CK# 1137]	PAI	NOTIF	FICATIO	tate of N N OF AS t to NJA0	BESTOS	ABATE	MENT		To come the state of	- Adams	G			W
Date of Notification (1)				of Building		Operator	(2)		74	INT	Towns Academ	Large and Levy	O FT - MEMBER	CALL MARCH LAN
10/22/2018				Spelke	r				APRIL APRIL 19	And the second	OCT	.)	1 20	າາດ
Agencies Notified Type Notification			Street A	Address					-		- 001		+ - 21	118
EPA Initial DEP Amended		-	City Ct	eta Zin C	No al a				A. A	£	100-110 House			
DOL Amendment				ate, Zip C son, NJ					4	AS	BEST	OS C CENT	ONT	HOL
Emergency justification)		_		of Contact					Tol	ephone Nu	Albert Baran	and the state of t	Anna Cal	ma arangos.
DCA Cancellation			Scott		×				l lei	eonone M	umber			
Name of Facility Wiles All 1			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Takin Private home	g Place (3)					Type of	acility (4))					
Street Address							Sch	ool (K-12)					
- And							Sub Sub	chapter 8 er (i.e. pri	(Oth	er than K-	12) cial bui	ldinas	hom	20
City (5)							etc.)						cs,
Madison							Square F	eet	# of	Floors	1	Bldg. /	Age	
County (6)	- 27		County	Code (7)			Current I	Ico (Drior	if hai	ng demolis	-14)			
Morris			(STATE	USE ONLY	n		Current	ose (Prior	ii bei	ng aemolis	snea)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name	of Abatem	ent Contr	actor	(9)				
								fety LLC		(0)				
Street Address							Address						BY (
City Chata 7: 0						8 Cro	osby Av	Э						
City, State, Zip Code						133	ate, Zip C							
Project Manager for Monitoring Firm			T-11				rson, No	07502						
reject manager for Morntoning Fifth			Telepho	ne No.		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	one No.			License 1	No.			
Start Date (10)	Schedule	d Cor	nnletion	Date (11)			400-871 of OSHA I			01332				
10/31/2018	11/02/2			Date (11)		(q	JI OSHA I	vionitor						
Occupancy Status During Abatement (Chec						1 - 1	Address		4107					
Facility Closed/Vacated During Entire F	Period of A	baten	nent			000(7	1000							
Abatement Performed Outside of Norm Other – Describe: Normal hours	al Facility	Hours	3			City, St	ate, Zip C	ode						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				×	Mini-Er Gloveb	nclosure ag Proced	dure	Negative I			0	
	ls l	ocati	on				1,011 =	ionipiou () aric	THOTI-THAI	JIE F 10	7000	ement	
Location of		ormal			Des	scription o	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	Sole	nce/	Asbes	tos Cont	aining Ma	aterial (AC	(M)		nount			ш	_
In Facility	Custo	dial S (12)	Staff?	(1.6.	surfac	systems cing, VAT	insulation , or	,		pecify or LF)	Remova	Re	Encapsulate	Enclosure
(13)		(12)			other n	niscellane	eous)			/	lova	Repair	sula	osur
	Yes	No	N/A								-		ate	Œ.
Garage			х	Ins	ulation	on ceili	ing duct	8 1	50	SF	х		x	
											1			
											+			
									- 22		+-			-
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic '	Yards	l Na	me of Re	aieter	ed Landfill				
Removal Safety LLC			auler ID		of Was		1	ROWS			<u> </u>			
City, State		100	037007		1 Dienos	al Deta			INUIT					
Paterson, NJ					TBD	al Date		y, State Iorrisville	0 0	^				
Completed by	Title					ignature		UIIIVOIIIU	e, r/		nto			
Lasko Veskov	Presid	lent			S	ter Con	· Vo.	los		77.0	ate 0/22/:	2018		

									Firemon				P	int E
JC 1745	PAI	NOTIF (F	FICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MEN 0)	т		E C			\mathbb{V}	
Date of Notification (1) 10/22/18				of Building		Operato	r (2)	V		OC	T 2	4 2	018	TWO STATES
Agencies Notified Type Notification	n			Address					and the same of th	L.	ede inn naheern	*************	erens was	-
EPA Initial Amended			City St	ate, Zip C	ada				-	ASBES	TOS (LICEN	SING	FROL	. &
□ DOL Amendmen				nus, NJ					t-understage des	Not to the last of the property forms.	etmangrum, tjuri ja rel		PROBLEM STATE	uto#deurinu
DOH Emergency justification	1)	3		of Contact					Tel	ephone Nu	ımber	:		
DCA Cancellation	n		7.00 CO	ony Morr	0.00000	ON			-			`		
Name of Facility Where Abatement is Tak	ing Place ((3)	170		ORMATI	ON	Тур	e of Facility	(4)					
Residential Home Street Address								School (K-						
Sifeet Address							K	Subchapte Other (i.e.	r 8 (Oth private 8	er than K- & commer	12) cial bui	ldings	, hom	es,
City (5)	Table - Sand							etc.) Jare Feet	# of	f Floors	T E	3ldg. A	Age	
Paramus							21	00	1		(30 +/		
County (6) Bergen				Code (7) USE ONLY				rent Use (Pri		ng demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.		Name		patement Co		(9)	-			
Project Manager						0.002000	-	es Abatem	ent					
Street Address						Street 280		ess Iidland Av	6					
City, State, Zip Code								Zip Code	· · ·				-CAHI-ARIA	
						Sade	dle E	Brook, NJ (07663					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 201-		No. -3184		License I	Vo.	17		
Start Date (10) 10/26/18	Schedul 10/30/		mpletion	Date (11)		Alleren C	17212257	SHA Monitor		01000				
Occupancy Status During Abatement (Che	ck Only O	ne)				Street	Addr	ess						70-1
× Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facility	Abater y Hour	nent s			City, S	itate,	Zip Code						
Scope of Work (Check All That Apply)									- 952-555-		14.32.00		7	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli				×	M G	ull Containm lini-Enclosure llovebag Pro- on-Exempte	e cedure	7/100 250			e	
	Is	Locat	ion						_ (/	7,101111110		Abate	ement	007.1111
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Ashas		cription		al (ACM)			-	1 1	ре	
TO BE ABATED In Facility		intena todial S			thermal	systems	s insu		(S	mount pecify	Re	Z.	Encapsulate	Enc
(13)		(12)				ing, VA niscellar)	SF	or LF)	Remova	Repair	ıpsul	Enclosure
	Yes	No	N/A		,						=		ate	0
Home Exterior	Home Exterior						ding		1,0	21 SF	x			
lame of Registered Waste Hauler	14	JDEP W		Cubic `of Was			Name of	Registe	red Landfil	I			Ca 1972	
All Stages Abatement		7000	036592		2	ile.		Grand	Centra	l Sanita	y Lar	ndfill		
City, State Saddle Brook, NJ					Dispos	al Date		City, State						
Completed by	Title				TBD	gnature	11	Pen Ar	gyı, PA		ate			
Richard Cristofol		ident			31	griataio	1 mg		**********		ale 0/22/-	18		

CKION		NO	OTIFI (CATI Pursu	ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	TEMENT 16)		No. 12 Sept. Serving		\mathbb{V}	E
Date of Notification (1) 10 / 22	2_ / _	18				ing Owner/Operator of Lourdes Healt		#1810-5401		516 707	018	
⊠ EPA ⊠	pe Notificati Initial	on		Str	eet Address			ASILS		20N	THO	
☑ DHSS	Amended Amendmen	+ #		City	y, State, Zip	Code					and a true	DESCRIPTION
	Emergency		ina	C	amden, N	IJ 08103						
(NJAC 5:23-8)	justification		mg	Nar	me of Conta	act		Telephone Nu	mher			_
	Cancellation	n		D	ave Flite			856-757-38		44	4	
				F	ACILITY I	NFORMATION						_
Name of Facility Where Abate	ement is Tak	ing Pla	ce (3)			· · · · · · · · · · · · · · · · · · ·	Type of Facility	(4)				_
Our lady of Lourdes Me			. ,				School (K-1	A136				
Street Address							Subchapter	8 (Other than K-1	12)			
1600 Haddon Avenue							Other (i.e., p	private and comm		buildir	ngs,	
City (5)							homes, etc.	,				
Camden							Square Feet	# of Floors	E	3ldg. /	Age	
County (6)				10-								
Camden				Co	unty Code (7)(STATE USE ONLY)	The contract of the contract o	rior if being demo	lished)			
	11 5 11 11						Hospital					
Name of Monitoring Firm Hired		g Owne	r (8)	ASCI	И No.	Name of Abatem	ent Contractor (9)				
Health & Safety Service	S					AbateTech, I	nc.					
Street Address						Street Address						
PO Box 365						30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Berlin, NJ 08009						Lumberton, N						
Project Manager for Monitoring	Firm		Tel	ephone	e No.	Telephone No.		License No.				
Jim Proctor		-1.	8	56-70	4-8850	609-265-2107		00529				
Start Date (10)	Sche	eduled (Compl	etion D	ate (11)	Name of OSHA M		00323		_		_
11 /6 /18					_18	EMSL Analyti	1000 00 00 00 00 00 00 00 00 00 00 00 00					
Occupancy Status During Abat						Street Address						
☐ Facility Closed/Vacated Dur				ment		200 Route 13	0 M					
Abatement Performed Outsi	de of Norma	al Facili	tv Hou	rs - De	scribe							
Time of Abatement:	AMF	PM/	PM	7	_AM	City, State, Zip Co						
Scope of Work (Check all that a	unnly)					Cinnaminson	, NJ 08077					
⊠ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	ірріу)		enovat emoliti			Mini-Encle Glovebag	Procedure	ative Pressure	1000			
		Is	Loca	tion			inpled () and No	I-Friable Procedu	_			
Location of			Norma	illy		Description of	- 1		-	atem		Ť
Asbestos-Containing Materia TO BE ABATED	al (ACM)		ed Sole intens		Asbes	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enc
IN Facility				Staff?	(i.e.	, thermal systems in surfacing, VAT,		(Specify	VOL	ai.	aps	Enclosure
(13)			(12)			other miscellaneo		SF or LF)	<u>a</u>		ula	re
		Yes	No	N/A			/				te	
lurse's Storage Area- Leve	el B		\boxtimes		Pipe Ins	ulation		20 LF				
								A Promise Community		П	П	Г
									1_	=	1	-
			_	-					\sqcup	Ш	Ш	L
amo of Dogisters 1144			Ц									
ame of Registered Waste Haul AbateTech, Inc.	er			JDEP \ auler I[O No.	Cubic Yards of Waste	Name of Regist G.R.O.W.S.					
ity, State				18750		Disposal Data		Lanulli				
Lumberton, NJ						Disposal Date	City, State	2.4				
	1=-					11/6/18	Tullytown, i	PA				
ompleted By (Print or Type)	Title		Y			Signature	L	Da	75	^-	-	1
Gwendolyn Trumbetti	0	perati	ons (oordi	nator	4	MATI	1	0-	1)	18	-

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

MAY 11

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

				(Purs	uant to N.	JAC 8:60 and 5:	16)	Andreas Control of the Control of th	0.07	n .		
Date of Notification (1)				N	ame of Build	ing Owner/Operator	r (2)	Tank brok	OCT_	2 1	-20	18
10 / _2	2/	18			PSE&G		#1810- 5400	Check #10710)			
Agencies Notified Ty	pe Notific	cation		St	reet Address	8		1 ACC	2010		71111	1521.
	Initial			7	4000 Hadle			E-market market market	Lici	11:3	133	
1	Amende			-	y, State, Zip		100000000000000000000000000000000000000					
□ DHSS	Amendm	-		1	South Plai							
(NJAC 5:23-8)	justificat	ncy (includ	ing		me of Conta	220		Tolonhana Nu				
	Cancella			10000	Mark Domi	(TAT)		Telephone Nu 201-206-09				
				I	ACILITY I	NFORMATION						
Name of Facility Where Abate		Taking Pla	ce (3))			Type of Facility	(4)				
PSE&G Metuchen Swit	tchyard						School (K-12					
Street Address							Subchapter	8 (Other than K-1	12)		ange well	
234 Pierson							homes, etc.)	rivate and comm	ercial b	uilair	igs,	
City (5)							Square Feet	# of Floors	TB	Bldg. /	Age	
Edison, NJ											.5-	
County (6)				Co	ounty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Middlesex						•	Switchyard	3				
Name of Monitoring Firm Hire	d by Build	ding Owne	r (8)	ASC	M No.	Name of Abatem	ent Contractor (9)		-		_	
Health & Safety Service	es					AbateTech, I						
Street Address						Street Address						
PO Box 365						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip C						
Berlin, NJ 08009						Lumberton, I	NJ 08048					
Project Manager for Monitoring	g Firm		Te	elephon	e No.	Telephone No.		License No.				
Jim Proctor				609-83	9-2432	609-265-2107	•	00529	-			
Start Date (10)		cheduled (Name of OSHA N	Monitor	11 535				
11 /5 /18				9_ /	18	EMSL Analyt	ical					
Occupancy Status During Abat						Street Address						
Facility Closed/Vacated Du	ring Entire	e Period of	Abat	ement		200 Route 13	0 North					
Abatement Performed Outs Time of Abatement:	ide of No	rmal Facili	ty Ho	urs - De	escribe	City, State, Zip Co	ode					
				/	_AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all that a	apply)						Service Control of the Control of th					
≥3 sf or ≥3 If		⊠ Re	enova	tion		☐ Full Cont	ainment with Neglosure	ative Pressure				
≥160 sf or ≥260 lf		□ De	emolit	ion		☐ Glovebac	Procedure					
		- T				Non-Exer Non-Exer	mpted (*) and Nor	-Friable Procedu	ıre			
Location of			S Loca Norm			5			Ab	atem	ent T	уре
Asbestos-Containing Materi	al (ACM)	Use	ed So	lely by	Asbes	Description of stos Containing Mat		Amount	Re	Re	Ē	四
TO BE ABATED IN Facility		1000		ance/ Staff?		, thermal systems i	nsulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
(13)		000	(12			surfacing, VAT, other miscellaned		SF or LF)	/a		sula	ure
17		Yes	No			other miscellane	ous)				ate	
Control House				\boxtimes	Transite	Foor Panels		85 SF		П		П
Control House					Roof Fla	ashina		120 LF				
								120 21		-		
Name of Registered Waste Hau	ler			NJDEP	Waste	Cubic Yards of	Name of Boxist	ared Landell		Ш	Ц	Ц
AbateTech, Inc.			375	Hauler I	D No.	Waste	Name of Registe G.R.O.W.S.					
City, State				1875	0	20 Disposal Date		-41141111				
Lumberton, NJ						11/9/18	City, State Tullytown, F	PA				
Completed By (Print or Type)	7	Title	-			Signature		Da	ite			
Gwendolyn Trumbetti		Operati	ons	Coord	inator		.+		0 -	22	-18	7



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	PAI			NJAC 8:60-7	and 12:120-7)		CEIVE
ETS JOB # 5221/	18	CHECK #	‡29324				Li ling
Date of Notification	on (1)		Name of E	Building Owr	ner / Operator (2)		OCT 2 4 2019
	10/18/18				ITY OF NEW YORK	& NEW JERS	PC 2 2018
Agencies Notified	Type Notifi	cation	Street Add	dress		1 L	3108.00.75
⊠ EPA			241 ERIE	STREET, R	OOM 236	no	ficing hold
☐ DEP	DOI: 10000 1000000000000000000000000000000	l Notification	City, State	& Zip Code			- Series C. D Constitution of the series of the serie
□ DOL	[1] - [1] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	nded Notifica		CITY, NJ 07	310		
□ DOH □ DCA	Can	cellation	Name of C	Contact PH CAMPIO	NE		Telephone Number 973-624-6898
				TY INFORM			973-024-0090
Name of Facility V	Vhere Abate	ement is Tak	ing Place (3)	[1] (1) [1] - [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	pe of Facility (4)		
TERMINAL "A" -	- CONNECT	TOR A-3 – S	PACE A20B		School (K-12)		
Street Address NEWARK LIBER	TV INITEDN	IATIONAL A	IDDODT		Subchapter 8 (Othe		71.12
3 BREWSTER RO		ATIONAL A	IKPOKI		Other (i.e., private & uare Feet # of F		uildings, homes, etc. Bldg. Age
City (5)		County (6)	County Code		1,100,000	3	70+
NEWARK		ESSEX			rrent Use (Prior if bei	270	
					MMERICAL - AIRPO		
Name of Monitorin		ed by Building			me of Abatement Co	N. A. M. M. A. A. A. A. A. M.	
Street Address	.5		98		S CONTRACTING, I eet Address	NC.	
104 E. 25TH STR	EET - 10 TH	FLOOR		1000000	CLAY STREET		
City, State & Zip C					, State & Zip Code		H=
NEW YORK 100	35000		I		OOKLYN, NY 11222		
Project Manager for PATRICK SISK		-	Telephone Nur 212-353-8280	718	ephone Number 8-706-6300	License	Number 00511
Scheduled Start D 10/29/201			ompletion Date		me of OSHA Monitor STOR TECH.		
Occupancy Status					eet Address		
Facility Clo Abatement		d During Ent	ire Period of	10 :	59 JACKSON AVEN	NUE	
The state of the s		Outside of N	ormal Facility H	ours - City	, State & Zip Code		
Describe:	MONDAY -		00 PM - 5:00 Af		NG ISLAND CITY, N	Y 11101	
Other - Des							
Scope of Work (CI	heck all that	: apply) ⊠ Renova	tion		□ Full Cantainus		D
Large Proje	ect	△ Kellova	tion		☐ Mini-Enclosure	ent with Negati	ve Pressure
Quantity is		3 LF ACM			☐ Glovebag Prod		
Quantity is	≥ 160 SF o	r ≥ 260 LF A	CM		Other: MINI C	ONTAINMENT	Г
Lo Asbestos-Cont	cation of aining Material	(ACM)	Is Location Normally Used Solely by	0.000	Description of estos-Containing	Amount (Specify	Abatement Type (Specify: Removal,
	BATED in Facil		Maintenance or Custodial Staff? (12)	Material (AC	M) (i.e., thermal systems	Square Feet or	Repair, Encapsulation
	(13)		· ·		ion, surfacing, VAT er miscellaneous)	Linear Feet)	or Enclosure)
TERMINAL A - C	ONNECTO	R A-3	NO	The state of the s	EPROOFING	9 SF	MINI
SPACE A20B	-l \\/		N IDED W	1- 1- ID #	To v		CONTAINMENT
Name of Registere JIMMY BYRNE T/			NJDEP Waste I 1955		Cu. Yds. of Waste	Name of Regi	stered Landfill #1
TRUCKING			1000			LANDFILL	TO COUNTY
City, State					Disposal Date	City, State	
559 TIFFANY STF	REET, BRO	NX, NY 1047	4		TBD	620 NEWVILL	_EROAD

Signature

NEWBURGH, PA 17240

Date

10/18/18

ASB-41 JUN 95 G4667

Richie Smith

Completed By (Print or Type)

Title

Project Executive

A GOT	THE STATE OF	ān.										Prin
CV 25100 X		NO	TIFICAT	State of New TON OF ASBE	ESTOS ARA	TEMENT						
Date of Notification (1)			(Pursu	ant to NJAC 8	3:60 and 12:	120)		E afficial	# 25	662	F	[PC]
10-19-18			Ver	ne of Building (rizon Comm	Owner/Operation	tor (2)	IKI	AND ALLEY DE PARTY OF THE PARTY	J U	had.	1	40.00
Agencies Notified Type Notification	on		Stree	et Address	1000000		Company Company	OCT 2	2 4	2018	China and an artist	
EPA Initial Amended				Hidden Rid State, Zip Cod	_		14 14	001 2		LUIU	CARRY - VA	Sind
DOL Amendme	ent#	ing	Irvir	ng, TX 7503	88			SAESTOS	004	THO	1	
DOH justificatio	n)	ii ig	100	e of Contact arles Messir	20		f	Telephone		F	part of a project	mage, or large a gar
	7.1.1		1	ACILITY INFO	_			(917) 992	2-135	6		
Name of Facility Where Abatement is Tal	ting Place	e (3)				Type of	Facility (4)					
Street Address						Sch Sub	ool (K-12)	Other than h	(-12)			
183 Cranbury Road City (5)						Oth etc.	er (i.e. priva	ate & comme	ercial b	uilding	s, ho	mes,
East Brunswick						Square F 50,000	eet	# of Floors			Age	
County (6) Middlesex			Count	ty Code (7)			1	being demo	lished)	195	3	
Name of Monitoring Firm Hired by Building	Owner	(8)		CM No.		Comme	ercial		norica)			
ITTEnvironmental, Inc.	,	(0)	1	CIVI INO.	Pinr	of Abatem acle Env	ent Contrac ironment	ctor (9) al Corp				
Street Address 1253 North Church Street					Stree	t Address					200	
City, State, Zip Code						Broad State, Zip Co						
Moorestown, NJ 08057 Project Manager for Monitoring Firm			- ·		Carl	stadt, NJ	07072					
Kris Smith				one No. 313-8218	Telepi 201-	hone No. 939-6565	;	License 00756	No.			
Start Date (10) 11-01-18	Schedi 12-31	uled Co	mpletion	n Date (11)	Name	of OSHA M		00730				_
Occupancy Status During Abatement (Che						n-Air Inc.						
Facility Closed Vacated During Fating	Pariod of	F A boto	ment			9 Jacksor	Avenue					
Abatement Performed Outside of Norr Other – Describe:	nai Facili	ty Hour	rs .			tate, Zip Co		1101				
Scope of Work (Check All That Apply)					Long	Island C	ity, NY 1	1101				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli			F	Full Con	tainment w	ith Negative	Pressi	ure		
	_	-			×	Gloveba	osure a Procedur	e				
		s Locat				I NON-EXE	empted (*) a	nd Non-Fria	ble Pro	200	e emen	ıt.
Location of Asbestos-Containing Material (ACM)	Us	Normal ed Sole	ly by	Achasta	Description	of					ре	
TO BE ABATED In Facility	1	aintena stodial S		(i.e. the	Containing M rmal systems	insulation.	2800	Amount (Specify	R	7	Enc	q
(13)		(12)		oth	urfacing, VAT ner miscellan	or eous)	8	SF or LF)	Remova	Repair	Encapsulate	Enclosure
1st Floor: Office Space	No	N/A			91.11			<u>a</u>		late	ıre	
1st Floor. Office Space	13t 1001. Office Space							20SF	x			
						2						
Name of Registered Waste Hauler			JDEP W		bic Yards	Nam	e of Regist	ered Landfill				
lewark Carting, Inc.			auler ID 509	No. of TB	Waste D	50000		al Sanitar		dfill		
City, State lewark, NJ 07105				Dis	sposal Date	City,	State					-
Completed by		18	Signature	Pen	Argyl, P.		40					
oseph Patrick	Proje	ct Mai	nager		3	11/	()	10	te -19-1	8		

State of New Selsey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10/19/2018 State of New Jersey Department of Transportation Check No. 1292 Agencies Notified Type Notification Street Address 1035 Parkway Avenue ☐ EPA Initial X DEP Amended City, State, Zip Code X DOL Trenton, New Jersey 08625 Amendment # Emergency (including Telephone Number Name of Contact ☑ DOH justification) Sheryl M Quatermas ☐ DCA Cancellation 609-530-5472 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LICENSING NJ DOT Fernwood Bldg 4, Ewing Headquarters Complex School (K-12) Street Address Subchapter 8 (Other than K-12) 1035 Parkway Avenue ☐ Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ewing Township, New Jersey 08625 10.000 50+ County (6) County Code (7) Current Use (Prior if being demolished) Mercer (STATE USE ONLY) NJ DOT Maintenance Yard Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection, Inc. 00057 Lilich Corporation Street Address Street Address 120 North Warren Street 606 McBride Ave City, State, Zip Code City, State, Zip Code Trenton, New Jersey 08608 Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No Telephone No. License No. Dominick Dercole 609-392-4200 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/29//2018 11/12/2018 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ☐ Other – Describe: __7:30am - 4 pm Union, NJ 07083 Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥ 160 sf or ≥ 260 lf П Demolition Mini-Enclosure Glove Bag Procedure / Limited Containment & Tent Non-Exempted (*) and Non-Friable Procedure Amount Abatement Is Location (Specify Normally Type Location of Description of SF of LF) Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. Maintenance/ Encapsulate TO BE ABATED thermal systems insulation, surfacing, Enclosure Custodial Staff? Removal Repair In Facility VAT, or (12)(13)other miscellaneous) Yes No N/A Exterior Χ Window Caulk 196 LF X Exterior X Window Glazing 432 LF X

ASB-41 (R-06-08)

Completed by

City, State

Lilich Corporation

Adriana Olejarova

Exterior

Exterior

Name of Registered Waste Hauler

Woodland Park, New Jersey

X

X

Title

President

NJDEP Waste

Hauler ID No.

18724

Name of Registered Landfill

Fairless Landfill

Morrisville, PA

City, State

3 Doors

1 Door

X

X

Date

10/19/2018

Door Caulk

Door Glazing

Cubic Yards

Disposal Date

11/12/2018

Signature

of Waste

5

	Г	

WDs As Th	THE YE			State of New Jer	sey				****		
CK1317 PA	JJ.	NO.	(Pursua	ION OF ASBESTO ant to NJAC 8:60	SARAT	EMENT 20)	ECI		1 E		
Date of Notification (1) 10/15/2018			Nam	e of Building Owne	r/Operato	or (2)				A report of the con-	and
Agencies Notified Type Notificati	on		-	et Address			OCI	2 4 20	18	111	/
ĭ EPA ☐ Initial			Otree	at Address			ž				
DEP Amended			City	State, Zip Code			- Land	5 502 75	in I	J	ŧ
■ Amendme	ent#			FTON NJ. 0701	1	£	DOBLO: TO	ENTH G		- 53 (14)	- 1
✓ Emergence iustification	y (includi	ng		e of Contact	1	Turner out agreemen	me . + p "gafy" "E-400 i i i megindi	to compared and real control		TO A MINISTER	
DCA justificatio			11 11 11 11 11 11	N & TOM			Telepho	one Numb	er		
				CILITY INFORMA	TION		-1				
Name of Facility Where Abatement is Tal	ing Place	(3)		OLLITT IN ORINA	IION	Type of Facility	(4)				
PRIVATE						I_	1.04				
Street Address						School (K-	12) 8 (Other th	an K 12\			
						Other (i.e.	orivate & cor	nmercial b	uilding	s. ho	mes.
City (5)						etc.) Square Feet					
CLIFTON NJ.						2,400	# of Floo	ors	Bldg.	100	
County (6)			Count	y Code (7)		Current Use (Pri	_		109		
PASSAIC			(STAT	E USE ONLY)		N/A	or it being de	emolished)		
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	CM No.	Name	of Abatement Cor	tractor (0)				
		40			NOR	RTH EAST EN	/IRONME	NITALL			
Street Address					Street	Address	TITOTVILL	IVIALL	LU.		
					A complete of property	51st Street					
City, State, Zip Code						tate, Zip Code					
Desirable						TH BERGEN	VJ. 07047	00			
Project Manager for Monitoring Firm			Teleph	one No.		one No.		nse No.			
Ch-tD . ((a)						776-0642	013	A CONTRACTOR OF THE PARTY OF TH			
Start Date (10) 10 /16 / 2018	Schedu	led Co	mpletion	Date (11)		of OSHA Monitor	010				
	10/1	7 /20	18			RO-PROBE IN	IC.				
Occupancy Status During Abatement (Che						Address					
Facility Closed/Vacated During Entire	Period of	Abate	ment		108 L	JBERTY ST.					
Abatement Performed Outside of Norr Other – Describe:	nal Facili	ty Hour	S			ate, Zip Code				-	
						UCHEN NJ.					
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demoli		9	XX	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure			V200	
		s Locat					7 4110 11011	r Hable FT	Abat		f
Location of	Llor	Normaled Sole	lly	Des	cription o	of.				pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/	Asbestos Conta	aining Ma	iterial (ACM)	Amount				
In Facility	Cus	todial S	Staff?	(i.e. thermal:	systems ing, VAT	insulation.	(Specify		Z	Enc	Ē
(13)		(12)		other m	iscellane	ous)	SF or LF	Remova	Repair	sde	Enclosure
	Yes	No	N/A			20		a	=	Encapsulate	ure
BASEMENT		X		Pipe Insulation	n dobr	io romanal	10.1=				
		- 5.5					40 LF.	X			
				and	clean-u	р					
Name of Registered Waste Hauler											
TRI-STATE		N.	JDEP W auler ID	aste Cubic Y		Name of Re	gistered Lar	ndfill			
200 April 2002 April 2			9951	TBD		MINERV	A ENTER	PRISE I	NC		
City, State				Disposa	I Date	City, State					
BRONX NY.				TBD		WAYNES	BURGO	HIO			
Completed by CARLOS ESQUIVEL	Title			Sig	nature		222	Date			
OARLOS ESQUIVEL	MAN	AGEF	₹		5	Euranghamp	40	10/15/2	2018		

State of New Jersey

(1/1039).		1			OF ASB						(7.	20)	4	. \/
Date of Notification (1) 10/17/2018	FALL				f Building Jersev			7.00	agement	E-MATES	P A		ת ח	7 =	10
Agencies Notified	Type Notification		-	Street A		0011011	doddii	iviario	agomont	11111	EC	13		45	-
☐ EPA	_				lain St.	Suite 3	1			IK	die en		A 10 MARTINICAL	MAN TO 1 - 1 - 10	
DEP	Initial Amended		ŀ	City, Sta	ate, Zip Co	ode					OCT	2 1	201	n	Table and American
☑ DOL	Amendmen			Paters	son, NJ,	07503	3				UCI	2 4	201	ŏ	i i a
☑ DOH	Emergency justification			Name o	f Contact					Te	ephone Nu	mber			-
DCA	Cancellation			Carme	en Loza	da				97	78-851-82	47	INTH	OL &	J
N		51 10		FACI	LITY INF	ORMAT	ION		1	- terminal control of the last	4 100	ERS			
Name of Facility Where		ng Place (3)					Туре	of Facility (4)					
Former Eggplatter Street Address	Diriei								School (K-1						
159 Crooks Ave.								X	Other (i.e. p		ner than K-1: & commerci		dinas	home	es
								12.1	etc.)						
City (5) Paterson								1000	are Feet	1 357	of Floors	100	Bldg. A	ge	
County (6)				C	01- (7)			1,00	91999	1			1920		
Passaic				County (Code (7) USE ONLY)			ent Use (Pri mer Eggp			ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	4 No		Nome								
reame of wormoning i in	Triffed by building	Owner (6)		ASCIV	ii NO.	- 8			atement Cor ontracting						
Street Address							Street			LLO	(c)		- 1		
							- 20.00 Grant		h Fifth St.						
City, State, Zip Code							_0025000050		Zip Code						
							1050		NJ, 0720	06					
Project Manager for Mor	itoring Firm		T	Telepho	ne No.		Teleph	none N	lo.		License N	0.			
							908-	906-4	4123		01355				
Start Date (10)		Schedule	d Con	npletion I	Date (11)		Name	of OS	HA Monitor		1				
10/26/2018		11/02/2	2018				Iris E	Enviro	nmental l	Labor	atories				
Occupancy Status During	g Abatement (Che	k Only On	e)				Street								
▼ Facility Closed/Vac	ated During Entire	Period of A	baten	ent			W. Carrier		ite 22 We	st					
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours						ip Code						
							Unio	n, N.	J, 07083						
Scope of Work (Check A	II That Apply)	_					-	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				-		Il Containme		n Negative F	ressu	re		
E 100 SI 01 2200 II			emont	ion				J GI	ni-Enclosure ovebag Prod						
							×	I No	n-Exempted	d (*) an	d Non-Friab	le Pro	cedur	е	
			Locati										Abate Ty		
Location			lormal d Sole				scription						1 9	pe	
Asbestos-Containing TO BE AB		Mai	ntenar	nce/		tos Cont thermal				353	mount Specify	70		E	Ш
In Facil		Custo	odial S (12)	staff?	(surfac	cing, VA	T, or	J. 1011,		F or LF)	Remova	Repair	caps	nclo
(13)			(12)			other n	niscellan	reous)				oval	air	Encapsulate	Enclosure
	No	N/A										Ф			
Roof		Х	Blac	k/Silve	r/Brow	n Ro	ofing	1,0	000 SF	Х					
Roof		X	В	lack/S	ilver FI	ashir	na	4	10 LF	Х					
Back Room		Х			an VA1		-3		00 SF	Х					
230,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		- 10				- 11	3 0,						
Name of Registered Was	N	JDEP W	aste	Cubic	Yarde		Name of I	Renict	ered Landfill						
Danvic Contracting I		Н	auler ID		of Was			Fairless	120.00						
			3	7574		20					uilli				
City, State						Dispos	sal Date		City, State	9					

Disposal Date

Signature-

TBD

Title

Owner

Jeymy Donneys

Completed by

Elizabeth, New Jersey

Date

10/17/2018

City, State

Morrisville, PA

PAID

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

Check 1038

Date of Notification (1)	C. Blading Allega		15152500		Building Ov	vner/Op	perator	(2)						*****	
10/10/2018					garwal				100	F	GE	1 1	7 [1	1
Agencies Notified	Type Notification		St	reet Add	iress					5		17 J.		1	1
EPA	Initial A		Ci	ity State	, Zip Code				111					111	111
DEP X DOL	Amended Amendment #	•			Brook, N		05		A Comment of the Comm	or Political and	OCT 2	1 20	18		1
	Emergency (i		1000	ame of 0					1 hat 1:	Tele	phone Nu	mber		Í	
DOH DCA	justification) Cancellation				garwal				I.	li .	• *************************************		arvi	, <u>1</u>	
_ DCA	Cancellation				TY INFOR	RMATIC	DN		-	7:0	scords Lick	malt G		51	
Name of Facility Where	Abatement is Taking	Place (3)			1.3.10.00			Type o	f Facility (4)		tana in a salah sa	ga nikali-grosiwasi ni kalifi	ALLEY STEN	4-7-9-8-44-9	54,1-
Residential Proper	ty				4			☐ Se	chool (K-12)					
Street Address								× O	ubchapter 8 ther (i.e. pri c.)	(Otherwate &	er than K-1 commerc	l2) cial buildi	ngs, h	omes	5,
City (5)								Square		# # of	Floors	Blo	dg. Ag	е	
Bound Brook								1618		2		19	35		
County (6)			C	ounty C	ode (7)			Curren	t Use (Prior	if beir	ng demolis	shed)			
Somerset			(5	STATE US	SE ONLY)		-								
Name of Monitoring Firm	m Hired by Building C	wner (8)		ASCM	No.				ement Cont ntracting		(9)				
Street Address						-	Street	Address	3						
Olf Oct / ladi occ						1	240	South	5th stree	t					
City, State, Zip Code								State, Zip							
,							Eliza	abeth,	NJ 07206	3					
Project Manager for Mo	nitoring Firm		T	elephon	e No.			none No			License	No.			1
							908-	906-4	123		01355				
Start Date (10)		Scheduled		oletion D	ate (11)				A Monitor						
10/19/2018		10/26/20							nmental L	.apor	atories				
Occupancy Status Duri	ng Abatement (Chec	k Only One)					0.000	Addres		.+					
X Facility Closed/Va	cated During Entire F	eriod of Ab	ateme	ent			1000 01.000		e 22 Wes						_
Abatement Perform Other – Describe:	med Outside of Norm	al Facility H	ours				100	State, Zip							
							Unic	on, NJ	07083						
Scope of Work (Check	All That Apply)						F	7	7025 July				220		
× ≥3 sf or ≥3 lf			novati				5	Full Min	Containme i-Enclosure		n Negative	Pressur	е		
≥160 sf or ≥260 lf		☐ Del	HOHLIC	UII				K Glo	vebag Proc	edure		5		211	
						-25-14	L	☐ Nor	n-Exempted	(*) an	d Non-Fri		Abate		
0			ocatio										2000 E - 100 E	pe	
Location		No Used	rmally				scriptio		(4.014)		Amount			_	
Asbestos-Containir TO BE A		Main	tenan	ice/				Material ns insula		(Specify	Re	R	nca	Enc
In Fac		Custo	dial S (12)	taff?		surfa	cing, V	AT, or		SI	F or LF)	Remova	Repair	Encapsulate	Enclosure
(13	3)		(1-/			otner r	miscella	ineous)				/al	=	late	lге
		Yes	No	N/A		Dine	e Insul	ation		1	50 LF	X			
Baser	nent			Х		Libe	ııısul	auur		- 1	JU LI	-			
•													-		
Name of Registered W	laste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Land	fill			
Danvic Contracting			Н	auler ID 7574		of Wa	aste		Fairles	s Lan	dfill				
City, State				e proposition dell'			sal Dat	te	City, Stat						
Elizabeth, New Je	rsey					TBD	1		Morris	/ille, I	Ϋ́A				
Completed by		Title					Signatu	fle A	1 (1)	11	/ \	Date 10/10/	2010	2	
Jeymy Donneys		Owne	r					un	412	~		10/10/	2010	,	
							0	<i>(</i>)	this form fo	racho	etne lican	SUITE EYE	moter	activ	rities.
ASR-41 (R-06-08)							- Do	not use	uns iomi to	asue	Stub HUELIS	Juic CAC	proc		

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

OK1040	PA		NOTIF (F	ICATIO Pursuan	N OF ASI	BESTOS 8:60 an	ABATE nd 12:12	MENT (0)		()	unk	# /	74		
Date of Notification (1)					of Building	Owner/	Operator	r (2)		<u></u>	00.0	1) 1			
10/17/2018				1000000	Laboy				The test the say	[-]	@ F				
Agencies Notified	Type Notification			Street A	Address				The same	Ľ	6 6		\mathbb{V}		
EPA	✓ Initial			011 01	. =:				11500	2	AL PARKE SHAPE BAR	NICE TO PARENT	n majorit me co		- The state of the
☑ DEP ☑ DOL	Amended Amendmen	#			ate, Zip C n, NJ 0				A CONTRACTOR OF THE CONTRACTOR		OCT o	1 00	4.0	September 1	1
	Emergency	(including]		of Contact					1	OCT 2		18		4
DOH DCA	justification) Cancellation				Laboy				-	Tele	ephone N	umber		P-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S	-
	cancellation				ILITY INF	ODMAT	ION			tr vio∺	E870a	OCNT		a.l	-
Name of Facility Where A		g Place	3)	1 40	1L111 1141	OKWAI	ION	Type of	f Facility (4)		LICEA	ONG	er er artage,	eris	e e e
Street Address	.y							Sc	chool (K-12)					
Street Address									bchapter 8 her (i.e. pri				dinas	hom	20
Cib. (E)								etc	c.)			olai bali	unigo	, 110111	
City (5) Linden								Square	Feet	500000000000000000000000000000000000000	Floors		Bldg.		
County (6)				Country	Codo (7)			560		2		10.0	1956	8	
Union				(STATE	Code (7) USE ONL	n			Use (Prior			shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.				ment Contr tracting L		(9)				
Street Address							Street	Address		11					-
							240	South F	Fifth St.						
City, State, Zip Code							City, S	state, Zip	Code						
							Eliza	abeth, N	IJ, 07206						
Project Manager for Mon	itoring Firm			Telepho	ne No.			none No.			License	No.			
Start Data (10)		0.1.1						906-41			01355				
Start Date (10) 10/27/2018		11/02/		npletion	Date (11)			of OSHA							
Occupancy Status During	Abatamant (Char								mental La	bora	itories				
								Address	22 West						
Facility Closed/Vaca Abatement Performe	ated During Entire I ad Outside of Norm	Period of	Abaten	nent				tate, Zip							
Other - Describe: _		ioi i doille	y mount					n, NJ, (
Scope of Work (Check Al	I That Apply)						01110	,	3,000						
		X	Renova	tion			×] Full C	ontainmen	dtiu	Monotivo	Droom			
≥160 sf or ≥260 lf		-	Demolit					Mini-E	Enclosure		ivegative	riessu	e		
							×	Glove Non-F	bag Proced Exempted (dure	Non Eria	hla Dra	codur	0	
		1	Locati					1 14011-2	-xempled (janu	NOII-I IIa	DIE FIO	Abate		
Location	of		Vormal			Dog	scription	-f	1					ре	
Asbestos-Containing	Material (ACM)		ed Sole iintenar		Asbes			laterial (A	CM)	An	nount			т	
TO BE ABA In Facili			todial S		(i.e.	thermal	systems cing, VA	insulatio	on,		ecify	Rer	Z.	nca	Enc
(13)	,		(12)				niscellan			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>	-	ate	ге
Garag	е			Х		Ductwo	rk Insu	ulation		12	SF	Х			
Baseme	ent			X			VAT			220	SF	X			
												1			
												+-			
Name of Registered Wast	te Hauler		IN	JDEP W	aste	Cubic '	Yards		lame of Re	nietor	ad Landfi	1			
Danvic Contracting L			H	auler ID		of Was			airless L	ō		1.			
City, State							al Date		City, State				-		
Elizabeth, New Jerse	ey					TBD			Morrisville	e, PA					
Completed by		Title				Si	ignature		\cap	1		ate	-		
Jeymy Donneys		Own	er				101	hul	1 Jul	V	1	0/17/2	2018		

CK 1313	AI	NOT	IFICATION (Pursua	State of I ON OF AS nt to NJA	SBESTOS AC 8:60 a	S ABATE nd 12:12	0)			C		W	FAL	
Date of Notification (1) 10/16/2018			Name DMF	of Buildin	ng Owner	Operato	r (2)	K	7411/42400	<u> </u>	- 6	1.7		A CONTRACTOR
Agencies Notified Type Notification	n			Address			A STATE OF THE STA			OCT :	1 1	2018	****	
EPA Initial			262	WEARI	MUS R	D.		had land				.010	7.286.7	-
DEP Amended Amendme	. "			State, Zip				i	A M To	The second second				- 1
X Emergenc	nt # y (includi	na		HO-KUS		7463			ASSI	ESTOR LICE	CAUNA Visitor	inoi P	. Ĉi	į
DOH justification Cancellation	1)		1	of Contac						phone N	lumbe		AFR OUR	
Cancellation)(1		1	CILITY IN					201	1-652-2	2411			
Name of Facility Where Abatement is Tak PRIVATE	ing Place	(3)	FA	CILITIN	FORMA	ION	Type of Facil	ity (4)						
Street Address							School (K-12)						
262 WEARIMUS RD.							Subchar Other (i.	oter 8 e. priv	(Other	r than K- comme	-12) rcial bu	iildina	e hor	mae
City (5)							etc.)	-						1163,
HO-HO-KUS NJ.							Square Feet 2,800		# of I	Floors		Bldg.	Age	
County (6) BERGEN			County	Code (7)))		Current Use (Prior i	f being	g demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)		M No.		Namo	YES of Abatement (21	1 //					
N/A	,		1.00				TH EAST E				AL LL	C.		
Street Address						Street	Address							
City, State, Zip Code							51st Stree	t						
							TH BERGE	N NJ	. 070)47				
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No.			icense	No.			
Start Date (10)	School	rlod Co	molation	Date (11			776-0642			01300				
10 /18/ 2018	10/1	8 /20		Date (11)		of OSHA Monit TH EAST E		ONI	/FNTA	.1		n 3111,55°	
Occupancy Status During Abatement (Cher	k Only C	ne)					Address				\L			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abater	nent			1126	51st STRE	ET						
Other – Describe:	nai Facili	ty Hour	S				ate, Zip Code							
Scope of Work (Check All That Apply)						NOR	TH BERGEI	N INJ						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	Description of the last of the	Renova Demoli				×	Full Contain Mini-Enclose Glovebag Pr Non-Exempt	ocedu ocedu	ıre					
	Is	s Locati	on						and it	on-i nai	JIC I IC		emen	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			Des	cription o	of				-	Ty	ре	
TO BE ABATED	Ma	aintenai	nce/	Asbes (i.e.	tos Conta	aining Ma	iterial (ACM)		Amo		_		ш	_
In Facility (13)	Cus	stodial S (12)	starr?		surfac	ing, VAT	, or		(Spe SF or		Remova	Repair	icap	nclo
	Yes	No	N/A		otner m	iscellane	ous)				oval	air	Encapsulate	Enclosure
REAR ROOF	165	X	IN/A		EI V.	T ROO			100.1				е	
					FLA	ROO	F		120 \$	SF.	Х			
3											-			
Name of Registered Waste Hauler		8000	JDEP W	7.07.77	Cubic Y		Name of	Regis	stered	Landfill				\dashv
TRI-STATE		7/29	auler ID I 9951	NO.	of Wast	е	MINER				SE IN	VC		
City, State BRONX NY.					Disposa	I Date	City, Sta	te		10 00 4000				-
Completed by	Tu-				TBD		WAYN	ESB	URG	OHIO				
CARLOS ESQUIVEL	Title MAN	AGEF	2		Sig	nature	imply	1ge		10	te /16/2	018		



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

CK # 1890.

					Ilding Our	r/Onerster	(2)	-								
ate of Notification (1)					ilding Owne eville Ave		(2)	p	FE GO FE	7 11 6						
gencies Notified	Type Notification			reet Addr	ess eville Ave) [5]	9 []	<i>V_</i> .					
I EPA	Initial				Zip Code			1115								
DEP DOL	Amended Amendment #_				, NJ 071	09		and the second	0CT		018		1			
	Emergency (in	cluding		ame of Co					Telephone Nu	mber		-				
DOH DCA	justification) Cancellation	-							Lumen - management			aon!	_			
<u>v3</u>	Service .			FACILIT	Y INFORM	ATION	Time of 5	Facility (4)	ASBESTU	EKPRAF	3	147-	livii			
lame of Facility Where	Abatement is Taking	Place (3)					_	S. W. A.	Andread of the second s	gu purpupunan militar is	and the same					
Outside Trench								ool (K-12) chapter 8	(Other than K-1	2)	V6961					
Street Address							X Oth	er (i.e. pri	vate & commerc	ial buildir	ngs, h	omes,	Ü			
520 Belleville Ave							Square I		# of Floors	Bld	g. Age					
City (5)							5000		n/a	n/a	a					
Belleville			To	ounty Co	de (7)		Current	Use (Prior	if being demolis	shed)			10%			
County (6)			(5	TATE US	EONLY) _			e Trend					_			
Essex Name of Monitoring Fin	m Hired by Building O	wner (8)	1	ASCM N	ło.		e of Abater									
n/a				n/a			Harmony Contracting Inc									
Street Address						#10 CONTROL OF COLUMN	Street Address 360 Palisade Ave									
n/a				17			City, State, Zip Code									
City, State, Zip Code							Garfield, NJ 07026									
n/a							phone No.	07020	License	No.			-			
Project Manager for Me	onitoring Firm		1	elephone n/a	e No.	132	3460.602	26	01255							
n/a		Scheduled	- 1		ate (11)	1 -	e of OSHA					1000				
Start Date (10)		10/30/18		piedon	4.0 (1.1)	Ha	Harmony Contracting Inc									
10/20/18 Occupancy Status Dur	ing Abstement (Chec					(C)	et Address					9				
p <u>ortug</u> e (1919) - 191	acated During Entire F			ent		100	0 Palisad						_			
Abatement Perfo	mned Outside of Norm	al Facility H	lours				State, Zip									
X Other - Describe	: <u>n/a</u>					- Ga	arfield, N	J 0/026)				-			
Scope of Work (Check	k Ali That Apply)						П	o	and with Mogative	o Prossili	re					
23 sf or ≥3 lf		Dograd	nova				Mini-	-Enclosure		e 1103341						
≥160 sf or ≥260 l	f	X De	IIIOIIu	1011			X Glov	rebag Pro	cedure d (*) and Non-Fr	ishle Pro	cedur	В				
							Basel NOT	-Exemple	d () and Non		Abate					
			ocati			000 200					Ту	ре	_			
Loca	tion of	Used		ly by	Achesto	Descript s Containin	on of a Material	(ACM)	Amount			щ				
Asbestos-Contain TO BE	ing Material (ACM) ABATED		itena	nce/ Staff?	(i.e. th	nermal systematics surfacing,	ems insula	tion,	(Specify SF or LF)	dem	Repair	cap				
	acility		(12)			other misce			,	Removal	air	Encapsulate				
(13)	Yes	No	N/A								6				
-		162	140	+		Pipe Ins	ulation		500 LF	<			T			
	und Trench			×		Asbestos			50 SF	×	1		T			
Undergro	und Trench			X		ASDESTOS	Denis		00 0.	-		1	1			
										-	+	+	+			
								I Name -	of Registered Lar	ndfill			1			
Name of Registered	Waste Hauler		100	NJDEP V Hauler ID	Variable Co.	Cubic Yar	SD	11401600000000000		ranni						
Harmony Contra	cting INc		1.33	033085		TBD			WS Landfill		-					
City, State						Disposal I	Date	City, St	ate sville, PA							
Garfield, NJ		1					ature	1		Date						
Completed by		Title		21			Grown			10/19	9/18					
E. Cirovic		Secr	etal	у		· [C.]	wow									

ain CV		NOTIF	ICATIO	tate of Ne N OF ASB	ESTO	BABATE	MENT						an Arthur and			and the second second	
- NI) CC		(1		t to NJAC			•				C	E		\mathbb{V}		17	
Date of Notification (1) 10/19/2018				of Building os Reye		/Operator	(2)	T CAME	VI	er aanvee					Transaction	The second	
Agencies Notified Type Notification			Street A	Address					111	- (CT	- 2	7	2018	- 1		
☐ EPA ☐ Initial									02			2.50			and the second	a.com	
DEP Amended		I		ate, Zip Co				-	Ĺ.	A Property of		turi turini					
X DOL Amendment X Emergency		_		Brunswid	ck NJ	08901			-	ASB	101	DEN DEN		HAU G	i, di		
DOH justification)	7) SST	1		of Contact				-	+	Teleph					SINC / LATER	hates may com	
DCA Cancellation				os Reyes													
Name of Facility Where Abatement is Takin	g Place (3)	FAC	ILITY INFO	ORMA	TION	Type of Faci	lity (4)								
Marcos Reyes's Residential	9	/							307								
Street Address							School Subcha	(K-1)	2) 8 (C	Other t	han	K-12)				
							X Other (i							ldings	hom	es,	
City (5)							etc.) Square Feet		1 #	# of Fl	oors		TF	3ldg. A	\ne		
New Brunswick											0010		'	J.09. 7	.go		
County (6)			County	Code (7)			Current Use	(Prio	or if b	being	dem	olish	ed)	-			
Middlesex County			(STATE	USE ONLY,						157							
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	VI No.			of Abatement										
						MKD	Property N	<i>l</i> lain	iten	nance	e LL	.C					
Street Address							Address Van Riper A	Ave	(6)								
City, State, Zip Code							tate, Zip Code										
							n NJ 0701										
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No.			Li	cens	e No).				
						201-	899-9008			0	133	6					
Start Date (10) 10/19/2018	Schedul 10/25/		npletion	Date (11)		Name	of OSHA Mon	itor	10-100								
Occupancy Status During Abatement (Check		1000				Stroot	Address		-								
Facility Closed/Vacated During Entire F						Street	Address										
Abatement Performed Outside of Norm Other – Describe:	al Facility	y Hours	nent S			City, S	tate, Zip Code								50	-	
Scope of Work (Check All That Apply)			1 1100														
□ ≥3 sf or ≥3 lf	×		·			×	1										
× ≥160 sf or ≥260 lf		Renova Demolit				×	I dii Goritai	ontainment with Negative Pressure									
						Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu								1			
	T						Non-Exem	pted	(*) 8	and No	on-F	riable	Pro				
t control of	1 68	Locati Normal												Abate Tv	emeni pe		
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Ashest		escription	of aterial (ACM)			Amou	ınt			Π			
TO BE ABATED In Facility	2,232	intenar todial S			therma	I systems	insulation,			(Spec	cify		Re	R	Encapsulate	Enc	
(13)		(12)			other	icing, VA miscellan	(, or eous)		5	SF or	LF)		Remova	Repair	nsde	Enclosure	
118-149-00	Yes	No	N/A				3000)						<u>a</u>	=	ilate	ure	
Exterior	103	X	INIZ	Tra	nsite	Sidina	Material	-	1	1633	SF	-	X				
		,				- 3		+							_	-	
					-			+									
	-																
Name of Decision 1181																	
Name of Registered Waste Hauler		1	JDEP W auler ID		Cubic of Wa	Yards	Name						1-5				
TBD			BD	. 10.	YD	JIC .	Keys	ston	e S	anita	ary l	ndf	ill				
City, State					sal Date	City, S			02					-	-		
Completed by	Title					Title Dunmore Pennsylvania Date											
Darko Raloski		ct Ma	nager		1	signature						Date		0010			
	10/19/2018																

2000 12:17AM NJ Asbestos	Control	609.6	533,06	564		pag	e 1						
t 23 18, 02:30p Unique Sys	items of	Ameri	CB					. 20 40			E	C	
2K# 9274								32 43	28352	KI	Carrier Courts	p.2	tive an earlie
LK H 10/1	150 / 4	proposition.		Rinta	of M 4	_		=,	ICA		19-	ort	Prir
	PA	100	(Pure	TION OF	n new Ja Addest Jac 8:80	resy 05 ABATE and 12:12	EMENT	=://	1000	210			10
Date of Notification (1)			Ner	ne of Bull		er/Operato	- 5			-	ASB	EST	387
Agencies Notified Type Notifice	tion		105 432	E&G	13.			. _	Ĺ,		-62		1
DEP Initial	4		401	DO HAD	LEYRO	DAD				L		Ī	1
Amendo	ent#	ino :	so	Stele, Z UTH PI	AINFIE	LD, NJ C	7080			VVA	M.	17	<u> </u>
DOH Justificati	(no			LA N	-	1			Telephone	Numbe	Dr.	.,,.	
Name of Facility Where Abatement is To	aking Piece	s (3)	P	ACKITY	NPORMA	DE LA			201-	655	- 9	16	79
Sines Address	·							acility (4	500				
01/33 GRA	ND	AV	Ē_		10-		N Oli	r (i.e. pr	(Other than	K-12) terolal b	u Halley	gs. ho	mes.
A 1	RGE		Sac NIS				Square F	iet .	s of Floors			. Age	
HUDSON			COUN	ty Code (7)		Current i	0110	if being dem	olished	APP	k S	55
eme of Monitoring Firm Hired by Building	g Owner ((8)	AS	CM No.		_	Abater:	54.	TOLL	5		701	ں
traet Address 4 BROAD STREET.			00	¥5 ———		UNIQ Street A	UE SYS	TEMS	OF AMER	ICAIN	C		
lty, State, Zip Code					•	386 A	WHITEH	EAD AN	/E.				
AATAWAN, NJ 07747						SOUT	te. Zip (: H RIVI:	4 IAN 0	8882				_
OM GEIGER			732-	none No. 290-221	7	732-4:	ne Na. 32-8350		License 0111		_		_
10/24/18	1	11	Pletto	n Date (1		Name of	DSHA N	Inition Elian	OF AMERI				
Facility Closed/Vecated During Entire Abstement Parlament Country Abstement Parlament Country Abstement Parlament Country Coun						Street A	ddress			CAIN	C		_
Other - Describe: Message	mal Facilit	y Hours	Rec	000	7	City, Sta	HITEHE	le					
ope of Work (Check All That Apply)	/ 1				4	SOUT	HRIVE	t. NJ 0	3882				
≥3 8 f or ≥3 lf ≥180 of or ≥250 lf		Renoval	tion on			A	Full Con	tnerinie	with Negative	Pressu	W a		
							Glovaba	Fraced					
Location of	1 1	Locatio Normally							ern Hou-Life	Die Pro	Abale	837) 6 71	_
Asbestos-Containing Malerial (ACM) TO BE ARATED In Facility	Ma	d Soleh intenan lodial Si	Ce/	Asbe	sios Comi	criplion of Ming Male systems in	rini cacı	, !	Amount	-	Ту	pe	
(13)	203	(12)	anı (1	aurrac	ing. VAT. (or .		(Specify SF of LF)	Resount	Repair	Encapaulate	Brickosure
BASEMENT	Yes	No	N/A					į		NS.	Nij.	ukale	arre
THE IS		×		100;	PE	SOCE		_6	OLF	X			
								-		-	1		
e of Registered Waste Hauler		I N.IF	DEP W	nata					-,	++	+	-	_
STE MANAGEMENT		Hau 112	MITTO	No.	of West	•	100000000000000000000000000000000000000	CLESS	tered Landiii				7
State ABETH, NJ					Disposa	Dale	Clty.	itata					_
pleted by OL RAIMO	Title				7B	nature /	MO	RISVIL	LE, PA	to.			
41 (R-05-ca)	OFFIC	EMG	R.			2 "	Eal.	Tires	20 /	0/2:	3//	معم	

Jan 09 2000 12:17AM NJ Asbestos Control 609.633.0664

K # 9254												Pr	int F
PAID	N	OTIFICA (Purs	State of N TION OF AS suant to NJAC	BESTOS A	ABATEN	MENT	Secure and)尾	CE		·M		bornes de la constante de la c
Date of Notification (1) 10/23/18			me of Building SE&G	g Owner/O	perator	(2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE PARTY OF THE PAR	OCT	2 4	2018		
Agencies Notified Type Notification Type Notification Initial Amended Amendmen	t #	8	eet Address 80 P y, State, Zip C VEW/			PA	ZA	ASI 2-10-	ESTO:	S CON	ITAC IG	n A	and the state of t
■ DOH)	1	me of Contact MATT FACILITY INF	D	ECA	ARI		Telep	none Nu		3 -	73	49
Name of Facility Where Abatement is Taki	ng Place (3)		PACILIT IN	ORMATIC	NIC.	Туре	of Facility (4)					
PSE+G Street Address 340 CHESTA	uT	<i>57</i> €	EET.				School (K-1 Subchapter Other (i.e. petc.)	8 (Other			dings	, hom	es,
NEWARK							re Feet	# of F	oors	E	Bldg. A	Age	
County (6) $ESSEX$			unty Code (7) ATE USE ONL			Curre	nt Use (Pri						
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No.				tement Cor)		3,117,111		-
ENVIRONMENTAL TACTICS Street Address		(0045		UNIQ Street A		SYSTEMS	S OF AN	MERIC	A INC)		
84 BROAD STREET					396 V	VHITI	EHEAD A	AVE.					
ity, State, Zip Code ЛАТАWAN, NJ 07747					City, Sta		p Code IVER, NJ	08882					
roject Manager for Monitoring Firm TOM GEIGER		1	ephone No. 2-290-2217		Telepho 732-4	one No	o.	L	icense N	10.			
tart Date (10), 1/5/8 Occupancy Status During Abatement (Che	11	127	tion Date (11)		UNIQ	UE S	IA Monitor SYSTEMS	S OF AN	1ERIC	A INC	:.		
Facility Closed/Vacated During Entire					Street A 396 W		s EHEAD <i>A</i>	VE.					
Abatement Performed Outside of Norm Other – Describe: Mesesses	nal Facility H	Hours	anly	_	City, Sta		p Code IVER, NJ	08882					
cope of Work (Check All That Apply)	_												
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Rei Dei	novation molition			X	Mini	Containme i-Enclosure vebag Proc i-Exempted	edure				re.	
Location of	No	ocation rmally		Desc	ription o						Abate	1000	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custo	Solely by tenance/ dial Staff' (12)	Asbes	stos Contai thermal s surfacir other mis	ystems i	insulat , or	(ACM) tion,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
RASSIE		No N	I/A					C.				te	CD.
BASEMENT	+++	$\overline{}$		M C.					SF	X			
			100	IUER	1	ر عررا	H1.0N	30	21				
ame of Registered Waste Hauler ASTE MANAGEMENT			P Waste r ID No.	Cubic Ya	9 /	1	Name of F		Landfill				
ty, State	-	1120	6 (C	Disposal	Date	_	City, State						

Completed by

ELIZABETH, NJ

CAROL RAIMO

Title

OFFICE MGR.

Date 10

MORRISVILLE, PA

Signature

	馬			Ctata of N	lour loroou	F	F (2) F				-
1301-07 CN			ATIO	N OF AS	lew Jersey BESTOS ABA AC 8:60 and 5:1) EGE		W		Acul
Date of Notification (1)	W401	94"			g Owner/Operator	111) OOT				Transport
	18		1	rtua	g Owner/Operator		OCT 2	4 2	2018	1000	Tall sorred
Agencies Notified Type Notific			Stree	et Address			A CONTRACTOR	e tereb kiningst so	Pro Brain makes	1	
☑ EPA☑ Initial☑ DOLWD☑ Amende				Stow Rd		-	ASSESTOS LICEN	CON Jaine	TROL	હ	
☑ DOH Amendm	nent#1			State, Zip or Right State Stat			The sale of the sa	PROPERTY AND THE	Market of Public	timus qu	- 10
DCA Emerger [NJAC 5:23-8] Emerger		ng		e of Contac			Telephone Num	hor			_
(NOAC 5.25-6) Justilicat	200 C C C C C C C C C C C C C C C C C C			vid Crans			215 253-721				
			FA	CILITY IN	FORMATION					-	-
Name of Facility Where Abatement is		e (3)		······································		Type of Facility	(4)		1		-
Tatem Brown Family Practice						School (K-12	2) 3 (Other than K-12	2)			
Street Address 2225 Evesham Road						Other (i.e., p	rivate and comme	rcial b	uilding	s,	
City (5)						Square Feet	# of Floors	В	ldg. A	je	-
Voorhees						>25,000	1		30+	. entit	
County (6) Camden			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					_
Vertex Environmental		`			Delta/BJDS,						
Street Address											
700 Turner Way, Suite 105					1345 Industri						
City, State, Zip Code Aston, Pa 19014					City, State, Zip Co						
Project Manager for Monitoring Firm		Tol	ephone	No	Southamptor Telephone No.	1 Pa 18966	License No.				
. Tojoot Manager for Morntoning 1 am		1	10 558		215 322-2900		00783				
Start Date (10)	Scheduled (Name of OSHA M	<u> </u>	1 00,00				-
10 /12 /18	11	/ _ 30	0_/	18	Criterion						
Occupancy Status During Abatement (10.500			Street Address				75.		-
 ☐ Facility Closed/Vacated During Enti ☐ Abatement Performed Outside of No 				cribo	400 Street Ro						
Time of Abatement: 7AM-4PM/	PM-	AM		SCIDE	City, State, Zip Co Bensalem Pa						
Scope of Work (Check all that apply)					Delisalelli a	13020					-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	Drawell .	enovat emolitic			☐ Mini-Enc	ainment with Neg losure a Procedure	ative Pressure				
E3 - 100 51 01 - 2200 11		☑ Non-Exempted (
	I					mpted (*) and Nor	n-Friable Procedu	-	ateme	ent T	
Location of Asbestos-Containing Material (ACM	Is Use	Norma	illy ely by		Description o	mpted (*) and Nor	n-Friable Procedur	Ab	1 1		
Location of Asbestos-Containing Material (ACM	Is Use	Norma	ally ely by ance/		Description o stos Containing Ma , thermal systems i	mpted (*) and Nor f terial (ACM) nsulation,	Amount (Specify	Ab	1 1		
Location of Asbestos-Containing Material (ACM	Is Use	Norma ed Sole aintena	ally ely by ance/ Staff?		Description o	mpted (*) and Nor f terial (ACM) nsulation, or	Amount	-	1 1	Encapsulate	
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	Is Use Ma	Norma ed Sole aintena stodial (12)	ally ely by ance/ Staff?		Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellaned	mpted (*) and Nor f terial (ACM) nsulation, or	Amount (Specify	Ab	1 1		Contract of the second
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Doctor and Patience rooms	Is Use Ma Cus	Norma ed Sole aintena stodial (12) No	ally ely by ance/ Staff?	(i.e.	Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellaned	mpted (*) and Nor f terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	The second secon
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Doctor and Patience rooms Basement Mechanical Room	Is Use Ma Cus Yes	Normal sed Sole aintena stodial (12) No	ally ely by ance/ Staff?	(i.e.	Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellaned	mpted (*) and Nor f terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal 🛛	Repair	Encapsulate	The state of the s
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Doctor and Patience rooms Basement Mechanical Room	Is Use Ma Cus Yes	Norma ed Sole aintena stodial (12) No	ally ely by ance/ Staff?	(i.e. Pedesta ≰Mastic	Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellaned	mpted (*) and Nor f terial (ACM) nsulation, or	Amount (Specify SF or LF) 600 SF	A Removal	Repair	Encapsulate	The second secon
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Doctor and Patience rooms Basement Mechanical Room Basement Mechanical Room Name of Registered Waste Hauler	Is Use Market Cus Yes	Normaled Sole aintena stodial (12) No	ally ely by nnce/Staff?	Pedesta Mastic Breechi Waste	Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellaned	mpted (*) and Nor f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 600 SF 3000 SF	A Removal	Repair	Encapsulate	
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Doctor and Patience rooms Basement Mechanical Room Name of Registered Waste Hauler Service Transport Group	Is Use Market Cus Yes	Normaled Sole aintena stodial (12) No	ally ely by ance/Staff?	Pedesta Mastic Breechi Waste	Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellane I. Mastic Cubic Yards of Waste	mpted (*) and Nor f terial (ACM) nsulation, or ous) Name of Regist Minerva La	Amount (Specify SF or LF) 600 SF 3000 SF	A Removal	Repair	Encapsulate	
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Doctor and Patience rooms Basement Mechanical Room Basement Mechanical Room Name of Registered Waste Hauler	Is Use Market Cus Yes	Normaled Sole aintena stodial (12) No	ally ely by ance/Staff? N/A N/A N/A N/A	Pedesta Mastic Breechi Waste	Description of stos Containing Man, thermal systems in surfacing, VAT, other miscellaned I. Mastic and Cubic Yards of Cubic Yards of	mpted (*) and Nor f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 600 SF 3000 SF	A Removal	Repair	Encapsulate	

State of NJ

B & G proj. #:	2018-212	.P	AII				s Abatement and 12:120-7)					
B & G proj. #.	7/	TAC	75	J				Check	# 9275	1.7		
Date of Notification	(1)	10	Name of B	Building Ow	ner/Operator (2)		111,5	6 E 1	V	5	Andrew of the state of the stat
1 10 1/12 12	1/1181			d Sciallab							etologiji pez	STREET, STREET
Agencies Notified	Type Notificat	ion	Street Add	dress				1 1 1 1 1 1 1 1 1	OCT 24 7	2018	Name And	
☐ EPA	X Initial							To Company of the Com			- 1404	the state of
☐ DEP	□ A		97	, Zip Code				ASB	ESTOS CON	TRO	, Et	
X DOL	Amenda	11			NJ 07763			de de de servicio de la companya de deservado de servicio de la companya de la co	LICENSHI	3	Maria de Cala	. Supragraphic State Co.
₩ DOH	Cancella	11	lame of C	ontact				Telephone	e Number			
☐ DCA	- Curiociii		Debb	ie Sciallal	oba							
				FAC	CILITY INFOR	MATION	ı					
Name of facility whe	ere abatement i	s taking pl	ace (3)					Type of Facility (
Richard Scialla	abba								I (K - 12) apter 8 (Other t	han V	12)	
Street Address									Private/Comme		-12)	
									Homes, etc. # of Floors	l Di	ig. A	70
City (5)		Cou	inty (6)			Cou	nty Code (7)	Square Feet	# 01 110015		ıy. A	ge
Saddle Brook		B.	ergen				te use only)	Current Use (Pr	rior if being den	nolishe	ed)	
Name of Monitoring	Firm Ulard by				T 1001111		IN	Residential				
Name of Monitoring	riiiii milea by	blug. Own	er (o)		ASCM No.		Name of Abatement	(2) 50				
Street Address						-	B & G Restorat Street Address	ion, inc.				
							105 Ryerson R	toad				
City, State, Zip Code							City, State, Zip Code				and the same of	
							Lincoln Park,	NJ 07035				
Project Manager for	Monitoring Firm	1		Phone Num	ber		Telephone Number (973)696-686	9	License Num 00378	ber		
Scheduled Start Date	e (10)	Sche	d. Comple	etion Date (1	11)		Name of OSHA Moni					
11/01/2018		11/	03/2018	3			B & G Restorat	ion, inc.				
Occupancy Status D	uring Abatemer	nt (Check	only one)			CONTRACTOR.	105 Ryerson R	oad				
Facility closed/							City, State, Zip Code					
Abatement per Describe:		or normal	racility no	ours-	a - while the thin sales		Lincoln Park, N	1.07035				
Other-Describe							Lincoll Fark, IV	07033				
Scope of Work (che	ck all that apply	y) Renovati	on			XF	ull Containment w/neg	native pressure	Glovebag p	rocadi	IFO.	
>3 sf or >3 if		≥160 sf or					Aini-enclosure	F	Non-friable			
Location of		31b)		y used sole	iy				R	R	E	T_
asbestos-cont	aining	by maint staff(12)	enance/c	ustodial			sbestos-containing	Amount	e m	e p	n	n
material to be abated in facili	ty (13)	Yes	No	N/A	- materia	I (ACM)		(Specify S LF)	F or o	a	а	C
			110		7				e	ļ,	р	-
basement				X	VAT / ma	astic		410 sf	X	片	븜	++
			1		1	_					H	旹
						CHARLES AND	and the second s			盲		一
Registered Waste Ha B & G Restoration		NJD	EP Haule 19563	r ID#	Cubic Yards of	f Waste	Name of Registered	Landfill ntral Landfill				
City, State Lincoln Park, N				Disposal 11/			City, State Pen Argyle					
Completed by (Print		Title			Signature		!	,	Date		3	<u> </u>
Gordana Luna	100		ary/Trea	surer			Gordana Luna		10/22/20	18		

NOCK				ICATION	ate of New Jerse N OF ASBESTOS to NJAC 8:60 ar	ABATE		T	EC		20		FINITO				
Date of Notification (1) October 22, 2018				Name o	f Building Owner/ T	Operator	(2)	The state of the s	00	1 4	- 20	0	1 1				
Agencies Notified EPA	Type Notifica	ation		Street A	ddress Parkway Ave;	P.O. B	ox 6	00	ASSES	TWA C		Ci. 8					
EPA DEP DOL		ment #_1			ate, Zip Code on, NJ 08625			- Lorenza				Wallet.					
X DOH DCA	justifica Cancell		Ī		f Contact evans				Telephone		r						
				FACI	LITY INFORMAT	ION											
Name of Facility Where A NJDOT - Route 7 V							Тур	e of Facility (4 School (K-12									
Street Address Route 7							×	Subchapter 8 Other (i.e. pri etc.)			uilding	s, hom	ies,				
City (5) Kearny							Squ N/A	are Feet	# of Floors	3	Bldg.	Age					
County (6) Hudson					Code (7) USE ONLY)			rent Use (Prior dge Structu		nolished)							
Name of Monitoring Firm N/A	Hired by Build	ding Owner (8)		ASCN	√ No.				nt Contractor (9) s Construction Co., Inc.								
Street Address						Street 62 Y		ess vbrook Roa	ık Road								
City, State, Zip Code						Zip Code NJ 07731											
Project Manager for Mon	itoring Firm			Telepho	ne No.	Teleph 732-7			Licen 0105	se No.							
Start Date (10) June 1, 2018		Schedul			Date (11)	Name	of OS	SHA Monitor									
Occupancy Status During	g Abatement (- AND THE RESERVE TO A CHARLE				Street	Addr	ess			777.2 CT4		_				
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of	Normal Facility	/ Hours	3		City, S	tate,	Zip Code									
Scope of Work (Check A	Il That Apply)																
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					Ire						
		Is	Locati	ion					() and 11011	Trable 1	Aba	temen	t				
Location Asbestos-Containing <u>TO BE AB/</u> In Facili (13)	Material (ACN	n) Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/	Asbestos Con (i.e. therma surfa		lateria s insu T, or	lation,	Amount (Specify SF or LF)	Zellova		ype Encapsulate	Enclosure				
		Yes	No	N/A								ite	0				
Water M	ains		X	Mastic	on Wate	er M	ain	1,000 LF	X		-						
Name of Registered Was	ste Hauler		N	JDEP W	aste Cubic	Yards		Name of D	egistered Lar	ndfill							
George Harms Cons		., Inc.	Н	lauler ID 5885					anagemer								
City, State Howell, NJ					Dispo TBD	sal Date		City, State Tullytown	ı, PA								
Completed by Sam Hahn		Title Proje	ct En	gineer		Signature	1/	the		Date	\dr\	70/8					

D&S. Proj. #: 18-234 Date of Notification (1) 1 10 / 1 9 / 1 8 Agencies Notified Type Notified Initial Amended Amendment DEP Amendment DOL Emergent (including	cation #:	jennifer Street Add	(Purs Building Ov r pifher dress e, Zip Code , 07044	ification of Assuant to NJA	AC 8:6	IJ os Abatement 60 and 12:120)		Company of the control of the contro	CT 2	4 2	₩ 018	CO	The second secon
DCA justification	3.5	122	r pifher					Telephon	e Numbe	r		Later Control	
Cancellat	1011	Jennite		0111771175051				:			_		
Name of facility where abatemer	nt is taking i	alace (2)	FAC	CILITY INFORM	IOITAN	N							
jennifer pifher Street Address							_	Subcha Other (I	(K - 12) apter 8 (C Private/C Homes, e	other to	ercia		
City (5)	Co	unty (6)				nty Code (7)	- [.3-
verona		sex			(Sta	te use only)		Current Use (Pri	or if bein	g den	nolisi	ned)	
Name of Monitoring Firm Hired by	Bldg. Owr	ner (8)		ASCM No.	-	Name of Abatem	ent Co	ontractor (9)					
Street Address						D & S RESTO	ORA	TION, INC.					
Offeet Address						Street Address							
City, State, Zip Code						20 California City, State, Zip Co							
						\$ 1250 HZ		12					
Project Manager for Monitoring Fire	m	Ph	none Numb	per	-	Paterson, NJ Telephone Number			License	Numb	ner.		
						973-345-80				169	<i>(</i>		
Start Date (10)	Sche	d. Completi	on Date (1	1)		Name of OSHA M							
10/30/18	11/1	6/18			-	D & S Restor	ration	, Inc.					
Occupancy Status During Abateme			and the same of the			20 California	Aven	ine.					
Facility closed/vacated during Abatement performed outside	entire peri	iod of abate	ment.		11	City, State, Zip Co							
Describe: NORMAL I					_11	2							
Scope of Work (check all that appl					-	Paterson, NJ							
 ≥3 sf or >3 lf ≥160 sf or ≥260 lf 	Renovation Demolition	1					Mir Glo	Containment w/n ni-enclosure vebag procedure n-Exempted (*) ar				edure	
Location of asbestos-containing	by mainte	n normally usenance/cust	used solely odial	1					Ī	R	R	E	E
material (acm) to be abated in facility (13)	staff(12) Yes	No	N/A	Description material (A	n of asi ACM)	bestos-containing		Amount (Specify SF LF)	or	m o v	e p a i	n c a p	n c L
BASEMENT				PIPE INSUL	LATIC	N		50 l ft		e		П	
										F		ö	
											J		
Registered Waste Hauler	NJDE	P Hauler ID)# Cu	bic Yards of Wa	aste Ti	Name of Registere	ed I as	dfill					
D & S RESTORATION, INC. City, State	135	06	1	yd		TULLYTOWN	I, RE	SOURCE REC	OVERY				
PATERSON, NJ 07503			Disposal Da 11/01/18			City, State							
Completed by (Print or Type)	Title		1.,01/10	Signature		TULLYTOW	N, PA		Date				
BOGDAN JOLDZIC	PRESIDE	TMT	- 1	0000 0000000000000000000000000000000000				1 1	Date				

D&S Proj. #: 18-233 Date of Notification (1) 1 0 / 1 8 / 1 8 Agencies Notified	strion Str	ame of Build GEORGE reet Addres ry, State, Zi union, nj	(Pursi	uant to NJA0	besto C 8:6	J os Abatement 0 and 12:120)		ASSES	E E E	2018	Franchiscope Control of Control o	Constitution of Constitution and Association (Constitution of Constitution of
justification)	me of Conta						Telephor	ne Numbe	r		
Cancellatio	n _	GEORGE										
Name of facility when a test of			FAC	ILITY INFORM	ATION	N						
Name of facility where abatement GEORGE FAYNOR Street Address	is taking plac	e (3)					-	Subch Other Bldgs.	(4) of (K - 12) napter 8 (C (Private/C /Homes, e	Other that commerce etc.		20
City (5)	County	/ (6)			Cou	inty Code (7)	-	Square Feet	# 01 11001	15	Diag. Ag	je
union	union	v:			(Sta	ite use only)		Current Use (P	rior if bein	g demol	ished)	
Name of Monitoring Firm Hired by				ASCM No.		Name of Abatem		5925				
Street Address				Part of the same o	=	Street Address	JICI	11011, 1110.				111
City, State, Zip Code						20 California	_).	- Whatever a			
Project Manager for Monitoring Firm	n	Phor	ne Numb	er	-	City, State, Zip Co Paterson, NJ Telephone Number 973-345-80	0750 er	03	License 0	Number		
Start Date (10)	Sched. (Completion	Date (1	1)	-	Name of OSHA N						
10/29/18	11/16/1	18				D & S Restor	ration	n, Inc.				
Occupancy Status During Abatemet Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL F	entire period of normal fac	of abateme			_	20 California City, State, Zip Co	de					
Scope of Work (check all that apply □ >3 sf or >3 lf □ ≥160 sf or ≥260 lf	Renovation Demolition						Mi X GI	Ill Containment wini-enclosure ovebag proceduron-Exempted (*)	re			=_
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location in by maintena staff(12) Yes			1 100 000		sbestos-containing		Amount (Specify S LF)		RIF	R E n c	E n c L
BASEMENT BOILER		X		boiler insula	ation			45 SQ FT				
												무
										片분	 	무
										片는	++++	十
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP 13506			ubic Yards of W yd	/aste	Name of Register			COVER	<u>Г</u>	-11	_
City, State PATERSON, NJ 07503		100	sposal D 0/30/13			City, State TULLYTOW	NI D	Λ				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDEN			Signature		LOLLIOW	1N, P.	Λ	Date 10/18/2	2018		

11/1/				State of No	ew lareau			I Man) E	G	3 1	107	Print			
UK 1744	PA	NO	Pursua	ION OF ASE	BESTOS AB	ATEM 2:120)	ENT			<u> </u>		V	B			
Date of Notification (1) 10/22/18			Nam Jas	e of Building on Hunter	Owner/Oper	rator (2	2)		# (CT :	2-4	2018	100			
Agencies Notified Type Notification	n			et Address				-					es-con			
X EPA Initial								a la	ASSE	STOS	CON	ITRO	18			
DEP Amended	4 - 44			State, Zip Co				- Aspitement	nd or other depth as	LICE	MSIN	G	- Ol			
Emergence	y (includ	ing			, NJ 07052	2										
DOH justification	1)	J		of Contact on Hunter				Te	elephone	Numbe	er					
Name of Facility Where Abatement is Tak	ing Place	e (3)	FA	CILIT INF	ORMATION	T	ype of Facilit	v (4)								
Residential Home Street Address						-		3. 50%								
Street Address							School (F	ter 8 (Ot	her than	K-12)						
City (5)						2	Other (i.e etc.)	. private	& comm	ercial b	uilding	gs, hor	mes,			
West Orange						S	quare Feet	# (of Floors		Blda	. Age				
County (6)				_			200	3			70 -					
Essex			(STATE	y Code (7) E USE ONLY)		С	urrent Use (F	rior if be	ing dem	olished)			-			
Name of Monitoring Firm Hired by Building	Owner	(8)		CM No.			Residential	al Home								
Project Manager	0	(0)	ASC	JIVI INO.	Nai	me of	Abatement C	Contractor (9)								
Street Address						eet Ad	ges Abater	ment								
							Midland A	VA								
City, State, Zip Code							e, Zip Code	•								
Project Manager for Manitoria							Brook, NJ	07663								
Project Manager for Monitoring Firm			Teleph	one No.	Tele	ephone	e No.		License	e No.						
Start Date (10)	Cabad						0-3184		01305				33			
10/23/18	10/26	uled Co 3/18	mpletion	Date (11)	Nan	ne of C	OSHA Monito	r					77			
Occupancy Status During Abatement (Chec					01-											
Facility Closed/Vacated During Entire	Dorind a	5 A L	mont		Stre	et Ado	iress									
Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	nal Facili	ty Hour	S		City	, State	, Zip Code									
Scope of Work (Check All That Apply)					_											
≥3 sf or ≥3 lf	×	Donessa				I1										
≥160 sf or ≥260 If		Renova Demoli					Full Containm Mini-Enclosur	ent with	Negative	e Press	ure					
							Glovebag Pro	cedure								
	T	s Locati					Non-Exempte	d (*) and	Non-Fri	able Pr						
Location of		Normal	ly		_							ement	t			
Asbestos-Containing Material (ACM) TO BE ABATED	Us M:	ed Sole aintenar	ly by	Asbesto	Descriptions Containing	on of Mater	ial (ACM)	۸۰	nount	-	T	, pc				
In Facility		stodial S		(i.e. th	nermal syster	ms insi	ulation.	(S	pecify	₽ Z	71	Enc	9			
(13)		(12)			surfacing, V other miscella	AI, or aneous	s)	SF	or LF)	Removal	Repair	aps	Enclosure			
	Yes	No	N/A				,			Va Va	=	Encapsulate	ure			
Boiler/Basment		х			Insulation	on				+						
					moulati	OII		40	SF	×						
	-															
	-															
Name of Registered Waste Hauler		N.	IDED													
All Stages Abatement		Ha	JDEP W	No.	Cubic Yards of Waste		Name of F						\neg			
City, State		100	36592				Grand (Sanita	ry Lar	ndfill					
Saddle Brook, NJ					Disposal Date	9	City, State						\neg			
Completed by	Title				Signature	0//	Pen Arg	yı, PA								
Richard Cristofol	Presi	ident			Date						2/18					
					11/1	111	ch.	-	1 1	UIZZI	IÖ		1			