(V2610	L PA	AMI	NOT		ATION	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10	일일하다 가장하다 하는 경험 기가 없다.	DEC	E		7	
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Date of Notification (1) 10 /	22 /	18			1750,000,00		g Owner/Operator (ement Properties	0.7		I 25	201	8	Commence of the second
Agencies Notified	Type Notifica	ation			Street	t Address		90	Laminous - 1914	{ 	Secretary.	7747-1040-95	***
⊠ EPA						5 Route	88	-	ASBES	TOS OC JOENSI	ANTA	OL 8	2
□ DOLWD	☐ Amended					State, Zip (373	*	The transportation of the contract of the cont	Homne	NG3		"MoTet+is
☑ DOH	Amendm					V.157.00057.440.000.5450.00	ant, NJ 08742						
DCA	☐ Emergen justificati		cluding	3		of Contac	(150)		Telephone No	umher			
(NJAC 5:23-8)	☐ Cancellat					ce Coluc			848-565-6				
									040-303-0				
Name of English Mhore	hatamant in 7	Falsian	Disco	(2)	FA	CILITYIN	IFORMATION	T	740				
Name of Facility Where A	Abatement is	aking	Place	(3)				Type of Facility ☐ School (K-12					
	31							Subchapter		-12)			
Street Address								Other (i.e., p	rivate and comr	mercial b	uilding	IS,	
014 (5)								homes, etc.)				100.000	
City (5)								Square Feet	# of Floors		ldg. A	ge	
Spring Lake								1000 sf	1		65		
County (6)					Cour	nty Code (7	')(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Monmouth							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residence					
Name of Monitoring Firm		ding C	wner ((8)	ASCM	No.	Name of Abateme	- AND - 10-80 AD - 10-80 AD					
Guardian Contracti	ng, Inc.						Guardian Co	ntracting, Inc.					
Street Address							Street Address						
1889 Route 9, Unit	61						1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode	29				
Toms River, NJ 087	55						Toms River,	New Jersey 08	755				
Project Manager for Mon	toring Firm			Tele	ephone	No.	Telephone No.		License No.				
Nicholas Fernicola				- 57	32-349		732-349-9932		00624				
Start Date (10)	12	Sched	uled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
11 /05 /	18	_1	1_/	0.	7 / .	18	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						
□ Facility Closed/Vacate	ed During Entir	re Per	iod of	Abate	ment		1056 Stelton						
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	PN	N/	_PM		AM	Piscataway, I	New Jersey 08	854				
Scope of Work (Check al	that apply)							-					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re	novat		64 64	☐ Mini-Enc	ainment with Neg losure procedure	gative Pressure				
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Location		•\		d Sol	illy ely by		Description o		A	R	Re	ш	Ē
Asbestos-Containing TO BE ABA		1)		intena			stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	cap	clos
IN Facili			Cust		Staff?	(surfacing, VAT,	or	SF or LF)	val	-	Encapsulate	Enclosure
(13)			V	(12)		-	other miscellane	ous)				ate	
exterior-basement en	trance		Yes	No ⊠	N/A	asbesto	os roof		30 sf		П	П	
interior				\boxtimes		achasta	os floor tile & ma	etio	1200 sf		\vdash		
Interior			Ц_	3	1	aspesic	os noor the & ma	istic	1200 51		닏		
		Ì											
Name of Registered Was	te Hauler			N	JDEP \	Naste	Cubic Yards of	Name of Regis	tered Landfill				
Guardian Contracti				F	lauler II		Waste	T.R.R.F.					
City, State					20223)	3 Disposal Date	City, State					
Toms River, New Je							11/07/18		Pennsylvani	а			
Completed By (Print or Ty	/pe)	Title					Signature			Date	ſ	non	
Nicholas Fernicola		Pr	oject	Man	ager			. 1.	X	10/2	2/1	8	

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Date of Notification (1)	22 /	1	8		11 11 11 11 11 11	me of Build Valters Re	ng Owner/Operato	or (2)	OCT OCT	25	201	3	The state of the s
Agencies Notified	Type Notif	fication	n		Stre	eet Address			1 5	518	5 1		4
⊠ EPA ⊠ DOLWD	☐ Initial								ASBESTO	S CÓ ENSA	MTAC	DL 8.	
⊠ DOLWD	Amend Amend		#		City	, State, Zip	Code		hai C	ENGIN	13	10107-01	Vin Language
□ DCA	☐ Emerge			na	В	arnegat,	NJ 08005						
(NJAC 5:23-8)	justifica	ation)		3	Nan	ne of Conta	ct		Telephone Nu	mber			
	☐ Cancell	lation			V	ictor							
None CE Washington					F.	ACILITY I	NFORMATION						
Name of Facility Where Ab Residence	patement is	s Takir	ng Pla	ce (3)			5%	Type of Facil				-	
Street Address								School (K	(-12)				
Street Address								☐ Subchapt	er 8 (Other than K- ., private and comm	12) ercial l	buildir	าตร	
City (5)								homes, e	tc.)	oroidi i	Juliuli	195,	
Surf City								Square Feet	# of Floors	E	3ldg.	Age	
County (6)								2000	2		65		
Ocean					Col	unty Code (7)(STATE USE ONLY		(Prior if being demo	lished)			
Name of Monitoring Firm H	lired by Bui	ildina	0	- (0)	1001		Total Control	Residenc					
N/A	med by Bui	liding	Owner	(8)	ASC	VI No.	Name of Abaten						
Street Address								ontracting, In	c.				
3.531.144.333							Street Address						// 2-
City, State, Zip Code		-					1889 Route						
,,							City, State, Zip (
Project Manager for Monito	ring Firm			Te	ephone	No	Telephone No.	New Jersey					
					Српопе	. 140.	732-349-993	2	License No.				
Start Date (10)		Sched	duled (Compl	etion D	ate (11)	Name of OSHA		00624				
11 /08 /						18	E.M.S.L. Ana						
Occupancy Status During A							Street Address	<u> </u>			-		_
☐ Facility Closed/Vacated	During Enti	ire Pe	riod of	Abate	ement		1056 Stelton						
Abatement Performed O	utside of N	lormal	Facili	ty Hou	rs - De		City, State, Zip C	ode					
Time of Abatement:		—PI	VI/	PIV		_AM		New Jersey 0	8854				
Scope of Work (Check all th	at apply)						-						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				enova emoliti			☐ Mini-End	closure g Procedure	egative Pressure Jon-Friable Procedu	ıre			
				Loca							atem	ent T	ype
Location of Asbestos-Containing Ma	terial (ACM	(1)		Norma	ely by	Achor	Description of stos Containing Ma				_	1	T
TO BE ABATE	<u>D</u>	.,		inten	ince/ Staff?	(i.e.	, thermal systems	insulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	(12)			surfacing, VAT	, or	SF or LF)	× <u>a</u>	-	lusc	sure
(, -)			Yes	No	N/A	1	other miscellane	ous)				ate	
exterior						asbesto	s siding		2100 sf				
			П						1.000				
			=	-							Ш	Ш	Ш
lome of Desister 1111													
Name of Registered Waste H				1,000	JDEP V		Cubic Yards of		istered Landfill				
Guardian Contracting,	inc.				20223	Transfer of the Parket of the	Waste 3	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New Jerse	•						11/12/18	Tullytown	, Pennsylvania				
completed By (Print or Type)		Title					Signature	1	Da	te t	-	1	
Nicholas Fernicola		Pr	oject	Man	ager			(/			1	

(10018	of I	A	III.	(Pu	ırsuaı	nt to NJA	AC 8	8:60 and 5:1	6)					
Date of Notification (1)		0.000			A STATE OF THE STA			wner/Operator (2)		-00	T	5	2018
	22 /	18	_		Me	rrick Cor	nstr	uction		1.00	3	51	80	5
Agencies Notified	Type Notific	ation			Stree	t Address				I A	SBES	TOS	COR	VIAC
⊠ EPA	⊠ Initial				524	1 Prospe	ct A	venue		- mak mak (************************************		ME.	VSIN	G
☑ DOH	Amende Amendm	150000			City, S	State, Zip (Code	9		197-2-197-19				
□ DCA	☐ Emerger		cluding		Litt	tle Silver	, NJ	07739						
(NJAC 5:23-8)	justificati	ion)		C	Name	of Contac	t			Telephone Num	ber			
	☐ Cancella	tion			Ma	rk				908-510-197	7			
					FA	CILITY IN	IFO	RMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facility	(4)				
Residence									School (K-12					
Street Address									Other (i.e., p	3 (Other than K-12 rivate and comme		iilding	js,	
City (5)									homes, etc.)		1.00			
Little Silver									Square Feet	# of Floors	- 1	dg. A	ge	
County (6)					Cour	atu Cada /7	N/OT	ATE USE ONLY)	2000 sf	2		80		_
Monmouth					Cour	ity Code (/)(311	ATE USE CIVLY)		or if being demolis	snea)			
Name of Monitoring Firm	Hirad by Ruil	ding O	wpor /	0)	ASCM	No	No	mo of Abotom	Residence					
Guardian Contraction		ung O	wilei (0)	ASCIVI	NO.	The same		ent Contractor (9) ntracting, Inc.					
Street Address								reet Address	3,					
1889 Rte. 9, Unit 61								1889 Route 9	, Unit 61					
City, State, Zip Code							Cit	ty, State, Zip Co	ode					
Toms River, New Je	ersey 08755	;					1	Toms River, I	New Jersey 08	755				
Project Manager for Moni	toring Firm			Tele	phone	No.	Те	lephone No.		License No.				
Nicholas Fernicola				73	2-349	-9932	7	732-349-9932		00624				
Start Date (10)	5					te (11)	Na	me of OSHA M	lonitor					
11 /07 /	18	1	1_/	09	_ /	18	E	E.M.S.L. Anal	ytical					
Occupancy Status During	Abatement (Check	only o	ne)			Str	eet Address						
□ Facility Closed/Vacate	The state of the s						1	1056 Stelton						
Abatement Performed							Cit	y, State, Zip Co	ode					
Time of Abatement: _		PIVI		_PIVI-		AIVI	F	Piscataway, N	New Jersey 088	854				
Scope of Work (Check all	that apply)								×4 5 435 24			No.		
≥3 sf or ≥3 lf			☐ Rer	novati	on			☐ Full Cont☐ Mini-Encl	ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf			□ Der						Procedure					
						1		☐ Non-Exer	mpted (*) and Nor	n-Friable Procedu				
Lacation				Locat Iorma				D			Ab	_	ent Ty	ype
Location (Asbestos-Containing N		1)	Use	d Sole	ly by	Asbe	stos	Description of Containing Mat		Amount	Rer	Repair	Encapsulate	Enclosure
TO BE ABA	TED			ntena odial S		(i.e		ermal systems i		(Specify	Remova	air	aps	dos
IN Facilit (13)	У		ouot	(12)	Jun.			surfacing, VAT, ther miscellaned		SF or LF)	<u> </u>		ulat	ıre
7. * * * * * * * * * * * * * * * * * * *			Yes	No	N/A								е	
basement				\boxtimes		asbesto	s p	ipe insulatio	n	260 If				
										299/82/2009				
												П		
Name of Registered Wast	e Hauler				JDEP V	Vaste	Cul	bic Yards of	Name of Regist	tered Landfill				
Guardian Contractir				Н	auler ID 20223		Wa	ste	T.R.R.F.					
City, State								posal Date	City, State					
Toms River, New Je	rsey						1	1/09/18	Tullytown,	Pennsylvania				
Completed By (Print or Ty	rpe)	Title	-				_	Signature		Da	te r	- 1		-
Nicholas Fernicola		Pro	oject	Mana	iger			M	· tou		0/2	, /,	4	
								I I	1-10-		100	-11	J	

D-A-CIN CE											100	
Date of Notification (1)	00	100		Na	me of Build	ding Owner/Operator	(2)	11 11	00	1	2	20
	/	18		ı	Unlimited	Homes		1 -2		15 1	- }	
Agencies Notified	Type Notificat	ion		Str	eet Addres	S		9	340	7-5		
☑ EPA ☑ DOLWD	☐ Initial			F	O Box 2	05				CEN	Silv	G
☑ DOH		n+ #		Cit	y, State, Zip	Code						
□ DCA			ling	17 17 783								
(NJAC 5:23-8)	justification	1)	inig	Nai	me of Conta	act		Telephone N	ımbar			
	☐ Cancellation	n		F	Robert Sci	hwartz		a confidence of the comment				
				F	ACILITY	INFORMATION		040-333-3	021			
Name of Facility Where A	Abatement is Ta	king Pla	ace (3)		AUILITI	INFORMATION	T					
Residence			(-)									
Street Address							Subchapter	8 (Other than K-	12) nercial	huildi	nae	
City (5)							homes, etc.))	1010101	Danai	ngs,	
Point Pleasant								# of Floors		Bldg.	Age	
County (6)				10		(D) (A	1600 sf	1		65		
Ocean				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished))		_
	Hirad by Dulla!-	a O:	- (0)	1000			Residence					
N/A	med by Buildin	y Owne	(8)	ASCI	vi No.			X				_
Street Address							ntracting, Inc.					
01.00171007033						Street Address						
City, State, Zip Code												
ony, orace, zip code						100						
Project Manager for Monito							New Jersey 087	755				
roject Manager for Monito	oring Firm		Tel	lephone	e No.	Telephone No.		License No.				_
Start Date (10)		4177						00624				
11 /09 /	Sch	eduled	Compl	etion D	ata (11)							
	10					Name of OSHA M	onitor					
		11	/ _1			기를 보고 있다면 그렇게 되었다면 살아 보다 되었다.						
Occupancy Status During A	Abatement (Che	11 ck only	/ _ 1	2_/		기를 보고 있다면 그렇게 되었다면 살아 보다 되었다.						
Occupancy Status During A ☐ Facility Closed/Vacated	Abatement (Che	11 ck only	one)	2 /	18	E.M.S.L. Anal						
Occupancy Status During A ☐ Facility Closed/Vacated ☐ Abatement Performed C	Abatement (Che During Entire P Dutside of Norm	11 ck only eriod o	one) f Abate	ement		E.M.S.L. Anal Street Address 1056 Stelton	ytical					
Occupancy Status During A ☐ Facility Closed/Vacated ☐ Abatement Performed C Time of Abatement:	Abatement (Che During Entire P Dutside of NormAMI	11 ck only eriod o	one) f Abate	ement		E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co.	ytical de	54				
Occupancy Status During A ☐ Facility Closed/Vacated ☐ Abatement Performed C Time of Abatement:	Abatement (Che During Entire P Dutside of NormAMI	11 ck only eriod o	one) f Abate	ement		E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co. Piscataway, N	ytical de ew Jersey 088					
Decupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement: Scope of Work (Check all the	Abatement (Che During Entire P Dutside of NormAMI	11 ck only Period of all Facility PM/	one) f Abate ty Hou PM	ement rs - De		E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Cor Piscataway, N	ytical de lew Jersey 088 ainment with Negalosure Procedure	ative Pressure				
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Decupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement: Scope of Work (Check all ti ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	Abatement (Che During Entire F Dutside of NormAMF hat apply)	eck only eriod or al Facilit Ma Cus Yes	one) f Abate ty Hou PM enovate emolitie s Local Norma et dodal (12) No	ement rs - Delicion lly ely by nce/ Staff?	scribe AM	E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Cor Piscataway, N Full Conta Mini-Encle Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	de ew Jersey 088 sinment with Nega sure Procedure apted (*) and Non-	Amount (Specify SF or LF)	Removal	Repair	1	-
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Occupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement: Scope of Work (Check all the companies) \$\geq 3\$ sf or \$\geq 3\$ lf \$\geq 2160\$ sf or \$\geq 260\$ lf Location of Asbestos-Containing Mator BE ABATE IN Facility	Abatement (Che During Entire F Dutside of Norm _AMI hat apply) aterial (ACM) ED Hauler , Inc.	eck only Period of all Facility PM/	/ _ 1 one) f Abate ty HouPM enovate emolitie s Local Norma ed Sole sintena todial (12) No	ement rs - Derion con con con con con con con con con c	Asbes (i.e. asbesto	E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Corpiscataway, N Full Contall Mini-Enclor Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous siding Cubic Yards of Waste 3 Disposal Date 11/12/18	de lew Jersey 088 leinment with Negaboure Procedure Internal (ACM) Sulation, or Jus) Name of Register T.R.R.F. City, State	Amount (Specify SF or LF) 1550 sf	Removal 🛛 🗆	Repair	1	-

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Notification (1) Name of Building Owner/Operator (2) 10 22 1 18 Kimak Builders Agencies Notified Type Notification Street Address LICENSING 3435 Woodfield Avenue □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Wall, NJ 07719 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Mike Kimak 732-618-1429 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Interlaken 1500 sf 2 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Guardian Contracting, Inc. Street Address Street Address 1889 Rte. 9. Unit 61 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Nicholas Fernicola 732-349-9932 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 06 / 18 __11__/ 08__/ 18 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Used Solely by Remova Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount ncapsulate Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A basement \boxtimes asbestos pipe insulation 130 If П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey 11/08/18 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Date Nicholas Fernicola **Project Manager**

ASB-41

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 10 22 1 18 **VWV** Construction Agencies Notified Type Notification Street Address **⊠** EPA ASBESTOS CONTROL & 104 Tarpon Drive □ DOLWD ☐ Amended City, State, Zip Code M DOH Amendment # Ortley Beach, NJ 08751 □ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Sonny 13-390-2367 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lavallette (Chadwick Beach) 1600 sf 2 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __11__ / __09 _ / __18 11 / 13 / 18 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior \bowtie asbestos siding 1600 sf \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey 11/13/18 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Date Nicholas Fernicola **Project Manager** 12

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ASB-41

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CL 783(PAID)	ursuant to NJAC 8:	60-7 and 12:120-	7)	OCT 2 5 2018							
Date of Notification (1) 10/22/18 Type Notification	Edwin B. Forsy	Owner / Operator (2) the Wildlife Refuge	WITTERS CONTRACTOR	100000000000000000000000000000000000000							
Agencies Notified EPA DEP X DOL X DOH DCA Emergency Notificati X DOL Cancellation	on City, State & Zip C	Code	Later in company of the co	Telephone Number							
	FACILITY INF	ORMATION									
Name of Facility Where Abatement is Taki Abandoned Res Street Address 180 Lower Shore	dence	Type of Facility (4) School (K-12) Subchapter 8 (0 X Other (i.e., priva	Other than K-12,) al buildings, homes, etc.							
City (5) County (Barnegat Ocean	County Code (7)		# of Floors 1.5	Bldg. Age 70							
Name of Monitoring Firm Hired by Building Environmental Tactics, Inc Street Address	Owner (8) ASCM No.	Residential Name of Abatement Global Abatemen Street Address		LC							
64 Broad Street City, State & Zip Code Matawan, NJ 07747		443 Schoolhouse City, State & Zip Coo Monroe Townshi	de								
Project Manager for Monitoring Firm Tom Geiger Scheduled Start Date (10) Scheduled	Telephone Number 732-290-2217	Telephone Number License Number 732-605-9062 Logense Number 00714									
11/2/18	Completion Date (11) 11/4/18	Name of OSHA Mon Global Abatemen		LC							
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Ent Abatement Performed Outside of N Describe: Area Isolated Durin Other - Describe:	re Period of Abatement ormal Facility Hours -	Street Address 443 Schoolhouse City, State & Zip Coo Monroe Township	de								
Scope of Work (Check all that apply) X Demolition Renovation Full Containment with Negative Pressure Large Project Mini-Enclosure X Quantity is ≥ 3 SF or ≥ 3 LF ACM Glovebag Procedure Quantity is ≥ 160 SF or ≥ 260 LF ACM X Other: Non-friable											
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous	Amo (Spe Square or T Linear	cify (Specify: Removal, e Feet Repair, Encapsulation or Enclosure)							

Transite siding

120 SF

Removal

N/A

N/A

HVAC Room

HVAC Room

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Date of Notification (1)			(Pur	suant to	NJAC 8:60	and 12:1	EMENT 20)	Thanking	3/		LTD	U \			
10/22/18			Na Ti	ame of Bu	ilding Own	er/Operat	or (2)	The state of the s	And the second	OCT	2	20	R		
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Amend	lment #		_ W	y, State, est Cre	Zip Code ek, NJ 08	3092		-	THE STREET STREET, STR	LIC	707.60	MG	- Partition		
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Name of Facility Where Abatement is Beach Haven	Taking Pla	ice (3)		ACILITY	INFORMA	TION	Type	f Facility (4							
Street Address								chool (K-12							
							Si	ubchapter 8	(Other th	nan K-1	12)				
City (5) Beach Haven								ther (i.e. pri			cial bu	ldings,	homes,		
County (6)							Square	Feet	# of Flo	ors		Bldg. A	ge		
Ocean			Cour (STA	nty Code TE USE C	(7) NLY)		Current	Uss (Prior	if being d	emolis	hed)				
Name of Monitoring Firm Hired by Build	ing Owner	(8)		SCM No.	- 0	Name	поте				ef.				
Street Address						AAA	LEAD F	ment Contra PROFES	actor (9) SIONAI	S					
						Street /	Address								
City, State, Zip Code		- 100 m					ate, Zip (OVE COU	IRT						
Project Manager for Monitoring Firm						LAKE	WOOD	Joae), NJ 087	01						
			Telep	hone No.	1	Telepho	ne No.			ense No	0.				
Start Date (10) 10/26/18	Scheo	iuled C	ompletio	n Date (1	1)		68-907 f OSHA 1		120	00					
Occupancy Status During Abatement (Ch	1(1/3(1/18	-00	-		AAA L	EAD P	vionitor ROFESS	SSIONALS						
Facility Closed/Vacated During Facility						Street A	ddress								
Abatement Performed Outside of No Other – Describe:	rmal Facil	ity Hou	ament ars		ŀ	City, Sta		VE COUP	RT						
Scope of Work (Check All That Apply)						LAKEV	0,200D,	NJ 0870	1						
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× ≥160 sf or ≥260 lf	×	Demo					Full Cor Mini-En	ntainment w closure	ith Negat	tive Pre	essure				
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	A PERLSTEIN OWNER									10/22	/18				

11/29

10/22/18

Disposal Date

Signa burs R. CIP. Pharm

Minerva Enterprises .LLC

Waynesburg, Oh, 44688

10)11/18

ID No.

Estimator

N.J. 07601

17109

* Do not use this form for ashestos licentaling

Best Removal Inc

Hackensack,

J. Maiorano

City, States

A88-41

Completed by

Jan 04 2000 12:37AM NJ Asbestos Control 609.633.0664

10/18/2018 18:18AM 2013297440

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Date of Notification (1)			T	Name	of Buildin	g Owner/Operator	(2)		6 G	-	y	1		
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Agency Notified	Type Notification		\dashv		Address			- HHiii			000000			
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Name of Facility Where	Abatement is Taking Pl	ice (3)		1701		ORMATION	Type of Facility	(4)			-			
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Street Address	INDIFFICE	ررو			-		School (K-1:	2) 8 (Other than K-12	», ·					
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City (5) .						•	Square Feet	# of Floors	Bidg. Age		-			
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Name of Monitoring Firm	Hired by Building Own	er .	ASCM	No.		Name of Abatem	nent Contractor (9)		10.00				
(8)						Best Re	noval In	С						
Street Address						Street Address								
						450 Sou	th River	St						
City, State, Zip Code						City, State, Zip C	Code							
	*					Hackensack, N.J. 07601								
Project Manager for Mon	itoring Firm	Te	lephor	ne No.		Telephone No.		License No.						
						201-329-	-7444 -	00388						
Start Date (10)	Scheduled C	ompleti	on Dat	te (11)		Name of OSHA								
11/1/18	11	121	18	Omega Environmental										
Occupancy Status Durin	g Abatement (Check on	ly one)				Street Address								
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2 Other - Describe: 7	BODM TO SO	SPM		~		S. Had	ckensack	,N.J. 07	606					
Scope of Work (Check a	Il that apply)					D.E. B.		N	-					
21≥3 sf or ≥3 lf			_	Ren	ovation		Containment with Enclosure	Negative Pressur	е					
☐ ≥ 160 sf or ≥ 260 lf				□ Den	nolition	JE Glov	ebag Procedure							
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Best Remo	val Inc	ID	No.	100		Waste 1/201	Minerva	a Enterpr	ises ,	LI	C			
07. 01.			Τ/	109		11/2 9		•				_		
City, State	1- N T 0.7	601				Disposal Date	City, State	1 0.	11100					
	k , N.J. 07	OUL				11/2/18	Waynes	sburg, Oh	, 44688 Date			_		
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J.Maiorano		imat		-		1		3	1-155	- 11	0	_		
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Date of Notification (1)				Name	of Building	Owner,	/Operato	r (2)		7000		-(-() [()	-
10/22/18				Rene	e Henriqu	uez						F	<u>a</u>		T. C.
Agencies Notified	Type Notification	า		Street	Address							15 (5	5 /	\//
☐ EPA	× Initial												THE PARTY NAMED IN	***************************************	bal management
DEP	Amended			City, S	tate, Zip C	ode									
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⊠ DOH	Emergency justification		g	Name	of Contact					I Te	lephone				LUIG
DCA	Cancellatio			Rene)					1 19	repriorie:	141111111			
	0.000			FAC	ILITY INF	ORMAT	ION							CON	brita.
Name of Facility Where	Abatement is Taki	ng Place	(3)	IAC	VILIT I INT	ORWA	ION	Tv	pe of Facility	(4)	Carle Control Confession Control	· · · · · · · · · · · · · · · · · · ·	LICE	MORK	3
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Street Address									School (K-	12)		(40)			
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City (E)						2 - 12 - 23 1			etc.)	private	a commi	ierciai L	ulidii	ys, non	ies,
City (5)								Sq	uare Feet	# 0	f Floors		Bld	g. Age	
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County (6)					Code (7)			Cui	rrent Use (Pri	or if be	ina dem	olished)		
Essex				(STATE	USE ONLY)		10500	me		3				
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		Name	10.10.7	batement Cor	atractor	(0)				-
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Street Address							_			ii Ser	rices, L	LLC			
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City, State, Zip Code									483, 4 E G	ate D	rive				
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							Glen	WOO	d, NJ 074	118					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none	No.		Licens	e No.			
							973-	764	-2276		703				
Start Date (10)		Schedu	led Co	mpletion	Date (11)		Name	of O	SHA Monitor						
10/31/18		11/7/1		W.	,		ramo	0, 0,	or the Mornitor						
Occupancy Status During	Abatement (Cher	ck Only O	ne)				Ctasas	A -1 -1 -							
			- 4				Street	Adar	ess						
Facility Closed/Vaca Abatement Performa	ated During Entire	Period of	Abate	ment											
X Other - Describe: b	ed Outside of Norn pasement	nai Facilit	y Hour	S			City, St	tate,	Zip Code						
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Scope of Work (Check Al	I That Apply)														
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reehold NJ						100	al Date		City, State						
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A. Scott Higgins		Title				Si	ignature		11 -			Date			
i. ocott niggins		ident					1				10/22	/18			

Date of Notification (1)					8:60 and 12:1 Owner/Operate	- /	leci	C 1.	31	4	6		
10/22/18			Toh	ar Excava	Owner/Operate	or (2)	j		-	-			
Agencies Notified Type Notification	on			t Address	aurig			AE	P	1 [= 1	1	
⊠ EPA				High Stre	of		1				5 []	Tanakhar.	
DEP Amended				State, Zip Co			AT years	n\l					
X DOL Amendme	ent #		Non	wood, NJ	07648		50 acres	Services Services	OC.	T) 5	20	
➤ DOH Emergence	y (includ	ling		of Contact	0,010		lest	hal.				20	
DCA Cancellati				mas Loco	vare		Tele	phone Nu	mber				
Name of Equilibrium				CILITY INFO			9/3	-943-68			CO	VII	
Name of Facility Where Abatement is Tak	ing Plac	e (3)				Type of Fac	ility (4)		1.	UEI	YSIN	IG.	
Street Address						School							
						Subcha	pter 8 (Other i.e. private &	than K-12	2) al bui	ilding	js, ho	ome:	
City (5)						etc.) Square Feet							
New Milford						2100	2	loors		ыад. 58	Age	ě	
County (6)			County	Code (7)		22/2/2019	(Prior if being	- de 11 - 1		00			
Bergen			(STATE	USE ONLY)		home	(i noi ii being	j demolish	ea)				
Name of Monitoring Firm Hired by Building	Owner	(8)	ASC	M No.	Name	of Abatement	Contractor (9	1)					
Ctroot Add					ABS	Environme	ntal Servic	es IIC					
Street Address						Address		CO, LLO					
City State 7: 0	State, Zip Code						4 E Gate Drive						
City, State, Zip Code					City, State, Zip Code								
Project Manager f						wood, NJ (
Project Manager for Monitoring Firm			Telepho	one No.		one No.		icense No					
Start Date (10)					973-764-2276								
11/5/18	Schedu	uled Co	mpletion	Date (11)	Name o	of OSHA Moni							
	11/19	9/18											
Coccupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: basement	Dorinal -		ment 's			Address ate, Zip Code							
					-	ato, Lip Gode							
Scope of Work (Check All That Apply)												_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			×	Full Contain Mini-Enclose Glovebag Pr Non-Exemp	ocedure						
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Location of		Normal ed Sole			Description of	.f					pe		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	todial (12)	nce/ Staff?	(i.e. the	Containing Ma ermal systems i surfacing, VAT, ther miscellane	terial (ACM) nsulation, or	Amou (Spec SF or I	1000000	Remova	Repair	Encapsulate	Enclosure		
Rooment	Yes	No	N/A						_		ite	e	
Basement		Х	ţ.	oipe insulation	on	30 LI	F x						
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me of Registered Waste Hauler		N	IDED W	ota Ta			1						
S Environmental Services, LLC	Tradici ib ivo.			Registered L Brothers Sa		and	lfill		la constant				
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y, State				Di	sposal Date	City Sta	to					_	
y, State enwood NJ mpleted by					sposal Date BD	City, Sta Easton							

Date of Notification (1) 10/22/18			Nan	ne of Bui	lding Own	and 12:		the	L.	10	17	7	
Agencies Notified Type Notified	notion		Me	elissa M	1inelli		XX			E (3		1
EPA X Initial	auon		Stre	et Addre	SS			- A PER	KI	Transport .	<i>y</i> [= U	-
DEP Amend			City,	State, Z	ip Code					-00	OT.) <u>F</u>	-00
Emerg	ment #_ ency (inclu	dina	- Wo	odbrido	ge, NJ (7095		ĺ	되 님	U	.	- 0	20
DCA justifica	ition)			e of Con				110	elephone	-Ni imk	\Q <i>r</i>		_
				lissa M				1 f		Y MITTIN		COi	Ti
Name of Facility Where Abatement is	Taking Place	ce (3)	FA	ACILITY	INFORMA	TION	TT- (F		the second second	William Allega	TO MANERAL COM	1010	<u>iG</u>
home Street Address	100						Type of Faci	02000 - 20					
							School Subcha Other (i.	(K-12) pter 8 (Otł e. private	ner than I	K-12)	auildin	ae b	om.
City (5) Woodbridge							etc.) Square Feet			or order i	2		
County (6)							2200	2	of Floors			g. Age	9
Middlesex			Count	ty Code ((7)		Current Use (100 000	ina domo	link - d	61		
Name of Monitoring Firm Hired by Build	in = O	(0)		E USE ON	VLY)	_	home	i noi ii be	nig demo	iisnea)		
Build	ing Owner	(8)	ASO	CM No.		Name	of Abatement (Contractor	(9)				
Street Address						ABS	Environmer	ital Serv	ices, L	LC			
						Street	Address						
City, State, Zip Code						PO	Box 483, 4 E	Gate D	rive				
						City, S	State, Zip Code	7440					
Project Manager for Monitoring Firm	-3		Teleph	one No.			iwood, NJ 0	7418					
Start Date (10)							764-2276		License 703	No.			
11/1/18	Sched	uled Co	mpletion	Date (1	1)		of OSHA Monito	or.	703				
Occupancy Status During Abatement (Cl	11/8/	18											
Facility Closed (Accepted Daylor Town	leck Only (One)				Street	Address					_	
Facility Closed/Vacated During Entity Abatement Performed Outside of No.	e Period o ormal Facili	f Abate	ment										
Describe, basement		ty moun	3			City, St	ate, Zip Code						_
cope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli	ation tion			×	Full Containn Mini-Enclosu Glovebag Pro	e cedure					
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Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole intena	nce/	Asbes	stos Conta	ining Ma	terial (ACM)	Αm	ount		Τ.	PC	T
In Facility (13)	Cus	todial S (12)	Staff?	(i.e	. thermal s	systems ing, VAT,	nsulation	(Spe	ecify	Re	77	Enc	1
(10)		(12)			other mi	scellane	ous)	SFO	r LÉ)	Removal	Repair	apsı	Licioadia
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me of Registered Waste Hauler		N.	IDEP Wa	ste	Cubic Ya	ards	None						
ehold Cartage		Ha	uler ID N	10.	of Waste	i us	Name of F						
, State		15	939		TBD		Westerr	Berks I	Landfill				
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npleted by Scott Higgins	Title					nature	Birdsbo	OPA					

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Date of Notification (1)	/ _1	8			me of Build Lori Perry	ng Owner/Operato	(2)	in mengaryanna	100		-		
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Cane	cellation				Lori Perry			•н .	I MANAGER IN	Mundal.			
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Name of Facility Whore Abatemen	t is Takir	ng Pia	ce (3)				Type o	Tac Sty	M		-		
Perry Residence							Soh	i bi (Hi-15	(~/ 25				
Street Address			1				- I Sub	apilor i	2) 8 (Othar than K	-12)			
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City (5)	0.500			-			Square		# of Floors	- 13	Hdg.	åna.	-
Willingboro							1.90	1	3	- 1	DA.	184	
County (6)				C	ounty Code (T)(STATE USE ONLY)	Curren	Ise (Pr	or if being dom	elished)	-	-	motes
Burlington		_	sayes.				Rosi	(ence					
Name of Monitoring Firm Hired by	Building	Owne	(8)	ASC	M No.	Name of Abston							_
Management & Enviro. Con Sirest Address	eulting	Serv	ices	<u>L.</u>		Shade Envir	onment	, LLC					
PO Box 341				Soldie		Street Address		-		-	_	CN ATTENDED	
City, State, Zip Gods		4				623 Cutlor A							
Chestorfield, NJ 08815						City, State, Zip C		* Committee of the Spinish			-		
Project Manager for Manitoring Fire			-			Maple Shade	e, NJ 08	1 12					
Bill Wolsgarber	п				no No.	Telephone No.			License No.			DURING	N/CARRO
Start Date (10)	Techno	1.14.2			98-4070 Data (11)	856-755-009			00842				
10 / 22 / 18					18_	Name of DSHA							
Occupancy Status During Abatemen						EMSL Analy	cical, inc						
Facility Closed/Jocated Quring &	Entire D-	n writy	UPIED)	lagrant.		Street Address		255		-	-		-
Abstement Parformed Outside o	f Normal	Facill	ly Ho	um - D	aucribe	200 Route 1							
Time of Abalement:AM	P1	AI_	PA	N	_AM	City, State, Zip 6 Clanaminson				1000000			
Scope of Work (Check of that apply)		_	4		Cicinaminsoi	, NJ 08	17		-			
		ICH				☐ Full Con	talament	ish Hace	ptivo Preseure				
23 sfor≥3 lf □ ≥150 sfor≥260 lf		⊠ Ri	tvoné lioma			☐ Mini-Eng ☐ Gloveba	CEUIR						
						Non-Exe	Mated (a)	and Non	-Friebio Proce	dute			
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TO SE ABATED				sanço/	I fin	thermal systems	Insulation	"	(Spacify	Remaval	Repair	18	Enclosure
(13)			(12		_	surfacing, VAT	, or	1	SF or LF)	ě	1	Encapsulate	Sing
		Yes	No	N/A	4	Terimonation PO						1	1
Bathroom			×	0	Floor T	le and Maptic	-	-+	24 SF	R50	=	pen	_
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		-	-	THE REAL PROPERTY.	-						Q		
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lame of Registered Wests Hauler					Waste	Cubic Yards of	Name	Registe	ered Landfill			ابدا	_
Freehold Cartage			1	Hauler 1590	10 No.	Waste		es Lar					
dty. State		-		1000		Disposal Date	City, 5	le ·				-	2
					1	10/23/2018		aville.	BA				
Freehold, NJ					1	A COMMISSION AND A SECOND	I mimi	maniada"	r _A				
Freehold, NJ Completed By (Print or Type) Christina Lynch	Title					Signature	-			Date		_	_

CR# 1074

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PA		N		ICATI	ON ASBI	ESTOS ABATEN 8:60 and 12:120			EGE		W		A Company of the State of the S
Date of Notification (1) 10/18/2	2018					ng Owner/Operator erg & Son	(2)	And the second second	OCT 2	5 2	018	Value of Principles	
Agencies Notified EPA	Type Notification	n		100000000000000000000000000000000000000	et Address Cedar A		Andrew Co.		AODESTOS	YNKI	TACI	57.	
DEP	Amended Amendment Emergency (īa	137/2	State, Zip Idlesex, 1	Code NJ 08846			LICER	SIN(3	and the second	****
DOH DCA	justification) Cancellation		J	1000	ne of Con Pudimo				Telephone Num 732-856-9505				
		-		FA	CILITY IN	FORMATION							
Name of Facility Where Abandoned Residen		ng Plac	e (3)				Type of Fac						
Street Address 17 Waverly Ave							Other (i.e	e., pr	(Other than K-1) ivate 8 commerci		ldings		
City (s) Maple Shade							Square Fee 1500 SF		# of Floors	100	Bldg. A	_	
County (6) Burlington				Cou	inty Code	(7) (STATE	Current Use Residence		or if being demoli	- -	_		_
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCM	No.	Name of Abatem AEi2, LLC	nent Contracto	r (9)					
Street Address						Street Address 361 E. Flemin	g Pike						
City, State, Zip Code						City, State, Zip Hammonton,	Code						_
Project Manager for M	onitoring Firm		Tel	ephone	No.	Telephone No. 609-481-212			License No. 00689				
Start Date (10) 10/27/18		duled C	omple	etion Da	ate (11)	Name of OSHA N AEi2, LLC	Monitor	_					
Occupancy Status Durin	g Abatement (Che	ck only		tement		Street Address 361 E. Flemi	na Dika						_
Abatement Performed Other - Describe:						City, State, Zip C Hammonton,	ode						
Scope of Work (Check at	I that apply)							Ner	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X Re	enovat molitic	ion on		Mini-End	closure a Procedure		n-Friable Procedu	ıre			
Location	of	No	ocati ormall	y		Description of					Abater Typ		
Asbestos-Containing M TO BE ABAT IN Facility (13)	aterial (ACM)	Mair Cu	ntenar ustodia Staff? (12)	nce <i>l</i> al		thermal systems ir surfacing, VAT, other miscellaneo	erial (ACM) esulation, or		Amount (Specify SF or LF)	R e m o v a	R e p a i	H n o d p, n u l	Enclosur
Kitchen		Yes	No	N/A X	Flo	or Tile		+	230 SF	1		a t	е
Attic		\vdash		X					180 SF	-	X	_	-
Window Caulk				X	Cau	oor Tile ılk			10 SF	-	X		
Name of Registered Was	te Hauler		(400)	IJDEP V		Cubic Yards of Waste	Name of R	egist	ered Landfill				
AEi2, LLC			103.50	1376	, 110.	2	ACUA						
City, State			1	100000		Disposal Date	City, State		/				

Hammonton, NJ

Title

Program Mgr.

Completed By

Wm. Minnick

TBD

Signature

ger Egg Harbor Twp.

NJ

Date 10/18/18

UK.7al	PA	ID	нот	IFIC (P	ATIO	State of N N OF AS nt to NJ	BE	Jersey STOS AE 8:60 and	BAT 5:16	EMENT (6)			C	E		W		Contract Contract
Date of Notification (1)	24 /	18	3			e of Buildir		wner/Opera	ator (2	2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Story on August 1988	OCT	2 5	j	2018		The second
Agencies Notified EPA DOLWD DHSS DCA	☐ Initial ☐ Amendo Amendo	ed nent #			City,	t Address Thorna State, Zip ison, NJ	Code		looi	L	oth music may see as	ASB	EST	JS 0 DEMS	ON IN	THO!	. ői	ž.
(NJAC 5:23-8)	justifica	tion)	iciuairi	g	Name	e of Contac	ct				11.70.000	lephor						
	_======================================			7.	ΕΛ	CILITY	IEO	RMATION	1			102 1	, 0 , 0	772				
Name of Facility Where A	Type Notification ☐ Initial ☐ Amended ☐ Amended ☐ Amended Initial ☐ Cancellation ☐ Cancellatio		(3)	1 14	CILITI	VI C	NIVIA I ION	N	Type of Equility	. / 4\								
Bank of America		Cartin	9 1 1000	, (0)						Type of Facility ☐ School (K-1								
Street Address								Subchapter	8 (Ot	her tha	an K-1	2)						
336 Park Avenue										Other (i.e.,)	private				buil	dings,		
City (5)										Square Feet	400	of Flo	orc	- 1	DId	g. Age		_
Scotch Plains, NJ 0	7076									oquare i eet	"	1	015		4			
County (6)	157773				Cou	nty Code (7)(ST	ATE USE ON	LY)	Current Use (P	rior if	beina	demo	lished	1		-	
Union												9			90			1
Name of Monitoring Firm	Hired by Bu	lding (Owner	(8)	ASCM	No.	Na	ame of Abat	teme	nt Contractor (9	9)							-
ARCADIS U.S Inc.								JVN Resto		Marie Ma								
Street Address							Sti	reet Addres	ss									\dashv
44 South Broadway							4	47 Foster	Roa	ıd								
City, State, Zip Code							Cit	ty, State, Zi	р Со	de								-
White Plains, NY 10	601							Staten Isla										
Project Manager for Monit	toring Firm	20 - 20	7-7-1	Tele	phone	No.		lephone No	0.502, 121		Li	icense	No.					-
Thomas Ashman				60	07-624	-9548	100	718-605-6				0077						
Start Date (10)		Scheo	luled C	omple	tion Da	ite (11)	Na	me of OSH	IA Mo	onitor			_					-
11 /09 /								Testor Ted		**********								
Occupancy Status During	Abatement	(Check	c only o	one)			Str	eet Addres	S		////-				_			-
☐ Facility Closed/Vacated	d During Ent	ire Pe	riod of	Abate	ment		1	10- 59 Jac	kso	n Avenue								
Abatement Performed	Outside of N	lormal				cribe	Cit	y, State, Zip	o Cod	de	-				-			-
Friday 5 pm to 2 am Sat	urday 1 nm	PN to 10	nm Si	_PM-	AM	0.2 nm		IC NY 11										
Scope of Work (Check all	that apply)	10 10	pin Si	unuay	oani t	o z pm	1								-52			-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati molitic				☐ Mini-l 図 Glove	Enclo ebag	inment with Ne osure Procedure opted (*) and No				ure				
	40		0.000	Locat							Γ				bat	ement	Tvi	oe
Location of		4)		Vorma d Sole			0. . .	Description	on of			10.75			-		1	2.00
TO BE ABAT		vi)	Ma	intena	nce/	Asbe (i.e	stos the	Containing ermal system	Mate ms in	erial (ACM)		Amou (Spec		Hemova		Repair	2	Enclosure
IN Facility	/		Cust	odial : (12)	Staff?		5	surfacing, V	AT,	or	1	SF or	- P	oval		ir lou		Sur
(13)			Yes	No	N/A		ot	her miscella	aneo	us)						ale	2	Œ
2 nd Floor MER						Vibratio	n D	amper CI	oth			20 S	F		1 1		1	\exists
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Basement								lue Packir				4 SI					7	\exists
Basement				П	П	Boiler F	Rope	e Gasket				10 S	F		-	7 7	7	
Name of Registered Waste	e Hauler			N	JDEP \		-	bic Yards of	f	Name of Regis	stered				- 1		-	
Newark Carting				Н	auler II		Wa	ste		Grand Cer				andfi	II			
City, State					NJ-56	U	_	5 posal Date		City, State								
Newark, NJ								1/16/2018		Pen Argyl	PA							
Completed By (Print or Typ	oe)	Title						Signature	1.11	111			D	ate				
Ralph Barnhardt		Pr	oject	Mana	ager			1/1/		Al-)			21	1-6	201	3

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 10/22/18 Street Address Type Notification Agencies Notified EPA Initial City, State, Zip Code Amended DEP X Chatham, Township, NJ DOL Amendment # Emergency (including Telephone Number Name of Contact × justification) DOH Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, Bldg. Age # of Floors Square Feet City (5) Chatham Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Philadelphia Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) AAA LEAD PROFESSIONALS Street Address Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 License No. Telephone No Project Manager for Monitoring Firm Telephone No. 732-668-9078 1200 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) AAA LEAD PROFESSIONALS 11/08/18 11/01/18 Street Address Occupancy Status During Abatement (Check Only One) 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: LAKEWOOD, NJ 08701 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf × Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify Enclosure Removal (i.e. thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)No N/A Yes 180LF PIPE INSULATION X INTERIOR SIDING 4000SF **EXTERIOR** Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste **IESI NEWARK CARTING** 04509 12

Date

10/22/18

City, State

BETHLEHEM PA

Disposal Date

Signature

11/08/18

Title

OWNER

NEWARK, NJ

JOSEPH PERLSTEIN

Completed by

City, State

NOCK				ICATIO	N OF ASE	BESTOS	ABATEM		p-1		Tribumouth.			
Date of Notification (1) 10/19/2018				Name of The S	of Building tro Comp	Owner/oanies	Operator (2) Check#	1268		9 10		W	E
Agencies Notified	Type Notification				Address hestnut S	Street, S	uite 300		Commence of the commence of th	00	T 2	5	2010	TV-SPECTAL PROPERTY.
☑ DEP ☑ DOL	Amended Amendment	t # <u>1</u>		City, St Ridge	tate, Zip C wood, Ne	ode w Jerse	ey 07450		The state of the s	4,400				Mary - Mary
☑ DOH □ DCA	Emergency justification Cancellation				of Contact Minerley				Tele 973	phone Nur 3-289-069	nber 8	uor ISH	uno G	L Et
				FAC	ILITY INF	ORMAT	ION							
Name of Facility Where A	Abatement is Takir	g Place (3	3)					Type of Facility ☐ School (K-1)						
Street Address 240 Route 17 South								☐ Subchapter ☑ Other (i.e. p	8 (Other t	han K-12) ommercial	bldgs	, hom	ies, et	.c.)
City (5) Lodi, New Jersey 074	50							Square Feet 20,000		Floors 2	E	Bldg. A		
County (6) Bergen					Code (7) USE ONLY	j		Current Use (P	rior if being	g demolish	ned)			
Name of Monitoring Firm Lis Consulting Service	Hired by Building es LLC	Owner (8)		ASC	M No.			f Abatement Co Corporation		9)				
Street Address 134 Bennington Parkv	vay						Street A 606 Mo	ddress Bride Ave						
City, State, Zip Code Franklin Park, New Je	rsey 08823							ate, Zip Code and Park, Nev	v Jersey					
Project Manager for Mon Krzysztof Lis	itoring Firm			Telepho 201-652			Telepho 973-22	ne No. 5-8400		License N 01104	0.			
Start Date (10) 10/11/2018		Schedule		npletion 0/2018	Date (11)			f OSHA Monitor rironmental La		es, LLC				
Occupancy Status During	26 (20)	50	(5)				Street A	ddress oute 22 West				-		
☐ Abatement Performed Other – Describe:	ated During Entire ed Outside of Norn	Period of A	Abaten Hours	nent			City, Sta	te, Zip Code NJ 07083						
Scope of Work (Check A	ll That Apply)					_	O'lloll,							
□≥3 sf or ≥3 lf □≥160 sf or ≥260 lf			enovatio emolitio					Full Containme Mini-Enclosure Tent/Glove Ba Non-Exempted	e g Procedu	ıre				
	700		Locati				A 200						ement	
Location Asbestos-Containing TO BE ABA	Material (ACM)	Use	d Sole intenar	ly by	Asbes	tos Cont	scription o	terial (ACM)	C2230	ount				m
In Facili		Cust	todial S (12)	Staff?	(1.6.	surfa	systems i cing, VAT niscellane	or		ecify or LF)	Remova	Repair	Encapsulate	Enclosure
1st Floor		Yes	No	N/A X	VAT & I	Mastic			17,000	SF	X		te	Ф
Name of Registered Was	te Hauler		- 2000	JDEP W auler ID		Cubic		Name of	Registere	ed Landfill				
Lilich Corporation City, State				18724	.40.	of Was		Fairless City, Sta						
Woodland Park, New J	lersey						0/2018	Morrisv						
Completed by Adriana Olejarova		Title Presid	dent			S	ignature	Ke L		Dat 10	te /19/2	018		

Date of Notification (1) 10/01/2018		,	Name The S	of Building Ow Stro Companie	ner/Operato	Or (2)	# 1268	0.07		2010	TAKE I
Agencies Notified Type Notification	1		Street	Address Chestnut Stree			1200	OCT 2	5 ,	2018	
☐ EPA ☑ Initial ☑ DEP ☐ Amended					i, Suite 30			C/27/192	777	TMO.	1 11
☑ DOL Amendme	nt #		Ridge	State, Zip Code ewood, New Je	ersey 0745	50	2010-201-1-1-201				20.74.5
☑ DOH justification☑ DCA ☐ Cancellatio	-		Todd	of Contact Minerley			Telephone 973-289-				
Name of Facility Where Abatement is Taki	ng Place (3)		FA	CILITY INFORM	IATION	Type of Facilit	v (4)			V-1/	
Old Party Box Building Street Address 240 Route 17 South						☐ School (K-	0000	12) rcial bldg	ıs, hor	nes, e	etc.)
City (5) Lodi, New Jersey 07450						Square Feet 20,000	# of Floors		Bldg.	Age 5+	
County (6) Bergen	-		County	Code (7)		Current Use (F	Prior if being dem	olished)			
Name of Monitoring Firm Hired by Building Lis Consulting Services LLC	Owner (8)			M No.	Name Lilich	of Abatement C Corporation	ail Bldg ontractor (9)				
Street Address 134 Bennington Parkway					Street	Address AcBride Ave					
City, State, Zip Code Franklin Park, New Jersey 08823					City, S	tate, Zip Code lland Park, Nev	w Jersey				
Project Manager for Monitoring Firm Krzysztof Lis			Telepho 201-65	one No 2-1119	Teleph	none No. 25-8400	Licens				
Start Date (10) 10/11/2018	Scheduled	Con			Name	of OSHA Monito	500.000	2			
Occupancy Status During Abatement (Chec	k Only One)				Address	aboratories, LL				
 ✓ Facility Closed/Vacated During Entire ✓ Abatement Performed Outside of Norm ✓ Other – Describe: 	Period of Ah	atem	nent		2333 City, S	Route 22 West tate, Zip Code , NJ 07083	t	-0			
Scope of Work (Check All That Apply) □≥3 sf or ≥3 lf ⊠≥160 sf or ≥260 lf		ovatio				Full Containm Mini-Enclosure Tent/Glove Ba	ent with Negative e ag Procedure d (*) and Non-Fri				
	ls Lo	ocatio	on						Abate	ement	t
Location of Asbestos-Containing Material (ACM)	No. Used	rmall Solel			Description	of			Ту	ре	
TO BE ABATED In Facility (13)	Maint Custoo (enan dial S 12)	taff?	(i.e. them	ontaining M nal systems facing, VAT r miscelland		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
1st Floor	Yes	No	N/A X	VAT & Mast	ic		17,000 SF	X		te	
Name of Registered Waste Hauler		218232	DEP W		ic Yards	Name of	Registered Land	ill			
<u>Lilich Corporation</u> City, State Woodland Park, New Jersey		1111000	8724	Disp	osal Date	Fairless I City, Stat	e A				
Completed by	Title	-		1 10	/19/2018	(Morrisvi	ire, PA				

State Of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO US			(Pu	rsuan	t to NJ	AC 8:60 and 1	3ATEMENT 12:120)					
Date of Notification (1) Type Notificat	ion		1	Name of Jay We	Building Own		(2)	OCT	7 1	21	018
x EPA	Initial	ion		S	Street Ac	ldresses		AS	SEEST	18 O	ONT	ROL
X DEP X DOL	Amended Amended			(City, Stat	te. Zin: Lin	vingston NJ	*		ENS		
X DOH	xx Emergen	cy (incl	uding		,,	e, zip. El	viligaton NJ	07039				
DCA	Justificati Cancellat	on)			lame of			Telephone Num	her			
	Carcenae	1011			ndrew		75 22		•			
Name of Facility Where	Abatement	ic Ta	kina E	FAC	(Z)	INFORMATIO			1			
The House	rioutement	15 1 a	Killy P	race ((3)		Type of Fa					
Street Addresses							School (N22010 04504			
							y Other (ter 8 (Other than	(K-12)			
City(5)							Square Feet	i.e. private & con		_	_	ıgs,
Livingston NJ County (6)							Square reer	# of Floors	Bldg	. Ag	е	
Essex			Cou	nty C	ode (7) (STATE USE	Current Us	e (Prior if being	demoli	ched	`	
	. III		ON	LY)	-			e (11.101 II being	delilon	siled)	
Name of Monitoring Firm (8)\- IRIS Environmenta	I Hired by Bi	uilding	g Own	er /	ISCM No.	Name of A	batement Co	ontractor (9)				
Street Address	Laboratorie	28, LL	<u></u>		-	Pezo Inc						
2333 Route 22 West						Street Addre						
City, State, Zip Code			1			4 Beaverbro	ook Rd., #15	0				
Union NJ 07083						City, State,	Zip Code k, NJ 07035					
Project Manager for Moni	toring Firm	Te	elepho	ne No.		Telephone	No. NJ 0/035					
Stort Data (10)			8-206			973-628-782	29	License N 01141	10			
Start Date (10) 10/18/18	Schedi	uled C	omple	tion D	ata (11)		SHA Monito) r				
Occupancy Status During	10/18/	Charle Charle	. 1			IRIS Enviro	nmental Lab	oratories, LLC				
X Facility Closed/Vacated	During Entire	Cneck	only	one)		Street Addre	ess					
Abatement Performed	Outside of N	ormal	Facil	ity Ho	ll ure	2333 Route						
Other -Describe			1 dell	ity 110	uis	City, State, 2	Zip Code					
Scope of Work (Check all ap	oply)					Union NJ 0						
> 3 sf or > 3 lf							x Mini-Encl	nment with Negativ	ve Pressi	ure		
xx > 160 sf or > 260 lf				X	Renovat	ion	Glovebag	Procedure				
			Is Loca		Demolitic	n	Non-Exemp	ted (*) and Non-F	riable pr	oced	ire	
Location of			Norma			Description				atem	ent	
Asbestos-Containing mate	rial (ACM)	_	ed Sole		Achant	x				T	ype	
TO BE ABATE	D	M	laintena	ince/	(i.e.	os Containing Ma , thermal systems	terial (ACM)	Amount	R	R	H	E
IN Facility			Custod			Surfacing, VAT	, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			Staff. (12)	?		Other miscelland	eous)	0. 0. 11	val	7	lusc	Sur
			(12)								ate	6
		Yes	No	N/A	1							
Two Lights, (Each 12x12	2")	-	x	-	0.11							
	,	-	A		Other	miscellaneous		2LF	X			
						-						
Name of resident to												
Name of registered Waste Pezo Inc.	Hauler		DEP V	Vaste 1	Huler	Cubic Yards of	Name of R	egistered Landfie	eld			
rozo me.		CS (6224			Waste	Waste Ma	nagement of Pen	nevlvar	nia		
City, State									j i vai	.14		
Lincoln Park, NJ 07035						Disposal Date	City, State					
Completed by	Title					Signature	Morrisville	Pennsylvania				
Tom Pezic	V. Presider	nt				Signature/	Vereno,	/ Data		ELF-C		
						34 10 16	Y	10/18/18				

PAID

	PALL									
	ederal Notification o					nt to NJAC 8:60-7 and 12	:120-7)		OCT	2.5
Date of Notification	2 2 1					er/Operator RE SYSTEMS	7.5	AS	3.5. 3.5.5.1	Ja co
Agencies Notified X USEPA	Type of Notification			Address AUVIOR AV	'ENU	E		t	To the second	95494
X DEP X DOL	Amended Amendme			ate, Zip Co						
X DOH DCA	Emergenci Cancelatio	n L		of Contact	101		Teler	ohone Numb	or	
2011				re DeFranc	0			522-2195	Ci	
		FA		Y INFORM						
Name of Facility Wh	nere Abatement is Tal	king Place				Type of Facility				
Newton Medical Ce	nter					() School (K-12) () Sub-Chapter 8 (Other	ar than K	′-12\		
Street Address	itoi					(X) Other (I.e. private &				
						buildings, homes, etc				
175 High Street					SF o	f Bldg.	# Flo	or		Age of I
City	County		nty Co			10000		13	3	
N NI 07000	-	State	e use	Only	Curr	ent Use (prior if being den	nolished))		
Newton, NJ 07860 Name of Monitoring	Firm Hired by Buildin	g Owner	P	ASCM No.	Nam	e of Abatment Contractor				
Partner Engineering	and Science					CONSULTING CORP.				
Street Address					Stree	et Address				
611 Industrial Way	Vest				2150	STANLEY TERRACE				
City, State, Zip Cod						State, Zip Code				
Eatontown, NJ 077						ON, NJ 07083				
Project Manager for	Monitoring Firm	Teleph	none N	Vo.	Tele	phone Number	Licer	se Number		
TO DE DETERMINE		TO DE DE	TED.	an IED		207.4222		00575		
TO BE DETERMINE		TO BE DE				687-1008		00575)	
Scheduled Start Da		Completion				e of OSHA Monitor				
11 5 Month Day	2018 11 Year Month		018 ear			L ANALYTICAL et Address				
	During Abatement (Ch				Sue	et Address				
	d/Vacated During Enti			ement	307	WEST 38TH STREET				
	utside Normal Facility					State, Zip Code				
X Describe: 3P										
Other - Descri	be:				NEV	/ YORK, NY 10118				
0 (111) (01										
Scope of Work (Che Demolition	ect Only One)		P	Abatement		od Containment with Negativ	o Droom			
>3sf or >3lf						Enclosure	e Fiessu	ile		
X > 160sf or > 2	60If		X	(ebag Procedure				
Renovation				8		Friable Procedure				
		Is Lo	cation	n Normally		Describtion of	Amo	unt to be	Abate	ement Ty
Location of ACM Fa	cility			Sustodial St		ACM to be	100000000000000000000000000000000000000	oved		
		Y	res_	NO	N/A	Removed		cify SF/LF)	-	Rep.
1st Floor Steam HX	MER		_			PIPE INSULATION	290L	F	X	
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			_				-		-	_
Name of Posisters	Masta Haulas	INI.	IDED	Waste ID	No	Cubic Yds waste	Nom	o of Posister	rod I co	dfill
Name of Registered	FER ASSOC., INC.	IN.		SW1896	NO.	TBD		e of Register ERVA ENTE		
City, State	LIVAGGGG, ING.	Di		al Date		City, State of Registered		V/\ LIVIE	N INO	LO, 1140
BRONX, NY			BD			WAYNESBURG, OHIO				
Completed By (Prin	t or Type)		itle			Signature	. /	۸		Date
Anita Smolar	,,,,			RAL MANA	CER	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 1/	nall	n A	18/22/2
Anta Official			LIALL	AL MUNIA	OLIN	1 1000	W/	111	-	MIZZI

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Date of Notification (1) 10/19/2018			Name	of Building Own Ol Wojenski	er/Operato	or (2)	111 11	00	T 2	5 2	018	situa dilibera.
Agencies Notified Type Notific	ation			Address	35		Ted O're	ASSES	105	co-i	fROL	. 81
X DEP Amend Amend	ment #_ ency (includi	ng	Shor	State, Zip Code t Hills, NJ 070 of Contact)78		To		JCEP	and the second second second	A manual and	normal de la
DCA Cancell	ation			l Wojenski CILITY INFORM			16	elephone N	vumbe	er .		
Name of Facility Where Abatement is Thouse	Taking Place	(3)	FA	CILITY INFORM	ATION	Type of Facility	(4)					
Street Address City (5)						School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	ner than K & comme	-12) rcial bi	uilding	s, hor	nes,
Short Hills						Square Feet N/A	# c	of Floors		Bldg.	Age	
County (6) Essex			County (STATE	Code (7) USE ONLY)		Current Use (Pri House			ished)			
Name of Monitoring Firm Hired by Build N/A	ing Owner (8)	ASC	M No.	Name D&S	of Abatement Co Abatement, Ir	ntractor	(9)				
Street Address					Street	Address						
City, State, Zip Code					City, S	osengren Ave	nue					
Project Manager for Monitoring Firm			Telepho	one No	Toto	wa, NJ 07512 one No.						
Start Date (10)	0.5.1	1.10			973-3	345-8685		License 01311	No.			
10/31/2018	11/01	/2018	mpletion	Date (11)		of OSHA Monitor Abatement, In	C.					
Occupancy Status During Abatement (C					Street	Address				77.75.45		
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: Occupied	re Period of ormal Facilit	Abater ty Hour	ment 's		City, St	osengren Aver ate, Zip Code	nue					
Scope of Work (Check All That Apply)					Totov	va, NJ 07512						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demoli			×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					
Location of		s Locat Normal				- Admitted	() and	I NOII-FIIA	Jie Pro	Abate	ement	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	ed Sole aintena stodial (ely by nce/	Asbestos Cor (i.e. therma surfa	I systems icing, VAT	aterial (ACM) insulation, . or	(S	nount pecify or LF)	Rer		pe Enca	Enc
(13)	Yes	No	N/A	other	miscellane	eous)		or Er y	Removal	Repair	Encapsulate	Enclosure
Basement		Х		Pipe	Insulati	on	90) LF	X		CD .	
Name of Registered Waste Hauler		N	JDEP W	note O							-	\neg
D&S Abatement, Inc.		H	auler ID 1 0996		Yards ste	Name of R Waste M						
City, State Totowa, NJ					sal Date	City, State Morrisvill			772-2-1			
Completed by Oliver Hegedis	Title Proje	ct Ma	nager		ignature	Wichisvill	c, PA	Da		040		
					//_ (11		10	/19/2	018		

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Date of Notification (1) 10/19/2018		_		Name o	of Building eland	Owner/	Operator	(2)	the same of	The state of the s	OC7	25	201	3	
Agencies Notified	Type Notification			Street A	Address				100	- k	economic de la companya de la compa				11-0
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EPA DEP DOL	Amended Amendment	-44			ate, Zip C		1.0700	2		Contraction of the sale of the	Lift.	List St.	g	C.	
_	Emergency		-		ley Heig		J 07922	2						- 10 20 10 10 10 10	to Diac gary the gar
DOH DCA	justification) Cancellation			Will Le	of Contact eland					Tele	ephone N	lumber			
				Target all Carrie	ILITY INF	ORMAT	ION								
Name of Facility Where	Abatement is Takir	g Place (3)					Туре	of Facility (4)					
House									School (K-1						
Street Address									Subchapter Other (i.e. p				ldinas	hom	29.
City (5)		Control of the					-	_ (etc.)						C3,
Berkeley Heights								N/A	re Feet	# of N/A	Floors	1.0	Bldg. A V/A	\ge	
County (6) Union					Code (7) USE ONLY)	_	Curre Hou:	nt Use (Prid se	or if beir	ng demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	1	ASC	M No.		The state of the s		tement Con ement, In		(9)				
Street Address							Street 11 Ro		ss gren Aver	nie					
City, State, Zip Code							City, S	tate, Zi	ip Code						
Project Manager for Mon	itorina Firm			Telepho	ne No		Teleph		J 07512		Lienner	NI-			
							973-3				License 01311	INO.			
Start Date (10) 10/30/2018		Schedule 10/31/2		npletion	Date (11)				IA Monitor ement, In	C.					
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street								
Facility Closed/Vaca Abatement Performs	ated During Entire F	Period of A	Abatem	ent					ren Aven	iue					
X Other – Describe: C	Occupied	iai raciiity	nours			_	10 10 10 10 10 10 10 10 10 10 10 10 10 1		p Code J 07512						
Scope of Work (Check Al	I That Apply)											7-2-11			
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		-	Renova Demoliti				×	Min Glo	Containme i-Enclosure vebag Proc	edure					
		Τ.						Nor	n-Exempted	(*) and	Non-Fri	able Pro	cedur		
Location	of		Location Normall			D		- 6					0111112	pe	.
Asbestos-Containing	Material (ACM)		d Solel			tos Cont	scription aining M	aterial		An	nount			m	
TO BE ABA		7,000	odial S		(i.e.		systems cing, VA1		tion,		pecify or LF)	Ren	Re	Encapsulate	Enclosure
(13)			(12)				niscellan			01	OI LI)	Removal	Repair	osula	osur
		Yes	No	N/A										ate	ro .
Baseme	ent		Х			Flo	oor Tile	S		39	0 SF	Х			
												+			
Name of Registered Was	te Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of F	Penieter	ed Land	511			
D&S Abatement, Inc.			Ha	auler ID 1996		of Was			Waste N						
City, State Totowa, NJ						Dispos	al Date	1	City, State Morrisvil						
Completed by		Title		- 4-2-011 -2			ignature,	101	/	, . /		Date			
Oliver Hegedis		Proje	ct Ma	nager			7	4			THE RESERVE THE PERSON NAMED IN	0/19/2	2018		

$\left(\cdot \right)$	KML	191	+	PA	NOTIF	ICATIO	State of Nev N OF ASBE It to NJAC 8	STOS	ABATE	MEN 0)	IT	4		: 6		5 3		W_I	11
	e of Notification (1) 19/2018						of Building (Operator	r (2)		The state of the s	W. W	00	T	2 5	2	018	dinaharani.
Age	ncies Notified EPA DEP	×	Notification Initial Amended			Street	Address						AS	BES			DNT Mig		83
×	DOL DOH DCA		Amendment Emergency justification) Cancellatior	(includin	g	Maple Name	ewood, No of Contact of Weinber	J 070	40			Tel	epho	ne Nu	mbe	r			
Nam	ne of Facility Where	Abaten	aent is Takin	a Place	(2)	FAC	ILITY INFO	RMAT	ION	-	.=								
Ho		Abaton	iontis rakii	ig riace	(3)					Typ	se of Facility (4 School (K-12	87							
	et Address									×	Subchapter Other (i.e. pretc.)	8 (Oth	er tha & con	an K-1 nmerc	2) ial b	uildi	ngs,	home	es,
The second	plewood									Squ N/A	uare Feet A	# o N//	f Floo A	ors		Blo N/	dg. A A	.ge	
Cour	nty (6) Sex						Code (7) USE ONLY)	at the same			rent Use (Prio	r if bei	ng de	emolis	hed)				
Nam N/A	e of Monitoring Firm	Hired	by Building	Owner (8)	ASC	M No.				patement Cont atement, Inc		(9)					3-2	
Stree	et Address								Street 11 R		ess ngren Aven	ue			150				
City,	State, Zip Code								City, S	tate,	Zip Code NJ 07512								- 10 1
Proje	ect Manager for Mon	itoring	Firm			Telepho	one No.		Teleph 973-3	one	No.		Lice	ense N	lo.			(1)	
	Date (10) 29/2018			Schedu 10/30/		mpletion	Date (11)		Name	of Os	SHA Monitor atement, Inc		010						
Occu	ipancy Status During	g Abate	ment (Chec						Street			,. 				_		-	
П	Facility Closed/Vaca	ated Du	iring Entire F	Period of	Abaten	nent					ngren Aven	ue							
X	Abatement Perform Other – Describe:	Occupie	d	nal Facilit	y Hours						Zip Code NJ 07512								
	e of Work (Check Al	II That /	Apply)							_									
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit				×	M G	ull Containmer lini-Enclosure llovebag Proce on-Exempted	edure							
					Locati					,	on Exempted	() and	1101	i-i iiau			bate	ment	
А	Location sbestos-Containing <u>TO BE ABA</u> In Facili (13)	Materia ATED	al (ACM)	Us:	Normal ed Sole aintenal todial S (12)	ly by nce/	(i.e. th	s Cont nermal surfac	scription aining M systems cing, VA niscellan	lateria insu T, or		(S	moun pecif or LF	y	Kemova]	Tyl	e Encapsulate	Enclosure
	A			Yes	No	N/A									==			ate	Гe
	Attic				X			Pipe	Insulat	tion		1	3 LF		Х	-			
																-	-		
Name	e of Registered Was	te Haul	er		l N	JDEP W	/aste	Cubic	Varde		Nome -f 0	naist.	ra -1 1	on Jen					
	Abatement, Inc.		,		H	auler ID 0996	No.	of Was TBD			Name of R Waste M								
City, S Totov	State wa, NJ								al Date	4	City, State Morrisvill	le. PA	Α						
	pleted by r Hegedis			Title Proje	ect Ma	nager			ignature	11	-			Da 10	te)/19	/20	112		
	5-70			-1		3-,		1	11. (1	/	A.		100	110	, 20	10		

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

Print Form

														Р	rint Fo
11/429	PA	m		CATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE			A	臣(C E		\mathbb{V}	
Date of Notification (1) 10/19/2018					f Building		Operator	(2)		Name of the last o	0	CT 2	E,	2018	Adjuster of c
Agencies Notified Typ	e Notification			Street A	ddress					a least trace	1			10000000	
EPA DEP DOL DOL DOA	Initial Amended Amendment : Emergency (i justification)		-	Scotch Name of	ite, Zip Co n Plains, f Contact	NJ 07	7076			Tel	ASBE	STOS LICE Numbe	131		isomb L. Pa
DCA L	Cancellation	31		(1)	n Schult		011				4				
Name of Facility Where Abate	ement is Taking	Place (3	3)	FACI	LITY INFO	DRMATI	ON	Туре	of Facility ((4)					
House Street Address									School (K-1 Subchapter Other (i.e. petc.)	8 (Oth			uildin	gs, hon	nes,
City (5) Scotch Plains								Squar N/A	re Feet	# o	f Floors		Bldg N/A	. Age	
County (6) Union					Code (7) USE ONLY)				nt Use (Pri se			olished)			
Name of Monitoring Firm Hire N/A	ed by Building C	Owner (8)		ASCN	1 No.				tement Cor		(9)				
Street Address								Addres	ss gren Ave	nue		<u> </u>			
City, State, Zip Code							City, S	State, Zi	p Code J 07512						
Project Manager for Monitorin	ng Firm			Telephor	ne No.			none No 345-8			Licens 0131				
Start Date (10) 10/29/2018		Schedule 10/30/2		pletion (Date (11)				HA Monitor ement, In	ic.					
Occupancy Status During Aba	atement (Check	c Only Or	ne)					Addres	(5)						
Facility Closed/Vacated Abatement Performed C Other – Describe: Occur	utside of Norm	eriod of A al Facility	Abatem Hours	ent		_	City, S	State, Zi	p Code J 07512	nue					
Scope of Work (Check All Tha	at Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti				×	Min Glo	Containm i-Enclosure vebag Pro n-Exempte	e cedure	177.01 -			lure	
Logation of			Locati	100000		Da							Ab	atemer Type	nt
Location of Asbestos-Containing Mate TO BE ABATEI In Facility (13)		Use Ma Cusi	d Solel intenar todial S (12)	ly by nce/ staff?	Asbesi (i.e.	tos Cont thermal surfa	scription taining N systems cing, VA niscellar	Material s insula T, or	(ACM) ition,	(8	mount Specify F or LF)	Zelloval	Topall	Encapsulate	Enclosure
Basement		Yes	No X	N/A		Pipe	Insula	ation		2	8 LF	Х	+	+	-
													+		
Name of Pagistary d Marta III	nulos		1.50	וחבריי	laats	0.0-1	Va-d-		Ne	D		JEII			
Name of Registered Waste H D&S Abatement, Inc.	auler		Н	JDEP W auler ID)996		of War			Name of Waste				A		
City, State Totowa, NJ		1,000				Dispo:	sal Date	/	City, Stat Morrisv		A				

ASB-41 (R-06-08)

Title

Project Manager

Date

10/19/2018

Signature

page 1

B & G proj. #: 2018-211	<u> </u>	Notific (Pursuan	State ation of Ash to NJAC 8	esto :60-	s Abatement Zand 12:120	-7 (·	Check #	Carrier - Language	EI	V	[LIL]			
Date of Notification (1) 1 D / 1 9 / 1 8 Agencies Notified Type Notificat EPA R Initial	I D / 1 19 / 1 18 Mark Bates encles Notified Type Net/Ication EPA DEP City, State, Zip Code									/ / /	I. Ci			
E DOL Amend	Name o	ntciair, NJ 07 if Contact rk Bates	043		Telaphona Number									
		FACI	LITY INFORM	ATIO	N						- 10			
Name of facility where abstement Mark Bates (Residential) Street Address	a taking piacé (3)			n-Variant			Other (F	(K - 12) pter 8 (Ct) rivete/Cor	mmercia)					
							THE PARTY OF THE P	of Floors		aldg. Ag				
City (5) Montclair	County (6)	- Victoria de Constitución de			unity Code (7) ate use only)	:		rrant Use (Prior If being demolished)						
Name of Moritoring Firm Hired by Enviro Vision Street Address			ASCM No. 00079	NATIONAL PROPERTY.	B & G Red Street Address 105 Ryer	orelic	ontractor (9) on, Inc.							
20-21 Wagaraw Rosd, B City, State, ∠ip Code Fair Lawn, NJ 07410		City, State, Zip Lincoln I	ode Irk, N	ode Irk, NJ 07035										
Project Manager for Monitoring Firm Fred Largen Scheduled Staft Data (10)	er 145		Telephone Nu (973)696 Name of OSH	6889	8889 00378 Monitor									
10/23/2018							orátion, Inc.							
Facility deserved during entire period of absterment. Absterment performed outside of normal facility hours.														
Scope of Work (check all that app	y)				1					- 1				
☐ Demolition ☑	Renovation ≥160 of or ≥280	(f			Fuit Containme Mini-enclosure	. Mi: 639		Glovebi Non-fri						
Location of sebasics-containing material to be abased in facility (13)	by maintenano staff(12)	nelly used solely e/custodial	Descripti	scription of asbeatos-contail			ng Amount Spacify SF or D S S							
Masterbathroom & closet		K	duct insul	atlon	A PART OF THE PART		7.sq8			品				
										旧				
Registered Waste Hauter B & G Restoration, Inc.	NJDEP H	S C	Cubic Yards of	Mask	Name of Res		andfill tral Landfill							
City, State Lincoln Park, NJ		City, State	urgyle,											
Lincoln Park, NJ 10/25/201 Completed by (Print or Type) This Secretary/Tressurer Signs					Gordon S	-								

B & G proj. #: 20

2018-211

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC-8:60-7 and 12:120-7)

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Date of Notification	1 (1)	1	Name of	led today	THE TABLE											
11 10 1/11 19]/[1 8		Mark I	ST-HIM												
Agencies Notified Type Notification Street Address							ASBESTOS CONTACILA.									
∐ EPA	X Initial		The management of the second o									A-1	Series - No. 1 and the			
☐ DEP			City, State, Zip Code													
⋉ DOL	Amend	dment	Montclair, NJ 07043													
⋉ DOH		1.1	Name of C	ontact	Telepho	ne Numbe	٢									
☐ DCA	☐ Cance	lation	Mark	Bates												
				FAC	CILITY INFORM	IATIO	N									
Name of facility wh	ere abatement	is taking p	place (3)					Type of Facility								
Mark Bates (Residential)							School (K - 12) Subchapter 8 (Other than K-12)									
Street Address							Subcliable 6 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc.									
							Square Feet # of Floors					Bldg. Age				
City (5)	City (5) County (6)						unty Code (7)									
Montclair		E	Essex				ate use only)	Current Use (F Residential	ent Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Bldg. Owner (8)					ASCM No.	1	Name of Abatement	Management of the Control of the Con								
Enviro Vision					00079		B & G Restorat	storation, Inc.								
Street Address							Street Address									
20-21 Wagaraw Road, Bldg. 35E							105 Ryerson Road									
City, State, Zip Code Fair Lawn, NJ 07410							City, State, Zip Code Lincoln Park, NJ 07035									
Project Manager for Monitoring Firm Phone Number						-	Telephone Number		License	Numi	per	_				
Fred Larsen	201-636-9145			(973)696-686	9	00378										
Scheduled Start Date (10) Sched. Completion Date (11)					1)	-	Name of OSHA Moni									
10/23/2018 10/25/2018							B & G Restoration, Inc. Street Address									
Occupancy Status During Abatement (Check only one)							105 Ryerson Road									
Facility closed/vacated during entire period of abatement.							City, State, Zip Code									
Abatement performed outside of normal facility hours- Describe:						_	Lincoln Davis N	107035								
Other-Describ					-	Lincoln Park, N	10 07035									
Scope of Work (che		70 M	2			П-			_							
The royalion Full Containment w/negative pressure Glovepag procedure																
>3 sf or >3 lf		≥160 sf o		and aniah			Mini-enclosure		Non-fr	able	oroce					
Location of asbestos-cont	aining	by main	tion normally used solely ntenance/custodial				sbestos-containing	Amount		e	e	E n	E			
material to be abated in facility (13)		T	Description material (A			spesios-containing	(Specify S	F or	m o	p a	c a	C				
abated iii laciii	ity (13)	Yes	No	N/A				LF)		v e	i	p	L			
Masterbathroom	& closet			X	duct insula	ation		7 saft		Ď	X					
					-	100 m 100 m										
Degistered Wests 11	ulos				uhia Vaada 200	la-1	Di da									
Registered Waste Ha B & G Restoration			EP Hauler 19563	ID# C	ubic Yards of V 1/4	vaste	Name of Registered Grand Cen	Landfill Itral Landfill								
City, State Disposal Date Lincoln Park, NJ 10/25/20							City, State Pen Argyle, PA									
Completed by (Print		Title		1-10/2	Signature	_		17	Date			, v				
Gordana Luna Secretary/Treasurer						(Gordana Luna	2 10/19/2018								