CK 5331

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

		(Pur	suant	to NJAC	8:6	0 and 5:16) [NERE	1 1 4	, ,	3 1	2			
Date of Notification (1)		1	lame of Building Owner/Operator (2)						- 1		2	11			
	16			Cap Tren				3			-				
Agencies Notified Type Notification	on		Street A	ddress				APR 2	2 6 20	116		낏			
⊠ EPA ⊠ Initial			6101	Carnegi	e Blv	d, #180									
☑ DOLWD ☐ Amended		(City, Sta	ate, Zip Co	-										
⊠ DOH Amendmen	100 Table 100 Ta		Char	lotte, NC	282	09		ASBESTUS		,	_ 01				
DCA Emergency [USAC 5:23-8]		1	Name o	of Contact			Telephone Number								
Cancellation	3		Joe 2	Zambard	mbardi										
			FAC	ILITY INF	ORN	MATION	T (F 10).	(4)							
Name of Facility Where Abatement is Tal	king Place	(3)					Type of Facility								
Former Warehouse/Offices							☐ School (K-12	²⁾ 8 (Other than K-12	2)						
Street Address								rivate and comme		ldings					
584 Route 130							homes, etc.		151						
City (5)							Square Feet	# of Floors	11 8	g. Ag	9				
Hamilton Township							250,000	1		5 +					
County (6)			Count	y Code (7)	(STATI	E USE ONLY)	Current Use (Pr	rior if being demoli	shed)						
Mercer			20111		Nimm					-					
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.						Name of Abatement Contractor (9) Red Roc Materials, LLC									
Bio Terra Environmental Solutio				by a contract of the state of t	eriais, LLC					-					
Street Address		Street Address													
P.O. Box 1224		20 Ramapo Valley Road City, State, Zip Code													
City, State, Zip Code					Mahwah, NJ 07430										
Union, NJ 07083		Tolor	ohone N	No.		phone No.	01.100	License No.							
Project Manager for Monitoring Firm			3-494-	0.0000	0.000	1-529-4700	i	01248							
Rick Eustaquio	cheduled Co				Name of OSHA Monitor										
Start Date (10) Sc 	06 /	ALTERNATION SECTION			Red Roc Materials, LLC										
Occupancy Status During Abatement (C	heck only o	ne)			Stree	et Address									
☐ Facility Closed/Vacated During Entire					20	Ramapo V	alley Road								
☐ Abatement Performed Outside of Nor				City,	State, Zip Co	ode									
Time of Abatement:AM	PM/	PIM	AIVI		M	ahwah, NJ	07430								
Scope of Work (Check all that apply)						⊠ Full Con	tainment with Ne	egative Pressure							
≥3 sf or ≥3 lf		novati				☐ Mini-End	closure								
≥160 sf or ≥260 lf	molitio	n				g Procedure empted (*) and N	on-Friable Proced	ure							
	Is	Locat	ion						Ab	ateme	ent Ty	уре			
Location of	10000	Vorma				Description of				_	1000				
Asbestos-Containing Material (ACM)	E 11 SOUTH	d Sole intena				Containing Ma mal systems	aterial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure			
TO BE ABATED IN Facility		todial		(1.6		urfacing, VAT		SF or LF)	oval	-5	nsc	sur			
(13)		(12)	T		oth	er miscellane	eous)				ate	CD			
	Yes	No	N/A			19.8 - 41 - IF		12,100 SF				П			
Main Warehouse/Offices					on November	ng/Mastic/E						H			
Offices				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		/AT/Mastic stem Pipe I	<u></u>	6,350 SF	-						
Offices/Front Warehouse								3,700 SF							
Exterior Offices/Front Warehouse						Caulking Ma		500 SF			Ш				
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.						ic Yards of ste		istered Landfill							
Weigle Trucking		1	17634		40	00 CY	Minerva Landfill								
City, State						oosal Date	City, State	011							
Linden, PA					0	n/abt6/27/1	6 Waynesh								
Completed By (Print or Type)	Title					Signature	. / ^	11 %	Date	-	77.00				
Michael F. Keith Project Manager						MI	chael	Hoeth	7-2	12-	16	2			

ASB-41 JAN 13

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

Ct	L 613	6	04-4-	- () (1										
D&S Proj. #: 16-120		Notif	ication of Asl	besto	s Abatement		GE	7	/ [
☐ EPA ☐ Initial ☐ DEP ☐ Amended	tion Street A	NIE SUNDE)		ASBES	111 Z (ONT		& &	<u>サ</u>				
DOL Emergency (including justification)	Name of Building Owner/Operator (2) APR 2 6 2016			RIVER EDGE, NJ 07661 Name of Contact BERNIE SUNDELL											
		FAC	CILITY INFORM	IATIO	N										
Name of facility where abatement BERNIE SUNDELL Street Address	is taking place (3)					School Subch Other (Bldgs./	apter 8 (C (Private/C (Homes, e	omme tc.	rcial		ne ne				
City (5)	County (6)														
RIVER EDGE	BERGEN	Ī		(Sta	ate use only)	emolished)									
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatemen	t Contractor (9)									
Street Address City, State, Zip Code					Street Address 20 California A	Ave.									
Project Manager for Monitoring Firm	1	Phone Num	ber	_	Paterson, NJ 0 Telephone Number	7503			er						
Start Date (10)	Sched. Com	oletion Date (1	11)	_											
Facility closed/vacated during Abatement performed outside Describe:	nt (Check only one entire period of a of normal facility	batement.			Street Address 20 California A City, State, Zip Code	venue e									
Scope of Work (check all that appl	y) Renovation			-		Full Containment w Mini-enclosure Glovebag procedur	re			edure					
Location of asbestos-containing material (acm) to be abated in facility (13)	by maintenance staff(12)	/custodial	Description			(Specify S	F or	e m o v	e p	n c a	n				
BASEMENT			pipe insulat	tion		100 L FT									
			-					무	무	무-	무				
								H	片	屵	H				
			1					H	Ħ	౼					
Registered Waste Hauler D & S RESTORATION, INC.		No. 100 100 100 100 100 100 100 100 100 10		Vaste			COVER	v							
City, State PATERSON, NJ 07503		Disposal	Date		City, State		COVER	1							
Completed by (Print or Type) BOGDAN JOLDZIC		Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) me of Building Owner/Operator (2) ERNIE SUNDELL set Address 7, State, Zip Code RIVER EDGE, NJ 07661 ne of Contact BERNIE SUNDELL FACILITY INFORMATION a (3) (6) County Code (7) (State use only) Squar Type of Contact D & S RESTORATION, Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Full Contact Mini-endi					Annual Contraction of the Contra	2016							
ASB-41	Do not use this for	orm for asbest	tos licensure ex	empte	d activities.										

NOCK

State of New Jersey OciGinal Check # 10478 dates 3/3/16
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

(P						Pursuant to NJAC 8:80 and 5:16)											
Date of Notification (1)	25 /	16				of Building	ng Owner/Operator (2)										
					05	n 107 = 101/70			1100		2016						
		ition				Address	20			APR 26	2016		الما				
⊠ DOLWD				,		Box 9512											
☑ DOH						tate, Zip C			ASBESTOS CONTROL &								
☐ DCA			ing			nden, NJ		- A									
Agencies Notified EPA DOLWD DOH DCA (NJAC 5:23-8) Name of Facility Where Abatement is Taking Place CHESTNUT STREET RESIDENCE Street Address City (5) Camden County (6) CAMDEN Name of Monitoring Firm Hired by Building Owner Health and Safety Services Street Address Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009 Project Manager for Monitoring Firm Jim Proctor Start Date (10) 3 / 14 / 16 5 Occupancy Status During Abatement (Check only Service) Abatement Performed Outside of Normal Facing Time of Abatement: 7:00AM-5:00PM/ Scope of Work (Check all that apply) Scope of Work (Check all that apply) Location of Asbestos-Containing Material (ACM) TO BE ABATED						of Contact				LICENS!	er		W717-5-				
	☐ Cancellati	ion			Joh	n Bond	,										
Name of Equility Where A	hatamant in T	okina Dla	00 (21	FAG	CILITY IN	FORMATION	Tuna of	Facility (4								
			ce (3)				L. 353	ool (K-12))							
	I KESIDEIN	<u></u>								Other than K-12)							
Street Address								☐ Othe		ate and commer		ilding	s,				
City (5)								Square		# of Floors	Blo	dg. Ag	10				
								varie		varies		50+	, -				
					Coun	ty Code (7)(STATE USE ONLY)			if being demolis			-				
I						ity oode (r	NOTATE OCE ONETY			EMED UNSAF	10000						
Name of Monitoring Firm	Hired by Build	ling Own	er (8)) .	ASCM	No.	Name of Abateme	ent Contr	actor (9)								
Health and Safety S	Services				117		Controlled E			/stems							
Street Address							Street Address										
PO Box 365							1121 N. Bethlehem Pike - Suite 60										
City, State, Zip Code							City, State, Zip Code										
Berlin, NJ 08009		Spring House, PA 19477															
Project Manager for Mon	toring Firm			Tele	phone	No.	Telephone No.		7111	License No.							
Jim Proctor				C	609-8	39-2432	215 542 7000	07		00847							
Start Date (10) Scheduled Comple						te (11)	Name of OSHA N	Ionitor		1							
3 / 14 /	16	5	1	20	_ /	_ / <u>_ 16</u>											
Occupancy Status During	Abatement (0	Check on	y on	e)			Street Address	- 117-2					-277				
☐ Facility Closed/Vacated During Entire Period of Abaten							1121 N Bethl	ehem P	ike -Suite	e 60							
						cribe	City, State, Zip Co	State, Zip Code									
Time of Abatement: 1	:00AM- <u>5:00</u> P	'M/	PM-		_AM		Spring Hous	e, PA 19	477								
Scope of Work (Check al					credits on	Section 1											
□ >3 sf or >3 lf		П	Ren	ovati	on		☐ Full Con ☐ Mini-End	tainment	with Nega	tive Pressure							
						n Glovebag Procedure											
							⊠ Non-Exe	mpted (*	and Non-	Friable Procedur	е						
				ocati ormal							Abatement 7			уре			
	77 C. C	, L			ly by	Asha	Description of stos Containing Ma			Amount	Re	Re	En	m			
		`			nce/		., thermal systems				Remova	Repair	cap	Enclosure			
IN Facility Custodial					statt?		surfacing, VAT			SF or LF)	a		Encapsulate	ure			
(13)		Ye		No	N/A	1	other miscellane	ous)					te				
SEE ATTACHED			-			SEE AT	TACHED	27	2	200 YD per res		П	П	П			
																	
			-		П				-		+-						
					H	-							_				
Name of Decistors d Mrs	4 - 1 l l			<u>П</u>		N/	To 11. V. 1. 1	1.01	(5)	11 160			Ш				
170				1 1 2 2 2 2	JDEP \ auler II		Cubic Yards of Waste			ered Landfill							
	UIIVJ				17273		200/residenc		ows								
							Disposal Date	City, S		٨							
THE PROPERTY OF THE PROPERTY O							5/20/16	Tul	lytown P	A							
	/pe)	10000000					Signature // Date										
Patricia Visco Office Manager							Palue	u-V	DCO	- 9	1/2	1/2	016				

CK 4675

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

UP 1810		NO	TIFICATI (Pursua	ON OF A	ASBESTOS AC 8:60 a	SABATE	EMENT 20)	(m)_	E C	E		V	E		
Date of Notification (1) April 25, 2016			Name	of Build	ling Owner Englewo	Operato	r (2) C		100		<u> </u>		7		
Agencies Notified Type Notification	on		Street	Address					APR			016			
DEP Amended Amendme			City, S Livin	State, Zip gston,	Code NJ 0703	39		ASBESTOS CONTROL LICENSING							
DOH justification Cancellation	n)	rig		of Conta				Telephone Number							
Name of Facility Where Abatement is Tak Englewood Fire House	ing Place	(3)	FA	CILITY I	NFORMAT	TION	Type of Facility	y (4)							
Street Address 13 Williams Street							School (K Subchapt Other (i.e	(-12) er 8 (Othe . private &	r than K-	12) cial bi	ıildina	s hor	mes		
City (5) Englewood							etc.) Square Feet 1,800		Floors		Bldg.		1103		
County (6) Bergen			County (STATE	Code (7	7) "LY)		Current Use (P Not in use		g demolis	shed)	50+				
Name of Monitoring Firm Hired by Building AET	ASC	M No.		Name	of Abatement Co	ontractor (9	9)								
Street Address 28 N Pennell Road				Street	Address										
City, State, Zip Code Lima, PA						City, S	tate, Zip Code n, PA 19341	ilway, S	uite 50						
Project Manager for Monitoring Firm Eric Houseknecht	Telepho 908-2	one No. 96-113	2	Teleph											
Start Date (10) 5/9/16	5/27/	16	mpletion	Date (1	1)		ne of OSHA Monitor								
Occupancy Status During Abatement (Cher X Facility Closed/Vacated During Entire	Dorind of	A -	ment				Address Route 130 No	rth							
Abatement Performed Outside of Norr Other – Describe: 7:00 am - 3:30 PM	nal Facili	ty Hou	rs				ate, Zip Code aminson, NJ								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renov Demoli				×	Full Containm Mini-Enclosure Glovebag Pro	e cedure							
Location of		s Locat Norma					Non-Exempted	u () and N	ion-Friab	le Pro	Abate	emen	t		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena todial (12)	ely by nce/	Asbe (i.e	stos Conta thermal s surfaci	systems ing, VAT	iterial (ACM) insulation, or	Amount (Specify SF or LF)		Remova	Repair	e Encapsulate	Enclosure		
0 10	Yes	No	N/A		otner mi	iscellane	ous)			oval	oair	sulate	osure		
See Attached															
ame of Registered Waste Hauler		N	JDEP Wa	aste	Cubic Y	ards	Name of F	Pagistarad	Londell						
ervice Transport Group		H	auler ID N	No.	of Waste		Minerva								
y, State w Castle, DE					Disposal TBD	I Date	City, State Waynes								
mpleted by ck Bally	Title Sr. Pr	oject	Manag	er		nature	1 (Bal	/	Date	5/16					
B-41 (R-06-08)					1/4	Do not u	se this form for a	asbestos lie			oted o	othuitia			