no ch		NC	TIFIC	DE	G	E		\mathbb{V}				
Date of Notification (1)	11 /	18			ne of Buildi	ing Owner/Operator / Job	(2) #1809-5376 C	heck #10497	SEI	7	8 8	2018
⊠ EPA □	ype Notificatio	n		100000	et Address			AS				TRO
	Amended	11.2			, State, Zip			en-ventile entre	L.	ICE	VOIN	Ci - market
☑ DHSS	Amendment			100		nfield, NJ						
DCA (NJAC 5:23-8)	Emergency justification)		ing		ne of Conta	The state of the s		Talashas Nos	t			
1 2 2	Cancellation			1	eith Sope			Telephone Num 908-756-773				
						NFORMATION		300-750-773	00			
Name of Facility Where Aba			ce (3)				Type of Facility	(4)				
PSE&G Jackson Road	Substation	1					School (K-1					
Street Address	de la companya della companya della companya de la companya della							8 (Other than K-12		11 - 11		
7 Jackson Road							homes, etc.	orivate and comme	rciai	oullair	igs,	
City (5)							Square Feet	# of Floors	TE	Bldg. /	Age	
Totowa, NJ											.50	
County (6)				Cot	inty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	shed)			
Passaic						,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Substation		onou)			
Name of Monitoring Firm Hire	ed by Building	Owner	(8)	ASCN	I No.	Name of Abatem						
Health & Safety Service			(-)			AbateTech, I						
Street Address						Street Address	110.					
PO Box 365						30 Maple Ave	DO Pay 25					
City, State, Zip Code					-	City, State, Zip Co						
Berlin, NJ 08009						Lumberton, N						
Project Manager for Monitorin	og Firm		Tol	ephone	No		NJ 00046	11.				
Jim Proctor	19 1 11111		1 2		9-2432	Telephone No.		License No.				
Start Date (10)	Scho	dulad (ate (11)	609-265-2107		00529				
9 / 17 / 1						Name of OSHA M EMSL Analyti						
Occupancy Status During Aba						Street Address						
☐ Facility Closed/Vacated Di	uring Entire Pe	eriod of	Abate	ment		200 Route 13	0 North					
Abatement Performed Out	side of Norma	I Facili	ty Hou	rs - De		City, State, Zip Co	ode					
Time of Abatement:		M/	PM		_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that ≥3 sf or >3 lf	apply)			•			ainment with Neg	ative Pressure				
≥ ≥ 160 sf or ≥ 260 lf			enovat			☐ Mini-Encl						
								n-Friable Procedur	e			
			Locat				I		At	atem	ent T	vne
Location of			Norma ed Sole		00000000	Description of			-	_	T	1
Asbestos-Containing Mate TO BE ABATED			intena			stos Containing Mat ., thermal systems i		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial	Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	avo	₹.	psu	unsc
(13)			(12)	1	-	other miscellaneo		15.7 (T. 10.77) K		1	late	e,
		Yes	No	N/A								
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			П		-				1	브		
Name of Registered Waste Ha	ulas	L			1		1		П	Ш	Ш	
Environmental Transpo		_		JDEP \ auler I[Cubic Yards of Waste	Name of Regist					
	٥.	2061	40	DO THE DESCRIPTION OF THE PROPERTY.	airless Landfill							
City, State		Disposal Date	City, State									
Flanders, NJ		9/28/18	Morrisville,	PA								
Completed By (Print or Type)	Title					Signature	N	Dat	-	. A	r).	
Gwendolyn Trumbetti	0	perati	ons C	Coordi	nator	-	Va	0	1/1	1	18	
ASB-41						S 11						

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

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 / 18 PSE&G / Job # 1807-5343 Check #10495 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 4000 Hadley Road **⊠** DOLWD City, State, Zip Code ☑ DHSS Amendment #1 South Plainfield, NJ □ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Andrew Puk 201-481-2415 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Hope Creek Island School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 299 Alloway Creek Neck Rd. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Salem, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Salem **District Office** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No: License No. James Proctor 609-265-2107 00529 Start Date (10) Name of OSHA/Monitor Scheduled Completion Date (11) <u>9</u> / <u>10</u> / 18 9 / 14 / 18 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 lf □ Renovation □ Demolition ☐ Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior П \boxtimes Transite Pipe 600 LF X П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. **Environmental Transport Group** Waste G.R.O.W.S. Landfill NJD0006920 40 City, State Disposal Date City, State Flanders, NJ 9/14/18 Morrisville, PA Completed By (Print or Type) Signature Date Gwendolyn Trumbetti Operations Coordinator

no ch			NO		CATIC	N OF A	New Jersey SBESTOS ABA IAC 8:60 and 5:1		DE	G	E		
Date of Notification (1)							ing Owner/Operator		and Mary	EP	18	20	18
	10 /	1	8		M	unicipal	Maintenance Cor	mpany / Job #1	806-5321 Che	ck #1	0498	3	
Agencies Notified	Type Not	ification	1		Stre	et Address			ASBE	STO	S OC	NTE	OL 8
☑ EPA ☑ DOLWD	☐ Initial				13	352 Taylo	rs Lane		Land to the second seco	LiC	KSI	NG	
☑ DHSS			±1		City,	State, Zip	Code						
□ DCA	☐ Emerg		-	na	Ci	nnamins	on, NJ 08077						
(NJAC 5:23-8)	justific		. ioiaaii	9	Nam	e of Conta	ct		Telephone Nun	nber			
	☐ Cance	llation			Br	adley Me	ease		856-786-94	34			
None of Facility and					FA	CILITY	NFORMATION						
Name of Facility Where A				7.7				Type of Facility	(4)				
Trenton Water World	ks- Ewing	Boos	ster S	tatio	n			School (K-12	2)				
Street Address								Subchapter 8	3 (Other than K-1)	2) ercial h	uildir	nas	
Route 29								homes, etc.)		i Oidi L	ullull	.gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	Age	
Trenton, NJ 08604													
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Mercer								Booster Sta	tion				
Name of Monitoring Firm I			Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmenal Conn	ection, In	C					AbateTech, II	nc.					
Street Address							Street Address						
120 N. Warren Stree	t						30 Maple Ave	. PO Box 25					
City, State, Zip Code							City, State, Zip Co						
Trenton, NJ 08608							Lumberton, N						
Project Manager for Monito	oring Firm			Tel	ephone	No.	Telephone No.		License No.				
Steve Mania				6	09-392	-4200	609-265-2107		00529				
Start Date (10)		Scheo	uled-C	ompl	etion Da	ate (11)	Name of OSHA M						
9 / 17 /	18	1	9_ /	_ 1	9 /	18	EMSL Analyti	cal					
Occupancy Status During	Abatement	(Check	conly o	ne)			Street Address	0 T (77.03					
☐ Facility Closed/Vacated					ement		200 Route 130	North					
☐ Abatement Performed (Outside of N	Vormal	Facility	/ Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:	AM	P		_PM		AM	Cinnaminson						
Scope of Work (Check all t	hat apply)						Omnaminison	, 140 00077					
≥3 sf or >3 If								ainment with Nega	ative Pressure				
≥ 160 sf or ≥260 lf			⊠ Re □ De				☐ Mini-Encl						
								npted (*) and Non	-Friable Procedu	re			
				Loca						Ab	atem	ent T	уре
Location of				lorma	ally ely by		Description of				_	1	T
Asbestos-Containing Ma TO BE ABAT		VI)			ance/		stos Containing Mate , thermal systems in		Amount (Specify	em	Repair	nca	nclo
IN Facility			Cust		Staff?	(1.6.	surfacing, VAT,	or	SF or LF)	Removal	=	psu	Enclosure
(13)		1	Yes	(12) No		-	other miscellaneo	us)	,			Encapsulate	e.
Exterior Roof				0.000	N/A		OI: 1			-	_	_	
							Shingles		1,000 SF		Ш	Ш	Ш
Bathroom						Floor til	e & Mastic		30 SF	M			
Name of Registered Waste			10000	JDEP V	40.502/50.00303	Cubic Yards of	Name of Registe	ered Landfill					
AbateTech, Inc. Hauler ID No. 18750							Waste 40	G.R.O.W.S.	Landfill				
City, State							Disposal Date	City, State					
Lumberton, NJ						./	9/19/18	Tullytown, F	PA				
Completed By (Print or Type	2)	Title				VI.	Signature	11	15				

Gwendolyn Trumbetti

Operations Coordinator

Ch10543	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)											
Date of Notification (1) 9 / 13	/ _	18	,	N	ame of Build PSE&G	ling Owner/Operator / Job	(2) #1809-537 6	heck #1054	3 SEP	1 8	3 20	18
Agencies Notified Type N		on		St	reet Address	S	1			0.15000000		
☐ EPA ☐ Initia					4000 Hadle	ey Road		A	SBEST	os o	ONTI	ROL &
		- 44		Ci	ty, State, Zip	Code		The state of the s	i ii	TEMS	ING	
□ DCA □ Eme	ndmen		lina		South Plai	nfield, NJ						
	ication)	ing	Na	me of Conta	act		Telephone	Number			
☐ Cand	ellation	1			Cliff Brenn	er		732-904				
					FACILITY	NFORMATION		1.02.00				
Name of Facility Where Abatemen	t is Tak	ing Pla	ace (3			III OTHIATION	Type of Facility	, (A)				
PSE&G Metuchen Switchya	rd	5765					School (K-1	507 55				
Street Address							☐ Subchapter	8 (Other than	K-12)			
234 Pierson Avenue							Other (i.e.,)	private and co	mmercia	build	ngs,	
City (5)							homes, etc.	# of Floor:		Dide	A	
Edison, NJ							Oquale i eet	# 01 1001	S	Bldg.	Age	
County (6)			-	C	ounty Code (7)(STATE USE ONLY)	Current Use (P	rior if bains de	!!-!	15		
Middlesex						. NOTHE OOL ONET)	Switchyard		molisned	1)		
Name of Monitoring Firm Hired by E	Building	Owne	r (8)	ASC	M No.	Name of Abateme						
Health & Safety Services			(-)			AbateTech, In)				
Street Address						Street Address	116.					
PO Box 365						30 Maple Ave	PO Boy 25					
City, State, Zip Code						City, State, Zip Co						
Berlin, NJ 08009						Lumberton, N						
Project Manager for Monitoring Firm			Te	lephor	e No.	Telephone No.	10 00040	License No				
Jim Proctor			1		39-2432	609-265-2107		00529	0.			
Start Date (10) 9 / 27 / 18			Comp	letion [Date (11)	Name of OSHA M EMSL Analyti	onitor	00529				
Occupancy Status During Abatemen	Cher						Cai					
☐ Facility Closed/Vacated During E	ntire-Re	eriod of	f Ahat	ement		Street Address	N N 11					
☐ Abatement Performed Outside of	Norma	I Facili	ty Hoi	irs - De	escribe	200 Route 130 City, State, Zip Coo						
Time of Abatement:AM	P	M/	PN	1	_AM							
Scope of Work (Check all that apply)						Cinnaminson,	, NJ 00077					
☐ ≥3 sf or ≥3 if ☑ ≥160 sf or ≥260 if			enova emolit			☐ Mini-Enclo	Procedure					
		Is	Loca	tion		☑ Non-Exem	npted (*) and Nor	1-Friable Proc				
Location of			Norma	ally		Description of	sa 🖟			baten		-
Asbestos-Containing Material (AC TO BE ABATED	M)		ed Sol	ely by		stos Containing Mate	erial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility				Staff?	(i.e.	, thermal systems in surfacing, VAT, or		(Specify	you	air	aps	dosi
(13)			(12)			other miscellaneou	us)	SF or LF)	<u>a</u>		ula	re
Control House		Yes	No	N/A	-						(G)	
Control House						al Panel Boards		33 each		-		
Panel House						Floor Panels		400 SF		+		
Panel House						Floor Panels		6 each		-		
Name of Registered Waste Hauler		Ц		JDEP			No. 15	10 SF				
AbateTech, Inc.			1000	lauler i		Cubic Yards of Waste	Name of Registe					
City, State				1875)	40	G.R.O.W.S.	Landfill				
Lumberton, NJ						Disposal Date 10/10/18	City, State Tullytown, F	PA				
Completed By (Print or Type)	Title				1	Signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Data			
Gwendolyn Trumbetti	Op	perati	ons (Coord	inator	O'griature)	lut		Date 9	131	18	

Ch1050	\bigcirc	NO	TIFI	CATIO	NOF AS	New Jerse BESTOS ABA AC 8:50 and 5	TEMENT	DE C	G [<u> </u>		7 [
Date of Notification (1)	84°2 (C			1 2 3 3 3 6		ng Owner/Operator	200.00	\$ 6600 Service	EP		20	18
	13 /	18		N	IJ Departi	ment of Transpo	rtation/ Job #1	89-5378 Check	#10	500		
Agencies Notified	Type Notification	on		113	et Address			ASBE	STO	S OC	NTE	OL.
☑ EPA ☑ DOLWD				M	OB, 1 st FI	oor- 1035 Parkw	ay Avenue PO	Box 600	LICE	MSI	NG	
☑ DHSS	Amendmen	t #			State, Zip		-					
☐ DCA	☐ Emergency	· .	ng	Tr	enton, N.	J 08618						
(NJAC 5:23-8)	justification				e of Conta			Telephone Num	ber			
	Cancellation	1			ebby Hatz			609-309-118	3		-50-	
				F/	ACILITY II	NFORMATION						
Name of Facility Where A		ing Plac	ce (3)				Type of Facility					
Totowa Maintenance	e Facility						School (K-12	?) 8 (Other than K-12	`			
Street Address							Other (i.e., p	rivate and commer	<i>)</i> rcial b	uildin	gs.	
300 Minnisink Road							homes, etc.)					
City (5)							Square Feet	# of Floors	В	ldg. A	\ge	
Totowa, NJ 07512 County (6)												
Passaic				Cou	inty Code (7)(STATE USE ONLY)		or if being demolis	hed)			
Name of Monitoring Firm H	lirad by Building		(0)	10001		The contract	Maintenanc					
Environmental Conn		g Owner	(8)	ASCN	I NO.	Name of Abateme						
Street Address	ection, mc.					AbateTech, II	nc.					
120 North Warren St	reet					30 Maple Ave	DO Boy 25					
City, State, Zip Code						City, State, Zip Co	Care and the control of the control					
Trenton, NJ 08608						Lumberton, N						
Project Manager for Monito	ring Firm	Sur le Ac	Tel	ephone	No	Telephone No.	10 00040	License No.	V 5 10 10 10 10 10 10 10 10 10 10 10 10 10			
Rollie Jones				09-392		609-265-2107		00529				
Start Date (10)	Sche	eduled (Name of OSHA M		00020	-	_		
9 / 24 /					18	EMSL Analyti						
Occupancy Status During A	Abatement (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated	During Entire P	eriod of	Abate	ement		200 Route 130	0 North					
☐ Abatement Performed C	utside of Norma	al Facili	у Ноц	rs - Des	scribe	City, State, Zip Co			-		-	- SET -
Time of Abatement:	AM	PM/	PM		_AM	Cinnaminson						
Scope of Work (Check all ti	nat apply)						100 - 100 American				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	enovat emoliti			☐ Mini-Encl	Procedure	ative Pressure n-Friable Procedure	е			
			Loca						1	atem	ent T	vpe
Location of		110,000	Norma	illy ely by		Description of					T	T
Asbestos-Containing Ma TO BE ABATE	iteriai (ACM) ED		inten			stos Containing Mat , thermal systems in		Amount (Specify	Removal	Repair	nca	nclo
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	Enclosure
(13)		Yes	No	N/A	-	other miscellaneo	ous)				ate	10
Exterior Bldg. 1324, Ma	int Office &	N			Window	Caulk		50 LF				
Exterior Bldg. 4248, Ele	ctrical			200-00								
Storago Rida		1		H	Seam C	aulk		60 LF				
	a a Laborat									Ш	Ш	Ш
Name of B. 11												
Name of Registered Waste AbateTech. Inc.	nauler		0.003	IJDEP V lauler ID		Cubic Yards of Waste	Name of Registe					

AbateTech, Inc. G.R.O.W.S. Landfill 18750 25 City, State Disposal Date City, State Lumberton, NJ 9/25/18 Tullytown, PA Completed By (Print or Type) 9.13·18 Title Signature Gwendolyn Trumbetti **Operations Coordinator**

ChHA



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	SEP	1	8	2018	

Date of Notification (1) 09/12/2018		Name of	of Building (Thornton	Owner/	Operator	(2)					- C-11-07	3 1207111			
Agencies Notified	Type Notification	1	-	Street /	Address					/	ASRE	STO	18 0	NON SINCE	BOL
EPA DEP DOL DOH DCA	Initial Amended Amendmen Emergency justification Cancellatio	(including	- L	Mont Name o	tate, Zip Coo clair,NJ,0 of Contact RY Thornt	7042			Te	lenhone	Mumb		7294-777	er et ar	
	1	MENTERS IN			ILITY INFO		ION					_			
Name of Facility Where private house Street Address	Abatement is Takir	ng Place (3)					.011	Type of Facility School (K- Subchapte Other (i.e. etc.)	12) r 8 (Oth	ner than & comm	K-12) nercial	build	lings	, hom	es,
City (5) Montclair								Square Feet N/A	# c	of Floors /A			dg. A	\ge	
County (6) Essex			0	County STATE	Code (7) USE ONLY)	_		Current Use (Pri PRIVATE HO	or if be	ing dem	olished	i)			
Name of Monitoring Firm N/A	m Hired by Building	Owner (8)		ASC	M No.		Name EHV	of Abatement Co V ABATEMEN	ntractor T LLC	(9)				=1,-00	
Street Address								Address RANKLIN STI	REET	8					
City, State, Zip Code								tate, Zip Code ERSON,NJ,07	524						
Project Manager for Mo	nitoring Firm		1	elepho	one No.		Teleph	one No. 333-5144		Licens 0127	se No.	004-005		-555	
Start Date (10) 09/22/2018		Scheduled 9/23/201	Com 8	pletion	Date (11)			of OSHA Monitor ABATEMEN	T LLC		-				
Occupancy Status Durin	ng Abatement (Chec	k Only One)					Street	Address							-
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norm	Period of Aba nal Facility H	ateme ours	ent		_	City, St	RANKLIN STE tate, Zip Code ERSON,NJ,07							
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		ovati				×	Full Containm	ent with						
Location	n of	Nor	catio mally			Do	odntion.						317 717 317	ment	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) <u>ATED</u> lity		enand	ce/	(i.e. th	s Cont nermal surfac		aterial (ACM) insulation, r, or	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basem	ent	-	X	IN/A		Pipe	Insulati	on	6	0 LF	1	1			
Name of Registered Was	NJI	DEP W	/aste	Cubic `	Yards	Name of I	Registe	red Lan	dfill						
EHW ABATEMENT		uler ID 37095	5	of Was N/A		TRIST	ATE T								
City, State PATERSON,NJ,						Dispos TBD	al Date	City, State BRON							
ompleted by ictor Espíritu Title Project Ma						Si	gnature	gh W	W		Date 09/1	2/2	018		

Ch450



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M	C	SEP	4	8	2018	Manageria desperado en pelos de	

Date of Notification (1) 09/12/2018	Date of Notification (1) 09/12/2018						(2) ation Dept		ed Revil				
	otification			Address Riverview [Dr			1	ASI	EST LI	<mark>os c</mark> Dens	ONT IMG	ROL.
X DEP Ar	itial nended nendment #		City, St Totov	ate, Zip Code va,NJ,075	e 12								
DOH jus	nergency (including stification) ancellation			of Contact Stone				Те	lephone N	umber			
Name of Facility Where Abatemen	nt is Taking Place (3	1)	FAC	ILITY INFOR	RMATI	ON	Type of Facility	(4)					
private house Street Address			<u> </u>				School (K-Subchapte	-12) er 8 (Oth	ner than K-	12)			
City (5) Paterson							Other (i.e. etc.) Square Feet N/A		f Floors	Т	Bldg.		ies,
County (6) Passaic				Code (7) USE ONLY)			Current Use (Pr PRIVATE H	rior if be	ina demoli	- 1	14//1		
Name of Monitoring Firm Hired by N/A	Building Owner (8)		ASCI	M No.		Name of EHW	of Abatement Co	ontractor IT LLC	(9)	2.00			
Street Address							Address RANKLIN ST	REET)				
City, State, Zip Code						City, St PATE	ate, Zip Code ERSON,NJ,07	7524					
Project Manager for Monitoring Fir			Telepho				one No. 333-5144		License 01274	No.			
Start Date (10) 09/22/2018	d Cor)18	npletion	Date (11)			of OSHA Monitor ABATEMEN							
Occupancy Status During Abatem							Address RANKLIN ST	DEET					
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:	ng Entire Period of A le of Normal Facility	baten Hours	nent s		-	City, St	ate, Zip Code ERSON,NJ,07			-			
Scope of Work (Check All That Ap	ply)												-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Full Containm Mini-Enclosur Glovebag Pro	e cedure					
	Is	Locati	on			End	Non-Exempte	a (*) an	a Non-Fria	ble Pro		e ement	
Location of Asbestos-Containing Material (2.500.00	ormal Sole	ly ly by	Ashastas		cription o			*****		Ty	ре	
TO BE ABATED In Facility (13)	Mair Custo	ntenai	nce/	(i.e. the	ermal s surfaci	systems ing, VAT iscellane		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
D	Yes	No	N/A							=		ate	e,
Basement		Х		P	Pipe I	nsulati	on	1	5LF				
										-			
Name of Registered Waste Hauler	N	JDEP W	aste C	Subic Y	'ards	Name of	Registe	red Landfi				Щ	
EHW ABATEMENT LLC	H	auler ID 037095	No. of	f Wast			-	RANSF					
City, State PATERSON,NJ,					isposa BD	al Date	City, Stat BRON						
Completed by Victor Espíritu	Title Projec	ct Ma	anager		Sig	nature	Oh	W		ate 9/12/	2018		

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Date of Notification (1) 09/12/2018				Name Pas	of Building Owr saic County \	er/Operato Neatheriz	r (2) zation Dept		ted to				
	Type Notification	1		Street	Address Riverview Dr		TE TO		A				NTR VG
X EPA X DEP X DOL	Initial Amended Amendmen			City, S	State, Zip Code wa,NJ,07512		***************************************			- The c	~	#2-C#U-	**(***********************************
DOH DCA	Emergency justification Cancellation)	g		of Contact of Stone			Te	ephone Nu	ımber		100000	
Name of Facility Where Ab	atement is Takir	ng Place	(3)	FA	CILITY INFORM	ATION	I =						
private house		ng i laoc	(0)				Type of Facili School (
Street Address							Subchar	ter 8 (Oth	er than K-1 & commerc	2) cial bu	ilding	s, hon	ies,
City (5) Paterson							Square Feet N/A	# o	f Floors A		Bldg. N/A	Age	
County (6) Passaic				County (STATE	Code (7)		Current Use (I	Prior if bei	5170		INITA		
Name of Monitoring Firm Hi N/A	ired by Building	Owner (8)	ASC	M No.	Name EHV	of Abatement OV V ABATEME	Contractor NT LLC	(9)				
Street Address					7		Address RANKLIN S	TREET					
City, State, Zip Code						City, S PAT	tate, Zip Code ERSON,NJ,(7524					
Project Manager for Monitor	ing Firm	×			one No.	Teleph 973-	one No. 333-5144		License N 01274	lo.	- Hi-ba-		
Start Date (10) 09/24/2018		9/25/2	018	mpletion	Date (11)	Name EHV	of OSHA Monite / ABATEME!	or NT LLC					
Occupancy Status During A							Address RANKLIN S	TREET					
Abatement Performed Other – Describe:	Outside of Norm	nal Facility	Abater / Hour	nent s		City, S	tate, Zip Code ERSON,NJ,0				-		
Scope of Work (Check All TI	nat Apply)							7024					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli			×	Full Contains Mini-Enclose Glovebag Pr Non-Exempt	ire ocedure					
			Locat					T dillo	Noti-i Hab		Abate	ement	
Location of Asbestos-Containing Mar	terial (ACM)	Use	Normal d Sole	ly by	Ashestos Cr	Description	of aterial (ACM)	1	nount	-	l y	pe	
TO BE ABATE In Facility (13)	<u>D</u>	Cusi	intena codial s (12)		(i.e. therm	al systems facing, VAT r miscelland	insulation,	(Sp	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		Yes	No	N/A	D:-							ite	е
Bassinent		1	Х		Pip	e Insulati	on	60	LF				
													-
Name of Registered Waste H	auler		LAI	JDEP W	(-1-								
EHW ABATEMENT LLC					No. of W	c Yards aste			ed Landfill RANSFE	R			
City, State PATERSON,NJ,					Disp TBI	osal Date	City, Sta						
Completed by Victor Espíritu		Title Proje	ct Ma	nager		Signature 1/M	MrW	12	Dat 09	e /12/2	2018		
						- 1/		11/			-	-	

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no ch		NOTIF (P	ICATIO	state of New John OF ASBEST t to NJAC 8:6	TOS ABATE	MEI (0)	NT	B	E C			\mathbb{V}	
Date of Notification (1) 8/28/2018				of Building Ow of New Jer			1		SEP	1	8	2018	the same and
Agencies Notified Type Notification	1			Address est State St	reet			AS	SBEST)S	CON	TRO	1 &
DEP Initial Amended Amendmen	t#_2			tate, Zip Code on, NJ 0860)8			- establishment in	1.10	1	CIN!	9	-217
DOH justification Cancellation)		Name	of Contact na Bruno				Telephon					
				ILITY INFORM	MATION			009-43	3-0/43	2			
Name of Facility Where Abatement is Takir Abandoned Flood Home	ng Place (3)	1710	ALITY HEI OIGH	MATION	Ту	pe of Facility (4						
Street Address 70 Sewaren Ave						×	School (K-12 Subchapter 8 Other (i.e. pr	(Other than	n K-12) mercial l	ouild	ings,	hom	es,
City (5) Woodbridge, NJ							etc.) uare Feet 600	# of Floor	S		dg. <i>A</i>	ge	
County (6) Middlesex				Code (7) USE ONLY)		Cu	rrent Use (Prior pandoned Flo	if being der	molished	1 -			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	M No.	Name Yanr	of A	batement Control	ractor (9)		nc.			\neg
Street Address					Street	Add			1000, 11				
City, State, Zip Code					City, S	state	Zip Code						
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 908-2		No. -0880	Licer 012	nse No. 28				
Start Date (10) 9/14/2018	Schedule 10/2/20		pletion	Date (11)			SHA Monitor ri Environme			C			
Occupancy Status During Abatement (Chec	k Only Or	ne)			Street								
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Abandoned Structure	nal Facility	Abatem Hours	ent		City, S	tate,	zip Code						
Scope of Work (Check All That Apply)					Kinne	elor	i, NJ 07405						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		tenovat emoliti			×	N	ull Containmen lini-Enclosure Glovebag Proce	dure					
	le	Locatio	nn.			1 1/	lon-Exempted (*) and Non-	Friable F			ment	-
Location of	N	lormall	y		Description	of					Ty		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel intenan odial S (12)	ce/	(i.e. then	Containing M mal systems urfacing, VA er miscellan	lateri insu T, or	ulation,	Amount (Specify SF or LF)	Sen of se	Remove	Repair	Encapsulate	Enclosure
Dad State of the s	Yes	No	N/A						2	_		ate	Ö.
Bedroom Closet	-		X		tom Laye	5 500	at	80 sf	x				
Bathroom	-		Х	V	/at & Mas	tic		20 sf	x	1			
										+	-		$\overline{}$
Name of Registered Waste Hauler		IDEP W	200	bic Yards		Name of Re	gistered La	ndfill					
annuzzi Group, Inc.	uler ID 467	2	Vaste		Waste Ma	anagemer	nt Fairl	ess	3				
City, State Kinnelon, NJ					posal Date 2/2018		City, State Fairless H	lills, PA					
Completed by ohn Mucha `	anger	Signature		Mh		Date 9/14/	201	18					

Do not use this form for asbestos licensure exempted activities.

no ch		NOTIF	ICATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE	MENT 0)	. [D)-	EG [\mathbb{V}	E	M
Date of Notification (1) 8/28/2018				of Building of New						SEP	1.8	2018		
Agencies Notified Type Notification EPA Initial				Address est Stat	e Stree	t					mess succe	KURSKY PE		Surrection
DEP X Amended Amendment				ate, Zip Con, NJ (A	OTESTO OLL	TAGE S CO)1 <u>%</u>	
DOH Emergency justification)		9	Name o	of Contact					Tel	ephone Nu	ımber			
DCA Cancellation	î ———			a Brund					60	9-433-87	45			
Name of Facility Where Abatement is Takir Abandoned Flood House	g Place	(3)	FAC	ILITY INF	ORMAT	ION	Туре	of Facility	(4)		-			
Street Address 72 Sewaren Ave							×	Other (i.e.	er 8 (Oth	er than K-1 & commerc		dings	, hom	es,
City (5) Woodbridge, NJ							Squa 250	etc.) are Feet	# 0	f Floors		3ldg. /	Age	
County (6) Middlesex				Code (7)			Curre	ent Use (Pr	ior if bei)U T	-	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC		10		of Aba	indoned atement Co	ntractor	(9)				
Street Address					1	Street	Addre		nental	Services	, Inc.			
City, State, Zip Code						City, S	tate, Z	lon Rd. Lip Code			100			
Project Manager for Monitoring Firm		Т	Telepho	ne No.		Kinne		NJ 0740	5	License N	lo.			
Start Date (10)	Cohodul	lad Car				908-2	218-0	0880		01228	10.			
09/14/2018	10/2/2	018	npietion	Date (11)				HA Monitor Environn		Services	, Inc.			
Occupancy Status During Abatement (Chec						Street .		ss Ion Rd.						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Abandoned Structure	al Facilit	Abaten y Hours	nent		- 112	City, S	tate, Z	ip Code	-					
Scope of Work (Check All That Apply)						KIIIII	31011,	NJ 0740	5					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	Transport of the last of the l	Renova Demolit				×	Mir Glo	l Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				e	
		Locati										Abate	ement	t
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Decement MC - 1	Yes	No	N/A								_		ate	ro .
Basement Windows Kitchen			X			lazing				'5 If	X			
Kitchen			X	Gr	ay Vat	under l	Plywo	ood	1:	25 If	X			
Name of Registered Waste Hauler		l N	JDEP W	nato	Cubic '	Varda		No.	D					
annuzzi Group, Inc.	auler ID 467		of Was			C2555		red Landfill ement F	airles	ss				
City, State Kinnelon, NJ					Dispos 10/2/2	al Date 2018		City, Stat		PA				
Completed by Iohn Mucha `	Title Senio	or Pro	ject Ma	anger	3	gnature	1	Mow		Da	te 14/20)18		
ASB-41 (R-06-08)	•				0	* Do not	use th	nis form for	asbesto	os licensure	exen	npted	activit	ies.

			NOTI (FICATIO	State of No ON OF ASI nt to NJAC	BESTOS	ABATE	MEN 0)	IT) E	G	E		\mathbb{W}	
Date of Notification (1) 8/28/2018				Name State	of Building of New	Owner Jersey	Operatory, DPM	r (2) C						No.	F.7	
Agencies Notified EPA	Type Notification				Address /est State	e Stree	et				k.)	SEP	1	8 2	018	il i
DEP DOL	Initial Amended Amendment				state, Zip C						ASB	Egg	380	YOK!	ROL	. E
DOH DCA	Emergency justification) Cancellation		g		of Contact		2382 - 244			10000000	lephone	e Nur	nber	13.4.		
				FAC	CILITY INF	ORMAT	ION				70 400)-01-				
Name of Facility Where A Abandoned Flood H	batement is Takin ouse	g Place	(3)			<u> </u>	TOIL	Тур	e of Facility (
Street Address 75 S. Robert St								×	Subchapter Other (i.e. p	8 (Oth	ner than & comm	K-12) al buil	dings	, hom	ies,
City (5) Woodbridge, NJ								Squ 250	etc.) lare Feet 00	# 0	f Floors	S		3ldg. /	Age	
County (6) Middlesex					Code (7))		Cun	rent Use (Prid andoned F	or if be	ing den	nolish	100			
Name of Monitoring Firm I N/A	Hired by Building (Owner (8	3)	ASC	M No.		Name Yann	of Ab	atement Cor i Environm	tractor	(9)		Inc			
Street Address				1			Street	Addr		Ontai	OCIVI	003,	1110.	100000		
City, State, Zip Code						City, S	tate,	Zip Code NJ 07405				_		-		
Project Manager for Monit	oring Firm		Telepho	one No.		Teleph	one l	No.	-	Licens		i.				
Start Date (10) 09/14/2018		Schedul 10/12/	led Cor	npletion	Date (11)			of OS	HA Monitor		0122	1,00				
Occupancy Status During		Only O	ne)				Street /	Addre		ental	Servic	ces,	Inc.			
Facility Closed/Vacate Abatement Performed Other – Describe: Ab	Outside of Norm.	al Facilit	Abaten y Hours	nent					elon Rd. Zip Code						-20-20-5-	
Scope of Work (Check All							1000		NJ 07405							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			Renova Demolit				×	Mi Gl	Ill Containme ni-Enclosure ovebag Proco on-Exempted	edure					9	
Location o		1	Locati Normal	ly		Des	scription (ment	
Asbestos-Containing M TO BE ABAT In Facility (13)	ED	Ma	ed Sole intenar todial S (12)	nce/	Asbest (i.e.	os Cont thermal surfac	aining Ma systems cing, VAT niscellane	ateria insul , or	ation,	(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
Bedroom 2	8.2	Yes	No	N/A											ate	e e
Coating on Di				X	(-		ots on c		g		00 sf	-	X			
Second Floor Bedr		X			re Coat	_			00 sf	\rightarrow	X					
					a mao			30	00 51	-	Δ.		-	\dashv		
Name of Registered Waste	Hauler		100000	JDEP W		Cubic '			Name of R	egister	ed Lan	dfill				
/annuzzi Group, Inc.		0.000	auler ID 467	No.	of Was 40			Waste M				rles	S			
Kinnelon, NJ					Dispos 10/12	al Date 2018		City, State Fairless	Hills,	PA						
Completed by ohn Mucha `		Title Senio	r Proj	ect Ma	anger	Si	gnature	1	M. C	,		Date 9/14		18		

Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 09 /	13 /	18					_		ner/Operator					SE.	P	8	50	118
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☑ DOH ☐ DCA (NJAC 5:23-8)	Amendm Emergen justificati	cy (in	-	g	C	State, amder ne of Co	, NJ	081	101-5120			Tolonho	no Niv	ma h a u				
No control of the con	☐ Cancellat				100000000000000000000000000000000000000	mes l			n			Telephor 856-7						
					F	ACILIT	Y INI	FOF	RMATION						_			
Name of Facility Where About Commercial	atement is T	Taking	Place	(3)	54(8)		590 200			10.22	ype of Facility (
Street Address										- -	School (K-12) Subchapter 8	(Other th	an K-1	12)				
1667 Davis Street										Þ	Other (i.e., pri	ivate and	comm	ercial	buil	ding	s,	
City (5) Camden										S	quare Feet	# of Flo	ors		Bldg	j. Ag	je	
County (6)					Cot	inty Co	de (7)	(STA	TE USE ONLY)	10	Surrent Use (Prio	or if being	domo	lichor	11			
Camden						, 00	uu (,)	(0,,,	TE OOL ONLT	1	dirent ose (File	n n benig	uemo	nisnec	1)			
Name of Monitoring Firm H	ired by Build	ding O	wner	(8)	ASCN	No.		Nar	me of Abatem	ent	Contractor (9)							_
Bio Terra Solutions							1				AGEMENT LL	.c						
Street Address									eet Address									
P.O. Box 1224								2	7 Outwater	La	ne							
City, State, Zip Code							City	, State, Zip C	ode	9				-				
Union, NJ								G	arfield, NJ	07	026							
Project Manager for Monitor	ring Firm			Te	lephone	No.		Tele	ephone No.			License	e No.					
Rick Eustaquio						4-3762	0 02	9	73-928-4888	8		1188	3					
Start Date (10)09						ate (11) 18			me of OSHA N		itor AGEMENT LL	C						
Occupancy Status During A	batement (0	Check	only o	one)			-		eet Address							_		
□ Facility Closed/Vacated	During Entir	e Peri	iod of	Abate	ement				7 Outwater	Lai	ne							
Abatement Performed O	utside of No	ormal	Facility	y Hot	urs - De	scribe	ŀ	City	, State, Zip C	ode	•				_			
Time of Abatement:		PN	W	_PN	1	_AM		G	arfield, NJ	07	026							
Scope of Work (Check all th	nat apply)																	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			□ Re 図 De						☐ Mini-End	clos				lure				
¥ 556802 62				Loca	50000000000000000										Abat	eme	nt Ty	уре
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TO BE ABATE		´			ance/ I Staff?	1		the	mal systems	insi	ulation,	(Spe			Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	(12					urfacing, VAT ner miscellane			SF or	LF)	1	2	7	sula	sure
(1-7)			Yes	No	N/A			Ou	iei iiiisceilaile	ous	5)						ate	
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Century Waste, LLC					Hauler			Was	7 Table 100		GROWS No			airle	ss I	an	dfill	
City, State					3279	-	+		s Needed oosal Date	1	City, State				20.5%			-
Elizabeth, NJ									BD	1	Morrisville,	PA						
Completed By (Print or Type		7. 5	-			Signature				1	Date							
Allen Monchik	-50	Title Pr	oject	Mar	nager					7.	1. 1.1				1.1 -			
SD 44		10505	- T. T.		35.				Allen	n	lonchik			9/13	/18			

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

B & G proj. #:	2018-1	68	L	ן ע	Not APursu	ant to NUAC	sbes 8:60	stos 0-7	s Abatement ' and 12:120-7)		Chan	J. 4 04	00			
Date of Notification	1 (1)					o Company					Chec	k # 91	88			
10 19 1/11 13						wner/Operator	(2)									
Agencies Notified				Estate	of Janet	Murphy				ſ	1	EG	F	11 17	// f	E i
EPA	Type Notifi	cation	Str	eet Ado	ress			-			11/-	IL Un		11 1	4 1	
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			Cit	y, State	, Zip Code							61.1	4 1	100	10	31
₩ DOL	∐ Ame	ndment		Pomp	ton Plair	s, NJ 07444	4			100	sd b					j larve
₩ DOH			Nar	ne of C	ontact		-	-			Telenho	ne Num	hor	IIIC IIIC		
☐ DCA	L Cano	ellation	_	Jimmy	/ Murphy	1 00				7.7	-	one Num	Des C		W.	8.
Name of facility of					FA	CILITY INFOR	MATIC	ON								
Name of facility wh		nt is takir	ng place	€ (3)						Type of						
Estate of Jane	et Murphy											ol (K - 1	500	77		
Street Address												hapter 8)
										X	Other Bldas	(Private	/Comn	nercia		
City (5)										Square		# of Flo		E	Bldg.	Age
		1	County	(6)			Co	oun	ty Code (7)							
Pompton Plai	ns, NJ 074	44	Morri	S			(S	State	e use only)			Prior if be	eing de	molisi	ned)	
Name of Monitoring	Firm Hired b	y Bldg. C	Owner (8)		ASCM No.		î In	Name of Abatement C	Resid						
				- 6		n/a		П,			(9)					
Street Address						l ———		1	B & G Restoration	on, Inc.						
								110	105 Ryerson Ro	nad						
City, State, Zip Code								1	ity, State, Zip Code	au .		-		-		
								\prod	Lincoln Park, N	10703	5					
Project Manager for	Monitoring Fir	m		P	none Numi	per		T	elephone Number	0 0700		II iaaa	- N.			
									(973)696-6869				se Num 00378			
Scheduled Start Date	(10)	Sc	hed. C	ompleti	on Date (1	1)	-	N	lame of OSHA Monito							
09/25/2018			09/26/	2018	nuesta en terrescout de Merci	V. P.	- 1		B & G Restoration	n, Inc.						
Occupancy Status De	uring Ahateme							S	treet Address	95						
Facility closed/	vacated during	a entire	period o	one) of abate	ment			L	105 Ryerson Roa	ad ———						at a constant
	formed outsid	e of norr	nal faci	lity hou	rs-			Ci	ity, State, Zip Code							
Describe:Other-Describe	:						-		Lincoln Park, NJ	07035						
Scope of Work (chec		lv)							- And Tark, 140	07000		-				· ·
Demolition	X		ation													
>3 sf or >3 If		≥160 sf		0.15					Containment w/negat	ive press	ure [Glove	ebag pi	oced	ure	
					sed solely		X I	Min	i-enclosure			Non-	friable	proce	dure	
Location of asbestos-conta	ining	by ma	intenan	ce/cust	odial							2	R	R	E	E
material to be		staff(1	2)			Description material (on of a	asbe	estos-containing	1. 15/300001	ount ecify S	F or	m	e p	n	n
abated in facility	y (13)	Yes		No	N/A		,			LF.			O V	a	a	C
boiler rm, hallway,	main rm		-		X	pipe insula	otion			-			е	r	р	<u> </u>
crawl space			===		×			_		72			×		ᆜ	14
					~	pipe insula	auon	-		30 1			×		Ц.	111
			7				Microsophus	-					+	ᆜ		
			T					-		-			-1-			14
Registered Waste Hau	ler .	IN.		auler II)# Ci	Lubic Yards of V	Vaste	IN:	ame of Registered La	ndfill				Ш	Ц,	Ш
B & G Restoratio	n, Inc.		1956			1		1	Grand Centr	al Land	fill					
City, State Lincoln Park, NJ					Disposal Di 09/2	ate 6/2018		C	City, State Pen Argyle, F	PA			AVV-MIDE/			
Completed by (Print or Gordana Luna	Type)	Title				Signature						Date			X.	
		Secre	tary/ I	reasur	er			Go	ordana Luna				3/201	8		

Title Secretary/Treasurer

09/13/2018

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

Check # 9189

				CHEST TOTAL CONT.					0 100				-
Date of Notification	1 (1)	-	Name o	f Building Ow	ner/Operator (2	2)					10.77		7 00000
10 19 1/11 13]/[1 8		1	Gutierrez		*		Im	E G L	5 1	\mathbb{W}	E	in
Agencies Notified	Type Notifica	ation	Street A	ddress				- -\/			eratore.		₩
∐ EPA	Initial			SSSS - STATE OF THE STATE OF TH					OFD	18	201	0	
☐ DEP			City, Sta	ite, Zip Code					SFP	10	CUI	0	11
₩ DOL	Amend	dment		ey, NJ 071	10				e aparer	r sewann	angers over the con-	-imae (NY 2)	ecal
⋈ DOH			Name of	Contact				Telepho	ne Number	C C	MG MG		2
☐ DCA	☐ Cance	llation	Brui	no Marino/F	Realtor				est described		t kikulai	wegt and st	and the later of
A.				FAC	CILITY INFORM	ЛАТІС	DN .				==		
Name of facility wh	nere abatement	is taking	place (3)					Type of Facility	(4)				
Anna Gutierre	ez							Scho	ol (K - 12)				
Street Address						-		1	napter 8 (Of (Private/Co			-12)	
									/Homes, et				
City (5)		I Co	ounty (6)			Lo		Square Feet	# of Floors	S	Blo	dg. A	ge
			7/47/17			1 155.50	ounty Code (7) tate use only)	Current Use (F	rior if heing	den	nolishe	-d)	11
Nutley, NJ 07	x.4500,4500		ssex					Residential	TIOT IT DOWNS	, ucii	10110110	,	
Name of Monitoring	g Firm Hired by	Bldg. Ov	ner (8)		ASCM No.		Name of Abatement	Contractor (9)					
					n/a		B & G Restorati	on, Inc.		200			
Street Address							Street Address 105 Ryerson R	oad					
City, State, Zip Code	e						City, State, Zip Code		***********		_		
							Lincoln Park, I	NJ 07035					
Project Manager for	Monitoring Fire	n		Phone Numi	ber		Telephone Number	<u> </u>	License I		er		
_							(973)696-6869 Name of OSHA Moni			378	-		
Scheduled Start Dat	te (10)			letion Date (1	1)		B & G Restorati						
09/27/2018			9/28/201				Street Address						
Occupancy Status D							105 Ryerson Ro	oad					
	i/vacated during erformed outside	g entire po e of norm	eriod of ab al facility l	atement. nours-			City, State, Zip Code			W-1/1			5-39/22
Describe: Other-Describ	oe:					-	Lincoln Park, N	J 07035					
Scope of Work (che		y)											
☐ Demolition	X	Renova	tion				Full Containment w/neg	ative pressure		an nr	ocedu	ire	
X >3 sf or >3 if		>160 sf	or >260 If				Mini-enclosure		Non-fri				
Location of		Is locat	ion norma	illy used solel	у		· · · · · · · · · · · · · · · · · · ·			R	R	E	T_
asbestos-conf		by main staff(12	ntenance/	custodial	Descripti	on of	asbestos-containing	Amount		e m	e p	n	E n
material to be abated in facil		Yes	No	N/A	material	(ACM)	(Specify S	SF or	0	a	c a	C
		100	140							v e	r	р	
boiler rm above s	soffit			X	pipe insul	-		8 lf		X	Ц	<u> </u>	H-
basement		4	×	pipe insul	atior	1	18 lf		님	닏	X.	11	
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			╬		1					片	님	井	H
Registered Waste Ha		NJ	DEP Haul	er ID# C	Ubic Yards of V	Waste	Name of Registered	Landfill			ш	Ш,	
B & G Restorati	ion, Inc.		19563		1/2		Grand Cer	tral Landfill	The Particular of the Particul				
City, State Lincoln Park, N	IJ			Disposal Dis	Date 28/2018		City, State Pen Argyle,	PA					
Completed by (Print	or Type)	Title			Signature	==	-		Date			N	
Gordana Luna		Secret	ary/Trea	asurer			Gordana Luna		09/13	/201	8		

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Dåte of Notification (1) 8/28/2018				Building Owner Building Owner Building				LI LI SEI	P 18	201	8	
Agencies Notified Type Notification		118	Street Ad 33 We	ddress st State Stre	eet		and the same of	ASBES!			OL. &	
EPA Initial DEP X Amended Amendment	#_2			te, Zip Code n, NJ 08608	3			Antigoria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composici	IOLUGI H H H		enoma	rainal m
DOH justification) DCA Cancellation	1000		Name of	Contact a Bruno				Telephone N 609-433-8				
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Name of Facility Where Abatement is Taking Abandoned Flood House	g Place (3)	1 AOI	LITT IN ORW	ATION		of Facility (
Street Address 587 Watson Ave								8 (Other than K private & comme		dings,	home	es,
City (5) Woodbridge, NJ							re Feet	# of Floors		8ldg. A i0 +	ge	
County (6) Middlesex	Part Part		County ((STATE L	Code (7) USE ONLY)				or if being demol	lished)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM	l No.			tement Cor Environm	ntractor (9) nental Service	es, Inc.			
Street Address						Addres	ss Ion Rd.					
City, State, Zip Code							ip Code NJ 07405	5				
Project Manager for Monitoring Firm			Telephor	ne No.		hone No 218-0		License 01228				
Start Date (10) 09/11/2018	Schedule 09/27/2		pletion [Date (11)	1 1775		HA Monitor Environm	ental Service	es, Inc.			
Occupancy Status During Abatement (Chec	k Only On	ie)	787			Addres	ss Ion Rd.					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Abandoned Structure	nal Facility	batem	ent		City, S	State, Zi	ip Code NJ 0740	 5				
Scope of Work (Check All That Apply)												
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	1000000	Locati	(2.83°C)							Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Solel intenar odial S (12)	y by nce/	Asbestos C (i.e. them su	Description Containing I mal system urfacing, VA er miscella	Material s insula AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Dogomont	Yes	No	N/A	Clave Ba	~ 0 \A/===	0 0	t Din s	150 of			te	
Basement Subsurface			X	Glove Bag	g & Wrap lation Wa	4	•	150 sf 625 sf	X			
			, ounc		ato, pro		020 0.					
Name of Registered Waste Hauler Yannuzzi Group, Inc.	Н	JDEP W auler ID 7467	No. of 42			Waste	Registered Land Management		ss			
City, State Kinnelon, NJ					sposal Date /27/2018		City, Stat	e s Hills, PA				
Completed by John Mucha `	Title Senio	or Pro	ject Ma	anger	Signatur	e	1/		Date 9/13/2	018		

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noch			CATIO	tate of New N OF ASB t to NJAC	ESTO	ABATE				E	C	E	7 []	V [700
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Agencies Notified Type Notification				Address est State	Stree	et					1000000	7/12/12/12			lan-
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DOH justification) DCA Cancellation	ncluding		Name o	of Contact a Bruno				•	100000000000000000000000000000000000000	phone 9-433-					
				ILITY INFO	ORMA	TION					-				
Name of Facility Where Abatement is Taking Abandoned Flood House	Place (3)						of Facility (
Street Address 28 E. Green St							S x	ubchapter other (i.e. p tc.)	8 (Othe				lings,	home	es,
City (5) Woodbridge, NJ							Square 2500		# of 2	Floors		10000	dg. A	ge	
County (6) Middlesex				Code (7) USE ONLY)				t Use (Prio			olishe	ed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8))	ASC	M No.				ement Con invironm			es.	Inc.			
Street Address						Street	Address	3	20000 1000001						
City, State, Zip Code				6.		City, S	State, Zip								
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	none No. 218-08	•)	T	Licens 01228					
	Schedul		pletion	Date (11)		Name	of OSHA	A Monitor			<u> </u>				
Occupancy Status During Abatement (Check		E 26.				Street	Address		entar s	servic	es,	inc.			
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Abandoned Structure	eriod of a I Facility	Abatem Hours	ent			City, S	Kinnelo tate, Zip	Code							-
Scope of Work (Check All That Apply)						Kinne	elon, N	IJ 07405	i						
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Exterior Foundation			X			Caulk			12	20 If	-	X			
												-		\neg	
Name of Registered Waste Hauler		100000	JDEP W	OCCUPATION OF	Cubic of Wa	Yards		Name of F	Register	ed Land	dfill				
Yannuzzi Group, Inc.								Waste N	27	ement	t Fa	irles	S		
City, State Kinnelon, NJ						osal Date 72018	- 1	City, State Fairless		PA					
Completed by John Mucha `	Title Senio	or Proj	ject Ma	anger		Signature	W	1			Date 9/1	3/20	18		

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M Ch	N		Stat CATION oursuant to		ESTOS	ABATE		т) E C	E		\mathbb{V}	E
Date of Notification (1) 8/28/2018		T	Name of State of) SEI) 1	8 2	018	
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DEP X Amended Amendme	nt# 2		City, State Trenton						L	[10:11 10:11	SIM	3	T-11
DOH Emergenc	y (including		Name of						Tel	ephone Num	ber			
DCA Cancellation			Regina	513 (4100)					60	9-433-874	5			
Name of Facility Where Abatement is Tak	ing Place (3)		FACIL	ITY INFO	ORMATI	ON	Typ	e of Facility (4)					
Abandoned Flood Home								School (K-12	î.					
Street Address 14 Melbourne Court							×	Subchapter 8 Other (i.e. pretc.)				dings,	home	es,
City (5) Woodbridge, NJ							Squ 200	are Feet 00	# o	f Floors		ldg. A 0 +	ge	
County (6) Middlesex			County Co (STATE US		1920 - 1920			rent Use (Prior andoned Fl			ed)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)		ASCM	No.				atement Cont i Environme			Inc.			
Street Address						Street		ess elon Rd.						
City, State, Zip Code	-							Zip Code						
								NJ 07405						
Project Manager for Monitoring Firm			Telephone	e No.		Teleph 908-2				License No 01228).			
Start Date (10) 9/12/2018	9/27/20		pletion D	ate (11)				SHA Monitor Environme	ental	Services,	Inc.			
Occupancy Status During Abatement (Che						Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of No	Period of Al	batem Hours	ent		+			elon Rd. Zip Code						
Other – Describe: Abandoned					-			, NJ 07405						
Scope of Work (Check All That Apply)							,							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	enovat emoliti				×××	M	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure				a	
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	Yes	No	N/A										Ф	10000
Basement	-		X		TSI Pip			on	35	50 LF	X			
					(vvra	ap & C	ut)		3 824-93 - 13					
Name of Registered Waste Hauler		N	JDEP Wa	ste	Cubic `	Yarde		Name of P	eniete	red Landfill				
Yannuzzi Group, Inc.		H	auler ID N 467	1E17171	of Was					gement Fa	irles	ss		

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste
Hauler ID No.
17467

City, State
Kinnelon, NJ

Completed by
John Mucha `

Name of Registered Landfill
Waste Management Fairless

Cubic Yards
of Waste
Disposal Date
9/27/2018

City, State
Fairless Hills, PA

Signature

Signature
9/13/2018

-00 ch		NOTIFI (P	CATION	ate of New N OF ASB to NJAC	ESTO	SABATE	MENT 0)	harman.		E C		W		M
Date of Notification (1) 08/28/2018				of Building				B PART LAND IN		000	4.0			A Comment of the Comm
Agencies Notified Type Notification			Street A	oddress est State	Stre	et			le i	SEP	18	2018	777	
EPA Initial DEP Amended Amendment #	2		City, Sta	ate, Zip Co	ode				A	SEESTO	S OCT	TRO	1.8	
DOH Emergency (ir justification)			Name o	f Contact				Î-ce	110-5739	lephone N				
DCA Cancellation				a Bruno					60	9-433-8	3/45			
Name of Facility Where Abatement is Taking Abandoned Flood House	Place (3	3)	FACI	ILITY INFO	JRIMA	IION	Туре	of Facility	(4)					
Street Address 2 Wedgewood Ave							×	School (K- Subchapte Other (i.e.	r 8 (Oth			ldings	, hom	es,
City (5) Woodbridge, NJ								etc.) ire Feet 0	# 0	f Floors		3ldg	Age	
County (6) Middlesex			County (Code (7) USE ONLY)		Curre	ent Use (Pr	ior if be		ished)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN			Name		ccupied atement Co			ence			
N/A Street Address							nuzzi Addre	Environn	nental	Service	s, Inc.	Vi		
						135	Kinne	lon Rd.						
City, State, Zip Code								ip Code NJ 0740	5					
Project Manager for Monitoring Firm			Telepho	ne No.		0.0000000000000000000000000000000000000	none N 218-0			License 01228	No.			
	Schedule 9/27/20		pletion	Date (11)				HA Monitor Environn		Service	s Inc			
Occupancy Status During Abatement (Check	Only Or	ne)	-	-			Addre				0, 1110.			
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	riod of A	Abatem	ent			10000000		lon Rd.						
X Other – Describe: Abandoned		710010): 		2	9,550		NJ 0740	5					
Scope of Work (Check All That Apply)	_					_	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	Mir	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				re.	
	ls	Location	on						- (/			Abat	emen	t
Location of		Normall d Solel				escription					-	T	уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/		therm: surf	ntaining Mal systems acing, VA miscellar	s insula T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										l fe	(D
Exterior Siding			Х		Tra	nsite Si	ding		1,	200 sf	X			
Mastic Under Wall Board			Х			Mastic			3	300 s	X			
Name of Registered Waste Hauler		1.51	IDED W			V 1								
Yannuzzi Group, Inc.		H	JDEP W auler ID '467		of W	c Yards aste				ered Land gement		SS		
City, State Kinnelon, NJ						osal Date 7/2018	ν.	City, Stat		, PA				
Completed by John Mucha `	Title Senio	or Pro	ject Ma	anger		Signature	,	W		1	Date 9/13/2	018		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) 8 2018 Date of Notification (1) Name of Building Owner / Operator (2) 9/4/18 Wells Fargo Bank Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **EPA** One South Broad Street LICENSING DEP X Initial City, State & Zip Code \boxtimes DOL \boxtimes Amended R#1-9/14/18 Philadelphia, PA 19107 \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Gordon McGill 732-565-4504 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Wells Fargo NBOC School (K-12) Street Address Subchapter 8 (Other than K-12) 100 Fidelity Plaza Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 75,000 2 45+ North Brunswick Middlesex Current Use (Prior if being demolished) **Banking Offices** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD 9/15/18 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5:00PM to 1:30AM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulat TO BE ABATED Maintenance or Enclsoure (i.e., thermal systems Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Cafeteria X Pipe insulation 56 LF M Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 Minerva Landfill 1 CU YD City, State Disposal Date City, State New Castle, DE 9/15/18 Waynesburg, Ohio Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project Geno 9/14/18 Manager

State of New Jersey

, State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification (1) 9/4/18		Name	of Buildir	g Owner / Opera	ator (2)		F	@ E	- П	η.//	F
Agencies Notified Type Notifi	cation		Fargo I	sank				C E	5 U	\mathbb{W}	匠
EPA	CallOff		Address	d O4 4					*		
	al			oad Street							
= 0144 =	ended		State & Zip					SEP 1	8	2018	
	ergency			PA 19107							
	cellation	- 1	of Contact on McGi				100	Teleph	one	Num	ber
							ASB	732-5	65-4	504	1.8
Name of Facility Where Abatem	ent is Taking Pla	FA(CILITY IN	FORMATION	allida (4)				hart.ax.	or - orrespond	
Wells Fargo NBOC	ioni lo Taking Fla	00 (0)		Type of Fa	l (K-12)						
Street Address						Other than I	(10)				
100 Fidelity Plaza				Other	(i e prive	ate & comme	(-12)				
				Square Fee	ot prive	# of Floors	ercial buildi			etc.)	
City (5)	County (6)	County C	ode (7)					Bldg. A	ge		
North Brunswick	Middlesex	County C	oue (1)	75,00		2			45	+	
North Branswick	Miculesex					f being dem	olished)				
Name of Monitoring Firm Hired I	Duilding Owner	- (0)	14001411	Banking (
Environmental Connection	by building Owner	(8)	ASCM N		patement	Contractor	(9)				
Street Address				Bristol En		ental, Inc.					
120 North Warren Street				1123 Beav		-4					
City, State & Zip Code				City, State 8							
Trenton, NJ 08010				Bristol, PA							
Project Manager for Monitoring F	irm ITe	elephone l	Vumber	Telephone i			11:	NI I		1 2 1 2 2	
Rollie Jones	1000	09-392-42		(215)788-6			License 00509	Number			
Scheduled Start Date (10)	Scheduled Compl		The state of the s	Name of OS		itor	00508	-			
9/14/18		/15/18	()	Bristol En							
Occupancy Status During Abate	ment (Check only	one)		Street Addre		ontai iiio.					_
Facility Closed/Vacated	During Entire Peri	od of Abat	ement	1123 Beav		ef					
Abatement Performed O	utside of Normal	Hours - 7a	am to 3pm	City, State 8							-
Describe: 5:00PM to	1:30AM			Bristol, PA							
Facility Occupied During	Abatement										
Scope of Work (Check all that ap	ply)										
N	<u>_</u>	_				Full Contain	ment with I	Vegative	Pre	ssure)
≥3 sf or ≥3 lf ≥160 sf ≥260 lf	2		vation		1	Mini-Enclosu	ire	J		122.45	
≥160 sf ≥260 lf		Demo	olition		\boxtimes	Glove Bag P	rocedures				
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TO BE ABATED	M	aintenance		Material (A (i.e., thermal s			SF or LF)	77		E	m
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(13)		(12)		or other miscel	laneous)			Remova	pair	Encapsulate	Enclsoure
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ervice Transport Inc.		2099	0	1 CU YD	Miner	va Landfill					
ity, State			3,	Disposal Date	City, St						
lew Castle, DE				9/15/18		esburg, Ol	nio				
ompleted By (Print or Type)		Title	-	Signature		<u> </u>		Date			
Sino Pizzigoni		Proje		Dino i	D	^	100a	9/4/1	2		
		Mana		KMO I	My	Moren	/ YIL	3141	0		

NOTIFICATION OF ASBESTOS ABATEMENT Initial Notificat
(Pursuant to Note 8:60-7 and 12:120-7) Check #: 7259

Initial Notification

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Agencies Notified	Type Notifica	ation	Str	reet	Addre	SS									1
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[X] DEP	[X]Initial Notifica	ation					Code		_		H L VE				440
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[X]DOH	Notific		£ 1		Cont					Tele	phone Numbe	EIGE	VSIN	G G	- C
[]DCA	[]Cancell	ation	Ma	arc Po	opowi	itz				1	697-0450	e proceso de la		* 12	SEPAL LET
			11				IFORMA'	TION							
Name of Facility W	here Abatemen	t is Ta	king	Plac	e (3)				П	Type of Facili	ty (4)				
Ridgefield Gardens										[]School []Subcha	pter 8 (Oth	er th	nan I	<-12)
Street Address							-			X Other	(i.e., priv	ate &	et.	nmer	•
952 Banta Place										Square Feet	# of Floors	BI	ag.	Age	
City (5)		County	(6)					de (7)		20000 Current Use (F	2	Da de	50	she	<u>a)</u>
Didentiald NI 0765	7	Daras	-			(STA	ATE US	E ONLY)	11	Residential bui		ing u	CINO		-/
Ridgefield, NJ 07657	Firm Hired b	Berger y Build	ling	ASC	No.	1	Name	of Abate	em	ment Contractor	(9)				
Owner (8)		o nt e incressorium					F	Ctrong D	· · ·	ildors Inc					
S&S Environmental	Sciences, Inc.						Stree	t Addres	ss	ilders, Inc.					
98 Sand Park Road							180.5	Sargeant	Α	Avenue					
City. State. Zip C	ode				der de la company		City.	State.	2	Zip Code					
Cedar Grove, NJ 07	009	Firm [7	Telep	hone	Numb	er	Clifto	n, NJ 07	0	13-1935 ber	Licer	ise N	итре	ī	
Prakash Khaitan		1		57-7			973-6	14-0377	7		0080	7			
Scheduled Start Da		ed.Com	oleti	on D	ate (III	Name	of OSHA	P	Monitor					
0 9 / 2 1 / Month / Day / Occupancy Status D	1 8 1 1	nth /	2 3 Day	1/11 nlv	Year			Strong B		uilders, Inc.					
[]Facility Clos	ed/Vacated Du	ring E	ntire	Per.	iod		180 9	Sargeant	- 4	Avenue					
of Abatement []Abatement Fer Hours - Descr [X]Other - Descr	formed Outside:	de of No					City.		7	Zip Code					
Scope of Work (Che	ck all that	apply)			•		Tomto		_		1.1. 37	. 2			- 1
[]Demolit []>3 sf o	ion		[X]	Reno	vatio	n		[X]Min [X]Glo	i	Containment w -Enclosure ebag Procedure Friable Proced		e Pre	ssui	e	
			100	Is	. T				-			Abat	eme	E E	7pe E
Asbestos- Materia TO BE in Fac	cion of Containing al (ACM) ABATED CILITY L3)		Nor Sc by ter Cus Sta	rmal1 Jsed olely Main nance stodi	Y -/ al 2)	(in	Asbes Ma i.e., sulat	escripti stos-Con terial (thermal ion. sur ther mis	A	aining	Amount (Specify SF or LF)	REMOVAL	REPAIR	NCAPSUL	NCLOSURE
Building No. 8,10,11,	12 & 14 - Crawl	Space	X	No		Pipe I	nsulat	ion			4,008 LF	X			
Daliding No. 0, 10, 11,		- CPGGG			-							, \			
					\neg										
			1		1										
Name of Registere	d Waste Haule	r	N. Ha	JDEP auler	Waste ID N		Cubic of Wa	Yards ste		Name of Regis	tered Landf	ill			
Newark Carting, Co	o		4	509						Grand Central	Sanitary Lar	ndfill			
City. State							nrsbo	sal Date	d	City. State					
Newark, NJ	40							1	5	Pan Argyl, PA	18072				
Completed By (Pri	nt or Type)	Title						Signator	5-6	5-111.	/	D	ate		
Bilyana Kulakovska		Office A	dmin	istrat	tor				7	rec		9	/11/	18	
ASB-41 JUN 95														G46	67

6586 - NJ	PAI	NOTIFICATION	OF A	ew Jersey SBESTOS ABATEME :60-7 and 12:12	ENT 20-7)		Notificat #: 7259	ion	•8	
Date of Notification	on (1)	Name of Bui	ldin	g Owner/Operato	or (2)	[1 1/7 17	7 1
0 9 /11	1 1/1 1 8	Ridgefield G	Sarde	ane	+) E G) W [<u>E</u>	3 1
Agencies Notified	Type Notification	Street Addr		113		11-	4			
[X] EPA		0 10/004 4045	04	-+ 444b Flans			050	1 1 0	nnio	111
(X) DEP	[X]Initial Notification	City. State		et, 11th Floor		111	L SEP	18	2018	
⊠lbor ⊠lbor	[]Amended								authors such as the contract	A
i×1D0H	Notification	New York, Name of Cor				Tele	phone Num	ne or	107434	<i>St.</i>
	[]Cancellation					L			e i se e e e e e e e e e e e e e e e e e	Marke Comme
[]DCA		Marc Popov	vitz			(212	97-0450)		
				NFORMATION						
Name of Facility W	here Abatement is I	aking Place (3)		Type	of Facil:	ity (4)			
Ridgefield Gardens						[]School	l (K-12) apter 8 (G	ther	than K-1	.2)
Street Address						X10ther	(i.e. pr	rivate	& comme	er-
952 Banta Place					Squar	e Feet	buildings,	ors B	ildg. Age	
City (5)	Count	y (6)		inty Code (7)	20	0000	2		50	
Acceptance of the property of			(SI	TATE USE ONLY)			Prior if	seing	demolish	ied)
Ridgefield, NJ 07657	Berge Firm Hired by Buil	en ding (ASCM No		Name of Abate	Resid	dential bu	ildings			
Owner (8)	Firm Arred by Burn	aring Ason No		Maine of Moace	mene c	01.01.0000	2 (3)			
S&S Environmental	Sciences, Inc.			Four Strong B		Inc.				
Street Address	•			Street Addres	s					
98 Sand Park Road				180 Sargeant	Avenue	9				
City, State, Zip C	ode			City. State.	Zip Co	de				
Cedar Grove, NJ 07	009 r Monitoring Firm			Clifton, NJ 070	013-193	35			W 5	
Project Manager fo		-	ber	Telephone Num	nber				Number	
Prakash Khaitan		973-857-7188	733	973-614-0377 Name of OSHA			008	807		
Scheduled Start Da	1	pletion Date	atemanine()	Name of USAA	MOUITO	15				
Month / Day /	1 8 1 0 / Year Month / uring Abatement (Ch	2 3 / 1 8 Year	1	Four Strong B	uilders,	Inc.				
	uring Abatement (Ch	neck only one)		Street Addres	SS			Malaca III I I I I I I I I I I I I I I I I		
of Abatement	ed/Vacated During F			180 Sargeant						
[]Abatement Per Hours - Descr	formed Outside of N	Normal Facilit	Y	City. State.	lip Co	de				
	ibe: Residential buildings		=	Clifton, NJ 070	013					
Scope of Work (Che	ck all that apply)			f 18:11	Conto	ismant N	ith Nagat	ive Dr	CASCULA	
[]Demolit []>3 sf c [X]∑160 sf		Renovati	on	[X]Mini [X]Glov	i-Enclo rebag F			ive ri	1622016	
		Is Location						Aba	atement	

[]Demolition []>3 sf or >3 lf X}∑160 sf or >260 lf	IX1	Ren	ovat	ion	[X]Glov	-Enclosure rebag Procedure -Friable Proced	dure				
Location of		Is ati			Description	on of		Aba R	temer	E N	ype E N
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	by ter Cus	Mai mai manc stod aff(n- e/ ial	i	Asbestos-Cont Material () (i.e., thermal nsulation, surf or other misc	ACM) systems acing, VAT,	Amount (Specify SF or LF)	E M O V A L	R P A I R	CAPSUL.	I. OSURE
Building No. 8,10,11,12 & 14 - Crawl Space .	X			Pipe	Insulation		4,008 LF	X			
											F
Name of Registered Waste Hauler			Was r ID	te No.	Cubic Yards of Waste	Name of Regi	stered Landf	111			
Newark Carting, Co.	4	509				Grand Centra	Sanitary Lar	ndfill			
Newark, NJ					Disposal Date	Pan-Argyl, PA	18072	741(721			
Completed By (Print or Type) Title					Signature	11/1		D	ate		

Bilyana Kulakovska ASB-41 JUN 95 Office Administrator 9/11/18

RECEIVED 09/13/2018 02:32PM 2013297440 BEST REMOVAL INC Sep 13 2018 01:59PM NJ Asbestos Control 609.633.0664 page 1 CK 1759 PAGE 82/84 BEST REMOVAL IN .. 09/13/2018 11:28AM 2013297440 DOL -State of New Jurky
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120) 2018 Partie of Building Owner Operator (2) SHI 9/13/18 Sola May Type Notification Street Address CONTROL & WAIVER APPROVED Inidal City, State, Zip Code DEP Amended D7686 B DOL Amendment # TEANETH . NJ Emergency (including Name of Contact Telephone Number DOR justification) DI DCA MS. SOLOMON Capcellation FACILITY INFORMATION Name of Racillay Where Abstracted in Taking Place (3) Type of soility (4) MS. M. SOLDHON □ Sed 201(K-12) Street Address Su that her & (Other than K-12) Di sr (i e private & commercial buildings, homes, etc.) Square F et City (5) # of Floors 1940 TEAU ECK 2 -200G Current se (Prior If being demolished) County Code (7) County (6) STATE USE ONLY BERZEEN Name of Manisoring Firm Hired by Building Owner (2) ASCM No. Name of Abstell of Contractor (9) Best Reloval Inc Street Address 450 South River Street City, Shets, Zip Code City, State, Zip (pds Hackensick, NJ 07601 Project Manager the Monitoring Firm Telephone No. License No. 201-329 - 7444 Nume of OSHA Sonitor 00388 Start Deta (19) 9/14/18 Schaduled Completion Dett (11) 9/15/18 Omaga Fr vironmental Occupancy Steam During Abstement (Check Only One) 280 Huy er Street ☐ Facility Closed/Vacased During Entire Period of Abatement Debatement Performed Outside of Normal Facility Hours
Other - Describe 730 AM CO \$120 ft South Heckensack, NJ 07606 Scope of Work (Check All That Apply) | Full | meltinated with Nogative Freeduce | Mini | Inchesure | Glova | might procedure | Non-kerr good (*) and Non-Frisble Procedure 23 mor 2) if Renovation □ ≥160 ef or ≥160 lf Demplision Abatament In Location Typs Normally Location of
Alberton-Containing Material (ACM)
TO BE ABATED Description of Asbeetos Containing Material (A JM)
(i.e. thermal systems insolution, and lacing, Used Solely by Amount (Specify Maintenanco Custodial Staff? in Facility VAT. OT SForLF) (12) (13) other miscellancous) Yes No NIA BASEKENT THERMAL SOLFACING. 45 SF

NJDEP Waste Name of Registered Wasto Hauter Cubic Yards Van a of Registered Landilli Hauler ID No. of Wasts 24207 Minerva Enterprises, LLC Best Removal Inc 17109 DEPOSE DESC. 18 Hackensack, N.J 07601 OH. 44688 Waynesburg

Signature

* Do no: se this form for asbestoe Homeure exempted activities.

Tigh

Estimator

ASS-41 (R-06-08)

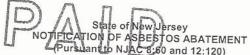
J. Maiorano



P				S	State of New	/ Jers	ev								Pr	int F
LJ A	ע ערע			ICATIO	N OF ASBE t to NJAC 8	STOS	ABATE			10	ob		12	20	16	_
Date of Notification (1) 9/14/18					of Building C	Dwner/	Operator	(2)		10			1		П	NI
	Type Notification				McCoy Address					-	HD)[U	_ <u>_</u>	[]	M
ET -	× Initial			Ou cot /	riddi C33						IIn					
DEP	Amended				tate, Zip Coo		- POWE - STATES				111		SE	1	8	2018
	Amendment Emergency		_		tic Highlar	nds, I	NJ 077	16								
DOH DCA	justification) Cancellation				of Contact McCoy					Tel	ephone	Numb	er S	ros (CO	TRO
					ILITY INFO	RMAT	ION				- warene	V marine in the		ICLN		
Name of Facility Where Ab	atement is Takin	g Place	(3)					Туре	of Facility (4)						
Street Address									School (K-1							
Olicot Address								×	Subchapter Other (i.e. p	8 (Otherivate 8	er than & comm	K-12) rercial	build	ings, h	ome	es,
City (5)								_	etc.) are Feet		f Floors			dg. Ag		
Rumson								220		2	1110013		6		6	
County (6) Monmouth					Code (7) USE ONLY)				ent Use (Pri	or if bei	ng dem	olished	1)			
Name of Monitoring Firm H	ired by Building	Owner (8	1		M No.		Namo	hon	ne atement Con		(0)					
3		oo. (o	I.	7,00	VIIVO.				ronmenta			LC				
Street Address							Street									_
City Ct-ty 7in Cont			-				NO ASSESSMENT		83, 4 E G	ate D	rive					
City, State, Zip Code									ip Code 1, NJ 074	10						
Project Manager for Monito	ring Firm			Telepho	ne No.		Teleph			10	Licens	e No	_			
							973-				703	e NO.				
Start Date (10) 10/1/18		10/8/1	8	npletion	Date (11)		Name	of OS	HA Monitor							
Occupancy Status During A							Street	Addre	SS							
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire F Outside of Norm	Period of nal Facility	Abatem y Hours	nent ;			City, St	tate, Z	ip Code	-						
Scope of Work (Check All T	hat Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		presental and a second	Renova Demolit				×	Mir	II Containme ni-Enclosure ovebag Proc n-Exempted	edure						
		Is	Locati	on					ZXOIIIPIOG	() () (110111	TIGDIC I		baten	ent	
Location of			Normalled Sole		De ne en	De	scription	of				-		Туре	:	
Asbestos-Containing Ma TO BE ABATE	ED	Ma	intenar todial S	rce/	Asbesto: (i.e. th	s Cont ermal	taining M systems	aterial insula	(ACM) ation.		nount pecify		7		Enc	ш
In Facility (13)		Cus	(12)	nan :		surfa	cing, VAT	r, or			or LF)		Removal	Repair	Encapsulate	Enclosure
*****		Yes	No	N/A		JO. 1	inocciiai	cous					<u>\alpha</u>	₹	ate	ure
kitchen & front livi	ng room	1		×		fl	oor tile			40	0 SF	×	+	-		
							00. 1.10			70	0 01	^^	+	+	+	
													1	+	+	
Name of Pasisters 199	U. J.															
Name of Registered Waste Tonys Cleanup & Haul			H	JDEP W auler ID 7787	No.	Cubic of Was TBD			Name of R Chrin Br				and	fill		
City, State Bridgewater, NJ						-	sal Date		City, State							
Completed by		Title					ignature		Easton,	PA		Date				
A. Scott Higgins			ident				-3-iatule	,	1/2			9/14	/18			

	匠户	l l			N OF ASE t to NJAC					00	× 1	18	00	,4	/
Date of Notification (1) 9/14/18			0000		of Building HLOE, L		Operator	(2)		F				<u> </u>	7 12
Agencies Notified	Type Notification				Address	LC				- 111	7) [(6	E	I V	
					ern Roa	ad					3				
EPA DEP	X Initial Amended		-		ate, Zip C	755				-	11	CED	1.0	200	0
X DOL	Amendment				Brunswi		08816	3		14	L	SEP	18	201	ŏ
X DOH	Emergency (justification)	including	ŀ		of Contact					Tel	ephone I	Vumbe	5		
DCA	Cancellation			Joe L	ockwoo	d					8-420-			ONTA	01 &
				FAC	ILITY INF	ORMAT	ION			1	PHILIPPINAL TO	1.15	MENC.	NO	
Name of Facility Where	Abatement is Taking	Place (3)					Туре	e of Facility (4						
Store		WIG.							School (K-12)					
Street Address									Subchapter 8				4 4	o	
501 King George R	oad							×	Other (i.e. pr etc.)	vate	& comme	ercial bi	ııldıng	s, nom	es,
City (5)									are Feet	# 0	f Floors		Bldg.	Age	
Woodbridge								20,		1			62		
County (6) Middlesex					Code (7) USE ONLY)	B		ent Use (Prior ant - store	if bei	ng demo	lished)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASC			Name		atement Cont	ractor	(0)				
	-,	(0)		7.00			1		ironmental		500	LC			
Street Address			1000		We		Street	Addre	ess						
							PO E	Box 4	183, 4 E Ga	te D	rive				
City, State, Zip Code									Zip Code						
Decinal Manager for Man	=								d, NJ 0741	8					
Project Manager for Moni	itoring Firm			Telepho	ne No.		Teleph				License	No.			
Start Date (10)		Cahadul	od Con	anlatica	Date (11)		973-				703				
10/1/18		10/15/		npietion	Date (11)		Name	or US	HA Monitor						
Occupancy Status During	Abatement (Check						Street	Addre	ess						
× Facility Closed/Vaca			100280	ant											
Abatement Performe Other – Describe:	ed Outside of Norma	al Facility	Hours	iont			City, S	tate, Z	Zip Code				- Invest		
Scope of Work (Check Al	l That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		and the same of	Renova Demolit				×	Mi Gl	III Containmer ni-Enclosure ovebag Proce on-Exempted	dure				ro.	
		le	Locati	on			-	2 110	n Exempted) and	2 (40) -1 11	able	200	temen	
Location	of	1	Vormal	ly		Des	scription	of				1	Т	уре	
Asbestos-Containing			d Sole intenar			tos Cont	aining M	1ateria	I (ACM)	А	mount			m	
TO BE ABA In Facilit		3.923	todial S		(i.e.	thermal	systems cing, VA		ation,		pecify or LF)	Rer	Re	Encapsulate	Enclosure
(13)	•		(12)				niscellan			31	OI LF)	Remova	Repair	psul	uso
		Yes	No	N/A								<u>n</u>	1	ate	ē
roof				х		roofin	g mate	erials		20	00 SF	X	+-		
interio	r			Х	1	floor tile	e and r	nasti	С	12	0 SF	×	+		
												- 1	+		
													-		
Name of Registered Wast	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of Re	aniste	red Land	fill			
Newark Carting			Н	auler ID 4509		of Was			Grand C				ndfill		
City, State							al Date		City, State		-				
Newark NJ						TBD			Pen Argy	I, PA	A				
Completed by		Title				S	ignature		1			Date			
A. Scott Higgins		Presi	dent						11	-		9/14/	8		

9/14/18



7//	U	NO	Pursu	ant to NJ	AC 8:60 a	S ABATI and 12:12	EMENT 20)	A []	n - 1	1	0/	7/	autroni (a)
Date of Notification (1)					ing Owner			N	lek	- 1	00	10)0
9/14/18			All	Action E	Demolitic	noperato n)r (2)		- Inneres	\ P	<u></u>	[2	П
Agencies Notified Type Notificati	on		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t Address					11) E	G	E	
EPA X Initial			100000000000000000000000000000000000000		bus Driv	'e				\[\bar{\bar{\bar{\bar{\bar{\bar{\bar{\bar			
DEP Amended			City,	State, Zip	Code				- 111	11	0000	- 4	
DOL Amendme		no.	Fran	nklin Pa	rk, NJ (08823					SEP	1	8 8
DOH justification	n)	ilg		of Conta				ΙT	elephone	Nimbe	r		
DCA Cancellati	on		Ruft	us Thon	nas				08-477-			78.0	MCY
Name of Facility Where Abatement is Tal	ring Place	(2)	FA	CILITY	NFORMA	TION			tionwis.		1,15	1	
home	Mily Flace	: (3)					Type of Facility	(4)					
Street Address							School (K	-12)					
							Subchapt Other (i.e.	er 8 (Ot	her than h	(-12)	ildina		
City (5)							etc.)	private	a comme	ercial bi	ululings	s, nor	nes,
Perth Amboy							Square Feet	100000	of Floors		Bldg.	Age	
County (6)			Count	y Code (7	7\		2000	2			62		
Middlesex			(STATE	E USE ON	ĹY)		Current Use (P home	rior if be	eing demo	lished)			
Name of Monitoring Firm Hired by Building	g Owner (8)	1	CM No.		Name			(0)				
				J.W. 140.		ABS	of Abatement Co Environment	ontracto	r (9)				
Street Address						-	Address	ai Sei	vices, L	LC			
							30x 483, 4 E (Gate Г)rive				
City, State, Zip Code						-	tate, Zip Code		21140				
							wood, NJ 07	418					
Project Manager for Monitoring Firm			Teleph	one No.			one No.		License	No	_		
Start Date (10)						973-	764-2276		703	1101			
9/25/18			mpletion	Date (11	1)	Name	of OSHA Monitor						
Occupancy Status During Abatement (Che	10/3/												
						Street /	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abate	ment										
X Other - Describe: basement	nai i aciii	ty noui	5			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf	[V]	D				F1							
× ≥160 sf or ≥260 lf	Emmoned	Renov: Demoli				H	Full Containm Mini-Enclosure	ent with	Negative	Pressu	ire		
	_					×	Glovebag Prod	cedure					
				T			Non-Exempted	d (*) and	d Non-Fria	ble Pro	cedur	Э	
Location of		s Locat Norma									Abate		t
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asha	Des	cription o	of				Ту	ре	
TO BE ABATED		aintena stodial s		(i.e	thermal:	aining Ma systems	aterial (ACM) insulation,		mount pecify	77		Ш	m
In Facility (13)	Ous	(12)	Jian :		surfac	ing, VAT	, or		or LF)	Rem	Repair	cap	nclo
5000		T	T	-	other m	iscellane	ous)			Remova	bair	Encapsulate	Enclosure
	Yes	No	N/A									ite	е
basement			X		pipe i	insulation	on	30) LF	X			
										-			
		-											
Name of Registered Waste Hauler		N.	IDED		Ι								
ABS Environmental Services, LLC			JDEP W auler ID		Cubic Y of Wast		Name of F	Register	ed Landfil	1			
		100000	04248		TBD		Minerva	Enter	prises				
City, State Freehold, NJ					Disposa	l Date	City, State						
Completed by					TBD		Minerva						
Sompleted by	Title				Sic	naturo	1	and the state of t					

Signature

A. Scott Higgins

President

Date

9/14/18

JH508	9	1	TON	IFIC.	ATIO	OF AS	ew Jersey BESTOS ABAT C.8:60 and 5:10	EMENT	DEG		\mathbb{V}	E	
Date of Notification (1)	(600)	seenen o			Towns of Green		g Owner/Operator (2)		4.0	0040	1	
/		18			Ra	chel Bac	hman		U L SEP	18	2018		الريا المناه
Agencies Notified	Type Notifica	ation			Stree	t Address							
⊠ EPA	☐ Initial	20						Γ	ASBESTO	S CON	TRO	1.8	
□ DOLWD □ DOH □	Amended Amendme	W. CO. 10502			City,	State, Zip (Code		LIC		G Consess	one	
□ DCA	☐ Emergen		luding	1	Ma	rgate Cit	y, NJ 08402						
(NJAC 5:23-8)	justification	on)			Name	e of Contac	ct .		Telephone Num	ber			
	☐ Cancellat	tion			Ra	chel Bac	hman			N.			
					FA	CILITY IN	FORMATION						
Name of Facility Where A		Taking	Place	(3)				Type of Facility	(4)				
Bachman Residence	e							School (K-1					
Street Address									8 (Other than K-12 private and comme)		ıilding	s,	
City (5)								Square Feet	# of Floors	BI	dg. Ag	ge	
Margate City								1,400	3		80		
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)			
Atlantic								Residence					
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Management & Env	iro. Consul	ting S	Servi	ces			Shade Enviro	onmental, LLC					
Street Address					W		Street Address						
PO Box 341							623 Cutler Av	/enue					
City, State, Zip Code							City, State, Zip Co	ode					
Chesterfield, NJ 08	515						Maple Shade	, NJ 08052					
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		License No.			+ 150	
Bill Weisgarber				6	09-298	3-4070	856-755-0099		00842				
Start Date (10)	5	Schedu	ıled C	omple	etion Da	ate (11)	Name of OSHA N	lonitor					
09 / 24 /	18	_ 09	9_ /	_ 2	6 /	18	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (Check	only o	one)			Street Address						
□ Facility Closed/Vacate	d During Entir	re Peri	od of	Abate	ement		200 Route 13	0 North					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	PM	/	PM		_AM	Cinnaminson	n, NJ 08077					
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re □ De	nova			☐ Mini-Enc ☐ Glovebag	g Procedure	gative Pressure on-Friable Procedu	ıre			
			1000	Loca				A.		Ab	atem	ent T	уре
Location				Norma	ally ely by		Description o			R	70	T.	m
Asbestos-Containing I TO BE ABA		1)	Ma	inten	ance/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit			Cust	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)	val	~	Sul	sure
(13)		-	Vaa	No		-	other miscellane	ous)				ate	,,,
Attic			Yes		-				150 SF				
Attic						Duct Pa	aper		150 5F				
											Ш	Ш	Ш
Name of Registered Was	te Hauler			(1)	NJDEP		Cubic Yards of	Name of Regi	stered Landfill				
Shade Environment	tal, LLC				Hauler I		Waste 1	Atlantic C	ounty Utilities A	Author	ity		
City, State					VETE		Disposal Date	City, State					
Maple Shade, NJ							09/26/2018	Egg Harbo	or Township, N.	J			
Completed By (Print or Ty	rpe)	Title	-				Signature		D	ate			
Christina Lynch		Vi	ce Pr	esid	ent of	Operatio		1	1	2 111	40	}	

		L	Porce	\cap	f") i	The same of			1			_	Pr	int Fo
Choole	1	VOTIFI (P	CATIO	tate of Ne I OF ASB To NUAC	ESTOS	ABATE	MEN 0)	łΤ			G			
Date of Notification (1) 09/11/2018 check#0061				f Building me Hold			(2)				SEP	1 8	3 50	118
Agencies Notified Type Notification X EPA Initial			Street A 45 Es	ddress sex Stre	et					AS	BEST	OS C	ONT	ROL.
DEP Amended X DOL Amendment				ate, Zip Co ensack N		01					L.;	of the Nite	11.473	
DOH justification) DCA Cancellation	ncluding	201		f Contact tian ang	jel		•			lephone No				
			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Taking	Place (3)					Ту	pe of Facility						
Street Address 166 Leslie Street			7-9-				×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than K- & commer	12) cial bui	ldings	hom	es,
City (5) Bloomfield NJ 07003			7.11.11.11.11.11.11.11				0.000	uare Feet 0x50	# 0	f Floors		Bldg. A		
County (6) union				Code (7) USE ONLY)			rrent Use (Pri		ing demolis				
Name of Monitoring Firm Hired by Building C	wner (8)		ASC	A No.			of A	batement Contra	ntractor					
Street Address						Street	Add		201119					
City, State, Zip Code					8-1	City, S	tate,	Zip Code d NJ 07407	,					
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph	one	No.		License	No.	-		
			pletion	Date (11)		Name	of O	9418 SHA Monitor		01301				
09/13/2018 Occupancy Status During Abatement (Check	09/20/2					all So		ions Contra	cting	INC			lest con	
Facility Closed/Vacated During Entire P	eriod of A	batem	ent			24 ch	nurc	ch st						
Abatement Performed Outside of Norm Other – Describe: house under demolitie	al Facility on	Hours						Zip Code d NJ 07407	,					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	enovat emoliti				×××	0	Full Containme Mini-Enclosure Blovebag Prod Non-Exempted	e edure	- 5			9	
	74	Location						von Exemple	() (1)	d Non-i na		Abate	emeni pe	t
Location of Asbestos-Containing Material (ACM)	Used	lormall d Solel	y by	Asbes		scription aining M		ial (ACM)	А	mount	-	1,		
TO BE ABATED In Facility (13)	2001200	ntenar odial S (12)		(i.e.		systems cing, VA niscellan	T, or	-		Specify or LF)	Remova	Repair	Encapsulate	Enclosure
ž 15.	Yes	No	N/A								a		late	ıre
Basement			х		pipe	insula	tion		5	5 LF	X			
	+								· 2		-			
)*						-			
Name of Registered Waste Hauler Atlantic Carting		1000	JDEP Wauler ID		Cubic of Was			Name of Grand (ered Landfi	II T			
City, State Pen Argyl						al Date		City, State		18072				
Completed by LUIS ARCILA	Title presio	dent				ignature		1	,,,,,	D	ate 9/11/	2012		
	1				Ù	Kn	1	8/-	7	7 1		,		

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

Print Form

Chon		NC	Pur	AT/O	Ta <u>lu</u> .	JLA.C.	V Jersey ESTOS ABATE 8 60 and 12:1:	20)	DEC					
Date of Notification (Owner / Operato	r (2)	LI LI SEI	P-18	20	10	lue	2
Agencies Notified	9-14-2018 Type Notific					Buker							1	
☐ EPA	Type Mount	Jallon		Street	i Addr	ess			ASBES	TOS CO	INT	ROL	8.	eminute (T)
DEP	☐ Initia	al		City.	State A	& Zip C	ode		- l.	ICENS	NG			_
□ DOL	☐ Initia	ended		Hamil			.040						2020	
⊠ DOH		ergency		Name	of Co	ntact				Tele	pho	ne N	umbe	er
☐ DCA	☐ Can	cellation		Matt E	Buker		-Co-		-					
					ACILI	TY INF	ORMATION							
Name of Facility Who	ere Abateme	ent is Taking Pla	ce (3)				Type of Facil							
Residence							School (
Street Address								oter 8 (Other th						
							Square Feet	e. private & co					:.)	
City (5)		County (6)	ICc	unty (ode i	7)	1,360	# 01 FI	2	Bldg.	Age	118		
Hamilton		Mercer			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,		(Prior if being o	The second second			110		
							Residence	(, ,,e, ,, ,,e,,,,g, e	.o.monomou					
Name of Monitoring	Firm Hired b	y Building Owne	er (8)		ASC	CM No.		tement Contra						
Health & Safety Serv	rice, Inc							nagement Gro	up, LLC					
Street Address PO Box 365							Street Addres							
City, State & Zip Cod	la .							n Ave, Suite 20	J2					
Berlin, NJ 08009	16						City, State & Trenton, NJ (
Project Manager for	Monitoring F	irm	Talar	hone	Mumb	or	Telephone N		11:	- NI		-		
Mr. James Proctor	om.om.g .			452-13		,01	609-914-427		Licens		1118	5		
Scheduled Start Date	e (10)	Scheduled Con	npletio	n Date	e (11)		Name of OSI	-IA Monitor						
9-28-2018			10-3-	2018	. ,			mental Laborate	ories, Inc					
Occupancy Status D	uring Abater	ment (Check onl	y one)				Street Addres							
		During Entire Peutside of Norma			ement		2333 Route 2							
8:30am - 5:30		utside of Norma	Hour	S			City, State &	Zip Code						
Describe:							Union, NJ 07	083						
☐ Facility Occu														
Scope of Work (Ched	ck all that ap	ply)												
≥3 sf or ≥3 lf			\boxtimes	Don	ovatio			⊠ Full Co	ntainment with	Negat	ve F	ress	ure	
≥160 sf ≥260					nolitio				nclosure Bag Procedure	ie.				
						38		☐ Non-Ex	cempted and N	lon-Fria	ble	Proc	edure	9
	cation of		0.000	Locati			Description		Amoun		Aba	teme	ent T	уре
	os-Containir erial (ACM)	ig		nally l olely l			Asbestos-Cor Material (A		(Specify SF or LF				m	
	E ABATED			tenan			(i.e., thermal s		SI OI LI	'	Re	Z	nce	Enc
in	Facility		Cust	odial S	Staff?		insulation, surface	cing, VAT			Remova	Repair	psı	Enclosure
	(13)			(12)	NI/A		or other miscell	aneous)	1		<u>a</u>	=	Encapsulate	ure
Attic			Yes	No	N/A				1.50.05				0	
Attic-under flooring			H		\boxtimes	Vermi			450 SF 140 SF			님	님	H
ritto ander nooring			H	H	H	veimi	cuite		140 SF	-+		井	片	H
										-	H	Ħ	H	H
Name of David	87							-1						
Name of Registered	Waste Haule	er			DEP \ uler ID	Vaste	Cubic Yards of Waste	Name of Reg	istered Landfil	1				
Resource Manageme	ent Group, L	LC		10000000	35218		TBD	Grows Landfi	H					
City, State							Disposal Date	City, State						
Trenton, NJ							TBD ,	Morrisville P	A] [
Completed By (Print	or Type)			Titl	-		Signature	- 1/-	1/01/1		ate			
Mr. Brian J. Haney				Pre	esiden	t	9) 1/1	1 1	L// W // 1	9-	14-2	018		
							11/11/	1 4	WILLY /					

Charle

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

CED 10 2010

Date of Notification	•						Owner / Operator	(2)		SEP	18 20	Ö	Same.	4
Agamaiaa Natifad	9-14-2018			Ralph	TWO IS NOT THE OWNER.					PAT THE INCIDENT A SECOND	Section of the Section of			1
Agencies Notified EPA	Type Notifica	ation	13	Street	Addre	ess				ASBESTOS	S CONTR			V. 112
DEP		1	10	City S	state 8	Zip C	ode		D. Province and	LIGE	NS:NG	taning att to	Alien of the same	
□ DOL	☐ Ame			Ocean			-							
□ DOH	No. of the last of	rgency	1	Vame	of Co	ntact					Telepho	ne N	umbe	er
☐ DCA	☐ Cano	cellation	10	Caroli	ne Wa	atts	5.1							
	1			F	ACILIT	TY INF	ORMATION				1			
Name of Facility Wh	ere Abateme	nt is Taking Plac	e (3)				Type of Facilit			D			-13-00/1000	
Residence							School (K	100 100 1 00						
Street Address							Subchapt Subchapt					0000 00 0 00		
							Square Feet		& commer of Floors	cial buildin	Annual Control of the		:.)	
City (5)		County (6)	Co	unty C	ode /	7)	1,752	1	2		Bldg. Ag	80		
Ocean City, NJ		Cape May	100	unity C	Jouc (' /	Current Use (I	Prior if he		ished)		00		
0.00		Capo may					Residence	11011100	ang demoi	ioricu)				
Name of Monitoring	Firm Hired by	y Building Owner	(8)		ASC	CM No.	Name of Abat	ement Co	ontractor (9	9)				
Health & Safety Sen	vice, Inc						Resource Mar		t Group, L	LC				
Street Address							Street Addres							
PO Box 365							2115 Hamilton		ite 202					
City, State & Zip Co Berlin, NJ 08009	de						City, State & Z Trenton, NJ 0	200						
Project Manager for	Monitoring F	irm [Telep	hone	Numb	er	Telephone Nu	ımber		License	Number			
Mr. James Proctor				152-13			609-914-4279				0118	35		
Scheduled Start Dat 9-27-201		Scheduled Comp	pletio 9-28-2		e (11)		Name of OSH J&S Environm			Inc				
Occupancy Status D	Ouring Abaten	nent (Check only	one)				Street Addres							
		During Entire Per			ement		2333 Route 2							
		utside of Normal	Hours	3			City, State & Z	Zip Code						
8:30am – 5:3 Describe:	Opin						Union, NJ 070	102						
	upied During	Abatement					onion, No ore	703						
Scope of Work (Che									PRODUCTION OF THE PRODUCTION					
										ment with i	Vegative	Press	sure	
≥3 sf or ≥3 l ≥160 sf ≥26	5		\bowtie		ovatio				ini-Enclosu					
☐ ≥160 sf ≥26	UII		Ц	Den	nolitio	n				rocedures ted and No		Proc	edure	2
L	ocation of	1	Is	Locati	ion	T	Description		J. Z.O.	Amount		atem		
	tos-Containin	ng		mally t			Asbestos-Con			(Specify		T	I .m	
	terial (ACM) BE ABATED			olely b tenan			Material (AC (i.e., thermal sy			SF or LF)	- R	न	nc	四四
	n Facility			odial S			insulation, surfac				Remova	Repair	Encapsulate	Enclosure
	(13)			(12)			or other miscella				Va	=	ula	Sure
The state of the s			Yes	No	N/A								te	"
Attic Steps					\boxtimes	Pipe	nsulation		12-	15 LF				
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			+			-					ᆜ님	+=	H	H
											᠆┼	卄	ዙ	片
Name of Registered	ame of Registered Waste Hauler						Cubic Yards of	Name o	f Register	ed Landfill			1 —	1 —
	-						Waste							
Resource Managem	nent Group, L	LC		00	35218	3	TBD	Grows L						
City, State Trenton, NJ							Disposal Date	City, Sta Morrișvi						
Completed By (Print	t or Type)			Tit	le		Signature	1-1-	1		Date			
Mr. Brian J. Haney	,,,,,,			14 15 15 15 15 15 15 15 15 15 15 15 15 15	esider	nt	979M	\wedge	10/1/1		U 15 15 50 50 150	-2018		
				1			1/101	()	THE P	-				

(H34	141	N	011				BESTOS ABAT C 8:60 and 5:1			1			the Procure of the
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	111 5	EP 1	8 8	018	
		18	72		Ed	a Delmar	1		13	19	2-	7	-Birchados*
Agencies Notified	Type Notific	ation			Stree	t Address			ASEE	STOS	CON	TRO	1.8
⊠ EPA									To the second control of the second	LIGEN	SIM) Silvenene,	
⊠ DOLWD	Amended				City, S	State, Zip (Code						
☑ DOH ☐ DCA	Amendm Emergen	account of the same	dina		Tor	ns River	, NJ 08757						
(NJAC 5:23-8)	justificati		unig		Name	of Contac	t .		Telephone Nur	mber			
,	☐ Cancella	tion			Eda	a Delman	1	-					
					FA	CILITY IN	FORMATION						
Name of Facility Where	Abatement is 7	Taking P	lace	(3)				Type of Facility (4	4)				
Residence								School (K-12)					
Street Address								Subchapter 8	(Other than K-1	12)			
								Other (i.e., pri homes, etc.)	vate and comm	erciai b	uliain	js,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Toms River								1500 sf	1		70	-	
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Ocean							400	Residence					
Name of Monitoring Firm	Hired by Build	ding Own	ner (8	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A							Guardian Co	ntracting, Inc.					
Street Address			- Cittle				Street Address						
							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode		33-91			
							Toms River,	New Jersey 087	55				
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.	3	License No.				
							732-349-9932		00624				
Start Date (10)		Schedule		commission in			Name of OSHA M						
09 /27 /	18	10	_ /	01	_ / -	18	E.M.S.L. Ana	lytical					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate							1056 Stelton						
☐ Abatement Performed Time of Abatement: _	Outside of No	ormal Fa	cility	Hour	s - Des	cribe AM	City, State, Zip Co	ode					
						Zivi	Piscataway, I	New Jersey 088	54				
Scope of Work (Check al	I that apply)						□ Full Cont	rainmant with No.	D				
≥3 sf or ≥3 lf			Ren	novati	on		☐ Mini-Enc	ainment with Nega losure	ative Pressure				
≥160 sf or ≥260 lf		\boxtimes	Den	nolitio	n		Glovebag	Procedure	E:				
			le l	Locat	ion	Т	☑ Non-Exe	mpted (*) and Non	-Friable Proced				
Location	of		N	lorma	ly		Description o	f			atem		T
Asbestos-Containing		1)		d Sole			stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABA IN Facili				odial ((i.e	 thermal systems i surfacing, VAT, 		(Specify	VOD	air	aps	losu
(13)	9			(12)			other miscellane		SF or LF)	<u>m</u>		Encapsulate	Ге
		Y	es	No	N/A							е	
exterior]	\boxtimes		asbesto	os siding		1500 sf				
#1												П	
			1	П						1		П	
			+		П	-							H
Name of Registered Was	te Hauler		1		JDEP \	Manta	Cubic Varda of	No.	11 100			Ш	Ш
Guardian Contracti				1.50000	auler II		Cubic Yards of Waste	Name of Registe	ered Landfill				
City, State					20223		3	T.R.R.F.					
Toms River, New Je	reov						Disposal Date	City, State					
		1		5969			10/01/18	Tullytown, F	Pennsylvania			į.	
Completed By (Print or Ty	/pe)	Title					Signature			Date /	1		
Nicholas Fernicola		Proj	ect	Mana	ager		1	.t. 1		9/1	4/1	.5	

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

Data of Notification (4)									L KX	4	1/)(16	八)	
Date of Notification (1) 9/14/18					of Building By Coope		er/Operator	(2)	gl.oper	JE	1	9 [Ē [
	pe Notification				Address	=1)]	, (J	5 1	l W
X EPA X DEP X DOL	Initial Amended Amendment	#		City, St	ate, Zip Co					The state of the s		SI	EP-	18	201
DOH DCA	Emergency justification) Cancellation	,		Korin	of Contact a Down					Telephone 973-832			STO	S C(NTR NG
Name of Facility Where Abat	tement is Takin	g Place (3	3)	FAC	ILITY INFO	ORM.	ATION	т.	ype of Facility (4	2.76500	the specifical	at work	-0.00	4-11	CASSISTA
home		9 . 1400 (-,					-	School (K-12						
Street Address								×	Subchapter 8	(Other than		build	lings,	hom	es,
City (5) West Orange									quare Feet 200	# of Floors	3	B 6	ldg. A	\ge	
County (6) Essex					Code (7) USE ONLY)	_		h	urrent Use (Prior ome		nolished	i)			
Name of Monitoring Firm Hire	ed by Building (Owner (8)		ASCI	M No.		ABS	Er	Abatement Cont nvironmental		LLC				
Street Address							Street		dress x 483, 4 E Ga	ate Drive					
City, State, Zip Code							City, S	tate	e, Zip Code ood, NJ 0741					<u>1/2</u>	
Project Manager for Monitorin	ng Firm			Telepho	ne No.		Teleph 973-7		e No. 4-2276	Licen:	se No.				
Start Date (10) 9/27/18		10/8/18	3	npletion	Date (11)		Name	of C	OSHA Monitor						
Occupancy Status During Aba	atement (Check	k Only On	e)				Street	Ado	dress				-	÷	
Facility Closed/Vacated Abatement Performed O Other – Describe:	During Entire P Outside of Norm	Period of A al Facility	Abaten Hours	nent			City, St	tate	e, Zip Code						
Scope of Work (Check All Tha	at Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Personal Control of the Control of t	enova emolit				×		Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (dure				2	
		Is	Locati	on					Zaompiou () and reon i	riable i		Abate	ment	
Location of Asbestos-Containing Mate	arial (ACNA)		lormali d Sole				Description	of			_	_	Ту	pe	_
TO BE ABATED In Facility (13))	Mai Custo	ntenar odial S (12)	nce/	Asbest (i.e. t	herm: sur	entaining Mal al systems facing, VAT r miscelland	ins 「, o	sulation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
ation		Yes	No	N/A		222				_				te .	W
dining room				X	Ce	eiling	g & wall p	la	ster	400 SF	X	+			
					6										
Name of Registered Waste Ha	auler		N.	JDEP W	aste	Cub	ic Yards		Name of Re	egistered Lan	dfill				
ABS Environmental Serv	vices		H	auler ID 04248	12000	of W	aste /			Enterprise:					
City, State Freehold, NJ						Disp	osal Date		City, State Minerva,	OH					
Completed by A. Scott Higgins		Title Presid	dent				Signature		//		Date 9/14/	/12	The San		
		10 2000000000							11	_	0/ 14/	10			

NOTIFICATION OF ASBESTOS ABATEMENT Check #2374 (Pursuant to N.J.A.C. 8:60 and 12:120)

	=8										\ F	G	FI	I DU	
Date of Notification	(1)			Nam	e of B	uilding	Owner / Operat	or (2)			F	<u> </u>	5	\V	1
	09/12/2018			Hag	gan E	Enter	prises			115					
Agencies Notified EPA	Type Notific	ation		Stree	et Add	ress						SEP	1 0	201	Q
DEP	│	r.		-		ood .				hed by	1	ULI	1 0	CUI	0
DOL	☐ Initia					& Zip					-	-	Cassomo	-	
☑ DOH		rgency				ontact	J 08736					ESTO			
DCA		cellation		II SHOW AND AND	d Ha					(Appropriate Spirit	1000	elépho	water to be a series		er
										, i	6	09-43	9-85	11	
Name of Facility NAM	A1 .			FA	CILI	TY IN	FORMATION								
Name of Facility WI Residence	iere Abateme	ent is Taking I	Place	(3)			Type of Fac								
Street Address	-						School		O41 41-	(< 40)					
										an K-12)		or termina			
							Other (i Square Feet		# of Flo	mmercial bui				etc.)	
City (5)	W	County (6)	C	ounty	Code	(7)			# 01 110	ors	Big	dg. Ag			
Manasquan		Monmouth		ounty	oouc	(1)	3,000 Current Use		heina d	Z lomoliphod)			50÷		
		,outilloutil					Residence		being u	emonsneu)					
Name of Monitoring	Firm Hired b	v Building Ow	ner (8	3)	IAS	CM No			Contrac	etor (0)					
V122		,	(0	,	1.0	O.W. 140	Alpha Envi								
Street Address							Street Addre								
011 01 1 0 71							P O Box 82	297							
City, State & Zip Co	de						City, State &								
Project Manager for	Monitorina	1	I= .				Trenton No)						
1 Toject Wallager lor	Monitoring F	irm	I ele	phone	Num	ber	Telephone N			Licens	se Nu				
Scheduled Start Dat	re (10)	Scheduled Co	mnleti	on Da	to (11	1	609-847-29 Name of OSI		itaa			0122	.2		
09/21/201		09/26/2018	piot	on Du	(11	,	EMSL Anal		itoi						
Occupancy Status D	uring Abaten	nent (Check o	nly or	ne)			Street Addre								
Facility Clos	ed/Vacated D	During Entire F	Period	of Ab	ateme	ent	200 Route	130 No	rth						
	Performed Ou	utside of Norm	al Ho	ours –	7am t	o 3pm	City, State &	Zip Coc	de						
Describe:							Cinnamins	on NJ	08077						
Scope of Work (Che	pied During	Abatement													
ocope of work (Cite	ck all that ap	piy)							Eull Con	tainmant wit	th NI.		D		
≥3 sf or ≥3 lf	į.		\boxtimes	Ren	ovatio	on			Mini-End	tainment wit	ın iveç	gative	Pres	sure	
X ≥160 sf ≥260) If		H		nolitio					ag Procedur	'es				
										<u> </u>		-2-2-1-1-2	Б.		
Lo	cation of		Is	Locati	on	ſ	Description		NOTI-EXE	mpted and I		7	teme		_
	os-Containing	J		mally l			Asbestos-Con			(Specifi		And	iteme	III I y	he
	erial (ACM)			olely b			Material (A			SF or LF				ш	
	E ABATED Facility			itenan			i.e., thermal si insulation, surfac	ystems	_			Ren	Re	ncar	incl
	(13)		Cust	(12)	naii:		or other miscell					Remova	Repair	Encapsulate	Enclsoure
	**************************************		Yes	No	N/A			ancous)	'			<u>B</u>		ate	ře
Interior			П		П		Textured P	oint		2.000					\vdash
					ш		rextured F	allit	-	3,000			\Box	니	ш
Name of Registered	Waste Haule	г		NJI	DEP V	Vaste	Cubic Yards	Name	of Regis	stered Landf	fill				\neg
C!'				Ha	uler ID		of Waste								
Guardian				202	223		25	Grow	s Land	fill					
City, State							Disposal Date	City, S	tate						\neg
Toms River NJ							Various	Morris	sville, F	٥Δ					
Completed By (Print	or Type)			Title	2		Signature	INIOTIE	oville, F	М	- Ia	Dot-			_
Rod Richardson	7,50			1	ject		-	9				Date 09/1 :	2120	110	
					nage	r	Rod Richa	ndson			1	J31 1	2120	10	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

(D)r	EG	E		V	E	Ī
	SEP	1	8	2018		

noch	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)										SEP	18	20	18			
Date of Notification (1)			Name	of B	uilding	Owner / Operator (2) ASBESTOS CONTROL											
09/17/20	18			Sunoco Partners Marketing & Terminals, LPEagle Point Facility										IUL &			
Agencies Notified Type Noti	AND DESCRIPTION OF THE PARTY OF		Street	Add	ress	or marketing	or rem	iiiiais, i	_rEagle	POIM	rac	HIEY	A STOLETON	MODE TO LEA			
⊠ EPA			1250	Cro	wn Po	oint Road											
1 == 1	tial	Code				-											
	nended #2					8093											
The state of the s	nergency incellation		Name Ron					i i			Telephone Number						
Nome of Facility William At 1			FA	CILIT	Y INI	FORMATION											
Name of Facility Where Abatement is Taking Place (3) Eagle Point Facility							ility (4)										
Street Address						School		011 11									
1250 Crown Point Road						Subcha	pter 8 (Other tha	in K-12)	r e	10.000						
The country of the House						Square Feet		# of Floo	nmercial buil				etc.)				
City (5)	County (6)	ICo	ounty C	Code	(7)	n/a		# 01 F100		Bio	lg. Ag						
Westville	Gloucester		Juney C	Jouc	(,)	Current Use		f heina de	n/a			n/a					
	0.0000000					Commerci		i being di	emonsnea)	Jiisiiea)							
Name of Monitoring Firm Hired	by Building Ow	ner (8)	IASC	CM No			Contrac	tor (0)	***************************************		Marian page	-				
N/A	,	(-,		1	2101 1 20		Name of Abatement Contractor (9) Alpha Environmental										
Street Address						Street Addre		711001									
011 01 1 0 71 0						PO Box 82	97										
City, State & Zip Code						City, State &											
Project Manager for Monitoring	. Eirm	Tale	-b	NI 1			Trenton, NJ 08650										
Toject wanager for wormoning	onone	Telephone Number [609-847-2956]							License Number								
Scheduled Start Date (10)	Scheduled Co	mpletic	on Dat	e (11)	1	AND THE RESIDENCE OF THE PARTY	609-847-2956 01222 Name of OSHA Monitor										
5/17/2018	01/31/2019	p.o	on Duc	O (11)	,		ALPHA Environmental										
Occupancy Status During Aba	tement (Check o	nly on	e)	ethienmine.	With Miles and Street	-	Street Address										
Facility Closed/Vacate						PO Box 82	97										
Abatement Performed	Outside of Norm	al Ho	urs - 7	am to	o 3pm	City, State &	Zip Cod	de									
Describe:						Trenton NJ	Trenton NJ 08650										
Facility Occupied During Scope of Work (Check all that	ig Abatement																
Scope of Work (Crieck all that	appiy)							F. II O 4	!			_					
≥3 sf or ≥3 lf		M	Reno	ovatio	n			Mini-Enc	ainment with	n Neg	ative	Pres	sure	,			
≥160 sf ≥260 lf			Dem	olition	1				iosure ig Procedure	20							
				Z 0.010 2 ag 1 1							oted and Non-Friable Procedure						
Location of		Is	Locatio	าก		Description		Non-Exe	Amount		1						
Asbestos-Contain	ing		nally U				Asbestos-Containing (Special										
Material (ACM)			olely b			Material (A	Material (ACM) SF of						Ш				
TO BE ABATED in Facility	<u>)</u>	In the second second	tenano			(i.e., thermal s					Remova	Re	Encapsulate	Enclsoure			
(13)		Cust	odial S (12)	tan?			sulation, surfacing, VAT r other miscellaneous)					Repair	lusc	nos			
		Yes		N/A		or other miscen	other miscellaneous)						ate	re			
Pipe Rack (Central Ave to	Powerhouse)					Pipe Insula	Pipe Insulation 3500If										
						Cubic Yards of Waste						Landfill					
Service Transport Group 00033330						100	20 N 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2										
City, State						Disposal Date	City, S							-			
New Castle DE						various											
Completed By (Print or Type) Rod Richardson			Title	ject	Wellis Edwin 1919	Signature					Date						
NOU KICHAROSON	6	God Shot order															
						100	cero	vov ,	UNUSI								

State of New Jerse

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

D 1 - (N 1'S 1' 11)			_	I							111 51	-418	3 21	118	111			
Date of Notification (1)			- 1	Name of Building Owner / Operator (2)						1			- 4	.0	loms			
	0/2018			Richard O Vinino Jr Esq.							ASSESTOS CONTROL &							
⊠ EPA	e Notification			700 Boston Blvd								HOENS LICENS	ONT	ROL	&			
DEP E				City, State & Zip Code Seagirt NJ 08750														
⊠ DOL □	Amended																	
□ DOH □ □	Emergeno Cancellati		- 4			ontact					- 1	170		e Number				
	J Cancellati					inino												
Name of Facility Mhass	A b = 4 = 4 :-	T-Li- Di		FA	CILIT	Y INF	ORMATION											
Name of Facility Where Residence	Abatement is	raking Pia	ice (3)			Type of Facil											
Street Address				Subchapter 8 (Other that							an K-12)							
								Other (i.e. private & commercial buildings, homes, etc.)										
							Square Feet		# of Floo	ors	E	ldg. Ag	е	Э				
City (5)	Cou	inty (6)	Co	unty (Code	(7)	750			2			50+					
Manasquan	Mo	nmouth					Current Use	10-11-11-11	f being d	emoli	shed)							
	100						Residence											
Name of Monitoring Firm Hired by Building Owner (8					ASC	CM No												
Street Address							Alpha Envi		ental LL	.C								
01100171441000							P O Box 82											
City, State & Zip Code								City, State & Zip Code										
							Trenton NJ	Trenton NJ 08650										
Project Manager for Monitoring Firm Telepho					Numb	oer	Telephone N 609-847-29											
Scheduled Start Date (10 09/19/2018		duled Com 0/2018	pletic	on Dat	te (11))	Name of OSI EMSL Anal		nitor									
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement							Street Address											
Facility Closed/V Abatement Perfo							200 Route 130 North											
Describe:	imed Outside	e or ivormal	ПОІ	urs – i	am to	o spm	City, State & Zip Code Cinnaminson NJ 08077											
Facility Occupied	During Abat	ement					Cimamins											
Scope of Work (Check a						****												
D >0 -f>0 /f			5 7	_							ent with N	egative	Pres	ssure				
≥3 sf or ≥3 lfX ≥160 sf ≥260 lf			\bowtie		ovatio	0.00			Mini-End									
A 2100 SI 2200 II				Den	nolition	1				T	ocedures							
Location	f		1- 1	4.			- · · ·		Non-Exe		d and Non Amount		Friable Procedure					
Location Asbestos-C				Locati nally U				Description of Asbestos-Containing				Aba	Abatement Type					
Material				olely b				Material (ACM)			Specify F or LF)			ш	_			
TO BE A		178		ntenance or				(i.e., thermal systems				Rer	20	Encapsulate	Enclsoure			
in Fac (13		(Justo	odial S (12)	statt?		insulation, surfactor or other miscella					Removal	Repair	nsd	lsou			
(10	,	,	Yes	No	N/A		or other miscen	aneous	"			<u>a</u>		late	Ге			
Exterior							Siding 7				SF							
								T.			3.52)							
Name of Registered Waste Hauler					DEP V uler ID		of Waste	Cubic Yards Name of Registered Landfill										
					223	. 110.	20	Grows Landfill										
City, State					200		Disposal Date	City, S		41111								
2							**************************************											
Toms River NJ	uma)			777.41			Various	Morri	isville, I	PA		15 :						
Completed By (Print or T Rod Richardson	ype)			Title	e oject		Signature					Date	010	040				
Nou Richardson				1000	nage	r	Rod Richa	rdse	V/4.			09/1	UZ	JIO				

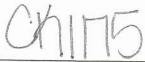
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Bursuant to NJAC 8:60-7 and 12:120-7)

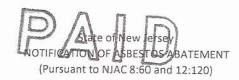
Date of Notification (1)			Na	Name of Building Owner/Operator (2)								E	П	11/1	
9/15/2018				Scott Friedman									W		
Agencies Notified	Type Not	ification	St	Street Address									97		
[]EPA	[X]Ini	tial			A CONTRACTOR		SFI	0 1	8 2	2018					
[]DEP	No	tification	Ci	ty, Sta	te, Zir	1.1	La	ULI	_	0 1.	.010				
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[]DCA	[]EME	RGENCY		Name of Contact Scott Friedman										and the state of	
	[]Can	cellation													
						INFORMATION									
Name of Facility Whe		ment is Ta	aking	Place (3)		Typ	e of Faci	lity (4)	1330 p. 1455					
Scott Friedma	n							[]School							
Street Addres								apter 8 (C							
	27	\(\frac{1}{2}\)	0						(i.e., probuildings						
				40.			Squa	are Feet	# of E			Ldg.			
CITY (5		Count	y (6)	Essex		unty Code (7)									
South Orange		17.	2022			TATE USE ONLI	Cur	cent Use	(Prior if	beir	g de	moli	shed)	
Name of Monitoring F	irm hire	Esse		2004 27-		Tt									
Owner (8)	TIM HITTE	DY BUILD	ung	ASCM No		Name of Abat AZTECH									
N/A Street Address							20222	GEMEN.	r, inc	•					
orreer address						Street Addre		ham C	_						
City, State, Zip Cod						86 Chri			L.						
city, state, Zip Cod	е					City, State,			1/12						
Project Manager for	Moni toni	- Ti	m - 1 1			Montcla		10 070	742						
Project Manager for Monitoring Firm Telepho					ber	Telephone Nu (973) 74		00		License Number 00371					
Sahadulad Start Data					U	037	Τ								
Scheduled Start Date 9 27 1	L8	Sched. Con	mplet:	ion Date		Name of OSHA									
Month Day Ye	ar	Month	Dav	Yea		N/A									
Occupancy Status Dur	ing Abate	ment (Che	ck on	Lv one)	-	Street Addre	ss	7 10 - 3							
[X]Facility Clos of Abatement	:														
[]Abatement Per Hours - Descr	formed Ou	tside of	Norma	l Facili	ty	City, State,	Zip C	ode			War III				
[]other - Descr	ibe: «Othe	r Occupan	cy De	script»											
Scope of Work (Check						Ш									
[X]>3 sf or :			F *** 7 ***	272					ith Negat:	ive P	ressu	ire			
[]>160 sf o			E-1	enovatio emolitio		[X]Mini [X]Glov		sure rocedure							
				1.00 400 400 to 10.00		45 mil 5 mil 1 mil		e Procedi	ure						
Location	of		Loca	Is ocation Descriptio							Aba	Abatement Typ			
Asbestos-Cont			Norm	ed _			Asbestos-Containing				R	R	N N	N	
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In Facili			tenar		in	(i.e., therma sulation, sur			SF o		A O	A	P S	o s	
(13)	Staff	(12)	10 5-0-00	or other misc			10000		A	R	T L	U R			
Basement	s No	N/A X	Dine	Insulati	ion	on 150LF X					•	E			
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			-	_							-		_		
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AZTECH MANAGE			Haule	ID No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Waste 1.5		ri- St		narii	.1				
City, State			1704	±0		manal Data									
Montclair, NJ	07042				91 88	posal Date 0/1/18	1	, State	NV 10	471					
, 210	J. V 12				1				NY, 10	2/4					
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Constantine Vi	By (Print or Type) Title Signature ntine Vivian President							: //		1	/15/	2018			

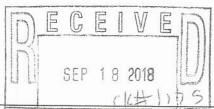
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Date of Notification (1)			(8, 11.11 <u>c</u>	Name	e of Buildin	a Owner/	Operator	(2)	-					-32000
	14 / 18	3			l Fadlalla			/			SEP	18	50	18
Agencies Notified	Type Notification			Stree	t Address							-	-	
☐ EPA ☑ DOLWD	Initial									ASE	ESTO	SCC	ITAC	ROL.
☑ DOEWD	Amended Amendment #			City,	State, Zip (Code						HINS	MICS.	DOMESTICAL DESCRIPTION OF THE PERSON OF THE
DCA	☐ Emergency (in		- a	Hawt	horne, NJ	07506								
(NJAC 5:23-8)	justification)		3		of Contac				Te	lephone Num	ber			
	☐ Cancellation			Jeralo	l Fadlalla				3					
				FA	CILITY IN	NFORMA	TION					300		
Name of Facility Where A	Abatement is Takin	g Place	(3)					Type of Facility	(4)					
Private house								School (K-1						
Street Address								Subchapter	8 (Oth	ner than K-12				
								Other (i.e., homes, etc		e and comme	rcial bu	iilding	IS,	
City (5)								Square Feet		of Floors	RI	dg. A	ae.	
Hawthorne, NJ 07506								Oquare reet	"	01110015	Di	ug. A	ge	
County (6)				Cour	nty Code (7)	(STATE II	SE ONLY)	Current Use (P	rior if	heing demoli	shod\	See all		
Passaic				000.	ity bodo (//	(OINIE O	OL ONE I)	Current Ose (F	1101 11	being demon	Sileu)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No	I Nama	of Abotom	ent Contractor (9	11					
3.5	,		1.57	ricom	140.	\$100 may 50		ent Contractor (s	1)					
Street Address	-					Gr Tec	Address							
200000 14 00 7000 000 000 000 000 000 000 000 00						Destroy South		12.02						
City, State, Zip Code							Iley Rd # ate, Zip C							
						100000								
Project Manager for Moni	torina Firm		Tel	ephone	No	Telepho	, NJ 074	70	Ti	icense No.				
	9		100	prioric	140.									
Start Date (10)	Schei	duled C	omple	tion Da	ite (11)	973-63 Name (of OSHA N	Annitor	01	127		-		
09 /28 /		09 /			18	Enviro	vision Co	onsultants,Inc						
Occupancy Status During						Street A	Address							
□ Facility Closed/Vacate □ Abatement Performed	Outside of Name	riod of	Abate	ment	4	20-21 V	Vagaraw	Road, Bldg .#	35E					
Time of Abatement:	AM- p	ı Facilit M/	y Hou PM	rs - Des	AM	City, St	ate, Zip C	ode						
					7 (10)	Fair La	wn, NJ 0	7410						
Scope of Work (Check all	that apply)					H	Clean u	p and decontami	nation	with negativ	e press	ure		
>3 sf or >3 If > 160 sf or >260 If		⊠ Re	novat	ion		×	Mini-End	tainment with Ne losure	gative	Pressure				
		☐ De	emoliti	on		\boxtimes		g Procedure				ure		
		7 7	Loca	ion			Non-Exe	mpted (*) and No	on-Fria	able Procedu		1	-	
Location	of		Norma			Do	scription o	Ç.			Ab	ateme	ent T	ype
Asbestos-Containing N	Material (ACM)		ed Sole		Asbes			terial (ACM)		Amount	Re	Repair	En	E
TO BE ABA IN Facilit			intena todial	Staff?		., therma	systems	insulation,		(Specify	Removal	pai	aps	Enclosure
(13)	.y		(12)	otan.			cing, VAT niscellane			SIF or LF)	Val	~	Encapsulate	ure
		Yes	No	N/A	1	OLITOI 1	moconano	oday					é	
Basement				×	Pipe inst	ılation			80 L	F				
Basement				\boxtimes	Boiler in	sulation			40 S	 F	×			
											П	П	П	П
											T			H
Name of Registered Wast	e Hauler	-	NJI	DEP Waste	Hauler ID No.	Cubic Ya	rds of Wast	e Name of Regi	stered	Landfill				
Gr Tech LLC			(003378	25	TBI)	T.R.R.F. Inc						1
City, State				,03310	,,,	Disposa		City, State						_
Wayne, NJ 07470									۸					
Completed By (Print or Ty	pe) Title	9				TBI	nature /	Tullytown, P	A	15	ate			
						Sig	11	which wena.	0					
N.Jevtic ASB-41	Ow	ner					//e	wic wena	of	09	/14/18			

MO#25131059370		NOT	IFIC,	AT OI	otate of NOF AS	New Jersey BESTOS ABA AQ 8:60 and 5:	TEMENT	DE	CEIN	
Date of Notification (1)				Name	of Buildir	ng Owner/Operator	(2)		000 40 00	1.400
	15	3		Jim D)ietz			I had Land	SEP 18 20	18
Agencies Notified	Type Notification				t Address					
☐ EPA						y.		ASB	ESTOS CONTR	ROL
DOLWD	Amended			City.	State, Zip	Code		Thomas and the same of the sam	LICENSING	THE COURT
DHSS DCA	Amendment #			20000000	nit, NJ 07					
(NJAC 5:23-8)	justification)	iciuainę	}		of Conta			Telephone Nun	nber	
	☐ Cancellation			Jim D	Dietz				ANTERIO.	
						NFORMATION			•	
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility	(4)		
Private house							School (K-1			
Street Address								8 (Other than K-1 :		
							homes, etc.	private and comme	rcial buildings,	
City (5)		-					Square Feet	# of Floors	Bldg. Age	
Summit, NJ 07901									""	
County (6)				Cour	nty Code (7)	(STATE USE ONLY)	Current Use (P	I rior if being demoli	ished)	_
Union								16 2 8 / 1657 (8.1	5 00.0	
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9	1)		
					22	Gr Tech LLC		ž.		1.7.2
Street Address			-			Street Address				
						576 Valley Rd	#283			
City, State, Zip Code						City, State, Zip C				
						Wayne, NJ 074	70			
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.		
						973-638-1777		01127		
Start Date (10)					18 18	Name of OSHA I				
Occupancy Status During						Street Address				
Facility Closed/Vacate	ed During Entire Pe	riod of	Abate	ment		20-21 Wagaraw	Road, Bldg .#	35E		
Abatement Performed Time of Abatement:	Outside of Norma AM- p	Facilit	y Hour PM	s - Des	scribe	City, State, Zip C				
		1013			_AIVI	Fair Lawn, NJ (7410			
Scope of Work (Check al	I that apply)							nation with negativ	e pressure	
>3 sf or >3 If 2 160 sf or >260 If		⊠ Re	novati	on		Mini-En				
$\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$		☐ De	molitic	n		Gloveba	ng Procedure	Tent with Negative	e Pressure	
		1 10	Locat	ion	T	☐ Non-Exe	empted (*) and No	on-Friable Procedu		
Location			Norma			Description	of		Abatement T	Ť
Asbestos-Containing			d Sole			stos Containing Ma	aterial (ACM)	Amount	Encapsulate Repair Removal	Enclosure
TO BE ABA		1 100000	todial :		(1.6	e., thermal systems surfacing, VAT		(Specify SIF or LF)	apsi pair nov	losu
(13)	11.5		(12)			other miscellane		Sil of Li')	ulate	le.
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Basement				\boxtimes	Pipe ins	ulation		115 LF		
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	Name of the last o									
06			Щ		<u> </u>		- p			
Name of Registered Was	ste Hauler		NJE	DEP Waste	e Hauler ID No	. Cubic Yards of Was	te Name of Regi	stered Landfill		
Gr Tech LLC				03378	35	TBD	T.R.R.F. Inc			
City, State						Disposal Date	City, State			
Wayne, NJ 07470					<u></u>	TBD	Tullytown, P	Α		
Completed By (Print or T	ype) Title	9				Signature	A .	D D	ate	
N.Jevtic	Ow	ner	The Dagger of the] /	Peute Weno	09	9/15/18	
ASB-41										

Check#3166 (Pursuant to NOAC Date of Notification (1) Name of Building Owner/Operator (2) 18 2018 Liz Demaree Type Notification Agencies Notified Street Address ASBESTOS CONTROL & ✓ Initial □ EPA **⋈** DOLWD ☐ Amended City, State, Zip Code Amendment # X DHSS South Orange, NJ 07079 ☐ Emergency (including □ DCA justification) Name of Contact Telephone Number (NJAC 5:23-8) Cancellation Liz Demaree FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Bldg. Age City (5) Square Feet # of Floors South Orange, NJ 07079 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 09 / 27 / 18 09 / 28 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-__PM/ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >2 Mini-Enclosure Renovation Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure ≥ 160 sf or >260 lf Demolition Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Amount Asbestos Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify Custodial Staff? SIF or LF) surfacing, VAT, or IN Facility (12)(13)other miscellaneous) N/A Yes No XBoiler insulation 30 SF Garage П П NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler TBD T.R.R.F. Inc 0033785 Gr Tech LLC Disposal Date City, State City, State Tullytown, PA TBD Wayne, NJ 07470 Date Completed By (Print or Type) Title Signature ewic wenad 09/14/18 N.Jevtic Owner







	of Notification	(1)			Name	of Buildin	g Owner/Operator (2)	-		ACDEC	TOO OOLUGO	T C	200000		
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1	ncies Notified		tification		Street	Address	37-27/ctrostee b-3-27-6-t			handring married makers	e international substitution in a communication of	-	post on a	-	
	EPA	X	Initial						*						
	DEP		Amended		1	tate, Zip Co									
X	DOL		Amendment #				NJ 07087	200							
-			_Emergency (including		Name	of Contact				Telephone Numbe	er				
X	DOH	_	justification)		Dian	a Gome	Z								
	DCA		Cancelation							1					
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\$500 W. S. W. W. S.	idence	ere Abate	ment is Taking Place (3)					Type	of Facility (4)				201000000000000000000000000000000000000		
									School (K-1	2)					
Stree	t Address						10000		Subchapter	8 (Other than K	-12)				
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1000	on City, NJ								e Feet	# of Floors	Bldg. Age				
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Count							Code (7) USE ONLY)	1 1000000000000000000000000000000000000		eing demolished)					
Hud						(SIAIL)	032 014217	Hom	ie						
Name	of Monitoring F	Firm Hire	d by Building Owner (8)				ASCM No.	Name	of Abatement C	ontractor (9)					
								Unic	orn Contrac	ting Corp.					
Street	Address								Address						T-C-
								32 W	/illow Way						
City, S	itate, Zip Code								tate, Zip Code					-	
								100000000000000000000000000000000000000	dland Park,	NI 07424					
Proiec	t Manager fo M	lonitoring	Firm			Telepho	na No		ione No.	113 07424	T.				
,-		01111011116				relepho	ne wo.				License No.				
Start [Date (10)				C-1-1-	1			333-9176		01331			-	
9/24					9/24/		etion Date (11)		of OSHA Monito						
		ing Abate	ement (Check Only One)		9/24/	10				sultants, Inc.					
									Address						
			cated During Entire Per			it		20-23	1 Wagaraw I	Rd., Bldg. 35-E					
			med Outside of Normal	Facility	Hours			City, St	ate, Zip Code						
X	Other - Des		8AM START					Fair L	.awn, NJ 07	410				-020/07	
10000	of Work (Check		Apply)												
X	≥3 sf or ≥3	If			X	Renova	ition	X	Full Contain	ment with Negat	ive Pressure				
	≥160 sf or ≥	≥260 If				Demoli	tion	X	Mini-Enclose						
								X	Glovebag Pr	ocedure					
											riable Procedure	,			
*C=::::::::::::::::::::::::::::::::::::				T	Is Locatio	n				(/	The state of the s	T	Aba	teme	nt
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				Yes	No	N/A		other mis	scenaneous)		ļ	Kemoval	Repair	Encapsulate	Enclosure
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		BASEN		-	X				SULATION		70 LF	_	X	_	
		DAJEN	/ILIVI	+	-		ВО	ILEK II	NSULATION		24 SF		X	_	
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	of Registered Wa					aste Haule	er ID No.	Cubic Ya	ards of Waste	1	Name of Regustered	Lanc	Ifill		
	orn Contract	ting Co	rp.		00358	44		3			Fairless Hills La	ndf	ill		
ity, Sta								Disposa	l Date	//	City-State				
Noo	dland Park, I	New Je	rsey					TBD		111	Morrisville, PA				
omple	eted by			Title					Signature /	7/	/	1	ite		
hivk	o Nikolov			Presid	ent				1/	1. 11.	11		/14/1	8	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Cho	11	10	13

Date of Notification (1 09/11/2018)				of Building O		or (2)	<u> </u>	7 /(160	2		
Agencies Notified	Type Notification	n			iqul Quorai Address	snee			M	EC	E		W
□ EPA	-	.,		Street	Address							<u> </u>	<u> </u>
DEP	Initial Amended			City, S	tate, Zip Code	9			1		_		
₩ DOL	Amendme				ey City, NJ					SE	P 1	8 2	018
☑ DOH	justification	y (including		Name	of Contact			Te	ephone N	Number			
DCA	Cancellation	on			iqul Quorai			21	d 50 1950 O			CON	TROI
Name of Facility When	e Ahatement is Tak	ing Place /2	\	FAC	CILITY INFOR	MATION	T =		1	į	ICE		
Residential Prope	ertv	ing Flace (5)				Type of Facil	ity (4)					
Street Address							School of Subchar	pter 8 (Oth	ner than K & comme	-12) rcial bu	ildings	s, hom	ies,
City (5)							etc.) Square Feet						
Jersey City							1,000	1 1	of Floors	2010	Bldg. 1910		
County (6)					Code (7)		Current Use		ina demol		1310		1.00
Hudson				(STATE	USE ONLY)		1			.000)			
Name of Monitoring Fir	rm Hired by Building	Owner (8)		ASC	M No.	Name	of Abatement	Contracto	r (9)	-			
0						Dar	vic Contract	ing LLC					
Street Address			1,177				t Address						
City State 7:- 0-1					- come some ve		South 5th S	t.					
City, State, Zip Code							State, Zip Code						
Project Manager for Mo	onitorina Eirm			T-lb			abeth, NJ 07	206					
. reject manager for mic	Jintornig Firm			Telepho	one No.		hone No. -906-4123		License	No.			
Start Date (10)		Schedule	d Cor	moletion	Date (11)		of OSHA Monit	har	01355				
09/21/2018		09/28/2			Date (11)		Environment		atories				
Occupancy Status Duri	ng Abatement (Che	ck Only One	e)				Address	ar Eubor	4101100				
✓ Facility Closed/Va	cated During Entire	Period of Al	bater	ment		233	3 Route 22 V	Vest					
Abatement Perform Other – Describe:	med Outside of Non	mal Facility	Hour	S		City, S	State, Zip Code						-
						Unio	on, NJ 07083	}					
Scope of Work (Check	All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova			ure rocedure							
		le I	.ocat	ion			1 Non-Exemp	led () and	J NOH-FIE	Ible Pro		e ement	
Locatio	n of	No	ormal	ly		Description	v of					ре	
Asbestos-Containing	g Material (ACM)	Used Main				Containing N	Naterial (ACM)	A	mount			ш	
TO BE AE	NAME AND ADDRESS OF THE PARTY O	Custo	dial S			rmal system surfacing, VA	s insulation,		pecify or LF)	Rer	Re	nca	Enc
(13))		(12)		ott	her miscellar	neous)	31	OI LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						<u>n</u>	'	ate	re
Basem	nent			X	Bi	oiler Insula	ation	2	0 SF	-			
Basem				X		ipe Insula			0 LF	X			
						ipe modia	ition	3	ULF	^			
										+			
Name of Registered Wa			(2.0)	JDEP W		ubic Yards	Name o	of Registe	red Landfi	11			
Danvic Contracting	LLC			auler ID 7574	No. of	Waste	Fairle	ss Land	fill				
City, State						sposal Date	City, St	City, State					
Elizabeth, New Jers	ey				U2200	3D	Morrisville, PA						
Completed by			Signature		Date								
Jeymy Donneys						p)		10,000	09/11/2018				

Check # 13250

	2	state-of M	ew Je	rsey Thothi	cation of Asbestos Ab	atement	
			/A\				EGEIVEI
			Phrs	what to NA C	. 8:60-7 and 12:120-7)		LGEIVE
		u L	La.	THE PASSAGE	. 0.00-7 and 12.120-7)	l hard	
Date of Notification (1)					Name of Building Owner/Ope	erator (2)	
September 14, 2018					RUTGERS, THE STA	TE LINIVER	SITY SEPN 1 8 2018
Agencies Notified		Notification	Type		Street Address	IL OIVIDEIV	0111 01 110
		X Initial		ation	ENVIRONMENTAL HE	ALTH & SA	EETY DEDT
☐ EPA		□Amende					TON CAMPUS NTROL &
□ DCA		□ Emerg			City, State, Zip Code	oo, LIVINGS	TON CAMPOS
X DOL		_		including	PISCATAWAY, NJ 088	054	The second secon
DEP - No Longer REQUIRE	D	justific					- L N - L -
X DOH		☐ Cance	ilea		Name of Contact Michael Smith ENV HEALT	chloring and a second	ephone Number
					SAFETY	04	8.445.2550
		-		FACILITY INF			
Name of Facility Where Abateme	nt is Tal	king Place (3)			Type of Facility (4)		
Medical Science Bldg #	7257				☐ School (K-12)		
Street Address					Subchapter 8 (other than K-	12)	
RBHS Newark Campus					Other (i.e. private & con		s. homes, etc.)
Reno Newark Campus					Sq. Feet: Unknown #		
City (5) Co	ounty (6	1		v Code (7)			
Newark E	ssex		(State	Use Only)	Current Use (prior if being de	molished): Ac	ademic
Name of Monitoring Firm Hired by	Bldg. (Owner (8)	ASCM	No.	Name of Contractor (9)		
ATC ASSOCIATES			0098				
					GREENWOOD ABATE	MENT CONS	ULTANTS, INC.
Street Address					Street Address		
3 TERRI LANE					511 MAIN STREET		
City, State, Zip Code					City State, ZipCode		
BURLINGTON, NJ 0801	6				Butler, NJ 07405		
Project Manager for Monitoring Fi		Telephone N	lumber		Telephone Number	Llice	nse Number
BRIAN KEARNY		609-386-8	-		Totophone Humber	Lice	nse Number
		000 000 1			973-492-0477	008	340
Scheduled Start Date (10)		Scheduled C		on Date (11)	Name of OSHA Monitor		
July 27, 2018		July 30, 2	2018				
					Envirovision, Inc.		
Occupancy Status During Abate					Street Address		
Facility Closed/Vacated D					20-21, Bldg E Wagarav	, Dood	
Abatement Performed Ou Describe	itside o	i Normai Faci	lity Hour	S-	City, State, Zip Code	v Roau	
Other - Describe: 5pi	m – 5	am _/2/ hr	e 2. W	lookonde se	Oity, Otate, Zip Code		
Needed)	11 - 5	um (27 m	3 01 11	cenerius as	Fairlawn, NJ		
(Necueu)					* CAMPA		
Source of Work (Check all that ap	ply)				L		****
						Full Containmen	nt with Negative Pressure
≥ 3 sf or ≥ 3 lf				X Renovation	The state of the s	// dini-Enclosure	
⊠ ≥ 160 sf or ≥ 260				Demolition		lovebag Proce	dure
						~	(*) and Non-Friable Procedure
	Is Lo	cation Normall	y Used	Description of Ash	pestos Containing Material	Amount	Abatement Type
Location of Asbestos-Containing	Solei	ly by Maint./Cu		(ACM) (i.e. therm	al systems insulation, surfacing,	(Specify SF	
Material (ACM) in Facility (13)	100000000000000000000000000000000000000	? (12)		VAT, or other mis-	cell.)	or LF)	Remove Repair Encap Enclose
0.570	YES		NA	1/4-			 _ ,
G572	1	X		VAT		180 sf	IXI I

Name of Reg. Waste Hauler

See Hauler Below # 1 & 2

NJ DEP # 12561

MANAGER

See Below

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405

Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

NJDEP Waste Hauler ID #

Signature

Raymond C. Pedalins

Cubic Yards of Waste:

City, State 100 New Ford Mill Road, Morrisville, PA 19067

19067 215-736-1700

Name of Registered Landfill

Disposal Date
September 30, 2018

GROWS North Landfill

September 14, 2018

GAC # 2018-060

IN CONJUNCTION WITH ANNUAL NOTIFICATION HERE X 221

State of New Jersey
NOT FICATION OF ASBESTOS ABATEMENT
Hursuant to NJAC 8:60 and 12:120)

CHECK# 1754

Date of Notification (1) 09/12/2018	2 0 0	-U-L		Name o MAPL	f Building EWOO	Owner/0	Operato _C	r (2)		TF	7 [E (\mathbb{V}	
Agencies Notified	Type Notification			Street A 2000	ddress MAPLE	WOOE	DRIV	/E			1					1
EPA DEP DOL	Initial Amended Amendment		_		ate, Zip Co E SHAI		08052					-S E	P 1	8	2018	The state of the s
DOH DCA	Emergency (justification) Cancellation	including		Name of DAN	f Contact					Tele 85	ephon 6-20	edu 6-21	pers 96 E	CON	ITRO G	L&
Name of Facility Where PARK CROSSING	Abatement is Taking APARTMENT H	Place (3 HOMES)	FACI	LITY INF	ORMAT	ION		of Facility (4						,	
Street Address 1 WHITE BIRCH C	OURT UNIT D)						5	School (K-12 Subchapter & Other (i.e. pr etc.)	(Othe				dings,	home	es,
City (5) MAPLE SHADE			,						re Feet	# of	Floor	s		lldg. <i>A</i> 50+	ige	
County (6) CAMDEN		****			Code (7) USE ONLY)		RES	ent Use (Prior SIDENTIA	r if bei	ng der ARTN	nolish VEN	ed) S			
Name of Monitoring Firm ACER ASSOC.	Hired by Building (Owner (8)		ASCN	/I No.				tement Cont D ENVIRC			LSE	RVI	CES	INC.	
Street Address 1012 INDUSTRIAL	. DRIVE						751700000000	Addre	ss VIS RUN					======		
City, State, Zip Code WEST BERLIN NJ	08091								ip Code HILL NJ (08062	2					
Project Manager for Mor MATT DEPALMA	itoring Firm			Telepho 856-8	ne No. 09-1202	!		hone N -304-			Licer 011	nse No 45).			
Start Date (10) 09/13/18		Schedule 09/14/		npletion	Date (11)		Name EMS		HA Monitor							
Occupancy Status Durin	F:	157	80					Addre	ss 30 NORTH							
Facility Closed/Vac Abatement Perform Other - Describe:	ated During Entire F led Outside of Norm	eriod of A al Facility	Hours	nent		_	City, S	State, Z	ip Code NSON NJ							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		DIRECTOR	enova emolit					- Min Glo	Il Containmer ni-Enclosure ovebag Proce	edure						
		Is	Locati	on			<u> </u>	1 100	n-Exempted	() and	i Non-	riabi		Abate	ement	
Location			lormal d Sole				scription							Ту	pe	
Asbestos-Containing TO BE AB. In Facil (13)	ATED ity	Mai Cust	intenai odial S (12)	nce/ Staff?				s insula T, or		(S	mount pecify or LF	,	Removal	Repair	Encapsulate	Enclosure
BATHRO	OM	Yes	No	N/A X		OINT	CONAR	OLIN		10	00 SF		V		(0)	
DATTITO					Olivi			D				Х				
Name of Registered Was	ato Houles		-1.0	JDEP W	/n = 4 =	10.71	V									
ASSURED ENVIRO		VICES	H	auler ID 03489	No.	of Wa	Yards ste		Name of R MINER\							
City, State MULLICA HILL NJ							sal Date 2/2018		City, State WAYNE		RG, (ОН				
Completed by RON SWANSON		Title GEN	ERA	L MAN	AGER	S	Signatur	Kux	elle	WO6	M	Dat 09		2018	}	

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1/233	02	NOT		ATION	OFTAS	lew Jersey BESTOS ABA AC 8:60 and 5:1		DEC	E		\mathbb{V}	
Date of Notification (1)		0.00				g Owner/Operator	10.50	III SF	P 1	8 2	018	
	22 /	18		Ne	w Jersey	Department of	Miltary & Vetera	ans		0 2	UIG	
Agencies Notified	Type Notification	ation			t Address			ASBES	TOS	ON	TRO	3 1
☑ DOLWD	☐ Initial ☐ Amended	4				Crossing Road			LICEN	SING	S	L CC
☑ DOH	Amendm	ent #1 9-1			State, Zip (71.0940701	and the said
☑ DCA	☐ Emergen		g		vrencevi of Contac		648	I =				
(NJAC 5:23-8)	justificati				liam Mc			Telephone Num 609 530-713				
				FA	CILITY IN	NFORMATION					30000	
Name of Facility Where	Abatement is 7	Taking Place	e (3)				Type of Facility ((4)				
WOODBURY ARMO	DRY						School (K-12)				
Street Address							Subchapter 8	Other than K-12 (Other and comme	2) arcial bu	ilding	16	
658 NORTH EVERO	REEN AVE	NUE					homes, etc.)	Trate and comme	i olai bi	anding	, ,	
City (5)	V						Square Feet	# of Floors	BI	dg. A	ge	
WOODBURY						2277	66000	2		68		
County (6) GLOUCESTER				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Name of Monitoring Firm	Hired by Build	dina Owner	(8)	ASCM	No	Name of Abatem	ent Contractor (9)					
TTI Environmental,		anig Ownor	(0)	7100111	140.	DELTA/BJDS						
Street Address						Street Address	,					
1253 North Church	Street					1345 INDUST	RIAL BLVD.					
City, State, Zip Code			51			City, State, Zip C	ode					
Moorestown, NJ 08	057-1136					SOUTHAMP	TON PA 18966					
Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No.		License No.		-		
			8	56 840	-8800	215 322-2900)	00783				
Start Date (10) 9		Scheduled C 10 /				Name of OSHA N	Monitor					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate				ment		N/A						
Abatement Performed Time of Abatement: 7	Outside of No	ormal Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	ode					
Scope of Work (Check al	I that apply)					12000						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovati emolitio				tainment with Neg closure g Procedure empted (*) and Nor		ıre			
			Locat						Ab	atem	ent T	vpe
Location Asbestos-Containing		77 77279 63	Norma		Asha	Description of	of			-		T
TO BE ABA	TED	Ma	intena	ince/	(i.e	estos Containing Ma e., thermal systems	insulation,	Amount (Specify	Remova	Repair	Encapsulate	nclo
IN Facili (13)	ty	Cus	todial (12)			surfacing, VAT		SF or LF)	val	7	suk	Enclosure
(13)		Yes	No	N/A	1	other miscellane	ous)				ate	
BOILER RM					BOILER	R LAGGING		250 SF				
BOILER RM					PIPE IN	ISULATION		15 LF				
BOILER RM					JOINTS	A/W PIPE INSU	LATION	4 LF				
BOILER RM	al term spinos				PLASTI	ER CEILING	CHITCHING, AND IN	380 SF				
Name of Registered Was SERVICE TRANSPO			1 (2.18)	IJDEP \ lauler II 20990	No.	Cubic Yards of Waste	Name of Regist					1
City, State 58 PYLES LANE NE	W CASTLE	DE		2000		Disposal Date	City, State WAYNESB	URG, OHIO				
Completed By (Print or Ty	V	Title				Signature	4	O. Da	ate		20 00	-
CHRISTINE DEL VIS	SCIO	ASST.	ADMI	NISTR	ATOR	1 /1 /ha	11 _ ()/	1111	41	LF.	1001	0

NOTIFICATION OF ASBESTOS ABATEMENT 1283-02 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 8 22 / New Jersey Department of Miltary & Veterans SEP 1 8 2018 Agencies Notified Type Notification Street Address **⊠** EPA 101 Eggerts Crossing Road ASBESTOS CONTROL & **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Lawrenceville, NJ 08648 DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation William McBride 609 530-7139 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) WOODBURY ARMORY School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 658 NORTH EVERGREEN AVENUE homes, etc.) City (5) Square Feet # of Floors Bldg. Age WOODBURY 66000 2 68 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) GLOUCESTER Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. DELTA/BJDS, INC Street Address Street Address 1253 North Church Street 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057-1136 **SOUTHAMPTON PA 18966** Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856 840-8800 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 6 / 18 _ 10 / 31 / 18 N/A Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement N/A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/____PM-N/A Scope of Work (Check all that apply) Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Removal Encapsulate Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ nclosure (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A BOILER RM X **BOILER LAGGING** 250 SF BOILER RM M П PIPE INSULATION 15 LF M П П BOILER RM X JOINTS A/W PIPE INSULATION 4 LF X П П Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Hauler ID No. Waste SERVICE TRANSPORT GROUP MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE WAYNESBURG, OHIO Completed By (Print or Type) Signature Date CHRISTINE DEL VISCIO ASST. ADMINISTRATOR

State of New Jersey

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Project Manager for Monitoring Firm N/A				one No.	6	Telephi 201-5	one l	No.		License 01320	No.			
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Project Manager for Monitoring Firm N/A							one No. 552-9685		License 01320	No.						
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