

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

Check# 1063

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Date of Notification (1) 10-20-2017						f Building n Marine		Operato	r (2)		17.51		1707	71 3	w r	277	
Agencies Notified	Туре	Notification			Street A	ddress						I 15	Lin	1.1	II L	7 11	
× EPA	×	Initial				Campus		vay			113	ANT	ଣ	A 72.5	117	Constitution of the Consti	AND THE PERSON
DEP		Amended	Dept.			ate, Zip Co					T. Waller Coursell	VVI	6	- A	sia.	10	5
X DOL		Amendment Emergency				ownship	o, NJ 0	7753			A Park					lar.e	
DOH DCA		justification)				f Contact					Tele	ephone I	Numb	er		* 0, 100 F	. 5
☐ DCA		Cancellation				n Milne											
Name of Facility Where	Abaten	nent is Takin	g Place (3)	FACI	LITY INFO	DRMATI	ION	Type	of Facility	(4)		5 - 5 - 5 - 5 - 5 - 5 - 5				-
400 Tremley Point			3 (.	-,						_							
Street Address										School (K- Subchapte		er than K	(-12)				
400 Tremley Point	Road									Other (i.e.	private 8	& comme	ercial	build	lings,	home	es,
City (5)									_	etc.) re Feet	# of	Floors		BI	dg. A	ge	
Linden									45,0	000	3			6	0 yrs	S.	
County (6)					County (Code (7)			Curre	ent Use (Pr	ior if bei	ng demo	lishe	d)	500		
Union					(STATE I	USE ONLY			Vac	ant							
Name of Monitoring Firm			Owner (8)		ASCN	A No.		1000000		tement Co		100					
Brinkerhoff Environ	ment	al								Environr	mental	Co., In	ic.				
Street Address									Addre								
1805 Atlantic Aven										Avenue	KI						
City, State, Zip Code Manasquan, NJ 08										ip Code n, PA 19	101						
Project Manager for Mor		Firm			Telepho	ne No			hone N	Contract Con	401	License	o No				
Jason Hooper	intorning	T MITE			retepho	ne ivo.		179	-239-9			00398					
Start Date (10)			Schedul	ed Com	pletion	Date (11)				HA Monitor							
11-06-2017			02-15-			,		Plyn	nouth	Environr	nental	Co., In	IC.				
Occupancy Status Durin	g Abat	ement (Ched	k Only Or	ne)			<u> </u>	Street	Addre	ss							
Facility Closed/Vac	ated D	uring Entire	Period of	Abatem	ent			923	Haws	Avenue							
Abatement Perform Other – Describe:	ned Out	tside of Norn	nal Facility	/ Hours						ip Code					-Vet v		
								Nor	ristow	n, PA 19	401						
Scope of Work (Check A	All That	Apply)						-	_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf				Renova Demoliti					1 0	II Containm ni-Enclosur		Negativ	e Pre	ssur	e		
2 100 SI 01 2200 II				Jemonu	1011				Glo	ovebag Pro							
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			613	Locati												ement pe	
Location		:-! /A Ch 4\		Normall ed Solel		A = l- = =		scription		1 (0 000)			r				
Asbestos-Containing TO BE AB		iai (ACIVI)		intenar			tos Cont thermal				1000	mount Specify		R	TI	Enc	Ш
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and the second s				X	T	10			neous)		2.				≒·	Encapsulate	ure
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Throughout	Х			windo			(30 LF	- 2	K						
Throughout	Х				table t				00 SF	- 2	K						
Throughout				X			9388	me ho	(6)(0)			00 SF					
Throughout		-		Х			glue du		ulatio		0,000	00 SF		X			
Name of Registered Was	ste Hau	uler		11 (5.000)	JDEP W auler ID		Cubic of Wa	Yards		Name of	Registe	red Land	dfill				
Newark Carting				11111111111111	509		100			Minerv		dfill					
City, State								sal Date	9	City, Sta		011					
Newark, NJ			T'				2-15-			Wayne	sourg,	, UH	D :		-		
Completed by James Kelly			Title	ident			(8	Signatur	e im 1/	1/01	(),	/	Date 10-		17		
carries relig			1165	ideill			1	ALV	MUC.	144)	WV		10-	20-	1.7		





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

CVC# 0941		(P	ursuant	to NJAC	8:60 ar	10 12:12	U)		Ī			100		11	
Date of Notification (1) 10/18/17				of Building on Prope		Operator	(2)	2	P HE STATE OF		nr:	Ans	42	2017	
Agencies Notified Type Notification	n		Street A 5 Day	Address idson St						A CONTRACTOR OF THE PARTY OF TH	413.	2 6	4 1		
DEP Amended X DOL Amendmen				ate, Zip Co rille, NJ						-	A Secretary and the Secretary	MACT JAME	Carrie Ca		general de la constitución de la
DOH justificatio				f Contact n Varas					Tele	phone	Numb	er _	-	,	
News of Facility and the second		-	FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Abatement is Tak 5 Davidson St Street Address	king Place (3)					Туре	School (K-1	2)						
5 Davidson St							×	Subchapter Other (i.e. p etc.)				builo	lings,	home	es,
City (5) Belleville							Squa	are Feet	# of	Floors		В	ldg. A	ge	
County (6) Essex				Code (7) USE ONLY)		Curr	ent Use (Prid	or if bein	g demo	olished	i)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASCN	И No.		1		atement Con D PROFE							
Street Address						Street 6 WI		ess DOVE CO	DURT						
City, State, Zip Code								Zip Code OD, NJ 08	3701						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-				License 1200	e No.				
Start Date (10) 11/1/17	Schedul 11/3/1		npletion	Date (11)				HA Monitor D PROFE	SSION	NALS		1070			
Occupancy Status During Abatement (Ch	eck Only O	ne)				Street	Addre	ess							
Facility Closed/Vacated During Enting Abatement Performed Outside of No Other – Describe:	e Period of rmal Facility	Abaten y Hours	nent 3			City, S	tate, Z	DOVE CO Zip Code OOD, NJ 08				1.9 41			
Scope of Work (Check All That Apply)						LAN	EVVC	OD, NJ 0	5/01						
≥3 sf or ≥3 If ≥160 sf or ≥260 If	(Pressure)	Renova Demolit				×	Mi	all Containme ni-Enclosure ovebag Proc on-Exempted	edure					e	
Location of		Locati Vormal			Do	escription							Abate	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenai todial S (12)	nce/ Staff?		tos Con therma surfa	scription taining N I systems icing, VA miscellar	fateria s insul T, or	ation,	(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	res	No	N/A		Attic	Vermic	ulite		50	0SF	x				
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Register	ed Land	1611				
NEWARK CARTING		Н	lauler ID 4509		of Wa			IESI	.ogiateri	ou carr	a1101				
City, State NEWARK, NJ					Dispo 11/1/	sal Date 17		City, State		PA					
Completed by JOSEPH PERLSTEIN	Title OWN	IER				Signature	•	L			Date				

Print Form

Paid.

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

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Date of Notification (1) 10/18/17					of Building n Manag			r (2)			OCT		EST.	Metachican	And the second
Agencies Notified	Type Notification			Street A	Address						10.20	M A		Ĺ	T
EPA EPA	× Initial			011 01						123					
DEP × DOL	Amended Amendment	#			ate, Zip Cood, No		1			access?		age (* cal out = 1) ;			
	Emergency	(including	-		f Contact		•			Tolo	phone N	umber			
DOH DCA	justification) Cancellation			1401110-0	Comac					1616	priorie iv	umber			
Name of Facility Where	Abstament is Takin	a Diago (S		FAC	ILITY INF	ORMAT	ION	T =							
Name of Facility vinere	Abatement is Takir	g Place (3)					Тур	e of Facility (
Street Address								H	School (K-1 Subchapter		er than K-	12)			
								×	Other (i.e. petc.)	orivate &	commer	cial bui	ldings	, hom	es,
City (5) Lakewood								Squ	are Feet	# of	Floors		Bldg. /	\ge	
County (6)			\neg	County	Code (7)			Curr	ent Use (Pri	or if hair	na demoli	ched)			
Ocean					USE ONLY)		hor		or ii beli	ig demoii	sileu)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	ΛNo.				atement Cor						
Street Address								Addre	D PROFE	:55101	VALS	-			
0.0007.100.000							100000000000000000000000000000000000000		DOVE CO	DURT					
City, State, Zip Code								7.00	Zip Code						
Project Manager for Mon	itorina Eirm			Talanha	no No				OD, NJ 0	8701					
1 Toject Manager for Mon	itting Fitti			Telepho	ne No.		Telep 732-	668-9			License 1200	No.			
Start Date (10) 10/29/17		Schedule		npletion	Date (11)	ý.			HA Monitor D PROFE	20101	IALC				
Occupancy Status During	g Abatement (Chec						Street	an reaching		33101	VALS				
Facility Closed/Vaca	ated During Entire I	Period of A	baten	nent					DOVE CO	DURT					
Abatement Perform Other – Describe:	ed Outside of Norm	nal Facility	Hours	3		_			Zip Code OD, NJ 0	8701					
Scope of Work (Check A	Il That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processors.	enova emolit				>	FL Mi	III Containme		Negative	Pressu	ıre		
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Name of Registered Was	te Hauler		N	JDEP W	aste //	Cubic	Yards		Name of F	Register	ed Landfi	ill			
NEWARK CARTING			1110717	auler ID 4509	No.	of Wa 5	ste		IESI						
City, State NEWARK, NJ						Dispo:	sal Date 17	9	City, State		PA				
Completed by JOSEPH PERLSTEI	N	Title OWN	ER			5	Signature	2	1		D	ate			



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CC# 5990		ICATION	OF ASBE to NJAC 8	ESTOS	ABATE		NT	Section of the sectio))[[(BE	Secretary A	WE	To Little
Date of Notification (1) 10/19/17			f Building (AD OF 1					A STATE OF THE STA	00	T 2	42	017	The state of the s
Agencies Notified Type Notification EPA Initial		Street A 620 O	ddress CEAN A	VE				100 201 201	y		Territoria de la constanta de	Management of the second	land.
DEP Amended Amendment #			ite, Zip Co BRANC		07740)							
Emergency (included justification) DCA Emergency (included justification) Cancellation	ling	Name of	f Contact					Tel	ephone N	umber	_		
		FACI	LITY INFO	RMAT	ON								
Name of Facility Where Abatement is Taking Place Chabad of the Shore, Long Branch	ce (3)					E	ype of Facility (School (K-1	2)					
Street Address 620 Ocean Ave						×	Subchapter Other (i.e. p etc.)				ilding	s, hom	es,
City (5) Long Branch						S	quare Feet	# of	Floors		Bldg.	Age	
County (6) Monmouth			Code (7) USE ONLY)			С	urrent Use (Pri	or if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building Owner	(8)	ASCN	1 No.				Abatement Cor EAD PROFE						
Street Address					Street 6 WH	300	dress E DOVE CO	DURT					
City, State, Zip Code				8			e, Zip Code VOOD, NJ 0	8701					
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 732-		e No. 8-9078		License 1200	No.			
	duled Cor 10/17	npletion l	Date (11)				OSHA Monitor EAD PROFE	SSIO	NALS		77.6 1.6.5		
Occupancy Status During Abatement (Check Only					Street 6 WH		dress E DOVE CO	DURT					
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other – Describe:				_			e, Zip Code VOOD, NJ 0	8701					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	Renova Demolii				×		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				ure	
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TO BE ABATED	Used Sole Maintena Custodial S (12)	ely by nce/		tos Cont thermal surfa		Mate s in	erial (ACM) sulation, or	(8	mount Specify or LF)	Removal	Kepair	Encapsulate	Enclosure
Ye	es No	N/A										Ф	
EXTERIOR				R	OOFIN	G		30	00 SF	х	-	-	
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Name of Registered Waste Hauler NEWARK CARTING	H	JDEP W lauler ID 4509		Cubic of Wa 30	Yards ste		Name of IESI	Registe	red Land	fill			
City, State NEWARK, NJ				Dispo:	sal Date 0/17		City, Stat BETHL		1 PA				
Completed by Tit JOSEPH PERLSTEIN O'	le WNER			S	Signature	Э] [Date			

Print Form

Poid. CC#5990 Date of Notification (1)

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

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Date of Notification (1) 10/19/17					f Building AD OF					Section of the sectio		107	9 A	701	7
	Type Notification X Initial			Street A 620 O	ddress CEAN A	VE				- Committee		/ 4 +		200	
DEP × DOL	Amended Amendment	#			ate, Zip Co BRANC		J 07740)		.,	Jý _	ADDRESS ASSESSMENT	VI. 2-300-01		
⊠ DOH DCA	Emergency justification) Cancellation			Name o	f Contact					Teleph	none Nu	ımher		CHISTO	
				FACI	LITY INFO)RMA	TION							-	
Name of Facility Where Ab Chabad of the Shore			3)					Тур	e of Facility (4 School (K-12	(S.)					
Street Address 624 Ocean Ave					Part Morris 1 +45aa			×	Subchapter Other (i.e. pr	8 (Other t			dings,	home	es,
City (5) Long Branch				- mailio-				Squ	etc.) are Feet	# of FI	oors	В	ldg. A	ge	
County (6) Monmouth					Code (7) USE ONLY)		Cur	rent Use (Prio	r if being	demolis	hed)			
Name of Monitoring Firm H	Hired by Building	Owner (8)		ASCN	ЛNo.				atement Cont						
Street Address							Street 6 WI		ess DOVE CO	URT					
City, State, Zip Code	7/					VIII 2.702			Zip Code OOD, NJ 08	3701					
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph 732-		No. 9078	UI 833	icense 1 200	No.			
Start Date (10) 10/29/17		Schedule 11/10/		npletion	Date (11)				SHA Monitor	SSIONA	ALS				
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addr	ess						
Facility Closed/Vacate Abatement Performed									DOVE CO Zip Code	URT		- 15000			
X Other – Describe:									OOD, NJ 08	3701					
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CONTRACTOR OF THE PARTY OF THE	Renova Demolit					M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure				Φ.	
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EXTERIO						OOFIN	G		3000	5F	X				
Name of Registered Waste	e Hauler	1	IN	JDEP W	laste	Cubi	c Yards	Palany	Name of F	Registeren	d Landfil				
NEWARK CARTING			H	auler ID 1509		of W			IESI	rogiolei et	Lanum				
City, State NEWARK, NJ						100000000000000000000000000000000000000	osal Date 0/17		City, State BETHLE		PΑ				
Completed by JOSEPH PERLSTEIN	l	Title OWN	IER				Signature	9	1		D	ate			

0/19/2017 13:47 2012520	321		AMAC	H	340	L.			9	2/0
#1008	МО	TEPLATION	ata of New Jacos OF ASBESTOS to NJAC 8:50 am	ALAVENERIT	3 -	DOL	Andrew .	derentable per	designation	1
Date of NedScotler (1)		Name o	Building Owner	Dipunister (2)			- A	Δ.	1717	
. 10 12 17 Agencia Modification Type Medicalism	Mark Sandanaria - F. Acid	Strant A		on R	UBIN	1 000	5	17	1911	
		City, Sty	ie, Zip Code			WAINE	7/1/	217	सभ	<u> </u>
DOL Assendment Designatory	d	-	TEYL) ECK	TUL	076	66	111		1147	1
DCA Cancellation		EU	a Pow R	UBIN	4.	Panaprakas rass		***********		-
	Phone (5)	PAG			of Facility	(A) 1 1/2 /	OCT	. 9	121	0.0
RESIDENCE				1' 3	Adent (K.	(30)			2 300	4
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TEGNECK	*				300	Sal Ploan	+	Ho A	-	
County (6)	· ·	COLFEY	Code (7)	Curre	and Libra (Pri	or a Sales of Street, or other to real	m(Z)			****
BULLED House of blooking From Hind by Ruilding (Deurster (8)	ASC		Name of Ata					_	Barnahaman .
Street Address		<u> </u>	>	AMACO	<u> </u>) INC				1.5
Clig. State, Zip Code		.,		185 Vrest City, State, 2		***				
				Midfand P	ent, NJ 0	7432				
Project Manager for Identify Plan		Telegrino	me Mic.	(201)262		Licente M 00156	à.			10
(10) /o/12/1")	Scheduled	Completion of 2-3/1	Date (11)	Name of OS		ntel Services In	n.			
Company Seek Living Absternet (Char	k Only Ope)		Laurence and a contract of the	Street Address 200 Huyle				,	*,	-
Facility Chandridening Duby Bolin & Alabhrous Parliemes Counts of New Other - Dunniar	Pushed of Alice and Facility H	ofminarit locare		Cilly, Shefin, 2	ip Code -					-
Scape of Work (Church All That Apply)				Hackener	ek, NJ 07	7608		-		
7180 of or 2010 st	Daniel				ni-Enclosur Mahag Pa	ord with Mogative P o Creates d (*) 4nd Mon-Fyield				
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Day, Rhele lewserk, NJ 07105				nei Dete Pir Ori Reinstans	City, She Pen An	m gyl, PA 08702				
Completed by	Title		27 72 //			Del	***************************************			_

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Date of Notification	(1)			Name of Bu					(2)		U U	1 1	10	E	The same of
10/20/2017				George	e Cal	Lcou	ılidis			113 n	CT 9	A	761	7	Contract Contract Contract Contract
Agencies Notified	Type Noti	ficat	ion	Street Add	ress					A COLUMN TO A COLU	61 6	Ä	201	5	
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[]DEP	Noti	ficat	ion	City, Stat	e, Zip	Code	2			- Propagation of the Control of the	O. Paris and the second	****	conference in		
[X] DOL	[]Amend			Montel											
[X]DOH	NOTI	ficat	lon	Name of Co	ntact			_	Telephor	ne Number					
[]DCA	[X]EMERG	SENCY		George	Cal	.cou	lidis								
. ,	[]Cance	ellati	on						1						
						INFO	RMATION								
Name of Facility When		ent is	Takin	ng Place (3	3)			13	Type of Facil	ity (4)					
George Calcoul	lais								[]School		o= +h	1	r_10	1	
Street Address								11		ter 8 (Oth					1
								11	buildings,	homes, et	c.)				
City (5)		6-		(6)	lo e		Codo (7)	5	Square Feet	# of Flo	ors	Bld	g. I	Age	
Montclair			unty ssex		1000000	200 mg (700 mg	Code (7) USE ONLY)	1							
23021002022		1	00021					1	Current Use (Prior ir De	eing	1emo	olis	nea)	,
Name of Monitoring F:	irm hired	by Bu	ilding	ASCM No.		Nam	e of Abate	me	ent Contracto	r (9)	- 17.5		7100		
Owner (8) N/A						A	ZTECH M	ſΑ	NAGEMENT	, Inc.					
Street Address						Str	eet Addres	s							
						8	6 Chris	st	opher St						
City, State, Zip Code	9					Cit	y, State,	Zi	p Code						
						M	ontclai	r	, NJ 070	42					
Project Manager for N	Monitoring	J Firm	Tel	Lephone Num	ber	Tel	ephone Num	be	er		Licen	se l	Numb	er	
			N/	'A		(973) 744	<u> </u>	0088		003	371	_		
Scheduled Start Date	(10)	ched.	Compl	letion Date	(11)	Name	e of OSHA 1	Мо	nitor						
10- 20- 1	.7	10	- 2	27- 17		N/	A								
Month Day Ye Occupancy Status Duri		Mont		only one)	r	Str	eet Addres	9							
[X] Facility Clos	ed/Vacate				d		ccc maarco.	~							
of Abatement []Abatement Per		tside	of No	rmal Facil:	ity	Cita	y, State,	Zi	p Code						
Hours - Descr	ibe: «OffH	ours I	Descri	pt»			1,,	200							
[]other - Descr				Descript»											
Scope of Work (Check	all that	аррту	')				[X]Full	Co	ontainment wi	th Negative	e Pre	ssu	ce		
[X]≥3 sf or				X]Renovatio			[]Mini-								
[]≥160 sf o	r ≥260 lf		l]Demolitic	on				oag Procedure Lable Procedu	re					
			т.	Is ocation							I	bat	eme	nt T	ype
Location Asbestos-Cont				ormally Used			Descriptions Destos-Cont		105/5/97m=50	Amount		R	R	N	E
Material (ACM)			Solely			Material ((AC	CM)	(Specify	У	E M	E	C A	C L
TO BE ABA			Cu	intenance/ stodial			., thermal tion, surfa			SF or LF)		0	A	PS	0
In Facili (13)	. cy		Yes	aff (12) No N/A	_		ther miscel		150 CO 100 CO 10	22.7		A L	R	T L	UR
m:				003000 00000000000000000000000000000000		1 6	Floor	h	a a mad a	800SF	· x	+	-	-	E
First Floor				X							×	-	-		-
First Floor				X	-		nsulati	_		16LF	28				-
Basement	ata Hawle		b. 7. 7	X DEP Waste	-	bic N	nsulati		Name of Regis	45LF		•	-		_
Name of Registered Wa AZTECH MANAGE			На	uler ID No	1 33		te 9.0		Minerva			e :	INC	:	
City, State			1	7040	D:	ences	al Date		City, State						
Montclair, NJ	07042						30/17		Waynesb	urg, Oh	io	14	688		
								1							
Completed By (Print o		Title					Signature	1	1	1/	Dat	The state of	1000	7	
Constantine Vi	vian	Pre	side	nt			10	1	sontin li	Ihr	10	/20	/201	1	

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

NIOCK		.,	(Pı	ırsuan	t to NJA	C 8:6	60 and 5:16	3)	free stone	the feets	en to	PE MANUA	herade memorates
Date of Notification (1)				Name	of Building	Own	er/Operator (2	2)		(C) (C)	1 7		E
10 /	20 /	17						710-5228 Chec	k# 🖔 🦯	OT O	1 70	7	- Francisco
Agencies Notified	Type Notificati			Street	Address		4 00000				1 /11	-	10
⊠ EPA	☐ Initial	1011			Montgor	nerv	Street		The second				5
⊠ DOLWD					tate, Zip C				All modernment	PODLETON PORTON TO A DES			
☐ DHSS	Amendmer				sey Clty,								
□ DCA	☐ Emergency justification		g		of Contact				Telephone Nu	mber			
(NJAC 5:23-8)	☐ Cancellation	5.0			rlie Pars			1					
				FAC	CILITY IN	FOR	MATION				-		
Name of Facility Where A	shatement is Ta	king Plac	e (3)					Type of Facility (4	4)				200
National Guard Arn								☐ School (K-12)		.00			
Street Address								☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-	(2) ercial bu	ildina	5.	
678 Montgomery St	treet							homes, etc.)	valo and comm			et	
City (5)								Square Feet	# of Floors	Blo	lg. Ag	е	
Jersey City, NJ													
County (6)				Coun	ty Code (7	(STAT	E USE ONLY)	Current Use (Price	or if being demo	lished)			
Hudson								Armory					
Name of Monitoring Firm	Hired by Buildin	ng Owner	(8)	ASCM	No.	Nam	e of Abateme	ent Contractor (9)					
Whitman Companie	es					Al	oateTech, li	nc.					
Street Address							et Address						
7 Pleasant Valley R	oad							e. PO Box 25					
City, State, Zip Code						100000000000000000000000000000000000000	State, Zip Co						
Cranbury, NJ 08512	2						ımberton, N	NJ 08048					
Project Manager for Mon	itoring Firm		1,000,000,000	ephone I		1 1 1 1 1 1	phone No.		License No.				
Kevin Lovely					0=5858	-	9-265-2107	f	00529				
Start Date (10) 10 / 23 /	100000	heduled		etion Da			e of OSHA M						
						/	et Address						
Occupancy Status During Facility Closed/Vacate				ment		550000	00 Route 13	0 North					
☐ Abatement Performed	Outside of Nor	mal Facili	ty Hou	rs - Des	cribe	1000	State, Zip Co						
Time of Abatement:	AM	_PM/	PM		AM			n, NJ 08077					
Scope of Work (Check al	I that apply)						15000	20 00 000000000	M60 VXX 8.19.000-00				
		-					☐ Full Con ☐ Mini-End	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Z R	enovat emoliti	ion on			☐ Gloveba	g Procedure					
1 2 100 31 01 2200 II							Non-Exe Non-Exe	empted (*) and Nor	n-Friable Proce				
			s Loca				1207 No. 02477527			Ab	_	ent Ty	
Location		Us	Norma ed So		Asho	etne (Description of Containing Ma		Amount	Ren	Repair	Enc	Enclosure
Asbestos-Containing TO BE ABA		I IV	ainten		(i.e	., the	mal systems	insulation,	(Specify	Removal	air	aps	losu
IN Facil	ity	Cu	stodiai (12	Staff?			urfacing, VAT er miscellane		SF or LF)	1 =		Encapsulate	е
(13)		Yes	1	T		Ott	ici iiiloooliaric	,000				w	
Latrine H					Pipe In	sulat	ion		10 LF				
(3) Pipe Chase Locat	tions				Debris	clear	n Up		45 SF				
Latrine H				П	Fire Do	ors			8 total				
Latino													
Name of Registered Was	ste Hauler			NJDEP	Waste		ic Yards of	Name of Regis			•		
AbateTech, Inc.				Hauler I		Was		G.R.O.W.S	. Landfill				
City, State				1875	U		oosal Date	City, State					
Lumberton, NJ						1	0/26/17	Tullytown,	PA				
Completed By (Print or T	vne)	Title			_		Signature	^		Date	1-	;	
Gwendolyn Trumb			tions	Coord	linator		/ N	WYS		10	120	11	7

ASB-41 MAY 11

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

NOTIFICATION OF ASBESTOS ABATEMENT	
(Pursuant to NJAC 8:60 and 5:16)	rid.

CC# C	764	5	NO					8:60 and 5:		6	uid	L	•			
Date of Notification (1)	20 /	1	7					Owner/Operator			740 5004					
Agencies Notified EPA	Type Notif				Stre	et Address		Johnson Hos) #1	1710-5231 E		Chec	k #9	645	
☑ DOLWD ☑ DHSS ☐ DCA	Amend Amend	ment		- ng	N		wic	de k, NJ 08901			OCT 2	24	201	1	Section 2	
(NJAC 5:23-8)	justifica			.N 0:	10000	ne of Contac risten Bell				SV	Telephone	Numb	oer			
								DRMATION		_						
Name of Facility Where A	batement is	Takir	ng Plac	e (3)	- Г/	ACILITY II	VI-C	DRIVIATION	Type of Facility	, (A)						
Robert Wood Johns			.900	0 (0)					School (K-1		lo.					
Street Address	•								☐ Subchapter	8 (Other than	K-12)				
One Robert Wood J	ohnson P	lace							Other (i.e., phomes, etc.		ate and con	nmer	cial b	uildin	gs,	
City (5)									Square Feet	Ī	# of Floors		В	dg. A	ge	
New Brunswick																
County (6) Middlesex					Cou	inty Code (7	(S7	TATE USE ONLY)	Current Use (P	rior	if being der	molisi	hed)			
	tion of the D	9.11		(0)					Hospital							
Name of Monitoring Firm F Omega Environment		ilaing	Owner	(8)	ASCN	1 No.	1		ent Contractor (9)						
Street Address	ıaı						-	AbateTech, I	nc.							
280 Huylar Street							1	treet Address	DO Pay 25							
City, State, Zip Code							-	30 Maple Ave	The state of the s	_						
South Hackensack, I	NJ 07606							Lumberton, N								
Project Manager for Monito				Te	ephone	No.	_	elephone No.	10 00040	Т	License No	`				
Geiser Fajardo	15 3			Section 2		9-8700		609-265-2107			00529					
Start Date (10)		Sched	duled C	ompl	etion Da	ate (11)		ame of OSHA M					_	-		
10 /30 / _						17	ı	EMSL Analyti	cal							
Occupancy Status During A					-30-1		Str	reet Address								
Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ement	70	2	200 Route 13	0 North							
Abatement Performed C Time of Abatement:	otside of N AM-	lormal Pi	Facility	/ Hou	irs - Des	scribe AM		ty, State, Zip Co								
						-7141	(Cinnaminson	, NJ 08077							
Scope of Work (Check all the state of Work) Check all the state of ≥3 sf or ≥3 sf or ≥160 sf or ≥260 sf	nat apply)		⊠ Re	nova moliti				☐ Mini-Encl	ainment with Neo osure Procedure npted (*) and No							
			Is	Loca	tion				7				10000	atem	ent T	vne
Location of				lorma	ally ely by			Description of								
Asbestos-Containing Ma TO BE ABATE		1)	Mai	ntena	ance/			Containing Mat ermal systems in			Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust	odial (12)	Staff?	(5	surfacing, VAT,	or		SF or LF)		oval	=	psul	Sur
(13)			Yes	No	N/A	1	ot	her miscellaned	ous)						ate	w
1st Floor Emergency Ro	om					2X layer	flo	or tile & mas	tic		3,000 SF			П	П	П
		2									•				П	
										_						
										_						
Name of Registered Waste	Hauler				JDEP \	Vaste	Cub	oic Yards of	Name of Regis	tere	d I andfill		Ц		ш	_
AbateTech, Inc.				13 (015%)	lauler ID	No.	Wa	ste	G.R.O.W.S.							
City, State				_	18750		Dist	osal Date	City, State	(V) [8]						
Lumberton, NJ							0.00	1/10/17	Tullytown,	PA	v?					
Completed By (Print or Type)	Title					- 150	Signature	, , , , , , , , ,	5000	T	Date				
Gwendolyn Trumbetti	BX .	200	eratio	ons (Coordi	nator			11 1				01,	mi	17	
SB-41									VV				- 6	!	1 1	

	SBESTOS ABATEMENT (50-7 and 12:120-7) IDECEIVED
DOO 19191/12171/171 Buckey	e Partners 14 Poct 24 2017
Notification [X]DOL [X]DOL [X]DOH [X]DOH	Amboy, NJ 08861 Collinsworth 318-465-3870
Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Buckeye Partners Perth Amboy Street Address 380 Maurer Rd	[]School (K-12) []Subchapter 8 (Other than K-12) [[]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age
Perth Amboy Middle Sex (STA	ty Code (7) ZE USE ONLY) Current Use (Prior if being demolished)
Owner (8)	Name of Abatement Contractor (9). Advanced Specialty Contractors
Street Address	Sureet Address .
City, State, Zip Code	2400 Main Street Ext. Suit 10 City, State, Zip Code
Project Manager for Monitoring Firm Telephone Number	Sayreville, NJ 08872 Celephone Number License Number
	732 525 0700 00750 ame of OSHA Monitor
/ O A / T T O T / Day / Year Occupency Status During Abatement (Check only one) S	Tiger Environmental
[]Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility Hours - Describe:	234 20th Ave ity, State, Zip Code Brick NJ, 08724
Scope of Work (Check all that apply) []Demolition []Xaenovation []X3 sf or >3 lf [/) >160 sf or >260 lf	[]Full Containment with Negative Pressure [x]Mini-Enclosure [x]Glovebag Procedure []Non-Friable Procedure
i	· Abatement Type
TO BE ABATED by Main- (i.e in Facility tenance/ insul	Description of bestos-Containing
1 1 0 1	Pe Insulation 180 X
	Pe INSUlATION 80 X
Clean up X	5 51100 1111000
Name of Registered Waste Hauler NJDEP Waste Cubi	C Yards Name of Registered Landfill
Free hold Cartage Hauler ID No. of W	90 Egirless Landfill
City, State Disp	osal Date City, State
Freehold NJ Completed By (Print or Type) Title	15ignature Morrisville PA 19067
Kurt Nale Branch Manager	Signature Signature
ASB-41 JUN 95	

MK# 1186 PAID		NOTIF (F	CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE	MENT 0)		E (BEI		E		This can be seen as a second
Date of Notification (1) 10-13-17				f Building an Realt			(2)	And the second s	00	T 2 4	2017	į		er treasmosaine.
Agencies Notified Type Notification	7		Street A	ddress ambers	St.							The same of the sa		
DEP Amended Amendment		_		ate, Zip Co eton, NJ		2		L		ros co ICENSI	NTAC NG) <u>l.</u> &	no emergina	n n n n n n n n n n n n n n n n n n n
Emergency (justification) DCA Emergency (justification) Cancellation	including	Ì		f Contact rd Roser	n					ephone No 73) 921-				
			FACI	LITY INFO	ORMAT	ION		****				_		
Name of Facility Where Abatement is Taking Apartment Buildings	g Place (3)					parent	f Facility (4						
Street Address								chool (K-12 ubchapter (er than K.	12)			
36 Stevens Ave.& 1059,1067, 1075	5, 1083	,1091	, 1099,	1103 P	ompto	n Ave	0	ther (i.e. pr c.)				dings	, home	es,
City (5) Cedar Grove							Square	Feet	# 01	Floors	E	Bldg. /	Age	
County (6) Essex				Code (7) USE ONLY)		Curren	t Use (Prio	r if bei	ng demolis	shed)	******		
Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCN	/I No.	S. Santa			ment Contracting LL		(9)				
Street Address						Street	Address 7th St.						-	
City, State, Zip Code		City, S	State, Zip											
Project Manager for Monitoring Firm			Telepho	no No		1	n City I	NJ 07087		License	Ma			
3-7000 C C C C C C C C C C C C C C C C C C						201	216-96	03		01206	INO.			
Start Date (10) 10-23-17	Schedul 11-04-		mpletion I	Date (11)				A Monitor acting LL	.C					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F		10/00/00	mont				Address 7th St.	0						
Abatement Performed Outside of Norm Other – Describe: 7:00am - 5:00pm	al Facility	/ Hour	S	N.	-	10000	state, Zip	Code NJ 07087	7					
Scope of Work (Check All That Apply)						1	,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				-	Mini- Glov	Containme Enclosure ebag Proce Exempted	edure				re	
		Locat											emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole intena todial ((12)	ely by ince/ Staff?	Asbes (i.e.	tos Con therma surfa	escription taining N I system icing, VA miscellar	/laterial (s insulati T, or	ACM) on,	(8	mount specify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								=		ate	e,
Basements		х			Pipe	Insula	ition		6,2	00 LF	Х			
	-									+	-	-	\vdash	
	-		-								+		-	\vdash
Name of Registered Waste Hauler		I	JUEP W	/aste	Cubic	Yards		Name of R	egiste	red Landf	ill	<u></u>		
Delfa Contracting LLC		F	dauler ID 3524			20		Tullytow	n Re			ery I	acili	ty
City, State Union City, NJ						sal Date -08-17		City, State Tullytow						
Completed by Jaime Delgado	Title Proj.	Mana	ager.			Signature	10				ate 0-13-	17		

ASB-41 (R-06-08) ATTA: MAYA.



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

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111. b	11	Xin	-
(ROP 16	of many	·× //	-

Data of Natification				1110 12.120		60		C 9	4.5	7								
Date of Notification	Name of Building Owner / Operator (2) BRISTOL MYERS SQUIBB, INC.																	
$\frac{10}{23}$	/17					QUIBB, INC)											
Amenaira Natifia I	/			Street Address														
Agencies Notified		Notification		ONE SQ	UIBB DRIV	E												
EPA	V	Initial			te, Zip Cod													
DEP		Amended		NEW BR	NEW BRUNSWICK, NJ 08903													
☑ DOH	1	Amendment	#	Name of	Contact			Talanta	Mar	mher								
☑ DOL		Emergency v	v/ justification	PHIL DE	SPIRITO						97 17 304 mmg anna							
		Cancellation								Ling								
			F	ACILITY	NFORMAT	ION		117	-		719	4 (1) 1) 1)						
					0	.0		iln	00	TO	1701	7						
Name of Facility Wh	ere Abater	ment is Taking	Place (3)		Type of F	acility (4)		1 7 71	UL	166	5 Z 11 9	1 11111						
BRISTOL MYERS SO	QUIBB	9	1 1400 (0)		l'ype oi i	active (4)		111		(*)		191						
					lπ	School (F	(12)		F			2.00						
Street Address					- -			1000,000	Table Processing		Commence of the last	1						
ONE SQUIBB DRIVE						Other	ter 8 (Other t	nan K-12)										
						Other (i.e	., private & d	mmercial										
City (5) County (6) County Code (10 -		omes, etc.)											
NEW BRUNSWICK	MIDDLES		County Code	(7)	Square F		# Of Floors		Build	ling Age	1							
THE PROMOTION	IVIIDDELES	LX				2,000] 3		1									
							being demo	olished)			80							
						TORY/RESE	EARCH		_									
Name of Monitoring	Firm Hired	by Bldg. Own	er (8)	ASCM NO) \													
					1													
ENVIRONMENTAL HEA	LTH INVES	TIGATIONS, INC.		0104	NORTHS	TAR CONTI	RACTING GF	ROUP, INC	10									
Street Address					Street Ad													
655 WEST SHORE T	RAIL																	
City, State, Zip Code					32 William	ns Parkway												
SPARTA, NJ 07871						e, Zip Code												
Project Mngr. For Mo	nitoring F	irm	Telephone Nu	mber	— str., state, zip sode													
WILLIAM KERBEL			973-729-5649		East Hanover, NJ 07936													
Sheduled Start Date	(10)	Sched, Comp	letetion Date (1	1)		e Number		License I	M									
					relepitori	e Mullipel		License	vumbe	er								
					073.8	84-8682		l		00000								
Occupancy Status Di	uring Abat	amont (Chack	Only 1)							00860								
Occupancy Status During Abatement (Check Only 1) Facility Closed/Vacated During Entire Period of						OSHA Moni												
Abatement						CONTRACTOR OF THE PARTY OF THE	RACTING GR	OUP, INC	5									
	77				Street Ad	dress												
Hours - De		ed Outside of N	ormal Facility									l l						
		7.00 444.0 00			32 Williams Parkway													
Other - De	scribe:	7:00 AM-3:30 I	<u>N</u>			e, Zip Code												
0 (111) (0)					East Hand	ver, NJ 079	36											
Scope of Work (Chec	k All That	Apply)																
		_																
Demolition		~	Renovation		Full Conta	ainment wit	h Negative F	ressure										
≥3sf or ≥3					Mini - Enclosure													
≥160 sf or	≥260 If			1		Procedure												
				1	Non-Exen	npted (*) an	d Non-Friab	Ion-Friable Procedure										
Location of		ls	10.1	Descript				Abatemer	nt Type	2	10							
Asbestos Conta	ining	Location	Asl	bestos - C	ontaining			R		E	E	<u> </u>						
1202000 000 000		Normally		Material	(ACM)		Amount	E	R	N	1	V						
TO BE ABATE	<u>ED</u>	Used	(1.∈	e., thermal	systems		(Specify	M	E	C								
in Facility		Solely	insul	ation, surf	facing, VA7	Γ,	SF or LF)	0	Р	Α	L							
(13)		by Main-	or o	ther misc	ellaneous)			V	A	P		5						
		tenance/						Α	1	s	S							
		Custodial						L	R	lu	l							
		Staff (12)							2.50	L		3						
		YES NO N/A								+	+	·						
B 101, 2ND FLOOR			TABLE SEALAN	NT.			15 SF	7		-	7							
B 101, BASEMENT			PIPE INSULATI	The state of the s			16 LF			-	= +							
3 101		The second second second	WINDOW GLAZ				300 EA	7	닏		┽┼							
3 101		The state of the s	ROOF FLASHIN					V			4							
Name of Registered V	Vacto Hau		NJDEP Waste		N		8,650 SF	1										
NORTHSTAR CONTR						egistered l												
NORTHSTAR CONTR	ACTING G	ROUP INC	Hauler ID No.		WASTE M.	ANAGEME	NT - FAIRLES	SS HILL LA	NDFIL	L.		- 1						
Titu Ctata				of Waste														
City, State					City. State													
EAST HANOVER, NJ			ļ!	Date	MORRISV	LLE, PA						- 1						
2						11		1										
Completed by (Print o	r Type)		Title			Signature		14.	9	Date								
21 21'1		1				VIO:	rex S	11.1	1									
Steve Stiles		1	Project Manager	•		sie		July .	Ballion	1	10/23	3/17						

Location of Asbestos Containing			Is		Description of		Abatem	ent Type	Total Control	
TO BE ABATED in Facility (13) So by M tena Cust Staff		Location Normally Used Solely by Maintenance/ Custodial Staff (12)			Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U	ENCLOSUR
	YE	91	NO	N/A					-	11.
B 101 - EXTERIOR		L	7		FAÇADE CAULK	2,315 LF	V			
	14	L	4	Ц						Ī
		T	4	Ц						
		IL								
	14	L	_	Ц						1 7
		L	J	⊔_				1 1		





STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NJAC 8:60-7 AND 12:120-7

0 000				ANNU	JAL NOTIF	ICATION		CA	eci	L	44	3	1 EX			
Date of Notification			Building C		erator (2)	-		ACT 9	A 78	17						
/	/				Street A					113	to the E ANE	TAN	4 P 31 1 1			
Agencies Notifie						HILL PLAZA				-1.1			L			
EP.		Initia				te, Zip Cod				- /	and the same of th	TOTAL STREET, PROPERTY AND	***************************************			
DO DO			nded	# 2		RIVER, NY 1	10965		1		Market Market State of the Stat	AND REAL PROPERTY.	are described to the server			
	527		ndment			Contact		_	- T-1- '							
	1 1		cellation	w/ justification	JOHN HA	AGGARTY										
		Odili	chation	THE RESERVE TO BE SHOULD SEE THE PERSON OF T	ACILITYII	UEODMATI	ON		_							
				-	ACILITY	NFORMATIO	JN									
Name of Facility	Where Abate	ment is	Taking	Place (3)		Type of E	acility (4)									
MONTVALE SWIT	TCH HOUSE		, running	1 1400 (5)		Type of F	actiffy (4)									
							School (H	(-12)								
Street Address						1 7	253	ter 8 (Other	r than K-1	2)						
131 N. KINDERKI	MACK ROAD							., private &			155					
						omes, etc.)										
City (5) County (6)			County Code	(7)	Square Fe		# Of Floo		Buil	lding Age	į.					
MONTVALE	ONTVALE BERGEN					6	000		1		-	40+				
						Current U	se (Prior it	being den	nolished)	7						
						EXTERIO	R	5558								
Name of Monitor	ing Firm Hire	d by BI	dg. Owi	ner (8)	ASCM NO	NO Name of Abatement Contractor (9)										
014504 511/100																
OMEGA ENVIRO	MENTAL							RACTING C	GROUP, IN	VC.						
Street Address 280 HUYLER STR	CCT					Street Address										
						4	28 10									
City, State, Zip Co						32 Williams Parkway										
SO HACKENSACI				T= 1		City, State, Zip Code										
Project Mngr. For Monitoring Firm Telephone Numbe BARRY S 201-489-8700						East Hanover, NJ 07936										
Sheduled Start D	ata (10)	Ischo	d Com	201-489-8700	4\			35	11 1	N						
					/	Telephone	e Number		License	Numb	er					
	-/	-		//		973.77	72-3660				00860					
Occupancy Statu	s During Aba	tement	(Check	Only 1)			SHA Moni	tor			00000					
☐ Facility	Closed/Vaca	ated Du	ırina En	tire Period of				RACTING G	ROUP IN	VC.						
Abaten			3			Street Add		01011110	, 11001	10.						
Abaten	nent Perform	ed Out	side of I	Normal Facility		32 William	200									
Hours	- Describe: _						5000 1500 1500 150 150 2 00									
✓ Other -	Describe: _	7:00	AM-3:30	PM		City, State	, Zip Code									
						East Hano	ver, NJ 079	36								
Scope of Work (C	heck All That	Apply)							F 50 15115						
Demoli			✓	Renovation				th Negative	Negative Pressure							
≥3sf or						Mini - Enclosure Glovebag Procedure										
≥160 st	or ≥260 If					_										
					7	Non-Exem	ipted (*) an	d Non-Fria	ble Proce	rocedure						
Location	n of	T	Is	T	Descript	ion of			Abatama	of Tue						
Asbestos Co		Lo	cation	As	bestos - C				Abateme R	I	lE	ľΕ				
Material (2,000000	rmally	1	Material			Amount	E	R	N	N				
TO BE AB		1	Ised	(L	e., thermal	50 (5)		(Specify	М	E	C	C				
in Faci	lity	S	olely			facing, VAT		SF or LF)	0	P	A	L				
(13)		by	Main-			ellaneous)			V	A	P	0				
		ten	ance/			•			Α	1	S	S				
		100,000,000	stodial						L	R	U	U				
		Sta	ff (12)								L	R				
		YES	NO N/A													
EXTERIOR			1	TRANSITE				1500 SF	V							
Name of Register	ed Waste Hau	ler		NJDEP Waste		Name of R										
ATC					Yards	110 SAND	COMPANY									
C:L - C/ :					of Waste											
City, State					Disposal	City. State										
SHIRLEY, NY					Date	MELVILLE,	NY									
Completed by (Pri	nt or Tunol			Title		L	C:				15.1					
completed by (PII	in or Type)			little		1	Signature	010	0		Date		- 1			
PAUL MAST VICE PRESIDEN					NT		8001	0 M	lon-	1-		10)/23/17			



State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

	lWl	W.E.
T 2 4	2017.	With Contraction

D&S Proj. #: 17-290		(Pursu	ant to NJAC	C 8:60 a	and 12:120)	113	1070 .	Bito	40	Constitution of the last of th				
CV#7157)CT 2 4	411	i .	Checker and Control of				
Date of Notification (1)	Name o	of Building Own	er/Operator (2))		Fir				Same?				
1 0 /1 8 /1 7	rosal	oranco				matching and property	THE RESERVE OF THE PROPERTY OF THE PROPERTY OF	Charles war	TOTAL SECTION					
Agencies Notified Type Notificati	on Street A	Address												
☐ EPA ☐ Initial ☐ Amended														
DEP Amendment #:	City, St	City, State, Zip Code												
DOL Emergency		beth, NJ 072	206											
DOH (including		f Contact	200			Telephone	Number			-	-			
justification)		o • Groed and the Hour				1								
Cancellation	rosa	branco						-						
N	. tal. i.a. alaaa (2)		ILITY INFORM	MATION		Type of Facility (4	1)		_					
Name of facility where abatement is	s taking place (3)				1		(K - 12)							
rosa branco							apter 8 (Other			12)				
Street Address							Private/Com Homes, etc.		cial					
							# of Floors	Т	Bld	g. Ag	e			
City (5)	County (6)			Count	ty Code (7)			_						
				(State	use only)	Current Use (Pr	ior if being o	demo	lishe	d)				
elizabeth Name of Monitoring Firm Hired by E	union		ASCM No.		Name of Abatement	Contractor (9)								
Name of Monitoring Fifth miled by t	olug. Owner (b)		ASCIVI NO.		D & S RESTOR									
Circuit Address		<u> </u>	Street Address	ATION, INC.			_							
Street Address					20 California A	VA								
City, State, Zip Code					ity, State, Zip Code	vc.				-11				
City, State, Zip Code					Paterson, NJ 07	1503								
Project Manager for Monitoring Firm Pho			ner		Telephone Number License Number									
1 Toject Manager for Monitoring 1 min		Phone Numb	, , ,		973-345-8020	01169								
	ICabad Cam	platian Data (1	1)	<u> </u>	Name of OSHA Mon	itor								
Start Date (10)	Sched, Com	pletion Date (1	1)		D & S Restorati	ion, Inc.								
10/19/17	10/31/17				Street Address									
Occupancy Status During Abatemen				11	20 California Avenue									
Facility closed/vacated during					City, State, Zip Code									
Abatement performed outside Describe:		nours-												
Other-Describe: NORMAL H	OURS			-	Paterson, NJ 07			_						
Scope of Work (check all that apply	()					Full Containment w	/negative p	ressu	ıre					
\boxtimes >3 sf or >3 lf	Renovation				H	Mini-enclosure Glovebag procedur	-0							
≥160 sf or ≥260 lf	Demolition				Ä	Non-Exempted (*)		able	proce	dure	ÿ			
Location of	Is location norn		у					R e	R	E	E			
asbestos-containing	by maintenance staff(12)	e/custodial	100000000000000000000000000000000000000		bestos-containing	Amount		m	e p	n	n			
material (acm) to be abated in facility (13)			material	(ACM)		(Specify S LF)		0 V	a :	а	L			
abates in lability (19)	Yes N	lo N/A					- 1	e	r	р				
basement		X	PIPE INSU	ULATIO	ON	44 l ft		X						
]	-1000-000										
Registered Waste Hauler	NJDEP Ha		Cubic Yards of	Waste	Name of Registered	Landfill	COVEDA	,						
D & S RESTORATION, INC.	13506	Disposal	1 yd			RESOURCE RE	COVERY		-	-				
City, State PATERSON, NJ 07503		10/20/			City, State TULLYTOWN	. PA								
Completed by (Print or Type)	Title		Signature		1000110111	, - * *	Date							
BOGDAN JOLDZIC	PRESIDENT						10/18/1	7						

State of New Jersey

OK#1035	1		CATION	OF ASBI	STOS	ABATE		T	EC	de l	W				
Date of Notification (1)			Name of Building Owner/Operator (2) Carole Steel OCT 2 4 2017												
10/19/17 Agencies Notified Type Notification			Street A					The second secon				-1	7)	4	
		Street A	aaress				B	-					9.		
EPA Initial Amended DEP Amended Mended Amendment	#		City, State, Zip Code Wyckoff NJ-07481												
Emergency				Contact					Tel	ephone N	lumher				
DOH justification) Cancellation		Carole													
Name of Facility Where Abatement is Takir	a Place (S		FACI	LITY INFO	RMAT	ION	T.	oe of Facility	(4)					-	
Steel's Residence	ig Flace (3)					l i yi	School (K-							
Street Address			Subchapter 8 (Other than K-12 Other (i.e. private & commerci etc.)												
City (5) Wyckoff NJ-07481							uare Feet	# of	f Floors		Bldg	. Ag	je		
County (6) Bergen		County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building							Le of Abatement Contractor (9) D Property Maintenance LLC								
Street Address					t Address Van Riper Ave										
City, State, Zip Code							City, State, Zip Code Clifton NJ 07011								
Project Manager for Monitoring Firm	ne No.		Teleph 201-		No. -9008		License 01336	No.							
Start Date (10) 11/10/17	ompletion Date (11) Name					SHA Monitor									
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Add	ress							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:						City, S	State,	Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		Locati	ation									Abatement Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normali ed Sole iintenar todial S (12)	ly by nce/	os Con therma surfa	escription taining N I system icing, VA miscellar	Mater s ins	r	Amount (Specify SF or LF)			- Coorn	Ť	Encapsulate	Enclosure		
	Yes	No	N/A	C2										е	
Basement	-	X			Pipe	insula	ation	1	38	3 lin ft	2	2	+		
					-						-	+	-		
			-								-	+	+		
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Land	fill				
TBD		Н	auler ID BD		of Wa			B	le serve	mpany					
City, State		•			Dispo	sal Date	2	City, Sta Melville		1747					
Completed by Darko Raloski	nager		Signature Date 10/19					9/17							