28 2000 07:34AM NJ Asbestos	Control 609,633,0664		page 1	,			-		
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A88-41 (N-05-05)

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		NOTE:	FCATIO	Rate of New AND ASBES	TOE ARAT	EME T 20)	r	AND CONTRACTOR OF THE PROPERTY		ter	-	- 6,	2017
Date of Notification (1) 9/89/17				of Building On EVA		G (2)		D	- 1/9	DAY	36 2E)	CON	RO G
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Street Address						ACC Additi	ontracting	i juo.		W-P+			
City, States, Zip Code				***************************************	185	Vireal	land Ave		1.3				
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Commercial		,,							natos			6	TE	1	3
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Name of Monitoring Firm HIred by Buildin	Owner (3)	ASC	M No.		Name	of A	batement Con	lraclo	r (9)			100		
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Street Address						Street	11/11/20/20								
Ch. Ott. 71. O. I								ule 23 Sou	th, if	111					
City, State, Zip Code						3333		Zip Code							
Project Manager for Monitoring Firm							200	NJ 07470							
Project Manager for Monitoring Pirm		1 elephi	one No.		Teleph				G177 332	se No.					
Start Date (10)	Cohodu	lod Co		Dale (11)			71-10-12	-0752		0125	03		War to		
9/15/17	9/25/		mbietion	Date (11)	,			SHA Monitor síon Consu	lont						
Occupancy Status During Abatement (Che	-					Street			lant	S .		_			
Facility Closed/Vecaled During Entire		1-30-413-10						ess agaraw Roa	he						
Abatement Performed Outside of Nor	mal Facilit	Abater ly Hour	meni s					Zip Code					_		
Other - Describe:						988		n, NJ 0741	0						
Scope of Work (Check All That Apply)															_
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X ≥160 sf or ≥260 lf		Demoli	lion			×	M	lini-Enclosure			,,,,,	-	•		
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City, State		10	000000	6)	Dienoe	al Date		Sly, State						_	
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Date of Notification (1)

Agencies Notified

EPA

- DEP

DOH

DCA

Street Address

City (5)

County (6)

Street Address

Start Date (10)

≥3 sf or ≥3 lf

>160 sf or ≥260 lf

BASENENT

City, State, Zip Code

Project Manager for Monitoring Firm

Scope of Work (Check All That Apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Ø DOL

Ø

10/2/17

Type Notification

Amended

Amendment #

justification)

Cancellation

Emergency (including

CARWOR

E Initial

MR. ROMIGO

Name of Facility Where Abatement is Taking Place (3)

MASSAIC

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other - Describe: 30 AM TO 3:30 PM

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

Street Address

City, State, Zip Code

Name of Contact

County Code (7)

ASCM No.

Telephone No.

Scheduled Completion Date (11)

Renovation

Demolition

Is Location Normally

Used Solely by

Maintenance/

Custodial Staff?

(12)

No

N/A

Yes

10/14/17

(STATE USE ONLY)

Name of Building Owner/Operator (2)

HAWTHORNE

THERMACIUSULATION

MR. CARYOR

FACILITY INFORMATION

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of New Jersey F ASBESTOS A NJAC 8:60 and	12:120)			G		\mathbb{V}	E	
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e (7) ONLY)		Current Use (Frio	1	lemolished)		. , _		
0.	Name	of Abatement Cont		0 46	A Daliya			
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	Street	Address	L-4-4-6	•				
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	1000	State, Zip Code		7601				
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(11)	Name	-329-7442 of OSHA Monitor		0030	0			
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Name of Registered Waste Hauler		NJDEP W Hauler ID	10.20.00.00.00	Cubic Yards of Waste		egistered Land			
Best Removal Inc City, State	171	09	2 /2 C T Disposal Date	City, State	va Ent			LLC	
Hackensack, NJ 07	6.0.1 Title			10)14/17 Signature	Wayne	sburg,	Date	4688	
J. Maiorano	Est	imator		/	ai NO		10	2/17	
ACD 41 (P. 04 08)				()* Do	not use this form	for asbestos l	licensure ex	empted act	ivities.



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Date of Notification (1)	Name of Building Owner/Operator (2)						15,	1							
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Agencies Notified	Type Notifica	ation			Street	Address					00))	201	7	+
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Name of Facility Where A	batement is 7	aking	Place	(3)					Type of F	acility (4	4)				
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Street Address									Other		(Other than K- ivate and comn		uildin	gs,	
City (5)					-				Square F	-0.0	# of Floors	E	Ildg. A	ae	
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Name of Monitoring Firm	Hired by Build	ding Ov	wner (8	8)	ASCM	No.	Nai	me of Abateme	ent Contrac	tor (3)					
Guardian Contraction	ng, Inc.							Suardian Co		50.00					
Street Address								eet Address							
1889 Rte. 9, Unit 61							1	889 Route 9	, Unit 61						
City, State, Zip Code		-						y, State, Zip Co							
Toms River, New Jersey 08755							Т	oms River, I	New Jers	ey (87	755				
Project Manager for Moni	toring Firm			Tele	phone	No.	Tel	ephone No.			License No.				
Nicholas Fernicola				7:	32-349	-9932	7	32-349-9932			00624				
Start Date (10)	5	Schedu	led Co	mple	tion Da	te (11)	Nar	me of OSHA M	Ionitor	-					
10 / _3_ /	_17	10	_ /	5	_ / _	17_	Е	.M.S.L. Ana	lytical						
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	eet Address						3 92	
□ Facility Closed/Vacate							1	056 Stelton							
Abatement Performed							City	, State, Zip Co	ode						
Time of Abatement:	AIVI	PIVI		_PIM-		AM	P	iscataway, I	New Jers	ey 088	54				
Scope of Work (Check all	that apply)														
≥3 sf or ≥3 lf		ſ	⊠ Rer	novat	on					th N∋ga	ative Pressure				
≥160 sf or ≥260 lf				nolitic				☐ Glovebag	g Procedur						
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Toms River, New Je	ersey						1	0/6/17	Tully	own, l	Pennsylvani	a			
Completed By (Print or Ty	rpe)	Title		2115				Signature			7	Date	·	r	
Nicholas Fernicola	oc 2/6	Pro	oject	Man	ager				1 -	11	1	10/	2-/	10	þ



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Date of Notification (1)		-163, 1463					g Owner/Operator (J 50	III								
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□ DCA	Emergen		ding		Tre	enton, NJ	08638		-	to 1 hard							
(NJAC 5:23-8)	justificati	on)	ung		Name	of Contac	zt	-	Telephone Nu	mber							
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					FA	CILITY IN	FORMATION		I								
Name of Facility Where A	Abatement is 7	Taking P	lace	(3)			Oranization	Type of Facilit / ((4)			70 10					
The State Room								School (K-12									
Street Address								Subchapte 8	Other than K-1								
351 West 9th Street								Other (i.e., pr homes, etc.)		ercial b	uilding	js,					
City (5)				18				Square Feet	# of Floors	B	dg. A	ne.					
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County (6)					Cour	ntv Code (7	7)(STATE USE ONLY)	Current Use (F'ric	123	lished)							
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Name of Monitoring Firm	Hired by Build	ding Owr	ner (8	()	ASCM	No.	Name of Abateme	ent Contractor (!)	quetrian								
Guardian Contracti	15	Ü	***					ntracting, Inc.									
Street Address	J,						Street Address										
1889 Rte. 9, Unit 61							1889 Route 9	Unit 61									
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Project Manager for Mon				Tele	phone	No.	Telephone No.	Trow derecy do	License No.								
Nicholas Fernicola					32-349		732-349-9932	•	00624								
Start Date (10)	5	Schedule	d Co				Name of OSHA M		00024								
10 /16 /	17	11_	_ /	3	/	2007 - 1100 P. 2008	E.M.S.L. Ana										
Occupancy Status During			2	100000			Street Address										
☐ Facility Closed/Vacate							1056 Stelton										
Abatement Performed Time of Abatement:							City, State, Zip Co	ode									
				- 141		Aivi	Piscataway, I	New Jersey 038	354								
Scope of Work (Check all	I that apply)						N Full Cont										
≥3 sf or ≥3 lf			Ren	ovat	ion		☐ Mini-Enc	tainment with Neg	ative Pressure								
≥160 sf or ≥260 lf		\boxtimes	Den	noliti	on		☐ Gloveba	g Procedure mpted (*) and Nor	n-Friable Proced	lure							
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Asbestos-Containing TO BE ABA		1)			ely by ince/		stos Containing Ma		Amount	l em	Repair	inca	ncl				
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(13)		-		(12)	_		other miscellane		o. o,	-		Encapsulate	o				
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]														
Name of Registered Was				10000	JDEP 1		Cubic Yards of	Name of Regist	ered Landfill								
Guardian Contraction	ng, Inc.			H	lauler II 20223		Waste 30	T.R.R.F.									
City, State							Disposal Date	City, State									
Toms River, New Je	ersey						11/6/17		Pennsylvania	i							
Completed By (Print or Ty	/pe)	Title					Signature	1		Date /							
Nicholas Fernicola		Proj	ect l	Vlan	ager			1 tont		10/	3/	17					



				(Pu	rsuan	t to NJA	C 8:6	30 and 5:16	6)	100	E P	E	n n					
Date of Notification (1) Name of Building Owner									2)			L	1					
10 /	03 /	17			Buc	ntempo	Home	es, LLC		IND	70	つて	day					
Agencies Notified	Type Notifica	etion			Street	Address				-1111	TO TO	7	-21	117				
⊠ EPA						0 South	Aven	ue West		1.1 6.								
□ DOLWD	☐ Amended	Ė				tate, Zip C			and the second second second			771		man, Ma				
□ DOH	Amendme		_			stfield, N		90		AS	BESTO	S C Ens						
☐ DCA (NJAC 5:23-8)	☐ Emergene justification		ling			of Contact				Telephone Nu	-	-14	DHAC.	A				
(NJAC 5.25-6)	☐ Cancellat					y Buonte		13	-	relephone re								
					FAC	CILITY IN	IFORI	MATION		-								
Name of Facility Where Al	batement is T	aking Pla	ace (3)					Type of Facilit / (4	4)								
Residence									School (K-12)									
Street Address									Subchapte · 8 Other (i.e., pri			ilding	S,					
City (5)									Square Feet	# of Floors	Blo	ig. Ag	ge					
Westfield									2500 sf	2	1	30						
County (6)					Coun	ty Code (7)(STAT	E USE ONLY)	Current Use (F'ric	or if being demo	olished)							
Union									Residence	120								
Name of Monitoring Firm I	Hired by Build	ding Own	er (8)	ASCM	No.	Name of Abatement Contractor (3)											
							Guardian Contracting, Inc.											
Street Address							Stree	Street Address										
							18	89 Route 9	te 9, Unit 61									
City, State, Zip Code	, State, Zip Code								ode									
							То	ms River,	New Jersey (87	55								
Project Manager for Monit	oring Firm			Tele	phone	No.	Tele	phone No.		License No.								
							73	2-349-9932	!	00624								
Start Date (10)	5	Schedule					Nam	e of OSHA N	Nonitor									
10 /13 / .	17	10	_ /	_ 16	_ / _	17	E.I	M.S.L. Ana	lytical									
Occupancy Status During	Abatement (Check on	ly or	ne)			Stree	et Address			10.							
□ Facility Closed/Vacated							10	56 Stelton										
Abatement Performed							City,	State, Zip Co	ode									
Time of Abatement:	AIVI	PIVI/_		_PIVI-		AIVI	Pi	scataway, l	New Jersey 088	54								
Scope of Work (Check all	that apply)																	
≥3 sf or ≥3 lf			Ren	ovati	on			☐ Mini-End	tainment with Nega closure	ative Pressure								
≥160 sf or ≥260 lf				nolitio				☐ Gloveba	g Procedure									
			In I					⊠ Non-Exe	mpted (*) and Non	1-Friable Proce								
Location	of			_ocat orma				Description of	of			atem						
Asbestos-Containing N		17			ly by	Asbe		Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure				
TO BE ABA				ntena odial	nce/ Staff?	(i.e		mal systems		(Specify SF or LF)	SVOI	ai-	apsı	uso				
IN Facility Custodial Stan? (12)								ırfacing, VAT er miscellane		SF OI LF)	=		ulate	Гe				
\$ 420 		Y	es	No	N/A				252				CD					
exterior]	\boxtimes		asbesto	os sic	ding		2250 sf								
]															
			1															
		Г	1	П	П							П	П	П				
Name of Registered Wast	e Hauler		-		JDEP \	Waste	Cubi	c Yards of	Name of Regist	ered Landfill		_		_				
Guardian Contractir	ng, Inc.			H	20223		Was	te	T.R.R.F.									
City, State								osal Date	City, State									
Toms River, New Je	rsey						10	/17/17	Tullytown,	Pennsylvani	а							
Completed By (Print or Type) Title							Signature	71	1	Date	1	j						
Nicholas Fernicola Project Manager								h al	1-1	10	13	11-	7					

ASB-41 JAN 13

14#2178	PAI			ICATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE		E-communication	7.6	C	個	14	A I		FIF
Date of Notification (1) 09/30/2017					f Building Hayes	Owner/0	Operator	(2)	And the state of t		OCT	2	c 21	17	1000	
Agencies Notified	Type Notification			Street A	ddress				15	1-1-	001		5 0	ш	las	ionainde
X EPA	× Initial								Manage	1	nters one		and project triangers	and the larger sta		
DEP	Amended				ite, Zip Co				2	ASE	EST				_ &	
X DOL	Amendment Emergency		- [ton, NJ	08540			L	Property Science	ACCULATION AND AND AND AND AND AND AND AND AND AN	number of the second	SING	1		
X DOH	justification)	molading			f Contact					Tele	ephone	Nun	ber			
DCA	Cancellation			Dixon						1			oin 200	_		
Name of Facility Where A	hatement is Takin	n Place (3)	FACI	LITY INFO	ORMAT	ION	Type	of Facility	(4)						
Residence	batement to rakin	9 / 1000 (0	-/													
Street Address			_	St					School (K - Subchapte		er than	K-12)			
								×	Other (i.e.					ings,	home	es,
City (5)									etc.) re Feet	# of	Floors		В	dg. A	ae	
Princeton								2,500		2)+	3	
County (6)				County (Code (7)			Currer	nt Use (P	ior if bei	ng dem	olish	ed)			
Mercer				(STATE U	USE ONLY				dential							
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.		Name of Abatement Contractor (9)									
							Alph	a Envi	ironmeri	tal Ser	vices					
Street Address								Addres								
							2129	Rout	e 33							
City, State, Zip Code								state, Zi ilton, I	p Code NJ 086	0						
Project Manager for Monit	oring Firm		\neg	Telephoi	ne No.		Teleph	none No).		Licens	se No	D.			
1							609-	847-29	956		0122	2				
Start Date (10) 10/10/2017		Schedul 10/12/2		npletion l	Date (11)		0.606	of OSH L Ana	IA Monitor Ilytical						-540-15	
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addres	s							
Facility Closed/Vacat	ed During Entire F	eriod of	Abaten	nent			200 1	Route	130 Nc	rth						
Abatement Performe Other – Describe: Fa				5				state, Zi amins	p Code on, NJ (08077						
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demolit				×	Min	Containmi- i-Enclosur vebag Pro	e cedure					a	
		1.		rana .					LXCIIIpt	- Comment	2 1 1 0 1 1 1	11001			ment	
1	of		Locati Normal	1000	Ŷ.	D-	scription	of						Ту	ре	
Location Asbestos-Containing N		Use	ed Sole	ly by	Asbes	tos Cont	taining N	Naterial	(ACM)		mount				ш	_
TO BE ABA In Facilit			todial S		(i.e.		systems cing, VA		tion,		pecify or LF)		Ren	Re	Encapsulate	Enclosure
(13)	у		(12)				niscellar			0,	OI LI)		Remova	Repair	suk	nso
		Yes	No	N/A									<u>=</u>		ate	G.
Living Room Cr	awispace	1 1 1 1	X			Pipe	Pipe Insulation 120 LF X									
AHU Roo	om		Х			Duct	uct Insulation 100 SF X									
		-											_			
Name of Davids and 1991	- He des			UDEDIA	lasta	C. h:-	Voeda		Norse	Docist-	rod! -	- dell				
Name of Registered Wast Alpha Environmental	e Hauler		H	IJDEP W lauler ID 003333	No.	of Wa	Yards ste		Name of Grows			IUTIII				
City, State Trenton, NJ						Dispo	sal Date		City, Sta Morris		Α					
Completed by		Title					Signature	1 e	-			Dat	te			
Kelly Colon		(SSE)	ect Ma	anager		4	292	0	AG		2	09	/30/2	2017		

PAID

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

CK#1265

	N N II II N			724				territorio esta e			UK	4	12	0	_	
Date of Notification (1) 10/2/17			1 123	lame of E Joe Co	Building O forti	wner/O	perator	(2)								
Agencies Notified	Type Notification		S	Street Add	dress											
									Parameter S	F 3	0 F		\/I	E	Paritie	I
EPA DEP	X Initial Amended		C	City, State	e, Zip Cod	е				E	6 6		W	E		1
X DOL	Amendment		.	N. Hale	don, N.	J				-					- Andrews	1
(a <u>c</u>	Emergency (including	N	lame of (Contact					Tele	phone Nu		047			Ш
DOH DCA	Cancellation			Joe Co	forti				1	1	OCT	6 2	017		Loune	1
Read				FACIL	ITY INFO	RMATIC	NC								1	100.00
Name of Facility Where	Abatement is Taking	Place (3)			**			Type of	Facility (4)	100	FETAE	CON	TR	DL.	8	200
Residential House								Sc	chool (K- 2)	ASD	.HCF	NSIN	G			
Street Address								III St	her (i.e. pri	(Othe	commerc	cial bui	ldina	s. ho	mes	,
								× Of								
City (5)					68			Square		10,574	Floors		3ldg.	Age		
N. Haledon								2,000	Commence of the Commence of th	2			50+			
County (6)				County C					Use (Pror		ng demolis	shed)				
Passaic			(STATE U	SE ONLY)		_		dential Ho							
Name of Monitoring Firr	n Hired by Building	Owner (8)		ASCM	No.				ment Contr							
n/a				n/a				72.00	contractin	g Inc	;					
Street Address							Company of the Co	Address								
n/a								Palisa								
City, State, Zip Code							A 955000	State, Zip			-					
n/a									J 07026							
Project Manager for Mo	nitoring Firm		1	Telephon	e No			hone No.			License					
n/a				n/a				460.60		- 1	01255			_		_
Start Date (10)		Scheduled		pletion D	Date (11)				A Monitor							
10/11/17		10/15/1				2			Contrac in	ig inc	;					
Occupancy Status Duri	ng Abatement (Ched	ck Only One)				-	Address								
Facility Closed/Va	cated During Entire	Period of Ab	atem	ent					de Ave						_	_
	med Outside of Norr Scheduled for Demo	nal Facility H	Hours					State, Zip								
							Gar	tiela, i	J 07026	-				-		
Scope of Work (Check	All That Apply)						r	7				_				
≥3 sf or ≥3 lf		PRODUCTION OF THE PERSON OF TH	nova				ŀ		Containr 1e -Enclosure		n Negative	Press	ure			
≥160 sf or ≥260 lf		X De	molit	ion				Glov	ebag Proc	edure				•INTO 12 (20)		
							Ŀ	× Non	-Exempt ad	(*) an	d Non-Fri	able P				
		ls L	ocati	ion									AD	aten Typ		
Locati	on of	The second second	ormal	MANUSCON IN			scriptio						T			
Asbestos-Containir	ng Material (ACM)	Used	Sole					Material ns insula		200	Amount Specify	7		_	Enc	m m
TO BE A		Custo	dial S		(i.e.		cing, V		uon,		F or LF)	Kelliova	1	Renair	aps	Enclosure
	In Facility (12)						miscella	neous)				l di		<u> </u>	Encapsulate	sure
		Yes	No	N/A											Θ	
	.t			x		Trans	ansite Shingles 1000 SF x									
Exte	rior					Hans	Site Oi	migioo					_	+		
							72-32-0						+	+		
Name of Registered W	/aste Hauler		I	NJDEP W	/aste	Cubic	yards		Name of I	Regist	ered Land	Hill				
			H	Hauler ID	No.	of Wa			GROW	S La	ndfill					
Harmony Contrac	ung inc		(33058		IBD										
City, State		537-65-6				100000000000000000000000000000000000000		te	City, State Morrisville, PA							
Garfield, NJ						TBD	· ·		IVIOITISV	me,		Date				
Completed by		Title	-1			1	Signatu	0				10/2	/17			
Tina Caporino		Secre	etary	/		[(ing (apor	10			10/2			-	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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	nI	FO	rm

A. Al.					N OF ASB				Т		E	C	E		
Date of Notification (1) 09/27/ 17					of Building ne Mercy		93500	(2)	-	Pac.		oor		0.04	-
Agencies Notified	Type Notification			Street	Address Central A				-		· ·	UUL	6	-201	1
EPA DEP	Initial Amended	12		1	tate, Zip Co					- American	ASBI	ESTO			POL
DOL	Amendment Emergency (_		vay, NJ 0	7065				-		CONTRACTOR OF THE PERSON OF TH	AND ADVIOUS DESCRIPTION OF	ING	
DOH DCA	justification) Cancellation				or Contact Dennis k	(aelin				Telep	hone !	Numbe	r		
					ILITY INFO		ION								-
Name of Facility Where		Place (3)					Тур	e of Facility (4	1)					
Buttner Hall Buildin	g								School (K-12			2000			
Street Address 287 Hamilton St.								×	Subchapter Other (i.e. pr				uilding	s, hom	es,
City (5)									etc.)	# of F			CONTRACT		
Rahway									00 sf.	2	Broom		Bldg. 217	Yrs.	
County (6)			T		Code (7)			Cur	rent Use (Prio	r if being	demo	lished)			
Union				Č.	USE ONLY,	-			rish Hall .						
Name of Monitoring Firm N/A	Hired by Building C	Owner (8)	ASC	M No.		The second second second		ervices Inc.)				
Street Address							Street 156 I		ess le Ave						
City, State, Zip Code							1		Zip Code on, NJ 0705	57					
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph 862-		No. -9092		icense				
Start Date (10)		Schedul	ed Cor	mpletion	Date (11)		Name	of OS	SHA Monitor		(A) 7.000 (I				
								20112 201	lalodka						
Occupancy Status During							Street								
Facility Closed/Vaca Abatement Perform	ated During Entire P ed Outside of Norm	eriod of	Abaten	nent				-	le Ave. Zip Code						
Other - Describe:									on, NJ 0705	57					
Scope of Work (Check A	II That Apply)								RAPSCUT						
≥3 sf or ≥3 if≥160 sf or ≥260 if		**********	Renova Demolit				×	F M G	ull Containmel lini-Endosure lovebag Proce on-Exempted	nt with No				ıre	
		ls	Locat	ion		-							Aba	temen	t
Location			Normal ed Sole				scription			10	100		1	уре	
Asbestos-Containing TO BE ABA In Facili (13)	ATED ` ´	Ma Cus	intena todial ((12)	nce/		thermal surfa	taining M I systems icing, VA' miscellan	insu T, or		Amo (Spe SF or	cify	Kemoval	Repair	Encapsulate	Enclosure
		Yes	No	N/A						NOOD O			-		
roof				*			ust flas			20	2210	*	-	-	
crawlspa	ace			*	Pige iv	GF6	wispac	e-		220	lf.	*			
						0.0000000000000000000000000000000000000									
No. 15	100-11200-1-00		-	110.55	<u> </u>										
Name of Registered Was Newark Carting Inc.	te Hauler	Н	IJDEP W lauler ID 5409		of Wa	Yards ste		· GCSL	egistered	d Land	ifill				
City, State Newark, NJ						200-00-00	sal Date 1/17		City, Stato Pen Arg						
Completed by Leslaw Nalodka		Title Pres	ident			S	Signature	. /	Val			Date 09/27	/17		

									1939	3		Pr	int For
UNK# 1935	AI		ICATIO		Jersey STOS ABATE :60 and 12:12		IT	The state of the s	100				E
Date of Notification (1) 09/27/ 17				of Building C	owner/Operato Parish	r (2)	-		15 (s l	<u> </u>	L./	
Agencies Notified Type Notification EPA Initial				Address Central Av	e.			A constitution of	0	CT	6	- 20	17
DEP Amended DOL Amendment	#			ate, Zip Cod				-	ASBE	ŝtĉ	SC	ONT	ROL
Emergency		-		of Contact				1	one Num	1 11	ENS	SHVC	-
DOH justification) DCA Cancellation			Rev.	Dennis Ka	aelin			4		_			
Name of Facility Where Abatement is Takin	a Diago (2)	FAC	ILITY INFO	RMATION	1 -	4E 33 44						
St. Mark Church	g Place ((3)				Тур	oe of Facility (4	9					
Street Address							School (K-12 Subchapter 8	Other th					
287 Hamilton St.						×	Other (i.e. pri etc.)	vate & co	mmercia	al buil	dings,	, hom	es,
City (5)						100	uare Feet	# of Flo	ors		Bldg. A		
Rahway County (6)			County	Code (7)			76 sf.	2	lomolich		146 Y	rs.	
Union			(STATE	USE ONLY)		10.00	arish Hall	ii beilig c	remonsi	eu)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCI	M No.	7 2237		batement Cor to ervices Inc.	ractor (9)					
Street Address					Street								
City, State, Zip Code							ole Ave Zip Code						_
ony, craite, and coas							on, NJ 0705	7					
Project Manager for Monitoring Firm			Telepho	ne No.	Telepi 862-		No. -9092	1315	ense No 107	Э.			
Start Date (10)	Schedul	led Con	npletion	Date (11)			SHA Monitor Nalodka						
Occupancy Status During Abatement (Chec	k Only O	ne)			Street							1.000-000	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:					City, S	State,	Zip Code	7					
Scope of Work (Check All That Apply)					25033270		on, NJ 070 5						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit	tion ion			F N	Full Containment Mini-Enclosure Blovebag Proce Ion-Exemptec (it with Neg dure	Com. 275.5				
Location of		s Locati Normal	ly		Description			y dire i ro	111111111111111111111111111111111111111		Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar stodial S (12)	nce/	(i.e. th	s Containing Nermal system surfacing, VA other miscellar	Materi s insu T, or	ulation, ·	Amou (Spec SF or I	ify	Remova	Repair	Encapsulate	Endosure
	Yes	No	N/A									ate	ю
roof			*		flat roo	f		400 s	sf.	*			
music room			*		pipe insula	tion		65 If		*			
Name of Registered Waste Hauler		9000	JDEP W		Cubic Yards		Name of Fte	egistered	Landfill				
Newark Carting Inc.		333	auler ID 5409		of Waste 20		·GCSL						
City, State Newark, NJ					Disposal Date		City, State	d DA					
Completed by	Title				Signature	3	Pen Argy	1, PA	Dat	0			
Leslaw Nalodka		ident			L	. 1	11/			e /27/	17		

PAID

MAY 11

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

Data of Natification (1)			T \$1	- (D. 'I-I'	0 10	6)	11111				
Date of Notification (1) 10 / 03 /	17				ig Owner/Operator (al Flavors & Frag	: f0	Ск	# 499	95	E .	2017
Agencies Notified Type Notific	otion		Ctron	t Address	•			UUI		U	
⊠ EPA	ation				Dt 20						and it is senat them
□ DOLWD □ Amended	d			15 State I			ASS	SEST	OS	CO	VTR(
□ DHSS Amendm	F-2-	_		State, Zip (L	CEN	ISIN	<u>16</u>
☐ DCA ☐ Emerger		g			h, New Jersey 0	7735	-				
(NJAC 5:23-8) justificati				e of Contac			Telephone Num	ber			
☐ Cancella	tion		Ga	ry Stappe	erfenne, Project	Manager					
			FA	CILITY IN	NFORMATION						
Name of Facility Where Abatement is	Taking Plac	e (3)				Type of Facilit /	(4)				
International Flavors & Fragra	nces					School (K-					
Street Address							8 (Other than K-12 private and comme		uildin	ne.	
1515 State Route 36						homes, etc.		I Clai Di	unun	ys,	
City (5)						Square Feet	# of Floors	В	ldg. A	ge	
Union Beach, New Jersey 0773	35					10,000	1	1	50 y		
County (6)			Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (F'r	rior if being demolis				
Monmouth				,	,	Factory	a a g a a o				
Name of Monitoring Firm Hired by Build	dina Owner	(8)	ASCM	No	Name of Abateme				- W W		
Garden State Environmental	unig Omnor	(0)	N/A		Lilich Corpor		1				
Street Address			11/7		Street Address						
555 South Broad Street						A					
City, State, Zip Code					606 McBride						-
[1] [1] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4					City, State, Zip Co						
Glen Rock, New Jersey 07452		1				rk, New Jerse	-				
Project Manager for Monitoring Firm		1	ephone		Telephone No.		License No.				
Bruce Wolf		100,000	01-652		973-225-8400		01104		14		
	Scheduled (Name of OSHA M					le.	
10 /18 /17	10		4_ / .		IRIS Environr	nental Labs I.	LC			4	
Occupancy Status During Abatement (Check only	one)			Street Address						
Facility Closed/Vacated During Entit					2333 Route 2	2 West					
Abatement Performed Outside of No				scribe	City, State, Zip Co	de			-		
Time of Abatement: 7amAM	_PIM/	_PM- <u>1</u>	ZAM		Union, NJ 070	083					
Scope of Work (Check all that apply)						-					
☐ >3 sf or >3 If	M D	enovat	ion		☐ Full Cont ⊠ Mini-Encl	ainment with Neg	gative Pressure				
≥ 25 of of ≥ 5 ll ≥ 160 sf or ≥ 260 lf		emolitic			⊠ Glovebag						
*					Non-Exer	mpted (*) and No	n-Friable Procedu	re			
		s Loca	10.70110					Ab	atem	ent T	уре
Location of	1	Norma			Description of			Z	R	m	m
Asbestos-Containing Material (ACM TO BE ABATED		aintena			stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	nca	nclo
IN Facility	Cus	todial	Staff?	(surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)	- V	(12)	Taura	-	other miscellaned	ous)				late	0
1	Yes	No	N/A						_		
Lab 148			\sqcup	Elbows	(Wrap & Cut)		10(ea)				
Lab 148		\boxtimes		Table T	ops (Non Friable)	200 SF				
								\Box	П	П	lп
Name of Registered Waste Hauler		IN	JDEP V	Naste Vaste	Cubic Yards of	Name of Regis	tered Landfill	1_	Ц.		1
Lilich Corporation			lauler II	O No.	Waste	G.R.O.W.S					
City, State			18724		10 Disposal Date						
Woodland Park, New Jersey						City, State	Dannardina				1
					10/24/2017	WOTTISVIII	, Pennsylvania				3
Completed By (Print or Type)	Title				Signature	1	Da Da	te /	1		
Adriana Olejarova	Preside	ent			1000	M 62	10	1/0:	ya	0	12
SB-41							170				

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

* Do not use this form for asbestos licensure exempted activitie

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Date of Notification (1)			Name o	f Building Owner/	Operator	(2)		- I				004	9
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Agencies Notified	Type Notification		Street A	ddress					1				
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x DOL	Amendment		Ridge	field Park, NJ				L		LIU	CINO	11 4 01	-
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Name of Facility Where A	batement is Takin	g Place (3)	17,01			Ту	oe of Facility (4)					
House						П	School (K-1	"					
Street Address						Ħ	Subchapter Other (i.e. p	3 (Oth			dings,	home	es,
City (E)							etc.)	T#-	6 El		11-1- A		
City (5)							uare Feet		f Floors		ldg. A	.ge	
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County (6) Bergen			County (Code (7) USE ONLY)		2000	rrent Use (Prid OUSE	or if bei	ng demolis	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCN	No.	Name	of A	batement Cor	ractor	(9)				
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Street Address					Street	Add	ress						
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City, State, Zip Code					City. S	State	Zip Code	-					
n/a					100000000000000000000000000000000000000		, NJ 07026						
Project Manager for Moni	toring Firm		Telepho	ne No	Telepi	SHALL ON Y	Markon Water-School Called	-	License N	VIO.			
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E. Cirovic		Secr	etarv	,		<	X /4	111	1 1				10)/2/2	017		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2890 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 03 Brian Tamede Agencies Notified Type Notification Street Address ☐ EPA X Initial DOLWD. Amended City, State, Zip Code Amendment # X DHSS ASSESTOS CONTROL & ☐ DCA Emergency (including North Plainfield, NJ 07060 LICENSING (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Brian Tamede **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facilit (4) Private house School (K- 2) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age North Plainfield, NJ 07060 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (13) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 12 / 17 10 / Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____ AM- __PM/ __PM__ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontam nation with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Repair Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement П \boxtimes \boxtimes Pipe insulation 170 LF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Reg stered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City. State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 10/03/17 ASB-41

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Date of Notification (1) 2		且 是 是 且	130		١,	uisua	III LO NOZ	10 0.00 and 5. I	3)			-		-
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Some continued and commercial buildings, homes, etc.) Square Feet Stof Floors Bidg. Age		spital - Ther	rapy	Cente	er									
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County (6) County (7) County (7) County (8) Co	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2													
County (6) Burlington Burlington Name of Monitoring Firm Hired by Building Owner (8) Vertex Air Quality Services Street Address 700 Turner Way City, State, Zip Code Aston, PA 19014 Project Manager for Monitoring Firm On Heim Steet Address 7123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Project Manager for Monitoring Firm On Heim Steet Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Project Manager for Monitoring Firm On Heim Steet Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Rame of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. Steet Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. Steet Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Steret Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Abatement Projected Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Abatement Projected Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Abatement Projected Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19	51								Square Feet	# of Floors	Ble	dg. A	ge	
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City, State, Zip Code		Services	VIRONMENTAL	_, INC.										
City, State, Zip Code		ay 1123 BEAVER STREET												
Aston, PA 19014	•		R STREET											
Project Manager for Monitoring Firm Don Heim Telephone No. 610-558-8902 215-788-6040 00509	City, State, Zip Code		ode											
Don Heim	Aston, PA 19014							BRISTOL, PA	19007					
Start Date (10)	Project Manager for Moni	itoring Firm			Tel	lephone	No.	Telephone No.		License No.				
10	Don Heim				6	310-558	8-8902	215-788-6040		00509				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: 7:00AM-3:30PM/ PM- AM ☐ Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 if ☐ Secondation of Abatement: Demolition ☐ Clove Sole of Secondatining Material (ACM) ☐ Asbestos-Containing Material (ACM) ☐ IN Facility ☐ (13) ☐ Version of In Facility ☐ (13) ☐ In Facility ☐ (14) ☐ In Facility ☐ (15) ☐ In Facility ☐ (16) ☐ In Facility ☐ (17) ☐ In Facility ☐ (18) ☐ In Facility ☐ (19) ☐ In Facility ☐ (19	Start Date (10)	S						Name of OSHA M	lonitor					
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Time of Abatement: 7:00AM-3:30PM PM-AM BRISTOL, PA 19007 Scope of Work (Check all that apply) Stull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos-Containing Material (ACM) Secretary Secre	☐ Facility Closed/Vacate	ed During Entire	e Peri	iod of	Abate	ement		1123 BEAVER	R STREET					
Scope of Work (Check all that apply)								City, State, Zip Co	ode					
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Description of □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Exempted (*	Time of Abatement: 7	:00AM-3:30P	PM/	P	Λ- <u></u>	AM								
□ ≥3 sf or ≥3 lf □ Demolition □ Description of □ Description	Scope of Work (Check all	I that apply)			-			<u> </u>		***************************************				
Demolition			10					()		ative Pressure				
Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A														
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Therefore The Properties of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Therefore	<u></u>									n-Friable Procedur	е			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A therapy room In Facility (12) Yes No N/A Itherapy room In Facility (13) Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720 Completed By (Print or Type) Isolated Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) In Facility (Specify SF or LF) In Facility (Specify								20			Ab	atem	ent T	уре
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Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720				Yes	No	N/A								
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City, State NEW CASTLE, DE 19720 Completed By (Print or Type) Disposal Date 3/21/17 Disposal Date Signature Signature Date	Name of Registered Was	te Hauler							Name of Regist	tered Landfill				-
City, State NEW CASTLE, DE 19720 Completed By (Print or Type) Title Disposal Date 3/21/17 Waynes burg, OH Date	SERVICE TRANSPO	ORT GROUP	, INC					100 P. T.	Minerva La	ındfill				
NEW CASTLE, DE 19720 3/21/17 Waynes burg, OH Completed By (Print or Type) Title Signature O Date	City, State					2099	<u> </u>		City. State					
Completed By (Print or Type) Title Signature O Date		19720								ra. OH				
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Date of Notification (1)					Name of	Build	ding Owner/Ope	erator	(2)		11			
2 / 24	_ /	17	_						f Burlington	County	i 0	CT	6	201
□ EPA 3207 □ DOLWD 3184 □ DHSS 3194 □	pe Notifica Initial Amended Amendma Emergen	f ent #	uding		Street Ad 175 M. City, State	ddres adis e, Zip	s on Ave.				ASBES	T ÓS JCEI	CO	NTF JG
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Virtua Memorial Hospita									Type of Facil School (K					
Street Address									☐ Subchapte	er II (Other th	an K-12)			
62 Richmond Ave									Other (i.e. homes, et	p ivate and	commerc	cial bu	ilding	s,
City (5)									Square Feet	# of Flo	NOTO.	TDI	la A-	
Lumberton, NJ									- 4-2	# 01 110	DOIS	BIC	g. Ag	ge .
County (6)				T	County Co	ode (7	7)(STATE USE ON	ILY)	Current Use (F	Prior if being	domolish	- 41		
Burlington				1		•		1	Hospital	That it being	demoilsn	ea)		
Name of Monitoring Firm Hired	by Buildir	ng Owr	er (8)	AS	SCM No.		Name of Abar	teme	nt Contractor (9	9)				y
Vertex Air Quality Service	es								/IRONMENT					
Street Address							Street Addres							
700 Turner Way							1123 BEA	VER	STREET					
City, State, Zip Code							City, State, Zip							
Aston, PA 19014							BRISTOL,							
Project Manager for Monitoring F	irm		T	eleph	one No.		Telephone No.			License	No			
Don Heim				610-	558-8902	!	215-788-60	040		00509				
Start Date (10)	Sch	eduled	Comp	oletion	Date (11)		Name of OSHA	A Mo	nitor					
3/13/17	-	3	/	21_	/ _17	_	BRISTOL E	ENVI	RONMENTA	L. INC.				
Occupancy Status During Abatem	nent (Che	ck onl	one)			-	Street Address							
☐ Facility Closed/Vacated During	Entire P	eriod o	f Abat	temen	it	1	1123 BEAV	ER:	STREET			1		
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Time of Abatement: 7:00AM-3	:30PM/_		PM		AM.		BRISTOL, F							
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* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)				Na	me of Build	ding Owner/Operator	(2)	ID) E C	A Theres	7000	Y	5
2 /	24 /	17				morial Hospital o		County				
Agencies Notified	Type Notificat	ion			eet Addres		. Darmigton	00	I f	20	117	
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Street Address	Set vices					BRISTOL EN	VIRONMENT	AL, INC.			3.9	
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Aston, PA 19014						City, State, Zip Co						
Project Manager for Moni	toring Eirm		17.1		. N.	BRISTOL, PA	19007					
Don Heim	itoring Firm			ephone	8-8902	Telephone No.		License No.				
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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

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Date of Notification (1) 09/27/2017				of Building SERVIC		Operator	(2)	Transfer of the second		CT 6	2017	Maniput P	e,con	
Agencies Notified Type Notification	n		Street A	Address BERTY S	ST			A T T T T T T T T T T T T T T T T T T T	ASBE	STOS CO	NTR	OL 8	Ł	
EPA Initial . DEP Amended		+		ate, Zip Co						LICEIVO	Company of the Parket of the P	NAME OF TAXABLE PARTY.		-
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DOH Emergency justification Cancellation	1)	Ī		f Contact	VEZIA	NO			Tel	ephone Nur	nber	_		
			FAC	ILITY INFO	ORMAT	ION								
Name of Facility Where Abatement is Tak PRIVATE	ing Place (3	3)					Тур	e of Facility	200-200					
Street Address								School (k - Subchapte		er than K-1:	2)			
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City (5) PARAMUS NJ.							Squ 1,5	are Feet	# of	Floors	В	ldg. A	ge	
County (6)				Code (7))			rent Use (Fri		ng demolisi	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	/ No		Name	of Ah	patement Co		(9)				
N/A	, (0)		1.00.					EAST EN			L LL	C		
Street Address						Street								
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City, State, Zip Code								Zip Code BERGEN	NJ. 07	7047				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License N	0.			
						201-	776-	-0642		01300				
Start Date (10) 10/06/2017	10/06/2		npletion	Date (11)				SHA Monitor - PROI3						
Occupancy Status During Abatement (Che	eck Only Or	ne)				Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor					`			RTY ST.						
Other – Describe:	mai radilly	nour	· · · · · · · · · · · · · · · · · · ·					Zip Code HEN NJ. 0	18840					
Scope of Work (Check All That Apply)							-							-
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In Facility	Cus	todial ((12)	Staff?	(surfa	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
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TRI - STATE - ASSOCC INC			lauler ID 9951	No.	of Wa	ste		MINER	RVA E	NTERPR	SE II	NC		
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State of New Jersey

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Date of Notification (1)	3/	/1	7					Owner/Operato	r (2) cation / Job #1	709-5222 Che		20 30	17	
Agencies Notified ☑ EPA ☑ DOLWD	Type Noti ☑ Initial ☐ Amend		n			reet Addre	d St			ASBES	TOS C		ROL	&
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					1	ACILITY	INF	ORMATION						
Name of Facility Where	Abatement i	s Takir	ng Plac	ce (3)		CANDACTOR TOOLS, AL			Type of Facilit	, (4)				
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Street Address				1 1 1 1 1 1					☐ Subchapter	8 (Other than K	-12)	wildin		
167 Broad Street									homes, etc	.)	nerciai	ounun	gs,	
City (5)		225							Square Feet	# of Floors	E	Bldg. A	\ge	
Manasquan														
County (6)	<u> </u>					ounty Code	(7)(S	TATE USE ONLY)	Current Use (F	rior if being dem	olished)			
									High Scho					
			Owner	(8)	18030777	M No.	N		ent Contractor (9)				
Street Address	nnection, ii	nc.			00	030		AbateTech,	Inc.					
120 Warren Street							S	treet Address						
City, State, Zip Code		_					4	1/5//	e. PO Box 25					
Trenton, NJ 08608								ity, State, Zip C						
Project Manager for Mon	itoring Firm			Te	lephor	e No	- T	Lumberton,	NJ 08048	11:				
Roland Jones	mornig i min			1		92-4200	1	elephone No. 609-265-2107	7	License No. 00529				
Start Date (10)		Sched	luled (Comp	etion [Date (11)	N	ame of OSHA N	Monitor			-		
10 /16 /						_17		EMSL Analyt	ical					4
Occupancy Status During							St	treet Address						
Facility Closed/Vacate	ed During Ent	tire Per	riod of	Abat	ement			200 Route 13	0 North					
Abatement Performed Time of Abatement:	Outside of N	Normal	Facilit	y Hou	ırs - D	escribe	Ci	ty, State, Zip Co	ode					
			/u			_AIVI		Cinnaminsor	, NJ 08077					
Scope of Work (Check all ≥3 sf or ≥3 If	I that apply)		67LD					☐ Full Cont	tainment with Ne	jative Pressure				
⊠ ≥160 sf or ≥260 lf			⊠ Re □ De					☐ Mini-Enc ☐ Glovebaç ☐ Non-Exe	losure g Procedure mpted (*) and Nc	n-Friable Proced	fure			
				Loca								atem	ent Ty	уре
Location Asbestos-Containing I		W)		Norma	ally ely by	A=6		Description o			1000	-		
TO BE ABA	TED	v.,	Ma	inten	ance/	(i.		Containing Ma ermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit (13)	У		Cusi	todial (12)	Staff?			surfacing, VAT,	or	SF or LF)	val		Sult	sure
(13)		Ì	Yes	No	N/A		0	ther miscellane	ous)				ate	
Room 306						Ceiling	Tile	9		1,200 SF				
Room 306				Ø		Floor	Γile a	and mastic		1,200 SF		П		
						1								
						+								
Name of Registered Waste	e Hauler					Waste	LCu	bic Yards of	Name of Regis	orod Landfill		ш		Ш
AbateTech, Inc.				1000	lauler	D No.	Wa	iste	G.R.O.W.S					
City, State					1875	U		posal Date	City, State		<u> </u>			-
Lumberton, NJ							1	0/20/17	Tullytown,	PA				
Completed By (Print or Ty	pe)	Title						Signature			ate	75 VA		_
Gwendolyn Trumbet	the state of the s		erati	ons (Coord	linator) January	aut		0 3	311	7	
SB-41		1 .							/WI		UI	11	5	

ASB-41 **MAY 11**

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

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			(P	ursuar	t to NJA	C 8:60 and 5:16)					Participan
Date of Notification (1)				Name	of Buildin	g Owner/Operato	The second secon		СТ	6	201	7
)/4/17						Bethany	. 10 0	-		201	_
Agencies Notified	Type Notificatio	n		Stree	Address			ASSE	CTOC			-
DEP	Initial Amended			City S	State, Zip C	`ode		ASBE		NSI		OL 8
⊠ DOL	Amendment		- 1	Oity, C	riate, zip c		nnsauken, NJ	08110				-
⊠ DOH	☐ Emergency justification		3	Name	of Contac		misaunem, 115	Telephone Numi	per			=
☐ DCA	Cancellation					ristine Bethan	ıy	ALC:				
				FAC	CILITY INF	ORMATION						\dashv
Name of Facility Where			1.5				Type of Facility	y (4)				\dashv
	Res	sidenti	al				School (K-1					
Street Address						Allica	Subchapter Subchapter	8 (Other than K-12 private & commerci	2) al buik	dings.		
							homes, e c	:.)				
City (5)	D		NIT				Square Feet 1800	# of Floors	BI	dg. A		
County (6)	Penns	uaken	, INJ	I Cour	abi Codo (7) (STATE		Prior if being demolis		75	- /-	=
	amden				ONLY)	I) (STATE	Current Use IF	rior ir being demois	sneu)			
Name of Monitoring Firm		Owner	$\overline{}$	ASCM	No.	Name of Abater	nent Contractor (9)				=
(8)	MECS							mental Service	es, Ir	ıc.		
Street Address						Street Address						=
	PO Box 3	41					PO I	Box 322				_
City, State, Zip Code	coccavioles NI	0051				City, State, Zip C		n, NJ 08501				
Project Manager for Mo	rosswicks, NJ	0031.		phone	No	Telephone No.	Allelito	License Ne.			_	_
1 (7)	eisgarber				8-4070		59-9688		0493	3		
Start Date (10)		eduled C			-	Name of OSHA		1-		_		\dashv
10/16/17			0/20				lv	IECS				
Occupancy Status Durir	ng Abatement (Ch	eck only	one)			Street Address						
Facility Closed/Vacat								Box 341				
Abatement Performe		nal Facilit	y Hou	rs		City, State, Zip C		NII 00515				
Other - Describe:							Crosswick	ks, NJ 08515			_	
Scope of Work (Check a	all that apply)					▼ Full Co	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat				closure ag Procedure					
□ ≥100 \$1 01 ≥200 11			HOILIC) i i				on-Friable Procedu	re			
			_ocatio						A	bater		
Location	of	9700	l Solel			Description o	f		_	Тур	е — т	
Asbestos-Containing I			ntenar			tos Containing Ma		Amount (Specify	_		m	m
TO BE ABA IN Facility			Staff?		(i.e.,	thermal systems surfacing, VAT		SF or LF)	Rem	Repair	cap	nclo
(13)	ro.		(12)			other miscellane	ous)	•	Remova	pair	Encapsulate	Enclosure
		Yes	No	N/A					_		हि	Ф
Baseme	ent		×		The	rmal Boiler I	nsulation	30 sf	×			
		+										
		-					:					
		-										
Name of Registered Wa	ste Hauler	-	11	JUDEP /	Vaste	Cubic Yards	Name of Reg	istered Landfill	_			
Stevens Environi		es. Inc	1 1	Hauler ID	5000000	of Waste	1 /	Fairless Lan	dfill			
City, State		- TITC	<u>- L</u>	102	1) 4	l cu Disposal Date	City, State	L diffess Lane				_
200 4	Allentown,	NJ				11/20/17	49/	Morrisville,	PA			
Completed By		tle	1/2			Signature	177	Date				
M. 1.1. T. C.	The state of the s	n		4 N / .		1000			10/	1/17		





State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Check # 26536

Date of Notification (1)					Name of B	uildina (Owner/Operator (2		00	T	6 7	2017
10/4/2017					Management August States		owner/Operator (2)				
Agencies Notified	Type Notific	ration			ED DEVA							
□ EPA	Initial	Jation			STREET A	DURES	S	AS	BES	TOS	CON	TRO
□ DEP	☐ Amend	dad A	nn n m al		0.11					ICEN	ISING	i
□ DOL					City, State,						17-77	
□ DOH	☐ Emerg			ing	DELANCO	O, NJ 0	8075					
DCA DCA	justific				Name of Co	ontact			Те	lepho	ne Nu	mbe
LSZ DCA	☐ Cance	llation			DAVID D'	ANDRI	E A		1	215. 4 020.005.5		
Name of English 18/1-					FACILITY IN	VFORM	TATION					-
Name of Facility Where	Abatement is T	aking	Place	(3)				Type of Facility (4)				
PRIVATE RESIDENCE	CE							☐ School (K-12)				
Street Address								☐ Subchapter 8 (Ot	her th	an K	12)	
								Other (i.e., private				اماني
City (5)	1112							Square Feet				
DELANCO, NJ 08075	5							oquate i eet	# 0	f Floo	SBIG	g. A
County					County Code	e (7) (S	TATE USE ONLY	() Current Use (Prior if b				_
BURLINGTON						- (.) (0	THE OOL ONE!) Current Ose (Prior if b	eing d	iemoli	shed)	
Name of Monitoring Firm	n Hired by Build	ing O	vner (8)	ASCM No.	Name	of Abatement Co	ntranta (O)				
MECS			N-		r.com rto.							
Street Address						CKE	AM RIDGE ENV	IRON MENTAL INC.				
P.O. BOX 341						1 - 22 000 100	Address					
City, State, Zip Code							ACK FOREST	ROAD				
CROSSWICKS, NJ 08	Q515						State, Zip Code					
Project Manager for Mon	itorina Firm	ITala		NI-			lton, NJ 08691					
BILL WEISGARBER			phone				none No.		Lice	nse N	lo.	
Start Date (10)			915-11				90-7110		006	76		
10/19/2017					tion Date (11)	Name	of OSHA Monitor			2000 - 775	100	
		10/1	9/2017			MECS	8					
Occupancy Status During	g Abatement (C	heck o	only on	e)		Street	Address					
Facility Closed/Vaca	ated During Enti	re Pe	riod of	Abateme	ent	P.O. E	3OX 341					
Abatement Perform	ed Outside of N	ormal	Facility	y Hours			tate, Zip Code				-	-
							SWICKS, NJ 08	8515				
Scope of Work (Check al	I that apply)						, , , , ,	☐ Full Containment w	rith N	agativ	o Dro	2011
≥ 3 sf or ≥ 3 lf					Renovat	ion		☐ Mini-Enclosure	vicii i v	cyaliv	e rie:	55UI
≥ 160 sf or ≥ 260 lf					Demoliti	on		Glovebag Procedu				
								n on-Exempted (*)		Friel	- D	
		- 1	s Locat	tion				T OII-Exempled () (
Location of Asbestos-	-Containing	0.00000	rmally	\$100 PERSONAL PROPERTY.	Description	of Asbe	estos Containing		Abai	emen	_	-
Material (ACM) TO BE	ABATED In		Solely		Material (AC	M) (i.e.	thermal systems	Amount (Specify SF or	70		l E	1 0
Facility (13))		LStaff?	e/Custo			g, VAT, or other	LF)	Removal	Repair	aps	000
		Yes	No	N/A	п	niscellar	leous)		val	ai-	Encapsulate	Eliciosure
ASEMENT			X		PIPE INSUL	ATION	T	2007			te	(0)
ASEMENT			X		ASSOCIATE			220 L.F.	X			
			_		ASSOCIATE	DFII	LINGS	64	X			
		-										
ame of Registered Wast	e Hauler				NJDEP Waste		Cubic Yards of					
					Hauler ID No.		Waste	Name of Registered Lan	dfill		C-2-1-1	Carle
HAMPION DISPOSA	L SERVICES			- 1	32707		3 YDS	GROWS				
ty, State						-						
AINESPORT,NJ							Disposal Date	City, State				
empleted By	1-	Title		-	1.	Cia	10/20/2017	MORRISVILLE, PA.				
AVID D'ANDREA	1		IDEN	T		1//	27-Mar	,010	Date			
B-41		KES	IDEN	1		1 /4	ived 1.	U Chroliea !	10/4/2	2017		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

 LIAIL IA I	- 9
Check #	26535

D				-10000						111				11
Date of Notification (1)					Name of B	uilding O	wner/Operator (2)		Ш	H 0	CT	6	2017	- 11
10/4/2017					CARRIE	R CLINI	С		-			•		1
Agencies Notified	Type Notific	cation	V-11-W-2-10		STREET A					L				_
□ EPA	☑ Initial				252 ROUT	FE 601				ASBE	STOS	CON	ITRO	L&
☐ DEP	☐ Amend	ded Ar	nendm	ent#	City, State,		Α		-		LICE	NSIN	G	
□ DOL	☐ Emerg	ency (includi	na —	BELLE M									
□ DOH	justifica			3	Name of C	ontact	J 08502				1-			
□ DCA	☐ Cance	1000			DAVID D						Tie	ephon	e Nur	nber
					FACILITY I						- 35 - 4		and the latest terms of th	
Name of Facility Where Ab	atement is T	aking	Place	(3)	PACILITY	NFORIVI	ATION	I= -	-					
CARRIER CLINIC/KIN			1 1000	(0)				Type of		45				
Street Address	DRED IIA	LL								(K-12)				
252 ROUTE 601										pter 8 (Of				
City (5)										.e., privat				
BELLE MEAD, NJ								Square	Fee	t	# 0	f Floor	s Bldg	g. Age
County					-									
MERCER					County Coc	de (7) (S'	TATE USE ONLY	Current	Use	(Prior if b	eing d	lemolis	shed)	
Name of Monitoring Firm H	ired by Build	ing Ov	vner (8))	ASCM No.	Name	of Abatement Cor	tractor (9))					
Charact A LL						CREA	M RIDGE ENV	RONIME	ENT	AL INC.				
Street Address						Street	Address				12.00			
011						15 BL	ACK FOREST F	ROAD						
City, State, Zip Code							tate, Zip Code							
						Hamil	ton, NJ 08691							
Project Manager for Monito	ring Firm	Tele	phone I	No.			one No.				Lice	nse N	0	
							0-7110				006		0.	
Start Date (10)		Sche	eduled	Comple	tion Date (11)		of OSHA Monitor				1000	/0		
10/16/2017		10/2	4/2017			MECS								
Occupancy Status During A	batement (C	heck o	only one	e)			Address				_			
acility Closed/Vacate	d During Ent	ire Per	riod of	Abatem	ent	the we see	OX 341							
☐ Abatement Performed	Outside of N	lormal	Facility	/ Hours			ate, Zip Code			ne sulette se				
ESSENTIAL PERSONNEL/	EVENING 4F	PM-12	AM				SWICKS, NJ 08	-1-						
Scope of Work (Check all th						CROS	5 WICKS, NJ 08		0		*** **			
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$					☐ Renova	ation		L Full	Con	tainment v	vith N	egative	e Pres	sure
≥ 160 sf or ≥ 260 lf					Demolit			☐ Mini						
					E Demoin	11011				g Procedu				
			s Locat	ion				_ ∐ Non	-Exe	mpted (*)				
Location of Asbestos-Co			rmally		Description	n of Ashe	stos Containing				Abat	ement	t Type	
Material (ACM) TO BE A	ontaining BATED in		Solely		Material (A	CM) (i.e.	thermal systems	Amount	(Sne	cify SF or	. 77		E	т
Facility (13)	DATED III		tenance		insulation,	surfacing	g, VAT, or other	/ WHOCHE	LF)	Market and the second	l em	Re	cap	nclo
, (, -,			Staff?			miscellan			/		Removal	Repair	Encapsulate	Enclosure
THROUGHOUT		Yes	No	N/A							=		ate	l e
				NFVAT			1000 S.F	7.		X				
PIPE INSULATION				WRAP & C	CUT		45 L.F.			X				
Jame of Desirt						-45								
Name of Registered Waste I	Hauler				NJDEP Waste		Cubic Yards of	Name of	Regi	stered La	ndfill			
CHAMPION DISPOSAL	SERVICES				Hauler ID No.		Waste	various contraction and						
City, State	DERVICES				32707		20 YDS	GROWS	5					
10050100cc0m10m10							Disposal Date	City, Stat	е					
HAINESPORT,NJ							10/25/2017	MORRI	SVII	LLE, PA.				
Completed By	1	Title				Signatur		111)	-)	Date			-
DAVID D'ANDREA		PRES	SIDEN'	Т		Mai	red b. K	1 (in	red	la.	10/4/	2017		
CD 44						7	1 /		-	-	1 -01 11			1



Date of Notification (1)		1	Name o	f Building	Owner/Operator (2	2)					
10 / 03 / 17			Divis	ion of P	roperty Manage	ment & Constr	uction			JI-J=	
Agencies Notified Type Notification	1	1	Street A	ddress		101					
☑ EPA ☐ Initial			20 W	. State S	treet, 3rd FIr.						
☑ DOLWD ☐ Amended		1	City, Sta	ate, Zip Co	ode						
DOH Amendment ≠			Tren	ton, NJ (8608						
(NJAC 5:23-8) justification)	including	T	Name o	f Contact			Telephone Number	20			
☐ Cancellation			Rick	Ferrera							
			FACI	LITY INF	ORMATION	Time of Facility /	4)				
Name of Facility Where Abatement is Takir	ng Place (3)				Type of Facility (☐ School (K-12)					
Residential House						Subchapter 8	(Other than K-12)				
Street Address						Other (i.e., pr homes, etc.)	vate and commercia	al buil	dings	,	
City (5)						Square Feet	# of Floors	Bldg	g. Age	е	
New Milford											
County (6)			County	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolishe	ed)			
Bergen											
Name of Monitoring Firm Hired by Building	Owner (8)	SCM N	lo.	Name of Abateme						
Bio Terra Solutions					ALL PRO MA	NAGEMENT LI	.c				
Street Address					Street Address						
P.O. Box 1224					27 Outwater	Lane					
City, State, Zip Code					City, State, Zip Co	ode					
Union, NJ					Garfield, NJ	07026		0.5150.000			
Project Manager for Monitoring Firm		Telep	ohone N	lo.	Telephone No.		License No.				
Rick Eustaquio			3-494-		973-928-4888		1188				
	eduled Co				Name of OSHA M	Ionitor NAGEMENT LI	C				
	11_ /		_ ′ _	1		MAGEWIENT					
Occupancy Status During Abatement (Che					Street Address	Lama					
□ Facility Closed/Vacated During Entire F □ Abatement Performed Outside of Norm				riho	27 Outwater	50000000			-		_
Time of Abatement:AM					City, State, Zip Co Garfield, NJ						
Scope of Work (Check all that apply)							Port Port Port				
□ >3 sf or >3 lf	□Rer	ovatio	nn		∐ Full Con ☐ Mini-End	tainment with Nec closure	ative Pressure				
≥ 160 sf or ≥260 lf	☑ Der				⊠ Gloveba	g Procedure					
					⊠ Non-Exe	empted (*) and No	n-Friable Procedure				
	5.0	Locati ormal	62.191		Description	o.f		Aba		7639	_
Location of Asbestos-Containing Material (ACM)		Sole		Asbe	Description of stos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABATED		ntena	nce/ Staff?		., thermal systems	insulation,	(Specify	Removal	air	aps	Enclosure
IN Facility (13)	Oust	(12)	otan:		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	Гe
(1.5)	Yes	No	N/A							Ф	
Exterior			\boxtimes	Exterio	r Wall Transite		3,500 SF	\boxtimes			
Exterior				Windov	v Glazing		200 LF	\boxtimes			
Garage			\boxtimes	Air Cell	Pipe Insulation	1	20 LF	\boxtimes			
Garage (in walls)			\boxtimes	Air Cell	Pipe Insulation	1	100 LF				
Name of Registered Waste Hauler		0.000	IJDEP \		Cubic Yards of	Name of Regi					
ATC/ Century Waste LLC		15	lauler II SW-243) No. 10/ 32797	Waste As Needed	Minerva En	terprises/ G.R.O.W	.S No	orth I	and	till
City, State					Disposal Date	City, State					
Shirley, NY/ Elizabeth, NJ					TBD	Waynesbi	ırg, OH/ Morrisvi	Ile, F	Ϋ́	P	
Completed By (Print or Type)	Title				Signature	/ / _	Dat	e	4	1,	
Allen Monchik	Project	Man	ager		WIII			U	5/	17	W

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

		NO					C 8:60 and 5:16		⊏14 I		P== 1) E	C	E		$\overline{\mathbb{W}}$	E	F
Date of Notification (1)				- 11	Name o	of Building	Owner/Operator (2	2)		-11	- Cons	1		L	п	(.)		
	03 / 1	7				_	roperty Manage	3.50	nt & (Con	stri	ction	1	_	8 3	017		
Agencies Notified	Type Notificati			+	Street A	Address				-		4	00	 	0 8	UII		inst Interes
⊠ EPA	☐ Initial				20 V	/. State S	Street, 3rd Flr.					Properties						
☑ DOLWD	Amended			1	City, St	ate, Zip C	ode					AS	BES	TOS	CON	TRO	L&	
⊠ DOH □ DCA	Amendmer Emergency		- -		Tren	ton, NJ	08608			-	writte P	and other sector		ICEN	Marie of the State	<u> </u>	- Jan Sales S	
(NJAC 5:23-8)	justification	1)	.9	T	Name o	of Contact						Teleph	none N	lumbe	Г			
	☐ Cancellatio	n			Rick	Ferrera						1						_
					FAC	ILITY IN	FORMATION		-7/									
Name of Facility Where		king Plac	e (3)				1	e of F)						
Residential Hous	e								Schoo Subch			Other	than k	(-12)				
Street Address								⊠ C	Other	(i.e.,	priv	rate ar	id com	merci	al buil	dings	ξ,	
									home) <u> </u>	4 - 5 1	Tlaara		DIA	a Aa		
City (5)								Squ	are F	eet		# 011	Floors		Blu	g. Ag	e	
New Milford					Count	v Codo (7)	(STATE USE ONLY)	Curr	rent I	lee (I	Drice	r if hei	na der	nolish	ed)	-		-
County (6) Bergen					Count	y code (1)	(STATE OSE ONET)	Cuii	ient c	1) 36	1117	i ii bei	ing doi	HOHOLIN	50)			
Name of Monitoring Fi	rm Hired by Buildi	na Owne	r (8)	TA	SCM N	Jo.	Name of Abateme	ent Co	ontra	ctor (9)							
Bio Terra Solutio		ng Owne	. (0)	1			ALL PRO MA				3233	С						
Street Address							Street Address				_							\neg
P.O. Box 1224							27 Outwater	Lane	е									
City, State, Zip Code			7.00230				City, State, Zip Co	ode										
Union, NJ							Garfield, NJ	0702	26									
Project Manager for M	onitoring Firm		T	Telep	hone N	No.	Telephone No.					Lice	nse No	ο.				
Rick Eustaquio					3-494-		973-928-4888	В				11	88					
Start Date (10)		cheduled		V 4000			Name of OSHA N					_						
10 / 04	/ _17	_11	1_	30	_ / _	17	ALL PRO MA	ANAG	GEMI	ENT	LI.	С						
Occupancy Status Du							Street Address	2										
☐ Facility Closed/Vac						:-	27 Outwater		е									
Abatement Perform							City, State, Zip C											
				********		wone	Garfield, NJ	0702	26									
Scope of Work (Check	(all that apply)						☐ Full Con	ntainm	nent v	vith N	lega	ative P	ressur	e				
☐ ≥3 sf or ≥3 lf				ovatio			Mini-End Gloveba			ro.								
≥160 sf or ≥260 lf		M	Jem	onno	п		☑ Non-Exe	empte	ed (*)	and l	Non	-Friab	le Pro	cedure	9			
				ocati							1				Aba	atem	ent Ty	уре
Locat		. 1		ormal Sole	ly ly by	Acho	Description stos Containing Ma		1 (00	RA)		Δ	moun	t	Re	Re	En	Ē
Asbestos-Containi TO BE A		'	Main	tena	nce/	(i.e	., thermal systems	s insul	lation,	,		(5	Specify	/	Removal	Repair	Encapsulate	Enclosure
	acility			dial 3 (12)	Staff?		surfacing, VAT other miscelland		,			SI	or LF	=)	/al		sula	ure
(a	3)	Ye		No	N/A	1	Other miscelland	eousy	,								e	
1st Floor Foyer						Cerami	c Tile wet bed g	grey	2			,	50 Sf					
1st FI Family Roon	1				Cerami	c Tile Wet Bed	Grey	/		1	3	00 SF	=					
2 nd Floor Kitchen				$\overline{\Box}$			eige- Bottom La				1	1	00 SF	=				
Exterior Sun Roor	n		-	П			e Siding				7	2	00 SF	=				
Name of Registered V				_	JDEP V		Cubic Yards of	N	lame	of Re	egia	tered L	andfil	ı	1			
ATC/ Century W				1	lauler II		Waste							R.O.W	.S No	orth I	and	Fill
City, State	PRODUCTION OF THE CONTROL OF THE CON				44-234	101 32131	As Needed Disposal Date	С	City, S	tate	_	.000		HI TO BE				
Shirley, NY/ Eliz	zabeth, NJ						TBD		5.00		bu	rg, Ol	-l/ Mo	rrisvi	lle, F	PA		
Completed By (Print	- Control of the Cont	Title	-				Signature/)	1/1/	1	Λ				Da	te /	1		
Allen Monchik		A CONTRACTOR OF	ect	Man	ager		IW	W.	1	1	^.		-	10	2/3	3//	7	
							- 1 A	/	-					-				

ASB-41 JAN 13

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



PAID

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

Date of Notification (1)	03 /	17					Owner/Operator (CT	- 6	20	17
			_				Toperty Manage	ement & Const	Tacilon III	01			
Agencies Notified EPA	Type Notifica	tion				Address V. State \$	Street, 3rd Flr.		ASE	ESTC	s C	TMC	ROL
⊠ DOLWD	Amended			ı	City, S	tate, Zip C	ode			LIC	ENS	ING	e aprotection articles
⊠ DOH	Amendme		li reline		Trer	nton, NJ	08608		The particular state of the pa	100			
DCA (NJAC 5:23-8)			lualing	f	Name	of Contact			Telephone Number	er			
(110710 0120 0)	☐ Cancellation				Rick	Ferrera			· -				
					FAC	II ITY IN	FORMATION						\neg
Name of Facility Where A	Abatement is Ta	aking	Place	(3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ottimetrion	Type of Facility	(4.)				\dashv
Residential House		3		(-)				☐ School (K-12					
Street Address		_							(Other than K-12)	20040000			
The off Hadroso	Í							Other (i.e., properties)	i rate and commerci	al bui	ldings	5,	
City (5)					-			Square Feet	# of Floors	Blo	lg. Ag	e	\dashv
New Milford								oqualo : ool			33		
County (6)					Coun	tv Code (7)	NSTATE USE ONLY)	Current Use (Pri	I cr if being demolish	ed)			\dashv
Bergen						, (,	,,,			,			-
Name of Monitoring Firm	Hired by Build	ina Ov	wner (8) [/	ASCM I	No.	Name of Abateme	ent Contractor (9)	- Y-	-			\neg
Bio Terra Solutions		- J	· ·	, I				NAGEMENT L	LC				
Street Address							Street Address						-
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co		-				\dashv
Union, NJ							Garfield, NJ						
Project Manager for Mon	itoring Firm	-		Tele	ohone l	Vn.	Telephone No.		License No.				-
Rick Eustaguio	itoring r iiii				3-494		973-928-4888	1	1188				
Start Date (10)	Is	ched	ıled Co	2.5	ion Dat		Name of OSHA M		1				\dashv
10 / 04 /					1			NAGEMENT L	LC				
Occupancy Status During							Street Address				_	-	-
☐ Facility Closed/Vacate					nent		27 Outwater	l ane					
☐ Abatement Performed						cribe	City, State, Zip Co	DECEMBER .					-
Time of Abatement: _							Garfield, NJ						
Scope of Work (Check a	II that apply)						Carriera, 140	07020		-			-
☐ ≥3 sf or ≥3 lf	ii triat appiy)		☐ Re				☐ Mini-End		citive Pressure				
⊠ ≥160 sf or ≥260 lf			⊠ De		2571			g Procedure empted (*) and No	r -Friable Procedure	•			
				Locat Iormal						Aba	ateme	ent Ty	
Location Asbestos-Containing	17.7	,		d Sole		Ashe	Description of stos Containing Ma		Amount	Re	Repair	四	Enclosure
TO BE ABA	ATED	'		intena		(i.e	., thermal systems	insulation,	(Specify	Removal	pair	cap	clos
IN Facil	ity		Cusi	odial ((12)	stan?		surfacing, VAT other miscellane		SF or LF)	/al		Encapsulate	ure
(13)			Yes	No	N/A	1	Other miscendie	eous)				te	
1st Floor Foyer						VAT/Ma	stic under Cera	ımic Tile	150 SF				
1st Floor Living Room	m					VAT/Ma	stic under Cera	mic Tile	300 SF				
Mechanical Space					\boxtimes	Peel &	Stick Floor Tile		25 SF	\boxtimes			
Attic (on Sewer Stac	k)					Tar			3 SF				
Name of Registered Wa	ste Hauler				JDEP \		Cubic Yards of	Name of Regis	ered Landfill	-			
ATC/ Century Was	te LLC			HS	auler II W-243	No. 10/ 32797	Waste As Needed	Minerva En	terprises/ G.R.O.W	.S No	orth L	andf.	ill
City, State				-1-			Disposal Date	City, State					
Shirley, NY/ Elizat	eth, NJ						TBD		ırg, OH/ Morrisvi	lle, F	A		
Completed By (Print or	Гуре)	Title					Signature	, '	Da	te /	1	^	
Allen Monchik		Pi	roject	Man	ager		Cle	~ / ~		0/	?//:	7	

ASB-41

JAN 13 * Do not use this form for asbestos licensure exempted activities.



PAID

Date of Notification (1)					Name o	of Building	Owner/Operator (2	2)	1131				
	03 / _	17	_				roperty Manage	AN SECURIT SECURIT	truction 00	Т.	6	2017	7
Agencies Notified	Type Notificat	ion				Address			The state of the s				
☑ EPA ☑ DOLWD	☐ Initial				20 V	V. State S	Street, 3rd Flr.		ASSES	137735	in	173	01 8
☑ DOH	Amended Amendmen	nt#			City, St	ate, Zip C	ode		PACEFICA	LIGE	NSI	VG.	en vomano
DCA	⊠ Emergenc		uding		Tren	ton, NJ	08608		Total control of the	rate to vis	L-NESS WO-SE		
(NJAC 5:23-8)	justification		J		Name (of Contact			Telephone Number	er			
	☐ Cancellation	on			Rick	Ferrera							
		A Para Company			FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is Ta	aking l	Place (3)				Type of Facility	(-1)			1101	
Residential House								School (K-12					
Street Address									8 (Other than K-12) rivate and commerci	al bui	Idinas	š.	
								homes, etc.					
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
New Milford													
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ed)			
Bergen													
Name of Monitoring Firm	Hired by Buildi	ng Ov	vner (8) /	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	5						ALL PRO MA	NAGEMENT L	.I.C				
Street Address							Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Mon	itoring Firm			Tele	phone N	No.	Telephone No.		License No.				
Rick Eustaquio				97	3-494-	3762	973-928-4888	:	1188				
Start Date (10)					ion Dat		Name of OSHA M	Ionitor					
10 / 04 /	_17	11	/	30	_ / _	17	ALL PRO MA	NAGEMENT L	.I.C				
Occupancy Status During	g Abatement (C	heck	only or	ne)			Street Address						
□ Facility Closed/Vacate							27 Outwater	Lane					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	PM		_PIVI-		AIVI	Garfield, NJ	07026					
Scope of Work (Check a	II that apply)	Name of Street					F3 = # 0						
☐ >3 sf or >3 lf			□ Rer	ovati	on		⊠ Full Con ☐ Mini-End	tainment with Ne closure	gative Pressure				
≥160 sf or ≥260 lf			⊠ Der				☐ Gloveba	g Procedure					
							⊠ Non-Exe	empted (*) and N	on-Friable Procedure	1			
l and line	-£			Locat crma			Description	£		Aba	ateme	ent Ty	
Location Asbestos-Containing	11.77.50	,			ly by	Asbe	Description o stos Containing Ma		Amount	Rei	Repair	En	Enclosure
TO BE ABA	ATED			ntena	nce/ Staff?		., thermal systems	insulation,	(Specify	Removal	pair	aps	sols
IN Facil (13)	ity		Gust	(12)	Jian :		surfacing, VAT other miscellane		SF or LF)	8		Encapsulate	ure
(10)			Yes	No	N/A		otrioi miodenarie	,000)				te	
Kitchen					\boxtimes	Texture	d Ceiling		50 SF	\boxtimes			
Bathroom #3					\boxtimes	Texture	d Ceiling		50 SF	\boxtimes			
Exterior						Transit	e Siding		3,500 SF				
Name of Registered Wa	ste Hauler			1	JDEP \	Naste	Cubic Yards of	Name of Reg	istered Landfill				
ATC/ Century Was	te LLC				lauler II	O No. 10/ 32797	Waste	Minerva Er	nterprises/ G.R.O.W	.S No	orth L	.andf	ill
City, State					44-243	101 32131	As Needed Disposal Date	City, State	-				
Shirley, NY/ Elizat	eth, NJ						TBD 🔿		urg, OH/ Morrisvi	lle, F	PA		
Completed By (Print or 1	ACCOUNT OF THE PARTY OF THE PAR	Title					Signature /	111	Dai		^	1	
Allen Monchik	, the		roject	Man	ager		79114019/	/// //	Ja	1)/	In	,
Allen MONCHIK		-	oject	mail	agei				1	1	2/6	//	





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Date of Notification (1)				1		Contractor of the contractor o	Owner/Operator (2		IIn	-	c 0	017	Part of the Part o	
10 / 0	03 / 17	7			Divis	ion of Pr	operty Manage	eme	ent & Constri	iction ()()T	6 2	UI/	4	-
Agencies Notified	Type Notification			-		ddress				100	4-74			
☑ EPA ☑ DOLWD	☐ Initial ☐ Amended				- 4-10-70-70		treet, 3rd Flr.	_		ASSESTOS	CON	11/11	L CL	\dashv
☑ DOH	Amendment	t#		10		ate, Zip Co			and the same of th	LIUC	NSIN	. i . proper people		engarted to
□ DCA		100	ding	L		ton, NJ 0	8608			T. I N				\dashv
(NJAC 5:23-8)	justification			1		f Contact				Telephone Numb	er			
	☐ Cancellation	n			Rick	Ferrera				1				\dashv
		. 5.	,,	^	FAC	ILITY INF	ORMATION	Т.	pe of Facility (4	\				\dashv
Name of Facility Where A	Abatement is Tal	king Pla	ace (3)				1 -	School (K-12)	,				
Residential House								1	Subchapter 8	Other than K-12)				
Street Address								×		rate and commerc	ial buil	dings		
					36-7-10-3-2			0	homes, etc.)	# of Floors	I Bld	g. Age		\dashv
City (5)								30	quare reet	# 011 10013	Dia	9. 7 191		
New Milford					Count	· Cada (7)	STATE USE ONLY)	C.	urrent Hea (Pric	r if being demolist	ned)			\dashv
County (6)					Count	y Code (1)(STATE USE CIVETY	"	ullelit ose (File	i ii being demoilsi	icuj			
Bergen	I lies al buy Dudlalia		205 /0	\	ASCM N	lo I	Name of Abateme	ent	Contractor (9)					
Name of Monitoring Firm Bio Terra Solutions		ig Own	iei (o	' '	ASCIVI IV	10.			AGEMENT LL	C				
	5						Street Address	1117	TOLINEIT LE					\dashv
Street Address							27 Outwater	l a	ne					
P.O. Box 1224							City, State, Zip C		27.0					\neg
City, State, Zip Code							Garfield, NJ							
Union, NJ	itada a Fissa			Tolor	ohone N	lo	Telephone No.	-	020	License No.				\dashv
Project Manager for Mon	illoring Firm				3-494-		973-928-4888	R		1188				
Rick Eustaquio	100	bodulo	2d C0	18707-	ion Dat	2,850,900,000	Name of OSHA N	<u></u>	nitor	1				-
Start Date (10)				0.00	_ / _				AGEMENT LL	С				
			- 6			-	Street Address				-			-
Occupancy Status Durin	T				nent		27 Outwater	la	ne					
☐ Abatement Performed						cribe	City, State, Zip C	-				_		\dashv
Time of Abatement:	AM	_PM/_		PM-	/	MA	Garfield, NJ							
							Carneta, No	-	-		_			\neg
Scope of Work (Check a	ш шасарріу)								nment with Neg	ative Pressure				
□ ≥3 sf or ≥3 lf				novatio			☐ Mini-En ☐ Gloveba		7/0					
≥160 sf or ≥260 lf		×	g Der	nolitio	ın		☐ Non-Ex	em	pted (*) and Nor	n-Friable Procedu	re			
			Is	Locat	ion							ateme	ent Ty	ре
Location				lermal d Sole			Description				D.	Re	щ	Щ
Asbestos-Containing TO BE AB				intena			stos Containing M ., thermal systems			Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Faci	ility		Cust		Staff?	(1.0.	surfacing, VA	T, o	or	SF or LF)	val	¬	Insc	sure
(13)		-	. 1	(12)	T		other miscellan	eou	ıs)				ate	
			Yes	No	N/A			market.			-	_		
Basement]				Cloth W	/rap on Water I	Lin	е	200 LF		П	Ц	П
] [
		1												
		-1		П										
Name of Registered Wa	aste Hauler			1	JDEP'	Waste	Cubic Yards of		Name of Regis	tered Landfill				
ATC/ Century Was					Hauler II		Waste		Minerva En	erprises/ G.R.O.	W.S No	orth I	.andf	ill
City, State				1	5VV-243	10- 32797	As Needed Disposal Date		City, State					
Shirley, NY/ Eliza	beth, NJ						TBD	Λ		rg, OH/ Morris	ville, F	A	,	
Completed By (Print or		Title					Signature	11	1 1	D	ate /	2/	-	
Allen Monchik	. 100/		oiecí	t Man	ager		1/1/	10	nh	1	01	3/1	2	
, the state of the					<u> </u>		1/1/2	\sim			11	v	_	



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

Date of Notification (1)		7		T		15명 (15대 HOLD HOLD HOLD HOLD HOLD HOLD HOLD HOLD	Owner/Operator (2				OCT	- (20)17	
10 /	03 / 1		_		ואוט	sion of P	roperty Manage	em	ent & Constr	Guoti	001	120			_
Agencies Notified EPA	Type Notificati	on				Address I. State S	treet, 3rd Flr.			L	SBEST	08.0	ON	rROI	<u>8</u>
□ DOLWD	Amended			İ	City, St	ate, Zip Co	ode	9 ==			Li	SLP.	J.111	A JAPON GOVERNOON	
☑ DOH	Amendmen		udina		Tren	ton, NJ (8608								
☐ DCA (NJAC 5:23-8)			uding	ŀ	Name o	of Contact				Telephon	e Numbe	Г			
(10110 0.20 0)	☐ Cancellatio				Rick	Ferrera				F	THE PARTY NAMED IN	in.			
					FAC	II ITY INE	FORMATION								
Name of Facility Where	Abatement is Ta	king	Dlace /	31	TAG	ILII I IIVI	ORMATION	ΙΤ	ype of Facility (4	1)					\dashv
Residential House		King	riace	3)					School (K-12)	M.					
Street Address		-						10	Subchapter 8	Other tha	an K-12)				
Street Address									Other (i.e., pri	ate and o	commerci	al buil	dings		
City (E)								0	homes, etc.)	# of Flo	ore	Rid	g. Ag	9	\dashv
City (5)								3	quale reet	# 01 110	015	Did	g. Ag		
New Milford						Ondo (7)	CTATE LICE ONLY	1	urrent Use (Prio	r if boing	domolish	7			-
County (6)					Count	y Code (1)	(STATE USE ONLY)	10	ulteni Ose (Pilo	i being	uemonsin	eu)			
Bergen					100111		N		0						-
Name of Monitoring Firm		ng O	wner (8	9) [ASCM N	NO.	Name of Abateme			•					- 1
Bio Terra Solution	1S				SF			ANA	AGEMENT LL	ال					_
Street Address							Street Address								
P.O. Box 1224							27 Outwater								_
City, State, Zip Code							City, State, Zip C								
Union, NJ							Garfield, NJ	07	026						
Project Manager for Mo	nitoring Firm				phone N		Telephone No.			License					- 1
Rick Eustaquio					3-494-		973-928-4888			1188					
Start Date (10)	The second secon				tion Dat	000000000000000000000000000000000000000	Name of OSHA N								
10 / 04	/ _17	11	/	30	_ / _	17	ALL PRO MA	ANA	AGEMENT LL	.C					
Occupancy Status Duri	ng Abatement (C	heck	only o	ne)			Street Address								
□ Facility Closed/Vaca							27 Outwater	La	ne						
Abatement Performe Time of Abatement:							City, State, Zip C Garfield, NJ								
Scope of Work (Check	all that apply)														
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	.,,		☐ Rei ☑ Dei				☐ Mini-End ☐ Gloveba	clos ag F							
			ls	Locat	ion		2411011 2311		, , , , , , , , ,				teme	ent Ty	vne
Location	on of		١	lorma	lly		Description		2 100000				_	1	
Asbestos-Containin)		d Sole intena	ely by		stos Containing Ma			Amo		Removal	Repair	nca	Enclosure
TO BE AI		~	1,000		Staff?	(i.e	., thermal systems surfacing, VAT			(Spe		ova	Ŧ	psu	INSC
(13				(12)	1	1	other miscellane					_		Encapsulate	6
\$ S	2).		Yes	No	N/A										
Exterior Under Sidi	ing					Transit	e Siding (under	r vi	nyl siding)	2,820	0 SF	\boxtimes			
				П									П	П	
					-			_			-				
						Maste	Cubic Varda at	-	Name of Dasi-	ored I ==	4611		ш		
Name of Registered W				10.00	JDEP I		Cubic Yards of Waste		Name of Regis Minerva Ent			CM	orth I	andi	Fill
ATC/ Century Wa	STE LLC					10/ 32797	As Needed			+ prises/	J.N.U.W	.U IV	er stil L	.anul	
City, State	22 2527 82020						Disposal Date		City, State	~					
Shirley, NY/ Eliza	abeth, NJ						TBD	1	Waynesbu	g, OH/	Worrisvi	ile, F	Α		
Completed By (Print or Allen Monchik	Type)	Title	roject	Mar	ager		Signature	1	1		Da	e /	3/1	17	
			-	171000				1				- 0	180	/	

ASB-41 JAN 13

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





Date of Notification (1)					Name o	of Building	Owner/Operator (2	2)		-		-		\mathbb{H}
2.5	03 / 1	17	<u></u>				roperty Manage		ent & Constr	ection OCT	6 7	2017		
Agencies Notified EPA	Type Notificat	ion				Address				And the state of t		rror	11 &	À
⊠ DOLWD	☐ Initial ☐ Amended					0,000,000,000	street, 3rd Flr.			ASBESTOS	S CON	u ni	1	
☑ DOH	Amendmer	nt#				ate, Zip Co			_	LIUE	71.77.77.1		-	
□ DCA		_	luding		Tren	ton, NJ (08608							
(NJAC 5:23-8)	justification				Name o	of Contact				Telephone Numb	er			
	☐ Cancellation	n			Rick	Ferrera								
			90		FAC	ILITY IN	FORMATION							
Name of Facility Where A	batement is Ta	king	Place	(3)					pe of Facility (
Residential House									School (K-12) Subchapter 8	(Other than K-12)				
Street Address								×	Other (i.e., pri	vate and commer	cial bui	ildings	5,	
City (5)								20	homes, etc.) uare Feet	# of Floors	I Bl	lg. Ag	Δ.	\dashv
City (5) New Milford								Sq	uale reel	# 01 110015	DIC	ıy. Ay	C	1
County (6)				-	Count	v Coda (7)	(STATE USE ONLY)	Cu	errent Hee /Prin	r if being demolis	hed)	_	_	\dashv
Bergen					Count	y code (r)	(STATE OSE ONET)	00	ment ose (i in	in being demons	neu)			
Name of Monitoring Firm	Hired by Buildi	na O	vmer (8	0 1/	ASCM N	Jo I	Name of Abateme	ent (Contractor (9)					\dashv
Bio Terra Solutions		ng O	wici (c	" ['	100W		ALL PRO MA			C				
Street Address							Street Address		OLINEITI EL					-
P.O. Box 1224							27 Outwater	lan	10					
7.01-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-							City, State, Zip Co							-
City, State, Zip Code							Garfield, NJ		226					- 1
Union, NJ				Tele	-b N	le le		070	726	License No.			-	
Project Manager for Mon	itoring Firm			Presidential Co.	phone N		Telephone No.	,		1188				
Rick Eustaquio		- t t-	1-10-		3-494-	CONTRACTOR I	973-928-4888	200	to-	1100				-
Start Date (10)				0.50	tion Dat		Name of OSHA N ALL PRO MA			.c				
Occupancy Status During	Abatement (C	heck	only o	ne)			Street Address							\neg
☑ Facility Closed/Vacate	7-4				nent		27 Outwater	Lar	ne					
☐ Abatement Performed							City, State, Zip Co	ode			-			
Time of Abatement: _	AM	PM	1/	_PM-	/	MA	Garfield, NJ	070	026					
Scope of Work (Check al	Il that apply)						F3 5 11 0	4-1-		-tive December				
☐ ≥3 sf or ≥3 lf			□ Rei	novati	on		⊠ Full Con		ment with Neg ure	ative Pressure				
≥160 sf or ≥260 lf			☑ Dei				☐ Gloveba	g Pi	rocedure					
							⊠ Non-Exe	emp	ted (*) and No	n-Friable Procedu	_			
	•			Locat lorma			Description of	-6			Ab	_	ent Ty	/pe
Location Asbestos-Containing		,		d Sole		Asbe	stos Containing Ma		al (ACM)	Amount	Re	Repair	Enc	띩
TO BE ABA	ATED			ntena	nce/ Staff?		., thermal systems	inst	ulation,	(Specify	Removal	air	aps	Enclosure
IN Facil	ity		Cusi	(12)	Stall?		surfacing, VAT other miscellane			SF or LF)	a		Encapsulate	ure
(13)			Yes	No	N/A		Other Inscending	cous	''				te	
Kitchen						Linoleu	m under plywo	od		169 SF				
Kitchen						Linoleu	m over plywoo	d		169 SF				
Kitchen					\boxtimes	Bottom	Layer Linoleun	n		169 SF	\boxtimes			
Master Bathroom					Joint C	om. assoc. w/ ti	ile t	thin set	180 SF					
Name of Registered Wa	ste Hauler			04.733	JDEP \		Cubic Yards of		Name of Regis					200
ATC/ Century Was	te LLC				lauler II W-243) No. 10/ 32797	Waste As Needed		Minerva Ent	erprises/ G.R.O.	W.S N	orth l	andf	ill
City, State							Disposal Date	1	City, State					
Shirley, NY/ Elizat	eth, NJ						TBD		Waynesbu	rg, OH/ Morris	/ille, l	PA		
Completed By (Print or	Гуре)	Title	2				Signature	1	1,4	D	ate	1	1.	
Allen Monchik		P	roject	Man	ager		(X W	h	.11	_	10,	13	117	/
		-						-	1/		-	-		

ASB-41 JAN 13

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





Date of Notification (1)					Name o	of Building	Owner/Operator ((2)	Imit	96279702762	-		047	The last
_10/	03 / 1	7			Divis	sion of P	roperty Manag	ement & Constr	uction	0C	Γ.	6 2	(01/	
Agencies Notified	Type Notificati	on			Street A	Address								
	☐ Initial				20 V	/. State S	Street, 3rd Flr.		1	ASBES	TOS	CON	TRO	L 8
☑ DOLWD	Amended				City, St	ate, Zip C	ode			L	ICEN	ISIN	à_	
☑ DOH	Amendmer				Tren	ton, NJ	08608		2					
☐ DCA (NJAC 5:23-8)			nng		Name o	of Contact			Telephon	e Numbe	er			
(10/10/0.200)	☐ Cancellatio	5.2			Rick	Ferrera			_		_			
					FAC	ILITY IN	FORMATION	A						
Name of Facility Where A	Abatement is Ta	king Pla	ace (3	3)				Type of Facility (4)					
Residential House								School (K-12)		14 10)				
Street Address								Subchapter 8 Other (i.e., pri			ial bui	ldings		
								homes, etc.)						
City (5)								Square Feet	# of Flo	ors	Bld	g. Ag	е	
New Milford														
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Prid	if being	demolish	ed)	105		
Bergen							<u> </u>							
Name of Monitoring Firm	Hired by Buildin	ng Own	ner (8)	1	SCM N	No.	Name of Abatem	ent Contractor (9)						
Bio Terra Solutions	3						ALL PRO MA	ANAGEMENT LI	C					
Street Address							Street Address	*						
P.O. Box 1224							27 Outwater	Lane						
City, State, Zip Code							City, State, Zip C	ode						
Union, NJ							Garfield, NJ	07026						
Project Manager for Mon	itoring Firm		T	Telep	ohone N	No.	Telephone No.		License	No.				
Rick Eustaquio	•		1	97	3-494-	3762	973-928-488	8	1188	3				
Start Date (10)	Sc	chedule	d Cor	mplet	ion Dat	e (11)	Name of OSHA	Monitor						
10 / 04 /	17	11	_ /	30	_ / _	17	ALL PRO MA	ANAGEMENT LI	_C					
Occupancy Status During	Abatement (C	heck or	nly on	ie)			Street Address							
□ Facility Closed/Vacate	ed During Entire	Period	d of A	baten	nent		27 Outwater	Lane						
☐ Abatement Performed							City, State, Zip C	Code						
Time of Abatement: _	AM	PM/_		PM-	/	AM	Garfield, NJ							
Scope of Work (Check a	Il that apply)						S-1000 (100 - 100							
□ . 0 of one 0 %	52/T (533)	_	l Dan	a. eati			□ Full Cor □ Mini-En	ntainment with Neg	ative Pres	sure				
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf			Ren Den					ag Procedure						
							☐ Non-Ex	empted (*) and No	r-Friable F	rocedur				
				ocati			Andrew Street Street Street				Ab	ateme	ent Ty	ре
Location Asbestos-Containing			Used	ormal I Sole		Acha	Description stos Containing M		Amo	unt	Re	Re	Ē	ᄪ
TO BE AB		' I	Mair	ntena	nce/		., thermal systems		(Spe		Removal	Repair	Encapsulate	Enclosure
IN Facil			Custo	dial (12)	Staff?		surfacing, VA		SF o	r LF)	val		suls	ure
(13)			r'es	No No	N/A	1	other miscellan	eous)					ate	
Kitchen						Joint C	om. assoc. w/ 1	tile thin set	40	SF				
Hallway Bathroom			_			-	c Thin Set (wal		185	ESE ESE		П		
Master Bathroom			_				om. assoc. w/		180			İ		
Waster Bathroom		-				Joint	OIII. assoc. W	uie uiii set	100	01		П		늵
(5)		L				A/==4=	Cubic Verdo of	Name of Regis	orod Lon	4611				믜
Name of Registered Wa				1000	IJDEP \ lauler II		Cubic Yards of Waste	Minerva En			VSN	orth I	andfi	
ATC/ Century Was	te LLC					10/32797	As Needed		prisesi	J.N.U.V	141	JI LIII L	unun	
City, State							Disposal Date	City, State	6111		:II			
Shirley, NY/ Elizal	beth, NJ						TBD \	Waynesbu	rg, OH/	worrisv	ille, F	A	1	
Completed By (Print or	Туре)	Title					Signature	/// 11 ^		Da	ite	101	10	
Allen Monchik		Pro	ject	Man	ager			m W		, ,	10	>/	1/	

and Sand

DA	ATD			(Pur	suant	to NJA	C 8:60 and 5:16	5)					
Date of Notification (1)			7.466		Name o	of Building	Owner/Operator (2	2)		_		72	111
_10/	03 /	17	_		Divis	sion of P	roperty Manage	ement & Consti	etier OCT	. 6	20	17	
Agencies Notified	Type Notificat	ion			Street A	Address							
⊠ EPA	☐ Initial				20 W	I. State S	Street, 3rd Flr.		ASBEST()S C	ONT	ROL	&
⊠ DOLWD	☐ Amended			Ī	City, St	ate, Zip C	ode		LIC	CENS	SING		
⊠ DOH	Amendme		. although		Tren	ton, NJ	08608			mark of the same			1903,000
DCA (NJAC 5:23-8)			Jaing	Ī	Name o	of Contact			Telephone Numbe	Г			\neg
(NOAO 0.20-0)	☐ Cancellation	•			Rick	Ferrera							
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is Ta	aking P	Place	(3)				Type of Facility ((4.)				
Residential House								School (K-12					
Street Address								Other (i.e., pr	(Other than K-12) i rate and commerci	al buil	dings	,	
						310 (Sec.		homes, etc.)	T	Tau			\dashv
City (5)	_							Square Feet	# of Floors	Bid	g. Ag	3	
New Milford													_
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	cr if being demolish	ed)			
Bergen													
Name of Monitoring Firm	Hired by Build	ing Ow	mer (8	3)	ASCM N	No.	Name of Abateme						
Bio Terra Solutions	S						ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip C	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Mor	nitorina Firm			Tele	phone I	No.	Telephone No.		License No.				
Rick Eustaquio	.				3-494-		973-928-4888	3	1188				
Start Date (10)	Is	chedul	led Co		tion Dat	whiteen h	Name of OSHA N	Monitor					\neg
10 / 04 /	1	_11		-	_ / _		ALL PRO MA	NAGEMENT L	I.C				
Occupancy Status Durin	g Abatement (C	Check	only o	ne)			Street Address					S-5125 35	
☐ Facility Closed/Vacat	6.0		1000		ment		27 Outwater	Lane					
☐ Abatement Performe							City, State, Zip C	ode					\neg
Time of Abatement:	AM	PM/		_PM-		AM	Garfield, NJ	07026					
Scope of Work (Check a	all that apply)												
□ >3 sf or >3 lf		ſ	□Re	novati	on		☐ Full Cor ☐ Mini-En	ntainment with Neg closure	gative Pressure				
⊠ ≥160 sf or ≥260 lf				molitic				g Procedure	E				
							⊠ Non-Exe	empted (*) and No	n-Friable Procedure	-	400000		\dashv
				Local			Desertation	of.		1		ent Typ	
Locatio Asbestos-Containing		,			ely by	Asbe	Description estos Containing M		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB		"		intena			e., thermal systems	insulation,	(Specify	Nou	pair	äp	los
IN Fac			Cus	(12)	Staff?		surfacing, VAT other miscellan		SF or LF)	a		ula	Гe
(13)		1	Yes	No	N/A		other miscellan	eous)				te	
Pantry		_				Fire St	ор		5 LF	×			
				П								П	
		-		-	-	-				+-	=		듬
										10		믬	믬
	7						-					Ш	
Name of Registered Wa					NJDEP		Cubic Yards of		tered Landfill				
ATC/ Century Was	ste LLC				Hauler I SW-243	10/ 32797	Waste As Needed	Minerva Er	erprises/ G.R.O.W	I.S No	orth L	.andfi	11
City, State							Disposal Date	City, State	All Commence of the Commence o		2400		
Shirley, NY/ Eliza	beth, NJ						TBD	Waynesb	urg, OH/ Morrisv	ille, F	A		
Completed By (Print or	Type)	Title					Şignature/		Da	te /			
Allen Monchik	75-7			t Mar	nager		CH	hills		01	3/1	7	



	ME	G	EI	I TV	7 6									
Date of Notification (1)		-	_		Name	of Buildin	g Owner/Operator (2)	1111	U	5 [W	占	
L 225	03 /	17			100000000000000000000000000000000000000		Property Manage		TION!					
Agencies Notified							roporty manage	omene a consti		CT	-6	201	7	
⊠ EPA	Type Notifica	ation				Address	o		1-1	• 1		2011	100	
⊠ DOLWD	Amended	4					Street, 3rd Flr.						- Contract	
☑ DOH	Amendm					State, Zip (ASBE	STOS	CO	VTRO	DL &	
☐ DCA			luding	į.		nton, NJ			LICENSING					
(NJAC 5:23-8)	justificati					of Contact k Ferrera								
							IFORMATION					-	-	
Name of Facility Where A	Abatement is 1	Taking	Place	(3)	170	JILITT III	II OKWATION	Type of Facility (4				_	-	
Name of Facility Where Abatement is Taking Place (3) Residential House								School (K-12)						
Street Address					0-1700-H			☐ Subchapter 8	Other than K-12					
								Other (i.e., pri homes, etc.)	vate and comme	ercial b	ullaing	js,		
City (5)								Square Feet	# of Floors	В	ldg. A	ge		
New Milford													7-1	
County (6)				Cour	ty Code (7)(STATE USE ONLY)	r if being demoli	shed)						
Bergen														
Name of Monitoring Firm	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)	•					
Bio Terra Solutions							ALL PRO MA	NAGEMENT LL	.C					
Street Address							Street Address							
P.O. Box 1224							27 Outwater	Lane						
City, State, Zip Code							City, State, Zip Co	ode					\neg	
Union, NJ							Garfield, NJ							
Project Manager for Monitoring Firm Telepho						No.	Telephone No.		License No.				\neg	
Rick Eustaquio				9	73-494	-3762	973-928-4888		1188					
Start Date (10)	5	Schedu	iled Co	omple	etion Da	te (11)	Name of OSHA M	lonitor	.1				_	
10 / 04 /	17	11	/	30	/	17	ALL PRO MA	NAGEMENT LL	.C					
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						\dashv	
□ Facility Closed/Vacate				0.0000000000000000000000000000000000000	ment		27 Outwater I	ane						
☐ Abatement Performed	Outside of No	ormal I	acility	Hou	rs - Des	cribe	City, State, Zip Co	ode	1	-			-	
Time of Abatement: _	AM	PM	/	_PM		AM	Garfield, NJ							
Scope of Work (Check all	that apply)													
□ > 2 of or > 2 lf	13-3-153				•0000			ainment with Nega	tive Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Rei				☐ Mini-Enc ☐ Glovebag							
					011		⊠ Non-Exe	mpted (*) and Non	Friable Procedu	ıre				
				Loca						At	atem	ent Ty	уре	
Location		.		lorma d Sol	ally ely by		Description o			Z.	Z	ш	ш	
Asbestos-Containing I TO BE ABA		"	Mai	intena	ance/		stos Containing Ma		Amount (Specify	Remova	Repair	nca	റ്റ	
IN Facilit	ty		Cust	odial (12)	Staff?		surfacing, VAT,	, or	SF or LF)	val	=	Encapsulate	Enclosure	
(13)		t	Yes	No	N/A	1	other miscellane	ous)				ate	w	
Exterior				INO	N/A ⊠	Transit	e Siding		2,400 SF					
-Attition					-	Hallolt	e Sidilig		2,400 5F					
									1					
											1			
Name of Device and Addition													Ш	
ATC/ Century Waste LLC Hau						Waste D No.	Cubic Yards of Waste	Name of Regist	ered Landfill rprises/ G.R.O.	W S W	orth I	andf	:::	
City, State						10/ 32797	As Needed			14	Ji til L	.andi		
Shirley, NY/ Elizabeth, NJ							Disposal Date TBD_	City, State	esburg, OH/ Morrisville, PA					
		Tie-					\cap \wedge	A Plesbur						
Completed By (Print or Type) Allen Monchik Project Manager						Signature	/// // A		ate /		10	,		
ASB-41 Project Manager								· V// /			51	1/		

P	AID NOTII	FICATION OF	f New Jersey ASBESTOS ABAT IJAC 8:60 and 5:1	(Detect	n e c e	T ARE					
Date of Notification (1)		Name of Bui	Iding Owner/Operator ((2)	U)	1) [] [=					
	3 / 17	Princeto	Princeton University-Office of Design and Construction								
Agencies Notified	Type Notification	Street Addre	SS	L							
☐ EPA		200 Elm	Dr.	I	1						
⊠ DOLWD	Amended	City, State, Z	Zip Code		ASBESTOS	CONTROL					
☐ DHSS☐ DCA	Amendment # Emergency (including	Princetor	n, NJ 08544		LICEN						
(NJAC 5:23-8)	justification)	Name of Cor	ntact		Telephone Numbe	[
	☐ Cancellation	Robert O	rtego		5						
		FACILITY	/ INFORMATION								
Name of Facility Where A	Abatement is Taking Place	(3)		Type of Facility (4)						
Princeton Universit	ty-Moffett Hall			School (K-12)							
Street Address	A CONTROL OF THE PROPERTY OF T				(Other than K-12)	معمالوالييطا					
Washington Rd.				homes, etc.)	ivate and commercia	ai buildings,					
City (5)			Square Feet # of Floor								
Princeton											
County (6)		County Cod	le (7)(STATE USE ONLY)	Current Use (Price	ent Use (Prior if being demolished)						
MERCER											
Name of Monitoring Firm	Hired by Building Owner (8	ASCM No.	Name of Abateme	ent Contractor (9)							
ATC Group Service	es LLC		BRISTOL EN	VIRONMENTAL	., INC.						
Street Address			Street Address	-							
Three Terri Center			1123 BEAVE	R STREET							
City, State, Zip Code			City, State, Zip Co	ode							
Burlington, NJ 0801	16		BRISTOL, PA	19007							
Project Manager for Moni	itoring Firm	Telephone No.	Telephone No.		License No.						
Michael Keehn		609-386-8800	215-788-6040)	00509						
Start Date (10)	Scheduled Co	mpletion Date (11)	Name of OSHA N	Monitor							
10 /16 /		16 /17									
Occupancy Status During	Abatement (Check only or	ne)	Street Address	<u> </u>	X-31						
☐ Facility Closed/Vacate	ed During Entire Period of A	batement	1123 BEAVER STREET								
M Abatement Performed	Outside of Normal Facility	Hours Describe									

lg. Age City, State, Zip Code Time of Abatement: ___ __AM-____PM/<u>3:30</u>PM-<u>11:30</u>AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ☐ Mini-Enclosure ☐ ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Removal Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A Room 224 \times Transite fume hood 16 SF \boxtimes \boxtimes Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Name of Registered Landfill Hauler ID No. Waste FAIRLESS LANDFILL BRISTOL ENVIRONMENTAL, INC. 18706 City, State Disposal Date City, State BRISTOL, PA 19007 MORRISVILLE, PA 19067 Completed By (Print or Type) Title Signature 10-3-17 Brian Scafiro Estimator ASB-41 MAY 11 BS17115 * Do not use this form for asbestos licensure exempted activities.



DATE

	PAI	D	NOTIF	ICATION	tate of Nev N OF ASB t to NJAC	ESTOS	ID.	EC) E		\mathbb{V}	E				
Date of Notification (1) 10/2/2017				Name o	of Building	Owner/0	Operator	r (2)		OC	T	6 2	2017			
Agencies Notified EPA	Type Notification Initial		and the same of th		Hadley F				ASBESTOS CONTROL &							
DEP DOL	Amended Amendment				ate, Zip Co Plainfiel		7086		******		ICEN	SINC	ì			
DOH DCA	Emergency justification)	•			of Contact				Te	lephone No	mher					
	Cancellation				Neville	ORMATI	ION		1_							
Name of Facility Where A PSEG- Morgan Stre	batement is Takin	g Place (3)			(4)										
Street Address				School (K-1						er than K-1	2)					
186 Morgan St. City (5)				etc.)						& commerc				es,		
Jersey City NJ 0730	12		,	Square Feet 240						f Floors A	ı	3ldg. / N/A	\ge			
County (6) Hudson			-		Code (7) USE ONLY)			Current Use (Pri Electrical Sw			hed)					
Name of Monitoring Firm N/A)	ASCA N/A	A No.			of Abatement Cor Environment										
Street Address N/A																
City, State, Zip Code N/A		***************************************			City, S	old Dock Rd. State, Zip Code Dank NY 11980										
Project Manager for Moni N/A		Telepho N/A	ne No.	SE. 11.55	Teleph	none No. 433-8440		License N	lo.							
Start Date (10) 10/11/2017	ed Con	4000000	Date (11)		Name	of OSHA Monitor		01136								
Occupancy Status During	Abatement (Chec	12/31/	ACCOUNT (1884-185)					Environmenta Address	l Ser	vices Inc.						
Facility Closed/Vaca	ted During Entire	Period of	Abaten	nent				ld Dock Rd.								
Abatement Performe Other – Describe: 15	ed Outside of Norn emoval of roof, on a	nal Facility electric e	y Hours nergize	ce station City, State, Zip Code Yaphank NY 1198												
Scope of Work (Check All	That Apply)			Tapiain III												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit	lition Mini-Enclos Glovebag P												
		110	Locati						1700	a Hon-i na	T	Abat	ement			
Location Asbestos-Containing I		Use	Normal ed Sole	ly by	Ashest		scription	of laterial (ACM)	۸	mount	-	1)	pe			
TO BE ABA In Facilit (13)	TED		intenar todial S (12)			thermal surfac		s insulation, T, or	(5	Specify or LF)	Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A							=		ate	e,		
PSEG Morgan S	St. Station	-		Х		Roofi	ng mat	terial	2	40SF	x					
,	****						-		1							
								1								
Name of Registered Wast		JDEP W	100000000000000000000000000000000000000	Cubic C				ered Landfill			Li	\neg				
Waste Management		Hauler ID No. 17273 of Waste TBD GROWS						3 Landfill North								
City, State Newark NJ 07114						Dispos TBD	al Date	City, State Morrisv		A 19067		A				
Completed by Title						S	Ignature		1	Da	ite					
Amanda Vallone Admin Ops Manager							IN	unda Ve	N	m-	0/2/2	017				

Print Form

PA

AID	State of New Jersey
	NOTIFICATION OF ASBESTOS ABATEMENT
	(Pursuant to N.IAC 8:60 and 12:120

143	AII	OTIFIC	Stat	e of I	New Je	ersey SABATEMENT	III F		7	tribition ₀		-	
		Purs	uant to	NJA	C 8:60	and 12:120)	D) L	CEI			n	1	
Date of Notification (1) 1			Name Stepar	of Build	ding Owr	ner/Operator (2) Plant		OCT 6 201	17			Company of the last	
Agencies Notified	Notification Type		Street 201 4 ^t		S		1 1	001 0 70	/	1)	1	
EPA DEP	Initial X ☐ Amended		City, S	tate, Zi	рСо		ASE	BESTOS CONTR	OL 8.	_		-	
X DOL	Amendment #	ing	Fieldsb	oro, N.	J 85050		The same of the sa	LICENSING		-		Personal	
☑ DOH ☐ DCA	Justification) Cancellation		Name of Jawas					Telephone Number					
			FAC	CII ITY	INFORM	MATION				*			
					IIII OI (II	ATION	Type of Faci	lity (4)					
Name of Facility Where A	batement is Taking Plac	e (3) S	tepan C	0.			☐ School (K	**************************************					
Street Address 201 4 th st						12) rcial buildings,							
City (5) Fieldsboro							Square Feet 500)		B 70	dg.	Ag	е	
County (6) Burlington				C	ounty Co SE ONL	ode (7) (STATE Y)	Current Use	(prior if being demo	olished	d)			
Name of Monitoring Firm	Hired by Bldg. Owner (8)		ASCM I	No.		of Contractor (9)				_			
Harvard Environmen Street Address			County Environmental Street Address										
760 Pulaski Highway			New Churchma	ans Rd.									
City, State, Zip Code New Castle, DE 19720						tate, Zip Code Castle, DE 19	720						
Project Manager for Monit		Telepi	none Number	720	License Numb	er							
Wesley Morrison Scheduled Start Date (10)	Scheduled Com	(302)	326-23	333		322-8946 of OSHA Monitor		00578					
10-12-17	10-13-	17	Date			ity Environmen	ntal						
Occupancy Status During						Address New Churchma	no Dood						
Facility Closed/Vacated Abatement Performed	d During Entire Period of Outside of Normal Facilit	Abater y Hour	ment 's -		City, S	state, Zip Code							
Other – Describe: Scope of Work (Check all to	that apply)				New	Castle, DE 197	720						
$X \ge 3$ sf or ≥ 3 If $\triangle 160$ sf or ≥ 260 If					ovation olition	Mini-Enclo	nent with Negat sure Glove opted (*) and No	ive Pressure ebag Procedure n-Friable Procedu	re				
		1	s Locatio	on					Al	ate		nt	
			Normally ed Solely		Asbe	Description of stos Containing Ma	of aterial (ACM)	Amount		1			
Locatio Asbestos-Containing		M	aintenan Custodia	ce/	(i.e	thermal systems surfacing, VAT	insulation,	(Specify	,	_	Enc	Щ	
TO BE AB	ATED		Staff? (12)			other miscellane		SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	N/A					'al		late	Ire				
Removal of a boiler head		Х			Boiler	Tank head		10 sf	X	+	+		
							-	-					
Name of Reg. Waste Hauler NJDEP Waste I						te Hauler Cubic Yards of Name of Reg. Landfill							
Service Transport Grp ID No.20990 City, State						Waste	Minerva						
New castle DE						Disposal Date TBA	Cit /, State Waynesburg	g OH					
Sympleted by Title PM						Signature	R.	Date	24-		7		
	* Do not use this form for asbest	os licens	ure exempte	ed activiti	es.	- AVATO	- Walle		U	- E	1	_	

G. 1C# 592-2017				CALLED					,	- 0 '					
_Date of Notification (1)					Name of Building Owner/Operator (2)										
	Octob	er 2, 2017			CELGENE CORPO	RATION	EG		7 6						
Agencies Notified		Notification		ation	Street Address 86 MORRIS AVEN	TU)	56	S I W							
X EPA		☐ Ameno			City, State, Zip Code	10	-			 					
□DCA		200000000000000000000000000000000000000		including	SUMMIT, NJ 0790	1 11111	OCT	6 201	77	[[]][]					
X DOL			cation)		Name of Contact	100	Telephone		/						
☐ DEP		☐ Cance			MR. Janos Angeli	i_	Telephone	Number	- 1						
X DOH		La Cance	illed		Director - Enginee					1					
					Construction	ring ist	ASBESTO	5 CONTR	OL&	1					
					Construction	-	LICE	ENSING	-						
				FACILITY IN	FORMATION		1								
Name of Facility Where Abate	ment is Tal	king Place (3)		THOILITING	Type of Facility (4)										
CELGENE CORPORAT	ON - SU	MMIT WES	T "S-5"	' BUILDING	School (K-12)										
Street Address					Subchapter 8 (other th	an K-12)									
556 MORRIS AVENU	=				X Other (i.e. private & c		dinas homes	etc \							
330 WORKIS AVENU					Sq. Feet: 35,000	# of Floors: 2	Blda Age	~70+ v	/ears						
City (5)	County (6)		y Code (7)		. 011 0010. 2	Diag. rigo.	,	ouro						
SUMMIT	MO	RRIS	(State	Use Only)	Current Use (prior if being demolished): ADMINISTRATIVE OFFICE &										
					RESEARCH LABS										
Name of Monitoring Firm Hire		Owner (8)	ASCM		Name of Contractor (9)										
McCABE ENVIRONME	ENTAL		001	18											
SERVICES, LLC					GREENWOOD ABA	ATEN ENT C	ONSULTA	NTS, INC	3.						
Street Address					Street Address			200							
464 VALLEY BROOK	AVENUE	#3A			OCO MAIN OTDEET										
011 01 1 71 0					268 MAIN STREET										
City, State, Zip Code	4				City State, ZipCode										
LYNDHURST, NJ 0707 Project Manager for Monitoring	Talashaaa			BUTLER, NJ 07405											
JOHN CHIAVELLO	Telephone N 201-438-			Telephone Number		License Nu	mber								
OOTHA CHIAVELLO					973-492-0477 00840										
Scheduled Start Date (10)	Scheduled C	Completic	on Date (11)	Name of OSHA Monitor		00040		-	-						
10/13/17 10/16/17					Traine of Columnian										
					ENVIROVISION, IN	IC.									
Occupancy Status During At	patement (Check only or	ne)		Street Address										
☐ Facility Closed/Vacated D				nt	00 04 WADOADAW										
Abatement Performed Ou	itside of No	ormal Facility	Hours		20-21 WARGARAW	ROAD									
Describe				terro sa manoscopo de construir estado de cons	City, State, Zip Code										
Facility Occupied During	Entire Peri	od of Abaten	nent Are	a Vacated (NOT	FAIRLAWN, NJ 074	110									
SUB 8 Friday 7am – 12 mid	a 24 ms	throughout	ine wee	kenas)											
Scope of Work (Check all that	apply)														
	SPPIJI				হো	Full Contain	mont with No	activo Pro	couro						
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				■ Renovation	X			yauve ries	ssure						
区 > 160 sf or ≥ 2	260 If			Demolition	X	Mini-Enclosure (Tent) Glovebag Procedure									
				- Domonton			ocedure oted (*) and N	on Friable	Drocor	duro					
Location of Asbestos-Containing	ng Is Loc	cation Normal	v Used	Description of Ast	pestos Containing Material	Amour		tement Type		Jule					
Material (ACM) in Facility (13)	Solel	y by Maint.	# 0.0000000000	(ACM) (i.e. therma	al systems insulation, surfac	ing, (Speci	fy SF		-						
	/Cust	odial Staff? (1 NO	2) NA	VAT, or other miss	cell.)	or LF)	Rem	ove Repair	Encap	Enclose					
2 nd Floor Control Room	11.5	I X	INA	TCI /mine duch	sta lassilation	0501									
Mezzanine		I LEA		TSI (pipe, duct,	etc. insulation)	350 LI	FX								
2 nd Floor Restroom		X		TSI (pipe, duct,	etc insulation)	85 LF	X		-	+					
Mezzanine				i oi (pipo, adot,	cto. modiation)	03 E1		1		1					
									1	+					
									1	1					
									+	+					
								_	-	-					
								-							
V															
Name of Reg. Waste Hauler		NJDEP Wast		ID#	Cubic Yards of Waste:		Name of Re	Add		70					
Newark Carting, Inc.		NJ DEP #	4509		30 CY		G.R.O.W.	S. North	Landf	ill					
Newark, NJ 04509	Newark, NJ 04509														
A STATE OF THE STA		0.01				Disposal Da	te	City, Stat							
Notes: None						10/16/17		100 New	Ford M						
								Morrisville 215-736-		9067					
Completed by (Print or Type) <u>Title</u>					Signature		Date	1 210-730-	1100						
RAYMOND C. PEDALINO SENIOR PROJECT						dalina	October	2, 2017							
MANAGER					Raymond C. Pedalino October 2, 2017										

NOW.

Date of Notification (1):			f Building				0.53.4	00	T -	6	017,			
Agencies Notified Type Notification			Street A			4.	1-101	CO17, W	n' MAGE	200		ZL	9	
					IIR	How	5 /	2040	ASBES	TOC	1400	TDOI	2	
		ŀ			7000				20 Maria Andreas (1995)	LICEN	ISIN	3	. a	
▼ DOL Amendment			KIN	G OF	PR	45511	9	PA? 7	9406	-			nonerakar	
Emergency (including	+	Name o	f Contact			ć		Telephone N	ımher	-			
DCA Cancellation			JOH	W Pr	HLLI									
New of Coults Admin About	51 4		FAC	ILITY INFO	ORMAT	ION								
Name of Facility Where Abatement is Taking OUNCAN HICC APT'S	g Place (3 ئىز) ! !	2/11/	01111	e		Type	of Facility (4)						
Street Address		1	JUICI	77706-	ر ــــــــــ		School (K-12)							
1000 CENTRAL A	JE						Subchapter 8 (Other than K-12) Other (i.e. private & commercial building						25	
City (5)	•						etc.)				23			
WESTFIELD								re Fee:	# of Floors	1	Bldg. /			
County (6)		1	County	Code (7)			if being demoli	shed)	6.	_				
KLION			(STATE USE ONLY)						ii beilig demoil	arieu)				
Name of Monitoring Firm Hired by Building (wner (8)		ASCN	/I No.		Name		temen : Contr	actor (9)					
	and the last term and the last							ontracting I						
Street Address					Street		35							
0:- 0:- 0:- 0:- 0:- 0:- 0:- 0:- 0:- 0:-					and Ave.	e.								
City, State, Zip Code						Zip Cod >								
Project Manager for Monitoring Firm							lland Park, N.J.							
rioject Manager for Monitoring Firm			i elepno	ne No.			phone No. License No. -262-5841 00156							
Start Dafe (10)	d Con	nnletion	Date (11)				HA Monitor	00150)					
7/3/17	101	30	//7	Date (11)					al Services I	nc				
Occupancy Status During Abatement (Check			•			Street								
Facility Closed/Vacated During Entire F	75 0000		nent					r Street						
Abatement Performed Outside of Norm	al Facility	Hours	City, State, Zip Co											
Other – Describe:			Hackensack, i						606					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova	vation Fi					l Containmen	t with Negative	Pressu	ire			
2100 St 01 2200 II		emolit	olition 2					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure						
						Non-Exempted (*) and Non-Friable Proce						e		
	Is	Locati	on								Abatement			
Location of		ormal Sole			Des	scription	of			_	T	/pe		
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	ntenar	nce/	Asbest	tos Cont	aining M systems	aterial	(ACM	Amount	_		四	m	
In Facility	Custo	odial S (12)	Staff?	(1.6.		cing, VAT		ition,	(Specify SF or LF)	Rem	Repair	ncap	nclo	
(13)		(12)			other n	niscellan	eous)			Removal	pair	Encapsulate	Enclosure	
	Yes	No	N/A									te	LU .	
BASEMENTS / CHAVE SMACES			X		PI	PE			22,000	KX				
POOL HOUSE			×	Bo		+ 130	BEER	ide	3/035		-			
ec -c			X		TANA				1905	1/	-			
	+		1.			•			17030	1	-			
Name of Registered Waste Hauler		N	JDEP W	acte	Cubia	Vorde		New						
Newark Carting, Inc.	auler ID		Cubic of Was	ste		DECEMBER 1000	egistered Landfi							
		04	1509			70		Grand Ce	entral Sanita	ry Lar	idfill			
City, State Newark, N.J. 07105						alDate		City, State	54 2 200 2000 2000					
The first control of the state	~~~				7/3		ou		I, PA 08072		Cue!			
Completed by Title R. McDonald President						ignature	1175	D Red	D	ate /	/	, 5		
R. McDonald President Signature 15 Completed by R. McDonald President Date 6/								0/0	1					

to less.

				5 777			(0)	TIPIL	00	T = C	2017		\parallel	1		
Date of Notification (1): 6/20/17			MIT	Building Ov	vner/Opera	ator (Mar	الحا، جله	MAX	1 - 6 NACEM	2011	~	7	4		
Agencies Notified Type Notification			Street Ad	idress	IRHA	145	E P	140	0000	TOP COI	NTRO)L &	λ	-		
EPA Initial Amended			City, Stat	te, Zip Code	20110	-		The Part of the Pa	SBES	JOS COL	1G		nerver 1988	hand		
DOL Amendment #		_	KINO	G OF I	PRUSS	SIM	9 , 1	DAT	94	06			27			
Emergency (ii DOH DCA Emergency (ii justification) Cancellation	nciuaing		Name of	Contact U PHI	CLIPS	8		·	Telep	hone Num	ber					
	DI (0		FACIL	LITY INFOR	MATION											
Name of Facility Where Abatement is Taking OUNCAN HILL APT'S	Place (3) + B	BUILD	11065			Type of Facility (4) School (K-12) Subshautes 8 (Other than K-12)									
Street Address / 000 CENTRAL AL	ıE.					Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.)					ings,	home	s,			
City (5) WESTFIELD								Square Feet # of Floors Bldg. Ag					Ĭ			
County (6)			County C	Code (7) ISE ONLY)				Use Prior		demolishe	ed)					
Name of Monitoring Firm Hired by Building C		ASCM	No.	200000			ment Contr		9)							
Street Address				Str	eet /	Address										
City, State, Zip Code		City, State, Zip Cod														
				M	Midland Park, N J.											
Project Manager for Monitoring Firm		Telephor	ne No.	1 000000		one No. 262-58			License No 00156).						
Start Dafe (10)	Schedule	ed Con	npletion [Date (11)	- 1			Mon tor								
7/3//7 Occupancy Status During Abatement (Check	7/		117				ga Env Address	rironrnent	iai Sei	vices in). 		-			
Facility Closed/Vacated During Entire P			nent				luyler									
Abatement Performed Outside of Norm Other – Describe:									7606	-						
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	THE REAL PROPERTY.	Renova Demolit				Full Conta nment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						۵				
	Is	Locati	ion						() 4			Abate	ement	t		
Location of	1	Normal ed Sole	ly		Descrip						_	Ту	pe			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenal todial S (12)	nce/	(i.e. th	s Containin nermal syst surfacing, other misce	tems , VA	s insulati T, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure		
,	Yes	No	N/A		9 4.	_							(D)			
BASEMENTS / CRAVE SMACES			X		PIPE	_				,000 1	X					
Pool House			X		LEZ 4	B	25804	1di		103F	X					
≥(÷(X	7	AUK				1	9058	X					
N	L	UDED IA	(0.1:- 1/-	.1.											
Name of Registered Waste Hauler Newark Carting, Inc.	IJDEP W lauler ID 4509	2000	Cubic Yards of Waste 120 Cubic Yards Name: of Registered Landfill					/ Lar	Landfill							
City, State Newark, N.J. 07105		Disposal C		ou	City, State Pen Arg		08072									
Completed by R. McDonald	Title President					ature	MS	Dall		Da	te /	0/	17			

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Date of Notification (1) 09/27/2017					f Building SERVIC		Operator	(2)	and the state of t	i	CT 6	-201	-	la constitution of		
Agencies Notified T	ype Notification			Street A 80 LIE	ddress BERTY	ST.			37 (1971)	ASEE	STOS CO LICENS	NTF NG	OL	Ši		
DEP DOL	Amended Amendment		_	55.0	ate, Zip Co AIC NJ.				920							
DOH DCA	Emergency (i justification) Cancellation	ncluding	Ī		f Contact		NO		*****	Telephone Number						
				FAC	LITY INF	ORMATI	ION									
Name of Facility Where Aba PRIVATE	tement is Taking	Place (3)						Тур	oe of Faci ity							
Street Address 337 - MAPLEWOOD	DR.			図 Ot						Subchapter 8 (Other than K-12)						
City (5) PARAMUS NJ.									Square Feet # of Floors 1,500 2				Bldg. Age 79			
County (6)				County Code (7) (STATE USE ONLY)					rrent Use (Pri		ng demolish	ned)				
Name of Monitoring Firm Hi N/A	red by Building O	wner (8)							batement Cor			11				
Street Address	3			Street Address 1126 - 51 ST.						NVIRONMENTAL LLC						
City, State, Zip Code		City, S					State, Zip Code PRTH BERGEN NJ. 07047									
Project Manager for Maritan		T 1 1						NJ. 07								
Project Manager for Monitor		Telepho			Teleph 201-		No. -0642		License N 01300	0.						
Start Date (10) 10/06/2017	1	Schedule 10/06/2		pletion	Date (11)				SHA Monitor - PR()Bi	=						
Occupancy Status During A	batement (Check	Only One	()				Street	Addr	ess				-			
Facility Closed/Vacated Abatement Performed				ment					Zip Code							
Other – Describe:		-		METUCHEN NJ. 08840												
Scope of Work (Check All T	hat Apply)												•		-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova	lition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur					e		
Location of			.ocati ormal			Dog	ecription	200 E (1)				Abate				
Asbestos-Containing Ma TO BE ABATE In Facility (13)	terial (ACM) ED	Used Mair Custo	tenar	ice/		tos Cont thermal surfac	I systems insulation,				mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								_		ite	O .	
EXTERIOR SIL	DING		X			ΕX+	FIOR	5	iel ing	95	0 SF.	Х				
Name of Registered Waste I	lauler		1000000	JDEP W		Cubic			Name of I	Registe	red Landfill					
IRI-SIAIE-ASSOCCIME					Hauler ID No. of Waste TBD				MINIER	VA EN	ITERPRI	SE II	VС			
City, State BRONX NY						Dispos TBD	al Date		City, State		RG OHIO					
Completed by	Title						ignature	1 2 2								