PAID

CV#30	258		NOTIF	ICATIO	N OF ASE t to NJAC	BESTOS	ABATE	EMENT	.65 .65	In In		<i>σ</i> :	,a	Ī \	V/ [51
Date of Notification (1) 8/18/17 Check # 3	3052				of Building erese C		Operato	r (2)					an the sec			
Agencies Notified	Type Notification				Address		1.00				AL	JG	2 5	2()17	
EPA	Initial				Vashing	X-10-Harris Arm	enue				of other parties					į
DEP DOL	Amended Amendment	#			ate, Zip C		22			1	ASE	100			101	- &
	✓ Emergency		g		worth, N					T-1	THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	-	-	ING	-	
DOH DCA	justification) Cancellation				ar Shab					rei	ephone I	Numi	oer			
				FAC	ILITY INF	ORMAT	ION									
Name of Facility Where A St Therese Church	Abatement is Takin	g Place	(3)					Туре	of Facility	(4)						
Street Address	-Basement								School (K-1							
541 Washington Av	/enue								Subchapter Other (i.e. p	8 (Oth	er than K & comme	(-12) ercial	buil	dinas	hom	es
City (5)					-3-7-			€ 6	etc.)					5788		
Kenilwoth								30.0	e Feet	2	f Floors		11 2	lldg. /	Age	
County (6)			T	County	Code (7)			I Commission	nt Use (Pri		na demo	lishe	1 1	101		
UNION					USE ONLY)		Chui		01:11:001	ng domo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4)			
Name of Monitoring Firm	Hired by Building (Owner (8)	ASC	M No.		The Arterior Tollings		ement Cor es Corpo							
Street Address	7						100 TO THE R.	Addres								
City State 7in Code							30 TO TO THE STREET		Street							
City, State, Zip Code							70,00	State, Zi	p Code g, NJ 070	202						
Project Manager for Moni	itoring Firm			Telepho	ne No			none No		J93	License	a No				
				rolopilo				295-1			01074					
Start Date (10)		Schedu	led Con	npletion	Date (11)		Name	of OSH	A Monitor				-			
8/21/17		8/23/2					Sam	e as a	bove							
Occupancy Status During							Street	Addres	s							
Facility Closed/Vaca Abatement Performe Other – Describe: S	ed Outside of Norm	eriod of al Facilit	Abatem y Hours	nent			City, S	itate, Zip	Code							
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	Mini Glov	Containme -Enclosure rebag Prod -Exempted	edure					e	
		Is	Locati	on											ement	
Location		(45.00)	Normalled Sole	2		Des	scription	of				-		Ту	ре	_
Asbestos-Containing I TO BE ABA In Facilit (13)	TED	Ma	intenar todial S (12)	ice/		thermal surface	aining M systems cing, VA niscellan	s insulat T, or		(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	Φ
Basement-Mecha	nical Room		Х			AC	M debr	ris		60	0 SF	2	2			
							1939									
Name of Registered Wast			5000	JDEP W auler ID		Cubic of Was			Name of F	27772						
TST- Tri State Transf	er Assoc.		1000	9551	1,57%	tbd	- 470		Minerva	Ente	rprises	Inc				
City, State Bronx, NY						Dispos tbd	al Date		City, State Waynes		ОН					
Completed by		Title				S	ignature	10/1	0			Date				
Gina Betances	9155	Offic	e Man	ager			, le	Due	as.			8/18	/17			

BATEMENT CE# 3252

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

Date of Notification (1)					Name	of Buildin	a Ow	ner/Operator (3)		Ti	1177	F	and the same of
8 /	21 /	17							PAID	D) 15 16 19		\V/	5	
Agencies Notified EPA	Type Notifica					Address East Mor	ntgo	mery Place,	Lower Level	AUG 2	5 :	2017		
⊠ DOLWD	Amended Amendme				City, S	State, Zip (Code		NA CONTRACTOR OF THE CONTRACTO	The state of the s			1	
□ DCA			cluding		Pitt	sburgh,	PA 1	15212	PWEELAND	ACT	err.		11 0	
(NJAC 5:23-8)	justification		ordanig		Name	of Contac	t			ASI Telephone Nu		7	JI_ CI	-
	☐ Cancellat	tion			Ale	x Baylor			No.			and with	web cate	NAME OF TAXABLE PARTY.
					FA	CILITY IN	IFOF	RMATION		_		1000		
Name of Facility Where Al	batement is T	aking	Place	(3)					Type of Facility	(4)				
Verizon Van Hisevill	le Central C	Office	•						School (K-1					
Street Address							-			8 (Other than K-12) private and commer		ilding	10	
140 West Veterans H	Highway								homes, etc.		ciai bi	anding	15,	
City (5)							772		Square Feet	# of Floors	BI	dg. A	ge	-
Jackson Township									6,195					
County (6)					Cour	ity Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being demolis	hed)		- 300	
Ocean									Office					
Name of Monitoring Firm I	Hired by Build	ding O	wner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)				
USA Environmental	Manageme	ent					E	RISTOL EN	VIRONMENTA	L, INC.				
Street Address							Stre	eet Address						
8436 Enterprise Ave							1	123 BEAVE	R STREET					
City, State, Zip Code							City	, State, Zip Co	ode		0.V a. V	5777.		
Philadelphia, PA 191	153						В	RISTOL, PA	19007					
Project Manager for Monito	oring Firm			Tele	phone	No.	Tel	ephone No.		License No.				-
Mark Jenkins				21	15-365	-5810	2	15-788-6040)	00509				
Start Date (10)		ched	uled C	omple	tion Da	te (11)	Nar	me of OSHA N	1onitor					, many common
8 / _23 / _	17	8	3 /	_ 25	5_/_	17	В	RISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	eet Address						
☐ Facility Closed/Vacated							1	123 BEAVE	R STREET					
Abatement Performed Time of Abatement:						cribe	1	RISTOL, PA						
Scope of Work (Check all	that apply)										-			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De						g Procedure	gative Pressure on-Friable Procedur	e			
			Is	Locat	ion						T	atem	ent T	vpe
Location of Asbestos-Containing N TO BE ABAT IN Facility (13)	Material (ACM ΓΕ <u>D</u>)	Use Ma Cust	(12)	ely by nce/ Staff?		., the	Description of Containing Ma rmal systems surfacing, VAT her miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A									
Oil Tank Room						VAT & I	Mast	tic		142 SF				
											П	П	П	
					$\frac{1}{\Box}$	 								
Name of Registered Waste	a Haules				JDEP \	Mosto	Cut	oic Yards of	Name of Regis	stored Landfill			Ш	
SERVICE TRANSPO		INC	:	1 1 1 1 1 1 1 1 1	lauler II		Was		1	LANDFILL				
City, State		,			20990)	Dia	oosal Date						
NEW CASTLE, DE							DIS	JUSAI DALE	City, State WAYNESE	RURG OH				
		7:0						Cina	_ WATRESE				,	
Completed By (Print or Type Patrick T. DeCaro	pe)	Title	stima	tor				Signature	k J. D.	Da Da	te /2	1/	17	
				-				000000	Ne 1. C	201-10	/	/	/	

08/22/2017 09:02

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AMAC



J. 4500	N		MOITA	te of New Jero Of ASBESTO: 5 NJAC 8:60 e	BABATE		Diches	k j#		17.		a some distribution
ets of Notification (1) 8/20/1)	Constitution of the Consti	N		RIGHE					1.3	17	\Box	1
gencies Notified Type Noti	ication	St	ree! Ad	dress			1 tres	IIX	10	1		
3 SPA E Initia	ŧ							All	11	1		
	ided ndment # losncy (including	_ 1	war.		dr.Sans	K N50		۸P	PR	OVE	T)	
DOH Justifi	cation) selation		BRI		i ffe	E	Telephone kere	A Linear	COLUMN TO THE	-]	
arne of Fecility Where Absternent			FACIL	ITY INFORMA	TION	Type of Facility (
COLOU	is 1 sking Habe (2	1					35					
Street Address	~					School (K-1 Subchapter	k) 8 (Other than K-12)				
						Other (i.e. p	rivata & commercia	bulk	ilngs,	nama	8.	
City (5)						Square Feet	# of Floors	9	ldg. A	ga		
NORTH BRUSUNCE	<					1950	1		6 2	_		
County (8)				lade (7) SE ONLY)		Current Use (Pric	or If being demotion	ed)				grown.
Manual Mankoning Firm Mired by B	Ilidea Owner /91	10.400	ASCM		Name	of Abatement Con	tracios (9)	10		- 1	-\\	
AMELINE DE MINISTER CONTROL OF ME	marill maries (e)		e-1464 #444 \$1			ac Contracting						
Street Address						Apdress	11111	-				
					1	Vreeland Ave.	entite?	AU	G	25	201	7
City, Blane, Zip Code		S-1.11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				state, ZIp Code and Park, N.J.	land land				esnelovii)	
Project Manager for Monitoring Firm	1	Te	elephor	ie No.		none No. 252-5841	License No 00 156			NSI		OL
Start Date (10)	Schaduli	ed Como	Marian (Jate (11)		of OSHA Monitor	00.00	-	UE	ICVI	NO	provincial control of the
1/88/12	8	1	()		1.000		ntal Services in	Ď.			94	
Occupancy Status During Abstema	nt (Check Only Or	10)				Addrese		,				
Facility Closed/Vecaled During Absternent Performed Outside	Entire Period of	4bateme	nt			Huyler Street						
Abstament Performed Outside Other - Describe:	or Normal Facility	Hours				itate, Zip Gode kensack, N.J. (7808					
Scope of Work (Chaok All That App	(v)		*****	7	Lift	יפושמטאל, ועולי ל	7, 000		Ç			
⊒ a3 afor a3 if		Ranovatk	on.		0	Full Containm	ant with Negative P	resau	res			
>100 of or a000 ff		emoiltio			F	Mini-Enclosure Glovebeg Proc	3					
					t	Non-Examples	1 17 and Non-Frieb	PIP PIP	codu	W		
		Location								omeni Apa		
Location of		Normally of Bolely	100		Description	n of Visitarial (ACM)	S. or o cond	Maria Maria	T	1		
Asbestos-Contrining Material (A TO BE ABATED	Me Me	intenand todial St	on/	(i.e. them	nel system	a insulation,	Amount (Specify	27	20	Encapsulate	5	
in Facility (13)	Lus	(12)	wii:		rtacing, V/ or miscella		SF or LF)	Removal	Repair	- Asd	Endosus	
(19)	Yes	No I	N/A	r.n.w	M ITHINGANIA	muua/		1	*	Byle y	96.1	
BASEMEUT	र एक	NB	×	116	1		642JF	1	-	-		
DINUMEN			*	VA	L1_		CO TONIA	×		-	-	
								-	-	-	_	
Name of Registered Wests Hauler	THE RESIDENCE OF THE PROPERTY		DEP W		Neste.		Registered Landfill		102230			
Newark Carting, inc.			509		2	Grand	Central Sanitar	/ Lar	ndfill			
City, State			***************************************		posal Data	City, Stal			~~			
Newark, N.J. 07105				8	1/26/	You Pon An	gyl, PA 08072	8/8				
Completed by	Title				Signifius	1 3 1						

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

CK # 1168

Date of Notification (1)		Nam	e of Building O	wner/Operato	r (2)		Processor 12 - 12	-				
8/22/17		Ro	cha Builders	3			Im E	۔ الم	- 3		\mathbb{W}	E
Agencies Notified Type Noti	fication	Stree	et Address								1.1	15
EPA X Initia	Ĩ	73	Golden Av	re								
DEP Ame	nded	City,	State, Zip Coo	le				AUG	2	5 6	017	
X DOL Ame	ndment #	Se	caucus, NJ									
DOH Eme	rgency (including ication)	Nam	e of Contact				Telephone					
	cellation						ASE	it.6°(8 J
		F	ACILITY INFO	RMATION	T	of Facility (4)			LIV	SiN	<u>u</u>	-
Name of Facility Where Abatement	is Taking Place (3)				Type o	Traciity (4)						
Residential House						chool (K-12) ubchapter 8 (Other than I	K-121				
Street Address					x o	ther (i.e. priva	ate & comm	ercial b	uildir	ngs, h	omes	5,
					et	tc.)						
City (5)		5			Square		# of Floors	100		g. Ag	е	ĺ
Union City					3000		2		50)+		
County (6)			nty Code (7)			t Use (Prior if		olished)			
Hudson		(STA	TE USE ONLY)			dential Hou				900		
Name of Monitoring Firm Hired by E	Building Owner (8)	10000	SCM No.			ement Contra						
n/a		n	/a	Ha	rmony (Contracting	Inc				533	
Street Address					et Address							
n/a) Palisa	Mental State of the State of th						
City, State, Zip Code					State, Zip							
n/a						J 07026						
Project Manager for Monitoring Firm	n	112 (01.07)	phone No.	- 4	phone No		Licens					
n/a		n/a	ì		3460.60		0125	00				
Start Date (10)		Comple	tion Date (11)			A Monitor	Lee					
8/31/17	9/6/17	50000000000000000000000000000000000000		BUTCHERSON OF STREET		Contracting	inc					_
Occupancy Status During Abateme	nt (Check Only One)				et Addres							
Facility Closed/Vacated During	g Entire Period of Aba	atement			0 Palisa							
Abatement Performed Outside	of Normal Facility H	ours		110	State, Zi							
				— Ga	aniela, N	J 07026						_
Scope of Work (Check All That App	oly)				ferred							
23 sf or ≥3 lf	Section 2	novation			Full	Containment i-Enclosure	with Negat	ive Pres	ssure	9		
≥160 sf or ≥260 lf	∐ Der	nolition			Glo Glo	vebag Proced	dure					
					ĭ Nor	n-Exempted () and Non-	Friable				
	Is Lo	ocation							I	Abate Tyl	ment	
Location of	No	rmally		Descripti				-		.,,		
Asbestos-Containing Material (Solely be enance.	, Aspes	tos Containing			Amount (Specify		70		E	Ш
TO BE ABATED		tial Staf		thermal systematics surfacing.		tion,	SF or LF)		em	Repair	caps	clo
In Facility (13)	(12)		other miscel			***************************************		Remova	air	Encapsulate	Enclosure
	Yes	No I	N/A								te	· ·
	103	-	***	Townsite C	hinaloo		1000 SF	-				
Exterior				Transite S	ningles		1000 31		2			
		NID	EP Waste	Cubic Yard	s	Name of Re	egistered La	ndfill				
Name of Registered Waste Hauler		76555555	er ID No.	of Waste	-	GROWS						
Harmony Contracting Inc		033	058	TBD			LAHUIII					
City, State				Disposal Da	ate	City, State	= 9					
Garfield, NJ				TBD		Morrisvil	le, PA					
Completed by	Title			Signat	-		2000111-200-1-000	Date		7		
Tina Caporino	Secre	tary		Vin	Capi	2/2		8/2	2/17	/		

NO CX.	1	NOTII Pi	-ICAT Jrsuar	ION OF ASBESTOS ABAT it to NJAC 8:60-7 and 12:12	EMENT					
				Name of Building	Owner/Operator	(2)	Ür	э [\\/	
Date of Notification (1)				THE TRUSTEES O	F STEVENS INS	STITUTE OF THE	ECHNO	LOGY		
7 / 7 /17				Street Address		11/11				
Agencies Notified Type Notification				CASTLE POINT ON	California de la companya del companya de la companya del companya de la companya	And the second s	AUG	25	2017	1
DEP X Initial Notific		tion		City, State, Zip Code HOBOKEN, NEW Ji						
X DOL Cancellation				HOBOKEN, NEW JI	ERSEY 0/030	ASE	N is a	4.07		OL &
X DOH On Hold				Name of Contact		Tielenhone N				
DCA EMERGENO	Y NO	TIFIC	CATIO	N DAVID FERNANDE	Z					
Name of Facility Where Abatement is Takir	a Dia	22 /2	FA	ACILITY INFORMATION				Me-m-		
reality where Abatement is Takir	ig Fia	ce (S)		Type of Facili					
STEVENS INSTITUTE OF TECHNOLOGY - I	JEB E	BUILD	ING			ter 8 (Other tha	n K-12)		
						. private & com			omes,	etc.)
Street Address 531 HUDSON STREET					Square Feet	# of Floor		_	dg. Age	
City (5) County (6)				County Code (7)	11,249	3	_ _	1) 51	100	
HOBOKEN HUDSON				(STATE USE ONLY)	COLLEGE/UN	rior if being de	molishe	ea) Ph	arm. La	ab.
Name of Monitoring Firm Hired by Building	Own	er (8)		ASCM No.		ement Contrac	ctor (9)			
LANGAN ENGINEERING Street Address				99		NMENTAL COF	RPORA	TION		
300 KIMBALL DRIVE					Street Address 313 SPOOK R					
City, State, Zip Code					City, State, Zip					
PARSIPPANY, NE	W JEF	RSEY	0705	4	SUFFERN, NE		1			
Project Manager for Monitoring Firm				Number	Telephone Nur	mber L	icense	Numb	er	
VIJAY PATEL Expected State Date (10)	Cob		398-4		845-369-7500		1101			
7 / 24 17	Scii		ompie	etion Date (11) 15 /18	Name of OSHA QUALITY ENV					
Month Day Year		onth	. 50	Day Year	GOVERN ENV	IIVOIVILIVIL				
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent			f Abat	amont.	Street Address					
Abatement Performed Outside of N					1376 ROUTE 9	,				
X Other - Describe: MONDAY-FF					City, State, Zip	Code				
Scope of Work (Check all that apply)				V 75-11-0		PPINGERS FA		1259	0	
Demolition X	Ren	ovatio	n	X Full Conta	inment with Neg		Vrap an	d Cut		
>3SF OR LF	_				Procedure	'	viap aii	a out		
x >160 SF OR 260 LF	Ι.		2		le Procedure					
Location of Asbestos-containing		Loca mally		Description of As Containing Materia		Amount			nent Ty	
Material (ACM)		olely		(ie. Thermal sys		(Specify	l m	REPAIR	NO	NO.
TO BE ABATED	200255		todial		•	SF or LF)	REMOVAL	AR	AP	0
in Facility (13)	Yes	taff (1	2) N/A	or other miscella	neous)		P		ENCAPSULE	ENCLOSURE
1ST FLOOR ROOM 120 & 122 HALL	1.00	110	X	PIPE INSULATION		45 LF	×	+	II m	Ш
1ST FLOOR ROOM 103, 122, 120			X	PIPE FITTINGS		50 LF		+	-	
1 ST FL ACTIVE SENSING LAB & HALL			X	VAT		730 SF	X	+	+	\vdash
1ST FLOOR BATHROOMS	<u> </u>		X	MIRROR GLUE			X	+	+-	\vdash
1ST FLOOR ROOM 122	1	_	X			20 SF	X	+-	-	\vdash
1ST FLOOR THROUGHOUT C(C			X	CHALK BOARD GLUE PIPE INSULATION/ FITTIN	100	60 SF	X	+	-	\vdash
2ND FLOOR THROUGHOUT CONCEALED	-		X			550 LF	X	+	-	\vdash
2ND FLOOR BATHROOMS				PIPE INSULATION/ FITTIN	NGS	550 LF	X	+-	-	\vdash
3RD FLOOR THROUGHOUT	-			MIRROR GLUE		20 SF	X	+-	-	\vdash
3RD FLOOR THROUGHOUT CONCEALED			X	VAT	100	4,800 SF	X	+	+	
3RD FLOOR BATHROOMS				PIPE INSULATION/ FITTIN	NGS	250 LF	X	-	-	
				MIRROR GLUE		20 LF	X	-	-	
EXTERIOR - 1ST FLOOR			X	WINDOW CAULK		50 SF	X	-		
EXTERIOR - 2ND FLOOR				WINDOW CAULK		57 SF	X	-	\sqcup	
EXTERIOR -3RD FLOOR			X	WINDOW CAULK		57 SF	X			

RICR ROOF ne of Registered Waste Hauler EWARK CARTING	- I Wests	160	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
369 RAYMOND BLVD City, State NEWARK, NEW JERSEY 07105 Completed by (Print or Type) BENJAMIN SANCHEZ		Signature /	City, State PLANSIECD TOWNSHIP PA Date 2 2 2 2 2 2 2 2 2 2 2 2 2



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

n I Co CIC	OTIFI	CATIO	ON OF	ASBESTOS ABATEM AC 8:60-7 and 12:120-	ENI 7)						4
NOCK	(Pur	suant	to NJ			perator (2)					
				THE TRUSTEES OF S	TEVE	NS INSTITU	TE OF TECHNO	LOGY	M	E	m
Date of Notification (1)				Street Address		Linearing of the Control of the Cont	11150	-	///	<u> </u>	
8 / 21 /17				CASTLE POINT ON H	UDS	ON I	23				
Agencies Notified Type Notification				City, State, Zip Code			I III ALIG	25	201	7	11
EPA Initial Notification x Amended Notification	ion	#2		HOBOKEN, NEW JEF	RSEY	07030	II II YOU				1
Canapilation	1011					1	lepho ne Numbe				
On Hold				Name of Contact		Ine	lepitone rambe	9.00	NG.	OL	Sc
DCA ON HOID EMERGENCY NO	TIFIC	CATIO	N	DAVID FERNANDEZ				1271	-miosiones		
			ACILI	TY INFORMATION	Type	of Facility (4	1)			F. F.	
Name of Facility Where Abatement is Taking Pla	ace (3	6)			Type	School (K-12)				
						Subchanter 8	(Other than K-1	2)		o to	
STEVENS INSTITUTE OF TECHNOLOGY - LIEB	BUILI	JING			X	Other (ie. pri	vate & commcl. I	oldgs., h	dg. A	ne	4
						uare Feet	# of Floors 3	ы	100		
Street Address					_	11,249	if being demolis	hed) Ph	arm.	Lab.	\neg
531 HUDSON STREET County (6)				County Code (7)	Curr	ent Use (Prior LEGE/UNIVE	RSITY	,,,,,,			
HUDSON				(STATE USE ONLY)	Nan	e of Abatem	ent Contractor	(9)			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM No.	PAF	ENVIRONM	ENTAL CORPO	RATION			-
LANGAN ENGINEERING				35	Stre	et Address					
Street Address						SPOOK ROO			-		-
300 KIMBALL DRIVE					City	, State, Zip C	ode				
City, State, Zip Code PARSIPPANY, NEW	IERSE	Y 07	054				YORK 10901	nse Num	ber		\neg
Project Manager for Monitoring Firm	T	elepho	ne N	umber		ephone Numb i-369-7500	110				
Proceedings of the contract of	2	01-39	8-454	4		ne of OSHA					
Expected State Date (10)	ched		pletio	on Date (11)	QU	ALITY ENVIR	RONMENTL				
8 / 22 17	Mon	7 /		15 /18 Day Year					-		-
Month Day Year Check on						eet Address					
Occupancy Status During Abatement (Check onleaning Facility Closed/Vacated During Entire	Perio	d of A	baten	nent	113	76 ROUTE 9					
- Development Outside of Not	mai r	acility	11001		Cit	y, State, Zip (Code				
X Other - Describe: MONDAY-FRI	DAY 7	AM-3	30 PN	•		WAP	PINGERS FALL	S, NY 13	2590		
						ent with Nega	ative Pressure	ap and 0	Cut		
Scope of Work (Check all that apply)	Renov	vation		Mini-En	clo,	anduro.		ap and			
Demolition X >3SF OR LF				X Gloveba	ag Pro	Procedure					
x >160 SF OR 260 LF				X Non-Fri						ent Ty	
Location of	ls l	ocation	on	Containing Mat	erial (ACM)	Amount	REMOVAL	REPAIR	N	NO.
Asbestos-containing		olely b		(ie, Thermal	syste	ms	(Specify SF or LF)	Ó	Alk	Ä	5
Material (ACM) TO BE ABATED		t/Cust		insulation, surfa	acing,	VAT,	SFOILE)	AL	7.0	ENCAPSULE	ENCLOSURE
in Facility (13)		taff (1		or other misc	ellarie	ous)		1		m	m
	Yes	No	N/A	- WALL ATION			45 LF	×			
1ST FLOOR ROOM 120 & 122 HALL			X	PIPE INSULATION			50 LF	×			
1ST FLOOR ROOM 103, 122, 120			X	PIPE FITTINGS			730 SF	X		T	
1 ST FL ACTIVE SENSING LAB & HALL			X	VAT				X			
			X	MIRROR GLUE			20 SF		+	1	
1ST FLOOR BATHROOMS	1		X	CHALK BOARD GLUE			60 SF	X	+	+	+
1ST FLOOR ROOM 122	+		X	PIPE INSULATION/ F	TTIN	GS	550 LF	X	+	+-	+
1ST FLOOR THROUGHOUT CCC	+	+	X	PIPE INSULATION/ F			550 LF	X	+	+-	-
2ND FLOOR THROUGHOUT CONCEALED	+	+	-	MIRROR GLUE			20 SF	X	1	-	+-
2ND FLOOR BATHROOMS	-	-	X				4,800 SF	X			-
3RD FLOOR THROUGHOUT	_	+-	X	VAT	ITTIN	GS	250 LF	X			
3RD FLOOR THROUGHOUT CONCEALED		_	X	PIPE INSULATION/ F	11 111	99	20 LF	X			
3RD FLOOR BATHROOMS			X	MIRROR GLUE			50 SF	X			
			X	WINDOW CAULK				×	+		
EXTERIOR - 1ST FLOOR			X	WINDOW CAULK			57 SF		+		1
EXTERIOR - 2ND FLOOR	+		X	WINDOW CAULK			57 SF	X			
EXTERIOR -3RD FLOOR			1.5								

EXTERIOR ROOF Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	BUILT UP ROOFING Cubic Yards of Waste 160	6,000 SF X Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
369 RAYMOND BLVD City, State NEWARK, NEW JERSEY 07105 Completed by (Print or Type) BENJAMIN SANCHEZ		Disposal Date 7/24/17-7/15/18 Signature	City, State PLAINFIELD TOWNSHIP PA Date Date



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY Date of Notification (1) 21 /17 Street Address Type Notification CASTLE POINT ON HUDSON Agencies Notified W **EPA** Initial Notification City, State, Zip Code DEP Amended Notification HOBOKEN, NEW JERSEY 07030 #1 DOL Cancellation On Hold DOH Name of Contact Telephone Number **EMERGENCY NOTIFICATION** DCA DAVID FERNANDEZ JUNE 18 1 FACILITY INFORMATION MOULE LIVSHYG Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) STEVENS INSTITUTE OF TECHNOLOGY - LIEB BUILDING Subchapter 8 (Other than K-12) Other (ie. private & commol. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 531 HUDSON STREET 11.249 City (5) County Code (7) County (6) Current Use (Prior if being demolished) Pharm. Lab. HOBOKEN HUDSON (STATE USE ONLY) COLLEGE/UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) LANGAN ENGINEERING PAR ENVIRONMENTAL CORPORATION 99 Street Address Street Address 300 KIMBALL DRIVE 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number VIJAY PATEL 201-398-4544 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 17 7/ /18 QUALITY ENVIRONMENTL 7 / 24 15 Day Month Month Year Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Demolition Mini-Enclo. Wrap and Cut >3SF OR LF X Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type normally used Containing Material (ACM) Amount Asbestos-containing REMOVAI REPAIR ENCAPSUL ENCLOSURE (Specify Material (ACM) solely by (ie. Thermal systems Maint/Custodial TO BE ABATED insulation, surfacing, VAT, SF or LF) Staff (12) or other miscellaneous) in Facility (13) Yes No N/A PIPE INSULATION 45 LF X 1ST FLOOR ROOM 120 & 122 HALL X X PIPE FITTINGS 50 LF X 1ST FLOOR ROOM 103, 122, 120 1 ST FL ACTIVE SENSING LAB & HALL 730 SF VAT

X

X

X

X

X

X

X

X

MIRROR GLUE

MIRROR GLUE

MIRROR GLUE

WINDOW CAULK

WINDOW CAULK

WINDOW CAULK

CHALK BOARD GLUE

PIPE INSULATION/ FITTINGS

PIPE INSULATION/ FITTINGS

PIPE INSULATION/ FITTINGS

1ST FLOOR BATHROOMS

2ND FLOOR BATHROOMS

3RD FLOOR THROUGHOUT

3RD FLOOR BATHROOMS

EXTERIOR - 1ST FLOOR

EXTERIOR - 2ND FLOOR

EXTERIOR -3RD FLOOR

1ST FLOOR THROUGHOUT CCC

2ND FLOOR THROUGHOUT CONCEALED

3RD FLOOR THROUGHOUT CONCEALED

1ST FLOOR ROOM 122

20 SF

60 SF 550 LF

550 LF 20 SF

4,800 SF

250 LF

20 LF

50 SF

57 SF

57 SF

X

X

X

X

X

X

X

X

X

			X	BUILT UP ROOFING		6.000 SF	x	
v√aste Haule ∴ING .vIOND BLVD			EP Waste er ID No. 913	Cubic Yards of Waste 160		istered Landfill TRAL SANITARY	Y LANDFILL	
,, State NEWARK, NEW JERSEY 07105				Disposal Date 7/24/17-7/15/18	City, State	TOWNSHIP PA		,
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIREC	TOR O	F OPERA	TIONS Signature	XXX		ate / 21/	1-



CK + 4292

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		(P	ursuai	nt to NJA	C 8:60 and 12:12	0)				Mary Control	
Date of Notification (1)			Nar		ARVH W	STATE	DE FORMA	20	17	The same of	ij
Agencies Notified Type Notificati	on		_	et Address	8 CLEVE			ا ایرین		. &	
DOL Amendmen Emergency justification DCA Cancellation	(includ	ing		ne of Conta	LERMON	IT N.T	Telephone Num				
Caricelation	1			<u> </u>	u						
			F	ACILITY IN	FORMATION						
Name of Facility Where Abatement is Talk		ce (3)				Type of Facili	STANCE.				
Street Address	C						er 8 (Other than K-1				
				8		Other (i.e., homes, et	private & commerc	ial bui	dings	i,	
City (5)						Square Feet	# of Floors	B	ldg. A	Age	
WILDWOO	0					1200		_ _	50	†	
County (6) CAPE WAY			US	E ONLY)	7) (STATE	V	Prior if being demoli ACAUT	shed)			
Name of Monitoring Firm Hired by Building	Owne	r	ASCN	f No.	Name of Abatem		10 M				
Street Address					Street Address	M(O)	MC				_
ou cot riddiess					369	S. SP	RICE LALE				
City, State, Zip Code					City, State, Zip C	ode					
					_ MAF	LE SHO		05	25	<u>_</u>	_
Project Manager for Monitoring Firm		Te	ephone	No.	Telephone No.	19-047	License No.	M			
Start Date (10) Scho	duled	Compl	etion D	ate (11)	Name of OSHA N		004	7 4		_	
9-8-17	9-	1 L	-	7	name or o or viv	WIE	4				
Occupancy Status During Abatement (Ch	eck onl	y one)		-	Street Address						
Facility Closed/Vacated During Entire P											_
Abatement Performed Outside of Norm Other - Describe:	al Facil	ity Hou	ırs		City, State, Zip Co	ode	1				_
Scope of Work (Check all that apply)					□ Euft Con	tainment with N	egative Pressure		5.000		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti			☐ Mini-End ☐ Gloveba	dosure g Procedure	on-Friable Procedu	re			
T.	108	Locati							bate		
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TO BE ABATED IN Facility	,	Staff?	7.0	(1.0.,	surfacing, VAT,	ог	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	_	(12)	т —		other miscellaneo	us)		oval	확	ulate	ure
	Yes	No	N/A					<u></u>			_
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Name of Registered Waste Hauler		LA	UDEP V	Vacto I	Cubic Yards	I Name of Rec	istered Landfill				
		1 0	lauler ID	No.	of Waste	C I	MA (IM II	IΛ			
City, State			790) Y	Disposal Date	City, State	MILL, MILL		99,000		_
MAPLE SHADE N							DRINE	NI.	T		_
Michael Govern		OF WA	1,50	a	Signature.	0001_	Date -	-71	47)	
MICHAEL KLOWER -	201	L	1			east 10		-			

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

AUG 2 5 2017

			(Pursua	nt to NJA	2 0:00 and 12	2.120	la bat	AUG 25	2011		Land	4
Date of Notification (1)	29-17		Na	-	on U		SH DU	LDER _				dissembles
Agencies Notified	Type Notification	m	Str	eet Address			ON A AL	SLILU THE SE	VG) L 8		Ī
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⊠ DOH	Emergency justification)		me of Conta	ct			Telephone Num	ber			
□ DCA	☐ Cancellation				DM							=
				ACILITY IN	FORMATION		7 75 16	7.73				
Name of Facility Where	Abatement is Taki	ng Place	(3)				Type of Facility School (K-1)					
Street Address	RESIDEN	الت				=-	Subchapter	8 (Other than K-1		.6		
Street Address			7000000000			_	homes, etc.	rivate & commerc		88		
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County (6)	PE MA	Υ.		SE ONLY)	1) (31A1L	_		AUT				
Name of Monitoring Firm			ASC	M No.	2007 2007		ent Contractor (9					
(8) N	/A				KLE		co INC					_
Street Address					Street Addr		SPRUC	E AVE				
					City, State, 2	Zip Co	ode					_
City, State, Zip Code					MAR	OLG	SHADE		280	25	2	_
Project Manager for Moni	itoring Firm		Telephor	ne No.	Telephone N		9-0472	License No.	ULI			
				Deta (11)	Name of OS							=
Start Date (10)	Sche		mpletion)	Marie or oc		NIA					
9-10-17 Occupancy Status During	Abatement (Che	eck only o	one)		Street Addre	ess						
M Facility Closed/Vacate	d During Entire P	eriod of A	batemen									=
Abatement Performed	Outside of Norma	al Facility	Hours		City, State, 2	ZIP C	ode .					
Other - Describe:	(d. 1 = = 16)				l 							_
Scope of Work (Check all	that apply)						tainment with Ne losure	gative Pressure				
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M2100 31 01 2200		1 1010	cation		XINO	FEXE	mpled () and No	AFTIMBLE TIOCCO		bate		
		Nor	mally		Description	on of				Тут	ж	
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TO BE ABATE	<u>ED</u>		stodial aff?	(i.e.	thermal syste surfacing, \	VAT.	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
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				1			Name of Regi	stored Londfill				_
Name of Registered Wast	e Hauler		NUDE	Waste ID No.	Cubic Yards of Waste			Stered Landin	ΙΔ			
KLEMCO	INC		Hauter 129	04	_3		City, State	L. Mil	- 0	_		-
City, State			-		Disposal Dat	ie.		DOBINE				
	HADE	MIL			Signatur	re _ n	0-1	Date	7	1	17	
Completed By	1100	SUV	0.		M	ul	11/6	\ <u>\</u>	-	1	1/	_

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

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AIL	14			/W	5	
1.33						Transfer Services
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Date of Notification (1)			Nar		ing Owner/Operato ARG ROVE		-ITION!			harana	
Agencies Notified Type Notification	on		Stre	et Addres		1 /	ASCILLA TO A CAL		DL 8	A.	
☐ BPA ☑ Initial ☐ DEP ☐ Amended			City	State, Zip		EDI	<u> </u>	JC7		-	_
DOL Amendment		ing			MDEN	MI.T C	18105				
)		Nan	ne of Conta	ct		Telephone Num	ber			
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Name of Facility Where Abatement is Tak	ing Plac	ce (3)	FA	ACILITY IN	FORMATION	Type of Facilit	v (4)				500 EV
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Street Address							r 8 (Other than K-12 private & commerci c.)		dings	ice.	
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County (6) ATLANTIC			Cou	inty Code (E ONLY)	7) (STATE		Prior if being demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner	-	ASCIV	No.	Name of Abatem						
(8) N/A						MCO I	NC				=
Street Address						SPRUC	E AUE				_
City, State, Zip Code					City, State, Zip C	SHAV	E N.J.				
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No. 856 - 77	1-0472	License No.	14			_
Start Date (10) Sche	duled (Comple S-	etion Da	ate (11)	Name of OSHA N						
Occupancy Status During Abatement (Che	eck only	one)			Street Address						
X Facility Closed/Vacated During Entire P	eriod of	Abate	ment			,					=
Abatement Performed Outside of Norma Other - Describe:	al Facti	ту нои			City, State, Zip Co	ode	TA S				_
Scope of Work (Check all that apply)					☐ Full Con	tainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovat emolitic			☐ Mini-End ☐ Gloveba	losure g Procedure	on-Friable Procedur	·e			
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Asbestos-Containing Material (ACM)	Mai	ntenan	ice/		os Containing Mate thermal systems in		Amount (Specify	R	_	Enc	En
TO BE ABATED IN Facility		Staff?	,	(1.6.,	surfacing, VAT,	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		IN	JDEP V	Vaste T	Cubic Yards	Name of Reg	stered Landfill				
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KLEMCO INC City, State		-14	110		Disposal Date	City, State	/A	h		T	
MAPLE SHADE A	1.7				Cignotivo	PLES	ANTINILL Date	<u> </u>	N	,)	=
Completed By MICHAEL KLEMM	50	ρ.			Signature	W.	2	-2	(-	1	_

CK # 4592

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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The second of th	AUG	25	2017	

		NO	TIFIC (Purs	ATION suant t	OF ASB o NJAC	ESTOS ABATEM 8:60 and 12:120	D III	AUG 25 20	117	Contract of the Contract of th]]	
Date of Notification (1)	-71:17		П	Name		g Owner/Operator	(2) SH BUIL	DER	10, 5	-		
Agencies Notified	Type Notification		+	Street	Address	61 Pom	ON A AL	CENSING		_ Ct		
DEPA DEP SQ BOL	Initial Amended Amendment #	·	.	City, S	tate, Zip C	ADDON FI	FUD M.				,	
M DOH ☐ DCA	Emergency (injustification) Cancellation	nctuding	-	Name	of Contac			Telephone Number				_
				FAC		ORMATION	Type of Facility	(4)				_
Name of Facility Where	RESIDEN	g Place CE	(3)				School (K-12) 3 (Other than K-12)				
Street Address							Other (i.e., property homes, etc.)	rivate & commercial		ngs. g. Ag	e	
City (5)	SEA ISL	E	CII	7			Square Feet		50) +		=
County (6) CAF				Coun	ty Code (ONLY)	7) (STATE	VAC		===			=
Name of Monitoring Firm (8)		Owner		ASCM N	No.	KLEM	rent Contractor (9)				
Street Address	17					Street Address		E AVE				_
City, State, Zip Code						City, State, Zip C	E SHADE		80	5	2	=
Project Manager for Mo	onitoring Firm		Tele	phone I	V 0.		9-0472	License No.	14	_		_
Start Date (10)	Sche	duled Co	omple!	tion Dat	te (11)	Name of OSHA	Monitor N A					_
Occupancy Status Dur	ing Abatement (Che	eck only	one)	men!		Street Address					_	_
☐ Abatement Perform	ated During Entire P ed Outside of Norm	al Facility	y Hour	rs		City, State, Zip C	Code					_
Other - Describe: Scope of Work (Check	all that apply)					☐ Full Co	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ⊠≥160 sf or ≥260 lf	(34) E	☐ Re ☑ De	novati molitio	on n		Clayab	closure ag Procedure tempted (*) and No	on-Friable Procedure	e			
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		Yes	No	N/A		TRANSI	TE	3750 SF	X			
51011	NG.	+		X		TICHICS			-	-	_	-
Name of Registered W	/aste Hauler	.]	N	UDEP V tauter 10	Waste No.	Cubic Yards of Waste	Name of Reg	gistered Landfill	P	+		_
KLEM CO	INC			1790	24	Disposal Date	City, State	ODBINE				
City. State MAPLE	SHADE	AL.	7			Signature		Date	-2) -	17	
Completed By MiCHAEL	Klomm -	SU	P.			_ Mu	10					

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CX # 68	093	P		CATION	OF ASB	ESTOS	ABATE		NT I			1	W [
Date of Notification (1) 8/22/17					f Building Burack F				lii	1		- 0	017	1	VII
Agencies Notified	Type Notification			Street A		Tivale	HOHIE	,	139	111	AUG 2	5 2	UII	11	
				Street F	ruui ess				1					1	
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DOH DOA	justification)				of Contact					1 -					
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Otreet Address								K			ner than K-12 & commerci		dinae	hom	20
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Harvey Cedars NJ	J8008 							1	+000	2		13	35+		
County (6)				County	Code (7) USE ONLY				urrent Use (Pr	ior if be	ing demolish	ned)			
Ocean				(SIAIE	USE UNLY	<i>'</i> ——		H	louse						
Name of Monitoring Firm	Hired by Building (Owner (8)		ASC	√ No.		Name	of A	Abatement Co	ntracto	r (9)				
N/A							Perr	nac	o Inc.						
Street Address			12.780				Street	Add	dress						
							POI	Box	x 329						
City, State, Zip Code							City, S	State	e, Zip Code						1125
							Wes	t B	erlin NJ 08	091					
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	none	e No.		License N	0.			
							856-	75	3-9800		00727				
Start Date (10)	T	Schedule	ed Con	npletion	Date (11)		Name	of C	OSHA Monitor						
9/5/17		9/11/1	7	8	83% 5		Sam	ie							
Occupancy Status During	Abatement (Chec	Only On	ie)				Street	Add	iress						
▼ Facility Closed/Vaca	ted During Entire E	eriod of A	hatom	ant						4					
Abatement Performe	ed Outside of Norm	al Facility	Hours	ient			City, S	tate	, Zip Code					-	-
Other – Describe: _															
Scope of Work (Check All	That Apply)														
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Location			lormali d Sole				scription	13.00				-	. ,	PC	
Asbestos-Containing I TO BE ABA			intenar						rial (ACM) sulation,		mount Specify	77		E	т
In Facilit		Cust	odial S	Staff?	(1.6.		systems				or LF)	Rem	Rep	cap	ncic
(13)	70		(12)				niscellan				**************************************	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Wast	o Houles		1 61	IDED 14	loata	Cubic	Vanal-		I NI	Declar	d I 10"				
The Later of State - Applied a section of the State of St	e Hauler		0.002	JDEP W auler ID		Cubic of Was			Land Contract		ered Landfill				
United Roll Off			1	2459		5			G.R.O	.W.S.					
City, State							al Date		City, Sta	te			-		
Elm NJ						9/11/			N. 55000		A 19067				
Completed by		Title					ignaturé				Da	te			
Anthony T Perna		Presi	dent						2	-			114	1	9

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

Date of Notification (1)				Name	of Building	Owner	/Operator (2	2)	1) = 6	7 1	W	15	15
8 /22 /	17			Rich	and Dor	ris Alia	amo				of the Wilderson	1	The second
Agencies Notified Type Notifi	cation			Street	Address				L AUG	25	2017	1	1//
☐ Initial ☐ Initial	al.									. J	_01#	į.	
☐ DOLWD ☐ Amenda					tate, Zip Co				Acr		No. of the last of		
DOH Amendi	_	ludina			ınt Holly,	_	3060	and the state of t	ASC	- Ji.,	C	L&	
(NJAC 5:23-8) justifica	tion)				of Contact			Destroye	Telephone Niir	nher	U	No. of Street, or other Designation of the Owner, o	-
☐ Cancell	ation			Rich	and Dor	ris Ali	amo						
				FAC	ILITY IN	FORM	IATION		31				
Name of Facility Where Abatement is	Taking	Place	(3)					Type of Facility					
Aliamo Residence								☐ School (K-12	²⁾ 8 (Other than K-1	2)			
Street Address								Other (i.e., p	rivate and comm	ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	E	ldg. A	ge	
Mount Holly						74	70.00	4,800	3		100		
County (6)		-3175		Coun	ty Code (7)	(STATE	USE ONLY)	5.9.5	ior if being demo	lished)			η.
Burlington								Residence	2 49	9			
Name of Monitoring Firm Hired by Bu	ilding O	wner (8	3)	ASCM I	No.			ent Contractor (9)					
EHS Environmental, Inc.								onmental, LLC					
Street Address						100000000000000000000000000000000000000	t Address						
411 Southgate Court, Suite E							Cutler Av						
City, State, Zip Code							State, Zip Co						
Mickleton, NJ 08056						0-0-0	• • • • • • • • • • • • • • • • • • • •	, NJ 08052	License No.				
Project Manager for Monitoring Firm				phone I	Water-Country		hone No.		00842				
Jack Carney	0 1 1	1.10	17.75	56-224			6-755-0099 of OSHA M		00042				
Start Date (10)08 /25 /17				tion Dat			SL Analyt						
							t Address						
Occupancy Status During Abatemen Stacility Closed/Vacated During Electric States States				ment			Route 13	0 North					
☐ Abatement Performed Outside of					cribe	1000	State, Zip Co						-
Time of Abatement:AM								n, NJ 08077					
Scope of Work (Check all that apply)							⊠ Full Cont	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		⊠ Rei	novat	ion			☐ Mini-End	closure	gaarorrooda				
☐ ≥160 sf or ≥260 lf		☐ Der	noliti	on			☐ Gloveba	g Procedure	on-Friable Proce	dure			
		1e	Loca	tion	Т		□ MOII-EXE	impled () allu Ni	I Habio I Took		baten	nent T	vpe
Location of		10000	lorma			Г	Description o	of				_	-
Asbestos-Containing Material (A	CM)	100000000000000000000000000000000000000		ely by	Asbe	stos Co	ontaining Ma	aterial (ACM)	Amount	Kemoval	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility	811			ance/ Staff?	(i.e	e., thern	nal systems rfacing, VAT	insulation,	(Specify SF or LF)	Oval	=	psu	Sur
(13)			(12)			othe	r miscellane	eous)				ate	(0
10000000		Yes	No	N/A							7 -	-	
Basement					Pipe Ins	sulatio	on		50 LF				닏
			П										
Name of Registered Waste Hauler			一	NJDEP	Waste	Cubic	Yards of	Name of Reg	istered Landfill				
Freehold Cartage				Hauler II	D No.	Wast	е	GROWS	North Landfill				
City, State				15939			sal Date	City, State			1977		
Freehold, NJ						1	/31/2017	Morrisvill	e, PA				
Completed By (Print or Type)	Title	9		22.1111.2		1	Signature	1	T	Date			
Christina Lynch	10000000		esid	ent of	Operatio	1	Oh. N	Istal		8/8	72.	17	
Jilliotilla Lylloll					,	10000000	110			0/0	100	1	

CIC# 30511

ASB-41

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

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Date of Notification (1)	a manufactura de la contra del la contra de la contra del la co			Name	of Buildin	g Ow	ner/Operator (2)	1	73		7674	NJ		
08/	21 / _	17		La	urett Ass	ocia	tes			1111 3	DG -	S E	21	017	To age of the control
Agencies Notified	Type Notifica	tion			t Address					1					-
⊠ EPA	☐ Initial			1000	Box 19				9	LOF		-72			
☑ DOLWD	Amended Amendme			City,	State, Zip (Code			parameter parame	ASLIL	LIGE		CALC.		LO
□ DCA	☐ Emergend		- -	Be	lmar, NJ	0771	9		ž.		-	-177	111 /2 C	A Security	pagedilipmen
(NJAC 5:23-8)	justification		9	Name	e of Contac	t			1	Falashana Nii	mhar	8			
	☐ Cancellati			Bro	ett				B						
				FA	CILITY IN	IFOF	RMATION								
Name of Facility Where A	Abatement is T	aking Plac	e (3)					Type of Faci	lity (4)						
Paddy McDonalds	Ale House							School (k		0	40)				
Street Address										Other than K- ate and comm		Lbui	ldina	S	
505 18 th Avenue								homes, e		ate and comin	loroidi	Dui	dirig	٥,	
City (5)								Square Feet		# of Floors		Bld	g. Ag	je	
Lake Como															
County (6)				Cou	nty Code (7	7)(STA	ITE USE ONLY)			if being demo	olished	d)			
Monmouth								Restarua	int						
Name of Monitoring Firm	Hired by Build	ing Owne	(8)	ASCN	No.	Nai	me of Abateme	ent Contractor	(9)						
Guardian Contracti	ing, Inc.						Suardian Co	ntracting, Ir	ıc.						
Street Address							eet Address								
1889 Rte. 9, Unit 61						1	889 Route 9	, Unit 61							
City, State, Zip Code							y, State, Zip Co								
Toms River, New J						Т	oms River,	New Jersey	0875	55					
Project Manager for Mon	itoring Firm		Те	lephone	No.	Tel	ephone No.			License No.					
Nicholas Fernicola			1 7	32-34	9-9932	7	32-349-9932	1		00624					
Start Date (10)	565.53	cheduled				Nar	me of OSHA N	lonitor							
08 /31 /	17	09	/	16 /	17	E	.M.S.L. Ana	lytical							
Occupancy Status During	g Abatement (C	Check only	one)			Stre	eet Address								
☐ Facility Closed/Vacate						1	056 Stelton								
Abatement Performed						City	y, State, Zip Co	ode							
Time of Abatement: _		PIVI/	PI	/	_AIVI	P	Piscataway,	New Jersey	0885	i4					
Scope of Work (Check al	II that apply)						N 5.11 Com		Mana	in December					
≥3 sf or ≥3 lf		⊠ F	enova	ition			☐ Mini-End	tainment with	ivegai	ive Pressure					
≥160 sf or ≥260 lf			emoli				☐ Gloveba	g Procedure			27				
					_		☐ Non-Exe	mpted (*) and	Non-	Friable Proce	dure				
			Is Loc Norm					,				Aba	ateme	ent T	ype
Location Asbestos-Containing		, U		lely by	Ashe	estas	Description of Containing Ma			Amount		Re	Repair	En	En
TO BE ABA		l N		ance/			ermal systems			(Specify		Removal	pair	cap	Enclosure
IN Facil	ity	Ci	stodia (12	I Staff?			surfacing, VAT			SF or LF)		/al	8 9	Encapsulate	ure
(13)		Yes		Noon or an		Ot	her miscellane	ous)						te	
main floor/bathroom	s/office				popcoi	rn ce	eilina		-	720 sf			П	П	
					1001000										
			\pm		-				-		-				-
									-						片
												Ц	Ш	Ш	
Name of Registered Was				NJDEP Hauler		177.000	bic Yards of ste		2000	red Landfill					
Guardian Contracti	ing, Inc.			2022		5		T.R.R.F	.						
City, State						100000000000000000000000000000000000000	posal Date	City, State							
Toms River, New J	ersey					9	/7/17	Tullyto	wn, P	ennsylvani	a			19	
Completed By (Print or T	ype)	Title		-		4-	Signature	1		1	Date	1		1	
Nicholas Fernicola		Proje	ct Ma	nager				1	7 1	1	Ş	5/	24/	17	

State of New Jersey

Date of Notification (1) 8/22/17	NO	(Pu	CATION irsuant Name of	of ASBE OF ASBE to NJAC 8 Building (STOS 3:60 an Owner/0	ABATE d 12:120 Operator	(2)	TIANA GEORGIA	AI Dr	D 6 0		- II	W	E	Private and the second
Agencies Notified Type Notification	1		Street A	ddress					1	8111	2 0	С	201	7	11
EPA X Initial Amended Amendmer Emergency justification DCA Cancellatio	(including	-	Harve	te, Zip Coo y Cedars Contact S		8008		e de la companya de l	AS Tele	SEL	G 2 Numb		, · · · ·		3
Name of Engility Where Abatement is Taki	ng Diago (2)		FACI	LITY INFO	RMAT	ION	Tun	o of Cocility	-				2		
Name of Facility Where Abatement is Taki Andres Hernandez Private Home Street Address City (5)								School (K-1 Subchapter Other (i.e. petc.)	2) 8 (Othe private 8				ings,		es,
Harvey Cedars NJ 08008							1000000	00+	2	1 10013			5+	ge	
County (6) Ocean Name of Monitoring Firm Hired by Building N/A	Owner (8)		County C (STATE L ASCM	JSE ONLY)	-	1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Ho of Ab	rent Use (Pri ouse patement Cor Inc.		27.5	olishe	d)			
Street Address						Street	Addr	ess							-
City, State, Zip Code						City, S		329 Zip Code rlin NJ 080	091						
Project Manager for Monitoring Firm			Telephor	ne No.		Telepi 856		No. -9800		Licens 0072		\$			
Start Date (10) 9/5/17	Scheduled 9/11/17		pletion [Date (11)		Name Sam		SHA Monitor						1100	
Occupancy Status During Abatement (Che	ck Only One	:)				Street	Addr	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:					_	City, S	State,	Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Re ☐ De	enovat emoliti	tion			2	- M	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure					Э	
	57500	ocati	600.00											ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	ormall Solel ntenar odial S (12)	ly by nce/		tos Con therma surfa	escription staining M I system acing, VA miscellar	Materi s insu AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_			Ф	
exterior siding			X		exte	erior sid	ding		20	00 SF	-	x			
	-										-			-	
	-										\dashv				
Name of Registered Waste Hauler United Roll Off		Н	JDEP W auler ID 2459		of Wa			Name of G.R.O	.W.S.	ered Lan	dfill				
City, State Elm NJ					Dispo 9/11	sal Date /17	•	City, Stat		A 1906	57				
Completed by	Title					Signatur	é	74151115		1.000	Date				
Anthony T Perna	Presid	dent			(L		*******		_8/	22	117		

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

Date of Notification (1)			Manage	- (D. 1) II	_			N	-0	1	UU	ب	1
8/22/17				of Building Mitchell L			r (2)	TEN.	L U	=	W	E	F
Agencies Notified Type	Notification			Address					العاد العاد			<u> </u>	1
DEP A	nitial Amended Amendment # Emergency (including		Engle	tate, Zip C ewood, I	NJ 076	631		The state of the s	ÀUG	25	201	7	
I DOH	ustification)	,		of Contact ara Sup		aughto	r		Felephone	Numbe	<u> </u>	-L8	8
				CILITY INF		_		Beam.					
Name of Facility Where Abatema	ent is Taking Place (3)					Type of Faci	ility (4)					-
Street Address							School Subcha Other (i	pter 8 (C	Other than P	<-12) ercial bi	uilding	s, hon	nes,
City (5) Englewood							Square Feet 2100	# 2	of Floors		Bldg.	Age	
County (6) Bergen				Code (7)	n		Current Use single farr	(Prior if t	eing demo	olished)			
Name of Monitoring Firm Hired b	y Building Owner (8)	ASC	M No.			of Abatement Environme	Contract	or (9)	LC			
Street Address						Street	Address Box 483, 4 I						
City, State, Zip Code						City, S	State, Zip Code)	Dilve	**********			
Project Manager for Monitoring F	irm	T	Telepho	one No.		Teleph	none No. 764-2276	37410	License	e No.			
Start Date (10) 9/8/17	Schedul 9/30/1		mpletion	Date (11)			of OSHA Mon	itor	103				
Occupancy Status During Abaten	nent (Check Only Or	ne)				Street	Address				-	-	
Facility Closed/Vacated Duri Abatement Performed Outsi Other – Describe: basemen	de of Normal Facility	Abaten / Hours	nent			City, S	tate, Zip Code				Name of the last o		
Scope of Work (Check All That A	oply)												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Parameter 2	Renova Demolit				×	Full Contai Mini-Enclos Glovebag F Non-Exem	sure Procedure	e				
Location of								1	no rom	able i i	Abat	emen /pe	t
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Use	Custodial Staff? (i.				scription aining M systems cing, VA* niscellan	aterial (ACM) insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement			X		Pipe	insulat	ion	1	150 LF	×	-		-
Name of Registered Waste Hauler		l Ni	JDEP W	asto	Cubic \	Vaed-							
Freehold Cartage		На	auler ID		of Was	10.200.000	10 00000		ered Landt				
City, State							TBD Western Berks Landfill Disposal Date City, State						
Freehold, NJ					TBD	A CONTRACTOR OF THE PROPERTY O							
Completed by A. Scott Higgins	Title Presid	dent			Si	gnature	h	Date 8/22/17					

MOCK	N		ATION	OF ASBES	STOS AE			CLA	IA A	上	1	tal	W	0	· [-
Date of Notification (1) 8/21/17		10000		Building Ov Excavatir		erator	(2)	1	Ŋ	15 1	J				The state of the s
Agencies Notified Type Notification	AT THE REAL PROPERTY.	100	Street Add	_{dress} gh Street	į					AL	JG 2	5	20	17	
EPA Initial DEP Amended DOL Amendment #			(T)	e, Zip Code od, NJ 0				Section 1	1	ASE:	4	7.7	1121	OL	8.
	cluding	1	lame of 0	Contact ocovare				l	Tele	enhone N	Numbe	NS	NG	man and the second	(CANADA)
			FACIL	ITY INFOR	RMATIO	N				- 00100					
Name of Facility Where Abatement is Taking Vacant Home Street Address	Place (3)						☐ Sc	Facility (4 hool (K-12 bchapter	2) B (Othe	er than K	(-12)				
203 Faller Drive							etc	-			ercial b				S,
City (5) New Milford							Square 2,400		2	Floors		85	ig. Λί	je:	
County (6) Bergen			County CostATE U	ode (7) SE ONLY)		_		Use (Prio nt home	r if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.				ment Con nmental			LC				
Street Address			1 ,				Address Box 483	3, 4 E G	ate D	rive					
City, State, Zip Code							State, Zip	Code NJ 074	18						
Project Manager for Monitoring Firm		1	Γelephon	e No.			none No. 764-22			License 703	e No.				-01111
Critari a Gro (1.4)	Schedule 9/29/17		pletion D	Date (11)		Name	of OSHA	Monitor		## F					
Occupancy Status During Abatement (Check			over-ser			Street	Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other - Describe: closet	eriod of A al Facility	Hours	ent	(City, S	State, Zip	Code				-200			
Scope of Work (Check All That Apply)					-										
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	1	enova emoliti					Mini- Glov	Containme Enclosure ebag Prod Exempted	e edure					3	
	70000	Locati	4.00				1100			2 11311			Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cusi	Normal d Sole intenar todial S (12)	ly by nce/ Staff?		os Conta thermal :	system ing, V	Material (ns insulat AT, or		(mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
L. 'L. L. L. L. L. OOO Faller Drive	Yes	No	N/A		coilir	ng pla	eter		2	40 LF	,	<			
boiler room behind 203 Faller Drive			X			insula				60 LF	-	ζ.			
			x		boiler				1	50 SF	2	<			
Name of Registered Waste Hauler		11.55	IJDEP W lauler ID		Cubic of Was			Name of Minery	2000		ndfill				
ABS Environmental Services, LLC		1	04248		TBD Dispos	al Date		City, Stat		uiii					
City, State Glenwood, NJ					TBD	ai Dali		Wayne		, OH				53	
Completed by A. Scott Higgins	Title	ident				ignatur	re /	1~			Date 8/2		7		
7. Cook ringging	. 100						//		_	-	L				

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CL#5857		NOT	FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	MENT 12		E			\mathbb{W}	E
Date of Notification (1) 8/21/17 Agencies Notified			Lori	of Buildin	g Owner/	Operator	(2)		AU	IG 2	5 2	017	
EPA X Initial Amended Amendment Emergency justification)	:#_ (includin	g	City, S Nort	State, Zip Ch Plainfi	eld, NJ	07063			ASCI	'CEN	ISING)L &
DCA Cancellation	2		Lori	CILITY IN	ODMAT	i Ohi							
Name of Facility Where Apatement is Takin Street Address	g Place	(3)	1.40	OILII I IINI	OKWAI	ION	Type of Facility School (K Subchapte	-12)	an than 10	10)			
City (5)	-						Other (i.e. etc.)	private 8	commer Floors	cial bu			ies,
N Plainfield County (6)											Bldg.	Age	
Somerset			County (STATE	Code (7)	n		Current Use (P	rior if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building (Owner (8	3)	ASC	M No.		Name AAA	of Abatement Co LEAD PROF	ontractor ESSIO	(9) NALS				
Street Address							Address IITE DOVE C	OURT				244	
City, State, Zip Code						City, St	ate, Zip Code WOOD, NJ (
Project Manager for Monitoring Firm							one No. 668-9078	00701	License	No.			
Start Date (10) 8/31/17	Schedul 9/4/17		mpletion	Date (11)		Name o	of OSHA Monitor						
Occupancy Status During Abatement (Check		(3)				Street A	Address		TALO			-	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of al Facility	Abater y Hours	ment s			City, Sta	ITE DOVE C ate, Zip Code WOOD, NJ (
Scope of Work (Check All That Apply)						L/ ((CL	.WOOD, NO C	70701					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Commence of the Commence of th	Renova Demolit	153(700)			×	Full Containm Mini-Enclosur Glovebag Pro	e cedure					
	ls	Locati	ion			<u> </u>	Non-Exempte	d (*) and	Non-Frial	ole Pro		e ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	Achaet	Desi	cription o	of		W80 W	-	Ту	pe	
TO BE ABATED In Facility (13)	0.09150.60	intenar todial S (12)		(i.e.	thermal s surfaci	Containing Material (ACM) Immal systems insulation, surfacing, VAT, or her miscellaneous) Amount (Specify SF or LF)					Repair	Encapsulate	Enclosure
	Yes	No	N/A					-34%.85%		<u>a</u>		ate	re
INTERIOR				FLo	or Tile		150	OSF	×				
												_	
_													
Name of Registered Waste Hauler NEWARK CARTING		Ha	JDEP Wauler ID 509		Cubic Y of Waste 10		Name of I	Registere	ed Landfill				
City, State NEWARK, NJ					Disposa 9/4/17	l Date	City, State		 PA				
Completed by JOSEPH PERLSTEIN	Title OWN	ER				nature			Da	te			\dashv

Form

Ost Hear			ICATIO		BEST	OS ABATE		-	A& II				-		
LIK # 0850		(P		to NJAC	Research To American		. I.	-	II.	\mathbb{M}		M			
Date of Notification (1) 8/21/17			Name of Micha	of Building nel Stefa	Own now	er/Operato icz	r (2)	1.5	3						
Agencies Notified Type Notification			Street A	Address						AUG	2	5 6	2017	- 1	U)
EPA Initial								7.00		- Here					Surveille (Marie)
DEP Amended Amendment #	¥			ate, Zip Co sburg, N		734		*Tayon	ASI	alb i	100	7	11.0	1 8	
Emergency (in justification)				of Contact		704			- To	lenhane	CEN	SIN	<u>a_</u>		
DCA Justification			Mike												
Name of Facility Where Abatement is Taking	Place /	3)	FAC	ILITY INF	ORM.	ATION	Tuno	of Facility	745					-22	
Taking	i lace (3)													
Street Address							×	School (K- Subchapte Other (i.e.	r 8 (Oth				dings,	home	es,
City (5) Keansburg								etc.) re Feet	#0	f Floors	i	В	Bldg. A	ge	
County (6)				Code (7)	7		Curre	ent Use (Pr	ior if bei	ing dem	olish	ed)			
Monmouth Name of Monitoring Firm Hired by Building O	wn== /C			USE ONLY			-6.5			10:	- Court				
	wner (8	1	ASC	vi No.				tement Co D PROFE							
Street Address							Addres	ss DOVE C	OURT					VV	
City, State, Zip Code				4				ip Code OD, NJ C	0701						
Project Manager for Monitoring Firm		-	Telepho	ne No.			none No	272-85	00701	Licen	se No)			
							668-9			1200					
Start Date (10) 8/23/17	Schedul 8/24/1	ed Con 7	npletion	Date (11)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of OSHA Monitor AAA LEAD PROFESSIONALS								
Occupancy Status During Abatement (Check	Only Or	ne)					Addres								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of	Abatem	nent				6 WHITE DOVE COURT City, State, Zip Code								
Other – Describe:	ii radiii)	/ Hours	•		p Code OD, NJ (8701									
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Contractor	Renova Demolit				×	Min Glo	l Containm ni-Enclosur ovebag Pro	e cedure						
						L	_l Nor	n-Exempte	d (*) and	d Non-F	riable		cedure Abate	North Villa	
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In Facility	Cus	todial S (12)	Staff?	(i.e.	su	nal system: rfacing, VA	T, or	ition,		specify or LF)	4	Remova	Repair	caps	Enclosure
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INTERIOR	INTERIOR						ping		2	0 LF		x			
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Name of Registered Waste Hauler		0.153007	JDEP W		2000	oic Yards		Name of	Registe	red Lar	ndfill				
NEWARK CARTING		C-1000	Hauler ID No. of Waste 3 IESI												
City, State NEWARK, NJ	Week Control			Disposal Date City, State 8/24/17 BETHLEHEM PA											
Completed by JOSEPH PERLSTEIN	Title	Signature ER					1	Date							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24499213200 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 21 / Jim Mahoney Agencies Notified Type Notification Street Address AUG 25 ☐ EPA ✓ Initial **⊠** DOLWD Amended City, State, Zip Code ASE CONTROL & X DHSS Amendment # Teaneck, NJ 07666 ☐ DCA Emergency (including LICENSING (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Jim Mahoney FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Teaneck, NJ 07666 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 30 / 17 Envirovision Consultants,Inc Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf = 160 sf or >260 lf Renovation Mini-Enclosure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Repair Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X \boxtimes Pipe insulation 100 LF П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State City, State Disposal Date Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Signature Date N.Jevtic 08/21/17 Owner ASB-41

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Date of Notification (1) 08/17/2017	10			Name	of Buildin	g Owner e Unive	/Operator	r (2)				k# 49	04			
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IXI DOH□ DCA	Emergency (justification) Cancellation			Name Erick	of Contac Fernand	ez			Beronau			1001				
N				FA	CILITY IN	FORMAT	TION									
Name of Facility Where A College Hall-Main Hal	Abatement is Takii I	ng Place ((3)					Type of Facili	ty (4)							
Street Address 1 Normal Ave								☐ School ☐ Subchap	(K-12) ter 8 (Other th e. private & co	ian K-1	2)	ildina				
City (5) Montclair								homes etc.) Square Feet	# of Flo			Bldg.				
County (6) Essex					y Code (7) E USE ONL			Current Use (Prior if being o	ior if being demolished)						
Name of Monitoring Firm Detail Associates, Inc	Hired by Building	Owner (8)	ASC	M No.		Name Lilich	of Abatement (Corporation	Contractor (9)							
Street Address 300 Grand Ave							Street	Address IcBride Ave								
City, State, Zip Code Englewood, NJ 07631	100 100 100 100 100 100 100 100 100 100						City, S	tate, Zip Code land Park, Ne	w Jersev							
Project Manager for Moni Nadine Bello	toring Firm				one No 39-6078	÷	Teleph	one No. 25-8400	Lic	cense N	10.					
Start Date (10) 08-28-2017		Schedul 08-29-2	ed Co 2017	mpletion	Date (11))	or aboratories,					22.53				
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street A	Address						*****		
E Facility Closed/Vaca □ Abatement Performe E Other – Describe: _si	ed Outside of Norm	Period of nal Facility	Abate / Hour	ment s			City, St	33 Route 22 West y, State, Zip Code Jnion, NJ 07083								
Scope of Work (Check All							Unio					****** IN SUP. AL.				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demoli				ıre	ent with Negative Pressure e cedure / Limited Containment&Tent								
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lame of Registered Waste	Hauler		7 8569	JDEP W		Cubic `		Name o	f Registered L	andfill						
ilich Corporation			79	Hauler ID No. of Waste					V.S Landfill							
ity, State Woodland Park, Nev	w Jersey					Disposal Date City, State Morrisville, PA										
ompleted by Momo Glavatovic	ACCOUNTS OF THE PARTY OF THE PA	Title Proj	oject manager Signature Date 08/17/2017						2017							
							No.	21)								

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☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		cluaing	1			Contact					Tele	phone	Numb	er			-		
(110/10/0.20/0)	☐ Cancellat				7 60		s Dudel						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
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Name of Facility Where A	batement is	Takino	Place	(3)						Type of	Facility (4	4)						_		
Dudek Residence									3	_	ol (K-12)									
Street Address										☐ Subo	hapter 8	er 8 (Other than K-12) , private and commercial buildings,								
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PO Box 341							i		23 Cutler Av	(anua										
City, State, Zip Code																	45.00			
Chesterfield, NJ 088	515				City, State, Zip Code Maple Shade, NJ 08052															
Project Manager for Monit				Tal	ephor	e No		0.000	ephone No.	, 140 000	32	Lie	ense N	lo.						
Bill Weisgarber	toring i iiii			100	09-29				56-755-0099				00842	10.						
Start Date (10)		School	ulod C									1	00042							
08 /31 /					letion Date (11) Name of OSHA Monitor 5 / 17 EMSL Analytical, Inc.															
3/10/2019					5 / 17 EMSL Analytical, Inc. Street Address															
Occupancy Status During Facility Closed/Vacate																				
☐ Abatement Performed																				
Time of Abatement:			and the second second				9/11/12													
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Scope of Work (Check all	tnat apply)												Pressur	re						
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≥160 sf or ≥260 lf			☐ De	molit	ion				☐ Glovebag			Erio	hla Dro	codur	•					
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Name of Registered Wast	NJDE	P Was	ste	Cub	ic Yards of	Name	of Regist	ered	Landfill		1									
Freehold Cartage	Hauler ID No. Waste GROWS North Landfill 15939																			
City, State	100	00		_	oosal Date	City, S	tate													
Freehold, NJ	09/15/17 Morrisville, PA																			
Completed By (Print or Ty					Signature	+				Dat	te									
Christina Lynch	/	Title Vi		esid	sident of Operations							enter, Et aug.	>	8	18	1	7			

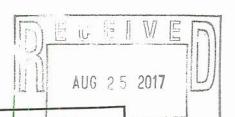
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Date of Notification (1) 8/18/2017				f Building ollege o				1	A I	IG 25	: 20	117			
Agencies Notified Type Notification			Street A	ddress Penning	ton Ro	ad		102 12	AU	10 2 3	<i>)</i>	F 1 //	A SECTION ASSESSMENT OF THE PERSON ASSESSMENT		
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X DOL Amendment #		_,		, New J		08628		Language		CENS					
□ Emergency (ir justification) □ DCA □ Cancellation	cluding			f Contact onomo			11.00	7				20			
		- 5	FACI	LITY INF	ORMAT	ION									
Name of Facility Where Abatement is Taking The College of New Jersey, (Power			or # 1)				Type of Faci	lity (4)							
Street Address 2000 Pennington Road	110030	Done	21 # 1)				Other ((K-12) pter 8 (Oth .e. private			dings	, home	es,		
City (5) Ewing					10.0		etc.) Square Feet ~ 9,000	# 0	f Floors		3ldg. /	\ge			
County (6) Mercer			County C	Code (7) JSE ONLY)		Current Use Power Ho		ing demo	lished)					
Name of Monitoring Firm Hired by Building Ov TTI Environmental Incorporated	vner (8)		ASCM 0003			100000000000000000000000000000000000000	of Abatement per Environ		ontractor (9) ental Services, Inc.						
Street Address 1253 North Church Street							Address idge Road					7 to 10 10 10 10 10 10 10 10 10 10 10 10 10			
City, State, Zip Code Moorestown, New Jersey 08057						100000000000000000000000000000000000000	tate, Zip Code enixville, PA								
Project Manager for Monitoring Firm Michael R. Stocku	_	1 2	Telephor 856.84	ne No. 0-8800			one No. 933-4332		License 00836						
	Scheduled 3/25/20		pletion [Date (11)	>		of OSHA Mon oer Environ		ervices,	, Inc.					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe			ont				Address idge Road								
Abatement Performed Outside of Norma Other – Describe: Occupied, Maintenance	Facility H	Hours					City, State, Zip Code Phoenixville, PA 19460								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		novat	100			×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedure				e			
	ls L	ocatio	on									ement			
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used	ormall Solel tenar	y by		tos Cont		of laterial (ACM) s insulation.	A	mount Specify	77		pe E	т		
In Facility (13)	Custo	dial S (12)	taff?	(1.6.	surfac	cing, VA	T, or		or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A							-		te	е		
Boiler Drum Insulation	X					TSI		18	30 SF	X					
Boiler Insulation					TSI		90	00 SF	Х						
Breeching Insulation					TSI		1(00 SF	Х						
Name of Registered Waste Hauler Horizon Disposal		Ha	Hauter ID No. of Waste					of Registered Landfill DWS/Tullytown Landfill							
City, State Trenton, NJ	<i>-</i>				Dispos 06/20	al Date	City, S Morr	State risville, P.	A						
Completed by Patrick Larney	Title Projec	t Ma	nager		S	ignature	W.	200	40	Date 8/18/20)17				

NOTIFICATION OF ASBESTOS ABATEMENT Check#2854 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 Dave McMahon Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial DOLWD Amended City, State, Zip Code X DHSS Amendment # CONTROL & ☐ DCA Cedar Grove, NJ 07009 Emergency (including (NJAC 5:23-8) justification) Name of Contact elephone Numbe Cancellation Dave McMahon FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cedar Grove, NJ 07009 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor / 17 08 / 29 08 / 30 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM-PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf 2 160 sf or 260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Crawl space X Duct insulation 10 LF X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Wenad Owner 08/19/17 ASB-41

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Commercial							N O	ther (i.e., priva	ate and commercia	al buildin	gs,			
treet Address	Dood						h	omes, etc.)					_	
1840 Peter Cheesn	nan Roau	**					Squa	re Feet	# of Floors	Bldg.	Age			
City (5)														
Blackwood			IC	nunty C	ode (7)(S	TATE USE ONLY)			t Use (Prior if being demolished)					
County (6)				ounty -			Sc	Schedule for demolition					_	
Camden	5 !!-!	Oumor (9)	LASO	CM No.	11	Name of Abater	nent Co	ntractor (9)						
Name of Monitoring Firm	n Hired by Building (JWHEI (6)	, ,,,,,	61599		ALL PRO M	ANAG	EMENT LLC					_	
Bio Terra Solution	IS			0.000		Street Address								
Street Address						27 Outwate	ł					_		
P.O. Box 1224					(City, State, Zip								
City, State, Zip Code					1	Garfield, N.		6				150.00		
Union, NJ			Telephone No. Telephone No.						License No.					
Project Manager for Mo	onitoring Firm			494-37		973-928-48	88		1188				_	
Rick Eustaquio	10.1	eduled Con				Name of OSHA	Monito	or						
Start Date (10) 07 / 17		10 /	06	/ _1	,	ALL PRO	MANA	SEMENT LL	.c					
Occupancy Status Dui	ing Abatement (Che	ck only on	ly one) Street Address											
N Facility Closed N/20	ated During Entire P	eriod of Al	oateme	ent		27 Outwate		е						
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Scope of Work (Check	k all that apply)	⊠ Ren	ovation	n ı		☐ Mini-	Enclosu	ire rocedure	ative Pressure	ıre				
⊠ ≥160 sf or ≥260 lf						☐ Non-	Exempl	ted (*) and No	n-Friable Procedu	Aba	teme	nt T	yp	
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11.000	acility 13)	Yes	(12) No	N/A		other miscel	laneous	S)			_	_	+	
1st Floor				\boxtimes		oat Plaster W			192 SF					
1st Floor Coorido	r			\boxtimes		Top Coat Plaster Walls							1	
2 nd Floor				\boxtimes		oat Plaster W			192 SF		H	1	1	
3 rd Floor						oat Plaster W		Name of Boo			1-	1-		
Name of Registered	Waste Hauler		1	NJDEP Waste Hauler ID No. SW-24310/32797 As Needed Disposal Date Name of Registered Landfill Minerva Enterprises/ IESI Bethlehen City, State				hlehem	Landi	fill				
City, State Shirley, NY/ El						Disposal Da	00	Waynest	ourg, OH/ Beth	lehem,	PA	7		
Completed By (Prir	nt or Type)	Title Projec	et Mai	nager		Signati	affe ()	,		8/2	4/	1	2	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION

SHEET



				1840 Peter Cheeseman Road		Abatemen	t Type	ASE::=	CENS	OL&
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Norr S Maint odia	Location mally Underly became all Staff	Jsed y e/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u	E n c l o s u r e	
Throughout- 1st, 2nd &	Yes	NO	N/A							
3rd Floor			Х	VAT/Mastic	22,400 SF	X		_	-	
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Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature	- 18/21/17

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Date of Notification (1)	()	-		Name	e of Bu	ilding O	wner/Operator (2)		To the second of	AUG :	252	017	1	
08 /	16 / 17			18	40 Pet	ter Che	eseman Road,	LLC	- 1	LI NOO			1	
Agencies Notified	Type Notification				ot Addre		nce Blvd.		direction of the control of the cont	ASE	. C <u>(</u>).	111	1 8	
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☑ DOLWD	Amendment #			Ki Ki	na of	Prussi	a, PA 19406							-
□ DCA	☐ Emergency (in	cluding			e of Co				Te	lephone Number				
(NJAC 5:23-8)	justification) Cancellation					kowski			1					-
	☐ Caricenation		_	F	ACII II	TY INFO	ORMATION							-
	t to Takin	a Diace	(3)	17	HOILI				of Facility (4)					
Name of Facility Where A	Abatement is Takin	y Flace	(0)					T 0.	chool (K-12)	ther than K-12)				
Commercial			_					XO	ther (i.e., privat	e and commercia	l buildin	gs,		
Street Address	an Bood							h	omes, etc.)		Bldg.			+
1840 Peter Cheesn	nan Koau	-						Squa	re Feet 7	f of Floors	Blag. /	-yc		
City (5)										st in demolishe)d)			+
Blackwood				Co	ounty C	ode (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Schedule for demolition						
County (6)								1		emolition				+
Camden Name of Monitoring Firm	n Hired by Building	Owner	wner (8) ASCM No. Name of Abatement Contractor (9)											
Bio Terra Solution		0615995												\dashv
Street Address							Street Address							
P.O. Box 1224							27 Outwater)					1
City, State, Zip Code		-110					City, State, Zip C		c					
Union, NJ							Garfield, NJ	0702	.0	License No.				
Project Manager for Mo	onitoring Firm		T		one No		Telephone No. 973-928-488	Q		1188				
Rick Eustaquio					494-37		Name of OSHA		or					
Start Date (10)	C 2000	neduled	Com	pletion	n Date	(11)	ALL PRO M	ANA	GEMENT LL	C				
07 / 17	/ _17		3775		1_		Street Address							
Occupancy Status Dur	ing Abatement (Ch	eck only	one	e)	00040		27 Outwate	rlan	e					
E - Wh. Classid Non	ated During Entire	Period 0	DA 10	ateme	nt Descr	ihe	City, State, Zip							
Abetement Perform	ned Outside of Nori t:AM	mai raci	nty i	louis	AI	M	Garfield, N.	J 070	26					_
									ment with Nega	ative Pressure				
Scope of Work (Check	K all that apply)	_	_				☐ Mini-E	nclost	ıre	2010				
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf			Rend	ovation olition	ı		C 01	han D	rocadure	-Friable Procedu	ire			
⊠ ≥160 sf or ≥260 lf		_					∐ Non-E	xemp	leu () and reci		Aba	teme	nt Ty	ре
				ocation ormally			Description	n of			R	Re	E	En
Loca	tion of	, 1	Jsed	Solel	y by	Asb	octor Containing	Mater	ial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
Asbestos-Contain TO BE	ning Material (ACM) ABATED			ntenan odial S		(i	e., thermal system surfacing, V	'AT, o	r lation,	SF or LF)	val		sula	ure
	acility	L	<i>-</i>	(12)			other miscell	aneou	s)				te	
(13)	es	No	N/A			1000		192 SF					
1 st Floor				\boxtimes		Coat Plaster Wa			2,568 SF					
1st Floor Coorido	r						Coat Plaster Wa			192 SF				
2 nd Floor							Coat Plaster Wa			192 SF		-		
3 rd Floor]					Coat Plaster W		Name of Pen	istered Landfill				
Name of Registered	Waste Hauler			N	IJDEP lauler I	Waste	Cubic Yards Waste	OT			loham l	andfil	1	
ATC/ Century \	Waste LLC			S	W-243	10/ 3279	97 As Neede	d	Minerva Ente	rprises/ IESI Beth	OHOH L			
City, State		##					Disposal Dat	е	Waynesb	urg, OH/ Bethl	ehem,	PA		
Shirley, NY/ El		,					Signatu	re In			Date	1. /	1	
Completed By (Prin		Title	nier	t Mar	nager			Il	1		811	6	1)	
Allen Monchik	(1 1	مادر		-5-			WAR COLOR	1.					

Allen Monchik

			5	State o	of New J	ersey	3100-31 Us-1			PA		5 T	n te	7 (***	-	
10 # VI	18 N	OTIFICA (Pu	ırsua	nt to	NJAC 8:	:60 an	a 5:10)				<u>U. 12</u>		/ [7		
Date of Notification (1)		-	Nam	e of Bu	ilding Ow	mer/Ope	erator (2)				NUG 2	E 20	117		\mathbf{M}	
07 / _	07 /17	-	1		ter Chee	esemai	n Road,	LLC		1 6	100 2	0 20	11/	1	1	
Agencies Notified	Type Notification			et Addr		Div	al		in the second		. 73		0	_		
⊠ EPA	☑ Initial		100,000		naissan		u.			ASL	LICEN			_ 01		
⊠ DOLWD	Amended Amendment #_		City, State, Zip Code King of Prussia, PA 19406						L	-		101110		and control of		
☑ DOH □ DCA	☐ Emergency (inc	luding		ne of C		, , , , ,			1+	. I Is	Mumba		90.5			
(NJAC 5:23-8)	justification)		2000		kowski							-			1	
	☐ Cancellation		-		TY INFO	RMAT	ION								-	
Name of Facility Where	Abatament is Taking	Place (3)		AOILI					of Facility (4)							
	Abatement is raking							= 0	chool (K-12) ubchapter 8 (0	Other tha	n K-12)					
Commercial Street Address								X O	ther (i.e., priva	ate and o	commerci	ial build	ings,			
1840 Peter Cheesi	man Road							h	omes, etc.)				Age		\dashv	
City (5)								Squa	are Feet	# 01 110	UIS	Diag				
Blackwood							= 01" \0	Curr	ent Use (Prior if being demolished)						7	
County (6)			C	ounty (Code (7)(S	TATE US	E ONLY)	Schedule for demolition								
Camden					- 16	1	Abatama	1000							7	
Name of Monitoring Fin	m Hired by Building (Owner (8)	WIICI (O)						atement Contractor (9) D MANAGEMENT LLC							
Bio Terra Solution	ns		0615995 ALL PRO MANAGEM Street Address													
Street Address			27 Outwater Lane													
P.O. Box 1224			City, State, Zip Code													
City, State, Zip Code			Garfield, NJ 07026						26				/		\dashv	
Union, NJ	itoring Firm	- 17	Telephone No. Telephone No.						775	Licens						
Project Manager for M	onitoring ritti		973-494-3762 973-928-4888							118	8					
Rick Eustaquio Start Date (10)	Sche	duled Con	pletio	n Date	(11)	Name o	f OSHA	Monito	or	_						
07_ / _17_		08_ / _	17	1_	17	ALL	PRO M	ANA	GEMENT LL							
Occupancy Status Du		ck only on	e)			Street A		_								
EZ F Ilih . Classed \/ 20	rated During Entire P	eriod of At	aleme	ent	L		utwater		ie							
T Dorfor	and Outside of Norm	al Facility I	Tours	- Desci	ibe M	City, State, Zip Code Garfield, NJ 07026										
Time of Abatemer	nt:AM	PM/	PIVI	^												
Scope of Work (Chec	k all that apply)	⊠ Ren	ovatio	n		Ē	Mini-E	nclos	rocedure							
⊠ ≥160 sf or ≥260 lf		☐ Den	IOIIIION	9		Ī	Non-E	xemp	ted (*) and No	n-Friable	e Proced	ure	atom	ent Ty	VDP.	
			ocatio					n 0f				-	-	1		
Loca	ation of	Used	ormall	y by	Asbe	etne Co	escription ntaining	Mater	ial (ACM)		mount	Removal	Repair	Encapsulate	Enclosure	
Asbestos-Contain	ning Material (ACM) ABATED	Mai	ntenar odial S	ice/	(i.e	therm	al systen	ns ins	ulation,	SF	pecify or LF)	oval	1=	Sul	sure	
IN F	acility	Cust	(12)	itaii:		other	miscella	neou	s)					ate		
	(13)	Yes	No	N/A						-	00.05	×	In		TE	
1st Floor				\boxtimes	Top Co	at Plas	ster Wa	lls		-	92 SF	_	-	17	E	
1st Floor Coorido	or				Top Co	oat Pla	ster Wa	lls		1	568 SF		-	무	1-	
2 nd Floor	•			\boxtimes	Top Co	oat Pla	ster Wa	ills		-	92 SF		-		1	
							on Coat Plaster Walls			192 51						
3rd Floor Name of Registered	d Waste Hauler		N	IJDEP	Waste		Yards o	of	Name of Reg					:11		
ATC/ Century	Waste LLC		Hauler ID No. Waste Mine				Minerva Ente	erprises/	IESI Beth	nlehem	Landi	111				
City, State			-			Disp		3	Waynes!	ourg, O	H/ Beth		PA	<u></u>		
Shirley, NY/ E		Title	I Sinnature (1)					Date	m	117						
Completed By (Prin			oject Manager							1	101	1				

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



Date of Notification (1)			-	Name	of Building	a Ow	ner/Operator ((2)			-				
	8 / 23 / 17 State of New Jersey / Job #1707-2210												4766	3	
Agencies Notified Type Notifi	ation			Street	Address				11:	1 = 16	7	11	W	E	3
☐ EPA ☐ Initial				33 \	West Sta	te S	treet, 9 th Flo	oor	11	J)-19-9-					
☑ DOLWD ☐ Amende				City, S	State, Zip C	Code			1.1			X=3VX		1	
☑ DHSS Amendr☑ DCA ☐ Emerge				Tre	nton, NJ	086	25		1	AUG	25	2	017	W. (1977)	U
(NJAC 5:23-8) justifica	ion)	Ciuuiiiç	,	Name	of Contac	t				Telerhone N					
☐ Cancell				Mai	k Vetterl				ı				-	لِـــ	
				FA	CILITY IN	FOF	RMATION			1.8	JENS	215.11		L &	
Name of Facility Where Abatement is	Taking	Place	(3)					Ty	pe of Facility		711V	311/1/	<u> </u>		-
Health & Agriculture Building									School (K-12						
Street Address										Other than K			9.11		
369 South Warren Street									homes, etc.)	rivate and com	mercia	II DU	ilaing	S,	
City (5)											Blo	lg. Ag	ge		
Trenton						TBD			TBD						
County (6)	Yes			Cour	ty Code (7	ior if being dem	nolishe	d)							
Mercer						ing									
Name of Monitoring Firm Hired by Bu	Iding C)wner	(8)	ASCM	No.	Nar	me of Abateme	tement Contractor (9)							-
USA Environmental Managem							Asbestos and Mold Services, Corp.								
Street Address						Street Address									
344 West State Street						3	859 Sylon B	3ou	levard						
City, State, Zip Code							, State, Zip Co								
Trenton, NJ 08618					Hainesport, NJ 08036										
Project Manager for Monitoring Firm	_		Tele	phone	No.		ephone No.			License No.					
William Weisgarber)9-656			09-702-0400	0		00862					
Start Date (10)	Sched	uled C	omple	tion Da	te (11)	Nar	me of OSHA N	Moni	itor						-
9 / 8 / 17					17	E	MSL Analyt	tica	l, Inc.						
Occupancy Status During Abatement	(Check	only	one)			Stre	eet Address								
☐ Facility Closed/Vacated During En						2	00 U.S. Rou	ite 1	130 North						
Abatement Performed Outside of N						City	, State, Zip Co	ode							
Time of Abatement:AM	PIN	/1/	PIVI-		AIVI	С	innaminsor	n, N	IJ 08077						
Scope of Work (Check all that apply)	- 1/4											55880			
⊠ ≥3 sf or ≥3 lf		⊠ Re	novati	on			☐ Full Cont			ative Pressure					
☐ ≥160 sf or ≥260 lf			molitic					ag Pr	rocedure						
							☐ Non-Exe	empt	ted (*) and No	n-Friable Proce	edure				
		100	Locat Norma				_	- 2				Aba	_	ent T	уре
Location of Asbestos-Containing Material (AC	M)	100	ed Sole		Ashe	stas	Description of Containing Ma		al (ACM)	Amount		Re	Re	En	Enc
TO BE ABATED	/	572.00 60	intena todial			., the	rmal systems	insu	ulation,	(Specify		Removal	Repair	caps	Enclosure
IN Facility (13)		Cus	(12)	Stall!			surfacing, VAT her miscellane			SF or LF)		<u>a</u>		Encapsulate	ure.
(15)		Yes	No	N/A		Oti	ner miscellane	cous)					te	
Basement					Pipe Ins	sula	tion			9 LF		\boxtimes			
	П	П	\boxtimes							-		П	П	П	
										П					
Name of Registered Waste Hauler				JDEP \	Naste	Cut	oic Yards of	N	Name of Regis	tered Landfill					
Waste Management			1922	auler II	No.	Was	ste		Grand Cen						
City, State				17273)	Disp	posal Date	C	City, State						
Lafayette, NJ						1	0/8/17		Penn Argy	le, PA					
Completed By (Print or Type)	Title						Signature	1			Date				
Kimberly A. Trumbetti	0	ffice (Coord	linato	•		X	1	1	,	8	-2,	3-1	17	

ASB-41 MAY 11

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