				Frank .	Cal lan	east.				E	C		P	ht For
ch 2734	1	NOTIFI (P)	CATION	ate of Nev I OF ASBI to NJAC I	w Jersey ESTOS ABA 8:60 and 12	ATE!	MENT				SEP	24	20	10
Date of Notification (1) 9-17-19	DI				Owner/Oper of NY & N		(2)				GLI	2 4		100
Agencies Notified Type Notification			Street A							ASE	BESTO LIC	S CO ENS		ROL
EPA Initial DEP Amended DOL Amendment	#			te, Zip Co					BIT THE CO.		200000000000000000000000000000000000000	endors in the fi	errigas de fa	
□ Emergency □ justification) □ Cancellation				Contact					Telepho					
				THE THE PERSON OF THE PERSON O	ORMATION					-				
Name of Facility Where Abatement is Takin George Washington Bridge	g Place (3	3)						of Facility (4) School (K-12						
Street Address Center Avenue and Lemoine Ave I	Bridges						X	Subchapter 8 Other (i.e. pri etc.)				dings,	home	es,
City (5) Ft. Lee			(270	24			e Feet	# of Floo	ors	- 61	3ldg. A	ge	
County (6) Bergen			County (nt Use (Prior ge Roadwa		emoli	shed)			
Name of Monitoring Firm Hired by Building Port Authority of NY & NJ	Owner (8)		ASCM	No.				atement Cont		ces	Inc			
Street Address 241 Erie St							t Addre	ss In Av≈ Sui	te 204					
City, State, Zip Code Jersey City, NJ 07310					1000			p Code 10454						
Project Manager for Monitoring Firm Uday Mehta		Т	Telephoi	ne No. 95-4881	Te	eleph	none No 364-7	D.		ense 620	No.			
Start Date (10) 9/30/19				Date (11)	Na	ame	of OSF	A Monitor	01	020				
Occupancy Status During Abatement (Chec	12/23/ k Only Or						o Ron				SHEWARD STORE			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of A	Abatem			Cit	ty, S		p Code		2007.00				
Scope of Work (Check All That Apply)	E120022				— В	ren	twood	d, NY 1171	17					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Mir Glo	I Containmenti-Enclosure vebag Procest-Exempted	edure					
	ls	Locati	ion		**		1 1401	I-Exempled	() and No	11-1-116	able Fit	Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole iintenai todial S (12)	ly by nce/		Descriptos Containing thermal sys surfacing other misc	ng N stems	Material s insula T, or		Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						****				ite	to .
Roadways	-	Х		Cond	crete Enca	ase	d Tra	nsite	1200	LF	X	-		
Name of Registered Waste Hauler			IJDEP W		Cubic Yar	ds		Name of R	egistered	Landi	ill			
ATC	201111111111111111111111111111111111111	1000	lauler ID W2431		of Waste 40			110 Sand						
City, State Shirley, NY					Disposal E 9/26/19	Date		City, State Melville,						
Completed by Sanford Alper	Title	or Pro	niect Ex	recutive	Signa	ature	9			1.5	Date 9/17/19	9		

UNIT	100				S	tate of N	ew Jers	sey								
Check#3442		N(OTIF	CZ	THOI	VOF AS	BEST	S ABAT and 5:10	TEMENT		Δ	MEN	DED			
D. M. CH. CC. C. C.					- E	and h	1 1 1	<i>)</i>	11	-> [F	W.	F	Te	7
Date of Notification (1)	20			L	Namile	of Buildin	g Owner	Operator (2)		5 6	5 1	- 1	L	7	111
	20 / -	19			Mr.&	Mrs. Stev	e Mera	nus		5						
Agencies Notified	Type Notifica	ation				t Address				H	SEP	24	201	9	1 land	#
☑ EPA ☑ DOLWD	☐ Initial								į L		O.F.	_		•	Lucus	
☑ DOLWD	Amended Amendme				City,	State, Zip	Code			-	LANGE DESCRIPTION		and the same of	maumoan.	-	-
□ DCA	☐ Emergend				Monte	clair, NJ	07042			A	SBESTO	S CC	NTR	OL à	4	1
(NJAC 5:23-8)	justification	on)	3			of Contac				TE	lephone	-				areal.
	☐ Cancellat	ion			Gary	Toriello				0.00		1000				
					FA	CILITY II	NFORM	ATION							707 (11)	
Name of Facility Where A	batement is T	aking Pla	ace (3)					Type of Faci	lity (4)						
Private house									School (H	(-12)						
Street Address							-		Subchapt	ter 8 (Ot	her than h	(-1 2)		21.42		
2112042									Other (i.e		e and cor	nmerc	iai bu	ilding	S,	
City (5)				J-28/1978					Square Feet		of Floors	3	Bl	dg. A	qe .	
Montclair, NJ 07042																
County (6)					Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use	(Prior if	being de	molish	ned)			
Essex																
Name of Monitoring Firm	Hired by Build	ling Own	er (8)		ASCM	No.	Name	of Abateme	nt Contractor	(9)						-
ABS Environmental Se	rvices LLC						Gr Tec	h LLC								
Street Address							Street .	Address						-		
PO Box 483							576 Va	lley Rd#	283							
City, State, Zip Code							City, St	tate, Zip Co	ode							
Glenwood, NJ 07418								, NJ 0747	0							
Project Manager for Monii	toring Firm				phone		Teleph	one No.		L	icense No	0.				
Scott Higgins Start Date (10)		- In			434-6			8-1777		0	1127	2500000				
08 / 21 /	19	cheduled II					Name	of OSHA M	lonitor							
					_ /	19			nsultants,Inc	С						
Occupancy Status During Facility Closed/Vacate							Street	Address								
Abatement Performed	Outside of No	rmal Fac	oi Ai	Jaker Hour	nent s - Des	crihe			Road, Bldg	.# 35E						
Time of Abatement:	AM-	PM/		PM_		AM		ate, Zip Co								
Scope of Work (Check all	that apply)						Fair La	wn, NJ 0	7410 and deconta	minatio	n with and					en de constante de la constant
							\boxtimes		and deconta				press	ure		
>3 sf or >3 If > 160 sf or >260 If		×	Rend				H	Mini-Encl	osure Procedure	Tent	with Noa	ativo	Droco	uro		
		الا	DOM	OHLIO	17.		Н	Non-Exe	procedure mpted (*) and	Non-Fr	iable Prod	cedure	1035	uie		
				ocati									_	ateme	ent Tv	/ne
Location of Asbestos-Containing N			No Jsed	rmai Sole				scription o								
TO BE ABA			Main	tenai	nce/			taining Mat I systems i	erial (ACM)		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility	У	C		dial 3 (12)	Staff?		surfa	cing, VAT,	or		SIF or LF		SAO	<u>a</u> .	nsd)SUr
(13)		-	T		Г	-	other i	miscellane	ous)				-		late	Ф
-		Ye	S	No	N/A					-					_	
Basement		ᆜᆜ				Walls&c	eiling p	laster		700	SF		X			
First floor		$ {}$	1		X	Walls&c	eiling p	laster		150	0 SF					
Second floor			L		X	Walls&c	eiling p	laster		390	0 SF					
Third floor]_	\boxtimes	Walls&c	eiling p	laster		390	0 SF		X			
Name of Registered Waste	e Hauler			NJD	EP Waste	Hauler ID No.	Cubic Ya	irds of Waste	Name of Re	egistere	d Landfill					
Gr Tech LLC				0	03378	5	TBI	D	T.R.R.F. I	nc						
City, State							Disposa	al Date	City, State					THE STATE		
Wayne, NJ 07470	Section Control Day		2011/05/201	_20/-			TBI)	Tullytown,	PA						
Completed By (Print or Type	pe)	Title					Sig	gnature /	1			Date	9	CP-11-		
N.Jevtic		Owner						He	who wer	nad		09/2	0/19			
SR_41	35.07		_	D111-1-1								1				

Check#3411

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

INITIAL

Date of Notification (1)					7 E 11 II			-,					1
08/	09/	19					er/Operator (2)	E C E I	\mathbb{V}	5/		
Agencies Notified	Type Notification			a proposition in section	Mrs. Stev	ve Met	anus						
⊠ EPA	Initial	201		Stree	t Address			And the second	868 0 /	ากเก			
☑ DOLWD	Amended			0					SEP 24	2019		nome !	
☑ DHSS	Amendment		_	9897	State, Zip						4		
☐ DCA	☐ Emergency	(includin	g		clair, NJ				ASBESTOS COI	VTROL	Et		
(NJAC 5:23-8)	justification)			Name	of Contac	ct		and the same of th	Telephone Nur	nber		and it	
	Cancellation	1		Gary	Toriello			***************************************					
				FA	CILITY II	VFOR	MATION			717-10	3		
Name of Facility Where	Abatement is Tak	ing Place	(3)					Type of Facility	/ (4)				
Private house								School (K-1	12)				
Street Address								Subchapter	8 (Other than K-1	2)			
								homes, etc	private and comme	ercial b	uildin	JS.	
City (5)								Square Feet	# of Floors	To	ldg. A	20	
Montclair, NJ 07042								oquale 1 cct	# 51 1 10015		lug. A	ge	
County (6)				Cour	ity Code (7)	(STATE	USE ONLY)	Current Use (P	rior if being demol	liahad)			
Essex					11 SERT (1)	(0.,,,,_	002 01121)	Our Citt Ose (1	rior ir being demoi	istieu)			
Name of Monitoring Firm	n Hired by Building	g Owner	(8)	ASCM	No	Nami	a of Abstoms	ent Contractor (9	2)				
ABS Environmental S						I		en Contractor (s	*)				
Street Address	of vices LLC					-	ech LLC						
PO Box 483						100000							
City, State, Zip Code							/alley Rd #						
Glenwood, NJ 07418						Janes P	State, Zip Co						
Project Manager for Mor	itoring Firm		Tolo		A1-		ne, NJ 0747	0					
	ntornig i min		1	phone		1	hone No.		License No.				
Scott Higgins Start Date (10)	l Cab	adulad 0	877-	434-6	041	-	38-1777		01127				
08/21/	19	eduled C				Name	e of OSHA M	onitor					
				_ / _	19	Envir	ovision Co	nsultants,Inc					
Occupancy Status Durin						Stree	t Address						-
☐ Abatement Porformer	ed During Entire F	Period of	Abater	ment		20-21	Wagaraw	Road, Bldg .#	35E				
Abatement Performer	Outside of Norm AM-	iai Facilit	y Hour PM	s Des	cribe	City.	State, Zip Co	ode		-	-		
					Alvi	Fair L	awn, NJ 07	7410					
Scope of Work (Check a	II that apply)		-0.00 V.C. 1000				Clean up	and decontami	nation with negative	e pres	sure		
		⊠ Re	novatio	าก		2	Full Cont Mini-Encl	ainment with Ne	gative Pressure				
>3 sf or >3 if > 160 sf or >260 if			molitio			F			Tent with Negativ	e Press	sure		
							Non-Exer	mpted (*) and N	on-Friable Procedu	ure	21		
	•	6.6	Locati							Ab	atem	ent T	ype
Location Asbestos-Containing			Normal ed Sole				Description of			Z	T D	m	m
TO BE ABA	ATED	Ma	intena	nce/	ASDE:	stos Co therm	ntaining Mat nal systems in	erial (ACM)	Amount (Specify	em	Repair	nca	nclo
IN Facil	ity	Cus	todial S	Staff?	, , ,	sur	facing, VAT,	or	SIF or LF)	Remova	3	psu	Enclosure
(13)			(12)	Г	-	othe	r miscellaneo	ous)		1 2		Encapsulate	Œ.
		Yes	No	N/A									
Basement				\boxtimes	Walls&c	eiling	plaster		700 SF	X		П	П
First floor				\boxtimes	Walls&c				1500 SF	×	П	П	П
Second floor				\boxtimes	Walls&c				3900 SF			П	
Third floor		П	П	×			-			-		_	
Name of Registered Was	ste Hauler	1	NID		Walls&c	Cubic	praster	Name of Regi	3900 SF	×		Ц	Ш
			4 800		320			Ivanie of Regi	stered Landfill				
Gr Tech LLC City, State			0	03378	5		BD	T.R.R.F. Inc	<u> </u>				
						Dispos	sal Date	City, State					
Wayne, NJ 07470		Toron toron				TE	BD .	Tullytown, P	A				
Completed By (Print or T	ype) Ti	tle				S	Signature	1		ate	-	C S	
N.Jevtic	Ov	wner					*	lewic Wen	ad 100	2/00/10)		
ASB-41	101							- vyen	108	3/09/19	,		

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OX	5 207	7	. ,		CATION	ate of Ne OF ASB to NJAC	ESTOS	ABATE		T Property),-	E C E	2	W	E	
	of Notification (1) 8/2019					f Building Property				.C		SEP 2	0 4	2019		
1000	ies Notified	Type Notification	1		Street A	ddress atham F	Road	<u> </u>	-85	land and a second	100	- over-resemble	ersteler recogn	mercent.	aver 10	
× D	DEP DOL	Amended Amendmen		_ [te, Zip Co Hills, NJ		3		April 100	-	LICE	-		11 X	genedic (Aurer 11
-	OOH OCA	Emergency justification Cancellation)			Contact Miggin	ns				32.22.03	ephone Nun 3-879-830				
Nama	of English Magaza	Abatement is Taki	Di (2	`	FACI	LITY INFO	ORMATI	ON	-							
Hous		Abatement is Takii	ng Place (3)					Тур	e of Facility (4	200					
Street	Address		3						×	School (K-12 Subchapter of Other (i.e. pr	(Oth			lings,	home	es,
City (5 Short) t Hills		Maria de la companya		-				Squ N/A	etc.) lare Feet	# o	f Floors	10.25	ldg. A	ge	
County					County (Code (7) USE ONLY	,			rent Use (Prio USE	r if bei	ng demolish	ed)			
Name N/A	of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.		1.95000000000000000000000000000000000000		patement Cont atement, Inc		(9)				
Street	Address							Street 11 R		ess ngren Aven	ue					
City, S	tate, Zip Code									Zip Code NJ 07512						
Project	t Manager for Mon	itoring Firm			Telephor	ne No.		Teleph	none			License No).			
	Date (10) 0/2019		Schedule		npletion [Date (11)				SHA Monitor atement, Inc).					
Occup	ancy Status During	g Abatement (Che	ck Only On	e)				Street								
X F	acility Closed/Vacabatement Perform	ated During Entire ed Outside of Nor	Period of A	batem Hours	nent					ngren Aven Zip Code	ue	-				
_	ther - Describe: _ of Work (Check A	Il That Apply)					_	100		NJ 07512						
× ≥:	3 sf or ≥3 If 160 sf or ≥260 If		processing	enova emolit				×	V G	ull Containme lini-Enclosure llovebag Proce on-Exempted	edure				÷	
			11	Locati									T	Abate	ment	
Ast	Location bestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Use Mai Cust	lormal d Sole intenar odial S (12)	ly by nce/ Staff?	Asbes (i.e.	tos Cont thermal surfac	scription aining N systems cing, VA niscellar	Materi s insu T, or	a 44 k	(5	mount Specify or LF)	Removal	Ty: Repair	Encapsulate	Enclosure
	Garag	je	Yes	No X	N/A		Duct	Insula	ation		8	0 SF	Х			
			+ -													
	of Registered Was Abatement, Inc			Н	JDEP W auler ID 0996		Cubic of Was TBD			Name of R	.,5	ered Landfill Ifill	L			

Disposal Date TBD

Signature/

Title

Project Manager

City, State

Totowa, NJ

Completed by

Oliver Hegedis

Date

09/18/2019

City, State

Morrisville, PA

rin			
 0.01	16. 1	·	

11100110000		NOTIF	HEATION	ate of New Jers VOF ASBESTOS TO NJAC 8:60 a	ABATE	MENT)		G		\mathbb{V}	E	n
Date of Notification (1), 09/19/2019	28			f Building Owner Olsen	/Operator	(2)		SEP	24	2019	Total is differen	
Agencies Notified Type Notification			Street A	Address	·						-	manual .
EPA Initial							AS	BESTO	S COL	ITPO	1 2	-
X EPA	t #			ate, Zip Code lair, NJ 07043	3	L	THE CHINASON	LIC	ENSIN	G	nertitien, ence	- Pooper-N
Emergency	(including			f Contact			Tel	ephone N	lumher	_		
DOH justification) DCA Cancellation				Olsen			1 10	CDITION C	edi libei			
			FACI	LITY INFORMA	TION							
Name of Facility Where Abatement is Takir House	ig Place (3)				Type of Facility	(4)					
Street Address				1		School (K-		er than K	-12)			
						Other (i.e.				ildings	, hom	es,
City (5)				itt		etc.) Square Feet	# 0	f Floors		Bldg.	Age	
Montclair						N/A	N//	Ą	100	N/A		
County (6) Essex				Code (7) USE ONLY)		Current Use (Pr House	rior if bei	ing demo	ished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASCN	Λ No.		of Abatement Co Abatement, I		(9)				
Street Address		- 1 Sec. 17 - 19 1				Address osengren Ave	enue					
City, State, Zip Code					City, St	ate, Zip Code va, NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	one No. 345-8685		License 01311				
Start Date (10) 10/01/2019	Schedul 10/02/			Date (11)	Name o	of OSHA Monito		01311				
Occupancy Status During Abatement (Chec	1.01.00.00.00.00.00.00.00.00				-	Abatement, I	nc.					
Facility Closed/Vacated During Entire			ment			sengren Ave	enue					
Abatement Performed Outside of Norr Other – Describe: Occupied	nal Facility	y Hour	S		City, St	ate, Zip Code va, NJ 07512						
Scope of Work (Check All That Apply)					1.000							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				re	
		Locat									emen ype	t
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			escription			2.2.2		Τ.		Т
TO BE ABATED		aintena todial		(i.e. therma	al systems	aterial (ACM) insulation,	(5	mount Specify	R	l z	Enc	E
In Facility (13)	040	(12)			acing, VA7 miscellan		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
#8755#c	Yes	No	N/A						<u>a</u>	7	late	Гe
Basement		X		Pip	e Insulat	ion	1:	20 LF	X			
			12	Andrews American Company of the Comp								
Name of Registered Waste Hauler D&S Abatement, Inc.		H	NJDEP W Hauler ID	No. of W		Name of		ered Land	fill			
		H	Hauler ID	No. of W	aste osal Date	lane more	s Land	Hill	fill			

INV14697

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

1.7.94.7	(me) 1°	275.5	422	Ed General	1100 5		W E	Pm 1	1	
Date of Notification (1)		!	Name of	of Building Owner/Operato	ARAR	C Ld N			-	
Agency Notified Type Notification		1	Street /	Address		SEP 24 2	019			
□ EPA Ø Initial			~~. ~	ate, Zip Code	114 64				+	
DEP DAmended	100	,		LEN MOCK	DA. Th.	74570N	TROL &		1	
ZI DOH DE Emergency (inci	uding			of Contact MR. SHARA		T		-		
□ DCA □ Cancellation			FACE	LITY INFORMATION	FIC					-
Name of Facility Where Abatement is Taking	Place (3)		1 MOII		Type of Facility	(4)			_	_
MR. PAUL SUA					School (K-12)	,				
Street Address		-			Subchapter 8	(Other than K-12 vate & commercial	al prejujeva ()	s		
and a state of the			,		homes, etc.)					
CIEN ROCK			;			# of Floors	Bidg. A	ge 45		
		- 17	County	Code (7) (STATE USE	2000.	Z ior if being demol		47		_
County (6) BEKGEN			ONLY)			SIDENCE				
Name of Monitoring Firm Hired by Building O	wner /	ASCM	No.	Name of Abate	ment Contractor (9					
(8)					moval Ind	2				_
Street Address				Street Address						
City, State, Zip Code				City, State, Zip	th River	St				
					ack, N.J.	07601				
Project Manager for Monitoring Firm	Te	lephon	e No.	Telephone No.		License No.				
Start Date (10) , Schedule	1 Completi	D-4	- (44)	201-329 Name of OSHA	-7444 -	00388		=		_
	0/1/		e (11)	1	Environme	ental				
Occupancy Status During Abatement (Check	1.1.	<u>.</u>		Street Address						
☐ Facility Closed/Vacated During Entire Peri	od of Abate	ement			uyler St					
☐ Abatement Performed Outside of Normal I	actity Hou	PM	-	City, State, Zip S. Ha	Code ckensack	,N.J. 07	7606	8		
Scope of Work (Check all that apply)					Containment with	Negative Pressu	e			
£123 sf or ≥ 3 if 13≥ 160 sf or ≥ 260 if		170	☑ Ren □ Den	ovation Min	i-Enclosure					
G 2 100 S 01 2 200 R			a ben		vebag Procedure n-Exempted (*) and	Non-Friable Pro	cedure			
		Location					_	Abat	eme ype	nt
. Location of	Use	ionnali d Solel	y by	Description		Amount	-		-	
Asbestos-Containing Material (ACM) TO BE ABATED		intenar ustodi	77.77	Asbestos Containing la (i.e., thermal system	s insulation,	(Specify	.	Ren Re	Encapsulate	Enclosure
IN Facility (13)		(12)		surfacing, VA other miscellar		SF or LF		Removal	gnac	inso
	Yes	No	N/A	-	7				10	
BASEMENT	165	140	J	THERMA SORFACING	, della doll	455	2 = 1	7	\vdash	
				LIBERTY SOKKALOING	וויייוו אייו חברו פ	723	>	+		
							.,			
Name of Registered Waste Hauler Best Removal Inc	70000	DEP V No.	laste H	lauter Cubic Yards of Waste	Name of Regis	tered Landfill	4			
			109	31/2C	1 CUMBERL	AND COUNT	Y LAN	IDF	الا	
City, State	77.0-			Disposal Date	City, State	_	17016	2	20	
Hackensack , N.J.	1/601			10/1/19 Signature	NEWBURG	H, MA.	7247 Date 1	2_	<u>.</u>	
1	timat	or		- Constitution	Poisson	a l	9/1	8/1	9	
			for as	bestos licensure exempte				1.	-	

									771	Pri	nt F
CK 7596		IFICATION	ate of New Je LOF ASBEST to NJAC 8:60	OS ABATE			ECE		V [
Date of Notification (1) 9/20/19	inala	700044	f Building Own	·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEP 2	4 21	019	100000	圳
Agencies Notified Type Notification	917	Street A		ato Home	•	basi (sto.)					
EPA Initial						A	SBESTOS	COM	TROL	. &	
□ DEP □ Amended ☒ DOL _ Amendmen	+ #		ate, Zip Code	0757			LICES	151NC	7	sympto de contr	and the state of t
Emergency	(including		River NJ 0	0/5/		17	elephone Nu	mhor			
DOH justification DCA Cancellation		Brian	, contact			1.	CIOPHOIN: 1-				
Name of Facility Where Abatement is Takir	or Diago (2)	FACI	LITY INFORM	IATION	T = -					-110.00	
Paul Dubos Private Home	ig Place (3)					Facility (4)					
Street Address					Sul	nool (K-12) ochapter 8 (O	ther than K-1	2)			
					Oth etc		e & commerci	al build	dings,	home	es,
City (5) Toms River NJ 08757					Square 1	Feet #	of Floors	- 1	ldg. A	ge	
County (6)			Code (7)			A STATE OF THE STA	eing demolis	hed)			
Ocean Name of Monitoring Firm Hired by Building	Owner (9)	ASCN		Mone	House of Aboton	ent Contract	or (0)				
N/A	Owner (o)	ASCI	// NO.	1	naco Inc		or (9)				
Street Address				Street	Address		51				
					Box 329			late man		MI-075	
City, State, Zip Code				Wes		NJ 08091					
Project Manager for Monitoring Firm		Telepho			hone No. -753-980	00	License N 00727	lo.			
Start Date (10) 9/30/19	Scheduled C 10/11/19	ompletion	Date (11)		of OSHA	Monitor					
Occupancy Status During Abatement (Che				San	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of Abate	ement urs			State, Zip (Code					-
Scope of Work (Check All That Apply)					=======================================						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno Demo	vation olition			Mini-E Glove	nclosure bag Procedu	rith Negative F re and Non-Friat			e	
Location of	Is Loc Norm	nally		Description					Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	nance/ al Staff?	(i.e. ther	Containing I rmal system urfacing, VA ner miscella	Material (A s insulatio AT, or	n,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	o N/A								Ф	
Exterior Siding		×	E	xterior Si	ding		1800 sf	Х			
Name of Registered Waste Hauler		NJDEP W	/aste Cu	ubic Yards		lame of Regi	stered Landfil				
Jnited Roll Off		Hauler ID	No. of	Waste		G.R.O.W.S		>			
City, State		21787	4 Di	sposal Date		City, State					_
CONTRACTOR OF CONTRACTOR AND			77.0								

10/11/19

Signature-

Title

President

Completed by

Elm NJ

Date

9/20/19

Morrisville PA 19067

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GACTIOJECT# 000-17						111 11				111	111
Date of Notification (1)	10	2040			Name of Building Owner	Operator (2)	SEP	24	2019	Total Control]]
Agencies Notified	er 16,	Notification Initial I		ition	RUTGERS, THE S Street Address ENVIRONMENTAL	1				(DC)	0
□ EPA	165			tification #1 –	ENVIRONMENTAL						
□ DCA	150	New Con			74 STREET 1603, E	SLUG 4110	o, LIVII	NGSI	UN CA	AIVIPU	15
X DOL					PISCATAWAY, NJ	08854	\$ 3				
☑ DEP- No Longer REQUIRE	D		cation)	including	Name of Contact	00034	Telent	none Nu	ımher		
X DOH		☐Cance			MICHAEL F. SMITH	H FNV	-	445-25			
		L Carice	neu		HEALTH & SAFET		0.0		,,,,		
				FACILITY IN	FORMATION						7
Name of Facility Where Abatemen					Type of Facility (4)						
NEWARK POWER PLAN	NT, BL	DG# 726	1		School (K-12)						
Street Address		-			Subchapter 8 (other tha						
RBHS NEWARK CAMPU	JS				Sq. Feet: N/A #	mmercial build f of Floors: 2				ears	
	ounty (6)			Code (7)	1						
NEWARK	ESS	SEX	(State	Use Only)	Current Use (prior if bein	g demolished): HEA	TING P	LANT		
Name of Monitoring Firm Hired by ATC	/ Bldg. O	wner (8)	0009		Name of Contractor (9)			- 10000			
Alo			0003	,0	GREENWOOD ABA	TEMENT C	ONSU	LTAN	S. INC) .	
Street Address			I.		Street Address				,		
3 TERRI LANE					511 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 08	016				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Fi	rm	Telephone	Number		Telephone Number		License	e Numbe	er		
BRIAN R. KEARNEY		609-386	-8800					28			
Schodulad Start Data (10)		Cabadulad	0	D-t- (44)	973-492-0477		00840	0			
Scheduled Start Date (10) 09/07/2019		09/23/20	19	on Date (11)	Name of OSHA Monitor ENVIROVISION, INC	С.					
Occupancy Status During Abate Facility Closed/Vacated During	ng Entire	Period of A	batemer		Street Address 20-21 WARGARAW	ROAD, BL	DG# 3	5E			
Abatement Performed Outside					City, State, Zip Code						-
Describe: Schedule: SAT 12:0 HRS AS NEEDED)	U1 AWI -	- MON 5A	W (WE	EKENDS 24	FAIRLAWN, NJ 074	10					
□ Facility Occupied During Aba	stomont										
Other- Describe:	atement										
Caler- Describe.											
Scope of Work (Check all that app	oly)					= 100 20000	#F 09F	95 890340 - 3	985 600		
। । जा				IVI-		Full Contain		h Nega	tive Pres	ssure	
≥ 3 sf or >3 lf	ıc			Renovation		Mini-Enclos			0 -		
$\square \ge 160 \text{ sf or } \ge 260$	11			☐ Demolition		Glove bag I					derae
Location of Asbestos-Containing	Islan	ation Norma	lv Used	Description of As	bestos Containing Material	Non-Exemp			Friable ent Type		ure
Material (ACM) in Facility (13)		by Maint./C			nal systems insulation, surfac		350			-	
	Staff?			VAT, or other mis	scell.)	or LF)		Remove Enclose	Repair	Encap	
	YES	NO	NA					ETTOTOGO			
B2-MER	X			TSI		<91	_F	X			
			,								
Name of Reg. Waste Hauler	<u> </u>	NJDEP Was	ste Haule	r ID #	Cubic Yards of Waste:	15 CY	Name	of Regis	tered Lar	ndfill	
See Hauler Below #1 & 2		See Belov	<u> </u>		<u>outro Parad of Wadde.</u>		G.R.C).W.S.	North I	andf	ill
Hauler #1) Greenwood Abatemen	nt Consu	Itants, Inc	Butler,	NJ 07405		Disposal Da	te		City, Stat		
NJDEP # 12561 Hauler #2) Newark Carting, Inc.	Newart	NI 04500				001001			100 New Rd. Morr		
NJ DEP # 4509	, incwark	110 U43U7				09/23/20	19		19067		
									215-736-	1700	
Completed by (Print or Type)		tle			Signature		Date				
RAYMOND C. PEDALIN	OS	ENIOR P	ROJE	CT	Raymond C. Re	Pelalina		ember	16, 20	019	
	M	IANAGEF	3		Daymona O. 90	ucuene			_		

2/02/05/					200 150000			4		
MO STATE O	NEW JERS	SEY DE	PARTME	NT OF	LABOR NOTIFICATION OF AS	BESTOS ABATEM	ŒN		WE	
Date of Notification (1) 09/06/2019 1	684			year.	Name of Building Owner/Operato Galaxy Condominium Asso	r (2) ociation	ED '	and difference on the county or service.	040	The state of the s
Agencies Notified	Type of No				Street Address 7000 Blvd East, Tower 1 F		EF (24 2	019—	
() USEPA () NJDEP (X) NJDOL		ended endm			City. State, Zip Code Guttenberg, NJ 07093	ASBE	LICE	CONT	ROL &	(
(X) NJDOH () NJDCA	just	ergenc tification cellati		ng	Name of Contact Donya Green			Number '-530-3		104
				FACILIT	Y INFORMATION					
Name of Facility Where Abateme Galaxy Condominium Ass	ent is Taking Pla sociation	ace (3)			Type of Facility (4) () School (K-12)					
Street Address 7002 Blvd East, Tower 2	2 Unit 6N				() Subchapter 8 (other than (X) Other (i.e. private & comm	nercial bldgs., hom	ies, e		2.2	
City (5)	County (6)		County Code			of Floors 44		\$700 m	lge <u>41</u>	_
Guttenberg	Hudson	(5	State Use O	<u>only)</u>	Condo unit (project location): Sq. Current Use (if being demolish		Floor	s <u>1</u>		
Name of Monitoring Firm Hired b ISES, Inc.	y Bldg. Owner		SCM No. I/A		Name of Contractor (9) Industrial Safety & Envir	ronmental Solu	tions	s, Inc.		
Street Address 3300 Hudson Avenue					Street Address 3300 Hudson Avenue					
City, State, Zip Code Union City, NJ				1	City State, ZipCode Union City, NJ 07087			1		
Project Manager for Monitoring F David Camacho	Telephor 201 32				Telephone Number (201)325-0055		1	cense N 1124	lumber	
Scheduled Start Date (10)	Schedul	ed Com	pletion Date	e (11)	Name of OSHA Monitor					
09/16/2019	09/20/	2019			ISES, Inc.				a delega a constant	
Occupancy Status During Abater () Facility Closed/Vacated Du () Abatement Performed Outs	ring Entire Peri	od of Ab	patement Hours -		Street Address 3300 Hudson Avenue					
(X) Other - Describe: apartm					City, State, Zip Code Union City, NJ 07087					
Source of Work (Check all that a	oply)_	()	Demolition	1	(x) Renovation					
() Small Project (>25 <160	SF or >10 <2	260 LF	ACM) () Mir	nt with Negative Pressure(X) ni-Enclosure with Negative Press Procedure or Wrap and cut proc	sure	on-Fr	iable P	rocedu	ıre
Location of Asbestos- Containing Material (ACM)	Is Location Solely by I	Norma	lly Used		Description of ACM i.e. thermal systems insulation.	Amount (Specify	,	Abateme	ent Type	е
To be Abated in Facility (13)	Custodi				cing, VAT, or other miscellaneous.)	SF or LF)	R e	R	E n	E
	YES I	NO	N/A				m o v a l	p a i	c a p	o s ure
Unit 6N			Х	masti	c residue and wood tile	~ 1050 SFT	X			
Name of Reg. Waste Hauler Newark Carting	NJDEP Wa 04509	ste Hau	iler ID #	Cubic ~ 20	Yards of Waste	Name of Reg. Lan Grand Central Sar 1963 Pen Argyl Ro	nitatio	n		
City, State 369 Raymond Blvd, Newar	rk NJ			Disp. I	Date / / /	City, State Pen Argyl, PA		2		
Completed by (Print or Type) David Camacho	Title Project S	Super	visor	Signat	ure MA COMPAR	Date 09/06/2019				
The state of the s	and the second second			4						

Inv141883		NOTIF	ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE	MENT 0)	. C	, Leci	L#	34	98		***************************************	
Date of Notification (1) 9/19/2019				of Building eck Boar				In	E	G	E		<u>V</u> [
Agencies Notified Type Notification			Street /	Address											
X EPA X Initial Amended Amendment		-		Merrison ate, Zip Co						SEP	2 4	20	119	1	4
				eck, New		y 0766	86		Caroninia no v	Afterior plan un	to day to the		1.728-1 N. J. J. B		
DOH Emergency justification) Cancellation	8	9		of Contact)'	lo.				phone			ROL	č	
				ILITY INFO				Language	(20	1) 83	3-5:	026	oracina di ma	1965-971-0255	.TEL (274)
Name of Facility Where Abatement is Takin Eugene field Admin Building	g Place ((3)			, ,,		Type of Fa	cility (4)							
Street Address				100-1				ol (K-12) napter 8		r than	K-12	١			
One Merrison Street							Other etc.)	(i.e. pri	vate &	comn	nercia	al buil	dings	hom	es,
City (5) Teaneck							Square Fe 30,000	et	# of 2	Floors	;		Bldg. A	\ge	
County (6) Bergen				Code (7) USE ONLY)		Current Us Administ				nolish	ed)			
Name of Monitoring Firm Hired by Building (Environmental Design Inc.	Owner (8)	ASCN 0009				of Abateme			(9)					
Street Address 5434 King Avenue, Suite 101							Address Valley Ro	oad, Si	uite k	(1000	
City, State, Zip Code Pennsauken, NJ 08109						City, S	tate, Zip Coone, New J	de					10		
Project Manager for Monitoring Firm Jay Murray			Telepho (856)	ne No. 616-951	6	Teleph	one No. 928-5040			Licen:).			
Start Date (10) 10/14/2019	Schedul 12/31/		npletion	Date (11)	Proof.	Name	of OSHA Mo	nitor						-	
Occupancy Status During Abatement (Check	Only O	ne)				Street	Address								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of	Abaten	nent				Valley Ro		uite K						
Other – Describe:	ai i aciiit	y i louis	•				tate, Zip Cod ne, New J		0747	0					
Scope of Work (Check All That Apply)						3			575200NL	68					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				×	Mini-Enc	losure Proced	dure					a	
		Locati											Abate	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashest		scription	of aterial (ACM	n	۸۳	nount			гy	pe	
TO BE ABATED In Facility (13)	100000000000000000000000000000000000000	intenar todial S (12)			thermal surface		insulation, T, or	,,	(Sp	ecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									32		ate	Ге
See Attached															
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards	Nam	ne of Re	nister	ed Lan	dfill				
Service Transport Group, Inc.		H	auler ID 0990		of Was		5 35655401	erva E				.C			
City, State New Castle, Delaware	· · · · · · · · · · · · · · · · · · ·				Dispos TBD	al Date		State ynesb	urg, (Ohio					
Completed by .jiljana Sekularac	Title Office	e Assi	stant		S	ignature	196	2	7		Date 9/1	9/20	19		

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3h1797		NOTII	FICATIO	State of Ne DN OF ASE of to NJAC	BESTOS	ABATE	MEN (0)	т	R	E C	E		<u> </u>	
Date of Notification (1) 09/20/2019	URI)_		of Building Church c				Latter-day	Saints	SEI	2	4 20)19	
Agencies Notified Type Notification EPA Initial	n		P.O.	Address Box 196					1	SBES	TOS (TMOC	ROL	&
X EPA X Initial Amended Amendmen	nt#			tate, Zip C nont, We		nia 26	555	1069	Lancon Marcon	donace	1-1279-1-1470	and the design	TO BE SEED ASSESSMENT	med date
■ Emergency justification	(includin	g		of Contact		illa 20	000-	-1900	Telep	hone No	umber			
DCA Cancellation	n		FAC	NI 1737 INIT										
Name of Facility Where Abatement is Taki	ng Place	(3)	112-117-12-2	ILITY INF	ORWATI	ON	Тур	e of Facility (4)					
The Church of Jesus Christ of La Street Address	tter-day	Saint	S					School (K-1			4.63			
47 Bassett Hwy							×	Subchapter Other (i.e. p etc.)	8 (Other rivate & c	than K-1 commerc	12) cial bui	ldings	, hom	es,
City (5) Dover								are Feet 450	# of F	loors	1	Bldg. / 62+	Age	
County (6) Morris				Code (7) USE ONLY)			rent Use (Pri	or if being	demolis	shed)	23///2		
Name of Monitoring Firm Hired by Building TBD	Owner (8	3)	ASC	M No.			of Ab	atement Cor afety LLC	tractor (9)				
Street Address						Street 22 T	Addr	ess						
City, State, Zip Code						City, S	state,	Zip Code Park, NJ 07	7025					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph				icense N	Vo.			
0	_							0099		1317				
Start Date (10) 09/30/2019	10/08	/2019	mpletion	Date (11)				SHA Monitor afety LLC						
Occupancy Status During Abatement (Che						Street		567.7			7			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abaten	nent			22 T		Lane Zip Code						
Other – Describe:		, , , , , ,	-					Park, NJ 07	035					
Scope of Work (Check All That Apply)	_													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	M GI	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				Δ.	
		s Locati							() and 1	on mak	1	Abate	ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Ashaal		cription		1 (4 0 4 4)		721	-	Ту	pe	
TO BE ABATED In Facility (13)		aintena stodial S (12)		(i.e.	tos Conta thermal s surfac other m	systems ing, VA	insul T, or	lation,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
(.5)	Yes	No	N/A		otriei iii	iscellan	eous)	1			val	air	ulate	sure
Main Level		Х			Pipe I	nsulat	tion		80 L	.F	X			
Boiler Room		Х			Pipe I	nsulat	tion		10 LF X					
									Design of the second					
lame of Registered Waste Hauler Jnited Safety LLC		Н	JDEP Wauler ID	No.	Cubic Y of Wast			Name of F				1		
City, State incoln Park, NJ			036820	,	TBD Disposa	I Date		City, State		(). 				
Completed by	Title	205000000				nature		Morrisvi	ie, PA	Da	te			
/anco Petkov		ect Ma	nager		1	, idition		. ' ' '		1 2000	ite 2/20/1	2010		

MD. CV			N	IOTIFI	State of	f New	Jersey STOS ABATEMI	INT IN E	C I	EI	7//	E
1000			(P	ursuan	it to NJAC 8:6	nope;	12.120)	NT	<u>U</u> [51	M	E,
COURTESY NOTIF	CATION					o anu	12:120)	lini'				1
Date of Notification (1)	2.79mm34111				Name of E	Building	Owner/Operator (3/ 1111 8	EP :	2/	2040	1
9/20/2019					U.S. AIR			2) Lal Los U	L1 (C 4 1	2013	1
Agencies Notified	Type Notific	catio	n		STREET							
□ EPA	X Initia	ı			3021 MC			ASBE	STOS	CON	ITRO)L &
☐ DEP	☐ Amend	ded A	Amenda	ment#	City, State				LICE	NSIN	G	
□ DOL	Emerg				- ,					San La Caldi De Card		and the same of
□ DOH	justifica			5	Name of C	MIDL	, NJ 08641					
□ DCA	☐ Cance								T	elepho	ne N	umbe
				-	MALCOL				9	07-952	2-987	4 CE
Name of Facility Where Al	patement is T	akin	g Place	(3)	FACILITY I	NFOR	MATION					
MAGUIRE AFB			J	(0)				Type of Facility (4)	110-010-0			
Street Address					-			School (K-12)				
BATTLE AXE BUILDIN	NG 1931							☐ Subchapter 8 (0	ther t	han K-	-12)	
City (5)	.0 1701							Other (i.e., priva	ite & c	omme	rcial	buildir
WRIGHTSTOWN, NJ								Square Feet	#	of Floo	ors BI	da. Ad
County					10							
BURLINGTON					County Cod	ie (7) (STATE USE ONL	Y) Current Use (Prior if	beina	demol	ished	1)
Name of Monitoring Firm H	ired by Buildi	ina O		2)	1							9
N/A	ou by buildi	ing O	wilet (3)	ASCM No.	Nam	ne of Abatement Co	ontractor (9)				
Street Address					EAM RIDGE EN	VIRONMENTAL INC.						
						et Address						
City, State, Zip Code						15 B	LACK FOREST	ROAD				
,,,, oodc						City,	State, Zip Code			-		
Project Manager for Monitor	ing Eirm	I=					ilton, NJ 08691					
-, manager for Monitor	ing riim	I ele	phone	No.		Telep	phone No.		Lic	ense N	lo	
Start Date (10)		_				609-8	890-7110		006		10.	
10/1/2019				Comple	etion Date (11)	Name	e of OSHA Monitor		1000	0/0		
		10/2	/2019			MEC	CS					
Occupancy Status During Al	patement (Ch	neck	only on	e)		Stree	t Address					
Facility Closed/Vacated	During Entir	re Pe	riod of	Abatem	ent	P.O.	BOX 341					
Abatement Performed	Jutside of No	ormal	Facilit	y Hours			State, Zip Code					
Scope of Work (Ob 1 . II II							SSWICKS, NJ 0	R515				
Scope of Work (Check all the ≥ 3 sf or ≥ 3 If	at apply)						100,110 0		701			
					Renovat	ion		☐ Full Containment ☐ Mini-Enclosure	with N	egativ	e Pre	ssure
≥ 160 sf or ≥ 260 lf					Demoliti	on						
								Glovebag Procedu	ire			
			s Loca					Non-Exempted (*)	& Nor	n-Friab	le Pro	ocedu
Location of Asbestos-Cor	ntaining		rmally Solely		Description	of Asb	estos Containing		Abat	ement	Туре	9
Material (ACM) TO BE AB	ATED in			e/Custo	Material (AC	M) (i.e.	thermal systems	Amount (Specify SF or	R	_	E	Ш
Facility (13)		dia	Staff?	(12)	modiation, s	surfacir	ng, VAT, or other	LF)	em	Repair	cap	l cc
	,	Yes	No	N/A	i "	iscella	neous)		Removal	air	Encapsulate	Enclosure
ST & 2ND FLOORS			X		NFVAT				_		ate	6
ND FLOOR			X		TRANSITE I	DIDE		1110 S.F.	X			
					TACHIBITE	HE		30 L.F.	X			
									1			
ame of Registered Waste Ha	auler				NJDEP Waste		Cubia Variation					
OPIZON DICROCUS					Hauler ID No.		Cubic Yards of Waste	Name of Registered Lar	ıdfill			
ORIZON DISPOSAL SEI	RVICES				10416		5 YDS	GROWS				
ty, State							Disposal Date		<u> </u>			
RENTON, NJ								City, State				
ompleted By	Ti	tle			To	ignet	10/3/2019 n/27-Mar <	MORRISVILLE, PA.				
AVID D'ANDREA	PI	RES	IDEN'I	,		//		1 1/2 2 1:1	Date			
SB-41	17.		- 441 1			164	auto s	· Clude	9/20/2	019		

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

. = 0 6 34					State of N	ew Jers	ey	Language Co.		D 72		
MD(h							S ABATEMENT	· IMEG	El	W	E	10
COURTESY NOTIFIC	NOITA		(Purs	uant to	NJAC 8:60 a	and 12:13	20)					
Date of Notification (1)	DATION				Name of Buil	dina Owr	ner/Operator (2)	050	0 /	2010	١	
9/20/2019					U.S. AIRFO			SEP	24	2019	į.	house?
Agencies Notified	Type Notifica	tion	-		STREET AD		ISE					1
□ EPA	X Initial	11011			Lanca de la companya		VID	ASBESTO	SOC	NTH()I. &	Commercial Sections
DEP	Amende	od Ame	andmor	n+ #	3021 MCGU City, State, Z		AVD.	116	TAK:	21/3	- 111 - 01	
□ DOL	WILLIAM CONTROL WILLIAM			100			0044	Andrew At the Assessment of the Anna Andrews	n mail legal Cold	A A A TELESCOPINA	w.nextres.c	Photograph 1999
₩ DOH	Emerge		Ciualiig)	JT. BASE N		08641		IT-1-	-1	\$1	fe
DCA	justificat	225 CO CO 65			Name of Cor				1	phone		
LVA DCA	☐ Cancella	ation			MATT BRE				907-	223-5	452 (CELL
Nome of Equility Where Ah	-tt'- T-	.l.: D	1 /0		FACILITY IN	FORMA	TION	T=				
Name of Facility Where Ab	atement is 1 a	aking P	lace (3)				Type of Facility (4)				
MAGUIRE AFB							**	School (K-12)				
Street Address								Subchapter 8 (Oth				
TEXAS AVENUE BDLO	3. 3325		-					Other (i.e., private				
City (5)								Square Feet	# of	Floors	Bldg	. Age
WRIGHTSTOWN, NJ												
County					County Code	(7) (ST	ATE USE ONLY)	Current Use (Prior if be	ing de	molish	ned)	
BURLINGTON												Marie La VIII
Name of Monitoring Firm H	lired by Buildi	ng Ow	ner (8)		ASCM No.	f Abatement Cont	tractor (9)					
N/A						CREA	M RIDGE ENVI	RONMENTAL INC.				
Street Address						Street A	ddress			STATE		
						15 BLA	CK FOREST R	OAD				
City, State, Zip Code						City, Sta	ate, Zip Code					
						Hamilto	on, NJ 08691					
Project Manager for Monito	ring Firm	Telep	hone N	lo.		Telepho	ne No.		Licer	ise No	i.	
						609-890)-7110		0067	6		
Start Date (10)		Sche	duled C	omplet	ion Date (11)	Name o	f OSHA Monitor					
9/30/2019		9/30/				MECS						
Occupancy Status During	Abatement (C	heck o	nly one)		Street A	.ddress					
Facility Closed/Vacate					ent	P.O. B0	OX 341					
Abatement Performed	Outside of N	ormal	Facility	Hours		City, Sta	ate, Zip Code					
						CROSS	WICKS, NJ 08	515				
Scope of Work (Check all t	hat apply)					-		☐ Full Containment v	vith Ne	gative	Pres	sure
≥ 3 sf or ≥ 3 lf					Renovat	ion		Mini-Enclosure				
≥ 160 sf or ≥ 260 lf					☐ Demoliti	on		Glovebag Procedu	re			
								☐ Non-Exempted (*)		-Friab	e Pro	cedur
		Is	Locat	ion						ement		
Location of Asbestos-C	ontaining	1000000	rmally l				stos Containing	New States and States			_	T
Material (ACM) TO BE A		100 NOVE	Solely I	oy e/Custo			hermal systems	Amount (Specify SF or	Remova	76	nca	Enclosure
Facility (13)		100000000000000000000000000000000000000	Staff?			surracing niscelland	, VAT, or other	LF)	Nou	Repair	psu	losi
		Yes	No	N/A	i '	nscenant	eous)		l a	-	Encapsulate	lre
BLDG. 3325			V		TRANSITE	PIPE		100 L.F.	X		10	
		-							1			
									1			
								 	-		-	
Name of Registered Waste	Hauler			-	NJDEP Waste		Cubic Yards of	Name of Registered La	ndfill		-	_
					Hauler ID No.		Waste	Traine of Augiciorea Ea	i dilli			
HORIZON DISPOSAL S	ERVICES				10416		5 YDS	GROWS				
City, State							Disposal Date	City, State	-			
TRENTON, NJ							10/3/2019	MORRISVILLE, PA.				
Completed By		Title				Signatûr	27-Marc// //	11/1	Date			
DAVID D'ANDREA		PRES	SIDEN	T		uro L.	Mindea	9/20/	2019			

ASB-41

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check # 25976

Toull	1291		NOTIF	ICATION	tate of Ne N OF ASB	ESTOS /	ABATE	MENT		Che	eck#	259	76		
Data of Notification (f)	WOI		(P		to NJAC		3777		Г		= M	IC	7 1		
Date of Notification (1) 9/20/2	019			Name o	f Building		perator Austin		e de la companya de l		- U	15.	U /	<u> </u>	2,
Agencies Notified	Type Notification			Street A	Address					Inch	0.55			40	STATE OF THE STATE
EPA DEP	X Initial Amended		-	City St	ate, Zip Co	ode					SEP	2 4	20	19	i Louise
X DOL	Amendment			City, Sta	ate, Zip Ct	Trento	on, NJ	0861	8		7. 17. 18. 14. 14.	operation of	mount disso	eeschinte	
▼ DOH	Emergency (injustification)	ncluding	'	Name o	f Contact		200				SBEST			ROL	2
☐ DCA	Cancellation			FAC	14,875,00	nda Aus	5),783,83		los					_	
Name of Facility Where	Abatement is Taking	Place (3)	FAC	ILITY INF	ORMATIC	ON	Туре	of Facility (4)						
Residential									School (K-12)						
Street Address									Subchapter 8 Other (i.e. pri				dings,	home	es,
City (5)						F)		— е	tc.) e Feet	# of FI	oors	I B	Ildg. A	ae	
Trenton, NJ 0	8618						10000	150			2	1111	90 +	_	
County (6) Mercer					Code (7) USE ONLY)		Currer	nt Use (Prior	if being	demolis	hed)			
Name of Monitoring Firm	n Hired by Building C	wner (8)	ASCN	ЛNo.				ement Contr						
MECS Street Address								2000	nvironmen	tal Ser	vices,	Inc.			
PO Box 341								Address 30x 32							
City, State, Zip Code Crosswicks, N.	J 08515						tate, Zip town,	Code NJ 08501	Y						
	roject Manager for Monitoring Firm Bill Weisgarber							one No 259-96		1232	icense 1 0493	No.			
Start Date (10) 9/30/2019		Schedul		npletion 3/2019	Date (11)		Name MEC		A Monitor						
Occupancy Status Durin	g Abatement (Check	Only O	12-37-01				3,5,5,5,5,5	Address	S						
Facility Closed/Vac	ated During Entire P	eriod of	Abatem	nent				34 ox	uncerowe in the						
X Other – Describe:	ned Outside of Norma 8 am 4 pm	ai Facilit	y Hours			_		tate, Zip sterfiel	o Code d, NJ 085	15					
Scope of Work (Check A	II That Apply)														
x ≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demolit				×	Mini Glov	Containmen -Enclosure /ebag Proce	dure					
		10	Locati	on				1 NON	-Exempted (-) and N	on-Friai	DIE Pro	Abate		
Location		1	Normall ed Sole	ly		Des	cription	of					Ту	ре	
Asbestos-Containing TO BE AB	ATED	Ma	intenar todial S	rice/		tos Conta thermal s				Amo (Spe	F537077	R	71	Enc	En
In Facil (13)	3.50	Cus	(12)	otali:			ing, VA			SF or	LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>	-	late	ıге
Basem	Basement x					Boiler	Insula	ation		20	sf	Х			
Basement x						ermal F	Pipe In	sulatio	on	140) If	Х			
N															
The state of the s					/aste No.	Oubic Y			Name of Re Fairless I	. 1 577		l			
City, State Allentown, NJ						Disposa		9	City, State Morrisville	e. PA					\neg
Completed by Mahlon E. Stevens	mpleted by Title						gnature		7	7	0.00	ate 9/20/2	2019		

							p		*********	-	
Ch 2308		NOTII	FICATIO	tate of New Jers N OF ASBESTOS t to NJAC 8:60 ai	ABATE	EMENT		E G SEP	国 [20	rint 19
Date of Notification (1)	11,00			of Building Owner	/Operato	r (2)	89 83		***************************************		-
9/20/19	two		Ken S	Sundberg				· ····································	acmount	Orthographics	V L C. Farboton
Agencies Notified Type Notif	ication		Street /	Address			1	ASBEST Li	US U GENS	m 1 2 2 2	(UL
							Marie Group van de Carres	PORTUGUE AND THE ST	NAME OF THE PARTY OF THE	professional control	(Newfood
DEP Amer	nded ndment #1			ate, Zip Code							
∑ Emer	gency (including	g		wood, NJ 0767	/5						
	cation) ellation			of Contact			T-1-	320			
BGA Canc	eliation			Sundberg							
Name of Facility Where Abatement is	s Taking Place ((3)	FAC	ILITY INFORMAT	ION	Type of Facility	(4)				
Residential Home						1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	50250250				
Street Address City (5)						Other (i.e. etc.)	-12) er 8 (Other tha private & com	n K-12) imercial b	uildings	s, hon	nes,
Westwood						Square Feet 2000	# of Floor	rs	Bldg. 65+/		
County (6) Bergen				Code (7) USE ONLY)		Current Use (P Residential	rior if being de	molished)			
Name of Monitoring Firm Hired by Bu Project Manager	ilding Owner (8)	ASC	M No.		of Abatement Co Stages Abaten					
Street Address						Address N. Midland Av	/e.				
City, State, Zip Code						State, Zip Code dle Brook, NJ	07663				
Project Manager for Monitoring Firm			Telepho	ne No.	1. Sec. 10.	none No. 600-3184	Lice 013	nse No.			
Start Date (10) 9/23/19	9/27/1	9	mpletion	Date (11)	Name	of OSHA Monito	r				
Occupancy Status During Abatement	(Check Only O	ne)			Street	Address			0.110	2000	
Facility Closed/Vacated During B	Entire Period of	Abaten	nent								
Abatement Performed Outside o Other – Describe:	().	y Hours	3		City, S	tate, Zip Code					- 7
Scope of Work (Check All That Apply)										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit			×	Mini-Enclosus Glovebag Pro				re	
	100	Locati							Abat	emen	t
Location of	2020	Normal ed Sole			scription				T	уре	
Asbestos-Containing Material (AC TO BE ABATED	Ma	intenar	nce/	Asbestos Cont (i.e. thermal	aining M	laterial (ACM)	Amount	1000		四四	m
In Facility	Cus	todial S (12)	Staff?	surfac	cing, VA	T, or	(Specify SF or LF) kem	Repair	сар	nck
(13)		(12)		other n	niscellan	eous)	2000 SECONO	() Removal	pair	Encapsulate	Enclosure
	Yes	No	N/A					_		ite	e
Kitchen		х			VAT		155 SF	×			
Basement		х			VAT		222 SF	×			



Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12: 20-7)

Check # 9564

	*					-							
Date of Notification	(1)	l I Name	e of Buildir	na Owne	r/Operator (2)			20000			-	-	*************
10 19 1/12 10	1/11/19/1	1.1	san Cha		, ,			IIM E	GE		V/ E		15
Agencies Notified	Type Notificatio			110101					The second bull to be seen as a second		J (2	111	+
EPA	707.0 	Street	t Address										
□ DEP	✗ Initial							The second secon	SEP 24	20	119_	111	4
			State, Zip									l Invest	
X DOL	Amendme	ent Up	pper Mo	ntclair,	NJ 07043			100		VOIDFFFFF	on the second		
X DOH		Name	of Contac	ct				Telephon	e Number	NG	HOL &	ž	
□ DCA	Cancellat	ion Q	usan Ch	andler				4.0	-	-		and the second	and the same
			usuri Ori	ariaici									
				FACI	LITY INFORM	ATION							
Name of facility wh	ere abatement is	taking place	(3)					Type of Facility					
									ol (K - 12)				
Susan Chandl	ier								apter 8 (Other			2)	
Street Address							-		(Private/Com/Homes, etc.		cial		
								Square Feet	# of Floors	T	Bldg	g. Age	e
Cit. (6)		County ('6)			Cour	nty Code (7)	oqua.o.oo.					
City (5)						*** *********************************	e use only)	Current Use (P	rior if being	demo	olished	1)	777-03
Upper Monto	lair, NJ 07043	Essex	Ç.,					residential	1400000 100000 10000 10000 - 000				
Name of Monitorin	g Firm Hired by B	Idg. Owner (8	3)		ASCM No.	1	Name of Abatemen	t Contractor (9)					
	•			1			B & G Restora	ation Inc.					
Ot to delegate							Street Address	1011, 1110.					
Street Address							105 Ryerson	Road					
City, State, Zip Cod	10						City, State, Zip Code	e	Control of the Contro				PROPERTY
City, State, Zip Cod	ie						Lincoln Park						
Project Manager fo	r Monitorina Firm		Phor	ne Numb	er		Telephone Number		License N	umb	er		
Project Manager 10	i Montoning i iini		1 1101				(973)696-68		003	78			
			_	D.1. /d		_	Name of OSHA Mo	nitor					- 5000
Scheduled Start Da	ate (10)		ompletion	Date (1	1)		B & G Restora	ation, Inc.				10	
09/30/2019		10/03/	2019				Street Address						
Occupancy Status	During Abatemen	t (Check only	one)				105 Ryerson	Road				1	
Facility close	d/vacated during	entire period	of abatem	ent.			City, State, Zip Cod	le					
	erformed outside	of normal fac	ility hours	-									
Describe: Other-Descri	ibe:						Lincoln Park,	NJ 07035					
Scope of Work (cl		1)					vrap & cut						
Demolition	X	Renovation				-	full Containment w/n	negative pressure	Gloveba	ag pr	ocedu	re	
			CO 15				Mini-enclosure	7	☐ Non-fria	able	proced	lure	
>3 sf or >3 l	Г Ц	≥160 sf or ≥2				ш.	· · · · · · · · · · · · · · · · · · ·			R	R	E	
Location of		Is location no by maintena	iormally us ance/custo	sea solei idial				Amount		е	e	п	E
asbestos-co material to b		staff(12)			- Descrip		sbestos-containing	(Specify	SF or	m o	p a	ca	C
abated in fa		Yes	No	N/A		. ()		LF)		٧	i	p	L
					71.7/4.			200 -f		e	-		+
basement	and head			X	VAT			360 sf 36 sf		X	믐	一	十
2nd floor hallw	ay bathroom			×	illioleum			30 31		A	H	H	卡
										H	#	금	十
					4					片	H	=	卡
				L	O L'a Vanda a	ZVAIzaka	IN of Dominton			Ш	Ш	Ш.	1
Registered Waste B & G Restora	Hauler		Hauler ID)#	Cubic Yards o 5	vvaste	Name of Register Grand Centr					74	
	au011, 1110.			Disposal			City, State				-		
City, State Lincoln Park,	NJ			1	0/04/2019		Pen Argyl, Pa	A					e
Completed by (Pr		Title			Signature		CO : CO		Date				
Gordana Lun		Secretary	//Treasu	rer			Gordana Luni	z	09/20	/20	19		

2h1657	ı	(Pa	CATION Irsuant	ate of New LOF ASBI to NJAC	ESTOS 8:60 an	ABATE	0)			65		20			The state of the s
Date of Notification (1). 9/13/2019.	100			f Building (assaic I ,		Operator	(2)	100		SEF	C 4	20	13		1
Agencies Notified Type Notification * EPA Initial		1 2	Street A	ddress ailroad A	venu	е			ASE	ESTO: LICI	S OX EHS	INTE	ROL	&	
DEP Amended Amendment #				ate, Zip Co wich, Cl		30		Market America				- Control of			
☐ Emergency (in justification) ☐ DCA ☐ Cancellation	cluding			f Contact k Gillesp	ie					ephone 3-321-					
No.			FACI	LITY INFO	DRMAT	ION									
Name of Facility Where Abatement is Taking Cedar Hill Shopping Center	Place (3	3)					_	Facility (4 nool (K-12							
Street Address 525 Cedar Hill Avenue								bchapter 8 ner (i.e. pr .)					lings,	home	es,
City (5) Wyckoff, NJ			0	74/8	31		Square 5,000 s		# of 2	Floors		100	ldg. A)+	.ge	
County (6) Bergen		0	County (Code (7) USE ONLY)			Current Offices	Use (Prior	if beir	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)		ASCN	/ No.				nent Contr oction, L		(9)					
Street Address							Address eather S	Stocking	Path	ı					
City, State, Zip Code							state, Zip (oln Park	Code NJ 070	35		ST 1	- 2032			
Project Manager for Monitoring Firm			Telepho	ne No.		100000 D	none No. 264-946	33		Licens 01306		•			
	chedule 0/05/2		pletion	Date (11)		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	of OSHA Constru	Monitor oction, L	LC						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe		noste on	ent			100 CO	Address eather S	Stocking	Path						
Abatement Performed Outside of Normal Other – Describe: 9:00PM to 8:00 AM					_		tate, Zip (oln Park	Code NJ 070	35		1				
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Freeze,	Renovat Demoliti				×	Mini-E Glove	ontainmer Inclosure bag Proce	edure	-				e	
	Is	Locatio	on		2				()				Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Solel intenan todial S (12)	y by ice/		tos Con therma surfa		Material (A s insulatio .T, or		(S	mount specify or LF)		Remova	Repair	ம் Encapsulate	Enclosure
(10)	Yes	No	N/A		other	moodiai	icodoj					/al	=	ilate	ıre
First Floor Offices		х		\	/at Tiles	S		80	00 sf		x		х		
		- 1									1511				
Name of Registered Waste Hauler Nari Construction, LLC		Ha	JDEP Wauler ID 37535	No.	of Wa			Name of R G.R.O.W	0.00	red Lan	atill				
City, State Lincoln Park NJ 07035 Disposal Date TBD City, State Morrisville, PA 19067															
Completed by Igor Jezdimirovic	Title P. Ma	anage	r			Signature	In	~			Date 9/1	3/20	19.		

Date of Notification (1)		(P	ursuan	tate of New Jerse NOF ASSESTOS to NJAC 8:60 an	ABATE d 12:12	0)	IT		G E		2019	int Form
Agencies Notified Type Notification X EPA X DEP X DEP X DOL Amended Amendment	08		Resid Street A	ence				ASE	BESTOS LIGE			8
X DEP Amended Amendment Emergency justification) DCA Cancellation	(including	-	North Name o	ate, Zip Code Plainfield NJ 0 of Contact Parker	7063			Telephone	Number			
Name of Facility Where Abatement is Takin Residence	g Place (3	3)	FAC	ILITY INFORMAT	ION	Тур	oe of Facility (4)			88	
Street Address City (5)							School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Other than private & comm	nercial bu	ildings Bldg.		es,
North Plainfield County (6)			Causti	0-1- (7)		1,4	156	2		90	Aye	
Somerset			(STATE	Code (7) USE ONLY)			100	or if being dem	nolished)			
Name of Monitoring Firm Hired by Building (A. Seine Lighthouse Solutions	Owner (8)		ASC	M No.			batement Cor ank Service					
Street Address PO Box 354					Street 1256		ress erty Avenu	е				
City, State, Zip Code South Orange, NJ 07079							Zip Code NJ 07205					
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 19-2666	Teleph 844-		No. -7465	Licens 0131	se No.			
Start Date (10)	Schedule	4.5	pletion	Date (11)	3-37 5-57		SHA Monitor Lighthouse	Solutions				
Occupancy Status During Abatement (Check	12	350			Street PO E		777					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	ent		City, S	tate,	Zip Code	7070				
Scope of Work (Check All That Apply)					Sout	II OI	range, NJ (07079				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti			×××	M G	lini-Enclosure llovebag Proc				re.	
Location of	N	Locatio	y	Des	scription		2. Zampiec	() and Non-i	TIADIC I I	Abat	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solely ntenan odial St (12)	ce/	Asbestos Cont (i.e. thermal surfac	aining M	lateri s insu T, or	ılation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No N/A								<u> </u>		ate	ге
Basement	Basement X							125LF	Х			
Name of Registered Waste Hauler Newark Carting		На	DEP Wauler ID					Registered Lan		ill		
City, State East Orange, NJ	Dispos	al Date		City, State	gyle, PA							
Completed by Alison Lamers	Title Office	Mana	ager	Si	gnature		MUN	37, . / .	Date 09/16/	2019		

Chiblei		NOTIF	ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE	MEI 0)	IT IT	E G	E	V			
Date of Notification (1) 09/10/2019	14356	t.£		of Building RION ST					0.00		กรถ			
Agencies Notified Type N	otification			Address	27.1.48				SE	242	1113	1	-/	
	tial nended			ARBERF tate, Zip Co		IE.			A O DICTO	ros con	TROL	- L		
DOL An	nendment#			RTHILLS		7078			1010100	IGEN I				
DOH jus	nergency (including stification)	1		of Contact					P. 5000	ephone Nu				
☐ DCA ☐ Ca	ncellation			ARD A.	ODMAT	ION	200.0011		90	8 400 63	357			
Name of Facility Where Abatemen	nt is Taking Place (3)	170	ALIT HAT	OKWAI	ION	Ту	pe of Facility	(4)					
PRIVATE Street Address								School (K-						
Street Address							×	Subchapte Other (i.e.	r 8 (Oth private	er than K-1 & commerc	2) ial buil	dings	, hom	es,
City (5)								etc.) uare Feet		f Floors		Bldg. /		
NEW PROVIDENCE							1000	204 sq	2			169		
County (6) UNION				Code (7) USE ONLY)		Cu	rrent Use (Pr		ng demolis	hed)			
Name of Monitoring Firm Hired by	Building Owner (8)	ASCI	M No.				batement Co	ntractor		V2100			
N/A Street Address	×					NOR		EAST EN	VIRO	MENTA	L LL(). 		
		pr=11.12+14.15				100000000000000000000000000000000000000		ERGENLIN	E AVE	Ξ.				
City, State, Zip Code						2000		, Zip Code NEW YORI	CNI (7003				
Project Manager for Monitoring Fir	m		Telepho	ne No.		Teleph			(140, (License N	lo.			
01-15-40								0642		01300				
Start Date (10) 09/13/2019	09/16/		npletion	Date (11)				SHA Monitor D-PROBE I						
Occupancy Status During Abatem	ent (Check Only O	ne)				Street								
Facility Closed/Vacated Durin Abatement Performed Outsid	g Entire Period of	Abaten	nent					LLYWOOD	CT.		-,-110//-			
Other – Describe:	e of Normal Facility	y nours			_			Zip Code PLAINFIE	I D N.I					
Scope of Work (Check All That Ap	ply)									-			-	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	N	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				·e	
	Is	Locati	ion								10110	Abate	ement	t
Location of Asbestos-Containing Material (110	Normal ed Sole		0-1		scription					-	13	ре	
TO BE ABATED	Ma Ma	intenal todial S	nce/	Asbest (i.e.	thermal	systems	insi		(S	mount pecify	Re	70	Enca	En
In Facility (13)		(12)				ing, VAT niscellan			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>a</u>		ate	Ге
EXTERIOR SIDING	EXTERIOR SIDING X						IDIN	lG	3,00	00. SF	Х			
BASEMENT	BASEMENT X							N	12	5, LF	Х			
Name of Registered Waste Hauler		LN	IDEDIA	(0.1.									
Newark Carting Inc.		Н	JDEP W auler ID 4509	(2002)(3)	of Was	te		Consessor of	51.01	red Landfill Jement L		I		
City, State 609 N Union Ave, Hillside, N	1.07205					al Date		City, Stat				^		
Completed by									nnsylv	ania Ave		Argy	/I, P/	4.11
CARLOS ESQUIVEL		ETY N	/ANAC	SER		gnature	140	symmet	nerf (100	9/10/2	2019		

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		Georgia.	non	a I		1 gran						L	Pri	nt Fo
Sansares 0				ate of Ne				_	Ch	000	# 34	05		
Jnv 14707		P	ursuant	OF ASE	8:60 a	1d 12:12	(0)	•		7 0			7 E	F
Date of Notification (1)		T-mail	Name o	f Building	Owner	Operator	(2)			E G	L	/A		+
9/18/2019				RC Gro			No. 5		IIK					
Agencies Notified Type Notification			Street A	ddress nmouth	Park	Highwa	av.	\$3 1		SE	P 24	20	19	
EPA Initial Amended		-		ate, Zip Co		ingiiwo	· y						Time 2	
□ DEP □ Amended Amendment □ Emergency (West	Long Bra		NJ 077	64		P	SBES	TOS C	ONT	ROL	3t
DOH justification)	W 73			f Contact		. /	!	\	The state of the s	hone N		- t	and the same of th	market of
DCA Cancellation				nester M	_	and Account to the Control of the Co	ersi	rep)	(908	8) 688-	-8891			
Name of Facility Where Abatement is Taking	g Place (3)	PAC	LITTIME	JRIVIA	ION	Тур	e of Facility	(4)					-
Garage Behind Rectory Building								School (K-						
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County (6) Hudson				Code (7) USE ONLY)		Cur	rent Use (Pri	ior if being	demol	ished)			
Name of Monitoring Firm Hired by Building C TBD	Owner (8)		ASCN	/ No.				patement Co tracting, L		9)				
Street Address			1			Street	Addr							
City, State, Zip Code City, State, Zip Code Wayne, New														
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none		1	icense	No.			
Start Date (10) 10/03/2019	Schedule		pletion	Date (11)		Name	of O	SHA Monitor tracting, LI		70014				
Occupancy Status During Abatement (Check						Street	Addr	ess					WALL.	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abatem / Hours	ent			City, S	tate,	ley Road, Zip Code						
Scope of Work (Check All That Apply)					_	Wayı	ne, I	New Jerse	y 07470)				
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Location of Asbestos-Containing Material (ACM)	Use	Normall d Sole	y by	Ashael		escription		al (ACM)	۸m	ount		I y		
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Service Transport Group, Inc.		Н	auler ID 1990		of Wa			1 100000	a Enterp					
City, State New Castle, Delaware					Dispo	sal Date		City, Stat Wayne	e sburg, C	Ohio				
Completed by Ljiljana Sekularac		Signature	4	15		100	Date 9/18/20)19						

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Emergency (_		Long Bra	ancn,	NJ 077	64			ASBE				DL 8	Ł
DOH justification) DCA Cancellation				r Contact nester M	agsin	o (owne	er's r	en)		ephone 08) 68			NO wasana	artik senti tawa	Great Area
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City (5)								etc.) lare Feet	# 0	f Floors		ГР	ldg. A	ne	
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County (6) Hudson				Code (7) USE ONLY	γ.		20000	rent Use (Pr	ior if bei	ng dem	olish	ed)			
Name of Monitoring Firm Hired by Building (Manor (0)				_	Mama	07/17/	mercial		(0)					
TBD	WHEI (O	,	ASCN	II INO.				patement Co tracting, L		(9)					
Street Address						Street									
City, State, Zip Code						200000		ley Road, Zip Code	Suite	K					
only, state, Elp sode								Zip Code Vew Jerse	y 074	70					
Project Manager for Monitoring Firm	ct Manager for Monitoring Firm							No.		Licens).			
Start Date (10)	0-11-1							3-5040		0087	4			×	
10/03/2019	12/31/		pletion	Date (11)		(4)		SHA Monitor racting, L							
Occupancy Status During Abatement (Check	Only O	ne)				Street			0 "	12					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of	Abatem	ent					ley Road,	Suite	K					
Other – Describe:	ar r donne	y i louis				100000000000000000000000000000000000000		Zip Code Vew Jerse	y 074	70					
Scope of Work (Check All That Apply)															
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Name of Registered Waste Hauler		100000	JDEP W auler ID		Cubi of W	c Yards aste		Name of				_			
Service Transport Group, Inc.		100000	990		TBD			Minerv		rprise	s, Ll	_C			
City, State New Castle, Delaware					Dispo TBD	osal Date		City, Stat Wayne		Ohio					
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Ljiljana Sekularac	Offic	e Assi	stant				11	2			9/1	8/20	119		

Material	Survey Results	Estimated Quantity
Convent Building		
Pipe insulation & associated joints (Exposed)	ACM	1000 LF
Pipe insulation & associated joints (Concealed within wall, ceiling, and floor cavities)	ACM	100 LF
Various floor tiles/covering and associated mastic	ACM	630 SF
Sink undercoating	ACM	6 SF
Wooden wall panel glue	ACM	800 SF
New window caulking & Remnants of old window caulking	ACM	960 LF
Built-up roofing, flashing and mastic	ACM	100 SF
Mastic on chimney walls	ACM	16 SF



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Print	Form

InvIII	ИОТ	TIFICATION OF ASBESTOS ABATEMENT (Eursuant to NJAC 8:60 and 12:120)						Check # 3496											
Date of Notification (1)			E.	aw A	Lucus f	1 6	E Come			[7]	F	C	F		7 [3 F			
9/18/2019				The	of Buildin	g Owne OUD	er/Operato	or (2)		IJŗ				U C		-11			
Agencies Notified	Type Notificatio	n			Address								0 1	00					
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DCA	Cancellation			1 55	Chester N	2	no (own	er's rep)	L	(908) 688-8891									
Name of Facility Where A	hatament is Tele	- 5	101		CILITY INF			1-7		10			,001						
Rectory Building	voaternent is Tak	ng Place	(3)					Type of	Facility (4)									
Street Address								Sch	hool (K-1 bchapter	2)	or the	- K 1	0)						
317 Avenue E						ner (i.e. p	rivate	& com	n K-1	2) ial bu	ildings	, hon	nes,						
City (5)			- 1 - 3 - 5					Square F		# 0	f Floo	rs		Bldg.	Age	-			
Bayonne County (6)								11,000		3				93	igo				
Hudson				County (STATE	Code (7)	0		Current I	Use (Pric	or if be	ing de	molis	hed)						
Name of Monitoring Firm TBD	Hired by Building	Owner (3)	ASC	M No.	30 a	Name	of Abatem		tractor	(9)								
Street Address							Sky	Contract	ing, LL	.C									
	y, State, Zip Code						2000 A 100 A 1	eet Address 85 Valley Road, Suite K											
City, State, Zip Code							City, S	, State, Zip Code ayne, New Jersey 07470						- H 100		-			
Project Manager for Monit	oring Firm			Telepho	ne No			one No.	Jersey	074		nse N							
0:				тоюрто	211C 140.			928-50	40										
Start Date (10) 10/03/2019		Schedu 12/31			Date (11)			a) 928-5040 00874 e of OSHA Monitor Contracting, LLC											
Occupancy Status During	Abatement (Chec																		
Facility Closed/Vacat	ed Durina Entire	Period of	Ahater	nent			15-40	Valley F	Road, S	Suite I	K								
Abatement Performer Other – Describe:	d Outside of Norn	nal Facilit	y Hour	S				ate, Zip C											
Scope of Work (Check All	That Apply)					_	Wayr	ne, New	Jersey	0747	70								
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x ≥160 sf or ≥260 If			Demoli					Mini-En	ntainmer iclosure		Negat	tive P	ressu	re					
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Service Transport Group Inc					aste No.	Cubic of Wa	Yards ste		me of Re										
City, State					30)	TBD	23ATC0	Mi	nerva E	Enter	prise	s, LL	.C						
City, State New Castle, Delaware					Disposal Date TBD				y, State aynesb	ura (Ohio				1927				
Completed by		Title		Signature				1	-yilesu	ury, t		Date	9						
jiljana Sekularac Office Assist						15	9/18/2019												

Material	Survey Results	Estimated Quantity
Rectory Building (317 Avenue E - Brick Building)		
12"X12" beige floor tiles and tan floor tiles	ACM	80 SF
New window caulking & Remnants of old window caulking	ACM	1,400 LF
Built-up roofing materials & Roof flashing/mastic	ACM	450 SF
Mastic on chimney/parapet wall under metal cover	ACM	100 SF
Glue behind wooden wall panels	ACM	200 SF
Multi-layered grey and tan floor tiles and glue	ACM	40 SF

SEP 2 4 2019

ASBESTOS CONTROL & LIGENSING

Ch 349	Y		NOTIF	ICATIO	tate of Ne N OF ASE t to NJAC	ESTOS	ABATE	MENT	Explanation of the		官信	TE SE	3		Ē	100		
Date of Notification (1) 9/18/2019	nullet	104	2		of Building PRC Gro		/Operator	r (2)		M		- 0	4	004	0			
Agencies Notified	Type Notification	1,00			Address	Б					SEI	2 2	4	201	y	l-estate		
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EPA DEP DOL	Amended Amendment				ate, Zip C Long Br		NJ 077	64			ASBES	ros	CO	MTR JG	OL 8	t		
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DCA DCA	Cancellation			Mr. K	nester M	lagsin	o (owne	er's re	ep)		08) 688							
Name of Facility Where A	Ahatement is Taking	Place I	(3)	FAC	ILITY INF	ORMAT	TION	Type	of Facility	/4\								
Church Building		, , , , , , , , ,	.0)					Гуре	School (K-									
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310 Avenue E								×	Other (i.e. etc.)	private (& comme	ercial t	ouild	ings,	home	es,		
City (5) Bayonne			0	70	000)_		Squa 17,5	are Feet 500	# o 1	f Floors		1	dg. A	ge			
County (6) Hudson					Code (7) USE ONLY)			ent Use (Pr nercial	ior if bei	ng demo	lished)					
Name of Monitoring Firm TBD	Hired by Building C	wner (8)	ASC	M No.				atement Co acting, L		(9)							
Street Address	Address						Street 1385		ess ey Road,	Suite	K							
City, State, Zip Code									ate, Zip Code e, New Jersey 07470									
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	none N		License No.								
Start Date (10) 10/03/2019		Schedu 12/31/		pletion	Date (11)		Name	of OS	HA Monitor acting, L									
Occupancy Status During							Street											
× Facility Closed/Vaca	ted During Entire P	eriod of	Abatem	ent			1385	Valle	ey Road,	Suite	K							
Abatement Performe Other – Describe:	ed Outside of Norma	al Facilit	y Hours				ip Code lew Jerse	y 074	70									
Scope of Work (Check All	That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti				×											
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Name of Registered Wast	e Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Land	fill						
Service Transport Gr	auler ID 1990		of Wa			Minerva				;								
City, State New Castle, Delawar	e					Dispo TBD	sal Date		City, Stat Wayne		Ohio							
Completed by Title						5	Signature	1	7		- 1	Date	uses	758				
Ljiljana Sekularac	stant	nt H2					9/18/2019											

Material	Survey Results	Estimated Quantity
Church Building (310 Avenue E)		
Pipe insulation & associated joints (Exposed)	ACM	70 LF
Pipe insulation & associated joints (Concealed within wall, ceiling, and floor cavities)	ACM	1,000 LF
Transite board on walls	ACM	150 SF
Sink undercoating	ACM	5 SF
Various floor tiles and floor covering material under floor tiles	ACM	2,700 SF
9"X9" brown floor tiles	ACM	4,800 SF
Radiator backing board	ACM	200 SF
Mastic associated with wooden ceiling panel	ACM	9,000 SF
Mastic on brick wall	ACM	800 SF
Mastic on plaster wall/brick	ACM	800 SF
New & old window caulking	ACM	2,500 LF
New & old door caulking	ACM	275 LF
New & old coping stone caulking	ACM	60 LF
Roof flashing/mastic	ACM	560 SF
Electrical backing board	ACM	2 SF



2019-222

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:30-7 and 12:120-7)

					1 /	Sel &		Check #	9565			-				
Date of Notification	(1)	LIN	ame of Rui	Idina Own	er/Operator (2	8.3	Eli Emer	-			-	-				
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Agencies Notified	Type Notificati		reet Addre									+++				
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□ DCA	Cancella	ition	Dan Ha	fetz				Low recommendation recommendation	Carrier work for the Carrier	***************************************		and the second				
				FAC	ILITY INFORM	MATION										
Name of facility wh	ere abatement is	s taking pla	ce (3)					Type of Facility (4	4)							
Dan Hafetz		3 1							(K - 12)							
			***************************************						pter 8 (Other t		12)					
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									# of Floors	Blo	lg. A	ge				
City (5)		Coun	ty (6)				nty Code (7)									
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Name of Monitoring	a Firm Hired by B	Bldg, Owne	r (8)		ASCM No.		Name of Abatement									
	g,,		. (-)	2	71001111101		B & G Restorati									
Street Address						-	Street Address	011, 1110.								
							105 Ryerson R	oad								
City, State, Zip Code	e						City, State, Zip Code									
*							Lincoln Park, I	NJ 07035								
Project Manager for	Monitoring Firm		Ph	one Numi	per		Telephone Number (973)696-686	9	License Num 00378							
6_ -							Name of OSHA Moni									
Scheduled Start Da	te (10)		Completion	on Date (1	1)		B & G Restorat									
10/01/2019		10/0	4/2019				Street Address									
Occupancy Status I							105 Ryerson R	oad								
Facility closed	d/vacated during erformed outside						City, State, Zip Code									
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Other-Describ								0.000								
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X >3 sf or >3 if	Ш	≥160 sf or				<u>"</u>	/lini-enclosure		Non-friable	R						
Location of	stoining		normally nance/cus					Amount	e	e	E n	E				
asbestos-con material to be	9	staff(12)			- Descript material		sbestos-containing	(Specify S	For m	p	c a	n				
abated in faci	ility (13)	Yes	No	N/A				LF)	v e	i	р	L				
basement				X	VAT & m	astic		350 sf	X	亡						
Registered Waste F B & G Restorat			P Hauler 9563	ID#	Cubic Yards of 5	Waste	Name of Registered Grand Central									
City, State Disposal Da							City, State									
Lincoln Park, NJ 10/04 Completed by (Print or Type) Title S							Pen Argyl, PA	Thu.								
Completed by (Prin Gordana Luna	urer	Signature		Gordana Luna		09/20/20	19									

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) 18 Buckeye Partners, LP - Northeast District Agencies Notified Type Notification Street Address ☐ EPA 750 Cliff Road ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Port Reading, NJ 07064 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) Telephone Number CONTROL & justification) Name of Contact ☐ Cancellation John Philbin 732-692-5212 NSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Buckeye Partners, LP School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 123 Derousse Ave. (River Road Terminal) homes, etc.) City (5) Square Feet # of Floors Bldg. Age Pennsauken County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Exterior Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex Engineering BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 700 Turner Way 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Aston, PA 19014 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. **Dave Turotsy** 610-558-8902 215-788-6040 00509 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 9 / 30 / 19 9 / 30 / 19 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/____ BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If ☐ Mini-Enclosure □ Renovation ≥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 Repair Enclosure Asbestos-Containing Material (ACM) Remova Asbestos Containing Material (ACM) Amount ncapsulate 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 Grounds** \boxtimes Pipe Insulation 10 LF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Bristol Environmental Inc. Fairless Landfill 18706 City, State Disposal Date City, State Bristol, PA Fairless Hills, PA Completed By (Print or Type) Signature Date Gino Pizzigoni Estimator 9-18-19

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

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Ch 4130		NOT	IFICATI (Pursua	ON OF A	New Jers SBESTO: AC 8:60 a	ARATE	ENEN	IT I		C	EI	Į.		
Date of Notification (1) 9/20/19	75		Name	e of Buildi PMC	ng Owner	/Operato	r (2)	A contract of the contract of		SEP	2 4	201	9	10000
Agencies Notified Type Notificati	on			t Address Vest Sta	ate St., 9	th Floc	or	1	A:	SBEST()8 (Y	MIR	OL 8	
DEP Amended Amended Amended	ent#		City, S	State, Zip	Code 08625-	0034		las.	amero a de la composição	Market State	SENIC	11/2	State State Con-	sau numini
DOH Emergen	n)	ng	Name	of Conta	ct				Tele	phone N	lumbar			
DCA Cancellat			3550	ina Brur	no IFORMAT	1011				-433-8				
Name of Facility Where Abatement is Ta Former Residence, BLUE ACRE	king Place	(3)		CILITY	FURMA	ION	Тур	e of Facility	(4)					
Street Address	O DEIVIC	JLITIC	JIN					School (K-	12)	- 46 17	401			
332 Madison St City (5)							×	Other (i.e. petc.)	o (Othe private &	comme	-12) rcial bu	ilding	s, hon	nes,
Linden, NJ 07036				· · · · · · · · · · · · · · · · · · ·			Squ 220	are Feet	# of 2	Floors		Bldg.	Age	
County (6) Union County			County	y Code (7)		Curi	rent Use (Pri	or if bein	g demoli	ished)	50+		
Name of Monitoring Firm Hired by Buildin	g Owner (8)		M No.	-Y)	Nome	Aba	andoned, I	BLUE A	CRES	· ·			
n/a Street Address	,					Yann	or Ab	atement Cor i Group, In	itractor (9)				
oueer Address						Street		ess elon Road						
City, State, Zip Code		_			-	City, S	tate,	Zip Code						
Project Manager for Monitoring Firm			Telenh	one No.				NJ 07405						
Start Data (10)						Teleph 908-2				License 01228	No.			
Start Date (10) 9/24/19	9/30/1	19	mpletion	etion Date (11) Name of OSHA Monitor Yannuzzi Group, Inc.										
Occupancy Status During Abatement (Che				/		Street A	Addre	ess	·					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facili	Abater ty Hour	ment s			City, St	ate, Z	elon Road Zip Code						
Scope of Work (Check All That Apply)						Kinne	elon,	NJ 07405						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1	Renova Demolii				×	Glo	Il Containme ni-Enclosure ovebag Proci n-Exempted	edure					
land.	1	s Locati Normal						xempted	() and i	NOI TIIA	Die Pro	Abate	ement	:
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use	ed Sole	ly by	Asbes	stos Conta	cription of	terial	I (ACM)	Amo	nunt	-	Ty	pe	
In Facility (13)	Cus	todial S (12)	Staff?	(i.e	thermal: surfac	systems ing, VAT	insula , or	ation,	(Spe	ecify	Ren	Re	Enca	Encl
	Yes	No	N/A		other m	iscellane	ous)	1		,	Removal	Repair	Encapsulate	Enclosure
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Second Floor			X			ed Ceil	_		610		X			
							-				1			
ame of Registered Waste Hauler		LA	IDEE											
annuzzi Group, Inc.		Ha	JDEP W auler ID 7467		Oubic Y of Wast 15			Name of R		l Landfill				
ity, State nnelon, NJ					Disposa 10-1-1			City, State	- 01				-	
ompleted by hn Mucha	Title				Sic	nature		Morrisvill		Da	ite			
THE IVIUGITA	AHEF	RA Pro	oject D	esigner	.	1	0	M	0		ne 20/19			

_Ch 413	50	NOT	FICATIO	N OF ASBE	STOS ABAT :60 and 12:1	ID).E	C	E		\mathbb{V}	E					
Date of Notification (1) 9/20/19 Agencies Notified Type	1401L Notification	k	NJDI	PMC	wner/Operate	or (2)		SEP	2	4 2	019	Control of State Control				
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DEP A	nitial Amended			tate, Zip Cod		01	AS	BEST				R.				
	Amendment # Emergency (including		Trent	ton, NJ 086	325-0034		Macry Navasta School	LIC	CEN	SING		ON THE RESE				
DOH j	ustification)	9		of Contact			Telephone Number 609-433-8745									
				na Bruno	DMATION		609-43	33-874	15							
Name of Facility Where Abatem	ent is Taking Place	(3)		JILITT INFO	RIVIATION	Type of Facility	(4)									
Former Residence, BLUE	ACRES DEMO)LIII(DN			School (K-1	(2)									
2703 Parkway Ave						Subchapter	8 (Other tha	an K-12	l)	ldingo	ham					
City (5)						etc.)	private & commercial buildings					ies,				
Linden, NJ 07036						Square Feet 1900	# of Floo 1 1/2	ors		3ldg. / 50+	∤ge	10.110				
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Name of Monitoring Firm Hired b	v Building Owner (6	,,		USE ONLY)		Abandoned, I	BLUE ACF	RES								
n/a Street Address	y Building Owner (8		ASC	M No.	Yan	of Abatement Cor nuzzi Group, In	tractor (9) C.									
Street Address						Address				X 100 C						
City, State, Zip Code						5 Kinnelon Road , State, Zip Code										
						elon, NJ 07405	i									
Project Manager for Monitoring F	irm		Telepho	ne No.		hone No.	Lice	nse No).							
Start Date (10)	Sahadu	lad Ca	1-6	-		218-0880	012									
9/28/19	10/1/1		ripletion	Date (11)		ne of OSHA Monitor nnuzzi Group, Inc. et Address										
Occupancy Status During Abatem	nent (Check Only O	ne)	enher av													
Facility Closed/Vacated Duri Abatement Performed Outsid Other – Describe:	ng Entire Period of	Abater	nent		135	Kinnelon Road										
Abatement Performed Outside Other – Describe:	de of Normal Facilit	y Hour	S			tate, Zip Code										
Scope of Work (Check All That Ap	oply)				Kinn	elon, NJ 07405										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit			×	Glovebag Proc	edure									
		Locati	1000						The second second	Abate	ment					
Location of Asbestos-Containing Material	(ACM) Use	Normal ed Sole	ly by	Ashastaa	Description	of laterial (ACM)		}	-	Ту	oe T					
TO BE ABATED In Facility	Ma	intenar todial S	nce/ Staff?	(i.e. the	ermal systems	insulation,	Amount (Specify	,	R	_	Enc	Щ				
(13)		(12)			surfacing, VA her miscellan		SF or LF)	Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A						<u>a</u>	₹.	ulate	ure				
Exterior			X	Trans	site Pipe in	Ground	120 LF		X							
Basement	Basement					Flu TSU	4 SF		X		-					
									-		-	-				
								+								
Name of Registered Waste Hauler	1,100					Name of R	egistered La	ındfill								
annuzzi Group, Inc.	auler ID I 467	3	Waste	Grows F	airless											
City, State Kinnelon, NJ			sposal Date 0/2/19	City, State Morrisvil	е РА	-117										
Completed by			Signature		4	Date										
ohn Mucha	oject D	esigner	1	L Mac	ha	9/20										

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Date of Notification (1) 9/20/19 Agencies Notified Type Notification	13		NJD	PMC	ng Owner/	Operato	r (2)	(i)		SE	P 2	2 4	2019	The state of the s			
EPA X Initial	n			Address Vest Sta	ate St., 9	th Floo	or			ASBESTOS CONTROL &							
DEP Amended Amendmer Emergency	nt #			State, Zip ton, NJ	Code 08625-0	034		1	and the second	- I	IOE	AISH	10	or structure of			
DOH justification Cancellatio)	ng .		of Contain na Brun						one Nun							
Name of Facility Where Abatement is Taki	na Dia	(0)	FA	CILITY IN	IFORMATI	ON								10000000			
Former Residence, BLUE ACRES	ng Place DEMO	(3) OLITI	ON				Тур	e of Facility (7				
Street Address 321 Madison Street							×	School (K-1 Subchapter Other (i.e. p	8 (Other th	ian K-12 mmercia) al bui	ildinas	s. hon	nes			
City (5) Linden, NJ 07036				THE PERSON NAMED IN				etc.) lare Feet	# of Flo		T	Bldg.					
County (6) Union County			County (STATE	Code (7)) _Y)		Curi	rent Use (Prid	or if being d	emolish	100						
Name of Monitoring Firm Hired by Building n/a								atement Con i Group, In	, BLUE ACRES								
Street Address						Street	Addre										
City, State, Zip Code		*					tate, 2	Zip Code NJ 07405									
Project Manager for Monitoring Firm			Teleph		Teleph 908-2	one N	Vo.	Lic	ense No								
Start Date (10) 9/30/19	Schedu 10/8/1	iled Co	mpletion	Date (11)	Name	of OS	SHA Monitor Group, Inc		228							
Occupancy Status During Abatement (Chec	k Only O	ne)				Street			·								
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abate ty Hour	ment rs					elon Road Zip Code									
Scope of Work (Check All That Apply)								NJ 07405									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovi Demoli				×	Mi	ill Containme ni-Enclosure ovebag Proce n-Exempted	edure				9				
Location of Asbestos-Containing Material (ACM)		S Locat Norma	liy		Desc	cription	of					Abate	ement pe				
TO BE ABATED In Facility (13)	Ma	intena todial (12)	nce/	Asbes (i.e	stos Conta thermal s surfaci other mi	ystems ng, VAT	insula . or	I (ACM) ation,	Amoun (Specif SF or Li	y	Remova	Repair	Encapsulate	Enclosure			
-10	Yes	No	N/A								val	÷	ulate	ure			
First Floor		*******	х	Po	opcorn C	eiling	Mor	tar	530 SI	=	ς .						
Exterior Roof			Х		Chimne	y Flas	hing		5 SF	7	ζ						
ame of Registered Waste Hauler			JDEP W		Cubic Ya			Name of Re	egistered La	andfill				_			
annuzzi Group, Inc.			7467	140.	of Waste 10	•		Grows Fa	airless								
ty, State nnelon, NJ					Disposal			City, State Morrisvill	ο DΛ								
· ·					10/0/10	(3)		IVIOLISVIII	E. FA								

Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 9/20/19	77		Nam	/	Owner/Operato	1		The second secon	SEP	24	20	19			
Agencies Notified Type Notification	on		Stre	et Address				ASE	BESTO	ŜŪ	NTF	in &			
EPA X Initial Amended				West State State, Zip Co	St., 9th Floo	or		ASBESTOS CONTROL 8 LICENSING							
X DOL Amendme	ent#	ina	Tre	nton, NJ 08	3625-0034										
DOH justification Cancellation	n)	mg		e of Contact ina Bruno				Telephone	Numbe	er					
Name of Facility Where Abstract is Tu				ACILITY INFO	RMATION			609-433-8745							
Name of Facility Where Abatement is Tak Former Residence, BLUE ACRE	ing Plac S DEM	e (3) OLITI				Тур	e of Facility	(4)							
Street Address 327 Madison St						×	School (K- Subchapte Other (i.e.	-12) er 8 (Other than I private & comm	K-12)	ı ildin a	1				
City (5) Linden, NJ 07036							are Feet	# of Floors	ercial D	Bldg	s, no Age				
County (6) Union County			Count	y Code (7) E USE ONLY)		The same of the same of	10.000	for if being demo	olished)	50+					
Name of Monitoring Firm Hired by Building	Owner	(8)		CM No.		Ab	andoned,	BLUE ACRE	S						
n/a Street Address		,	1,10	SIVI IVO.	Name Yanr	of Ab NUZZ	atement Co Group, Ir	ntractor (9)							
Circle Address					Street	Addr	ess								
City, State, Zip Code			-				elon Road Zip Code	1							
Project Manager for Monitoring Firm					Kinne	elon,	NJ 0740	5							
			Teleph	one No.	Teleph 908-2			License							
Start Date (10) 10/5/19	Schedi	ıled Co	mpletion	Date (11)			HA Monitor	01228							
Occupancy Status During Abatement (Chec	10/12				Yann	uzzi	Group, In	C.							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Dorind at		ment 's			Kinne	ss Ion Road ip Code				#1				
Scope of Work (Check All That Apply)							NJ 07405	5							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli			X X	Glo	n-Enclosure vebag Proc	ent with Negative edure (*) and Non-Fria							
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Asbestos-Containing Material (ACM) TO BE ABATED	Use	ed Sole	ly by	Asbestos	Description of Containing Ma	of oterial	(ACM)			T	/pe				
In Facility (13)	Cus	todial S	Staff?	(i.e. the	ermal systems i surfacing, VAT	insula . or	tion,	Amount (Specify SF or LF)	Ren	Re	Enca	Enc			
7, 8	Yes	No	N/A	ot	her miscellane	ous)		/	Removal	Repair	Encapsulate	Enclosure			
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Exterior Windows			X		nt Compour /indow Glaz		eveling	455 SF	X						
					0142	9		64 LF	X						
ame of Registered Waste Hauler									+		-				
		Ha	IDEP Wauler ID 467		ubic Yards Waste		Name of Ro Grows Fa	egistered Landfi							
annuzzi Group, Inc.		1.00	Disposal Date City, State					e, PA							
annuzzi Group, Inc. ity, State nnelon, NJ				Di		+	City, State								

Do not use this form for asbestos licensure exempted activities.

Proj. #: 19-197 Date of Notification (1) 0 9 / 1 9 Agencies Notified Type Notification EPA Initial Amended DEP Amendment #: Emergency (including justification) DCA Cancellation	Name Dav Street City, S Ster Name of	(Purs	mer/Operator (2	best 6 8:6	So Abatement (0) and 12:120)	worths this engode	SEP	S CC	ONTE	naturoway.	
			CILITY INFORM	IATIO	N				=		
Name of facility where abatement is Residential Street Address)				Subch Other Bldgs.	(4) ol (K - 12) napter 8 (C (Private/C /Homes, e	omme	ercial	(-12) Idg. <i>F</i>	
City (5)	County (6)			9000000	unty Code (7)		03		70		
Sterling, NJ 07980	Morris			(St	ate use only)	Current Use (P Residential	rior if bein	g den	nolish	ed)	
Name of Monitoring Firm Hired by Bl			ASCM No.	-	Name of Abatement	The second secon					
N/A					KLOMAX, LLO						
Street Address					Street Address			79.55		-	
City, State, Zip Code					309 W. End Ave						-
Oity, State, Zip Code					City, State, Zip Code						
Project Manager for Monitoring Firm		Phone Numb	ner .	-	Hopatcong, NJ Telephone Number	07843	11:	M			
		I none want)CI		833-455-6629		License 0	2007	per		
Start Date (10)	ISched Com	pletion Date (1	1)	_	Name of OSHA Mon	itor	1	2007			
10/02/19		piotion Bato (1	.7		KLOMAX, LL	C			CMIN II.		
Occupancy Status During Abatement	10/07/19	9)		_	Street Address			0.21			
Facility closed/vacated during er Abatement performed outside of Describe: NORMAL HOL	ntire period of a formal facility	batement.		_	309 W. End Ave City, State, Zip Code Hopatcong, NJ				-		
≥160 sf or ≥260 lf D	enovation					Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*)	re			edure	•
asbestos-containing b	s location norma by maintenance		1	400000				R e	R e	E n	E
material (acm) to be abated in facility (13)	Yes No	o N/A	material (A	ACM)	sbestos-containing	Amount (Specify S LF)	For	E o v e	p a i	c a p	n c L
Basement 1st Floor Kitchen	X				Chimney Pipe	6 LF					
1st Floor Kitchen			Transite Exh	naust	Chimney Pipe	6 LF					
				-				닏	닏		11
								님	ᆜ	片	쓔
Registered Waste Hauler KLOMAX, LLC	NJDEP Hau 0038241		ubic Yards of W yds	/aste	Name of Registered TULLYTOWN,		COVER	<u>니</u>] Ү		Ц	
City, State Hopatcong, NJ 07843	possible of the second of the second	Disposal D	ate		City, State						
Completed by (Print or Type)	itle	TBD	Signature	13	TULLYTOWN,	PA	Date				
	not use this fo	rm for askasia		/ l-+	1 0 - 101		09/19/1	9		_	

Date of Notification (1) O 19	tion	EXP Re Street Add 28 Vall City, State Monto	(Purs Building Ow ealty iress ey Rd. Su p., Zip Code lair, NJ 07 ontact		SEP 2 4 2019 ASSESTOS CONTROL & Telephone Number							
Cancellation	n	Al We	lls			973-250-4418						
			FAC	CILITY INFORM	MATIO	N						
Name of facility where abatement Residential Street Address		Type of Facility (4) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age										
City (5)	Cou	ounty (6)				unty Code (7)		02	177			30
	5 57				ate use only)		Current Use (Prior if being demolished)					
Irvington, NJ 07111	19	Essex				I h l	Residential					
Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.						Name of Abatement Contractor (9)						
N/A Street Address						KLOMAX, LLC Street Address						
Street Address						309 W. End Ave						
City, State, Zip Code						City, State, Zip Code						
						Hopatcong, NJ 07843						
Project Manager for Monitoring Firm	Phone Number				Telephone Number License Number							
						833-455-6629 02007						
Start Date (10)	Sched	hed. Completion Date (11)				Name of OSHA Monitor						
09/30/19 10/04/19						KLOMAX, LLC						
Occupancy Status During Abatement (Check only one)						Street Address						
Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe:						309 W. End Ave City, State, Zip Code						
Other-Describe: NORMAL H					_	Hopatcong, NJ 0	7843					
Scope of Work (check all that apply)						Full Containment w/negative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure						
Location of		n normally enance/cu	used solel				22		R	R	E	E
asbestos-containing material (acm) to be abated in facility (13)	staff(12) Yes	No	N/A	Description material (sbestos-containing	Amount (Specify SF or LF)		m o v e	p a i	n c a p	n c L
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Basement		LX		Pipes to be	Clear	ned	25 LF				X	
				-								
Registered Waste Hauler	INUE	DU- '	10# 10	Subic Yards of V	Mastr	IN (D	150					Ш
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Hopatcong, NJ 07843		TBD			City, State TULLYTOWN, PA							
Completed by (Print or Type) Paige Boylan	Title Owner		Signature	1	2	Date 09/i9/19						
100 11	Do not in	a thin farm	far anhant	an Vannause au		al a and delica		1				

Clonge of Start date at State of New Jersey MOTIFICATION OF ASBESTOS ABATEMENT Owner request. (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) -9/6/2019CarePoint Health Agencies Notified Type Notification Street Address 308 Willow Ave. ✓ EPA Initial SEP 2 4 2019 ☐ DEP City, State, Zip Code Amended V DOL Amendment # Emergency (including Name of Contact V DOH TelephonesonTROL & justification) ☐ DCA Manuel Tapia 551-697-0480IG Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hoboken University Hospital School (K-12) Street Address Subchapter 8 (Other than K-12) 308 Willow Ave Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hoboken 300.000 156 County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Hudson Medical Center/Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Advanced Specialty Contractors Street Address Street Address 2400 Mains St Ext Suite 10 City, State, Zip Code City, State, Zip Code Sayreville, NJ, 08872 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-525-0100 00750 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/21/2019 9/28/19 -9/21/19**Environmental Tactics** Occupancy Status During Abatement (Check Only One) Street Address 64 Broad St Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: Performed in Mechanical Rooms City, State, Zip Code Matawan, NJ 07747 Scope of Work (Check All That Apply) 23 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, Remova ncapsulate (Specify Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A AHU-2 Tile <5 Sf AHU-3 Tile <5Sf2nd Floor MER Pipe Insulation <3 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Freehold Cartage GROWS Landfill 15939 32 City, State Disposal Date City, State Freehold, NJ 9/21/2019 Morrisville, PA Completed by Tille John Evanovich Estimator 9/6/2019 ASB-41 (R-06-08)

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-19 Date of Notification (1) Name of Building Owner/Operator (2) FP 2 4 2019 RUTGERS, THE STATE UNIVERSITY OF NJ August 29, 2019 Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ■ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS ☐ DCA ■ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) DEP- No Longer REQUIRED □Cancelled Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NEWARK POWER PLANT, BLDG# 7261 School (K-12) Subchapter 8 (other than K-12) Street Address ■ Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years City (5) County (6) County Code (7) NEWARK Current Use (prior if being demolished): HEATING PLANT **ESSEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/07/2019 09/16/2019 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☑Abatement Performed Outside of Normal Facility Hours – 7am -3pm Describe: Schedule: SAT 12:01 AM - MON 5AM (WEEKENDS 24 City, State, Zip Code FAIRLAWN, NJ 07410 HRS AS NEEDED) X Facility Occupied During Abatement ☐ Other- Describe: Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure \ge 3 sf or >3 lf □ Renovation ☑ Mini-Enclosure □ > 160 sf or > 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut ■Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap or LF) NO YES NA Enclose B2-MER X TSI <9 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill 15 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 09/16/2019 NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) Title Signature RAYMOND C. PEDALINO SENIOR PROJECT August 29, 2019 Raymond C. Pedalino MANAGER

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09 /	18/	19						Operator	(2)	LI LI SEI	P 24	2019) .	
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Name of Facility Where A	Abatement is	Taking Pl	ace l'	3)	FA	CILITY II	NFORM	ATION	True of Facility					
Private house		raking i ii	300 (٥,					Type of Facilit	ē 77.0				
Street Address								***	Subchapte	12) r 8 (Other than K	-1 2)			
-									Other (i.e.	private and com	mercial b	uildin	gs,	
City (5)									homes, etc	# of Floors	TE	Bldg. A	.00	
West Caldwell, NJ 070	06								0403.0100	18 01 1 10013	-	nug. P	ige.	
County (6)	Caldwell, NJ 07006 of Monitoring Firm Hired by Building Address tate, Zip Code Manager for Monitoring Firm					nty Code (7)	(STATE	JSE ONLY)	Current Use (Prior if being den	nolished)			-
Essex								37			, , , , , , , , , , , , , , , , , , , ,			
Name of Monitoring Firm	Hired by Bui	lding Own	er (8)		ASCM	No.	Name	of Abatem	ent Contractor (9)				
							Gr Te	ch LLC						
Street Address							Street	Address						
01. 01. 7. 0							576 V	alley Rd	#283					
City, State, Zip Code							City, S	tate, Zip C	ode					
Project Manager for Man	toring Firm							e, NJ 074	70					
Project Manager for Moni	toring Firm			Tele	phone	No.	Teleph	one No.		License No	<u></u>			
Start Date (10)		Schedule	d Car		61 D-	1. (4.4)		8-1777		01127				
					uon Da			of OSHA I						
Occupancy Status During					_ ′				onsultants,Inc					
Facility Closed/Vacate					ment			Address	energy or the action of the control					
Abatement Performed	Outside of N	lormal Fac	cility H	Hour	s - Des	scribe		Wagaraw tate, Zip C	Road, Bldg .#	‡ 35E				
Time of Abatement: _	AM	PM/		PM_		AM	Maria Salara	iaie, 21p 0 iwn, NJ (
Scope of Work (Check all	that apply)						Tan La			ination with nega	ative pres	SUITE		
		M	Reno				П	Full Con	itainment with N	egative Pressure				
≥ 160 sf or ≥260 lf			Dem				×	Mini-End Gloveba	a Procedure	Tent with Nega	itive Pres	sure		
								Non-Exe	empted (*) and N	Ion-Friable Proce	adure			
Location	of			ocati rmal		l	1000				Air	patem	ent T	уре
Asbestos-Containing I		vt) (t	Jsed	Sole	ly by	Ashe		escription (of aterial (ACM)	Amount	R	Z,	ш	Im
TO BE ABA		10 con	Main		nce/ Staff?		., therma	al systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facilit (13)	У			(12)	otan:			acing, VAT miscellane		SIF or LF)	Va Va	=	Encapsulate	Sure
		Ye	es	No	N/A		Other	illisconarie	rous				ite	
Basement			Ī	٦	\boxtimes	Pipe inst	lation			80 LF	\boxtimes			-
			1			i ipe ilist	lation			80 LF			ᆜ	별
			_ L	_		ļ						Ш	Ш	Ш
			L											
THE PARTY SALES AND				J										
Name of Registered Wast	e Hauler			NJD	EP Waste	Hauler ID No.	Cubic Ya	ards of Wast	te Name of Reg	istered Landfill			-	-
Gr Tech LLC				0	03378	35	TB	D	T.R.R.F. Inc	;				
City, State				5-157			Disposa	al Date	City, State					
Wayne, NJ 07470							ТВ	D	Tullytown, I	PA				
Completed By (Print or Ty	pe)	Title					Si	gnature	1.		Date			
N.Jevtic		Owner						/	Heure Wer	ad	09/18/19	9		
ASB-41								-/-	/			-		

Ch 7590	N	OTIFI (Pi	CATIO	ate of New Jers OF ASBESTO to NJAC 8:60 a	SABATE	EMENT	r	D-	E C	E.		W	Pr	int F
Date of Notification (1) 9/18/19	94		Ken [of Building Owner Ourfee Private					SE	P 2	4-	2019)	
Agencies Notified Type Notification X EPA DEP Initial Amended				address ate, Zip Code			water and the second	1	ASBES	TOS C			3 JC	
DOL Amendment Emergency justification)	(including	-	Beach Name o	Haven Gard f Contact	lens NJ	0800	08	Tel	ephone	Numbe	er			
DCA Cancellation	1		Ken									282001100		
Name of Facility Where Abatement is Takin Ken Durfee Private Home	g Place (3)		FAC	ILITY INFORMA	HON	Туре	e of Facility	E-15			25110			
Street Address						X	School (K- Subchapter Other (i.e. petc.)	r 8 (Oth			uild	ings,	home	9S,
City (5) Beach Haven Gardens NJ 08008						Squa 100	are Feet	# 01	f Floors			dg. A	ge	
County (6) Ocean	0		STATE	Code (7) USE ONLY)		hou			17 7 80 pr 2002	olished)			
Name of Monitoring Firm Hired by Building N/A Street Address	Owner (8)		ASCN	/I No.	Peri	naco		ntractor	(9)					
Officer Address						Addre Box 3				120				
City, State, Zip Code							Zip Code rlin NJ 080	091						
Project Manager for Monitoring Firm		1	Геlерhо	ne No.	Telepi 856		√o. 9800		Licens 0072					
Start Date (10) 9/30/19	Scheduled 10/9/19		pletion	Date (11)	Name Sam		HA Monitor							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Al	atem	ent			Addre	ess Zip Code							
Scope of Work (Check All That Apply)											_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Comments of the Control of the Contr	novat				Mi Gl	ull Containmonioni-Enclosure ovebag Procon-Exempted	e cedure						
Location of	No	ocatio	y	D	escription			<u> </u>					ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Solely tenan dial Si (12)	ce/	Asbestos Co (i.e. therm: surf	ntaining N	/lateria s insul tT, or	ation,	(S	mount pecify or LF)	Zelicve	Domous	Repair	Encapsulate	Enclosure	
Exterior Siding	Yes	No	N/A	Esek	orion Cia	din n		24	20.05		1		ate	e —
Exterior ording			Х	EXT	erior Sid	ung		210	00 SF	X				
				ħ.							-			
Name of Registered Waste Hauler United Roll Off	Ha	IDEP Wauler ID		c Yards aste		Name of G.R.O.		red Land	dfill					
City, State Elm NJ					osal Date /19	_	City, State		1906	7				
Completed by Anthony T Perna	Title Presio	lent			Signature	0				Date 9/18/	10			

Inv14693	(Purs	TION C	DF ASE NJAC	SESTOS ABAT 8:60 and 12:	[20]	M	C-E EP 24	2019)	7 7 7
Date of Notification (1)		Name	of Buildin	og Ovmer/Operator	MON D	2=0	uu a	-	,	-
Agency Notified Type Notificatio	n	Street	Address	IK (C.)			STOS CO	NTRO		Ĝ.
D EPA C Initial							LIUENO	CIVII	enterim	
☐ DEP ☐ Amended -☐ DOL Amendment	#	City, S	tate, Zip	code.	7.10	07036	5			
☐ Emergency (its filtration)	nctuding		of Conta		107.	1	<u> </u>	<u> </u>		
☐ DCA ☐ Cancellation	13		ofR	BENHUN	J=2	4				
<u></u>		FACI	LITY INF	ORMATION						
Name of Facility Where Abatement is Tak		=011	.10.	~	Type of Faci	By (4)				N. 21
MR. RAYM	OPA D	- CP	(O D)	5	School (K	-12) er 8 (Other tha	n (C-12)			
					DOther (i.e.	private & com		ldings,		
City (5)	<u> </u>		20		homes, el Square Feet	# of Floor	s B	dg. Age	-	
HOBOKEN				252 K	2000	. Z		195)
County (6) HUDSON		County ONLY)) (STATE USE		(Prior if being		D		
Name of Monitoring Firm Hired by Building (8)	Owner ASC	M No.		Name of Abaten						-
Street Address				Best Rei	moval I	nc	ļ	-		
		* *		450 Sou	th Divo	+ C+				
City, State, Zip Code	· · · · · · · · · · · · · · · · · · ·			City, State, Zip C	ch kive	I DL		T	-	
				Hackensa	ack, N.	J. 0760	1			
Project Manager for Monitoring Firm	Teleph	one No.		Telephone No. 201-329-	7.4.4.	License N	¥00			
Start Date (10) Schedi	ried Completion,D	late (11)		Name of OSHA		- 003	88	+	=	
9/27/19	9/28/	19			Environ	mental				
Occupancy Status During Abatement (Che	ck only one)			Street Address	_					
☐ Facility Closed/Vacated During Entire P☐ Abatement Performed Outside of Normal	eriod of Abatemen	nt		Z80 Ht City, State, Zip C	iyler S	t	ļ	-		
Prother-Describe: 73064 To	S.OoPH				ckensac	k N.J.	0760	6		
Scope of Work (Check all that apply)				- 0	Containment w					
223 sfor ≥ 3 lf 10 ≥ 160 sfor ≥ 260 lf		☐ Ren	ovation	-CI Mersi	Enclosure ebag Procedur					
					Exempted (*)		e Procedur			
	Is Loca Norma							A	Ty	ement pe
. Location of Asbestos-Containing Material (ACM)	Used So	lely by	Action	Description of stos Containing Ma		1	ount			
TO BE ABATED IN Facility	Mainten	ďal		., thermal systems	insulation,	(Sp	ecify	Rer	Repair	Enclosure
(13)	Staff (12	7.7		other miscellane		SF	rLF)	Removal	patr	osus
	Yes No	N/A		5 %						6
BASEMENT		1	THE	MARC ONTER	, NSU MITH	21 1	0 1-F	x		\vdash
		1	11700	- 7 5.0.1	1. 20 14.16	1		-		\vdash
							,			
Name of Registered Waste Hauler										
Best Removal Inc	ID No.	Waste H	auler	Cubic Yards of Waste /	Name of Re	gistered Landf	H .			
	1	7109		1/29	CUMBER	LAND CO	UNTY	AND	F	LL
City. State Hackensack , N.J.	07601			Disposal Date 9/30/19	City, State		7			
Completed by Title	07001			9/30/17 Signature	NEWBU	EGH, PA	. 172			·
	stimator			VM	ماصادر	43		9/1	7/	19
ASB-41 *	Do not use this fo	rm for as	bestos lic	censure exempted	activities.			*	-/-	

JOULL	199				. /	4-4- AM	Same of the same o		-					-
Kloub		1	ТОИ	IFIC (P	ATIOI ursua	NOF AS	ew Jersey BESTOS A C 8:60 and	d 5:1	6)	DE C		<u>W</u>		
Date of Notification (1)	17 /	19	_			e of Buildin hn LaPro	g Owner/Ope cido	rator (2)	J SEP	242	019	A STATE OF THE STA	IJ
Agencies Notified	Type Notific	ation		V. 555000	Stree	t Address				ACDECTO	1400.0	TDOL	0	
⊠ EPA ⊠ DOLWD	☐ Amende	d								ASBESTO LIC	IS LUM ENSING		હ	
⊠ DOH	Amendm	DE 107			88	State, Zip (ishout	TOTAL POST OFFICE STATE OF A PRINTING AND A PRINTIN	(Search of the strope)	- Tonkink judget	March College Service	Ph. (Married Laboratory)
DCA	☐ Emerger		luding	9			i, NJ 08033			*				
(NJAC 5:23-8)	justificati Cancella				J-4 354, 555 6-156	e of Contac hn LaPro	20			Telephone N	umber			
	L						IFORMATIC	ON					******	
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facilit	y (4)				
LaProcido Residen	ce								School (K-	12)				
Street Address										r 8 (Other than K				
									homes, etc	private and comp	mercial b	ullaing	js,	
City (5)	103 - 103								Square Feet	# of Floors	TB	Bldg. A	ae	
Haddonfield									3,756	3		120		
County (6)		7.			Cou	nty Code (7)(STATE USE C	ONLY)	Current Use (F	Prior if being dem	olished)			
Camden									Residence	•				
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCM	No.	Name of Ab	pateme	ent Contractor (9)				
Management & Env	iro. Consul	Iting S	ervi	ces			Shade E	Enviro	onmental, LL	С				
Street Address							Street Addr	ess						
PO Box 341							623 Cut	ler A	venue	27				
City, State, Zip Code		05					City, State,	Zip C	ode					
Chesterfield, NJ 08	515						Maple S	hade	, NJ 08052					
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone I	No.		License No.	9			
Bill Weisgarber				3 to 22	09-298		856-755	-0099)	00842				
Start Date (10)09 /27 /	_19	Schedu 09			etion Da	ate (11) 19	Name of OS EMSL A		lonitor ical, Inc.					
Occupancy Status During	Abatement (Check	only o	one)			Street Addre	ess						
☐ Facility Closed/Vacate							200 Rou	te 13	0 North					
Abatement Performed Time of Abatement: _						scribe AM	City, State,	Zip Co	ode					
¥7				_' '''			Cinnami	insor	n, NJ 08077					
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)	0	1000	novai moliti			☐ Mir	ni-Enc	losure g Procedure	egative Pressure				
				Loca							Al	batem	ent T	уре
Location Asbestos-Containing I	T(0)	a\		Norma	ely by	Acho	Descrip stos Containii			Amount	20	R	m	m
TO BE ABA		'/			ance/		., thermal sys			(Specify	Removal	Repair	cap	clos
IN Facilit	У		Cus	todiai (12)	Staff?	1	surfacing			SF or LF)	<u>a</u>		Encapsulate	Enclosure
(13)			Yes	No	N/A	1	other misc	ellane	ous)				ate	
Basement	-12-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-					Pipe Ins	sulation			14 LF				
							THE PERSON NAMED IN COLUMN							
			п	П	ТП					1		+	П	П
					+	 			MI PATRICIPATION AND ADMINISTRATION AND ADMINISTRAT	+				
Name of Decistored Med	a Hawley		Ц		LIDED.	10/	0.1:- ٧		1.1.	1	⊔		Ш	
Name of Registered Wast Freehold Cartage	e naulei			1 1 1 1 1 1 1	NJDEP Hauler II	D No.	Cubic Yards Waste	OT	Fairless I	istered Landfill _andfill				
City, State					1030	<u></u>	Disposal Da	te	City, State					
Freehold, NJ							09/30/20		Morrisvill	le, PA				
Completed By (Print or Ty	rpe)	Title					 Sjgnati	ıre			Date			
Christina Fay	M &		e Pr	esid	ent of	Operation	-	26	Hay		917	19		

mch		NOT		CATION	OF AS	BESTOS ABAT AC 8:60 and 5:10		n E C	EI		E	F
Date of Notification (1) 09 / 17	/ 19)				g Owner/Operator (Hamburg, LLC	2)	SEP	2 4	201	9	
☐ EPA ☐ Init ☐ DOLWD ☐ An ☐ DCA ☐ DCA ☐ jus	Notification tial nended nendment # nergency (in tification) ncellation)	City, S Bal	t Address 3 N. Char State, Zip (Itimore, N of Contact d Wies	/ld 21201	I I	ASPESTO LIK	DENSI		.8 .1C	A CONTRACTOR
				EA	CILITYIN	IFORMATION		1.0 02.1	•	100000		
Name of Facility Where Abateme Former Cost Cutters (Vac Street Address 1139 Hamburg Turnpike		g Place	(3)	FA	CILITIN	FORMATION		2) 8 (Other than K-1 rivate and commo		uildinç	js,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Wayne							75,000	1		~ 50		
County (6) Passaic				Cour	nty Code (7	(STATE USE ONLY)		ior if being demolet Cutters Store				
Name of Monitoring Firm Hired b				ASCM	No.	Name of Abateme						
Emilcott Environmental H	ealth & S	afety S	er.	-		Neuber Envir	onmental Serv	rices, Inc.				
Street Address 190 Park Ave.						Street Address 1100 Grosser	Road					
City, State, Zip Code	-					City, State, Zip Co						
Morristown, NJ 07960						Gilbertsville,						
Project Manager for Monitoring F	irm	+ 1000 1000 1000 1000 1000 1000 1000 10	Te	elephone	No.	Telephone No.	. /	License No.				
David Tomsey	10		-	973 538		610 933-4332		00836				
Start Date (10) 8 /12 /19		10_/	_(oletion Da		Name of OSHA M Neuber Envir	onitor onmental Serv	rices				
Occupancy Status During Abater Facility Closed/Vacated Durin		-		tement		Street Address 1100 Grosser	Pood					
Abatement Performed Outside Time of Abatement:Al	e of Normal	Facility	Но	urs - Des	cribe AM	City, State, Zip Co	ode					
Scope of Work (Check all that ap	nlv)					Gilbertsville,	PA 19525					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	Piy)	☐ Rei		ation ition			ainment with Neg losure g Procedure mpted (*) and No		ure			
		0.930		ation					Ab	atem	ent T	уре
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)	(ACM)	Use Mai	nter odia (12			Description of stos Containing Mai , thermal systems in surfacing, VAT, other miscellaneo	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
See Attached Spreadsheet		Yes	N	2 0.00	Coo Att	aabad Caraadab		Can Attaches	J [7]			
See Attached Spreadsheet					See Att	ached Spreadsh	eet	See Attached	_	Ш	Ш	
									\boxtimes			
Name of Registered Waste Haule Service Transport Group	er			NJDEP I Hauler II 20990	O No.	Cubic Yards of Waste 100	Name of Regis					
City, State				20000		Disposal Date	City, State					
New Castle, DE						Sept. 2019	Waynesbu	rg, Ohio				
Completed By (Print or Type) Pat Larnev	Title		Ma	nager		Signature	T Thu	1	ate	7	10	

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

	AS NO	TIFIC	ATIO	OF	ASBE	STOS ABAT	EMENT	CK 5258)		
111/14	000	(Pur				60 and 12:1		D F @ F	n <i>Vn</i> E	3 F	
Date of Notification (1)			Na	me of	1	Owner/Operator		11) 5 6 5	1 1 1		-
9/20	19	•	-	Pet Ac	_	TER S	ALEH			- 11	\dashv
Agency Notified '	Type Notification		Sur	eel Mo	(QI 655	10 00.000	1	SEP 2	4 2019	1000	
□ EPA	D Initial D Amended		City	y, Staf	e, Zip Co	ode .					
DEP DOL	Amendment#			F	RUIN	GTON	· NI	07//	SOLUTION COL		
№ рон	☐ Emergency (including justification)	3	Na	me of	Contact	••		Telephone Number	Connoc	u	
DCA	☐ Cancellation				UR:	SALEH		le. '		_	
			F	ACILI	TY INFO	RMATION	*				_
Name of Facility Where	Abatement is Taking Place	e (3)			•		Type of Faci	iity (4)			1
MZ	PETER SA	LE	H	٠			☐ School (K	(-12)			1
Street Address		**			3.		El Other (i.e.	er 8 (Other than K-12) . private & commercial b	uildings.		
							homes, e	ntc.)	Bldg. Age		
City (5) .	3.5			:	# ·	· ·	Square Feet		10 7	المعرة	N
IRVI	NGTON					,	1 850	(Prior if being demolish		-	
County (6)				NETTY (Code (7)	(STATE USE		ESI DEN CE			
ESS					•	Name of Abaten					-
	n Hired by Building Owne	AS AS	SCM N	o	1						
(8)						Best Res		LIIC			
Street Address			20	18		450 Sou		er St			
City, State, Zip Code						City, State, Zip (ET DE			
Cay, State, 24 Code	**		8					.J. 07601			
Project Manager for Mo	nitoring Firm	Tele	phone	No.	-	Telephone No.		License No.			
					1	201-329		- 00388			
Start Date, (10)	Scheduled Co	- 1		(11)		Name of OSHA					
10/2/19	10	3/1	4			Omega Street Address	Enviror	nmental			-
Occupancy Status Duri	ng Abatement (Check onl	y one)	*				lor 6				
☐ Facility Closed/Vaca	ted During Entire Period o	f Abate	ment			City, State, Zip	uyler S	J L .			
2 Abatement Performe	ed Outside of Normal Faci	ay nous	M	-				ck ,N.J. 076	06	-2-20	
Scope of Work (Check								with Negative Pressure			
EZ23sfor≥3ff	56355 55555		Æ	Renk	wason		-Enclosure	With Negative Pressure	v.		
□ ≥ 160 sf or ≥ 260 lf				1 Dem	olition	-El Glo	vebag Proced	ure) and Non-Friable Proce	dure		
<u></u>						CT 1605	· mansinger (Aba	teme	ent
		100	Location	576	3	•			H	Type	T
	tion of		Solely		Achor	Description stos Containing la	of Antorial (ACM)	Amount	1_1	m	m
	ing Material (ACM) ABATED		ntenano ustodia		(Le	, thermal system	is insulation.	(Specify SF or LF)	Remove	R Oap	Enciosure
	acility	,	S=#?			surfacing, VA		SF OF LFT	Removal	Enoapsulate	Sur
(13)		(12)						1-1	6	1
		Yes	No	N/A				10N (30 L	FR	+	+
BASEMEN	J-T			7	THER	HALSYSTEM	SINSULATI	10M 130 L		+	+
					***				* -	+	+
						2				+	+
					<u> </u>	Cubia Vanda - 4	Mann of I	Registered Landfill			
Name of Registered V			DEP W No.	aste i	auter	Cubic Yards of Waste	.1	()			
pest ken	ioval Inc		171	109		31/20	TOUMBE	RLAND COUNT	LAND	FIL	2
City, State						Disposal Date	City, State	e '	<u> </u>		
Hackensa	ck , N.J. 07	601				10/3/19	NEWB	04-061	724Q_		
Completed by	Title					Signature	0	_	9/26	li	3
J. MAIOR	ANO! Est	imat				1 / (اصادرو			1	
ASB-41	* Do no	a use th	is roim	FOT as	Destos I	censure exemple	- Managa Indian		45		

Check#3441	9	N	ОТІ		THON		BEST	TOS ABA		MENT	m <u>f</u> c	El	W		
				(Pù	rsuar	IT-TO NUA	CF8:6	0 and 5:1	6)				-		-
	20				Name	of Building	g Owne	er/Operator ((2)		SEP	24	201	9	111
		19			Alan l	Paradise					L L 02.	<u> </u>			10000
Agencies Notified		ation			Street	Address					ASBEST	00 DC	TRITE	OL S	R.
		4							ala Company		MSPE21	GENS	NG	IOL (
☑ DHSS	- Alignos Contractions				City, S	State, Zip C	Code				here in the service of the many reserved - 1	(epark) ve		-	00000
☐ DCA	e of Notification (1)					ton, NJ 07									
(NJAC 5:23-8)	Amendm Emerger justificat Cancella C					of Contact	t				Telephone Num	iber			
	Cancellat	uon				Paradise	e minerous v								
Name of Facility When a	\L_1	F-1: D		(0)	FA	CILITY IN	IFORI	WATION	-						
A 48	Abatement is i	aking Pi	ace	(3)					100	ype of Facility					
										School (K-12 Subchapter 8	2) 3 (Other than K-1 2	2)			
otreet Address										Other (i.e., p	rivate and comme		illding	IS,	
City (5)							4		0	homes, etc.) quare Feet	# of Floors	IDI	dg. A	20	
									3	quare r eet	# 01 110015	l bi	uy. A	ye	
County (6)	e of Notification (1) 09 / 20 / Incies Notified EPA DOLWD DHSS DCA NJAC 5:23-8) The of Facility Where Abatement is atte house the Address (5) Intron, NJ 07885 Intron, NJ 07885 Interest Address (5) Intron, NJ 07885 Interest Address Interest Address					tv Code (7) ((STATE	USE ONLY)	C	urrent Use (Pr	ior if being demoli	shed)			
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	Hired by Build	ding Owr	ner (8	3)	ASCM	No.	Nam	e of Abateme	ent	Contractor (9)			-		
	encies Notification (1) 09						Gr T	ech LLC							
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Gr Tech LLC				0	03378	35		BD	_	Γ.R.R.F. Inc					
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	(na)	Title						BD	T	ullytown, PA					
	(PC)						1	Signature	1	he Wena.	0	ate			
N.Jevtic		Owner	-						ew	rc Wena	er 09	/20/19)		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification 9/13/19 Name of Building Owner 7 Operator (2) JMJ Farm Holdings II, LLC AgenciesNotified Type of Notification Street Address SFP 2 4 2019 **EPA** X **Emergency Notification** 100 Lenox Drive DEP Initial Notification City, State & Zip Code X DOL Amended Notification Lawrenceville, NJ 08648 ASBESTOS CONTROL & X DOH Cancellation Name of Contact Telephone Number DCA Andy Chodkiewicz 609-896-3111 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Vacant House School (K-12) Street Address Subchapter 8 (Other than K-12) 35 Harbourton Mt Airy Rd X Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 5.000 100+ Hopewell Twp Mercer Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Tactics** N/A Global Abatement Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07716 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tom Geiger 732-290-2217 732-605-9062 00714 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/27/19 10/18/19 Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) X Demolition Renovation Full Containment with Negative Pressure X Large Project X Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM X Glovebag X Quantity is ≥ 160 SF or ≥ 260 LF ACM X Other: Non-friable Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify (Specify: Removal, Material (ACM) Solely by Material (ACM) Square Feet or Repair, TO BE ABATED Maintenance or (i.e., thermal systems Linear Feet) Encapsulation or insulation, surfacing, VAT in Facility Custodial Staff? Enclosure) (13)(12)or other miscellaneous) See attached N/A Name of Registered Waste Hauler NJDEP Waste Hauler ID# Cu. Yds. of Waste Name of Registered Landfill Freehold Cartage 18693 40 **Cumberland County** City, State Disposal Date City, State Freehold, NJ 10/18/19 Newburg, PA Completed By (Print or Type) Title Signature Date Dominick Tringali Manager 9/13/19 Dominick Tringali

710 LF of pipe insulation throughout 337 SF of floor tile in 3 bathrooms 338 SF of wall tile in 3 bathrooms 6 SF of sink undercoating 386 SF of chimney/radiator paper 1,028 LF of window/door caulk 175 SF of wall panel 30 SF of countertop in the kitchen 40 LF of icebox gasket 250 SF of textured paint 171 SF of window glazing



Since materials are scattered throughout, we will separate the work into the first floor, second floor and basement, so there will be 3 areas.

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Date of Notification (1)	. 1/16	シフ	The same of	Name	of Buildin	g Owner/	1	800	and the second s			乙半	4		
09/18/2019 Agencies Notified Ty	pe Notification	100)		er Beta	ncourt					SEP :	1 2	019	And the second second	Ш
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□ DCA □	Cancellation				er Betar					1		.50.			
Name of Facility Where Abat	ement is Takir	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Type	of Facility	(4)				113-11	
Residential Property Street Address					-				School (K-	12)					
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City (5) New Brunswick								Squar		# 0	f Floors	1	Bldg.	Age	
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Middlesex				(STATE	USE ONL	n		Currer	it use (Pr	ior ii be	ing demol	snea)			
Name of Monitoring Firm Hire	ed by Building	Owner (8)	ASC	M No.				ement Co						
Street Address		•						Address		J LLC.					
City, State, Zip Code									5th St.						
Oity, State, Zip Gode								tate, Zip beth, 1	Code NJ 0720	6					
Project Manager for Monitorin	g Firm	12 S-110. S-140-		Telepho	one No.		Teleph	one No.			License	No.			
Start Date (10)		Schedul	ed Co	mpletion	Date (11)	1		906-41	23 A Monitor		01355				
09/28/2019		10/04/	2019		Date (11)		The second second				atories,	nc.			
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≥160 sf or ≥260 lf)emoli	tion			×	Mini-	Enclosure ebag Pro	9	Negative	1 16330	16		
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In Facility (13)		Cus	odial (12)	Staff?		surfac	sing, VAT	Γ, or	UII,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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2										7.10.000					
Name of Registered Waste Ha	uler		l N	JDEP W	lasta	Cubia	Vanda								
Danvic Contracting LLC.	idici		H	lauler ID 7574		of Was			Name of I		red Landfi fill	I			
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Elizabeth, New Jersey		T				TBD			Morrisvi		\				
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09-18-19 INV 1472	7			of Building Owner/ Oil Company	Operator	r (2)	A constraint of the constraint		99-179-17-18-18-18-18-18-18-18-18-18-18-18-18-18-				I Internace
Agencies Notified Type Notification	1			Address State Street			7	7	ASBESTC LIC	75 OC		OL 8	Ž.
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X DOL Amendmen		_		ren, NJ 07077					36				
X DOH justification DCA □ Cancellation)`	, I		of Contact elenties				11 100	ephone Nu 08) 276-2				
Name of Facility Where Abatement is Takin	as Place (2)	FAC	ILITY INFORMAT	ION	_			,				
South Dock Building	ng Place (3)				Ту	pe of Facility						
Street Address						ğ		r 8 (Oth	er than K-1		J:		
111 State Street City (5)						×	etc.)		& commerc				es,
Sewaren, NJ 07077						Sq	uare Feet	# 01	f Floors	1	Bldg. A	Age	
County (6) Middlesex				Code (7) USE ONLY)			rrent Use (Pr ommercial	ior if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building Simpson & Brown, Inc.	Owner (8))	ASCI	M No.			batement Co Environm						
Street Address 119 North Avenue, West					Street 200 I		ress ad Street			i de la composição de l			
City, State, Zip Code Cranford, NJ 07019					15.00		Zip Code t, NJ 0707	2					
Project Manager for Monitoring Firm Bill Gelenties			Telepho	one No. 276-2776	Teleph	none	×	_	License N	lo.			
Start Date (10) 08-26-19(2)09-20-19	Schedul 09-30-	ed Con	Account to the second	Date (11)	Name	of O	SHA Monitor		00730	/	x371		
Occupancy Status During Abatement (Chec	1515(V.5).50				Even	*****							
➤ Facility Closed/Vacated During Entire	Period of	Abaten	nent				ckson Ave	enue					
Abatement Performed Outside of Norr Other – Describe:	nal Facility	y Hours	3				Zip Code and City, N	IV 111	01				
Scope of Work (Check All That Apply)							ntact Remov	V-10	-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	F N	ull Containm Mini-Enclosur Blovebag Pro	ent with e cedure					
	Is	Locati	on			1 1	lon-Exempte	o (*) and	Non-Friad	le Pro		e ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole	ly		scription		i-1 /4 CA C	2			Ту	ре	
TO BE ABATED In Facility	Ma	intenar todial S	nce/	Asbestos Con (i.e. thermal	systems	insi	ulation,	(S	nount pecify	Re	ZD.	Enca	Enc
(13)		(12)		other r	cing, VA niscellan	i, or eous	5)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ate	œ .
Roof: Entire		X	Roofi	ng/Flas	hin	g	2	50SF	х				
Name of Registered Waste Hauler		11/25/0	JDEP W auler ID		Yards		10701705		red Landfill				
ATC, Inc. / JBT (50071)		1310	TBD			Minerva	a Enter	rprises					
City, State Shirley, NY / Bronx, NY			Dispos TBD	sal Date	17	City, Stat		OH 4468	38				
Completed by	Title	-4 4 *	TO STATE OF THE ST		ignature	1	1/1.0	1	Da	te			
Kevin Moriarty	Proje	ct Ma	nager			1	WHI	K T	09	-18-1	9		

State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-189 (Pursuant to NJAC 8.60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 9 /1 7 /1 9 Michael Carson Agencies Notified Type Notification Street Address EPA Initial Amended DEP Amendment #: City, State, Zip Code DOL M Emergency Hamilton, NJ 08610 (including DOH. Name of Contact Telephone Number justification) ☐ DCA Cancellation Michael Carson **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 1,200 SF 70 (State use only) Current Use (Prior if being demolished) Hamilton, NJ 08610 Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) N/A D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 09/18/19 0923/2019 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure ≥ 3 sf or >3 If Mini-enclosure

Glovebag proce Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial е asbestos-containing e n Description of asbestos-containing Amount staff(12) m material (acm) to be p C material (ACM) (Specify SF or 0 abated in facility (13) a а Yes No N/A V D Basement **Boiler Insulation** 30 SF X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 09/17/19 Do not use this form for ashestos licaneura evamented ACR A1

Date of Notification (1) O 19 1/1 17 1/1 19 Agencies Notified Type Notificat EPA Initial DEP Amended			(Purs suilding Ow arie Farin	ner/Operator (2	<u>Ĉ</u> 8:6	os Abatement 0 and 12:120)	s	EP 24	NTF	3µ3723567µ774		
Amendment #:		City, State	Zip Code									
□ DOH □ Emergency (including)		Union,	NJ 07087									
justification)	- 11						Telephor	ne Number				
Cancellation	1	Rose N	Iarie Farii	nola								
			FAC	ILITY INFORM	MATIO	N						
Name of facility where abatement i	s taking pla	ace (3)					Type of Facility	(4) ol (K - 12)				
Residential								napter 8 (Ot	her t	han k	(-12)	
Street Address					72-5-11			(Private/Co	mme		(-12)	
							Bldgs.	/Homes, etc		В	ldg. A	70
City (5)	Cour	nty (6)			Cor	unty Code (7)		02		80	uy. A	ge
TT ' >// 00000					935000	ate use only)	Current Use (P	rior if being	den	nolish	ed)	
Union, NJ 07087 Name of Monitoring Firm Hired by I	Uni			ASCM No.		Name of Abatemen	Residential					
N/A	9	, (0)		ASCIVINO.		D & S RESTOR	(3.7)					
Street Address				-	-	Street Address	CATION, INC.			_	_	
		W-333				20 California A	ve.					
City, State, Zip Code						City, State, Zip Code						
Project Manager for Monitoring Firm		In	Nt		_	Paterson, NJ 0	7503					
1 Toject Manager for Monitoring Fifth		۲	hone Numb	per		Telephone Number 973-345-8020)	License N	lumi 169	3253		
Start Date (10)	ISched	Completi	on Date (1	1)	_	Name of OSHA Mo			-			
09/20/19			on Bate (1	.,		D & S Restorat	tion, Inc.					
Occupancy Status During Abatemen	0923/				_	Street Address						
Facility closed/vacated during Abatement performed outside	entire perio	od of abate				20 California A City, State, Zip Code						
Describe:		acility nou	rs-		_		=					
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Scope of Work (check all that apply >3 sf or >3 f ≥160 sf or ≥260 f	Renovatio Demolition						Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*)	re			edure	
Location of asbestos-containing	ls location by mainte		used solely todial		32				R e	R	E n	E
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abated in facility (13)	Yes	No	N/A	1			LF)	1	v	i	a p	L
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Basement		X		Pipe Insulat	tion		100 LF		X			
								[
Registered Waste Hauler	INJDE	P Hauler	D# 1 C	ubic Yards of V	Maste	Name of Registered	Landfill					
D & S RESTORATION, INC.	135		175 200 HOUSE	yds	*usic		RESOURCE RE	COVERY	,			
City, State			Disposal D	ate		City, State			*			
PATERSON, NJ 07503 Completed by (Print or Type)	Title			Signature		TULLYTOWN	, PA	I Data				
	PRESIDI	ENT		Oignature	F	Scorden	The	Date 09/17/19)			
			for asbesto	s licensure exe	empted	d activities.		1	00			

State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J. A.C.\8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) SEP 2 1 2019 September 19, 2019 Diocese of Paterson NJ Agencies Notified Notification Type Street Address ☑ Initial Notification 777 Valley Road X EPA ☐Amended Certification City, State, Zip Code x DCA Clifton, NJ 07013 Emergency (including x DOL Name of Contact Telephone Number justification) X DEP Rebeca-Ruiz-Ulloa 973.777.8818 ☐ Cancelled x DOH FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Passaic Arts & Sciences Charter School School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 7 St. Francis Way Sq. Feet: # of Floors: 2 Bldg. Age: 50 years City (5) County (6) County Code (7) Passaic Passaic (State Use Only) Current Use (prior if being demolished): Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) EnviroVision Consultants inc. 00079 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 Wagaraw Road, Bldg # 35E 511 MAIN STREET City, State, Zip Code City State, ZipCode Fairlawn, NJ 07410 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Fred Larson 973-636-9145 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor October 2, 2019 October 17, 2019 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1056 Stelton Road Describe City, State, Zip Code Other - Describe: Piscataway, NJ 08854 Source of Work (Check all that apply) Full Containment with Negative Pressure \geq 3 sf or \geq 3 If Renovation Mini-Enclosure □≥ 160 sf or ≥ 260 Demolition Glovebag Procedure x Non-Exempted (*) and Non-Friable Procedure Wrap & Cut Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount (Specify Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, SF or LF) Staff? (12) surfacing, VAT, or other miscell.) Remove Repair Encap Enclose YES NA Exterior-Basement X Window Glazing-Sash Removal 9 windows X Тур-32"x48" Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below Fairless Landfill 10 Grand Central Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Disposal Date NJ DEP # 12561 NY DEP # October 31, 2019 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 Permit No.18072

Signature

Mania Grawe

Sr. Project Manager

GCL-1963 Pen Argyle Rd

Pen Argyle, PA 18072, Permit No. 100265

September 19 2019

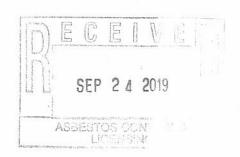
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Completed by (Print or Type)

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(IIII)		and de	suant to MAC 8:50	g.	20) DECE	W QUE	1/1	15	3	
Date of Notification (1) 9/18/19	5		uilding Owner/Operator (2 of Ridgewood)						
Agencies Notified Type Notification		Street Add			0000	2040	11			-
⊠ EPA ⊠ Initial		131 No	rth Maple Ave		SEP 24	2019	/			
☐ DEP ☐ Amended		City, State,				- Landard				
			ood, NJ 07450		ASBESTOS CO	ONTROL &				
☐ Emergency (includ	ing	Name of C			Telephone Nui					
☑ DOH justification) ☑ DCA ☐ Cancelation		Chris R	utishauser		201-670-5	5500	Albani.			
Name of Facility Where Abatement is Taking Place (3)			FACILITY INFORMA							
Zabriskie Schedler House				2000	of Facility (4)					
Street Address				-	School (K-12)					
Street Address					Subchapter 8 (Other than					
					Other (i.e. private & Com	mercial buildings	, hon	nes, e	etc.)	
City (5)				Square	Feet # of Floors	Bldg. Age	THE CONTRACT			
Ridgewood				2,12		1800				
County (6)		1000	unty Code (7)		t Use (Prior if being demolished)					
Bergen		(ST	TATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name	of Abatement Contractor (9)					
Brinkerhoff Environmental Services, I	nc.		0100	The state of the s	orn Contracting Corp.					
Street Address			patriograms and a second		Address					
1805 Atlantic Ave				32 W	illow Way					
City, State, Zip Code					ate, Zip Code					
Manasquan, NJ, 08736				2000000000	dland Park, NJ 07424					
Project Manager for Monitoring Firm		Tel	ephone No.	Telepho		License No.				
Gary Flemming			2-223-2225		33-9176	01331				
				-		02002				
Start Date (10)			ompletion Date (11)	Name o	f OSHA Monitor					
10/01/19		10/31/19		Enviro	ovision Consultants, Inc.					
Occupancy Status During Abatement (Check Only One)				Street A	ddress					
Facility Closed/Vacated During Entire F				20-21	Wagaraw Rd., Bldg. 35-	E				
Abatement Performed Outside of Norr	mal Facility Ho	ours		City, Sta	te, Zip Code					
Other - Describe:				Fair La	awn, NJ 07410			en de la comp		
cope of Work (Check All That Apply)										
≥3 sf or ≥3 lf	[⊠ Rer	novation	X	Full Containment with Neg	gative Pressure				
≥160 If or ≥260 If] [☐ Der	nolition		Mini-Enclosure					
					Glovebag Procedure					
					Non-Exempted (*) and Nor	n-Friable Procedu	re			
**************************************	5800	ocation							ement /pe	8
Location of Asbestos-Containing Material (ACM)		ormally Solely by	Achar		otion of			Τ'	1	
TO BE ABATED	- H	tenance/			ng Material (ACM) tems insulation,	Amount (Specity				
In Facility		dial Staff?	,		g, VAT, or	SF or LF)	n		Enca	5
(13)		(12)	_	other misc	ellaneous)		Remova	Repair	Encapsulate	Enclosure
- same two controls	Yes	No N/	A				val	bair	ate	ure
SEE ATTACHED										
me of Registered Waste Hauler	10000		lauler ID No.		ds of Waste	Name of Registered I	.andfill			
ewark Carting Inc	04	1509		40 +CL	J YD	Grand Central	Sanita	ary La	andfi	11
y, State				Disposal D	Date	Dity, State				
ewark, New Jersey				TBD	///	Pen Argyl, PA				
mpleted by	Title			Si	gnature		Date			
imo Golcev	General N	Manager			11/1		9/1	8/19	1	

State of New Jersey Notification of Asbestos Abatement Continuation Sheet

	1 100	Loca lorma						emen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole ntena	ely by	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Basement Stairs, Attic Stairs, 1st FI, 2nd FI		Χ		Plaster Rough Coat	5725 SF	Х			
Basement		Х		Aircell	200 LF	Х			
Basement		Х		Boiler Jacket Insulation	40 SF	X			
1st Fl Bathroom		Х		Gray/ Beige Multi-Color Sheet Vinyl	50 SF	Х			
1st Fl Bathroom at Shower Entry		Х		Shower Sealer Caulk	5 LF	X			
Attic, Office, Southeast Bedroom Ceiling, West Porch, 1st Fl Bathroom		Х		Wall Joint Compound	1,550 SF	Х	5.18.00		



MCK		N		ATION OF ASBESTOS Jant to NJAC 8:60 a	S ABA			E C I		\mathbb{W}	E	-	1
Date of Notification (1) 9/18/19				ding Owner/Operator (2)				050	0	004	0	100	1
Agencies Notified Type Notification			oodbrid eet Addres	ge Township Schoo	ol Dist	rict	1	SEP	24	201	3	A CANADA	me and
☐ EPA ☐ Initial		100000		8, School Street			- estacrama in					Mary Carlo	3.55
□ DEP ⊠ Amended		_	, State, Zi				4	SRESTO			01.8		-
☑ DOL Amendment # 1		1000000		ge, NJ 07095			Britan State	LICE	ENGIN	G_	WHEN THE	awan.	Maga:
☐ Emergency (includ	ing		ne of Cont				Telephone Nur	ah is					_
□ DOH justification) □ DCA □ Cancelation		Bri	an Wol	ferman			732-750-3	110.00					
Cancelation			F	ACILITY INFORMAT	ION					_			_
Name of Facility Where Abatement is Taking Place (3) Ross Street School #11			14			e of Facility (4)				-		-	-
					X	School (K-1	2)						
Street Address						Subchapter	8 (Other than	K-12)					
110 Ross St.							rivate & Com		ildings,	hom	ies, e	etc.)	
City (5) Woodbridge				The state of the s	Squi	are Feet	# of Floors	Bldg. Ag				_	
						500	3	1920	N.				
County (6)			11 232	y Code (7)	Curr	ent Use (Prior if be	ing demolished)	1-2-2					
Middlesex Name of Monitoring Firm Hired by Building Owner (8)			(SIAI	E USE ONLY)	Sch	ool							
Ahera Consultants Inc				ASCM No.	Nam	e of Abatement Co	ntractor (9)						
Street Address				00057	Uni	corn Contract	ing Corp.						
PO Box 385						t Address					US STATE	20	
						Willow Way							
City, State, Zip Code Oceanville, NJ 08231					100000000000000000000000000000000000000	State, Zip Code							
Project Manager for Monitoring Firm			T- : :			odland Park, N	JJ 07424						
ohn Smoyer				one No. 552-1833		hone No.		License N	0.				
		T			9/3	-333-9176		01331					_
tart Date (10)				letion Date (11)	Name	of OSHA Monitor							
09/20/19 Iccupancy Status During Abatement (Check Only One)		10/1	1/2019		Envi	rovision Consu	ultants, Inc.						
						Address							
☐ Facility Closed/Vacated During Entire Page Abatement Performed Outside of Norm			nt			1 Wagaraw Ro	d., Bldg. 35-E						
Other - Describe: Mon-Friday 4PM-:		Hours				tate, Zip Code							
cope of Work (Check All That Apply)	LZ:3UAIVI	T			Fair I	Lawn, NJ 0741	10						
≥3 sf or ≥3 If			Renov	ation		5 II 6							
≥160 If or ≥260 If		X	Demol			Full Containme		tive Pressu	ire				
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						Glovebag Proc							
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TO BE ABATED In Facility	1,000,000	aintenand todial Sta	\$35 L	(i.e. the	ermal sy	stems insulation,		(Speci	177			m	
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	Yes	No	N/A	Ot.	ner mis	cenaneous)				Removal	Repair	Encapsulate	Enclosure
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RECEIVED 09/18/2019 03:58PM 9736381778 Sep 18 2019 04:02PM NJ Asbestos Control 609.633,0664 page 1 09/18/2019 08:58AM 9736381778 PAGE 03/04 State of New Jarsey NOTIFICATION OF ASBESTOS ABATEMENT SEP 2 4 2019 Check#3438 (Persuant to NJAC 8:69 and 6:15) Date of Notification (1) Name of Building Owner/Operator (2) 09 18 - 10 DAY Agencies Not fled Thomas J. DiTrani Type Notification Street Address D EPA 20 Initial B DOLWO Amended M DHBS Amendment # -ity, State, Zip Code DOA Emergency (including Verona, NJ 07044 (NJAC 5:23-8) justification) Name of Contact Cancellation Telephone Number Thomas J. DiTrani FACILITY INFORMATION Name of Facility Where Abetement is Taking Place (3) Type of Facility (4) Private house Street Address School (K-12) Subchapter & (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) Verona, NJ 07044 Square Feet # of Floors Bidg, Age County (8) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 376 Valley Rd #283 Chy. State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Wayne, NJ 07470 Telephone No. Telephane No. Lioenea No. 973-638-1777 Start Date (10) Scheduled Completion Date (11) 01127 09 / 19 / Name of DSHA Monitor 20 / 19 Occupancy Status During Abatement (Check only one) Envirovision Consultants, Inc Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe 20-21 Wagaraw Road, Bldg # 35E Time of Abatement: AM-City, State, Zip Code PM Scope of Work (Check all ined apply) Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure >3 of or >3 if ≥ 160 of or >280 if Full Containment with Negative Pressure Menovation Demolition Mini-Enclosure Demolition X Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Frieble Procedure la Location Location of Normally Abatement Type Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Contsining Material (ACM) (I.e., thermal systems insulation, TO BE ABATED Repair Maintenance/ Encapsulate Enclosure Amount IN Facility Custodial Staff? (Specify surfacing, VAT, or (13) (12) SIF or LF) other miscelleneous) Yes No NA Basement X Pipe insulation 200 LF П Name of Registered Waste Hauler. NIDEP Waste Hauler ID No. | Cubic Yards of Waster Name of Registered Landful Gr Tech LLC 0033785 TBD City, State T.R.R.F. Inc Disposal Date City, State Wayne, NJ 07470 TBD Completed By (Print or Type) Tullytown, PA Title Signature N.Jevtic Date Owner Wernan

" Do not use this forth for asbestos licensure exempted activities.

MAY 19

09/18/19

Inv 14720

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

CK. 5254

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Date of Notification (1)		A	lame o	of Building	Owner/Operator	(2)	ARTENSIE	IN THE	2	in reconstraint	
Agency Notified Type Notification		8		Address	. 01 11.00		110,010,010		1		
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Emergency (include)	ng		lame o	of Contac	HAM , N	ASBI	STelephone Num	ber R		1	
DOOH justification) □ DCA □ Cancellation		Ι.			TORA TH		191-9 <u>1</u> 8-8-8-8-11				
					ORMATION	-	A. T		urpente.	38	
Name of Facility Where Abatement is Taking Pla	œ (3)			•		Type of Facility	(4)				
ESTATE OF FREDERICK BA	FRTE	105	TEM	J. J.	2	School (K-12					
Street Address					10		(Other than K-12 ivate & commercia		5,		
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Street Address					Street Address	noval In	<u>c</u>				
Odect Made 55			* *			th River	St				
City, State, Zip Code					City, State, Zip C						
		:8 xxxxxx==				ack, N.J					
Project Manager for Monitoring Firm	Te	lephon	e No.		Telephone No. 201-329	7111	License No.				
Start Date (10) , Scheduled C	omnlefi	on Dat	2 (11)		Name of OSHA		00388		=	-	
9/30/19 10	10/	19	- (11)			Environm	ental				
Occupancy Status During Abatement (Check on	ly one)		2		Street Address		1,				
D Facility Closed/Vacated During Entire Period	of Abate	ement				ıyler St					
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Scope of Work (Check all that apply)	<i>2</i> .										
B≥3sfor≥3#		100		ovation		Containment with Enclosure	Negative Pressur	е .			
□ ≥ 160 sf or ≥ 260 lf		1	□ Dem	notition		ebag Procedure Exempted (*) an	l Non-Friable Proc	edure			
	ls	Locatio	on.							stem Type	
Location of		ionnali d Solel		-	Description	of		T	T	1	Т
Asbestos-Containing Material (ACM) TO SE ABATED	Mai	ntenaa	ce/		atos Containing M thermal systems	atorial (ACM)	Amount (Specify	. [Z.	n 0	5 5
IN Facility	,	ustodi:	31	lare.	sterfacing, VA	r, or	SF or LF)		Removal	Rankir	Enclosure
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Name of Registered Waste Hauler	I N.	DEPW	laste H	lauler	Cubic Yards of	Name of Regis	stered Landfill				
Best Removal Inc		No.	109		Waste	1_		V IA	//-	K.1	7
City, State	1	11.	- 0 9		Disposal Date	City, State	AND COUNT	1 47	VV	-16	(6)
Hackensack , N.J. 07	601				10/1/19	NEWBUR	SH. PA. 1	7240	2		
Completed by Title					Signature)		Date /	19	1.	9
J. MAIORANO Est	imat	or			VC	معمدلم		71/	1.7	1	1

Cicr 4907 Inv 14719 NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

UIVIA							4 (2)	The state of the s	N. W. Williams Inc.			1
Date of Notification (1)	17-19			Nam	e of Buildi	ng Owner/Opera	COUT DE	MOLITION	MS17 001	VTRI	OL 8	
Agensies Notified	Type Notification	n		Stree	et Address		STATE	ST.	- Villarian	TOTAL SALES OF	er an hair ac a fin	
D PA	Initial Amended			City.	State, Zip	Code		C 0814:-				
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DOH DOA	justification) Cancellation			Name	e of Conta	FIIY		Telephone Numi	жа 			
UW				FA.	CILITY IN	ORMATION						
Name of Facility Where A	hatement is Taki	ng Place	e (3)				Type of Facili					
Name of Facility Where A	SIDENCE	- Y 				<u> </u>	School (K-	er 8 (Other than K-12	?)			
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(8) Name of Monitoring Pilli	1.A	10000010100000				Street Address	CLEMCO	TMC			_	=
Street Address						3	39 S. SP	RUCE ALE				_
						City, State, Zip	Code	WAR ALT	15	05	7	
City, State, Zip Code								License No.	200	1)		=
Project Manager for Monit	oring Firm		Tele	ephone	No.	Telephone No. 856-7	79-0472	# 0	371			
		duled C	-	ation Da	ite (11)	Name of OSH	A Monitor					
Start Date (10)	Sane	() — _	7~1	9			NIE	}				=
9-27-19 Occupancy Status During	Abatement (Che	xck only	one)			Street Addres	S					_
	nimon France P	GIKOU VI	,	men!		City, State, Zip	Code					
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(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) S CONTROL & BUILDER WELSH lone Type Notification Street Address Agencies Notified POM ON A ALE 66 DEPA DEP SOL 🔀 Initial Amended City, State, Zip Code Amendment # HADDON FIELY M.T Emergency (including Telephone Number DOH DCA justification) Name of Contact Cancellation IDM FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 50 + 1000 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) VACANT Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner KLEMCO (8) Street Address Street Address 369 City, State, Zip Code City, State, Zip Code SHADE MAPL License No Telephone No. Telephone No. Project Manager for Monitoring Firm 856-77 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Street Address Occupancy Status During Abatement (Check only one) ▼ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf Glovebag Procedure Demodition Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Location of Asbestos Containing Material (ACM) Amount Maintenance/ Asbestos-Containing Material (ACM) Enclosure (i.e., thermal systems insulation. (Specify Custodial Removal TO BE ABATED surfacing, VAT, or SF or LF) Staff? IN Facility other miscellaneous) (12)(13)N/A No Yes TRANSITE 7500 3F SIDING Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Hauler Hauter ID No. of Waste KLEMICO Disposal Date City State City, State WOODBINE MAPLE SHANE

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Signature

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City, State	المات	7	(a)	Disposal Date		DIBINE				
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MICHAEL ICLOMM	Su	ρ.		Mu	UU)C		11		<u></u>	

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Date of Notification (1)				100000000000000000000000000000000000000			wner/Operator		ern o	2 / 0/	140		111
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⊠ EPA ⊠	oe Notificat Initial	tion		000000	t Address 2 E. Was	hing	gton Street		ASBESTOS	GÖAN	AÖL	 . &	
	Amended Amendme	nt#		City,	State, Zip	Code	9	Wooden	Particular of the control of	Holto	10.00	100	
	Emergenc	-	-	Riv	erside, 1	NJ 0	8075						
	justificatio		9	Name	of Contac	ct			Telephone N	Number			
	Cancellation	on		Ro	bert Karı	mad	le		609-217-	4974			
				FA	CILITY II	NFO	RMATION						
Name of Facility Where Abate	ement is Ta	aking Plac	e (3)					Type of Facility	(4)				11111111111111
Riverside High School								School (K-12		((0)			
Street Address								Subchapter 8			build	linas	
112 E. Washington Stre	eet							homes, etc.)				901	
City (5)								Square Feet	# of Floors		Bldg	. Age	
Riverside								80,000	2		70	Į.	
County (6)				Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	ior if being den	nolished	1)		
Burlington				_				School					
Name of Monitoring Firm Hire		ng Owner	(8)	ASCM	No.			ent Contractor (9)					
TTI Environmental, Inc.						-		onmental, LLC					
Street Address						10000	reet Address						
1253 North Church Stre	et						623 Cutler A						
City, State, Zip Code						1	ty, State, Zip C						
Moorestown, NJ 08057						-	Maple Shade	, NJ 08052					
Project Manager for Monitoring	g Firm		1 000	lephone			elephone No.		License No).			
Mike Stocku				356-840			856-755-0099		00842				
Start Date (10) 10 / 04 / 19	2	cheduled (ame of OSHA N	0.000.000.000					
		10		!1/	19		EMSL Analyt	ical, Inc.					
Occupancy Status During Aba			100				reet Address						
 ☐ Facility Closed/Vacated Du ☑ Abatement Performed Outs 					oribo		200 Route 13				2010-000		
Time of Abatement: 6:00A					cribe		ty, State, Zip Co						
							Cinnaminsor	i, NJ 08077					
Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	apply)	_	enova	21.5.00			Mini-Enc Glovebage Glovebag						
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Asbestos-Containing Mater TO BE ABATED		Ma	ainten	ance/			Containing Ma ermal systems		Amount (Specify	1	Demova	Encapsulate	Enclosure
IN Facility		Cus	todia (12	Staff?		200	surfacing, VAT	or	SF or LF)		1	bsul	sure
(13)		Yes	No		1	of	ther miscellane	ous)				ate	10
Room 109					Floor T	ile			690 SF		3 [10	П
Room 109					Pipe In	sula	ntion		8 LF			17	
	10 0 11 11		-								-+-		
Crawlspace under 109, 11	iu, & Hall		닏		Pipe/Fi	tting	g insulation [Debris (O&M)	3,000 SF		ZI L		ᆚ
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Name of Registered Waste Ha Freehold Cartage	uler		- 11	NJDEP \ Hauler II 1593 9	No.	Wa	bic Yards of aste 40	Name of Regist					
City, State			-			Marie Company	sposal Date	City, State					
Freehold, NJ						1	0/21/2019	Morrisville,	PA				
Completed By (Print or Type)	1	Title				L	Signature	1		Date			
Christina Lynch-Fay		Vice Pr	resid	ent of (Operatio	ns	Chula	Day		9-	19	19	

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Date of Notification (1)						Nam	e of Buildin	ng O	wner/Operator	(2)	SF	p 2	Δ	2019		
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Agencies Notified ⊠ EPA	Type Notifi	ication		1000000		Stree	et Address		pad, Route 72	100	ASBES	TOS	GON	ITRO	L &	
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Residence	voaternent is	raking	Piac	e (3))					Type of Facility						
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City (C)							w-111.50 wyson-son			homes, etc.					500	
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Name of Monitoring Firm		100000	wner	(8)	A	SCM	No.	N	ame of Abatem	ent Contractor (9)					
Coastal Environmen	ntal Comp	liance							Shade Envir	onmental, LLC	:					
Street Address								St	reet Address							
PO Box 167									623 Cutler A	venue						
City, State, Zip Code									ty, State, Zip C							
Hammonton, NJ 080					-				Maple Shade	, NJ 08052						
Project Manager for Monit	toring Firm			Te	elep	hone	No.	Te	elephone No.		License N	0.				
Cathy Ledden)-9312	1 8	856-755-0099)	00842					
Start Date (10) /		Schedu 10					19 19		ame of OSHA N EMSL Analyt							
Occupancy Status During	Abatement	(Check	only (one)				St	reet Address							
□ Facility Closed/Vacate	d During Ent	tire Peri	od of	Aba	tem	ent			200 Route 13	0 North						
Abatement Performed	Outside of N	Normal F	acilit	у Но	ours	- Des	scribe	Cit	ty, State, Zip Co	ode					-	
Time of Abatement:	AM	PM	/	_P	M		AM.	1	Cinnaminsor							
Scope of Work (Check all	that apply)								New 11 11 11 11 11 11 11 11 11 11 11 11 11				-			
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Date of Notification (1)	31111	Ness Ness			of Building					-					
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Name of Facility Where Ab	atomont is Takir	a Dlace (f	2)	FAC	ILITY INFO	ORMAT	ION								
Name of Facility Where Ab	atement is Takir	ig Place (3	3)					Type of	Facility (4)						
Street Address									nool (K-12						
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City (5)	rui bullullig							etc.	.)	* U.O U. O.	J	Jiai bu	nun igo	, 11011	103,
North Bergen								Square F	eet	# of Flo	oors		Bldg. /	Age	
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Street Address								a Develo	pment (3roup,I	nc.				
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City, State, Zip Code								Townser		t					
City, State, Zip Code								tate, Zip C							
Project Manager for Monitor	rina Cirm			 .				Brunsw	ick, NJ (
2.5	nng Firm		Telepho	ne No.			one No. 565-365	5		cense 1 1284	No.				
Start Date (10)				mpletion	Date (11)		Name	of OSHA	Monitor					C. C	
10/14/19		12/30/1	-				EMC	A							
Occupancy Status During A	batement (Chec	k Only On	e)				Street	Address							72
Facility Closed/Vacated	d During Entire F	Period of A	bater	nent			17 M	eredith I	PI.						
Abatement Performed Other – Describe:	Outside of Norm	al Facility	Hour	S			City, St	tate, Zip C	ode		-				
						-	Pisca	ataway,	NJ 0885	4					
Scope of Work (Check All T	hat Apply)						55.00	55							
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		Is	Locat	ion										ement	t
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TO BE ABATE In Facility	<u>:i)</u>	1	odial S	AND THE PROPERTY OF THE PARTY O	(i.e.	hermal	systems ing, VA7	insulation	١,	(Spec		7.0	R	nca	Enclosure
(13)			(12)			other m	ing, van	eous)		SF or I	LF)	Remova	Repair	psu	losu
		Yes	No	N/A				555555 4 .				/al	=	Encapsulate	лге
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City, State						10	-I D. t		ROWS,	IIIC.					
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Completed by		Title					er 201		orrisville	, PA	15				
Todd Grant Title Signature Date 09/18/20							2010								
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Date of Notification (1) 09/18/2019	nill	771	7		of Building Ov elle North					U 51	cr Z	4 21	019	2 47.000
- Carrier - Carr	ype Notification	5 5 5	1	000000000000000000000000000000000000000	Address	Dergen, LL		· ·		Marie San	oration instru	(1.000×301×0	de ligidade est	
× EPA ×	Initial			329 E	3 South Ma	in Street				ASBE	STOS	BONT ISING	'AOL	&
DEP	Amended				ate, Zip Code					The Control of				
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DOH DCA	justification) Cancellation				of Contact e Graziano					Telephone 215-230				
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Name of Facility Where Aba	atement is Takir	ng Place	(3)					Type of	Facility (4)					$\neg \neg$
Street Address									nool (K-12)	U230 10				
1701 75th Street, Sou	ıth Ruildina									Other than ate & comm		uilding	s, hom	ies.
City (5)	atti Dallallig						-	etc. Square F)	# of Floors				
North Bergen								9000	cet	2		Bldg. 50+	Age	
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Hudson				(STATE	USE ONLY) _			Vacant	t					
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Street Address								Address		7/1	2017			
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City, State, Zip Code							ate, Zip C Brunsw	ode ick, NJ 0	8901					
Project Manager for Monitor	ing Firm			Telepho	ne No.			ne No. 65-365	5	Licens _0128		17	51)
Start Date (10)				mpletion	Date (11)			f OSHA	Monitor		- (/	1 2	0	
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Other – Describe:						19 1000			NJ 0885	4				
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1st floor offic	ce			X		VAT				2240 sf	к			
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Name of Pogistered Wester	laulor		L,.	IDES ::		11.12		- 1						
Name of Registered Waste F Nova Development Gro			Н	JDEP Wauler ID J-807		ubic Yards Waste			ame of Reg ROWS,I	istered Lan	dfill			
City, State	1 1 2 2 2 2 2				Di	sposal Date		Ci	ty, State	1850755				
New Brunswick, NJ Completed by		TIM-			0			9 M	orrisville	, PA				
Todd Grant	leted by Title Signature Date													

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Date of Notification (1)	Water address of the contract	7. 8		france & El I		-		N/I		10,000
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Agencies Notified Type Notification)			Address				2040		Ш
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DOL Amendmen				MERSON	N	0. 675	LIZESTOS CON			
DOH Emergency justification		1	lame	of Contact		1 - L	Tolonhana N.	sinila a .		
☐ DCA ☐ Cancellation	3		HR	CILITY INFORMAT	W15	45	4			-
Name of Facility Where Abatement is Takir	g Place (3)		5.3.00	A1990 N. 11991 (A1990)A1	3030	Type of Facilit	y (4)			
Street Address ;		·	*******			School (I	(-12) ter 8 (Other than K-1	21		
***				Pr.		Other (i.e	. private & commerci	al bu	ildings	, home
City (b) Mar Tolor			-		************	Square Feet	# of Floors	T	Bldg.	
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Name of Monitoring Firm Hired by Building	Owner (8)	of the state of th	ASC	M No.		of Abetement C	ontractor (9)			
Street Address		***************************************	***************************************		1	Address Box 21	j.			
City, State, Zip Code						tate, Zip Code		00	-0	
Project Manager for Monitoring Firm		17-	Monho	one No.	CIL		License N		57	,-
Project wantager for worklotting Pittle		1	нерик	nie 140.	73	a a 38x a	500 00	20	6	
Start Date (10) 9 /20/19	Scheduled					of OSHA Monito			· · · · · · · · · · · · · · · · · · ·	
Occupancy Status During Abatement (Chec	(Only One)	120	<i>J</i> /	19		WITECN Address				
Facility Closed/Vacated During Entire F	eriod of Ab	atemer	Ų		P.O		14			
Abatement Performed Outside of Norm Other – Describe:	af Facility H	lours	*****		City, SI	ate, Zip Code	80,00	38	57	
Scope of Work (Check All That Apply)					niya sa iliyo nangana sa mada	Ú.				
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Asbestos-Containing Material (ACM) TO BE ABATED		enance	ď	Asbestos Conta (i.e. thermal:	systems	insulation,	Amount (Specify	Re	R	Encapsulate
In Facility (13)		12)		other mi	ing, VAT	, or eous)	SF or LF)	Removal	Repair	sula
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							- SZASÍZI			4
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Name of Registered Waste Hauler	<u></u>	NJDI	EP W	aste Cubic Y	ards	Name of	Registered Landfill		1	
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City, State	857	J		Dispose	it Date	City Star	e Proville	P.	A.	
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CARLOS AMELDA	<u> </u>	ESi	DEV		CCU	67 XX	ilvi C	11	8/1	1
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Date of Notification (1)				Nan	ne of Buildi	ng Owner	Operator ((2)		mm A	1 01	2.00	- 11
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					ACILITY	NFORMA	ATION		-				-
Name of Facility Where	Abatement is Tak	ing Plac	e (3)					Type of Facilit	v (4)				
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Street Address				-				Subchapte	r 8 (Other than K-	1 2)			
					nas (Saan Joseph Ja			homes, etc	private and comi	nercial b	uildin	gs.	
City (5)								Square Feet	# of Floors	Е	Bidg. A	\ge	
Bloomfield, NJ 07003 County (6)													
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Essex Name of Monitoring Firm	Hired by Building	Owner	/0)	1.00.									
The state of the s	rined by Building	JOWNER	(0)	ASCN	1 No.			ent Contractor (9)				11-11-12
Street Address						Gr Tec							
						Accesses to	Address						
City, State, Zip Code							lley Rd # ate, Zip C						
							NJ 0747						
Project Manager for Moni	toring Firm		Te	lephone	No.	Telepho		70	License No.				
						973-638			01127				
Start Date (10)	Sch	eduled (Compl	etion D	ate (11)		of OSHA N	Monitor	01127				
		09		29_/		Envirov	ision Cc	nsultants,Inc					
Occupancy Status During	Abatement (Che	ck only	one)			Street A	ddress		- Control of the Cont				
☐ Facility Closed/Vacate☐ Abatement Performed	a During Entire F Outside of Norm	eriod of	Abat	ement	o orih o	20-21 V	Vagaraw	Road, Bldg .#	35E				
Time of Abatement:	AM	PM/	PN	12 - De	AM	1	ate, Zip Co						
Scope of Work (Check all	that apply)					Fair Lav	wn, NJ 0		1000000				
	арріј)					H	Full Conf	o and decontami tainment with Ne	nation with negative Pressure	tive press	sure		
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Location of Asbestos-Containing M	or laterial (ACM)		Norma ed Sol	ely by	Acho		scription o				T		T
TO BE ABA	ED			ance/ Staff?	(i.e	e., thermal	systems i	terial (ACM) nsulation.	Amount (Specify	em	Repair	nca	nclo
IN Facility (13)	(Cus	(12)			surfac	cing, VAT.	or	SIF or LF)	Remova	air	Encapsulate	Enclosure
Vast		Yes	No			other m	niscellaneo	ous)		_		ate	(D)
Basement				X	Pipe inst	ılation			40 LF		П	П	
Basement				×	VAT flo				400 SF				
		TIT	П		110	-1 11105			10 01				
		Ħ									Ц	Ш	Ш
Name of Registered Waste	Hauler		l L	1-	Hauler ID No.	Cubio V-	do of 141	TN 15					
Fr Tech LLC					1			Name of Regis	stered Landfill				
City, State				003378	55	TBD		T.R.R.F. Inc					
Vayne, NJ 07470						Disposal		City, State	04 V				
Completed By (Print or Typ	oe) Tit	e				TBD	nature /	Tullytown, P.		Det			
.Jevtic	On	ner				Oigi	11	wic Wena	1	Date			
SB-41	1011			N			- He	wena.	0	9/19/19			

n		-4.	F -	rm	
\sim	rit	11	-	TITE OF	

Date of Notification (4) 09-19-19 Agencies Notified EPA DEP DOL Amended Amendment Emergency (justification) Cancellation Name of Facility Where Abatement is Takin Private Home Street Address City (5) Lake Hopatcong	#_ including	P	Name of Susan Street Ad City, Sta Lake H Name of Susan FACII	te, Zip Co Hopatcon Contact Voitgma	estosi 8:50 and Owner/e an	1 12 120 perator 07849	Type Squa	e of Facility (4 School (K-1) Subchapter Other (i.e. p etc.) are Feet	#) 2) 8 (Otherivate 8	ASDE ephone N er than K- & commer	12) cial bui	4 OOP NSIN	ITRO G	1 8
County (6) Susses		į	County C	Code (7) ISE ONLY)			Curr	ent Use (Pric	r if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building (N/A Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC. Street Address 1119 East Grand St.												
City, State, Zip Code	J. 110. 10. 10. 10. 10. 10. 10. 10. 10. 1							Zip Code						
Project Manager for Monitoring Firm	ne No.		Teleph 201 2	none N		l	License 01206	No.						
Start Date (10) 09-30-19	10-04-	19	mpletion t	Date (11)		Delfa	a Cor	HA Monitor itracting L	LC					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: 7:00 am- 5:00pm	Period of A	Abaten				City, S	Eas	t Grand S Cip Code NJ 0720						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolii				e de la companya de l	M GI	III Containme ni-Enclosure ovebag Proc on-Exempted	edure				re	
		Locat										300 A T 500	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Normally Used Solely Maintenance Custodial Sta						Description of stos Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous)				Removal	Repair	Encapsulate	Enclosure
Attio	Yes	No	N/A	1/	/ormio:	lito Inc	Suglt:	00	7/	00 SE		-	-	
Name of Registered Waste Hauler Delfa Contracting LLC		H	JDEP W	/aste	Cubic of Was	Yards ste	sualti	Name of F	Registe			ion.	Facili	tv
City, State Elizabeth, NJ			35240			10 Tullytown Resource Recovery F posal Date City, State -07-19 Tullytown, PA					auiii	cy		
Completed by Title Jaime Delgado Proj. Manager.						ignature								

Ch 2387		NOTIF (F	ICATIO	tate of Ne N OF ASB t to NJAC	w Jersey ESTOS ABAT 8:60 and 12:1	EMEN	Γ	23 E0	, 87		P	rint F		
Date of Notification (1) 09/10/19	711			of Building of Philli	Owner/Operato	or (2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ec	ם ארב ס	204	in a			
Agencies Notified Type Notific	ation			Address	pobulg			SE	P 24	20	IJ	1 0		
EPA Initial			675 C	Codiss A	ve.			and the second of the		+0.00=0.00=0	orion one,	-		
DEP Amend DOL Amend	ment #			ate, Zip Co osburg, N	ode NJ 08865			ASSESTOS CONTROL & LICANISTIG						
DOH justifica		9		of Contact Vicky Kle	einer			Telephone 908-454		r				
N (5 10 110			FAC	ILITY INFO	ORMATION				11 - 200 - 100 - 12 - 12 - 12					
Name of Facility Where Abatement is Phillipsburg Armory	Taking Place ((3)				Тур	e of Facility (4							
Street Address							School (K-12 Subchapter 8		K 10)					
441 Heckman St.						×	Other (i.e. pr	ivate & comr	mercial b	uilding	s, hon	nes,		
City (5)						Sau	etc.) are Feet	# of Floors	s T	Bldg.	Age			
Phillipsburg						100	000	1		60	.90			
County (6) Warren				Code (7) USE ONLY)	100000	rent Use (Prior	if being den	nolished)					
Name of Monitoring Firm Hired by Build	ding Owner (8	5)	ASC	M No.	Name	The state of the state of	atement Conti	ractor (9)						
RK Occupational & Environme														
Street Address 401 St. James Ave.		1000000		Street Address 156 Maple Ave.										
City, State, Zip Code						- 2	Zip Code		- 57					
Phillipsburg, NJ 08865							n, NJ 0705	7						
Project Manager for Monitoring Firm Jonathan Gilbert	100-0-100		Telepho	ne No. 54-6316	16 (2000)	hone N			ise No.					
Start Date (10)	Schedu	led Cor		Date (11)	57/07/13		SHA Monitor	0110	J1					
09/23/19	09/26													
Occupancy Status During Abatement (Check Only O	ne)			Stree	t Addre	ess							
 Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: 	ntire Period of Normal Facilit	Abaten y Hour	rs City, St				e Ave.	7						
Scope of Work (Check All That Apply)					- Wal	lingto	n, NJ 0705	1						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit			and local	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	1.	s Locat	ion		<u> </u>	INC	Dir-Exempted () and Non-h	riable P		ire temen	t		
Location of		Normal	ly		Description	n of					уре	-55		
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	1) Ma	ed Sole aintena stodial s (12)	nce/		os Containing I thermal system surfacing, VA other miscella	Materia is insul AT, or	ation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A								lte	Ф		
Kitchen & break Room		*			Pipe Insula	57		120 lf.	*					
Rooms 1 & 2		*			Pipe Insula	60		65 lf.	*					
Foyer		*			25 lf.	*								
Mens Bathroom & Shower		*			Pipe Insula	ation		80 lf.	*					
lame of Registered Waste Hauler lewark Carting Inc.		Н	JDEP W lauler ID 5409	The state of the s	Cubic Yards of Waste 20	0.00	Name of Re	egistered Lar	ndfill			80000		
City, State Newark, NJ			U-103		Disposal Date)	City, State Pen Argy	d DA						
Completed by	Title				Signatur	9	remargy	и, г.А	Date					
Leslaw Nalodka		ident			Olgitatur	_/	W		09/10	/19				

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

	1							Check ?	# 9566								
Date of Notification	(1)	IIN	lame of B	uilding Own	ner/Operator (2) 	n Sidens,	property (C)	0 0 1	77	7 5	7 000					
10 19 1/12 10	1/119			Oliveira		f.		IIn) E	<u>G E 1</u>	1	y le	3	1				
Agencies Notified	Type Notificati	on s	treet Add	ress								111	1				
☐ EPA ☐ DEP	X Initial								EP 24	20	19	- Constitution]]				
X DOL	☐ Amendn			, Zip Code Arlington	NJ 07031												
X DOH	_	I N	ame of C		110 07 00 1			Telephone Numbersing									
☐ DCA	Cancella Cancella			l Oliveira				LICERSING									
			Danie														
				FAC	ILITY INFORM	MATION		Tune of Facility /	4)								
Name of facility wh		taking pla	ice (3)					Type of Facility (4) I (K - 12)								
Daniel Oliveir	a 							Subcha	apter 8 (Othe	er th	an K-	12)					
Street Address									Private/Com Homes, etc.	mer	cial						
									# of Floors	T	Bld	g. Ag	e				
City (5)		Cour	nty (6)			100000000	nty Code (7) te use only)				- l'alaa	-1)					
North Arlingt	on, NJ 07031	Bei	rgen			(Stat	le use only)	Current Use (Pr residential	for if being o	iem	olisne	(د					
Name of Monitorin	g Firm Hired by I	Bldg. Owne	er (8)		ASCM No.	1	Name of Abatement C	ontractor (9)									
							B & G Restoration	on, Inc.									
Street Address							Street Address 105 Ryerson Ro	oad									
City, State, Zip Cod	le						City, State, Zip Code						Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the				
,1,	5. 5.						Lincoln Park, N	IJ 07035									
Project Manager fo	F	Phone Numl	ber		Telephone Number (973)696-6869	y v	License Nu		er								
					~.		Name of OSHA Monit			0							
Scheduled Start Da 10/04/2019	ate (10)			tion Date (1	11)		B & G Restoration		4	70							
	D .:- Att		05/2019)			Street Address	ad									
Occupancy Status	During Abatemer d/vacated during			tement.			105 Ryerson Ro	au	-								
	erformed outside																
Other-Descri	be:					=	Lincoln Park, N.	07035				-3					
Scope of Work (ch	neck all that apply	')				=	vrap & cut	-									
☐ Demolition	X	Renovation				_	ull Containment w/neg	ative pressure [Glovebag								
>3 sf or >3 lf		≥160 sf or			i.i.		fini-enclosure		Non-friat	R	R	E					
Location of asbestos-cor	ntaining	by mainte		y used sole ustodial		ion of a	sbestos-containing	Amount		e m	е	n	E				
material to b	е	staff(12)	Ι		material		obcotoo contanning	(Specify S	F or	0	p a	c a	C				
abated in lac	sinty (15)	Yes	No	N/A						v e	1	р	-				
basement				X	boiler ins	ul. & r	b packing materia	7 sf		X	붜	井	ዙ				
-				#	#					╡	ㅐ	H	H				
-				#	1					5			一				
Registered Waste I B & G Restora			EP Haule 19563	er ID#	Cubic Yards of 1	Waste	Name of Registered Grand Central										
City, State Lincoln Park,				Disposal 1	Date 0/05/2019		City, State Pen Argyl, PA	PA									
Completed by (Print or Type) Title					Signature Gordana Luna Date 09/2					204	0						
Gordana Luna Secretary/Treasurer				surer		Gordana Luna 09/											

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	3 5	116	1	<i>71</i> 1 1

Date of Notification (1)	01.1/16	72	NOTI	Pursuan Name	N OF AS It to NJA of Buildin	BESTOS C 8:60 ar g Owner/	ABATE d 12:12	0)	Paraconne Par	A	C.	II.	H	1	Y	A	
09/18/2019 Agencies Notified	Type Notification	122)		er Betar Address	ncourt				-	SEP	21	20	119			
	x Initial			Street	Address				1						S Section		
DEP × DOL	Amended Amendmen	t #			tate, Zip (00001		Dr-tr-resta	AS	BEST			ROL	&		
ĭ DOH	Emergency justification	(including	9		of Contac		, NJ 08901 LICENSING								meso-manu		
DCA [Cancellation			Elieze	er Betar	court				1-4		,	,,,,				
Name of Facility Where Al	patement is Takin	ng Place ((3)	FAC	ILITY IN	FORMAT	ION	Type	e of Facility	(4)							
Residential Property Street Address									School (K	-12)							
Street Address								×	Subchapte Other (i.e.				buile	dings,	hom	es,	
City (5)								_	etc.) are Feet	14. 	of Floors			ldg. A			
New Brunswick County (6)					_			1,00		2			1	940	3-		
Middlesex			9		Code (7) USE ONL	y)		Curr	ent Use (P	rior if be	eing den	nolishe	d)				
Name of Monitoring Firm F	lired by Building	Owner (8)	ASCI	M No.		Name	of Ab	atement Co	ontracto	r (9)						
Street Address				Street	Addre												
City, State, Zip Code					City, State, Zip Cod Elizabeth, NJ 0												
Project Manager for Monito	Telepho	ne No.		Teleph		New York of the Control of the Contr	JO	Licen	se No.								
Charl Date (40)				908-9	906-4	1123		0135									
Start Date (10) 09/28/2019	mpletion	Date (11)		\$500 DESTRICT		HA Monitor Inmental		atories	s, Inc.								
Occupancy Status During A							Street 2333	-	ss te 22 We	et							
Facility Closed/Vacate Abatement Performed Other – Describe: OC	Outside of Norn	Period of an all Facility	Abater y Hour	ment			City, S	tate, Z	Tip Code 1 07083	:51							
Scope of Work (Check All 7	That Apply)						Offici	1, 140	07003							-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Min	Il Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					ì		
		- CP	Locat											Abate	ment		
Location of Asbestos-Containing Ma		Use	Norma d Sole	ely by	Aches	Des stos Cont	scription	of otorio	I (A CMA)			-	_	Ty	55.50	-	
TO BE ABAT	ED (1011)	2000,250	intena todial	501570500	(i.e.	. thermal	systems cing, VA	insula	ation,	(8	mount Specify or LF)		Rer	R	Encapsulate	Enc	
(13)		Ĺ	(12)	7			niscellan			Si	OI LF)		Remova	Repair	psula	Enclosure	
		Yes	No	N/A											te	CD	
Basemen	t			X		Pipe	Insuila	tion		3	0 LF	-	X				
Name of Registered Waste	Hauler		I N	JDEP W	/aste	Cubic	Yarde		Name of	Registo	ared I an	odfill					
Danvic Contracting LLC	lauler ID 7574		of Was			Fairless	,,, 79		MIII								
City, State Elizabeth, New Jersey						Dispos TBD	al Date		City, Stat Morrisy		A						
Completed by Jeymy Donneys		Title Owne	er			Si	gnature	206	Li			Date 09/1	8/2	019			
ASB-41 (R-06-08)						(*Do not	use t	his form for	asbest	os licen	sure ex	æm	oted a	ctivit	ies.	

	Cons	Same of the same o	_{/-} ş	tate of Ne	w Jerse	у		and the state of t		EC	E		Pr	int Fe	
Date of Notification (1)	Taylar, co.	NOTIF (P	THICATION OF ASBESTOS ABATEMENT (Pursuant to NUAC 8 60 and 12:120) Name of Building Owner/Operator (2)					1	CHECKED 6938/5019						
09-18-19 INV 1472	7			Oil Com		Jperator	(2)	The same of the sa		PARTE TERMENT	Worker on the			Commercial	
Agencies Notified Type Notification EPA Initial				Address State Str	eet		ASBESTOS CONTI						OL 8	Companyora	
DEP X Amended Amendment		_	City, State, Zip Code Sewaren, NJ 07077						3.5°						
□ Emergency justification) □ DCA □ Cancellation	<u>.</u>			of Contact elenties					111 111555	ephone Nu 08) 276-2					
Name of Facility Where Abatement is Takin	a Place (2)	FAC	ILITY INF	ORMATI	ON	T	-55106-7	45						
South Dock Building	g Place (3)					Туре	of Facility (
Street Address 111 State Street							×	School (K-1 Subchapter Other (i.e. p	8 (Othe	er than K-1 & commerc	2) ial buil	dings	, hom	es,	
City (5) Sewaren, NJ 07077			114111				Squa	etc.) are Feet	# of	Floors	E	Bldg. A	Age		
County (6) Middlesex				Code (7) USE ONLY	0			ent Use (Prio	or if bein	ng demolis	hed)				
Name of Monitoring Firm Hired by Building Simpson & Brown, Inc.		ASCI	M No.		100000000000000000000000000000000000000			ent Contractor (9) ronmental Corp.							
Street Address 119 North Avenue, West			Street Address 200 Broad Street												
City, State, Zip Code Cranford, NJ 07019								Zip Code NJ 07072	2						
Project Manager for Monitoring Firm Bill Gelenties		(908) 276-2776 201			Teleph 201-9				License N 00756	lo.					
Start Date (10) 08-26-19(2)09-20-19	09-30-	19	mpletion Date (11) Name of OSHA Even-Air Inc.												
Occupancy Status During Abatement (Chec		0.000	Street Addres					2110							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Anal Facility	Abatem Hours	ment				ip Code		n1						
Scope of Work (Check All That Apply)								act Remova						-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	le	Locati	on				1 NO	n-Exempted	(*) and	Non-Friab	le Pro	and or department	e ement		
Location of	1	Normal	ly		Des	scription	of					Ту	ре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		thermal surface	ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
Roof: Entire	Yes	No	N/A		Dage	~ / C ! -	.b.'-		-	-00-	L		ate	œ'	
NOOI. ETILIFE			X		Koofir	ng/Flas	ning		2	50SF	Х				
Name of Registered Waste Hauler		NI NI	IDEB 14	lasta	Cubic	Varde		Name of F	Docists.	rad Landen					
ATC, Inc. / JBT (50071)	Н	Hauler ID No of Waste			53590	e of Registered Landfill erva Enterprises									
		-	Steam Feet								Disposal Date City, State TBD Waynesburg; OH 44688				
City, State Shirley, NY / Bronx, NY					Dispos	al Date	7	ti an an		OH 4468	38				

					e of N		proper provides formerly give of former with reduction of the control of the cont	<i>C C C C C C C C C C</i>							
D&S Proj. #: 19-189	Inv	144	Notif (Purs	ication of Assuant to NJA	sbest C 8.6	os Abatement 30 and 12:120)		GE	\		2 2				
Date of Notification (1)		lame of Bu	ilding Ow	ner/Operator (2	Buch	F. II I for y	Best Store	SEP 2	1 20	9	المريأ أأ	1			
0 9 / 1 7 / 1 9 Agencies Notified Type Notific	ation	Michael o					ACD	r Martinia (drojumini primorpo Par ur turni in drojumini urbija u droj	No de la compania	enomar:					
☐ EPA ☐ Initial		treet Addre	ess				LICENSING								
DEP Amended Amendment	#:	ity, State, 2	Zip Code												
DOL Emergence	y	Hamilton	n, NJ 08	610											
DOH (including justification	n) N	ame of Cor	ntact	U ₁			Telephone Number								
DCA Cancellation	on	Michael	Carson												
			FAC	CILITY INFORM	MATIO	N									
Name of facility where abatement	t is taking pla	ce (3)					Type of Facilit								
Residential							1 =	ool (K - 12 chapter 8 (han	V 12\				
Street Address							☑ Othe	r (Private/	Comm						
							Square Feet	s./Homes, # of Floo		I E	Bldg. A	ae			
City (5)	Coun	ty (6)			27/05/04	unty Code (7)	1,200 SF	02		70		3-			
Hamilton, NJ 08610	Med	er			(St	ate use only)	Current Use (Residential	Prior if bei	ng der	nolish	ied)				
Name of Monitoring Firm Hired by			-	Name of Abatement						_					
N/A						D & S RESTOR	ATION, INC.								
Street Address						Street Address									
City, State, Zip Code					_	20 California A City, State, Zip Code									
						Paterson, NJ 0									
Project Manager for Monitoring Firm	n	Pho	one Numb	per		Telephone Number		License		per					
Chat Data (10)	To					973-345-8020 Name of OSHA Mor)1169						
Start Date (10)		Completio	n Date (1	1)		D & S Restorat									
09/18/19 Occupancy Status During Abateme	0923/2				_	Street Address									
Facility closed/vacated during	entire perio	d of abater	nent.			20 California Av City, State, Zip Code									
Abatement performed outside Describe:	e of normal fa	cility hours	S-			City, State, Zip Code									
Other-Describe: NORMAL I					-	Paterson, NJ 07	503								
Scope of Work (check all that appl	Renovation				privide.		Full Containment Mini-enclosure Glovebag proced	-	e press	ure					
≥160 sf or ≥260 lf	Demolition Is location	normally u	sad salah	,			Non-Exempted (*								
Location of asbestos-containing	by mainter staff(12)	ance/custo	odial		nn of a	sbestos-containing	Amount		e e	R	E n	E			
material (acm) to be abated in facility (13)	Yes Yes	No	NI/A	material (obbotob bontaming	(Specify LF)	SF or	o	p a	c a	C			
Pasamont		110	N/A	D ''					v e	r	р	_			
Basement		X		Boiler Insul	ation		30 SF								
									#	-	片	#			
Registered Waste Hauler			<u> </u>		v- :										
D & S RESTORATION, INC.	NJDEF 1350			ubic Yards of V yds	vaste	Name of Registered TULLYTOWN,		ECOVER	RY						
City, State PATERSON, NJ 07503		D	isposal D	ate		City, State TULLYTOWN,	PA								
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	NT		Signature	B	výden Jo		Date	10						
			r achaeta	e licaneura ave	J-C	d activities		09/17/	19						

Agencies Notified Type Notification EAR ENTITION	Date of Notification (1)	4	Name o	(Pursi	ication of As	<u>C</u> 8:6	os Abatement 0 and 12: (20)	20	- manufacture and the	The state of the s						
EPA	0 9 / 1 7 / 1 9	otion			ola			ASSE	STOS C	ONTI	ROL	<u></u>				
DOL	☐ EPA ☐ Initial	ation	Street A	ddress				LICENSING.								
DOL DOH Clinication Dot Consist C		_# .	City, Sta	te, Zip Code							_					
DOH	M DOI															
DCA		1)	-					Telepho	ne Numbe	er						
Name of facility where abatement is taking place (3) Residential Street Andress City (5) Union Name of Monitoring Firm Hired by Bidg. Owner (8) N/A Sireet Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code State Date (10) State Date (10) State Date (10) Shadh	□ DCA I—		Rose	Marie Farir	nola											
School (K - 12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Square Feet 9 (Other than K-12) Squa				FAC	ILITY INFORM	MATIO	N									
School (K. 12) Subcharger 8 (Other than K-12) Squarger 19	Name of facility where abatement	is taking	place (3)					Type of Facility	(4)							
Street Address City (5)	Pacidential							School	ol (K - 12)							
City (5) Union, NJ 07087 Union Name of Monitoring Firm Hired by Bidg, Owner (8) N/A Street Address City, State, Zip Code Patterson, NJ 07503 Telephone Number Phone Number Patterson, NJ 07503 Telephone Number Occupancy Status During Abstement (Check only one) Facility closed/vacated during entire period of abstement. Abatement performed outside of normal facility hours- Describe. Describe. Other-Describe. Other-Describe. Other-Describe. Describe. Other-Describe. Describerial (acm) to be absted in facility (13) Patterson, NJ 07503 Telephone Number Olifoya Name of Abatement Contractor (9) Das S RESTORATION, INC. Street Address 20 California A ve. City, State, Zip Code Patterson, NJ 07503 Telephone Number Olifoya Name of Nonitoring Firm Phone Number Phone Number Olifoya Patterson, NJ 07503 Telephone Number Olifoya Occupancy Status During Abstement (Check only one) Full Containment winegative pressure Mini-enclosure Glovebag procedure Non-Exempted (1) and Non-friable procedure Non-Exempted (2) and Non-friable procedure N												(-12)				
County (6)								Bldgs.								
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Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Project Manager for Monitoring Firm Phone Number Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D& S Restoration, Inc. Street Address 20 California A ve. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D& S Restoration, Inc. Street Address 20 California A ve. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D& S Restoration, Inc. Street Address 20 California A venue City, State, Zip Code Paterson, NJ 07503 Scope of Work (check all that apply) Soppe of Work (check all that apply) Sop		Blag. Ov	vner (8)		ASCM No.		1									
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Start Date (10) 09/20/19 0923/2019 Occupancy Status During Abatement (Check only one) Facility closed/wacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe; Name of OSHA Monitor D & S Restoration, Inc. Street Address	Project Manager for Monitoring Fire	n		Phone Numb	er						per					
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material (acm) to be abated in facility (13) Basement					1			Amount		3350	7.32	1000	E			
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	Completed by (Print or Type)	0.0000000000000000000000000000000000000			Signature	- De	1 7	7	Date							
CHARLES AND MAN MAN MAN DATE OF GROUPS CAREFURING AND				m for ashesto	s licensure ev	· 7	~ 1	Ju-	09/17/	19						

State of New Jersey Notification of Asbestos Abatement (Pursuant to N. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) 2 / 2019 September 19, 2019 Diocese of Paterson NJ Agencies Notified Notification Type Street Address ☑ Initial Notification 777 Valley Road X EPA City, State, Zip Code ■Amended Certification x DCA Clifton, NJ 07013 Emergency (including x DOL Name of Contact Telephone Number justification) X DEP Rebeca-Ruiz-Ulloa 973.777.8818 ☐ Cancelled x DOH FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Passaic Arts & Sciences Charter School School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 7 St. Francis Way # of Floors: 2 Bldg. Age: 50 years Sq. Feet: City (5) County (6) County Code (7) Passaic Passaic (State Use Only) Current Use (prior if being demolished): Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 00079 EnviroVision Consultants inc. GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 20-21 Wagaraw Road, Bldg # 35E **511 MAIN STREET** City, State, Zip Code City State, ZipCode Fairlawn, NJ 07410 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Fred Larson 973-636-9145 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor October 2, 2019 October 17, 2019 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1056 Stelton Road Describe City, State, Zip Code Other - Describe: Piscataway, NJ 08854 Source of Work (Check all that apply) Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf Renovation Mini-Enclosure $\square \ge 160 \text{ sf or } \ge 260$ Demolition Glovebag Procedure x Non-Exempted (*) and Non-Friable Procedure Wrap & Cut Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount (Specify Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, SF or LF) Remove Repair Encap Enclose Staff? (12) surfacing, VAT, or other miscell.) YES NA Exterior-Basement X Window Glazing-Sash Removal 9 windows X Тур-32"x48" Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below Fairless Landfill 10 Grand Central Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJ DEP # 12561 NY DEP # FL-1000 New Ford Rd, Morrisville, PA 19067 October 31, 2019

Signature

Marin Grawre

Permit No.18072 GCL-1963 Pen Argyle Rd

Pen Argyle, PA 18072, Permit No. 100265

September 19 2019

Marin Graure

Completed by (Print or Type)

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

Sr. Project Manager

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Date of Notification (1)	-		11.4	ing Owner/Operator (2)	u 12	:120) <u>E</u>	<u>GEI</u>	W Club	1	15	3	
9/18/19 500 4 2		100000000		Ridgewood				11				
Agencies Notified Type Notification EPA Initial		131		Maple Ave		S S	EP 242	2019	1			
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□ Emergency (including		The second second	of Conta			ASDE	STOS CON elephone Numb	er	+			
⊠ DOH justification) ⊠ DCA □ Cancelation		Chri		shauser		2	01-670-55	00	uneist			
Name of Facility Where Abatement is Taking Place (3)			F/	ACILITY INFORMATI								
Zabriskie Schedler House					Тур	ne of Facility (4)						
Street Address							Other than K	′_12\				
								50	, hon	nes, e	tc.)	
City (5) Ridgewood						The second secon	of Floors	Bldg. Age				
County (6)			County	/ Code (7)	2,1 Curi	rent Use (Prior if being	demolished)	1800		114-1	5.116	
Bergen			(STATE	USE ONLY)			+100 (1950 ++600 +100 +100 +1 * 00					
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	Nan	ne of Abatement Contr	actor (9)					
Brinkerhoff Environmental Services, Inc	03			0100	Un	icorn Contracting	g Corp.					
Street Address						et Address						
1805 Atlantic Ave					-	Willow Way						
City, State, Zip Code Manasquan, NJ, 08736						State, Zip Code odland Park, NJ	07424					
Project Manager for Monitoring Firm			Telenho	one No.		phone No.	07424	License No.		-		-
Gary Flemming			1	23-2225	1	3-333-9176		01331				
Start Date (10)		Schadu	lad Comp	letion Date (11)		e of OSHA Monitor	70.000					
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Occupancy Status During Abatement (Check Only One)					1	et Address	,					2 - 1000
	iod of Aba	iteme	nt		20-2	21 Wagaraw Rd.,	Bldg. 35-E					
☐ Abatement Performed Outside of Norma	Facility H	lours			0.0	State, Zip Code						
Other - Describe: Groupe of Work (Check All That Apply)					Fair	Lawn, NJ 07410)				-	
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TO BE ABATED	1000000	intenand odial Sta		(i.e. th	ermal	systems insulation,		(Specity			g	
In Facility (13)	Custi	(12)	aitt			cing, VAT, or niscellaneous)	+	SF or LF)	Ren	R	caps	Enclo
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ame of Registered Waste Hauler			aste Haul	er ID No.	Cubic \	Yards of Waste		Name of Registered	andfill	-		
ewark Carting Inc	0	4509			_	CU YD	4	Grand Central	Sanit	ary La	andf	ill
ty, State ewark, New Jersey					Dispos FBD	al Date		Pity, State Pan Argyl, PA				
imo Golcev	Title General	Mana	ger			Signature	111	, , , , , , , , , , , , , , , , , , , ,	Date	8/19		
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State of New Jersey Notification of Asbestos Abatement Continuation Sheet

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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena	ely by	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Basement Stairs, Attic Stairs, 1st Fl, 2nd Fl		Х		Plaster Rough Coat	5725 SF	Х			
Basement		Х		Aircell	200 LF	Х			
Basement		Х		Boiler Jacket Insulation	40 SF	Х			
1st Fl Bathroom		Х		Gray/ Beige Multi-Color Sheet Vinyl	50 SF	Х			
1st Fl Bathroom at Shower Entry		X		Shower Sealer Caulk	5 LF	Х			
Attic, Office, Southeast Bedroom Ceiling, West Porch, 1st Fl Bathroom		Х		Wall Joint Compound	1,550 SF	Х			



					State of New Jers			[[e o e	ПП	ff fr	- r	
MCh			N		ATION OF ASBESTOS uant to NJAC 8:60 a				E G E	<u> </u>		27	
Date of Notification (1)			Nar	ne of Buil	ding Owner/Operator (2)							11	1
9/18/19					dge Township Schoo	ol Dis	trict		SEP 2 A	50,	19		ned .
Agencies Notified Type	Notification			et Addres									
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□ DEP ⊠	Amended		_	, State, Zij					SRESTOS OF		101	2.	_
⊠ DOL	Amendment #_ 1		Wo	odbrid	lge, NJ 07095			No married construction of	LICENS	THE STATE OF		rataroga	me-
	Emergency (including	3		ne of Cont				Telephone Num					_
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□ DCA □	Cancelation				Cirrian			732-750-3	200				
				F	ACILITY INFORMAT	TION							_
Name of Facility Where Ab							pe of Facility (4)						_
Ross Street School #	[‡] 11					D		2)					
Street Address									(Garrana et en				
110 Ross St.								8 (Other than					
							I Other (i.e. p	rivate & Comr	mercial building	gs, ho	mes,	etc.)	
City (5)						Sar	are Feet	# of Floors	Did. A.				_
Woodbridge						1	STORY OF THE STORY		Bldg. Age				
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Middlesex					E USE ONLY)		rent use (Prior if bei 1001	ng demolished)					
Name of Monitoring Firm Hi	issal bu Building Co. (0)					SCI	1001						
Ahera Consultants					ASCM No.	Nan	ne of Abatement Co	ntractor (9)		10.29 Marie			
	inc				00057	Un	icorn Contracti	ng Corp.					
Street Address				100			et Address						
PO Box 385						1	Willow Way						
City, State, Zip Code							State, Zip Code					-	-
Oceanville, NJ 08231						10000000	and the state of t	07404					
Project Manager for Monitor		1100		T			odland Park, N	J 07424					
	ing riim			100000000000000000000000000000000000000	one No.	1	phone No.		License No.				
ohn Smoyer			_	609-6	652-1833	973	3-333-9176		01331				
Start Date (10)			Cahadi	alad Came	oletion Date (11)								
9/20/19			- 1				e of OSHA Monitor	1423 - 50 - 55					
Occupancy Status During Aba	atement (Chack Only One)		10/1	1/2019		Env	irovision Consu	ultants, Inc.					
						100000000000000000000000000000000000000	t Address						
	acated During Entire Per			nt		20-2	21 Wagaraw Ro	l., Bldg. 35-E					
☐ Abatement Perfo	ormed Outside of Norma	Facility	Hours				State, Zip Code						
∑ Other - Describe:	Mon-Friday 4PM-12	:30AM			10	Fair	Lawn, NJ 0743	10					
ope of Work (Check All That	t Apply)												
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≥160 If or ≥260 If			×	Demol		1	Full Containm		tive Pressure				
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State						Disposa		1		Jailita	ary Lo	mun	11
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RECEIVED 09/18/2019 03:58PM 9736381778 Sep 18 2019 04:02PM NJ Asbestos Control 609.633,0664 page 1 09/18/2019 08:58AM 9736381778 PAGE 03/04 State of New Jarsey NOTIFICATION OF ASSESTOS ABATEMENT SEP 2 4 2019 Check#3438 (Porsuant to NJAC 8:60 and 6:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 18 DOI - 10 DAY Agencies Notified Thomas J. DiTrani Type Notification Street Address □ EPA 20 Initial 四 DOLWD ☐ Amended OHBS Lity, State, Zip Code Amendment # DOA Emergency (including Verona, NJ 07044 (NJAC 5:23-8) justification) Name of Contact Cancellation Telephone Number Thomas J. DiTrani FACILITY INFORMATION Name of Facility Where Abetement is Taking Place (3) Type of Facility (4) Private house Street Address School (K-12) Subchapter 8 (Other than IC-1 2) Other (i.e., private and commercial buildings, homes, etc.) Square Feet Varona, NJ 07044 # of Floors Bidg, Age County (8) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) Name of Abstement Contractor (9) Gr Tech LLC Street Address Street Address 376 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. Liophee No. 973-638-1777 Start Date (10) 01127 Scheduled Completion Date (11) Name of DSHA Monitor 09 / 19 / 19 09 / 20 / 19 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abetement Street Address Abatement Performed Outside of Normal Facility Hours - Describe 20-21 Wagaraw Road, Bldg # 35E Time of Abatement: City, State, Zip Code _PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clash up and decontamination with negative pressure >3 of or >3 if ≥ 160 of or >260 if Full Containment with Nagative Pressure Tenovation
Demotition Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Frieble Procedure la Location Location of Normaily Abstement Type Asbestos-Containing Material (ACM) Description of Used Solely by Aspestos Containing Material (ACM) ID BE ABATED Repair Removal Maintenance/ Encapsudate Enclosure Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13) (12) SIF or LF) other miscellaneous) Yes Mg NA Basement X Pipe insulation 200 LF X П П Name of Registered Waste Hauler NUDEP Waste Hauter ID No. | Cubic Yards of Waster Name of Registered Landnil Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date Clty, State Wayne, NJ 07470 TBD Completed By (Print or Type) Tullytown, PA Yitte Signature N.Jevtic Date Owner AEB. 4 Wender 09/18/19

* Do not use this forth for asbestos licensure exempled activities.

MAY 15

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

CK 5254

Name of Building Owner/Operator (2)

ESTATE OF FRED STUCK BARDENSTEIN, S.C. Type Notification Street Address Agency Notified SEP 2 4 2019 El Initial City, State, Zip Code ☐ Amended O DEP NJ Z DOL Amendment # MENDHAM □ Emergency (including ASBESTelephone Number & Name of Contact ртбон instilication) MS. FLORA THOMAS ☐ Cancellation DOCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ESTATE OF FREDERICK BARTENSTEIN JR C School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address El Other (i.e. private & commercial buildings. homes, etc.) Bldg. Age # of Floors Square Feet City (5) 1940 2500. Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) TRESIDEN CE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zio Code City, State, Zip Code Hackensack, N.J. 07601 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 00388 Name of OSHA Monitor Start Date (19) Scheduled Completion Date (11) 9/30/19 10/1/19 Omega Environmental Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours DOTHER - Describe: 8:00 AM TO 5:00 PM S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Renovation EZSSfor≥3# - U Meni-Enclosure □ Demolition -El Glovebag Procedure D ≥ 160 sf or ≥ 260 lf Q Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally . Location of Description of Used Solely by Amount Asbestos Containing Material (ACM) s-Containing Material (ACM) Maintenanco/ Remova Repair (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial SF or LF) surfacing, VAT, or ... IN Facility 9-47 other miscellaneous) (13) (12)No 9LF ROOM Boiler THERMAL SYSTEM INSU WITHOU ZSF. MERRAL SULTACIDE INSULTION BOLLER ROOM Name of Registered Landfill Cubic Yards of Name of Registered Waste Hauler NJDEP Waste Hauler Waste ID No. Best Removal Inc CUMBERLAND COUNTY LANDFILL 17109 City, State Disposal Date 7240 Hackensack, N.J. 07601 10/ NEWBURGE 1/ Completed by Signature J. MAIORANO Estimator Do not use this form for asbestos licensure exempted

CIC+ 490)

NOTIFICATION OF ASSESTOS ABATEMENT Inv14719 (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)			Name	e of Buildin	Owner/Operator	OUT DEN	10 ASPESTO	OOV	TRO)L &	
Agencies Notified Type Notification	on		Stree	t Address	1507 13	TATE S	ST.			THE STATE OF	_
SPA Minital Amended Amendemen	t#		City.	State. Zip	CAMPE	AL N. T	08105				
Emergency iustification	(including	7	Name	e of Conta	ol	KI IXI	Telephone Numb	er		1	
DCA Cancellation	1				ELLY FORMATION					_	닉
Name of Facility Where Abatement is Tal	ing Place	(3)	FA	CALITY	0.000	Type of Facility					
RESIDENC	<u>E</u>					School (K-1	2) 8 (Other than K-12 xriyate & commerci	?) albuikdi	nas.		
Street Address			1	_		homes, etc.			g. Ag	e	\dashv
City (5) WILLING	RANC)		105	04/10	1500	2		0		=
County (6)	OUTCE		Cour	nty Code (7) (STATE		nor If being demotes	shed)			
Name of Monitoring Firm Hired by Building	Owner	=	ASCM		Name of Abatem	nent Contractor (9					
Name of Monitoring Firm Hired by Bottom, (8)					Street Address	LEMCO					7
Street Address					City, State, Zip C	'Me	RUCE ALL				=
City, State, Zip Code					Chy. State. 200	PLE SH	ADE N.]	080	05	2	=
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No. 856-77	9-0477	License No.	371			
	reduled C	omole	tion Da	ate (11)	Name of OSHA	Vionitor 1110					
0. 77-19	10-	1-1	9		Street Address	NIA					=
Occupancy Status During Abatement (Ct	neck only Period of	one) Abate	men!								닉
Abatement Performed Outside of North	nai Facilit	y Hou	r\$		City, State, Zip C	.coe					=
Other - Describe:					□ Full Cor	ntainment with Ne	egative Pressure				
Scope of Work (Check all that apply)	☐ Re	novati	ion		☐ Mani-En	closure					
>3 sf or 23 H >2160 sf or 2260 H	43	motitic		1	Non-Ex	empted (') and N	on-Friable Procedu	A	bater		
	l N	ocationally	1		Description of	f		-	Тур		\dashv
Location of	Mair	Solet	ice/	Asbe:	tos Containing Ma	terial (ACM) insulation,	Amount (Specify	Ren	Repair	Encapsulate	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility		stode Staff?	N	(1.0	surfacing, VAT other miscellane	. 01	SF & LF)	Removal	pair	sulate	sure
(13)		(12) No	N/A	1			-	10	_	-	\dashv
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		IN	UDEP	Waste	Cubic Yards of Waste	Name of Rec	gistered Landfill	02.5	•		
Name of Registered Waste Hauler		_]	790) No. 74	Disposal Date	City, State	L. T.	0	1	-	
City. State					Usposal Date		Town	Pot	1	_	=
MARE SHAWE VY.	tie		====		Signature	Me	1300	-17	1-	19	
MICHAEL LOWER -	PRE	<u> </u>			- Mell	*****					
- Indiana					ene licensure exen	npted activities.					

CICH 4900



SEP 24 2019

(Pursuant to NJAC 8:60 and 12:120) BUILDER CONTROL & Name of Building Owner/Operator (2) Date of Notification (1) WELSH long Type Notification Street Address Agencies Notified POM ON A Initial Amended City, State, Zip Code Amendment # HADDON FIEL M.T Emergency (including Ø DOH ☐ DCA Name of Contact justification) Cancellation IOM FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, Street Address homes, etc.) Square Feet # of Floors Bldg. Age City (5) 50 + 1000 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) VACANT Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner KLEMCO Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAPLE Telephone No. Telephone No. Project Manager for Monitoring Firm 856-779-Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement

| Page 12 | Page 12 | Page 13 | Page 14 | P Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ___≥3 sf or ≥3 lf Glovebag Procedure Demolition 2 ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Location of Amount Asbestos Containing Material (ACM) Maintenance/ Asbestos-Containing Material (ACM) Enclosure ncapsulate (i.e., thermal systems insulation. (Specify Removal Repair Custodial TO BE ABATED surfacing, VAT, or SF or LF) Staff? IN Facility other miscellaneous) (12)(13)N/A No Yes TRANSITE 7500 3F SIDING Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Hauler Hauter ID No. KLEMCO City State Disposal Date City, State WOODBINE MAPL HADE Date Signature _ Title Completed By SUP.

MICHAEL

Lower

CK 4907 IN 1471

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

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DOH justification		Ī	Name	of Contac			Telephone Number	er .			
DCA Cancellation				MIK			l ———		_		\dashv
			FAC	CILITY INF	ORMATION	Type of Facility	(4)			_	\dashv
Name of Facility Where Abatement is Ta	aking Place	(3)				School (K-1					
RESIDEN	CE					Subchapter	8 (Other than K-12)	e de			
Street Address						homes, etc.	orivate & commercia	DUNG	ngs,		
City (5)	(076)			n has	nn.	Square Feet	# of Floors	-	g. Ag		
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County (6)					7) (STATE	E) (2)	rior if being demolish	ned)			
CAPE MAY				ONLY)		nent Contractor (9	CANIT				닉
Name of Monitoring Firm Hired by Building	ng Owner		ASCM	No.	Name of Abatem		" V C				
(8) N/A					Street Address	10 1	<u>v C.</u>		_		=
Street Address					74.00 (0) (00)	S. Spri	ICE AUE				_
City, State, Zip Code					City, State, Zip C	ode		Car			
City, State, 2p occur	ů.				MAPLE	SHAD		805	2		=
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	. 0172	License No.	111			
<u> </u>		_			856-779		1 _0091				ᅴ
	cheduled C			te (11)	Name of OSHA	NONTOF NIA.					
9-30-19	10-)-1		Street Address	id pr.		_	_		=
Occupancy Status During Abatement (C	heck only	one)	ment		Sileer Address						_
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	mal Facilit	y Hou	rs		City, State, Zip C	ode					
Other - Describe:		•									_
Scope of Work (Check all that apply)					☐ Full Cor	atainment with No	egative Pressure				
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>25 \$1 of ≥3 ii >≥160 sf or ≥260 lf	∑ De	molitio	n		Gloveba	ag Procedure empted (*) and N	on-Friable Procedur	е			
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TO BE ABATED		ustodia Staff?	ai .	(i.e.	thermal systems i	nsulation, or	(Specify SF or LF)	Removal	Repair	cap	nclo
IN Facility (13)		(12)			other miscellane	ous)		oval	air	Encapsulate	Enclosure
(***/	Yes	No	N/A					5-21-50		е	
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			-								
		I A	UDEP V	Naste	Cubic Yards	Name of Rec	jistered Landfill	1			-
Name of Registered Waste Hauler			tauler IC	No.	of Waste	_	M.C.M.	U	A		
KLEMO INC			79	04	Disposal Date-	City, State					
City, State	14.1	7			5.553a. 50.0		OBBINE				
MAPLE SHADE	Title				Signature	1.6.	Date	17	-10	3	
Completed By Wi'C HARE ICLUMM	SL	P.			Mu	111/6		11		<u></u>	_

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Date of Notification (1)	40 .	40						vner/Operator (The state of the s	SEP 2	1 2	2019			
	19 /	19			Riv	erside B	oard	d of Education	on L	OLI C	(UIJ.		-	
Agencies Notified	Type Notifica	ation			Street	Address									1
⊠ EPA					112	E. Wash	ning	ton Street		ASBESTOS	CON	TAC	11 &		1
⊠ DOLWD	Amended				City, S	State, Zip (Code	!	- Louis	HOE				and the little	-
☑ DOH	Amendme	ARTHUR DE LA CONTRACTOR DE	J:		Riv	erside, N	J 08	8075							
DCA (NJAC 5:23-8)	☐ Emergen justification		aing			of Contac				Telephone N	Numbe	r			
(110/10 0.20-0)	☐ Cancellat				Rol	oert Karn	nade	е		609-217-					
					FA	CILITY IN	IFOI	RMATION			VIII.		MANUS.		
Name of Facility Where A	batement is T	aking Pl	ace ((3)			and his dependen		Type of Facility	(4)				-	
Riverside High Sch	ool								School (K-12						
Street Address									Subchapter			21.6	9-25	25	
112 E. Washington	Street								Other (i.e., p		nmerci	ai bui	llaing	S,	
City (5)				1000					Square Feet	# of Floors		Blo	ig. A	ne .	
Riverside									80,000	2			0		
County (6)				-	Cour	ity Code (7	Y)(STA	ATE USE ONLY)	Current Use (Pr		nolishe			5500	
Burlington						.,	110	002 011217	School	ioi ii boilig doi	110110110	,,			
Name of Monitoring Firm	Hired by Ruilo	dina Owr	er (8	n T	ASCM	No	Na	me of Abatem	ent Contractor (9)						
TTI Environmental,		anig Own	101 (0	"	TOOM	140.	1		onmental, LLC						
Street Address									offinerital, LLC						
1253 North Church	Ctroot						0.0120.020	reet Address							
	Street			10.100			-	523 Cutler Av							
City, State, Zip Code	. = =							y, State, Zip Co							
Moorestown, NJ 080							-	Maple Shade	, NJ 08052						
Project Manager for Monit	toring Firm				phone			lephone No.		License No).				
Mike Stocku				200000	6-840	A CONTRACTOR OF THE PARTY OF TH	8	356-755-0099)	00842					
Start Date (10)		Schedule	d Co	mple			Na	me of OSHA M	lonitor						
10 / 04 /	19	10	_ /	21	/	19	E	EMSL Analyt	ical, Inc.						
Occupancy Status During	Abatement (0	Check or	ly or	ne)			Str	eet Address							
☐ Facility Closed/Vacate							2	200 Route 13	0 North						
Abatement Performed						cribe	Cit	y, State, Zip Co	ode			All Hall Section		-	
Time of Abatement: 6:	00AM-5:00F	PM/ <u>3:00</u> I	PM- <u>1</u>	2:00	MA		10.00	Cinnaminsor							
Scope of Work (Check all	that apply)														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				ovatio				Mini-Enc Gloveba	tainment with Neg losure g Procedure mpted (*) and No						
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Location				ormal Sole				Description of				D	R	ш	Ш
Asbestos-Containing N TO BE ABA		1		itena				Containing Ma ermal systems		Amount (Specify		Removal	Repair	nca	Enclosure
IN Facility					Staff?	(1.6	., נווכ	surfacing, VAT	, or	SF or LF)		оча	=	psu	Sur
(13)	•			(12)	T	-		her miscellane		denine principles.				Encapsulate	œ
		Y	es	No	N/A									_	
Room 109		L	-			Floor T	ile			690 SF			Ш	Ц	Ш
Room 109]			Pipe In:	sula	tion	1-11-01-01-01-01-01-01-01-01-01-01-01-01	8 LF					
Crawlspace under 109	9, 110, & Ha	ıll 🗵				Pipe/Fit	tting	Insulation I	Debris (O&M)	3,000 SF					
]												
Name of Registered Wast	e Hauler				JDEP V		- 400	bic Yards of	Name of Regis	stered Landfill					
Freehold Cartage				Arrest	auler II 1593 9		Wa	ste 0	Fairless La	andfill					
City, State					10000			posal Date	City, State		-				
Freehold, NJ								0/21/2019	Morrisville	, PA					
Completed By (Print or Ty	ne)	Title						Signature	1		Date				
Christina Lynch-Fay		1200100000	Pre	side	nt of (Operation	าร	Charle	Daged			10	11	9	

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Date of Notification (1)				Nam	e of Buildin	ng Owner/Operator ((2)	CED	21	2019		
09 /	18 /	19		Но	metown	America Commu	ınities - Brighto	on at Barneg	jat 🤼	1013		Lucian
Agencies Notified	Type Notific	ation		Stree	et Address			The state of the s		ramonastura	unervade	
⊠ EPA		sv.		35	Brighton	n Road, Route 72	1	ASBEST	OS GON GENSIN	MRO G	L &	
☑ DOLWD	Amende Amendm			City,	State, Zip	Code	L	bod I	Committee of the commit	the state of the state of	Miles de all'e	nauthing or
□ DCA	Emerger		- na	Ва	rnegat, I	NJ 08005						
(NJAC 5:23-8)	justificat	ion)	3	Nam	e of Conta	ct		Telephone N	umber			
	Cancella	ition		Kr	istin Ves	t		609-312-6	826			
				FΑ	CILITY	NFORMATION						
Name of Facility Where	Abatement is	Taking Plac	e (3)	à la manuel le de			Type of Facility (4)			-	
Residence							School (K-12		. 40\			
Street Address							Subchapter 8 Other (i.e., pr homes, etc.)			uilding	js,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Barnegat							1,100	1		40		
County (6)				Cou	nty Code ((7)(STATE USE ONLY)	Current Use (Pri	or if being dem	nolished)			
Ocean							Residence					
Name of Monitoring Firm	Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Coastal Environme	ntal Compl	iance				Shade Enviro	onmental, LLC					
Street Address				•		Street Address						
PO Box 167						623 Cutler Av	/enue					
City, State, Zip Code						City, State, Zip Co						
Hammonton, NJ 08						Maple Shade	, NJ 08052					
Project Manager for Mon	itoring Firm			lephone		Telephone No.		License No.				
Cathy Ledden				809-820		856-755-0099		00842				
Start Date (10) / /	1.77	Scheduled (19	Name of OSHA M EMSL Analyt						
Occupancy Status During	Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vacate						200 Route 13	0 North					
Abatement Performed Time of Abatement: _						City, State, Zip Co	ode					
				-		Cinnaminson	, NJ 08077					
Scope of Work (Check all	I that apply)					⊠ Eull Cont	aiamant with Nas	ativa Dragavira				
≥3 sf or ≥3 lf		⊠R	enova	tion		☐ Mini-Enc	ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf			emolit	ion			g Procedure mpted (*) and Nor	Ciable Dece				
			s Loca	ation	T	☐ Non-Exe	mpled () and Nor	i-Friable Proce		-1	ont T	iuno
Location	of		Norm	ally		Description o	f			ateme		T
Asbestos-Containing I				lely by ance/		estos Containing Ma		Amount	l em	Repair	nos	ncl
TO BE ABA IN Facilit				Staff?	(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	ar.	Sde	Enclosure
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		Yes		N/A								-
Front Foyer					Linole	um		30 SF				
				П								П
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Name of Registered Wast	te Hauler		그무	NJDEP	Maste	Cubic Yards of	Name of Regist	orod Landfill			Ш	니니
Freehold Cartage	o Hauler		1.2	Hauler I	D No.	Waste	Fairless La					
City, State				1593	9	1 Disposal Date	City, State					
Freehold, NJ						10/02/2019	Morrisville,	PA				
Completed By (Print or Ty	me)	Title				Signature		. , ,	Date			
Christina Fay	PC/		resid	ent of	Operatio		$\rightarrow n$ /			22		
ACD 41		¥106 F		JIIL 01	-peratio	MAN	atay/		9-18	1	1	

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Agencies		Type Notification				Address South	Main S	treet			1	Werkela takken taken	22222014				The street
X EPA		Initial Amended		ŀ	West extra	ate, Zip C	100000000000000000000000000000000000000				AS	RESTA	DENS!	0.9	POL	2	
× DOI	_	Amendmen Emergency			3700	estown,	PA 189	01		Lacon	THE SHAPP PORCE	face 1 %_ facebook (#**/ 1 %/ ***	Constant of the Constant of th	I St No.	t enemonia	F. FIG. 11	
DOI DC/		justification)		'		of Contact Grazia	no				1	lephone 15-230			.+ E		
	•	Caricellation	1			ILITY INF		ION				15-230)-000	J ex	i. 5		
Name of	Facility Where	Abatement is Takir	ng Place (3)					Тур	e of Facility	(4)					Str	
Street Ad	Idraes									School (K-		41	K 40\				
		North Building							×	Subchapte Other (i.e.	private	& comm	nercial	build	ings, h	ome	es,
City (5)									Squ	etc.) are Feet	# 0	f Floors	i:	B	dg. Ag	е	
	Bergen								280	000	1			100	0+		
County (6	50					Code (7) USE ONLY)			ent Use (Pr cant	ior if bei	ing dem	olishe	1)			
		Hired by Building	Owner (8)	ASC	M No.		Name		atement Co	ntractor	(9)					-
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Street Ad	dress							Street		ess nsend Str							
City, State	e, Zip Code									Zip Code	eet						
	*									nswick, N	J 0890)1					
Project M	anager for Mon	itoring Firm		Telepho	ne No.		Teleph				300000000000000000000000000000000000000	se No.					
Start Date	2 (10)		Schodul	ed Cor	nnletion	Date (11)		732 :	2000	3655 SHA Monitor		0128	4				
10/14/			12/30/		ripieuori	Date (11)		EMC		ona ivionitor							
Occupano	cy Status During	Abatement (Chec	k Only O	ne)				Street							-		54
× Facil	lity Closed/Vaca	ated During Entire ed Outside of Norn	Period of	Abaten	nent					lith PI.							
	er – Describe: _		nai Facilit	y Hours	•			and the second		Zip Code ay, NJ 08	8854						
Scope of	Work (Check A	II That Apply)		-						-,,							-
	f or ≥3 If) sf or ≥260 If			Renova Demolit				×	Mi Gl	ull Containm ini-Enclosur ovebag Pro on-Exempte	e cedure						
			Is	Locati	on										Abaten		
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7,3003	TO BE ABA	ATED .	100	intenai todial S			thermal	systems	insul	al (ACM) ation,	(8	mount Specify		Re I	Z	Encapsulate	Enc
	In Facili (13)	ty		(12)				cing, VA ⁻ niscellan			SF	or LF)		Remova	Repair	nsa	Enclosure
			Yes	No	N/A									<u>B</u>		ate	ē
	Center ro	oom			х	Pipe i	insulati	on/trar	site	debris	5	00 sf					х
	Exterio		Х		Wind	ow gla	zing		2	70 lf	×						
Name of F	Registered Was	te Hauler		100000	JDEP Wauler ID		Cubic of Was			Name of	Registe	red Lan	dfill				
	evelopment (Group,Inc.			J-807		10			GROW							
City, State New Bru	nswick, NJ							al Date per 201	19	City, Stat		Α		Home			
Completed	d by		Title					ignature	/	1			Date				
Todd Gr	ant		Presi	ident				-	10	auns	WW		09/1	8/2	019		

THE METERS

Chique		NOTIF (P	IÇATIOI urşuant	tate of New N OF ASBES to NJAC 8:	STOS AB 60 and 1	2.120	9)	Т		E (G [2 4	20		int Fo
Date of Notification (1) 09/18/2019		7		of Building Over elle North			1.0	7	LL	J.	CL	C 4	20	13	2 + 3 = 200
Agencies Notified Type Notification	B B E		- WS-V/V	Address	Dergen	,	<u> </u>			Planton, No service	overskaren (d.)	an - see	estatue tu	mane oto	
			329 E	South Ma	ain Stre	et				ASBE	Ligi	S (R ENS)	anti NG	iul i	2
DEP Amended				ate, Zip Code					OH MANAGEMENT					201196	
X DOL Amendment Emergency (<u> </u>		estown, PA	18901										
DOH justification)	moduling			of Contact					73837	lephone			NS 5525		
DCA Cancellation				Graziano	<u> </u>				2	15-230	308-0	30 ex	xt. 5		
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFOR	RMATION		Tvn	e of Facility	(4)				-	-	
	,	-,					.,,,	1.5	8.022						-
Street Address						-	H	School (K- Subchapte		er than	K-12)			
1701 75th Street, South Building							×	Other (i.e.	private	& comn	nercia	l build	dings,	home	es,
City (5)							Squ	etc.) ıare Feet	# 0	f Floors		В	ldg. A	ge	-
North Bergen							90		2		9	1.000	0+	T.	
County (6)				Code (7)				rent Use (Pr	ior if be	ing dem	nolishe	ed)			
Hudson				USE ONLY)		-	Va	cant						Standard Company	
Name of Monitoring Firm Hired by Building (Owner (8))	ASC	И No.	11.000			oatement Co							11
	110							velopmer	nt Grou	ıp,Inc.					
Street Address							Addr								
City, State, Zip Code								nsend Str	eet						
City, State, Zip Code								Zip Code nswick, N	10800	11					
Project Manager for Monitoring Firm			Telepho	ne No			none		0 0030	Licens	so No				
								3655		_0128		71	35	55	2
Start Date (10) 10/7/19	Schedul 12/30/		npletion	Date (11)		ame EMC		SHA Monitor							
Occupancy Status During Abatement (Check	Only Or	ne)			St	treet	Addr	ess					_		
Facility Closed/Vacated During Entire F	eriod of	Abaten	nent		1	7 M	ere	dith PI.							
Abatement Performed Outside of Norm Other – Describe:	al Facility	/ Hours	3					Zip Code							
					- F	Pisca	ataw	/ay, NJ 08	8854						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit	tion ion			×	M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure					9	
	10	Locati	on					J.I EXCITIPLE) all	G 1401191	Habit		AT 15 CO	ement	
Location of	1	Normal	ly		Descrip	ntion	of						Ту	ре	
Asbestos-Containing Material (ACM)		d Sole		Asbestos	s Containi	ng M	lateri	al (ACM)	200.0	mount				Е	_
TO BE ABATED In Facility	- 1 Land Co. (1975)	todial S			ermal sys surfacing			llation,		Specify or LF)	İ	Remova	Re	Encapsulate	Enclosure
(13)		(12)			ther misc)	0.	01 21)		SVOL	Repair	sula	osur
	Yes	No	N/A									=	100	ate	œ
1st floor office			×		VA	AT.			22	240 sf		ĸ			
								7.110							
					-									-	
		<u> </u>											24		
Name of Registered Waste Hauler		l NI	JDEP W	lasto I d	Cubic Yar	de		None	Decist	rad! -	Men.				
Nova Development Group,Inc.		Н	auler ID J-807	No.	of Waste 10	us		Name of GROW			ialil				
City, State New Brunswick, NJ		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	1	Disposal D October		10	City, Stat	te	71						
Completed by	AND A STATE OF THE							Morris	/IIIe, P	A					
Todd Grant	Title Presi	dent			Signa	ature	10	auns	MC		Date 09/		2019		

€ InvI45	39	NOTA	HCATIC	State of New Jer DN OF ASBESTO of to NJAC \$:50	STATIST	EMENT 20)	Ch# 46	17	9+1
Date of Notification (1)	9/18/19		Name HR	Rowald		(2) (UISPE)	EGEL	WE	
Agencies Notified Type	Notification			Address	<u> </u>	0.505	SEP 24 2	0010	-
	ínitiaí Amended			tate, Zip Code			3EF 24 6	2013	harres
K **	Amendment # Emergency (includir justification)	ıg		OF Contact	1 0	D. 075	ASPESTOS CON Telenhana No.	TROLE	3
	Cancellation		HR	(RUIS	PE -	A		
Name of Facility Where Abaten	ent is Taking Place	(3)	87944	CALITY INFORMA	FPOR	Type of Facilit	y (4)		
Street Address	ž				***************************************	School (I Subchap Other (I.e	<-12) ter 8 (Other than K-1 . private & commerci	2) laf bulldi	ngs, home
City (5) MONTCLA	SP.		***************************************		Ade to destruction of the second	Square Feet	# of Floors		ig. Age
County (6) ESSE		1	County (STATE	Code (7) USE ONLY)	,,	Current Use (F	Prior if being demolis		
Name of Monitoring Firm Hired	-	3)		M No.		of Abatement C	1+00SE ontractor (9)		<u> </u>
Street Address		The state of the s				UAI EUN Address	and the second s		
City, State, Zip Code	and the second s					. (BOX 21) tate, Zip Code	†		
					OLE	() (AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Mark City Springer, particular Springer	7
Project Manager for Monitoring I	-lim		Telepho	one No.	Teleph 73	one No.	License N 500 00	206	,
Start Date (10) 9 /20/	19 Schedu		pletion	Date (11)		of OSHA Monito			
Occupancy Status During Abater				1 [Address	14		
Facility Closed/Vacated Dui Abatement Performed Outs Other – Describe:	Ing Entire Period of Ide of Normal Facilit	Abatem y Hours	ent		City, St	ata Zin Code	2 NO, 08	385	7
Scope of Work (Check All That A	* A.F. 10. T.					Ú			
23 sf or 23 lf 2160 sf or 2260 lf	\A	Renovat Demoliti	ion on		MOMO	Mini-Enclosus Glovebag Pro			dure ·
		Locatio	55.27					At	atement Type
Location of Asbestos-Containing Material TO BE ABATED In Facility	(ACM) Use	od Solet intenan lodiai S (12)	y by ce/	Asbestos Con (i.e. therma surfa		aterial (ACM) Insulation, , or	Amount (Specify SF or LF)	Removal	Encapsulate
(13)	Yes	No	NVA	Otter I	THOUGHER TO	iousy		20.	ate
				0.0 61		A -	icode		++
SHOOR HALLW	44		X	9x9 Flo	YOUR T	lile	2 150 YF		+
							Caulabara d Landfill		
Name of Registered Waste Haute	r	Ha	DEP W	No. of Wa	Yards ste		Registered Landfill R.O.W.S	0 1	
City, State Bridge N:	0.08857			Dispo	aal Dale	City Stat	e Proville	P.F	1.
Caucs AMELDA	Title	16	idea		ignature (V	(5 Alm	Date		119
ASB-41 (R-06-08)					* Do not.	use this form for	asbestos licensure	exempte	d activit <mark>i</mark> e

Check#3440	W4712	NO.	TIFIC (P	ATIO	N OF AS	BEST	OS AB	A):16	EMENT		FO	BE		V	
Date of Notification (1)				Nam	e of Buildir	ng Owner	r/Operato	or (2	2)		A.P.	n 1	A	010	
		9		Ken	Potenski					ILI L	SE	P 2	4 6	019	l.
Agencies Notified	Type Notificatio	n		_	et Address						**************************************	паснатывали	the state of the s	miliar or contents	
⊠ EPA											ASBES	STOS (. &
☑ DOLWD ☑ DHSS	Amended Amendment	#		City,	State, Zip	Code				L	der venue	LICEN	Olly	J	ATTENDED TO
☐ DCA	☐ Emergency (ng	Bloo	mfield, N	J 07003									
(NJAC 5:23-8)	justification)		~	Nam	e of Conta	ct				Tele	phone Nu	ımber			
	Cancellation			-	Potenski										
Name of Facility 140				FA	CILITY I	NFORM	ATION								
Name of Facility Where A	Abatement is Taki	ng Plac	€ (3)						Type of Facility	(4)			-		
Private house Street Address				1111/25-1111					School (K-1	2)	- th 16 d	. 2)			
Street Address									Subchapter Other (i.e., homes, etc.	private :	and comn	i 2) nercial	buildi	ngs,	
City (5)				-				+	Square Feet		f Floors	T	Blda	Age	1100000
Bloomfield, NJ 07003													J.09.	, igc	
County (6)				Cour	nty Code (7)	(STATE	USE ONLY	1	Current Use (P	rior if be	eing demo	olished)		
Essex															
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name	of Abater	mer	nt Contractor (9)					
Ctrook Address						Gr Tee	ch LLC								
Street Address						Street	Address								
City, State, Zip Code				- 3370-71-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			alley Rd								
							State, Zip								
Project Manager for Moni	toring Firm	LITTLE SERV	Tel	ephone	No	THE PERSON NAMED IN COLUMN 1	e, NJ 074 none No.	47()	Lie	ense No.				
	and and the second of the second					50000000	38-1777			011					
Start Date (10)	Sche	duled (Comple	etion Da	ate (11)		of OSHA	Mo	onitor	011	21				
	19	09	/ _ 2	9_/	19	Enviro	wicion C	on	sultants,Inc						
Occupancy Status During						Street	Address	2011	isuitants, inc						
Facility Closed/Vacate	d During Entire P	eriod of	Abate	ment		20-21	Wagarav	w F	Road, Bldg .#	35E					
Abatement Performed Time of Abatement:		al Facilit PM/	ty Hou PM	rs - Des	scribe AM	City, S	tate, Zip	Cod	de						
Scope of Work (Check all						Fair La	awn, NJ								
	that apply)					H	Clean	up	and decontamin	nation w	vith negat	ive pre	ssure		
>3 sf or >3 If \(\) \ge 160 sf or \(\) 260 If			enovat emoliti			X	Mini-En Gloveb	ncio ag	Procedure	Tent wi	ith Negati	ve Pre	ssure		
			s Loca										bate	ment T	vne
Location of Asbestos-Containing N	of Material (ACM)		Norma		A-L	De De	escription	of	-1-1// 01/				T		T
TO BE ABA	TED	Ma	intena	ince/	(i.e	sios Con ., therma	itaining ivi al systems	iate s in	erial (ACM) sulation.	1.96	mount Specify	Remova	Repair	nca	nclo
IN Facility (13)	¥	Cus	todial (12)	Stan?		surfa	acing, VA	T. (or	100	F or LF)	ova	=	Encapsulate	Enclosure
17		Yes	No	N/A		other	miscellan	leot	us)					ate	
Basement				×	Pipe inst	ulation				40 LF		×	1 -		\forall
Basement				\boxtimes	VAT flo	or tiles				400 SI	2	×		П	
		П	П							100 01					
								2116							
Name of Registered Waste	e Hauler		N.II	EP Waste	Hauler ID No.	Cubic V	ards of Mar	stol	Name of Regis	torad t	ondell				Ш
Gr Tech LLC	and the second s							-		icied L	anuilli				
City, State				003378	2	TB		-	T.R.R.F. Inc City, State						
Wayne, NJ 07470						55.3656			1						
Completed By (Print or Type	oe) Titl	e				TB	gnature	1	Tullytown, P.	4	1	Data			_
N.Jevtic		ner						4	Sic Wena	0		Date	^		
SB-41		1101					//	120	- wena	4		9/19/1	9		

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ν	rir	11	-	-	۳	m
	6 2 6	16	100	v	,	

Date of Notification (4) 09-19-19 Agencies Notified Type Notification Initial Amended Amendment # Emergency (i justification) Cancellation Name of Facility Where Abatement is Taking Private Home Street Address	t ncluding	Po	Name of Susan Lake H	te of New OF ASBE DIJAG Building C Voitgma ddress te, Zip Coo lopatcon Contact Voitgma LITY INFO	estos A :60 and Dwner/Op in	BATEI 12 120 2 120 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(2) Type	of Facility (4 School (K-12 Subochapter & Other (i.e. pr	:) 3 (Other t	S ACBE	EP	XO O VENE	ONT	019	08
City (5) Lake Hopatcong							Squa	re Feet	# of Flo	oors		Bld	g. Ag	je	
County (6) Susses			County C	Code (7) ISE ONLY)			Curre	nt Use (Prio	r if being	demoli	ished)		-	
Name of Monitoring Firm Hired by Building C N/A Street Address	wner (8)		ASCM	l No.		Delfa	Addres		_C.				-		
City, State, Zip Code						City, S	State, Z	Grand St ip Code NJ 07201							
Project Manager for Monitoring Firm			Telephor	ne No.		201	none N 216-9	603		icense 1206	No.	. 1,50000	. 02.00		
Start Date (10) 09-30-19	10-04-	19	pletion I	Date (11)		Delfa	a Con	HA Monitor tracting LL	_C						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 7:00 am- 5:00pm	eriod of	Abatem				1119 City, S	state, Z	Grand ST ip Code NJ 07201							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ALCOHOL:	Renova Demoliti					Min	Il Containme ni-Enclosure ovebag Proo n-Exempted	edure)	
Location of	1	Locati Vormal	ly		Des	cription	n of					Α	Abate	ment oe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/		tos Conta thermal	aining N system sing, VA	Materia s insul AT, or		Amo (Spe SF or	cify		Removal	Repair	Encapsulate	Enclosure
Attic	100	X	1,47	V	ermicu	lite In	sualti	on	700	SF	×				
Name of Registered Waste Hauler Delfa Contracting LLC		Н	IJDEP W lauler ID 35240	2000 A86		ite 10		Name of F	n Reso			cove	ry F	acilit	у
City, State Elizabeth, NJ Completed by Jaime Delgado	Title Proj.	Mana	ager.		Dispos 10-07			City, State Tullytow		1	Date 09-1		9		

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

Ch 4551		(P	ursuant	to NJAC	8:60 an	d 12:12	0)	4))=	5 1	0		77	II.,	
Date of Notification (1) 09/10/19	1)			of Building of Philli			(2)			PF	.0	2 4	2046	n	
Agencies Notified Type Notification			Street A	Property interests	pobulg			1 1	11	30	٢	24	2019	9	1
X EPA X Initial			675 C	orliss A	ve.		•			en ennegate	Porto Spilloni	manutario	Project land		
EPA Initial DEP Amended DOL Amendmen	t #			ate, Zip Co sburg, N		65			P	abit		s cu Enisi		JL &	
Emergency	(including	- H		of Contact	10 000				Te	ephon	e Nu	mber	Ja Carlotte		A. P. N. H.
▼ DOH justification ▼ DCA Cancellation			Mrs. \	/icky Kle	einer				0.000	8-45					
Name of Facility Where Abatement is Takin	ng Place (31	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4	1					22722	
Phillipsburg Armory	ig Flace (5)					Т	School (K-12							
Street Address					100		×	Subchapter	B (Oth						
441 Heckman St.								Other (i.e. pretc.)	ivate	& comi	nerc	ial bui	ldings	, hom	es,
City (5) Phillipsburg							Squa 30,0	are Feet 000	# 0	f Floor	S		3ldg. <i>A</i> 30	Age	
County (6) Warren				Code (7) USE ONLY)			ent Use (Prio	r if be	ing der	nolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	И No.		Name	2017/05/2017	atement Cont	ractor	(9)					
RK Occupational & Environmenta	Analys	is Inc.	0090)				rvices Inc.							
Street Address 401 St. James Ave.						Street		ess e Ave.	V.—						
City, State, Zip Code			-	-				Zip Code				-237234			
Phillipsburg, NJ 08865						A STATE OF THE STA		n, NJ 0705	57						
Project Manager for Monitoring Firm Jonathan Gilbert			Telepho			Teleph				Licer		10.			
Start Date (10)	Schedul			54-6316 Date (11)		C. Carrierone	221-9	HA Monitor		011	37				
09/23/19	09/26/		piotion	- ato ()				alodka							
Occupancy Status During Abatement (Che-	k Only Or	ne)				Street					0.00				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr						2735	100000	e Ave. Lip Code							
Other – Describe:	iai i aoint	y 1 10013			_	200000000000000000000000000000000000000		n, NJ 0705	57						
Scope of Work (Check All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti						Il Containme	nt with	Nega	tive F	Pressu	ire		
	L .	Jemond	011			×	Gl	ovebag Proce			E e e i				
	T Is	Location	on.				1 INC	n-Exempted	() an	d Non-	Friat	Die Pro		e ement	t
Location of	1	Normall	у		De	scription	of					_	• Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Solel intenar	ice/			taining M systems				mount Specify		Z		En	ш
In Facility (13)	Cus	todial S (12)	taff?	,,,,,	surfa	cing, VA niscellan	T, or			or LF		Remova	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A		Other	ilisociiali	ieous)					va va	=	ilate	ure
Kitchen & break Room	1.00	*			Pipe	Insula	tion		1	20 lf.		*			
Rooms 1 & 2	*			Pipe	Insula	tion		6	55 If.		*				
Foyer		*			Pipe	Insula	tion		2	25 lf.		*			
Mens Bathroom & Shower		*			Pipe	Insula	tion		8	30 If.		*			
Name of Registered Waste Hauler		100	JDEP W		Cubic of Was	Yards		Name of R	egiste	red La	ndfill				
Newark Carting Inc.			5409	140.	20	310		GCSL							
City, State Newark, NJ					Dispos 09/27	sal Date 7/19		City, State Pen Arg	yl, P	Α					
Completed by Leslaw Nalodka	Title	ident			S	ignature	-/	200	5. 5%		0.000	ate 9/10/	10		
Locial Halouna	1103	Idelit				3					0	0/10/	13		

In 14018 B & G proj. #: 2019-223

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

Check # 9566

				Property.	100	A STATE OF THE STATE OF		Cneck	# 9500	2 4 2019 2 4 2019 12) 3 (Other than K-12) e/Commercial s, etc. loors Bldg. Age peing demolished) ense Number 00378			
Date of Notification	(1)	Na	me of Build	ding Owne	er/Operator (2		3.4.2.2	Personal E	@ P N	D.II	F	Prom	7
0 19 1/12 10		11	aniel Oli					IIn), 5	GEI	\mathbb{W}	Ľ	-,	
Agencies Notified	Type Notification	Str	eet Addres	s								The Paris of the P	
☐ EPA ☐ DEP	X Initial								SEP 24	201	9	-	4
DOL DOL	☐ Amendme		y, State, Zi North Arl		NJ 07031				and the state of t	n-co-ruetor			
₩ DOH			me of Cont						e Number		Ob t		1
☐ DCA	☐ Cancellati	on	Daniel C	Oliveira				Interes	maps to the state of the state	- To Long Tubble	HUMBOTPE	- Andrews	
				FACI	LITY INFOR	MATION							
Name of facility wi	here abatement is t	taking plac	e (3)			7		Type of Facility	(4) ol (K - 12)				
Daniel Oliveir									10 000 00 000 000 000 000 000 000 000 0	er tha	ın K-1	2)	
Street Address								▼ Other	(Private/Com/Homes, etc.	nmerc	ial		
								Square Feet	# of Floors	T	Bldg	g. Ag	е
City (5)		Count	y (6)			G-12-17-18	nty Code (7)	0	Prior if heine	domo	lichor	1)	
North Arlingt	ton, NJ 07031	Berg	gen			(Stat	e use only)	residential	Thor it being t	uemo	1131160	·/	
Name of Monitoria	ng Firm Hired by Bl	ldg. Owne	r (8)		ASCM No.		Name of Abatement						F
							B & G Restorat Street Address	ion, Inc.					
Street Address							105 Ryerson F	Road					
City, State, Zip Co	de						City, State, Zip Code	N.I. 07005					
			La	M			Lincoln Park, Telephone Number	NJ 07035	License N	lumbe	er	_	
Project Manager for	or Monitoring Firm		Pn	one Numb	per		(973)696-686	9	003	78			
Scheduled Start D	ate (10)	Sched	Completio	on Date (1	1)		Name of OSHA Mon B & G Restora						
10/04/2019		10/0	5/2019				Street Address	1011, 1110.					
	During Abatement						105 Ryerson R						
Facility close	ed/vacated during e	entire perion of normal to	od of abate facility hour	ment. rs-			City, State, Zip Code						
Describe:						_	Lincoln Park, N	NJ 07035					
	check all that apply)					vrap & cut						
Demolition	X	Renovatio	n				full Containment w/ne	egative pressure	-	•			
\times >3 sf or >3	If 🔲 🗵	≥160 sf or					Vini-enclosure		□ Non-ma			_	Т
Location of asbestos-co		by mainte	n normally enance/cus	used sole todial		intion of a	asbestos-containing	Amount		0000	е	n	
material to	be	staff(12)	l	Τ		ial (ACM)		(Specify LF)	SF or	100	170	а	200
abated in fa	acility (13)	Yes	No	N/A	7	- 1 0	illier moter	ial 7 sf		_	r	П	+
basement				X	Doller II	ISUI. & I	rib packing mater	lai / Sī					目
	2505 TO			1									
-									.0				岩
	- Uewle-	L	EP Hauler][D#	Cubic Yards	of Waste	Name of Registere	d Landfill		Ш			1
Registered Waste B & G Restor	ation, Inc.		19563	.0	1		Grand Centra						-
City, State Lincoln Park	. NJ			Disposal	Date 10/05/2019	9	City, State Pen Argyl, PA	Vi maip				<u> </u>	ς
Completed by (P	rint or Type)	Title		l	Signatur	е	Gordana Luna		Date 09/20	1/20-	19		
Gordana Lur		Secreta	ry/Treas	urer			Ziraana Liena			120		-	

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:80-7 and 12:120-7) Check # 9565

	155												
Date of Notification	(1)	Na	me of Build	ing Owne	r/Operator (2) 6::3	CH WILLIAM	Free F	P E	n n	// TE	I pune	5
10 19 1/12 10	1/11 19 1	11	Dan Hafet					In E	GE	11 /			11
Agencies Notified	Type Notification	Str	eet Address	3				III					111
☐ EPA			cor ida oc						SEP 24	1 20	10	-]]
☐ DEP	✗ Initial	<u>-</u>	y, State, Zip	Code					JLI C	- 60	14	1	
X DOL	☐ Amendme		y, State, Zij Montclair		043					reseasor 2000	sessore to t		and the same of
_		11	me of Conta	Reconstruction				The second secon	ne Number		101	0	1
X DOH	☐ Cancellati	1						-	FIOFIA	711 9 01	ecountraditi	ter Language	-paramel
☐ DCA			Dan Hafe	etz									
9-155				FACI	LITY INFORM	MATION							
Name of facility wh	nere abatement is	aking plac	ce (3)					Type of Facility	(4)				
	noro abatoment is	3	. ,						ol (K - 12)				
Dan Hafetz								1 Table 1 Table 1	hapter 8 (Ot			2)	
Street Address							.		(Private/Co :/Homes, et		cial		
								Square Feet	# of Floors		Bld	g. Ag	е
City (5)		Count	ty (6)			Coun	ty Code (7)						
							use only)	Current Use (Prior if being	dem	olished	1)	
Montclair, N.		Ess				_		residential					
Name of Monitorin	ng Firm Hired by B	dg. Owne	r (8)		ASCM No.		Name of Abatement	Contractor (9)					
							B & G Restorat	ion, Inc.					
Street Address							Street Address	lood					
							105 Ryerson F	toau			-		-
City, State, Zip Coo	de						City, State, Zip Code	N. I. 07025					
		11.0					Lincoln Park,	NJ 07035	License	Mumb	0.5		
Project Manager fo	or Monitoring Firm		Pho	one Numb	er		Telephone Number (973)696-686	9		378	C1		
						-	Name of OSHA Mon			-		_	
Scheduled Start D	ate (10)	Sched	. Completio	n Date (1	1)		B & G Restora						
10/01/2019		10/0	4/2019			- 11	Street Address	i-					
Occupancy Status	During Abatement	(Check o	nly one)				105 Ryerson R	toad					
Facility close	ed/vacated during	entire perio	od of abater	nent.		11	City, State, Zip Code						
Abatement p	performed outside	of normal t	facility hour	S-									
Describe: Other-Descri	ribe:						Lincoln Park, N	NJ 07035					
	heck all that apply					Пw	rap & cut						
Demolition		Renovatio	n			X F	ull Containment w/ne	gative pressure	Glove	ag pr	ocedu	re	
		160 sf or	>260 If			\square M	lini-enclosure		☐ Non-fr	iable	oroce	lure	
		 Gent Assessed - Malfert 	n normally u	sed solel	v					R	R	E	E
Location of asbestos-co		by mainte	enance/cust	odial	1	otion of as	sbestos-containing	Amoun		e m	e p	n	n
material to I	be	staff(12)	I	Т		al (ACM)	-	(Specification LF)	y SF or	0	a	а	C
abated in fa	icility (13)	Yes	No	N/A						v e	r	р	
basement				X	VAT & n	nastic		350 sf		X			
													1
											Ш	Ш	11
-												Ш	닏
Registered Waste			EP Hauler I	D# (Cubic Yards	of Waste	Name of Registere						
B & G Restor	ation, Inc.	l	19563	Diagrasi	5 Data		Grand Centra City, State	Landilli		and the last of th		-	
City, State Lincoln Park,	NII			Disposal 1	0/04/2019		Pen Argyl, PA						¥.
		Title			Signature		L		Date				
Completed by (Pr Gordana Lur			ry/Treasu	ırer		9	Gordana Luna		09/2	0/20	19		
					-1						1000		

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

Chh# 3637

TMILHO	710	NO.		H .	1 6 4 2 2	SESTOS ABA C 8:60 and 5:1		Chi	let		56	5
Date of Notification (1)	1V			Nam	e of Building	Owner/Operator	(2)				To The American	
9 /	18 / _	19		2,110,980,0	and the second	rtners, LP - Nor		me G	E			
Agencies Notified	Type Notifica	ition		Stree	et Address			100				
☐ EPA				75	0 Cliff Roa	ad	and the same of th	III cro	24	004	10	
⊠ DOLWD	Amended			City,	State, Zip C	ode		U L SEF	24	201	y	Long
⊠ DHSS	Amendme		_	Po	rt Readin	g, NJ 07064						III Actual Lab
DCA (NJAC 5:23-8)	☐ Emergeno		ng	Nam	e of Contac	t	1	Telephone Num	abêr CC	NTR	01.8	,
,	☐ Cancellati	- PO		Jo	hn Philbir	1	L	732-692-52	12 NS	NG		
				FΔ	CILITY IN	FORMATION	330				-VIIII STREET	erhyddigag
Name of Facility Where	Ahatement is T	aking Plac	ne (3)	1 /-	CILITITIN	ORMATION	Type of Facility (4)				
Buckeye Partners,		uning i lu	50 (0)				School (K-12)	0.044				
Street Address								(Other than K-12	2)			
123 Derousse Ave.	(Pivor Poad	Tormin	al)				Other (i.e., pr	ivate and comme	ercial bu	ilding	s,	
	(River Road	remini	ai)				homes, etc.)	# of Elecco	DI	d = 0.		
City (5) Pennsauken							Square Feet	# of Floors	DI	dg. Ag	је	
				10	. 0 . /7	VOTATE LIGE ON VA	/5:	l -		•		
County (6)				Cor	inty Code (/)(STATE USE ONLY)	Current Use (Pri	or it being demoii	snea)			
Camden							Exterior					
Name of Monitoring Firm		ling Owne	r (8)	ASCM	1 No.	I have been been and the first of the control of the	ent Contractor (9)					
Vertex Engineering	3						IVIRONMENTAL	_, INC.				
Street Address						Street Address						
700 Turner Way			in the U			1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					
Aston, PA 19014						BRISTOL, PA	A 19007					
Project Manager for Mor	itoring Firm		Te	elephone	No.	Telephone No.		License No.				
Dave Turotsy				610-55	8-8902	215-788-6040	0	00509				
Start Date (10)	S	cheduled	Comp	oletion D	ate (11)	Name of OSHA	Monitor	'				
9 / 30 /	_19_	_ 9	/	30 /	19	BRISTOL EN	IVIRONMENTAL	., INC.				
Occupancy Status Durin	g Abatement (C	Check only	one)			Street Address						
☐ Facility Closed/Vacat		where the line december that the				1123 BEAVE	R STREET					
☐ Abatement Performed						City, State, Zip C				and .		
Time of Abatement:	7:00AM-3:30P	PM/	PM	AN	1	BRISTOL, PA						
Scope of Work (Check a	II that apply)					51.10102,11	, , , , ,			71.55		
	ir triat apply)						tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf		-	Renov Demol			☐ Mini-End						
☐ ≥100 St 01 ≥200 II		П	Jemoi	iuon			ig Procedure empted (*) and Nor	n-Friable Procedu	ure			
			Is Loc	cation	1				Ab	atem	ent Ty	vpe
Location	of			nally		Description	of				1	_
Asbestos-Containing				olely by nance/		stos Containing Ma		Amount	Removal	Repair	nca	Enclosure
TO BE ABA		1000000		al Staff?	(i.e	thermal systems surfacing, VAT		(Specify SF or LF)	ova	≒.	nsd	Sur
(13)	,		(1	2)		other miscellane		01 01 2.7	-		Encapsulate	œ.
		Ye	s N	o N/A							LU	
Exterior Grounds			П		Pipe In:	sulation		10 LF		П		
					1				1			
			L								Ш	
										П		
Name of Registered Was	ste Hauler				Waste	Cubic Yards of	Name of Regis	tered Landfill				
Bristol Environmen				Hauler	ID No.	Waste	Fairless La					
City, State				1870)6	1 Disposal Date	City, State					
Bristol, PA						Disposal Date		lle BA				
TO THE STREET OF		I					Fairless Hi					
Completed By (Print or T	ype)	Title	70.02			Signature	0	- 6	Date	10	10	4
Gino Pizzigoni		Estim	ator			CHIANO	- Pennyson	U/4/2	9-	18.	-/ 1	(

			100000000										P	rint F
Ch 4130		NOTI (FICATIO	State of Ne DN OF ASE nt to NJAC	ESTOS 8:60 an	ABATE	EMEN (9)	IT	D.E	C I		V		
Date of Notification (1) 9/20/19 Agencies Notified Type Notification	15	200	NJDI		Owner/	Operato	r (2)			SEP	2 4	2019	3	
☐ EPA 🗵 Initial			33 W	Address /est State	1000	th Floo	or	# 60 m	AS	BESTO	\$ 00	NER	DL &	
DEP Amended Amendment				state, Zip Co ton, NJ 0		034			www.codebush.co.vir	Action and the second	man-		arran i sec	eu routre mete
DOH Emergency justification) Cancellation		g		of Contact na Bruno						hone Nu				
Name of Facility Where Abatement is Takir	ng Place	(3)	FAC	CILITY INFO	ORMAT	ON	T =							
Former Residence, BLUE ACRES	DEMC	LITIC	N				Тур	e of Facility						
Street Address 332 Madison St							×	Other (i.e.	-12) er 8 (Other private & d	than K-1	12) cial bui	ldings	, hom	nes,
City (5) Linden, NJ 07036							Squ 220	etc.) Jare Feet 00	# of F	loors		Bldg.,	Age	
County (6) Union County				Code (7) USE ONLY	-		Cur Ab:	rent Use (P andoned,	rior if being BLUE A	demolis CRES	shed)			
Name of Monitoring Firm Hired by Building on/a	Owner (8)	ASC	M No.		Name Yanr	of Ab	atement Co i Group, I	ontractor (9					
Street Address						Street		ess elon Roa	4					
City, State, Zip Code			City, S	tate,	Zip Code , NJ 0740						-			
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 908-	none l	No.	L	icense N	No.			
Start Date (10) 9/24/19	Schedul 9/30/1	led Cor	mpletion	Date (11)		Name	of OS	SHA Monitor Group, I		1220				
Occupancy Status During Abatement (Check	k Only O	ne)				Street			110.					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abaten y Hours	nent					elon Road Zip Code	d 				llesson	
Scope of Work (Check All That Apply)						Kinne	elon,	, NJ 0740	5					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	GI	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure					
Location of		Locati						on-Exemple	d () and N	on-rnac	1	Abate	e ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/	(i.e. t	os Conta hermal s	systems ing, VA	ateria insul I, or		Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					Common SV SV C			val	Ť	ılate	ure
First Floor			X		Textur	ed Ce	iling		480	SF	X			
Second Floor	Second Floor								610	SF	Х			
Name of Registered Waste Hauler 'annuzzi Group, Inc.		Ha	JDEP Wauler ID 467	No.	Cubic Y of Wast 15			0	Registered Fairless	Landfill				
City, State (innelon, NJ					Disposa 10-1-1			City, Stat	е					
Completed by ohn Mucha	Title AHEF	RA Pro	oject D	esigner		nature	1		ille, PA	Dat	te 20/19			

Ch U	1136		NOTI (FICATIO	N OF ASI	BESTOS	ABATE	MENT 0)	ID)_E_	CE		\mathbb{V}	E
Date of Notification (1) 9/20/19	V 144	M	ļ .	NJDI		Owner/	Operator	(2)	S S	EP 2	4 2	019	A Committee of the Comm
Agencies Notified	Type Notification			160 P. W. C. C. C. C.	Address est State	e St O	th Floo	r					- Ones
EPA DEP	Initial Amended				tate, Zip C		111100	!	ASRE	STOS			g.
DOL	Amendment Emergency		ng	Trent	ton, NJ C	8625-0	0034	1		LICEN	ISING	THE STREET	engana.g
DOH DCA	justification) Cancellation		.9	1,000,000,000	of Contact na Brunc				Telephone				
					CILITY INF		ION		609-433-	8745			
Name of Facility Where A Former Residence,	batement is Takir	g Place	(3)			O T CHILD CT	10.10	Type of Facility (4	1)				
Street Address	DEOL ACITES	DEIVIC	JLITIC	JIN				School (K-1)	2)				
2703 Parkway Ave								X Other (i.e. p	8 (Other than I	<-12) ercial bu	ildings	, hom	es,
City (5)								etc.) Square Feet	# of Floors		Bldg.		
Linden, NJ 07036 County (6)								1900	1 1/2		50+	.50	
Union County				County (STATE	Code (7))		Current Use (Prio Abandoned, E	r if being demo	olished)		W	
Name of Monitoring Firm n/a	Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abatement Cont uzzi Group, Ind	tractor (9)				
Street Address								Address	J.				
								Kinnelon Road					
City, State, Zip Code								tate, Zip Code elon, NJ 07405					
Project Manager for Monit	oring Firm			Telepho	one No.		Teleph	one No. 218-0880	Licens	7-22-2			
Start Date (10)		Schedu	iled Coi	mpletion	Date (11)			of OSHA Monitor	01228				
9/28/19		10/1/1	9					uzzi Group, Inc).				
Occupancy Status During								Address Kinnelon Road					
Facility Closed/Vacat Abatement Performe	ed During Entire F d Outside of Norm	Period of al Facilit	Abater by Hour	nent s				ate, Zip Code					
Other – Describe: _			-			_		elon, NJ 07405					
Scope of Work (Check All	That Apply)												-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				×	Full Containmer Mini-Enclosure Glovebag Proce	edure				
		ls:	s Locati	ion				Non-Exempted	(*) and Non-Fr	iable Pro	-	ement	
Location of Asbestos-Containing M			Normal ed Sole	ly	To have a second	Des	cription	of				/ре	
TO BE ABAT	ED	Ma	aintena stodial S	nce/	Asbest (i.e.	tos Conta thermal	aining Ma systems	aterial (ACM) insulation,	Amount (Specify	R		En	Ш
In Facility (13)		Cus	(12)	olali!		surfac	ing, VAT	, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				, ,		val	=	ulate	ure
Exterior			N-12711111	X	Tra	nsite F	Pipe in	Ground	120 LF	X			
Basemer		X	The	rmal S	ystem	Flu TSU	4 SF	X					
Name of Pagistand Mr.	Haula												
Name of Registered Waste Yannuzzi Group, Inc.	nauler			JDEP W auler ID		Cubic Y	WYSENCER	Sancara i sana	egistered Land	fill	-		
City, State			17	7467		3		Grows Fa	airless				
Kinnelon, NJ						Disposa 10/2/1		City, State Morrisvill	ο ΡΔ				
Completed by		Title				12.50	gnature			Date			
lohn Mucha	T. S History	AHE	RA Pr	oject D	esigner)		20	L Mac	//	9/20/19	9		

			9 30	1		11				-declaration			F	rint F
Ch 4130		NOT	IFICATIO	State of NON OF ASI	BESTOS	RATE	J) EMEN 20)	IT	Dr	E C			V	E
Date of Notification (1) 9/20/19	4073		Name NJD	of Building	Owner/O	perato	or (2)	1		SE	P 2	2.4	2019	100
	otification			Address Vest State	e St. 9tl	n Flor	or.			0000		0.01	over come.	
DEP T Ar	itial nended		-	State, Zip C		11100	JI		A	SBES	10S	NOU MISM	ITRC G	L &
	mendment #_ nergency (includir			ton, NJ C)34				Metropolynopi su	artistica (a)	Printer Systems	the of the man	MINERAL CONT.
□ DOH □ jus	stification)	ıg		of Contact na Brunc					Telepho	ne Nur	mber			
Name of Espility Where Abot			FA	CILITY INF	ORMATIC	N			000 10		τυ			
Name of Facility Where Abatemer Former Residence, BLUE	nt is Taking Place ACRES DEMO	(3) N ITI	N				Тур	e of Facility	4)					
Street Address	TOTALO DEIVIC		JIV					School (K-	2)					
321 Madison Street							×	Subchapter Other (i.e. p	8 (Other the crivate & cor	an K-12	2) al hui	ldings	hor	100
City (5) Linden, NJ 07036								etc.) Jare Feet	# of Floo		T	Bldg.		
County (6)			County	/ Code (7)			1 3 3 A		1 1/2			50+		
Union County	D 7.6		(STATE	USE ONLY	?		Ab	rent Use (Pri andoned, I	BLUE ACI	emolish RES	ned)			
Name of Monitoring Firm Hired by n/a	Building Owner (8	3)	ASC	M No.		Name	of At	atement Cor i Group, In	tractor (9)					
Street Address						Street	Addr	ess	·	Barrier e				
City, State, Zip Code		14						elon Road Zip Code						
Decis at Manager 5						Kinn	elon	, NJ 07405						
Project Manager for Monitoring Fire	m		Telepho	one No.		Teleph 908-		No. 0880	Lice 012	ense No	٥.			
Start Date (10) 9/30/19	Schedu 10/8/1		mpletion	Date (11)		Name	of OS	SHA Monitor						
Occupancy Status During Abateme						Street		Group, In	O					
X Facility Closed/Vacated During	n Entire Period of	Abatar	ment					elon Road						
Abatement Performed Outside Other – Describe:	or Normal Facilit	y Hour	S		174			Zip Code						
Scope of Work (Check All That App	oly)					Kinne	elon,	, NJ 07405						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	G	ull Containme ini-Enclosure lovebag Proc	edure					
	ls	Locat	ion				1 1/10	on-Exempted	(*) and Non	-Friable	e Pro	cedur Abate		
Location of		Normal	lly		Desc	ription	of						pe pe	
Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	Ma	ed Sole intena todial ((12)	nce/	Asbest (i.e.	os Contain thermal sy surfacin other mis	ning M stems	ateria insul I, or	lation,	Amoun (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
and the second second	Yes	No	N/A								a		late	Ire
First Floor			Х		pcorn C		9		530 SF	-	x			45 1111
Exterior Roof			Х	(Chimney	/ Flas	shing	3	5 SF		x			
ame of Registered Waste Hauler			JDEP W		Cubic Ya	rds		Name of P	egistered La	andfill				
annuzzi Group, Inc.			auler ID 467	No.	of Waste			Grows F		anunii				
ty, State nnelon, NJ					Disposal	Date		City, State						
ompleted by	Title				10/9/19	ntur-		Morrisvil	e, PA 					
hn Mucha	- POST 177	RA Pr	oject D	esigner	Sign	ature	4R	Mu	In	9/20				

Do not use this form for asbestos licensure exempted activities.

Ch 4130 Date of Notification (1)		NO	(Pursu	ION OF A	New Jersey SBESTOS ABAT C 8:60 and 12:1	20)		E G SEP	官 24		Print F
9/20/19 Agencies Notified Type Notificat	212	p	NJI	DPMC		ir (2)		Martin Salara Pro-			
EPA Initial	1011			et Address West Sta	ite St., 9th Floo	or.	A	SBESTO	S CC	NTF	OL &
DEP Amended			City,	State, Zip	Code	J1	ALTERNATION OF THE PROPERTY OF	THE SALES OF THE S	- Heritago	The management	CONTRACTOR AND
Emergen	cy (includ	ling			08625-0034						
DCA justification	on) ion			e of Contagina Brur				ne Numb			
Name of Facility Where Abatement is Ta	leine DI				FORMATION		609-43	3-8745			
Former Residence, BLUE ACRE	S DEM	e (3) IOLITI				Type of Fa	acility (4)				
Street Address				- KAN17		Scho	ol (K-12) hapter 8 (Other tha	n K 10)			
327 Madison St						X Othe	r (i.e. private & com	mercial b	uilding	js, ho	mes,
Linden, NJ 07036 County (6)						etc.) Square Fe 2460	et # of Floor	rs	Bldg 50+	Age	
Union County			Coun (STAT	ty Code (7)	r)	Current Us	se (Prior if being de ned, BLUE ACR	molished			
Name of Monitoring Firm Hired by Buildin n/a	g Owner	(8)	AS	CM No.	Name	of Abateme	nt Contractor (9)	E2			
Street Address					Yanr	iuzzi Grou	ıp, Inc.				
City State 7: 0 -						Address Kinnelon F	Road				
City, State, Zip Code	V, 100 (100 (100 (100 (100 (100 (100 (100				City, S	tate, Zip Co	de	S-11			
Project Manager for Monitoring Firm			Teleph	none No.		elon, NJ 0		ise No.			
Start Date (10)	Sched	uled Co	moletic	n Date (11)	908-2	18-0880	0122				
10/5/19	10/12	2/19	whielig	ii Date (11)		of OSHA Mo uzzi Grou					
Occupancy Status During Abatement (Che					Street A	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facili	f Abate ity Hou	ment rs			innelon R ate, Zip Cod					
Scope of Work (Check All That Apply)						lon, NJ 0					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renovi Demoli			×	Glovebag	ainment with Negat osure Procedure npted (*) and Non-F				
Location of		s Locat Norma					Jana Will-I	nable PI	Abat	emen	t
Asbestos-Containing Material (ACM)	Us	ed Sole aintena	elv bv	Asbes	Description of tos Containing Ma	f terial /ACM			T	/pe	
TO BE ABATED In Facility	Cus	stodial S	Staff?	(i.e.	thermal systems i surfacing, VAT	nsulation,	(Specify	Re	720	Enc	匠
(13)	-	(12)			other miscellane	ous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
First Floor	Yes	No	N/A	Mortor	laint Or	trong to tag on a count, and it is		3		ate	Ге
Exterior Windows	+	-	X	INOITAL C	Joint Compour		-	X	17-7		
					Window Glaz	ng	64 LF	X			
ame of Registered Waste Hauler								-			
annuzzi Group, Inc.		H	JDEP W auler ID	/aste No.	Cubic Yards of Waste		of Registered Lan	dfill			
ty, State		17	467		10		vs Fairless				
nnelon, NJ					Disposal Date 10/13/19	City, S Morr	State isville, PA	25,000			
ompleted by hn Mucha	Title	2 A D=	oloct D		Signature\\	A		Date			
	AMER	VA Pro	Ject D	esigner)	1		Much	9/20/19	9		

Proj. #: 19-197 Date of Notification (1) 0	ation :	David & Street Add City, State Sterling Name of Co	(Pursi Building Ow & Dale Me Iress , Zip Code	ication of A uant to NJA ner/Operator garl	AG 8:	tos Abatement 60 and 12:120)	WWY (Sp. thub Limpose	SEP	OS CO	TMC	elistroron La	
			FAC	ILITY INFOR	MATIC	ON				200	9.10-10-	
Name of facility where abatement Residential Street Address	is taking p	lace (3)					Subdividue	chapter 8 (C r (Private/C s./Homes, e	Other comm etc.	ercial		
City (5)	Cou	inty (6)	-		I co	ounty Code (7)	Square Feet 2,000 SF	# of Floor	rs	70	ldg. A	ge
						tate use only)	Current Use (ig der	-	ed)	
Sterling, NJ 07980 Name of Monitoring Firm Hired by		orris		400441	_	I Name of Alexander	Residential			6 A412368-134 A41	1900.04 C 0	
N/A	Diag. Owi	iei (0)		ASCM No.		Name of Abatement						
Street Address						KLOMAX, LLC Street Address						
						309 W. End Ave)					
City, State, Zip Code						City, State, Zip Code			MENT MEDICAL			Chicago
<u></u>						Hopatcong, NJ	07843			-10,111		
Project Manager for Monitoring Firm	1	P	hone Numb	er		Telephone Number		License				
Start Date (40)	10.1					833-455-6629 Name of OSHA Mon	itor	0.	2007			
Start Date (10)	Sche	d. Completi	ion Date (11	1)		KLOMAX, LLO	07.565.0					
10/02/19	10/0					Street Address				-	-	
Occupancy Status During Abatement Facility closed/vacated during						309 W. End Ave						
Abatement performed outside	of normal	facility hou	ement. Irs-			City, State, Zip Code				70.7		
Describe: NORMAL H	OURS				_	Hopatcong, NJ (7843					
Scope of Work (check all that apply												
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation	on					Full Containment Mini-enclosure	writegative	press	sure		
≥160 sf or ≥260 lf	Demolitio	n					Glovebag proced					
Location of			used solely	1			Non-Exempted (*) and Non-f	R	Proc	edure E	
asbestos-containing material (acm) to be	by mainte staff(12)	enance/cus	todial	Descript	ion of	asbestos-containing	Amount		e m	e p	n	E n
abated in facility (13)	Yes	No	N/A	material	(ACM)	(Specify LF)	SF or	0	a	c a	C
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Registered Waste Hauler		EP Hauler I		ubic Yards of	Waste	The stranger of the					Ш	
KLOMAX, LLC City, State		88241		yds		TULLYTOWN,	RESOURCE R	ECOVER	Y			
Hopatcong, NJ 07843			Disposal Da TBD	ate		City, State TULLYTOWN,	ΡΔ					
Completed by (Print or Type)	Title			Signature	1) TOBBITOWN,	111	Date		_		
Paige Boylan	Owner			3	3			09/19/1	19			
ACD 44	Do not us	n thin form	for achasta	- Hanner		3 2 3 6 9						

Date of Notification (1) 0 9 / 1 9 / 1 9 Agencies Notified	tion s	EXP Rea Street Addre 28 Valle City, State,	(Pursi	cation of A uant to NJA ner/Operator (C 8:6	J es Abatement 0 and 12:120)		Telephon 973-250	SEP BESTOS	erot/400 - 110 6 COI 5 101 5 101 6 100 6 100 6 100	er engan se	PHI I HOLD	The state of the s
Cancellation	"			ILITY INFOR	NANTIO	NI.		_ 713-23	0 1110				
Name of facility where abatement Residential Street Address	is taking pl	ace (3)						Subcha Other (Bldgs./	l (K - 12) apter 8 (0	Other to comme	ercial	(-12)	ige
City (5)	Cour	nty (6)			Cou	unty Code (7)			02		85	Ŭ	~
Indicates NI 07111					(Sta	ate use only)		rrent Use (Pr	rior if bein	g den	nolish	ed)	
Irvington, NJ 07111 Name of Monitoring Firm Hired by	Ess Bldg Own	VT185		ASCM No.		Name of Abatemer		sidential					
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Street Address					-	KLOMAX, LL Street Address	<u> </u>						_
						309 W. End Av	ve						
City, State, Zip Code					_	City, State, Zip Cod	AND DESCRIPTION OF THE PERSON NAMED IN		ACCUMULATION OF	- American		OHER SE	
						Hopatcong, NJ	07843						
Project Manager for Monitoring Firm	1	Ph	one Numb	per		Telephone Number 833-455-6629			License ()	Numb 2007	oer		
Start Date (10)	ISched	. Completio	on Date (1	1)		Name of OSHA Mo			1	2507			_
8 19			on Date (1	1)		KLOMAX, LI	LC						
09/30/19 Occupancy Status During Abatement	10/04					Street Address							
Facility closed/vacated during			ment			309 W. End A							
Abatement performed outside						City, State, Zip Cod	ie						
Describe: NORMAL F	IOURS					Hopatcong, NJ	07843						
Scope of Work (check all that apply □ >3 sf or >3 lf □ ≥160 sf or ≥260 lf	Renovation Demolition	1					Mini-e Glovet	ontainment w nclosure pag procedur exempted (*)	e	friable	proc	edure	
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asbestos-containing material (acm) to be	staff(12)			Descript material		sbestos-containing		Amount (Specify S	For	m	р	n c	n
abated in facility (13)	Yes	No	N/A	material	(AON)			LF)		O V	i	a	L
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City, State			Disposal D			City, State	, 1000	ORCE RE	COVEN	. 1		PACIFIC PROPERTY.	MACOUPIL.
Hopatcong, NJ 07843			TBD			TULLYTOWN	N, PA						
Completed by (Print or Type) Paige Boylan	Title			Signature	())			Date				
raige Boylan	Owner	a thin form	for onbook	l Hanney and	4	0.1e/0.			09/19/	19			_

Change of start date a Owners request . M	x		ICATIO	State of Ne N OF ASB It to NJAC	ESTOS A	ABATEN			05	58	0	_	
Date of Notification (1) -9/6/2019 9/18/19				of Building			(2)	[Process	E C	F	7 N	7 E	
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Name of Facility Where Abatement is Takir		(3)			Type of Facility (4)								
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City (5) Hoboken						Square Feet # of Floors Bldg. Age 300,000 7 156						\ge	
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Hudson Name of Monitoring Firm Hired by Building	Ourses /0			USE ONLY			-Medical C		- 1	al			
N/A	Owner (8	'}	ASC	M No.		Adva	f Abatement Co anced Spe			tors			
Street Address				Address) Mains St	Ext Su	ite 10							
City, State, Zip Code				ate, Zip Code eville, NJ,	08872								
Project Manager for Monitoring Firm	one No.		Telepho			License N	0.						
Start Date (10) 9/28/19				Date (11) 28/19			f OSHA Monitor		 S				
Occupancy Status During Abatement (Chec			(1	<u> </u>		Street A	ddress						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Performed	nal Facilit	y Hours	3	looms		City, Sta	road St	7747					
Scope of Work (Check All That Apply)		21.03.1	001.1			Mala	wan, NJ 0	//4/					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintenar itodial S (12)	ly by nce/		os Conta thermal s	ystems i ng, VAT	terial (ACM) nsulation, or	(Sp	ount ecify r LF)	Removal	Repair	e Encapsulate	Enclosure
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				Tile				<5Sf		8			
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Name of Registered Waste Hauler		IL N	JDEP W	/aste	Cubic Y	ards	Name of	Registere	d Landfill	Ш	Ш		
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City, State			5555		Disposa		City, Stat						
Freehold, NJ	Title				9/21/		Morris	sville, F					
John Evanovich Estimator						Signature Date 9/6/2019 Michael Mighae 9/18/9							
ASB-41 (R-06-08)		M	nich	al Migh	ire.	9/	181	9.	-10				

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-19 Date of Notification (1) Name of Building Owner Operator (2) F P 2 4 2019 RUTGERS, THE STATE UNIVERSITY OF NJ August 29, 2019 Agencies Notified Notification Type Street Address **⊠**Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ☐ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS D DCA ☐ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 E DEP- No Longer REQUIRED □ Cancelled Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NEWARK POWER PLANT, BLDG# 7261 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): HEATING PLANT NEWARK **ESSEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/07/2019 09/16/2019 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ■ Abatement Performed Outside of Normal Facility Hours – 7am -3pm Describe: Schedule: SAT 12:01 AM - MON 5AM (WEEKENDS 24 City, State, Zip Code HRS AS NEEDED) FAIRLAWN, NJ 07410 X Facility Occupied During Abatement ☐ Other- Describe: Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure > 3 sf or > 3 lf **X**Renovation $\square \ge 160 \text{ sf or} > 260 \text{ lf}$ ☐ Demolition ☐ Glove bag Procedure / Wrap & Cut ■Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap or LF) NO YES NA Enclose B2-MER X TSI <9 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 15 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 09/16/2019 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT August 29, 2019 Raymond C. Pedalino MANAGER

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Check#3437		NO.	TIFIC (P	ATTO	NOF A	New dersey BESTOS ABA AC 8:60 and 5:	TEMENT	DEG	E I	\mathbb{V}	5	7			
Date of Notification (1)	·			5 7	25	ng Owner/Operator	53V	 							
09 ,	18 / 1	9					(4)	☐ ☐ SEP	2 4	2019) .	IL			
Agencies Notified	Type Notification				ea Camp										
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Essex															
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.										
Street Address					SCM No. Name of Abatement Contractor (9) Gr Tech LLC										
Street Address					Street Address										
City, State, Zip Code						576 Valley Rd					-				
org, orato, E.p ocac						City, State, Zip C									
Project Manager for Moni	torina Firm		Tele	phone	No	Wayne, NJ 074	70	License No.							
-				, p.1.0.10	110.	973-638-1777									
Start Date (10)	Sche	duled (Comple	tion Da	ate (11)	Name of OSHA	Monitor	01127							
		09	28	3_/	19	Envirovision Co	neultante Inc								
Occupancy Status During						Street Address	msuitants, me								
Facility Closed/Vacate	ed During Entire Pe	eriod of	Abate	ment		20-21 Wagaraw	Road, Bldg .#	35E							
Abatement Performed Time of Abatement:	Outside of Norma	I Facilit M/	ty Hour PM_		scribe AM	City, State, Zip C					-	-			
						Fair Lawn, NJ 0									
Scope of Work (Check all	that apply)							amination with negative pressure Negative Pressure							
>3 sf or >3 If 2 160 sf or >260 If			enovati			Mini-End	losure								
			emolitic	on		Gloveba Non-Exe	g Procedure Lemoted (*) and N	Tent with Negativ on-Friable Proced	re Press	sure					
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TO BE ABA		Ma	intena	nce/		stos Containing Ma e., thermal systems		Amount (Specify	em	Repair	пса	nclo			
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(13)		Van	1	Taura	1	other miscellane	ous)		-		ate	е			
Basement		Yes	No	N/A	D: :				62-21		_				
Dascinent			H	-	Pipe inst	ulation		80 LF	\boxtimes	Ш	Ц	Ш			
									$\perp \Box$	Ш		Ш			
Name of Registered Wast	e Hauler		NJD	EP Waste	Hauler ID No.	Cubic Yards of Wast	Name of Regi	stered Landfill							
Gr Tech LLC			0	03378	35	TBD	T.R.R.F. Inc								
City, State						Disposal Date	City, State								
Wayne, NJ 07470	, , , , , , , , , , , , , , , , , , , ,					TBD	Tullytown, P	PA							
Completed By (Print or Ty	pe) Title	9				Signature	A		ate						
N.Jevtic	Ow	ner					Teurc Wen	ad 09	/18/19						
TO COME OF TAXABLE						11				-					

Date of Notification (1)	N O . I	(Pursuan Name	tate of New Jer N OF ASBESTO to NJAC 8:60 of Building Owne	S ABATE and 12:12 er/Operato	0) r (2)) E G	E [201		int F
9/18/19 Agencies Notified Type Notification EPA Initial Amended	44	Street	Ourfee Private Address ate, Zip Code	te Home			ASBESTO	OS CC	NTR NG	OL &	
X DOL Amendment Emergency justification) DCA Cancellation	(including	Name of Ken	h Haven Gard of Contact		80080		Telephone Nu	umber			
Name of Facility Where Abatement is Takin Ken Durfee Private Home Street Address	g Place (3)	FAC	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildin etc.) Square Feet # of Floors Bldd								es,
Beach Haven Gardens NJ 08008 County (6)		County	County Code (7) Square Peet # of Floors 1000+ 2 Current Use (Prior if being demolished						3ldg. <i>F</i> 50+	Age	
Ocean Name of Monitoring Firm Hired by Building (N/A Street Address	Owner (8)	ASCI	USE ONĹY)	Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329							
City, State, Zip Code				City, S	state, Zip (-				
Project Manager for Monitoring Firm		Telepho	ne No.	Teleph	none No. -753-980		License N	No.			
Start Date (10) 9/30/19	10/9/19	l Completion	Date (11)	Name Sam	of OSHA	Monitor					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Ab	atement	Street Address ment City, State, Zip Code								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		novation molition						cedur			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	ocation ormally Solely by tenance/ dial Staff? (12)	Asbestos Co (i.e. therm sur	Description ontaining National Systems facing, VA	laterial (A s insulation T, or		Amount (Specify SF or LF)	Remova		ement pe Encapsulate	Enclosure
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United Roll Off City, State Elm NJ		22459	4 Disp	osal Date	С	ity, State					
Completed by Anthony T Perna	ent	10/8	10/9/19 Morrisville PA 19067 Date 9/18/19								

Ch 9940	NOTIFICATION OF (Pursuant to N.	JAC 8:60 and 12:	120)	SEP 2 4 2019								
Date of Notification (1)	Name of B	MR RA		= RUUD=Z								
Agency Notified Type Notification	Street Add	ress	ASDESTOS CONTROL & LICENSING									
DEP DOL Amended Amendment #	City, State		NJ. 070	30								
☐ Emergency (inclusion) ☐ DCA ☐ Cancellation	Name of C		· ·									
	FACILITY	INFORMATION										
Name of Facility Where Abatement is Taking F AR. RAY HOV Street Address		DEZ	Type of Facility (4) U School (K-12) U Subchapter 8 (Other	than K-12)								
The second secon			Dother (i.e. private & homes, etc.)	commercial buildings.								
HOBOKEN	7		Square Feet # of F	Floors Bidg. Age Z 1950								
County (6) HUDSON	ONLY	de (7) (STATE USE	Current Use (Prior if be									
Name of Monitoring Firm Hired by Building Own (8)	ner ASCM No.		ment Contractor (9)									
Street Address		Best Re	moval Inc									
	2	450 Sou	th River St									
City, State, Zip Code		City, State, Zip	Code									
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	ack, N.J. 07	601 se No.								
Start Date (40) Scheduled (201-329		0388								
9/27/19	Completion Date (11)	Name of OSHA Omega	Monitor Environmenta	1								
Occupancy Status During Abatement (Check or		Street Address	10	-								
D Facility Closed/Vacated During Entire Period D Abatement Performed Outside of Normal Fac Tother - Describe: 730470	citiv House	City, State, Zip (
Scope of Work (Check all that apply)	.0977	S. Had	ckensack , N.	J. 07606								
ET ≥ 3 af or ≥ 3 if CI ≥ 160 af or ≥ 260 if	☐ Renovati ☐ Demolitic	on - Mini- on - 2 Glov	Containment with Negativ Enclosure ebag Procedure									
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City, State Hackensack N I 0.7	7601	Disposal Date	City, State									
Hackensack , N.J. 07	7001	9/30/17 Signature	INEW BURGH, F	PA. 1724Q - Date 1								
	imator	IVA	a'siones	9/17/19								
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Camden								Residence							
Name of Monitoring Firm Hi					SCM	No.	Name of Abatem	ent Contractor (tor (9)						
Management & Envir	o. Consul	Iting Ser	vices	3	Shade Environmental, LLC										
Street Address					Street Address										
PO Box 341							623 Cutler A	venue							
City, State, Zip Code				0.000			City, State, Zip C	ode				V			
Chesterfield, NJ 0851							Maple Shade	, NJ 08052							
Project Manager for Monitor	ring Firm		T	elep	hone	No.	Telephone No.		License No.	<u> </u>					
Bill Weisgarber						3-4070	856-755-0099)	00842						
Start Date (10)		Scheduled 09					Name of OSHA M EMSL Analyt								
Occupancy Status During A	batement (Check only	one/)			Street Address						T. VII		
□ Facility Closed/Vacated I							200 Route 13	0 North							
☐ Abatement Performed O	utside of No	ormal Faci	lity H	ours	- Des	scribe	City, State, Zip Co	ode							
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≥3 sf or ≥3 If ≥160 sf or ≥260 If ∴			Renov Demo		63		☐ Mini-Enc ☐ Glovebag	losure g Procedure	egative Pressure on-Friable Proce	dure					
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Freehold Cartage	Hauler			Hau		No.	Waste 1	Fairless L							
Freehold Cartage	Hauler			Hau	ıler ID	No.	Waste 1 Disposal Date	Fairless L City, State	andfill		1000		-8		
Freehold Cartage City, State Freehold, NJ				Hau	ıler ID	No.	Waste 1	Fairless L	andfill						
Freehold Cartage		Title		Hau 1	iler IC 5939	No.	Waste 1 Disposal Date 09/30/2019 Signature	Fairless L City, State	andfill e, PA	Date	Oliver sid				

		NACO CONTRA				State of N	Nev	v Jersey	5.70									
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Date of Notification (1)					Nam	ne of Buildin	ng (Owner/Operator	(2)	115	$\langle - $					11		
09 /17 /	19	9			В	rightview	На	mburg, LLC				SEP	2/	20	10	Control of the Contro		
Agencies Notified Type Notif	ication				Stre	et Address				141	ana.	ULI	2 4	20	IJ	1		
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Name of Facility Where Abatement is	Takin	n Plan	ne /3	3)	Г	ACILITY II	NFC	DRMATION	TT - 65 '''									
Former Cost Cutters (Vacant		g i iac	JC (L	,					Type of Facility	10000000								
Street Address					_				School (K-1	2) 8 (Ot	her thai	n K-12	2)					
1139 Hamburg Turnpike									Other (i.e.,)	private	and co	omme	rcial b	uildin	gs,			
City (5)									homes, etc.									
Wayne								#	of Floo	rs	E	ldg. A	\ge					
County (6)					0	-1 0 1 /			1			~ 50)					
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Name of Monitoring Firm Hired by Bu	ildina (2	. (0)		201				tters S	Store	ģ.							
Emilcott Environmental Healt				SCIV	No.		ent Contractor (9	200										
Street Address	11 & 3	arety	Sei	r			-		ronmental Ser	vices	, Inc.							
190 Park Ave.						Street Address												
City, State, Zip Code							1100 Grosser Road											
Morristown, NJ 07960								ity, State, Zip Co										
Project Manager for Monitoring Firm			-					Gilbertsville,	PA 19525									
David Tomsey			-	eleph				elephone No.		Li	cense N	No.						
/	0					-1110		610 933-4332			00836							
8/12/19(1	0 .	_	04		19 19	1	ame of OSHA M Neuber Envi r	lonitor onmental Ser	vices								
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Facility Closed/Vacated During Ent	ire Per	riod of	Aba	ateme	nent 1100 Grosser Road													
Abatement Performed Outside of N Time of Abatement:AM	lormal DA	Facilit	ty Ho	ours -	- Describe City State 7:- Code													
				101		AIVI		Gilbertsville,	PA 19525									
Scope of Work (Check all that apply) □ ≥3 sf or >3 if		□ Re						☐ Full Cont	ainment with Neg	gative	Pressu	re						
≥160 sf or ≥260 if		☐ De				 ✓ Mini-Enclosure ☐ Glovebag Procedure 												
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TO BE ABATED	"			nance				Containing Mat ermal systems in			Amoun (Specify		Removal	Repair	nca	nck		
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City, State								posal Date	City, State	-30,000								
New Castle, DE							S	ept. 2019	Waynesbur	urg, Ohio								
Completed By (Print or Type)	Title							Signature		Date								
Pat Larney Project Manager								SONIE	while	M 9-17-19								
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NOTIFICATION OF ASBESTOS ABATEMENT CIC 5258

11/1/14	000	(Pu	irsua	nt to	NJAC	8:60 and 12:1	20)		= n n	n te	7 7						
Date of Notification (1)			N			Owner/Operator		7) IS 6 1	= 1 /A								
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Agency Notified /	Type Notification		S	treet A	ddress			CED '	2 4 20	10	Appropriate to	U					
O EPA	Dr Initial		-	S. C.	ate, Zip C	`ada		OEI	2 4 20	10	- 12-	crattil ²					
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Name of Facility Where	Abatement is Taking Pla	ce (3)			•		Type of Facility	(4)				7					
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Street Address	(0)-0				77	•	☐ Subchapter	6 (Other than K-12)									
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Name of Monitoring Firm	Hired by Building Owne	e A	SCM	lo.		Name of Abaten	nent Contractor (9)									
(8)		L					moval In	С				_					
Street Address						Street Address											
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City, State, Zip Code					City, State, Zip C		07601										
Project Manager for Mor	iliaina Erra	ephon	- Ma		Telephone No.	ack, N.J	License No.										
Project Manager for Mon	CAROUR	e No.		201-329	-7444 -	00388											
Start Date,(10)	Scheduled Co	ompletic	on Date	(11)		Name of OSHA		1		=							
10/2/19	1		9			Omega 1	Environm	ental									
Occupancy Status Durin	g Abatement (Check on	y one)	5.4			Street Address						-					
☐ Facility Closed/Vacate	ed During Entire Period o	of Abate	ment				uyler St										
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2 Other - Describe: 8		: 000	71									\dashv					
Scope of Work (Check a	ss trat apply)			_		O Full	Containment with	Negative Pressur	e								
22 2 3 sf or ≥ 3 ff □ ≥ 160 sf or ≥ 260 ff			- 20	a Ken ⊒ Deπ	ovation office	-E Glov	Enclosure ebag Procedure		1.5								
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Locati	ion of		ormality d Solet		-	Description				-							
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☐ Cance	A very fire or a second			Alan	Paradise				relephone i	40mber						
					FACILITY INFORMATION											
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Private house								School (K-1	2)							
Street Address								Subchapter	8 (Other than K	-1 2)	E. 0.0	en en en				
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City (5)							Bldg.	Age								
Wharton, NJ 07885							USE ONLY)									
County (6)	Morris							Current Use (P	rior if being den	nolished)		2-07			
Name of Monitoring Firm Hired by Bu	lwner	(8)	ASCM	I Nie	L											
l l l l l l l l l l l l l l l l l l l	anding 0	4811101	(0)	ASCIV	I NO.	Name of Abatement Contractor (9)										
Street Address					Gr Tech LLC Street Address											
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City, State, Zip Code							State, Zip Ci									
						New	ne, NJ 0747									
Project Manager for Monitoring Firm			Tele	ephone	No.		hone No.		License No.				J. T. C.			
2						973-6	38-1777		01127							
Start Date (10) 09 / 29 / 19					ate (11)	Name	of OSHA N	lonitor								
	1		25120100000	_ /		Envir	ovision Co	nsultants,Inc								
Occupancy Status During Abatement Facility Closed/Vacated During Er	(Check	only	one)			Street	t Address									
Abatement Performed Outside of	Normal I	Facili	tv Hou	ment rs - Des	scribe	20-21	Wagaraw	35E								
Time of Abatement:AM	PN		PM		_AM	The same and	State, Zip Co									
Scope of Work (Check all that apply)		-				Fair L	awn, NJ 0		nation with nogo	tivo pro	COLUEC					
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TO BE ABATED IN Facility			aintena stodial			e., therm	al systems i	nsulation,	(Specify	Kemova	Repair	cape	Enclosure			
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Name of Registered Waste Hauler	MIL	EP Mast	Hauler ID No.	Cukies	(arda of 10)	II No. 15			7							
Gr Tech LLC					Name of Regis	stered Landfill										
City, State	03378	55	Dispos		T.R.R.F. Inc											
Wayne, NJ 07470			Disposal Date City, State													
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ASB-41	Owne	zI .					//e	wic Wena	er (09/20/1	9					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification 9/13/19 Name of Building Owner / Operator (2) 11/16 JMJ Farm Holdings II, LLC AgenciesNotified Type of Notification Street Address SEP 2 4 2019 X **EPA Emergency Notification** 100 Lenox Drive DEP Initial Notification City, State & Zip Code X DOL Amended Notification Lawrenceville, NJ 08648 ASBESTOS CONTROL & X DOH Name of Contact Cancellation Telephone Number DCA Andy Chodkiewicz 609-896-3111 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Vacant House School (K-12) Street Address Subchapter 8 (Other than K-12) 35 Harbourton Mt Airy Rd X Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 5.000 100+ Hopewell Twp Mercer Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Tactics** N/A Global Abatement Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07716 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tom Geiger 732-290-2217 732-605-9062 00714 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/27/19 10/18/19 Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) X Demolition Renovation Full Containment with Negative Pressure X Large Project X Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM X Glovebag X Quantity is ≥ 160 SF or ≥ 260 LF ACM X Other: Non-friable Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify (Specify: Removal, Material (ACM) Solely by Material (ACM) Square Feet or Repair, TO BE ABATED (i.e., thermal systems Maintenance or Linear Feet) Encapsulation or in Facility Custodial Staff? insulation, surfacing, VAT Enclosure) (13)(12)or other miscellaneous) See attached N/A

Name of Registered Landfill Freehold Cartage 18693 **Cumberland County** City, State Disposal Date City, State Freehold, NJ 10/18/19 Newburg, PA Completed By (Print or Type) Title Signature Date Dominick Tringali Manager Dominick Tringali

Cu. Yds. of Waste

NJDEP Waste Hauler ID#

9/13/19

Name of Registered Waste Hauler

Ch03LSTATE OF	NEW JERSEY	DEPARTME	NTOF	LABOR NOTIFICATION OF AS	PECTOS APRIL		3 1	T\/7 [ī	e r						
Date of Notification (1) 09/06/2019	084			Name of Building Owner/Operate Galaxy Condominium Ass	or (2) sociation	-	-	\V/ E							
Agencies Notified () USEPA	Type of Notific	ana ana ana ana ana ana ana ana ana ana		Street Address 7000 Blvd East, Tower 1 I	Floor L6	EP 2	POSSESSES OF THE POSSES	2019							
() NJDEP (X) NJDOL (X) NJDOH	() Amend	ed Iment#	ing	City. State. Zip Code Guttenberg, NJ 07093	ASBE	LICE	NSING	TROL	č.						
() NJDCA	justifica () Cancel	ation)	ing	Name of Contact Donya Green			Numbe -530-		•						
			FACILIT	Y INFORMATION											
Name of Facility Where Abatement Galaxy Condominium Asso	nt is Taking Place (ociation	3)		Type of Facility (4) () School (K-12)	21.00										
Street Address 7002 Blvd East, Tower 2	Unit 6N			(X) Other (i.e. private & commercial bldgs., homes, etc.											
City (5)	County (6)	County Code	e (7)	SQ. Feet: 860,000 # of Floors 44 Bldg. Age 4'											
Guttenberg	Hudson	(State Use (Only)	Condo unit (project location): Sq. Feet: ~ 800 # of Floors 1 Current Use (if being demolished):											
Name of Monitoring Firm Hired by ISES, Inc.	Bldg. Owner (8)	ASCM No. N/A		Name of Contractor (9) Industrial Safety & Envi	ronmental Solu	tions	Inc.	9							
Street Address 3300 Hudson Avenue				Street Address 3300 Hudson Avenue											
City, State, Zip Code Union City, NJ				City State, ZipCode Union City, NJ 07087			T								
Project Manager for Monitoring Fir David Camacho	Telephone No. 201 325-0	umber 055		<u>Telephone Number</u> (201)325-0055		U 4 10 10 10 10 10 10 10 10 10 10 10 10 10	ense 1 1124	Number							
Scheduled Start Date (10)	Scheduled C	ompletion Date	e (11)	Name of OSHA Monitor											
09/16/2019	09/20/201			ISES, Inc.											
Occupancy Status During Abateme () Facility Closed/Vacated Durin () Abatement Performed Outsic	ng Entire Period of de of Normal Facili	Abatement		Street Address 3300 Hudson Avenue											
(X) Other - Describe: apartme	nt is vacant	MMA (MCC20) Process (1 m)		City, State, Zip Code Union City, NJ 07087											
Source of Work (Check all that app	oly) () Demolition	1	(x) Renovation											
() Omail 1 Toject (-23 < 100 3	OF 01 > 10 < 200 L	FACIVI) () Min	nt with Negative Pressure(X) ii-Enclosure with Negative Press Procedure or Wrap and cut proce	CLICO	on-Fria	able P	rocedu	ıre						
Location of Asbestos- Containing Material (ACM)	Is Location Norr Solely by Maint	nally Used	,,	Description of ACM i.e. thermal systems insulation,	Amount (Specify	Α	bateme	ent Type	е						
To be Abated in Facility (13)	Custodial Sta			cing, VAT, or other miscellaneous.)	SF or LF)	R	R	E	E						
	VEC. NO	****			1	m o	e p	n	C						
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	^				~ 1050 SFT	X									
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City, State 369 Raymond Blvd, Newark	NJ		Disp. D	Date 0/2019 / /	City, State Pen Argyl, PA 1	8072									
Completed by (Print or Type) David Camacho	Title Project Supe	ervisor	Signatu	THE WALLEN	Date 09/06/2019										

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Print	Form

Inv/41883	happe material respective	NOT	FICATIO	State of New Jer ON OF ASBESTO of to NJAC 8:60	SABATE	EMENT -	. C	leck#3	498	3		
Date of Notification (1)° 9/19/2019	6		Name	of Building Owne	er/Operato	or (2)		EGE		V		pro)
Agencies Notified Type Notifi	ication		Street	Address					***************************************			
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	dment #			tate, Zip Code eck, New Jers	sev 076	66						
DOH justific	gency (including cation)		Name	of Contact				Telephone N	lumbe	FIROL	. &	
	ellation			nthony D'Ang			A-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(201) 833			ner meluminos	NAMES
Name of Facility Where Abatement is	Taking Place (3	3)	FAC	CILITY INFORMA	TION	Type of Fac	cility (4)	+1				
Eugene field Admin Building Street Address						× Schoo	l (K-12)					
One Merrison Street						Subch Other	apter 8 (Other than Kate & comme	-12) rcial bu	iildinas	hon	200
City (5)						etc.) Square Fee		# of Floors	Toldi be			103,
Teaneck						30,000		2		Bldg. 63	Age	
County (6) Bergen				Code (7) USE ONLY)		Current Use Administr	(Prior it	being demol	ished)			
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASC	M No.	Name	of Abatemen						
Environmental Design Inc. Street Address			0009	95		Contracting		(0)				
5434 King Avenue, Suite 101						Address Valley Ro	ad Su	ito K				
City, State, Zip Code		SV				State, Zip Cod	100	ite it				
Pennsauken, NJ 08109 Project Manager for Monitoring Firm						ne, New Je	rsey 0	7470				
Jay Murray			Telepho (856)	one No. 616-9516		none No.) 928-5040		License 00874	No.			
Start Date (10)	Schedule	d Cor		Date (11)		of OSHA Mor		00074				
10/14/2019	12/31/2			W	Sky (Contracting	, LLC					
Occupancy Status During Abatement Facility Closed/Vacated During E						Address Valley Roa	ad Sui	to K				
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	Normal Facility	Hours	nent S			tate, Zip Code		10 11				
Scope of Work (Check All That Apply)					Wayı	ne, New Je	rsey 0	7470				
≥3 sf or ≥3 lf	× Re		K:		×	1 _						
≥160 sf or ≥260 lf		enova emolit				Mini-Enclo	sure	vith Negative	Pressi	ıre		
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(13)		(12)			miscellan			SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Service Transport Group, Inc.		Ha	auler ID 1990		(1) [1:5] (1:0)	Te s		stered Landfil terprises, I				
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Date of Notification (1) 09/20/2019	408!	2			ng Owner/ of Jesu			Latter-day	Saint	s	SEP	2	2	019	
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X DOL Amendme			Fairr	nont, W	lest Virg	jinia 26	5555	5-1968							
DOH justification	n)	'9	Name	of Contai	ct				Tel	lephone	e Numl	oer			
Name of Facility Where Abatement is Tak	ing Dlass	(2)	FAC	CILITY IN	FORMAT	ION									
The Church of Jesus Christ of La	ing Place atter-dav	(3) / Sain	ts				Ту	pe of Facility	70%				Set Tree		
Street Address	,		17.				H	School (K- Subchapter	(2) 8 (Oth	er than	K-12)				
47 Bassett Hwy							×	Other (i.e. p	orivate	& comn	nercial	buil	dings	s, hon	ies,
City (5) Dover							Squ	etc.) uare Feet	# 0	f Floors	3	E	lldg.	Age	
County (6)							- 132	,450	2			1000	2+	8	
Morris				Code (7 USE ONL				rrent Use (Pri nurch	or if bei	ng dem	nolishe	d)			
Name of Monitoring Firm Hired by Building TBD) Owner (8)	ASC	M No.				batement Cor Safety LLC	tractor	(9)					
Street Address						Street 22 T		V						S.312 (1) S	
ity, State, Zip Code					City, S	tate,	Zip Code								
roject Manager for Monitoring Firm			Talash					Park, NJ 07	035		- 01				
97.5 			Telepho			Teleph 973-2		No. -0099		Licens 0131	se No. 7				
tart Date (10) 09/30/2019	10/08	/2019		Date (11)			SHA Monitor afety LLC							
ccupancy Status During Abatement (Che						Street									
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of mal Facili	Abater	ment			22 Tr		Lane Zip Code							
Other – Describe:								Park, NJ 07	035						
cope of Work (Check All That Apply)								•							1100
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure					۵	
		s Locat							() () ()		indbic i		Abate	ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole				cription					-		Ту	pe	
TO BE ABATED	nce/ Staff?		stos Conta . thermal:					nount pecify		70		En	Ш		
In Facility (13)	otali?		surfac	ing, VAT	, or			or LF)	1	Remova	Repair	caps	Enclosure		
No. (Will)	Yes	No	N/A		ouiei III	nocenarie	ous)	′			2	levi	air	Encapsulate	sure
Main Level	1.55	X	14/7		Pipe	Insulat	ion		80) LF	X				
Boiler Room		Х				Insulati				LF	X				
											-				
me of Registered Waste Hauler		N1	IDEDIA	/a.a.t.		,									
nited Safety LLC		Н	JDEP W auler ID 036820	No.	of Wast			Name of R Fairless	54 ⁷⁵ 554		dfill				
y, State ncoln Park, NJ					Disposa	al Date		City, State	0.00			-			
mpleted by	Title					gnature		Morrisvil	e, PA	1	Doto				
anco Petkov		ect Ma	nager		-	- A		11.			Date	1/2/	110		

O(1)					State of	f New	Jersey	Livering Did	6			Consumption (m)
			1	NOTIF	CATION OF	ASBES	STOS ABATEM	ENT IID) E	G	EI	\mathbb{W}	E
COURTESY NOTIFIC	MOLTA		()	Pursuai	nt to NJAC 8:6	50 and	12:120)	11-1/-	-			
Date of Notification (1)	SATION	-				_	*					
9/20/2019					Name of E	Building	Owner/Operator	(2)	SEP	24	2019	1
Agencies Notified	T N				U.S. AIR	FORC	E BASE				-010	0
EPA EPA	Type Noti		n		STREET	ADDRE	SS		remain and and	Water Printed	an emperature a	PANELT .
DEP	X Initi				3021 MC	GUIRI	E BLVD	ASB	BESTO	S COI	VTRC	DL
DOL DOL	☐ Ame				City, State				LIUE	ENSIN	IG.	-
□ DOH			y (inclu	ding	Annual Control of Cont		, NJ 08641					
☑ DCA	justifi				Name of C	ontact	,110 00041					
LVA DCA	☐ Canc	ellatio	n		MALCOI					Teleph		
None (F					FACILITY I	NEOR	MATION		9	07-95	2-987	74 (
Name of Facility Where Aba	atement is	Takin	g Plac	e (3)		I OIL	MATION	T				
MAGUIRE AFB								Type of Facility (4)				
Street Address								School (K-12)				
BATTLE AXE BUILDIN	G 1931							☐ Subchapter 8	(Other	than K	-12)	
City (5)								Other (i.e., pri	vate & d	comm	ercial	bui
WRIGHTSTOWN, NJ								Square Feet	#	of Flo	ors B	ldg
County					County Cod	10 (7)	OTATE (15					
BURLINGTON					County Coa	ie (/) (.	STATE USE ONL	Y) Current Use (Prior	if being	demo	lished	(t
Name of Monitoring Firm Hir	ed by Build	ding C)wner (8)	ASCM No.	IN		1				
N/A	- W. 100 M 100 M		(-/	AGOINI NO.	Nam	e of Abatement Co	ontractor (9)				
Street Address						CRE	AM RIDGE EN	VIRONMENTAL IN	C.			
							et Address					
City, State, Zip Code						15 B	LACK FOREST	ROAD				
						The second secon	State, Zip Code					
Project Manager for Monitorin	na Firm	Tale	ephone	No		Hami	ilton, NJ 08691					
	3	1	phone	IVO.		1000	hone No.		Lic	ense l	No	_
Start Date (10)		Sch	odulod	Camari			390-7110		Č	676		
0/1/2019		10/2	2/2019	Comple	etion Date (11)	Name	of OSHA Monitor		100.	370		_
Occupancy Status During Aba	atement (C	hock	00h			MEC						
Facility Closed/Vacated	Durina Ent	ire De	offing of	^ h = t =			Address					
Abatement Performed O	utside of N	orma	l Essili	Abatem	ent		BOX 341					
	atolae of N	Oma	raciiii	y Hours			State, Zip Code					_
cope of Work (Check all that	annly)					CROS	SSWICKS, NJ 0	8515				
≥ 3 sf or ≥ 3 lf	apply)							Full Containmen	nt with N	legativ	o Dro	
≥ 160 sf or ≥ 260 lf					Renovati			☐ Mini-Enclosure		egaliv	e Pie	SSI
					☐ Demolitic	on		Glovebag Proce	dure			
			01					Non-Exempted (*\ & No.	n Erial	ala D	
Location of Ashart			s Loca rmally		-			> = = = = = = = = = = = = = = = = = = =	/ A NOI	i-rnar	DIE Pro	OCE
Location of Asbestos-Cont Material (ACM) TO BE ABA	aining		Solely		Material (AC	of Asbe	estos Containing			temen	1	3
Facility (13)	TED III	Main	tenance	e/Custo	insulation s	IVI) (I.e.	thermal systems	Amount (Specify SF	or &	1 77	-inc	
*** **********************************	-	dia	Staff?		m	iscellan	1eous)	LF)	Removal	Repair	aps	
T & 2ND FLOORS		Yes	No	N/A			/		val	1 #	Encapsulate	
D FLOOR			X		NFVAT			1110 S.F.		-	6	1
200K			X		TRANSITE P	IPE		30 L.F.	X			_
								DU LIAP.	X			
									-			
ne of Registered Western					NJDEP Waste		Cubic Yards of	Name of Posistant	1500			
me of Registered Waste Hau	ıler				Hauler ID No.		Waste	Name of Registered La	andfill		100000000000000000000000000000000000000	
							W1005571500	(
RIZON DISPOSAL SERV				- 1	10416		5 YDS	GROWS				
PRIZON DISPOSAL SERV				- 1			5 YDS	GROWS City State				
me of Registered Waste Hau PRIZON DISPOSAL SERV , State ENTON, NJ	VICES	- 34		- 1			5 YDS Disposal Date	City, State				
PRIZON DISPOSAL SERV	VICES	itle	IDEN]		10416	ignaturi	5 YDS Disposal Date	The second of th	Date			

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

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State of New Jersey

noch	24-1011				TION OF AS	BESTO	S ABATEMEN	T DEG	E		E					
COURTESY NOTIFIC	CATION				1											
Date of Notification (1)					Horoco Consulation		ner/Operator (2)	IIIII SEP	2 4	201	9	11 20				
9/20/2019	- N 06				U.S. AIRFO		ASE	Sing Part				100.78354				
Agencies Notified	Type Notifica	ation			STREET AD			The second secon		emerate i	- tournal	J.,				
□ EPA	_X Initial				3021 MCG			ASBEST		JNTH Duc	OL &					
□ DEP	☐ Amend				City, State, 2	Zip Code		landers a Valuable continues to an a contraction of the contraction of	gers this light of	- Carried Contract	www.delters	Mountain				
□ DOL	Emerge		ncludin	g	JT. BASE N		J 08641	*								
□ DOH	justifica				Name of Cor	ntact			Tele	ephone	e Num	iber				
□ DCA	☐ Cancell	lation			MATT BRI	ESSLER		907-223-5452 CE								
					FACILITY IN	FORMA	NOITA									
Name of Facility Where Ab	atement is T	aking l	Place (3)			20020000000000000000000000000000000000	Type of Facility (4)								
MAGUIRE AFB	5-4-02							School (K-12)								
Street Address								☐ Subchapter 8 (Oth	her tha	an K-12	2)					
TEXAS AVENUE BDLC	3. 3325							Other (i.e., private	& co	nmero	ial bu	ildings				
City (5)								Square Feet	# of	Floors	Bldg	. Age				
WRIGHTSTOWN, NJ																
County					County Code	(7) (ST	ATE USE ONLY	Current Use (Prior if be	eing d	emolis	hed)					
BURLINGTON																
Name of Monitoring Firm H	lired by Buildi	ng Ow	ner (8)		ASCM No.	Name o	of Abatement Con	tractor (9)								
N/A		-200000 - 2000				CREA	M RIDGE ENV	IRONMENTAL INC.								
Street Address							Address									
1						15 BLA	ACK FOREST F	ROAD								
City, State, Zip Code							ate, Zip Code									
						Hamilt	on, NJ 08691									
Project Manager for Monito	ring Firm	Telep	ohone N	No.		Telepho			Lice	nse No	0.					
						609-89	0-7110		006		5.00					
Start Date (10)		Sche	duled (Complet	ion Date (11)	Name o	of OSHA Monitor		1000	70						
9/30/2019		9/30/	2019			MECS										
Occupancy Status During A						Street A	Address					- 100				
Facility Closed/Vacate	d During Enti	ire Per	iod of A	Abatem	ent	P.O. Bo	OX 341									
Abatement Performed	Outside of N	ormal	Facility	Hours			ate, Zip Code									
						The state of the s	WICKS, NJ 08	515								
Scope of Work (Check all the	nat apply)				***			☐ Full Containment v	with No	egative	Pres	SIIFE				
≥ 3 sf or ≥ 3 lf					Renovat	ion		Mini-Enclosure		-3		00.0				
□ ≥ 160 sf or ≥ 260 if					☐ Demoliti			Glovebag Procedu	ire							
								☐ Non-Exempted (*)		-Friah	le Pro	cedur				
		1	s Locat	ion				1			Туре					
Location of Asbestos-C	ontaining	1000	rmally I				stos Containing		1.000	I						
Material (ACM) TO BE A	BATED In	Fig. 300	Solely I	oy e/Custo			thermal systems	Amount (Specify SF or	Re	Z.	Encapsulate	Enclosure				
Facility (13)			Staff?		modiation,	niscelland	y, VAT, or other	LF)	Removal	Repair	psu	losi				
		Yes	No	N/A	1	nsochani	eous)		<u>a</u>	=	ılatı	ure				
BLDG. 3325		1	X		TRANSITE	PIPE		100 L.F.	X		U					
		-						100 201	1							
							***************************************		1							
									-	\vdash						
Name of Registered Waste	Hauler			-	NJDEP Waste		Cubic Yards of	Name of Registered La	ndfill			-				
MODIZON DICROCLE CO					Hauler ID No.		Waste									
HORIZON DISPOSAL S	ERVICES				10416		5 YDS	GROWS								
City, State							Disposal Date	City, State								
TRENTON, NJ							10/3/2019	MORRISVILLE, PA.								
Completed By		Title				Signatur	27-Mart// //	11/1	Date							
DAVID D'ANDREA		PRES	SIDEN'	Г		ACE	vie L.	Ulladien		2019						
ASB-41						10	1		2/20/	WV17		_				

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

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

Check # 25976

Thull	1081		NOTII	ICATIO	State of N N OF ASI It to NJAC	BESTOS	ABATE	MEN	1	C	hec	k #	259	76		
Date of Notification (1) 9/20/2	019		•		of Building	Orto Territo	0.0000	r (2)		(m).	E	G	E	<u> </u>		
Agencies Notified	Type Notification			Street	Address		Austin			IN						
□ EPA	× Initial				. 144.000						1	SFP	24	20	19	
DEP	Amended			City, S	tate, Zip C	Code			200	ted text		<i>-</i>	_			3 beens
X DOL	Amendment #					Tren	ton, NJ	086	318		ACD		20.0	ONIT	301	
DOH DCA	justification)	. roiddii i	9	Name	of Contact	N 29 0000				Tale	enhon				401	X
L BCA	Cancellation			FAC		ında Aı			te						22	
Name of Facility Where	Abatement is Taking	Place	(3)	FAC	CILITY INF	ORMAT	ION	Typ	e of Facility (4	.)						
Residential								П	School (K-12	70						
Street Address									Subchapter	(Othe	er than	1 K-12	2)			
211								×	Other (i.e. pretc.)	ivate 8	com	mercia	al buil	dings,	hom	es,
City (5) Trenton, NJ 0	8618					i		27.0	are Feet	# of	Floor	S	1575	Bldg. A	-	
County (6)	0010			County	0-4-77				500		2			90 +	/-	
Mercer					Code (7) USE ONL	n		Curr	ent Use (Prio	r if beir	ng der	nolish	ed)			
Name of Monitoring Firm	Hired by Building O	wner (8	5)	ASC	M No.		Name	of Ab	atement Cont	ractor	(9)		-3271			
MECS			50				Steve	ens E	Environmer	ntal S	ervic	es, I	nc.			
Street Address							Street		1000			3.0				
PO Box 341							PO B	Box 3	22							
City, State, Zip Code Crosswicks, NJ	08515								Zip Code I, NJ 08501							
Project Manager for Mon				Telepho	one No.		Teleph				Licer	ise No).			
Bill Weisgarber				609 29	98-4070		609 2	259-9	9688		0049					
Start Date (10) 9/30/2019		Schedu		npletion 3/2019	Date (11)		Name MEC		HA Monitor							
Occupancy Status During	Abatement (Check	Only O					Street		22							
N	ated During Entire Pe			nent			PO B		\$500							
Abatement Performe	ed Outside of Norma	I Facilit	y Hours	5			City, St	tate, Z	Zip Code							
							Ches	terfie	eld, NJ 085	15						
Scope of Work (Check Al	I That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Fu	II Containmer	t with	Negat	ive Pr	essur	е		
		ш.	Jemone	1011				Gl	ni-Enclosure ovebag Proce	dure						
								l No	n-Exempted	*) and	Non-	Friable				
Location	of		Locati Normal											Abate Typ		
Asbestos-Containing	Material (ACM)		ed Sole		Asbes	tos Cont	scription aining M	of ateria	I (ACM)	Am	nount				_	
TO BE ABA			todial S		(i.e.	thermal	systems	insul	ation,		ecify		Re	_R	nce	Enc
(13)	,		(12)			other m	cing, VAT niscellane	eous)		SF	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>	٦	late	IГе
Baseme	ent		х			Boiler	r Insula	tion		20) sf		Х			
Baseme	ent		х		Th	ermal l	Pipe Ins	sulat	ion	14	10 If		Х			
														\neg	\dashv	
														\rightarrow	-	
Name of Registered Wast	e Hauler		100000	JDEP W		Cubic '			Name of Re	gistere	ed Lar	ndfill				-
Stevens Environment	tal Services		H	auler ID 18292		of Was	ste 2		Fairless I			respondent				
City, State Allentown, NJ						100000000000000000000000000000000000000	al Date 0/3/2019	9	City, State-	PA						
Completed by		Title					ignature	1	WIOLIISVIIII	, FA		Date			-	
Mahlon E. Stevens		- 18 Miles (1986)	ct Ma	nager		0,		16	1				: 20/2:	019		

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	1		1)/c	10	
	ate of		ation	(1)		
9	/20/1	9	. 1	1	1/1	1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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	SEP	2 4	2019	

U() 2040		(Pursuar	it to NJA	2 8:60 ai	nd 12:12	0)		The second		SEP	2 4	20	119
Date of Notification (1) 9/20/19	8D		Name	of Building	g Owner/	Operato	r (2)		feed	lai,	OLI		20	113
Agencies Notified Type Notification	n			Address	3				-	ASE				ROL
ĭ EPA ☐ Initial									Essona.	- Company of the Comp	LIL.	ENS	HYG	and the second second
DEP Amended Amendment				tate, Zip C										
Amendmer Emergency		_		wood, N		75	45							
DOH justification)		201400000000000000000000000000000000000	of Contact					T-1					
DCA Cancellatio	n			Sundber										
Name of Facility Where Abatement is Taki	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4	1)					
Residential Home	,						П	72 (%) 2 (4)(12)						
Street Address							×	School (K-12 Subchapter to Other (i.e. pr	8 (Othe	er than K-	12) cial bu	ildina:	s. hor	nes.
City (5)							_	etc.)						Witness &
Westwood							200	are Feet O	2	Floors		Bldg. 65+/	~	
County (6)			County	Code (7)				ent Use (Prior	1000	na demoli		03+/		
Bergen			(STATE	USE ONLY	n			sidential Ho		ig demon	sileu)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.				atement Cont		(9)				
Project Manager Street Address						All S	tages	s Abateme	nt					
Street Address						Street		221						
City, State, Zip Code			VI			1 5000		dland Ave.						
								ip Code ook, NJ 07	7663					
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph			000	License	No			
30 3000						201-6				01305	140.			
Start Date (10) 9/23/19			mpletion	Date (11)		Name	of OSI	HA Monitor						
	9/27/19													
Occupancy Status During Abatement (Chec						Street .	Addres	SS						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of A	Abater	nent			0:4. 0	-1. 7							
Other – Describe:	nai i aointy	i iour.				City, Si	ate, Z	ip Code						
Scope of Work (Check All That Apply)													-	
≥3 sf or ≥3 lf	X R	enova	ition			×	E	I Containmen	.4		_			
≥160 sf or ≥260 lf		emoli					Min	l Containmen ni-Enclosure	it with i	vegative	Pressi	ıre		
						Н		vebag Proce n-Exempted (Non Frie	hia Da			
	Is	Locati	on				1401	-Exempled () and	NUII-FIIA	DIE PIO		emen	t
Location of	N	ormal	ly		Dec	scription	of						/pe	
Asbestos-Containing Material (ACM)		d Sole		Asbes	tos Cont	aining Ma	aterial	(ACM)	Am	ount			П	
TO BE ABATED In Facility		odial S		(i.e.	thermal	systems cing, VAT	insula	tion,		ecify or LF)	Rer	R	nca	Enc
(13)		(12)		1//	other m	niscelland	eous)		51 (JI LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								3		ate	9
Kitchen		Х				VAT			155	SF	X			
Basement		Х			1)	VAT			222	2 SF	×			
									150-0000					
N. C.														
Name of Registered Waste Hauler		25.55	JDEP W auler ID	2027	Cubic \ of Was			Name of Re	gistere	ed Landfil	I	-		
All Stages Abatement			036592		4 YD	ıe		Grand Ce	entral	Sanitar	y Lar	ndfill		
City, State					Dispos	al Date		City, State						
Saddle Brook, NJ					TBD			Pen Argy	I, PA					
Completed by Richard Cristofol	Title	ton!			Si	gnature	111	1/1	1	9	ate			
. Monday Onotoloj	Presid	ieill				_//	ly		_	9,	20/19	9		



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

Check # 9564

								-			
Date of Notification (1)	Name of	Building Owner	er/Operator (2)			harm I'm	@ F n	п	77 -	3 -	The same of the sa
10 19 1/12 10 1/11 19 1	Susa	n Chandler						ĺΛ			1
Agencies Notified Type Notification	Street Ad	ddress				1	to a first polynomiae and			111	T
EPA		WWW.1977.191100					FP 2/	201	40	- 11	11
☐ DEP	City Sta	te, Zip Code					EP 2/	-20	19-	- Lan	9
▼ DOL		er Montclair	, NJ 07043				Santa de Santa Maria	ATT (vizylast	an reprove		
X DOH	Name of	Contact				Telephone	Number-U LICENSII	NTR JG	OL ?	ý.	
☐ DCA ☐ Cancellati	on Sus	an Chandlei	ŕ			1	LI TRACONING AND A	-	-	estable represen	asspyrani
		FAC	ILITY INFORM	IATION							
Name of facility where abatement is	taking place (3)					Type of Facility (4					
Susan Chandler	0. (<i>,</i>					School	48 35		- 1/ 4	0)	
						1	pter 8 (Other Private/Comr			2)	
Street Address						Bldgs./H	lomes, etc.				
				T .		Square Feet #	of Floors		Bldg	g. Age	à
City (5)	County (6)			1	ity Code (7) e use only)	Current Use (Pric	or if being de	emol	ished	1)	
Upper Montclair, NJ 07043	Essex			(=.=.	, ,	residential	o,			y	
Name of Monitoring Firm Hired by B	ldg. Owner (8)		ASCM No.	<u> </u>	Name of Abatement	Contractor (9)					
					B & G Restorat	ion, Inc.					
Street Address					Street Address 105 Ryerson R	Road					
City, State, Zip Code					City, State, Zip Code						-
Oity, State, Zip Gode					Lincoln Park,	NJ 07035					
Project Manager for Monitoring Firm		Phone Numb	per		Telephone Number	.0	License Nu		r		
					(973)696-686		0037	8			_
Scheduled Start Date (10)	Sched. Com	pletion Date (1	1)		Name of OSHA Mon B & G Restorat						
09/30/2019	10/03/20	19			Street Address						
Occupancy Status During Abatement	t (Check only on	e)			105 Ryerson R	load					
Facility closed/vacated during	entire period of a	abatement.			City, State, Zip Code						
Abatement performed outside Describe:	of normal facility	nours-		_	Lincoln Park, N	U 1 07035					
Other-Describe:				_]		40 07 000		_		12 2A	
Scope of Work (check all that apply				-	vrap & cut		٦	*******		12D	
	Renovation				ull Containment w/ne	gative pressure	Glovebag				
✗ > <u>3</u> sf or > <u>3</u> lf	≥160 sf or ≥260				flini-enclosure	L	Non-friab				_
Location of	Is location norm		53		E 1 78 10	Amount		8	Re	E n	E
asbestos-containing material to be	staff(12)			tion of a I (ACM)	sbestos-containing	(Specify S	FOR	m	pa	ca	n
abated in facility (13)	Yes N	lo N/A	1	. (,		LF)	1	v e	i	p	L
basement		×	TVAT			360 sf		X			E
2nd floor hallway bathroom		×	linoleum			36 sf		X		\Box_{i}	
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			O bis Vasda a	EVAlenta	IN of Decistors	d 1 and 511			Ш	Ц,	L
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Ha 1956	3	Cubic Yards o	T vvaste	Name of Registere Grand Centra		and the second second				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City, State Lincoln Park, NJ		Disposal	Date 10/04/2019		City, State Pen Argyl, PA					S.	
Completed by (Print or Type)	Title		Signature		Gordana Luna		Date	004	^		
Gordana Luna	Secretary/Tr	reasurer			Jordana Zuna		09/20/	201	9		

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Date of Notification (1). 9/13/2019. Agencies Notified Type Notification	700	7	UB P	of Building assaic I ,		/Operator	(2)	The second secon	L	SEP	2 4	- 20	ЛЭ	A CONTRACTOR	-/
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X EPA X Initial Amended Amendment				ate, Zip Co nwich, Cl		30									
■ DOH Emergency (justification) □ DCA □ Cancellation	inciuain			of Contact k Gillesp	ie				4250	lephone					
Name of Equility Where Abetement is Taking	Disco	(0)	FAC	ILITY INFO	ORMA	TION									
Name of Facility Where Abatement is Taking Cedar Hill Shopping Center	g Place (3)					Туре	e of Facility							
Street Address 525 Cedar Hill Avenue							×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than & comn	K-12) nercia) I buil	dings	, hom	ies,
City (5) Wyckoff, NJ			0	74/8	51		1000	are Feet 00 sf	# 0	f Floors	3		ildg. A	Age	
County (6) Bergen				Code (7) USE ONLY)			Curr	ent Use (Pr ces	ior if be	ing den	nolishe	ed)			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)	ASCI	M No.				atement Co struction,		(9)					
Street Address						Street 63 Le		ess er Stockin	g Path	า					
City, State, Zip Code				-		City, S	tate, Z	Zip Code ark NJ 07	<u> </u>						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 862-2				Licen 0130	se No)6	20			
				Date (11)				HA Monitor struction,	LLC						
	10/05/2019. 10/05/2019. ccupancy Status During Abatement (Check Only One)				Street Address 63 Leather Stocking Path										
Facility Closed/Vacated During Entire Post Abatement Performed Outside of Normal Other – Describe: 9:00PM to 8:00 AM	eriod of all Facility	Abaten y Hours	nent			City, S	tate, Z	ip Code ark NJ 07		1					
Scope of Work (Check All That Apply)					_	LINCO	ште	ark NJ U7	035						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				IX I	Mir	II Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure					9	
		Locati			W.				2 () () ()	4 110111	, , del		Abate	ement pe	t
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Yes No						<u> </u>						-		ate	e.
First Floor Offices					\	/at Tiles			8	00 sf		х		х	
Name of Registered Waste Hauler		1	IDED												
NOTIFE OF REGISTERS WASSE HOUSE		H	JDEP W auler ID	No.	of Wa			G.R.O.		red Lar	ndfill				
en dage e par en en al arcelo en e taren ben er en en anatzen hat ben arcelo en al antiben eta		00	37535		Disposal Date City, State TBD City, State Morrisville, PA 19067										
Nari Construction, LLC City, State Lincoln Park NJ 07035		00	137535		Dispo		1			A 1906	67				

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Date of Notification (1) 09/16/2019	178	1	Name o	of Building Clence	Owner/O	perator	(2)			5	EP 2	4	2019	-
Agencies Notified Type Notification	U)	Street A	Address						ASBE	STOS	CON	TRO	L&
EPA Initial Amended			City St	ate, Zip Cod	do.				-	Machagas programent	LICE	VSIN	G	-
DEP Amended Amendment Emergency				Plainfield		7063				V)				
DOH justification) Cancellation		9	100000000000000000000000000000000000000	f Contact Parker					Te	lephone N	lumher			
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Street Address							×	School (K-1. Subchapter Other (i.e. p etc.)	8 (Oth	er than K & comme	-12) rcial bu	ildings	, hom	es,
City (5) North Plainfield								re Feet	# 0	f Floors	- 1	Bldg.	Age	
County (6) Somerset				Code (7) USE ONLY)			Curre	nt Use (Pric	or if be	ing demol	ished)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	ASCN	M No.		Name of Brinks	of Aba s Tar	tement Con	tractor	(9)				
Street Address PO Box 354						Street /	A STATE OF THE PARTY OF THE PAR	ss rty Avenu	 е					
City, State, Zip Code South Orange, NJ 07079						City, St	ate, Z	ip Code J 07205						
Project Manager for Monitoring Firm Sarah Calandra	3500		Telepho	ne No. 19-2666		Telepho 844-4	one N	o.		License 01316	No.			
Start Date (10)	Schedul	ed Co		Date (11)				A Monitor	====	01010				_
Occupancy Status During Abatement (Chec	k Only O	<u>)</u> -	-14					ighthouse	Solu	utions				
Facility Closed/Vacated During Entire	Period of	Abater	ment			Street A		77						
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hour	s			City, Sta			7070	·				19-71
Scope of Work (Check All That Apply)						Souti	Ola	nge, NJ 0	17078	,				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Min Glo	Containme i-Enclosure vebag Proce n-Exempted	edure				-α	
		Locat							() un		1010110	Abate	ement	
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TO BE ABATED In Facility (13)	100000000000000000000000000000000000000	intena todial (12)	0.000	(i.e. th	nermal s	ystems ng, VAT	insula , or		(5	Specify or LF)	Remova	Repair	Encapsulate	Enclosure
\$ 60	Yes	No	N/A	,		Journa	,000,				val	=	ılate	ure
Basement		Χ			pipe	e wrap)		1:	25LF	х			
										-				
Name of Registered Waste Hauler Newark Carting		H	IJDEP Wa lauler ID I 4509	512-672	Cubic Ya of Waste			Name of R Waste M				II		
City, State East Orange, NJ				[Disposal	421		City, State Penn Arg		PA PA				
Completed by Alison Lamers	Title Office	e Mar	nager		Sig	nature	0	n en		D	ate 9/16/	2010		

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Agencies Notified	Type Notification				Address ARBERF	RY LAN	NE.		II Li	St	P 2 4 2	J13_	-		
∠ EPA DEP ✓ DOL	Initial Amended Amendment				ate, Zip Co		7078			ASBES	TOS COM	ROL	Č¢.		
☑ DOH DCA	Emergency (justification) Cancellation	includino	3	Name o	of Contact ARD A.				Laurence	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ephone Nur 8 400 63				
					ILITY INF	ORMAT	ION			100					
Name of Facility Where A	Abatement is Takin	g Place ((3)					-	of Facility School (K-		***************************************				
Street Address									Subchapte	er 8 (Oth	er than K-12 & commercia		dings	, hom	es,
City (5) NEW PROVIDENC	E								re Feet	1000000	f Floors	Е	3ldg. /	35.0	
County (6) UNION					Code (7) USE ONLY)		Curre	nt Use (Pr		ng demolish	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8)	ASC	M No.				tement Co	ntractor	(9) NMENTAL	LLC	 D.		
Street Address							Street 4919		s GENLIN	IE AVE	 E.				
City, State, Zip Code							5000		p Code W YOR	K N.J. (7093				
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	Service Land).	,	License No).			
Start Date (10)				npletion	Date (11)				IA Monitor		01300			-	
09/13/2019	Ab =4==== 4 (Ob = 1	09/16/				-			ROBE	NC.					
Occupancy Status During Facility Closed/Vaca		188	- 12				Street /		s YWOOE	CT.					
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norm	al Facilit	y Hours	ient		_	City, St	tate, Zi	code LAINFIE						
Scope of Work (Check Al	That Apply)			-						LD 140	-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demolit				×	Min Glo	i-Enclosur vebag Pro	e cedure	Negative P			e	
			Locati										Abate	ement	
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		Yes	No	N/A								_		ate	Ф
EXTERIOR S			Х				SITE SI				00. SF	Х			
BASEME	:NT		X		F	PIPE II	NSULA	TION		12	5, LF	Х			
Name of Registered Wast	e Hauler	1	1 222	JDEP W	70/2003/00/00	Cubic			Name of	Registe	red Landfill				
Newark Carting Inc.			0.535	auler ID 1509	NO.	of Was			Waste	Manag	gement La	ındfil	İ		
City, State 609 N Union Ave, Hil	Iside, NJ 07205			1000		Dispos TBD	al Date		City, Stat 910 Pe		ania Ave,	Pen	Arg	/I, P/	۱.1 _۱
Completed by CARLOS ESQUIVEL		Title SAFE	ETY N	IANAG	ER	S	ignature	May	mnarg	1	Date	е	2019		
				Ween extent			-	-/-	-	7/					

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Date of Notification (1)	1			of Building O		1000 * .11	ME	C C		\\/	E
9/18/2019				PRC Group		n (2)					Annual States
	otification			Address onmouth P	ark Highwa	av		SEP :	2 4	2019	
ĭ DEP ☐ Ar	itial nended		City, S	tate, Zip Code	e						
□ Fr	mendment # mergency (includin			Long Bran	nch, NJ 077	764		1 1707	4-2-3	ONTRO)L&
DOH jus	stification)			of Contact hester Mag	asino (own	er's ren)	Telephon (908) 6			e of the second	any material and the
				ILITY INFOR	· Allen Allen State Control of the C	o. o.op)	(300) 0		-		
Name of Facility Where Abatement Garage Behind Rectory Bu		(3)				Type of Facility	(4)				
Street Address						School (K-	12) r 8 (Other than	n K-12)			
317 Avenue E						Other (i.e. etc.)	private & com	mercial	build	lings, ho	mes,
City (5) Bayonne						Square Feet 1,000	# of Floor	S	BI 69	ldg. Age	
County (6)				Code (7)		Current Use (Pr	ior if being der	nolishe			
Hudson Name of Monitoring Firm Hired by	Duilding Owner (0			USE ONLY)		Comercial					
TBD	Building Owner (8)	ASC	M No.		of Abatement Co Contracting, L					
Street Address						Address Valley Road,	Suite K				
City, State, Zip Code		-11/2			City, S	State, Zip Code			1100		
Project Manager for Monitoring Fir	100		T. 1. 1.			ne, New Jerse					
r roject Manager for Monitoring Fil	111		Telepho	one No.		hone No.) 928-5040	Licer 0087	nse No. 74			
Start Date (10) 10/03/2019	Schedu 12/31/		mpletion	Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of OSHA Monitor Contracting, L					
Occupancy Status During Abatem						Address		19.25			
X Facility Closed/Vacated Durin	ng Entire Period of	Abaten	nent			Valley Road,	Suite K				
Abatement Performed Outsid Other – Describe:	le of Normal Facilit	y Hours	5		100000000000000000000000000000000000000	State, Zip Code ne, New Jerse	v 07470				
Scope of Work (Check All That Ap	ply)		-		vvay	ne, ivew beise	y 07470				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Mini-Enclosur	cedure				
	7.1	s Locati							7.79	Abateme	ent
Location of Asbestos-Containing Material (TO BE ABATED In Facility (13)	(ACM) Use	Normal ed Sole aintenar stodial S (12)	ly by nce/	(i.e. the	Description Containing Mermal systems surfacing, VA ther miscellar	Material (ACM) s insulation, T, or	Amount (Specify SF or LF)		Remova	Type Encapsulate	Enclosure
	Yes	No	N/A						=	ate	· Fe
Roof		×		Roofing N	Membrane	and flashing	1,100 SF	= :	X		
Roof		Х		Par	rapet Wall	Mastic	30 SF		X		
Name of Registered Waste Hauler		I N	JDEP W	laste C	Subic Yards	Name of	Danistandla	- 1611			
Service Transport Group, Inc		Н	auler ID 0990	No. o	f Waste BD		Registered La a Enterprise				
City, State New Castle, Delaware					Disposal Date	City, Stat	e sburg, Ohio				
Completed by Ljiljana Sekularac	Title	e Assi	stant		Signature		obarg, Offic	Date 9/18	/20-	10	
	0.1110	- , 1001	Juli		1	TI		3/10	120	13	

Tay 14705		NOTIF	CATION	tate of Ne V OF ASB to NJAC	ESTC	SABATE		Ţ.	C/	Leck #	生?	549	3		
Date of Notification (1) 9/18/2019	<u> </u>	****		of Building		r/Operator	r (2)		HD).	<u>E</u> (0 [1
Agencies Notified Type Notification			Street A		up										
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DEP Amended Amendment #				ate, Zip Co		NIOZZ	CA			Marine Marine	a company	m pot (met)	OF HET THE		
Emergency (i		, 		Long Bra	ancn	, NJ U//	04			ASBES lephone				OL 8	
DOH justification) Cancellation		- 1		nester M	agsii	no (owne	er's re	ep)		08) 688			or distribute	on the property of	arriche (Char
Name of Facility Where Abatement is Taking	Dlace /	2)	FAC	ILITY INFO	ORMA	TION	-		40						
Convent Building	Place (3)					Гуре	of Facility	(T) (T)						
Street Address							Н	School (K- Subchapte	r 8 (Oth						
310 Avenue E							×	Other (i.e. etc.)	private a	& comme	ercia	I build	dings,	home	es,
City (5) Bayonne							Squa 3,00	are Feet 00	# o	f Floors		188	ldg. A 07	ge	
County (6) Hudson				Code (7) USE ONLY)			ent Use (Pr nercial	ior if bei	ing demo	olishe	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	ЛNo.				atement Co racting, L		(9)					
Street Address						Street	Addre	ess		V					
City, State, Zip Code					111	City, S	state, 2	ey Road, Zip Code							
Project Manager for Monitoring Firm		- 1	T-1			1070		lew Jerse	y 074						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph (973)		10. -5040		License 00874					
	Schedul 12/31/		pletion	Date (11)				HA Monitor acting, L							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pr		W-386				Street 1385		ess ey Road,	Suite	K				<u> Lineatie Co</u>	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	I Facility	Abatem y Hours	ent			City, S	tate, Z	ip Code lew Jerse							
Scope of Work (Check All That Apply)						vvayı	ne, iv	iew Jerse	y 074	70	-				
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	Is	Location	on						<u> </u>	G 1101111			Abate	ment	
Location of		Normall ed Solel				escription					ŀ		Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/		therm sur	ontaining M al systems facing, VA r miscellar	s insul T, or	ation,	(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									2000		te	
See Attached															
Name of Registered Waste Hauler		LN	JDEP W	lasta	Cub	la Vasda	20-11	I Name of	Desire	- 11	1611				
Service Transport Group, Inc.		Ha	auler ID 1990	00.007070	TOP TO A STREET	ic Yards /aste)		Name of Minerva				.C			
City, State New Castle, Delaware					Disp	osal Date		City, Star Wayne		Ohio					
Completed by Ljiljana Sekularac	Title Offic	e Assi	stant			Signature	4	2		_	Date 9/1	e 8/20	19		

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Date of Notification (1) 9/18/2019 Agencies Notified Ype Notification Amended Amended Amended Amended Amended Amended Amended Amended Cancellation Name of Facility Where Abatement is Tak Rectory Building	nt # y (includir y) yn	ng	Name A Name A Name A Name A Name A Name A Name A Name Mr. I	e of Buildi PRC G t Address Monmou State, Zip st Long E	SBESTO AC 8:60 ng Owne roup th Park Code Branch ct Magsir	Highwa	r (2) ay '64 er's rep) Type of Fac				2 umbe	4 20 1 20 1 ONT	19	8
Street Address 317 Avenue E City (5)							Subch Other etc.)	ol (K-12) apter 8 ((i.e. priva	ate & co	mmer	12) cial bu			mes,
Bayonne							Square Fee 11,000		# of Flo	ors		Bldg. 93	Age	
County (6) Hudson			County (STATE	y Code (7) EUSE ONL) .Y)		Current Use	(Prior if	being o	lemolis	shed)		_	
Name of Monitoring Firm Hired by Building TBD	3)	ASCM No. Name of Abatement C Sky Contracting,						ctor (9)						
Street Address						Street	Address					-3-7		
City, State, Zip Code						City, St	Valley Ro	е						
Project Manager for Monitoring Firm			Telepho	one No.		120	ne, New Je	rsey 0		ense N	10.		-	
Start Date (10)	Schedu	led Co	mnletion	Date (11)	\	2000	928-5040			874				
10/03/2019	12/31/	2019	mpiction	Date (11	,		of OSHA Mor Contracting							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe:	Period of	Ahator	ment s				Address Valley Roa ate, Zip Code		te K					
Scope of Work (Check All That Apply)							e, New Je		7470					
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoli				×	Full Contai Mini-Enclo Glovebag I Non-Exem	sure Procedu	re				e	
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See Attached	Yes	No	N/A										ate	Гe
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic '	Yards	Name	of Regis	tered	ndell				
Service Transport Group, Inc.	NJDEP Waste Hauler ID No. 20990 Cubic Yards of Waste TBD				14	or Regis rva Ent			_C					
City, State New Castle, Delaware	ty, State					al Date	City, S	tate						
Disposal Date TBD City, State Waynesburg, Ohio Completed by illjana Sekularac Office Assistant Signature 9/18/2019														

Material	Survey Results	Estimated Quantity
Rectory Building (317 Avenue E - Brick Building)		
12"X12" beige floor tiles and tan floor tiles	ACM	80 SF
New window caulking & Remnants of old window caulking	ACM	1,400 LF
Built-up roofing materials & Roof flashing/mastic	ACM	450 SF
Mastic on chimney/parapet wall under metal cover	ACM	100 SF
Glue behind wooden wall panels	ACM	200 SF
Multi-layered grey and tan floor tiles and glue	ACM	40 SF

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ASBESTUS CONTROL & LIGENSING

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Date of Notification (1) 9/18/2019	nul	704	2	Name The F	of Building	g Owne	r/Operato	r (2)			Annual Services				
Agencies Notified X EPA	Type Notification	1			Address onmouth	n Park	Highwa	ау			SE	P 2	4 2	019	long da
DEP DOL	Amended Amendmen				tate, Zip C Long Bi		, NJ 077	764			ASBES	TOS:	CAN CHA	irioL	<u></u> &
DOH DCA	Emergency justification Cancellation	ř.	g		of Contact hester N		no (owne	er's r	ep)		ephone (Numbe	r	an annumbole	A security trainflation
Name of Facility Where A		-		FAC	ILITY INF	ORMA	TION								
Name of Facility Where A Church Building Street Address	patement is Takii	ng Place	(3)					Туре	of Facility School (K-						
310 Avenue E								×	Subchapte Other (i.e. etc.)	r 8 (Oth private	er than K & comme	(-12) ercial b	uildin	gs, hon	nes,
City (5) Bayonne			0	70	000	2		Squa 17,5	are Feet	# o	f Floors		Bldg	g. Age	
County (6) Hudson					Code (7) USE ONLY)		Curr	ent Use (Pr nercial	ior if bei	ng demo	lished)			
Name of Monitoring Firm H TBD	Hired by Building	Owner (8	5)	ASCI	M No.				atement Co acting, L		(9)				
Street Address							Street 1385		ess ey Road,	Suite	——— К	<u> </u>			
City, State, Zip Code							City, S	state, Z	Zip Code ew Jerse						
Project Manager for Monito	oring Firm			Telepho	one No.		Teleph	none N		,	License	400000000000000000000000000000000000000			
Start Date (10) 10/03/2019		Schedu 12/31/		mpletion	Date (11)		Name	of OS	HA Monitor acting, Ll						
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street								
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire I I Outside of Norn	Period of nal Facilit	Abater y Hour	nent s			City, S	tate, Z	ey Road, ip Code						
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	гпат Арріу)		Renova Demoli				X X	Mir Glo	II Containmoni-Enclosure ovebag Prod n-Exempted	e cedure				ure	
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Location o Asbestos-Containing M			Normal ed Sole				escription					-	1	Type	
TO BE ABAT In Facility (13)	ED	Ma Cus	intena todial 3 (12)	nce/ Staff?		therma surfa	ntaining M al systems acing, VA miscelland	insula T, or		(S	nount pecify or LF)	Removal	Kepail	Encapsulate	Enclosure
See Attach	ed	Yes	No	N/A									-	0	
Name of Registered Waste	Hauler		N	JDEP W	/aste	Cubic	Yards		Name of I	Pagists:	od Lood	311			
Service Transport Gro			Н	auler ID 0990	57/5/3/5/	of Wa			Minerva						
City, State New Castle, Delaware						Dispo TBD	sal Date		City, State Waynes		Ohio				
Completed by _jiljana Sekularac		Title Office	e Assi	stant		5	Signature	1	15			ate 9/18/2	019		
								11		1		ALL INC. SUCCES			

Material	Survey Results	Estimated Quantity
Church Building (310 Avenue E)		-
Pipe insulation & associated joints (Exposed)	ACM	70 LF
Pipe insulation & associated joints (Concealed within wall, ceiling, and floor cavities)	ACM	1,000 LF
Transite board on walls	ACM	150 SF
Sink undercoating	ACM	5 SF
Various floor tiles and floor covering material under floor tiles	ACM	2,700 SF
9"X9" brown floor tiles	ACM	4,800 SF
Radiator backing board	ACM	200 SF
Mastic associated with wooden ceiling panel	ACM	9,000 SF
Mastic on brick wall	ACM	800 SF
Mastic on plaster wall/brick	ACM	800 SF
New & old window caulking	ACM	2,500 LF
New & old door caulking	ACM	275 LF
New & old coping stone caulking	ACM	60 LF
Roof flashing/mastic	ACM	560 SF
Electrical backing board	ACM	2 SF



									In E	C	F	P	iht F
h 2734		NOTIE	ICATION	V OF ASBI	w Jersey ESTOS AB 8:60 and 1	BATE	MENT			SEP	2/		119
Date of Notification (1) 9-17-19	nI				Owner/Ope of NY & I		(2)			GLI	<u> </u>		100
Agencies Notified Type Notification	1		Street A						AS	BESTO LIC		ONT	ROL
□ EPA □ Initial □ Amended X DOL □ Amendment	#	ŀ	7501.501	ate, Zip Co / City, N.					Exponency property and the control of the control o			THE SELECT	
				f Contact		-101-00-0			Telephone 1				
					DRMATION	V		 	201-030-	+001			
Name of Facility Where Abatement is Takin George Washington Bridge Street Address	g Place (3)	-					of Facility (4 School (K-12 Subchanter	*	(-12)			
Center Avenue and Lemoine Ave I	Bridges						×		rivate & comme		ldings,	home	es,
City (5) Ft. Lee			(270	24		The Park Street Commence of th	re Feet	# of Floors	1000	Bldg. A	lge	-1931
County (6) Bergen			County (Code (7) USE ONLY)		_		ent Use (Prio ge Roadw	or if being demo ays	lished)			
Name of Monitoring Firm Hired by Building Port Authority of NY & NJ	Owner (8)		ASCN	No.				atement Cor Developme	ntractor (9) ent Services	Inc			
Street Address 241 Erie St							Addre Linco	ess In Ave Su	ite 204				
City, State, Zip Code Jersey City, NJ 07310								ip Code 10454	***************************************				
Project Manager for Monitoring Firm Uday Mehta		T	Telephoi 201-59	ne No. 95-4881	T	eleph	one N 364-7	0.	License 01620				
Start Date (10) /30/19	Schedul 12/23/		npletion I	Date (11)	N	lame		HA Monitor					
Occupancy Status During Abatement (Chec	k Only O	ne)					Addre						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of an all Facility	Abaten Hours	nent		C	ity, S		780 ip Code d, NY 117	17		9991. Serie		os Antilos
Scope of Work (Check All That Apply)						5,011	.,,,,,,,,	G, 141 11/	11				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Mir	ni-Enclosure ovebag Proc				e	
	100	Locati	57000						1/ 4/10/17/1	.30.0110	Abate	ement pe	
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	Asbest	Descri os Containi			I (ACM)	Amount		T .,		
In Facility (13)	Cus	intenar todial S (12)	Staff?		thermal sys surfacing other misc	stems g, VA	insula T. or	ation,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Roadways	Yes	No	N/A	Conc	crete Enc	ase	d Tra	nsite	1200 LF	X	-		
											-		-
Jame of Registered Waste Hauler		N	JDEP W	'aste	Cubic Yar	rds		Name of F	Registered Land	m			
тс		11/25/02	auler ID W2431	0190708	of Waste 40			110 Sand					
City, State hirley, NY			are to the second		Disposal I 9/26/19	Date	1	City, State Melville,				V	
Completed by	Title	or De-	ioct C	recutive	Sign	ature			10.5	Date 9/17/10			100000