NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Eriable Notification Check #: 6887 G

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Date of Notification			Name	e of	Buil	ding	Owner/O	perato	r (2)			a 1	20	17	- 1
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Agencies Notified	Type Notifica	tion	Str	eet A	ddre	SS									
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[X] DEP	[X] Initial Notifica	ation	Cit	y. St	ate,	Zip	Code			- The state of the		CEN	11, 11	1	
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(X)DOH	Notifica		Nam	e of	Cont	act			Tel	ephone	Number				
X 1 DCA	[]Cancella	ation	Wil	liam l	Mow	ery, F	acilities	Direct	or .						_
			Ш				FORMATI			-					_
Name of Facility W	here Abatemen	t is Ta	king						Type of Facil						
									[]School	anter 8	Othe	r th	an K-	12)	
North Hunterdon Re	igional High Sc	11001													
									cial Square Feet	# of F	loors	Bld		je	
1445 Rt. 31 S.		County	(6)			Coun	nty Code	(7)	50,000 Current Use	(Prior	f heir	og de	50	shed)
City (5)						(STA	ATÊ USE	ONLY)	1		001.	ig uc		W	
Annandale, NJ 0880)1	Hunter	don	LASCM	No.	1	Name of	Abate	School Buildi	or (9)					
Name of Monitoring Owner (8)	J Firm Hired D	y Bullo	zzng												
Briggs Associates.				004			Four St	rong B	uilders, Inc.					- 16	-
Street Address						1									
3 Crosswicks St.	× 1						City.	rgeant State,	Avenue Zip Code						
City. State. Zip	Lode								013-1935						
Bordentown, NJ 08	505	Firm [Telep	hone	Numb	er	Telepho	one Nun	aber		Licen	se Ni	mber		
							973-61	4-0377			00807	7			
Michael Hoodak, El	ate (10) SC	red. Com	hrecr	OII D	400	TIT	Name of	f OSHA	Monitor						
0 4 / 1 9 / Nonth / Day / Occupancy Status	11 7 10	14//	2 4	1/11	17		Four S	trona B	uilders, Inc.						
Month / Day /	Year Me	ent (Ch	eck c	nly	one)		Street	Addre	ss						
[X] Facility Clo	sed/Vacated Di	uring E	ntire	Per	iod	ł	180 Sa	argeant	Avenue						
of Abatement []Abatement Pe	rformed Outsi	de of N	ormal	Fac	1111;	y	City.	State.	Zip Code						
Hours - Desc []Other - Desc	ribe:					-	Clifton,	NJ 07	013						
Scope of Work (Ch		apply)							l Containment	with Ne	egative	e Pre	ssur	e	•
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(V1)7 ef	or >3 lf sf or >260 lf							[]Non	-Friable Proc	edure					
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[ogs	ation of			catio rmall				cripti		n-	ount	R E	R	NC	NC
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TO BE	E ABATED		by	Main	-	ir	nsulatio	on. Sur	systems facing, VAT,		F or LF)	V	A	S	S
	acility (13)		Cu	stodi aff(1	.al		or oth	ner mis	cellaneous)			A L	I R	L	R
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Men's & Women's	Men's & Women's Lavatory						g Insula			2+8		0			-
Library			X	Last - Ol		g Insula		Name of Reg	5 eac					L	
Name of Register	ed Waste Haule	er	H	JDEP aule	wast r ID	No.	Cubic of Was								
Four Strong Build	ers Inc		1	2609	1				G.R.O.W.S.	, Inc.					_
City. State	0.0, 1110.						Dispos	al Dat	e City, State	2					
Cliffon N. I	2								Tullytøjwn, F	PA					
Clifton, NJ Completed By (Pr	int or Type)	Title					S	ignatu	E W	/	7	D	ate		
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ASB-41 JUN 95										1				G46	567

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Date of Notification (1) 04-07-2017			Name of E Kevin F	Building C earon)wner/Op	erator	(2)			APR	1 ()	20	17	The state of the s	
Agencies Notified Type Notification Initial Amended Amendment # Emergency (in justification) Cancellation		_	Newfou Name of 0	e, Zip Coo Indland, Contact		135				ESTOS LICE	<u>NS</u>	NG.	ROL	å	And the state of t
DCA Cancellation			Kevin F		DMATIO	M								_	
Name of Facility Where Abatement is Taking Private Dwelling Street Address	Place (3)		FACIL	ITY INFO	RIVIATIO	N	Ty	School (K- Subchapter Other (i.e. etc.)	12) 8 (Oth			buildi	ngs, l	nome	s,
City (5)								quare Feet	# o	Floors		Blo	dg. Αφ	je	
Newfoundland			County C	ode (7)				urrent Use (Pri	0.000		lishe				
County (6) Morris				SE ONLY)		_		dirent osc (i ii	01 11 001	ng domo		-,			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	No.				Abatement Co Safety LLC	ntractor	(9)					
Street Address						Street 12 M		dress ble Ave #F2							
City, State, Zip Code								e, Zip Code rook, NJ 070	058						
Project Manager for Monitoring Firm			Telephon	e No.		Teleph 973-		e No. 6-0099		License 01317					
17 (27 (27 (27 (27 (27 (27 (27 (27 (27 (2	Schedule 04-26-2		pletion D	ate (11)				OSHA Monitor Safety LLC							
Occupancy Status During Abatement (Check	Only One	e)				Street		ldress ble Ave # F2	,						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	batem Hours	ent		_	City, S	State	e, Zip Code rook, NJ 07							
Scope of Work (Check All That Apply)						1 1110	, 01	10011, 110 01							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				>	×	Full Containn Mini-Enclosus Glovebag Pro Non-Exempte	e cedure	-				•	
	Is	Locati	on										Abate Ty	ment ne	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	lormal d Sole ntenar odial S (12)	ly by nce/		tos Conta	system ing, VA	Mat ns ir AT,	erial (ACM) nsulation, or	(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ф	
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1st Floor		Х			Sh	eetro	ck		8	30 SF		x			
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Name of Registered Waste Hauler United Safety LLC		H	IJDEP W lauler ID 036820	No.	of Was			Grows	201 119		idilli				
City, State Pine Brook, NJ					Dispos TBD	al Date	е	City, Sta Tullyto		A					
Completed by Vanco Petkov	Title Proje	ct Ma	anager) Si	gnatur	re	in the	6	~	Dat 04		2017		

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Date of Notification (1) 04-07-2017			lame of E Kevin F	Building O	wner/O	perator	(2)		The second second	AF	R.	1 ()	201	7	
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DCA Cancellation	-		Kevin F	earon	RMATIO	ON							<u> </u>		
Name of Facility Where Abatement is Taking	Place (3)		I AOIL		CHO-CTT		Ту	pe of Facility (4)	212-11-17-1		7-20-50			
Private Dwelling Street Address	-						×	School (K-1 Subchapter Other (i.e. petc.)	8 (Oth	er than K & comme	(-12) ercial	buildi	ngs, h	iomes	۶,
City (5) Newfoundland								quare Feet /A	# o	f Floors		Blo N/	ig. Ag A	е	
County (6)			County C				Cı	urrent Use (Pri	or if be	ng demo	lishe	d)			
Morris Name of Monitoring Firm Hired by Building O	wpor (9)		ASCM	SE ONLY)		Name	nf /	Abatement Cor	ntractor	(9)					-
N/A	wilei (o)		AOOM	140.				Safety LLC							
Street Address							Лар	le Ave #F2							
City, State, Zip Code						8500		e, Zip Code ook, NJ 070)58						
Project Manager for Monitoring Firm			Telephon	e No.		Telepl 973-		e No. 6-0099		License 01317					
	Schedule 04-26-2		pletion D	Date (11)		0.0000000000000000000000000000000000000		OSHA Monitor Safety LLC	21					ALC: NO	
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Scope of Work (Check All That Apply)						1 1110								1000	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emolit					×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					:	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intena todial s (12)	ly by nce/	Asbest (i.e.	os Con therma surfa	escription taining lass I system acing, Vaniscella	Mat ns ir AT,	erial (ACM) nsulation, or	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			- 0 11				20.05					
1st Floor		Х				T & Ma		ic		30 SF		x			_
1st Floor	-	X			5	heetro	OCK			30 31		^			
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Name of Registered Waste Hauler United Safety LLC		1	J JDEP W lauler ID 036820	No.	of Wa			Grows	Land	tered Lar	ndfill				
City, State Pine Brook, NJ					Dispo TBD	sal Dat	te	City, Sta Tullyto		PA					
Completed by Vanco Petkov	Title Proje	ect Ma	anager		7	Signatu	re	To De	(S)	مد	Dat 04		2017		

JL3000. 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) April 5, 2017 The Valley Hospital Agencies Notified Notification Type Street Address X EPA Initial Notification 223 North Van Dien Avenue DCA ASBESTOS CONTROL & X Amendment # 6 City, State, Zip Code x DOL Emergency (including Ridgewood, NJ 07450-2736 LICENSING X DEP justification) Name of Contact Telephone Number x DOH William Stasiak FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Valley Hospital School (K-12) Cheel Wing- Orthopedic Replacement ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 223 North Van Dien Avenue Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years County (6) County Code (7) Current Use (prior if being demolished): Hospital Ridgewood Bergen (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Colden Corporation GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 28 Washington Street 511 MAIN STREET City, State, Zip Code City State, ZipCode Ballston Spa, NY 12020 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Miades 347.435.3561 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor September 19, 2016 August 30, 2017 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 Other - Describe: Phase 1- September 19- 30th - Day Shift City, State, Zip Code Phase 2- November 7- 13th-Day Shift Piscataway, NJ 08854 Phase 3- January 3,2017- January 12, 2017 Phase 4- February 20, 2017- March 3, 2017 Phase 5- April 10, 2017 - April 22, 2017 Cheel 4th Fl Rooms# 4127&4128 & Cheel BsmtJanuary16, 2017-Jan 23, 2017 Cheel Bsmt-Rm#B-23, Clinical Support Rm & Storage & Hallway Bergen Lower Level Hot Lab New Work Bergen Mechanical Rm - Tank Source of Work (Check all that apply) x Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf Renovation Mini-Enclosure $\square \ge 160 \text{ sf or } \ge 260$ Demolition x Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material Is Location Normally Used Solely Description of Asbestos Amount Abatement Type (ACM) in Facility (13) by Maint./Custodial Staff? (12) Containing Material (ACM) (i.e. (Specify SF YES NO Remove Repair Encap Enclose thermal systems insulation. or LF) surfacing, VAT, or other miscell.) Patient Rooms X VAT & Mastic 7,000 sf X Patient Rooms -4127 & 4128 X VAT & Mastic 500 sf X Cheel Bsmt-Rm# B3, & Storage Rm&Hallway X VAT & Mastic 1,500 sf X BergenLower Level Hot Lab X TSI-Fittings X 3 ea X Bergen Bsmt Mech Room TSI-Fittings IXI 20 ea Bergen Bsmt Mech Room IXI X Tank 100 sf Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below 100 Meadowfill Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State Route 2, Box 68 NJ DEP # 12561 August 30,2017 Bridgeport, WVA 304-Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 842-2784 Completed by (Print or Type) Title Signature Date Marin Graure SENIOR PROJECT April 5, 2017 Marin Graure MANAGER GAC # 2016-581-Please Note: Amendment # 6 -Additional Asbestos Material Quantities: Starts: March 27, 2017 to March 28, 2017

Bergen Bsmt Mech Rm-Tank-100sf- Starts: April 7, 2017-April 17, 2017- Orth Wing Phase 5 Starts: April 10, 2017

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Date of Notification (1)	17				Building Owner		tor (2) ASS	odk	SSPR 11	21	017		IJ
Agencies Notified	Type Notification Initial				3 Mo	ONA	CHIE	AJE	ASESTOS O	ONT	ROI	- &	
DEP	☐ Amended Amendment#				e, Zip Code	0 I I	\	7-6	70 THENS	ING			
DOL DOL	☐ Emergency (in		- -	Name of	LOD NY	the	3 . 2	3.0	Telephone Numbe				
DOH DCA	justification) □ Cancellation				et Bu	41/=							
□ DCA	La Cancellation	· · · · · · · · · · · · · · · · · · ·			ITY INFORM								
Name of Facility Where Al	batement is Taking Pla	ace (3)	9				Type of	Facility (4)					
VILLE	SULLO (4550	CIA	TE S	>			thool (K-12)					
Street Address					"		Si	ibchapter 8 (Other than K-12) ate & commercial bu	ildine	× hor	nes el	tc)
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City (5)							Square		# of Floors		dg. Ag		
	TOO NACUL	\in			E 59			20	{		195	20	
County (6)					code (7)				f being demolished)		~1		
	<i>srcen</i>			*************					NCE/TEA	(6	:40		
Name of Monitoring Firm	Hired by Building Ow	mer (8)		ASCM	í No.	N	ame of Abater						
							Best Ren	noval inc	<u> </u>				
Street Address						31		. D.	C44				
							ity, State, Zip		Street	-	-	-	-
City, State, Zip Code						4	Hackensa		7601				
Project Manager for Monit	orina Eirm		-	Telephon	e No		elephone No.	DIA, 115 0	License No.				
Project Manager for Mount	oring ruin						201-32	29-7444	003	88			
Start Date (10)		Scheduled	1		te (11)	N	ame of OSHA		1		13		
4/21	1 (4		26	1 (Omega E	chvironii	ientai			_	-
Occupancy Status During					17	31		ler Stree	et			***	_
☐ Facility Closed/Vaca ☐ Abatement Performed ☐ Other - Describe:	J Carried and Marmon I	anility Un			1 3+ 31	C	ity State Zip	Code	ck, NJ 07606				
Scope of Work (Check All	That Apply)					`							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova emolit		52		-⊟ Mini	-Enclosure	with Negative Press	ure			
							Glov	ebag Proced	ure *) and Non-Friable P	roced	ure		
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	-	100	Locat Iormal				6				Ty	pe	
Location Asbestos-Containing	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	Use	d Sole	ly by	Asbestos	Containi	iption of ing Material (A	(CM)	Amount			m	_
TO BE AB	ATED	107000	intena todial		(i.e. therma	l systems	s insulation, su T, or	rfacing, .	(Specify SF or LF)	Rem	Repair	ncap	inclo
In Facil			(12)		c		cellaneous)		D. 01)	Removal	air	Encapsulate	Enclosure
		Yes	No	N/A					# 6			e	."
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									E ·				
Name of Registered Waste	Hauler		1000	UDEP W		Cubic Yau	rds	Name of Re	gistered Landfill				
Best Removal Ir			I	Hauler ID		f Waste	11/201	M	inverva Enter	orise	s. T	LC	
Best Removal II	10			1710	U9 r	Disposal I	Date.	City, State	LIVOI VA DIIWI	71104	,		-
Hackensack, NJ	07601					4/2			esburg, OH 4	1688	3		
Completed by		Title					enture /		Dat		1		

Estimator

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

J. Maiorano

State of New Jersey - Notification of Asbestos Abatement (hek# 1264)
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-17						7000 5	(h)	5 11	\\//	IS	10	
Date of Notification (1) April 7,	2017				Name of Building Owner RUTGERS, THE S			<u> </u>	U	<u>L</u>		
Agencies Notified		Notification	Туре		Street Address					1	1111	
U <u>ran</u> ne se se s		⊠Initial	Notifica	tion	ENVIRONMENTAL	HEALTH	RPSAF	ETY	DE	PT.	U	
□EPA		☐ Amen	led Noti	ification#	27 ROAD 1, BLDG						5	
□ DCA				including	City, State, Zip Code							
X DOL			cation)	oraan ig	PISCATAWAY, NJ	0885ASBF	STOS	CON	ITR	OI &		
☑ DEP- No Longer REQUIR	ED	Cance			Name of Contact			hone				-
X DOH		Carice	lieu		MICHAEL SMITH,	ENV.						
					HEALTH & SAFET			14-0-1				20
				FACILITY IN		<u>.</u>			_			
Name of Facility Where Abatem	ent is Ta	king Place (3)			Type of Facility (4)							
LIPMAN HALL, BLDG#	6025				School (K-12)							
Specific Process Control Contr					Subchapter 8 (other tha	ın K-12)						
Street Address					Other (i.e. private & co		linas ha	nmes et	tc)			
COOK CAMPUS						of Floors:				0+ ve	ears	
City (5)	County (6		I Count	/ Code (7)	1					. ,		
NEW BRUNSWICK		LESEX		Use Only)	Current Use (prior if bein	g demolished): ACA	ADEMI	С			
NEW BROKOWIOR	MILDE	LLOLA	1 10.00.00	7,	The state of the s							
Name of Monitoring Firm Hired	ov Blda. (Owner (8)	ASCM	No	Name of Contractor (9)							
ATC	2	107	0098		Traine or contractor (c)							
			""		GREENWOOD ABA	TEMENT C	ONSU	LTAN	ITS,	INC		
Street Address					Street Address							
3 TERRI LANE												
					268 MAIN STREET							
City, State, Zip Code					City State, ZipCode							
	8016				BUTLER, NJ 07405							
Project Manager for Monitoring	-irm	Telephone			Telephone Number		Licens	se Numl	ber			
BRIAN KEARNY		609-386	-8800		070 400 0477							
Cabadulad Ctad Data (10)		Cabadulad	21-41-	- D-1- (44)	973-492-0477		0084	10				
Scheduled Start Date (10) 4/18/17		4/24/17	Completio	n Date (11)	Name of OSHA Monitor							
4/10/17		4/24/1/			ENVIROVISION, IN	C.						
Occupancy Status During Aba	tement (Check only o	ne)		Street Address							
☑ Facility Closed/Vacated Du				nt								
☐Abatement Performed Outs					20-21 WARGARAW	ROAD						
Describe					City, State, Zip Code							
☑Other – Describe:												
Schedule: 5PM - 5AM (24	HOURS	& WEEKE	NDS AS	S NEEDED)	FAIRLAWN, NJ							
					Truncer (triti) ite							
Scope of Work (Check all that a	oply)											
□						Full Contai		with Ne	gativ	e Pre	ssure	
	0.15			☑ Renovation	5 <u>41.</u>	Mini-Enclos						
□ ≥ 160 sf or ≥ 26	U IT			■ Demolition		Glove bag					_	A • WESTERN ST.
Lagation of Ashantas Cantaining	Lale	cotion Norma	ll. Haad	Danninting of Aut		Non-Exen						edure
Location of Asbestos-Containing Material (ACM) in Facility (13)	A 100 000	cation Norma ly by Maint./C			bestos Containing Material nal systems insulation, surfac	ing, (Speci		Abate	men	Гуре		
material (viern) in viernity (ve)		? (12)	aotoaiai	VAT, or other mis	cell.)	or LF)		Remov	e R	epair E	ncap	Enclose
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331 & 326							-	1	- 1			
Name of Reg. Waste Hauler		NJDEP Was		 - D#	Cubic Yards of Waste:	15 CY		of Regi				
				 - D #	Cubic Yards of Waste:	15 CY		of Regi				Ш
Name of Reg. Waste Hauler	ent Cons	NJDEP Was	V		Cubic Yards of Waste:	15 CY Disposal Da	G.R.		. No City	rth L	andfi	
Name of Reg. Waste Hauler See Hauler Below #1 & 2 Hauler #1) Greenwood Abatem NJDEP # 12561		NJDEP Was See Below	V		Cubic Yards of Waste:	100000 500000	G.R.		City 100	rth L State	andfi	Aill
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Name of Reg. Waste Hauler See Hauler Below #1 & 2 Hauler #1) Greenwood Abatem NJDEP # 12561		NJDEP Was See Below	V		Cubic Yards of Waste:	Disposal Da	G.R.0		City 100 Rd. 190	State New Morri	andfi Ford Misville,	Aill
Name of Reg. Waste Hauler See Hauler Below #1 & 2 Hauler #1) Greenwood Abatem NJDEP # 12561 Hauler #2) Newark Carting, In NJ DEP # 4509	., Newar	NJDEP Was See Belov sultants, Inc -k, NJ 04509	V			Disposal Da	G.R.0		City 100 Rd. 190	, State New Morri 67	andfi Ford Misville,	Aill
Name of Reg. Waste Hauler See Hauler Below #1 & 2 Hauler #1) Greenwood Abatem NJDEP # 12561 Hauler #2) Newark Carting, Inc.	., Newar	NJDEP Was See Below	v Butler, I	NJ 07405	Cubic Yards of Waste: Signature Raymond C. De	Disposal Da 4/24/201	G.R.0		City 100 Rd. 190 215	State New Morri 67 -736-	andfi Ford M sville,	Aill

State of New Jersey - Notification of Asbestos Abatement Check# 12646
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16

):		
Date of Notification (1) April 7, 20	17				Name of Building Owner RUTGERS, THE S	Operator (2	VERSITY	of NJ2017	
Agencies Notified EPA DCA DOL DEP- No Longer REQUIRED DOH			Notifica led Not ency (ation)	tion ification # including	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code PISCATAWAY, NJ Name of Contact MICHAEL SMITH, HEALTH & SAFET	HEALTH 4086, LIV 08854 ENV.	& SAFET	E AMIOSO	L &
		15-0000011		FACILITY INF	ORMATION				
Name of Facility Where Abatement is JOHNSON APTS, BLDG# Street Address BUSCH CAMPUS		Place (3)			Type of Facility (4) School (K-12) Subchapter 8 (other that	mmercial build			
20000700					Sq. Feet: N/A	f of Floors:	3 Blag. Ac	<u>le:</u> 60+ years	3
	ity (6) IDDLE	ESEX		Code (7) Use Only)	Current Use (prior if bein	g demolished	d): ACADE	MIC	
Name of Monitoring Firm Hired by B	ldg. Own	ner (8)	ASCM 0098		Name of Contractor (9) GREENWOOD ABA	TEMENT (ONCLUT	ANTS INC	
Street Address 3 TERRI LANE					Street Address	TEMENT	ONSOLIA	ANTS, INC.	
City, State, Zip Code					268 MAIN STREET City State, ZipCode				
BURLINGTON, NJ 080°	3195/4				BUTLER, NJ 07405				
Project Manager for Monitoring Firm BRIAN KEARNY		elephone N 609-386-			Telephone Number		License Nu	imber	
Scheduled Start Date (10) 04/17/17	1000	cheduled C	ompletio	n Date (11)	973-492-0477 Name of OSHA Monitor `1		00840		
Occupancy Status During Abatem			20)		ENVIROVISION, INC	C.			
□ Facility Closed/Vacated During □ Abatement Performed Outside of	Entire P	eriod of Al	patemen	t	20-21 WARGARAW	ROAD			
Describe Souther – Describe: SubChapter	0 00000	aniad:			City, State, Zip Code				
Schedule: 3PM – 5AM (24 HO)			NDS AS	S NEEDED)	FAIRLAWN, NJ				
Scope of Work (Check all that apply)						VI = 10			
≥ 3 sf or ≥ 3 lf				⊠ Renovation		Mini-Enclo		h Negative Pres	sure
□ ≥ 160 sf or ≥ 260 lf				□ Demolition	7	Glove bag		Wrap & Cut	
						Non-Exen		Non-Friable Pro	ocedure
Material (ACM) in Facility (13)			•		pestos Containing Material al systems insulation, surfac cell.)	ing, (Spec or LF)	ify SF	atement Type nove Repair Enca	p Enclose
Apt 892 & 893		X		SURFACING	MATERIAL	<20	SF 🗵		\top
Name of Reg. Waste Hauler See Hauler Below #1 & 2		JDEP Wasi ee Below		ID#	Cubic Yards of Waste:	5 CY		egistered Landfill S. North Lan	
Hauler #1) Greenwood Abatement (Consulta	nts, Inc	Butler, N	NJ 07405		Disposal Da	ite	City, State	
NJDEP # 12561 Hauler #2) Newark Carting, Inc., No NJ DEP # 4509	ewark, N	NJ 04509				4/20/201	7	100 New For Rd. Morrisvi 19067 215-736-170	Ile, Pa
Completed by (Print or Type) RAYMOND C. PEDALINO	76.75(2) (2)	NIOR PR		т	Signature Raymond C. Pe	Edalino	<u>Date</u> Ap	ril 7,2017	

o cle

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours

Kean University Freshman Residence

Amended Amendment #_1

justification) Cancellation

Emergency (including

Date of Notification (1)

04/06/2017

EPA

DEP

DOL

DOH

DCA

Street Address

City (5) Union

County (6)

Street Address

PO Box 365

City, State, Zip Code Berlin, NJ 08009

James Proctor

Start Date (10)

03/17/2017

Union

1000 Morris Avenue

Health and Safety Services

Project Manager for Monitoring Firm

Other - Describe: Vacant

Scope of Work (Check All That Apply)

XXX

Agencies Notified

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

1000 Morris Avenue

FACILITY INFORMATION

City, State, Zip Code

Name of Contact

Mike Fader

County Code (7) (STATE USE ONLY)

ASCM No.

Telephone No. 856-452-1311

Scheduled Completion Date (11)

04/14/2017

Union, NJ 07083

Street Address

Name of Building Owner/Operator (2)

Provident Group-Kean Properties

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perator (2)	ties LLC		UL	-	APR	1	0 8	2017	
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N		-					-		
	pe of Facility	(4)							
	School (K-								
X	Subchapter Other (i.e. petc.)	r 8 (Oth orivate 8	er than K & comme	-12) rcial	build	ings,	home	es,	
So	uare Feet	# 0	Floors		BI	dg. A	ge		
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	ırrent Use (Pri		ng demo	lishe	d)				
	orm Room	3//	101						
	Abatement Co terprises, Ir		(9)						
Street Add		10.					_		
	elilah Road								
City, State	, Zip Code								
Egg Ha	rbor Towns	ship, N	J 0823	4					
Telephone			License						
609-56	A Chromato,		01172	2					
	OSHA Monitor & Safety Se		e Inc						
Street Add		31 11000	3, 1110.			7.17			
PO Box	365								
City, State	, Zip Code								
Berlin,	NJ 08009								
X	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					е		
				T		Abate	ement		
cription of	28 19. 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1			-		Ту	pe		
	or	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	

≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti			X	Mini-Enclosure Glovebag Proc				e	
		Location	7.00						Abate		t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenar todial S (12)	y by nce/		Description of stos Containing Mate , thermal systems ins surfacing, VAT, o other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							te	
West Building			Х		Tile		1125 sf	Х			
West Building			Х		Tile & Mastic		790 sf	Х			
West Building			X		Caulking		1	Х			
Child Study			Х		TSI		1	Х			
Name of Registered Waste Hauler Site Enterprises Inc.		Н	JDEP Wauler ID 035220	No.	Cubic Yards of Waste 20 cy	400000000000000000000000000000000000000	Registered Landfi vn Landfill	II			
City, State 6626 Delilah Road Egg Harbor Tov	vnship, I	NJ			Disposal Date 04/14/2017	City, State Bristol,					
Completed by Eric Keys				Signature	1/200	1 7	ate)4/06/	2017	7		

Location of Asbestos-Containing Material (ACM)	Use	Location Normalled Solel	y y by	Description of Asbestos Containing Material (ACM)	Amount		Abate Tyj	pe	Γ
TO BE ABATED In Facility (13)		intenar lodial S (12)		(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	(Specify SF or LF)	Removal	Repair	Encapsulate	
	Yes	No	N/A			_		ite	1
Child Study			X	Coulking	1	X			
Child Study			入	Tile mastic	4,250,55	x			
Child Stody			X	Tile mastre carpet	4,2505F 5905F	X			
East			X	Plashing	425sf				T
East			×	Caulking		X			I
North			X	Tilelmastic	400 SE	X			
North			X	Caul King	<u> </u>	X			
Suth			X	Tilelmastiz	SW SF	x			-
South	-		_X_	Caulking	1	X			-
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CH2794	1			(Pui	rsuan	t to NJA	C 8:60 and 5:16	3)	L Ly	6.1			
Date of Notification (1)	05 /	17				Contract Con	Owner/Operator (2 BOY PUBLIC SCI		. APR	9 1	20	17	,
Agencies Notified	Type Notifica	tion		-	Street	Address							1 0
☐ EPA					178	BARRA	CKS STREET						
☑ DOLWD	☐ Amended			+	City. S	tate, Zip C	Code		/.5bbb.h H		2 1	TUL	. Ġ
☐ DOH	Amendme						OY, NEW JERS	EY 08861		FLING	4 57		
DCA	☐ Emergeno justificatio		ing			of Contact			Telephone Num	ber			
(NJAC 5:23-8)	☐ Cancellati	10000			Mr.	Derek Je	ess	3.					
					FAC	CILITY IN	FORMATION						
Name of Facility Where	Abatement is T	aking Pla	ice ((3)				Type of Facility (4	4)				
DELANEY HOME								School (K-12)		Λ.			
Street Address								☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-12 vate and comme	<i>)</i> rcial bui	ildina	S.	
CONVERY & CHAN	BERLAIN A	VE						homes, etc.)			J	20.	
City (5)								Square Feet	# of Floors	Blo	lg. Ag	je	
PERTH AMBOY								26,300	2	-	-50		
County (6)					Coun	ity Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)			
MIDDLESEX								Housing					
Name of Monitoring Firm	Hired by Build	ling Own	er (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
PENNJERSEY ENV	IRONMENTA	AL					TRICON ENT	ERPRISES					
Street Address							Street Address						
744 MILFORD WAF	REN GLEN	ROAD					322 BEERS S	STREET					
City, State, Zip Code							City, State, Zip Co						
MILFORD NEW JEI	RSEY 08848						KEYPORT NE	EW JERSEY 07					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.	20	License No.				
WILLIAM P CALL					8-329		732-739-1200		01095				
Start Date (10)		Schedule					Name of OSHA N	Monitor	t is the special				
04 /19 /		10			_ / -	1/_	N/A	e 7 24403	(K ⁿ)		VIII E		2000
Occupancy Status Durin	g Abatement (0	Check on	ly or	ne)			Street Address						201
☐ Facility Closed/Vacat	ed During Entir	e Period	of A	bater	ment	arib o						1	(*
Abatement Performed	d Outside of No AM-	rmai Fac	cility	PM-	s - Des	AM	City, State, Zip C	ode					
				-1-2000		•						7	
Scope of Work (Check a	Il that apply)						☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf				novati			⊠ Mini-End	closure g Procedure					
≥160 sf or ≥260 lf		\boxtimes	Der	nolitic	on		⊠ Gloveba ⊠ Non-Exe	empted (*) and Nor	n-Friable Procedu	ire			
			Is	Locat	ion						atem	ent T	уре
Location	ı of		Ν	lorma	lly		Description of		20 1	Z.	Re	Er	m
Asbestos-Containing		1)		d Sole ntena	ely by ince/		estos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE AB		(odial :	Staff?	(1.6	surfacing, VAT	, or	SF or LF)	\\ \alpha	_	sula	sure
(13)		Trease		(12)		4	other miscellane	eous)				te	
			es	No	N/A								П
See Attached]			See At	tached						
]								Ш	Ш	Ш
			1	П	I_{Π}								
Name of Registered Wa	ste Hauler				JDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill				
Freehold, Cartage,				F	lauler I		Waste	Cumberlan	d County Lan	dfill			
					S226	5	Disposal Date	City, State					
City, State Freehold, NJ							04/19/17/	Newburgh,	PA				
	Typo)	Title					Signature	- 52		ate /			
Completed By (Print or 1	ype)		FR	VISO)R		Tut. I		0	4/0	5/	17	
MARTIN MCREA		308	-1	V130	/1 X					1/	1	1	

ASB-41 JAN 13 * Do not use this form for asbestos licensure exempted activities.

DOL Asbestos Notification asb-41-unprotected State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Continuation Sheet

Name of Facility Where Abatement is Taking Place (3) APR DELANEY HOMES Abatement Type Is Location Normally Used Repair Description of AmountSTC (III) 四 Removal Location of Asbestos Containing Material (ACM) Solely by nca ıclosure Asbestos-Containing Material (ACM) Maintenance/ (Specify... (i.e., thermal systems insulation, TO BE ABATED sulate SF or LF) surfacing, VAT, or Custodial Staff? IN Facility (12)other miscellaneous) (13)No N/A Yes 480 SF X boiler brick 2 boiler \boxtimes BLDG 17 Boiler Room \boxtimes 288 LF Rib Rope Packing \boxtimes BLDG 17 Boiler Room X 120 SF VAT & MASTIC BLDG 17 Apt 867 Bedroom \boxtimes X BLDG 17 Apt 879 kitchen/Livingroom 375 SF \boxtimes VAT & MASTIC 375 SF \boxtimes VAT & MASTIC BLDG 17 Apt 877 Livingroon/Kitchen \boxtimes X 375 SF VAT & MASTIC \boxtimes BLDG 17 Apt 875 Livingroom/Kitchen \boxtimes П П 155SF \boxtimes VAT & MASTIC BLDG 17 Apt 833 Kitchen X 120 SF VAT & MASTIC \boxtimes BLDG 17 Apt 887 Kitchen \boxtimes 190 SF \boxtimes VAT & MASTIC BLDG 18 Apt 899 Kitchen \boxtimes 504 SF \boxtimes VAT & MASTIC BLDG 18 Apt 889/891 Kitchen \boxtimes 60 SF VAT & MASTIC \boxtimes BLDG 18 Apt 905 stair \boxtimes 190 SF \bowtie VAT & MASTIC BLDG 18 Apt 901 Kitchen \boxtimes 250 SF \boxtimes VAT & MASTIC BLDG 19 Apt 917 Livingroom \boxtimes 60 SF X VAT & MASTIC BLDG 19 Apt 905 stair X 45 SF VAT & MASTIC \boxtimes BLDG 19 Apt 909 Storage \boxtimes 120 SF VAT & MASTIC П \boxtimes BLDG 20 Apt 929 Kitchen 110 SF \boxtimes VAT & MASTIC M BLDG 20 Apt 931 Kitchen \boxtimes 155 SF VAT & MASTIC X BLDG 23 Apt 910 kitchen 6800 LF X X TSI Exterior piping Underground \boxtimes П 2376 LF M Micellaneous BLDG 17,18,19,20,23, & 24 Doors 5776 LF X M Micellaneous BLDG 17,18,19,20,23, & 24 Windows П

thecx # 9946

Date of Notification (1)	4-6-17	 Z	T	Name o	f Building Ow		(2)	100		APF	1	1 6	2017	
□ EPA □ DEP DOL DOH	Initial Amended Amendment # Emergency (i justification) Cancellation			Name o		ind Volp	Pak	К,	ASB NJ OI Telephone	89	04	00A 1914 7)L 8
Street Address City (5)	Dwelling			TAG		anox	□ s □ s • o	ther (i.e. c.)	12) r 8 (Other than private & comm	nercia	l build	lings,		»s,
County (6) Middle	id Hark Lsex	. N			Code (7) USE ONLY) _		Curren	t Use (Pri	or if being dem	olishe	ed)	30)+-	_
Name of Monitoring Firm F	lired by Building O	wner (8)		ASC	No.	E	of Abate PC Address	ST	thool	9	ies	,	In	16
City, State, Zip Code Project Manager for Monit	ril gt-irm	N ₂		08 elepho		Teleph	State, Zip	Code	A+ N	5 se No	0	25	3	3
Start Date (10) 4-17-1 Occupancy Status During	7	Scheduled U -	Com			Name	of OSHA		hnologi	es	L	ار	7	
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire Po	eriod of Al	oatem	ent	£	City, S		Box	337 NJ	0	185	53	3	
Scope of Work © heck All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	2000	enovati			%	Mini-	Enclosure bag Pro					٠	
			ocatio				1 14017-	Exemple	a () and Non-	Habit		1900 TA	ment	
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM)	Used Main Custo	Solely stenan dial Si (12)	/ by œ/	(i.e. the	Description Containing formal systems urfacing, VA ner miscellar	ilateriai (s insulati T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Basement		Х			Pipe	Insula	ation	` ''	100 L	P	X			
				,		ubic Yards		Name of	Registered Lar	ndfill				
Name of Registered Waste EPC Tech City, State	nologies	•		DEP Water ID	No. of	Waste /	2	Was	te Manag	jer	9000	٥ (P	A
New Eg	ypt 1 Kea	Title Pres	side	n+	L	Signatus Ste	7	Morn	isville	Pate	A l-	6-	- \ ⁻	子

Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)	reagett	/)	10	-
4/	5 /	17		10000	conic	ng Ownen Operator	(4)		APR	11	201	7
Agencies Notified	Type Notific	cation			t Address							
⊠ EPA ⊠ DOLWD	☐ Initial	4		9 F	Roy Stree	et		ASBE	STOS	100	TR	OL 8
☑ DOH	Amende Amendr	277		City,	State, Zip	Code		i	LUL			
□ DCA	☐ Emerger		_ 	Do	ver, NJ (7801						-
(NJAC 5:23-8)	justificat		19	Nam	e of Conta	ct		Telephone No	ımber			
	☐ Cancella	ition		Ch	arlie Pre	ssner		1				
				FA	CILITY I	NFORMATION		7				
Name of Facility Where	Abatement is	Taking Plac	ce (3)		7 - 4/100		Type of Facility (4)				
Arconic							School (K-12)	C.,				
Street Address 9 Roy Street							Subchapter 8 Other (i.e., pr	(Other than K- ivate and comn	·12) nercial b	uildin	gs,	
City (5)		0-1	<u> </u>	-			homes, etc.) Square Feet	# of Floors		Ida A	~~	
Dover							10,000	2		3ldg. A 50	ge	
County (6)				Cou	ntv Code (7)(STATE USE ONLY)	Current Use (Price		olished)	(50.50)		
Morris					,	///	industrial	or in boing donn	onoriou)			
Name of Monitoring Firm	Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme						
EHS Environmenta	I Co., Inc.						vironmental Co	o., Inc.				
Street Address						Street Address						
411 Southgate Cou	rt					923 Haws Av	e.					
City, State, Zip Code						City, State, Zip Co	ode					
Mickleton, NJ 0805	6					Norristown, I						
Project Manager for Moni	itoring Firm		Tel	ephone	No.	Telephone No.		License No.		-		
Jack Carney			8	56-224	-0080	610-239-9920	1	00398				
Start Date (10)		Scheduled	Compl	etion Da	ite (11)	Name of OSHA N	lonitor					
4 /19 /	_17_	5	/ _ 3	1_ /	17	EHS Environ	mental Co., Inc.	12				
Occupancy Status During	Abatement (Check only	one)			Street Address					TT-5/27	-
☐ Facility Closed/Vacate	ed During Enti	re Period o	f Abate	ement		411 Southgat	te Court					
Abatement Performed						City, State, Zip Co						
Time of Abatement: 7	:00AM- <u>3:30</u> F	PM/F	PM	AM		Mickleton, N.						
Scope of Work (Check all	that apply)											
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enova emolit			☐ Mini-Enc ☐ Glovebag	tainment with Nega losure g Procedure mpted (*) and Non		dura			
			s Loca	ation			inplod () drid Hori	T Habie T Toock		patem	ent T	VDA
Location	of		Norm			Description o	f			-		1
Asbestos-Containing I			ed So ainten	lely by		estos Containing Ma		Amount	\center	Repair	nca	Encl
TO BE ABA IN Facilit		10.70		Staff?	(1.6	e., thermal systems surfacing, VAT,		(Specify SF or LF)	Removal	a:	apsı	Enclosure
(13)	.5		(12)		other miscellane		SF OI LF)	=		Encapsulate	re
		Yes	No	N/A			**				(D	
1 st floor office					floor ti	le and mastic		5,600SF				
1 st floor office					pipe fit	tings		35LF	\boxtimes			
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											П	
Name of Registered Wast	te Hauler			NJDEP '		Cubic Yards of	Name of Regist	ered Landfill				
Newark Carting			1	Hauler II 4509	O No.	Waste 1CY	GROWS					
City, State						Disposal Date	City, State					
Newark, NJ						5/31/17	Morrisville,	PA				
Completed By (Print or Ty	rpe)	Title				Signature			Date	1 1		
James M. Kelly		Vice P	resid	ent					41	/5/1	7	

24/04/2017 01:22PM 18562248799

ASSURED SERVICES

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		N	OTIFIC,	State of New , Ation of Asses	TAG IRA	TO MARK DIP	Comment of the Commen	11	APR	1		017
Date of Notification (1)			(run	erstate od KTYC 818	9 and 12:1	20)	CHE	DM#			V	UII
O4/04/2017 Agencies Notified Type Notified			T	ERRI STANIEV	ner/Operat	or (2)		ASB	EST	J8 C	CA.	7 R
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≫y, State, Zip Code		-				CLEMS A						
roled Manager for Monitoring Firm			Tolo-	hone No.	MUL	LICA HILL	e NJ 08082	2				
tart Data (10)	1000				Telephi 610-3	one No. 104-4878		Ucanse 01145	No.			
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State of New Jersey

		N		CATION	OF ASB	ESTOS	ABATE		СН	ECH	(# 16	CONTROL 8 CENSING umber 12) cial buildings, homes Bldg. Age 50+ shed) SERVICES INC. No. Pressure Abatement Type Removal X	Î		
Date of Notification (1) "04/04/2017				Name of TERR	f Building	Owner/0	Operator (I	(2)		1-7					
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Name of Facility Where RESIDENTIAL	Abatement is Takir	ig Place (3)						of Facility (4						
Street Address									School (K-12 Subchapter Other (i.e. protect)	8 (Othe			dings,	home	es,
City (5) WILLIAMSTOWN									e Feet	# of	Floors			ge	
County (6) GLOUCESTER					Code (7) USE ONLY)	_	Currer	nt Use (Prio IDENTIA	or if bein	g demolish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	/I No.		Name ASS	of Abat	ement Con	tractor (DNME	9) NTAL SE	RVI	CES	INC.	
Street Address								Addres	s IS RUN						
City, State, Zip Code								State, Zip LLICA	o Code HILL NJ (08062					
Project Manager for Mor	itoring Firm			Telepho	ne No.			hone No -304-4			License No 01145).			
Start Date (10) 04/05/2017		Schedule 04/19/2		npletion I	Date (11)		Name EMS		A Monitor						1000
Occupancy Status Durin	g Abatement (Chec	k Only On	e)					Address	s 80 NORT	н					
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire led Outside of Norn OUTSIDE - WORK	Period of A nal Facility AREA VA	batem Hours CATE	ent			City, S	State, Zip	Code		7				
Scope of Work (Check A							CIN	IVAIVIII	NSON NJ	1 0007	/				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		R	enova emolit	tion ion				Mini	i-Enclosure vebag Proc	edure				a	
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Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Register	ed Landfill				_
ASSURED ENVIRO		RVICES	Н	auler ID 034895	No.	of Wa			MINER	VA LA	NDFILL				
City, State MULLICA HILL NJ							sal Date 9/2017		City, State WAYNE		RG, OH				

Date

04/04/2017

Signature

GENERAL MANAGER

Completed by RON SWANSON

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

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	APR	1	1	2017		

	(11		10 NJAC						_	٦
Date of Notification (1)		Name	of Buildin	Owner/Operator	OUCH L	AND BEARING	ON T	RO H	L &	
Agencies Notified Type Notification		Stree	Address	70 TCS	SUP RE)	_			
☐ BPA		City. S	State, Zip C	code	25211	N.T 080	8	6		
Mendment #_ ☐ Emergency (in	cluding				PTFORD	Telephone Number	3)	. 1		+
DOH justification DCA		Name	of Contact						_	-
		FA		ORMATION						-
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility School (K-1)	2)				
RESIDENCE					☐ Subchapter	8 (Other than K-12) rivate & commercial	buildin	gs,		
Street Address					homes, etc.			. Age	_	-
City (5)	4.0				Square Feet	# 01 F10013	100	0		_
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County (6) GLOUSTER		USE	ÓNLY)		VACE			_	=	ᅱ
Name of Monitoring Firm Hired by Building C	Owner	ASCM	No.	Name of Abaten	nent Contractor (S	· · · · · · · · · · · · · · · · · · ·				
(8) W/A				Street Address		1/				
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City, State, Zip Code				MAPCE	SHAPE	M. J 08	050	2_		_
- See Manifering Firm		elephone	No.	Telephone No		License No.	14			
Project Manager for Monitoring Firm				Name of OSHA	9-0472	-1 -00 1				=
Start Date (10)	duled Com	pletion D	ate (11)	Name of OSTA	NA.				_	_
Occupancy Status During Abatement (Che				Street Address						
	eriod of An	atement		City, State, Zip (Code					_
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Other - Describe: Scope of Work (Check all that apply)				☐ Full Co	ntainment with N	egative Pressure				
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Name of Registered Waste Hauler		Hauler	DNO	of Waste	C. W	1. C. M.L	1. 4	4_		
KLUMCO IWC,				Disposal Date	City, State	ODBINE				
MAPLE SHADE I	VIJ			Signature		Date	_7	—— ———————————————————————————————————	7	
Completed By	SUY.			_ Mi	Ill la	$\frac{1}{2}$	_ L			
MICHAEL KLEAM -	0 9 .									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

APR 11 2017

Date of Notification (1)	17			Name o	of Building	Owner/Operator	(2) - W 4	MOITE	ENT	•		S	-	
Agencies Notified	Type Notification		+	Street A	Address 60				FULDING	R	0	MG	r10'	L KX
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DCA	Cancellation		_			OM					_			i i
			•	FAC	LITY INF	ORMATION	Tim	e of Facility (4)					\dashv
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County (6)	TWO THIS			Count	y Code (7) (STATE	Cun		or if being der	mousin	24)			
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Name of Monitoring Firm	Hired by Building	Owner	A	SCMN	10.	Name of Abates			al C.					_
(8)	J/A					Street Address	700							
Street Address	1					369	S.	SPRU	CE AU	E				=
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City, State, Zip Code						MAP	LE	SHAK	License N				_	=
Project Manager for Mo	nitoring Firm		Telep	shone N	lo.	Telephone No.	9-1	01177	License N		14			
Project marager to me						856-77 Name of OSHA					-			-
Start Date (10)		duled Co	(4)	1	e (11)	Name of USPA	MOUNT	AL LA						
11-14-		4-1		1)		Street Address		III		- 27.5				
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Other - Describe:	all that apply)		_			D Evil Co	ontainr	nent with Ne	gative Pressu	ıre				
Scope of Work (Check	all dial apply/		novatio	20		☐ Mini-E	nclosu	re	•					
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City, State WAPLE	SHAVE	M.).			Signature	- 1 -	1 5		ate	7	1-	7	
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	¥.			FACILITY	INFO	RMATION	Туре	of Facility (4)				
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City, State, Zip Code					_	MAPL Telephone No.		SHANC	License No.				
Project Manager for Moni	toring Firm		elept	none No.		856-77	9-	0472	004	44	_		
1.0,000		Juled Con	nletic	on Date (1	11)	Name of OSHA	Monito	or .					
Start Date (10)	Scheo	1- 19	-1-)				NA					
U-17-17 Occupancy Status During	Abatement (Chec	ck only or	ne)			Street Address	5						=
				ent	1	City, State, Zip	Code						
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Other - Describe:	II that apply)					□ Full C	ontain	ment with Ne	gative Pressure				
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		-	A I	UDEP W	aste	Cubic Yards		Name of Re	gistered Landfill	/	1		
Name of Registered Wa				tauter ID I	No.	of Waste		C. W	1. C. M.	U_ V	7		
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MAPLE	SHADE	tle S	^			Signatur	- L	076		1-6	-1	_	=
Completed By WicHAEL	Clemm -	SU	V.										

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 17 New Jersey American Water Company 5 1 Agencies Notified Type Notification Street Address ASSESTOS CONTROL & **⊠** EPA 1025 Laurel Oak Road □ DOLWD ☐ Amended City, State, Zip Code Amendment # ☑ DOH Voorhees, NJ 08043 ☐ Emergency (including □ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation Joe Bolland - B&H Contracting **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Vacant Residence Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 30-32 Lakewood Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age 3,000 2 New Egypt 80 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Residential Ocean ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Shade Environmental, LLC Mgmt. & Environmental Consulting Services Street Address Street Address 623 Cutler Avenue PO Box 341 City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Chesterfield, NJ 08515 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 04 / 24 / 17 05 / 12 / 17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure □ Mini-Enclosure ☐ Renovation ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Description, of Location of Repair Enclosure Removal Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A 1.850 SF X House Exterior \boxtimes Stucco X \boxtimes Stucco 540 SF Garage Exterior

ASB-41

City, State

Name of Registered Waste Hauler

Freehold Cartage

Completed By (Print or Type)

Freehold, NJ

Christina Lynch

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

Cubic Yards of Waste

Disposal Date 05/12/2017

Signature

40

П

Name of Registered Landfill

Morrisville, PA

City, State

GROWS North Landfill

NJDEP Waste

Hauler ID No.

15939

Vice President of Operations

Title

Check # 9943

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Date of Notification (1) April 5,	201	7	Name o	f Building Owner/Operat	Plumbi	1 APH		201	/	il water
Agencies Notified Type Notification	(er-rengues)		Street A	2504 P	lainfield	JASAUZOS	00	ITR	OL 8	j B
☐ EPA Initial ☐ Amended ☐ Amendment	#		City, Sta	Scatch	Plains	NIT (7/	17	1	
☐ Emergency	(including	-	Name o	f Contact	1 1-11012	Telephone Nur	nhe		Ø	
DOH justification)			F	Die Haff		i Telebriorie Ivui	nue			
DEA DEA CARCELLAGO			FACI	LITY INFORMATION	W					83
Name of Facility Where Abatement is Takin	g Place (3)			Type of Facility	(4)	i i			
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Street Address		E				r 8 (Other than K-12 private & commerci		dinae	home	ac.
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City (5) Dlasa Cield		11	T 1	07062	Square Feet	# of Floors	В	Sldg. A	ige 1.tr	-
County (6)		10-	County (Code (7)	Current Use (Pr	ior if being demolish	ned)) (
Union				USE ONLY)			5.5 ft			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	No. Nam	e of Abatement Co		in (£.	In	. 2
Street Address	3	3	1	Stree	et Address	CHAOLOG	100			6
P.O. Box 3	31			- City	Co. 50x State, Zip Code	35 7				
City, State, Zip Code	NO	5	80	533 N	E QU	TUN to	0	85	53	3
Project Manager for Monif Iri Igi Firm	-	1	Telepho		phone No.	License N	0.	10	L	
Steve Schenke	&				758~330 e of OSHA Monitor		76	רכ	工	
Start Date (10) ADRIV 15, 2017	Schedul	വരു വ	I A	Date (11) Nam		hnologies	T			
Occupancy Status During Abatement (Chec	k Only Or	ne)	10		et Address	7	-			
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Scope of Work (Check All That Apply)					Vew Egypt	NJ C	10-	53	<u></u>	
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Demoliti			☐ Mini-Enclosur	e	70000			
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□ Emergency justification)		10000	ame of (Contact					Tele	phone Nur	nber			
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Street Address						Street		702						
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Project Manager for Monitoring Firm		Т	elephon	e No.		Teleph	none I	No.		License N	lo.			
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Start Date (10)	Schedule		pletion [Date (11)		Name		SHA Monitor						
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Facility Closed/Vacated During Entire			ent					(4					
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d DOH	☐ Emergency (injustification)	includin	g	Name (of Contact		-	Telephone N	Umhar			
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Name of Facility Where					ILITY INFORMAT	ION	Type of Facilit	y (4)				
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Street Address							Other (i.e etc.)	ter 8 (Other than K- e. private & commer	12) cial bu	ildings	, hom	ies,
City (5)	ESTFIEL	D	N) (07090		Square Feet	# of Floors		100		
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27 Su	isquehan	na	Hv.			5	Address 7251	2TH STRE	EFT	SITE SOTE SITE SOTE SCONTROL SCON		
City, State, Zip Code	le Park	1	V.5	076	67	City, St	tate, Zip Code	K Nj.	97	10	2	
Project Manager for Moni	itoring Firm .	10.1		Telepho	ne No.	Teleph	one No.	License	No.			
Start Date (10)					6 12 157 Z Date (11)		F 216 5 of OSHA Monito		2 5	14		
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Occupancy Status During		938	©				Address					-
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City (5) Bogota County (6) Bergen				ounty C	ode (7)			n/a		n/a		n/	30.00		
Name of Monitoring Firm Standard Environm Street Address	nental	Owner (8)		ASCM	No.		Ama Street	x Con Addres			(9)				
2108 Fulton St,Sui City, State, Zip Code Brooklyn, NY 1123	3						City, S Woo	dland	p Code Park, NJ	0742	4 License N				
Project Manager for Mo Kayode Adefisoye Start Date (10) 4/14/2017	nitoring Firm	Scheduled 4/18/201	Comp	Assert to State	1-7673		973- Name			LC	01266				
Occupancy Status Durin	cated During Entire ned Outside of Norr	ck Only One) Period of Aba	ateme	ent			Street PO E City, S	Addres Box 73 tate, Zi	ss		24				
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Elleer Address									h	iomes, etc.)		Bldg.			_
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ssex	Pursuan Purs						Name of	f Abatem	ent C	ontractor (9)					
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	chouse Address Orange, NJ 07079 y (6) of Monitoring Firm Hired by Building Owner (8) ASC Address State, Zip Code ct Manager for Monitoring Firm Date (10) 04 / 15 / 17						Street A			50.00					
Street Address	at Address Tologo, NJ 07079					5	76 Val	lley Rd	#283						_
	ty (6) Re of Monitoring Firm Hired by Building Owner (8) And Address State, Zip Code ect Manager for Monitoring Firm t Date (10) 04 / 15 / 17 Scheduled Completing Company Status During Abatement (Check only one)						City, Sta	ate, Zip C	Code						
City, State, Zip Code	ty (6) ty (6) to of Monitoring Firm Hired by Building Owner (8) ASC State, Zip Code act Manager for Monitoring Firm t Date (10) 04 / 15 / 17					1	Wavne.	NJ 074	70						_
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	#2759				n Date			of OSHA	Monit	or					
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/	_ /		_ ′ -					Address	Onsu	ittires, xxx					
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□ Facility Closed \(\)	/acated During Enti	re Perio	od of A	pateiiii Houre	- Desc	rihe	20-21	tate, Zip	Code	au, Diug					
☐ Abatement Perfo	ormed Outside of No	ormai F PM/	achity	PM_	A	M	- 1								
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Scope of Work (Chi	eck all that apply)						Н	Full Co	ontain	ment with Neg	ative Pressure				
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Name of Register	ed Waste Hauler						1		. 12310	Mesonach sprongrape has					
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X DEP X Amended Amendment #_				te, Zip Coo River, No		3		<u> </u>		LICEN	SING	Line weeks		
□ Emergency (inc justification) □ DCA □ Cancellation	Juding	21		Contact e Henry					Telep	ohone Num	per_			
1111			FACIL	LITY INFO	RMATI	ИС					-			
Name of Facility Where Abatement is Taking F Ocean County Courthouse	Place (3))	٠.,	4.			Ту	pe.of Facility (4 School (K-12						1 1 7 1
Street Address 100 Hooper Avenue							×	Subchapter 8 Other (i.e. pr etc.)	Othe (Othe	r than K-12 commercia) I build	ings, l	nome	S.
City (5) Toms River, New Jersey 07753								uare Feet 0,000	# of 4	Floors	965.5	dg. Aq 5+	10	
County (6) Ocean		(County C	Code (7) USE ONLY)		_		rrent Use (Prio	r if beir	ng demolish	ed)			
Name of Monitoring Firm Hired by Building Ow T&M Associates	ner (8)		ASCM	1 No.				Abatement Cont	ractor	(9)				
Street Address 40 Monmouth Park Highway, Suite 2						Street	Add		e					
City, State, Zip Code West Long Branch, New Jersey 0776						City, S	State	, Zip Code nd Park, Nev		sev 0742	1			
Project Manager for Monitoring Firm			Telepho	ne No.		Telepi			7	License N				
Kevin Burns			732-67	76-4000		973-	225	5-8400		01104				
	chedule 14/22/2		pletion	Date (11)				OSHA Monitor vironmental	Labo	ratories L	LC			
Occupancy Status During Abatement (Check	Only Or	ne)				Street								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Occupied	riod of / I Facility	Abatem / Hours	ent			City, S	State	oute 22 Wes						
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City, State Woodland Park, Ne Jersey						sal Date 2/2017		City, State		Α	-			
Completed by Adriana Olejarova	Title Pres	ldent	*)			Signatui	re (ile x	1		ate 4/05/	2017		

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Date of Notification (1) 04/06/2017				Name Mont	of Buildin	g Owner/ ard of E	Operato	or (2) ion			AP	P leck#	464	2017	-
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City (5) Montclair								Squa	etc.) are Feet	# of	Floors		Bldg.	Age	
County (6) Essex				County (STATE	Code (7)	Y)		Curre	ent Use (Pric	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hi	red by Building	Owner (8)	ASC	M No.		Name		atement Con	tractor	(9)				
Detail Associates,Inc Street Address							Lilicl	h Cor	poration						
300 Grand Ave								t Addre McBr	ide Ave						
City, State, Zip Code Englewood, NJ									ip Code I Park, NJ	0742	4				
Project Manager for Monitor Anthony Valentine	ing Firm			Telepho 201-5	one No. 69-6708	3		hone N 225-8			License N 01104	10.			
Start Date (10) 04-20-2017		Schedul 04-21-			Date (11)				HA Monitor nmental L	abora	tories.Ll	C		10100-1-1-1-1	
Occupancy Status During At							Street	Addre	ss			6922			
Facility Closed/Vacated X Abatement Performed C X Other – Describe: start	Outside of Norn	Period of an all Facility	Abater y Hour	ment s			City, S	State, Z	te 22 Wes	ι	-				
Scope of Work (Check All Th							Unio	n, NJ	07083						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		processor.	Renova Demoli			H dz-Ho	×	Mir Glo	I Containmen ni-Enclosure ovebag Proce n-Exempted	edure	0&M			e.	
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Location of Asbestos-Containing Mat TO BE ABATEI		Use Ma	d Sole intena todial	elý by nce/	Asbes (i.e.	tos Cont thermal surfac	systems sing, VA	Material s insula .T, or	(ACM)	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other m	niscellan	neous)				oval	air	sulate	sure
boiler room				х		е	lbows			6	LF	х			
Name of Registered Waste H Lilich Corporation	auler		H	JDEP W auler ID 3724		Cubic \ of Was			Name of Re						
City, State Woodland Park, NJ				46000000		Disposa	al Date		City, State Morrisvill	e PA					
Completed by Adriana Olejarova		Title Presid	dent			Sig	gnature	Jeg)	(and	08	Da	te /06/2	017		

Print Form

_V14099		(14)	ursuant	t to NJAC	8:60 an	d 12:12	0)							- 11
Date of Notification (1) 04/05/2017				of Building ns Resto		Operator	(2)			APP	ck# 2	649	17	1
Agencies Notified Type Notification		100		Address lamburg	Tpke				i	0 0 0 0 77	77.7.		577	1
EPA Initial Amended DEP Amended Amendmen	#		City, St	ate, Zip Co	ode					SBEST(75 U 11.135		HUL	. Ó.
□ Emergency justification) □ DCA □ Cancellation	S		Name o	of Contact elo Colo		ers rep	rese	ent.	Te	lephone N	ımber			
				ILITY INF					-1	-				
Name of Facility Where Abatement is Takir Residence	g Place (3)						Тур	oe of Facility School (K-						
Street Address						*	×	Subchapte Other (i.e. etc.)	r 8 (Oth	er than K- & commer	12) cial bu	ildings	, hom	ies,
City (5) Morristown							Sq	uare Feet	# 0	f Floors		Bldg.	Age	
County (6) Morris				Code (7) USE ONLY				rrent Use (Pr sidence	ior if be	ing demolis	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.				batement Co prporation	ntractor	(9)				
Street Address				W. St.		Street	Add			10110. <u>a 2</u>80101 1				
City, State, Zip Code						City, S	itate,	Zip Code nd Park, N	1.0740	14				
Project Manager for Monitoring Firm			Γelepho	ne No.		Teleph	none		0142	License	No.			
Start Date (10) 04/14/17	Scheduled 04/15/17		pletion	Date (11)		Name	of O	SHA Monitor		01104				
Occupancy Status During Abatement (Chec						Street		onmental	Labora	atories, L	.LC			
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn	Period of At	atem	ent			2333	Ro	ute 22 We	st					
Other - Describe:					_			J 07083		70				
Scope of Work (Check All That Apply)						_	_							-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	N G	ull Containm lini-Enclosur llovebag Pro lon-Exempte	e cedure					
	ls L	ocatio	n					on Exemple	4 / / 4/11	3 11011-1 114		Abate	ement	t
Location of Asbestos-Containing Material (ACM)	Used	rmally Solely		Aabaa		cription					-	Ty	ре	Γ
TO BE ABATED In Facility (13)	Custo	tenan dial St (12)	0.50		thermal surfac		insu T, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	τυ
attick	-		X	ther	mal sy	stem i	nsul	ation	7	'LF	x			
Name of Registered Waste Hauler		INJ	DEP W	aste	Cubic `	Yards		Name of	Regista	red Landfil				
Lilich Corporation			uler ID 724	No.	of Was			GROW						
City, State Woodland Park, New Jersey					Dispos	al Date	,	City, Stat		Ą				
Completed by Adriana Olejarova	Title preside	ent			Si	gnature	()	le James	(C	1 1 1	ate 4/05/2	217		

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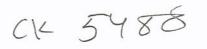
			NOT					BESTOS ABAT C 8:60 and 5:10		DE			\mathbb{V}	E
Date of Notification (1) 04 /	07 /	17					_	Owner/Operator (2)	TAF	B4	6/	01 7	
Agencies Notified ⊠ EPA	Type Notific	ation			50000	eet Add				3 12 31	Ç '	17 6	.017	100
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□ DOH	Amendm				1 1 1 1 1 1 1		e, Zip C			:	ICEN	ISIN	<u>G</u>	
☐ DCA	☐ Emergen	ncy (in	cluding	9				NJ 07762					19 70	
(NJAC 5:23-8)	justificati				5000		Contact			Telephone Num	ber			
	☐ Cancella	tion			R	ichar	rd Hyde	e 						
					F	ACILI	ITY INI	FORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility (4	1)		W-07		-
Residence									School (K-12)					
Street Address									Subchapter 8 Other (i.e., pri			ilding	19	
									homes, etc.)	valo and commo	rolal p	anding	, ,	
City (5)									Square Feet	# of Floors		dg. A	ge	
Spring Lake									2000 sf	2		65		
County (6)					Co	unty C	Code (7)	(STATE USE ONLY)	Current Use (Prio	r if being demoli	shed)			
Monmouth									Residence					
Name of Monitoring Firm		ding C	wner ((8)	ASC	M No.		Name of Abateme						
Guardian Contraction										25				
Street Address	Chochiadess												14511104	
	39 Rte. 9, Unit 61 1889 Route 9, Unit 61													
City, State, Zip Code								City, State, Zip Co						
Toms River, New Je		j						ACCOUNT OF THE PARTY OF THE PAR	New Jersey 087	55				
Project Manager for Monit	oring Firm			1	lephon			Telephone No.		License No.				
Nicholas Fernicola	-				732-34			732-349-9932		00624				
Start Date (10)	5500,000				etion [2100	Name of OSHA M	lonitor					
03 /17 /		_0	4_ /	_1	0 /	17	7	E.M.S.L. Anal	lytical					
Occupancy Status During	Abatement (Check	only o	one)				Street Address						
Facility Closed/Vacated								1056 Stelton						
Abatement Performed								City, State, Zip Co	ode					
Time of Abatement:	AIVI	PIV	1/	PI	1	_AIVI		Piscataway, N	New Jersey 088	54				
Scope of Work (Check all	that apply)													
$\boxtimes \ge 3$ sf or ≥ 3 lf			☐ Re	nova	tion			☐ Full Cont	ainment with Nega losure	tive Pressure				
≥160 sf or ≥260 lf			□ De	molit	ion				Procedure Procedure					
								☐ Non-Exer	mpted (*) and Non-	Friable Procedu	T			
Location of	√f.			Loca				Deservation			Ab	atem	ent T	ype
Asbestos-Containing N		1)			lely by		Asbest	Description of tos Containing Mat		Amount	Rer	Repair	Enc	E
TO BE ABAT					ance/ Staff?	,		thermal systems i	insulation,	(Specify	Removal	air	aps	Enclosure
IN Facility (13)			000	(12				surfacing, VAT, other miscellaned		SF or LF)	<u>n</u>		Encapsulate	иге
Y-7/			Yes	No	N//	4		other micoonane.	343)				fe	
1 st floor				\boxtimes		as	bestos	s pipe insulatio	n	168 If				
basement				\boxtimes		du	uct wra	p		1 sf				
1 ST & 2 ND floor				\boxtimes		he	eat shie	eld insulation		120 sf				
2 nd floor/kitchen				\boxtimes		du	ıct wra	р		20 sf				
Name of Registered Waste	Hauler	-			NJDEF			Cubic Yards of	Name of Registe	ered Landfill				
Guardian Contractin	g, Inc.				Hauler 202		ο,	Waste 8	T.R.R.F.					
City, State					202			Disposal Date	City, State		-			
Toms River, New Jer	sey							04/10/17	State of the State of	ennsylvania				
Completed By (Print or Typ	pe)	Title						Signature	1		ate	1		
Nicholas Fernicola		57/05R058	oject	Mar	nager				1/le	1 4	1	/1-	7	

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Date of Notification (1)		7	Name o	of Building	g Owner	Operator (2)	THE I	APF	1	1	2017	
April 06, 2017			RB Ma	nufactu	ring LL	C							
Agencies Notified Type Notification			Street A	Address				i Asi	EST	121	5257	TT:E3E	31 0
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DEP Amended			and the second section is	ate, Zip C							-		
DOL Amendment		_	Hillsbo	rough, 1	VJ 088	44							
DOH justification)		'	Name o	of Contact	t			Telepho	ne Nur	ber			
DCA Cancellation				Manag									
Name of Facility Where Abatement is Takin	a Diago /	2)	FAC	ILITY INF	FORMAT	CONTRACTOR OF THE PARTY OF THE	T /F 111						
A STATE OF THE STA	g Place (3)				١.	Type of Facility (4)					
Old Boiler House Street Address							School (K-1	2)	V 40	v			
								8 (Other tha			dinas	hom	es
799 Route 206							etc.)				- 33 	11	00,
City (5)							Square Feet	# of Floo	rs	E	Bldg.	Age	
Hillsborough													
County (6)			County	Code (7) USE ONL)	Y)		Current Use (Pri	or if being de	molish	ed)			
Somerset					/			unkn	own				
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	A No.		The stores	f Abatement Cor			0.53.11			
AET, Inc.							ACK Group, L	LC.					
Street Address						Street A							
220 Church Street	apera electric						ings HWY N,	STE 209					
City, State, Zip Code						City, Sta	ate, Zip Code						
Bridgewater, NJ 08807						Cherry	Hill, NJ 08034	4					
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho	ne No.	Lice	nse No				
Eric Houseknecht				18-1108		1	59 - 5000	0078	81				
Start Date (10)	Schedul	ed Cor		Date (11))	Name o	f OSHA Monitor						
4/24/17			5/31/1	7			CK Group, L	LC.					
Occupancy Status During Abatement (Chec	k Only O	ne)				Street A	ddress						
Facility Closed/Vacated During Entire F	Period of	Abater	ment			and the second s	ngs HWY N,	STE 209					
Abatement Performed Outside of Norm Other - Describe:	al Facility	y Hour	S				ite, Zip Code						
						Cherry	Hill, NJ 08034	1					
Scope of Work (Check All That Apply)	_					-	a						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova				\times	Full Containme		ative Pr	essu	e		
2160 St 01 2260 II		Demoli	tion			-	Mini-Enclosure Glovebag Prod						
							Non-Exempted		riable F	roce	dure		
	Is	s Locat	ion					3,000			Abat	emen	t
Location of		Norma	lly		De	escription o	f				Ty	ре	,
Asbestos-Containing Material (ACM)		ed Sole aintena			stos Con	taining Ma	terial (ACM)	Amoun	t			т	
TO BE ABATED In Facility		todial :		(i.e		I systems i acing, VAT,		(Specif		Re	Z	nca	Enc
(13)		(12)				miscellane		SF or LF	-)	Remova	Repair	Encapsulate	Enclosure
							3-26			val	Ŧ	late	Ге
	Yes	No	N/A							. ,			
Penthouse over Old Boiler House	X			ŀ	ooiler f	ront insu	lation	50 s/f		X			
Name of Registered Waste Hauler			J DEP W	/aste	Cubic	Yards	Name of F	Registered La	andfill				
			lauler ID		of Wa			3.2.3.00 E					
Newark Carting			222	53		0.5		and Co./ B	FI/G	RO	NS /	TR	RF
City, State						sal Date	City, State	9	VIII.				
Newark, NJ						5/31/17		/ Imperial		-	lle, F	PA	
Completed by	Title				5	Signature	101/-	1	Date	9			
Michael Cooper	Presid	lent			عدير	- Jane			4/6/	17			

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Date of Notification (1)				Name	of Buildin	g Owner/O	perator (2)	FE	F.I	W	B	E
04 / 06 /	17					avating, I		1	111-11-12	7/0	-14		
Agencies Notified Type Notific					Address					16	11		\mathbb{H}
⊠ EPA	ation		1			ven Roa	ч	4	ll APR	1 ()	2017	1	U
□ DOLWD □ Amende	d			112	State, Zip (u		1000		0.00.00.00		
□ DOH						, NJ 0875	3	and a state of	ASBESTO	00.00	NITTO	<u> </u>	
DCA Emerger (NJAC 5:23-8) Emerger		uding			of Contac		<u> </u>		Telephone Nu			JL C	ă.
(NJAC 5:23-8) justificat					Rose				Telephone 44s	14501011		-	
						IFODMAT	TION				÷ 183		
Name of Facility Where Abatement is	Takina I	Dlaca	/2)	FA	JILIIY IN	NFORMAT	ION	Type of Facility	(4)				
Residence	Taking I	lace	(3)					School (K-1:					
Street Address			La Ver					Subchapter	8 (Other than K-1				
								Other (i.e., phomes, etc.	private and comm	ercial bi	uilding	S,	
City (5)								Square Feet	# of Floors	В	dg. A	ne.	
Lakewood								1200	1	1	65	, ,	
County (6)				Cour	ty Code (7	7)(STATE US	E ONLY)	Current Use (P	rior if being demo		7.7/		
Ocean					3			Residence	J.	60			
Name of Monitoring Firm Hired by Buil	ding Ov	vner (8)	ASCM	No.	Name of	Abateme	ent Contractor (9)				
N/A						Guard	lian Co	ntracting, Inc.					
Street Address						Street Ac							-
Action and the control of the contro						1889	Route 9	, Unit 61					
City, State, Zip Code	, State, Zip Code							ode					
						Toms	River,	New Jersey 08	3755				
Project Manager for Monitoring Firm			Tele	phone	No.	Telephor	e No.		License No.			7500	
						732-34	49-9932	!	00624				
Start Date (10)	Schedul	ed Co	mple	tion Da	te (11)	Name of	OSHA N	1onitor					
04 /20 /17	_04	_ /	_ 21	_ / .	17	E.M.S	.L. Ana	lytical					
Occupancy Status During Abatement (200			Street Ac	ldress		—			i Elimo	
Facility Closed/Vacated During Ent						1056 \$	Stelton						
Abatement Performed Outside of N Time of Abatement:AM						City, Stat	e, Zip Co	ode					
Time of AbatementAivi	F1VI/		_PIVI-	III CON CONTRACT	HIVI	Piscat	away, I	New Jersey 08	854				
Scope of Work (Check all that apply)							F 11 O /						
☐ >3 sf or >3 lf		Rer	novati	on			Fuii Cont Mini-Enc	tainment with Ne losure	gative Pressure				
⊠ ≥160 sf or ≥260 lf		☑ Der	nolitio	n			Glovebag	g Procedure					
		I.	1		1	×	Non-Exe	mpted (*) and No	n-Friable Proced				
Location of			Locat lorma			Door	cription o	£		Ab	atem	ent T	ype
Asbestos-Containing Material (ACM	A)		d Sole		Asbe			terial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABATED IN Facility			ntena odial S	nce/ Staff?	(i.e	e., thermal s			(Specify SF or LF)	Removal	air	aps	Enclosure
(13)			(12)				ng, VAT, scellane		SF (I LF)	1 2		Encapsulate	ē
		Yes	No	N/A								Ф	
exterior	[\boxtimes		asbesto	os siding			1200				
	1	7									П	П	П
		= +	\Box						36.				
										ᆜᆜ		Ш	Ш
] [Ц										
Name of Registered Waste Hauler			1.0505	JDEP \ auler II		Cubic Ya Waste	rds of	Name of Regi	stered Landfill				
Guardian Contracting, Inc.			11	20223		3		T.R.R.F.					
City, State						Disposal		City, State					
Toms River, New Jersey						04/24/	17	Tullytown	Pennsylvania	1			
Completed By (Print or Type)	Title		1012/11			Sign	ature	1	// [Date	1		
Nicholas Fernicola	Pro	ject	Mana	ager) Je	1	4/6	11-	7	



State of New Jersey

	N			OF ASB								U	<u>U</u>	7	
Date of Notification (1) 4/6/17			Name of Rich V	f Building ictor	Owner/0	Operator	(2)			APR	1 ()	20	17		
Agencies Notified Type Notification			Street A	ddress			112-1		1000	OTO					\exists
EPA X Initial Amended			City, Sta	ite, Zip Co	ode				ASBE	STOS	NSI	NT NG	ROL	&	-
➤ DOL Amendment #				c City, N						-		110			
Emergency (in justification)	ncluding			f Contact					Tele	ephone N	Numb	er			
DCA Cancellation			Victor	LITY INFO	ODMAT	ON			Ĭ.				_		
Name of Facility Where Abatement is Taking	Place (3)	PAGI	LITTINE	JKIVIAI	ON	Туре	of Facility (4)	No. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10					
Atlantic City			10000					School (K-							
Street Address					-			Subchapter Other (i.e. p				build	ings, I	nome	s,
City (5)								etc.) are Feet	# of	Floors		BI	dg. Ag	e	_
Atlantic City															
County (6) Atlantic				Code (7) USE ONLY)		Curr	ant Use (Pri	or if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	1 No.				atement Cor D PROFE							
Street Address						Street		DOVE C	OLIDT	į.					
City, State, Zip Code						0.500 (0.10)	111111111111111111111111111111111111111	Zip Code	301(1		-50				-
								ÓD, NJ 0	8701						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-	none N 668-9			License 1200	e No.			3	
Start Date (10)	Schedule	d Com	pletion l	Date (11)	-			HA Monitor		.200	<u> </u>				-
	4/21/17				-17			D PROFE	SSIO	NALS					
Occupancy Status During Abatement (Check		- 7				Street 6 WH		DOVE C	OURT						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:—						City, S	tate, Z	Zip Code					De-201221		
Scope of Work (Check All That Apply)					_	LAK	EWO	OD, NJ 0	8701						
≥3 sf or ≥3 If	X R	enovat	ion			×	E FI	ıll Containm	ent with	Negativ	e Pre	eeur	P		
≥160 sf or ≥260 lf	Bernound	emoliti				F	Mi	ni-Enclosur ovebag Pro	е	riogani	0110	,00Ui			
								on-Exempte		d Non-Fr	iable	Prod	edure		
	11000	Locatio											Abater Typ		
Location of Asbestos-Containing Material (ACM)	Use	lormall d Solel	y by	Asbes		scription taining N		al (ACM)	A	mount			Ť		
TO BE ABATED In Facility	10 10000000	ntenar odial S	A 200 (100)	(i.e.		system: cing, VA		ation,		pecify or LF)		Remova	Re	ncap	Encl
(13)		(12)				niscellar				0. 2. /		noval	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	
INTERIOR					F	loor Til	е		7	5SF	2	ĸ			
Name of Registered Waste Hauler		l NI	JDEP W	lasto	Cubio	Yards		Name of	Danieta	red Land	460				
NEWARK CARTING		H	auler ID 1509		of Wa			IESI	rvegiste	ieu Lan	anii				
City, State NEWARK, NJ					Dispo 4/21/	sal Date 17		City, Stat BETHL		1 PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signature	9				Date				

Print Form

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Date of Notification (1)				Name of	Building O	wherapi	NOY	F<	3					
Agencies Notified T	ype Notification			Street Ac		,0,0	10 0 1.		1	APR 1	0	2017		
	Initial													
D DEP	I Amended				te, Zip Cod		1		AS	BESTOS 1100	ÇOI	VIR	OL 8	X
ZÍ DOL	Amendment # I Emergency (in		— <u>L</u>			SU CIG	HEI	GHT S	. P	phone Numb	1919	10		
DOH	justification)	-		Name of	Contact .	مام	YES		leic	spriorie ivuilio	CI.			
□ DCA □	Cancellation			FACI	LITY INFO	100						Wester		-
Name of Facility Where Abate								pe of Facility (4	1)					
M	R. Noy.	E5_						School (K-1						
Street Address				35.00.37 25.				Subchapter 8 Other (i.e. pr	(Other rivate &	than K-12) commercial b	uildin	gs, ho	nes, e	etc.)
					-			uare Feet		Floors		ldg. A		
City (5)	NOR HE	= 10.6	- 6		#	- 21	Sq	1800	# 01	2		194		
County (6)	out he	16H	13	County (Code (7)*	-	Cu	rrent'Use (Prior	if being		1			
Bell	LGEN				USE ONLY)					ENCE				
Name of Monitoring Firm Him		vner (8)		ASCN	A No.		Name of A	batement Contr	actor (9))				
		700-0						Removal I	nc					
Street Address							Street Addr	553		of work To				
=======================================							450 S City, State,	South Rive	r Stre	et		-		
City, State, Zip Code							B 200 0	nsack, NJ	0760	1				
Project Manager for Monitoria	ng Firm			Telephor	ne No.		Telephone		0,00	License No.				
110,000 17111111111111111111111111111111								-329-7444	4	003	88			
Start Date (10)		Schedule	d Comp	letion Da	ate (11)		Name of O	SHA Monitor			*********	100		
4/24/17			f/2	5/17				ga Environ	menta	al	C+111.C+			
Occupancy Status During Aba	tement (Check On	ly One)					Street Addr	ess Huyler Str	eet				~	
☐ Facility Closed/Vacated ☐ Abatement Performed On	wide of Normal E	acility Ua	1100		88		City, State,							
Other - Describe: 8	DO BH	TO 5	:00	PM		-	Sout	h Hackens	ack, 1	NJ 07606				
Scope of Work (Check All The	at Apply)			-						19				
≥3 sf or ≥3 lf			Renovati	ion				Full Containme		Negative Press	sure			
□ ≥160 sf or ≥260 lf			Demoliti	on				Mini-Enclosure Glovebag Proce						
							ō	Non-Exempted	(*) and	Non-Friable F	roced	200		
		ls ls	Locati	on								7.00	ment pe	
Location of			Normall ed Solel				scription of	14000				Ť		Г
Asbestos-Containing Mar TO BE ABATI		M	aintenar	nce/	Asbes (i.e. ther	tos Cont mal syst	aining Materi ems insulation	n, surfacing,	. (5	mount Specify	Re	R	Enc	En
In Facility (13)	111111 4	Cus	todial S (12)	tarr?			VAT, or miscellaneous		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(15)		Yes	No	N/A	-	Outer		-,			32		ate	Te.
	,	165	140	IVA	-			- 1		relE	×			
BASEMEN		-			THERM	ucy.	STEM IN	SULTION		65LF	^			
		-												
		-												
										11. 15"				
Name of Registered Waste Har	uler			JDEP Wauler ID		Cubic of War				ed Landfill				
Best Removal Inc				171			Zeys	Control of the Contro		va Enter	orise	s, L	LC	
City, State	7.601						sal Date	City, State		- 011 4	1.00	,		
Hackensack, NJ 07	7001	TON					125/17	Wayı	nesbu	rg, OH 44		>		
Completed by J. Maiorano		Title		to=		5	Signature	fois es	ص	Dat	41.	7/1	7	
J. IVIAIUIAIIU		LE	stima	LOF			X .	1025,007)	- 1	11	/	
ASB-41 (R-06-08)							() Do	not use this for	m for as	bestos licensu	ге ехе	mpted	activ	ities.

CK4658

Print Form

Date of Notification (1) 04/07/2017					of Building Owi Marybeth Ro		r (2)	The second secon	ARB+	14	201	a 5	业
Agencies Notified EPA DEP DOL	Type Notification Initial	: # (including		City, St	Address tate, Zip Code er, NJ 0762 of Contact					ENS	DNTI ING	ROL	&
≥ DOH DCA	justification) Cancellation				or Contact oeth Rothma	an		Telep	hone Nu	mber			
Name of Facility Where	Abatement is Takir	g Place (3)	FAC	ILITY INFORM	MATION	Type of Facility	(4)					
Residence Street Address							School (K						
Office Madress	8							er 8 (Other private & c			ldings	, hom	es,
City (5) Closter							Square Feet 1800	# of F	loors	1	3ldg. /	\ge	
County (6) Bergen					Code (7) USE ONLY)		Current Use (Pr		demolisi	ned)			
Name of Monitoring Firm Detail Associates	Hired by Building	Owner (8)		ASCI	M No.		of Abatement Con Corporation	ontractor (9)				
Street Address 300 Grand Ave						Street	Address McBride Ace						
City, State, Zip Code Englewood, N J 076	31						State, Zip Code dland Park,N.	J 07424					
Project Manager for Moni Anthony Valentine	toring Firm			Telepho 201-5	one No. 69-6708	Telepi	hone No. 225-8400	L	icense N	0.			
Start Date (10) 04/17/2017		Schedule 04/19/2		mpletion	Date (11)	10	of OSHA Monitor		C			0.550.00	
Occupancy Status During	Abatement (Chec	k Only Or	ne)			Street	Address						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F ed Outside of Norm	Period of A	Abaten Hours	nent s		City, S	Route 22 We	est					
Scope of Work (Check All	That Apply)			-20			n, NJ 07083	· · ·					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	lenova emolit				Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	ent with Ne e cedure	egative P	ressu		9	
			Locati					<u> </u>			Abate	ment	
Location Asbestos-Containing N		Use	lormal d Sole	ly by	Asbestos (Description	of laterial (ACM)	Amo	unt		Ту		
TO BE ABA In Facilit (13)		Cust	intenai odial 8 (12)	Staff?	(i.e. ther	mal system: urfacing, VA er miscellar	s insulation, T, or	(Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
2nd floor bedro	nom 182	Yes	No	N/A		flaa !!!-		100				le l	
2nd floor ha				X		floor tiles		480		X			
2nd floor bedroor				X	gypsum b	STATES OF THE PARTY OF	compound	620		x			
					071	•				-			
Name of Registered Waste Lilih Corporation	e Hauler		Н	JDEP W auler ID 3724	20	bic Yards Waste	ALCOHOLOGICA.	Registered S Landfil					
City, State Woodland Park, NJ			1.	- 11 mm 25	Dis	posal Date	City, Stat						
Completed by Adriana Olejarova		Title presid	lent			Signature		78_	Dat	e '07/2	017		

CK 4657

				ICATIO	tate of Nev N OF ASBI t to NJAC	ESTOS	ABATE		ID) E C	E			Tr
Date of Notification (1) 04/07/2017					of Building (Chaten	416	2000		
	ype Notification				Address Morris Ave	enue			1	y Al II	1 4)	201		L
EPA × DEP × DOL	Amendment #		_	City, St	ate, Zip Co ille, NJ 07	de			1	ASSESTC LIC	S CO ENSI	NTR()L &	
× DOH DCA	Emergency (in justification) Cancellation	iciuaing			of Contact Marinelli			1	I.	Telenhone.	Number	Marchine .	- Contraction	
Name of Facility Where Aba	atement is Taking	Place (3)	FAC	ILITY INFO	RMAT	ION	Type of Fa	cility (4)					
Valley View school		1 1000 (-, 	4				posterior de la constantina della constantina de	ol (K-12)					
Street Address 320 Diamond Spring I	Road									Other than I		ildings	, hom	ies,
City (5) Denville								Square Fe	et	# of Floors		Bldg.	Age	
County (6) Morris			T		Code (7) USE ONLY)			Current Us	e (Prior i	being demo	olished)			
Name of Monitoring Firm Hi New Wave Consultan		wner (8)		ASC	M No.			of Abateme Corportio		ctor (9)				
Street Address POB 4128							Street	Address McBride A		-				-
City, State, Zip Code Wayne, NJ 07470								tate, Zip Co dland Par		7424				
Project Manager for Monitor Nadine Bello	ing Firm			Telepho 973-6	ne No. 16-4601		Teleph	one No. 225-8400		License 01104				
Start Date (10) 04/17/2017		Schedule 04/19/2		pletion	Date (11)			of OSHA Mo		oratories,	LLC			
Occupancy Status During Al							Street	Address						
Abatement Performed Other – Describe:	d During Entire Pe Outside of Norma	riod of A	Abatem Hours	ent			City, St	Route 22	de	3		-		
Scope of Work (Check All Th	nat Apply)						Offici	n, NJ 070	03					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Personne	Renova Pemoliti				×	Mini-Enc Gloveba	losure 3 Procedi	with Negativ ureWrap/ and Non-Fr	cut		٩	
			Locati					Tron End	1	01101101111	I I	Abati	ement pe	i
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)		Use Ma	lormall d Solei intenar odial S (12)	y by ice/	(i.e. t	os Cont hermal surfac		aterial (ACN insulation, Γ, or	1)	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
hoilar raam		Yes	No	N/A		•							ite	е
boiler room	1	X			Incine	erator-	chimne	ey insulat.		20 sf	x	-		
Name of Registered Waste H	lauler		10.0	JDEP W		Cubic '	Yards	Nan	ne of Reg	istered Land	Ifill			
Lilich Corporation				auler ID 1724	No.	of Was	te	-	OWS L					
City, State Woodland Park, NJ						•	al Date	Mo	State rrisville,	PA				
Completed by Adriana Olejarova		Title presid	dent			Si	gnature	Copin	7		Date 04/07/	2017		
						-	1	1 1			1541			

	(ros abatement 7 and 12:120-7)			ā =	_			
Date of Notification			Name	of Bui	lding	Owner/Operator		n E	GE	1	W	F	E
4/6/2017			Kir	n Adi	ler		and the second	Sand S					7//)
Agencies Notified	Type Notificati	.on	Stree	t Addr	ess			1	חר		001	_	IIII
[]EPA	[X]Initial						1	i L Ar	PR 1	n	201	7	L
[]DEP	Notificat	ion	77		, Zip					- 10 May 2 10 10			
[X]DOL	[]Amended Notificat	ion	Blo	oomf:	ield	NJ,07003		ASBES	TOS	CON	VTR	OL 8	2
[X] DOH			Name	of Con	tact		Telephor	ne Number	JOEN.	SIN	9_		
[]DCA	[]EMERGENCY		Kir	n Adi	ler					· Pra			
	[]Cancellati	on											
Name of Facility Whe	ere Abatement is	Takir	ng Pla	THE THE		INFORMATION	Type of Facil	ity (4)				-	
Kim Adler							[]School						
							[]Subchar	ter 8 (Oth					
Street Address							[X]Other (i.e., priv		CO	mmer	cia	1
							Square Feet	# of Flo		Blo	dg.	Age	
City (5)	Co	unty ((6)		100000000	nty Code (7)	2742	2			9		
Bloomfield	E:	ssex			(ST	ATE USE ONLY)	Current Use (Prior if b	eing	dem	olis	hed))
										76			
Name of Monitoring F Owner (8)	Firm hired by Bu	ilding	ASC	M No.		The second secon	ment Contracto ANAGEMENT						
N/A								, inc.					
Street Address						Street Address	s topher St						
City State 7in Cod	40					City, State,							
City, State, Zip Coo	ie						r, NJ 070	42					
Project Manager for	Monitoring Firm	Tel	enhon	e Numb	er	Telephone Numl		03745-504 	Licen	Se.	Numh	ner	
riojece nanager ror	TIOTE COLUMN TELE	N/			,61	(973) 744			00:			,	
Scheduled Start Date	e (10) Sched.	Compl	etion	Date	(11)	Name of OSHA 1	Monitor					-	
	017 04		9	201		N/A							
Month Day Y	ear Mont		ay	Year		Street Address					-	67/6-	
	sed/Vacated Duri					Street Address	3						
of Abatemen []Abatement Pe	t rformed Outside	of No:	rmal 1	Facili	tv	City, State, 2	in Code						
Hours - Desc	ribe: «OffHours I	escri	ot»		-1	City, State, 2	ip code						
	ribe: «Other Occu		Desc	ript»									
Scope of Work (Check	all that apply)				[]Full	Containment wi	th Negativ	e Pre	ssu	re		
[X]>3 sf or	The state of the s	2002		vation		TOUTH CONTRACT	Enclosure						
[] <u>≥</u> 160 sf o	DF 2260 II	L] Demo	lition	1		-bag Procedure riable Procedu						
Location	of.	Lo	Is ocatio	on		Doganintio	n of		2	Abat	teme	nt I	ype
Asbestos-Con		No	Used	Ly		Descriptio Asbestos-Cont		Amount	:	R E	R	NC	N C
Material TO BE AB			Solely	ance/		Material ((i.e., thermal		(Specif		M	E	A	HO
In Facil			stodi		ins	sulation, surfa		LF)	İ	VA	A	S	S
(13)		Yes	No	N/A		or other miscel	llaneous)			L	R	L	R
Basement				X	Pipe	Insulation	on	15 LE	F 2	2			
					-								
										\neg			
Name of Registered W	Waste Hauler	1	DEP W		91	oic Yards	Name of Regi						
AZTECH MANAG	EMENT, INC.		1040	ID No.	of	Waste 1.0	Minerva	Enterp	ris	e :	INC		
City, State						sposal Date	City, State				2000):
Montclair, NJ	07042				0	4/20/2017	Waynesb	urg/, Oh	io '	44	688	3	
Completed By (Print	or Type) Title					Signature	11	/	Dat	ie.		-	
Constantine V	737	side	nt			1 100	ash I	/12			017		
						11 /00	V/M/lea//	000					

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Date of Notification (1) 4 /	07 /	17						ner/Operator (2 rd of Educat	111 1		U U	5	$\ \ $	
						75//s								-
Agencies Notified EPA	Type Notifica ☐ Initial	ition			6.01.00.00.00.00.0	Address Cottage F	Dlace	4		APR 1	0 201	7	L	
⊠ DOLWD	☐ Amended					-		•	-	1				+
⊠ DHSS	Amendme					tate, Zip C		7454		ASBESTOS (CONTR	01.8		
⊠ DCA	⊠ Emergend	cy (inc	luding			gewood	1000000	/451		11000	A11.1M			-
(NJAC 5:23-8)	justification	on)				of Contact			Tomation and the second	Telephone N	ımber			_
N 12	☐ Cancellat	ion			Ste	ve Ticher	nor			* 3				
					FAC	CILITY IN	FOR	MATION						•
Name of Facility Where A	Abatement is T	aking	Place	(3)					Type of Facility					
Ben Franklin Middl	e School								School (K-1		12)			
Street Address										8 (Other than K- private and comr		uilding	IS.	
355 North Van Dien	n Ave								homes, etc.				(77.8)	
City (5)									Square Feet	# of Floors	В	dg. A	ge	
Ridgewood, NJ									49,000	3		85 ye	ears	
County (6)					Cour	ty Code (7	(STA	TE USE ONLY)	Current Use (P	rior if being dem	olished)			
Bergen									Educationa	al				
Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)				
EnviroVision Cons	ultants, Inc				0007	9	N	ew America	n Restoration	1				
Street Address							Stre	et Address			,		late = 14900	
20-21 Wagaraw Rd.	- Building 3	5 E					4	21-423 Strai	ght Street					
City, State, Zip Code							City	, State, Zip Co	ode					
Fairlawn NJ 07410							P	aterson, NJ	07501					
Project Manager for Mon	itoring Firm)	Tele	phone	No.	Tele	ephone No.		License No.				
Guillermo M. Moral				1	72-636		0.00000	73-925-1303		00805				
Start Date (10)		chedi	ıled C	omple	tion Da	te (11)	Nar	ne of OSHA M	Ionitor					
04 / 10 /							N	/A						
Occupancy Status During							Stre	et Address						
☐ Facility Closed/Vacate					ment		1200000	/A						
						cribe		, State, Zip Co	nde					_
Time of Abatement:	AM	PM	I/	_PM-		AM	- 0.00	/A						
Scope of Work (Check al	I that apply)	-		-						-		-		
Scope of Work (Crieck at	i tilat apply)									egative Pressure				
≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Enc	losure g Procedure					
≥160 sf or ≥260 lf		9	∐ ⊅е	molitic	on			☐ Non-Exe	mpted (*) and N	on-Friable Proce	edure			
			Is	Loca	tion						Al	atem	ent T	уре
Location	of			Norma		W/2-1-12/2-2-2-2-2		Description of			Z	Z	Ш	ш
Asbestos-Containing)		a Soi intena	ely by			Containing Ma		Amount (Specify	ema	Repair	nca	nclo
TO BE ABA					Staff?	(1.6		mal systems urfacing, VAT		SF or LF)	Removal	=	psu	Enclosure
(13)	cy .			(12)		ļ		ner miscellane			-		Encapsulate	Ø
			Yes	No	N/A									
Boiler Room			\boxtimes			Boiler E	Bree	ching		300 sf				
Boiler Room						Pipe &	Join	ts		335 LF				
Boiler Room						Rope G	aske	et		150 LF				
Name of Registered Was	te Hauler			333	JDEP 1		-MONTHS	oic Yards of	Name of Reg	istered Landfill				
New American Res				F	lauler II 30399		Was		G.R.O.W.	S				
City, State					00000			oosal Date	City, State					
Paterson, NJ							Т	BD	Morrisvill	e, PA				
Completed By (Print or T	vpe)	Title			2000 - C-1			Signature //	1		Date			
Igor Jezdimirovic	/r=/	grant or water.	ce Pr	eside	ent				11		04-0	7-2	205	7
1901 0024111110410					succession			1	11/		- , -		-	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)					Name	of Building	g Ow	vner/Operator (2)		F @ F	2 0	_			_
	07 /	17	_		10			ard of Educat		11D)r	ECE		\mathbb{V}	E	F	11
Agencies Notified	Type Notific	ation			Street	Address									111	Ш
⊠ EPA	☐ Initial				49	Cottage I	Plac	e		1111	APR 1	0 2	017		Ш	
⊠ DOLWD	Amende Amendm	50 to 100			City, S	State, Zip C	Code	1		1 1			011		braces	1
☑ DHSS ☑ DCA	⊠ Emerger		cluding	1	Rid	gewood	NJ (07451		1 40	DEOTE					
(NJAC 5:23-8)	justificati		oraanig	9	Name	of Contac	t			7	Telephone N	umbei	TRO	DL 8		
	☐ Cancella	tion			Ste	ve Tiche	nor				50,000 575,000			_		J
					FA	CILITY IN	IFOR	RMATION		77 (1994)	CONTRACT CONTRACT CONTRACT		- 4			
Name of Facility Where A	Abatement is	Taking	Place	(3)		•			Туре	of Facility (4	.)					14
Travell Elem. School	ol									chool (K-12)	(O4141 1/	40)				
Street Address											(Other than K rate and com		l bu	ildino	IS.	
355 North Van Dien	n Ave									omes, etc.)	ato and born				, -,	
City (5)									Squa	re Feet	# of Floors		Blo	ig. A	ge	
Ridgewood, NJ									30,	,000	1		(33 ye	ears	
County (6)					Con	nty Code (7)(STA	ATE USE ONLY)	Curre	ent Use (Prio	r if being dem	nolishe	d)			
Bergen									Ed	ucational						
Name of Monitoring Firm		ding O	wner ((8)	ASCM	No.	Na	me of Abateme	ent Cor	ntractor (9)						
EnviroVision Consu	ultants, Inc				0007	79	1	New America	in Res	storation				-======		
Street Address							Str	eet Address								
20-21 Wagaraw Rd.	- Building 3	5 E					4	121-423 Strai	ght S	treet						
City, State, Zip Code							Cit	y, State, Zip Co	ode							
Fairlawn NJ 07410							F	Paterson, NJ	0750)1						
Project Manager for Moni	toring Firm			Tel	ephone	No.	Tel	lephone No.			License No					
Guillermo M. Morale	es			9	72-636	-9145	9	73-925-1303			00805					
Start Date (10)	1000	Sched	uled C	omple	etion Da	te (11)	Na	me of OSHA M	lonitor							
04 /10 /	17	0	4_ /	_1	3_/	17_	N	N/A								
Occupancy Status During	Abatement (Check	only o	one)			Str	eet Address								
□ Facility Closed/Vacate							N	N/A								
Abatement Performed						cribe	City	y, State, Zip Co	ode				2.57.70	- 11 Col		
EVENTINGS TWEETER	AM-4PM/	CO ST	1-	AM			N	N/A								
Scope of Work (Check all	that apply)	100	9													
☐ >3 sf or >3 lf			⊠ Re	novat	ion						tive Pressure					
≥160 sf or ≥260 lf			☐ De					☐ Glovebag	-							
				100-1-0				☐ Non-Exe	mpted	(*) and Non-	Friable Proce	edure				
				Loca									Aba		ent T	уре
Location of Asbestos-Containing N		n l			ely by	Ashe	stos	Description o Containing Ma		ACM)	Amount		Re	Re	E	En
TO BE ABA		,		intena			., the	ermal systems i	insulati		(Specify		Removal	Repair	cap	Enclosure
IN Facility	У		Cusi	(12)	Staff?			surfacing, VAT, her miscellane			SF or LF)		/al	0.50	Encapsulate	ure
(13)		Ī	Yes	No	N/A	1	Ot	Hel IIIIscellane	ous)						te	
Boiler Room						Boiler E	Bree	ching			130 sf		X		\boxtimes	
Boiler Room						Pipe &	Join	its			15LF		X		\boxtimes	
									SS =							
Name of Registered Waste	e Hauler			1	JDEP \	Vaste	Cut	bic Yards of	Nam	ne of Registe	red Landfill					
New American Rest				H	lauler II		Wa		G.	.R.O.W.S						
City, State			*****		30399	,		0 posal Date	City.	State			-	-		
Paterson, NJ							10000	BD 1	1 - 2 - 2	orrisville,	PA					
Completed By (Print or Ty	ne)	Title						Signature	1			Date			41.	
Igor Jezdimirovic		0.00000000	ce Pr	eside	ent			U	1			41	19	7/2	201	7
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ASB-41 MAY 11

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

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Date of Notification (1)					Name	of Building	Owr	ner/Operator (2	2)			\mathbb{V}	B	In	I
4 /	07 /	17			Rid	gewood l	Boar	rd of Educat	ion						
Agencies Notified	Type Notifica	ation			Street	Address			101	APR 1	0 2	747		U	
⊠ EPA	☐ Initial				49 (Cottage F	Place	9	14 1	Arn 1	1) (1	11/	-		
□ DOLWD	☐ Amended				City, S	state, Zip C	ode		and the same of th						
⊠ DHSS	Amendme		ding		Rid	gewood l	NJ 0	7451		ASBESTOS		332 344	DL &		
□ DCA (NJAC 5:23-8)	justification		aing		Name	of Contact			1	Telephone N	lumber	Ì			J
(110/10/0.20/0)	☐ Cancellat				Ste	ve Ticher	nor								
*					FAC	CILITY IN	FOR	RMATION							1X
Name of Facility Where A	Abatement is T	aking Pl	lace (3)					Type of Facility	(4)					
Ben Franklin Middle		, c=-y: 1 .0 0							School (K-1						
Street Address									☐ Subchapter	8 (Other than K private and com	(-12) mercia	l bui	Idina	s.	
355 North Van Dien	n Ave								homes, etc				iumg	-,	
City (5)									Square Feet	# of Floors		Bld	g. Ag	je	
Ridgewood, NJ									49,000	3		8	5 ye	ars	
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being den	nolishe	d)			
Bergen									Education	al					
Name of Monitoring Firm	Hired by Build	ding Owr	ner (8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9	9)					
EnviroVision Const	ultants, inc				0007	9	N	lew America	n Restoration	า					
Street Address						77.00	Stre	eet Address							
20-21 Wagaraw Rd.	- Building 3	5 E					4	21-423 Strai	ght Street						
City, State, Zip Code							City	, State, Zip Co	ode						
Fairlawn NJ 07410							P	aterson, NJ	07501						
Project Manager for Moni	toring Firm			Tele	phone	No.	Tele	ephone No.		License No).				
Guillermo M. Moral					72-636			73-925-1303		00805					
Start Date (10)		Schedule		Transfer of the			313.5	ne of OSHA M	onitor						
04 /10 /	17	04	_ /	16	_ / _	17_	N	I/A							
Occupancy Status During							Stre	eet Address		***					
□ Facility Closed/Vacate								I/A		-04					
								, State, Zip Co	ode						
				_ I IVI-		ruvi	N	/A		was the same of th					
Scope of Work (Check all	that apply)							M Full Cont	ainment with Na	egative Pressure	<u>a</u>				
≥3 sf or ≥3 lf		\boxtimes	Ren	ovati	on			☐ Mini-Enc	losure	ogalive i recours					
≥160 sf or ≥260 lf			Dem	nolitio	n			Glovebag		on-Friable Proc	adura				
			le l	ocat	ion	T		□ Noti-Exe	inpled () and is	T TIABLE 1 100	Cuulo	Ahs	teme	ent Ty	/ne
Location	of		No	orma	lly			Description o	f		-			_	
Asbestos-Containing I	Material (ACM)			ely by ince/			Containing Ma		Amount		(em	Repair	nca	nclo
TO BE ABA IN Facilit		(Staff?	(i.e.		rmal systems i urfacing, VAT,		(Specify SF or LF)		Removal	₹	Encapsulate	Enclosure
(13)	9			(12)	T zzzz	-		ner miscellane						late	O
		Y	'es	No	N/A								_	7.20	_
Boiler Room						Boiler E	Bree	ching		300 sf					Ш
Boiler Room			a			Pipe &	Join	ts		335 LF					
Boiler Room						Rope G	aske	et		150 LF		X			
			7												
Name of Registered Was	te Hauler			IN	JDEP \	Vaste	Cub	oic Yards of	Name of Reg	istered Landfill					
New American Rest	oration, Inc			H	lauler II		Was		G.R.O.W.	S					
City, State					30399			oosal Date	City, State						
Paterson, NJ							Т	BD	Morrisvill	e, PA					
Completed By (Print or Ty	rpe)	Title						Signature //	1		Date				
Igor Jezdimirovic	. 7	Vice	Pre	side	ent				11		04-	0	7-2	ОГ	7
.3								1	16		-1			5.5	

ASB-41 MAY 11

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

CX 6635

Date of Notification (1)					Name	of Building	Owner/Operator (2)	ECE			Last Company	
4 /	07 / _	17	_		Ridg	gewood E	Board of Educat	tion []	EGE	U U	<u> </u>		
Agencies Notified	Type Notificat	ion			Street	Address		10					
⊠ EPA	☐ Initial				49 C	ottage P	lace		APR 1	0 2017		L	/
□ DOLWD	☐ Amended				City, S	tate, Zip C	ode	and the					
□ DHSS	Amendme				Ridg	gewood I	NJ 07451			CONTE	01	2.	
□ DCA (NJAC 5:23-8)			uaing	ı	Name	of Contact			ASPESTOS.	MYSCALL	OL		
(NJAC 3.23-0)	☐ Cancellation	35			Stev	e Ticher	nor						
					FAC	ILITY IN	FORMATION			-			
Name of Facility Where A	Abatement is Ta	aking F	Place	(3)				Type of Facility					
George Washingto	n Middle Sch	lool						School (K-12	?) 8 (Other than K-1	2)			
Street Address								Other (i.e., p	rivate and comm	ercial bu	lding	S,	
155 Washington Pl	ace							homes, etc.)					
City (5)		- manual c						Square Feet	# of Floors	1 - 6	lg. Ag		
Ridgewood, NJ								49,000	3	8	35 ye	ars	
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Bergen								Educationa	I				
Name of Monitoring Firm	Hired by Buildi	ing Ov	vner (3)	ASCM I	Vo.	Name of Abatem	ent Contractor (9)					
EnviroVision Cons					0007	9	New America	an Restoration					
Street Address	unum,						Street Address						
20-21 Wagaraw Rd	- Building 35	Ε					421-423 Stra	ight Street					
City, State, Zip Code							City, State, Zip C	ode					
Fairlawn NJ 07410							Paterson, NJ	07501					
Project Manager for Mon	itoring Firm		-	Tele	phone I	No.	Telephone No.		License No.				
Guillermo M. Moral					2-636		973-925-1303	3	00805				
Start Date (10)		chedu	led Co	omple	tion Dat	te (11)	Name of OSHA	Monitor					
04 / 10 /					_ / _		N/A						
Occupancy Status During		-					Street Address						
☐ Facility Closed/Vacate					ment		N/A						
	d Outside of No	rmal F	acility	Hour	s - Des	cribe	City, State, Zip C	ode					
Time of Abatement:							N/A						
Scope of Work (Check a	Il that apply)												
		F	Ø D-				⊠ Full Cor ☐ Mini-En	tainment with Ne	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re ☐ De				☐ Gloveba	a Procedure					
△ <u>-</u> 100 31 01 <u>-</u> 200 11							☐ Non-Exe	empted (*) and No	on-Friable Proced				
22				Locat Iorma				- 5		Ab	_	ent T	
Location		,		d Sole		Ashe	Description stos Containing M		Amount	Rer	Repair	Enc	Enclosure
Asbestos-Containing TO BE AB		'		intena			., thermal systems	insulation,	(Specify	Remova	air	aps	losi
IN Facil			Cust	(12)	Staff?		surfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	лге
(13)		t	Yes	No	N/A	1	Other miscenant	5005)				е	
Boiler Room			\boxtimes			Boiler B	Breeching		150 sf			\boxtimes	
Boiler Room						Pipe &	Joints		15LF			\boxtimes	
		-		П									
Name of Registered Was	ste Hauler			1	JDEP \		Cubic Yards of	Name of Regi	stered Landfill				
New American Res				F	lauler II 30399		Waste 20	G.R.O.W.	3				
City, State					50555		Disposal Date	City, State					
Paterson, NJ	50						TBD	Morrisville	e, PA				
Completed By (Print or T	ype)	Title					Signature	. /		Date	V		
Igor Jezdimirovic	5. V.	Vic	ce Pr	eside	ent		M	1/		04-0	7-	201	7

CK-6635

D 1 (1) (1)			1								
Date of Notification (1)			1		ling Owner/Operator	10000000					
	17		F	Ridgewoo	d Board of Educ	ation	5				
Agencies Notified Type Notificat	ion		Stre	eet Addres	s	-	FI	@ F	7 7	7 (F	7
⊠ EPA ☐ Initial			4	9 Cottage	e Place		In) E	C E			2 1
☑ DOLWD☑ Amended☑ DHSSAmendmer	+ #		City	, State, Zip	Code	- Contraction of the Contraction	I not	*			
☑ DCA ☑ Emergency		ing	R	idgewoo	d NJ 07451	1				_	
(NJAC 5:23-8) justification		ing	Nar	ne of Cont	act		-Telephor	e Numbe	20	1	bones.
☐ Cancellatio	*		S	teve Tich	enor	,					
				ACILITY	INFORMATION			STOS C		ROL	&
Name of Facility Where Abatement is Tal	king Pla	ce (3)				Type of Facil	ity-(4)	LICENS	HIVO.		war or proper
Hawes Elementary School						School (K					
Street Address							er 8 (Other tha , private and c		Lhuild	inac	
531 Stevens Ave						homes, et		JOHN HOLOIGE	Duna	irigs,	
City (5)						Square Feet	# of Floo	ors	Bldg	Age	
Ridgewood, NJ						28,000	1		55		
County (6)			Co	unty Code	(7)(STATE USE ONLY)	Current Use (Prior if being o	demolishe	d)		
Bergen						Education					
Name of Monitoring Firm Hired by Building	Owne	r (8)	ASCN	/ No.	Name of Abatem	ent Contractor	(9)				
EnviroVision Consultants, Inc			000	79	A common control control	an Restoratio		15			
Street Address				270.72	Street Address				-		
20-21 Wagaraw Rd Building 35 B	Ē				421-423 Stra	ight Street					
City, State, Zip Code	_				City, State, Zip C						
Fairlawn NJ 07410					Paterson, NJ						
Project Manager for Monitoring Firm		TTe	lephone	No	Telephone No.	07001	License I	No		-	
Guillermo M. Morales		1	972-63		973-925-1303		00805				
	adulad (-1-		ate (11)	Name of OSHA M	· · · · · · · · · · · · · · · · · · ·	00000	,			
			6 /		N/A	IOTIILOI					
Occupancy Status During Abatement (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated During Entire P					N/A						
Abatement Performed Outside of Norma	al Facilit	у Но	ırs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:AMF	PM	PN	1	AM	N/A						
Scope of Work (Check all that apply)											-
≥3 sf or ≥3 if	⊠ R∈	nova	tion			ainment with Ne	egative Pressu	ire			
≥160 sf or ≥260 lf	De				Glovebag						
				,	☐ Non-Exer	npted (*) and N	on-Friable Pro	cedure			
1		Loca						A	baten	ent T	уре
Location of Asbestos-Containing Material (ACM)			ely by	Ache	Description of stos Containing Mate		Amoun	, 7	R	Ш	Ш
TO BE ABATED		intena			, thermal systems in		(Specify		Repair	lcap	ıclo
IN Facility (13)	Cusi	(12)	Staff?		surfacing, VAT,		SF or LF	-) <u>\sa</u>	~	Encapsulate	Enclosure
(13)	Yes	No	N/A		other miscellaneo	us)				ate	
Boiler Room				Boiler B	reeching		130 sf				
Boiler Room				Pipe & J	loints		14 LF			\boxtimes	
									П	П	
lame of Registered Waste Hauler		N	JDEP V	/aste	Cubic Yards of	Name of Regis	stered Landfill				=
New American Restoration, Inc		H	auler ID	No.	Waste	G.R.O.W.S					
City, State			30399		20 Disposal Date	City, State					
Paterson, NJ					TBD	Morrisville	DΔ				
ompleted By (Print or Type) Title						morrisville	, , , ,				
	ce Pre	cida	nt		Signature	1		Date			
RA1	CE FIE	Side	114		Jun	(04-	07-	20.	17



Date of Notification (1) 4/7/2017				of Building Own		r (2) , LLC / ARNY	ASSO	CIATES	LLC	7			
Agencies Notified Type Notification X EPA Initial			Street A	ddress CHERRY	STREET		1	APP	1 1 1	20	17		
DEP Amended Amendment Emergency		-	RAHV	ate, Zip Code VAY, NJ 07	065		The second second	ASBEST	08.0	יואסי	BOI	1 &	
☑ DOH justification) ☐ DCA Cancellation				f Contact RICHARDS			Te	lephone N	mper	SING	ì		
Name of Facility Where Abatement is Takin FORMER CHURCH & DWIGHT R		ER		LITY INFORM	IATION	Type of Facilit							
Street Address 326 HALF ACRE ROAD						Other (i.e.	ter 8 (Otl	her than K- & commerc	12) cial bu	ldings	, hom	ies,	
City (5) CRANBURY						etc.) Square Feet	# (of Floors		Bldg.	Age		
County (6) MIDDLESEX				Code (7) USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building (WHITMAN COMPANIES	Owner (8)		ASCM	l No.		of Abatement C BROTHERS		111 12000	1G, II	۱C.			
Street Address 7 PLEASANT HILL ROAD					A STATE OF THE STA	Address REELAND A	VENU	Ε					
City, State, Zip Code CRANBURY, NJ 08512						State, Zip Code OWA, NJ 075	512						
Project Manager for Monitoring Firm KEVIN LOVELY		1	er	390-5858	100000000000000000000000000000000000000	none No. -956-8700		License 1 00494	No.				
Start Date (10) 4/18/2017	Scheduled 5/19/201	7	pletion [Date (11)		of OSHA Monito IE AS (9) AB							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: VACANT	eriod of Aba	atem	ent			Address tate, Zip Code							
Scope of Work (Check All That Apply)						- 37 <u>2</u> - 11							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		novati			×	Glovebag Pro	re ocedure						
Location of	Nor	catio	/		Description		Ju () un	2 HOIT I Hai		Abate	ement pe		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	enan	ce/	Asbestos C (i.e. there	ontaining N	laterial (ACM) s insulation, T, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
SEE ATTACHED	Yes 1	Vo	N/A						X		te		
						*							
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		На	DEP Wa	No. of \	oic Yards Vaste		828	red Landfill		RC	1///		
City, State TOTOWA, NJ		18	743		posal Date 9/2017	City, Sta	te	E, PA				,. 	
Completed by VIVECA RAMOS	Title PROJE	CT (COOR	DINATOR	Signature	- /	any	Da	te 7/201	7			

Former Church & Dwight R&D Center 326 Half Acre Road Cranbury, NJ 08512

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The second secon	APR	1 /	7 6	201 7	Market and the Assessment Control	
ASE	BESTO	OS C	ON	VTRC)L &	

Approx.	4,600 SF	120 SF	TBD	771
Location	All first and second floor rooms under metal cover	First and second floor doors	Rooms 208, 228, 232, 237, 238, 246, 247,	and on all roof vents
Material Description	Window sills	Fire doors	Laboratory hood	exhaust pipes