1 nu-15	X OUF	Ō	4		ü		0		- Inches	r e r	П П	П	E		П
"high			NOT	IFIG	ATIO	tate of N OF AS	BES	TOS ABAT	EMENT D)	EGE		<u> </u>			The second second second
911014	/		1	1	ursua	ULTO NIA	<b>U</b> 8	:60 and 5:16	5)	OCT 3	n 20	119			
Date of Notification (1)	28 /	19			31.000	of Building		ner/Operator (2 ergy	2)	061 3	<del>y 21</del>	H <del>U</del>		bezes	
Agencies Notified	Type Notifica	ation			Stree	t Address				ASSESTOS			L &		-
⊠ EPA	☑ Initial				40	37 Rural F	Plair	s Circle, Su	ite 290	LICEN	VSING	varities of	ennement A	מרפה באנורוני	anal
☑ DOLWD	Amended Amendme	Barrer .			City,	State, Zip C	Code			(+)					
□ DCA	☐ Emergen			,	Fra	nklin, TN	370	164							
(NJAC 5:23-8)	justification	on)				of Contac	•			Telephone N	lumber	1			
	☐ Cancellat	ion			Tro	y Galletly	/			615-981-	5567				
					FA	CILITY IN	FOF	RMATION							
Name of Facility Where A	batement is T	akin	g Place	(3)					Type of Facility						
Commercial									School (K-12		( 10)				
Street Address									☐ Subchapter ☐ Other (i.e., p			l bu	ilding	S,	
5005 S. Wood Aven	ue								homes, etc.)					36	
City (5)									Square Feet	# of Floors		Blo	lg. A	ge	
Linden, NJ 07036												i.	190		
County (6) Union					Cou	nty Code (7	)(STA	TE USE ONLY)	Current Use (Pr	ior if being den	nolishe	d)			
Name of Monitoring Firm	Hired by Build	ding (	Owner (	(8)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)						
Mark Jovic Consult	ing LLC						A	LL PRO MA	NAGEMENT L	LC					
Street Address							Str	eet Address							7.
87 Main Street, Suit	e A						2	7 Outwater I	Lane						
City, State, Zip Code	ana nomedn						1	, State, Zip Co							
Lincoln Park, NJ 07								Barfield, NJ	07026						
Project Manager for Moni	toring Firm				ephone			ephone No.		License No	).				
Mark Jovic	10	\ahaa	J. J. J. O		73-650			73-928-4888		1188					
Start Date (10) 11 / 06 /					etion Da		0.0	me of OSHA M	onitor NAGEMENT L	1.0					
		0.5			<u> </u>		250		NAGEWENT L	LC					
Occupancy Status During    Status During					amont		P	eet Address							
☐ Abatement Performed	Outside of No	ormal	Facility	/ Hou	ırs - De:	scribe	- 1	7 Outwater L				_			
Time of Abatement:	AM	PI	M/	_PN	l	AM		, State, Zip Co Sarfield, NJ							
Scope of Work (Check all	that apply)							arriela, No	07026			_		_	1
≥3 sf or ≥3 lf			Re					☐ Mini-Encl		gative Pressure	9				
≥160 sf or ≥260 lf			☑ De	molit	ion			☑ Glovebag	g Procedure mpted (*) and No	n Eriabla Draa	adura				
			Is	Loca	ation			M MOII-LAGI	inpled ( ) and No	II-FIIable FIOC	edure	۸h	ateme	nt T	vmo.
Location				Norm				Description of			-		-	95c1	
Asbestos-Containing N TO BE ABA		)			lely by ance/			Containing Maternal systems i		Amount		?em	Repair	inca	nclo
IN Facilit			Cus		Staff?	(1.6		urfacing, VAT,		(Specify SF or LF)	,	Removal	Ŧ	Encapsulate	Enclosure
(13)			Voc	(12	T	1	otl	ner miscellaned	ous)			_		ılate	e.
1st Floor- Boiler Room	1	-	Yes	No	N/A	Boiler 0	Bask	et		25 LF		$\boxtimes$		П	П
2 <sup>nd</sup> Floor- Control Roo	om Office					VAT/Ma	etic			240 SF	-				
Roof Perimeter & Aroun		s	_								_				
						Roof FI	ashi	ng Tar		620 SF		X	Ш	Ц	
Name of Registered Wast					NJDEP Hauler I		Cut	oic Yards of	Name of Regis						
Century Waste, LLC					3279		Α	s Needed	Fairless La	andfill					
City, State							Dis	posal Date	City, State						
Elizabeth, NJ				<u> </u>			Т	BD	Morrisville	, PA					
Completed By (Print or Ty	pe)	Title						Signature			Date				
Allen Monchik		P	roject	Mar	nager			Allen	Monchis	é	10/2	28/	19		

CK 377		NOTII	FICATION	State of Ne ON OF ASE of to NUAC	ESTOS	ABATE	MENT (	(D)-	EG	E 1	$\mathbb{V}$		M
Date of Notification (1) 10/16/2019 19 57	416	7	I he	of Building Arc of Be	Owner/ ergen a	©perator and Pas	(2) ssaic		OCT	3 0	2019	or and and charles and an analysis of the control o	베
Agencies Notified Type Notification  EPA Initial				Address Moore S	treet					20.00			
DEP Amended Amendment			City, S Hack	tate, Zip C kensack	<sup>ode</sup> J 0760	1		179 (111)	ASBEST( L(	DENSIN	IG.	L Ct	
DOH Emergency ( justification) Cancellation	includin	g		of Contact Natore					elephone		201000	Tit.	71==
Name of Facility Where Abatement is Taking The Arc of Bergen and Passaic	g Place	(3)	FAC	CILITY INF	ORMAT	ION	Type of Facili	ty (4)					
Street Address 279 Lookout Avenue							School (I Subchap Other (i.e etc.)	ter 8 (O	ther than he & commo	K-12) ercial bu	ildings	, hom	nes,
City (5) Hackensack							Square Feet 3,092	# 2	of Floors		Bldg. 108	Age	
County (6) Bergen				Code (7) USE ONLY	)		Current Use (I	Prior if b	eing demo	olished)			
Name of Monitoring Firm Hired by Building C	wner (8	)	ASC	M No.		Name Che	of Abatement C ckmark Indu	Contracto strial	or (9)				
Street Address							Address lorgan Dr						
City, State, Zip Code		7 Liz. 1 - 200				City, S	tate, Zip Code ta NJ 07871						
Project Manager for Monitoring Firm			Telepho	one No.			one No. 570-2645		License 01334				
Start Date (10) 10/17/2019	Schedu 11/1/2	led Cor	npletion	Date (11)			of OSHA Monito kmark Indus				THE 18-20-0		
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire P	2500		iont				Address organ Dr		87				
Abatement Performed Outside of Normal Other – Describe:	al Facilit	y Hours	ient S			City, St	ate, Zip Code ta NJ 07871						
Scope of Work (Check All That Apply)	_												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Full Contain Mini-Enclosu Glovebag Pr Non-Exempt	ure rocedure					
	1	Locati Normal						T a	id Non-i ii	lable Fit	Abate		t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/	Asbest (i.e.	os Conta thermal surfac	cription of aining Ma systems sing, VAT siscelland	aterial (ACM) insulation, , or	(	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
Doggment	Yes	No	N/A							<u>a</u>		late	Гe
Basement		X			Flo	or Tiles		6	00 SF	Х			
Name of Registered Waste Hauler		l N.	JDEP W	/aste	Cubic \	/ards	Name o	f Registe	ered Land	fill			
Newark Carting		100000	auler ID		of Wasi				al Sanita		ndfill		
City, State Newark NJ					Disposa	al Date	City, Sta Pen A	ate .rgyl, P.	A	999			
Completed by Corey Stankovic	Title CEO				Sig	gnature	Stark	· ·		Date 10/16/	2019	-	

X 1135	1	NOTIF (P	SI ICATION ursuant	tate of No NOF ASE TO NAC	ew Jerse BESTOS 8 60 an	у АВАТЕ d 12:12(	MENT			9 15			
Date of Notification (1) 10/28/19	34				Owner/O ital/Mik				0(	31	) 2(	19	- Land
Agencies Notified Type Notification	1		Street A		on Aver	nue			ASBES	STOS C	ONT	ROL	&
EPA Initial Amended		-		ate, Zip C						LICENS	SING		
DOL Amendmer Emergency		_		Drange,					- 100				
DOH justification	)			f Contact		_	ANY 2000		ephone				
DCA Cancellatio	n 				ital/Mik		per	97	3-207-	5209			
Name of Facility Where Abatement is Taki	ng Place (3	)	TAG	LIII INI	ORWATI	ON	Type of Facility	(4)					
214-220 N Arlington Avenue Street Address							School (K-						
214-220 N Arlington Avenue							Subchapte Other (i.e.				ldings	, hom	es,
City (5)			100-	71	1-7		etc.) Square Feet		f Floors		Bldg.		
East Orange			0	101	/ /		oqua.o. oo,	" "	1110013		Diag.	igo	
County (6) Essex			County (	Code (7) USE ONLY	0		Current Use (Pr	rior if bei	ng demo	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/ No.	12-11-11		of Abatement Co						
Street Address							LEAD PROF	ESSIO	NALS				
Street Address							Address HTE DOVE C	OURT					
City, State, Zip Code							tate, Zip Code EWOOD, NJ (	08701					
Project Manager for Monitoring Firm			Telepho	ne No.			one No. 668-9078		License 1200	e No.			
Start Date (10) 11/07/2019	Schedule 11/10/2		npletion (	Date (11)			of OSHA Monitor LEAD PROFI		NALS				
Occupancy Status During Abatement (Che	- 0	100					Address	OUDT			-90-710		
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of A nal Facility	batem Hours	nent			City, St	IITE DOVE C			1/1			
Scope of Work (Check All That Apply)						LAKE	EWOOD, NJ (	08701	-				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Constraint	enova emolit				×	Glovehag Pro	e cedure				re	
	100	Locati	2000									emen /pe	t
Location of Asbestos-Containing Material (ACM)	Used	ormall Sole	y by	Asbes		scription	of aterial (ACM)	Δ,	mount	-	1	Ī	
TO BE ABATED In Facility		ntenar odial S	0.75.0592		thermal		insulation,	(S	pecify or LF)	Rer	Re	Enca	Enc
(13)		(12)				niscellan		55	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			20127401				-		ate	·e
INTERIOR				F	ACM Pi	pe Inst	ulation		100	x			
INTERIOR				A	ACM Pi	pe Insu	ulation		150			х	
	1												
Name of Registered Waste Hauler		I N.	JDEP W	aste	Cubic \	Yards	Name of	Registe	red Land	Ifill			
NEWARK CARTING		H	auler ID I		of Was		IESI	registe	iou Lanc	uill			
City, State NEWARK, NJ					Dispos 11/10/		City, Star BETHL		PA				
Completed by JOSEPH PERLSTEIN	Title	ER			Si	gnature				Date	10		

Tion	5		4-2				•		-						
Charlet	222	)E	Ne	) TIFI (	CAT	ON OF A	\$B	W Jersey ESTOS ABA C 8:60 and 51	TEMENT	DE	C	E		$\mathbb{V}$	E
Date of Notification (1)	12	1			N.		li li	Owner/Operator							
	28/		19					Authority-Gard		way	OCT	3	0 2	019	THE PERSON NAMED IN
57	Type Noti	ificatio	n			eet Addres	700			ASE	BESTO	20.0	14 (A)	- DOI	
	Initial ⊠ Amend	hah			5	81 Main	Stre	eet			LIC	ENS	SING	HUL	. či
⊠ DOH	Amend		#1		1	, State, Zi	-			10000		SCHOOL STATE	H-SHADIMAN	Tarana	SOTHER
□ DCA [	☐ Emerg	ency	(includ	ing	_			Township, NJ	07095	,					
(NJAC 5:23-8)	justifica Cancel				Nar	ne of Cont	act			Telephon	e Num	ber			
Name of Facility Where Aba	atomont i	a Tali	D	(0)	F	ACILITY	INF	ORMATION							
OPS #P3460 PKWY N									Type of Facility	900 50					
Street Address	PIVID5-	BLD	G 265	Prin	t Shop	0			School (K-1	2)		400			
OPD P 3460 Pkwy N -	Telegra	aph F	lill						Subchapter Other (i.e., p	private and c	in K-12 commer	) rcial I	buildi	ngs,	
City (5)									Square Feet	# of Floo	ors	1	3ldg.	Age	
Holmdel			-										50+		
County (6)					Co	unty Code	(7)(5	STATE USE ONLY)	Current Use (Pr	rior if being d	demolis	hed)			
Monmouth									Print Shop/						
Name of Monitoring Firm His			Owne	r (8)	ASCI	M No.	1	Name of Abateme	ent Contractor (9)	)	9,227,237			VII.50	
Health & Safety Service	ces, Inc.	•			11	7		Controlled E	nvironmental \$	Systems					
Street Address							S	Street Address				-			
PO Box 365								1121 N. Bethl	ehem Pike - S	uite 60					
City, State, Zip Code							C	City, State, Zip Co	ode			-			
Berlin, NJ 08009								Spring House	, PA 19477						
Project Manager for Monitori	ng Firm			10.000	lephone		Т	elephone No.		License 1	No.				
James Proctor						2-1311		215 542 7000		00847					
Start Date (10)9 /30/^	19					ate (11)	2,220	lame of OSHA M	onitor						-
					9 /	19		CES							
Occupancy Status During Ab  Facility Closed/Vacated D	atement	(Chec	k only	one)			10000	treet Address							-
Abatement Performed Ou	tside of N	lorma	Facili	Abate	ement	a a riba		1121 N. Bethle		uite 60					
Time of Abatement: 7:00	AM- <u>5:00</u>	PM/	F	PM-	AN			ity, State, Zip Co				10000			
Scope of Work (Check all tha	t apply)							Spring House	, PA 19477						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	с арріу)			enova emoliti					ninment with Neg osure Procedure opted (*) and Nor						
			1 7.55	Loca					, , , , , , , , , , , ,	111000110	osaure		nto.m	ont T	
Location of Asbestos-Containing Mate	rial (ACN	a).		Norma ed Sol				Description of					·	ent T	T
TO BE ABATED	)	n)	Ma	intena	ince/	Asbe	stos	s Containing Mate ermal systems in	erial (ACM)	Amount	7	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?	(		surfacing, VAT, o	or	(Specify SF or LF		ova	#	Sde	uso
(13)			Yes	No.	N/A	+	0	ther miscellaneo	us)		1	_		late	9
					IN/A				-				[]		
Warehouse Doorway						Transite	e Pa	anels		450.05					
Main Entrance Door						Door Ca				150 SF 25 LF			L.J		
				П						25 LF					
ame of Registered Waste Ha	uler			N	JDEP \	Vaste	Cul	bic Yards of	Name of Registe	ared Landfill			[]	Ш	
Republic				1000	auler II			aste	Conestoga	JICU LANGIIII					
ity, State							Die	posal Date	City, State						
Telford, PA								2/1/19	Morgantowr	PA 1054	3				
ompleted By (Print or Type)		Title						Signature							
Patricia Visco		Of	fice N	lanad	jer			Int.	a Visice		Date		2,0	-1.	
B-41								reuner	2 Valce	/	10	2	3-	101	

Ch 0000		NOTI	FICATR Pursua	State of N ON OF AS nt to NJA	lew Jers BESTOS G 8:60 au	ey S ABATE nd 12:12	NENT		EC	E			
Date of Notification (1) 09/18/2019  Agencies Notified Type Notification	tac	1	Mich	of Buildin nael Hud Address		Operato	r (2)		00	T 3 (	20	19	
☐ EPA ☐ Initial ☐ Amended ☐ Amendmen ☐ Emergency	(includin		Stan	State, Zip ( nhope, N	IJ 0787	4			ASBES	TOS C	ONTE	ROL 8	
DOH justification Cancellation	1		Mich	of Contact nael Hud CILITY IN	lzik	ION		Te	elephone	Numbe	er 		
Name of Facility Where Abatement is Takin	ng Place	(3)		0.2	ORMAI	ION	Type of Facility	(4)					
residance Street Address				38.55			School (Kongress) Subchapte Other (i.e. etc.)	er 8 (Otl	her than & comm	K-12) ercial b	uilding	s, hon	nes,
City (5) Stanhope, NJ 07874							Square Feet	# (	of Floors		Bldg.	Age	
County (6) Sussex County			County (STATE	Code (7)	Y)		Current Use (Pr	rior if be	eing dem	olished)	V		
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			of Abatement Co		r (9)				
Street Address						Street	Address Route 23 Sc		111				
City, State, Zip Code							tate, Zip Code ne, NJ 07470						
Project Manager for Monitoring Firm			Telepho	one No.			one No. 750-0752		Licens 0125				
Start Date (10) 9/18/2019	9/19/2	2019	mpletion	Date (11)			of OSHA Monitor Environmenta						
Occupancy Status During Abatement (Chec	-						Address						
Facility Closed/Vacated During Entire F  Abatement Performed Outside of Norm  Other – Describe:	Period of al Facilit	Abaten y Hours	nent s	1		City, St	Boulevard ate, Zip Code			-			
Scope of Work (Check All That Apply)						IVIOUI	ntain Lakes, N	1J 070	146				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	-	Renova Demolit				3 1 1 1	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure					
gr	1989	Locati	200				Non-Exemple	u ( ) am	u 14011-F1	lable PI	Abat	ement	:
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use Ma	Normal d Sole intenar todial S	ly by nce/		tos Conta		of aterial (ACM) insulation,		mount Specify	70		/pe	Е
In Facility (13)		(12)	T		surfac	ing, VAT	, or		or LF)	Removal	Repair	Encapsulate	Enclosure
1st FL Kitchen	Yes	No	N/A X			VAT		4.0	-005		-		
						VAI			50SF	X		X	
Name of Registered Waste Hauler		N	JDEP W	lasta	Cubic Y	/ords							
G S C Services Corp		Ha	auler ID 036309	No.	of Wast		Name of F	Register	red Land	fill			
City, State Wayne, NJ					Disposa	al Date	City, State						
Completed by Daniela Antic	Title Owne	er			Sig	nature	Tanyov	***, 1 /	[	Date 9/17/2	010		
						1 0	· · ·			VI 1112	010		

24 2	019 03:49PM NJ	Asbestos C	Control	609.	633.06	54	pa	ige '	1	10007th /	= 6	· -	1 0	5.7
In Ov	5 15 V L	659AM			Machine Brown Advisor	STATE OF NOW JO	genty-trade	1000			E () 899 00	P.	2_	Print 2019
	11014			NOT	(Pureus	ON OF ASBESTS Int to NJAC 8:50	B ABATI	EMEN'		001				
	Date of Notification (1)			·		of Building Own	4			UUL-	0.0	AY:	00	NTHE
- 1	9/23/2019				Mel	av Vardi	n-perate	4 (4)	1		-	LICE	VBIN	IG
	Agenoies Natified	Type Notification	on		8traet	Address				Ć,	1: 3	'7,	+	1
	DEP DEP DOL	☐ Initial ☐ Amended			City, 8	itals, Zip Cods			-	en e	1	1	_	
100	- N	Àmendma Emergenc	nt#_ v (Includi	on	Sum	mll, NJ 07901			18/6	IVED AT		7 150	-	
	DOH DOA	Justification Carvcelletie	n)			of Contact av Vardi			847	Ill Talanhana	Numbi	er (1.,		J
			-			CILITY INFORMA	TION					*		1921(270)
,	Name of Fadily Where A Morris Glann Cond	Abaloment is Tak ominiums	ing Place	(3)				1	of Facility (	4)				
	Bircet Address							4	School (K-1. Subchapter	8 (Olher than I	(_12)			
-	114 (6)							团	Other (La. p	dvate & comm	ercfel b	uliding	s, ho	mes,
	Summit							Squa	re Feet	# of Floors		Bidg.	Age	
	County (6)				County	Code (7)		Curre	ent Use (Prin	f if being demo	lished			
	Union lame of Monitoring Firm	Hirad by Bulldia				USE ONLY					munity (			
"	Cino of incinoning ( Bill	med by sounding	Owner (	0)	ASC	M No.			tvices Con		***			
S	tres: Address						Sireet	Addre	55					
Ç	ily, Slate, Zip Gode					***			ite 23 Sou	lh, #111				
									ip Code IJ 07470					
Pr	roject Manager for Monit	oring Firm			Telepho	ne No,	Teleph	one N	g,	Lipense				
	ert Dale (10)		Schedu	led Co	mpletion	Date (11)	100000000000000000000000000000000000000	750-0	1752 IA Maniter	01253	3			
	9/24/2019 ccupancy Status During	theirman tob.	9/28/	2019			Envir	oVisi	on Consu	itants				
					mani		8 rest /		garaw Ros	ad				
3 T	Facility Glosed/Vacat Abatement Performed Other - Describs:	Outside of Non	nal Facili	y Haur	4		Clly, St	ele, Zi	p Code	-				
	ope of Work (Check All	hat Apply)					Fairl	awn.	, NJ 0741	0				
n]				Renovi Demok			1101613	Full Min Glos Non	l-Enclosure vebad Proce	I with Negative dure ") and Non-Fri				
	•		. 1	Locat Norma	ion				100	g marger states the	VIO FI	Abate	emen	L
	Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Me	ed Sole intens todial ( (12)	noe!	Asbastos Con (l.e. therms auria	ong, VAT	deriei Insulai , or	(ACM)	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
	(10)		Yes	No	N/A	olher r	niscellane	ons)		#090 1AANATAT	Pend	heir	sulate	Suns
	Basemen	t			X	ACM p	laster ce	eiling		1,600sf	X			H
_	V													
-			+			5		_			_			
5-07-00-0	ne of Registered Weste 3 C Services Corp	Hauler		H	JDEP W. suler ID 6 036309	No. of Wes			Name of Re	gislared Londi	n			
15 (5)	yne, NJ			15			al Date	$\dashv$	City, State	DA :			-	$\dashv$
Сол	rpleted by		Tille			J S	gnajure		Tullytown		sle			
Dar	nleie Antic		Own	er .			/(				/23/20	019		

\* Do not use this form for asbestod licensura exempted activities.

	HILIAU ate of Notification (1)	0		NOTIF (I	Pursuar	N OF ASI	3ESTOS 8:60 au	ABATE nd 12:12	0)	D.	EG		] [	7 · E	
	/19/2019	11-13	776	5		of Building e Rizzo	Owner	Operato	f (2)		OCT	3 0	201	9	IIU
Ag	encies Notified	Type Notification	1			Address				last buch		0.0			hasse
P	EPA	Initial									ASBESTO	is co	NITE	01.2	
N O	DEP	☐ Amended				tate, Zip C					LIC	ENS	NG	O O	
	DOL	Amendmer Emergency		_	-	koff, NJ (								-	Mary Company
	DOH DCA	justification	)			of Contact				Tel	ephone Nu	mher			
	DCA	☐ Cancellatio	n			e Rizzo							-		
Na	me of Facility Where	Abatement is Taki	ng Place	(3)	FAC	ILITY INF	ORMAI	ION	Type of Facility	(4)					
Pi	rivate								School (K	300 15					
Str	eet Address								☐ Subchapte	er 8 (Oth	er than K-1 & commerc	2) ial bui	ldings	, hom	ies,
0000000	y (5) Yyckoff								Square Feet	# 0	f Floors		Bldg.	Age	
10/27/0	unty (6)					Code (7)	ce:		Current Use (P	rior if bei	na demolis	hed)			
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	me of Monitoring Firm	Hired by Building	Owner (8	)	ASC	M No.			of Abatement Co C Services C		(9)				
Stre	eet Address								Address						
City	. State 7:- O-1-					11-11-11-11			Route 23 Sc	outh, #1	111				
City	, State, Zip Code								tate, Zip Code	8					
Pro	ject Manager for Moni	itorina Firm			Talanha	no No			ne, NJ 07470						
	jest manager for Work	itoring i iiii			Telepho	ne No.			one No. 750-0752		License N 01253	0.			
Star	rt Date (10)		Schedu	ed Con	npletion	Date (11)			of OSHA Monitor		01233				
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Occ	cupancy Status During	Abatement (Ched	k Only O	ne)					Address			200			
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Morris Glenn Condominiums	ng Place	(3)					Тур	e of Facility (	4)					
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City (5)							_	etc.)					2000000	100,
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Project Manager for Monitoring Firm			Teleph	one No.		Teleph				License I	No.			
Start Date (10)	Cobal	lad O			,	973-7				01253				
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Other – Describe:		#.U.O.O.O.O.O.O.O.				425		Lakes, NJ	070/	16				
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G S C Services Corp  City, State  Vayne, NJ  Completed by  Daniela Antic	Title Own	er			Sig	gnature			),PA	Da	ite /30/2	045		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) 2019 30 Name of Building Owner/Operator (2) 9/27/2019 William Cortes Agencies Notified Type Notification Street Address ASBESTOS CONTROL & LICENSING **EPA** Initial DEP City, State, Zip Code Amended X DOL Amendment # Dumon, NJ 07628 Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation William Cortes FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X etc.) City (5) Square Feet # of Floors Bldg. Age Dumont County (6) County Code (7) Current Use (Prior if being demolished) Bergen (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) GSC Services Corp. Street Address Street Address 1465 State Route 23 South #111 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-750-0752 01253 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/28/2019 9/30/2019 Sky Environmental Occupancy Status During Abatement (Check Only One) Street Address 140 Boulevard Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Mountain Lakes, NJ 07046 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 Is Location Abatement Normally Туре Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation. (Specify Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous)

Removal Yes N/A Basement X VAT 640SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste GSC Services Corp. TRRF 0036309

Title

Owner

Disposal Date

Signature

ASB-41 (R-06-08)

City, State

Wayne, NJ

Completed by

Daniela Antic

Date

9/27/2019

City, State

Fullytown, PA

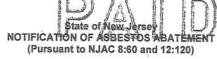
<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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1	Fair Lawn								Squ	are Feet		f Floors			. Aga		-	
1	County (5) Bargan			THE PARTY OF	Coun	ty Code (	7)			ant Use (I	N/			N/A	1	-		
1	Name of Monitoring Firm	Littered has Partlett			(STAT	e use on	ily)		PR	IVATE	HOUSE	us asmo	lianaa)				1	
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	Street Address		-					Street		ATEME	NTLLC							
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1	Project Manager for Monito	oring Firm			Toloni	tens No.	-			LN, NC	07524							
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	y, State			00	37095		N/A			TRI ST/		ANSFE	R					
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Date of Notification (1) 10/24/2019			T		of Building Rahma		Operator	r (2)				61 ,	0		
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Private House	Abatement is Takii	ig Place (3)						Тур	e of Facility (4	at www.					
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City (5) Linden								Squ N/A	etc.) are Feet	# o N/	of Floors 'A		Bldg. /	Age	
County (6) Union					Code (7) USE ONLY		_	Curr	rent Use (Prio	r if be USE	ing demoli	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	M No.		Name EHV	of Ab V AB	atement Cont ATEMENT	tractor	(9)				
Street Address							Street 89 F		ess IKLIN STR	EET					
City, State, Zip Code									Zip Code ON,NJ,075	24			-03-7976		
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 973-		No. 5144		License 01274	No.			
Start Date (10) 11/02/2019		Scheduled 11/04/20	119	pletion	Date (11)		Name	of OS	HA Monitor	2.7.31					
Occupancy Status During	Abatement (Ched	k Only One)					Street	Addre	ess						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Nom OCCUPIE	Period of Ab nal Facility H	atemo	ent			City, S	tate, 2	Zip Code	7.60					
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EHW ABATEMENT L			Ha	uler ID 37095	No.	of Was			TRI STA						
City, State PATERSON,NJ						Dispos TBD	al Date	/	City, State BRONX,	NY	/				
Completed by Victor Espiritu		Title Project	Mai	nager		S	ignature M	h	~ W	L		ate 0/24/	2019		

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Agencies Notified Type Notification				Address Rosseville Ave	nue	:	ASBESTOS CONTROL & LICENSING									
EPA Initial Amended Amendmen			City, State, Zip Code Newark,NJ,07107													
DOH Emergency justification) Cancellation		g		of Contact Pagan		Telephone Number										
Name of Facility Where Abatement is Takir	ig Place	(3)	FAC	ILITY INFORMAT	TION	Tyr	pe of Facility	(4)								
Private House							School (K-	12)								
Street Address							Subchapte Other (i.e.				uilding	s, hom	ies,			
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County (6) ESSEX			County (STATE	Code (7) USE ONLY)		Cui	rrent Use (Pri	ior if be	eing demo	lished)						
Name of Monitoring Firm Hired by Building N/A	ASCI	M No.			batement Co											
Street Address					Street 89 F		ress NKLIN STF	REET								
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Project Manager for Monitoring Firm	Telepho	ne No.	Telepi	hone			License No. 01274									
Start Date (10) 10/19/2019							SHA Monitor									
Occupancy Status During Abatement (Chec	k Only O	ne)			Street	Addr	ress									
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Name of Facility Where	Abatement is Takin	g Place	(3)	FAC	ILITY INFO	ORMAT	ION	Ту	pe of Facility	(4)								
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Street Address									Subchapte Other (i.e. etc.)	r 8 (Other t private & c	N/A N/A							
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County (6) ESSEX					Code (7) USE ONLY)	)	_	Cu Pl	rrent Use (Pr RIVATE HO	ior if being	demolis	hed)			_			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASCI	M No.				batement Co		)							
Street Address							Street 89 F		ress NKLIN STI	REET					- 117.77			
City, State, Zip Code							City, S	tate,	Zip Code SON,NJ,07									
Project Manager for Monitoring Firm					ne No.		Teleph				icense N	10						
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10/18/2019		/2019		Date (11)				SHA MONITOR		LC								
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Abatement Performe Other – Describe:	ed Outside of Norm OCCUPIE	nal Facilit	y Hours	3		_			Zip Code SON,NJ,07	Code I,NJ,07524								
Scope of Work (Check Al	l That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				~	N O	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
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Location			Normal ed Sole				cription							Туре				
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BASEMENT X				N/A	D	IDE IN	ICI II A	TIO	NI	05.1	05:5							
D/ (OLIVIE		+	^		Г	IFE IIV	ISULA	110	IN	85 L	.F			Х				
	-																	
Name of Registered Wast	e Hauler		I NI	JDEP W	losto	Cubin	/a.a.l		IN									
EHW ABATEMENT L			H	auler ID 037095	No.	of Was			- management English	Registered ATE TRA		R						
City, State PATERSON,NJ						Dispos TBD	al Date	1	City, State						$\neg$			
Completed by Victor Espiritu	nager		Si	gnature	1	\ \\.\	AN /	Dat	te	010		-						

Tay # 142101												L							
Inv# 14361 OK 367 PAI	- NO	OTIFIC		ate of Nev			MEN	lT.											
OK 207 PA	UU)	(Pu	ırsuant i	to NJAC	8:60 and	d 12:120	0)	Server of the se	F	CE		E	m						
Date of Notification (1) 9/10/2019	Owner/C	Operator	(2)			The Tree of the Park of the Pa	- Carrier Control												
Agencies Notified Type Notification	gencies Notified Type Notification Street Address								10 OCT 3 0 2019										
EPA Initial Amended		L	City Sto	to Zin Co	do			hal											
DEP Amended Amendment #		- L	Parsip	te, Zip Co pany No		4	ASBESTOS CONTROL &												
DOH justification Cancellation	Name of Joe No	Contact otare					Te	elephone N	lumber		- San Charles								
	Disea (2)		FACII	LITY INFO	RMAT	ON	т.,	no of Fooili	h. (4)										
Name of Facility Where Abatement is Taking N/A	Place (3)					Type of Facility (4)  School (K-12)													
Street Address		Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home																	
City (5) Parsippany				-	etc.) uare Feet 760	# 1	of Floors		Bldg. Age 1965										
County (6) Morris	County C	Code (7) JSE ONLY)				rrent Use (	Prior if be	eing demol	lished)	ned)									
Name of Monitoring Firm Hired by Building On	l No.		Name of Abatement Contractor (9) Checkmark Industrial																
Street Address			Street	Add															
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871																	
Project Manager for Monitoring Firm Telephone No.						Telephone No. License No.													
Start Date (10)	1 Com	noletion [	Date (11)			-570-2645 01334 of OSHA Monitor													
9/11/2019	9/20/20	19				Checkmark Industrial													
Occupancy Status During Abatement (Check	(070)					Street 54 N		iress gan Dr											
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:					_			, Zip Code NJ 0787	1										
Scope of Work (Check All That Apply)	200.000								-										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	≥3 sf or ≥3 lf								Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	Ι				3.81	Ľ	<u> </u>	Non-Exemp	oted (*) a	nd Non-Fr	iable Pr	1048	re ement						
Location of	N	ocation ormall Solel	у	0.00.00		scription		rial (A CNA)		Amount	-	T	уре						
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Mair Custo	ntenar dial S (12)	30.53300 Succes		thermal surfa	system cing, VA	s ins	r		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure					
(13)	Yes	No	N/A		other r	miscellar	neou	ıs)			oval	ar	sulate	sure					
Basement		X			FI	oor Tile	es		9	910 SF	X								
Name of Registered Waste Hauler	I N	JDEP W	lasta	Cubic	Yards	Name of Registered Landfill													
Newark Carting		1000000	auler ID		of Wa	California analy		Grand Central Sanitary Landfill											
City, State Newark NJ					Dispo	posal Date City, State Pen Argyl, PA													
Completed by Corey Stankovic			5	Signature	Stan	Date 9/10/2019													

Print Form

TN# 15040

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 26002

	N.B.B.A.			10 0.00 01				IHIT	VEE	GU	Ele		W	E					
Date of Notification (1) 10/28/2019	N	lame of Buildi	ng Owner/ V		KT	PROMODUBLE			-Burganie										
Agencies Notified Type Notificati	on	S	Street Address PO Box 218									3 0 20 <b>19</b>							
DEP Amended		C	City, State, Zip Code																
X DOL Amendm	ent # cy (including	-	Princeton, NJ 08543																
DOH justification Cancellat	n)	N	lame of Conta Matt	ct Galasso		Telephone National National (267) 56-1662													
	NFORMAT	ION				(201	, 00	100											
Name of Facility Where Abatement is Ta Residential/Office	king Place (3)					_	of Facility (												
Street Address		School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes																	
262 Washington Rd		Other (i.e. private & commercial buildings, homes, etc.)																	
City (5) Princeton, NJ 08540			Squar 10	e Feet 00	# of	# of Floors Bldg. Age 1 70													
County (6) Mercer		ounty Code (7			Currer	nt Use (Prid	or if bei	ng dem	olishe	d)									
Name of Monitoring Firm Hired by Buildir MECS	ASCM No.				ement Con			es. In	ıc.										
Street Address PO Box 341					Street	Address	s		ntal Services, Inc.										
City, State, Zip Code Crosswicks, NJ 08515					City, S	tate, Zip	p Code	1											
Project Manager for Monitoring Firm Bill Weisgarber	ephone No.  Telephone No.  License No.																		
Start Date (10)	609 298-4070 609 259-9688 00493  Deletion Date (11) Name of OSHA Monitor																		
11/8/2019 Occupancy Status During Abatement (Ch	3/2019		MECS Street Address																
X Facility Closed/Vacated During Entir	e Period of Aba	ateme	nt		PO Box 341														
Abatement Performed Outside of No Other – Describe:	and		City, State, Zip Code Chesterfield, NJ 08515																
Scope of Work (Check All That Apply)																			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	parameter 1	Full Containment wit Mini-Enclosure Glovebag Procedure								Negative Pressure    Non-Friable Procedure									
	Islo	cation				11011	Exemples	( ) and	14011-1	Tiable	Abatement								
Location of	Nor	mally		De	scription of						Туре								
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Custod (	enance lial Sta 12)	e/ ASD ff? (i.	e. thermal surfa		insulat	nsulation, (S		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure					
Exterior		No X	N/A	Exte	rior Sid	ling			744 sf				w						
						9			14 31		Х								
		+																	
Name of Registered Waste Hauler	NJD	EP Waste	Cubic	Yards	Name of Registered Landfill														
Stevens Environmental Services		110000000000000000000000000000000000000	ler ID No. 8292	of Was		1	Fairless			, CO. (11).									
City, State Allentown, NJ				F13545550000	al Date /13/201		City, State Morrisvil												
Completed by Mahlon E. Stevens	Title Project	Man	aner		ignature	6:11		/		Date		2040							
	IVICII I	agei		10/28/							2018	19							