vicce 272

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

GAC Project # 060-16												
Date of Notification (1) August 9	2016				Name of Building Owner RUTGERS, THE S	Operat		FRS	B AT		2	
Agencies Notified	<u>1</u>]	Notification Initial N	lotificat		Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEAT	LTH 8	SAF	ETYI	DEPT		
	1	Emerge		ncluding	DISCATAWAY N	noor	A			1	1	
DEP- No Longer REQUIRED		justific: ∎Cancell			Name of Contact MICHAEL SMITH, E	ENV.A	SBE	Teler	bone:N	unibera	-+	
					TIEAETH & OATET	<u>Y</u>			101110			
Name of Facility Where Abatemer	nt is Taking	a Place (3)		FACILITY INF	Type of Facility (4)							
NJ HALL, BLDG# 3014					School (K-12)							
Street Address					Subchapter 8 (other than Other (i.e. private & cor					•)		
COLLEGE AVENUE CAI	MPUS									(100+)	years	
	unty (6) MIDDL	ESEX		Code (7) Jse Only)	Current Use (prior if being			-		- 280-000-0 20	•	
Name of Monitoring Firm Hired by ATC	Bldg. Ow	<u>vner (8)</u>	ASCM 0098		Name of Contractor (9)					TO 11/		
Street Address					GREENWOOD ABA	IEME	NICC	JNSU	LIAN	IS, INC		
3 TERRI LANE					268 MAIN STREET							
Bontanio rong no vo	016				City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitoring Fin BRIAN KEARNY		Telephone N 609-386-			Telephone Number 973-492-0477			Licen:	<u>se Numi</u> 10	ber		
Scheduled Start Date (10) 08/19/16		Scheduled C 08/22/16	ompletio	n Date (11)	Name of OSHA Monitor	C.		000				
Occupancy Status During Abate					Street Address							
Facility Closed/Vacated Durin Abatement Performed Outsid Describe				ıt	20-21 WARGARAW City, State, Zip Code	ROAD	2					
Schedule: 4PM – 5AM (24 H	OURS 8	& WEEKEI	NDS AS	S NEEDED)	FAIRLAWN, NJ							
Scope of Work (Check all that app	ly)						1.000					
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$	16			Renovation		Mini-E	nclosur	e	/ith Neg /Wrap	ative Pre	ssure	
$\boxtimes \ge 160 \text{ sf or } \ge 260$	Π			Demolition			•			-Friable F	Procedu	ure
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Normall by Maint./Cu (12) NO			bestos Containing Material nal systems insulation, surfac cell.)	ing,	Amount (Specify or LF)			ment Typ re Repair		Enclose
Rooms 420, 305, 201A		X		VAT			340 S	F	X			
Name of Reg. Waste Hauler		NJDEP Wast	te Hauler	I	Cubic Yards of Waste:	5 CY		Name	of Rea	istered La	andfill	1
See Hauler Below #1 & 2		See Below		<u>10 //</u>	Cubic Faros of Waste.	501				. North		fill
Hauler #1) Greenwood Abatemen NJDEP # 12561 Hauler #2) Newark Carting, Inc. NJ DEP # 4509			Butler, N	NJ 07405	1		osal Dat 22/201			City, Sta 100 New Rd. Mor 19067 215-736	v Ford M risville,	
Completed by (Print or Type) RAYMOND C. PEDALIN	1.000	ENIOR PI		т	<u>Signature</u> Raymend C. Pe	dalin	20	Date	Augus	st 9, 20	16	

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) 100

Date of Notification (1)					Name of Building Owner/C	Operator (2)					
August 9	, 2016	5			RUTGERS, THE ST.	ATE UNI	/ERSITY	OF N.	J		
Agencies Notified				tion	Street Address ENVIRONMENTAL H	HEALTR	SAFE	YDE	т.∭ [M
		Amend	ed Noti	ification #	27 ROAD 1, BLDG 4	086, 111/1	GSTON	CAM	PUS		
	- 1	Emerg	ency (i	including	City, State, Zip Code	In	1			1	111
				Ũ	PISCATAWAY, NJ 0	8854	1 AUG	12	2016		UII
DEP- No Longer REQUIRE	D									14	-
I DOH			ou				,				
							ADDEAT	00.00	NITDO		
				FACILITY INF						La	
Name of Facility Where Abatemer	nt is Tak	ing Place (3)				Lucrater?	2.	LENS	INLA		
						K-12)					
	Notification (1) August 9, 2016 s Notified No s Notified No s Notified No - No Longer REQUIRED Image: Control (a) Facility Where Abatement is Taking BLDG# 3134 Idress EGE AVENUE CAMPUS BRUNSWICK County (6) Monitoring Firm Hired by Bldg. Owned Idress County (6) RI LANE Image: County (6) e. Zip Code NGTON, NJ 08016 Nanager for Monitoring Firm Te KEARNY 6 Id Start Date (10) Sc I6 08 voy Status During Abatement (Cher. cy Closed/Vacated During Entire Poment Performed Outside of Norma - Describe: e: 4PM – 5AM (24 HOURS & N) Work (Check all that apply) Solely by Mathy in Facility (13) Is Locatic Solely by Staff? (12 YES) 313 Image: Solely by						inas homes	etc.)			
COLLEGE AVENUE CAI	WPU5	E.							+ vears		
City (5) Co	unty (6))	County	/ Code (7)		01110010.	bidg. ri	90. 10	years		
					Current Use (prior if being	demolished)	: ACADE	MIC			
	Bldg. C	Owner (8)			Name of Contractor (9)						_
AIC			0098	3		CHENT OF		ANTO	NIG.		
Ctreast Address				1		EMENIC	JNSULIA	ANIS,	INC.		
3 TERRI LANE											
Other Other The Only											
	016										
August 9, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ Adencies Notified Isolitation Tuce Street Address Street Address Street Address Street Address Image of Control (Image Notification # Image of Control (Image Notification Notification # Image of Control (Image Notifica											
	<u> </u>						License IN	umber			
BRIAN REARIN		009-300-	0000		973-492-0477		00840				
Scheduled Start Date (10)		Scheduled C	ompletio	on Date (11)			00010				-
08/19/16											
						9					
					Street Address						
				nt							
	e of No	rmal Facility I	Hours -		the second se	CAD					
					City, State, Zip Code						
Schedule: 4PM – 5AM (24 H	OURS	& WEEKEI	NDS AS	S NEEDED)	FAIRLAWN, NJ						
Scope of Work (Check all that app	ly)					Full Contain	montwith	logoti	Dresser		
D>2 of or > 2 if				X Popolation				regative	rressure	2	
	If										
	п			Demonuon							
Location of Asbestos-Containing	10100	cation Normall	v Used	Description of Act						uure	
							v SF				
	Staff	? (12)					Rer	nove Rep	pair Encap	Enc	lose
	YES	NO	NA								
Rooms 313		X		VAT		200 9	F IX	1	1	1	
	-					2000					
Nome of Reg Wests Haular	1	NUDEDW	- 11c - 1	10.4							
				<u>- 10 #</u>	Cubic Yards of Waste: 5	5 CY					
See namer Below #1 & 2		See Below					G.R.U.W	.5. NOP	in Land	11111	
	nt Consu	ultants, Inc. –	Butler, 1	NJ 07405							
	N					08/22/201	6	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
	Newar	к, NJ 04509								е, Ра	
115 DEF # 4509											
Completed by (Print or Type)	T	itle			Signature		Data				
		1000111		T	a provide the second		and the second sec	ust 0	2016		
ISTINOID C. FEDALING					Raymond C. Pedi	alino	Aug	ust 9,	2010		
	11	IANAGER			-						

	Stat	te of Ne	w Jer	sey - Notific	cation of Asbestos A	Abatemer	nt –		,
			(Pursi	ant to N.J.A.C	. 8:60-7 and 12:120-7)	-	EP	EIV	EM
GAC Project # 060-16							EC		<u> </u>
Date of Notification (1)	2016				Name of Building Owner/ RUTGERS, THE S	Operator (2)	TEDEITY		
August 9, 2		otification	Tupo		Street Address	IAIEUNI			HUII
Agencies Notified		Initial N		tion	ENVIRONMENTAL	HEALTH	SAFET		
DEPA				fication #	27 ROAD 1, BLDG				
DCA	1.000			ncluding	City, State, Zip Code		ACREST	OS CONTR	OL&
X DOL		justific		loidallig	PISCATAWAY, NJ	08854	ASDEST	CENSING	
DEP- No Longer REQUIRED					Name of Contact		Telephone		
I DOH					MICHAEL SMITH, E				
					HEALTH & SAFET	<u>Y</u>			
Nome of Cosility Minare Abstract	a Talijaa	Diana (2)		FACILITY INF	Age - mail and an and a second se				
Name of Facility Where Abatement i BIOLOGICAL SCIENCES,					Type of Facility (4) School (K-12)				
	DLDO	J# 0304			Subchapter 8 (other that	n K-12)			
Street Address					Other (i.e. private & con		linas homes	etc.)	
DOUGLASS CAMPUS								e: 100+ yea	ars
City (5) Cour	nty (6)			Code (7)					10.02
NEW BRUNSWICK M	IDDLE	SEX	(State	Jse Only)	Current Use (prior if being	g demolished): ACADEN	1IC	
Name of Monitoring Firm Hired by B	ldg. Own	ier (8)	ASCM 0098		Name of Contractor (9)				
					GREENWOOD ABA	TEMENT C	ONSULTA	NTS, INC.	
Street Address					Street Address				
3 TERRI LANE					268 MAIN STREET				
City, State, Zip Code					City State, ZipCode				
BURLINGTON, NJ 080		-lash N			BUTLER, NJ 07405		Lines Mi		
Project Manager for Monitoring Firm BRIAN KEARNY		elephone N 309-386-			Telephone Number		License Nu	mber	
BRIAN REARNI	0	03-300-	0000		973-492-0477		00840		
Scheduled Start Date (10)	Sc	cheduled C	ompletio	n Date (11)	Name of OSHA Monitor				
08/19/16	08	8/22/16							
Occupancy Status During Abatem	ont (Cho	ock only or			ENVIROVISION, INC Street Address	<i>.</i>			
Security Closed/Vacated During				nt .	<u>Olicel Address</u>				
Abatement Performed Outside					20-21 WARGARAW	ROAD			
Describe					City, State, Zip Code				
SOther - Describe:									
Schedule: 5PM - 5AM (24 HO	URS &	WEEKEI	NDS AS	S NEEDED)	FAIRLAWN, NJ				
Scope of Work (Check all that apply))								
	8					Full Contair	nment with N	egative Pressu	Jre
$\boxtimes \ge 3$ sf or ≥ 3 lf				Renovation		Mini-Enclos	ure	14h	
$\square \ge 160 \text{ sf or} \ge 260 \text{ lf}$				Demolition		Glovebag Pro	cedure / Wra	p & Cut	
								on-Friable Proc	edure
		ion Normall y Maint./Cu			pestos Containing Material al systems insulation, surfaci	ing, (Spec		itement Type	
	Staff? (1		Stoular	VAT, or other mis		or LF)		ove Repair Enc	ap Enclose
	YES	NO	NA		1997 - 989 - 9 0	and the second second			
Room 210		X		VAT		80 S	F 🗵		
Name of Reg. Waste Hauler See Hauler Below #1 & 2		JDEP Wast		<u>ID #</u>	Cubic Yards of Waste:	5 CY	Name of Re	egistered Landfi .S. North Lai	<u>ill</u> ndfill
				11.07405		Dispess! D			
Hauler #1) Greenwood Abatement NJDEP # 12561	consulta	ints, inc. –	butter, f	NJ U/405		Disposal Da 08/22/20		City, State 100 New Fo	ord Mill
Hauler #2) Newark Carting, Inc., N	vewark, 1	NJ 04509				C C I In In I In C		Rd. Morrisv	500 C 200 C
NJ DEP # 4509								19067 215-736-170	10
	1						1.5	210-100-110	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title	NIOR PF		Ť	Signature		Date	ust 9, 2016	
INATIMOND C. FEDALINO	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NAGER		, 1	Raymend C. Pe	dalino	Aug	uat 9, 2010	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	Ν		CATIO	N OF ASI	BESTOS	ABATE		NT d	Ina	1 1	5	4	GE	$\overline{)}$
Date of Notification (1) 8/8/16				of Building Mahir	g Owner/(Operator	(2)		<u>ec</u>		<u> </u>	L		
DOL Ame			City, St Cliftor Name c	Address ate, Zip C n, NJ 0 of Contact Mahir	7011	l				E C AllG phone Nu	mber '	2 2(V 216	
Name of Facility Where Abatement Street Address	is Taking Place (3))	FAC	ILITY INF	ORMAT	ION	Ty	pe of Facility School (K- Subchapte Other (i.e. p etc.)	12) r 8 (Othe	r than K-1	2)	ING		
City (5) Clifton								uare Feet 0,000	# of I 2	Floors	1.1.1.1	3ldg. /	Age	
County (6) Passaic				Code (7) USE ONL	Y)		Сι	irrent Use (Pri	or if bein	g demolisł	ned)			
Name of Monitoring Firm Hired by B	uilding Owner (8)		ASC	M No.				batement Con vironmenta			1	e di Sei		
Street Address						Street PO B								
City, State, Zip Code								, Zip Code od, NJ 074	18					
Project Manager for Monitoring Firm		Т	elepho	ne No.		Teleph 973-7		No. -2276		License N 703	0.			
Start Date (10) 8/17/16	Schedule 10/17/1		oletion	Date (11)		Name	of C	SHA Monitor						
Occupancy Status During Abatement Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of A	bateme	ent			Street . City, Si		, Zip Code						
Scope of Work (Check All That Appl ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Re	enovati emolitio				×		Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	e cedure				e	
Location of		ocation			Dee							Abate		
Asbestos-Containing Material (Ad <u>TO BE ABATED</u> In Facility (13)	Mair Custo	Solely ntenanc dial Sta (12)	e/		stos Cont thermal surfac		later ins ī, o	r i	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
roof	Yes	No	N/A X			tar			700	SF	x		te	10
											~			
Name of Registered Waste Hauler Freehold Cartage		1011000000	DEP W uler ID 959		Cubic of Was TBD			Name of F Westerr			I			
City, State Freehold NJ					Dispos TBD	al Date		City, State Birdsbo						
Completed by A. Scott Higgins	Title Presid	ent			Si	ignature		N		Dat 8/8	e 8/16			
						Ċ	-	D			1.1.1.1.1			

ASB-41 (R-06-08)

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

		NOT	IFICATIO (Pursua	ON OF AS	BESTO	SABATE	O)	le	all	15	-4	73	3
Date of Notification (1) 8/9/16				e of Buildin ly Speer		/Operato	r (2)						
Agencies Notified Type Notification	n		Street	Address							100		
EPA Initial DEP Amended				State, Zip (
DOL Amendme		ng		vood, N.		23							
DOH justificatio	n)		The Design of the	of Contac y Speer				T	elephone	Numbe	r		
Name of Facility Where Abatement is Tal	ine Diese	(0)		CILITY IN		TION							
home	ang Place	(3)					Type of Facili						
Street Address							School (Subchar X Other (i. etc.)	oter 8 (Ot	her than k & comme	<-12) ercial b	uilding	ıs, hoi	nes,
City (5) · Fanwood							Square Feet 2300	#	of Floors		Bldg 70	Age	
County (6) Union				Code (7) USE ONL			Current Use (Prior if be	eing demo	lished)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASC	M No.		Name ABS	of Abatement (Environmer	Contracto	r (9) vices I				
Street Address						Street	Address						
City, State, Zip Code							ox 483, 4 E tate, Zip Code	Gate D	rive				
Project Manager for Monitoring Firm			.			Glenv	wood, NJ 07	7418					
				one No.			one No. 764-2276		License 703	e No.			
Start Date (10) 8/18/16	Schedu 9/30/1		mpletion	Date (11)		Name	of OSHA Monite	or					
Occupancy Status During Abatement (Che	ck Only C	ne)				Street /	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	mal Facili	hy Hour	nent s			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Press of the local division of the local div	Renova Demolit				×	Full Contain Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure					
		s Locati									Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Us	Normal ed Sole aintenar	ly by	Asbes	tos Conta	scription o aining Ma	aterial (ACM)		mount			ype	
TO BE ABATED In Facility (13)		todial S (12)		(i.e.	thermal surfac	systems ing, VAT iscellane	insulation,	(S	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u></u>		ate	re
attic	_		X			miculite		10	0 SF	x			
closet			X		ver	miculite)	10) SF	x			
ame of Registered Waste Hauler			JDEP W		Cubic Y	ards	Name of	Register	ed Landfi	11			
reehold Cartage		Ha	auler ID 959		of Wast TBD				s Landfi				
reehold, NJ	-				Disposa TBD	al Date	City, Sta Birdsbo	^{te} pro, PA					
ompleted by Scott Higgins	Title Presi	dent			Sig	gnature	NI		CT 2577	ate /9/16			

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

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6525 - NJ

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NOTIFICATION OF ASBESTOS ABATEMENT Initial Friable N (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 6695

Initial Friable Notification

Date of Notificatio	on (1)	Name of Bu	ildin	g Owner/Operato	or (2)	Printo EL O		-		
	2 // 1 6	Newark Pu	blic S	chools	-	<u>(), E</u> C			V	En
Agencies Notified	Type Notification	Street Add	ress			M				
[X]EPA	[X] Initial	2 Cedar St	reet		1. Suraina por	LIII AU	6 1	2 21	016	
(X) DEP	Notification	City. Stat	e, Zi	p Code	1	1		1	10-	TE
CX1DOL	[]Amended Notification	Newark, N.	J 071(07		ASPECT	00.0			
(X) DOH	[]Cancellation	Name of Co	ntact		Tel	ephone Numb	CEN!	SING	ROL	ě.
X 1 DCA	[[Cancertation	Benjamin C	Dlaga	devo	1	an Angene and a grant and a		0.110		
	l			INFORMATION						_
Name of Facility W	here Abatement is				Type of Facil	ity (4)				
Technology High Sc	hool				[]Subch)1 (K-12) hapter 8 (Ot (i.e., pri	her t	han I	K-12)	6
Street Address					cial Square Feet	buildings,	homes	s, etc	c.)	
187-223 Broadway					60000	3	3 5	50	.ge	
City (5)	Coun	ty (6)		TATE USE ONLY)	Current Use		ing o		ished)
Newark, NJ 07104	Esse				School	·····			•	
Name of Monitoring Owner (8)	Firm Hired by Bui	Iding ASCM No	1.	Name of Abate	ment Contracto	or (9)				
TTI- Environmental I Street Address	nc	0003		Four Strong B	uilders, Inc.					
1253 North Church S	Street		Ì	180 Sargeant	Avenue					
City, State, Zip C				City. State,	Zip Code					
Moorestown, NJ 080	57	THI		Clifton, NJ 070)13-1935	Lice		1	-	
Project Manager To	r wouldoring firm	1		Telephone Num				AGUIDE		
Jim Guilardi Scheduled Start Da	te (10) Sched Co	856-840-8815		973-614-0377		0080)/			
			100000000000000000000000000000000000000							
0 8 / 1 9 / . Month/Day/	Year Month /	Day / Year	<u> </u>	Four Strong B						
	ed/Vacated During									
of Abatement []Abatement Per	formed Outside of	Normal Facilit	Y	180 Sargeant	Zip Code					
Hours - Descr []Other - Descr	ibe:		_ !							
Scope of Work (Che		· · ·		Clifton, NJ 070	J13					
[]Demolit	17.75 - 17.75 17.15	[X]Renovati	0.0		Containment	with Negativ	e Pro	essur	e	
[]>3 sf o		0()		[]Glov	vebag Procedur -Friable Proce					
	01 7200 11			[]1001-	-rilable ribce		Inco		E 1740	
		Is Location						Cemen	E	E
Asbestos-	ion of Containing	Normally Used		Descriptic Asbestos-Cont	aining	Amount	RE	R	N C	NC
Materia TO BE		Solely by Main-		Material (7 (i.e., thermal	systems	(Specify SF or	M	EP	A P	T. O
in Fac		tenance/ Custodial	ir	nsulation. surf or other miss		LF)	VA	AI	SU	S U
÷		Staff(12) Yes! No N/A					L	R	L	R E
Room 210		X	Ceilir	ng Plaster	10) mart 1	350 SF	X		-	
Room 210				Plaster		450 SF.	X			
Room 301			Ceilir	ng Plaster		500 SF	ťX			
Room 301				Plaster		600 SF	X	-		
Name of Registered	Waste Hauler	NJDEP Wast	e	Cubic Yards	Name of Regi		-			
		Hauler ID	No.	of Waste		2027				
Four Strong Builders	s, Inc.	12609		Disposal Date	G.R.O.W.S., I City. State					
625										
Clifton, NJ Completed By (Prin	t or Type) [Title	· ·····		Signature	Tullytown, PA		In	ate		
				De		1				
Bilyana Kulakovska	Office	Administrator		$\square O$	an	\leq	8	/2/16		
JUN 95						/			G466	7

6525 - NJ

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

Check #: 6695

Date of Notificatio	n (1)	Name of Bui	lding	Owner/Operat	or (2)					-
0 8 1/10	2 1/ 1 6	Newark Pul	blic S	choole	· //ī	DEC.		1 p	0 -	
Agencies Notified		Street Add		5110013		北空	E	Ut		5 h
CX]EPA		2 Cedar Str	Peet		11					7///
(X) DEP	[X] Initial Notification	City. State		p Code		Li AUG	12	20	16	711 /1
X1DOL	[]Amended	Newark, NJ	J 0710)7	1	1				B
¢X]DOH	Notification	Name of Co			Tele	phone Mumbre	100	AITE		Ţ
X I DCA	[]Cancellation	Benjamin C	lanar		L	1	.00	JG	IOL &	2
				NFORMATION	I					
Name of Facility Wh	ere Abatement is T			MEORIENI TON	Type of Facili	ty (4)				
					X] School	(K-12)	173		. 171	
Technology High Sch	1001				I löther	pter 8 (Oth (i.e., priv	ate i	S CON	mer-	
					Square Feet	# of Floors	Bl	dg. /	Age	
187-223 Broadway	ICount	y (6)	Cou	nty Code (7)	60000	3		50		
0109 (3)		1		ATÉ USE ONLY)	Current Use (1	Prior if bei	ng d	emoli	ished	.)
Newark, NJ 07104 Name of Monitoring	Essex		<u> </u>	Name of Abat	School ement Contractor	c (9)				
Owner (8)	FILM AILED by Buil									
TTI- Environmental I	nc	0003		Four Strong E	Builders, Inc.					
Street Address										
1253 North Church S City, State, Zip Co				180 Sargeant	Zip Code				÷	
0. 0. ברבישהיות אין האוי				Clifton, NJ 07						
Moorestown, NJ 080 Project Manager, for	5/ r Monitoring Firm	Telephone Num	nber	Telephone Nu	mber	Licer	se N	umbe	r	
Jim Guilardi		856-840-8815		973-614-037	7	0080	7			
Scheduled Start Dat	te (10) Sched.Com	pletion Date	(11)	Name of OSHA	Monitor					
0 8 / 1 9 / 1. Month / Day /		2 3 / 1 6 Day / Year	_l	Four Strong E	Builders, Inc.					
Occupancy Status D	uring Abatement (Cr	neck only one;)	Street Addre						0
of Sharement	ed/Vacated During B			180 Sargeant	Avenue					
[]Abatement Fer Hours - Descri	formed Outside of N	Normal Facili	ty	City. State,	Zip Code					
[]Other - Descr			_	Clifton, NJ 07	013					
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* Do not use this form for extratos licensure assempted edivities.

Anthony R. Bucco 326 Essex Avenue Boonton, NJ 07005



August 5, 2016

Mr. Franklin G. Meyer NJ Department of Labor Asbestos Control and Licensing 1 John Fitch Plaza Trenton, NJ 08625

Re: Emergency Asbestos Project at: 56 Harrison Street Boonton, NJ

Dear Mr. Meyer:

Please waive the 10 day notification waiting period. We need A.MAC to remove the asbestos so we can secure the house for safety concerns. Demo permit needed an asbestos survey and showed asbestos in the flooring.

Sincerely,

Anthony R. Bucco

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8/8/16

To Whom It May Concern,

We hired a company to demolish are residence (The Clean Out Crew). They are on site today 8/9/16. The Clean Out Crew found approximately 600 SF of exterior asbestos siding under Vinyl siding. Due to the location and amounts of the material, we are requesting a waiver of the 10 day notification period so that we may proceed immediately with the abatement and demolition of are home.

Dave Donahue

Little Egg Harbor NJ 08087

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

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	Emergen	ncy (ind	cluding	3			25 15 J. A.	NJ 08066			AUG 1)16	IL	1
(NJAC 5:23-8)	justificati					e of Conta					Telephone N	lumber			-
	Cancella	tion			Jos	sh Levy	- Lev	y Construct	ion	L	DECTAS	0011		1	
					FA	CILITY I	NFO	RMATION			BESTOS			- Č	
Name of Facility Where A		Taking	Place	e (3)					Type of F)				
Oakview Elementa	ry School								School		Other than K	(-12)			
Street Address											ate and com		build	ings,	
350 Dubois Avenue	e								home	s, etc.)					
City (5)									Square F		# of Floors		Bldg.	Age	
Woodbury									50,000		2		80		
County (6)					Cou	nty Code (7)(STA	ATE USE ONLY)	15 August and		r if being den	nolished	d)		
Gloucester									Schoo	bl					
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCM	No.	Na	me of Abatem	ent Contra	ctor (9)					
Mgmt. and Enviro.	Consulting	Servi	ces				5	Shade Enviro	onmental	, LLC					
Street Address							Str	eet Address							
PO Box 351							6	23 Cutler Av	/enue						
City, State, Zip Code							Cit	y, State, Zip Co	ode						
Chesterfield, NJ 08	515						Ν	Maple Shade	, NJ 0805	52					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	lephone No.			License No	1.			
Bill Weisgarber				1000	and support	-4070	8	356-755-0099	-		00842				
Start Date (10) 08 /23 /				185		nte (11) 16		me of OSHA N MSL Analyt							
Occupancy Status During	Abatement (Check	only o	one)			Str	eet Address							
Facility Closed/Vacate	ed During Enti	re Peri	iod of	Abate	ment		2	00 Route 13	0 North						
Abatement Performed							City	y, State, Zip Co	ode						
Time of Abatement:	AM	PN	1/	PM·		AM	C	Cinnaminsor	n, NJ 080	77					
Scope of Work (Check al	I that apply)						-								
⊠ >3 sf or >3 lf			🛛 Re	novat	00			Full Cont Mini-Enc		ith Negal	tive Pressure	9			
				molitic				Gloveba	g Procedur		Friable Proce	edure			
			ls	Local	ion								Abate	ment .	Туре
Location	of		٢	Norma	lly			Description o	of			-			1
Asbestos-Containing I		1)		d Sole intena				Containing Ma		/1)	Amount		Remov	nca	ncl
<u>TO BE ABA</u> IN Facilit					Staff?	(1.6		ermal systems surfacing, VAT,			(Specify SF or LF)		Removal	psu	Enclosure
(13)	.)			(12)				her miscellane			0. 0. 1.)		_	Encapsulate	ē
			Yes	No	N/A										
Exterior				\boxtimes		Window	w Ca	ulking			380 LF				
												Г	7 6		
												L			
Name of Registered Wash	te Hauler				JDEP I lauler II		Cub Wa	oic Yards of ste	1	10000 1000 1000	red Landfill				
Freehold Cartage					15939		1		Cuml	perland	County La	andtill			
City, State Freehold, NJ						0		posal Date 8/29/2016	City, Sta	ite ourg, PA					
and the second		[0		INGAL	ing, PA	`				
Completed By (Print or Ty	vpe)	Title	1	<i>ii</i> = ==				Signature	N	\sum		Date			
Christina Lynch		Op	perati	ons l	Manag	ler		Inn	as	\bigcirc	>	8/0	1/	Q	

		NOT	TIFIC (F	urs	ION (suant	OF ASB	w Jersey ESTOS ABAT C 8:60 and 5:16	6)		PCK-	#	3	∂	15
Date of Notification (1)				N			Owner/Operator (2				2		0	
8 /	9 /	16			West	t Deptfor	rd School Distri	ict						
Agapping Notified	Type Notificati	0.0			Street A	Address				DEO	-			
Agencies Notified	⊠ Initial	on				Grove Ro	oad		/	ID) E C	E	ΠΓ	11	2 -
DOLWD	Amended			0		ate, Zip C				IN -		4 1		EIN
DOH	Amendmen	State Street State	-			and the second	rd, NJ 08066			111				
DCA	Emergency justification		ng	1		of Contact			/Ť	elephone Numb	erl 2	201	16	111 //
(NJAC 5:23-8)	Cancellatio						Levy Constructi	ion	Λ	,		-	.0	E
					100000000000		FORMATION			ASBESTO	00.2			\Box
11 10 10 10 10 10 10 10 10 10 10 10 10 1	h atamant in To	king Dlac	(2)		FAC		PORMATION	Tvo	be of Facility (4)	LICE	NSIN	NTR	OLE	1
Name of Facility Where A		King Plac	Je (3)						School (K-12)			G		
Redbank Elementa	ry School								Subchapter 8 ((Other than K-12)		ا ما ته م		
Street Address									Other (i.e., priva homes, etc.)	ate and commerc	cial buil	laings	,	
192 Philadelphia A	venue									# of Floors	Bld	g. Ag	е	_
City (5)									0.000	2		0		
Thorofare					Court	V Codo /7)(STATE USE ONLY)		· · · · · · · · · · · · · · · · · · ·	if being demolis	hed)			
County (6)					Count	ly Code (/	JUTATE USE UNLT)		School		-7			
Gloucester	11.11.5.11		- /01		SCM		Name of Abatem							
Name of Monitoring Firm				A	SCIVIT	NO.	Shade Envir							
Mgmt. and Enviro.	Consulting S	ervices					Street Address	onni						
Street Address							623 Cutler A	veni						
PO Box 351							City, State, Zip C							
City, State, Zip Code							Maple Shade		1 08052					
Chesterfield, NJ 08			1-				Telephone No.	c, nc	, 00002	License No.				
Project Manager for Mon	itoring Firm		1	10005	hone I		856-755-009	Q		00842				
Bill Weisgarber				vene.	9-298-		Name of OSHA N		or					
Start Date (10)	 2008 2008 	cheduled					EMSL Analy							
08 /19 /					_ / _	10	Contraction of the second second	tical	, mo.					
Occupancy Status Durin							Street Address	00 N						
Security Closed/Vacat	ed During Entire	e Period	of Ab	aten	nent	a sila a	200 Route 1:		lorth					
Abatement Performe Time of Abatement:	d Outside of No	rmal Fac	ility H	OUIS	s - Des	Cribe AM	City, State, Zip C							
Time of Abatement.							Cinnaminso	on, N	J 08077				- 1.74	
Scope of Work (Check a	II that apply)						Full Cor	ntain	ment with Nega	tive Pressure				
⊠ ≥3 sf or ≥3 lf			Reno	vatio	on		🗌 Mini-En	nclosu	ire					
☐ ≥160 sf or ≥260 lf			Demo				Gloveba	ag Pr	rocedure	Friable Procedu	re			
					10000		X Non-Ex	empl	ted () and Non-	I Hable I Toccuu		ateme	ent T	ine
			Is Lo	mal			Description	of						
Location Asbestos-Containing			Jsed :	Sole	ly by	Asbe	estos Containing M	lateri	al (ACM)	Amount	Remova	Repair	nca	Enclosure
TO BE AB	ATED		Maint		nce/ Staff?	(i.e	e., thermal systems	s insu	ulation,	(Specify SF or LF)	e vo	l ≣.	lpsu	osu
IN Faci				12)	Stant		surfacing, VA other miscellan			31 01 11)	-		Encapsulate	6
(13)		Ye		No	N/A	1	ounce missionan		.,					
				3		Window	w Caulking	C255 (50)		150 LF	\boxtimes			
Exterior				2		Windo	weathing							
											\dashv			
				7										
						Monto	Cubic Yards of	1	Name of Regist	ered Landfill		1		
Name of Registered Wa	iste Hauler				IJDEP lauler I		Waste	- ['		d County Land	dfill			
Freehold Cartage					1593		1							
City, State							Disposal Date	(City, State					
Freehold, NJ							08/23/2016		Newburg, P					
Completed By (Print or	Туре)	Title					Signature	-	5		ate			
Christina Lynch		Oper	ratio	ns l	Manag	ger	(Hom	10	N/S	8	19	14	2	

State of New Jersey	
OTIFICATION OF ASBESTOS ABATEMENT	1
(Pursuant to NJAC 8:60 and 12:120)	1

	N		CATION	OF ASBE OF ASBE	STOS	ABATE		$\cap b$	R	nK	#	T	Z	2	E
Date of Notification (1) 8/9/16				Building C Construc		perator	(2)	Th				<u> </u>			
Agencies Notified Type Notification			Street Ad 240 E	^{ddress} Wavelar	nd Ave).		IKI		9 6	Ű	V	E	M	
EPA Initial DEP Amended X DOL				te, Zip Coo ay NJ 0					AL	IG 1 2	20)16		UII	
DOH Emergency (justification) DCA Cancellation	including		Name of Glen S	Contact mith				ASE	3	ephone N	10171		1	1	
Numeric Televier Alexandric Televier	Diago (2)		FACI	LITY INFO	RMATI	ON	Tupo	of Facility (4	1.0	CENSI	VG	IOL	&	-	
Name of Facility Where Abatement is Taking Vacant House Birch Field Park	g Place (3)					-	School (K-1)							
Street Address 1700 Burton Ave							×	Subchapter Other (i.e. p etc.)	8 (Oth			build	ings,	home	s,
City (5) Northfield NJ 08225								re Feet	# o 2	f Floors		1000000	dg. A 5+	ge	
County (6) Atlantic				Code (7) JSE ONLY)			Curre	ent Use (Pric	or if bei	ing demo	lishe	d)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	1 No.		1 - 1930 Carola and a		tement Con	tractor	(9)					-
N/A Street Address						Street	Addres	SS							
City, State, Zip Code							Box 32	29 ip Code							
ony, otato, zip oode								in NJ 080	91						
Project Manager for Monitoring Firm			Telephor	ne No.		856-	ione N 753-9	800		License 00727					
Start Date (10) 8/22/16	Schedule 8/26/16		pletion l	Date (11)		Name Sam		HA Monitor							
Occupancy Status During Abatement (Chec	k Only On	ie)				Street	Addres	SS							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S	State, Z	ip Code							
Scope of Work (Check All That Apply)						1									
$ \begin{array}{ c c c } \geq 3 & \text{sf or} \geq 3 & \text{If} \\ \hline \times & \geq 160 & \text{sf or} \geq 260 & \text{If} \\ \end{array} $	and the second se	tenova)emolit					Min Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	e cedure	J				е	
	Is	Locati	on										Abate	ement	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	Vormal d Sole intenar todial S (12)	lý by nce/		tos Con therma surfa	escription taining N I system icing, VA miscella	/lateria s insula \T, or		(Amount Specify F or LF)		Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									2888		ťe	
Exterior Siding			x		Exte	erior Si	ding		15	500 SF		x			
Name of Registered Waste Hauler United Containers		H	I IJDEP W lauler ID 2459		Cubic of Wa 4	Yards iste		Name of G.R.O.		ered Lan	dfill				
City, State Elm NJ					Dispo 8/26/	sal Date 16	9	City, Stat Morrisv		A 1906	7				
Completed by Anthony T Perna	Title Presi	ident				Signatur	e L				Date 8/9				

MARKED	YN		ICATION		ESTC	sey OS ABATE and 12:12		<u>I</u>) E r		2 17			
Date of Notification (1) 8/9/16						er/Operator ison Priv) <u>E</u> C			\mathbb{V}	E	m
Agencies Notified Type Notification			Street A	Address					L! AU	G 1	2 2	010	1	111
EPA Initial		-	City St	ate, Zip Co	odo					, ,	2 2	010	IL	y
DEP Amended Amendment				ic City N		401			ASBEST	DS C	ONT	- DOI		
DOH Emergency		·		of Contact					Telephdh	ENVE	ghetC	I ROI	- &	\top
DCA Cancellation			Jason		0.044	TION						_		
Name of Facility Where Abatement is Takin		3)	FAU	ILITY INF	URIWIA	ATION	Туре	of Facility (4	4)					
Jason Degrandmaison Private Hor	ne							School (K-12						
Street Address								Subchapter Other (i.e. pr				dings,	hom	es,
City (5)								etc.) are Feet	# of Floor			Bldg. A		
Atlantic City NJ 08401							100	0+	2		3	5+	ige	
County (6) Atlantic				Code (7) USE ONLY)		Curre Hon	ent Use (Prio ne	r if being dei	molish	ned)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASC	M No.			of Aba	atement Cont NC.	tractor (9)					
Street Address							Addre Box 3							
City, State, Zip Code						City, S	State, Z	ip Code in NJ 0809						
Project Manager for Monitoring Firm			Telepho	ne No.			none N			nse N	0.			
							753-9	and the second sec	007	27				
Start Date (10) 8/18/16	Schedul 8/25/1		npletion	Date (11)		Name Sam		HA Monitor						
Occupancy Status During Abatement (Chec						Street	Addre	SS						
 Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 						City, S	State, Z	ip Code						
Scope of Work (Check All That Apply)														
$ \times $ ≥3 sf or ≥3 lf $ \times $ ≥160 sf or ≥260 lf		Renova Demolit					Mir Glo	Il Containme ni-Enclosure ovebag Proce n-Exempted	edure				-	
	Is	Locati	on					Linchenpied		Thab		Abate	ement	t
Location of		Normal ed Sole	ly			Description						Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar todial S	nce/		therm	ontaining M nal system:	s insula		Amount (Specify		Re	T	Enc	Ē
In Facility (13)	Cus	(12)	oldii ?			facing, VA r miscellar			SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				20				a		late	Ire
Basement			x		pip	be insula	tion		50 LF		x			
Kitchen			x			Floor Til	е		200 LF		x			
Name of Registered Waste Hauler United Containers		Н	JDEP W auler ID 2459		1000000	ic Yards Vaste		Name of R G.R.O.V	legistered La V.S.	Indfill				
City, State EIm NJ		l				oosal Date 5/16	- <u>6</u> - 11	City, State Morrisvil	le PA 190	67				
Completed by Anthony T PernaTitle PresidentSignature 8/9/16Date 8/9/16														

State of New Jersev

									\sim					Prir	it Fo
		NC		ATION	of New J OF ASBES to NJAC 8:6	TOS ABAT			OF	Veck.	4	Ft	Zo	0	7
Date of Notification (1) 9/8/16					Building Ow Peraria Pri			2)	D)_E	CEI	\mathbb{W}		1		i
Agencies Notified	Type Notification		S	treet Ad	dress				m		0.01	2	11		
EPA DEP X DOL	Initial Amended Amendment				te, Zip Code ar Harbor)8			AUG 12	201	b	P	1	
DOH DCA	Emergency justification) Cancellation			ame of Scott	Contact			Ĺ	ASBE	Telephone	NUTA	OL a	8		
		DI (0)		FACI	LITY INFOR	MATION	_	Time	of Facility (4						
Name of Facility Where A Scott Peraria Privat		ig Place (3)						-	School (K-12						
Street Address								×	Subchapter 8	(Other than K vate & comme		build	ings,	home	s,
^{City (5)} High Bar Harbor NJ	08008								re Feet	# of Floors 1.5			dg. Aj 5+	ge	
County (6) Ocean					Code (7) JSE ONLY)			Curre		if being demo	olishe	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	1 No.			of Aba aco II	itement Cont	ractor (9)					
Street Address						PC	B	Addres	29						
City, State, Zip Code									ip Code in NJ 0809						
Project Manager for Mon	itoring Firm			elephor		85	6-7	one N 753-9	9800	Licens 00727	2-1000				
Start Date (10) 8/22/26		Schedulec 8/26/16		oletion I	Date (11)	Sa	ame	Э	HA Monitor	1					
Occupancy Status During	g Abatement (Che	ck Only One)			Stre	eet /	Addre	SS						
 Facility Closed/Vac Abatement Perform Other – Describe: 	ed Outside of Norr	Period of At mal Facility H	oateme Hours	ent		_ City	/, SI	tate, Z	ip Code						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		becaused a	enovati emolitic					Mi	ni-Enclosure ovebag Proc	nt with Negativ edure					
					1		×	No	on-Exempted	(*) and Non-F	riable		cedur Abate		
Location		No	ocatio ormally Solely	/		Descrip				4 8				pe	_
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	<u>ATED</u> lity	Mair Custo	ntenan odial St (12)	ce/	(i.e. th	s Containin nermal syst surfacing, other misce	ems VA	s insul T, or	ation,	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A]									Ite	œ
Through	n out			x		Floor	Tile	е		1000 SF					
Name of Desistered Mit-	ata Haular		N N	JDEP V	Vaste	Cubic Yard	te		Name of I	Registered Lar	ndfill				
Name of Registered Wa United Roll off	sie naulei		Ha	uler ID 459	No.	of Waste 4			G.R.O.V						
City, State Elm NJ						Disposal D 8/29/16	ate		City, State Morrisvi	lle PA 1906	67				
Completed by Anthony T Perna		Title Presic	lent			Signa	ture	0			Dat 8/9	te 9/16			

Date of Notification (1)				Name	of Buildin	a Owner	Oporato	- (2)	Tra						
08/09/2016					VOOD F				· (In),	EC	E	W	1 E	To	7
Agencies Notified	Type Notificatio	n			Address				16			<u> </u>	(5	11	\mathbb{H}^{-}
EPA	Initial				VOOD-F		ST			Alle	1 0	204			
DEP X DOL	Amended Amendmer	nt #			State, Zip		Dit was a downed i the Roll		1-1		1-2-1	201	5	E	11
	Emergency	(includin	g	-	DD-RID										
DOH DCA	justification Cancellatio				of Contact				LAS	SBEDEP	one Nun	ber	~		1
				1	CILITY IN		ION					4			
Name of Facility When	e Abatement is Taki	ng Place	(3)			- ordirti		Туре с	of Facility (4	4)					
PRIVATE								🗖 s	chool (K-1	2)					
Street Address								IT S	ubchapter	8 (Other th	han K-12)			
Ciby (5)									ther (i.e. p	rivate & co	ommercia	i bui	Idings	s, hon	nes,
City (5) WOOD-RIDGE								Square		# of Flo	oors	1	Blda.		
County (6)				Court	0 1 (7)			1,600		2			6	7	
BERGEN					Code (7)			Curren	t Use (Prio	r if being o	demolishe	ed)			
Name of Monitoring Fin	m Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abate	ment Con	tractor (0)					
N/A		•							ST ENV		ENTAL				
Street Address								Address							
City State Te Code							1126	51ST							
City, State, Zip Code								state, Zip			_				
Project Manager for Mo	nitoring Firm			Teleph	one No.				RGENN						
				relepin	one no.		1	one No. 708-42		1	ense No.)1300				
Start Date (10)		Schedu	led Cor	mpletion	Date (11)			Monitor		1300			-	
08/12/2016		08/12/	2016			·	1		RONMEN	NTAL					
Occupancy Status Durin	ng Abatement (Cher	ck Only O	ne)				Street	Address							
Facility Closed/Vac	cated During Entire	Period of	Abater	nent			2333	RT 22	WEST						
Other – Describe:	ned Outside of Norr	nal Facilit	y Hour	S				tate, Zip	Code						
Scope of Work (Check A	All That Apple)						UNIC	DN NJ							
$2^{2} \geq 3 \text{ sf or } \geq 3 \text{ lf}$	ar mar Apply)							7							
≥160 sf or ≥260 lf		and the second s	Renova Demolii				X	Full C	Containmer Enclosure	nt with Neg	gative Pre	ssu	re		
		_					X	Glove	bag Proce	dure					
		1			1		X	Non-I	Exempted	(*) and No	n-Friable	-			
Location	n of		S Locati Normal			-								ement pe	t
Asbestos-Containing	Material (ACM)	Use	ed Sole	ly by	Asbes	Des stos Conta	cription		CM)	Amou	nt F				
TO BE AB. In Facil			todial S		(i.e	thermal :	systems	insulatio	on,	(Speci		Re	R	Enc	E
(13)	-		(12)				ing, VAT			SF or L	.F)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								al	Ŧ	ilate	ure
BASEMI	ENT		Х		AC	M PIPE	INSU	LATIO	N	30 LI	=	x			
ATTIC	C		Х			culte fib				10 SI		X	_		
										10 01		-			
												-			
Name of Registered Was	ste Hauler		1	JDEP W		Cubic Y	ards	N	lame of Re	gistered L	andfill				
TRI STATE - ASSO	C INC		1.000	auler ID 9951	No.	of Wast	te		MINRVA	120		INC	2		
City, State			110			Disposa	al Date		ity, State						
BRONX NY						TBD	24.0	1 2	VAYNES	BURG	OHIO				
CORLOS FROMINE		Title				Sig	gnature	1		10	Date				
CORLOS ESQUIVE	L	SAFE	TY N	IANAG	BER		4	Em.	enfor	AUD	2 08/0	9/2	016		
							11	E		F					

ASB-41 (R-06-08)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) August 9, 2010	6	Name of Bu	ilding Owner/Ope Messe	rator (2) prcola Excavating (Co., Inc.	30	08	53
[] DEP [] Ame [x] DOL Ame [x] DOH [x] Eme	ation al Notification ended Notification endment # rgency (including fication) cellation	Street Addre City, State, 2 Name of Co	P O B Zip Code Matav	ox 790	EC elephone Number	5 [M
Name of Facility Where Abatement is Taking Residence Street Address		CILITY INF	ORMATION	Type of Facility (4) [] [] [X]	ASBESTOS LICEN School (k-12) Subchapter 8 (ot Other (i.e., priva	her than k-	12)	
Lavallette	County (6)	County Code (STATE USE		Square feet 1200 sf	homes, etc.) # of Floors 1	Bldg. A	vge 60	
	Ocean			Current Use (Prior if)		
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor		Inc		
Street Address		1	Street Ac	ldress	oute 9, Unit 61			
City, State, Zip Code			City, Sta	te, Zip Code	iver, New Jers		5-1271	
Project Manager for Monitoring Firm	Telephone Numbe	er		ne Number 9-9932	License N 00624			
Scheduled Start Date (10) 8/9/16	Scheduled Comple 8/10/16	etion Date (11)	Name of	OSHA Monitor E.M.S.I	L. Analytical			
	only one) d During Entire Period of Ab Outside of Normal Facility F		City, Sta	1056 St te, Zip Code	elton Road way, New Jerse	ey 08854		
Scope of Work (Check all that apply) $\begin{bmatrix} & \\ & \\ & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ If}$ $\begin{bmatrix} & \\ & \\ & \\ & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ If}$	5 1	vation	[] [] [x]	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*	re			
	1					Abatem	ent Typ	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A		Descriptio Asbestos-Cor Material (A (i.e., thermal insulation, su VAT, c other miscella	ntaining ACM) systems rfacing, pr	Amount (Specify SF or LF)	R I E I M I O I	R E E N P C A A P R S U L E	E N C L O S U R
Exterior	X	Asbestos	siding		1050 sf	X		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haulo 20223		bic Yards of Wast 3	te Name of Register T.R.R.F.	red Landfill			
City, State Toms River, New Jersey		osal Date	City, St					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	1/16Signature		dwn, Pennsylvania		Date 8/9/20	016	

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 Toms River, New Jersey 08755

	E	C				E	M
	J	AUG	Y	2	2016		U
A	SBE	6TO LIC			NTR(DL &	

DEMOLITION / RENOVATION NOTIFICATION

Opera	tor Project #:	Postmark:	Notifica	ition:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C -	Cancelled): O	II.	IS ASBESTOS PRESENT? (Yes/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contract	tor and other operator)	I			
	OWNER NAME: Messercola E	xcavating Co., Inc.				
	Address: P O Box 790					
	City: Matawan State:	New Jersey	Zip:	07747		
	Contact: Fernando		Tel:	609-549-5704		
	REMOVAL CONTRACTOR: Guardian Cor	ntracting, Inc.		NJ License: 0062	.4	
	Address: 1889 Route 9	, Unit 61				
	City: Toms River State:	New Jersey	Zip:	08755		
	Contact: Nicholas Ferr	nicola	Tel:	732-349-9932		
	OTHER OPERATOR (if different)			NJ License:		
	Address:					
	City: State:		Zip:		9 (J 19 (A 1	
	Contact:		Tel:		<u></u>	
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo F	R - Renovation E - Em	ergency Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number	and floor or room numb	er)	andolina - 124321012248-01, 0002		
	Building Name: Residence					
	Address: 2082 Bay Blvd					
	City: Lavallette State:	New Jersey	County	Ocean		
	Site Location: Exterior					
	Building Size: 1200 sf # of Flo	pors: 1	Age in	Years: 60		
	Present Use: Residence	Prior Us	e: Reside	nce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	APPROPRIATE, USED	TO DETECT THE PR	ESENCE OF ASBESTOS MATE	RIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	1			Non	friable
		0	ACM		Asbesto	s Material To Be
	 Regulated ACM to be removed Category I ACM not removed 	1	Го Ве	LOCATION		noved
	3. Category II ACM not removed	Ke	emoved		Cat I	Cat II
	Pipes (Linear feet):					
	Surface Area (Square feet): 1050 sf	Asbestos siding		Exterior		
	RACM Off Facility Component (Cubic feet):					
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	8/9/16	Complete: 8/	10/16	1

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

Х.	DESCRIPTION OF PLANNED DEMOLITION OR F				
xi.	DESCRIPTION OF WORK PRACTICES AND ENG AND RENOVATION SITE:	INEERING CONTE	ROLS TO BE USED TO I	PREVENT MISSIDES GASE	
	Prior to removal, the work area around the building will be rop removed by non-friable procedures. All waste will be placed	ped off with caution tag in double 6 mil. Bags, :	be and warning signs. Plastic sealed and labeled and placed		
xii.	WASTE TRANSPORTER #1 Name: Guardi	an Contracting,	Inc.	ASBESTOS	CONTROL &
	Address: 1889 R	Route 9, Unit 61			ISING
	City: Toms River	State:	New Jersey	Zip: 0	8755
	Contact Person: Nichol	as Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.R.	F.			
	Location: Border	ntown Road			
	City: Tullytown	State:	Pennsylvania	Zip: 19	9007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMEN	T AGENCY, PLEA	SE IDENTIFY THE AGE	ENCY BELOW AND ATTACH (COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begi	n (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe conditions	s or would cause equ	ipment damage or an unr	easonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOW ASBESTOS MATERIAL BECOMES CRUMBLED,				REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EVIL AVAILABLE FOR INSPECTION DURING NORMA	ENCE THAT THE	REQUIRED TRAINING	HAS BEEN ACCOMPLISHED	
	<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	2	(Signature of Owner	T/Operator)	<u>August 9, 2016</u> (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS	CORRECT.	\frown	1	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner	r/Operator)	<u>August 9, 2016</u> (Date)

D

check # 1168

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

Date of Notification (1) 08/08/2016				uilding Owner K PUBLIC				GE		F		$\overline{\mathbb{N}}$	
Agencies Notified Type Notification			CEDA	^{ress} R STREET		**************************************		AUG 1 2	201	6			
X DEP Amended X DOL Amendment #				, Zip Code K, NJ 0710)7						E	1	
DOH Emergency (in justification) DCA Cancellation	cluding		ame of C ENJAN	ontact /IN OLAG/	ADEYE		ASBE	Telenhone		×	1		
		1	FACILI	TY INFORMA	TION							_	
Name of Facility Where Abatement is Taking CLEVELAND ELEMENTAR SCHOO	Place (3) DL						of Facility (4) School (K-12)					
Street Address 388 BERGEN STREET							Other (i.e. pri etc.)	(Other than ivate & comm	ercial b			-	•
City (5) NEWARK						350	re Feet	# of Floors 1			g. Ag	e	
County (6) ESSEX			ounty Co TATE US	ode (7) SE ONLY)			nt Use (Prio 100L	r if being dem	olished	i)			
Name of Monitoring Firm Hired by Building O WHITMAN COMPANIES, INC	wner (8)		ASCM	No.	Name OPT	e of Aba TIMUN	tement Cont 1 ENVIRO	ractor (9) NMENTAL	SOL	UTIC	DNS	, LLC	2
Street Address 7 PLEASANT HILL ROAD						t Addre 7 LINV	ss VOOD RC	DAD					
City, State, Zip Code CRANBURY, NJ 08512							ip Code J 07083						
Project Manager for Monitoring Firm KEVIN LOVE		1.	elephone 32-390	e No.)-5858	100000000	hone N -418-2		Licen 0122	ise No. 27				
	Scheduled 0 08/26/201		pletion D	ate (11)	Name	e of OS	HA Monitor I ENVIRC	NMENTAL	SOL	UTI	ONS	, LL(2
Occupancy Status During Abatement (Check	Only One)			-		t Addre							
		toma	ant		271	7 LIN	NOOD RO	DAD					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	al Facility Ho	ours					Zip Code NJ 07083						
Scope of Work (Check All That Apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	Compared and the second s	ovati nolitio				M	ini-Enclosure					2	
							on-Exempled		-i nabie		Abate		
	Is Lo										Ту		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Used S Mainte Custod	enan	y by nce/ itaff?	Ś	Description Containing mal syste urfacing, \ her miscell	Materia ms insu /AT, or	lation,	Amount (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
		No X	N/A	WALL 8	CEILIN	G PLA	STER	350SF	:	X			
ENTRANCE TO THE GYM ENTRANCE TO THE GYM		X			EINSU			60LF		X			
								Deviatored	andfill				
Name of Registered Waste Hauler TRI-STATE		H	IJDEP W lauler ID A-456	No. o	ubic Yards f Waste			Registered L		SE, I	NC		
City, State BRONX, NY 10474				C	isposal Da	/	City, Sta WAYN	te ESBURG,			688		
Completed by EMMANUEL CHIOBI	Title OPER	ATI	ONS N	IANAGER	Signat	lite esm.Qu	mel	Chief	Dat 08		2016	i.	

ASB-41 (R-06-08)

State of New Persex

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

Emergency Initial Non-Friable Notification / Check #: れらり

Date of Notificatio	on (1)		Nar	ne of I	Build	ing	Owner/Operat	or	c (2)					
	5 1/1 6		Ne	wark F	Public	Sc	chools		- IF	DEC		1 11/		
Agencies Notified	Type Notifica	ation	1	ceet A			510013			J	E	LW	-6	Tr
[X]EPA			20	Cedar	Straat	t			ΠΓ))				1//
(X) DEP	[X] Initial Notifica	ation	1 -			200	Code		<u> U</u> -	H AUG	12	201		
X1DOL	[]Amended		Ne	wark,	N.I 07	710	7			1	. 2	201		12
(×1DOH	Notifica	ation	C	ne of (-	Tele	PRESTOS	2001		_	
[]DCA	[]Cancella	ation		niamin		and a	21/2		1	0020103	CON	VTR	<u>5</u>	
	I		IBE	njamin								-]
Name of Facility W	here Ahatemen	t is Tal	ting			IL	VFORMATION	11	Type of Facili	Ev (4)				
		. 10 10.			(0)				X]School					
Cleveland Elemental	ry School								[]Subcha	i.e., pris	ner t	han & co	K-12	2)
Street Address								11,	cial 1 Square Feet	ouildings,	nomes	s. et	c.)	
388 Bergen St.									60,000	4 01 F1001		50	1122	
City (5)		County	(6)				ATE USE ONLY)	1	Current Use (1	Prior if be	ing			ad)
Newark, NJ 07108		Essex		11					School		9,000		8	
Name of Monitoring Owner (8)	Firm Hired by	y Builds	ing	ASCM	No.		Name of Abate	em	ent Contractor	c (9)				
Whitman Companies	s Inc			00110			Optimum Envi	iro	onmental Soluti	ons, LLC				
Street Address	<u>,</u>					-1	Street Addres							
7 Pleasant Hill Road							2717 Linwood			0				
City, State, Zip Co	ode					-	City. State,	Z	ip Code					
Cranbury, NJ 08512 Project Manager to	Moniforing	tirm Tre	100	DODA N	umbar	_	Union, NJ 070			Lice	nse h	lumpe	-	
	e Monitoring i	1					-		e.			(and)		
Kevin Lovely Scheduled Start Dat	te (10) Sch	ed.Compl		90-585 on Dat	-		973-614-0377 Name of OSHA		onitor	0122	1			
0 8 / 0 8 / 0 8 / 1	1 6 0 Year Moi	8//1 hth / 1	12 Day	1/11 Ye	6 ar				onmental Soluti	ons, LLC				
Occupancy Status Di XIFacility Close							Street Addres							
of Abatement []Abatement Per	formed Outside						2717 Linwood City. State.							
Hours - Descr []Other - Descr							Union, NJ 070	18'	3					
Scope of Work (Che	ck all that a	oply)		· ·			<u> </u>							
[]Demolit: []>3 sf or [X]∑160 sf				Renova	tion		[]Mini []Glov	i-l vel	Containment w Enclosure bag Procedure riable Procedu		e Pre	25501	e	
				Is	1						Abat	temer	it T	TDe
Locat	ion of		Loc	ation mally			Descriptio	оп	of		R		EN	EN
	Containing		U	sed			Asbestos-Cont Material (A	ta	ining	Amount (Specify	EM	R E	CA	C I.
TO BE	ABATED		by I	Main- ance/			i.e., thermal sulation, surf	S	ystems	SF or LF)	0 2	PA	PS	0 S
(1)			Cus	todial		1111	or other misc				AL	L R	U L	UR
		ŝ		NO N/							L	R	-L-	E
Main Office Complex	x			X	VA	Та	nd mastic			1,900 SF	X			
			1											
Name of Registered	Waste Hauler	·		DEP Wa			Cubic Yards of Waste	T	Name of Regis	tered Landf	ill			
Tri-State Transfer As	ssociates		1	-456				1	Minerva Enterp	rise. Inc.				
City. State			1-1		-	1	Disposal Date		City. State					
Union, NJ							\bigcap	1	Waynesøurg, C	HIO 44688				
Completed By (Print	t or Type) [T	tle					Signature	-	////	1	Da	ate		
Emmanuel Chiobi		peration	s M	anader			am	0	md Cl	1151-	0	5/16		
ASB-41	U		0 101		4		um	0		m-m)	0/	5/10		

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(K' 25452

			N		CATION	TION OF ASBESTOS ABATEMENT uant to NJAC 8:60 and 5:16) ame of Building Owner/Operator (2)											
Date of Notification (1)	3/9/16				Name	of Buildin		(2) ceton Family	YMCA 1	004/	_						
Agencies Notified	Type Notif	ication			Street	t Address		Paul Robeso	AUD 1 2	2010)	E	开				
	Initial Amend			-	City, S	State, Zip (1	SBESTOS CO	NTR	01	R.	++				
	Amend Emerge	ency (in						inceton, NL (08540LICENSIN	VG							
DOH DCA	justific Cancell				Name	of Contac	t Tharlie Yedlin		Telephone Numb	ber							
					FAG		ORMATION						-				
Name of Facility Where				1				Type of Facility	(4)				-				
Oter at A data as	Pri	inceto	on YI	ИСА				School (K-1	2) 8 (Other than K-12	2)							
Street Address	59 Pa	ul Ro	obeso	n Pla	ace			Other (i.e., phomes, etc	private & commercia	al buile	dings	,					
City (5)								Square Feet	# of Floors	BI	ldg. A	ge					
	I	Prince	eton,	NJ				15000	2		60	+/-	_				
County (6)	Aercer					nty Code (ONLY)	7) (STATE	Current Use (P	rior if being demolis	shed)							
Name of Monitoring Firm		ilding (Dwner	_	ASCM	No.		ent Contractor (-				
(8)	MECS			_				ens Environ	mental Service	es, Ir	IC.		_				
Street Address	PO Bo	x 34	1				Street Address		Box 322				_				
	crosswick,	NJ 0	8515				City, State, Zip C		n, NJ 08501								
Project Manager for Mo Bill We	nitoring Firm eisgarber			1 2 2 2 2 2 3	ephone	No. 8-4070	Telephone No. (609) 25	59-9688	License N o.	0493	3						
Start Date (10)		Scheo	duled C		tion Da		Name of OSHA						-				
8/29/16				2/31/	/16			M	IECS			_					
Occupancy Status Duri X Facility Closed/Vaca	-				mont	nent PO Box 341											
Abatement Performe Other - Describe:																	
Scope of Work (Check	all that apply)	1				Crosswicks, NJ 08515											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Re De	enovat emolitic	ion on	n Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
				ocatio			A NOR-EX			1		ment					
Location	of		Usec	ormally I Solel	y by		Description of				Тур		_				
Asbestos-Containing TO BE ABA		/1)	C	ntenan ustodia	al		tos Containing Mat thermal systems i		Amount (Specify	R	-	Enc	Ē				
IN Facilit (13)				Staff? (12)			surfacing, VAT, other miscellaned	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure				
()			Yes	No	N/A			,		/al		ilate	ure				
Front Lo			×			VAT/Mast	ic	1100 sf	×								
Locker Room ×							ermal Pipe In		30 lf	×							
Percentral Area							@ Wrap and										
Racquetball Area X Name of Registered Waste Hauler NJDEP Waste							VAT/Mast Cubic Yards		290 sf	×							
Stevens Environmental Services, Inc. 18292							of Waste		GROWS Lan	dfill							
City; State							<u>5 CU</u> Disposal Date	City, State	UNU W 5 Lall	iu III			-				
	Allento	wn, N	JJ				_12/31/16/_	-h//	Morrisville,	PA							
Completed By	avons	Title		oiac	+ Mar	0.00*	Signature	1/	Date	8/0	/16						
Mahlon E. St	evens	-	P1	ojec	t Mar	lager	-4			0/9	/10						

0749-07		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)												EDR	
Date of Notification (1) 8/11/2016					of Building LAND P					~		<u>t</u> t	. 4	2	y
Agencies Notified	Type Notification	1		10/2018/5/19/5/20	Address PLUM ST	REET			ID	E	GE		7 [2	; [r	21
DEP DOL	Amended Amendmen				tate, Zip Co LAND N		1			AI	10 1				
X DOH X DCA	Emergency justification Cancellation)			of Contact Farinacc	io				Tè	lephone Au	urabet	6	11	7
Nome of Feelike Manage Al				FAC	ILITY INF	ORMAT	ION		A	SBES	TOS CO	ALTO		1	
Name of Facility Where Al VINELAND HIGH SC Street Address			3)					Ty	School (K	-12)	OLIVOIN	<u>IG</u>	OL 8	2	
2880 E CHESTNUT	AVE								Other (i.e. etc.)	er 8 (Oth private	her than K-1 & commerce	12) cial bui	ldings	, horr	ies,
City (5) VINELAND, NJ 0836	51							>5	uare Feet 50,000	2	of Floors	1	Bidg. 50+	Age	
County (6) CUMBERLAND				County (STATE	Code (7) USE ONLY)			rrent Use (P GH SCHC		ing demolis	shed)			
Name of Monitoring Firm F PENNONI ASSOCIA		Owner (8)		ASCI 0010					batement Co BJDS, INC		r (9)				
Street Address 515 GROVE STREE	T SUITE 1B						Street 1345		^{ress} DUSTRIA	L BLVI	D			and the second	
City, State, Zip Code HADDON HEIGHTS,									, Zip Code AMPTON,	PA 18	3966				
Project Manager for Monito Alan Lloyd	oring Firm			Telepho 856 54	one No. 47-0505		Teleph 215 3		No. -2900		License M 00783	10.			
Start Date (10) 8/12/2016		Schedule 9/9/201		mpletion	Date (11)				SHA Monitor				11211-53		
Occupancy Status During / Facility Closed/Vacate		-		nent			Street 3370		ress ROGRESS	DRIV	E				
Abatement Performed × Other – Describe: FA	Outside of Norn	nal Facility	Hour	s	24hrs				Zip Code EM, PA 1	9020					
Scope of Work (Check All 7	That Apply)					l									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the second s	lenova emoli				×		Full Containn Aini-Enclosu Glovebag Pro Jon-Exempte	re ocedure				ē	
Location of	f		Locat Iorma			-			2				Abat	emeni /pe	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	aterial (ACM) <u>ED</u>	Use Mai	d Sole ntena	ly by	Asbest (i.e.	os Conta thermal surfac	cription aining M systems ing, VA iiscellan	later s insi T, or		(5	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Please		ttor				-		te	œ
						i lease	see d	andC	211						
Name of Registered Waste	Hauler			J JDEP W	aste 1	Cubic `	(ards	12114	Name of	Registe	ered Landfill				
SERVICE TRANSPOR			H	lauler ID 0990	22.0 SAL 0	of Was			Converties the second	and States					
City, State 58 PYLES LANE, NEW	V CASTLE DE	E. 19720)			Dispos	al Date		City, Sta WAYN		RG, OH 4	14688	3		
Completed by Christine Del Viscio		Title Asst.	Adm	inistrate	or	/Si	gńature Ms)	hi	e Di	Wha	Da 8/	nte 11/20)16		

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACULTY	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/	DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOLISI	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE ENCLOSURE	ENCLOSURE
A WING,B WING, C WING AND D WING	YES NO N/A X	RESIDUAL DUCT INSULATION	7200 LF	×			
HALLWAYS THROUGH OUT	×	PIPE INSULATION	28LF	×			
V WING	×	PIPE FITTING INSULATION	20LF	×			
A WING, B WING, C WING AND D WING	×	PLASTER CEILING/WALLS	4906 SF	×			
B WING LIBRARY	×	BOOK CASE INSULATION	120 LF	×			
c wing	×	CAULK AROUND UNIVENTS	500 LF				
V WIING	×	TRANSITE PANELS	100 SF	×			

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Schools Development Authority

August 10, 2016

Mr. Thomas Voorhees N.J. Department of Labor 1 John Fitch Plaza. 3rd Floor P.O. Box 949 Trenton, New Jersey 08625

Re: Vineland High School South HVAC System Emergent Project Vineland Public Schools NJSDA Contract No.: EP-0085-C01 EMERGENCY ASBESTOS ABATEMENT

ASBESTOS CON

Dear Mr. Voorhees:

Falasca Mechanical (Falasca) is currently under contract with the New Jersey Schools Development Authority to address an emergent condition at the Vineland High School South. The emergent project involves installation of a new HVAC equipment and distribution system to replace existing boilers and low pressure steam distribution system. During the course of construction, a significant amount of unforeseen, hidden asbestos containing material (ACM) was discovered throughout the building. In order for Falasca to complete critical work necessary to allow for the reopening of the school for the fall 2016 semester, ACM abatement work must be completed. We have been able to put together a schedule that will allow for the abatement to be completed prior to the return of students and faculty to the school; however, in order to achieve that goal, abatement must start immediately.

In order to achieve building occupancy by the start of the regular the fall 2016 semester, I respectfully request an emergency waiver to allow ACM abatement work to commence on Friday, August 12. All abatement work will be performed as an occupied subchapter 8 project. Pennoni Associates is the consultant for the project.

If you have any questions, please feel free to contact me. Thank you in advance for your consideration of this request.

Sincerely,

C. Aidita Milsted

Program Director

cc: Vincent Lechmanick, Deputy Program Director (via email only)
 Katherine Gallo, Senior Program Officer (via email only)
 John Forgione, Program Officer (via email only)
 Aldo Falasca, Falasca Mechanical (via email only)
 Larry Merighi, Manders Merighi Portandin Farrell Architects (via email only)
 Steven Graham, Manders Merighi Portandin Farrell Architects (via email only)

Aug	11	2010	111405:20	NJ	AS	Destos	CONTOL	609.633.0664
	AUG	/11/2	C16/THU	11:	26	AM	Delta/B	JDS

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CAA	11.0	1	17-44/-	In
		-		1.0

211720107THU 11:25 AM	Delta/BJD	S		FAD	(No. 2	215-	332-1616			P	. 00	2	
0749-02		NOTI (FICAT	State of New Jer NON OF ABBEST(Iant to NJAC 8:60	IS ARAT	EME	٩T			C		-	VED
Date of Notification (1) B/11/2016			Nan	Ne of Building Owne	r/Oneret	01 (2)		_ [[<u>ή</u>	1			
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Date : July 21, 2016

Luca Decandia





Hello Dejan,

Thank you for coming to my property yesterday on such short notice. As you could see, the main sewer line burst, resulting in the inability to use bathrooms or showers, etc. Please bring your crew in ASAP to remove the asbestos floor tiles, so I can get a plumbing company to demo the floor around the pipes which need to be replaced. Thank you for your assistance and promptness.

the wear

Luca De Candia

Jul. 29. 2016 2:51	PM FAW	M							N	1000				
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Date of Notification (1)	-18	()	(Pursu	ant lo N.	JAC 8:80 1	ind 12:1	20)		D) <u>E</u> C	; E		\mathbb{V}	EM	
7/29/2016				e of Bullo	ding Owne									
Agencies Notified Type Notification				Christa Cicchelli Sireet Address					U UF AUG 1-2-2016 . HL					
EPA Initial DEP Amended														
DOL Amendment#				Cliy, Siste, Zip Code Wayne, NJ 07470					ASBESTOS CONTROL &					
DOH				Name of Contect				Telephone Number						
DOA Cancellation				Christa Clochetti						Numb	er (WV D		
Name of Facility Where Abalement	is Taking Plac	e (3)	F.A	CILITYI	NFORMA	TION	12		<u> </u>	1	: ;		┝──┼┥	
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Cily, Stale, Zip Code						1465 Route 23 South, #111								
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Project Manager for Monitoring Firm				Telephone No.			Wayne, NJ 07470 Telephone No. License No.							
Start Date (10) Scheduler Do				mpleilon Date (11)			973-750-0752 01253							
8/1/2016	ompianon				ne of OSHA Monitor									
Sandy Charles Doning Abatement (Check Only One)							Sireet Address							
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To Whom It May Concern,

Please be informed that a pipe leak occurred somewhere above the suspended ceiling in my basement, which caused damage on the ceiling and parts of the ceiling to fall to the floor. I am afraid that the area is contaminated now, since the asbestos has fallen. I would like someone to come out as soon as possible to clean the floor, walls, and ceilings so that I can have the required plumbing job done.

1 .

Regards,

1 FM Exec Christa Cicchetti, Exec.