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Date of Notification (1)					6 Ph 11 11				11-17	15 N		11			Carried and	- Carrier
10/13/2017				Rose	of Building Cali	g Owner/0	Operato	r (2)				0 1	n17	7		
Agencies Notified	Type Notification	1		Street	Address					(101	4 6	(12.)		Land	1
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× EPA × DEP × DOL	Amended Amendmen	† ##			tate, Zip C clair, NJ				and the second	ASBF	ESTOS	CON	III-	101-	O.	1
	Emergency	(including			of Contact				-	700	عاب ال	-	Party Party	apacter of the	AND DESCRIPTION OF THE PERSONS ASSESSMENT	
DOH DCA	justification) Cancellation			Rose					The second		Tenhana	Mumh	ar	25		
	E Gariocination				ILITY INF	ORMAT	ION			_						
Name of Facility Where	Abatement is Takir	ng Place (3)	1710		ORMATI	Ole	Туре	of Fac lity ((4)						
House								П	School (K-1	2)						
Street Address									Subchapter	8 (Oth	ner than	K-12)				
								×	Other (i.e. petc.)	orivate	& comm	nercial b	uild	lings.	, hom	es,
City (5) Montclair								1 2	are Fee	1000000	of Floors		BI	dg. A	\ge	
								N/A		N/			100	/A		
County (6) Essex					Code (7) USE ONL	0		Hou	ent Use (Pri	or if be	ing dem	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Name	of Aba	atemeni Cor	tractor	r (9)					
N/A									ement, In		5.825					
Street Address							Street									
City State 7i- Code									gren Aver	nue						
City, State, Zip Code								ip Code IJ 07512								
Project Manager for Mor	itorina Firm			Telepho	no No			ac movemen	are consistent and a second							
**************************************	ittoring i iiii		releprio	me No.		Teleph 973-				Licens 0131						
Start Date (10) 10/23/2017		Schedule 10/24/2		mpletion	Date (11)				HA Mor itor emen:, In	<u> </u>						
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street			<u> </u>			_	- 50		
Facility Closed/Vaca				nent					gren Aver	nue						
Abatement Perform	ed Outside of Norn	nal Facility	Hours	S					ip Code							
Other – Describe:									J 07512							
Scope of Work (Check A	II That Apply)															
× ≥3 sf or ≥3 lf		processors.	enova					Ful	I Conta nme	ent with	Negativ	ve Pres	sure	9		
2160 sf or ≥260 lf		∐ De	emolit	tion			×	Mir	ni-Enclesure ovebag ⊃roc							
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		1000000	Locat										F		ment	
Location			ormal i Sole				cription		ortresonous assesses				_	Ту	pe	
Asbestos-Containing TO BE ABA		Mair	ntena	nce/		tos Conta thermal					mount Specify				En	ш
In Facili	ty	Custo	odial 8 (12)	Staff?	(,,,,,	surfac	ing, VA	T, or	don,		or LF)	Kellova		Repair	cap	nclo
(13)		V		T		other m	iscellan	eous)				200	1	air	Encapsulate	Enclosure
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Baseme	=nt 		Х			pipe	insulat	ion		18	30 LF	Х				
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Name of Registered Was	te Hauler		100000	JDEP W		Cubic \	/ards		Name of F	Registe	red Land	dfill				\dashv
D&S Abatement, Inc.	auler ID 0996	No.	of Was	te		Waste N				4						
City, State	1000		Dispos	al Date		City, State					1132					
Totowa, NJ						TBD		12	Morrisvi		4					
Completed by		Title				Si	gnature	1/6/1	/			Date				
Oliver Hegedis		t Ma	nager				LC				10/13	3/20)17			
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Date of Notification (1)								7) 15		2	_\W	E		
10-13-2017					of Building watie G			r (2)		41	and the second second			1
Agencies Notified	Type Notification	1		Street	Address						001	19	2017	7
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DEP × DOL	Amended Amendmen	t #			ate, Zip C y City, N		06			L	وور میں درجود ۔۔ اور رحان اور درجود ۔۔	100	A COMP	
	Emergency	(including	1		of Contact					ASBI	ESTO:			UL OI
DCA [justification) Cancellation				watie G									
N				FAC	ILITY INF	ORMAT	ION							
Name of Facility Where At Residential	patement is Takir	ng Place (3)					Type of Facili	y (4)					
Street Address								School (
										her than I		ildings	, hom	ies,
City (5)								etc.) Square Feet		of Floors				
Jersey City, NJ 0730	6							1903	2	01 10015		Bldg. 114+	-	
County (6)					Code (7)			Current Use (Prior if be	eing demo	olished)			
Hudson				(STATE	USE ONLY	"					•			
Name of Monitoring Firm F	lired by Building	Owner (8)	1	ASCI	M No.			of Abatement (
Street Address								n Environme	ental Si	ervices,	LLC			
								Address Virginia Aver	iue					
City, State, Zip Code					S-dien contra			tate, Zip Code						
							ey City, NJ 0	7304						
Project Manager for Monito	ring Firm		Telepho	ne No.			one No.		Licens					
Start Date (10)		Cabadul	-40-		D 1 (11)			333-8855		01174	1			
10-14-2017		10-14-			Date (11)			of OSHA Monit	or					
Occupancy Status During A	Abatement (Chec	k Only Or	ne)					Address						
× Facility Closed/Vacate	ed During Entire I	Period of	Abater	ment										
Abatement Performed Other – Describe:	Outside of Norn	nal Facility	Hour	S			City, S	tate, Zip Code						
	Th - 4 A 1 \													
Scope of Work (Check All 1 x ≥3 sf or ≥3 lf	пат Арріу)	F						1				31/51/5		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processed.	Renova Demoli				×	Full Contain Mini-Enclose	ment wit	h Negativ	e Press	ure		
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Location of	f	1	Locat Norma	lly		Des	scription	of					/pe	
Asbestos-Containing M TO BE ABAT			d Sole		Asbes	tos Cont	aining M	aterial (ACM)	1	Amount			Е	
In Facility	EU	Cust		Staff?	(i.e.		systems cing, VA	insulation, L. or		Specify F or LF)	Ren	Re	ncap	Encl
(13)		-	(12)				niscellan			,	Remova	Repair	Encapsulate	Enclosure
	400-00-00-00-00-00-00-00-00-00-00-00-00-	Yes	No	N/A							-		ite	O
Basemen	Basement					Pipe	insulan	tion	1	00 LF	x			
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Name of Registered Waste Hauler				JDEP W	aste	Cubic	Yards	Name o	f Registe	ered Land	ffill			
Green Environmental Services				lauler ID 034889		of Was				orth Lan				
City, State				004009			al Date							
Jersey City, NJ							-2017	City, St.	ville, P	Α				
Completed by		Title					igriature	0		- 01	Date			
Liliana Serrano		Mar	nager		1	alic	wa Jei	un		10-14-	2017			

Date of Notification (1)

Type Notification

Amended

Amendment #_

iustification) Cancellation

RESIDENCE

Emergency (including

Initial

Name of Facility Where Abatement is Taking Place (3)

APF

Name of Monitoring Firm Hired by Building Owner

Occupancy Status During Abatement (Check only one) ▼ Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Title

Agencies Notified

DEPA

DOL

DCA

Street Address

City (5)

County (6)

Street Address

Start Date (10)

Other - Describe:

City, State, Zip Code

Project Manager for Monitoring Firm

Scope of Work (Check all that apply)

State of New Jersey NOTIFICATION OF ASBESTOS ABATE (Pursuant to NJAC 8:60 and 12:12

ASCM No.

Telephone No.

Scheduled Completion Date (11)

O MOTTA	F ASB	w Jersey ESTOS ABATEN 8:60 and 12:120) [[]	E	CEIV	E		A Control of the Cont	_
Name of E	-	Owner/Operator		200	DER	,	المصا	1	_
Street Ad	dress				STOS CONTRE	71.8			
			ONLA "	AUG	1 IOFNSING	JE 0		=	닉
City, State	, 200 U	ADDON FI	FID	N.J	0803			`	_
Name of 0	Contact				Telephone Numbe	r			
		M							ᅱ
FACILI	TY INF	ORMATION	Type of F	acility	(4)				\dashv
			□ Schoo	(K-12)				
				COULT L	(Other than K-12) ivate & commercial	buildi	ings,		
				s, etc.)	# of Floors		lg. Ag	96	\dashv
			1000		1 1		0 +		_
County C	Code (7) (STATE	C ment U	se (Pri	or if being demolish	ed)			
USE ON	LY) -				ANT			_	ᅴ
SCM No.		Name of Abatem		ctor (9)					
	-	Street Address							
1992		369 5		RUC	E AVE				-
		City, State, Zip C		ANG	NITO	80	5	2	
hone No.	-	Telephone No.		1076	License No.				
none No.			904	72	0044	14			
on Date (1	11)	Name of OSHA	Mon tor						
-17			N	<u>M</u>					=
		Street Address							
nent s	+	City, State, Zip C	ode						
	_								_
		☐ Full Cor	ntair ment w	ith Neg	pative Pressure				
n		Mini-End							
		Non-Ex	empted (*) a	and No	n-Friable Procedure	-	bater	nent	-
1							Typ		
by e/	Asbesto (i.e.,	Description of os Containing Mal thermal systems i surfacing, VAT, other miscellaneo	erial (ACM) nsu ation, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure

WOODBINE

≥3 sf or ≥3 lf ⊠≥160 sf or ≥260 lf	☐ Re	novati molitio	on n		Gloveba Non-Exe	a Procedure	Ion-Friable Procedu	re		non!	-
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Used Mair Cu	ocationally Solely ntenan- stodia Staff? (12)	y by œ/	Asbe (i.e	Description of stos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsu ation, or	Amount (Specify SF or LF)	Removal	Typ Repair		Enclosure
(13)	Yes	No	N/A					_		Ф	_
SIDING			X		TRANSIT	<u> </u>	1000 SE	X			
	-										_
Name of Registered Waste Hauler KLEMCO INC			UDEP V Buler ID	No.	Cubic Yards of Waste	Name of Re-	gistered Landfill	A			

City, State

Completed By MICHAEL

MAPLE

Signature

CK 4348 PAID

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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ma. S						111

	(Pursuan	t to NJA	8:60 and 12:12	0)	The same of the sa				
Date of Notification (1)	Nam	ne of Buildi	ng Owner/Operator	(2) ELL M	ICHOLS	9 6	2017		
Agencies Notified Type Notification EPA Initial	Stre	et Address			SBESTOS	CON	TRO)L 8	_
DEP Amended Amendment #	City.	State, Zip	Code CIO GRA	WINE K	17 08	251	17	nintri susu	
☐ Emergency (including justification)		ne of Conta		MUE_N	Telephone Numb		10		=
☐ DCA ☐ Cancellation			AME						_
		ACILITY IN	FORMATION						
Name of Facility Where Abatement is Taking Place RESIDENCE	(3)			Type of Facilit		V.			
Street Address				Other (i.e., hornes, etc	private & commercia	al build			
City (5) A VACON				Square Feet	# of Floors	_	50. Ag		
County (6) CLAPE MAY		inty Code (E ONLY)	7) (STATE	VA	Prior if being demolis	hed)			
Name of Monitoring Firm Hired by Building Owner (8)	ASCN	l No.	Name of Abatem	ent Con ractor () INC				
Street Address			Street Address		PRUCE A	ΙĒ			
City, State, Zip Code			City, State, Zip C	PLE ST	HADE M.	7			_
Project Manager for Monitoring Firm	Telephone	No.	Telephone No.	9-6472	License No.	14			
Start Date (10) Scheduled Co	mpletion Da	ate (11)	Name of OSHA N	Monitor LLI J &	4				
Occupancy Status During Abatement (Check only	one)		Street Address					The Control of	
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other - Describe:	Abatement Hours		City, State, Zip Co	ode					
Scope of Work (Check all that apply)			Π F. # Coo	teinmont with No	egative Pressure				
₩	novation notition		☐ Mini-End	closure g Procedure	on-Friable Procedu	re			
70	ocation	T	Non Exc	75.15			bater		
	mally Solely by		Description of			-	Тур		_
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Maint Cur S	enance/ stodial laff?	Asbes (i.e.,	tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	nsulation or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Yes	No N/A					1		-	_
SIDING	X		TRANSIT	<u> </u>	1750 SE	X	-	\dashv	
						H			
Name of Registered Waste Hauler	NUDEP		Cubic Yards	Name of Reg	istered Landfill				
YLTMCO INC	Hauter IC	0 Ng.	of Waste		И.С.И.	U.	A		_
City, State SHADE WIJ			Disposal Date	City, State	OBINE	V	,5	_	_
Completed By MICHATI KIMM SU	ρ.		Signature	UTX	Date 10	13-	-17	_	_



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

PALL		(P	ursua	nt to NJA	C 8:60 and 12:12	.0)	.144	UUI	1 :	9 2	2017	
Date of Notification (1)	_		Na		ing Owner/Operato	t DEVE	LOPE	SKS TO	15.7	ON	TRO) I J
Agencies Notified Type Notif			_		18 GLAS	SBORD	RD		EN	The second second		
Emerge	ment # ency (include	ling	City	y, State, Zip U	Code 1000BURS	r HEIG	HTS	NJ	0	80	9-	1
M DOH justifica			Nar	me of Conta	ME ME		Teleph	one Numb	er			
	27	*	F	ACILITY IN	FORMATION							
Name of Facility Where Abatement is RESIDE	Taking Pla	ice (3)				Type of Facili	-12)					
Street Address						Other (i.e., hornes, et				dings	5,	
City (5) AUALON	J		191///2			Square Feet	# of F	loors		ldg. 1		
COUNTY (6) CAPE MI			Co	unty Code SE ONLY)	(7) (STATE	Current Use (Prior if bein		hed)			
Name of Monitoring Firm Hired by Bui	ding Owne	ſ	ASC	M No.	Name of Abatem		(9) ENC					
Street Address					Street Address							
					369		RUCE	Aux	_			_
City, State, Zip Code					City, State, Zip C		ADE	M, T		280	05	2
Project Manager for Monitoring Firm		_	ephone		Telephone No. 856 719	7-0472	Licens	se No.	44			_
	Scheduled				Name of OSHA N	Monitor H /	/A					
10-23-17		-3	1-1	1_		<u> </u>	<u>A</u>					=
Occupancy Status During Abatement			man!		Street Address		2 4					
Facility Closed/Vacated During Enti					City, State, Zip Co	ode ====						=
Other - Describe:												
Scope of Work (Check all that apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emolitic			☐ Mini-Enc	tainment with No losure g Procedure	egative Pre	essure				
Q2_100 51 51 2250 11	7				Non-Exe	mpted (* and N	on-Friable	Procedure				
Location of	N	Location Iormally d Solet	,		Description of				A	bate:		
Asbestos-Containing Material (ACM)		ntenan			os Containing Mate thermal systems in		Amou (Spec		20		Enc	<u>m</u>
TO BE ABATED IN Facility	1 -	Staff?	•	(1.6.,	surfacing, VAT,	or	SF or		Removal	Repair	aps	Enclosure
(13)	-	(12)			other miscellaneou	us)			oval	바	Encapsulate	ure
C101111	Yes	No	N/A	T	CANSITE		27.5	Osc	X	-	-	
SIDING	=		<u> </u>		CONVITTE		263	عدت	^	\neg		
	=		-						\neg			
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Name of Registered Waşte Hauler			JDEP V		Cubic Yards	Name of Reg	istered Lan	dfill				
KLEMCO INC		_ 7	191		of Waste	<u> </u>	M. (. M.	U	· K	<u> </u>	
City, State MAPLE SHADE	W	, T			Disposal Date	City, S ate	OBIN	UE-	N	T.		
Completed By	Title S ()				Signature (Date	13	-1	7	

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Date of Notification (1) 10/10/17			Name Migu	of Building	g Owner	/Operato	or (2)		E ((b)	5				7
Agencies Notified Type Notification Type Notification Initial Amended Amendmen Emergency justification Cancellation	t#6 (including		Street City, S Parar	Address tate, Zip C mus, NJ of Contact el Serra	Code 07652	2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A second	O SSES T Tele	STO	19 SO	ONT)17 	20 mm	
Name of Facility Where Abatement is Takin N/A Street Address City (5) Paramus, NJ 07652	ng Place (3)	FAC	CILITY INF	FORMA	TION	E X	ype of Faci in School (In Subchape Other (in etc.)	K-12)) (Other	Com	merci	al bu	ildings Bldg. N/A		nes,
County (6) Bergen Name of Monitoring Firm Hired by Building CA Environmental	Owner (8)			Code (7) USE ONLY	n	Name	of A	urrent Use T				nolish	ed)			
Street Address 2200 Paterson Plank Road City, State, Zip Code						Street 203 I	Add Bel	LLC								
North Bergen, NJ 07047 Project Manager for Monitoring Firm Carmelo Altomonte				64-6583		Hale: Teleph	dor	n, NJ 0750	8	14,083	Licen	se No).			
Start Date (10) 6/29/17 Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire FAbatement Performed Outside of Norm Other – Describe:	e)	nent	Date (11)		Supe Street 203 E	er, L Add Belr tate,	ress mont Ave					·				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Parties and Partie	nova molit				Haled	F	Full Contair r Mini-Enclosus Glovebag Pro- Non-Exemple	ment ire	ure					ρ.	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custod	tenar dial S (12)	ly by nce/ staff?	Asbest (i.e.	os Conta thermal surfac	scription aining Ma systems sing, VAT niscellane	of ater insu	ial (ACM) ulation,		Amo (Spe SF or	ount			Abate	al inches	Enclosure
Ceiling Perimeter in Loading Dock	-	No X	N/A		Sr	oray on			_	3,000	000				te	
Loading Dock 1st/2nd Floor		X				oray on				7,000			X			
1st Floor Room Loading Dock		X		128		ray on				800		-	X			
Name of Registered Waste Hauler Super, LLC City, State	Ha	IDEP Wa auler ID N H16329	No.	Cubic Y of Was TBD	te		Name of Waste									
203 Belmont Ave Haledon, NJ 07508					Disposa TBD	al Date		City, Star Tullyton		PA						
Completed by Tailor Dominguez	Title Project	Mar	nager		Sig	gnature	0		2			Date 10/1	0/1	7		

PAID

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

Check 10132

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Date of Notification (1)	1,-	Z	Name	of Building Owi		(2)	MEG	E		LE.	3
Agencies Notified Type Notification	n l		Street	Address	John	Hube	R			1 - 4/	1
□ EPA Initial □ DEP □ Amended			w fr	tate, Zip Code			BICE	119	20	17	Death Section 19
DOL Amendme			788		bea (piet	NEC	18	150	ROL	-2
DOH justification	n)	9 [Name	of Contact	1 1:		Telephone N	imber			
□ DCA □ Cancellation	on		FAC	JOHN N	lu ben	·	087	50			
Name of Facility Where Abatement is Tak	ing Place	(3)		VILLET I INI OTGI	ATION	Type of Fricility	رنج (4)	- 21	2000		
Single fan	ily	Du	selle	ng		☐ School_(K	-12)				
Street Address				٠,		Othe (i.e. etc.)	er 8 (Other than K- private & commerce	12) cial bui	ldings	, hom	ies,
City (5) Sea Girt	^	ナ	. (18750)	Square Feet	# of Floors		Bldg.	Age	_
County (6)				Code (7) USE ONLY)	-		rior if being demolis			٠	
Name of Monitoring Firm Hired by Building	Owner (8	1		M No. a	Name	of Abatement Co	family 1	Dwe	11/1	19	
EPC Technol	osie	\$		NA	Kaine	ST 29	chnole	aie	S	Ír	26
Street Address P.O. Box 3	37				Street	Address 0. Blox	337	1			- up
City, State, Zip Code	N	7	80	533	City, Si	ate, Zip Code	ZIA +45	a	8	53	3
Project Manager for Monith in gr-Firm		1.	Telepho			one No.	License I	Vo.	20	u	
Start Date (10)		led Con	npletion	758-336 Date (11)		758~ 330 of OSHA Monitor	a U	<u> </u>	21	1	
10/27/17			-17	<u> </u>			hnologies	I	nc		
Occupancy Status During Abatement (Che		XXX + D-0/#04-2-				Address	727				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facilit	Abatem y Hours	ent ;		City, St	ate, Zip Co le					
Scope of Work (Check All That Apply)					1/40	w Egyipt	NU	28.	53	3	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti			000	Mini-Enclosur Gloveba perc				·e	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND
	Is	Location	on					T	Abate	ement	t
Location of		Normali ed Solel	-		Description				1)	/pe	\vdash
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar todial S	nce/	(i.e. then	nal systems		Amount (Specify	Re	R	Encapsulate	Enc
In Facility (13)	003	(12)	itair:		rfacing, VAT er miscellane		SF or LF)	Remova	Repair	apsu	Enclosure
	Yes	No	,N/A			,	8	<u>a</u>	-	late	11.0
Faso Basement	X			Floor	Tile	5 '	400 SF	Х			
	-								-		
									-		
Name of Registered Waste Hauler		2000	JDEP W		bic Yards	Name of	Registered Landfill				
EPC Technologie	S	Ha	auler ID	00	Naste 2	Was	te Manage	nen	+ 0	e P	A
City, State New Egypt	NJ			Dis	posal Date	City Stat	e	A		-	1
Completed by	Title	^	,	109	Signature		Da Da	te			
Steve Schenker	HRE	side	nt		Steam	w DOCK	ch.	10-	-17	-/	7

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\sim	rir	13 1	-61	TITT

WK#2819	PALU			ICATIO	tate of N N OF AS t to NJA	BESTOS	ABATE				G (C E		W/ I	ET
Date of Notification (1)	10/16/1-	1		Name (of Buildin	g Owner	Operato	r (2)	<u> </u>			<u>6</u> 6	U	V/_ 1	
Agencies Notified	Type Notification			Street	Address	1 7	MI	MII		111	1 0	77-1	9-9	017	
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VOISSO	ii C				USE ONL	n		Dr	- 1	ent	2/1:	1 1 1	۵		
Name of Monitoring Firm I	Hired by Building (Owner (8)		ASCI	M No.		Name	of Aba	tement (or		(9)	IU/I	3		
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Project Manager for Monit	oring Firm			Telepho	ne No			hone No		70120	License	No			_
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Date of Notification (1) 09/22/17					ng Owner			-	i	00	T 1	9	201	7	-
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DOH justification Cancellation	1)	ig		of Conta ael Go					,			-			
Name of Facility Where Abatement is Tak	ine Dine	(0)	FAC	CILITY IN	FORMA	TION									
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Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.				atement Con							
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Project Manager for Monitoring Firm			Telepho	one No.		Teleph				Licens	se No.		-	-	
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Start Date (10) 09/23/16			mpletion	Date (11)	Name	of OSF	HA Monitor							
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Occupancy Status During Abatement (Che						Street									
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Other – Describe:		.,	<u> </u>					, NY 1001	6						
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Name of Registered Waste Hauler		N1	IDED W	not-	1011	· ·	,								
Atlantic Carting		H	JDEP W auler ID 90713		Cubic 'of Was			Name of Re		ed Land	lfill				
City, State		1	007.10			al Date	-	City, 5 tate							
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Completed by	Title					gnature					Date				_
Stan Stankovic	P. M	anage	er		1.5	Stan	,5	taxies	win	.	09/2	2/1	7		

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



Check # 8717

Date of Notification (1)			Name of Building Owner/Operator (2) Stevens University												
Agencies Notified	Type of Notifica	235533	et Address	2010/2010 2010	Sity			(\ F25	750 P27 P7	52.03	Total all rate		7		
[] EPA	Type or troumed	STATE OF THE STATE	Castle P		on F	Hudson			GII	WI		n			
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	[] canconano	Da	viu nen			INCORMATION									
Name of Facility W/have	- Al-1	Lie Di	(0)	FAC	ILIIY	INFORMATION	T = 3 = 10	5 W							
Name of Facility Where Stevens Univers		iking Place	(3)				Type of Facility	(4) (K-12)							
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607 Hudson St.							homes	, etc.)	Commercial	Julium	gs,				
oor Haason St.							Square Feet	# of Floors	DIA	g. Age			_		
City (5)		County (6)		Cour	nty Code (7)	5000	3	~ 6						
Hoboken		Hudsor	*			TE USE ONLY)	Current Use (Pr		olished)						
Name of Monitoring Fir	m Hirad by Buildi	na Owner	ASCM	VI.a.		None of Abotem	Office/lab/classr	oom							
Briggs Associate		ng Owner	0004	NO.			ent Contractor (9)	anaantal Ca		_					
Street Address	:5		0004		_		upiter Enviro	imental Se	rvices, in	C.					
3 Crosswicks St.						Street Address	323 Changebridge Road, Suite 100								
City, State, Zip Code	2				-	City, State, Zip C		idge Road,	Suite 10	U	-				
Bordentown, NJ	08505					The management of the second s	oue Pine Brook, N	1107058							
Project Manager for Mo		Teleph	one Numbe	or	-	Telephone Numb		13 07030	License N	ımhar	-		_		
Michael Hoodak	omeomig (mm		298-552				973-575-87()()	License IV)85	2			
Scheduled Start Date (10) Sche	d. Complet				Name of OSHA N				- 00	-	-	_		
10/26/1		10/3					ris Environme	ental Labora	atories, L	LC					
Occupancy Status Duri				77000000000000000000000000000000000000		Street Address		00000MASAY AS							
	d/Vacated During formed Outside o					2	333 Route 22	2 West							
Descr	ibe:		aointy riodi			City, State, Zip C									
[] Other – Descr	ibe: partially vaca	<u>ted</u>					Union, NJ 0'7)83							
Scope of Work (Check	all that apply)						199								
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[x] ≥3 sf or ≥3 lf			[]	Ken	Ovalli	OII		– Enclosure /ebag Procedur	·e						
[] ≥160 sf or ≥26	60 If						[] Ncn	 Friable Proce 	dure						
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Asbestos – Co		The second second second	nance/Cus				al (ACM)		Amount (Specify	R	R	E	E N		
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City City	04782					2									
						oosal Date	City, State								
Completed By (Print or	Type)	Title			10/	/23/17									
Pane Repic	· ype)		ral Mana	nar	Signature Date					17					
Pane Repic General Manager						12		Contract of the Contract of th	10/16/	17					
ASB-411		*				- /									



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Date of Notification (1)					Nam	e of Buildin	g O	wner/Operator	(2)			107	TEST T	011			
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□ DCA (NJAC 5:23-8)	☐ Emerge		ncludin	g		yonne e of Contac		J 07002		1	,						
(NOAC 5.25-8)	justifica	7.0				ngsley Mr		tu		Telephone Num	ber						
				-230	_		35.60	RMATION		_			-				
Name of Facility Where A	batement is	Takin	g Place	e (3)					Type of Fac lity ((4)			_				
Residential			•						School (K-12								
Street Address									☐ Subchapter 8 ☐ Other (i.e., pr) (Other than K-12 ivate and comme) rcial b	uildin	gs,				
City (5)							_		homes, etc.) Square Feel	# of Floors		lda A	~~				
Bayonne									1800	# 01 Floors	В	ldg. A	ge				
County (6)					Cou	nty Code (7)(ST	TATE USE ONLY)	Current Use (Pric	or if being demolis	shed)						
Houdson									RESIDENTIA								
Name of Monitoring Firm I		3750	Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)								
Turningpoint Contra	cting Cor	р						TURNINGPO	INT CONTRACT	TING CORP							
Street Address							100	reet Address									
51 Berkeley Terrace								51 BERKELE	Y TERRACIE								
City, State, Zip Code							1 5	ty, State, Zip Co									
Irvington NJ 07111 Project Manager for Monit				-				IRVINGTON N	NJ 07111								
Emeka Okeke	oring Firm				phone		elephone No.		License No.								
Start Date (10)		Schoo	lulod C			2-2177		973-372-2177		01238							
10 /08 /						ite (11) 17	- Acces	ame of OSHA M									
									VMENTAL INC								
Occupancy Status During Facility Closed/Vacated						0.0	200000	reet Address									
☐ Abatement Performed	Outside of N	ormal	Facilit	Abate v Hou	ment s - Des	cribe		30 WEST 25Th									
Time of Abatement:	AM	PI	Λ/	_PM		AM		ty, State, Zip Co NYC, NY1000									
Scope of Work (Check all t	that apply)						- 1	N 1 C, N 1 1000									
			_					☐ Full Conta	ainment with Nega	ative Pressure							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De					☐ Mini-Encl☑ Glovebag	osure								
			□ 00	monte	711			☐ Non-Exer	npted (*) and Non	-Friable Procedur	е						
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Basement						Pipe Fitt	ens	S		10 LF							
												П	П	П			
	Andrew Control				П												
Name of Registered Waste	Hauler				JDEP V	Vaste	Cut	bic Yards of	Name of Registe	ered Landfill			ш				
NEWARK CARTING I	NC			Н	auler ID	No.	Wa	ste		N FACILITY							
City, State				-	4506		Dis _i	posal Date	City, State								
NEWARK NJ 07102								0/9/17	TULLYTOW	N, PA							
Completed By (Print or Typ	e)	Title	·					Signature/	7	Dat	e /	-	2	\dashv			
EMEKA OKEKE		PI	RESID	ENT				4	whe Sc	. 9	1/2	7/	17	-			

Print Form



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NA 6016	NO.	TIFIC (Pur	ATIOI rsuant	N OF ASBE to NJAC 8	STOS A	12:120)	ENT		Section of the sectio	Will Samuel	d E	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	J E	
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10-16-2017				Address	aricios				1	1111	1 1	0 200		T.
Agencies Notified Type Notification			Street /	1001033					7	DV				
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X DOL Amendment #_				n Orange	NJ 078	866								-
Emergency (included in its property in the control of the control	luding			of Contact					Tele	phone Num	iber			
DCA Cancellation				topher Fr									-	-
	lace /2\		FAC	ILITY INFO	DRMATI	ON	Typ	e of Facility ()					
Name of Facility Where Abatement is Taking P Private Dwelling	iace (3)						П	School (K-1)	2)					
Street Address		-					口	Subchapter Other (i.e. p	8 (Othe	er than K-12	.) A buildir	nas h	omes	
Street Address							×	Other (i.e. preetc.)	nvate &	commercia				
City (5)							Squ	are Feet	1	Floors	10000000	lg. Ag	е	
South Orange NJ 07866							N//		N/A		N/	Α		_
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Essex			Š.	E USE ONLY) 		122 27	ivate Dwel	10000	(0)			-1282-19-2-1	\dashv
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASC	CM No.				ontracting		(9)				
EnviroVision Consultants						Street								\dashv
Street Address								(734						
20-21 Wagaraw Rd						City, State, Zip Code								
City, State, Zip Code Fair Lawn NJ 07410								nd Park N.	0742	4				
Project Manager for Monitoring Firm	for Monitoring Firm Telephone No.									License N	lo.			
Frank Larson			973-	636-914	5	-	73-692-6298 01266							_
	chedule	d Cor	mpletic	on Date (11))			SHA Monitor						
10-17-2017	10-23-2							ontracting	LLC					
Occupancy Status During Abatement (Check	Only One	e)				Stree		ress X 734						
Facility Closed/Vacated During Entire Pe	riod of A	bater	ment					, Zip Code			-			
Abatement Performed Outside of Norma Other – Describe:	I Facility	Hour	s					ind Park N	0742	24				
Scope of Work (Check All That Apply)							_							
☐ ≥3 sf or ≥3 lf		enov					×	Full Containr Mini-Enclosur	ent wit	h Negative	Pressu	re		
≥160 sf or ≥260 lf		emol	ition					Glovebag Pr	cedure					
							Ц_	Non-Exempt	ed (*) ar	nd Non-Fria	ble Pro		ement	
	1 100	Loca											ре	
Location of		Norma	ally lely by	١	D	escriptio	on of	erial (ACM)		Amount			Е	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	inten	ance/	().	e. therm	al syster	ms in	sulation,		(Specify	Rer	Re	Encapsulate	Enclosure
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(13)				_	Oute	moodii	u.,,00	,			m		ate	6
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Bedroom and Hallway 2nd floor)	K	Plaster				-	500 SF		-		
Bedroom 2nd floor			,	x	pip	pipe insulation 3 LF				X		-	-	
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Name of Registered Waste Hauler			NJDE	P Waste	Cub	oic Yards	5	Name :	of Regis	stered Land	fill			
Amax Contracting LLC				er ID No.	of V	Vaste Y		Fairle	ss Hil	ls				
						posal Da	ate	City, S						
City, State					10			/	sville l	DΔ				
					10-	-29-201	17	Morn	SVINE					
Woodland Park NJ 07424 Completed by	Title				10-	Signat		Morris	SVIIIE		Date 10-16	204	7	

Print Form

ersey TOS ABATEMENT Poid

UC#603	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)	
Date of Notification (1)	Name of Building Owner/Operator (2)	

Date of Notification (1)			Managara	(0.11. 0					FIR	臣川	W	125	nil		
10-10-2017	f Building C Rees	Jwner/C	perator	(2)	1111/	Super Super		- 0 - 40	100						
Agencies Notified Type Notification	on		Street A					1150	OCT	19	2017				
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X DEP Amended		1	City, Sta	te, Zip Cod	de			133	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				
X DOL Amendme	nt # y (including	-	Morris	town NJ	0796	0		.usePi0	transport of the second section of the	And the same of th	day per de ser				
DOH justificatio	n)	1	Name of	f Contact				T-	1 N	··mhar					
DCA Cancellati	on		Joel R					9							
Name of Facility Where Abatement is Tal	ing Place (2)		FACI	LITY INFO	RMATIC	ON				1-					
Private Dwelling	ing Place (3)	10					Type of Facilit	(4)							
Street Address							School (F)			10)					
							Subchap Other (i.e.	er 8 (Otr . private	ner than K- & commer	12) cial bu	ildinas	. hom	es.		
City (5)							etc.)				Bldg. Age				
Morristown NJ 07866							Square Feet N/A	# c	of Floors		Bldg. /	Age			
County (6)		10	County C	Code (7)			Current Use (F			500 00 0 M	NA				
Morris				ISE ONLY)	-		Private Dw		ing demon	snea)					
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCM	No.	Т	Name	of Abatement C	_	r (9)						
Standard Environmental	- 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00						Contracting		(0)						
Street Address							Address								
2108 Fulton street, Suite 2A					-	PO B	OX 734								
City, State, Zip Code						City, St	ty, State, Zip Code								
Brooklyn NY 11233						Wood	land Park N	J 0742	4						
Project Manager for Monitoring Firm		14 0	elephon			Telepho	one No.		License	No.					
Kayode Adefisoye								r	01266						
Start Date (10) 10-23-2017	The state of the s								-	-					
Occupancy Status During Abatement (Che	10-30-2	TO 5059					Contracting	LLC							
							Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of No	Period of Ab	ateme	ent		-		OX 734								
Other – Describe:	mai r acility r	Tours			_	and the second	ate, Zip Code dland Park N	10740							
Scope of Work (Check All That Apply)						VVUUL	lianu Park N	3 0142	.4						
≥3 sf or ≥3 lf	X Re	novatio	on			×	F. II O t - '			_					
× ≥160 sf or ≥260 lf		molitio					Full Containii Mini-Enclosu		Negative	Pressu	ire				
						×	Glovebag Pr	cedure			•				
			Т		-	101	Non-Exempt	ed (*) an	d Non-Fria	ble Pro					
Location of		ocation rmally	1		_							emen pe	1		
Asbestos-Containing Material (ACM)	Used	Solely	by	Asbestos		cription o	of aterial (ACM)	Δ	mount						
TO BE ABATED		tenano dial Sta		(i.e. th	ermal s	ystems	insulation,	(5	Specify	Re	77	Enc	Ē		
In Facility (13)		(12)			surfacion other mis	ng, VAT		SF	or LF)	Remova	Repair	apsi	Enclosure		
	Yes	No	N/A		ZETOT TITL	ooonane	ouoj			val	=	Encapsulate	ure		
	165	NO	N/A									w .			
Basement			Х		1	/AT		40	00 SF	x					
Basement			x		duct in	duct insulation 80 SF X									
										1					
		-+				-				+	-	-	-		
Name of Registered Waste Hauler		NJE	DEP Wa	ste l	Cubic Y	ards	Name	Registo	red Landfil	1					
Amax Contracting LLC		Нац	uler ID N	lo. o	of Waste		1			•					
City, State		361	184		10 CY		Fairles								
Woodland Park NJ 07424				4 0	Disposa		City, Sta								
Completed by Title					10-29-2		Morris	ville PA							
Tome Maslarkov Project Manager						nature	le	1		ate	004-				
			0			n 1	0-10-	2017							

State of New Jersey

D#17-6	48807	3000		TION OF ASI									7	
Date of Notification (1) 09/22/17				ne of Building eridia Villa	700			,	11/15	007 1 0	Contraction of the contraction o	-	And the second s	
Agencies Notified	Type Notification		Stre	et Address			I LLC			ULI 1 X	401	4		
⊠ EPA	☐ Initial			1 South W		enue			65	CANADA STATE OF THE STATE OF TH			conciere.	
DEP DOL	Amended Amendment	t #	100000000000000000000000000000000000000	, State, Zip C nden, NJ 0					eq 0.5 side distribution	al an experience of the second section of the second second				
□ DOH	Emergency iustification)			ne of Contact					Tal	anhana Nice	hor			
DCA	Cancellation		Mi	chael Gora	as				d		_			
Name of Facility Where	Abatamantia Taliin	- DI (2)	F	ACILITY IN	ORMAT	ION	-	7.5	(4)					
Name of Facility Where Apartment Building		ig Place (3)					Туре	of Facility						
Street Address	1						H	School (<-		er than K-12)			
16 4th Street							X	Other (i.e.		& commercia		dings	hom	es,
City (5)							Squa	etc.) are Feet	# o	f Floors	В	Bldg. A	Age	
South Orange							3,0	00		3	5	50+-		
County (6)			Cou	nty Code (7)	Y)			and the second of the second		ng demolish	ed)			
Essex Name of Monitoring Firm	Hirad by Building	Owner (0)		SCM No.	.,	Nome		artment B						
N/A	i rilled by building	Owner (6)	A	SCIVI NO.		1		s Solution		555-255				
Street Address						Street	3000000							
								Drive						
City, State, Zip Code						100000000000000000000000000000000000000		Zip Code NJ 07461						
Project Manager for Mor	itoring Firm		Tele	phone No.		Teleph		ALL CONTRACTOR OF THE PARTY OF		License No).			
Q1-1 D-1- (10)			<u>L.</u>					1650		01309				
Start Date (10) 09/23/16		Scheduled 0 9/27/17	Complet	ion Date (11))	Name Ame		HA Monitor						
Occupancy Status Durin	g Abatement (Chec	CONTRACTOR DESIGNATION				Street		ess						
X Facility Closed/Vac	ated During Entire	Period of Abat	tement			117	East	30th Stre	et					
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility Ho	urs		City, State, Zip Code New York, NY 1 0016									
Scope of Work (Check A	II That Apply)					New	Yorl	k, NY 100	16					
	л тпас Арріу)					Г	٦ _		101 866					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition			×		ill Contair m ni-Enclosure		Negative P	ressu	re		
						×		ovebag Fro		d Non-Friabl	o Pro	codur	0	
		Is Loc	eation				1100	AT EXCITE TO	a () am	a Non-i Habi		Abate		
Location	ı of	Norn	nally		Des	scription	of					Ту	ре	
Asbestos-Containing TO BE AB		Used S Mainte		Asbe	stos Cont					mount	71		Ē	ш
In Facil		Custodia (1) (i.e	surfac	cing, VA	T, or			Specify or LF)	Remova	Repair	caps	Enclosure
(13)		1			other n	niscellan	eous)				oval	air	Encapsulate	sure
		N	o N	/A									О	
1st Flo		×			flo	or tiles	S		1,42	28 S.F.	х			
Whole bu	ilding	×			windo	w cau	lking		12	0 S.F.	х			
Name of Registered Was	to Hauler		NIDE	D Wasts	C. hi-	Varda		l Norse of	Dog!-t-	and c = dfii				
Atlantic Carting	ne riaulei		Hauler	P Waste r ID No.	Cubic Yards Name of Registered Landfill of Waste									
190713						4 G.R.D.W.S.								
City, State Wayne, NJ						Disposal Date City, S ate On completion Morrisville, PA								

Completed by

Stan Stankovic

Title

President

Date

09/22/17

Signature



#17-648	8073	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)										GI	3 II	W			
Date of Notification (1) 10/12/17	,0	1		Name o	of Building O	wner/O	perator (2	2) har	Renewa	Dover	1 0	CT 1	97	den de la company de la compan	AND STREET		
Agencies Notified	Type Notification		-	Street /	Address	o Cam	ipus On	Dai	riteriewa	Dover,	LLO			9151 62400	- 13		
⊠ EPA	Initial				South Woo	od Ave	enue				W man				entstance.		
DEP X DOL	Amended Amendment	4			ate, Zip Cod						-						
/** · · · · · · · · · · · · · · · · · ·	Emergency (i		_	200000000000000000000000000000000000000	n, NJ 070	36				_							
⊠ DOH	justification)				of Contact	. 4.*				Tolon	hono N	l					
☐ DCA	Cancellation				G. Calafa			- 332 -									
Name of Facility Where A	hatement is Taking	Place /	31	FAC	ILITY INFO	RMATIC		Typy	e of Facility (1)							
3100-Meridia Colleg				Dover			-	Турс	20 0000	02							
Street Address	,0 04.11.040 01.0	u., , , , ,	101101	20101				\dashv	School (K-1 Subchapter		than K	12)					
15 East Blackwell S	treet							X	Other (i.e. p				ldings	, hom	es,		
City (5)							11.7		etc.) are Feet	1 # - 6 =	1		Dida	1 = 0			
Dover								4,0		# of F			Bldg. / 50+-	-			
County (6)			T		Code (7)			-	ent Use (Pri		•						
Morris				(STATE	USE ONLY)				known			(E)					
Name of Monitoring Firm	Hired by Building C	wner (8))	ASC	M No.			me of Abatement Contractor (9)									
N/A							Stann	anmark Solution 3, LLC									
Street Address								t Address									
									I Drive								
City, State, Zip Code									Zip Code								
									NJ 07461								
Project Manager for Monit	oring Firm			Telepho	ne No.		Telephor			1 33	icense						
Start Date (10)		0-11-1	10	1.11	D (///)		973-99	2000	Market Property and the Control of t		1309						
10/13/17		10/18/		npletion	Date (11)		Name of Ameri		HA Monitor								
Occupancy Status During	Abatement (Check	Property and the second					Street Ad										
									30th Stre	a t							
X Facility Closed/Vacat Abatement Performe	ed During Entire Pod d Outside of Norma	eriod of A	Abatem Hours	nent		-	City, Stat		West State of the								
Other - Describe: _			110010	•		_	33.63		k, NY 100	16							
Scope of Work (Check All	That Apply)								1, 111 100		-1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit			į.	X	Mi Gl	Ill Containme ni-Enclosure ovebag Proc on-Exempted	edure				e			
		Is	Locati	on								T	10000	ement			
Location	of	1	Vormal	ly		Desc	cription of	f					Ту	/pe			
Asbestos-Containing N TO BE ABA' In Facility (13)	TED	Ma	d Sole intenar todial S (12)	nce/	(i.e. th	s Contai ermal s surfacir	ining Mat ystems ir ng, VAT, scellaned	teria nsul or	ation,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure		
			No	N/A								-		lte	Ф		
Basement, 1st, 2nd	and 3rd Floor		х			floc	or tiles	tiles 3,500 S.F. x									
												+					
Name of Registered Waste	e Hauler			JDEP W		Cubic Ya			Name of F	Registered	d Landfi	ill					
Atlantic Carting		Hauler ID No. of 190713					aste 15 G.R.O.'W.S.										
City, State			Disp				l Date		City, State								
Wayne, NJ			on c				npletior	n	Morrisvi	lle, PA							
Completed by		Title					nature Date										
Stan Stankovic		Pres	ident			8	ilya	lyana Stankovic 10/12/17									

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4

CV # 14648	N			to NJAC				P	10	10				
Date of Notification (1) OCTOBER 16, 2016			Name of SHIR	of Building IN IBRA	Owner/0 HIM	Operator	r (2)			EG	TANK TO A	W	113	0.000
Agencies Notified Type Notification			Street A	Address			_		13	net	10	201	7	
EPA X Initial Amended Amendmen	t #			ate, Zip Co							1. 2	201	4	
DOH justification DCA Cancellatio				of Contact	HIM					The State of the S	aldade and a market	-		ATTAMINED S
land land		_	FAC	ILITY INFO	RMATI	ON								
Name of Facility Where Abatement is Takin SHIRIN IBRAHIM PROPERTY	ng Place (3)						Туре	e of Facility	(4)					
Street Address							×	School (K- Subchapte Other (i.e. etc.)	8 (Othe	er than K- & comme	-12) rcial bu	ildings	, hom	es,
City (5) EDISON								are Feet OSF	# of 2	Floors		Bldg. 1951	Age	
County (6) MIDDLESEX				Code (7) USE ONLY)			Curr	ent Use (Pr SIDENCI	or if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	ЛNo.				atement Co Touch As			ment	Corp	., Inc	
Street Address						Street 17 T		ess pson Stre	et			7)		
City, State, Zip Code						City, S Wes	State, 2 st Lor	Zip Code ig Branch	, NJ 0	7764				
Project Manager for Monitoring Firm N/A	-							lo. 8372		License 00040				
Start Date (10) OCT. 26. 2017								HA Monitor						
Occupancy Status During Abatement (Chec	k Only One)				Street	Addre	ss					9475 1941	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Ab nal Facility F	oatem Hours	ent		_	City, S	state, Z	ip Code						
Scope of Work (Check All That Apply)							+					1,751		_
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovat emoliti	tion Mini-Enclo					ni-Enclosur ovebag Pro	ro cedure ote 1 (*) and Non-Friable Procedure				·e	
	ls L	ocatio	on					- LACTIFIC	2 () () ()			Abat	ement	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Solely by Maintenance/ Custodial Staff?					ely by Asbestos Containing Material (AC (i.e. thermal systems insulation, surfacing VAT or						Repair	e Encapsulate	Enclosure
	Yes	No	N/A								te	TO .		
HALLWAY			X		<i>F</i>	AC FT			4:	5SF	Х			
Name of Registered Waste Hauler Finishing Touch Asbestos Abateme	nt Corp.,	I Ha	JDEP W auler ID 2058	(545,370)										
City, State WEST LONG BRANCH, NJ 07764		1		,	Dispos 10/27	al Date		City, Stat MORR		.E, PA				
Completed by JOSEPH P. MILLER	NT		S	igneture	MIL	PM			Date 10/16/	17				

CK#1181				N OF ASE to NJAC				LA	10					
Date of Notification (1) 10-13-17	W			of Building an Real		•	r (2)	b @ 1[.	West casting			Samuel S. Commercial Street, Section 5, 1975	7 (6)	Th
Agencies Notified Type No			Street A	Address ambers	St.	72			on continuent to the	100	710	201	7	A COLUMN TO A COLU
DEP Am	ended endment #			ate, Zip C eton, NJ				-	B	<u> </u>	Walter account to the			71
DOH just	ergency (including fication) cellation			of Contact rd Rose				-	_ Tele	ephone N	imhor	-	The Resident	endole-a i
Name of Facility Where Abatement	is Taking Place (2)	FAC	ILITY INF	ORMATI	ON	T =						_	
Apartment Buildings	is raking riace (3)					Туре	of Facility						
Street Address 36 Stevens Ave.& 1059,106	7, 1075, 1083	,1091	, 1099	, 1103 F	ompto	n Ave	•	School (F Subchap e Other (i.e.)	r 8 (Othe	er than K- & commer	12) cial buil	dings	hom	es,
City (5) Cedar Grove						- December 1	Squa	are Feet	# of	Floors	E	Bldg. A	\ge	
County (6) Essex				Code (7) USE ONLY)		Curr	ent Use (F'ri	or if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by I	Building Owner (8))	ASCN	/ No.				atement Contracting L		(9)			,	
Street Address				-		Street 522	Addre	ess						
City, State, Zip Code						U ROTOS (1/2)		Zip Code y NJ 07()8	37					
Project Manager for Monitoring Firm	1		Telepho	ne No.		Teleph 201	none N	lo.		License 01206	No.			
Start Date (10) 10-23-17	Schedul 11-04-		npletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During Abateme	nt (Check Only Or	ne)				Street						1117		
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: 7:00am - 5:	of Normal Facility	Abaten / Hours	nent			522 7 City, S	o Canada da	t. ip Code						
						Unio	n Cit	y NJ 0708	37					
Scope of Work (Check All That App ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	₹ F	Renova Demolit					Mi Gl	II Contain n ni-Enclosure ovebag Pro n-Exemple	e cedure	*			e	
	1	Locati	T07107									Abate	ement pe	t
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	CM) Use	Normalled Sole intenar todial S (12)	ly by nce/		tos Conta thermal surfac		lateria s insul T, or	ation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										e	
Basements		X			Pipe	Insula	tion		6,2	00 LF	X			
100000000000000000000000000000000000000											-			
						7 - 11		+						
Name of Registered Waste Hauler		17.55.55	JDEP W	(5°07) (5°07)	Cubic			Name of	Register	red Landfi				
Delfa Contracting LLC City, State	35240					Tullytown Resource Recovery Facility						ty		
Inion City, NJ					and the state of the party and	al Date 08-17		City, State Tullytov						
Completed by Jaime Delgado	Title Proj.	Title Proj. Manager.					Date 10-13-17							

NO CK	ه		NO.				SBESTOS ABA AC 8:60 and 5:1		The side of the	1728 7	1717	(2)	(T-14)
Date of Notification (1)	16 /	17	,				ng Owner/Operator	7.50.00		11111	nne	U.D.	THE PROPERTY OF THE PROPERTY O
Agencies Notified	Type Notifi					et Address		elopinent	OCT	19	201	1	March Co.
⊠ EPA	☐ Initial	CallOII			7-20-6	O Box 54			81.5				
□ DOLWD	☐ Amende	ed				State, Zip			A management		Perentranae Debahasan me		PRESENT
Ø DOH	Amendr					enton, N.							
DCA (NJAC 5:23-8)	☐ Emerge justifica		cludin	g		e of Conta			T=				
(1.10/10/0.20/0)	☐ Cancella					ris Vern	17.0		Telephone Nun	nber			
		700000							-				
Name of Facility Where A	batement is	Taking	Plac	e (3)	ГР	CILITTI	NFORMATION	Tune of Facility	/4)				
The State Room		· with	91140	0 (0)				Type of Facility School (IC-1					
Street Address								☐ Subchapter	8 (Other than K-12	2)			
351 West 9th Street								Other (i.e., p	private and comme	rcial b	uildin	gs,	
City (5)				-				homes, etc.	# of Floors		lala (
Ship Bottom								10,000 sf	2	В	ldg. A	\ge	
County (6)					Cou	nty Code (7)(STATE USE ONLY)		rior if being demoli		60		
Ocean						, 0000 (A NOTHILL GOL GIVE I)	Former Bai		snea)			
Name of Monitoring Firm I	Hired by Bui	Iding C	wner	(8)	ASCM	No.	Name of Abatem						
Guardian Contractir		J		\- <i>\</i>			Committee of the commit	ntracting, Inc.	,				
Street Address							Street Address						
1889 Rte. 9, Unit 61							1889 Route 9	Unit 61					
City, State, Zip Code							City, State, Zip C						
Toms River, New Je	rsey 0875	5						New Jersey 08	755				
Project Manager for Monitoring Firm Telephone No.							Telephone No.		License No.				
Nicholas Fernicola 732-349-9932							732-349-9932	2	00624				
Start Date (10)		Sched	uled C	omp	etion Da	ate (11)	Name of OSHA M	Monitor	00024				
	17	_1	1_ /		3/		E.M.S.L. Ana	1907/01/01/07/07/07					
Occupancy Status During							Street Address	-					
☐ Abatement Porformed	During Enti	ire Per	iod of	Abat	ement		1056 Stelton						
Abatement Performed (Time of Abatement:	AM-	ormai	Facilit 1/	y Hou	ırs - Des 1-	Scribe ΔM	City, State, Zip Co	ode					
			"-			-Aivi	Piscataway, I	New Jersey 08	854				
Scope of Work (Check all t	hat apply)						Ø Full Cont					1-	
≥3 sf or ≥3 lf			☐ Re	nova	tion		☐ Mini-Enc	tainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			☑ De	molit	ion		☐ Glovebag	Procedure	on-visional control of the second of the sec				
			le	Loca	tion	T	☐ Non-Exe	mpted (*) and No	n-Friable Procedu				
Location o	f		1	Norm	ally		Description o	f		Ab	atem	ent T	-
Asbestos-Containing M		/I)			lely by ance/	Asbe	stos Containing Ma	terial (ACM)	Amount	Rer	Repair	E	Enclosure
TO BE ABAT IN Facility					Staff?		e., thermal systems i	insulation,	(Specify	Remova	pair	caps	clos
(13)			15,555,50	(12)		surfacing, VAT, other miscellane	or ous)	SF or LF)	8		Encapsulate	ure
			Yes	No	N/A							e	
kitchen/ballroom						fireproc	ofing on sheetro	ck	7000 sf				
							1						
Name of Registered Waste	Hauler			1	NJDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill			ш	
Guardian Contracting	g, Inc.			ŀ	dauler II 20223		Waste	T.R.R.F.					
City, State						30 Disposal Date							
Toms River, New Jersey						11/6/17	(F.S.)	Pennsylvania					
Completed By (Print or Type) Title					Signature		Da	ito -	- 1				
Nicholas Fernicola		Pro	oject	Man	ager			()	1	1	1. 1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEM	touch
(Pursuant to NJAC 8:60 and 5:16)	
	Chest# 11490

Date of Notification (1)						ne of Buildir i ty of Carr	ng Owner/Operator (2)	(5) FB (5)	77 (7	COLUMN TO SERVICE	party of			
					iden		English (English)		W	100 mm					
Agencies Notified	Type Notific ☑ Initial	cation			215000	et Address	100		113		Ane T	and the same of	denie on the second		
☑ DOLWD	☐ Amende	d				O Box 951		<u> </u>	IN OCT	1 9	Z13 11 3	- 10 S	A CONTRACTOR OF THE PARTY OF TH		
□ DOH	Amendm				1 3	State, Zip amden, N			III.			į,	1		
DCA			cluding	9		e of Contac			the newscale and the second	ne konstabilijsma	en announcement	Parental service	ment 1		
(NJAC 5:23-8)	justificat Cancella				10000000	mes Rizz	7.3		Telephone Num	ber					
Name of Facility Where A	batement is	Taking	Place	(3)		ACILITY	NFORMATION	Type of Facilit	, (4)						
967 TRENT ROAD S			1 1000	. (0)				School (K-							
Street Address		Mark.						☐ Subchapte	8 (Other than K-12						
967 TRENT ROAD S	TRUCTUR	E						Other (i.e., homes, etc	private and commer	cial b	uildin	gs,			
City (5)								Square Feet	# of Floors	B	ldg. A	ae			
Camden								varies	varies		50+	go			
County (6)			- 10/2-2		Cou	inty Code (7)(STATE USE ONLY)	Current Use (F	rior if being demolis	hed)	3000				
CAMDEN								HOUSING DEEMED UNSAFE							
Name of Monitoring Firm	Hired by Buil	ding O	wner ((8)	ASCN	I No.	Name of Abateme	ment Contractor (9)							
2000 10							Controlled Er	nvironmental	Systems						
Street Address							Street Address								
							1121 N. Bethl	ehem Pike -	Suite 60						
City, State, Zip Code							City, State, Zip Co	ode							
Project Manager for Menitoring Firm							Spring House	e, PA 19477							
Project Manager for Monit	Project Manager for Monitoring Firm					No.	Telephone No.	License No.							
04-15-7-710							215 542 7000		00847						
Start Date (10)	I			72		ate (11)	Name of OSHA M	onitor							
					<u> </u>	17	CES								
Occupancy Status During				10000			Street Address								
 ☐ Facility Closed/Vacated ☐ Abatement Performed 						aariba	1121 N Bethle		uite 60						
Time of Abatement: 7:	00AM-5:00F	PM/_	PN	/ 1100 -	AM	scribe	City, State, Zip Co								
Scope of Work (Check all		No.		-			Spring House	se, PA 19477							
Scope Ci Work (Check all	that apply)						☐ Full Conta	ainment with Ne	gative Pressure						
≥3 sf or ≥3 lf ≥160 sf or >260 lf				nova			☐ Mini-Encl	nclosure							
≥160 sf or ≥260 lf		1	Der	molit	ion		☐ Glovebag	Procedure	on-Friable Procedur	_					
			Is	Loca	ation		Z HOIT EXCI	inpica () and iv	Thable I rocedur	10000	ateme	ont T	vne		
Location of				lorm			Description of	F		-	_	1	1		
Asbestos-Containing N TO BE ABAT		1)			lely by ance/		stos Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure		
IN Facility				odial	Staff?	(i.e	 thermal systems in surfacing, VAT, 	nsulation, or	(Specify SF or LF)	ova	¥.	sde	osui		
(13)		-	.,	(12	1	-	other miscellaned			-		llate	9		
•			Yes	No	1110	1									
See Attached Notice of	of Hazard					See Att	ached Notice of	Hazard	200 YD per res						
												П			
Name of Registered Waste	Hauler				NJDEP	Waste	Cubic Yards of	of Name of Registered Landfill							
The state of the s					Hauler I	D No.	Waste	GROWS	SIGIEU LANUIIII						
City, State					1727	3	200/residenc	enc							
Fairless Hills, PA					Disposal Date 12/31/17			e City, State Tullytown PA							
The state of the s							runytown								
그 양	Completed By (Print or Type) Title Patricia Visco Office Man					Signature			- //,						
Patricia Visco Office Man					gei		Halina) Villa	v 10	1/1	7/1	7			

NOCK

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 ANNUAL NOTIFICATION

Date of Notification	1			Name of	Building C	wner / Ope	rator (2)	3.15	BE	u w	15 1	Section 1		
	/			Street A	ND ELECT	RIC COMPA	ANY			- 600-1	1000	11		
Agencies Notified	Type of N	Notification			aaress HILL PLAZA			0	CT 1	9 2017	. 111			
☐ EPA		Initial		-	te, Zip Cod			3117.			- 1	<i>/</i>		
	V	Amended			RIVER, NY							1		
☑ DOH		Amendment		-	Contact			Telenho	ne Numi	per				
☑ DOL			v/ justification	ЈОНИ Н	AGGARTY									
		Cancellation		101117771										
			-	ACILITY	NFORMATI	ON								
Name of Facility Who MONTVALE SWITCH	ere Abaten	nent is Taking	Place (3)		Type of F	acility (4)								
						School (K	(-12)							
Street Address					-		er 8 (Other	than K-12	2)					
131 N. KINDERKIMA	CK ROAD				V		, private &	cmmercia	al					
City (5)	County (6	3)	County Code	(7)	Causes F		mes, etc.)		In 11 11					
MONTVALE	BERGEN		County Code	(1)	Square F	eet 800	# Of Floor	rs 1	Buildin	ig Age 40	14			
						lse (Prior if	being den	nolished)	ł	40	30.00			
					EXTERIO			,						
Name of Monitoring	Firm Hired	d by Bldg. Own	er (8)	ASCM N	O Name of	Abatement	Contractor	(9)						
OMEGA ENVIRONME	ENITAL				NODTUG				72					
Street Address	ENTAL					TAR CONTE	RACTING G	ROUP, IN	C.					
280 HUYLER STREET	Т				Street Ad	aress								
City, State, Zip Code					32 William	s Parkway								
SO HACKENSACK, N						e, Zip Code	-							
Project Mngr. For Mo	onitoring F	irm	Telephone Nu	mber	1									
BARRY S	// 01	12 :	201-489-8700			ver, NJ 079	36							
Sheduled Start Date 10 / 30	1		letetion Date (1	/	Telephon	License I	nse Number							
$\frac{-10}{10}$	/17	11/	/30/	17	973-7	72-3660			,	0860				
Occupancy Status D	uring Abat	ement (Check	Only 1)			OSHA Moni	tor			00000				
Facility CI	osed/Vaca	ted During Ent	tire Period of			AR CONTR		ROUP, IN	C.					
Abatemen Abatemen		ed Outside of N	larmal Facility		Street Add									
Hours - De		d Outside of N	ionnal Facility		32 Williams Parkway									
		7:00AM-3:30F	PM		City, State, Zip Code									
Scope of Work (Chec	k All That	Apply)			East Hanover, NJ 07936									
Demolition	_													
>3sf or >3		✓	Renovation		Mini - End	inment wit	h Negative	Pressure						
≥160 sf or				Н		Procedure								
				V		pted (*) an	d Non-Fria	ble Proce	dure					
Location of Asbestos Conta		ls Location	1	Descript	tion of Containing			Abateme	nt Type	I-	l-			
Material (ACI	_	Normally	A .	Material			Amoun:	R E	R	E N	E N			
TO BE ABATI	<u>ED</u>	Used	(1.		systems		(Specify	M	Ë	c	C			
in Facility		Solely	insu	lation, sur	facing, VAT	-,	SF or LF)	0	Р	A	L			
(13)		by Main-	ord	other misc	ellaneous)			V	Α	P	0			
		tenance/ Custodial						A	1	S	S			
		Staff (12)						L	R	U	U R			
		YES NO N/A								+	+			
EXTERIOR			TRANSITE				1500 SF	7			\top			
			70											
Name of Registered \	Masta Have			2 11	1									
ATC	waste Hau	ier	NJDEP Waste Hauler ID No.	lo. Yards 110 SAND COMPANY										
City, State				of Waste	City State									
SHIRLEY, NY		Disposal City. State Date MELVILLE, NY												
Completed by (Print of	Title	Signature Date				Date	-							
						21	2 XX	7, +	_					
PAUL MAST			VICE PRESIDE	NT	1	Cerl	200	1001		1	10	/18/17		

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification	(1)			Name of	Building Owner / Op	erator (2)		AND THE RESIDENCE OF THE PERSON OF						
_10 / _18	/17	- 2		ADVANC	CE REALTY MANAGE	MENT, INC	12 (WE					
Agencies Notified	Type of I	Notification		Street A			ng.			September of the septem				
☐ EPA	I ype of f	Initial			202/206			T 1 0	2017	A Paris				
DEP		Amended			ite, Zip Code WATER, NJ 08807			2. 2. 0	44.0	11				
☑ DOH		Amendment			Contact		Telepho	ne Numi		Leo/				
☑ DOL		Emergency	w/ justification		S BOLINSKI		Trelebilo	ne Numi	/enulati	managem				
		Cancellation	The state of the s											
Name of Facility and				FACILITY II	NFORMATION									
Name of Facility Wh	ere Abatei	ment is Taking	Place (3)		Type of Facility (4)									
Street Address					☐ School (K-12)								
1041 US 202/206						ter 8 (Othe								
1011 00 202/200						e., private 8 omes, etc.)	& commercial							
City (5)	County (6	5)	County Code	(7)	Square Feet	# Of Floo		Ruildin	ding Age					
BRIDGEWATER	SOMERS	ÉT			50,000	1" 011100	2	Dundin	y Age					
					Current Use (Prior i	f being der	molished) 40+							
Name of Manitorina	Firm I line	II. DII O	(0)	1	OFFICE									
Name of Monitoring	Firm Hired	a by Blag. Owr	ier (8)	ASCM NO	9									
WCD GROUP LLC				1	NORTHSTAR CONT	RACTING (CROUP INC							
Street Address					Street Address	101011110	SINOUP. IIV	O.						
23 RT 31 NORTH, SU														
City, State, Zip Code					32 Williams Parkway									
PENNINGTON, NJ 08 Project Mngr. For Mo		i van	IT-I- I N		City, State, Zip Code	9								
MIKE GARAMBONE	onitoring F	·irm	Telephone Nu 609-730-0007	ımber	East Hanover, NJ 07	026								
Sheduled Start Date	(10)	Sched, Comp	oletetion Date (11)	Telephone Number	036	License I							
	/17			17	973-884-8682		Licerise		0000					
Occupancy Status D	uring Abat	ement (Check	Only 1)		Name of OSHA Mon	itor		- 0	0860					
Facility CI	osed/Vaca	ted During En	tire Period of		NORTHSTAR CONT		ROUP. IN	C.						
Abatemen	7		25 00000.00 000000		Street Address									
Abatemen	E Performe	of Outside of F 7:00 am to 3:3	Normal Facility		20 Milliana Dada									
Other - De	scribe: _	_ 7.00 am to 5.0	о ріп		32 Williams Parkway City, State, Zip Code									
					East Hanover, NJ 070									
Scope of Work (Chec	k All That	Apply)				-								
Demolition			Renovation		F. II O	22 20 20	A21							
	53	Ľ.	Renovation		Full Containment wi Mini - Enclosure	th Negative	Pressure							
≥160 sf or					Glovebag Procedure									
					Non-Exempted (*) ar		ble Proce	dure						
Location of Asbestos Conta		ls Location		Descript			Abatemer	nt Type	i	1				
ASSESTED CONTA	iiiiig	Normally	AS	bestos - C Material		Amount	R E	В	E	E				
TO BE ABATE	ED	Used	(1.	e., thermal	**************************************	(Specify	M	R	N C	N C				
in Facility		Solely			facing, VAT,	SF or LF)		P	A	L				
(13)		by Main-	or	other misc	ellaneous)		V	A	P	ō				
		tenance/					Α	1	S	S				
		Custodial Staff (12)					L	R	U	U				
		YES NO N/A				-			L	R				
BLDG G- BASEMENT			PIPE/FITTING			35 LF	7			 				
						-		H	 	 				
										1 5				
Name of David	W1 1													
Name of Registered V NEWARK CARTING	vaste Hau	ier	NJDEP Waste		Name of Registered	Landfill								
			Hauler ID No. 4509	Yards of Waste	I.E.S.I.									
City, State			4505		City. State									
NEWARK, NJ				Date	BETHLEHEM, PA 181	05								
Completed by (2.1	-						Ż							
Completed by (Print of	or Type)		Title		Signature	/	1	1	Date					
Steven Stiles		i i	Project Manage	er.	10	/ H A	100)	1 40	1/40/47				
ASB-41			, Joje of Manage			01/-	ررو	The same of the sa	10)/18/17				

Paid.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 10/18/17 **DBI** Projects 9 2011 Agencies Notified Type Notification Street Address 1261 Broadway **EPA** Initial DEP City, State, Zip Code Amended DOL IX Amendment # New York NY 10001 Emergency (including DOH Name of Contact justification) Telephone Number × DCA Cancellation Anthony Armanto FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Henry Bonsall Elementary School School (K-12) Street Address Subchapter 8 (Other than K-12) 1575 Mt. Ephraim Ave X Other (i.e. private & commercial buildings, homes, City (5) Square Fee # of Floors Bldg. Age Camden 60000 75+ County (6) County Code (7) Current Use (Prior if being demolished) Camden (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Whitman Associated Specialty Contracting Inc Street Address Street Address 7 Pleasant Hill Road 98 LaCrue Ave City, State, Zip Code City, State, Zip Code: Cranbury NJ 08512 Glen Mills, Pa.19342 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kevin T Lovely 732-390-5858 610-364-9622 01103 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/30/17 12/31/17 Criterion Labs Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 3370 Progress [)r Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Bensalem, PA 19020 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Conta nment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Enclosure Custodial Staff? Remova In Facility Repair surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A front section all floors X floor tile and mastic 16000sf x Bathroom Pipe chases (6) ea Х pipe insulation 600 If classrooms all floors Х glue dots assoc with blackboards 10000 sf x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Mercer Group International Tulltown Resources Recovery Facility 80 City. State Disposal Date City, State 1519 Rev S Howard Woodson Jr Way, trenton NJ 08638 As req. Tully:own PA

Completed by

Jack Tomasura

Title

senior estimator

Date

10/18/17

Signature

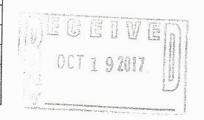
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NINON					N OF ASBES			Т						
NU()('X			(F	ursuan	t to NJAC 8:	60 and 12:1	20)		17:57	3 (No. 1	e n	N7 Ti	e r	1
Date of Notification (1)					of Building Ov		or (2)		[11]	3 0 1	i U	J 1	No.	7
08/08/17					ol-Myers S	quibb				OCT:	0.7	197	CONTRACTOR OF THE PERSON OF TH	1
Agencies Notified	Type Notification				Address						L (/ 85	# # # .v	Carried Street	Transaction of the last of the
EPA DED	Initial	_			uibb Drive ate, Zip Code				34				Samuel	and and
X DEP X DOL	Amended Amendment	# 1		10-710-0	ate, zip Code Brunswick				Thomas distribution	APPLICATION OF THE PARTY OF	THE THE PARTY OF		protesting and	. *
X DOH	Emergency (9		of Contact	, 140	No.		Tol	anhana M	lumbo			
X DCA	justification) Cancellation				DeSpirito				10 5200					
					ILITY INFOR	MATION								
Name of Facility Where		Place ((3)				Тур	e of Facility	(4)					
Bristol-Myers Squib)b							School (K-						
Street Address								Subchapte Other (i.e.	r 8 (Oth	er than K	-12)	ildina	s bon	200
1 Squibb Drive				1116			X	etc.)	Jiivale (x comme	rciai bu	liding	s, non	ies,
City (5) New Brunswick							Squ	are Feet		Floors		Bldg.	Age	
County (6)				Carreti	0-1-7		-		3			100		
Middlesex					Code (7) USE ONLY)			rent Use (Pri bratory	or if bei	ng demo	ished)			
Name of Monitoring Firm Environmental Hea)	ASCN 001			lame of Abatement Contractor (9) Advanced Specialty Contractors							
Street Address	- Try ootigation			001			vanced Specialty Contractors							
655 West Shore Tra	ail						et Address 00 Main St. Eixtension Suite 10							
City, State, Zip Code				11.79			State, Zip Code							
Sparta, NJ 07871								e, NJ 088	72					
Project Manager for Moni	toring Firm			Telepho	ne No.	Telep	Telephone No. License No.							
Bill Kerbel					29-5649	732	2-525-	-0100		00750	1			
Start Date (10) 08/23/17	}		-	npletion	Date (11)			SHA Mon tor						
Occupancy Status During	Abstament (Charle	10/27	1				A COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T	nental Tac	tics, Ir	ic.				
					ess I Street									
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire Pe ed Outside of Norma	eriod of al Facilit	Abatem v Hours	ent				Zip Code						
Other - Describe: E	Building is vacated, a	batemer	nt to be	performe	ed on 2 shifts	n, NJ 0774	.7							
Scope of Work (Check All	That Apply)													
X ≥3 sf or ≥3 lf			Renova	tion			X Fu	ull Containme	ent with	Negative	Press	ire		
¥ ≥160 sf or ≥260 lf			Demolit			-	_ Mi	ini-Enclo sure	2					
								lovebag Prod on-Exempted		l Non-Fri	able Pr	ocedu	re	
		Is	Locati	on									emen	t
Location			Normall			Description						T	ype	_
Asbestos-Containing I TO BE ABA			ed Solel intenar			Containing I			1000	nount			四	m
In Facilit		Cus	todial S (12)	taff?		surfacing, V		lation,		pecify or LF)	Remova	Repair	cap	nclo
(13)			(12)		ot	her miscella	neous))			ova	oair	Encapsulate	Enclosure
		Yes	No	N/A							-		te	Ф
Building 80/8	4 South		х		ſ	Floor Tile	VAT		80	00 sf	х			х
-		Х		F	Pipe Insula	ation		1	70 If	х			х	
14		Х		W	indow Car	ulking	1	35	00 If	х			х	
7		33 1	X		Roof	Flashing T	Tar Pa	aper	12	00 sf	х			×
Name of Registered Wast	e Hauler		100000	JDEP W	aste C	ubic Yards		Name of I			ill			
Freehold Cartage			100000	auler ID 5939		of Waste 10,000 Grows Landfill								
City, State Freehold, NJ						isposal Date 0/27/17	9	City, 5 tate						
Completed by								-1:						
Kurt Nale		Title Bran	ch Ma	Signature h Manager				La A Mala 10/16/17						
				700			1211	2/1/1	- may	-		10.50		

NOCK		NOTIF	FICATIO	ON OF ASBI	ESTOS A	ABATE	MENT 0)							
Date of Notification (1) 08/08/17				of Building			(2)		OB!	1 17	III.	The sale		
Agencies Notified Type Notification EPA DEP Amended Amendmei	n		Street 1 Sq	Address uibb Drive	e		4			201	resent the constant and	Section management of the section of		
		<u>)</u>		Brunswic				Market of the second			-	1		
DOH justification Cancellation	y-(includin 1)	g		of Contact				Te	lenhone Ni	ımher				
Z DCA Cancellation			Philip	DeSpirit	0									
Name of Facility Where Abatement is Tak	ing Diago	(2)	FAC	CILITY INFO	DRMATIC	ON					-			
Bristol-Myers Squibb	ing Place	(3)					Type of Fac lity	/ (4)						
Street Address						_	School (K		er than K-1	12)				
1 Squibb Drive							Other (.e	private	& commerc	iz) cial bui	ldings	, hon	nes,	
City (5)							etc.) Square Feet	# 0	f Floors		Dida	٨٥٥		
New Brunswick							Oquare i eei	3	1 110015		Bldg.	Age		
County (6)				Code (7)			Current Use (F	-	ina demolis		100	-		
Middlesex			(STATE	USE ONLY)	-		Labratory		3	,				
Name of Monitoring Firm Hired by Building Environmental Health Investigation		3)	ASC 001	M No. 04			of Abatement Canced Specia							
Street Address						-	et Address							
655 West Shore Trail						2400	00 Main St. Eixtension Suite 10							
City, State, Zip Code							ate, Zip Code							
Sparta, NJ 07871							eville, NJ 088	372						
Project Manager for Monitoring Firm Bill Kerbel			Telepho				one No.		License N	10.				
Start Date (10)	Sehado	ted Cor					525-0100		00750					
08/23/17	10/27		hpiedon	Date (11)			of OSHA Monito conmental ¯a		20					
Occupancy Status During Abatement (Che							Address	Ctics, ii	10.					
		50	nent				oad Street							
Abatement Performed Outside of Nor	mal Facilit	v Hours				City, St	ate, Zip Code							
	, abateme	nt to be	perform	ed on 2 shift	is	Mata	wan, NJ 077	47						
Scope of Work (Check All That Apply)														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demolit				<u>x</u>	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e		
	2000	Locati									Abate		t	
Location of		Normali ed Sole				ription (-	Ту	ре		
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	aintenar	nce/				aterial (ACM) insulation,	1000	nount pecify	77		Ē	т	
In Facility (13)	Cus	todial S (12)	Staff?	15	surfacir	ng, VAT	, or		or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)			Τ	,	other mis	scellane	eous)			oval	a-	sulat	sure	
1st Floor North	Yes	No X	N/A		See At	tachm	ont					6		
1st Floor South		1999				LN ft				Х			X	
2nd Floor North		X						-		X			Х	
Acceptable of expression and the second of t	-	X				u ft				Х			X	
2nd Floor South Name of Registered Waste Hauler		X	IDEE:			q ft				х			Х	
Freehold Cartage		Ha	JDEP W auler ID 5939	No.	Cubic Ya of Waste 10,000)	Name of Grovis	107775	ed Landfill					
City, State Freehold, NJ		1,	3000		Disposal 10/27/1	Date	City, Sta	te						
Completed by	Title						Tullyto	wn, PA						
Kurt Nale	1000000	ch Ma	anager		Sign	nature	Bust	had	Da 10	te)/16/1	17			

	Pipe Insulation			
Туре	Size	Quantity		Floor
Friable	3-5"	588	ft	
Transite	5"	10	ft	
joints	3"	6	ea	1st
Tar wrap	6"	20 -	ft	1
Friable	3-5"	656	ft	
Joints	3"	61	ea	٦
Tar Wrapped	6-8"	33	ft	2nd
Joints	6"	4	ea	

Floor Tiles	•	Size	Floor	Type
15850	SqFt	9x9	1 ₀ +	Non-Friable
2412	SqFt	12x12	1st	Non-Friable
3572	sqft	9x9	ا ما	Non-Friable
5159	sqft	12x12	2nd	Non-Friable



Misc.	Type	Quantity	Unit	Floor
Cont. Debris	Non-Friable	16	sqft	
Glue Dots	Non-Friable	440	sqft	1st
Celing Tile	Non-Friable	232	sqft	-
Lab Tables	Non-Friable	720	sqft	
Fume Hood	Non-Friable	167	sqft	
Sink Mastic	Non-Friable	108	sqft	
4" lead pipe	NA	12	ft	2nd
Fire Doors	Friable	28	sqft	
Duct Insulation	Friable	60	sqft	
Glass Block Windor Perimeter Caulking	Non-Friable	28	LF	1st
Glass Block Windor Perimeter Caulking	Non-Friable	28	LF	2nd
Glass Block Windor Perimeter Caulking	Non-Friable	28	LF	3rd
Glass Block Windor Perimeter Caulking	Non-Friable	28	LF	4th



Paid

CC#013991		NOTH	FICATIO	State of New . ON OF ASBES nt to NJAC 8:6	TOS AE	BATE# 12:120	MENT)			B			
Date of Notification (1) 10/13/17			Name PSE	of Building Ov G	mer/Ope	eralor	(2)	-	0	CT	1 9	201	7
Agencies Notified Type Notification				Address Hadley Roa	ad				UU By				
DEP Amended Amendment			City, S	lale, Zip Code n Plainfield		086			-				17.
DOH Justification) DCA Cancellation		9		of Contact Neville				Té	elephone N	umber			
Name of Facility Where Abatement is Takin	n Place	(3)	FAC	CILITY INFOR	MATION	1	Time of Facility						
PSEG- Morgan Street Substation Street Address	g / 1200						Type of Facility School (N	(- 2)					
186 Morgan St.							Subchapi Other (i.e etc.)	e 8 (Oti . jirivate	ner than K- & commer	12) clal bu	ildings	, hom	es,
City (5) Jersey City NJ 07302							Square Feet 240	# 0 N/	of Floors A		Bldg. N/A	Age	
County (6) Hudson			County (STATE	Code (7) USE ONLY)		-	Current Use (F Electrical S	or if be w tchin	ing demoli g Yard	shed)			
Name of Monitoring Firm Hired by Building O N/A	Owner (8)	ASC N/A	M No.	N	ome o	f Abatement C Environmen	or tractor	r (9) Vices Inc	· · · · · · · · · · · · · · · · · · ·			
Street Address N/A						Street Address 17 Old Dock Rd.							
City, State, Zip Code N/A						City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm N/A			Telepho N/A	one No.	Te	elepho	ne No. 33-8440		License I	Vo.			
Start Date (10) 10/16/2017	Schedu 12/31/		npielion	Date (11)	N	ame o	f OSHA Monito Environmen		L				
Occupancy Status During Abatement (Check			Stre				ddress		¥1003 II10				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other - Describe: removal of roof, on a	al Facilit	v Hours	irs Ci				Dock Rd.						
Scope of Work (Check All That Apply)					1	Yaphank NY 11980							
≥3 sf or ≥3 if ≥ 160 sf or ≥260 if		Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	Is	Locali	on				Mortexample	(*) an	o Non-Frial	ole Pro	Abate	ement	-
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Solo eintenar	ly by	Asbestos (Descrip Containin	na Mai	lerial (ACM)	A	mount	H	Ту	pe	\dashv
TO BE ABATED In Facility (13)		todial S (12)		81	mal sysi urfacing, ier misce	. VAT.	nsulation, or ous)		pecify or LF)	Removal	Repair	Encapsulate	Endosure
DOTO M. O. O. III	Yes	No	N/A							a.		ate	8
PSEG Morgan St. Station		X	Ro	ofing	mate	rial	24	10SF	x				
,										\vdash			\dashv
													\dashv
Name of Registered Waste Hauler Waste Management Services		H	NJDEP Waste Cubic Yard of Waste 17273 TBD			faste CDOMS 1 (SIII N)					7		
City, State Newark NJ 07114			-10		posal D	ate	City, Sta	le	A 19067	•			\dashv
Completed by		Signa	lura	WOTTES	1	/ 19067 / Da	fa		15 5 5 5 5	_			
Amanda Vallone	ger	1 / 1	Mu	va V	all	W		/13/1	7				

State of New Jersey Parkers.

CK# 3301

Date of Notification (1) 10/5/17	Name of Building Owner/Operator (2) Fort Partners Group LLC c/o Giordano Halleran & Ciesla P.C.									The same						
Agencies Notified	Type Notification			Street	Address Half Mile			0 01		alleral	7	0.00	TE	Transport of the last of the l	17	Volumental and Volume
EPA DEP DOL	X Initial Amended Amendment	#		City, St	tate, Zip Co Bank, NJ	ode				1		UUL		9 20	17	
DOH DCA	Emergency justification) Cancellation				of Contact o Sebast	iani				To	lenhon	e Nun	ber	(a - 8 - 4 - 5 - 5	Marketoniano	
				FAC	ILITY INFO	ORMAT	ION			- :						_
Name of Facility Where A	Abatement is Takir	g Place (3)					Туре	School (F:-	5500						
Street Address 114 Saltzman Ave								×	Subchap e Other (i.e., etc.)	8 (Oth	er than & com	n K-12) mercia	l buil	dings	, hom	ies,
City (5) Fort Monmouth, NJ	07703							Squa N/A	are Feet	# o	f Floor	S	1000	Bldg. /	\ge	
County (6) Monmouth County					Code (7) USE ONLY)			Curr	ent Use (F'ri	or if be	ing der	molishe	ed)			
Name of Monitoring Firm CA Environmental	Hired by Building	Owner (8)	ASCI	M No.		Name Supe		atement Co	ntractor	(9)					
Street Address 2200 Paterson Plan	k Road						Street	Addre								
City, State, Zip Code North Bergen, NJ 0	7047						City, St	Zip Code NJ 075(18								
Project Manager for Mon Carmelo Altomonte	roject Manager for Monitoring Firm Carmelo Altomonte						Teleph 201 3	one N	lo		Licer 0119	ise No				
Start Date (10) 10/23/17	Start Date (10) Scheduled					ompletion Date (11) Nan					0110					
Occupancy Status During	Abatement (Chec	45.555.0004	20.50	Street												-
Facility Closed/Vaca	ited During Entire F	Period of	Abaten	ment 203 Belmor					ont Ave							
Other – Describe: _ Scope of Work (Check Al	I That Apply)			Haledon, NJ 0750												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit					Mir	II Containme ni-Enclosure ovebag Prod n-Exempt so	edure					9	
		Is	Locati	on						1,7				72587 EV	ment	
Location			Normal d Sole			Des	cription	of				1		Ту	ре	
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	Ma	intenar todial S (12)	nce/	Asbesto (i.e. t	thermal : surfac	systems ing, VAT iscellane	insula , or	(ACM) ation,	(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	
Mesanir	ne		X		Ce	eiling T	ile nea	ar po	ol	6,0	00 SF	=	Х			
Mesanir			X		=	Door	r Frame	es		29	Doors	3	Х			
Mesanine X					E	Black \	Nall Ma	astic		30	0 SF		Х			
	Mesanine X					Mirror	Adhes	sive		51	0 SF		Х			
Super LLC					Hauler ID No. of Waste				100 E	e o Registered Landfill ste Management						
City, State 203 Belmont Ave Haledon, NJ 07508					Disposal Date City, Stat				te own, PA							
Completed by Title Tailor Dominguez Project M					Signature				Till.			Date 10/5	5/17			



UL#3356	((Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)						MEGELVEN						
Date of Notification (1) 10/6/17	10/6/17						r (2)		A CONTRACTOR	OCT		9 20	27	And and the first of the second
Agencies Notified Type Notification			Street	Address								*	17-07-	
X EPA Initial DEP X Amended Amendment Emergency		<u> </u>		tate, Zip C mus, NJ		50			By	PRESIDENTIAL PROPERTY OF	aluministration	The same and		n jayan en Sarkusk
DOH justification) Cancellation	iriciaaiiri	g	Migue	of Contac el Serra					Tele	nhone Nu	mber			
Name of Facility Where Abatement is Taking	a Diago	/2\	FAC	ILITY IN	ORMAT	ION	-							
N/A	y riace	(3)					Тур	e of Facility (V.65					
Street Address							×	School (K-1 Subchap er Other (i.e. p etc.)	8 (Other	than K-1 commerc	2) ial bui	ldings	, hom	ies,
City (5) Paramus NJ 07652							Squ N/A	are Feet	# of F N/A	loors	193	Bldg. N/A	Age	
County (6) Bergen				Code (7) USE ONL	y)		Curr	ent Use (F'rid	or if being	demolis	ned)			
Name of Monitoring Firm Hired by Building C CA Environmental	Owner (8	3)	ASCI	M No.		Name Supe		atement Con	tractor (9	3)		-		
Street Address 2200 Paterson Plank Road						Street 203		ess iont Ave						
City, State, Zip Code North Bergen, NJ 07047	W15.5-1							Zip Code NJ 075(18	1					
Project Manager for Monitoring Firm Carmelo Altomonte		Telepho 201 86	one No. 64-6583		Teleph 201	none N	No		icense N	0.				
Start Date (10) 6/29/17	Schedu 3/5/18		mpletion	9		of OS	HA Monitor							
Occupancy Status During Abatement (Check			Stree											
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of al Facilit	Abater y Hour	urs City,					ont Ave Zip Code NJ 075(18						
Scope of Work (Check All That Apply)						Tiale	don,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Mi GI	III Containine ni-Enclosi re ovebag Proc on-Exempted	edure				'e	
	Is	Locat	ion									Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintena todial ((12)	ly by nce/		tos Conta thermal surfac		lateria insul T, or	ation,	Amo (Spe SF o		Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A										ite	e
Ceiling Perimeter in Loading Dock		X			Sp	oray or	1		3,000) SF	Х			
Loading Dock 1st/2nd Floor		X			Sp	oray or	1		7,000) SF	Х			
1st Floor Room Loading Dock	X			Sp	oray or	1		800	SF	Х				
Name of Posistored Wests Usular	Name of Registered Waste Hauler													
Super, LLC	Н	NJDEP Waste Hauler ID No. WH16329 Cubic Y. of Waste TBD			of Waste									
City, State 203 Belmont Ave Haledon, NJ 07508				Disposal Date TBD			ate City, State Tullytown, PA							
Completed by Title							1	16	2	Dat	e /6/17			



Check # 1009

Date of Notification (1)		Name of	f Building Owne	er/Operator	(2)	A LITTE TO	177	n	W/ F	SC	
10/16/17				OLEN	COMPAN	吃了一個	15	U	11) 11		
Agencies Notified Type Notification Z EPA Initial		Street A	ddress 5 FRBE	o vice	AGE RIV	40 0C1	[1	9 2	117,	Canada Colonial Composition (Transconding	
☑ DEP ☐ Amended	Ī	City, Sta	te, Zip Code	/. T	07978	1111				L	
X DOL Amendment # Emergency (include	ling			NO	0/120	- y		and continue			
DOH justification) DCA Cancellation		Name of	Contact EVE DRU	UFA		Felephone Num	ber -)-	07	200	2	
Equal Second			LITY INFORMA			1					
Name of Facility Where Abatement is Taking Place SUDLER CORPANIES	æ (3)				Type of Facility (4)					
Street Address	assa .				School (K-1	2) 8 (Other than K-12)	1				
2 CORPORATE PLACE City (5) PISCATAWAY	Soc	1714				rivate & commercia		tings,	home	9S,	
City (5) PISCATAWRY					Square Feet		B	ldg. A	-		
County (6)	Т	County (Code (7)		Current Use (Pri	or if being demolishe	ed)				
MINNUESEX	- (9)		JSE ONLY)		of Abatement Cor	HUWSE / 1	let	NO			
Name of Monitoring Firm Hired by Building Owner	(0)	ASCN	I NO.		or Abatement Cor ac Contracting	5000 DE 20					
Street Address					Address /reeland Ave.						
City, State, Zip Code					tate, Zip Code and Park, N.J.						
Project Manager for Monitoring Firm	1	Telepho	ne No.		one No.	License No).				
					262-5841	00156					
Start Date (10) Sche	duled Cor				of OSHA Monitcr ga Environm∋i	ntal Services Inc	3 .				
Occupancy Status During Abatement (Check Only	(One)				Address						
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac					Huyler Street tate, Zip Code						
Other – Describe:	omity riour.			1,500	ensack, N.J. 0	7606					
Scope of Work (Check All That Apply)		1,-00-00-01									
≥3 sf or ≥3 lf	Renova				Full Containment with Negative Pressure						
≥160 sf or ≥260 lf	Demoli	tion			Mini-Enclost re Glovebag Procedure						
			1	X	Non-Exempted	(*) and Non-Friable	e Pro	The same	G. S. MAGD		
	Is Locat Norma			_					emeni vpe		
Location of Asbestos-Containing Material (ACM)	Used Sole	ely by		Description ontaining N	of laterial (ACM)	Amount			П		
TO BE ABATED In Facility	Maintena Custodial			nal systems	insulation,	(Specify SF or LF)	Ren	Re	ncal	Encl	
(13)	(12)			er miscellan		01 01 21 7	Removal	Repair	Encapsulate	Enclosure	
Ye	es No	N/A					_		ite	0	
WAILERBOUSE	1	×		AT		1,000 SF	X				
OUTSIME		X	WAT	EN PRUS	e10G	9,350 58	X				
	+	1									
Name of Registered Waste Hauler	1	JUEP W		bic Yards	Name of	Registered Landfill				-	
Newark Carting, Inc.	2	Hauler ID No. of Waste 04509 / 8			Granc Central Sanitary Landfill						
City, State Newark, N.J. 07105		Disposal Date 10/30/12									
Completed by Tit R. McDonald P	le resident	:		Signature	1	Dat	e / o	/16	1,	7	