CK# 26374

Date of Notification (1)		Name of Building Ow MERCK SHARP & DO		-						
The same of the sa			DHIVIE CORP.		T. 752	*				
8 / 28 /14	t:	Street Address	AULE DO DOVO	ooo pësh 44 i 1						
Agencies Notified Type Notifi		126 E. LINCOLN AVE	NUE, P.O. BOX 2	2000, RJ 20-414	27	r	. •			
DEP X Ame	Notification nded Notification #1 cellation	City, State, Zip Code RAHWAY, NEW JER	SEY 07065	× 0 = 10			. ĸ	Ĉ.,		
X DOH On F	iold RGENCY NOTIFICATI	Name of Contact ON MARY BETH BAKER		Telephone Numb	ero E	NOIN	ü			
		FACILITY INFORMATION		1						
Name of Facility Where Abatement is	Taking Place (3)		Type of Facility							
MERCK SHARP & DOHME CORPORA	ATION			12) r 8 (Other than K- private & commol. I		homes	etc	١		
Street Address			Square Feet	# of Floors	lugs.,	Bldg.				
126 EAST LINCOLN AVENUE - EXTER	RIOR PIPE RACK		n/a	n/a		n/	а			
City (5) Cou	nty (6) ON	County Code (7) (STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)					
Name of Monitoring Firm Hired by Bu		ASCM No.		ment Contractor	(9)					
ENVIRONMETAL HEALTH INVESTIGA	ATIONS, INC.	17	PAR ENVIRON	MENTAL CORPO	RATIC	N				
Street Address			Street Address	CKBOAD						
655 WEST SHORE TRAIL City, State, Zip Code			313 SPOOK RO City, State, Zip C		+					
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	NEW JERSEY 07871		SUFFERN, NEV							
Project Manager for Monitoring Firm	Telephone	Number	Telephone Numb	per Lice	nse N	umber				
WILLIAM S. KERBEL, CIH	973-729-56	The second secon	845-369-7500	110	1					
Expected State Date (10)	Sched. Complet		Name of OSHA							
9 / 2 /14 Month Day Year	11 / Month	15 /14 Day Year	AMERISCI LABO	DRATORIES INC		#114	80			
Occupancy Status During Abatement (C		Day real	Street Address	***************************************	+		Tools	_		
X Facility Closed/Vacated Duri			117 EAST 30TH	STREET						
Abatement Performed Outsid  X Other - Describe: Monday - F		urs - Describe:	City, State, Zip C	'odo	-	ORK 10016				
Other - Describe, Worlday - P	riday / Aivi - 3.30 Pivi			W YORK, NEW Y	ORK 1					
Scope of Work (Check all that apply)		Full Contai	nment with Negat							
Demolition	Renovation	Mini-Enclo								
>3SF OR LF x >160 SF OR 260 LF			Procedure e Procedure							
Location of	Is Location	Description of Asi			ΙΔ	bateme	nt Tv	me		
Asbestos-containing	normally used	Containing Materia		Amount	-			_		
Material (ACM)	solely by	(ie. Thermal sys	stems	(Specify	REMOVAL	REPAIR	ENCAPS	ENCLOS		
TO BE ABATED	Maint/Custodial	insulation, surfacir		SF or LF)	18	2	PS	SO		
in Facility (13)	Staff (12) Yes No N/A	or other miscella	neous)		1		ULE	URE		
					+			1		
Exterior Pipe Rack System	X	Pipe Insulation		2,300 Ln. Ft.	X	$\vdash$	_	├-		
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					1	$\Box$				
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Registe		E 8444	IA OF	AE NIT	000		
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler ID No. 15939	120		UNTY RESOURC R DRIVE/ROUTE		MAGEN	nEN1	JER		
City, State	1 10000	Disposal Date	City, State		Ť			_		
FREEHOLD, NEW JERSEY		9/02/2014-11/15/2014	MONTGOMERY							
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPER	Signature ATIONS		Date	9					

Date of Notification (1)		Name of Building On MERCK SHARP & D	원하다 아들 경기를 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다.					-
8 / 8 /14		Street Address	-				-	-
Agencies Notified Type Notifica	ation	126 E. LINCOLN AVE	ENUE P.O. BOX	2000. RY28-4	14	200		
EPA Initial N	Notification led Notification	City, State, Zip Code RAHWAY, NEW JER			~~- ;	, , <u>, , , , , , , , , , , , , , , , , </u>		
X DOH x On Ho DCA EMER	Id GENCY NOTIFICAT	Name of Contact NARY BETH BAKER	77	Telephone 1	ber	LIUZ	,	iv.
		FACILITY INFORMATION		1				
Name of Facility Where Abatement is T	aking Place (3)		Type of Facility	N (NA) (NA)			CHINES!	Tere were
MERCK SHARP & DOHME CORPORAT	TON			er 8 (Other tha		hamaa	oto	,
Street Address			Square Feet	private & community # of Floo		Bldg.		
126 EAST LINCOLN AVENUE - EXTERIO	OR PIPE RACK		n/a	n/a		n/	_	
City (5) Count RAHWAY UNION		County Code (7) (STATE USE ONLY)	Current Use (Pr VACANT	ior if being der	nolished)			
Name of Monitoring Firm Hired by Buil ENVIRONMETAL HEALTH INVESTIGAT		ASCM No.	Name of Abate PAR ENVIRON	ment Contrac	ctor (9)	ON		
Street Address	,		Street Address	WEITINE OO!	ti Olutino	<i>.</i>	-	-
655 WEST SHORE TRAIL			313 SPOOK RO	OCK ROAD				-
	IEW JERSEY 07871		City, State, Zip ( SUFFERN, NE)		01			
Project Manager for Monitoring Firm	Telephone	Number	Telephone Num	ber	License N	umber		
WILLIAM S. KERBEL, CIH	973-729-5		845-369-7500	d 2	1101			
Expected State Date (10) 8 / 11 /14	Sched. Comple	etion Date (11) 15 /14	Name of OSHA AMERISCI LAB		INC	#114	80	
Month Day Year	Month	Day Year						
Occupancy Status During Abatement (Che X Facility Closed/Vacated During	Entire Period of Aba	tement	Street Address 117 EAST 30TH	STREET				
Abatement Performed Outside  X Other - Describe: Monday - Fri		ours - Describe:	City, State, Zip C	Code				
/ <del></del>	,	9 xxx 3		W YORK, NE	W YORK 1	10016		
Scope of Work (Check all that apply)  Demolition	Renovation		inment with Negal	tive Pressure				
>3SF OR LF x >160 SF OR 260 LF	Nenovacion		Procedure					
Location of	Is Location	Description of As				h-4	at Tu	
Asbestos-containing	normally used	Containing Materi		Amount		bateme		
_ Material (ACM) .	solely by	(ie. Thermal sy		(Specify	l m	REPAIR	NO.	NC.
TO BE ABATED	Maint/Custodia			SF or LF	)   §		Ps	SO
in Facility (13)	Staff (12) Yes No N/A	or other miscella	neous)		P		ENCAPSULE	ENCLOSURE
Exterior Pipe Rack System	X X	Pipe Insulation		2,300 Ln. Ft.	х	1 1	,,,	III
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Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Registe	red Landfill	-			
FREEHOLD CARTAGE, INC.	Hauler ID No.	120	LYCOMING CO			NAGEM	ENT	SER
825 HIGHWAY 33 City, State	15939	Disposal Date	447 ALEXANDE City, State MONTGOMERY		UIE 15			
FREEHOLD, NEW JERSEY Completed by (Print or Type)	ītle	8/11/2014-11/15/2014	INON GOMER		Data 🐔	1	1	
	DIRECTOR OF OPE	RATIONS Signature	800		Date 8	18	116	1

					Name	e of Building Ow	ner/Operator (2)	140					
Date of Notification	(1)				MER	CK SHARP & DC	HME CORP.						
7 /	25 /14				Stree	t Address					1.0000	C 802	
Agencies Notified	Type Notific	cation					NUE, P.O. BOX 2	2000, RY28-41	142 0	т.			
▼ EPA		Notificatio	n			State, Zip Code			^ ټټ	-	· ·	÷ . ,	
DEP		ded Notific				WAY, NEW JER	SEY 07065						
X DOL	Canc	ellation						*	4,			77	
X DOH	On H	old				e of Contact		Telephone N	ınmpöl	- 4 4 0	1130		-
DCA	EME	RGENCY	NOTIFI	CATIO	ON MAR	Y BETH BAKER	- (	-					
				F	ACILITY IN	IFORMATION		15.55					
Name of Facility Wh	ere Abatement is	Taking Pl	ace (3)				Type of Facility						
							School (K-						
MERCK SHARP & D	OHME CORPORA	TION						er 8 (Other tha		M. 20	aomac	oto	,
Ctract Address							Square Feet	private & comr # of Floo			Bldg		-
Street Address 126 EAST LINCOLN	AVENUE - EXTER	IOR PIPE	RACK				n/a	n/a	,,		n.		
City (5)		ity (6)	10.010	-	Cour	ity Code (7)	Current Use (Pr		nolishe	ed)			-
RAHWAY	UNIC				1 500000 10	E USE ONLY)	VACANT	ior in boiling don	110110110	,_,			
Name of Monitoring			ner (8)		(0.7	ASCM No.	Name of Abate	ment Contrac	ctor (9	)			
ENVIRONMETAL HE						17	PAR ENVIRON				N		
Street Address			-				Street Address	200					
655 WEST SHORE	TRAIL						313 SPOOK RO						
City, State, Zip Code	Name to the contract	VANCOUR DE PRESIDENCE DE LA COMP	9 1 5 - 5 2 5 4 5 7 5 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				City, State, Zip (						
	SPARTA,	NEW JEF					SUFFERN, NE						
Project Manager for N			7.0		Number		Telephone Num	ber	Licens	se ivu	mber		
WILLIAM S. KERBE			973-7			·	845-369-7500		1101				
Expected State Date		Sch			tion Date (1	**************************************	Name of OSHA AMERISCI LAB		INC		#114	180	
8 / Month	11 /14 Day Year	A	11 fonth	1	15 Day	Year	AWERISCI LAD	ORATORIES	IIVC		π11°	100	
Occupancy Status Di					Duy	1001	Street Address						
	losed/Vacated Duri			Abat	ement		117 EAST 30TH	1 STREET					
	nt Performed Outsid				urs - Descri	be: 👟		7 18 5		Ц,			
X Other - D	escribe: Monday - F	riday 7 AN	<i>l</i> l - 3:30	PM			City, State, Zip		W VO	DV 40	2016		
Coope of Work (Char	ok all that apply)					Full Conta	I INE inment with Nega	W YORK, NE	VV TO	KK I	010		
Scope of Work (Chec	CONTRACTOR STATE OF THE STATE O	Rer	novation			Mini-Enclo		uve i lessure					
>3SF OR			10141011				Procedure						
x >160 SF	OR 260 LF	angur ng				Non-Friab	le Procedure						
Loc	ation of		s Locati	ion		Description of As		7.0			oatem		/ре
Asbesto	s-containing	no	ormally u	ısed	(	Containing Materia	al (ACM)	Amoun	t	REMOV	REPAIR	E	E
Mater	rial (ACM)	1	solely b	ру		(ie. Thermal sy		(Specif	y	N N	PA	CA	은
	ABATED	Ma	int/Cust		i	nsulation, surfaci	J. ,	SF or Li	F)	Š	70	PS	SO
in Fa	cility (13)	\ <u>\</u>	Staff (1		1	or other miscella	neous)		- 1	AL.		ENCAPSULE	ENCLOSURE
		Yes	No	N/A				-	-		-	10	Im
Exterior Pipe Rack S	ystem	X			Pipe Insula	ation		2,300 Ln. Ft		Χ			
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Name of Registered	Masta Hauler	NI	DEP W	aste	Cubic Yarr	ds of Waste	Name of Regist	ered Landfill					$\vdash$
FREEHOLD CARTA			uler ID N		Journal I all	120	LYCOMING CO	OUNTY RESO	URCE	MAN	IAGE	MEN	SER
825 HIGHWAY 33	.02,0.	1.10	15939				447 ALEXAND						
City, State			V1117		Disposal D	Date	City, State						
FREEHOLD, NEW .						-11/15/2014/	MONTGOMER	Y, PA 17752	-		,	/	,
Completed by (Print		Title				Signature	$\mathcal{U}$	, it is	Date .	7	170	-/	14
BENJAMIN SANCH	EZ	DIRECT	OR OF	OPE	RATIONS	11/1		3 5		//	0	//	/_

Date of Notification (1)		Name of Building Ov MERCK SHARP & D				
8 / 28 /14		Street Address				
Agencies Notified Type Notifi	ication		ENUE, P.O. BOX 2000, RY2	28-414		
EPA X Initia DEP Ame X DOL Cand	Notification  nded Notification  cellation	City, State, Zip Code RAHWAY, NEW JER	RSEY 07065			
X DOH On H	RGENCY NOTIFICATION		Telepho		.31,0	
Name of Facility Where Abatement is		FACILITY INFORMATION	Type of Facility (4)			
MERCK SHARP & DOHME CORPORA			School (K-12) Subchapter 8 (Other X Other (ie. private & c		homes etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILD	ING 80N #	13500 1350000000000000000000000000000000	Square Feet # of	Floors 2	Bldg. Age 35	
City (5) Cou	nty (6) ON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being VACANT	demolished)		
Name of Monitoring Firm Hired by Bu ENVIRONMETAL HEALTH INVESTIGA		ASCM No.	Name of Abatement Cor	경기 다른 사람이 얼마를 받는 것이 없는데 그 없다.		
Street Address	ATIONS, INC.	1 17	Street Address			
655 WEST SHORE TRAIL City, State, Zip Code	, NEW JERSEY 07871		313 SPOOK ROCK ROA City, State, Zip Code SUFFERN, NEW YORK			
Project Manager for Monitoring Firm	Telephone	Number	Telephone Number	License N	lumber	-
WILLIAM S. KERBEL, CIH Expected State Date (10)	973-729-56  Sched. Complet		845-369-7500 Name of OSHA Monitor	1101		
9 / 8 /14 Month Day Year	10 / Month	15 /14 Day Year	AMERISCI LABORATOR	IES INC	#11480	
Occupancy Status During Abatement (C	check only one)		Street Address 117 EAST 30TH STREET	r ·		
Abatement Performed Outside		urs - Describe:	City, State, Zip Code		r c	
	VDAT-FRIDAT /AIVI-3.3		NEW YORK	NEW YORK	10016	
Scope of Work (Check all that apply)  Demolition	X Renovation	Mini-Enclo		ī.	19	
>3SF OR LF >160 SF OR 260 LF			Procedure le Procedure			
Location of	Is Location	Description of As	sbestos-		Abatement Typ	oe
Asbestos-containing	normally used	Containing Materi	Section 1997 and 199	nount REMOV	ENCAPS	ENCLOSURE
Material (ACM) TO BE ABATED	solely by Maint/Custodial	(ie. Thermal sy insulation, surfaci	하게 2000 (2004년) : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :	or LF)	PAI	CLC
in Facility (13)	Staff (12)	or other miscella	· ·	VAL	NSO S	USC
Comey (10)	Yes No N/A	0, 0,10, 1,11000			SULE	RE
ROOF	х	ACM PIPE ADHESIVE	150 LF	х		
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					+-+	
					+	_
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 15	Name of Registered Land	ESOURCE MA	.NAGEMENT	SER
825 HIGHWAY 33 City, State	15939	Disposal Date	447 ALEXANDER DRIVE City, State			
FREEHOLD, NEW JERSEY		9/8-10/18/2014	MONTGOMERY, PA 177		/ /	. ,
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPER	RATIONS Signature	11	Date	1/85/1	4

### 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	7)					
08 /	27 / 14				ra Afons		-/					
Agencies Notified	Type Notification			Street	Address			419 7113	- 1			
☐ EPA	☑ Initial				Cliff Stree	et					- 1	
☑ DOLWD	☐ Amended				tate, Zip C							
☑ DOH	Amendment #	7			edon, NJ		¥	<b></b>			116	- E
DCA (NJAC 5:23-8)	☐ Emergency (ir justification)	ncluding			of Contac			Telephone Num	ber			
(140/10 0.20-0)	Cancellation			Lau		-						
	<del>-</del>			EVO	II ITV IN	FORMATION	2	<u> </u>				
Name of Facility Where A	Ahatement is Takin	n Place	(3)	rac	ALLI IIV	PORMATION	Type of Facility (	4)				
Residential House	noatement is Takin	g i lace	(5)			-	School (K-12)					
Street Address							☐ Subchapter 8	(Other than K-12				
68 Cliff Street							Other (i.e., pr homes, etc.)	ivate and comme	rcial bu	ilding	S,	
City (5)			200				Square Feet	# of Floors	Blo	dg. Ag	ge	
Haledon												
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Passaic												
Name of Monitoring Firm	Hired by Building	Owner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	5					ALL PRO MA	NAGEMENT LI	_C	574			
Street Address		Malesalitania	-0/1			Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code			16	U.		City, State, Zip Co	ode					
Union, NJ	E.		-			Garfield, NJ	07026					
Project Manager for Mon	itoring Firm			phone		Telephone No.		License No.				
Rick Eustaquio		8	1705	3-494		973-928-4888		1188				
Start Date (10)	55 W	duled C				Name of OSHA M						
09 /06 /		10 /	17	_ / -	14	ALL PRO MA	NAGEMENT LI	_C				
Occupancy Status During			50			Street Address	34	9				
□ Facility Closed/Vacate     □ Facil	100					27 Outwater				VI. 1		
☐ Abatement Performed Time of Abatement: _						City, State, Zip Co						
Time of Abatement		IVI/			- NIVI	Garfield, NJ	07026					
Scope of Work (Check al	I that apply)					□ Full Conf	tainment with Neg	otivo Proceuro				
≥3 sf or ≥3 lf		⊠ Re	novati	on		☐ Mini-Enc		alive Flessure				
☐ ≥160 sf or ≥260 lf		☐ De	molitic	on		☐ Gloveba		s Erioble Brosedu	<b>.</b>			
		le	Locat	ion	Γ	☐ Non-Exe	mpted (*) and Nor	i-Friable Flocedu	-	-4	T	
Location	of	11.75.75	Norma			Description of	of			atem		1
Asbestos-Containing	Material (ACM)		ed Sole intena			stos Containing Ma	iterial (ACM)	Amount	en en	Repair	nc	inc.
TO BE ABA			todial		(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	8	apsı	Enclosure
(13)	i.y		(12)			other miscellane		S. S. L. ,	=		Encapsulate	9
		Yes	No	N/A								
Basement					Pipe In	sulation		25 LF	×		$\boxtimes$	
									$\Box$	П	П	
			Ш	-					무			
			Щ			1200	1			Ш	Ш	Ш
Name of Registered Was ALL PRO MANAGE			22 (5)333	JDEP \ lauler II	O No.	Cubic Yards of Waste	Name of Regis					
City, State				00348	860	As Needed Disposal Date	City, State			-		
Garfield, NJ						TBD	Bethlehem	. PA				
	(ma)   T:4	-							ate 1		1	
Completed By (Print or T Allen Monchik		e PM				Signature	200	D.	ate )	20	111	11
		141					KU11/1/	$\sim$	0 (	d'	4	4
ASB-41						$\overline{}$	- 100	S. C.			1	

**JAN 13** 

\* Do not use this form for as. . ,tos licensure exempted activities.

(K 1025

JAN 13

## 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)	A	+		95	
	/1	4		And	rew Firk	ins	br -	1 /15/13				
Agencies Notified Type N	otification	1		Street	Address	2	E. C					
☐ EPA ☐ Initia	ıl			210	Gateway	Road						
☑ DOLWD ☐ Ame				City, S	tate, Zip C	ode	•		- 1	16		
	endment a					NJ 07450		با <b>د</b> ان				
	ergency (i fication)	including	10		of Contact			Telephone Numb	er .			
The state of the s	cellation				rew Firk			S				
	oonation			7.000		FORMATION						
Name of Facility Where Abateme	nt is Takir	ng Place	(3)	FAC	ALLI I IN	FORMATION	Type of Facility (	4)				
Residential House	icio raidi	ng i lacc	(0)				School (K-12)					
							☐ Subchapter 8	(Other than K-12)				
Street Address								ivate and commerc	ial bu	ilding	S,	
210 Gateway Road							homes, etc.)	T 11 ( E)	101			
City (5)						-	Square Feet	# of Floors	BIG	lg. Ag	je	
Ridgewood												
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)			
Bergen						#7/AA1						
Name of Monitoring Firm Hired by	Building	Owner (	8)	ASCM	Vo.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions						ALL PRO MA	NAGEMENT LI	_C				
Street Address						Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co	ode			-		
Union, NJ						Garfield, NJ	07026					
Project Manager for Monitoring F	rm		Tele	phone I	No.	Telephone No.		License No.				
Rick Eustaquio			2000	73-494		973-928-4888		1188				
Start Date (10)	Sche	eduled C	1			Name of OSHA M	lonitor					
09/07/14		10 /			93 1/3		NAGEMENT LI	_C				
Occupancy Status During Abaten	ent (Che	ck only o	ne)			Street Address	a chaire as 12 chaire anns ann an 12 chaire ann ann ann ann ann ann ann ann ann an					
□ Facility Closed/Vacated During	2.5	- 27		ment		27 Outwater	Lane					
☐ Abatement Performed Outside					cribe	City, State, Zip Co					-	
Time of Abatement:AN	11	PM/	_PM-		AM	Garfield, NJ						
Scope of Work (Check all that ap	oly)					E						
☐ >3 sf or >3 lf		⊠ Re	novot	00		☐ Full Cont	tainment with Neg	ative Pressure				
\(\sum_{\geq} \geq 160 \text{ sf or \geq 260 lf}\)		□ De					g Procedure					
						Non-Exe	mpted (*) and Nor	n-Friable Procedure	е	v		
			Loca			73			Ab	ateme	ent T	ype
Location of			Norma	lly ely by		Description of			Z	70	ш	ш
Asbestos-Containing Material TO BE ABATED	(ACM)		intena			stos Containing Ma		Amount (Specify	- m	Repair	Bol	nclo
IN Facility		Cust		Staff?	(1.0	surfacing, VAT		SF or LF)	Removal	7	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A	-	other miscellane	ous)				ate	w
Bedroom	2	T		N/A	Floor T	ile		180 SF	Ø		$\boxtimes$	П
Deuroom		-	( ) As a second		1 1001 1			100 01		] [		
										Ш	<u> </u>	Ш
										Ш	Ц	Ш
							7					
Name of Registered Waste Haule	r		I	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
ALL PRO MANAGEMENT	LLC		F	lauler II		Waste	IESI Landfi	II				
City, State				00348	000	As Needed Disposal Date	City, State			2 20 20	-	
Garfield, NJ						TBD	Bethlehem	PΔ				
	1000						Deallettett				+	
Completed By (Print or Type)		itle				Signature	10 -	Dai	7	7/1	1	110
Allen Monchik		PM					4		0/1	d t	-	14

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

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)				Name of Buildin		Operator (2)		.*:	25 10	6 40		
August 26, 2014				Hess Corporation	on							
	T						9 p	10 /-				
Agencies Notified	Notification	Type		Street Address  1 Hess Plaza			DELA SAN					
(x) EPA	( ) Initial No	stification		i ness Piaza								
() DEP		d Certification	n .	City, State, Zip	Code							
(x) DOL	( ) Cancelle		""	Woodbridge, N.	L07005			_,		١٩٠		
(x) DOH	( ) Caricelle	,u		vvoodbridge, N.	07095			-15		2		
	1			Name of Contact	-1		Tel Nu					
( ) DCA				Name of Contact David Dolnick	<u> </u>		.53				- 3	
			FACILITY IN					, 55	0			
Name of Facility Where Abateme	ent is Taking Blace /	3/	FACILITY IN	Type of Facility	(4)				E 54 %   11   12   12   13   13   14   15   15   15   15   15   15   15			
Hess Corporation Refinery	ent is raking Place (	<u>3)</u>		( ) School (K-1)								
riess Corporation Refinery				( ) Subchapter		an K-12)						
Street Address				(x) Other (i.e. pr			s home	s etc				
750 Cliff Road				( ,								
				Sq. Feet 51	2,943	# of Floo	ors NA					
City (5) Coun	ty (6)	County Co	de (7)									
Port Reading Middl	lesex	(State Use	Only)	Bldg. Age 55			<u></u>					
3 C C C C C C C C C C C C C C C C C C C				Current Use (pr	ior if being							
Name of Monitoring Firm Hired b	y Bldg. Owner (8)	ASCM No	4			Name of Cor						
Bureau Veritas						Brandenburg	Industri	al Servi	ce Comp	oany		
Street Address				Street Address								
110 Fieldcrest Avenue				2217 Spillman I	Dr.							
City, State, Zip Code				City State, ZipC								
Edison, New Jersey 08837				Bethlehem, PA	18015						1	
Project Manager for Monitoring F				Telephone Num				Numbe	<u>r</u>		9.	
Kirit H. Vora	732-225-60	40		(610) 691 - 180	0		00721					
Cabadulad Start Data (10)	Cabadulad	Camplation I	Data (11)	Name of OSHA	Monitor							
Scheduled Start Date (10) Demolition – February 4, 2014		Completion I - December		Name of OSHA	MOHILOI							
Asbestos – July 7, 2014		August 31, 2										
Occupancy Status During Abater			-011	Street Address				_				
(x) Facility Closed/Vacated Durin				Olicel Addiess								
( ) Abatement Performed Outsid	le of Normal Facility	Hours -										
( ) / Ibatomont / onomina outoia	o or reality			City, State, Zip	Code							
Describe - Removal of ACM in cl	losed/shutdown refi	nery		311), 31010, 210								
Other – Work Hours will be Mon		<u>pm</u> , Sat 7:0	0 – 3:30	L								
Source of Work (Check all that a	pply)											
(v) Demolities ( ) Beneviation												
(x) Demolition () Renovation (x) Large Proj. (>160 SF or >260	IEACM\ / \ CM D	oi />25/160	SE or >10 <26	OLEACM) (	Minor Dr	oj. (<25 SF or	<10   F A	CM				
( ) Full Containment with Negat				vebag Procedure		oj. (~25 Si Oi	~10 Li A	(CIVI)				
	Is Location Normall		Description of			Specify SF or	LF)	Abatem	ent Typ	e		
	Solely by Maint./Cu		thermal system			- <b>-</b>	- /		-	<del></del> ×		
	Staff? (12)		surfacing, VAT				1					
	YES NO	NA NA	miscell.)	#1.05/2087/2064 (2008)				Rem.	Rep.	Encap E	nclose	
FCC/Gas Comp		X	Transite		9,900 SI			X	-			
Utility		X	Transite		5,750 SI	F		X				
Utility		X	Pipe Insulatio	n	10 LF			X				
Utility		X	Floor Tile		275 LF			X				
Fuel Gas Comp.		X	Drum Insulation	on	150 SF			X				
Millwright Shop		X	Floor Tile		1,000 SI	F		X				
Warehouse		X	Floor Tile		320 SF			X				
Warehouse		X	Tape and Joir	nt Compound	48 SF			X				
Warehouse		X	Window Caul		300 LF			X		1		
Warehouse		X	Transite		6,000 SI	=		X				
I&E Shop		X	Floor Tile		384 SF			X	T			
I&E Shop		X	Tape and Joir	nt Compound	120 SF		-	X		1		
I&E Shop		X	Window Caul		102 LF			X		1		
I&E Shop		X	Pipe Insulatio		90 LF			X				
Firehouse/Locker Room		x	Floor Tile		3,954 SI	=		X	<del>                                     </del>			
Firehouse/Locker Room		x	Black Roof Fl	achina	20 SF			x		+		
Firehouse/Locker Room Firehouse/Locker Room		X	Black Roof M		4,050 SI	=		x		-	-	
		x	Black Mastic		2,000 SI			X				
Firehouse/Locker Room		^	DIACK MASUC	iviale i i di	2,000 51							

Name of Reg. Waste Hauler Brandenburg Industrial Service Co.	NJDEP Waste Hauler ID #	Cubic Yards of Waste 161 NT	3	-	Name of Reg. Landfill IESI
City, State Bethlehem, PA	Disp. Date July 9, 2014	L			City, State Bethlehem, PA
Completed by (Print or Type)  Jennifer Strobel	<u>Title</u> Contract	Manager	Signature	<u>Date</u> 08/26	
	Til.				

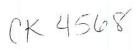
Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00



Date of Notification (1)					Building								000.10=0		-	
08/27/2014					in Lakes	Realty	y, LLC			47	1) 54	10	->-			
Agencies Notified	Type Notification  X Initial		- 1	Street Ad 1090 E	ddress Bristol A	venue					, p.,-		.3			!
DEP DOL	Amended Amendment	#			te, Zip Co ainside,		002								- 1,0	
	Emergency (				Contact	143 07				I Tol	onho:	Alum	bar		<u>:</u>	
DOH DCA	justification) Cancellation			Name of	Contact					rei	ephr	Num	oer -			
N				FACII	LITY INFO	DRMATI	ON								- 100	
Name of Facility Where White House	e Abatement is Takinç	Place (3	)					-	of Facility (4	355				,		
Street Address	2								School (K-1) Subchapter	8 (Oth						
556 Colonial Road	d,								Other (i.e. pi etc.)			ercia	Dullo	iings,	nome	es,
City (5) Franklin Lakes								Squa	ire Feet	# 0	f Floors		В	ldg. A	ge	
County (6) Bergen				County (	Code (7) JSE ONLY,	)		Curre	ent Use (Pric ant	or if be	ing demo	olishe	ed)			
Name of Monitoring Fin Atlantic Environme		Owner (8)		ASCN	No.		900000000000		atement Con		(9)					
Street Address 5 Marine View Pla	aza		ı	1			Street	Addre	N. 1950			$\forall$	-	-		
City, State, Zip Code Hoboken, NJ 070	30					= 10	City, S	State, Z	ip Code			-				
Project Manager for M	onitoring Firm			Telephor	ne No.			hone N	J 07011 lo.		Licens	se No		-		
Cheryl Alkemeyer					76-9400		\$ 20 B	253-8			0070	4				
Start Date (10) 09/09/2014		09/19/2		npletion I	Date (11)			of OS Co.	HA Monitor Inc.							
Occupancy Status Dur	ing Abatement (Chec	k Only On	ne)	,		-	Street	Addre	SS					_		-
Facility Closed/Va Abatement Perfor Other – Describe:	acated During Entire F rmed Outside of Norm	Period of A al Facility	Abatem Hours	nent			City, S	State, Z	ip Code							
Scope of Work (Check												4				
≥3 sf or ≥3 lf		Пв	Renova	tion				S Fu	II Containme	ent with	Negativ	ve Pr	11229	·e		
× ≥160 sf or ≥260 lf		-	emolit				Į.	- Mi	ni-Enclosure ovebag Proc		rrogati		COOCI	_		
							Ē		n-Exempted		d Non-F	riable	e Pro	cedur	е	
	7	100	Locati Vormal												ement rpe	t
Locati Asbestos-Containir		Use	d Sole	ly by	Asbes	De tos Cont	scriptio: taining I		L(ACM)	A	mount				600	
TO BE A	BATED	V. 21/1/10/10	intenai todial S			thermal		s insul		(	Specify F or LF)		Rer	Re	Encapsulate	End
(13			(12)				niscella			3	- OI LF)		Remova	Repair	psula	Enclosure
		Yes	No	N/A									=		ate	G)
1st & 2n				Х		Joint	comp	ound		2,0	000 SF		х	2 500.50.00		
Kitch	hen			Х		Textu	red co	ating		1,0	000 SF		х			
				-		*	-									
Name of Registered W	aste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered Lan	ndfill				
Newark Carting, In	С		50200	lauler ID 5409	No.	of Wa 40y	ste		IESI La							
City, State Newark, NJ		6				Dispos	sal Date	)	City, State Bethleh		PA			à		
Completed by Voytek Roszkowsk	(i	Title Presi	dent				Signatur V .	2	solva x	70,	10	Dat 08	e /27/2	2014	8	



Date of Notification (1) 08/27/2014	)				Building											
Agencies Notified	Type Notification		-	Street A		5 INEARLY	, LLC	•						-		
ĭ EPA	✓ Initial				Bristol A	venue										
× EPA × DEP × DOL	Amended Amendment		_		ite, Zip Co ainside,		92				υ	Aug	2	į.		
ĭ DOH	Emergency (	including		Name of	f Contact					Tel	iephone I			-		
DCA	Cancellation															111 - 1121
Name of Facility When	re Abatement is Taking	g Place (3	3)	FACI	LITY INF	ORMATIC	ON	Type	of Facility (4	4)	`	: ~,	-		1.3	١١٤
Blue House									School (K-1							
Street Address 556 Colonial Roa	d							×	Subchapter Other (i.e. p etc.)	8 (Oth			uild	ings,	home	es,
City (5) Franklin Lakes									re Feet	# 0	f Floors		Bl	dg. A	.ge	
County (6) Bergen				County (	Code (7) USE ONLY	) <u> </u>		Curre	nt Use (Pric	or if be	ing demo	olished)	10			
Name of Monitoring F Atlantic Environm	irm Hired by Building ( nental Solutions	Owner (8)		ASCN	No.				tement Con		(9)	T				S. C. L.
Street Address 5 Marine View Pla	aza	<u> </u>	r				Street	Addre	1 1700							
City, State, Zip Code Hoboken, NJ 070	130						City, S	State, Z	ip Code 07011							
Project Manager for M Cheryl Alkemeye		,		Telepho	ne No. 76-9400		Telepi	hone N 253-8	0.		License 00704		200			
Start Date (10) 09/09/2014		Schedule 09/19/2			Date (11)	Section 1994	Name	and the same	HA Monitor		0070-			-2-28		
	ring Abatement (Chec							Addres				4				
➤ Facility Closed/V	acated During Entire F	Period of A	Abaten	nent s					ip Code							
Scope of Work (Check	( All That Apply)	75											_	-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 l	1.1081.1	_	Renova Demolit					Mir	I Containme ni-Enclosure ovebag Proc n-Exempted	edure					9	
	*	ls	Locat	ion					T Excripted	( / aii	14011-11	lable r			ment	1
Locat	ion of	1	Normal d Sole	ly			cription						1	Ту	ре	
TO BE A	ng Material (ACM) ABATED acility 3)	Ma Cus	intena todial s (12)	nce/ Staff?		tos Conta thermal surfac other m	system ing, VA	s insula AT, or		(5	Amount Specify F or LF)	Keliloval	Domouol	Repair	Encapsulate	Enclosure
1et F	Floor	Yes	No	N/A		Inim4				0.0	200.05	-	4			
2nd I	2.355.00	-	_	X		Joint				24.500	000 SF	-	1			
Kitc		-	_	X		Joint (		ouna			000 SF	×	4			
		-		X			VAT				50 SF	x	4			
Base Name of Registered W				JDEP W	la = 1 =		ansite	∋			00 SF	X				
Newark Carting, Ir			H	lauler ID 5409		of Was 40y			Name of F		ered Land	atill				
City, State Newark, NJ			- I	301		Dispos	al Date		City, State Bethleh		PA		139,-1	, , , , , , , , , , , , , , , , , , ,		10
Completed by Voytek Roszkowsk	ĸi	Title Presi	dent	2/20		Si	gnature	D	ster .	1		Date 08/27	7/20	014		

CK SZZ4

Date of Notification (1)	Name o	of Buildin	g Owner/Operator	(2)			1-	_	
5/26/14	HU	080	N' HARE	bour co	ことのころ	NU ,	48	0	ř.
Agency Notified Type Notification	Street A	Address		LU			•	ii.	
ZEPA ZENIE			RIJER 1	40					
DDEP DAmended Amendment#		ate, Zip (		115 0	7020	, '	٠.		
D. Emergency (including			JATER	NO D					_
Z DOH justification)	_	of Contac		-	Telephone Nu	imber 1.000	. 4		
□ DCA □ Cancellation		201						_	
	FACIL	JTY WF	ORMATION						
Name of Facility Where Abatement is Taking Place (3)				Type of Facility	(4)				
HUDSON HARBOUR CONDOMIN	INN V	1330	CARION	School (K-1					
Street Address			4		8 (Other than K-1 rivate & commerc		igs,		
1203 RIJER RD				homes, etc.	)				
City (5)	•		i e	Square Feet	# of Floors	Bldg.	5=15053		
EDGEWATER	ę.	-		95000			96	0	
County (6)	County	Code (7	(STATE USE		tior if being demo				
BERGEN					T/ COND	0			
Name of Monitoring Firm Hired by Building Owner ASC (8)	M No.		Name of Abatem		•				
				emoval I	nc				
Street Address	- 15		Street Address	·	•	5			
City, State, Zip Code				River St	:				
City, State, 250 Code			City, State, Zip C		J. 07601				
Project Manager for Monitoring Firm Teleph	one No.		Telephone No.	Sack, IV.	License No.				
Froject manager for monaginary Family	one no.	•	201-329-	7444 -	-00388				
Start Dalle (10)   Scheduled Completion D	ata (11)		Name of OSHA		1 -00300				-
Start Date (10) Scheduled Completion E			Omega En		tal Inc			93	
Occupancy Status During Abatement (Check only one)	7-7		Street Address		<del></del>				
			280 Huy	ler St					
☐ Facility Closed/Vacated During Entire Period of Abatemer ☐ Abatement Performed Outside of Normal Facility Hours	TIL.		City, State, Zip C	ode					
Poiner - Describe: 75M TO SQM			South H	ackensac	k, N.J.	0760	6		
Scope of Work (Check all that apply)			ale a l	anthinement will	Negative Pressu				
<b>□≥3</b> ≤or≥3 <b>f</b>	Z Reno		☐ Mini-	Enclosure	result result				
_32 ≥ 160 sf or ≥ 260 lf	□ Dem	olition		ebag Procedure	d Non-Friable Pro	-codera			
	<u></u> T		G NOIP	Exemples ( ) and	2 1992FT 182200 1 19		Aba	teme	ent
is Local Norm	A CARDINA TO THE REAL PROPERTY OF THE PARTY	٠,					-	Гуре	_
. Location of Used So Asbestos-Containing Material (ACM) Mainten		Achos	Description of stos Containing Ma		Amount			m	_
TO BE ABATED CUSTO			. thermal systems	insulation.	(Specify		2 a	200	Enclosure
1400	2		surfacing, VAT		SF or LF	)	Removal	100	100
(13) . (12	)		Other Historian	ius)			2	Encapsulate	9
Yes No	N/A						$\sqcup$	$\perp$	$\perp$
BOILER ROOM/EARBAGE ROOM	P	S	PRAY ON	MATERNIE	400	SF	×		
BOILER ROOM MEZZANINE	17	SPRI	AY ON MATE	ERIAL	600	SF	A		
	7 1							L	
	1						T		
Name of Registered Waste Hauler NJDEP	Waste Ha	auler	Cubic Yards of	Name of Regis	stered Landfill				
Best Removal Inc   174	00		Waste	Winorm	Enterp	rices			
	09		1007		- Purerbr	. 1060			_
Hackensack, N.J. 07601			Disposal Date	City, State Waynesh	ourg , Oh	1			
Completed by Title			9/22/14	1	- 3 /	Date .			
J. Maiorano Estimator			Signature	, , , , , ,	0		26	110	1
			ensure/exempted	سمممصد	<del>)                                    </del>		_/		_

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) 5223 8-25-2014 Name of Building Owner/Operator (2) J. MILLER Agency Notified Type Noblication Street Address 248 PROSPECT STREET O EPA O DEP D Amended City, State, Zip Code PARIC NJ 07432 WDOL MIDLAND D Emergency (including Name of Contact MOD E justilication) J. MILLER DOCA FACILITY EFFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) J. MICLER C School (K-12) Street Address © Subchapter 8 (Other than K-12) © Other (i.e. private & commercial b PRUSPECT STREET 248 homes, etc.) City (5) Square Feet # of Floors Blidg, Age MIDIANO PARK 1800 2 County Code (7) (STATE USE Corrent Use (Prior if being demolish BERGEA RESIDENCE Name of Monitoring First Hired by Building Outser ASCM No. Name of Abatement Contractor (5) (8) Best Removal Inc Street Address 450 S.River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Menitor 9-6-14 Omega Environmental Inc Occupancy Status During Abatement (Check only one) Street Address D. Facility Closed/Vacated During Entire Period of Abatement 280 Huyler St Abstement Performed Obliside of Normal Facility Flours City, State, Zio Code COM-DOOM 8AM 50M South Hackensack, N.J. 07606 Scope of Work (Check all that apply) © Full Containment with Negative Pressure 235a23F Renovation □ ≥ 160 sfor ≥ 260 # @ Mini-Enchezo ☐ Demolition - Glovebag Procedure Q Non-Exampled (\*) and Non-Frisble Procedur is Location Abadimennet Nomally Type . Location of Used Solely by containing Mak Description of Asbostos Containing Maherial (ACM) TO BE ABATED Amount Enclosure Encapsulate Repair Removal (i.e., thermal systems inculation Custodial IN Facility (Specify 950 Surfacing, WAT, or (13) SFORE (12) other miscellaneous) Yes No N/A SPACE CRAWL THEORINAL INSULATION 65 LFX Name of Registered Waste Hauter NLIDEP Waste Hauter Cubic Yards of Hame of Registered Landill ID No. Best Removal Inc 17109 1/2 40 Minerva Enterprises Disposal Date City, State Hackensack, N.J. 07601

Waynesburg ,

Date

8-25-14

1-6-14

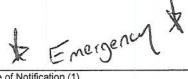
\* Do not use this form for asbestus licensure exempted activities.

R-Voldran

RVELDRAN

Estimator





### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) CK 4316 Name of Building Owner/Operator (2) Date of Notification (1) Camden Board of Ed 8/26/14 Type Notification Street Address Agencies Notified 201 North Front St **EPA** Initial City, State, Zip Code DEP Amended × Camden NJ 08102 DOL Amendment # Emergency (including Name of Contact Telephone × DOH justification) Steve Nicolella -- 4105 Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Cramer Elementary School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 2800 Mickle St etc.) # of Floors Bldg. Age Square Feet City (5) 35 +1000 +2 Camden NJ 08102 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Camden ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 856-753-9800 00727 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same 8/29/14 8/27/14 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Night work Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)No N/A Yes 1000SF Room 206 Floor Tile X NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste G.R.O.W.S. **United Containers** 22459 Disposal Date City, State City, State Morrisville PA 19067

9/3/14

Title

President

Signature

Date

8/26/14

Completed by

Anthony T Perna

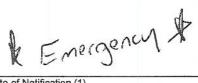
Elm NJ

### Check#1981

MAY 11

Date of Notification (1)		-	Name o	of Building	Owner/Operator (2	)	7			 !
08 / 26 /	14	ī	aurie	Verlardi			2119	(A)		
Agencies Notified   Type Notifica	ation			Address		1,418	915			ا - ۱۰۰۰
☐ EPA 💢 Initial			9 Riv	erview A	venue					
⊠ DOLWD		100		tate, Zip C				_		114
✓ DHSSAmendm		3.	2000 No-E	ford, NJ			.;	L		
	cy (including			of Contact			Telephone Nu	ımber		
(NJAC 5:23-8) Justificati							0.77			
				Verlardi			60			
			FAC	ILIIYIN	FORMATION	T 7 7 7 107				
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facility				
Private home						School (K-12	) I (Other than K-1	1 21		
Street Address						Other (i.e., p			ldings.	
39 Riverview Avenue		×				homes, etc.)				
City (5)						Square Feet	# of Floors	Bl	lg. Age	
Rutherford, NJ 07070									*	9
County (6)			Count	y Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)		
Bergen							100			
Name of Monitoring Firm Hired by Buil	ding Owner (	B) ,	ASCM	No.	Name of Abateme	ent Contractor (9)	E.H			
					Gr Tech LLC					
Street Address					Street Address					
					576 Valley Rd #	283				
City, State, Zip Code					City, State, Zip C	A CONTRACT C			***	
					Wayne, NJ 0747	70				
Project Manager for Monitoring Firm		- Tele	phone	No.	Telephone No		License No.		-	
					973-638-1777		01127			
Start Date (10)	Scheduled Co	omple	tion Da	te (11)	Name of OSHA N	Monitor	10.7.2.			
09 / 05 / 14	09 /				E-visavisias Ca					
Occupancy Status During Abatement					Envirovision Co Street Address	onsultants, Inc		-		
★ Facility Closed/Vacated During Ent     ★ Facility Closed During Ent     ★ Facility Clos			ment			D D	0.5.5			
Abatement Performed Outside of N				cribe	20-21 Wagaraw City, State, Zip C		35 E	-		
Time of Abatement:AM					The second state of the second					
					Fair Lawn, NJ 0			41		
Scope of Work (Check all that apply)						p and decontaming tainment with Ne			ure	
≥3 sf or >3 if	Re	novati	on		☐ Mini-End	closure				
	_ De	molitic	n		Gloveba	g Procedure Empted (*) and No	Tent with Nega	tive Press	ure	
					I NOTHEXE	silibied ( ) and Mc	II-Fhable Proce			
Location of	100000000000000000000000000000000000000	Locat Vorma			Description (	f		Ab	atement	Туре
Aspestos-Containing Material (ACI	ال) Use	d Sole	ly by	Asbe	stos Containing Ma		Amount	Re	Repair	I E
TO BE ABATED	Ma	intena todial		(i.e	e., thermal systems	insulation,	(Specify	Remova	pai	Enclosure
IN Facility (13)	Cus	(12)	otali (		surfacing, VAT other miscellane		SIF or LF)	Val	Repair	. lure
(15)	Yes	No	N/A		Other miscellane	50 <b>u</b> S/			(a)	
7			1	ļ., .				ואו		-
Basement		Ш	X	Pipe ins	ulation		100 LF	X		_ []
										-   -
100000000000000000000000000000000000000	i Fi		П						ini-	П
E			1		-		1			
	ļΩ	Ш		<u> </u>						- :
Name of Registered Waste Hauler		NJ	DEP Wast	e Hauler ID No	Cubic Yards of Was	tel Name of Regi	stered Landfill			
Gr Tech LLC		(	003378	35	TBD	T.R.R.F. Inc				
City State					Disposal Date	City. State				
Wayne, NJ 07470					TBD	Tullytown, P	Α			
Completed By (Print or Type)	Title				Signature	1) 1	0 0	Date		
V 252 S	1 Mariana				•	Pento Ne	una d	08/26/2	114	
N.Jevtic	Owner					EUTH OVE	0 - 40	100/20/2	J14	
MAY 11	2 Do no	i iise l	liis fori	n for ashe.	sios licensure ex/m	oted activities.				





CK 4315

Date of Notification (1) 8/26/14			Name of Building Owner/Operator (2) Randy Garret Private Home															
Agencies Notified Type Notification  EPA Initial			Street Address 44 West Potomac Drive															
DEP Amend Amend	ment #		City, State, Zip Code Little Egg Harbor NJ 08087															
DOH justifica			ame of o	Contact		Formula Number							200000155cm					
Name of Facility Where Abatement is Randy Garret Private Home		FACIL	ITY INFORM	IATION	Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12)													
Street Address 44 West Potomac Drive				Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)														
City (5) Little Egg Harbor NJ 08087					1000				35+									
County (6) Ocean		County C	ode (7) SE ONLY)		Current Use (Prior if being demolis Home					ished)								
Name of Monitoring Firm Hired by Buil N/A		ASCM	No.	2540.00	of Abat naco In	ement Con C.	(9)											
Street Address	•		10		t Addres Box 32													
City, State, Zip Code					State, Zij st Berlin		,											
Project Manager for Monitoring Firm	T				phone No. License No. 00727													
Start Date (10) 8/28/14	ed Com	Completion Date (11) Name San				ne of OSHA Monitor The												
Occupancy Status During Abatement  Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	Abateme	ement urs City, State, Zip C							-									
Scope of Work (Check All That Apply)						<del></del>												
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf	Renovat Demolitio				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						a							
	Locatio	malli.							Abatement Type									
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Use	Normally d Solely intenantodial S (12)	y by ice/	(i.e. the	Containing ermal system surfacing, V	escription of taining Material (ACM) I systems insulation, icing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure				
Exterior Siding			х		exterior S	iding	100		00SF	×								
living room area	g room area				Floor t	le 200 SF			00 SF	×	:							
										+								
Name of Registered Waste Hauler United Containers			NJDEP Waste Cubic Yards Hauler ID No. of Waste			Name of Registered Landfill G.R.O.W.S.												
City, State	22	22459 3  Disposal Da				te City, State												
Elm NJ Completed by	9	)/3/14 Signatu	Morrisville PA 19067 Signature Date															
Anthony T Perna	Title Pres	ident		W.	Signat	Clarent				8/26/14								

Date of Notification (1) 8/27/2014				Name of Building Owner/Operator (2) ELIZABETH BOARD OF EDUCATION														
Agencies Notified	Type Notification  Initial Amended Amendment #_ Emergency (including justification) Cancellation			Street Address 500 NORTH BROAD STREET														
EPA DEP DOL				City, State, Zip Code ELIZABETH, NJ 07208											• • •			
☑ DOH DCA				Name of JEREN	Contact IY GAU	LT		Telephone M.										
				FACIL	ITY INFO	RMATIC					- 2	7175-005		-				
Name of Facility Where Abatement is Taking Place (3) JOHN MARSHALL SCHOOL NO. 20							Type of Facility (4)  School (K-12)											
Street Address 521 MAGNOLIA AVENUE							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.)											
City (5) ELIZABETH								Square Feet # of Floors Bldg.					g. A	Age				
County (6) County Code (7) (STATE USE ONLY)								Current Use (Prior if being demolished)										
Name of Monitoring Firm Hired by Building Owner (8)  DETAIL ASSOCIATES, INC.  ASCM No.							Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.											
Street Address 300 GRAND AVENUE							Street Address 250 RUTHERFORD BLVD.											
City, State, Zip Code ENGLEWOOD, NJ 07631								City, State, Zip Code CLIFTON, NJ 07014										
Project Manager for Monitoring Firm Telephone No. STEPHEN JARACZEWSKI 201-569-67								elephone No. License No. 973-956-8700 00494										
Start Date (10) 8/28/2014	MITTER TO THE AND A STREET					e of OSHA Monitor ME AS (9) ABOVE												
Occupancy Status Durin	)						et Address											
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:							City, S	City, State, Zip Code										
																- 4		
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Renovation  Demolition								Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure										
								and Non-Friable Procedure										
Is Localized of Norm						_		on of						Abatement Type				
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Used Main Custo	Sole itena dial ( (12)	ely by nce/ Staff?	Description Asbestos Containing I (i.e. thermal system surfacing, V/ other miscella			Material (ACM) ns insulation, AT, or		Amount (Specify SF or LF)		Kemoval		Repair	Encapsulate	Enclosure			
Yes			No	N/A	N/A							-	1		AB1.1			
EXTER	IOR		X		ROOFI			IG		18,000 SF		X	1					
Santa Color													1					
															12			
			1176															
TWO PROTUEDS CONTRACTING				NJDEP Waste Cubic Yards Hauler ID No. of Waste			te	Name of Registered Landfill WASTE MANAGEMENT G.R.O					.W.S	S.				
City, State					18743 400 +/- Disposal Date 9/10/2014													
CLIFTON, NJ Completed by Title						ignatur						<u> </u>						
VIVECA RAMOS	ECT	COOF	RDINAT		1/2	veca Kanin				8/27/2014								