"hINIS				CATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE										
Date of Notification (1)		11	£	In I	of Building Owner/0					世世世	5048		$\mathbb{W}_{-}$	EI		
10-04-19	11/155				KKF Group	Operator	(2)		115	/						
Agencies Notified	Type Notification	0		Street A						00	CT 1	0 0	040	1		
☐ EPA	× Initial				30x 70, 40 Mor	nmouth	Park	Highway	111 1	) U	1 1	() 2	019	of con-		
DEP X DOL	Amended Amendment #	<b>*</b>			ate, Zip Code Long Branch, I	N I 077	161		-	and a discontinuous services		- Training the second	eminguren-io			
	Emergency (i				of Contact	10 077	04		Tol	ASBES ephone N				. &		
DOH DCA	justification) Cancellation				Wersinger III, I	Esq.				32) 222-				SEPREMIES SERVICES		
Name of Facility Man	A L - L	51 /		FAC	ILITY INFORMAT	ION	T =	0								
Name of Facility Where A			3)					of Facility (	545							
Street Address								chool (K-1 ubchapter		er than K-	12)					
288 Sherrell Road							X C	ther (i.e. p				dings	, home	es,		
City (5)					×		Square	e Feet	# 01	Floors		Bldg. A	\ge			
Oceanport, NJ County (6)							15,00		1			980				
Monmouth					Code (7) USE ONLY)			nt Use (Prio mercial	or if bei	ng demoli	shed)					
Name of Monitoring Firm Langan Engineering				ASCN	M No.	5, 595-55		ement Cor nvironme								
Street Address 300 Kimball Drive							Address Broad									
City, State, Zip Code							State, Zip									
Parsippany, NJ 070					15	Carls	stadt, N	NJ 07072	2				Water 1-10-000			
Project Manager for Mon Vijay Patel	itoring Firm			Telepho (973)5	ne No. 660-4983		none No 939-65			License 00756	No.					
Start Date (10)				pletion	Date (11)			A Monitor								
10-21-19		05-31-					n-Air In									
Occupancy Status During			orace and			10.000	Address 9 Jack	s son Ave	nue							
× Facility Closed/Vaca Abatement Perform	ed Outside of Norma	eriod of a al Facility	Abatem y Hours	ent		19788 X 50 5	State, Zip						11.5	$\dashv$		
Other – Describe: _					1			d City, N	Y 111	01						
Scope of Work (Check A	II That Apply)			77 - 1967 - 10		_	-									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	Renovat			F		Containme Enclosure		Negative	Pressu	re				
		LJ.	Joinont	011		×	Glov	ebag Proc	edure	nn en	=	20				
		Ι	1 4:	282.9		<u></u>	Non-	-Exempted	(*) and	Non-Fria	ible Pro	12.5/16.5/5	e ement			
Location	of	1	Location Normall	у	De	scription	of						ре			
Asbestos-Containing TO BE ABA			ed Solel iintenar		Asbestos Cont	aining N	Naterial (			mount			m m	Ш		
In Facili		Cus	todial S (12)	taff?	surfa	cing, VA	T, or	ion,		pecify or LF)	Remova	Repair	caps	Enclosure		
(13)			N= 162		other n	niscellar	neous)				oval	air	Encapsulate	sure		
1 at Ela		Yes	No	N/A	OF!! IN	0.01.4	OTED			22225		_	(D			
1st Flo				Х	CEILIN				7	,000SF	7,000					
L. C.				X	WALL & CO		ace disenses	2-0,000		,000SF						
1st Flo				X	JOINT (					,500SF	х					
1st Flo Name of Registered Was			l N	JDEP W	PIPE II		NOIL	Name of		2,800LF	X					
ATC, Inc. / Newark C		(90	H	auler ID	No. of Was			Name of F Minerva								
City, State	- Ling, 1110. (040		24	310	TBD	al Det				huses						
Shirley, NY / Newark	x, NJ 07105				TBD	sal Date		City, State Waynes		OH 446	888					
Completed by Richard Doran		Title	ot NA.		S	ignature	/	16	)		ate	10				
Nichard Doran		Project Manager							<u> </u>	1	0-04-	19				

DECEIVE

Title Of Project: Squire Hall, Bldg 2832019
Additional Materials / Floors
Pg. 2

			ASBESTOS	CONTROL &
Location of	Is Location	Description of	AmountLios	N:Abatement Type
Asbestos-Containing	Normally Used	Asbestos-Containing	(Specify	(Specify: Removal,
Material (ACM) TO BE ABATED	Solely by	Material (ACM)	Square Feet or	Repair,
in Facility	Maintenance or Custodial Staff?	(i.e., thermal systems	Linear Feet)	Encapsulation or
(13)	(12)	insulation, surfacing, VAT or other miscellaneous)		Enclosure)
(,,,,	(12)	or other miscenarieous)		
1st Floor	N/A	VAT & MASTIC	13,000SF	Removal
1st Floor	N/A	ELEVATOR DOORS	100SF	Removal
1st Floor	N/A	METAL DOORS	50SF	Removal
1st Floor	N/A	TRANSITE BOARD	150SF	Removal
2 <sup>nd</sup> Floor	N/A	CEILING PLASTER	21,000SF	Removal
2 <sup>nd</sup> Floor	N/A	WALL & COLUMN PLASTER	15,000SF	Removal
2 <sup>nd</sup> Floor	N/A	JOINT COMPOUND	24,000SF	Removal
2 <sup>nd</sup> Floor	N/A	PIPE INSULATION	1,025LF	Removal
2 <sup>nd</sup> Floor	N/A	VAT & MASTIC	23,500SF	Removal
2 <sup>nd</sup> Floor	N/A	METAL DOORS	50SF	Removal
2 <sup>nd</sup> Floor	N/A	CONTAMINATED CEILING	14,500SF	Removal
STAIR BULKHEAD: STAIRCASE	N/A	CEILING PLASTER	500SF	Removal
STAIR BULKHEAD: STAIRCASE	N/A	WALL & COLUMN PLASTER	2,500SF	Removal
STAIR BULKHEAD: STAIRCASE	N/A	PIPE INSULATION	200LF	Removal
CRAWL SPACE	N/A	CONTAMINATED DEBRIS	19,000SF	Removal
CRAWL SPACE	N/A	PIPE INSULATION	4,000LF	Removal
BASEMENT	N/A	GASKET	80SF	Removal
BASEMENT	N/A	DUCT SEAM	8SF	Removal
SHOP BUILDING	N/A	JOINT COMPOUND	23,000SF	Removal
SHOP BUILDING	N/A	PIPE INSULATION	3,500LF	Removal
SHOP BUILDING	N/A	VAT & MASTIC	17,500SF	Removal
SHOP BUILDING	N/A	DUCT ACM	3,000SF	Removal
SHOP BUILDING	N/A	WINDOW CAULK	6SF	Removal
SHOP BUILDING	N/A	WALL MASTIC	2,000SF	Removal

-			-			
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1475208612 P	) <u>(</u>	OTH	CATION	ate of New I OF ASBES to NJAC 8:	TOS 60 and	ABATE d 12:120	MENT 0)			-24-27 MS-MILL				
Date of Notification (1) 09/24/2019	22	<b>=</b>		f Building O			131	1 0 2019		8				
Agencies Notified Type Notification  X EPA Initial			Street A	ddress pringfield	Aven	uesbi	ESTOS	S CONTRO	L&	<i>'</i>				
X DEP Amended X DOL Amendment		_		ate, Zip Code nit, NJ 079		THE PROPERTY OF THE PARTY OF TH	Edward Communic	THE THE SEA	CONTRACT PROPERTY AT THE					
Emergency justification)  DCA  Cancellation				f Contact Dempsey					Telephone	Numbe	r_			
			FACI	LITY INFOR	RMATI	ON								
Name of Facility Where Abatement is Takin Residential Building	g Place (3	)						of Facility (4)						
Street Address							×	Other (i.e. pri	) 3 (Other than vate & comm		uildir	ıgs,	hom	es,
City (5) Summit								etc.) re Feet	# of Floors N/A		Bld	g. A	ge	
County (6) Union			County (	Code (7) USE ONLY)		_	Curre Hou		if being dem	olished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	No.				tement Contr ement, Inc						
Street Address							Addres	ss gren Avent	ie					
City, State, Zip Code								ip Code J 07512						
Project Manager for Monitoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	none N 345-8		Licens 0131		3.5%			
Start Date (10) 09/26/2019	Schedule 09/27/2			Date (11)				HA Monitor ement, Inc						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire I			ment				Addres osenç	ss gren Avent	ie					
Abatement Performed Outside of Norm  Other – Describe: Occupied	nal Facility	Hour	'S		-			ip Code J 07512						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf		enova emoli				×××	Mir Glo	ni-Enclosure ovebag Proce	nt with Negation dure (*) and Non-F				<u>.</u>	
	Is	Locat	tion				110	Lxcilipted	( ) and Non-i	TIADIC I		bate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use	lorma d Sole ntena	ely by	Asbestos	Cont	scription aining M systems	/laterial		Amount		T	Тур		т
In Facility (13)	Cust	odial (12)	Staff?		surfac	cing, VA	T, or	ition,	(Specify SF or LF)	Kellova	-	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ate	œ.
Apartment B-11	+	X	-		Pipe	Insula	ition		95 LF	X	+		-	
Name of Registered Waste Hauler		IN	NJDEP W	aste (	Cubic '	Yards		Name of Re	egistered Lan	dfill				
D&S Abatement, Inc.		F	Hauler ID 0996	No.	of Was			Fairless	1074					
City, State Totowa, NJ				1.7	Dispos TBD	al Date	1.	City, State Morrisvill	e, PA					
Completed by Oliver Hegedis	Title Proje	ct Ma	anager		S	ignature	1/	~		Date 09/24	1/20	19		

K 2703 19100	NC	(Pu	CATION Irsuant	OF ASB OF ASB TO NAGE	ESTOS 8:60 and	ABATE d 12 12	0)			E G E		019		
10/04/2019 JW [5]	57			Nebbeli		регасог	(2)		1	901	(1 2	.010	40.00	weed
Agencies Notified Type Notification	ı ē	5	Street A	ddress					A	SBESTOS			L &	
EPA Initial Amended Amendmen				te, Zip Co						LICE	NSIN	<i>3</i>		
Emergency		60		vood, N	J 0745	60								
DOH justification Cancellation				Contact Nebbelii	ng				l Te	lephone Nu	mber_			
Name of Facility Where Abatement is Takin	na Plana (2)		FACII	LITY INFO	DRMATI	ON	T	of Facility (	40					
House Street Address	ig Flace (5)						×		2) 8 (Oth	ner than K-1 & commerc		dings	home	es,
City (5) Ridgewood							Squa N/A	re Feet	# c	of Floors A		ldg. A	Age	
County (6) Bergen			STATE	Code (7) ISE ONLY)			Hou	se		ing demolis	ned)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.		D&S	Abate	tement Cor ement, In		(9)				
Street Address							Addres	ss gren Aver	nue					
City, State, Zip Code								ip Code J 07512						
Project Manager for Monitoring Firm		T	Telephor	ne No.			none No 345-8			License N 01311	lo.			
Start Date (10) 10/15/2019	Scheduled 10/16/20		pletion [	Date (11)				HA Monitor ement, In	c.					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire			ent				Addres	ss gren Aver	nue					
Abatement Performed Outside of Norm  Other – Describe: Occupied					_			p Code J 07512						
Scope of Work (Check All That Apply)			-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				××	Mir Glo	i-Enclosure vebag Prod	e cedure	n Negative F			e	
Location of		ocatio			Dos	scription			1/			Abat	ement	1
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Custo	tenan	ce/		tos Cont thermal surfac	aining N	Material s insula T, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Pasament	Yes	No	N/A		Dina	Inquila	tion			20.15	77		te	· (U
Basement		X			ripe	insula	idOH			30 LF	X			
Name of Registered Waste Hauler Atlantic Carting		Ha	JDEP Wauler ID 6085		Cubic of Was TBD			Name of Grand (	92 - 1560 N	ered Landfil al				
City, State Wayne, NJ					Dispos	sal Date	1	City, State		A				
Completed by Oliver Hegedis	Title Project	t Mar	nager		S	ignature	M				ate 0/04/2	2019		

												Prir	nt F
h133324010987	NO	TIFIC (Pu	CATION	te of New Jerse OF ASBESTOS O NAC 8:60 an	ABATE	MENT	- 1 P	) E C				777	
Date of Notification (1) 10/04/2019	10			Building Owner s Stollen	Operator	(2)	and the same of th	00	T 10	201	19	Section 2	
Agencies Notified Type Notification		3	Street Ad	ldress			-	ASBES	TOS CO		OL	&	na carras
X DEP X Initial Amended Amendmen	#			e, Zip Code on, NJ 07946	;		Garana		H. F.N.S	IIMA	- Company	- A	thursday.
Emergency  DOH justification)  DCA Cancellation		1	Name of					Telephon	e Numbe	er			
_ Box Box Box Box Box Box Box				ITY INFORMAT	ION	·	10657					_8h1	
Name of Facility Where Abatement is Takir House	ng Place (3)					Тур	e of Facility ( School (K-1						
Street Address						×	Subchapter Other (i.e. p	8 (Other that rivate & com		ouildin	gs, h	iome	s,
City (5) Mllington						Squ N/A	etc.) are Feet	# of Floor	'S	Bldg N/A	g. Ag	е	
County (6) Morris			County C	ode (7)		Curr	rent Use (Priduse	-	molished				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM			of Ab	atement Con tement. In						
Street Address					Street	Addre							
City, State, Zip Code					City, S	State,	Zip Code NJ 07512						
Project Manager for Monitoring Firm		- [ -	Telephon	ne No.	Telep	hone I		Lice 013	nse No.				
Start Date (10) 10/14/2019	Scheduled		npletion [	Date (11)	Name	of OS	SHA Monitor atement, In						
Occupancy Status During Abatement (Che		20070000			Street			0.					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Occupied	Period of Ab	atem			City, S	State,	ngren Aver Zip Code NJ 07512	nue					
Scope of Work (Check All That Apply)		100			1000	, vva,	140 07012						_
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	-	nova moliti				× M	ull Containmo lini-Enclosure Blovebag Prod lon-Exempted	e cedure			duro		
	le l	ocati	00		E.		IOII-EXEMPLE	J ( ) and Non	-Filable		bater	nent	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	ormall Sole itenar	ly ly by nce/	Asbestos Cor (i.e. therma surf		Materi ns insu AT, or	ulation,	Amoun (Specif SF or LI		Removal	Typ	e Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>		ate	ਰ
Basement		X		Pip	e Insul	ation		150 LI		X			
Basement		X			VAT			100 S	F	X	-		
Name of Registered Waste Hauler Atlantic Carting		H	IJDEP W lauler ID 6085				Name of Grand	Registered L Central	andfill				
City, State Wayne, NJ				Disp TBD	osal Date	e /	City, Stat						
Completed by Oliver Hegedis	Title Projec	et Ma	anager		Signatur	re //	1/		Date 10/0	)4/20	19		

MCK	ش			ICATION		ESTO:	sey S ABATEM nd 12:120			C			<u> </u>		M
Date of Notification (1) 8/8/19		J. 50/11/10/21					/Operator ing Facil			OCT	10	20	019	Contract (final)	IJ
Agencies Notified	Type Notification			Street A										1 (0)	Concessor.
X EPA	☐ Initial			1 Mar	ket Stre	et					tunation.res	000000000		0	
DEP	× Amended				ate, Zip Co				A	BESTO	ENS	SING	HOL	. Či	
X DOL	Amendment # Emergency (ir		— L			w Jer	sey 0740	07		CHICATOR CONTRACTOR	grat Scatter Pro-	E-MRED U	-	NO DESCRIPTION	rpscorper-re
▼ DOH	justification)	loidding			f Contact					elephone					
DCA	Cancellation			Ed Kn					9	73 222	-834	0			
Name of Facility Where	Abatement is Taking	Place (	3)	FACI	LITY INFO	DRMA	TION	Type of Fa	cility (4)						
Marcal Manufactur		, 1000 (	-,					_	(A) 53(B)						
Street Address	<u> </u>								I (K-12) apter 8 (Ot	her than I	<-12)				
1 Market Street									(i.e. private	& comm	ercial	build	lings,	home	es,
City (5)								etc.) Square Fee	et # (	of Floors	ins	В	ldg. A	ge	
Elmwood								N/A	N	/A		N	I/A		
County (6)					Code (7)			Current Us	e (Prior if be	eing demo	olishe	d)			
Bergen					USE ONLY)	/81			e demolis		er fir	е			
Name of Monitoring Firm Partner Engineerin			l .	ASCN	ИNo.		Nova	of Abatemer Developi							
Street Address 362 Fifth Avenue S	Suite 501							Address Fownsend	Street						
City, State, Zip Code New York, New Yo	rk 10001							tate, Zip Cod Brunswic		01					
Project Manager for Mon				Telepho	no No	_		one No.	K, NJ 009	Licens	o No		_		
Lisa R. Sauer				646 32	29-7943		732 5	65-3655		0128					
Start Date (10) 8/26/19	1 "	Schedul 6/30/2		npletion	Date (11)		Name of EMC	of OSHA Mo A	nitor						
Occupancy Status During		73	100				10 THE 10 TO	Address eredith Pl							
Abatement Perform	ated During Entire Pe ed Outside of Norma	I Facility					1,67,47,57	tate, Zip Cod	70.						
Scope of Work (Check A	Co-migled RACM disp	posai				_	Pisca	ataway, N	J 08854						
	ш тпас Арріу)							1			_				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit					Mini-Enc Gloveba	ainment wit losure g Procedure mpted (*) a	,				3	
		le le	Locat	ion				THOIT EXC	Inpled ( ) di	10 110111			W. C	ment	1
Location	n of		Normal	lly		Г	escription	of					Ту	ре	
Asbestos-Containing	Material (ACM)		ed Sole iintena			tos Co	ntaining M	aterial (ACN		Amount		_		Щ	Е.
TO BE AB			todial 3		(I.e.		al systems facing, VA	insulation, T. or		Specify F or LF)		Rem	Repair	сар	nclo
(13)			(12)				miscellan					Remova	pair	Encapsulate	Enclosure
		Yes	No	N/A								_		ite	O
ground f	floor			х	Co-	ming	led RAC	M Debris	15	000 tor	1	к			
					W	ith a	ttached l	Report							
		2													
Name of Registered Was	ste Hauler		U 532	IJDEP W lauler ID		U.S. N. S. S. S. S.	ic Yards /aste		ne of Regist						
Newark Carting, Inc			10	509		150	000		mberland	Count	y La	ndfi			
City, State Newark,NJ 07105						Part 2000 100 400	osal Date g-Dec 20		, State wburg, P	A 1724	0				
Completed by		Title		IIIC VIDO							Date				
Todd Grant		William Co.	ident				,/	Toans	Show			2/1	9		

2h 4952		NOTIF	FICATIO Pursuan	Tate of Ne NOF ASE TO NJAC	ESTOS 8:60 an	ABATE d 12:120				)/E	C	E				
Date of Notification (1)	5156	5	1000	of N.J.D			(S) (A)	latarana Afr	Ш		OCT	1 (	20	10		
Agencies Notified Type Notification	n 60.		Street A		ehr or	willtary	o v	eterans Af	airs	land	001	1 1	) 20	IJ		
				ggerts (	?rossir	na Road	Н		_			MEDINA	All broken			
X   EPA     X   DEP     X   DOL     Initial     Amended     Amendme				ate, Zip Co		ig i load	u		-	ASI			ONTE	OL		
X DOL Amendme	nt #		2.000	enceville		8648			-		LI	JEN:	SING	NAME OF TAXABLE PARTY.		
☐ Emergence	y (including	3		of Contact					I To	lephone	Numbe	or				
□ DOH justification     □ DCA □ Cancellation				in Owen					1000	09-530						
				ILITY INF		ION			1 0	30 000	0311					
Name of Facility Where Abatement is Tak Atlantic City Armory	ing Place (	(3)					Тур	e of Facility (4 School (K-12								
Street Address							Ħ	Subchapter 8	(Oth							
1008 Absecon Blvd							X	Other (i.e. pr etc.)	ivate	& comm	ercial b	uildin	gs, hon	ies,		
City (5) Atlantic City			(	284	101			are Feet	1	f Floors		Bldg	. Age			
County (6)			County	Code (7)		Current Use (Prior if being demolished)										
Atlantic	(STATE USE ONLY) Garage															
Name of Monitoring Firm Hired by Buildin	Owner (8															
TTI Environmental, Inc.		Site Enterprises, Inc.														
Street Address						Street										
1253 North Church Street								shington A	ve							
City, State, Zip Code	CCC1 Wash															
Moorestown, NJ 08057						0.0000000000000000000000000000000000000		oor Townsh	ip, N	J 0823	34					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				Licens						
Michael Stocku			856-8	6-840-8800 609-567-1250 01172												
Start Date (10)	Schedu	led Co	Completion Date (11) Name of OSHA Monitor					SHA Monitor								
10/14/19	11/4/1	9				TTLE	Envi	ronmental,	Inc.							
Occupancy Status During Abatement (Che	eck Only O	ne)				Street	Addre	ess								
☐ Facility Closed/Vacated During Entire	Period of	Abater	ment			1253	No	th Church	Street							
Abatement Performed Outside of No Other – Describe: vacant	rmal Facilit	y Hour	'S					Zip Code own, NJ 08	057							
Scope of Work (Check All That Apply)											-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				X	M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure				lure			
	1	s Locat	tion					- LAGINATES	/ /		1		atemen	t		
Location of	100	Norma			Do	scription	of						Туре			
Asbestos-Containing Material (ACM)		ed Sole		Asbes		taining M		al (ACM)	Α	mount			m			
TO BE ABATED In Facility	0.000	todial		(i.e.		systems		lation,		Specify	1	2	Encapsulare	Enclosure		
(13)		(12)				cing, VAT niscellan			Si	or LF)	200	Veball	psu	losu		
and the second	Yes	No	N/A								5	_	late	2		
Exterior Roof	140	X	F	Roof M	embrar	ne T	ar	2.	550 sf	X	+		$\vdash$			
Old FMS Building Exterior Window	10		X	\\/in	dow C	aulking	VCI	zina	100-	each	v	_				
Old Tivio Building Exterior William	V 5	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	VVII	idow C	auikiiig	J/Gla	ızırıg	10	each	Х	-	-	$\vdash$		
	_												_			
						12-1-1										
Name of Registered Waste Hauler			NJDEP W		Cubic			Name of R	egiste	ered Land	dfill					
Site Enterprises Inc.		11 8	Hauler ID 0035220		of Was			ACUA								
City, State			,000220		,	sal Date		City, State		<u> </u>						
Egg Harbor Township, NJ					Consideration of the	4/2019		Egg Har	bor -	Townsh	nin N	.I				
Completed by	Title				/	Signature		-99 1101	201	. 5 111131	Date	_				
Eric Keys	OM				10	3.4.0	1	)			10/0	4/20	19			

Print Form

Date of Notification (1)  Agencies Notified  Type Notification  EPA  DEP  DOL  Amended  Amendment #  Emergency (including justification)	Notage of New Jac 8:60  Notage of Bailding Owner  Name of Bailding Owner  Or Fold  Street Address  City, State, Zip Code	HOperator (2) EXCi, Vi, Ling	OCT 10 2019  ASBESTOS CONTROL & LICENSING
Name of Facility Where Abatement is Taking Place (3)  Street Address  City (5)  Margada  County (6)	Name-of Joniaci  JOL  FACILITY ENFORMAT	Type of Facility (4)  School (K-12)  Subchapter 8 (O) Other (i.e. privat	e & commercial buildings, homes, etc.)
Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm	Str   /2   Cig	Current Lise (Prior if be ame of Abatement Contractor (	9) (1)
Start Derection	Impletion Date (11) Name  Street	Thone No.  7-344-2914  of OSHA Monitor  Address  ate, Zip Code	J ESC) ( License No. EVA70
Is Location		Full Containment with Negat Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-I	1
TO SE ASA TED In Pacility (13) Used Solely I Meintenance Custodial Stat (12)	Description of Ashestas Commission of	iai (ACM) Amount C, surfacing (Specify SF or LF)	Abatement Type   Bhenpsulate   Removal
of Registered Waste Hauler  NUDEP Hauler I  Zose	Waste Cubic Yards D No. of Wester	Name of Registered Landfill	
cd by Thell. Title W. Riesdent	Disposal Date	City, State  July factor  Delay factor  Dela	Par 10/03/19

NOTHER ATTION OF ASSESTOS ABATEMENT  Pursuant to NIAC 3-50 and 12:120)	EIVE
Agencies Notified Type Notification Street Address Owner/Operator (2)  Street Address	1 0 2019
DOL Initial 2 English Co ASSESTOR ASSESTOR LIGHT	CONTROL 8
DOH   Emergency (including justification)   Name of Connect   Telephone Number   Golden   FACILITY INFORMATION   Telephone Number   Golden   Golden	-9373
Lesident Type of Facility (1)	
Street Address  School (K-12)  Subchapter 8 (Other than K-12)  Other (i.e. private & comments)	
Ventrel  Square Feet # of Floors Bldg.	- 1
Name of Monitoring Firm Hired by Building Owner (8)  County Code (7) (STATE USE ONL1)  Current Use (Prior if being demolished)	
Name of Abatement Contractor (0)	
Street Address	110
City, State, Zip Code    City, State, Zip Code   City,	
Project Manager for Monitoring Firm	
Start Date (10), Scheduled Complete	
Occupancy Status During Abatement (Check Only One)  Name of OSHA Monitor	
Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other Description	Paradona
Scope of Work (Check All That Apply)	
≥3 sfor≥3 lf	***************************************
Is Location Non-Exempled (*) and Non-Friable Procedure	
Location of Normally Abatement Aspestos-Compining Margini (ACA) Used Soletan Branchi	
Maintenance   Maintenance   Assestor Containing Material (ACM)   Amount	Enclosure
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Sian Zsasf	
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William I O to an	
Hauler ID No. Of Waste Cubic Yards of Waste Name of Registered Landfill Care Care Care Care Care Care Care Care	
Hauler ID No. Of Waste Name or Registered Landfill	The second secon

Paterson, NJ 07503 Telephone Number 973-345-8020   License Number 973-345-8020   Name of OSHA Monitor D & S Restoration, Inc.  Start Date (10)   10/15/19   10/22/2019   10/22/2019   20 Caution in Inc.  Gocupancy Status During Abatement (Check only one)   Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours-Describe: NORMAL HOURS   NORMAL HOURS   NORMAL HOURS   NORMAL HOURS   Paterson, NJ 07503  Scope of Work (check all that apply)   Sope of Work (check all that apply)   Mini-enclosure   Mini-enclosure   Soley by maintenance/custodial staff(12)   Yes   No   N/A   N/A   Description of asbestos-containing material (ACM)   Specify SF or o a a c C LF)   Figure   Check Containing material (ACM)   Check Containing material (	D&S Proj. #: 19-204			(Pursu	ant to NJA	besto C 8:6	J is Abatement 0 and 12 120)		IK -	CT 10	201			
Agencies Notification   EPA   Amendment #1   Amendment #2   Amendment #3   Amendment #3   Amendment #4   Amendm					er/Operator (2	)						OL 8	1	
DEP   Amendment   Amendment   Cop, State Zp Cade	Agencies Notified   Type Notificat									LICENS	NG.	graditions.	-	
DOL	DEP Amended	City	State 7in	Code										
DOCH	IXI DOI I—				)									
Scanding   Cancellation   Lilian Natale	DOH (including								Telephon	e Number				
Name of facility where abatement is taking place (3)   Residential   Street Address   Type of Facility (4)   School (K-12)   Street Address	□ DCA !—	Li	lian Nat	ale					_ 1 .					
Residential  Street Address    County Code (7)   Subhapter 8 (Other than K-12)   Subhapter 9 (Other (Private Commercial Bidgs Ahomas 8)   Subhapter 9 (Other (Private Commercial Bidgs Ahomas 9)   Subhapter 9 (Other (Private Commercial Bidgs Ahomas 9				FAC	ILITY INFORM	IATIO	N							
Subchapter 8 (Other than K-12)   Street Address   Stree	Name of facility where abatement is	s taking place (	(3)				T	Ту						
City (5)   County (6)   County Code (7)   (Sate use only)   County Code (7)   (Sate use only)   County (5)   County (6)   County Code (7)   (Sate use only)   County (5)   C	Residential										ther ti	nan K	-12\	
City (5) County (6) County Code (7) (State use only) Essex  Signure Feet 1, 200 SF   02   80   Current Use (Prior if being demolished) Residential Res	Street Address								Other (	Private/Co	omme		12)	
1.200 SF   02   80								S				BI	dg. A	ge
Name of Monitoring Firm Hired by Bidg, Owner (8)  Name of Monitoring Firm Hired by Bidg, Owner (8)  N/A  Street Address  City, State, Zip Code  Potential Ave.  City, State, Zip Code  Potential Avenue  City, State, Zip Code  Po	City (5)	County (6	5)			0.0000000	Salar and the sa	1,	, 200 SF			80	.5.00	
Name of Monitoring Firm Hired by Bidg. Owner (8)  ASCM No.  D. & S. RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Start Date (10)  IO1/5/19  Occupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  Other-Describe:  Other-Describe:  NRMAL HOURS  Occupancy Status During Abatement (Check only one)  State of >3 if Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D. & S. RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D. & S. RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D. & S. RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D. & S. RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Full Containment winegative pressure  Mini-enclosure  Moni-Exception of asbestos-containing and	Orange NJ 07050	Essex				(Sta	ite use only)		4.5	ior if bein	g dem	olishe	ed)	
Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Start Date (10)  Start Date (10)  Stored Completion Date (11)  10/15/19  10/22/2019  Occupancy Status During Abatement (Check only one)  Facility closed/wacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS  Scope of Work (check all that apply)  Scope of Work (check all that ap			)		ASCM No.	-	Name of Abatemen							
20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  Te								RATI	ON, INC.					
City, State, Zip Code Paterson, NJ 07503  Telephone Number  Start Date (10) Sched. Completion Date (11) 10/15/19 10/22/2019  Occupancy Status During Abatement (Check only one)   Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS  Scope of Work (check all that apply)   ≥ 160 sf or ≥260 lf   Demolition     Location of asbestos-containing material (acm) to be abated in facility (13)   Yes   No	Street Address							1/0						
Project Manager for Monitoring Firm	City, State, Zip Code					=					-			-
Start Date (10) Start Date (10	-				-			7503						
Start Date (10)  Sched. Completion Date (11)  10/15/19  10/22/2019  Occupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Other-Descr	Project Manager for Monitoring Firm		Phon	ne Numb	er			1	18			er		
D & S Restoration, Inc.   Street Address   Disposal Date   D & S Restoration, Inc.	Start Date (10)	Isched Co.	moletion	Date (1:	1)	_					1107			
Occupancy Status During Abatement (Check only one)  ☐ Facility closed/vacated during entire period of abatement. ☐ Abatement performed outside of normal facility hours- ☐ Describe: ☐ Other-Describe: ☐ Normal Hours  Scope of Work (check all that apply) ☐ Yas for >3 If ☐ Non-Exempted (') and Non-friable procedure ☐ Solve bag procedure ☐ Non-Exempted (') and Non-friable procedure				Date (1	'/			ion,	Inc.					
Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours-Describe:   Other-Describe:   NORMAL HOURS				WINDS NO.		encentra.		Vanu						
Scope of Work (check all that apply)	Facility closed/vacated during Abatement performed outside	entire period of	f abateme						<u> </u>					
Signature   Sig	Other-Describe: NORMAL H				***************************************	-	Paterson, NJ 0	7503						
Location of asbestos-containing material (acm) to be abated in facility (13)  Basement  Description of asbestos-containing material (acm) to be abated in facility (13)  Pipe Insulation  Pipe Insulation  20 LF  Registered Waste Hauler  D & S RESTORATION, INC.  INDEP Hauler ID# 13506  I yds  Disposal Date  Description of asbestos-containing material (ACM)  Name of Registered Landfill  TULLYTOWN, RESOURCE RECOVERY  City, State  PATERSON, NJ 07503  Completed by (Print or Type)  BOGDAN JOLDZIC  BIS location normally used solely by maintenance/custodial staff(12)  Description of asbestos-containing material (ACM)  Amount (Specify SF or L F R E E n n n no c c c c c c c c c c c c c c c	> <u>3</u> sf or > <u>3</u> lf	Renovation						Mini- Glov	-enclosure ebag procedur	е			edure	
asbestos-containing material (acm) to be abated in facility (13)  Basement  Pipe Insulation  Pipe Insulation  20 LF  Pipe Insulation  Registered Waste Hauler D & S RESTORATION, INC.  Disposal Date  Disposal Date  Date 10/02/19  Description of asbestos-containing material (ACM)  Pipe Insulation  Description of asbestos-containing material (ACM)  Amount (Specify SF or LF)  D & D & D & D & D & D & D & D & D & D					1	/5					R	R	Е	Ε
Basement  Pipe Insulation  20 LF  Pipe Insulation  20 LF  Pipe Insulation  20 LF  Pipe Insulation  Disposal Date  PATERSON, NJ 07503  Pipe Insulation  Date  Date  Date  BOGDAN JOLDZIC  PRESIDENT	material (acm) to be						sbestos-containing			For	1	р	С	n
Basement Pipe Insulation 20 LF	abated in facility (13)	Yes	No	N/A		5 6.			LF)		v	i		L
D&S RESTORATION, INC. 13506 1 yds TULLYTOWN, RESOURCE RECOVERY  City, State Disposal Date City, State TULLYTOWN, PA  Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature POLDZIC PRESIDENT Date 10/02/19	Basement		X		Pipe Insula	tion			20 LF		_			
D&S RESTORATION, INC. 13506 1 yds TULLYTOWN, RESOURCE RECOVERY  City, State Disposal Date City, State TULLYTOWN, PA  Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature POLDZIC PRESIDENT Date 10/02/19								_					무	뷰
D&S RESTORATION, INC. 13506 1 yds TULLYTOWN, RESOURCE RECOVERY  City, State Disposal Date City, State TULLYTOWN, PA  Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature POLDZIC PRESIDENT Date 10/02/19			-					-			H	片	H	H
D&S RESTORATION, INC. 13506 1 yds TULLYTOWN, RESOURCE RECOVERY  City, State Disposal Date City, State TULLYTOWN, PA  Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature POLDZIC PRESIDENT Date 10/02/19											H		Ħ	一
City, State PATERSON, NJ 07503  Completed by (Print or Type) BOGDAN JOLDZIC  Disposal Date City, State TULLYTOWN, PA  Signature BOGDAN JOLDZIC  Date 10/02/19	Registered Waste Hauler D & S RESTORATION, INC.		lauler ID#	100		Waste				COVER	Y			
Completed by (Print or Type)  BOGDAN JOLDZIC  Title  PRESIDENT  Signature  Fyo Gradu   10/02/19	City, State PATERSON, NJ 07503		Dis	sposal D	ate		City, State						-	
	Completed by (Print or Type)		<u></u> L-		Signature	)	1 TOBELLIOWIN	, , , , ,		Date				-
				ashest	e licaneura ev	yo G	d activities	~		10/02/	19			

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Date of Notification (1)	- 1	2 2	8	Name of	Building Owner/C	Operator	(2)	+	HE U	E	<u>U</u>	W	3
10-04-19	VIDO		- 1		KF Group	105			1				
	Type Notification		- 11	Street Ad P.O. B	ddress ox 70, 40 Mor	mouth	Park Highwa	уШ	OCT	1 (	) 20	)19	The state of the s
DEP	Initial Amended				te, Zip Code			-		Linear man		zen silien	
X DOL	Amendment # Emergency (in		-	West L	ong Branch, N	NJ 077	64		ASBEST				&
ĭ DOH	justification)	cidaling			Contact				ephone Nun	the same and a second second	CONTRACTOR LINE	ORNANO PRODUCT	rinden min
☐ DCA I	Cancellation				Wersinger III,			(7.	32) 222-20	JUU X	220		
Name of Facility Where Al Fort Monmouth: Squ			)	FACII	LITY INFORMAT	ION	Type of Facility  School (K-						
Street Address 288 Sherrell Road							x Subchapte	r 8 (Oth	er than K-12 & commercia		lings,	home	s,
City (5) Oceanport, NJ							Square Feet 15,000	# o	f Floors		ldg. A 980	ge	
County (6) Monmouth				County C	Code (7) ISE ONLY)		Current Use (Pr Commercial	ior if bei	ng demolish	ed)			
Name of Monitoring Firm I Langan Engineering			rices	ASCM	l No.		of Abatement Co acle Environn						
Street Address 300 Kimball Drive		<del></del>					Address Broad Street			W 8			
City, State, Zip Code Parsippany, NJ 0705	54						State, Zip Code stadt, NJ 0707	'2					
Project Manager for Monit Vijay Patel				Telephor (973)5	ne No. 60-4983	100000000000000000000000000000000000000	none No. 939-6565		License N 00756	0.			
Start Date (10) 10-21-19		Schedule		npletion [	Date (11)		of OSHA Monito n-Air Inc.	r	I.				
Occupancy Status During	Abatement (Check	Only On	ne)			Street	Address						
➤ Facility Closed/Vacat	ted During Entire Pe	eriod of A	Abatem	nent		10-5	9 Jackson Av	enue					
Abatement Performe Other – Describe:						22.00	State, Zip Code g Island City, I	NY 111	101				
Scope of Work (Check All	That Apply)						0.001						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure	•			e	
		ls	Locati	on								ement	Î
Location			Normal ed Sole			scription					1 )	ре	
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	Ma	intenar todial S (12)	nce/	(i.e. therma surfa			(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								,,,	
1st Floo				Х		94,040,000	ASTER		1,000SF	х			
1st Floo				X	//5.14.00		N PLASTER	-	5,000SF	х			
1st Floo	or			Х	200,000		POUND	-	8,500SF	х			
1st Floo	1. 1			Х			ATION		2,800LF	х			
Name of Registered Wast ATC, Inc. / Newark C		609)	H	IJDEP W lauler ID 4310		Yards aste	98780		ered Landfill erprises				
City, State Shirley, NY / Newark	, NJ 07105				Dispo TBD	sal Date			, OH 4468	38			
Completed by		Title				Signatur	e / / / /		Da		10		9227-63
Richard Doran		Proje	ect Ma	anager	Q/		1 Set 1	$\rightarrow$	$-\sqrt{10}$	)-04-	19		

D&S Proj. #: 19-208  Date of Notification (1)  1 10 1/10 14 1/11 19 1  Agencies Notified Type Notifica  EPA Initial  DEP Amended	Warr	(Pursi of Building Own en Loder		0e <b>st</b> 0	s Abatement o and 12:120)			CI 1	CONT	)19	200	
Amendment #		ate, Zip Code										
☐ DOH ☐ Emergency (including	Name o	dbridge, NJ Contact	07095				Telephon	e Numbe	r			
□ DCA justification	,,,	ren Loder					l ì					
		FAC	ILITY INFORM	ATION	ı							
Name of facility where abatement	is taking place (3)					Ty	pe of Facility (					
Residential							=	(K - 12) apter 8 (C		han K	_12\	
Street Address							Other (	Private/C	omme		-12)	
								Homes, e		BI	dg. Ag	je
City (5)	County (6)				nty Code (7)		-	)2		80		
Woodbridge, NJ 07095	Middlese	x		(Sta	te use only)		Current Use (Pr Residential	ior if bein	g den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	$\neg$	Name of Abateme	nt Con	tractor (9)					
N/A Street Address				_	D & S RESTO Street Address	RATI	ON, INC.					
Street Address					20 California	Ave.						
City, State, Zip Code				-	City, State, Zip Coo	THE RESERVE OF THE PERSON NAMED IN COLUMN 1				-		
		Phone Numb		_	Paterson, NJ			License	Mirmal			
Froject Manager for Monitoring Film		Phone Numb	per		973-345-802				1169	0.000		
Start Date (10)	Sched. Comp	oletion Date (1	1)	-	Name of OSHA Mo		2					
10/05/19	10/22/2019				D & S Restora	ation,	Inc.					
Occupancy Status During Abateme					20 California	Avenu	ie					
Facility closed/vacated during Abatement performed outside Describe:	of normal facility				City, State, Zip Coo							
Other-Describe: NORMAL F Scope of Work (check all that appl				-	Paterson, NJ							
≥ 160 sf or ≥260 lf   □	Renovation  Demolition				Σ Σ Σ	Mini Glov	Containment ware containment ware consure rebag procedure contained (*) and containe	е			edure	
Location of	Is location normally		У						R	R	Е	E
asbestos-containing material (acm) to be abated in facility (13)	staff(12) Yes No	<u> </u>	Description material (		sbestos-containing		Amount (Specify SI LF)	F or	m o v	p a i	n c a p	n c L
Basement			Pipe Insulat	ion			106 LF		e			
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			1						卌	H	H	片
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hau 13506		ubic Yards of V 2 yds	Vaste	Name of Registere			COVER	Y	_	_	
City, State		Disposal D			City, State			O T LI		_		-
PATERSON, NJ 07503 Completed by (Print or Type)	Title	_L	Signature	-	TULLYTOW	N, PA		l Data				
BOGDAN JOLDZIC	PRESIDENT		,	DE	got 1	7		Date 10/04/	19			
ASB-41	Do not use this for	orm for asbest	os licensure exe	empted	activities.			(0)				

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_	X 3738		NOTI	FICATIO Pursuan	NOF ASE	8160 an	ABATE d 12:12	0)	A Commence of the Commence of					$\mathbb{V}$	
1	ate of Notification (1) 0/03/2019	49		Resid	N. 9555	Owner/C	perato	(2)	<i>)</i>		00	T 1	0 2	019	
	gencies Notified Type Notification	1		Street	Address						ASBES	TOS	CONE	TOOL	0
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×	DOL Amendmen Emergency				ar NJ 07										
×	DOH justification) DCA Cancellation		9		of Contact es Keos					Tele	enhone Ni	ımher			
Na	me of Facility Where Abatement is Takir	na Place	(2)	FAC	ILITY INF	ORMATI	ON	-	/= m //	_i					
	esidence	ig Place (	(3)					Тур	e of Facility (4	8					
St	reet Address							×	School (K-12 Subchapter of Other (i.e. pr	8 (Othe	er than K-	12) cial bui	ldinas	hom	es
	y (5)		<u> </u>					Squ	etc.) Jare Feet	# of	Floors		Bldg.		
Сс	unty (6)				Code (7)	0		2,0 Cur	rent Use (Prio	3 r if beir	ng demolis		116		
200	onmouth me of Monitoring Firm Hired by Building	Owner /0			M No.	"	Ner	of A:	atam 1 O		(0)				
A.	Seine Lighthouse Solutions	OWINEI (0	"	ASU	IVI INU.		Brink	s Ta	patement Cont ank Service		(9)				
	eet Address O Box 354						Street 1256		ess erty Avenue	Э					
	y, State, Zip Code outh Orange, NJ 07079				-				Zip Code NJ 07205						
	oject Manager for Monitoring Firm arah Calandra			Telepho			Teleph	none	No.		License I	No.			
	art Date (10)	Schedu	led Co		49-2666 Date (11)		844-4		7465 SHA Monitor		01316				
	0/15/2019	10/22/			Date (11)				Lighthouse	Solu	tions				
-	cupancy Status During Abatement (Chec						Street		5550	7,112					
×	Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of nal Facilit	Abater v Hour	ment s		-	PO B		Zip Code						
	Other – Describe:					_			ange, NJ 0	7079					
_	ope of Work (Check All That Apply)	_													
Ž	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	M G	ull Containmer lini-Enclosure lovebag Proce on-Exempted	edure	12			-	
			Locat	207						()			Abate	ement	
	Location of Asbestos-Containing Material (ACM)	Use	Norma ed Sole	ely by	Ashes	Des	cription		al (ACM)	Δn	nount	-	Ι',		
	TO BE ABATED In Facility	6-22	intena todial			thermal:		insu		(Sp	ecify	Rei	R	Encapsulate	Enclosure
	(13)		(12)			other m			)	SF	or LF)	Remova	Repair	psula	losur
	dt	Yes	No	N/A		2						=		ate	e .
	Crawl Space		Х			Pipe	insulat	tion		12	0 LF	Х			
	Crawl Space		Х			Pip	e wra	р		30	) LF	-			
												-			
	ne of Registered Waste Hauler		9100	IJDEP W		Cubic \			Name of Re	200					
	vark Carting		1320	4509		UI VUS			Waste M	anag	ement L	andfi	II		
	, State It Orange, NJ					Disposa	al Date		City, State Penn Arg	ו פועו	ΡΔ				
Cor	npleted by	Title				Sig	hature	10	1 101 1 1	/		ate			
Alis	on Lamers	Office	e Mar	nager			NXV	1 11	1//11/11/1	//	1000	1/03/2	010		

# Ch8096

State of New Jersey IOTIFICATION OF ASBESTOS ABATEMEN	ıT		CK	_
(Pursuant to NJAC 8:60-7 and 12:120-7)	M	EG	E DATE	EA
	IK.	TO OTHER WHILE BEEF STREET	0	
Name of Building Owner / Operator (2)	11 11	0.00		111/11

							40000 100	SE CONTRACTOR	I many )				111 111
Date of N	lotification Tv		3/19 tification					/ Operator (2)		OCT	10	2019	IIUI
Agencies		po no	tinoation				eering	and Construct	tion L	901	1 ()	2010	brazza
Agencies	EPA		Emorgon	cy Notification		Address							
	302L 200	v				tuyvesar				ASBESTO	OS CO	NTROL 8	
V	DEP	X	Initial Not		1,000	tate & Zip					CENSI		
X	DOL			Notification	Intorna	rk, NJ 07			Shimmorromandensins		PROFESSION AND	A STATE OF THE PARTY OF THE PAR	Name to the second
X	DOH		Cancellat	ion		of Contact					7	Telephon	e Number
	DCA				Phil E	lgin					9	73-508	-0307
					FAC	CILITY IN	FORM	ATION			2		
Name of	Facility Wh	ere Al		Taking Place	ce (3)	4	Тур	e of Facility (4)	3				
			Resid	ence				School (K-12)					
Street Ad	dress							Subchapter 8 (C	Other tha	an K-12)			
					15	700	> X	Other (i.e., priva	ate & cor	nmercial b	ouilding	gs, home	s, etc.
						124	Squ	are Feet	# of Floo	ors	В	ldg. Age	
City (5)			Cou	inty (6)	County C	ode (7)		2.500		2			70÷
	Roselle	è	Uni	ion		0.00.00.00.00.00.00.00.00.00.00.00.00.0	Cur	rent Use (Prior if	being de	emolished	)		
								sidential	3		,		
Name of I	Monitoring	Firm F	lired by Bu	ilding Owne	r (8)	ASCM No		ne of Abatement	Contrac	tor (9)			
	mental Ta			9	7-8		100	bal Abatemen					
Street Ad								et Address		000,			
34 Broad	d Street							Schoolhouse	Road				
City, State	e & Zip Coo	de						, State & Zip Coo					
	n, NJ 070							nroe Township		8831			
	anager for		oring Firm	T	elephone l	Number		phone Number	,		nse N	umber	
Tom Ge				10.00	32-290-22			-605-9062		2.00	1100 14	00714	1
Schedule	d Start Date	Sche	duled Comp	oletion Date	(11)		ne of OSHA Mon	itor					
	10/14/19			1	0/15/19		Glo	bal Abatemen		ces, LLC	;		
				(Check only			100000000000000000000000000000000000000	et Address					
				g Entire Per				Schoolhouse	A2231-VII 223-VII.				
		'errorn	nea Outsia	e of Normal	Facility Ho	urs -		, State & Zip Cod					
	escribe: ther - Desc	rib a :					Moi	nroe Township	o, NJ 08	3831			
	Work (Che	ck all t						_					
	emolition	20	Х	Renovation	n			Full Conta		with Nega	ative P	ressure	
	arge Projec		2002					Mini-Enclo					
			or≥ 3 LF A					X Glove-bag					
Q			SF or ≥ 260	LF ACM				Other: C	Clean u	р			
		cation			Is Location			escription of		Amou	nt		ment Type
	Asbesto			1	Normally U			stos-Containing		(Spec		17001	y: Removal,
		erial (A			Solely by			aterial (ACM)		Square F			Repair,
		E ABA			Maintenanc	20222		thermal systems		Linear F	eet)		sulation or
	in	Facili	ty	0	Custodial St	aff?		on, surfacing, VA				En	closure)
		(13)		1	(12)		or othe	er miscellaneous)	)				
	Ва	seme	nt		N/A		TSI	pipe debris		28 LI	F	CI	eanup
	The street of the second												
	Registered		Hauler	N	JDEP Was	te Hauler l	ID#	Cu. Yds. of Was	ste	Name of F	Registe	ered Lan	dfill
	hold Carl	ting				18693		2		Fairless			
City, State								Disposal Date		City, State	)		
	on, NJ							10/15/19		Fairless		PA	
	d By (Print		e)	Title				Signature			-		Date
Domin	iick Tring	ali		Manager				Dominick Tr	ingali				10/3/19
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Oct 01 2019 03:51PM NJ Asbestos	Contr	ol 60	9,633,	0664			page	1	P				*****	
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Hame of Festilly Where Absternant is Teler	Place	(8)	PAI	Turk.	T. 1.1.1.1	TEN T	Тур	of Facility (			4	- Chapter		-
620 CLIFF STREET	£7-	The State of the S	-		<del></del>			School (K-1 Subshapter Other (i.e. p	a) 8 (China	e than h	(42)	ب سائدال		
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Bareton	1000000		County (OTA)	COSO (T)	0		-	ent Use (Pric	or IV basin	o dome	Mefred)	6	2	Pintohasins
Name of Manifering Firm Hires by Building	OWNER (	1)		W No.		Name	er Abi	HALL Memery Con	OFG PONE	101		-	-	-
Brost Alfred	777					A.M	Addre	ontreating	Ing.	(-)	Olemper 1			
City, State, Zip Gode				A-11-2		186	Vreel	and Ave.						
						Olty, 8 Midte	tate, 2 and F	ork, NJ 01	7432				-	$\neg$
Project Menager for Mankering Firm			Talapho	ne Ne.	the state of the s		iens N	6.		License	No.	-	T	-
10/1/19	Bakedu	as Cor	nplotten	Dete (11)	-	Nama	er del	HA Manitor	- Harrison In	00156		N-	-	_
Occupancy Status During Abatement (Chec	t Only 6					Ome		nvironmen	itel Se	wider	Inc.			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	100 of	Abaten	nent			280	duyle	r Street						
Gener - Describe: Scope of Work (Cheek All That Apply)	ON I WOULD	A LINEA				City, 8 Hagk	uta, 2 ones	Cede ISK, NJ Q70	ace					Pleasant of the last of the la
To et et si		Menova Demok	den len				Pul Mir	II Canteinme N-Enclosure rvebes Presi n-Enemaled	nt with i				e enement	
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in Facility (15)	Yes	(12)	N/A	(Iow,	THE THE	aystema ding, VA1 nlaoption	BPHALeSO	ition,	(8p 8F c	edili PLF) .		Repair	Shappen .	Endows
MAIN ROUM	- 40	149	X	-	VA	17	-		1.7	District on the second	VE 1	-	1	
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		-												$\dashv$
Name of Registered Waste Hauler Newark Carting Inc.	4	I He	DEP W	9900 Np.		Yarde		Name of R						
CITY, SIETS		104	509		Uabo	OL .		Grand Co	antrel I	Panite	ry Lei	idfili		
Newark, NJ 07105	Tilla				101	1/19	dr.	Pen Argy	A PA	16072			24	
R. McDonald	Presi	dent			-	g habuts	R	My	and the		ete / c	7. 1	19	

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in 2354	1	OTIE	ursuant	ate of Nev OF ASBI to NJAC	ESTOS A 8:60 and	BATE 12 12	0)	Т	K			n 2	0110	And the second s
Date of Notification (1) 10/8/19	2.5			f Building ( Manor	Owner/Op	erator	(2)		fatel good	1	-	-11(	. <del>U I d</del>	1
Agencies Notified Type Notific	ation		Street A	ddress					AND TO SERVICE AND THE PERSON NAMED IN COLUMN 1	ASBES	STOS	CON	TROL	. &
EPA Initial Amend	4T-6T-61	-		ite, Zip Co		20.00	-	· ·	NGC CONTRACTOR OF THE PARTY OF		LICE	45IN	) emasses	***********
X Emerge	ment #1 ency (including	-	25-20-20-20-20-20-20-20-20-20-20-20-20-20-	le Park,	NJ 0720	04			Tol	ephone N	lumbo			
DOH justifica				Krause						8-403-9				
Name of Facility Where Abatement is	Taking Place (3	)	FACI	LITY INFO	ORMATIO	N	Tvp	e of Facility (	4)					
Apartment Complex								School (K-1						
Street Address Colfax Ave.							×	Subchapter Other (i.e. p	8 (Oth			uildina	s hom	<b>6</b> 5
City (5)								etc.) Jare Feet		f Floors	T Clair Di	- 5		C3,
Roselle Park							1000000	000	2	Floors		Bldg.		
County (6) Union			County (	Code (7) USE ONLY)				rent Use (Price artment Co			lished)			
Name of Monitoring Firm Hired by Buil Project Manager	ding Owner (8)		ASCM	1 No.			of Ab	patement Con es Abateme	tractor					
Street Address		10. 40.00				Street	Addr							
City, State, Zip Code	-							Zip Code	<b>.</b>			-11		
						Sado	dle E	Brook, NJ 0	7663					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201-		No. -3184		License 01305				
Start Date (10) 10/10/19	Schedule 10/20/		mpletion I	Date (11)		Name	of OS	SHA Monitor						
Occupancy Status During Abatement (	Check Only On	e)				Street	Addr	ess						
Facility Closed/Vacated During El Abatement Performed Outside of Other – Describe: 8 A.M to 4 P.M						City, S	state,	Zip Code						
Scope of Work (Check All That Apply)												-		
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova				×	M G	ull Containme lini-Enclosure Blovebag Proc Ion-Exempted	edure				ıra	
	5250	Locati			_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Zionipio	( ) (			Aba	itemen Type	t
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	Ma	d Sole intena odial S (12)	nce/		tos Contai thermal s surfacii other mis	ystem: ng, VA	fateri s insu T, or	ulation,	(8	mount Specify or LF)	Kelliova	Repair	Encapsulate	Enclosure
	No	N/A								2	-  -	late	re	
Garages		Х			Pipe	e Wra	ар		2,0	74 LF	×			
										-0	+	-		
Name of Deviators & Wests Hard		1.	LIDED	(	1 0.22.22			I No.			ICII			
Name of Registered Waste Hauler All Stages Abatement		H	NJDEP W Hauler ID 1036592	No.	of Waste 20 YD			Name of F	- 00			andfil	1	
City, State Saddle Brook, NJ			20002		Disposa TBD	I Date		City, State		Δ	95°			
Completed by	Title					nature	. /	PETIAR	y, 7		Date			
Richard Cristofol	Presi	dent			1 -/8		1/1	1		>	10/8/	19		

# State of NJ Notification of Asbestos Abatement (Pursuant to NUAC 8:60-7 and 12:120-7)

	84				U /	paral f		Check	# 9624				_
Date of Notification	1 (1)	I I Na	me of Bui	ding Own	er/Operator (2)		Total Commence	I E	P E	П	ΠΠ	[[-'	
1 10 1/10 14	1/1191		Ryan Ma	.0.1111070					GE	<u>U</u>	W	E	In.
Agencies Notified	Type Notificat	ion Str	eet Addre	SS								-	
☐ EPA	X Initial							Market Ma	OCT 1	n :	2019	1000	$\ U\ $
DEP		Cit	y, State, Z	in Code				hed less.			-010		lose to pt.
X DOL	Amenda				NJ 07006			ACI	BESTOS	~~^	17-00	notessament	
X DOH		Nar	me of Con	tact				Telephone				IL Ca	
☐ DCA	☐ Cancella	ation	Ryan M	aGoo					AND AND THE PARTY OF THE PARTY	HILLING GOING	- TECUMENTON		A THE PARTY OF THE
			Tyan IVI	<u> </u>									
				FAC	ILITY INFORM	ATION	L)	,					
Name of facility wi	here abatement i	s taking plac	e (3)					Type of Facility (	4) (K - 12)				
Ryan MaGee									apter 8 (Oth	or th	an K	12\	
Street Address								22.00	Private/Cor			12)	
								Bldgs./	Homes, etc				
01-75		County	. (6)					Square Feet	# of Floors		Blo	lg. A	je.
City (5)		County	y (o)			1,000	nty Code (7) te use only)	Current Use (Pr	ior if hoing	dom	olicho	d)	
West Caldwe	ell, NJ 07006	Esse	ex			(0,0		residential	ior ii beilig	uem	0115116	iu)	
Name of Monitorin	ng Firm Hired by	Bldg. Owner	(8)		ASCM No.		Name of Abatement C	Contractor (9)		-			
							B & G Restoration	on, Inc.					
Street Address						=	Street Address						
							105 Ryerson Ro	oad			-		
City, State, Zip Coo	le						City, State, Zip Code	1107005					
B : (N			15:			_	Lincoln Park, N	IJ 07035		1			
Project Manager fo	r Monitoring Firm		Pho	one Numb	er		Telephone Number (973)696-6869	,	License N 003		er		
					,,		Name of OSHA Monit						
Scheduled Start Da	ate (10)	= 55554000	Completio	n Date (1	1)		B & G Restoration						
10/14/2019			5/2019		Company of the Compan		Street Address						
Occupancy Status			1	Valenci (VI)	v.		105 Ryerson Ro	ad					
X Facility close	d/vacated during erformed outside						City, State, Zip Code					4	
Describe:		- normana				_	Lincoln Park, N.	07035					
Other-Descri		4								_		63	=
Scope of Work (ch		1.5				=	vrap & cut	:	<b>.</b>				
	×	Renovation				17/10	ull Containment w/neg	ative pressure g	Gloveba	7000			
>3 sf or >3 lf		≥160 sf or ≥			1	<u> </u>	/lini-enclosure	L	Non-fria	R	_	-	_
Location of asbestos-cor	ntaining.	Is location by mainten			The same		all and a second state of	Amount		e	e	E n	E
material to be	е	staff(12)			material (		sbestos-containing	(Specify S	For	m o	p a	c a	n c
abated in fac	cility (13)	Yes	No	N/A				LF)		v e	i	р	L
laundry room				X	pipe insula	ation		7 If		X			
boiler room	Cheminal III Ingresia PRIS Incres CARS			X	pipe insul	ation		4 If		X			
boiler room				X	fittings			2 fittings				X	
-													
Registered Waste F B & G Restora			Hauler II 9563	D# C	ubic Yards of \	/Vaste	Name of Registered I Grand Central I						
City, State				Disposal D	Date		City, State	-GHUIIII			-		
Lincoln Park, I	NJ				)/15/2019		Pen Argyl, PA					<u>, , , , , , , , , , , , , , , , , , , </u>	
Completed by (Prin		Title	/ <del>-</del>		Signature		Gordana Luna		Date	201	0		
Gordana Luna	l	Secretary	// I reasu	rer			Zoraana Luna		10/04/	201	9		

CHITS!	TH	40	NO	TIFIC	CATIC	NOFA	SBI	v Jersey ESTOS ABA 8:60 and 5:1	TEMENT [	) EC		$\mathbb{V}$	E	n
Date of Notification (1)	Î					3 8	8 5			1		0010		
	7/	19	9		1			Owner/Operator nergy Compa	ny / Job #1910	-5545 Che		2019 84		اللا
Agencies Notified	Type Notif	ication			Stre	et Address				ASBEST	25 001	ITO	11 0	-
⊠ EPA		9 70			10	Legion	Plac	ce- Building A	\	LIC	DENSIN	G	/L Ct	
☑ DOLWD ☑ DHSS	☐ Amenda Amenda	: T   T   T   T   T   T   T   T   T   T			City	State, Zip	Cod	de			ore resources	er entolerategia e	minimate Legal	(extraolata)
□ DCA	⊠ Emerge			-	M	orristowr	n, N	J 07960		15				
(NJAC 5:23-8)	justifica		icidali	ig	Nam	ne of Conta	ct			Telephone N	Number			
	☐ Cancell	lation			G	eorge Be	tar			267-347-				
				79-7-	F	ACILITY	NFO	ORMATION	-7					
Name of Facility Where A	batement is	Takin	g Plac	e (3)				J. C.	Type of Facility (	(4)				
Valiant/JCP&L Pole				. ,					School (K-12					
Street Address									☐ Subchapter 8	(Other than k				
10 Fair Haven Road									Other (i.e., pr homes, etc.)	ivate and com	mercial I	ouildin	gs,	
City (5)					1	m	75		Square Feet	# of Floors	E	Bldg. A	\ge	
Fair Haven, NJ					(	111	0	9						
County (6) Monmouth					Cou	inty Code (	7)(S7	TATE USE ONLY)	Current Use (Price Substation	or if being den	nolished)			
Name of Monitoring Firm H	lired by Bui	ilding C	Owner	(8)	ASCN	No.	N	ame of Abateme	ent Contractor (9)					
NA				et 18:			1	AbateTech, Ir	VIDEO CONTRACTOR INCOME.					
Street Address							-	treet Address						
								30 Maple Ave	. PO Box 25					
City, State, Zip Code							Ci	ity, State, Zip Co	ode					
							1 .	Lumberton, N						
Project Manager for Monito	oring Firm			Tele	phone	No.	Te	elephone No.		License No.				
								609-265-2107		00529				
Start Date (10)		Sched	uled C	omple	tion Da	ate (11)	Na	ame of OSHA M	onitor					_
10 /10 /	19	1	0 /	1(	_ /	19		EMSL Analyti	cal					- 1
Occupancy Status During A	Abatement (	Check	only	one)			St	reet Address						
☐ Facility Closed/Vacated	During Enti	ire Per	iod of	Abate	ment		:	200 Route 130	North					- 1
Abatement Performed C	Outside of N	ormal	Facilit	y Hou	s - Des		Cit	ty, State, Zip Co	de					-
Time of Abatement:	AM	PN	1/	PM·		_AM		Cinnaminson,	NJ 08077					
Scope of Work (Check all to	hat apply)						-							
≥3 sf or ≥3 If			M Pa	novati	on			☐ Full Conta	ainment with Nega	tive Pressure				
☐ ≥160 sf or ≥260 lf				molitic				Glovebag						
								Non-Exen	npted (*) and Non-	Friable Proce	dure			
27 100 12	<i>i</i> :		1 5500	Locat Vorma							At	atem	ent Ty	уре
Location of Asbestos-Containing Ma		1		d Sole		Ashor	stoc	Description of Containing Mate		A	Re	Re	m	m m
TO BE ABATE		"	Ma	intena	nce/			ermal systems ir		Amount (Specify	Remova	Repair	cap	Clos
IN Facility			Cust	odial (12)	staff?			surfacing, VAT,		SF or LF)	\\\ \alpha	7	Encapsulate	Enclosure
(13)		t	Yes	No	N/A	1	ot	ther miscellaneo	us)				ate	
Exterior Pole #BT752R	N					Asbesto	os r	isers		16 LF		П	П	П
		_			120-12	-				1			ᆜ	븨
												Ш		
Name of Registered Waste	Hauler			1,000	JDEP \	10.00 CH 100 CM		bic Yards of	Name of Registe	red Landfill				$\neg$
AbateTech, Inc.				H	auler II 18750		Wa	ste	G.R.O.W.S. 1	Landfill				
City, State					10100		_	posal Date	City, State					
Lumberton, NJ								0/10/19	Tullytown, P	Α				
Completed By (Print or Type	e)	Title						Signature	Λ		Date			-
Gwen Trumbetti	e e		erati	ons C	oordi	nator		1	my		10 -	7-/	9	

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

TW -15	)/4K	1			200	State of	Nev	v Jersey		MEC	E	1	V/I	Ē lī
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Date of Notification (1)	<u> </u>			en car	Nan	ne of Bijildi		Owner/Operator	(2)	HH oc	7 17	7 20	119	-
10 /	8 /	1	9		10000	SE&G /	iiig (		1903-5447	Check	00 10 1	em no-	113	L
								30D #	1303-3447					
Agencies Notified  ⊠ EPA	Type Notif	ication	1			et Address				ASBES.	ros c	ONT	ROL	&
⊠ DOLWD	☐ Amend	od				Park Av			L		ICENS	SING		THE VIOLENCE OF THE PARTY OF TH
☑ DHSS	Amend		#			, State, Zip		de		13				
DCA	☐ Emerge			na na	N	ewark, N.	J							
(NJAC 5:23-8)	justifica			.9	Nam	ne of Conta	ct			Telephone Nu	mber			
	☐ Cancell	ation			CI	hris Castı	ron	ova		908-412-2				
					F	ACILITY I	NFC	ORMATION						
Name of Facility Where A	batement is	Takir	ng Plac	e (3)					Type of Facility	(4)				
PSE&G- Bay Way R	efinery								School (K-12	2)				
Street Address									☐ Subchapter 8	8 (Other than K-	12)	2000		
4001 South Wood A	venue					70			Other (i.e., p homes, etc.)		nercial l	ouildir	ıgs,	
City (5)		-							Square Feet	# of Floors	I	Bldg. A	Age	
Linden, NJ 07036										<i>"</i> 011 10013	l'	Jug. 1	igo	
County (6)					Cou	inty Code (	7)/S	TATE USE ONLY)	Current Use (Pri	ior if heing demo	lished)			
Union						,	. /(	302 ONE 1)	Refinery	or it being derile	moneu)			
Name of Monitoring Firm I	Hired by Bui	Idina	Owner	(8)	ASCN	1 No	N	ame of Abatomo	ent Contractor (9)					
Health & Safety Sen		iding	Owner	(0)	710011	1140.	1	AbateTech, Ir						
	eet Address								ic.					
CONTRACTOR SECTION SECTION	PO Box 365							treet Address	DO D					
City, State, Zip Code								30 Maple Ave						
								ity, State, Zip Co						
Berlin, NJ 08009				1			-	Lumberton, N	IJ 08048	<u> </u>				
Project Manager for Monito	oring Firm			The property of	ephone			elephone No.		License No.				
James Proctor						1-8850	_	609-265-2107		00529				
Start Date (10)						ate (11)	13.58	ame of OSHA M						
					1_/			EMSL Analyti	cal					
Occupancy Status During					3.0		St	reet Address						
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ment	20	1	200 Route 130	North					
Abatement Performed ( Time of Abatement:	Outside of N AM-		Facilit ///	y Hou PM		scribe AM		ty, State, Zip Co						
			vi/			AIVI	(	Cinnaminson,	NJ 08077					
Scope of Work (Check all t	hat apply)									2001 0.7600				
☐ ≥3 sf or ≥3 lf			ПВ	novat	ion			☐ Full Conta	ainment with Neg	ative Pressure				- 1
⊠ ≥160 sf or ≥260 lf				molitic				☐ Glovebag						
								Non-Exen	npted (*) and Non	-Friable Proced	ure			
00 0000 000			1000	Loca							Al	atem	ent T	уре
Location of Asbestos-Containing Management		<b>#</b> \		Norma ed Sole				Description of			Z.	Z.	m	ū
TO BE ABAT		1)	Ma	intena	nce/			Containing Mate ermal systems in		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial	Staff?		:	surfacing, VAT,	or	SF or LF)	val	-	lusc	sure
(13)				(12)	T	-	of	ther miscellaneo	us)				ate	Ф
			Yes	No	N/A									
Exterior	terior							rap		500 SF	$\boxtimes$			
													П	П
														금
Name of Registered Waste	Hauler		Ц_		JDEP \	Maeto I	Cul	bic Yards of	Name of Registe	arad Landfill		ш		ᆜ
Environmental Trans		n IN	•	1111	auler II			iste	19	less Landfille				
	- 0.1. OTOU	۲, ۱۱۹۰			00069	2061	8			icoo Lanunne				
City, State Flanders, NJ								posal Date	City, State	DA 4000=				
							1	0/31/19	Morrisville,	PA 19067				
Completed By (Print or Type		Title						Signature	1	D	ate	· .		
Gwendolyn Trumbetti	l	0	oerati	ons (	Coordi	nator		M.	M	(	0-1	5-1	9	

CK373		NOTII	Pursuan	tate of Ne N OF ASE t to NJAC	SESTOS 8:60 ar	ABATE nd 12:12	Ó)	D-	E C	El	$\mathbb{V}$	E	M
Date of Notification (1) 10/8/2019	+3	>	Name of The L	of Building ate Pet	Owner/er Frel	Operator inghuy	r (2) sen Jr. Estate		OCT	1 0	2019	-	U
Agencies Notified Type Notification	64 40		Street A	Address								1	
EPA Initial Amended								A	SBEST	os coi	VTRC	1 &	
DEP Amended  Amendment	#		City, St. Hardi	ate, Zip C ng NJ	ode				LIC	Errain	lG 	revised the Late	may aponto d
Emergency justification)		]	Name o	of Contact				Te	ephone N	lumher			
DCA Gancellation			Kevin	Wertm	an				epilone i	unber			
Name of Facility Where Abatement is Takir	g Place (	3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	v (A)					
Frelinghuysen Estate							School (K						
Street Address							Subchapt Other (i.e etc.)	er 8 (Oth	er than K & comme	-12) rcial bui	ldings	, hom	ies,
City (5) Harding			0	790	00		Square Feet 9,493	# 0	f Floors		3ldg. / 1937		
County (6) Morris			County (STATE	Code (7) USE ONLY	)		Current Use (F residence	rior if bei	ng demol	ished)	- 101111		
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASCN	ЛNo.			of Abatement C ckmark Indus		(9)				
Street Address							Address Iorgan Dr						
City, State, Zip Code							tate, Zip Code ta NJ 07871		0 1-0 12				
Project Manager for Monitoring Firm			Telepho	ne No.			one No. 570-2645		License 01334				
Start Date (10) 10/19/2019	Schedule 11/19/		npletion l	Date (11)		Name	of OSHA Monito		01004	**************************************			
Occupancy Status During Abatement (Chec							Address	ulai					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	Abaten	nent		%		lorgan Dr						
Other – Describe:					-		ta NJ 07871						
Scope of Work (Check All That Apply)	10000000					7000	<b>-</b> 0						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	and the same of	Renova Demolit				×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure				6	
	Is	Locat	ion	0			Tron Enompt	T T T T T T T T T T T T T T T T T T T	110111111	1000110	Abate		t
Location of		Normal d Sole		20 20 0		scription				-	Ту	ре	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intena	nce/	Asbes (i.e.	tos Cont thermal	aining M svstems	aterial (ACM) insulation,	100	nount pecify	70		En	
In Facility (13)	Cusi	todial S (12)	staπ?		surfac	cing, VAT	Γ, or		or LF)	Remova	Repair	caps	Enclosure
V-7/	Yes	No	N/A		outer ii	iiscellatii	eous)			val	¥.	Encapsulate	sure
Crawlspace (main house-MH))		X			pipe	insulat	ion	40	0 LF	X			
2nd FL. BA near garage (MH)		Χ			white	linole	um		SF	X			
Garage (nurse's house)		Χ			pipe	insulat	ion	28	0 SF	X			
Name of Registered Waste Hauler		1000	JDEP W		Cubic '		Name of	Register	ed Landfi	ill			
Newark Carting		Н	auler ID I	NO.	of Was	ste	Grand	Centra	l Sanita	ry Lar	ndfill		
City, State Newark NJ					Dispos	al Date	City, Sta Pen A	te rgyl, PA			:W. 1		£1:
Completed by Corey Stankovic	Title CEO				Si	gnature			D	ate 10/8/20	019	Via	



# State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9637

The second secon	1				Mar.	I come !	Adday of the last	レ	Check	# 9037				
Date of Notification (	1)	111	Name of I	Building Ov	vnei	r/Operator (2)	al 8	and a	Para Carrier					
1 10 1/10 8	/1191		Margo	*	VIIC	iroperator (2,			IM E	GE		$\mathbb{W}$	E	M
Agencies Notified	Type Notificat	tion	Street Add	iress	-				+HV					#
LI EPA	X Initial					Ī				007 4 6	١			
☐ DEP		11	City, State	e, Zip Code						OCI 1	1 2	019	-	loud
X DOL	Amend			vell, NJ 0		06							and department	
X DOH	_	I	lame of C	Contact					Telephon	e Number	ON:	ROL	- &	
☐ DCA	☐ Cancell	ation	Marg	o Perl						LICENS	HNC	) 	tultiplicatio	remunation in
					CIL	ITY INFORM	ATION						-	_
Name of facility when	e abatement	is taking ni	ace (3)			- IVI OIGN	AHON		Type of Facility (	4)				
Margo Perl	o abatomont	io taking pr	200 (0)							4) I (K - 12)				
									☐ Subcha	apter 8 (Oth	er th	an K	12)	
Street Address								+	Other (Bldgs./	Private/Con Homes, etc		rcial		
City (5)		I Cau	nty (6)		_				Square Feet	# of Floors		Blo	ig. A	ge
								nty Code (7) te use only)	Current Head (Bo	1 16 h . 1		-17-1-	-0	
Caldwell			sex				(0.0		Current Use (Pr residential	for it being i	aem	olisne	a)	
Name of Monitoring I	Firm Hired by	Bldg. Own	er (8)		T	ASCM No.		Name of Abatement (	Contractor (9)		_			
	,							B & G Restorati	on, Inc.					
Street Address						2		Street Address 105 Ryerson R	ood					
City, State, Zip Code								_ Alliance	oau				-	
ony, onate, Esp odde								City, State, Zip Code Lincoln Park, N	NJ 07035					
Project Manager for M	onitoring Firm	1	T	Phone Num	nbei	r	-	Telephone Number		License N	umb	er	_	
								(973)696-6869	9	003	78			
Scheduled Start Date	(10)	Sched	i. Comple	etion Date (	11)			Name of OSHA Monit						
10/18/2019		10/	19/2019	)				B & G Restorati	on, Inc.					
Occupancy Status Du	ring Abatemer	nt (Check o	only one)					105 Ryerson Ro	oad					
Facility closed/v	acated during	entire peri	od of aba	tement.				City, State, Zip Code						
Abatement perfo		or normal	facility no	ours-			_	Lincoln Davis N	1.07005					
Other-Describe							- 11	Lincoln Park, N.	J 07035					
Scope of Work (chec							-	rap & cut						
	X	Renovation					_	ull Containment w/neg	ative pressure	Gloveba				
>3 sf or >3 if		≥160 sf or					× N	fini-enclosure	L	Non-frial			lure	
Location of asbestos-contain	ining	by mainte		y used sole ustodial	∍ly		2		Amount		R	R	E	E
material to be		staff(12)		<del></del>	-	material (		sbestos-containing	(Specify S	- or 1	m o	p a	С	n
abated in facility	/ (13)	Yes	No	N/A					LF)	1	v	i	a p	L
laundry room				X		pipe insula	ation		54 If		e X			1
dirt room				X		pipe insula			2 lf	[	X		$\Box$	
boiler room at exi				X	_	pipe insula	AND AND		2 If		X			
above water soile	ener			×	4	pipe insula	ation		2 lf		X			븯
Registered Waste Hau	ıler	INJD	EP Haule	r ID#	Cul	bic Yards of V	Vaste	Name of Registered	Landfill			Ш	Ц	
B & G Restoratio	n, Inc.		19563			1		Grand Central						
City, State Lincoln Park, NJ				Disposal 1	Da 10/	te 19/2019	v - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City, State Pen Argyl, PA					151	
Completed by (Print o	r Type)	Title	70522		T	Signature				Date				
Gordana Luna		Secreta	ry/Trea	surer			`	Gordana Luna		10/08/2	201	9		

The second secon	. 15	14	Samples of the Samuel S	NOTIFICA	TION OF A	NEW JERSE SBESTOS AL & 8:60-7 AN	BATEMEN D 12:120-7	7 (	Cle	LA	0	157
Date of Notification 10 / 09	(1) / 19					Building Ow International		rator (2)				
/	/	5			Street Ac		1				7 1 6	VI B In
Agencies Notified	Type of N					ite 208 North					2 11 1	
☐ EPA DEP		Init	ial ended			te, Zip Code New Jersey,	07410					
☑ DOH			endment :	#	Name of		07410		Telepho	neNumbe	1-0 20	H9 11-
☑ DOL			ergency w	// justification	JULIE MO	CGLADE			201-794-			
		Nava Zerten			ACILITY IN	FORMATIO	N		AS	SBESTOS LICE	S CONT NSING	
Name of Facility Wh Mondelez Internations		nent	is Taking	Place (3)		Type of Fac	cility (4)		Para transposalitat annum			
Street Address						-	School (K					
21-11 Route 208						V	Other (I.e.	er 8 (Other , private & mes, etc.)				
City (5)	County (6	5)		County Code	(7)	Square Fee		# Of Floor	rs	Building	Age	
Fairlawn	Bergen					Current He		hair a dan	2	-	40	
						Current Us PILOT PLA	e (Prior II NT	being den	iolisnea)		40 +	å
Name of Monitoring	Firm Hired	by E	Bldg. Own	er (8)	ASCM NO							
AET					1	NORTHSTA	D CONTE	ACTING C	SDOUD IN	10		
Street Address						Street Addi		CACTING G	ROUP, IN	IC.		
907 Doolittle Drive												
City, State, Zip Code Bridgewater, NJ 0880						32 Williams						
Project Mngr. For Me		irm		Telephone Nu	ımber	City, State,	Zip Code					
Eric Houseknecth		-		908-218-1108		East Hanov		36				
Sheduled Start Date	(10) / 19	Sch	ed. Comp 10	letetion Date (1	<b>11)</b> / 19	Telephone	Number		License	Number		
///	/		/	/		973-884	-8682			00	0860	
Occupancy Status D	uring Abat	emer	t (Check	Only 1) ire Period of		Name of OS				_		
Abatemen		teu L	ruillig Elit	ire Period of		NORTHSTA Street Addr		ACTING G	ROUP, IN	C.		
☐ Abatemen	t Performe	d Ou	tside of N	ormal Facility			(T.T.T.)					
	escribe: escribe:			DΜ		32 Williams City, State,						
						East Hanove		36				
Scope of Work (Che	ck All That	Appl	y)									
☐ Demolition ☐ ≥3sf or >3			7	Renovation		Full Contain		h Negative	Pressure	è		
☑ ≥160 sf or						Mini - Enclo Glovebag P						
						Non-Exemp		d Non-Fria	ble Proce	dure		
Location of	1		Is		Descript	ion of			Abateme	nt Type		
Asbestos Conta	ining		ocation	As	sbestos - C	ontaining			R	I	E	E
TO BE ABAT	FD		ormally Used	, a	Material ( e., thermal			Amount	E	R	N	N
in Facility			Solely			acing, VAT,		(Specify SF or LF)	M	P	C	C
(13)		2000	y Main-	or	other misc	ellaneous)			V	A	P	0
		1000	nance/ ustodial						A	I R	S	S
		St	aff (12)						-		L	R
MENS BATHROOM		YES	NO N/A	DIDE & CITTIN	0			05.15				
MENS BATHROOM		H	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PIPE & FITTIN VAT/MASTIC	G			25 LF 400 SF	7		H	1 -
												1 -
Name of Registered \	Nacta La.			NJDEP Waste	Cubia	New ( 5	-1-4					
NEWARK CARTING	vasie nau	iel		Hauler ID No.		Name of Re GROWS	gistered L	andfill				
NORTHSTAR CONTR	ACTING G	ROU	P, INC.		of Waste							
City, State NEWARK, NJ					Disposal Date	City. State	Α 10067					
EAST HANOVER, NJ					Date	Morrisville, P	A 1900/					
Completed by (Print of	or Type)			Title		S	ignature	1			Date	
Steve Stiles				Project Manage	er.		V 100e	#	10		10	/09/19
ASB-41	and the same same			-,- or munuge			LUL	1/1/			10.	מו וכטו

0.05.2019 12:48 pm	A. Ma	ic C	ontr	acting		20	126203	210	E C		PA	GE.	E
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Chimo	·	NOT	FICATIO	State of New ON OF ASSI In to NJAC	v Verboy 1870s Ap 180 and 11	ATEME	D) [		OF.	10	0/	2010 <b>V</b> 0	190
Date at Notification (17)	, ,		Name	of Building (	What Oper	W(9) (3)		TA	SBES	TOS	COI	TEC	-
Agencies Notifies Type Notification	1			Address	64	101-	WEIL	9 8	EC.	IG.	Party.	£	
EPA Initial Amended										1			
Amendmen	(Ineludir	Yo	14	100 eta 200 1657200	10	WJ	- 22	WAIV	ER /	PP	RO'	/FI	 
DOH DOA Justification Concellation	) :	·¥	m	of Contact ICHAE				( Talani					
Name of Facility Where Abstement is Taking	no Plata	(3)	FAI	HEREMINE.	kid/Artel3	7.0							
HOUSE						10	soheel (K				Marie Control		
Street, Address							Subchant	eta) er å (Other t . private å e	han K-1 Ommero	2) Isl bul	ldinge	, hen	rėlį,
WESTWOOD					,	86	Uam Post	To or Fi	odra		aldg.	Age	
BERGEN			County (STATE	Gode (7)		G.	rrent Lago (P	nor Ir baling	demolis	hed)	0	L	- Princip
Name of Monitoring Firm Hired by Building	Owner (I	0)	-	M No.	Na	Me of A	batement Co	ntraster (9)	le maranton			orana	- Congression
Street Address					A.	MES det	Contractin	g Ine.		m(*1)(Class ***)		T-dr-Meers	-
City, State, Ep Gode	The same of the sa				18	15 Vine	elend Ave						
Project Manager for Monitoring Firm					City   Mi	y, State idland	Zip Code Park, NJ	07432					
			Telephi	ne Ne.	7eh 20	sphone 11-262	No. -584 1		sansa N	G.	-		-
9/30/19	10	14	719	Data (11)	Nor	ne of O	SHA Meniter Environme		-	n			
Company Status During Abstantani (Chec			Problet in a		Stre	et Add	rese		-197607 0110	E*)			
Facility Closed/Vecated During Entire   Abatement Performed Outside of Norm Other - Describe:	renou or tal Feelik	Abatar ly Hour	Ylent B			1	Zip Code		-	marco.			-
Scope of Work (Check As That Apply)					- Ho	ickeni	ack, NJ 0	7806				2005	
23 of or 23 ij 2160 of or 2250 H	CONMINS	Renew		and the property of the second			uli Containm lini-Englosur lioveting Pro lon-Exempte	Markitha Markitha	•				
Location of		Locat	Ne					A STATE OF THE PARTY OF THE PAR	HT TIME	1	Abute	men	Bürnel
Asbestos-Centaining Malertal (AOM)	/ Us	ed Calu Intern	du bu	Asbestos	Descripti Centaining	Materi	el (ACM)	Amou	at	-	Ty	pe	
In Facility (19)		todiai 8 (12)		(40, 27)	ennal syste aurissing, \ ther miscell	me inal /AT, ar	detion,	(Spec SF er L	M	Removel	Rupair	Erungedele	Endisms
BASEMENT	1	142	1 No.		PIPE					1.01		6	
					5 Fina			//0	, rc	X.		_	_
									WINDS NO.				Potrile
Name of Ragistered Weste Hauter		Th	W WEEK	sele 1.6	ubic Yarda								
Newsrk Carting Inc.		I HE	suler to		Waste /			Registered L Dentral Se		1.00	Adres		
Sky, State Newark, NJ 07106		68	1441		leppesi /Det		City, State		MIETY	ran(	77(II) 		
Completed by	Title	-			1/30/19	-	Pen Ar	yl, PA OS	-				,
I. MoDoneid	Presi	dent			Bignatu	1	1//0	y ad	086	7	7	Α.	

Ch 3002	749		NOTIFI	CATION OF ASE (Pursuant to <u>N.J.</u>	A.C. 7.26-2.12)				<u>; [</u>	<u>U</u> W		
Date of Notification (1) 10/3/19	JIMI	-151:	39		Name of Build Paulsboro Re			00	T 10	2019		
Agencies Notified  (X) EPA	- 100	Notification (X) Initial N			Street Address 800 Billingspo	s	pany III	NASSA WORDSAN	austrant Way	TO STATE OF THE ST	Name of Street	
() DEP (X) DOL (X) DOH		() Amended () Cancelle () Emerger	l Certification	on	City, State, Zi Paulsboro, N.	J 08066		L	ICENS	ONTRO SING	L&	manend
() DCA					Name of Cont Ravi Jarecha	act			<u>umber</u> 24-4444			
				FACILITY IN	IFORMATION							
Name of Facility Where Al Paulsboro Refining Comp		aking Place (	<u>3)</u>		Type of Facilit ( ) School (K-							
1 dalaboro remining comp	arry				( ) Subchapte	r 8 (other th	han K-12)					
Street Address					(X) Other (i.e	private & d	commercial blo	dgs., hon	nes, etc	<b>).</b>		
800 Billingsport Rd			<i>K</i>		Sq. Feet N/A		# of Floor	rsN/A	۹	_		
City (5) Paulsboro	County (6) Gloucester		County C (State Us		Bldg. Age N		g demolished)	Oil Re	efinery			_
Name of Monitoring Firm I	Hired by Bldg	. Owner (8)	ASCM N	lo.			Name of Co					
Street Address					Street Address 26 Colonial Av		Mansfield In	idustrial,	Inc.			
11					City State, Zip Woodbury NJ	Code						
Project Manager for Monit	oring Firm	Telephone	Number		Telephone Nu 856-224-4392	mber		Licens 00857	e Numb	oer		
Scheduled Start Date (10) 10/21/19		Scheduled (10/25/19		Date (11)	Name of OSH Mansfield Indu							
Occupancy Status During ( ) Facility Closed/Vacated ( ) Abatement Performed	d During Entir	e Period of A	batement		Street Address 26 Colonial Av	renue						
(X) Other – Describe – Re area	moval of ACN	M within restric	cted work a	area in outside	City, State, Zip Woodbury NJ							
Source of Work (Check all	that apply)					3						
() Demolition (X) Renov () Large Proj. (160 SF or 2 () Full Containment with N	>260 LF ACM legative Pres	sure (X) I	Mini-Enclos	sure (X) Glo	vebag Procedur		<25 SF or <10	LF ACM	M)	22		
Location of Asbestos- Containing Material (ACM)	) in Solely	ation Normally by Maint./Cus		Description of a thermal system		Amount (	Specify SF or	LF)	Abate	ment Tyr	<u>)e</u>	
Facility (13)	Staff?	NO	NA	surfacing, VAT misc.)	, or other				Rem.	Rep.	Encap E	<u>Enclose</u>
Pipe Insul. North of MLDW Control Room	/	X		TSI – Pipe		Approx 4	0 LF		X			
		_										-
Name of Reg. Waste Haul Waste Management, Inc.	<u>er</u>	NJDEP Was 17273	ste Hauler I	ID #	Cubic Yards of <3 CY	f Waste				<u>Landfill</u> ounty Lan	dfill	
City, State South Harrison, NJ							<u>Disp. Date</u> Various			City, State South Ha		<b>4</b> J
Completed by (Print or Type	oe)	<u>Title</u>			Signature			Date				
ANDREW GREEN		MANAGER	– Mansfield	d Industrial, Inc	Site of	perations S	Supervisor	10-3-19	9			

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

								OR	4	28		
IN	-142		NOTE:	HEAT	TON ABE	ESTOS ABATE		C E I	2019	重	1	Ò
Date of Newhostion (1) 9/16/1		-			ne of Buildi	ng Owner/Operato	(2)		0113	.,		
Agencies Notified	Type Natifica	ation	-	Btre	et Addres	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	AS	BESTOS COA	ITR	核	77	N
DEP	Amended	ent al		City	, State, Zip			IDENGR	EII.	10 The 10		7
DCA	Emergen justificati Cancellati	on) ion	ng	Na	ne of Cor	itect		14/ephone Null 832-583-988			delimen.	
) 0 10				-		FORMATION		002-000-700			-	
Name of Facility Where Retail Store	Abstement le 1	aking Plac	e (3)				Type of Facili					_
Street Address 1150 White Horse F	Road						Subchapte	r 8 (Other than K- private 8 comman		dhas		
City (a)			indiana.			T-MANUAL MANUAL	Square Feet			ido.		mpg
Voorhees							1400 SF	2	_   2	2 yrs		
County (5) Camden				US	uniy Code E ONLY)	(T) (STATE	Fire House	Prior If being demo	ished)			
vame of Monitoring Firm 8)	ri Hired by Build	ing Owner		ARCH	No.	Name of Abster	rent Contractor (	9)		-	==	=
Street Address				ATTECHE.		Street Address						180
ity, State, Zip Code						361 E. Flemir City, State, Zi	Code		-	_		
roject Manager for N	Apprioring Fire	η	Tsl	ephone	No.	Telephone No. 609-481-212		License No.				
Start Date (10)	\$	cheduled t	Comple	moon D	eta (11)	Name of OSHA	-	00054				
9/18/19 Occupancy Status Durin		/22/19		at Nove		AEi2, LLC						
Facility Closed/Veck Abstement Performed Other - Descripe:	ted During Enli	re Period	of Abs	lameni Ira	ι	Street Address 361 E. Flemi City, Siets, Zip C Hammonton,	ode	-		- Servi	Pipel II	
oops of Work (Check a	Il that apply)		***************************************					legative Pressure				
≦ ±3 sf or ≥3 lf ≥160 sf or ≥260 lf			enove	ion an		Mini-En	ciosure lo Procedure	on-Frieble Proces	,			
Lessias	_	, N	Locati	y				THE PLANT		Vb aten		and the same
Asbestos Conteining N TO BE ABAT IN Facility (13)	laterial (AQM) [ED	Mai	d Sole ntenar Ustodi Staff? (12)	ice/	Asbesi (I.a.,	Description of the Containing Mat Pletmal systems in surfacing, VAT, other miscellanes	eriel (ACM) Muston, or	Amount (Specify SF or LF)	からは、	** ** ** **		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
oof				Х	Tar			15 SF	X		-	-
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DOH justification)  Cancellation		A District	RUSSO	79.00t	/	Telephone Nu		76	) ()	+
Name of Facility Where Abatement is Taking	Place (3)	17.	ACILITY INFORMA	TION	Type of Facility	(4)				
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Silver / Mareas				G	Address	200 Od				
City, State, Zip Code				City, S	state, Zip Code		_			
Project Manager for Monitoring Firm		1 Tolor	phone No.	1 ( :	166	reck N	10	77	)	<u> </u>
		100	onone 140.	(173)	ione No.	License I	₩0.	C)		
[ [C]17-\$19	olaa	-119	ion Date (11)	Name	of OSHA Monito		~~~~	-}-		
Occupancy Status During Abatement (Check				Street	Address					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Aba Facility H	atement ours		City, S	tate, Zip Code					
Scope of Work (Check All That Apply)										
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yoraye.	-		7 2.g.	1		NUID	X.			
			-	)			-			

Name of Registered Waste Hauler City, State

NJDEP Waste Hauler ID No.

Title Secretor

Cubic Yards of Waste

Name of Registered Landfill

Disposal Date

Signature

Date

Completed by

Jnv 15000		NOT	IFICATI	State of N ON OF AS int to NJAC	RESTO	SARATE	MENT (0)	(		ek#				
Date of Notification (1)				of Building	and L	السا ط	Lammer of	In	1 [	G	E		$\mathbb{V}$	E
10/4/2019 Agencies Notified Type Notification							- Equistar	III						No. income
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- Garrenath				off Duysso					(73	32) 81	2-4	739		
Name of Facility Where Abatement is Tak	ing Place	(3)	r A	CILII Y INF	URIVIA	IION	Type of Facility	(4)						
Street Address 300 Doremus Ave.							School (K-Subchapter  Other (i.e. p	12) r 8 (Oth	ner tha	an K-12	2) al bui	ilding	s, hon	nes,
City (5) Newark, NJ 07105							etc.) Square Feet		of Floo			Bldg.	Age	
County (6) Essex			County	/ Code (7)	EC).		30000 Current Use (Pri	or if be	1 ina de	emolish	ed)	70	+/-	
Name of Monitoring Firm Hired by Building	Owner (	8)		M No.	)	Nome								
MECS Street Address			/100	/W 140.		Steve	of Abatement Cor ens Environme	itractor ental S	(9) Servi	ces, I	nc.			
PO Box 341							Address ox 322							
City, State, Zip Code Crosswicks, NJ 08515						City, St	tate, Zip Code town, NJ 0850	1						
Project Manager for Monitoring Firm Bill Weisgarber				one No. 98-4070		Teleph	one No. 259-9688	•	Lice 004	nse No	),			
Start Date (10) 10/7/2019	Schedu		mpletion /9/2019	Date (11)			of OSHA Monitor		004	.33				
Occupancy Status During Abatement (Che						Street A								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abater	ment				ox 341							
Other – Describe: 8 am 4 pm  Scope of Work (Check All That Apply)					_		ate, Zip Code terfield, NJ 085	515						
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf		Renova Demoli		Mini-Enclosure Glovebag Proce	nent with Negative Pressure re pocedure ed (*) and Non-Friable Procedure									
Location of		s Locat Normal										Abate	ement	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Use Ma	ed Sole aintena todial S (12)	ly by nce/	Asbesto (i.e. t	Description of stos Containing Material (ACM) e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Ammon Am						Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		I N	JDEP W	aste	Cubic Y	/ards	Name of D							
Stevens Environmental Services			auler ID I 18292	No.	of Wast	te	Name of Re Fairless I			natill				
City, State Illentown, NJ					Disposa		City, State							
Completed by Mahlon E. Stevens	Title Proje	ct Ma	nager			nature	7 Northannia VIII	, <sub>y</sub> A	Date 10/4/2019					
	-		_		_/	111				. 0/		- 10		

CHEYOG INVE	State of New Versey Pursuant to NJAC 3:50 and 12:12	DECEIVER
Date of Notification (1)  Agencies Notified / Transition	Name of Building Owner/Operator	OCT 1 0 2019
Type Notification  G EPA G DEP G DOL G Amended		ASBESTOS CONTROL &
Amendment ≅  ☐ DOH ☐ DCA ☐ Cancellation	City, State, Zip Code	28234
Name of Facility Where Abatement is Taking Place (3)	FACILITY INFORMATION	Telephone Number
Street Address  City (5)		pe of Facility (4)  School (K-12)
County (5) Athartic		Other (i.e. private & commercial buildings, homes, etc.)  ore Feet # of Floors Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8)  Street Address	ASCM No.   Name of Abase	nt Lise (Prior if being demolished) ment Contractor (9)
City, State, Zip Code		2 Absterner + Committee: 10
Julia Date (10)	elephone No. Telephone No.	CO NJ ESCO
Occupancy Status During Abatement Charles	on Date (11) Name of OSHA M	- VSIII License No.
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Cope of Work (Check All That Apply)	Street Address  City, State, Zip Code	
≥3 sfor≥3 lf ≥160 sfor≥360 lf		
Location of School Comming Material (ACS)	☐ Giovehen a.	ument with Negative Pressure nure Occdure ed (*) and Non-Friable Procedure
Asbestos-Commining Material (ACM)  TO SE ASATED  In Facility  (13)  Normally Used Solely by Maintenance/ Custodial Staff?  (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing	Abatemen: Type  Amount
307512 Yes No NA	other miscellaneous)	(Specify SF or LF)  Repair  Repair
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Registered Waste Hauler  NJDEP Waste Hauler D No.	Cubic Yards Name of Reg	istered Landfill
DE HICE NI	Disposal Date City, State	+ Pa
S-OB)	Signature	Date   C/4/19

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Date of Notification (1)	1	P	17	Name of Building MERCK SHARP 8	Owner/Op	erator (2 ORP.	》问追	G	E	1	
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EPA Initial N	Intificat	ion		City State 7in Co			2000, 17120-4	#61	1 (	20	19
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X DOL Cancel	lation	noan	OII TZ	RAHWAY, NEW J	ERSEY 0/0	165		eranteur unmungo	-	man-coa	Providentalisand
X DOH On Hol				Name of Contact			ASE	BEST	09.0	ONT	ROL
DCA EMERO	BENCY	NOT	IFICA	TION KINNARI PATEL		1.	Telephone Nur 732-594-2257	nber	GEN	SING	
		-		FACILITY INFORMATION			132-394-2251				
Name of Facility Where Abatement is	Taking	Plac	e (3)	FACILITY INFORMATION		F	(4)				
	9		C (0)		Type of	racility	(4)				
MERCK SHARP & DOHME CORPORAT	ION					hool (K-1					
	1011				X Oth	bchapter	8 (Other than	K-12)			
Street Address					Square	Foot I	rivate & commo	ol. bld	gs., h	omes,	etc.)
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City (5) County				County Code (7)		(2)	25070507			N/A	
RAHWAY UNION		30		(STATE USE ONLY)	COMME	use (Pric	r if being demo	olishe	d)		
Name of Monitoring Firm Hired by Bui	ldina C	wne	r (8)	ASCM No.	Name of		ont C/	- /01			
ENVIRONMETAL HEALTH INVESTIGAT	TIONS.	INC.	(-)	104	PAR ENI	VIRONIM	ent Contracto	or (9)	101		
Street Address				104	Street Ac		ENTAL CORP	UHAI	ION		
655 WEST SHORE TRAIL					313 SPO		K BOAD				
City, State, Zip Code			re-million		City, Stat						
SPARTA, NE	W JER				SUFFER	N. NEW	YORK 10901				
Project Manager for Monitoring Firm		Tel	ephon	e Number	Telephon			ense I	Viumb	or	
WILLIAM S. KERBEL, CIH		732	-594-6	3352	845-369-		110		NUITID	C1	
Expected State Date (10)	Sch			etion Date (11)	Name of		lonitor	/ 1			
10 / 3 /19			2 /	30 /19	QUALITY	ENVIR	ONMENTAL				
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Abatement Performed Outside X Other - Describe: MONDA	V EDI	mair	-acility	Hours - Describe:							
NONDA	i -r mii	JAT	/ AIVI-3	30 PM	City, State	e, Zip Co	ode				
Scope of Work (Check all that apply)				Full Con	VV A	APPINGE	RS FALLS, NI	EW Y	ORK	12590	
Demolition	Ren	ovatio	on	Mini End	tainment wit	n wegati	ve Pressure				
X >3SF OR LF			50.0		g Procedure						
>160 SF OR 260 LF				X Non-Fria	ble Procedu		EXTERIOR)				
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TO BE ABATED	Main	t/Cus	stodial	insulation, surfac			SF or LF)	Ιô	PAIR	A	ENCLOSUR
in Facility (13)	S	taff (	12)	or other miscell	aneous)		Or Or Ery	MOVAL	B	PS	S
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Name of Registered Waste Hauler	NJDE		aste	Cubic Yards of Waste	Name of F	Registere	d Landfill				
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	Haule	er ID	aste No.		LYCOMIN	Registere G COUN	d Landfill	CE MA	NAG	EMEN	TSE
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 325 HIGHWAY 33	Haule		aste No.	Cubic Yards of Waste 20	LYCOMIN 447 ALEX	Registere G COUN ANDER	d Landfill	CE MA	NAG	EMEN	T SE
PARKING LOT/GREENLANDS AREA  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 325 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY	Haule	er ID	aste No.	Cubic Yards of Waste 20 Disposal Date	LYCOMIN 447 ALEX City, State	Registere G COUN ANDER	d Landfill ITY RESOURC DRIVE/ROUTE	CE MA	NAG	EMEN	T SE
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		TON	ΓΙΓΙC <i>i</i> Pursu	ATION OF	ASBE	Jersey STOS ABA )-7 and 12:	TEMENT		E	C	E	
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Agencies Notified Type N	otification						ENUE, P.O. BOX	( 2000 BY28-4	14			
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	ancellation										mento romana	
	n Hold # MERGENC		IEICA	TION IN	ime of	Contact PATEL		Telephone Nu				
	VILITALIAC	71 1101						732-594-2257				
Name of Facility Where Abatemer	nt is Takin	a Place	2 (3)	FACILITY	INFOR	RMATION	Type of Facility	. (4)				
		3	(-)				School (K					
MERCK SHARP & DOHME CORPO	DRATION							er 8 (Other than	K-12)			
Charact Add							X Other (ie.	private & comm	ncl. bld	as h	omes.	etc.)
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=	unty (6)	,				ode (7) E ONLY)	Current Use (Pr	ior if being dem	olishe	d)		
Name of Monitoring Firm Hired by		Owner	(8)	(SIA		SCM No.	Name of Abate	mont Contract	a= (a)			
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Street Address					-	10000000	Street Address		OHAI	ION	-	
655 WEST SHORE TRAIL							313 SPOOK RC	OCK ROAD				
City, State, Zip Code	A NEW I	DOEV	0707				City, State, Zip (			-1.957		
Project Manager for Monitoring Firm	A, NEW JE			e Number			SUFFERN, NEV					
WILLIAM S. KERBEL, CIH			-594-6				Telephone Num		cense l	Numb	er	
Expected State Date (10)	Isc			etion Date	(11)		845-369-7500 Name of OSHA	Manitar 11	01			
9 / 30 /19			2 /		0	/19	QUALITY ENVI					
Month Day Year		Month		Day		Year		TOTAL				
Occupancy Status During Abatemer  X Facility Closed/Vacated [	it (Check o	only one	;)	\ l==+=====			Street Address					
Abatement Performed Ou	utside of N	ormal F	acility	Abatement Hours - D	loecriba	۵٠	1376 ROUTE 9					- 1
X Other - Describe: MC	NDAY -FF	RIDAY 7	7AM-3	3:30 PM	CSCIID	J.	City, State, Zip C	Code			_	
							WAPPING	BERS FALLS, N	IEW Y	ORK	12590	
Scope of Work (Check all that apply Demolition						Full Conta	inment with Nega	tive Pressure				
X >3SF OR LF	X Re	novatio	n			Mini Enclo						
>160 SF OR 260 LF					X	Glovebag		(EXTERIOR)				
Location of		Is Locat	tion		1	ption of Asl		(LXTENION)	Ι .	hoto-	T	
Asbestos-containing		ormally		(		ing Materia		Amount			nent T	
Material (ACM)		solely				hermal sys		(Specify	REM	REP,	ENC,	ENC
TO BE ABATED	Ma	aint/Cus		i	nsulatio	on, surfacin	ıg, VAT,	SF or LF)	IOVAL	AIR	₽	
in Facility (13)	Vo	Staff (1	N/A	-	or oth	er miscellar	neous)		P	1~	APSUL	OSUR
ADKING LOTIODEEN AND A		3 1140							-	+	F	I D
PARKING LOT/GREENLANDS ARE	A	-	X	TRANSIT	E PIPE			120 LF	X			
					J-197				1	1	1	
		1							-	-	-	$\vdash$
		+	-	-					-	-	_	
		-										
								- Historia	1	1	1	
lame of Registered Waste Hauler	NJ	DEP W	aste	Cubic Yar	ds of V	Vaste I	Name of Registe	red Landfill				$\vdash$
REEHOLD CARTAGE, INC.	На	uler ID I	No.		20		LYCOMING COL	JNTY RESOUR	CE MA	ANAG	EMEN	IT SE
25 HIGHWAY 33 City, State		15939	9				447 ALEXANDER	R DRIVE/ROUT	E 15			
REEHOLD, NEW JERSEY				Disposal I			City, State	DAZ			11-5	
Completed by (Print or Type)	Title		-	9/30-10/3	Signa	iture	MONTGOMERY			1	1	
BENJAMIN SANCHEZ		OR OF	OPER	RATIONS	Joing 16	//	//\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Dat	9/	121	1//	9

	NOTIFICA (Pursua	TION OF ASBES	STOS ABA	TEMENT (20-7)	INE	31	₹S	ŚΥ	16
Date of Notification (1)		Name of	Building C	Owner/Operator			0.45 - 66	145401	
9 / 19 /201	9	Street Add	drass		-11-41-4	CI	10	201	9
Agencies Notified Type Noti			(FA) (CON) (F)	ENUE, P.O. BOX	( 2000, RY28-41	4			
DEP Ame	al Notification ended Notification cellation	City, State	e, Zip Code			ESTO	is co ENC		OL &
X DOH On I	Hold ERGENCY NOTIFICAT	Name of C ION KINNARI			Telephone Num 732-594-2257	ber			
	F	ACILITY INFOR	RMATION						
Name of Facility Where Abatement MERCK SHARP & DOHME CORPOR				Type of Facility School (K Subchapte	-12) er 8 (Other than h	(-12)			-1-3
Street Address 126 EAST LINCOLN AVENUE - BUIL	DING 880 EXTERIOR			Square Feet N/A	private & commo # of Floors N/A	i. blag	Bld	mes, g. Age V/A	
	nty (6)	County Co (STATE USE			rior if being demo	lished		W/A	
Name of Monitoring Firm Hired by I ENVIRONMETAL HEALTH INVESTIG			SCM No. 104	Name of Abate	ment Contracto		ON		
Street Address 655 WEST SHORE TRAIL		•		Street Address 313 SPOOK RO					
	NEW JERSEY 07871			City, State, Zip SUFFERN, NEV	W YORK 10901				
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH	Telephone			Telephone Num	100,000	ense N	lumbe	er	
Expected State Date (10)	732-594-63  Sched. Comple			845-369-7500 Name of OSHA	Manitar 110	1			
9 / 30 /19 Month Day Year	12 / Month	30 Day	/19 Year	QUALITY ENVI					
Occupancy Status During Abatement  X Facility Closed/Vacated Du Abatement Performed Out X Other - Describe: MON	iring Entire Period of A	batement Hours - Describe		Street Address 1376 ROUTE 9					
Scope of Work (Check all that apply)  Demolition	X Renovation	.30 PM	Full Conta	inment with Nega	GERS FALLS, NE	EW YO	ORK 1	2590	
X >3SF OR LF >160 SF OR 260 LF		X		Procedure le Procedure	(EVTEDIOD)				
Location of	Is Location		ption of As		(EXTERIOR)	T		T	
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normally used solely by Maint/Custodial Staff (12)	Contain (ie. T insulatio	ning Materia hermal syson, surfacir er miscella	al (ACM) stems ng, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
PARKING LOT/GREENLANDS AREA	x	TRANSITE PIPE	=		120 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of V	Waste	447 ALEXANDE	ered Landfill UNTY RESOUR( R DRIVE/ROUT!	DE MA E 15	NAG	EMEN	IT SE
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/30-10/30/19	1	City, State MONTGOMERY	PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPER	Signa		N. GOWEITI	Date	91	19	/10	9

IN-14999			NOT ()	IFICA Pursu	State of ATION OF A ant to NJAC	ASBES C.8:60	STOS ABA -7 and 12	120-7	9	UL-	3	+6	011	į			
Date of Notification (1)				7	Mai ME	ne of	Building 6	Owne DOH	er/Operator ME CORP.	(2)	I E	G	E	Ī	W F		
10 / 2 /20	19					eet Ad		12000			1 15	U	<u>L</u>	Ш	UE		
Agencies Notified Type Not		on						VENU	E, P.O. BO	K 2000, RY2	8-414						
	ial Not						e, Zip Code					JC	1 1	0 2	019		
	ended ncellat		icatio	n	IRA	HWAY	, NEW JE	RSE	Y 07065	' froi les	•		50 35	S/			
	Hold				Nar		Contact			Telephone	Numbe	er	*****	000	2001		
DCA EM	ERGE	NCY	NOI				PATEL			732-594-63	352 <sup>130</sup>		ICEN	SUN ISIN	HUL		
Name of Facility Where Abatement	t is Ta	king l	Place	(3)	FACILITY I	NFOF	RMATION	Tvr	e of Facilit	v (4)	or Anthony out	and much	111100-11100	***************************************	VITELUNA EMILITA		
									School (K	-12)							
MERCK SHARP & DOHME CORPO	RATIC	N						X	Subchapt	er 8 (Other th	nan K-1	12)					
Street Address			27 1		manual suscess			_	quare Feet	# of Floo	ors	olag	s., no Bld	mes, a. Aae	etc.)		
126 EAST LINCOLN AVENUE - Exte			ack B	etwee	_				N/A	N/A			1				
City (5) Cou	unty (6	5)					de (7) E ONLY)		rent Use (Pr MMERCIAL	ior if being d	emolis	hed	)				
Name of Monitoring Firm Hired by	Build			(8)	(OIA)		SCM No.			ment Contra	N/A N/A eing demolished)  Contractor (9) AL CORPORATION  DAD  EK 10901  License Number 1101						
ENVIRONMETAL HEALTH INVESTI Street Address	GATIC	DNS, I	NC.				17	PAI	RENVIRON				ION				
655 WEST SHORE TRAIL									et Address SPOOK RO	OCK BOAD							
City, State, Zip Code	272200							City	, State, Zip	Code					-		
SPARTA Project Manager for Monitoring Firm		e Number			SUFFERN, NEW YORK 10901												
WILLIAM S. KERBEL, CIH	-729-																
Expected State Date (10)	etion Date	(11)		_	ne of OSHA	Monitor	1101										
10 / 16 /19 Month Day Year		Mc	12 onth	2 /	30 Day	)	/19 Year	QU,	ALITY ENVI	RONMENTA	L						
Occupancy Status During Abatement	(Che	ck only	y one	)			rear	Stre	et Address	5	-						
X Facility Closed/Vacated Di Abatement Performed Out	uring E	Entire	Perio	od of	Abatement	o o o rib o		137	6 ROUTE 9						- 1		
X Other - Describe: MOI	VDAY	-FRIE	DAY 7	7AM-3	3:30 PM	SCIIDE	<b>;</b> .	City	, State, Zip (	Code							
Scope of Work (Check all that apply)							le o .		WAPPING	GERS FALLS	S, NEW	YC	DRK 1	2590			
Demolition	X	Reno	vatio	n		X	Mini Enclo	ainme o	ent with Nega	ative Pressur	e						
X >3SF OR LF						X	Glovebag	Proc									
>160 SF OR 260 LF Location of		le	Loca	tion	1 ,		Non-Friab			(EXTERIOR	1)						
Asbestos-containing		0.00000		used			ing Materia		1073111	Amoun	t I		oatem	ent T			
Material (ACM)			olely			(ie. T	hermal sys	stems	3	(Specify	/	TI S	REPAIR	NO.	ENCL		
TO BE ABATED in Facility (13)			t/Cus taff (1	todia	2 C C C C C C C C C C C C C C C C C C C		on, surfacir er miscella			SF or LF	F)   S	REMOVAL	A R	ENCAPSUL			
		Yes		N/A	1	OI OLITE	rinscena	lileou	5)		ŕ	=		Ë	OSUR		
Exterior Pipe Rack Between Bldg 55 8	32			х	Pipe Insula	ation				140 LF	×	(					
															$\vdash$		
											$\dashv$				H		
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											$\dashv$		-		-		
Name of Registered Waste Hauler		NJDE	PW	aste	Cubic Yard	ds of V	Vaste	Nam	e of Registe	red Landfill							
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		Haule				10		LYC	OMING COL	JNTY RESO			NAGE	EMEN	T SE		
City, State Dispo									ALEXANDE State	R DRIVE/RC	OUTE 1	5					
FREEHOLD, NEW JERSEY	1700				10/16-12/3	0/19			TGOMERY	, PA 17752							
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRE	CTOF	ROF	OPE	RATIONS	Signa	ture	(7)	)		Date	11	1/	21	/d.		

Inv 15132 Date of Notification (1)	š.J	LJ(Pu	CATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 ar	ABATEN d 12:120)	OCT 10	V E Che	c K † 1	01	90	)
Agencies Notified Type Notification	3019	is .	Street A	Rapli	d	Respon		I			
Agencies Notified  Type Notification  Street Address  P.O. BASBESTOS GIORDL &  Initial											
DEP Amended City, State, Zip Code Flemington NJ 08823											
DOH justification)  DCA Cancellation	fma	Telephone Number 908 500 4514									
Name of Facility Where Abatement is Taking	ION	Type of Facility (4)									
Street Address		□ School (K-12) □ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,									
City (5) Wee haw Ken		etc.) Square Feet # of Floors Bldg. Age									
County (6) Hudson		Current Use (Rrior if being demolished)									
Name of Monitoring Firm Hired by Building O	Name o	e of Abatement Contractor (9)  EPC Technologies Inc									
Street Address R.O. Box 337 Street Address R.O. Box 337											
City, State, Zip Code	NJ		80	533	Ne	South 6 day	pt NJ	0	85	53	3
Project Manager for Mortiling irm  Telephone No.  Telephone No.  Telephone No.  1009 758-3365 609 758-3365 609 758-3365											
Start Date (10)  Occupancy Status During Abatement (Check Only One)  Scheduled Completion Date (11)  Name of OSHA Monitor  EPC Technologies Inc  Street Address											
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po	O. Box	x 337									
Abatement Performed Outside of Normal Facility Hours  Other – Describe:						New Egypt ALT 09533					
Scope of Work (Check All That Apply)					140	-Sypt	NO C	10-	حد		-
≥3 sf or ≥3 lf											
	stos-Containing Material (ACM) Used Solely by Ashestos Co					Non Exemple	a ( ) and Hon-1 has	Abatement Type			
Location of Asbestos-Containing Material (ACM)					Description of Asbestos Containing Material (ACM)				1 9		
TO BE ABATED In Facility	Custodial Staff? (i.e. thermal syst					insulation,	(Specify SF or LF)	Remova	Repair	ncap	Enclosure
(13)	Yes No N/A				miscellane				air	Encapsulate	sure
Basement	X			Pipe I	nsula	tion	75 LF	X			
		-									-
							-	-	-		
Name of Registered Waste Hauler			JDEP W		Yards	Name of	Registered Landfill				
EPC Technologies City, State	>	H	auler ID	00	sal Date	City, Sta	te Manager	43	t o	E f	A
New Egypt	NJ			61	(c/13// Signature		visuille F	A			
Steve Schenker	President S					e Sch	she Da	10/	7/	19	