Date of Notification (1)			Name o		Owner/C	perator (2)		OCT	3 0 2	018		7	
Agencies Notified Type Notification  EPA Initial	a		Street A	P	PRK	z p	AZA			nd.	i.	, ,	
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DOH justification) Cancellation			MA	f Contact TT LITY INF	DEMATI	ECAI	elo _		hone Nu		3 - 1	73:	49
Name of Facility Where Abatement is Taking	Place (3	)	1 70	L(( ) INI	OMMATI		ype of Facility  School (K-	1. 6					
Street Address 340 CHESTN	uT	57	TRE	ET.			Subchapte	r 8 (Other			dings,	home	es,
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County (6)  ESSEX			(STATE	Code (7) USE ONLY	)		urrent Use (Pr	BSTA	27:0			,	
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS Street Address	wner (8)		ASCN 004			UNIQU	Abatement Co E SYSTEM			A INC	;		
64 BROAD STREET  City, State, Zip Code					,	1.072	HITEHEAD .	AVE.					
MATAWAN, NJ 07747 Project Manager for Monitoring Firm			<del>-</del>			SOUTH	e, Zip Code HRIVER, N	a various de la contraction de					
TOM GEIGER	0.4			90-2217		Telephon 732-43	2-8350	(	icense N 01111	0.			
Occupancy Status During Abatement (Check	11	1/	7/	Date (11)		UNIQU	OSHA Monitor E SYSTEM		MERICA	A INC	<b>.</b>		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	Street Address  Street Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882												
Scope of Work (Check All That Apply)	aper	ele	y a	nly	_	SOUTH	HRIVER, N.	J 08882					
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Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Used Mai	ormall d Solel ntenar odial S (12)	y by nce/	Asbes (i.e.	tos Conta thermal surfac	scription of aining Mate systems in sing, VAT, on hiscellaneo	or I	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
V 4 - 5	Yes	No	N/A							-		ite	е
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Name of Registered Waste Hauler VEOLIA		H	JDEP W auler ID 3063	No.	Oubic of Was	te n	CAIDLE	Registered SS	i Landfill				
City, State FLANDERS, N	T				Francisco Strategic	al Date	City, Stat MORRI	e SVILLE,	PA				
Completed by CAROL RAIMO	Title OFFIC	CE M	GR.			gnature	aral to	sim	Da Da	te 10/2	14	/18	2

Date of Notification (1)		· ·					X.	1 1 2 0	4					
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DEP Amended	ш			tate, Zip C	ode		22 Ton 15			,				
Emergency		<del>_</del>	$N_{i}$	EWI	TRK	<u> </u>	N	JO	710		0.0			
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Cancellation				ATT CILITY INF			AR	10 _	19:	73-	80	3 -	13	49
Name of Facility Where Abatement is Takir	g Place	(3)	IAC	) <u> </u>	ORWAT	ION	Тур	e of Facility	(4)					
PSEXG								School (K-	-12)					
Street Address			<b>-</b>					Subchapte	er 8 (Other					
340 CHESTN	uT	5	/LE	$\epsilon T$			×	etc.)	private &	commer	cial bui	laings	, nom	ies,
City (5) NEWARK							Squ	are Feet	# of F	loors		Bldg.	Age	
County (0)			County	Code (7)			Curr	ent Use (Pi	rior if being	demolis	shed)			
ESSEX				USE ONLY	r)				BST			7		
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No:		Name	of Ab	atement Co	ontractor (9	)	0,0			
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Street Address 64 BROAD STREET						1 1000000000000000000000000000000000000	t Addre	ess FEHEAD	AVF					
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MATAWAN, NJ 07747				*				RIVER, N	J 08882					
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 90-2217			hone N 432-8			icense 1 01111	Vo.			
Start Date (10)	Schedu	ed Cor	npletion	Date (11)				HA Monitor			****			
Occupancy Status During Abatement (Chec	/,	10	37/	18				SYSTEM	IS OF AN	/IERIC	A INC	).		
I —			•				Addre	ss EHEAD	^ \ / <del>-</del>					
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Other - Describe: Mesessar	ape	rato	es a	nly				ip Code RIVER, N	1 00000					
Scope of Work (Check All That Apply)						000	Z CEL C	CIVEIX, IV	J 00002					
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≥160 sf or ≥260 lf		Demolit					Mi	II Containm ni-Enclosur	ent with N	egative i	<sup>2</sup> ressu	re		
						F	Gl	ovebag Pro	cedure					
	le	Locati	on				140	n-Exempte	d (*) and N	ion-Fnat	ole Pro	1000	e ement	
Location of	1	Vormali	V		Dog		12						pe	
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TO BE ABATED In Facility	207-360	todial S		(i.e.	thermal	systems	s insula	ation,	(Spe	cify	Re	R	ince	Enc
(13)		(12)				nig, va niscellar			SF or	LF)	Remova	Repair	Encapsulate	Enclosure
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′/				_				1ATION		SF	X			
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N(B)														
Name of Registered Waste Hauler		10/12/06	JDEP W		Cubic '		-0.0	Name of	Registered	Landfill				
WASTE MANAGEMENT		100000	auler ID 125	140.	of Was	" "	0	FAIRLE	ESS					
City, State					Dispos	-		City, Stat	е					-
ELIZABETH, NJ								MORRI	SVILLE,	PA				
Completed by CAROL RAIMO	Title	05	0.5		Si	gnature	1	- /	0	Da	te	/	/	
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### State of NJ

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D&S Proj. #: 18-238	D A	Pursu	ant to NJA	2 8:6	0 and 12:120)	HEC		W 1			
N. 1588					Pagestina						
Date of Notification (1)	Name	of Building Owr	er/Operator (2	)		OCT	3 0 20	118		H	
Agencies Notified Type Notifica		bie deffaa			- A	Î			1	1	
	Street	Address			į	103.00			9	ļ	
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DOL Amendment #		State, Zip Code									
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justification						I elephoi	ne Number	vii			
DCA Cancellatio	n <u>nac</u>	dereh yazdi									
			ILITY INFORM	IOITAI	١						
Name of facility where abatement	is taking place (3	3)				Type of Facility	(4) ol (K - 12)				
debbie deffaa								thor th	oon K	12\	
Street Address						○ Other	napter 8 (O (Private/Co	omme		-12)	
							/Homes, e # of Floor		BI	dg. Ag	10
City (5)	County (6	)		Cou	inty Code (7)	Square reet	# 01 1 1001	°	D,	ag. / (§	30
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glen rock  Name of Monitoring Firm Hired by	bergen		1001111	L_,	I November 1 6 Abril 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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Street Address				_	D & S RESTORA Street Address	TION, INC.					
Street Address											
City, State, Zip Code				_	20 California Av City, State, Zip Code	е.		N 500	A STREET		-
#####################################					Paterson, NJ 075	503					
Project Manager for Monitoring Firm	1	Phone Numb	er		Telephone Number	103	License	Numb	er		
					973-345-8020		0	1169			
Start Date (10)	Sched. Cor	npletion Date (1:	1)	_	Name of OSHA Monit	or					
11/19/18	11/30/18				D & S Restoration	n, Inc.			_		
Occupancy Status During Abateme	nt (Check only o	ne)		-	20 California Ave	enue					
Facility closed/vacated during					City, State, Zip Code						
Abatement performed outside Describe:		y nours-		_							
Other-Describe: NORMAL F				-	Paterson, NJ 075	03					
Scope of Work (check all that appl						ull Containment v	v/negative	press	ure		
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≥160 sf or ≥260 lf	Demolition					Ion-Exempted (*)		riable	proce	edure	
Location of	Is location norr by maintenance	mally used solely e/custodial						R	R e	E n	E
asbestos-containing material (acm) to be	staff(12)		Description material (		sbestos-containing	Amount (Specify S	SF or	m	р	C	n
abated in facility (13)	Yes 1	No N/A	materiar	/ (OIVI)		ĹF)		0 V	a i	a p	L
attic			vermiculite			700 sq ft		e	r	_	
			verimentite			700 SQ II			H	H	1
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Registered Waste Hauler	NJDEP Ha		ubic Yards of V	Vaste	Name of Registered I					_	
D & S RESTORATION, INC. City, State	13506	Disposal D	0 yds		TULLYTOWN, F	RESOURCE RE	ECOVER	Y			
PATERSON, NJ 07503		11/20/1			City, State TULLYTOWN, I	PA					
Completed by (Print or Type)	Title		Signature				Date				
BOGDAN JOLDZIC	PRESIDENT						10/26/2	2018			

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	e of Notification (1) /29/18					of Building			r (2)	2 de la constitución de la const	A CONTRACTOR	007	3 0	20.	10	
	ncies Notified	Type Notification			Street	Address			10	A CAST A	-1 EA	001	5 0	20.	0	1
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	et Address I Hanson Row R	load							×	School (K- Subchapte Other (i.e.	r 8 (Oth			ildings	, hom	ies,
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Nam	e of Monitoring Firm tex	Hired by Building	Owner (8	3)	ASC	M No.				eatement Co	ntractor	(9)				
	et Address Turner Industria	al Way, Suite 1	05					Street	Addre		ad .		-	-		
	State, Zip Code on, PA 19014							City, S	tate,	Zip Code A 19341						
Proje Dav	ect Manager for Moni e Turotsy	itoring Firm			Telepho	one No. 22-0076	No. 8884		License 01161	No.						
	Date (10) 12/18		Schedu 12/7/1			Date (11)	SHA Monitor		01101							
Occu	pancy Status During	Abatement (Chec						EMS Street		ess						
	Facility Closed/Vaca Abatement Performe	ed Outside of Norm	al Facilit	Abater	ment				300000000000000000000000000000000000000	e 130 Nor Zip Code	th					
	Other – Describe: In	idustrial / marine sit	е	,				5800		ison, NJ						
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Name	of Registered Waste	e Hauler			JDEP W	lasto	Cubic `	Varda		Name of F	)!-+-					
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City, S	State on, NJ						2,400,000	al Date		City, State Morrisvi						
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Date of Notification (1) 8/8/2018				Name The F	of Bullding Bernard	Owner	Operato	r (2)		1 ( )	OCT 3		2018		H
Agencies Notified Typ	e Notification	i		Sireet	Address			-	-4-	AL.		13	1	-	
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N DOH	Emergency justification)		3	Name	of Contact			0741	===		lephone N		===		
	Carroellation				om Cun		(A)			(9	08) 230-	0465			
Name of Facility Where Abete The Bernardsville Cente	ment is Takin Ir	g Place (	(3)			3111111111	1011	Тура	ol Facility	7 (4)				-	
Street Address									Stice (#	(-12) er 8 (Oth	ie/ than K-	17)			
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Cily (6) Bernardaville									e eel	# 0	f Floors		Bldg. A	ge	
County (6)	***		Т	County	Oode (7)					- 1	ing damel	4	70	_	
Somerset Name of Monitoring Firm Hired	Lby Building (	Deumas (0)			USE ONLY	? <u> </u>		Com	n ercla			,			
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Street Address						-	Sirest	Addres	0	•			-		
City, State, Zip Code									y Road	, Sulte	K				
Project Manager for Monitoring	Firm			Telapho			Way	na, Ne	is Jers	ey 074	70				
							Teleph (973)	ione No 928-			License 00874	No.			
Start Date (10) 8/9/2018		Schedul 9/30/2	ed Cor 018	npletion	Date (11)				Monito						
Occupancy Status During Abate		k Only Or	nė)				Street	Addres	- <del>-</del> -	2000					
Facility Closed/Vacafed Do Abatement Performed Out Other - Describe:	uring Entire P	ariod of	Abaten	neh:					/ Rolad	Sulte	K				
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Scope of Work (Check All This)	Apply)	F771								•			_		
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Location of Asbestos-Containing Materi	al (ACM)	Use	tormal d Sole Interiar	ly by	Asbes	Det toe Cont	acription Sining M	of aladal	CM		mount		Ту	CONTRACT	_
IN FACILITY (13)			(12)		0.0.	inermal surface	systems ling, VAT riscelland	Insulal T, or	n,	(8	pecify of LF)	Remova	Repair	Encapsulate	Enclosure
Diam're-1 O		Yes	No	N/A								W.		ale	क
Storefront Canop	iy		×			Roofin	ng Mate	erial		1,9	75 SF	×			
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Name of Registered Wasta Hau Service Transport Group,				JOEP W		Cubic of Was		T			red Landfi				$\vdash$
City, State	nic,			990		TBD			-		prises, l	LC			
New Castle, Delaware					j., ii.	TBD,	al Date	>	Ny Sie	sburg,	Ohlo				_
Completed by Predrag SarceV		Title Vice i		d==+			maiure.	*(#.18%)#-511)		220,81	Di	ate			-
		VICE I	-16810	aent		<u> </u>				باموييسا	e	8/201	8		

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\* Do not use this form for asbeatos licensure exempted activities.

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Date of Notification (1) 10/26/2018				of Buildin dential	g Own	er/Operator	(2)			E G	E		V	E
Agencies Notified  Type Notification  EPA  Initial  Amended  Amendme  Emergence	ent #	g	City, S Bloor	Address tate, Zip ( mfield, N	۱J, 07	7003			The state of the s	ОСТ	14. 114.1	0	2018	3
DOH justification Cancellation		10		Ambro					Telephon	e Numb	er		117	. 1. 6
Name of Facility Where Abatement is Tak Residential	king Place	(3)	FAC	ILITY IN	FORM	ATION	Тур	e of Facility (4	1-,			75.50	Schille Co.	1.16%
Street Address							×	Other (i.e. pr	2) 8 (Other thar rivate & comr	n K-12) mercial b	ouildi	ngs,	hom	es,
City (5) Bloomfield							Squ 180	etc.) lare Feet 00	# of Floors	S	Blc	lg. A	ge	
County (6) Essex			County (STATE	Code (7) USE ONL	Y)			rent Use (Prio sidential	r if being den	nolished	)			
Name of Monitoring Firm Hired by Building TBD	g Owner (8	3)	ASCI	M No.				patement Cont tracting, LL						
Street Address						Street 1385	V-5000 TO	ess ley Road, S	Suite K					
City, State, Zip Code			=======================================			Zip Code New Jersey	07470							
Project Manager for Monitoring Firm			Telepho	one No.	No. 3-5040	Licen 0087	ise No. 74	****						
Start Date (10) 11/05/2018	Schedu 11/8/2		Completion Date (11) Name of OSHA Monitor											
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abaten	nent				Vall	ess ey Road, S Zip Code	Suite K					
Other – Describe:								lew Jersey	07470					
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demolit				×	Mi GI	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure			dure	1	
Location of		Normal	ly		[	Description						2 753	ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	aintena todial S (12)	olely by nance/ al Staff?						Amount (Specify SF or LF)	Zeiloval	Domousi	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A	Pir	oe Ins	sulation &	Fitt	inas	60 LF	×			œ.	
								90	00 Li					
												-		
Name of Registered Waste Hauler Service Transport Group, Inc.		Н	JDEP W auler ID )990		M 883 (0.00)	ic Yards /aste			egistered Lar Enterprise					
City, State New Castle, Delaware	Dis <sub>l</sub>							City, State	ourg, Ohio					
Completed by Predrag Sarcev	Title Vice President									Date 10/26	5/20	18		

KLOBIODIA PAJ	OD	NOTIF	CATIC	State of N ON OF AS nt to NJA(	BESTOS	ABATE	MENT 0)		EC	E			2 2 2 2 2 2 2
Date of Notification (1) 10/25/2018			Chris	of Building Exon	g Owner/	/Operator	(2)		OCT	3 0	201	8	The state of the s
Agencies Notified Type Notification	n		Street	Address									1
□ EPA     □ Initial     □ Amended     □ Amended     □ Amendmen		+	City. S	tate, Zip C	nde.			1 1	Participant	4	1 person	per g	
	nt #			Ridge, I		28		1	1.4	1689		1.20	Juliu pier
Emergency justification  DCA Cancellatio	)	Ī		of Contact	t			Te	elephone N	lumber	9		
				CILITY INF	ORMAT	ION							
Name of Facility Where Abatement is Taki House	ng Place (3	3)					Type of Facil	ity (4)					
Street Address							School	(K-12)					
City (5)							X Other (i. etc.)	pter 8 (Ot .e. private	her than K- & comme	-12) rcial bu	ildings	, hom	ies,
Glen Ridge							Square Feet N/A	# N	of Floors A		Bldg N/A	Age	
County (6) Essex			County (STATE	Code (7) USE ONLY	0		Current Use	(Prior if be	ing demol	ished)	22000.04		
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.		Name	of Abatement	Contracto	r (9)				
Street Address						Street	Abatement Address						
City, State, Zip Code							osengren A						
							va, NJ 0751						
Project Manager for Monitoring Firm			Telepho	one No.			one No. 345-8685		License 01311	No.			
Start Date (10) 11/05/2018	Schedule 11/06/2		pletion	Date (11)		Name o	of OSHA Monit Abatement,		0.011				
Occupancy Status During Abatement (Chec							Address	IIIC,					
Facility Closed/Vacated During Entire	Period of A	batem	ent			100 mm 100 mm	sengren Av	enue/					
Abatement Performed Outside of Norm  Other – Describe: Occupied	nal Facility	Hours					ate, Zip Code va, NJ 0751	2					
Scope of Work (Check All That Apply)							, 110 0101						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	presented	enovati emolitic				×	Full Contair Mini-Enclos Glovebag P	ure rocedure					
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Location of	No	ormally	,		Des	cription of	of				Ту		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Custodial Staff? (i.e. the					aining Ma systems ing, VAT iiscellane		(8	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>		ate	re
Basement		Х			Pipe	Insulati	on	16	0 LF	Х			
Name of Pogistered Western										+			
Name of Registered Waste Hauler D&S Abatement, Inc.		Hai	DEP Wa uler ID I 996		Cubic Y of Wast TBD				red Landfil ement o				
City, State Totowa, NJ					Disposa	al Date	City, Sta	ate					
Completed by	Title				TBD	gnature	Morris	ville, PA					
Oliver Hegedis	Title Project Manager						// ~	and the part and the Party of t		ate 0/25/2	018		

### PAID

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

CIL 4910

Date of Notification (1)			Nam	e of B	uilding Owner/Operator (	(2)		) L [		4		1
Date of Notification (1)	=118		~	PR.	JOSEPH SC	ARANO			-		_	-
Agency Notified	Type Notification			et Ado			00	T 30	20	12		
	1 Initial						20 3		40	10		1
D EPA	☐ Amended		City	, State	, Zip Code	115.	07675		100000	e or feet	2000	
DOL	Amendment #		1	ME	STWOOD	, 20.	Telephone Numb	per	18.11	101	, Či	1
<b>д</b> бон	justification)		Nan	ne of (	Contact TENNIFER					_		1
DCA	☐ Cancellation											7
		755	FA	CILIT	YINFORMATION	Type of Facility (4	1)					1
Name of Facility Where	Abatement is Taking Place	(3)	21 20		•		•					
Me.	JOSEPH SCA	1.RA	3 W 5	١		School (K-12)	(Other than K-12)					
Street Address				2	\$1	Other (i.e. priv	ate & commercia	buildings	i,			
					· · · · .	homes, etc.)	**	I Rida Ad	de.	_	7.00	+
City (5)						Square Feet		19	AC	)		
	STWOOD					2000.	Z			_		+
County (6)					ode (7) (STATE USE	Current Use (Pri	or if being demoli	sried)				
Daniel (c)	ERGEN		ON	ILY)		•					_	$\dashv$
Name of Monitoring Fire	m Hired by Building Owner	AS	CM No	). ·		nent Contractor (9)						
(8)					Best Re	moval Inc	2			-		$\dashv$
Street Address					Street Address							
Street Addition				1.4		th River	St					$\dashv$
City, State, Zip Code	~				City, State, Zip		07601					
Oily, Guite, 22p 2						ack, N.J.	License No.					$\dashv$
Project Manager for Mo	onitoring Firm	Tele	phone	No.	Telephone No.	71.1.1.						
						-7444 -	00300					$\dashv$
Start Date (10)	Scheduled Cor			(11)	Name of OSHA	Environme	antal					
1115/18	3 11/6				Street Address		EIILAI					$\exists$
Occupancy Status Dur	ing Abatement (Check only	(6ne)				uyler St						
D Facility ClosedNaca	ated During Entire Period of	f Abate	ment		City, State, Zip							
☐ Abatement Perform	ed Outside of Normal Facili	ity Hou	SPH	<b>L</b>	S. Ha	ckensack	,N.J. 0	7606				
Scope of Work (Check	( all that apply)			_		I Containment with ni-Enclosure	Negative Pressu	re				
23 sf or ≥3 lf				1 Kerk 1 Dem	- III Del	wahan Procedure						
☐ ≥ 160 sf or ≥ 260 lf					□ No	n-Exempted (*) an	d Non-Friable Pro	ceaure	Al	nater	mei	nt
		Is	Locatio	n						Тур	e	_
			ormally	2042	Descriptio	n of	Amount				-	
Loc Achestos-Contai	ation of ining Material (ACM)		d Solely ntenan		Asbestos Containing	Material (ACM)	Amount (Specify		Re	70	nca	Enc
TO BE	ABATED		ustodia	ı.	(i.e., thermal syster surfacing, V	AT, or	SF or LF		Remove	Repair	nsd	Enclosure
	Facility (13)		Staff? (12)		other miscella	aneous)			8	7	late	61
	(/	-		24/2	1		Britain Park					
		Yes	No	N/A	diametric and	44 .410. 1.55.	651	F	X			
BASEMEN	JT			2	THERMAN SYSTEM	- 1~30 WIDA	1		1			
							1	- ,	1	П		T
									+	$\Box$		T
					12:12:	. S Norma of Pag	pistered Landfill		1	1		1
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Best Re	moval Inc	ID		109	. 1/-	Minerv	a Enterp	LISES	5	, ш	п.	*
			1.7	100	Disposal Dat	e City, State			0.00			
City, State	1- NT T O	7601			11/6/18	Wavne	sburg, C	h, 44	68	8	_	
	ack , N.J. 07	1001			Signature	/					1.	Q
Completed by	Est	imo	tor		100	Caionom	3	1	0/	25	1,	0
J.Maiora	no Est	ima		- 60	sheetos licensure exemi	ated activities.						ii.

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NOTIFICATION OF ASSESTOS ASATEMENT

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Name of Monitoring Firm Hired by Building C	wner (8	)	ASC	M No.				it Contractor offing Inc.	(9)				
Street Address						Street / 185 V	ddrees resiand /	lve.		*Cripponie			
City, State, Zip Code				-			nte, Zip Coo			allaced beautioner			-
Project Manager for Monitoring Firm		Telephone No. Telephone No. License No. 201-262-5841 00156											
Start Date (70) / 8 .	Schedul 12	heduled Completion Date (11) Name of OSMA Monitor  12-12-4/18 — Omega Environmental Services Inc.											
Occupancy Status During Abetement (Check Facility Closed/Vecated During Entire P	Only O	ne)	anadament.		A CONTRACTOR OF THE PARTY OF TH	Street A			DI OPPOSE SE				
Abstract Performed Outside of Normal Other - Describe:	i Fecilit	y Hours	isht )			City, Sta	ite, Zip Cod					-	The state of the s
Scope of Work (Check All Thet Apply) .	•	With the State of		Deliveration of the last of th		LIGRAG	HIDELEN, N	.v. 91000		ervennus-	-	englises	
28 of or 25 if 2160 of or 2260 if		Renove Demolit			51		Mini-Engl Glovebas	einment with ceure Procedure noted (*) and	š				The Water States of the States Andrews
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TO SE ASATED In Facility (18)		lodiai 9 (12)		(i.e.	thermal surfac	eyeteme î ing, VAT, Necetlane	neulellon <sub>z</sub> or	(5)	pecify or LF)	(Nome)	Rupalr	Encapaniste	Endosure
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City, State Newark, N.J. 07105					Dispos			State Argyl, PA	08072	THE RESIDENCE	e annual cons		
Completed by R. McDonald	Title Pres	ident					15/	el	1 Flor	1/8	4/1	8	

### Motor that James Motor Cation of Assession Alaxander (Purpose to NACO 640 and 12-120)

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Date of Notification (i) /	-		Nam	o of Sudiria	nn Person	d'Operator	-		1	T	20	201	0
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Sensi Address	Marino de la constanta de la c	DONE WINDS				AM	c Contractir	ng Inc.	(m)				
GROW PRINCES	121					Street /	iddrees reeland Ava					enconsumer.	
City, State, Zip Code				-		Cay, Sa	ite, Zip Code	CONTRACTOR	Trinege management	MANESTAN PLAN	economic de la constantina della constantina del	E/RESONAL PROPERTY.	четника
Project Manager for Monitoring First		g.	Tolonh	one No.		al commence	nd Park, N.J	l.					
	1	SEATWOOD STATE	- 7			Telepho 201-2	ne no. 82-5841	Constitution of the Consti	License N 00156	lo.			0000 LUGAR
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☐ Other—Describe:	The state of the s	G 4 PROGRES	-				te, Zip Cede Nsack, N.J.	07806					
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Completed by	Spran.	· constant polymorphic control	Personal Services		2/6	74/1X	Pen An	Wi, PAI	18072				City Section
R. McDonald	Title Presi	dent			Si	777/1	1 Sell	7	Date	1/1	1	·	bridgepool const
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Date of Notification (1) 10/26/2018				of Building r Bombar		/Operator (	(2)	1	100	00	T:	3 0	2018		430 5
Agencies Notified Type Notification	n			Address									2.910		1200
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DEP Amended	10	- 1	City, St	tate, Zip Co	ode					<u> </u>	1	arest a	11.2	1.0	-
X DOL Amendmen	nt # New '	Otart	Jerse	y City N.	J 073	07				*****			ind Second	5-7-11	
DOH justification		g signer	Name	of Contact			**		Tel	ephone	e Nu	mber			
DCA Cancellation	n		Odair	Bombar	delli										
Name of Facility Where Abatement is Taki	on Dia	<b>(0)</b>	FAC	ILITY INFO	ORMA"										
Odair Bombardelli 's Residential	ng Flace	(3)						f Facility							
Street Address							So	chool (K-	12)			0)			
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City (5)				ia .			et	c.)							7.71°
Jersey City							Square	reet	# 0	Floors	S	1	3ldg. A	ge	
County (6)		1	County	Çode (7)			Current	Use (Pri	or if bai	na don	nolici	204)			
Hudson County				USE ONLY)			Ourien	036 (111	or it ber	ng uen	101151	ieu)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name o	of Abate	ment Co	ntractor	(9)	-				
								rty Mai			LC				
Street Address						Street A		_5							
						105 V	an Rip	oer Ave							
City, State, Zip Code		**		-		City, Sta	ate, Zip	Code				-			
Decine Manager 6 - 14 - 12 - 12			-			Clifton	n ŅJ O	7011							
Project Manager for Monitoring Firm			Telepho	one No.		Telepho				Licen		0.			
Start Date (10)	0-5-1					201-8				0133	36				
11/3/2018	11/ 7		npletion	Date (11)		Name of	f OSHA	Monitor					n nee		
Occupancy Status During Abatement (Che						01-1-1-0									
Facility Closed/Vacated During Entire						Street A	adress								
Abatement Performed Outside of Non	mal Facilit	Abaten y Hours	nent i			City, Sta	ato Zin	Codo			_				
Other – Describe:					_	Oity, Ota	ate, Zip	Code							
Scope of Work (Check All That Apply)		2012-012				1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full C	Containme Enclosure	ent with	Negati	ive P	ressu	re		
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Location of		Normal	y		Do	escription o	,£						Ту		
Asbestos-Containing Material (ACM)  TO BE ABATED		ed Sole		- Asbesto	os Con	taining Ma	terial (A	CM)	Ar	nount				ш	
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(13)		(12)				miscellane		1	51	or LF)		Remova	Repair	psu	ใดรเ
	Yes	No	N/A					1				<u>a</u>		ate	ire
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Name of Registered Waste Hauler			JDEP W			Yards	1	Name of I	Register	ed Lar	ndfill				
TBD			auler ID 3D		of Wa	ste	1	Keystor	ne Sar	itary	Lnd	fill			
City, State		1				sal Date		City, State							
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Completed by	Title	. September 1			18	Signature					Dat				-
Darko Raloski	Proje	ect Ma	nager			1						126/2	2018		
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Date of Notification (1)					Nan	ne of Buildi	na Own	er/Operator	(2)					
10/	26 /	18						on operator	(2)	00	T 3 0	2018		$\  \cup \ $
Agencies Notified	Type Notif	ication			-	Starace			į	14 12				
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☑ DHSS	Amend			_	0.50	State, Zip					and the second of the second o	J 1085 *** **	era Arten	and well to
DCA (NJAC 5:23-8)	☐ Emerge	ency (incl	ludin	g	Shor	t Hills, N.	J 0707	8						
(NOAC 5.25-6)	justifica Cancell				Lean se	e of Conta	ct			Telephone	Number			
	Z Caricon	ation			-	Starace								
Name of Equility Where o	E.L. II				FA	ACILITY I	NFOR	MATION						
Name of Facility Where A	Datement is	s laking l	Place	€ (3)					Type of Facili	ty (4)				
Private house Street Address									School (K	-12)	*****			
Offeet Address									Other (i.e.	er 8 (Other than , private and co	K-1 2)	nuildin	ae	
1 177 (5)									homes, et	c.)	Titili Ci Ci Ci L	Janani	ys.	
City (5)									Square Feet	# of Floor	s I	3ldg. A	Age	
Short Hills, NJ 07078 County (6)														
Essex					Cou	nty Code (7)	) (STATE	USE ONLY)	Current Use (	Prior if being de	molished)			
Name of Monitoring Firm	Hired by Ru	ilding Ou	unor.	/01	1001									
The second secon	imed by bu	nung ow	viiei	(0)	ASCN	1 No.	tion one		ent Contractor	(9)				
Street Address								ech LLC						
								t Address						S-322007
City, State, Zip Code							576 \	Valley Rd #	<sup>‡</sup> 283					
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Project Manager for Monit	orina Firm		-	Tol	ephone	No		ne, NJ 0747	70					
				101	phione	NO.	1	hone No.		License N	0.			
Start Date (10)	I	Schedul	ed C	omnle	tion D:	ate (11)	-	38-1777	4	01127				
	18	10	_ /	_ 29			1000000000	of OSHA Movision Co	nsultants,Inc					
Occupancy Status During	Abatement	(Check o	nly c	one)				t Address				V-10-11		
☐ Abatement Performed	Outside of N	lormal E	d of	Abate	ment		20-21	Wagaraw	Road, Bldg .#	# 35E				
Time of Abatement:	AM-	PM/		PM_		AM	City,	State, Zip Co	ode					
Scope of Work (Check all t	hat apply)						Fair L	awn, NJ 0'						
	пат арргу)						-	Clean up	and decontam	ination with neg	jative pres	sure		
>3 sf or >3 lf ≥ 160 sf or ≥260 lf		$\geq$		novati			$\geq$	Mini-Encl	losure	egative Pressur	е			
2 - 100 31 01 - 200 11			] De	molitio	n			Glovebag	Procedure	Tent with Neg	ative Pres	sure		
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Location o			N	Vorma	lly		Г	escription o	f		Al	atem	ent T	_
Asbestos-Containing M TO BE ABAT	aterial (ACN	A)	Use	d Sole	ly by	Asbe	stos Co	ntaining Mat	erial (ACM)	Amount	Re	Repair	Enc	Enclosure
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(13)				(12)		1	othe	miscellane	ous)	SIF or LF	) <u>a</u>		ula	ure
		Y	'es	No	N/A								ė	
Basement					$\boxtimes$	VAT -flo	oor tile	S		700 SF	×	П	П	
Family room					$\boxtimes$	VAT -flo				220 SF				
Garage			]		$\boxtimes$	Duct insu	ulation			45 SF		П		
										1.0 01				
Name of Registered Waste	Hauler			NJD	EP Waste	Hauler ID No.	Cubic Y	ards of Waste	Name of Reg	stered Landfill				
Fr Tech LLC				0	03378	35	TE	BD	T.R.R.F. Inc					
City, State								al Date	City, State					$\dashv$
Vayne, NJ 07470							TB		Tullytown, P	۷Δ				
Completed By (Print or Type	e)	Title						ignature /	i unytown, P	А	Date			$\dashv$
I.Jevtic		Owner							Ic Wena.	1		,		
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page 1 PAGE Oct. 24.2018 07:51 AM A. Mac Contracting 2012620: 21 State of New Jersey
NOTIFICATION OF ASSESTOR AS ATEMEN
(Forevent to NJAC 5:50 and 12:10) Name of Building Dynam Casrator (2) 10/24 TIM KING Type Notification Agengles National INVIED APPROVED City, State, Zin Code DEP Amended LITTLE FALLS Amendment d Bawgency (Inducting Name of Contact Telephone Number Latitication DOH Cencellation BOB BOYLE DOA MELLIN BERGERATION Home of Facility Where Assessment is Taking Piece (2) Type of F4 My (4) Baha (%-12) litrack Address Subd spierā (Other than K-12) Oliver Le. private & motivecetts buildings, hornes. CHIBTLE FALLS Carles of the last 180 60 DASSAIC County Code (7) Current Us (Prior if being demotioned) Name of Montering Firm Hirsd by Building Center (6) Name of Abatems | Contractor (V) ASCM No. A Mec Contra ting Inc. Circuit Address STREET ASSESSED 188 Virestand ive. City, State, Zin Ct in City, State, Zio Code Midland Park, J.J. Project Munager for Monttoring Firm Telephone No. Licerae No. Telaphone No. 201-282-5841 00166 10/2-4/68 Nama of CSHA is rebot Scheduled/Completion Date (11) 10/29/18 Omega Envin Imental Services inc. Occupancy Blessa During Abstenders (Check Only One) Street Address 280 Huyler St Net Facility Closed/Vaceted During Entire Panel of Absternent Absternent Performed Dutaids of Norwal Facility Hours City, State, I'p C le Other - Describe: \_\_ Heckenseck, IJ. 07906 Scope of Work (Check All That Apply) . 24 H or 20 H Renovetion Full Co. simmani with Necetive Pressure aded of or Messon **DemolMon** Mint-Er leasure Olovet | Procedure Non-El replad I'll and Non-Erlable Procedure Abstement is Loostian Normally Used dolely by Lamater of Asbesics-Containing Material (ACM) TO BE ASATEQ Description of Asbesics Conteining Meterial (At. A) Amount Machinene Post (i.e. thermal systems insulation Specify or LP Custodial Guill? statisting, VAT, or other miscellanusus) (ta) (13) 780 No NIA FLOOK GRALLIM TILG 550 SF History of Pagistered Wests Heuter Outlie Yards A TIS OF REGISTER Landill of Wagto Hauter ID No. 04509 Newark Certing, Inc. Cand Central Senitary Landilli

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Date of Notification (1) 10-17-18					f Building ior Rest			r (2)		0	CT 3	3 0	2018			
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				FACI	LITY INFO	ORMAT	ION			1,						
Name of Facility Where Al Private Home	oatement is Takin	g Place (3	3)					Тур	e of Facility (4 School (K-1)							
Street Address								v	Subchapter Other (i.e. p etc.)					dings,	home	es,
City (5) Nutley								Squ	are Feet	# 0	f Floors	3	В	ldg. A	ige	
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Name of Monitoring Firm H N/A	lired by Building	Owner (8)		ASCN	/I No.		1		atement Con		(9)					
Street Address		-					Street 522									
City, State, Zip Code							T. C.		Zip Code ty NJ 0708	7						
Project Manager for Monito	oring Firm			Telepho	ne No.		Telepl	hone	<u> </u>		Licen 0120	ise No	).			
Start Date (10) 10-18-18		Schedule 10-22-		npletion l	Date (11)				SHA Monitor ntracting L	LC						
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Scope of Work (Check All						_	Unio	n Ci	ty NJ 0708	7						
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		Is	Locat	ion						( ) =				Abate	ement	
Location of Asbestos-Containing N TO BE ABAT In Facility (13)	laterial (ACM)	Use Ma	Normal d Sole intena todial ( (12)	ly by nce/		tos Cor therma surfa	escription staining N I system acing, VA miscellar	Materi s insu T, or		(8	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
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Delfa Contracting LLC			7.1	lauler ID 35240	No.	of Wa			Tullytow				COV	ery F	acili	ty
City, State Union City, NJ							sal Date -23-18		City, State Tullytow		\ \					
Completed by Jaime Delgado		Title Proj.	Mana	ager.			Signature	1	P			Dat 10	e -17-	18		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 10-25-18				of Building			r (2)			15 110	<u> </u>		Mag.	Landard Comment
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EPA Initial DEP Amended DOL Amendmen				ate, Zip Cork, NJ 0										- <del> </del>
DOH Emergence	1)	1	Name o	f Contact		-				ephone N			(Sec	MI - V
DCA Cancellation	n			n Espino	errosco-cont				(9)	73) 344-	4568			
Name of Facility Where Abatement is Tak	ing Place (	3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility	(4)					
Private Home							_	School (K-	5 (7)					
Street Address								Subchapte Other (i.e.   etc.)	r 8 (Oth			dings	hom	es,
City (5) Little Falls	2							re Feet	#0	f Floors	E	Bldg. A	lge	
County (6) Bergen				Code (7) USE ONLY	)		Curre	ent Use (Pri	or if bei	ng demol	ished)			-
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASCN	Л No.				tement Co		(9)				
Street Address						Street	Addres	SS						
City, State, Zip Code				***************************************		City, S	State, Z	ip Code						-
Project Manager for Monitoring Firm			Telepho	ne No			n City hone N	NJ 0708	37	License	No			
Start Date (10)	101.11		7.0			2012	216-9	603		01206	NO.			
11-07-18	11-13-		mpletion	Date (11)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		HA Monitor tracting L						
Occupancy Status During Abatement (Che	eck Only O	ne)					Addres							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abater	nent				7th St	ip Code						
Other – Describe:		,						NJ 0708	37					
Scope of Work (Check All That Apply)						_	7							
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Ma	intena todial (12)	nce/ Staff?		thermal surfa	taining N systems cing, VA	s insula T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		otner	niscellan	neous)				val	air	ulate	sure
1st & 2nd Floors		х			Joint	Compo	ound		2,0	00 SF	x			
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Name of Registered Waste Hauler Delfa Contracting LLC		H	IJDEP W lauler ID 356240	No.	of Wa	Yards ste 5		0.0004000000000000000000000000000000000		red Landf source f		ery F	acili	ty
City, State Union City, NJ			T-10000			sal Date 12-18		City, Stat		Λ				
Completed by Jaime Delgado	Title Proj.	Mana	ager.		S	Signature	fo			1	Date 10-25-	18		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) OCT 3 0 2018 10-25-18 IBN Construction Corp Agencies Notified Type Notification Street Address 49 Hermon St. **EPA** Initial DEP City, State, Zip Code Amended DOL Amendment # Newark, NJ 07105 Emergency (including Name of Contact Telephone Number DOH justification) Nelson Espinosa DCA (973) 344-4568 Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Home School (K-12) Street Address Subchapter 8 (Other than K-12) F Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Little Falls County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Delfa Contracting LLC. Street Address Street Address 522 7th St. City, State, Zip Code City, State, Zip Code Union City NJ 07087 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201 216-9603 01206 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11-06-18 Delfa Contracting LLC Occupancy Status During Abatement (Check Only One) Street Address 522 7th St. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Union City NJ 07087 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure 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/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Rear Roof Flat Roof X 500 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Delfa Contracting LLC Tullytown Resource Recovery Facility 356240 5 City, State Disposal Date City, State Union City, NJ 11-09-18 Tullytown, PA Completed by Title Signature Date Jaime Delgado Proj. Manager. 10-25-18

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	15			FACIL	LITY INFORM	ATIO	N								
Name of Facility Where Private Home Street Address	Abatement is Takir	ng Place (3)							of Facility (4 School (K-1) Subchapter Other (i.e. p	2) 8 (Othe	er than K-	12) cial buil	dinas.	home	es.
City (5) Little Falls			COLVERNA		XIII.			— е	tc.) e Feet		Floors		ldg. A		
County (6)		***************************************	Т	County C				Curre	nt Use (Prio	or if bei	ng demoli	shed)			
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Name of Monitoring Fire	n Hired by Building	Owner (8)		ASCM	l No.				ement Con racting L		(9)				
Street Address							Street A 522 7		57%						
City, State, Zip Code							City, Sta Union		p Code NJ 0708	7					
Project Manager for Mo	nitoring Firm			Telephor	ne No.		Telepho 201 2				License 01206	No.	-		
Start Date (10) 11-03-18	<del>&gt;2-101000-1</del> -10100-1-10500	Scheduled 11-08-1		mpletion [	Date (11)				A Monitor racting L	LC					
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Scope of Work (Check	All That Apply						Union	City	NJ 0708	-					
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City, State Union City, NJ					D	isposa	al Date		City, Stat		A		•		
Completed by Jaime Delgado		Title Proj.	Man	nager.			gnature	A			TI	Date 10-25-	-18		

PAllistate of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check# /3310

GAC Project # 060-18					<u> </u>	,				15 U	2 1-1	ii <i>13</i>
Date of Notification (1)					Name of Building Owner	er/Operat	tor (2)		Drag 1			
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Agencies Notified  EPA DCA SOL DEP- No Longer REQUIRE DOH	ED.	New Sta	Notification Notif	otification #1 – ompletion Dates (including	ENVIRONMENTA 74 STREET 1603, City, State. Zip Code PISCATAWAY, N. Name of Contact MICHAEL F. SMIT	L HEA BLDG J 08854 'H, EN	LTH 411 4	& SA 6, LIV	FETY	TON Number	T. (RE	0 2018 EHS) PUS
					HEALTH & SAFET							
Name of Facility Where Abateme	nt in Taki	na Place (2)	`	FACILITY IN	FORMATION							
KESSLER TEACHING L	AB. BI	DG# 39	10		Type of Facility (4)  School (K-12)							
	,	-DON 00			Subchapter 8 (other th	on V 12)						
Street Address RBHS PISCATAWAY C	AMPUS	6			Other (i.e. private & co	ommercia	l build	ings, h	omes, e	tc.) 60+ ve	ars	
City (5)	ounty (6)	V. Servicionis	Count	y Code (7)	7						415	
PISCATAWAY	MIDDL	.ESEX	(State	Use Only)	Current Use (prior if being	ng demo	lished	): AC	ADEMI	С		
Name of Monitoring Firm Hired by ATC	/ Bldg. Ov	vner (8)	000		Name of Contractor (9)							
Cheat Address			000		GREENWOOD ABA	TEME	NT C	ONSI	JLTAN	ITS, II	VC.	
Street Address 3 TERRI LANE					Street Address							
City, State, Zip Code					511 MAIN STREET							
BURLINGTON, NJ 08	016				City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitoring Fi	m	Telephone 609-386			Telephone Number			Licen	se Num	<u>ber</u>		
Scheduled Start Date (10)		Schodulad	Completi	on Date (11)	973-492-0477			0084	40			11
11/2/18	1	11/5/18		on Date (11)	Name of OSHA Monitor ENVIROVISION, IN	C.						
Occupancy Status During Abate  Facility Closed/Vacated During	ment (Cl	neck only o	ne)		Street Address				20000000			
Abatement Performed Outsid	e of Norn	nal Facility	Hours -	nt	20-21 WARGARAW	ROAD	, BL	DG# 3	35E			
Something Other- Describe: Schedule:	4PM -	5AM Daily	v (24 H	OURS &	City, State, Zip Code FAIRLAWN, NJ 074	10						
WEEKENDS AS NEEDED)			, (	oono u								
Scope of Work (Check all that app	ly)											
□ > 3 sf or >3 lf				[F7] =		Full Co	ontain	ment w	vith Neg	ative P	ressure	9
<b>⊠</b> ≥ 160 sf or ≥ 260	ıf			□ Renovation     □ Demolition		☐ Mini-E						
<u> </u>				Demolition	1	Glove	bag F	roced	ure / Wr	ap & C	ut	
Location of Asbestos-Containing	Is Loca	tion Normal	ly Used	Description of Ast	estos Containing Material	Non-E	xemp			n-Friable		edure
Material (ACM) in Facility (13)	Solely to Staff? (	oy Maint./Cι	ustodial	(ACM) (i.e. therm VAT, or other miss	al systems insulation, surfac	ing, (S	Specif			05/2	2 2004	F
	YES	NO	NA	VAT, of other misc	ceii.)	0	r LF)		Remov	е кера	r Encap	Enclose
Room 5219 Suite		X		VAT			1200	CE.	ाठा			1
Room 5219 Suite		X		BENCH TOP	S		1200 500		X			-
					_		500	01	का		-	+
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was		r ID#	Cubic Yards of Waste:	25 CY	Т	Name	of Regis	stered L	andfill	
		See Below						G.R.O	D.W.S.	North	Land	fill
Hauler #1) Greenwood Abatemen NJDEP # 12561	t Consult	ants, Inc	Butler, N	NJ 07405		Disposa	al Date	2		City, St		
Hauler #2) Newark Carting, Inc.,	Newark,	NJ 04509				11151	2040				w Ford	
NJ DEP # 4509					\.	11/5/2	4018			19067		4000
Completed by (Print or Type)	Title	9			Cignotura					215-73	0-1/00	
RAYMOND C. PEDALING		NIOR PI	ROJEC	T	Signature (2)	Π,,		Date Octo	hor 2	5 204	0	
		NAGER		2070	Raymond C. Pe	dalino		0010	ber 2	J, 201	0	

## 

GAC Project # 060-18						114	4/4				
Date of Notification (1) October	12, 201	8			Name of Building Owner RUTGERS, THE			SIITY C	NF RL 12	N10	
Agencies Notified  EPA DCA			Notific ded No	cation otification # (including	Street Address ENVIRONMENTA 74 STREET 1603, City, State, Zip Code	L HEALTI	H & SA	FETY	DEPT.	(REI	HS) US
☑ DEP- No Longer REQUIRED ☑ DOH	.		cation		PISCATAWAY, N. Name of Contact MICHAEL F. SMIT	H, ENV.	900	ephone N 3-445-2		F. +5-X	A Charles
				F400 F74	HEALTH & SAFE	ΓY					
Name of Facility Where Abatement KESSLER TEACHING LA	nt is Takin AB, BL	g Place (3) DG# 39	10	FACILITY	IFORMATION  Type of Facility (4)  □ School (K-12)  ☑ Subchapter 8 (other tr						
Street Address RBHS PISCATAWAY CA	MPUS				Other (i.e. private & co	ommercial but of Floors: 2	ildings, h Bldg. /	omes, et Age: 6	.c.) i <b>0+ yea</b> r	rs	
PISCATAWAY	unty (6) <b>MIDDL</b> I			y Code (7) Use Only)	Current Use (prior if bei	ng demolish	ed): AC	ADEMI	С		
Name of Monitoring Firm Hired by ATC	Bidg. Ow	ner (8)	ASCM 0009		Name of Contractor (9)						
Street Address					GREENWOOD ABA Street Address	TEMENT	CONS	ULTAN	ITS, IN	C.	
3 TERRI LANE					511 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 080					City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Fire BRIAN R. KEARNEY	-	609-386			Telephone Number			nse Numb	<u>ber</u>		
Scheduled Start Date (10)				on Date (11)	973-492-0477 Name of OSHA Monitor		008	40			
10/25/18 Occupancy Status During Abater		10/29/18			ENVIROVISION, IN	C.					
☐Facility Closed/Vacated During ☐Abatement Performed Outside	Entire F	Period of A	batemer	nt	Street Address 20-21 WARGARAW	ROAD, B	LDG#	35E			
Describe:  Other- Describe: Schedule: 4  WEEKENDS AS NEEDED)				OURS &	City, State, Zip Code FAIRLAWN, NJ 074	10					
Scope of Work (Check all that apply	A)										
□≥ 3 sf or >3 lf □≥ 160 sf or ≥ 260 lf	E S			Renovation Demolition	3	□Full Conta □ Mini-Encl □ Glove bag ☑Non-Exen	osure g Proced	ure / Wr	ap & Cut	t	
Location of Asbestos-Containing Material (ACM) in Facility (13)		ion Normall y Maint./Cu 2) NO		Description of Asl (ACM) (i.e. therm VAT, or other mis	bestos Containing Material nal systems insulation, surfac	Amo	unt cify SF	Abater	ment Type e Repair	<u>e</u>	
Room 5219 Suite		X		VAT		120	0 SF	X	T	T	T
Room 5219 Suite		X		BENCH TOP	S	50	0 SF	X			
Name of Reg. Waste Hauler	LN	JDEP Was	to Haula	1D #			T				
See Hauler Below #1 & 2	S	ee Below	,		Cubic Yards of Waste:	25 CY			North I		ill
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., N NJ DEP # 4509			Butler, N	NJ 07405		Disposal D 10/29/20			City, Stat 100 New Rd. Morr 19067 215-736-	Ford N	1
Completed by (Print or Type) RAYMOND C. PEDALINO	2000	NIOR PE		т	Signature Raymond C. Pa	Edalino	Octo	ber 12	2, 2018		

Date of Notification (1)				-	Nam	e of Buildir	ng Owner/Operator	(2)					14.
	15 /	18	_				mmunications		OCT 3	0 201	8	H.	ij.
Agencies Notified	Type Notific	cation			Stree	et Address		T i				-	-
☐ EPA					71	Madison	Ave		**************************************				
⊠ DOLWD	⊠ Amende		4010		City,	State, Zip	Code			30.00			
☑ DOH ☐ DCA	Amendn				The second second		, NJ 07034		e en la	-			
(NJAC 5:23-8)	☐ Emerge justificat		cluaing	g	-	e of Contac			Tolonhono Nu	mhar			
( 5.125 6,	☐ Cancella					ian Kings			Telephone Nu 201 356 51				
							NFORMATION		201 000 01			-	
Name of Facility Where A	batement is	Taking	Place	(3)	- ' -	CILITI	VIORWATION	Type of Facility (	4)				
Verizon Bergen Cer				1-7				School (K-12)					
Street Address								☐ Subchapter 8	(Other than K-1	12)			
71 Madison Ave								Other (i.e., pr homes, etc.)	ivate and comm	ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	\qe	
Jersey City								113,347	7		+-50	200	
County (6)					Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Hudson								The state of the s	munications				
Name of Monitoring Firm	Hired by Buil	Iding O	wner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				-	
ESIS							BRISTOL EN	VIRONMENTAL	, INC.				
Street Address							Street Address					-8.79	
10 Exchange Place,	13 <sup>th</sup> Floor						1123 BEAVE	R STREET					
City, State, Zip Code		11					City, State, Zip Co	ode					
Jersey City							BRISTOL, PA	19007					
Project Manager for Monit	oring Firm				ephone		Telephone No.		License No.				
Brian Kingsbury				1888	01 356		215-788-6040		00509				
Start Date (10)11 /5 /						ate (11) 18	Name of OSHA M BRISTOL EN	lonitor VIRONMENTAL	INC				
Occupancy Status During	Abatement (						Street Address	····O·····EITI AL	, 1110				
☐ Facility Closed/Vacated					ment		1123 BEAVER	STREET					
Abatement Performed	Outside of N	ormal F	acility	/ Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:	AM	PM/	5:00	PM- <u>2</u>	:00AM		BRISTOL, PA						
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 If		D	⊠ Rer	novat	ion			ainment with Nega	tive Pressure				
☐ ≥160 sf or ≥260 lf			Der				☐ Glovebag	Procedure					
						T	☐ Non-Exer	mpted (*) and Non	-Friable Proced	ure			
Location o	£			Locat lorma			20 10 10			Ab	atem	ent T	уре
Asbestos-Containing M	Silver and the second and	1)	Used	d Sole	ely by	Ashe	Description of stos Containing Mat		A t	R	R	Щ	Щ
TO BE ABAT	ED		Mai	ntena	ince/ Staff?	(i.e	., thermal systems i	nsulation,	Amount (Specify	Removal	Repair	cap	clos
IN Facility (13)			Custo	(12)	Stail?		surfacing, VAT,	or	SF or LF)	\ <u>a</u>	~	Encapsulate	Enclosure
(10)			Yes	No	N/A	1	other miscellaned	ous)				ate	
2 <sup>nd</sup> Floor Battery Roon	n	1				Ceiling	Tile & Glue Daul	ne	100 SF				
		- 1	7	_				-	100 31				
		- 1	=		1					ᆜᆜ			
			=								Ш	Ц	Ш
Name of Registered Waste	Haulas						0.11.11						
		INC		10000	JDEP V auler ID		Cubic Yards of Waste	Name of Registe					
SERVICE TRANSPOR	VI GROUP	, INC.	200		20990			MINERVA LA	ANDFILL				
City, State							Disposal Date	City, State					
NEW CASTLE, DE							TBD	WAYNESBU	RG, OH				
Completed By (Print or Typ	e)	Title					Signature	2 7		ate			
Dillan DeCaro		Est	imato	or			Dillan	DeCaro!	Me 11	0-0	26	-18	7

Date of Notification (1) Name of Building Owner/Operator (2) 10 15 / 18 Verizon Communications Agencies Notified Type Notification Street Address ☐ EPA 71 Madison Ave DOLWD 9 (16) ☐ Amended DOH 9649 City, State, Zip Code Amendment # Jersey City, NJ 07034 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Brian Kingsbury 201 356 5166 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Bergen Central Office ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 71 Madison Ave homes, etc.) City (5) Square Feet # of Floors Bldg. Age Jersey City 113,347 7 +-50 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Hudson Verizon Communications Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 10 Exchange Place, 13th Floor 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Jersey City BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Kingsbury 201 356 5166 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>10</u> / <u>29</u> / 18 11 / 7 / 18 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_\_PM/5:00PM-2:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply)  $\boxtimes \ge 3$  sf or  $\ge 3$  If □ Renovation
 □ Demolition ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Repair Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A 2<sup>nd</sup> Floor Battery Room X Ceiling Tile & Glue Daubs 100 SF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature, Date Dillan DeCaro Estimator 10-15-18 ASB-41 JAN 13 DD 18096

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

NO ac		NOTIF	(Pur	suant t	o NJAC	8:60 and 5:16		ECE			3".	1
Date of Notification (1)	17 / 1	8				owner/Operator (2 inceton Univer		OCT 2	0 2016	)	1 1	
	Type Notification			Street Ac	ldress acMillan	Building	4	OCT 3	0 2018	<u> </u>	1 -	4
☑ DOLWD ☑ DHSS	Amended Amendment		18		e, Zip Cod eton, NJ			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		124 1	-0	
☐ DCA (NJAC 5:23-8)	☐ Emergency ( justification)	including		Name of	Contact			Telephone Numb				
(NSAC 3.23-0)	☐ Cancellation			Robe	rt Ortego	)		609-258-1841				-
				FACII	ITY INF	ORMATION						_
Name of Facility Where	Abatement is Taki	ing Place (	3)				Type of Facility (4)	)				
Princeton Universi	ty-Lawerence	Apts High	n Ris	e			☐ School (K-12) ☐ Subchapter 8 (	Other than K-12)				
Street Address							Other (i.e., priv	ate and commer	cial build	ings,		
1 Lawerence Dr							homes, etc.) Square Feet	# of Floors	Bldg	. Age		-
City (5)			ÿ.				Square r cct	# 01 1 10010	50			
Princeton				County	Code (7)(	STATE USE ONLY)	Current Use (Prior	r if being demolis	hed)			
County (6)				County	Code (1)(	OTATE OUE OTIETY	,					
MERCER Name of Monitoring Firm	a Hirad by Buildin	n Owner (8	0 [	ASCM N	0.	Name of Abateme	ent Contractor (9)					
Pennoni Assoicate		g Owner (c	, I	00102			VIRONMENTAL	, INC.				
Street Address	23, 1110.			To Text Partie		Street Address						
515 Grove St., Sui	te 1B					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C						
Haddon Heights, I	NJ 08035					BRISTOL, PA	19007					_
Project Manager for Mo			Tele	phone N	0.	Telephone No.		License No.				
Brian Clark				56-547-0		215-788-6040		00509				
Start Date (10)	Sci	heduled Co	mple	tion Date	(11)	Name of OSHA		INC				
_ON_A	FOLD		_				IVIRONMENTAL	., INC.				
Occupancy Status Duri	ng Abatement (Ch	neck only o	ne)			Street Address	D CTDEET					
☐ Facility Closed/Vaca	ated During Entire	Period of	Abate	ment	riba	1123 BEAVE						
Abatement Performa	ed Outside of North	mai Facility //P!	/ Hou VI	AM	libe	City, State, Zip C BRISTOL, P						
							The state of the s					
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	all that apply)	⊠ Re	novat moliti			☐ Mini-En	ntainment with Neg closure ag Procedure empted (*) and Nor		ure			
		le	Loca	ation		Z Non Zx	()			ateme	ent Ty	уре
Location Asbestos-Containing TO BE A IN Fa	ng Material (ACM) BATED cility	Use Ma Cus	Norma ed So ainten todia (12	ally lely by ance/ I Staff?	Asbe (i.e	Description stos Containing M a., thermal system surfacing, VA other miscellar	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No		Disates	(drill bolos)		42 SF		П		
Throughout					Plaster	(drill holes)		12 01				П
									_			
										1		무
Name of Registered V	Vaste Hauler		1	NJDEP		Cubic Yards of						
BRISTOL ENVIR		C.		Hauler II 1870		Waste		LANDFILL				_
City, State BRISTOL, PA 19	007					Disposal Date	City, State FAIRLESS	HILLS, PA 19	047			
ADMINISTRAÇÃO AND	The second secon	Title				Signature	3 "	/ '	Date /	, 1	, ,	
Completed By (Print of Brian Scafiro	or type)	Estim	ator				Scafero	1/	10/2	6/,	18	

ASB-41 **MAY 11** 

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

OCT 3 0 2018

Date of Notification (1)				Nai	ne of Buildin	ng O	wner/Operator (	2)			010		-
	_			Т	rustees of	f Pri	nceton Unive	ersity	1				
Agencies Notified Type No	ification	1		Stre	et Address			÷		and a	1	100	
☐ EPA ☐ Initial				E	.A MacMil	lan	Building		the street and the				
☑ DOLWD ☑ Amer	10.0	4 4016		City	, State, Zip	Code	€						
		# <u>1-10/2</u>	-	P	rinceton,	NJ 0	8544						
DCA Emer (NJAC 5:23-8) ustifi	ency (i	nciuain	g	Nar	ne of Conta	ct			Telephone Num	ber			
☐ Cano				R	obert Orte	ego			609-258-184				
				F	ACILITY II	NFO	RMATION						
Name of Facility Where Abatement	is Takir	g Place	(3)					Type of Facility	(4)				
Princeton University-Lawer	ence A	pts Hi	gh F	Rise				School (K-12	2)				
Street Address							54	Subchapter 8	(Other than K-12 rivate and comme	!)	ildina		
1 Lawerence Dr								homes, etc.)		ICIAI DI	manış	<b>J</b> 5,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Princeton											50÷		
County (6)				Co	unty Code (	7)(ST	ATE USE ONLY)	Current Use (Pr	or if being demoli	shed)			
MERCER													
Name of Monitoring Firm Hired by E	uilding	Owner	(8)	ASC	M No.	Na	me of Abateme	ent Contractor (9)		0 - 0 -			
Pennoni Assoicates, Inc.				00	102		BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						St	reet Address						
515 Grove St., Suite 1B						1	1123 BEAVE	R STREET					
City, State, Zip Code						Cit	ty, State, Zip Co	ode					
Haddon Heights, NJ 08035						_	BRISTOL, PA	19007					
Project Manager for Monitoring Firm				lephon		10000	lephone No.		License No.	0.700			
Brian Clark			1	and the same of th	17-0505		215-788-6040		00509				
Start Date (10)	10		53.		Date (11)		me of OSHA M		1110				
10 / 27 / 18				/	18		SECOND CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT	VIRONMENTA	L, INC.				
Occupancy Status During Abatemen							reet Address						
<ul> <li>         □ Facility Closed/Vacated During E     </li> <li>         □ Abatement Performed Outside o     </li> </ul>					oceribo		1123 BEAVE						
Time of Abatement: 7:00AM-3:						10 3	y, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply									-: - D				
≥3 sf or ≥3 lf		⊠ Re	nova	tion			☐ Mini-Enc	ainment with Neg losure	jative Pressure				
☐ ≥160 sf or ≥260 lf		☐ De					Glovebag	Procedure	. 220201219 - 10075				
		1 1	1				Non-Exe     Non-Exe	mpted (*) and No	n-Friable Procedu				
Location of			Loca			9	Description o	e		Ab	atem	ent T	ype
Asbestos-Containing Material (A	CM)	Use	d So	lely by	Asbe	estos	Containing Ma		Amount	Re	Re	Ē	四四
TO BE ABATED				ance/ Staff?	(i.e	e., the	ermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		000	(12				surfacing, VAT, ther miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(,		Yes	No	N/A	A							te	
Throughout			$\boxtimes$		Plaster	(dri	II holes)		42 SF				
										10			
										П	П	П	
		$\overline{\Box}$	П		-					1	In		
Name of Registered Waste Hauler		1_			Waste	Cul	bic Yards of	Name of Regis	tered Landfill	1-			
BRISTOL ENVIRONMENTAL	INC.			Hauler	ID No.	Wa	ste	FAIRLESS					
City, State				10/1	,,,	Dis	posal Date	City, State					
BRISTOL, PA 19007									HILLS, PA 190	47			
Completed By (Print or Type)	Titl	В					Signature	1	n:	ite			
Brian Scafiro		stimat	tor				Brian	· Scopin		)-i	0(/	-/.	P
							LOWW		10 11		4 7	10	8

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Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (	2)			į	1 [	* 1
	17 /	18			Tru	istees of	Prin	ceton Unive	rsity	OCT 30	2018	į		
Agencies Notified	Type Notifica	ation			Stree	t Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
EPA dala		8			E.A	MacMill	an E	Building				) E		-
⊠ DOLWD 9717	Amended Amendm				City,	State, Zip (	Code			Land Control	1			1
DHSSQ694	Emergen				Pri	nceton, f	1J 08	3544		The state of the s	**		- 1 A	
(NJAC 5:23-8)	justification		Old Gill	9	Name	of Contac	t	107	10.	Telephone Numb	er			
	☐ Cancellat	tion			Ro	bert Orte	go			609-258-184	1			
					FA	CILITY IN	(FOF	RMATION						
Name of Facility Where A		_							Type of Facility					
Princeton University	y-Lawerenc	e Ap	ts Hi	gh Ri	se				School (K-12					
Street Address									☐ Subchapter	8 (Other than K-12) rivate and commer	rial hi	ilding	10	
1 Lawerence Dr								*	homes, etc.)		olai bu	manig	,	
City (5)									Square Feet	# of Floors	Bl	dg. A	ge	
Princeton												50+		
County (6)					Cou	nty Code (7	)(STA	TE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
MERCER														
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)					
Pennoni Assoicates	, Inc.				001	02	E	RISTOL EN	VIRONMENTA	L, INC.				
Street Address		37117-7					Stre	eet Address				- X1117-2-E		
515 Grove St., Suite	1B						1	123 BEAVE	R STREET					
City, State, Zip Code							City	, State, Zip Co	ode					
Haddon Heights, NJ	08035						B	RISTOL, PA	19007					
Project Manager for Monit	oring Firm			Tele	phone	No.	Tel	ephone No.		License No.				
Brian Clark				8	56-547	-0505	2	15-788-6040		00509				
Start Date (10)	5					ate (11)	Nar	me of OSHA M	lonitor					
10 / 27 /	18	1	1 /	2	/	18	В	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (0	Check	only o	one)			Stre	eet Address						
☑ Facility Closed/Vacated	d During Entir	re Per	iod of	Abate	ment		1	123 BEAVER	RSTREET					
☐ Abatement Performed							City	, State, Zip Co	ode					
Time of Abatement: 7:	00AM- <u>3:30</u> F	NI/	P	W	AM		В	RISTOL, PA	19007					
Scope of Work (Check all	that apply)							П г.:!! C	ninnant with No.	nation Description		3018E		
≥3 sf or ≥3 if			⊠ Re	novat	ion			☐ Mini-Enc	ainment with Neg losure	gative Pressure				
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					(* 2007)				mpted (*) and No	n-Friable Procedur	е			
l a setion d	.e			Locat				Description o			Ab	atem	ent T	уре
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City, State							Disp	osal Date	City, State					
BRISTOL, PA 19007									FAIRLESS	HILLS, PA 1904	7			
Completed By (Print or Typ	pe)	Title	Y					Signature		/ Da		S 000		
Brian Scafiro	譯	Es	stima	tor				Brian	n Scofi	in/ gh 1	0-1	17.	-18	>

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(110537	Elizad Dissellini	(Pt	ırsuant	to NJAC 8:60 an	d 12:120)	ž. **					
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DOL Amendment #		_		}	tamil	tor	aw !	NL	5 0	281	10
DOH Emergency (ir justification)	iciuaing		Name o	of Coritact	+ 7		Telephone Nun	1			
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Nov 5, 2018	N	00	-	2018			hnologies	I	nc		
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Date of Notification (1)			,,		to NJAC				CK	710	15				.,	
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r roject warager for worn	toling Fillii			Telepho	ne No.		Teleph		no. -9800		License 0072					
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Name of Monitoring Firm H N/A Street Address	ired by Building	Owner (	8)	AS	CM No.		Name	of Abatement Co BROTHERS	ontractor	(9) TRACTIN	G, I	NC.		
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Project Manager for Monitor	ring Firm						TOT	tate, Zip Code OWA, NJ 075	12					
Start Date (10)	mig i iiii	Cohad	de d O		none No.		973-	one No. 956-8700		License N 00494	0.			
11/5/2018	h	11/19	/2018		n Date (11	)		of OSHA Monitor E AS (9) ABC						
Occupancy Status During A Facility Closed/Vacated Abatement Performed	During Entire	Period of	A h = 4 =	ment			Street	Address						
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Department of VA 10/26/2018 Street Address Agencies Notified Type Notification 130 Kingsbridge Road **EPA** Initial City, State, Zip Code × Amended DEP × Amendment # 1 Bronx, NY 10468 × DOL Emergency (including Telephone Number Name of Contact × DOH iustification) 718-741-4329 Christina Katz DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) VA New Jersey Healthcare System / East Orange Campus School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × 358 Tremont Avenue etc.) Bldg. Age City (5) Square Feet # of Floors N/A N/A N/A East Orange Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) VA New Jersey Healthcare System Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. D&S Abatement, Inc. 0004 **Briggs Associates** Street Address Street Address 11 Rosengren Avenue 3 Crosswicks Street City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Bordentown, NJ 08505 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 973-345-8685 01311 609-847-2957 Douglas Ferry Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) D&S Abatement, Inc. 10/29/2018 11/30/2018 Street Address Occupancy Status During Abatement (Check Only One) 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Occupied Totowa, NJ 07512 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Full Containment with Negative Pressure Renovation ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Removal Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 447 LF X X Pipe Insulation 4D Floor 4372 SF X 4D Floor X VCT & Mastic X VAT & Mastic 40 SF X 4D Floor Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Waste Management of PA D&S Abatement, Inc. 20996 20996 City, State City, State Disposal Date TBD Morrisville, PA Totowa, NJ Completed by Signature/ Date 10/26/2018 Oliver Hegedis Project Management

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City, State Totowa, NJ						TBD	sal Date	$I \subset M$	ty. State Iorrisvil					
Completed by Oliver Hegedis		Title	ct M	anager		5	Signatur				Date 09/21/3	2018		
Oliver Flegeuis		1 1016	J. 141				#	4					_	

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Date of Notification (1)	<del>\</del>				of Building						00	VINTER NAMED OF	****	more,	*****	T-12-1-
10/26/18 Agencies Notified	Type Notification				Shaltry	/ Private	e Hom	e		lim's	E (		5 [	1	7	
				Street A	Address						geral ar over 1. A	***,				
EPA DEP	Initial Amended		ł	City, St	ate, Zip C	ode				11134	-	07 (	_			- 1
DOL	Amendmen	t#	_		h Have		3008				0	CT 3	0	20	18	Tallet of
DOH DCA	Emergency justification Cancellation			Name of	of Contact					Tel	ephone l	Numbe	r		- 62	1
				FAC	ILITY INF	ORMATI	ION				* 15# 01 C. C	Time	₹ ,1 ;; •••3:35	var va	12 1	Ži,
Name of Facility Where		ng Place (3	3)			- W		Туре	of Facility	(4)	AT MINERAL CAN		eherri 6	- ALT.	*: 1 m *: 1	er de la
Betsy Shaltry Priva Street Address	ite nome								School (K-	12)						
Oli Oct / Ida i Oss									Subchapte Other (i.e. etc.)	private	er than R	(-12) ercial b	uildin	gs, ł	nome	es,
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Beach Haven NJ 0	8008							100	+ 00	2			50-	+		
County (6) Ocean					Code (7) USE ONLY	2		1	ent Use (Pr	ior if bei	ng demo	lished				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC			Nome	Ho			(0)					
N/A	Timed by bollding	Owner (b)		ASCI	n NO.			or Abi	atement Co Inc	ntractor	(9)					
Street Address							Street	Addre	ess			<del></del>				-
City Otals 7: O I								Box 3								
City, State, Zip Code							- 10150		Zip Code Iin NJ 08	091						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph			-	License	e No.				
						856-	753-	9800		00727	7					
Start Date (10) 11/6/18			npletion	Date (11)		Name Sam		HA Monitor	16							
Occupancy Status During	Abatement (Chec	11/16/	300 TA	-			Street	168.	ee							
Facility Closed/Vaca				nent			Olioot	ridaro	33							
Abatement Performed Other – Describe:							City, S	itate, Z	ip Code							
Scope of Work (Check A	I That Apply)															
S sf or ≥3 lf	і ттаг Арріу)	П		et a a			Г	٦ _								
≥160 sf or ≥260 lf		Security 1	lenova emolit						ll Containm ni-Enclosur		Negativ	e Pres	sure			
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Location		l N	lormal	ly		Des	scription	of				_		Тур	9	
Asbestos-Containing TO BE ABA			d Sole intena			tos Conta					mount				g	ш
In Facili		Cust	odial 9 (12)	Staff?	(1.6.	surfac	cing, VA	T, or	auori,		pecify or LF)	Zaliova	, copan	2	caps	Enclosure
(13)				T		other m	niscellar	neous)				la	_ E	-	Encapsulate	sure
		Yes	No	N/A											Ф	
Exterior S	iding		X		Exte	rior Sic	ding		25	00 SF	x	1	_			
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United Containers	arunitaan tat.		Н	lauler ID		of Was			G.R.O.	54.00 m	ou Lailu	om				
City, State			2	2459		5 Dianas	al Dat			12.7						
Elm NJ						11/16	al Date		City, Stat		1960					
Completed by		Title					ignature	n .	1			Date				
Anthony T Perna		Presi	ident				1	-				10/2	3/18			

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 10/26/18					of Building				)	orae sparing	and the other states.	ar na integral in the		· Art	
Agencies Notified	Type Notification				Seddon	Private	Home	<del></del>				G	117	15	1
X EPA	☑ Initial			Oli OOCI	1441000										
DEP	Amended			City, St	ate, Zip C	code			111	111			-	_	1 - 1
DOL	Amendment Emergency		_	Spray	y Beach	NJ 080	800		and the state of t		OCT	3 0	2018		
DOH	justification)		,		of Contact	t				Te	elephone N	Number			
☐ DCA	Cancellation	1		Jeff					1	1.7					į.
Name of Facility Where	Abatement is Takir	ng Place (	3)	FAC	ILITY INF	ORMATI	ON	T	ype of Facility	/4\		150,6554	-71		
Jeff Seddon Private	e Home	.ga.oo (	<b>-</b> /					-	-	. ,		make the later of	elutta.		
Street Address	, i		<del></del>						School (K- Subchapte Other (i.e.	8 (Oth	ner than K	(-12) ercial bu	ildings	, hom	ies,
City (5)					-				etc.) quare Feet						35.54
Spray Beach NJ 08	8008							1000	quare reet 000 +	2	of Floors	- 1	Bldg.	Age	
County (6)				County	Code (7)	-			urrent Use (Pri		ing demo	lished)	001		
Ocean				(STATE	USE ONL	n			House						
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.		Name	of a	Abatement Co	ntracto	r (9)				
N/A							Perr	nac	o Inc						
Street Address							Street								
City, State, Zip Code									x 329				lii.		
- 19,7 - 1410, Esp 0000									e, Zip Code Berlin NJ 086	101					
Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Teleph			J	License	No	-		
									3-9800		00727				
Start Date (10)		Schedul	ed Cor	npletion	Date (11)		Name	of (	OSHA Monitor	-					
11/6/18		11/14/					Sam	ne							
Occupancy Status During			0.00				Street	Add	dress						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F ed Outside of Norm	Period of an all Facility	Abaten / Hours	nent			City, S	State	e, Zip Code						
Scope of Work (Check Al	That Apply)														
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≥160 sf or ≥260 lf		_	Renova Demolit	77.77.70				1	Full Containme Mini-Enclosure	ent with	n Negative	Press	ure		
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Asbestos-Containing I	Material (ACM)	Use	d Sole	ly by	Asbes	tos Conta	cription aining N	or //ate	rial (ACM)	А	mount			m	
TO BE ABA			todial S		(i.e.	thermal s	systems	s ins	sulation,		Specify or LF)	Rer	R	Encapsulate	Enclosure
(13)			(12)			other m				01	OI LI )	Remova	Repair	lusq	uso
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Exterior Si	iding		x		Exter	ior Sic	dine	7	18	00 SF	x	+			
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Name of Registered Wast	o Uoulos		1.0												
	e naulei		100000	JDEP W auler ID		Cubic Y of Wast			Name of I		ered Landi	fill			
United Containers	-		2	2459		3 .			G.R.O.	W.S.					
City, State Elm NJ						Disposa			City, State		27. 1972/2010				
Completed by		TTM-				11/14/			Morrisv	ille P					
Anthony T Perna		Title	ident			Sig	gnature				102	Date	/10		
- Jina		1163	GOIIL			1 (		2	7			10/26	/18		- 1

2018-10-26 12:37 Shade Environmental 1 >> 609 633 06 4 State of New Jersey NOTIFICATION OF ABBESTOS ASSATEMENT (Pursuant to NJAC \$180 and 5:19) DOL of Nourceton (1 tome of Building Owner Operator (2) 10 23 18 Liran Kaposno Applicas Notifice Type Hotildebon EPA DOLWO NUS. City State, Zip Cede @ DOH Amendment & Glassborp, KJ 05218 Emergency (including prebfoellor) DOA (NUAC 623-5) Norre o' Contact Umn Kapasno FACILITY INFORMATION Name of Facility Pulsere Abstantiant is Taking Place (3) Type of Feells (4) Residence Sanoni (K.)
Gubahapie:
Cither (i.e., (Other shan K-12) Street Address fivale and commercial buildings. G&y (5) Glassboro 1,000 2 80 County (5) County Code (Typital's usa ONLY) Current Use () or 8 peng complehed) Glo uccetor Residence Nama of Montoning Firm Hired by Building Owner (8) ASCM No mo of Attentionion Consector ( Management & Enviro. Consulting Services Shada Environmental, LL Street Accress Sirvet Alldana PQ Bex 341 823 Guder Avenus City, State, Zip Code City. State Zip Code Chesterfield, NJ 00518 Maple Shade, MJ 08082 Project Manager for Won soring Farm Telaphone No. Telephone No. License No. BU! Westerperber 603-288-4070 856-768-G055 00842 Sun Orm (10) Sohed uled Completion Date (11) Same of Cales Months 10 / 28 10 / 31 EMBL Analytical, Inc. Occupancy Status During Abatement (Chack only one) Street Address S Fedity Closed/Vedated During Embra Period of Abatement 200 Route 100 North Assement Performed Outside of Normal Facility Hours - Describe
Titled of Abelianders: \_\_\_\_\_\_\_AM-\_\_\_\_\_\_PM-\_\_\_\_\_\_AM Oity. 5tMa. Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all That apply) D Full Containment with 14 jet/or Presence
D Wint-Emptoyune
D Clevrabus Procedure
E Nan-Exemples (1) and a ri-Preside Procedure ⊠ Randval on is Lacation Absternent Type Northeily Description of Asbestus Containing Material (ACRA) (I.O., District Systems Maulation, softmann, WAT, or other mismalls neous) Legation of Used Solal, by Reput As seen Constanting transfer (AOM)
TO BE ABATED
IN F20ITY Blancon 454 Erecapeadate Erickshum Maintenanco Figerity SP or LP) Custodel Statin (12) (13) Yes No NA Bedreems 8 Floor Tile and Mustic 263 S.P 0.0

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Vice President of Opprations

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Data

10/26/18

Name of Rei Bored Landhi

Fairloss | mdfll

Mondevil , PA

City, State

Date of Notification (	1) 10-26-2018						Owner / Oper	rator	(2)		001	3 0	2010		
	Type Notifica	ation		Alpha Street							1.22.21	61 F/10		1	
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☐ DCA		ellation	100			Nave						203-57			er
				FA	ACILI	TY INF	ORMATION								Mess ess
Name of Facility Whe	ere Abateme	ent is Taking P	lace (3	)			Type of F	acilit	ty (4)					670	
Cookson ALpha Street Address							☐ Scho			201 000	000				
600 Route 440							Subc	hapi	ter 8 (Other . private &	than K-	12) sial buildin	ac hon	200	oto )	
							Square Fe	eet	# of	Floors		Bldg. Ag		:(0.)	-0114
City (5)		County (6)	Cou	unty C	Code	(7)	151,	,000		3		-5	110		
Jersey City, NJ		Hudson					Current U Residenti		Prior if bein	g demoli	shed)				
Name of Monitoring F	Firm Hired b	y Building Owr	ner (8)		AS	CM No			ement Cont						
Acer Environmental Street Address							Resource Street Add		nagement G	Broup, Ll	_C				
1012 Industrial Drive									s 1 Ave, Suite	202					
City, State & Zip Cod West Berlin, NJ	е						City, State Trenton, N	e & Z	Zip Code						
Project Manager for N	Monitoring F	irm	Telep			ber	Telephone	e Nu	mber		License N	lumber			
Matt Depalma Scheduled Start Date	(10)	Scheduled Cor	856-8			\	609-914-4					0118	35		
11-8-2018			11-23-2	2018	e (11	)	Name of 0 J&S Envir		A Monitor iental Laboi	ratories,	Inc.				
Occupancy Status Du	uring Abater	nent (Check or	nly one	· · · · ·			Street Add								
Abatement Pe	erformed du	During Entire P Iring Normal H	ours:	of ADa	iteme	ent	2333 Rout City, State								
Describe: 8	:30am-5:30	pm					Union, NJ								
Scope of Work (Chec	oled During	Abatement													
Coope of Work (once	n an that ap	(Piy)							☐ Full C	Containm	nent with N	egative	Pres	ssure	
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Asbesto	s-Containin	g	Norm				Asbestos-C			100	(Specify	ADO	licini	CIIL I	ype
	rial (ACM)			lely b	-		Material			5	F or LF)	Z,	_	Enca	四
	ABATED Facility		Maint Custo				i.e., therma insulation, su					Rem	Rep	cap	ıclo
	(13)			(12)			or other misc					noval	pair	psulat	Enclosure
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Engineering Spoolir			H	Н			nt Fittings				75 each				
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Name of Registered V				Waste	Cubic Yards of Waste		Name of R	egistere	d Landfill						
Resource Manageme	nt Group, LI	LC		1	5218		TBD		Grows Lan	dfill					
City, State Trenton, NJ 08619							Disposal Dat		City, State Morrisville,	PA					
Completed By (Print of	or Type)			Title	<del></del>		Signature	<del>/  </del>		1		Date			_
Mr. Brian Haney					siden	nt	P/1		1 1	10 lls	1	10/26	/201	8	



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OV	2	700	_3
( 1/4	$\supset$	-01	-

					Building C	)wner/0	Operator	(2)		-30		
Date of Notification (1)				VERIZON	1				E	m I	3 []	97 1
10 / 26 /18				Street Ad	dress			11111	写	<b>6</b>	3 L	17
Agencies Notified Type Notification	on			1 VERIZO	ON WAY			1 mil				me may a
EPA X Initial Not DEP Amended X DOL Cancellat	Notifica	tion		BASKING	e, Zip Code i RIDGE, N		0	The second of th	(	)CT	3 0 2	2018
X DOH On Hold DCA EMERGE	NCY NO	OTIFICA		Name of CHARLIE	Contact MESSING	· · · · · · · ·		Telephone I 908-559-20				
				TY INFOR				1000 000 200	institu	GICE	MONE	line.
Name of Facility Where Abatement is Ta	king Pla	ace (3)	7710121		in thor	Туре	of Facilit	y (4)	7.	9 4 4 4	1. 1	(8) (10) (12) (12) (4)
VERIZON							School (K Subchapt	-12) er 8 (Other th				
Street Address						X	Other (ie.	private & con				
216 LEXINGTON AVENUE							are Feet 9,255	# of Floo	ors	В	dg. Age 50	9
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LAKEWOOD OCEAN	•)			TATE USE		COM	MERCIAL	nor ir being a	emolisn	ea)		
Name of Monitoring Firm Hired by Build TTI ENVIRONMENTAL	ing Owr	ner (8)			SCM No.	Name	of Abate	ment Contra				
Street Address							Address	WIEITIAE OO	111 0117	TION		_
1253 NORTH CHURCH STREET						313 S	POOK RO	OCK ROAD				
City, State, Zip Code MOORESTO							State, Zip ERN, NEV	Code W YORK 109	01			
Project Manager for Monitoring Firm	T	elephon	e Numb	er		Telepi	hone Num	nber	License	e Num	ber	
KRISTOPHER SMITH		09-313-					69-7500		1101			
Expected State Date (10)	Sched.	. Comp	etion D	ate (11) 30	/19	1.525 (2.74, 2.00)	of OSHA					
Month Day Year	Mont		Da		Year	QUAL	IIY ENVI	RONMENTA	L			
Occupancy Status During Abatement (Cher X Facility Closed/Vacated During I Abatement Performed Outside of X Other - Describe: MONDAY	Entire Pe	eriod of	/ Hours	- Describe	9:	1376	Address ROUTE 9		NEW	VODI/	10500	
Scope of Work (Check all that apply)  Demolition  3SF OR LF  X >160 SF OR 260 LF	]Renova	ation		X	Full Conta Mini Enclo Glovebag Non-Friabl	, Proced	with Nega	IGERS FALL, ative Pressure	e e	YOHK	12590	
Location of	Is Lo	cation	I	Descri	ption of As					Ahate	ment T	vne
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Material (ACM)		ly by			hermal sys			(Specify	/   \[ \]	REPAIR	NS.	NO I
TO BE ABATED in Facility (13)		Custodia	1		on, surfacir		,	SF or LF	HEMOVAL		ENCAPSUL	ENCLOSUR
in Facility (13)	Yes N	f (12) o N/A	1	or oth	er miscella	neous)			12	:	I É	I F
BASEMENT		х	VAT &	MASTIC	į.			173 SF	X	$\dagger$	+	-
										T		
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Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Hauler		Cubic	Yards of \ 10	Vaste	Name GRAN	of Registe D CENTF	ered Landfill RAL SANITAF	RY LAN	DFILL		Ч
City, State NEWARK , NJ 07105				al Date 3/30/18		City, 8	fáte To	WNSHIP, PA	^			
Completed by (Print or Type) Title	OTOD	)F 655		Signa		T-AW	WIESED IC		Date /	2/-	,/	
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Date of Notification (1) 10/26/18			Name JB N	of Buildir	ng Owner EMENT	/Operator	r (2)	The old have	The same of	0	CT	3 0	2018						
Agencies Notified Type Notification			Street	Address						1.535	STO	X 00	MTHC	L.E.					
DEP Amended Amendmen			City, S	state, Zip	Code			1,	an wagana	er wherea	1 16	231134 ememor	<u> </u>	72 o treasur	C. Desire				
DOH Emergency justification Cancellation	V	1	Name	of Contac	at					Teleph 908-9									
Non- ST W. LER			FAC	CILITY IN	FORMAT	ION					- 100	7202							
Name of Facility Where Abatement is Takin	ig Place (	3)					Туре о	f Facili	ty (4)										
Street Address							X O	ther (i.e	ter 8	Other t	han k	(-12) ercial b	ouilding	ıs, hor	mes,				
City (5) FREEHOLD							Square 2500	c.) Feet		# of Flo	oors		Bldg	Age					
County (6) MONMOUTH			County (STATE	Code (7)	Y)		Current	t Use (F	Prior it	being (	demo	lished	)						
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No			of Abate LEAD	ment C			ı.s.								
Street Address						Street	Address												
City, State, Zip Code						City, St	tate, Zip	Code											
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one 170.		007	Lic	cense	No.							
Start Date (10) 11/04/18	Schedule	ed Cor	npletion	Date (11)	)	Name o	of OSHA	Monito		1200									
Occupancy Status During Abatement (Chec		N. 10-11				Street A	LEAD I	PROF	ESS	IONA	LS								
Facility Closed/Vacated During Entire F	Period of A	hatan	nent				ITE DO	OVE	coul	RT									
Abatement Performed Outside of Norm  Other – Describe:	al Facility	Hours	3				ate, Zip (		0870	)1									
Scope of Work (Check All That Apply)								,											
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	R X D	enova emolit	tion ion			×	Mini-E Glove	enclosu bag Pr	re ocedu	vith Neg									
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Location of		ormall Solei				cription o							Т	уре					
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Maii	ntenar odial S (12)	ice/	Asbes (i.e.	tos Conta thermai surfac other m	aining Ma systems sing, VAT iiscellane	insulatio , or	CM) n,		Amou (Speci SF or L	ify	Remova	Repair	Encapsulate	Enclosure				
	Yes	No	N/A									=		ate	re				
EXTERIOR					S	IDING				35005	SF	x							
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Name of Registered Waste Hauler		N.	IDEP W	aste	Cubic Y	/ards	N	ame of	Regio	stered L	andfi	1							
NEWARK CARTING  City, State			uler ID I 509	No.	of Wast 11/12/	te 18		ESI	egii		-uriuli								
NEWARK, NJ					Disposa 15	al Date		ity, Sta ETHL		M PA				-					
Completed by JOSEPH PERLSTEIN	Title OWNE	ER			Sig	gnature						ate 0/23/	18						

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Date of Notification (1) 10-26-18		N	ame of I 3ENIT	Building Ov O LOPE	wner/Op Z	perator	(2)	William Anna		OCT :	) A ans	O	The contraction of the contracti	The state of the s
Agencies Notified Type Notification		S	treet Ad	dress					145	001	3 0 201	ð		1
EPA Initial Amended Amendment #_		0	ity, State	e, Zip Code RK, NJ 0	e )7105				15	MCGTON CCA		i i i		Year
□ DOH justification □ DCA □ Cancellation	uding		BENIT						Te	elephone N	lumber	****	- Transaction	
Name of Facility Where Abatement is Taking Pl	ace (3)	i.	FACIL	ITY INFOR	RMATIC	ON	Ту	pe of Facilit	y (4)					$\dashv$
141-147 Railroad Ave.		82						School (F						
Street Address 141-147 RAILROAD AVE.							Z	Other (i.e etc.)	e. private	her than K & comme	rcial build	(5-57.		٥,
City (5) NEWARK							70	uare Feet 000	1		+	dg. Ag 50	ge ———	
County (6) ESSEX			County C STATE U	code (7) ISE ONLY)	dis-		G	ARAGE			lished)			
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM	No.			-	o CORP.	Contracto	or (9)				
Street Address						Street 339-		dress FAYETTE	STRE	EET				
City, State, Zip Code								e, Zip Code RK, NJ 07	105					
Project Manager for Monitoring Firm		Т	elephor	ne No.		Telepi 973		e No. 1-0877		License 0124				
	chedule 1-16-		pletion [	Date (11)		Name	of C	OSHA Moni	tor					
Occupancy Status During Abatement (Check C	only On	e)				Street	Add	dress						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of A Facility	Abatem Hours	ent		_	City, S	State	e, Zip Code						
Scope of Work (Check All That Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenovat emoliti						Full Contai Mini-Enclos Glovebag I Non-Exem	sure Procedur	е			e	
	le	Location	nn.			L		Non-Exem	bled ( ) a	and Non-i	TIGDIC 1 TO	Abate	ement	
Location of	1	Normall	у			scriptio						1)	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma Cust	d Solel intenar todial S (12)	ice/ staff?		thermal surfa		ns in AT, d			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
ROOF	Yes	No X	N/A		FI	ASHII	NG		-	340LF.	X	-		
NOOF		^				., (0) 111	-			0,021.				
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP Wauler ID 4509		Cubic of Wa	Yards ste		1000		stered Lar lehem la		1		
City, State PO Box 5670 , Newark, NJ					Dispo	sal Dat	е	City, 23,3	State 5-Apple	ebutter F	Rd,Beth	lehei	m,PA	
Completed by Carlos Gomes	Title Pres	sident				Signatu	re/			>	Date 10/26	/18		

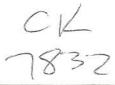
### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK58U	PA	ID		ICATION	ate of New J I OF ASBEST to NJAC 8:6	OS ABATE			M.E	C	E	l V		
Date of Notification (1	) 10/26/18				of Building		erator (2	2)	W	OCT	3 V	204-		
Agencies Notified	Notification			Street	: Address ercules Roa				i ama	001	JU	2018	- Service Control	
(X) EPA ( ) DEP (X) DOL	( ) Initial No (X) Amendo Amendo	ed			State, Zip Congton, DE 1			100	/1994.				- i	
(X) DOH ( ) DCA	( ) Emerge justifica ( ) Cancella	ncy (inc tion)			of Contact rd Meeks					Tel.	Num	ber		**B. (4)
	( ) Garicone	ation		FACIL	ITY INFOR	MATION				1				
Name of Facility When Former Drew Chemica		t is Taki	ng Place	(3)			Туре	of Facil	ty (4)					
22 1944 1945 1944 1944 1944 1944 1944 1944	ai Facility							chool (K						
Street Address 1000 Harrison Ave							(X) O	abchapte ther (i.e iomes, e	er 8 (othe private etc.	er than & comi	K-12 merci	2) ial bui	lding	S,
City (5) Kearny, NJ 07032							Squar	re Feet	# 0	of Floor	s	Bldg	. Age	9
County (6) Hudson				County USE O	Code (7) ( NLY)	STATE	Curre	nt Use (	Prior if b	eing de	emoli	shed)		
Name of Monitoring Fi	irm Hired by	Bldg. O	wner	ASCM	No.	57A30A0A 3A00		ractor (9						
Street Address							ONSTR Address		N SERVI	CES, L	LC			
					300-2	State R	oute 17	South - S	Suite #	3				
City, State, Zip Code							ate, Zip							
Project Manager for M	onitoring Fire	m Tel	ephone N	Number			J 0764 one Nu			Lice	nse N	lumbe	er	
(8)						3.0	85-9791			0119	91 "/	4"		
Scheduled Start Date 10/29/201		Scl		d Completion Date (11) Name of OSHA 11/22/2019					or					
Occupancy Status Du	ring Abateme	ent (Che	ck only o	ne)		Street	Address	S				-		
(X) Facility Closed/Vac ( ) Abatement Perforn ( ) Other – Describe:					ent	City, S	tate, Zip	Code						
Source of Work (Chec	k all that app	ly)												
$(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $(X) \ge 160 \text{ sf or } \ge 260 \text{ lf}$			) Renova Demolit			() Mir	ni-Enclo		vith Nega	ative P	ressu	ıre		
( )		(* 5)	Domonic			(X) No	n-Exem	pted (*)	and Nor	n-Friab	le Pr	ocedu	re	
Location of		Islor	ation No	rmallv							Aba	ateme	nt Ty	ре
Asbestos-Containing		Us	ed Solely	by by		otion of Asl			Amount	.			Ш	_
(ACM) TO BE ABATI	FD	1100 100	aintenand dial Staff		Containing	Material ( systems in			(Specify	,	Ren	Re	ncar	incl
in Facility	Januar Otali	. (12)	surfaci	ng, VAT, o	r other	,	SF or LF	()	Removal	Repair	Encapsulate	Enclosure		
(13)	N/A	mi	scellaneou	is)				<u> </u>	15	ate	e e			
Building 720 – 3rd FI	Х		Pi	oe Insulatio	on		320 LF		X					
Building 720 – 3rd FI X					Ves	sel Insulat	ion		40 SF		Х			
Building 720 – 1st FI X						Fire Door			25 SF		Х			
Name of Reg. Waste H Cid Construction Servi	e Hauler 905	ID Cubic	Yards of \	Waste		of Reg. I			111					
City, State Garfield, NJ		Dispo	sal Date TBD	//	City, S Melvill		parry L	anul	III					
Completed by	Title				Signature				)	Date				
Roque G Schipilliti	Manager			10						/26/20	18			





Date of Notification (1) Type	THE RESERVE OF STREET, SHAPE OF STREET, SAN AS A STREET,			ilding Owner / Rudczynski		( · · · · · · · · · · · · · · · · · · ·	EPE	1006:
X DOL	X Initial No Amende	ncy Notification otification d Notification	Street Addresson City, State 8 Piscatawa	ess k Zip Code y, NJ 08854	4,		OCT 3	0 2018
X DOH DCA	Cancella	ation	Name of Co Christine I	ntact <mark>Rudczynski</mark>			new many	Telephone Number
			FACILIT	Y INFORMA	ATION			13763 Kuma atau mana
Name of Facility Where		is Taking Plac <b>dence</b>	ce (3)		e of Facility (4) School (K-12)			
Street Address						vate & comr	nercial build	ings, homes, etc.
City (5)	Co	ounty (6)	County Code (		are Feet 2,500	# of Floor	s 2	Bldg. Age <b>70</b>
Piscataway	10000	iddlesex	County code (	Curr	ent Use (Prior	if being den	777	10
Name of Monitoring Fir Environmental Tac		uilding Owne	r (8) ASC	M No. Nam	ne of Abatemer bal Abateme			
Street Address					et Address	- DI		
64 Broad Street City, State & Zip Code				2000	Schoolhous State & Zip Co	ALTERNATION OF THE PROPERTY OF		
Matawan, NJ 07747					roe Townsh		331	
Project Manager for Mo Tom Geiger	_	7	Telephone Numb 732-290-2217	per Tele 732	phone Number -605-9062			Number <b>00714</b>
Scheduled Start Date ( 11/5/18	10) Sch		oletion Date (11) 11/10/18		ne of OSHA Mo bal Abateme		es, LLC	
	Vacated Duri formed Outsi rea Isolated	ing Entire Per de of Normal	riod of Abatemer Facility Hours -	nt 443 City	et Address Schoolhous State & Zip Conroe Townsh	ode	331	
Scope of Work (Check Demolition Large Project X Quantity is ≥ 3	X SFor≥ 3 LF	Renovatio	n		Mini-End X Gloveba	closure ag Procedu		Pressure
Quantity is ≥ 1		30 LF ACM				Non-friak		
Asbestos Materia <u>TO BE</u> in F	tion of Containing al (ACM) ABATED acility	1	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Asbe Ma (i.e., t insulatio	escription of stos-Containing aterial (ACM) thermal system on, surfacing, V er miscellaneou	s AT L	Amount (Specify Square Feet or .inear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulatio or Enclosure)
	Basement		N/A		TSI Pipe		175 LF	Removal
Name of Registered W Freehold Cartin City, State		N	JDEP Waste Ha 1869		Cu. Yds. of W 8 Disposal Date	T C	RRF ity, State	istered Landfill
Trenton, NJ		1			11/10/	18 T	ullytown, l	The state of the s
Completed By (Print or Dominick Tringa		Title Pres.			Signature Dominick	Tringali		Date 10/25/18
ASB-41 JUN 95 G466	7							



Date of		(1) 10/24/18					vner	/ Operator (2)		E - a - a rec'hann n'T henbellen	(A) (C)	term of the second second second
Aganai		pe Notification	on		lin Cor					4116	CE	
Agencie	es Notified EPA	Ema	rgency Notifica		eet Addi	ress				11-27		
	DEP	1	Notification		Ctoto	& Zip Cod	40					
X	DOL		nded Notificati	1000000							OCT 3 0	2018
X	DOH		cellation		ne of Co	n, NJ 077	704					¥ 6. 1
^	DCA	Canc	eliation		vin Ma					L	lelephon	ne Number
						TY INFO	RM	ATION		- (	L.C. CANA	5.73
Name	of Eacility \\/\	oro Abatama	ent is Taking P		AOILI	11 1141 0				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second section is a second	A Property of the Control of the Con
I varie c	n i acility vvi		ned Reside				l yp	e of Facility (4) School (K-12)				
Street A	Address						1	Subchapter 8 (0	Other tha	n K-12)		
		163	Park Road				Х	Other (i.e., priva			dings, home	es, etc.
									# of Floo		Bldg. Age	
City (5)			County (6)	County	y Code	(7)		2,000		2		70
	Fairhave	en	Monmouth				Cur	rent Use (Prior if	being de	molished)		
								sidential		•		
Name o	f Monitoring	Firm Hired b	y Building Ow	ner (8)	ASC	CM No.	Nan	ne of Abatement	Contract	or (9)		
		actics, Inc						bal Abatemen				
Street A							100000000000000000000000000000000000000	et Address	W500 M	100		
	ad Street	•					Schoolhouse					
	ate & Zip Co						, State & Zip Coo		arteria de			
	an, NJ 077	Monitoring F	T-1	- N1			nroe Townshi	p, NJ 08				
Tom G	eiger		Telephor 732-290	-2217			ephone Number -605-9062		License	Number 0071	4	
Schedu	led Start Dat		Scheduled Co			)		ne of OSHA Mon				
	11/4/18			11/8/18			Glo	bal Abatemen	t Servic	es, LLC		
Occupa <b>X</b>	ncy Status D	od//acated	nent (Check o During Entire F	nly one)	la = 4 = =		110000000000000000000000000000000000000	et Address				
			utside of Norm					Schoolhouse				
			ed During A				Committee of the Commit	, State & Zip Coo		004		
	Other - Desc		ed During A	Datemen	IL.		IVIOI	nroe Townshi	р, ил и	831		
	The state of the s	ck all that ap	nlv)									
	Demolition	on an arat ap	Renovat	tion				Full Cont	ainment v	with Negative	Draesura	
500	Large Projec	ct						Mini-Encl		with regative	7 1 1033u10	
		3 SF or ≥ 3	LF ACM					Glovebag		ıre		
			260 LF ACM					X Other:				
		cation of		Is Loca	ation		D	escription of		Amount	Abater	ment Type
		os-Containin	g	Normally	/ Used	l A		stos-Containing		(Specify	(Specify	: Removal,
		erial (ACM)		Solely				aterial (ACM)	5	Square Feet	The second control of	ncapsulation
		E ABATED		Maintena				thermal systems	_	or	or Er	nclosure)
	II	Facility (13)		Custodial (12				on, surfacing, VA er miscellaneous		Linear Feet)		
		(10)	(12	-)	01	Othe	i miscellaneous	'				
		N/A	Ą		Tra	nsite siding		1.500 SF	Re	moval		
				-								
	Registered ehold Cart	er	NJDEP W	/aste Ha 1869			Cu. Yds. of Wa		lame of Reg	istered Lan	dfill	
City, Sta										City, State		
	iton, NJ							11/8/18		ullytown, l	Pa	
	ompleted By (Print or Type) Title											Date
Don	ninick Trin	gali	Pres.					Dominick T	ringali			10/24/18

Form

CKAAL	L P	ATT	NOT	TIFICATIO	State of I ON OF AS nt to NJA	SBESTO	SABATE	EMENT (0)		EG	E		7 [	3000
Date of Notification (1) 10/25/2018	1	- CALED	9	Name Thor	of Buildir	ng Owner	/Operato	r (2)		OCT	3 0	20.	10	A STATE OF THE STA
Agencies Notified	Type Notification	n		-	Address	ogiovo				001	J (	20	lõ	
× EPA × DEP	× Initial								į	Z (2. 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				-5
X DEP X DOL	Amended Amendme	nt #		City, S	State, Zip eville, N.	Code	1			LX		1 1 2		•
× DOH	Emergenc justification	y (includir	ng		of Contac		,		1=		-vitar-contra	A 1988		C747-9555
DCA	Cancellation				nas Cos				1.6	elephone N	umber			
Name of Facility Where	Abatament in Tale	a - Di-	(0)	FAC	CILITY IN	FORMAT	TION							
House	Abatement is Tak	ing Place	(3)					Type of Facilit	y (4)			11-5		
Street Address				-0				X Other (i.e	ter 8 (Ot	her than K- & commer	12) cial bu	ilding	s, hon	nes,
City (5) Belleville								etc.) Square Feet N/A	# ( N/	of Floors		Bldg. N/A	Age	
County (6) Essex				County (STATE	Code (7)	) .Y)		Current Use (F				IN/A		
Name of Monitoring Firm	Hired by Building	Owner (8	3)		M No.		Name	House of Abatement C	ontracto	- (0)				
N/A							D&S	Abatement,	Inc.	r ( <del>9</del> )				
Street Address								Address						
City, State, Zip Code							1	osengren Av tate, Zip Code	enue					
Project Manager for Man							Totov	va, NJ 07512	2					
Project Manager for Moni	toring Firm			Telepho	one No.			one No. 345-8685		License I	Vo.			
Start Date (10) 11/09/2018		Schedu 11/10/			Date (11)	)		of OSHA Monito Abatement, I						1155
Occupancy Status During	Abatement (Che	ck Only O	ne)					Address						
Facility Closed/Vaca Abatement Performe	ted During Entire	Period of	Abate	ment				sengren Ave	enue					
× Other – Describe: O	ccupied	nai Facilii	y Hou	rs				ate, Zip Code va, NJ 07512	)					
Scope of Work (Check All	That Apply)						10104	va, 140 07 5 12	-					
<ul><li>≥3 sf or ≥3 If</li><li>≥160 sf or ≥260 If</li></ul>			Renov Demoli				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					
		Is	Locat	tion				Non-Exemple	an ( ) and	u Non-Friat	DIE Pro		e ement	t
Location Asbestos-Containing N			Norma ed Sole			Des	scription of	of				Ту	ре	
TO BE ABA	TED	Ma	intena todial	ince/	Asbes (i.e.	tos Conta	aining Ma systems	aterial (ACM) insulation,	1000	mount Specify	77		Ш	m
In Facility (13)	y .	Ous	(12)	olaii?	53	surfac	ing, VAT iscellane	, or		or LF)	Remova	Repair	caps	Enclosure
		Yes	No	N/A		outer it	noocharic	ous)			val	air .	Encapsulate	sure
Baseme	nt		Х			Pipe	Insulati	on	6	0 LF	X			
Name of Registered Waste	Hauler		LN	UDEDIA										
D&S Abatement, Inc.	, nauter		H	IJDEP W		Oubic Y		0.020200		ed Landfill				
City, State			20	0996		TBD	10:		7070	ement of	PA			
Totowa, NJ						Disposa TBD	ai Date	City, Stat		V				
Completed by Oliver Hegedis		Title				Sig	gnature	11		Dat	te			
Onver riegedis		Proje	ct Ma	nager		r	1	1			/25/2	018		

MO.17-6933955	572	ITON	LCATIO	State of N N OF ASI It to NJAC	BESTOS	ABATE	MENT 0)		EC		W		
Date of Notification (1) 10/25/2018			Name Ange	of Building I Corder	g Owner/	Operator	(2)		OCT	3 0	2010	)	
Agencies Notified Type Notification	1		Street	Address				131 55	001	0 0	2010	)	-
EPA Initial								1 1	restration to the same of the				E .
▼ EPA     ▼ DEP     ▼ DOL     ▼ DOL     ▼ Initial     ▼ Amended     Amendmen				tate, Zip C				1	with Labor	11 1157	1471	L G	
_ Emergency		_		nam, NJ							1.5 2-41		
DOH justification	)	1		of Contact				Į_T	elephone l	Number			
DCA Cancellation	n ———			l Corder									
Name of Facility Where Abatement is Taki	ng Place (	(3)	FAC	ILITY INF	ORMAT	ION	Type of Fac	ility (4)					
House													
Street Address							School Subcha	(K-12) apter 8 (Ot	her than K	-12)			
							× Other	i.e. private	& comme	rcial bui	ldings	, hom	ies,
City (5)							etc.) Square Fee	T#	of Floors		3ldg.	Δαο	
Chatham							N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/A		V/A	-ye	
County (6)		T		Code (7)			Current Use	(Prior if be	eina demo	lished)			
Morris			(STATE	USE ONLY	0		House		3	,			
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASCI	M No.		Name D&S	of Abatement Abatemen	Contracto	ır (9)				
Street Address		E.					Address osengren A	venue					
City, State, Zip Code						City, S	tate, Zip Code	9					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No. 345-8685	12	License	No.	1		
Start Date (10)	Schadul	ed Con	nnlation	Date (11)		000000000000000000000000000000000000000			01311				
11/08/2018	11/09/	2018	прівноп	Date (11)			of OSHA Mor Abatement						
Occupancy Status During Abatement (Che							Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abaten	nent				osengren A						
Other – Describe: Occupied	nai r aciiity	/ Hours	<u>.</u>				ate, Zip Code va, NJ 075						
Scope of Work (Check All That Apply)						10101	va, 140 075	12					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedure				e	
	Is	Locati	on							T		ement	t
Location of		Normali d Sole			Des	scription	of				Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED		intenar		Asbes	tos Conta	aining M	aterial (ACM) insulation.	11 (2)	mount	_		Ш	m
In Facility	Cust	todial S (12)	staff?	(i.e.		systems sing, VAT			Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other m	niscellane	eous)		0000 TO	lova	pair	suk	osur
	Yes	No	N/A							-		ate	e.
Basement		Х			Pipe	Insulat	ion	3	80 LF	Х			
Name of Registered Waste Hauler		1000000	JDEP W	7.00	Cubic		Name	of Registe	ered Landf	ill			$\neg$
D&S Abatement, Inc.  City, State		11.000.000	auler ID 1996	NO.	of Was				gement (	of PA			
Totowa, NJ					Disposa TBD	al Date	City, S	State isville, P	Δ				
Completed by	Title					gnature	1/25	SVIIIE, P		late			
Oliver Hegedis	Children	ct Ma	nager			- I	TEN		and a subdivision of	ate 0/25/2	2018		

CK 1898	PA		NOT	FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	EMEN (0)	T		) [[]		Ŋ			
Date of Notification (1) 10/25/2018					of Building		Operato	r (2)		00	T :	3 0	2018	}	2 1 <b>5</b>	
Agencies Notified	Type Notification	1		Street	Address				1 1 1 1	-			2016			4
× EPA	× Initial									en. milet					÷	·
× EPA × DEP × DOL	Amended	2 17			State, Zip C				1.		1		- 1-1-		.77	-
10000000	Amendmer Emergency		20		ham, NJ		1		15 miles 24					17.20 A	141-4-1	
≥ DOH	justification	)	.9		of Contac					Tele	ephor	ne Nu	mber			
DCA	Cancellatio	n		100000000000000000000000000000000000000	k Carmo	,										
Name of Facility Where	Abatement is Taki	na Place	(3)	FA	CILITY INF	ORMAT	ION									
House	The state of the s	ng i iuoc	(0)					Тур	e of Facility (4							
Street Address								H	School (K-12 Subchapter 8	2) 3 (Othe	er tha	n K-1	2)			
								×	Other (i.e. pr	ivate 8	com	merc	ial bui	ldings	, hon	nes,
City (5)								Sau	etc.) are Feet	# of	Floor			Olda	Λ σ σ	
Chatham								N/A		N/A		5		3ldg. N/A	Age	
County (6)					Code (7)			Curi	rent Use (Prior	if bein	ıa der	molis	100			
Morris				(STATE	USE ONLY	n		Но	use		5 00.		100)			
Name of Monitoring Firm N/A	Hired by Building	Owner (	8)	ASC	M No.		Name D&S	of Ab Aba	atement Control	ractor (	9)					
Street Address							Street									
City, State, Zip Code									gren Avenu Zip Code	ne						
							Totov	va, N	NJ 07512							
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph	one N	No.		Licer	nse N	0.			
01. 15. 110							973-3	345-8	3685		013					
Start Date (10) 11/07/2018		11/08	/2018	mpletion	Date (11)				HA Monitor tement, Inc.							
Occupancy Status During	Abatement (Chec	k Only C	ne)				Street /	Addre	ess							
Facility Closed/Vaca	ted During Entire I	Period of	Abater	nent			11 R	osen	gren Avenu	ie						
Abatement Performe  Other – Describe: O	d Outside of Norm ccupied	nal Facilit	ty Hour	S					Zip Code							
Scope of Work (Check All	That Apply)						lotov	va, N	NJ 07512							
X ≥3 sf or ≥3 lf	···de / (ppiy)	[V]														
≥160 sf or ≥260 lf		December 1	Renova Demoli				×	Mi	II Containmen ni-Enclosure ovebag Proced	dure						
								No	n-Exempted (	*) and	Non-	Friabl		W. 150 TO 15	7.	
Location	of		s Locati Normal												ement pe	
Asbestos-Containing N	Material (ACM)	Use	ed Sole	ly by	Asbest	Des tos Conta	cription o	of aterial	L(ACM)	Λm	ount			,		
TO BE ABA		2000	aintena stodial S		(i.e.	thermal:	systems	insula	ation,		ecify		ZD.	777	Enc	9
(13)	<sup>1</sup> S	323373	(12)				ing, VAT			SF c	or LF)		Remova	Repair	aps	Enclosure
		Yes	No	N/A				ous					val	#	Encapsulate	ure
Basemer	nt		X	1,473			VAT			20	SF		Х	_	· CD	
										20			Λ		_	
							# 55 To 10	_								
Name of Registered Waste	Haula-															
	: nauler			JDEP Wauler ID		Cubic Y of Wast			Name of Re	gistere	d Lar	ndfill				
D&S Abatement, Inc.			1000	996		TBD	æ		Waste Ma	nage	men	nt of	PA			
City, State Fotowa, NJ						Disposa TBD	al Date	.,	City, State Morrisville	рл						-
Completed by		Title					nature	1	WICHISVIIIE	, PA		D :				
Oliver Hegedis			ct Ma	nager			, iature	PY)	^		-	Date 10/	e 25/2	018		

State of New Jersey

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 24905626402 Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Elizabeth Rashbaum 10/25/2018 Agencies Notified Type Notification Street Address EPA Initial City, State, Zip Code × Amended DEP South Orange, NJ 07079 Amendment #\_ DOL Emergency (including Telephone Number Name of Contact × justification) DOH Elizabeth Rashbaum Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × etc.) # of Floors Bldg. Age Square Feet City (5) N/A N/A N/A South Orange Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) House Essex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) D&S Abatement, Inc. N/A Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 973-345-8685 01311 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 11/07/2018 D&S Abatement, Inc. 11/06/2018 Occupancy Status During Abatement (Check Only One) Street Address 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours × Other - Describe: Occupied Totowa, NJ 07512 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure

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Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial s (12)	ely by nce/	Description of stos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneou	ulation,	Amount (Specify SF or LF)	Removal	Repair	atemen Type Encapsulate	Enclosure
	Yes	No	N/A				e	375		
Basement Closet		Χ		Pipe Insulation		12 LF	X			
Shed / Basement		Χ		VAT		100 SF	Х			
Garage Lower Level				VAT		360 SF	Х			
lame of Registered Waste Hauler		1 1	NJDEP Wa	Cubic Yards of Waste	Name o	f Registered Landfil	I			

Waste Management of PA D&S Abatement, Inc. TBD 20996 City, State Disposal Date City, State TBD Morrisville, PA Totowa, NJ Date Signature, Completed by 10/25/2018 Project Manager Oliver Hegedis