended Amendment	#	C	ity, State	e, Zip Cod NJ 088					ASBE	LICE			<u> </u>
	Emergency (lame of		1.7			Tele	phone Nu	mber			
X DOH ☐	justification) Cancellation													
Name of Facility Where At	batement is Takin	g Place (3)		FACIL	ITY INFO	RMATION	Тур	e of Facility (4	-)					
Erna Properties LLC								School (K-12		stank / 1	21			
Street Address 45 Campbell,							×	Subchapter 8 Other (i.e. pretc.)	ivate &	commerc	2) ial build	ings,	home	s,
City (5) Edison							Squ	uare Feet	# of	Floors	BI	dg. A	ge	
County (6) Middlesex County				County C	ode (7) SE ONLY)		Cur	rent Use (Prior	r if beir	ng demolis	hed)			
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCM	No.			batement Cont tement	tractor	(9)				
Street Address		-					eet Add	ress th Street Su	uite A	4				
City, State, Zip Code						City	, State,	Zip Code						
								ergen, NJ 0	7047	License N	lo.			
Project Manager for Monit	toring Firm			Telephon	e No.	1000000	ephone 11-293	-6305		01223	NO.			
Start Date (10) 10/20/16		Scheduled 11/03/16		pletion D	ate (11)			SHA Monitor IM CONSU	LTING	3 LLC				
Occupancy Status During	Abatement (Chec	ck Only One)					eet Add			FE 407				
Facility Closed/Vaca Abatement Performe								OUTE EAST Zip Code	501	IE 107				
Other – Describe:						_ UI	NON	NJ 07083						
Scope of Work (Check All	That Apply)			i a a			П	Full Containme	ant with	Negative	Pressu	re		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novat moliti				H !	Mini-Enclosure Glovebag Proc	edure	T				
								Non-Exempted	(") an	d Non-Fria	DIE FIO		ement	
Location	of	No	ocation mall	y		Descript	tion of					Ту	pe	
Asbestos-Containing TO BE ABA	Material (ACM)	Used Main	tenar	nce/		os Containin thermal syste			555	mount Specify	R	77	Enc	En
In Facilit		Custo	dial S (12)	Staff?	(1.0.	surfacing, other misce	VAT, o	г		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A							al		ate	re
Baseme	ent					Oth	er		30	00 SF	х			
2nd Flo	оог					VA	T		30	00 SF	x			
									1110-111-1		-			
Name of Registered Was	te Hauler		I N	JDEP W	aste /	Cubic Yard	is	Name of I	Registe	ered Landf	ill			
NEWARK CARTING			Н	auler ID 4509		of Waste				NAGEME		ROV	NS N	l.
City, State HILLSIDE, NJ						Disposal D	ate	City, State		LE PA				
Completed by Bryan Parra		Title Projec	t Ma	anager		Signa	Hulbert	MAHAIR	P	1000)ate)9/28/	16		
			_				-	//	STATE OF THE	E-500-Co-C-5	OF STREET		Mary Control	

State of New Jersey - Notification of Asbestos Abatement Check# 12399

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) September 28, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ 2018 Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DEPA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DDCA City, State, Zip Code □ Emergency (including LICENSING X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Telephone Number Name of Contact □ Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RBHS POWER PLANT, BLDG# 7261 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS # of Floors: 2 Bldg. Age: 60+ years Sq. Feet: N/A County (6) County Code (7) City (5) (State Use Only) Current Use (prior if being demolished): ACADEMIC NEWARK **ESSEX** Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BURLINGTON, NJ BUTLER, NJ 07405 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 609-386-8800 **BRIAN KEARNY** 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/08/16 10/12/16 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 3PM - 5PM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ **⊠**Renovation ■ Mini-Enclosure □ > 160 sf or > 260 lf Demolition ☐ Glovebag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA GF 1 X <9LF X TSI NJDEP Waste Hauler ID # Name of Registered Landfill Name of Reg. Waste Hauler Cubic Yards of Waste: 5 CY G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 10/12/2016 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) September 28, 2016 RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino MANAGER

CH33la	+	NO			ON	OF AS	BESTOS ABAT AC 8:60 and 5:1		MEG	E [\mathbb{V}	E	
Date of Notification (1)		52/083		Na	ame	of Buildin	g Owner/Operator ((2)	M				111
9 / _	28 /	16			Just	tin Fusc	on		IIII OCT	3	201	6	IIL
Agencies Notified	Type Notific	ation		St	reet	Address							1
⊠ EPA									L	20.00		-01	٦
⊠ DOLWD	☐ Amende			Ci	ty, S	tate, Zip	Code		ASBEST	DS CC DENSI		IOL	&
☑ DOH ☐ DCA	Amendm				Dun	ellen, N	J 08812	L.	L/\	اداااعاد	IVG		
(NJAC 5:23-8)	Emerger justificat		ing			of Contac			Telephone Nu	mber			
V/	Cancella				Just	tin Fusc	on			-			
							NFORMATION		775000				
Name of Facility Where A	batement is	Taking Pla	ce (3)					Type of Facility	(4)				
Fuson Residence								School (K-1					
Street Address									8 (Other than K-				
								homes, etc.	orivate and comm)	ercial b	Jiiding	S,	
City (5)		110000000000000000000000000000000000000						Square Feet	# of Floors	В	ldg. Ag	ae	
Dunellen								1,100	3	1000	90	*****	
County (6)				Ī	ount	ty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)			
Middlesex							,	Residence					
Name of Monitoring Firm I	Hired by Buil	ding Owne	er (8)	AS	CM N	Vo.	Name of Abateme	ent Contractor (9)				
Mgmt. & Enviro. Cor	nsulting Se	ervices						onmental, LLC					
Street Address							Street Address	,					
PO Box 341							623 Cutler Av	venue					
City, State, Zip Code					- 57.5		City, State, Zip Ci						
Chesterfield, NJ 085	15						Maple Shade						
Project Manager for Monit			T	elepho	ne N	No.	Telephone No.	, ,,,,	License No.			-7/	
Bill Weisgarber				609-2			856-755-0099)	00842				
Start Date (10)		Scheduled	Com	oletion	Date	e (11)	Name of OSHA M	Monitor					
10 /10 / _	0.00	10					EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (Check only	y one)	1			Street Address					17000	
☐ Facility Closed/Vacated	d During Enti	re Period	of Aba	temer	nt		200 Route 13	0 North					
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement:	AM	PM/	P	M	^	MA	Cinnaminsor						
Scope of Work (Check all	that apply)							<u> </u>					
≥3 sf or ≥3 If		M	Renov	ation			⊠ Full Cont ☐ Mini-Enc	tainment with Ne	gative Pressure				
\(\geq \geq 160 \text{ sf or \geq 260 lf} \)		-	Demoi					g Procedure					
							☐ Non-Exe	mpted (*) and No	on-Friable Proced	ure			
				cation						Ab	ateme	ent T	уре
Location of		. 1		nally olely b	v	A - L -	Description of			R	T,e	ш	Щ
Asbestos-Containing N TO BE ABAT		17		nance			stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	icar	ıclo
IN Facility		Cı		al Staf	f?	(surfacing, VAT,	, or	SF or LF)	Val	_	Encapsulate	Enclosure
(13)		Va	(1 s N		/A		other miscellane	ous)				ate	(D
D		Ye			-	n							
Basement					1	Boiler	nsulation		50 SF		Ш	Ш	Ш
										ПП			П
Name of Registered Waste	Hauler			NJDE	PW	/aste	Cubic Yards of	Name of Regis	stered Landfill				-
Freehold Cartage				Haule		No.	Waste	Cumberla	nd County Lan	dfill			
City, State				15	939		1 Disposal Date	City, State					
Freehold, NJ							10/11/2016	Newburg,	PA				
Completed By (Print or Typ	ne)	Title								ate			
Christina Lynch	,	Opera	tions	Man	agg	r	Signature	0			0 1	,	
- Througha Lyffoli		Opera	CIOIIS	, ivia	aye		CINA			7/2	8/11	l	

Ch 1989	1		CATION	ate of Nev N OF ASBE to NJAC 8	ESTOS	ABATE) <u>E</u>	C [\mathbb{V}	
Date of Notification (1) 09/28/16	}			f Building (an Darv		Operator	(2)		Th					
Agencies Notified Type Notification				ddress	6511			-	l less		int_	9	2016	
		ì	Street A	duless										
EPA Initial DEP Amended		(City Sta	ate, Zip Co	de				+-	ASBE	STOS	5 00	NTH	71 8
× DOL Amendment #	£			Hiawatha		7034						NSI		
Emergency (i	ncluding			f Contact	-, , , ,				Telen	hone Nu	mher			
■ DOH justification) □ DCA □ Cancellation				an Darv	esh					mone rec	IIIDCI			
				ILITY INFO		ION								
Name of Facility Where Abatement is Taking	Place (3	3)					Туре	of Facility (4)						
Private House							Пѕ	school (K-12)						
Street Address							S	Subchapter 8	(Other					
								other (i.e. priv tc.)	vate &	commerc	ial bui	ldings	home	es,
City (5)							Square		# of F	loors		Bldg. A	Age	
Lake Hiawatha														
County (6)				Code (7)			Currer	nt Use (Prior	if being	demolis	shed)			
Morris		(STATE	USE ONLY)	-									
Name of Monitoring Firm Hired by Building C	wner (8)		ASCI	И No.		Name	of Abat	ement Contra	actor (9	9)				
Competent Supervisor						Acad	demy (Construction	on Inc	: .				
Street Address						Street	Addres	S						
						205	Rt. 46	West Suit	e 14					
City, State, Zip Code						8,500	tate, Zip							
						Toto	wa, N	J 07512						
Project Manager for Monitoring Firm			Γelepho	ne No.			none No			License I	Vo.			
						973-	832-42	244	(01155				
V 3 CONTRACTOR TO THE TOTAL CO			pletion	Date (11)		100000000000000000000000000000000000000		A Monitor						
10/10/16	10/17/					Sam	e as A	lbove						
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addres	S					3712-0111	
Facility Closed/Vacated During Entire P			ent											
Abatement Performed Outside of Normal Other – Describe:	al Facility	/ Hours			_	City, S	state, Zip	Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 If	X F	Renovat	ion			Г	1	Containmen	t weith N	logative	Droop	150		
≥160 sf or ≥260 lf	the same of the sa	Demoliti					. Mini	i-Enclosure	r with i	vegative	11699	116		
						×	- 0.0	vebag Proce		Nas Fais	hia Da		220	
				T			1 NON	-Exempted () and	Non-Fria	DIE PI		e ement	
		Location Normall						1					/ре	
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by	Achoe		scription taining N		(ACM)	Δm	ount		T	T_	
TO BE ABATED		intenan todial S	10000			I systems				ecify	Re	, a	Enca	En
In Facility (13)	Cus	(12)	lan:			icing, VA miscellar			SF	or LF)	Remova	Repair	apsı	Enclosure
(13)	No.				other	miscenar	leous)				val	=	Encapsulate	ure
	Yes	No	N/A										W.	
Garage			X		Pipe	Insula	ition		13	LF	X		Χ	
Name of Registered Waste Hauler		N	JDEP V	Vaste	Cubio	Yards		Name of Re	egistere	ed Landfi	II .			
		11,777,51	auler ID	11077	of Wa				200		•4:			
Academy Construction Inc.		03	34422		3			GROWS	Land	HIII				
City, State					A	sal Date		City, State	1 ACCUSES					
Totowa, NJ					TBD			Tullytown						
Completed by	Title	95			5	Signature	·	ix Doles	,	1.55	ate	400000		
Filip Geleski	Supe	ervisor					till	ix Doles	R	0	9/28	/16	10000	

Chooda	776	A .	CATION	te of New OF ASBE to NJAC 8	ESTOS	ABATE) [G	E		
Date of Notification (1) 9/29/2016				Building (Sharp &							CCT	3	20	16
Agencies Notified Type Notific	ation	11.00	Street Ad		oln Ave	nue P	О Вох	< 2000, RY	(28-41	4 4	FOTO	0.0	ONIT	DOI
	lment # 2	-	City, Stat	te, Zip Coay, NJ 07	de					ASE	BESTO LIC	ENS	ING	HUL
■ DOH justifica ■ DCA Cancel		100	Name of Sandra	Contact Scheni	k, Dire	ctor S8	λΕ		Teleph	none Nu	umber			
			FACIL	LITY INFO	RMATI	ON				4:5				-
Name of Facility Where Abatement is Building 75 Power House	Taking Place (3	3)						of Facility (4) School (K-12)					
Street Address 126 East Lincoln Avenue							×	Subchapter 8 Other (i.e. pri etc.)				lings,	home	es,
City (5) Rahway				Vice and the second			Squa 16,2	re Feet 87	# of FI	oors		ldg. A 4 yrs	_	
County (6) Union	7 0		County C	Code (7) ISE ONLY)				nt Use (Prior er House	if being	demoli	shed)			
Name of Monitoring Firm Hired by Bui Environmental Health Investig			ASCM 00104					tement Conti urg Industi			Compai	ny		
Street Address 655 West Shore Trail				36		Street 2217		ss man Drive						
City, State, Zip Code Sparta, NJ 07871			54					ip Code n, PA 1801	 15					
Project Manager for Monitoring Firm Lisa Liloia			Telephor	ne No.		Teleph 610-6	one N	0.	L	icense 0721	No.			
Start Date (10) 9/6/2016	Schedule	ed Con		Date (11)		Name	of OSH	HA Monitor urg Industr	A 187000		Compai	nv		
Occupancy Status During Abatement			10.			Street	Addres	SS				.,		
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: Renovation W	f Normal Facility					City, S	tate, Z	man Drive ip Code n, PA 1801				1700		
Scope of Work (Check All That Apply)						95000 T							===	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mir	I Containment ni-Enclosure ovebag Proce n-Exempted	edure				a	
	1 1	1 11							() () ()			Abate		
Location of	7.5	Locati Normal	53		Do	scription	of					Ту	ре	
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Ma Cus	ed Sole intenar todial S (12)	nce/ Staff?		tos Coni thermal surfa	taining N systems cing, VA niscellar	Material s insula T, or		(Spe	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
Boiler 6 Ceiling	Yes	No	N/A		TSI BIO	ock Asi	pesto	s	144	SF	X			
Boiler 4 East/West Walls & Ce	eiling	X				TSI			600		X			
Boiler 8 Inertia Pad Mastic	3	Х		Non-	-Friabl	e Mast	ic on	Cork	120	SF	X			
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of R	Registere	d Landi	FIII			
Freehold Catage, Inc.		10000	lauler ID 5939	No.	of Wa 450	ste		Lycomin				nag	eme	nt
City, State Freehold					Dispo: TBD	sal Date		City, State Montgor		PA				
Completed by Jennifer Polzer	Title Cont	ract N	/lanage	er	5	Signature	4	21	-	1 5	Date 9/29/20)16		
ASB-41 (R-06-08)				0.5		* Do no	of use	this form for	asbestos	licensu	ure exen	npted	activi	ties.

Print Form

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

			\mathbb{W}	15	
KI	CHEC	C#	92	14	
	OCT	3	2016		U

Date of Notification (1)		Na		ulding O	wner/Operator	(2)						
9/27/16 Agencies Notification Type Notification		Str	Joh reel Addr		Mc Ca	LIH	4	ASBI	EST(DST	SIN	ATE
EPA Initial Amended Amendment: Emergency (justification)			ame of C	DLW ontact	000 , N		076	48 Telephone Numi		JEIN	1011	U
DCA Cancellation					UCCALD RMATION	14_		r —				
Name of Facility Where Abatement is Taking RESIDDNCE Street Address	g Place (3)		PAULI	1 1141-0	BINATION TO THE PARTY OF THE PA	Type DIS	Other (i.e. pri		l buildi	ngs. 1	nomes	S.
City (5)	90,000				And Add (2001) The same of the		etc.) ere Feet .600	# of Floors	- 1	ig. Ag		
NORWOOD Sounty (6) BLX (7)			ounty Co			Cur	ent Use (Phot PES IDCX	if being demolishe	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCM I	V O.			atement Cont ontracting					du Molidad
Street Address					185		land Ave.					
City State. Zip Code	***************************************			-	Mid	land	Zip Code Park, NJ					
Project Manager for Monitoring Firm		-	elephone		(20	Contract of the	-5841	00156). 			
Start Date (10) 10 17 16 Occupancy Status During Abatement (Che		Camp 31	f	ale (11)	Om	e of O ega f et Addi		tal Services				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe	Period of Ab	atemé lours	ent		City	State.	er St Zip Code ack, NJ 07	606				austhalisser
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati			And the second second	- 5	Ami-Enclosure Hovehad Proc				Ē	
	CO2 - 11/1/2014/7/2	ocatio			Descripti	on of	And developed as-			223	ement pe	-
Location of Ashestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenan	ce/		tos Containing thermal syste surfacing. \ other miscel	Mater ms ins /AT, o	olation.	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	EBGOSGB
Basemonr	Yes	No	N/A		/AT			140sf	-		72	
artic			5		KHICUL	TE		5805F				
					2 1000 A	A complete de la comp						-
Name of Registered Waste Hauler Newark Carting , Inc. City State		H	JOEP Wasuler ID I		Cubic Yardi of Waste 3 Disposal Di		IESI PA			Cor	p.	1
Newark, NJ Completed by	Title	Iroai		**************************************	Jo/n// Signat	ure .	7		ate of	z71	1,	ann advers
Joseph Vocaturo ASS-41 (R-05-08)	Vice P		JCIII			1	oralus	asbestos licensur	L			ntin

'H any	1		CATION	OF ASE	w Jersey ESTOS AB 8:60 and 1		ĬΤ			C HECK ICT	# #	92
Dale of Notification (1)		ĺ	Name of		Owner/Ope	erator (2)				161		J (1
9/28/16 gencies Notified Type Notification			Street A	Mar.	- Du	DOW			L ASBE	STO)S (ON
EPA X Initial DEP Amended Amendment Emergency		[Giiy, Sta	ite, Zip C JEST	ode F182	,ν.	5 0	7091		LIC	EN	SINC
DOH justification)				Contact	BLES	i no		Telephone N	umber	-	_	
			water to be a second		ORMATION	ě						
ame of Facility Where Abatement is Takin	g Place (3)				Ту	pe of Facility					
RESIDENCE					W			12) ir B (Other than K- private & commer		dings	, hom	es.
WESTFIELD	8						uare Feet , 450	# of Floors		3ldg. /		
ounty (6)	port of the Contract of the Co		County (Code (7) JSE ONLY	7		rrent Use (Pr	for if being demoi	shed)		Superior acceptance accept	Memmer
UNION Jame of Monitoring Firm Hired by Building (Owner (8)		ASCA		- 1		batement Co Contracting			e) is the same		
treet Address		************	1		18	treet Ado	ress				TELES!	
St. Chala Warffeel			······································				eland Ave.					
ty, State, Zip Code							, Zip Code Park, NJ					
oject Manager for Monitoring Firm			Telepho			elephone 201)26		License 00156	No.			
an Date (10) 10 13 1/16	Schedul			Date (11)			SHA Monitor	ental Services				
10 31/16 ccupancy Status During Abatement (Chec	k Only Or	_//(ne)	16			treet Add		TILDI GOLVIGOS		······································	-	
Facility Closed/Vacated During Entire (Period of	Abelen	ient		1 2	280 Huy	ler St.					
Abatement Performed Outside of Norm Other – Describe:	al Facility	/ Hours				Service Branch	Zip Code	THE PARTY				
cope of Work (Check All That Apply)						наскел:	sack, NJ 0	/608	W. A. C. A. A. C. T. W. T.		~ **********	
≥3 sf or ≥3 lf ≥150 sf or ≥260 lf	greening.	Renova Demolit		***************************************		2	Mini-Enclosus Glovebag Pro				°E	Western Francisco
	1	Locati	2000					900000000000000000000000000000000000000			emen /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar lodial S (12)	ly by nce/		itos Contain thermal sy	stems ins g. VAT, o	ulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Endosure
Wilder and a second sec	Yes	No	N/A						and a		ate	0
Basemour			/	Pil	E IN	SULA	MOM	115CF	1			
				emperature de la constitución de	or , compression							
me of Registered Waste Hauler	. 4		JDEP VV.		Cubic Ya	ds	Name of	Registered Landf	No.			h
wark Carting , Inc.		1000	509	191	Cubic Ya of Waste	γ	IESI PA	A Bethlehem L	andfill	Cor	ο.	
v State wark, NJ					Disposal		City, Stat	e iem. PA		- wasan	************	
mpleted by seph Vocaturo	Title Vice i	Presid	ient		/0/31 Sign	ature	/_ _		ate 5	, l	Marian San San San San San San San San San S	
	1 100		m var 3 %			7	10000	.	1/5	3/1/2		

	1										X		
JA 1041428) NO		ATION (e of New Jer OF ASBESTO NJAC 8:60	OS ABATEI				E C I	<u> </u>	\mathbb{V}	E	
Date of Notification (1) 9/29/16		N T	ame of l	Building Own ntinental Ga	er/Operator as Pipe Lin	(2) ne Com	npany, LL		OCT	3	2016		
Agencies Notified Type Notification			treet Ad 800 Po	dress st Oak Blvo	i .				0.01		2070		
EPA X Initial DEP DOL Amendment #				e, Zip Code n, Tx 77056				ĀS	SBESTO LIC	S CO ENSI		OL 8	K.
Emergency (i justification)		1000	lame of David N	Contact Martinkewiz				Telep	hone Num	ber			
DCA Cancellation			FACIL	ITY INFORM	ATION								
Name of Facility Where Abatement is Taking Abandon House Street Address	Place (3)						of Facility (4 School (K-12 Subchapter	2) 8 (Other	than K-12)			
14 Bordentown - Chesterfield Rd						1 1 1	Other (i.e. pretc.)	ivate &	commercia	Dulla	ngs, i	iomes	4
City (5) Bordentown, NJ						_	re Feet	# of F	loors		dg. Ag)yrs	e	
County (6) Burlington			County C	ode (7) SE ONLY)			nt Use (Prio ndon home			ed)			
Name of Monitoring Firm Hired by Building $O(N/A)$	Owner (8)		ASCM	No.			tement Con						
Street Address						t Addres	ss n Street E	Extens	ion, Sui	te 10			
City, State, Zip Code				2	City,	State, Z	ip Code e, NJ 088						
Project Manager for Monitoring Firm		1	Γelephor	ne No.	Telep	hone N	0.		License No	0.			
Start Date (10) 10/12/16	Schedule 10/14/16		pletion [Date (11)	Name	e of OSI	HA Monitor ronmental		00740				
Occupancy Status During Abatement (Chec	k Only One	e)				ow Des 20 th		treet Ad	dress				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	ent -		City,		Zip Code						
Scope of Work (Check All That Apply)	_/_	J											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enoval emoliti				□ Mi □ Gi	ill Containm ni-Enclosure ovebag Pro on-Exempte	e cedure				9	
	1 .		200			David IVe	JI-Exemple	u () and	HOII-I Haz	10.		ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	N Use Mai	Locati Iormall d Sole intenar odial S (12)	ly ly by nce/	(i.e. the	Description Containing ermal system surfacing, V	Materia ms insul /AT, or	lation,	(S	mount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
(13)	Yes	No	N/A	0	ther miscell	aneous,	,			<u>n</u>		ate	re
Building roof		Χ		Roofing ta	ır			200 S	F	>			
		X	1.							X			
			-										
Name of Registered Waste Hauler Freehold Cartage		Н	JUDEP V lauler ID 5939	No.	Cubic Yards of Waste 30		Name of Cumber	Registe rland C	red Landfil ounty La	nd Fil	l		
City, State Freehold, NJ				1.50	Disposal Da 10/14/16	te	City, Star Newbur						
Completed by Michael Migliore	Sr. A	ccoun	it Mana	ger	Signati	1	ulfo	ighi		ate /29/16	,		

0(//0 /
11/1/
2001

D&S Proj. #: 16-293

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

B	F	C	F	N	W	F	F
IU	-		155	П	<u> </u>		
m							
		DOT		3	2016		IL

					111 113	act 3	201	6	U
Date of Notification (1)	Name of Building	Owner/Ope	erator (2)		10-2	111.1	PAGE 1		-
0 9 / 2 7 / 1 6	leonia de wolf	f					1 1000	201	
Agencies Notified Type Notification	Street Address				1 7.0	LICENS	NG	-	
DEP Amended									
Amendment #:	City, State, Zip C	ode					5-6-65		
Emergency	elmwood Par	k, NJ 074	107	A STATE OF THE PARTY OF THE PAR					
DOH (including justification)	Name of Contact				Telephone	e Number			
DCA Cancellation	leonia de wo	lf			<u> </u>				
		FACILITY I	NFORMATIO	N					
Name of facility where abatement is	taking place (3)				Type of Facility (4	4) (K - 12)			
leonia de wolf						apter 8 (Other ti	han K	-12)	
Street Address					Other (Private/Comme			
						Homes, etc. # of Floors	BI	dg. A	ge
City (5)	County (6)		C	ounty Code (7)					
	nen cour		(S	tate use only)	Current Use (Pr	ior if being dem	olish	ed)	
elmwood Park Name of Monitoring Firm Hired by E	BERGEN	T 480	M No.	Name of Abatemer	ot Contractor (9)				
rvaine of wormoning I init I lifed by E	oldg. Owner (o)	ASC	IVI INO.	D & S RESTO					
Street Address				Street Address	RATION, INC.			_	
				20 California	Ave.				
City, State, Zip Code				City, State, Zip Cod	le				
				Paterson, NJ (07503				
Project Manager for Monitoring Firm	Phone	Number		Telephone Number		License Numb			
				973-345-802		01169		_	
Start Date (10)	Sched. Completion Da	ate (11)		Name of OSHA Mo					
10/05/16	10/21/16			Street Address	ition, mc.			-	
Occupancy Status During Abatemen	t (Check only one)			20 California A	Avenue				
Facility closed/vacated during Abatement performed outside		*		City, State, Zip Coo	le				
Describe: NORMAL HO	OURS			Paterson, NJ (07503				
Scope of Work (check all that apply					Full Containment w	/negative press	sure		
\boxtimes >3 sf or >3 lf	Renovation				Mini-enclosure				
≥160 sf or ≥260 lf	Demolition			₽	Glovebag procedur Non-Exempted (*)		proc	edure	9
Location of	Is location normally used					R	R	Е	E
asbestos-containing	by maintenance/custodia staff(12)	0		asbestos-containing	Amount (Specify S	e m	e p	n	n
material (acm) to be abated in facility (13)		N/A	naterial (ACN	(1)	(Specify S LF)	0 0	a	а	C
	. 55	**				e	r	h	Person
BASEMENT		PIPI	E INSULA	FION	90 L FT		뷰	片	부
					_		H	H	ዙ
		_					片	片	1
		_					片	H	卄
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Y	ards of Wast	e Name of Registere	ed Landfill		<u> </u>		
D & S RESTORATION, INC.	13506	1 yd.		TULLYTOWN	N, RESOURCE RE	COVERY			
City, State		osal Date		City, State	N. D.A				
PATERSON, NJ 07503 Completed by (Print or Type)		/06/16	ature	TULLYTOW	N, PA	T Date			
	Title PRESIDENT	Sign	iatur 5			09/27/ 2016	5		
	Do not use this form for as	sbestos licer	nsure exemp	ted activities.				-	

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

<u></u>	E	C	E		\mathbb{V}	M
		OCT		3	2016	

									UUI	0 6	UIU	- 1-	1
Date of Notification (1)	N	ame of Buil	ding Owne	r/Operator (2)	8								
0 9 / 2 7 / 1 6	<u>j</u>	oseph lipl	ce					ASP	FSTOS			L &	
Agencies Notified Type Notification	on St	reet Addres	S						LIGE	VINCE	<u></u>		
DEP Amended													
Amendment #:	Ci	ty, State, Z	ip Code										
DOL Emergency		ELIZABI	ETH, NJ	07208									
DOH (including justification)	Na	me of Conf	tact					Telephon	e Number				
DCA Cancellation		joseph lip	oke										
Cancellation		Josephani		LITY INFORM	ATION								
Name of facility where abatement is	taking pla	ce (3)					П	Type of Facility (4)	-			
Name of facility where abatement is	taking pia	ce (3)						Schoo	i (K - 12)				
joseph lipke								Subch	apter 8 (O	ther th	an K-	12)	
Street Address									(Private/Co		cial		
							1 -	Square Feet	/Homes, et # of Floor:		Blo	g. Ag	1e
City (5)	Coun	tv (6)			Cour	nty Code (7)	-	oquaio i ooi	01 1 1001				* 00
City (5)	00011	(J)			Characteria	te use only)	1 1	Current Use (P	rior if being	dem	olishe	d)	
ELIZABETH	UNI	ION											
Name of Monitoring Firm Hired by E	Bldg. Owne	r (8)	T	ASCM No.		Name of Abateme	ent Co	ontractor (9)					
			- 1			D & S RESTO	DRA'	TION, INC.					
Street Address						Street Address							
						20 California	Ave	h					
City, State, Zip Code						City, State, Zip Co	ode						
						Paterson, NJ		03					
Project Manager for Monitoring Firm		Ph	one Numb	er		Telephone Numb			License		er		
						973-345-80			0	1169			
Start Date (10)	Sched	. Completic	n Date (11)		Name of OSHA N D & S Resto							
10/07/16	10/28	2/16				Street Address	I atio	n, mc.					
Occupancy Status During Abatemen	_				_	20 California	Ave	nue					
Facility closed/vacated during	entire perio	od of abate	ment.			City, State, Zip Co							
Abatement performed outside	of normal	facility hour	S-										
Describe: NORMAL H	OURS					Paterson, NJ	075	03					
Scope of Work (check all that apply							Fi	ull Containment v	w/negative	press	ure		
≥3 sf or ≥3 lf	Renovatio	n					_	lini-enclosure					
≥160 sf or ≥260 lf	Demolition							lovebag procedu lon-Exempted (*)		friable	proce	dura	
	CONTRACTOR STATE	n normally i	ised solely	/				lon-Exempled ()	and Wor	TR	R	E	1
Location of asbestos-containing	by mainte	enance/cust		1	ion of a	sbestos-containin	a	Amount	592	e m	e p	n	E n
material (acm) to be	staff(12)			material			3	(Specify S	SF or	0	a	a	C
abated in facility (13)	Yes	No	N/A							v e	i	р	_
BASEMENT		X		PIPE INSU	JLATI	ION		74 l ft		\boxtimes			
			Ì										
Registered Waste Hauler		EP Hauler I	700	ubic Yards of	Waste		ered L	andfill	ECOVET	v			
D & S RESTORATION, INC.	135	006		l yd.		THE RESERVE AND ADDRESS OF THE PARTY OF THE	/N, F	RESOURCE R	ECUVER	Y	-		
City, State			Disposal Dis			City, State TULLYTOV	WNI I	РΔ					
PATERSON, NJ 07503 Completed by (Print or Type)	Title		10/00/1	Signature		1 TOLLETTON	714,1	L 2 X	Date			-	
BOGDAN JOLDZIC	PRESID	ENT							10/27	/2016	5		
									-	-	-		

CK 2Lat7	NO		State CATION Corrections to		STOS A				Land Con-) E C			<u> </u>	
Date of Notification (1) 9/30/16			Name of E Townsh				(2)			L. UC	1	J	2016	
Agencies Notified Type Notification			Street Add		en Dri	ve				ASBES	TOS	CO	NTR	OL 8
EPA Initial Amended Amendment #			City, State Woolwid			VJ 080	085			-	10=	P4SH	1.5	
DOH justification) Cancellation	ncluding		Name of 0	Contact					Tele	ephone Numb	er			
			FACIL	ITY INFO	RMATIC	N								
Name of Facility Where Abatement is Taking	Place (3)						Туре	e of Facility (4)					
Palladino Farm							H	School (K-12 Subchapter 8	!) B (Othe	er than K-12)				
Street Address 371 High Hill Rd							×	Other (i.e. pr	ivate 8	commercial	build	ings, l	nomes	à,
City (5)	-						Squ	etc.) are Feet	# of	Floors	BI	dg. Ag	je	_
Woolwich							120	00	2	1)+		
County (6) Glaucester			County C			_		ent Use (Prio andoned fa			a)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.				atement Cont i Environme		(9)				
Street Address						Street 135		ess elon Rd., S	Suite	102				
City, State, Zip Code						0.000		Zip Code				-		
Oity, State, 219 Sode								NJ 07405						
Project Manager for Monitoring Firm		T	Telephon	e No.		Telepi 908-		No. 0880		License No. 01228				
Start Date (10) 10/6/16	Scheduled 10/10/16		npletion D	Date (11)		A CONTRACTOR	: ::::::::::::::::::::::::::::::::::::	SHA Monitor i Environm	ental					
Occupancy Status During Abatement (Check			720			Street		ess elon Rd., S	Suite	102				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: abandoned	eriod of Ab	aten	nent s			City, S	State,	Zip Code , NJ 0740		2000				
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova	ation tion					full Containme Mini-Enclosure Blovebag Proc Mon-Exempted	edure	-			Э	
	ls L	ocat	tion										ment pe	
Location of	No Used	rma				scription			00			1 9		
Asbestos-Containing Material (ACM) TO BE ABATED	Main	itena	ince/		tos Cont thermal			ial (ACM) ulation,		Amount Specify	Re	Z)	Encapsulate	En
In Facility		(12)	Staff?		surfa	cing, Va	AT, or		S	F or LF)	Remova	Repair	nsde	Enclosure
(13)	Yes	No	N/A		Ollieri	Illocella	neou	3)			'al	-	late	Iге
Block 5, Lot 3	res	140	IN/A		Unsa	fe Stru	uctur	e						
	-													
KNOCKED DOWN & DISPOSED	ENTIRE STRUCTURE TO BE													
AS RACM ASBESTOS		1	NJDEP W	laste	Cubic	Yards		Name of	Reaist	ered Landfill				
Name of Registered Waste Hauler Yannuzzi Group		1	Hauler ID		of Wa			GROW						
1 attituzzi Group		1	7467		100				est to fi					

Title

Sr. Project Mgr.

Disposal Date

Signature

10/10/16

ASB-41 (R-06-08)

City, State

Kinnelon, NJ

Completed by

John Mucha

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

Date

9/30/16

City, State

Morrisville, PA

Print Form



9/30/16

Type Notification

Date of Notification (1)

Agencies Notified

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

Street Address

Name of Building Owner/Operator (2)

			0	Z7	775	7
ey ABATEM and 5:16)		DEG	E			
	arnabas Medi			y	.010	
94 (Old Short Hil	ls Rd. ASBEST	OS (CON	TRO	OL 8
	ingston, NJ 0					
Carvalho	0	Telephone Numbe	er			
TION		-				
	Type of Facility School (K-12 Subchapter 8 Other (i.e., phomes, etc.)	2) 8 (Other than K-12) rivate & commercial	build	ings,		
	Square Feet 200000	# of Floors	Blo	lg. Ag	999	\neg
ATE		ior if being demolish	ned)			
	ent Contractor (9 ens Environr) mental Services	s, In	с.		
t Address	PO E	30x 322				
State, Zip C	ode Allentow	n, NJ 08501				
hone No.	11101100 11	License Ne.				-
(609) 25)493			_
e of OSHA I		ECS				_
et Address	PO P	30x 341				
State, Zip C						
	Crosswick	s, NJ 08515				
☐ Mini-En Gloveb	ag Procedure	gative Pressure	e			
				bater Typ		
escription on taining Ma al systems acing, VAT miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
al Pipe I	ittings	125	×			
c Yards	Name of Reg	istered Landfill				
aste 2 CU		GROWS Lan	dfill			
osal Date	City, State					_

□ EPA	Initial					94 (Old Short Hil	ls Rd.	1.17	- EN	CULU	2	_
DEP DOL	Amended Amendme	nt#		City, St	ate, Zip C		increase NII (7070					
	☐ Emergence	y (including					ringston, NJ (Telephone	Niumbo	-			_
M DOH □ DCA	justificatio			Name	of Contact Mr.	Ron Carvalho	0		Nullibe	1			
				FAC	ILITY INF	ORMATION							
Name of Facility Where							Type of Facility	(4)					
	Saint Barna	bas Med	ical	Cente	r		School (K-12	2) 8 (Other than	K-12)				
Street Address	0011	C1	11 5	1			Other (i.e., p	rivate & com	mercial	build	ngs,		
	94 Old	Short Hi	IIs R	d.			homes, etc.	# of Floor		T DIA	g. Ag		_
City (5)	T iv	ingston,	NI				Square Feet 200000	6	5	Bio	55+		
County (6)	LIV	mgston,	1/1	Coun	ty Code (7) (STATE	Current Use (Pr		emolish	ied)			=
	Essex			USE	ONLY)) (0////2	Carroni coo (i i					1110000	
Name of Monitoring Firm		ing Owner		ASCM N	No.	Name of Abatem	nent Contractor (9)					=
	mental Tac					Stev	ens Environi	nental Se	rvices	s, In	С		_
Street Address						Street Address							
	64 Broad	Street					PO E	322 3ox					_
City, State, Zip Code						City, State, Zip C		>TT 00.5	Λ1				
	Matawan, N	J 07747					Allentow						_
Project Manager for Mo				phone i		Telephone No.	0.000	License I)493			
	Geiger				0-2217	(609) 25			- 00	1473			_
Start Date (10)	S	cheduled C			ie (11)	Name of OSHA I		ECS					
10/14/16 Occupancy Status Durin	Abstamant /		0/31/	1/		Street Address	141	100			_	_	_
Facility Closed/Vaca				ment		Street Address	PO E	30x 341					
Abatement Performe	ed Outside of No	rmal Facilit	y Hou	rs		City, State, Zip C	Code						_
Other - Describe:	Removal as	needed	wher	need	led_	**	Crosswick	s, NJ 08:	515				
Scope of Work (Check	all that apply)							. 5	56.250.7				
∑ ≥3 sf or ≥3 lf		▼ Re	novati	ion		☐ Full Cor	ntainment with Ne closure	gative Press	ure				
≥160 sf or ≥260 lf			molitic			Gloveb	ag Procedure	Criable De	di iri				
		1-1				□ Non-Ex	empted (*) and No	on-Friable Pr	ocedure		bater	nent	-
			_ocatio								Тур		
Location			Solel		A = h = =	Description o		Amount					
Asbestos-Containing TO BE ABA		Ci	ustodia	al	Asbes (i.e.	tos Containing Ma thermal systems	insulation,	(Specify	/	Z	71	Encap	En
IN Facilit			Staff?			surfacing, VAT	, or	SF or LF)	Removal	Repair	apsi	Enclosure
(13)			(12)	1		other miscellane	ous)			val	=	sulate	ure
		Yes	No	N/A								a l	
Various Lo	cations		×		T	hermal Pipe I	ittings	125		X			
Name of Registered Wa	aste Hauler			JDEP \		Cubic Yards	Name of Reg	istered Landf	fill				
Stevens Environ	mental Serv	rices, Inc	. 1	Hauler ID 182	292.	of Waste 2 CU		GROWS	Land	dfill	5		_
City, State				10.		Disposal Date	City, State				5616		
	Allentow	n, NJ				10/31/17	1	Morrisy	ville,	PA			
Completed By		Title				Signaturé	11 1/	/ 0	ate	0/20	1/1/		
Mahlon E. St	evens	P	rojec	t Mar	nager		\///			9/30	1/10		
ASB-44		* Do 204 :	100 th:	s form	for aches	tos licensure exer	mnted-activities						
MAR 00		ט זוטני טע	ise lili	3 101111	ioi asnesi	os ilogrisure exer	inplou dollvidos.						

Ch25279

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

EG	E I	252	79 1
0 CT	3	2016	

Date of Notification (1)	Norway (Arthur)			Name	of Building	Owner/Operator		111 1	21		CUI	
William State of the Control of the	30/16						Ownes		476		1	101
Agencies Notified	Type Notification			Street	Address			MODEO	LICE	NSI	NG	
EPA DEP	Initial Amended		-	City C	tate, Zip C	odo					_	_
₩ DOL	Amendment #_		.	City, S	tate, Zip C		ingswood, NJ	08108				
⊠ DOH		cluding	F	Name	of Contact		mgswood, 143	Telephone Numb	er			
DCA DCA	Cancellation			Ivallie		Loyal Owen	S	Telephone realise	01			
	<u> </u>			FAC		ORMATION						_
Name of Facility Whose	Abstament is Taking	Diago	/2\	FAC	JLIT INF	ORIVIATION	Type of Facility	(4)				
Name of Facility vinere	- 37		(3)				School (K-1)					
Street Address		VIICS					Subchapter	8 (Other than K-12)				
Street Address							Other (i.e., p homes, etc.	rivate & commercia	l build	lings,		
City (5)	+						Square Feet	# of Floors	Blo	dg. A	ge	
2.3.20	Collings	wood	1, NJ				2000	2		85	+/-	_
County (6)				Coun		7) (STATE	Current Use (Pr	rior if being demolis	hed)			
				USE	ONLY)							
		Owner	100	ASCM	No.		nent Contractor (9		1000			
(8) DB E	nvironmental		_				vens Environi	mental Service	s, In	c.		
Street Address	XXXXXX -2.1.2. 73					Street Address	20.7	222				
	4 Berkeley A	ve.						30x 322				
City, State, Zip Code	Constant NII 0	7730				City, State, Zip C		n, NJ 08501				
		1128					Allemow					
				phone		Telephone No.	59-9688	License No.	0493	2		
		1.1.4.0	_		0-8408	Name of OSHA			047.		_	
15 5	Sched				te (11)	Name of OSHA		ECS				
	ng Abatamant (Char		0/15/	10		Street Address	141	ECD	_			_
	(1) [[- 1] [-			ment		Officer Address	PO E	3ox 341				
						City, State, Zip 0						_
		E	-					s, NJ 08515				100
Scope of Work (Check	all that apply)											
No. 10 and 10 an	535,3750	M D	novat				ntainment with Ne closure	gative Pressure				
≥160 sf or ≥260 lf			molitic			Gloveb	ag Procedure					
						☐ Non-Ex	rempted (*) and No	on-Friable Procedur				10.00
		100000	ocation of the company of the compan						A	bater Typ		
		Used	Sole	v by		Description of			\vdash	,,		-
			ntenar ustodia			tos Containing Ma thermal systems		Amount (Specify	72		Enc	Ш
IN Facilit			Staff?		(1.0.)	surfacing, VAT	, or	SF or LF)	Remova	Repair	caps	nclo
(13)			(12)			other miscellane	ous)		val	air	Encapsulate	Enclosure
		Yes	No	N/A							æ	
Basem	ent		×			Boiler Insula	ation	40 sf	X			
									1			_
Name of Registered Wa	aste Hauler	L		JUDEP V	Vaste	Cubic Yards	Name of Reg	stered Landfill				
		c Inc	1 +	Hauler ID	No.	of Waste		GROWS Lan	dfill			
City; State	incinal Scivice	3, 1110	<u>- .</u>	182	292	1 CU Disposal Date	City, State	Citco 11 D Laii	*****	_		_
Oily; State	Allentown N	NI.				10/15/16	/ - /	Morrisville,	PA			
Completed By						Signature/	17 /	Date	~			
	Amended Amendment # Emergency (including justification) The of Facility Where Abatement is Taking Place Ownes The of Facility Where Abatement is Taking Place Ownes The of Monitoring Firm Hired by Building Owner DB Environmental The of Monitoring Firm Hired by Building Owner DB Environmental The of Monitoring Firm Hired by Building Owner DB Environmental The of Monitoring Firm Dave Bunocore The Date (10) Scheduled (1				nager	1111	1/		9/30)/16	00-040	

									CK	CHT	25	2-	
				FICATION	N OF ASB	w Jersey ESTOS ABATEN C 8:60 and 5:16)		DE	G.		20		
Date of Notification (1)	0/30/16			Name	of Buildin	g Owner/Operator	(2) Yedlin		1.111				
Agencies Notified	Type Notif	ication		Stree	t Address	10/	works the same	ASBI	ESTO			ROL	
EPA DEP DOL	Initial Amend			City, S	State, Zip C	Code	00 Herrontov			FNS	HMLS	+	
M DOH		ency (includi ation)	ng	Name	of Contac	it .	inceton, NJ (elephone Number				
						harlie Yedlin							
Name of Facility Where	e Ahatement is	s Taking Pla	ce (3)		CILITIN	ORIVIATION	Type of Facility	v (4)				\dashv	
Traine of Facility When		E Anima					School (K-						
Street Address		Herronte					Subchapter Other (i.e., homes, etc.)	r 8 (Other than K-1) private & commerci	2) ial build	dings,			
City (5)	, , ,	22022022					Square Feet	# of Floors	Blo	dg. Ag	je	\neg	
		Princeton	, NJ				3500	_ 2	- _	95-	-/-	_	
County (6)	Mercer				nty Code (ONLY)	7) (STATE	Current Use (F	Prior if being demoli	shed)				
Name of Monitoring Fir		uilding Owne	er	ASCM	No.	The state of the contract of the state of th	nent Contractor (No. 100 (100 (100 (100 (100 (100 (100 (100					
(8)	NA						evens Environmental Services, Inc.						
Street Address						Street Address	PO	Box 322					
City, State, Zip Code						City, State, Zip C		vn, NJ 08501					
Project Manager for M	lonitoring Firm		T	elephone	No.	Telephone No.		License No.	0.00 0.000			\exists	
			_ -		9-9688		59-9688		00493	3			
Start Date (10)		Scheduled			ate (11)	Name of OSHA	DSHA Monitor MECS						
10/13/16		-1 (0)1		31/16		Street Address							
Occupancy Status Du Karaman Facility Closed/Vac						Street Address	PO	Box 341					
☐ Abatement Perform						City, State, Zip C						-	
Other - Describe:							Crosswic	ks, NJ 08515			N= 7	_	
Scope of Work (Check	k all that apply	')	-			□ Full Co	ntainment with N	egative Pressure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Demo	vation lition		☐ Mini-En	closure ag Procedure	lon-Friable Procedu	ıre				
		29.00	s Loca Norm	ally						Abaten			
Locatio Asbestos-Containing TO BE AB IN Faci (13)	g Material (ACI <u>ATED</u> ility	M) M	Custo Staf (12	ff? 2)	(i.e.	Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
201-		Ye		No N/A		т : С:	1:	2000 of	1.0		-	\dashv	
Main F			×	_	-	Transite Sic		2000 sf	×	\vdash	-	\dashv	
Garage X						Traniste Sic		150 sf	×		-	-	
Rear Buildi	ng Shelter		+		100	Transite Si	aing	1850 sf	X		-	_	
Name of Registered V	Manta Harrier			NJDEP	\\/acte	Cubic Yards	Name of Ro	gistered Landfill				_	
2000-12:00 - 00 1 :00 - 000-0		wrice T	200	Hauler I	D No.	of Waste	Traine of Ae	GROWS La	ndfill				
Stevens Environ	ninentai Se	ervices, I	uc.	18	292	6 CU Disposal Date	City/ State/	UKU W S La.	uuiiii		_	_	
City, State						Dispusal Date	City, State						

Project Manager

10/31/16/

Signature

City/State

Morrisville, PA

Date

9/30/16

Completed By

Mahlon E. Stevens

Allentown, NJ

Title

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

111 11		(0)	100	LI.	14
CHECK#25885	-				
CITECIANZOOS					

(Pursuant to NJAC 8:60 and 12:120) 2016 Name of Building Owner/Operator (2) Date of Notification (1) MERCER PROPERTIES LLC/DELCO DEVELOPMENT 9/28/2016 Street Address Type Notification Agencies Notified EPA Initial 200CAMPBELL DRIVE ☐ DEP Amended Amendment #_ City, State, Zip Code ☐ Emergency (including ₩ DOL WILLINGBORO, NJ Telephone Number DOH Name of Contact justification) DCA Cancellation DAVID D'ANDREA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCER PROPERTIES, LLC/DELCO DEVELOPMENT ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings) 1170ROUTE 33 # of Floors Bldg. Age Square Feet City (5) HAMILTON,NJ County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County MERCER Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC. Street Address Street Address 15 BLACK FOREST ROAD City, State, Zip Code HAMILTON, NJ 08691 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 00676 609-890-7110 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 9/29/2016 MECS 9/29/2016 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement P.O. BOX 341 City, State, Zip Code Abatement performed outside of working hours 5PM-2 AM CROSSWICKS, NJ 08515 ☐ Full Containment with Negative Pressure Scope of Work (Check all that apply) $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Renovation ☐ Mini-Enclosure Demolition Glovebag Procedure ≥ 160 sf or ≥ 260 lf ■ Non-Exempted (*) & Non-Friable Procedure Abatement Type Is Location Description of Asbestos Containing Normally Used Location of Asbestos-Containing Enclosure Material (ACM) (i.e. thermal systems Amount (Specify SF or Removal Solely by Repair Material (ACM) TO BE ABATED In Maintenance/Custo insulation, surfacing, VAT, or other Facility (13) miscellaneous) dial Staff? (12) Yes N/A No X TRANSITE SIDING 900S.F. EXTERIOR NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Waste Hauler ID No. GROWS CARNEVALE DISPOSAL 17247 5 YDS City, State Disposal Date City, State 9/30/2016 MORRISVILLE, PA HAMILTON, NJ Signaturr27-Mar Date Title Completed By 9/28/2016 PRESIDENT DAVID D'ANDREA

ASB-41

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

-	200	- 20	
Pr	int	1-0	rm
Sink all	11.1%		(ASM MARK)

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

									- 10	7)				
Date of Notification (1) 09/28/16			Building Ov 66 Trem				T. T	0	ST	3	2015			
Agencies Notified	Type Notification		1885	treet Ad	dress outh Wo	nd Ave	9			L	TOO	001	ITDO	11 0
EPA DEP DOL	Initial Amended Amendment	#	С	ity, State	e, Zip Cod NJ 070	е				ASBES	LICE)L a
× DOH × DCA	Emergency justification) Cancellation	(including	N	ame of					Tel	ephone Nur	nher			
X DCA	Caricellation				ITY INFO	RMATIC	N							
Name of Facility Where A Phillips 66 Terminal								ype of Facil School	(K-12)	Notice 1392-1777				
Street Address 4601 South Wood A	Ave			Other (i.e etc.)					pter 8 (Oth .e. private	er 8 (Other than K-12) private & commercial buildings, home				
City (5) Linden							19 38	Square Feet Outdoors		# of Floors Bldg. Age Outdoors Outdoors				
County (6) Union				ounty C	ode (7) SE ONLY)			Current Use (Prior if being demolished) Piping for Storage Tank						
Name of Monitoring Firm NA	Hired by Building	Owner (8)	ASCM No. Name of Abatement Con NA New States Contra											
Street Address NA		Street Address 2400 Main Str						eet Ext. Suite 10						
City, State, Zip Code NA							te, Zip Code ville, NJ 0							
Project Manager for Mon	323	elephor NA	ne No.		Telepho 732-52	ne No. 25-0100		License N 00749	lo.					
Start Date (10) 10-12-16	Start Date (10) Scheduled							OSHA Mor Environme						
Occupancy Status During	g Abatement (Che	ck Only One)	Y		*		Street A							
Facility Closed/Vac Abatement Perform	ed Outside of Nor	mal Facility H	ours	ent			City, Sta	oth Ave ite, Zip Code						
Other – Describe:		, Area Closec	1011				Brick,	NJ 08724						
Scope of Work (Check A	II That Apply)		novati				×	Mini-Enclo Glovebag	osure Procedure					7
								Non-Exen	npted (*) ar	nd Non-Fria	ble Pro		e ement	
		7	ocatio rmally	22.22									pe	
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Used Maint Custoo	Solel	y by ce/		os Cont thermal surfac		aterial (ACM insulation, , or	(Amount (Specify (SF or LF)	Removal	Repair	Encapsulate	Enclosure
Tank 38 Therm	al Insualtion	100	X	1303	- (i	Piping	g Insual	tion		60 LF	x		- P	
							<u> </u>							
Name of Decistered We	ete Hauler		l Ni	JDEP W	/aste	Cubic	Yards	Nam	e of Regis	tered Landfi	H			
Name of Registered War Freehold Cartage	Ha	auler ID 5939	337.5 T	of Was			nberland							
City, State Freehold, NJ						Dispos 10/21	sal Date /16		State wburg, P	A 17240				
Completed by Daniel Baptista Title Accour				ер		S	Signature	11/1	4		ate / 5	28/	16	
							11/1	1100						

QUUSUS D&S Proj. #: 16-287

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

m	C		\mathbb{V}	n
			2016	
1 1 1 1			4410	11-

		- (D. 11-11-		Operator (2)					001			ī	1	
Date of Notification (1) 0 19 1/12 16 1/11 16				Operator (2)				1	TOTAL	ocar.	FDO	١		
Agencies Notified Type Notificati		nita maggio eet Address)						LIGE	2110	1			
☐ EPA ☐ Initial								-						
DEP Amended Amendment #:	City	, State, Zip	Code											
		GLEN RID	GE, NJ	07028									mannin.	
DOH (including		ne of Contac						Telephone	Number					
justification) DCA Cancellation	. .	anita magg	rio											
Cancellation	11 -			ITY INFORMA	ATION									
Name of facility where abatement i	s taking plac	e (3)	4101.07.35.400.00				Ту	pe of Facility (4	1)					
Name of facility where abatement	o taking place	- (-)							(K - 12)	NI 41-	V	10)		
anita maggio							4		apter 8 (C Private/C			12)		
Street Address								Bldgs./	Homes, 6	etc.				
			*				S	Square Feet	# of Floo	rs	Bld	g. Age	à	
City (5)	Count	y (6)				nty Code (7)	-				liaba	d)		
	7100	CV			(Stat	State use only) Current Use (Prior if being demolished)								
GLEN RIDGE Name of Monitoring Firm Hired by	ESSI Bldg Owner			ASCM No.		Name of Abatement Contractor (9)								
Name of Monitoring Firm miled by	Diag. Owner	(0)				D & S RESTORATION, INC.								
Street Address					=	Street Address								
Street Address						20 California	Ave.							
City, State, Zip Code						City, State, Zip Co	de							
,						Paterson, NJ		3	-					
Project Manager for Monitoring Firm	n	Pho	ne Numb	er		Telephone Number				Numb	er			
						973-345-80 Name of OSHA N				11102	_			
Start Date (10)	Sched.	Completion	Date (11)		D & S Restor								
09/29/16	10/16	/16				Street Address		11						
Occupancy Status During Abateme			- Cardinal St			20 California	Aven	ue						
☐ Facility closed/vacated during	g entire perio	od of abatem	nent.			City, State, Zip Co	ode							
Abatement performed outsid		acility hours	-			_ ,,,	. 07.50	2						
Describe:	HOURS				_	Paterson, NJ			1 12					
Scope of Work (check all that app								l Containment v	w/negativ	e press	sure			
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovatio	n					₩ Glo	vebag procedu	ıre					
≥160 sf or ≥260 lf	Demolition						☐ No	n-Exempted (*)	and No	n-friable	proc	edure E		
Location of	Is location	n normally uenance/custo	sed solel	1	27 60		-24	Amount		e	е	n	E	
asbestos-containing material (acm) to be	staff(12)	manue/cust	Juliu	Descript material		asbestos-containin	g	(Specify	SF or	m	p a	c a	C	
abated in facility (13)	Yes	No	N/A	matorial	(, (0)			LF)		v e	i	p	-	
				PIPE INST	ПАТ	TON		40 l ft		×				
BASEMENT		-X		1 11 11 11 11 11 11	J.J. 1.1		U							
								1						
Registered Waste Hauler		EP Hauler II		Cubic Yards of	Waste	Name of Regist	ered La	andfill	ECOM	ZDV				
D & S RESTORATION, INC	2. 135			1 yd.	(Many Services		VN, R	ESOURCE R	ECOAI	1 / 1	-		BBU WIF	
City, State		1	Disposal 09/30/			City, State TULLYTO	WN. P	PA						
PATERSON, NJ 07503	TH-		02/30/	Signature		- <u>1022110</u>	,,,,,,		Date					
Completed by (Print or Type)	Title PRESID	ENT							09/	26/201	6			

09/26/2016 11:39AM DES Proj. #: 16-287		Pursuant t	State of NJ of Asbeston o NJAC 8:60	RESTORATIO Abatement and 12:120)	English Administration with the state of the	DE G	Was a second	50.	16		
Date of Notification (1) 0 19 1/12 16 1/11 16 Agencies Notified Type Notification	Name of Buildi	0	etajot (5)		L	ASBEST LI	OS CC CENSI			. &	eta .
DEP Initial Amended Amendment #:	City, State, Zip	Code	IOG B				γ				10 1
DOH (including justification)	Name of Conta		028			Telaphone Nu	mber		20 125		.
Cancellation			Y INFORMATIO	N						-	
Name of facility where abatement anits maggio	is taking piace (3)					Subchapts Subchapts Other (Friv. Bidgs./Hon	r 8 (Other ate/Comm	then nercia	B.I	2) Age	
Olty (5)	County (6)			ounty Code (7) trate use only)	-	urrent Use (Prior	If being d	emo!	shed)		
QLEN RIDGE Name of Monitoring Firm Hired by	ESSEX	A	SCM No.	D & S RES	ment Cont	ractor (9)		-			
Street Address City, State, Zip Coos Project Manager for Monitoring Fire	m Ph	one Number		20 Californ City, State, Zip Paterson, Telephone Nui 973-345-	Code NJ 07503 nber 8020		Icense No		·		
Start Date (10)	Sched, Completic	Date (11)		Name of OSH D & S Rea		Inc.	-				
09/29/16	10/16/16			Street Address	1						
Cooupancy Status During Abatem Facility closed/vacated during Abatement performed outsit Describe: NORMAL	ng entire period of abate de of normal facility hou	ment.		20 Califor: City, State, Zip Paterson,	Code NJ 07503	3					
Scope of Work (check all that ap	Penovation Demoision				Min	Containment win il-enclosure webag procedure n-Exempted (*) a		able	broce		
Location of asbettos-containing material (som) to be abated in facility (13)	is icoation normally by maintenance/cut epar(12)	N/A	material (Al	N (N	Ining	Amount (Specify SF LF)	or no	Hemaye	Repair	T C D G D	Engl
BASEMENT	X		PIPE INSUL	ATION		40 1 ft		N	쒸	H	쓔
					12.00	+		H	H	古	古
											口
D& S RESTORATION, IN	IC. NJDEP Haule	Disposel D		TULLYT	OWN, R	ESOURCE RE	COVER	Y			COPPOSE.
PATERSON, NJ 07503 Completed by (Print or Type)	Title	09/30/1	6 Signature	TOLLY	IOWN, I		Date	1201			
BOGDAN JOLDZIC	PRESIDENT	m inr ashasir	ns licensurà exe	moled activities.			09/26	201	D		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-288 Name of Building Owner/Operator (2) Date of Notification (1) 0 9 1/12 16 1/11 16 elaine morrison Agencies Notified Type Notification Street Address Initial ASBESTOS CONTROL & EPA Amended DEP City, State, Zip Code Amendment #: DOL Emergency Newark, NJ 07104 (including ₩ DOH Name of Contact Telephone Number justification) ☐ DCA elaine morrison Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) elaine morrison Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) **ESSEX** Newark Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 973-345-8020 01169 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 10/20/16 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 Mini-enclosure >3 sf or >3 If □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Ε Ε Location of P by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing m n D staff(12) C (Specify SF or material (acm) to be material (ACM) 0 а abated in facility (13) ٧ Yes N/A No 28 1 ft PIPE INSULATION X basement boiler and storage rms Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# D & S RESTORATION, INC 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd. Disposal Date City, State City, State 10/07/16 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 09/26/2016 **BOGDAN JOLDZIC** PRESIDENT Do not use this form for asbestos licensure exempted activities. ASB-41

	4/08/
D&S Proj. #:	16-289

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

		E U	W. I			The same of the sa
	AUDICITO LIC	ENSIV.	110			
	I Talaahaa	Niverbay				
	Telephone	Number				
	Subcha Other (F Bldgs./F	(K - 12) pter 8 (Ot Private/Co Homes, et	mmer c.	cial	12) lg. Ag	е —
_ _		- if h - i		liobo	۵۱/	
	Ourrent Use (Pri	or it being	g demo	olisne	a)	
	tractor (9)					
ORATI	ON, INC.					
ia Ave.						
Code						
IJ 07503 ber)	License	Numb	er		
020		01	1169			_
Monitor oration,	Inc.					
a Avenu Code	1e					
Joue						
J 07503						
Min Glo	Containment w i-enclosure vebag procedur n-Exempted (*)	е	riable	proce	10000	
ng	Amount (Specify S LF)	For	Remove	Repair	Encap	EncL
	253 l ft		×			
			ዙ	님	Η	#
			H	금		T
tered La	ndfill SOURCE RE	COVER	Y			
				/		magestreen.
WN, PA	A	T Data				
		Date	2016			

Date of Notification (1)	Na	ame of Bu	ilding Own	er/Operator (2))			110	2	2012	1	I	
0 9 1/12 6 1/116	l	noon kim	0			15						and a	
Agencies Notified Type Notificati	on St	reet Addre	ss				70	LIC	ENSIN	77	- U		
DEP Amended							h						1
Amendment #:	Ci	ty, State, 2	Zip Code									-	
☑ DOL ☐ Emergency		fort lee,	nj 07024										
DOH (including justification)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	me of Cor	THE RESERVE OF THE PERSON NAMED IN		1910 7000 4 000	Communication and the second	Te	elephone	Number				
DCA Cancellation		hoon kir	n				I						
- Odričenation				LITY INFORM	MATION								
Name of facility where abatement is	taking pla	ce (3)	2000000				Type of F	acility (4))				
ramo or admy whole additional is	a tararig pra	33 (3)				1		School					
hoon kim									oter 8 (O			12)	
Street Address								Other (P Bldgs./H	rivate/Co lomes, et		cial		
							Square	-	of Floor		Blo	dg. Ag	ge
City (5)	Coun	ty (6)			Cou	nty Code (7)							
		27122122120			(Sta	te use only)	Current	Use (Prid	or if being	g dem	olishe	ed)	
fort lee	_	RGEN	-	100111		Name of Abatement	Contractor	79)					
Name of Monitoring Firm Hired by I	siag. Owne	r (8)		ASCM No.									
0: 14:11					_	D & S RESTOR Street Address	ATION, I	NC.					
Street Address						20 California A	VA						
City, State, Zip Code					-	City, State, Zip Code	NAME OF TAXABLE PARTY.		Mary State				
only, outlo, hip oddo						Paterson, NJ 07							
Project Manager for Monitoring Firm		l Ph	one Numb	er	-	Telephone Number	, 5 0 5		License	Numb	er		
						973-345-8020)		0	1169			
Start Date (10)	ISched.	Completi	on Date (1	1)		Name of OSHA Mor		0)					
A DESCRIPTION OF THE PROPERTY				M.		D & S Restorat	ion, Inc.						
10/11/16 Occupancy Status During Abatemer	10/25	and the second s			_	Street Address							
Facility closed/vacated during			ement			20 California A City, State, Zip Code							
Abatement performed outside						City, State, Zip Code	7						
Describe: NORMAL H	OURS		-		-	Paterson, NJ 0	7503						
Scope of Work (check all that apply							Full Contai	nment w/	negative	press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovatio	n					Mini-enclos						
≥160 sf or ≥260 lf	Demolition					⋉	Glovebag					22	
			used solely	.1			Non-Exem	ipted (*) a	and ivon-	R	R	E	
Location of asbestos-containing	by mainte	nance/cus	todial		ion of a	sbestos-containing	A	mount		e m	е	n	E
material (acm) to be	staff(12)		_	material		spesies containing		Specify SF	or or	0	p a	a	C
abated in facility (13)	Yes	No	N/A				LF	-)		v e	i	р	L
basement		X	7	PIPE INST	JLAT	ON	253 1	ft		X			
]									
Registered Waste Hauler		P Hauler		Cubic Yards of	Waste	Name of Registere TULLYTOWN		OCE DE	COVE	v			C CHOCK
D & S RESTORATION, INC.	135	06	Disposal D	3 yds		City, State	, RESOUR	RCE RE	COVER	. 1			THE REAL PROPERTY.
City, State PATERSON, NJ 07503			10/11/1			TULLYTOWN	J. PA						
Completed by (Print or Type)	Title			Signature		1			Date				
BOGDAN JOLDZIC	PRESID	ENT							09/26/	2016	·		
ASR-41	* Do not use	e this form	for asbest	os licensure e	xempte	d activities.							

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) New Jersey Turnpike Authority 30 16 09 Type Notification Street Address Agencies Notified ASBESTOS CONTROL & 581 Main St. ☑ EPA☑ DEP☑ DCA (NJAC 5:16) Initial City, State, Zip Code Amendment #6 Woodbridge NJ 07095 ☑ DHSS Emergency (including Telephone Number DCA- DC justification) Name of Contact (NJAC 5:23-8) Cancellation Robert Wowensdorf FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Existing Bldg Subchapter 8 (Other than K-12) Street Address ☑ Other (i.e., private & commercial buildings, MP E111.5 homes, etc.) Square Feet # of Floors Bldg. Age City (5) 1960 6900 1 Secaucus Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Prosecutor's Office Hudson ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Environmental Solutions LLC 06-15995 APS Contracting, Inc. Street Address Street Address 155-161 Pennsylvania Avenue PO Box 1224 City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Union, NJ 07083 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 973-754-1908 01-287 973-494-3762 Rick Eustaquio Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 10 / 28 / 16 APS Contracting, Inc. 10 / 17 / 16 Occupancy Status During Abatement (Check only one) Street Address 155-161 Pennsylvania Avenue □ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__ PM- AM Paterson, NJ 07503 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 lf ☐ Renovation □ Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Used Solely by Amount Remova Repair Encapsulate Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, surfacing, TO BE ABATED Custodial Staff? SF or LF) VAT. or IN Facility (12)other miscellaneous) (13)Yes No N/A 8,448 sf. \boxtimes X VAT Thruout Bldg Fiberglass Wall Insul/Cement Brd \boxtimes 324sf \boxtimes Thruout Bldg Panale/Transita Mastic/Cork Floor Tile 7,940sf \boxtimes M EC Rm1038 П 22 If Cement Piping/Pipe Insulation EC Rms 1040 X NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste Grows Landfill APS Contractors, Inc. 21259 40 Yards City, State City, State Disposal Date 10/15/16 Morrisville, PA 19067 Paterson, New Jersey Signature Completed By (Print or Type) Title Svetozar Savreski President

State of New Jersey

ASB-41 JUL 01

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

State of NJ

Notification of Asbestos Abatement

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

B & G proj. #:	2016-148		(F	Pursuant	to NJAC 8:	:60-/	and 12:120-7)		Check	# 8041		\mathbb{V}	臣	10)
Date of Notification	(1)	IIN	me of Build	dina Owne	r/Operator (2)							2016		
10 19 1/13 10]/ <u> 1 6 </u>	1.1	Hudson (14 4	JUI	- 3	CUIL		P
Agencies Notified	Type Notificati	on St	reet Addres	SS						DEST		NITO	01	
¥ EPA	✗ Initial		Francis >	K Burke /	Administrati	on B	uilding, Lincoln P	ark	AS	BESTO	18 00 	NIK	UL	X
DEP DOL	Amenda	(20)	ty, State, Zi Jersey C		7304									
X DOH		Na	me of Cont	tact		-			Telephor	ne Numbe	er)CO-GUIDEO
DCA	Cancella	ition	Joseph	Cecchini										
				FACI	ITY INFORM	ATION	1							
Name of facility wh	nere abatement is	s taking pla	ce (3)					Туре	of Facility	(4) ol (K - 12)\			
The White Ho	ouse at West I	Hudson F	Park						_	napter 8 (an K-	12)	
Street Address									X Other	(Private/	Comme		1.TX	
Woodland Dr	rive							San	Bldgs.	/Homes, # of Flor		Blo	g. Ag	ae
City (5)		T Coun	ty (6)			Cou	inty Code (7)	Joqu	are rect	# Of 1 10				· .
						N 200 (200 (20 T)	ate use only)	3557.77	rent Use (F		ing dem	olishe	d)	
Harrison, NJ			dson			L,	Name of Abatemen	1	andoned	house				
Name of Monitoring	ng Firm Hired by	Bldg. Owne	er (8)		ASCM No. n/a									
4		11/4	-	B & G Restora Street Address	ttiOII, II	10.								
Street Address							105 Ryerson	Road						
City, State, Zip Coo	de						City, State, Zip Code		2005					
							Lincoln Park	, NJ 07	035	Licens	e Numb)er		
Project Manager fo	or Monitoring Firm	1	Ph	one Numb	er		Telephone Number (973)696-68				0378			
Scheduled Start Da	ate (10)	Sched	. Completic	n Date (11)	_	Name of OSHA Mo B & G Restora		nc					
10/17/2016		10/2	26/2016				Street Address	20011, 11	110.					
Occupancy Status	During Abateme	nt (Check o	nly one)				105 Ryerson	Road						
Facility close	ed/vacated during	entire peri	od of abate	ment.			City, State, Zip Cod	е						
Describe:	erformed outside	of normal	racility flour	5-		_	LincolnPark, 1	NJ 070	35					
Other-Descr						_								
Demolition	neck all that appi	Renovatio	n			X	Full Containment w/n	egative	pressure	X Glov	ebag pr	ocedu	ге	
>3 sf or >3 l	f 🗵	>160 sf or				X	Mini-enclosure			☐ Non	-friable	proced	dure	
Location of		Is location	n normally i		1						R	R	E	E
asbestos-co		by mainte staff(12)	enance/cust	todial			asbestos-containing		Amount (Specify	SF or	m	р	n c	n
material to b abated in fa		Yes	No	N/A	material	(ACIVI))		LF)		o v	i	a p	L
				X	pipe insul	ation		-	4 If		e X	r	П	+
basement				X	grey caul				12 lf		X			盲
exterior				X	white win		caulk		300 If		X			
exterior				×	flashing c	eme	nt		50 sf		X			
1st & 2nd floor				×	ceiling pla	aster			1,420 st		X			
Registered Waste	Hauler		EP Hauler I 19563	D# C	ubic Yards of	Waste	Name of Registere Tullytow	ed Landf	ill Durce & F	ecover	v Cen	ter		
B & G Restora	auon, Inc.	_		Disposal D	ate		City, State		3.00 W.T	. 2 0 0 1 0 1	, 55,1			-
Lincoln Park,	NJ				/16 - 10/27/	17	Tullytowr	ı, PA		15:			-	
Completed by (Pri		Title Secreta	ry/Treasu	urer	Signature		Gordana Luna			Date 09/	30/20	16		

o .	
11/	17/10
(Y)	1110
	1 10

State of New Jersey

(h)11	28	NOTIF				C 8:60 and 5:16			5	1 0		1	
Date of Notification (1)	29 / 16				of Building	Owner/Operator (2	2)	Di oct	3	20	15		
Agencies Notified EPA	Type Notification Initial				Address East Gre	eystone Road	11	ASBESTO	S C	ONT	ROL	_&	
☑ DOLWD ☑ DOH ☐ DCA	☐ Amended Amendment # ☐ Emergency (ir	7.55		Old		NJ 08859							
(NJAC 5:23-8)	justification)				of Contact id Tolchi			Telephone Numbe	Γ				
				FAC	ILITY IN	FORMATION				Y.			
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility (4	-)		1			
Commercial							School (K-12)	(Other than K-12)					
Street Address 99 Water Street							Other (i.e., printed homes, etc.)	vate and commercia	al bui	ldings	š.		
City (5) South River, NJ							Square Feet	# of Floors	Bld	ig. Ag	е		
County (6) Middlesex			00.4	Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	r if being demolishe	ed)	History	s. d	* 10	
Name of Monitoring Firr	n Hired by Building	Owner (3)	ASCM I	No.	Name of Abateme	ent Contractor (9)		-				
Bio Terra Solution		· · · · ·					NAGEMENT LL	C					
Street Address		+ 7		856 11		Street Address							
P.O. Box 1224						27 Outwater		- 1		12.			
City, State, Zip Code Union, NJ				1		City, State, Zip C Garfield, NJ							
Project Manager for Mo Rick Eustaquio	nitoring Firm	2),		phone I 3-494		Telephone No. 973-928-4888		License No.	4			ű .	
Start Date (10)		duled Co				Name of OSHA N	Monitor ANAGEMENT LL	.c	4			A 8	
Occupancy Status Durin				ment		Street Address 27 Outwater	Lane						
Abatement Performe	ed Outside of Norma	al Facility	Hour	s - Des	cribe AM	City, State, Zip C Garfield, NJ			E**				
Scope of Work (Check	all that apply)		1+1							7		A	
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		□ Re				☐ Mini-End	ag Procedure	ative Pressure n-Friable Procedure					
		is	Loca	tion		_				ateme	ent T	ype	
Locatic Asbestos-Containin <u>TO BE AB</u> IN Fac (13	g Material (ACM) BATED illity	Use Ma Cus	intena todial (12)	ely by ance/ Staff?		Description estos Containing Ma e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, r, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	8	Yes	No	N/A	MATER	41-		96 SF			П	П	
Restrooms	9				VAT,M	asuc		50 01					
									П	\Box	П	П	
		$+\Box$				<u></u>							
				NJDEP '	Masta	Cubic Yards of	Name of Regis	tered Landfill					
Name of Registered W	aste Hauler	31		dauler I	D No.	Waste As Needed	Minerva Er		(0				
City, State Shirley, NY	to					Disposal Date	City, State Waynesbu			<i>j</i>			
Completed By (Print or Allen Monchik	Type) Ti	tle Project	Man	ager		Signature/	NL	_ Dat	e /	29	1/2		

Allen Monchik

Project Manager

ASB-41 JAN 13

CHI	13	NOTI		MOITA	OF ASE	ew Jersey BESTOS ABAT C 8:60 and 5:16		DEG	E				
	- 65 	Name	of Building	Owner/Operator (2	2)	HAN COT		3 20	110	-H			
Date of Notification (1) 09 /		ANTONIO O TENADO DO		West Caldwell	-)	U U OCT			110				
Agencies Notified			Address	oad	ASBESTOS CONTROL &								
☑ DOLWD					tate, Zip C	VALUE	LICENSING						
DOH .	Amendme	nt #		West Caldwell, NJ 07006									
☐ DCA	☐ Emergenc justification		1	100,000,000	of Contact		Telephone Number						
(NJAC 5:23-8)		1	m Brewe				acplicito (tambo)						
	Cancellation							_				_	
N	Ab at a series To	aliba Dlogo	(2)	FAC	ILIII IN	FORMATION	Type of Facility (4)			<u>Settles</u>	-	
Name of Facility Where		aking Place	(3)				School (K-12)						
Apartment Buildin	9	+ + +					Subchapter 8	(Other than K-12)					
Street Address 3 Fairfield Avenue							Other (i.e., private and commercial buildin homes, etc.)				5,		
City (5)			9	1520			Square Feet	# of Floors	Bld	g. Ag	е		
West Caldwell, NJ	* ***							181 1 1 15-15	- 45			-	
County (6)				Count	ty Code (7)(STATE USE ONLY)	Current Use (Pric	or if being demolish	ea)			3.	
Name of Monitoring Firm	n Ulrod by Build	ing Owner ((8)	ASCM N	No.	Name of Abateme	ent Contractor (9)						
Bio Terra Solution		ing Owner ((0)	ACCIVIT	10.		NAGEMENT LI						
Street Address						Street Address							
P.O. Box 1224		8 8 6				27 Outwater	Lane			200			
City, State, Zip Code	·					City, State, Zip Co							
Union, NJ					10	Garfield, NJ	07026			-			
Project Manager for Mo	nitoring Firm	350	Tel	ephone N	No.	Telephone No.		License No.					
Rick Eustaquio	·	. 80	-3762	973-928-4888 1188									
Start Date (10) 10 / 10	/ 16	scheduled C 12 /	te (11) 16	Name of OSHA Monitor ALL PRO MANAGEMENT LLC									
Occupancy Status Durin Facility Closed/Vaca Abatement Performe Time of Abatement:	ted During Entired Outside of No	e Period of ormal Facilit	Abate y Hou	ırs - Des	cribe AM	Street Address 27 Outwater City, State, Zip C Garfield, NJ	ode						
Scope of Work (Check □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	all that apply)	□ Re ⊠ De	enova				tainment with Neg closure g Procedure	native Pressure	3				
		1 5/2 32	s Loca				-		Ab	ateme	ent Ty	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Nor Used S Mainte Custod				lely by ance/ I Staff?		Description of the stos Containing Mage, thermal systems surfacing, VAT other miscelland	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A				2	-				
2 nd Floor BR #1 & #	2				VAT			105 SF					
2 nd Floor Hallway					Floor	Material		400 SF					
2 nd Floor NW					VAT			400 SF			ᆜ		
2 nd Floor NE	35				VAT/M	100		400 SF		Ш	Ц		
Name of Registered W	aste Hauler		10	NJDEP Hauler II SW-2	D No.	Cubic Yards of Waste As Needed	Name of Regis						
City, State Shirley, NY		Ş.				Disposal Date TBD	City, State Waynesbu			1	/		
Completed By (Print or Type) Allen Monchik Title Project Manager						Signature	L(~	Da	3/	29/	16		

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

OCT 3 2016

ASBESTOS CONTROL &

				7) CONTINUATION SHEET			1 1	ASBESTOS CO				
				3 Fairfield Avenue		nt Type	Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)		al Staf	Used by ce/Cust f (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a.	R e p a i	E n c a p s u	E n c l o s u r			
1st Floor Bathroom	Yes	No	N/A X	VAT	50 SF	X						
1st Floor SW Vault	_	-	X	VAT/Mastic	438.SF	X		100				
	-	-	_			-						
Throughout Building	-		Х	Ceiling and Wall Plaster	7,500 SF	Х			-			
Basement			Χ	Pipe Insulation	150 LF	Χ		-				
			X	Roofing Material	1,180 SF	Х						
Exterior		1	X	Tar	90 SF	χ			1			
Throughout 1st & 2nd Floor	d		X	Floor Adhesvie	2,400 SF	X		* .				
		-	-									
		-				-						
		-	-									
	_	-										
	-		-						-			
	. 4 6						+ 1					
					7. 74							
					2							
												
			8									
						-						

Allen Monchik	Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signatures	29/29/1
---------------	--	--------	-----------------	------------	---------

CK172	3	N	OTI		MOITA	OF AS	BESTOS ABAT AC 8:60 and 5:10		DECE		$\mathbb{V}_{\underline{}}$			
Date of Notification (1) 09 /	29 /	16					g Owner/Operator (of West Caldwell	2)	OCT 3 2016				U	
Agencies Notified EPA DOLWD	Type Notifica ☐ Initial ☐ Amended	d		12	30 (Address Clinton F			ASBESTOS LICE	S COI	NTRI NG	OL 8	Š.	
☑ DOH ☐ DCA (NJAC 5:23-8)	Amendm Emergen justificati	ncy (incluion)	uding		Wes	of Contac	vell, NJ 07006	Telephone Number						
	Cancella	tion		•		am Brew			1	20.5				
Name of Facility Where	A b a t a m = = t : = 7	Talian D	1	(2)	FAG	CILITY IN	NFORMATION	T	43					
Name of Facility Where Apartment Building Street Address 5 Fairfield Avenue		raking P	race	(3)	2 2 7						ilding	s,		
City (5) West Caldwell, NJ	\$ B	* P	*					Square Feet	# of Floors	Ble	dg. A	ge		
County (6) Essex					Coun	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			a as	
Name of Monitoring Firm Bio Terra Solutions	D 970(90	ding Ow	ner (8	8)	ASCM	No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address	24	S 44 1					Street Address		to get the s					
P.O. Box 1224 City, State, Zip Code			A		9000	10.80	27 Outwater					A a	-	
Union, NJ				or E			City, State, Zip Co Garfield, NJ						e 10	
Project Manager for Monitoring Firm Telephone No. Rick Eustaquio 973-494-3762							Telephone No. License No. 973-928-4888 1188							
Start Date (10)/	_16_	Schedule 12			tion Da	A	Name of OSHA M ALL PRO MA	lonitor NAGEMENT LI	_c					
Occupancy Status During Facility Closed/Vacate Abatement Performed	ed During Enti	ire Perio	d of A	Abate		cribe	Street Address 27 Outwater I City, State, Zip Co					150		
Time of Abatement: _						AM .	Garfield, NJ			# U.S.				
Scope of Work (Check at □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	I that apply)			novati nolitio			☐ Mini-Enc ☐ Glovebag	g Procedure	ative Pressure	e ·		89		
A A	20			Locat						Ab	ateme	ent T	ype	
Location Asbestos-Containing TO BE ABA IN Facili (13)	ntena	ely by		Description of estos Containing Ma e., thermal systems surfacing, VAT, other miscellane	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure					
Roof- East			Yes			Tar	<u>, ii</u>		30 SF					
Roof- Front and Real	r					Roofin	g Material		700 SF	\boxtimes				
10							255							
-														
Name of Registered Was	te Hauler	81.50		100	JDEP \ lauler II SW-2	O No.	Cubic Yards of Waste As Needed	Name of Regis Minerva Er		a ,			m	
City, State Shirley, NY							Disposal Date TBD	City, State Waynesbu	rg, OH			i		
Completed By (Print or T Allen Monchik	ype)	Title Pro	ject	Man	ager		Signature) (^	Da	te /	29	1/4	6	