Chados			Noti	Pursual	State of N DN OF AS Int to NUA	C 8:60 a	ABATE	20)			EG			7 5	Print Fe
Date of Notification (1) 10/4/2018 check #68					of Buildin			r (2	)	الما الما	OCT	1 2	20	18	1
Agencies Notified Ty	ype Notification	n			Address LEE AV	E SUIT	F 815				Veblet	05.0	0.47	30)	
DEP × DOL	Initial Amended Amendmer	nt#		City, S	State, Zip (	Code					1.1			-	
DOH DCA		(includin	g	Name	of Contact	:t					lephone N				
	1 Cancellatio	11								(8	54)274-	2213			
Name of Facility Where Aba	tement is Taki	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	T	ype of Facility	(4)					
Street Address 130 GREEN ST								×	School (K-	-12) er 8 (Oth	er than K- & commer	-12) rcial bu	ilding	s, hon	nes,
City (5) ENGLEWOOD								(300)	quare Feet 00X50	# of 2	f Floors		Bldg. 50 Y	Age EAR	S
County (6) BERGEN	7.2.20				Code (7)			CI	urrent Use (Pr	rior if bei	ng demoli	ished)			
Name of Monitoring Firm Hire	ed by Building	Owner (8	3)	ASC	M No.		Name	of A	Abatement Co	ontractor	(9) RACTIN	IG IN	С.		
Street Address							Street	Add							
City, State, Zip Code				City, S	tate	, Zip Code OOD PARK	N I 07	407							
Project Manager for Monitorin	ng Firm			Telepho	one No.		Teleph	one		113 07	License 01301	No.			
Start Date (10) 10/05/2018		Schedu 10/07/		mpletion	Date (11)		Name	of C	SHA Monitor						
Occupancy Status During Ab	atement (Chec						Street		LUTIONS	CONTR	KACTIN	GIN	·		
Facility Closed/Vacated Abatement Performed C Other – Describe: HOM	During Entire I	Period of	Abaten	nent s			24 Cl City, St	HU tate	RCH ST						
Scope of Work (Check All Tha							ELM\	NC	OD PARK	NJ 07	407				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	ас Арріу)		Renova Demolit				×		Full Containm Mini-Enclosure Glovebag Prod Non-Exempte	e cedure				· A	
Location of			Locati Normal	ly		Doo	cription o						Abate	ement pe	
Asbestos-Containing Mate TO BE ABATED In Facility (13)	erial (ACM)	Ma	ed Sole iintenar todial S (12)	nce/	Asbes (i.e.	tos Conta thermal surfac	aining Ma	ater insi		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes No BASEMENT X											<u>a</u>		ate	Ге
DAOCIVICINI		PIPE IN	ISULA.	HC	DN	45	LF	X			_				
ame of Registered Waste Ha TLANTIC CARTING	ıuler		aste No.	Cubic Y of Wast TDB			Name of F								
ty, State EN ARGYL						Disposa TDB	al Date		City, State		PA 1807	2			
ompleted by UIS ARCILA		Title PRES	SIDEN	JT		Sig	gnature				Da		110		

		1	h-	_	وسا	lane-		1		P	F7	0	Pi	int E
Ch0070	d	(Pu	rsuani	ate of N N OF AS t to NJA	8:60 an	ABATE d 12:12	<b>ේ</b> )	г		E C			<u>₩</u> [	A The same of the
Date of Notification (1) 10/05/2018 CHECK #0070				of Building		Operator	(2)			00	1	2 21	)18	
Agencies Notified Type Notified	cation			Address			-300mm			ASBES	TOC (	1000	7771	
EPA Initial Amend	12.4		City Ct	ate, Zip C	a da					Zugit zituri i	KIN		F14.	C-s
X DOL Amend	dment #	74		THVALE		647								
DOH justific				of Contact					Tel	ephone No	umber			
				ILITY INF		ION								
Name of Facility Where Abatement is	Taking Place (3	3)					Туре	e of Facility (4	1)				-27201	
Street Address							H	School (K-12 Subchapter		ar than K	12\			
							×	Other (i.e. pr				ldings	, hom	es,
City (5) NORTHVALE, NJ 07647							100000000000000000000000000000000000000	etc.) are Feet (100	# of	Floors	- 1	Bldg. /	Age EARS	 S
County (6) BERGEN				Code (7) USE ONL	n		Curr	ent Use (Prio S BY THE	r if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Bui	Iding Owner (8)		ASC	M No.			of Ab	atement Cont	ractor	(9)				
Chroat Address						ALL	SOL	UTIONS C			G IN	0		
Street Address						Street 24 C		ess CH ST						
City, State, Zip Code								Zip Code DD ,NJ .074	407		10 - p			
Project Manager for Monitoring Firm		T	elepho	ne No.		Teleph 201-				License I	No.			
Start Date (10) 10/20/2018	Schedule 10/21/2		oletion	Date (11)		Name	of OS	HA Monitor UTIONS C	ONTI		G IN			
Occupancy Status During Abatement	(Check Only On	ne)				Street								
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: BASEMENT E	ntire Period of A	Abateme	ent					CH ST						
X Other - Describe: BASEMENT E	MPTY 7;00AM T	O 3;30F	PM			TOTAL CONTRACTOR		DD ,NJ .074	407					
Scope of Work (Check All That Apply)	_													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	government .	tenovatio emolitio				×	Mi Gl	III Containment ni-Enclosure ovebag Proce on-Exempted	edure	80738			-	
	ls	Location	n				2 110	JI-Exempled	( ) and	I NOII-FIIA	DIE FIC	4.5	e ement	
Location of	l N	lormally d Solely				scription					-	Ту	/pe	
Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Mai	intenand odial Sta (12)	ce/	Asbes (i.e		aining M systems cing, VA niscellan	insul T, or	ation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
\$ M	Yes	No	N/A				- 300)				/al	1	ılate	ıre
BASEMET TO THE ROOF	X			TI	RANSIT	TE PIP	E FL	UE	3	0LF	X			
Name of Registered Waste Hauler		NI II	DEP W	/aete	Cubic	Varde		Nama of D	oglati	rod Lander				
ATLANTIC CARTING		1 2 2 2 2 2 3	uler ID		of Was			Name of R GRAND			1			
City, State PEN ARGYL					No control	al Date	1	City, State			72			
Completed by	Title					ignature	/	PEN AR	GYL.		ate			
UIS ARCÍLA		SIDEN	Т		-	La	~	- 17	Z	4	0/05/2	2018		
	***************************************				1	-								

Reservants Next	Own	Green.		State of New Jer					V	1	
	NOT	TFIC	ATION	OF ASBEST	TOS AB	BATEMENT			14		_
P/A	Company of the Compan	IU	(Pursuar	it to NJAC 8:60 a	and 12:12	0)		1	5	) _	/
Date of Notification (1)		Surmer of the same		Name of Building	Owner/On	arotor (2)	II VIE //	1	0		1
October 3, 20				Traine of Building		Rema, LLC	\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{			<u>₩</u> [5	10.07
Agencies Notified Type of Notifie		www.		Street Address	Debtion 11 To		11:11				-11
	ial Notific				121 C	Champion Way	1 1 00	T 1	2 20	MΩ	
2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ended Not endment #			City, State, Zip Co	ode			<u> </u>		/10	-
	ergency (i					nsburg, PA 15317	-				_
	ification)			Name of Contact	752a		ASPES		2047		
[ ] Can	cellation				B. Gallar	dy	Telephone Number 724-5		)25		
N CF Tr HF			FACI	LITY INFORMA	ATION				-		
Name of Facility Where Abatement is Ta	king Place	e (3)	117			Type of Facility (4)	0)				
	Power	Plant –	werner	Generating Station	on	[ ]	School (k-12)				
Street Address	202						Subchapter 8 (c				
1 Lower Main	Street					[x]	Other (i.e., priv buildings, home	ate & o	commer )	cial	
City	Count	y (6)		County Code (7)		Square feet	# of Floors		dg. Age		
South Amboy	N4: 4.	11	- 1	(STATE USE ONL	.Y)	40,000 sf	2		6	0+/-	
South Alliboy	IVIIda	llesex	1			Current Use (Prior i		(t			
Name of Monitoring Firm Hired by Build	ing Owne	er (8)		ASCM No.	Name of	Abatement Contractor	Steam Plant				
Environmental	Tactics	12.5		0045	Ivaine of		Abatement Se	rvice	: 110	,	
Street Address 64 Broad Street					Street Ac	ddress			, LLC		a.U
City, State, Zip Code					City Sta		noolhouse Roa	d			
Matawan, NJ 07	7747				City, Sta	te, Zip Code	Township, N.	1 000	2.1		
Project Manager for Monitoring Firm		Telephone	e Number		Telephon	ne Number	License 1				
Tom Geiger		732-290			732-60.		00714	· combe	•		
Scheduled Start Date (10) 10/18/18		Scheduled	l Completi	ion Date (11)	Name of	OSHA Monitor					
Occupancy Status During Abatement (Che	eck only o	10/28	/18				mental Tactic	s, Inc			
[ X ] Facility Closed/Vac			Period of A	Abatement	Street Ad		d Street				
[ ] Abatement Performe	ed Outsid	e of Norm	al Facility	Hours			id Sifeet				
Other –				20	City, Stat	e, Zip Code					
Describe						Matawa	n, NJ 07747				
Scope of Work (Check all that apply)					[ ]	Full Containme	nt with Negative I	ressur	e		
[]					[ X ]	Mini-Enclosure					
[] >3 sf or $\ge 3$ lf [X] $\ge 160$ sf or $\ge 260$ lf		1.00	Renovatio		[ X]	Glovebag Proce					
[X] ≥160 sf or ≥260 lf		[X]	Demol	ition	[ X ]	(Other) Exterior	Debris Clean-up/	non-fr	iable		
								Aba	tement	Type	
		s Locatio			Description				T	T .	
Location of Asbestos-Containing Material		ormally u			estos-Cont		Amount	R	R E	E	E
ACM)		Solely by enance/Co			aterial (AC thermal sy		(Specify SF	M	P	C	C
TO BE ABATED	Manne	Staff	astourar		lation, surf		or LF)	0	A	A	L
in facility		(12)			VAT, or			V	I R	P S	S
(13)	* ***			othe	r miscellar	neous)		Α		U	U
	YES	NO	N/A					L		L E	R E
CTs 1-4, each			X	Wire insulation	l .		1500 LF	X			-
CTs 1-4, each			X	Pipe insulation			163 LF	X			

C CTs 1-4, each X Transite panels 64 SF X CTs 1-4, each Vibration dampener X 100 SF X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Freehold Carting 18693 GROWS City, State Disposal Date 10/29/18 City, State Freehold, NJ Morrisville, PA Completed by (Print or Type) Title Signaturé Date Dominick Tringali Managing Member 10/3/18 \*Do not use this form for asbestos licensure exempted activities.

no cit		N			MOITA	OF AS	BESTOS ABAT AC 8:60 and 5:10		RO. I	<u>E</u>			n n
Date of Notification (1)		072020					ng Owner/Operator (	2)	TILL OCT	12	2 20	18	
9/	20 / _	18			Cal	dwell Pu	ıblic Library						-
Agencies Notified  EPA	Type Notifica					Address Bloomf	ield Ave		ASSEST	os c	010	SCH.	e.
☑ DOLWD ☑ DOH	Amended Amendme		10/9/	18	City, S	State, Zip	Code			artition and a co	to A State of the		1.1
□ DCA	☐ Emergend			10	Cal	dwell, N	J 07006						
(NJAC 5:23-8)	justificatio	n)	3		Name	of Contac	ot		Telephone Num	oer			
	☐ Cancellati	ion			Mat	tthew Ba	ittle		201-927-911	8			
					FA	CILITY IN	NFORMATION						
Name of Facility Where Al	patement is Ta	aking Pl	ace (3	3)				Type of Facility	(4)	-			
Caldwell Public Libr	ary							School (K-12					
Street Address									8 (Other than K-12 rivate and comme		uilding	15	
268 Bloomfield Ave								homes, etc.)		oldi De	manig	,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Caldwell								+-20,000	2		+-75		
County (6)					Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Essex								Library					
Name of Monitoring Firm I	lired by Build	ing Own	er (8)	1	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Conr	ection						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						
120 North Warren St	reet						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					-
Trenton, NJ 08608							BRISTOL, PA	19007					
Project Manager for Monito	oring Firm		1	Telep	phone	No.	Telephone No.		License No.				
Dominick Dercole				60	9-392	-4200	215-788-6040		00509				
Start Date (10)	Si	chedule	d Con	nplet	ion Da	te (11)	Name of OSHA M	Ionitor					
_10_ / _8_ /	18	10	_ / _	26	_ / _	18	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During	53		1150				Street Address						
☐ Facility Closed/Vacated							1123 BEAVER	R STREET					
Abatement Performed Time of Abatement: 7:	Outside of No	rmal Fa	cility F	lours	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement. 7.1	30AIVI-3.30PI	IVI/	_PIVI-	_	AIVI		BRISTOL, PA	19007					
Scope of Work (Check all t	hat apply)			C-) (1 - 1 - 1 - 1			M Eull Cont	ainmant with No.	netine Deserves				
≥3 sf or ≥3 lf		$\boxtimes$	Reno	vatio	on		☐ Mini-Enc	ainment with Neglosure	gative Pressure				
≥160 sf or ≥260 lf			Demo	olitio	n			Procedure					
			In I	6			⊠ Non-Exe	mpted (*) and No	n-Friable Procedu				
Location o	f			ocation rmall			Description o			Ab	1	ent Ty	ре
Asbestos-Containing M	Ø.		Jsed :	Sole	ly by	Asbe	estos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABAT			Maint Custoo				e., thermal systems i	insulation,	(Specify	Removal	bair	aps	Enclosure
IN Facility (13)				12)	itan:		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
,		Y	es	No	N/A		out of this obligation	ous,				fe	
Basement Corner Offic	ces		] [		$\boxtimes$	ACM M	astic		625 SF				
Basement Server Roo	m		] [		$\boxtimes$	VAT &	Mastic		80 SF				
Basement Bathroom V	Vall		] [		$\boxtimes$	ACM G	lue Daubs		20 SF				
Basement Janitors Clo	oset		] [	]	$\boxtimes$	VAT &	Mastic		20 SF				
Name of Registered Waste	Hauler			100000	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPO	RT GROUP,	INC.			auler ID 20990		Waste	MINERVA	LANDFILL				
City, State					_0000		Disposal Date	City, State					
NEW CASTLE, DE							TBD	WAYNESB	URG, OH				
Completed By (Print or Typ	e)	Title			17		Signature	1	/o Da	te	-		
Dillan DeCaro		Estir	nato	r				DiPara	/ MC 1	1 -6	7-1	8	

ASB-41 JAN 13 DP18088

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

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

Date of Notification (1)					Name	of Buildin	g Owner/Operator	(2)		OCT	12	20	18	11.
9 /	20 /	18			Cal	dwell Pu	ıblic Library		1	001	, ,		10	- Line
Agencies Notified	Type Notific	ation			Street	Address			Λ	opreje	co		01	
☐ EPA					268	Bloomf	ield Ave		· ·	11.	77.7			
⊠ DOLWD		30 m. n. m. m. n. n.	4 40	0140	City, S	State, Zip (	Code		Lancour -		Manufe Company			
☑ DOH ☐ DCA	Amendm		The state of		Cal	dwell, N.	J 07006							
(NJAC 5:23-8)	☐ Emergen justificati	icy (III ion)	ciuding	)		of Contac			Telepho	ne Numb	er			
, , , , , , , , , , , , , , , , , , , ,	Cancella	7.000			Ma	tthew Ba	ttle		1	27-9118				
					FA	CILITY IN	FORMATION							
Name of Facility Where A		Taking	Place	(3)				Type of Facility	(4)					
Caldwell Public Libr	ary							School (K-12						
Street Address								Subchapter 8	(Other th	an K-12)	ial bu	ildina		
268 Bloomfield Ave								homes, etc.)	ivate and	Commerc	iai bu	illullig	5,	
City (5)								Square Feet	# of Flo	oors	Ble	dg. Ag	ie .	
Caldwell								+-20,000	2			+-75		
County (6)				- 11 AV	Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being	demolish	ed)	7,02720		
Essex					1883000		** Second and Codes of Street Second	Library	3		/			
Name of Monitoring Firm I	Hired by Build	ding C	)wner (	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)						
Environmental Conf	(3.5	J						VIRONMENTAL	INC					
Street Address		-					Street Address	VIICONNENTAL	_, INC.			47.0 2		
120 North Warren St	reet						1123 BEAVE	DOTDEET						
City, State, Zip Code		-												
Trenton, NJ 08608							City, State, Zip C							
Project Manager for Monit	orina Circo			Tala	- t		BRISTOL, PA	19007						
Dominick Dercole	oning Firm			11/200	phone		Telephone No.		Licens					
Start Date (10)		2-11	1-10	Carp Cont	9-392		215-788-6040		0050	)9				
					ion Da	te (11) 18	Name of OSHA N	llonitor VIRONMENTAL	., INC					
Occupancy Status During	Abatement (	Check	only	ne)			Street Address				-			
□ Facility Closed/Vacated	9/2				nent		1123 BEAVE	R STREET						
☐ Abatement Performed	Outside of No	ormal	Facility	/ Hour	s - Des	cribe	City, State, Zip C						_	
Time of Abatement: 7:	00AM- <u>3:30</u> F	PM/	PI	VI	AM		BRISTOL, PA							
Scope of Work (Check all	that apply)													-
≥3 sf or ≥3 lf			⊠ Re	noveti			☐ Full Con	tainment with Neg	ative Pres	sure				
≥160 sf or ≥260 lf			☐ De				☐ Mini-End	g Procedure						
							⊠ Non-Exe	mpted (*) and Nor	n-Friable F	rocedure				İ
				Locati	77400						Ab	ateme	nt Ty	уре
Location of		.		lormal d Sole			Description of				-			
Asbestos-Containing N TO BE ABAT		1)		intena			stos Containing Ma ., thermal systems		Amo (Spe		Remova	Repair	nca	nck
IN Facility			Cust	odial S	Staff?	(1.0	surfacing, VAT		SF or		ova	=	Encapsulate	Enclosure
(13)			.,	(12)			other miscellane				-		late	G)
Basement Stairwell La	nding		Yes	No	N/A	VAT ON	II V		440	CF.				
Basement Mechanical						Plaster			112				님	
Dadding in the charmean	ROOM					Flasiel	vvaii		14 :	51			믬	님
									-				닏	
Name of Registered Waste	. Harden		Ш		П П	N						Ш	Ш	
				1000000	JDEP V auler ID		Cubic Yards of Waste	Name of Regist						
SERVICE TRANSPO	KT GROUP	, INC			20990	20020	. 144515	MINERVA L	ANDFIL	.L				
City, State	-				114 a a v		Disposal Date	City, State						
NEW CASTLE, DE							TBD	WAYNESB	URG, OF	1				
Completed By (Print or Typ	oe)	Title					Signature		923	Date	9			-
Dillan DeCaro		Es	stimat	or			Dillar	1 DeCarol	gu.	10		9-1	8	

ASB-41 DD 18088

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

Pg.

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

	E	G	E		W	E	
à	la de	L.F.	#	3	40	11	
4	1	CT	1	2 %	2018	,	

Date of Notification (1)				I N:	me of Ruild	ing Owner/Operator	(2)				18	
9 /	20 /		_			ublic Library	(2)	ACCEST	~ A A			***
Agencies Notified ☐ EPA ☑ DOLWD \$299	Type Notifica  ☑ Initial  ☐ Amended	i		2	reet Address 268 Bloom y, State, Zip	field Ave			ALLEY I			
⊠ DOH 9166 □ DCA	Amendme		udin n	2000	Caldwell, N							
(NJAC 5:23-8)	justification	on)	aing	_	me of Conta			Tolophone N.				_
	☐ Cancellati	ion		1	latthew B	attle		Telephone Nu 201-927-9				
				F	ACILITY	NFORMATION		201-321-9	110			
Name of Facility Where A	batement is T	aking P	lace (3)		AOILITT	MICKWATION	Time of Facility	(4)				
Caldwell Public Lib	rary	-	(-)				Type of Facility  ☐ School (K-1)					
Street Address							Subchapter	8 (Other than K-	12)			
268 Bloomfield Ave							Other (i.e., p	rivate and comm	nercial	buildi	ngs,	
City (5)							homes, etc.					
Caldwell							+-20,000	# of Floors		Bldg.	_	
County (6)				Co	untv Code (	7)(STATE USE ONLY)		4 -		+-7	5	
Essex					, , , , ,	THE SOL ONE IT	Library	ior if being demo	lished	)		
Name of Monitoring Firm	Hired by Buildi	ng Owr	er (8)	ASC	M No.	Name of Abateme						
Environmental Con			N-3				VIRONMENTA					
Street Address				1		Street Address	VINORMERIA	L, INC.				
120 North Warren St	reet					1123 BEAVE	STREET					
City, State, Zip Code						City, State, Zip Co						
Trenton, NJ 08608						BRISTOL, PA						
Project Manager for Monit	oring Firm		Te	lephone	e No.	Telephone No.	13007	11:				
Dominick Dercole					2-4200	215-788-6040		License No. 00509				
Start Date (10)	Sc	heduled	100		ate (11)	Name of OSHA M		00509				
10 /8 / _	18		/ 2				/IRONMENTAL	INC				
Occupancy Status During	Abatement (Ch					Street Address	THE TALL	-, 1140				
□ Facility Closed/Vacated	<b>During Entire</b>	Period	of Abate	ement		1123 BEAVER	STREET					
Abatement Performed (	outside of Norr	nal Fac	lity Hou	ırs - De	scribe	City, State, Zip Co	The second secon					
Time of Abatement: 8:0	<u>0</u> AM- <u>4:00</u> PM	/	PM	AN	1	BRISTOL, PA						
Scope of Work (Check all to	nat apply)						10001			_		
☐ ≥3 sf or ≥3 lf				ion			inmont with Non-					
≥160 sf or ≥260 if			Renovat Demoliti	on		☐ Mini-Enclo	osure Procedure	ative Pressure	ıre			
☑ ≥160 sf or ≥260 lf		] [	Demoliti Is Loca	on tion		☐ Mini-Enclo	osure			natem	ent 7	
Location of			ls Loca Norma	on tion ally	A = h = -	☐ Mini-Enclor ☐ Glovebag ☑ Non-Exem	Procedure apted (*) and Non		Al	patem	1	Ť
Location of Asbestos-Containing Ma TO BE ABATE	iterial (ACM)	Us	Is Loca Norma sed Sola laintena	tion ally ely by	Asbes	☐ Mini-Enclor ☐ Glovebag ☑ Non-Exem  Description of tos Containing Mate	Procedure Apted (*) and Non	-Friable Procedu	Al	1	1	Гу
Location of Asbestos-Containing Ma TO BE ABATE IN Facility	iterial (ACM)	Us	ls Loca Norma sed Sola laintena	tion ally ely by ance/ Staff?	Asbes (i.e.	☐ Mini-Enclor ☐ Glovebag ☑ Non-Exem  Description of tos Containing Mate, thermal systems in surfacing, VAT, or	Procedure	-Friable Procedu		patem Repair	1	Гу
Location of Asbestos-Containing Ma TO BE ABATE	iterial (ACM)	Us	Is Loca Norma sed Sola faintena stodial (12)	tion ally ely by ance/ Staff?	Asbes (i.e.	☐ Mini-Enclor ☐ Glovebag ☑ Non-Exem  Description of tos Containing Mate, thermal systems in	Procedure	-Friable Procedu Arnount (Specify	Al	1	ent Encapsulate	Гу
Location of Asbestos-Containing Ma <u>TO BE ABATE</u> IN Facility (13)	aterial (ACM) ED	Us N Cu	Is Loca Norma sed Sola faintena stodial (12)	tion ally ely by ance/ Staff?	Asbes (i.e.	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	Procedure	-Friable Procedu Amount (Specify SF or LF)	Removal	1	Encapsulate	Ту
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) asement Corner Office	es	Us N Cu	Is Loca Norma sed Sola faintena stodial (12)	tion ally ely by ance/ Staff?	(i.e.	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneoustic	Procedure	-Friable Procedu Arnount (Specify	Removal 🛛	1	1	Гу
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) asement Corner Office	es	Us No Cu	Is Loca Norma sed Soldaintena (stodial (12)	tion ally ely by ance/ Staff?	ACM Ma	☐ Mini-Enclor ☐ Glovebag ☑ Non-Exem  Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous stic	Procedure	Amount (Specify SF or LF)	At Removal	1	Encapsulate	Гу
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)  assement Corner Office assement Server Room assement Bathroom Wassement Janitors Clos	es  all	Use No Cu	Demoliti Is Loca Norma sed Sole laintena istodial (12) No	tion ally ely by ance/ Staff?	ACM Ma	☐ Mini-Enclor ☐ Glovebag ☐ Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, of other miscellaneous stic  lastic  de Daubs	Procedure	Amount (Specify SF or LF) 625 SF 80 SF	At Removal	1	Encapsulate	Гу
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)  assement Corner Office assement Server Room assement Bathroom We assement Janitors Closume of Registered Waster	es all eet Hauler	Ves Cu	Demoliti Is Loca Norma sed Sole faintena istodial (12) is No	tion ally ely by ance/Staff?	ACM Ma VAT & M ACM Glu VAT & M	☐ Mini-Enclor ☐ Glovebag ☐ Non-Exem  Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous stic  lastic le Daubs  astic  Cubic Yards of	Procedure Procedure Interpreted (*) and Non Perial (ACM) Sulation, Or Justin (ACM) Name of Registe	Amount (Specify SF or LF)  625 SF  80 SF  20 SF  red Landfill	At Removal	1	Encapsulate	Гу
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)  assement Corner Office assement Server Room assement Bathroom Wassement Janitors Clos	es all eet Hauler	Ves Cu	Demoliti Is Loca Norma sed Sole faintena istodial (12) is No	tion ally ely by ance/ Staff?	ACM Ma VAT & M ACM Glu VAT & M Vaste	☐ Mini-Enclor ☐ Glovebag ☐ Non-Exern  Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous stic  lestic  de Daubs  astic  Cubic Yards of Waste	Procedure Procedure Intel Inte	Amount (Specify SF or LF)  625 SF  80 SF  20 SF  red Landfill	At Removal	1	Encapsulate	Гу
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)  assement Corner Office assement Server Room assement Bathroom Wassement Janitors Closeme of Registered Waste PSERVICE TRANSPORTY, State	es all eet Hauler	Ves Cu	Demoliti Is Loca Norma sed Sole faintena istodial (12) is No	tion ally ely by ance/ Staff?  N/A	ACM Ma VAT & M ACM Glu VAT & M Vaste	☐ Mini-Enclor ☐ Glovebag ☐ Non-Exem  Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous stic  lastic le Daubs  astic Cubic Yards of Waste  Disposal Date	Name of Registe MINERVA LA	Amount (Specify SF or LF)  625 SF 80 SF 20 SF 20 SF red Landfill	At Removal	1	Encapsulate	Гу
Location of Asbestos-Containing Ma TO BE ABATE IN Facility	es all set Hauler T GROUP, IN	Yes	Demoliti Is Loca Norma sed Sole faintena istodial (12) is No	tion ally ely by ance/ Staff?  N/A	ACM Ma VAT & M ACM Glu VAT & M Vaste	☐ Mini-Enclor ☐ Glovebag ☐ Non-Exern  Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous stic  lastic  de Daubs  astic  Cubic Yards of Waste	Name of Registe	Amount (Specify SF or LF)  625 SF 80 SF 20 SF 20 SF red Landfill	At Removal	1	Encapsulate	Гу

Pg. 2

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

OCT 1 2 2018

T=				-									
Date of Notification (1)	20 /	18	-				g Owner/Operator ( blic Library	2)	ACDENT	7.7 C		7 1.	L A.
Agencies Notified  EPA	Type Notific	ation			22703000	t Address Bloomfi	ield Ave		The state of the s				
⊠ DOLWD	Amende				City,	State, Zip (	Code						
□ DOH	Amendm  Emerger		uding	e l	Cal	dwell, N.	J 07006						
DCA (NJAC 5:23-8)	justificati		uuing		Name	of Contac	t		Telephone Num	ber			
	☐ Cancella				Ma	tthew Ba	ttle		201-927-911	8			
					FA	CILITY IN	IFORMATION						
Name of Facility Where	Abatement is	Taking F	Place	(3)				Type of Facility	(4)				
Caldwell Public Lik			é					School (K-12	)				
Street Address									(Other than K-12		.11-11		
268 Bloomfield Ave	е							homes, etc.)	ivate and comme	CIBI DI	unumg	js,	
City (5)								Square Feet	# of Floors	В	dg. A	ge	- 1
Caldwell								+-20,000	2		+-75		
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Essex								Library					
Name of Monitoring Firm	Hired by Buil	ding Ow	vner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Cor	nnection						BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Street Address						
120 North Warren S	Street						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Trenton, NJ 08608							BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No.		11		
Dominick Dercole				60	9-392	-4200	215-788-6040	b	00509				
Start Date (10)	1	Schedul					Name of OSHA N	lonitor					
10 / 8 /	18	_10	_ /	26	_ / _	18_	BRISTOL EN	VIRONMENTAL	., INC				
Occupancy Status During	g Abatement (	Check o	only o	ne)			Street Address						
□ Facility Closed/Vacate							1123 BEAVE	R STREET					
Abatement Performed						cribe	City, State, Zip Co	ode		-			
Time of Abatement: 8	3:00AM-4:00	-IVI/	P	/	AIVI		BRISTOL, PA	19007					
Scope of Work (Check al	ll that apply)						F3 = " 0						
☐ ≥3 sf or ≥3 lf		×	₹ Rei	novatio	on		⊠ Full Cont	tainment with Neg Josure	ative Pressure				
⊠ ≥160 sf or ≥260 lf			177.55	nolitio			☐ Glovebag	g Procedure					
				1000				mpted (*) and No	n-Friable Procedu	1			
				Locati Iormal			D			Ab	atem	ent T	ype
Location Asbestos-Containing		1)	Use	d Sole	ly by	Asbe	Description o stos Containing Ma		Amount	Rei	Repair	Enc	Enc
TO BE ABA	ATED			ntena odial S			., thermal systems	insulation,	(Specify	Removal	pair	aps	Enclosure
IN Facili (13)	ity		Cust	(12)	olaii!		surfacing, VAT other miscellane		SF or LF)	8		Encapsulate	лге
(10)		- 1	Yes	No	N/A		outer theodiane	-				6	
Basement Stairwell L	_anding				$\boxtimes$	VAT ON	ILY		112 SF				
Basement Mechanica	al Room				$\boxtimes$	Plaster	Wall		14 SF				
									9				
Name of Registered Was	te Hauler			N.	JDEP 1	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPO	ORT GROUP	, INC.		0.000	auler II 20990	Administration = 1	Waste	MINERVA I	ANDFILL			-510012	
City, State							Disposal Date	City, State	-				
NEW CASTLE, DE							TBD	WAYNESB					
Completed By (Print or Ty	ype)	Title					Signature	DeCaro I	Da Da	te		95	~
Dillan DeCaro		Esti	imat	or			Dillan	1)et and 1	ye 1	7-6	10	-10	

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

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1	117	110		1 1//	100
1		0		1 11	4

Date of Notification (1	) 10/06/18					ilding Owner	r/Operator (2	)	J 00	T 12	204	8	
Agency Notified	Type Notification				Weinbe								
DD.	xx Initial			Stre	et Addre	esses			ACRES	TOS CC	50.000	7.1C	
X DEP	Amended			City	, State,	7in		-		er coeka. Erkaneria		1. 14. 1	6
X DOL X DOH	Amended #			City	, State,		gston NJ 070	020	Andrew Control	Fill-opposition according	~~	41-1-	12.00
DCA	Emergency (i Justification)	includii	ng	Nam	ne of Co				a Mumb				
	Cancellation				rew Fin		1	elephon	e Numb	er			
			F			FORMATION	J I						
Name of Facility Where	Abatement is	Takir	ng Plac	ce (3)			Type of Fac	ility (4)				2.11	
House			J				School (F						
Street Addresses							Subchapt		her than (	(K-12)			
							x Other (i				Buile	ding	s.
City(5)							Square Feet		Floors	Bldg.		- 0	
Livingston NJ							o quanto 1 con		10015	Diag. 1	150		
County (6)			Count	y Code	e (7) (ST	ATE USE	Current Use	(Prior i	if being o	demolish	ied)		
Essex			ONLY					2					
Name of Monitoring Firm	n Hired by Buil	ding	Owner	ASC	CM No.	Name of A	batement Co	ntractor	(9)				
(8)\- IRIS Environmenta	al Laboratories,	LLC				Pezo Inc			. ,				
Street Address						Street Addre	ess:						
2333 Route 22 West						4 Beaverbro	ook Rd., #150	0					
City, State, Zip Code						City, State,	Zip Code						
Union NJ 07083		_					k, NJ 07035						
Project Manager for Mon	nitoring Firm	0.000	ephone			Telephone		L	icense N	Ю			
C+-+ D / (10)	10111		3-206-0			973-628-782	700		1141				
Start Date (10) 09/28/18	Schedul		mpleti	on Dat	a (11)		SHA Monito						
Occupancy Status During	09/29/18						nmental Lab	oratorie	s, LLC				
X Facility Closed/Vacate	ed During Entire	Deriod	of Aba	ne)		Street Addre	17.75.com						
Abatement Performed	d Outside of No	renou	Facilit	v How	rc	2333 Route	7 100 CO 11 10 CO						
Other -Describe	a Outside of No	rinai	i aciiii	y 110u	13	City, State, 2 Union NJ 0							
Scope of Work (Check all	apply)	72280					x Full Contain	nment w	ith Magatin	ua Deagan			
							Mini-Enclo		itii Negati	ve riessu	10		
> 3 sf or $>$ 3 lf				R	enovation		Glovebag F	(7):915.15P	2				
xx > 160  sf or > 260  lf					emolition		Non-Exemp			riable pro	ocedu	re	
Y	c		s Locati			Б				Ab	ateme		
Location of			Normal			Description					Ту	pe	
Asbestos-Containing ma			ed Solel	700		s Containing Ma		541.1	Amount	Re	Re	En	En
TO BE ABAT			aintenai		( i.e.,	thermal systems		(	Specify	em	epair	nca	ncl
IN Facility	y	1	Custodi Staff?			Surfacing, VAT Other miscellar		S	F or LF)	moval	₹.	psu	closure
(13)			(12)			Other miscenai	icous)			-		capsulate	.c
			,										
		Yes	No	N/A									
Plaster Material			v		Other	Material		95001	D		-		$\vdash$
Flashing ( Roofing )		-	X			Material		850SI		X			
Thomas ( Rooming )			X		Other	Material		40 LF		Х			
Name of registered Was	te Hauler	N.	DEP V	Vaste I	Huler	Cubic Yards o	f Name of	Register	red Landi	field			
Pezo Inc.		CS	6224			Waste	Waste M				nia		
Ci. C								9		,			
City, State						Disposal Date	City, Sta	te					
Lincoln Park, NJ 07035							Morrisvil		sylvania				
Completed by	Title					Signature >	701	1000000	ata				
Tom Pezic	V. Preside	nt				hal 1	of Creek	0	9/17/18				

Do not Use this form for asbestos licensure exempted activities

? MANK		NOTIF	HEATIO	tate of New	Jersey STOS ABA	TEN	VENT			E	C	E		Pr	int-F
Date of Notification (1) 10/8/18		all	Name o	of Building C	Owner/Opera	tor					OCT	1	2 2	018	-
Agencies Notified Type Notification  X EPA Initial			Street A	00004050030030 100 50			- 0.00			ASB	EST(		nos:		. 8.
DEP Amended Amendment Emergency				ate, Zip Coo n Haven I	de NJ 08008				L			ensitate.			
DOH justification)  DCA Cancellation	_		Name o	of Contact					Tele	phone	Num	ber			
Name of Facility Where Abatement is Takin	g Place (	3)	FAC	ILITY INFO	RMATION	T	Type	of Facility (4	1)						
Tom Keller Private Home							_	School (K-12							
Street Address							冈	Subchapter to Other (i.e. projetc.)					dings	, hom	es,
City (5) Beach Haven NJ 08008							100		1	Floors		3	81dg. <i>1</i> 85+	Age	
County (6) Ocean				Code (7) USE ONLY)			Hou				olishe	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASC	M No.	1 (20)		of Aba aco I	tement Cont	ractor (	9)					
Street Address							Addres	174			<del>()                                      </del>		***********		
City, State, Zip Code	***************************************				City	, St	ate, Z	p Code in NJ 080	91						
Project Manager for Monitoring Firm			Telepho	ne No.	Tele	pho	one No	D.		Licens		9			
Start Date (10) 10/18/18	Schedul 10/24/		npletion	Date (11)	Nan		of OSF	IA Monitor							
Occupancy Status During Abatement (Chec	k Only O	ne)			Stre	et A	Addres	s		- 30 - 00 11 PE		Orlean.			
X Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of and Facility	Abatem y Hours	ent		City	, St	ate, Zi	p Code	many transcription						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 if ≥160 sf or ≥260 if	E-Personnella .	Renova Demolit				×	Min Glo	Containmenti-Enclosure	edure	<del>-</del>				_	
The second secon		Locati					NOI	n-Exempted	( ) and	NON-F	riable	-	Abate	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normali ed Sole	ly by	Achaeta	Descripti os Containing	on	of storial	(ACNA)	۸	4	-		13	/ре	
TO BE ABATED In Facility (13)		intenar todial S (12)		(i.e. t	hermal syste surfacing, \ other miscel	ms VAT	insula , or	tion,	(Sp	nount secify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ä	7	late	Iге
Exterior Siding			X		Exterior S	Sid	ing		120	00SF		Х			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Yards			Name of R	egister	ed Lan	ndfill				
United Roll Off		Н	auler ID 2459	No.	of Waste 4			G.R.O.V							
City, State Elm NJ					Disposal Da 10/24/18	te		City, State Morrisvi		1906	67	5,000-00			
Completed by Anthony T Perna	Title	ident			Signatu	11.6-	7/				Date				

			jous	Codema.							_	- Pr	int-l
Ch7069		NOTIF	FICATIO	State of New J N OF ASBES t to NJAC 8:6	TOS ABATE	MEN 0)	T	13	E C	7 [		$\mathbb{V}$	
Date of Notification (1) 10/8/18				of Building Ow Realty Mana		r (2)			00	7 1	2	2018	
Agencies Notified Type Notification  EPA Initial	1			Address 300 Black H	lorse Pike				ASBES	ros E i	Con	VT 547	1.6.
DEP Amended Amendmer Emergency				tate, Zip Code santville NJ			P		and the same of th	- KINGS	more than -	*****	
DOH justification Cancellatio	)	9	Name of Cathy	of Contact					one Num 85-998				
Name of Facility Where Abatement is Taki	ng Place (	(3)	FAC	ILITY INFORI	MATION	Тур	pe of Facility (4	1)					
Vacant Unit E-1 Street Address 600-800 Black Horse Pike							School (K-12 Subchapter Other (i.e. pretc.)	8 (Other th	an K-12) mmercia	) Il buil	dings	, hom	es,
City (5) Pleasantville NJ 08037						1 23	uare Feet	# of Flo	ors		31dg. /	Age	
County (6) Atlantic				Code (7) USE ONLY) _		Cur	rent Use (Prio	r if being d	lemolishe	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASCI	M No.			patement Cont Inc.	tractor (9)					
Street Address					Street								
City, State, Zip Code							Zip Code erlin NJ 080	91	NA.				
Project Manager for Monitoring Firm			Telepho	one No.	Teleph 856-		No. -9800	0.000	ense No 0727				
Start Date (10) 10/18/18	10/24/	18	mpletion	Date (11)	Name Sam		SHA Monitor						
Occupancy Status During Abatement (Che  X Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of	Abaten	ment s		Street City, S		ess Zip Code		THE COLUMN				
Scope of Work (Check All That Apply)						_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit			X	M	ull Containmer lini-Enclosure llovebag Proce on-Exempted	edure				<b>'</b> A	
Location of		Locati Normal	lly		Description			( ) 4.14 ( )			Abate	ement /pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole intena todial S (12)	nce/	(i.e. ther	Containing M rmal systems urfacing, VA ner miscellan	lateria s insu T, or	lation,	Amour (Speci SF or L	fy	Remova	Repair	Encapsulate	Enclosure
Old boiler room area	Yes No									<u>a</u>	•	ate	е
Old boller foom area		Transite			140 S	F	X						
Name of Registered Waste Hauler Pernaco Inc		Н	JDEP W lauler ID 1787		ubic Yards Waste		Name of R	egistered L	_andfill	1)			
City, State			1707	Dis	sposal Date		City, State Egg Harl	oor Twn	NJ 082	34			
Completed by Anthony T Perna	Title Pres	ident			Signature	1	33		Date				

267071	NOT	IFICA (Pursu	TION O	of New Jerse FASBESTOS NJAC 8:60 an	ABATEN	MENT	•		E G			<u> </u>	Lui Lui	
Date of Notification (1) 10/9/18				uilding Owner/ontempo Priv					001	12	2	018	40.00	
Agencies Notified Type Notification		Stre	eet Add	ress					ASBESTO	10.00	1/4	[27]	.7	
EPA DEP DOL Amended Amendment #_ Emergency (inc justification) Cancellation	luding	Na		, Zip Code laven NJ 08 contact	8008			Tel	ephone Nur	mber	æ=n-¢		- 1-	
_ BOX		11		TY INFORMAT	TION									
Name of Facility Where Abatement is Taking F Tom Bontempo Private Home Street Address	Place (3)					Typ	e of Facility ( School (K-1 Subchapter Other (i.e. ) etc.)	12) 8 (Oth	er than K-1. & commerci	2) ial buil	ldin	gs, ho	mes,	
City (5) Beach Haven NJ 08008						10	uare Feet 00+	2	f Floors		35	g. Age +		
County (6) Ocean			ounty Co	ode (7) SE ONLY)			rent Use (Prouse & Ga		ing demolis	hed)				
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)		ASCM I	No.	Pen	naco	batement Co Inc.	ntracto	r (9)					
Street Address						Вох	329							
City, State, Zip Code					Wes	st Be	, Zip Code erlin NJ 08	091						
Project Manager for Monitoring Firm	*		elephon			-753	3-9800		License 00727	NO.				
Otari Dato (10)	Scheduled 9/26/18	Comp	letion D	ate (11)	Sar	ne	SHA Monito	r						_
Occupancy Status During Abatement (Check					Stree	t Add	Iress							
Facility Closed/Vacated During Entire Poly     Abatement Performed Outside of Normal     Other – Describe:	eriod of Ab al Facility H	ateme lours	nt		City,	State	, Zip Code							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	Re De	novati molitic	on on			$\dashv$	Full Contains Mini-Encloss Glovebag Pr Non-Exempt	ire ocedur	e		roc	edure		
		ocatio			Description	on of				-	1	Abate Typ		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	Solely itenano idial St (12)	ce/ taff?	SU	containing mal syster urfacing, \ er miscell	ms in /AT,	sulation, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
The Collins House 9 gorggo	Yes	No	N/A X	F	xterior S	Sidin	ıa		2900SF	7	ĸ			
Exterior Siding House & garage			^	_	7.01101									
								-		+				
Name of Registered Waste Hauler		N	JDEP V	Vaste Cu	ubic Yards	S	Name	of Reg	istered Land	dfill				
United Roll Off		1000	auler ID 2459	5	Waste			O.W.S	S.					
City, State Elm NJ					isposal Da 26/18	916	City, S Mori		PA 1906					
Completed by Anthony T Perna	Title Pres	ident			Signat	ture	<			Date 10/		8		

Print Form

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? }	1306	22	N	D Fic. (Pur	Stat ATION C	e of New Jer OF ASSEST O NJAC 8:60	[m				Description of the second		<u>G</u>		2	Prin 2018	t Forr
	of Notification (1)	h 1. #0000		1000		Building Own	The state of the s	ator (	2)		113		001	1	۷	ZV10	
		heck #3262 Type Notification			treet Ad	of Litttle F	lower				-	100	T-O+	00	0.00		
	ncies Notified	Marie I		- 1		osevelt Av	enue					Astr			CE IN	780 0	1.6
×	EPA DEP	Initial Amended				e, Zip Code						The same of the sa	N-27EMA		Marie Transco		
×	DOL	Amendment		_   E	Berkely	Heights, I	NJ 079	22									
	DOH	Emergency ( justification)	including	000	ame of							phone No		r			
	DCA	Cancellation	190	I N		s Sblendo					908	3-477-8	785				_
Nam	e of Facility Where	Abatement is Takin	g Place (3)		FACIL	ITY INFORM	ATION	$\neg$	Type o	f Facility (4)	1						
	urch of Little Flo								X S	chool (K-12	)						
400000000	et Address O Roosevelt Ave	nue							Si	ubchapter 8 ther (i.e. pri	(Othe			uildi	ngs, h	nomes	5,
City								-	Square	c.) Feet	# of	Floors		Blo	lg. Ag	je	$\neg$
	rkeley Heights								30,00		1			50	÷		
	nty (6) IION				ounty C	ode (7) SE ONLY) _			Curren	t Use (Prior ol	if beir	g demoli	shed	)			
Nam	ne of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				ement Cont		(9)					
N/A										s Corpor	ation						_
Stre	et Address								Address 39th S								
City,	State, Zip Code								tate, Zip enberg	Code J, NJ 070	93						
Proj	ect Manager for Mor	nitoring Firm		T	elephon	ne No.	Te	eleph	one No			License					
Star	t Date (10)		Schedule	d Com	oletion F	Tate (11)			295-17 of OSH	700 A Monitor		01074			e de la companya de l		_
10	/9/2018		10/10/1	8	piodoii E		S	Same	e as a	bove							
200000	upancy Status Durin	ng Abatement (Che	ck Only On	e)			St	reet	Address	5							
X	Abatement Perform Other – Describe:	eated During Entire ned Outside of Norr			ent		Ci	ity, S	tate, Zip	Code		en e					
Sco	pe of Work (Check A	All That Apply)						7200	Ke-1								
X	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic				X	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure	•					
_			Т.					E	1 1101	i-Exempled	( ) an	d NON-11	labic			ment	
	Locatio	n of	1.000	Locatio Normally	483300		Descri	ntion	of				-		Ту	ре	
	Asbestos-Containing	g Material (ACM)		d Solel		Asbestos	Containi	ing N	/laterial			mount		70		En	m
	TO BE AB			todial S	(2.12.0)		rmal sys			tion,		Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	(13			(12)		ot	her misc	cellar	neous)					oval	air	ulate	sure
			Yes	No	N/A							7.05	+				
	School C	Chapel		Х			Plaster	r cei	iling			7 SF		K			
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					ID == :		Cubic Ya	- 1-		Name of	Dog!at	arad I ar	dfill				
	me of Registered Wa -State Transfer A			Н	JDEP W auler ID 9551	No.	f Waste			Minerva				С			
1000000	v, State			1.			Disposal BD	Date	9	City, Stat Wayne		ı. OH					
100000	onx, NY		Title					natur	e /A.1	7 /		1	Date	)			
100000000000000000000000000000000000000	na Betances			e Mar	nager				1 165 1	was			10/	8/2	018		

Check No. 5335

Date of Notification (1)  Name of Building Owner/Operator (2)	7 1-	-11	14/	i	=
18 71					Ē
Agency Natified Type Natification Street Address	200 000		Approximate	1.700	on
Type Notification Street Address 20 West State Street	CT 12	2	201	8	1
□ EPA □ Initial 20 West State Street					-
N DOI				-	-
	11: 11: 11: 11:	2-190			
justincation)		Mac Table 1		5:0	
009 273 1363	)				_
FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)				- 12	
Morris Regional Day School					
Street Address  Subchapter 8 (Other than K-12) Other (i.e. private & commercial)	huilding	as			
homes, etc.)	bananig	go,			
City (5) Square Feet # of Floors	Bldg. A	Age			
Morristown 38,632 2	38				
County (6) County Code (7) (STATE USE Current Use (Prlor if being demolish	hed)				
Morris ONLY) Business/Storage					1
Name of Monitoring Firm Hired by Building Owner   ASCM No.   Name of Abatement Contractor (9)					
Environmental Connection, Inc. 00030 B&N&K Restoration Co., Inc.					
Street Address Street Address					
120 North Warren Street 223 Randolph Avenue					
City, State, Zip Code City, State, Zip Code		11111			
Trenton, NJ 08608 Clifton, NJ 07011					
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.					
Roland C. Jones 609-392-4200 973-478-4681 00120					
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor					
October 18, 2018 December 31, 2018 McCabe Environmental Services, L.L.C.					
Occupancy Status During Abatement (Check only one)  Street Address			-		-
□ Facility Closed Vacated During Entire Period of Abatement 464 Valley Brook Avenue					
☑ Abatement Performed Outside of Normal Facility Hours  ☐ City, State, Zip Code					$\neg$
Other - Describe: Lyndhurst, NJ 07071					
Scope of Work (Check all that apply)					
□ Full Containment with Negative Pressure □ ≥ 3 sf or ≥ 3 lf □ Renovation □ Mini-Enclosure					
	dure				
Is Location		A	bate Typ		ıτ
Location of Used Solely by Description of			Ť		
Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount		-71		E	т
TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify IN Facility Staff? surfacing, VAT, or SF or LF)		en	Re	cap	nclo
(13) (12) other miscellaneous)		Removal	Repair	Encapsulate	Enclosure
		<u>a</u>	7	te	0
Yes No N/A			_		$\dashv$
Exterior Red Doors Caulking 180	In ft	X	_		
Name of Registered Waste Hauler   NJDEP Waste Hauler   Cubic Yards of   Name of Registered Landfill	74				
B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Inc.  1D No. 12695 / 2A456  Waste  Minerva Enterprises, Inc.					
Thotate Hallstei Associates, Ilic.					_
40/40/0440					
Complete the variety of the state of the sta	Date	-			

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11/	i 1/	MAN	
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### NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to MAC 8:60 and 12:120)

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OCT	1	2	2018

		-		Man	D:I.d	ng Owner/Operator	(2)					-
Date of Notification (1)	8-18			Nan	J. W			TIDNIASTA	ve	COB	70,	11.7
Agencies Notified	Type Notification	n		Stre	et Address		>1	Lamenta	SAMPLE AND ADDRESS OF THE PARTY	distribution of the state of th		- 41
□ BPA	i⊠ Initial ☐ Amended		-	_	P. 0		56					=
DEP DEP	Amended	#	_	City.	State, Zip		. 146 141.	T 080°		01		
	☐ Emergency		ng			RESTOU	UN N			_		_
DCA DOH	justification  Cancellation		1	Nam	ne of Conta			Telephone Numi	ber			
	. <del></del> .			=	MIK							_
	8.		(0)	FA	ACILITY IN	FORMATION	Transferance	(4)				
Name of Facility Where A	SIDEN(		æ (3)				Type of Facilit	12)				
Street Address								r 8 (Other than K-12 private & commerci c.)		dings		
City (5)	CANI C	174					Square Feet	# of Floors	1	50		
County (6)	criva C			Cou	inty Code (	7) (STATE		Prior if being demolis	-	50		=
CAPE	MAY			USE	E ONLY)		_ VV	ACHNIT				_
Name of Monitoring Firm	Hired by Building	Owner		ASCIV	No.	Name of Abatem						
(8)	A					Street Address	100 1	N.C.	_	_		_
Street Address							S. Spr	ICE AUE				
City, State, Zip Code						City, State, Zip C	ode					
						MAPLE	SHAD	E N.J.	०४०	25		
Project Manager for Moni	toring Firm		Telep	phone	No.	Telephone No. 856-779	1-0472	License No.	44			
Start Date (10)	T Sche	duled C	omplet	ion Da	ate (11)	Name of OSHA N						=
10-19-1	8	0 -	-27	1-1	8		NA.					_
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated					***	0: 0: 7:-0			_		_	=
Abatement Performed  Other - Describe:	Outside of Norma	i Facili	y Hours	•		City, State, Zip Co	oae	5				
Scope of Work (Check all	that apply)					<u> </u>						
		□ Pe	novatio	· ·		Full Con		egative Pressure				
≥3 sf or ≥3 lf □≥3 sf or ≥260 lf			molition			Gloveba	g Procedure					
						Non-Exe	mpted (*) and N	on-Friable Procedur	1	bate	nant	$\dashv$
			.ocation ormally	1					′	Typ		
Location of			Solely		A-1	Description of	rial (ACM)	Amount	-			
Asbestos-Containing Ma TO BE ABATE			tenano stodial	e/		os Containing Mate thermal systems in		(Specify	R	71	Enc	En
IN Facility	<u> </u>		staff?			surfacing, VAT, other miscellaneous	or vs.)	SF or LF)	Removal	Repair	apsu	Enclosure
(13)			(12)			other miscellaneo	(45)		val	4	Encapsulate	ure
		Yes	No	N/A				70-				
SIDING				X		TRAWSI	<u> </u>	2250 50	X		-	$\dashv$
									_		$\dashv$	-
											_	-
Name of Registered Waste				DEP V		Cubic Yards of Waste	_ ~	stered Landfill		,Λ		
KLEMCO	INC.		_ T	uler ID	04			M.C.M.	U.	H		_
City, State MAPLE S	HADE	14.1	7			Disposal Date-	City, State	DRINE				
Completed By	Title	1/1.				Signature	^	Date		10	2	
MICHAEL KLC	1,000,000	Su	ρ,			Muil	W)C-	_ 10-	- 8	-18		_

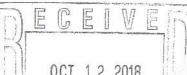
Ch4052

### NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:00 and 12:120)



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Date of Notification (1)	-8-18			Nar		ng Owner/Operator	- Internation	WACEXCAUT	17.10	16		
Agencies Notified	Type Notificatio	n		Stre	et Address	0				1		-
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Ø DOL	Amended Amendment	#		City	State, Zip		V Co. /	2+ 1105E				
1	Emergency (		ng	L=		APE MA	Y COUR	2T HOUSE			1.3	_
☑ DOH	justification)  Cancellation			Nan	ne of Conta	OIM N		Telephone Num		28	1/1	
				<u> </u>		FORMATION		1 601 10		201		_
Name of Facility Where A	hatement is Taki	na Plac	0 (3)		ACILITY	FORMATION	Type of Facilit	v (4)				
	ESINENC		e (3)				School (K-	Z				
Street Address	2 7147 57 0 5						Subchapte	r 8 (Other than K-12				
							homes, etc	private & commerci c.)	al buil	dings	ί,	
City (5)	- 1- 11	101	100	0			Square Feet	# of Floors		ldg. A		
	ONE H	AKI	DON			707175	1500		- 1	50	) 7	
County (6) CLAPE	MAY				inty Code ( E ONLY)	7) (STATE		Prior if being demolis	shed)			
Name of Monitoring Firm		Oumor		ASCA		Name of Abatem						=
(0)	rirea by ballaing , ∤A	Owner		ASCI	1 NO.	1/ LEW		NC				
Street Address	r H					Street Address	1112 4	rac				=
Oli Oct / Iddi Oct						3695	. SPRI	XE AUE			900000	
City, State, Zip Code						City, State, Zip C						
						MAPL	E SHAV		05	50	) <	_
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.	G. AUDD	License No 7	71	*		
			<u></u>		1 (44)	856-77			1 }			=
Start Date (10)		duled C	7/	8	ete (11)	Name of OSHA N	MONITOR					
Occupancy Status During		ok oply		0-1	0	Street Address						=
Facility Closed/Vacated				ment		Ollock Alddi Coo						
Abatement Performed						City, State, Zip Co	ode					
Other - Describe:								+:				_
Scope of Work (Check all	that apply)					□ Evill Con	tainmant with No	egative Pressure				
☐ >3 sf or >3 lf	•	Re	novati	on		Mini-Enc	losure	egauve Flessule				-
∑≥160 sf or ≥260 lf		De	molitio	n			g Procedure moted (*) and N	on-Friable Procedu	re			
		Is L	ocatio	n		M. ton End	11,500 ( ) 41,41,		_	bate	ment	
			ormally Solely			Description of				Typ	е	
Location of Asbestos-Containing Ma	terial (ACM)	Main	tenand	œ/		os Containing Mate		Amount			ш	_
TO BE ABATE			stodia taff?	l	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Ren	Re	Tap	nclo
IN Facility (13)			(12)			other miscellaneou		0. 0. 2. 7	Removal	Repair	Encapsulate	Enclosure
	Ì	Yes	No	N/A					-		ate	e
5 110 111		$\dashv$	-	X		RANISIT	F	1500SF	X			$\neg$
SIDING		-+	-	^		VC V (VC) 31 C		15000.	1		-	_
			$\dashv$						$\vdash$			$\neg$
		-	-						$\vdash$			$\neg$
Name of Registered Waste	Hauler		IN	IDEP V	Vaste T	Cubic Yards	Name of Reg	stered Landfill				$\neg$
1977 F	-1		Ha	uler ID	No.	of Waste	CIL	(CM)	, A			
City, State	INC		-11	790	7 -	Disposal Date	City, State		( V			-
MADLE "	SHADE	1/1	, ĵ				War	OBINE_				
Completed By	Title	,	0			Signature	0001	Date	C	10		
MICHALI 19	-was !	501	,			1 M.	IN R	- 11/)-	0	10	-	

# NOTHICATION OF ASBESTOS



OCT 1 2 2018 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification +AWDATE XCAUATING OHNATHON Type Notification Agencies Notified Street Address DEPA M Initial Amended City, State, Zip Code DOL DOL Amendment # APL Emergency (including ☑ DOH justification) Name of Contact ☐ DCA Cancellation JOHN FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Tother (i.e., private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age 1500 50+ County Code (7) (STATE Current Use (Prior if being demolished) County (6) USE ÓNLY) VACANIT Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) KLEMCC Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAPLE Telephone No. Project Manager for Monitoring Firm Telephone No. 856-779 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 10-18-18 Street Address Occupancy Status During Abatement (Check only one Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure \_\_\_≥3 sf or ≥3 lf |X|≥160 sf or ≥260 lf Renovation Glovebag Procedure Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Used Solely by Description of Location of Asbestos Containing Material (ACM) Maintenance/ Amount Asbestos-Containing Material (ACM) Custodial (i.e., thermal systems insulation, (Specify Removal TO BE ABATED surfacing, VAT, or Staff? SF or LF) IN Facility other miscellaneous) (12)(13)No N/A Yes TIRIAMISI X SIDING Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Hauler Hauter ID No of Waste YLLWCO City, State Disposal Date City, State WOODBINE MADL DHADE

Completed By MICHAE Title

Signature

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Date of Notification (1) 10/05/2018				f Building ice Bors		Operator	(2)	11: 1.	00	112	2 20	118	11
Agencies Notified Type Notification	1		Street A	ddress				-	ASRES	rene	ONT.	S(N)	<u></u>
X EPA   X Initial   DEP Amended   X DOL				ate, Zip Co				1		York	140		207
Emergency	(including			elle Park	, NJ 07	7662		1 -			+		
DOH justification Cancellatio			Bruce	Zeberl									
Name of Facility Where Abatement is Taki	ng Place (3	3)	FACI	LITY INFO	ORMATI	ION	Type of Facility	(4)					
House Street Address							School (K						
Street Address							Subchapte Other (i.e.				ldings	, hom	es,
City (5) Rochelle Park							etc.) Square Feet N/A	# c	of Floors A		Bldg. /	Age	
County (6) Bergen			County (	Code (7) USE ONLY,	)		Current Use (P House	rior if be	ing demoli	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	No.			of Abatement Co Abatement, I		r (9)			1 0-7	
Street Address						Street	Address osengren Ave				885 2		
City, State, Zip Code				-3.5		City, S	state, Zip Code						
Project Manager for Monitoring Firm		T	Telephoi	ne No.		Teleph	wa, NJ 07512 none No.		License	No.			
Start Date (10)	Schedule	ed Co	mpletion (	Date (11)		Second Second	345-8685 of OSHA Monito	r	01311				
10/15/2018	10/16/2	2018		outo (11)		100 V 55500 - 100 - 10	Abatement, I						
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	17 10 0 050		ment				Address osengren Ave	enue					
Abatement Performed Outside of Nort  Other – Describe: Occupied	mal Facility	/ Hour	S			J. J	itate, Zip Code wa, NJ 07512	)					
Scope of Work (Check All That Apply)						1010	vva, 140 07 0 12						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova				×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure				·e	
		Loca					- Hon Example	T T	14011111	Joie i ii	Abat	emen /pe	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	Norma ed Sole iintena todial (12)	ely by ince/ Staff?		tos Cont thermal surfa		faterial (ACM) s insulation, T, or	(	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A		Outer I	iliscellai	ieous)			val	F	ulate	ure
Basement		X			Pipe	Insula	tion	9	90 LF	X			
Basement		Χ			Furnac	ce Insu	lation	2	0 SF	Х			
Name of Registered Waste Hauler D&S Abatement, Inc.		1	NJDEP W Hauler ID 10996		Cubic of Was TBD	Yards ste	20,000,000		ered Landf gement				
City, State Totowa, NJ							City, Sta	ite					
Completed by Oliver Hegedis	Title Proje	ect Ma	anager		TBD	Signature	11	viii6, P	[	ate 10/05/	2018		

10 Lo Tlab 41302	A N	ЮТЕ	Pursuan	Stafe of New Je NOT ASBEST 1/16 NJAC 8:50	and 12:12	(0)	IT.	DE	C I		P	rint F
Date of Notification (1) 10/05/2018				of Building Own Malanowski	er/Operato	r (2)		14 4 0	CT	2	2018	of the same and the
Agencies Notified Type Notification			Street	Address				ASBE	STO	con	Tac)	1.8
X EPA X Initial Amended Amendment		ŀ		tate, Zip Code					LICE	MUIN	<u>)</u>	e."
Mendment Emergency justification)	(including	-		Brunswick,	NJ 08902	2		Telephone N	lumbar			
DCA Justinication)			Gary	Malanowski				I relebribile is	armmei			
Name of Facility Where Abatement is Takir	ng Place (3)		FAC	ILITY INFORM	ATION	Тур	e of Facility (4	)				
House Street Address							School (K-12	2)	40)			
						×	Other (i.e. pr	8 (Other than K ivate & comme	-12) rcial bu	iildings	, hom	ies,
City (5) North Brunswick						Squ N/A	are Feet	# of Floors N/A		Bldg. N/A	Age	
County (6) Middlesex				Code (7) USE ONLY)			rent Use (Prio USE	r if being demol	ished)			
Name of Monitoring Firm Hired by Building ( N/A	Owner (8)		ASC	M No.	Name D&S	of Aba	patement Cont atement, Inc	ractor (9)				
Street Address					Street 11 R		ess ngren Aven					-
City, State, Zip Code					City, S	tate,	Zip Code NJ 07512					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 973-	one I	No.	License 01311	No.			
Start Date (10) 10/17/2018	Scheduled		npletion	Date (11)	Name	of OS	SHA Monitor tement, Inc					
Occupancy Status During Abatement (Chec	k Only One	)			Street	Addre	ess					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Cother – Describe: Occupied	Period of Ab al Facility F	atem Hours	nent		City, S	tate, 2	igren Avent Zip Code	ıe				-
Scope of Work (Check All That Apply)	Marie Inc.				Toto	wa, l	NJ 07512					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova moliti			×	Mi Gl	ini-Enclosure lovebag Proce	it with Negative dure *) and Non-Fria			· A	
Location of	No	ocation rmall	у	Г	escription			,		Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	enar	ice/	Asbestos Co (i.e. therm sur		ateria insul F, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		No	N/A						<u>a</u>		ate	Ге
Basement		X		Pip	e Insulat	ion		75 LF	Х			
									+			
ame of Penictored Wests Hands												
ame of Registered Waste Hauler &S Abatement, Inc.		Ha	JDEP W auler ID 1996	575 5 5 5 A			1	egistered Landfi anagement o				
ity, State otowa, NJ					osal Date	I.A	City, State Morrisville	e. PA				
ompleted by liver Hegedis	Mai	nager		Signature	11	-	D	ate 0/05/2	2018			

h 118679496		ИОТ	Pursuan	State of N N OF AS	BESTOS 8:60 a	ABATE	20)	т	3	E	C	7 7 7		7 -	rint.
Date of Notification (1) 10/05/2018		L.J	Nar <b>ie</b> Manu	of Building uel Padil	g Owner lla	Operato	r (2)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(	)CT	2	20	118	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agencies Notified    X			City, St	Address tate, Zip C clair, NJ					- 1000000	APPI	STO			7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Z,
□ Emergenc justification     □ DCA     □ Cancellation	y (includin n)	g	Name o	of Contact	t				T Tal	enhone	e Numb	er			^
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	ILITY INF	FORMAT	ION	Type	e of Facility	(4)				50.		
House		(-/						School (K-	20.00						
Street Address							×	Subchapte Other (i.e. etc.)	r 8 (Othe	er than & comn	K-12) nercial l	buile	dings	, hom	es,
City (5) Montclair							N/A	are Feet	N/A	7.0		N	ldg. /	Age	
County (6) Essex				Code (7) USE ONL	Y)		Curr	ent Use (Pri JSE	or if bein	ng dem	nolished	1)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8	3)	ASCI	M No.		Name D&S	of Aba	atement Cor tement, Ir	ntractor	(9)					
Street Address						Street 11 R		ess gren Ave	nue	10					
City, State, Zip Code						City, S	State, 2	Zip Code	ilue	-					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		NJ 07512 lo.		Licens	se No.				
Start Date (10)	Schedu	led Co	mnletion	Date (11)		973-3		3685 HA Monitor		0131	1				
10/16/2018	10/17/	2018		Date (11)				tement, In	C.						
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Occupied	Period of	Abater	ment s			City, S	osen tate, Z	ss gren Aver lip Code NJ 07512	nue						
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demoli				×	Fu Mir Glo	II Containmeni-Enclosure	edure					2	
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	Normally Used Solely by Maintenance/ Custodial Staff? (12)			tos Cont thermal surfac	scription aining M systems cing, VAT niscelland	aterial insula T, or	I (ACM) ation,	(Sp	nount pecify or LF)	Kellio	Removal	Repair	Encapsulate	Enclosure
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Basement Wall		X			Vei	miculit	te		80	SF	Х	2			
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP Waller ID 100996		Cubic Yof Was			Name of F				Α			
City, State Fotowa, NJ					Dispos TBD	al Date	13	City, State Morrisvi							
Completed by Oliver Hegedis	Title Proje	ct Ma	nager		Si	gnature	11	<i>y</i>			Date 10/05	12	N18		

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Date of Notification (1) 7/25/2018				f Building Øw Walnut Dev					3 9				
Agencies Notified Type Notification  EPA Initial	1		Street A 820 N	Address Iorris Turnp	ike		1	The state of the s	OCT	12	2018	3	
DEP Amended Amendmen Emergency			City, St. Short	ate, Zip Code Hills				A	- C-C-1-C				
DOH justification Cancellation	)		7777	of Contact / Matarese					ephone N 2-580-9			H	
Name of Facility Where Abatement is Taki	na Place /	51	FAC	ILITY INFORM	MATION	Tuna	e of Facility	(4)				340	
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Street Address						Ħ	Subchapte	er 8 (Oth			Date:		
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Name of Monitoring Firm Hired by Building N/A	Owner (8)		N/A	M No.	ACM	Solu	atement Co utions Se					9	
Street Address N/A						51s	t Street						
City, State, Zip Code N/A					100-237	C	Zip Code rgen NJ 0	7047				19,	
Project Manager for Monitoring Firm N/A				64-9676	Teleph 201-				License 01320				
Start Date (10) 8/6/2018	11/30/2	2018	npletion	Date (11)			SHA Monitor onmental		atories				
Occupancy Status During Abatement (Che					ess ite 22 We	oct							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 7:00 AM to 4:00 PM	mal Facility	Abaten Hours	nent		City, S	tate, Z	Zip Code 07803						$\dashv$
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										+			
Name of Registered Waste Hauler		- N	IDED 14	lasta I o	ubio Varda		News	De el-t		EII			
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City, State Po Box 5670						City, Star 2335 A		ıtter Rd	Beth	ehem	ı PA		
Completed by Galo Zumba	Title Princ	ipal	pal				Ecuel	ba	1322	Date 7/25/2	018		



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Date of Notification (1) 7/25/2018				f Building ( Walnut [						E	G	E		V L	
Agencies Notified Type Notification	1	1	Street A	ddress											and the same of th
EPA Initial DEP Amended Amendmer	nt #	-		lorris Tur ate, Zip Co Hills					120		OCT	_1.7	2 21	)18	
Emergency justification	(including)	_	Name o	f Contact / Matare	se						ne Nun				
E concentre				ILITY INFO		ON			Cardina Service Andrews	ACCEPTANCE OF		Connections	O-Gall - Se		-
Name of Facility Where Abatement is Taki Private property Street Address	ng Place (3	3)						of Facility (4 School (K-1 Subchapter Other (i.e. p	, 2) 8 (Oth				dings.	home	es,
City (5) Clark					12/2		€	etc.) e Feet		f Floo		Е	ildg. A		
County (6) Union County		T		Code (7) USE ONLY)			Curre	nt Use (Prid	or if bei	ng de	emolish	ned)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN N/A	M No.		1 CONTRACTOR STATE		ement Con ions Ser		920000					
Street Address N/A						Street A		s Street							
City, State, Zip Code N/A						City, Sta North		p Code en NJ 07	7047						
Project Manager for Monitoring Firm N/A	ect Manager for Monitoring Firm						one No 52-96			Lice 013	ense N 320	0.			
Start Date (10) 8/6/2018	Schedule 11/30/2		npletion	A Monitor Imental L	abora	atori	es								
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			-												
Name of Designand Wests Holle			100011	for a to		V /									
Name of Registered Waste Hauler Newark Carting Inc		Н	JDEP W auler ID 4509	(000) (000)	2000 Per 000 0000	Cubic Yards of Waste Name of Registered Landfill ISES Bethlehem Rd Landfill									
City, State Po Box 5670					Dispos	sal Date		City, State 2335 Ap		utter	Rd B	ethle	hem	PA	
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Agencies Notified Type Notification				Address	evelopers	LLC			5 6	5	U	$\mathbb{V}$	
☐ EPA X Initial			820 N	Norris Turi	npike			1153					
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DOH Emergency justification)		g		of Contact				Telepho	ne Numb	er			
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Name of Facility Where Abatement is Takin	o Place	(3)	FAC	ILITY INFO	RMATION	TT	ype of Facility (4	L	PORTO PORTO	aratikhan	apain apain		ro i
Private property		(-)				1	School (K-12						
Street Address						×	Subchapter 8	Other tha		buildi	ngs,	home	es,
City (5) Clark						So	quare Feet	# of Floo	ors	Bio +5	ig. A	ge	
County (6) Union County				Code (7) USE ONLY)		Cı	urrent Use (Prior		emolished	1)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.	Nam	ne of A	Abatement Contr	actor (9)					
N/A			N/A				olutions Serv						
Street Address N/A						et Add	dress 1st Street						
City, State, Zip Code N/A							e, Zip Code ergen NJ 070	)47					
Project Manager for Monitoring Firm N/A			Telepho 973-7	one No. 64-9676	- 4	phone 1-552	e No. 2-9685	Lice 013	ense No. 320				
Start Date (10) 8/6/2018	Schedu 11/30/		npletion	Date (11)			OSHA Monitor ironmental La	aboratori	es				
Occupancy Status During Abatement (Chec					5 JESSOS1	et Add	dress oute 22 West					8-22	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7:00 AM to 4:00 PM	Period of al Facilit	Abaten y Hours	nent S		City,	State	, Zip Code						
Scope of Work (Check All That Apply)					– Uni	ion N	IJ 07803						
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ELECTRICAL STATE OF THE PARTY O	Renova Demolit				×	Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (	dure					
8 (0) (2)	1	s Locati Normal									bate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole aintenar stodial S (12)	ly by nce/ Staff?	(i.e. th	Descriptions Containing sermal system surfacing, Vother miscelland	Materns ins	sulation, r	Amoun (Specify SF or LF	20	Removal	Repair	Encapsulate	Enclosure
1st floor bathroom	Yes	No	N/A	00								Ф	
front office			X		een floor t			20 SF		-			
window sashes	777	X		beige floor			280SF		-				
Main roof					rior windo			212LF		-			
Name of Registered Waste Hauler		I N	JDEP W		oof and fla		9 Name of Re	3900 S	200				_
Newark Carting Inc		Н	auler ID 1509	0.0000000000000000000000000000000000000	of Waste		ISES Bet			dfill			
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Completed by Galo Zumba	Title Princ	ipal			Signatur	re	Ecort.	PC1	Date 7/25/	/201	8		

Print Form

E (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) October 8, 2018 The Valley Hospital Agencies Notified Notification Type Street Address X EPA ASPERTOS CONTROL & x Initial Notification 223 North Van Dien Avenue D DCA Amendment City, State, Zip Code x DOL Emergency (including Ridgewood, NJ 07450-2736 X DEP justification) Name of Contact Telephone Number x DOH William Stasiak 201-447-8141 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Valley Hospital ☐ School (K-12) Cheel 2<sup>nd</sup> Floor - Janitors Closet ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 223 North Van Dien Avenue Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): Hospital Ridgewood (State Use Only) Bergen Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Colden Corporation GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 28 Washington Street **511 MAIN STREET** City, State, Zip Code City State, ZipCode Ballston Spa, NY 12020 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Miades 347.435.3561 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor October 19, 2018 October 21, 2018 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1056 Stelton Road Describe City, State, Zip Code Piscataway, NJ 08854 Other - Describe: Source of Work (Check all that apply) x Full Containment with Negative Pressure  $\geq$  3 sf or  $\geq$  3 lf Renovation Mini-Enclosure  $\square \ge 160 \text{ sf or } \ge 260$ Demolition Glovebag Procedure Non-Exempted (\*) and Non-France Fracedure Location of Asbestos-Containing Is Location Normally Used Solely Description of Asbestos Amount Abatement Type Material (ACM) in Facility (13) by Maint./Custodial Staff? (12) Containing Material (ACM) (i.e. (Specify SF Remove Repair Encap Enclose YES NO NA thermal systems insulation, or LF) surfacing, VAT, or other miscell.) Cheel 2<sup>nd</sup> Floor X Janitors Closet VAT & Mastic 12 sf IXI Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Langfill Cubic Yards of Waste: See Hauler Below # 1 & 2 See Below Meadowfill Landfill/GROWS City. State Route 2, Box 68 Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date October 21, 2018 NJ DEP # 12561 Bridgeport, WVA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 304-842-2784 Completed by (Print or Type) Signature Marin Graure SENIOR PROJECT October 8, 2018 Marin Graure MANAGER

ofication of Asbestos Abatement

State of New Jersey

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NO October 9, 2018 Agencies Notified Notification Type Street Address Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. ☐ EPA X Amended Notification #1 -27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ DCA additional work area and City, State, Zip Code X DOL quantity and new completion PISCATAWAY, NJ 08854 □DEP - No Longer REQUIRED date Name of Contact Telephone Number X DOH Michael Smith ENV HEALTH & ■ Emergency (including 848.445.2550 SAFETY justification) □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Medical Science Bldg # 7257 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address **RBHS Newark Campus** Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 8 Bldg. Age: 60 years City (5) County (6) County Code (7) Newark Essex (State Use Only) Current Use (prior if being demolished): Academic Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor October 12, 2018 October 22, 2018 Envirovision, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -20-21, Bldg E Wagaraw Road City, State, Zip Code ☑Other - Describe: 5pm - 5am -(24 hrs & Weekends as Fairlawn, NJ Needed) PHASE I (F607C&D) 10/12 - 10/15, PHASE II (G538) 10/19 - 10/22 Source of Work (Check all that apply) ☐Full Containment with Negative Pressure  $\square \ge 3 \text{ sf or } > 3 \text{ lf}$ X Renovation ☐Mini-Enclosure  $\boxtimes \geq 160 \text{ sf or } \geq 260$ □ Demolition ☐Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Location of Asbestos-Containing Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA F607C X VAT 70 sf X F607D X VAT 100 sf X G538 X VAT 150 sf X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below **GROWS North Landfill** 20 CYDS Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State October 22, 2018 100 New Ford Mill NJ DEP # 12561 Road, Morrisville, PA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 19067 215-736-1700 Completed by (Print or Type) Signature Raymond C. Pedalino SENIOR PROJECT October 9, 2018 Raymond C. Pedalino MANAGER

State of New Jersey - Notification of Asbestos Abatement E C E I

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

OCT 1 2 2018

Date of Notification (1)					Name of Building Owner	Operator (2)			ì
October 2, 2018		T			RUTGERS, THE S	TATE UNI	VERSITY	OF NJ	
Agencies Notified		Notification			Street Address		ACEC		
□ EPA		IX Initial			ENVIRONMENTAL				
DCA		Amende			27 ROAD 1, BLDG	4086, LIV	INGSTON	I CAMPUS	5
■ DOL		☐ Emerg		including	City, State, Zip Code				
DEP – No Longer REQUIR	).ED	justific			PISCATAWAY, NJ	08854			
MDOH - No Longer REQUIR	KED	☐ Cance	lled		Name of Contact			e Number	
, MEDON					Michael Smith ENV HE	ALTH &	848.44	5.2550	
				FACILITY IN		-			
Name of Facility Where Abatem	nent is Tal	king Place (3)		777012177777	Type of Facility (4)				
Medical Science Bldg	# 7257				School (K-12)				
Street Address					Subchapter 8 (other tha	n K-12)			
RBHS Newark Campu	9				Other (i.e. private & cor		inas, homes,	etc.)	
	3				Sq. Feet: Unknown	# of Floors		ig. Age: 60	vears
The second secon	County (6)	)		Code (7)		-			o Secondario
Newark	Essex		(State	Use Only)	Current Use (prior if bein	g demolished	): Academ	ic	
arme of Monitoring Firm Hired		Owner (8)	ASCM		Name of Contractor (9)				
ATC ASSOCIATES			0098		GREENWOOD ABA	TEMENT	ONSIIIT	ANTS INC	
eet Address					Street Address	LIVILIAL	ONSOLI	ANTO, INC	
3 TERRI LANE									
					511 MAIN STREET				
State, Zip Code					City State, ZipCode				
BURLINGTON, NJ 080					Butler, NJ 07405				
Project Manager for Monitoring	<u>Firm</u>	Telephone N 609-386-8			Telephone Number		License N	umber	
SKIAN KEAKNI		009-300-0	0000		973-492-0477		00840		
Scheduled Start Date (10)		Scheduled C	ompletio	n Date (11)	Name of OSHA Monitor		00040		
October 12, 2018		October 1							
					Envirovision, Inc.				
Occupancy Status During Aba					Street Address				
Facility Closed/Vacated Abatement Performed (	During E	ntire Period o	f Abater	ment	20-21, Bldg E Waga	raw Poad			
Describe	Juiside Oi	NOITIAI Facil	ity nour	S -	City, State, Zip Code	i aw ixoau			
☑Other - Describe: 5	om – 5a	am –(24 hr	s & W	eekends as	<u> </u>				
Needed)					Fairlawn, NJ				
Source of Work (Check all that a	apply)								TO THE REAL PROPERTY.
_				1200		☐Full Conta	inment with	Negative Pre	SSUTE
□≥ 3 sf or ≥ 3 lf	_			X Renovation		Mini-Enclos			
$\boxtimes \geq 160 \text{ sf or } \geq 26$	0			Demolition		Glovebag			
41	1 1- 1			D 10 11		X Non-Exem			Procedure
cation of Asbestos-Containing		cation Normally y by Maint./Cu			pestos Containing Material al systems insulation, surfaci	ng, (Specif		atement Type	
Material (ACM) in Facility (13)	Staff		otodidi	VAT, or other mise		or LF)	Rer	nove Repair E	ncac I voma
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F607C		X		VAT		70 sf	X		i
F607D		X		VAT		100 s	f X		
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste	e Hauler	ID#	Cubic Yards of Waste:			egistered Lan	
		See Below			10 CYDS		GROWS	North Land	lifit
Hauler #1) Greenwood Al		t Consultar	nts, Inc	Butler, NJ 0	7405	Disposal Da		City, State	
NJ DEP # 1256						October 15	, 2018	100 New F	risville, PA
Hauler #2) Newark Cartin	g, Inc. –	Newark, NJ	04509, 1	NJ DEP # 19551				19067	ing time, time
								215-736-1	700
Completed by (Print or Type)	1 =	itle			0'				
Raymond C. Pedalin		itle ENIOR PR	O IEC	т	Signature		Date Octobe	w 0 0040	
Raymona 6. Fedalili		MANAGER	COEC	, 1	Raymond C. Pedalino		Octobe	er 2, 2018	
GAC # 2019 060	IV	MINAGER							

		tate/of N		D - Norifi	cation of Asbestos	Abatema		-	# 3	(F) (F)	7 W.W.
					. 8:60-7 and 12:120-7)		TE C	2 E	<u> </u>	V E	
GAC Project # 060-18  Date of Notification (1)					Name of Building Owner	(Operator (2)	3				
Octob	er 9, 201				RUTGERS, THE S	TATE UNI	VERSIT	ebf1	N2 20	018	
Agencies Notified		Notification XInitial		tion	Street Address						
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D DCA		☐ Emerg			City, State, Zip Code PISCATAWAY, NJ		, EIVIIIC	TKAT	OF 1		- 1 1
DEP- No Longer REQU	IRED	□Cance			Name of Contact		Telephor		-		
E DOH					MICHAEL F. SMITH HEALTH & SAFET		848-44	5-255	0		
Name of Facility Where Abate	ement is Tak	ing Place (3)	<del></del>	FACILITY INF	Type of Facility (4)						
WRIGHT REIMAN CH			\$ 3556		School (K-12) Subchapter 8 (other tha	n K-12)					
Street Address BUSCH CAMPUS					Other (i.e. private & co				0+ yea	ars	
City (5) PISCATAWAY	County (6)	LESEX		Code (7) Ise Only)	Current Use (prior if bein		3	700	-		
Name of Monitoring Firm Hire	l d by Bldg. C	Owner (8)	ASCM N		Name of Contractor (9)						
ATC			00098	8	GREENWOOD ABA	TEMENT	ONSIII T	ANTS	INC		
Street Address					Street Address	TEMENTO	ONSOLI	AIVIO	, IIVC		
3 TERRI LANE					511 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ	08016				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitorin BRIAN R. KEARNEY	<u>ig Firm</u>	Telephone 1 609-386	20/20/07/20/20/20/20		Telephone Number		License N	lumber			
					973-492-0477		00840				
Scheduled Start Date (10) 10/19/18		Scheduled (10/22/18		n Date (113	Name of OSHA Monitor ENVIROVISION, INC	C.					
Occupancy Status During A  Facility Closed/Vacated D					Street Address 20-21 WARGARAW	ROAD BI	DG# 35E				
□Abatement Performed Ou				8		NOAD, BL	DG# 33L	<u> </u>			
Describe:	EDM	FAM Dail	. (24 110	LIDC 8	City, State, Zip Code FAIRLAWN, NJ 074	10					
☑ Other- Describe: Schede WEEKENDS AS NEEDE		- SAIVI Daliy	/ (24 HO	UKS &	1 AIREA 111, 110 014	10					
				91							
Scope of Work (Check all that	apply)				-	7	2 12. 1	v 007	-		
□≥ 3 sf or >3 lf			IS	Renovation		IFull Containı I Mini-Enclos		Negativ	e Press	sure	
≥ 160 sf or ≥ 2	260 If			Demolition		Glove bag F	2002	Wrap &	& Cut		
Landing of Asharts October						Non-Exemp					ure
Location of Asbestos-Containi Material (ACM) in Facility (13)		cation Normal y by Maint./Cu			estos Containing Material al systems insulation, surfaci	ing, (Specif	v SF	oatemer			
	Staff? YES		NA	VAT, or other miso		or LF)	Re	move F	Repair E	ncap E	Enclose
Suite 142		X		VAT		1400	SF X				
Name of Reg. Waste Hauler		NJDEP Was	to Hauler	ID#		00.01/	Nome of F	2 = 2 = 4 = 2		acii	
See Hauler Below #1 &	2	See Below		1 <u>0</u> #	Cubic Yards of Waste:	30 CY	Name of F				II
Hauler #1) Greenwood Abate	ement Consu	ıltants, Inc. –	Butler, N	J 07405		Disposal Dat	<u>e</u>		y, State		
NJDEP # 12561 Hauler #2) Newark Carting,	Inc., Newarl	k, NJ 04509				10/22/201	0	1 1	New F		
NJ DEP# 4509						10/22/20	O	100000	067 5-736-1	700	

Signature

Raymond C. Pedatino

Date

October 9, 2018

MANAGER

SENIOR PROJECT

Completed by (Print or Type)
RAYMOND C. PEDALINO

State of New Jersey - Notification of Asbestos Abatement

Our suant to NJAC. 8:66-7 and 12:120-7)

GAC Project # 060-18		1	17					13				
Date of Notification (1)		Grade (	n n	L		Name of Building Owner	Operator (2	2)			0044	
						RUTGERS, THE S	TATE UN	<b>IIVERS</b>	ITY O	finj 2	2018	3
Agencies Notified  EPA DCA		Notification Initial Amend	Notifica ded Not	ificatio		Street Address ENVIRONMENTAL 74 STREET 1603, I						
X DOL		■ Emerç iustifi	gency ( cation)	iriciuai	ng	City, State, Zip Code PISCATAWAY, NJ	08854	-	MINDSHALLS - TO	C. COMBONO.	en en en en	e
☑ DEP- No Longer REQUIRED ☑ DOH		□Cance				Name of Contact MICHAEL F. SMITH HEALTH & SAFET	H, ENV.	0/10/10/05	ohone N -445-2			
N				FA	CILITY IN	ORMATION						
MARTIN HALL, BLDG# 6		ig Place (3)				Type of Facility (4)  School (K-12)  Subchapter 8 (other tha	n K-12)					
Street Address COOK CAMPUS						Other (i.e. private & co					ars	
		ESEX		Code (7 Jse Only		Current Use (prior if bein	g demolish	ed): AC	ADEMIC	;		
Name of Monitoring Firm Hired by ATC	Bldg. Owi	rner (8)	ASCM 0009			Name of Contractor (9)						
Street Address	AMPUS  UNSWICK  County (6)  MIDDLES  mitoring Firm Hired by Bldg. Owner  SS  LANE  Cip Code CTON, NJ 08016  ager for Monitoring Firm  KEARNEY  KEARNEY  Tele  60  10/  Status During Abatement (Checklosed/Vacated During Entire Periodel)					Street Street	TEMENT	CONSU	JLTAN	TS, INC	•	
	October 9, 2018 S Notified  Notifie					511 MAIN STREET						
BURLINGTON, NJ 08		T-1				City Same ZipCode BUTLER, NJ 07405						
BRIAN R. KEARNEY		Telephone 1 609-386				973—92-0477		0084	se Numb	<u>er</u>		
Scheduled Start Date (10) 10/19/18	Address RRI LANE  tate, Zip Code LINGTON, NJ 08016 t Manager for Monitoring Firm AN R. KEARNEY  uled Start Date (10) 0/18  ancy Status During Abatement (Che ility Closed/Vacated During Entire Pe tement Performed Outside of Norma				11)	Name of OSHA Monitor ENVIROVISION, INC	C.	000	+0			
				t	31.50 TO 42 COLUMN	Street Augusts 20-21 WARGARAW		LDG# 3	35E			
						City, State Zip Code						
☑ Other- Describe: Schedule: WEEKENDS AS NEEDED)	5PM – 5	5AM Daily	/ (24 HC	OURS 8	<u>s</u>	FAIRLAWN, NJ 074	10					
Scope of Work (Check all that appl	lv)	10000						1977				
<b>⊠</b> ≥ 3 sf or >3 lf				<b>X</b> Reno <b>J</b> Demo		0	Full Conta Mini-Encl Glove bag Non-Exer	osure Procedu	re / Wra	p & Cut		luro
Location of Asbestos-Containing	Is Locat	tion Normal	ly Used	Descri	ption of Ast	pestos Contaming Material	Amo			nent Type		luie
Material (ACM) in Facility (13)	Staff? (	by Maint./Cu (12) NO	ustodial NA	(ACM)	(i.e. them or other mis	al systems esulation, surfac	ing, (Spe or Li	cify SF )	-	e Repair E		
Room 109		X		Surfa	acing Pl	aster	<2	5 SF	X			
						A DANGER OF THE PROPERTY OF TH						
Name of Reg. Waste Hauler See Hauler Below #1 & 2	1 =	NJDEP Was See Below		· ID #		Cubic Yards of Waste:	5 CY			North L		II
Hauler #2) Newark Carting, Inc., NJ DEP # 4509			Butler, N	iJ 07405			Disposal E			City, State 100 New Rd. Morri 19067 215-736-1	Ford M sville,	
Completed by (Print or Type) RAYMOND C. PEDALING	10.000	e ENIOR PI ANAGER		т		Signature Raymond C. Pe	Edalino	Date Octo	ober 9,	2018		

		ga	- Contraction	-	_									Prir	t Eo
ChMM	N	IOTIFI (P.	CATION	of ASBE to NJAC 8	stos	ABATE	MEN	г	130	E	G			$\mathbb{V}$	
Date of Notification (1) 10-2-2018			Name of Urmila	Building C Gupta	Owner/C	perator	(2)				OCT	1	2 2	010	And the state of t
Agencies Notified Type Notification			Street Ad	ddress					-	ASI	3EST				.8.
EPA Initial Amended  DEP Amended Amendment:	#		100 hills	te, Zip Coo City, NJ		4			Lacoprani				FIN		
X Emergency (in justification) DCA Cancellation	including	-	Name of Mike F	Contact					Tele	ohone	Numl	per			
			FACII	LITY INFO	RMATI	ON			L						
Name of Facility Where Abatement is Taking Residential	Place (3	)					Тур	e of Facility (4							
Street Address					<del></del>		Ħ	School (K-12 Subchapter & Other (i.e. pr	(Other	than	K-12)	build	inas	home	s
City (5)							×	etc.)		Floors			dg. A		o,
Jersey City, NJ 07306							183		2	10010			18+		111-125-64
County (6) Hudson			County C	Code (7) JSE ONLY)			Cur	rent Use (Prior	r if bein	g dem	olishe	ed)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	1 No.				oatement Cont nvironmenta			, LLC	)			
Street Address						Street 235		ress inia Avenue							
City, State, Zip Code				•		City, S	State,	Zip Code City, NJ 0730							
Project Manager for Monitoring Firm			Telephor	ne No.		Telep	hone			Licen	se No				
Start Date (10)			npletion (	Date (11)		Name	of O	SHA Monitor			V. 53				
10-2-2018	10-2-20							nvironmenta	al Ser	vices	, LLC	,			
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire F			nont			Street 235		ress inia Avenue	i.						
Abatement Performed Outside of Norm Other – Describe:					_			Zip Code City, NJ 073	04						
Scope of Work (Check All That Apply)						I									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					- 1	Full Containme Mini-Enclosure Glovebag Proc	edure	Ä					
	Is	Locati	ion				<u> </u>	Non-Exempted	(*) and	Non-	Friable		Abat	ement	
Location of	1	Normal	lly			scription							13	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena todial s (12)	nce/		thermal surfa		ns ins		(S	nount pecify or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	7								_		ite	ю
Roof		Х			Roof	ing ma	teria	al	20	5 SF		х			
				2000											
Name of Registered Waste Hauler		IN	NJDEP W	Vaste	Cubic	Yards		Name of F	Register	red La	ındfill				
Green Environmental Services,		F	Hauler ID 034889	No.	of Wa 5			Fairless	Land						
City, State Jerse City, NJ						sal Date -2018	9	City, State Morrisvi							
Completed by Liliana Serrano	Title Offic	e Mai	nager		C. Antonio	Signatur	e (1	WSepa	16	3	Dat 10	e -2-2	018		

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11/							11
5						- 1	13
1						- 1	1 1

Print Form

Date of Notification (1)			f Building	Owner/C	perator	(2)			-	CT	12	20	18		
10/07/2018 CHECK #0071 Agencies Notified Type Notification			DANN Street A	1 170											
X EPA X Initial			Street A							ASBI	GTC	G G			£.
X DOL Amendment				ate, Zip C AIC NJ											
DOH justification)  Cancellation			Name o	f Contact					Tel	ephone	Num	ber			
Name of Equility Where Abstract is Takin	- DI (f		FACI	ILITY INF	ORMATI	ON	_								
Name of Facility Where Abatement is Takin	g Place (3	5)					Туре	of Facility (	1070 200						
Street Address			***				×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe				dings,	home	es,
City (5) PASSAIC NJ 07055							200000000000000000000000000000000000000	are Feet X100	# of	f Floors L			ldg. A		 S
County (6) BERGEN				Code (7) USE ONLY	n			ent Use (Pri PTY	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	/ No.				atement Cor JTIONS (			ING	INC	;		
Street Address						Street 24 C		ss CH ST		7		110			
City, State, Zip Code								Zip Code DD ,NJ .07	7407						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201-8				Licens 0130					
Start Date (10) 10/22/2018	10/23/2	2018	npletion I	Date (11)				HA Monitor JTIONS (	CONT	RACT	ING	INC			
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F	Period of A	Abaten	nent			Street 24 Cl		ss CH ST						22-23-11	
Abatement Performed Outside of Norm  Other – Describe: WEREHOUSE EMP	al Facility	Hours	3		_			ip Code D ,NJ .07	7407						
Scope of Work (Check All That Apply)							_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emoli					Mi	II Containme ni-Enclosure ovebag Prod	e cedure	J					
	Τ.					×	] No	n-Exempted	d (*) and	d Non-F	riable		cedure Abate		
Location of	l N	Locat Iormal	ly		Des	cription	of						Ty		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Sole intena odial s (12)	nce/	Asbes (i.e.	tos Conta thermal: surfac	aining M	lateria insula T, or	I (ACM) ation,	(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	(D
FIRST FLOOR OFFICE SPACE			X		FLO	OR TI	LE		43	0 SF		X			
Name of Registered Waste Hauler		IN	JDEP W	acto	Cubic	Varde		Name of	Dogisto	rod I on	ASH.				
ATLANTIC CARTING		100000	auler ID		of Was			GRANE							
City, State PEN ARGYL					Disposa TDB	al Date		City, State PEN AF		PA .1	807	2			
Completed by LUIS ARCILA	Title PRES	SIDE	NT		Si	gnature			1		Date 10/		018		
ASB-41 (R-06-08)						* Do no	t use t	his form for	asbesto	os licen	sure (	exem	pted a	activit	ies.

10678.10679			OTIF	CATI	State of ON OF A lant to N	SBES	ersey TOS AB/ 60 and 5:	ATEMENT	DE C				4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Date of Notification (1)	/	18		Na F	me of Build	ding Ow	ner/Operator # 1810-539	r (2) 95 Check #106	76,10678,1067	9,1068	o <sup>20</sup>	18	
Agencies Notified Type N  ☑ EPA ☑ Initi	otification	on		Str	eet Addres	s			ACDEGE				1
☑ DOLWD ☐ Am					000 Hadl		ad		P.2 3255354			4.1	
	endment	#		1 000	/, State, Zip				The second second	CANADA COMPANY CO	w	97.41	
	ergency		ing		outh Plai	December of the Control of the Contr	, NJ						
	fication) cellation				ne of Conta lark Dom				Telephone N				
			11						201-206-0	1998			
Name of Facility Where Abatemer	nt is Tak	ing Pla	ce (3)		ACILITY	INFOR	MATION	Time of Facility					
PSE&G- Waldwick Switchi			00 (0)					Type of Facilit ☐ School (K-					
Street Address								☐ Subchapte	r 8 (Other than K	-12)			
5 Bohnert Place									private and com	mercial I	buildi	ngs,	
City (5)								homes, etc	# of Floors	- 1	Bldg.	۸۵۵	
Waldwock, NJ								Oquale 1 eet	# 01 110015	1	olug.	Age	
County (6)	1082-11-			Co	unty Code	(7)(STAT	E USE ONLY)	Current Use (F	Prior if being dem	olished)			
Bergen								Switching					
Name of Monitoring Firm Hired by	Building	Owne	r (8)	ASC	Л No.	Nam	ne of Abatem	ent Contractor (9					
Health & Safety Services						Al	bateTech, l	Inc.					
Street Address						Stree	et Address						-17/6
PO Box 365						30	Maple Ave	e. PO Box 25					
City, State, Zip Code						City,	State, Zip C	ode					
Berlin, NJ 08009						Lu	ımberton, I	NJ 08048					
Project Manager for Monitoring Firm	n			lephone		A constru	phone No.		License No.				
Jim Proctor Start Date (10)	101				4-8850		9-265-2107		00529				
	_	11_	/:		ate (11) 18	A MARKET STATE OF	e of OSHA N ISL Analyt						
Occupancy Status During Abateme							et Address						
☐ Facility Closed/Vacated During B☐ Abatement Performed Outside of	Entire Pe	eriod of	Abate	ement		20	0 Route 13	0 North					
Time of Abatement:AM-	P	M/	PM	irs - De  -	SCRIDE AM	Control of the Control	State, Zip Co						
Scope of Work (Check all that apply					- 486	Cir	naminson	i, NJ 08077					
To The Control of the	)						⊠ Full Cont	ainment with Ne	gative Pressure				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emoliti	50.0011-0.00			☐ Mini-Enc	losure Procedure	on-Friable Proced	lure			
<u>(</u> ) 1,222 1 94		10.0	Loca								atem	ent T	уре
Location of Asbestos-Containing Material (A	CM)	600.07	Norma ed Sol	ally ely by	A-h-		Description of		<b></b>		_	_	-
TO BE ABATED	OWI)	Ma	intena	ince/	(i.e	therm	ontaining Mat nal systems i	nsulation.	Amount (Specify	Removal	Repair	ncar	nclo
IN Facility (13)		Cus	todiai (12)	Staff?		sur	facing, VAT,	or	SF or LF)	val	-	Encapsulate	Enclosure
(13)		Yes	No	N/A	1	otne	r miscellaned	ous)				ate	
SEE ATTACHED					SEE AT	TACH	ED		SEE		П		
									ATTACHED		12	-	1
			_										
Name of Registered Waste Hauler					0/	0							
Environmental Transport Gro	oup, IN	C.	11/1/22	JDEP \ auler II 00069	No.	Cubic Waste 40	Yards of	Name of Regis					
City, State							sal Date	City, State					
Flanders, NJ						11/5	5/18	Morgantov	vn, PA				
Completed By (Print or Type)	Title					S	ignature			ate .			
Gwendolyn Trumbetti SB-41	0	perati	ons (	Coordi	nator		CMU	A		1011	10/1	8	

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

Childel 2	_	N	OTIF	CAT	on ar a	SE	w Jersey ESTOS AB 8:60 and 5	ATEMENT E	CEIT				
Date of Notification (1)  10 / 9	1	18					Owner/Operato	or (2)	Check#1 2030	118.			
							munications	7°J09 # 0	Sneck# PG3	or4	Che	ek#	1061
	e Notifica Initial	ation			eet Address			1	250500		J.,	,	
	Amended						od Avenue	AS	PERTOR CONT	ROL.	Š.		
	Amendme			1 8	y, State, Zip			-		menter :	A man of	- 1	
	Emergeno		ling		enkintow		PA 19046		2.301				
	iustificatio Cancellati				me of Conta				Telephone Nu	mber			
	ancellati	on		A	lex Baylo	or			301-583-0	048			
N				F	ACILITY	INF	ORMATION						
Name of Facility Where Abater	ment is Ta	aking Pla	ice (3)					Type of Facility	y (4)				-
Verizon Market CO								School (K-					
Street Address								Subchapter	8 (Other than K-	12)			
95 William Street								homes, etc	private and comm	iercial	buildii	ngs,	
City (5)								Square Feet	# of Floors	Ti	Bldg.	Age	
Newark										- 1		.50	
County (6)				Co	unty Code (	(7)(S	TATE USE ONLY	Current Use (P	rior if being demo	lished)			
Essex							ŕ	Offices	Joing doine	iionou)			
Name of Monitoring Firm Hired	by Buildin	ng Owne	r (8)	ASCI	M No.	N	lame of Abaten	nent Contractor (9	)				
USA Environmental							AbateTech,		<b>'</b>				
Street Address						s	treet Address						
8436 Enterprise Ave.								e. PO Box 25					
City, State, Zip Code						C	ity, State, Zip C						
Philadelphia, PA 19153							Lumberton,						
Project Manager for Monitoring	Firm	100000	Te	ephone	e No.	T	elephone No.	710 00040	License No.				
Mark Jenkins	10		1000000		5-5810		609-265-210	7	00529				
Start Date (10)	Sch	heduled (					ame of OSHA		00329				
8 /25 /17_	-   -	10	/ _3		18	1000	EMSL Analy						
Occupancy Status During Abate						St	reet Address						
Facility Closed/Vacated Durin	ng Entire	Period of	Abate	ment			200 Route 13	80 North					
Abatement Performed Outsid Time of Abatement: 7AM-3:3	e of Norn	nal Facili	ty Hou	rs - De	scribe	Ci	ty, State, Zip C	ode					-
		IVI-ZAIVI					Cinnaminsor	n, NJ 08077					
Scope of Work (Check all that ap	oply)						M= "0						
≥3 sf or ≥3 lf		⊠ Re	enovat	ion			Mini-End     Mini-End	tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			emoliti	on			⊠ Gloveba	g Procedure					
		1	. 1				Non-Exe     Non-Exe	mpted (*) and No	n-Friable Procedu	ire			
Location of			s Loca Norma				D			Ab	atem	ent T	уре
Asbestos-Containing Material	(ACM)		ed Sol		Asbes	stos	Description of Containing Ma	terial (ACM)	Amount	Re	Re	En	En
TO BE ABATED  IN Facility			intena todial	nce/ Staff?	(i.e.	., the	ermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
(13)		000	(12)	otan:			surfacing, VAT ther miscellane		SF or LF)	<u>a</u>		sula	sure
		Yes	No	N/A		O	mer miscenarie	ous)			_	ate	"
G Building N. Elevation Brad	dford Pl				Exterior	ve	rtical vent ca	ulking	430 LF		П	П	
													-
1		-				_					Ш	Ш	Ш
		Ш											0
			-0-							10	O	П	
Name of Registered Waste Haule	r		0.555	JDEP V			oic Yards of	Name of Regist	ered Landfill				_
AbateTech, Inc.			H	auler II 18750		Wa 4	ste 0	G.R.O.W.S.					
City, State			-				posal Date	City, State					
Lumberton, NJ						1	0/31/18	Tullytown,	PA				
Completed By (Print or Type)	Tit	le					Signature		/ Da	te		10 TO	
Gwendolyn Trumbetti	(	Operati	ons (	oordi	nator		The second second	SW		101	9	118	5

16 1015	$\bigcap$		NO	TIFI	dATH	State of	Ne SB	HSTOB ABA	TEMENT		$\bigcap$	E	6	5		$\mathbb{V}$	
Chilly	!			(	Pursi	rant/ton	JA	8:60 and 5:	16)		X						
Date of Notification (1)	-				11		1	Owner/Operator	7.	1	Ш	-	TOP	4	2 2	040	
	10 /	18			194				(2) 3 Check #106	77	1 4		161	1	<i>L L</i>	.010	and the second second
Agencies Notified	Type Noti	ification			Str	eet Addres	s			+		ACR	EQTA	70.1	V 16	3 -1	!
⊠ EPA					6	905 Rock	ded	lae Drive				P-3 0 -4		.63	115		
⊠ DOLWD	☐ Amend	12000000 V				, State, Zip		The state of the s		400		ACCESSED TO THE PARTY OF THE PA	7.00	***************************************	No. of Section 1		100
☑ DHSS □ DCA	Amend ☐ Emerg	dment #_	de alle	-	- 1	Bethesda,											
(NJAC 5:23-8)	justific	ation)	iuair	ig		ne of Conta				-	Tolon	hone	Mumb	201			
	☐ Cance	0.00 K 10.00 K 100 K			В	usiness	offi	ce			100000	0-694					
								ORMATION			241	7-034	-430	9			
Name of Facility Where Ab	patement is	s Taking	Plac	e (3)	_			ORMATION	Type of Facility	v (4)	1				_		
Monmouth Service A	Area								School (K-1	300	,						*
Street Address									☐ Subchapter	8 (	Other	than I	K-12)				
Garden State Parkwa	ay Mile P	ost 100	NB	/SB					Other (i.e., homes, etc.		ate a	nd con	nmer	cial b	uildir	igs,	
City (5)									Square Feet	.)	# of	Floors		Τp	Ida	^~~	
Wall Township									oquare i eet		# 01	F1001S	9		lldg. A	4ge	
County (6)					Co	untv Code	(7) <i>(</i> S	TATE USE ONLY)	Current Use (P	rior	if hai	na dor	maliak	2047			
Monmouth					1			2 002 011217	Service Pla		ii bei	ng uei	1101151	ieu)			
Name of Monitoring Firm H	ired by Bu	ilding Ow	ner	(8)	ASCI	Л No.	IN	Jame of Ahatem	ent Contractor (9	-							
Hillaman Consulting,		(74)			I CESTO		1	AbateTech, I		')							
Street Address	<u> </u>		36.00				S	treet Address			_						-
PO Box 385								30 Maple Ave	PO Box 25								
City, State, Zip Code			_				10	ity, State, Zip Co									
Oceanville, NJ 08231								Lumberton, N									
Project Manager for Monitor	ring Firm		-	Tel	ephone	No.	T	elephone No.	10 00040	-	Licon	ise No			_		
Craig Downs				1		1-2302	"	609-265-2107				529	١.				
Start Date (10)		Schedule	ed C	1			N	ame of OSHA M			00.	323					
10 /23 /	18					18	10000	EMSL Analyti	50.00.50								
Occupancy Status During Al	batement (	Check o	nlv o	ne)			+-	reet Address									
☐ Facility Closed/Vacated [	During Ent	ire Period	d of A	Abate	ment		100000	200 Route 130	North								
☐ Abatement Performed Ou	utside of N	ormal Fa	cility	Hou	rs - De	scribe		ty, State, Zip Co									
Time of Abatement:	AM	PM/_		_PM		_AM		Cinnaminson									
Scope of Work (Check all that	at apply)							0	140 00077						-		
☐ ≥3 sf or ≥3 lf			l D						ainment with Neg	gativ	e Pre	ssure					
≥160 sf or ≥260 lf				novat				☐ Mini-Enclo									
								☐ Non-Exen	npted (*) and No	n-Fr	riable	Proce	dure				
				Local										Aba	atem	ent T	vpe
Location of Asbestos-Containing Mat	erial (ACM	1)		orma I Sole	ely by	A = h =		Description of					Ī	R	D	m	т
TO BE ABATE			Mair	ntena	nce/	(i.e	the	Containing Mate	erial (ACM)			ecify		Removal	Repair	nca	nclo
IN Facility (13)			Justo	(12)	Staff?			surfacing, VAT,	or			or LF)		oval	7	Encapsulate	Enclosure
(13)		V	es	No	N/A	1	of	ther miscellaneo	us)							late	0
Exterior Foundation Wal	lle			10000000	П							- 14 F	_				
Exterior i oundation war								vaterproofing			8,60	0 SF		$\boxtimes$			
The second second																	
															П	П	П
							212-00						-				$\overline{\Box}$
Name of Registered Waste H	auler			N	JDEP \	Vaste	Cul	bic Yards of	Name of Regist	tere	d Lan	dfill			Ц	ш	ш
AbateTech, Inc.				Н	auler II		Wa	ste	G.R.O.W.S.								
City, State					18750			oposal Date	City, State	30. m.		en.					
Lumberton, NJ								1/23/18	Tullytown,	РΔ							
Completed By (Print or Type)		Title					- 6	Signature	,		- 10-12		Det-				
Gwendolyn Trumbetti			atio	ns C	oordi	nator		Signature	1			1	Date	1	ı	10	
SR-41		- 1 1.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	20-00-				I (Mu	/1				10	111	51	18	

00 (4)		NO	OTIF	CATI (Pursi	ON OF A	SBESTOS ABA JAC 8:60 and 5:	TEMENT 16)	DEC			<u>V</u>	
Date of Notification (1) 10 / 4	/ 1	8				ing Owner/Operator alley Sewerage		#1999 E2 DCL	1.2	<u>"</u> 20	10	
Agencies Notified Type N	Notification				eet Address		Additionly/ Job	#1808-5363° CI	neck	# 40	10	-
⊠ EPA ☐ Initi						: Hazelwood Aven	Ī	ASPESTE	0.0			
☑ DOLWD ☑ Ame	ended			-			ue	ASPESTO	( )	1017	( U. f	Žį.
	endment #				y, State, Zip			7 20 10 10 10 10 10 10 10 10 10 10 10 10 10			Water .	H2.54
DCA Eme	ergency (in ification)	nclud	ing	_	Rahway, None of Conta					7.		
	cellation			1900		570		Telephone Nur			2004	
					ohn Buon			732-388-08	68 E	xt. 23	31	
Name of Facility Where Abatemer	nt is Takin	g Pla	ce (3)		ACILITY	NFORMATION	T=					
Rahway Valley Sewerage A			00 (0)				Type of Facility					
Street Address	tatriority						School (K-1	2) 8 (Other than K-1)	2)			
1050 East Hazelwood Aven	1110						Other (i.e., p	orivate and comme	ercial I	buildii	nas.	
City (5)	iue						homes, etc.	)			3-1	
Rahway, NJ 07065							Square Feet	# of Floors	E	3ldg.	Age	
County (6)												
Union				Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pr	rior if being demoli	shed)	9		
Name of Monitoring Firm Hired by	D.::14: C		(0)	1			Public Build					
Briggs Associates	building C	wnei	r (8)	ASC	ИNo.	Name of Abateme	433					
Street Address						AbateTech, I	nc.					
3 Crosswicks Street						Street Address						
City, State, Zip Code						30 Maple Ave	. PO Box 25					
Bordentown, NJ 08505						City, State, Zip Co						
Project Manager for Monitoring Firm			1-		APP   100 mm	Lumberton, N	IJ 08048					
Mike hoodak	П		-	ephone		Telephone No.		License No.				
Start Date (10)	101/				8-5520	609-265-2107		00529				
8////18					ate (11)	Name of OSHA M						
/				0_/		EMSL Analyti	cal					
Occupancy Status During Abatemen	nt (Check	only	one)		and the same of th	Street Address						
Facility Closed/Vacated During E	ntire Peri	od of	Abate	ment		200 Route 130	) North					
Abatement Performed Outside of Time of Abatement:AM	Normal F	-acilit /	y Hou	rs - De	scribe	City, State, Zip Co.	de					
					_AIVI	Cinnaminson,	NJ 08077					
Scope of Work (Check all that apply	)											
≥3 sf or ≥3 lf	0	⊠ Re	novat	ion		☐ Full Conta	inment with Neg	ative Pressure				
≥160 sf or ≥260 lf		] De	molitic	on			Procedure					
		1.			1		npted (*) and Nor	-Friable Procedur	е			
Location of	1		Locat Norma				1		Ab	atem	ent Ty	уре
Asbestos-Containing Material (A)	CM)	Use	d Sole	ely by	Asbes	Description of tos Containing Mate	erial (ACM)	Amount	Re	Re	E	m
TO BE ABATED IN Facility		Cust	intena todial	nce/ Staff?	(i.e.,	thermal systems in	sulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
(13)		Ousi	(12)	otan:		surfacing, VAT, o		SF or LF)	val		lus	sure
	,	Yes	No	N/A	1	other miscellaneou	us)				ate	
See Attached	Г				See Atta	chod		2 44 1 1	-	_		
					See Alla	cned		See Attached		Ш		
	L											
									П	П	П	П
Name of Registered Waste Hauler				JDEP V	Vaste (	Cubic Yards of	Name of Registe	ared Landfill		Ш		П
AbateTech, Inc.			Ha	auler ID	No. 1	Waste	G.R.O.W.S.					
City, State				18750		40 Disposal Data	5.55460000000000000000000000000000000000	Lanunn				
Lumberton, NJ					[1	Disposal Date 10/10/18	City, State					
Completed By (Print or Type)	Title					100000000000000000000000000000000000000	Tullytown, F	Α		<u> </u>		
Gwendolyn Trumbetti		ratio	nno 0	oordi	note -	Signature	. 1	Date	. 1	,, [	10	
SB-41	Ope	raul	) IIS C	Joruli	idtor	I //	10	de la companya de la	01	41	10	

no ch	N	OTIF	Pursu	ON OF A	New Jersey SBESTOS AB/ JAC 8:60 and 5:	16)	DE			$\mathbb{V}$	
Date of Notification (1)  10 / 3	/ 18		Na	me of Build	ling Owner/Operator	(2)	00	CI_1	2 2	2018	-
Agencies Notified  ☐ EPA ☐ Initial ☐ DOLWD ☐ Amen	tification		Str. 9 City	eet Address 09 Bloom /, State, Zip	s nfiled Avenue	7#1009-5365	ASSE			TP(I)	5.
☐ DCA ☐ Emerg	gency (includ	ling	_		well, NJ 07006				1		
(NJAC 5:23-8) justific	cation)		1000000	ne of Conta			Telephone N	umber	1		
	, add the second			enjamin l	NFORMATION		973-244-2	121	1		
Name of Facility Where Abatement	is Taking Pla	ace (3)		ACILITI	INFORMATION	Type of Facility	v (4)		1		
PNC Bank	1	, 100 to				School (K-1	5 7005				
Street Address		☐ Subchapter	8 (Other than K-	12)/							
185 Ferry Street		/				Other (i.e., homes, etc.)	private and comm	nercial	buildi	ngs,	
City (5)		Square Feet	# of Floors		Bldg.	Δαο					
Newark, NJ							7" 01110010		Diag.	nge	
County (6) Essex	(7)(STATE USE ONLY)	Current Use (P	rior if being demo	olished	)						
Name of Monitoring Firm Hired by Bu	uilding Owne	r (8)	ASCN	Л No.	Name of Abatem		\				
Health & Safety		AbateTech, I		,							
Street Address					Street Address						
PO Box 365	30 Maple Ave. PO Box 25										
City, State, Zip Code					City, State, Zip Co						
Berlin, NJ 08009		Lumberton, NJ 08048									
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No.								
Jim Proctor	-#	609-265-2107		00529							
Start Date (10)	Scheduled	Name of OSHA M	lonitor			-	Tar-city-				
			9_/	18	EMSL Analyti	ical					
Occupancy Status During Abatement	(Check only	one)			Street Address						
☐ Facility Closed/Vacated During En  ☐ Abatement Performed Outside of N	tire Period of	Abate	ment		200 Route 13	0 North					
Time of Abatement:AM	PM/5PN	ty Hou N-	rs - Des	scribe	City, State, Zip Co						
Scope of Work (Check all that apply)	<del>-</del>			/	Cinnaminson	, NJ 08077					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovat						ure			
Location of	1000	s Loca Norma						At	atem	ent Ty	уре
Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	VI) Use Ma	ed Sole aintena todial (12)	ely by ince/	Asbes (i.e.	Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
1st Elear Starrage	Yes	No	N/A							O	
1st Floor Storage Room				Pipe Ins			200 LF	$\boxtimes$			
2 <sup>nd</sup> Floor Storage Room				Pipe Ins	ulation		200 LF	$\boxtimes$			
Jame of Pogisters 4 Mars											
Name of Registered Waste Hauler AbateTech, Inc.			JDEP V auler ID 18750	No.	Cubic Yards of Waste 40	Name of Regist G.R.O.W.S.					
City, State			10750		Disposal Date	City, State					
Lumberton, NJ					10/19/18	Tullytown, I	PA				
Completed By (Print or Type)	Title				Signature	1-		ate			
Gwendolyn Trumbetti 58-41	Operati	ons (	oordi	nator	IXN	18		10	3	18	

_00Ch	N	IOTIFICATIO	State of New Jers N OF ASBESTO: to NJAC 8:60-7 ar	SARATEMENT				) E C E I	IV E			
Date of Notification (1)	Na	me of Building C	wner/Operator (	11-5	<	1 2 5						
10 / 3 /18	_	eet Address	ACCETICALS CO	DRECKATION			6					
Agencies Notified Type Notification	on		ROUTE 10 EAST				11.	0CT 12	2018			
EPA Initial No	tification		y, State, Zip Code									
	d Notification #2		ST HANOVER, N			Later to the second						
X DOL Cancella X DOH On Hold	tion				27.02			ASSESTATION	17334.8			
	ENCY NOTIFICA		me of Contact SSAN NEKOUI		Telephone Nu	mber		Land to the state of	13			
			ILITY INFORMA	TION	862-778-8799							
Name of Facility Where Abatement is Tak	ring Place (3)	TAC	ILIT IN ORWA	Type of Facilit	v (4)				4			
NOVARTIS				School (K								
NOVARTIS				Subchapt	er 8 (Other than	K-12)						
Street Address				Square Feet	private & commo	cl. bldg:			1			
59 ROUTE 10 -BUILDING 434				57,000	2			Bldg. Age 50				
City (5) County (6 EAST HANOVER MORRIS	6)		inty Code (7)	Current Use (Pr		1						
Name of Monitoring Firm Hired by Buildir	na Owner (8)	(STAT	E USE ONLY)	COMMERCIAL	the second secon		6 					
LANGAN	ig Owner (b)		ASCM No.	Name of Abate PAR ENVIRON								
Street Address			1	Street Address		UNATI	ON		-			
300 KIMBALL DRIVE City, State, Zip Code				313 SPOOK RO								
PARSIPPANY, N	IEW JERSEY 07	7054		City, State, Zip					1			
Project Manager for Monitoring Firm		ne Number		Telephone Num		ense Nu	ımher		-			
VIJAY PATEL	973-560			845-369-7500	arriber							
Expected State Date (10) 10 / 5 /18	letion Date (		Name of OSHA		1							
Month Day Year	12 / Month	Day	) /18 Year	QUALITY ENVI	RONMENTAL							
Occupancy Status During Abatement (Check	only one)		1001	Street Address					-			
Facility Closed/Vacated During E Abatement Performed Outside of	ntire Period of A	batement	20ag (100-10	1376 ROUTE 9								
X Other - Describe: FRIDAY 5	PM-1 AM, SAT	. & SUN. 7 A	cribe: M - 12 AM	City, State, Zip (	and a							
			127111		APPINGERS FA	LISN	FW YOR	K 10016				
Scope of Work (Check all that apply)  Demolition	70		X Full Conta	inment with Nega	tive Pressure	,	_,, , , , , ,	10010				
>3SF OR LF	Renovation		Mini-Enclo	t, Procedure								
X >160 SF OR 260 LF			Non-Friabl	e Procedure								
Location of	Is Location		Description of Asi			T	Ahai	tement Type				
Asbestos-containing Material (ACM)	normally used		Containing Materia									
TO BE ABATED	solely by Maint/Custodia	al i	ie. Thermal sys) nsulation, surfacir		(Specify SF or LF)	REMOVAL	ENCAPSUL	ENCLOSUR				
in Facility (13)	Staff (12)		or other miscellar	neous)		Š	R PS	SO				
	Yes No N/A							두   둤				
1ST FLOOR STAIRWEDLL CORRIDOR	l x	FLOOR TI	LE & MASTIC		2,200 SF	x						
					2,200 01	1						
							-					
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							_					
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		-										
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Name of Registered Waste Hauler	NJDEP Waste	Cubic Yard	s of Waste I	Name of Register	red Landell							
NEWARK CARTING, INC.	Hauler ID No.	- Laid raid	(200)	FAIRLESS LAND								
369 RAYMOND BLVD. City, State	913	Diameter		100 NEW FORDS								
NEWARK, NEW JERSEY 07105		Disposal Da 10/5-12/30/	ate /18	City, State MORRISVILLE, F	24 10067		1					
Completed by (Print or Type) Title			Signature /	WORKING VILLE, P	Date	- /	11/	2/10				
BENJAMIN SANCHEZ DIRE	CTOR OF OPE	RATIONS	16	111		1	U/6	7///				

•			NO	TIFICATIO	NOFA	New Jerse ASBESTOS C. 8:60-7 ar	ey S ABATEMENT nd 12:120-7)		15	7	F	C	E	7			
Date of Notification (1)				Na	me of I	Building O	wner/Operator (	2) DRPORATION		以		(0)		<u>u                                    </u>			
10 / 2 /18					eet Add				-	- 1				0 00			
Agencies Notified Type Notificati		59 ROUTE 10 EAST							OCT	1	2 20						
EPA Initial Notification						City, State, Zip Code						0.500					
DEP X Amender X DOL Cancella	d Notifi		1 #1	0.000000	EAST HANOVER, NEW JERSEY 07936						ACI	or or	00.0	VIII.			
X DOH On Hold DCA EMERGENCY NOTIFICATION						ontact ADIE		umber	ASBESTOS CON								
Name of Facility Where Abatement is Tal	kina P	ace (	3)	FAC	CILITY	NFORMA"	TION Type of Facilit	. (4)						30			
NOVARTIS		•	7.4				School (K Subchapt	-12) er 8 (Other thar	n K-12)								
Street Address							X Other (ie. Square Feet	private & comm # of Floors		gs., ho		etc.)	ie .				
59 ROUTE 10 -BUILDING 434							57,000	2				50					
EAST HANOVER MORRIS	AST HANOVER MORRIS (					County Code (7) Current Use (Prior if being dem COMMERCIAL											
Name of Monitoring Firm Hired by Buildin LANGAN	ng Ow	ner (8	3)		A:	SCM No. 99	Name of Abate PAR ENVIRON			TION							
Street Address 300 KIMBALL DRIVE					Street Address												
City, State, Zip Code							313 SPOOK RO										
PARSIPPANY, N	NEW J	ERSE	Y 070	54			City, State, Zip SUFFERN, NE	Code N YORK 10901									
Project Manager for Monitoring Firm				Number			Telephone Num		cense I	Numbe	er	1					
VIJAY PATEL			560-4		845-369-7500						Ī	1					
xpected State Date (10) Sched. Completion I					(11) 0	/18	Name of OSHA QUALITY ENVI										
Month Day Year	M	onth	*****	Day		Year	GOALITT LIVE	NOMINEMAL			1						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During B	k only	one)	of Ab	atamant			Street Address						1				
Abatement Performed Outside o	f Norm	al Fad	cility H	ours - Des	cribe:		1376 ROUTE 9										
X Other - Describe: FRIDAY	5 PM-1	AM,	SAT. 8	& SUN. 7 A	M - 12	AM	City, State, Zip						8				
Scope of Work (Check all that apply)	225				X	Full Conta	inment with Nega	APPINGERS F. Itive Pressure	ALLS,	NEVV	YORK	10016	j.				
Demolition X >3SF OR LF	Ren	ovatio	n			Mini-Enclo											
X >160 SF OR 260 LF						Non-Friab	le Procedure										
Location of		Loca				ption of As					Abate	ement 1	Гуре				
Asbestos-containing Material (ACM)		mally				ing Materia		Amount	ᇛ	교							
TO BE ABATED		solely	by stodial			hermal sy: on, surfacir		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR					
in Facility (13)	1110000000	Staff (1				er miscella				고	PS	SO	į				
Ye			Yes No N/A						-		F	두 등					
1ST FLOOR STAIRWEDLL CORRIDOR		_	Х	FLOOR T	ILE & N	MASTIC		2,200 SF	X								
	+									-	_	-					
	+								+	+	+	-					
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	-				142-					F							
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		EP Wa		Cubic Yar		aste	Name of Registe				-						
Name of Registered Waste Hauler			Via.								17.8						
NEWARK CARTING, INC.		er D I			3		GROWS LANDE		VE\4/ =	OPA	MIL.	2015					
NEWARK CARTING, INC. 369 RAYMOND BLVD. City, State				Disposal D	Date		1121 BORDENT	OWN ROAD/ I	NEW F	ORD	MILL	ROAD		7-2-			
NEWARK CARTING, INC. 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105	Haule	er D I		Disposal E 10/5-12/30	Date 0/18	turo	1121 BORDENT	OWN ROAD/ 1		ORD	MILL	ROAD	r	ì			
Name of Registered Waste Hauler NEWARK CARTING, INC. 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105 Completed by (Print or Type) BENJAMIN SANCHEZ  Title	Haule	913			Date	ture	1121 BORDENT	OWN ROAD/ I		ORD	MILL I	ROAD	<u>,</u> フ,	110			

	N	OTIFICATIO	to NIAC 8-80 7 -	S ABATEMENT				4 1 1	E	G	EII	W
Date of Notification (1)		Na	to NJAC 8:60-7 a	Owner/Operator (	(2)		-	-3		Mary Mary	-	
				MACUETICALS CO	ORPORATION		1:			_		
9 / 24 /18 Agencies Notified Type Notifica	ition		eet Address ROUTE 10 EAS	r			1	1 4	-(	CT	12	201
	lotification		y, State, Zip Cod				1					
	ed Notification	EA	ST HANOVER, 1	E NEW JERSEY 079	936				ACDI	in in	70,-	
X DOL Cancel X DOH On Hol		Na	me of Contact		(F. 1 )		1			100	116	-
	GENCY NOTIFICA		VIN READIE		Telephone Nu 862-776-0496				ancount.	The Control		
Nome of Facility Williams All 1		FAC	CILITY INFORMA	TION			_	-				
Name of Facility Where Abatement is T	aking Place (3)			Type of Facilit								
NOVARTIS				School (K	(-12) er 8 (Other than	K 40)						
Street Address				X Other (ie.	private & comm	cl. bld	as., ho	mes.	etc.)			
59 ROUTE 10 -BUILDING 434				Square Feet	# of Floors	$\top$			dg. Ag	е		
City (5) County	(6)	Cou	inty Code (7)	57,000	rior if being demo	aliahaa	1/		50			
EAST HANOVER MORRI Name of Monitoring Firm Hired by Build	S		TE USE ONLY)	COMMERCIAL			1)					
ANGAN	ing Owner (8)		ASCM No. 99	Name of Abate	ment Contracto	or (9)						
Street Address			99	Street Address	MENTAL CORP	ORAT	ION					
000 KIMBALL DRIVE Dity, State, Zip Code				313 SPOOK RO								
PARSIPPANY.	NEW JERSEY 07	054		City, State, Zip SUFFERN, NE	Code							
roject Manager for Monitoring Firm		ne Number		Telephone Num		ense N	Jumbe	r	W			
/IJAY PATEL Expected State Date (10)	973-560-			845-369-7500	460		40,1100	-1				
10 / 5 /18	Sched. Compl	letion Date (		Name of OSHA							$\dashv$	
Month Day Year	Month	Day	Year	QUALITY ENVI	RONMENTAL							
2		121.01		0		_						
Occupancy Status During Abatement (Che	ck only one) Entire Period of A	hatamant		Street Address							- 1	
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside	Entire Period of A of Normal Facility	Hours - Desc	cribe:	1376 ROUTE 9								
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside	Entire Period of A	Hours - Desc	cribe; M - 12 AM	1376 ROUTE 9 City, State, Zip (								
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: FRIDAY  Scope of Work (Check all that apply)	Entire Period of A of Normal Facility	Hours - Desc	M - 12 AM	1376 ROUTE 9 City, State, Zip (	APPINGERS FA	LLS, I	NEW,	YORK	10016			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: FRIDAY Goope of Work (Check all that apply) Demolition	Entire Period of A of Normal Facility	Hours - Desc	M - 12 AM  X Full Conta	City, State, Zip ( W. ainment with Nega	APPINGERS FA	LLS, I	NEW Y	YORK	10016			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: FRIDAY Coope of Work (Check all that apply)	Entire Period of A of Normal Facility 5 PM-1 AM, SAT.	Hours - Desc	M - 12 AM  X Full Conta Mini-Encle Glovebag	1376 ROUTE 9  City, State, Zip ( W. ainment with Nega or ,	APPINGERS FA	LLS, I	NEW Y	YORK	10016			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: FRIDAY Grope of Work (Check all that apply) Demolition 3SF OR LF X >160 SF OR 260 LF Location of	Entire Period of A of Normal Facility 5 PM-1 AM, SAT.	Hours - Desc & SUN. 7 A	M - 12 AM  X Full Conta  Mini-Encl  Glovebag  Non-Friab	City, State, Zip ( W. ainment with Nega or, g Procedure	APPINGERS FA	LLS, I						
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: FRIDAY  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing	Entire Period of A of Normal Facility 5 PM-1 AM, SAT.  Renovation  Is Location normally used	Hours - Desc & SUN. 7 A	M - 12 AM  X Full Conta Mini-Encl Glovebag Non-Friat Description of As	City, State, Zip ( W. ainment with Negable, procedure le Procedure sbestos- al (ACM)	APPINGERS FA			Abater	ment Ty			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: FRIDAY Grope of Work (Check all that apply) Demolition 3SF OR LF X >160 SF OR 260 LF Location of	Entire Period of A of Normal Facility 5 PM-1 AM, SAT.  Renovation  Is Location normally used solely by	Hours - Desc & SUN. 7 A	M - 12 AM  X Full Cont. Mini-Encl Glovebag Non-Friat Description of As Containing Materi (ie. Thermal sy	City, State, Zip of W. ainment with Nega or , procedure sbestos-al (ACM) stems	APPINGERS FA tive Pressure  Amount (Specify			Abater	ment Ty			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: FRIDAY  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)	Entire Period of A of Normal Facility 5 PM-1 AM, SAT.  Renovation  Is Location normally used	Hours - Desc & SUN. 7 A	M - 12 AM  X Full Conta Mini-Encl Glovebag Non-Friab Description of As Containing Materi (ie. Thermal sy	City, State, Zip ( W. ainment with Nega ot , g Procedure ele Procedure sbestos- al (ACM) stems	APPINGERS FA tive Pressure			Abater	ment Ty			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: FRIDAY Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Entire Period of A of Normal Facility 5 PM-1 AM, SAT.  Renovation  Is Location normally used solely by Maint/Custodia	Hours - Desc & SUN. 7 A	M - 12 AM  X Full Cont. Mini-Encl Glovebag Non-Friat Description of As Containing Materi (ie. Thermal sy	City, State, Zip ( W. ainment with Nega ot , g Procedure ele Procedure sbestos- al (ACM) stems	APPINGERS FA tive Pressure  Amount (Specify	REMOVAL						
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Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: FRIDAY Scope of Work (Check all that apply)  Demolition   X   >3SF OR LF   X   >160 SF OR 260 LF   Location of Asbestos-containing Material (ACM)   TO BE ABATED   in Facility (13)  ST FLOOR STAIRWEDLL CORRIDOR  ame of Registered Waste Hauler   EWARK CARTING, INC.	Entire Period of A of Normal Facility 15 PM-1 AM, SAT.  Renovation  Is Location normally used solely by Maint/Custodia Staff (12)  Yes No N/A	Hours - Desc & SUN. 7 A	M - 12 AM  X Full Conta Mini-Encl Glovebag Non-Friat Containing Materi (ie. Thermal sy insulation, surfaci or other miscella LE & MASTIC	City, State, Zip ( W. sinment with Nega ot., g Procedure sbestos- al (ACM) stems ng, VAT, ineous)	APPINGERS FA tive Pressure  Amount (Specify SF or LF)  2,200 SF	REMOVAL	REPAIR	Abater	ment Ty			
Decupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: FRIDAY Coope of Work (Check all that apply) Demolition ->3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  ST FLOOR STAIRWEDLL CORRIDOR  ame of Registered Waste Hauler EWARK CARTING, INC. BY RAYMOND BLVD.	Entire Period of A of Normal Facility 15 PM-1 AM, SAT.  Renovation  Is Location normally used solely by Maint/Custodia Staff (12)  Yes No N/A  X  NJDEP Waste	Hours - Desc & SUN, 7 A	M - 12 AM  X Full Conta Mini-Encl Glovebag Non-Friab Description of Asteriation of Asteriation, surfact or other miscella  LE & MASTIC	City, State, Zip ( W. sinment with Nega D: Procedure Be Procedure Sebestos- al (ACM) Stems ng, VAT, Ineous)  Name of Registe GRAND CENTRA	APPINGERS FA tive Pressure  Amount (Specify SF or LF)  2,200 SF	REMOVAL	REPAIR	Abater	ment Ty			
Deccupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: FRIDAY Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  ST FLOOR STAIRWEDLL CORRIDOR  ame of Registered Waste Hauler EWARK CARTING, INC. 89 RAYMOND BLVD. ity, State EWARK, NEW JERSEY 07105	Entire Period of A of Normal Facility 15 PM-1 AM, SAT.  Renovation  Is Location normally used solely by Maint/Custodia Staff (12)  Yes No N/A  X  NJDEP Waste Hauler ID No.	Hours - Desc & SUN. 7 A	M - 12 AM  X Full Conta Mini-Encl Glovebag Non-Friat Description of As Containing Materi (ie. Thermal sy nsulation, surfaci or other miscella  LE & MASTIC	City, State, Zip ( W. sinment with Nega D: Procedure Be Procedure Sebestos- al (ACM) Stems ng, VAT, Ineous)  Name of Registe GRAND CENTRA	APPINGERS FA tive Pressure  Amount (Specify SF or LF)  2,200 SF	REMOVAL	REPAIR	Abater	ment Ty			
Deccupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: FRIDAY  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  ST FLOOR STAIRWEDLL CORRIDOR  The state of Registered Waste Hauler EWARK CARTING, INC. SP RAYMOND BLVD. Ity, State EWARK, NEW JERSEY 07105 Dempleted by (Print or Type) Title Titl	Entire Period of A of Normal Facility 15 PM-1 AM, SAT.  Renovation  Is Location normally used solely by Maint/Custodia Staff (12)  Yes No N/A  X  NJDEP Waste Hauler ID No. 913	Hours - Desc & SUN. 7 A	M - 12 AM  X Full Conta Mini-Encl Glovebag Non-Friat Description of As Containing Materi (ie. Thermal sy nsulation, surfaci or other miscella  LE & MASTIC	City, State, Zip ( W. sinment with Nega ot., g Procedure sbestos- al (ACM) stems ng, VAT, ineous)	APPINGERS FA tive Pressure  Amount (Specify SF or LF)  2,200 SF	REMOVAL	REPAIR	Abater	ment Ty			

City (5) County (6) County Code (7)	
Agencies Notified	(-12)
□ EPA □ Initial □ DEP □ Amended □ Amendment #: □ City, State, Zip Code □ cranford, nj 07016 □ DCA □ Cancellation □ DCA □ Cancellation □ Telephone Number □ Cancellation □ Type of Facility (4) □ School (K - 12) □ Subchapter 8 (Other than K □ Other (Private/Commercial Bidgs./Homes, etc. Square Feet □ # of Floors □	
Amendment #:  DOL Emergency (including justification)  DCA Cancellation  FACILITY INFORMATION  Name of facility where abatement is taking place (3)  richard genova  Street Address  City, State, Zip Code cranford, nj 07016  Name of Contact richard genova  Telephone Number  Telephone Number  Type of Facility (4) School (K - 12) School (K - 12) Subchapter 8 (Other than K S	
DOL   Emergency (including justification)	
DOH (including justification)    DCA	
Tichard genova  FACILITY INFORMATION  Name of facility where abatement is taking place (3)  richard genova  Street Address  City (5)  County (6)  Type of Facility (4)  School (K - 12)  Subchapter 8 (Other than K)  Other (Private/Commercial Bldgs./Homes, etc.)  Square Feet # of Floors Blooms	
Name of facility where abatement is taking place (3)  richard genova  Street Address  City (5)  County (6)  Type of Facility (4)  School (K - 12)  Subchapter 8 (Other than K  Other (Private/Commercial Bldgs./Homes, etc.  Square Feet # of Floors Blooms	
richard genova  Street Address  Street Address  City (5)  County (6)  County Code (7)  School (K - 12)  Subchapter 8 (Other than K  Other (Private/Commercial Bldgs./Homes, etc.  Square Feet # of Floors Bidgs./Homes	
richard genova  Street Address  Street Address  City (5)  County (6)  County Code (7)  School (K - 12)  Subchapter 8 (Other than K  Other (Private/Commercial Bldgs./Homes, etc.  Square Feet # of Floors Bidgs./Homes, etc.	
Street Address  Street Address  Other (Private/Commercial Bldgs./Homes, etc.)  City (5)  County (6)  County Code (7)	
City (5) County (6) County Code (7)  County Code (7)  County Code (7)	dg. Age
City (5) County (6) County Code (7) Square Feet # of Floors Biological Floors Biological Floors Biological Flooring Biologica	dg. Age
County code (/)	
cranford union	∌d)
Name of Monitoring Firm Hired by Bldg. Owner (8)  ASCM No. Name of Abatement Contractor (9)	
Street Address  D & S RESTORATION, INC.	
Street Address	
City, State, Zip Code  20 California Ave.  City, State, Zip Code	
Paterson, NJ 07503	
Project Manager for Monitoring Firm  Phone Number  Telephone Number  License Number	
973-345-8020 01169	
Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor	
10/10/1818   D & S Restoration, Inc.   Street Address	
Occupancy Status During Abatement (Check only one)  20 California Avenue	
Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours-  City, State, Zip Code	
Describe:	
Scope of Work (check all that apply)	
>3 sf or >3 If Renovation Full Containment w/negative pressure	
□ >160 sf or >260 lf □ Demolition □ Glovebag procedure	
Location of Is location normally used solely Non-Exempted (*) and Non-friable proce	E _
asbestos-containing by maintenance/custodial by maintenance/custodial Description of asbestos-containing Amount e e	n E
abated in facility (13)  Yes No N/A material (ACM)  (Specify SF or 0 a	c c
attic closets	р
attic closets PIPE INSULATION 20 l ft	
	님님
	<del>                                     </del>
	러뉴
Registered Waste Hauler  D & S RESTORATION, INC.  NJDEP Hauler ID#  Cubic Yards of Waste  Name of Registered Landfill  TILL YTOWN PESOLIPCE RECOVERY	_   _
City, State Disposal Date City, State Disposal Date City, State	
PATERSON, NJ 07503 10/11/18 TULLYTOWN, PA	
Completed by (Print or Type) Title Signature Date	
BOGDAN JOLDZIC PRESIDENT 2018  ASB-41 * Do not use this form for asbestos licensure exempted activities.	

Date of Notification (1)	57	Name of E	(Purs	State of Ash uant to NAA	8:6	os Abatement 30 and 12 (20)			CT 12	3903 WHI		Section of the sectio	The state of the s
1 10 1/10 18 1/11 18		elfren ca								remove of conductors		J	!
Agencies Notified Type Notifica	ation	Street Add						ASBE	STON C	0.07	ini.	-	
EPA Initial  DEP Amended	- 11		Marchae Avie					Laterage of Supplier over the	TT LANGEBOARD	ridus troque e	ers.	1 100000	er f
Amendment #	±:  †	City, State	, Zip Code									_	
DOL		elizabe	th, NJ 07	7201									
DOH (including justification	- 11	Name of Co						Telephor	ne Numb	er		-	
DCA Cancellation	° 11	elfren o	castro					W 195-200					
				CILITY INFORMA	ATIC	N.				=			
Name of facility where abatement	is taking p	lace (3)				.,	_	Type of Facility	(4)				
elfren castro									K - 12	)			
Street Address							_		apter 8 (			(-12)	
								Other Bldgs.	(Private/0 /Homes,	Comme	ercial		
									# of Floo		В	ldg. A	ige
City (5)	Cou	inty (6)				unty Code (7)							
elizabeth	un	ion			(St	ate use only)		Current Use (P	rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by				ASCM No.		Name of Abatem	nent C	ontractor (9)					
				Warransea-1791 technologi		D & S REST		46.60					
Street Address					$\dashv$	Street Address	Oldi	TION, INC.					
						20 California	a Ave	Э.					
City, State, Zip Code			Ww			City, State, Zip Co	ode					MILLERING	
Project Manager for Monitoring Firm		Ta			_	Paterson, N.		03					
Project Manager for Monitoring Firm	1	P	hone Numb	er		Telephone Numb 973-345-80			License				
Start Date (10)	LOsha		5			Name of OSHA		Dr.		)1169			
			on Date (11	1)		D & S Resto							
10/19/18	10/3					Street Address							
Occupancy Status During Abatement Facility closed/vacated during		75				20 California	_	nue					
Abatement performed outside	of normal	facility hou	ement. rs-			City, State, Zip Co	ode						
Describe: NORMAL F					-	Paterson, NJ	075	0.2					
Scope of Work (check all that apply						1 aterson, NJ							
≥3 sf or ≥3 lf	Renovation	on						ıll Containment wa ini-enclosure	negative	press	ure		
☐ ≥160 sf or ≥260 lf	Demolitio						⊠ GI	lovebag procedur					
Location of			used solely	1			∐ N	on-Exempted (*) a	and Non-	friable	proce	7.0	_
asbestos-containing material (acm) to be		enance/cus			of a	sbestos-containing	1	Amount		е	e	E n	E
abated in facility (13)	Yes	Na	T	material (A0			,	(Specify SI	or or	m o	p a	c a	C
22723 - 29 	103	No	N/A							v e	i	р	L
BASEMENT		X		PIPE INSUL.	ATI	ION		12 l ft		X			
											닏		LL.
Registered Waste Hauler	NJD	P Hauler I	D# I Ci	ubic Yards of Wa	ste	Name of Registe	red I	andfill				Ц	
D & S RESTORATION, INC.	135	06	1	yd	35035			ESOURCE RE	COVER	Y			
City, State PATERSON, NJ 07503			Disposal Da			City, State							
Completed by (Print or Type)	Title		10/20/18	Signature	_	TULLYTOW	N, P	<u>A</u>					
BOGDAN JOLDZIC	PRESID	ENT		Jighalule					Date 10/08/	/2019			
ASB-41 *	Do not us	e this form t	for asbesto	s licensure exem	npted	d activities.	777-13		10/00/	2010			

Date of Notification (1) Date of Notification (2) Date of Notification (3) Double of Notification (4) Double of Notification (5) Double of Notification (6) Double of Notification (7) Double of Pacific Notification (7) Double o	STORES STORES			ID	1.\ (	San	San San			Ī	, F2	(A)	<b>7</b> 17	- 00	rint F
Quantification   Type Notification   PSEG   State Address   4000 Hardley Rd.   City, State, Zip Code   South Plainfield NJ   Name of Contact   Kahill Intal Hardley Rd.   City, State, Zip Code   South Plainfield NJ   Name of Contact   Kahill Intal Hardley Rd.   City, State, Zip Code   South Plainfield NJ   Name of Contact   Kahill Intal Hardley Rd.   City, State, Zip Code   South Plainfield NJ   Name of Contact   Kahill Intal Hardley Rd.   City, State, Zip Code   South Plainfield NJ   School (K-12)   Subchapter 6 (Other than K-12)   Subchapter 6 (Other t	Ch015740		NOT	IEICATIO	ON OF ASE	BESTOS	ABATE	MEN (0)	NT		) [ ]		5 11	$\mathbb{V}$	
EPA				Name	of Building	g Owner/C	perato	r (2)			1 0	CT	12	2018	3
DOLP	□ -=	on		[1457] (BOD 1658) (C.		Rd					ACRE	STO	16:5	V 153	_
Emergency (including   Cancellation   Name of Gorlate   School (k-12)   Scho	DEP Amended	nt#		City, S	State, Zip C	Code				1	-244-144-1			-	
Name of Facility Where Abatement is Taking Place (3)  PACILITY INFORMATION  FACILITY INFORMATION  PACILITY INFORMATION  FACILITY INFORMATION  Street Address  234 Plarson Ave  City (6)  City (7)  County (8)  City (8)  County (9)  Middlesex  City (8)  ASSCM No.  N/A  N/A  Sireet Address  ACM Provided (7)  City State Zip Code  N/A  Sireet Address  ACM Provided (7)  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  To I Dock Rd  City State Zip Code  N/A  Asbestos-Containing Material (ACM)  To I Dock Rd  City State Zip Code  N/A  Asbestos-Containing Material (ACM)  To I Dock Rd  City State Zip Code  N/A  Asbestos-Containing Material (ACM)  To I Dock Rd  City State Zip Code  N/A  Asbestos-Containing Material (ACM)  To I Dock Rd  City State Zip Code  N/A  Asbestos-Containing Material (ACM)  To I Dock Rd  City State Zip Code  N/A  Signature  Asbestos-Containing Material (ACM)  To I Dock Rd  City State Zip Code  N/A  Signature  Asbestos-Containing Material (ACM)  Type  To I Dock Rd  City State  Type  Type  To I Dock Rd  City State  Type  T	■ Emergence justification	y (includin n)	ig	Name	of Contact					Tele	phone N	umbei	r		
Street Address   TO IdD Dock Rd   Street Address   TO	☐ DCA ☐ Cancellation	on		22000000	A STATE OF THE PARTY OF THE PAR										
PSEG Metuchen Switching Building  Street Address 234 Pierson Ave  City (5) Edison  County (6) Middlesex  County (6) Middlesex  County (6) Middlesex  County (7) Middlesex  County (8) Middlesex  County (9) Middlesex  County (10) Mi	Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY INF	ORMATIC	NC	Tyr	oe of Engility (						
234 Pierson Ave  City (5) Edison  County (6) County (7) Middlesex  County (8) County (8) Middlesex  County (9) Middlesex  Street Address  17 Old Dock Rd  City, State, Zip Code Yaphank NY 11980  Street Address  11-15-18  Coupany Status During Abatement (Check Only One)  Facility (10-24) Middlesex  Middlesex  Middlesex  City, State, Zip Code Yaphank NY 11980  Street Address  17 Old Dock Rd  City, State, Zip Code Yaphank NY 11980  County (9) Middlesex  City, State, Zip Code Yaphank NY 11980  County (19) Middlesex  City, State, Zip Code Yaphank NY 11980  County (19)  Asbestos Containing Material (ACM) Middlesex  Custodial Staff (10) Middlesex  Custodial Staff (12) Middlesex  Custodial Staff (13)  Yes No N/A  Wall transite panels  Soo SF x  Middlesex  Name of Registered Landfill  Fairless Landfill	PSEG Metuchen Switching Build	ing	(-/					l ly	7.83	45		800			
City (5)								×	Subchapter	8 (Othe	r than K-	12) cial bu	ıildina	s. hon	nes
County (6) Middlesex  Name of Monitoring Firm Hired by Building Owner (8)  NA  Street Address  N/A  Street Address  N/A  Street Address  N/A  To Id Dock Rd  City, State, Zip Code  Yaphank NY 11980  Countrol House  N/A  Telephone No.  N/A  Telephone No.  N/A  Telephone No.  N/A  Start Date (19)  Start Date (19)  10-15-18  Telephone No.  N/A  Street Address  N/A  Telephone No.  N/A  Telephone No.  N/A  Street Address  N/A  Telephone No.  N/A  Street Address  N/A  Telephone No.  N/A  Start Date (19)  Telephone No.  N/A  Start Date (19)  Telephone No.  N/A  Street Address  To Idd Dock Rd  City, State, Zip Code  Yaphank NY 11980  Scheduled Completion Date (11)  Name of OSHA Monitor  WRS Environmental Services, Inc.  Street Address  17 Old Dock Rd  City, State, Zip Code  Yaphank NY 11980  Street Address  17 Old Dock Rd  City, State, Zip Code  Yaphank NY 11980  Street Address  17 Old Dock Rd  City, State, Zip Code  Yaphank NY 11980  To Location of Normally Used Soley by Maintenance/ Custodal Staff?  (12)  Yes No N/A  Switching Building  X Wall transite panels  Solves For LF)  Specifical CACM  Type  Absestos Containing Material (ACM)  To Location of Normally Used Soley by Maintenance/ Custodal Staff?  (12)  Yes No N/A  Switching Building  X Wall transite panels  Solves Inc.  Size Address  N/A  Switching Building  Name of Registered Landfill  Fail' Staff								Squ	etc.) uare Feet	# of	Floors		Bldg.		
MiddleSeX Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address N/A  City, State, Zip Code N/A  Project Manager for Monitoring Firm N/A  N/A  Telephone No. N/A  N/A  Start Date (10) N/A  N/A  N/A  N/A  Telephone No. N/A  Start Date (10) N/A  N/A  N/A  Name of OSHA Monitor WRS Environmental Services, Inc.  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Monitoring Material (ACM) Normally Material (ACM) Nor				County	Code (7)					1000000			N/A		
N/A  N/A  Street Address N/A  City, State, Zip Code N/A  Telephone No. N/A  Telephone No. N/A  Start Date (10)  Scheduled Completion Date (11)  10-15-18  Docupancy Status During Abstrement (Check Only One)  Facility Closed/Vacated During Entire Period of Abstrement Abstrement Performed Outside of Normall Facility Hours  Other - Describe: Electrical circuit cabinet  Corpor Work (Check All That Apply)  23 of or 23 if 2160 of or 2260 if  Renovation  Asbestos-Containing Material (ACM) In Facility (13)  Switching Building  X  Wall transite panels  N/A  Sirret Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Name of OSHA Monitor WRS Environmental Services, Inc.  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Telephone No. License No. L		Owner /0		(STATE	USE ONLY	?	_	Co	ntrol House	)		shed)			
N/A City, State, Zip Code N/A Project Manager for Monitoring Firm N/A  Start Date (10) 10-15-18  Scheduled Completion Date (11) Name of OSHA Monitor WRS Environmental Services, Inc.  Street Address 17 Old Dock Rd O1136  Name of OSHA Monitor WRS Environmental Services, Inc.  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd City, State, Zip Code Yaphank NY 11980	N/A	Owner (8	5)				Name WRS	of At En	patement Cont vironmental	ractor (	9) ces, Ind	c.			
City, State, Zip Code N/A  Project Manager for Monitoring Firm N/A  Start Date (10)  11-15-18  Coccupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Normal Facility Cother - Describe: Electrical circuit cabinet  Cother - Describe: Electrical circuit abinet  Cother - Describe: Electrical circuit abinet  Cother - Describe: Electrical circuit abinet  Custodial Staff? (13)  Switching Building  City, State, Zip Code Yaphank NY 11980  Name of OSHA Monitor WRS Environmental Services, Inc.  City - State Address 17 Old Dock Rd  City, State, Zip Code Yaphank NY 11980  Street Address 17 Old Dock Rd  City, State, Zip Code Yaphank NY 11980  City - State Yaphank NY 1															
Telephone No.   N/A   Telephone No.   Telephone No.   N/A   Telephone No.   Telephone No.   N/A   Telephone					S - 2 3 - 2 3 3 5 5 5		City, St	tate,	Zip Code						
Start Date (10) 10-15-18  Scheduled Completion Date (11) 11-15-18  Name of OSHA Monitor WRS Environmental Services, Inc.  Screen of Work (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 f					one No.	- 1	Teleph	one l	No.			No.			
Street Address   17 Old Dock Rd					Date (11)					(	01136				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours    City										Servi	ces, Inc	).			
Abatement Perormed Outside of Normal Facility Hours  City, State, Zip Code Yaphank NY 11980  City, State In Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (') and Non-Friable Procedure Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Specify (Specify (Specify (I) Armond Type Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Specify (Specify (I) Armond Tythe Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Specify (Specify (I) Armond Tythe Type  Abatement Type  Abatement Type  Abatement Type  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Spec	Facility Closed/Vacated During Entire	Period of	Ahater	nent		13									
Soope of Work (Check All That Apply)   Soope of Work (	Abatement Performed Outside of North	mal Facility	y Hour	S											
Demolition   Demolition   Demolition   Mini-Enclosure Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted (*) an	Scope of Work (Check All That Apply)						тарп	GIIK	141 11900						
Location of Asbestos-Containing Material (ACM)		× F	Renova Demolii	ation tion			×	GI	ini-Enclosure lovebag Proce	dure					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Switching Building  X Wall transite panels  Switching Building  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Switching Building  X Wall transite panels  Solety of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SFor LF)  Republic of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SFor LF)  Republic of Masterial (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SFor LF)  Republic of Masterial (ACM)  (Specify SFor LF)  Republic of Masterial (ACM)  (I.e. thermal systems insulation, surfacing (ACM)  (Specify SFor LF)  Republic of Masterial (ACM)  (I.e. thermal systems insulation, surfacing (ACM)  (Specify SFor LF)  Republic of Masterial (ACM)  (I.e. thermal systems insulation, surfacing (ACM)  (I		le	Locati	ion				INC	on-Exempted (	*) and N	Non-Friab	le Pro	189 (300)		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Switching Building  X Wall transite panels  Signature  Date  Date	Location of	1	Vormal	ly		Desc	rintion o	nf							
Switching Building X Wall transite panels 500 SF x  ame of Registered Waste Hauler aste Management  Ty, State izabeth, NJ 07201  Title Signature  Supportions  Wall transite panels 500 SF x  Under It is a standard to the panels of Waste TBD Signature Date TBD Total Title Signature Date TBD Date Date TBD Date TBD Date Date TBD Date TBD Date TBD Date Date TBD DATE	TO BE ABATED In Facility	intenai todial S	nce/	(i.e. t	os Contair thermal sy surfacin	ning Ma stems	ateria insul	ation,	(Spe	cify	Remov	Repa	Encapsu	Enclos	
ame of Registered Waste Hauler Vaste Management  Ity, State  Lizabeth, NJ 07201  Title	Yes	No	N/A								/al	=	ılate	ure	
raste Management  Hauler ID No. 17273  TBD  Fairless Landfill  Title  TBD  City, State  TBD  Title	Switching Building	-		X	W	Vall trans	site pa	anel	S	500	SF	х			
Fairless Landfill  Ty, State  Disposal Date TBD  Title  Ti															
Asste Management  Hauler ID No. 17273  Hauler ID No. 17273  Fairless Landfill  Fairless Landfill  Disposal Date TBD  City, State Morrisville, PA 19067  Title  Asymptotic Paymond Tutiven  Date	ame of Registered Weeks !!!-														
ity, State  Disposal Date TBD  City, State Morrisville, PA 19067  Title  Signature  Disposal Date Disposal Date Disposal Date Disposal Date Disposal Date Disposal Date	aste Management		H	auler ID	No.	of Waste			1 200 200						
ompleted by Title Signature Date				0		Disposal	Date		City, State						
1 T T T T T T T T T T T T T T T T T T T			visor			I C. I. C.	lature	,	Wornsville	, FA 1	Dat				

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Date of Notification (1) 10/08/2018				of Building hemour			(2)		3 14		<del>,   -   -</del>	<del>C -                                   </del>	40	-
Agencies Notified Type Notification	n		Street A	Address				-		ASRES	7090	2007	BON.	_ <u> </u>
EPA Initial Amended		-		Market S ate, Zip Co				L			English III	r-tube = ve-r	×	
DOL Amendme				ngton, D		99								
DOH justification		'		f Contact					100000000000000000000000000000000000000	ephone				
DCA Cancellation	on		Jim La	ILITY INF	ODMATI	ON			85	6-540-	2394			
Name of Facility Where Abatement is Tak	ing Place (	3)				ON	Туре	of Facility (4	+)				-	
Chemours Chamber Works Facil	ty - Bldg	66 Ca	austic S	Storage	Tanks			School (K-12						
Street Address Canal Road								Subchapter Other (i.e. pr				uildings	s, hom	nes,
Dity (5)		=======================================				-	100	etc.) are Feet		f Floors	т	Bldg.	30) 	
Deepwater							400		1			35+	. 190	
County (6) Salem				Code (7) USE ONLY	)			ent Use (Prio emical Plar		ng demo	olished)			
Name of Monitoring Firm Hired by Building Harvard Environmental Inc.	Owner (8)	)	ASCN	И No.				atement Cont ourg Indust			Comp	any		
Street Address						Street								
760 Pulaski Highway								lman Drive	)					
City, State, Zip Code Bear, DE 19701								Zip Code n, PA 180	15					
Project Manager for Monitoring Firm JT Morrison			Telepho 302-32	ne No. 26-2333		Teleph 610-	none N	lo.		Licens				
Start Date (10) 10/22/2018	Schedul 11/02/	ed Con		Date (11)		1 200 10 2072	of OS	HA Monitor						
Occupancy Status During Abatement (Che						Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: DEMO - 11/02/18-	mal Facility	Abatem y Hours	nent			City, S	tate, Z	man Drive						
Scope of Work (Check All That Apply)						Beth	leher	n PA 1801	5	-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Min	II Containme ni-Enclosure ovebag Proce on-Exempted	edure				ıre	
Location of	1	Locati Normal	ly		Des	scription	of						temen ype	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	ed Sole intenar todial S (12)	nce/		tos Cont thermal surfac	aining M	fateria s insula T, or		(8	mount Specify or LF)	Kemoval	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								<u></u>		ate	(D)
B 66			Х			Insula				5 LF	Х			
B 66			X			e Doo				0 SF	Х			
B 66			X		G	askets	3			0 EA	Х			
B 66			X			Roof				0 SF	X			
ame of Registered Waste Hauler randenburg Industrial Service Co		Н	JDEP W auler ID 1838		Oubic of Was 50			Name of R				urs (	Onsite	Э
City, State ethlehem, PA					Dispos 10/28	al Date /18-11	/30/1	City, State Alloway	Twns	ship/De	eepwa	ter N	J	
Completed by tephen Carne	Title Envir	ronme	ental M	anager		ignature		1	7		Date 10/08		v/-	

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Date of Notification (1) 10/08/2018				f Building Owner/6 hemours Com		(2)					HAT-HA	
Agencies Notified Type Notification  EPA Initial	E:	20	Street A	ddress Market Street				ASBLST	OF IT	(HA). HAG	H11.	Č.
DEP Amended Amendmen				ate, Zip Code ngton, DE 1989	99					4.4		
□ Emergency justification DCA     □ Cancellation	l	100	Name of Jim La	f Contact acey				ephone Nun 6-540-239				
			FACI	LITY INFORMAT	ION							
Name of Facility Where Abatement is Takin Chemours Chamber Works Facilit			L Sho	p/Electrical		Type of Facility  School (K-						
Street Address Canal Road						Subchapte	r 8 (Othe	er than K-12 & commercia		dings,	home	ıs,
City (5) Deepwater						Square Feet 11,500	# of	Floors		ldg. A	ge	
County (6) Salem				Code (7) USE ONLY)		Current Use (Pri Chemical Pla		ng demolish	ned)			
Name of Monitoring Firm Hired by Building Harvard Environmental Inc.	Owner (8)		ASCN	/ No.		of Abatement Condenburg Indus			mpa	ny		
Street Address 760 Pulaski Highway					1	Address 7 Spillman Driv	re					
City, State, Zip Code Bear, DE 19701						State, Zip Code Ilehem, PA 180	)15					
Project Manager for Monitoring Firm JT Morrison			Telepho 302-32	ne No. 26-2333		hone No. 691-1800		License No.	0.			
Start Date (10) 10/22/2018	Schedule 12/14/1		npletion I	Date (11)	100000000000000000000000000000000000000	of OSHA Monitor	8					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	1250	83	ont		070.000.000	Address Spillman Driv	e					
Abatement Performed Outside of Nori  Other – Describe: DEMO - 12/17/18-0	nal Facility	Hours	ient.			State, Zip Code Ilehem PA 180	15					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	enovat emoliti			>	Mini-Enclosur	e cedure	•			9	
	(1,99)	Location								Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Solel ntenar odial S (12)	ly by nce/	Asbestos Con (i.e. therma surfa		Material (ACM) s insulation, AT, or	(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
B 63	1.00	110	X	Pipe	Insula	ation	2	5 LF	X			
B 63			Х	Т	ransite	Э	42	00 SF	Х			
B 63			Х	G	albesto	os	10	00 SF	Х			
B 63			X		Roof		72	50 SF	X			

Cubic Yards

NJDEP Waste

Name of Registered Landfill

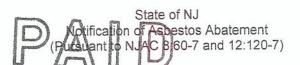
Name of Registered Waste Hauler

Hauler ID No. 21838 of Waste Brandenburg Industrial Service Co Salem Cty Landfill/Chemours Onsite 200 City, State City, State Disposal Date 10/28/18-12/30/1 Alloway Twnship/Deepwater NJ Bethlehem, PA Completed by Title Date Signature Stephen Carne 10/08/2018 **Environmental Manager** 

				ID)	/\\	AND SECOND SECON				1	E	G		ЦЦ	// Pr	Int F
hodos	1179	٨		St. CATION Pursuant		ESTOS	ABATÉ		Г	K		CT		20	118	The second second second
Date of Notification (1) 10/09/2018	,				f Building hemour			(2)		to e			1		10	N. Denister.
Agencies Notified	Type Notification			Street A	ddress Market	Stroot					ASISI	BILL	. ( d	HAT.	RCH.	4
× EPA DEP	Initial Amended		-		ite, Zip C				L	TO COMPANY OF		THE PROPERTY OF THE PARTY OF TH	Market No.	an ingre	- H1 47 1 1 1 1	-20
▼ DOL	Amendment Emergency		<u> </u>	Wilmin	gton, D	E 1989	99									
DOH DCA	justification)  Cancellation			Name of Jim La	f Contact ICey						ephone 6-540					
—				FACI	LITY INF	ORMAT	ON									
Name of Facility Where A Chemours Chamber				achine	Shop			Тур	e of Facility (4							
Street Address		,			-11-1			H	School (K-12 Subchapter 8	8 (Oth			huile	lingo	ham	
Canal Road								×	Other (i.e. pr etc.)							es,
City (5) Deepwater								(3) (3)	are Feet 000	1 1	f Floors		100	ldg. A 5+	ige	
County (6) Salem				County (	Code (7) JSE ONLY	n			rent Use (Prio emical Plar		ng dem	olished	d)			
Name of Monitoring Firm I Harvard Environmen		Owner (8)		ASCM	l No.				atement Cont ourg Indust			Com	par	ny		
Street Address 760 Pulaski Highway	/						Street 2217		ess Ilman Drive	1						
City, State, Zip Code Bear, DE 19701									Zip Code m, PA 1801	15						
Project Manager for Monit JT Morrison	oring Firm			Telephor	ne No.		Teleph 610-6				Licens			77.		
Start Date (10) 10/23/2018		Schedule 11/30/1		npletion [	Date (11)		Name Bran		SHA Monitor							Hall-back
Occupancy Status During	Abatement (Chec	k Only One	e)				Street	Addre	ess							
Facility Closed/Vacat Abatement Performe Other – Describe:	d Outside of Norn	nal Facility	baten Hours	nent			City, S	tate, 2	Iman Drive Zip Code		-					-
Scope of Work (Check All							Beth	lehe	m PA 1801	5						
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		Re X De	enova emolit				×	M	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure					e	
74			Locati ormal												ment	
Asbestos-Containing N TO BE ABA	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  No Used Main Custo						scription aining M systems bing, VA niscellan	lateria s insul T, or		(S	mount specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									_		ate	Ф
B 85			X			Insula				00 LF	X	-				
B 85			X	-,		e Door	88			EA	X	-				
B 85				X			askets			7000	DEA	X	-			
B 85 Name of Registered Waste	Hauler		I NI	JDEP Wa	ete	Roo	f Flash	ing	Nome of D		75 SF	X				
Brandenburg Industria		Н	auler ID I 1838		of Was			Name of R				our	s Or	nsite		
City, State Bethlehem, PA						al Date /18-11	/30/1	City, State Alloway	Twns	hip/De	eepw	ate	r NJ			
Completed by Stephen Carne		Title Enviro	nme	ental Ma	nager	S	ignature	5	12.			Date 10/0	9/2	018		

B & G proj. #:

2018-205



Check # 9237

Date of Notification				Section of the sectio	er/Operator (2)				E C	= []			(A)
11 10 1/10 19		——II _	Dennis Se						5 0 6	3 U	77		
Agencies Notified  EPA	Type Notification	Stre	eet Addres	S									
☐ DEP	✗ Initial								OCT	2	2018		107
X DOL	☐ Amendm	and the second second	y, State, Zi Glen Rid		7028								
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	☐ Cancella	tion						Liberio		4			- a -
DCA			Dennis S	bels						_			<del></del> .
280				FACI	LITY INFORM	ATION		Type of Facility	(4)				
Name of facility wi	here abatement is	taking plac	e (3)						ol (K - 12)				
Dennis Sels								Subcl	hapter 8 (O	ther th	an K-	12)	
Street Address									(Private/Co		cial		
								Square Feet	# of Floor		Bld	g. Ag	je
City (5)		Count	y (6)			0.500 (0.500)	nty Code (7)						
Glen Ridge,	NJ 07028	Esse	ex			(Stat	e use only)	Current Use (F	Prior if being	g dem	olishe	d)	
Name of Monitorin		Bldg Owner	(8)		ASCM No.	Ь-п	Name of Abatement	Residential Contractor (9)					
IVAITE OF MOTILOTI	ig i iiii i iiica by i	olag. Owner	(0)		n/a		B & G Restora						
Street Address						$= \parallel$	Street Address						
							105 Ryerson F	Road					
City, State, Zip Coo	de						City, State, Zip Code						
			Tai				Lincoln Park, Telephone Number	NJ 07035	License	Numb	er		
Project Manager fo	or Monitoring Firm		Pho	one Numb	er		(973)696-686	69		378	01		
Scheduled Start Da	ate (10)	Sched.	Completio	n Date (1	1)	-	Name of OSHA Mor B & G Restora						
10/19/2018		10/2	0/2018				Street Address	tion, mc.		_			
Occupancy Status	During Abatemer	nt (Check or	ily one)				105 Ryerson F	Road					
	ed/vacated during						City, State, Zip Code						
Abatement p Describe:	erformed outside	of normal fa	acility hours	S-			Lincoln Dorle	11.07025					
Other-Descr	ibe:					-	Lincoln Park, I	NJ 07035				-3	
Scope of Work (c						[V] -							
☐ Demolition	X	Renovation					ull Containment w/ne /lini-enclosure	egative pressure	Glovel	iable i			
>3 sf or >3 l	f U	≥160 sf or ≥	5)				/iini-enclosure		L Non-ii	TR	R	E	
Location of asbestos-co	ntainina	by mainter	normally unance/cust	odial	1	on of a	sbestos-containing	Amount		e m	е	n	E n
material to b	oe .	staff(12)		T	material		3503(03-00)((a))(1))	(Specify LF)	SF or	0	p a	c a	C
abated in fa	clity (13)	Yes	No	N/A						v e	i r	р	-
basement				X	pipe insul			50 lf		X			
basement				×	boiler insu	ulation		40 sf		X		님	H
										쓔	片	H	H
					1				-	ዙ	H	H	H
Registered Waste	Hauler	INJDE	P Hauler I	D# 10	Dubic Yards of	Waste	Name of Registere	d Landfill		-			1
B & G Restora			9563		1 1/2		The state of the s	entral Landfill	VIII. WILLIAM TO THE REAL PROPERTY OF THE REAL PROP				
City, State Lincoln Park,	NJ			Disposal I 10/	20/2018		City, State Pen Argyl	e, PA				. N	
Completed by (Pri		Title	/T -		Signature		Gordana Luna		Date 10/0	9/20	18		
Gordana Lun	a 	Secretar	y/Treasu	ırer			Juminu Service		10/0	0120			

NO CY		٨	TON		ATION Irsuar	nt to NJA	BESTO AC 8:60	S ABAT and 5:16	6)		EG	E	7	<u>V</u>	L	
Date of Notification (1)	28 /	17				of Buildin althSout		Operator (2 ration		/ Jol	#16 <b>03</b> C2H	16 2	S	N8#	NA	To the second
Agencies Notified	Type Notific	ation			Street	t Address			- Application of the control of the					STANIET CASE	-	
	✓ Initial						view Pa	rkway, Si	uite 200		ACREST	00.0				- 9
☑ DOLWD	Amended		7			State, Zip (		i Kway, O	dite 200		Promise					
□ DHSS	Amendm	-			- 100	10 mg 46 m			L			- Management	ilen 'r			
DCA	☐ Emergen	cy (incl	uding			minghan		1242					53			
(NJAC 5:23-8)	justificati					of Contac	0.00				Telephone N		r			
	☐ Cancellat	tion			Eliz	zabeth M	ann				205-970-	7850				
					FA	CILITY IN	FORMA	TION								
Name of Facility Where Al				1.5000					Type of Facili	ty (4)	V.		10			
HealthSouth Rehab	Hospital of	f Toms	s Riv	er					School (K-		200 000 20					
Street Address		-175-167							☐ Subchapte ☐ Other (i.e.,				al bu	ildina	c	
14 Hospital Drive									homes, et	c.)	ate and com	IIIICICIO	ai bu	nunig	٥,	
City (5)									Square Feet		# of Floors		Blo	dg. Ag	ge	
Toms River									84,619		3			over	30	
County (6)					Cour	nty Code (7	)(STATE U	SE ONLY)	Current Use (	Prior	if being den	nolishe	ed)			
Ocean									Rehab Ho				-6			
Name of Monitoring Firm I	lired by Build	ding Ow	vner (	8)	ASCM	No.	Name o	f Abateme	ent Contractor (							
Horizon							The above as well as the		Mold Servi		Corp.					
Street Address								ddress			оогр.					
PO Box 316									oulevard							
City, State, Zip Code								ate, Zip Co		_				_		
Thorofare, NJ 08086							100000000000000000000000000000000000000	esport, N								
Project Manager for Monito				Tele	phone	No	Telepho		10 00000		License No			400		
Dave or Steve Flanic				11.100.00.00	6-848			702-0400			00862	1.				
Start Date (10)		Schedul	ad Co					f OSHA M	anita.		00002					
10 /1 / _	18	10	_ /	31		18		L Analyti	MI 10 15 TOTAL I							
Occupancy Status During							Street A	ddress								
☐ Facility Closed/Vacated							200 (	J.S. Rout	e 130 North							
Abatement Performed							City, Sta	ate, Zip Co	de							
Time of Abatement:	AIVI	PIVI/_		_PIVI-		AM	Cinn	aminson	, NJ 08077							
Scope of Work (Check all t	that apply)						Name of the last o		0							
≥3 sf or ≥3 lf		1	7 Par	novati	on			Full Conta	ainment with N	egati	ve Pressure	9				
≥160 sf or ≥260 lf		Ë		nolitic			_	The state of the s	Procedure							
		2.0							mpted (*) and N	Non-F	Friable Proce	edure				
				Locat	17.00								Aba	ateme	ent T	уре
Location o				lorma d Sole				scription of				T	R	Z	Ш	ш
Asbestos-Containing M TO BE ABAT		)		ntena				aining Mat systems ii	erial (ACM)		Amount (Specify		emo	Repair	nca	ncic
IN Facility	-		Cust		Staff?	(1.0	surfac	cing, VAT,	or		SF or LF)		Removal	=.	Encapsulate	Enclosure
(13)		-		(12)		-	other n	niscellaneo	ous)						late	Ф
			Yes	No	N/A											
Approx. Nine Rooms 8	& Hallway				$\boxtimes$	Popcor	n Ceilin	g			2,000 SF	:				
		Г			$\boxtimes$									П	П	П
						-				+-				=	=	
		- 1-								+						
Name of Desisters 4344 - 4		_  L				<u> </u>								Ш	Ц	Ш
Name of Registered Waste	Hauler			11/000	JDEP \ auler ID		Cubic Yaste	ards of	Name of Reg							
Waste Management					17273		5		Grand Ce	entra	al					
City, State							Disposa		City, State							
Lafayette, NJ							10/31	/2018	Penn Arg	yle,	PA					
Completed By (Print or Typ	oe)	Title					Sig	nature /	١			Date				
Kimberly A. Trumbet	tti	Offi	ice C	oord	linator	<b>-</b> 3	P	50 1	Commence	tenesca.		i P	1	8-1	Ŷ	
NCD 41								1	A)			110		)	0	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 24 / 18 Harvey Sternberg / Job #1809-2356 Chk. #NA Agencies Notified Type Notification Street Address ☐ EPA ☐ Initial **⊠** DOLWD M Amended City, State, Zip Code **⊠** DHSS Amendment #3 Gloucester Township, NJ 08081 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Andrew Folcher, Demo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Gloucester Township 2500 1 45 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Gloucester Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Finog Environmental Asbestos and Mold Services, Corp. Street Address Street Address 671 Stoke Road Suite 4-318 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Medford, NJ 08055 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rebecca Rubnitz 888-715-2211 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 3 / 18 10 / 12 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure $\boxtimes \ge 3$ sf or $\ge 3$ If ☐ Renovation ☐ Demolition ≥160 sf or >260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Roofing M Roofing 3040 SF X $\boxtimes$ П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273 5 City, State Disposal Date City, State Lafayette, NJ 10/12/18 Penn Argyle, PA Completed By (Print or Type) Title Signature Kimberly A. Trumbetti Office Coordinator

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

**MAY 11** 

DUh		NOT		ATION	OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1						3 7 7
Date of Notification (1)				1000000		ig Owner/Operator (	(2)	OCT	12	20	18	
9 / _		88		Hai	rvey Ster	rnberg	/ Job #18¢	9-2356 Chk.	. #NA			- Decision of
Agencies Notified	Type Notification	n		Street	Address			ASSESTO	nce	1417.5	VY.	3.
☐ EPA ☑ DOLWD	☐ Initial ☐ Amended						l		NAME OF STREET	aur- gree	n (+=+,p+	
☑ DHSS	Amendment	#2		City, S	State, Zip (	Code						
DCA	☐ Emergency (	_	g	Glo	ucester	Township, NJ 08	3081					
(NJAC 5:23-8)	justification)				of Contac	•	1. <b>4</b> 5.75	Telephone Numb	er			
	Cancellation					cher, Demo						
Name of Equilibrially	A h = 4 = = - 4 ! = - T = 1 !	Di	(0)	FA	CILITY IN	NFORMATION						
Name of Facility Where A	Abatement is Taki	ng Place	e (3)				Type of Facility (					
Street Address							School (K-12)	(Other than K-12)				
Street Address							Other (i.e., pri	vate and commerc	ial bu	ilding	JS,	
City (5)							homes, etc.)					
Gloucester Townsh	ain						Square Feet	# of Floors		dg. Ag	ge	
County (6)	пþ			Carre	h. Cada /	7\/07475 1105 04114	2500	1		45		
Gloucester				Cour	ity Code (/	7)(STATE USE ONLY)	Residential	or if being demolish	ied)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No	Name of Abateme						
Finog Environment		Owner	(0)	AGGIVI	140.		d Mold Services	Corn				
Street Address						Street Address	a Wold Del Vices	э, согр.	-			
671 Stoke Road Su	ite 4-318					3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co						
Medford, NJ 08055						Hainesport, N						
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.				
Rebecca Rubnitz			88	88-715	-2211	609-702-0400		00862				
Start Date (10)		eduled C				Name of OSHA M	lonitor					
_10_ / _3_ /		10 /	10	_ / _	18	EMSL Analyti	ical, Inc.					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate						200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement:		al Facilit PM/	y Hour PM-		cribe AM	City, State, Zip Co	ode					2
		101/			CIVI .	Cinnaminson	, NJ 08077					
Scope of Work (Check all  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I that apply)		enovati			☐ Mini-Enc ☐ Glovebag	g Procedure	ative Pressure	•			
20 000			Locat						Ab	ateme	ent Ty	уре
Location Asbestos-Containing I <u>TO BE ABA</u> IN Facilii (13)	Material (ACM) TED	Use Ma	Norma ed Sole aintena todial (12)	ely by ince/		Description o estos Containing Ma e., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
## ## ## ## ## ## ## ## ## ## ## ## ##		Yes	No	N/A			Sheened (				ė	
Roofing	Roofing					9		3040 SF			$\boxtimes$	

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No. 17273

Name of Registered Landfill

Grand Central

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

City, State Disposal Date City, State

Lafayette, NJ 10/10/18 Penn Argyle, Penn Arg

Office Coordinator

Lafayette, NJ

Completed By (Print or Type)

Title

Penn Argyle, PA

Signature

Date 10-18

Kimberly A. Trumbetti

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

1100	}			(r u	Suaii	L TO MOM	C 0.00 and 5.10	7)						1
Date of Notification (1)					Name	of Building	Owner/Operator (	2)		OCT	12	20	18	
9/	24 /	18	_		A&H	l Partne	rship, LLC	Job #1612-2		CI	hk. 5	139		411
Agencies Notified	Type Notifica	tion			Street	Address				ACREST(	10.00	net:	yr H	1
☑ EPA	Initial				69 H	(ing Stre	et				THE			
	Amended			ì	City, S	tate, Zip C	ode				and the second			
☑ DHSS	/ Amendme					er, NJ 07								
DCA (NJAC 5:23-8)	☐ Emergence justification		luaing			of Contact			Telepho	ne Numbe	er		_	-
(110710 0.25-0)	☐ Cancellati	200 <b>4</b> 00			Kirk	Harpell			1 50 56 E = 18 40 0 10	989-5000				
					FAC	CILITY IN	FORMATION			Tw.				
Name of Facility Where Al	batement is T	aking	Place	(3)				Type of Facility (	4)					
Commercial Propert	ty							School (K-12)						
Street Address								☐ Subchapter 8 ☐ Other (i.e., pri			ial hui	Idina		
69 King Street								homes, etc.)	ivate and	Commerc	aibui	iding.	,	
City (5)								Square Feet	# of FI	oors	Bld	g. Ag	е	
Dover								217,800	4		1	07		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Prid	or if being	g demolish	ed)			
Morris								Warehouse						
Name of Monitoring Firm I	Hired by Build	ing Ov	wner (8	8)	ASCMI	No.	Name of Abateme	ent Contractor (9)						
Criterion Laboratori	es			Asbestos and Mold Services, Corp.										
Street Address				Street Address										
3370 Progress Drive	e, Suite J			3859 Sylon Boulevard										
City, State, Zip Code							City, State, Zip Co	ode						
Bensalem, PA 19020	)						Hainesport, I	NJ 08036						
Project Manager for Monit	oring Firm			Tele	phone I	No.	Telephone No.		Licens	se No.				
Mike Panepresso				21	5-244	-1300	609-702-0400	ľ	008	62				
Start Date (10)		chedu	iled Co	omple	tion Dat	te (11)	Name of OSHA N	lonitor	,					
10 /8 / .	18	10	_ /	12	_ / _	18	EMSL Analyt	ical, Inc.						
Occupancy Status During	Abatement (C	Check	only o	ne)			Street Address							
☐ Facility Closed/Vacated							200 U.S. Rou	te 130 North						
Abatement Performed							City, State, Zip Co	ode						
Time of Abatement:		_PIVI/_		PIVI-I	.00 AIV	1	Cinnaminsor	n, NJ 08077						
Scope of Work (Check all	that apply)						П. II. О.		5					
≥3 sf or ≥3 lf		1	⊠ Rer	novati	on		☐ Mini-End	tainment with Neg	ative Pre	ssure				
≥160 sf or ≥260 lf			☐ Der				⊠ Gloveba	g Procedure						
			1-	1 1			⊠ Non-Exe	mpted (*) and Nor	n-Friable	Procedure	_			
Location	of			Locat Iorma			Description of	, f				ateme		
Asbestos-Containing N	7.0	)	Use	d Sole	ly by	Asbe	stos Containing Ma		Am	ount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA				ntena odial		(i.e	., thermal systems			ecify	VOU	air	aps	losu
IN Facility (13)	y		Oust	(12)	Jian :		surfacing, VAT other miscellane		SF	or LF)	<u>a</u>		ulat	лге
()			Yes	No	N/A		other miscentific	.000)					Ð	
SpaceB230, A280, A2	60, B440, B	420				Pipe In:	sulation		106	3 LF				
Same as above						Floor T	ile		238	0 SF		П		
											П	П	П	П
							<u> </u>						П	
Name of Registered Wast	e Hauler				JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Lar	ndfill	1			-
Waste Management				1000	auler II	O No.	Waste	Grand Cen						
City, State					17273	3	5 Disposal Date	City, State						
Lafayette, NJ							10/12/18	Penn Argy	le PA					
	ma\	T:41-				1	\ \	. cili Aigy	, i A	15.				
Completed By (Print or Ty		Title		`~~~	linote	_	Signature	1		Dat			7	
Kimberly A. Trumbe	· CLI	UT	nice (	20010	linato		1/11	1 11			1-8	111		- 4

Date of Notification (1)	8		N	OTIF	(Purs	ON OF A	New Jersey SRESTOS AB JAC 8 60 acc 5	<b>4</b> 6)	REC	E		$\mathbb{V}$	
9 /	24	1	18				ding Owner/Operato	70070	11 1 00	71	2 2	OIS	
Agencies Notified					_ /	A&H Parti	nership, LLC	Job #161	2-2144	Chk	. 51	48	
Agencies Notified Type Notification  ☐ EPA ☐ Initial					Str	eet Addres	s	ASBESTOS CONTROL 8					
☑ DOLWD ☐ Initial ☐ Amended					(	9 King S	LICENSING						
☑ DHSS Amendment #2					Cit	y, State, Zij	o Code		The state of the s	- WARREDOWN COLOR	-		
☐ DCA ☐ Emergency (including					1	Dover, NJ	07801						
(NJAC 5:23-8)	cation)		9	Na	me of Cont	act		Tolonhana M					
	ellation			l k	(irk Harpe	ell		Telephone Number 973-989-5000					
						Children Constitution of the Constitution of t	INFORMATION		973-989-5	0000			
Name of Facility Where A	Abatement	is Tak	ing Pla	ce (3)		ACILITY	INFORMATION	1-					
Commercial Proper	rtv			00 (0)				Type of Facilit					
Street Address							School (K-	☐ School (K-12) ☐ Subchapter 8 (Other than K-12)					
69 King Street								Other (i.e.	r 8 (Other than K- private and comr	·12)	المائييط		
City (5)								homes, etc	c.)	rierciai	bulla	ings,	
Dover								Square Feet	# of Floors		Bldg.	Age	
County (6)								217,800	4		107		
					Co	unty Code	(7)(STATE USE ONLY)		ent Use (Prior if being demolished)				
Morris							•	Warehouse					
Name of Monitoring Firm Hired by Building Owner (8)					ASCI	M No.	Name of Abatem						
Criterion Laboratories								nd Mold Services, Corp.					
Street Address						Street Address			es, Corp.	7-5-5			
3370 Progress Drive, Suite J						3859 Sylon Boulevard							
City, State, Zip Code													
Bensalem, PA 19020	0						City, State, Zip C						
Project Manager for Monito				1-	Face I and a		Hainesport, I	NJ 08036					
Miles D					lenhone	hone No. Telephone No.							
Mike Panenresso									License No.				7
Mike Panepresso				2	215-24	4-1300	609-702-0400		License No. 00862				
Start Date (10)	10			Compl	215-24 letion D	4-1300 ate (11)			100				
Start Date (10)	18		10_	2 Compl /1	215-24 etion D	4-1300	609-702-0400 Name of OSHA M	lonitor	100				
Start Date (10)	18 Abatement	(Chec	10 k only	Compl / 1	215-24 etion D 2/	4-1300 ate (11)	Name of OSHA M EMSL Analyti	lonitor	100				
Start Date (10)  10 / 8 / _  Occupancy Status During A Facility Closed/Vacated	18 Abatement	(Chec	10 k only	Compl / 1 one)	215-24 letion D 2 /	4-1300 ate (11) 	Name of OSHA M EMSL Analyti	lonitor ical, Inc.	100				
Start Date (10)  10 / 8 / 2  Description of the start of	Abatement During Ent	(Chec	tk only	Complete 1 (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	etion D  // / / / / / / / / / / / / / / / / /	4-1300 ate (11) 18_ scribe	Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout	lonitor ical, Inc. te 130 North	100				
Start Date (10)  10 / 8 / _  Occupancy Status During A  Facility Closed/Vacated	Abatement During Ent	(Chec	tk only	Complete 1 (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	215-24 letion D 2 /	4-1300 ate (11) 18_ scribe	Name of OSHA N EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Co	lonitor ical, Inc. te 130 North	100				
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