| Un | 487 | 17 | N | | CATION | OF ASB | ESTOS | ABATE | | | The second second second | | , | - | | | Company |
|--|---|---------------------------------|-------------------|-----------------|---|----------------|---|--------------------|-----------------|--|--------------------------|------------------|-----------|-----------|-------------|-------------|-----------|
| Date of Notifica 09/21/2018 | tion (1) | | | T | | Building Board | | | (2) | | 1.3 | | SEP | - | 8 | 201 | 8 |
| Agencies Notifie | ed Type No | otification | | | Street A | | | | | | + | | Pa (Care | | eyerry. | | |
| × EPA | × Ini | tial | | . 1 | 315 N | . Frankli | n ave | | | | | AS | BEST | 08 6,5 | CO. | | OH. 8 |
| × EPA × DEP × DOL | | nended | | T | City, Sta | te, Zip Co | de | | | | | | - | -0. L | dan - A | 114 | |
| X DOL | | nendment # | diaa | - | Nutley | , NJ, 07 | 110 | | | 6. | | | | | | | |
| X DOH X DCA | | nergency (inclu stification) | laing | | 110000000000000000000000000000000000000 | Contact | - | | | | | ephone N | | r | | | |
| X DCA | Ca | incellation | | | Phil Ni | icolette | | | | | 97 | 366151 | 183 | | | | |
| Name of Facility |) A // A // | T DI | /0 | , | FACI | LITY INFO | DRMAT | ION | - | | | | | | | | |
| Name of Facility Nutley High | y Where Abatemer | nt is Taking Pla | ice (3 |) | | | | | Type | of Facility (4 | -) | | | | | | |
| Street Address | 301001 | | | | | | | | | School (K-12 | | or than V | 1121 | | | | |
| 287Franlin a | 31/0 | | | | | | | | | Subchapter line. pr | | | | uildi | ngs, | home | es, |
| | | | | | | | | | _ | etc.) | | | | | | | |
| City (5) Nutley | | | | | | | | | 120 | re Feet | 3 | Floors | | 60 | dg. A ∖⊥ | ge | |
| County (6) | | | | | County (| 20do (7) | | | | ent Use (Prio | | - domo | liabad | | | | |
| Essex | | | | | (STATE U | JSE ONLY) | | | | | | | iisrieu) | | | | |
| | oring Firm Hired by tal Connection | 330 | er (8) | | ASCM | 1 No. | | | of Aba m inc | itement Cont | tractor | (9) | | | | | |
| Street Address | | | | | W | | 100000000000000000000000000000000000000 | | Addre | | | | | | | | |
| 120 North W | | <u> </u> | | | | 20.000.000.000 | | 12.00 | | rick pl. | | | | 71.50 | | | |
| City, State, Zip | | | | | | | | | | ip Code | | | | | | | |
| Trenton, NJ, | | | | | * | | | | | olls, NJ, 0 | 7927 | | | | | | |
| | r for Monitoring Fi | rm | | | Telephor | | | C | none N | | | License | | | | | |
| Ronld C. Joi | nes | | | | | 2-4200 | | | 299-4 | 50.5.5 | | 01081 | | | | | |
| Start Date (10) 10.05.2018 | | | | ed Cor 2018 | npletion t | Date (11) | | | of OSI m inc | HA Monitor | | | | | | | |
| The state of the s | tus During Abatem | | 71.50 | | | | | 32:10393.720 | Addre | | | | | =1.4 | | | |
| | | | 8 | (5) | | | | | | erick pl | | | | | | | |
| Facility Clo | sed/Vacated During t Performed Outside | ng Entire Perio | d of A acility | baten | nent | | | | | ip Code | | | | | | | |
| | escribe: Normal so | | | | | 'am - 3;30 | PΛ | | | olls, NJ, 0 | 7927 | | | | | | |
| Scope of Work (| (Check All That Ap | ply) | | | | | | | | | | | | - I Down | | | - |
| ≥3 sf or ≥3 ≥160 sf or | If | <u> </u> | = '`` | enova emolit | | | | × | Min | II Containme ni-Enclosure ovebag Proce n-Exempted | edure | | | | | 2 | |
| | | | la. | Locat | ion | | | | | | 1 / 4 | | | | | ment | |
| | Location of | | | lormal | \$1000 M | | Do | scription | of | | | | | | Ту | oe | |
| | ontaining Material | (ACM) | | d Sole | | | tos Con | taining N | //ateria | | | mount | i | | | ш | _ |
| TO | O BE ABATED In Facility | | | odial S | 1000000000 | (i.e. | | system cing, VA | | ation, | | pecify or LF) | Zaliova | | Re | Encapsulate | Enclosure |
| | (13) | | | (12) | | | | miscellar | | | Ů. | OI LI) | 3 | | Repair | sul | nsc |
| | | Y | /es | No | N/A | | | | | | | | 1 2 | - | | ate | , e |
| F | Auditorium | | | X | | | Plas | ter cei | ling | | 7 | 000 | x | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | 1 | | | | | | | | - | + | | | |
| | | | | | - | <u> </u> | | | | | | | - | + | | | |
| | | | | | LIDEDIA | | | V 1 | | | | 11 | I CIII | | | | |
| TriStateTrans | ered Waste Haule sfer | r | | 10000 | IJDEP W lauler ID | | of Wa | Yards ste | | Name of R | 8773 | red Land | TIII | | | | |
| City, State | | | | | | | | sal Date | | City, State | | | | | | | |
| Bronx, NY | | | | | | | | 2.2018 | | Waynes | | n, OH | | | | | |
| Completed by | | T | itle | | | | 5 | Signature | 3 | | | 750 | Date | | | | |
| Marcin Owcz | arski | 200 | Pr.Mr | ngr | | | | | and the same | 1-2 | | | 09.2 | 0.2 | 018 | | |

| Ch 1541 | N | OTIF | IDATION | ate of Nev OF ASB to NJAG | ESTOS . | ABATE | MENT | | | E | C | 匠。 | | TA) | nt-For |
|---|--------------------|-------------------------------------|--------------------------------|---------------------------------|--------------|-----------|-------------------|---|--|---------------------------|---|--------------|--------------|-------------|--------------|
| Date of Notification (1) 8/17/18 | | | | f Building Monge | Owner/C | perator | (2) | | 111 | | SEP | _2 | 8 2 | 018 | |
| Agencies Notified Type Notification I EPA DEP Initial Amended | . 4 | | Street A | address | | | | | | ASE | EST 11 | 08 (0.11 | 741) 1741 | TAG | <i>E. E.</i> |
| DOL Amendment Emergency justification) DCA Cancellatior | (including | - | Name o | f Contact Monge | 0/513 | | | 10000000 | T | | • | Lar | | | |
| | | | FACI | LITY INFO | ORMATI | ON | | | | | | | | | |
| Name of Facility Where Abatement is Takir | g Place (3) | | | | | | Туре | of Facility (4 | 1) | | | | | | |
| Street Address | | | | Unez | | | × | School (K-1) Subchapter Other (i.e. p | 8 (Othe | | | | dings, | home | es, |
| City (5) Paterson | | | | | | | | etc.) re Feet 0 | # of | Floors | i | | ldg. A 0+ | ge | |
| County (6) Passaic | | | (STATE | Code (7) USE ONLY) | | | Res | ent Use (Prio sidence | | | olishe | ed) | | | |
| Name of Monitoring Firm Hired by Building S&S Environmental Sciences,Inc. | Owner (8) | | ASCN | / No. | | Nova | a Dev | tement Con relopment | | | | | | | |
| Street Address 98 Sand Park Rd. | | | | | | 189 | | send Stre | et | | | | | | |
| City, State, Zip Code Cedar Grove, NJ 07009 | | | | | | New | Brun | ip Code swick, NJ | 0890 | 1 | | | | | |
| Project Manager for Monitoring Firm Prakash Khaitan | | | The new York County | 57-7188 | | | none N 565-3 | | | Licen: 0128 | | | | | |
| Start Date (10) 9/22/18 | Schedule 9/29/18 | | npletion | Date (11) | | Name | | HA Monitor | | | | | | | |
| Occupancy Status During Abatement (Che | k Only One | 9) | | | | | Addre | ss ith Pl. | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | | | | | | City, S | state, Z | in Fi. ip Code ay, NJ 088 | 854 | - 11 L-12-00 C | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | .,, | | | | | | | \neg |
| ≥3, sf or ≥3 If ≥160 sf or ≥260 If | × R | enova emolit | tion ion | | | × | Glo | II Containme ni-Enclosure ovebag Proc n-Exempted | edure | | | | | 9 | |
| Location of | N | Locati | ly | | Des | scription | | II-Exempted | () and | 1 14011-1 | Habit | | Abate | ement pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai | d Sole ntenar odial S (12) | nce/ | | | | s insula T, or | ation, | (S | nount pecify or LF) | | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | _ | | ite | е |
| Basement | | | X | | Pipe | insula | ition | | | 30lf | | K | | | - |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Nova Development Group,Inc. | | H | IJDEP W lauler ID IJ-807 | | Cubic of Was | | | Name of F | | | ndfill | | | | |
| City, State | | 11 | 0-007 | | 10,50 | al Date | S | City, State | Contraction of the Contraction o | | 4 | | | | |
| New Brunswick, NJ | | | | | Septe | ember | 2018 | | | A | | | | | |
| Completed by Todd Grant | Title President | dent | | | S | ignature | 11 | Land | A | manufacture. | Date 8/1 | e 7/18 | 3 | | |

| MO | h | | | ICATIO | State of New Jers N OF ASBESTOS t to NJAC 8:60 ar | ABATEMENT | | EGI | | V/ | | 131 |
|--|--|---------------------------|--------------------|--------------------|---|---|--------------------|--------------------------|------------|--------|-------------|-----------|
| Date of Notification (1) 09/24/2018 |) | | | Name o | of Building Owner/ | | PM Ten | | (Check | No. | 124 | 4) |
| Agencies Notified | Type Notification | | | | Address McLester St | | | SEP | 2 8 20 |)18 | | |
| □ EPA 図 DEP 図 DOL | □ Initial □ Amendment # □ Emergency (in | | | | ate, Zip Code eth, New Jersey | 07201 | A | SPESTOS | COFT | | 1. | |
| ☑ DOH □ DCA | justification) □ Cancellation | | | | of Contact dan Buljevic | | | ephone Nui 1-595-487 | | | | |
| | | | | FAC | ILITY INFORMAT | ION | | | | | | _ |
| Name of Facility When AQI Drivers Assista | e Abatement is Taking nce Building at APN | g Place (3 Il Termin | 3) nal | | | Type of Facility (4) □ School (K-12) | | | | | | |
| Street Address 5080 McLester St. | | | | | | Subchapter 8 (O Other (i.e. private | | | ngs, hon | nes, e | etc.) | |
| City (5) Elizabeth, New Jers | sey 07207 | | | | | Square Feet 10,000 | # 0 | f Floors | Bld 50- | g. Ag | e | |
| County (6) Union | | | | | Code (7) USE ONLY) | Current Use (Prior if I AF | eing den M Term | nolished) inal Driver | s Assist | ance | e Bld | gt |
| Name of Monitoring Fi T & M Associates | r St. v Jersey 07207 ring Firm Hired by Building Owner tes Park Highway, Suite 2 Code nch, New Jersey 07764 | Owner (8) |) | 0014 | M No. 15 | Name of Abatement C Lilich Corporation | ontractor | (9) | | | | |
| Street Address 40 Monmouth Park | Highway, Suite 2 | | | | | Street Address 606 McBride Ave | | | | | | |
| City, State, Zip Code West Long Branch, N | New Jersey 07764 | | | | | City, State, Zip Code Woodland Park, Ne | w Jersey | / | | | | |
| Project Manager for M Kevin Burns | onitoring Firm | | | Telepho 732-676 | | Telephone No. 973-225-8400 | | License N 01104 | 0. | | | |
| Start Date (10) 09/13/2018 | | Schedul 10/12/2 | | mpletion | Date (11) | Name of OSHA Monitor Iris Environmental L | | ries, LLC | | | | |
| Occupancy Status Dur | ring Abatement (Check | c Only O | ne) | | | Street Address 2333 Route 22 Wes | t | | | | | |
| ☑ Facility Closed/Va☐ Abatement Perfort☐ Other – Describe: | med Outside of Norma | eriod of A al Facility | Abatem Hours | ent | | City, State, Zip Code Union, NJ 07083 | | | | | | |
| Scope of Work (Check | All That Apply) | | | | | | | | | | | |
| □ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf | 7137 | | Renova Demolit | | | ☐ Full Contain ☐ Mini-Enclos ☐ Glove Bag F ☒ Non-Exempt | ure Procedure | / Limited C | ontainm | ent & | Tent | ţ. |
| | | Is | Locat | ion | | | | Amount | _ | bater | nent | |
| Locati | ion of | | Norma | lly | | escription of | | (Specify SF of LF) | | Тур | e | |
| Asbestos-Containin TO BE A | | | ed Sole aintena | | | ntaining Material (ACM) al systems insulation, | | | 7 | | Ē | ш |
| In Fa | cility | Cus | todial (12) | Staff? | sur | facing, VAT, or | | | Remova | Repair | caps | Enclosure |
| (1: | 3) | Yes | No | N/A | othe | r miscellaneous) | | | val | air | Encapsulate | sure |
| Employee Break F | Room & Locker | | Х | | 12x12 tan floo mastic | or tile and associate | d 310 | SF | X | | | |
| Drivers Reception | Window Area | | X | + | | or tile and associate | d 450 | SF | X | | | |
| 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | mastic | | | | | | | |
| Old Bank Office Re | estroom | | X | | 12x12 tan floo mastic | or tile and associate | d 90 | SF | X | | | |
| Hallway along Res | trooms & Utility | | Х | | 12x12 tan floo mastic | or tile and associate | d 72 | SF | X | | | |
| AQI Office | | | Х | | 12x12 brown | | 330 |) SF | Х | | | |
| Main Hallway | | | X | | associated ma 12x12 brown associated ma | floor tile and | 120 |) SF | X | | | |

| Supply Closet | | Х | | 100000000000000000000000000000000000000 | brown floor tile ted mastic | and | 24 SF | Х | |
|---|--------------|--------|-----------------------------|---|----------------------------------|------------------------|------------------|-------------------|---|
| Telephone Closet | | Х | | | prown floor tile a ted mastic | nd | 24 SF | Х | |
| APM Manager's Office | | Х | | | prown floor tile a ted mastic | nd | 135 SF | Х | |
| Driver's Assistance Office | | Х | | | prown floor tile a ted mastic | nd | 530 SF | Х | |
| Throughout building | | | Х | Black co | mposite window si | II | 110 SF | Х | |
| Throughout building | | | Х | Interior | window caulking | | 23 | Х | |
| Throughout building | | | Х | Exterior | window glazing | | 23 | Х | |
| Main Roof Level; | Х | | | Rolled ro | oofing felt | | 2,880 SF | X | |
| Overhang Roof level | X | | | Rolled ro | oofing felt | | 60 SF | Х | |
| Main Roof | Х | | | Flashing | /sealant compound | d-roofing | 400 SF | Х | |
| Overhang Roof level | x | | | Flashing | /sealant compound | d-roofing | 50 SF | Х | |
| Canopy Roof | x | | | Rolled ro | oofing felt | | 1,800 SF | X | |
| Canopy Roof | X | | | Flashing | /sealant compound | d-roofing | 400 SF | Х | |
| Name of Registered Waste Hauler Asbestos Transportation Co/DBA AT | гс | Н | JDEP V auler II 18724 | D No. | Cubic Yards of Waste 60 | | Registered Landf | ill | |
| City, State Yaphank, New York | | | | | Disposal Date 10/12/2018 | City, State Waynesh | ourg, Ohio | | |
| Completed by Adriana Olejarova | Title Pre | esiden | t | | Signature 1 | a ad | reas [| Date 09/24/201 | 8 |

ASB-41 (R-06-08)

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



| | lú. | | | ICATIO | State of New Jers N OF ASBESTOS t to NJAC 8:60 ar | ÁBATEMENT . | [D)- | ECE | | // [| | |
|--|--|-------------------|-------------------------------|--------------------|--|---|--|-----------------------------|-------------|--------|-------------|-----------|
| Date of Notification (1) 09/10/2018 | | | | Name o | of Building Owner/ | | / APM Ter | min als p 2 | Cheok | 110 | 124 | 4)/ |
| Agencies Notified □ EPA □ DEP □ DOL | Type Notification ☐ Initial ☑ Amendment: ☐ Emergency (i | | | 5080 N | Address McLester St ate, Zip Code eth, New Jersey | 07201 | | 150° | CONT | 201 | | ener . |
| ⊠ DOH □ DCA | justification) □ Cancellation | ncidaling | | Name o | of Contact dan Buljevic | 0.20 | | lephone Num 1-595-4874 | | | | |
| Name of Facility When | a Abatamant is Takin | a Place / | 2) | FAC | ILITY INFORMAT | | | | | | | |
| AQI Drivers Assista | nce Building at API | M Termi | nal | | | Type of Facility (4) | | | | | | |
| Street Address 5080 McLester St. | | | | | | ☐ School (K-12) ☐ Subchapter 8 ☑ Other (i.e. priv | (Other than ate & comm | K-12) nercial buildir | gs, hom | nes, e | etc.) | |
| City (5) Elizabeth, New Jers | ey 07207 | | | | | Square Feet 10,000 | # 0 | f Floors | Bldg 50- | g. Ag | е | |
| County (6) Union | | | | | Code (7) USE ONLY) | Current Use (Prior | | nolished) inal Drivers | Assist | ance | Blo | lg |
| Name of Monitoring Fi Brinkerhoff | rm Hired by Building | Owner (8 |) | ASCI | M No. | Name of Abatemen Lilich Corporation | t Contractor | (9) | | | | |
| Street Address 1805 Atlantic Aver | nue | | | | | Street Address 606 McBride Ave | i de la companya de l | | | | | |
| City, State, Zip Code Manasquan, NJ 0 | 8736 | | | | | City, State, Zip Cod Woodland Park, N | | у | | | | |
| Project Manager for M Jason P. Hooper | onitoring Firm | | | Telepho 732-223 | | Telephone No. 973-225-8400 | | License No 01104 | | | | |
| Start Date (10) 09/13/2018 | | Schedu 10/12/2 | | npletion | Date (11) | Name of OSHA Mo Iris Environmenta | | ries, LLC | | | | |
| Occupancy Status Dur | ing Abatement (Chec | k Only O | ne) | | | Street Address | | | | | _ | |
| ☑ Facility Closed/Va☐ Abatement Perfort☐ Other – Describe: | | | | ent | | 2333 Route 22 W City, State, Zip Cod Union, NJ 07083 | 1.7.3 | | | | | |
| Scope of Work (Check | All That Apply) | | | | | | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | | | Renovat Demoliti | | | ☐ Mini-Encl | osure g Procedure | Negative Proceed Limited Co | ntainme | | Tent | |
| | | Is | s Locati | on | | | | Amount (Specify | | paten | | |
| Locati Asbestos-Containin | | | Normal ed Sole | | | escription of | | SF of LF) | | Тур | 9 | |
| TO BE A In Fa (13 | BATED cility | | aintenar stodial S (12) | | (i.e. therm | ntaining Material (ACi al systems insulation, facing, VAT, or miscellaneous) | NI) | | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | 1000 | | te | LU . |
| Employee Break F Rm | Room & Locker | | X | | 12x12 tan floo mastic | r tile and associa | ted 310 |) SF | Χ | | | |
| Drivers Reception | Window Area | | Х | | 12x12 tan floo mastic | r tile and associa | ted 450 |) SF | X | | | |
| Old Bank Office Re | estroom | | Х | | 12x12 tan floo mastic | r tile and associa | ted 90 | SF | X | | | |
| Hallway along Res Rm | trooms & Utility | | Х | | 12x12 tan floo mastic | r tile and associa | ted 72 | SF | Х | | | |
| AQI Office | | | Х | | 12x12 brown f | | 330 |) SF | Χ | | | |
| Main Hallway | | | Х | | 12x12 brown f associated ma | | 120 |) SF | X | | | |

| Supply Closet | | X | | | 2 brown floor tile ated mastic | and | 24 SF | Х | |
|--|--------------|--------|-----------------------------|--|-----------------------------------|-------------|------------------------|------------------|----|
| Telephone Closet | | Х | | | brown floor tile a | ınd | 24 SF | Х | |
| APM Manager's Office | | X | | Control of the Contro | brown floor tile a | ind | 135 SF | Х | |
| Driver's Assistance Office | | X | | 20100000000000000 | brown floor tile a sted mastic | nd | 530 SF | Х | |
| Throughout building | | | X | Black co | omposite window s | ill | 110 SF | X | |
| Throughout building | | | Х | Interior | window caulking | | 23 | X | |
| Throughout building | | | X | Exterior | window glazing | | 23 | X | |
| Main Roof Level; | Х | | | Rolled r | oofing felt | | 2,880 SF | X | |
| Overhang Roof level | Х | | | Rolled r | oofing felt | | 60 SF | Х | |
| Main Roof | Х | | | Flashing | g/sealant compoun | d-roofing | 400 SF | Х | |
| Overhang Roof level | X | | | Flashing | s/sealant compoun | d-roofing | 50 SF | X | |
| Canopy Roof | X | | | Rolled r | oofing felt | | 1,800 SF | Х | |
| Canopy Roof | Х | | | Flashing | s/sealant compoun | d-roofing | 400 SF | X | |
| Name of Registered Waste Hauler Asbestos Transportation Co/DBA A | TC . | Н | JDEP I auler II 18724 | D No. | Cubic Yards of Waste 60 | | Registered Land | | |
| City, State Yaphank, New York | | | 10124 | | Disposal Date 10/12/2018 | City, State | Contract to the second | | |
| Completed by Adriana Olejarova | Title Pre | esiden | t | | Signature | 1 G | | Date 09/10/20 | 18 |

ASB-41 (R-06-08)

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

SEP 28 2018

| | | | ,633,Ut | JU- | | ۲ | age | - 1 | | | | | | |
|---|-----------------------|---------|------------------|-------------------|--------------------|---------------------------------|--------|-----------------|----------|--|-------------------|----------|------------|-----------|
| 09/18/2016 18:55 973253 | 9928 | NOTE | FIGATIO | A TO MAN OF A SE | w erse | COMPA D ABATE |). | | ¥. | D | | • | | O PAGE |
| Dala of Notification (1) | | | | | | | | | | | JUS | -][| 10 | KAIO |
| 03/18/2018 | | | | of Building | | | | 50 | ~~ | | ASBE | STOS | COL | Thr |
| Asencial Notification | | | 2(149) | Address | | _ | | _ <u>QL</u> | <u>~</u> | Danie III | | المراجعة | ado un | \neq |
| DEP Amended | | | CILV. SI | Late, ZIP C | ode | <u> </u> | VE | | | | | 7-1 | / | |
| Emergency | (Including | - | WIL | Devide of Contact | لتحا | Y'C | 083 | 265 | | 10/01 | VER | AD | 777 | WE |
| DOH Juallication) Cancellation | | | TAY | QUIL | MAN |) | | | | Telephórie | | 2.12. | 7 - 4 | 2 200 |
| Name of Feelilly Where Abatement is Takir | p Place (| 3) | FAC | או אדובוו | ORMAI | ЮH | Tion | OLE | They (4 | <u> </u> | 1.1.5 | **** | _ | |
| Bireel Address HIGH | | | | · · · | | | | School | (K-12 | 3 | | | | |
| 4300 PACIFIC LUE | | | | | | | H | Subtr | apleir & | Other than Vate & comm | K-12) erclai h | ul!dina | hon | 100 |
| CITY (5) | | _ | | | | | Squi | etc.) are Fe | | # of Fippis | | Bldg. | | .00. |
| County (8) | | | County | Code (7) | | | ~ | | | | | | | _ |
| Name of Monitoring Firm Hired by Building | | | (STATE | use only | " —— | | | | | neb gnise il | pliened | | | |
| AHERA CONVENTER | Owner (8) |) | ASC | M No. | | Name | of Abi | npari | Cint | racior (9) | | | | · |
| Street Address PO Box 365 | | | | | , | Street | Addre | 56 | 11.0 | | | | | |
| City, Slate, Zlp Code | | - 1 | 1 | | | 208 | | | | | | | | |
| OCEANNILE NO 082 | 31 | | | | | City, S Cilfto | n, N. | ФС0 J-07 | 11 | | | | | |
| | | | Telepho | one No. | .10 221 | Talaph 973-2 | | | | Licens | | | | |
| 30ths smores Sleft Dele (10) OR 120 18 | Schedul | | nollelan | Data (11) | . 1822 | Name . | | | 1110 | 0070 | 4 | | | |
| Occupancy Status During Abelament (Chec | k Only Or | 50 (| 18 | | , | VMC Street | Co. | inc | | | | | • | |
| Facility Closed/Vacated During Entire I Abstement Performed Outside of Norm Oliner - Describe: 3 M - 10 | 200 VOICE - 100 VOICE | | וופלן ז | | 3 | Cily, 5 | | | В — | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| = 160 at or \$360 lt | | svorie) | | | - | | GI | Nepti | Priice | it with Negation dure (*) and Non-F | | | 16 | |
| Location of | 18 | Locat | lon . | | | , | | | | 7 | 1 | Abal | emar. | |
| Assessor-Containing Material (ACM) | Usa Ma | d Sole | ly by | Asbas | tos Cont | edption siding M | elerie | (AO) | , | Amount | - | T ! | pe . | П |
| In Facility (13) | Cus | (12) | Staff7 | 11.8. | ibermal Surface | systems ing, VAT dscollen | T. or | | | (Specify SF or LF) | Remova | Repair | Encapsulak | Enclosure |
| | Yes | No | N/A | 1 | न्यंचा ॥ | ⊪e Aāni ģ Vi | | | | 500 | EM9 | 8 | Sudale | Sure |
| BOILER ZOOM | X | | | BOIL | ES I | 135/3 | TA | ONI | | 565 | + | V | 1 | |
| | | | | | | | | - KILLIN | | - DE | _ | | - | \vdash |
| | - | | - | | | , | | | | | | | | |
| lame of Registered Waste Hauler | 1 | IN | JOEP W | /aste | Gubic' | /ptdo | | The: | | | 1200 | | | |
| lewark Carting, Inc | | H | suler 10 5409 | No. | of Was | | | Marin Marin | lland | glalered Land Hill | afii | | | |
| olly. State | - | 1,4 | | | Dispos | al Dale | | City | Stela | | | | | |
| ompleted by oytek Roszkowski | Title | | | | 91 | gna lure | | - , | | m, PA | Date | | | |
| -1.4% 1/005MOM3KI | Presi | dent | | | A | 2,5 | 2 | S | كمري | | 09 | 18 | ZO | 18 |

| Ch3270 | 8 | | NOT | Pursuant | ON OF AS | 8:60-74an | ABATEMENT d 12:120-7) | 7 | | | Employment | 7)_ | E | C | | \mathbb{V} | |
|---|---------|----------------|---------------|-----------|---|---------------------------|----------------------------------|--------------|--------------------------|----------|------------|----------|----------|--------|-------------|--------------|--|
| Date of Notification (1) | | | | Na | anie of B | uilding O | wher/Operator (| 21) DRPC | RATION | | and the | 3 | | | | 11111 | TO DESCRIPTION |
| 9 / 24 /18 | | | | | reet Addr | 70171 MILLOND MILLOND | | | | | 111 | 111 | - 0 | En | 20 | 704 | 0 |
| Agencies Notified Type Notification | on | | | | | 10 EAST | | 30 | | | 12 | Щ | 0 | ושמ | 28 | 401 | Ø |
| EPA X Initial Not DEP Amended X DOL Cancellat | Notific | | | Ci | ty, State, | Zip Code | EW JERSEY 079 | 36 | | | - | 1 | \SBI | ESTO | 8 00 | NIA | OŁ. 8: |
| X DOH On Hold | | | <u> </u> | | ame of Co | | 1999 | | lephone Nur | nber | Lower | 947 | - | Cultur | Marie Const | 1 | Marie e e |
| DCA EMERGE | NCY | NOTIF | -ICATI | | EVIN REA | | | 86 | 2-776-0496 | | | | | | | | ************************************** |
| Name of Facility Where Abatement is Tak | ing Pl | ace (3 | 3) | FA | CILITY IN | IFORMAT | Type of Facilit | v (A) | | | | | | | | _ | |
| | | | 7/ | | | | School (K | | | | | | | | | | |
| NOVARTIS | | | | | | | Subchapt X Other (ie | ter 8 | Other than I | K-12) | e ho | mac | etc) | | | | |
| Street Address 59 ROUTE 10 -BUILDING 434 | | | | | | | Square Feet 57,000 | | # of Floors 2 | Ji. Diag | 13., ric | | ldg. A | ge | | 1 | |
| City (5) County (| 6) | | | Co | unty Cod | de (7) | Current Use (Pr | rior if | | lished |) | | 50 | | | - | |
| EAST HANOVER MORRIS | | (0 | | (STA | TE USE | | COMMERCIAL | • | | | K: | | | | | _ | |
| Name of Monitoring Firm Hired by Buildin LANGAN | ng Owi | ner (8 |) | | AS | CM No. 99 | Name of Abate PAR ENVIRON | | | | ION | | | | | | |
| Street Address | | | | | | | Street Address | | | 0,0,, | | | | | | 1 | |
| 300 KIMBALL DRIVE City, State, Zip Code | | | | | | | 313 SPOOK RO City, State, Zip | | | | | | | | | 4 | |
| PARSIPPANY, N | IEW JE | | | | | | SUFFERN, NE | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | | Number | | | Telephone Num | nber | | ense N | lumbe | r | | | | 7 | |
| VIJAY PATEL Expected State Date (10) | Sche | | 560-49 | tion Date | (11) | | 845-369-7500 Name of OSHA | Mon | 460 | | | | | + | | 4 | |
| 10 / 5 /18 | | 12 | | | 500000000000000000000000000000000000000 | /18 | QUALITY ENVI | | Cold Control of the Cold | | | | | | | | |
| Occupancy Status During Abatement (Chec | k only | | | Day | | Year | Street Address | | | - | | | | | | - | |
| Facility Closed/Vacated During E Abatement Performed Outside o | ntire P | eriod | of Aba | atement | ccribe: | | 1376 ROUTE 9 | į. | | | | | | | | | |
| X Other - Describe: FRIDAY | | | | | | AM | City, State, Zip | Code | | | | | - | | | - | |
| Scope of Work (Check all that apply) | | | | | | F. II O t - | | | INGERS FA | LLS, N | NEW. | YORK | 1001 | 16 | | | |
| Demolition X | Rend | vatio | n | | | Full Conta Mini-Enclo | inment with Nega | ative | Pressure | | | | | | | | |
| >3SF OR LF | | | | | | Glovebag | Procedure | | | | | | | | | 1 | |
| X >160 SF OR 260 LF Location of | Tio | Locat | tion | | | | le Procedure | 1 | | _ | - | | | _ | | 4 | |
| Asbestos-containing | | mally | | | | tion of As ng Materia | | | Amount | R | Tæ | | | Type | | l | |
| Material (ACM) | | olely | | | | nermal sys | | | (Specify | E | REPAIR | K | IS. | | | | |
| TO BE ABATED in Facility (13) | | taff (1 | todial | | | n, surfacir r miscella | | | SF or LF) | REMOVAL | Ā | ENCAPSUL | ENCLOSUR | | | | |
| | Yes | No | N/A | | | | | | | | | - | ৯ | | | | |
| 1ST FLOOR STAIRWEDLL CORRIDOR | - | | Х | FLOOR | TILE & M | ASTIC | | 2,2 | 00 SF | X | | | | | | | |
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| | + | | - | | | | | - | | \vdash | - | - | - | | | 4 | |
| | | | | | | | | + | | _ | | | + | | | - | |
| - | | | | | | | | | | | | | | | |] | |
| | - | | | | | | | - | | - | - | | - | | | - | |
| | 1 | | | | | | | + | | + | - | - | + | | | + | |
| Name of Registered Waste Hauler | _ | P Wa | 10/10/20/2010 | Cubic Ya | ards of Wa | aste | Name of Registe | | | | | | | | | 1 | |
| NEWARK CARTING, INC. 369 RAYMOND BLVD. | maule | er ID I 913 | NO. | | 3 | | GRAND CENTR | KAL S | SANITARY L | ANDF | ILL | | | | | | |
| City, State | | | | Disposal | | | City, State | 7 | | | | | 1 | , | / | 1 | |
| NEWARK, NEW JERSEY 07105 Completed by (Print or Type) Title | | | - | 10/5-12/3 | 30/18 Signat | ure / | PLAINFELDTE | NWC | SHIP, PA | | 6 | 7/ | 71 | 11 | 0 | + | |
| | | ROF | OPER | ATIONS | J.gridi | 10 | XX | | Date | | | 10 | ~ | 11 | 8 | | |

CK 4769

| | | | | 6 10 | (0) | - 1 | J F W F | П | WII | Ir I | F |
|--|------------|----------------------|-------------|--------------------------|--|--|-------------------------|----------|--------|-------------|-------------------|
| Date of Notification (1) 9/25/18 | | N | | Building Owner/Op ASF | erator (2) | | D) <u> </u> | <u>U</u> | W | | Towns of the last |
| Agencies Notified Type Notification | | St | reet Ado | iress | | | -1 | | | 1 | and the same |
| | | | 26 | 55 R | 22 | WEST | SEP 2 | 8 2 | 2018 | 1 | |
| EPA Initial | | C | ty State | 7 in Code | | The second secon | | | | į | |
| DEP Amended DOL Amendment #_ | l l | | 1) 4 | IN . WOI | - D | 7083 | | | | 100 | |
| ☐ Emergency (inc | luding | N | ame of (| | - | | Telephone Numbe | f (C) | TAC | 1 8 | |
| DOH justification) | | | | UE SANT | =25 | | 908-624 | - 7 | 47 | 0 | |
| □ DCA □ Cancellation | | | | ITY INFORMAT | and the same of th | 3 | 1 700 | | | | |
| Name of Facility Where Abatement is Taking Place | e (3) | | FACIL | III INFORMAT | ION | Type of Facility (4 |) | | | | |
| | (5) | | | | | ☐ School (K-12 |)\ | | | | |
| BASF Street Address | | | | - | | ☐ Subchapter 8 | (Other than K-12) | | | | |
| 0 | | | | | | Other (i.e. pr | ivate & commercial bu | iilding | s, hon | ies, etc | c.) |
| 2655 RT 22 WES | 51 | | | | | Square Feet | # of Floors | Ble | dg. Ag | e | |
| City (5) | | | - | | | 155000 | | | | EA | RS |
| OHISD | | | | | | | if being demolished) | 10 | 0 1 | | - |
| County (6) | | | ounty C | ode (/) SE ONLY) | | | 1 - | - | | | 1 |
| UDION | | | | 49 (9 (9=0=0) | T | STORA | | | | _ | - |
| Name of Monitoring Firm Hired by Building Own | er (8) | | ASCM | No. | Name | of Abatement Contra | actor (9) | | | | |
| EHI | | | | | Bes | t Removal | Inc | | | | - |
| Street Address | | | | | | Address | | | | | |
| 655 WEST SHORE TRALL | | | | | | | ver Street | <u>t</u> | | | _ |
| City, State, Zip Code | | | | | City, S | tate, Zip Code | | | | | |
| SPARTA NJ. 078 | 71 | | | | Hac | kensack, | NJ 07601 | | | | |
| Project Manager for Monitoring Firm | • | T | elephon | e No. | | one No. | License No. | | | | |
| J.P. YON DOEHREN | | | | 51-2041 | 201 | -329-7444 | 00388 | 3 | | | |
| | Scheduled | | | | Name | of OSHA Monitor | 1 00.703 | | | | |
| , | 10/17 | | | | Omo | as Englis | nmonto1 | | | | |
| Occupancy Status During Abatement (Check Only | | 110 | | | Street | ga Enviro Address | IIIIEIIIAI | | | | |
| | | o a compa | | | 280 | Huyler S | treet | | | | |
| ☐ Facility Closed/Vacated During Entire Perio ☐ Abatement Performed Outside of Normal Fa | d of Abate | ement irs | | | | State, Zip Code | 01000 | | | | |
| Other - Describe: 6.00 AM TO | 5100 | PM | | | | No. 100000 | sack, NJ (| 176 | 06 | | |
| Scope of Work (Check All That Apply) | | | | | bou | tii nacken | Back, NO | | 0.0_ | | |
| | | | | | - | T. Il Containne | ent with Negative Press | nre | | | |
| ≥3 sf or ≥3 lf | | enovatio emolitic | | | ı. | Mini-Enclosure | | Suic | | | |
| □ ≥160 sf or ≥260 lf | | cinoniac | <i>n</i> 11 | | | Glovebag Proc | edure | | | | |
| | , | | | | [| ☐ Non-Exempted | (*) and Non-Friable P | rocedi | | | |
| | Is | Locatio | n | | | | | | Abate | ment | |
| Location of | N | Vormally | 7 | D | escription | n of | | | ر- | - | |
| Asbestos-Containing Material (ACM) | | d Solely intenan | | Asbestos Cor | taining N | faterial (ACM) | Amount | | | ᄄ | (FI |
| TO BE ABATED | 1 | todial St | 50.50 | (i.e. thermal sys | VAT, or | lation, surfacing, | (Specify SF or LF) | Remova | Repair | cap | ncle |
| In Facility (13) | | (12) | | other | miscella | | J, | оуа | air | Encapsulate | Enclosure |
| (13) | 1 | | 27/4 | | | | | _ | | te | 6 |
| | Yes | No | N/A | | | | | 1 | - | | |
| WHSE AREAS | | | 0 | THERMAL S | YSTE | MODERNICH M | 135 LF | × | _ | | |
| THOW OUT WHSE AREA | | | V | THERMAN S | STEM | LEITAUZLI | 20 LF | | | X | |
| THIS OUT THIS PARK | | | | (de partire a | 10 | | | | | | |
| | | | | | | | | - | | | |
| (#) **CASCA-91 | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | DEP W | | e Yards | Name of | Registered Landfill | | | | |
| | | Ha | auler ID | 1 | | C7 Mine | was Patan | - m -i | 000 | | TTC |
| Best Removal Inc | | | 1710 |)9 Die- | osal Date | 1 11110 | rva Enteri | 111 | SES | - | LLC |
| City, State | | | | | 17/1 | Q | | T 1 | 100 | | |
| Hackensack, N.J 07601 | Terri | | | 1,0 | | 1 11 CL V 11 | esburg, OF | | 468 | 8 | |
| Completed by | Title | | | | Signatur | | | 91 | 25 | 1. 4 | |
| J. Maiorano | Est | ima | tor | | XI | (Disasu | 3 | - 11 | -3 | 10 | |
| | | | | | () |)- | | 150 av | amete | l anti- | ities |
| ASB-41 (R-06-08) | | | | | V | * Do not use this fo | rm for asbestos licensu | пе ех | ample | activ | ucs. |

ORIGINAL

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

| M. | E | C | E | | \mathbb{V} | E | n |
|----|---|-----|---|---|--------------|---|-------------------|
| | | SEP | 2 | g | 2018 | | The second second |

| Date of Notification (1) | | Nar | | Building Owner/Op | erator (2) | | 14.2 | | | | 1 | 70-1 |
|---|---|-----------------------|---------|--|---------------------------------------|------------------|---------------|--|-----------|--------------|-------------|-----------|
| 8/31/18 | | | | ISF | | | - Inches | ASBESTOS | 3031 | rmo | 0 | |
| Agencies Notified Type Notification | | Stre | et Ado | iress 555 (| 2- 2 | 2 W | E \$ 1 | - Madeaton | | i entre D | L. C | |
| EPA Initial | | | 26 | 555 19 | 4 2 | | To cont | Control of the Contro | p+ 19 * % | | | |
| □ DEP □ Amended . | | City | , State | e, Zip Code | T / | 708 | 2 | | | | | - 1 |
| DOL Amendment #_ | ıding | | | 10N N: | 7 . 6 | ه | 2 | I = 1 1 N 1 | | | | \dashv |
| DOH justification) | ading. | | | Contact | | | | 708-62 | 1 - | 7% | 20 | - 1 |
| □ DCA □ Cancellation | | | | UE SAN | | | | 908-62 | 1 | (4 | , 0 | |
| | (2) | F | ACIL | ITY INFORMAT | | Type of Fa | acility (4) | | | | | \neg |
| Name of Facility Where Abatement is Taking Place | (3) | | | | | | | | | | | 1 |
| BASE | | | | -168 | | ☐ Scho | |) (Other than K-12) | | | | |
| Street Address | 1 | _ | | # # # # # # # # # # # # # # # # # # # | | Othe | r (i.e. pri | vate & commercial bu | ilding | s, hon | nes, et | c.) |
| 2655 Rt 221 | ne2 | (| | | | Square Fe | 500 0000 | # of Floors | | dg. Ag | | \dashv |
| City (5) | | | - | | 13 | | | | " | - | } 7 e | -20 |
| Udion | | | | | | 155 | | if being demolished) | | | | - |
| County (6) | | | | ode (7) SE ONLY) | | | | GE/ OFFI | 02 | | | - 1 |
| 02100 | | | | 0 0 0 | 13: 6 | | | | _ | | | - |
| Name of Monitoring Firm Hired by Building Own | er (8) | 1 | ASCM | I NO. | Name of | Abateme | iii Conua | CiOI ()) | | | | |
| 年 书 1 | | | | | | Rem | oval | Inc | | | | |
| Street Address | | | | | Street Ad | ((* | 201 120000000 | 9200 - 100 PA | | | | |
| 655 WEST SHORE TRA | | | | | | | | ver Street | | | | - |
| City, State, Zip Code | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ite, Zip Co | | | | | | |
| SPARTA, NJ. 078 | 371. | | | | | | ck, | NJ 07601 | | | | |
| Project Manager for Monitoring Firm | | 100 | ephon | | Telephor | ne No. | | License No. | | | | |
| JPVON DOEHREN | | 973 | 3-6 | 51-2041 | 201- | 329- | 7444 | 00388 | 3 | | | |
| | cheduled C | 1 | | te (11) | The second second | | | | | | | |
| 9/17/18 | | 5/17 | 8 | | Omeg | a En | viro | nmental | | | | |
| Occupancy Status During Abatement (Check Only | One) | | | | - | | | | | | | |
| ☐ Facility Closed/Vacated During Entire Period | l of Abaten | nent | | | | | | treet | | | | |
| Abatement Performed Comide of Normal Far Other – Describe: 7.00 by To | cility Hours | SPM | | | | ate, Zip Co | | | | | | |
| Other - Describe: _ 7.00 Act | | | | | Sout | h Had | cken | sack, NJ (| 76 | 06 | | - |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | |
| □ _≥3 sf or ≥3 lf | | novation | | | | Full Co | ontainmen | nt with Negative Press | ure | | | |
| ≥160 sf or ≥260 if | ☐ Der | molition | | | | Mini-E Gloveb | Enclosure | dure | | | | |
| | | | | | | Non-E | xempted | (*) and Non-Friable P | roced | ште | | |
| | Y 7 | | | | | | | | | | ement | |
| | 4.0000000000000000000000000000000000000 | cocation ormally | | _ | | -F | | | | Ty | pe | |
| Location of Asbestos-Containing Material (ACM) | Used | Solely b | | Asbestos Con | escription on taining Ma | terial (AC | CM) | Amount | | | H | _ |
| TO BE ABATED | | ntenance dial Stat | | (i.e. thermal sys | tems insula | ation, surfa | acing, | (Specify | Ren | Re | ncaj | incl |
| In Facility | | (12) | | other | VAT, or miscellane | eous) | | SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| (13) | - | т. Т | | 1 | | , | | | - | | te | C. |
| | Yes | No | N/A | | | - | | | | | | |
| S. E CORNER VACANT STORAGE | | | / | VA | 1 | | | 3600 SF | X | | | |
| S.E CORNER VACANT STORAGE | | | ./ | THERMAL ST | essell | NS-11A | TION | 245 LF | × | | | |
| S.E COLNEIL VACADI STUTEGE | | - | | THE LUAR S | 31011 | | | | | | | |
| | | | | | | | | | - | - | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | EP W | | c Yards | 1 | Name of I | Registered Landfill | | | | |
| | | (0812011) | ler ID | 133434 | 25c | 45 1 | Mino | rva Enteri | ri | 900 | , | T.T.C |
| Best Removal Inc | | 1 | 710 | Disno | osal Date | | City, State | rva Bureri | /11 | محد | 2, | ши |
| City, State | | | | | | .0 | | | ı /. | 468 | 2 2 | |
| Hackensack, NJ 07601 | Title | | | The second secon | Signature | 1 | wayn | esburg, OF | | +00 | ~ | |
| Completed by | 0.00000 | · | | | 1 | M.a. | صره! | ma | 8/3 | 111 | 8 | |
| J. Maiorano | Est: | ımat | or | | $-\Lambda$ | 1 | | | - | - | | |
| ASR-41 (R-06-08) | | | | | U* | Do not us | se this for | m for asbestos licensu | те ехе | empte | d activ | ities. |

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

| VIIII | , | | | | | 111 141 | _ | | | |
|--|---------------------------------------|---|---|---|--|--|------------------|------------------|---------------|-----------|
| Date of Notification (1) | | | uilding Owner/Ope | | • | The second | | ar , ran parena | | |
| 9/25/18 | | TIM | IKE BA | es | | ASBES | 7000 | NAVI. | not | - 6 |
| Agencies Notified Type Notification | | Street Addi | | | | La maria | LICEN | | - | |
| | | | | NEC | 81. | | | | | \dashv |
| ☐ EPA ☐ Initial ☐ Amended . | | City, State, | Zip Code | |)T 0 | 2030 | | | | |
| DOL Amendment #_ | dina | C | AMSTA | 01. | .04. 5 | 2012 | | | | - |
| DOH Emergency (incl. justification) | uang | Name of C | ontact | | | Telephone Numb | | . 7 | | |
| □ DCA □ Cancellation | | | K. FIN | | | 201-438 | -20 | -1 | | - |
| | | FACILI | TY INFORMAT | TON | pe of Facility (4) | | | - | | |
| Name of Facility Where Abatement is Taking Place | e (3) | | | 1.7 | | | | | | |
| FINKE BAC | 25_ | | | | Subchanter 8 (| Other than K-12) | | | | |
| Street Address | | | 80 040 | | Other (i.e. priv | ate & commercial b | uildings | , hom | es, etc. | .) |
| 564 CENTER | 24 | | | | uare Feet | # of Floors | 1 214 | α Δα | 9 | |
| City (5) | | | | 80 | 3 <i>8</i> 00 | 7 | 1 | 94 | 10 | |
| CARLSTADT | | | | | | f being demolished) | | / | | - |
| County (6) | | County Co | | (| urrent use (Prior I | A (| 2 | | | |
| BERGEN | | | | T .: | | | | | | - |
| Name of Monitoring Firm Hired by Building Own | er (8) | ASCM | No. | Name of A | Abatement Contrac | 101 (9) | | | | |
| | | | | | Removal | Inc. | | | | _ |
| Street Address | | | | Street Add | | 0.1 | _ | | | |
| | | | | | | ver Stree | t | | | - |
| City, State, Zip Code | | | | C | e, Zip Code | 07601 | | | | |
| | | | | | nsack, 1 | License No | | | | |
| Project Manager for Monitoring Firm | | Telephone | No. | Telephone | e No. | 10.000 (10.000 | | | | |
| 4 | | | | 201 - 3 | 329-7444 | 1 0038 | 8 | - | | |
| | Scheduled Cor | | | | OSHA Monitor | | | | | |
| 10/8/18 | 10 | 19/17 | 8 | Omega Street Ad | Environ | nmental | | | | |
| Occupancy Status During Abatement (Check Only | y One) | • 8 | | | | | | | | |
| ☐ Facility Closed/Vacated During Entire Period | od of Abateme | nt _ | | | Huyler St e, Zip Code | reet | | | | |
| Abatement Performed Outside of Normal Fa | acility Hours | ofH | | | | N_T | 076 | 06 | | |
| | | | | South | 1 Hackens | sack, NJ | 0.70 | 00 | 7.00 | |
| Scope of Work (Check All That Apply) | | | | | | nt with Negative Pre | 001170 | | | |
| | | | | | | | | | | |
| ≥3 sf or ≥3 lf | Reno | | | | | it with regative ric | SSUIC | | | |
| ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf | | vation olition | | -8 | Mini-Enclosure | dure | | | | |
| | | | | -8 | Mini-Enclosure | | | | ment | _ |
| | □ Demo | olition | | -8 | Mini-Enclosure | dure | | Abate | ement | |
| D ≥160 sf or ≥260 lf | ☐ Demo | cation | I | Description o | Mini-Enclosure Glovebag Proce Non-Exempted | dure | | | | |
| \[\geq \geq 160 \text{ sf or } \geq 260 \text{ lf} \] Location of | Is Loc Norr Used S | cation nally olely by | Ashestos Co | Description o | Mini-Enclosure Glovebag Proce Non-Exempted f terial (ACM) | dure (*) and Non-Friable Amount | Procedi | Abate Ty | ре | E |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Is Loc Non Used So Mainte | cation | Asbestos Co | Description ontaining Matesterns insulate | Mini-Enclosure Glovebag Proce Non-Exempted f terial (ACM) | dure *) and Non-Friable | Procedi | Abate Ty | ре | Enclo |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Is Loc Non Used So Mainte Custodi | cation mally olely by enance/ | Asbestos Co (i.e. thermal sy | Description o | Mini-Enclosure Glovebag Proce Non-Exempted f terial (ACM) tion, surfacing, | dure (*) and Non-Friable Amount (Specify | | Abate | ре | Enclosure |
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| Date of Notification (1) 09 / 2 | 25 / | 18 | | | 200.00 | of Buildin | .5 7 50 | ner/Operator (| (2) | | SEP 2 | 8 2 4 6 | 018 86 | |
| | ype Notifica | | | | | Address | | | | ASS | 507007 | VAN A | 09 | <u>.</u> |
| ⊠ EPA 🛛 | Initial | 4011 | | | | Mantol | okino | Road | Acres | LICTY | | | | |
| 1 (A) | Amended | | | | | State, Zip | | | | | 100 | | 33.50°.16=.) | |
| ☑ DOH □ DCA □ | Amendme Emergene | | luding | | Bri | ck, NJ 08 | 8723 | | | | | | | |
| (NJAC 5:23-8) | justification | | Juding | , | Name | of Contac | ct | | | Telephone N | lumber | | | |
| | Cancellat | ion | | | Pat | rick Bot | tazzi | | | 732-232- | 2358 | | | |
| | | | | | FA | CILITY II | NFOF | RMATION | | | | | | |
| Name of Facility Where Aba | tement is T | aking | Place | (3) | | | | | Type of Faci | ,, | | | | |
| Residence | | | | | | | 277 | | School (F | K-12) ter 8 (Other than h | (12) | | | |
| Street Address | | | | | | | | | Other (i.e | e., private and com | mercial b | uildin | gs, | |
| City (5) | | | | | | | | | homes, e | | | | J | |
| Spring Lake | | | | | | | | | Square Feet | # of Floors | B | ldg. <i>F</i> 65 | \ge | |
| County (6) | | | | | Cour | nty Code (| 7\/STA | TE USE ONLY) | (DAS) | (Prior if being der | nolished) | 00 | | |
| Ocean | | | | | Joour | ity code (| , ,(0,,, | TIL OOL ONLI) | Residen | | nonsneu) | | | |
| Name of Monitoring Firm Hi | red by Build | ding O | wner (| (8) | ASCM | No. | Na | me of Abatem | | | | | | |
| N/A | | | 17745 | | | | 1000 | Guardian Co | | 8.0.40 | | | | |
| Street Address | | | | | | | | eet Address | <u> </u> | | | | | _ |
| | | | | | | | 1 | 889 Route 9 |), Unit 61 | | | | | |
| City, State, Zip Code | | | | | | | Cit | y, State, Zip C | ode | | | | | |
| | | | | | | | Ι Τ | oms River, | New Jersey | 08755 | | | | |
| Project Manager for Monitor | ing Firm | | | Tele | phone | No. | Tel | ephone No. | | License No |). | | | |
| | | | | | | 732-349-9932 00624 | | | | | | | | |
| Start Date (10) | #995555 | | | | | te (11) | 11222 | me of OSHA N | | | | | | |
| 10 /09 / | | | | | / . | 18 | | E.M.S.L. Ana | lytical | | | | | |
| Occupancy Status During A | Property of the property of the | | | 1.01.000 C | | | 0000000 | eet Address | | | | | | |
| □ Facility Closed/Vacated I □ Abatement Performed O | | | | | | cribe | | 056 Stelton | | | | | | |
| Time of Abatement: | | | | | | AM | | y, State, Zip C | | 00054 | | | | |
| Scope of Work (Check all th | at annly) | | | | | | | Piscataway, | New Jersey | 08854 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | at apply) | | □ Re 図 De | novat molitic | | | | ☐ Mini-End | closure g Procedure | Negative Pressure | | | | |
| | | | | Loca | | | | | | | A | paten | nent T | уре |
| Location of | torial (ACN | . | | Norma d Sole | | 0.1 | | Description of | | | R | R | ш | ш |
| Asbestos-Containing Ma TO BE ABATE | | 2 | Ma | intena | ince/ | | | Containing Ma ermal systems | | Amount (Specify | - | Repair | Encapsulate | Enclosure |
| IN Facility (13) | | | Cus | todial (12) | Staff? | | 5 | surfacing, VAT | , or | SF or LF |) <u>\si</u> | - | sula | sure |
| (13) | | | Yes | No | N/A | 1 | Ot | her miscellane | eous) | | | | ite | 1 2000 |
| exterior | | | | | | asbest | os s | iding | | 1200 sf | | П | П | П |
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| | | | | | | 1 | Toward. | | | | | | | |
| Name of Registered Waste Guardian Contracting | | | | | JDEP lauler I 2022: | D No. | 100000000000000000000000000000000000000 | bic Yards of este | Name of R | egistered Landfill | | | | |
| City, State | | | | Mee | | | 100000000000000000000000000000000000000 | posal Date | City, State | | | | | |
| Toms River, New Jers | | | | | | | 1 | 0/11/18 | Tullyto | wn, Pennsylvar | nia | | | |
| Completed By (Print or Type |) | Title | | | | | | Signature | 1 | | Date | a / | 1 | |
| Nicholas Fernicola | | Pr | oject | Man | ager | | | | · | 1 | 1 7 | 1.2 | 5/18 | |

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| Date of Notification (1) 9/25.18 | | U | المسا | | f Building Jandersi | | | 0.0 | | · · |)[| C | E | | \mathbb{W} | E |
| | Type Notification Initial Amended Amendment Emergency | (including | | Mana | ate, Zip Co | | de IJ 08050 | | | | | | | | | C. |
| DOH DCA | justification) Cancellation | | | Gary | 0 | DELAT | ION | | | į. | | 1101715 | U 1., | | 9 | N. G. |
| Name of Facility Where A Gary Jandersit Priva Street Address | |) | FACI | LITY INFO | DRWAT | ION | | Other (i.e. petc.) | | | | | | | 98, | |
| City (5) Manahawkin NJ 08(| 050 | | | | | | | | uare Feet 000+ | #0 | f Floors | | | dg. A 5+ | ge | |
| County (6) Ocean | | Code (7) USE ONLY) | | | | rrent Use (Pri | or if bei | ng demo | olished | 1) | | | | | | |
| Name of Monitoring Firm N/A Street Address | ASCN | / No. | | Perr | e of Abatement Contractor (9) rnaco Inc. | | | | | | | | | | | |
| City, State, Zip Code | | PO Box 329 City, State, Zip Code West Berlin NJ | | | | | | 08091 | | | | | | | | |
| Project Manager for Moni | Telepho | ne No. | | Teleph 856- | | No. 3-9800 | | Licens 0072 | | | | | | | | |
| Start Date (10) 9/26/18 | | Scheduled Completion Date (11) 9/26/18 Name of OSHA Monitor Same | | | | | | | | | | | | | | |
| Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe: | ted During Entire | baten | | *************************************** | | Street City, S | | , Zip Code | | | | | | | | |
| Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | That Apply) | 13.41 | enova | | | | | 1 | Full Containmondini-Enclosure Glovebag Prod Non-Exempted | e cedure | | | | | 9 | |
| | | 1 | Locat lorma | | | | | | | | | | | Abate Ty | ment pe | |
| Location Asbestos-Containing i TO BE ABA In Facilit (13) | Material (ACM) TED | Use Ma Cust | d Sole intena | ely by nce/ Staff? | | tos Con thermal surfa | scription taining M I systems cing, VA miscellar | Mate s ins T, o | r | (5 | mount Specify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| Floor Ti | le | Yes | NO | N/A X | | F | loor Til | e | | 10 | 00 SF | + | x | | _ | |
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| | | | | - | | | · | | | | | - | _ | | | |
| Name of Registered Wasi United Roll Off | te Hauler | | F | J JDEP W lauler ID 2459 | | Cubic of Wa 1 | Yards ste | | Name of G.R.O. | W.S. | ered Lan | dfill | | | | |
| City, State Elm NJ | * | | | | | Dispo 9/26/ | sal Date 118 | | City, State Morrisv | | A 1906 | 67 | | | | |
| Completed by Anthony T Perna President Signature Fresident | | | | | | | | | Date 9/25/18 | | | | | | | |

Print Form

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| Date of Notification (1) 09/24/2018 | | | | | f Building asa Don | | | r (2) |) | | | | versag cesta. | | | | |
|---|---|--------------------------------|------------------------|--|-------------------------|-----------------------------|---|--------|--|---------------|-------------------------------|-----------------|---------------|--------|-------------|---------------|--|
| Agencies Notified | Type Notification | | - | Street A | ddress | | | 11 | | - | A | SPE | <u> </u> | 300 | NATES | 771 | |
| EPA DEP DOL | Initial Amended Amendment Emergency | (including | _ | Newa | ate, Zip Co rk,NJ,07 | | | | 4 | L. | | directly . | | | • • | ** | |
| DOH DCA | justification) Cancellation | | | | f Contact Pagan | | | | | Te | lephone | Num | ber | | | | |
| | | | | FAC | LITY INFO | ORMAT | ION | | | | | | 2000 | | | | |
| Name of Facility Where A Private House | Abatement is Takir | ig Place (3) | 7. 101 (1999) | | | | | T | ype of Facility (4 School (K-1) | 1 6 17 | | | | | | | |
| Street Address | | | | | | | | × | Subchapter Other (i.e. pretc.) | 8 (Oth | er than & comn | K-12) nercia | l build | dings, | home | es, | |
| City (5) Newark | | | | | | | | | quare Feet I/A | | # of Floors Bldg. Age N/A N/A | | | | | | |
| County (6) Essex | | | | | Code (7) USE ONLY | | Current Use (Prior if being demolished) PRIVATE HOUSE | | | | | | | | | | |
| Name of Monitoring Firm N/A | ASCN | / No. | | | | Abatement Cont ABATEMENT | | | | | | | | | | | |
| Street Address | | | | | | | Street 89 F | | dress ANKLIN STR | EET | ET | | | | | | |
| City, State, Zip Code | | | | | | | | | e, Zip Code SON,NJ,075 | 24 | | | | | | | |
| Project Manager for Mon | Telepho | ne No. | | Teleph 973- | | e No. 3-5144 | | Licen: | se No | | | | | | | | |
| Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/26/2018 09/27/2018 EHW ABATEMENT | | | | | | | | LLC | | | | | | | | | |
| Occupancy Status During | Abatement (Ched | k Only One |) | | | | Street | | | | | | | | | | |
| Facility Closed/Vaca Abatement Perform Other – Describe: | ated During Entire ed Outside of Norr OCCUOIE | Period of Ab nal Facility F | aten | ment 89 FRANKLIN STRE City, State, Zip Code PATERSON,NJ,0752 | | | | | | | | | | | | | |
| Scope of Work (Check Al | Il That Apply) | | | | | | | | | | | | | | - | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | | | nova | | | | × | | Full Containme Mini-Enclosure Glovebag Proce Non-Exempted | edure | 5. | | | | 9 | | |
| | | ls L | ocat | ion | | | | | | . / | | | | Abate | ment | | |
| Location | | No Used | rmal Sole | | | | scription | | | | | - | | Ту | pe | $\overline{}$ | |
| Asbestos-Containing TO BE ABA In Facili (13) | TED | Main Custo | tena dial S (12) | nce/ Staff? | | therma surfa | taining M systems cing, VA niscellan | s ins | or | (| Amount Specify F or LF) | | Removal | Repair | Encapsulate | Enclosure | |
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| Name of Registered Was | | | 176.5 | IJDEP W | CXC - CC | | Yards | - | Name of R | egiste | ered Lar | ndfill | | | | _ | |
| EHW ABATEMENT I | LLC | | 0 | lauler ID 037095 | No. | of Wa TBD | ste | | TRI STA | TE | TRANS | SFEF | 3 | | | | |
| City, State PATERSON,NJ,0752 | 24 | | | | | Dispo TBD | sal Date | , | City, State Bronx N | Υ | | | | | | | |
| Completed by Victor espíritu Title Project manager | | | | | | .5 | Signature | 1 | w | 1 | | Date 09/ | | 2018 | | | |

| 2h475 | other contracts | YOTH (P | ICATION Upper | ote of he OF ASB to NJAC | w Jerse ESTDS 8:60 an | y ABATE d 12:120 | MENT D) | г | J. C | | SE | P 2 | 8 8 | 2016 | } | | |
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| Date of Notification (1) 09/24/2018 | | | Name of La Ca | f Building sa Don | Owner/0 Pedro | Operator | (2) | | | 1 | | | | | | | |
| Agencies Notified Type Notification | 1 | | Street A | ddress | | | | | L | AS | BES. | ies; | (36.30 (36.30 | 11-34 | N. 22- | | |
| X EPA Initial Amended Amendmer | | | City, Sta Newa | ite, Zip Co rk,NJ,07 | ode 7107 | | | | | | | | | | | | |
| ■ DOH □ DCA □ DCA □ Emergency justification Cancellation |) | | | f Contact Pagan | ******* | | | | Telephone Number | | | | | | | | |
| Name of Facility 1850 and Aboth marking Tall | 51 /6 | | FACI | LITY INFO | ORMAT | ION | | | | | | | 22.0 H = 0 | | | | |
| Name of Facility Where Abatement is Taki Private House | ng Place (3 | 5) | | | | | Тур | e of Facility (4 | 00 | | | | | | | | |
| Street Address | | | * 0 | | | | × | School (K-12 Subchapter 8 Other (i.e. pri etc.) | (Oth | | | | dings, | home | es, | | |
| City (5) Irvington | | | | | | | Squ N/A | are Feet | # o | f Floors A | 3 | Bldg. Age N/A | | | | | |
| County (6) Essex | | | County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished PRIVATE HOUSE | | | | | | | | | ned) | | | | | |
| Name of Monitoring Firm Hired by Building N/A | itoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9 EHW ABATEMENT LLC | | | | | | | | | actor (9) LLC | | | | | | | |
| Street Address | | | | | Street 89 F | | ess IKLIN STRI | REET | | | | | | | | | |
| City, State, Zip Code | | | City, State, Zip Code PATERSON,NJ,07524 | | | | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | Telephor | ne No. | | Teleph 973- | | No. -5144 | | Licen 012 | se No 74 | | | (4 | | | | |
| Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/26/2018 09/27/2018 EHW ABATEMENT LLC | | | | | | | | | LLC | | | | | | | | |
| Occupancy Status During Abatement (Che | ck Only On | ie) | | | | Street | | ess IKLIN STRE | ССТ | | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: OCCUOIE | Period of A mal Facility | Abaten Hours | ement | | | | | | | | | | | | \dashv | | |
| Scope of Work (Check All That Apply) | | | | | | 1 All | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | Renova Demolif | | | | × | M | ull Containmer ini-Enclosure lovebag Proce on-Exempted | dure | | | | | 9 | | | |
| | 0.00 | Locati | 100 | | | | | J. Z.Komptou | () () () | 4 110111 | TIGOR | | Abate | ment pe | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | d Sole intena todial 3 (12) | ely by nce/ | Asbes (i.e. | tos Cont thermal surfa | scription taining N systems cing, VA niscellan | fateria s insu T, or | | (8 | mount Specify or LF) | 11 | Remova | Repair | Encapsulate | Enclosure | | |
| | Yes | No | N/A | | | | | | | | | <u>a</u> | | ate | Ге | | |
| BASEMENT | | X | | F | PIPE II | NSULA | TIOI | N | 2 | OLF | | | Х | | | | |
| | | | | | | · | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | IJDEP Wa | | Cubic of Wa | Yards | | Name of Re | | | | | | | | | |
| EHW ABATEMENT LLC | | | 037095 | | TBD | 5450 | | TRI STA | TET | RANS | SFER | ₹ | | | | | |
| City, State PATERSON,NJ,07524 | | | | | TBD | sal Date | , | City, State Bronx N | Y . | | | | | | | | |
| Completed by Victor espíritu | Title Proje | ect ma | anager | <u> </u> | S | ignature | ex | w M | 1 | | Date 09 | | 2018 | | | | |

Wrintsorm

| | | Contraction | ~ I | п г | many . | | | | | | - | | Pri | nt Fo | |
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| Ch 2068 | ı | L(Pi | CATION | ate of New Jo TOR ASBEST to WJAG 8:60 | os ABATE | 0) | Т | | E (| C E | | | | The second second | |
| Date of Notification (1) 9/24/2018 | | Eastern Hospitality Advisors | | | | | | | | | | | 8 | | |
| Agencies Notified Type Notification X EPA Initial | | | Street A 482 D | ddress elaware Av | | | ASBE | STOS | | | OL. 8 | <u>. </u> | | | |
| DEP Amended Amendment # | | | | ate, Zip Code o, NY 1420 | 2 | la norman e planementalement. Endebrindersudelfer sein mehr mitten gen eine eine eine eine eine | | | | | | | | | |
| Emergency (ir justification) DCA Emergency (ir justification) Cancellation | nciuaing | | | f Contact Vheeler | | Telephone Number 716-362-1230 | | | | | | | | | |
| Name of Facility Where Abatement is Taking | Place (3 | 3) | FACI | LITY INFORM | MATION | Tvp | e of Facility | (4) | | | | | | | |
| Former Bally's Fitness | | | | | | | School (K- | 12) | | | | | | | |
| Street Address 350 Route 46 | | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.) | | | | | | | | es, | | | | | |
| City (5) Wayne | | | | | | 9220 | are Feet 000 | # 0 | f Floors 2 | | | dg. A 40 | ge | | |
| County (6) Passaic | | | County (| Code (7) USE ONLY) _ | | Ab | rent Use (Pr andoned | | Alle Tilescole - Alle | olished | d) | | | | |
| Name of Monitoring Firm Hired by Building On N/A | | oatement Co i Environn | | | es, li | nc | | | | | | | | | |
| Street Address Street Address 135 Kinnelon Road Suite 102 | | | | | | | | | | | | | | | |
| City, State, Zip Code | | | 5 | | | | | | | | | | | | |
| Project Manager for Monitoring Firm | T | Telepho | ne No. | Telepi 908- | | No. -0880 | | Licens 0122 | | | | | | | |
| | | | | | | | | | Servic | es. Ir | nc. | | | | |
| Occupancy Status During Abatement (Check | Only On | ne) | | | Street | Street Address 135 Kinnelon Road Suite 102 | | | | | | | | | |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: | | | | | City, S | State, | Zip Code , NJ 0740 | | 102 | | | 1909-100 | | | |
| Scope of Work (Check All That Apply) | | | | | KIIII | eion | , 143 0740 | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Renovat Demoliti | | | 3 | N G | ull Containm lini-Enclosur llovebag Pro lon-Exempte | e cedure | ************************************** | | | | | | |
| | Is | Location | on | | | <u> </u> | ion-Exemple | u () an | u Non-r | Паріе | | Abate | ment | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | Normall d Solel intenan todial S (12) | y by ice/ | (i.e. the | Description Containing M rmal system surfacing, VA ner miscellar | Materi s insu AT, or | ulation, | (5 | mount Specify or LF) | | Removal | Ty | Encapsulate | Enclosure | |
| | Yes | No | N/A | | | | | | | | 프 | 25 | ate | ē | |
| Roof | | | Х | | Flashin | | | 82 | 24 LF | | Х | | | | |
| Boiler Room | | | X | | Mod Fittir | ngs | | 2 | 0 LF | + | X | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Yannuzzi Group, Inc. | | Ha | JDEP Wauler ID 17467 | No. of | ubic Yards Waste | | Name of Grows/ | | | dfill | | | | | |
| City, State Kinnelon, NJ | | | | | isposal Date 0/15/2018 | | City, Star | | , PA | | | | | | |
| Completed by John Mucha | Designer | Signature | 15/2018 Fairless Hills, PA Signature Date 9/24/2018 | | | | | | | | | | | | |

NOTIFICATION OF DEMOLITION AND RENOVATION

| Operator Project # | Postmark | | Date Received | | Notification # | | | | | | | |
|---|---------------------------------|-------------|----------------|------------------|-----------------|-------------|--|--|--|--|--|--|
| I. Type of Notification (O=Original F | Revised C=Canceled) | | | | | | | | | | | |
| II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) Commercial | | | | | | | | | | | | |
| owner name: Eastern Hospit | OWNER NAME: Eastern Hospitality | | | | | | | | | | | |
| Address: 482 Delaware Avenue | | | | | | | | | | | | |
| city: Buffalo | | State: N | Υ | Zip: 14202 | | | | | | | | |
| Contact: Tom Wheeler | | | | Tel: 716-36 | 2-1230 | | | | | | | |
| REMOVAL CONTRACTOR: Yannuzzi Environmental Services, Inc. | | | | | | | | | | | | |
| Address: 135 Kinnelon Road Suite 102 | | | | | | | | | | | | |
| city: Kinnelon | | State: NJ | | Zip: 07405 | | | | | | | | |
| Contact: John Mucha | | | | Tel: 908-218 | -0880 | | | | | | | |
| OTHER OPERATOR: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| City: State: Zip: | | | | | | | | | | | | |
| Contact: Tel: | | | | | | | | | | | | |
| III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) | | | | | | | | | | | | |
| IV. IS ASBESTOS PRESENT? (Yes/No) YES | | | | | | | | | | | | |
| V. FACILITY DESCRIPTION (Include building name, number and floor or room number) | | | | | | | | | | | | |
| Bldg. Name: Former Bally's Fitr | ness | | | | | | | | | | | |
| Address: 350 Route 46 | | | | | | | | | | | | |
| city: Wayne | | State: NJ | | County: Pass | saic | | | | | | | |
| Site Location: Roof & Boiler Roo | om | | | | | | | | | | | |
| Building Size: 40,000 SF | | # of Floor | s: 2 | Age in Years: | ge in Years: 40 | | | | | | | |
| Present Use: Abandoned | | Prior Use: | Gym & Fitnes | ss Center | | | | | | | | |
| VI. PROCEDURE, INCLUDING ANAI | LYTICAL METHOD, IF A | PPROPRIAT | E, USED TO DET | ECT THE PRESI | ENCE OF ASBESTO | S MATERIAL: | | | | | | |
| PLM NOB TEM | | | | | | | | | | | | |
| VIII A DDD OVINA TO A MOUNT OF A | 2550700 | T | | riable | | | | | | | | |
| VII. APPROXIMATE AMOUNT OF AS INCLUDING: | 90000 | ACM | Mater | estos ial Not | | ate Unit of | | | | | | |
| Regulated ACM to be Ren | To | Be noved | To Be R | emoved | Measure | ement Below | | | | | | |
| Category I ACM Not Remo Category II ACM Not Rem | oved | loved | Category I | Category II | | UNIT | | | | | | |
| | - | SI | X | | 30 | | | | | | | |
| Pipes | | Flashing | | X | LnFt: 20 | Ln M: | | | | | | |
| Surface Area | 110011 | lastility | | | SqFt: 824 Sq M: | | | | | | | |
| VIII SCHEDULED DATES ASSESTOS REMOVAL (MM/DD/XX) Start: 10/20/2018 Complete: 2/28/2019 | | | | | | | | | | | | |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/20/2018 Complete: 2/28/2019 IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/20/2018 Complete: 2/28/2019 | | | | | | | | | | | | |
| IA. SCHEDULED DATES DEMO/REI | NOVATION (MM/DD/YY) | Start: 10/2 | 0/2010 | | Complete: 2/ | 2012019 | | | | | | |

| X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVAT | TON WORK, | AND METHOD(S | S) TO BE USED: | n <u>ecel</u> wen | | | | | | | |
|---|-------------|------------------------|-------------------|---|--|--|--|--|--|--|--|
| Wet Mechanical Demolition with Hydraulic Excavator | | | | | | | | | | | |
| XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS ATOTHE DEMOLITION OR RENOVATION SITE: | | | | | | | | | | | |
| All Asbestos will be removed & disposed of by NJDOL Licesnsed Asbestos Handlers Prior to Demolition | | | | | | | | | | | |
| XII. WASTE TRANSPORTER #1 | | | | | | | | | | | |
| Name: Yannuzzi Group Inc | | | | | | | | | | | |
| Address: 135 Kinnelon Road Suite 102 | | | | | | | | | | | |
| City: Kinnelon | State: N | J | Zip: 07405 | | | | | | | | |
| Contact Person: John Mucha | 0.71 | | Tel: 9028-218-0 | 0880 | | | | | | | |
| WASTE TRANSPORTER #2 N/A | | | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| City: | State: | | Zip: | | | | | | | | |
| Contact Person: | | | Tel: | | | | | | | | |
| XIII. WASTE DISPOSAL SITE | | | | | | | | | | | |
| Name: Grows/Fairless Landfill of Waste Management | | | | | | | | | | | |
| Address: 4209 Lincoln Hwy | | | | | | | | | | | |
| City: Fairless Hills | State: PA | | Zip: 19030 | | | | | | | | |
| Tel: 215-244-9514 | | | | | | | | | | | |
| XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN | CY, PLEASE | E IDENTIFY THE | AGENCY BELOW | f: | | | | | | | |
| Name: N/A | | Title: | | | | | | | | | |
| Authority: | | | | | | | | | | | |
| Date of Order (MM/DD/YY): | | Date Ordered t | o Begin (MM/DD/\ | YY): | | | | | | | |
| XV. FOR EMERGENCY RENOVATIONS: | | | | | | | | | | | |
| Date and Hour of Emergency (MM/DD/YY): | | | | | | | | | | | |
| Description of the sudden unexpected event: | | tenelimika-sete ermon. | | | | | | | | | |
| Explanation of how the event caused unsafe conditions or | would cause | equipment dan | nage or an unreas | onable financial burden: | | | | | | | |
| XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED II NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE With AMERICA WATER, Regulated | | | | | | | | | | | |
| XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROSITE DURING THE DEMOLITION OR RENOVATION, AND EXPERSON WILL BE AVAILABLE FOR INSPECTION DURING | /IDENCE TH | AT THE REQUIR | RED TRAINING HA | RT 61, SUBPART M) WILL BE ON- AS BEEN ACCOMPLISHED BY THIS | | | | | | | |
| NV M | .l. | | | 9/24/2018 | | | | | | | |
| (Signature of Owner/Operator) | 4 | | - | (Date) | | | | | | | |
| XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORF | RECT: | | | | | | | | | | |
| ~ M | Λ | | | 0/04/0049 | | | | | | | |
| | ha | | Ş | 9/24/2018 | | | | | | | |
| (Signature of Owner/Operator) | | | | (Date) | | | | | | | |