

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

Date of Notification (1)				Nome	of Duildin	- 0	10	101					- 10			
10/13/2017		Name	or Buildir	ig Owner	/Operato	(2)	0		**********							
Agencies Notified T	ype Notification	1		Street	Address			ME	C_	5	$\parallel \mathbb{W}$	E	1			
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EPA DEP	Initial Amended			City, S	tate, Zip	Code	- 1	1111	107	_			Ш			
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▼ DOH	Emergency justification)	(including			of Contac			-		1 -		1 ho		_		_
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City (5)								Other etc.)	(i.e. pii			erciai	ullali	igs, r	ome	S,
Short Hills								Square Fe	et .	# 0	f Floors		Bld	g. Ag	е	
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Morris County					Code (7)			Current Us	e (Prior	if bei	ng dem	olished)			
Name of Monitoring Firm His	red by Building	Owner (8)			M No.		LNI	-6.01								
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Project Manager for Monitori	ing Firm		T	Telepho	ne No.		1	one No.			Licens	e No.				_
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Nick Restoration LLC			Ha	auler ID	200000000000000000000000000000000000000	of Was					ed Land	Till				
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City, State Randolph NJ 07869						Dispos	al Date	City,		52191						
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DOH justification		9	Nam	e of Conta					Teleph	one Numb	er			
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City, State, Zip Code	y, State, Zip Code									M 5		80	\overline{c}	_
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Project Manager for Monitoring Firm		Tele	phone	No.	Telephone N	77		0472	Licen	0041	14			_
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	ted By Title								\leq	10-	-24	1	_	_

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DCA justifica	ation)		ame of Conta	RAMIC		when are made	Telephone Num	ber	шента		
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Name of Monitoring Firm Hired by Buil (8)	aing Owner	1	CIVI NO.	1 .		MIO	INC				
Street Address											
City, State, Zip Code				City, State, Zip C	ode		RUCE AUG		10		,
		T-1		Telephone No.	LE	<u> 2 F</u>	License No.		080	رر	_
Project Manager for Monitoring Firm		Telepho		856-77			004	40	_		
Start Date (10)	Scheduled Co	mpletion	Date (11)	Name of OSHA N	/lonit	х .// /	In				
Occupancy Status During Abatement	(Check only o	one)		Street Address	_		4				=
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Abatement Performed Outside of N Other - Describe:	ormal Facility	Hours		City, State, Zip Co			Ÿ				
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IN Facility (13)		aff? 12)		surfacing, VAT, other miscellaneous			SFO(LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler			P Waste	Cubic Yards of Waste	N	me of Reg	istered Landfill				
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City, State MATUE SHADE	MIT	- 0	8052	Disposal Date		WOOT	D'BINE 1	1.7			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEN ENT (Pursuant to NJAC 8:60 and 12:12() Date of Notification (1) - Z Y - 17 Name of Building Owner/Operator (2) OHNATHON Street Address Type Notification Agencies Notified BPA DOEP DOL M Initial Amended City, State, Zip Code METBEHORS ETROL & Amendment # CAPL Emergency (including DOH DCA justification) Name of Contact Cancellation JOH V FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Gchool (K-12) RESIDENCE Subchapter 8 (Other than K-12) Street Address ☑ Other (i.e., private & commercial buildings, nomes, etc.) City (5) Square Feet # of Floors Bldg. Age STONE HARBOR 50+ County Code (7) (STATE Cun ent Use (Prior if being demolished) County (6) USE ONLY) 1 ACANI Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) EMCC Street Address Street Address City, State, Zip Code City, State, Zip Co le 08012 MAPU Telephone No Project Manager for Monitoring Firm Telephone No. 004 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 10-1 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Cox e Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf ∑≥160 sf or ≥260 lf Glovebag Procedure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Used Solely by Description of Location of Maintenance/ Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Custodial (i.e., thermal systems insulation, (Specify TO BE ABATED Remova surfacing, VAT, or Staff? SF or LF) IN Facility other miscellaneous) (12)(13)N/A Yes No TRAMISI 5003F SIDING Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NUDEP Waste of Waste Hauter ID No. FULCO NC City State Disposal Date City, State MADL HADE Signature Completed By Title

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Date of Notification (1)	7		Nan	ne of Bu	ilding Owner/Ope	rator (2)	CHETT		OCT 3	10	2017		4
LO 26 / I	Type Notification		Stre	et Addr				AS	BESTOS	CON	ITRO	1 &	
DEPA DEP DOL DOH DOCA	☐ Initial ☐ Amended Amendment # ☐ Emergency (inclu justification) ☐ Cancellation	ding	Naı	me of Co	Zip Code CARCS ontact CICCH TY INFORMATI	eTT			7072	NSIN	G		
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Street Address							Square Fe et	# of Flo	imercial bu	Bld	g. Age		-
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Street Address	rined by Building 6 mile	- (-)				Street A							
City, State, Zip Code						City, St	South Ri ate, Zip Code ensack,						
Project Manager for Moni	toring Firm		Te	elephone	: No.	Telepho	ne No.	L	icense No.	3			
Start Date (10)	7	cheduled (Comple	tion Dat		Name o	fOSHA Monitor		al				
Occupancy Status During Facility Closed/Vac Abatement Perform Other – Describe:	Abatement (Check Only ated During Entire Period of Normal Faced Ontside of Nor	of Abate	ment			City, St	Huyler S ate, Zip (ode)76	06_		
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)	E Re		an en		 	Full Conta nme Mini-Enclosure	ent with Ne	gative Press	sure			
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BASEMENT					TRAP SITE	CAT	GRIM		OSF	×			
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Name of Registered Was				JDEP W auler ID	No. of W	ic Yards Vaste 30		Registered	Landfill Enter	pri	ses	3,	LL
City, State Hackensack,	NJ 07601					Signatur	17 Wayı	esbu	rg, O	H 4	468	38	
Completed by	and Section (Control of Control o	Title				Signatur	A ion	ena		10	26	117	7

Estimator

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

J. Maiorano

Dr.	PAID NOT	TIFICATIO	tate of New Jersey N OF ASBESTOS t to NJAC 8;60 and		MENT) E.C.4	32	<u>M</u>	
Date of Notification (1)			Building Owner/OT			N OCT 3	0 2	2017	
Agencies Notified Type	Notification Initial Amended	Street Ad		<u> </u>		ASBESTOS	CON	TROL	. &
DOH DCA	Amendment # Emergency (including justification) Cancellation	Name of	Contact MS. LO	TA	JJ. 075	Telephone Numb		3	<u>)</u>
Name of Facility Where Abateme MS.	ent is Taking Place (3)	FACI	LITY INFORMAT	ION	Type of l acility (4 School (16-12 Sut chap er 8 Other (i.e. pr		building	gs, hom	es, etc.)
City (5) HAWTHORA	10		11		Square Feet	# of Floors		ldg. Ag	
County (6)		County (Code (7) USE ONLY)		16	if being demolished			
Name of Monitoring Firm Hired	by Building Owner (8)	ASCN	M No.	Best	of Abatement Control Removal).			
Street Address				450		ver Stree	t		
City, State, Zip Code		1 = 1 - 1	14	Hack	tate, Zip Code Kensack,	NJ 07601			
Project Manager for Monitoring		Telephor		201-	one No. - 329 - 7444 of OSHA Monit x				
Start Date (10) 11 6 1 7 Occupancy Status During Abaten	Scheduled Co	7 17	ate (11)	Omes	<u>ga Enviro</u> Address	nmental			
Facility Closed/Vacated Du	ring Entire Period of Abatem				Huyler S tate, Zip C xde	treet	-		
Scope of Work (Check All That A	Apply)			Sout	h Hacken	sack, NJ	076	06	
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	Reno Dem	ovation solition			Mini-linclo are Glove ag Proce				
Location of	Non	ecation mally	De	escription	of			Abater Typ	
Asbestos-Containing Mater TO BE ABATED In Facility (13)	Maint Custod	lolely by enance/ ial Staff? 12)	Asbestos Com (i.e. thermal syst	taining M	laterial (ACM) lation, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Enclosure Encapsulate
BASEMENT			THERMAL Sys	TEH IN	SUATION	80 UF	×		

Cubic Yards of Waste NJDEP Waste Hauler ID No. lame of Registered Landfill Name of Registered Waste Hauler Minerva Enterprises, Best Removal
City, State 17109 Disposal Date 7 OH 44688 Date , . Hackensack, N.I 07601 Completed by Signature Title 10/26/17 J. Maiorano Estimator * Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 26 NJ Dep of Military & Veterans Affairs Bis mark Construction Corp CK#5 17 Agencies Notified Type Notification Street Address **⊠** EPA 101 Eggerts Crossing Road □ DOLWD ASBESTOS CONTROL & ☐ Amended City, State, Zip Code LICENSING **⊠** DHSS Amendment # Lawrenceville, New Jersey 08648 ☑ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Talanhana Number ☐ Cancellation Peter Youssef/Bismark Const. Corp. FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Morristown National Armory Guard ☐ Schoo (K-12) Street Address Subchapte 8 (Other than K-12) Other i.e., private and commercial buildings, 430 Western Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Morristown, New Jersey 07960 100,00) 2 100 County (6) County Code (7)(STATE USE ONLY) Current Use (Frior if being demolished) Morris National Armory Guard Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contrac or (5) The Whittman Companies 00110 Lilich Corporation Street Address Street Address 7 Pleasant Hill Drive 606 McBride Avenue City, State, Zip Code City, State, Zip Code Cranbury, New Jersey 08816 Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kevin Lovely 732-390-5858 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 04 / 17 12 / 15 / 17 IRIS Environmental Labs LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-3PM/OCCUPIEDPM-Union, NJ 07083 Scope of Work (Check all that apply) ≥3 sf or >3 If □ 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 Asbestos-Containing Material (ACM) Used Solely by Encapsulate Asbestos Containing Material (ACM) Remova Repair Enclosure 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 1st Floor Shower Room & Entrance \boxtimes Ceiling Plaster 1015 SF X П 1st Floor Shower Room & Entrance Pipe Insulation Inc Elbows & Join's 100 LF X

Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Regis ered Landfill Lilich Corporation Hauler ID No. Waste G.R.O.IV.S. Landfill 18724 40 City, State Disposal Date City, State Woodland Park, New Jersey 12/16/2017 Morrisville, Pennsylvania Completed By (Print or Type) Signature Adriana Olejarova President

ASB-41 MAY 11

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

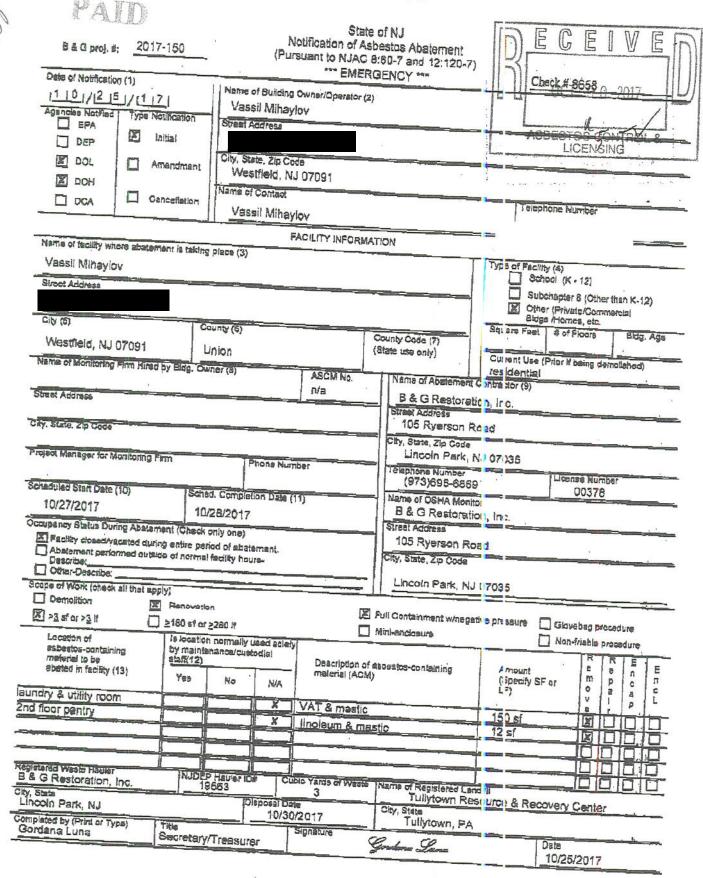
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMINT' (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2. | 2)

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TOOL	□ Emergency	5.0	ne of Co				T.	1				
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□ DCA	☐ Cancellation								JCEN	ISING		~
III DCIT					FACILITY INF	ORM	ATION	272				
Name of F	Facility Control Bui	lding		-	TACIBIT I IN		pe of Facility (4):					
800 Union		8					School (K-12)					
	i bivu						Subchapter 8 (Other than K					
City/ (5)		nty (6):			ity Code (7):		Other (i.e., private & comm	rcial buildings, h	iomes,	etc.)		
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						16		011100				
							dg. Age rrent Use: Control Fuil	a *				
Name of N	Monitoring Firm Hi	ed by B	uilding	Owner:	ASCM No.:		me of Abatement Contr					
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Street Add	15000					_	ex Development, In	с.				
1	ress: nt Hill Road					Str	eet Address:					
17 1 icasa	iit IIII Koau					25	O Dunadway					
City State	, Zip Code:						8 Broadway y, State, Zip Code:					
200						2000	• Construction Control					
	, NJ 08512				T		wark, NJ 07104					
Kevin Lo	nager for Monitori	ng Firm:			Telephone No.: 732-644-5418	Tel	ephone No.:	License No.:				
State of the state						(97	3) 350-0101	01215				
Start Date	(10):			npletion	Date (11):		me of OSHA Monitor:					
		11/13/				-	tro Analytical Labo ato	res				
	Status During Abaten						eet Address:					
☐ Facility C	losed/vacated During t Performed Outside	Entire Pe	riod of A	Abatemen	it	-	West 36th Street, Suit	203				
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Completed By Chinyelu Oraegbunam Title: Vice President							muit.	Date:	17			

Feb 20 2000 07:22AM NJ Asbestos Control 609,633,0664

page 1



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State of NJ

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-	-				n/a		B & G Restor	tio	ı, Inc.					
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Gordana Luna	Gordana Luna Secretary/Treasurer						Gordana Luna			10/25	/201	7		

State of New Jersey Project # NOTIFICATION OF ASBESTOS ABATEMENT Check-#-3999 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) OCT 3 0 2017 10/25/2017 Jon Flax Agencies Notified Type Notification Street Address ASBEST **EPA** Initial City, State, Zip Code DEP Amended ENSING DOL Amendment # Summit, 07902 Emergency (including Name of Contact DOH justification) DCA Cancellation Jon Flax **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facil ty (4 House School K-12) Street Address Subcha ter & (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Maplewood, NJ 07040 County (6) County Code (7) Current Use Prior if being demolished) (STATE USE ONLY) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Nick Restoration LLC Street Address Street Address 72 Brookside Rd City, State, Zip Code City, State, Zip Code Randolph, NJ 07869 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973933-2550 01133 Start Date (10) Scheduled Completion Date (11) Name of OSHA Moni or 11/04/2017 11/06/2017 IRIS Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Rt 22 West Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Froce jure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify SF or LF) Custodial Staff? Removal Repair In Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A Basement area TSI Χ 3(1 LF X

NJDEP Waste

Hauler ID No.

0033782

Title

President

Cubic Yards

Disposal Date

of Waste

TBD

TBD

Name of Registered Landfill

Date

10/25/2017

G.R.C.W.S

Tullytown Pa

City, S' ate

Signature Elava UKG

Name of Registered Waste Hauler

Randolph, NJ

Nick Restoration LLC

City, State

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

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Do not use this form for as bestos licensure exempted activities.

Second Control Seco	Date of Notification (1) OCTOBER 27, 201		Name of DOU	of Building GLAS D	Owner/0	Operator OPMEN	(2) NT		1	1 5	U Z	2017	The Particular		
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Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)		justification)	1				1		<u> </u>	• •	-har			
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City (5) Mag I hada	117		7	726	S	etc) equare l eet	# of Floors	1	Bldg. A	Age	
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Name of Monitoring Firm Hired by Building	Owner (8)		SCM No.	P.a.	Name of	Abaten ent Co	A	ly U	lwe	110	5
Street Address	3-		M	A	Street Ad	Idress	<u>chnol</u>	ogie	5	In	16
City, State, Zip Code	37	. •	05	2 2	City, Stat	e, Zip (ode	35 #	P A	04	- 9	-
Project Manager for Monitoring Firm	N 2	Tele	ephone No.	25	Telephon	e No.	At N	J O se No.	8.)5	5
Steve Schenker Start Date (10)	Scheduled		9 758			58-374 OSHA Moni or		00	39	4	
11-6-17	11-	10	~ /	Ž	E	PC Tec	hnologi	es I	'nc		
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F	Period of Ab	atement				J. Box	337				
Abatement Performed Outside of Norm Other – Describe:	nal Facility F	Hours				e, Zip Code	ALT	08	53	3	
Scope of Work (Check All That Apply)						- JP	700	00.			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition		,		Mini-Enclosus Glovet ag Fro	cedure				
	le l	ocation			X	Non-E cemp te	d (*) and Non-F	riable Pro	Abate	ment	
Location of Asbestos-Containing Material (ACM)	No	rmally Solely by	/ Aci		scription of taining Mate	erial (ACM)	Amount	-	Ту	ре	
TO BE ABATED In Facility (13)	Custo	tenance/ dial Staff (12)	1 (i.e. thermal surfa	I systems in cing, VAT, on miscellaneo	sulation, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(1.0)	Yes	No N	I/A					8	-	late	lre
exterior Walls		1	cS	ding	Shin	gle's"	1800	SFA			
			-			J		+			
Name of Registered Waste Hauler EPC Technologies	S	Haule	P Waste or ID No.	of Wa	Yards ste		Registered Land		t 01	e P	A
City, State	NJ.	\	3	Dispos	sal Date	C ty, Sta	te Lisuille	PA		V	-
Completed by Schenker	Title	iden	+	ts	Signature	asal.	1	Date 10	12	7/	17

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

91	05	IL	是是	(Pu	rsuan	t to NJA	C 8:60 and 5:1	16)	17		N W	F	M	Paraller .
Date of Notification (1)							Owner/Operator		11))=		17	느		All Parkets
	25 /	17	3		Ow	ners Age	nt - Doug Auld					and the same		0.000
Agencies Notified	Type Notifica	tion			000000000000000000000000000000000000000	Address				OCT 3 0	201/		المسا	-
☐ EPA ☑ DOLWD	☐ Initial ☐ Amended						mery St., Suite	200				-		1
⊠ DHSS	Amended	nt # 2				State, Zip C			A	SBESTOS CO	ONTRO	L &		
☐ DCA	☐ Emergend	y (includ	ding				co, CA 94104			LICENS	ING	-		The same of
(NJAC 5:23-8)	justificatio					of Contact	t - Doug Auld			Telephone Nur	mher			
	curroundii	-					FORMATION						-	
Name of Facility Where	Abatement is T	aking Pl	ace	(3)				Туре	of Facility (4))				-
N/A									nool (K-12)	OU 11 144	0)			
Street Address								Oth Oth	bch: pter 8 (ner (.e., priv mes, etc)	Other than K-1 ate and comm	ercial bu	ilding	S,	
City (5)									e Feet	# of Floors	Blo	lg. Ag	ge	
Newark								2,20	00	2	8	30 yr	s.	
County (6)					Cour	nty Code (7	(STATE USE ONLY)	Currer	nt Use (Prior	if being demo	lished)			
Essex								Priv	/ate					
Name of Monitoring Firm	Hired by Build	ing Owr	ner (8	3)	ASCM	No.	Name of Abatem	nent Con	trac or (§)					
N/A					N/A		East Coast	Haz Ma	t Removal	, Inc.				
Street Address							Street Address							
							494 East 41:		et					
City, State, Zip Code							City, State, Zip C							
							Paterson, N	J 07504		I Carres No				
Project Manager for Mor	nitoring Firm			l ele	phone	No.	Telephone No. 973-345-002	2		License No.				
Start Date (10)	19	chedule	d Co	mnle	tion Da	te (11)	Name of OSHA	2		00307				
10 / 27 /) /		Same as ab							
Occupancy Status Durin							Street Address	202-00-07						-
☐ Facility Closed/Vacat					ment									
Abatement Performer	d Outside of No	rmal Fa	cility	Hour	s - Des		City, State, Zip C	Code						
Scope of Work (Check a	Il that apply)				-		<u> </u>							
			1.0				☐ Full Col ☐ Mini-En		nt wi h Nega	tive Pressure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf				novati molitic			☐ Mini-En		dure					
							☐ Non-Ex	empted	(*) and Non-	Friable Proced	dure			
				Loca: Iorma			200				Ab	-	ent T	уре
Location Asbestos-Containing	5 C TO 1	n			ely by	Asbe	Description stos Containing M		ACN)	Amount	Ren	Repair	Enc	Enc
TO BE AB	ATED	8		intena	ince/ Staff?		., thermal systems	s insulati		(Specify	Removal	air	aps	Enclosure
IN Faci (13)	lity		Oust	(12)			surfacing, VA other miscellan			SF or LF)	<u> =</u>		Encapsulate	re
(,		Y	/es	No	N/A								10	
Basement						Pipe In	sulation			120 LF				
Roof]			Roofing	g Material			1,400 SF				
]											
Name of Registered Wa	ste Hauler			1	JDEP	Waste	Cubic Yards of	Nam	e of Registe	ered Landfill				
Newark Carting				H	lauler I		Waste	G	R.O.W.S.,	North W/M	of PA			
City, State					04509	9	Disposal Date	City,	Sta e					
Newark, NJ							11-20-17	/ M	orrisvil e,	PA				
Completed By (Print or 1	Гуре)	Title					Signature	1	1/0	TI	Date			201
James Unger	e.5560005	Sr.	Esti	mato	or/Proj	ect Mgr.	Luc	4	15		10-	25	-	115
ACD 44		L					1000		17		10	010	1	-/-



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

Date of Notification (1)				Nam	e of Buildin	g Owner/Operator (2)	E @ F	PINIE
		-		O	wners Ag	ent - Doug Auld		EGE	
	pe Notification				et Address		TIN		The second secon
	Initial			10	1 Montgo	mery St., Suite 2	200	OCT :	3 0 2017 1111
	Amended	(A /		-	State, Zip			001	, 0 2011
☐ DCA O	Amendment #	1 (pro	oject	0 85.0		sco, CA 94104			
	Emergency (ii	neludin	a	part of the same o	e of Contac			ASSESTOS	CONTROL &
(10/10 0.20 0)	justification)	iciduii	ıy			nt - Doug Auld	Section 2000	1 10000000	
	<u> </u>								
Name of Facility Where Abat	ement is Takin	a Diac	- (2)		CILITY	NFORMATION			
N/A	ement is rakir	g Plac	e (3)		A.C.		Type of Facility		
The second secon							School (K-1)	2) 8 (Other thes	K 42)
Street Address							Subchapter Other (i.e., p	rivate and cor	mmercial buildings,
City (5)							homes, etc.		Did . A
Newark							Square Feet 2,200	# of Floors	0 0
County (6)				Cou	inty Code (7)(STATE USE ONLY)		2	80 yrs.
Essex				000	inty code (I JOSE ONLY)	The state of the second	for it being de	molished)
Name of Monitoring Firm Hire	ed by Building	Owner	(8)	ASCN	1 No	Name of Abet	Private		
N/A	, building	O 441161	(0)	N/A		Name of Abateme			
Street Address			1000000	INT	·		az Mat Femov	al, Inc.	
ou ou nadioso						Street Address			
City, State, Zip Code						494 East 41st			
Oity, State, Zip Code						City, State, Zip Co			
Project Manager for Monitori	PM 1		1			Paterson, NJ	07504		
r oject wanager for wonitori	ng Firm		I el	ephone	No.	Telephone No.		License N	0.
Ctart Data (40)						973-345-0022	Control of the Contro	00507	
Start Date (10)					ate (11) 17	Name of OSHA M			
Occupancy Status During Ab									
☐ Facility Closed/Vacated D				ment		Street Address			
☐ Abatement Performed Ou	tside of Norma	l Facilit	tv Hou	irs - De	scribe	0			
Time of Abatement:	_AMP	M/	PM	l	_AM	City, State, Zip Co	ode		
Scope of Work (Check all tha	t annly)								
	к арргу)					☐ Full Cont	ainment with Neg	native Pressur	9
≥3 sf or ≥3 lf		11	enovat			☐ Mini-Encl	osure	jative i ressui	
☐ ≥160 sf or ≥260 lf		∐ De	emoliti	on		☐ Glovebag	Procedule		
		1.	s Loca	tion		□ Non-Exer	mpted (*) and No	n-Friable Proc	
Location of			Norma			Description of			Abatement Type
Asbestos-Containing Mate				ely by	Asbe	stos Containing Mat		Amount	Encaps Encaps Repair
TO BE ABATE! IN Facility	2	10000	aintena stodial	ance/ Staff?	(i.e	e., thermal systems i	nsulation,	(Specify	Enclosure Encapsuli Encapsuli Repair Removal
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF	Enclosure Encapsulate Repair Removal
65-00-00-E-A		Yes	No	N/A		outer missenance	Jua)		
Basement		П	İn		Pine In	sulation		120 1 5	
		1	=	-	i ibe iii	ouiatiOii		120 LF	
			Ш						
Name of Registered Waste H	auler			NJDEP '	\\/\note	Cubic Variation			
East Coast Haz Mat Re				Hauler I		Cubic Yards of Waste	Name o Regis		
City, State	, 1110.			419		2	G.R.O.W S	., North W/N	I of PA
Paterson, NJ						Disposal Date	City, State Morrisville	ΡΔ	
Completed By (Print or Type)	Title						/ / /	FA	
James Unger			imat-	or/Dra!	oot 11.	Signature	1 10	<i>!</i>	Date
ASB-41	3	ı. LSI	malc	n/Proj	ect Mgr.	face	2 17	r Denomina	10-6-19
MAY 11	*	Do not	use th	hie form	for achoes	os licensure exempt	110		1

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State of New Jersey
OTIFICATION OF ASSESTOS ARATEM

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 27 / 17 09 422 Frelinghuysen LLC Type Notification Street Address Agencies Notified ☐ EPA 101 Montgomery St., Suite 200 ☑ DOLWD ☐ Amended ISBESTOS CONTROL & City, State, Zip Code Amendment # ☑ DHSS LICENSING San Francisco, CA 94104 ☐ Emergency (including ☐ DCA justification) Name of Contact (NJAC 5:23-8) Cancellation Owner Agent - Doug Auld **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facili y (4) ☐ Schocl (K-12) ☐ Subclapter 8 (Other than K-12) Street Address Other (i.e. private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark 10.000 2 80 yrs. County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Essex Vacart Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor 9) N/A East Coast Haz Mat Femoval, Inc. Street Address Street Address 494 East 41st Street City, State, Zip Code City, State, Zip Code Paterson, NJ 07504 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-345-0022 00507 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 9 / 17 10 / 20 / 17 Same as above Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM- AM Scope of Work (Check all that apply) ☐ Full Containment v ith Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedu e ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Removal Encapsulate Enclosure 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 Basement X Pipe Insulation 120 LF X Name of Registered Waste Hauler NJDEP Waste Name (f Registered Landfill Cubic Yards of Hauler ID No. Waste East Coast Haz Mat Removal, Inc. G.R.O.W'.S., North W/M of PA 419 2 City. State Disposal Date City, State Paterson, NJ 10-25-17 Morrisville, PA Completed By (Print or Type) Title Signature James Unger Sr. Estimator/Project Mgr.

ASB-41 MAY 11



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

Date of Notification (1)			Name	of Building	Owne	r/Operator (2	DE GET	WEIN		i i	- 1200	
	17			hael Sch			OCT O O		301	4		
Agencies Notified Type Notificati	on		Street	Address			एए। त ही	A DESCRIPTION OF THE PROPERTY				
⊠ EPA						7						
☑ DOLWD☑ Amended☑ Amendmer	nt #		City, S	tate, Zip C	ode	- miles	Contraction of the section of the se					
□ DCA □ Emergency		- a	Nor	th Brancl	h, NJ	08876						
(NJAC 5:23-8) justification		9	Name	of Contact				Telephone Numb	or			
☐ Cancellation	n		Micl	hael Scho	oenhe	err				_		
			FAC	ILITY IN	FORN	TATION						
Name of Facility Where Abatement is Ta	king Plac	e (3)					Type of Facility					
Residence							Subcharter	l:?) · 3 (Other than K-12)				
Street Address								rivate and commer		ilding	S,	
City (5)							Square Feet	# of Floors	Blo	lg. Ag	ie.	
Surf City							1000 sf	1	100	55		1
County (6)			Coun	ty Code (7)	VSTATE	USE ONLY)		Prior if being demolis				
Ocean			Journ	ty oddo (r)	ДОТИТЕ	. 002 011217	Residenc	Thor it boiling dollions	1100)			
Name of Monitoring Firm Hired by Buildin	na Owner	(8)	ASCM	No	Name	e of Abateme	ent Contractor (9	9	_			
N/A		(0)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,			ntracting, Inc					
Street Address						t Address	g,e	•				-
Chock hadross					100000000000000000000000000000000000000	89 Route 9	. Unit 61					
City, State, Zip Code						State, Zip Co						-
Sky, Skato, Zip Sodo					100000000000000000000000000000000000000		New Jersey 0	8755				
Project Manager for Monitoring Firm		Tele	phone I	No.		hone No.		License No.				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.000	2-349-9932		00624				
Start Date (10)	cheduled	Comple	tion Dat	te (11)	(15,000)	e of OSHA M						
	11				E.N	/I.S.L. Anal	ytical					
Occupancy Status During Abatement (C	heck only	one)			Stree	t Address						
☐ Facility Closed/Vacated During Entire			ment		10	56 Stelton						
☐ Abatement Performed Outside of Nor					City,	State, Zip Co	ode	-				
Time of Abatement:AM	_PM/	PM		AM	Pis	cataway, I	New Jersey 0	£854				
Scope of Work (Check all that apply)						П = " 0 .						
≥3 sf or ≥3 lf	Пв	enovat	ion			☐ Mini-Enc		egative Pressure				
⊠ ≥160 sf or ≥260 lf		emoliti				Glovebag	g Procedure					
				Ī		Non-Exe	mpted (*) and N	n-Friable Procedu	-	70		-
Lagation of		s Loca Norma				Description o	,¢		Ab	atem		
Location of Asbestos-Containing Material (ACM)		ed Sol	ely by	Asbe		ontaining Ma		Amount	Ren	Repair	Enc	Enclosure
TO BE ABATED	0.00	lainten:	ance/ Staff?	(i.e		mal systems		(Specify	Removal	ar.	aps	losu
IN Facility (13)		(12)				rfacing, VAT er miscellane		SF or LF)	<u>m</u>		Encapsulate	ē
	Yes	No	N/A								(D	
exterior-house				asbesto	os sid	ing		900 sf				
exterior-garage		\boxtimes		asbesto	os sid	ing		550 sf				
Name of Registered Waste Hauler		1.0	NJDEP !		100000000000000000000000000000000000000	c Yards of	Name of Re	stered Landfill				
Guardian Contracting, Inc.			Hauler II		Wast		T.R.R F.					
City, State					10 20	osal Date	City, Sta e	2 - Land Company				
Toms River, New Jersey			=		11.	/21/17	Tullytow	r, Pennsylvania	77-37			
Completed By (Print or Type)	Title					Signature	110	D	ate /	300 50	1	
Nicholas Fernicola	Proje	ct Mar	nager				1-tel		10/	261	1-	7

Paid

10

16

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 17 D & A Demo, LLC 10 26 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 2156 Camplain Road **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Hillsborough, NJ 08844 ☐ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation Antonio Dimuzio **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Residence Subchapter 8 (Other than K-12) Street Address Other (i e., private and commercial buildings, homes etc.) # of Floors Square Feat Bldg. Age City (5) 3000 sf 2 70 Short HIIIs Current Us : (P ior if being demolished) County Code (7)(STATE USE ONLY) County (6) Reside ice Essex ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) 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 Telephone No. Project Manager for Monitoring Firm Telephone No. License No. 00624 Nicholas Fernicola 732-349-9932 732-349-9932 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 10 / 26 / 17 E.M.S.L. Analytical 10 / 27 / 17 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 03854 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Mini-Enclosure □ Renovation □ Demolition ☐ >160 sf or >260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Removal Encapsulate Repair Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A basement, 1st & 2nd floor 100 If X M asbestos pipe insulation NJDEP Waste Name of Recistered Landfill Name of Registered Waste Hauler Cubic Yards of Hauler ID No. Waste T.R.R.F. Guardian Contracting, Inc. 20223 3 City. State City, State Disposal Date 10/30/17 Tully own, Pennsylvania Toms River, New Jersey Completed By (Print or Type) Signature Date

Nicholas Fernicola

Project Manager



OV # 1000/2	1			OF ASB to NJAC		2000 2000		NT	Contract Con	is v	Li U	231	-	Manager Lags of
Date of Notification (1) 10/24/17				f Building Laparo		perator	r (2))	1	007	3 8	201		The second
Agencies Notified Type Notification			Street A	ddress					Feb. 2	2 agreement opening		nd/s/ys/(sizers)	and the second second	
EPA X Initial Amended Amendment #	±			ite, Zip Co		3904								
Emergency (i	ncluding			f Contact				-	_					-
DOH justification) Cancellation			Nancy											
			FACI	LITY INFO	ORMATI	ON							-	
Name of Facility Where Abatement is Taking Street Address	Place (3						×	ype of Facilit / (School (F-1 Subchap er Other (i.e. p etc.)	2) 8 (Oth			dings,	home	es,
City (5) Highland Park							S	quare Feet	# 01	Floors	E	Bldg. A	ge	
County (6) Middlesex				Code (7) USE ONLY)			urrent Use (Prid IOME	or f bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	1 No.		100000 (100		Abatement (or EAD PROFE						
Street Address						Street 6 Wh		dress E DOVE CO	 DURT	8				
City, State, Zip Code						100000		e, Zip Code VOOD, NJ 0	87'01					
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph 732-		e No. 8-9078		License 1200	No.			
	Schedule		pletion l	Date (11)				OSHA Monitor	SSIO	NALS				
Occupancy Status During Abatement (Check	Only Or	ne)				Street			_					
Facility Closed/Vacated During Entire P	eriod of A	Abatem	ent			6 WH	HIT	E DOVE CO	OURT					
Abatement Performed Outside of Norma X Other – Describe:	al Facility	Hours			_			e, Zip Code VOOD, NJ 0	87'01					
Scope of Work (Check All That Apply)									_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti				×		Full Contair me Mini-Enclos are Glovebag P oo Non-Exemp ec	e cedure				е	
	ls	Location	on										ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Normall d Solel intenar todial S (12)	y by ice/		tos Cont thermal surfac	systems	Mate is in AT, (erial (ACM) sulation, or	(8	mount Specify or LF)	Remova	Repair	e Encapsulate	Enclosure
(13)	Yes	No	N/A		outern	niscellar	neo	us)			val	Ŧ	ulate	ure
INTERIOR					Pipe	Insula	atio	n	- {	3 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W auler ID 1509		Cubic of Was	Yards ste		Name of IESI	Re giste	red Landf	ill			
City, State NEWARK, NJ						sal Date)	City, S at		1 PA				
Completed by JOSEPH PERLSTEIN	Title OWN	IER				ignature	е				Date			



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

0	X#40	03			CATION	OF ASB	ESTO	SABATE		10	s ne	121 13	TIT I	3 7			
14/10/20	te of Notification (1) 1/24/17				Name o	f Building Azrak	Owne	r/Operato	r (2)	1	3 (3)	ion Li	WI	T FI	-		
Age	encies Notified	Type Notification			Street A	ddress					(ICT	302	017	100	Transfer of the		
	EPA	× Initial												L			
×	DEP	Amended	ш.			ate, Zip Co			.0	Plane land		* ************************************			- 1		
	DOL	Amendment : Emergency (-	0.00	Beach T	wp, i	47 080C	8								
×	DOH DCA	justification) Cancellation			Fred	f Contact											
						LITY INFO	ORMA	TION			-						
Nar	me of Facility Where	Abatement is Taking	Place (3)					Туре	of Facility (4)						
04	1011									School (K-1							
Stre	eet Address									Subchap er Other (i.e. p				ildin	as.	home	es.
City	v (5)									etc.) re Feet		f Floors		-	34		
200 10T	ng Beach Twp								Squa	re reet	# 0	FIOORS		Bldg	J. A	ge	
55.0000	unty (6)					Code (7))		Curre	ent Use (Pri	or f bei	ng demol	ished)				
	me of Monitoring Firm	Hired by Building C	wner (8)	ASCN	1 No.		Name	of Aba	itement (or	ntractor	(9)					
Stro	eet Address									D PROFE	SSIO	NALS					
Out	ct Address							100000000000000000000000000000000000000	t Addre	DOVE C	OURT						
City	, State, Zip Code									ip Code OD, NJ 0	87'01						
Pro	ject Manager for Mon	itoring Firm		П	Telepho	ne No.		Telep	hone N	0.		License	No.			1117	
Cto	rt Date (10)		Cabadul	-10	1-4:1	D-1- (14)			-668-9	No ortogen		1200					
11	/12/17		11/13/	17	pletion	Date (11)		100000000000000000000000000000000000000		HA Monitor D PROFE	SSIO	NALS					
Occ	supancy Status During	Abatement (Check	Only O	ne)				0.0000000	Addres		LIDT						
H	Facility Closed/Vaca Abatement Perform	ated During Entire P	eriod of	Abatem	ent					DOVE CO	JUKI						
×	Other - Describe: _		ar r aciiit	y Hours						ip Code OD, NJ 0	87'01						
Sco	pe of Work (Check A	ll That Apply)										5-7					
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova				F		Il Contain me		Negative	Press	ure			
	2100 \$1 01 2200 11			Demolit	ion				Glo	ni-Enclos re ovebag P od	ceclure						
			T						K No	n-Exemp ed	d () an	d Non-Fri	able Pi				
			115	Locati Normal										AL	Typ	ment oe	•
	Location Asbestos-Containing		Use	ed Sole	ly by	Asbes		Description Intaining I		(ACM)	Α	mount		T		П	
	TO BE ABA		100000000000000000000000000000000000000	intenar todial S		(i.e.		al system		ation,		Specify or LF)	Rer		0	inca	Enc
	(13)	ty		(12)				r miscella	100.0		SF	or LF)	Remova	1	2	Encapsulate	Enclosure
			Yes	No	N/A								2			ate	e
	INTERI	OR					F	FLoor Ti	ile		5	50SF	х				
														T			
Nan	ne of Registered Was	te Hauler			JDEP Wauler ID		1000000	ic Yards /aste		Name of I	Registe	red Land	fill				
NE	WARK CARTING			100000	1509	140.	10	vasie		IESI							
1000	, State NARK, NJ						20033333	osal Date		City, State		1 PA					
	npleted by SEPH PERLSTEI	N	Title OWN	NER				Signature	е				Date				



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC \$150 and 12:120)

C V #104=	35	,	(Pt	ursuant	to NJAC	8:60 and	12:120	0)		Î		9				
Date of Notification (1) 10/25/17	•//				f Building o Edoav		7. Table 1. Carlotte 1. Carlot		-	2	()		3 0	200	7	Township to a second of the se
Agencies Notified T	Type Notification		-	Street A	ddress											24
⊠ EPA D	⊘ 1									1966	d virginian	Time and the		THE STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, ST		And and a second
I DEP I	Initial Amended			City, Sta	ite, Zip Co	de							Control State (1) Per	The Street, or	- weather	
DOL L	Amendment			Barne	gat NJ (08005										
☑ DOH	_ Emergency (iustification)	including	F	Name of	f Contact					Tal	anhono	Nium	hor -			
DCA	Cancellation			Dom	c											
				FACI	LITY INFO	DRMATI	ON									
Name of Facility Where Ab		Place (3	3)					Туре	of Facility (4)			1-17///85				
Bacilio Edoavil Privat	te Home								School (I-12)						
Street Address									Subchap er 8							
		82							Other (i.€. pri etc.)	vate a	k comm	ercia	Dullo	ııngs,	nome	es,
City (5)									e Feet	# of	Floors	-	В	ldg. A	ge	
Barnegat NJ 08005								1000)+	1			3	5+		
County (6)					Code (7)			Curre	nt Use (Prior	if bei	ng demo	olishe	ed)			
Ocean				(STATE	USE ONLY			hous	se							
Name of Monitoring Firm H	lired by Building (Owner (8)	-	ASCN	l No.		Name	of Aba	tement Contr	actor	(9)	71-77-				
N/A							Perr	naco li	nc.							
Street Address							Street	Addres	ss							
							PO	Box 3	29							
City, State, Zip Code							City, S	State, Zi	p Code		~		an William		-	
92394 17 021							Wes	t Berli	in NJ 0809	11						
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph	none No).		Licens	e No				
							856-	753-9	800		0072	7				
Start Date (10)	T	Schedul	ed Con	pletion	Date (11)		Name	of OSH	A Monitor							
11/3/17		11/10/	17				Sam	ne								
Occupancy Status During A	Abatement (Chec	k Only Or	ne)				Street	Addres	s		-					
☐ Facility Closed/Vacate	ed During Entire F	eriod of	Abatem	ent							٥					
Abatement Performed	Outside of Norm	al Facility	/ Hours				City, S	state, Zi	p Code							
Other – Describe:						-										
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 If			Renova	tion				Full	Contair mer	t with	Negativ	ve Pr	essui	e		
≥160 sf or ≥260 lf		X	Demolit	ion				Min	i-Enclos re		•					
3. Tay							×		vebag Proce		Non-F	riable	Pro	redur	2	
		Т.				×	Nine.	1101	I-Exemples	Jan	11011-1	Habit			ment	
		2.0	Locati Vormali											Ту	ре	
Location o Asbestos-Containing M		Use	d Sole	ly by	Ashes	Des tos Cont	scription		(ACM)	Δ	mount				_	
TO BE ABAT	ED		intenar todial S	(100 T) (100 C)		thermal	systems	s insula		(8	pecify		Re	_Z	inca	En
In Facility (13)		Cus	(12)	itan:			cing, VA niscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		-				Other II	niscenai	icous					Val	7	llate	ure
		Yes	No	N/A												
Exterior Sic	ding			х		exte	rior sic	ding	*	12	00 SF		x			
***************************************											HALF THE PARTY					
			-	-					-			-				
		-										-				
Name of Registered Waste	Hauler		1000	JDEP W		Cubic			Name of R	giste	red Lan	dfill				
United Roll Off				auler ID 2459	NO.	of Was	ste		G.R. D.V	V.S.						
City, State				2400		1/ 3	sal Date		City, S ate				-112/4		72537	
Elm NJ						11/10			Morr svil	e P	1906	37				
Completed by		Title					ignature		11.011 071			Date	9		ince th	
Anthony T Perna			ident					0					/25/	17		



CV#1/HDF	, ,			OF ASBI				łΤ	haman and)EO	g I		W	
Date of Notification (1) 10/24/17		T		Building (ente al representation de la constitución de la con	1 01	7 3		07	14.75
	otification		Street A		Tillva	101101	110				- 11			
The state of the s	tial nended		City, Sta	te, Zip Co	de				1 1	The supervision	apples this water to	www.	#14 PO 15 15 15 15 15 15 15 15 15 15 15 15 15	e in i
DOL An	nendment#	_	Manal	hawkin N	NJ 080	50								
	nergency (including stification)			Contact				-	Telen	hone Nur	mber			
☐ DCA ☐ Ca	ncellation		Kelly						-					
Name of Facility Where Abatemer	nt is Taking Place (3	,	FACI	LITY INFO	DRMATI	ON	Tv	pe of Facility (4	1		Some the			
Rich Szieber Private Ho		,						School (IC-12						
Street Address							X	Subchapter 8 Other (i.e. pr	(Other			dings,	home	es,
City (5)						-	Sq	etc.) uare Feet	# of F	loors	В	ldg. A	ge	
Manahawkin NJ 08050							10	000+	1			35+		
County (6) Ocean			County (Code (7) USE ONLY)			0.77	rrent Use (Prio OUSE	r <mark>if</mark> being	demolish	ned)			
Name of Monitoring Firm Hired by N/A	Building Owner (8)		ASCN	1 No.		2000		batement Cont	ractor (9)				
Street Address						Street	Add	Iress	-					
						PO	Box	329						
City, State, Zip Code								, Zip Code						
								erlin NJ (80						
Project Manager for Monitoring Fi	rm		Telephoi	ne No.		Teleph 856-		No. 3-9800		icense N 00727	lo.			
Start Date (10)			pletion I	Date (11)				SHA Monitor				0:50-5		
11/3/17	11/10/					Sam								
Occupancy Status During Abatem						Street	Add	iress						
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:						City, S	State	, Zip Code						
Scope of Work (Check All That Ap	oply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		denova demoliti				2	1	Full Containme Mini-Enclosure Glovebag Froc Non-Exempted	edure				e	
		Locati											ement pe	
Location of Asbestos-Containing Material TO BE ABATED	(ACM) Use	lormall d Solei intenar	ly by nce/		tos Cont		Mate	rial (ACM)		ount	R			E
In Facility (13)	Cusi	todial S (12)	Staff?	(surfa	cing, VA niscellar	AT, o	r		r LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										e	
Exterior Siding			х		Exte	rior Si	ding	9	100	0 sf	х			
Through-out			Х		fl	oor tile	9		600) sf	х			
Name of Registered Waste Haule United Containers	r	Н	JDEP Wauler ID 2459		of Wa	Yards ste		Name of F	-	d Landfil				
City, State						sal Date)	City, 5 tate	<u> </u>					
Elm NJ					11/10	0/17	86	Morrisv	ille PA	19067				
Completed by	Title				8	Signature	e ²	2			ate			
Anthony T Perna	Pres	ident						X.		1	0/24/	17		

NO CK				(F	ursua	nt to NJ	4C	8:60 and 5:1	6)	MI	GE		V L		aniches.
Date of Notification (1) 10 /	24 /	17	·		1550000		200	wner/Operator ment of SJ, L			0CT 3	021	de la constitución de la constit	The second secon	Parameter of The
Agencies Notified	Type Notific	cation			Stree	et Address	1.41			11111				- Emmand	+
⊠ EPA	☐ Initial				53	Covingto	on L	_ane		and the second	enterior establishment of the	many a many	ner ragnyana	AND THE RESERVE	
☑ DOLWD			E		City,	State, Zip	Cod	e							
DCA	Amenda		_		Vo	orhees, l	UJ (08053							
(NJAC 5:23-8)	justificat		icidalii	9	Nam	e of Contac	ct			Telenh	one Num	ber			
	☐ Cancella	ation			Ni	ck Aspra	5								
					FA	CILITY	VFC	RMATION		7.0			-		
Name of Facility Where A	batement is	Takin	g Place	(3)	(545)				Type of Facility	(4)		_			
Future Wawa									School (K-1						
Street Address									Sub charter	8 (Other	than K-12)			
900-912 Haddonfiel	d Road								Other (i.e.,)	private an	d commer	cial b	uildin	gs,	
City (5)									Square Fee:	# of F	loors	В	ldg. A	ae	
Cherry Hill									100,000	1	.00.0		50	90	
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (P		a demolis	hed)	-		
Camden						8520 - 1			Vacant Cor			,			
Name of Monitoring Firm	Hired by Bui	lding (Owner	(8)	ASCN	No.	Na	ame of Abateme	ent Contracto (9		-,				
PARS Environment	al, Inc.						1		onmental, LLC						
Street Address					V		St	reet Address							
500 Horizon Drive, S	Suite 540							623 Cutler Av	/enue						
City, State, Zip Code							Cit	ty, State, Zip Co	ode						
Robbinsville, NJ 08	691						1	Maple Shade	, NJ 08052						
Project Manager for Monit	toring Firm			Tel	ephone	No.	Те	lephone No.		Licens	se No.				
Firoz Jan				6	09-890)-7277	1	856-755-0099		008	342				
Start Date (10)						ate (11)	Na	me of OSHA M	Ionitor						
07 /05 / .	17	1	2 /	_0	1_ /	17	I	EMSL Analyti	ical, Inc.						
Occupancy Status During	Abatement (Check	only o	ne)			Str	reet Address							-
☐ Facility Closed/Vacated							2	200 Route 13	0 North						
Abatement Performed	Outside of N	ormal	Facility	/ Hou	rs - Des	scribe	Cit	y, State, Zip Co	ode						
Time of Abatement:		PI	///	_PIV		AIVI	(Cinnaminson	, NJ 08077						
Scope of Work (Check all	that apply)														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re 図 De					☐ Full Cont☐ Mini-Encl☐ Glovebag		gative Pre	essure				
64.5). Pag								⊠ Non-Exer	mpted (*) and No	n-Friable	Procedure	9			
*# #THE COLOR OF THE COLOR OF T	702		5.0	Loca				The second of the second of				Ab	atem	ent T	уре
Location of Asbestos-Containing M		4)		lorma d Sol	ally ely by	Acho	otoo	Description of Containing Mat	f			Re	Re	Щ	ш
TO BE ABAT	ED	',	Mai	intena	ance/	(i.e	, the	ermal systems i	nsulation		ount ecify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	/		Cust	odiai (12)	Staff?	192		surfacing, VAT,			or LÉ)	Val	_	sula	sure
(10)			Yes	No	N/A	1	Ot	her miscellaned	ous)					ate	
Meinke Exterior						Roof Fla	ashi	ing		600	SF				
Rodi's Exterior				\boxtimes		Roofing	an	d Flashing		7,75	0 SF		П	П	П
Rodi's Exterior				\boxtimes		Window	Ca	ulking and G	lazing		LF				
												П	П	П	П
Name of Registered Waste	Hauler			I	IJDEP \	Vaste	Cub	oic Yards of	Name of Regis	tered Lan	dfill			_	-
Jack Robinson Wast	e Disposa	l Ser	/ice	F	17304		Wa		GRC WS N						
City, State								posal Date	City, State					TT - 1	
Voorhees, NJ							1	2/01/2017	Morrisville	, PA					
Completed By (Print or Typ	oe)	Title						Signature			Date	9			
Christina Lynch		Vi	ce Pre	eside	ent of (Operation	s	(mode	all to		10	124	1/1	7	

NO Cr.				(P	ursua	nt to NJ	AC 8	3:60 and 5:1	6)		The second	NEU	B E		W	17.1 17.1 18.1	
Date of Notification (1)					Nam	e of Buildir	g Ov	vner/Operator ((2)		and the second	62.7					
	24 /	17			Jo	hn Taylo	r				Taker In.		CT	U	LUI		
Agencies Notified	Type Notific	ation			Stree	t Address					- 11	J.L					
	☐ Initial										1	THE MANAGEMENT		miletayrea History			en nemer
□ DOLWD □					City,	State, Zip	Code							_			
☑ DOH	Amendm							t, NJ 08260									
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati		cluding	I		e of Contac			-		1			~-			
(110/10 0.20 0)	☐ Cancella				N STATES	hn Taylo					ř.						
							_	RMATION			-						
Name of Facility Where A	batement is	Taking	Place	(3)					Тур	of Fac lity	(4)						
Taylor Residence										chool (K-1							
Street Address					0-12-2-2	***************************************				tubchap er other (i.e., p				ial hı	ilding	15	
										omes, etc.		4114 0011				,	
City (5)									Squ	are Feet	# (of Floors		BI	dg. A	ge	
Wildwood Crest		III.							1,	700		2			80		
County (6)					Cou	nty Code (7)(STA	ATE USE ONLY)	Curr	ent Use (P	rior if b	eing den	molish	ed)			340
Cape May									R	esidence							
Name of Monitoring Firm					ASCN	l No.	Na	me of Abateme	ent Co	ntractor (9)						
Management & Env	iro. Consul	ting S	Servic	es			5	Shade Enviro	onme	ntal, LLC	;						
Street Address							Str	reet Address									
PO Box 341							6	323 Cutler Av	venu	9							
City, State, Zip Code							Cit	y, State, Zip Co	ode								
Chesterfield, NJ 085							ı	Maple Shade	, NJ	08(52							
Project Manager for Monit	toring Firm			Tel	ephone	No.	Tel	lephone No.			Lie	cense No).				
Bill Weisgarber				6	09-298	3-4070	8	356-755-0099)			00842					
Start Date (10)	0.000					ate (11)	Na	me of OSHA M	1onito		7)1000						
10 /12 /	17	_1	1_/	0	1_ /	17	E	EMSL Analyti	ical,	nc.							
Occupancy Status During	,						Str	eet Address									
☐ Facility Closed/Vacate							2	200 Route 13	0 No	rth							
Abatement Performed							City	y, State, Zip Co	ode								
Time of Abatement:	AIVI					_AIVI	0	Cinnaminson	ı, NJ	08077							
Scope of Work (Check all	that apply)							M.E.IIO.		20. 10.					-11		
≥3 sf or ≥3 lf			⊠ Rei	novat	ion						gative	Pressure	Э				
≥160 sf or ≥260 lf				moliti				Glovebag	g Prod	edure							
								☐ Non-Exer	mpted	(*) and No	n-Fria	ble Proc	edure				
Location	of			Loca Iorma				Description						Ab	atem	1000	
Asbestos-Containing N		1)	Use	d Sol	ely by	Asbe	stos	Description of Containing Mai		ACM)		Amount		Rer	Repair	Enc	Enclosure
TO BE ABA	TED				ance/ Staff?	(i.e	., the	ermal systems i	insula	tion,		(Specify		Remova	air	aps	losı
IN Facilit (13)	у		Ousi	(12)				surfacing, VAT, her miscellaned				SF or LF))	al		Encapsulate	Гe
(10)		1	Yes	No	N/A		01	nor mocchane	ous							é	
Utility Room and Bath	room					Drywal						40 SF					
Wall b/w House and G	Sarage					Drywal	1					30 SF			П	П	П
														П	П	П	П
			П	П	t -									П			
Name of Registered Wast	e Hauler				NJDEP	Waste	Cut	bic Yards of	Nar	ne of Regis	stered	Landfill					-
Freehold Cartage				1.8	lauler I	D No.	Wa	ste		ap May			dfill				
City, State			-		1593	9	Dist	posal Date		, S ate							
Freehold, NJ							- 23	1/01/2017	10 (2)	oc dbi ne	. NJ						
Completed By (Print or Ty	ne)	Title	Service.	.115.00			_ •	Signature	Τ.				Date				
Christina Lynch	P-0/		ce Pr	seid	ent of	Operation	16	Old I all	-	A more some					.1		
Jili Jana Lynon		VIC	00 1-16	Joiu	SIIL OI	Operation	13	1 Myste	SUU.	/			10	12	4/	+	

Print Form



CV#1760	1		St ICATION Pursuant		BESTOS	ABATE		NT	The state of the s		G	E.J.		7 150	Commen
Date of Notification (1) 10-24-17				f Building Olorteg		Operator	(2)		4)(T	3 (201	1	
Agencies Notified X			Street A City, Sta Bellev Name of		ode 07109					(Personal October 1997)	A #	Manager Manager		era espera	
				LITY INF		ION		_	_						
Name of Facility Where Abatement is Taking Residential Street Address	Place (3	3)					Ту	School K Subchapt	(-12) er { (O	ther tha	an K-12	2)			
City (5) Belleville Nj							So	Other (i.e etc.) uare Feet	#	of Floo			dings Bldg. A		es,
County (6) Passsaic			County (Code (7)	0			rrent Use	rior if b		molish	ned)			
Name of Monitoring Firm Hired by Building O			ASCN				of A	esidentic a	onti acto	or (9)					
MC Cabe Environmental Services LL Street Address	.C					DYV		terprises	LLC						
464 Valley Brook Ave						28 L	isa	Lane							
City, State, Zip Code Lyndhurst NJ 07071						City, S Licol		, Zip Code ark							
Project Manager for Monitoring Firm M Manthey			Telephor	ne No. 38-4839	<u> </u>	Teleph		No. 2-6924		(6)63.7	nse N	0.			
Start Date (10)	Schedule		npletion [Name	of C	SHA Moni o Carpio	or	011	129				
Occupancy Status During Abatement (Check		16.5				Street				-					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abaten Hours	nent s			City, S	tate	nberlanc , Zip Code							
Scope of Work (Check All That Apply)		70,14-7-				Pate	rso	n NJ 075 ()2						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	_	Renova Demolii				×	- !	Full Contain Mini-Enclos u Glovebag Fin Non-Exempt	re oce dure					е	
Location of	1	Locat Iormal	lly		Des	scription					J		Abate		t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena odial s (12)	nce/		tos Cont thermal surfac	aining M	later s ins T, or	•		Amoun Specif F or LF	y	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	
exteriort basement windows		-	X			ow glaz	_	_	-	175 lf		X			
troughout kitchen house & basement			X		booton			ter	3	950 s	sf	Х			
basement			X			packir	_			5 sf		X			
roof Name of Registered Waste Hauler		N	JDEP W	aste	flat r	oofing	tar	Name o	1	200 s		X		-111	
DYV Enterprises LLC		H	lauler ID I 034140	No.	of Was	ste		TRR				ent			
City, State Lincoln Park NJ					Dispos 11-30	al Date		City, Sta		A 190	07				
Completed by Dorian Carpio	Title Mana	ager			S	ignature	K	18).			Dai	te)-24-	17		

				S	tate	of Ne	ew Je	rsey	1							
6570 - NJ	•	. (Pi	NOTI	FICA' ant	TION to N	OF AS	SBEST :60-7	OS ABATEME and 12:12	-111	n tia N Check			1			
Date of Notification	n (1)		Na	me o	F Bu	ilding	J Own	er/Operato	or (2)		11 11	(3)	121	1 11	7 123	
1 10 1/12	4 1/11	7	IIN	orth I	Hunt	erdon	- Voc	orhees R.H	LS.D.		110,15	G	15	1		101
Agencies Notified	Type Notifi	cation				ress					The state of the s	OCT	31	170	17	STATE OF STA
[]EPA			11/	145 F	2+ 3	1.5					Section (24.21	CF 8	y zastr	1 0 -	
[X] DEP	<pre>[X]Initia Notifi</pre>	l cation	11			e, Zi	p Cod	e						_		
1X1DOL	[]Amende	đ	II AI	nnan	dale	, NJ 0	8801				er med tribucidans	n Lapabadh anti-tulan	decision estados		*********	
[X]DOH		cation	1			ntact				Tele	phone N	umber				
[]DCA	[]Cancel	lation	11	scont	n Bild	otti Er	ocilitic	s Director		3. <u>*</u> 3						
			1130													-
Name of Facility Wh	ere Abateme	nt is Ta	kino				NEORE	MATION	Type o	E acili	ty (4)	-			-	_
						•			6	Clichcol	(K-12))				
North Hunterdon Reg	ional High S	chool							1 1] Subcha	(i.e.	priva	ate 8	& COL	nmer-	_
								1	Square	Fiet	# of F	s, he	omes Bl	dg.	Age	
1445 Rt. 31 S.		County	. 761			1/201	ntv 7	ode (7)	115	000	2			50		
City (5)		Codicy	(0)	l:		(ST	ATÉ L	SE ONLY)	Curren	t Jse (E	Prior i	E bei	ng d	emol.	ishe	1)
Annandale, NJ 08801		Hunter					111	of Abate	Schoo	E uild no	781					
Name of Monitoring Owner (8)	Firm Hired	by Bullo	iing	ASC	M No	·	Name	e or Abate	ment Co	nt acioi	(3)					
Briggs Associates.				000)4			r Strong Bu		nc.						
3 Crosswicks St.	ide -						180	Sargeant	Avenue	e —						_
								on. NJ 070								
Bordentown, NJ 0850 Project Manager for	Monitoring	Firm [T	ele	phone	Nur	nber		ephone Num			1	Licen	se N	umbe	r	
Michael Hoodak, EPA	Project De	signer 6	09-2	298-5	520	(11)		-614-0377				00807	,			
1 1 / 1 7 / 1 Month / Day / Occupancy Status Du	1 . 7	1 1 7 7	1 : 9	171	1 7	1	Fou	r Strong B	uilders, I							
	ring Abate	ment (Che	eck o	only	опе)	Str	eet Addres	ss							
[]Facility Close of Abatement								Sargeant								
	be: 7 a.m. to	p.m weeker	nd .	I rav	-111		1	y, State.	ZIP COU	-						
[]Other - Descri			_			_	Cliff	on, NJ 070	013							
Scope of Work (Chec		apply)	×]Rend	ovat:	ion		[]Mini	L-Enclos			ative	Pre	ssur	e	
[X]>3 sf or []∑160 sf								[X]Non-	Friable	ocedure Froced	ure W/		Abat			TDA
				Is catio										emer	E	E
Locati Asbestos-C			1	rmal. Used			Asb	Descriptions estos-Cont	taining		Amou		RE	R E	C	C I.
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Team Room				X		Fitting	g Insu	ulation			17 LF		X			
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Name of Registered	Waste Haul	er		JDEP aule				c Yards	Name o	of Regis	tered [andfi	.11			
Newark Cartina Co				509	י דט	NO.	01 W	4366	Grand	Central	Sanitan	v Lan	dfill			
Newark Carting, Co.			14	009			Disp	osal Date			Junitur,	,	27.111			
A CONTRACTOR OF THE PARTY OF TH									Pen A	rg/l, FA	18072					
Newark, NJ Completed By (Print	or Type)	Title		-			1	Signatur		19/11/17	10012		Da	ate		
Bilyana Kulakovska	• • • • •	Office A	dmir	nistra	tor			86	h	12	1		10	0/24	17	
ASB-41 JUN 95								0			/				0.15	e 7
SCHOOL THE STATE OF											/				G46	0/

TOM Voorhels, DOL 10/24/17-1PM

NOTIFICATION OF ASBESTOS ABATENENT (Pursuant to N.J.A.C. 8:60 and 12:120)

CMX#3282

Agencies Notified Type Notification Street Address Patrick Torre Administration Bidg, County Route 516 City, State & Zip Code Matawan, NJ 07747 Name of Contact Mr. Frank Frazzitta Totalebase Numb Name of Facility Where Abstement is Taking Place (3) School (K-12)	Date of Notification	(1)			Non	o of I):I.a!:	- 0 - 10		17	THE	173	77 Y	7.77 F
Agencies Notified Speed Notification Street Address Patrick Torre Administration Bidg, Country Route 516 City, State & Zip Code Cancellation Trainshane Mumb Market Address Trainshane Mumb Tr			• 6		Old	Brid	ae To	g Owner / Opera	ator (2)		HS L	15	Section 1	W L
Part PA					Stree	et Ado	dress	Wilsilip Boar	u oi Educat	icn	· ne	e = 9	# 75	月元 升
DOL Amended City, State & Zip Code Matawan, NJ 07747 Name of Contact Mr. Frank Frazzitta Transport No.	H H. H. 1977 B. 1987 B. 1987				200000000000000000000000000000000000000			Administratio	n Bldg. Co.	Inty Route 516	1 46	0	UZU	
DOH					City,	State	& Zip	Code	Diag, obt	arity Route 516				
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Minter Frank Frazzitta Fra		Prince Control of the									Talani	one l	Num	ber
Type of Facility (4) School (K-12) Street Address School (K-12) Subchapter 8 (Other (Le, private & commercial buildings, homes, etc.) Other (Le, private & commercial buildings, h		L] Cal	icellation		Mr.	Frani	k Fraz	zitta						
Circle Address County (6) County (6) County Code (7) Code	Name of Equility MA	Al- I			F.A	CILI	TY IN	FORMATION				_		
Street Address Subchapter 8 (Other Ihan K-12) Other (ile, private & commercial buildings, homes, etc.) Other (ile, private & commercial private & commercial private & commercial, ile, etc.) Other (ile, private & commercial, ile, etc.) Other (ile, private & commercial, ile, etc.) Other (ile, private & commercial, ile, etc.) Other (ile, private & commercial, ile, etc.) Other (ile, private & commercial, ile, etc.) Other (ile, private & commercial, ile, etc.) Other (ile, private & commercial, ile, etc.) Other (ile, private & commercial, ile, etc.) Other (ile, private & commercial, ile, etc.) Other (Cheesequake Flo	mentan	nent is Taking F	Place	(3)			Type of Fa	cility (4)					
Cliy (5) Matawan County (6) Middlesex Square Feet # of F or s Bidg. Age Square Feet # of F or s Square Feet \$ of Square Feet \$ of F or s \$ of Square Feet \$	Street Address	onientary .	3011001		10-17-18									
County (6) County (6) County (7) County (7) Matawan Middlesex Mi	111 Route 34							Subch	apter 8 (Other	r than K-12)				
Current Use (Prior if b sing demolished) School								Square Fee	(i.e. private &				etc.)	
Matawan Middlesex School Current Use (Prior if being demolished) School	City (5)		County (6)	C	ountv	Code	(7)		120 0000	Foors	Bldg. A	_		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Street Address Street Address 1120 North Warren Street City, State & Zip Code Trenton, NJ 08910 Project Manager for Monitoring Firm Rollie Jones Scheduled Start Date (10) Scheduled Completion Date (11) 10/24/17 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entrie Period of Abatement Abatement Performed Outside of Normal Hours − 7am to 3pm Pescribe: 6:00 PM − 2:30 AM Pacific Monitoring Firm Facility Occupied During Abatement 7AM to 3:30 PM Scope of Work (Check all that apply) ■ 23 of or ≥3 if ■ 16 of ≥260 if ■ 26 of ≥3 if ■ 27 of ≥3 if ■ 28 of or ≥3 if ■ 29 of or ≥3 if ■ 20 or ≥3 if ■ 20 or ≥3 if ■ 20 or ≥3 if ■ 20 or ≥3 if ■ 20 or ≥3 if ■ 21 or ≥3 if ■ 21 or ≥3 if ■ 22 or ≥3 if ■ 23 or ≥3 if ■ 24 or ≥3 if ■ 25 or ≥3 if ■ 26 or ≥3 if ■ 27 or other inscallating ■ 28 or ≥3 if ■ 29 or ≥3 if ■ 20 o	Matawan					0000	(.)			1		60+	٠	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Street Address 120 North Warren Street City, State & Zip Code Trenton, NJ 08010 Project Manager for Monitoring Firm Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Brailty Occupied During Abatement 7AM to 3:30 PM Scope of Work (Check all that apply) Abatemat (ACM) To BE ABATED In Facility (13) To BE ABATED In Facility (14) To BE ABATED In Facility (15) To BE ABATED In Facility To BE ABATED In F								School	e (Filor II Dein	ig demolished)				
Environmental Connection Bristol Environment tal, Inc.	Name of Monitoring	Firm Hired	by Building Ow	ner (8)	AS	CM No		atement Con	tractor (0)		7/12-00-01		
Street Address City, State & Zip Code Trenton, NJ 08010 Project Manager for Monitoring Firm Glephone Number Glob-392-4200 Scheduled Start Date (10) Scheduled Start Date (10) 10/24/17 Scheduled Start Date (10) Scheduled Start Date (10) 10/25/17 Scheduled Start Date (10) Scheduled Start Date (10) Scheduled Start Date (11) 10/25/17 Scheduled Start Date (10) Scheduled Start Date (10	Environmental C	onnection							vironmer ta	I. Inc.				
City, State & Zip Code Trenton, NJ 08010 Project Manager for Monitoring Firm Rollie Jones Rollie Jones Scheduled Start Date (10) 10/24/17 Occupancy Status Durring Abatement (Check only one) Facility Closed/Vacated During Abatement 7 AM to 3:30 PM Scope of Work (Check all that apply) ≥ 3 sf or ≥3 If ≥ 160 sf ≥260 If Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Solier Room Rollie Abatement Normally Used Solely by Maintenance or Custodial Staff' (12) Yes No NAA Solier Room Pipe Insulation Pipe		0						Street Addr	ess					-
Trenton, NJ 08010 Project Manager for Monitoring Firm Rollie Jones Telephone Number 609-392-4200														
Project Manager for Monitoring Firm Telephone Number (39-392-4200 (215) 788-6040 00509														
Rollie Jones Scheduled Start Date (10) 10/24/17 Scheduled Completion Date (11) 10/25/17 Occupancy Status During Abatement (Check only one) Facility Coscepted During Abatement (Check only one) Describe: 6:00 PM − 2:30 AM Facility Occupied During Abatement 7AM to 3:30 PM Scope of Work (Check all that apply) ≥ 3 sf or ≥ 3 if	Project Manager for	Monitorina I	Firm	Teler	ahono	Num	hor							
Scheduled Start Date (10) 10/24/17 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 6:00PM – 2:30AM Facility Occupied During Abatement 7AM to 3:30 PM Scope of Work (Check all that apply) \$\text{23 sf or } \text{23 lf}	Rollie Jones						Dei				Number			
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 6:00PM – 2:30AM Facility Occupied During Abatement 7AM to 3:30 PM Scope of Work (Check all that apply) ≥ 3 sf or ≥3 lf			Scheduled Cor)			00509				
Street Address 1123 Beaver Street 1123 Beave				10/2	5/17	(,			line				
Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 6:00 PM – 2:30 AM Facility Occupied During Abatement 7AM to 3:30 PM Scope of Work (Check all that apply) ≥ 3 sf or ≥3 If Demolition Renovation Demolition Pipe Insulation	Occupancy Status D	uring Abate	ment (Check or	nly on	e)								-	
Describe: 6:00PM - 2:30AM Facility Occupied During Abatement 7AM to 3:30 PM Facility Occupied During Abatement 7AM to 3:30 PM Facility Occupied During Abatement 7AM to 3:30 PM Full Containment with Negative Pressure Mir I-Er closure Gic ve Bag Procedures NoI-Exempted and Non-Friable Procedure Asbestos-Containing Material (ACM) Solely by Maintenance or Custodial Staff? (12) Yes No I/A Pipe Insulation Pipe Insulation 9 LF Disposal Date City, State Occasion Occ	☐ Facility Close	ed/Vacated	During Entire P	eriod	of Aba	ateme	ent							
Facility Occupied During Abatement 7AM to 3:30 PM Scope of Work (Check all that apply)		errormed O	utside of Norma	al Ho	urs – '	7am t	o 3pm	V 57020						
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≥3 sf or ≥3 lf	Scope of Work (Chec	ck all that ar	(vlacement //	uvi to .	J.30 F	IVI	-							
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Demolition Demolition Size Si	- 기 <mark>교교교</mark> - 트립스터, 기업 개업 제임 (1) - 트립스터, 기업	22		\boxtimes	Ren	ovatio	n				vegative	1168	Suit	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Boiler Room Boile	≥160 sf ≥260	If			Dem	olitio	n							
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Soliler Room Boiler Room Boi	1.2	-1' C									n-Friable	e Proc	cedu	ire
Material (ACM) TO BE ABATED in Facility (13) Solely by Maintenance or Custodial Staff? (12) Yes No N/A Boiler Room Boiler Room Boiler Room Boiler Room Solely by Maintenance or Custodial Staff? (12) Yes No N/A Pipe Insulation Pipe Insulation Pipe Insulat			a						n of	Amount				
Maintenance or Custodial Staff? (12) Yes No N/A Boiler Room Boiler R	Mater	rial (ACM)	9											
Boiler Room Boiler Room Pipe Insulation Pipe Insulatio	TO BE	ABATED		Maint	enand	e or				SF or LF)	Z,		Enc	m
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Boiler Room Pipe Insulation Pipe Insul	Boiler Room			100		INV		D:					Œ	
Jame of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste					H	H								
Hauler ID No. 20990 Hauler ID No. 20990 Waste Wity, State Waynesburg, Ohio Title Project Manager Hauler ID No. 20990 Minerva Landfill City, State Waynesburg, Ohio Date 10/24/17				H	井	H		Pipe insula	ation	42 LF			Ш	
Hauler ID No. 20990 Hauler ID No. 20990 Waste Wity, State Disposal Date 10/25/17 Waynesburg, Ohio Date 10/24/17				H	Ħ	H					ᆜᆜ	밁	Щ	Ц
Hauler ID No. 20990 Hauler ID No. 20990 Waste Wity, State Iew Castle, DE Ompleted By (Print or Type) Fino Pizzigoni Hauler ID No. 20990 Waste Disposal Date 10/25/17 Waynesburg, Ohio Date 10/24/17				H	H	Ħ					井	H	Н	H
Hauler ID No. 20990 Hauler ID No. 20990 Waste Wity, State Waynesburg, Ohio Title Project Manager Hauler ID No. 20990 Minerva Landfill City, State Waynesburg, Ohio Date 10/24/17					Ħ	Ħ					井	H	H	H
Service Transport Inc. Hauler ID No. 20990 1/4 Cu Yd Minerva Landfill	ame of Registered V	Vaste Haule	er		NJD	EP V	Vaste	Cubic Yards	Name of Re	gistered Landfill				Ц
ity, State lew Castle, DE ompleted By (Print or Type) Title Project Manager Disposal Date 10/25/17 Waynesburg, Ohio Date 10/24/17	orvico Transna	-6 l					E-0.555000							
lew Castle, DE ompleted By (Print or Type) Title Project Manager Disposal Date 10/25/17 Waynesburg, Ohio Date 10/24/17		t INC.			209	90				ar <mark>i</mark> dfill				
ompleted By (Print or Type) Title Signature Project Manager Title Date 10/24/17														
Project Manager Puns fundami / 10/24/17		r Type)			T:41~				waynesbu	ry, Ohio				
Manager / 10/24/17	ino Pizzigoni	, , , ,			1000		1		7 :	. 0	1	V-1-2		
CT17271	3							Plant	MMIDION	21/(M	10/2	4/17		
	FI17226							100000	111	- ()				

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

NO CK	N	TON				BESTOS ABA AC 8:60 and 5:1	6)	ng 6 E	0 V	The state of the s	Carried Market	Too or other cases
Date of Notification (1) 10 / 11 /	17	_				g Owner/Operator mmunications	(2)	00134	72	Paragraph	The second secon	And the second section of
Agencies Notified Type Notific ☐ EPA ☐ Initial ☐ DOLWD ☐ Amende				Co		& Secaucus Ro	pad) Eliza en promisio no hacile en esta en esta en el constitución de la	Part of the State			- Anna Company
☑ DOH Amendn	nent #1-			25/74	State, Zip (caucus, N							
DCA Emerger (NJAC 5:23-8) ustificat		luding	3		of Contac	*C6 Pepper Bar *5045/702/5		Telephone Numb	0.00			1977
(NGAC 5.23-8) Justilical					x Baylor			Telebriana krimi	IAI			
						IFORMATION						
Name of Facility Where Abatement is	Taking F	Place	(3)	FA	CILITIIN	IFORWIATION	Type of Facility	(4)				
Verizon Secaucus Central Off			(0)				School (K-12					
Street Address							Subchapter 8	(Other than K-12)				
County Ave & Secaucus Road	ı						MOther (i.e., o	rivate and commer	cial bu	uildin	gs,	
City (5)				*			Square Fe et	# of Floors	B	ldg. A	ae	
Secaucus				57/			+-10,000	1	100000	+-50		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current U: e (Fr	or if being demolis	hed)			
Hudson								nmunications	9.5			
Name of Monitoring Firm Hired by Buil	lding Ow	vner ((8)	ASCM	No.	Name of Abateme	ent Contrac or (§)					
TTI Environmental						BRISTOL EN	VIRONME NTA	L, INC.				
Street Address						Street Address						-
1253 North Church Street							R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Moorestown, NJ 08057						BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Harold Baldwin					-6742	215-788-6040)	00509				
Start Date (10)	Schedul	led C	omple	tion Da	te (11)	Name of OSHA N BRISTOL EN	Nonitor VIRONMENTA	_, INC				
Occupancy Status During Abatement (Street Address						
☐ Facility Closed/Vacated During Ent						1123 BEAVE	R STREET					
Abatement Performed Outside of N Time of Abatement:AM					cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply)												
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	-	-	novati molitio	2000		☐ Mini-Enc ☐ Glovebag	Procedure	ative Pressure	Э			
			Locat						T	atem	ent T	уре
Location of Asbestos-Containing Material (ACM TO BE ABATED	۸)	Use	lorma d Sole intena	ly by		Description o stos Containing Ma , thermal systems	terial (ACM	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cust	odial	Staff?	(1.0.	surfacing, VAT,	, or	SF or LF)	oval	=	psul	Sur
(13)	-	Yes	(12) No	N/A	-	other miscellane	ous)				ate	(0
1st Floor Hallway				N/A	Vat / Ma	stic		600SF				
1st Floor Office/Breakroom		7	П		Vat / Ma	stic		2000 SF		П	П	
Office B680					Vat / Ma	stic		200 SF				
	Г	7	П							П	П	
Name of Registered Waste Hauler			IN	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered I andfill				
SERVICE TRANSPORT GROUP	P, INC.		Н	auler IE 20990	No.	Waste	MINERVA L					
City, State NEW CASTLE, DE						Disposal Date TBD	City, State WAYNESB	URG, OH				
Completed By (Print or Type)	Title					Signature		Date	e			
Dillan DeCaro	Esti	imat	or			Dillar	u Delan	/\ A .	0-1	14-	1	7

State of New Jersey

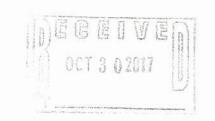
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

NO Cr.		N				SBESTOS AB JAC 8:60 and 5		CD #	3	27	10	
Date of Notification (1)	1 /	47				ding Owner/Operate			7 F	1107	7	-1
			-		Verizon C	ommunications		114	ia U	W	51	
	ype Notifica	tion		2003	reet Addres	_		ÜÇT 3	102	117	1000	11
	Initial Amended				County A	ve & Secaucus I	Road		1 6	212	Trees.	#Process
Ø DOH2885	Amendme	nt#		1	y, State, Zi			7			- Inner	
□ DCA □] Emergenc		ding		Secaucus	, NJ 07032		the second section of the second			-	-1
(NJAC 5:23-8)	justification	۱)	Ĭ.	Na	me of Cont	act		T∉' ·			,	**
L	Cancellatio	n		1	Alex Baylo	or						
				F	ACILITY	INFORMATION					-	
Name of Facility Where Abat			ace (3)			Type of Facil	ity (4)				
Verizon Secaucus Cer	tral Office	•					School (K	-1 <u>2</u>)				
Street Address							Subchapte	er 8 (Other than K	-12)			
County Ave & Secauci	us Road						homes, et	, private and com	mercia	l build	ings,	į.
City (5)					Ti Ti		Square Feet	# of Floors		Blda	Age	
Secaucus							+-10,00)	1		+-		
County (6)				Co	unty Code	(7)(STATE USE ONLY	Current Us (Prior if being dem	olished			
Hudson								oinmunications		-/		
Name of Monitoring Firm Hire	d by Buildin	g Owne	er (8)	ASC	M No.	Name of Abater	nent Contractor (
TTI Environmental							NVIRONMENT					
Street Address						Street Address			-	_		
1253 North Church Stre	eet					1123 BEAVE	ER STREET					
City, State, Zip Code				58 (915		City, State, Zip C	Code					-
Moorestown, NJ 08057						BRISTOL, P.	A 19007					
Project Manager for Monitoring	g Firm		Te	lephon	e No.	Telephone No.		License No.				
Harold Baldwin			1	908-81	2-6742	215-788-604	0	00509				
Start Date (10)	Sch	eduled	Comp	letion D	ate (11)	Name of OSHA I	Monitor				-	
10 /26 /17		11_	/	9/	17	BRISTOL EN	VIRONMENTA	AL. INC				
Occupancy Status During Abat	tement (Che	ck only	one)			Street Address			A			
☐ Facility Closed/Vacated Du						1123 BEAVE	R STREET					
Abatement Performed Outs	ide of Norm	al Facil	ity Ho	ırs - De	scribe	City, State, Zip C						
Time of Abatement:	AMI	PM/ <u>5:0</u>	0PM-2	2:00AN	1	BRISTOL, PA						
Scope of Work (Check all that a	apply)											
☐ ≥3 sf or >3 lf		₽ D	2			Full Con	tainment with Ve	gative Pressure				
≥ 160 sf or ≥260 lf			enova emoliti				losure g Procedure					
						☐ Non-Exe	mpted (*) and No	n Friable Procedu	ıre			
			s Loca							batem	ent 7	Tyne
Location of	-1 (4 054)		Norma	ally ely by		Description o				_	1	Ť
Asbestos-Containing Materia TO BE ABATED	ai (ACIVI)		aintena		Asbes	stos Containing Ma , thermal systems i	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus		Staff?	(1.0.	surfacing, VAT,		(Specify SF or LF)	ova	H.	psu	nso
(13)		V	(12)	1		other miscellaned	ous)		=		late	e
1st Floor Hallway		Yes	No	N/A	Vat / Ma	stic			57			
1st Floor Office/Breakroom				-				600SF				Ш
					Vat / Ma	stic		2000 SF	\boxtimes			
Office B680				\boxtimes	Vat / Mas	stic		200 SF				
Name of Registered Waste Haul		_		JDEP V		Cubic Yards of	Name of Reg ist	ered Landfill				
SERVICE TRANSPORT G	KOUP, IN	J.	_ "	20990	230000000000000000000000000000000000000	Waste	MINERVAL	ANDFILL				
City, State						Disposal Date	City, State					
NEW CASTLE, DE						TBD	WAYNESB	JRG, OH				
Completed By (Print or Type)	Title					Signature /			te			_
Dillan DeCaro	E	stimat	or			1)001/10	1 DOPA	w/ (me	10	11	./	7



Nr #87949	N		ATION rsuant t	OF ASBE O NJAC 8 PAL JOB#	STOS A	ABATEN 1 12:120		Т			1000	B	100		WI	SHA!
Date of Notification (1) 10/17/2017		1	Name of	Building C e SRC F	wner/O	perator	(2)		-	13		00	13	02	Contraction of the Contraction o	Printers (printers)
Agencies Notified Type Notification			Street Ad 489 Fif	idress th Avenu	ue 18t	h Floor	•							marine modern		io-
EPA Initial DEP Amended Amendment				e. Zip Coo ork, NY												
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding		Name of Colin S	Contact					į	T-1		Niumi	har			
			FACIL	ITY INFO	RMATI	ON			_							
Name of Facility Where Abatement is Taking Sears Auto Center Unit#6434	Place (3))					Тур	School	K-12)			14.40				
Street Address 50 Route 46							×	Subcha Other (i etc.)	e. pr v	(Other	comm	K-12) nercia	l build	ings,	home	s,
City (5) Wayne								are Feet ,000		# of I	loors		570	dg. A	ge	
County (6) Passaic			County C	code (7) ISE ONLY)				rent Use mmerci		if bein	g dem	olishe	ed)			
Name of Monitoring Firm Hired by Building C Omega Environmental Services	Owner (8)		ASCM 0012					batement vironme								
Street Address 280 Huyler Street			L			Street 11-02		ress ueens F	laza	Sout	h					
City, State, Zip Code South Hackensack, NJ 07606								Zip Code and City		111	01					
Project Manager for Monitoring Firm Veronica Kero		100	Telephor 201-48	ne No. 9-8700		Teleph 718-3		No. -0900			Licen 28	se No 675				10 12 20
Start Date (10) 10/30/2017	Schedule 03/30/2		pletion [Date (11)				SHA Mon IcRea	tor							
Occupancy Status During Abatement (Check	k Only On	e)				Street										
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe	Period of A al Facility	Abatem Hours	ent			City, S	tate,	Zip Code e, NJ 07								
Scope of Work (Check All That Apply)						Dayo	711110	5, 140 07								
≥3 sf or ≥3 If ≥160 sf or ≥260 If	-	Renova Demoliti				×	- 0	Full Conta Mini-Enclo Glovebag Non-Exem	sure Proce	dure					е	
	1.775	Locati	200000		A414110									Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Normally Used Solely by Maintenance/ Custodial Staff?									(S	nount pecify or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		04/ ===-1										(D	
Please see attached									_							
material breakdown																100
					-				+		-1					1-161-158
Name of Registered Waste Hauler ATC		Н	JDEP W auler ID 4310		Cubic of Wa 50 Ya			Min	erva	egister Enter			1			
City, State Shirley, NY 11967					177507	sal Date 2/2017		Civ.		ourg,	ОН	4468	38			
Completed by Ann A. Ali	Title Com	pliand	e Adm	in		Signature	9	W				Dat 10	te /17/2	2017		

LOCATION	DESCRIPTION	QUANTITY	
		SF	LF
ROOF	EXHAUST FLASHING	92	
ROOF	PITCH POCKET	39	
EXTERIOR	EXPANSION JOINTS		3,200
BASEMENT	PIPE FITTINGS		430
BASEMENT	HOLDING TANK INSULATION	85	
BASEMENT	BOILER INSULATION	350	
BASEMENT	BOILER FLUE INSULATION	160	
GROUND	PIPE INSULATION		100
GROUND	MASTIC	9210	
TOTAL		9936	3730



2017-149

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



B & G proj. #:

*** FMFRGENCY ***

Check # 8656

(4.6)			LIVILIX	JLIV	O 1						
Date of Notification (1)	Name	of Building Own	ner/Operator (2)				ElV	7 Œ			
1 0 / 2 4 / 1 7	Ale	x Piatnizky					Tra fi fi	f Lica	A TOTAL STATE OF THE PARTY OF T		
Agencies Notified Type Notification	on Street	Address				001	3 0 70	May .	A COLUMN TO A COLU		
EPA Initial								.,,		-	
DEP _		State, Zip Code						ant, navetne	American American		
DOL Amendr	ent No	orth Haledon,	NJ 07508								
▼ DOH	11	of Contact	Accounts to the second			Telephon	e Number	500.53			
DCA Cancella	tion Al	ex Piatnizky				1.					
		FAC	CILITY INFORM	IATIO	N						
Name of facility where abatement is	taking place (3)		-		Type of Facility	(4)				
Alex Piatnizky							I (K - 12) apter 8 (Ot	ther th	an K-	12)	
Street Address						X Other	(Private/Co	mme			
						Bldgs Square Feet	/Homes, et # of Floors		Bld	g. Ag	18
City (5)	County (6	3)		Co	unty Code (7)	Square reet	# 01 1 10013		Dio	3. 1.5	,-
				■ 20183137	ate use only)	Current Use (P	rior if being	dem	olishe	d)	
North Halesdon, NJ 07508						residential					
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)					
			n/a		B & G Restorat	cn, Inc.					
Street Address					Street Address 105 Ryerson R	rad					
City, State, Zip Code					City, State, Zip Co le			-			
City, State, Zip Code					Lincoln Park,	NJ 07035					
Project Manager for Monitoring Firm		Phone Num	nber	-	Telephone Number		License	Numb	er		
25) 25).					(973)696-636		00	378			
Scheduled Start Date (10)	Sched. Co	mpletion Date (11)	_	Name of OSHA Non						
10/25/2017	10/26/2	2017			B & G Resto at Street Address	ion, inc.			-	(/+	
Occupancy Status During Abatemen	t (Check only	one)			105 Ryersor R	cad					
Facility closed/vacated during	entire period o	f abatement.			City, State, Zip Cc de				-		
Abatement performed outside Describe:	of normal facil	ity hours-									
Other-Describe:					Lincoln Park, N	07035					
Scope of Work (check all that apply	′)										99 mm=172-53
☐ Demolition 🔀	Renovation				Full Containment w.ne	gative pressure	✗ Gloveb	oag pr	ocedu	re	
	≥160 sf or ≥26	0 If		X	Mini-enclosure		☐ Non-fr	iable	proced	lure	
Location of	Is location no	rmally used sole	ely			2 22	23 23	R	R	E	E
asbestos-containing material to be	staff(12)	ice/custodiai	Descripti material		asbestos-containing	Amount (Specify	SF or	m	р	С	n
abated in facility (13)	Yes	No N/A	Illaterial	(ACIV	1)	LF)		V V	i	a p	L
haaamant		×	7 nine incu	lation	assoc with boiler	22 lf		e X	-	П	+
basement			Thipe man	latioi	T ASSOC WILLI DOIL	22 11		H	H	一	計
		==	4					Ħ	H	H	市
			1					盲			
Registered Waste Hauler B & G Restoration, Inc.	NJDEP I 195	Hauler ID# 63	Cubic Yards of 1	Wast		Landfill Resource & R	ecovery	Cen	ter	- 10	
City, State Lincoln Park, NJ		Disposa 10	Date 0/26/2017		City, State Tullytown,	F'A					
Completed by (Print or Type)	Title		Signature		(0, (0		Date	****			
Gordana Luna	Secretary/	Treasurer	_		Gordana Lun r		10/24	4/201	17		

page 1

Date of Notification 1 0 / 2 4 Agencies Notifies EPA DEP DOL	Type Notific	ation	Name of Bu Alex Pia Street Addre	(Pursua ilding Own tnizky as	State cation of Ash nt to NJAC 8 *** EMER(estos Ab :50-7 and GENCY **	12:120-7)	t and	Check	1	00	0 V	A STATE STAT
HOQ X	Z AHTBA	dment	North H		NJ 07508			- \(\frac{1}{2}\)		1.5			delication.
☐ DCA	Cance	detion	Alex Pi				5.		189000	ne Number			<u>a</u>
				FAC	ILITY INFORM	ATION			- , -				
Name of facility wh Alex Phatnizky Street Address	ere abatemen	t is taking p	lace (8)						Subc	(4) ol (K - 12) hapter \$ (O (Private/Co	mmerci		
City (5)		Cou	inty (6)			County C		Squ	ra Fset	# of Floor	THE RESIDENCE OF THE PERSON NAMED IN	Blidg. A	ge
North Halesd	on, NJ 0750	D8 Pa	ssaic			(State use				Prior if bein	demo!	shed)	
Name of Monitoring Street Address City, State, Zip Code Project Manager for Scheduled Start Dat 10/25/2017 Occupancy Status D Facility closed Absternent pe	Mongoring Fa	Schell 10/	d. Completo 26/2017 only one)	ment		B Street 110 City, L Telap (Name B Street 100 City)	e of Abatement (& G Restoration Address D5 Ryerson R State, Zip Code incoln Park, 1 ahare Number 973)696-6868 e of OSHA Monit & G Restoration Address 5 Ryerson R State, Zip Code	ond ond ond ond on, ir	035	License DO	Number 378		
Describs:Other-Describ						- Li	ncoln Park, N.	J 0 70	35				
Scope of Work (che Demolition >3 st or >3 if Location of asbeakes-cont material to be abated in facili	elaing	Renovation	T. 8.0.	ised solely	1	Miniter	ntainment wineg	a Nep	Amount (Specify LF)	Gloveb Non-fri	110000	E n	g n o
basement				X	pipe insula	tion asso	c with boller	+-	211		B L	7 7	-
Registered Weate His B & G Restorati	on, Inc.	NJO	P Hauler ([19563	Disposal p	uple Yares of Ye	Yanto Nam	e of Registered I			ecovery (
Lincoln Park, N Completed by (Print	The second name of the second	Tipe			6/2017	City	, State Tüllytown, F	W					
Gordana Luna	or (Abs)	Title Secreta	ry/Treasu	rer	Signature	Gu	lena Lana			Date 10/24	2017		acausis,

State of New Jersey

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MOCK	N	OTIFICA (Pursi	TION OF uant to N	ASBESTO JAC 8:60 a	S ABATI and 12:12	EMENT 20)	"OPEN N	OTIF	ICA	TION
Date of Notification (1) 0 24 2017 Agencies Notified Type Notification		Nar PS	ne of Buil E&G	ding Owne	r/Operato	or (2)	1000	Ling J	WE	And the second s
EPA Initial		40		LEY RO	AD		000	3 17	017	Anti-mental parameter (in)
X DOL Amendm	ent# /	_ City	, State, Zi UTH Pl	p Code _AINFIEL	_D. N.I (77080	1 consequences	Torreson Barres, a gray	The Control of the Co	
DCA justification Cancellate	ion	Nam	off Cont	act B	RAD	LEY	Telenhone	Mumher		
Name of Facility Where Abatement is Ta	king Place (3)		ACILITY	NFORMA	TION	Type of Facili	3/10/2016			
Street Address 7 E:SEN Hou City (5)	6R	PAR	KW	AY		School () Subchap Other (i.e	F12) Her 8 (Other than k B. private & comme	(-12) ercial bui	ldings, h	omes,
ROSELAND County (6)				,		Square Fr et	# of Floors		Bldg. Ag	
ESSEX		Coun (STA	ty Code (TE USE ON	7) ILY)		Current Une (F	rior if being demol	lished)		5 yr
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS Street Address	g Owner (8)	AS 00	CM No. 45		Name UNIC	BRIC of Abatement C QUE SYS FEI	Ontractor (9) IS OF AMERIC		DG	2
64 BROAD STREET City, State, Zip Code					Street	Address VHITEHE AD				
MATAWAN, NJ 07747					City, St	ate, Zip Co le TH RIVER, N				
Project Manager for Monitoring Firm TOM GEIGER			none No. 290-221	7	Telepho	one No.	License	No.		
Start Date (10)	Scheduled (Name o	32-8350 f OSHA Mc nito	01111			
Occupancy Status During Abatement (Che		129/	17		UNIQ Street A	UE SYSTEM	S OF AMERIC	A		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Made and Additional Control of the					396 W	HITEHE AD	AVE.			
Scope of Work (Check All That Apply)	populate	no on	ly		SOUT	ite, Zip Code H RIVER, N	. 08882			
≥3 sf or ≥3 If	☐ Reno	vation				wRAP C	LT.			
≥160 sf or ≥260 if	[N . O.]	olition			XIX	Glovebag Pro	edure			
Location of	ls Loc Norm	ation				TOTAL EXCELLIPTION	(*) and Non-Friat	1	edure batemer	nt
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In Facility (13)	Custodia (12)	(r.e	. tnermai s surfacii	ystems ir ng, VAT, scellaneo	sulation,	(Specify SF or LF)	Remova	Encapsulate Repair	Enclosure
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			1/5/	WIR	E 20	OCR	100 LF	X		H
Name of Registered Waste Hauler		NJDEP W	note							
VASTE MANAGEMENT	1	Hauler ID 1125		Cubic Ya of Waste			gistered Landfill NORTH			
City, State ELIZABETH, NJ				Disposal	Date	City, S ate				
Completed by CAROL RAIMO	Title			TB Sign	ature	MORRIS	VILLE, PA			
	OFFICE N	IANAGE	ER		6	eral K	Zemo / 6	/24	117	

au 0=-11											Р	rint F
CK# 8504		NOTI	FICATIO	State of New Jers ON OF ASBESTO: nt to NJAC 8:60 a	ABATE	EMENT	11	OPEN NO	OTIF	FIC	ATI	ON
Date of Notification (1)			Name PSE	of Building Owner &G	/Operato	er (2)		The Commence of the Commence o	Gi	W	First Fig.	
Agencies Notified Type Notification			The state of the s	Address HADLEY ROA	10			TH OCT	30.	2017	-	Statement of the statem
EPA Initial Amended				State, Zip Code	AD			154		V		4
X DOL Amendment				TH PLAINFIEL	D, NJ	07080		- A service to the contract of	Brichadelessoje Santabase	ten proper	- (F) - (+ 1
X DOH justification) DCA Cancellation		g	Jo	of Contact	CAD	LEY		1-1.	1, 1,			-
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	CILITY INFORMAT	TION	Type of	Facility (4)				
PSE4 G Street Address						☐ Sc	hool (K-1	2)				
7 EISEN HOWE	s R	P	4RI	KWAY		Ot etc	her (i.e. p :.)	8 (Other than K- rivate & comme	-12) rcial bu	ilding	s, hom	ies,
ROSELAND				,		Square 3	60	# of Floors	4	Bldg.	Age 85	YR
County (6)				Code (7) USE ONLY)		Current	L se (Pric	or if being demol	ished)			_//-
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8	3)	ASC	M No.	Name	of Abater	ment Con	L OUT		. D	GS	
Street Address			004	5	Street	Address		OF AMERIC	CA			
64 BROAD STREET City, State, Zip Code					1	WHITE		AVE.				
MATAWAN, NJ 07747						State, Zip JTH RIV		08882				
Project Manager for Monitoring Firm TOM GEIGER				one No. 190-2217		none No. 432-835	- 	License 01111	No.	100		
Start Date (10)				Date (11)	Name	of OSHA	N onitor					
Occupancy Status During Abatement (Chec	(Only O	0/	31/	17			STEMS	OF AMERIC	CA			
Facility Closed/Vacated During Entire F	eriod of	Ahaten	nent		1	Address WHITEH	HEAE A	VE.				
Abatement Performed Outside of Norm Other – Describe:	al Facilit	v Hours	2	Qu		tate, Zip (20222				
Scope of Work (Check All That Apply)						TH RIV						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			X	Full C	•	nt with Negative	Pressu	ire		
	T .	200 000	80		×	Non-E	x mpted	(*) and Non-Fria	ble Pro	1650 35		
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Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintenar		Asbestos Con (i.e. thermal	taining M	laterial (A	C (I)	Amount			m	_
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BRICK out BLAGS	Yes	No 🗸	N/A	TO- 1-	- 0			4.			ate	.e
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Name of Registered Waste Hauler		l N	JDEP W	Vaste Cubic	Varda	1 1	0.00.0	aniatana di Laura				
VASTE MANAGEMENT		Н	auler ID 125	No. of Was				egistered Landfil NORTH	IL			
City, State ELIZABETH, NJ				Dispos	al Date	C	ity, State	VILLE, PA				-
Completed by CAROL RAIMO	Title	OF 14	A N I A C	S	ignature			/ . ID:	ate	,	,	
	UFFI	UEIN	ANAG	EK	/	136	. 11 P	Demis 1	11	61	10	-

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25 of Notification (1)		Name of Bulk	CARU C	rator (2) -C		OCT 24	2017	r 	-
ancies Notified Type Notification		Street Addre	\$2		A			13.45	_
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arms of Facility Where Abatement is Taking Ph	100 (3)			O	Dahad 60 120		J _	AND DESCRIPTION OF THE PARTY OF	
CARUCCI Treat Address					Subdimpine 6 Other (i.e. pri	Other than K-12) — ete il contimerdat b	diding	a, hor	nos.
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Was Michali		V.,		1	1450	<i>a</i> -	6		
County (6)		County Cos	de (7)	C	ument Lies (Prior	f baing demolished)		
R.S. M. Land		ASCM N		Name of	Ababisment Cont	notor (9)			
iame of Monteeing if im Hired by Building Own	uer (c)	ASUM I	10.	A Meo	Contracting	10.			
770012478888				Street Ad	dress seland Avs.	,			
				City, Stat	e. Zip Code				
City, Slate, Zip Code				Midlen	d Park, N.J.				
Project Manager for Moniforing Firm		Telephone	No.	Telephor	16 No. 2-5841	Оселья No. 00156			
	1 4144	Completion D	eta (11)		ACUA Manifor			-	
SMALL HARM (In)	icheduled 1	125/17) .	Omeg	a Environmor	tal Bervices Inc	,		
	- 1			Street	ddress uylar Straet				
Occupancy Status During Abatement [Check.	Only One)			DAD H					
Occupancy Status During Abatoment [Chack	wheel of Ah	ntarred IM		City. Sh	ite. Zip Code	7606			_
Occupancy Status During Abatement [Check Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other Describe:	wheel of Ah	ntarred IM		City. Sh	ite. Zip Code inseck, N.J. ()				
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Occupancy Status During Abatement [Check Facility Closed/Vacated During Entitis Per Abatement Performed Outside of Normal Other - Describe: Scope of Work (Check All That Apply) 20 af or 33 if 2180 at or 2260 if Location of Asbestos-Containing Motorial (ACM) TO BE ADATED In Facility	red of Ability H	euts novedin	Asbestes Co	City, She Hacke	Full Contains Mini-Endosus Glovebag Pro Mon-Exempts of metrical (ACM) Includion, T. or	m v III) Magadva Pi	e Proc	roduri Media	mem
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Occupancy Status During Abatement [Check Facility Closed/Vacated During Entire Performed Outside of Normal Other - Describe: Scope of Work (Check All That Apply) 2180 st or 2260 ff Location of Asbestos-Containing Motorial (ACM) TO BE ABATED In Facility (13)	to U	novation molison costion mality solution (12) No N/A	Asbestos Co (I.e. therm 64' oths	City, Shi Hacket	rite, Zip Code snaeck, N.J. (Full Containt Mini-Enclose Glovebeg Pre Mon-Exempts of metrial (ACM) I insulation, 7. or mous)	Amount (Specify SF or LF)	Removal	rodion Abeas Ty	9-0
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Paid

Date of Notification	on (1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				g Owner/Operato					C	
10/25/201	7			an Ai				77	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
Agencies Notified	Type Notific	ation	Str	eet Add	lress				115 (3 1		W
[]EPA	[X]Initial							Hally be	3	ene on		
[]DEP	Notific	cation	Cit	y, Stat	e Zir	Codo			11 00	13	0	
[X]DOL	[]Amended					nge,NJ,070	79	The state of the s	-			
[X] DOH	Notific	ation							e management	- contrary	Terroris	in messensus
[]DCA	[]EMERGENO	Y	1.1	e of Co	0.0000000000000000000000000000000000000	Lassiter	Te?			-		-3100-1-20
[]DCA	[]Cancella	tion	-	III I S	THE	Lassiter				•		
				FAC	ILITY	INFORMATION						
Name of Facility Who	ere Abatement	is Tak	ing F	Place (3	3)	STATE OF THE STATE	Type of Fac:	ility (4)				
Dan Anbar							[]Schcol					
Street Address							[] Subcha	apter 8 (Othe				
							[X]Other buildings	(t.e., priva	ate & c	comme	ercia	al
~							Square Feet			Ida	Age	
City (5)		County				unty Code (7)			520	Lug.	2190	
South Orange		Essex	ζ.		(S	TATE USE ONLY)	Current Us	(Prior if be	eing de	moli	shed	1)
Nama of Manihanian I												
Name of Monitoring E Owner (8)	firm nired by	Buildir	ig A	SCM No.		Name of Abate		C 3510-951	1.000			
N/A Street Address							IANAGEMEN'	r, inc.				
street Address						Street Addres	S:					
2:1- 2:1-							topher 3	t,				
City, State, Zip Cod	ie					City, State,	[2] (1 구) - 기업에 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
D							r, NJ 0'70	14.2				
Project Manager for	Monitoring Fi		lepho /A	one Numb	per	Telephone Numb		I	icense		ber	
		1				(973)744	-8800		0037	1		
Scheduled Start Date 11 -3 -1'				n Date	(11)	Name of OSHA	Monitor					
	ear Mor		Dav	-I/		N/A						
Occupancy Status Dur	ing Abatement	(Check	only	one)		Street Address	3					
[X] Facility Clos of Abatement	sed/vacated Du :	ring Er	tire	Period								
[]Abatement Per	formed Outsid	e of No	rmal	Facili	ty	City, State, 2	Zip Code					
[]other - Descr	ibe: «OffHours	cupancy	Des	cript»								
Scope of Work (Check						Ш						
12.2	155	: 5 .60				[]Full (Containment w	ith Negative	Press	ire		
[X]≥3 sf or []≥160 sf o		177		novation molition		(D) (D)	Enclosure -bag Procedure					
571	_		1		.		riable Procedi					
Location	of		Is ocati			Description	o of		Aba	teme	*	Гуре
Asbestos-Cont	taining	N	Ormal Used			Asbestos-Cont		Amount	R	R	E	E
Material (TO BE ABA		By Ma	Sole	ly nance/		Material (A		(Specify	44	E P A	CA	CFO
In Facili		Cu	stod aff	ial	ins	(i.e., thermal sulation, surfa		SF or LF)	O	A	P S U	0
(13)	50)	Yes	No	N/A		or other miscel			A	R	U	S U R
Basement	1411112 +1-1000			X	Din	o Toouloti		160 77	7 77	-		E
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ame of Registered Wa	ste Hauler	NT 7	י משת	Waste	Carl	oic Yards	Name of D.	24 24 2 7 17				
AZTECH MANAGE		Ha		ID No.		Waste 1.5	Name of Regi	Enterpr		INC	3	
ity, State					Dis	posal Date	City, State					
Montclair, NJ	07042					1/7/17	AND AND PARTY AND ADDRESS OF THE PARTY.	urg, Ohi	0 44	688	3	
ompleted By (Print o	or Type) Titl	e				Signature		-	Date	-		
Constantine Vi		side	nt			175	TI I	1	10/25	/201	.7	

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

OV	# 7/	02	4					and 12:120-7		non and a skingly business cons		12
	Natification	10/2	4/17		N	- (D : 11 !		10 1 (0)			BENT	
Date of	Notification T		4/17 otification			of Building O n Real Esta		/ Operator (2)		Hy or	T 0 n 46	In the second se
	s Notified				Street /	Address				J	H 0 U 4V	A COUNTY OF THE PARTY OF T
X	EPA DEP	v		cy Notification		efferson Ro				FW		-
X	DOL	Х	Initial Noti	Notification	100000000000000000000000000000000000000	tate & Zip Co pany, NJ (1		J was	O'LLAND ROUND PARKET LINE	Account of the second
X	DOH		Cancellati			of Contact	77 00-	•			T-11	- Miranhan
	DCA				Keirar	Flanagan						
					FAC	ILITY INFO	DRM.	ATION				
Name of	f Facility W	/here A		is Taking Pl	ace (3)		Тур	e of Facility (4)				
Street A	ddraaa		Vacant	Building			-	School (K-12)				
SileerA	daress	Λ	0 Reachy	vood Road	ı		\ v	Subchapter 8 (C Other (i.e., priva			lings home	e etc
		7	O Decella	voou Roat					of Floors	ercial build	Bldg. Age	3, 610.
City (5)			Cou	nty (6)	County Co	ode (7)	1-4-	5,000	2			70
	Summ	it	Uni	on		39/3	Cur	rent Use (Prior if	t eing demo	olished)		
								mer Office		**		
			Hired by B	uilding Own	er (8)	ASCM No.		ne of Abatement				
Street A	1 Enginee	ering					_	bal Abatemen et Address	Se vices	s, LLC		
	nball Driv	/e						Schoolhouse	Road			
	ite & Zip C		s				City	, State & Zip Coo	()			
	pany, NJ							nroe Township	N. 0883			
Vijay P		r Moni	itoring Firm		elephone N 73-560-49			phone Number -605-9062		License	Number 00714	7
Schedul	ed Start Da 11/9/17) Sche	duled Comp	letion Date 1/30/17	(11)	1000000	ne of OSHA Moni		, LLC		
				nt (Check on g Entire Per		ement		et Address Schoolhouse	Posd			
				e of Normal				, State & Zip Cod				
De	escribe:	Area	Isolated D	Ouring Aba	tement			nroe Township		1		
	ther - Desc			n mechani	cal area o	nly						
6.5	27	eck all	that apply									
	emolition arge Projec	+	Х	Renovation	1			X Mini-Encl	a nment wit	n Negative	Pressure	
	S 150		or≥ 3 LF A	CM					Procedure			
			SF or ≥ 260						on-Friable			
	Lo	ocation	n of		Is Location			escription of	-	Amount	Abatem	ent Type
			ntaining	1	Normally Us			stos-Containing		Specify		Removal,
		erial (A BE ABA		N	Solely by laintenance			aterial (ACM) thermal systems	Sq	or or		capsulation losure)
		n Facil		100.5	ustodial St	aff? in:	sulation	on, surfacing, VA		ear Feet)	OI LING	noouro,
		(13)			(12)	C	r othe	er miscellaneous)				
		See a	attached		N/A							
						1						
	Registere		te Hauler	N		te Hauler ID	#	Cu. Yds. of Was			stered Lan	dfill
City, Sta	ehold Ca	rung			1	8693		Disposal Date	TR			
	iton, NJ							Disposal Date 11/30/17		, State lytown, I	o _a	
Complet	ed By (Prir		/pe)	Title				Signature	1.0	.,, 1		Date
Dom	ninick Tri	ngali		Pres.				Dominick To	ringali			10/24/17

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Date of Notification (1)		0		E il Constitution of the c	210-21-1	(0)	a la la li li	15	101					
9/29/17			1.5/1	EDT WO	00 191	141611911	HOYE SON	7	A CONTRACTOR OF THE PARTY OF TH					
Agenties bothled Type buthestern	ENT OF	LAB					AARON		FICI					
Governor 🔀 Initial					8537) julid		Com	miss	ione	r			
▼ DEP		NTOI	City, Sta	WELLER SERVED	3625-0949	1, —		(m) (2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	HUMBERT .					
Amendment Emergency		- [LAKE	NJC	12611			59				
DOH justification)			Name of	Contact			1-							
DCA Cancellation				EN			1							
Name of Facility Where Abatement is Takin	n Place (3)	1	FACI	LITY INFORM	ATION	Type of Favility	(4)							
BRENTWOOD APARTI						Type of Facility	10075 10005							
Street Address		-				School (K-12) Subcl apter 8 (Other than K-12)								
57 BERGEN B	LUD					Other (i.e.	private & commercia		dings,	home	es,			
						etc.) Square Feat	# of Floors	IB	ldg. A	ne.	-			
PALISANES PARK	:					12000		1	62	2000				
County (6)	-		County (Code (7)		Current Us (Pri	or if being demolish			_				
BERGER			(STATE L	ISE ONLY) _		APT)							
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	No.		Name of Abatement Contractor (9)								
					A. Ma	A. Mac Contracting Inc.								
Street Address						Street Address								
						5 Vreeland Ave.								
City, State, Zip Code					100000000000000000000000000000000000000	State, Zip Co le								
Decident Manager factor 11 1						land Park, V.J.								
Project Manager for Monitoring Firm				ne No.		Telephone No. License No. 201-262-5841 00156								
Start Date (10)	Schedule	d Cde				of OSHA Monitor	00156							
10/9/17			9//				ntal Services Inc	2						
Occupancy Status During Abatement (Chec		1	6			Address		-						
Facility Closed/Vacated During Entire			ent			luyler Street								
Abatement Performed Outside of Norm		City, State, Zip Corle												
Other – Describe:					Hackensack, N.J. 07606									
Scope of Work (Check All That Apply)											-			
≥3 sf or ≥3 lf	_	enova				Full Con ainm	ent with Negative P	ressui	re					
≥160 sf or ≥260 lf			ion			Mini-Enclosure	е							
						Gloveba j Pro Non-Exempte	cedure d (*) and Non-Friabl	le Pro	cedur	е				
	Is	Locati	on					Abatement						
Location of	ormal	ly		Description	of		Туре							
Asbestos-Containing Material (ACM) Used So Mainten				Asbestos C	Containing Ma	aterial (ACM)	Amount			П	_			
TO BE ABATED In Facility (13) Custodi (1		odial S			mal systems urfacing, VAT		(Specify SF or LF)	Ren	Re	nca	incl			
		(12)			er miscelland		SF ULLE)	Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A					=		ate	9			
GROWN FLOOR ROOMS			X		PIPE		720 CF	X						
GROWN FLOOR ROOMS			1/20		VA7	-	7808F	1						
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	1 1							-						
Name of Registered Waste Hauler NJDEP W				aste Cu	bic Yards	Nar ne or	ne of Registered Landfill							
Newark Carting, Inc. Hauler ID 04509				No. of	Waste	Grand Central Sanitary Landfill								
City, State		Dis	sposal Date	e City State										
Newark, N.J. 07105				18	3/9/12	Pen Ai	gyl, PA 08072							
Completed by	Title					mcNo) Dat	te	1	1	-			
R. McDonald	Presi	dest	y Is An	Equal Oppor				9/	29	(17				







D : (1) (2)			Œ	THE REAL PROPERTY.		,	INFR	THE P	1 17				
Date of Notification (1)		90	State	Byldis 20 word	Franc	B) APARTI	1月20年	and t	: W	LS	ACCIDITION OF THE PERSON OF TH		
Type DORFARGE GOYPHOT Juitial	MENT C)F LA		MOSWORKE OBOX 849 K	JKLED	EVELOPN EN	AT AARC	ALV B	A P K	ZHTI issioi	1111		
EPA Initial Amended	TR	ENT		EWALESEY 08	100		- 197				inter		
M GDADAGNO Amendment			1110	oncliff	LAH	E NT	07677	7		Maria Constitution	mwen)		
Emergency justification)				f Contact			1-						
DCA Cancellation			KE	d							mh		
			FACI	LITY INFORMAT	ION								
Name of Facility Where Abatement is Taking						Type of Fac lity	(·†)						
	779亿元	111		10		School (K-	12)						
Street Address 55 BERGEN DLU	10.					Other (.e.	r 8 (Other than K-12 private & commerci	2) al buil	dings,	hom	es,		
City (5) PALISADES PAR					etc.) Square Fee! # of Floors Bldg. A						-221100		
	4					12000			6				
County (6)			County (Code (7) USE ONLY)		Current Use (Pricer if being demolished)							
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	1 No		Name of Abatement Contractor (9)							
g by building !	(0)		AUUN			of Abatement Co ac Contrac ing							
Street Address													
						reet Address 85 Vreeland A /e.							
City, State, Zip Code					City, St	ate, Zip Code							
**						Iland Park, N.J.							
Project Manager for Monitoring Firm	,		Telepho	ne No.	Telepho	hone No. License No.							
					201-2	62-5841	00156						
Start Date/(10)/	Schedule	d Con	pletion	Date (11)		of OSHA Mor itor							
1 (1	121	*		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	rtal Services In	ic.							
Occupancy Status During Abatement (Chec						Address							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	baten	nent		280 Huyler Street									
Other – Describe:	HOURS	1		9337	ate, Zip Code	0.7606							
Scope of Work (Check All That Apply)					Hack	ensack, N.J.							
23 sf or ≥3 lf		ane	tion			5 11 6	0.000000 100 10						
≥160 sf or ≥260 lf	enova emolit	0.000			Full Containm Mini-Enclosur	nent with Negative Pressure							
					1724	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	Τ.				<u> </u>	ivon-Exen pte	o (*) and Non-Friab	le Pro	Service and				
Location of	Locati Iormal		_				Abatement Type						
Asbestos-Containing Material (ACM) Used So				Asbestos Con	scription taining Ma	그림 [[#경기 : 10 10 10 10 10 10 10 10 10 10 10 10 10	Amount			T.			
TO BE ABATED In Facility (13) Mainter Custodia (13)				(i.e. therma	l systems	insulation,	(Specify	Re	R	Encapsulate	Enc		
			6.70.33.7		cing, VAT		SF or LF)	Remova	Repair	sde	Enclosure		
	Yes	No	N/A	551		/		/al	1	ilate	ure		
Grown Floor Room's		-	×	PI	PE		SUSTER	X					
CRAWL SPACE			X	01	18	-	120 CF	X	-				
				,	1.00	-	100 00	1					
							-						
[4] V2 (2000-200)					Yards	Name of	Registered Landfill						
Newark Carting, Inc.		Hauler ID No. of Waste			e Grand Control Conitony Landfill								
City, State Newark, N.J. 07105				Dispo	sal Date	City, Stat	gyl, PA 08072						
Completed by	Title							to		7			
R. McDonald		ident	con To	In Equal Oppor	Humita C	MS S	g Da		19/	12			
	1 IV	ew jer	SEY 15 F	IN LYMMI OPPOT	unity-E1	TIPLUYET.		1/6	11	. /			



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Date of Notification (1)		\$	Harte	Bridge eme	Perser	PARTA BUT	OSTO?	2 21	The state of	ACTIVITY AND STATE	The Section of the Se		
RISHCEUNSTINE Type REPRESENTATION	NT O							R.	FIC	HTN	ER,		
Governor				BOX/949 ≥	85			Con	nmis	sion	er		
K EPA X Initial Amended	TRE	ENTO		W. JERSEY 080	625-0949						100/2		
KGUNDAGNO Amendment #_		_	40	OPCLIF	LAK	E NJ	07677						
tenant Governor Emergency (in justification)	cluding		Name of	Contact		Telephone Numb							
DCA Cancellation			ACE	SN			1						
			FACIL	LITY INFORMAT	TION								
Name of Facility Where Abatement is Taking)				Type of Facility (4	-)						
Street Address			School (K-12										
61 BERGEN BLUP.						Other (i.e. or	8 (Other than K-12) ivate & commercial		dings,	home	es,		
City (5)					1	etc.) Square Feet	# of Floors	В	ldg. A	ae			
PALISADES PARK						12,000	_		60				
County (6)			County C			Current Use (Pr or if being demolished)							
BERGEN				ISE ONLY)	_	AP7	-5						
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.		me of Abatemer t Contractor (9)							
						Mac Contracting Inc.							
Street Address													
City, State, Zip Code						/reeland / ve.							
ony, orate, zip odde					14 1925 (1777) 127	City, State, Zip Core Midland Park, N.J.							
Project Manager for Monitoring Firm		- 1-	Telephon	ne No.		elephone No. License No.							
, , , , , , , , , , , , , , , , , , , ,				201-262-5841 00156									
Start Date (10) / S	chedule	d Com	plețion D	Date (11)	Name	of OSHA Mcnitor							
10/9/17		1/17		Ome	Omega Environmental Services Inc.								
Occupancy Status During Abatement (Check	Only On	é)			Street	Address							
Facility Closed/Vacated During Entire Pe		280 Huyler Street											
Abatement Performed Outside of Normal Other – Describe:				City, State, Zip Cot e									
					Hack	ensack, N.J.	7606	11-11-1					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enovat emoliti				Full Confainment with Negative Pressure								
D 2.30 31 01 2200 11			UII			Mini-Enc osure Glovebay Proce							
					Non-Exe npted (*) and Non-Friable Proce								
	Location						Abatement Type						
Location of	lormall d Solel			escription			Туре			_			
TO BE ABATED In Facility Main Custo			ice/			aterial (ACN) insulation,	Amount (Specify	R		Enc	ш		
			taff?	surf	acing, VA	T, or	SF or LF)	Remova	Repair	caps	Enclosure		
(13)		(12)		other	miscellan	eous)		val	air	Encapsulate	sure		
	Yes	No	N/A							e			
GROUND FLOOR ROOM'S			X	PIP			6602P	×					
11 11 STORAGE PROMS			X	VAT			1200SF	\times					
								10000					
Name of Registered Waste Hauler Newark Carting, Inc. Name of Registered Waste Hauler Name of Registered Waste Hauler NJDI Haule 0450					c Yards	to l							
				H/()	Grand		Central Sanitary Landfill						
City, State				Dispo	psal Date	City State		_	. 141				
Newark, N.J. 07105				10/	9/13		yl, PA 08072			730			
Completed by	Title				Signature	mc 8 01	Date	9_	1	1			
R. McDonald	Pres	ident	ey Is An	Equal Opport	unity Em	ployer		41	2.9	11	7		





AD-181(R-7-06)