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

Date of Notification (1)					-				IIN)_B (W				
	/_16/20	17				Name of Building Owner/Operator (2)										
Agencies Notified	Type No		1		-	treet Addres		Andrea	$\frac{11111}{111}$	17 4						
⊠ EPA	IXI Initial	imodiloi			1 3	treet Addres	S		111111 00	1 1	8	2017				
☐ DEP	Amen	nded			-	ity, State, Zip	0-1			Rd						
⊠ DOL		ndment #			10	ity, State, Zip			ASPEC	TO0.		The same of				
⊠ DOH	L Emerg	gency (i ication)	nclud	ng	-			ton, NJ (8540 ASBES	105 (CON	TRC				
☐ DCA	Cance	ellation			N	ame of Conta	ect		Telephone No	mber-	21146	7				
						- Ric	h D'Andre	ea			-	_				
						FACILITY IN	IFORMATION		70		-	-				
Name of Facility Where	Abatement	is Takin	g Pla	ce (3)				Type of Facil	itv (4)		_					
	Res	ide	a+ i-	a]		1000		School (K	5 5 9							
Street Address			444	<u> </u>				Subchapte	er 8 (Other than K-	-12)						
								Other (i.e.,	private & comme	rcial bu	uilding	gs,				
City (5)								homes et	# of Floors		D()					
	Prince	+00	NT	- ^	0.5			0.0000000000000000000000000000000000000	# 01 Ploors		Bldg.					
County (6)		con,	/ 	J 0		ounty Code	(7) /OTATE	2000	_ 2		55=					
Merce	r				i	ISE ONLY)	(I) (SIAIE	Current Use (Prior if being demo	olished)					
Name of Monitoring Firm		uilding (hwne		1 10	CM No.		<u> </u>								
(8)	MECS	unung (J WITE		730	JIVI INO.		ment Contractor			3					
Street Address	MILCO			_	_				nmental Servi	ces, l	lnc.					
oli oct / idal e 33	DO D	ox 34	1				Street Address									
City, State, Zip Code	гов	0X 34	1						Box 322							
	rosswicks	NII (1051	5			City, State, Zip Code									
			1001					Allentov	vn, NJ 08501							
Project Manager for Mo		1		1 0000		ne No.	Telephone No.									
	eisgarber			_		298-4070	(609) 2:	59-9688		0049	3					
Start Date (10)		Sched	luled (Compl	letion	Date (11)	Name of OSHA	Monitor								
10/30/2017		11/	16/	201	1.7			N	1ECS							
Occupancy Status Durin		nt (Chec	k only	one)			Street Address									
Facility Closed/Vacat	ed During Er	ntire Per	riod o	Abate	emen	t		P()]	Box 341							
Abatement Performe	d Outside of	Normal	Facili	ty Hou	urs		City, State, Zip C					_				
Other - Describe:									ks, NJ 08515							
Scope of Work (Check a	Il that apply))							10,110 00010			_				
7 >2 of or >2 #					130000		Full Cor	ntainment with Ne	egative Pressure							
2 ≥3 sf or ≥3 lf 2 ≥160 sf or ≥260 lf		1		enovat			_ Mini-End	closure	·							
				211 TOTAL	OII		Non-Exe	ag Procedure empted (*) and No	on-Friable Procedu	Iro						
				ocati				7111	on Thable Thoced	1	\ hata					
Location of	of			ormali Sole		İ	<u> </u>			1 '	Abate Tyl					
Asbestos-Containing N		A)		ntenar		Ashest	Description of os Containing Mate	erial (ACM)	Δ	-		_				
TO BE ABAT		.		ustodia		(i.e.,	thermal systems in	nsulation.	Amount (Specify	777		m				
IN Facility (13)				Staff? (12)			surfacing, VAT,	or	SF or LF)	Rem	Repair	cap				
(10)		-		(12)	_	-	other miscellaneo	ous)		Removal	Dair	Encapsulate				
			Yes	No	N/A	4		1		_		ate				
Attic				v		17	od out 1 d to a		0.50		-					
		-		X	-	veri	niculite		_850 sf	X						
										6.						
												-				
	te Hauler					Waste	Cubic Yards	Name of Regis	stered Landfill							
ame of Registered Was	10	vices	Inc	Н	lauler	ID No. 3292	of Waste			1011						
	iental Ser	,		- -	10	1272	10 Disposal Date	City, State	Fairless Land	llite						
Stevens Environm	iental Ser						Dispusal Date	City, State	ſ							
Stevens Environm	70.55	wn Ni	ſ			1	44 14 4 1	Man /	11/							
Stevens Environm ty , State	Allentov						11/16/17	<u> </u>	Mórrisville,	PA						
Stevens Environm ty, State	Allentov	vn, NJ		niec+	Ma	nager	11/16/17 Signature		Mórrisville, Date							

No CK

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

Date of Notification (1)					Building Owne	er/Opera	tor (2)	EC	E		島
Month/Dav/Year				MCS Eric	e Street LLC		115				
Agency Notified	Type Notificat	tion	-	Street Ad	dress		11111	OC.	T 1 0	0047	- 11
X EPA	Init			5700 Way				00	18	2017	
DEP		tificati	on		te, Zip Code						-
X DCA	x Ame	ended			hia, PA 19144		CANDEL OF				
X DOH	No	tificati	on	Name of (Ir.	ASBES	OS CI	MINC	31 26
X DOL	Can	cellatio	n	Joseph Fe	erguson 267228	80111	L	7.3			*******
					TY INFORM.						_
Name of Facility Where Aba Mastery Charter school- Py	ntement is Taking ne Poynt Campus	Place	(3)				Type of Facili y (4) x School (F	(12)		(/10)	
Street Address 800 erie street Camden NJ							Subcliapter Other (i. e	Private o	& comm		
								, homes, e f Floors		A ===	
City (5)	Cou	nty (6)			County Code	(7)	99,000	2	Bldg.	Age 0	
Camden	NJ				(STATE USE ON	0.000	Current Use (l'rior				
Nome of Maritaria Pi											
Name of Monitoring Firm H FINOG Environmental Inc	ired by Building	Owner	(8)		ASCM No.		of Abatement Contractiated Specialty Contra				
Street Address 617 Stokes Road Suite 4-318		1			'	100000000000000000000000000000000000000	t Address Crue Avenue				
City, State, Zip Code			-								
Medford NJ 08055							State, Zip Code Mills, PA 19342				
Project Manager of Monitor Mark Rubnitz	ing Firm			Telephone 888-715-22		11	hone Number 64-9622		Licen 110	ce Numb	ber
Scheduled Start Date (10)		School	L Com	pletion Date		-			110.	,	
10/23/17		. Com	12/31/17	(11)	11	of OSHA Monitor					
Month/Day/Year			Mo	onth/Dav/Ye	0.5	Crite	rion Labs				
Occupancy Status During Al	natement (Check o	only on	e)		aı	Street	Address				
x Facility Closed/Vacas	ted During Entire	Period	l of Ab	patement			Progress Dr				
Abatement Performe			cility				State, Zip Code	The state of the s			
Hours - Describe: _	_ 7:00 AM to 3:30	0 PM				2007	lem, PA 19020				
Other - Describe:					_	11					
Scope of work (Check all tha	t apply)					Ш	Full Containment wi	th Negativ	e Pressi	ire	
Demolition			X	Renovation	n		Mini - Enclosure	cgatti	C 1 1 C331		
x > 3 sf or > 3 if						X	Glovebag Procedure				
x > 160 sf or > 260 lf						x	Non-Friable Procedu	re			
		Is							atemen	t Type	
Location of	Lo	cation		Desc	cription of			ALL	Tatemen	E	E
Asbestos - Containing		rmally			os-Containing		Amour t	R	1	N	N
Material (ACM) TO BE ABATED		sed			rial (ACM)		(Specify	E	R	C	C
In Facility		lely			ermal systems	230	SF or	M	E	A	L
(13)	253.000	Main- ance/	- 1		surfacing, VA		LF)	0	P	P	0
(13)	11 13 25 27	stodial		or other	miscellaneous)		V	A	S	S
	500 March	ff (12)						A	I	U	U
	Yes		N/A					L	R	L	R
room 180 nurse		х		pipe insula	tion		100lf			x	E
1st floor locker room		Х		pipe insula	tion wrap &cu	t	200lf	x			
2nd floor bathrooms		X		pipe insula	tion wrap &cu	t	2001f	x			
Name of Registered Waste Ha	auler		NJDE	P Waste	Cubic Yards		Name of Registered I	anden			
		- 1		ID No.	of Waste		and of Registered I	AIIUIIII			
Mercer Group International					5	i	Tulltown Resources I	Recovery I	acility		
City, State 1519 Rev S Howard Woodsor	Jr Way, trento N	NJ 0863	88		Disposal Date As req.	e	City, State Tullytown PA				
Completed By (Print or Type		T	Γitle	120 12		Signat			=	Date	
Jack Tomasura		S	senior	estimator		Sill	W. M. M. M. V.	NG		14.11	7/1
ABS-41 JUN 95						15	, ,				
101173						1					Our-

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

Data of Nationalia (4)						A 0.00 and 3.1	' 11	NI				111		
Date of Notification (1)	/16/2017			Na	ame of Build	ling Owner/Operat	(m)	OCT 1	8	2017				
Agencies Notified	Type Notifica	tion		-		I	Pyonte¢k					_		
⊠ EPA	Initial	uon		Si	reet Addres			ACREOTOS		-				
☐ DEP	Amended				n. C4-4- 7	397 F	lerront	wn ASSESTOS	CON	TRO	_&			
⊠ DOL	Amendme	nt #		Cit	y, State, Zip			The state of the s	1.311/15	7	-	-		
⊠ DOH	☐ Emergence	y (includ	ling	-			ceton, N	J 08540						
☐ DCA	☐ Cancellation			102.005	me of Conta	0.4440	(Val)	Telephone Ni	mhor					
	1					m Pyontec	:k							
Name of Facility 186	A			F	FACILITY IN	IFORMATION						-		
Name of Facility Where							Type of Fac	cility (4)						
Street Address	B	arn					School (K-12)						
	7 11						Subchap	ter 8 (Other than K.	-12)					
39	7 Herron	town	Rd				Other (i e	e., private & comme	rcial b	uildin	JS,			
City (5)							Square Feet	# of Floors	-	Bldg.	Ago	_		
Pr	inceton,	NJ	085	04			40.00		- 1					
County (6)				Co	ounty Code ((7) (STATE		(Prior if being demo	- lichor	125	-	_		
Merc	er			03	SE ÓNLY)			(ii being dem	JISHE(1)				
Name of Monitoring Firm (8)		g Owne	r	ASC	M No.	Name of Abaten	nent Contractor	(9)		_		_		
	MECS								cac	Ina				
Street Address		0.000.000				Street Address	Street Address Street Address							
	PO Box 3	41					PO Box 322							
City, State, Zip Code		83 (1922)				City, State, Zip C	Code							
Cr	osswicks, N.	J 0851	5			,,, <u></u>		wn, NJ 08501						
Project Manager for Mon			Tel	ephone	e No.	Telephone No.		License Ne.						
Bill We	isgarber		(6	09) 2	98-4070	(609) 25	9-9688		0040	12				
Start Date (10)	Sch	eduled	Compl	etion D	ate (11)	Name of OSHA M			0049	13				
10/30/201	7	11	/ 10	/20	20 0.00			MECS						
Occupancy Status During	g Abatement (Ch	eck onl	y one)			Street Address		VILCO						
□ Facility Closed/Vacate	ed During Entire F	Period o	f Abate	ement	1		PCI	Box 341						
	Outside of Norm	al Facil	ity Hou	irs	ŀ	City, State, Zip Co		DOX J41						
Other - Describe:						- syr orano, zip or		ks, NJ 08515						
Scope of Work (Check al	I that apply)						C1033W1C	AS, 1VJ 00515						
>3 sf or >3 lf		E T D				Full Cont	ainment with V	egative Pressure						
∑ ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-Encl	osure	3						
		AA				Non-Exe	g Procedure	lon-Friable Procedu	10					
			Locatio					The state of the s	1	Abate		-5 116		
Location of	f		omally Solel			Description of			1 '	Typ				
Asbestos-Containing Ma	aterial (ACM)	Maii	ntenan	ce/	Asbesto	s Containing Mate	rial (ACM)	Amount	-					
TO BE ABATE IN Facility	<u>-D</u>		ustodia Staff?	ıl	(i.e., t	hermal systems ins	sulation	(Specify	77		E	ш		
(13)			(12)			surfacing, VAT, o other miscellaneou)r	SF or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	NI.	NULL		- I To The Gold I Cod	3)		ova	목	sula	INSC		
		169	No	N/A							te	Œ		
2nd Fl Bathr	COOM		Х		Join	t Compoun	a		3777					
						- COMPOUNT	-	-120 sf	XΧ	_	_			
									-					
				-										
lame of Registered Waste	Hauler		I NI	IDEP V	Vacto I /	Cubic Yards T	<u> </u>							
Stevens Environme		. T	1 335	uler ID	No.	of Waste	Name of Regi	A second						
ity- State	mai Service	s, Inc.	- _	182	92			Fairless Land	fill					
	Allonto	TT				Disposal Date	City, State					=		
ompleted By	Allentown, N	١J					1	Morrisville, I	PA					
Mahlon E. Steve	Title	D.,		N / -		Signature	1 7	Date				-		
-41		Pro	ject	Mana	ager	171	1		16/	120	17			
OCTOR:						1			1	-	-	1		

	r de la companya della companya della companya de la companya della companya dell			State of A	lour lous						L		
		NOTI	FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	EMENT (10)	n.	EG	E		// [3 5
Date of Notification (1) 10/05/2017				of Buildin dence	g Owner	Operato	r (2)	M	and the same of th		U I		3/1
Agencies Notified Type Notification			Street	Address				Ш	-OCT	18	201	7	H
EPA Initial			0.1								201		IL
DEP Amended Amendment	#			State, Zip (ey City N		102		AS	BESTOS	CON	1700	Company of the last	
Emergency justification)		g		of Contac				Te	LICE	VSIN	g II HO	L&	
DCA Cancellation				Bernsto				1					-
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	CILITY IN	FORMAT	ION	Type of Facility	(4)					
Residence							School (<-	- Table 5 (1)					
Street Address							Subchar te Other (i.e.	r 8 (Oth	ner than K- & commer	12) cial bu	ildings	s, hom	nes,
City (5) Jersey City							etc.) Square Feet 1,224	# 0	of Floors		Bldg.	Age	
County (6) Hudson				Code (7)	y)	_	Current Use (Pr		ing demolis				
Name of Monitoring Firm Hired by Building (A. Seine Lighthouse Solutions							ASCM No. Name of Abatement Contr						
Street Address	t Address						Brinks Tank Service Street Address						
PO Box 354							Liberty Avenu	ie					
City, State, Zip Code South Orange, NJ 07079							tate, Zip Code de, NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho			32500355	one No.		License I	No.			
Start Date (10)	Schodu	led Cor		49-2666 Date (11)			162-7465		01316				
10/18/2017	11/01/	2017	ripietion	Date (11)		100000000000000000000000000000000000000	of OSHA Monitor ine Lighthous	e Solu	itions				
Occupancy Status During Abatement (Check	Only O	ne)					Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abaten y Hours	nent s				ox 354 ate, Zip Code						
					-018		o Orange, N.J.	7079					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf		_											
≥160 sf or ≥260 lf		Renova Demolit				×	Full Contain no Mini-Enclosure Glovebag Prod	edure					
	Is	Locati	on			<u></u>	Non-Exempted	(*) and	Non-Friat	ole Pro		e ement	
Location of		Normal ed Sole	ly		Des	scription	of					ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	nce/	Asbes (i.e.	tos Conta	aining Ma	aterial (ACM) insulation,		mount pecify	n		En	ш
In Facility (13)	Cus	todial S (12)	мап?		surfac	ing, VAT	, or		or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		other in	iioona k	,003)			val	jir	ulate	ure
Basement		X			A	C wrap		4'x	3' LF	X			
Basement		X			pip	e wrap		1	SF	х			
Name of David and the													
Name of Registered Waste Hauler Newark Carting		H	JDEP Wauler ID 509		Cubic `of Was	Control of the Control	The second of the second		ed Landfill ement La	andfil			
City, State East Orange, NJ			Dispos	al Date	City, State				•.0	-315-113-29	-		
Completed by	Title					griature/	Penn Ar	gyle, l		4-			
Alison Lamers	ager		(IMOIX		10	te /05/2	017				

ate of Notification (1)	PA		Name of Building Owner/Operator (2) E C E I V E									
0/13/2017	STAL SEE STATE	and the state of t	GT Construction, LLC									
gencies Notified	Type of Notificati	on	Street Address									
) EPA X) NJDEP X) NJ DOL	(X) Initial No () Amende Amenda	d	133 Passaic Avenue City, State, Zip Code Passaic, NJ 07055 Name of Contact Name of Contact									
X)DOH)DCA	justificat	ion)	George Jover									
	() Cancella	FA	ACILITY INFORMATION									
Name of Facility Where Abatement Residential home	is Taking Place (3	3)	Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.									
Street Address			I № 32									
City (5)	County (6)	County Code (7 (State Use Only	nly) Sq. reet. 2000 ii strain									
Union City	Hudson		Current Use (if being demolished): Name of Contractor (9)									
Name of Monitoring Firm Hired by N/A	Bldg. Owner (8)	ASCM No. N/A	Industrial Safety & Environmental Solutions, Inc.									
Street Address			Street Address 3300 Hudson Avenue									
N/A City, State, Zip Code			City State, Zip Code									
N/A	1250		Union City, NJ 07087 Telephone Number Odd 24									
Project Manager for Monitoring Fir N/A	m Telephone N	lumber	(201)325-0055									
Scheduled Start Date (10)		Completion Date (e (11) Name of OSHA Monitor ISES, Inc.									
10/14/2017 Occupancy Status During Abatem	10/17/20	ne)	Street Address									
(X) Facility Closed/Vacated Dut Abatement Performed Outs	ring Entire Period ide of Normal Fac	ility Hours -	3300 Hudson Avenue City, State, Zip Code									
(X) Other - Describe: Baseme	nt is not occupion	ed	Union City, NJ 07087									
Source of Work (Check all that an	oply) () Demolition	(X) Renovation									
(X) Minor Project (< 25 SF () Small Project (>25 <16 () Large Project (>160 SF	or < 10 LF ACN 60 SF or >10 <2 or > 260 LF AC	M	(X) Full Containment with Negative Pressure () Mini-Enclosure (X) Glove-bag Procedure and Wrap and Cut Procedure () Non-Exempted (*) and Non-Friable Procedure () Non-Exempted (*) Amount Abatement Type									
Location of Asbestos-Containing	Is Location N	ormally Used intenance or	Description of ACM (i.e. thermal systems insulation, surfacing, (Specify SF or									
Material (ACM) To be Abated in Facility (13)	Custodial	Staff? (12)	VAT, or other miscellaneous.) LF) Removal									
			Pipe insulation, elbows, debris ~ 15 LF X									
Basement boiler room	X		Tipe integration,									
Name of Reg. Waste Hauler Atlas Disposal Options	0.000	EP Waste Haule 452	Cubic Yards of Waste .5 Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road									
City State			Disp. Date City, State Pen Argyl, PA 18072									
311 East Blackwell Stree Completed by (Print or Type)	t, Dover, NJ 07	7801	Date 10/13/2017 Date 10/13/2017									
David Camacho	Project S	upervisor	4000 8 (DM) 10/13/2017									

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

Check No.

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			12)					EGEL	WIF	5 5	1/1					
Date of Notification (1)				Name	e of Build	ing Owner/Operato	or (2)		D. Communication of the Commun	-11	₩					
September 15, 2017				PA	of NY 8	k NJ	linil			111						
Agency Notified	Type Notification			Stree	t Address	3		OCT 18	2017]]					
□ EPA [☐ Initial					Center, 11th	Floor 14 14) how						
	Amended 0	_		City,	State, Zip	Code										
☑ DOL	Amendment # 0: Emergency (inclu					J 07102		ASBESTOS CON	VTROL	&						
⊠ DOH	justification)	unig		Name	of Conta	act	LICENSING - Telephone Number									
□ DCA □	Cancellation			Uda	y Meht	а										
				FAC	ILITY IN	FORMATION										
Name of Facility Where Aba	atement is Taking F	lace (3))				Type of Facility (4)									
George Washington	Bridge - Admi	nistra	tion	Build	ing											
Street Address							☐ School (K-12) ☐ Subchapter 8 (Other than K-12)									
220 Bruce Reynolds	Blvd.						☑ Other (i e. private & commercial buildings,									
City (5)							homes, etc	# of Floors	Blda	. Age	-					
Fort Lee, NJ 07024							A2000 TO TO THE TOTAL TO THE TH									
County (6)				Count	v Code (7	7) (STATE USE	30,000 4 67+ Current Use (Prior if being demolished)									
Bergen				ONLY) (OTATE OOL	(A)	rior ii being demo	lisileu)							
Name of Monitoring Firm Hi	red by Building Ow	ner	ASCN	1 No		Name of Abator	Office ment Contrac or	(0)								
A of NY & NJ	oo by banding ow		N/A													
Street Address			IVA			B&N&K Restoration (co., Inc.										
	241 Erie Street, Room 236															
City, State, Zip Code					Iph Avenue											
	n					Clifton, NJ										
	Jersey City, NJ 07310 Project Manager for Monitoring Firm Teleph						0/011	I Linnana Na								
Uday Mehta	ing i iiii			95-48	01	Telephone No. 973-478-468	04	License No.								
Start Date (10)	Scheduled (Name of OSHA		00120								
October 09, 2017	October			ue (11)		EMSL Analy										
Occupancy Status During Al						Street Address	riicai, iiic.									
M 50 1856						200 Route 1	30 N									
☐ Facility Closed/Vacated D☐ Abatement Performed Ou	uring Entire Period	of Abai	tement	t		City, State, Zip (
☑ Other - Describe: Nonf	riable Exterior	work	urs			No. 27 C	on, NJ 08077-	2802								
Scope of Work (Check all the						CililailiiisC	71, 140 000 77	-2092				-				
≥ 3 sf or ≥ 3 If				Ω n		☐ Full	Containment with	n Negative Pressur	re							
□ ≥ 160 sf or ≥ 260 lf				□ Dem	ovation olition		Enclosure ebag Procedure									
		,				⊠ Non-	Exempted (*) an	d Non-Friable Prod	cedure							
		Is	Locat	ion						10000000	atem					
Location o	f	100000	Vormal			Description	of			\vdash	Type	\forall				
Asbestos-Containing M	aterial (ACM)	0.0000000	d Sole intena			stos Containing Ma	aterial (ACM)	Amount			m	-				
TO BE ABAT IN Facility		100000	ustodi	ial	(i.e.	, thermal systems		(Specify		Rei	nca	incl				
(13)			Staff? (12)			surfacing, VAT other miscellane		SF or LF)		Removal	Encapsulate	Enclosure				
2.525			(12)							/ <u>a</u>	ate	re				
		Yes	No	N/A												
Lower Parking Lot of Adminis	tration Building	X			Tans	ite pipe		2	21 In ft	X						
												\Box				
										\Box		\Box				
							-					\forall				
Name of Registered Waste H	lauler			Vaste H	auler	Cubic Yards of	Name of Regis	tered Landfill				1				
Jimmy Byrne Truckir	na		No.			Waste										
The UECON SERVICE CONTROL OF SERVICE AND S	19	19	9551			2		nterprises, Inc	:							
City, State					b	Disposal Date	City, State									
Bronx, NY		09/30/2017 - Waynseburg, OH														
Completed by Title					Signature Date											
G. Roger Woodman Project Manager						10/6/20				2017	017					

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Print	Form
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/,			s	tate of No	ew Jerse	еу									
PA	ID	NOTIF	ursuan	N OF ASI	BESTOS 8:60 ar	ABATE nd 12:12	MENT 0)		7	G	E		V	E	In
Date of Notification (1) 10/02/17				of Building		Operato	r (2)	and the second state of th	扩				-		
Agencies Notified Type Notification			Street A	Address			-		111	-0C	T-1	0	2017	-	114
⊠ EPA ☐ Initial									Ш	00					
		1	City, St	ate, Zip C	ode				-						1
				eld, NJ				1	A	SBES	TOS	CO	NTR	OL8	L.
☑ DOH ☑ Emergency (justification)	including	1		of Contact						lephon	ICEN	ISII	VG		
DCA Cancellation								Secure 1		aopi.ori.	o i vaiiii	301			
Name of Facility Where Abatement is Taking	Place /	3)	FAC	ILITY INF	ORMAT	ION	T	6 E	(4)						
Bozena Ghattas	9 1 1000 (٥,						of Facility							
Street Address				W			HS	chool (Koubchapter	12)	har than	V 10\				
							岗	ther (i.e.	private	& comr	nercial	buil	dinas	. hom	es.
City (5)							— е	tc.)							
Garfield							Square	e Feet	# 0	of Floors	5		Bldg. A	Age	
County (6)			County	Code (7)			Curren	t Use (Pi	or if he	ing den	nolieho	<u>d)</u>			
Bergen County				USE ONLY	0		00.101	1 000 (11)	or ii be	ing den	IOIISHE	u)			
Name of Monitoring Firm Hired by Building (Owner (8))	ASCN	M No.		Name	of Abate	ement Cc	ntracto	r (9)	777-0-1-1-7				
					Pro Abatement Services										
Street Address				- 1			Address	e South was							
City, State, Zip Code						2000		kirk Ave							
Oily, State, Zip Code						100000	tate, Zip	Code en, NJ (27047	7					
Project Manager for Monitoring Firm		T	Telepho	ne No.			none No.		37047		se No.			-	
						100	293-63			0122					
			npletion	Date (11)		Name	of OSHA	A Monitor					-	-	
10/05/17	10/19/	15053				HILN	MMAN	CONS.	JLTIN	IG LLC)				
Occupancy Status During Abatement (Check							Address				10.207				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of A	Abatem	nent					TE EAS	TSU	ITE 10	7				
Other – Describe:	ai raciiity	nours					tate, Zip	07083							
Scope of Work (Check All That Apply)						UNIC	JIN INJ	07083							
≥3 sf or ≥3 lf	X F	Renova	tion			X] =	Containe	n m t	- NI+	D				
≥160 sf or ≥260 lf	_	emolit					Full Containment with Negative Pressure Mini-Enclosure								
						-	1 11	ebag Pro		d Non E	Triable	Dro	andur		
	le	Locati	on				1 14011-	Lxempte.	1 () all	u Non-r	nable		200	ment	
Location of	40.000	Vormall	520		Doc	scription	of.					38	Ту		
Asbestos-Containing Material (ACM)		d Solel intenar			tos Cont	aining M	laterial (A		А	mount				_	
TO BE ABATED In Facility		odial S		(i.e.	thermal	systems		on,		Specify		Re	R	nca	Enc
(13)		(12)				niscellan			Si	or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									a	-	late	re
Basement						TSI			Δ	0 LF		x			\dashv
					211.42			-	-	0 1	- 1	^			-
															_
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic '	Yarde	- 1	Name of	Pagist-	rod I	dfil				
Pro Abatement Services & Solutions		Ha	auler ID I		of Was		- 1								. [
	18322							WAST	: MAN	VAGE	MENT	G	HOV	VS N	l.
City, State North Bergen, NJ	Dispos							Disposal Date City, State							
Completed by	Tip-				1.5	<u></u>		MORR	SVILI	LE PA					
Bryan Parra	The state of the s	1 Old Hirth							\$		Date	12/4	7		



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

Check # 25561

			(P	ursua	nt to NJA	C 8:	60 and 5:16)	INE	B			II	
Date of Notification (1)	/11/17			Name	e of Buildir	ng O	wner/Operator	(2) Simac	Carried Carrie	17	1 5	20	17	
Agencies Notified	Type Notification	n		Stree	et Address					7 8 - 1		E 50 10		
EPA DEP	☐ Initial ☐ Amended								By		and the Paris	-		
⊠ DOL	Amendment		_	City,	State, Zip	Code		atchung, NJ	07060	Set Little State of	GR. W. L. L. V.	14,400,100,100		
⊠ DOH	Emergency justification)	g	Name	e of Contac	ct	***	attituing, 143	Telc-base Numb	ner			_	
□ DCA	☐ Cancellation			Sal Simao										
				FA	CILITY IN	FOR	MATION						-	
Name of Facility Where		_						Type of Facil t						
Street Address	Kes	sidenti	al					School (K	12) r 8 (Other than K-12	2)				
Oli Col / Idal Coo								Other (i.e.	private & commerci	al buil	dings	,		
City (5)								homes, etc.	# of Floors	В	ldg. A	ge		
7	Watchur	ng, NJ	070	069				3200	2			+/-		
County (6)	merset				nty Code (ONLY)	7) (3	STATE	Current Use (Prior if being demolished)						
Name of Monitoring Firm	Hired by Building	Owner	T	ASCM	No.	Na		nent Contractor (
		-		_		ens Environ	mental Service	es, It	ıc.		_			
Street Address	PO Box 34	11				St	reet Address							
City, State, Zip Code	TO DOX 3-	T 1	_			Cit	y, State, Zip C	PO Box 322						
	rosswicks, NJ	0851	5				,, o.a.o, 2.p o		n, NJ 08501					
	Project Manager for Monitoring Firm Te						lephone No.		License Ne.	Seattle of the			_	
	eisgarber		-		8-4070	_	(609) 25		0	049:	3			
Start Date (10) 8/16/17	Sche	eduled C	3/25/		ite (11)	Na	me of OSHA N		IECS					
Occupancy Status Durin	ng Abatement (Ch			1 /		Str	eet Address	17	iLC3				_	
☐ Facility Closed/Vacat	ted During Entire F	eriod of	Abate			22		PO I	Box 341					
☐ Abatement Performed ★ Other - Describe:		al Facilit	y Hou	rs		Cit	y, State, Zip C							
Scope of Work (Check a						_		Crosswic	ks, NJ 08515					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ы шас арріу)		enovat emolitic			 ✓ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure 								
		A0055000	ocatio							A	bater			
Location		Used	omally Solel	y by	S4 22 10		Description of			_	Тур	e	_	
Asbestos-Containing N TO BE ABAT			ntenan				containing Mate mal systems in		Amount (Specify	_		四	m	
IN Facility (13)		100	Staff? (12)		(1.0.,	su	rfacing, VAT,	or	SF or LF)	Remova	Repair	caps	Enclosure	
(13)		Yes	No	N/A		Olli	er miscellaneo	us)		oval	air	Encapsulate	sure	
Attic			×	139 (30%)			Vermiculit	e	1000 sf	×				
Name of Registered Was	IJDEP \ lauler ID	No.		bic Yards <i>N</i> aste	Name of Reg	istered Landfill								
Stevens Environn		292		20 cu	07-07-	Fairless Land	lfill							
City , State Allentown, NJ							posal Date 8/25/17	City, State	Morrisville,	DΛ				
Completed By	leted By Title					_	Signature	14	Date	FA	_			
Mahlon E. Ste			ojec	Man	ager			***************************************	1700000000000	8/11	/17			

08/11/2017 B:33AM FAX

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State of New Jersey

					(P	กเราร	int to NJA	C 8:60 and 5:19		Samuel	To Shirtman		6203	
Date of Not		11/17				Nam	of Europi	Owner/Operato	Simao					1
Agencies N			Nothicatio	חכ		Stre	et Address		Simao			1	\Rightarrow	\rightarrow
EPA Dep		☐ Init	iel			-	o, Addioss						te	/-
DEP DOL		☐ Ait	nended			Cily,	Sizia, Zip	Code			- 1			#
_		M En	nergency	(includir	10	-	8 8	W	atchung, NJ	07069			٠,	
DOH DOA			alification neellation	j	-	Nam	e of Conta	THE RESERVE TO SHARE THE PARTY OF THE PARTY		Telephona Nun	ibat		-	
		ЦЧ	ncesation)				Sal Simao						
						FA	CILITY IN	FORMATION						
Name of Par	city Whate	baten (1001100			Type of Facility	(4)			-	-
			Re	sident	ial				School (K-1	2)				
Siree! Addi	785								Other (i.e., p	8 (Other than K-1	2) ial bui	ldinge,		
City (5)									Square Foot	# of Figure		ldg. A	- A	_
		V	Vatchu	ng. N.	070	69			3200	2	-	95		
County (5)	~					Cou	inly Code (T) (STATE	The second little and	for if being demo	ehed)			=-
Name of Mo		merse		and There are a		2002	FONLY		l <u></u>					- <u> </u>
(8)		MECS		Owner		ASCN	No.		neni Contractor (9			1 (6)		
Street Addre		VI ECT	3		-				cas Enviror	nental Service	es, I	nc.		-
Ori del Modic	33	PO	Box 3	41				Street Address	PO 5	30x 322				
City, State, Z	lo Code		DUA 5	14				City, Slate, Zp C	THE RESERVE OF THE PERSON NAMED IN	30X 324	Sales and	-		_
	Cro		ks, NJ	0851	5			Oty, State, 240		n, NJ 08501				
Project Mana					1995	phone		Telephone No.		License Ne-		-		=
	Bill Wei	sastp	The same of the sa				8-4070	(609) 25	59-9688		049	3	-	_
Stert Date (1			Sch	eduled (rts (11)	Name of OSHA						
Occupancy 8	/16/17	1			3/25/	17			NI	BCS				-
☐ Facility CI								Street Address	DO 13	ox 341				
☐ Abatemen	t Performed	Dutside	of Norm	al Facili	tu Hau	ernent.		City, State, Zip C	AND DESCRIPTION OF THE PERSON NAMED IN	UX 341				_
Other - De	sscribe: 8	am to	4 pm		Q - 10 a			City, State, Zip C		s, NJ 08515				
Scope of Wo	rk (Check all	that ep	(kid	-						2,110 00015	-		_	=
≥3 af or ≥ 160 af or	3 M ≥250 M				nova(MINIER	italnment with Neg loaure ig Procedure	jetive Pressure				
								Non-Ex	empted (") and No	n-Friable Procedu	re			
					Localic						1 4	batan Type		
Cabasias C	Location of Containing Ma		2010		d Solo		A-1	Description of	1 - 4 / 4 @ 3 / 5			170	_	-
	O BE ABATE		4040)	C	uetodia		(l.e.,	os Containing Mat thermal systems is	enst (ACM) nsulation.	Amount (Specify	20		5	5
	IN Facility (13)			1	Staff? (12)		, , , ,	surfacing, VAT, other miscellaneo		SFor LF)	PACILIA	Repair	#	G
	(13)			-				Diner miscellaned	us)		3	€.	a zylnede.	closura
				Yes	No	N/A							La	-
	Attic				×			Vermiculit	C	100U sf	×			\neg
												1	1	\neg
											$\dagger \lnot \dagger$	+	+	\neg
					-							_	-	-
Name of Regi	stered Waste	Haula	r			UDEP		Cubic Yards	Name of Reg	lered Lendfill			_	\dashv
Stevens E	nvironme	ental S	Service	s. Inc	. H	201er (C 1 82	No.	of Waste 20 cu	1	Pairless Land	1511			- 1
City: State					ice _	104		Disposal Date	City, Siste	Tank Dall			State or	=
		Allen	town, l	NJ				8/25/17	1	Morrisville.	PA			
Campleted By			TER					Signature		Dete				=
	n E. Stev	ens		Pr	oject	Man	ager		AL		8/11	/17		_
AR OD			• 5	ار مما در	ea thin	form !	'ar anhanta	s licensure exemp						