Date of Notification (1)  10/5/17					Name of Building Owner/Operator (2)  MacKay								
Agencies Notified	Type Notific	cation		Stree	et Address		MacKa	Y TESTE	: (P) 15	TI.	W	Table 1	
EPA DEP	Initial	2						11117			***		-
<b>⊠</b> DOL	Amende Amenda	nent#	_	City,	State, Zip (	Code	cky Hill, N.	08553	OCT 1	02	017		
<b>⊠</b> DOH	☐ Emerge	tion)	ng	Name	e of Contac	t Ro	CKY IIIII, IV.	I Teleph	none Numb	per		-	
□ DCA	Cancella	ation			Jo	усе МасКау		By.	-/				
				FA	CILITY INF	ORMATION							
Name of Facility Where		Taking Plac Resident	S. S				Type of Facil						
Street Address	-	Kesideni	141				School (K	r 8 (Other	than K-12	2)			
							Other (i.e. homes, etc.		commercia	al buil	dings	,	
City (5)							Square Feet		Floors	В	ldg. A	200	
County (6)	Ro	ocky Hill	, NJ	LCau	ah. Cada (	7) (STATE	1800		2		85	+/-	_
ACTOR OF THE CONTROL	merset				ONLY)	I) (STATE	Current Use (	Prior if bei	ng demolis	hed)			
Name of Monitoring Firm		lding Owner		ASCM	No.	Name of Abatem							_
	MECS						ens Enviro	nmental	Service	es, Inc.			
Street Address	PO Box	v 341				Street Address	PO	Doy 22	2				
City, State, Zip Code	1 O DO.	X .541				City, State, Zip C		Box 322					_
	osswicks,	NJ 0851	5				Allento	vn, NJ (	)8501				_
Project Manager for Mon			100000	ephone	THE STATE OF THE S	Telephone No.		Licer	ise No.				
Start Date (10)	isgarber	Scheduled (			8-4070	(609) 25 Name of OSHA N			0	0493	3		
10/16/17			0/20		ile (11)	Name of OSHA		<b>IECS</b>					
Occupancy Status Durin		(Check only	one)			Street Address							_
Facility Closed/Vacate								Box 34	1				_
☐ Abatement Performed ☐ Other - Describe:	Outside of N	iormai Facii	ту ноц	rs		City, State, Zip C	code Crosswic	ks, NJ	08515				
Scope of Work (Check a	ll that apply)					□ Eull Con	tainment with N	ogativa Da					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			☐ Mini-End	ntainment with Na closure ag Procedure	egative Pr	essure				
						Non-Exe	empted (*) and I	lon-Friable	Procedur	T			
		l N	Location Location	/						Α	bate Typ	ment	
Location of Asbestos-Containing M		Use Ma	d Sole		Asbest	Description of os Containing Mat		Amo	ount				
TO BE ABAT IN Facility			ustodia Staff?	al		thermal systems in surfacing, VAT,	nsulation,	(Spe	cify	Re	Z.	Encapsulate	Enc
(13)			(12)			other miscellaneo		31 01	ш)	Remova	Repair	psula	Enclosure
		Yes	No	N/A						_		ate	e)
Attic		×			The	ermal Pipe Ins	sulation	20	lf	×			
Name of Registered Waste Hauler					Naste I	Cubic Yards	Name of Re	istered La	ndfill				
				lauler ID	No.	of Waste	Traine of Ite		ss Land	£11			
City, State				182	292	l cu Disposal Date	. City, State	ranne	os Lalio	1111			_
Allentown, NJ						11/20/17	And I	Morr	isville, l	PA	200 mg 1 s 2		
Completed By	vons	Title	:	+ N.T.	0.000	Signature	17		Date	10//	/1 ~		_
Mahlon E. Stevens Project					lager	_ // //				10/5	0/1/		



Date of Notification (1)	1/6/17	-		Nam	e of Buildir	ng Owner/Operato	The second of th		172	1 (1)	7 63	1	1	
Agencies Notified	0/6/17 Type Notific	nation		Ctros	et Address		Walsh			1 10		101	<u></u>	
EPA	Initial	allon		Street	et Address		1	1	CT 1 A	201	7	ALCOHOLOGY MATERIAL M	The state of the s	
DEP	Amende			City,	State, Zip (	Code		111	5 5 5	/ 44.55 1		111		
<b>⊠</b> DOL	Amendn  Emerger		na				Princeton,	NJ				Sarra "	NAME OF TAXABLE PARTY.	
DOH DCA	justifica Cancella	tion)	Ü	Name	e of Contac			Teleph	one Numb	ber	THE LANGE	MES JOHNS	1	
	L Caricena	itiOii				Jared Walsh							_	
				FA	CILITY IN	ORMATION								
Name of Facility Where				X1.1			Type of Facili							
Street Address		Residen	iai				School (K-		than K-12	)				
otreet Address							Other (i.e.,	private &	commercia	al buil	dings	,		
City (5)							homes, et Square Feet	;.) # of F	loors	ТВ	ldg. A	ae		
	Princ	eton, N.	085	40			2400		2	ľ		+/-		
County (6)				Cou		7) (STATE	Current Use (	rior if beir	f being demolished)					
	1ercer				ONLY)									
Name of Monitoring Firm (8)		ding Owne	r	ASCM	No.		nent Contractor	935.0	o .	7	Inc			
Street Address	MECS					Street Address	vens Enviror	mental	Service	es, Ir	ıc.	_		
Officer Address	PO Box	x 341				Street Address	PO	Box 322	2					
City, State, Zip Code	10 00.					City, State, Zip C		DOX 32.				_	_	
Cr	osswicks,	NJ 085	5				Allentov	vn, NJ 0	08501					
Project Manager for Mor	_			ephone		Telephone No.		Licen	ise N <del>o.</del>					
	isgarber		-		8-4070	(609) 2:	59-9688		0	049.	3		_	
Start Date (10)		Scheduled			ate (11)	Name of OSHA		ÆCC.						
10/16/17 Occupancy Status Durin	a Abstomant		10/27	/17		Street Address		1ECS			_		_	
			50 50	ement		Street Address	PO	Box 341	1					
Abatement Performed						City, State, Zip C							_	
Other - Describe:							Crosswic	ks, NJ	08515					
Scope of Work (Check a	II that apply)					EZI = " O							_	
<b>x</b> ≥3 sf or ≥3 lf		X	Renova	tion		Mini-En	ntainment with N closure	egative Pro	essure					
≥160 sf or ≥260 lf			emoliti	on			ag Procedure empted (*) and N	on Erioble	Droondur					
		Is	Locati	on		[ NOI-EX	empled ( ) and is	OII-FIIADIE	Procedur		bate	ment	-	
Location of		100 (000)	Vormall	•02 A.A.		D					Typ			
Asbestos-Containing N		Ma	d Sole intenar	nce/	Asbest	Description of tos Containing Mat	terial (ACM)	Amo	ount			m		
TO BE ABAT IN Facility		1 '	Staff?		(i.e.,	thermal systems is surfacing, VAT,	nsulation,	(Spe SF or		Re	Z,	inca	Enc	
(13)			(12)			other miscellane		31 01	LI )	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A						<u>a</u>		ate	Гe	
Baseme	nt	_	×		Th	ermal Pipe In	sulation	15	1f	×			-	
		_	-			Plaster	Sulation	250		X	-	-		
Rear 1 or	Rear Porch ×					1 laster			7 51	^		-	-	
Name of Registered Waste Hauler NJDEP V					Vaste	Cubic Yards	Name of Reg	istered La	ndfill					
Hauler ID					No. 292	of Waste 3 cu			ss Land	fill				
City; State				-72	Disposal Date	City, State /	I dil lo	Jo Lanc	1111					
Allentown, NJ						10/27/17								
Completed By Title						Signature   Date								
Mahlon E. Stevens Project					nager	1/1//				10/6	/17			

18/83/2817	33:28PM 9	DAS KESTURATIO						02/8	14									
D&S Proj. #: <u>17-</u>	-27]	£ .	(P	otificatio	State of on of Asbe to NJAC I	stos A	batement nd 12:120)	**************************************	The state of the s	11 O		0.2	The distant	A Line of the second se	Posterior in transcript of the community			
	2 4							-		The second second	de de constante de la constant	-	-		-			
Date of Notification (1)	1 17	doy	le residen		perstor (2)				Ü.	·	/				m.			
Agencies Notified Tyl	pe Notification	Street	Address					ie v			J							
	mendéd					CONTRACTOR OF THE PARTY OF		14:4	17	1			+	SHIP	-			
EN DO	endment #.	- 11	State, Zip C				L.,		· *****				-					
	Emergency Including	L L	nion, nj 0°	7083					Tel	iphone Nu	mber	Control		Spinster.	mile.			
	ustification)								_									
D DCA	Cancellation	de	yle reside	nce				_	_			4	-		EE.			
				FACILIT	Y INFORMA	MOIT												
Name of facility where	sbatement is to	dng place	(3)					Туре	of F	slity (4) School (K	- 12)							
200										Subchapte		r that	K-12	)				
doyle residence			The second						X	Other (Priv	ata/Com	marci	al					
Street Address								·04:	026 E	age./Hon		_	Bldg.	Age	_			
			, ,			Fauch	y Code (7)	) Squ	IN IN	241								
City (5)		County	(8)				use only)	Cu	rent	Jan (Prior	if being o	emol	shed)					
unica	union union								HCC/ADM	U. History				-2.0				
Name of Monitoring Fi	union  are of Monitoring Firm Hired by Bidg. Owner (8)					11	Name of Abstome											
						_  L	D & 5 RESTO	RATIO	N, I	VC.		-		-	incom.			
Street Address			cast laboration				treet Address											
							20 California ity, State, Zip Co		desired to									
City, Slats, Zep Code						1	Paterson, NJ								_			
	-Madne Flero		1 Phon	e Number	•	amended	dephone Number	r		T	canse N		t					
Project Manager for Mo	Billinge just e. unte		1			11	973-345-80				01	169	-					
Start Date (10)		Schen,	Completion	Dale (11)			Name of OSHA M		20									
					9	1	D& S Restor	ation, i	U.				100	Althum.				
10/06/17 Occupancy Status Dur	to a Abalanta at	10/20/				-	20 California	Avenue	3						_			
Cocupancy Status Dur Facility closed/vi	arstori durina si	ntire period	of abatem	ent.			City, State, Zip Co	And the second	dial-tra	According a Street House (See				Calleton Comme				
Abatement perfo	med outside o	normal fa	dity hours	E		- 11												
Describs:			-				Paterson, N.	07503							_			
Scape of Work (chec	k all that apply)									ante uweut mit	eganye i	)(ase	Tie					
≥3 af or >2 if	<b>X</b>	Canovation	1					De Ginu	ahao	procedure	_		20222	al case				
≥160 of or ≥260	Same	<b>Jemolition</b>	*					Non	Exer	npled (*) a	nd Non-I	R	R	E	-			
Location of		la location	normally u	ed soisty dial	İ		. franks analysisis	_	4	mount		e m	6 0	n	6			
asbestos-conte meterial (som)	ining 1	statf(12)	141100,0001			tion of e (ACM)	spestos-containin	u		Specify BF F)	01	o	8	a	l c			
abated in facility	y (13)	Yes	No	N/A					1	<i>~</i> )		V	f	P				
					PIPE INS	ULAT	ION		191	l ft		X						
basement			X		7110					-	and references							
4				-					example 1			口	무	Щ	붜			
			make in the					A THE STREET		100	and the second	부	片	片	#			
According to the second									and Palls			الل	لــال					
Registered Wasts He	ule)		P Hauler I		ubic Yards o	niesw to	TULLYTO	WN, RE	SOL	RCE RE	COVE	ξY						
D & S RESTORA	TION, INC.	135	100	Disposal		OI LAND TO	City, State											
City, State PATERSON, NJ	07503			10/07/	17		TULLYTO	WN, P	4		Date	O. Hydron		Silve Sant				
		Title			Şiğnature	IV.					10/03	3/201	7		III -			
BOGDAN JOLD	POGDAN TOT DZIC PRESIDENT						perior linear, we averaged ordivities											



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



asbestos-containing material (acm) to be		mainte	nance/c	ustodiai		Description material (A		sbestos-containing	g	Amount (Specify S	F 0.5	m	р	n	n		
	by	mainte		ustodial			n of	sheetos-containing	a	Amount		e	е	n	E		
Location of				lly used sole	ely							IR	R	E			
≥160 sf or ≥260 lf	☐ De	molition								ri-Exempted (*)		friable	proc	edure	<b>.</b>		
_		novation	i.						=	vebag procedur	е						
>3 sf or >3 lf	<u> </u>	novetic.							=	r -enclosure	cgalive	picas	ui C				
Scope of Work (check all th					_					I Containment w	/negative	nress	ure				
Other-Describe: NOI	RMAL HOU	RS					_	Paterson, NJ	0750	31							
Abatement performed Describe:			acility h	ours-													
Facility closed/vacated								City, State, Zip Co	ode				-1-5000				
Occupancy Status During Al								20 California	Aven	iie							
10/06/17		10/20			-			Street Address									
		10/20	/17					D & S Resto	ration	Inc.							
Start Date (10)		Sched.	Compl	etion Date (	(11	)		Name of OSHA N									
9 <u></u>								973-345-80			0	1169					
Project Manager for Monitor	ing ritm			Phone Nun	nDe	er							er				
Project Manager for Monitor	ing Firm		<del>-</del> T	Dhone Ni	nh	or	_	Paterson, NJ Telephone Numb			License	Numb	NO.				
								1 220 100 14		či.							
City, State, Zip Code					-		=	City, State, Zip Co	Name and Address of the Owner, where				THE REAL PROPERTY.				
								20 California	a Ave.								
Street Address					-1			Street Address	S-100					25.17			
								D & S RESTO	ORAT	ON, INC.					200		
Name of Monitoring Firm H	lired by Bldg	. Owne	r (8)		T	ASCM No.		Name of Abatem	ent Co	rtractor (9)							
union		unio							1.	The state of the s							
							(Sta	ate use only)		Current Use (Pr	ior if bein	g dem	olish	ed)			
City (5)		Coun	ty (6)					inty Code (7)	T    _								
									_	Square Feet	# of Floo	rs	ВІ	dg. A	ge		
											Homes, e		, olai				
Street Address							-		-		apter 8 (C Private/C			-12)			
doyle residence													14	10)			
Name of facility where abar	tement is ta	king pla	ce (3)						1	Type of Facility (4	4) (K - 12)						
				ГА	101	LITY INFORMA	110	<b>Y</b>									
					-	LITY INCODA	ATIO	N.		-		-					
☐ DCA ☐ Can	cellation	Ш	doyle	residence								•					
	fication)	Na	ame of (	Contact						Telephone	e Numbe	Γ					
_   \( \text{LE me}	ergency luding			n, nj 07083	3												
M DOI I—	lment #:	-    "															
☐ DEP ☐ Ame			ty Ct-1	e, Zip Code													
☐ EPA ☐ Initia																	
					-		-					-	(0.2)54	/ret			
	doyle residence    1   0   /   0   3   /   1   7     gencies Notified   Type Notification   Street Address											PA					
Date of Notification (1)		IN	ame of	Building Ov	vne	er/Operator (2)				A STATE OF THE PARTY OF THE PARTY.		-		-10-			
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### Check # 25612

### NOT

State of New Jersey			No. of the last	3
TIFICATION OF ASBESTOS ABATEMENT	100	A	10	3
(Pursuant to NJAC 8:60 and 5:16)	礼	13	JA.1	

Date of Notification (1)	)			Nar	me of Build	ing Owner/Operato	or (2)			W	100	7	
	10/6/17			_			ntclair Histor	y Center	40 60	6+41	-	A CONTRACTOR	
Agencies Notified	Type Notificat	ion		Stre	eet Addres	s		HI OUT	U	2017		100	
EPA DEP	Initial Amended			_			108 Orange	Rd			1	2	
<b>⊠</b> DOL	Amendme			City	, State, Zip		( - 1 1 NI	A CONTRACTOR OF THE PARTY OF TH	Distribution of the				
<b>⊠</b> DOH	☐ Emergenc		ing	Nan	ne of Conta		Iontclair, NJ		*******				
□ DCA	☐ Cancellation			Ival	ne or Conta	Jane Eliasof		Telephone Nun	nber				
					ACILITY IN	IFORMATION						=	
Name of Facility Where	Abatement is Ta	king Pla	ce (3)		AOILITT III	INVIATION	Type of Facil ty	(4)					
		Office					School (K.1	3.1157.7					
Street Address							Subchapter	8 (Other than K-1	2)				
-	108	Orang	e Rd.				homes, etc.	private & commerc	ial bu	ilding	8,		
City (5)	36			Janes -			Square Feet	# of Floors	T	Bldg. /	Age		
County (6)	Montel	air, N.	J 070				3500	3	_   _		0+/-		
ACCOUNT OF COMMON AND	Essex			US	unty Code E ONLY	(7) (STATE	Current Use (	rior if being demol	ished	)			
Name of Monitoring Firr		g Owne	r I	ASCN	Л No.	Name of Abater	ment Contractor '9	1				_	
(8)	MECS						vens Environ		es I	nc			
Street Address						Street Address	Jan Barraga	Thirdital Services, Inc.					
	PO Box 3	341					PO E	322 Box 322					
City, State, Zip Code	rocavioles N	T 0051	5			City, State, Zip C	Code					_	
Project Manager for Mo	rosswicks, N	J 0851					Allentovy	ntovyn, NJ 08501					
	eisgarber		7,000,000	ephone	98-4070	Telephone No. (609) 25	50 0600	License Ne.					
Start Date (10)		neduled				Name of OSHA I			049	3		_	
10/23/17			0/27		ato (11)	Name of OSLIA		ECS					
Occupancy Status Durin		neck only	y one)			Street Address						_	
Facility Closed/Vacat	ted During Entire	Period o	f Abate	ement		(a)		ox 341					
☐ Abatement Performe☐ Other - Describe:	a Outside of Norn	nai Facil	ity Hou	irs		City, State, Zip C							
Scope of Work (Check a	all that apply)					-	Crosswick	s, NJ 08515					
	an anda apply)	_				☐ Full Cor	ntainment with Neg	ative Pressure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			★ Mini-End	closure ag Procedure						
				3390		Non-Exe	empted (*) and Nor	n-Friable Procedu	re				
			Location Lormally						1	Abater	nent		
Location of Asbestos-Containing N	of	Used	d Solei ntenan	y by		Description of			_	Тур	e		
TO BE ABAT	TED		ntenan ustodia		Asbest (i.e.	os Containing Mate thermal systems in	erial (ACM)	Amount (Specify	_		Ш	m	
IN Facility (13)			Staff? (12)		,,	surfacing, VAT,	or	SF or LF)	Remova	Repair	lcap	nclo	
(10)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		T		other miscellaneo	us)		oval	air	Encapsulate	Enclosure	
n	one a	Yes	No	N/A							(e)		
Baseme		_ X				ermal Pipe Ins		40 lf	×				
Baseme Baseme		. X			1h	ermal Pipe Ins		160 lf		X			
Daseille	III	×				Debris clean	up	30 sf	X				
Name of Registered Was	te Hauler		IN	JDEP \	Naste T	Cubic Yards	Name of Regist	osod Landell					
Stevens Environn	nental Service	es Inc		auler ID	No.	of Waste	1 /		~11				
City; State					292	l cu Disposal Date	City, State	Fairless Land	İIII			_	
Allentown, NJ						_10/27/17	1	Morrisville,	ОΔ				
Completed By Title						Signature /	<del>//</del>	Date	Λ	-		-	
Mahlon E. Stevens Project M					ager	1/4	<u> </u>		10/6	/17			
SB-4 <del>1</del> AR 00	* [	Do not и	se this	form f	or ashesto	s licensure exemp	nted-activities						
	_					- Hoomsure exemp	nou activities.						

## OK# 012931

Date of Notification (1) 10/4/17		Name o	of Building	Owner/0	Operator (	2)		TER	M ISI		12	Lin	A CONTRACTOR OF THE PARTY OF TH	
Agencies Notified Type Notification				Address Hadley F	Road			(C) the chimping	00	71	102	][]		
DEP Amended Amendment		_		ate, Zip Co h Plainfie		07086		- 11	3y <u> </u>		National Control			12 n - 1 - mel 70
□ Emergency justification)     □ DCA     □ Cancellation		Ī		of Contact Neville				Te	elephone	Numbe	r			
No. of Facility and the second			FAC	ILITY INFO	RMAT				- (L-Ay-)					
Name of Facility Where Abatement is Takin PSEG Garfield Place Substation	g Place (3)						Type of Facility	(4)						
Street Address 99 Garfield Place			4				School (ICS) Subchapte Other (i.e., etc.)	er 8 (Oth	ner than I & comm	K-12) ercial b	uildin	gs, ł	nom	es,
City (5) South Hackensack, NJ 07606							Square Feet N/A	# 0 N/	of Floors		Bldg N/A	g. Ag	je	
County (6) Bergen			County (STATE	Code (7) USE ONLY)	-		Current Use (1) Substation	rior if be	eing demo	olished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI N/A	M No.			f Abatement Co			Inc.				
Street Address N/A						Street A	ddress I Dock Road							
City, State, Zip Code N/A						7600	State, Zip Code phank , NY 11980							
Project Manager for Monitoring Firm N/A		Telepho N/A	ne No.		Telepho 631-92	ne No. 24-8111		License 01136						
Start Date (10) 10-16-2017	Com	pletion	Date (11)			OSHA Monitor	-							
Occupancy Status During Abatement (Chec	k Only One	)				Street A	ddress					_		
Facility Closed/Vacated During Entire F	Period of Ab	atem	KIND STAN											
Abatement Performed Outside of Norm  Other – Describe: Work performed in e	al Facility F ectrical circ	lours uit ca	City, State, Zip Code Same as above											
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf	particular and the same of the	Renovation Demolition				×	Full Contain ment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempled (*) and Non-Friable Procedure							
	ls L	ocatio	on				THOIL EXOMP C	July di	u 14011-1 1	Table 1		aten	nent	
Location of	No	rmall	y		Des	scription o	f					Туре	е	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		tenan dial S (12)	ice/	(i.e. t	hermal surfac	aining Mar systems in sing, VAT, niscellaned	or	(5	mount Specify F or LF)	Removal	Ixobaii	0	Encapsulate	Enclosure
	Yes	No	N/A										e	
Switching yard			Х	T	ransit	e duct b	ank	1	6 LF	X				
Control house						w Stucc		76	68 SF	X				
Control house				Trans	ite Pane	els	9	0 SF	X		T			
Control house				(	Caulk		1	5 LF	X					
Name of Registered Waste Hauler	3457	IDEP Wauler ID	(55) T-(57) T-(5)	Cubic 'of Was		Name cf	Registe	ered Land	dfill					
Waste Management Services		273		TBD		GROW	'S Lan	dfill No	rth					
City, State Newark, NJ 07114				Dispos TBD	al Date	City, Stat Morrisv		A 190	067					
Completed by Amanda Vallone	Ops Manager				gnature Ama									

D&S Proj. #: 17-270

## No (Pu

State of NJ	
otification of Asbestos Abatement ursuant to NJAC 8:60 and 12:120)	DEGE

BOGDAN JOLDZIC	a licanousa ava		d catinities		-	10/02	/2017										
PATERSON, NJ 07503 Completed by (Print or Type)	Title PRESID		10/15/17	7 Signature	_	TULLYTOW	N, PA		Date								
City, State			Disposal Da	ate		City, State			CCOVER	1							
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GARAGE		PIPE INSUL	AT	ION		190 l ft		e	r	П							
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Scope of Work (check all that apply					-			Containment v	w/negative	nrees	ure						
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10/13/17	11/1.	5/17				D & S Restor	ation,	Inc.									
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				973-345-8020 01169													
Project Manager for Monitoring Firm	1	Ph	none Numb	er	_	Telephone Number			License	Numl	per	-					
						Paterson, NJ		}									
City, State, Zip Code					-	City, State, Zip Co	_										
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Street Address					-	D & S RESTO	JKA I	.I ION, INC.									
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Name of Monitoring Firm Hired by			T	ASCM No.	_	Name of Abateme	ent Co	itractor (9)									
Hoboken	Hu	dson			(St	ate use only)		Current Use (Prior if being demolished)									
City (5)	Cou	nty (6)				unty Code (7)											
91 Monroe Street								Square Feet	# of Floo		В	ldg. A	ge				
Street Address								Other Bldgs	(Private/C	comme	ercial						
Two Family Residential Build Street Address	ling						-		hapter 8 (0			(-12)					
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Name of facility where abatement	is taking n	ace (3)					17	ype of Facility	(4)								
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DOH (including justification)	1 1	Name of Co						Telepho	ne Numbe	er			-				
DOL ☐ Emergency	11	Hoboke	n, NJ 070	030													
Amendment #		City, State,								照 春	31.00						
☐ EPA ☐ Initial ☐ DEP ☐ Amended		91 Mon	roe Street							PA	I	D					
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Date of Notification (1)		Name of B	uilding Owr	ner/Operator (2)				1111 01	T 1 0 2	Uti	127	11					
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D&S Proj. #: 17-270						os Abatement 30 and 12:120)		INE C		WI		100					

09/29/2017 04:38PM 9793458860

D&S RESTORATIO

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DAS	Proj.	都	17-267

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

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Date of Notification (1)	Name	e of Building O	wner/Operator (	2)							-	1	
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Street Address					D& S REST	DRATIO	N II	VC.					
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basement recreation run basement crawl space			PIPE INSU	and the second	Maria San Barrer	Control of Control	l ft			X			
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D& S RESTORATION, INC.	13506		2 yds		TULLYTOW	N, RESO	URC	EREC	OVER	Y	(7/32		
PATERSON, NJ 07503		Diapose! 1 10/05/1			City, State	N. D.				0.00	ar annual to		
Completed by (Print or Type)	Title	10/03/1	Signature	=	TULLYTOW	N, FA	ALC: HELS	Y	late	Definiteiron	60-1 <sub>10</sub> 79	45	
BOGDAN JOLDZIC	PRESIDENT	Washington Co.			124440			100	9/29/2	017			
ASB-41	Do not use this	form for asbest	os licensum exe	mpte	d activities.		_				-		Winds Street

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 05 Seritage Growth Properties 17 Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial 489 Fifth Avenue, 18th Floor **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # New York, NY 10017 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Marc Curcillo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sears Store Unit - 1284 (Main Store) ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1640 US Route 22 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Watchung 275,000 2 952 County (6) County Code (7)(STATE USE ONLY) Current Us a (Prior if being demolished) Somerset Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Omega Environmental Services, Inc. SAI Environmental Services, LLC Street Address Street Address 280 Huyler St. 277 Fairfield Road, Suite 102 City, State, Zip Code City, State, Zip Code South Hackensack, NJ 07606 Fairfield, NJ 07004 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Alex Palets 201-489-8700 (973) 852-3444 01349 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_\_17\_\_ / \_17 12 / 22 / 17 SAI Environmental Services, LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 277 Fairfield road, Suite 102 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/

AND THE PARTY OF T		0,000		1014920513411	Fairfield, NJ	07004								
Scope of Work (Check all that apply)														
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renova Demolit				closure ag Procedure	egative Pressure	re						
Location of		Is Loca Norm			2002000 00 0000			Abatement Type						
Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	N	sed So lainten	lely by ance/ I Staff?	Asbe (i.e	Description estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A		outer miscelland	sous)				ate	1			
Main / Upper Floors Throughout			$\boxtimes$	Pipe Fi	tting Insulation		999 EA			In	П			
Main / Upper Floors Throughout			$\boxtimes$	Floor T	Floor Tile/ Mastic 115,000 SF									
Main Floor - AHU Room			$\boxtimes$	Duct Vi	Duct Vibration Damper 120 SF									
Roof					ents Flashing		2700 SF							
Name of Registered Waste Hauler Service Transport Group, Inc City, State		100	NJDEP N Hauler III SW21	Waste D No.	Cubic Yards of Waste 2000	Name of Reg Minerva L	istered Landfill							
New Castle, DE				Disposal Date 12/22/2017	City, State Waynesb	urgh, OH								
Completed By (Print or Type)  Mary Petrovski			Signature	a Patrio	Da Da	te '^ /	15	1-	,					
ASB-41 MAY 11	t use ti	his form	for asbest	os licensure exemp	oted activities.	7	0/	2//	/	200				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 05 / 17 Seritage Growth Properties Agencies Notified Type Notification Street Address **⊠** EPA M Initial 489 Fifth Avenue, 18th Floor **⊠** DOLWD ☐ Amended City, State, Zip Code M DHSS Amendment# New York, NY 10017 □ DCA ☐ Emergency (including justification) (NJAC 5:23-8) Name of Contact Telephone Number ☐ Cancellation Marc Curcillo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sears Store Unit - 1284 (Auto Center) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1640 US Route 22 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Watchung 48,000 1 52 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Somerset Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Omega Environmental Services, Inc. SAI Environmental Services, LLC Street Address Street Address 280 Huyler St. 277 Fairfield Road, Suite 102 City, State, Zip Code City, State, Zip Code South Hackensack, NJ 07606 Fairfield, NJ 07004 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Alex Palets 201-489-8700 (973) 852-3444 01349 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_ 17 / \_ 17 11 / 10 / 17 SAI Environmental Services, LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 277 Fairfield road, Suite 102 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Fairfield, NJ 07004 Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure ≥3 sf or >3 If Renovation Mini-Enclosure ≥160 sf or ≥260 If □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Repair Encapsulate Remova Enclosure Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Main Floor throughout  $\boxtimes$ Pipe Fitting Insulation 430 EA X Main Floor X Floor Tile/ Mastic 6,300 SF X П Roof X Roofing Material/Flashing 30,000 SF X Room #13 X Jacket on Vessel 1000 SF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of F egistered Landfill Service Transport Group, Inc. Hauler ID No. Waste Minerva Landfill SW2117 500 City, State Disposal Date City, State New Castle, DE 11/10/2017 Waynesburgh, OH

ASB-41 MAY 11

Completed By (Print or Type)

Mary Petrovski

Title

Manager

Signature

Date

PAID

Check #1003

Date of Notification (1)			N	ame of B	uilding Owner	/Operato	r (2)	1		1 12	5 E	117	
Agencies Notified	/			VER	ZSA PRU	o Que T	1(2) F3 CO. 11 4LLEY RO	UC.	i no	mar is			A contract of
Agencies Notified	Type Notification		S	treet Add	ress		1 C	0.0	Ut	1 1	01	017	
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× DEP × DOL	Amendment		_	PAR	Araus	NJ	0765	72 =	of management	er english			the distance of the last
ĭ DOH	Emergency justification)		N:	ame of Co	ontact				hone Nu				
DCA	Cancellation			ROU	MORE	LER		Licio	JIIONE IVII			_	
Name of Equility Where	Ab -4			FACILIT	Y INFORMAT	ION				-			
Name of Facility Where  VERSA U	Abatement is Takin	g Place (3)					Type of Facility	(4)					
Street Address							School (IC			20			
22 SPRI	NG VALLE	Y ROA	30				Subchap & Other (i.e.	er 8 (Other private &	than K-1 commerci	2) al bui	ldings	, hom	ies,
City (5)							etc.)						
City (5)							Square Feet 30,000	. # 017	/		Bldg.		
County (6)			Co	unty Coo	ie (7)		Current Use/(F)	rior if being	demolisi	ned)			
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Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM N	0.		of Abatement Co		))				
Street Address							ac Contractir	g Inc.		52/00			
3.1001.100.000							Address Vreeland Ave.						
City, State, Zip Code							State, Zip Code	•					
							and Park, N.c.	ži.					
Project Manager for Mon	itoring Firm		Tel	lephone N	No.	Teleph	none No.	1	icense N	0.			-
Start Date (10) /						201-	262-5841		00156				
10/14/1		Scheduled	Comple	etion Date	e (11)	The state of the s	of OSHA Monitor						
Occupancy Status During		( Only One)	150	111	•	-	ga Environma	ental Ser	vices in	C.			
Facility Closed/Vaca				t			Huyler Street						
Abatement Perform	ed Outside of Norm	al Facility H	lours				tate, Zip Code						
Other – Describe: _							ensack, N.J.	07606					
Scope of Work (Check Al	I That Apply)					520	_		***************************************				-
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City, State Newark, N.J. 07105						al Date	City, Stat						_
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#### STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

ANNUAL NOTIFICATION

Date of Notification (1)							wner / Ope		MANG	15 15	H W .	11.34
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Agencies Notified Ty	pe of No	otificat	tion		Street Ad	ldress IILL PLAZA			Market Ma	)CT 1	n 7017	
EPA	PE OI 140	Initial			_	e, Zip Code					and the	-1111
		Amen				IVER, NY 1			IBV			
☑ DOH	-		dment #		Name of				Telepho	ne Numb	er	Manager 1
☑ DOL				/ justification	ЈОНИ НА	GGARTY			ii.			
		Cance	ellation	E	ACILITY IN	IFORMATIO	) AI					
					ACILITY	II OKWATI	JN				A GE	TEN
Name of Facility Where		ent is	Taking I	Place (3)		Type of F	acility (4)				14 1	
MONTVALE SWITCH HO	DUSE											
Street Address						1	School (K	-12) er 8 (Other	than K 1	2)		
131 N. KINDERKIMACK I	ROAD							, private &				
							bldgs., ho			75		
	ounty (6)	1		County Code	(7)	Square Fe		# Of Floci	rs	Building	-	
MONTVALE BE	RGEN						000	baina day	1	1	40+	
						EXTERIO	se (Prior if	being der	iolisnea)			
Name of Monitoring Firr	m Hired	by Blo	ig. Own	er (8)	ASCM NO		Abatement	Contractor	(9)			
				. ,					477			
OMEGA ENVIRONMENT	AL						TAR CONTE	RACTING	ROUP, IN	C.		
Street Address 280 HUYLER STREET						Street Ad	dress					
City, State, Zip Code						32 William	s Parkway					
SO HACKENSACK, NJ 0	7606						e, Zip Code					
Project Mngr. For Monit		rm		Telephone Nu	mber	1	•					
BARRY S				201-489-8700		<u> </u>	ver, NJ 079	36				
Sheduled Start Date (10)	10000000			letetion Date (1	/	Telephon	e Number		License	Number		
$\frac{10}{30} / \frac{30}{30} / \frac{1}{30}$	17	_	11 /		17	973-77	72-3660			0	0860	
Occupancy Status Durin	ng Abate	ement	(Check	Only 1)		-	OSHA Moni	tor		-	0000	
Facility Close						NORTHST	TAR CONTR	RACTING (	ROUP, IN	C.		
Abatement						Street Add						
Abatement Pe		a Outs	ide of N	ormal Facility		32 William	s Parkway					
Other - Descr		7:00A	M-3:30F	PM		City, State	, Zip Code					
				1600			ver, NJ 079					
Scope of Work (Check A	All That	Apply)										
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>3sf or >3lf				Kenovation	Н	Mini - End		ii wegativ	. i icasuic	Ε.		
≥160 sf or ≥26	60 If						Procedure					
					7	Non-Exem	npted (*) an	d Non-Fria	ble Proce	dure		
Location of			ls		Descript	ion of			Abateme	nt Type		
Asbestos Containir	ng	707	ation	As	bestos - C				R	I Type	E	[E
Material (ACM)		Nor	mally		Material			Amount	E	R	N	N
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Name of Registered Was	ste Haul	er		NJDEP Waste			Registered I	_andfill				
NEWARK CARTING				Hauler ID No.		I.E.S.I.						
City, State				4509	of Waste Disposal	City. State						
NEWARK, NJ					Date	BETHLAH						
Completed by (Print or T	ype)			Title			Signature				Date	
PAUL MAST				VICE PRESIDE	NT		7,,,	1				10/09/17
		-		VIOL I ILLUIDE	-141				-			10/03/1/



CK# 8504

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		'				7	(1) [1] [1]	114 1	17.1	11	-
Date of Notification (1)		Name PSE8	of Building &G	Owner/C	Operator	(2)	THE WELL	MZ 6	THE STREET	A CONTRACTOR OF THE PERSON OF	
Agencies Notified Type Notification			Address HADLE	Y ROAI	ר		OCT 1 O	SUL F			
EPA Initial DEP Amended Amendment	,,	City, S	tate, Zip C	ode			- a-l	operation that	CONTRACTOR CONTRACTOR	-	
Emergency (			TH PLAI	NHIELL	), NJ ()	7080	CT-TO-				
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DCA Cancellation			HN	DK	AD	LEY_			6	1	
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	URIVIATI	ON	Type of Facility					
Street Address						School (K		101			
7 EISEN HOWE	er t	PARK	(WA	4			er 8 (Other than K- private & commer		ldings	, hom	ies,
City (5) ROSELAND				/		Square Feet	# of Floors		Bldg.		- VA.
County (6)		County	Code (7)			360	rior if being demolis	A shad	ABY	00	YRS
ESSEX			USE ONLY	)		. ^	K OUT	BL	N	= 9	
Name of Monitoring Firm Hired by Building C	wner (8)	ASC	M No.		Name	of Abatement Co	ontractor (9)	NL	. – (	<i>y</i>	
ENVIRONMENTAL TACTICS		004	5		UNIC	UE SYSTEM	IS OF AMERIC	Α			
Street Address 64 BROAD STREET				8		Address VHITEHE:AD	A\/E				
City, State, Zip Code						tate, Zip Ccde	AVL.				
MATAWAN, NJ 07747						TH RIVER, N	J 08882				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-2	one No. 90-2217			one No.	License I	Vo.			
Start Date (10)	Scheduled C					of OSHA Monito		-			
10/23/17	101	31/	17				IS OF AMERIC	Α			
Occupancy Status During Abatement (Check		COLUMNIC WAS A C				Address VHITEHEAD	ΔVE				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	al Facility Hor	urs	_	-		ate, Zip Co ie	AVE.				
Other - Describe: Mecessary	aperalo	roon	ly	_		TH RIVER, N	J 08882				
Scope of Work (Check All That Apply)				1	Diam's	whap ac	ut /				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		vation olition				Full Containn Mini-Enclosu	nent with Negative	Pressu	re		
					3	Glovebag Pro	cedure				
	lalas	ation.				Non-Exe mpte	ed (*) and Non-Fria	ble Pro		e ement	-
Location of	Is Loc Norm			Dee	animāta —					/ре	.
Asbestos-Containing Material (ACM)	Used So Mainter		Asbest		cription	aterial (ACM)	Amount			m	
TO BE ABATED In Facility	Custodia			thermal s	systems	insulation,	(Specify	Re	R	nce	Enc
(13)	(12	2)			ing, VAT iscellane		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes No	N/A						a	-	late	Ire
BRICK out BLAGS	>	<	TRA	US,TE	PA	106/5	91 SF	X			
11 11 11	X					SOCK	100 LF	X			
Name of Registered Waste Hauler		NJDEP W	lanta	Oubia V	/anda	None	5				
WASTE MANAGEMENT		Hauler ID	V21222	Cubic Y of Wast	te	GEOM	Registered Landfil	I			
		1125			10						
City, State ELIZABETH, NJ				Disposa	al Date	City, Sta	te ISVILLE, PA				
Completed by	Title				gnature		/ . Da	ate	,		
CAROL RAIMO	OFFICE	MANAG	ER		6	aral,	Camo 1	0/	61	17	7

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

PAIT	CK# 10	73
用 化 跳 压 压	15	

				(r	uisu	ant to NJAC	0:00	and 12:20	)	1 2 2 7	10	TE I	7 17/7	TET
Date of N 10/5/17	otification (1):			ailding Ov G REYNO		Operator (2):				111/4	-0 1/12/2		1 11	La j
Agencies	Type Notification		et Addr		OLD	3					OCT	10	201	+
Notified	(X) Initial Notification	City	Ctota	Zip Code									2-22-1-110	
( ) EPA (X) DEP	( ) Amendment			Lip Code I, NJ 075(							n namatau kata at ay		THE DESIGNATION OF THE PERSON	Territory (co.
(X) DOL	Notification ( ) Emergency	Nam CRA	e of Co	ontact:					Telephone	e Numbe				
(X) DOH ( ) DCA	( ) Cancellation	CRA	VIO.											
						CILITY INF		IATION						
Name of F	Facility Where Abate	ement is	Takin	g Place (3	3): RI	ESIDENTAL	Ty	ype of Facility	(4):					
								) School (K-12 ) Subchapter 8		K 12)				
Street Add	dress:						(X	(i.e., phomes, etc.)	private & com	mercial buildings,				
City & Sta	ite (5): HALEDON,	NJ					So	quare Feet: N	IA	# of Floors: 3		Bldg.	Age:	NA
County (6' PASSAIC	):			ounty Cod TATE U				urrent Use (F RESIDENTA		g (lemolished):				
Name of	Monitoring Firm	Hirec	l by	Building	100000	SCM No.:	N:	ame of Abate	ement Contr	actor (9):				
Owner:(8) ENVIRON	MENTAL CONSU	LTING	GROU	JP. INC.	N.	A	S/	M Enterpri	se of NJ, II	nc.				
Street Add				,			St	reet Address	:					
РО ВОХ							33	39 North 6th	Street					
City, State	, Zip Code:						Ci	ty, State, Zip	Code:					
	ON, NJ 07538						Pr	ospect Park	c, NJ 07508	3				
Project Ma FERNAN	nnager for Monitorin IDO	g Firm:				phone No.: -418-4036		elephone No. 73) 595-6955		License No.:				
Start Date 10/5/17	S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Schedu 10/6/17		npletion I	Date	(11):	Na	ame of OSHA M Enterpris	A Monitor:					
	Status During Abateme				111,227		50,000	reet Address:		_				
(X) Facility	Closed/vacated During ent Performed Outside	Entire l	Period o	f Abatemer	ent		-	O. Box 8265						
( ) Other –	Describe:		iai racii	ity riouis				ty, State, Zip iledon, NJ 07						
	ork (Check all that app	ly):							( ) Full (	ontainment with	Nam	tivo D	Pacane	43
$ (X) \ge 3 \text{ sf} $ $ () \ge 160 $	$or \ge 3$ If $or \ge 260$ If			(X) R	enov emoli	ation tion			(X) Glove	E iclosure bag Procedure riable Procedure	rivege	itive i	ressur	
	ocation of		Norma		۸	D sbestos Con	escrip	otion of	(ACM)			Ту	ype	
	Containing Material (ACM)		d Sole intena		71	(i.e., therm	al sys	tems insula	tion,		T		田	TI.
TO E	BE ABATED	C	ustodi					VAT, or ellaneous)		Amount	(em	Repair	ncal	ncle
11	N Facility (13)		Staff: (12)			omer	111130	chancous)		(Specify SF or LF)	Removal	oair	Encapsulat	Enclosure
BASEME	NT	Yes	No X	N/A	PIP	E INSULAT	TION			180 LF	X		-	
										_				
	egistered Waste Hau S TRANSPORT GR		NC.			NJDEP Wast		Cubic Ya		Name of Regis	stered	landfi	] []:	
City, State:			THE DESCRIPTION OF THE PERSON	osal Date:		20990		City, State:						
NEW CAS			10/12	2/17	,			WAYNESE	BURG, PA	9720				
Completed By: Title: PRESIDENT								nature:	and the second s	Date: 10/5/17				

Date of Notification (1) Name of Building Owner/Operator (2) 09 17 (Page 3 of 3) ( 1 1 0 2017 Agencies Notified Type Notification Street Address **⊠** EPA Initial ⊠ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facil ty (4) Passsaic County Courthouse Annex Building ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 63 Hamilton Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Paterson County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_AM-\_\_\_\_PM/ \_\_PM- \_\_AM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf Renovation ☐ Mini-Enclosure Demolition ☐ Glovebag Procedure ■ 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 Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? **IN Facility** surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Space 1-14A X Wooden Door with Core Insulation 20 SF X Ground, 1st, 2nd and 3rd Floors X Floor Tile and Mastic 17570 SF X П П П Ground, 1st, 2nd and 3rd Floors X Old Electric Panel Board 56 SF X П Ground and 1st Floors (Exterior) X Window/Door/Louver Caulk 210 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste City, State Disposal Date City, State Completed By (Print or Type) Title Signature Date ASB-41

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)				Nam	ne of Buildi	ing C	Owner/Operator	(2)			10		
		7						(Page 2	of 3)	2017	And the second	Marine Marine	
Agencies Notified Type No  ⊠ EPA □ Initial		П		Stre	et Address	5		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	UULLU	Seld 1.1		-	
☑ DOLWD ☐ Amer ☐ DCA ☐ Emer	dment		-	City,	State, Zip	Cod	ie	Party (age)	taragent an arms of an artistic schedules and			-	
	cation)	ii roiddii	'9	Nam	e of Conta	ict			Telephone	Number	48		
				F/	CILITY	NFC	RMATION				-		
Name of Facility Where Abatement								Type of Facility	(4)				
Passsaic County Courthous	e Ann	ex Bu	ildin	g				School (F:-1	2)				
Street Address								── Subchap er	8 (Other than	K-12)			
63 Hamilton Street								Other (i.e., )	private and co	mmercia	bull	dings,	Ř.
City (5)								Square Feet	# of Floor	'S	Blde	. Age	
Paterson											Diag	. Age	16
County (6)				Cou	inty Code (	(7)(ST	TATE USE ONLY)	Current Use (P	rior if being de	emolished	i)		
Name of Monitoring Firm Hired by E	uilding	Owner	(8)	ASCM	l No.	Na	ame of Abatem	ent Contractor (9	)				
Street Address						St	treet Address						
City, State, Zip Code				- F		Ci	ty, State, Zip C	ode					
Project Manager for Monitoring Firm			Te	lephone	No.	Te	elephone No.		License N	o.			
01. 15 1 (10)	,												
Start Date (10)	Schee	duled C	comp	letion Da	ate (11)	Na	ame of OSHA	/lonitor					
Occupancy Status During Abatemer	t (Chec	k only	one)			Str	reet Address						
☐ Facility Closed/Vacated During E	ntire Pe	riod of	Abat	ement									
Abatement Performed Outside of Time of Abatement: _AM	Norma PM/	Facilit	y Hoi	urs - Des AM	scribe	Cit	ty, State, Zip C	ode					
Scope of Work (Check all that apply)							☐ Full Con	tainment with Neg	agtive Preserve	228	_		
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		☐ Re					☐ Mini-End	closure g Procedure mpted (*) and No					
1 No. 1 No. 1 No. 1			Loca								hate	ment	Туре
Location of Asbestos-Containing Material (A)	'NA'		Norma d So	ally lely by	Anha		Description of						1
TO BE ABATED	>iai)	Ma	inten	ance/	(i.e	sios ., the	Containing Ma ermal systems	insulation.	Amount (Specify		) dela	Encapsulate	Enclosure
IN Facility (13)		Cus	todial (12	Staff?		5	surfacing, VAT	or	SF or LF	)   8	=	psu	Insc
		Yes	No	N/A			ther miscellane	ous)				late	. o
Ground, 1st, 2nd and 3rd Floor			X		Plaster	Deb	oris		550 S	F 🛛			
Ground, 1st, 2nd and 3rd Floor	X				Ceilings w/	ACM debris	15,500 S	F			] 🗆		
Ground, 1st, 2nd, 3rd Floors &			$\boxtimes$		Duct Ins	sula	itlon		1,210 S	F 🗵			
Ground, 1st, 2nd and 3rd Fl-Ch	ases		$\boxtimes$		Duct Se	em	Таре		8 SI	F	I	II	ita
Name of Registered Waste Hauler				NJDEP V Hauler ID		Cub	oic Yards of ste	Name of Regis				- 1	<u> </u>
City, State		-		4		Dis	posal Date	City, State					
Completed By (Print or Type)	Title						Signature			Det			
SB-41							5.3.14.016			Date			

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

**MAY 11** 

Date of Notification (1)					T a	1	-(D 111	_	10					100	
	29 /	17	_		N				vner/Operator ( aic (Page	\$155.00 management	in oct 1	02	C) of the same	Part of the Part o	Nanaganatha Namanatatita Namanatatita
Agencies Notified	Type Notific	ation			5	tree	Address				1 LH 2 5 to a		-	Siette	-
⊠ EPA						401	Grand S	Stree	et		Separation of the second secon			CONTRACTOR OF THE PROPERTY OF	
⊠ DOLWD	Amende	-			C	ity, S	State, Zip C	Code	1						
☑ DHSS	Amendm	-					erson, N								
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat		cluding	g	N		of Contac				Tolophone Numb				
(1070 0.20 0)	Cancella						drew Tho		son		Telephone Numi	per			
						FA	CILITY IN	IFO	RMATION				1.		
Name of Facility Where Al	batement is	Taking	Place	(3)						Type of Facility	(4)			_	
Passsaic County Co	ourthouse.	Anne	x Bui	ldin	g					School (K-12	?)				
Street Address					_					Subchapter 8	Other than K-12	)			
63 Hamilton Street										homes, etc.)	rivate and commer	cial b	uildin	gs,	
City (5)			-		- 5411 - 1 - 4.					Square Feet	# of Floors	ТВ	ldg. A	ne	
Paterson										40,000	4	1	127	-	
County (6)				100	1	Cour	ity Code (7	)(STA	TE USE ONLY)	Current Use (Pri	or if being demolis			_	
Passsaic										Vacant		333			
Name of Monitoring Firm I	lired by Buil	ding O	wner	(8)	1	СМ				ent Contractor (9)					
Langan					(	0009	9	5	Superior Aba	tement Inc					
Street Address								10000000	eet Address						
300 Kimball Drive									Henderson						
City, State, Zip Code						1000	y, State, Zip Co								
Parsippany, NJ 0705							Vest Caldwe	II, NJ 07006							
Project Manager for Monito	oring Firm			1	leph			Tel	ephone No.		License No.				
Vijay Patel				1 '			0-4900		973) 808-161		00411				
Start Date (10)							te (11)		me of OSHA M						
10 /10 / _					3-1-42	1 _	17_	S	Superior Aba	tement Inc					
Occupancy Status During								Stre	eet Address						
☐ Facility Closed/Vacated								2	Henderson	Drive					
Abatement Performed (	Outside of No	ormal l	Facility	/ Ho	urs -	Des	cribe	City	, State, Zip Co	ode		-			
Time of Abatement: _A		ΛI	PIVI-	_	A	M		V	Vest Caldwe	II, NJ 07006					
Scope of Work (Check all t	hat apply)				in the				7_0						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			⊠ Re □ De						☐ Mini-Encl	Procedure	ative Pressure	2)			
		Т	ls	Loca	ation				L NOTI-LAC	inpled ( ) and late	I-riable Procedure	T -	•		
Location o	f		1	lorm	ally				Description of	f		-	atem		1
Asbestos-Containing M		1)			lely l				Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABAT IN Facility			9		I Sta	Section 7	(i.e.		rmal systems i		(Specify	Nou	oair	a ps	los
(13)				(12	2)				surfacing, VAT, ner miscellane		SF or LF)	a		Encapsulate	пге
			Yes	No	1 0	N/A				/				te	
Ground, 1st, 2nd, 3rd I	$\boxtimes$		]	Pipe Ins	sulat	tion		1,553 LF							
Ground, 1st, 2nd, 3rd I			Pipe Joi	int l	nsulation		826 EA								
Ground, 1st, 2nd and 3	3rd Floors			$\boxtimes$			Wall and	d Ce	iling Plaster		37,293 SF				
Ground, 1st, 2nd and 3						]	Plaster :	Skir	n Coat		1,030 SF				
Name of Registered Waste				100			Vaste		oic Yards of	Name of Regist	tered Landfill				
Service Transport Gr	oup, Inc					er IL V21	No.	Was	ste 000	Minerva La	ndfill				
City, State			4.02			-	•		oosal Date	City, State				-	
New Castle, DE								12	2/22/2017	Waynesbu	rgh, OH				
Completed By (Print or Type) Title									Signature		// Dat	e			-
Nick Petrovski	eside	nt					1/1/11	Mi		7.00	29	7-,	17		

ASB-41 MAY 11

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

Date of Notification (1)		Na	ame	of Building	g Ow	ner/Operator (	2)	The ora	rir	9.7	19	1000	1			
	05 /	17	_							(Page 3 of 3)		110	20	Street Street		Approximate to the second
Agencies Notified  EPA	Type Notifica				St	reet	Address				The second second	the state of the s	Name of the last	THE PART OF STREET		- Company
☑ DOLWD ☑ DHSS	Amended Amendm				Ci	ty, S	State, Zip C	Code		-						
□ DCA	☐ Emergen	cy (in	T	3	NI.		-10-1-				I					
(NJAC 5:23-8)	justification				INE	ame	of Contac	Ţ			Telephone N	lumber				
						FAC	CILITY IN	FOF	RMATION							
Name of Facility Where A		0.7								Type of Facility	(4)					
Passsaic County C	ourthouse A	Anne	x Bui	lding	g					School (K-12		( 10)				
Street Address										Subchapter 8	rivate and com	nmercia	l bu	ilding	IS,	
63 Hamilton Street										homes, etc )				3200000	5-71/2	
City (5) Paterson	7									Square Feet	# of Floors		Blo	lg. A	ge	
					10		t. C-d- /7	VOTA	TE LIGE ON W	0		Pala	.1\			
County (6)						oun	ity Code (/	)(S1A	TE USE ONLY)	Current Use (Pr	ior if being den	nolishe	d)			
Name of Monitoring Firm	Hired by Build	ding C	wner (	(8)	AS	CM	No.	Nar	me of Abateme	ent Contractor (§)						
Street Address								Stre	eet Address	-						
City, State, Zip Code								City	, State, Zip Co	ode						
Project Manager for Moni	oject Manager for Monitoring Firm							Tele	ephone No.	-	License No	).				
					lepho				•							
Start Date (10)							te (11)	Nar	me of OSHA M	lonitor						
Occupancy Status During	Abatement (	Check	only o	one)				Stre	eet Address							
☐ Facility Closed/Vacate																
Abatement Performed Time of Abatement:							cribe	City	, State, Zip Co	ode						
Scope of Work (Check all	that apply)									10 8 90 27	N 17251					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			☐ Re						☐ Mini-Enc	g Procedure						
			l-	1			1		☐ Non-Exe	mpted (*) and No	n-Friable Proc	-				
Location	of			Loca					Description o	f				_	ent T	
Asbestos-Containing	Material (ACM	1)		d So					Containing Ma	terial (ACM)	Amount		Removal	Repair	Enc	Enclosure
TO BE ABA IN Facili				todial			(i.e		rmal systems i		(Specify SF or LF)		SVOL	air	apsı	losu
(13)	<b>3</b> .		Taks	(12					ner miscellane		0, 0, 1,		-		Encapsulate	Ге
1st Floor Space 1-14/	Δ		Yes	No 🖂		1/A 7	Woode	n Do	or with Core	Inculation	20 SF	- I	X			
						<u></u>			nd Mastic	insulation	17570 SF	_				
Ground, 1st, 2nd and 3rd Floors						<u></u>	7.00 00000000		Panel Boar	4	56 SF			П		
Ground and 1st Floor					1	_	\$3000000000000000000000000000000000000		or/Louver C	2		_				
Name of Registered Was			Ш				Vaste		oir Louver C	Name of Regis	210 LF	-   1	X	Ц	Ш	Ц
or registered was	to riguist			188			No.	Was		Ivanie or Regis	NOIGU LANUIIII					
City, State								Disp	oosal Date	City, State						
Completed By (Print or Ty	(ne)	Title	%						Signature			Date				
- simpletoo by (Fillit of T)	d By (Print or Type) Title								Signature			Date				

ASB-41 MAY 11

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



Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (		1117				1	1111
	05 /	17	_						(Page 2 d	of 3) () ()		) [	017	Village	A CONTRACTOR
Agencies Notified  EPA	Type Notifica				Street	t Address				1			*******	į.	A 100
☑ DOLWD ☑ DHSS	Amended Amendm				City, S	State, Zip (	Code						10 11 10 10 10	0.71.7	Service St. 1
□ DCA	☐ Emergen														
(NJAC 5:23-8)	justification		adding		Name	of Contac	t			Telephone N	Number				
	☐ Cancellat	tion								27					
				200000	FA	CILITY IN	IFOR	RMATION							
Name of Facility Where A		-		000000000					Type of Facility						
Passsaic County Co	ourthouse /	Annex	Buil	lding	Ver-201010				School (K-1	2) 8 (Other than I	( 10)				
Street Address									Other (i.e.,	private and com	nmercial	bui	ding	S,	
63 Hamilton Street									homes, e.c	.)					
City (5)									Square Feet	# of Floors		Bld	g. Ag	ge	
Paterson						1 0 1 /	7) /0 TA	TE LIGE ON VA							
County (6)					Cour	nty Code (/	()(STA	TE USE ONLY)	Current Use P	rior if being der	nolished	)			
Name of Monitoring Firm	Hired by Build	ding O	wner (	8)	ASCM	No.	Na	me of Abateme	ent Contractor (9	9)					
Street Address							Str	eet Address							
City, State, Zip Code							City	, State, Zip Co	ode						
Project Manager for Moni	toring Firm			Tele	phone	No.	Tel	ephone No.		License No	).	25.13			
Start Date (10)	15	Schedu	iled Co	omple	tion Da	te (11)	Nar	me of OSHA M	lonitor			-			
1					/										
Occupancy Status During							Stre	eet Address							
☐ Facility Closed/Vacate	d During Entir	e Peri	od of	Abate	ment		0.55600								
Abatement Performed Time of Abatement: _/						scribe	City	, State, Zip Co	ode						
Scope of Work (Check all	that apply)														_
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		]	Rei	novat molitic				☐ Mini-Enc ☐ Glovebag	g Procedure						
		-	le	Loca	ion	T		□ Non-Exe	mpted (*) and No	on-Friable Proc				-	
Location	of		N	lorma	lly			Description o	f			Т	teme		Т
Asbestos-Containing N		)		d Sole intena	ely by			Containing Ma	terial (ACM)	Amount	1 2		Repair	Encapsulate	Enclosure
TO BE ABA				odial	Staff?	(I.e		rmal systems urfacing, VAT,		(Specify SF or LF)	)		air	apsı	nso
(13)	•	-	v T	(12)	T	-		ner miscellane		,	´   =			late	е
Ground, 1st, 2nd and	3rd Floors		Yes	No 🖂	N/A	Plaster	Deb	ris		550 SI	F 🗵	1	П	П	
Ground, 1st, 2nd and		$\boxtimes$		Suspen	ded	Ceilings w/	ACM debris	15,500 S		-					
Ground, 1st, 2nd, 3rd				Duct In:	sula	tion	_	1,210 SI		-					
Ground, 1st, 2nd and	3rd Fl-Chas	ses		$\boxtimes$		Duct Se	em	Таре		8 SI	F 🗵	1	П	П	
Name of Registered Wast	e Hauler				JDEP \			oic Yards of	Name of Regi	stered Landfill		-			_
				H	lauler II	O No.	Was	ste	DEPOSITOR OF STREET						
City, State							Disp	oosal Date	City, State						
Completed By (Print or Ty	pe)	Title						Signature			Date				

1 V # 0 F 0	O.C.	NOT		TION	OF ASI	ew Jersey BESTOS ABAT C 8:60 and 5:19		AID				
W QU	80		(, ,							W	H.	
Date of Notification (1)	05 / 17				of Building anty of P	g Owner/Operator ( assaic (Page		OCT 1	n 71	17	And the second	Anne September September 1811 - Philosophia S
Agencies Notified ☑ EPA	Type Notification  Initial				Address Grand S	treet		Ly	SA COS	0 0 0	Ľ	1
□ DOLWD				A STATE OF STATE OF	state, Zip C			- Charles of the Committee of the Commit	2012	TO PARTY		-
□ DHSS	Amendment #	-		200	erson, N.							
DCA	☐ Emergency (in	cluding	,	110,755	of Contact	- STATE OF THE STA		I= 1 1 N 1				
(NJAC 5:23-8)	justification)  Cancellation							Telephone Numb	er			
	☐ Caricellation			line Levelse C	rew Tho	M. 10 . 10 . 10 . 10 . 10 . 10 . 10 . 10		-1		9 8		
				FAC	CILITY IN	FORMATION						
Name of Facility Where A							Type of Facility	3.5				
Passsaic County Co	ourthouse Anne	x Bui	lding				School (K-12					
Street Address								8 (Other than K-12) rivate and commerc	ial bu	ilding	js,	
63 Hamilton Street							homes, etc.					
City (5)							Square Feet	# of Floors	Blo	dg. A	ge	
Paterson							40,000	4		127	yrs	
County (6)		Current Use (12)	ior if being demolish	red)								
Passsaic	Vacant											
Name of Monitoring Firm	Hired by Building (	Owner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)				
Langan				0009	9	Superior Aba	atement Inc					
Street Address						Street Address						
300 Kimball Drive						2 Henderson	Drive					
City, State, Zip Code						City, State, Zip Co	ode					
Parsippany, NJ 070	54					West Caldwe	II, NJ 07006					
Project Manager for Monit	toring Firm		Tele	phone !	No.	Telephone No.		License No.				
Vijay Patel			(9	73) 56	0-4900	(973) 808-161	16	00411				
Start Date (10)	Sched	luled C	0.5%	ion Da		Name of OSHA M	1000					
10 /16 /		1/	_ 16	_ / _		Superior Aba	tement Inc					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate						2 Henderson	Drive					
Abatement Performed Time of Abatement:			/ Hours -		cribe	City, State, Zip Co						
_						West Caldwe	II, NJ 07006					
Scope of Work (Check all  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	that apply)		novatio molitio			☐ Mini-Enc ☐ Glovebag	g Procedure	gative Pressure	e			
			Locati						Aba	atem	ent T	уре
Location of Asbestos-Containing Management TO BE ABA' IN Facility (13)	Material (ACM) TED	Use Ma	Normal d Sole intenar todial S (12) No	ly by nce/		Description o stos Containing Ma , thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Ground, 1st, 2nd, 3rd	Floors & Attic		$\boxtimes$		Pipe Ins	sulation		1,553 LF			П	
Ground, 1st, 2nd, 3rd						int Insulation	-	826 EA				
Ground, 1st, 2nd and	3rd Floors				Wall and	d Ceiling Plaste	r	37,293 SF		П	П	П
Ground, 1st, 2nd and						Skim Coat		1,030 SF				
		177 - 8	40000				Water and the second state of the second	W. W. C.	1	_	_	-

New Castle, DE
Completed By (Print or Type)

Nick Petrovski

Name of Registered Waste Hauler

Service Transport Group, Inc

Title President NJDEP Waste Hauler ID No. SW2117

Cubic Yards of Waste

Name of Registered Landfill
Minerva Landfill

Disposal Date City, State

1/16/2018 Waynest urgh, OH

Signature

Date Date

10-

City, State

### State of NJ

Notification of Asbestos Abatement D&S Proj. #: 17-267 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 9 /12 9 /11 7 elisha rush Agencies Notified Type Notification Street Address **EPA** Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency Upper Montclair, NJ 07043 (including DOH Name of Contact Telephone Number justification) ☐ DCA Cancellation elisha rush **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) elisha rush Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet Bldg. Age # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Upper Montclair Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Con ractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 10/04/17 10/25/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\times$  >3 sf or >3 If Mini-enclosure X Renovation Glovebag procedure 2160 sf or >260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of E Ε by maintenance/custodial e asbestos-containing е n Amount Description of asbestos-containing staff(12) n m material (acm) to be p C material (ACM) (Specify SF or abated in facility (13) C 0 a а Yes No N/A L p basement boiler rm PIPE INSULATION 50 1 ft X basement recreation rm PIPE INSULATION 25 1 ft X basement crawl space PIPE INSULATION 15 1 ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Lancifill D & S RESTORATION, INC. 13506 2 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 10/05/17 TULLYTOWN, PA

Signature

Do not use this form for asbestos licensure exempted activities.

Date

09/29/2017

Completed by (Print or Type)

**BOGDAN JOLDZIC** 

Title

PRESIDENT

### State of NJ Notification of Asbestos Abatement

2017-139 B & G proj. #:

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

	29				Sub chap	ter 8	Project	Chec	ck # 862	5			
Date of Notification (1	1)	11	Name o	of Building Ow	ner/Operator (2	2)		Harik			17 T	E F	$\nabla I$
11 10 1/10 16 1	/ [1 [7]			nty of Morri		,				4.1	4 1	III TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED I	Shrings.
Agencies Notified	Type Notificati	on	Street A						0.071	0.20	17	111	11
EPA DEP	X Initial				10 COurt St	reet		TAKA Tiy				Ľ	And the second
₩ DOL	Amendn	ent		ite, Zip Code ristown, NJ	07960			ن - آماوانوا (چەۋارات	Secretary singless	NY, II AND LABOR DA		-	
₩ DOH	TOTAL ST	- 11	Name of	Contact		-		Teleph	one Numb	er	es esta Por		Ellande
☐ DCA	Cancella	tion	Chri	s Walker							MO	A	M
				FAC	ILITY INFORM	ATIC	DN						
Name of facility when	e abatement is	taking p	lace (3)			-		Type of Facility					
Morris County C	Courthouse								ool (K - 12 chapter 8 (	*****	than	K-12	)
Street Address								X Othe	r (Private/	Comm			**
10 Court Street								Bldgs Square Feet	# of Flo		T F	ldg.	Age
City (5)		Cou	unty (6)				unty Code (7)						.50
Morristown, NJ	07960	M	orris			(51	ate use only)	Current Use ( Courthouse		ing der	nolish	ed)	
Name of Monitoring F		dg. Owr	ner (8)		ASCM No.		Name of Abatement C	ont actor (9)					
T & M Associat	es				145		B & G Restoration	on, Inc.					
Street Address				A	NACO DE LO PORTO DE LA CONTRACTOR DE LA		Street Address						
11 Tindall Road	d 						105 Ryerson Ro	oad			-	-	
City, State, Zip Code Middletown, NJ	J 07748		SCOPE-SCOPE HIS SON				City, State, Zip Code Lincoln Park, N	J (7035					
Project Manager for Mo	onitoring Firm		1	Phone Numb	er	-	Telephone Number		License	e Num	per		
Kevin Burns				732-539-	2482		(973)696-6869		0	0378			
Scheduled Start Date (	10)	Sche	d. Comp	etion Date (1	1)	-	Name of OSHA Monito						
10/30/2017		11/	10/201	7			B & G Restoration	on, Inc.					
Occupancy Status Duri	ing Abatement	-				-	Street Address 105 Ryerson Roa	ad					
Facility closed/va	cated during e	ntire per	iod of ab	atement.			City, State, Zip Code	au					-
Describe:		HOIIIIai	racility if	Ours-		_	Lincoln Park, NJ	07035					
Other-Describe:						-	Lincoll Falk, NJ						
Scope of Work (check						[22] -							
		enovation					Full Containment w/nega	tive pressure		bag pr			
>3 sf or >3 lf		60 sf or			γ	<u>Ш</u>	Vlini-enclosure		∐ Non-f	riable		dure	
Location of	1.		n normal enance/c	lly used solely ustodial		950		A		R	R	E	E
asbestos-contain material to be		taff(12)			Descriptio material (A		sbestos-containing	Amount (Specify S	SF or	m	р	С	n
abated in facility	(13)	Yes	No	N/A				LF)		V	a i	a p	L
Room 8				X	pipe insula	tion	/ VAT & mastic	220 lf / 2	70 sf	e X	Ó		10
Room 10				X	pipe insula	tion	/ VAT & mastic	270 lf / 2	50 sf	X			
Room 12				X	pipe insula	ogyp.		100 lf		X			
Room 7				X	VAT & ma			25 sf		X			10
Hallway				X	NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, W	-	/ VAT & mastic	150 lf / 4	40 sf	X			
Registered Waste Haule B & G Restoration			EP Haule 19563	er ID# Cu	ibic Yards of W 40-60	aste		andfill escurce & Re	COVERV	Cent	۵r		
City, State	,			Disposal Da	The second recognition of the second		City, State	COCIOC OCIV	Jouvery	Jent	J1	-	
Lincoln Park, NJ					17 - 11/13/1	7	Tullytown, PA	4				,	
Completed by (Print or T		itle			Signature	(	Gordana Luna		Date				
Gordana Luna	S	ecreta	ry/Trea	surer			Zoraana Luna		10/06	5/201	1		

EDS17-249		NOTIF	CATIO	tate of Ne N OF ASE	w Jerse	N ABATE	ME	Pa	ge l o	f 1				
ED317-249		(P	ureuani	to NJAC	8:60 an	d 12:12	(0)	The state of the s	ieck	# 3334	216			
Date of Notification (1) 9/29/2017			Name o	f Building	Owner/0	Operator	r (2)			- 2-11-12-1	·Y	7	+	
Agencies Notified Type Notification		-		Address		DOUITO	OT	Education	÷ (+)+	2 200	7		$\perp$	
☐ EPA ☐ Initial				oute 51	5				DOT	-41	/			
DEP Amended Amended Amendment	ш	Γ		ate, Zip C				1111	[S. Constitution					
▼ Emergency (		-		f Contact				MAL	/F.R	A P D D C	mher	107	EL	7
DCA Cancellation				Storms					1770			•	-	Africa Wijery
Name of Facility Where Abatement is Taking	Place (	3)	FAC	LITY INF	ORMAT	ION	ΙTν	pe of Facility	4)	- Vor 1		Q. 8. /		Service services
Lounsberry Hollow Middle School			346-5				X		1 10		B-CST A-POLY		Enco	
Street Address 30 Sammis Road								Subchapter Other (i.e.	8 (Oth	er than K-1	2)	Idinae	hom	
City (5)							50	etc.) uare Feet					-	100,
Vernon							1 ::::	0,000 ÷	1	f Floors	- 00	3ldg. / 10+	-√ge	
County (6) Sussex				Cade (7) USE ONLY	,	_		rrent Use (Pr	or if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building C EnviroVision Consultants, Inc.	)wnar (8)	,	ASCI 0007					batement Cor	tractor	(8)				
Street Address 20-21 Wagaraw Rd, Building 35E						Street	Add							
City, State, Zip Code			·				_	, Zip Coda						
Fair Lawn, NJ 07410								gdale, NJ	7403		<b>1</b>			
Project Manager for Monitoring Firm Guillermo M Morales			Telepho (973) (	ne No. 336-914	5	Teleph (201)		No. D-9725		License N 01084	lo.			
	Schedule 9/28/20		npletion	Date (11)				SHA Monitor Ip, Inc						
Occupancy Status During Abatement (Check	_				-	Street								$\neg \neg$
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	eriod of A al Facility	Abaten Hours	nent :					nburg Tpke						
Other - Describe:						Bloo	mIn	gdale, NJ	7403		-,			
Scope of Work (Check All That Apply)  ≳3 af or ≥3 if	[V] -		Al			-	1 .							
≥160 sf or ≥280 if		Renova Demolit				E	4 1	Full Containm: Viini-Enclosur: Glovebag Pro		Negative F	Pressu	re		
	1							Non-Exempte		d Non-Friab	le Pro			
Location of	1	Locati	У		Des							Abate Ty	pe pe	1
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Solei Intenar	ice/	Asbas	tos Cont	scription aining M	tater	ini (ACM)		mount	-		Ē.	
in Facility (13)	Cust	odlal S (12)	itaff?	(1.0.		cing, VA	T, or			specify or LF)	Remova	Repair	Encapsulate	Endosure
(15)	Yes	No	N/A		oruét ti	niscellan	1904:	5)			Ma_	<b>B</b>	ulate	ane
Boiler Room	Х			(	D&M D	ust Cle	an	up	1,4	72 SF	X			
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							_							
Name of Parish					Cuble '									
Name of Registered Weste Hauler GL Group, Inc	Group Inc. Hauler ID No.							Mame of Minervu		red Landfill			W(19,00	
City, State	0033034							City, Stat						
Bloomingdale, NJ					TBD	al Date		Wayne		ОН				
Completed by Elena Solakov	Title President	dent		1	S	gnature	-	lem So	1 4	Da	te 29-20	017		
	1 100						_0	Kerm Ja	ullo	-/ <u>  9-</u>	<b>₹</b> \$-₹(	017		

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Page 1 of 1 P

EDS17-249 (Pursuant to NJAC 8:60 and 12:120) Check.# 3334 Name of Building Owner/Operator (2) Date of Notification (1) Township of Vernon Board of Education 9/29/2017 Street Address Agencies Notified Type Notification 539 Route 515 **EPA** Initial City, State, Zip Code Amended DEP × Vernon, NJ 07462 Amendment # DOL Emergency (including Telephone Number Name of Contact justification) × DOH Darryl Storms Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Lounsberry Hollow Middle School School (K-12) Subchapter 3 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 30 Sammis Road etc.) Bldg. Age Square Feet # of Floors City (5) 40+ 40,000 + Vernon Current Use (Pricr if being demolished) County Code (7) County (6) (STATE USE ONLY) School Sussex Name of Abatement Con ractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. GL Group, Inc. EnviroVision Consultants, Inc. 00079 Street Address Street Address 140 Hamburg Tpke 20-21 Wagaraw Rd, Building 35E City, State, Zip Code City, State, Zip Code Fair Lawn, NJ 07410 Bloomingdale, NJ 07403 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01084 (201)710-9725 (973) 636-9145 Guillermo M Morales Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) GL Group, Inc 9/28/2017 at 3.30 pm 9/28/2017 Street Address Occupancy Status During Abatement (Check Only One) 140 Hamburg Tpke Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Bloomingdale, NJ C7403 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Demolition Mini-Enclosure ≥160 sf or ≥260 lf

						Glovebag Pro Non-Exempte	cedure c (*) and Non-Friat	ole Pro	cedur	e	
- Ca - Sa		Locati				•				ement rpe	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce <i>i</i>		Description of estos Containing Mater e. thermal systems ins surfacing, VAT, o other miscellaneou	ulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							Ō	
Boiler Room	X				O&M Dust Clean	up	1,472 SF	X			
Name of Registered Waste Hauler		l N	JDEP V	Vaste	Cubic Yards	Name of	Registered Landfil				
GL Group, Inc		10000	lauler ID 033034		of Waste TBD	Minerv	' <mark>{}</mark>				
City, State Bloomingdale, NJ					Disposal Date TBD	City, Sta Wayne	te esburg, OH				

Title

President

Signature

leru Solulla

Date

9-29-2017

Elena Solakov

Completed by

Ut Da	53	NC	OTIF	(Pui	TION suant	OF ASE	BESTOS ABAT C 8:60 and 5:16	5) Vacantia	NG 6 1		7 15	m	7
Date of Notification (1)		Modern					Owner/Operator (2	2)	1 000		France		- North
10 /	05 · /	17		- 1	Pro	Contract	tors	11	// OCT 1	0 201	7	1	100000
Agencies Notified	Type Notification	on			Street	Address			<del>   d</del>		-	01	
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⊠ DOH	Amendmen		-		Wvc	koff, NJ	07481						
DCA (NJAC 5:23-8)	☐ Emergency justification		ding	-		of Contact			Telephone Nu	mber			-
(NJAC 5.23-6)	☐ Cancellation			1		Springe			- Ciopriorio Tiu				
			7-2-7	- 1	950	10 - 50	FORMATION						-
Name of Facility Where A	batement is Tak	king Pl	lace (	(3)				Type of Facility	(4)				
Residential								School (K-12	5.50				
Street Address								Subchapter 8					
								Other (i.e., p homes, etc.)		nercial bu	ilding	s,	
City (5)			7.77 E					Square Feet	# of Floors	Blo	dg. Ag	je	
Wyckoff													
County (6)					Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	or if being demo	olished)			
Bergen													
Name of Monitoring Firm	Hired by Buildin	Name of Abateme	ent Contractor (9)										
Bio Terra Solutions					0615	995	ALL PRO MA	NAGEMENT L	I.C				
Street Address			1117/11				Street Address						
P.O. Box 1224							27 Outwater I	Lane					
City, State, Zip Code				======			City, State, Zip Co	ode					
Union, NJ							Garfield, NJ (						
Project Manager for Moni	toring Firm			Tele	ohone N	No.	Telephone No.		License No.				
Rick Eustaquio				97	3-494-	3762	973-928-4888		1188				
Start Date (10)	Sc	hedule	ed Co	mplet	ion Dat	e (11)	Name of OSHA M	Ionitor					
10 /14 /		10	_ /	25	_ / _	17	ALL PRO MA	NAGEMENT L	I.C				
Occupancy Status During	Abatement (Ch	neck or	nly o	ne)			Street Address		-				
□ Facility Closed/Vacate	ed During Entire	Period	d of A	Abaten	nent		27 Outwater	Lane					
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	_PM/_		_PM-		AM	Garfield, NJ (	07026					
Scope of Work (Check all	I that apply)						□ Full Conf	tainment with Ne	ative Pressure				
≥3 sf or ≥3 lf				novatio			☐ Mini-Enc		gative r ressure				
≥160 sf or ≥260 lf		$\boxtimes$	Der	nolitio	n			g Procedure					
			lo	Looot	on		⊠ Non-Exe	mpted (*) and No	n-Friable Proce				
Location	of			Locati Iormal			Description of	of.			atem		ype
Asbestos-Containing			Use	d Sole	ly by	Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA				intena odial s		(i.e	., thermal systems		(Specify	Nov	air	aps	losi
IN Facili (13)	ity		Gust	(12)	Jian :		surfacing, VAT other miscellane		SF or LF)	8		ula	Гe
(15)		1	Yes	No	N/A		outer misocharie	.ous,				fe	
Kitchen					$\boxtimes$	VAT			143 SF				
Basement						VAT			680 SF				
-		1										П	
		_										П	
Name of Registered Was	ste Hauler				JDEP \	Vaste	Cubic Yards of	Name of Regi	tered Landfill		1_		1-
ATC	1101101			10000	auler II	O No.	Waste		nterprises				
City, State			272		SW-2	4310	As Needed Disposal Date	City, State	•				
Shirley, NY							TBD	Waynesbi	ıra. OH				
•	ima) I	Tist-						,	- 5, 5,,	Date			
Completed By (Print or T Zvonko Veskov	ype)	Title		mé			Signature	, ,, ,					
ASB-41		Fre	eside	stit.			Loonk	ko Veskov		10/5/	1/		

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) E Date of Notification (1) Name of Building Owner / Operator (2) 10-04-2017 Christ Episcopal Church Agencies Notified Type Notification Street Address  $\boxtimes$ **EPA** 62 Delaware Ave DEP Initial City, State & Zip Code  $\boxtimes$ ASBESTOS CONTROL & DOL Amended Woodbury, NJ 08096 X DOH  $\boxtimes$ Emergency Name of Contact Telephone Number DCA Cancellation Jim Proctor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)

School (K-12) Christ Episcopal Church Street Address Subchapter 8 (Other than K-12) 62 Delaware Ave Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of F oors Bldg. Age City (5) County (6) County Code (7) 15,000 100 Woodbury, NJ 08096 Gloucester Current Use (Prior if being demolished) Church Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10-05-2017 10-06-2017 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: City, State & Zip Code Describe: 6:00am - 6:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition  $\boxtimes$ Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Material (ACM) Solely by SF or LF) Encapsula: Enclosure TO BE ABATED Remova Maintenance or Repair (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Basement M Pipe Insulation  $\boxtimes$ 50 LF П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 10-04-2017

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Christ Episcopal Church	Taking Diggs FA	ACILITY INFORMAT	100		Telephone Numi
Street Address	(E) 92BIT 6161	Tuna	ION		···
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City (5)				MANAGEMENT NOTES	
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Woodbury, NJ 08098 Count		Squar	e Feet	a commercial bu	Illdings, homes, etc.)
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Project Manager for Monitoring Firm Mr. Jim Proctor		City. St	ate & Zip Code	202	
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IO BE ABATED In Facility (13)	Normally Used Solely by Maintenance or Cuatodial Staff? (12) Yes No N/A	Material Material (i.e., therma insulation, suri or other misce	fion of ontaining (ACM) I systems	(Specify SF or LF)	Enclosure
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me of Registered Waste Hauler Source Management Group, LCC 7, State 1101, NJ 08618	Normally Used Solely by Maintenance or Cuatodial Staff? (12) Yes No N/A  NJDEP Wa Hauler ID N  00362 18	Aspestos-C  Meterial  (i.e. therma insulation, surf or other miscs	fion of containing (ACM) is systems facing. VAT all sneeds is registered from Landrill City. State	(Specity SF or LF)	Enclosure
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### **GIA**4

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

CHECK # 24627

Date of Notification (1)				Namo	of Buildin	a Owner	Onorata	- (0)									
10-03-17				Kein-	Nieves,	LLC	Operato	r (2)		F-1	E	C	E	7 1	V/ I	Eſ	2
	Type Notification	1			Address mber Dr	rive			or or property and	U		<u> </u>	<u>L</u>	Ш	<u> </u>		
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× DOH DCA	Emergency justification Cancellation	) `	)	Name	of Contact	t					Te	lepho	ne Nur	nber	ROL	8.	
		W		00_0000000	CILITY INF		ION						-			Ot .	
Name of Facility Where Al	patement is Takin	ng Place (	3)					Туре	of Fac	ility (	4)						
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City (5) Newark, NJ								12033	are Fee 19SF	t	# 0	f Floo	rs	- 10	Bldg. 106 y		
County (6) Bergen					Code (7) USE ONL	n			ent Use		or if be	ing de	molish	ed)			
Name of Monitoring Firm F N/A	lired by Building	Owner (8)	)	ASC	M No.				atement Enviro								
Street Address							Street 200 E		ss d Stree	 et	10000000						
City, State, Zip Code							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ip Code								
Project Manager for Monito	oject Manager for Monitoring Firm						Teleph 201-9					Lice 007	nse No	).			
Start Date (10) 10-16-17	· · · · · · · · · · · · · · · · · · ·								HA Mon		 D.						
Occupancy Status During A	Abatement (Chec	k Only Or	ne)				Street	100000000000000000000000000000000000000									-
Facility Closed/Vacate Abatement Performed	ed During Entire I Outside of Norm	Period of Anal Facility	Abaten Hours	nent S			307 V City, St		38th S		et						
Other – Describe:						_			NY 1		8						
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Exterior: Ro		х	С	oping S	Stone N	Masti	С	-	2	25SF		х					
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ATC, Inc. / JBT (50071	JBT (50071) Hauler ID N 24310						te		Mine								
City, State Shirley, NY / Bronx, NY	′					Disposa TBD	al Date	, e c	City, S .Wayr		urg,	OH 4	4688				
Completed by Raymond Kinsella		Title Projec	et Ma	nager		Sig	gnature	1	1				Date 10-0		7		

09-25-17 14:22 FROM	6.	(P	S ICATION Pursuant	iale of N N OF ASI	BESTOS	ABATE	MEN	1)	C 14	889	P0002	200	04)=	-77
Date of Notification (1) 9/25/2017			Name o	f Building	Owner/	Operator	(2) (2)		101		- 6/47 -		1	
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Name of Facility Where Abatement is Tak	no Dinna (3)			LITY INF		ION								
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Oily (5) Hackensack				***************************************			Squ: 2.00	are Feat	1	of Floors	·	BId:	j. Age	
County (8) Bergen			County (STATE	Code (7) USE ONLY	7		Curr	ent Use (P Ildential	rlor if be	ing dem	olished)			
Name of Monitoring Firm Hired by Building TBD	Owner (8)	—L	ASCN	Np.		Name o	of Abi	stement Co racting, L	LC	r (Ø)				
Street Address	,					Street	Addre	\$5						
City, State, Zip Code	***************************************	_				City, \$1	ate, 2	ey Road, ip Code						-
Project Manager for Monitoring Firm		T	Télépho	ne No.		Telaph	one N		sy u7-1	Ligen	e No.			
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Roof		x			stic arc					3 SF	×	+	+	+
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Completed by Predrag Sarcev	Title Vice P	resid	dent		-FBD-	Onstale o		-Wayne	aburg .		Date 9/25/2	017	,	

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Chylo Spring Field	<i>δ</i> ,	<u> </u>	County	Code (7)		Square Feet	# of Floors	III.	ildg./	Age ·
Name of Monitoring Firm Hired by Building O	wner (8	)	STATE	M No.		of Abatement Co	HOUSE		er-constant	-
Street Address  City, State, Zip Code					Street	Ad Iress	814		· · ·	
Project Manager for Monitoring Firm		T	Telepho		Toleph 130	ON BINGS	N 3 . 0 . Documents	300 300	5 t	
Occupancy Status During Abatement (Check	Only O	ne).	39	Date (11) \ 7	No	of OSHA Monitor DVATECN Address S. SGX	<u> 1NC</u> 814			
A Facility Closed/Vacated During Entire Pour Abatement Performed Outside of Normal Other — Describe:  Scope of Work (Check All That Apply)	enod on	Apatem y Hours	ienir		City, S	tate Zin Code	e ND.C	88	357	
Ä ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	A !	Renova Demoliti	tion ion		D)A(D)A	Vilni-Enclosur	ent with Negative Present with Negative Presented to the Present Negative Present Negative Present Negative Present Negative Presented Negative Negativ	e Pro	cedur	8 -
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(10)	Yes	No	N/A			and the second s		2		i iii
BASETTENT			Х	9x9 Fl	00R	TIE	250 SF	X		
Name of Registered Waste Hauter  NOVATECH INC  City, State	200	He	DEP Wayler ID:	No. of Wa	Yards ste. Sal Date	Gity, State	41 1) 21			
Completed by CARLOS AMEIDA	785 Title	)	SiDE		ignature		以 Date	٩	18	17
ASB-41 (R-06-08)					* Do not	use this form for	asbestos licensure	l exem	pted a	activi

A NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 04 17 Connell Real Estate Check # 5001 \$200 Agencies Notified Type Notification Street Address **⊠** EPA 1021 Plainfield Avenue ASBESTOS CONTROL & □ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # LICENSING Berkeley Heights, New Jersey 07922 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Brad Chupick c/o EWMA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Residence School (K-12) Street Address ☐ Subchapte 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Berkeley Heights, New Jersey 07922 5000 2 50 + County (6) County Code (7)(STATE USE ONLY) Current Use (F rior if being demolished) Private Residence Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (5) ASCM No. **EWMA** N/A Lilich Corporation Street Address Street Address 100 Misty Lane 606 McBride Avenue City, State, Zip Code City, State, Zip Code Parsippany, New Jersey 07054 Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brad Chupick 973-560-1400 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_\_18\_\_ / \_\_17 10 / 21 / 17 IRIS Environmental Labs LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-3:30PM/ PM- AM Union, NJ 07083 Scope of Work (Check all that apply) Full Containment with Negative Pressure ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Ncn-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Repair Removal Encapsulate Asbestos Containing Material (ACM) Enclosure Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A Kitchen П VAT (Non Friable Method) 150 SF Family Room  $\boxtimes$ VAT (Non Friable Method) 200SF Basement  $\boxtimes$ CeilingStuccoSheetrockJointComp 220 SF Basement  $\boxtimes$ Chimney Flue 2 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Regis ered Landfill Lilich Corporation Hauler ID No. Waste G.R.O.W.S. Landfill 18724 10 City, State Disposal Date City, State Woodland Park, New Jersey 10/21/2017 Morrisville, Pennsylvania Completed By (Print or Type) Signature Date Adriana Olejarova President ASB-41 \* Do not use this form for asbestos licensure exempted activities.

State of New Jersey

# all the same

Completed by A. Scott Higgins						Sig	gnature	/	De_		Date 10/4/	17			
City, State Freehold, NJ					100	Disposa TBD	-01.1991/01/2000		City, State Birdsboro	o, PA					
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(13)		Yes	(12) No	N/A	(	other m	iscellane	eous)		3F 01 LF)	Kemoval	Repair		Encapsulate	Enclosure
Location o Asbestos-Containing M <u>TO BE</u> ABAT In Facility	aterial (ACM)	Use Ma	Locati Normal d Sole intena todial S	lly ly by nce/	Asbesto: (i.e. th	s Conta nermal s	cription of aining Ma systems ing, VAT	aterial insula		Amount (Specify SF or LF)	Ken	Τ	Гуре		
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10/9/17	1	11/20/	17	npletion	Date (11)		A. 331 145 3 1 1 2 3 4 4 7 5 5 4 4 6		HA Monitor						
	ct Manager for Monitoring Firm  Date (10) Scheduled						Telepho 973-7	64-2	2276	Licens 703	e No.				
City, State, Zip Code							City, Sta	ate, Z	Zip Code		-11,55,000,000				-
Street Address							Street A	Addre		•					-
Name of Monitoring Firm F	lired by Building	Owner (8)	)	ASC	M No.		Name o	of Aba	atement Contr	actor (9)	LC			1-,00%	
County (6) Bergen				County (STATE	Code (7) USE ONLY)				ent Use (Prior ant building		olished)			-	
City (5) Palisades Park								Squa 350	are Feet 0	# of Floors		Bldg 80	Ag	je	
Street Address 319 Commercial Ave	enue					- 3850.00		×	Subchapter 8 Other (i.e. pri etc.)	(Other than		uilding	s, h	nome	es,
Name of Facility Where Ab vacant building	oatement is Takin	g Place (	3)					Type	of Facility (4'	ASBESTOS LICE	S CON	TROL	. &		-
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DOH DCA	justification) Cancellation	/ 10 TO			of Contact ockwood					Telephone	Nymbe	r,,,,,			$\parallel$
X DOL	Amendment Emergency		[	Bridge	ewater, N		307								Total Section 1
× EPA DEP	Initial  X Amended		-	7/2-300-6-27/6-37	corn Driv				-In	EGE	3	W	5	F	7
Agencies Notified	Type Notification	ACCEPANCE OF THE PARTY OF THE P		Street A									-		
Date of Notification (1) 10/4/17				of Building O			(2)	Chul		WO	L	>			
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( )	ary	1109	'' /' /
		111	

Date of Notification (1)			of Building	Owner/	Operator	(2)			R		11	4				
10/4/17	- Wester Rivor I Tilong			Kevir	n Papa											
Agencies Notified	Type Notificatio	n		Street	Address	74/2 ST				-	P	D FF	= n	7.77	[=]	point.
× EPA	× Initial									$\mathbb{N}_{-}$			3	W	15	In
DEP	Amended	is w			tate, Zip C	ode				出			And Mark Street		Office States	
X DOL	Amendment Emergency		- [	Cran	ford, NJ				200		00	7	^	0045		
X DOH	justification	)			of Contact					J Lije	lephone	Nun	nber	201/		L
☐ DCA	Cancellatio	n			Alvarac				ĺ	-						
Name of Facility Where	Abotament in Tale	Di (0)		FAC	CILITY INF	ORMAT	ION			-14	SBES	TOS	GO	VTRO	11 8	1
home	Abatement is Tak	ng Place (3)	)					Туре	e of Facility (	4)		LICE	VSIN	IG.		
Street Address			-						School (K-1	12)					*******	
Street Address	Ī							×	Subchapter Other (i.e. p					ldinas	hom	100
City (5)								None of the last	etc.)	, ivate	a com	Hereic	ar DG1	idirigs	, 110111	ies,
City (5) Cranford								10000	are Feet		f Floors	6		3ldg.	Age	
County (6)				0 .	0 1 /51			200		2			- 1	63		-
Union					Code (7)	7			ent Use (Prid			nolish	ed)			
Name of Monitoring Firm	a Hirad by Building	O							gle family							
Name of Monitoring Fill	ii milea by ballaing	Owner (8)		ASC	M No.				atement Con							
Street Address									ronrnenta	Ser	/ices,	LLC				
oucet Address							Street	Grand Contraction	VT:37		E :: <b>*</b> \$55,000 × 5					
City, State, Zip Code									83, 4 E G	ate L	rive			-		
ony, orato, zip oode								Zip Code d, NJ 074	10							
Project Manager for Mor	altoring Firm		Telepho	ano No				110	18	T						
syeet manager for mor	morning i iiiii		relepric	one ivo.		Teleph 973-				Licen 703	se No	).				
Start Date (10)		Scheduled	1 Con	nletion	Date (11)		-		HA Monitor		703					
10/5/17		10/13/1		piction	Date (11)		Ivallie	01 031	TA WOULD							
Occupancy Status Durin	g Abatement (Che						Street	Δddra		tory					-	
× Facility Closed/Vac							Olicet	Addie	55							
Abatement Perform	ated During Entire led Outside of Nori	nal Facility I	oatem Hours	ent			City St	tato 7	ip Ccde							
Other - Describe:							Oity, O	iaie, Z	ip ocue							
Scope of Work (Check A	II That Apply)												-			
≥3 sf or ≥3 lf		X Po	nova	tion			×	1				-				
× ≥160 sf or ≥260 lf		processed.	moliti						II Cor tainme ni-Enclosure		Negati	ve Pr	essu	re		
							_		ovebag Proc		V200005 29					
			0.00					l No	n-Exempted	(*) an	d Non-F	riable	e Pro			
200000000000000000000000000000000000000	morror <b>a</b> n	10 1000000	ocation of the contract of the											Abate	ement rpe	t
Location Asbestos-Containing		Used			Achon		scription		(4.0) 4)		00.1 20			Ι.,	P 0	1
TO BE AB	ATED	Main Custo	tenar		(i.e.	thermal	taining M systems	insula	ation.		mount Specify		Z	_	E E	LLI
In Facil (13)	ity		uiai 5 (12)	tan?	i. 59	surfa	cing, VA7	r, or	30.52381		or LF)		Remova	Repair	caps	Cio
(10)					-	otnern	niscellan	eous)					oval	2	Encapsulate	Enclosure
		Yes	No	N/A											e	10.00
second floor bath	room ceiling			X	sheet	rock, p	laster,	wood	lathe	3	5 SF		Х			
														4-53-745		
Name of Day				JDEP W												
	The state of the s					Cubic of Was			Name of R	Registe	red Lan	dfill				
FIREHUNIN LARANA				auler ID 959	140,	of Was	sie		Western	Berk	s Lan	dfill				
City, State						200000000000000000000000000000000000000	al Date		City, State					0.5000.50		-
Freehold, NJ	reehold, NJ					TBD			Birdsbor		A .					
Completed by	Completed by Title						ignature			-, . /	т	Date	3			
A. Scott Higgins		Presid	ent				J J	/	7				4/17			
	Scott Higgins Preside							-6	1	_		. 01				



Date of Notification (1) 10/4/17	N. (1994) A C. (19						(2) tes, Inc.	LUIC	- 10	91	lķ	)_	
Agencies Notified  X EPA DEP DDEP DOL Amender Amender	d lent #		Street 63 J City, S	Address effersor State, Zip twood,	Avenu	е	les, IIIC.		E C	E 1.0			
□ DCA     □ DCA     □ Emerger justificati     □ Cancella		ıg	Name Gary	of Contac Neuma	et ann			1	phone N	umbei			
Name of Facility Where Abatement is Ta Selective Insurance Street Address 63 Jefferson Avenue	aking Place	(3)	FAI	CILITY IN	FORMAI	ION	Type of Facility  School (K-Subchapte  Other (i.e.	(4) -12) er 8 (Othe	LIC	12)	ING	-	
City (5) Westwood County (6)							etc.) Square F€ et 3000	# of 2	Floors		Bldg.		
Bergen Name of Monitoring Firm Hired by Buildin	ng Owner (8	3)	(STATE	Code (7) USE ONL		Name	Current Use (Proffice of Abatement Co			shed)			
Street Address  City, State, Zip Code						ABS Street A	Environmenta Address Ox 483, 4 E ( ate, Zip Code	al Servi	ces, LL	<u>C</u>			
Project Manager for Monitoring Firm	rt Date (10) Scheduled					Glen	wood, NJ 074		License N 703	No.	-	-	
➤ Facility Closed/Vacated During Entir	0/7/17  Coupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hoother – Describe:  Ope of Work (Check All That Apply)  ≥3 sf or ≥3 If					Street A	ate, Zip Corle Full Containme	ent with N	legative F	Pressu	ıre		
	is	Demoli Locat	ion			Table 1	Mini-Enc osure Glovebag Prod Non-Exe npted	cedure	Non-Friab	le Pro	Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole intena todial (12)	ely by nce/	Asbes (i.e.	tos Conta thermal surfac	cription of aining Ma systems i ing, VAT, iscellane	terial (ACN) nsulation, or	Amo (Spe SF o		Removal	Repair	e Encapsulate	Enclosure
Conference Room					or tile a	nd subf	looring	155	SF	x		е	
Name of Registered Waste Hauler	17770000	JDEP W	7000000	Cubic Y		Name of F	Registered	d Landfill	l				
Freehold Cartage  City, State	1 2 3 3 3	auler ID 5959	INO.	of Wast	360	Westerr		Landfill					
reehold, NJ					Disposa TBD	al Date	City, State Birosbor						
Completed by A. Scott Higgins	eleted by Title				Sig	gnature	1/1-		Dat 10	e /4/17	,		

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		CATIC	N OF AS	ew Jersey BESTOS ABATEM 8:60 and 12:12		GEIV		Water Control of the	7
Date of Notification (1)		Nam	e of Buildin	ng Owner/Operator	ON TRAC	OCT 10 201 TORS		7	-
Agencies Notified Type Notification	м	Stree	et Address	661 R7	C ASE	SESTOS CONTR	OL&	1	
☐ BPA ☐ Initial ☐ Amended		City.	State, Zip	Code		LICENSING	11		=
DOL Amendment Emergency justification	(including		C A	PE MK	th W.	Telephone Numb		. 1	=
DCA Justification		Name	KI						
		FA	CILITY IN	ORMATION					
Name of Facility Where Abatement is Tak	ing Place (3)				Type of Facility  School (K-1)				
Street Address	CC				S ibchapter	8 (Other than K-12 rivate & commercia	) al buildings,		
					homes, etc.		Bldg. A		$\dashv$
City (5)	44				1500	7	50		
County (6)		Cour	nty Code (	7) (STATE		ior if being demotis	hed)		
Name of Monitoring Firm Hired by Building	Owner	ASCM		Name of Abatem	ent Contractor (9				
(8) Name of Monitoring First Times by Scholling					MCD I	NC			_
Street Address	-			Street Address	S. SPK	PUCE AU	E		
City, State, Zip Code				City, State, Zip C	ode			_	5
				MAP	LE 2H	License No.	080	) (	4
Project Manager for Monitoring Firm	Tele	ephone	No.	Telephone No.	7-0472	0044	14		_
	duled Comple		te (11)	Name of OSHA N	Monitor A / 1 / A				
0ccupancy Status During Abatement (Che		-17		Street Address	14/14				=
Facility Closed/Vacated During Entire P	eriod of Abate	ment						_	=
Abatement Performed Outside of Norma	al Facility Hou	rs		City, State, Zip Co	ode .				_
Other - Describe:  Scope of Work (Check all that apply)									
≥3 sf or ≥3 lf	Renovati	on		Mini-End		gative Pressure			
M≥160 sf or ≥260 ff	Demolitio	n		Gloveba Non-Exe	g Procedure empted (*) and No	n-Friable Procedur			-
	Is Location	1					Abater Typ		
Location of	Used Soleh	y by	Ashesi	Description of os Containing Mate		Amount		ш	
Asbestos-Containing Material (ACM) TO BE ABATED	Custodia Staff?		(i.e.,	thermal systems in surfacing, VAT,	nsulation.	(Specify SF or LF)	Remova	Encapsulate	Enclosure
IN Facility (13)	(12)			other miscellaneo	us)		oval	sulate	sure
25 12	Yes No	N/A						4	-
SIDING		X		RAN SITE		17503F	X	-	
								$\dashv$	$\dashv$
Name of Registered Waste Hauter		JDEP W		Cubic Yards	Name of Regis		A .A		
KLTMCD INC	H	auter D	120	of Waste	-C. M	1, C. M.	U.A	_	-
City, State	1 5			Disposal Date	City State *-	OBBINE			
11111111111111	1,7			Signature	7	Date	7 1	7	
Completed By W.C. L.A.F.7 KLTMM	SUP.			Mill	//~		- 2-1	1.	

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		E C				n n						
Date of Notification (1)				Name of Building Owner/Operator (2)				OCT 10 2017				
Agencies Notified    PA				Address State, Zip	O, BOX	ASBESTOS CONTROL &						
				of Conta	GAWTINI OB	E N.J 08203 Telephone Number						
	2		FAC	CILITY IN	FORMATION							
Name of Facility Where Abatement is RES ( DE Street Address		Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Offer (i.e., private & commercial buildings,										
City (5) BRIGA		Square Feet	# of	# of Floors Bldg. Age			_					
County (6) ATLAUTIC	7) (STATE	Currer t Use (Prior if being demolished)										
Name of Monitoring Firm Hired by Building Owner  (8)  ASCM No.					_ KIt	ame of Abatement Con ractor (9)  (CL CMCC) INC						
Street Address					Street Address 369 S. SPRIXE IAUE							
City, State, Zip Code					City, State, Zip Code WAPLE SHADE N. J 08052							
Project Manager for Monitoring Firm Telephone No.					Telephone No. License No. # 00 444							
Start Date (10) Scheduled Completion Date (11)					Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement					Street Address							
☐ Abatement Performed Outside of N☐ Other - Describe:	City, State, Zip Code											
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ Renovation □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure												
	Location lormally d Solely			Description of				Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	ntenano ustodial Staff? (12)	e/	(i.e., t	bescription of os Containing Mate hermal systems in surfacing, VAT, o other miscellaneou	sulation, or	(Sp	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure	
SIDING	Yes	No	X _	TK	LANSITE	30		6000 54				
			_						X			
					W							_
					Outle Vanda	None of Dear		46II				
Name of Registered Waste Hauler    CLEMCO INC   DROW   DRO					Cubic Yards of Waste Disposal Date  Name of Registered Landfill  A CU A  City, State (2)							
City, State MAPLE SHAPE			ASAM	TUIL	E	- 15		_				
Completed By MICHAEL KLEMM	Title PK	ES			Signature	1074 Date 16-3-17						



											Prir	nt Fo	rm
PAID	NOTIFI (P	CATIO ursua	ON OF A	New Jersey SBESTOS A AC 8:60 and	12:120)		Br.	LOUIS HOLD THE PARTY OF			0 0 0		
ite of Notification (1)		Name	e of Build	ling Owner/O	perator (	2)		OCT	10	2017			
)-29-2019			nship of Addres	of Woodbr	lage								SECTION AND ADDRESS OF THE PERSON AND ADDRES
encies Notified Type Notification			t Addres Iain St	S			1	SBEST	OS CON	TROL	. &		
EPA X Initial Amended	}	City.	State, Zi	p Code				L	CENSIN	10			1
DEP Amendment #		Wo	odbridg	ge NJ 0709	95			Telephor	ne Numbe	r			1
Emergency (Inci	uding	Nam	e of Con	tact				Tolophia		-			
DOH Justification Cancellation		Chi	ristophi	er Kosty INFORMAT	ION								-
	lace (3)	- 1	ACILITY	HAI OKUDA.		- 5	acility (4)						1
ame of Facility Where Abatement is Taking P Private Dwelling							ool (K-12) chapter 8	Other tha	an K-12)				
treet Address						oth	er (i.e. priva	ate & cor	mmercial b	uildings	s, hon	nes,	
in corr value						etc. Square F		# of Flor	ors	Bldg.	Age		
Dity (5)						N/A		N/A		N/A			_
Woodbridge NJ 07095		Col	unty Cod	e (7)		Current	Use (Prior i	f being d	lemolished	3)			
County (6)		(ST	ATE USE	ONLY)			e Dwellin						
Middlesex Name of Monitoring Firm Hired by Building Ov	vner (8)	1	ASCM N	0.	Nam	e of Abater	ment Contra tracting	LC					
Peak Environmental LLC	W C//					et Address	u com g						
Street Address						BOX 73	4						5
26 Kennedy Blvd, Suite A					City,	State, Zip	Code	7404					
City, State, Zip Code East Brunswick NJ 08816							Park NJ	) (424	icense No				
Project Manager for Monitoring Firm		Te	elephone	No.	Tele	phone No. 3-692-62	98	4 5	1266				
Al Caulou		170 1700	32-326			ne of OSH							
Start Date (10)	Scheduled 10-19-20		letion Da	ate (11)	An	nax Cont	racting L	LC					
10-09-2017						et Address							
Occupancy Status During Abatement (Check	oriod of Ah	ateme	ent		11.0	BOX 7	_				77.00		-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility F	lours			City	/, State, Zip /oodland	Park NJ	07424					
Scope of Work (Check All That Apply)    X  >3 sf or ≥3 If		enovat				Mir	Containmeni-Enclosure	e dura					
≥160 sf or ≥260 lf						× No	n-Exempte	d (*) and	Non-Friat	ole Proc	edure	ment	
	le	Locati	on								Ту		_
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mai	ormali d Sole ntenai odial S (12)	ly ly by nce <i>l</i> Staff?	(i.e. the	Containi ermal sys	otion of ing Materia stems insul g, VAT, or cellaneous)	ation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	
	Yes	No	N/A			-1.01-1-	aloc	13	20 SF	X			
Exterior			×			ard Shin			20 SF	Х			T
Exterior			×	Felt Pap	er Und	er Ceme	nt Board	12	20 0.				1
				-									
			11055	Masta	Cubic Ya	ards	Name	of Regist	ered Land	fill			555
Name of Registered Waste Hauler			NJDEP \		of Waste		Fairle	ss Hills	3				
Amax Contracting LLC			36184		5 CY Disposa	I Date	City, S.	tate					
City, State Woodland Park NJ 07424					10-27-	2017	Morri	sville F	PA	Date			_
Completed by	Title				Sig	gnature	1/0	e C		09-29	9-20	17	
Tome Maslarkov	Pro	ject l	Manage	<del>ا</del> ا		$- \Box$	e this form		etos licen	sure ex	empte	ed act	tivi

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.



NO	State of New Jersey FIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)
	Name of Building Owner/Operator (2)
	Kevin & Susan McCallen Private

b'			CATIO	N OF ASB to NJAC	<b>ESTOS</b>	ABATE			E	CE		V [		M
Date of Notification (1)			Name o	of Building	Owner/	Operator	(2)	115						Ш
10/4/17			Kevii	n & Susa	an McC	Callen I	Private	Home	1	OT 1	0 0	317	and and	
Agencies Notified Type Notification			Street A	Address					1	)CT-1	0 2	017	TL	21
X EPA X Initial		L						Ĭ	ni basan				į.	
DEP Amended Amendment			10.2277415-0110	ate, Zip Co					ASBI	ESTOS	CONT	ROL	8	- Contraction of the Contraction
Emergency (i		-		ide Park	NJ 08	752			_	LICE	VSING			
DOH justification)				of Contact					Tel	ephone N	Number			
DCA Cancellation			Kevin	ILITY INFO	ODSAAT	ION							-	
Name of Facility Where Abatement is Taking	Place (	3)	PAC	LITINE	JAWAI	ION	Type o	of Facility (	4)					
Kevin & Susan McCallen Private F	lome						Пв	chool (K-1	2)					
Street Address								ubchapter	(Oth					
								other (i.e. p tc.)	or vate	& comme	rcial bu	ildings	, hom	es,
City (5)							Square		# 0	f Floors		Bldg. /	Age	-
Seaside Park NJ 08752							1000		1			35+		
County (6)				Code (7) USE ONLY	1		700000000000000000000000000000000000000	t Use (Pri	o if bei	ng demo	lished)			
Ocean	(0)		3.0				hous							
Name of Monitoring Firm Hired by Building C N/A	wner (8)	)	ASC	vi No.		L. 1277.	of Abati naco Ir	ement Cor	nt actor	(9)				
Street Address	-		<u></u>			0.000	Address							
							Box 32							
City, State, Zip Code						City, S	tate, Zir	Code					00 774 / 100	_
						Wes	t Berli	n NJ 080	091					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none No		_	License	No.			
						856-	753-9	300		00727	7			
			npletion	Date (11)		1		A Monitor	r Jacobson of					
10/13/17	10/20/		5-25-32			Sam								
Occupancy Status During Abatement (Check	70	15				Street	Address	5						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	eriod of	Abatem	ent			City C	toto 7in	Codo		J.				
Other – Describe:	ar r domit,	y i louis				City, S	tate, Zip	Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	П	Renova	tion				] Full	Containme	ent with	Negative	e Press	ire		
≥160 sf or ≥260 lf	X	Demolit	ion			-	Mini	-Enclosure	9	···ogaar				
						×		ebag Prod Exempted		d Non-Fri	iable Pr	ocedu	e	
	Is	Locati	on									Abat	emen	t
Location of		Normal			De	scription	of	1			_	T	ре	_
Asbestos-Containing Material (ACM)		ed Sole		Asbes	tos Con	taining M	laterial (	ACM)		mount	_		ш	_ m
TO BE ABATED In Facility	Cus	todial S	Staff?	(i.e.		systems cing, VA		ion,		epecify or LF)	Rem	Repair	icap	nclo
(13)		(12)				miscellar				,	Remova	pair	Encapsulate	Enclosure
	Yes	No	N/A								-		te	0
Exterior Siding			х		Exte	rior Sic	dina		12	00 SF	x	1		
											+	1	-	
											-	+		
	-		-									-		-
Name of Decisioned West 11		1	IDED											
Name of Registered Waste Hauler			JDEP W auler ID		of Wa	Yards ste		Name of		red Land	Itill			
United Containers		11 833	2459		4	2000-00-0		G.R.O.	W.S.					
City, State						sal Date		City, State						
Elm NJ					10/20			Morrisv	ile P	A 19067	7			
Completed by	Title				5	Signature	1				Date			
Anthony T Perna	Pres	ident								- 1	10/3/	1		





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

Date of Notification	1 (1)	(Fursu			Owner/Operator					-		
10/3/2017			John &	The	resa Orou	rke		r				
Agencies Notified	Type Notific	ation	Street Addr	ess					EG	七	-	$\mathbb{W}$
[ ]EPA	[X] Initial											
[ ]DEP	Notifi	9 1	City, State	. Zip	Code			<u>                                      </u>	0.0	r 1	0 /	2017
[X]DOL	[ ]Amended	·	Cranfo						OC.	1	U	2017
	Notifi	cation		1820 00	· ·		7-7					
[X] DOH	[ ]EMERGEN	CY	Name of Con		resa Orou	552F	relephone	Number	ASBES"	TOS	CON	TROL
[ ]DCA	[ ]Cancella	ation	DOMM &	IIIC.	resa Orou	LAC				ICEN		
			FACI	LITY I	NFORMATION							
Name of Facility Whe			ng Place (3)		3	Type o	f Facili	ty (4)				
John & Theres	a Orourke	9				[]	School (	K-12)				
Street Address							The second second	er 8 (Othe				,
						1.3		.e., priva		лише.	rcia	_
		AND 1000 1000 1000 1000 1000 1000 1000 10				Square	Feet	# of Floo	ors Bl	dg.	Age	
City (5)		County			nty Code (7)							
Cranford		Essex		(51)	ATE USE ONLY)	Curren	t Use [P	rior if be	eing der	nolis	shed	)
Name of Monitoring F	irm hired by	Building	ASCM No.		Name of Abate	ment Co	ntractor	(9)				
Owner (8) N/A					AZTECH M	IANAGI	EMENI,	Inc.				
Street Address					Street Address	s				-		
					86 Chris	tophe	er St.					
City, State, Zip Cod	e				City, State,	Zip Code	e					
					Montclai	r, No	0704	2				
Project Manager for	Monitoring F:	irm Tel	ephone Numb	er	Telephone Num	ber		ļ	License	Numl	oer	
		N/	A		(973)744	-8800	)		0037	1		
Scheduled Start Date	(10) Sche	ed. Compl	etion Date	(11)	Name of OSHA	Monitor	-		70-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		3500-10	
10-13-17			4-17		N/A							
Month Day Ye	and the first of the second se	A STATE OF THE PARTY OF THE PAR	only one)		Street Address	e						
[X] Facility Clos	sed/Vacated D											
of Abatement []Abatement Per		de of No	rmal Facilit	cy	City, State, 2	Zip Code	<u> </u>			ANT HEE		
Hours - Descr [ ]other - Descr		the state of the s			, , , , , ,		-					
Scope of Work (Check			Descripe»									
boope of Mork (officer	arr mac ap	- X 1			[ ]Full	Contain	ment wit	h Negative	Pressu	ire		
[X]>3 sf or [ ]>160 sf o		(50)	<pre>X]Renovation ]Demolition</pre>		[X]Mini- [X]Glove							
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Location	o.e.	L	Is ocation		Descriptio	n of			Aba	teme	nt I	E
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City, State		1-	, 5 2 0	Dis	posal Date	City,	State					
Montclair, NJ	07042			1	0-15-17	Way	nesbu	rg/Oh:	io 44	688	3	
Completed By (Print	or Type) Tit	tle			Signature	5	$\perp \!\!\! \perp \!\!\! \uparrow$	/	Date			
Constantine Vi	Sign Signature and Signature	eside	nt			ant or	1. 1	/ -	10/3/	201	7	



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

Date of Notification	n (1)		Name of B	ilding	g Owner/Operator	(2)	p			
10/3/2017					ssakowski		ME	E	7 1	
Agencies Notified	Type Notific	ation	Street Add	iress	ar are the second the second	<del></del>	111111	0 5	<u> </u>	
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[ ]DEP	Notific	cation	City, Stat	e. Zir	Code		11111 00	T 1	9 201	7 11
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[ ]DCA	[ ]EMERGENO	Y	Name of Co		ssakowski	Telepho	he Number BES	TOS C	ONTE	OL&
Parameter and the second	[ ]Cancella	tion		100 DELECTION						
					INFORMATION					
Name of Facility Who Amanda Kossak		is Takin	ng Place (	3)		Type of Faci	lity (4)		24.5	
Amanda Nossak	OWSKI					[ ]School		020	NOW WELL	
Street Address							oter 8 (Other (i.e., privat			
ocreec Hunters							, homes, etc.		Omme L	<u> </u>
						Square Feet	# of Floor	-e R1	.dg. A	GO.
City (5)		County (	(6)		unty Code (7)		" 02 22003		.ug. 1	.gc
Montclair		Essex		(8	TATE USE ONLY)	Current Use	(Prior if bei	ng de	molis	ned)
Name of Monitoring H	Firm hired by	Building	ASCM No		Name of Abater	ment Contracto	r (9)			
Owner (8) N/A	2					ANAGEMEN'I				
Street Address					Street Address					
City State Sin Se						topher St	•			
City, State, Zip Cod	le				Montclai	ip Code r, NJ 070	42			
Project Manager for	Monitoring Fi	rm Tel	ephone Num	ber	Telephone Numb	er	Li	cense	Numbe	er
		N/	A		(973) 744	-8800		0037	1	
Scheduled Start Date	(10) Sche	d. Compl	etion Date	(11)	Name of OSHA M	Monitor				
10-12-17		10-	13-17		N/A					
Month Day Ye Occupancy Status Dur	ear Mo	nth D	ay Yea	r	l					
[X]Facility Clos	sed/Vacated Du	ring Ent	tire Period	i	Street Address	8				
[ ]Abatement Per	formed Outsid			ty	City, State, Z	ip Code		-		
Hours - Descr []other - Descr	ribe: «OffHours					Ī				
Scope of Work (Check			<u> </u>					-		
<b>-</b>		-1,			[ ]Full C	Containment wi	th Negative	Pressu	ire	
[X]≥3 sf or [ ]≥160 sf o			]Renovatio ]Demolitio		[ ]Mini-E	inclosure bag Procedure				
	- 2200 22		]Demotiteto	**		ciable Procedu				
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TO BE ABA		Cu	stodial	in	<pre>(i.e., thermal sulation, surfa</pre>	1.77	SF or LF)	V	A	P O S S
(13)	<b>.</b>	Yes	No N/A	1	or other miscel		/	A	D	U U L R
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LOMCOLATI, NO	0/042			1	.U-T4-T/	waynesb	urg/Ohio	J 44	000	
Completed By (Print		Le			Signature	1	11/	Date		
Constantine Vi	vian Pro	esider	nt		1 Pani	26 Thanking	W. Land	10/3/	2017	
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Jo Clik			ICATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE				EC	O E	- II	Ω/7 r	F
Date of Notification (1) 10/04/2017				of Building						<u> </u>		11	TA T	
Agencies Notified Type Notification				Address Crystal A	ve.			· in		00	111	) 21	)17	Thomas and the same of the sam
DEP X Amended Amendment				ate, Zip C				Physical pro-	A.	SBEST	ōs c	ONT	<u> </u>	0
X DOH justification) DCA Cancellation	including		Name o	of Contact						lephone l			- I O L	CX Management
ounconstion				ILITY INF	-	1011			10					
Name of Facility Where Abatement is Takin Corning Pharmaceutical Glass, LL		3)	FAG	ILIT IN	URWAT	ION	Туре о	f Facility	(4)					
Street Address 563 Crystal Avenue							S ×	ther (i.e.	er 8 (Oth	er than k & comme	(-12) ercial bu	uilding	s, hom	nes,
City (5) Vineland							Square 140	Feet	# 0	f Floors		Bldg.	-	
County (6)				Code (7)	0		Curren		rior if be	ing demo	lished)	00-7		
Name of Monitoring Firm Hired by Building (	Owner (8)	)	ASC	ASSESSED STATE			of Abate		ontractor					
EHS Environmental, Inc. Street Address							Address		ental S	ervices	, Inc.			
411 Southgate Court City, State, Zip Code							idge R							
Mickelton, NJ 08056 Project Manager for Monitoring Firm			Telepho	na Na		Phoe	nixville	e, PA 1	9460					
Jack Carney	8	_	856_22	24-0080			one No. 933-43			License 00836				
Start Date (10) 10/09/2017	10/12/2		npletion	Date (11)			of OSHA er Env			ervices	, Inc.			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F		00000	nent				Address dge Ro							
Abatement Performed Outside of Norm Other – Describe:	al Facility	/ Hours					tate, Zip enixville		9460					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		Renova Demolit				×	Mini-	Enclos ur ebag Fro	re ocedure	Negative			ire	
Location of	17	Locati					-170 <b>æ</b> -1						temen ype	t
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma Cust	d Sole intenar todial S (12)	nce/		tos Conta thermal surfac		aterial (A insulation r, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										е	
Diesel Pump House			X	Corr	ugated	Transi	ite Pan	els ———	24	0 SF	X		-	
												-	-	
Name of Registered Waste Hauler C & H Disposal Services, Inc.		H	JDEP W auler ID		Cubic `of Was	te			- 10 To 10	red Land		ι Λ	ı+h	
City, State Elmer, NJ		07	930		100000	J. Yds. al Date	(	City, S at	te	County	mihro	v. Al	au I.	
Completed by Patrick Larney	Title Proje	ct Ma	nager			gnature	(	Millville	, INJ	10000	Date 10/04/	201	,	
and the second of the second o		J. 1710	goi			100	- Carl	TVV	M		10/04/	401		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 2 24 / Virtua Type Notification Agencies Notified Street Address **⊠** EPA 20 W. Stow Road, Suite 3 **⊠** DOLWD City, State, Zip Code ASSESTOS CONTROL & **⊠** DHSS Amendment #3-10/4/17 Marlton, NJ 08053 LICENSING ☐ DCA ☐ Emergency (including justification) (NJAC 5:23-8) Name of Contact Telephone Number ☐ Cancellation Patrick Giordano **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Virtua Memorial Hospital - Therapy Center School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 62 Richmond Ave homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lumberton, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor 9) Vertex Air Quality Services BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 700 Turner Way 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Aston, PA 19014 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Don Heim 610-558-8902 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 9 / 17 10 / 13 / 17 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/\_\_\_\_PM-\_\_\_AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or >3 If ☐ Mini-Enclosure ☐ Glovebag Proc □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Asbestos Containing Material (ACM) Amount ncapsulate nclosure Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A therapy room

X  $\Box$ linoleum 1200 SF  $\boxtimes$ П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Reg stered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. Minerva Landfill 20990 20 City, State Disposal Date City, State NEW CASTLE, DE 19720 3/21/17 Waynesburg, OH Completed By (Print or Type) Title Signature Date Gino Pizzigoni Estimator ASB-41 GI 17044 \* Do not use this form for asbestos licensure exempted activities.



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

# 3273

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Date of Notification (1)				T	Name of Buil	Iding Owner/Operator	(2)	ALG G	1	1 1//	TP
2/	24 /	17			Virtua Me	emorial Hospital o	f Burlington Co	A Comment of the Comm	<u> </u>	17	6
Agencies Notified	Type Notific	ation			Street Addres		111	11:			
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□ DOLWD				- +	City, State, Z				1. 12	2017	- 1
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☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		uding	H	Name of Con			ASUESTOS Telephone Ni	CON	ITRO	1 2
(110/10/0.25-0)	Cancellat			1	Jude Fani			Telephone N	umber	G	Biological
						INFORMATION					
Name of Facility Where A	batement is T	akino P	lace (	(3)	TACILITY	MICKINATION	Type of Facility	(4)			
Virtua Memorial Ho		11772					School (K-12				
Street Address		, -					Subchapter !	(Other than K-	12)		
62 Richmond Ave							Other (i.e. p	rivate and comm	nercial	buildi	ngs,
City (5)							homes, etc.) Square Feet			DI.I	
Lumberton, NJ	12						Square reet	# of Floors		Bldg.	Age
County (6)			-	- 1	County Code	(7)(STATE USE ONLY)	Current Head (2-)				
Burlington					county code	(I)(STATE OSE ONET)		or it being demo	iisnea	)	
Name of Monitoring Firm I	Hired by Build	na Owr	er (8)	IAS	CM No.	Name of Abateme	Hospital				
Vertex Air Quality Se		ng Own	ici (0)	1	CIVI IVO.		Secretaries para contrata y consequences.	INC			
Street Address	J1 11003						VIRONMENTAL	., INC.			
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ity, State, Zip Code						1123 BEAVE					
Aston, PA 19014						City, State, Zip Co					
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roject Manager for Monito	oring Firm				one No.	Telephone No.		License No.			
Don Heim	10				558-8902	215-788-6040		00509			
tart Date (10)	5340			- T	Date (11)	Name of OSHA M					
					/	BRISTOL ENV	IRONMENTAL.	, INC.			
ccupancy Status During A						Street Address					
Facility Closed/Vacated						1123 BEAVER	STREET				
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Date of Notification (1)					Name of Bu	ilding Owner/Opera	tor (2)				
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					FACILITY	INFORMATION					
Name of Facility Where Abaten							Type of Facilit	(4)			
Virtua Memorial Hospita	I - Ther	apy C	ente	r			School (K-	2)			
Street Address							Subchapter   Other (i.e.,	8 (Other than	K-12)	نبط امنا	:1-1:
62 Richmond Ave							homes, etc	)	mmerc	iai bui	liaing
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Name of Monitoring Firm Hired b		ng Ow	ner (8)	AS	CM No.		nent Contractor (9)				77.05 V.S
Vertex Air Quality Service	÷\$					BRISTOL EI	NVIRONMENTA	L, INC.			
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Aston, PA 19014					2	BRISTOL, PA	19007				
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Start Date (10)  ON HOLD	Sche				Date (11)	Name of OSHA N					
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Date of Notification (1)					Name of R	uilding Owner/	Operati	25 (2)			LL COMMISSION DE		
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Agencies Notified T	ype No	tificatio	on.		Street Add		opiu.	or burnington	County	E	C	E	1 W
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	] Amen				City, State,						0.74		
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Virtua Memorial Hospi								Type of Facilit					
Street Address								School (K-	B (Other th	on V 4	21		
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Burlington					County Code	(7)(STATE USE	ONL Y)	Current Use (Pr	ior if being	demolis	hed)		
Name of Monitoring Firm Hired	by Build	dina O	WDOI (	2 / / 2	SCM No.	7		Hospital					
Vertex Air Quality Service		onig C	wher (	0)   ^	SCIVI NO.			nt Contractor (9)					
Street Address								IRONMENTAL	-, INC.				
700 Turner Way						Street Addr	0.00000						
City, State, Zip Code								STREET					
Aston, PA 19014						City, State, 2			1 to				
Project Manager for Monitoring F	irm		1	Talask	- 11	BRISTOL	- 20	19007					
Don Heim	11111				one No. 558-8902	Telephone N			License N	lo.			
Start Date (10)	180	hodul	od Com		Date (11)	215-788-6			00509				
3/13/17						Name of OSI							+ -
	1 :				/17	BRISTOL	ENVII	RONMENTAL,	IVC.				
Occupancy Status During Abatem						Street Addres	S						
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	of Norm	Period	of Ab	atemen		1123 BEA							
Time of Abatement: 7:00AM-3	:30PM	1 a 1 F a	PM-	ours - L	Mescribe [	City, State, Zip							
						BRISTOL,	PA 19	007					
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Date of Notification (	1) 03-15-2017	,		Nan	ne of	Building	g Owner / Opera	tor (2)		1 007	- 00	47		
	Type Notific				Ban et Ad	dress			The same of the sa	di OCT	1 0 20	11	1150	4
⊠ EPA						Avenu	е			į.				
DEP				City	State	e & Zip	Code			ASBESTOS	S CONT	ROL.	8t	-
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□ DOH □ DCA		ergency cellation				Contac	t Manager/Owner R		4-4"		Teleph	one l	Numb	er
		Condition			_			epresen	tative					
Name of Facility Whe	ere Abatem	ent is Taking P	lace (	3)	-ACII	LITY IN	FORMATION	ilita (A)						
PNC Bank		ion io raking r	iacc (	3)			Type of Fac							
Street Address							☐ Subcha	apter 8	Other tha	an K-12)				
101 West Main Street	t							i.e. priv	ate & con	nmercial build	lings, ho	nes,	etc.)	
City (5)		County (6)	C	ounty	Code	a (7)	Square Fee 3,000	ŧt	# of Floo	ors	Bldg. A			
Moorestown, NJ		Burlington	100	Julity	Cour	C (1)	Current Use	(Prior	1 -	amolished)		67		
							Bank	, (i iioi i	ii belii() de	emonsneu)				
Name of Monitoring F PT Consultants	irm Hired	by Building Ow	ner (8)	)	AS	SCM N		atemen	t Contrac	tor (9)				
Street Address				5,015			Resource M Street Addre		nent Grou	ıp, LLC				
62 Creek Road							2115 Hamilt		Suite 20	2				
City, State & Zip Code	е						City, State 8	Zip Co	ode	_				
Bellmaur, NJ 08031 Project Manager for N	Annitorina I		T				Trenton, NJ	08619						
Mr. Brian Havanki	nonitoring i	-irm	610-	onon 955-	e Nur	nber	Telephone N 609-914-42	Number		License	Number			
Scheduled Start Date	(10)	Scheduled Cor				1)	Name of OS		nitor		011	85		
10-14-2017			10-30	-201		.,	J&S Environ			ries, Inc.				
Occupancy Status Du	ring Abate	ment (Check o	nly on	e)			Street Addre	ess						
<ul><li>☐ Facility Closed</li><li>☐ Abatement Per</li></ul>	d/Vacated	During Entire Puring Normal H	eriod	of Al	atem	nent	2333 Route							
	aturday 7:00	0am – 11:00pm S	ours. Junday	6:00	am – 1	11:00pm	City, State & Union, NJ 07		de					
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City, State Frenton, NJ 08619							Disposal Date	City, S						
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Mr. Brian Haney	i Type)			Tit	le eside	nt	Signature	n L	hun	1	Date		7	
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Date of Notification (1) 10-2-2017				Name of	f Building ousar	Owner/0	Operato	r (2)		7 (0		U_		The same of the sa	
Agencies Notified	Type Notification		1	Street A	ddress				1111	00	T 10	2017	1500	$\mathcal{H}$	
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П всх	Caricellation	1			LITY INFO	ORMATI	ON			4					_
Name of Facility Where Residential	Abatement is Takir	ng Place (3)	)					Ty	/pe of Facility						
Street Address								×	Subcharter Other (i.e. petc.)				dings,	home	es,
City (5) Jersey City, NJ 07	305								quare Feet 312	# of 2	Floors		ldg. A 0+	ge	-252
County (6) Hudson	ORTON SOSSOCIA				Code (7) USE ONLY			Ci	urrent Use (Pri	or if beir	ng demolis	ned)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCN	/I No.				Abatement Co Environmen			.C		ns-Leron	
Street Address					2				dress ginia Avenu	ie					
City, State, Zip Code									e, Zip Code						15.42
							Jers	sey	City, NJ C73	304					
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Telep 201		e No. 3-8855		License N 01174	lo.			
Start Date (10) 10-3-2017		Schedule 10-3-20		npletion	Date (11)				OSHA Monitor as above						
Occupancy Status Durin	ng Abatement (Che	ck Only On	e)				Stree	t Add	dress						
	cated During Entire ned Outside of Norr						City,	State	e, Zip Code						
Scope of Work (Check															
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	міі тпас Арріу)		enova emolit					×	Full Containm Mini-Enclosur Glovebag Fro	e cedure	•				
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			1000												
Name of Registered Wa	aste Hauler		110000	JDEP W			Yards		Name of	Registe	red Landfil				
Green Environment	tal Services,		1000	034889		of Wa			Grows		Landfill				
City, State Jersey City, NJ 073	304						sal Date 2017	е	City, Star		A				

Signature

Completed by

Liliana Serrano

Title

Office manager

Date

10-2-2017

2012620:121

\* Do log two this form for asbasto; itps://www.ww.compted soffvilles.

p.2 States of New Jarger NOTE CATION OF ASSESTOS ABATEMENT (Propulsed to NJAC 8:80 and 12:120) Date of Notification (1) Norme of Availating Owner Operator 20 10 04/17 ATHCIA Agencies Nothed X FORD Indical DEP ROL Amonded S Cay, State DOL Heindrisons di Emergency (including FOLT LEE DON Name of Contact THE Concelledon JAMES VITALE Name of Facility Where Abolested is Taking Place (3) FAC ITY NECKMATION RESIDENCE Type of Facility (4) Street Address Sichool (%-12) Subclamptor B. | Other State N-12) Caby (6) Office (Le. pris de & comme FOLT Source Face LEE Hido Age County (6) 950 County Code (1) 150 Current Use (Prior | bising domolar Strain Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abeteranni Coreza for (59) Seraral Address AMAC Commoting in : Street Address City, State, Zip Coda 185 Vreoland Ave Che, Stoke, Zie Code Project Menager for Monitoring Firm Midland Pink, NJ 07432 Telephone No. Telephone No. Licurage No. Start Date (10) (201)262-5841 Scheduled Completion Date (11) 00156 Occuperray States Earling Abatement (Check Only Oring Name of OSHA Monitor 10 Omaga Environmental Services Inc. Street Address Facility Council/statebad During Strifes Period of Abatement Abatement Parthrested Outside of Normal Facility Houtz. 260 Huyler Street Other - Describe: City, Shirts, Zip Code Scope of Work (Check All That Apply) Hackensack, NJ 07606 23 at 0x 23 E Pownerston Description ≥160 sf or 2360 tr Pull Containsment will be Magazine Pressure Mini-Endoque Glossibing Proceeding Non-Exempted (\*) a of Non-Friedric Procedure la Location Location of Containing Malerial (ACM) Mormally Used Solely by Absolument. Description of Турв IR BE ABATED America Continue Hatchiel (ACIA) MONINGE in Facility / MANAGE Custoded Stat? (Le. thermal systems insustion. (131 surfacing, VAT, or Runnyed (12) STOLE other miscellements) Yes No NA 1CITCHEN SURFACIONSCHEINE 22012 Name of Registered Waste Hesies Cubic Yards Newark Carting Inc. Name of Register od Landiff Pinter ID Pin of Wester 04509 Grand Centra Sanitary Landfill Cky. Stelle Nowark, NJ 07105 Disposal Darbs City, State Completed by 064/17 On Pen Angyl, PA 08702 Joseph Vocaturo Vice President ADDLES OF DECISION 10/04/17

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 9/13/17  Agencies Notified    EPA 020     DEP	Number
Agencies Notified    PA 020    DEP	Number
Street Address   Stre	Number
DEP   Initial   City, State & Zip Code   Burlington NJ 08016   Name of Facility Where Abatement is Taking Place (3)   School (K-12)   Licensing   Street Address   Square Feet   # of Foors   Bidg. Age   Square Feet   # of Foors   Bidg. Age   Square Feet   # of Foors   Bidg. Age   Street Address    Number	
DOL 0195  Amended  Burlington NJ 08016  Name of Contact Mike Woods  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Burlington Coat Factory Store #6  Street Address 651 Route 17 Suite 2  Facility (4)  ASBESTOS CONTROI LICENSING  Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Square Feet # of F oors Bldg. Age  City (5)  County (6)  County Code (7)  Telephone  City (5)  Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Square Feet # of F oors Bldg. Age  City (5)  Current Use (Prior if being demolished)  Retail  Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)  BRISTOL ENVIRONMENTAL INC  Street Address  1350 Broadway, Suite 1904	Number
DOH DOA Cancellation Name of Contact Mike Woods    Cancellation   Name of Contact Mike Woods   OCT   Telephone	.8.
DCA	. &
FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Burlington Coat Factory Store #6  Street Address 651 Route 17 Suite 2  City (5)  Paramus  County (6)  Bergen  County (6)  County Code (7)  Retail  Name of Monitoring Firm Hired by Building Owner (8)  WCD Group LLC  Street Address  1350 Broadway, Suite 1904  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Street Factory Store #6  Subchapter 8 (Other than K-12)  Cuther (i.e. private & commercial buildings, homes, Square Feet # of F oors Bldg. Age  72500 1 50  Current Use (Prior if being demolished)  Retail  Name of Abatement Contractor (9)  BRISTOL ENVIRONME NTAL INC	
Type of Facility (4)   ASBESTOS CONTROL	
Street Address 651 Route 17 Suite 2  City (5) Paramus  County (6) Bergen  County (6) County Code (7) Current Use (Prior if being demolished) Retail  Name of Monitoring Firm Hired by Building Owner (8)  WCD Group LLC  Street Address  1350 Broadway, Suite 1904  ASSESTOS CONTROL LICENSING  Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Square Feet # of F oors Bldg. Age 72500 Current Use (Prior if being demolished) Retail  Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC  Street Address  1123 PEAVED STREET	
Site Address  651 Route 17 Suite 2  Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Square Feet # of Foors Bldg. Age 72500 1 50  Current Use (Prior if being demolished) Retail  Name of Monitoring Firm Hired by Building Owner (8)  WCD Group LLC  Street Address  1350 Broadway, Suite 1904	etc.)
City (5) Paramus  County (6) Paramus  County Code (7) Paramus  County Code (	etc.)
City (5) Paramus  County (6) Paramus  County (6) Paramus  County (6) Paramus  County (6) Paramus  County Code (7) County Code (7) County Code (7) Paramus  County Code (7) Paramus  County Code (7) Paramus  County Code (7) Paramus  County Code (7) Paramus  County Code (7) Paramus  County Code (7)  Retail  Name of Monitoring Firm Hired by Building Owner (8)  Name of Abatement Contractor (9) Paramus  Name of Abatement Contractor (9) Paramus  Street Address  Street Address  1350 Broadway, Suite 1904	etc.)
Paramus  County (6)  Bergen  County Code (7)  Current Use (Prior if being demolished)  Retail  Name of Monitoring Firm Hired by Building Owner (8)  WCD Group LLC  Street Address  1350 Broadway, Suite 1904  County Code (7)  ASCM No.  Name of Abatement Contractor (9)  BRISTOL ENVIRONME VTAL INC  Street Address  1123 BEAVER STREET	
Paramus  Bergen  Current Use (Prior if being demolished)  Retail  Name of Monitoring Firm Hired by Building Owner (8)  WCD Group LLC  Street Address  1350 Broadway, Suite 1904  Street Address  1423 PEAVED STREET	
Name of Monitoring Firm Hired by Building Owner (8)  WCD Group LLC  Street Address  1350 Broadway, Suite 1904  Retail  ASCM No. Name of Abatement Contractor (9)  BRISTOL ENVIRONMENTAL INC  Street Address	-
Name of Monitoring Firm Hired by Building Owner (8)  WCD Group LLC  Street Address  1350 Broadway, Suite 1904  ASCM No. Name of Abatement Contractor (9)  BRISTOL ENVIRONMENTAL INC  Street Address	
Street Address  1350 Broadway, Suite 1904  BRISTOL ENVIRONMENTAL INC  Street Address  1123 PEANER STREET	
1350 Broadway, Suite 1904  Street Address	
1350 Broadway, Suite 1904	
City, State & Zip Code	
IDDICTOL DA 40007	
Telephone Number Telephone Number	
Eric Telemaque 212-631-9000 215-788-6040	
Scheduled Start Date (10)   Scheduled Completion Date (11)   Name of OCUA Maria	
September 27, 2017 October 11, 2017 IRRISTOL ENVIRONMENTAL INC.	
Occupancy Status During Abatement (Check only one)	
Facility Closed/Vacated During Entire Period of Abatement 4123 BEAVED STREET	
Abatement Performed Outside of Normal Hours – 7am to 3pm City State & Zip Code	
Describe: (10:00 PM - 6:00 AM)	
active Occupied During Abatement	
Scope of Work (Check all that apply)	
Salar Salar	ire
	10
≥ 160 sf ≥ 260 lf	
Non-Exempted and Non-Erickle Day	dura
Ashestes Containing Description of Amount Absterner	
Metarial (ACA)	
Material (ACM)	ype
Maintenance or (i.e., thermal systems	$\overline{1}$
in Facility  (13)  Maintenance or (i.e., thermal systems insulation, surfacing, VAT  (12)  Maintenance or (i.e., thermal systems insulation, surfacing, VAT	$\overline{1}$
Maintenance or Custodial Staff?  (13)  Maintenance or Custodial Staff?  (12)  Yes No N/A  Maintenance or Custodial Staff?  (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	$\overline{1}$
in Facility (13)  Value of Custodial Staff? (12)  Yes No N/A  (18., thermal systems insulation, surfacing, VAT or other miscellaneous)	$\overline{1}$
in Facility (13)  Custodial Staff? (12)  Yes No N/A  hase 4 (see attached phasing plan)  THROUGHOUT MEANS ADDA	$\overline{1}$
in Facility (13)  Custodial Staff? (12)  Yes No N/A  THROUGHOUT MEN'S ARFA  Walnterlance or Custodial Staff? (12)  Yes No N/A  (12)  Yes No N/A  Throughout Men's Area  Walnterlance or Custodial Staff? (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	$\overline{1}$
in Facility (13)  Custodial Staff? (12)  Yes No N/A  THROUGHOUT MEN'S AREA  Walntenance or Custodial Staff? (12)  Yes No N/A  (12)  Throughout Men's Area  (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	$\overline{1}$
in Facility (13)  Custodial Staff? (12)  Yes No N/A  THROUGHOUT MEN'S ARFA  Walnterlance or Custodial Staff? (12)  Yes No N/A  (12)  Yes No N/A  Throughout Men's Area  Walnterlance or Custodial Staff? (1.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	$\overline{1}$
in Facility (13)  Custodial Staff? (12)  Yes No N/A  THROUGHOUT MEN'S ARFA  Walliterlance or Custodial Staff? (12)  Yes No N/A  (12)  Throughout Men's Area  (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Throughout Men's Area  Throughout Men's Area  Throughout Mainterlance or Custodial Staff? (12)  Yes No N/A  Throughout Men's Area  Through Men's Area	
in Facility (13)  Ves No N/A  THROUGHOUT MEN'S AREA	
in Facility (13)  Ves No N/A  THROUGHOUT MEN'S AREA  THROUGHOUT MEN'S AREA  Maintenance or Custodial Staff? (12)  Yes No N/A  Floor Tile  14,000 SF  THROUGHOUT MEN'S AREA  Maintenance or Custodial Staff? (12)  Yes No N/A  Floor Tile  NJDEP Waste Cubic Yards  Name of Registered Landfill	
in Facility (13)  Custodial Staff? (12)  Yes No N/A  THROUGHOUT MEN'S AREA  Floor Tile  NJDEP Waste Cubic Yards of Waste  Name of Registered Waste Hauler  NJDEP Waste Hauler  NJDEP Waste Hauler ID No. of Waste	
in Facility (13)  Maintenance of Custodial Staff? (12)  Yes No N/A  THROUGHOUT MEN'S AREA  Maintenance of Registered Waste Hauler  RVICE TRANSPORT GROUP, INC.  Maintenance of Custodial Staff? (12)  Yes No N/A  Floor Tile  14,000 SF  14,000 SF  Name of Registered Landfill  Hauler ID No. 20990  Maintenance of (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Floor Tile  14,000 SF  Mine of Registered Landfill  Mine of Registered Landfill  Mine Waste  Mine Mine VA LAN DFILL	
in Facility (13)  In Facility (12)  Yes No N/A  THROUGHOUT MEN'S AREA  In Facility (12)  Yes No N/A  THROUGHOUT MEN'S AREA  In Facility (12)  Yes No N/A  Floor Tile  14,000 SF  In Facility (12)  Yes No N/A  THROUGHOUT MEN'S AREA  In Floor Tile  In Facility (12)  Yes No N/A  Floor Tile  In Facility (13)  In Facility (14)  In Facility (15)  Yes No N/A  In Facility (15)  Yes No N/A  In Facility (16)  In Facility (17)  Yes No N/A  In Facility (18)  In Facility (19)  In Facility (12)  Yes No N/A  In Facility (12)  In Facility (12)  Yes No N/A  In Facility (12)  In Facility (12)  Yes No N/A  In Facility (12)  In Facility (12)  Yes No N/A  In Facility (12)  In Facility (12)  Yes No N/A  In Facility (12)  In Facility (12)  Yes No N/A  In Facility (12)  In Facility (13)  In Facility (14)  In Facility (15)  In Facility (15)  In Facility (	
in Facility (13)  Custodial Staff? (12) Yes No N/A  hase 4 (see attached phasing plan)  THROUGHOUT MEN'S AREA  THROUGHOUT MEN'S AREA  Maliteriance or Custodial Staff? (12) Yes No N/A  Floor Tile  14,000 SF  Maliteriance or other miscellaneous  Floor Tile  Maliteriance or other miscellaneous  Floor Tile  M	
in Facility (13)  Walliterlance of Custodial Staff? (12)  Yes No N/A  hase 4 (see attached phasing plan)  THROUGHOUT MEN'S AREA  THROUGHOUT MEN'S AREA  NJDEP Waste Hauler  RIVICE TRANSPORT GROUP, INC.  Sy, State  WCASTLE, DE 19720  In Facility (12)  Yes No N/A  Floor Tile  14,000 SF  Cubic Yards of Waste  MINERVA LAN DFILL  Disposal Date TBD  WAYNESBURG, OH 44688  Floor Tile  City, State WAYNESBURG, OH 44688  Floor Tile  City, State WAYNESBURG, OH 44688	
in Facility (13)  Ves No N/A  THROUGHOUT MEN'S AREA  Maintenance of Custodial Staff? (12)  Yes No N/A  THROUGHOUT MEN'S AREA  Maintenance of Custodial Staff? (12)  Yes No N/A  Floor Tile  14,000 SF  Maintenance of Custodial Staff? (12)  Yes No N/A  Floor Tile  14,000 SF  Maintenance of Custodial Staff? or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or other miscellaneous  Floor Tile  14,000 SF  Maintenance of Custodial Staff? Or o	

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Cl.# 3274

Date of Notification (1)	2/47	N	lame of	Buildin	g Owner / Opera	tor (2)		UKT				
	3/17 Notification				oat Factory			BA	PI	0.0	-	
EPA Type	ivouncation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	treet A		- 420 N41-		IU)	15 15	[5]	$\mathbb{W}$	6	m
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DCA	Cancellation		like W		,,		1 1		Teleph		- 5	er
					FORMATION		AS	SHESTOS	CONT	ROI	- &	
Name of Facility Where Al	patement is Taking I	Place (3)			Type of Fac	ility (4)	Daily propositions	LICE	NSING	-		- Boot
<b>Burlington Coat Facto</b>					School							
Street Address					□ Subcha	pter 8 (0	Other than K	-12)				
651 Route 17 Suite 2							te & comme		ngs, hor	nes,	etc.)	
					Square Feet		# of Floors		Bldg. A			
City (5)	County (6)	Cour	nty Cod	le (7)	72500		1			50	ľ.	
Paramus	Bergen				Current Use	(Prior if	being demo	lished)				
					Retail							
Name of Monitoring Firm F	lired by Building Ow	ner (8)	А	SCM N	o. Name of Aba	atement	Contractor (	9)				
WCD Group LLC					BRISTOL		NME NTAL	- INC				
Street Address	1004				Street Addre							
1350 Broadway, Suite City, State & Zip Code	1904				1123 BEAV							
New York, NY			City, State & Zip Code BRISTOL, PA 19007									
Project Manager for Monito	ring Firm	Telepho	one Nu	mher	Telephone N		<u> </u>	I inoman !	l. mahar	<u> </u>		
Eric Telemaque	5	212-63			215-788-60			License I	005			
Scheduled Start Date (10)	Scheduled Co				Name of OS		itor		003	00		
September 27, 2017		ober 20			BRISTOL E			INC				
Occupancy Status During /	Abatement (Check o	nly one)			Street Addre							
	ated During Entire F				1123 BEAV	ER STI	REET					
	ned Outside of Norm	al Hours	s – 7am	to 3pm	City, State &	Zip Cod	e					
Describe: (10:00	- and the figure of the first o				BRISTOL, I	PA 1900	07					
Facility Occupied D												
Scope of Work (Check all t	nat apply)					<b>5</b> 4 -						
≥3 sf or ≥3 lf			Renovat	tion			ull Containn		legative	Pres	ssure	;
≥160 sf ≥260 lf			Demoliti				Mini-Enclosus	7.				
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Location	of	Is Loc	cation	T	Description			Amount				
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(13)	<i>(</i>	Custodia	ai Stair 2)		insulation, surfactor or other miscella				Remova	Repair	Encapsulate	Enclsoure
()		Yes N		X .	or outer miscent	aneous)			<u> </u>		ate	ē
Phase 4 (see attached p	hasing plan)		$\neg \vdash \sqcap$	_						$\Box$	$\Box$	
THROUGHOUT			<b>1</b>   H		Floor Til	le	1/	1,000 SF		H	H	H
Add: Old Fitting Room					VAT			,500 SF		H	님	H
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Name of Registered Waste	Hauler				Cubic Yards	Name o	of Registered	d Landfill				
SEDVICE TRANSPORT	CDOUD INC	13	Hauler	ID No.	of Waste							
SERVICE TRANSPORT	GROUP, INC.		20990				RVALANDI	FILL				
City, State NEW CASTLE, DE 1972	1				Disposal Date TBD	City, St		011 4400	n			
Completed By (Print or Type		1-	Title	400		WAYN	ESBIJRG,	UH 44688	1			
PATRICK T. DeCARO	-)	1	Title <b>Estima</b>	itor	Signature	6	000	1- A	Date 9/131	7		
					Patrick	1.	Diaro	1/	5/131			



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r /				N OF ASE t to NJAC				(TE	DE C	區	19X	RUE		1
Date of Notification (1) 10/5/17 PAGE 1 OF 2				of Building arton Sc		/Operator	(2)			- 1	0 00	17		
Agencies Notified Type Notification    X   EPA   X   Initial				Address Nendhar	n Roa	ıd			∏ oc.	1-1-1	0 20	11/	- Inches	-
DEP Amended Amendment				ate, Zip C stown, N		960	<u> </u>		ASBES	TOS (	CONT	ROL	&	
Emergency (i justification)  DCA  Cancellation	ncluding	}	Name o	of Contact			ollise		Telepho	-				
				ILITY INF		TION								07-SIE-S
Name of Facility Where Abatement is Taking Delbarton School	Place (	3)						of Facility School (K-						
Street Address 230 Mendham Road									r 8 (Other the private & cor			dings	, hom	ies,
City (5) Morristown							Squa 500	are Feet	# of Floo	ors	1 1	3ldg. /	Age	
County (6) Morris		T		Code (7) USE ONLY	)		Curre		ior if being de	emolish	ned)			
Name of Monitoring Firm Hired by Building C	wner (8	)	ASC	M No.					ntractor (9)	: 110	:			
Street Address				- 1. · · · · · · · · · · · · · · · · · ·		Street	Addre	SS	Sate Drive	,, ===			-	
City, State, Zip Code	-					City, S	tate, Z	Zip Code						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		lo.		ense N	0.			
Start Date (10) 10/14/17	Schedul		npletion	Date (11)				HA Monitor						<del>,,,,,,,,,,</del> ,
Occupancy Status During Abatement (Check					-	Street	Addro	00					-	
Facility Closed/Vacated During Entire Post Abatement Performed Outside of Normal Other – Describe:	eriod of	Abaten	nent					ip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit	C1 5 5 5			×	Mir Glo	ni-Ericlosur ovebag Pro					e	
	100	Locati										Abate	emen	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cus	Normal ed Sole sintenar todial S (12)	ly by nce/ Staff?		tos Cor therma surfa	escription ntaining M al systems acing, VA miscellan	lateria s insula T, or		Amour (Specif SF or L	y	Removal	Repair	e Encapsulate	Enclosure
Vincent Area-2nd Floor, A2-#^205	Yes	No	N/A							_		-		ļ
Hallway between storage/boiler rm			X			e insulat			2 LF		×		-	-
Boiler Room			X			e insulat			25 LF			Х		-
Bollet 100011			X		pipe	e insulat	lon		10 LF			Х		
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registered L	andfill				L
Freehold Cartage		2000	auler ID 5959	No.	of Wa	aste		2000	n Berks La					
City, State Freehold, NJ				W-1-V	1	sal Date		City, Stat					-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Completed by	Title					Signature		1),		Dat				
A. Scott Higgins	Pres	ident					l	1-		10	/5/17	7		



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Removal	Repair	Encapsulate	Enclosure
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10/5/17 PAGE 2 OF 2					of Building arton Sc		Operator	r (2)	v min manghatup manada					
	e Notification				Address	71001		-	ME	GE	11	/ F	; [	7
ĭ EPA IX	Initial				Mendha	m Road	I		以广	0 6	n c			
DEP	Amended				tate, Zip C				m	00T 1	0 00	4 = 1	$\parallel$	111-
× DOL	Amendment Emergency				stown, I		60		П П	OCT 1	0 20	1/	L	2
DOH DCA	justification)				of Contact				Te	elephone Nu	ımber			
	Cancellation	1			el Rimpe		ION		AL.	1050	UNIT	ROL 8		_
Name of Facility Where Abate	ment is Takir	g Place (	3)	TAC	ALIT IN	ORWATI	ION	Type of Fac	ility (4)	LICENS	SING	-		
Delbarton School					_045000000000				l (K-12)					
Street Address										ner than K-1 & commerc		Idinac	hom	200
230 Mendham Road			= 0100002					etc.)			10011-1000	-3201011-78100	60 West-con.	ies,
City (5) Morristown								Square Fee 5000	t #0	of Floors		31dg. <i>i</i> 75	Age	
County (6)				County	Code (7)			Current Use		ina demolis	-200	7 3	-	
Morris					USE ONL			school	(1 1101 11 )	arig derrions	neu,			
Name of Monitoring Firm Hired	d by Building	Owner (8		ASC	M No.		Name	of Abatemen	t Contracto	r (9)				-
							ABS	Environme	ental Ser	vices, LL	С			
Street Address								Address Box 483, 4	F Gate F	)rive				
City, State, Zip Code					*****			State, Zip Cod						
							Glen	wood, NJ	07418					
Project Manager for Monitoring	g Firm			Telepho	one No.			none No.		License N	Vo.			
Start Date (10)		Cahadul	24 Ca	nanlation	Data (11)			764-2276	.,	703			**********	W-10-1-1-1-1
10/14/17		11/20/		inpietion	Date (11)	,	Name	of OSHA No	nitor					
Occupancy Status During Abar	tement (Chec	k Only Or	ne)				Street	Address						
Facility Closed/Vacated D	ouring Entire F	Period of	Abater	ment										
Abatement Performed Outline - Describe:	itside of Norm	nal Facility	/ Hour	s			City, S	tate, Zip Cod	9					
Scope of Work (Check All That	t Apply)													
≥3 sf or ≥3 lf	to the second se	X	Renova	ation				] Full Conta	inment witl	n Negative I	Dracei	ro		
× ≥160 sf or ≥260 lf		- December 1	)emoli				×	Mini-Enclo	osure		10330	16		
								4 Glovening	Procedure npted (*) ar	d Non-Frial	ble Pro	cedur	e	
		1	Locat									Abat	emen	t
Location of	-1/4040		Norma d Sole				scription				-	1)	/pe	Ţ
Asbestos-Containing Mater TO BE ABATED	fai (ACM)	Ma	intena	ince/	Asbes (i.e	stos Conta . thermal	aining M svstems	laterial (ACM s insulation,		mount Specify	70	_	E E	ΙŢΊ
In Facility (13)		Cus	(12)	Staff?		surfac	ing, VA	T, or		For LF)	Remova	Repair	Encapsulate	Enclosure
4.78		Yes	No	T <sub>N/A</sub>		other n	nocciian	cous,			<u> </u>	=	llate	Life
Abby Area-old pump	room	103	140	X		nine	insulat	tion		4 LF	-			-
Old Main Basement/Boi		+		X	14	vall & ce					-	X		-
The main bacomone Bol	TOOM	-		+^-	V	vali & Ce	alling II	iateriai	- 1'	00 SF	-	X		
		+		1			-				-			ļ
Name of Registered Waste Had	uler		TN	JDEP W	/aste	Cubic '	Yards	Nam	a of Registe	ered Landfil				
Freehold Cartage			H	lauler ID 5959		of Was		V		ks Landfi				
City, State				0000			al Date	Cit/,						
Freehold, NJ						TBD			sboro, P	Ą				
Completed by		Title	7/20 A			Si	gnature				ate	-		
A. Scott Higgins		Presi	dent					D-		1	0/5/1	7	-22205 (202	
							-	7						

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2	front	47	6.8	13

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

Date of Notification (1)   Name of Building Owner, person (2)   Name of Street Address   Street Address
Street Address   Square Feet
EPA   Initial   Amended
DOL   Amendment #   Emergency (including justification)   Name of Contact   Telephone Number
Name of Contact    DOH   justification
DOA   Cancellation   AR. SAMANEK   Type of Facility ()
School (C-12)   Subchaper 8 (Other than K-12)   Subchaper 8
Name of Facility Where Abatement is Taking Place (3)    School (C-12)   Subchap er 8 (Other than K-12)
Street Address    School (C-12)   Subchap er 8 (Other than K-12)   Other (i. ) private & commercial buildings, homes, etc.)    City (5)
Street Address  City (5)  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  Cother (i. 2. private & commercial buildings, homes, etc.)  Square Feet # of Floors   Bldg. Age   1800   Z   1958    County (6)  County Code (7)   Current Use (1 rior if being demolished)   County Code (7)   Code (7)   Code (7)   Code (7)   Code (7)   Code (7)   Code (7)
City (5)  Square Feet # of Floors   Bldg. Age   1800   Z   1958    County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  City, State, Zip Code  City, State, Zip Code  Square Feet # of Floors   Bldg. Age   1958    Current Use (1) rior if being demolished)  Current Use (1) rior if being demolished)  Current Use (1) rior if being demolished)  Street Address   Name of Abatement C mitractor (9)  Best Removal Inc.  Street Address  450 South River Street  City, State, Zip Code
County (6)  PASSALC  County Code (7) (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  Best Removal Inc.  Street Address  450 South River Street  City, State, Zip Code  City, State, Zip Code
County (6)  PASSALC  County Code (7) (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  Best Removal Inc.  Street Address  450 South River Street  City, State, Zip Code  City, State, Zip Code
County (6)  PASSALC  County Code (7) (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  Best Removal Inc.  Street Address  Street Address  450 South River Street  City, State, Zip Code  City, State, Zip Code
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  Best Removal Inc.  Street Address  Street Address  450 South River Street  City, State, Zip Code  City, State, Zip Code
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  Best Removal Inc.  Street Address  Street Address  450 South River Street  City, State, Zip Code  City, State, Zip Code
Street Address  Street Address 450 South River Street  City, State, Zip Code  City, State, Zip Code
Street Address  Street Address 450 South River Street  City, State, Zip Code  City, State, Zip Code
City, State, Zip Code City, State, Zip Code
City, Salte, July Code
Hackengack NI 07601
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.
201-329-7444 00388
201-329-7444   00388
10)16/17 10/17/17 Omega Environmental
Occupancy Status During Abatement (Check Only One)  Street Address
□ Facility Closed/Vacated During Entire Period of Abatement 280 Huyler Street
Akatement Performed Outside of Normal Facility Hours City State, Zip Code
Other-Describe: 8 Au To J: SOPM South Hackensack, NJ 07606
Scope of Work (Check All That Apply)
≥3 sf or ≥3 lf Renovation □ Full Containment with Negative Pressure
□ ≥160 sf or ≥260 lf □ Demolition □ Mini-Encle sure
Glovebag I rocedure  Non-Exempted (*) and Non-Friable Procedure
Abatement
Normally
Used Solely by Amount
Maintenance/ TO BE ABATED  Custodial Staff?  Maintenance/ Custodial Staff?  VAT or  VAT or  SF or LF)  SF or LF)
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM)  Asbestos Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM)  (Specify SF or LF)  To BE ABATED  (12)  Other miscellaneous)
Yes No N/A
BASEMENT THERMALINSULATION, GOLF X
Name of Registered Waste Hauler NIDEP Waste Cubic Yards Name of Registered Landfill
Name of Registered Waste Hauler  NJDEP Waste Cubic Yards Hauler ID No.  Name of Registered Landfill
Best Removal Inc 17109 2c75 Minerva Enterprises, LLC
City, State Disposal Date City, State
Hackensack, NJ 07601 10/4/17 Waynesburg, OH 44688
Completed by Title Signature / Date
J. Maiorano Estimator Voio vous 10/4/17

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



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Date of Notification (1)			Building Ow		111 111	. 00	T 10	2017			
10/4/17		-		KE !	-ASARABIN						1
Agencies Notified Type Notification		Street Ac	ddress			ACDE	STOS CON	VTRO	)L &		-
□ EPA □ Initial		City Sto	te, Zip Code			ASDE	LICENSIA	IG_	and the same of	-	
DEP Amended Amendment		City, Sta	SU MM	_	NJ. 075	701					
☐ Emergency (i		Name of	Contact		, , , , ,		phone Numb	et			
DOH justification ☐ DCA ☐ Cancellation		MS	LASAR	PACINA	4						_
			LITY INFO			-				Table 17	
Name of Facility Where Abatement is Taking P			rs.		Type of Faci ity (	4)					
MS. JACKIE L	ASA RA	CINE	<u> </u>		School (K-1		thon V 12\				
Street Address			U. 80		Other (i.e. p	rivate & c	commercial b	uildin	gs, ho	mes, e	tc.)
City (5)			·		Square Feet	# of	Floors	B	dg. A	ge	
SUMMIT					2500		2		19		
		County (	Code (7)		Current Use Prio	r if being	demolished)				
County (6) UNION		(STATE )	USE ONLY)		RESID	ENCE	5				
Name of Monitoring Firm Hired by Building Ov	vner (8)	ASCN	A No.	Na	me of Abatement Cont	ractor (9)					
				Ве	st Removal	Inc					
Street Address				Stre	eet Address						
					O South Ri	lver	Stree	t			
City, State, Zip Code					y, State, Zip Code	AT T C	7601				
Project Manager for Monitoring Firm		Telephor	ne No	Ha Tel	ckensack,	NJ U	License No.		-		-
110000 trimings for Profitioning Film		Leichio					0038	ρ			
Start Date (10)	Scheduled Co	mpletion Da	ate (11)		$\frac{1-329-7442}{\text{me of OSHA Mon tor}}$	<u> </u>	0030	)	-		-
10/17/17	10	1,91	17	Om	ega Enviro	nmen	ital_				
Occupancy Status During Abatement (Check Or	nly One)		V	Stre	eet Address						
☐ Facility Closed/Vacated During Entire Per					O Huyler S	tree	t				
Abatement Performed Outside of Normal I Other - Describe: 739AM	Facility Hours	1			y, State, Zip Code				7000000		
				So	uth Hacken	sack	, NJ (	)76	06	-	-
Scope of Work (Check All That Apply)	-	untin-			Full Contz inme	ent with N	Jegativa Dese	eure.			
☐ ≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Renov				☐ Mini-Enclosure	е	ogauve ries	,			
					☐ Glovebag Proc ☐ Non-Exempted		Non-Friable P	roced	ure		
	T		T		pac	/ with I			Abate		
Location of	Is Loc Nom	nally		Descript	tion of				Ty	ре	
Asbestos-Containing Material (ACM)	Used So Mainte		Asbesto	s Containing	g Material (ACM)		mount	_		표	F
TO BE ABATED In Facility	Custodia	d Staff?	(i.e. therm	al systems in VAT	nsulation, surfacing,		pecify or LF)	Remova	Repair	псар	Enclosure
(13)	(12	2)		other misce				oval	air	Encapsulate	sure
	Yes No	o N/A								6	
BASEMENT			VAT	+ MA	STIC	6	SOSF	×			
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Name of Registered Waste Hauler		NJDEP W Hauler ID	0.0000000000000000000000000000000000000	Cubic Yard: of Waste	Name of	Kegistere	d Landfill				
Best Removal Inc		1710	19	3	12c7 Mine		Enter	ri	ses	, ]	LLC
City, State				Disposal Da	ite City, Stat		-			85	
Hackensack, NJ 07601	Terri			10/1	11	esbu	rg, OF		468	8	
Completed by	Title			Signat	L Poriore	٩	Dat	101	21	7	
J. Maiorano	Estin	nator		Ι,	X 1 One				7/1	1	
ASB-41 (R-06-08)				(	* Do not use this for	rm for ast	estos licensu	re exe	mpted	activ	ities.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) RTC PROPERTIES, INC. 9/28/17 Agencies Notified Type Notification Street Address PO BOX 514 **EPA** Initial ASBESTOS CONTROL & City, State, Zip Code Amended DEP KEARNY, NJ07032-9998 DOL Amendment # LICENSING Emergency (including Telephone Number Name of Contact justification) DOH **CHRIS WOLF** Cancellation DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 2-HACKENSACK AVE. School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 2-HACKENSACK AVE. etc.) Square Feet # of Floors Bldg. Age City (5) +80 160,000 KEARNY, NJ County (6) HUDSON Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) WAREHOUSE ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) DINAGO ENVIRONMENT LLC. Street Address Street Address 339-LAFAYETTE STREET City, State, Zip Code City, State, Zip Code NEWARK, NJ 07105 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 973-491-0877 01240 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) J&S ENVIRONMENTAL CORP. 10/9/17 11/30/17 Occupancy Status During Abatement (Check Only One) Street Address 2333-ROUTE 22 WEST Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: UNION, NJ 07803 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Enclosure Removal TO BE ABATED Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)N/A Yes No 160,000SF X ROOF X ROOF PIPE INSULATION 3800LF REAR BASEMENT X X X FLOOR TILE/MASTIC 7000SF X 2FL OFFICE TRANSITE 8900SF X X **EXTERIOR OVERHANG** NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste ISES BETHLEHEM RD LANDFILL NEWARK CARTING INC. 04509 City, State PO BOX 5670 Disposal Date City, State 2335 APPLBUTTER RD. BETHLE. PA Date Signature Completed by Title 9/28/17 CARLOS GOMES PRESIDENT

WINDLE PATTO

### State of New Jersey

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Date of Notification (1) 10/04/2017					of Building s of St.				Process of	E (	BED	nn		Transport Contraction Contract	7
Agencies Notified	Type Notification			Street A	Address udson						0 5 1	W			
× EPA × DEP × DOL	Initial  Amended	. ш Л		City, Sta	ate, Zip C	ode				00	T + 0 2	2017	** Transfer War.	IJ)	
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DCA DCA	Cancellation			Pat Co	onte				L AS	CHAN				The same of the sa	
Name of Facility Where	Abstement is Takir	na Place /	3/	FAC	ILITY INF	ORMAT	ION	T	- f = - iii	(A)	THO PRO	J.	SP400United	novemb	
Church	Abatement is Takii	ig Flace (	٥)					Туре	of Facility School (K-						
Street Address 399 Hudson Terrac	е							×			ner than K-1 & commerc		dings	hom	es,
City (5) Englewood Cliffs								Squa N/A	are Feet	# c	of Floors A	1000000	Bldg. A	\ge	
County (6) Bergen					Code (7) USE ONLY	n			ent Use (Pri ce Buildir		ing demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	)	ASCN	/ No.			of Aba	atement Contemporate	ntracto	r (9)				
Street Address							Street	Addre	and the same of th						
City, State, Zip Code							City, S	state, Z	Zip Code						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 973-	none N	lo.	-	License N	lo.			
Start Date (10) 09/06/2017		Schedul		mpletion	Date (11)		Name	of OS	HA Monitor		01311				
Occupancy Status During	Ahatement (Che						Street		ement, In	ic.					
Facility Closed/Vaca	ated During Entire	Period of A	Abater	nent			11 R	11 Rosengren Avenue City, State, Zip Code							
X Other – Describe: C	Occupied	nai raciiity	y Hour			_	25500		ID Code NJ 07512						
Scope of Work (Check Al	I That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli				×	Mi	ni-Enclosure ovebag Pro	e cedure	Negative F	e Pressure			
		Т						No	n-Exempte	d (*) an	d Non-Friab	le Pro			
Location		1	Locat Norma ed Sole	ly		Des	scription	of						ement pe	
Asbestos-Containing TO BE ABA	ATED	Ma	intena todial S	nce/		tos Cont thermal	systems	insula		(5	mount Specify	Re	R	Enca	Enc
In Facili (13)	ty		(12)	т——			cing, VA niscellan			SI	or LF)	Removal	Repair	Encapsulate	Enclosure
4th floor ha	allwav	Yes	No	N/A		Ceili	ng Pla	ster		13	50 SF	X		Ф	
Staiwells and												-			
Otalwells and	landings		^			Celli	ng Plas	Siei		56	00 SF	X			
Name of Registered Was	to Hauler			IDED W		Louis	V1								
D&S Abatement, Inc.			H	IJDEP W lauler ID 0996		of Was			988888 188 C		ered Landfill gement o				
City, State Totowa, NJ							al Date	,	City, State		A				
Completed by		Title					ignaturé	1 1	/	,	Da	te		-	

Oliver Hegedis

Project Manager

Date

10/04/2017

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K# 1496	N			OF ASBESTO to NJAC 8:60				E	CE	4	犀	JP.	1 months
Date of Notification (1) 10/04/2017				f Building Owners of St. Jose				1	0.CT 1.0	201	7		Contraction of the last
Agencies Notified Type Notificatio	n		Street A	<sup>ddress</sup> udson Terra	ice		in the second		<del></del>	201		- Invances	-
X DEP X Amended Amendme		_		ite, Zip Code wood Cliffs,	NJ 076	332		ASBE	STOS CO	NTF NG	OL	A	000
DOH justification DCA Cancellation			Name of	f Contact onte				Te	elenhone Nur	nher			
	. 51 40		FACI	LITY INFORM	ATION								_
Name of Facility Where Abatement is Tak Church	ing Place (3)	)				100	Type of Facility						
Street Address						Πİ		r 8 (Ot	her than K-12				
399 Hudson Terrace							etc.)		& commerci	al buil	dings,	hom	e
City (5) Englewood Cliffs							Square Feet N/A	N.	of Floors /A	N	lldg. A	.ge	
County (6) Bergen			County (	Code (7) USE ONLY)			Current Use (Pr Office Builcin	ng		ned)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)		ASCN	1 No.	100000000000000000000000000000000000000		f Abatement Co Abatement, I		or (9)				
Street Address		1494.31			10000		ddress sengren Ave	nue					
City, State, Zip Code							ate, Zip Code ra, NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.			ne No. 45-8685		License N 01311	0.	277-12-		
Start Date (10) 09/06/2017	Schedule 12/31/2			Date (11)	10 2000000		f OSHA Monitor Abatement, I						
Occupancy Status During Abatement (Che	eck Only On	e)			1 75365		ddress						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Occupied	e Period of A rmal Facility	bater Hour	ment s		City	, Sta	sengren Ave						_
Scope of Work (Check All That Apply)					10	OLOW	/a, NJ 07512						_
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	APPROPRIEST.	enova				X X	Full Containm Mini-Enclos J Glovebag Pro Non-Exempte	e cedure	9			e	
	1	Locat										emen /pe	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mai	d Sole	ely by ince/ Staff?	Asbestos C (i.e. therr su		g Ma ems VAT	iterial (ACM) insulation, , or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	
	Yes	No	N/A							1		ate	
Basement		X		С	eiling F	Plas	ter	1	350 SF	Х			
1st floor end room and hallway		Х		C	eiling P	Plas	ter	1	300 SF	Х			
2nd floor hallway		Х		C	eiling P	Plas	ter	739	300 SF	Х			1
3rd floor hallway		Х			eiling P				300 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		F	NJDEP W Hauler ID 0996	50.5	bic Yards Naste D	S	B 42-32		tered Landfill agement o	f PA			
City, State Totowa, NJ	<del>                                     </del>			Dis TB	posal Da D	ate	City, S a		PA				
Completed by Oliver Hegedis	Title Proje	ct Ma	anager		Signat	ture	W -	-	Da 10	te_ 0/04/2	2017	ř	_

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nK#1451 P	到更		CATION	ate of Ne I OF ASB to NJAC	ESTOS A	ABATE			匠	GE			0.0	A COMMENT OF THE PARTY OF THE P
Date of Notification (1) 10/5/2017				f Building e Prope		perator	(2)	The second secon		OCT 1	0	2017	· · · · · · · · · · · · · · · · · · ·	A CONTRACTOR OF THE PARTY OF TH
Agencies Notified Type Notification  EPA   Initial		100	Street A 120 C	ddress hincope	e Rd				ASI	BESTOS	CO	VTRO	DL 8	t.
DEP Amended Amendment #		100		ate, Zip Co Hapatco						LICE	Non	de la constantina del constantina de la constantina de la constantina del constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantin		
DOH justification)  DCA Cancellation	ncluding		Name o	f Contact					Tel	ephone Nu	mber			117
			FACI	LITY INF	ORMATIO	ON								
Name of Facility Where Abatement is Taking	Place (3	5)					Туре	of Facility	(4)					
Private property Street Address 120 Chincopee Rd									8 (Oth	er than K-1 & commerc		dings,	home	es,
City (5) Lake Hapatcong								e Feet	13000000	f Floors : floor	- 1	3ldg. A -50	ige	
County (6)				Code (7) USE ONLY	)		Currer	nt Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building C $N/A$	wner (8)		ASCN N/A	No.				ement Co ions Ser						
Street Address N/A							Addres 51st	s Street						
City, State, Zip Code N/A							state, Zij n Berg	p Code jen NJ 0	7047					· <u> </u>
Project Manager for Monitoring Firm N/A			Telepho N/A	ne No.			none No 552-96			License N 01320	10.			
	Schedule 10/19/2		pletion	Date (11)				A Monitor nmental		atories				
Occupancy Status During Abatement (Check	Only Or	ie)				Street	Addres	s						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	eriod of A al Facility	Abatem Hours	ent		-		Route State, Zij	e 22 We p Code	st .					
Other – Describe:					-	Unio	n NJ (	07803						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	× F	Renovat Demoliti	tion ion			×	Min Glo	i-Enclosur vebag Pro	e cedure	n Negative I			e	
		Location											ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	Normall d Solel intenar todial S (12)	ly by nce/ Staff?		tos Conta thermal surfac		Material s insula T, or		(5	mount Specify F or LF)	Removal	Repair	e Encapsulate	Elidosdie
	Yes	No	N/A											
Linoleum	-		X			itchen	1			20SF	X			_
linoleum			Х			Attic				00SF	X			
Pipe insulation			X		Ba	semer	nt		6	55LF	х			
Name of Registered Waste Hauler Newark Carting Inc		H	JDEP Wauler ID 1509		Cubic of Was					ered Landfil nem Rd L				
City, State Po Box 5670					Dispos	al Date		City, Star 2335 A		utter Rd B	3ethl	ehem	ı PA	Si

Completed by

Marcos Regato

Title

President

Date

10/5/2017

Signature



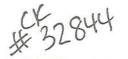
TA			Si	ate of Ne	w loreo							_		1	
Ink#1175			FICATION Pursuant	OF ASE	BESTOS	ABATE		I Land of the land	E	CE			1000		
Date of Notification (1) 10-03-17				f Building ah Gorg		Operator	(2)			001 : 1	20	47	- 1		
Agencies Notified Type Notificatio	n		Street A					1 1	1-	111 1 1	7.0	11		100	
☐ EPA										The second Space					
DEP Amended	7-1-1			ate, Zip C					ASB	ESTOS		1100	- 65		
DOL Amendmen				ield Par		7660		Annual or	OLDSKI WARRING	LICEN	DHE				
DOH justification	1)			f Contact					Te	lephone Nu	mber				
DCA Cancellation	n			ah Gorg				······································							
Name of Facility Where Abatement is Tak	ing Place (3	3)	FACI	LITY INF	ORIVIAI	ION	Тур	e of Facility	(4)		- 1			-	
Private Home							П	School (K-	1 50 omor						
Street Address		collo 3480						Subchapt :	8 (Oth	ner than K-1	2)				
							K	Other (i.e   etc.)	orivate	& commerc	ial buil	ldings	hom	es,	
City (5) Ridgefield Park							Squ	are Feet	# 0	of Floors	E	Bldg. A	\ge		
County (6)			County	Code (7)			Cun	ent Use (Pri	or if be	ing demolis	hed)			-	
Bergen				JSE ONLY	)					95563	(A)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	No.				atement Co		r (9)					
								ntracting L	g LLC.						
Street Address						Street 522									
City, State, Zip Code								Zip Code y NJ 0708	37				-		
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License N	lo.				
Start Date (10)	Schodule	od Co	mpletion I	Data (11)		201 2				01206					
10-13-17	10-14-1		inpledon	Date (11)				SHA Monitor ntracting L	LC						
Occupancy Status During Abatement (Che	ck Only On	ie)	Street Address												
Facility Closed/Vacated During Entire			ment			522 7	7th S	št.							
Abatement Performed Outside of Nor Other – Describe: 7:00am to 5:00pm	mal Facility	Hour	S					Zip Code y NJ 0708	37						
Scope of Work (Check All That Apply)						Office	II OIL	.y 145 07 CC	) [			rrosur.			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ R	lenova emoli	ation tion			K K	M Gi	ull Containm ini-Enclosure lovebag Pro- on-Exempte	e cedure				·a		
	la la	Locat	ion				- 14	on-Exempt.	u ( ) ai	id Non-i Hat	JIE F TO		emen		
Location of	N	lorma	lly		De	scription	of					Т	ре		
Asbestos-Containing Material (ACM)		d Sole intena			tos Cont	taining M	lateria	al (ACM)	1.50	Amount			Ш	_	
TO BE ABATED In Facility		odial	Staff?	(i.e.		systems cing, VA		lation,		Specify F or LF)	Ren	Re	ncar	nd	
(13)		(12)			other n	niscellan	eous)			0. 2. 7	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								-		at e	, e	
Basement		Х			Pipe	Insula	tion		6	80 LF	X				
											1				
Name of Registered Waste Hauler		100	JDEP W		Cubic			Name of	Registe	ered Landfill	1				
Delfa Contracting LLC			dauler ID 35240		of Was	1	hijeres e r			source R	ecov	ery F	acili	ty	
City, State Union City, NJ						sal Date 16-17		City, Stat Tullytov		Ą					
Completed by	Title				S	ignature		1-6)		1	ite			20-21	
Jaime Delgado	Proj.	Mana	ager.				1	1		10	)-03-	17			

PAID

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

CK # 10121

									i E	11	VI I	5 1		
Date of Notification (1)	1-6-	17		Name	of Building Owner/o	•	Villar	The state of the s		u		7		
Agencies Notified	Type Notification			Street	Address	ue_	VIII	1911 00	T . (	21	)17	- 1		
□ EPA )		30A								L				
DEP DOL	Amended Amendment	#	2 . !!	City, St	tate, Zip Code	1 1	Di	ASAJA	100 6	3.7	0.7	1		
DOH E	<ul> <li>Emergency ( justification)</li> </ul>			Name o	of Contact	tch	Plan	AS AS AS Telephone	-		HOL	.6		
V	Cancellation			D	lave V	illa	ic			Trans.	ment traps			
Name of Facility Where Ab	atement is Taking	Place (	3)	FAC	ILITY INFORMAT		ype of Fac lity	(4)						
Single	fan	1/	De	VC.1	ling		a 100 F 20 200							
Street Address		1			,		Subchapte	er 8 (Other than K private & comme	-12)	ldinac	ham			
City (5)						/	etc.)					es,		
West +	Gold	Λ/	T		* 3	5	quare Feet	# of Floors	1	3ldg.	Age Ot	_		
County (6)	· (CIO	, 0		County	Code (7)	- c	urrent Use (P	rior if being demol	ished)	_	01			
Unio	7				USE ONLY)		Sing 1	e fani	14	DW	د (۱	ins		
Name of Monitoring Firm H	ired by Building C	wner (8)		ASCI	M No.		Abatement Co	ontractor (9)		æ				
Street Address	4 14 14 14	7	3		1-1-5	Street Ad	dress	chnole	JIE	8	Jr	36		
P.O. 15	OX J.	57					P.O. Box 337							
City, State, Zip Code		N.	1	80	533	City State	e, Zip Code	-AL A19	7 1	0	- 2	2		
Project Manager for Movit rigg Firm					one No.	Telephone	e No.	License	No	O	10			
Steve Schenker					758-3365		758-3365 00394							
Start Date (10)	7 . 7	Schedul	ed Con	npletion	Date (11)		OSHA Monitor				-			
Occupancy Status During A	)-1+	Street Add		hnologie	s I	nc								
Facility Closed/Vacate	d During Entire P	eriod of	Abatem	nent		P-0	Box	337		*				
☐ Abatement Performed ☐ Other – Describe:	Outside of Norma	al Facility	/ Hours	i			State, Zip Code Vew Egypt NJ 08533							
Scope of Work (Check All T	hat Apply)					المحص	-gyp+	NJ	08	53	3			
≥3 sf or ≥3 lf	., .,		Renova	tion		Full Containment with Negative Pressure								
☐ ≥160 sf or ≥260 lf		7	Demolit	ion			Mini-Enclosure Glovebag Procedure							
					1			ed (*) and Non-Fria	riable Procedure					
			Locati							Abatement Type				
Location of Asbestos-Containing Ma		Use	d Sole	ly by	Des Asbestos Conta	cription of aining Mate	rial (ACM)	Amount				-		
TO BE ABATE In Facility		F. C. C. C. C. C. C. C. C. C. C. C. C. C.	intenar todial S		(i.e. thermal		sulation,	(Specify SF or LF)	Ren	Re	nca	Encl		
(13)			(12)			iscellaneou		Or or Er y	Removal	Repair	Encapsulate	Enclosure		
	parties to	Yes	No	"N/A			20000	343		100	te	tD		
Basement		X			WREDDEC	Aia	Duct's	15 LF	X					
1st floor			X		WRapped		Ducts.	30 LF	X					
						THE PROPERTY OF THE PARTY OF TH								
Name of Registered Waste I	1			JDEP W auler ID	화면하면서 기계 - 하셔츠 전환 없이다			Registered Landf			_	۸.۸		
EPC Tech	nologies	<u> </u>		170			Was	te Manage	men	f o	FY	H		
City, State	124 J	VJ			Dispos.	al Date )   20   1	City, Sita	te visuille	PA					
New Egy	/	Title	•		1,0	gnature	C		Date	1	7			
Steve Schenl	Keir	Pre	sid	ent	9	Sleen	e)>06	ohn	10	16	11	7		



Date of Notification (1)	05 /	17			The state of the state of		g Owner/Operator ( & Recycling, In		FRED	W-0	B.A						
Agencies Notified						t Address			Elbe	EF.	-/4		and the Triangle				
☑ DOLWD						P O Box 188 City, State, Zip Code											
☑ DOH	Amendme	-			558		, NJ 07762	The second	11 001 10				1				
DCA (NJAC 5:23-8)			luding			of Contac			Telephone Numb	OF TO	01.8	St.	+				
(NJAC 5.23-6)	☐ Cancellati				19/01/02/03/03/03	hard Hyd		A COLUMN	A CELEBRIONE MONIO	ON FEE	- W	and the second	- I				
					FA	CILITY IN	IFORMATION	-	The contract of the contract o		17-2						
Name of Facility Where	Abatement is T	aking	Place	(3)				Type of Facili	t <sub>/</sub> (4)								
Residence								School (K-									
Street Address						□ Subchapte · 8 (Other than K-12) □ Other (i.e., private and commercial buildings, homes, etc.)											
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge					
Belmar								1500	1	(	65						
County (6)					Cour	nty Code (7	()(STATE USE ONLY)	Current Use (	Prior if being demolish	ned)							
Monmouth								Residenc	€!								
Name of Monitoring Fire	m Hired by Build	ing Ov	wner (	8)	ASCM	No.	Name of Abatem	ent Contractor	( <del>E</del> )			12-00					
N/A							Guardian Co	ntracting, In	с.								
Street Address							Street Address										
							1889 Route 9										
City, State, Zip Code							City, State, Zip C	Code ; New Jersey (8755									
Project Manager for Mo	nitoring Firm	- 4		Tol	ephone	No	Telephone No.	new Jersey	License No.								
Project Manager for Wo	illitoning Film			161	732-349-9932			)	00624								
Start Date (10) Scheduled Comple						ate (11)	Name of OSHA N	2)	00024								
10/06/	- C					17	E.M.S.L. Analytical										
Occupancy Status Durin	ng Abatement (C	Check	only o	ne)			Street Address										
☐ Facility Closed/Vaca	ted During Entir	e Peri	od of	Abate	ment		1056 Stelton										
Abatement Performe																	
Time of Abatement:		PIVI		_PIVI		_AIVI	Piscataway,	New Jersey	8854								
Scope of Work (Check a	all that apply)						☐ Full Con	tainment with N	Negative Pressure								
☐ ≥3 sf or ≥3 lf			Re		ation Mini-Enclosure												
≥160 sf or ≥260 lf		1	⊠ De	moliti	ion ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure												
				Loca						Ab	atem	ent T	уре				
Locatio Asbestos-Containing		Y.		lorma d Sol	ally ely by	Acho	Description of estos Containing Ma		Amount	Re	Re	E	E				
TO BE AE		,	Ma	inten	ance/		e., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure				
IN Fac (13)			Cusi	odiai (12)	Staff?		surfacing, VAT other miscellane		SF or LF)	/al		sula	иге				
(13)	,		Yes	No	N/A		other miscellane	ous)				le le					
exterior						asbest	os siding		1400 sf								
				П					1	П	П	П					
Name of Registered Wa	aste Hauler		_		NJDEP	Waste	Cubic Yards of	Name of Re	gistered Landfill								
Guardian Contrac	ting, Inc.			1	Hauler I		Waste 3	T.R.R.F.									
City, State							Disposal Date	City, State									
Toms River, New	Jersey						10/10/17	Tullytow	n, Pennsylvania								
Completed By (Print or	Type)	Title					- Signature	-A	2 Da		1	1					
Nicholas Fernicol	a	Pr	oject	Mar	ager			~ ! I		10	15	1/-	7				

PAID

Date of Notification (1)	Name of Building Owner/Operator (2) L G E V E L													
	17		Jac	obs Dem	nolition	1		118	4	3				
Agencies Notified Type Notific	ation		Street	Address	Personal Sections of the Section of	III OCT .	0 2017 11	111						
⊠ EPA			PC	Box 9	and the second	1 001 1	0 2017	71						
☑ DOLWD   ☐ Amended     ☑ DOH   Amendm			City, S	State, Zip C	Code		- Approximately	1						
□ DCA □ Emergen	temoria vita	1	Mai	nasquan,	NJ 08736	ASBESTOE	CONTROL	-						
(NJAC 5:23-8) justificati			Name	of Contac	t	LICE V	Telephone Numb	er						
☐ Cancella	ion		Lin	Linda										
			FA	FACILITY INFORMATION										
Name of Facility Where Abatement is	aking Place	(3)				Type of Facility	(4)							
Residence						School (K-12								
Street Address						Other (i.e., p	8 (Other than K-12) rivate and commen		ilding	S,				
City (5)						homes, etc.) Square Feet		DI	4α Λ.	70				
Lavallette						1100 sf	# of Floors Bldg. A			ac.				
County (6)		1000	Cour	nty Code (7	)(STATE USE ONLY)		ior if being demolis	439	55	14-11				
Ocean			Oour	ity Code (i	)(STATE OSE ONET)	Residence	ior ii being demons	ileu)						
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No	Name of Abateme						-			
Traine of Monitoring 1 mil 1 med by Bull	ang Owner	(0)	AGGIVI	140.										
Street Address					Street Address	ontracting, Inc.								
					1889 Route 9	9 Unit 61								
City, State, Zip Code	27777				City, State, Zip Co									
						r, New Jersey (8755								
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No. License No.									
					732-349-9932	00624								
Start Date (10)	Scheduled C	omple	tion Da	te (11)	Name of OSHA Monitor									
10 /20 /17	_10_/	23	3_/	17	E.M.S.L. Ana	lytical								
Occupancy Status During Abatement (	Check only	one)			Street Address									
☐ Facility Closed/Vacated During Enti	re Period of	Abate	ment		1056 Stelton	ſ								
☐ Abatement Performed Outside of N		5			City, State, Zip Co	ode								
Time of Abatement:AM	PM/	PM-		AM	Piscataway, I	New Jersey 08	854							
Scope of Work (Check all that apply)														
≥3 sf or ≥3 lf	∏R€	enovati	ion		☐ Full Cont	tainment with Neg losure	gative Pressure							
≥160 sf or ≥260 lf		emolitic	on ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure											
	le le	Locat	lian	T	⊠ Non-Exe	mpted (*) and No	n-Friable Procedur	-						
Location of		Norma			Description o	of			atem		1			
Asbestos-Containing Material (ACM	17	ed Sole			stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Enc	Enclosure			
TO BE ABATED IN Facility	7233	intena todial		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	SVOL	air	aps	uso			
(13)		(12)			other miscellane		SF OI LF)	=		Encapsulate	ਰ			
% Net/.	Yes	No	N/A							(D				
exterior				asbesto	os siding		1050 sf	$\boxtimes$						
						-			П					
Name of Registered Waste Hauler		N	JDEP I	Waste	Cubic Yards of	Name of Regis	stered Landfill	1-	1-	_				
Guardian Contracting, Inc.		1000	lauler II	D No.	Waste	T.R.R.F.								
City, State			20223	5	3 Disposal Date	City, State								
Toms River, New Jersey					03/24/17		Pennsylvania							
Completed By (Print or Type)	Title				Signature	1	Da	to .						
Nicholas Fernicola	Project	t Man	ager		Signature	01	V Da	A	5/	7				
			-50'			1 111	/ 1	61.	111	1				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16) E C E I V E

Date of Notification (1)			Name	e of Buildin	g Owner/Operator (	2)<	1			251251		
	17			cobs Den	nolition	N OCT	10 2020	14	2			
Agencies Notified Type Notific	ation		Stree	t Address	1000	Grand Company	10 2017	EDW/F/				
☐ EPA ☐ Initial ☐ Amende			P O Box 9									
☑ DOLWD   ☐ Amende     ☑ DOH   Amendm			City,	State, Zip (	CONTROL &	1						
□ DCA □ Emerger		ling	Ma	ınasquan	, NJ 08736	magazana EIC	ENSING					
(NJAC 5:23-8) justificat	ion)	3	Name	e of Contac	t		Telephone Num	ber				
☐ Cancella	tion			nda			1					
Name of Equility Where Abote and in	Table - Di	(0)	FA	CILITY IN	IFORMATION							
Name of Facility Where Abatement is Residence	aking Pia	ace (3)				Type of Facility (4)						
Street Address						School (K-1) Subchapter	<sup>2)</sup> 8 (Other than K-12	2)				
Street / Idal Cos							rivate and comme		ilding	S,		
City (5)						Square Feet	# of Floors	Blo	dg. Ag	ne e		
Manasquan						1200 sf	1	11	39. Aş 65	90		
County (6)		1 1111	Cou	ntv Code (7	)(STATE USE ONLY)		rior if being demoli					
Monmouth				, (.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residence	ior il being demon	3Hou)				
Name of Monitoring Firm Hired by Buil	ding Own	er (8)	ASCM	l No.	Name of Abateme		)					
	9				The control of the control of the control of the	ntracting, Inc.						
Street Address					Street Address			_				
					1889 Route 9	. Unit 61						
City, State, Zip Code					City, State, Zip Co							
						New Jersey (8	755					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				_	
					732-349-9932		00624					
Start Date (10)	Scheduled	i Comp	letion Da	ate (11)	Name of OSHA M	lonitor						
10 /19 /17	_10	/ _:	20_ /	17	E.M.S.L. Ana	lytical						
Occupancy Status During Abatement (	Check on	ly one)			Street Address							
☐ Facility Closed/Vacated During Enti					1056 Stelton	1						
Abatement Performed Outside of N					City, State, Zip Co	ode						
Time of Abatement:AM	PIVI/	PI	VI	Piscataway, New Jersey 08854								
Scope of Work (Check all that apply)					П			0110111011				
☐ ≥3 sf or ≥3 lf		Renova	ation	☐ Full Containment with N∋gative Pressure tion ☐ Mini-Enclosure								
≥160 sf or ≥260 lf		Demoli	tion	on Glovebag Procedure								
		14 17 4 4	-41			mpted (*) and No	n-Friable Procedu					
Location of		Is Loc			Description o	£		Ab	ateme		T	
Asbestos-Containing Material (ACN		Jsed So	olely by	Asbe	stos Containing Ma	g Material (ACM) Amount				Enc	Enc	
TO BE ABATED  IN Facility		Mainter	nance/	(i.e	., thermal systems		(Specify	Remova	Repair	aps	Enclosure	
(13)		(12			surfacing, VAT, other miscellane		SF or LF)	<u>m</u>		Encapsulate	Гe	
0.40000400	Ye	s N	o N/A							Ф		
exterior		$\boxtimes$		asbesto	os siding		1250 sf					
								1			П	
		$\exists \Box$						1		$\overline{\Box}$	П	
	П							+				
Name of Registered Waste Hauler		-	NJDEP	Waste	Cubic Yards of	Name of Reg is	stered Landfill			Ц		
Guardian Contracting, Inc.			Hauler I	D No.	Waste	T.R.R.F.	Acroa Earlann					
City, State			2022	3	3 Disposal Date	City, State						
Toms River, New Jersey					10/23/17		Pennsylvania					
Completed By (Print or Type)	Title	00		Mark The Control of t	Signature	1	A .	ate :		,		
Nicholas Fernicola		ct Ma	nager			1-12-		0/	5/	17	,	



Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2) U C	T 1 0 2017	-11	111	-75-				
10 /	05 /	17	_		5000	Jacobs Demolition										
Agencies Notified Type Notification						Address		OS CONTRO		-						
⊠ EPA					PC	Box 9			OS CONTRO CENSING	L &						
□ DOLWD	☐ Amended				City S	State, Zip (	Code	Anna State Control of Person	YEL YOUNG	The same of the sa	economic districts					
☑ DOH	Amendme		-		100000		, NJ 08736									
DCA	☐ Emergen justification	cy (inclu	uding			of Contac	7/		Tolonhono Nun	hor						
(NJAC 5:23-8)	☐ Cancellat				Lin				Telephone Nun	ibei						
	Cariocilat															
N					FA	CILITY IN	IFORMATION									
Name of Facility Where A Residence	batement is 1	aking P	lace	(3)				Type of Facility (4)								
Street Address					<u> </u>		School (K-' 2)  Subchapter 8 (Other than K-12)									
								Other (i.e., pr	ivate and comme	ercial b	uilding	JS,				
City (5)								homes, etc.)	# of Floors	T D	d- A					
Manasquan								Square Feet	# of Floors		Bldg. Age					
						1 0 1 /	N/07475 1105 011114	1200 sf	1		65					
County (6)					Cour	ity Code (/	()(STATE USE ONLY)	Current Use (Fire	or if being demol	shed)						
Monmouth								Residence								
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8	3)	ASCM	No.		nent Contractor (9)								
Street Address								ontracting, Inc.								
Street Address							Street Address	6 W W 84								
01.01.1.71.0.1							1889 Route 9									
City, State, Zip Code							City, State, Zip Co									
							Toms River, I	New Jersey 087	755							
Project Manager for Monitoring Firm Tele						No.	Telephone No.		License No.							
							732-349-9932		00624							
Start Date (10) Scheduled Comple						te (11)	Name of OSHA M	lonitor								
10 /19 /	_10	_ /	_2	0_/	17	E.M.S.L. Anal	alytical									
Occupancy Status During	Abatement (0	Check o	nly or	ne)		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Street Address									
□ Facility Closed/Vacate							1056 Stelton	1								
☐ Abatement Performed							City, State, Zip Co	Code								
Time of Abatement: _	AM	PM/_		_PM		Piscataway, New Jersey 03854										
Scope of Work (Check all	that apply)												-			
	20.50	_	-					ainment with Neg	ative Pressure							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			] Ren													
Z		2	y Don	TOTAL	OII		Non-Exe     Non-Exe	mpted (*) and Nor	-Friable Proced	ıre						
			ls l	_oca	ition			T		At	atem	ent T	ype			
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Asbestos-Containing I		1)			ely by ance/		stos Containing Ma		Amount	em	Repair	nce	ncle			
TO BE ABA IN Facilit					Staff?	(I.e	<ul> <li>thermal systems is surfacing, VAT,</li> </ul>	(Specify SF or LF)	Removal	=	psu	Enclosure				
(13)	*			(12)	)		other miscellane		0. 0. 2. /	-	1	Encapsulate	ē			
		)	res	No	N/A							(0				
exterior				$\boxtimes$		asbesto	os siding		1100 sf							
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Name of Registered Wast	to Hauler				NJDEP I	Manta	Cubic Yards of	I Name of Desire				ш				
Guardian Contraction				752	Hauler II	O No.	Waste	Name of Regist T.R.R.F.	ered Landfill							
City, State					20223	)	3 Disposal Date	City, State								
Toms River, New Je	ersey						10/23/17		Penņşylvania							
Completed By (Print or Ty		Title					Signature	1	11	ate ;						
Nicholas Fernicola	A CONTRACTOR OF THE CONTRACTOR								1	10/	1</td <td>7</td> <td></td>	7				