Jh 1092	1	NOTIF (P	ursuant	OF ASB	ESTIOS 8:60 an	ABATE d 12:120	ME D)	NT			CI	- n	0	20	40
Date of Notification (1) 9/3/18				f Building Jersey C					1		_01	Ι.	<u>- b</u>	20	18
Agencies Notified Type No			Street A				-		To through	AS	SBES	LIC	S CC ENS	NTF NG	ROL
DEP Am	ended endment #			ate, Zip Co Brunswic		08901								The honday	THE PERSON NAMED IN
✓ DOH just	ergency (including tification) ncellation			f Contact ersey C	ommu	nity Ca	pit	- <i></i> al	1 8 6 6 6 6	ephone 3.841.			t 33	4	
			FACI	LITY INFO	ORMAT	ION									
Name of Facility Where Abatemen 742 South 10th Street	t is Taking Place (3	3)					Ту	pe of Facility (4 School (K-12							
Street Address 742 South 10th Street							×	Subchapter 8 Other (i.e. pr etc.)					dings	hom	es,
City (5) Newark			***************************************					quare Feet 323	# of	Floors		В	ldg. A	\ge	
County (6) Essex		T		Code (7) USE ONLY)			ırrent Use (Prior	if beir	ng demo	olishe	d)			
Name of Monitoring Firm Hired by	Building Owner (8)		ASCN	/ No.				Abatement Cont							
Street Address						Street 6		dress E DOVE CO	URT						
City, State, Zip Code						City, St	tate	, Zip Code							
Project Manager for Monitoring Fire	m		Telepho	ne No.		Teleph	one			Licens	e No				
Start Date (10) 9/13/18	Schedule 9/17/18		npletion	Date (11)		1		SHA Monitor AD PROFES	SIO	VALS					
Occupancy Status During Abateme	ent (Check Only On	e)				Street									
Facility Closed/Vacated Durin Abatement Performed Outside	g Entire Period of A e of Normal Facility	Abaten	nent					E DOVE CO	URT						
Other – Describe:						LAKE	E.W	OOD, NJ 08	701						
Scope of Work (Check All That App	- Incomp					J	1								
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Asbestos-Containing Material (TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	nce/		thermal surfa	taining M systems cing, VAT niscelland	ins T, o	r	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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INTERIOR					F	looring	5		60	0SF	1	ĸ			
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Name of Registered Waste Hauler		N	JDEP W	lacto	Cubin	Yards		I Name of S		ad!	1511				
NEWARK CARTING		H	auler ID 4509		of Wa			Name of Re	egistei	ed Land	анн				
City, State NEWARK, NJ					Dispos 9/17/	sal Date 18	9	City, State BETHLE	HEM	PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER			S	Signature					Date				

Chal83	Type Notification PA Initial Amended Amendment # Emergency (including justification) PA CH			State of ION OF January 16 NJ	New Jer ASBESTO AC 8:60	SIABATT	EMENT	DEC	; E		V	Print
8-24-2018			Nam	ne of Build Paul's	ling Owne	er/Operato	or (2)	HU SEH	D	6 21	318	$-\parallel$
Agencies Notified Type Notification	on			et Addres:				The same state of the same sta				
1 050			-	Duncan		9		ASBEST	OS (TAOS	ROL	E
X DOL Amendme	ent #		City, Jers	State, Zip sey City	Code N.I.07	304		Lo-monument products	OEN.	SING		
justification	y (includ n)	ing		e of Conta				Talank				
DCA Cancellation	on			essa F				Telephone 973-979-				
Name of Facility Where Abatement is Tak	ing Place	e (3)	F#	ACILITY II	NFORMA	TION	Tuno of Fa-illi					
Commercial Street Address							Type of Facilit					
38 Duncan Avenue							School (F	ter 8 (Other than k	(-12)			
City (5)							etc.)	e. private & comme	ercial b	ouilding	gs, ho	mes,
Jersey City, NJ 07304							Square Feet 4000	# of Floors			. Age	
County (6) Hudson			Count	y Code (7	")			rior if being demo	liebod	80+	-	
	Oum	(0)	L	E USE ON	LY)				iisried)	,		
	owner ((0)	ASC	CM No.		Name	of Abatement C	ontractor (9)				
Street Address							Address	ntal Services,	LLC			
City, State, Zip Code							/irginia Aven	ue				
,, rate, Lip Code						City, St	ate, Zip Code					
Project Manager for Monitoring Firm			Teleph	ione No.		Telepho	y City, NJ 07					
Start Date (10)						201-3	33-8855	License 01174	No.			
8-25-2018	Schedu 8-25-	uled Co	mpletion	Date (11)		of OSHA Monito	г				
Occupancy Status During Abatement (Chec	ck Only C	One)						ntal Services, L	LC			
Facility Closed/Vacated During Entire	Dorind of		ment			Street A 235 V	Address İrginia Avent	ie				
Other – Describe:	nai Facili	ty Hour	S				ate, Zip Code				-	
cope of Work (Check All That Apply)						Jerse	y City, NJ 07	304				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	- Contracting of	Renovi Demoli				×	Glovebag Pro	ent with Negative e cedure d (*) and Non-Fria				
1, 21, 21, 12		s Locat						G () and Non-Fila	DIE PI	1 - Angresia	re emen	t
Asbestos-Containing Material (ACM)	Use	Norma ed Sole	ly by	Ashas	Des	cription o	f		_		/pe	
	Cus	aintena todial s	nce/ Staff?	(i.e.	. thermal	systems in	terial (ACM)	Amount (Specify	R		m	m
(13)		(12)			other m	ing, VAT, iscellaned	or ous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
De"	Yes	No	N/A				0.00-0.00		val	ir	ulate	ure
Boiler room		X			Pipe	insulatio	on	130 LF	X	-		
	-											
me of Registered Waste Hauler		N.	JDEP W	aste	Cubic Y	arde	New					
een Environmental Services, LLC		H	auler ID 34889	No.	of Wast			Registered Landfill				
y, State			,54009		1 Disposa	Il Date		V.S. North Lan	dfill			
rsey City, NJ mpleted by					8-25-2		City. State Mørrisvi					
ana Serrano	Title	Mar	000			hature		Da	te			
	Office	ivian	ager		17	William	11.01/21	73	24-20	18		

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2h 1703		NOT	HCATIO	tate of Ne OF ASB	Jersey STOS ABAT 3 60 and 12:12	EMEN [*]	т		EC	ם [E I	\mathbb{V}	
Date of Notification (1) 08-30-18		- No		of Building (Owner/Operato	or (2)			SE	P	- 6	201	8
Agencies Notified Type Notification	1			Address ast Main	St.				ASBES	TO	200	NTD	<u> </u>
EPA Initial Amended Amendmen	it#			ate, Zip Coo Falls, NJ				Constitution of the second	- t	100	ENSH	1G.	OL-
DOH justification)	g	Name o	of Contact Burkart				1 20	ne Numi 256-66				552110
			FAC	ILITY INFO	RMATION			(0,0).					
Name of Facility Where Abatement is Takin Commercial Property Building # 1		(3)				Тур	e of Facility (4	33 					
Street Address 114 Beach St.							School (K-12 Subchapter 8 Other (i.e. pri etc.)	Other th	an K-12) nmercial	buil	dings	, hom	es,
City (5) Rockaway						Squ	are Feet	# of Floo	ors	E	Bldg. A	Age	
County (6) Morris				Code (7) USE ONLY)		Curr	rent Use (Prior	if being de	emolishe	d)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)			atement Conti ntracting LL		-11				300		
Street Address						t Addre 7th S							
City, State, Zip Code					II NOVE TO		Zip Code ry NJ 07087						MITTER STATE
Project Manager for Monitoring Firm			Telepho	ne No.	Telep	hone 1 216-	No.	Lice	ense No. 206	-			
Start Date (10) 09-10-18	Schedul 09-13-		mpletion	Date (11)	Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Chec	ck Only O	ne)				Addre			to have been				-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 7:00 am - 5:00 pm	Period of nal Facility	Abater y Hour	nent s		City, S		Zip Code	***************************************		-			
Scope of Work (Check All That Apply)					- Unio	on Cit	y NJ 07087		=			F-18-15-15-0	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			F	M GI	ull Containmen ini-Enclosure lovebag Proce on-Exempted (dure				2	
Location of		s Locat Norma	lly		Description			7 6110 140.		1 10	Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial ((12)	nce/ Staff?	(i.e. ti	os Containing I hermal system surfacing, VA other miscella	Materia s insul AT, or	lation,	Amour (Specif SF or L		Remova	Repair	Encapsulate	Enclosure
0.15	Yes	No	N/A							=		ate	ē
2nd Floor		Х			Pipe Insula			60 LF		ζ			
Basement		Х			Pipe Insula	ation		20 LF	2	2			
Name of Desistered W.													
Name of Registered Waste Hauler Delfa Contracting LLC			IJDEP W lauler ID 35240	No.	Cubic Yards of Waste 2		Name of Re Tullytown	1000		ove	ery F	acili	у
City, State Inion City, NJ					Disposal Date 09-12-18		City, State Tullytown	, PA		ell-ne	Harris		
Completed by aime Delgado	Title Proj.	Mana	ager.		Signature	9	1	2001.00.00.00.00.00.00.00	Date 08-3		18		

247085			POITASI	ate of New Jor ASBEST	TOS ABATE		ī		E G SEP	E 1	<u> </u>	in Eo
Date of Notification (1) 8/30/18		2000		of Building Own				144	ULI	U	LUI	-
Agencies Notified Type Notification EPA Initial	ı		Street A	Address Alvarado A		luee		A	SBESTO LK	OS CC DENSI		SL&
DEP Amended Amendmen Emergency justification DCA Cancellation	(including		Lakew Name o	ate, Zip Code vood, NJ 08 f Contact no Horowitz				Telephone		r		
				LITY INFORM					, , , , ,			
Name of Facility Where Abatement is Takin Street Address	ng Place (3)				Type	School (K-1; Subchapter Other (i.e. pretc.)	5.0	n K-12) mercial b	uildings	, hom	es,
City (5) Lakewood, NJ 08701						Squa 169	are Feet 0	# of Floors	S	Bldg.	Age	
County (6) Ocean				Code (7) USE ONLY)		Curr	ent Use (Prio	r if being den	nolished)		=	
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	ЛNo.	B. J. J. G. G. S. M. G. G. C. S.		atement Con	5,000,000,000,000,000,000,000,000,000,0	 S			
Street Address					Street 6 WI	0.5	ess DOVE CC	URT			02-7-3	
City, State, Zip Code							Zip Code OD, NJ 08	701				
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 732-	none N	No.		nse No.			
Start Date (10) 9/9/18	Schedul 9/12/1		npletion	Date (11)			HA Monitor D PROFE:	SSIONALS	S			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of	Abaten			City, S	HITE State, 2	DOVE CO Zip Code OOD, NJ 08					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit				Fu Mi Gl	ill Containme ini-Enclosure ovebag Proc on-Exempted	edure			re	
Location of		Locati Normal	ly		D			.,		Abat	emen ype	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial S (12)	nce/	(i.e. the	Description Containing M rmal systems surfacing, VA ner miscellar	Materia s insul T, or	ation,	Amount (Specify SF or LF)	7	Repair	Encapsulate	Enclosure
EVTEDIOD	Yes	No	N/A		CIDING			252225			ate	e)
EXTERIOR	-				SIDING			2500SF	X			
Name of Registered Waste Hauler NEWARK CARTING		Н	IJDEP W lauler ID 4509		ubic Yards Waste		Name of R	egistered La	ndfill			
City, State NEWARK, NJ				1 2000	sposal Date		City, State BETHLE	HEM PA		Page 1		
Completed by JOSEPH PERLSTEIN	Title	NER			Signature				Date 8/30/	18		



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Date of Notification (1)		1	Name of		wner/Operat		^						
Agencies Notified Type Notification			Street Ac		50,0) CH (G		HM	EG	E		V/ [3 1
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☐ EPA ☐ Initial ☐ DEP ☐ Amended			City Sta	te, Zip Code	e			HA					+
DEP		_ `	7	EANE	eal.	S Th	7666		SEP	- 6	3 20	118	
☐ Emergency (inc	luding	1		Contact		<u>-</u>		1	nhone Numb	or .			1
☑ DOH justification) ☐ DCA ☐ Cancellation				MR.	OCH	RA		-				p-	
			FACI	LITY INFO	DRMATION			†		SENI	ZIME.		čte
Name of Facility Where Abatement is Taking Plan					To the	Type	of Facility (4)	- Company Control	amplur h	and the separate of	an empere	
- MR. JASON C	OCHK	A					School, (K-1		101. (2329-252%				-
Street Address					8		Subchapter (8 (Other	than K-12) commercial t	mildin	es hor	nes, et	tc.)
				11									
City (5)				1.			e Feet	# of	Floors	В	ldg. A	ge 40	
TEANECIL							•	- iCh sin s	demolished)		.,	-	
County (6)			County C	JSE ONLY)	-	Curre	nt Use (Prio	C \	SN CE				1
Name of Monitoring Firm Hired by Building Own	or (8)		ASCN	/ No	l N-	ame of Abat							-
Name of Montoring Firm Fined by Building Own	ici (o)		ASCI	1 140.				8 09-8					1
Street Address			l			est Address		In	2		-		-
Succe Address					1 7.			War	Stree	÷			
City, State, Zip Code						ty, State, Zi		LVCL	DUICE				
						ackens		N.I (7601				
Project Manager for Monitoring Firm		1	elephor	e No.		lephone No		110	License No.				
72					20	01-329	7/1/1		0038	8			
Start Date (10)	Scheduled	Compl	etion Da	ate (11)		ame of OSH			V.,V.,				
Statt Date (10) 9/11/18	٠	1/12	2/18		От	nega E	nviro	nmer	ntal				
Occupancy Status During Abatement (Check Only	One)				St	reet Address	K.						
☐ Facility Closed/Vacated During Entire Perio	d of Abate	ment				30 Huy		tree	et				
Abatement Performed Outside of Normal Fa	cility Hou	rs M			Ci	ty, State, Zip	p Code						
					Sc	outh H	lacken	sack	, NJ	076	06		
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		novatio					l Containme ni-Enclosure		Negative Pres	sure			1
100 St 01 2200 ft		шопц	<i>7</i> 11			Glo	vebag Proc	edure					
				1			n-Exempted	(*) and	Non-Friable	roced			-
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Location of		ormally Solely				ption of		١.					
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	ntenan	ce/		tos Containii mal systems			0.00	mount specify	Re	72	Enc	En
In Facility	Custo	odial St (12)	aff?		VA	T, or		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		2000			omer misc	ellaneous)				al	7	late	ıre
	Yes	No	N/A										
BASEMENT		<u> </u>	1	THECUL	K Syste	M INSU	lat 1010		SOLF	×			
						3-1-2							
	-			-									
Name of Registered Waste Hauler		LATI	DEP W	L	Cubic Yar	de	Name of	Registers	d Landfill				
14ante of Vekisterer Maste Liamet			uler ID		of Waste		1.anic of	- 10513101					
Best Removal Inc			1710)9		075	Mine	rva	Enter	ori	ses	<u>, I</u>	LC
City, State					Disposal D	10	City, Stat	e					
Hackensack, NJ 07601	l mi -				1	12/18	Wayn	esbu	rg, O		468	8	
Completed by	Title	20			Signa	Ture	`a. a.	ع	Dat		1/1	٥.	
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ASB-41 (R-06-08)						U _{* Do no}	t use this for	rm for as	bestos licensi	ire exe	mpted	activi	ties.

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Date of Notification (1) 9/1/2018	<i></i>		Name o	of Building	Owner/0	Operator	(2) ING	AUTHORIT	Y		SE	-	6 2	018
Agencies Notified Type No X EPA Initi				Address ADAMS	STRE	ET				<u>_</u>	ASBES	ros Iora	CON	TROL
DEP Am	ai ended endment #			ate, Zip C 「NEW `		NIOZ	000				L	102.1	ISING	3 ************************************
X Fm	ergency (includin	g		of Contact		NJ U/	J93		Te	lephone	Number			
	cellation			MART					199000	9-238-			- A	
Name of Facility Where Abatement	is Taking Place	(3)	FAC	ILITY INF	ORMATI	ON	Тур	oe of Facility (4))					
WEST NEW YORK HOUSI Street Address	NG AUTHOR	ITY						School (K-12						
6100 ADAMS STREET							×	Subchapter 8 Other (i.e. pri etc.)	(Oth vate	er than I & comm	K-12) ercial bu	ilding	s, hon	nes,
City (5) WEST NEW YORK							Squ	uare Feet	# 0	f Floors		Bldg.	Age	
County (6) HUDSON				Code (7) USE ONLY	n		Cur	rent Use (Prior	if be	ing demo	olished)			
Name of Monitoring Firm Hired by I TTI ENVIRONMENTAL, INC		3)	ASC	M No.				oatement Contr			ING, I	NC.		
Street Address 1253 N. CHURCH STREET	6					Street 11 VI		ess ELAND AVE	NUE					
City, State, Zip Code MOORESTOWN, NJ 08057	N.							Zip Code A, NJ 07512						
Project Manager for Monitoring Firm MIKE STOCKU	n		Telepho 856-84	ne No. 40-8800		Teleph	one			Licens 0049				
Start Date (10) 9/6/2018	Schedu 9/9/20		mpletion	Date (11)				SHA Monitor S (9) ABOV	E					
Occupancy Status During Abateme	nt (Check Only C	ne)	7.03.10-11			Street						1124 0 2		
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: OCCUPIED	of Normal Facili	ty Hour	'S			City, St	tate,	Zip Code						
Scope of Work (Check All That App	ly)					<u> </u>								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli				×	M	ull Containmen lini-Enclosure llovebag Proced on-Exempted (dure				re	
		s Locat							7		T T	Aba	temen	t
Location of Asbestos-Containing Material (A		Norma ed Sole		Ashas		cription		al (ACM)			-	1	уре	
TO BE ABATED In Facility (13)	IVI	aintena stodial (12)	Staff?		thermal surfac		insu T, or	lation,	(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
¥¥	Yes	No	N/A		other ii	iiscellai ii	eous	,			val	Ŧ	ulate	ure
FIRST FLOOR OFFICE A	REA	X		Pop	ocorn C	eiling ((Lay	rer 1)	40	00 SF	X			
				Smoo	th Coat	Plaste	er (L	ayer 2)	40	00 SF	Х			
				Brow	n Coat	Plaste	r (La	ayer 3)	40	00 SF	Х			
Name of Decistors of Martin II.			11055		eiling P	200000000000000000000000000000000000000	late			0 SF	Х			
Name of Registered Waste Hauler	CTING	272	NJDEP W Hauler ID		Cubic \ of Was			Name of Re	ā.,					
TWO BROTHERS CONTRA	CTING	1	8743		10			WASTE	MAN	NAGEN	MENT (3.R.	D.W.	S.
City, State FOTOWA, NJ					9/10/2	018		City, State MORRIS	VILL	E, PA				
Completed by /IVECA RAMOS	Title	JECT	COOF	RDINAT		gnature		· 0			Date	10		

Print Form

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DOH ☐ Gancellation			1		MARTIN						609-238				*** **********************************	
Nama of Facility Where Abatement is Takin	g Pin	sa (5)		FACI	LITY INFO	RMATI	QN	Tyo	e of Fi	1447	'A)					
WEST NEW YORK HOUSING AU	THO	RITY								(K-1						
Sironi Address 8100 ADAMS STREET						\$5		X	Subc	inter	8 (Other than private & comm	K-12)	Nultele	ne i	home	
City [5]	\dashv					-			alc.)		# of Floors			g. As	Y-9883/5273	
WEST NEW YORK								-,-			» 011 XXX.2		310	g. 48	, .	
County (8) HUDSON			6	County (Code (7)			Cur	rent U	(Pri	or if being dem	olishad	1)			ena
Name of Monitoring Firm Hired by Building	Owner	r(8)		ASCA	l No.		Nama	of Ab	alama	I Cor	ntractor (9)		-			
TTI ENVIRONMENTAL, INC.							TWC	BR	ОТН	RS	CONTRAC	TING,	INC			
Street Address 1253 N. CHURCH STREET							Street				S.V.S					
City, State, Np Code	+				-				Zip Co		ENUE					
MOORESTOWN, NJ 08057		~							LIN , A		12					
Project Manager for Monitoring Firm MIKE STOCKU				alapho 856-84	ns No. 10-8800		Talapi 073		No. -870(Licen 004	88 No.				
Start Date (10)	Serie	belube	Com		Date (11)				N AHP			24	-	-	_	
9/8/2018 Decupancy Status During Abatament (Chec		2018							S (9)	180	VE					
Facility Closed/Vapated During Entire							Street	Addn	PSA							
Other - Describe: OCCUPIED; STARY	evi g	cility H	ours PM	EUI		_	City, 3	Stale,	Zip Cı	0						
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28 of or 280 if 2100 of or 2200 if	2	Ren	novati objeti					J 6	15-init	losun	caduca					
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Project Manager for Monitoring Firm N/A			Telepho N/A	ne No.		Teleph 201-2	one N	0.		Licens 01074					
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Tri-State Transfer Associates		H	auler ID 9551		of Was			Name of F Minerva			atill				
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Project Manager for Monitoring Firm			Telepho	ne No.			one No 345-86			License 01311					
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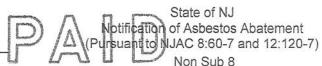
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none N 345-8	0.	100000	cense No).			
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TO BE ABATED In Facility (13)	BE ABATED Maintenance/ (i.e. thermal systems insulation (Specify II)															
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ed Joksimovic	11,000,000	ct Ma	nager		Sig	nature		411/			1000	ate 8/31	/20	18		

B & G proj. #:

2018-165



Check # 9174 Date of Notification (1) Name of Building Owner/Operator (2) 10 | 8 | / | 3 | 0 | / | 1 | 8 | Care Point Health Agencies Notified Type Notification Street Address ☐ EPA 29 East 29th Street - 6 2018 Initial ☐ DEP City, State, Zip Code Amendment X DOL X Bayonne, NJ 07002 ASBESTOS CONTROL & X DOH Name of Contact Telephone NumberSING Cancellation ☐ DCA John Gilson (973)296-5089 **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Bayonne Medical Center (NON Sub 8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 29 East 29th Street Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Bayonne Hudson Hospital (non sub 8) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 08/30/2018 09/05/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Other-Describe: Work shift 7:00 am - 3:30 pm Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Glovebag procedure Mini-enclosure >3 sf or >3 lf ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely F Location of Е by maintenance/custodial e e n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material to be (Specify SF or material (ACM) 0 a abated in facility (13) a Yes No N/A Pharmacy Office pipe fittings 30 fittings X Compond Chemical Room X pipe fittings 30 fittings X VAT & Mastic X Compond Chemical Room 450 SF × Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 8 Tullytown Resource & Recovery Center Disposal Date City, State City, State Lincoln Park, NJ 09/05/2018 Tullytown, PA Signature Completed by (Print or Type) Date Ciordana Luna Gordana Luna Secretary/Treasurer 08/20/2018

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2018-165

(Pursuant to NJAC 8:60-7 and 12:120-7)

					Non	Sub 8	3	Check	# 9161				_
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☐ DCA	Cancella Cancella	ation	John Gil	son					96-5089				2
				FAC	ILITY INFORM	1ATIO	V						一
Name of facility wh	nere abatement is	s taking pla	ce (3)	-				Type of Facility (4	4)				_
Bayonne Med	lical Center	(NON S	Sub 8)					School	(K - 12)				
Street Address								7,41,75	apter 8 (Othe Private/Com			12)	
29 East 29th	Street						-	Bldgs./I	Homes, etc.	i i i e i			
City (5)		Coun	ity (6)			Cor	inty Code (7)	Square Feet	# of Floors		Blo	lg. Ag	je
						1	ate use only)	Current Use (Pr	ior if being d	<u> </u>	olishe	d)	_
Bayonne	F: 11' ()		dson			<u> </u>		Hospital (nor	sub 8)				
Name of Monitorin	g rim rirea by i	Blag. Owne	er (8)		ASCM No.		Name of Abatement	***************************************					
Street Address						_	B & G Restorati	on, Inc.		_			_
0.0007/1007000							105 Ryerson R	oad					
City, State, Zip Cod	е						City, State, Zip Code			-			
Project Manager for	r Monitorina Eirm		I Dha	ana Aliumk			Lincoln Park,	NJ 07035	III isanga Niv				
Project Manager 10	I Monitoring Firm		Pno	one Numb	per		(973)696-686	9	License Nu 0037		er		
Scheduled Start Da	ite (10)	Sched	. Completio	n Date (1	1)	-	Name of OSHA Moni						
08/30/2018		09/0	5/2018				B & G Restorat Street Address	ion, inc.					
Occupancy Status	During Abatemer	nt (Check o	nly one)	***************************************			105 Ryerson R	oad					
Abatement pe	d/vacated during erformed outside						City, State, Zip Code						
Describe:	be: work shift	7:00 am	- 3:30 pm	ì			LincolnPark, N.	J 07035					
Scope of Work (ch							1					- 1	_
☐ Demolition	X	Renovatio	n				Full Containment w/neg	gative pressure		pro	ocedu	re	
\times >3 sf or >3 if		≥160 sf or	≥260 If			X	Mini-enclosure		☐ Non-friab	le p	roce	dure	
Location of			n normally u		У				F	200	R e	E	E
asbestos-cor material to be		staff(12)	, mailoc/cust	oulai	Descript material		asbestos-containing	Amount (Specify S	For r	n	р	n	n
abated in fac	tility (13)	Yes	No	N/A	- material	(/ 1011)		ĹF)	1		a	a p	L
Pharmacy Office	е			×	pipe fitting	gs		30 fittings	E	2	\Box	П	
Compond Cher	mical Room			×	pipe fitting	-		30 fittings		8		$\overline{\Box}_{i}$	
					1					4		<u> </u>	#
Registered Waste H	Hauler	NJDI	IL EP Hauler II] <u> </u> D# (Ubic Yards of	Waste	Name of Registered	 Landfill			Ц_	Ц.	1
B & G Restora	tion, Inc.		19563		3		Tullytown	Resource & Re	ecovery Co	ent	er		
City, State Lincoln Park, I	NJ			Disposal 09	Date 9/05/2018		City, State Tullytown,	PA					
Completed by (Prin	nt or Type)	Title Secreta	ry/Treasu	ırer	Signature		Gordana Luna		Date 08/20/2	201	8	<u>`</u>	

no ch			TION OF A	New Jersey SBESTOS ABAT 8:60-7 and 12:1		loud)	E (G [<u> </u>	VE	n
Date of Notification (1)				e of Building O CK SHARP & D	wner/Operator (3 OHME CORP.	2)					
8 / 31 /18			Stre	et Address		11111	S	EP	-6 6	2018	11
Agencies Notified Type Notification	n				ENUE, P.O. BOX	2000, RY28-414	-				
EPA Initial Noti				State, Zip Code	273		(Kaleuria ritt)	assession of		**************************************	
DEP X Amended Cancellati	Notification	on		IWAY, NEW JEF		-		STO LIC	S CON ENSIN	TROL & G	ter sacrific
X DOH On Hold			Nam	e of Contact	500b	Telephone Numb	er				
DCA EMERGE	NCY NOT		The state of the s	RICIA JOHNSO	N	732-594-7746				_	
Name of Facility Where Abatement is Ta	king Plac		ACILITY II	NFORMATION	Type of Facility	v (4)				_	
Name of Facility Whole Abatement is 14		(-)			School (K-	-12)					
MERCK SHARP & DOHME CORPORATION	N				Subchapte	er 8 (Other than K-	12)		man at		
					X Other (ie. Square Feet	private & commcl. # of Floors	Diags	Bldc	. Age	5.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING	35				5,000	1			35		
City (5) County (6			Cour	nty Code (7)	Current Use (Pr	for if being demoli	shed)		move at the		
RAHWAY UNION			(STAT	E USE ONLY)		BORATORY AND		ICE F	ACILI	_	
Name of Monitoring Firm Hired by Build ENVIRONMETAL HEALTH INVESTIGATION	ing Owne	er (8)		ASCM No. 104		ment Contractor MENTAL CORPO		ON			
Street Address	JNS, INC			104	Street Address	WEITH CONT		-			
655 WEST SHORE TRAIL					313 SPOOK RO						
City, State, Zip Code	/ 15505	/ 07074	0		City, State, Zip	Code W YORK 10901					
SPARTA, NEV	/ JERSE	lenhon	e Number		Telephone Num		nse N	umbe	er		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		3-729-5			845-369-7500	1101					
Expected State Date (10)			etion Date	(11)	Name of OSHA			5000	out a View National		
8 / 17 /18		10 /	13	3 /18	AMERISCI LAE	BORATORIES INC		#	11480		
Month Day Year	Month		Day	Year	Street Address			_		_	
Occupancy Status During Abatement (Che X Facility Closed/Vacated During	Entire Pe	riod of	Abatement		117 EAST 30TI						
Abatement Performed Outside X Other - Describe: MONDAY	of Normal	Facility	Hours - D	escribe:	City, State, Zip	Code		10040		\dashv	
				Full Cont	ainment with Neg	N YORK, NEW YO	JRK 1	10016)		
Scope of Work (Check all that apply) Demolition	Renova	tion		Mini Enc		auve i lessure					
>3SF OR LF		30711		Gloveba	Procedure						
X >160 SF OR 260 LF		-			ble Procedure		1 .		T.		
Location of	100000000000000000000000000000000000000	cation		Description of A Containing Mater		Amount			nent Ty		
Asbestos-containing Material (ACM)		lly used ly by	1 '	(ie. Thermal s		(Specify	REM	REP.	ENC	ENC	
TO BE ABATED	Maint/C		al i	nsulation, surfac	ing, VAT,	SF or LF)	MOVAL	PAIR	AP.	5	
in Facility (13)		f (12)	_	or other miscell	aneous)		P		APSUL	LOSUR	
SAVE 12	Yes No	o N/A					\vdash	+	1	~	
ROOF EXTERIOR PERIMETER		Х	ROOF FI	_ASHING		350 SF	X	+-	+	_	
							_	_	\perp		
-			1								
	+-	_									
	+++	_	+				1	+	\top	\neg	
	++	_	+				1	+	+		
	NUDED	1 Masts	Cubio Va	ards of Waste	Name of Regis	tered Landfill	_				
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	Hauler	Waste	Cubic Ya	10	LYCOMING C	OUNTY RESOUR	CE M	ANA	GEMEN	T SE	
825 HIGHWAY 33		939		507.6	447 ALEXAND	ER DRIVE/ROUT					
City, State	ÿ.		Disposal 8/16-10/		City, State	PA 17752			1	X	
FREEHOLD, NEW JERSEY Completed by (Print or Type)	e		10/10-10/	Signature	/ VIOLENCE OF THE PROPERTY OF	Date	e		1/5	1/10	7/
BENJAMIN SANCHEZ	RECTOR	OF OP	ERATIONS		AX			×	1/5/	11)	1
				10	11/	>		/	/	11 6	,
				- 4				/		E	
								1			

1 N			NO	TIFICA	O NOITA	FAS	ew Jerse BESTOS	ABA	TEMENT			P	<u></u>		1 77
			(Pursu	ant to N	JAC 8	3:60-7 ar	d 12:1	120-7)	(0)		E	G		
Date of Notification (1)					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	vame MERC	CK SHAF	RP & D	Owner/Operator DOHME CORP.	(2)					
8 / 16 /1						Street	Address	3		-			ith	- 6	201
Agencies Notified Type N	lotificatio	n			1	126 E	. LINCO	LN AV	ENUE, P.O. BC	X 2000, F	XY28-41	14	JLI	O	LU1
	itial Noti				1		State, Zip								
X DOL C	mended ancellati		icatio	on	F	RAHV	VAY, NE	W JEF	RSEY 07065			ASB	ESTO	S CC ENSI	
	n Hold MERGE	NCV	NOT	IEICA	TION IN		of Conta				one Nur	nber			
	WENGE	1401	NOT				ICIA JOI		N	732-59	4-7746				
Name of Facility Where Abateme	nt is Tal	kina	Place	e (3)	FACILIT	YINF	-ORMAT	ION	Trend of Facili	4/45					
MERCK SHARP & DOHME CORP			140	· (0)					Type of Facili		or than	∀ 12\			
Ct									X Other (ie	private 8	commo	cl. bld	as h	omes	etc.)
Street Address 126 EAST LINCOLN AVENUE - BU	III DINIO								Square Feet		Floors	J. Did		ig. Ag	
									5,000		1			35	
	ounty (6 NION)					Code (Current Use (F	rior if beir	ng demo	olishe	d)		
Name of Monitoring Firm Hired b		na O	wner	(8)	(81)	AIE	ASCM		RESEARCH L	ABORATO	DRY AN	ID OF	FICE	FACI	1
ENVIRONMETAL HEALTH INVEST	TIGATIO	NS, I	NC.	(0)			104	The second second	Name of Abate PAR ENVIROR	ement Co	ontracto	or (9)	FIONI		
Street Address							104		Street Address		CORP	UKAI	ION		
655 WEST SHORE TRAIL									313 SPOOK R		AD.				
City, State, Zip Code		150							City, State, Zip	Code					
Project Manager for Monitoring Firm	A, NEW	JER	_			0.00			SUFFERN, NE	W YORK	10901				
WILLIAM S. KERBEL, CIH	-		1		e Numbe	er			Telephone Nur	nber	100000000000000000000000000000000000000		Numb	er	
Expected State Date (10)		Scho		-729-5	etion Da	4- 14	4)		845-369-7500		110)1			
8 / 17 /18	в	Scrie) /		13	/18		Name of OSHA AMERISCI LAB		DIEC IN	_			
Month Day Year		Мо	nth		Day			ear	AMERISOI LA	BURATUR	(152 11/1	C	77	11480)
Occupancy Status During Abateme	nt (Chec	k only	one	9)					Street Address						
X Facility Closed/Vacated Abatement Performed O	During E	ntire	Perio	od of A	Abatemer	nt	200		117 EAST 30T	H STREE	Т				
X Other - Describe: Mo	Utside of ONDAY -	-FRIC	AY :	ACHITY	HOURS -	Desc	ribe:	1	City State 7	C1					
THE TOTAL PARTY OF THE PROPERTY OF THE PROPERT			est i	7 1111-0	F IVI				City, State, Zip	Code N YORK,	NEWY	OPV	10040	2	
Scope of Work (Check all that apply							Full	Contai	inment with Nea	ative Pres	sure	JIM	10010		
Demolition >3SF OR LF	X	Reno	vatio	n			Mini	Enclo	i						
X >160 SF OR 260 LF						X			Procedure						
Location of		le l	Loca	tion	T -	1			e Procedure		_	_			
Asbestos-containing			070700	used		Cont	scription taining M	ut Ast	Destos-	Am.	ount		baten		
Material (ACM)	1		olely			(ie	e. Therm	al sve	tems	17000000	ount ecify	12	REPA	E S	ENCL
TO BE ABATED		Main	t/Cus	todial			lation, su			1	r LF)	REMOVAL	IA _C	ENCAPSUL	15
in Facility (13)	L		aff (1				other mis				/	18	É	Sc	.OSUR
		Yes	No	N/A										=	교
ROOF EXTERIOR PERIMETER				Х	ROOF F	LASI	HING			350 SF		X			
					4							Ť		T	
												+	+	+-	
				-											
					1								1	1	
												-	-	-	
Name of Registered Waste Hauler	- 1	NJDE	P M	acto	Cubic V	arde	of \\/	-	Name (5	L					
REEHOLD CARTAGE, INC.		Haule		N:2232	Cubic Ya		or vvaste 0		Name of Registe LYCOMING CO	ered Land	TILL SOURCE	>E 144	2014	C	T 05
B25 HIGHWAY 33			5939	Section 1					447 ALEXANDE	R DRIVE	BOUK(- 15	ANAG	EMEN	II SE
City, State					Disposal				City, State			_ 10			
FREEHOLD, NEW JERSEY Completed by (Print or Type)	17:4				8/16-10/			_/	MONTROMERY	<u> , PA 177</u>	52		1		1 /
BENJAMIN SANCHEZ	Title	CTOP	OF	OPE	PATIONS	Sig	gnature	11	$\prec \lor \prec$		Date	X	11	5/	1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60-7 and 12:120-7)

32496

		(Pu	rsuant to	NJAC 8:0	00-7 and 12.	20-7)							
Date of Notification (1)					of Building C			2)	Proposition and the second				
				Street A	ddress				m	L	(C)	EH	1
8 / 7 /18 Agencies Notified Type Notifie	cation	-			LINCOLN AV	'ENUE	, P.O. BOX	2000, RY2	8-414	-		total to	
EPA X Initial Amen	Notification ded Notification				ate, Zip Code AY, NEW JE		07065	and the second s		S	SEP	- 6	2018
X DOH On He	old	NOTIF	ICATIO		of Contact CIA JOHNSC	N		Telephone 732-594-7		er ASRF	5570	19.00	NITE:
				ILITY INFO	ORMATION	1=		(4)	N' FORE INSING		(in	FAIO	11%
Name of Facility Where Abatement is	s Taking	Place ((3)			Тур	e of Facility School (K-						
MERCK SHARP & DOHME CORPOR	ATION					X	Subchapte Other (ie.	er 8 (Other t private & co	mmcl.				tc.)
Street Address 126 EAST LINCOLN AVENUE - BUILL	DING 35					Sq	uare Feet 5,000	# of Flo	ors			, Age 35	
City (5) Coun	ty (6)				Code (7) JSE ONLY)	Curr	ent Use (Pr	ior if being	demoli:	shed)	ICF F	ACILI	
Name of Monitoring Firm Hired by B		wner (8)	(STATE C	ASCM No.		ne of Abate						\neg
ENVIRONMETAL HEALTH INVESTIG					104		RENVIRON	MENTAL C	ORPO	RATI	ON		
Street Address 655 WEST SHORE TRAIL							et Address SPOOK RO	OCK ROAD					
City, State, Zip Code	NEW 155	0CEV 0	7071				, State, Zip FERN, NE\		1001				
SPARTA, Project Manager for Monitoring Firm	NEVV JER		hone N	umber			phone Num			nse N	umbe	er	\neg
WILLIAM S. KERBEL, CIH		_	729-564				-369-7500		1101	1			
Expected State Date (10)	Sch			n Date (11			ne of OSHA			10		44400	
8 / 17 /18 Month Day Year	l N	10 Ionth	/	13 Day	/18 Year	AME	ERISCI LAB	BORATORIE	SINC		#	11480	
Scope of Work (Check all that apply) Demolition >3SF OR LF	ring Entire side of No DAY -FR	e Period rmal Fa	d of Aba acility Ho AM-3:30	ours - Desc		City tainme	ent with Neg edure	Code N YORK, N		DRK 1	10016		
X >160 SF OR 260 LF Location of	- 1 ,	s Locat	ion		scription of A			T		I A	haten	nent T	vpe
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Ma	solely int/Cus Staff (1	used by todial 2)	Con (i inst	taining Mate e. Thermal s lation, surfa- other miscel	rial (Ad system cing, V	CM) s 'AT,	Amou (Spec SF or	cify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF EXTERIOR PERIMETER			X R	OOF FLAS	SHING			350 SF		X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	На	DEP W uler ID 1593	No. 9	Cubic Yards Disposal Da /16-10/13/	10 ite 18	LY0	me of Regis COMING CO 7 ALEXAND 19 8466 NTCOMER	DUNTY RE	SOUR	E 15	ANAC	SEME!	NT SE
Completed by (Print or Type)	Title	OR OF	OPERA	ATIONS	Signature	1	7,		Dat	C .	8/	71	18

CIC 4746

		(1)	ui Suant	10 110 AC 0.00 AL			INEC	E	11 1		
Date of Notification (1)		N		Building Owner/O	perator (2)	•			U (J E	
8/31/18				15F			1				-#
Agencies Notified Type Notification	55	S	treet Ad	dress	2- 00	14/=5	HIIII SEP	- 6	5 20	118	
EPA Initial			26	dress (u 22	1002,	fred bond				-
□ DEP □ Amended		C	City, Stat	e, Zip Code	T 0.	7092			O 1 17	- DOI	0
DOL Amendment # Emergency (incl.)	uding	- L		100 . 4	7. 0	(0,92	ASBEST(OS C	ONI	HUL	, Čt.
DOH justification)	aung	4	Name of		0-00		908-62	4-	7%	20	NINGATA T
☐ DCA ☐ Cancellation		17		UE SAN			708-80	1	(4	, 0	
Name of Facility Where Abatement is Taking Place	2 (2)		FACIL	ITY INFORMAT		pe of Facility (4)				
N	2 (3)										
BASE						School (K-12 Subchapter 8	(Other than K-12)				
Street Address	1	-			Ø	Other (i.e. pr	ivate & commercial bu	iilding	s, hon	nes, et	c.)
2655 Rt 221	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠,			· Sa	uare Feet	# of Floors	BI	dg. Ag	ge	
City (5)					2000	55000			68	370	=04
		10	County C	ode (7)			if being demolished)			- 1	
County (6)				SE ONLY)			60/ OFFI	CZ			
Name of Monitoring Firm Hired by Building Owne	er (8)		ASCM	l No.	Name of A	batement Contra					
EH \	- (0)			12 100 10 20 1							
Street Address					Street Addi	<u>Removal</u> ress	Inc	117.50		== \\ ; = \(\)	
655 WEST SHORE TRA					450 S	outh Ri	ver Street	t			
City, State, Zip Code					City, State,						
SPARTA, NJ. 078	271				Hacke	nsack.	NJ 07601				
Project Manager for Monitoring Firm	1 .	17	Celephon	e No.	Telephone		License No.				
JPVON DOEHREN			(2)	51-2041	201-3	20-71.1.1.	00388	3			
	cheduled	200		Professional Control of the Control	Name of O	29-7444 SHA Monitor	1.07.77	-			
9/17/18		15/1			Omega	Enviro	nmental				
Occupancy Status During Abatement (Check Only					Street Add	ress	nmental				
☐ Facility Closed/Vacated During Entire Period	of Abate	ement				uyler S	treet				
Abatement Performed Control of Normal Factor Other - Describe: _ 7.00 but To	ility Hou	ITS Pr	1		City, State,	Zip Code					
Other - Describe: _ 7.00 & 10					South	Hacken	sack, NJ (076	06		
Scope of Work (Check All That Apply)											
□ _≥3 sf or ≥3 lf		enovati	777				nt with Negative Press	sure			
≥160 sf or ≥260 lf		emolitie	on		- I	Mini-Enclosure Glovebag Proce	edure				
						Non-Exempted	(*) and Non-Friable F	roced			
	Īs	Locatio	מכ						Abate Ty		
Location of	N	lormally	y	1	escription of			-	7,	PC	Г
Asbestos-Containing Material (ACM)		d Solely intenan		Asbestos Cor	ntaining Mater	ial (ACM)	Amount (Specify	=		En	E
TO BE ABATED In Facility		odial St		(i.e. thermal sys	VAT, or	n, surracing,	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)		othe	r miscellaneou	ıs) ·		val	air	ulat	sure
	Yes	No	N/A							ÇÜ	
			1	211	1		3600 SF	×			
S. E CORNER VACANT STORAGE			,					1			
S.E COLNER VACANT STORAGE			0	THERMAL S.	PSTEM IN	SULATION	245 LF	70			-
							8				-
Name of Registered Waste Hauler			JDEP W		c Yards	Name of	Registered Landfill				200
7		H	auler ID		aste 25 CY	SW	D				тт/
Best Removal Inc			1710)9 Dien	osal Date	> Mine City, State	<u>rva Enter</u> e	or1	ses	,	كيليا
City, State					015/18	2		т /	1.00	0	
Hackensack, N.I 07601 Completed by	Title			1	Signature	/ Iwayn	esburg, OF		468	٠,	
Name Commence of the Commence	270001000				J. N.	عروندو.	ma !	8/3	111	8.	
J. Maiorano	LSt	.ıma	tor		-A	1		-	-/-		e trans
ASB-41 (R-06-08)					U* Do	not use this for	rm for asbestos licensu	пе ехе	mptec	l activ	ities.

<u>_</u>	AI	NOTI	FICAT	ION OF nt to NJA	ASBESTOS C 8:60-7 ar	S ABAT nd 12:1	20-7)		(0)	CA	ز	32	5	61	
Date of Notification (1)	7—7 II	-			me of Buil ERCK SHAF	-			(2)						
	/18			Str	eet Addres	S			Ir		P (a [э п	71.77	PF
Agencies Notified Type	Notification			12	6 E. LINCO	LN AVE	ENUE	, P.O. BOX	< 2000, RY	28-414			3	\mathbb{V}	EI
DEP X DOL X DOH	Initial Notificati. Amended Notif Cancellation On Hold EMERGENCY	ication		RA Na	y, State, Zip HWAY, NE me of Cont TRICIA JO	W JER	SEY	07065	Telephon 732-594-		Ser St	EP -	- 6	2018	The second secon
			F	ACILITY	INFORMA [*]	TION					0050	OTOC	400	ITOO	-
Name of Facility Where Abatem MERCK SHARP & DOHME COR		Place	(3)				Туре	School (K		Terramonica de	enaments.	est a sent on	NSIN	A	. &
							X		private & c			s ho	mes.	etc.)	
Street Address							Squ	uare Feet	# of FI		T		g. Age		
126 EAST LINCOLN AVENUE - I		EILIN	IGS				1 83	89,717	5				82		
RAHWAY	County (6) UNION				inty Code (TE USE ON	VLY)	RES	ent Use (Pr EARCH LA	BORATOR	RY AND	OFF		FACIL		
Name of Monitoring Firm Hired ENVIRONMETAL HEALTH INVE			(8)		ASCN			e of Abate							
Street Address	STIGATIONS,	IIVC.			10-	4		ENVIRON et Address	MENTAL	JORPO	RAII	ION			
655 WEST SHORE TRAIL								SPOOK RO	OCK ROAD)					
City, State, Zip Code SPAF	RTA, NEW JER	SEY	7871					State, Zip FERN, NE\		0901					
Project Manager for Monitoring Fi	rm	Tele	phone	Number			Telep	hone Num	ber	Licer	nse N	lumbe	er		
WILLIAM S. KERBEL, CIH			729-56					369-7500		1101					
Expected State Date (10) 9 / 17	/18 Sch		omple /	tion Date	∍ (11) 5 /19			e of OSHA RISCI LAB		EC INC		ш	11480		
Month Day Ye	ar M	onth		Day	10,000	Year	AIVIL	NISCI LAB	ORATORI	ES INC		Ħ	11400		
Occupancy Status During Abatem X Facility Closed/Vacate Abatement Performed X Other - Describe:	d During Entire	Perio mal Fa	d of A	Hours - D	escribe:		117 E	et Address EAST 30TH State, Zip							
Scope of Work (Check all that app Demolition >3SF OR LF X >160 SF OR 260 L	X Ren	ovatio	n		X Min X Glo	l Contai ii Enclo ivebag l n-Friabl	, Proce	it with Nega dure	V YORK, N ative Press		ORK 1	10016			
Location of		Locat	100		Description						Al	patem	ent Ty	уре	
Asbestos-containing Material (ACM)	0.000	mally	Marian Carl		Containing I			M)	Amou	33.5	RE	REPAI	E	m Z	
TO BE ABATED		olely int/Cus			(ie. Therr insulation, s			т	(Spec	375	REMOVAL	PAI	ENCAPSUL	ENCLOSUR	
in Facility (13)		taff (1			or other m				31 01		A	'n	Sc)SC	
	Yes	No	N/A								_		7	꼬	
BASEMENT-JANITOR CLOSET				PIPE FIT	TINGS				5 LF		X	-	_	\square	
1ST FLOOR PERIMETER			X	PIPE FI	TTINGS & I	NSULA	TION		1,350 LF		Х			\square	
2ND FLOOR			X	PIPE FIT	TINGS				14 LF		X				
3RD FLOOR			X	PIPE FIT	TINGS				6 LF		X				
Name of Registered Waste Haule FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	C2557 255	EP Wa er ID I 15939	No.	Cubic Ya	rds of Wast 80	- 1	LYCC	e of Registe OMING CO	UNTY RES	SOURC		NAG	EMEN	IT SE	
City, State				Disposal			City!	State /			10		0 15	-	
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title			9/17/18-0	2/15/19 Signature	. /	WON.	TGOMERY	, PA 1775	Date	1	1	2	, 1	/
BENJAMIN SANCHEZ	DIRECTO	R OF	OPER	ATIONS	Orginature	11	X	X		Date	X	12	9/	8	
						1 1		U				,	/		

Check#3135		NOT	IFIC	ATIO	OF AS	BEST	OS ABA	TEMENT 6)		D.E			\mathbb{V}	E
Date of Notification (1)		-		Name	of Buildin	g Owner	/Operator (2)	$-\parallel$			_		
	31 / 1	8			Patka						SEP -	6	2018	
Agencies Notified	Type Notification				t Address				+					-
□ EPA										ASBE	ESTOS	CON	ITRO)L&
☑ DOLWD ☑ DHSS	Amended Amendment	4		City,	State, Zip (Code			- low		LICE	<u>ISIN</u>	G	perfector Level
□ DCA	Emergency (i		- a	Morri	istown, N	J 07960	ĺ							
(NJAC 5:23-8)	justification)		3	Name	of Contac	t			Te	lephone Nu	mber			
	Cancellation			Firoz	Patka									
		N.	_	FA	CILITY IN	NFORM	ATION		7		-			
Name of Facility Where A	Abatement is Takir	g Place	(3)					Type of Facility	(4)		A. A. C.			
Private house								School (K-1: Subchapter		har than K 1	2)			
Street Address								Other (i.e., phomes, etc.	privat			uilding	js,	
City (5)								Square Feet		of Floors	В	ldg. A	ge	
Morristown, NJ 07960														
County (6)				Cour	nty Code (7)	(STATE (JSE ONLY)	Current Use (P	rior if	being demo	olished)			
Morris Name of Monitoring Firm	Hired by Building	Owner	(8) T	ASCM	No	T Name	- 5 A l 4							
	in early building	011.10.	(0)	ASCIVI	NO.			ent Contractor (9)					
Street Address							Address							
						1	alley Rd#	283						
City, State, Zip Code							tate, Zip C	AND DESCRIPTION OF THE PARTY OF						\neg
				040,0		Wayne	e, NJ 0747	70						
Project Manager for Moni	itoring Firm		Tele	phone	No.	Terror ac	one No.			icense No.				
Start Date (10)	Sche	duled (omple	tion Da	ite (11)		of OSHA N	Ionitor	U	1127		-		-
09 /09 /		09		_ / .	18	Enviro	vision Co	nsultants,Inc						
Occupancy Status During				N.		Street	Address							
☒ Facility Closed/Vacate☒ Abatement Performed					scribe			Road, Bldg .#	35E					
Time of Abatement:	AMF	M/					tate, Zip Co							
Scope of Work (Check all	that apply)		-			Fair La	Clean un	7410 and decontamin	nation	with negati	ve nres	SUITE	-	
	CONTROL OF THE PROPERTY OF THE	M n	andro or cross • •			日	Full Con	tainment with Ne			ve pres	Juic		1
>3 sf or >3 lf > 160 sf or >260 lf			enovati emolitic			X	Mini-Enc Gloveba	losure g Procedure	Tent	with Negati	ve Press	sure		
							Non-Exe	mpted (*) and No	n-Fri	iable Proced	dure	1		
Location	of		s Locat Norma								Ab	atem	ent Ty	ype
Asbestos-Containing I	Material (ACM)	Use	ed Sole	ly by	Asbe		escription on Itaining Ma	terial (ACM)		Amount	Re	Re	Enc	Enc
TO BE ABA IN Facilit			intena todial		(i.e		al systems acing, VAT			(Specify SIF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-3		(12)				miscellane			SIF OI LF)	<u>a</u>	1 22	ulati	ıre
		Yes	No	N/A									(D	
Basement				\boxtimes	Pipe inst	ulation			200	LF	\boxtimes			
													П	
Name of Registered Was	te Hauler		NJE	EP Waste	e Hauler ID No.	Cubic Y	ards of Wast	e Name of Regis	stered	d Landfill				
Gr Tech LLC			0	03378	35	ТВ		T.R.R.F. Inc	<u></u>	A				
City, State						Dispos	al Date	City, State						
Wayne, NJ 07470						TB		Tullytown, P	A					
Completed By (Print or Ty	rpe) Titi	e				Si	gnature	11	1		Date			
N.Jevtic	Ои	ner					/	Mente Wen	ad	0	8/31/1	3		

CK 124	749	NO	OTIFIC (Pui	ATION	te of New OF ASBES NJAO 8:	TIOS A	BATE	NEN.	т	DA	E	ם פ		W	E	
Date of Notification (1)	3/29/18				Building O			(2)		ШЦ	SE	P -	6	201	3	甲
Agencies Notified	Type Notification		2		e Street,		n 236				ASBES	TOS	COI	NTR(DL &	1
DEP DOL	Amended Amendment	-			e, Zip Code City, NJ		0								Parameter A	- Poemis
DOH DCA	Emergency justification) Cancellation	,	10000	lame of I Jday N							ephone 1 (1) 595					
Name of Facility Where	Abatamant in Tald	- 51 (0)		FACIL	ITY INFOR	MATI	ON					*!				
Marine Operations		ig Place (3)						Тур	e of Facility (4	3577						
Street Address APM Terminals								×	School (K-1: Subchapter Other (i.e. p etc.)	8 (Othe	er than k & comme	(-12) ercial l	ouildi	ngs, t	nomes	s,
City (5) Elizabeth								Squ	uare Feet	# of	Floors		Blo	dg. Ag	е	
County (6) Union				County C	ode (7) SE ONLY)				rent Use (Pric	or if bei	ng demo	lished	i)			
Name of Monitoring Firm T&M Associates	n Hired by Building	Owner (8)		ASCM 00145					patement Con Save Inc.	tractor	(9)					
Street Address 11 Tindall Road	tts						Street 15 S		ress erset Place							
City, State, Zip Code Middleton, NJ 0774	18								Zip Code NJ 07012							
Project Manager for Mor Kevin Burns	nitoring Firm		100	elephon 732) 6	e No. 71-6400		Teleph (973		No. 0-0200		Licens					
Start Date (10) 7/23/18		Scheduled		pletion D	Date (11)		Name	of O	SHA Monitor			S-1				
Occupancy Status Durin	ng Abatement (Che	ck Only One	:)	111	, 0		Street	Add	ress							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Non	Period of Al mal Facility	oateme Hours	ent	3		City, S	State,	, Zip Code			e				
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ Re ▼ De	enovat emoliti				2		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					2	
		1000000	Locatio	10000			WW.000	ov.						Abate Ty		
Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Used Mair	d Solel ntenan odial S (12)	y by ice/		os Con hermal surfa		Mater ns ins AT, o	rial (ACM) sulation, r	(Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
*		Yes	No	N/A									-	10000	ate	é
second floor				Х		VA	T & ma	astic		6	,125 sf		х			
1st & 2nd				Х			sill co				310 sf		Х			
boiler				X		A CONTRACTOR OF THE PARTY			acking		sf +1/2	-	х			
Name of Registered Wa			IN	JDEP W			aterial Yards	& fl	ashing Name of	1	,100 sf	- 1	х			
Waste Mangement			Н	auler ID		of Wa			Grows	- SEC.		i IaTill				
City, State Newark, NJ						Dispo	sal Dat	е	City, Sta Morris		PA		17.23			
Completed by Sharon Hendee		Title Presi	dent				Signatu	re	14 1			Dat	e/2	9/	18	/

* adding 250 LF non-frable transite piping in extensor trench

Ch 2899 (Pu		w Jersey ESTOS ABATEMENT <u>. B</u> :60 and 12:120)	D E C I	E I V E D
Date of Notification (1) 8-31-2018	Name of Building O	wner / Operator (2)	T T OEL	0 2010
Agencies Notified Type Notification	PNC Bank Street Address			
⊠ EPA	909 Bloomfield Aver		ASBESTO	S CONTROL & ENSING
☐ DEP ☐ Initial ☐ Amended	City, State & Zip Co West Caldwell, NJ 0		Lorenza de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición dela composición de la composición dela composición dela compo	
□ DOH □ Emergency	Name of Contact	77000	Te	elephone Number
☐ DCA ☐ Cancellation	Brian Havanki		85	6-251-9980
	FACILITY INFO			
Name of Facility Where Abatement is Taking Pla PNC Bank	ice (3)	Type of Facility (4) School (K-12)		
Street Address 185 Ferry Street	XXIII 95	Subchapter 8 (Other that Other (i.e. private & con	nmercial buildings	s, homes, etc.)
City (5) County (6)	County Code (7)	Square Feet # of Flo 6,139 1	ors Blo	dg. Age 91
Newark, NJ Essex	County Code (1)	Current Use (Prior if being d	emolished)	91
Name of Monitoring Firm Hired by Building Owner PT Consultants	er (8) ASCM No.	Name of Abatement Contrac Resource Management Gro		
Street Address 62 Creek Road		Street Address 2115 Hamilton Ave, Suite 20	12	
City, State & Zip Code		City, State & Zip Code	JZ	
Bellmaur, NJ 08031 Project Manager for Monitoring Firm	Talankana Nimba	Trenton, NJ 08619	Tr	
Mr. Brian Havanki	Telephone Number 310-955-5841	Telephone Number 609-914-4279	License Nu	01185
	pletion Date (11) 0-27-2018	Name of OSHA Monitor J&S Environmental Laborate	oriae Inc	
Occupancy Status During Abatement (Check on Facility Closed/Vacated During Entire Pe	y one)	Street Address 2333 Route 22 West	ones, mo.	
 ✓ Abatement Performed during Normal Ho Describe: 4:30pm - 12:30am ✓ Facility Occupied During Abatement 		City, State & Zip Code Union, NJ 07083		
Scope of Work (Check all that apply)		1		
≥3 sf or ≥3 If	□ Denoueties	The state of the s	ntainment with Ne	gative Pressure
≥3 sf or ≥3 lf≥160 sf ≥260 lf	Renovation Demolition	☐ Mini-En ☐ Glove B	ag Procedures	
				Friable Procedure
Location of Asbestos-Containing	Is Location Normally Used	Description of Asbestos-Containing	Amount (Specify	Abatement Type
Material (ACM)	Solely by	Material (ACM)	SF or LF)	m
		(i.e., thermal systems sulation, surfacing, VAT		ncapsul Repair Remova
in Facility (13)		or other miscellaneous)		Enclosure Encapsulat Repair Removal
	Yes No N/A	**************************************		
Basement	☐ ☐ ☐ Pipe In	sulation	500 LF	
Name of Registered Waste Hauler	NJDEP Waste 0	Public Vordo Nama of Dan	istered Landfill	
Resource Management Group, LLC	Hauler ID No.	of Waste TBD Grows Landfi		
City, State Trenton, NJ 08619		Disposal Date City, State Morrisville, PA		
Completed By (Print or Type)		Signature //	1	Date
Mr. Brian Haney	President	Man SM	h	8-31-2018

				15	Tate	of Ne	w Jersey						1 77 //	e e	pacmag
Ch 28	99	NOTII (Pi	FICA ursu	ant	to N	J.A.	BESTOS A	BATE 1 12:1	MENT 20)			; E L	\mathbb{V}	E	
Date of Notification	(1) 8-31-2018			Name PNC		ilding (Owner / Operat	tor (2)		ШЦ	SE	P - 6	2018	7	世
	Type Notific	cation		Street	t Addr			27.					processon and a second	nonement of	anderson to
☐ DEP		al	-			ield Av & Zip C					ASBES	TOS CO	NTRO NG	L &	
☑ DOL ☑ DOH		ended		West	Caldv	vell, NJ	07006			brogovaniae		careeges absolute	A I	acrossoc.es	e mount
DCA DCA		ergency cellation	- 1		Havank	ontact (i						856-251-	one Nui -9980	mbe	r
Name of Facility M/h	one Abeter		1 //	F	ACILI	TY INFO	ORMATION	:1:1 (4)							
Name of Facility Wh PNC Bank	iere Abaten	nent is Taking P	lace (3)			Type of Fac								
Street Address 469 Central Ave			, , , , , , , , , , , , , , , , , , , 					apter 8 (Other tha			ngs, hom	nes, etc	c.)	
City (5)		County (C)	10-		2-4-	(7)	Square Fee		# of Floo			Bldg. Ag	je		
Newark, NJ		County (6)	100	unty	Code	(7)	8,471 Current Use Bank	(Prior i	if being de	emolis	ned)		75	-	
Name of Monitoring PT Consultants	Firm Hired	by Building Owr	ner (8)		ASC	CM No.					:				
Street Address						***************************************	Street Addr	ess							
62 Creek Road City, State & Zip Co	de						2115 Hamilt City, State 8			2					\dashv
Bellmaur, NJ 08031		F:	T - ,			No. 2005	Trenton, NJ	08619		- 1.					
Project Manager for Mr. Brian Havanki			610-9	955-5			Telephone I 609-914-42	79			icense	Number 0118			
Scheduled Start Dat 9-15-2018		Scheduled Cor	npletion 9-18-		te (11)	Name of OS J&S Enviror			ries, Ir	IC.				
Occupancy Status D		ement (Check of During Entire P			otomo	nt	Street Addre		ot.						
	Performed of	luring Normal H		UI AD	aterne	H.	2333 Route City, State 8								\neg
Describe: Facility Occu							Union, NJ 0	7083							
Scope of Work (Che					-				AND MORROS						
≥3 sf or ≥3 lf	f			Rer	novatio	an.		H	Full Cont			Negative	Press	ure	
□ ≥160 sf ≥260					nolitio			\boxtimes	Glove Ba	ag Pro	cedures				
1.0	ocation of		le.	Locat	ion	T	Description	on of	Non-Exe		and No mount		e Proce atemer		
Asbest	os-Containi	ng	Norr	nally l	Used		Asbestos-Co	ntaining	g	(5	Specify	AU	T	ILIY	pe
	erial (ACM) BE ABATED			olely l	by ice or		Material ((i.e., thermal		s	SF	or LF)	Re	R	Enc	Enc
	n Facility			odial :	Staff?	i	nsulation, surfa	acing, V	'AT			Remova	Repair	Encapsulat	Enclosure
	(13)		Yes	(12) No	N/A		or other misce	elianeou	is)			<u>a</u>		at	re
Basement						Pipe I	nsulation			1	00 LF				
								,							
			H	H	H								HHH	ㅐ	H
Name of Registered	Wasta Hai	ıler			DEP	Maste	Cubic Yards	Nam	e of Regis	stared	Landfill				
Resource Managem				Ha	uler II 35218	D No.	of Waste		vs Landfill		Lanuilli				
City, State Trenton, NJ 08619	отопр,						Disposal Date	City,	State isville, PA	,					
Completed By (Print	t or Type)			Tit			Signature	141011	// -	7/		Date			-
Mr. Brian Haney				Pr	esider	IL	91179	1 2	\$ 1	/ //		8-31-	-2018		

2-08-30 08:57 CH 50	57		TIF	CATI	State of	New Jetsey SBESTOS ABA AC 8:50 and 5:	509 63: TEMEN				SEF	P 2	2/4	2018
Date of Notification (1)	30 /	18		Na	me of Buildi	ng Owner/Operator y Township Pub	(2)	<u>†</u>		ASI	Þ		CO! NSIN	NTROL&
Agencies Notified EPA DOLWD OOH DOA	Type Notifice Initial Amended Amended Emergence	ition	las.	Str. 3 City	eet Address 31 Levis I 7, State, Zip	Orive.		-	AUG	É	V	8		
(NJAC 5:23-2)	Justificatio	n)	ier D	Nar	ne of Conta /illiam Bu	ct			WALVED /	WEL.	637	. 4 .	Ð	
				100		NFORMATION		mant popular	609-267-720	X OE	6701			4
Name of Facility Where Air F.W. Holbein Middle Street Address 333 Levis Drive City (5)	School	iking Pia	ce (3)				Type of Subcar Subcar home	pter & le. pr) (Other than K-15 ivate and comme					
Mount Holly	1						10.00		# of Floors	1	8 ldg. 80	Ago	The state of the s	7
County (6) Burlington				Co	unty Code () (STATE USE ONLY)	Current L	se (brie	or if being demails	shed)	90			_
Name of Monitoring Flom H Management & Envir	ired by Buildin	ng Owne	r (ō)	ASCI		Name of Abatem	School School	(Ê) 10:		-				
Street Address	an maritateri	118 0614	1609			Shade Environ	onments!	LLC						
PO Sox 341						623 Cutter A	Athers							7
City, Siete, Zip Code Chesterfield, NJ 085						City, State, Zip C Maple Shade	ode .	,		-				-
Project Manager for Monito	ring Firm		Te	lephon	No.	Telephone No.	, 110 0001		License No.					_
Sitt Weisgarber Start Date (10)	10		1000		8-4070	\$56-7\$\$-0099			00842					
<u>D8 / 31 / _</u>	18	heduled 09	1_0			Name of OSHA W EMSL Analyt								1
Occupancy Status During A Facility Closed/Vacatod Absternant Performed C Time of Absternant:	During Entire	Period o	f Abat	me . Me	actibe .	Street Address 200 Route 13 City, State, Zip Co	ode							1
Scops of Work (Check all th						Cinnaminson	, NJ 0807	<u></u>						
그 5160 이 이 5280 N 조 53 이 이 53 N			érióva emofit	ton		Claushed	Desagahan		tive Pressure Frisble Procedure	ė				
Lecation of Asbestos-Containing Ma TO BE AGATE IN Facility (13)	iterial (ACM)	Us M: Cur	ainten stedial (12	elly lety by ence/ Steff?	Asbes (i.e.	Description of the containing Mail to Containing Mail Honnai systems is surfacing, VAT, other miscalianed	erial (ACI) Isulation, or		Amount (Specify SF or LF)	-	Repair	-	Type Endouse	
		Yes	No.	N/A	-	ard Adhesive	-				L			
Room 405				10	- INITIAL	and Vallagins	-	-	100 SF	Ø				
Room 405		10	10	片	-						므			
Room 408		-	-	占	-							0		
Room 405			1 1 1	111	}		him and	legiste.	red Landfill					
	lauler			UDEP I	No.	Cubic Yards of Waste								
Name of Registered Waste Freehold Cartage Sity, State Freehold, NJ	lauter	<u> </u>	IA	JOEP	Na.		Fairles City, Sut Morris	8 Lan	dfill				_	

Aug 30 2018 04:09PM NJ Asbestos Control 609.633.0664

m voorhees,	8/29/18		NOT	(Pi	A THOM	OF AS	ew Jersey BESTOS ABA AC 8:60 and 5:1	6)	Chik# 3	343	30		
Date of Notification (1)					Name	of Buildin	g Owner/Operator	(2)					
8 /	29 /	18			Edi	son Hou	sing Authority		ME	SE	Π	W	
Agencies Notified	Type Notifica	ation			Street	Address			111),-5-9	<u> </u>		W	IL
☐ EPA					141	Rev. San	nuel Carpenter E	Boulevard					
⊠ DOLWD	☐ Amended					State, Zip (III III SE	P -	6 2	018	_
□ DOH	Amendm				Edi	son, NJ	08820		L		-	.0.0	
DCA (NJAC 5:23-8)			auaing		Name	of Contac	zt		Telephone Nun	nber	- CALLANDARIA	- Continue	2000
,	☐ Cancellat	tion			Mai	k Webb			908-202-35	STOS (CON	TRO	L. 1
					FA	CILITY IN	NFORMATION			LIOLIN	Ollac		WG.
Name of Facility Where	Abatement is 7	Taking	Place	(3)				Type of Facility (4	4)				-
Housing Unit 9A		9		,				School (K-12)	0.00				
Street Address			X-340c	No frances				Subchapter 8	(Other than K-1:	2)			
9 A Lyle Place								Other (i.e., pri homes, etc.)	vate and comme	ercial bu	uilding	gs,	
City (5)		-						Square Feet	# of Floors	BI	dg. A	ae	
Edison								+-1500	2	- 1	+-30	-	
County (6)		-			Cour	ity Code (7)(STATE USE ONLY)	Current Use (Price					_
Middlesex						· · · · · · · · · · · · · · · · · · ·		Home					
Name of Monitoring Firm	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Environmental Cor		-	0.0					IVIRONMENTAL	INC.				
Street Address							Street Address		,		-	-	-
120 North Warren	Street						1123 BEAVE	R STREET					
City, State, Zip Code		-					City, State, Zip C	ode					-
Trenton, NJ 08608							BRISTOL, PA						
Project Manager for Mon	nitoring Firm		3-23-17-27	Tele	ephone	No.	Telephone No.		License No.		-	-	-
Dominick Dercole	*************************************			1	09-392		215-788-6040	0	00509				
Start Date (10)	15	Schedu	uled C	omple	etion Da	te (11)	Name of OSHA N	Monitor					_
8 /30 /	18	8	/	3	1_/	18	BRISTOL EN	IVIRONMENTAL	, INC				
Occupancy Status Durin	g Abatement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacate					ment		1123 BEAVE	R STREET					
☐ Abatement Performed	d Outside of No	ormal F	Facility	/ Hou	rs - Des	cribe	City, State, Zip C					920001110	-
Time of Abatement: §	9:00AM- <u>5:00</u> F	PM/	PI	VI	AM		BRISTOL, PA						
Scope of Work (Check a	Il that apply)											-	
N > 2 of - 1 > 2 If	2010		Øρ	97.	• 000000			tainment with Nega	ative Pressure				
≥3 sf or ≥3 lf >160 sf or >260 lf			⊠ Re □ De	novat moliti				closure ig Procedure					
								empted (*) and Non	-Friable Procedu	ure			
				Loca						Ab	atem	ent T	yr
Location Asbestos-Containing		a)		lorma d Sol	ally ely by	Ashs	Description of		0	Re	Re	Ē	T
TO BE ABA		")	Ma	intena	ance/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	
IN Facil	ity		Cust	odial (12)	Staff?		surfacing, VAT	, or	SF or LF)	Val	-	Sula	
(13)		t	Yes	No.	N/A	1	other miscellane	eous)				ate	
1st Floor hannette : 1	ofloo:		_		-	D:					-		1.
1 st Floor beneath sul	oiloor		Ш			Pipe Fi	ttings		4 LF			Ш	1
													[
											П	П	TI
										1	1] [+
Name of Registered Was	ete Hauler		Ш		JDEP V	Maste	Cubic Yards of	Name of Decist	ared Landfil		Ш		
SERVICE TRANSP		P, INC			lauler II 20990	No.	Waste	Name of Regist					
City, State							Disposal Date	City, State					
							TBD	WAYNESBU	IRC OH				
NEW CASTLE, DE							1.00		ond, on				
NEW CASTLE, DE	ype)	Title					Signature		, D	ate		19	_

HITKOVED DY.

PAID) (NOTIF (F	ICATIO	state of N N OF ASI t to NJAC	BESTOS	ABATE	MENT			E	G	E	P	int F
Date of Notification (1) 8-3/-/8				of Building				ME	The state of the s	S	EP	- 6	20	8
Agencies Notified Type Notification EPA Initial			Street /	Address	DGLA			RIVE	-70	ASBE	STO	S OC)NTF	IOL (
DEP Amended Amendment Emergency		_	PEI	ate, Zip C	JUKE	a,	, 1	J.	08110		A)+(B+) Kinip	W	er tim e yenegit ye	
DOH justification) DCA Cancellation			5TE	VE I	KESS				704			2	200	2
Name of Facility Where Abatement is Takin PETTY'S 15/HWW Street Address		3)	PAC	ILITY IN	ORMAT	ION		of Facility School (K-	12)	- K 40				
36 TH ST & DELIA WAS								Other (i.e. etc.)	r 8 (Other that private & com	mercia	al buik	- 5		es,
PENNSAUKEN County (6)	NJ	_	County	8 // C Code (7)			5	re Feet <i>O O</i> nt Use (Pri	# of Floor			Ildg. A	^	
Name of Monitoring Firm Hired by Building of ATAS ENV. 125PG Street Address			ASCI	M No.	*)	FR	of Abai	AR (ntractor (9)	RU	CT.	100	- 11	ur.
O) BOX 11645 City, State, Zip Code						Street .	130	X //	587	-				
Project Manager for Monitoring Firm THSON DUTA Start Date (10)			Telepho	34411	93	Teleph 267	7-78	14-40		nse No				
Occupancy Status During Abatement (Check	9-1	8-	npletion / P	Date (11)		0.00	-RH	-	Du	4	11	/		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Abatem Hours	nent			City, St			19/16	<u>/-</u> -	2]	=120		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Full Mini Glov	Containme-Enclosure	ent with Nega	tive Pr			9	
Location of	N	Locati	ly		Des	scription			y did Hon-	Trabit	enzha deceda	Department	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/		stos Cont thermal surfac	aining Ma	aterial insulat r, or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
ROOF	Yes	No	N/A	Rod	F 17	as/+	ine	2	500	SF	<i>i</i> /	_	te	
lame of Registered Waste Hauler RYTAR CONSTRUCT	10w	- 1000	JDEP W auler ID		Cubic of Was			WEST	Registered La	ndfill Best	rks			
Completed by	Title		7.7		9-18		7	City, State	BORU,	Date	24			
SB-41 (R-06-08)	V	17	TES			K	an	- A	he	8-	31	1-10	P	

Print Form

Check#3154		1	NOT	IFIC.	ATIOI Irsua	DE AS	BE:	TO :60	5 ABAT	MENT			DE	E (0 E		\mathbb{V}	E
Date of Notification (1)					Name	of Buildin	g Ow	ner/	Operator (2	2)		+	\mathbb{H}					
. 09 /	01 /	18				ace Ahrei				(3)		1		SE	P -	6	2018	
Agencies Notified	Type Notific	ation				t Address	143					+						
□ EPA		19.11										-	A	SBES	TOS	CON	ITRO	L&
☑ DOLWD ☑ DHSS	Amended Amendm				City,	State, Zip	Code					- Image	- The Street, 1	- Ucheathan	JOE	ISIN	G	-
☐ DCA	Emergen		ludino	-	Fair I	Lawn, NJ	0741	10										
(NJAC 5:23-8)	justificati	ion)		9		of Contac						Tel	phon	e Num	oer			
	Cancella	tion			Cand	ace Ahrer	nds											
					FA	CILITY II	VFOR	RMA	TION									
Name of Facility Where A	Abatement is	Taking	Place	(3))), - () (d			Type of F	acility (4)						
Private house											l (K-12)		1027	12/10/1/55				
Street Address		200								☐ Subch ☑ Other	apter 8	(Oth	er thar	1 K-1 2	nial hi	ildin	10	
											s, etc.)		and o	0.111.1101	0.0.0	mann	, ,	
City (5)										Square Fe	eet	# (of Floo	rs	В	dg. A	ge	
Fair Lawn, NJ 07410				200000000				2021										
County (6) Bergen					Cour	ity Code (7)	(STAT	TE US	SE ONLY)	Current U	se (Pric	or if b	eing o	demolis	hed)			
Name of Monitoring Firm	Hired by Build	ding Ov	wner	(8)	ASCM	No.	Na	me o	f Abateme	nt Contrac	tor (9)							
							Gr '	Tecl	n LLC									
Street Address							Stre	eet A	Address	-								
011-01-1-71-0-1									lley Rd #2									
City, State, Zip Code							3 8		ate, Zip Co									
Project Manager for Moni	toring Firm			Tala		N			NJ 0747	0								
					phone		1		ne No. 3-1777				cense 127	No.				
Start Date (10) / /					tion Da	ite (11) [8			f OSHA M	onitor nsultants,	Inc							
Occupancy Status During							-		ddress	isaiaiits,	1110	-		-				
Facility Closed/Vacate	ed During Enti	re Peri	od of	Abate	ment		20-2	21 V	Vagaraw 1	Road, Blo	le .# 3	5E						
Abatement Performed Time of Abatement:	Outside of No AM-	ormal F	acility	y Hour PM	s - Des	scribe			ate, Zip Co		<u>.</u>		H-26-111.					
						AW			wn, NJ 07									
Scope of Work (Check all	that apply)							H		and decor					press	ure		
>3 sf or >3 If ≥ 160 sf or >260 If			X Re	novati	on			Н	Mini-Encl									
] De	molitic	n			\boxtimes	Glovebag	Procedure	e DT	ent v	vith Ne	egative	Press	ure		
			le	Locat	ion	Τ		<u> Ц</u>	Non-Exer	mpted (*) a	na Non	-rria	DIE Pr	oceaur	1	1		
Location			1	Vorma	ly			Des	scription of	ŧ					-	_	ent Ty	
Asbestos-Containing N TO BE ABA)		d Sole intena				Conta	aining Mate	erial (ACM)		Amou		Remova	Repair	Enc	Enclosure
IN Facilit				todial 3		(1.€			systems in cing, VAT,				(Speci SIF or L		VOU	air	sde	nso
(13)		F		(12)	г	-			niscellanec				0. 2	,	<u>m</u>		Encapsulate	6
			Yes	No	N/A												""	
Basement					\boxtimes	Pipe inst	ılatio	n			1	2 LF	?		X			
															П	П	П	П
		1		П	П													
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Name of Posistand W-	o Haular					11-1-15 11		- 12		11								Ш
Name of Registered Wast	e nauler			NJE	EP Waste	e Hauler ID No.	Cubi	c Yar	ds of Waste	Name of	Registe	ered	Landfi	11				
Fr Tech LLC				0	03378	35	-	TBL		T.R.R.F								
City, State							Disp	oosa	l Date	City, Sta	te							
Vayne, NJ 07470		T =						TBL		Tullytov	vn, PA							
Completed By (Print or Ty	pe)	Title						Sig	nature	A A	1	0		Da	te			
l.Jevtic		Owne	er							Heuric	Wen	ad		09/	01/18			

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

					<u> </u>		Check #	1452			
Date of Notification (1) August 29, 2018		Name	e of Buildi beth Marl	ng Owner / Operator	(2)					
Agencies Notified	Type Notification			t Address			15	(C) C	T	11//	FF
				200000000000000000000000000000000000000	9)		11D) L	G E	U	W	<u>L</u>
EPA							1153				And the second
□DEP ☑DOL	Initial		City	Ct-t- 0 7:	- 0-1-) ED =	6 9	010	
100 100 100 100 100 100 100 100 100 100	Initial Amended			State & Zi				SEP -	0 2	Ulg	
⊠рон	Amendme	ent #	Little	⊏уу пап	oor, NJ 08087						9 5
DCA	Cancellat	ion	Name	of Conta	ct		ASBI	Telephor	ne Ni	imbe	dr. &
							in nomination of the same of t			,	ners about and more
			FA	CILITY	INFORMATION						
Name of Facility Whe	re Abatement is Ta	king Place (3)			Type of Faci	lity (4)					
Residence					School						
Street Address					Subcha	pter 8 (Other than	K-12)				
						(i.e., private & co	ommercial build	ings, hor	ne, e	tc.)	ķ
City (5)					Square Feet		ors	Bldg. Age			
Little Egg Harbor					1,06 Current Use	8 (Prior if being den	1	5	7 yea	irs	
					1	(nor il bollig dell	nonsrica)				
County (6)		County Cod	e (7)		Residence						
Ocean		USE ONLY									
Name of Monitoring F N/A	irm Hired by Buildin	ng Owner (8)		ASCM		tement Contracto	r (9)				
Street Address					Synatech, In Street Addre						
01 01 07 0					829 Radio R	oad					
City, State & Zip Code					City, State &						
Project Manager for M	Ionitoring Firm	Te	elephone	Number	Telephone N	umber 08087	License N	umber			
Cabadulad Otat Data	(40)				609-296-691			0081	7		
Scheduled Start Date September 9,		eduled Complet	ion Date (ber 8, 20		Name of OSI Synatech, In						
Occupancy Status Du	ring Abatement (Ch	neck only one)			Street Addres					_	
1,	ed/Vacated During E			nt	829 Radio R	oad					
	erformed Outside o	f Normal Hour	S		City, State &						
Other – Desc					Little Egg Ha	arbor, NJ 08087					
	pied During Abatem	nent									
Scope of Work (Check	(all that apply)										
			Renovati	on	H	Full Containment	t with Negative Pr	essure			
≥160 sf or ≥260) If	Ħ	Demolitic		H	Mini-Enclosure Glovebag Proced	dura				
		_				Non-Exempted(*		Procedu	re		
	ation of		on Norma		Descript		1		atem	ent 7	Гуре
	ning Material (ACM) ABATED		y Mainter dial Staff		Asbestos-C Material		Amount (Speci SF or LF)	fy			
IN F	acility	00000		(12)	(i.e., therma		SF 01 LF)				$\overline{}$
(13)				insulation, surf			Z.	_	Enc	<u>m</u>
					or other misc	elianeous)		Remova	Repair	aps	clos
		Yes	No	N/A				oval	ai-	Encapsulate	Enclosure
Exterior										Ф	
zkenor			Х		Sidir	ng	800 SF	X			
								_			
Name of Registered W	/aste Hauler	NJDEP \		Cubic Y	ards of Waste	Name of Registe	ered I andfill				
\$ 7 97		Hauler II	No.		areas (1700) 1800 (715 (717 (77)						
Synatech, Inc. City, State		27	429	3 Disposa	al Date	Fairless Hills City, State					
				Dispose	Jaio	Jity, State					
Little Egg Harbor, NJ Completed By	Title			_	r 9, 2018	Morrisville, PA	.				
£ 51	I ITIE	•		Signatu	. 01	-	Date				
Diane Aloia	Exe	cutive Admini	strator	NU	In alon	l A	August 29, 2018				

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

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UJI				 		

	1			12			10 0.00 and 0.1	o,					
Date of Notification (1)							ng Owner/Operator		IL LI SEI	P - 6	20	18	11
/	27 /	18			M	etro Indus	strial Wrecking 8	& Environmen	tal Contractors	s, Inc.			-
Agencies Notified	Type Notific	cation			Stre	et Address			ASBES"	TOSC	ONTE	201	0.
⊠ EPA ⊠ DOLWD					27	3 Walt W	hitman Rd. Suite	125	L	ICENS	ING	:01	Ot.
⊠ DOLWD			3 Res	tart	City,	State, Zip	Code					700000000000000000000000000000000000000	And Physician
□ DCA	☐ Emerge				H	ıntington	Sttation, NY 11	746					
(NJAC 5:23-8)	justificat				Nam	e of Contac	at		Telephone Nu	mber			
	☐ Cancella	ation			Ar	thony La	rosa		631-873-43	357			
					FA	CILITY IN	FORMATION						
Name of Facility Where Al	batement is	Taking	Place	e (3)		1		Type of Facility					
Former Warehouse								School (K-1		40)			
Street Address 400 Claremont Aven								Other (i.e.,	8 (Other than K-	12) iercial b	uildin	as.	
City (5)	iue							homes, etc.)				
Jersey City NJ 0730	4							Square Feet	# of Floors	В	ldg. A		
County (6)	·				Con	nh. Cada (NOTATE HOE ON 10	65,000	1		1960)	11.15.55
US; Hudson CO.					Cot	inty Code (/	()(STATE USE ONLY)		rior if being demo	lished)			
Name of Monitoring Firm I	lired by Buil	ldina C)wner	(8)	ASCN	l No	Name of Abateme	Former Wa					
Finog Environmenta		ung c	, will ((0)	AGGIV	I NO.		Bran Film Commencer in contract and a second	⁾ tal Service, LL	^			
Street Address							Street Address	Limitotimen	tai Service, LL	C.			
617 Stokes Rd.							958 Jackson	Rd					
City, State, Zip Code		1000000					City, State, Zip Co						
Medford , NJ 08055							Mays Landing						
Project Manager for Monito	oring Firm			Tel	ephone	No.	Telephone No.	<u> </u>	License No.				
Rebbecca Rubnittz				6	09-868	3-1676	609-561-1901		01158				
Start Date (10)						ate (11)	Name of OSHA M	lonitor					-
					1_/	18	Graham-Tech	Environment	tal Services, LI	LC.			
Occupancy Status During						7.00	Street Address						
☐ Abstement Performed	During Enti	re Per	iod of	Abate	ment		958 Jackson	Rd					
Abatement Performed (Time of Abatement: 7A	Dutside of No M-11:30PM	ormal i 1/	Facility PM-	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
							Mays Landing	g, NJ 08330	G-1/502-20.000				
Scope of Work (Check all t	nat apply)						□ Full Cont	ainment with Ne	antina Dranaura				
≥3 sf or ≥3 lf			Re				☐ Mini-Encl	osure	gative Pressure				
			⊠ De	moliti	on			Procedure	n-Friable Proced				
			Is	Loca	tion	T	□ Non-Exer	inpled () and No	II-Fliable Proced	1	-4	t T	
Location o		_		Norma	illy ely by		Description of				_	ent Ty	
Asbestos-Containing M TO BE ABAT	aterial (ACN ED	1)		intena		Asbes	stos Containing Mat , thermal systems in	terial (ACM)	Amount	Rem	Repair	Ence	Encl
IN Facility			Cust		Staff?	(1.0.	surfacing, VAT,	or	(Specify SF or LF)	Remova	air.	Encapsulate	Enclosure
(13)		ŀ	Yes	(12) No	N/A	-	other miscellaned	ous)		_		ilate	9
Roof				×		Asbesto	s Roof Flashing	1	390SF				
Roof				\boxtimes			s Roofing Mater		1,383SF		П		
Roof				\boxtimes		Asbesto	s Roof Tar		14,160 SF		П		
General Office Area				\boxtimes		Asbesto	s Floor Tile		1,272Sf		П		
Name of Registered Waste				N	JDEP 1	1200000	Cubic Yards of	Name of Regis		KA			
Graham-Tech Enviro	nmental S	ervice	e, LL(C H	0034		Waste	The second secon	North Landfill 8	≟ Tullv	towr	1	
City, State					0034	JUU	Disposal Date	City, State			<u> </u>		
14 Read Drive Sickles	rville, NJ 0	8081					1	21	entown Rd. Mo	orrisvil	le.P4	4	
Completed By (Print or Typ	e)	Title			V		Signature	4	D	late	2		· ·
Vernice Graham		Pre	eside	nt			MALLAN	ONIN	× 19	X	51	-1 8	
SB 44							111111111	X V X		2 2	1.00	40	- 1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 2002

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Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)					1
07 /	27 /	18			Me	tro Indus	strial Wrecking 8	Environmenta	Contractors	Inc.		CONTRACTOR OF THE PARTY OF THE	
Agencies Notified	Type Notific	ation				Address			ASBES	STOSC			. &
⊠ EPA	☐ Initial	auon					hitman Del Cuita	405		LICEN	SHYC	unmannen.	negative a
⊠ DOLWD	⊠ Amended	d	_			× 1-01 (000 - 000 000 000 000 000 000 000 000	hitman Rd. Suite	125					
□ DHSS	Amendm		Res	tart	11	State, Zip							
☐ DCA	☐ Emergen	oy (in					Sttation , NY 11	746					
(NJAC 5:23-8)	justificati	ion)	_		Name	of Contac	at .		Telephone Nu	mber			
	☐ Cancellat	tion			Ant	thony La	rosa		631-873-4	357			
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is 7	Taking	Place	(3)		***		Type of Facility (4)			-	
Former Warehouse								School (K-12)					
Street Address						-		☐ Subchapter 8	(Other than K-				
400 Claremont Aver	nue							Other (i.e., pri homes, etc.)	ivate and comm	nercial b	uildin	js,	
City (5)								Square Feet	# of Floors	I D	da A	<u></u>	
Jersey City NJ 0730	4							65,000	1		ldg. A		
County (6)					Cour	ty Code /	7)(STATE USE ONLY)	Current Use (Price		ti-tl\	1300		
US; Hudson CO.					Cour	ity Code ()(STATE USE ONLT)	Former Ware		olisnea)			
Name of Monitoring Firm	Hirad by Build	dina C	humor	/o\ T	ASCM	No	None of Abetour		enouse				
Finog Environmenta		ung C	Wilei	(0)	ASCIVI	NO.	Name of Abateme			_			
Street Address	al IIIG.							n Environmenta	il Service, LL	.C.			
							Street Address						
617 Stokes Rd.							958 Jackson						
City, State, Zip Code							City, State, Zip Co	ode					
Medford , NJ 08055							Mays Landing	g, NJ 08330					
Project Manager for Monit	oring Firm			Tele	ephone	No.	Telephone No.		License No.				
Rebbecca Rubnittz				6	09-868	-1676	609-561-1901		01158				
Start Date (10)					tion Da		Name of OSHA M	lonitor					
08/29/	18	1	0 /	_ 0	1_/	18	Graham-Tech	n Environmenta	l Services, L	LC.			
Occupancy Status During	Abatement (Check	only o	one)			Street Address				1/1-1-1		-
☐ Facility Closed/Vacate	를 하면 하는 이 기술을 하는 이 경험을 했다.		District Professional		ment		958 Jackson	Rd					
☐ Abatement Performed						cribe	City, State, Zip Co						
Time of Abatement: 7/							Mays Landing						
Scope of Work (Check all	that annly)	2-25 B275					inays Lanuni	9, 143 00330					
Ocope of Work (Officer all	tilat apply)						☐ Full Cont	ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf			☐ Re				☐ Mini-Enc	losure	200011000010				
≥160 sf or ≥260 lf			□ De	moliti	on		Glovebag	Procedure	E. U. B.	•500000			
			Is	Local	tion		☐ Non-Exe	mpted (*) and Non	I-Friable Proced	-	-		
Location	of			Vorma			Description o	f		Ab	1	ent T	ype
Asbestos-Containing N		1)		d Sole		Asbe	stos Containing Ma		Amount	Re	Repair	En	E
TO BE ABA				intena	ince/ Staff?	(i.e	., thermal systems i		(Specify	Removal	pair	cap	Enclosure
IN Facility (13)	y		Ous	(12)	Otan:		surfacing, VAT, other miscellane	Or Or	SF or LF)	la la		Encapsulate	иге
(10)			Yes	No	N/A	1	other miscellane	ous)				ite	
General Office Area				\boxtimes	П	Ashact	os Transite		75SF				
					-	Aspest	OS TIATISTE		755F				Ш
			Ц										
										ПП	П	П	П
			П		П					1	-		
Name of Registered Wast	o Hauler	1	Ц			Monte	Cubia Vanda af	I Name (D)				Ш	
[- 이번 그리고 있다는 이 보통 (이번 개통을 잃었다고 있다.					IJDEP \ lauler II		Cubic Yards of Waste	Name of Regist					
Graham-Tech Enviro	onmental S	ervic	e, LL	6	00345			G.R.O.W. N	orth Landfill	& Tully	tow	n	
City, State							Disposal Date	City, State					
14 Read Drive Sickle	erville, NJ 0	08081						1513 Brode	ntown Rd. M	orrisvi	le,P	A	
Completed By (Print or Ty	pe)	Title					Signature	· M	11	Date	1-	0	
Vernice Graham		Pr	eside	ent			MAIN			8-6	+7	.18	
10p 44							- IVO	VV XV		v V	- (



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

Check # 10480

Date of Notification (1)			Name	of Building	Owner/Op	erator (2)	1	ME	C	F		N //	居
Dept 1, 2	01	8		Company of the last of the las	S 2057		Sons	型門	<u> </u>		Ш	\ <u>\</u>	<u>L</u>
Agencies Notified Type Notification			Street	Addroce			5465	111 711	orn		0 0	010	
☐ EPA Initial ☐ DEP ☐ Amended			City, St	ate, Zip Co	ode .	JOK	2 (63		SEP		6 2	<u>U18</u>	-
DOL Amendment #			17		TRE	2+0.	LN C			-		Company or a	
DOH justification	iicidalii	1		of Contact	£3 (2)		(*)	Telephone	No.	ber	SIING	RO	.8.
				LITY INFO	ORMATION	V		609	88	3	5	0 4	4-
Name of Facility Where Abatement is Taking St. Mary Roman C	Place	(3)		7		Ty	ype of Facility	(4)			+		
Street Address	a 1 P	10 (1	- (ره ۱۷۵۸	Ho.	∠S€ □		12) r-8 (Other than	K-12				
45 Crosswic	K.	Str	ect				Other (i.e. etc.)	private & comm	nercia	l build	dings,	роше	es,
City (5) Bordentown	1	VJ	-	08	505	. So	quare Feet	# of Floors		В	ldg. A	ge	t -
County (6)	k			Code (7) USE ONLY)			-	ior if being dem	olishe	ed)			
Name of Monitoring Firm Hired by Building O						- (onvent	House	_				
EPE Technolo	- 9	_	ASCI	N A	. ^	ame of A	Abatement Co	Chool	00	ins		T.	
Street Address Box 3	37				S	treet Add	dress Box	999	3			2081	
City, State, Zip Code	A/	7	10	52	ALC:	ity State	, Zip Code	- J A	7	Δ	06	72	2
Project Manager for Moveth ril gr-firm	ME	_	Telepho	ne No.		New elephone	200 0 40	Licens	e No	U	0	10	2
Steve Schenken	9			758-3			58-334		20	3	14	4	
Start Date (10) 9-11-18	Schedu	led Con	npletion 30	Date (11)	~		OSHA Monitor	hnologi		7		٠	
Occupancy Status During Abatement (Check	Only O	ne)		/ / C		treet Ado		inorogu	<u>es</u>		C		-
Facility Closed/Vacated During Entire Pe	eriod of	Abaten	nent			P-0	, Box	337					Sep At
☐ Abatement Performed Outside of Norma ☐ Other – Describe:	II Facilit	y Hours			C		Zip Code	417	\sim	a	53	' 2	7
Scope of Work (Check All That Apply)							-Jyp:	700		0~	<u>ر</u>		
≥3 sf or ≥3 lf		Renova						ent with Negati	ve Pre	essur	е		
≥160 sf or ≥260 lf	JK 1	Demolit	ion				Mini-Endosun Glovebag Pro	cedure					
	Π.						Non-Exempte	d (*) and Non-F	riable		U.S. 181	ment	
Location of		S Locati Normal	ly		Descri	ption of					Ту		
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole iintenar			os Contain thermal sys	ing Mate		Amount (Specify		71		Ē	Е
In Facility	Cus	todial S (12)	Staff?	(1.6.	surfacing	, VAT, o	г	SF or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other misc	ællaneou	is)			val	#	ulate	ure
Roof	x		· ·	Silv	en Se	alant	Paint	1000	3=	X			
Kitchen + Laundry Room		X			oring		24	600 9	F	X			
					-)							
Name of Registered Waste Hauler		1.0	JDEP Wauler ID	12/10/2007	Cubic Yar of Waste	ds		Registered Lan					
EPC Technologies			170			6	Wast	e Manag	iem	ent	٥ (: P	H
City, State New Equat	UJ				Disposal I	Date 30~ \1	City, Stat	e isuille	P	A			
Completed by	Title					ature	CORN	Julie	Date		•	_	
Stelle Schenker	Do	cid	1		13	1	- NOCK-		C	1-1	-1	K	

Ch 3170

State of New Jersen Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

SEP - 6 2018

Date of Notification (1)					Name of Building Owner	/Operator (2)	44	OEF -	D 2011	5 1
August 30, 2018					County of Monmo			Inc.		a de
Agencies Notified		Notification	Туре		Street Address		THE PERSON NAMED IN COLUMN TWO			-
		Init	ial Noti	fication	1 East Main Street		AS	BESTOS	CONTRO	JL &
X EPA		□Amend	ed Cert	ification	City, State, Zip Code	E	THE STATE OF THE STATE OF	The second of	N-100-ACMINISTRATION	
DCA		□ Emerg	encv (includina	Freehold, NJ 07	728				
x DOL			cation)		Name of Contact	720	Tolopho	one Numb	or	
X DEP		□ Cance			Christine Thompson		-	34.2131		
x DOH		- Carico	ilicu	EACH ITY IN			300.5	134.2131		
Name of Facility Where Abatem	ant is Ta	king Place (2)		FACILITY IN	FORMATION					
Exterior at Intersection		King Flace (3)			Type of Facility (4)					
					School (K-12)	17.40				
Street Address	Workship News	contrator contrator	000 DE		Subchapter 8 (other that		7/1 1. 0 1.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0			
Intersection of Route 3	84 & C	olts Neck	Road		- ourse (not private c)	
City (5)	County (6	3)	Count	Code (7)	Sq. Feet: Unknown Current Use (prior if bein			. Age:		
	/lonme	man .		Use Only)	Current Ose (prior ii bein	ig demonstrec):			
oone neek	nonni	outii	1	5,1177						
Name of Monitoring Firm Hired I	ov Bldg.	Owner (8)	ASCM	No	Name of Contractor (9)					
T&M Associates, Inc		311101 (07	0014		ivanie er contractor (9)					
Associates, inc	•		00.	.0	GREENWOOD ABA	TEMENT C	ONSUL	TANTS.	INC.	
Street Address					Street Address					
415 Route 34 N										
					511 MAIN STREET					
City, State, Zip Code					City State, ZipCode					
Colts Neck, NJ 07722	-				Butler, NJ 07405		10 10 10 10 10 10 10 10 10 10 10 10 10 1			
Project Manager for Monitoring I	-irm	Telephone N			Telephone Number		License	Number		
Kevin Burns		732.676.	4000		973-492-0477		00040			
Scheduled Start Date (10)		Scheduled C	omnletic	n Date (11)	Name of OSHA Monitor		00840			
September 17, 2018		Septemb			Name of OSHA WOULD					
30ptomber 17, 2010		Ceptenia	61 50,	2010	EMSL inc.					
Occupancy Status During Aba	tement (Check only or	ne)		Street Address		C-71221-1301			
Facility Closed/Vacated	During E	Entire Period	of Abate	ment						
Abatement Performed C	utside o	of Normal Faci	lity Hou	rs -	1056 Stelton Road					
Describe					City, State, Zip Code					
Other - Describe:					Discotourus N.I. 00	054				
					Piscataway, NJ 08	854				
Source of Work (Check all that a	pply)									
800 PM20 N2						Full Contain	nment with	Negative 1 Negative 1	Pressure	
≥ 3 sf or ≥ 3 lf				Renovation		Mini-Enclo	sure			
□≥ 160 sf or ≥ 260)			Demolition		Glovebag F				
Location of Ashastas Castaining	Lists			15		x Non-Exer	npted (*) a	nd Non-Fi	iable Proc	edure
Location of Asbestos-Containing Material (ACM) in Facility (13)		ly by Maint./Cu			bestos Containing Material nal systems insulation, surfac	Amour	-	batement	Гуре	
material (Field) in Facility (Fe)		f? (12)	istodiai	VAT, or other mis		ing, (Speci or LF)		emove Rep	pair Encap	Enclose
	YES	S NO	NA	0.000.000.000.000.000.000		0. 2. /				
Exterior			X	Transite Pan	iels	200 s	f D	X		
Name of Reg. Waste Hauler		NJDEP Was	te Hauler	ID#	Cubic Yards of Waste:		Name of	Registered	Landfill	-
See Hauler Below # 1 & 2		See Below			10			wfill Land		
					1,51.50		G.R.O.\			
							Monmo	uth Land	fill	
Hauler #1) Greenwood Ab			nts, Inc	Butler, NJ 07	7405	Disposal Da			State	
NJ DEP # 1256					7.	Septemb	er 30,		e 2, Box 68	
Hauler #2) Freehold Cartag	e, Inc. 8	25 State Rou	te 33, F	reehold NJ 07728	3	2018			eport, WVA 342-2784	1
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Completed by (Print or Type)	1 7	<u> Title</u>			Signature		Date	100 01-000		
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Name of Facility Where Absternant is T	aking Pla	oe (3)	F	ACILITY INFORMA	TION	Type of Fi	dide.		- Desire	-		_
Street Address RESIDENCE						D Scho	116.425		1			
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and the			Count	ty Corie (7)		1850		27		1	- 8.C) 5. Jos	
Marie of Monitoring Firm Hired by Bulide				ty Code (7) Tues olicy	'	Current Us	(Pier)	f being dem	cilbi)ec	ń,		
	Carrier C	(0)	AS	CM No.	Name	of Abstanta AC Contra	1 5-57 (1977)	CHICK FIRM				
Street Address	-				Stroet	Address	second lamin	ic.	The Contract of the Contract o			
City, State, Zip Code	-					Midland A						
Project Manager for Monitoring Firm					Midle	tate, Zip Cci Ind Park,	J (174)	32			-	
Start Date (10)				one No.	Teleph	orre No. 202-5841		Litourus				
a Izilia	1 1	S & A AME	mpietlor	Deta (11)	Name :	H OSHA MI	Hor	00150	-	-		
Occupandy Status During Abstament (Ch.	eck Only	9/15/ One)			Orner Street A	ga Enviro	mental	Services	inc			
Facility Closed/Vacated During Entire Absterneyd Performed Outside of No. Other - Describe:	Period o	d Abata	ment		280 H	luyler Str						
Political Politi		,	PPRAMERON.			ate, Zip Coxi ansack, N			Ming Manager	-		-
Scope of Work (Check All That Apply) 23 at or >3 if					7100010	ar iodelic H	- Oracle	3	Weenerson		,	
≥160 sfor ≥200 ft	B	Demos	Stion Non			Glovabar:	para magnin	filir Negaliye				
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In Facility (13)	Cu	etodiai: (12)	Statt?	(v.e. switten	no VAT	nsusion,	1	(Spacify For LF)	Rose	2	Enca	670
Walter St. Control	Yes	No	N/A	Outer an	penaileor) (600)		,	Revolued	Rupair	RECHERENCE	BATTERCEOUTS
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Newark Certing Inc. City, State Newark, NJ 07105		-			Daine	City,		-		-	*	-
City, State	The	Presic	-	9/30/4	Daine			A 08702	idar .	Put for	-	

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Q/31/IR			Name of Bu	Iding Owl	er/Operator			1000	<u> </u>	里	
Agencies Hottland Type Notific	ation		Street Addr	DD でん	UEH O	f wa	DCUPF U	KE	-	_	
E EPA Initial Amend		-	City, State,	/88 20 Code	Pasc	ACK !	DOVER AP	PRO	VF	D	
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Name of Facility Where Abotement is	Sking Place	(3)	PACELIT	MITORM	KLA .		201-3	01.3	BY	X	216
AFRIT AGGROSS		177		,		Type of File		_			
	500,000					3 Subct	(K-12) Ipea' 8 (Other the	n K-12)			
City (5)	T & Lase	W.		PARTIE .		Square Fax	.e. private à com				
County (8)	-AKE	- c	gunly Core	77)		2300	2	•	1 .	4. AQI 1- SQ	
Name of Monitoring Firm Fixed by Build	- Canala I	(2	duniy Code	wiln			(Prin # baing der	rollehed)		
	and courses (a	"	ASCN No.		Name of	ADDIDINITIONS	CONSTRUCTOR AND			-	
Street Address					Street A	Contrac					
City, State, Zip Code		·	·	-	185 M	idland Av	1				
Project Manager for Mankoring Firm		17-			Midlen	d Park, A	10/432		-	-	
Start Date (10)		1	lephens No		Telephor 201-26	ie No. 2-5841	Uoen 0015	P No.	-		
8/8/18	1 /3/	I	etion Ogia (11)	Name of	OSHA Man	Of .				-
Occupancy Status During Absternant (C)	teck Only On	(4)		400000	Blreat Ad	druga	nental Service	u Inc	······································		
Facility Closed/Vacated During Entire Abetement Performed Outside of No Other - Describe:	e Pariod of A Final Fedlity	Hours	t			yler Sire	<u>t</u>				
Scope of Work (Check All That Apply)						s. Zip Coda	07/306				
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Ch 1681	THE REPORT OF THE PERSON NAMED IN SEC.	NOTIF (P	ICATIO	tate of New N OF ASBES TO NJAC 8:	STOSABA	TE:120	MENT		Din		C [\mathbb{V}	6	
Date of Notification (1)				of Building O	wner/Opera	ator	(2)			1 5	EP .	- 6	2018		1
9/1/18				Hopwood										-	
Agencies Notified Type Notification			Street A	Address						ASBE	STOS	CO	VTRO	1 2	-
EPA Initial Amended		+	City St	ate, Zip Code	0				A TRACTOR DO	White Market	LIGE	NSIN	IG.		_
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Emergency		; -		of Contact		-	-		Tel	ephone I	Numba			211	-
DOH justification) Cancellation				Hopwood					1 101	COHORE I	NOTTIES.				
				ILITY INFOR	RMATION				1						-
Name of Facility Where Abatement is Takin	g Place (3)					Туре	of Facility (4)						1
Residential Home								School (K-12							
Street Address								Subchapter 8 Other (i.e. pr				ilding	s bor	200	
								etc.)	ivate	x comme	sicial bi	JIIOII IÇ	5, 1101	nes,	
City (5) Glen Rock								re Feet	0.000	f Floors		100 A 100 A	Age		
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County (6) Bergen				Code (7) USE ONLY)				ent Use (Prior sidential Ho		ng demo	lished)				
Name of Monitoring Firm Hired by Building	Owner (0		ASC		NI-			Street and the second of the second		(0)		125112			-
Project Manager	Owner (o	,	ASCI	VI INO.				tement Cont Abateme		(9)					
Street Address							Addre		111						-
								ss dland Ave.							1
City, State, Zip Code					2000	- 35-50		ip Code							+
								ook, NJ 07	7663						
Project Manager for Monitoring Firm			Telepho	ne No.	Tel	leph	one N	0.		License	e No.				+
					20	01-	600-3	3184		01305	5				
Start Date (10)			npletion	Date (11)	Nai	me	of OSI	HA Monitor							1
9/10/18	9/12/1														
Occupancy Status During Abatement (Chec	k Only O	ne)			Stre	eet	Addres	SS			11				1
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	Period of an al Facility	Abaten y Hours	nent		City	y, S	tate, Z	ip Code							
Scope of Work (Check All That Apply)												-			-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renova Demolit	tion ion			×	Mir Glo	I Containmer ni-Enclosure ovebag Proce	dure	3573					
	T					L	ı No	n-Exempted	(*) and	Non-Fr	iable P			n.t	-
No appropriate March Control of the		s Locati Normal			5 <u>-</u> 45-55-14-5								iteme Type	it	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbestos	Descript s Containin			(ACM)	Aı	mount			T_		1
TO BE ABATED In Facility		aintenai todial S		(i.e. th	ermal syste	ems	insula		(S	pecify	Z e	, z	Encapsulate	E	
(13)	-	(12)		I to the same of t	surfacing, other misce				SF	or LF)	Kemova	Repair	nsdı	Enclosure	
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Pagament	163	1000	INA		D: 14				-		_	+	-		-
Basement	-	X			Pipe V	Vra	р		9	7 LF	×	1			
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Name of Registered Waste Hauler		N	JDEP W	/aste (Cubic Yard	S		Name of Re	egiste	red Land	Ifill		1		1
All Stages Abatement		1000	auler ID	No.	of Waste			Grand C	300			ndfi	I		
City, State		0	036592		Diamanal D	at:		(<u> </u>	5,,,,,,	cant	J. 7 L.				1
Saddle Brook, NJ					Disposal Da TBD	ate		City, State Pen Argy	/I D/	1					
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Richard Cristofol		ident			Signat	uie					Date 9/1/18	3			

Ch 130	M	-	NOT					STOS ABAT			FP -	- C	20	10	Control of the contro		
Date of Notification (1) 09 /	04 /	18				of Buildir tro Real				Č							
Agencies Notified	Type Notifica	ation			Stree	t Address				ASBE	STOS	CC	TV	70L	St		
☑ EPA							eet.	Suite 400	L	LICENSING							
⊠ DOLWD	☐ Amended					State, Zip											
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(NJAC 5:23-8)	Emergen justification		iuding	3		of Contac	Telephone Number										
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					200000	•		RMATION		070-420-	7500						
Name of Facility Where Al	patement is T	aking	Place	(3)		OILITT II	11 01	MATION	Type of Facility	(4)							
Commercial				3050					School (K-12								
Street Address									☐ Subchapter 8	Other than K	(-12)						
169 Minnisink Road									Other (i.e., pr homes, etc.)		mercia	l bu	lding	s;			
City (5)									Square Feet	# of Floors		Blo	lg. A	ge.			
Totowa									•				3				
County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (Pri	or if being den	nolishe	d)					
Passaic										J							
Name of Monitoring Firm F	Hired by Build	ding O	wner	(8)	ASCM	No.	Na	me of Abateme	ement Contractor (9)								
Bio Terra Solutions							1	ALL PRO MANAGEMENT LLC									
Street Address							Str	eet Address							-		
P.O. Box 1224							2	7 Outwater									
City, State, Zip Code							Cit	y, State, Zip Co	ode								
Union, NJ							(Sarfield, NJ	07026								
Project Manager for Monito	oring Firm			Tele	phone	No.	Tel	ephone No.		License No							
Rick Eustaquio				200	73-494		9	73-928-4888		1188							
Start Date (10)						te (11)	Na	me of OSHA M	Ionitor								
09 /04 / _	18	12	2_ /	19	_ / .	18	A	LL PRO MA	NAGEMENT LI	_C							
Occupancy Status During							Str	eet Address									
☐ About the Control of the Control	During Entir	e Peri	od of	Abate	ment		2	7 Outwater I	Lane								
Time of Abatement	Jutside of No	ormal F DM	-acility	Hou!	rs - Des	cribe	City	, State, Zip Co	ode								
			'			,AIVI	0	Sarfield, NJ	07026								
Scope of Work (Check all t	hat apply)							□ F. # C4	-i	- t' - D							
≥3 sf or ≥3 lf		1	Re	novat	ion					ative Pressure	:						
≥160 sf or ≥260 lf		I	□ De	molitic	on			☐ Glovebag	Procedure	220000 100							
			le	Locat	tion			Non-Exer Non-Exer	mpted (*) and Nor	n-Friable Proce							
Location o	f		1	Norma	lly			Description o	f			Aba		ent Ty	ре		
)						Containing Ma	terial (ACM)	Amount		Rer	Rep	Enc	Enc		
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Exterior		☐ ☐ ☑ Pipe Insulation - Wrap & Bag								TBD		X					
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Name of Registered Waste Hauler NJDEP W						Vaste	Cut	oic Yards of	Name of Regist	tered Landfill	1,		_				
ATC				1000	lauler II		Wa	ste	l manne en negre	torou Eurioiii							
City, State								s Needed posal Date	City, State								
Shirley, NY						Т	BD	1									
Completed By (Print or Typ	oe)	Title						Signature	1		Date						
Allen Monchik	venselli	Pre	oject	Man	ager		Allen Monchik 09/04/2018							8			

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

Check # 25674

Date of Notification (1) 9/4/2	018			Name	of Building C)wner/		r (2) Klinge) [C			7 6
Agencies Notified	Type Notification			Street	Address							CED	- 0	204	0
EPA DEP DOL	Initial Amended Amendment			City, St	ate, Zip Cod		rinceto	n, NJ	08540	LI		SEP			
DOH DCA	ighter the second part of the se	;e			of Contact Linda Twi	ning	- Calla	way F	Realtors	Telep	hone N	ESTO umper	S CC FNSI	NTR NG	OL &
Name of Facility Where	Abatement is Takin	a Place /	3/	FAC	ILITY INFO	RMAT	ION								
Reside		g Place (3)					_	of Facility (
Street Address								×	School (K-1 Subchapter Other (i.e. p	8 (Other	than K-	12) cial bui	ldings	, hom	es,
City (5)	n, NJ 08540							Squa	etc.) re Feet 4500	# of F	loors 2	E	3ldg. /	Age)+/-	
County (6) Mercer		0			Code (7) USE ONLY)	1		Curre	ent Use (Pri	or if being	demoli	shed)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCI	M No.				tement Cor			, Inc.			
Street Address PO Box 3	341						Street PO E								
City, State, Zip Code Chesterfield	, NJ 08515		- HOS-CIL						ip Code , NJ 0850	1					
Project Manager for Mon Bill Weisgarber	itoring Firm			Telepho (609)	ne No. 298-4070		Teleph 609 2			1 22	icense 0493	No.			
Start Date (10) 9/18/2018		Schedul		mpletion 3/2018	Date (11)		Name MEC		HA Monitor				-	- 0	
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street		7/7/4						
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire F ed Outside of Norm	eriod of A	Abaten Hour	ment s				tate, Z	ip Code	E4E		_			
Scope of Work (Check Al	l That Apply)						Ches	terne	ld, NJ 08	515					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Min Glo	I Containme ni-Enclosure nvebag Proc n-Exempted	edure					
		Is	Locati	ion				1100	Lxciiipted) and iv	OII-I IIa	Die F10		ement	
Location		1	lormal d Sole	lly			scription						Ту	ре	-
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Ma Cust	intena odial S (12)	nce/ Staff?	2	ermal surfa	aining M systems cing, VA niscellan	insula T, or		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
Baseme	nt	Yes	No	N/A		D:	11			400		_		Ф	
Crawl Sp			X	-			Insulat	20 PEND		160		X			
Стамт Эр	ace		^			Pipe	Insulat	tion		20	lt	Х			
Name of Registered Wast	e Hauler		200	JDEP W			Yards		Name of F	Registered	Landfi	11			
Stevens Environment	tal Services		H	lauler ID 18292	0.000000	of Was	ste 2 cu		Fairless						
City, State Allentown, NJ 08501					1		al Date 28/18	,	City, State Morrisvi						
Completed by Mahlon E. Stevens		Title F	rojec	et Mana	ager	S	ignature	1/	1)/		D	ate 9/4/1	18		

B & G proj. #:

2018-176



Check # 9176

								- Chitch	0110				
Date of Notification (1))	[]	Name of Bui	ilding Owr	ner/Operator (2))							
0 9 / 0 4 /	1 8		Michael			<i>i</i> ::		IN E	G C	5 1	W	F	
	Type Notifica	tion	Street Addre	SS							/4/	15	-
LI EPA	X Initial			225									
☐ DEP			City, State, Z	Zip Code					SEP	- 6	201	5	1
X DOL	Amend	ment	Bloomfie	eld, NJ (07003								- Committee
X DOH		1.1	lame of Con	tact				Telephon	e Numbe	s co	NTR	S.JC	
☐ DCA L	Cancell	lation	Michael	Jackso	n			44	LIG	ENSI	VG_		ergenne en tra
				FAC	ILITY INFORM	IOITAI	٧						
Name of facility where	abatement	is taking pl	ace (3)		14,000,000			Type of Facility (
Michael Jackson	1								I (K - 12)		85.	2700.20	
Street Address		-							apter 8 (C Private/C			-12)	
								Bldgs./	Homes, e	tc.			
City (5)		Cou	nty (6)			Col	inty Code (7)	Square Feet	# of Floor	rs	Bi	dg. A	ge
Bloomfield, NJ (07002					100	ate use only)	Current Use (Pr	rior if bein	g den	nolish	ed)	
			sex			<u> </u>		Residential					
Name of Monitoring F	irm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement (542 CHEST OF THE STREET OF THE STREET					
Street Address					n/a 	_	B & G Restoration	on, Inc.					
Street Address							105 Ryerson R	oad					
City, State, Zip Code						-	City, State, Zip Code		ALCO DIVINI NATIONAL	**********	Marriedenska		
							Lincoln Park, N	NJ 07035					
Project Manager for Mo	onitoring Firm	n	Pho	one Numb	er		Telephone Number (973)696-6869	1	License		oer		
							Name of OSHA Monit		1	378			
Scheduled Start Date (10)		d. Completio	n Date (1	1)		B & G Restorati	- C					
09/14/2018			15/2018				Street Address						_
Occupancy Status Duri	77.00	100		2-45-100-00-00-00-00-00-00-00-00-00-00-00-00			105 Ryerson Ro	ad					
Facility closed/va Abatement perfor							City, State, Zip Code						
Describe: Other-Describe:							LincolnPark, NJ	07035					
Scope of Work (check	all that apply	v)				-						- 1	
Demolition	[X]	Renovatio	on			П	ull Containment w/neg	ative pressure	Glovek	an nr	ocedi	ıre	
		≥160 sf or	>260 lf				Mini-enclosure	далу о р. сосоді с Г	Non-fr				
Location of			n normally u	sed solely	/					R	R	E	
asbestos-contain	ing		enance/custo			on of a	sbestos-containing	Amount	51	e m	е	n	E n
material to be abated in facility	(13)	Yes	Ale.	hi/A	material ((Specify S	F or	0	ра	c a	C
		165	No	N/A						v e	r	р	
poiler room & laund	dry room			×	pipe insula	ation		33 lf		X			旦
				<u> </u>						H			무
										H		븜	H
					1	-				H	님	금	믐
Registered Waste Haule B & G Restoration			EP Hauler ID 19563)# C	ubic Yards of V	Vaste	Name of Registered I	landfill				ш.	<u> </u>
City, State	, 1110.			Disposal D	1 Pate		Grand Cen	ıraı Landtili					-
Lincoln Park, NJ					5/2018		Pen Argyle,	PA				v	
Completed by (Print or	Type)	Title			Signature		Gordana Luna		Date				
Gordana Luna		Secreta	ry/Treasur	rer			Zordana Luna		09/04	/201	8		

									C	E	I R	int Eo			
noch			ICATIO	tate of New Jers N OF ASBESTO t to NJAC 8:60 a	SABATE		т			ا كا		<u> </u>			
Date of Notification (1) 08/24/2018				of Building Owner ers University	/Operato	r (2)			-SEP	- 6	-50	18			
Agencies Notified Type Notification				Address Iston Campus	#27 Rd	nad #	±1	AS	SBESTO	OS GO		OL &			
EPA Initial DEP X Amended Amendment	# 1		City, St	ate, Zip Code				a network production that the con-	LIC	/ENG	ING	remading, s			
			Name o	taway,NJ 088 of Contact	54			Telephone	Number						
DCA Cancellation				Cocilovo				732-932-2917							
Name of Facility Where Abatement is Taking		3)	FAC	ILITY INFORMA	TION	Тур	e of Facility (4)								
Language Department Auxillary Blo	dg						School (K-12)								
Street Address 12 Morrel Street						×	Subchapter 8 Other (i.e. privetc.)	(Other than		ildings	, hom	es,			
City (5) New Brunswick						Squ 300	are Feet	# of Floors		Bldg. A	Age				
County (6) Middlesex				Code (7) USE ONLY)			rent Use (Prior occupied	if being dem	olished)						
Name of Monitoring Firm Hired by Building O ATC Group	Owner (8)		ASC	M No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.										
Street Address 3 Terri Lane					A 100 G TO THE STATE OF	Street Address 135 Kinnelon Rd Suite 102									
City, State, Zip Code Burlington, NJ 08016					City, State, Zip Code Kinnelon, NJ 07405										
Project Manager for Monitoring Firm		Telepho	ne No.	Teleph 908-			Licens 01228								
Start Date (10) 9/4/2018	Schedule 9/17/20		npletion	Date (11)	200000000000000000000000000000000000000		SHA Monitor Environmer	ntal Servic	es Inc	2					
Occupancy Status During Abatement (Check	k Only Or	ne)			Street Address 135 Kinnelon Rd Suite 102										
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abatem Hours	ent		City, S	state, 2	Zip Code	e 102							
Scope of Work (Check All That Apply)					Kinn	elon,	NJ 07405								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	FL Mi GI	ull Containment ini-Enclosure lovebag Proced on-Exempted (*	dure			0				
Landing		Locati lormal!					SII-Exempled () and Non-F	nable F1	Abate	ement pe				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar odial S (12)	ly by nce/	Asbestos Cor (i.e. therma surfa		fateria s insul T, or	lation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure			
E' LEL KYLL D	Yes	No	N/A			7.			20		ate	Ге			
First Floor Kitchen Pantry			X		& Linol			188 sf	X						
Through out			X		ipe Insu	- 100	S	100 If	X						
Basement, Boiler Room Bathroom			X	Linol	eum &	VAT		583 sf	X						
Stairs and Stairwell Name of Registered Waste Hauler		1	X	leate Tair			1								
∕annuzzi Group, Inc.		H	JDEP W auler ID '467		Yards ste			gistered Land airless Hill:							
City, State Kinnelon, NJ				Dispo 9/18/	sal Date 2018	1	City, State Fairless H	lills, PA							
Completed by	Title Sr. Pr	oject	Manag		Signature	1	Mus	h.	Date 9/4/20	18					

المرا	h DOLGE	M47)			CATIO	OF AS	ew Jerse BESTOS 8:60 an	ABATE		The state of the s			7		W	inHo		
1000000	of Notification (1) 04/2018						g Owner/0		r (2)			- St	<u> </u>	- b -	20 H	A CONTRACTOR		
Age	ncies Notified	Type Notification				Address Market	Street				A	SBES	STOS	CO	NTR()L&		
×	DEP DOL	Amended Amendment				ate, Zip C ngton, I	ode DE 1989	99					and the first first frame and		- Harrowshap	NAT STATE OF		
×	DOH DCA	Emergency justification) Cancellation		1	Name of	of Contact	t				Telephone Number 856-540-2394							
					FAC	ILITY IN	FORMATI	ION										
	ne of Facility Where A emours Chamber				Tank E	orm			Туре	of Facility (4)							
Stre	et Address nal Road	WORKS I ACINE	y - Blag	400	Tallk F	allii				School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Other than			dings	, home	es,		
City	(5) epwater								Squa 200	are Feet	# of Floor	rs		8ldg. <i>A</i> 15+	Age			
Cour	nty (6) em					Code (7) USE ONL	Y)			ent Use (Prior ce/Storage	rior if being demolished) age							
	e of Monitoring Firm vard Environmer		Owner (8)	ASC	И No.		Name of Abatement Contractor (9) Brandenburg Industrial Service Company										
	et Address) Pulaski Highwa	<i>y</i>						Street	Addre									
	State, Zip Code ar, DE 19701			111111111111111111111111111111111111111				City, S	state, Z	Zip Code n, PA 1801								
	ect Manager for Monit	toring Firm			Telepho	ne No. 26-2333	2	Teleph 610-6	none N	lo.		nse No	No.					
Start	Date (10) 18/2018					Date (11)		Name	of OSI	HA Monitor	007.	Z I	No.					
	ipancy Status During	Abatement (Chee	11/30/					Bran	ve. 20 - 20 - 20 20									
×	Facility Closed/Vaca Abatement Performe Other – Describe: D	ted During Entire F	Period of	Abater	nent s	//		2217 City, S	Spill tate, Z	man Drive Zip Code n PA 1801						-		
Scop	e of Work (Check All	That Apply)																
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Mir Glo	II Containmer ni-Enclosure ovebag Proce on-Exempted	dure				e			
				Locat Norma									_	Abate	ement			
А	Location sbestos-Containing N TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma	ed Sole aintena todial (12)	ely by nce/		stos Cont . thermal surfac		laterial s insula T, or	ation,	Amount (Specify SF or LF	,	Remova	Repair	Encapsulate	Enclosure		
	D 100		Yes	No	N/A				7025				=		ate	Ğ.		
	B 460		-		X			Insula	tion		360 LF		X					
	B 460				X			Mastic			190 SF		X					
	B 460		-		X			re Doo	-		3 EA		X					
Name	B 460 e of Registered Wast	e Hauler		N	JDEP W	laste	Ga Cubic	Ibesto	S	Name of D	1750 SF		X					
	denburg Industria			H	lauler ID 1838		of Was			Farm a	egistered La ty Landfill		mou	rs O	nsite			
	State lehem, PA						Dispos 9/20/1	al Date 8-10/1	19/18	City, State Alloway	Twnship/E	Deep	wate	r NJ				
	pleted by hen Carne		Title Envir	onme	ental Ma	anager	Si	ignature	5	1		Dat 09		ter NJ				

Thoda!	D7470	<u>)</u>			ate of MgW OF ASBE to NJAC						G			₩		orm-	
Date of Notification (1) 09/04/2018					f Building (hemours			(2)			SEF		3 21	918		벳	
Agencies Notified	Type Notification			Street A			party	<u> </u>		AS	BEST	OS C	ONT	ROL	&		
EPA DEP DOL	Initial Amended Amendment Emergency		_		ate, Zip Congton, DE		99			ON THE PROPERTY OF THE PROPERT	L.F	OLING Barriera	21140	in tylenomen			
DOH DCA	justification) Cancellation			Jim La						Telephoi 856-54							
Name of Facility Where A	hotomont in Takin	a Diago (21	FACI	LITY INFO	RMAT	ION	-						1519-0			
Chemours Chambe									of Facility (4 School (K-12	2)							
Street Address Canal Road								×	Subchapter (Other (i.e. pretc.)	3 (Other that ivate & con	n K-12 nmercia	!) al build	lings,	home	s,		
City (5) Deepwater									re Feet	# of Floo	rs	B 3					
County (6) Salem				County (Code (7) USE ONLY)				ent Use (Prio mical Plar	Prior if being demolished) Plant							
Name of Monitoring Firm Harvard Environmen		Owner (8))	ASCN	I No.				tement Cont urg Indust		ce Co	mpa	ny				
Street Address 760 Pulaski Highwa	у						Street	Addres									
City, State, Zip Code Bear, DE 19701			T-EVEL	- 0. aa.a.					ip Code n, PA 180	15							
Project Manager for Moni JT Morrison	toring Firm			Telepho	ne No. 26-2333		Teleph	one N	0.		ense No	ο.					
Start Date (10) 09/18/2018		Schedul 12/30/			Date (11)		Name		HA Monitor	001							
Occupancy Status During	Abatement (Chec				<u> </u>			Addres	/10 (A)					-		-	
Facility Closed/Vaca Abatement Performe Other – Describe: D	ted During Entire F	Period of a	riod of Abatement Facility Hours						2217 Spillman Drive City, State, Zip Code Bethlehem PA 18015								
Scope of Work (Check All	That Apply)			e= 1100 au			Detti	ichen	11 A 1001				-	-		-	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				×	Mir Glo	I Containme ni-Enclosure ovebag Proce n-Exempted	edure				2			
Location	of		Locat Normal			D-				1				ment			
Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Ma	ed Sole intena todial s (12)	nce/		os Con hermal surfa	scription taining M systems cing, VA niscellar	Material s insula T, or		Amour (Specif SF or L	y	Remova	Repair	Encapsulate	Enclosure		
B 661		Yes	No	N/A X		Dina	Inquilo	tion		40011				te	O .		
		-					Insula	Section 1		460 LI		X				-	
B 661		-		X		100000000000000000000000000000000000000	Tile/M			160 S		X					
B 661				X		_	re Dooi			9 EA		X					
B 661 Name of Registered Wast				JDEP W	laata		albesto Yards	S	Nome of D	7500 S		X					
Brandenburg Industri			Н	lauler ID 1838	2502300000	of Wa				egistered L ty Landfi		mou	rs Oı	nsite			
City, State Bethlehem, PA						Dispo: 9/20/	sal Date 18-10/	19/18	City, State Alloway	Twnship/	Deep	wate	r NJ				
Completed by Stephen Carne		Title Envir	onme	nental Manager Signature Date 09/04/2018													

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	SEP	-	6	2018	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall Normall ed Solel iintenar todial S (12)	y y by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	ASBEST Amount Li (Specify SF or LF)	S Removal	Abate Ty Repair	Encapsulate	
	Yes	No	N/A			<u> </u>		ate	Ге
B 661			Х	Tar Paper	280 SF	Х			
В 661			Х	Gaskets	75 EA	Х			
B 661			Х	Window Units	8 EA	Х			