PAID

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Check # 26561

OCT 3 1 2017

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Date of Notification (1)					Name of Bui	lding Ow	ner/Operator (2)	-					i
10/27/2017					DISTINCT	HOSPI	TALITY GROU	P	ASBES	TOS	CON	ITRO	L&
Agencies Notified	Type Notifica	ation			STREET AD	DRESS		- American	1	ICE	VSIN	G	
□ EPA	Initial				4569 SOUT	H BRO	AD STREET						
☐ DEP	☐ Amend	ed Am	endme	nt #	City, State, Z	Zip Code						10000000	
□ DOL	☑ Emerge	ency (in	ncludin	g	HAMILTO	N, NJ 0	8620						
□ DOH	justifica	tion)			Name of Cor		50000 C			Tele	nhon	a Nium	har
□ DCA	☐ Cancell	lation			DAVID J. D	'ANDR	EA						
					FACILITY IN								
Name of Facility Where Ab	atement is T	aking F	Place (3					Type of	Facility (4)		700	-	
FORMER QUARTERD				36	т				ool (K-12)				
Street Address									chapter 8 (Oth	er tha	n K-1	2)	
351 W. 9TH AVENUE									er (i.e., private				ildinae
City (5)								Square F				Bldg	
SHIP BOTTOM, NJ								Oquare I	cei	# 01	F1001	sibiug	. Age
County					County Code	(7) (\$7	ATE USE ONLY)	Current	Jse (Prior if be	ing d	E -	la a all	
OCEAN					County Code	(1) (31	ATE USE UNLT)	Current	JSE (PHOFII DE	ing a	emolis	inea)	
Name of Monitoring Firm H	ired by Buildi	na Ow	nor (2)		ASCM No.	Name	f Abatamant Can	han at a - (0)					
Traine of Montoning 1 min 1)	ned by buildi	ng Ow	riei (o)		ASCIVI NO.	Towers and a source	of Abatement Con						
Street Address					1		M RIDGE ENVI	RONME	NTAL INC.				
Street Address						DESCRIPTION OF THE PROPERTY OF	Address						
City State 7in Code	y, State, Zip Code						CK FOREST R	OAD					
City, State, Zip Code	y, State, Zip Code						ate, Zip Code						
Desir et Manage de la Manife							on, NJ 08691						
Project Manager for Monito	ring Firm	lelep	hone N	NO.		Telepho	one No.			Lice	nse N	0.	
Ot-+ D-+- (40)						609-89				0067	76		
Start Date (10)				Complet	tion Date (11)		f OSHA Monitor						
11/1/2017			/2017			MECS							
Occupancy Status During A						Street A	ddress						
Facility Closed/Vacate					ent	P.O. B							
Abatement Performed				Hours		City, Sta	ate, Zip Code						
ESSENTIAL PERSONNEL		PM-12/	ΔM			CROSS	SWICKS, NJ 08	515					
Scope of Work (Check all the	nat apply)							☐ Full (Containment w	ith Ne	gative	e Pres	sure
$\square \geq 3 \text{ sf or } \geq 3 \text{ lf}$					☐ Renovat	ion		☐ Mini-	Enclosure				
≥ 160 sf or ≥ 260 lf					Demoliti	on		☐ Glov	ebag Procedu	re			
					1000 10 00 0			☐ Non-	Exempted (*)	& Non	-Friab	le Pro	cedur
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Location of Asbestos-Co	ontaining	2000000	rmally l				stos Containing	100				ш	_
Material (ACM) TO BE A	BATED In		Solely I	by e/Custo			hermal systems , VAT, or other	Amount (Specify SF or	Rer	70	пса	nc
Facility (13)			LStaff?			niscellan			LF)	Removal	Repair	psu	Enclosure
		Yes	No	N/A	1	noochan	5045)			<u>a</u>	-	Encapsulate	IГе
KITCHEN			X		ASBESTOS	SPRAY	ED CEILING	3000 S.F		X		.,,	
MAIN BALLROOM			X				ED CEILING	7000 S.F		X			
								, , , , , , , , ,		24			
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of	Name of	Registered Lar	ndfill			
					Hauler ID No.		Waste		3.212.00 =01				
CHAMPION DISPOSAL	SERVICES				32707		40 YDS	GROWS					
City, State							Disposal Date	City, State	9				
HAINESPORT,NJ							11/22/2017		SVILLE, PA.				
Completed By		Title				Signatur			· sandaly I The	Date			
DAVID D'ANDREA		PRES	IDEN	Т		11/1/2		indie			/2017	7	
ASB-41						1000	10 g- KK	nace	1	10/2/	/401		

State of NJ PATINotification of Asbestos Abatement D&S Proj. #: 17-291 (Pursuant to NJAC 8:60 and 12:120) 3 1 2017 Name of Building Owner/Operator (2) Date of Notification (1) ASBESTOS CONTROL & 1 0 / 1 8 / 1 7 james minnis LICENSING Agencies Notified Type Notification Street Address ☐ EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency union, nj 07083 (including DOH Name of Contact Telephone Number justification) □ DCA james minnis Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) james minnis Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc Bldg. Age # of Floors Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) union Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 10/23/7 11/17/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure > 3 sf or > 3 lf Mini-enclosure □ Renovation Glovebag procedure >160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of Е е by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing m p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a a LF) abated in facility (13) Yes No N/A 150 l ft PIPE INSULATION M basement Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 2 yds Disposal Date City, State City, State PATERSON, NJ 07503 10/23/17 TULLYTOWN, PA Signature Completed by (Print or Type) Title Date 10/18/2017 BOGDAN JOLDZIC PRESIDENT

D&S Proj. #: 17-292 Date of Notification (1)	PA		(Pi	otification of A ursuant to NJA	e of NJ sbestos Abatemen AC 8:60 and 12:120	t 0)	K	C E		V E
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Agencies Notified Type No		laur	a brockway Address	/			ASBES	TOS	CONIT	DOI 9
☐ EPA ☐ Initial		Street	Address				_ AODES	LICEN	ISING	MUL &
DEP Amend		City	tota 71 0			- B722				
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	ng	Name o	tfield, nj (7090						
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Cancell	ation	I Idur	a brockwa						-	
Name of facility where abateme	ent is takin	a place (2)	F.	ACILITY INFORM	ATION					
	ont is takin	ig place (3)				Type of Fac				
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oncer Address							ubchapter 8 ther (Private/ ldgs./Homes,	/Comme	than K-1 ercial	2)
City (5)	T	County (6)				Square Fee			Bldc	g. Age
					County Code (7) (State use only)		_			
westfield Name of Monitoring Firm Hired I	<u>l</u>	union			(Glate use offly)	Current Us	e (Prior if bei	ing dem	olished)
a morning i iiii Alled i	by Blag. O	wner (8)		ASCM No.	Name of Abatem	nent Contractor (9)				
Street Address					D & S REST	ORATION, INC				
					Street Address					
City, State, Zip Code					20 California City, State, Zip Co					
Project Manager for Monitoring Fi	m		Phone Num	ber	Paterson, NJ Telephone Number		11:			
					973-345-80		License 0	1169	ar.	
Start Date (10)	Sch	ed. Comple	etion Date (1	1)	Name of OSHA M			1107		
11/01/17	11/	24/17			D & S Restor	ation, Inc.				
Occupancy Status During Abateme	ent (Check	only one)	No. of the second		Street Address					
Facility closed/vacated during Abatement performed outsid	g entire pe	eriod of aba	tement.		20 California City, State, Zip Coo	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW				
Describe		al racility no	urs-		- 13/1 State, 21p Sol	ue				
Scope of Work (check all that app					Paterson, NJ	07503				
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☐ ≥160 sf or ≥260 lf	Renovat					Mini-enclosure				
Location of	Demolitio		used solely			Glovebag proced Non-Exempted (lure *) and Non-fi	riabla a		9
asbestos-containing	by maint	tenance/cu	used solely stodial				7	RTF	R E	
material (acm) to be abated in facility (13)	staff(12)			Description of material (AC	of asbestos-containing	Amount (Specify		e e	n	l E
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) & S RESTORATION, INC.	NJDE 135	P Hauler I 06	D# Cu	bic Yards of Wast	The of the gratered	Landfill				Ш
ty, State			Disposal Da	No. 100	TULLYTOWN, City, State	RESOURCE RI	ECOVERY			<u>. 412.01 - 140</u> 48
ATERSON, NJ 07503			11/02/17		TULLYTOWN	РΔ				
200D ANT TOT DO	Title PRESIDI	CNIT		Signature	- I	, . / \	Date			TOTAL STREET
			or ashestos	licensure exempt	and costinute:		10/20/20)17		
					ou activities			_		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&3 Proj. #: 17-297 2017 Name of Building Owner/Operator (2) Date of Notification (1) 1 0 1/12 0 1/11 17 1 ASBESTOS CONTROL & DAVID MURPHY Agencies Notified Type Notification Street Address ✓ Initial EPA Amended DEP City, State, Zip Code Amendment #: DOL Emergency MADISON, NJ 07940 (including DOH Name of Contact Telephone Number justification) DCA DAVID MURPHY Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) DAVID MURPHY Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldas./Homes. etc. Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) MADISON MORRIS Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 11/02/17 11/24/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Mini-enclosure □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing m p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 а abated in facility (13) Yes N/A No D basement PIPE INSULATION 82 L FT M chimney thimble packing 4 SQ FT basement Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 1 yd TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State PATERSON, NJ 07503 11/03/17 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title ROGDAN JOLDZIC PRESIDENT 10/20/2017 Do not use this form for asbestos licensure exempted activities 11

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	(including		illing territorial	Contact	107			Tel	ephone	e Numi	ner			
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private house	ig Place (3)				Тур	e of Facility (School (K-1	-						
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Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	/I No.	EH	W AE	BATEMENT		85 (B)					
Street Address						t Addi	ress NKLIN STF	REET						
City, State, Zip Code					1 ST (2		Zip Code SON,NJ,07	524		24				
Project Manager for Monitoring Firm			Telepho	ne No.		hone -333	No. -5144		Licen 012	ise No 74				
Start Date (10) 11/04/2017	Schedule 11/05/2		npletion l	Date (11)			SHA Monitor BATEMEN	Γ LLC						
Occupancy Status During Abatement (Che	ck Only Or	ne)				t Addi								
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: OCCUPIE					City,	State,	NKLIN STF Zip Code SON,NJ,07				<u> </u>			
Scope of Work (Check All That Apply)												01-30 - H		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Service Service	Renova Demolit			Accepted Processing	×	Full Containme Mini-Enclosure Blovebag Prod Von-Exempted	e cedure	· · · · · · · · · · · · · · · · · · ·					
Location of	1000	Locati	550000		Descriptio		von-Exemple	1 () an	d Non-	riiabie		Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial S (12)	nce/		thermal system surfacing, V other miscella	Mater ns ins AT, or	ulation,	(5	mount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler EHW ABATEMENT LLC		H	IJDEP W lauler ID 11946		Cubic Yards of Waste N/A		Name of TRI ST				3			
City, State PATERSON,NJ					Disposal Dat	е	City, Stat							
Completed by VICTOR ESPIRITU	Title PRO	JECT	MANE	EGER	Signatu	re du	v WG	L		Date 10		2017		

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Agencies Notified	Type Notification			Street Ac				-		-	ASBES"	TOO	201	TDO	1 8
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Name of Facility Where	Abatement is Takir	ng Place (3)	PAGI	LITT HAT C	MMAII	OIY	Тур	e of Facility (4	4)					
Limdbergh Elemer	ntary School							×	School (K-1	2)					
Street Address						-			Subchapter Other (i.e. p				linaa	hama	
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County (6)				County C	Code (7) ISE ONLY)				rent Use (Prid	or if bei	ng demolis	hed)			
Berguen Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	I No.		Name		patement Con	tractor	(9)				
N/A	it timed by banding	Owner (o)		AGGIV	1140.				BATEMENT						
Street Address							Street	Addr	ress						
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City, State, Zip Code							100000000000000000000000000000000000000		Zip Code						
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Project Manager for Mo	nitoring Firm			Telephor				333	-5144		License N 01274	lo.			
Start Date (10) 10/21/2017		Schedule 10/23/		npletion [Date (11)				SHA Monitor SATEMENT	TLLC					
Occupancy Status Durin	ng Abatement (Che						Street							Section	
Facility Closed/Vac	cated During Entire	Period of	Abaten	nent			89 F	RAN	NKLIN STR	EET	**				
Abatement Perform Other – Describe:	ned Outside of Nor	mal Facility	/ Hours	S			5 5 5 5 5		Zip Code						
							PAT	ERS	SON,NJ,07	524					
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ali That Apply)		Renova Demoli					FA	Full Containme Mini-Enclosure Blovebag Prod Mon-Exempted	e cedure				e	
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Name of Registered Wa	aste Hauler		2.5	NJDEP W			Yards		Name of	Regist	ered Landfi	I			
EHW ABATEMENT	T LLC		1000	dauler ID	No.	of Wa	ste		TRY S	TATE	TRANSF	ER			
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^{*} Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1)		10/201			Name	of Building	g Owner/Opera	ator (2)		3						Ш
	25 /	17	_								111	OCT	3 1	201	7		
Agencies Notified	Type Notifica	ation			Street	Address				hous	lená	001	· ·	201		-	4
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⊠ DOLWD	Amended				City, S	State, Zip C	Code					ASBESTO	SCO	THO	L&		1
☑ DOH ☐ DCA	Amendme		luding		Way	yne, NJ (7470			**********	*5wee	LIC	ENSIN	G		-	
(NJAC 5:23-8)	justification		iuuiiig		Name	of Contac	t					Telephone	Numb	er			
,	Cancellati				Lou	is March	, Sr.					ā: 083					
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Name of Facility Where A	Abatement is T	aking	Place	(3)		JIE 11 11 11 11 11 11 11 11 11 11 11 11 11	T OTTIMIZETION		Type of	Fac	ility	(4)				_	
Residential		•		(-)					Scho		-	040040					
Street Address									Subo	chap	ter 8	8 (Other than					
									Othe hom			rivate and co	ommer	ial bu	ilding	s,	
City (5)									Square			# of Floo	re	BI	dg. Ad	10	
Wayne									Oquaro	1 00		# 011100	13	100	19. A	30	
County (6)			7-50		Coun	ty Code (7	YSTATE USE ON	U V)	Current	Hee	/Pr	ior if being d	lemolish	(her			
Passaic					Journ	ity code (i	NOTATE OOL OF	121)	Ourient	030	. (, ,	ioi ii beilig u	CITIONS	icuj			
Name of Monitoring Firm	Hired by Build	lina Ov	wner ('8) T	ASCM	No	Name of Aba	teme	ent Contr	acto	r (Q)	A					
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Street Address							Street Addre		MAGEI								
P.O. Box 1224		27 Outwa		lano													
City, State, Zip Code							City, State, Z		- Contraction of the Contraction								
Union, NJ							Garfield,						27				
Project Manager for Moni	toring Firm			Tele	phone I	No	Telephone N		01020			License	No			_	
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☐ Abatement Performed						cribe	City, State, Z										
Time of Abatement:							Garfield,	3.000									
Scope of Work (Check all	that apply)						X Wei				1						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				novati molitic			☐ Full ☐ Mini ☐ Glov	Cont Enc eba	tainment losure g Proced	ure		gative Press on-Friable Pr		Э			
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(13)		-	Yes	No	N/A		other misce	llane	ous)							ate	(0
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City, State							Disposal Dat		City, S								
North Bergen, NJ							TBD	2000	Bet	hle	hem	n, PA					
Completed By (Print or Ty	/pe)	Title	,				Signaly	re/	2				Da	te	1		1
Allen Monchik		Pre	oject	Man	ager		100	0	4/	~	_		1	0/	25	-/	17

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

2017 ASBESTOS CONTROL & LICENSING

Name of Building Owner/Operator (2) Date of Notification (1 **DBI** Projects 10/27/17 Street Address Agencies Notified Type Notification 1261 Broadway Initial City, State, Zip Code Amended X DEP New York, NY 10001 Amendment # DOL × Tolenhana Niumhai Emergency (including Name of Contact justification) DOH Anthony Armanto Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Former Henry Bonsall Elementary School School (K-12) Subchapter 8 (Other than K 12) Other (i.e. private & commercial buildings, homes Street Address 1575 Mt Ephraim Ave etc.) Bidg Age # of Floors Square Feet 75+ City (5) 3 60000 Camden Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) school Camden Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No Associated Specialty Contracting Inc. Whitman Street Address Street Address 98 LaCrue Ave 7 Pleasant Hill Road City. State. Zip Code City, State, Zip Code Glen Mills, PA 19342 Cranbury NJ 08512 License No Lelephone No. Telephone No Project Manager for Monitoring Firm 01103 610-364-9622 732-390-5858 Kevin T Lovely Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Criterion Labs 12/31/17 10/30/17 Street Address Occupancy Status During Abatement (Check Only One) 3370 Progress dr Facility Closed/Vacated During Entire Period of Abatement City. State. 7ip Code Abatement Performed Outside of Normal Facility Hours Bensalem, PA 19020 Other - Describe: 7:am to 3:30pm Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non Exempted (*) and Non Enable Procedure Abatement Type Is Location Normally Description of Location of Amount Asbestos Containing Material (ACM) Encapsulate Used Solely by Asbestos Containing Material (ACM) Remova (i.e. thermal systems insulation (Specify Repair Maintenance/ TO BE ABATED Custodial Staff? SF or IF) surfacing. VAT or In Facility (12)other miscellaneous) (13)No N/A Yes 16000sf floor tile and mastic X Front section all floors 600lf pipe insulation X Bathroom pipe chases (6) ea glue dots assoc with blackboards 10000sf X Classroom all floors Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Tullytown Resources Recovery Facility of Waste Hauler ID No. Mercer Group International 80 City State

1519 Rev S Howard Woodson Jr Way, Trenton, NJ 08638

Completed by Senior Estimator Jack Tomasura

Disposal Date As rea

Tullytown, PA

Date 10/27/17



		(Pt	ırsuant	to NJAC 8	:60 and	1 12:120	0)			01	#	-	26	91	9
Date of Notification (1) 10/27/17				f Building C Construct		perator	(2)		n).	E'C			\mathbb{V}	E	
Agencies Notified Type Notification			Street A	ddress hase Ave	nue				M	0.0	т ′	2 1	004	7	
X EPA X Initial Amended Amendment #			City, Sta	ite, Zip Cod urst, NJ (de				 	00	-	5	201	1	L
Emergency (in				f Contact					Tol	ALPENTACE.	TAR	ar n	NITO	OL 8	
DOH justification) DCA Cancellation			Mr. An	ithony Va	alvano	00							*****	-	
Name of Facility Where Abatement is Taking	Place (3))	FACI	LITY INFO	RMATI	ON	Tv	pe of Facility (4)						
Residential	1 1000 (0	,					П	School (K-1	1655 1675						
Street Address					*		×	Subchapter	8 (Oth			build	ings,	home	es,
City (5) Montclair								quare Feet 000 +	# 0	f Floors		18832	dg. A	ge	
County (6) Essex				Code (7) USE ONLY)	2		Cu	urrent Use (Pri	or if be	ing demo	lishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	/I No.				Abatement Corntracting &			al C	ons	ultino	g, Ind	о.
Street Address						Street 1141		dress oute 23							
City, State, Zip Code						100000000000000000000000000000000000000		e, Zip Code NJ 07470		ill					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-		e No. 3-9200		License 00408		A			
	Schedule 11/12/1		npletion	Date (11)		The state of the s		OSHA Monitor Vision Cons	ultant	s, Inc.					
Occupancy Status During Abatement (Check	Only On	e)				Street									
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:					234	City, S	State	Vagaraw Ro e, Zip Code wn, NJ 0741	- 302	ldg. #3	5E	E			
Scope of Work (Check All That Apply)						Гап	Lav	WII, NJ 074	10						_
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	general control of the control of th	lenova Jemolit				×	<	Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	e cedure)	
	Is	Locati	on										Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Mai	Normal d Sole intenar odial S	ly by nce/		os Cont thermal		/late	erial (ACM) sulation, or	(Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	\	(12)	- NIVA		other r	niscellar	neou	us)				oval	air	ulate	sure
Throughout	Yes	No	N/A X		Dino	Insula	tio	n	1	60 LF		X		.000	
Tilloughout			X			oor Til		[]	_	50 SF		X X			
		^			001 111				10 01	- 1	Δ.				
						_				-					
Name of Registered Waste Hauler	Name of Registered Waste Hauler							Name of	Regist	ered Land	dfill				
J.R. Contracting & Environmental Co		lauler ID 7819	No.	of Wa			Grand	Centr							
City, State Wayne, New Jersey					Dispo	sal Date		City, Stat		ennsylv	/ania	а			
Completed by Jerry Bijelonic	Title Proje	ct Ma	anager		S	Signature	e (1			Date 10/2	: 27/1	7		

Check#2905	PAID	NOTI		TION		BESTO	S ABAT and 5:16		DE	7 6			
Date of Notification (1)				Name	of Building	Owner/	Operator (2)	1101				$ \mathbb{H}$
	27 / 17	_		Kurt S				-/	III II OC	T 3 1	20	117	
Agencies Notified	Type Notification				Address					SAN CAUSINDO			
☐ EPA									ASBES			ROL	&
☑ DOLWD ☑ DHSS	Amended Amendment #			City, S	State, Zip 0	Code				ICENS	ING		
D DCA	☐ Emergency (in			Berge	nfield, N.	07621							
(NJAC 5:23-8)	justification)	cidaling			of Contac				Telephone Nur	mber			
555. 732	☐ Cancellation			Kurt S	Shaw			72		B			
				FA	CILITY IN	IFORM/	ATION						
Name of Facility Where	Abatement is Taking	Place	(3)					Type of Facility	(4)				
Private house								School (K-12	2)				
Street Address							-		8 (Other than K-1		11.11		
THE PROPERTY OF THE PROPERTY O								homes, etc.	private and commo	ercial bu	illaing	S,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Bergenfield, NJ 0762	1											50	
County (6)				Coun	ty Code (7)	(STATE L	ISE ONLY)	Current Use (Pr	rior if being demo	lished)			
Bergen													
Name of Monitoring Firr	m Hired by Building (Owner ((8)	ASCM	No.	Name	of Abateme	ent Contractor (9)				
						Gr Tec	ch LLC						
Street Address						Street	Address						
							alley Rd#						
City, State, Zip Code						City, S	tate, Zip C	ode					
Decided Manager for Ma	Tipotion Films	V	T = .			-	, NJ 0747	70					
Project Manager for Mo	nitoring Firm		Tele	phone	No.	1 0	one No.		License No.				
Start Date (10)	Sahar	tulad C	ample	lian Da	te (11)	1	8-1777		01127				
11/06/	17	1/	07	/ _	17	C. AVIZINIUS - DEX	of OSHA N vision Co	nsultants,Inc					
Occupancy Status Durin						Street	Address						
					ariba			Road, Bldg .#	35E				
Time of Abatement:	AMp	M/	PM_	5 - Des	AM		tate, Zip Co						
Scope of Work (Check a	all that apply)			-	- (1.2.9) 7	Fair La	wn, NJ 0						
	in that apply)					Н		tainment with Ne	nation with negati gative Pressure	ve press	sure		
>3 sf or >3 If > 160 sf or >260 If			novati molitic				Mini-End	losure	Tent with Negati	o Proce			
		Пре	montic	11.1			Non-Exe	mpted (*) and No	on-Friable Proced	ure	uic		
		1	Locat							Ab	atem	ent T	ype
Location Asbestos-Containing			Norma ed Sole				escription o			R	Z	ш	Im
TO BE AB		Ма	intena	nce/			itaining Ma al systems	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Faci		Cus	todial (12)	Staff?	1	surfa	acing, VAT	, or	SIF or LF)	ova	=	lusc	Sure
(13)		-	T	T	-	other	miscellane	ous)		-		ate	(D
		Yes	No	N/A							-	_	-
Basement					Pipe ins	ulation			45 LF		Ш	Ш	Ш
									1.1				
				П							П		П
Name of Registered Wa	ste Hauler		NJI	EP Wast	e Hauler ID No.	Cubic Y	ards of Wast	Name of Regi	stered Landfill				
Gr Tech LLC			(003378	35	ТВ		T.R.R.F. Inc					
City, State	*			.0001		(2) (2)	al Date	City, State					
Wayne, NJ 07470						ТВ		Tullytown, P	Δ				
Completed By (Print or	Type) Title	e					ignature	A anytown, P		Date			
N.Jevtic	Ow	ner					/	ente Wena	1		7		
ASB-41	UW	1101					//	in- wena	1	0/27/1	/		

B & G proj. #: 2017-152

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

	(6)			***EMER	GEN	CY***	Check	7 8659			-	
Date of Notification	(1)	Name o	f Building Owr	ner/Operator (2)		IN E	GEI	\mathbb{W}	E		11
1 10 1/12 17	1/117	11	Allegro Sch									
Agencies Notified	Type Notificat	ion Street A	ddress				HAII o	CT 31	201	7	IIL	卅
☐ EPA ☐ DEP	X Initial		Ridgedale A	Avenue				01 3 1	201			1
X DOL	Amend		ate, Zip Code ar Knolls, N	IJ 07927			ASBE	STOS CO	VTR	OL &		
X DOH			Contact				Telephoni	e Number	months and			
☐ DCA	☐ Cancell	ation Deb	by Lewinso	n								_
			FAC	ILITY INFORM	OITA	N						
Name of facility wh	nere abatement i	s taking place (3)					Type of Facility (
The Allegro S	chool				WG Garage			I (K - 12) apter 8 (Othe	r tha	n K-1	2)	
Street Address						*		Private/Com	merc	ial		
125 Ridgedal	e Avenue							Homes, etc. # of Floors	T	Bldg	. Ag	e
City (5)		County (6)				unty Code (7)			_ _			
Cedar Knolls	, NJ 07927	Morris			(Sta	ate use only)	Current Use (Pr NON-SUB 8	ior if being d	emol	ished)	
Name of Monitorin	g Firm Hired by	Bldg. Owner (8)		ASCM No.	1	Name of Abatement	Contractor (9)					
n/a						B & G Restorat	ion, Inc.					
Street Address						Street Address 105 Ryerson F	Road					
City, State, Zip Coo	9					City, State, Zip Code			-	_	-	-
Oity, Otato, Zip Ood						Lincoln Park,	NJ 07035					
Project Manager for	r Monitoring Firm	1	Phone Num	ber	_	Telephone Number (973)696-686	9	License Nu		-		
22						Name of OSHA Mon						
Scheduled Start Da	ite (10)		pletion Date (1	1)		B & G Restora	tion, Inc.		~		10	
10/28/2017		10/29/20				Street Address	•					
Occupancy Status	POCH BUNDANCE CONTROL OF STREET STREET					105 Ryerson R						
		entire period of a of normal facility				City, State, Zip Code						
Describe: Other-Descri	he:				-1	LincolnPark, N	J 07035					
Scope of Work (ch		y)									jch.	
☐ Demolition	X	Renovation				Full Containment w/ne	gative pressure	Glovebag	proc	edure	Э	
\times >3 sf or >3 if		≥160 sf or ≥260 l	f		X	Mini-enclosure		Non-friab	le pr	ocedu	ıre	
Location of		Is location norm		ly				F	. 1	-	E	Е
asbestos-cor	(10) 10 (10) 10 (10)	by maintenance staff(12)	custodial			asbestos-containing	Amount (Specify S	For n	n	- 1	n c	n
material to be abated in fac		Yes N	o N/A	material	(ACIVI)		LF)	v oi	130	:	a p	C L
	4 1 - 1			T nine insul	lation		015	e		-	7	
lower Shop - Ro	om i closet		×	pipe insul	alion		9lf		- -	╡┼	+	H
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][] [
Registered Waste F B & G Restora		NJDEP Ha 19563	4101 1011	Cubic Yards of 1/2	Waste		Landfill Resource & Re	covery Ca	ente	r		
City, State	11011, 1110.		Disposal			City, State		Jovery Ce	51110		·	
Lincoln Park, I	٧J			/30/2017		Tullytown,	PA				4.	
Completed by (Prin Gordana Luna		Title Secretary/Tre	agurar	Signature		Gordana Luna		Date 10/27/2	017			
Outualia Lulla		occicial y/ 110	Judului	E:		0		1 .012112	- 11			

t 27 2017 11:05 NJ Asb	estos Co	ntrol 609,633,066		page 1		CE	VE
B&G proj. #: 2017-1	PAI	1450	ication of As ant to NJAC	of NJ bestos Abatement 8:60-7 and 12:120-1 GENCY***	1 1	OCT 31	2017
Date of Notification (1)	ŀ	Name of Sullding Ow	mei/Onerator (2	1		LICENS	
110/12/7/117		The Allegro Sch		1		BEST TO ELL TO	
Agencies Notified Type Notif	cation	Streat Address	1001		<u> </u>	1	
EPA E ink	a)	125 Ridgedale	Augmin		i	11	
□ DEP □ III		City, State, Zip Code				V	
DOL Am	indment	Cedar Knolls, 1				1.5	
DOH		Name of Contact	1001027			**	e e e e e e e e e e e e e e e e e e e
DOA Can	estation				Talepho	ine Number	
		Debby Lewinso	on				••
		FAC	CILITY INFORM	ATION			_ ===
Name of facility where abateme	rat is taking	place (3)			Type of Facility	(4)	
The Allegro School					E Scho	ol (K - 12)	
Street Address					Subc	hapter & (Other	than K-12)
125 Ridgedele Avenue				*()	Other	(Pdyste/Comm ./Homes, etc.	ercial
					Square Faet	# of Floors	Sidg. Ag
Clay (5)	Co	unty (6)		County Code (7)	=	7 04 1 10010	المالي مالي
Cedar Knolls, NJ 07921	, M	lonis		(State use only)	Current Use (F	Prior If being der	molahed)
Name of Monitoring Firm Hired	by Sida, Ow	ner (8)	ASCM No.	I I Name of the Ven	NON-SUB	3	
n/a		3.71	AGUM AQ.	. 11	ent Contractor (9)		
Street Address				B & G Resto	retion, Inc.		
				105 Ryarso	n Road		
City, State, Zip Cods	- The second second	TO THE THE PERSON OF THE PERSO	1000	City, State, Zip Co			
					rk, NJ 07035		
Project Manager for Monitoring F	rm	Phone Numi	ber	Talaphane Numb		Lipense Num	ber
				(973)696-6		00378	
Scheduled Start Date (18)	San	d. Completon Data (1	1)	Name of OSHA			
10/28/2017	10	/29/2017		B & G Resto	oration, Inc.		
Occupancy Status During Abater	nent (Chack	only ana)		Street Address			
Facility plosed/vacated dur	no entire pa	ried of shetament		105 Ryerson City, State, Zip Co			Stantage
Abstament performed outs Describe:	de of norma	I facility hours-		City, State, Zip Ci	ode		
Cther-Describe;				LincolnPark	NJ 07035		
Scape of Work (check all that as	(צומ						,
-	Ranovat	lon		Full Containment w	hagative pressure	Glovebeg p	mandura
■ >2 afor>3 ff] ≥180 sf o			Mini-endosure		Non-friable	
Location of	la location	on normally used solar tenance/custodial	У			18	RIGI
rebestor-conteining meterial to be	staff(12)	- Interestantial	Description	n of asbestos-contaming		8	a n
abated in facility (13)	Yes	No NA	material (9U44]	(Spacify 5	10 16	a a
lower Shop - Room 1 close						¥] [p
			pipe insula	tion	9#		Dini
	-		-				
a state and the state of the st							
Registerad Weste Hauter	IRJI	EP Hauler ID# C	LIDIC Varos of V				
B & G Restoration, Inc.		19583	1/2		red Landfill Vn Resource & Re	onune Con	
City, State Lincoln Park, NJ		Disposal D 10/:	ate 30/2017	City, State Tullytow	The state of the s	cuvery Cent	er er
Completed by (Print or Type) Gordans Luna	Title		Signature			Date	
-Olders FRIIH	Secreta	ny/Treasurer		Gredena Sans	9	. 10/27/201	7

CK 359	PAI	D N		ATION	te of New Jersey OF ASBESTOS A o NJAC 8:60 and	ABATEN			EC	E . 1		Prin	t Fo
Date of Notification (1) October 27, 2017					Building Owner/C h of Roselle	perator	(2)		001	3 1	20	1/	L
Agencies Notified	Type Notification			Street Ad 210 Ch	dress estnut Street				ASBESTO	OS CO	ONTF	ROL 8	ž.
DEP DOL	Initial Amended Amendment				e, Zip Code e, NJ 07203			hand			-		
☑ DOH DCA	Emergency (in justification) Cancellation	ncluding	N	Name of	Contact itkocy PM			Tele	phone Num	ber			
_ DCA	Cancellation				ITY INFORMATI	ON		-					
Name of Facility Where a)	17012			Type of Facility (School (K-1						
Street Address 100 9th Avenue			5 000 500.00		S#1		Subchapter Other (i.e. petc.)	8 (Othe orivate &	r than K-12 commercia) il build	lings,	home	s,
City (5) Roselle							Square Feet 4,075	# of 1	Floors		ldg. Ag 5 yrs		
County (6) Union				County C	Code (7) ISE ONLY)		Current Use (Pri vacant storage			ed)			
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.	1	of Abatement Construction Co						
Street Address							Address Route 46 Wes	t, Suite	15 #182				
City, State, Zip Code	=						tate, Zip Code away, NJ 078	66					
Project Manager for Mor	nitoring Firm			Telephor	ne No.	200100000000000000000000000000000000000	none No. 669-2900		License No 01231	ο.			
Start Date (10) November 13, 201		Schedule			Date (11)		of OSHA Monitor neider Laborate		Slobal Inc				
Occupancy Status Durin	ng Abatement (Check	Only Or	ne)	10			Address W Cary Stree	et					
	cated During Entire P ned Outside of Norm						state, Zip Code mond, VA. 23	220					
Scope of Work (Check A	All That Apply)										-		
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			Renovat Demoliti			2	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
		1 000	Location								Abate Ty	ment pe	
Locatio Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED ility	Use Ma	ed Solel intenar todial S (12)	ly by nce/	Asbestos Con (i.e. therma surfa		Material (ACM) s insulation, AT, or	(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								te	
Storage Bldg	g. Roofing		X		NF Ro	ofing N	1aterial	3,7	750SF	X			

NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste Grows North Landfill Century Waste Services LLC City, State Disposal Date City, State Morrisville, PA Elizabeth, NJ Completed by Date Title Signature 10/27/2017 Barbara Reed President

Ch33017

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Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	144	00			11/	14
10 / 2	27 /	17		Gor	don Wie	gmann/Barry Wi	egmann POA		-7	3	0	17	
Agencies Notified T	ype Notificati	on		Street	Address				ASBEST				8
	☑ Initial					e AvenUE			L	ICENS	SING	-	-
	Amended				tate, Zip C								-
⊠ DOH	Amendmen					NJ 08502							
DCA (NJAC 5:23-8)	Emergency justification	(includin i)	g		of Contact			Telepho	one Numb	per			
	Cancellatio			Bar	ry Wiegn	nann		- '					
						FORMATION							
Name of Facility Where Aba	atement is Ta	king Place	a (3)	1 //	ZIEITT III	ORMATION	Type of Facility	(4)					-
Residence	atomont to Ta	King i lao	5 (5)				School (K-12						
Street Address							Subchapter 8	(Other ti					
ottoot/taarooo							Other (i.e., polymers, etc.)		commer	cial bu	ilding	S,	
City (5)							Square Feet	# of FI	oors	Blo	dg. Ag	16	
Lavallette							800 sf	1	0013		35.7 N	, .	
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri		n demolis				-
Ocean				Oodii	ty code (i	NOTATE OOL ONET	Residence	ioi ii boiii	g domono	niou)			
Name of Monitoring Firm Hi	ired by Buildir	ng Owner	(8)	ASCM	No	Name of Abateme							-
N/A	nea by banan	ig Owner	(0)	ACCIVI	140.		ntracting, Inc.						
Street Address						Street Address	intracting, inc.						
on our radioos						1889 Route 9	Unit 61						
City, State, Zip Code						City, State, Zip Co		7,500					
only, onato, Elp oodo							New Jersey 08	755					
Project Manager for Monito	ring Firm		Tel	ephone	No	Telephone No.		100-100	se No.				
Troject manager for monito	9		101	spirono		732-349-9932	Č.	006					
Start Date (10)	Sc	heduled (Comple	etion Da	te (11)	Name of OSHA M							
11 / 07 /	7.65			B /		E.M.S.L. Ana							
Occupancy Status During A						Street Address	.,						
☐ Facility Closed/Vacated				ment		1056 Stelton							
☐ Abatement Performed C	100 0 00				cribe	City, State, Zip Co	242						
Time of Abatement:							New Jersey 08	854					
Scope of Work (Check all the	nat anniv)					1 isolataway, i	itew delacy de						
	iat appiy)	A				☐ Full Con	tainment with Neg	gative Pre	ssure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova emolit			☐ Mini-End	closure g Procedure						
≥ 100 31 01 ≥ 200 11		W D	CITIOIL	011			mpted (*) and No	n-Friable	Procedu	re			
		1	s Loca	ition						Ab	atem	ent Ty	уре
Location of		Lie	Norm	ally lely by		Description of				_Z	Z	ш	Ш
Asbestos-Containing Ma TO BE ABATI		1000	ainten			stos Containing Ma e., thermal systems		0.12042230	nount pecify	Removal	Repair	ncal	nclo
IN Facility		Cu		Staff?	(1.6	surfacing, VAT			or LF)	oval	-	Encapsulate	Enclosure
(13)			(12		1	other miscellane	eous)					ate	(0
		Yes	1	N/A	-								
exterior			\boxtimes		asbest	os siding		60	0 sf	\boxtimes			
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			+=	_							1		
			\perp				T	l			Ш	Ш	
Name of Registered Waste				NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis	stered La	ndfill				
Guardian Contracting	g, inc.			20223		3	T.R.R.F.						
City, State						Disposal Date	City, State		12 4				
Toms River, New Jer						11/09/17	Tullytown	, Penns	ylvania				
Completed By (Print or Typ	e)	Title	1000			Signature		11	D:	ate /		1	
Nicholas Fernicola		Projec	t Mai	nager			M-10	X		10/	27	117	
ACD 44							1	/		1		-	



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Date of Notification (1)			Т	Name	of Building	Owner/Operator (2	2)	U U OCT 3	3 1	201	1	L
10 / 27 /	17				n Marbac		,	-7 3	3	01	8	
Agencies Notified Type Notifica	ation		1	Street	Address	······································		ASBESTOS	COI	NTRO	DL &	1
☑ EPA☑ Initial☑ DOLWD☑ Amended	(LIOL	NOI			mulani) (Sah
□ DOH Amendm					tate, Zip C							
☐ DCA ☐ Emergen		ding			- 8	NJ 08502						
(NJAC 5:23-8) justification	11				of Contact			Telephone Number	er			
Cancellat	ion			Joh	n Marbac	h		<u></u>				
				FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is 1	aking Pl	ace (3)				Type of Facility	(5. 5)				
Residence						-	School (K-1)	2) 8 (Other than K-12)	ŭ.			
Street Address								rivate and commerc		ilding	s,	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je	
LB Twp.							1400 sf	1		35		
County (6)			_	Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	rior if being demolish	ed)			
Ocean					•		Residence					
Name of Monitoring Firm Hired by Build	ding Owr	ner (8)		ASCM I	No.	Name of Abateme	ent Contractor (9)				
N/A	•		750				ntracting, Inc.					
Street Address			_			Street Address						
						1889 Route 9	, Unit 61					
City, State, Zip Code						City, State, Zip Co						
***							New Jersey 08	3755				
Project Manager for Monitoring Firm		17	ele	phone I	No.	Telephone No.	•	License No.				
						732-349-9932	2	00624				
Start Date (10)	Schedule	d Con	ple	tion Dat	e (11)	Name of OSHA N	Ionitor				- 1/-	
11 /08 /17	11	_ / _	09	/	17	E.M.S.L. Ana	lytical					
Occupancy Status During Abatement (Check or	nly one	2)			Street Address	**					
☐ Facility Closed/Vacated During Enti				ment		1056 Stelton						
☐ Abatement Performed Outside of N	ormal Fa	cility H	lour	s - Des		City, State, Zip Co	ode					
Time of Abatement:AM	PM/_		PM-		AM		New Jersey 08	3854				
Scope of Work (Check all that apply)							-					
☐ >3 sf or >3 lf		Reno	vati	on		☐ Full Con	tainment with Ne closure	gative Pressure				
≥160 sf or ≥260 lf		Demo					g Procedure	F: 11 D				
		1-1-				⊠ Non-Exe	mpted (*) and N	on-Friable Procedure	1			
Location of		Is Lo	ma			Description of	√f.			atem	0.000	-
Asbestos-Containing Material (ACM	A)	Used			Asbe	stos Containing Ma		Amount	Remova	Repair	Enc	Enclosure
TO BE ABATED		Maint Custoo			(i.e	., thermal systems		(Specify	NOU	ag.	aps	losu
IN Facility (13)			12)			surfacing, VAT other miscellane		SF or LF)	=		Encapsulate	Ге
	Y	'es	No	N/A			.f.				O	
exterior			3		asbesto	s siding		1400 sf	\boxtimes			
	Г	7 [7						П	П	П	П
		7	_	-								
		_ L							Ш			1
Name of Registered Waste Hauler			10000	IJDEP \ lauler II		Cubic Yards of Waste		istered Landfill				
Guardian Contracting, Inc.			1	20223		vvasie 3	T.R.R.F.					
City, State						Disposal Date	City, State					
Toms River, New Jersey						11/10/17	Tullytown	ı, Pennsylvania				
Completed By (Print or Type)	Title					Signature	/	/ Da	te /		1	
Nicholas Fernicola	Pro	ject N	lan	ager		1	1.1	(01	27	11-	7
100 11	1					V 1	-		1-		11	1

MO#24499221388 Date of Notification (1)	#
	\parallel
Agencies Notified Type Notification Street Address Initial DOLWD Amended Amendment # Kevin McCormick Street Address ASBESTOS CONTROL & LICENSING	
Agencies Notified Type Notification Street Address ASBESTOS CONTROL & LICENSING DHSS City, State, Zip Code	L
☑ DOLWD ☐ Amended ☑ DHSS Amendment # City, State, Zip Code LIGENSING	
■ DHSS	
	-
DCA Emergency (including Montclair, NJ 07043	
(NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Keyin McCormiels	
— Reviti McConinick	
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)	_
Private house	
Subchapter 8 (Other than K-1 2)	
Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Square Feet # of Floors Bldg. Age	
Montclair, NJ 07043	
County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Essex	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)	
Gr Tech LLC Street Address Street Address	-
576 Valley Rd #283	
City, State, Zip Code City, State, Zip Code	
Wayne, NJ 07470	
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.	\neg
973-638-1777 01127	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 08 / 17 11 / 09 / 17 Envirovision Consultants,Inc	
Occupancy Status During Abatement (Check only one) Street Address	
Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E	
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/ PMAM	
Fair Lawn, NJ 07410	
Full Containment with Negative Pressure	
≥ 3 sf or >3 If	
Non-Exempted (*) and Non-Friable Procedure	
Is Location Abatement Typ Location of Normally Description of	e e
Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount	En
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Used Solely by Maintenance/ Custodial Staff? Used Solely by Maintenance/ Custodial Staff? Used Solely by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or SIF or LF)	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Used Solely by Maintenance/ Custodial Staff? (12) Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SIF or LF)	Гe
Yes No N/A	
Basement	
	٦
	=
Name of Registered Waste Hauler NUDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill	
Gr Tech LLC 0033785 TBD T.R.R.F. Inc	
City, State Disposal Date City, State	
Wayne, NJ 07470 TBD Tullytown, PA	
Completed By (Print or Type) Title Signature	
N.Jevtic Owner Teurc Wenad 10/28/17	

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JAJOO I	FILL	(Pu	ırsuant t	o NJAC 8	3:60 and	12:120)		llni					Ш		
Date of Notification (1) 10/27/17				Building (perator	(2)			00	3	1 2	017	14		
Agencies Notified Type Notification	n		Street Ad							10050	.00.0	0117	2001			
☐ EPA 🗵 Initial										ASBEST L	ICEN!			ă		
DEP Amended			7000	te, Zip Co					The same of the same of	A SAME TO A SAME		OCH PROPERTY.				
DOL Amendmen		-	Fanwo	od, NJ (07023											
■ DOH justification		100	Name of						Teler	hone Nu	nhar					
DCA Cancellation	n		1 Hoodward Company	s Bellar												
Name of Facility Wilham Abatament is Talk	ina Plana /2	\ \ \	FACIL	ITY INFO	RMATIC	NC	Type	of Facility (4	1)							
Name of Facility Where Abatement is Tak Private House	ing Flace (3)							200							
Street Address					-			school (K-12 Subchapter		than K-1	2)					
Oli Cot Addiess							N	Other (i.e. pr	rivate &	commerci	al build	lings,	home	s,		
City (5)								tc.) e Feet	# of F	loors	В	ldg. A	ge			
Fanwood							- 4					•				
County (6)			County C	Code (7)			Curre	nt Use (Prio	r if being	g demolis	ned)					
Union			(STATE U	ISE ONLY)												
Name of Monitoring Firm Hired by Building	g Owner (8)		ASCM	No.		Name	of Abat	ement Con	tractor (9)						
Competent Supervisor						Acad	lemy (Construct	tion Ind	.						
Street Address							reet Address									
						205 l	05 Rt. 46 West Suite 14									
City, State, Zip Code								p Code								
	2							J 07512								
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	one No 832-4		- 1	License N 01155	lo.					
										01155						
Start Date (10)	11/15/		npletion L	Date (11)			or OSF e as a	IA Monitor								
11/8/17 Occupancy Status During Abatement (Ch						Street										
			950			Sileet	Addies	3								
Facility Closed/Vacated During Entire Abatement Performed Outside of Noted Other – Describe:	e Period of A rmal Facility	Abatem Hours	nent			City, S	tate, Zi	p Code				7.7				
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mir Glo	Containme i-Enclosure vebag Prod	e cedure							
					-		No	n-Exempted	(*) and	Non-Fria	ole Pro		e ement			
	2.2	Locati Vormal	0.0										/ре			
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Ashes	Des tos Cont	scription		(ACM)	An	nount			m			
TO BE ABATED	0.000	intena todial S			thermal	system:	s insula			pecify	Rer	Re	Encapsulate	Enclosure		
In Facility (13)	000	(12)	Jian.			cing, VA niscellar			SF	or LF)	Remova	Repair	psul	uso		
(10)	Yes	No	N/A				200 CONSTITUTE				<u>a</u>	11000	ate	Ге		
Carago	res	INO	X		Ductwo	rk Inci	ulation	,	80	SF	X		X			
Garage	_				Ductivo	IK IIISC	lation	ı		01		-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
													-			
Name of Registered Waste Hauler		839	JDEP W		1000 STATE OF THE REAL PROPERTY.	Yards		Name of	Register	ed Landfi	II	William				
Academy Construction Inc.		127	lauler ID	No.	of Wa	ste		GROW	S Lan	dfill						
City, State		001.122				Disposal Date City, State										
Totowa, NJ					TBD			Tullyto								
Completed by	Title				1	Signature	e		-	, 0	ate		10/45			
Filin Goloski	100000000	arvier	or.				6+	0.1~	20	/	0/27/	17				

Ck# 0639

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Date of Notification (1) 10/27/17			1000		Building Comments Mattress		I	7	E	C	E	1	$\overline{\mathbb{V}}$					
The state of the s	Type Notification			Street Ac	The second second second				-111) }r		<u> </u>		u	U			
			10000		39 River	St			Hi	7								
EPA DEP	Initial Amended		- 1		te, Zip Cod				+	+	(CT	3	1	2017	Difference Co.		
X DOL	Amendment		1		on, NJ	·ā			IL	4	٠	, 0 1	O	200	_011	AMPLEA		
	Emergency (including	100		Contact				Te	lepho	ne Nu	mbe	and the same		200			
ĭ DOH □ DCA	justification) Cancellation			John N	/lacchiar	elli				(i)	ASBE			CON		L &		
-				FACIL	ITY INFO	RMATION			L	- Company		LIC	,1-14	SUVI	3	-		
Name of Facility Where At	patement is Taking	Place (3)					Ту	pe of Facility (4	-)		00118-E-							
Commercial Bldg/Se	ealy Mattresses	3						School (K-12										
Street Address	到							Subchapter	8 (Oth	ner th	an K-	K-12) ercial buildings, homes						
763-769 River St							×	etc.)	ivate	a co	TOTTIC	3,						
City (5)								uare Feet	3335	of Flo	ors			g. Ag	ge			
Paterson							100000	+000,	2		X-9-541 - 17-17-17		50	+				
County (6)				County C				rrent Use (Pric		46						-		
Passaic			(STATE U	ISE ONLY)			ommercial E	_		ly ivia	attre	sse	ŝ				
Name of Monitoring Firm I	Hired by Building (Owner (8)		ASCM	No.			batement Con		10.5		2//						
n/a				n/a				ny Contraction	ng In	IC								
Street Address							Street Address											
n/a							60 Palisade Ave											
City, State, Zip Code						1 - 322	, State, Zip Code											
n/a						Ga	rfield	i, NJ 07026										
Project Manager for Monit	oring Firm		10.0	Telephor	ne No.		ephone No. License No. 73460.6026 01255											
n/a				n/a						0.	1255							
Start Date (10)		Scheduled		pletion [Date (11)	100000000000000000000000000000000000000		SHA Monitor	0.20									
10/30/17	-	11/28/17						ny Contracti	ng In	IC								
Occupancy Status During	Abatement (Chec	k Only One)				Street Address 360 Palisade Ave											
Facility Closed/Vacat																		
Abatement Performe Other – Describe:	d Outside of Norm	nal Facility F	lours			7.00		, Zip Code										
						– Ga	rtield	d, NJ 07026										
Scope of Work (Check All	That Apply)	-				i												
≥3 sf or ≥3 lf		-	novat				Full Containment with Negative Pressure											
≥160 sf or ≥260 lf		L De	moliti	on			Mini-Enclosure Glovebag Procedure											
							×	Non-Exempted	on-Fria	able F								
		ls L	ocatio	on									P	bate Ty	ment			
Location	of		rmall			Description							1	. ,	-			
Asbestos-Containing N		Used Main				os Containing thermal syster				Amou (Spec			n		E	ш		
TO BE ABA		Custo		taff?	(1.6.	surfacing, V				SF or		3	Remova	Repair	cap	nclo		
(13)			(12)			other miscell	aneou	ıs)				5	levo	air	Encapsulate	Enclosure		
		Yes	No	N/A											te			
Exterio	r			x		Roofing M	ateri	al	12	000	SF	K						
Exterio		-		^		, tooming ivi	41011	w.i	1 &	,,,,,,,		- 1	-					
												-	+					
Name of Registered Wast	te Hauler		N	JDEP W	/aste	Cubic Yards		Name of	Regis	tered	Land	fill						
Harmony Contracting			5.55	auler ID	No.	of Waste		GROW	SI	andfi	III							
	000000					TBD GROWS Landfill												
City, State						Disposal Date City, State TBD Morrisville, PA												
					TBD		Morrisv	/IIIe,	۲A									
	Completed by Title					Signature Date												
Tina Caporino		1					Linu Coporina 10/27/17											





CHECK# 1713

Date of Notification (1)			Building Owner/ KERSCHNE		(2)										
10/26/2017 Agencies Notified Type Notification		Street Ad		.1 1			M	EC	E	1 W	E	TA			
□ EPA □ Initial							1171			1 0		Ш			
DEP Amended Amendment #_	Ludiaa	City, Stat PHILA	e, Zip Code DELPHIA PA	19103				00	T 3 1	201	17	Ш			
DOH Emergency (inc justification) Cancellation	luaing	Name of MARK						•		**PCMENTAL					
DCA Cancellation		FACIL	ITY INFORMAT	ION	111/1/2014		-	ASBEST	OS CO		OL &				
Name of Facility Where Abatement is Taking P RESIDENTIAL	lace (3)	171012				Facility (4)				140	etterscenes	Digramon			
Street Address					SI OI	ubchapter 8 ther (i.e. pri c.)	Other	than K-1 commerc	2) ial build	ings, l	nome	s,			
City (5) BRIDGETON					Square 1,948	Feet	# of F	loors		dg. Ag 00+	je				
County (6) CUMBERLAND		County C	Code (7) ISE ONLY)			t Use (Prior DENTIAI		demolis	hed)						
Name of Monitoring Firm Hired by Building Ow ACER ASSOC.	ner (8)	ASCM	No.	Name	of Abate SURED	ement Cont	Contractor (9) IRONMENTAL SERVICES INC.								
Street Address 1012 INDUSTRIAL DRIVE				Street Address 570 CLEMS RUN											
City, State, Zip Code WEST BERLIN NJ 08091					City, State, Zip Code MULLICA HILL NJ 08062										
Project Manager for Monitoring Firm MATT DEPALMA		Telephor 856-80	ne No. 09-1202		hone No.			License I 01145	No.						
	cheduled Co	Name EM:		A Monitor											
Occupancy Status During Abatement (Check C	Only One)			Stree	t Address	S NORTI	Ц								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	Facility Hou	irs		City,	State, Zip			7							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renor Demo	vation olition			✓ Mini	-Enclosure vebag Proc	ntainment with Negative Pressure closure ag Procedure								
				L	Non	-Exempted	(*) and	Non-Fria	able Pro	cedure Abate					
	Is Loc Norm		_	1992	12						pe				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	olely by nance/ al Staff? 2)	Asbestos Co (i.e. therm sur	Description ontaining leaf system facing, V r miscella	Material ns insulat AT, or	(ACM) tion,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure			
BASEMENT	Yes N	o N/A	PIPF	INSUI	ATION		210	0 LF	X						
BASEMENT		X			LATION		0.00000000	SF	X						
D, (e2.m2.11)															
									eu eu						
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERV	VICES	NJDEP V Hauler ID 003489	No. of V	oic Yards Vaste		Name of I									
City, State MULLICA HILL NJ				oosal Dat /14/201		City, State ROSE	e VHAYN	N, NJ							
Completed by RON SWANSON	IAGER	Signatu	le Just	ech	xw 0		Date 10/26	/2017	7						



CHECK# 1712

Date of Notification (1)		N	ame of Bu	uilding Owner/0	Operato	r (2)									
10/25/2017		J	IASON	CUŤTS		. (-/-		EC		1	1 6		7		
Agencies Notified Type Notification		St	reet Addr	ess			1111/								
EPA Initial Amended		C	ity. State	Zip Code				OCT	3 1	20	17				
DOL Amendment				STOWN NJ	0805	7	In n	001	0 1	۷	17	-			
DOH Emergency justification)	5.6		ame of Co	ontact				alanhan	N			_			
DCA Cancellation		J		Y INFORMATI	ON			in i		EVVI					
Name of Facility Where Abatement is Takin RESIDENTIAL	g Place (3)		FACILIT	TINFORMATI	ON	Type of Faci	lity (4)								
Street Address						School									
Street Address								Other than I		uildir	igs, hi	ome	S,		
City (5)						etc.) Square Feet	#	f of Floors		Bld	g. Age	2			
MOORESTOWN						1991	2 77								
County (6) BURLINGTON			ounty Cod TATE USE			Current Use RESIDEN	se (Prior if being demolished) ENTIAL								
Name of Monitoring Firm Hired by Building (CRITERION LABS	Owner (8)		ASCM No	0.	Name	of Abatement SURED ENV	ment Contractor (9) ENVIRONMENTAL SERVICES INC.								
Street Address 400 STREET ROAD						Address CLEMS RU	IN								
City, State, Zip Code BENSALEM PA 19020			-		City, S	City, State, Zip Code MULLICA HILL NJ 08062									
Project Manager for Monitoring Firm		Te	lephone l	No.	969655	none No.		Licens	se No.	_					
MÍKE PANEPRESSO			15-244-		610	-304-4676		0114	5						
Start Date (10) 10/26/2017	l Compl 017	etion Date	e (11)	Name EMS	of OSHA Mon SL	itor	1								
Occupancy Status During Abatement (Chec	k Only One)				Address RT. 130 NO	DTU								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facility F	Houre			E5(6(6)	State, Zip Code	-3/3/3/3/3/8/								
Other - Describe: RESIDENTIAL- WC	RK AREA	VACAN	T			NAMINSON		077							
Scope of Work (Check All That Apply)	-					_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Season of the last	novatio			~	Full Contai Mini-Enclo	nment w	rith Negativ	ve Pres	sure					
<u></u>		mondon				Glovebag I	Procedur								
	le l	ocation				Non-Exem	pted (*) a	and Non-F	riable P		dure	ent			
Location of	No	rmally		Des	cription	of			_	_	Туре				
Asbestos-Containing Material (ACM) TO BE ABATED	Main	Solely tenance	e/ '	Asbestos Cont (i.e. thermal				Amount (Specify	,			П	Ш		
In Facility (13)		dial Stat (12)	ff?	surfac other m	ing, VA	T, or		SF or LF)	T dillova		Renair	ane	Enclosure		
(1-2)	Yes No N/A								ž Ž	1	ii da	late	ure		
ATTIC			X	VERI	MICUL	ITE	- 2	225 SF	X	+	+	+			
				A10-10-10-10-10-10-10-10-10-10-10-10-10-1		**************************************				+	+	+			
										-	-	+			
							-			+	+	+	_		
Name of Registered Waste Hauler			EP Waste			Name	of Regis	stered Land	dfill						
ASSURED ENVIRONMENTAL SER	VICES		ler ID No. 4895	of Was	ite	MIN	ERVA I	LANDFIL	L						
City, State MULLICA HILL NJ			al Date /2017			URG, OI	Н								
Completed by RON SWANSON	Title GENE	BAI N	ЛANAG	FR Si	gnature	Localt	7,5,11	DOU	Date 10/28	5/00	17				
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ASSURED SERVICES

PAGE 03/04

State of New Jersey MOTERCATION OF ASBESTOS ASATEMENT (Pursuant to NJAC 8:80 and 12:120) HECK Date of Notification (1) Name of Building Owner/Operator (2)
JABON CUTTS 10/25/2017 Agencies Notified Type Notification Street Address Initial 5 2012 OCT DEP Amended City, State, Zip Code MOORESTOWN NJ 08067 DOL Amendment # Emergency (industing DOH iumiffication) Name of Contact JASON 5 DCA Cancellation FACILITY INFORMATION Name of Facility Where Abstraction is Taking Place (3) Type of Facility (4) Street Address School (K-12) Subchapter & (Other than K-12) Other (i.e. physia & camparger outsing) http:// MOORESTOWN Square Feet Lit of Wigare 1991 County (8) BURLINGTON County Code (7) Current Use (Prior if being demolished) RESIDENTIAL Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS ASCM No. Name of Aparement: Contractor (5)
ASSURED ENVIRONMENTAL SERVICES INC. 400 STREET ROAD Street Address 570 CLEMS RUN City, State, Zip Code BENSALEM PA 19020 City, State, Zip Code MULLICA HILL NJ 02052 Project Menager for Moreloning Firm MIKE PANEPRESSO Teicphone No. 215-244-1300 Telephone No. License No. Start Date (10) 10/26/2017 610-304-4678 Schaduled Completion Date (11) 11/03/2017 Harrie of OSHA Monitor Copupancy Status During Abatement (Check Only One) EMSL Facility Closed/Vacated During Entire Period of Abeliament 200 RT. 130 NORTH Abatement Performed Cultide of Normal Facility House Other - Describe: RESIDENTIAL WORK AREA VACANT CIN, State, Zip Code CINNAMINSON NJ 08077 Scope of Work (Check All That Apply) M Es 10 ta Es Renovation ≥160 sf or ≥280 ff Full Containment with Regative Pressure Demolition Min Fendesure Glovebag Procedure Non-Exampled (*) and Non-Frieble Procedure la Legation Monnelly Used Solely by Location of Abelement Asbestos-Contabing Material (ACM)
IO BE ASATED Description or Typs Asbestos Containing Material (ACM) Maintenance Amount (i.e. thermal systems insulation, In Facility Custodial Staff? (Specify (13) surfacing, VAT, or (12)SFOILF other miscessneous) Yes. No AVA. ATTIC VERMICULITE 225 8 Name of Registered Waste Hauter ASSURED ENVIRONMENTAL SERVICES NJDEP Waste Cubic Yarda Hauler ID No. 0034896 Name of Registered Landfill of Waste MINERVA LANDFILL MULLICA HILL NJ Disposal Date 10/03/2017 City, State WAYNESBURG, OH Completed by RON SWANSON Signature GENERAL MANAGER WENDAN 10/25/2017



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) B. CARHART 10-26-17 Agencies Notified Type Notification Initial City, State, Zip Code Amended DEP ASBESTOS CONTROL & LICENSING DOL. Amendment # ELMWOOD PARK, NJ Emergency (including Name of Contact DOH justification) B. CARHARI Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) B. CARHART School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) 1897 ELMWOOD PARK County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Best Removal Inc Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 11-9-17 11-8-17 Omega Environmental Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler Street City, State, Zip Code South Hackensack, NJ 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure
Mini-Enclosure ≥3 sf or ≥3 lf Renovation □ ≥160 sf or ≥260 lf Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, surfacing, (Specify Remova Repair Custodial Staff? SF or LF) VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A BASEMOUT + CAAWL AREA THERMAL INSULATION 120 LF X Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste Best Removal Inc Minverva Enterprises, LLC 2405 17109 Disposal Date City, State City, State Hackensack, NJ 07601 11-9-17 Waynesburg, OH 44688 Signature Completed by Title 10-26-17 Robert Veldran Estimator

71.1000-1000-1-10		
	П	Print Form

AV# 1521		NOTIF	ICATIO	tate of Ne N OF ASE	BESTOS	ABATE	MENT					7//	e				
UC# 1536		(F	ursuan	t to NJAC	8:60 an	id 12:12	0)		旦	U		\mathbb{A}		M			
Date of Notification (1) 10/24/2017			Name o	of Building lence	Owner/	Operator	(2)	M	0	OT	n 1	0047					
Agencies Notified Type Notification			Street /	Address	l		-	HH	U	CT.	3-1-	2017	-	7			
X EPA X Initial Amended		-	City Ct	ata Zin C													
DOL Amendment				ate, Zip Co clair, N.J		2			ASBE		CON		. &				
Emergency (including	'	Name o	of Contact			L.	I	Telep	hone N	STATE NAMED IN	NO CONTRACTOR		-			
DCA Cancellation				s Joiner	Marine Marine Commission												
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Fac	ility (4)									
Residence							☐ School										
Street Address							Subcha	apter 8	(Other	than K-	12)		10000				
Oit (E)	· · · · · · · · · · · · · · · · · · ·						etc.)		private & commer			ildings	, nom	es,			
City (5) Montclair							Square Feet 1,264	1	# of FI 2	oors	100	Bldg. <i>I</i> 102	Age				
County (6) Essex				Code (7) USE ONLY)		Current Use (Prior if being demolished)										
Name of Monitoring Firm Hired by Building C	Wner (8)		ASC		's -	Name	of Abatement	Contra	ctor (9)								
A. Seine Lighthouse Solutions		S .	,,,,,,,,														
Street Address PO Box 354							Brinks Tank Services Street Address										
City, State, Zip Code						1256 Liberty Avenue City, State, Zip Code											
South Orange, NJ 07079						Hillside, NJ 07205											
Project Manager for Monitoring Firm Sarah Calandra			Telepho	ne No. 49-2666		Teleph 844-4	No.	0.									
	Schedul	ed Con		Date (11)		Name											
11/6/2017	11/10/			Duto (11)		A. Seine Lighthouse Solutions											
Occupancy Status During Abatement (Check	Only Or	ne)		19892	Street Address												
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of	Abaten	nent	nt PO Box 354 City, State, Zip Code													
Other - Describe:	ar r donit	rioure			_		h Orange, I		079								
Scope of Work (Check All That Apply)							<u> </u>										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit				×	Glovebag	sure Proced	ure								
				1			Non-Exem	npted (*)	and N	lon-Fria	able Pro	1776-1 177	e ement	_			
Location of		Locati Normal			Do	scription	_£						pe pe				
Asbestos-Containing Material (ACM)		d Sole intenar		Asbes	tos Cont	aining M	laterial (ACM)		Amo	55325			ш	_			
TO BE ABATED In Facility	Cus	todial S (12)	Staff?	(I.e.	surfac	cing, VA			(Spe SF or		Remova	Repair	псар	inclo			
(13)	-		Γ		other n	niscellan	eous)				oval	air	Encapsulate	Enclosure			
Basement	Yes	No X	N/A		nie			-	00.1	_	 		w				
Basement		X				oe wrap	44	_	80 L		X	-					
Dasement		^			VI	inyl tile		-	400	SF		-					
Name of Registered Waste Hauler		N	JDEP W	laste	Cubic	Yards	Name	e of Reg	aisteren	Landf	ill						
Newark Carting		Н	auler ID 1509	1971 (1977)	of Waste Waste Management Landfill												
City, State East Orange, NJ					Dispos	al Date	City, Pen	State n Argy	rle, PA	Ą							
Completed by Alison Lamers	Title Office	e Man	ager		S	ighature	1/1/104	(ote 0/24/	2017	3				

State of New Jersey - Notification of Asbestos Abatement & Leck # 3053

GAC Project # 620-2017) [Al		n					- ·								
Date of Notification (1) October 2	27, 2017				U	Name of Building Owner SCHOOL DISTRICT	r/Operat	or (2) HE CHAI	HE G	E	\mathbb{V}							
Agencies Notified	No	otification				Street Address		10										
□ EPA	QH-1-100	Initial N				58 MEYERSVILLE	ROAL		0.07	0 4	004-	. 11						
⊠ DCA		Amend	ed Cert	ificatio	n#	City, State, Zip Code			U OCT	31	2017	11						
X DOL		Emerg	encv (includi	na	CHATHAM, NJ 079	928											
☑ DEP- No Longer REQUIRED		justific			0	Name of Contact		- Te	elephone Nu	mber-	Color No.							
X DOH		Cance				JOHN CATALDO		1 1 -				1.8.						
		Ourico	iicu					l.										
Name of Facility Where Abatemen	t is Taking	Place (3)		FA	ACILITY IN	Type of Facility (4)												
SOUTHERN BOULEVARD	SCHOOL					School (K-12)												
Street Address				-		→ Subchapter 8 (other that	an K-12)											
192 SOUTHERN BOULEVA	ARD					Other (i.e. private & co Sq. Feet: 60,000												
City (5)	unty (6)		County	Code (7)	<u>3q. Feet.</u> 00,000	# 01 11	001S. Z	Bldg. Age	. 50-	- year	5						
CHATHAM	MORR	IS		Use Onl		Current Use (prior if bein	ng demo	lished): E	LEMENTA	RY SCI	HOOL							
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)	ASCM	No.		Name of Contractor (9)												
RK OCCUPATIONAL &	veie in	c	0090)		GREENWOOD ABA	TEME	NT CON	CIII TANI	'C INI								
ENVIRONMENTAL ANAL' Street Address	i SIS, IN	U	l			Street Address	ILIVIE	NI CON	SULTANI	S, INC	٠.							
401 ST. JAMES AVENUE																		
City, State, Zip Code						268 MAIN STREET												
PHILLIPSBURG, NJ 08865	5					City State, ZipCode BUTLER, NJ 07405												
Project Manager for Monitoring Fire		lephone N				Telephone Number License Number												
JON GILBERT	9	08-454-	6316			973-492-0477 00840												
Scheduled Start Date (10)		heduled C	ompletio	n Date (11)	Name of OSHA Monitor		100										
11/09/17	11	/11/17				ENVIROVISION, IN	C											
Occupancy Status During Abate						Street Address	<u> </u>		-									
Facility Closed/Vacated Durin				nt		20-21 WARGARAW	DOAD											
☐ Abatement Performed Outsid Describe	e of Norma	al Facility	Hours -			City, State, Zip Code	NOAL				-							
☐ Facility Occupied During Enti	re Period o	f Abatem	ent															
SUB 8 UNOCCUPIED - S	SHIFT HO	OURS 3	BPM -	12MID	(24	FAIRLAWN, NJ												
Hours as needed) Source of Work (Check all that app	alsa\																	
Source of Work Corleck all that app	лу)						Full C	ontainmer	nt with Nega	tive Pre	essure							
\ge 3 sf or \ge 3 lf				X R	enovation	X		Enclosure										
□ ≥ 160 sf or > 260	f				emolition	X		ebag Proc	edure									
					01110111011	_			(*) and Nor	n-Friabl	e Proce	edure						
Location of Asbestos-Containing	Is Location	n Normali	v Used	Descri	ption of As	sbestos Containing Material		Amount	Abatem	ent Typ	e							
Material (ACM) in Facility (13)		Maint./Cu				mal systems insulation, surfac		Specify SF		99721 Mariana	TTS							
	Staff? (12 YES	2) NO	NA	VAT,	or other mi	scell.)		or LF)		Repair	Encap	Enclose						
1 st Floor Small Front Office		X	SC 510 EV	TSI -	PIPE II	NSULATION		25 LF	X	T	Τ	Г						
1 st Floor Small Front Office		X			& Mast	ic (non-friable)		200 SF	X									
Name of Reg. Waste Hauler		DEP Wast		ID#		Cubic Yards of Waste:	10 CY		me of Regist			28361						
Newark Carting, Inc. Newark, NJ 04509	N.	J DEP #	4509					G.	R.O.W.S.	North	Landf	ill						
14CWAIR, 143 04309							Dispos	sal Date	10	City, Sta	te							
Notes: None							11/1				Ford M	ill Rd.						
00000000000000000000000000000000000000									1	/orrisvil	le, Pa 19							
Completed by /Dilat	1					T a				15-736-	-1700							
Completed by (Print or Type)	Title	UOD 5	20 150			Signature		Da	The state of the s		_							
RAYMOND C. PEDALING		IIOR PE		. 1		(0 1/1/0	11.	0	ctober 27	, 2017	1							
	MAN	NAGER				Raymond C. Lea	alino											

MO#24499211578

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12/12	11	ID)
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Date of Notification (1)		Name	e of Buildin	g Owner	/Operator (2)	In	EG	3 1	M	E			
10 /	27 / 17						ACCOMPANY OF	20.50	III)]r		<u> </u>	U	ഥ	
Agencies Notified				_	Rauchno	ot								111
EPA	Type Notification			Stree	t Address					0.07	~ 4		_	111
☑ DOLWD	Initial								II II	OCT	31	201	7	1
☑ DOCWD	Amended Amendment #			City.	State, Zip	Code								1
□ DCA			•	Mont	clair, NJ	07043				005000			-	_
(NJAC 5:23-8)	Emergency (ir justification)	icluaing	3	-	of Contac	and the second			Tolon	ASBESTOS hone NUGL	S CO	NTRO	DL &	
(110/10 0.20 0)	Cancellation					172 			_ I relec	none numa	ieroii	VG	WHO BOWN	
				Joetta	Rauchno	t			2.0			shi-		
				FA	CILITY IN	FORM	ATION					315		
Name of Facility Where A	batement is Taking	Place	(3)					Type of Facility	(4)					
Private house								School (K-1	20070					
Street Address								Subchapter	8 (Other	than K-1 2)				
								Other (i.e.,	private a	nd commer	cial bu	uilding	S,	
City (5)								homes, etc	.)					
City (5)								Square Feet	# of	Floors	В	dg. A	ge	
Montclair, NJ 07043														
County (6)				Cour	ity Code (7)	(STATE (JSE ONLY)	Current Use (F	rior if be	ing demolis	hed)			
Essex														
Name of Monitoring Firm	Hired by Building (Owner ((8)	ASCM	No.	Name	of Abateme	ent Contractor (9	2)				-1	
							in Contractor (s	')						
Street Address							ch LLC							
							Address							
City State 7in Code							alley Rd#							
City, State, Zip Code						City, S	tate, Zip Co	ode						
						Wayne	e, NJ 0747	0						
Project Manager for Moni	toring Firm		Tele	phone	No.	Teleph	one No.		Lice	nse No.	Milea			
						973-63	8-1777		0112	27				
Start Date (10)	Sched	luled C	omple	tion Da	te (11)		of OSHA M	onitor	0112	-1				
11 /06 /		1 /												
Occupancy Status During						-		nsultants,Inc						
				9991101109612		Street	Address							
	Outside of Name 1	100 01	Abate	ment	0.00 46 0.00	20-21	Wagaraw 1	Road, Bldg .#	35E					
Time of Abatement:	AM- pr	raciiity M	PM	s - Des	A M	City, S	tate, Zip Co	de						
		v1)			AW	Fair La	wn, NJ 07	7410						
Scope of Work (Check all	that apply)							and decontami	nation wi	th negative	press	ure		
≥3 sf or >3 if		M n -		200			Full Conta	ainment with Ne						
> 160 sf or >260 lf		Re	novatii molitio			M	Mini-Encl	osure Procedure	Tent wit	h Mogativa	Droop			
			,,,,,,,,,,	11.		Н	Non-Exer	npted (*) and No	n-Friabl	e Procedure	1622	uie		
		Is	Locat	on						- 100000	1	1		
Location		١	Normal	ly		De	scription of		1		AD	ateme	ntiy	/pe
Asbestos-Containing N			d Sole		Asbes			erial (ACM)	I A	mount	Re	Repair	E	E
TO BE ABA		11,000,000,000	intena odial S			., therma	il systems ir	nsulation,	10000000	pecify	Remova	pa	cap	clos
IN Facilit (13)	у	Ousi	(12)	otali !			cing, VAT,		SIF	or LF)	Va	7	Encapsulate	Enclosure
(10)				T	1	otner	miscellanec	ius)					ate	
		Yes	No	N/A										
First floor		Ш		\boxtimes	Duct-wra	ap&cut			90 LF					
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]		Territory Con-					ᆜ	Ш	Ц	Ш
		Ш												
	1000	П	П	П							П		П	П
Name of Registered Wast	e Hauler		MID	FP Waste	Hauler ID No.	Cubic V	ards of Masta	Name of Regi	ators d I	n dEll		Ш		Щ
								I value of Regi	stered La	HIGHII				
Gr Tech LLC			0	03378	5	TB		T.R.R.F. Inc						
City, State						Disposa	al Date	City, State			32,7443	778-S		
Wayne, NJ 07470						TB	D	Tullytown, P.	Δ					
Completed By (Print or Ty	pe) Title						gnature /	Luiij Wii, I		Dat	2			-
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ASB-41	Owr	ier					//e	wic Wena	d	10/2	7/17			
							1/							

OK# 3146	4			TION OF AS	New Jersey SBESTOS ABA 8:60-7 and 12:			15	9)		
Date of Notification (1)				1	-	Owner/Operator OOHME CORP.	(2)				n L
10 / 20 /17				Stree	et Address			HILL	E () <u> </u>	-11-
Agencies Notified Type Not	ification					/ENUE, P.O. BO	K 2000, RY28	144			
DEP Am	al Notification		i		State, Zip Code WAY, NEW JER				00	T 3	1 :
	Hold			Nam	e of Contact		Telephone	Number	ODEO:	TOO (1001
	ERGENCY	NOTIF	FICAT	ION PAT	RICIA JOHNSO	N			5	ICEN	SING
			F	ACILITY IN	NFORMATION		I. Ime				01146
Name of Facility Where Abatement	is Taking	Place	(3)			Type of Facilit	y (4)				
						School (K	-12)				
MERCK SHARP & DOHME CORPO	RATION					Subchapt	er 8 (Other tha	an K-12)			
							private & con		-		
Street Address	COCONCINCINGO COCO	Company of the 1900				Square Feet	# of Floor	rs		g. Age	
126 EAST LINCOLN AVENUE - BUI		PERIN	METE			89,717	5			82	
	inty (6)				nty Code (7)	Current Use (P	rior if being de	emolishe	d)		
RAHWAY UNI			(0)	(STATE	E USE ONLY)	VACANT		-1 (0)			
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVESTI			(8)		ASCM No.	Name of Abate			LION		
Street Address	CATIONS,	IIVO.			104	Street Address		IN ORA	ION		
Street Address 355 WEST SHORE TRAIL						313 SPOOK RO					
City, State, Zip Code						City, State, Zip				****	
	NEW JER	SEY	7871			SUFFERN, NE		01			
Project Manager for Monitoring Firm			COLDANIA CONT.	Number		Telephone Nun		License	Numbe	er	
WILLIAM S. KERBEL, CIH		973-	729-5	649		845-369-7500		1101			
Expected State Date (10)	Sch	ed. C	omple	etion Date	(11)	Name of OSHA	Monitor	100			
11 / 2 /17			1	22		AMERISCI LA	BORATORIES	SINC	#	11480	
Month Day Year		onth		Day	Year						
Occupancy Status During Abatemen						Street Address					
X Facility Closed/Vacated D Abatement Performed Ou					secriba:	117 EAST 3011	HSIKEEI				
	NDAY -FRI				scribe.	City, State, Zip	Code		-		
A CHIOL BOSSINGS.			,				W YORK, NEV	W YORK	10016	ò	
Scope of Work (Check all that apply)					Full Cont	ainment with Neg	ative Pressur	е			
Demolition	X Ren	ovatio	n		X Mini Encl						
>3SF OR LF						g Procedure					
X >160 SF OR 260 LF		V V	200			ble Procedure	Т				
Location of Asbestos-containing	1.0	Loca mally	10.75000		Description of Aster		Amount	_	Abaten	ong posterior	_
Material (ACM)		solely			(ie. Thermal sy		(Specify	l m	REPAIR	NO.	NO
TO BE ABATED	(Saleson)	nt/Cus	The state of	ir	sulation, surfac		SF or LF		AF	AP	5
in Facility (13)		Staff (*	12)		or other miscella			P	~	ENCAPSULE	ENCLOSURE
	Yes	No	N/A							m	H H
1ST FLOOR - PERIMETER			Х	VAT/MAS	TIC		448 SF	×			
2ND FLOOR - PERIMETER			X	VAT/MAS	TIC	SHE SHE SHE SHE SHE SHE	448 SF	×			
3RD FLOOR - PERIMETER			X	VAT/MAS	TIC		448 SF	X			
4TH FLOOR - PERIMETER			X	VAT/MAS			4 SF	×			
		1									
		1									
Name of Registered Waste Hauler	NJI	DEP W	/aste	Cubic Yar	ds of Waste	Name of Regis	tered Landfill				
FREEHOLD CARTAGE, INC.		ıler ID			40	LYCOMING CO		DURCE N	JANAC	GEME	VT S
825 HIGHWAY 33			447 ALEXAND	ER DRIVE/RO	DUTE 15						
City, State	Disposal [City, State					2			
FREEHOLD, NEW JERSEY				11/5-2/22		MONTGOMER	Y , PA 17752	- A	/	_/	
Completed by (Print or Type)	Title) D O C	000	DATIONS	Signature	XXX		Date/	12	0//	1
BENJAMIN SANCHEZ	DIRECTO	JK OF	OPE	RATIONS	1 /	1110		_ , J		11	/_

DOL

DCA

Charles and

Black-to-off Ideals

Total Address

City, Guile, 29 Code

ESSEY

10/26/17

Other - Describe:

1400 of 44 14400 W

15T FLOOR

DNO FLOOL

04509

Vice President

5 Disposed Dute

Newark Carling Inc.

Newwerk, NJ 07105 Corporations by

Joseph Vocaturo

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AGNE-45 (82-00-00)

Oly, Sight

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10/86/17 On Pen Argyl, PA 08702

Check # 16125

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		NO!	TIFIC	CATION OF	ASBI	ESTOS ABATEMENT	E A	п				
Date of Notification ((1)	(EUL)	Na	me of Bu	ildin)-7 and 12:120- g Owner/Operato			7)			
10/27/2017			1	John I	amb	ert	IT A	HH	_لِـ	Deline year		
Agencies Notified Ty	pe Notific	ation	St	reet Add	rass			INTE	C	F	1 W	E
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[]DEP	Notific	cation	0:1					limil				1
	[]Amended			y, State					OCT	3 '	201	7
	Notific	cation	IN	ewark	, NJ	,07112		20 64			201	1
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t IDOA			J	ohn L	ambe	ert	100					DL &
]Cancella	tion							-			
Name of Facility Where	Abatement	ie Male	- T	FACI	LITY	INFORMATION						
John Lambert	rada centeri c	is rak.	ing i	Place (3))		Type of Faci	lity (4)				
							[]School	(K-12)				
Street Address							[]Subcha	pter 8 (Of	ther th	nan	K-12)	
							buildings	(i.e., pri	etc.)	e CC	mmerc	lal
City (5)		a	151				Square Feet	# of F		віс	ig. Ag	ie
Newark	L	County Essex				inty Code (7) TATE USE ONLY)						120
		ussex	•		1	III OSE ONEI)	Current Use	(Prior if	being	dem	olishe	ed)
Name of Monitoring Firm	hired by 1	Buildin	~ A	SCM No.		Name 6 31						
Owner (8) N/A	2 ₁ .	OGLIGII	g A	SCM NO.		Name of Abate						
Street Address							ANAGEMENT	, Inc.				
						Street Address	70					
City, State, Zip Code							topher St	•				
						City, State, 2						
Project Manager Fam M							r, NJ 070	42				
Project Manager for Moni	Ltoring Fir	100000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	one Numbe	er	Telephone Numb			Licens	se 1	Number	:
Sahadala I a		N/				(973) 744	-8800		003	371		
Scheduled Start Date (10	1	_		n Date ((11)	Name of OSHA M	Onitor					
Month Day Year	Mon.		0- av	17	7	N/A						
occupancy Status During	Abatement	(Check	only	Year one)		Street Address						
[X]Facility Closed/	Vacated Dur	ring En	tire	Period								
[]Abatement Perform	med Outside	of No:	cmal	Facility	7	City, State, Z	in Code					
Hours - Describe	:«OffHours	Descri	ot»			orey, beace, z	ip code					
cope of Work (Check all			Desc	cript»								
THE OF HOLK (CHECK ALL	that apply	Α)				רונידו ו	ontainment wi	th Nogativ	D			
[X]>3 sf or >3 l []>160 sf or >2				ovation		[X]Mini-E	nclosure	ur Negativ	e Pres	sur	е	
1 12100 21 01 32	DU II	1] Dem	olition			bag Procedure iable Procedu					
\$2.00 P. C.		7.0	Is			į juon ri	Table Plocedu	re	Ał	nate	ment	Type
Location of Asbestos-Contain:	ina	No	cati	ly		Description					E	E
Material (ACM)	9		Used olel			Asbestos-Conta Material (A		Amount (Specif	E	2	R C	C
TO BE ABATED			inter	nance/		(i.e., thermal	systems	SF or	0	5	PAD	O L
In Facility (13)		Sta	ff (12)		ulation, surfac r other miscell		LF)	V		A S	S
		Yes	No	N/A		- owicz mracell	aneous		L	1	RL	R
asement				X	Pipe	e Insulati	on	150 I	FX			
										1		
								\$10000 miles				
me of Registered Waste				aste	1000000		Name of Regis	tered Land	dfill			
AZTECH MANAGEMEN	T, INC	· 17	040	ID No.	of V	Waste 1.5	Minerva			I	NC	
ty, State					Disp	osal Date	City, State			_		
ontclair, NJ 070	142				71.00	1/13/17	Waynesbu	ra. Oh	io 4	46	22	

Signature

Date 10/27/2017

Completed By (Print or Type)
Constantine Vivian

Title

President

/# 3073	PA			DATION	te of New Jers OF ASBESTO to NJAC 8:60 a	S ABATE) <u>[</u>	CE		<u> </u>		7
Date of Notification (1)	0				Building Owne					י דייו	1 1 0	247	Total State of the	
October 26-2017	Check # 3073				d Sacramer	nt Romar	n Cath	olic Unur	EL C	OCT 3) 1 21	J1/_	I los	4
Agencies Notified	Type Notification			Street Ac	ldress Jorth Avenu	0								
☐ EPA	Initial		-	1000000		e 			ASBE	STOS	CONT	ROL	&	7
DEP DOL	Amended Amendment #			10000	te, Zip Code eth, NJ 0720	11				LICE	NSING			
M 201	Emergency (in		_	Name of		, ,			Telen	hone N	umher			
DOH DCA	justification) Cancellation				ardo Gallo				1 CICD	HOHE IV	diffici	-		
	Cancellation				ITY INFORMA	ATION			-					_
Name of Facility Where	Abatement is Taking	Place (3)	171011			Туре	of Facility (4	1)					
Blessed Sacramen	t Roman Catholic	Churc	ch-Kit	chen a	rea			School (K-12	2)					
Street Address								Subchapter 8	8 (Other					
1096 North Avenue)						10.1	Other (i.e. pr etc.)	rivate & c	commer	cial bull	aings.	nome	es,
City (5)								e Feet	# of F	loors	E	Bldg. A	ge	
Elizabeth												+08		
County (6)				County C			100000000000000000000000000000000000000	nt Use (Prio	The state of the s	demoli	ished)			
UNION				(STATE U	ISE ONLY)			ory-Chur						Gr.
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	l No.			ement Cont		9)				
Ctt Add							t Addres	es Corpor	allon					
Street Address						11.4-25.06.1.5.0	-69th S							
City, State, Zip Code						City, S	State, Zi	p Code						
								g, NJ 070	93					
Project Manager for Mor	nitoring Firm			Telephor	ne No.	Telep	hone No).	T I	License	No.			
						201-	-295-1	700	(01074				
Start Date (10)		Schedule	ed Con	npletion [Date (11)	Name	of OSH	A Monitor						
10/27/2017	6	10/28/2	2017			Sam	ne as a	above						
Occupancy Status Durin	g Abatement (Check	Only On	ie)			Street	t Addres	S						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Pened Outside of Norma Starting 9:30 AM	eriod of A al Facility	Abaten Hours	nent S		City, S	State, Zi	p Code						
Scope of Work (Check A	III That Apply)							73.631						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	Renova Demoli] []	Min Glo	l Containme ni-Enclosure ovebag Proc n-Exempted	e edure				re	
		Is	Locat	ion								A 1000 1900	temen	t
Locatio	n of	1	Norma	lly		Description	n of					1	уре	1
Asbestos-Containing			ed Sole intena		Asbestos C					nount	77		Ē	ш
TO BE AB		10000000	todial	Staff?		mal system urfacing, V		ation,		ecify or LF)	Removal	Repair	Encapsulate	nclo
(13)			(12)			er miscella					ova	air	sula	Enclosure
		Yes	No	N/A							-		e	
Kitche	an .		Х		Du	ıct-wrap	& cut		20	SF	х			
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Name of Registered Wa			- 6 43	NJDEP W Hauler ID		ibic Yards Waste		Name of	(C)					
Tri-State Transfer A	ASSOC		14 13	9551	tbe			Minerva	a Enter	prises	5			
City, State Bronx, NY					Dis	sposal Date	е	City, State Wayne		ОН				
Completed by		Title				Signatu	re /	0//	1		Date			
Gina Betnaes		Offic	е Ма	nager			L	Veuca	10-		10/24	/201	7	

PATERSON, NJ 07503

Title

PRESIDENT

Completed by (Print or Type)

BOGDAN JOLDZIC

State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-298 (Pursuant to NJAC 8:60 and 12:120) 3 1 2017 Name of Building Owner/Operator (2) Date of Notification (1) 1 10 /12 14 1/11 17 **ASBESTOS CONTROL &** takasi okuda Agencies Notified Type Notification Street Address EPA Initial | Amended DEP City, State, Zip Code Amendment #: DOL _ Emergency scotch plains, nj 07060 (including DOH. Name of Contact Telephone Number justification) DCA takasi okuda Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) takasi okuda Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) scotch plains Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number Phone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 11/06/17 17/30/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Mini-enclosure □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of Е e by maintenance/custodial е asbestos-containing Description of asbestos-containing Amount staff(12) m p C material (acm) to be (Specify SF or material (ACM) 0 a a abated in facility (13) LF) YAS No N/A P e PIPE INSULATION (wrap&cut) 40 l ft basement crawl space X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State

11/07/17

a not use this form for only the limit

Signature

TULLYTOWN, PA

Date

10/24/17

C/LIDDO 04519	AI	OTIF (P	St ICATION ursuant	ate of Nev I OF ASBE to NJAC 8	v Jersey ESTOS / 3:60 and	ABATEMEN 1 12:120)	NT.			C		\mathbb{V}	6
Date of Notification (1) 08/08/17				f Building (I-Myers		perator (2)				CT 3	3 1	2017	,
Agencies Notified Type Notification EPA Initial Amended Amendment	-	_	Street A 1 Squ City, Sta New E		e de			Tol	ASBE	STOS	CON	ITRO G	L&
DOH justification) Cancellation				DeSpirit				81.5					
Name of Facility Where Abatement is Taking Bristol-Myers Squibb Street Address	Place (3	3)	FACI	LITY INFO	ORMATI		pe of Facility School (K- Subchapte	12)	or than K	12)			
1 Squibb Drive						X	Other (i.e. etc.)	private 8	& commerc	cial buil		3	es,
City (5) New Brunswick						Sq	uare Feet	3	f Floors	0.0	31dg. <i>F</i> 100	Age	
County (6) Middlesex				Code (7) USE ONLY)		1000	irrent Use (Pri abratory	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building C Environmental Health Investigation			ASCN 0010				batement Co						
Street Address 655 West Shore Trail		KN = 71				Street Add	iress ain St. Exte	ension	Suite 10	0			
City, State, Zip Code Sparta, NJ 07871						5.0	, Zip Code Ile, NJ 088	72	10				
Project Manager for Monitoring Firm Bill Kerbel			Telepho 973-7	ne No. 29-5649		Telephone	No.		License 00750	No.			
Start Date (10) 08/23/17	Schedule 10/31/		ppletion	Date (11)			SHA Monitor mental Tac		nc.				
Occupancy Status During Abatement (Check X Facility Closed/Vacated During Entire P			nont			Street Add	ress d Street						
Abatement Performed Outside of Normal Other – Describe: Building is vacated, a	al Facility	Hours	S	ed on 2 shif	fts_	City, State Matawa	, Zip Code an, NJ 0774	17					
Scope of Work (Check All That Apply)		Renova Demoli				H	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				re	
		Locat Vorma										emen /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial (12)	ely by nce/ Staff?		os Conta thermal surfac	scription of aining Mate systems ins sing, VAT, o niscellaneou	sulation, r	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Building 80/84 South		X	1000000		Floor	r Tile VAT	-	80	000 sf	Х			Х
-		X			Pipe	Insulation	ı	1	70 If	х			Х
-		X			Windo	w Caulkir	ng	3	500 If	Х			X
=		X		Roo	of Flas	hing Tar I			200 sf	х			X
Name of Registered Waste Hauler	78-1-1-V	322	JDEP W lauler ID		Cubic of Was			677.0	ered Landf	ill			
Freehold Cartage		11 111	5939	S-ANTEN	10,00	00	Grows		rill 				
City, State Freehold, NJ					10/31	,	City, Star Tullyto		A				
Completed by Kurt Nale	Title Signar Branch Manager									ate 10/26/	17		

1K1000045118	١		CATION	OF ASBE to NJAC 8	ESTOS	ABATEM			Dr	EC		\mathbb{V}	E	
Date of Notification (1) 08/08/17				Building ((2)			OCT	3 1	2017	,	
Agencies Notified Type Notification			Street Ad	ddress	<u> </u>									
EPA Initial M DEP M Amended				te, Zip Co					<i>F</i>	ASBESTO LIC	S COI	NTRO)L&	
X DOL Amendment #		_		Brunswic							Governities (See) Mannier			H POLICE
Emergency (in justification)	cluding			Contact DeSpirit	0				Tola	enhone Ni	mher			
DCA Cancellation				LITY INFO		ON								
Name of Facility Where Abatement is Taking	Place (3	3)					Type of	Facility	(4)					
Bristol-Myers Squibb								chool (K-		er than K-1	2)			
Street Address 1 Squibb Drive							I Ot	her (i.e.		& commerc		dings,	home	es,
City (5)							Square		# of	Floors	В	ldg. A	ge	
New Brunswick									3			00		
County (6) Middlesex			County C	Code (7) JSE ONLY)		_	Labra	atory		ng demolis	hed)			
Name of Monitoring Firm Hired by Building Ov Environmental Health Investigations			0010					ment Co Special		(9) tractors				
Street Address 655 West Shore Trail							Address Main		ension	Suite 10)			
City, State, Zip Code Sparta, NJ 07871						113000000000000000000000000000000000000	tate, Zip eville.	Code NJ 088	72					
Project Manager for Monitoring Firm Bill Kerbel		Telephor	ne No. 29-5649		Teleph	one No. 525-01			License 1	No.				
Start Date (10)	Schedule 10/31/			Date (11)				Monitor						
Occupancy Status During Abatement (Check		1					Address		J.100, 11					
Facility Closed/Vacated During Entire Pe	riod of A	Abatem	nent				road S						-=	
Abatement Performed Outside of Norma Other – Describe: Building is vacated, al	l Facility patemen	Hours t to be	performe	ed on 2 shi	fts		tate, Zip awan, N	Code VJ 0774	47					
Scope of Work (Check All That Apply)	BLOG I						,							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demolit				X	Mini- Glove	Enclosur	e cedure	Negative			e	
	Is	Locati	on			///						Abate	ement	t
Location of		Normal d Sole		A - I		scription		A (2.4.)		maunt		1 9	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ма	intenar todial S (12)	nce/		thermal surfa	taining M systems cing, VA niscellan	insulati T, or		(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										e	
1st Floor North		X			See /	Attachn	nent				X			Х
1st Floor South		X			fo	or LN ft					X			Х
2nd Floor North		X				Cu ft					X			X
2nd Floor South		X	1050		0 1::-	Sq ft		Name of	Deviate	and I andfi	X			X
Name of Registered Waste Hauler Freehold Cartage		Н	IJDEP W lauler ID 5939		of Wa			Grows		ered Landfi ill	II.			
City, State Freehold, NJ					Dispos 10/3	sal Date 1/17		City, Sta Tullyto		A				
Completed by Kurt Nale	Title Bran	ich M	anager		5	Signature	41/1/2	le			ate 0/26/	17		



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M		nct	2	1	2017	7	

Date of Notification (1)				N	lame of	f Building (Owner/Ope	rator (2)			0			-	
10 /	27 / 1	17			Jose	ph A. Cla	arke		/ Job #17		Chk. #4			لـ	_
Agencies Notified	Type Notificatio			S	Street A	ddress				ASBE	STOS C			. &.	
□ EPA									- 21 177-07-01		Charles & Constitution	AGD IN COLUMN			
□ DOLWD □ □ □ □ □ □ □ □ □	Amended	#		C	City, Sta	ate, Zip Co	de								
□ DHSS	Amendment Emergency		lina		Cher	ry Hill, N	J								
☐ DCA (NJAC 5:23-8)	justification)		iiiig	N	lame o	f Contact				Telephone	Number				
(10/10/10/07	☐ Cancellation	1			Joe I	Riggs									
					FAC	ILITY INF	ORMATIC								_
Name of Facility Where	Abatement is Tak	ing Pla	ace (3	3)				100	Type of Facilit						
Residential Proper	ty								☐ School (K-	12) r 8 (Other thar	n K-12)				
Street Address									Other (i.e.,	private and co	ommercia	build	dings	t	
									homes, etc			511	Α	-00	_
City (5)									Square Feet	# of Floo	rs		. Age		
Collingswood									1700	2			nkno	OWN	
County (6)					Count	y Code (7)(STATE USE	ONLY)		Prior if being d	emolishe	d)			
Camden									Residentia						
Name of Monitoring Firm	n Hired by Buildin	g Own	ner (8)) A	SCM N	10.			nt Contractor (
Tiger Environment	tal								Mold Servi	ces, Corp.	0,1100				
Street Address							Street Add								
16 W Elizabeth Ave	e # 2						3859 Sy	ylon Bo	oulevard						
City, State, Zip Code							City, State								
Linden, NJ 07036							Haines	port, N	IJ 08036						
Project Manager for Mor	nitoring Firm			Telep	hone N	No.	Telephone	No.		License	No.				
Kelly Walton			1	(90	8) 862	2-4301	609-702			00862	2				
Start Date (10)	Sc	hedule	d Co	mpleti	on Dat	e (11)	Name of C	SHA M	onitor						
11 / _6_ /	17	11_	_ /	6	_ / _	17	EMSL A	Analyti	cal, Inc.						
Occupancy Status Durin	ng Abatement (Ch	neck or	nly or	ne)			Street Add	iress							
☐ Facility Closed/Vacat					nent		200 U.S	S. Rout	te 130 North	l.					
☐ Abatement Performe	d Outside of Nor	mal Fa	cility	Hours	s - Desc	cribe	City, State	, Zip Co	ode						
Time of Abatement:	AM	_PM/_		_PM		AM	Cinnan	ninson	, NJ 08077						
Scope of Work (Check a	all that apply)														
57 . 2 . 5 2 15			7 Don	ovatio	nn.			full Cont //ini-Enc		Negative Press	sure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				nolitio			Па	Slovebad	Procedure						
	5 - T-2 5 - 20 (12 - 12 - 12 - 12 - 12 - 12 - 12 - 12					,		lon-Exe	mpted (*) and	Non-Friable P	rocedure		- 20		
				Locati										ent Ty	
Locatio				ormal Sole		Aches		ription o	iterial (ACM)	Amo	unt	Rer	Repair	Enc	Enc
Asbestos-Containing TO BE AB			Mai	ntenai	nce/	(i.e.	, thermal s	ystems	insulation,	(Spec		Removal	air	aps	Enclosure
IN Fac	ility		Custo	odial 9 (12)	Staff?		surfacir other mis	ng, VAT		SF or	LF)	<u>a</u>		Encapsulate	Ire
(13)	<u>)</u>	,	Yes	No.	N/A		other mis	Scellarie	ous)					æ	
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									\Box		П	П			
		L					ZIEGOSZIBIUS SZ			_					
		L		Ц	1050	0/	Cubia Var	rdo of	Name of P	egistered Land	Hfill			_	_
Name of Registered Wa				1000	JDEP \ auler II		Cubic Yar Waste	us or	Grand (endt:				
Waste Manageme	nt				17273		5	Data	107137333333				-		
City, State							Disposal I		City, State Penn A	rgyle, PA					
Lafayette, NJ									/	. 5),	Date				
Completed By (Print or		Title			· · ·	_	Sign	ature	1 1		Date	100	17	-1-	1
Kimberly A. Trum	betti	Off	ice (oord	linato	r	1	IX	11	/		U	41		



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Date of Notification (1)				Nam	e of Ruildi	ng Owner/Operator	(2)						_
10 /	13 /	17		11 11 11 11 11 11 11 11		ership, LLC		ob #1612-2	144	Chi	k. #N	Δ	
Agencies Notified	Type Notification	n			et Address	34			@ F	П	η.η.		- Parties
⊠ EPA	☐ Initial			1000000	King Str			In) E	66	Ш	\mathbb{V}	5	IL
□ DOLWD					State, Zip			1153					#
□ DHSS	Amendment			11 25	ver, NJ (OCT 3	1	2017		
□ DCA (NJAC 5:23-8)	☐ Emergency justification)		ng	0	e of Conta	1473-0745-1		Telephone			2011		
(110/10/0.20/0)	☐ Cancellation			Participation and a	rk Harpel	77.72		reiephone	e Number				
						NFORMATION			LICEN	IOIA	RO	<u>L &</u>	
Name of Facility Where A	Abatement is Tak	ing Plac	e (3)		CILITY	NFURINATION	Tunn of Facility	(4)	LICEN	SIN	G	Tital Inc.	
Commercial Proper		mg r ide	C (0)				Type of Facility ☐ School (K-1						
Street Address	-,						Subchapter		n K-12)				
69 King Street							Other (i.e., p		ommercia	ıl bu	ildings	Ŷ.	
City (5)							homes, etc. Square Feet	# of Floo	***	DI	l=		
Dover							217,800	4	rs		lg. Age 1 07	3	
County (6)				Cou	ntv Code (7)(STATE USE ONLY)	Current Use (P		omolisho		07		
Morris					,,, 0000 (THO THE GOL ONE TY	Warehouse		emonsne	u)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	The state of the s				27/2-50	-	
Criterion Laborator	ies			1			d Mold Service	Š.					
Street Address						Street Address		оо, оогр.				1017.00	
3370 Progress Drive	e, Suite J					3859 Sylon B	oulevard						
City, State, Zip Code						City, State, Zip Co							
Bensalem, PA 1902	0					Hainesport, N							
Project Manager for Monit	toring Firm		Tel	ephone	No.	Telephone No.		License N	No.				_
Mike Panepresso			2	15-244	-1300	609-702-0400		00862					
Start Date (10)		eduled (Comple	etion Da	ite (11)	Name of OSHA M	onitor						-
10 /23 /		11	3	0_/	17	EMSL Analyti	cal, Inc.						
Occupancy Status During						Street Address							
☐ Facility Closed/Vacated	d During Entire P	eriod of	Abate	ment		200 U.S. Rout	te 130 North						
Abatement Performed	Outside of Norm	al Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	de			_		-	-
Time of Abatement:		-IVI/	PM		.AM	Cinnaminson	, NJ 08077						
Scope of Work (Check all	that apply)						W. 9390 3599 5539						
≥3 sf or ≥3 If		⊠ R€	enovat	ion		☐ Full Conta	ainment with Neg	gative Pressu	ire				
≥160 sf or ≥260 lf			emoliti			☐ Glovebag	Procedure						
							npted (*) and No	n-Friable Pro	cedure				
Location of	of		Loca Norma							Abat	temen	t Typ	e
Asbestos-Containing N	laterial (ACM)	Use	ed Sole	ely by	Asbe	Description of stos Containing Mat		Amoun		Re	Re !	II I	En
TO BE ABAT		1000000	intena todial		(i.e	., thermal systems in	nsulation,	(Specif	y	Remova	Repair	200	Enclosure
(13)	8		(12)	Oton.		surfacing, VAT, other miscellaneo		SF or LF	F) !	<u>u</u>	Repair	2 1	ure
		Yes	No	N/A		5.1.5. THOODING!100	(40)				7	Ď	
Basement Brick Boiler					Boiler I	nsulation & Debr	is	100 SF	= 5		ПГ	71	7
Basement					Transite	Panels on Woo	den Chute	110 SF					듺
												7 -	=
										-			븨
Name of Registered Waste	Hauler			JDEP V	Vaste	Cubic Yards of	Nome of Date	ha 1 1 1 1 1 1		ال		1 L	1
Waste Management				auler ID		Waste	Name of Regist						
City, State				17273		5 Disposal Data		uai					
Lafayette, NJ						Disposal Date 11/30/17	City, State	- D^					
Completed By (Print or Typ	e) Titl						Penn Argyl	e, PA					
Kimberly A. Trumbet		e Office (`noro	inata-		Signature			Date				
SB-41			-0010	atUl		1		1 10-	21	4-1	1		



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Date of Notification (1)					Nan	ne of Buildir	ng Owner/Operator (2)	14	4						1
9/	28 /	17			Н	ealthSout	h Corporation	/ J	ob #	#160 <u>9</u>	9-2116		Ch	k #	486	سليد
Agencies Notified	Type Notific	ation		-	Stre	et Address			-	A	SBES	TOS	CC	INC	ROL	&
⊠ EPA	☐ Initial				2000		lview Parkway, S	uite 200		-		-101	WINDOWS	INC	eranoscento	BOUNDER
□ DOLWD		~				State, Zip				1765-11				25-2072		
□ DHSS	Amendm				1000	rminghar										
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		cluding	3		e of Contac			Tel	lepho	ne Nur	nher	115.5			
(110/10/0.25-0)	☐ Cancella					izabeth N			10	юртю	110 110					
														_		
Name of Facility Where A	hatament is	Taking	Dioos	(2)	Γ,	ACILITYTI	NFORMATION	T 6 F 100	/4\							
HealthSouth Rehab								Type of Facility								
Street Address	nospital o	1 101	IS KIN	ver				☐ School (K-12 ☐ Subchapter 8		her th	an K-1	2)				
14 Hospital Drive								Other (i.e., p	rivate				bui	ilding	S,	
								homes, etc.)	_							
City (5) Toms River								Square Feet	100	of Flo	oors			lg. Ag		
					-1			84,619		3				ver	30	
County (6)					Co	unty Code (7)(STATE USE ONLY)	Current Use (Pri		,	demol	lished)			
Ocean								Rehab Hosp		4						
Name of Monitoring Firm	Hired by Build	ding C)wner	(8)	ASCI	ΛNo.	Name of Abateme									
Horizon								d Mold Service	s, C	orp.	3					
Street Address							Street Address									
PO Box 316							3859 Sylon B									
City, State, Zip Code							City, State, Zip Co									
Thorofare, NJ 0808							Hainesport, N	NJ 08036								
Project Manager for Moni	A 1000 A			19000	lephon		Telephone No.		15000	icens						
Dave or Steve Flani					2000	8-0800	609-702-0400	<u> </u>		0086	62					
Start Date (10)				- 50		ate (11)	Name of OSHA N	lonitor								
		1	0_/		31_ /	17	EMSL Analyt	ical, Inc.								
Occupancy Status During	Abatement (Check	only	one)			Street Address									
☐ Facility Closed/Vacate							200 U.S. Rou	te 130 North								
Abatement Performed	Outside of No	ormal	Facility	у Но	urs - De	escribe	City, State, Zip Co	ode								-
Time of Abatement: _	AIVI	PI	/l/	_P	VI	_AM	Cinnaminson	, NJ 08077								
Scope of Work (Check all	that apply)						<u> </u>	9050 St 1905 6:20	30					and a re-		
☐ >3 sf or >3 lf			⊠ Re	nova	ation			tainment with Neg	ative	Pres	ssure					
≥160 sf or ≥260 lf			☐ De				☐ Glovebag	Procedure								
							☐ Non-Exe	mpted (*) and No	n-Fria	able F	Proced	ure				
				Loc	ation							1	Aba	teme	ent Ty	уре
Location Asbestos-Containing N		1)			olely by	Ache	Description o estos Containing Ma			Amo	t	3	0	Re	En	m
TO BE ABA		'/			nance/	(i.e	e., thermal systems i	insulation,		(Spe		T C I C V C	3	Repair	cap	clos
IN Facilit	cy .		Cust	todia (12	I Staff?		surfacing, VAT,	or		SF or		2	2	7	Encapsulate	Enclosure
(13)			Yes	No	1		other miscellane	ous)							ate	
Calling Ton A	A CONTRACTOR OF THE STATE OF TH		25-10-24	1 200					-			+-	-			
Ceiling - Two Areas						Popcoi	n Ceiling			3,750) SF	D		Ш		Ш
					\boxtimes				1 st	Area	- 225	0 0				
			П						2 nd	Δrea	- 150	0 [7	П	П	П
					02				-	Aica	- 100		+			
Name of Desisters 1144	o Harder		Ц	Щ		1107- 1	1011111111						1	Ш	Ш	Ш
Name of Registered Wast					NJDEF Hauler	Waste ID No.	Cubic Yards of Waste	Name of Regis		Land	dfill					
Waste Management					1727		5	Grand Cen	tral							
City, State							Disposal Date	City, State								
Lafayette, NJ							10/31/17	Penn Argyl	e, P	Α						
Completed By (Print or Ty		Title					Signature	Λ			D	ate				7,220
Kimberly A. Trumbe	etti	Of	fice (000	rdinate	or						10	-1	7-	201	7

ASB-41 MAY 11

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



E	C			\mathbb{V}	E	In
(OCT	3	1_	2017		

Date of Notification (1)			Name	e of Buildir	g Owner/Operator ((2)	11 11 001	-0	1 24	111		
9//	17		He	althSout	h Corporation	15	ob #1609-2116		hk. #			
Agencies Notified Type Notif	ication		Stree	t Address			ASBEST	OS C	ONT	ROL	&	
			336	60 Grand	lview Parkway, S	uite 200	L	CENS	SING			
☑ DOLWD ☐ Amend			City,	State, Zip	Code							
	ment #	_		minghan								
(NJAC 5:23-8) justification	ency (includi	ng		e of Contac	1.70.1		Telephone Num	her		SE 17		
☐ Cancel			Eli	zabeth M	lann		Totophono Hum					
			FA	CILITY IN	NFORMATION							
Name of Facility Where Abatement is						Type of Facility	(4)					
HealthSouth Rehab Hospital	of Toms R	liver				School (K-12						
Street Address							8 (Other than K-12					
14 Hospital Drive						homes, etc.)	rivate and comme	Clai Di	ullaing	J S,		
City (5)						Square Feet	# of Floors	В	ldg. A	ge		
Toms River						84,619	3		over	30		
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			_	
Ocean					MA S - S t	Rehab Hos		8.8555M				
Name of Monitoring Firm Hired by Bu	ilding Owne	r (8)	ASCM	No.	Name of Abateme	3	I STATE OF THE STA				-	
Horizon					Asbestos and Mold Services, Corp.							
Street Address					Street Address		.с, сс.р.				_	
PO Box 316					3859 Sylon Boulevard							
City, State, Zip Code					City, State, Zip Code							
Thorofare, NJ 08086					Hainesport, N							
Project Manager for Monitoring Firm		Tel	ephone	No	Telephone No.	40 00000	License No.					
Dave or Steve Flanigan		100	56-848		609-702-0400		00862					
Start Date (10)	Scheduled		A STATE OF THE STA		Name of OSHA Monitor							
10 /17 /17	10				EMSL Analyti	10 10 10						
Occupancy Status During Abatement	(Check only	one)			Street Address							
☐ Facility Closed/Vacated During En			ment		200 U.S. Rout	te 130 North						
☐ Abatement Performed Outside of	Normal Facil	ity Hou	rs - Des	cribe	City, State, Zip Co						_	
Time of Abatement:AM	PM/	PM		AM	Cinnaminson							
Scope of Work (Check all that apply)							PRO 1850					
≥3 sf or ≥3 lf	⊠ F	enovat	ion			ainment with Neg	ative Pressure					
≥160 sf or ≥260 lf	-	emoliti			Glovebag							
				1	☐ Non-Exer	mpted (*) and No	n-Friable Procedur	е				
1		Is Loca Norma						Ab	ateme	ent Ty	уре	
Location of Asbestos-Containing Material (AC	M) Us	ed Sol		Acho	Description of stos Containing Mat		A	Re	Re	Щ	ū	
TO BE ABATED	M	aintena			., thermal systems i		Amount (Specify	Removal	Repair	cap	clo	
IN Facility	Cu	stodial (12)			surfacing, VAT,	or	SF or LF)	Val		Encapsulate	Enclosure	
(13)	Yes	1	N/A		other miscellaned	ous)				ate		
Ceiling (one area)				Popcor	n Ceiling		2,700 SF			П	П	
	П				3		_,					
		1										
		屵	-					닏				
Name of Registered Waste Hauler		Щ.		<u> </u>			//		Ш	Ш		
			JDEP V lauler ID		Cubic Yards of Waste	Name of Regist						
Waste Management			17273		5	Grand Cen	tral					
City, State					Disposal Date	City, State						
Lafayette, NJ					10/31/17	Penn Argyl	e, PA					
Completed By (Print or Type)	Title				Signature		Dat	e				
Kimberly A. Trumbetti	Office	Coord	dinator				ì	11-	11	111		
20.44					Tax I		1 1	17	10	1	8 9	

PA									JE	C	E		WPII	巴
0 231800	3008L		St FICATION Pursuant		BESTOS	ABATE				OCT	3	1 0	2017	
Date of Notification (1) 10/27/2017				f Building			(2) OF Elizal	beth		UUL	U	1 6	.017	
1.00	e Notification		Street A						ASE	BESTO)S (CON	TRO	L &
X EPA X DEP DOL	Initial Amended		1.0000000000000000000000000000000000000	ate, Zip C						TI C		10111		
	Amendment # Emergency (includin	<u>a</u>	Elizab	eth ,NJ	, 07202	2								
DOH DCA	justification) Cancellation			f Contact Williams				Te	lephone	Numb	er.			
		(0)	FACI	ILITY INF	ORMAT	ION			-					
Name of Facility Where Abate Private house	ment is Taking Place	(3)					Type of Fa							
Street Address							Subc	ool (K-12) chapter 8 (Oth r (i.e. private	er than & comm	K-12) ercial b	ouilo	dings,	home	es,
City (5) Elizabeth							Square Fe	eet # c	f Floors		100	ldg. A	ge	
County (6)		2001111-5-		Code (7)	n		Current Us	se (Prior if be	ing dem	olished	1	477	250 100	
Essex Name of Monitoring Firm Hired	hy Building Owner (8	R)	ASCN			Name		E BUILDIN						
N/A	by Building Owner (C	J)	AGON	ii NO.				MENT LLC	1100000					
Street Address							Address RANKI IN	STREET						100.00
City, State, Zip Code						City, S	tate, Zip Co	ode						
Project Manager for Monitoring	g Firm		Telepho	ne No.			ERSON,None No.	NJ,07524	Licens	se No.				
0. (0.)						973-	333-5144		0127					
Start Date (10) 11/06/2017	11/20		mpletion	Date (11)		400000000000000000000000000000000000000	of OSHA M ABATE!	lonitor MENT LLC						
Occupancy Status During Aba	tement (Check Only C	one)					Address							
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	utside of Normal Facili					City, S	tate, Zip Co				-			
Scope of Work (Check All Tha						PAII	ERSON,	NJ ,07524						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X	Renov				×	Full Cor Mini-End Gloveba	ntainment with closure ag Procedure empted (*) an	Ü				9	
		ls Loca										Abate Ty	ment	
Location of Asbestos-Containing Mater		Norma ed Sol	lely by	Asbes		scription taining M	of aterial (ACI	M) A	mount		1			2000
TO BE ABATED In Facility (13)	4 17537	lainten: stodial (12)	Staff?	(i.e.	surfa	systems cing, VA niscellan			Specify or LF)		Remova	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A		Outor I	moonan	6043)				/al	7	ulate	ure
ROOF		X			I	ROOF		5	00SF	X				
FIRST FLOOF	₹	X				VAT		3	00SF	Х				
Name of Registered Waste Ha	uler		NJDEP W			Yards	Na	me of Registe	ered Lan	dfill				
EHW ABATEMENT LLC			Hauler ID 111946	No.	of Was	ste	TF	RI STATE	TRANS	SFER				
City, State PATERSON,NJ			- COLUMN		Dispos	sal Date		y, State RONX,NY						
Completed by	Title				1	ignature		1.1		Date				
VICTOR ESPIRITI	DDC) IEC	TAAAAIA	CED	.5	1. 0	721	11 V/1 A		4010	710	047		

CK 22	NOTIFI	CATION OF A Pursuant to N	f New Jersey ASBESTOS ABAT IJAC 8:60 and 5:16	5)	DEGE	3 1 2017
Date of Notification (1)	27 / 17	Name of Buil	ding Owner/Operator (2 L LC	2)		71 2017
Agencies Notified EPA DOLWD	Type Notification ☑ Initial ☐ Amended Amendment #	Street Addre 2005 S. M City, State, Z	Narket Street, Suite	1010	ASBESTOS LICE	S CONTRO ENSING
☑ DOH ☐ DCA (NJAC 5:23-8)	Emergency (including justification)	Philadelp Name of Cor Stephen			Telephone Numbe	r
		FACILITY	Y INFORMATION			
Name of Facility Where Commercial Street Address 2365 Route 22- Bu	Abatement is Taking Place (3)		Type of Facility ☐ School (K-12 ☐ Subchapter 8 ☐ Other (i.e., p homes, etc.)	2) 8 (Other than K-12) rivate and commerci	al buildings,
City (5) Union, NJ				Square Feet	# of Floors	Bldg. Age
County (6) Union		County Co	de (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ed)
Name of Monitoring Firm Bio Terra Solution	m Hired by Building Owner (8)	ASCM No.	COMME TO THE CHILDREN	ent Contractor (9)		
Street Address P.O. Box 1224			Street Address 27 Outwater	Lane		
City, State, Zip Code Union, NJ			City, State, Zip C Garfield, NJ			
Project Manager for Mo Rick Eustaquio	nitoring Firm	Telephone No. 973-494-3762			License No.	
Start Date (10)		npletion Date (11 18 /17		Monitor ANAGEMENT L	LC	
Occupancy Status Duri	ng Abatement (Check only on	e)	Street Address			

TROL &

Abatement Type

Repair Encapsulate

Removal

 \boxtimes

X

X

X

Date

10/27/17

Amount

(Specify

SF or LF)

160 SF

70 SF

590 SF

570 SF

Waynesburg, OH/ Morrisville, PA/ Bethlehem, PA

Minerva Enterprises/ GROWS North Landfill/ IESI Landfill

Name of Registered Landfill

City, State

Allen Monchik

Allen Monchik ASB-41 **JAN 13**

City, State

□ Facility Closed/Vacated During Entire Period of Abatement

Time of Abatement: _____AM-____PM/____PM-__

Scope of Work (Check all that apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility

(13)

2nd Fl. Classroom Hwy & Scattered

ATC/ Century Waste, LLC/ All Pro Management, LLC

Shirley, NY/ Elizabeth, NJ / Garfield, NJ

2nd Floor Classroom Hallway

Kitchen & Scattered Offices

Name of Registered Waste Hauler

Completed By (Print or Type)

2nd Floor Office Hallway

≥3 sf or ≥3 lf

≥ 160 sf or ≥ 260 lf

☐ Abatement Performed Outside of Normal Facility Hours - Describe

☐ Renovation

□ Demolition

Is Location Normally

Used Solely by

Maintenance/

Custodial Staff?

(12)

No

Project Manager

N/A

 \boxtimes

X

X

X

NJDEP Waste

Hauler ID No. sw-24310/ 32797/ 989

VAT

VAT

VAT

VAT

Yes

27 Outwater Lane

Garfield, NJ 07026

☐ Mini-Enclosure

Description of

Asbestos Containing Material (ACM)

(i.e., thermal systems insulation,

surfacing, VAT, or

other miscellaneous)

Cubic Yards of

As Needed

Signature

Disposal Date

TBD

Waste

☐ Full Containment with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

City, State, Zip Code

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET

DEGEIVED
OCT 3 1 2017

				12:120-7) CONTINUATION				-		
				SHEFT		24000000000		-		ASBESTOS CONTROL & LICENSING
	-			2365 Route 22- Building 1		Abatemer	nt Type	I		LIOLINGING
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No.	s Locat rmally Solely itenanci ial Staff	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u l	E n c 1 o s u r e	
	Yes	No	N/A							_
2nd Floor Classrooms			X	VAT	2,200 SF	Х				_
Janitor Room & Offices			Х	VAT	430 SF	Х				1
1st Floor Female Bathroom			х	VAT	30 SF	х				-
1st Floor Female Bathroom			х	VAT- Bottom Layer	30 SF	х				
1st Floor Telecom Room			Х	Transite Wall Panel	40 SF	X				
Scattered Throughout			Х	Tar-Like Pipe Insulation Wrap	120 LF	X				
Scattered Throughout			Х	Pipe Insulation	140 LF	Х				
Scattered Throughout			X	Pipe Insulation	100 LF	X				
Scattered Throughout			X	Pipe Joint/Elbow Insulation	35 SF	X				
Throughout			Х	Window Glaze/Putty	4,800 SF	X				
Warehouse Window Exteriors			X	Old Rigid Window Caulk	1,500 LF	Х				
Front Office Exterior & Scattered			х	Newer White Window Caulk	600 LF	Х				
Exterior Ductwork			X	Duct Caulk	20 LF	X				
Roof Levels			х	Bottom-Layer Roofing Material	26,000 SF	х				
Boiler Room Roof & Scattered Patched Areas			х	Black Rooled Roofing Paper	950 SF	х				
Roof Levels			X	Bottom-Layer Roof Flashing	1,300 SF	Х				4
Roof Levels	\vdash	\vdash	X	Tar	450 SF	X	_	-	\vdash	-
	F	F							\vdash	-
	F									7
										1
										_
	-	-	-				-	-	-	-

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 10/27/17
--	--------	-----------------	-----------------------------	----------------



	E	G	E		\mathbb{V}		-
	(OCT	3	1	2017		
A	33	EST(OS C	ON	ITRC G	T &	

10	Date of Notification (1)				1	Name o	f Building (Owner	/Operator (2	2)		9.01	9	,	-017	
Agendas Notindard Spired Andreas Street Andreas S	10 /27	/	17	<u> </u>		Lidl (JS, LLC						Tallius tries	at source	SWEET	~
DOLM	Agencies Notified Typ	e Notificatio	n		- 5	Street A	ddress				ASS					T &
DOH						2005	S. Marke	et Str	eet, Suite	1010	CANADA CONTRACTOR OF THE PARTY	LIU	1-14	OIN	J PARTITION	TARREST CO.
DEAD Control					(City, Sta	ate, Zip Co	de								
Name of Facility Where Abatement is Taking Place (3) Stephen Damico				, alia a		Phila	delphia,	PA 1	9103							
Cancellation				Jaing	T	Name o	f Contact				Telephone Nii	mhor				
Name of Facility Where Abalement is Taking Place (3)	(f in				Step	hen Dam	ico								
Name of Facility Where Abalement is Taking Place (3)						FAC	LITY INF	ORM	ATION							
Sched (K-12) Street Address Street Address Square Feet \$ of Floors Bidg. Age	Name of Facility Where Abate	ement is Tak	ing F	Place (3	3)				A COMPANY OF A STATE O	Type of Facility	(4)					
Street Address	hand the second of the second									School (K-1	2)					
Square Feet	Street Address									☐ Subchapter	8 (Other than K-	12) nercial l	ouile	linas		
City (5) Union Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions Street Address P.O. Box 1224 Street Address P	2365 Route 22- Building	g 2										10/0/0/		gc	1	
County (6)	City (5)					3				Square Feet	# of Floors	F	Bldg	. Ag	Э	
Name of Monitoring Firm Hired by Building Owner (8)	Union, NJ															
Name of Monitoring Firm Hired by Building Owner (8)	County (6)				16	Count	y Code (7)(STATE	USE ONLY)	Current Use (P	rior if being demo	olished)			
Street Address	Union															
Street Address P.O. Box 1224 City, State, Zip Code Union, NJ Project Manager for Monitoring Firm Rick Eustaquio Start Date (10) 11	Name of Monitoring Firm Hire	d by Buildin	g Ov	vner (8)	A	SCM N	lo.									
P.O. Box 1224	Bio Terra Solutions							AL	L PRO MA	NAGEMENT	LLC					
City, State, Zip Code	Street Address							Stree	t Address							
Union, NJ Project Manager for Monitoring Firm Telephone No. Telephone No	P.O. Box 1224							27	Outwater	Lane						
Project Manager for Monitoring Firm Rick Eustaquio	City, State, Zip Code	**************************************						City, State, Zip Code								
Start Date (10)										07026						
Start Date (10)	Project Manager for Monitorin	ng Firm														
11	Committee and the state of the					3 100 2 11								-		
Occupancy Status During Abatement (Check only one) Sacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM Scope of Work (Check all that apply) Scope							/									
Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane City, State, Zip Code City, State, Zip Cod			01-			_ / _	17	Problem of the view of the control o								
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/AM																
Time of Abatement:AMPM/PMAM							rihe	15858		Market Control			_			-
≥3 sf or ≥3 lf																
≥3 sf or ≥3 lf Renovation Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Fr	Scope of Work (Check all tha	at apply)						-	□ Eull Con	tainment with N	enative Pressure					
Secondarion of Sec	☐ >3 sf or >3 lf								☐ Mini-End	closure	egative i ressure					- 1
Stocation of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ (Custodial Staff? (12) Yes No N/A N/A Name of Registered Waste Hauler ATC/ Century Waste, LLC/ All Pro Management, LLC Staff Asbestos Containing Material (ACM) Amount (Specify (Spe	≥160 sf or ≥260 lf			Der	nolitio	n					Jon-Friable Proce	edure				
Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance / Custodial Staff? (13) Yes No N/A				ls	ocat	ion		-	M NOII-LA	stripted () and i	Total Madio 1 1000		Aha	teme	ent Ty	/pe
IN Facility (13) Custodial Staff? (12) Surfacing, VAT, or other miscellaneous SF or LF Signature Second Custodial Staff? (12) Yes No N/A SF or LF Signature Second Custodial Staff? (12) Yes No N/A Surfacing, VAT, or other miscellaneous Second Custodial Staff? (12) Yes No N/A Surfacing, VAT, or other miscellaneous Second Custodial Staff? (12) Yes No N/A	Location of		-	N	ormal	ly			Description	of			- 1	_	7.7.	
IN Facility (13) Custodial Staff? (12) Surfacing, VAT, or other miscellaneous SF or LF Signature Second Custodial Staff? (12) Yes No N/A SF or LF Signature Second Custodial Staff? (12) Yes No N/A Surfacing, VAT, or other miscellaneous Second Custodial Staff? (12) Yes No N/A Surfacing, VAT, or other miscellaneous Second Custodial Staff? (12) Yes No N/A						-							emo	epa	nca	nclo
texterior Pipe Connect Encl. Completed By (Print or Type) Title		<u>D</u>					(1.6.						oval	=	psul	sure
Exterior Pipe Connect Encl.			-			T									ate	(0)
Roof Level				Yes	35.5.70	- 111111		200 min 100					_			
Roof Level	Exterior Pipe Connect E	ncl.						* ****	•							
Roof Level Name of Registered Waste Hauler NJDEP Waste Hauler ID No. SW-24310/ 32797/ 989 Name of Registered Landfill	Roof Level	Roof Level							_		-					
Name of Registered Waste Hauler ATC/ Century Waste, LLC/ All Pro Management, LLC City, State Shirley, NY/ Elizabeth, NJ / Garfield,NJ NJDEP Waste Hauler ID No. SW-24310/ 32797/ 939 Name of Registered Landfill Waste As Needed Disposal Date TBD Waynesburg, OH/ Morrisville, PA/ Bethlehem, PA Completed By (Print or Type) Title Signature Name of Registered Landfill Waste Minerva Enterprises/ GROWS North Landfill/ IESI Landfill Waste As Needed Signature Name of Registered Landfill Waste Minerva Enterprises/ GROWS North Landfill/ IESI Landfill Signature Date								-Laye	er Roof Fla	shing						
ATC/ Century Waste, LLC/ All Pro Management, LLC Hauler ID No. SW-24310/ 32797/ 989 Waste As Needed Minerva Enterprises/ GROWS North Landfill/ IESI Landfill City, State Disposal Date City, State Shirley, NY/ Elizabeth, NJ / Garfield, NJ Title Signature Date Date	Roof Level							,					XI	Ш	Ш	Ш
ATC/ Century Waste, LLC/ All Pro Management, LLC SW-24310/ 32797/ 989 As Needed Minerva Enterprises/ GROWS North Landfill/ IEST Landfill City, State City, State Disposal Date City, State Shirley, NY/ Elizabeth, NJ / Garfield, NJ Completed By (Print or Type) Title Signature Date	Name of Registered Waste I	Hauler						1967		Name of Re	gistered Landfill					
Shirley, NY/ Elizabeth, NJ / Garfield,NJ Completed By (Print or Type) Title Signature Waynesburg, OH/ Morrisville, PA/ Bethlehem, PA Date	ATC/ Century Waste, LLC/ A	All Pro Mana	igem	ent, LL				As	Needed	Minerva Enter	prises/ GROWS No	rth Land	fill/ l	ESI L	andfil	I
Completed By (Print or Type) Title Signature Date	City, State									TO SERVICE SERVICES						
Completed By (Plint of Type)	Shirley, NY/ Elizabeth, NJ / (Garfield,NJ						TE	3D	Waynesburg,	OH/ Morrisville, PA	/ Bethle	hem	PA		
Allen Monchik Project Manager Allen Wonchik 10/27/17	Completed By (Print or Type	∋)	Title								42	Date				
	Allen Monchik		Pi	roject	Man	ager			Allen	Monche	k	10/	27/	17		



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	OCT	3	1	2017	

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Date of Notification (1)	27 /	47					Own	er/Operator (2	2)					
		17	-	Lidl US, LLC Street Address 2005 S. Market Street, Suite 1010								71 0		
Agencies Notified	Type Notificati	ion			Street /	Address	8%							nL &
⊠ EPA					2005	S. Mark	et St	treet, Suite	1010	And the second second second second	THE PARTY NAMED IN	Poctorium,		Hear or or
⊠ DOLWD	Amended	-4-44		Ī	City, St	ate, Zip Co	ode							
⊠ DOH	Amendmer Emergency	_	uding	1	Phila	adelphia,	PA	19103						
DCA (NJAC 5:23-8)	justification		uding	Ì	Name	of Contact				Telephone Num	ber			
(1.01.10.0.20.0)	☐ Cancellation			- 1	Step	hen Dam	nico							
					FAC	ILITY INF	OR	MATION						
Name of Facility Where	Abatement is Ta	king F	Place	(3)					Type of Facility ((4)				
Commercial									School (K-12)				
Street Address				-						(Other than K-12			2	
2365 Route 22- Bu	ildina 3								homes, etc.)	ivate and comme	rciai du	liaing:	S,	
City (5)									Square Feet	# of Floors	Blo	ig. Ac	je	
Union, NJ									• • • • • • • • • • • • • • • • • • • •			-		
County (6)			H-36-		Count	v Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being demolis	shed)			\neg
Union								/		, <u> </u>				
Name of Monitoring Firm	n Hired by Buildi	ng Ov	vner (8	3)	ASCM N	No.	Nam	ne of Abateme	ent Contractor (9)					
Bio Terra Solution			,	'					NAGEMENT L					
Street Address					177		Stre	et Address						\neg
P.O. Box 1224							27 Outwater Lane							
City, State, Zip Code							10000	State, Zip Co						\neg
Union, NJ							Garfield, NJ 07026							
Project Manager for Mor	nitorina Firm			Tele	phone i	No.		phone No.		License No.				
Rick Eustaquio	mening r min			10000000	3-494	\$23.00 m		73-928-4888	3	1188				
Start Date (10)	Iso	chedu	iled Co	1000	tion Dat	Mark Common	Nan	ne of OSHA N	Monitor					\neg
11 /06 /	1			3.5		20 00	Α	LL PRO MA	NAGEMENT L	LC				
Occupancy Status Durin		1/2	- 10	100			Street Address						-	
☐ Facility Closed/Vacat	17 to				ment			7 Outwater	Lane					
☐ Abatement Performe	-					cribe		State, Zip C						
Time of Abatement:								arfield, NJ						
Scope of Work (Check a	all that apply)													
		19							tainment with Neg	gative Pressure				
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf		300	☐ Rei ☑ Dei					☐ Mini-End	g Procedure					
23 _100 01 01 _200 11								⊠ Non-Exe	empted (*) and No	n-Friable Procedu	ıre			
				Loca							Ab	atem	ent T	ype
Locatio		.		lorma d Sole	ely by	Achor	stoc (Description (of aterial (ACM)	Amount	Re	Re	E	四
Asbestos-Containing TO BE AB		,	Ma	intena	ince/			mal systems		(Specify	Remova	Repair	cap	Enclosure
IN Fac	ility		Cust	odial (12)	Staff?	,	S	urfacing, VAT	, or	SF or LF)	<u>a</u>		Encapsulate	ure
(13)		t	Yes	No	N/A	1	oth	ner miscellane	eous)				ate	
Book Book was Did	n lupation			_	⊠	Roofing	. 11.0	torial		2,000 SF		\ln		
Rear Roof near Bldg						-	_					=		
Throughout Roof Le	nroughout Roof Level						loofi	ing Coating		12,000 SF				
Roof Level	oof Level						Roo	fing Caulk		20 SF 🛛 🖂 🖂				
Roof Level						Tar			11/4	80 SF	\boxtimes			
Name of Registered Wa	aste Hauler			17/2	JDEP '		100000000000000000000000000000000000000	oic Yards of	Name of Regi	stered Landfill				
ATC/ Century Waste, LLC	C/ All Pro Manage	ment,	LLC		Hauler i SW24310/	D No. 32797/ 989	Wa	ste s Needed	Minerva Enterpri	ses/ GROWS North La	ndfill/ IES	SI Land	fill	
City, State			- 11					posal Date	City, State	as was also				
Shirley, NY/ Elizabeth, N.	J / Garfield, NJ						T	BD	Waynesburg, 0	OH/ Morrisville, PA/	Bethle	hem, F	PA	
Completed By (Print or		Title						Signature			Date			
Allen Monchik		P	roject	Mar	ager			Alles	Monchi	6	10/27	/17		
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CX 298) H	N			TION (EST	rsey OS ABAT 0 and 5:16			<u>G</u>	<u></u> 31	201	7 E
Date of Notification (1)					Name o	f Building	Owne	er/Operator (2	?)	had bad			201	1
10 / 2	7 /	17			Lidl	US, LLC					TOTAL PROPERTY OF THE PARTY OF	DOCHUMA	-	
Agencies Notified T	ype Notificati	ion			Street A	Address				ASB	ESTO	3 00	NTR	OL 8
	Initial	.011					et St	reet, Suite	1010	Secretary and secretary consists	LIU	ENS	NG	THE OPERATION .
#22 (12.5) (1.10) (1.10) (1.10)	Amended			-	2012/01/02	ate, Zip Co	Service U.S.							
☑ DOH	Amendmer	Visit 29				delphia,		19103						
] Emergency justification		uding	-		of Contact				Tolonhan- M.				
(NJAC 5:23-8)] Cancellation					hen Dam	ico			1				
1-						ILITY INF		MATION				S 		
Name of Facility Where Aba	toment is Ta	kina E	Diace /	3)	FAC	ILIII INI	OKI	VIATION	Type of Facilit	v (4)		~ - 110		77
Commercial	itement is ra	ikiliy r	lace (3)					School (K-					
									Subchapte	r 8 (Other than K-				
Street Address	n= 4								Other (i.e., homes, etc	private and comm	nercial	buildir	igs,	
2365 Route 22- Buildi	ng 4								Square Feet	# of Floors		Bldg.	Age	
City (5)									Oquale i col	11 011 10010		Diag. i	.50	
Union, NJ					Count	v Code (7)	CTAT	E USE ONLY)	Current Use (Prior if being demo	olished)		
County (6) Union					Count	y Code (1)	SIAI	L USL UNLI)	Current Cac (i	nor il being deim	Siloriou			
Name of Monitoring Firm Hi	rod by Duildi	na Ou	mor /8	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ASCM N	lo I	Nam	e of Ahateme	ent Contractor (9)				
Bio Terra Solutions	rea by bullar	ng Ow	viiei (o	' '	ASCIVI I	NO.			NAGEMENT					
Street Address							100000	et Address						
P.O. Box 1224							100000000000000000000000000000000000000	Outwater	lane					
City, State, Zip Code								State, Zip Co						
Union, NJ								arfield, NJ						
Project Manager for Monitor	ring Firm			Teler	ohone N	Jo		phone No.	0.020	License No.				
Rick Eustaquio	ing Film				3-494-		973-928-4888 1188							
Start Date (10)	1 8	chedu	led Co	0.50	ion Dat			e of OSHA N						
11 /06 /	177-201				_ / _	100000000000000000000000000000000000000	ALL PRO MANAGEMENT			LLC				
				101111				et Address						
Occupancy Status During A					nont			Outwater	Lano					
 ☑ Facility Closed/Vacated ☑ Abatement Performed C 						cribe		State, Zip C	20000000					
Time of Abatement:						AM		arfield, NJ						
0							0,	arneiu, No	07020					
Scope of Work (Check all the base of Work (Check all the base of base	іат арріу)		□ Rer ⊠ Der					☐ Mini-End	closure g Procedure	Negative Pressure Non-Friable Proce				
			Is	Locat	ion							Abate	ment	Туре
Location of				orma	lly ely by			Description					1	
Asbestos-Containing M TO BE ABAT)		ntena		Asbe (i.e.	stos (Containing Mi mal systems	aterial (ACM) insulation.	Amount (Specify		Removal	Encapsulate	Enclosure
IN Facility			Cust		Staff?	(S	urfacing, VAT	, or	SF or LF)		val	sul	Sure
(13)		-	V	(12)	NI/A	-	oth	ner miscellan	eous)				ate	"
D(11		-	Yes	No	N/A	Doof	och!	na Mataria		760 SF			1	In
	coof Level							ng Material		260 SF	_			
Roof Level Coping Sto	Roof Level Coping Stones & Scatt.									260 SF			-	
							-0				1			
Name of Registered Waste	1	JDEP	Waste	Cub	oic Yards of	Name of Re	egistered Landfill							
ATC/ Century Waste, LLC/ A		Hauler I	D No. / <mark>32797/</mark> 989	Was	ste s Needed	Minerva Ent	nerva Enterprises/ GROWS North Landfill/ IESI Landfil							
City, State				3			-	posal Date	City, State					
Shirley, NY/ Elizabeth, NJ / G	arfield N I						BD	1000 F. 1000 C.	a. OH/ Morrisville. I	PA/ Bet	hlehen	ı, PA		
		Title						Signature		ourg, OH/ Morrisville, PA/ Bethlehem, PA				
Completed By (Print or Type Allen Monchik	oe)	1	roject	Man	anor			Allen Monchik 10/27/17						
Allen Wonchik		1 1	ojeci	IVIdi	ayei			Necen	monchi	K	10/	2111	·	

Chu#3283

Date of Notification (1)				Т	Name	of Building	Owner/Operator (2	2)	D F @		7 7	7 5	-	
10 /	25 /	17				_	ket Central Offic		IID) E G		<u> </u>	<u> </u>		
Aganaiaa Natified	Type Notificat	ion		+	Street	Address			HA	1000		_	+	
Agencies Notified EPA	Initial	.1011				Villiam S	treet		III U OCT	3 1	20	17	114	
□ DOLWD	☐ Amended				City, St	tate, Zip C	ode						1-	
☑ DOH	Amendme					ark, NJ,					- Property lies			
DCA	☐ Emergenc justification		ng	+		of Contact			Telephone Number	S CC	NTR	OL 8	ž.	
(NJAC 5:23-8)	☐ Cancellation					Baylor					, m	CTIC COLUMN		
					2000		FORMATION		1		8			
Name of Facility Where A	Abatement is Ta	aking Pla	ce (3)	ν	, , , ,			Type of Facility ((4)					
Verizon Market Cer		arting r io	00 (0)					School (K-12						
Street Address	11111 011100							Subchapter 8	(Other than K-12)		1-11			
95 William Street								homes, etc.)	ivate and commerci	iai bui	laing	5,		
City (5)								Square Feet	# of Floors	Bld	g. Ag	е		
Newark						2		425,442	12	+	-50			
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)				
Essex								Verizon Con	nmunications					
Name of Monitoring Firm	Hired by Build	ing Owne	r (8)	F	SCM	No.	Name of Abateme	ent Contractor (9)						
USA Environmenta							BRISTOL EN	VIRONMENTAL	_, INC.					
Street Address							Street Address							
8436 Enterprise Av	enue						1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip Code							
Philadelphia, PA, 1	9153						BRISTOL, PA	19007						
Project Manager for Mon			Т	elep	ohone I	No.	Telephone No. License No.							
Mark Jenkins				21	5-365	-5810	215-788-6040	00509						
Start Date (10)	S	cheduled	Com	plet	ion Dat	te (11)	Name of OSHA Monitor							
11 /13 /	_17_	_11	/ _	25	_ / _	17	BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During	g Abatement (C	check onl	y one)			Street Address							
☐ Facility Closed/Vacate					nent		1123 BEAVE	R STREET						
Abatement Performed	d Outside of No	rmal Fac	ility H	lours	s - Des	cribe	City, State, Zip C							
Time of Abatement:	AM	PM/ <u>5:</u>	00PN	1- <u>2:</u>	00AM		BRISTOL, PA	19007						
Scope of Work (Check a	II that apply)			-001				V2007 - 20 - 2000/2002/04	ith Mogative Pressure					
			D				☐ Full Con	tainment with Neg	gative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Reno Demo				☐ Gloveba	g Procedure						
		N 18					☐ Non-Exe	empted (*) and No	n-Friable Procedure	1				
			Is Lo			- 61	TO A COLOR OF THE STATE OF THE			Ab	_	ent Ty	уре	
Location		, l	lsed (mal Sole		Acho	Description of stos Containing Ma		Amount	Re	Re	En	En	
Asbestos-Containing TO BE AB		' I	Maint	enai	nce/		, thermal systems		(Specify	Removal	Repair	caps	Enclosure	
IN Facil		C		lial 8 12)	Staff?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure	
(13)		Ye		No.	N/A		other miscellane	eous)				te		
Basement AC Power	r Supply Roo					VAT / N	lastic		436 SF					
Basement Power Ro	100000					VAT / N	lastic		1900 SF					
			Г	7										
Name of Registered Was	ste Hauler			IN	JDEP \		Cubic Yards of	Name of Regis	stered Landfill	1				
	SERVICE TRANSPORT GROUP, INC.					O No.	Waste		LANDFILL					
City, State							Disposal Date	City, State			The second	San Marile		
NEW CASTLE, DE							TBD	WAYNESE	BURG, OH					
Completed By (Print or T	Гуре)	Title	- 1				Signature Date							
Dillan DeCaro	normal out 1.500	Estir	nato	r			Dilla	2 DeCar	2/4/2 10	0 - 8	25	-(1	

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1100	10	14	OTI				AC 8:60 and 5:								
Date of Notification (1)				- 1	Varr	ne of Buildin	ng Owner/Operator	(2)	HI III OC	T 3 1	20	117	+		
	25 /	17			M	anasquar	Board Of Educ	cation / Job #1		1 0		1.1	-		
Agencies Notified	Type Notifi	cation		5	Stre	et Address			ASRES	TOS C	ONT	ROL	&		
☑ EPA ☑ DOLWD	☐ Initial ☐ Amende	e al			16	9 Broad	Street		ASBESTOS CONTROL & LICENSING						
☑ DHSS	Amenda	7.47		(State, Zip			4976924						
□ DCA	☐ Emerge	ncy (includ	ding			******	n, NJ 08736								
(NJAC 5:23-8)	justificat			1		e of Contac		Telephone No	ımher						
	Cancella	ation			Ph	il Kamar	atos		_						
					FA	CILITY II	NFORMATION								
Name of Facility Where A	batement is	Taking Pla	ace (3	3)				Type of Facility							
Manasquan HS		-10-7						School (K-1	2) 8 (Other than K-	12)					
Street Address								Other (i.e.,	private and comr		ouildir	ngs,			
167 Broad Street							homes, etc.								
City (5) Manasquan								Square Feet	# of Floors	E	Bldg.	Age			
County (6)					2011	-h . C - d - /	NOTATE LIGE ON NO								
Monmouth				- 1	Jou	nty Code (7)(STATE USE ONLY)		rior if being dem	olished)					
Name of Monitoring Firm I	lired by Ruil	dina Own	or (8)	TAS	CM	l No.	Name of Abatem	High School							
Environmental Conr			51 (0)	1	CIVI	INO.	AbateTech, I)						
Street Address		-	1.00		_		Street Address	iiic.							
120 Warren Street							30 Maple Ave	e. PO Box 25							
City, State, Zip Code							City, State, Zip C								
Trenton, NJ 08608							Lumberton, I								
Project Manager for Monito	oring Firm		Ţ	eleph	one	No.	Telephone No.		License No.						
Roland Jones				609-	392	4200	609-265-2107	•	00529						
Start Date (10)		Scheduled					Name of OSHA N	Monitor							
/					1.		EMSL Analyt	ical							
Occupancy Status During A							Street Address								
☐ Facility Closed/Vacated	During Entir	re Period	of Aba	ateme	nt		200 Route 13	0 North							
Abatement Performed C Time of Abatement:	AM-	ormal Faci PM/	lity Ho	ours -	AM Oity, State, 21p Code										
							Cinnaminson, NJ 08077								
Scope of Work (Check all the	nat apply)						☐ Full Cont	tainment with Ne	native Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 			Renov				☐ Mini-Enc	losure	ganvo i rossaro						
☑ ≥100 St of ≥200 If)emol	ition				g Procedure mpted (*) and No	n-Friable Proced	lure					
			Is Loc	cation	_			() a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		atem	ent Ty	/ne		
Location of		1.16		nally	. 5		Description o				1	1 1	-		
Asbestos-Containing Ma TO BE ABATE				olely b			stos Containing Ma , thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facility		Cu		al Staf	f?	(1.6.	surfacing, VAT,		SF or LF)	oval	1	psu	osur		
(13)		Vac	(1		1/ ^		other miscellane	ous)				late	е		
Please see attached		Yes	N		/A	Pleases	see attached		Please see						
Room 306							e & Mastic		attached						
100111 000			-		_	Floortii	e & Wastic		1,200 SF		Ш	Ш			
]										
]										
Name of Registered Waste	Hauler					Vaste	Cubic Yards of	Name of Regis							
AbateTech, Inc.				Haule 18	750		Waste 40	G.R.O.W.S	. Landfill						
City, State							Disposal Date	City, State							
Lumberton, NJ							11/30/17	Tullytown,	PA						
Completed By (Print or Type)	Title					Signature		[ate	1				
Gwendolyn Trumbetti		Opera	tions	Coo	rdi	nator	//	MARK		10	de	111			

no ck			NC			ON OF A	New Jersey SBESTOS AB AC 8:60 and 5		n E			\mathbb{V}				
Date of Notification (1)					Na	me of Buildi	ng Owner/Operato	or (2)								
	26 /	_					od Johnson Ho		#1710-52310(T 3	1	2017				
Agencies Notified ⊠ EPA	Type Noti		n			eet Address One Rober	t Wood Johnso	n Place	ACDEC	700		MOUSEMEN				
⊠ DOLWD	⊠ Amend		ша		City	, State, Zip	Code		ASBES	LICEN	CON	TRO	_&_			
☑ DHSS □ DCA	Amend Emerg			na	N	lew Bruns	wick, NJ 08901				10114	3	A TOPIC MORE			
(NJAC 5:23-8)	justific		iriciuui	ng		ne of Conta			Telephone Nur	nber						
	☐ Cancel	llation			K	risten Bel	I		2							
					F.	ACILITY I	NFORMATION		_			9				
Name of Facility Where A			ng Pla	ce (3)				Type of Facility	(4)							
Robert Wood Johns	on Hospi	ital						School (K-1								
Street Address								Subchapter	8 (Other than K-1	2)						
One Robert Wood J	ohnson F	Place						homes, etc.	orivate and comm	ercial t	ouildir	igs,				
City (5)					-			Square Feet	# of Floors	F	Bldg. /	Age				
New Brunswick									100000000000000000000000000000000000000		nug. /	.go				
County (6)					Cor	untv Code (7)(STATE USE ONLY	Current Use (P	l rior if being demol	ished)			-			
Middlesex						,	,,	Hospital	non in boning donnor	ionica)						
Name of Monitoring Firm F	Hired by Bu	ildina	Owner	(8)	ASC	/ No	Name of Ahater	ment Contractor (9	1							
Omega Environment		3		(-)		.,	AbateTech,		,							
Street Address							Street Address	1110.								
280 Huylar Street								O PO Poy 25								
City, State, Zip Code							City, State, Zip (le Ave. PO Box 25								
South Hackensack, I	N.I 07606						Lumberton,									
Project Manager for Monito				Tol	ephone	No	Telephone No.	143 00046	I issues No							
Geiser Fajardo	anig i iiii					9-8700	609-265-210	7	License No.							
Start Date (10)		Sehor	dulad (- 100		ate (11)	Name of OSHA	1716	00529							
10 /30 /	17_/		11_	1	7_ /	A1 60	EMSL Analy	776 1775								
Occupancy Status During A						/	Street Address									
☐ Facility Closed/Vacated							200 Route 1	30 North								
Abatement Performed C							City, State, Zip C	ode								
Time of Abatement:	AIVI	P	VI/	—PM	-	_AM	Cinnaminso	n, NJ 08077								
Scope of Work (Check all the	nat apply)												_			
☐ ≥3 sf or ≥3 lf				enoval			☐ Mini-En		gative Pressure							
≥160 sf or ≥260 lf			∐ De	emoliti	on			ng Procedure empted (*) and No	n-Friable Procedu	ire						
no ellow too			17725	Loca							atem	ent T	уре			
Location of				Norma	illy ely by		Description			Z	R	ш	Ш			
Asbestos-Containing Ma TO BE ABATE	ED	VI)		intena			stos Containing Man, thermal systems		Amount (Specify	Remova	Repair	nca	ncic			
IN Facility			Cus		Staff?	(1.0	surfacing, VAT		SF or LF)	oval	=	Encapsulate	Enclosure			
(13)			Yes	(12) No	T	-	other miscellane	eous)				late	е			
1st Floor Emergency Ro	om		Tes	No	N/A	2X Javos	floor tile & ma	stic	3,000 SF							
						z/ layer	noor the a ma	3110	3,000 01	-						
			_		+						П		Ш			
Name of Registered Waste I AbateTech, Inc.	Hauler			2.00	JDEP I auler II 18750	D No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S								
City, State					10130		Disposal Date	City, State				-				
Lumberton, NJ							11/17/17	Tullytown,	PA							
Completed By (Print or Type)	Title					Signature	4	Da	ate						
Gwendolyn Trumbetti		Op	erati	ons (Coord	inator	(M	M		10/3	16/	17				

					State of N			INTO A CONTROL OF A STATE OF THE STATE OF TH								
no ck		NO					STOS ABA 8:60 and 5:1		DEC	EI	\mathbb{V}		F			
Date of Notification (1)				Nan	ne of Buildir	ng O	wner/Operator	(2)	D)	W. T. V.			#			
	_ / _	17		J	ersey City	Arı	mory / Job #1	1710-5228 CH	eck# OCT	3 1	2017	7				
Agencies Notified Typ	oe Notifica	ition		Stre	et Address	8			bed best				lament of the la			
	Initial			67	78 Montgo	ome	ry Street	-	ACDECT	00.00	UTDO	0 10	_			
	Amended			City	, State, Zip	Cod	e		ASBEST(CENSIN)L a				
	Amendme Emergenc		200	Je	ersey City	, NJ	I	i	CARROCK CHEMIC STOCKE (SOUTH ASSUME	encue american	entreservations					
	justificatio		ig	Nam	ne of Contac	ct			Telephone N	umber						
) [25 - 742]	Cancellatio	on		CI	harlie Par	son	s		8							
				F	ACILITY IN	VFO	RMATION				-					
Name of Facility Where Abate	ment is Ta	aking Plac	e (3)					Type of Facility	y (4)							
National Guard Armory								School (K-	12)							
Street Address									8 (Other than K							
678 Montgomery Street								homes, etc	private and comr	nerciai	ullain	gs,				
City (5)	# of Floors	E	Bldg. A	ge												
Jersey City, NJ																
County (6)				Cou	inty Code (7	7)(ST	ATE USE ONLY)	Current Use (F	rior if being dem	olished)						
Hudson								Armory	~	5)						
Name of Monitoring Firm Hired	by Buildir	ng Owner	(8)	ASCN	1 No.	Na	ame of Abateme	ent Contractor (9	9)							
Whitman Companies							AbateTech, I		3							
Street Address						Str	reet Address	780 - 77								
7 Pleasant Valley Road						3	30 Maple Ave	. PO Box 25								
City, State, Zip Code						Cit										
Cranbury, NJ 08512						L	_umberton, N									
Project Manager for Monitoring	Firm		Tele	ephone	No.	Tel	lephone No.		License No.				775			
Kevin Lovely			. 02		90-5858	6	609-265-2107		00529							
Start Date (10)10 /23 /15		heduled C	Section 1997		and the second second	A STATE OF THE PARTY OF THE PAR	me of OSHA M E MSL Analyti		-							
Occupancy Status During Abate	The second second				/	Str	eet Address									
Facility Closed/Vacated Duri						2	00 Route 130	0 North								
Abatement Performed Outside Time of Abatement:A							y, State, Zip Co									
		-200000			-K-15-55:	C	innaminson	, NJ 08077								
Scope of Work (Check all that a	pply)						☐ Full Conta	ainment with Ne	gative Pressure							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re □ De	novati molitic				☐ Mini-Enclose☑ Glovebag	osure Procedure	on-Friable Proced	dure						
		100	Locat							Ab	atem	ent T	уре			
Location of Asbestos-Containing Materia	L (A CNA)		lorma d Sole				Description of		11.4.79.000.000.000.40	R	Z.	Ш	Ш			
TO BE ABATED	ai (ACIVI)	Ma	intena	nce/	Asbes (i.e.	the	Containing Mat rmal systems in	eriai (ACM) nsulation.	Amount (Specify	Removal	Repair	ncap	nclo			
IN Facility		Cust	odial (12)	Staff?		S	urfacing, VAT,	or	SF or LF)	val	7	Encapsulate	Enclosure			
(13)		Yes	No.	N/A	1	oth	ner miscellaneo	ous)				ate				
Latrine H					Pipe Ins	ulat	tion		10 LF							
(3) Pipe Chase Locations		\boxtimes			Debris c	lea	n Up		45 SF		П	П				
Latrine H	2		\boxtimes		Fire Doo	ors			8 total		П	П	П			
		П	П													
Name of Registered Waste Haul	er		N	JDEP V	Vaste	Cub	ic Yards of	Name of Regis	stered Landfill							
AbateTech, Inc.			Н	auler IE 18750	The second secon	Was	ste	G.R.O.W.S								
City, State						Disp	oosal Date	City, State	Service Co.							
Lumberton, NJ						11	1/3/17	Tullytown,	PA							
Completed By (Print or Type)		tle	73.00				Signature	MAR		Date		1				
Gwendolyn Trumbetti		Operation	ons (Coordi	nator		X	1110		10/0	26	11				

		PA	ID
CV	10	1/06	110
		14	14

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

E	C	E		\mathbb{V}	E	n
	OCT	3	1	2017	,	

CK MU	40)		(1	ursu	ant to NJ	AC 8:60 and 5:1	16)		11 00	CT 3	3 1	201	7 11			
Date of Notification (1)					Name of Building Owner/Operator (2)												
10/	27 /	17	7		R	esorts Int	ernational Casir	nos /Job#1710	-523								
Agencies Notified	Type Notif	ication			Stre	et Address				ASBES	STOS)L&			
⊠ EPA	Initial					133 Board	lwalk	ı	CHINA COMP		LIOLI	VOII	10				
□ DOLWD	☐ Amend				City	State, Zip	Code							77.55			
☑ DHSS	Amend			-	1 550	것 : 그렇는 맛있다.	y, NJ 08401-732	9									
DCA (NJAC 5:23-8)	☐ Emerge justifica		ncludir	ig		ne of Contac			T	elephone I	Numbe	ar .					
(10/10 0.20 0)	Cancell	3.5							1.	olophono i							
					FA	ACILITY II	NFORMATION										
Name of Facility Where Al		Taking	g Plac	e (3)				Type of Facility									
Resorts Office Build	ling							School (K-1			V 10\						
Street Address								Subchapter Other (i.e.,				al bu	uildina	S.			
198 South Chalfonte	Ave.							homes, etc.)				5	-,			
City (5)								Square Feet	#	of Floors	;	BI	dg. Ag	je			
Atlantic City																	
County (6)					Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if	f being der	molish	ed)					
Atlantic								Hotel & Cas	sino	1							
Name of Monitoring Firm H	lired by Bui	ilding C	wner	(8)	ASCN	Hotel & Casino SCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address											
NA							AbateTech, I	nc.									
Street Address							Street Address										
						30 Maple Ave. PO Box 25											
City, State, Zip Code			200			City, State, Zip Code											
						Lumberton, NJ 08048											
Project Manager for Monito	ring Firm			Tele	ephone	No.	Telephone No.		L	icense No	D.						
							609-265-2107			00529							
Start Date (10)						ate (11)	Name of OSHA N	lonitor									
11 / _6_ / _	17	1	1_/	13	3_ /	_ / _17_ EMSL Analytical											
Occupancy Status During A	Abatement ((Check	only o	ne)			Street Address										
☐ Facility Closed/Vacated																	
Abatement Performed O Time of Abatement:							City, State, Zip Co										
		FIVI	<i>'</i>	_FIVI-		_AIVI	Cinnaminson	, NJ 08077									
Scope of Work (Check all th	nat apply)						П г. II С	-i	ĉ	. D							
≥3 sf or ≥3 If		11	Re	novati	on		☐ Mini-Enc	ainment with Neglosure	gativ	e Pressure	8						
≥160 sf or ≥260 lf			⊠ De	molitio	on												
			la.	Locat			⊠ Non-Exe	mpted (*) and No	n-Fr	iable Proc	edure						
Location of				lorma			Description o	f			-			nt Type			
Asbestos-Containing Ma		1)		d Sole			stos Containing Ma	terial (ACM)		Amount		Removal	Repair	Enclosure			
TO BE ABATE IN Facility	<u>D</u>			ntena odial	nce/ Staff?	(i.e.	, thermal systems i			(Specify		SVOL	ä.	losu			
(13)				(12)			surfacing, VAT, other miscellaned			SF or LF)	,	=		ulat l			
			Yes	No	N/A			0000000						Œ			
Exterior				\boxtimes		Roof Fla	ashing			200 LF							
Exterior				\boxtimes		Window	Caulk			1,000 LF	-						
Name of Registered Waste H	Hauler			167310	JDEP \	S21200	Cubic Yards of	Name of Regis	stere	d Landfill							
AbateTech, Inc.				Н	auler II 18750		Waste	G.R.O.W.S	. La	ndfill							
City, State				9134	10/50	,	Disposal Date	City, State									
Lumberton, NJ							11/13/17	Tullytown,	PA								
Completed By (Print or Type)	Title		-	T		Signature	1/			Date						
Gwendolyn Trumbetti		Ор	erati	ons (Coordi	inator	17 MA	X					7/	17			

PA			NO	TIF	IC A		State of N		v Jersey ESTOS ABA	TEMENT	ME	G	2 1	7.77			
Chacey	ı		140						8:60 and 5:1			<u> </u>	5	\mathbb{V}	E		
Date of Notification (1)						Nam	e of Buildir	ng C	Owner/Operator	(2)		OOT			1		
	25 /	1	7			Mi	illville Pu	blic	Schools / Jo	ob #1707-5179	Check #96	4701	3 1	2017			
Agencies Notified	Type Notif	ication	1			Stree	et Address								1		
⊠ EPA	☐ Initial					10	1 North 3	rd S	Street		ASB	ESTOS	CON	TROL	8		
⊠ DOLWD			···		t	City,	State, Zip	Coc	ie			LICE	YSIN (3			
☑ DHSS	Amend					Mi	llville, NJ	08	332					- Commence	No. of Concession, Name of Street, or other Persons, Name of Street, or ot		
□ DCA (NJAC 5:23-8)	☐ Emerge justifica		nciual	ng	H	Nam	e of Contac	et			Telephone	Number					
	☐ Cancell					Во	b Ryan										
					_			VFC	DRMATION		-		37				
Name of Facility Where Ab	atement is	Takin	ng Plac	e (3))					Type of Facility	(4)						
Millville Senior High	School									School (K-1							
Street Address								_		Subchapter							
200 North Wade Blvd	d.									Other (i.e., phomes, etc.		mmercial	buildi	igs,			
City (5)										Square Feet	# of Floors	S	Bldg.	Age			
Millville										200,000	2		50+	16			
County (6)						Cou	nty Code (7	(S7	TATE USE ONLY)	Current Use (P	rior if being de	molished	1)				
Cumberland										Education							
Name of Monitoring Firm H	ired by Bui	lding (Owner	(8)	A	SCM	No.	N	ame of Abateme	ent Contractor (9)				2005		
Brinkerhoff Environn	nental Se	rvice	s, Inc	:.		001	00		AbateTech, I	nc.	5						
Street Address					1			St	treet Address								
1805 Atlantic Avenue	į.								30 Maple Ave	. PO Box 25							
City, State, Zip Code		7.		7200			30 Maple Ave. PO Box 25 City, State, Zip Code										
Manasquan, NJ 0873	6																
Project Manager for Monitor	ring Firm			Te	elepi	none	No.	_	Lumberton, Nelephone No.		License N	0					
Gary W. Fleming	3						-2225	13 -	609-265-2107		00529	0.					
Start Date (10)		Sched	duled C				te (11)		ame of OSHA M		00020						
9 / 29 /			1_ /				, ,	110000	EMSL Analyti								
Occupancy Status During A	batement (Check	k only	one)			_/	St	reet Address					-			
☐ Facility Closed/Vacated I	During Enti	ire Pei	riod of	Abat	teme	ent			200 Route 130								
Abatement Performed O					urs ·	- Des	cribe	Cit	ty, State, Zip Co	de					7		
Time of Abatement: 7AN	1- <u>3:30</u> PM/	3:30F	PM- <u>12</u>	AM					Cinnaminson								
Scope of Work (Check all th	at apply)	2-00-0								,							
☐ >3 sf or >3 lf			M o							ainment with Ne	gative Pressur	е					
≥ 160 sf or >260 lf			⊠ Re						☐ Mini-Encl	osure Procedure							
									☐ Non-Exer	npted (*) and No	Non-Friable Procedure						
			100	Loc								A	batem	ent Ty	уре		
Location of	h	45		Norm					Description of		200000000000000000000000000000000000000	7	D	m	Ш		
Asbestos-Containing Ma TO BE ABATE		1)		inter					Containing Mat ermal systems in		Amount (Specify	1 -	Repair	ıca	nclo		
IN Facility			Cus	todia		aff?	(surfacing, VAT,	or	SF or LF) Va	=	Encapsulate	Enclosure		
(13)			.,	(12	-			of	ther miscellaned	ous)				ate	е		
Please see attached			Yes	No	1.	N/A							+				
Control Room					-		(FI		Marking		200 2-	1					
Control Room					-]	Floor til	e č	Mastic		200 SF	Ż		Ш			
] [J (
		njejsesso-] [
Name of Registered Waste H	lauler						Vaste		bic Yards of	Name of Regis	tered Landfill		1110200				
AbateTech, Inc.						ler ID 3 750			ste .0	G.R.O.W.S	. Landfill						
City, State									posal Date	City, State							
Lumberton, NJ								1	1/30/17	Tullytown,	PA						
Completed By (Print or Type))	Title	â			100			Signature	1		Date :	ś				
Gwendolyn Trumbetti		O	perati	ons	Со	ordi	nator		1 Ch	W		101	25	11			