(r#440)	9			ATION	OF AS	ew Jersey BESTOS ABA 8:60 and 12-		Check I	No							
Date of Notification (1)				Name	e of Buildi	ing Owner/Operato	r (2)	TA E C		1	W-	E	-h			
January 11, 2017					of NY 8		. (-/		<u>,                                    </u>		C. C		1			
Agency Notified	Type Notification				t Address			lini		<u></u>						
D EPA	Initial			Goe	ethals E	Bridge, 2777 G	oethal Road	North SE	P 19	2	017		L			
DEP Not required per State Reg. 10-2004	Amended				State, Zip					-	-	_	1			
DOL	Amendment # 0			1		nd, NY 10303-	8413	ASBES	DE CI	201	TR		2			
DOH	Emergency (inclu justification)	ding			of Conta		0110	Telephone No	INDS CA	IN	G	26	~			
200 0000000				Uda	y Meht	a		L'reichildire itt	aniberi ve		annead a	Statist,	Condotting and			
						FORMATION							_			
Name of Facility Where At	patement is Taking P	lace (3	3)			onmation	Type of Facilit	v(A)				-				
Goethals Bridge - N							Type of Tacint	y (4)								
Street Address	iew bersey blue		nuge				School (K-1		(0)							
2777 Goethals Road	d North						Other (i.e. p	8 (Other than K-1 private & commerce	iz) sial buildin	as.						
	a North						homes, etc.			30,						
City (5)							Square Feet	# of Floors	Bldg.	Ag	е					
Staten Island, NY 10	0303-8413						440,758	1	88 -	-/-						
County (6)						) (STATE USE	Current Use (F	Prior if being demo	olished)							
Union				ONLY	)		Bridge									
Name of Monitoring Firm H	lired by Building Own	ner	ASC	A No.		Name of Abatem		9)					_			
Creative Environment Sc	olutions (CES) Corp		N/A			B&N&K. Res										
Street Address			1			Street Address		inparty, mo.								
39 West 37th Street	, 14th Floor					223 Randolp	h Avenue									
City, State, Zip Code						City, State, Zip C										
New York, NY 10018	3					Clifton, NJ 0										
Project Manager for Monito		T	elepho	ne No.		Telephone No.		License No.			_					
Dmitry Khusidman	5			90 632	23	973-478-468	1	00120								
Start Date (10)	Scheduled C					Name of OSHA	5	00120								
January 23, 2017	January			McCabe Environmental Services, L.L.C.									-			
Occupancy Status During A						Street Address	Tonnental	Services, L.L.					_			
		152	22			464 Valley B	rook Avenue	_								
Facility Closed/Vacated I     Abatement Performed Out	During Entire Period	of Aba	temen	t		City, State, Zip C		9					_			
Other - Describe: Non	-friable exterior	work	k			Lyndhurst, N										
Scope of Work (Check all th						Lynanaist, P	40 07071						_			
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$				□ Ren ⊠ Dem	ovation olition	☐ Mini-E ☐ Glove	Enclosure bag Procedure	Negative Pressu								
		15	s Locat	ion						A	bate	mer	nt			
Location	of		Norma	ly		<b>D</b>			-		Тур	be	_			
Asbestos-Containing M			ed Sole aintena		Asbes	Description o tos Containing Ma		Amount								
TO BE ABA		1 100000	Custod			, thermal systems i	nsulation,	(Specify		Re	R	Encapsulate	Eno			
IN Facility (13)	Y		Staff?			surfacing, VAT, other miscellane		SF or LF)		Removal	Repair	DSL	Enclosure			
			(12)				503)			val	ir	late	Ire			
		Yes	No	N/A												
West Bound Bridge ov		X			Concrete E Side	ncased Transite Pipe (Para	bet) - North & South	90	00 In ft	$\times$						
East of Rail Road Tre	estle	X			Concrete E	ncased Transite Pipe (Para	oet) - South Side	45	50 In ft	$\times$						
NJ Abutment Room		X			White	Panel (Transi	te)	8	0 sq ft	$\times$						
East Bound NJ approach		Х				Encased Transite Pipe	(Duct Bank)	11	16 In ft	X						
Name of Registered Waste	Hauler			Vaste H	auler	Cubic Yards of	Name of Regist	tered Landfill								
Horwith Truck Inc.		Haz	No. zardous 0 lid Waste:	7110		Waste 155	Chemical Was	ste Management								
Tri-State Transfer City, State			551 (Tri-St				Minerva/Enter									
and the second second second	-					Disposal Dáté 01/23/2017/-	City, State									
Northampton, PA / B Completed by						01/21/2018 / //	Emelle, AL	/Waynesbur		_						
G. Roger Woodman	Title Droinet M					Signatúre	// \		Date							
ASB-41	Project M	-				/L/L/	etivition		9/13/2	01	7					

exempted activities.

MO#24499206720		NC	DTIFI	CATIO	ON OF A	New Jersey SBESTOS ABA	TEMENT					
Date of Notification (1)			(	1000		JAC 8:60 and 5:		CHARLY.	PAGE #	1		
	15	10		Nar	me of Build	ling Owner/Operator	(2)	E	(P) [5	1	\\//	IC
	15 /			Bria	an Whitm	er			65	0	14	Ľ
Agencies Notified	Type Notificatio	on			et Addres			15				1
DOLWD	Initial								SEP 1	a 2	017	?
	Amended Amendmen	F 44		City	, State, Zip	o Code		<u> </u>	ULI I	.7 6	.017	
DCA			na	Sum	umit, NJ (	7901				_		
(NJAC 5:23-8)	justification)	)	ng		ne of Conta			ASBE	-510S	CON	TRC	L 8
	Cancellation	1		Bria	n Whitme	Pr		Telephone	- Munper	SIN	<u>a</u>	-
						INFORMATION		4			1.010	
Name of Facility Where A	batement is Tak	ing Pla	ce (3)		AULIT	INFORMATION	1					
rivate house		3.10	00 (0)				Type of Facil					
Street Address							School (K	-12) er 8 (Other than	K 1 21			
							Other (i.e	, private and co	mmercial	buildi	nas	
City (5)			-				nomes, e	tc.)		- Jan Jan	.30,	
Summit, NJ 07901							Square Feet	# of Floor	s	Bldg.	Age	
County (6)				0								
Jnion				Col	inty Code (7	) (STATE USE ONLY)	Current Use	Prior if being de	emolished	)		
Name of Monitoring Firm I	Hired by Building	1 Owne	(8)					-677				
	and of building	Jowner	(0)	ASCN	A No.	Name of Abatem	ent Contractor	(9)				
Street Address						Gr Tech LLC						
						Street Address						
City, State, Zip Code						576 Valley Rd #						
						City, State, Zip Co						
roject Manager for Monito	oring Firm					Wayne, NJ 0747	70					
and a second second	g		le	ephone	No.	Telephone No.		License N	0.	-		
tart Date (10)	0.1	alula I				973-638-1777		01127				
/ / /	17	touled (	ompli	etion Di	ate (11)	Name of OSHA M	onitor					
	//	10	/	<u> </u>		Envirovision Co	nsultants.Inc.					
Coupancy Status During	Abatement (Che	ck only	one)			Street Address						
Facility Closed/Vacated Abatement Performed (	Dutside of New	eriod o	Abate	ement		20-21 Wagaraw	Road Bldg #	435F				
Time of Abatement:	AM- F	ai ⊨acili ™/	y Hou PM	rs - Des	SCRIDE	City. State, Zip Co	de	550				
						Fair Lawn, NJ 07	7410					
cope of Work (Check all ti	nat apply)					Clean up	and decontam	ination with neg	ative pres	sure	-	
>3 sf or >3 If ≥ 160 sf or ≥260 If			enovat	ion		Full Cont Mini-Encl	ainment with N	egative Pressur	e			
2 100 ST OF 2260 If			emoliti	on		Glovebag	Procedure [	Tent with Neg	ative Pres	sure		
						Non-Exer	npted (*) and N	on-Friable Proc	edure	1		
Location of	F.		s Locat Norma						A	paterr	nent T	уре
Asbestos-Containing Ma	aterial (ACM)	Use	ed Sole	ely by	Asbe	Description of stos Containing Mate			R	R	m	m
TO BE ABATI IN Facility	ED		intena todial		(i.e	., thermal systems ir	sulation,	Amount (Specify	em	Repair	nca	nclo
(13)		0005	(12)	otany		surfacing, VAT,	or	SIF or LF)	Remova	air	Encapsulate	Enclosure
		Yes	No	N/A	1	other miscellaneo	us)				late	G
floor-kitchen				Sector Sector						-		
		12-			Wall & c	ceiling plaster		600 SF	$\boxtimes$			
floor-dining room				$\boxtimes$	Wall & c	eiling plaster		460 SF				
floor-front bedroom						eiling plaster				H		
floor-dining room		Π	Π					572 SF				Ц
me of Registered Waste	Hauler		_		Wall & c	eiling plaster		480 SF	$\boxtimes$			
			NJD	CM Waste	nauler ID No.	Cubic Yards of Waste	Name of Regi	stered Landfill				
Tech LLC y, State			0	03378	5	TBD	T.R.R.F. Inc					
						Disposal Date	City, State					-
yne, NJ 07470						TBD	Tullytown, P	А				
mpleted By (Print or Type	) Title	)							Date			
vtic	Owr	ner				Hom	Ac Wena	0		10		
41						/~~	- wena	or	09/15/17			

MO#24499206720		NC	TIFI	CATI	ON OF A	New Jersey	TEMENT	<b></b>				
			(	Pursu	ant to N	JAC 8:60 and 5:	16)	PA	GE #	2		
Date of Notification (1)				Na	me of Build	ding Owner/Operator	(2)		114	E		J F
	/17	_			an Whitm		• •	In E	(( <u>"</u>	ß	11	<u>U</u> U
	tification				eet Addres			1105				
EPA Initial									SEP	1	9 2	017
	nded ndment #			Cit	, State, Zi	p Code			DEI	1	et.	
	gency (inc	ludi		1.1	nmit, NJ (							eres/
(NJAC 5:23-8) justific	cation)	Jugi	ng	Na	me of Cont	act		Tolophan	51-51	OS.	CON	1G
Cance	ellation			Bria	ın Whitm	Ar		Telephoné N	umber	UEI	1011	101
		0.0		F		INFORMATION		·	4			
Name of Facility Where Abatement	is Taking	Plac	ce (3)			INT ORMATION	Type of Facil	(h) (A)				
Private house							School (K					
Street Address							- Subchapte	er 8 (Other than K-	1 2)			
							Other (i.e. homes, et	. private and comm	nercial I	buildi	ngs,	
City (5)							Square Feet	1		Bldg.	1	
Summit, NJ 07901							, and root			ulug.	мge	
County (6)				Co	unty Code (7	7) (STATE USE ONLY)	Current Use (	Prior if being demo	olishedi		-	
Union								entry demo	unaneu)			
Name of Monitoring Firm Hired by B	uilding Ov	vner	(8)	ASCI	M No.	Name of Abatem	ent Contractor	(9)				
Street Address						Gr Tech LLC						
						Street Address						
City, State, Zip Code						576 Valley Rd #						
						City, State, Zip C			1.00			
Project Manager for Monitoring Firm			Te	lephone	No	Wayne, NJ 0747	70					
•			10	Sphone	5 140.	Telephone No.		License No.				
Start Date (10)	Schedul	ed (	Compl	etion D	ate (11)	973-638-1777 Name of OSHA N	1	01127				
09/24/17	10	1	/ 1	2 /	17							
Occupancy Status During Abatement	t (Check o	nlv	one)	-		Envirovision Co	nsultants,Inc					
Facility Closed/Vacated During Er	ntire Perio	d of	Abate	ement		Street Address						
Abatement Performed Outside of	Normal E	adilit	v Hau	-	scribe	20-21 Wagaraw City, State, Zip Co	Road, Bldg .#	\$35E				
Time of Abatement:AM			PM		_AM	Fair Lawn, NJ 07						
Scope of Work (Check all that apply)								ination with negation	Ve proc	SUITO		
X >3 sf or >3 If X ≥ 160 sf or ≥260 If	[	] Re	novat	ion		Full Cont	ainment with Ne	egative Pressure	ve pies	sure		
X ≥ 160 sf or ≥260 lf	X	De	moliti	on		Mini-Encl	osure	Tent with Negativ	e Proc	sure		
		1		4 <sup>1</sup> -	1	Non-Exer	npted (*) and N	on-Friable Proced	ure	1		
Location of		1	s Loca Norma	ally					Ab	atem	ent 7	уре
Asbestos-Containing Material (AC TO BE ABATED	M)			ely by	Asbe	Description of stos Containing Mat	erial (ACM)	Amount	R	ת	m	m
IN Facility			intena todial	Staff?	(i.e	<ol><li>thermal systems in</li></ol>	nsulation,	(Specify	Removal	Repair	lcat	nclo
(13)			(12)			surfacing, VAT, other miscellaneo		SIF or LF)	oval	=	Encapsulate	Enclosure
	Y	'es	No	N/A			(43)				ate	C <sup>2</sup>
t floor-living room					Wall &	ceiling plaster		120.55	12	-		
nd floor-back bedroom		]			State State State			130 SF			Ш	Ш
nd floor-3rd bathroom		-				ceiling plaster		654 SF	$\boxtimes$			
ora outhoull					Linoleur	n		80 SF	$\boxtimes$			
ame of Registered Waste Hauler		1										
			NJE	EP Waste	Hauler ID No.	Cubic Yards of Waste	Name of Regi	stered Landfill				
Tech LLC			0	03378	5	TBD	T.R.R.F. Inc					
•				ANG STREET		Disposal Date	City, State				-	
ayne, NJ 07470	1					TBD	Tullytown, P.	A				
ompleted By (Print or Type)	Title								ate		2012-21	
Jevtic B-41	Owner					He the	whe were	ad loo	/15/17			
NY 11	* Do	not	use th	is form	for ashasi	//	1	09	13/17			

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

P/

				1.				0.00 and 0.1			й			
Date of Notification (1)					Nam	ne of E	Building	Owner/Operator (	2)	- 10 - 10				
09/	15 /	17			Do	onald	Kern	s		113 st	4.5	67	2017	
Agencies Notified	Type Notifica	ation			Stree	et Add	dress			- Jot	14 74	4-1	2017	
EPA	Initial													
DOLWD	Amended				City	State	e, Zip Co	ode		ASCEOT	087	2015	314	
DOH	Amendme	ent #_								L	CEN	SIN	a no	n_ CI
DCA	Emergend		cluding				on, NJ			1				
(NJAC 5:23-8)	justificatio	10.000				11.5mm	Contact			Telephone Numb	er			
	Cancellati	ion			Do	onald	Kern	S						
					FA	ACILI	ITY IN	FORMATION						
Name of Facility Where A	Abatement is T	aking	Place	(3)					Type of Facility					
Residence									School (K-1					
Street Address										8 (Other than K-12) private and commerce		ilding	IS.	
									homes, etc.		oldi bo	in an ing	,.,	
City (5)				117					Square Feet	# of Floors	Bl	dg. A	ge	
Jackson									2000	_2				
County (6)					Cou	unty C	Code (7)	(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)	17	0.0	
Ocean									Residence	211 11 159 117	匠	11	$\mathbb{W}$	EM
Name of Monitoring Firm	Hired by Build	ling O	wner (	8)	ASCN	A No.		Name of Abateme	ent Contractor (9	» limi				
N/A									ntracting, Inc.					111
Street Address		-						Street Address	3,	ULI SEP	-1-9	-20	17	HUN
								1889 Route 9	Unit 61	1 1				1-1
City, State, Zip Code		<i>n</i>						City, State, Zip Co		ASELOTO	STY	10177		1 1
							New Jersey 0	LICE	ENSI	AN LE MC3	TOL	&		
Project Manager for Mon	- 10-00-0	To	lephone	No		Telephone No.	New Sersey of		- The school of the school of the	1 4.71	Mintaniquites	<u> </u>		
I rioject Manager for Mon				lie	ephone	e NO.				License No.				
Clerk Data (10)								732-349-9932		00624				
Start Date (10)					letion D		26	Name of OSHA N	10 10 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10					
09 /28 /		1	0 /		)2 /	17	<u> </u>	E.M.S.L. Ana	lytical					
Occupancy Status During	g Abatement (C	Check	only o	ne)				Street Address						
Facility Closed/Vacate								1056 Stelton						
Abatement Performed								City, State, Zip Co	ode			1.000		
Time of Abatement: _	AM	PM	//	_PN	A	_AM		Piscataway, I	New Jersey 08	8854				
Scope of Work (Check al	I that apply)								,					
					12					egative Pressure				
			C Rei					Mini-End	losure g Procedure					
				nom	.011					on-Friable Procedur	е			
			ls	Loc	ation						Ab	atem	ent T	pe
Location				lorm				Description of			-		1	
Asbestos-Containing		)			lely by ance/			tos Containing Ma		Amount	lem	Repair	nca	ncl
TO BE ABA IN Facili					I Staff?		(I.e.	, thermal systems surfacing, VAT		(Specify SF or LF)	Removal	air	sde	Enclosure
(13)	(y			(12	2)			other miscellane			=		Encapsulate	ſe
			Yes	No	N/A	A								
exterior				$\boxtimes$		as	sbesto	s siding		2300 sf				
										-				
						_								
Name of Registered Was					NJDEF			Cubic Yards of Waste		istered Landfill				
Guardian Contracti	ng, Inc.				Hauler 2022		J.	vvaste 4	T.R.R.F.					
City, State								Disposal Date	City, State					
Toms River, New J	ersey							10/03/17	Tullytown	, Pennsylvania				
Completed By (Print or Type) Title								Signature		/ Da	te /		1	
Nicholas Fernicola		Ma	nager				_ /	11						
ASB-41			0,000		- ger			}	$\gamma = 1$	7	11	57	( )	

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Date of Notification (1) 09 /	15 /	17				e of Buildin h Schoe	g Owner/Operator ( <b>n</b>	2)	ECE	I I I	1/1	3	57
Agencies Notified	Type Notific	ation	-		Stree	t Address		[U,		2 6 0	101	-	
and a second sec	Initial	ation			Sliee	L Address							
🛛 DOLWD	Amendeo	d			City	State, Zip (	Code		SEP 1	9 20	17		11
DOH .	Amendm				1 1 1 1 1 1 1 1 1		NJ 08501					i semi	
	Emergen justificati		uding			of Contac			AT SIGN IN A STATE	ALC: A	0.01	1	
(NJAC 5:23-8)						h Schoe			A elephone Nu	IONAC IONAC	HOL	. Öi	
								Unterior -				contrar	mand
Name of Facility Where Ab	atement is 1	Taking P	Place	(3)				Type of Facility (4	()			-	
Residence								School (K-12)	.,				
Street Address								Subchapter 8			ilding	js,	
City (5)					1.11.11.11.11			Square Feet	# of Floors	BI	dg. A	<b>70</b>	
Forked River								700 sf	1		ag. A 65	90	
County (6)					Cour	ntv Code ()	)(STATE USE ONLY)	Current Use (Prio			00		
Ocean						ny 0000 (i	NOTATE OSE ONET	Residence	i ii beilig dellio	lisneu)			
Name of Monitoring Firm H	ired by Build	ding Ow	ner ()	8)	ASCM	No	Name of Abateme						
N/A	nod by build			<i>,</i>	1000	140.		ntracting, Inc.					
Street Address	17						Street Address	nuacung, mc.					
								Unit C1					
City, State, Zip Code							1889 Route 9						
ony, orace, zip oode							City, State, Zip Co Toms River,	New Jersey 087	55				
Project Manager for Monito	ring Firm			Tele	ephone	No.	Telephone No.		License No.				
							732-349-9932		00624				
Start Date (10)09_ /7 /		Schedule 09				te (11) 17	Name of OSHA N E.M.S.L. Ana						
Occupancy Status During A	Abatement (0	Check o	nly o	ne)			Street Address						
Facility Closed/Vacated	During Entir	re Perio	d of A	Abate	ment		1056 Stelton						
Abatement Performed C	Jutside of No	ormal Fa	acility	Hou	rs - Des		City, State, Zip Co	ode		- Andre-			
Time of Abatement:	AM	PM/_		_PM		AM		New Jersey 088	54				
Scope of Work (Check all th	nat apply)	(A											
□ >3 sf or >3 lf		Г	] Rer	novat	ion			ainment with Nega	tive Pressure				
⊠ ≥160 sf or ≥260 lf		$\boxtimes$	Der	noliti	on		Glovebag		Frichle Dressed				
			ls	Loca	tion		⊠ Non-Exe	mpted (*) and Non-	-Friable Proced		atem	ent T	vpe
Location of				lorma			Description o	f				-	T
Asbestos-Containing Ma TO BE ABATI		1)			ely by ance/		stos Containing Ma		Amount	lem	Repair	nca	ncl
IN Facility		1.3	Custo		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	Remova	≒·	psu	Enclosure
(13)				(12)	1		other miscellane		,	-		Encapsulate	e
		Y	res	No	N/A								
exterior				$\boxtimes$		asbest	os siding		700 sf	$\boxtimes$			
		C									П		
Name of Registered Waste	Hauler			N	JDEP 1	Vaste	Cubic Yards of	Name of Registe	ered Landfill		_		
Guardian Contracting				ŀ	auler II		Waste	T.R.R.F.					
City, State					20223	5	3 Disposal Date	City, State					
Toms River, New Jers	sev						9/29/17		Pennsylvania				
Completed By (Print or Type		Title							A			-	
Nicholas Fernicola	0)		iect	Man	ager		Signature	/		Date	-	and the second se	-
ASB-41			,001	mail	agei		V	~ 1-	1	11	(5	11	ц.

						DA]	ND			Γ	Pi	rint For
CK#1218	١		CATIO	tate of New . N OF ASBES t to NJAC 8:6	TOS ABATE		D	ECI	30	V (		2
Date of Notification (1)		- E -		of Building Ow		r (2)		SEP	192	017		Jh
9/15/2017 Agencies Notified Type Notificatio	n			erine Langa	an			JEL	192	01/	14	2
EPA Initial DEP Amended X DOL Amendmen	nt # y (including		City, St Briell	ate, Zip Code e NJ 0873( of Contact					ENSING	<u>(RO</u>	 L &	
DOH justification				erine Langa	an			Telephone	Number			
				ILITY INFOR			4					
Name of Facility Where Abatement is Tak House	ing Place (3	)				Туре с	of Facility (4)					
Street Address							ichool (K-12) ubchapter 8	(Other then I	101			
							obchapter 8 Other (i.e. priv tc.)	ate & comm	ercial bui	ldings	, hom	es,
City (5) Brielle						Square		# of Floors		Bldg. /	Age	
County (6)			County	Code (7)		1000	t Use (Prior	1 fboing dom:		50+		
Monmouth		(	STATE	USE ONLY) _		Hous		r being demo	olisnea)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	A No.			ement Contra					
n/a			n/a				Contracting	1				
Street Address n/a					1.000000000	Address	- 10					
City, State, Zip Code						Palisa Itate, Zip	de Ave.					
n/a							J 07026					
Project Manager for Monitoring Firm		T	elepho	ne No.		none No.	New York Street Washington	Licens	e No.			
n/a			n/a			460-60		0125	5			
Start Date (10) 9/26/2017	Schedule 9/29/20		oletion	Date (11)			A Monitor					
Occupancy Status During Abatement (Che		0.02532	Harmony Contracting Street Address									
Facility Closed/Vacated During Entire     Abatement Performed Outside of Nor			ant				, de Ave					
Abatement Performed Outside of Nor Other – Describe:	mal Facility	Hours			City, S	tate, Zip	Code					
					Garf	ield, N	J 07026					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	X Re	enovatio emolitio	on n		×	Full ( Mini- Glov	Containment Enclosure ebag Proced Exempted (*	ure			e	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Location								Abat	ement	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Location of Non tos-Containing Material (ACM) Used S <u>TO BE ABATED</u> Mainte In Facility Custodi					of laterial (, s insulati T, or eous)	ACM) on,	Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A						-		ate	Ð
Exterior			x		Shingles	5		500 SF	×			
Name of Registered Waste Hauler			DEP W		ubic Yards		Name of Reg	istered Land	dfill			
Harmony Contracting		ind		16.0024 B	Waste BD		GROWS	Landfill				
City, State Garfield, NJ				Di	sposal Date BD		City, State Morrisville	PA 1906	7			
Completed by	Title				Signature		womavile	1 1 1 900	Date			
E. Cirovic	Secre	tary			2.6	iva	nc		9/15/2	017		

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UC#588	1		CATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATEN		PA			G	5 (	V	E	-0
Date of Notification (1)		1		fBuilding		perator	(2)			m			00	17	
09-10-2017				irzata Sa	ancic						SEP	19	20	17	
Agencies Notified Type Notification			Street A	ddress					5						
X     EPA     Initial       X     DEP     Amended       X     DOL     Amendment		H	City Sta	ate, Zip Co	de					L ASF	ESIC	50	ONT	ROI	. 8.
X DOL Amendment	#	_		on NJ 0						AUE	LIC	ENS	SING		(terristicanisticanisticanisticanisticanisticanisticanisticanisticanisticanisticanisticanisticanisticanisticani
Emergency justification)		F	Name of	f Contact					Tel	ephone N	umber		12010-000		
DCA Gancellation			Marga	zata Sa	ncic										
			FACI	LITY INFO	ORMATI	ON			-						
Name of Facility Where Abatement is Takin	g Place (3	3)					Туре	of Facility (4	1)						
Private Dwelling								School (K-12		or thon K	10)				
Street Address							×	Subchapter Other (i.e. p etc.)				dings,	home	IS,	
City (5) Wharton NJ 07885							Squa N/A	re Feet	# of N//	f Floors A		ldg. A I/A	ge		
County (6) Morris				Code (7) USE ONLY	)			ent Use (Pric ate Dwelli		ng demoli	shed)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	A No.		Name	of Aba	itement Con	tractor	(9)					
Standard Environmental						Ama	x Cor	ntracting L	LC						
Street Address 2108 Fulton St, Suite 2A						Street PO E									
City, State, Zip Code Brooklyn NY 11233								ip Code I Park NJ	0742	4					
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph	one N	0.		License	No.				
Kayode Adefisoye			347-24	41-7673		973-6	692-6	5298		01266					
Start Date (10) 09-20-2017	Schedule 09-23-		Completion Date (11)         Name of OSHA Monitor           17         Amax Contracting LLC												
Occupancy Status During Abatement (Chee	ck Only Or	ne)				Street	Addres	SS							
Facility Closed/Vacated During Entire	Period of /	Abaten	nent			POE	BOXT	734							
Abatement Performed Outside of Norr Other – Describe:	nal Facility	/ Hours	3			1		ip Code I Park NJ	0742	4					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolii				XX	Glo	II Containme ni-Enclosure ovebag Proc n-Exempted	edure	Ţ			e		
	la	Locat	ion						1/200		1		ement		
Location of	1	Normal	lly		De	scription	of					T	/pe		
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	ed Sole intena todial \$ (12)	nce/	Asbes (i.e.	tos Cont thermal surfa	systems cing, VA	lateria s insula T, or	ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A										ate	e	
ATTIC			X		Ver	micula	ite		60	00 SF			X		
													-		
Name of Registered Waste Hauler			JDEP W	l /aste	Cubic	Yards		Name of I	Registe	ered Landi	511 511	L	L	L	
Amax Contracting LLC		ŀ	lauler ID 036184	No.	of Wa 1 CY	ste		Fairless	A						
City, State Woodland Park NJ 07424						sal Date )-2017	N	City, State Morrisv		Ą					
Completed by Tome Maslarkov	Title Proje	ect Ma	anager		s	Signature	1	,,			Date 09-10-	2017	7		
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(1C# 4260	) · · · · NOT	PERSON OF ASSEST	OS ABATEMENT	- FIL-A	SBES	Vost	CONTROL &
Date of Notification (1)	1	Name of Building Owner		a C.		ICEN	
9/17/17 Agencics Notified Type	Neutron	Street Address	TERESLE AL	AFTMENT	2 2013	7	
C FPA	netial ·	95 SHA	Dy SIDE AU	E SEL	IMIL	1	
	Antended Antendament #	City, State, Zip Code DJ HONT	1 1	> Oraning rates	annear a		
DOH I	Entropyoncy (Including methodation)	Neme of Contact	1	Telephone Numbe	- /	, , , , , , , , , , , , , , , , , , ,	
	Sincellation	FACILITY INFORM				2	
Name of Facility Where Abatement		tenents	Type of Facility	(4)			
Street Address			Sobool (K-	8 (Other than K-12)			
95 SHI	ADY SIDE AU		·	private & commerciel bi			<u>.</u>
County (6)	HONT		Square Feet	\$ of Fleors	Bidg	A00 7449-7	
BELG		County Code (7)	(225) Dd	in if being demolished) FUCE AFTS			
Name of Monitoding Firm Hired by	Suilding Owner (B)	ASCM No.	Name of Abazement Com				
Street Address			Best Remove Street Address				
City, State, Zip Code			450 South R City, State, Zip Code	iver Street	<u> </u>		_
			Hackensack.	NJ 07601			
Project Manager for Monitoring Fil		Telsphone No.	Telephone No.	License No.			
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D Facility Closed/Vacated Durin	Batire Period of Abstants	al	280 Huyler				
Abstensers Performed Outrid Other - Describe: 2.308		1	City, State, Zip Code South Hackes	nsack N.I O	7606		
Scope of Work (Check All That Ap	ply)	-	10221	2.			
≥160 m or ≥260 H			<ul> <li>Mini-Exclosus</li> <li>Glovabag Prot</li> </ul>	eet with Negative Press todure d (*) <u>and N</u> on-Priable Pr			
	Is Loc				Aba	teraent	-
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(13)	(12 Yes No		er miscellencous)			sulate	
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Name of Registered Weste Hauder	l	NUDEP Waste Cut	ic Yanda Name of	Registered Landtifi			
		Hauler ID No. of V	VNU COMO				
City, Some		17109 Dis	post Pate City, Sta	rva Entern	rises	3.,	LC
Hackensack, N.J. (	7601		9/18/1 Wayn	esburg, OH	4468	38	_
J. Maiorano	Estim	ator	1 Abile mans	L'ALUE	9/12	117	
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Date of Notification (1)				ilding Owne Dickinson		(2)		SEP	19	20	17		게	
09-13-2017 Agencies Notified Type Notification		Contraction in the	eet Addr					ASBESTO	200	DAITI	001	0	and the second	
× EPA Initial × DEP Amended × DOL Amendment #				Zip Code		<del></del>		LICE			nol	<u>Q</u>		
Emergency (in	cluding		me of C	IJ 07731 ontact				Telephone N	umbe	er			-	
DOH justification) DCA Cancellation		1.000		Dickinsor									_	
Name of Facility Where Abatement is Taking I	Place (3)		AGIEN				of Facility (4)							
Private Dwelling Street Address							School (K-12) Subchapter 8 Other (i.e. priv	(Other than K vate & comme	-12) rcial b	ouildin	gs, h	omes		
A. (P)						e	e Feet	# of Floors		Bldg	g. Age		-	
City (5) Howell NJ 07731						N/A	nt Lien (Prior	N/A if being demo	lished	N//	Δ		_	
County (6) Monmouth			ounty Co TATE US	de (7) E ONLY)		Priva	ate Dwellir	ng		., 		- Carros		
Name of Monitoring Firm Hired by Building Or Standard Environmental	wner (8)		ASCM N	No.			tement Contr ntracting LI							
Street Address						Addres								
2108 Fulton St, Suite 2A City, State, Zip Code					City,	State, Z	ip Code	7404					-	
Brooklyn NY 11233		Te	elephone	No.	Contraction of	odland	Park NJ (	Licens	e No.				_	
Project Manager for Monitoring Firm Kayode Adefisoye					973	8-692-6		0126	6					
	Scheduled C 09-30-20		letion D	ate (11)	Am	ax Co	ntracting L	LC						
Occupancy Status During Abatement (Check		PD BUX 7.34												
Facility Closed/Vacated During Entire P     Abatement Performed Outside of Norm     Other – Describe:	al Facility Ho	ours	ян. 				tip Code d Park NJ	07424						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		ovati nolitic				<ul> <li>Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure</li> <li>Non-Exempted (*) and Non-Friable Procedure</li> </ul>								
	is Lo									,	Abate Ty	ment pe	-	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Used S Mainte Custod	enan	y by ce/	(i.e. the	Description of Containing Material (A mmal systems insulatio surfacing, VAT, or ther miscellaneous)		lation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A		VA	г		430 SF		X				
Basement			X		VA									
		N	JDEP W	laste (	Cubic Yard	s	Name of	Registered La	Indfill	<u> </u>			1	
Name of Registered Waste Hauler Amax Contracting LLC		H	auler ID 036184	No. 0	of Waste S CY		Fairles	s Hills						
City, State Woodland Park NJ 07424			1.1.1.2	Disposal D 10-05-20		City, Stat			<u>e e dini</u>					
Completed by Tome Maslarkov	Title Projec	t Ma	anager		Signa	ture	a	9	Date 09-13-2017					

Contractor and	3. 1983.	51178	1000	~
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Date of Notification (1) 09-11-2017	8				of Building						<u> </u>	5		W	5	h
Agencies Notified	Type Notification			Street A	Address OX 1239						SEF	<sup>3</sup> 1	9 2	2017		U
× EPA × DEP × DOL	Initial Amended Amendment				ate, Zip Co wood N.		5			AS	BESI	OS C	CON	ITR	DL 8	ι
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				FAC	LITY INFO	ORMAT	ION									
Name of Facility Where	Abatement is Taking	) Place (	3)					Туре	of Facility	(4)						
Private Dwelling Street Address									School (K- Subchapte Other (i.e. etc.)	r 8 (Oth			build	ings,	home	es,
City (5) Ho-Ho-Kus NJ 078	85							and the second se	e Feet	# o N/	f Floors A		1	dg. A /A	ge	
County (6) Bergen					Code (7) USE ONLY)			Currer	nt Use (Pr ate Dwel		ing dem	olished	123.5			
Name of Monitoring Firm Standard Environm	The second s	Owner (8	)	ASCN	M No.		1 2	of Abat	ement Co	ntractor	· (9)					
Street Address				1				Addres	tracting s	LLC						
2108 Fulton St, Sui	te 2A							BOX 7								
City, State, Zip Code Brooklyn NY 11233							State, Zij Idland	o Code Park NJ	0742	4						
Project Manager for Mon Kayode Adefisoye	itoring Firm		Telepho 347-24	ne No. 41-7673		100000000000000000000000000000000000000	none No 692-62			Licens 0126						
Start Date (10) 09-21-2017	1	Schedul 10-15-		npletion	Date (11)				A Monitor		L					
Occupancy Status During	g Abatement (Check	a serve avera		17 Amax Contra Street Address						LLO						
Facility Closed/Vaca	ated During Entire P	eriod of	Abaten	nent			POE	30X 7	34							
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	/ Hours	rrs City, State, Zip Code Woodland Park NJ 07						J 0742	.4					
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the second sec	Renova Demolit				×	Mini Glov	-Enclosur /ebag Pro	ntainment with Negative Pressure iclosure ag Procedure cempted (*) and Non-Friable Procedure						
			Locati											Abate	ement pe	
Location Asbestos-Containing <u>TO BE AB/</u> In Facili (13)	Material (ACM)	Use Ma	Normal ed Sole intenai todial S (12)	ly by nce/	by Asbestos Cor ce/ (i.e. therma aff? surf			laterial s insulat T, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											Ø	
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3rd Floor(sl					wana				1001)		00 SF		( (			
Name of Registered Was			N	JDEP W	/aste		and cei Yards	I	Name of				7			
Amax Contracting LLC 00					NJDEP Waste         Cubic Yards         Name of Registered Landfill           Hauler ID No.         of Waste         Fairless Hills											
City, State Woodland Park NJ 0			Disposal Date City, State 10-22-2017 Morrisville PA													
Completed by Tome Maslarkov	ect Ma	anager		S	ignature	1	Ce Date 09-11-2017									

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

Date of Notification (1)			N	lame of	Building Ow	ner/Oper	rator (2)					15	12		
9/15/17	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Pro	GRES	SIJ	e co	orep	ANIES			n.	ŊΠ	Ē	1
Agencies Notified 1	ype Notification		S	treet Ad	dress				- 4	$\gamma$			M	5	
E EPA	Initial		L	employee	3 WEC	705	Wo	00	4	spla	して				
D DEP C	Amended		0		e, Zip Code	٨	1-		Del	A	SEP 1	9	2017	1	W
Z DOL	Amendment # Emergency (inclu	uding	- L		ERON	A .	NJ	. 6	104		o L I	<u> </u>	2011		land
DOH DOH	justification)	U	I	lame of		0.1			-	Tele	phone Nullion	A			>
DCA E	Cancellation				JOHNS		ON			1 m	BEOTOO	00		<del>~~ 8</del>	
Name of Facility Where Abat	ement is Taking Place	e (3)		FACIL	ATT INFOR	ANTA LIN		Type of	Facility (4	)	LICE	NOT	10		
	WOOD C		05	ZU	en 10170			□ So	hool (K-12	)					
Street Address					~				ibchapter 8	(Other	than K-12) commercial b	ilding	r hor	nec et	
23 WEDG	GOOWSE	AJ	T						2584 - 15 1999 - 1995						
City (5)							1	Square		# of	Floors	Bl	dg. Ag		2
VERON	AU								500	-	2	1	60	? YR	
County (6)				County C	Code (7) ISE ONLY			Current			(demolished)				
ESSE,			6				Name of Abatement Contractor (9)								
Name of Monitoring Firm Hit	red by Building Owne	er (8)		ASCM	1 No.		Name of	Abater	nent Conua	ctor (9)					
0							Best Street Ac		noval	Inc	2				
Street Address									+h Di	TOR	Stree	-			
City Senta Zin Cada	City, State, Zip Code							te, Zip		ver	DLLEE				
City, State, Zip Code							C			NTT (	07601				
Project Manager for Monitoring Firm Telephone No.							Hackensack, NJ 07601 Telephone No. License No.								
Project Manager for Monitoring Firm Telephone No.							5 0 - 1 - 1 - 1 - 1 - 1 - 1		7111		0038	2			
Start Date (10)	S	cheduled	Compl	etion Da	te (11)		Name of	OSHA	<u>-7444</u> Monitor		00.505				
9/28/	רו	t	0/3	117	2		Omeg	a Ei	iviro	nmer	ntal				
Occupancy Status During Abatement (Check Only One)								idress							
Facility Closed/Vacated	During Entire Period	l of Abate	ment						ler S	tree	et				
Abatement Performed C Other – Describe:	outside of Normal Fac	ility Hou	SPA	e			City, Sta	te, Zip	Code						
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Scope of Work (Check All Th	nat Apply)							-							1
$\Box \geq 3 \text{ sf or } \geq 3 \text{ lf}$			novati				Ø Ø		Containmer -Enclosure	nt with I	Negative Press	ure			
≥160 sf or ≥260 lf			monue	Jn				Glov	ebag Proce	dure					
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Location o			ormally Solely				cription o								-
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In Facility		Custo	odial St (12)	aff?		V	AT, or			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		. 1	10 10 10 10 10 10 10 10 10 10 10 10 10 1	1		other m	iscellane	ous)				al	ч	late	Ire
		Yes	No	N/A											
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			0.1253				-								
Name of Registered Waste H	auler		N	DEP W	aste 1	Cubic Y	ards		Name of F	legistere	ed Landfill				
Traille of Registered waste fi	uuroi			auler ID	No.	of Wast	re 2 1/2			20					
Best Removal	Inc			171(	)9		2 12	-1			Enterg	ori	ses	<u>, I</u>	LC
City, State						Disposa	3		City, State						
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Completed by	*	Title				51	Friering	$\mathcal{A}$	bione	عبره	2	9/	15/	17	
J. Maiorano		Est	ıma	tor			X	10				_/_	-1-		

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

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					State of N	ew Jersey		PAID				
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Date of Notification (1)	5-17			Nan	ne of Buildi J. W	ng Owner/Operator	STRUC	TION STA	<b>J</b> 1(9	20	117	
Agencies Notified	Type Notificatio				et Address P. O State, Zip	. BOX 3		ASDESTC T 0840	ENS	UNG	hoi	~ 00
	Emergency justification		ng	Nam	e of Conta MIK			Telephone Numb			:	
		Ē		FA	CILITY IN	FORMATION						
Name of Facility Where R	Abatement is Taki	ng Plac	ce (3)					- • · ·		dinas		
							homes, etc	<b>;</b> .)				
	TANK CIT	ry_					Square Feet	# of Floors	. ]_	1dg. A		_
County (6) CAPE	MAY				Inty Code ( E ONLY)	7) (STATE	VK	Prior if being demolis	shed)			
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCN	No.	Name of Abatem		9) AIC.				
Street Address	A					Street Address		N.C.				=
							S. SPRI	UCE AVE				_
City, State, Zip Code	•					City, State, Zip C MAPLE	ode 5 HAD	E N.J C	०४०	52		
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.		License No.	-			-
		distant (		tion D	ate (11)	856-779 Name of OSHA M		004	44			=
Start Date (10) 9 - 25-1	7 1	()-	7-	-17			N A.					_
Occupancy Status During				ment		Street Address	2					
Abatement Performed						City, State, Zip C	ode					
Scope of Work (Check al	I that apply)					E Full Con	tainment with N	egative Pressure				_
⊇≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		R	enovat emolitic	ion m		Mini-End Gloveba	dosure g Procedure	on-Friable Procedu	e			
		N	Locatio	1					1	bater Typ		
Location of Asbestos-Containing M <u>TO BE ABATE</u> IN Facility (13)	aterial (ACM)	Mai C	I Soleł ntenan ustodia Staff? (12)	ice/		Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				1.5.5.				
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									1			
Name of Registered Wast				UDEP V auter 10	WING DE PARTI	Cubic Yards of Waste	Name of Reg	istered Landfill M. C. M.	U.	A		
City, State		141				Disposal Date	City, State	DBINE		4		
Completed By	HADE	C	<u> </u>		]	Signature	1 And	Date -	-15	1	7	
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UC#431	+		FICATI	ON OF AS	New Jersey SEESTOS ABATE C 8:60 and 12:12	DEC	E	0	V		
Date of Notification (1)	5-17		Nan	Name of Building Owner/Operator (2) EARTHTECH CONTRIACTINC 2017							2
Agencies Notified	Type Notificat	on	Stre	treet Address							
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DEP Kat dol	Amended		City.	State, Zip		LICENSING					
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DOH	justification	n)	Nam	e of Conta			Telephone Num	nber			
	Cancellation	ר		BR	UCE						
			FA	CILITY IN	FORMATION						
Name of Facility Where						Type of Facili	ty (4)				
	SIDENC	E				School (K-		-			
Street Address					3 <sup>1</sup>		r 8 (Other than K-1 private & commerce c.)		ilding	s,	
City (5)						Square Feet	# of Floors	E	Bldg.	Age	
OCt	ANI C	ITY				2000	- 2			) *	
County (6)	<u>``</u>			nty Code	Prior if being demol	ished)					
	MAY	1	USE	ONLY)		-VA	CANT				
Name of Monitoring Firm	Hired by Building	) Owner	ASCM	No.	Name of Abatement Contractor (9)						
<sup>(8)</sup> Ň	JA				KLEMCO INC						
Street Address					Street Address	C 5000	NCC MI-				
The State Zip Code					City, State, Zip C		DCE ALE				_
City, State, Zip Code						ESHAD	E NI.J	08	OS.	2	
Project Manager for Monitoring Firm Telephone No.					Telephone No. 856-77	9-0472	License No.	чч			
Start Date (10)	Sch	eduled Comple	etion Da	ite (11)	Name of OSHA N						-
9-75-17		10-2-	-17			_N/A					
Occupancy Status During		and an in the second film			Street Address						
S Facility Closed/Vacated						1					_
Abatement Performed	Outside of Norm	al Facility Hou	rs		City, State, Zip Co	ode	1				
] Other - Describe:											-
Scope of Work (Check all ] ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	that apply)	Renovati			☐ Mini-Enc ☐ Gloveba	losure g Procedure	egative Pressure				
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Location of		Used Soleh	yby		Description of			-			-
Asbestos-Containing Ma		Maintenan Custodia	STR. 1		os Containing Mate thermal systems in		Amount (Specify			5	m
TO BE ABATE IN Facility	D	Staff?		(1.0.,	surfacing, VAT, o		SF or LF)	lem	Repair	ap	nclo
(13)		(12)			other miscellaneou	(21.		Removal	alr	Encapsulate	Enclosure
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ame of Registered Waste	Hauler		JDEP W	aste I	Cubic Yards	Name of Regi	stered Landfill	1			-
ICLEMCO	INC		auler ID 790	No,	of Waste	<u> </u>	L.C. M.U.	A			_
NAPLE SHK	LOE IN	. T			Disposal Date	City, State WOO	DBINE				
ompleted By	Tīte			1	Signature	A ~ .	Date	10	1-	7	-
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CK# 4314			IFICAT	ION OF AS	lew Jersey BESTOS ABATE C 8:60 and 12:12			5	W		
Date of Notification (1)	-17		Na	me of Build	ing Owner/Operato TERRY		UL SEP	19	201	1	he
			Str	Street Address Z74 INDIAN TRABECTOR DINTROL &							
	mended mendment #_ mergency (in	cludina	City	/, State, Zip	State, Zip Code CAPE MAY COURT HOUSE						
DOH j	ustification) ancellation	,	Nar	me of Conta	SAME		Telephone Num	ber			
	· · ·		F	ACILITY IN	FORMATION						-
Name of Facility Where Abaten	nent is Taking	Place (3	3)			Type of Facili	ty (4)				
	IDENC	E				School (K-	-12). er 8 (Other than K-1.	21			
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County (6)	MAY		Co		(7) (STATE	Current Use (I	Prior if being demoli IACIA IN T	shed)			=
Name of Monitoring Firm Hired		wner	ASCI	M No.	Name of Abater	nent Contractor					=
<sup>(8)</sup> N/4	7					Lturco	INC				_
Street Address					Street Address	9 S. (	SPRUCE 6	Ave	-		
City, State, Zip Code					City, State, Zip C	PIE SH	LADE NUT	5 0	80'	2	
Project Manager for Monitoring	Firm	T	elephon	e No.	Telephone No.	79-047	License No.				۲
Start Date (10)	Schedu	led Com	pletion D	Date (11)	Name of OSHA		<u>л</u>				=
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Other - Describe:							- 12 				_
Scope of Work (Check all that a	ppły)	Renov				ntainment with N	egative Pressure				
⊇≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	L D					ag Procedure	Ion-Friable Procedu	re			
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(13)	Ļ	(12)	1		surfacing, VAT, other miscellaned			Removal	pair	Encapsulate	Enclosure
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City, State MAPLE SHAP	F W	.Ĵ.			Disposal Date	City, State	ODBINE				
Completed By	Title	SUP1	-211	300	Signature	ROV	Data	15	-17	)	_
MICHAEL KITHW	<u> </u>	2011	nur	- ruc	para						_

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Name of Facility Where Abatement is	Taking Pla	ce (3)	F	ACILITIN	FORMATION	Type of Facil	ity (4)				
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treet Address					Street Address		CE AVE				
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roject Manager for Monitoring Firm		Tel	ephone	e No.	Telephone No. 856-77	9-01/22	License No.	IUL	1		
tart Data (10)	cheduled (	Comple	etion D	ate (11)	Name of OSHA		-1_00-	1-1-1			=
tart Date (10) S	10-		17			NIA					
ccupancy Status During Abatement (					Street Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Period of	f Abate	ement		City, State, Zip C	ode					
Other - Describe:		ity not	113		City, State, 200	ouc .					
cope of Work (Check all that apply)						toinmont with N	egative Pressure				
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IN Facility (13)		Staff? (12)			surfacing, VAT, other miscellaneo		SF or LF)	Removal	Repair	psula	Enclosure
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me of Registered Waste Hauler			UDEP V auker ID		Cubic Yards of Waste		istered Landfill	.^			
KLEMCO INC		1	290	×4		C. M	. C. M.D	A			
y. State	A.1 .	T			Disposal Date	City, State	ODBINE				
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LICHAEL KLOWM	SU	P.			- Mul	1 /c		1)	-1		=



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L			F	ACILITY IN	FORMATION							
Name of Facility Where Abatement is Ta	king Plan	ce (3)				Type of Facili	ty (4)					
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Project Manager for Monitoring Firm		Tel	ephone	e No.	Telephone No.	-	License No.					
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	eduled (	Comple	etion D	ate (11)	Name of OSHA N	Aonitor						
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9-27-17	10=	6	1		Street Address	n pe					-	
Occupancy Status During Abatement (Ch					Sueer Address	2						
Facility Closed/Vacated During Entire	Period of	Abate	ment								=	
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KLOMCO INC		-1-	11	× t	Disposal Date	City, State						
ty, State	16.1	7					SANITUILL	5	NI.	5		
MAPLE SHADE	N.	٦.			- Cianata -	1	Date					
ompleted By Tit	e		1.5		Signature	101-	9-	15	-17	)		
AICHAEZ KLEMM	SUP	ERI	Jis	DR	- Me	MA		1			_	

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Date of Notification (1)	7		Na	me of Build BOI	ing Owner/Operato 3 MOOSE		ASBELICIÓ				
	otification		Str	eet Addres	s IRav	322	LICEN	ISIN	<del>на</del> G	<del>OL (</del>	1
	nded		Cit	y, State, Zin		SCC					
	ndment #	dina			<b>IGANTIN</b>	E N.J	5 0820	3			
DOH justi	fication) cellation	3	Na	me of Conta			Telephone Nun	nber			
			F	ACILITY IN	FORMATION						
Name of Facility Where Abatemen		ace (3)				Type of Faci	lity (4)				
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Street Address						Other (i.e.	, private & commerc		ilding	IS,	
City (5)						homes, e Square Feet	# of Floors	IE	Bildg.	Age	
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County (6) ATLAUTIC				unty Code SE ONLY)	(7) (STATE	Current Use (	Prior if being demol	ished)			
Name of Monitoring Firm Hired by E	Building Own	er	ASCI	VI No.	Name of Abatem		18			23	
(8) <u>N/A</u>						MCO J	INC				_
Street Address					Street Address		PRUCE IAL	E			
City, State, Zip Code	10 ·····				City, State, Zip C MAK	PLE SI	HADE N.	T	08	105	z
Project Manager for Monitoring Firm	Telephone No. 856-770	7-0472	License No.	14							
Start Date (10)	Scheduled			ate (11)	Name of OSHA M						=
4-15-17		- 2-				NA	-				_
Occupancy Status During Abatemer	te hoote and so and so and so				Street Address						
Abatement Performed Outside of     Other - Describe:					City, State, Zip Co	ode	1997 - 1997 -				=
Scope of Work (Check all that apply	)										-
⊇3 sf or ≥3 lf ≥160 sf or ≥260 lf		(enoval emolitik			Mini-Encl	losure g Procedure	egative Pressure				
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Location of Asbestos-Containing Material (ACM	and the second	d Solei intenar		Asbest	Description of os Containing Mate	rial (ACM)	Amount	H		_	
TO BE ABATED IN Facility		Staff?	al		hermal systems in: surfacing, VAT, c	sulation,	(Specify SF or LF)	Rer	Re	Encapsulate	Enclosure
(13)		(12)			other miscellaneou		SPOLE)	Remova	Repair	psula	osur
	Yes	No	N/A					-		ate	e
SIDING			X	TK	LANSITE		1750 SE	X	-		
Name of Registered Waste Hauler			JDEP V auler ID	No,	Cubic Yards of Waste	Name of Reg	istered Landfill				
City, State			790	24_1	Disposal Date	City, States?	CUA.				-
MAPLE SHAPE	WI.5						ASANTUL	E			_
MICHAEL KLEWM	Title	ZES			Signature	OTIL	Date 9	-15	1	7	_

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Agencies Notified Type Notification			Street /	Address			-	v	1	ASELSI	087	Car		$\pm$
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Name of Facility Where Abatement is Takin PRIVATE	g Place (3	3)					Typ	be of Facility (						
Street Address								School (K-1 Subchapter Other (i.e. p	8 (Oth	er than K-1 & commerci	2) al buil	dings.	, hom	es,
City (5)								etc.) uare Feet		f Floors				
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County (6) ESSEX				Code (7) USE ONL			Сиг	rrent Use (Pri N//		ng demolist	ned)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	4 No.		S 13 3 5 5 5 5 5		batement Cor EAST ENV			LLC	). ).		
Street Address						Street 1126								
City, State, Zip Code		•						Zip Code BERGEN	NJ. 07	7047				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201.		No. .0642		License N 01300	0.			
Start Date (10) 09/21/2017	Schedule 09/25/2		- CG	Date (11)	)			SHA Monitor	INC.					
Occupancy Status During Abatement (Chec	k Only On	ie)				Street								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm								ERTY ST. Zip Code						
Other – Describe:					<u> </u>	MET	UCI	HEN NJ.						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Monthly of the local of the lo	lenov Iemoli				XIXIXI		ull Containme Iini-Enclosure Ilovebag Proc Ion-Exempted	edure	907-200			e	
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DAGENER	Yes	No	N/A										te	
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Name of Registered Waste Hauler			JUDEP W	aste	Cubic	(ards		Name of F	Reniste	red Landfill				
TRI STATE ASSOC INC.		ŀ	lauler ID 19951		of Was	te		Trees south the last		ITERPRI	SE			
City, State BRONX, NY.					Dispos TBD	al Date		City, State WAYNE		RG OHIO	6			
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City (5) GLEN RIDGE NJ								6	uare Feet 000	- SI & S	of Floors 2	- CA-C	3ldg 91	Age	
County (6) ESSEX					Code (7) USE ONL			Cu	rrent Use (Pr N/		ing demolis		2		
Name of Monitoring Firm N/A	Hired by Building	Owner (8	;)	ASC	M No.				batement Co			.1 11 (			
Street Address							Street	Add	Iress			15m hater 1			
City, State, Zip Code	٦						City, S	state	, Zip Code BERGEN	NI O	7047				
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph	none		140. 0	License N 01300	lo.	- 1.60		
Start Date (10) 09/21/2017		Schedul 09/25/		mpletion 7	Date (11	)	Name	of O	SHA Monitor		01300				
Occupancy Status During	g Abatement (Cheo	1					Street			1140.					
<ul> <li>Facility Closed/Vaca</li> <li>Abatement Perform</li> <li>Other – Describe:</li> </ul>	ated During Entire ed Outside of Norr	Period of nal Facilit	Abate y Hou	ment rs			City, S	tate,	ERTY ST. Zip Code						
Scope of Work (Check A	II That Apply)						MEI	UC	HEN NJ.						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		presenting .	Renov Demol				XXXX		Full Containm Aini-Enclosure Glovebag Pro Non-Exempted	e cedure				e	
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Name of Registered Was				VJDEP W Hauler ID		Cubic of Was			1		red Landfill				
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BRONX, NY. Completed by CARLOS ESQUIVEL		Title					ionature	Pa	WAYNE	<del>1</del> 17		te			
JANLOS ESQUIVEL	-	SAF	=1Y	MANAG	ÞEK		$\sum_{i=1}^{n}$			17	~   09	9/11/2	2017		

XX				Sta	to of NL	ew Jersey						
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Date of Notification (1)		(						DECE		V	E	: 1
September 15, 201	7			<ol> <li></li></ol>		ng Owner/Operato	r (2)	LY I				7
Agency Notified	Type Notification			1	of NY &					-		Щ
	Type Notification							ELL SEP 1	92	017		11
EPA	Initial				State, Zip	Center, 11th F	100r			-		F
	Amended Amendment #					J 07102	1	ASBESTOS	CONT	PO	1 0	1
	Emergency (inclu	uding	3		of Conta			LICEN	NSING	nu	P 6	•
DOH DCA	justification)				y Mehta	10.0		Telephone Num	iber			inner o
						ORMATION			-		-	
Name of Facility Where A	batement is Taking F	Place (3)	1	1 40		OTIMATION	Type of Facility	(4)		_		
George Washingto		0.0		Buildi	ina							
Street Address		motra	tion	Dunu	ng		School (K-1)	2) 8 (Other than K-12)	1			
220 Bruce Reynold	ls Blvd.						🛛 Other (i.e. p	rivate & commercia	) I buildir	ngs,		
City (5)							homes, etc. Square Feet	) # of Floors	Dida	٨٠		
Fort Lee, NJ 07024	I.						30,000	4	Bidg	1000	1	
County (6)			1	Count	v Code (7	) (STATE USE		rlor if being demolis	1 - Ponde Sta	-		
Bergen				ONLY)		I OTATE USE		nor it being demolis	snea)			
Name of Monitoring Firm I	Hired by Building Ow	vner	ASCN	1 No		Name of Abatem	Office	2)				
A of NY & NJ			N/A	. 110.		CARCENTRAL TRACT						
Street Address			IN/A									
241 Erie Street, Roo	om 236			Street Address 223 Randolph Avenue								
City, State, Zip Code	5111 200					City, State, Zip C						_
Jersey City, NJ 073	10					Clifton, NJ C						
Project Manager for Monito		Τe	elepho	ne No.		Telephone No.		License No.				-
Uday Mehta	ç			95-488	81	973-478-468	1	00120				
Start Date (10)	Scheduled	1.				Name of OSHA I	The second secon	00120				_
September 30, 2017	7 Septemb	ber 29,	2018	В		EMSL Analy	tical. Inc.					
Occupancy Status During	Abatement (Check o	nly one)	1.			Street Address						
☐ Facility Closed/Vacated	During Entire Perior	d of Abat	omont			200 Route 13	30 N					
Abatement Performed O	Outside of Normal Fac	cility Hou	urs		ĺ	City, State, Zip C	ode					-
Other - Describe: Nor		work				Cinnaminso	n, NJ 08077-	2892				
Scope of Work (Check all t	that apply)							N				
⊠ ≥ 3 sf or ≥ 3 If					ovation		Enclosure	Negative Pressure				
				Dem Dem	olition		bag Procedure	N. 5111 5				
] ≥ 160 sf or ≥ 260 If									aure		hate	eme
☐ ≥ 160 sf or ≥ 260 If		1	1				Exempted (*) and	Non-Friable Proce		A	uair	
			Locati Iormal				-xempted (*) and	Non-Friable Proce		A	Ty	pe
Location		N Used	lormal d Sole	ly ly by	Achae	Description of	f			A	Ту	
Location Asbestos-Containing <u>TO BE ABA</u>	Material (ACM) ATED	N Useo Mai	lormal	ly ly by nce/		Description c tos Containing Ma , thermal systems i	f terial (ACM) nsulation,	Amount (Specify			Ту	
Location Asbestos-Containing <u>TO BE ABA</u> IN Facilit	Material (ACM) ATED	N Useo Mai	lormal d Sole ntena ustodi Staff?	ly ly by nce/ al		Description o tos Containing Ma , thermal systems i surfacing, VAT	f terial (ACM) nsulation, or	Amount			Ту	
Location Asbestos-Containing <u>TO BE ABA</u>	Material (ACM) ATED	N Useo Mai	lormal d Sole ntena ustodi	ly ly by nce/ al		Description c tos Containing Ma , thermal systems i	f terial (ACM) nsulation, or	Amount (Specify			Ту	e Encapsulate
Location Asbestos-Containing <u>TO BE ABA</u> IN Facilit	Material (ACM) ATED	N Useo Mai	lormal d Sole ntena ustodi Staff?	ly ly by nce/ al		Description o tos Containing Ma , thermal systems i surfacing, VAT	f terial (ACM) nsulation, or	Amount (Specify			Ту	
Location Asbestos-Containing <u>TO BE ABA</u> IN Facilit (13)	Material (ACM) A <u>TED</u> ity	N Used Mai C	lormal d Sole ntena ustodi Staff? (12)	ly ly by nce/ al	(i.e.,	Description o tos Containing Ma , thermal systems i surfacing, VAT	f terial (ACM) nsulation, or	Amount (Specify SF or LF)	1 In ft	Removal	Ту	
Location Asbestos-Containing <u>TO BE ABA</u> IN Facilit (13)	Material (ACM) A <u>TED</u> ity	N Used Mai C	lormal d Sole ntena ustodi Staff? (12)	ly ly by nce/ al	(i.e.,	Description c tos Containing Ma , thermal systems i surfacing, VAT other miscellane	f terial (ACM) nsulation, or	Amount (Specify SF or LF)	In ft	Removal	Ту	
Location Asbestos-Containing <u>TO BE ABA</u> IN Facilit (13)	Material (ACM) A <u>TED</u> ity	N Used Mai C	lormal d Sole ntena ustodi Staff? (12)	ly ly by nce/ al	(i.e.,	Description c tos Containing Ma , thermal systems i surfacing, VAT other miscellane	f terial (ACM) nsulation, or	Amount (Specify SF or LF)	l In ft	Removal	Ту	
Asbestos-Containing <u>TO BE ABA</u> IN Facilit (13) Lower Parking Lot of Admin	Material (ACM) ATED ity	Yes	lormal d Sole ntena ustodi Staff? (12) No	ly ly by nce/ al	(i.e., Tansi	Description o tos Containing Ma , thermal systems i surfacing, VAT other miscellane	f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 21	l In ft	Removal	Ту	
Location Asbestos-Containing <u>TO BE ABA</u> IN Facilit (13) .ower Parking Lot of Admini	Material (ACM) ATED ity istration Building	Yes NJI ID N	lormal d Sole ntena ustodi Staff? (12) No DEP W No.	ly ly by nce/ al	(i.e., Tansi	Description of tos Containing Ma , thermal systems i surfacing, VAT other miscellane te pipe Cubic Yards of Waste	f terial (ACM) nsulation, or ous) Name of Regist	Amount (Specify SF or LF) 21 ered Landfill		Removal	Ту	
Location Asbestos-Containing <u>TO BE ABA</u> IN Facilit (13) .ower Parking Lot of Admin	Material (ACM) ATED ity istration Building	Yes NJI ID N	lormal d Sole ntena ustodi Staff? (12) No DEP W	ly ly by nce/ al	(i.e., Tansi	Description of toos Containing Ma , thermal systems is surfacing, VAT other miscellane te pipe Cubic Yards of Waste 2	f terial (ACM) nsulation, or ous) Name of Regist Minerva En	Amount (Specify SF or LF) 21		Removal	Ту	
Location Asbestos-Containing <u>TO BE ABA</u> IN Facilit (13) Lower Parking Lot of Admini Lower Parking Lot of Admini Lame of Registered Waste Jimmy Byrne Trucki	Material (ACM) ATED ity istration Building	Yes NJI ID N	lormal d Sole ntena ustodi Staff? (12) No DEP W No.	ly ly by nce/ al	(i.e., Tansi	Description of toos Containing Ma , thermal systems i surfacing, VAT other miscellane te pipe Cubic Yards of Waste 2 Disposal Date 09/30/2017 -	f terial (ACM) nsulation, or ous) Name of Regist Minerva En City, State	Amount (Specify SF or LF) 21 ered Landfill terprises, Inc.		Removal	Ту	
Location Asbestos-Containing <u>TO BE ABA</u> IN Facilit (13) Lower Parking Lot of Adminic lame of Registered Waste	Material (ACM) ATED ity istration Building	Yes NJI ID N	lormal d Sole ntena ustodi Staff? (12) No DEP W No.	ly ly by nce/ al	(i.e., Tansi	Description of toos Containing Ma , thermal systems i surfacing, VAT other miscellane te pipe Cubic Yards of Waste 2 Disposal Date	f terial (ACM) nsulation, or ous) Name of Regist Minerva En	Amount (Specify SF or LF) 21 ered Landfill terprises, Inc.		Removal	Ту	

HII I	Ν			TION C	OF ASE	ew Jersey BESTOS ABAT 8:60 and 12-1				44 1	11.	
Date of Notification (1)				Name	of Buildin	g Owner/Operator	(2)				1	+
January 11, 2017					f NY &			III' SEP	1 9 20	)17		L
	e Notification				Address	110	<u> </u>	L. VE		2.910.	1	
						ridge, 2777 Go	pethal Road N	lorb		DOL	-	
	nitial Amended		ŀ		tate, Zip				ENSING	HOL	<u>&amp;</u>	-
X DOL	Amendment # 07				÷.	nd, NY 10303-8	3413 L	013	ENOINC			-
	Emergency (includi	ng	ŀ		of Contac			Telephone Nur	nber			-
	justification) Cancellation			Uday	Mehta	1						
				FACI	LITY INF	ORMATION						
Name of Facility Where Abate	ment is Taking Pla	ace (3)	)				Type of Facility	(4)				
Goethals Bridge - Nev							School (K-12	)				
Street Address							Subchapter 8	Other than K-12	2)			
2777 Goethals Road N	lorth						Other (i.e. pr homes, etc.)	vate & commercia	al buildin	gs,		
City (5)							Square Feet	# of Floors	Bldg.	Age		
Staten Island, NY 103	03-8413						440,758	1	88 +	-/-		
County (6)				County	Code (7	) (STATE USE	Current Use (Prlor if being demolished)					
Union				ONLY) Bridge								
Name of Monitoring Firm Hire	d by Building Own	er	ASCN	A No.		Name of Abatem	nent Contractor (9	)				
Creative Environment Solu			N/A				storation Cor					
Street Address				Street Address								
39 West 37th Street, 1	4th Floor					223 Randolp	oh Avenue					
City, State, Zip Code						City, State, Zip C						-
New York, NY 10018						Clifton, NJ 0	07011					
Project Manager for Monitorin	g Firm	T	elepho	one No.		Telephone No.		License No.				Ī
Dmitry Khusidman		2	212 2	90 632	3	973-478-468	1	00120				
Start Date (10)	Scheduled C	omple	tion Da	ate (11)		Name of OSHA						
January 23, 2017	January 2	21, 20	018			McCabe Env	vironmental S	Services, L.L.	C.			
Occupancy Status During Aba	atement (Check on	ly one	)			Street Address						
□ Facility Closed/Vacated Du □ Abatement Performed Outs ⊠ Other - Describe: Non-f	ide of Normal Faci	lity Ho	ours	it		464 Valley E City, State, Zip C Lyndhurst,		9				-
Scope of Work (Check all that $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$	apply)				ovation olition	□ Mini- □ Glov	Containment with Enclosure ebag Procedure Exempted (*) and					
			sloca	tion						Aba	tem	
Location of Asbestos-Containing Ma <u>TO BE ABATI</u> IN Facility (13)	terial (ACM)	Us Ma				Description of pestos Containing Material (ACM) Amoun i.e., thermal systems insulation, (Specifi surfacing, VAT, or SF or Li other miscellaneous)				Removal	9	
West Bound Bridge ove	r NJ Turnpike	Yes	No	N/A	Concrete	Encased Transite Pipe (Par	rapet) - North & South	9	00 In ft	X		-
East of Rail Road Tre		X			Concrete	Encased Transite Pipe (Par	rapet) - South Side	4	50 In ft	X		
NJ Abutment Room		X			Whit	e Panel (Trans	site)	8	30 sq ft	X		Ĩ
East Bound NJ approach o	f existing bridge	Ŕ				te Encased Transite Pip		1	86 In ft	X		
Name of Registered Waste H		1.000		Waste H	lauler	Cubic Yards of	Name of Regis	tered Landfill				1
Horwith Truck Inc. Tri-State Transfer	olid Wast	No. ardous 07110 id Waste: 16227 51 (Tri-State)         Waste         Chemical Waste Management Minerva Enterprises, Inc           Disposal Date         City, State							_			
City, State Northampton, PA / Br						Disposal Date 01/23/2017 - 01/21/2018		./Waynesbu	rg, OH			
Completed by G. Roger Woodman	Title Project N	lanag	ger			Signature	111		9/14/	2017	0	

é ar	₽	NOTI (	FICATIO	State of N ON OF AS nt to NJAC	BESTOS	ABATE	EMENT 0)				[	1	Prir
Date of Notification (1) 9/14/17			Name	of Building	g Owner/	/Operato	r (2)	ME	C	E	1	V	
Agencies Notified Type Noti	fication		Street	Address				HYF					
EPA Initia			1.000	Central A					SEP	1	9 2	017	
X DOL Ame	ndment #			ark, NJ	Jude								
DOH justifi	gency (includir cation) ellation	ig	1 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	of Contact orie Perr				Telepho	omer Nain	18 Br	CON	TRC	L
				CILITY INF		ION		<u> </u>					
Name of Facility Where Abatement i Condemned Structure	s Taking Place	(3)				ion .	Type of Facility	(4)				0.02020	
Street Address 217 Fairmount Ave							X Other (i.e	-12) er 8 (Other th . private & co	ian K-12 mmercia	) il bu	ildings	s, hor	ne
City (5) Newark,							etc.) Square Feet 4500	# of Flo	ors		Bldg. 50+	Age	
County (6) Essex			County (STATE	Code (7)	0		Current Use (P Abandoned)	rior if being d	emolish ed Stru	ed) Ictu	re		
Name of Monitoring Firm Hired by Bu	ilding Owner (	8)	ASC	M No.			of Abatement Co uzzi Environi	ontractor (9)					
Street Address						Street	Address Kinnelon Rd S						-
City, State, Zip Code						City, S	tate, Zip Code elon, NJ 0740						-
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No. 218-0880	Lice	ense No 228	•			
Start Date (10) 9/18/17	Schedu 9/20/1		mpletion	Date (11)		505-33 m 3 2 5 5 9	of OSHA Monito uzzi Environr		vices,	nc.			
Occupancy Status During Abatement Facility Closed/Vacated During B			nant			Street /	Address (innelon Rd S	2000 - 2020-					
Abatement Performed Outside o Other – Describe: condemned B	f Normal Facili	ty Hours	s				ate, Zip Code elon, NJ 0740	5					
Scope of Work (Check All That Apply)					l			<u> </u>					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolii					Full Containm Mini-Enclosur Glovebag Pro	e cedure					
	1	s Locati	ion			×	Non-Exempte	d (*) and Nor	n-Friable	Pro	Abate		t
Location of		Normal ed Sole	ly		Des	cription	of					vpe	1
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Ma	aintena stodial S (12)	nce/	Asbest (i.e.	thermal surfac	aining Ma systems ting, VAT tiscellane		Amoun (Specif SF or Lf	y	Removal	Repair	Encapsulate	
	Yes	No	N/A				,			val	=	ılate	
Entire Structure			x		Entire	Struct	ure	4500s	f				
Name of Registered Waste Hauler			JDEP W	1007 C C	Cubic Y		Name of	Registered La	andfill				L
Yannuzzi Group, Inc. City, State			auler ID 7467	No.	of Wast 200		Grows/	Fairless					
135 Kinnelon Rd Kinnelon NJ Completed by					Disposa 9/18-9	/20	City, Stat						
	Title				Si	gnature	VI THI	10	Date				

Nº 1	0		PA			State					2 -				1 
0g	B & G proj. #:	2017-128		and the second	Notific Pursuan	ation of Ask t to NJAC 8	besto: 8:60-7	s Abatement and 12:120-7)		<u> </u>	S E 8583		V (		D
_	Date of Notification	(1)	Na	ame of Build	ling Owne	er/Operator (2)	1			Li SE	EP 19	20	17		Л
	0 9 1/1 5	<u> / 1 17  </u>		Ken Oliva	-				-	i					
7	Agencies Notified	Type Notificatio	n Str	reet Address	S					ASBES	STOS CO	ONTI	ROL	8	
	D EPA	X Initial							Ĺ		LICENS	ING	-	-	
	DDL	Amendm		ty, State, Zip Chatham		928									
	DOL DOH			me of Conta		520				Telephone	Number				
		Cancellat		Ken Oliv								i.			
-						LITY INFORM	ATION	4		=					
	Name of facility wh	ara abatement is	taking play	ce (3)	17.01				Ту	pe of Facility (4)	)				
	Ken Oliva	lere abatement is	taking plat							School		h a s th	an K	12)	
-										X Other (P	oter 8 (Ot rivate/Co	mmer		12)	
	Street Address										omes, etc		Bld	g. Ag	e
-	City (5)		Coun	ty (6)			Cou	unty Code (7)							
			Mor				(Sta	ate use only)		urrent Use (Pric	or if being	dem	olishe	d)	
-	Chatham Name of Monitorin	a Firm Hirad by B				ASCM No.	<u>.                                    </u>	Name of Abateme		esidential tractor (9)					
	Name of Monitorin	ig Film Hileu by b	idy. Owne			n/a		B & G Restor							
1	Street Address				l			Street Address	Baar	4					
	-					Miceson 2		105 Ryersor City, State, Zip Co							
0	City, State, Zip Coo	le						Lincoln Par		07035					
-	Project Manager fo	r Monitoring Firm		Pho	one Numb	ber		Telephone Number			License	Numb 378	er		
								(973)696-6 Name of OSHA M			00.	370			
-	Scheduled Start Da	ate (10)	1	. Completion	n Date (1	1)		B & G Resto		, Inc.					_
	09/27/2017			29/2017	-			Street Address 105 Ryerson	Poor	4					
	Occupancy Status	During Abatemen d/vacated during			nent.			City, State, Zip Co		1					
	Abatement p	erformed outside	of normal	facility hours	s-					7005					
	Describe: Other-Descr	ibe:					_	Lincoln Park	., NJ U	7035					
	Scope of Work (cl							Full Containment w	/negativ	e pressure – F	] Gloveb	aa nr	ocedu	ire	
	Demolition	× ¬	Renovatio					Mini-enclosure	nogani	F	] Non-fri				
3	<u>×</u> > <u>3</u> sf or > <u>3</u> li		Is location	n normally u	used sole	y l						Re	R	E	E
	Location of asbestos-co	· · · · · · · · · · · · · · · · · · ·	by mainte staff(12)	enance/cust	odial			asbestos-containing	1	Amount (Specify SI	For	m	e p	n C	n c
	material to b abated in fa	- 사람님 - 것이 많이 많이 다. 것이 많이 다.	Yes	No	N/A	- material	I (ACIVI	)		LF)		v	a i	a p	L
	basement			   [	X	VAT & m	astic			1,000 sf		e			
	Jasement														
	2					]						H	H		H
8						1						旹	H		
	Registered Waste	Hauler		EP Hauler I	D# 0	Cubic Yards o	fWast	e Name of Registe	ered La	ndfill	000000	Cor	tor		
0	B & G Restora	ation, Inc.		19563	Disposal	10 Date		City, State	wn Re	source & Re	covery	Cen	lei	1	
	City, State Lincoln Park,	NJ				/02/2017			vn, PA	\				1	
	Completed by (Pri Gordana Lun	nt or Type) a	Title Secreta	ary/Treasu	urer	Signature		Gordana Lun	ea		Date 09/1	5/20	17		

D&S Proj. #: <u>17-252</u>	P	AII				best	NJ os Abatement 50 and 12:120)		EC		0	V	En
Date of Notification (1) 10191/131/171 Agencies Notified Type Notifica EPA Initial DEP Amended		andrev Street Ac	v mcveigh	h	er/Operator (2)	,			ASBEST	TOS (		017 ROL	
DOL Amendment # DOL Emergency (including justification DCA Cancellatio	, )	wood Name of	cliff lakes	, nj	j 07675			Telep	none Numl	ber			
-			FA	ACII	LITY INFORMA	ATIO	N						
Name of facility where abatement andrew mcveigh Street Address	is taking	place (3)						Sut	ty (4) hool (K - 1 hochapter 8 er (Private gs./Homes	(Other /Comr			
City (5)	Co	unty (6)					unty Code (7) ate use only)	Square Feet			_	Bldg. A	ge
woodcliff lakes		ERGEN				•		ounent ose		ing ue	110151	ieu)	
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)			ASCM No.		Name of Abatement						
Street Address						-	Street Address						
-							20 California A	ve.					
City, State, Zip Code							City, State, Zip Code						
						_	Paterson, NJ 07	503					
Project Manager for Monitoring Firm			Phone Num	nbe	r		Telephone Number 973-345-8020		Licens	e Nun 0116			
Start Date (10)	Sche	d. Comple	tion Date (1	11)		-	Name of OSHA Mon						
09/18/17		06/17					D & S Restorati Street Address	on, mc.				-	
Occupancy Status During Abatemen Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL H	entire pe of norma	riod of aba	tement. urs-			-	20 California Av City, State, Zip Code Paterson, NJ 07						
Scope of Work (check all that apply         □       >3 sf or >3 lf         ☑       ≥160 sf or ≥260 lf	Renovati Demolitic	n						Full Containment Mini-enclosure Glovebag proced Non-Exempted (	ure			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)		enance/cu	y used solel stodial N/A	-	Description material (Ad	of a: CM)	sbestos-containing	Amount (Specify LF)	SF or	R e m o v e	R e p a i	E n c a p	E n c L
2ND FLOOR				יונ	VERMICUL	ITE		600 SQ FT			1m	In	Π
											T	T	
				]								T	
				]_									
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler 506			oic Yards of Wa YDS	iste	Name of Registered	Landfill					
City, State			Disposal D	-			TULLYTOWN, I City, State	<b>RESOURCE</b> R	ECOVE	XY			
PATERSON, NJ 07503			09/19/1				TULLYTOWN,	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID				Signature				Date 09/12	2/201	7		
ASB-41	Do not us	e this form	for asbest	tos	licensure exem	beta	activities.						

	P	A	TT)			NEW JERS			1		100000		
	14	4 14	19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -				ABATEMEN		The	la	19	Q	4
Date of Notification (	(1)		and the second secon	(PORODA	STREET, STREET		Owner / Ope	and the second second second	P (	0 15	WI	34	71-
	/				VERIZO			lin	1 E U	<u>, 5</u>		-11	
/ /	/				Street A	ddress		10	1				
Agencies Notified	Type of N					IAMS STRE			71		0017		UIL
EPA DEP		Initia	al Inded			te, Zip Cod	le	111	111 5	EP TS	3 2011	L	-
DOH			ndment	2	NEWAR	Contact		14	Thiopho	no Numb			
DOL				 v/ justification					Telepho	ne Numb	TRO	8	1
			cellation							LICEN	SING		
				F	ACILITY I	NFORMATI	ON	L	and the second	and the data is in	Contraction of the local division of the loc		
Mana of Facility Mile													
Name of Facility Whe VERIZON	ere Abaten	nent is	slaking	Place (3)		Type of F	acility (4)						
							School (K	-12)					
Street Address								er 8 (Other	than K-1	2)			
95 WILLIAMS STREE	Т						Other (I.e.	, private &	commerc	ial			
0:1. (5)	0 1 10			1				mes, etc.)	the second second in the second se				
City (5) NEWARK	County (6 ESSEX	)		County Code	(7)	Square F		# Of Floor		Buildin	g Age		
	LOSEA						5,000 Jse (Prior if	and the second se	8	4	50.		
						Telephon		being den	iolisnea)		50+		
Name of Monitoring I	Firm Hired	by Bl	da. Own	er (8)	ASCM N	-				1			
			9			1							
ATC				Ale		NORTHS	TAR CONTR	RACTING G	ROUP. IN	IC.			
Street Address 104 EAST 25TH STRE						Street Ad	dress						
City, State, Zip Code	=E I					22 \4/1110	an Dedauau						
NEW YORK, NY 1001	0						ns Parkway e, Zip Code						
Project Mngr. For Mo		irm		Telephone Nu	mber		c, zip oode						
PAVEL MASHENKO				212-353-8280		East Hand	over, NJ 070	36					
Sheduled Start Date (	(10)	Sche	d. Comp	letetion Date (	11)		e Number		License	Number			
$\frac{-09}{-21}$	/	-	10 /	06/									
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Hours - De	and the second						ns Parkway						
Other - Des	scribe:	7AM -	- 3:30PM				e, Zip Code						
Scope of Work (Chec	k All That	Apply	)			East Hand	over, NJ 070	30			A REAL PROPERTY		
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Completed by (Print o	or Type)			Title			Signature		<u></u>		Date		
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Steven Stiles				Project Manage	er	Contract of the local division of the local	Ster	Mad	we		09/	18/17	7
ASB-41							/	l					

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Name of Fa	acility Where At	atement	is Taking I	Place (3)		Type of Fa	acility (4)						
FORMER M	IERCK UNION						School (K	-12)					
Street Addr	ress						Subchapt	er 8 (Other ti	han K-12	)			
1011 MORR	RIS AVE							, private & c					
City (5)	Cour	ity (6)		County Code	(7)	Square Fe		# Of Floors		Buildi	ng Age		
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EHI						NORTHST	AR CONTR	RACTING GR	OUP, INC	C.			
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	SHORE TRAIL												
City, State,	1 - C.					32 William							
SPARTA, N.				T-11 1		City, State	e, Zip Code						
WILLIAM KI	gr. For Monitor	ng Firm		Telephone Nu 973-729-5649	mber	East Hano	Vor N1070	36					
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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7)

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)							·	ID) E	CE	: [ [				
Date of Notification (1) 09/18/17					Building Owner Street LLC	/Operat	tor (2)	M.						
Month/Day/Year Agency Notified	Type Notifica	tion		Street Add	Iraco	-		IШS	EP 1	9 201	7[U			
X EPA	x Init			5700 Way			ĺ							
X DEP		otificat	ion		e, Zip Code			ACOL	0700					
X DCA	Am	ended	-10.00		ia, PA 19144			NODE:	LICEN	CONTRO	OL&			
X DOH	No	otificat	ion	Name of C				Telephone Nu		JING	Non total Contraction			
	Car	icellati	on	Joseph Fei	rguson 2672280	)111								
				FACILI	<b>FY INFORMA</b>	TION				-				
Name of Facility Where Abate Mastery Charter school- Pyne			(3)				Type of Facility x School	(K12)						
Street Address								oter 8 (Other						
800 erie street Camden NJ								i. e. Private & ngs, homes, et		ercial				
-								# of Floors	Bldg.	Age				
City (5)	1.1001200	nty (6	)		County Code		99,000	2 80						
Camden	Monitoring Firm Hired by Building Owner				(STATE USE ONL	Y)	Current Use (Pri	(Prior if being demolished)						
Name of Monitoring Firm Hire FINOG Environmental Inc	d by Building	Owne	r (8)		ASCM No.		of Abatement Cont iated Specialty Con							
Street Address 617 Stokes Road Suite 4-318		1					t Address Crue Avenue							
City, State, Zip Code						City.	State, Zip Code							
Medford NJ 08055							Mills, PA 19342							
Project Manager of Monitorin Mark Rubnitz	g Firm			Telephone 888-715-22			hone Number 64-9622		Licene 1103	e Numbe 3	er			
Scheduled Start Date (10)		Sche	d. Cor	npletion Date	(11)	Name	of OSHA Monitor				2 2011			
10/02/17				12/31/17		Criter	rion Labs							
Month/Dav/Year Occupancy Status During Abat		<u> </u>	M	onth/Day/Yea	r									
x Facility Closed/Vacated				batement			Address Progress Dr							
Abatement Performed				batement			State, Zip Code							
Hours - Describe:							lem, PA 19020							
Other - Describe:					15									
Scope of work (Check all that a	pply)					Ш	Full Containment	with Negativ	o Prosei	IFe				
Demolition	••••		x	Renovation			Mini - Enclosure	with regativ	c 1 1 c 3 c	iic				
x >3 sf or >3 if							Glovebag Procedu	are						
>160 sf or >260 lf						x	Non-Friable Proc	edure						
		Is						Ab	atemen	t Type				
Location of		ocation		1	ription of		2,210,000,000,000			E	E			
Asbestos - Containing Material (ACM)	22.25.71	rmally Jsed			s-Containing ial (ACM)		Amount	R		N	N			
TO BE ABATED		olely			rmal systems		(Specify SF or	E M	R E		C L			
In Facility		Main	-		surfacing, VA	г.	LF)	0	P	P	0			
(13)		nance/			miscellaneous)			v	Â	s	s			
		stodia						Α	I	U	U			
		ff (12)	N/A					L	R	L	R			
Throughout school	res	x	IN/A	floor tile			1700 SF	x			E			
Throughout school		x		glue dots			1400	x						
		-												
News of D					1		L							
Name of Registered Waste Hau	ler		10.000	EP Waste er ID No.	Cubic Yards of Waste		Name of Registere							
Mercer Group International City, State					5		Tulltown Resourc	es Recovery F	acility					
1519 Rev S Howard Woodson J	r Way, trento	NJ 086	38		Disposal Date As req.		City, State Tullytown PA							
Completed By (Print or Type) Mark Goshow			Title			Signat	ure H			Date				
Mark GOSIIOW		-	Proje	ct Manager		Ma	up Sie ha	.ez		9 23	-17			