NO.124 #882

00/18/2016 10:41

CK 3240

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 5:30 and 5:16)

Date of Notification (1)		ē.			Owner/Operator (2						
8/	18 / 16		Boul	lharn Ra	gional High Sch	logi Mistingt					7 7
gencies Notified	Type Nutification			Addraga		]	AUE	<b>S</b> .	95	NS.	NG
₹ EPA	☐ Inšial		1		ridge Road		, nec		- 14-		,
S DOLWD	Amended	.4	City, St	RO ZIP C	ode	Į.	AN	AM			
₹ DOH	Amendment #		Men	showkin	I, NJ DBD50			A	_ :		
DCA (NJAC B:23-8)	Justification)	releasing	Name	of Contac	l		Telephone Numb	<b>B1</b>			
(14000 0.220)	Cancellation		Das	n Adami	3	13 1.W X12					
	<u> </u>		FAC	ILITYIN	FORMATION						-
ame of Facility Where	Abatemant le Tekin	p Piece (3)			<del></del>	Type of Facility			OCH BED		
Southern Regional					1	School (K-12	)				
Ireal Address	<del></del>		-			Cither (I a be	(Other than K-12)	יעל ופו:	dings	<b>5</b> .	
90 Cedar Bridge R	ad					homes, cic.)					
) ly (5)						Square Feet	# of Floors	1	g. Ag	0	
Manahowkin						50,000	2		0		
ounty (6)			Coun	ly Code (7	STATE USE ONLY		or it being demotis	(heil)			
Осавп	72					School					_
ome of Monitoring Fim	Hired by Building	Owner (8)	ASCM	No.	Name of Abateme		*				
PARS Environmen						onmental, LLC					
freet Address					Street Address						
500 Horizon Drive,	Suite 540			200	623 Culler Av						
thy, State, Zip Code	105	1111			City, State, 71p Co	ode					
Robbinsvilla, NJ 0	9416				Maple Shade	KROSO LN.					
raject Manager for Mor		Ť	laphone '	No.	Younhore No.		License No.				
Julian Fernandez-			609-890-	7277	056-755-0099		Q0842				
itar( Date (10)	Tache	duled Comp	lation Das	0 (11)	MAHBO to serial						
08 / 25 /	18 _	09 /	02 /	16	EMSL Analyt	ical, inc.					
Occupancy Status Dutin		ck only one)	-		Street Address						AUS
E Facility Closed/Vacal	ed During Entire P	aciod of Aba	temoni		200 Route 13	10 North					
7 Abelamest Performs	d Outside of Norma	al Facility Ho	ura - Des	cribe	City, State, Zip Co	ode				- Mary 1877	
Time of Abatement:	AMP	MIP	M	AM	Cinnaminapr	n, NJ 06077					
Scope of Work (Chack a	Il that apply)				53 5.40	talnmont with Neg	adha Diagnira				
		⊠ Ranov	nlina		☐ Minl-Eng	tauwoni min idel	BRIIND L'IMPROIS				
23 at or ≥3 if 23 >160 at or >260 if		☐ Uemol			Clovelie	u Procedure					
				_	☐ Non-Exe	Impled (*) and Ne	IN-Frieble Procedu	_		ent T	-
			cation mally						_		
Abbasios-Contenting	of		alely by	Ash	Description of	eerial (ACM)	Amount	18	Repair	Encaps	Endgeu
AR PROTOCULANTINIEN	ATED	Mainte	hance/	(1.0	a, thermal aystems	ineulation.	(Specify	Removal	7.6	1	3
TO ME AR	lly		의 SIBIT? 2)		purfacing, VAT		BF or LF)	M		n late	a
TO HE AB		1.	-11	1	Advisor to the second second						
TO ME AB	-	YUE N	IU INC					Ø	П		
TO HE AB IN Faci			-	ingulat	lon		1.300 2F		-	-	-
TO HE AB IN Faci		Ø C		insulat	lon		1,300 8F	+15		ш	Ш
TO HE AB IN Faci				insulat	lon	, M	1,300 8F				
TO HE AB IN Faci				insulat	lon		1,300 8F		ΠD		
TO HE AB IN Faci				insulat	lon	11 17	1,300 8F				
TO RE AB IN Faci (13)						Numa of Deni			0		
TO RE AB IN Faci (13)  Goof (Exterior)			I D D D D D D D D D D D D D D D D D D D	Naste	Cubic Yards of	Name of Regi	stored Landfill				
TO RE AB IN Faci (13)  Loof (Exterior)				Waste O No.	Cubic Yards of Waste 20	Cumborle					
TO RE AB IN Faci (13)  Loof (Exterior)			NJDEP I	Waste O No.	Cubic Yards of Weste 20	Cumberle City, State	stered Landfill and County Land				
TO RE AB IN Faci (13) Hoof (Exterior) Home of Registered Well Freehold Cartage			NJDEP I	Waste O No.	Cubic Yards of Waste 20 Olisposal Diele 09/02/2016	Cumborle	stored Landfill and County Land				
TO HE AB IN Faci (13)  Roof (Exterior)  Name of Registered We Freehold Cartage City, State	ole Hauler		NJDEP I	Waste O No.	Cubic Yards of Weste 20	Cumberle City, State	stered Landfill and County Land				

HO.114 #082

00/17/2016 08:26

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 6:18)

		P	יתפשפחו	NUM OF	C 5:60 and 6:10	<b>"</b> }	11 4	G 2	/3	2011	Э
Data of Notification (1)	16				Owner/Operator ( eglorial High Bot			1			V.
Agencies Notified Type Notificat	מפי		Sireel	Address -			ABBES	1		2	11 11
⊠ EPA ⊠ Initial			190	Coder B	Irldge Road					12.	
DOLWD Amended	6.03		City, 5	tate, Zip (	Code	- Alberta Control		1100		.,	
⊠ DOH Amendmer			Man	shewkir	1, NJ 08050						
DCA Emergency (NJAC 5:23-8)			Name	of Contac	t		Telephone Num	bar		Cracker for the	301230
Cancellatio			Dea	n Adam	2		A 115				
in them.			FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is To	Mino Place	(3)	" · ·			Typo of Facility (	4)			_	7.00
Southern Regional High School		/				☑ School (K-12)					
Street Address						Subchapter 8	(Other than K-12	)	Mathagan	_	
90 Cadar Bridge Road			32			homes, etc.)	Inate and Counte	ICIEL DU	ind is 18	ш,	
Oliv (6)		_				Square Feet	d of Floors	8	dg. Ag	70	,-
Manahawk)n						50,000	2		70		
County (6)		-	Coun	y Code (	(STATE USE ONLY)	Current Use (Pri	or if towing demonstration	(Derfa			
Ocean		•				School					
Name of Monitoring Firm Hirad by Build	ng Owner I	<b>a</b> )	ASCM	No.	Name of Abelem	elli Contractor (9)	1.1401-4-MINE				
PARS Environmental, Inc.					Shade Enviro	onmental, LLC					
Streat Address					Street Address			W 450K 4	93 3440		
500 Horizon Drive, Suite 540					623 Cutlor A	vanuo					
City, State, Zip Code					City, State, Zip C	ode					
Robbinsville, NJ 08615					Maple Shade	, NJ 06052					
Project Manager for Monitoring Firm		Tal	Inphone I	Nn.	Telephore No.		Linenar No.				
Julian Fernandez-Obregen		6	108-800	7277	850-755-0099	)	00842				
Start Date (10) 50	chadules C	ompl	stion Dat	to (11)	Name of OSHA N	Aprilor					
08 / 25 / 18	09 /	0	2 /	18	EMSL Analyt	leal, Inc.					
Occupancy Status During Abalement (C	hack only	ino)	-		Stract Address	. (24 1010000	N				
Facility Closed/Vacated During Entire			ament		200 Route 13	la North					
Abstement Performed Outside of No.	mal Facilit	y Hou	ite - Des	cribe	City, Stola, Zip C	ado					
Title of AbalesticalAM	_PM/	PN	1	AM	Cinnaminso	7, NJ 08077					
Scope of Wark (Check a) that apply)		-									
2 ≥3 of pr ≥3 1 ≥ 180 of pr ≥280 if	⊠ Re □ De	nave			☐ Mini-End	teinment with Neg closure p Procedure cripted (*) and No		Ire			
	1 18	Laci	ation	T		T			alem	ent T	pe
Location of		Vorm	ally		Dascription o			₹	7	II.	g
Ashaetos-Comeining Meterial (ACM)			ialy by	Aabo	estos Cantaining Ma L. tharmal systems	insulation	Amount (Specify	Rema	Recair	Ž Q	1
IN Facility	Cus		Steff?	\"-	auriacing, VAT	, Dr	SF or LF)	1	~	Encapsulate	200
(13)	Yes	(12	0.000	1	other minuplians	oons)				F	
	¥ No.			Inpulat	100		1,300 SF	×			П
Boiler Room	-	-	-	((10-0101		CH 10-7		17	0		
								+-	1		
•						4					
	ПП		Ī								
Name of Registered Waste Hauter			NJOEP	//nstn	Cubic Yards of	Name of Regis	lered Landful				
Froshold Cartage			Hauler 10	No.	Weste	The state of the s	d County Lan	dfill			
			16939		Disposal Date	City, Slate	•	3		10000	_
Cliy, Stato					09/02/2018	Nowburg, I	PA				
Freehold, NJ	Tiele	_			Signature	-		uto			_
Completed By (Print or Type)	Title		Manag		120v	The s		7/1	) #	10	
Christine Lynch	Sparat	- T 100			_ MOH	**************************************	>	2/1/	1	W	

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\* On not use this form for aspectos licensure exempled activities.

Date of Notification (1) 08/19/16					f Building 0 Γwp. Boa					T	F 1 1 7	1 0 0	0.0	40	
Agencies Notified	Type Notification	-		Street A 101 He	ddress endricks	on Ave	enue			i.i. (i	- 45	3-11/	- El	10	. s M-r/
× EPA × DEP × DOL	Initial Amended Amendmen		_		nte, Zip Co NJ 0872			-	i	A	SREST	08.0 08.1	OMI THE	HÜL	. &
DOH DCA	Emergency justification) Cancellation				f Contact enton/W	allece	Bros,Ir	nc		Tel	ephone N	lumber	******		
				FACI	LITY INFO	RMATI	ON			-					
Name of Facility Where Drum Point Elemer		ng Place (3	)					-	of Facility (4 School (K-1)						
Street Address 41 Drum Point Rd.								Ħ	Subchapter Other (i.e. poetc.)				ldings	, hom	es,
City (5) Brick								The second secon	re Feet	# 0	Floors		Bldg.	Age	
County (6) Ocean					Code (7) USE ONLY)			Curre	ent Use (Pric	r if bei	ng demol	ished)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	/ No.				tement Con	tractor	(9)				
Street Address		1			Street 606 I		ss ide Avenu	е							
City, State, Zip Code							ip Code I Park, NJ	0742	4	2					
Project Manager for Mon		Telepho	ne No.		Teleph 973-2	none N	0.		License 01104						
Start Date (10) 08/29/16		Schedule 09/09/1		npletion	Date (11)		Name	of OS	HA Monitor Inmental L	abor					
Occupancy Status Durin	g Abatement (Che						Street	Addre							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Nor						City, S	tate, Z	ip Code 07083						
Scope of Work (Check A	All That Apply)					-									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				×	Mi	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure			,	re	
		1,033.53	Locati							1,7-1			Aba	emen ype	t
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Ma	d Sole ntena odial S (12)	ly by nce/		os Cont thermal surfa	scription taining M systems cing, VA niscellar	Materia s insul T, or	ation,	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									-	Ф.	
building e	xterior			X	ex	cterior	windo	w cau	ılk	24	10 LF	x		-	
Name of Registered Wa	I N	JDEP W	laste	Cirbio	Yards		Name of F	Registr	red Land	fill			L		
Lilich Corporation	H	lauler ID 8724	1000000000	of Wa			GROWS			1111					
City, State Woodland Park, NJ						Dispos	sal Date		City, State	9					
Completed by Momo Glavatovic		Title Vice	Presi	dent		S	Signature	/	780	5		Date 08/19/	16		

## CX 3245

Date of Notification (1)			Name of	f Building (	Owner/Operator (2)						
	6		Newo	omb Me	dical Alliance C	enter, LLC	A IIIO O	2 5516			15
Agencies Notified Type Notification	n		Street A	ddress		12.6	A POPULATION AND A POPU	E LUIS	2		
⊠ EPA ⊠ Initial			104 0	Sarden C	ourt	i					
□ DOLWD     □ Amended		-	City, Sta	ate, Zip Co	de	1 .	ASSESTOS C	ONTR	01.0	2.	
			Frank	klin Lake	es, NJ 07417	1	LIGEN	SING			
DCA Emergency (iustification)	• • • • • • • • • • • • • • • • • • • •	-	Name o	f Contact			Telephone Num	ber			
(NJAC 5:23-8) Justification)  Cancellation			Anth	ony Dan	za		\$ 1°				
			FACI	ILITY INF	ORMATION					- 14	_
Name of Facility Where Abatement is Tak	ing Place	(3)				Type of Facility (4					
Former Newcomb Medical Center						☐ School (K-12) ☐ Subchapter 8	(Other than K-12	2)			
Street Address						Other (i.e., pri	vate and comme	rcial build	dings		
65 State Street						homes, etc.)		1511			
City (5)						Square Feet	# of Floors	111111111111111111111111111111111111111	g. Age	3	
Vineland						212,000	6	90	J 		
County (6)			Count	y Code (7)	(STATE USE ONLY)	Current Use (Price		shed)			
Cumberland					(F)	Former Hosp	oital				
Name of Monitoring Firm Hired by Buildin	g Owner (	8)	ASCM N	10.	Name of Abateme						
TTI Environmental, Inc.			187		Shade Enviro	onmental, LLC					
Street Address					Street Address						
1253 Church Street					623 Cutler Av		•				
City, State, Zip Code					City, State, Zip Co	ode				,	
Moorestown, NJ 08057					Maple Shade	, NJ 08052					
Project Manager for Monitoring Firm	- 100 - 100	Tele	phone N	No.	Telephone No.		License No.				
Jim Guilardi		85	56-840-	8800	856-755-0099		00842				
Start Date (10) Sc	heduled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor					
08 / 30 / 16	12 /	_ 30	_ / _	16	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (Ch	neck only	one)			Street Address						
☐ Facility Closed/Vacated During Entire	Period of	Abate	ment		200 Route 13	0 North					
☐ Abatement Performed Outside of North	mal Facilit	y Hou	rs - Desc	cribe	City, State, Zip C	ode					
Time of Abatement:AM	_PM/	PM	/	AM	Cinnaminson	n, NJ 08077					
Scope of Work (Check all that apply)					57.5.10		estive Proceure				
	Пв	enovat	ion		⊠ Full Con	itainment with Neg	Jalive Plessure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		emoliti			□ Gloveha	n Procedure	E: 11 D				
⊠ <u>F</u> 100 31 01 <u>F</u> 200 11					☐ Non-Exe	empted (*) and No	n-Friable Proced		ateme	nt T	
		s Loca								_	1
Location of	Lie	Norma ed Sol	ely by	Ashe	Description stos Containing M	aterial (ACM)	Amount	dem	Repair	nca	ncl
Asbestos-Containing Material (ACM) TO BE ABATED	IVI	ainten		(i.e	., thermal systems	insulation,	(Specify SF or LF)	Removal	air	Encapsulate	Enclosure
IN Facility	Cus	stodiai (12)	Staff?		surfacing, VAT other miscelland	r, or eous)	SF OI LF)	_		ılate	Te
(13)	Yes	T	T		Other middenan						
Throughout			$\boxtimes$	Floor T	ile and Mastic		81,187 SF	$\boxtimes$			
North Wing		Ī	$\boxtimes$	Pipe In	sul, Fittings & J	loint Comp.	1,899 LF	$\boxtimes$			
North Wing		T		White /	Acoustical Ceili	ng Plaster	300 SF				
				Tan Ru	ibberized Floori	ng	1,215 SF	$\boxtimes$			
West Wing		17	NJDEP '		Cubic Yards of		stered Landfill				A.B.
Name of Registered Waste Hauler			Hauler I	D No.	Waste	Cumberla	nd County Lai	ndfill			
Freehold Cartage			1593	9	1,200 Disposal Date	City, State					
City, State Freehold, NJ					12/30/2016	Newburg,	PA				
	Title				Signature-			Date			
Completed By (Print or Type)	Title	tions	Mana	ner	CAC D	(6)		VI	110	0	
Christina Lynch	Opera	tions	Manag	gei	(1/62)		<u> </u>	0/1/	11	V	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location by Mainter	Normally Unance/Cust	Jsed Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
(AOM) TO BE TIBITIES IT COME	Yes	No	N/A			
West Wing			X	Transite Fume Hoods	45 SF	X
South Tower (1968 Wing)			X	Radiator Covers	630 SF	X
South Tower (1958 Wing)	-		X	Pipe Fittings on Fiberglass Lines	636 LF	X
South Tower (1958 Wing)	1		X	White Acoustical Plaster	3,760 SF	X
AND THE RESERVE OF THE PERSON NAMED IN COLUMN TO THE PERSON NAMED	-		X	Asbestos Pipe and Fittings	115 LF	X
South Tower (1958 Wing)	-		Ŷ	Radiator Covers	105 SF	X
South Tower (1958 Wing)	-		X	Transite Panels	662 SF	X
South Tower (1958 Wing)	-			Roof	7.000 SF	X
South Tower (1958 Wing)			X	Pipe Fittings Associated w/ Fiberglass		X
Operating Room Suite Wing			X		30 LF	V
Operating Room Suite Wing			X	Pipe Insulation	30 LF	_ ^

AUG 2 8 2016 LA

CK 1941

Date of Notification (1)			N.1		D: 1-1: /	0		101							
8/15/16					Building ( ny Katin		perator	(2)	1		· Ur	U= 11	<u> </u>	5	
Agencies Notified	Type Notification		S	treet Ac	ddress						A 110	23	2040	1.1	111
□ EPA	X Initial										AUU	70	2010		
DEP	Amended			23.00	te, Zip Co									-	
DOL	Amendmen Emergency				, NJ 07	011		NAME OF TAXABLE PARTY.				SCON		)L &	
X DOH	justification		1		Contact					Tele	ephone l	Number	<u>G</u>		
DCA	Cancellation	1	/		ny Katin										
Name of Facility Where A	Ahatement is Takir	ng Place (3)		FACIL	LITY INFO	ORMATIC	ON	Type	of Facility	(4)					
Private House	Abatement is Taki	ig i idoc (o)							73	11.13					
Street Address									School (K- Subchapter		er than k	(-12)			
								X	Other (i.e.				ldings	, home	es,
City (5)					-				etc.) ire Feet	# of	Floors	T	3ldg. /	Age	
Clifton								- 4						3	
County (6)			С	County C	Code (7)			Curre	ent Use (Pri	or if beir	ng demo	lished)			
Passaic			(8	STATE U	ISE ONLY)	·	- 1								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Aba	atement Co	ntractor	(9)			A STATE OF THE STA	
Competent Supervi	isor						Acad	lemy	Constru	ction Ir	ic.				
Street Address							Street	Addre	SS						
							205	Route	e 46 Wes	st Suite	14				
City, State, Zip Code	Tari				1000		Zip Code			:+)					
							NJ 07512								
Project Manager for Mon	T	elephor	ne No.		Teleph				Licens						
							973-	9, 9, 2, 3, 3, 1	200000 - 10 - 10 - 10 - 10 - 10 - 10 - 1		0115	5			
	d Comp	oletion [	Date (11)	- 1	Name	of OSI	HA Monitor								
Start Date (10)				1	Com		About								
8/26/16	8/26/16 8/31/16								Above						
8/26/16 Occupancy Status During			e)				Sam Street			-					
8/26/16  Occupancy Status During Facility Closed/Vaca	ated During Entire	ck Only One Period of A	e) bateme				Street	Addre	SS				3		
8/26/16 Occupancy Status During	ated During Entire led Outside of Nor	ck Only One Period of A	e) bateme				Street	Addre							
8/26/16 Occupancy Status During Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire led Outside of Nor	ck Only One Period of A	e) bateme			_	Street	Addre	SS						
8/26/16 Occupancy Status During Facility Closed/Vaca Abatement Perform Other – Describe: Scope of Work (Check A	ated During Entire led Outside of Nor	ck Only One Period of A mal Facility	bateme Hours	ent		_	Street	Addre	ss lip Code	ont with	Nogotiv	o Drocco			
8/26/16 Occupancy Status During Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire led Outside of Nor	ck Only One Period of A mal Facility	e) bateme	ent			Street	Addre	SS		Negativ	ve Press	ıre		
8/26/16  Occupancy Status During  Facility Closed/Vaca Abatement Perform Other – Describe:  Scope of Work (Check A	ated During Entire led Outside of Nor	ck Only One Period of A mal Facility	bateme Hours	ent			Street A	Addre	Zip Code  Zip Code  Zip Containm  Zip Containm  Zip Containm  Zip Containm  Zip Code	e cedure					
8/26/16  Occupancy Status During  Facility Closed/Vaca Abatement Perform Other – Describe:  Scope of Work (Check A	ated During Entire led Outside of Nor	Period of A mal Facility	bateme Hours enovatio	ent on on			Street A	Addre	ss Zip Code	e cedure			ocedu		t
8/26/16  Occupancy Status During  Facility Closed/Vaca Abatement Perform Other – Describe:  Scope of Work (Check A  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ated During Entire led Outside of Nor	Period of A mal Facility	bateme Hours enovation	on on			City, Si	Addre	Zip Code  Zip Code  Zip Containm  Zip Containm  Zip Containm  Zip Containm  Zip Code	e cedure			ocedu Abat	re ement	t
8/26/16  Occupancy Status During  Facility Closed/Vaca Abatement Perform Other – Describe: Scope of Work (Check A  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location	ated During Entire eed Outside of Non II That Apply)	Period of A mal Facility  Re De	bateme Hours enovation baccation cormally d Solely	on on	Ashes		City, Si	Addre	ip Code  Containm  ni-Enclosur  ovebag Pro  nn-Exempte	e cedure d (*) and	d Non-F		ocedu Abat	ement ype	t
8/26/16  Occupancy Status During  Facility Closed/Vaca Abatement Perform Other – Describe: Scope of Work (Check A  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing TO BE ABA	ated During Entire ned Outside of Nor li That Apply)  n of Material (ACM) ATED	Period of A mal Facility  Re De Usec Main	bateme Hours enovation comally d Solely ntenance	ent on on on ' ' ' by ce/		tos Conta	City, Si	Fu Min Gle No	Zip Code  Ill Containm ni-Enclosur ovebag Pro on-Exempte	e cedure d (*) and A (S	d Non-Fi	riable Pr	Abat T	ement ype	
8/26/16  Occupancy Status During  Facility Closed/Vaca Abatement Perform Other – Describe: Scope of Work (Check A  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing TO BE AB/ In Facili	ated During Entire ned Outside of Nor lil That Apply)  n of Material (ACM) ATED	Period of A mal Facility  Re De Usec Main	bateme Hours enovation baccation cormally d Solely	ent on on on ' ' ' by ce/		tos Conta thermal surfac	City, Si	Fu Min Gle No	il Containm ni-Enclosur ovebag Pro on-Exempte	e cedure d (*) and A (S	d Non-Fi	riable Pr	Abat T	ement ype	
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DOH justification) DCA Cancellation			Egnacio	Lambert				-						
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Name of Facility Where Abatement is Taking	g Place (3)					_	acility (4)							
Residential						Sch	ool (K-12 ochapter 8	) ! (Other	than K	-12)				
Street Address						Oth	er (i.e. pri	vate &	comme	rcial b	uildi	ngs, h	ome	s,
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Union, NJ 07083			County C	ode (7)			Use (Prior	if bein	a demol	lished)	)			
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.	Name	of Abater	nent Cont	ractor (	9)					
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Street Address			1		Street	Address					- 5			
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Project Manager for Monitoring Firm			Telephon	e No.		hone No.	20		License					
***						-295-17			01074	+				
Start Date (10)	Schedule		npletion D	ate (11)		of OSHA								
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Basement								5.00						
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Freehold Carting			Hauler ID 15939	tbo	d		Cumbe		Landfi	III				
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Gilla Detailles	Offic	J IVIC				V.VI								-

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 08/16/16					Building O el Harve		perator	(2)		列型			Ü		5	
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☐ DCA	Cancellation				ITY INFO	RMATI	ON				-	+				_
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City (5)			0.000						etc.) ire Feet	# of F	loors	_	Bio	dg. Ag	ie .	
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City, State, Zip Code						Toto	wa, N	Zip Code NJ 07512								
Project Manager for Mon		T	elephor	ie No.		Teleph 973-			- 1	Licens 0115		2				
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655 WEST SHORE TRAIL								, State, Zip		-			$\neg$
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WILLIAM S. KERBEL, CIH		973-72					845	5-369-7500	110	01			
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Month Day Year  Occupancy Status During Abatement		onth v one)		Day		1 Cal	Str	eet Address					
X Facility Closed/Vacated Du	uring Entire	Period (	of Aba	atement			117	7 EAST 30TH	H STREET				
Abatement Performed Out	side of Norr	nal Faci	lity H	ours - De	escrib	e:	_						
X Other - Describe: Mon	day -Friday	7am-3:	30 pn	n			Cit	y, State, Zip	Code V YORK, NEW \	YORK	10016		
Scope of Work (Check all that apply)					X	Full Conf	I tainm		ative Pressure				
Demolition	X Reno	ovation				Mini-Enc	olo ,						
>3SF OR LF						Gloveba							
X >160 SF OR 260 LF					-70	Non-Fria		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Γ -	T	baten	nent T	vne
Location of Asbestos-containing	10000	Location mally us	0.52			ription of A ning Mate			Amount			-	
Material (ACM)		olely by			(ie.	Thermal s	ysten	ns	(Specify	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
TO BE ABATED	33 (1977)	nt/Custo	CO. 2011 10 10 10	ir		ion, surfac			SF or LF)	X	Z	PS	SC
in Facility (13)	Yes	Staff (12)	) J/A		or otr	ner miscel	ianeo	ius)				E	ᇛ
	res			/AT & Ma	notice.				3,865 SF	X			
Ground-Office Areas	-	X							235 LF	X	1		
Exterior-Windows		+ +×		Window (		om Caulk	-		1,150 LF	X	1	1	
Exerior - Roof	-	X		Floor Joir		am Caulk			480 LF	X	T		
Ground -Shop Area		×	+	1001 3011	il Cat	air.							
Name of Registered Waste Hauler	NJC	EP Was	ste	Cubic Ya			Na	ame of Regis	tered Landfill	DOE A	400100	SEVAC	NIT OF
FREEHOLD CARTAGE, INC.	Hau	Iler ID N	0.		40	l:			OUNTY RESOU DER DRIVE/ROU			JEIVIE	141 30
825 HIGHWAY 33		15939	-	Disposal	Date			ty State	) LIN DINIVERNOC	12 13			
City, State FREEHOLD, NEW JERSEY			- 1	7/25-9/25			M	ONT SOME	Y , PA 17752		_4		
Completed by (Print or Type)	Title				Sig	nature	11	XX	D	ate	11	91	16
BENJAMIN SANCHEZ	DIRECTO	OR OF	OPER	ATIONS			1-	// /	>		//	1/ 1	$\sim$

MO#19612730338		1401				AC 8:60 and 5:16		In Ea	国	1	7	
Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2)					
		16		Lily L	uk			AUG	2.3	20	16	
Agencies Notified	Type Notificatio	n		-	Address						10	7
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⊠ DOLWD	Amended	,,		City, S	State, Zip	Code		ASBEGT	<del>)6 e</del> (	DAY I	no.	- Ox
☑ DHSS ☐ DCA	Amendment	CORPORATE AND ADDRESS OF THE PARTY OF THE PA		Edgev	vater, NJ	07020			INS	J.C		
(NJAC.5:23-8)	Emergency ( justification)		3		of Contac			Telephone Num	ber			
	☐ Cancellation	i)		Lily L	uk			,				
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Private house							School (K-1					
Street Address								8 (Other than K-1 2				- 1
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Edgewater, NJ 07020									-	<b>u</b> g. ,	90	
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Name of Monitoring Firm	n Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (	9)				_
12.5.770.4						Gr Tech LLC						
Street Address		10000000		2000-00-00		Street Address				_		
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						Wayne, NJ 0747	70					
Project Manager for Mor	nitoring Firm		Tele	ephone	No.	Telephone No.		License No.				
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Start Date (10)		eduled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
		08 /	_ 3	1_/	16	Envirovision Co	neultante Inc					1
Occupancy Status Durin	g Abatement (Che	eck only o	one)			Street Address	nsuitants,mc					
☐ Facility Closed/Vacat				ment		20-21 Wagaraw	Pood Plda +	4 2 5 E				1
Abatement Performe	d Outside of Norm	nal Facilit	y Hou	rs - Des	cribe	City, State, Zip Co		33E				
Time of Abatement:	Alvi-	PW	PM		AM	Fair Lawn, NJ 0						
Scope of Work (Check a	II that apply)						The state of the s	ination with negative	e press	ure		
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≥ 3 sf or >3 If     ≥ 160 sf or ≥260 If			enovat emoliti			Mini-Enc Glovebac		Tent with Negative	Press	ure		1
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Location Asbestos-Containing			Norma ed Sol	ely by	Ash	Description o estos Containing Ma		Amount	Z)	Z,	m	T m
TO BE AB	ATED		inten			e., thermal systems i		(Specify	Removal	Repair	cap	Enclosure
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(13)		Voc	Г	T		other miscellane	ous)				te	
D		Yes	No	N/A	D: .			007.7				
Basement		ᆜᆜ			Pipe ins	ulation		80 LF		Ш	Ш	Ш
Basement			Ш		VAT fl	oor tiles		300 SF				
			П	П					П	П		
Name of Registered Wa	ste Hauler		NJ	DEP Waste	Hauler ID No	. Cubic Yards of Wast	e Name of Reg	istered Landfill	1-	<u> </u>	ш	
Gr Tech LLC				003378		TBD						
City, State				003376		Disposal Date	T.R.R.F. Inc			-		
Wayne, NJ 07470						- 100 CONTROL OF STATE		24				
Completed By (Print or 1	vpe) IT	itle				TBD Signature /	Tullytown, I		ate			-
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N.Jevtic ASB-41	O	wner	<del></del>			//ec	wena	er   08	/19/16	-		

#### NOTIFICATION OF ASBESTOS ABATEMENT Check#2571 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 80 19 / 16 AUG 23 2016 Steve Valko Agencies Notified Type Notification Street Address **⊠** EPA ✓ Initial ASBESTOS CONTROL & ☑ DOLWD Amended City, State, Zip Code LICENSING ☑ DHSS Amendment # Montvale, NJ 07645 ☐ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Steve Valko FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Montvale, NJ 07645 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_08\_\_ / \_\_30\_\_ / \_16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_\_PM/ PM\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Encapsulate Remova Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Kitchen X Linoleum X 300 SF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date Wenad N.Jevtic Owner 08/19/16 ASB-41

State of New Jersey

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Date of Notification (1)						ence y	(2)	AU	6 2 3 20	1 <u>6</u> .			
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D DEP 2 DOL	Amended Amendment #			Lı	NONE	N N.	3.070	0.36	CENSING	18554.7			
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EL DOH	justification)  Cancellation		r	PR.	SHE	EKET							4
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Name of Monitoring Firm	Hired by Stationing Own	er A	SCHI NO		90 3		40						-
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Street Address					- 18	Street Address	•						1
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City, State, Zip Code							ack, N.J	0760	1				
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Project Manager for Moni	toring Firm	Tela	phone l	No.		Telephone No.							
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22 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf			0.00	Demoi		- Delan	whose Proceedings	.,,.	la Danastar				
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							Check # 1	1083	0				
	August 19, 2016	4	Name Devor	of Building Ow Peterson									
Agencies Notified  EPA  DEP	Type Notification		Street	Address			AUG 2	3 20	16	-			
⊠dol ⊠doh	Initial Amended Amendment	#		tate & Zip Coo vay, NJ 0802			ASBESTOS CONTROL & LICENSING						
DCA	Cancellation		Name	of Contact			ĮT	elephon	e Nu	mber			
			FA	CILITY INF	ORMATION								
Name of Facility Wh Residence	ere Abatement is Takin	ng Place (3)		-	Type of Facili								
Street Address					Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.)								
City (5) Clinton				-	Square Feet # of Floors Bldg. Age 1,720 2 131 years  Current Use (Prior if being demolished) Residence								
County (6) Hunterdon		County Code	€ (7)										
N/A	Firm Hired by Building	Owner (8)		ASCM No.	Synatech, In		or (9)						
Street Address  City, State & Zip Coo	da				Street Addres 829 Radio Ro City, State &	oad				7.			
			Little Egg Ha	arbor, NJ 08087									
Project Manager for	Monitoring Firm	Te	Number	Telephone No 609-296-6916		License Nu	nber 0081	7					
Scheduled Start Dat August 29,		uled Completi Septem	on Date ( ber 29, 2		Name of OSH Synatech, In								
Facility Clos	Ouring Abatement (Checksed/Vacated During En	tire Period of		nt	Street Addres	oad							
Other – Des	Performed Outside of Nacribe: cupied During Abateme		•		City, State & Little Egg Ha	Zip Code arbor, NJ 08087							
Scope of Work (Che													
≥3 sf or ≥ 50 li ≥160 sf or ≥2		=	Renovation Demolition			Mini-Enclosure Glovebag Proce	nt with Negative Presectors  edure  (*) and Non-Friable F		<b>-</b>				
Asbestos-Conta	ocation of aining Material (ACM) BE ABATED	Solely b	on Norma y Mainter dial Staff	nance or	Descript Asbestos-C	ion of ontaining	Amount (Specify SF or LF)	Aba	atem	ent T	ype		
IN	I Facility (13)	Yes	No	N/A	(i.e., thermal insulation, surf or other miso	facing, VAT		Removal	Repair	Encapsulate	Enclosure		
Basamant Work Da	oom and Store Room		X		Floor	Tilo	290 SF	X			T		
Basement Ducts	on and otore noon		X		Duct Inst		200 LF	⊢ î					
Basement Stairwell	! Landing		X		Floor		6 SF	$-\frac{\hat{x}}{x}$					
Name of Registered		NJDEP \	Vaste	Cubic Yards	of Waste	Name of Regis	tered Landfill						
Synatech, Inc.			429	12		Grows Landfi	11						
City, State		Disposal Da	te	City, State		-							
Little Egg Harbor, NJ Septembe Completed By Title Signature					30, 2016	Morrisville, PA	Date				2000		
Completed By  Diane Aloia	100000	utive Admini	etrotes	Signature	Alm		August 19, 2016						
Piatic Aluia	Exec	ATIAC WALLING	Judioi	114010	- UNI		ragust 10, 2010	or consumption					

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reject Manager for Monitoring	Firm		Tel	lephone	- No		e, NJ 074	70	<del>- 1</del>				
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ASSURED SERVICES

State of New James

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C'MARTINI RELEAS

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Date of Notification (1) 08/17/2016			Name o	f Bullding DUGH C	Owner/O OF GLAS	perator 3880	(Z) RQ			ş	1			
Agencies Notified Type Notification			Street A	ddress UTH MA	IN STR	EET			1		4	7.20	114	7
DEP Amended Amendment			City, Sta GLAS	ste, Zip Co SBORC	ode NU 08	028	;	į.	- IL AS	BEST	OS C	ONT	RO	L &
DOH   Emergency   justification   DCA   Cancalistion				Contact	SABON	E			Telac	hone Alu		TIME	_	
Name of Facility Where Abatement is Takin	n Plans (	31	FAC	LITY INF	ORMATIC	HC	7	A F + 105 A						
RESIDENTIAL	81.200	٠,						of Facility ( School (K-1						
Street Address					-		Subchapter 8 (Other than K-12) Other (i.e. private & commercial build)					ldings,	hom	95,
City (5) GLASSBORO								re Feet	# of Finons Bidg, Age 60+					
GLOUCESTER			County Code (7) (STATE USE ONLY)				VA(	ent Use (Pri	or if being	demois	had)			
Name of Monitoring Firm Hired by Building STRATEGIC ENVIRONMENTAL	Owner (8	)	ASCM No. N				ams of Abstement Contractor (9) ASSURED ENVIRONMENTAL SEF					CES	NÇ	
Street Address 1834 SOUTH DELAWARE STREET	ΞT						est Address 70 CLEMS RUN							
City, State, Zip Code PAULSBORO NJ 08066						City, St MUL	iy, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm ED KEEGAN	Telepho 856-4	ne No. 23-5711		Telephi 610-3				lcones 1 01145	VO.					
Stert Date (10) 08/18/2016	npletion	Date (11)		Nama (		HA Monitor								
Occupancy Status During Abatement (Chec	k Only O	ne)				Street /				~				-
Facility Closed/Vecated During Entire F Abstement Performed Outside of North Other - Describe: VACANT RESIDEN	Period of Paj Fecility TIAL	Abaten y Hours	ment S			City, St	ate, Z	30 NORT			H		_	
Scope of Work (Check All That Apply)						-	47 117 11		000//		_	-		
≥3 of or ≥3 ff ≥160 of or ≥260 if		evone illomeC				A N	Mil	ii Containme hi-Enclosure byebeg Prod h-Exempted	o cedure			::: <del>::</del> :::		
		Locat					,,,,,			1011-1 11111		Abate	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Uar Ma	Normal Id Sole Intena Itodial ( (12)	ily by ncs/ staff?	Asbes (l.e.	tos Conta thormal :	systems ing, VAT	ateria insuli T, or	etion,	ount eaify c LF)	Removal	Repair	Encapsulate	Enclosure	
7 OAK STREET	Yes	No	N/A	70.11	A198 &								ন	12
108 NORTH MAIN STREET	<del> </del>		X		SITEP				3LF/		X			
TOO NOTTE PARTY OF THE ET	+		Î		DUCTIN	45UÇ	41101	N		6F	×	-		
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL	H	JDEP W	No.	Cubic Y of Wast			Name of I		70000					
City, State MULLICA HILL NJ					Dispose 08/19/			City State	SBUR	G, OH				-
Completed by RON SWANSON	L MAN	AGER	Sk	e utpng	Zone	-1	CHIPPI	.   Da	nte B/17/	2016				

<sup>\*</sup> Do not use this form for asbastos licensure exempted activities.

### CHECK #1658

Date of Notification (1) 08/17/2016	Name of Building Owner/Operator (2) BOROUGH OF GLASSBORO										-					
Agencies Notified	Type Notification		A STATE	reet Ad SOL	ddress JTH MAI	N STR	EET					G 23	20	16		
DEP DOL	Amended Amendment		Ci	ity, Sta GLAS	te, Zip Cod SBORO	te NJ 080	028	,			Ţ,		O. T	5.63		
DOH DCA	Emergency ( justification) Cancellation	including	1,000		Contact K COSS	ABONI	E	70	ŧ.	Tele	phone !	Nümbar	19	HUL		
	1			FACI	LITY INFO	RMATIO	N									
Name of Facility Where RESIDENTIAL	Abatement is Takin	g Place (3)							of Facility (4 School (K-1	2)						
Street Address									Subchapter Other (i.e. p etc.)				ilding	s, hom	es,	
City (5) GLASSBORO					6			Square Feet # of Floors 1500 2			Floors	Bldg. Age 60+				
County (6) GLOUCESTER				County Code (7) (STATE USE ONLY)					ent Use (Prid CANT	or if beir	ng demo	lished)				
Name of Monitoring Fir STRATEGIC ENV		Owner (8)							me of Abatement Contractor (9) SSURED ENVIRONMENTAL SERVICES INC.							
Street Address 1634 SOUTH DEI	LAWARE STREE	ET .							treet Address 570 CLEMS RUN							
City, State, Zip Code PAULSBORO NJ	08066	***************************************							ity, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Mo	onitoring Firm			elephoi	ne No. 23-5711			hone N			Licens 0114					
Start Date (10) 08/18/2016		Comp	letion l	Date (11)		Name EMS		HA Monitor								
Occupancy Status Duri	ng Abatement (Chec	k Only One)		-			Street	Addre	SS				-			
	cated During Entire I			nt					30 NORT	Ή						
Abatement Perform Other – Describe:	med Outside of Norm VACANT RESIDEN	nal Facility H	ours	urs City, S					ip Code INSON N	J 0807	7					
Scope of Work (Check	All That Apply)			-	•											
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Landi	of	100000	ocation rmally			Doc	oriotion	o of					_	уре		
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7 OAK S	TDEET	Yes	No	N/A X	TRANG	SITE D	IDE A	ND F	BOARD	31 E	/ 2451	= x	+		-	
108 NORTH M	PARTICIPATION LINES			X	1000000	OUCT II					0 SF	X	_	-		
	V						2									
Name of Registered W	1000000	DEP W		Cubic Y		65			of Registered Lan							
ASSURED ENVIR		Hauler ID No. of Waste 6  Disposal Day					City, Stat		MNDFI	_L			<i>a</i>			
MULLICA HILL NJ					08/19/2016				WAYN		RG, O	H.				
Completed by RON SWANSON Title GENERAL MANAGE					AGER	Si	gnatu	e Jus	ella	XWQ	m	Date 08/17	7/201	6		

	N			OF ASBES					(F)	F	-t-	2	K	7	20
Date of Notification (1) 8/11/2016			Name of Building Owner/Operator (2) Lodi Pharmacy LLC												
Agencies Notified Type Notification		1	Street Ad	ldress	venue	2				A	UG	23	20	16	2
EPA Initial DEP Amended DOL Amendment	#		City, Stat	e, Zip Cod nd, NJ 0	e				A	SBES	STO	S C(	DIVIT	ROL	30-
Emergency (in justification)		1	Name of	Contact					-Telen	bone.	Numh	er	HQ		
DCA Cancellation				uglas Ka ITY INFO		ON			1					-	
Name of Facility Where Abatement is Taking Former Vicenzo Ristorante	Place (3)		TAGIL		NIII/A II		Тур	e of Facility (4	,		П			5	
Street Address 231 Main Street							×	Subchapter Other (i.e. pretc.)	8 (Other			buildi	ings, l	nome	s,
City (5) Lodi							44.00	are Feet ,000	# of Floors			Bldg. Age 70			
County (6) Bergen			County C STATE U	code (7) ISE ONLY)		_		rent Use (Prio mmercial	or if being	demo	olishe	d)			
Name of Monitoring Firm Hired by Building CTBD	Owner (8)		ASCM	No.		0.0000000000000000000000000000000000000		patement Con tracting, LL	2000	9)					
Street Address				Street 1385		ess lley Road, S	Suite K								
City, State, Zip Code	City, State, Zip Code Wayne, New Jers						07470	)							
Project Manager for Monitoring Firm	Telephor	ne No.		Teleph (973		No. 8-5040		Licens 00874							
Start Date (10) 8/22/2016	Date (11)		100000000000000000000000000000000000000		SHA Monitor tracting, LL	.C			5-	+					
Occupancy Status During Abatement (Chec			Street			Cuito I/									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	batem Hours	ent			City, S	state,	Iley Road, S Zip Code New Jersey					21		
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf		enova				F	_	Full Containme		Negativ	ve Pr	essur	е		
≥160 sf or ≥260 lf	× D	emolit	ion			Glovebag Procedure  Non-Exempted (*) and Non-Friable Proc						ocedure			
Location of	514	Locati Iormal			De	scription	n of					Abateme Type			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Sole intenai odial S (12) No	nce/		os Con therma surfa		Mater is ins AT, or	r	(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Roof		×			Roo	of Flash	ning		550	) SF		x			
Exterior Siding		X				site Si			1,00	00 SF		х			
Basement		Х			Tran	site Pa	anel	s	15	SF		х			
Name of Registered Waste Hauler NJDEP Waste						Yards		Name of	Register	ed Lar	ndfill				
Service Transport Group, Inc.  Hauler ID No. 20990						of Waste 20 Minerva Enterprises, LLC									
City, State New Castle, Delaware						sal Date	9	City, Stat Wayne		Ohio					
Completed by Title Predrag Sarcev Vice President					1	Signatur	el	2	ce	~	8/1	e 1/20	)16		

Basement Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. 17040 of Waste 1.2 Minerva Enterprise INC AZTECH MANAGEMENT, INC.

City, State Disposal Date City, State Waynesburg, Ohio 44688 9/1/16 Montclair, NJ 07042

Completed By (Print or Type) Title Signature Date 8/19/2016 Constantine Vivian President Chi

State of New Jersey

Check # 15624

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification	<sup>(1)</sup> 7/13/16		1.5	lame		uilding (	Owner / Operato	r (2)		J. [45	-		-\			
Agencies Notified  EPA	Type Notifica	ation	5	Street	t Add					UG 23	20	116				
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				FA	CILI	TY INF	ORMATION									
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Market Central C	Office		200	30			School (I	TOTAL SERVICE CONTRACTOR OF THE PARTY OF THE								
Street Address							Subchapter 8 (Other than K-12)									
95 William Street	t						Other (i.e. private & commercial buildings, homes, etc.)									
							Square Feet # of Floors Bldg. Age									
City (5)		County (6)	Co	unty (	Code	(7)	425000	)	12		70+/-	_				
Newark		Essex					Current Use (	(Prior if being o	demolished)							
							Communic	ations								
Name of Monitoring	Firm Hired b	y Building Owr	er (8)		IAS	CM No.	Name of Aba	tement Contra	ctor (9)							
USA Environmen		,	(-)					NVIRONMEN								
Street Address		× 11					Street Addres									
8436 Enterprise	Avenue						1123 BEAV	ER STREET								
City, State & Zip Co					_		City, State & Zip Code									
Philadelphia Pa					BRISTOL, PA 19007											
Project Manager for	Telep				Telephone Number License Number											
Mark Jenkins			215-3	365-	5810		215-788-604			0050	9					
Scheduled Start Date (10) Scheduled Completion Date (11) 7/27/16 8/31/16							Name of OSH	HA Monitor NVIRONMEN	STAL INC							
Occupancy Status I			aly one	2)	_		Street Address		(1)12 1119				-			
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	upied During						DittoroL, I	A 10001								
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Scope of Work (on	con an triat ap	SP197						Full Co	ntainment with N	Negative	Pres	sure	÷			
≥3 sf or ≥3 l	lf		$\boxtimes$	Rer	nova	ion		Mini-En	closure							
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Δ								Non-Ex	empted and No	n-Friable	Pro	cedu	ıre			
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	erial (ACM)			olely			Material (A		SF or LF)	Z.	-	Encapsulate	m			
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	n Facility (13)		Cusic	(12)	Stall		or other miscell			oval	air	ula	Enclsoure			
	(10)		Yes	No	N/A	X						6				
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1st Floor Genera			X	H	+=		Transite Bus		150 SF		H	Ħ	Ħ			
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1st Floor switch I	$\boxtimes$	<u> </u>	IDEE	1 10//-	Vat/mas	A Committee of the Comm	istered Landfill									
Name of Registered	d Waste Haul	er		100000		Waste ID No.	Cubic Yards of Waste	Name of Reg	listered Landilli							
					990		75	MINERVA L	ANDFILL							
City, State						Disposal Date	City, State									
NEW CASTLE, DE 19720							TBD		URG, OH 4468							
Completed By (Prin	t or Type)			Tit		West Trans	Signature	A -		Date	40					
Patrick T. DeCaro					ROJ	MGR.	Patrick	2.19	Caro /il	7/13/	16					

NOTIFICATION OF ASBESTOS ABATEMENT

<b>)</b>							C. 8:60 and				E		(F)	Pa	7 4	2	arting georg
Date of Notification (	40		Name of Building Owner / Operator (2)							11.11	- 13		Lina I	-	)	1111	. 11
	7/13/16		Ve	eriz	on	্নী -	Owner / Operati	or (2)	)			11110		73.	e o de	10	
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□ DOL	<ul><li>✓ Initial</li><li>✓ Amended #1-8/19/</li></ul>	16	1000000			Zip (	ode		-		ig al	EFF.	58 (1)	500		Vi.	
Ø DOH		10			rk, N of Co						Nath 1						
D DCA	☐ Emergency ☐ Cancellation				or Co Baylo								Telep	hor	ne N	umb	er-
														_			
Name of English Wh	ere Abatement is Taking F	Diana.		FAC	CILITY	Y INF	ORMATION	UL (4)									
Market Central Of		lace	(3)				Type of Faci										
Street Address	1100							3): (3	, (Other th	an K	12)						
95 William Street												uildi	nas h	nme	2 C	tc )	
							Other (i.e. private & commercial Square Feet # of Floors					, and	Bldg.				
City (5)	County (6)	T <sub>C</sub>	County Code (7)				42500	15 1 10 10 10 10 10 10 10 10 10 10 10 10 1					Diug.		· '0+/		
Newark	Essex		ou.,	, -	, 000 (	.,	Current Use		if being		isher	4)		- 1	U+1	_	
- TOWAIN	LSSCA						Communic			demon	Silec	4)					
Name of Monitoring I	Firm Hired by Building Ow	ner (8	87		TASC	M No				ector (C	2/	+	30 100		-		
USA Environment		1101 (0	,,		1,00	IVI IVO	BRISTOL										
Street Address							Street Addre		COMMIL	NIAL.	1140				-		
8436 Enterprise A	venue						1123 BEAVER STREET										
City, State & Zip Cod							City, State &										
Philadelphia Pa 19	9153						BRISTOL,	PA 19	9007								
Project Manager for I	Monitoring Firm				Numb	er	Telephone N		er		Lice	ense	Numbe	er			
Mark Jenkins		215	-	_			215-788-60	-					00	509	9		
Scheduled Start Date 7/27/16	Date	e (11)		Name of OSI BRISTOL E			NTAL	INC									
	uring Abatement (Check o			***			Street Addre	SS				SSI/IF AN					
	ed/Vacated During Entire F						1123 BEAV		ALIEN PROPERTY OF THE PROPERTY								
The state of the s	erformed Outside of Norm	nal Ho	ours	s – 7	am to	3pm	City, State &										
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≥3 sf or ≥3 If		$\boxtimes$	Renovation					$\boxtimes$				VVILII	iveyau	ve i	168	Suie	
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Name of Registered Waste Hauler					EP W	Vaste	Cubic Yards		ne of Reg					K			
					iler ID		of Waste		5, 1,09								
SERVICE TRANSPORT GROUP, INC.					90			MIN	INERVA LANDFILL								
City, State							Disposal Date	, State									
NEW CASTLE, DE	19720						TBD		YNESBI	URG,	ОН	446	88				
Completed By (Print or Type)					;		Signature					1	Dat	e			-
Patrick T. DeCaro			PROJ. MGR.				Patrick	7	1 Der		/	P	7/1	3/1	6		
							Janes	1.		100	1	-					

MENT NIT POL

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Name of Building Owner / Operator (2) Date of Notification (1) The Plainfield Public School District 8/18/16 Agencies Notified Type Notification Street Address **EPA** 1200 Myrtle avenue City, State & Zip Code DEP Initial X DOL Amended Plainfield NJ Name of Contact Telephone Number DOH  $\boxtimes$ Emergency DCA Cancellation Sean Sutton **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Plainfield High School Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 950 Park Avenue # of Floors Bldg. Age Square Feet County (6) County Code (7) 20000 City (5) Current Use (Prior if being demolished) Plainfield Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC Whitman Street Address Street Address 1123 BEAVER STREET 7 Pleasant Hill Road City, State & Zip Code City, State & Zip Code BRISTOL, PA 19007 Cranbury Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 215-788-6040 00509 732-390-5858 Kevin Lovely Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) BRISTOL ENVIRONMENTAL INC 8/19/16 8/19/16 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code X BRISTOL, PA 19007 Describe: 2 PM - 10 PM Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 If Demolition Glove Bag Procedures ≥160 sf ≥260 lf Non-Exempted and Non-Friable Procedure Amount Abatement Type Is Location Description of Location of Asbestos-Containing Normally Used (Specify Asbestos-Containing Material (ACM) SF or LF) Material (ACM) Solely by Removal Repair Maintenance or (i.e., thermal systems TO BE ABATED nclsoure insulation, surfacing, VAT in Facility Custodial Staff? or other miscellaneous) (13)(12)N/A Yes No 9 LF  $\boxtimes$ Pipe insulation Hallway outside auditorium Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. MINERVA LANDFILL SERVICE TRANSPORT GROUP, INC. 20990 Disposal Date City, State City, State WAYNESBURG, OH 44688 TBD NEW CASTLE, DE 19720 Signature Date Title Completed By (Print or Type) Patrick J. De Caro 8/18/16 PROJ. MGR. Patrick T. DeCaro

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) William Keyworth 8/19/16 Street Address Type Notification Agencies Notified × Initial **EPA** City, State, Zip Code Amended X DEP Lanoka Harbor, NJ 08734 Amendment # × DOL Emergency (including Telephone Number Name of Contact justification) × DOH William Keyworth Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) William Keyworth School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × # of Floors Bldg. Age Square Feet City (5) 65 2100 Lanoka Harbor Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Ocean Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) UniPro, Inc. Bioterra Environmental Solutions Street Address Street Address 173 Karkus Ave 190-194 E Kinney St, Apt 1B City, State, Zip Code City, State, Zip Code Woodbridge, NJ 07095 Newark, NJ 07105 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 00615 973-494-3762 732-726-3111 Ricardo Eustaquio Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) UniPro, Inc. 09/30/16 08/31/16 Street Address Occupancy Status During Abatement (Check Only One) 173 Karkus Ave Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Woodbridge, NJ 07095 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Enclosure Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes N/A No 630 SF VAT X 1st Floor

Signature Date 8/19/16

City, State

Name of Registered Landfill

Pen Argyl, PA 18072

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

Grand Central Sanitary Landfill

Cubic Yards

Disposal Date

of Waste

2

NJDEP Waste

Hauler ID No.

04509

Title

OM

Completed by

Raymond Blum

**Newark Carting** 

Newark, NJ 07105

City, State

Name of Registered Waste Hauler

		State of New J	ersey									
	NOTIFICATIO (Purs	ON OF ASBES		E i	DEG [							
Date of Notification (1) August 19, 2016		Name of Building		crator (2) Connelly Agency	J [ AUG	202	16( \$					
[ ] DEP [ ] Amend	Notification  ded Notification  dment #  ency (including cation)	Name of Contact	216 Main Street ASBEST  City, State, Zip Code  Avon by the Sea, NJ 07717  Name of Contact  Brenda  Telephone Number									
	F	ACILITY INFOR	MATION									
Name of Facility Where Abatement is Taking F Residence Street Address				Type of Facility (4)	School (k-12) Subchapter 8 (other than k-12)							
545517,444555				LI	Other (i.e., private homes, etc.)	& comme	rcial build	ings,				
City  Bradley Beach	County (6)  Monmouth	County Code (7) (STATE USE ON	ILY)	Square feet # of Floors Bldg. Age 2000 sf 2 65  Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building C Guardian Contracti		ASCM No.	Name o	of Abatement Contractor		Inc.						
Street Address 1889 Rte. 9, Unit 6			Street A	Address 1889 R	oute 9, Unit 61							
City, State, Zip Code Toms River, NJ 08	755		City, St	ate, Zip Code Toms R	liver, New Jerse	y 08755	-1271					
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Num 732-349-993	32	732-3	one Number 49-9932	License No 00624	umber						
Scheduled Start Date (10) 8/30/16	Scheduled Com 8/31/16	pletion Date (11)	Name (	of OSHA Monitor E.M.S.	L. Analytical							
Occupancy Status During Abatement (Check of Example 1) Facility Closed/Vacated	only one) During Entire Period of		Street A	Address 1056 S	Stelton Road							
Abatement Performed C Other – Describe	Outside of Normal Facilit	y Hours	City, S	tate, Zip Code Piscata	taway, New Jersey 08854							
Scope of Work (Check all that apply) $\begin{bmatrix} x \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	L	enovation emolition	[ [x [x	Mini-Enclosure Glovebag Procedo	with Negative Pressure  (a) and Non-Friable F							
	A STATE OF THE STA					Abateme	nt Type					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custo Staff (12) YES NO N	dial (i	Descript Asbestos-C Material i.e., therma nsulation, VAT other misce	ontaining (ACM) al systems surfacing, , or ellaneous)	Amount (Specify SF or LF)	R R E E M A A I R R A L	N C A P	E N C L O S U R E				
Basement	X	Asbestos pi	pe insulat	ion	80 lf	X						

Completed by (Print or Type)
Nicholas Fernicola \*Do not use this form for asbestos licensure exempted activities.

Signature

Cubic Yards of Waste

City, State

NJDEP Waste Hauler ID No.

Title

Project Manager

20223
Disposal Date 9/1/16

Name of Registered Waste Hauler

City, State

Guardian Contracting, Inc.

Toms River, New Jersey

Name of Registered Landfill

Date

8/19/2016

T.R.R.F.

Tullytown, Pennsylvania