			- Designation		n s	many			F		617		Print
h0072		NO	Pursua	State of ON/OF A of to NV	New Jer SBESTO AC 8:60	SABATE	EMEN (0)	Т		E C			y E
Date of Notification (1) 10/122018 CHECK #0072			Name	e of Buildi	ng Owne	r/Operato	r (2)			00	1	6 20	18
Agencies Notified Type Notification  EPA   X   Initial	on		700000000000000000000000000000000000000	t Address REA A\		X				OPES:	YOU Y		52771
× EPA	nt#		City,	State, Zip	Code	07500				The state of the s	Audition marks		7
DOH Emergency justification	y (includir	ng	Name	VTHOR of Conta	ct	07506			Tolophor	a Niimh	er	61	
DCA Cancellation				COLYE		TION			-				
Name of Facility Where Abatement is Tak	ing Place	(3)			Ortaliza	1014	Туре	e of Facility	(4)				
Street Address 238 REA AVE							×	Other (i.e. p	12) r 8 (Other tha orivate & com	n K-12) mercial t	uilding	gs, hor	mes,
City (5) HAWTHORNE , NJ 07506							10000	etc.) are Feet (100	# of Floor	'S		. Age	
Sounty (6) BERGEN			Count (STATE	Code (7)	) 		Curre	ent Use (Pri	or if being de	molished	100000	XI	
lame of Monitoring Firm Hired by Building	Owner (8	3)	ASC	CM No.		Name	of Aba	atement Cor	ntractor (9)	TIMO	10		
treet Address	*					Street	Addre	ess	CONTRAC	ING	VC		
ity, State, Zip Code						City, St	tate, Z	CH ST					
roject Manager for Monitoring Firm			Teleph	one No.		Telepho		D, NJ 074		ise No.			
art Date (10)	Schedu	led Co	mpletion	Date (11	)	201 8 Name o		9418 HA Monitor	0130	01			
10 / 29 / 2018 ccupancy Status During Abatement (Cher	ck Only O	3 ne)	1/2	0/4			SOLU	JTIONS C	CONTRACT	TING IN	IC		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: HOUSE BESEMEN	Period of	Abata	ment rs			24 CF City, Sta	HUR(	CH ST ip Code					
ope of Work (Check All That Apply)						ELMV	VOO	D, NJ 074	407				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov				×	Min	i-Enclosure vebag Proc	edure				
	1 .	Locat				- Ind	1401	I-Exempled	(*) and Non-l	-nable P	Aba	temen	ıt
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use	Norma ed Sole intena	ely by	Asbes	stos Cont	scription of aining Ma	terial	(ACM)	Amount			уре	
In Facility (13)	Yes	(12)	Staff?	(i.e	surfac	systems i sing, VAT, niscellane	, or	tion,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	100	140	X		PIPE IN	ISULAT	TION	-	100LF	X	-	(D)	
			JDEP Wauler ID		Cubic of Was				egistered Lan	dfill		1	$\vdash$
LANTIC CARTING													
ANTIC CARTING , State					Dispos	al Date		City, State	2VI DA 40	070			
me of Registered Waste Hauler LANTIC CARTING  y, State N ARGYL  mpleted by IS ARCILA	Title PRES		NT		Dispos TDB	al Date	7		GYL,PA 18	072 Date 10/12/	2018		

2h35199		NOT	ΓΙΓΙΟ (F	ATIO	OF AS	SBEST	TOS ABA	TEMENT		<b>E G</b>	6			The state of the s
Date of Notification (1)	Scheduled Completion Date (11)   18   19   18   19   19   18   19   19													
	/18	8		Во	b Stroub	b		J. (C)	hai ted	001-	3	51	)	6
				Stree	t Address	3			A	SPEATS.	70 CC	NO.	301.8	<u>I.</u>
				City.	State, Zip	Code								
[Page 13] [Page			-	100			8740				100			
DCA Eme (NJAC 5:23-8) justi	ergency (II ification)	ncludin	g						Toloph	one Num	hor			
[									relepti	one Isum	Del			
						B	MATION		_			-		
Name of Facility Where Abatemer	nt is Takin	g Place	e (3)					Type of Facility	(4)					
Residence								50.00	02 E3					
Street Address								Subchapter  Other (i.e., p	8 (Other t	han K-12 d comme	!) rcial bu	uilding	gs,	
City (5)										1		-1 ^	2000	
Ocean Gate								I to the second of the second	Line of the same	RIOOIS			ge	
County (6)		111-011-		Cou	nty Code (	(7\/STAT	E LISE ONLY					00		
Ocean				000	nty Code (	(1)(01)(1)	L USE UNLT)		ior ii bein	g aemolis	snea)			
Name of Monitoring Firm Hired by	Building (	Owner	(8)	ASCM	No	Nom	a of Abatam	The river than the same						
N/A		0 111101	(0)	710014	110.									
Street Address								ntracting, inc.						
						2-70-70-000		11-:4-04						
City, State, Zip Code														
,,,p						100000000000000000000000000000000000000			755					
Project Manager for Monitoring Fir	m		Tel	ephone	No			New dersey do		no No				
						and the		2	100000000000000000000000000000000000000					
Start Date (10)	Sched	duled C	ompl	etion Da	ite (11)	Name	e of OSHA N	Monitor					- 10-0	-
			260	6_ /	18	E.N	VI.S.L. Ana	lytical						
Occupancy Status During Abateme						Stree	t Address							
☐ Facility Closed/Vacated During	Entire Pe	riod of	Abate	ement		10	56 Stelton							
Abatement Performed Outside	of Normal	l Facilit	y Hou	rs - Des	scribe	City,	State, Zip Co	ode						-
		IVI/	PIV		AM	Pis	cataway, l	New Jersey 08	854					
Scope of Work (Check all that app	ly)													
≥3 sf or ≥3 lf		Re	enova	tion			☐ Full Con	tainment with Neg losure	ative Pre	ssure				
							Gloveba	g Procedure						
		Τ.			1		Non-Exe	mpted (*) and No	n-Friable	Procedu	re			
Location of							S				Ab	atem	ent Ty	уре
Asbestos-Containing Material (	ACM)	Use	d So	ely by	Asbe				Am	ount	Re	Re	E	En
TO BE ABATED IN Facility						e., them	nal systems	insulation,	(Spe	ecify	Now	pair	cap	clos
(13)		000							SF o	r LF)	/al		sula	ure
*****		Yes	No	N/A		0010	THISOCHATIC	ous)					te	
exterior					asbest	os sidi	ing		650	) sf		П	П	П
										2000		П		
		П	П								$\pm \equiv$			
			-								+-			
Name of Registered Waste Hauler					Masta	Cubia	Vosda ist	N		1611		Ш	Ш	Ш
Guardian Contracting, Inc.			1.4	Hauler II	O No.	Waste			tered Lan	atili				
City, State				2022	,		sal Date	City, State						
Toms River, New Jersey						1000	26/18	Tullytown,	Pennsy	Ivania				
Completed By (Print or Type)	Title	9					Signature	1 A '	1	Da	te ·	1:		
Nicholas Fernicola	P	roject	Man	ager				7. Let	/	1	10/	,, 1,	5	

Jh3512	10													
Date of Notification (1)	11 /	18			Sepol	Groves	Total 1	find formers	2)	OCI	16	20 5 /	18	2
Agencies Notified	ation (1)  / 11 / 18  ied Type Notification   Initial   Amended   Amendment #   Emergency (including justification)   Cancellation    by Where Abatement is Taking Place (3)  Code  er for Monitoring Firm Telephone   Scheduled Completion    25 / 18									ACREST	one.	21	<i>≠</i>	2!
⊠ EPA					3	) Woo	od Hav	ven Road		I WARREN	Č.	1.5	70	C.C.
⊠ DOLWD	tition (1)    11							ode		Automorphic and Company of the Compa	- Children in .	un u	-,41-0	
	cation (1)  0  / 11  / 18  ified							NJ 08753				,		
	ification (1)  10									Telephone Num	ber	_		_
,	iffication (1)  10									The transfer of the contract o				
	Initial							FORMATION					-	
Name of Facility Where A	batement is 1	Taking	Place	(3)					Type of Facility	(4)				-
Residence									1 55.00	100				
Street Address									Subchapter 8	Other than K-12	)	9.0	27	
									homes, etc.)	rivate and comme	ciai bu	ilaing	S,	
City (5)											Blo	dg. Ad	je	-
Lakewood										2				
County (6)					Co	unty C	ode (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			_
Ocean						58 (4)	* * *	•						
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	ASC	M No.		Name of Abateme	ent Contractor (9)					
N/A	7	8												
Street Address	700000000000000000000000000000000000000		-0-04						<b>g</b> ,		- 2	127553-7		-
The state of the s								1889 Route 9	, Unit 61					
City, State, Zip Code														
										755				
Project Manager for Moni	toring Firm			Te	lephon	e No.						_		-
	75%				•				1					
Start Date (10)		Sched	uled C	omp	letion [	Date (1	1)	Name of OSHA M	Monitor		- 112			-
_10_ / _25_ /							(3)	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (	Check	only o	ne)										_
					ement									
☐ Abatement Performed	Outside of No					escribe	e		nde				-	
Time of Abatement: _	AM	PN	1/	_PN	/I	_AM				R54				
Scope of Work (Check all	that apply)							,,		304				
	11. 27									ative Pressure				
			2 00							n-Friable Procedu	re			
											Ab	atem	ent Ty	уре
											Z.	Z,	Ш	Ш
		1)	Ma	inter	ance/						emo	epai	ncap	nclo
IN Facilit			Cus	200		,	(	surfacing, VAT	, or		val	_	lusc	sure
(13)			V	T				other miscellane	ous)				ate	(0
avtaria.		-	_			-					-	_		
exterior				M		asi	besto	s siding		3000 sf	M	Ш	Ц	Ш
											П	П	П	
Name of Registered Wast	te Hauler				NJDE	9 Wast	te	Cubic Yards of	Name of Regis	tered Landfill	_			
Guardian Contraction	ng, Inc.								370					
City, State					202	25			City State					
	rsey									Pennsylvania				
		Title						osavania ona	1		te	-		
Nicholas Fernicola	* T*			Mai	nager			Signature	Ja-1	/		1,	Q.	

1/100/1/		,	TOP					TOS ABA 60 and 5:1				Li !	2 [	
Date of Notification (1)	11 /	18				e of Buildin		ner/Operator	(2)	00	1 1 6	< 20 < 1	18/	
Agencies Notified	Type Notific		-			t Address				ASPES	. ر TOO G	건 ( 기기:	201	<u> </u>
	⊠ Initial										JOENS.			
⊠ DOH	☐ Amended Amendm	-			9000	State, Zip (								
	☐ Emergen		ludino		Sc	otch Plai	ns, N	J 07076						
(NJAC 5:23-8)	justificati	on)		,	Name	of Contac	ct			Telephone Nu	mber			-
	☐ Cancella	tion			Bil	Wilkins								
					FA	CILITY IN	NFOR	MATION		-1			7-71-7	
Name of Facility Where Ab	atement is 7	Taking	Place	(3)	10.7353				Type of Facility	(4)				
Residence									School (K-12	10.5				
Street Address									Subchapter	8 (Other than K-	12)	ave exercis		
									homes, etc.)	rivate and comm	ercial bu	iilding	js,	
City (5)									Square Feet	# of Floors	RI	dg. A	ne.	
Fanwood									2500 sf	2	100	80	90	
County (6)					Cour	nty Code (7	7)(STAT	TE USE ONLY)		ior if being demo				
Union						, (.	. ,,	. = 002 0.12.7	Residence	ioi ii being demo	listicu)			
Name of Monitoring Firm H	ired by Build	dina Ov	vner	(8)	ASCM	No	Nan	ne of Ahatem	ent Contractor (9)			-		
Guardian Contracting	and difference in the same	9		/			4		ntracting, Inc.					1
Street Address	3,						-	et Address	macung, mc.					-
1889 Rte. 9, Unit 61								889 Route 9	Linit 61					
City, State, Zip Code				- 3271			-	, State, Zip C	53					
Toms River, New Jer	sev 08755						40000		New Jersey 08	755				
Project Manager for Monito				Tele	phone	No		phone No.	New Jersey 00					
Nicholas Fernicola						-9932	1000	32-349-9932	,	License No. 00624				
Start Date (10)		Schedu	led C		경기 : 전경, 급	te (11)		ne of OSHA N		00024				
10/26/	18	10	_ /	_ 29		/1		M.S.L. Ana						
Occupancy Status During A							Stre	et Address						
☐ Facility Closed/Vacated							10	56 Stelton						
Abatement Performed C	outside of No	ormal F	acility	y Hou	s - Des		City,	State, Zip Co	ode			_		-
Time of Abatement:	AIVI	PIVI/		_PIVI-		AM	Pi	scataway, I	New Jersey 08	854				
Scope of Work (Check all the	nat apply)													
≥3 sf or ≥3 lf		Г	7 Re	novati	on				tainment with Neg	gative Pressure				
☐ ≥160 sf or ≥260 lf				molitic				Gloveba	g Procedure					
								☐ Non-Exe	mpted (*) and No	n-Friable Proced	ure			
Location of				Locat Norma							Ab	atem	ent T	уре
Asbestos-Containing Ma		)	Use	d Sole	ly by	Asbe		Description of Containing Ma		Amount	Re	Re	E	m
TO BE ABATI	ED			intena odial			e., ther	mal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)			Cusi	(12)	olan:		St	urfacing, VAT er miscellane	, or	SF or LF)	la la		Encapsulate	ure
(10)			Yes	No	N/A		Otti	ei illiscellarie	ous)				ite	
stairwell		1		$\boxtimes$		plaster	(			40 sf				
kitchen		1		$\boxtimes$	П	asbesto	os flo	or tile & ma	astic	150 sf		П	П	
			=		1000000			or the drine	20110	100 31	-			
		- 1										Ш	Ш	
<u></u>		[												
Name of Registered Waste				0.000	JDEP \		200000000000000000000000000000000000000	ic Yards of	Name of Regis	tered Landfill				
Guardian Contracting	g, Inc.			H	auler II 20223		Was	te	T.R.R.F.					
City, State					LULLU			osal Date	City, State					
Toms River, New Jers	sey						10	/29/18		Pennsylvania				
Completed By (Print or Type	e)	Title					1	Signature	1/1	_//	Date /	1		
Nicholas Fernicola		Pro	ject	Mana	ager				(te	1	10/	11/	8	

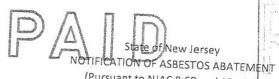
State of New Jersey

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Date of Notification (1) 10/10/18				of Building F Constru	Owner/Ope uction	erator	(2)			U	CT 1	b	20	lö	Tandin.
Agencies Notified Type Notification  EPA Initial	1		498 E		nty Line F	Road	 d		/	keer.	11(11)	-854 °C			2
DEP Amended Amendmen Emergency				ate, Zip Co wood, NJ								æ	# =	8	
DOH justification Cancellation	)			of Contact Constru	uction						-0693				
Name of Facility Where Abatement is Takin	ng Place (	(3)	FAC	ILITY INFO	ORMATION	ı	Type	e of Facility	(4)						
Street Address								School (K- Subchapte Other (i.e. etc.)	12) er 8 (Othe	er than k comm	K-12) nercial	buil	dings	, hom	es,
City (5) Lakewood							Squ. 170	are Feet	# of	Floors	3	E	Bldg. A	\ge	
County (6) Ocean			County (STATE	Code (7) USE ONLY)	·	-	Curr	ent Use (Pr ne	ior if beir	ng dem	nolished	i)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	M No.	N.	lame AAA	of Ab LEA	atement Co D PROFI	ntractor ESSIOI	(9) NALS	;				
Street Address					1 1 2 2 2		Addre	oss DOVE C	OURT						
City, State, Zip Code					Ci	ity, S .AKE	tate, 2 EWO	Zip Code OD, NJ 0	8701						
Project Manager for Monitoring Firm			Telepho	ne No.			one N	No. 9078		Licens 1200					
Start Date (10) 10/21/18	Schedul 10/24/		npletion	Date (11)				HA Monitor D PROFE		NALS				3	
Occupancy Status During Abatement (Chec		4.5%	SEASONS .		0.000		Addre	ss DOVE C	OLIRT			02-10			
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	nal Facility	Abaten y Hours	nent		Cit	ty, St	ate, Z	ip Code							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf		Renova	tion				1	II Containm		Negativ	ve Pre	25111	re		
≥160 sf or ≥260 lf	×	Demolit	ion			×	Mi	ni-Enclosur ovebag Pro n-Exempte	e cedure					2	
Location of		Locati Vormali			Descrip					110111	Tidble I		Abate Ty	ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Solei intenar todial S (12)	ice/	(i.e. t	os Containir thermal syst surfacing, other misce	ng Materns tems	ateria insula , or	I (ACM) ation,	(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A		CIDI	NO								ate	Ге
EXTENOR					SIDI	ING			250	)0SF	X				
Name of Registered Waste Hauler NEWARK CARTING		Ha	JDEP W auler ID 509	No.	Cubic Yard of Waste 10	ds		Name of	Registere	ed Lan	dfill				
City, State NEWARK, NJ			-0-925		Disposal D 10/24/18		4	City, State		PA		11.00			-
Completed by JOSEPH PERLSTEIN	Title OWN	ER			Signa		-				Date 10/10	)/1	8		

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Date of Notification (1) 10/10/18				Name o	of Building	Owner/ erties	Operato	r (2)	<del></del>			(	CT	16	20	118
Agencies Notified	Type Notification				Address nwood /	Avenue	, Suite	412	2		1	(SE)	EKTÉ LIU	7. C	in i	74.74.
DEP × DOL	Amended Amendmen			City, St	ate, Zip C Orange,	ode									Water Gran	***
DOH DCA	iustification Cancellation	)		Name o	of Contact						lephon			xt 30	)7	
				FAC	ILITY INF	ORMAT	ION					-				
Name of Facility Where A	Abatement is Takir	ng Place (	3)					Typ	School (K-12 Subchapter of Other (i.e. pretc.)	2) 8 (Oth	er thar & comi	n K-12 merci	2) al buil	dings	, hom	es,
City (5) Irvington								Squ 372	uare Feet	# 0	f Floor	S	E	Bldg. /	Age	
County (6) Essex					Code (7) USE ONL	n			rent Use (Prio	r if be	ing der	nolisł	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.				patement Cont			3				
Street Address				1			Street	Addr	No. of Persons and							
City, State, Zip Code							City, S	state,	Zip Code DCD, NJ 08							
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	none		701	Licen		0.			
Start Date (10) 10/12/18		Schedule		mpletion	Date (11)		Name	of OS	SHA Monitor AD PROFES	2810						
Occupancy Status During		k Only Or	ne)				Street	Addr	ess	0.000100.00						
Facility Closed/Vaca Abatement Performe  Other – Describe:	ted During Entire ed Outside of Norn	Period of Anal Facility	Abaten Hours	nent s			City, S	tate,	Zip Code							
Scope of Work (Check All	That Apply)						LAKE	= ٧٧ (	OOD, NJ 08	701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- тас гарруу		Renova Remolit		<		×	M G	ull Containmer lini-Enclosure lovebag Proce on-Exempted	dure					e	
Location		N	Locati	lly		Des	scription						1	Abate	emen pe	
Asbestos-Containing I <u>TO BE</u> ABA In Facilit (13)	TED	Mai	d Sole intena odial S (12)	nce/		tos Cont thermal surfac	aining M	lateria insu T. or		(S	mount specify or LF)		Remova	Repair	Encapsulate	Enclosure
INTERIO	)R	Yes	No	N/A			IDINIC			-	0.55				ate	9.
INTERIC						P	IPING			3	0 FT		х			
											í					
Name of Registered Wast	e Hauler		7.00-5	JDEP W	007.007	Cubic	Yards		Name of Re	egiste	red Lar	ndfill				
NEWARK CARTING			1000	auler ID 4509	No.	of Was	ite		IESI							
City, State NEWARK, NJ	777					Dispos 10/23	al Date /18		City, State BETHLE	НЕМ	PA					
Completed by JOSEPH PERLSTEIN	1	Title OWN	ER			Si	ignature		-			Dat 10	e /10/1	8		

C E Rhiht Form

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Date of Notification	131		A 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1	oursuant to NJAC 8:6	0 and 12:120)			1		
10/10/18	(1)			Name of	Building Owner/Operator (2				JE3	+17	20
Agencies Notified	Type Notification			Aimee	Norton		Valla	og congrati	je -	1	
□ EPA	⊠ Initial		1	Street Ad	dress	Luc Luc	The same of the same of the same				
☐ DEP	☐ Amended							9 8 9			
⊠ DOL	Amendment #				, Zip Code						
	☐ Emergency (inclu	dina			vood, NJ 07040						
⊠ DOH	justification)	uirig		Vame of (			Telephone	Mirror			
□ DCA	☐ Cancelation		1	Aimee	Norton		Transplicite	wumber			
					FACILITY		i i				
Name of Facility When	re Abatement is Taking Place (3)				FACILITY INFORM					_	
Residence						Type of Facility	(4)				
treet Address						☐ School	ol (K-12)				
						☐ Subch	napter 8 (Other th	ian K-12)			
ity (5)						Other	(i.e. private & Co	mmercial building			
Naplewood, NJ (	27040								s, nom	ies, e	etc.)
	57040					Square Feet	# of Floors	Bldg. Age			
ounty (6)				Co	unty Code (7)	Current Use (Psi	2	90+			
SSEX				(57	ATE USE ONLY)	Home	or if being demolished	d)			
ane or Monitoring Fir	m Hired by Building Owner (8)				ASCM No.						
					ASCIVI IVO.	Name of Abaten	nent Contractor (9)				
eet Address						Unicorn Cor	stracting Corp.				
	2012-2017-2017					Street Address					_
, State, Zip Code						32 Willow W					
						City, State, Zip Co					
ject Manager fo Mon	itoring Firm			1		Woodland P.	ark, NJ 07424				
				Tele	phone No.	Telephone No.		License No.			
t Date (10)						973-333-917	6	01331			
/19/18					mpletion Date (11)	Name of OSHA Me	onitor	01331		_	
upancy Status During	Abatement (Check Only One)		10/	19/18		Envirovision (	Consultants, Inc				
	d/Vacated During Entire P	orio d - 6				Street Address					
Abatement Pe	erformed Outside of Norn	erioa or /	Abatem	ent		20-21 Wagara	w Rd., Bldg. 35	-F			
Other - Descri	be:7 am start	iai Facilit	y Hours			City, State, Zip Cod	e				
e of Work (Check All	That Apply)					Fair Lawn, NJ					
≥3 sf or ≥3 If	12-13-14-14-14-14-14-14-14-14-14-14-14-14-14-		A management				07.120				
≥160 sf or ≥26	O If		X	Reno	vation	☐ Full Cont	ainment with Neg				
-100 Ji Oi E20	0 11			Dem	olition	⊠ Mini-Enc	losuro	gative Pressure			
							Procedure				
						□ Non-Ever	nnted (*)				
14	ocation of		Is Locati				inpled ( ) and Nor	n-Friable Procedur	e		9
	aining Material (ACM)	1 .	Normal Ised Solel	9.500		Description of				Aba	
<u>TO I</u>	BE ABATED		Maintenar		Asbestos	Containing Material	(ACM)	Amount	-	1	Туре
lr	Facility (13)	C	ustodial S	taff?		ermal systems insula	tion,	(Specity		1	1
	(13)	-	(12)	_		surfacing, VAT, or ther miscellaneous)		SF or LF)	æ		Enca
Pa	sement	Yes	No	N/A					Removal	Repair	Encapsulate
Da	sement	-	X		Asbestos co	ontaining Pipe I	nsulation		_	air	ate
						zaming ripe i	nsulation	10 LF	X		
£ D			NJDEP W	aste Hau	ler ID No.	and the second					
	Corn		00358			ubic Yards of Waste		Name of Regustered			
rn Contracting	согр.				1			Fairless Hills La	ndfill		
rn Contracting (					1-						
of Registered Waste H Irn Contracting ( Ite Iland Park, New					160	isposal Date		City, State			
rn Contracting ( ite lland Park, New ied by		Title			160	BD		City, State	dilli		
rn Contracting ( ite lland Park, New		Title Preside	ent		160		/	Market Additional Control	Date		

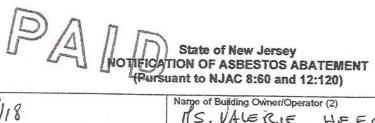
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

		NOT	(Pursua	nt to NJAC	ESTOS 8:60 an	ABATE d 12:12	MENT 0)	Vloa	1	18	7	149		
Date of Notification (1) 10/9/18		len - Eur		of Building		Operato	r (2)	Muc		-1-	1-1	U		
	41		770	m Ferrara	1		54 55	1	EC		II	Wil	E	(p. 10
7,70	tion		Street	Address				1111	15 U	5	<u>l</u>	U	5	7
EPA X Initial DEP Amende	d		City S	State, Zip Co	de			13						
▼ DOL Amenda	nent#			Bridge, N		829			00	т 1	6	201	R	1
X DOH Emerger	ncy (includir	ng	-	of Contact	10 000	J23		15 4				_0 1	J	1,1,1
DCA Cancella			100000000000000000000000000000000000000	Ferrara					elephon	e Numi	oer			1
N. C. S. W. L.			FA	CILITY INFO	DRMAT	ION		+			: 18-		1.8	
Name of Facility Where Abatement is T. Home	aking Place	(3)					Type of Fac	cility (4)	THOMAS TO	-1-1712	er Hald	-	··	2000
Street Address							Schoo	I (K-12)						
otioet/iddress							Subch Other	apter 8 (Ot (i.e. private	her than	K-12)	والديط	/:		20 e 27
City (5)							etc.)		ox COIIII	nerciai	Dulic	ings	, non	ies,
High Bridge							Square Fee	0 00	of Floors	3	10000	ldg.	Age	
County (6)			County	/ Code (7)			2200	2			1	7		
Hunterdon				USE ONLY)			Current Use	(Prior if b	eing den	nolishe	d)			
Name of Monitoring Firm Hired by Buildi	ng Owner (	8)	ASC	M No.		Namo	of Abatemen	t Contract	- 101					
•	,					ABS	Environme	ental Ser	vices	ПС				
Street Address							Address	oritar oci	vices,	LLC		_		
							3ox 483, 4	E Gate [	Orive					
City, State, Zip Code							tate, Zip Cod							_
						Glen	wood, NJ	07418						
Project Manager for Monitoring Firm			Teleph	one No.			one No.		Licens	se No.				
Start Date (10)							764-2276		703					
10/18/18	10/30		mpletion	Date (11)		Name	of OSHA Mor	nitor						
Occupancy Status During Abatement (Ci		0.000				Charak	A -1 -1							
Facility Closed/Vacated During Enti Abatement Performed Outside of N	re Period of	Ahater	ment				Address							
X Other - Describe: basement	ormai r aciii	ty rioui	5			City, St	ate, Zip Code	9						
Scope of Work (Check All That Apply)				MG - 11										
≥3 sf or ≥3 lf	П	Renova	ation				F # 6	100 VI 7200						
× ≥160 sf or ≥260 lf	processed.	Demoli					Full Conta Mini-Enclo	inment with	n Negati	ve Pres	sure	•		
						×	Glovebag	Procedure	Appendix 1	54500000 - 10000				
		s Locat		T			Non-Exem	pted (*) an	d Non-F	riable l		77.1		8
Location of		Normal			-						-		ment pe	Ŷ.
Asbestos-Containing Material (ACM)		ed Sole aintena		Asbesto	s Conta	cription of the cription of th	ot aterial (ACM)	Δ.	mount		T			
TO BE ABATED In Facility		stodial S		(i.e. th	nermal s	systems ing, VAT	insulation,	(5	Specify		D	R	Encapsulate	Enclosure
(13)		(12)				ing, va i iscellane		SI	or LF)		Remova	Repair	ısde	solc
	Yes	No	N/A							1	<u>ú</u>	=	ılate	ure
basement		200000	×		nino i	nouloti			45.15	_	+			
					hihe i	nsulati	on	14	45 LF	X	4			
										-	-			
Name of Registered Waste Hauler		N	JDEP W	/aste (	Cubic Y	ards	Namo	of Registe	rad I ac	dfill				
Freehold Cartage		Н	auler ID	No.	of Wast	(100 to 100 to 1								
City, State		15	5939		TBD			tern Berl	ks Land	atill				
reehold NJ				20102	Disposa	I Date	City, S							
Completed by	Title				TBD		Birds	sboro, PA	4					<u> </u>
A. Scott Higgins		ident			Sig	nature	(A)			Date	10			
								_		10/9/	18			

Prin	nt E	or	m

	5	7	7	Prop	State of	Now Jor								Silver
Date of Notification (1)	<u> </u>		Tho	(Pursua	on of A	SBESTO AC 8:60 a	S ABATE and 12:12	20)	Cla	a k	ار	18	11	(0
10/9/18				Nam	of Buildi	ng Owne	r/Operato	r (2)	0100			1	111	0
	Type Notification	n .			rose Re					1 /	2 6	F	7 13	.77
		HE		100000000000000000000000000000000000000	t Address Box 145					1	3 6	G	11	#
EPA DEP	Initial Amended			_						-31				-
X DOL	Amendmer	nt#			State, Zip nmit, NJ						0.07	1 0		
▼ DOH	Emergency	(includir	g		of Conta				1.3	-4	OCT	16	20	18
DCA DCA	justification Cancellatio				hen Gi				Tel	ephone	Numbe	Г		
					CILITY IN		TION			AS	BERT	10.00	7617.0	-/31
Name of Facility Where Ab	atement is Taki	ng Place	(3)		OILIT I	FORWA	TION	Type of Facil	ty (1)			1000	13.1.7	
store														77-1-1
Street Address								School Subcha	K-12) oter 8 (Oth	er than I	K-12)			
35 Beechwood Road								X Other (i.	e. private 8	& comm	ercial b	uilding	s, hor	nes,
City (5)			10000					etc.) Square Feet		Floors				
Summit								5,000	1	FIDUIS		65	Age	
County (6) Union				Count	y Code (7	)		Current Use (		na dema	olichod)			
		2-72		(STATE	USE ON	-Y)	<del></del> \$	store		ng demic	maneu)			
Name of Monitoring Firm Hi	red by Building	Owner (8	3)	ASC	CM No.		Name	of Abatement	Contractor	(9)				_
Street Address							ABS	Environmen	ital Serv	ices. L	LC			
Street Address								Address		, -				_
City, State, Zip Code							POE	3ox 483, 4 E	Gate Dr	ive				
ony, otate, zip code								tate, Zip Code		-				
Project Manager for Monitor	ion Firm						Glen	wood, NJ 0	7418					
- reject manager for Monitor	ing Firm			Teleph	one No.			one No.		License	e No.			
Start Date (10)		Cobodul	- 10				1	764-2276		703				
10/17/18		10/31/	ea Co '18	mpletion	Date (11	)	Name o	of OSHA Monit	or					
Occupancy Status During Ab	patement (Chec													
A STATE OF THE STA							Street	Address			Name of the second			
Abatement Performed (	Outside of Norm	al Facility	Abate / Hour	ment 's			City Ct	-1- 7: 0 1						
							City, St	ate, Zip Code						
Scope of Work (Check All Th	at Apply)													
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			Renova Demoli				×	Full Contain Mini-Enclose Glovebag Pr	ire ocedure					
	2431	la	Locat					Non-Exempt	ed (*) and	Non-Fri	able Pro			
Location of		100	Vorma					erio.					emen: /pe	ii.
Asbestos-Containing Mat	erial (ACM)		d Sole intena		Asbes	Des stos Cont	scription o aining Ma	of iterial (ACM)	۸۰۰۰	ount		T	T	
TO BE ABATE! In Facility	2		odial s		(i.e	. thermal	systems i	insulation.	(Sp	ecify	R	-	Enc	Щ
(13)			(12)			other m	cing, VAT niscellane	, or ous)	SF c	or LF)	Removal	Repair	aps	clos
		Yes	No	N/A				/			val	jir.	Encapsulate	Enclosure
First Floor				0.000000									е	
Basement				X	1x1 rec			9" black tile		0 SF	x			
Basement				X			e fittings		6 pipe	fittings	X			
Dasement				X		pipt i	nsulatio	n	40	LF	×			
Name of Registered Waste Ha														
				JDEP W auler ID		Cubic \		Name of	Registere	d Landfi	11			
ony's Cleanup & Haulir	ng		A 2027	7787	140.	of Was	te	11	Brothers			ndfill		
City, State						Disposa	al Date	City, Sta		- 411110	., Lai	iwill.		
Bridgewater NJ						TBD	. Date	Eastor						10000
Completed by		Title					gnature	_ast01	, , , , ,	15	24.5			
. Scott Higgins		Presid	dent					1			ate 0/9/18	2		
								1		_   '	0/3/10	,		

			2	tate	New	Jersey	7)		Check	: #	16403	3
		NOI	IFICA	TION (	F-ASBE	STOS ABATEMENT	))					- National Parkets
Date of Notification	n (1)	(Purs	want	to NJ	10 8:60	7 and 12 120-7 Owner/Operato:	7 (2)		E	G	EI	W
10/11/2018					n Bea		r (2)		5	<u> </u>	<u> </u>	W
Agencies Notified	Type Notifica	tion			DOME CONSTRUCTION		3 - 10:	1155		r		
[ ]EPA		CLOII	SCIE	et Ad	aress			1	C	CT	16	2018
2 (2000)	[X]Initial Notifica	ation						1.0 1.0	·			
[ ]DEP	[ ]Amended		100		te, Zip		2		1000		0.00	100 E 100 E 100 E
[X] DOL	Notifica	ation	. vve	35 C	Orang	je,NJ,07052	2		ASES		is CAU ENFAI	NTRO NG
[X] DOH	[ ]EMERGENCY	7			ontact	_	Telephon			-	mores on	
[ ]DCA			St	eve:	n Bea	11			,		888	
	[ ]Cancellat	ion	Ц									
Name of Facility Whe	re Abatement	is Tak	ing P			INFORMATION	Throng of The - 11:	t (4)		0.00		
Steven Beal		2000	ing r	ace (	3)		Type of Facili					
							[ ]School ( [ ]Subchapt		r tha	n V-	12)	
Street Addres	*						[X]Other (i					
			**				cial bu	ildings, h	omes,	etc	.)	
City (5	lo	ounty	(6)		Cor	inty Code (7)	Square Feet	# of Floo	rs I	Bldg.	Age	
			(0)		21.0	ATE USE ONLY)		1				
West Orange	E	Issex	2				Current Use (P.	rior if bei	.ng d	emol	.shed	L)
Name of Monitoring F	583		TT-0	CM No		Name of Abate	ment Contractor	(9)				
Wner (8)							ANAGEMENT,					
treet Address						Street Address	1.					
							topher St.					
ity, State, Zip Code	9		_			City, State, 2						
To the state of						H) 202 0	r, NJ 0704	2				
roject Manager for N	Monitoring Fir	m To	lenho	ne Num	hor							
			/A	ie nui	mer	Telephone Numb (973) 744		1	cens		ber	
cheduled Start Date	(10) Sahad								003	1.T		
		. Compi	22	Date	0.000	Name of OSHA M	fonitor					
Month Day Ye	ar Moni	th I	Dav	Yes		N/A						
ccupancy Status Duri	ing Abatement	(Check	only	one)		Street Address						
[X]Facility Clos of Abatement												
[ ]Abatement Per	formed Outside ibe:«OffHours	of No	rmal	Facil	ty	City, State, Z	ip Code			-	-	
[ ]other - Descr	ibe: «Offhours ibe: «Other Occ	upancy	Desc	ript»								
cope of Work (Check						L						
						[ ]Full C	Containment with	Negative	Press	ure		
[X] >3 sf or 2 [ ] >160 sf or	23 lf			ovatio olitio		[X]Mini-E	Inclosure					
	2200 11	L	) Dem	) <u> </u>	11		ag Procedure Liable Procedure	è				
	of	L	Is ocati	on		12 9 102			Ab	ateme	nt T	ype
Location	(7,07)		Used			Description Asbestos-Conta	67.60.0	Amount	R	B	E	E
Location Asbestos-Cont			Solely Wain			Material (A	CM)	(Specify	E	R	CA	C
Asbestos-Cont Material (A	ACM)			≘/		(i.e., thermal ulation, surface		SF or	0	PA	PS	0 8
Asbestos-Cont	ACM) TED	te	enance		1 7112	SHTTG		LF)	A	I R	U	U
Asbestos-Cont Material (A TO BE ABA	ACM) TED	Cu St	stodi aff (	(2)	0	r other miscell	Laneous)			12		R
Asbestos-Cont Material (A TO BE ABAN In Facili (13)	ACM) TED	Cu	stodi	N/A			Laneous)		L		L	E
Asbestos-Cont Material (A TO BE ABAN In Facili (13)	ACM) TED	Cu St	stodi aff (	(2)		r other miscell	Laneous)	75 SF				E
Asbestos-Cont Material (A TO BE ABAN In Facili (13)	ACM) TED	Cu St	stodi aff (	N/A			Laneous)	75 SF	L		L	_E_
Asbestos-Cont  Material (A  TO BE ABAY  In Facili  (13)	ACM) PED ty	Cu Sta Yes	stodi aff (: No	X X			Laneous)	75 SF	L			_E_
Asbestos-Cont Material (A  TO BE ABAY In Facili (13)  ttic  me of Registered Wa	ACM) TED ty ste Hauler	Yes	stodi aff (: No	N/A X	Verm	iculite	Name of Regist	ered Landfi	X		-	E
Asbestos-Cont  Material (A  TO BE ABAY  In Facili  (13)  ttic  me of Registered Wa  AZTECH MANAGE	ACM) TED ty ste Hauler	Yes NJ	stodi aff (: No	X X aste	Verm	iculite		ered Landfi	X			E
Asbestos-Cont Material (A TO BE ABAY In Facili (13)  ttic  me of Registered Wa AZTECH MANAGES	ACM) PED ty ste Hauler MENT, INC	Yes NJ	stodi aff (: No DEP W	X X aste	Verm Cub of	iculite  ic Yards Waste 1.5  posal Date	Name of Regist	ered Landfi	X			E
Asbestos-Cont Material (A TO BE ABAY In Facili (13)  ttic  me of Registered Wa AZTECH MANAGES	ACM) PED ty ste Hauler MENT, INC	Yes NJ	stodi aff (: No DEP W	X X aste	Verm Cub of	iculite	Name of Regist	ered Landfi Ce	X			<u>E</u>
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Asbestos-Cont Material (A TO BE ABAY In Facili (13)  ttic  me of Registered Wa AZTECH MANAGES	Ste Hauler MENT, INC 07042	Cu St Yes	No DEP Wuler	N/A X aste	Verm Cub of	iculite  ic Yards Waste 1.5  posal Date 0/23/18  Signatore	Name of Registr Tri- Stat City, State	ered Landfi Ce	X			E



CIL 4788

Date of Notification (1)				Nam	o of Ruildi	ng Owner/Operato	- (2)					
10/9/18				H		I = ? . =	11 0	WAGENE				
Agency Notified 1	Type Notification			Stree	t Address	W ICIE	HEEK	WAGONE	P	C		1//
D.FD.	_/			0.00	r riddi ess	S. Stewn			0	5	n_	U
	anitial Amended	ži.		City	State, Zip	Code		11-5				
DOL	Amendment#			1141	lail -	DMN2H16	175	00000	AAT	10	0/	340
DOH E	☐ Emergency (include	ling		Nam	e of Conta	20002418	. 100.	00000	OCT	16	21	018
	justification)  Cancellation			1		COBRAN		I Iolophan				
			-									
Name of Earth Marca Ab	otomorphic Tellino			FAC	ILITY INF	ORMATION			11/			
Name of Facility Where Aba					24		Type of Facili	ity (4)	Will Market and Bright		m - 1	
175, VAC	ERE HE	ER	.Wf	166	W		School (K-	12)				
Street Address			_				☐ Subchapte	r 8 (Other than K-12)	) -			
							Other (i.e. homes, et	private & commercia	l buildin	gs,		
City (5)			-				Square Feet		Bldg.	Age	-	
- UNONT	amsua						1800SF		0.000	95	2	
County (6)				Coun	hy Code (7	) (STATE USE				1	!	
HUNTERDE	N			ONLY		) (SIAIE DE		Prior if being demolis	hed)			
Name of Monitoring Firm Hi		er I	ASCI	d No.		1 11		DEN 05				
(8)	ou by building Office	-	ASCI	M MO.		Name of Abatem						
Street Address						Best Rei	noval I	nc				
Outcornaut 655						Street Address					٠	
City, State, Zip Code						450 Sout	th River	r St				
City, State, Zip Code						City, State, Zip C	ode					
Project Manager for Manager						Hackensa	ack, N.J	J. 07601				
Project Manager for Monitor	ing Firm	T	elepho	ne No.		Telephone No.		License No.				
Charle Date (40)						201-329-		00388				
Start Date (10)	Scheduled C			rte (11)		Name of OSHA						
10 22 19	10/	23	118			Omega E	Environm	nental				
Occupancy Status During Al	patement (Check onl	y one)		-	1	Street Address						
☐ Facility Closed/Vacated D	uring Entire Period o	of Abar	temen	t		280 Hu	yler St					
☐ Abatement Performed Ou ☐ Other – Describe: 名!>>>	tside of Normal Eaci	libe Lia				City, State, Zip C						
Seems of Minds (Charles By	SA TO SLOP	>r 14				S. Hac	kensack	,N.J. 076	506			
Scope of Work (Check all the	at apply)						·					
Z23sfor≥3lf				Ren	ovation	Mini-E	ontainment witt Enclosure	h Negative Pressure				1
□ ≥ 160 sf or ≥ 260 lf				□ Den	nolition	Glove	bag Procedure					1
	T			20/1920	Г	□ Non-E	Exempted (*) an	d Non-Friable Proce	dure			
		1 100	Locat							Abat	teme ype	ent
. Location of			d Sole		1	Description of				丁	Joc	$\Box$
Asbestos-Containing M: TO BE ABATI	aterial (ACM)	Ma	intena	nce/	Asbes	tos Containing Mar	terial (ACM)	Amount	T.		m	-
IN Facility		Ċ	Staff?		(i.e.,	thermal systems i surfacing, VAT,	insulation,	(Specify		Ren	lca	nel
(13)	1		(12)		1	other miscellane		SF or LF)		Removal	nsc	Enclosure
	-				1		5.777 <b>7</b> .		15	B   T	Encapsulate	10
21.		Yes	No	N/A								
BASENENT / CR	LAWL SPACE			1	THERM	CSYSTEM WS	SU LATION	220L	FI	×		П
						***************************************			· +	+	1	Н
									-	+	-	H
										+	-	H
Name of Registered Waste H		NJ	DEP V	Vaste H	auler T	Cubic Yards of	Name of Regis	stored LandSII				Ц
Best Remova			No.			Waste /						
			17	109		34207	Minerva	a Enterpri	ses	, L	LC	
City, State		-				Disposal Date	City, State					-
Hackensack	, N.J. 076	501						shura Oh	1.1.20	0		
Completed by	Title					Signature /	"aynes	burg, Oh,	4468 ate	0		-
J.Maiorano	Esti	mat	or			- ( )	owa	"		19/	18	
ASB-41				for as	bestos lice	nsure exempted a	civities		. /	1/		

09 2	2018 04:08PM NJ	Asbestos Con	trol 60	9,633	3.0664			page	TE	E	CE		7 E	13		
10	189/2018 10:26 HIDU	20126203				of Man		ARATM d 18rtas			CT -1	6 20	10 %	PAG	4	92/
	Darler of Medicaption (1)				Nerse s	Building	Charmers	) pie this	ab  -	ACO	DOL	- 10	JAY			1
	/o/09/18 Agencies Hellied	Year Halliandan				30001	416	Re	MILTI.	四名	SOCI	ATES	Act of D	7		
` .	D DA	Type reministra		Marketaghee	Elimpot A	33	Cu	JTOA	3		00:	~ 3 9	139	1,	/	- Andrews
	DEP	Amendad Amendage	-dilla	denovem		m, Zp C	Mile .		1	:	070		/	1		
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	Name of Pacifity Villers				9 7-000			7. 7	10000		51030			,	2000	
	Street Address	a Twe	Vice	GE_	*				200	Chieffs	12) r 11 (Othu	rihau K-1	203			
-	3-4	RISK	AVE							10. 徐宏	handle 4			dept,		越,
	SUM	a ware.		-					<b>Signatur</b> /5'0:	-	84	Floors 4		157		
	Promish fest	2		1	Occurring	Code (7)				MA Pr		ng photosille	(march)	**************************************		
	Us) 10 +	Horad by Building	Owner (61)		LASCA		3 ·	Philadian	of Alamen	PAC	THOUT	Les	رجع	441	ممياه	Barra de
4					Ŀ	A		AM	AC Con				N.			
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10-10-18					of Buildin ur Konef		Operator	r (2)			1	)CT 1	6	2018	-
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Nome of Facility 188				FAC	CILITY IN	ORMATI	ION								
Name of Facility Where At Private Home	oatement is Taki	ng Place	(3)					Тур	e of Facility (4	1)				-	
Street Address									School (K-12 Subchapter		than t	(42)			
									Other (i.e. p	rivate &	comme	(-12) ercial bu	ildings	s, hom	nes,
City (5)				-				Squ	etc.) Jare Feet	# of F	Floors		Bldg.	Age	
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County (6) Bergen					Code (7)	0		Cur	rent Use (Prio	r if being	g demo	lished)			
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Street Address							Street	Addr	ess						
City, State, Zip Code							522 7								
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Project Manager for Monito	ring Firm			Telepho	one No.		Teleph		73		icense	e No			
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Start Date (10)		Schedul	led Co	mpletion	Date (11)				SHA Monitor						
Occupancy Status During A	Abatement (Cher	ck Only O	ne)		-		Street		ntracting LL	.C					
		11.50		ment			522 7								
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Norr	nal Facility	y Hour	s			City, St	tate,	Zip Code						
Scope of Work (Check All T	That Applied					_	Unior	n Cit	ty NJ 07087	7					
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In Facility (13)		Cus	(12)	otan?		surfaci other m	ing, VA7	r, or		SF or		Removal	Repair	caps	Enclosure
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Jnion City, NJ						Commence of the State of the St	0-18		Tullytown	, PA					
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Date of Notification (1) 10/11/2018				of Building a Samue		perator	(2)	/		Test .	(	OCT	16	201	8
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DOH justification DCA Cancellation	)			of Contact a Samue	el				1		••				
Name of Facility Where Abatement is Taki	na Place /3	5/	FAC	ILITY INF	ORMATIC	NC	T					-58_	8		_
Private Residence	rig Flace (	)					Т	e of Facility (4 School (K-12	100						
Street Address							×	Subchapter 8 Other (i.e. pretc.)	(Othe				dings,	home	es,
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County (6) Hudson			County (STATE	Code (7) USE ONLY	)	_		rent Use (Prio use	r if beir	ng der	nolisi	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	И No.				atement Cont struction, L		(9)					
Street Address						Street 63 L		ess er Stocking	Path						
City, State, Zip Code						City, S	state,	Zip Code							
Project Manager for Monitoring Firm			Telepho	ne No		Linco		ark, NJ 070	035	Licer	aco N	lo.			
			текерпо	110 140.				9463		0130		10.			
Start Date (10) 10/22/2018	Schedule 10/22/2		npletion	Date (11)				SHA Monitor struction, L	LC						
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Addre	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A mal Facility	Abatem Hours	nent			City, S	tate,	er Stocking Zip Code							
Scope of Work (Check All That Apply)						LINC	oin P	ark, NJ 070	J35						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	_	Renova Demoliti				×	M	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure					۵	
		Locati						511 Exemples	( ) a	11011	THE	1	Abate	ement pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/		tos Conta thermal	systems ing, VA	Materia s insu T, or		(S	nount pecify or LF		Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		100000	JDEP W		Cubic \			Name of R	egister	ed La	ındfill				
lari Construction, LLC		123.00	auler ID 037535		of Was			G.R.O.W	I.S						
City, State incoln Park, NJ					Disposa TBD	al Date		City, State Morrisvil	le, PA	\					
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\*Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 10/12/2018		•		Name o Bruce	of Building & Maures	Owner/C n Bold		'\		00	1 1 Che	26#81	259		
Agencies Notified	Type Notification			Street A	Address					Scholarte	no projekuj vrance i se since			. !	
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⊠ DOL	Amendmen Emergency				vood, New	w Jerse	y 07450			-1		mhar			
☑ DOH □ DCA	justification  Cancellation				en Boldud							-	-		
Name of Facility Where	Abatement is Takin	q Place (3)		FAC	ILITY INFO	ORMATI	ON	Type of	Facility (	4)					
Private Residence									ool (K-12)						
Street Address								□ Sub	chapter 8	(Other	than K-12 commerci		s, hom	es, et	:c.)
City (5) Ridgewood, New Jers	ey 07450							Square 140		# of	Floors 2		Bldg. A	-	
County (6) Union	1120 000 000 000 000 000 000 000 000 000				Code (7)			Current		or if bein	ng demolis dence	shed)			
Name of Monitoring Firm Garden State Environ		Owner (8)		ASC			Name Lilich	of Abate Corpora	ment Cor						
Street Address 500 South Broad Street	et	1121-1121						Address IcBride	Ave			9			
City, State, Zip Code Glen Rock, New Jerse	ey 07452					100000		tate, Zip Iland Pa	Code rk, New	Jersey					
Project Manager for Mon Bruce Wolf	itoring Firm		1 2	Telepho 201-652				none No. 25-8400	)		License 01104	No.			
Start Date (10) 10/09/2018		Scheduled		pletion 2/2018	Date (11)			of OSHA ovironme		oorator	ies, LLC			88	
Occupancy Status During	g Abatement (Chec	k Only One)						Address Route 2	2 \Meet						-
☐ Facility Closed/Vac ☐ Abatement Perform ☐ Other – Describe:				ent			City, S	tate, Zip	Code						
Scope of Work (Check A	Il That Apply)						Official	i, NJ 070							
□≥3 sf or ≥3 lf 国≥160 sf or ≥260 lf	46.77	⊠ Reno □ Dem						Mini-E Tent/G	nclosure Slove Bag	Proced	Negative F Iure Non-Friat				
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TO BE ABA In Facili (13)	ATED	Maint Custod				thermal surfa		s insulatio T, or			oecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ate	Ге
Basement Boiler Area	3			X	Pipe Ins	ulation	1			200 LF		X			
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Name of Registered Was	te Hauler		Ha	JDEP Wauler ID		Cubic of Was				17.0	red Landfi	ıll			
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Adriana Olejarova		Preside	IL				10-0	1	400			10/12/	ZU 18		

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Date of Notification (1) 09/26/2018		٠,	N	lame of Bruce 8	Building C Maureer	Owner/O n Boldu	perator	(2)				ck# 12	59	The second second	
Agencies Notified	Type Notification		S	Street A	ddress					0C	116	2018		1	
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⊠ DOH □ DCA	Emergency justification  Cancellation		1 1 20	695	Contact n Bolduc					T-11-					
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITY INFO	RMATI	ON	Type of	Facility (4	4)					
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Street Address										/ate & c	than K-12 commercia	al bidgs,			:.)
City (5) Ridgewood, New Jers	ey 07450							Square 1400	0		Floors 2		55-		
County (6) Union					Code (7) ISE ONLY)	1			Privat	e Resi		shed)			
Name of Monitoring Firm Garden State Environ	Hired by Building mental	Owner (8)		ASCM	1 No.			of Abater Corpora	ment Con tion	tractor (	(9)				
Street Address 500 South Broad Stre	et							Address IcBride /	Ave						
City, State, Zip Code Glen Rock, New Jers	ey 07452		- IIIC				City, S Wood	tate, Zip land Pa	Code rk, New	Jersey					
Project Manager for Mor Bruce Wolf	nitoring Firm			elepho 201-652				one No. 25-8400	)		License 01104	No.			
Start Date (10) 10/09/2018		Scheduled		pletion /2018	Date (11)		Name Iris Er	of OSHA nvironme	Monitor ental Lab	orator	ies, LLC	٠		(1)	
Occupancy Status Durin				///				Address Route 2							
☐ Facility Closed/Vac ☐ Abatement Perform ☐ Other – Describe:	cated During Entire ned Outside of Norr	Period of Ab nal Facility H	atem	ent			City, S Union	state, Zip , NJ 070	Code 083						
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Name of Registered Wa	ste Hauler		Н	JDEP V auler ID		of Wa		9		57.0	ered Land	fill	-		
Lilich Corporation City, State	•		1	18724	-10-41	Dispo	sal Date		Fairless I	e					
Woodland Park, New Completed by Adriana Oleiarova	Jersey	Title Preside					04 <i>[</i> 2018 Signatur	4	Morrisvi	NO PA		Date 09/26/	2012		

Check#3186

State of New Jersey - Notification of Asbestos Abatement

GAC Project # 060-18			E-R	Green's broad consid			1 mg	15 (C		II W	E 1
Date of Notification (1)	Water mare				Name of Building Owner		1111/1	15 (	75	U U	5
October	12, 20				RUTGERS, THE S	TATE UN	<b>VERS</b>	SITY O		2011	a 111
Agencies Notified		Notification			Street Address			ÜŲ	(4) 2 32	N 201	27.5
<b>=</b>		区Initial I	Notifica	ation	ENVIRONMENTAL						
□ EPA	3	☐ Amend	ded Not	ification#	74 STREET 1603, 8	3LDG 411	6, LIV	INGS	<b>TON C</b>	AMPU	S
□ DCA		☐ Emero	gency (	including	City, State, Zip Code		-				
X DOL		0.1000000000000000000000000000000000000	cation)		PISCATAWAY, NJ	08854		ASBES	709 G	ONTRO	11.8.
☑ DEP- No Longer REQUIRE	D	□Cance			Name of Contact				lumber		
X DOH		Cance	lieu		MICHAEL F. SMITH	i FNV.		-445-2		Carrie and	The same of
					HEALTH & SAFET		0.0	110 =	.000	2-11	
				FACILITY IN	FORMATION	•					
Name of Facility Where Abatemen	nt is Tak	ing Place (3)		THOILITTIN	Type of Facility (4)						
KESSLER TEACHING L			0		School (K-12)						
	,		200		Subchapter 8 (other that	n K-12)					
Street Address					Other (i.e. private & cor		dingo ho	amaa at	- \		
RBHS PISCATAWAY CA	AMPU	S			Sq. Feet: N/A # o					ro	
					Sq. Feet. NA #0	F10015. Z	blug. P	ige. o	ur yea	15	
	ounty (6)			Code (7)	Current Use (prior if bein	a demolishe	d). AC	ADEMI	c		
PISCATAWAY	MIDD	LESEX	(State I	Use Only)	Ourion Ost promise	3 3011101131101	u). AO	ADLIVII	,		
Name of Monitoring Firm Hired by	Bldg. C	Owner (8)	ASCM	No.	Name of Contractor (9)						
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					GREENWOOD ABA	TEMENT (	CONSL	JLTAN	ITS, IN	C.	
Street Address					Street Address						
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					511 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
	016				BUTLER, NJ 07405						
Project Manager for Monitoring Fi	<u>rm</u>	Telephone I			Telephone Number		Licen:	se Numi	ber		
BRIAN R. KEARNEY		609-386	-8800								
0-11-1-01-1-D-1-(40)					973-492-0477		0084	40			
Scheduled Start Date (10) 10/25/18		7. 17. 17. 17. 17. 17. 17. 17. 17. 17. 1		on Date (11)	Name of OSHA Monitor	-					
		10/29/18			ENVIROVISION, IN	J.					
Occupancy Status During Abate					Street Address						
Facility Closed/Vacated Durin				nt	20-21 WARGARAW	ROAD, BI	LDG# 3	35E			
Abatement Performed Outsid	e of No	rmal Facility	Hours -		City, State, Zip Code					-	
Describe:	4000		104 114		FAIRLAWN, NJ 074	10					
Other- Describe: Schedule:	4PM -	- 5AM Daily	y (24 HC	OURS &	TAIRLAWN, NO 074						
WEEKENDS AS NEEDED)											
0 511/1 1/01											
Scope of Work (Check all that app	oly)				,		77 10				
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□≥ 3 sf or >3 lf				Renovation		Mini-Enclo					
X≥ 160 sf or ≥ 260	lf			■Demolition		Glove bag					
				1		on-Exem	1 /				dure
Location of Asbestos-Containing Material (ACM) in Facility (13)		cation Normal v bv Maint./Ci			bestos Containing Material	Amou		Abate	ment Typ	<u>)e</u>	
Material (ACM) III Facility (13)	100000000000000000000000000000000000000	y by Maint./Ci ? (12)	ustodiai	VAT, or other mis	nal systems insulation, surfac	or LF	ify SF	Remov	e Repair	Encap	Enclose
	YES		NA	Tri, or other time	, os)	J OI LI	,				
Poom 5210 St. 14-	-			1/07		15-	0.00	-			
Room 5219 Suite	-	X		VAT			0 SF	X			
Room 5219 Suite		X		BENCH TOP	S	50	0 SF	X			
						0-12-10-0		1			
Name of Reg. Waste Hauler		NJDEP Was	ste Haule	r ID#	Cubic Yards of Waste:	25 CY	Name	of Regi	istered La	andfill	
See Hauler Below #1 & 2		See Belov	v		3.50.51.7140101		G.R.	O.W.S	. North	Landfi	ill
Hauler #1) Greenwood Abateme	nt Cone	ultante Inc	Rutlar ?	NI 07405	1	Disposal Da	l ate		City, Sta	ate	
NJDEP # 12561	at Const	unanto, Inc	Dutier,	10 0/403		Dispusai De	110			w Ford N	Mill
Hauler #2) Newark Carting, Inc.	Newar	k, NJ 04509				10/29/20	12			rrisville,	2000
NJ DEP # 4509		······································				10/23/20	10		19067		
7									215-736	i-1700	
Completed by (Print or Type)		itle			Signature		Date				
RAYMOND C. PEDALIN	0   5	SENIOR P	ROJE	CT	Raymond C. Ti	dalina	Octo	ober 1	2, 201	8	
	N	MANAGER	3		Jagmena O. St	trenexic.		10,45			

State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT
(Personnt to NIAC 8:50 and 12:120)

CHECK #1757

Date of Notification (1) 10/10/2018		A	-	Name (	Building	Owner	Operator	(2)	(		) FE	17 D	σ c.	
Agencies Notified	Type Notification		-		OUGH (	JF GLA	ASSBC	)HO		E C	; [			
T EPA	Initial				UTH MA	AIN ST	REET		113					7
DEP DOL	Amended Amendmen		_		ate, Zip C SSBOR(		8028		100 %	00	T 11	5 20	18	
DOH DCA	Emergency justification)  Cancellation				of Contact NK COS	SABO	NE			ephone i 6-449		7/1	i i	- <del>-</del>
Name of Facility Where	Abatement is Takir	ng Place (3)		FAC	ILITY INF	ORMAT	ION	Type of Facility	(4)					
RESIDENTIAL Street Address							Ş	School (K Subchapte	-12) er 8 (Oth					
			-					Other (i.e. etc.)	private	& comme	rcial bu	ildings	, hom	es,
City (5) GLASSBORO								Square Feet 1000	# 0	f Floors		Bldg. 60+	Age	
GLOUCESTER				(STATE	Code (7) USE ONLY	)		Current Use (P RESIDENT		ing demol	lished)			
Name of Monitoring Firm STRATEGIC ENVI	Hired by Building RONMENTAL	Owner (8)		ASC	/i No.		Name ASS	of Abatement Co SURED ENVII	ontractor RONM	(9) ENTAL :	SERV	ICES	INC	).
Street Address 1634 SOUTH DELA	AWARE STRE	ET						Address CLEMS RUN						
City, State, Zip Code PAULSBORO NJ 0	8066							State, Zip Code LLICA HILL N	J 0806	2				
Project Manager for Mon ED KEEGAN	itoring Firm		T	Telepho 856-4	ne No. 23-5711			none No. -304-4676		License 01145			3988	
Start Date (10) 10/11/2018		Scheduled 10/12/20		pletion	Date (11)		Name EMS	of OSHA Monito	r					
Occupancy Status During	g Abatement (Chec	ck Only One)						Address						(P) THE STREET, STREET
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire I ed Outside of Norm VACANT RESIDEN	Period of Aba nal Facility H NTIAL PROP	atem ours ERT	ent Y			City, S	RT. 130 NOR			wn			
Scope of Work (Check A							CIN	NAMINSON I	73 080					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- CONTRACTOR OF THE PERSON OF	novat noliti				E	Full Containn Mini-Enclosu Glovebag Pro	re ocedure					
		1			ì		[A	Non-Exempte	ed (*) an	d Non-Fri	able Pr		e emen	
Location	of	Nor	ocatio mall	y		De:	scription	of					/pe	
Asbestos-Containing TO BE ABA In Facilit	ATED	Used S Mainte Custod	enan	ce/	Asbes (i.e.	tos Cont thermal surfa	taining N systems cing, VA	faterial (ACM) s insulation, T, or	(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			No	N/A		other n	niscellar	leous)			oval	왕·	suiate	Sure
KITCHI	ΕN	165	NO	X		FLC	OR TI	LE	9	) SF	X			
							other -				-			
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Name of Registered Was ASSURED ENVIRO			Ha	IDEP Wauler ID 034895	No.	Cubic of Was 10				red Land				
City, State MULLICA HILL NJ			1				sal Date 2/2018		ite IESBU	RG, OH	 I			
Completed by RON SWANSON		Title GENEI	RAL	. MAN	AGER	S	ignature	Kouleby	VCHP1		Date 10/10	/2018	3	

Oct	10 2018 04:02PM	NJ Asbestos	Control	609.6	33,0654	\$		page	1	2 2						
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	Pele of Melification () 10/10/2018	)	Marie Williams Comment		Name of	r Burding OUGH	OWNER OF GLA	) 9878131 48890	185 T	Ratio management	<u>Dût</u>	- 101	IAY		7	<u> </u>
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	Occupancy Status Du	acaled Burker Entre	a Dooleral not	& Mariana	nani .	,		Street 200	Addine PT. 18	NORT	ΓH	6.00kg 20y-11		,	**************************************	rongerose:
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	Asbestos-Contsimi TO SE A	Sated City	I-FE	sd Sqiq Iiniana Iodigi S (12)	<b>HASP</b>	Asset (I.p.	top Gent Genneld Street	MINIM N	iedyriai ( Inaulai T. er	von) in,	(85	achy achy evil	RANGE LOS	Rugeeir	Sycholol Parcy	Enghagas
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Andrews and Andrew	OCT	1.6	2018	int F	orm

Data of Novis . "			(i dist	talle to NJAC 8:60	and 12:12	20)	CONTRACTOR	Deliver	-		
Date of Notification (1)	(2)	12-12-12	Nan	ne of Building Owne	ar/Opporate	- (O)	ASB	TAN.	300	04.7	30
Agencies Notified Type Notification	3		1	TOAKSON	& =	r (2) De îlore	A Comment	1		100	11.22.
Agencies Notified Type Notification	on		Stre	et Address	4.0	WHUSON	Y.			F34 1	
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Amended			City	State, Zip Code	JUNIV	2010 172	1)24				
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DOH Emergence justification	y (includ	ling	Nom	CH PRUN	DIVI	CK, N.	1,				
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			1 14	ATT PENI	151		Telephone 73.2		0 00	26	110
Name of Facility Where Abatement is Tak	ing Plac	0 (2)	F/	ACILITY INFORMA	TION		10-0	- 1		4 2	COE
JOHASON & JOHNS	ang Flac	e (3)	nh	3.0		Type of Facili	ity (4)				
Street Address	CH,	post	156	R							
22015702000	100					School (	K-12)				
201 TABOR R.D.						Other (i.e.	oter 8 (Other than k	(-12)			
City (5)							e. private & comme	arcial b	uildin	gs, ho	ome
MURRIS GLAINS						Square Feet	# of Floors		Rida	, Age	
County (6)					- 1	680000	)   2		blug	Age	0
NODDIS			Count	ty Code (7)		Current Use (I	Prior if being demo	U-t	M	16.	>
Name of Monitoring Fire Live Li			(SIAI	E USE ONLY)		VA	C.Ay	iisned)	)		
Name of Monitoring Firm Hired by Building	Owner	(8)	ASC	CM No.	Namo	of Abote : 5	- HON				
HSS CAPPIN	00				I value (	of Abatement C	ontractor (9)			Solita	
					1	TR 141					
P.O. BOX 3	55.5				Street A	Address					
city, State, Zip Code					1	44 1411	4 57				
SCRI WI	N	1	ARK	100	City, St	ate, Zip Code	1 1		_		
roject Manager for Monitoring Firm	116	10	100	09	P	ATERSA	20/ 1/7	A	ZE	711	1
The Page of			Teleph	one No	Telepho	ne No		CA	12		
SIN PROCTOR tart Date (10)			1556	9321311	6712	653 965	License	No.			
	Schedu	iled Co	mpletion	Date (11)	MARK	2227102	X /s	23			
ONGOING		- 0	,			f OSHA Monito					
Occupancy Status During Abatement (Chec	k Only C	)ne)				FORAN	1600				
Facility Closed/Vacated During Fating		X 6 (2)			Street A	ddress A	2502				Too.
Abatement Performed Outside of Norm	enod of	Abater	nent		194	MALL	1 51				
Other – Describe:	iai i acili	ty Hour	S	ſ	City, Sta	ite, Zip Code	/ /				
cope of Work (Check All That Apply)						DATZOC	"FIRE Al-	(1)	2	00	
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≥3 sf or ≥3 lf	П	Renova	tion		52	ρ					
≥160 sf or ≥260 lf	W	Demolit	ion			Full Containm	nent with Negative	Pressi	ure		
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					V	Non-Exempte	d (*) and Non-Frial	hlo De	d		
2 53	Is	Locati	on	1	(Mar. 1907)		y drid Holl-I Hal	JIE PIC			
Location of Asbestos-Containing Material (ACM)		Normal		Don	cription of					ement	I
TO BE ABATED	Ma	ed Sole aintenar	ly by	Asbestos Conta	ining Mate	orial (ACM)		-	Τ,	T	T
In Facility	Cus	todial S	taff?	(i.e. thermal s	systems in	sulation	Amount (Specify			m	_
(13)		(12)		Surfacii	na. VAT.	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Date of Notification (1) 08/27/2018				of Building wich Re					1,,		<del>OCT</del>	16	201	3
Agencies Notified Type Notification	1		120 V	Address V Germa		Pike,	Suite	120		ASP	EATO	0.00 1.00	MTR NO	11. E
DEP X Amended Amendmen	t#2			tate, Zip C outh Me		A 194	62					W.		
□ DOH	)	1	Name	of Contact Fiore, Ju				***************************************		ephone 1 0-277-8		г		
N. C. W. M.			FAC	ILITY INF	ORMATI	ON								
Name of Facility Where Abatement is Takin Farm at intersection of Kings Hwy	ng Place ( and As	3) bury (	Station	Rd			Тур	e of Facility ( School (K-1						
Street Address Intersection of Kings Hwy and Ask	oury Sta	tion F	Rd				X	Subchapter Other (i.e. p	8 (Oth	er than K & comme	(-12) ercial bu	uildings	s, hon	ies,
City (5) Woolwich, NJ							Squ	are Feet	#0	f Floors		Bldg.	Age	
County (6) Glaucester				Code (7) USE ONLY	j			rent Use (Prid cant	or if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building Indoor Environment Concepts	Owner (8)	)	ASCI	M No.				atement Cor Environme						
Street Address 286 Sunset Road						Street 150 (		ess wood Driv	e					
City, State, Zip Code Barrington, NJ 08007-1439								Zip Code on Crossir	ng, PA	A 18977	7			
Project Manager for Monitoring Firm Mike Menz			Telepho (609)	ne No. 502-221	3	Teleph 267-2				License 01225			200 200	
Start Date (10) 09/17/2018	Schedul (11) /		npletion 10/20/			Name Same		HA Monitor						-
Occupancy Status During Abatement (Chec	k Only Or	ne)			1	Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe:	Period of A	Abaten Hours	nent			City, St	tate, Z	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				X	Mi Gl	III Containme ni-Enclosure ovebag Proc on-Exempted	edure					
		Locati					110	71-EXEMPLE	() and	TNOIT-FIR	able Pr	Abat	emeni /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar odial S (12)	ly by nce/		tos Conta thermal s	ystems ng, VA7	ateria insula r, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								22		late	ıге
	+-										-			
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic Y	ards		Name of R	egister	ed Landf	ill			-
ervice Transport Group		H	auler ID N2117	No.	of Wast TBD			Minerva						
City, State New Castle, DE					Disposa TBD	I Date		City, State Waynes	ourg,	ОН				
Completed by Ilizabeth Gosek	Title Presid	dent	***************************************		Sig	nature	4	Adi			)   10/2	2018		

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Pencoast house	Worker House #3	Worker House #3	Fire-damaged Structure	Garden Fruit Building	Farm House #3	Farm House #3	Farm House #3	Worker House #1	Small Barn	Farm House	rarm House		Asbestos-Containing Material (ACM) TO BE ABATED In Facility (120)	Location of
												Yes	Ma	- 19
												No	Is Location Normally Used Solely Maintenance Custodial Sta (12)	
×	×	×	×	×	×	×	×	х	×	×	×	N/A	nce/ Staff?	ly on
Flue insulation	Transile	Window glazing	Transite exterior	Window caulk	Wall transite exterior	Pipe insulation and debris	Window glazing	Window glazing	Roof shingles	Pipe insulation	Flue packing		Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Description of
1 SF	1,200 SF	11 windows	600 SF	3 windows	2,600 SF	90 LF	45 windows	10 windows	30,415 SF	1 LF	2 SF		Amount (Specify SF or LF)	
×	×	×	×	×	×	×	×	×	×	×	×	le	Removs	
													nisqəЯ	Abate Tyl
	4		1									əte	Encapsul	ment
												91	Euclosu	

Ch 35	125		NOT	IFIC	MOITA	OE AS	BÉS	TOS ABAT	EMENT	Telephone Number 609-292-4036 x5287  cility (4) K-12) citer 8 (Other than K-12) e., private and commercial buildings, etc.)  t  # of Floors		TI DI DI		
Date of Notification (1)					Name	of Building	## ASPESTOS ABBATEMENT  ## Ge	118						
	11 /	18			Sta	OF ASPESTOS   ABATEMENT   Ito NJAC-8; 80 and 5 (6)   OCT 1 6 2018   It	\ <	-1						
Agencies Notified	Type Notific	ation			Stree	t Address	EASESTOS LABATEMENT on Name of New Jersey, Department of Corrections    Square Feet	meet in						
⊠ EPA							OF ASPESTOS ABARTEMENT Ito NJA6-8: 60 and 5:16  of Building Owner/Operator (2)  of Paulding Owner/Operator (2)  of Paulding Owner/Operator (2)  of Section, NJ 08625  of Contact  am Shipp  ILITY INFORMATION  Type of Facility (4)  Subchapter 8 (Other than K-12)  Subchapter 8 (Other than K-12)  Subchapter 8 (Other than K-12)  Other (i.e., private and commercial buildings, homes, etc.)  Square Feet  20,000  y Code (7)(STATE USE ONLY)  Current Use (Prior if being demolished)  Correctional Facility  One Guardian Contractor (9)  Guardian Contracting, Inc.  Street Address  1889 Route 9, Unit 61  City, State, Zip Code  Toms River, New Jersey 08755  One Telephone No.  10.  Telephone No.  10.  Street Address  1056 Stelton  City, State, Zip Code  Piscataway, New Jersey 08854     Glive State, Zip Code  Piscataway, New Jersey 08854    Glive State, Zip Code  Piscataway, New Jersey 08854    Glive State, Zip Code  Piscataway, New Jersey 08854    Glive State, Zip Code  Piscataway, New Jersey 08854    Glive State, Zip Code  Piscataway, New Jersey 08854    Glive State, Zip Code  Piscataway, New Jersey 08854    Glive State, Zip Code  Piscataway, New Jersey 08854    Glive State, Zip Code  Piscataway, New Jersey 08854    Glive State, Zip Code  Piscataway, New Jersey 08854    Glive State, Zip Code  Piscataway, New Jersey 08854    Glive State, Zip Code    Glive State, Zip C	٠,						
□ DOLWD	☐ Amended	d				ON CEASE STOS ABATEMENT  arme of Building Owner/Operator (2)  State of New Jersey, Department of Corrections  reet Address P O Box 863  Ny, State, Zip Code  Trenton, NJ 08625  Ime of Contact  William Shipp  FACILITY INFORMATION  Stration Bldg  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Subchapter 9 (Other than K-12)  Subch								
□ DOH	Amendm	ent#_			Name of Pauliding Owner/Operator (2)   State of New Jersey, Department of Corrections									
☐ DCA			cluding	Name of Building Owner/Operator (2)   State of New Jersey, Department of Corrections										
(NJAC 5:23-8)	50-0-0-0-0	95	Notification of the County Code (7)(STATE USE ONLY)   Corrections											
	☐ Cancella	tion	Name of Building Owner/Operator (2)											
					FA	TION GEASESTOS ABATEMENT resuartito NJe6 8 60 and 6 16)  Name of Building Owner/Operator (2)  State of New Jersey, Department of Corrections  Street Address P O Box 863  City, State, Zip Code Trenton, NJ 08625  Name of Contact William Shipp  FACILITY INFORMATION  Inistration Bidg  Type of Facility (4) School (K-12) Subchapler 8 (Other than K-12) Subchapler 8 (Other than K-12) Correctional Facility  Correctional Facility  ASCM No.  Name of Abatement Contractor (9) Guardian Contracting, Inc.  Street Address 1889 Route 9, Unit 61  City, State, Zip Code Toms River, New Jersey 08755  Telephone No. 2-349-9932  Tolop Date (11) Ascendary Street Address 1056 Stelton  City, State, Zip Code Toms River, New Jersey 08755  The Company of Aspessory of Stelephone No. Correctional Facility  Name of OSHA Monitor E.M.S.L. Analytical  Street Address 1056 Stelton  City, State, Zip Code Piscataway, New Jersey 08854    Full Containment with Negative Pressure   Mini-Enclosure   Mini-E								
				OTIFICATION QE_ASBESTOS_IABATEMENT (Pursuaritto NJAGE_180 and 5_18)  Name of Building Owner/Operator (2)  State of New Jersey, Department of Corrections  Street Address P O Box 863  City, State, Zip Code Trenton, NJ 08625  Name of Contact William Shipp G09-292-4036 x5287  FACILITY INFORMATION  lace (3)  Ility-Administration Bldg  Type of Facility (4) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) County Code (7)(STATE USE ONLY)  County Code (7										
Garden State Youth	Correction	Notification   Name of Building Owner(Operator (2)   18   Street Address   Street Address   Application   18   Street Address   Application   18   Street Address   Application   19   Application   18   Street Address   Application   19   A												
Street Address		NOTIFICATION OE.ASPESTOS   ABAIT EMENT												
98 Highbridge Road	i			Name of Building Owner/Operator (2)   State of New Jersey, Department of Corrections										
City (5)									Square Feet	# of Floors	Blo	dg. A	ge	
Yardville									20,000	2		3.3	#1000	
County (6)		1			Cour	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Price	or if being demolish	ned)			
Mercer											**			
Name of Monitoring Firm	Hired by Build	ding C	wner (	(8)	ASCM	No.	Na	me of Abateme			OCT 1 6 2018  PESTOS CONTRO LICIAS SA  PESTOS			
Guardian Contraction	na. Inc.							Toshabar EMENT  See and 5-16)  Seey, Department of Corrections  Telephone Number 609-292-4036 x5287  MATION  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.)  Square Feet 20,000 2 60  Te USE ONLY) Correctional Facility  Telephone Number 609-292-4036 x5287  MATION  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Square Feet 20,000 2 60  Te USE ONLY) Correctional Facility  Telephone Nc. 10 Correctional Facility  Telephone Nc. 11 Correctional Facility  Telephone Nc. 12 Correctional Facility  Telephone Nc. 13 Correctional Facility  Telephone Nc. 14 Correctional Facility  Telephone Nc. 15 Correctional Facility  Telephone Nc. 15 Correctional Facility  Telephone Nc. 16 Correctio						
Street Address	J,						ASSESTOS ABAITEMENT  Ge 8, 60 and 5, 16)  Ing Owner/Operator (2)  W Jersey, Department of Corrections  3  Code  J 08625  ct  Telephone Number 609-292-4036 x5287  NFORMATION  Ing Containing Material (ACM) Extra Street Address 1056 Setton  City, State, Zip Code Piscataway, New Jersey 08854    Full Containment with Negative Pressure   Moni-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Cubic Yards of Waste   Super insulation   Signature   Date     Cubic Yards of Waste   License (Landfill Landfill Landf							
1889 Rte. 9, Unit 61						Internation Number   Internation   Interna								
City, State, Zip Code					Name of Building Owner/Operator (2)   State of New Jersey, Department of Corrections									
Toms River, New Je	reav 08755	:			CATION OE-ASBESTOS   ABATEMENT									
Project Manager for Moni		<u></u>		Tal	Name of Pustage   Part   Par									
Nicholas Fernicola	toting Filti					In CEASPESTOS   ABAIT EMENT and to NJ 6-8-190 and 5-190    The of Building Owner/Operator (2)    Itate of New Jersey, Department of Corrections    Telephone Number								
				Name of Building Owner(Operator (2)   State of New Jersey, Department of Corrections										
Start Date (10)				Name of Building Owner/Operator (2)   State of New Jersey, Department of Corrections										
10 /26 /		66		X-1	Name of Building Owner/Operator (2)   State of New Jersey, Department of Corrections									
				Name of Building Owner/Operator (2)   State of New Jersey, Department of Corrections										
				Name of Building Owner/Operator (2)   State of New Jersey, Department of Corrections										
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Time of Abatement	AIVI		nv	_PIVI	-	AIVI	F	Piscataway, N	lew Jersey 088	154				
Scope of Work (Check all	that apply)			721										
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>								<ul><li>☐ Mini-Encl</li><li>☑ Glovebag</li></ul>	osure Procedure		9			
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Asbestos-Containing N TO BE ABA		1)									em	ера	nca	nclo
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(13)	70		10-30		_	4					-		late	G.
			Yes	No	N/A									
2 <sup>nd</sup> floor mechanical i	room			$\boxtimes$		asbesto	os p	ipe insulation	n	9 If				
2 <sup>nd</sup> floor mechanical i	oom			$\boxtimes$		pipe ins	sula	tion wrap & o	cut	10 If				
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Name of Registered Wast	e Hauler				20.39	Waste	Cu	bic Yards of	Name of Regist	ered Landfill	1-		_	
Guardian Contractin				11 1	Hauler I	D No.	Wa	aste						
City, State					2022	3	_		V	existive (4) (K-12) spher 8 (Other than K-12) i.e., private and commercial buildings, , etc.) et  # of Floors  Bldg. Age  60  se (Prior if being demolished) tional Facility or (9) Inc.  Page 18 (Other than K-12) i.e., private and commercial buildings, , etc.)  Bldg. Age  60  se (Prior if being demolished) tional Facility or (9) Inc.  Page 18 (Other than K-12) i.e., private and commercial buildings, , etc.)  Bldg. Age  60  se (Prior if being demolished) tional Facility or (9) Inc.  Page 18 (Other than K-12) i.e., private and commercial buildings, , etc.)  Bldg. Age  60  se (Prior if being demolished) tional Facility or (9) Inc.  Page 18 (Other than K-12) i.e., private and commercial buildings,				
Toms River, New Je	rsev									Donneylys=!=			ngs, Age	
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Completed By (Print or Ty Nicholas Fernicola	pe)			Man	ager			Signature	1.	A Dat	. 1	10 /	18	

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Ch7228	NC	TIFIC (Pu	CATION	te of New OF ASBE o NJAO 8	Jersey STOS ABA :60 and 12:	TEN 120				1			1 6	20	18
Date of Notification (1) 10/12/18					)wner/Opera		(2)								
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DEP Amended Amendment Emergence	ent # cy (including	-		te, Zip Coo on, NJ 0 Contact					Telep	hone N	lumbe	ır			
DOH justification Cancellati				335	nagement					513-5					
Name of Facility Where Abatement is Tai	king Place (3)		FACIL	ITY INFO	RMATION		_	of Facility (4) School (K-12)							
Street Address							×	Subchapter 8 Other (i.e. privetc.)	vate &	comme					s,
City (5) Paterson								re Feet	# of F				g. Ag	ge	
County (6) Passaic			County C STATE U	Code (7) ISE ONLY)			Curre	nt Use (Prior 10	if being	demo	lished)	)			
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCM	No.	200000			tement Contr D PROFES							
Street Address					6	WH		DOVE CO	JRT						
City, State, Zip Code								ip Code OD, NJ 087	701						
Project Manager for Monitoring Firm			Telephor	ne No.	TWENT THE THE PARTY OF THE PART	200	one N 668-9		1.0	License	e No.				
Start Date (10) 10/22/18	Scheduled 10/25/18	3	pletion [	Date (11)	1 100		110000000000000000000000000000000000000	-IA Monitor D PROFES	SION	IALS		24522	745-541		
N <del></del>	tatus During Abatement (Check Only One)  Closed/Vacated During Entire Period of Abatement							ss DOVE CO	URT						
Abatement Performed Outside of N  Other – Describe:	Hours	ent					ip Code OD, NJ 08	701							
Scope of Work (Check All That Apply)    ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova				×	Fu Mir Gl	II Containmer ni-Enclosure ovebag Proce n-Exempted	dure	1000000				4	
Location of	9200	.ocati			Descrip	otion		III Exempted	( ) and	1101111				ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Sole ntenar odial S (12)			tos Containii thermal sys surfacing other misc	ng N tem: , VA	Materia s insul T, or	ation,	(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure	
INTERIOR	No	N/A		PIPI	INIC			22	0LF	×			te	,,,	
INTERIOR					FIFE	ING	,			ULI	^				
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W lauler ID 4509		Cubic Yar of Waste 5	ds		Name of R	egister	ed Lan	dfill				
City, State NEWARK, NJ					Disposal Dis		1	City, State BETHLE		PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER			Signa		e				Date 10/1	2/1	8		

C1/17/198	N	OTIFIC	CATION	te of New OF ASBE o NJAC 8	STOS A	BATE	MENT ()			E	C I		Prin	t For
Date of Notification (1) 10/12/18		- 1	Name of Christie	Building C	Owner/Op	erator	(2)			0	CT	16	2018	•
Agencies Notified  Type Notification  EPA DEP Amended Amendmen				ldress e, Zip Coo ld, NJ 0						ACEL		( ; ' ; ' ; ' ; ' ; ' ; ' ; ' ; ' ; ' ;		F. 5
□ Emergency justification)     □ DCA     □ Cancellation	(including	7	Name of Christie	Contact	30.				Talanho	na Niji	mher			
			FACIL	ITY INFO	RMATIO	N	_		: 					
Name of Facility Where Abatement is Takin Street Address	ng Place (3	)						of Facility (4) School (K-12) Subchapter 8 Other (i.e. pri	(Other tha	an K-1: nmerci	2) ial build	lings,	home	s,
City (5) Freehold								etc.) e Feet	# of Floo	ors	В	ldg. A	ge	
County (6) Monmouth	ilinese e e insv		County C	Code (7) ISE ONLY)	-	_	Curre	nt Use (Prior e	if being de	emolisl	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.	- 1			ement Contr PROFES		LS				
Street Address							Addres	SOVE CO	URT					
City, State, Zip Code								p Code DD, NJ 08	701					
Project Manager for Monitoring Firm	2		Telephor	ne No.	0.800		none No 668-9		Lic 12	ense N 00	10.			
Start Date (10) 10/22/18	Schedule 10/24/1		npletion [	Date (11)	7.1			A Monitor PROFES	SIONA	LS				
Occupancy Status During Abatement (Che	ck Only On	e)					Addres	SOVE CO	IDT					
							State, Zi	p Code DD, NJ 08						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	lenova emolit	tion ion				Min Glo	Containmer i-Enclosure vebag Proce	dure	<del>,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			е		
Location of	Locati	ly		Desc	cription	n of						ement pe		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	d Sole intenar todial S (12)	nce/		tos Conta thermal s surfaci other mi	system ing, VA	s insula AT, or		Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure	
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INTERIOR														
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Name of Registered Waste Hauler NEWARK CARTING		H	I IJDEP W Iauler ID 4509		Cubic Y of Wast 10/24/	te		Name of R	egistered	Landfi				
City, State NEWARK, NJ					Disposa 5	al Date	9	City, State BETHLE		A		A		
Completed by JOSEPH PERLSTEIN	Title OWN	IER			Si	gnatur	е			1000	ate 0/12/	18		

(X 1 // 1/1/5)		NOTIF (P	ursuant	to NJAC	ESTOS 8:60 an	ABATE 12:12	MEN	7							
Date of Notification (1) 10/12/18				f Building Onyx Ma			(2)					OCT	_1_	6 2	018
Agencies Notified Type Notification  EPA X Initial			Street A 914 M	ddress adison	Avenue	e, #2				1	ASP	F.37		OV.	BCN.
DEP Amended  X DOL Amendment				ate, Zip Co son, NJ										nisanny.	- 70472
DOH justification)	including			f Contact Onyx Ma	nagen	nont			10 382223	ephone 3-513-					
Cancellation	Initial Amended Amendment # Emergency (including justification) Cancellation  Initial Amended Amendment # Emergency (including justification) Cancellation  In Facility (13)  In Facility (14)  In Facility (15)  In Facility (15)  In Facility (16)  In Facility (17)  In Facility (18)  In Facility (18)			LITY INF		VIND III			91	3-513-	-502	.5			
Name of Facility Where Abatement is Taking	g Place (3	3)	170		ORMAT	ion	Тур	e of Facility (4	30						
Street Address							×	Subchapter	8 (Oth				lings,	home	es,
City (5) Paterson							Squ	are Feet	# of	Floors	907	В	ldg. A	ge	
County (6) Passaic				Code (7) USE ONLY	,		Cun	rent Use (Prid	r if bei	ng demo	olish	ed)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	/ No.				atement Con							
Street Address	Initial Amended Amendment # Emergency (including justification)					Street 6 Wh		ess DOVE CC	URT						
City, State, Zip Code								Zip Code	3701		-				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-		No. 9078		Licens 1200	e No	),			
Start Date (10) 10/22/18			mpletion	Date (11)				SHA Monitor	SSIO	NALS					
Occupancy Status During Abatement (Check	c Only Or	ne)				Street	Addr	ess							_
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abaten y Hours	ment s			City, S	tate,	DOVE CO Zip Code DOD, NJ 08		<u> </u>					
Scope of Work (Check All That Apply)								) O D, 110 O	7701						-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	M	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					2	
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Use Ma	Normal ed Sole intena todial ( (12)	ely by nce/ Staff?		tos Con thermal surfa	scription taining N I systems cing, VA miscellar	Materia s insu T, or		(S	mount specify or LF)		Remova			Enclosure
	Yes	No	N/A									buildings, hom Bldg. Age ed)  Pessure  Percedure  Abatemen Type  Removal  X	te	CD.	
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NEWARK CARTING		1	IJDEP W lauler ID 4509		of Wa	Yards ste		Name of F	kegiste	red Lan	atill				
City, State NEWARK, NJ					Dispo:	sal Date 5/18		City, State BETHLE		I PA					
Completed by JOSEPH PERLSTEIN	14 34 50 7.7	iER			S	Signature	)				Date		8		

CK#5170

# NOTIFICATION OF ASSESTOS ABATEM (Pursuant to NJAC 8:60 and 12:120)

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Print Form

Pate of Notification (1)		Name of E	Building Owner/O	perator (2	()					- 1
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gencies Notified Type Notification		Street Act	dress	0 1	0	Prince				
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EPA Initial Amended			e, Zip Code		-	,		1		
DEP Amended Amendment	#		ishing to	a Ar	1005	0.107103	10			
Emergency (		Name of	Contact /	1 100		Telephone Num	ber	A-12-503		
P DOH justification)		Name or	/			COC S	04	17	19	
DCA Cancellation			(ser we			1 708 -0	1-	11	1	-
		FACIL	LITY INFORMAT	ION						_
lame of Facility Where Abatement is Takin	g Place (3)				Type of Facility (	4)				
B . Mad // 1	10000-1	1			School (K-1	2)				
Jan Merch	11	1			Subchapter	8 (Other than K-12	)			
Street Address		•		-		rivate & commercia	al build	ings, I	nomes	3,
1 / 10 (d 1) 30 17	NC				etc.)	1 " 15"	DI	da Ac	**	-
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Hoboken				1	3000			) ( )		
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lame of Monitoring Firm Hired by Building	Owner (9)	ASCIV	1140.	A -	_		1	Ta	(	
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Street Address				Street /	Address	-0- 01				
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Project Manager for Monitoring Firm		Telephor	ie No.	1 Clepin	100111-	7 1 00	20	Ci		
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Start Date (10)	Scheduled	Completion [	Date (11)	Name o	of OSHA Monitor					
Start Date (10)	1 1 1-	Completion I	Date (11)	Name o	of OSHA Monitor				A SERVICE AND A	
10/33/18	11/3	3/18	Date (11)		of OSHA Monitor					
Start Date (10)  Occupancy Status During Abatement (Che	ck Only One)	3/18	Date (11)							
Occupancy Status During Abatement (Che	ck Only One) Period of Aba	A N S	Date (11)	Street	Address					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	ck Only One) Period of Aba	atement ours	Date (11)	Street						
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	ck Only One) Period of Aba	atement ours	Date (11)	Street	Address					
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Agencies Notified	NOTIFICATION OF ASBESTOS ABATEMENT (Pursual to NJAC 8:50 and 5:16)    Name of Building Owner/Operator (2)   Caldwell Public Library											
□ EPA	Pursuant to NJAC 8:60 and 5:16											
⊠ DOLWD												
☑ DOH ☐ DCA												
(NJAC 5:23-8)	justification)	inciuai	ng					Telephone Nur	mhor	- 1 1		_
	Candwell Public Library   Cancellation   Candwell Public Library   Cancellation   Candwell Public Library   Cancellation   Type of Facility (4)   School (K-12)   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Type of Facility (4)   School (K-12)   School											
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Name of Facility Where A	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NAIGA 256 and 5:16)    Port Notification   Port   Po											
	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:56 and 65:16)    20											
Street Address	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NAC6.860 and 6:16)  Name of Building Owner/Operator (2) Caldwell Public Library  OCT 1 6 2018  Notified Type Notification Initial Amendment #2-10/12/18 City. Size, Zip Code Caldwell, NJ 07006 Name of Contact Matthew Battle  FACILITY INFORMATION  Solity Where Abatement is Taking Place (3) III Public Library  Type of Facility (4) Subchapter 8 (Other than K-12) Subchapter 9 (Other than											
268 Bloomfield Ave	NOTIFICATION OF ASSESTOS ABATEMENT											
City (5)			Name of Building Owner/Operator (2)									
Caldwell								The Market part of the	B			
County (6)			77	Cou	nty Code (	7\/STATE LISE ONLY				+-7	)	
Essex				000	nty Code (	INSTATE USE ONLY)	1	for if being demol	ished)			
Name of Monitoring Firm I	Hired by Building	Owner	(8)	LASCM	No	Name of Abote	,					
		Owner	(0)	ASCIVI	INO.							
Street Address	1000011			L			IVIRONMENTA	L, INC.				
	treet						D 070					
					NOF ASSESTOS ABATEMENT int to NJAC 8:80 and 5:16)  a of Building Owner/Operator (2)							
	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NAC6.866 and 6:16)    Name of Building Owner/Operator (2)   Caldwell Public Library											
Start Date (10)												
_10 / 8 /	Pursuant to NJAC 8:50 and 5:16)											
	Pursuant to NJAC 8:69 and 5:16											
☐ Facility Closed/Vacated	Pursuant to NAAC 8:80 and 5:16											
☐ Abatement Performed (	Outside of Norma	l Facili	у Ног	ırs - Des	cribe	City, State, Zip C	ode		-			_
	Pursuant to NJAC 8:60 and 5:16											
Scope of Work (Check all t	hat apply)		NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)  Name of Building Owner/Operator (2) Caldwell Public Library  OCT 1 6 2018  Street Address 268 Bloomfield Ave City, State, Zip Code Caldwell, NJ 07006 Name of Contact Matthew Battle  FACILITY INFORMATION  Place (3)  Place (3)  County Code (7)(STATE USE ONLY) Courrent Use (Prior if being demolished) Library  Inter (6)  ASCM No.  Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Telephone No. 609-392-4200 215-788-6040 2									
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		-				☐ Mini-End	losure Procedure		ıre			
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Basement Server Room Basement Bathroom W Basement Janitors Clo Name of Registered Waste SERVICE TRANSPOR	Vall Poset Hauler RT GROUP, INC	Ranovation   Demolition   Description of Mastic   Description of Mast										

Date of Notification (1)					Nam	e of Buildir	20.0	wner/Operator	(2)	10	1			buildings, Bidg. Age +-75	-	1: 1
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Name of Facility Where Al Caldwell Public Libr		Takin	g Plac	e (3)					Type of Facilit  ☐ School (K-				cial buildings,  Bldg. Age +-75 ned)  Abatement T: Removal			
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City (5)									Square Feet		# of Floors		BI	Abatement T Repair Repair	ne	-
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Essex								**	Library		3					
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Environmental Conn	nection							BRISTOL EN	VIRONMENT	AL.	INC.				gs,	
Street Address							-	reet Address				-		-	gs,	
120 North Warren St	reet							1123 BEAVE	R STREET						ment T	
City, State, Zip Code							Cit	ty, State, Zip Co	ode						_	
Trenton, NJ 08608							1	BRISTOL, PA	19007				er  ial buildings,  Bldg. Age +-75 ed)  Abatement T Removal			
Project Manager for Monito	oring Firm			Te	ephone	No.	Te	lephone No.		T	License No		///			
Dominick Dercole				6	09-392	2-4200	1	215-788-6040			00509			buildings, Bldg. Age +-75		
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10 /8 / _	18	_	N	He	160	- 100 - 200 - 100 - 200	E	BRISTOL EN	VIRONMENTA	ΔL, I	INC			uildings, ldg. Age +-75		
Occupancy Status During /	Abatement (	Check	conly	one)			-	reet Address		- 1				buildings, Bldg. Age +-75 )		
□ Facility Closed/Vacated	During Enti	ire Pe	riod of	Abate	ement		1	1123 BEAVER	RSTREET				er  Bldg. Age +-75 ed)  Abatement T Removal			
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Time of Abatement: 7:0	00AM-3:30	PM/	P	M	AM		1 3	BRISTOL, PA					e Abatement T. Removal C.			
Scope of Work (Check all t	hat apply)										1 21		_		ngs, Age 5	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re					☐ Mini-Encl							ngs, Age 5	
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(13)			Yes	No	N/A	1	ot	her miscellaned	ous)		5 0000000000000000000000000000000000000		12.00		ate	O.
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Basement Mechanical	Room					Plaster	Wal	II		$\vdash$	14 SF	-	-			
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Name of Registered Waste	Hauler				NJDEP N	Naste I	Cut	bic Yards of	Name of Regi	etore	ad Landfill	1		buildings, Bldg. Age +-75 )		
SERVICE TRANSPOR		, INC	<b>:</b> .	1.000	1auler II	No.	Wa		MINERVA			e No.  Ser				
City, State							Dis	posal Date	City, State						nt Ty	$\neg$
NEW CASTLE, DE							Т	BD	WAYNESE	3UR	G, OH					
Completed By (Print or Type	e)	Title						Signature	10.0	-	,	Date		, ,	/ _	-
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<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)				Ale	me of Duild	i 0 10 1		1-137				-
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City (5)							Square Feet	# of Floors	- 11	3lda.	Age	
Caldwell							+-20,000	2				
County (6)				Co	unty Code (	(7)(STATE USE ONLY)	Current Use (Pric	or if being demoli	ished)		***	
Essex									,,,,,			
Name of Monitoring Firm Hired by Bu	ilding (	Owner	(8)	ASCI	VI No.	Name of Abateme					2000	
Environmental Connection								INC				
Street Address				Street Address   268 Bloomfield Ave   City, State, Zip Code   Caldwell, NJ 07006     Name of Contact   Matthew Battile   Z01-927-8     FACILITY INFORMATION     (a (3)								
120 North Warren Street						1123 BEAVER	STREET					
City, State, Zip Code												
Trenton, NJ 08608												
Project Manager for Monitoring Firm			Tel	enhone	- No		13007					
Dominick Dercole			All Inches			The second secon						
Start Date (10)	Sched	uled (			55.455.50 <u></u>			00509				
<u>10</u> / <u>8</u> / <u>18</u>								INC				
							THORNEL TAL,	INC				
				mont						ėja.		
☐ Abatement Performed Outside of N	lormal	Facili	v Hou	rs - De	scribe							
Time of Abatement: 7:00AM-3:30	PM/_	P	M	AN	l	1						
Scope of Work (Check all that apply)									7			
≥3 sf or ≥3 lf		⊠ Re	novat	ion			inment with Negat	tive Pressure				
≥160 sf or ≥260 lf						☐ Glovebag	Procedure					
						Non-Exen	npted (*) and Non-	Friable Procedur	re			
									At	atem	ent T	vne
Location of Ashestos-Containing Material (ACA	#\				A - 5 -			Telephone Number 201-927-9118  y (4)  2)   8 (Other than K-12)     9 of Floors   Bldg. Age     2				
	"	Ma	intena	268 Bloomfield Ave City, State, Zip Code Caldwell, NJ 07006 Name of Contact Matthew Battle  FACILITY INFORMATION  Type of Facility (4) School (K-12) Other (i.e., private and commercial buildings, homes, etc.)  County Code (7)(STATE USE ONLY)  ASCM No.  Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Etchon Date (11) BRISTOL ENVIRONMENTAL, INC  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Etchon Date (11) BRISTOL ENVIRONMENTAL, INC  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Etchon Date (11) BRISTOL ENVIRONMENTAL, INC  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Etchon Date (11) BRISTOL ENVIRONMENTAL, INC  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Abatement  Is - Describe AM  AM  AM  Abatement Tilly Description of Abatement Tilly Asbestos Containing Material (ACM) (i.e., thermal systems insulation, SF or LF)  Staff?  N/A  ACM Mastic  ACM Mastic  ACM Mastic  ACM Giue Daubs  VAT & Mastic  Disposal Date TID  University State TID  Disposal Date TID  Disposal Date TID  Date  Tip Disposal Date TID  Date  Tip Disposal Date TID  Date  Tip Date	incl							
	1	Cus		Staff?	,	surfacing, VAT,	Ave ACCESTOCOLES    Telephone Number 201-927-9118	psu	Enclosure			
(13)	-	Voc		1 11/0	1	other miscellaneo	us)	,	-		ılate	Гe
Basement Corner Offices					ACM Ma	etic			_	_	(b	
Basement Server Room				-	1				+			
Basement Bathroom Wall			П	-					-			
Basement Janitors Closet			П									믜
Name of Registered Waste Hauler			IN				Name of Deals		M			
SERVICE TRANSPORT GROUP	, INC.		H	auler II	O No.	50.7 25.6 9.4 4.20 2.40 3.40 3.40 3.40 3.40 3.40 3.40						
City, State				2000(		Disposal Date						
NEW CASTLE, DE						And the state of t	(	RG, OH				
Completed By (Print or Type)	Title						. ,	O Date	e			_
Dillan DeCaro	Est	timat	or				QeCaro/			7-1	8	

ASB-41 JAN 13 DD18088

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

Date of Notification (4)						JAC 8:60 and 5:		1995	20 [		W	/
Date of Notification (1)						ling Owner/Operator	(2)	11-31	3000		-	_
9 / 20	/	18			Caldwell I	Public Library		1 n	AT .	1 0	204	an
Agencies Notified Typ	e Notificat	ion		Sti	reet Addres	c		1 - H U	CT '	0	201	ld
	Initial			-		s nfield Ave						
	Amended							VSDE		(: "		
	Amendmer			0 1	y, State, Zip			-	111	W 14	4	
DCA DCA	Emergency	(includ	ing		Caldwell, I						oun⊷otama a ao	100.00
	justification Cancellatio				me of Conta			Telephone Nu	ımber			_
	Cancellatio	П			latthew B	ASSAULTE DE LE CONTROL DE		201-927-9	118			
Name of Fig. 127, Ann.				F	ACILITY	INFORMATION						
Name of Facility Where Abate		king Pla	ace (3)				Type of Facility	(4)				_
Caldwell Public Library							School (K-12	)				
Street Address							Subchapter 8	(Other than K	12)			
268 Bloomfield Ave					±8		Other (i.e., pr homes, etc.)	ivate and comm	nercial	build	ings,	,
City (5)							Square Feet	# of Floors		D		
Caldwell							+-20,000	Section of the sectio		Bldg.		1
County (6)				Co	unty Code	(7)(STATE USE ONLY)		2		+-7	5	
Essex					.,	( ASTITE SOL ONLY)	Current Use (Pric	or it being demo	lished	) .		
Name of Monitoring Firm Hired	by Buildin	Owne	r (8)	ASC	M No.	Name of Abele						
Environmental Connecti		,	. (0)	, 100	140.	Name of Abateme						
Street Address							VIRONMENTAL	, INC.				
120 North Warren Street						Street Address						-
City, State, Zip Code						1123 BEAVE						
Trenton, NJ 08608						City, State, Zip Co						-
						BRISTOL, PA	19007					
roject Manager for Monitoring	Firm		- 17	ephon		Telephone No.		License No.				_
Dominick Dercole			- 1		2-4200	215-788-6040		00509				
tart Date (10)	Sch				ate (11)	Name of OSHA M	onitor				_	_
10 /8 /18	-   -	10_	/ _2	3_/	18	BRISTOL EN	/IRONMENTAL	INC				
ccupancy Status During Abate	ment (Che	ck only	one)			Street Address						
Facility Closed/Vacated During	na Entire P	eriod o	f Abate	ment		1123 BEAVER	STREET					
Abatement Performed Outsid	le of Norma	al Facil	tv Hou	rs - De	scribe							
Time of Abatement: 7:00AM	- <u>3:30</u> PM/	F	PM	AN		City, State, Zip Co BRISTOL, PA						
cope of Work (Check all that a	only)					BRISTOL, PA	19007					
	56137					⊠ Full Conta	inment with Negat					
] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf			enovat				sure	ive Pressure				
2 100 SI 01 2200 IT		∐ D	emolitic	n		☐ Glovebag	Procedure					
		1.	s Locat	ior	T	⊠ Non-Exem	pted (*) and Non-	Friable Procedu	re			
Location of			s Locai Norma			De			At	atem	ent	Ty
Asbestos-Containing Materia	(ACM)	Us	ed Sole	ly by	Asbes	Description of stos Containing Mate	erial (ACM)			1	1	-
TO BE ABATED IN Facility		1 272	intena todial		(i.e.	, thermal systems in	sulation,	Amount (Specify	Remova	Repair	Encapsulate	
(13)		Ous	(12)	otali!		surfacing, VAT, o	or	SF or LF)	oval	=	psu	
(, -/		Yes	No	N/A	1	other miscellaneou	ıs)				late	1
Coment Stalmant I	*				V/C= =:-						1.0	
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sement Stairwell Landing	n			$\boxtimes$	Plaster \	Nall		14 SF				+
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							10		П	П	П	1
sement Mechanical Roor									1 -			1
sement Mechanical Room			N.	DEP V		Cubic Yards of	Name of Register	ed Landfill				
sement Mechanical Room			N. Ha	uler ID	No.	Cubic Yards of Waste	Name of Register MINERVA LA		-			
me of Registered Waste Haule ERVICE TRANSPORT GR			N. Ha		No.	VVaste	MINERVA LA					
me of Registered Waste Haule ERVICE TRANSPORT GR			N. Ha	uler ID	No.	Disposal Date	MINERVA LA City, State	NDFILL				
me of Registered Waste Haule BERVICE TRANSPORT GR		D.	N. Ha	uler ID	No.	VVaste	MINERVA LA	NDFILL				

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Date of Notification (1)	20 /		-			ding Owner/Operator Public Library	(2)		OCT	1	5 2	
- 6-06	Type Notifica  ☑ Initial  ☐ Amended			1	reet Addres 268 Bloon	10	one o					
Ø DOH 9   66	Amendme			Cit	ty, State, Zi	p Code			T-			
DCA 1199			dina	(	Caldwell,	NJ 07006		500 0 000 000 00 00 00 00 00 00 00 00 00		-		
(NJAC 5:23-8)	justificatio	n)	9	Na	me of Cont	act		Telephone N	umbor		CH.	
	☐ Cancellati	on		ı	Matthew E	Battle		201-927-9				
				F	ACILITY	INFORMATION		201-321-8	1110			
Name of Facility Where Ab	atement is Ta	aking Pla	ace (3)		7.012.11	MI OIMATION	Type of Facility	7.00				
Caldwell Public Libra	ary		105				Type of Facility ☐ School (K-12					
Street Address							Subchapter	Other than K.	-12)			
268 Bloomfield Ave							Uther (i.e., p	rivate and com-	nercial	build	inas.	
City (5)							nomes, etc.)				3-1	
Caldwell							Square Feet	# of Floors		Bldg.	Age	
Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Caldwell Public Library   Caldwell Public Library   Caldwell Public Library   Caldwell   County (6)   Caldwell   County (6)   Essex   Cancellation   County (6)   Essex   Cancellation   County   Count				Co	untu Cada	/7\/DTATE 1105 0111 16	+-20,000	2		+-7	5	
				00	unity Code	(7)(STATE USE ONLY)	, ,	or if being demo	olished	)		
	et Address  88 Bloomfield Ave  (5)  Aldwell  Alty (6)  Sex  e of Monitoring Firm Hired by Building Owner (8)  A vironmental Connection  Address  D North Warren Street  State, Zip Code  Enton, NJ 08608  Ct Manager for Monitoring Firm  minick Dercole  Date (10)  Date (10)  Scheduled Completion  10 / 8 / 18 10 / 26  Date (10)  Scheduled Completion  Date (10)  Scheduled Completion  Date (10)  Date (10)  Scheduled Completion  Date (10)  Date					151	Library					
	caldwell unty (6) issex me of Monitoring Firm Hired by Building Owner (8) invironmental Connection set Address 20 North Warren Street , State, Zip Code renton, NJ 08608 sect Manager for Monitoring Firm ominick Dercole it Date (10) 10 / 8 / 18 10 / 2 upancy Status During Abatement (Check only one)				M No.	Name of Abateme						
	interpretation   justification   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Caldwell Public Library   Caldwell Public Library   Caldwell   Caldwell   Caldwell   Caldwell   Caldwell   Connection   Cancellation   Ca						VIRONMENTAL	., INC.				
eme of Monitoring Firm Hired by Building Owner (8)  Environmental Connection  reet Address 120 North Warren Street ty, State, Zip Code  Frenton, NJ 08608  Diject Manager for Monitoring Firm  Tele						Street Address				0.00		
	set					1123 BEAVER	and the second second second					
2007						City, State, Zip Co						
						BRISTOL, PA 19007						
Frenton, NJ 08608  Diject Manager for Monitoring Firm  Telephone I					Telephone No. License No.							
oject Manager for Monitoring Firm Te Dominick Dercole					2-4200	215-788-6040		00509				
\$6.000	18   Sch					Name of OSHA M	OSHA Monitor DL ENVIRONMENTAL, INC					
Occupancy Status During At	patement (Ch	eck only	one)			, 1110						
	Ouring Entire F	Period o	Abate	ment		Street Address 1123 BEAVER	STREET					
	tside of Norm	al Facili	ty Hou	re - Do	scribe	City, State, Zip Coo						
time of Abatement: 8:00	AM-4:00PM/	F	PM	AN	l	BRISTOL, PA						
						DRIGTOL, PA	19007					
Scope of Work (Check all that apply)  3 sf or >3 if												
] >3 sf or >3 If	at apply)					☐ Mini-Enclo	sure Procedure		Iro			
] ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	at apply)	□ De	emolition Locat	ion	T	☐ Mini-Enclo	sure Procedure					
≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of		□ De	Emolition Locate Norma	ion lly		☐ Mini-Enclo ☐ Glovebag ☑ Non-Exem	Procedure pted (*) and Non-		Ab	oatem	T	
] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf	erial (ACM)	Use Ma	Locat Norma ed Sole	ion lly ely by	Asbes	☐ Mini-Enclor ☐ Glovebag ☑ Non-Exem  Description of stos Containing Mate	sure Procedure pted (*) and Non-	Friable Procedu	Ab	7	T	
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≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Location of   Asbestos-Containing Mate   TO BE ABATED   IN Facility   (13)	erial (ACM)	Use Ma Cus	s Locate Norma ed Sole intena todial (12)	ion lly ely by nce/ Staff?	(i.e.	Description of stos Containing Mate, thermal systems in surfacing, VAT, o other miscellaneou	rial (ACM) sulation,	Amount (Specify SF or LF)	Removal	7	ent Encapsulate	
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Location of   Asbestos-Containing Mate   TO BE ABATED   IN Facility   (13)   asement Corner Offices	erial (ACM)	Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion lly ely by nce/ Staff?	(i.e.	Description of stos Containing Mate, thermal systems in surfacing, VAT, o other miscellaneoustic	rial (ACM) sulation,	Amount (Specify SF or LF)	A Removal	7	T	
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Location of   Asbestos-Containing Mate   TO BE ABATED   IN Facility   (13)   In Example 13   In Example 24   In Example 25   In Example 26   In Examp	erial (ACM)	Use Ma Cus	s Locat Norma ed Sole intena (12)	ion lly ely by nce/ Staff?	ACM Ma	Description of stos Containing Mate, thermal systems in surfacing, VAT, o other miscellaneoustic	rial (ACM) sulation,	Amount (Specify SF or LF)  625 SF  80 SF	Removal 🛛	7	T	
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Location of   Asbestos-Containing Mate   TO BE ABATED   IN Facility (13)   asement Corner Offices   asement Server Room	erial (ACM) )	Use MacCus Yes	Locate Norma ed Sole intena todial (12)	ion lly lly by nce/ Staff?  N/A	ACM Ma VAT & M ACM Glu	Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneoustic	rial (ACM) sulation,	Amount (Specify SF or LF)  625 SF  80 SF  20 SF	A Removal	7	T	
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Location of   Asbestos-Containing Mate   TO BE ABATED   IN Facility (13)   asement Corner Offices   sement Server Room   sement Bathroom Wall	erial (ACM)	Use MacCus	S Locate Norma ed Sole intena (12) No	ion lly lly by nce/ Staff?  N/A	ACM Ma VAT & M ACM Glu VAT & M	Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneoustic	rial (ACM) sulation, or	Amount (Specify SF or LF)  625 SF  80 SF  20 SF	Removal 🛛	7	T	
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Esement Corner Offices Esement Server Room Esement Bathroom Wall Sement Janitors Close me of Registered Waste Ha	erial (ACM)	Use MacCus	s Locate Norma ed Sole intena todial (12)	ion lly lly by nce/ Staff?  N/A	ACM Ma VAT & M ACM Glu VAT & M	Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneoustic	Name of Register	Amount (Specify SF or LF)  625 SF 80 SF 20 SF 20 SF	A Removal	7	T	
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Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  assement Corner Offices assement Bathroom Wall sement Janitors Close me of Registered Waste Haber SERVICE TRANSPORT	erial (ACM)	Use MacCus	S Locate Normal Sole Sole Sole Sole Sole Sole Sole Sol	ion Ily Ily Ily Ince/ Staff?  N/A  DEP Vuler ID	ACM Ma VAT & M ACM Glu VAT & M Vate	Description of Non-Exem  Description of Stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneoustic  Jastic  Jastic  Lastic  Lastic  Lastic  Cubic Yards of Waste  Disposal Date	Name of Register MINERVA LA	Amount (Specify SF or LF)  625 SF  80 SF  20 SF  20 SF  ed Landfill	A Removal	7	T	
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  assement Corner Offices assement Server Room assement Bathroom Wall assement Janitors Close me of Registered Waste Ha BERVICE TRANSPORT by, State REW CASTLE, DE	erial (ACM) )  I t suler GROUP, IN	Use Mac Cus Yes	S Locate Normal Sole Sole Sole Sole Sole Sole Sole Sol	ion Ily Ily Ily Ince/ Staff?  N/A  DEP Vuler ID	ACM Ma VAT & M ACM Glu VAT & M Vate	Description of Non-Exem  Description of Stos Containing Mate, thermal systems in surfacing, VAT, of other miscellaneoustic  Jastic  Ja	Name of Register	Amount (Specify SF or LF)  625 SF  80 SF  20 SF  20 SF  ed Landfill	A Removal	7	T	
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<sup>\*</sup> Do not use this form for ashestos licensure exempted activities

Pg. 2

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

EGELW

	18			me of Ruildi	ing Owner/Operator	(2)			11	10	01
pe Notification	tification Inded Inded Inded Inded Inded Inded Inded Inded Index #			ublic Library	(2)		Ut	CT	1 0	21	
	on		Stre	eet Address			- maken	COURSEASON.			
	Telephone No.   Gog-392-42   Scheduled Completion Date (			68 Bloom	field Ave		Limited				
	-21		City	, State, Zip	Code				-en henes	****	*
		ina	C	aldwell, N	IJ 07006						
justification)	(III ICIUU	ing	Nan	ne of Conta	ct		Telephone Nu				
			M	atthew Ba	attle		LANGE CONTRACTOR				
			F	ACILITY II	NFORMATION			.,,,			_
	ing Pļa	ce (3)				Type of Facility (	(4)				
/	. 4					School (K-12	)				
						Subchapter 8	(Other than K-	12)			
						homes, etc.)	ivate and comm	ercial	buildi	ngs,	
							# of Floors	11	Dida	A ===	
							PERMANENTAL PROPERTY.	1			
			Cor	inty Code /	7\/STATE LISE ONLY	F)	10 700			5	
Type Notification  Initial Amended Amendment # Emergency (including justification) Cancellation  Patement is Taking Place (3) ary  Irred by Building Owner (8)  Action  Scheduled Completion  18	000	anty Code (	MOTATE OSE ONET		or it being demo	lished)					
d by Building	Ourne	· /0\	1000	f Na	TN		19				
ified   Type Notification   Amended   Amended	(0)	ASCI	I NO.								
Type Notification   Initial					VIRONMENTAL	, INC.					
9 / 20 / 18  Type Notification  Initial  Amended  Amendment #  Emergency (including justification)  Cancellation  Facility Where Abatement is Taking Place (3)  Well Public Library  ddress  Bloomfield Ave  Well  6)  Monitoring Firm Hired by Building Owner (8)  Commental Connection  ddress  orth Warren Street  Te, Zip Code  Dn, NJ 08608  Idenager for Monitoring Firm  Dick Dercole  e (10)  Scheduled Comp  J 8 / 18 10 / 2  Day Status During Abatement (Check only one)  y Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hor  of Abatement: 8:00AM-4:00PM/  Work (Check all that apply)  T ≥3 If  Cos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  Location of  Custodial  Custodial  Custodial  (12)  Yes No  met Stairwell Landing  In Michanical Room  Gegistered Waste Hauler				Street Address						-	
t					1123 BEAVE	RSTREET					
Type Notification    PA				City, State, Zip Co	ode				-	-	
					BRISTOL, PA	19007					
g Firm		Tel	ephone	No.			License No				_
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ide of Norma	l Facili	v Hou	s - De	scribe							
M-4:00PM/_	P	M	AM	Johnson				*			
apply)					BRISTOL, PA	19007					
	-				□ Full Conta	inment with Nega					
			on			MINITEDITE WILLIAM INCOME	tive Pressure				
						osure	tive Pressure				
					☐ Mini-Enclo	osure Procedure					
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*	□ De	molitic	ion		☐ Mini-Enck	osure Procedure			atem	ent T	-yr
al (ACM)	☐ De	Locat Norma	ion ly ly by	Asbes	☐ Mini-Enck ☐ Glovebag ☑ Non-Exen  Description of	Procedure  procedure  proced (*) and Non-	Friable Procedu	Ab	1	_	T
al (ACM)	Is Use	Locat Norma ed Sole intena	ion ly ly by	Asbes (i.e.,	☐ Mini-Enck ☐ Glovebag ☑ Non-Exen  Description of tos Containing Mate, thermal systems in	Procedure	Friable Procedu	Ab	1	_	Ť
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	justification Cancellation Canc	justification)   Cancellation   Canc	justification)   Cancellation   Canc	g Firm   Telephone   Concellation   Concellation	Cancellation   Name of Conta     Matthew Bis     FACILITY     Image: Second of Secon	Cancellation   Name of Contact   Matthew Battle	Name of Contact   Matthew Battle	Name of Contact   Matthew Battle   Matthew Battle   Matthew Battle   Z01-927-94	Same of Contact   Matthew Battle   Matthew Battle	State   Stat	Substitution   Name of Contact   Matthew Battle   201-327-9118

,		State of New J IFICATION OF ASBES (Pursuant to NJAC 8:6	OS ABATEMENT	EC	EI	$\mathbb{V}$	
	Date of Notification (1) 10/12/18	Name of Building Own		- OCT	1.6	2040	
	Agencies Notified Type Notification	Street Address	s Cirean		1 6	2018	
	☐ EPA	City, State, Zip Code		Koad			
	DOL Amendment #_	Edi:	son NJ	T-088	17		
	DOH justification)  DCA Cancellation	Name of Contact  AROUA  FACILITY INFORM	Chedid	Tolonbone Nive			
	Name of Facility Where Abatement is Taking Place (3)		Type of Facilit	y (4) 🚁			
	Single family Dwc	lling	School (F	er 8 (Other than K-12	)		
			Other (i.e etc.)	. private & commercia		30	ies,
	city (5) Edison NJ	08917	Square Feet	# of Floors	1	g. Age 307	*~
	County (6)	County Code (7) (STATE USE ONLY)	Current Use (F	Prior if being demolish	ed)		
	Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement C		)W @	ellis	<u>S</u> _
	EPC Technologies	N/A	EPCTE	chnolog	ies	Ir	16
	P.O. Box 337		Street Address	337			
	City, State, Zip Code New Equat NJ	08533	City, State, Zip Code	TUN tax	08	53	3
	Project Manage, for Month ring Firm	Telephone No. 609 758-33	Telephone No. <b>3</b> 65 609 758 - 33	License No	13	94	
		ompletion Date (11)	Name of OSHA Monito	or 1		-+	-
	Occupancy Status During Abatement (Check Only One)	1-18	Street Address	chnologies	In	<u> </u>	
	Facility Closed/Vacated During Entire Period of Abate	ement	P.O. Bo	337	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	S. S	San Ai
	Abatement Performed Outside of Normal Facility Hou  Other – Describe:	urs	City, State, Zip Code	LAIT	185.	7.°2	
	Scope of Work (Check All That Apply)		JIP;	700 0	,,,,,,,		
	© ≥3 sf or ≥3 lf	vation olition	☐ Full Contain ☐ Mini-Endos	ment with Negative Pi ure	ressure		
		7	Glovebag P Non-Exemp	rocedure ted (*) and Non-Friable	e Proce	dure	
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	TO BE ABATED   Custodia   In Facility   (12	al Staff?	rmal systems insulation, surfacing, VAT, or	(Specify SF or LF)	Remova	Encapsulate Repair	Enclosure
	(13)		her miscellaneous) *		val	ulate alr	ure
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	1st + 2nd Floor X	Floo	R Tiles	600 SF	X		
		NUDER Mosts	ubic Yards Name	of Registered Landfill			
	Name of Registered Waste Hauler	Hauler ID No. of	ElMarta A	ste Manages	L	C 1	DiA.
	City, State	17000	isposal Date City, S	ate		10	141
	New Egypt NJ			nisville P	A	4	
	Steve Schenker President	dent'	Steep Sch	ech !	1	2/18	)
-		(A)	**		-	•	

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

CK 4791

Date of Notification (1)	1.		N	ame of	Building	Owner/Operator	(2)	IN F	CF	1	$\sqrt{I}$	F	
10/12			1	MR	MIK	E ANGE	ره المالا	PS 1 =		dings.  dg. Age 1946  Removal  Removal  K 4688	7		
Agency Notified '	Type Notification		Name of Contact  M. A. A. G. C. C. C. P. A. L										
□ EPA □ DEP ☑ DOL	☑ Initial ☐ Amended Amendment#		C	ity, Sta	te, Zip C	Code .	PARK .			3 20	18		
	☐ Emergency (includir	ng	N	iama at	Contac	130109	Frienc	IT		-	_		
DOH DCA	justification)  Cancellation						2	-					
U DCA	a Carcesauch							<u></u>					
Name of Facility Where A	hatament is Taking Dia	ćo (3)		FACIL	II CIMP	JIMATION .	Type of Facility	(4)					
	NGE LO POU		3				☐ School (K-12 ☐ Subchapter 8	) 3 (Other than K-12	2)				
Street Address					, ,	#31 2000			al buildings	·,			
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City (5) AS 6	BURY PAR	ار					1750.	2		AL	>		
County (6)					Code (/)	(STATE USE							
Нонно				- 3		Name of Abot							
Name of Monitoring Firm	Hired by Building Owne	er A	SCM	NO.	200								
(8)				·			moval in	С	-			_	
Street Address							. I D .	C+					
	r, State, Zip Code							St				-	
City, State, Zip Code													
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Project Manager for Mor	.*.		ерион	e No.			-7444 .	00388					
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Start Date (10)				- ()		Omega 1	Environm	ental					
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•						280 H	uyler St						
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe:	I Outside of Normal Fac B: 63 AM TO	of Abate	ement Irs P	1 -		City, State, Zip	Code	,N.J. 0	7606				
Scope of Work (Check a													
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### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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	OCT	1	9	2018	) 1	

D. 1 - (N-4"E - 4" (4)			I Ma	2000 0	f Building	Owner/Operator	(2)	1			1		
Date of Notification (1)	0/10		INC							2 7017	ل		
A Natified	Type Metification		St			na y on	000	ACPECTED C		Abatem Type Removal X	_		
Agency Notified	Type Notification   Street Address   S												
□ EPA			-	Street Address  City, State, Zip Code  BERLENT, ELD. NJ. 0762  Name of Contact  HR. VAUGHO  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  School (K-12)  School (K-12)  School (K-12)  School (K-12)  Square Foet # of Floors Bidg, Age / 1800 Z / 1840  County Code (7) (STATE USE Current Use (Prior if being demolished)  ONLY)  Best Removal Inc  Street Address  450 South River St  City, State, Zip Code  Hackensack, N. J. 07601  hone No. 201-329-7444 00388  Date (11)  Name of OSHA Monitor  Omega Environmental  Street Address  280 Huyler St  City, State, Zip Code  S. Hackensack, N. J. 07606  Pencolition  Benovation  Omega Environmental  Street Address  280 Huyler St  City, State, Zip Code  S. Hackensack, N. J. 07606  Pull Containment with Negative Pressure  Mini-Enclosure  Non-Exempted (*) and Non-Friable Procedure  Cation  mally  Description of Asbestos Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement  Type  Powaste Hauler  Cubic Yards of Waste  1/20  Disposal Date City, State  1/20  Date  1/20  Date  1/20  Date  1/20  Date  Dat									
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□ DCA	☐ Cancellation			M.	R. V	AUGHN		L					
			F	FACIL	JTY INFO	DRMATION							
Name of Facility When	e Abatement is Taking Plac	ce (3)					Type of Facility	(4)					
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	C. GARLY VA	06	HO				School (K-12	!) ? (Other than K-12)					
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County (6)	0.000		T C	ounty	Code (7)	(STATE USE	Current Use (P	rior if being demoli	shed)			_	
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	irm Hired by Building Owne	r AS	SCM N	lo.	a			ST-01					
(8)							moval In	С					
Street Address						Street Address							
	## CARY VAUGH   Proposition   Street Address   Proposition   Proposition					450 South River St							
City, State, Zip Code													
Project Manager for M	fonitoring Firm	Tele	phone	No.									
r roject manager for i	Project Manager for Monitoring Piliti						-7444 -	00388					
Start Date (40)	Schadulad Co	moletion	n Data	(11)				1 00000			-	-	
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Occupancy Status Du	ing Abatement (Check on	y one)											
☐ Facility Closed/Vac	ated During Entire Period o	f Abaten	nent										
☐ Abatement Perform	ned Outside of Normal Facil	ity Hours						N T 0.7	1101	28 10			
Other - Describe:	SANTO SI	м				S. Ha	ckensack	, N.J. 07	606				
Scope of Work (Chec	k all that apply)					D Full	Containment with	Negative Pressur	e				
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					Asbe			Amount		1_		m	
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IN				Street Address  City, State, Zip Code  DECCENT ELD. NJ. 0762]  Name of Contact  PH. JAJGHO  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes, etc.)  Square Feet # of Floors Bldg. Age  I SOO Z / 94C  County Code (7) (STATE USE ONLY)  Best Removal Inc  Street Address  450 South River St  City, State, Zip Code  Hackensack, N.J. 07601  Telephone No.  201-329-7444  O0388  alte (11)  Name of OSHA Monitor  Omega Environmental  Street Address  280 Huyler St  City, State, Zip Code  S. Hackensack, N.J. 07606  Pull Containment with Negative Pressure  Nimi-Enclosure  Omega Environmental  Street Address  280 Huyler St  City, State, Zip Code  S. Hackensack, N.J. 07606  Pull Containment with Negative Pressure  Nimi-Enclosure  One No.  Pull Containment with Negative Pressure  Non-Exempted (1) and Non-Friable Procedure  Non-Exempted (2) and Non-Friable Procedure  Non-Exempted (3) Amount  (Specify Specify Speci	INB								
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Date of Notificiation (1)		1	deme e	Building Owner			^	1	7			-
Agencies Notified Type Notification	1 ,		Stroppt /	COTTLE	eu o	\$ dup	MILE				7	-
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Street Address	··		1			G Scher	(IC 12)		*	9		
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Project Menager for Monitoring Ferm	Stratellian	17	elepho	ne No.	1	ind Park, 4	J 07432	License F	la .	-	-	
Start Data (10)	,		201-202-5841 00156									
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Occupancy Stable During Abelianers (Checi	k Only Ci	ne)			Street /	Lefchream		SOL SICKOL III	IIG.			-
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Newsrk Carting Inc.	,	. 045	Ner KO 1 100	ide Cubic do. or vene	Wed .			ol Sanitary	/ Lan	dfill		
Gity, State Newark, NJ 07106	THE PART CONTRACTOR		,	Diegood	ed Dete	Ch 64	780					
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