State of New Jersey Check # 16113 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Judy Korolewicz 10/17/2017 Agencies Notified Type Notification Street Address [X] Initial []EPA Notification City, State, Zip Code []DEP [] Amended Ridgefield, NJ, 07657 [X] DOL Notification [X] DOH Name of Contact Telephone Number [X] EMERGENCY Judi Korolewicz []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Judy Korolewicz []School (K-12) []Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County Code (7) County (6) (STATE USE ONLY) Ridgefield Bergen Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMEN'I, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number (973) 744-8800 00371 N/A Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) 10-N/A 10-18-17 19-17 Day Day Month Year Month Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X]Mini-Enclosure $[X] \ge 3$ sf or ≥ 3 lf [X] Renovation []>160 sf or >260 lf []Demolition [X]Glove-bag Procedure []Non-Friable Procedure Is Abatement Type Location Normally Location of Description of NCAPS NCHOSD Asbestos-Containing Amount Asbestos-Containing Used EMOV EP Material (ACM) (Specify Material (ACM) Solely By Maintenance/ (i.e., thermal systems SF or TO BE ABATED Custodial Staff (12) insulation, surfacing, VAT, LF) In Facility A or other miscellaneous) (13)No RE N/A 16 SF X X Boiler Basement 75 LF Piping Basement Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste 1.5 Minerva Enterprise INC AZTECH MANAGEMENT, INC. 17040

Completed By (Print or Type)
Constantine Vivian

Montclair, NJ 07042

City, State

Title President Signature Line Line Line

City, State

Waynesburg, Ohio 44688

Disposal Date

10/20/17

Date 10/17/2017 PAID

Completed by A. Scott Higgins		Title Presi	dent			Si	ignature	(a)	1	_	Da 1(te 0/17/	17		
City, State Freehold NJ						Dispos TBD	al Date	1 52	ty, State irdsbord	o, PA					
Name of Registered Wast Freehold Cartage	e Hauler		Н	JDEP W auler ID 5959		of Was		2.0		-8	ed Landfill s Landfil				
LAIGH	A	X			at 1001			80	0 SF	X			-		
Exterio		X			oor tile at roof				6 SF	X			-		
Interio	r	165	110			fi.	oor til-			04	6.05				
Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM) TED	Mai	d Sole intena odial S (12)	nce/		tos Conta thermal surfac	aining M	Material (A s insulation T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Location	of	N	Locat Iormal	ly		Dos	scription			-			Abat		t
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	l That Apply)	-	enova emolit				×	Mini-E Glovel	nclosure ag Proce	dure	Negative F			re	
Abatement Performe Other – Describe:	ed Outside of Norr	nal Facility	Hours	5			City, S	tate, Zip (ode			-			
➤ Facility Closed/Vaca				nent			Street	Address							
10/26/17 Occupancy Status During	Ahatement (Che	11/30/					Stroot	Address							
Start Date (10)		I		npletion	Date (11)		- Designation of the Control of the	764-227 of OSHA			703				
Project Manager for Moni	toring Firm		T	Telepho	ne No.		Teleph	wood, No.		8	License N	lo.		45-5	
City, State, Zip Code				11/4/14			City, S	State, Zip (ode		Marie - 7.2				
Street Address								Address Box 483	4 E Ga	te Dr	ive				
	Hired by Building	Owner (8)		ASCN	A No.			of Abaten Enviror			⁽⁹⁾ ices. LL()			
Morris Name of Monitoring Firm	History D. Halis	O(0)		(X)	USE ONLY)		vacant	house					-20124115	
Morristown County (6)			Т	County	Code (7)			2100 Current	Jse (Prior	1 1	/2 ng demolis	2-22-6	77		
City (5)								Square I		10000000	Floors	1 2	3ldg. /	\ge	
Street Address 122 Mt. Kemble Ave	enue							Sul	ochapter 8	(Othe	er than K-1 commerc		ldings	, hom	ies,
Name of Facility Where A vacant house	Abatement is Takii	ng Place (3	3)						=acility (4 lool (K-12						
					ILITY INF	ORMATI	ON			Carrier I III III	LIVENOL	IVU			4
DOH DCA	Emergency justification Cancellation)		Name o	f Contact				1 AS	Tele	ephone Nu	mber;	71.8	ξ.	- Constitution of the Cons
DEP X DOL	Amended Amendmen				ate, Zip C stown N		80			U	UI 20	201	/	here	- Control of the Control
	× Initial				ldy Lane						~~~ ^ ~	-004	,	100000000000000000000000000000000000000	
10/17/17 Agencies Notified	Type Notification	1		122 N	It. Kemb	ole LLC	;		110)-	<u>E</u> , ((W	E	In'	
Jate of Notification (1)					f Building			r (2)				11/17	l W	N N	ر 1

. 17											L	PI	rint
ochk			FICATION	tate of No N OF ASI to NJAC	BESTOS	ABATE		oal	_][10	06	7	
Date of Notification (1) 10/9/17 & 10/16/17				of Building			(2)		EG	E			
Agencies Notified Type Notification			Street A	Address Kuser F	Pood								Personal property of the Personal Property of
EPA Initial Amended				ate, Zip C				111	<u> 0C1</u>	20	20	17	
X DOL Amendment				ton NJ						Old decamand			- Participation
DOH justification)	,			f Contact				Tél	ephone N	mhar	DIVITI IG	TOL	&
DCA Cancellation	I.			Chelcho		ION		3			10		
Name of Facility Where Abatement is Takir EI at Marlboro 79	g Place (3)			Ortiniti		Type of Facility	y (4)					
Street Address							School (K		or than V	10\			
103 South Main Street							Other (i.e				Idings	, hom	ies,
City (5) Marlboro	-						etc) Square Feet		Floors		Bldg.	Age	
County (6)			County	Code (7)			2100	11			77		
Monmouth			(STATE	USE ONL)		Current Jse (F			snea)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	ΛNo.		1015 375 211 377	of Abaternent C						
Street Address							Envirorimen Address	tal Serv	ices. LL	C			
							ox 483, 4 E	Gate Di	rive				
City, State, Zip Code							ate, Zip Code wood, NJ 07	418		910-18110-			-
Project Manager for Monitoring Firm			Telepho	ne No.			one No. 764-2276		License	No.			
Start Date (10) 10/20/17	Schedule		mpletion I	Date (11)		Name o	of OSHA Vionito	r					7-1-5
Occupancy Status During Abatement (Chec	11/30/1 k Only On					Street A	Address						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other - Describe:	Period of A	baten	nent s				ate, Zip Code	Th					
Scope of Work (Check All That Apply)													
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 	granusca .	enova emolit	550 Springs			×	Full Containr Mini-Enclosu Glovel)ag Pr Non-Exempt	re ocedure	-			е	
	(1)	Locat									Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Used	ormal d Sole	ly by	Ashes	Des	scription o	of aterial (ACM)	Λ	nount		1)	ре	Γ
TO BE ABATED In Facility		ntena odial S	nce/ Staff?		thermal	systems	insulation,	(S	pecify	Re	R	Encapsulate	Enc
(13)		(12)				cing, VAT niscellane		55	or LF)	Remova	Repair	psula	Enclosure
	Yes	No	N/A							-		ite	(D)
Interior			X		wa	ll panel	S	12	0 SF	x			
			X		W	all tiles		2,18	32 SF	Х			
			X		duct	coverin	ng	22	SF	Х			
Name of Registered Waste Hauler		1 8	X JDEP W		36 80	insulati			LF	х			
Freehold Cartage		Н	lauler ID I 5959		of Was				ed Landfil s Landfi				
City, State Freehold NJ					Dispos TBD	al Date	C ty, Sta	te oro, PA	-				
Completed by A. Scott Higgins	Title Presid	dent			Si	gnature	12-		Da	ate 0/16/1	17		

Noonk

State of New Jersey

OM			NOT				BESTOS ABAT AC 8:60 and 5:1		In),E	CE		\mathbb{V}	E
Date of Notification (1)	16 . /	17			Name	of Buildin Division	g Owner/Operator (of Property Mar	(2) nagement and	Construction	CT 21	7 2	017	The Contraction
Agencies Notified	Type Notifica	ation				t Address			14 -	01 4) (017	- 1
⊠ EPA	☐ Initial				33	W. State	Street			Na 12 months or a programa.		-	
□ DOLWD		500 500			City.	State, Zip (Code		ASBES	STOS C	HON	FRO	L &
□ DHSS □	Amendm	Service and the service	C 1200			enton, NJ			L	LICEN	SIMO	<u>ì</u>	Differences
□ DCA (NJAC 5:23-8)	☐ Emergen justificati		cludin	g		of Contac	1,1000,1000		Telephone Nu	mher			
(NJAC 5.23-0)	☐ Cancellat				100000000000000000000000000000000000000	thony Fa			relephone inc	IIIDei			
									4	-	-		
Name of Equility Where	Abatamant is T	Takina	Dlane	(2)	FA	CILITY	NFORMATION	True of Fee like	/ 4)				
	enton ty (6) ercer e of Monitoring Firm Hired by Bui ngan Engineering & Enviro t Address Kimball Drive			3 (3)				Type of Fac lity	N				
	nouse	004-35-30-5						☐ School (K-12 ☐ Subchap:er 8		12)			
MALOO WATER OCCUPATION - COLO. DESCRIPTION - TO								Other (i.e., pr	rivate and comm		ilding	IS,	
								homes, etc.)					
City (5)								Square Feet	# of Floors		dg. A		
								140,000	4		100 -	- yrs	š.
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri		olished)			
Mercer		2000					-	Office B sild	ing				
		-		30.5	ASCM		Name of Abateme						
	g & Environ	ment	tal Se	erv.	0009	99	East Coast H	laz Mat Remov	al, Inc.				
Street Address							Street Address						
300 Kimball Drive					<u> </u>	-31111171	494 East 41s	t Street					
City, State, Zip Code							City, State, Zip Co	ode					
Parsippany, NJ 0705							Paterson, NJ	07504					
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Telephone No.		License No.				
Vijay Patel				9	73-560	-4900	973-345-0022	2	00507				
Start Date (10) 08 /01 /					etion Da	18	Name of OSHA M Same as abo		Abort Colorate Lines				
Occupancy Status During	g Abatement (0	Check	only o	one)			Street Address						-
☐ Facility Closed/Vacate	ed During Entir	re Per	iod of	Abate	ment								
Abatement Performed Time of Abatement: 7				Contractor (rs - Des AM		City, State, Zip Co	ode					
Scope of Work (Check al	I that apply)						N= " 0						
☐ ≥3 sf or ≥3 lf			⊠ Re	novat	ion		⊠ Full Cont ⊠ Mini-Enc	tainment with Neg Josure	ative Pressure				
≥160 sf or ≥260 lf				moliti			☐ Glovebag	g Procedure					
							⊠ Non-Exe	mpted (*) and Nor	n-Friable Proced	lure			
				s Loca Norma				_		Ab	atem	ent T	уре
Location Asbestos-Containing		1)			ely by	Ashe	Description o estos Containing Ma		Amount	Re	Repair	5	En
TO BE ABA		"		intena			e., thermal systems i		(Specify	Removal	pair	cap	Enclosure
IN Facili	ty		Cus	todial (12)	Staff?		surfacing, VAT,		SF or LF)	/a		Encapsulate	ure
(13)			Yes	No	N/A	1	other miscellane	ous)				te	4,55
See below & attached	d sheets		П							\vdash	\Box	П	
Basement Phase 3 &			=		-							-	-
Closets throughout	various		Ц			Floor I	ile/mastic		805 SF		Ш	Ш	Ш
1st Fl. Phase 4					\boxtimes	Wall Ta	ır/mastic		470 SF				
1st Fl. Phase 4	N					Duct In	sulation		130 SF				
Name of Registered Was	te Hauler			2020	JDEP \		Cubic Yards of	Name of Regist	tered Landfill				
Freehold Carting, In	nc.			1	lauler II 15939		Waste 120	G.R.O.W.S.	, North W/M	of PA			
City, State			99 54 FEATURE		10938		Disposal Date	City, State	1000	-			-
Freehold, NJ							10-31-17 /	Morrisville,	PA				
Completed By (Print or T	vne)	Title					Signature	1 /		Date		14	
James Unger	1531	1		imato	r/Proi	ect Mar.	Signature	1. 11/1		1 /	11	,	14

ASB-41 MAY 11

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

Noch

	-15	(4	2	109	(
			J.	-		ز

D : ():							11111	6 12 11 15 1		11
Date of Notification	(1) 10-13-2017		Name of	f Buildin	g Owner / Ope	rator (2)	11 - (/1			111
	Type Notification		Joint Ba	ase-Mc	Guire-Dix			OCT 2 0 20	479	
⊠ EPA	· ype rrouncation		Street A					761 6 0 20	11	L
☐ DEP			OB MIDE	_, 3021	McGuire Blvd	Trenton, NJ (18				
57 50	Notification)		City, Sta	ate & Zi	p Code	Towns as	ASBE	STOS CONTI	8 105	
⊠ DOL	Amended		Trenton	. NJ 08	641	1	-	LICENSING		
⊠ DOH	Emergency		Name o	f Conta	ct				december 1971	Pellon
☐ DCA	Cancellation		Chandre					Telephone	e Num	nbe
								6		
Name of Facility Whe	ere Abatement is Taking	Diago	FACIL	ITY IN	FORMATION					
Dulluling 2 107	Taking	riace ((3)		Type of Fa	acility (4)				
Street Address						ol (K-12)				
Joint Base-McGuire	e-Dix				Subcr	napter 8 (Other tha	an K-12)			
					Causes	(i.e. private & con	nmercial bui		etc.)	
City (5)	County (6)	Co	ounty Cod	lo (7)	Square Fe	et # of F lo	ors	Bldg. Age		
Lakehurst, NJ	Burlington		Julity Ood	10 (1)	12,000	11		56		
		41			Vahiala M	e (Prior if being d	emolished)			
Name of Monitoring F	irm Hired by Building O	wner (8))	SCM No	Nemo ef A	aintenance Sho	р			
realling Salety Sel	vices, LLC			17		batement Contrac	tor (9)			arr.
Street Address					Street Add	Management G	roup, LLC			
PO Box 365						Iton Avenue, Suite	202			
City, State & Zip Code Berlin, NJ 08009)				City, State	& Zip Code	1			
Project Manager for A	A '1 '				Trenton, N	J 08619				
Project Manager for N Mr. Jim Proctor	ionitoring Firm	Telep	ohone Nui	mber	Telephone	Number	Licens	e Number	_	
Scheduled Start Date	(10)	856-	839-2432	2	609-977-6	159	Liouris	01185		
10-16-2017				11)	Name of O	SHA Monitor		01100		
		10-18-	-2017		J&S Enviro	onmental Labora	atories Inc			
Facility Closed	ring Abatement (Check	only one	e)		Street Addr	ess				
Abatement Pe	d/Vacated During Entire	Period	of Abatem	nent	2333 Rout	e 22 West				
	:00AM – 4:30PM	Hours			City, State a	& Zip Code				
Facility Occup	ied During Abatement				Union, NJ	07083				
Scope of Work (Check	(all that apply)									
						П ги!! С				
≥3 sf or ≥3 lf			Renovat	tion		Mini-End	ainment with	n Negative Pres	ssure	
≥160 sf ≥260 l	f	\boxtimes	Demoliti							
						Non-Exer	g Procedure	is		
	ation of	ls L	ocation	T	Description			lon-Friable Pro		
	-Containing	Norm	nally Used	1	Asbestos-Co	ntaining	Amount (Specify		ent ly	pe
TO BF	al (ACM) ABATED	Sc	lely by		Material (A	ACM)	SF or LF)	ш	m
in F	acility	Custo	enance or		(i.e., thermal	systems			nca	nc
	13)		(12)		nsulation, surfa or other misce	long, VAT		Repair	psu	osc
		Yes	No N/A		or other misce	naneous)		<u>a</u>	Encapsulate	Enclosoure
estroom		\Box			cm Floor tile &	ACM mosti	1		(U	
outh West room		一十			ciii ribor tile &		48 SF			
/indows		H			ow caulk	ət)	128 LF			
letal window & door	frames	一一		_	ng caulk		272 LF			
		H	1	Dullall	ig caulk		100 LF			
			HH							
ame of Registered W	aste Hauler		NJDEP	Wasta	Cubic Yards	INI 5D				
			Hauler I		of Waste	Name of Reg sto	ered Landfill			
esource Management G	roup, LLC		0035218	State Management In	TBD	Grows Landfill				
ty, State	Sills			1	Disposal Date	City, State	1			
amilton, NJ 08619					TBD	Morrisville, PA				
ompleted By (Print or	Type) Brian Haney		Title: Pre	sident S	Signature			- ID : ::-		
	120807.0 P.H.				7X !	nothi		Date 10-13	-2017	
			ł	1	4011	$W \cap I \setminus W \cap I$				
					1 1 1	F 1 F 10 - 10	The same of the same of	Account to		: 1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 10-13-2017 Joint Base-McGuire-Dix OCT 20 2017 Agencies Notified Type Notification Street Address EPA JB MDL, 3021 McGuire Blvd Trenton, NJ 08641 DEP Initial (Courtesy City, State & Zip Code ASSESTOS CONTROL & Notification) LICENSING X DOL Amended Trenton, NJ 08641 X DOH Emergency Name of Contact DCA Telephone Number Cancellation Chandru Gubbi FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Building 2107 School (K-12) Street Address Subchapter 8 (Other than K-12) Joint Base-McGuire-Dix Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors City (5) Bldg. Age County (6) County Code (7) 12.000 Lakehurst, NJ 56 Burlington Current Use (Prior if being demolished) Vehicle Maintenance Shop Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Health & Safety Services, LLC 117 Resource Management Group, LLC Street Address Street Address PO Box 365 2115 Hamilton Avenue, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number Mr. Jim Proctor License Number 856-839-2432 609-977-6159 Scheduled Start Date (10) 01185 Scheduled Completion Date (11) Name of OSHA Monitor 10-16-2017 10-18-2017 J&S Environmental Laboratories Inc Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed during Normal Hours City, State & Zip Code Describe: 8:00AM - 4:30PM Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Asbestos-Containing Abatement Type Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or Encapsulate (i.e., thermal systems Enclosoure Removal in Facility Repair Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A X Floor tile & mastic 220 SF Windows X Window caulk 272 LF Building X Building caulk 100 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Reg stered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 Grows Landfill City, State Disposal Date City, State Hamilton, NJ 08619 Morrisville, PA Completed By (Print or Type) Brian Haney Title: President Signature Date 10-13-2017

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 13 / 17 United States Postal Service Agencies Notified Type Notification Street Address **⊠** EPA 21 Brownlee Place **⊠** DOLWD ☐ Amended ASBESTOS CONTROL City, State, Zip Code **⊠** DOH Amendment # LICENSING Basking Ridge, NJ 07920 □ DCA ☐ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Luigi Colella - Arco Construction **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) USPS Basking Ridge Main Post Office School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 21 Brownlee Place homes etc.) City (5) Square Feet # of Floors Bldg. Age Basking Ridge 80 5,500 1 County (6) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) Somerset Post Office Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Group Services, LLC Shade Environmental, LLC Street Address Street Address 104 East 25th Street, 8th Floor 623 Cutler Avenue City, State, Zip Code City, State, Zip Code New York, NY 10010 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Francis Pierre 646-772-1160 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 26 / 17 12 / 01 / 17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) ard Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Roofs A, C, and E \boxtimes Roofing Material \boxtimes 7,276 SF Roofs A, C, and E \boxtimes X Roof Flashing 667 SF Roofs C and E X Transite Panels 1,014 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage **GROWS North Landfill** 15939 90 City, State Disposal Date City, State: Freehold, NJ 12/01/2017 Morrisville, PA Completed By (Print or Type) Title Signature Date Christina Lynch Vice President of Operations 10/13/

State of New Jersey





Date of Notification (1)	College College				Name	of Buildin	g Ov	vner/Operator	r (2)	IF?	ECE	n n	7.15	F	1
		17			Spa	artan Co	nstr	uction Serv	vice	s		U) U	75	ıN	
Agencies Notified	Type Notific	ation			Street	Address				III					11
⊠ EPA					6 K	oster Bl	vd. A	Apt. 4A		Ш	OCT 2	0 201	7	U	/
☑ DOH	Amended				City, S	State, Zip	Code					8.767		State of the last	-
□ DCA	Amendm Emergen		—		Edi	son, NJ	088	37			L		of the contracting the		1
(NJAC 5:23-8)	justificati		ung	-	Name	of Contac	t		-		ASBESTOS Telephroei	CONTR	OL &		-
*	☐ Cancella	127			Ler	nny De J	esus	5		Antonian con-	9(45MA		Photos	J
					FA	CILITY IN	IFO	RMATION							
Name of Facility Where A	batement is	Taking PI	ace (3)					T	ype of Facilit	ty (4)				
Residence										School (K-					
Street Address										Subchapte Other (i.e., homes, etc	r 8 (Other than I private and con	K-12) nmercial	ouildin	gs,	
City (5)									9	Square Fee:	# of Floors		Bldg. A		
Berkeley Heights										2000 sf	2		60	ige	
County (6)					Cour	ty Code (7\/\$T/	ATE USE ONLY	1 0		1	1° -1 1°			
Union					Cour	ity Code (i	11017	HIE USE ONLY,	/ "		Prior if being der	nolisnea			
Name of Monitoring Firm	Lirad by Duile	dia a O	(0)		0014	N.				Residence	733				
N/A	miled by build	aing Own	er (8)	A	SCM	NO.		me of Abaten			\$100				
10/2020/20							_	Guardian C	onti	racting, line	;.				
Street Address								eet Address							
011 011 011							1	889 Route	9, L	Jnit 61					
City, State, Zip Code							Cit	y, State, Zip (Code	е					
							1	oms River	, Ne	ew Jersey 0	8755				
Project Manager for Monit	toring Firm		Т	elep	hone	No.	Tel	lephone No.			License No).			
							7	32-349-993	32		00624				
Start Date (10)	5	Schedule	d Com	pletio	on Da	te (11)	Na	me of OSHA	Mon	nitor					_
10 /27 /	17	10	/ _	30	_ / _	17	E	.M.S.L. An	alyt	tical					
Occupancy Status During	Abatement (Check on	ly one)			Str	eet Address							
□ Facility Closed/Vacate					ent		100	056 Steltor	1						
☐ Abatement Performed						cribe		y, State, Zip ((210)						
Time of Abatement:	AM	PM/	F	PM		AM		Piscataway,			8854				
Scope of Work (Check all	that apply)						_ •	iooataway,	110	W ocisey o	0004				
≥3 sf or ≥3 lf			D								egative Pressure	Э			
≥ 160 sf or ≥260 lf			Renov					☐ Mini-En☐ Gloveba							
		2	Domo	11(1011				⊠ Non-Ex	emp	oted (*) and N	Ion-Friable Proc	edure			
			Is Lo	catio	n								batem	ent T	vne
Location				mally				Description				-		T	
Asbestos-Containing N TO BE ABA	Material (ACM		Jsed S Mainte					Containing M			Amount	Kemova	Repair	nc	Enclosure
IN Facilit			ustod		23.20	(i.e	., the	ermal systems surfacing, VA	s ins	ulation,	(Specify SF or LF)	100	ar.	aps	losu
(13)	,		(1	2)				her miscellan			SF OF LF	, =		Encapsulate	Гe
		Ye	es N	10	N/A									(0)	
exterior						asbesto	s si	iding			1800 sf	×			
]											
]											
]											
Name of Registered Wast	e Hauler			NJI	DEP V	Vaste	Cut	oic Yards of	1	Name of Reg	istered Landfill				
Guardian Contractir	ng, Inc.				uler IE		Wa			T.R.R.F					
City, State				2	0223		Dist	posal Date	-	City, State					
Toms River, New Je	rsey							0/31/17	1		n, Pennsylvan	ia			
Completed By (Print or Ty		Title								- any town	., i cillisylvali		,	1	
Nicholas Fernicola	pe)	300000	of 8.5					Signature		~/ 1	/	Date		1,	,
On the		Froje	ect Ma	anaç	jer				V	1:	end	76	171	1	





								.00 4114 0.1	Ties.	T F A	FI	$\Pi \Pi$	E	Paramo,	1
Date of Notification (1)							_	ner/Operator	(2)	NE 6		M	5		11
		17			Wa	Iters Res	sider	ntial		以	50	-91	2		
Agencies Notified	Type Notifica	ation			Stree	Address			00 1 1	THE OCT	202	017	1	H	1
⊠ EPA					500) Barneg	ate E	Blvd.	- American	11 001	202	017	- Control	-	4
☑ DOLWD						State, Zip (1
⊠ DOH						rnegat, N			9	ASBEST	OS CON	TROI	. 8.		
DCA (NIAC 5:23-8)			luding	l		of Contac		-		Telephone	CENTONIO	3			- Carret
(140/10/3.20-0)					Vic	550	,		In-pan i		-1401-11001-				
			_		19,000		IFO	DESTINATION							
Name of Equility Where	Abatamant is T	alsiaa [DI	(2)	FA	CILITY IN	NFOR	RMATION	T						
	Abatement is 1	aking i	Place	(3)					Type of Facil	- R					
Street Address									School (K	-12) er 8 (Other tha	n K-12)				
Street Address									Other (i.e.,	, private and c	ommercial	build	ngs,		
									homes, e	c.)					
City (5)									Square Feet	# of Floo	rs	Bldg.	Age		
Lavallette									1000 sf	1		65			
County (6)					Cour	nty Code (7	r)(STA	TE USE ONLY)	Current Use	Prior if being of	emolished)			
Ocean	MD Amended Amendment # Emergency (incl justification) Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Can								Residence	е					
	Hired by Build	ling Ow	vner (8)	ASCM	No.	Na	me of Abatem	ent Contractor	(9)	7,50				
N/A							0	Suardian Co	ntracting, In	C.					
Street Address							Stre	eet Address							
							1	889 Route 9), Unit 61						
City, State, Zip Code							City	y, State, Zip C	ode						
							Т Т	oms River,	New Jersey	08755					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	ephone No.		License	No.				
							7	32-349-9932	2	00624	ŀ				
Start Date (10)	S	Schedul	led C	omple	tion Da	te (11)	Nar	me of OSHA N	Monitor						
10 /30 /	_17	_10	_ /	31	1	17	E	.M.S.L. Ana	lytical						
Occupancy Status During	Abatement (Check o	only o	ne)			Stre	eet Address							_
					ment		1000	056 Stelton							
						cribe	_	, State, Zip Co	nde .						_
							1 5		New Jersey :	18854					
Scope of Work (Check al	I that apply)						_ '	iscataway,	ivew oersey	70004					_
	· triat apply/							☐ Full Con	tainment with N	legative Press	ure				
≥3 sf or ≥3 lf ≥160 cf or >260 lf				novati molitic				☐ Mini-End							
△ ≥100 SI 01 ≥200 II		R	△ De	monuc	ЭΠ				g Procedure mpted (*) and	Non-Friable Pr	ocedure				
			ls	Locat	ion							Abate	men	t Tvi	ne
Location	of			Norma				Description of	of					Ť	
)		d Sole intena				Containing Ma		Amou	nt §	Removal		nc	Enclosure
					Staff?	(I.e		ermal systems surfacing, VAT		(Spec SF or I	fy S		1	SOE	nso
	•)			(12)				her miscellane		31 011	-') :	-		Encapsulate	е
N= 7/			Yes	No	N/A									(D	
exterior		1		\boxtimes		asbesto	os si	iding		1000	sf D	3 [7 [T	П
								-				-		=+	
		- 1	ш	Ш							L		1		Ц
		1				-] [] [
		[Г	7 [7 [
Name of Registered Was	te Hauler			N	JDEP '		Cut	oic Yards of	Name of Re	l gistered Landf	ill				
Guardian Contracti	ng, Inc.			Н	lauler II		Wa		T.R.R.F.						
City, State					20223	5	Dist	posal Date	City, State						
Toms River, New Je	ersev						1 3	1/1/17		n, Pennsylv	ania				
		T:# -	-				'		Tunytow	ii, i eiiiisyiv					
Completed By (Print or T	ype)	Title						Signature	_//		Date	1,-	, /	1	-
Nicholas Fernicola		Pro	oject	Man	ager				\leftarrow 1	-1	10	11	11.	1 .	/

ASB-41 JAN 13

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

92° 18,



					Pri	nt Fo	rm
	E	C		-	\mathbb{V}		100
The state of the s		OCT	2	0	2017		
	ASB	41.64	DS C		ITRO G	1.8	

10/16/17					RIDGE A						A Commence	OCT	2	0 2	2017	
Agencies Notified	Type Notification			Street Ac 2 Fox S						- Amponde	ACI	EST	/1/21	757314	7757	~~~
DEP × DOL	Amended Amendment		- 1	7000	te, Zip Co g NJ 08					-	ASS			ISIN		_ &
× DOH DCA	Emergency justification) Cancellation		100		Contact Ille Sletv	/old		-		Tel	ephone	Numb	er			
				FACII	LITY INFO	RMA	TION									
Name of Facility Where Street Address	Abatement is Takin	g Place (3)							of Facility School (K- Subchapte	12) · 8 (Oth						
City (5)									Other (i.e. etc.) re Feet		& comm	WHENCE DECEMBER		lings,		S,
Manchester											r			iug. 71	90	
County (6) Ocean					Code (7) JSE ONLY)			Curre	ent Use (Pr	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.				atement Co D PROFI							
Street Address							Street	Addre	SS			-			100-00	
City, State, Zip Code									DOVE C	DURT						
							LAKE	EWO	OD, NJ (8701						
Project Manager for Mor	ect Manager for Monitoring Firm						Teleph 732-				Licens 1200		ii .			
Start Date (10) 10/26/17		Scheduled	Com	pletion (Date (11)				HA Monitor D PROFI		NALS					
Occupancy Status Durin	ng Abatement (Ched	k Only One)				Street	Addre	SS		The first of the second					
Facility Closed/Vac Abatement Perform									DOVE C	DURT						
X Other – Describe:		iai i admity i							OD, NJ (8701						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		novat moliti				×	Mi	II Containm ni-Enclosur ovebag Pro on-Exempte	e cedure					e	
		ls l	ocatio	on										Abate	ement	
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) ATED lity	Used Main Custo	tenar	y by nce/		tos Co therma surf	escription ntaining M al systems acing, VA miscellar	lateria s insul T, or	ation,	(5	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
EVIED	NOD	Yes	No	N/A		Do	of Floob	ina			00SF				W.	
EXTER					RO	of Flash	iirig			003F		X				
			(Z-111)													
Name of Registered Wa	ste Hauler		0.8158	JDEP W		0.0000000000000000000000000000000000000	c Yards		Name of	Registe	ered Lar	ndfill				
NEWARK CARTING	3			auler ID 1509	NO.	of W	aste		IESI	<u> </u>						
City, State NEWARK, NJ	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						osai Date /17		City, Sta BETHI		ЛРА					
Completed by JOSEPH PERLSTE	IN	Title OWNE	R		H		Signature	9	1			Date				





つ`		(P	ursuant	t to NJAC	8:60 a	nd 12:120	0)	F) E	P	F	7	VI I	5 1	2
Date of Notification (1) 10/16/17						r/Operator RESTW			扩	U	L		<u>U 1</u>		
			2 Fox					Dea		OCT	6 (20)17	Beenste	ש
X DOL Am	endment #	_	Whitir	ate, Zip C ng NJ 08	3759			Tri Line and the l		BESTO				&	
DOH just	ification)			of Contact ellle Siet				-	Ie	lephon	Non	WAF-3			Sentin-6
Name of Facility Where Abatemen	t is Taking Place (3)	FAC	ILITY INF	ORMA	TION	Typ	e of Facility	(4)						
The state of the s	rio railing riace (<i>J</i>					Т	School (K	A (S)						
Street Address							×	Subchapt Other (i.e etc.)	er 8 (Oth				dings	, hom	es,
City (5) Manchester							Squ	are Feet	# 0	f Floors	3	E	Bldg. A	\ge	
County (6) Ocean				Code (7) USE ONLY)		Curr	ent Use (P	rior if be	ing dem	nolish	ed)			
Name of Monitoring Firm Hired by	Building Owner (8)		ASC	Л No.				atement C			5				
Street Address						Street 6 WH		ess DOVE (OURT	-					
City, State, Zip Code								Zip Code	08701					100	
Project Manager for Monitoring Firm	n		Telepho	ne No.	7717 T-1000	Teleph 732-6	one N	No.		Licen 1200).			
Start Date (10) 10/26/17	Schedule 11/2/1		npletion	Date (11)				HA Monito							
Occupancy Status During Abateme	Type Notification Initial				- Tarana	Street	2-12-11								
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of A of Normal Facility	Abatem Hours	nent			City, St	ate, z	DOVE C	0						
Scope of Work (Check All That App	dv)					LAKE	EWC	OD, NJ	08701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				 	Mi GI	ill Containr ni-Enclosu ovebag Pro on-Exempte	e cedure					9	
	Is	Locati	on						7 411	u 110111	naoi		Abate	ment	t
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	(CM) Use Ma Cust	lormali d Sole intenar odial S (12)	ly by nce/ Staff?		tos Cor therma surfa	escription ntaining M al systems acing, VAT miscelland	ateria insul 「, or	ation,	(8	mount Specify or LF)	NG	Removal	Repair	e Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A			Doofing			24	2005				(D	
LATERIOR					3.1	Roofing			31	00SF		х			
					1911/2000/2004										
Name of Registered Waste Hauler		l NI	JDEP W	aste	Cuhic	Yards		Namasi	Dogist-	rod I a	Men				
NEWARK CARTING		H	auler ID 1509		of Wa			Name of IESI	Registe	red Lar	аш				
City, State NEWARK, NJ					Dispo 11/2/	sal Date 17		City, Sta		1 PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signature					Date	9			



PAI	D	TIFICATION		Jersey STOS ABATE :60 and 12:120			ECE		\mathbb{V}	5	M
Date of Notification (1) 10/16/17				Owner/Operator		\mathbb{T}	OCT	2 0	2017	- Constitution of the Cons	U
Emera	ded dment #ency (including	Street A 2 Fox City, Sta Whitin	ddress	le .		L.,	ASBESTO LIC	ENSIN	NTRO IG	L&	
DOH justification DCA Cance		Roche	ellle Sletv			J 2	elephone iv	iumbei			
Name of Facility Where Abatement is Street Address	Taking Place (3)	FACI	ILITY INFO	RMATION	Subch	(K-12) apter 8 (O	ther than Kee		ldings,	home	es,
City (5) Manchester					Square Fee	t #	of Floors		Bldg. A	ge	
County (6) Ocean	1	(STATE	Code (7) USE ONLY)		Current Use			ished)			
Name of Monitoring Firm Hired by Bui Street Address	lding Owner (8)	ASCN	Л No.	AAA	of Abatemen LEAD PRO Address						
City, State, Zip Code			-	City, S	HITE DOVE tate, Zip Cod EWOOD, N	e		8			
Project Manager for Monitoring Firm		Telepho	ne No.	Teleph	one No. 668-9078		License 1200	No.			
Start Date (10) 10/26/17	Scheduled 0 11/2/17	Completion	Date (11)		of OSHA Mo LEAD PRO		ONALS				
Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	ntire Period of Abat			6 WH	Address HTE DOVE tate, Zip Cod EWOOD, N	e					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	proof.	ovation			1			Dragg	uro.		
≥ 160 sf or ≥260 lf	ALCOHOL:	olition			Mini-Encl Glovebag	osure Procedur	ith Negative e and Non-Fri			e	
Location of	Is Loc Norn	nally		Description	of					ement pe	
Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Custodia (1:	nance/ al Staff? 2)	(i.e. t	os Containing M hermal systems surfacing, VA other miscellan	laterial (ACM s insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERIOR	Yes N	o N/A		Roofing			300SF	x		ю	
Name of Registered Waste Hauler		NJDEP W	/asta	Cubic Yards	Nam	e of Pegis	stered Land	fill			
NEWARK CARTING		Hauler ID 04509	No.	of Waste	IES		siereu Lailu	nd.		<u> </u>	
City, State NEWARK, NJ				Disposal Date 11/2/17	77,327,331,5	Stale THLEHE	M PA				
Completed by JOSEPH PERLSTEIN	Title OWNER	2		Signature	•		[Date			

Print Form





State of New Jersey

	LEE				N OF ASE to NJAC				NT	以	OCT	20	2017	0	
Date of Notification (1) 10/16/17					of Building RIDGE						061	20	<u> 2017</u>		
	Notification			Street A	Address St						SBESTO	S CO	NTR	OL 8	L
DEP A	mended mendment				ate, Zip C ng NJ 08		10		l.,	a hydratecond	Day 1		e constitue o		
× DOH _ ju	mergency ustification) Cancellation	,			of Contact ellle Slet		5-11115-5-1111-1			Те	lephone N	umber			
				FAC	ILITY INF	ORMAT	ION				A 17 12 - 22 - 37 1				
Name of Facility Where Abateme	ent is Takir	ng Place (3)					Ty	ype of Facility School (K- Subchapte Other (i.e. etc.)	2) 8 (Oth			dings,	hom	es,
City (5) Manchester								Sq	quare Feet	# 0	f Floors	E	Bldg. A	ge	
County (6) Ocean					Code (7) USE ONLY)		Cı	urrent Use (Pr	ior if be	ing demoli	shed)			
Name of Monitoring Firm Hired b	y Building	Owner (8)		ASC	M No.				Abatement Co					-	
Street Address							Street 6 WH		dress E DOVE C	DURT				y eta 1	
City, State, Zip Code									e, Zip Code 'OOD, NJ (08701					
Project Manager for Monitoring F	Firm			Telepho	ne No.		Teleph 732-6		e No. 3-9078		License 1200	No.			
Start Date (10) 10/26/17		Schedule 11/2/1		npletion	Date (11)				SHA Monitor AD PROFI		NALS				
Occupancy Status During Abater Facility Closed/Vacated During							Street 6 WH		tress E DOVE C	OURT					
Abatement Performed Outs Other – Describe:	ide of Norn	nal Facility	Hours	ien. 3			100 H ST. 128 H S		, Zip Code OOD, NJ (08701					
Scope of Work (Check All That A	(pply)						0.0000000000000000000000000000000000000	-10.00				1122			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		and the same	Renova Demolit				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	n: cedure				e	
Location of		1	Locati Normal	ly		De	scription						Abate	ement	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	d Sole intenar todial S (12)	nce/ Staff?	Asbes (i.e.	tos Cont thermal surfa		late s ins T, o	r	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
EXTERIOR	y - 3 (m) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Yes	No	N/A		F	Roofing			30	00 SF	x		tD.	
							3								
Name of Registered Waste Haule NEWARK CARTING	er		Н	JDEP W auler ID 1509		Cubic of Was 5			Name of IESI	Registe	ered Landfi	II			
City, State NEWARK, NJ			Lo	.000			sal Date		City, Star		л РА				
Completed by		Title					ignature	>1				ate			-

JOSEPH PERLSTEIN

OWNER

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

PAI	NO.	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)								CE		\mathbb{V}		M			
Date of Notification (1) 10/16/17				Building C Manage		perator	(2)		The second secon	OCT	20 2	2017	WEST CONTRACTOR	U			
Agencies Notified Type Notification			Street Add	dress	Э			15	662			-					
EPA Initial DEP Amended Amendment	#			e, Zip Coo					AS	BESTO LIC	S CON ENSIN	ITRO	<u> </u>				
Emergency (justification) DCA Cancellation	including	1	Name of O	Contact	28.00 M		Telephone Number										
DOA Cartochadon			FACIL	ITY INFO	RMATI	ON	n !!!		-								
Name of Facility Where Abatement is Taking Street Address	g Place (3)							of Facility (4 School (K-12 Subchapter	2) 8 (Othe								
								Other (i.e. p		Floors		lings,		s,			
City (5) LAKEWOOD								re Feet				iug. A	ge 				
County (6) OCEAN			County C STATE U	ode (7) SE ONLY)	k- <u></u>		Current Use (Prior if being demolished) home										
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.			e of Abatement Contractor (9) A LEAD PROFESSIONALS										
Street Address			0.000					et Address VHITE DOVE (:OURT									
City, State, Zip Code							State, Zip Code KEWOOD, NJ 08701										
Project Manager for Monitoring Firm			Telephon	e No.			none N 668-9			License 1200	No.						
Start Date (10) 10/19/17	Scheduled 10/20/17							HA Monitor D PROFE	SSIO	NALS							
Occupancy Status During Abatement (Chec			Stree 6 W					ss DOVE (:C	URT								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Aba nal Facility H	Hours Cit					state, Z	ip Code									
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Emanuel	novat moliti					Full Contain nent with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempled (*) and Non-Friable Procedur						e				
		ocati											ement pe	t			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	tenar	ly by nce/		tos Con thermal surfa	scription taining N I system cing, VA miscellar	Materia s insula T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure			
INTERIOR	Yes	No	N/A		EI	Loor Ti	ام		1	50 SF	x	-	,,,				
INTERIOR					r i	_001 11			1.		1						
									100.00								
Name of Registered Waste Hauler NEWARK CARTING	THE GRANT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.					: Yards iste											
City. State NEWARK, NJ							9	City, Stat		л РА							
Completed by JOSEPH PERLSTEIN	Title OWNE	ER.			1	Signatur	ignature Date										

						to make a	(A)	land 1	111/	/ 10		6
Date of Notification (1)		Name of	Building Owner/O	perator (2)		$ \Pi _{-}$						0
10/16/17			ANNE	DATE	ے ادر	12						
Agencies Notified Type Notification		Street A	ldress		D. Constitution of the Con		OCT	2.0	201	7	100	
□ EPA □ Initial		O' O	7: 0 1		100	ШЩ	OCT_	20	201	/	-	9
DEP		City, Sta	te, Zip Code		07110	1						
DOL Amendment #_ Emergency (in	cluding		strey	, 03	. 57119	lon 1	CRESTO	SIX	NTF	OLE		
DOH justification)	9	Name of		0		lele	hone Numb	ENICI	NIC		•	
□ DCA □ Cancellation			Ms. BATO								agree Andre	Ī
N. CP. W. Wil that was in Taking Die	20 (2)	FACI	LITY INFORMAT	TION	Type of Facility (4	1)						
Name of Facility Where Abatement is Taking Pla					18 W							
MS. ANNE B	ATOR				☐ School (.ζ-1: ☐ Subchap er 8		han K-12)					
Street Address					Other (i. : p	rivate & c	commercial b	uilding	gs, hor	nes, et	tc.)	
									ldg. A			
City (5)					Square Feet 280 C	# 01	Floors	Di	19			
County (6) ESSEX						<u></u>	2		. / .	,,,		-
County (6)		County (Code (7) USE ONLY)		Current Use (1 rion							
					Pes		CE					
Name of Monitoring Firm Hired by Building Ow	ner (8)	ASCN	A No.	Name o	f Abatement Contr	actor (9)	-					
			· · · · · · · · · · · · · · · · · · ·	Best	Removal	Inc						
Street Address				Street A								
				450	South Ri	ver	Stree	t				-
City, State, Zip Code				City, St	ate, Zip Code							-
=	4			Hack	ensack,	NJ C						ļ
Project Manager for Monitoring Firm		Telephor	ne No.	Telepho	one No.		License No					
				2.01 -	329-7444		0038	8				
	Scheduled C	ompletion D	ate (11)	Name o	f OSHA Monitor							İ
10/30/17		10/31	/17	Omeg	a Enviro	nmen	tal					
Occupancy Status During Abatement (Check Onl	y One)			Street A	ddress							l
☐ Facility Closed/Vacated During Entire Period	d of Abatem	nent		280	Huyler S	tree	t					ļ
Abatement Performed Outside of Normal F. Other - Describe: 8:00 by 10	acility Hours	PM		City, St	ate, Zip Code							
Other - Describe: 0,000 AM 710	7.55			Sout	h Hacken	sack	, NJ	076	06			-
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf	Ren	ovation			Full Contai me	nt with N	legative Pres	sure				
□ ≥160 sf or ≥260 lf		nolition			Mini-Enclosure							1
				Z		edure (*) and N	Von-Friable	Proced	ure			
			1		Hoir Exemptee	() = 1		I		ement		-
		ocation							Ty	ре		
Location of		mally Solely by		escription			nount					1
Asbestos-Containing Material (ACM) TO BE ABATED	Main	tenance/	(i.e. thermal sys	taining ivi tems insul	aterial (ACM) ation, surfacing,	10.000	pecify	Re	æ	Enc	En	1
In Facility	100000000000000000000000000000000000000	lial Staff? 12)		VAT, or	887	SF	or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)			other	miscellan	eous)			/al	F:	late	ure	
	Yes	No N/A)						
BASEMENT		X	THERMAL IN	SUATI	SN.	14:	SLF	x				
3,72,0,10	-		THE WATER OF THE	300411				1				1
								-	-			1
								_				1
D0												1
Name of Registered Waste Hauler	L	NJDEP W		Yards	Name of	Registere	d Landfill					1
		Hauler ID	No. of Wa		104		-	9				1
Best Removal Inc		1710	09	3.12	1 11110		Enter:	pri	ses	,,,	LLC	1
City, State				sal Date	City, Stat							1
Hackensack, NJ 07601	T 20:			0/31/1	Wayn	esbu	rg, 01	H 4	468	8		1
Completed by	Title			Signature	d.	nuc	2 Da		16	1,7	02	
J. Maiorano	Esti	mator		X	مرانده کے			10	10	111		
				()	Do not use this for	m for orb	sector licera	IFA AVA	mntad	activi	ities	
ASB-41 (R-06-08)				O+	DO HOL USE UII: 101	III IUI asc	CITO IICCITS	TIL OVE	piou	AUC: YI		



	FAIL	9		ICATIO	N OF ASB	ESTOS	ABATE		IT Granes	77	E	HECK	F 2	44			M	
Date of Notification (1)				Name o	of Building	Owner/C	Operator	(2)	- 1	14		HALLESON BA				-		
10-16-17					Edison		14 M P (12 1) 1 P (12 1)		agaithea	[]	-	OCT	20) 01	017			
Agencies Notified	Type Notification				Address ng Place				us for many to			UUI) (1	JI/—	a di	THE STATE OF THE S	
DEP	Initial Amended		t	City, Sta	ate, Zip Co	de		-			A C :	BEST	ns c	ON	TROL	8		
□ DOL	Amendment			New \	York, NY						AD	LI	CEN	SING	ì			
DOH DCA	Emergency (justification)	riciualing			of Contact Fullum						Tel	ephone	Num	ber				
					ILITY INFO	RMATI	ON						-	_		_		
Name of Facility Where A Pole #59851/36050		Place (3)					Тур	e of Faci School		10 							
Street Address 222 Westshore Roa	ıd								Subcha Other (etc.)	apter 8	(Oth				dings,	home	es,	
City (5) Harrington Park, NJ	l							Square Feet # of Floors Bldg. Ag							ge			
County (6) Bergen	N.				Code (7) USE ONLY)			Current Use (F rior if being demolished) Utility Pole										
Name of Monitoring Firm N/A	Hired by Building C		ASCN	M No.			ne of Abatement Contractor (9)											
Street Address						et Address Broad Street												
City, State, Zip Code						State, Zip Code Stradt, NJ 07072												
									41 8 8 8	072	15							
Project Manager for Moni	itoring Firm			Telepho	ne No.	Teleph 201-9		No. -6565			Licen 0075		¥2					
Start Date (10) 08-04-17(3)10-24-1									SHA Mon									
Occupancy Status During	Abatement (Check	Only Or	ne)			et Address												
Facility Closed/Vaca	ited During Entire P	eriod of	Abatem	nent		307 \	West 38th Street											
Abatement Performe Other – Describe:	ed Outside of Norma	al Facility	/ Hours			State, Zip Code v York, NY 10)18												
Scope of Work (Check Al	l That Apply)						Γx	Intact Removal										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit			E	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure											
		Т						Non-Exempt ed (*) and Non-Friable Procedi							75 75 75	-		
	520	995	Locati												Abate Typ			
Location Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Use Ma	d Sole intenar todial S (12)	ly by nce/		os Conta hermal : surfac	scription aining M systems sing, VA niscellan	lateri insu T, or	ž.		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A										-	21.5	te	Ø.	
Exterior: Pole #59	9851/36050			х		Tr	ransite			1	2	0LF		х				
										+								
Name of Registered Wast	te Hauler		N.	JDEP W	aste T	Cubic \	Yards		Name	o Re	aiste	ed Lar	ndfill					
ATC, Inc. / JBT (50071)					No.	of Was			0.000.000			prise						
City, State Shirley, NY / Bronx, N	NY			Disposal Date TBD					City, S		urg,	OH 4	4688	3				
Completed by		Title						Signature					Date					
Kevin Moriarty		Proje	ct Ma	nager				(1) (1) (1) 10						0-16-17				





7				NOTIF (P	ursuant	OF ASB to NJAC	ESTOS 8:60 an	ABATE d 12:12	MENT 0)	r i	M		C	F		$\overline{\mathbb{V}}$		m		
	te of Notification (1) 0/17/17					f Building el McCa		Operator	r (2)		K			-	0					
Age	encies Notified	Type Notification			Street A							h	OCT	2	U į	017		4		
×	EPA	Initial			2: 2:															
×	DEP DOL	Amended Amendment				ate, Zip Co Ridge, N		66				ASE	BEST	OS (NOC	TRO	L&			
	DOH	Emergency justification)	(including			f Contact			-		17	Telepi	none N	-	- PERCENT		-			
	DCA	Cancellation			2000 3000	el McCa					1				_					
Nai	me of Facility Where A	Abatement is Takin	g Place (3)	FACI	LITY INFO	ORMAT	ION	Тур	e of Facility	(4)									
	esidential Home									School (K										
	eet Address								×	Subchapte Other (i.e. etc.)					build	ings,	home	es,		
Pa	r (5) urk Ridge								Squ 285	are Feet		of F	oors			dg. A 5+/-	ge			
Be	unty (6) ergen					Code (7) USE ONLY)			rent Use (P sidential			demo	lishe	d)					
Nar Pr	ne of Monitoring Firm oject Manager	Hired by Building	Owner (8)		ASCN	ИNo.			ame of Abatement Contractor (9)											
Stre	eet Address								Street Address 280 N. Midland Ave											
City	, State, Zip Code									Zip Code	********									
Pro	ject Manager for Mon	itorina Firm			Telepho	no No				rook, NJ	0766		,							
	jeer manager for more	itoring r irrir			relepito	HE INO.		Telepi 201-		3184			icense 1305							
	rt Date (10) /18/17		Schedul 10/22/		mpletion	Date (11)		Name	of OS	SHA Moni:o	r									
Occ	cupancy Status During	Abatement (Chec	k Only O	ne)				Street	Addre	ess					-			-		
×	Facility Closed/Vaca Abatement Performe Other – Describe: 8	ed Outside of Norm	Period of all Facility	Abater Hour	nent s			City, S	State,	Zip Code										
_	pe of Work (Check Al														1000					
×	≥3 sf or ≥3 if ≥160 sf or ≥260 if	тикт фруу	-	Renova Demoli				2	M G	ull Contain ini-Enclosu lovebag fir on-Exempt	re ocedu	re	3973				e			
				Locat	207.1											Abate	ment pe			
	Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Use Ma	Norma ed Sole aintena todial ((12)	ely by nce/ Staff?		tos Con thermal surfa	scriptior taining N system cing, VA miscellar	Materia s insu AT, or			Amo (Spe SF or	cify		Remova	Repair	Encapsulate	Enclosure		
	The second second		Yes	No	N/A										=		ate	.e		
	Baseme	ent		х				VAT				605	SF	2	C					
			-					-												
			-								_									
Nar	ne of Registered Was	te Hauler			JDEP W	/aste	Cubic	Yards		Name o	f Posi	atoro	dlone	IEII						
	Stages Abatemer		F	lauler ID 036592	No.	of Wa	ste		Grand					Lan	dfill					
Sac	, State idle Brook, NJ						Dispo: TBD	sal Date		City, Sta		PA 1	18072	2	2					
	npleted by hard Cristofol		Title Pres	ident			5	Signature	e //	1	4	5		Date		7				

page 1	IT) E	C	E	0	\mathbb{V}	E	M
		OCT	2	0	2017	ı	
'asy	- L	SBES	ros	CC	NTR	OL 8	W. Co.

							ЦЦ ост	2 (0 2	01/	
Date of Notification (1)			N	State of Ne OTIFICATION OF ASB Pursuant to NJAC	25TOB AE 6:50 and 1	2:1201	ASBEST	TOS (ON	TRO	L&
10/13/2017				Name of Building		2:120)	1			2.0	
Agencies Notified Type	Notificat	-		- THE COLUMN TO STATE OF THE COLUMN TWO IS NOT THE COLUMN TWO IS N	owner/Opa	rator (2)					_/
EPA P		ean		Street Address			_ ;		ن	/	-
☑ DOL ☐	nitis! Wended Mengme	B44 64		City, State, Zip Cod	nia Aven	ue		Ĭ	7	/	
DOH DOA	margano	y (Inch	ding	Paterson, N.I	-		13.		-		
		No.		Marie of Contact			laren and			1555 1555	1
Name of Facility Where Abatema County of Passalc	ni is Tak			Mr. Jack Nigro			Tute	phone	Nun	nbar	
County of Passaic Street Address	1.4 1 200	ud He	명 (3)	FACILITY INFOR	MATION						
71 Hamiles of						Type	of Facility (4)				
71 Hamilton Street City (5)						_0 5	chent iv an				
Paterson						1 2 4 3	Und Hanne m 14	than w	(.11)		
County (8)						mt	C.) (SELLING:	rcial	buildin	ne bam
Passaic	_	_						Arren			
Norm of Month				County Code (7)		30,00	U / m			Bidg	LAge
Name of Monttoring Firm Hired by 8 Lanagan Engineering & Env Street Address	uilding O	Wger (s	1	(STATE USE ONLY)		Office	List (Prior It boing	damail	Shed	90	
Street Address	Svcs.		''	ASCM No.	Nama	Off Abotes		115	-01 LGD	7	
300 Kimbell Drive day		_		1 00088	DIA	General	Contractor (5)	_	-	_	
The state of the s	_						Construction,				
Parsippany NI ATAR					1380	Ciliton	A.v.		-		
· / Upor Milliaper for Adams		_			City, St	ite, Zip C	Aviinue, PMB S	iuite :	218		
77, 510			T	siephone No.	Cliftor	לח בא ור	01.>		_		
Sign Date (10)			1 9	70 Eca	relepho	ne No					
10 11317	Sc.	hadule		Stine Date in	973-38	39.0089	006	nse No	3.		
STATES STRING DIFFOR A P.		101	MIL	7	Name of	OSHA MO					
Facility Closed/Vacated Ouring En Abstement Performed Outside of a Other - Describer.	in O	TY One)		DAN (Hade	nerel c	onstruction, inc				
And the life of th	ionnal P	o or ab	miemen!	.	1380 0	litton à			_		
Scope of Work (Check All That Apply)					City, State	ZID COS	enue, PMB Sui	te 21	8		£0400
23 of or 23 if			_		Clifton,				_		
≥180 sf or ≥260 if		Ren	ovetion diffon		8 5	uli Contai	nmini with Negativ	a Pres	3UN		
1		Is Loc	, time								J
Albestos-Conteining Mereral (ACM)	1	Nonn	Seller			3410111	ted (°) and Non-Fri	Mble P	roceo	lum	- 1
In Facility (ACM)	I R	sed So	Becal	Asheston On Descri			1		Abi	ateme	nl ln
(13)	CL	plodial	Staff?	Asbestos Containi (i.e. themai sys	ng Materia	(ACM)	Amaun:	-	7	Туре	
	-	(12)		Surfecing.	VAT or	mon.	(Specify	70		m	-
Room 101	Yes	No	N/A	piner misce	elianeous)		SF or LF)	Removal	Repair	18 C.S	3
		X	-					feat	A B	Encapastale	Endosure
Room 202	1	-	-	Elbow Ins	ulation	_				15	es
	-	X		Elbow Ins	Ulation		2LF	×		1	
	-			710	חמווסח		3 LF	X	-	-	
ne or Registered Waste Hauler								-	-	-	
Vice Transport Group	-	NJ	DEP W	ISIA LOTTINI							
State has		Hai	190 (D)	Yo. Cubic Yards of Waste	N	luma of R	egli;tered Landfill		T	T	
Castle DE 1030-		20	990	/ 2 CY	1 6	Minerya	Landfill				\dashv
Harad Dr				Disposal Date		ly. State	La natill				
arth Jagad	Title			10/19/2017	1 4	Vaunaci		_	_	_	4
	Project	Man.	ider	Signature	1		ouri7. OH 44688	1			1
1 (M-06-04)	-		AN EL		11	J.	Cate	3/201	_	_	-

Do not use this form for asbeat as licensure axempted activities.





		(Pt	ırsuant	to NJAC 8:	60 and	12:120	0)	r			a [F	1 [7/7	ß	land)
Date of Notification (1)			Name of	f Building Ov	perator	(2)		n	E (5 5		///	<u></u>		
10/13/2017			Count	y of Pass	aic				WI					Children of the Control	distance.
Agencies Notified Type Notification			Street A							0	CT 2	2 0	2017	1	11
EPA Initial				ennsylvar		enue				1	101 4		4011		besser.
DEP Amended Amendmen	. 44			ite, Zip Code	е								and the second second	PARTICIPATION NAMED IN COLUMN	į
X Emergency		-		son, NJ						ASBI	STO	3 CO	VTR()L&	
DOH justification Cancellation				Contact				agiliar-		Telepho	one Nu	mber	10	Service Control	ACCUPATION 2
Cancellation	1		And the second second	ck Nigro											
Name of Facility Where Abatement is Takir	ng Place (3)		FACI	LITY INFOR	RMATIC	N	Typ	e of Facil ty	(4)						
County of Passaic	. , ,														
Street Address							H	School K Subchapt		Other th	an K-1	2)			
71 Hamilton Street							×	Other (i e	. priva	ite & co	mmerc	ial build	dings,	home	es,
City (5)							Squ	etc.) are Feet		# of Flo	ors	В	ldg. A	ge	
Paterson							30,	000		5			90		
County (6)				Code (7)	Curr	ent Use P	rior if	being d	lemolis	hed)					
Passaic		1	STATE	JSE ONLY)		-		fice							
Name of Monitoring Firm Hired by Building			ASCN					atement C		200					
Lanagan Engineering & Env. Svcs	S		0009	99				eral Con	struc	ction, I	nc.				
Street Address						Street					23 30500 ·	13,377,290			
300 Kimball Drive, 4th Floor								fton Aver	nue, l	PMB S	Suite 2	218			
City, State, Zip Code Parsippany, NJ 07054								Zip Code							
Project Manager for Monitoring Firm			F 1 1				- 82	J 07012							
Vijay Patel		- 1	Telephor	ne No. 60-4900		Teleph		No. -0089		1 228	ense N	0.			
Start Date (10)	Scheduled					000000000000000000000000000000000000000		SHA Mon to		100	0693				
10/33/2017	-1011			Jale (11)			325300000	eral Con		tion I	nc				
Occupancy Status During Abatement (Cher	ck Only One)	1			Street			otrao	,,,,,,,					
Facility Closed/Vacated During Entire			ent			1360	Clif	ton Aver	nue, l	PMB S	Suite 2	218			
Abatement Performed Outside of Norr	nal Facility H	lours						Zip Code							
Other - Describe:					-	Clifto	on, N	J 07012	!						
Scope of Work (Check All That Apply)								-						.55550	
≥3 sf or ≥3 lf	Annual Control	novat				ana		ull Contains		with Ne	gative F	ressu	re		
2160 sf or ≥260 lf	De	moliti	on			X	M	ini-Enclo su lovebag Pr		ire					
							l N	on-Exempt	ed (*)	and No	n-Friat	le Pro	cedur	е	
	ls L	ocatio	on											ement	
Location of	No Used	rmall	-		Desc	ription	of					-	1 9	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		tenan		Asbestos	s Contai ermal s					Amou	1000	1 7		E	т
In Facility	Custo	dial S (12)	taff?		surfaci	ng, VA	T, or			(Spec		Remova	Repair	cap	nclo
(13)		(12)		C	other mi	scellan	eous)				oval	air	Encapsulate	Enclosure
	Yes	No	N/A											te	10
Room 101		Χ		Е	Elbow	Insula	ation			2 LF	=	X			
Room 202		Χ		F	Elbow	Insula	ation		1	3 LF	-	×			
						- Juli			+	0 11	-	1			
	-		-						+			-			
Name of Registered Waste Hauler		I AI	JDEP W	inote 1	Cubic Y	ovd-		- No	10		1				
		\$500	auler ID		of Wast			Name o			Landfill				
Service Transport Group		20	0990		2 CY			Miner	va L	andfill					
City, State					Disposa			City, Sta							
New Castle, DE 19720		S			1101		7	Wayn	esbu	ırg, Ol	H 446	88			
Completed by Krutarth Jagad	Title	4 B A -			Sig	gnature	11	7	1	\	1 248	ite			
Toutaitii Jayau	Projec	SI IVIS	anager				TX	<u></u>	_)	1	0/13/	2017		



State of New Jersey

				CATION	OF ASB	ESTOS	ABATE		NT I	狐	0.07	0.0		-	CONTRACTOR PRODUCTS	
Date of Notification (1) 10/13/17			T	Name o	f Building	Owner/0	Operator	r (2)		11	<u> -0CT</u>	2.0	20	/		
Agencies Notified	Type Notification	•		Street A	Address Hadley F	Road				A	SBESTO	S CC	ONTE	POL	8.	
EPA DEP DOL	Initial Amended Amendment		_		ale, Zip Co Plainfiel		7086		L.	WEST PORTUGATION	LIU	ENS	ING			
DOH DCA	Emergency (justification) Cancellation	including			Contact Neville					Te	lephone Nu	mber				
				FAC	LITY INFO	ORMAT	ION									
Name of Facility Where PSEG- Morgan Str		3 Place (3)					L	ype of Facility School (K-	12						
Street Address 186 Morgan St.									Subchapte Other (i.e. etc.)	r 8 (Oth pri rate	er than K-1 & commerci	2) Isi buil	dings	home	es,	
City (5) Jersey City NJ 073	02							Square Feet # of Floors Bldg. At 240 N/A N/A					ge			
County (6) Hudson				County (Code (7) USE ONLY)			Current Use (Prior If being demolished) Electrical Switching Yard								
Name of Monitoring Firm N/A	n Hired by Building (Owner (8))	ASCA N/A	A No.			ne of Abatement Contractor (9) RS Environmental Services Inc.								
Street Address N/A	***************************************		•					et Address Old Dock Rd.								
City, State, Zip Code N/A							City, S	Cily, State, Zip Code Yaphank NY 11980								
Project Manager for Mor N/A	niloring Firm			Telepho N/A	ne No.		Teleph	Telephone No. License No. 631-433-8440 01136								
Start Date (10) 10/16/2017		Schedul 12/31/		npletion	Date (11)				OSHA Monitor		vices Inc.					
Occupancy Status Durin	g Abatement (Chec					_	Street		ALTERNATION OF THE STATE		11000 11101					
	ated During Entire F						3,534,037	Old Dock Rd.								
Abatement Perform Other – Describe:	ned Outside of Norm removal of roof, on a	al Facility electric e	y Hours nergize	station		-		State, Zip Code shank NY 11980								
Scope of Work (Check A	Il That Apply)						gree .	-								
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Proce Jure Non-Exempted (*) and Non-Friable Proc									
		Is	Locati	on					•			T	Abate	ment		
Location			Normal ed Solo				scription		*****			H	1)	pe		
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lify	Ma	intenar todial S (12)	ice/		thermal surfa		s In	erial (ACM) sulation, or us)	(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	NIA										ক	,,,	
PSEG Morgan	St. Station	-		Х	Roofl	ng ma	teri	ial	2	40SF	x	_				
,																
Name of Registered Wa	eto Haufor		L	IDEDIA	lasto	Cubio	Varda		Alama at	D. elet	rad I and Gil	L				
Waste Management	H	NJDEP Waste Hauler ID No. 17273 Cubic Yards of Waste TBD					1		ered Landfill Idfill North							
City, State Newark NJ 07114			Dispos TBD	sal Date	1	City, Stat Morrisv		A 19067	**********							
Completed by					8	ignature		10	71	/ Da				-		
Amanda Valione		Adm	in Ops	Ops Manager Aw					da V	ar	W.	10	/13/1	7		