CX 2571

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

Date of Notification (1) 04/11/13 CK#:2571 \$200	1	Name of Building Owner/Operator (2) Gannet Fleming Project Development Corp. 3 APR 19 APR 19														
Agencies Notified Type Notification	18	Street Address One Cragwood Road, Suite 205														
EPA DEP Amended Amendment: Emergency (i		- :	City, State, Zip Code South Plainfield, New Jersey										2	S 5		
DOH justification) DCA Cancellation	noidanig	Name of Contact Telephone Number Greg Maron FACILITY INFORMATION										-	_			
Name of Facility Where Abatement is Taking	Place (3)	10	FACI	LITY INFO	ORMATI	ON	Tuno of	Casility (4)								
Ingredion Incorporated							Facility (4)									
Street Address 10 Finderne Avenue								hool (K-12 bchapter 8 her (i.e. pri	(Oth				lings,	home	es,	
City (5) Bridgewater, New Jersey 08807								etc.) Square Feet # of Floors Bldg. Age 25,000 2 55+					ge			
County (6) Somerset				Code (7) JSE ONLY)			Use (Prior acturing			olishe	d)				
Name of Monitoring Firm Hired by Building C J&S Environmental Labs	Owner (8)							te of Abatement Contractor (9)								
Street Address 2333 Route 22 West	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					74500 pp (37 %)	et Address 5 McBride Avenue									
City, State, Zip Code Union, New Jersey 07083			City, S					, State, Zip Code podland Park, New Jersey								
Project Manager for Monitoring Firm Sherril	- 1	Telephone No. Tele				Riephone No. License No. 73-225-8400 01104										
Start Date (10) 04/22/13						ne of OSHA Monitor S Environmental Labs										
Occupancy Status During Abatement (Checi					Address				-	-						
Facility Closed/Vacated During Entire F	ment					3 Route 22 West										
Abatement Performed Outside of Norm Other – Describe: 4 PM Start	ours						State, Zip Code on, New Jersey 07083									
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	novat noliti			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	Is Lo	catio	on							Abatement						
Location of		mally		w is		scription							Туре			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used S Mainte Custodia (1			ce/		thermal surfa				Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
Chemical Storage Room	Yes	No	IVA	Ce	eiling T	ransite	Panel	s	3,2	00 SF		х .				
Name of Registered Waste Hauler		N.	JDEP W	aste /	Cubic	Yards		Name of R	egiste	red Land	dfill					
Lilich Corporation			Hauler ID No. of Waste 5			ste	G.R.O.W,S Landfill						950			
City, State Woodland Park, New Jersey 07424			Disposal Date 04/29/13				ate City, State Morrisville, Pennsylvania									
Completed by Title Vice Pre				sident Sig				Mak	le	In	Date 04/	11/1	3		4	

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

Date of Notification (1) APRIL 17, 2013		Name of Building Owner/Operator (2) BERNARD RAPAPORT Street Address												
Agencies Notified Type Notifi EPA Initial		1000	Address 4TH STR	EET #2B				ê G						
DEP Amen	nded ndment #		State, Zip C EWOOD,	ode NJ 08701	A LIGHT WELL									
DOH justific	gency (including cation) ellation	Name	her											
		FA	CILITY INF	ORMATION										
Name of Facility Where Abatement is RAPPAPORT PROPERTY	s Taking Place (3)	*	-1		Туре	of Facility (4) School (K-12)							
Street Address 445 4TH STREET		5 E	8,00	1 d d	×		(Other than K-1 vate & commerc		ldings	, hom	es,			
City (5) LAKEWOOD			El g		Squa 350	are Feet 0 sf	# of Floors		3ldg. / 55+Y					
County (6) OCEAN	-32		y Code (7) E USE ONL	0			if being demolis							
Name of Monitoring Firm Hired by Bu N/A	uilding Owner (8)	ASO	CM No.	10.0000000		atement Contr Touch Asb	actor (9) estos Abater	nent	Corp	., Inc	3.			
Street Address	n	0 -	-		treet Address 7 Thompson Street									
City, State, Zip Code	2				City, State, Zip Code West Long Branch, NJ 07764									
Project Manager for Monitoring Firm N/A	Telepi	none No.	Tele	Telephone No. License No. 732-222-8372 00040										
Start Date (10) MAY 6, 2013	Completio	n Date (11)		lame of OSHA Monitor										
Occupancy Status During Abatement			Stre	treet Address										
Facility Closed/Vacated During Abatement Performed Outside of Other – Describe:	Entire Period of Aba					Zip Code	1/2 7/	-1						
Scope of Work (Check All That Apply	()													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	▼ Rer	ovation nolition			× Mi	ni-Enclosure ovebag Proce	nt with Negative dure (*) and Non-Fria			re				
	le I c	cation						Abatement						
Location of	Nor	mally		Descripti	on of		Amount (Specify SF or LF)		Туре					
Asbestos-Containing Material (ACTO BE ABATED In Facility (13)	Mainte Custod	Solely by enance/ ial Staff? 12)	(i.e	stos Containing thermal syste surfacing, \ other miscel	g Materia ems insul VAT, or	ation,			Repair	Encapsulate	Enclosure			
	Yes	No N/A	`		- 1			1	_					
BASEMENT	0.1	Х		TSI			60 LF	x						
BASEMENT	- 1 - 1 - 1	X	TS	SI on Expan	sion Ta	ank	8 SQ. FT.	X	-					
		21.	(i = 1,)		- 11-			+						
Name of Registered Waste Hauler		NJDEP		Cubic Yards	Yards Name of Registered Landfill									
Finishing Touch Asbestos Aba	atement Corp.,Ir	Hauler 12058	ID No.	of Waste		GROWS	NORTH LAN	IDFIL	L.					
City, State Oceanport, NJ			No.	Disposal Da 5/7/13	ite	City, State Morrisvill	e, PA				74			
Completed by Joseph P. Miller	Title Preside	ent		Signati	8 1/1 /	li		ate /17/1:	3					

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

D (01) 40				CO MONDO COL		· (5)# 00	78	_		L				
Date of Notification (1) 4-16-2013	:			of Building Own		(2) M	NA Dept of Health & Senior Services								
	offication			reri Construc	MOU FFF	AFR 19 1	a popular ilegitii c	MAD)	ALC:	4					
□ EPA ☑ Ini		228 L	ackawanna	Ave.	-	Li (signat			Pm						
DEP F An	nerided		City, State, Zip Code Date: Live La Time:												
図 En	nendment# nergency (includin	<u>a</u>	93000	lland Park, N	JJ 07424										
区 DOH jus	stification)	9	1	f Contact		Telephone Number									
DCA Cs	incellation		Joe												
Name of Facility Where Abatomer	nt is Talday Diago	C6/	FAC	ILITY INFORM	MOITA	- 4E 50		-							
House for Demo	II I I I I I I I I I I I I I I I I I I	(2)				Type of Facility	(4)								
Street Address					~	School (K	:-12) er 8 (Other than K-	400							
59 Twin Brooks Road						Other (Le	, private & comme	cial bu	Ming	, hon	es.				
City (5)						atc.)									
Saddle River, NJ						Square Feet	# of Floors		9klg. 50+	Ago					
County (6)			Country	Code (7)		Cumana Day 75	rior if being demol		3U+						
Bergen				USE ONLY)		House	TOT IT DOING COMO	shed)							
Name of Monitoring Firm Hired by	Building Owner (3)	LARCE	y No.	Name	of Abatement C	auta da (D)								
n/a		-,	n/a	*1 144.											
Street Address			1			oznica Management Corporation									
n/a						2 Troy I and									
City, State, Zip Code					1 00 35 0	y, State, Zip Code									
n/a						incoln Park, NJ 07035									
Project Manager for Monitoring Fin	mn -		Telepho	пе №.		ephone No. License No.									
n/a			n/a			73-706-7950 01193									
Start Date (10)	Schedu	led Co	mpletion	Date (11)	Name	ne of OSHA Monitor									
4-18-2013	4-20-				Tel 00114055500		nent Corporatio	מנ							
Occupancy Status During Abatem	ent (Check Only C	he)				Address				_	-				
Facility Closed/Vecated Durin Abatement Performed Outsid	na Entire Period of	Ahater	ment		22 T	roy Lane									
	le of Normal Facili	y Hour	3		4	State, Zip Code									
Other - Describe:					11.0	oln Park, NJ									
Scope of Work (Check All That Ap	ply)														
고 3 sf or ≥3 N 로 ≥180 af or ≥260 ff		Renova Demoli			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mini-Enclosu Glovebag Pro			5.00	- a					
		s Local	ion				1	Abatement							
Location of		Norma			Description	of		Туре							
Asbestos-Contairing Material (<u>TO BE ABATED</u>	M	ed Sole aintena	ince/	Asbertos Co	antaining M	laterial (ACM)	Amount			m					
in Facility	Cus	stodial :			nai system: rfacing, VA	insulation, T. or	(Specify SF or LF)	Remova	장	Encapsulate	Enoleaure				
(13)		(12)	3.11.3		r miscellan		0 ,	N N	Repair	1 2	Can				
	Yes	No	N/A				7X 8.2			9	\$				
Basement			X		VAT		1000 SF	×							
Basement			X		Lingleum	1	25 SF	X	-						
		1			-	2001	10			G					
	1			<u> </u>					177		_				
Name of Registered Waste Hauler		I .	JDEP W	arto Cont	lo Yards										
Loznica Management Corpo	ration	H	iauler ID 1 3137	(A)	/aste	i and the same of									
City, State					osal Date	City, Sta	no.		1,-1	- 1					
Lincoln Park, NJ	1		,340	TBI		Morrisville PA 19067									
Completed by	Thie				Signaturo			ate	-						
E. Cirovic	Sec	etary			21/	ใบขางวัด	100	-16-2	013						

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

cx 4395

Date of Notification (1)		1	lame	of Building Owner/Operato	r (2)	40/3 AD					
4/16/13				MS. DEB	DEFFA	A 2013 API	10 .				
Agency Notified Type Notification		8	Street	Address	0-	9 (147	10).	: 6	n	
D EPA Zi Initial				1096 GO1	ffle (co	>				6	
□ DEP □ Amended □ DOL Amendment #		19	City, S	tate, Zip Code		- 0250		7.	AL.		
D Emergency (include	ng	L.	F.	AUTHORN	$C \cdot N$	3. 5/30	0 0		- 1,	_	
☑ DOH justification) ☐ DCA ☐ Cancellation		1		of Contact B BREENIAN		Telephone Num	Det	_			
U DCA U Cancellation								-		-	
N. C. C. C. M. A. C. A. C. C. Taline Phys.	(50		FACI	LITY INFORMATION	Type of Facility	.//				_	
Name of Facility Where Abatement is Taking Pla	CE (3)				type of racing	/ (4)					
Street Address			-34	<u> </u>	School (K-1	2) 8 (Other than K-12)					
1096 GEOFFUE NO					Other (i.e. p	rivate & commercia	l buildings,				
					homes, etc.) # of Floors	Bidg. Age			_	
City (5)					Square Feet				٦	1	
HAMMONNE					15000	Z	195	26	7		
County (6) (ASSAL			COUNTY COULTY)	Code (7) (STATE USE		rior if being demolis					
Name of Monitoring Firm Hired by Building Owner	- 1	ASCM I			nent Contractor			-			
(8)	" "		NO.	# EARLING SERVICE							
Street Address				Street Address	emoval l	ine	-,			-	
Gudet Pana 600					River St	-					
City, State, Zip Code			,								
				City, State, Zip	.J. 07601						
Project Manager for Monitoring Firm	Tel	lephone	e No.		License No.						
			201-329-	-7444 - 00388							
Start Date (10) Scheduled Co	on Date	(11)	Name of OSHA					_			
4/26/13 4/2	27/	13		Omega En	vironme	ntal Inc					
Occupancy Status During Abatement (Check on				Street Address 280 Huy	ler St			Mess	3		
□ Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe: 700 70 70	lity Hou			City, State, Zip C		ck, N.J. 0	7606				
Scope of Work (Check all that apply)				27.22					_	-	
_27 ≥ 3 ≤ f or ≥ 3 lf _2 ≥ 160 ≤ f or ≥ 260 lf		J.		ovation	Enclosure rebag Procedure	Negative Pressure					
	1-1	Locatio		- C Note	-Exemples () an	in Hotel Habit 1100		Abatement			
	12.00	ormally	77		4 4		-	Type			
Location of Asbestos-Containing Material (ACM)		i Solely ntenan		Description Asbestos Containing M		Amount			m	_	
TO BE ABATED		ustodia		(i.e., thermal systems	insulation,	· (Specify	Removal	Repair	Encapsulate	2	
(13)	9 99 99	(12)		surfacing, VA		SF or LF)	Not	pair	Sha	Med	
				ale Alexandre	74 1/7 41		-		te	9	
	Yes	No	N/A			20.5	FX	H	\vdash	-	
MERHANICAL ROOM	-	-	7	THERMIN SOFTACI	NG.	90 5	F		-	-	
								\vdash		-	
								\vdash	_	-	
Name of Registered Waste Hauler					TM (5)	stered Landfill				Ĺ,	
Best Removal Inc	ID N	DEP WA No. 7109		Waste 4		a Enterpri	ises				
City, State	1			Disposal Date	City, State				S-A		
Hackensack, N.J.	0760	01	19 I	4/27/13	Waynes	burg , Oh					
Completed by Title				Signature	1.		Date /	1	1000	-	
J. Maiorano Estim	ator	C 1		1 1 1	marcie	2	4/16	11.	3		

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

CHECK # 19311

Date of Notification (1) 04-15-13		Name of Building Owner/Operator (2) Englewood Hospital & Medical Center															
Agencies Notified Ty	Street Address 350 Eagle Street																
EPA X DEP DOL	Initial Amended Amendment	#1	City, State, Zip Code Englewood														
☑ DOH ☐ DCA	Emergency (justification) Cancellation		- 1	Name o	lame of Contact Sarfield McFarlane					Telephone Number							
	-			2000 TOO OF B		ORMATION	N		_13			34	110	-			
Name of Facility Where Aba Englewood Hospital & Street Address								Type of Facility (School (K-1 Subchapter	2) 8 (Other tha	n K-1	2)	1					
350 Eagle Street		Other (i.e. p etc.)	rivate & com	merci	al buil	dings	hom	es,									
City (5) Englewood			Square Feet	# of Floo 13	rs		Bldg. Age 50+										
County (6) Bergen			Code (7) USE ONLY	n	-	Current Use (Prio Hospital	or if being de	molisi	ned)								
Name of Monitoring Firm Hir Hillmann Consulting L		ASCN	/ No.			innacle Environmental Corp.											
Street Address 1600 Route 22 East, S	Suite 107	. n W 1 e-		1 m	V 4 4			eet Address 00 Broad Street									
City, State, Zip Code Union, NJ 07083								y, State, Zip Code arlstadt, NJ 07072									
Project Manager for Monitori Michael Nehlsen		Telephone No. 908-688-7800			Telephone No. License No. 201-939-6565 00756												
Start Date (10) 04-24-13	d Con					me of OSHA Monitor ven-Air Inc.											
Occupancy Status During Al			5.			et Address 59 Jackson Avenue											
Facility Closed/Vacated Abatement Performed 0 Other – Describe: Floo	Hours		patement	C	City, St	r, State, Zip Code ang Island City, NY 11101											
Scope of Work (Check All Th	nat Apply)						Long	iolaria Olty, 14	11101	-		7		-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
Location of			ocati			D			rial (ACM) Amount sulation, (Specify		Abateme Type						
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)		Used Mair Custo	Solel ntenar	ly by nce/		Descri stos Contain thermal sys surfacing other miso	ning Ma stems g, VAT	aterial (ACM) insulation, , or			Removal	Repair	Encapsulate	Enclosure			
Lower Level: Staffii	ng Office	res	INO	X	20 11 14	Pipe In	sulat	ion	225LF		x	11-11	-				
The second section of the section of the second section of the section of the second section of the secti				On Sec								15					
Name of Registered Waste H ATC, Inc. / JBT (50071)			H	NJDEP Waste Hauler ID No. 24310 Cubic Yards of Waste TBD													
City, State Shirley, NY / Bronx, NY			-			Disposal TBD	Date	City, State	burg, OH	4468	88						
Completed by Joseph Patrick	Total	Title Projec	t Ma	nager			ature	A)		Da		13					