21346

Date of Notification (1)	12			e of Buildi	ng Owner/Operator (	2)				93 1 7 1 .	
Agencies Notified  ☐ EPA ☐ Initial ☐ DOLWD ☐ Amende			10	t Address 95 6 <sup>th</sup> Av	enue		B - 1 2012		1		
☑ DHSS Amendm		_	1	State, Zip		ASBES	LICENSING			1	
☑ DCA ☐ Emerger		ng			NY 10036					1	eine.
(NJAC 5:23-8) justificat			Charles and Control	of Conta	- bus -	i.e.	Telephone Num	ber	-4	Canada C	
					NFORMATION				er i detty to	gå	-
Name of Facility Where Abatement is	Taking Plac	a (3)	FA	CILITI	NFORMATION	Type of Engility	(4)				
Verizon	raking i lac	e (3)				Type of Facility  ☐ School (K-12)	2)				
Street Address						Subchapter	8 (Other than K-12	)			
95 William Street					4	homes, etc.)	rivate and comme	rcial bi	ulding	gs,	
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
Newark, NJ						100,000	20	1000	50+	3-	
County (6) Essex			Cou	nty Code (	7)(STATE USE ONLY)		ior if being demolis				
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					_
TTI Environmental, Inc.		ι-,	297		JVN Restorat	an en mendicional constantina de la constantina della constantina					
Street Address					Street Address			127		-	
1253 North Church Street					47 Foster Ro						
City, State, Zip Code					City, State, Zip Co						
Moorestown, NJ		T= .			Staten Island	NY 10309					
Project Manager for Monitoring Firm Harold Balwin		-	ephone		Telephone No.		License No.				
	Scheduled (			)-8800	718-605-6256		00774				
_02_ / _09 / 12		( Carlotte   Carlotte	6 /	NOTE OF THE PARTY	Name of OSHA M	ionitor					
Occupancy Status During Abatement (					Street Address		4				
☑ Facility Closed/Vacated During Enti	re Period of	Abate			10 59 Jackso	n Avenue					
Abatement Performed Outside of N Time of Abatement:AM	ormal Facili PM/	ty Hou	rs - Des	cribe AM	City, State, Zip Co						
Scope of Work (Check all that apply)		THE STATE OF THE S		-		-		1850 - PS 1870			-
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enovat emoliti			☐ Mini-Encl	Procedure	gative Pressure n-Friable Procedur	re			
	1	s Loca						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	I) Us Ma	Norma ed Sol aintena stodial (12)	ely by ance/ Staff?		Description of estos Containing Mar e., thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other miscellanet	Jus,				ê	
Basement Power Room				VAT/Ma	astic	Jan. 1	2540SF				
						ye	)				
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Name of Registered Waste Hauler			JDEP \	Vaste	Cubic Yards of	Name of Regist	tered Landfill	1-			_
Express Waste Services LLC		T VAUS	lauler II	No.	Waste		terprises Inc				
City, State			NJ-80	4	10 Disposal Date	City, State	•		116-25-		
Newark,NJ					2/16/20/1/2	Waynesbur	rg, OH				
Completed By (Print or Type)	Title		-		Signature /	7	Dat	te İ	1		-
John Tardy	Senior	Proje	ct Mar	nager	1 11 1	andly		130	) [	12.	,
SB-41 AY 11	* Do not	1100 #	in form	for oak a	os licensure evemnt			1	+		

STATE OF NEW JERSEY

Date of Notification (1)							SBESTOS A	A Property of the Control of the	The State of the S	amung well	p	#	25	61
Agencies Notified Agency Notified Agencies Notif						Name of	Building Ov	vner / Ope	rator (2)			100000	- 744	
Agencies Notified    EPA	$\frac{01}{30}$	/_12_						CEUTICAL	S CORPOR	RATION	1 17	FF	7	š
BPA	Agencies Notified	Type of N	otificat	tion							n M	<u> </u>	11	
Marne of Pacility Where Abstement is Taking Place (3)   Type of Facility (4)	☐ EPA					SECTION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS						111	11 :	
DOL   Emergency W Justification   STEPHEN HOTRA				3507/7	_			07936	<u>III_F</u>	ER - 1	2012	111	11	
Cancellation										Telenho	ne Numi	ber		
Name of Facility Where Abatement is Taking Place (3)  NOVARTIS  Street Address  LikeALTH PLAZA  City (5)  County (6)  EAST HANOVER  MORRIS  County Code (7)  Square Fear   8 Of Floors   Building Age   Alph   Current Use (Prior if being demolished)  Name of Monitoring Firm Hired by Bidg. Owner (8)  HILLMAN ENVIRONMENTAL  Street Address  100 ROUTE 22 EAST  100 ROUTE 22 EAST  100 ROUTE 22 EAST  100 ROUTE 20 EAST  100 ROUTE 20 EAST  100 ROUTE 20 EAST  101   12   02   12   12   12   12   12						JOIL THE	MITOTICA	- 1	100	07.00.0				
Name of Pacility Where Abatement is Taking Place (3)    Type of Facility (4)					F	ACILITY II	NFORMATIO	N _		LICENSI	ALUAT OF			
School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Other than K-12)   Other (Le, private & cmmercial bidgs, homes, etc.)	Name of English M/h	oza Abataw		Tables	Di (2)		TT	-104 (4)	12 Ac Acces					
Subchapter 8 (Other (Ha. private & commercial bidgs, homes, etc.)		iere Abatem	ient is	laking	Place (3)		Type of Fa	icility (4)		or or the Section of the Section of	hinteriorista (S. S. C.	Charge Contact of	,	
Street Address   Stre			0.22	r.ari				School (K	-12)			199	••	
City (5)		91	W.P.S.											
City (5)	1 HEALTH PLAZA									cmmerci	al			
According   Acco	City (5)	County (6	)		County Code	(7)	Square Fe			s	Buildir	ng Age		-
OFFICE/RESEARCH Name of Monitoring Firm Hired by Bidg, Owner (8)  ASCM NO Name of Abatement Contractor (9)  HILLMAN ENVIRONMENTAL  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  462 Getty Avenue  Gifty, State, Zip Code  UNION, NJ 07011  Telephone Number 908-688-7800  Sheduled Start Date (10)  O2  11  12  O2  11  12  O2  12  12  O2  11  12  O2  12  1	EAST HANOVER		100				. N	/A	The second secon	The state of the s			+	
Name of Monitoring Firm Hired by Bidg, Owner (8)  LVI Environmental Services Inc.  Street Address 1600 ROUTE 22 EAST (5lty, State, Zip Code UNION, NJ 07083  Clify, State, Zip Code UNION, NJ 07083  Clify, State, Zip Code UNION, NJ 07081  Telephone Number 908-688-7800  Clifton, NJ 07011  Telephone Number 12		1			L					olished)				
LLVI Environmental Services Inc.	Name of Monitoring	Firm Hirad	by Blo	la Own	nor (8)	TASCM NO				(0)				
Street Address   Stre			by bic	ag. Own	ici (0)	ASOM N	Traine of A	Datement	Contractor	(3)				
1600 ROUTE 22 EAST   City, State, 2 D Code   City, State   City, St									rvices Inc.					
Abatement Performed Outside of Normal Facility Hours - Describe:   SAT-SUN - 7AM-7:00PM   State, Zip Code   State All That Apply)   Abatement Performed Outside of Normal Facility Hours - Describe:   SAT-SUN - 7AM-7:00PM   State, Zip Code   State All That Apply)   Abatement With Negative Pressure   Mini - Enclosure Glovebag Procedure   Sabestos Containing Material (ACM)   Normally 10 Be Abatement (Acadion of Abatement Performed Outside of Normal Facility Hours - Describe:   SAT-SUN - 7AM-7:00PM   Scope of Work (Check All That Apply)		eT.					Street Add	iress						
UNION, NJ 07083							462 Getty A	Avenue						
MIKE NEHLISEN  Sheduled Start Date (10) 02 11 02 12 12 12 12 12 12 12 12 12 12 12 12 12	UNION, NJ 07083													
Sheduled Start Date (10) 02		onitoring F	irm			ımber								
O2		(40)												
Status During Abatement (Check Only 1)	10.00			212	/		lelephone	Number .		License	Number			
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours - Describe:	<del></del>	/	_	_/	//	-12	973-77	2-3660				00117		
Abatement Abatement Performed Outside of Normal Facility Hours - Describe: SAT-SUN - 7AM-7:00PM    City, State, Zip Code   Cliffon, NJ 07011									55.5km					
Abatement Performed Outside of Normal Facility Hours - Describe:  ☐ Other - Describe: ☐ SAT-SUN - 7AM-7:00PM  Scope of Work (Check All That Apply) ☐ Demolition ☐ Pull Containment with Negative Pressure ☐ Sate of 23lf ☐ Sate of 23lf ☐ Sate of 250 lf ☐ Hours - Describe: ☐ Demolition ☐ Pull Containment with Negative Pressure ☐ Mini - Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Asbestos Containing ☐ Material (ACM) ☐ Normally ☐ Description of ☐ Asbestos - Containing ☐ Material (ACM) ☐ Material (ACM) ☐ Normally ☐ Outside of Non-Exempted (*) and Non-Friable Procedure ☐ No			ted Du	ring En	tire Period of				rvices Inc.					
Hours - Describe:			d Outs	ide of N	Normal Facility		Street Add	iress						
Clifton, NJ 07011   Scope of Work (Check All That Apply)   Demolition	Hours - D	escribe:					462 Getty A	Avenue	ACCO 10 10 10 10 10 10 10 10 10 10 10 10 10	/				
Demolition	☑ Other - D	escribe:	SAT-S	UN - 7A	AM-7:00PM									
Demolition    Demolition   Dem	Scope of Work (Che	ck All That	Annly)				Clifton, NJ	07011						
≥3sf or ≥3lf   ≥160 sf or ≥260 lf	Scope of Work (one	OK All Illac	~bbiy)											
□ ≥160 sf or ≥260 lf □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos Containing Location Material (ACM) Normally Used (I.e., thermal systems (Specify M E C C C insulation, surfacing, VAT, or other miscellaneous) □ TO BE ABATED Used (I.e., thermal systems (Specify M E C C C insulation, surfacing, VAT, or other miscellaneous) □ TRANSITE PIPE □ TO LF □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			[	<b>√</b>	Renovation				h Negative	Pressure	•			
Non-Exempted (*) and Non-Friable Procedure    Location of														
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Asbestos Containing Material (ACM) Normally TO BE ABATED Used (I.e., thermal systems (Specify In Facility Solely In Facility (13)  Waln- tenance/ Custodial Staff (12)  TRANSITE PIPE  Name of Registered Waste Hauler BY OWNER  Asbestos - Containing Material (ACM)						- 20070								
Material (ACM) TO BE ABATED Used (I.e., thermal systems (Specify M E C C C Solely in Facility (13)  by Maintenance/ Custodial Staff (12)  YES NO N/A  EXTERIOR B 101  Name of Registered Waste Hauler BY OWNER  Normally (I.e., thermal systems (Specify M E C C C C C C C C C C C C C C C C C C				972						Commence of the Commence of th	nt Type	l=	le.	
TO BE ABATED  in Facility     Solely     by Main-     tenance/     tenance/     Custodial     Staff (12)  EXTERIOR B 101  Name of Registered Waste Hauler BY OWNER    NJDEP Waste Hauler BY OWNER    NJDEP Waste Hauler BY OWNER    Disposal Date			Skylenem		As				Amount		R			
(13) by Maintenance/ Custodial Staff (12)  YES NO N/A  EXTERIOR B 101  Name of Registered Waste Hauler BY OWNER  NJDEP Waste Hauler BY OWNER  NJDEP Waste Cubic Hauler ID No. 4509 of Waste  City, State  Completed by (Print or Type)  Title PROJECT MANAGER  Or other miscellaneous)  V A P O A I S S S  L R U U U U U U U U U U U U U U U U U U		33110000	100000000000000000000000000000000000000		(1.					1.77	0.000	177897	C	
tenance/ Custodial Staff (12)  YES NO N/A  EXTERIOR B 101  TRANSITE PIPE  TO LF  TO LF  Name of Registered Waste Hauler BY OWNER  NJDEP Waste Cubic Hauler ID No. Yards 4509 of Waste  City, State  Disposal Date  Completed by (Print or Type)  Title PROJECT MANAGER  PROJECT MANAGER			- 2000					,	SF or LF)	8.52		0.00000		
Custodial Staff (12)  YES NO N/A  EXTERIOR B 101  Name of Registered Waste Hauler BY OWNER  City, State  Completed by (Print or Type)  STEVEN STILES  Control of Name of Registered Landfill  Date  Control of Name of Registered Landfill  Date  STEVEN STILES  Control of Name of Registered Landfill  Date  Disposal Date  Signature  Date  Date	(13)		10.5		or	other misc	ellaneous)						0	
Staff (12)  YES NO N/A  EXTERIOR B 101  TRANSITE PIPE  TO LF  Name of Registered Waste Hauler BY OWNER  NJDEP Waste Cubic Hauler ID No. 4509 of Waste  City, State  Disposal City. State  Date  Date  Date  Date  Date			100,000,000					7		1990				
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Name of Registered Waste Hauler BY OWNER  NJDEP Waste Cubic Hauler ID No. Yards 4509 of Waste  City, State  Disposal Date  Completed by (Print or Type)  Title  PROJECT MANAGER  Date  Date  Date														
Name of Registered Waste Hauler BY OWNER  NJDEP Waste Cubic Hauler ID No. Yards 4509 of Waste  City, State  Disposal Date  Completed by (Print or Type)  Title  PROJECT MANAGER  Date  Date	EXTERIOR B 101		-	-	TRANSITE PIP	'E		-	/0 LF				-	
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Hauler ID No. 4509 of Waste  City, State  Disposal Date  Completed by (Print or Type)  Title  STEVEN STILES  PROJECT MANAGER  Date				16						H	H		1	
City, State  Disposal Date  Completed by (Print or Type)  Title  STEVEN STILES  PROJECT MANAGER  Date  Date		Waste Haul	er				Name of Re	egistered l	andfill					
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01/30/12		or Type)				MACER	ŀ	Signature		(, )		Date		
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Date of Notification (1)9-22-11		Name	e of Building	Owner/Operato	or (2)	r oranga sala		****	. Sec. 15.		
(1)9-26-11(2)10-3-11(3)10-6-11(4)1 (5) 11-18-11(6)12-9-11(7)1-23-12	0-14-11	To	own of K	earny	INEGE	3 1 W	FIN		1.5		
Agencies Notified Type Notification		1 700000	t Address 102 Kear	ny Avenue	K	- B - U		Carried Live			
EPA Initial			State, Zip Co		U II FEB	- 1 201	2 1111	-			
DEP Amended Amendment	# 8		arney, N			3,	hausal	Chapter			
Emergency	(including		e of Contact	1	Appropria	Telep	hone Numbe	*			
DOH justification) DCA Cancellation		Mic	chael Ma	rtello		S CONTRAL ENSING	0	-	_		
			ACILITY INFO					J	-19		
Name of Facility Where Abatement is Takir	g Piace (3)			*	Type of Facility	(H) monday			1984		
Standard Chlorine Chem	ical Co				School (K-		Shap K 17)		F		
Sfreet Address					Subchapts Other (i.e.		commercial	build	ings,	home	is,
1015-1035 Belleville T	urnpike				_é(c.)						
City (5)					Square Feet	\$ of 5		50	dg. Á(	36	
Kearney					See attached		rttached				
County (6)			riy Code (7) TE USE ONLY		Current Use (Proches Chemical	10.7	gemousned	1)			
Hudson					e of Abatement Co		2)	_			
Name of Monitoring Firm Hired by Building	12 7/2/20		0045	Mani	Precision E	nviron	mental (	Co.			
Environmental Tactics, Inc			<del></del>		et Address				SIPPLICE		
				1	500 Old Bre	cksvil	le Rd				
64 Broad Street City, State, Zip Code					State, Zip Code				-		
Property and the second					ndependence	, Ohio	44131				
Matawan, NJ 07747 Project Manager for Monitoring Firm		( Telen	phone No.		phone No.		License No.	To See No.			
Thomas P. Geiger			32-290-2	217	16-642-6040		01143				
Start Date (10)	Scheduled	d Completi	on Date (11)		e of OSHA Monito						
10-25-11 (JOB ON HOLD)		03-02-12			vironmental	Tactio	s, Inc				
Occupancy Status During Abatement (Che	ck Only One	9)		Stree	et Address						
Facility Closed/Vacated During Entire				64	Broad Stree	et.					
Abatement Performed Outside of Nor	mal Facility	Hours .			State, Zip Code	-					
Other - Describe:				- Mat	awan, NJ 07	7747					
Scope of Work (Check All That Apply)											
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TO BE ABATED		ntenance/ odial Staff?	(i.e.	thermal system	ms insulation,		ecify or LF)	Removal	R	Encapsulate	Enclosure
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Name of Registered Waste Hauler		NJDE	P Waste	Cubic Yards	Name o	if Registers	ed Landâll				
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Freehold, New Jersey					-23-12 Orego	n, Ohi	.0				
Completed by	1 Title			Signatu	re		Date			W.C.	
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Date of Notification (1)9-	22-11	-14-11		Name of	f Building	Owner/C	perator (	(2)	n r	D NA E	(acces	7	1.54	
(1)9-26-11(2)10-3-11 (5) 11-18-11(6)12-	9-11(7)1-23-12	-14-11		Town	n of K	earny	j	UNLE	U E	W E	11	111	7) 24	
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DOL	Amendment #		_	Kear	ney, N	J 0	7032					ł		
₩ DOH	Emergency (in justification)	ncluding			Contact		1		SBESTER	phone Numb	er			
DCA	Cancellation			Micha	ael Ma	rtoll	0		LIC			- ,		
					LITY INFO			L	and the second	-4	_	- 3_		
Name of Facility Where A	batement is Taking	Place (3)	50000				1.	Type of Facility	(4)					
Standard Chl	lorine Chemi	cal Co						School (K-	-12)					
Street Address										er than K-12)				
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City (5)	SEIGVIELO IC	22102310						Square Feet	# of	Floors	TB	ldg. A	ge	
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County (6)		-	7	County (	Code (7)			Current Use (P		na demolishe	d)	-		
Hudson					use only	)	1	Chemical		•	,			
Name of Monitoring Firm	Hired by Building O	huner (8)		ASCIV	A No			of Abatement Co	A second	(9)		- 0710		
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	7.47							lependence	, Ohio	44131				
Matawan, NJ 07 Project Manager for Moni			-	Telspho	ne No		Telepho		1	License No.	2000	7 m m m m		
Thomas P. Geige					-290-2	217				01143	9			
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Occupancy Status During							Street F	Address						
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Other - Describe:	ed Outside of Norma	al Facility	Hour	5 .				ate, Zip Code						
				**			Mata	wan, NJ 07	1/4/					
Scope of Work (Check Al	II I nat Apply)													
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≥160 sf or ≥260 lf		De De	emoli	lon			1	Glovebag Pri						
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Name of Registered Was	es hanet			iauler ID		of Was	THE STATE OF THE S					_	.1.	
Freehold Cart	age		1000		26164		974	Envir	osafe	Service	s	of (	nic	)
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John E. Savage		7200					7014	( Dava	2	01	-23	-12		

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)9-22-11		Name	of Building	Owner/O	perator (2	2) [ ]		7945	757			
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Thomas P. Geiger			-290-2	000 CO		-642-6040		1143		84		
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Abatement Performed Outside of Norm	al Facility	Hours					ate, Zip Code						
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64 Broad Street						Old Bred	cksvi	lle Rd				
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Thomas P. Geiger		Telepho	one No. −290−2	217	ephone			License N				
	eduled Co		Date (11)			SHA Monitor		01143				
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John E. Savage		ATGG	rre	270511			John	·C-	Javag	۷			)-T]		

Date of Notification (1)			Name o	f Building	Owner/Ope	erator (2	2)	E 6	S == ==			*	1000
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County (6)				Code (7)		(	Current Use (P	rior if be	ing demolish	ed)			
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Name of Monitoring Firm Hired by Bui			ASCN		N		Abatement Co			_			
Environmental Tactics,	Inc.		0.0	)45		Pre	ecision E	nviro	nmental	Со	•		
Street Address		SCALIKES STA			S	treet A	ddress			<b>-0.1556</b>		#13.150W	
64 Broad Street							Old Bre	cksvi	lle Rd				
City, State, Zip Code					С		te, Zip Code		44101				
Matawan, NJ 07747							ependence	, Ohi	0 44131				
Project Manager for Monitoring Firm			Telepho			elepho	ne No.		License No	).			
Thomas P. Geiger				-290-2			-642-6040		01143				
Start Date (10)	Schedule	ed Cor	npletion	Date (11)			OSHA Monito						
10-10-11	11-18						onmental	Tacti	LCS, Inc	<u> </u>			
Occupancy Status During Abatement	(Check Only On	e)			S	treet A	ddress						
Facility Closed/Vacated During E							oad Stree	t					
Abatement Performed Outside of Other – Describe:	Normal Facility	Hours	•				te, Zip Code						
					_   M	lataw	an, NJ 07	747					
Scope of Work (Check All That Apply)						(दश							
23 sf or ≥3 lf ≥160 sf or ≥260 lf	- Contractor	enova	1571515/5			i i	Full Contains Mini-Enclosu		n Negative P	ressu	ire		
≥160 sf or ≥260 lf	<u> </u>	emolit	ion			×	Glovebag Pro						
						X	Non-Exempte			e Pro	200		
	Is	Locati	on									men pe	t
Location of		lormal				ption o				-	Τ',	P6	
Asbestos-Containing Material (ACI		d Sole ntenai					terial (ACM)	(25%)	mount	-		9	m
TO BE ABATED In Facility	1.0	odial S		(I.e.	thermal sys				Specify or LF)	em	Repair	cap	nck
(13)		(12)			other misc				•	Remova	air	Encapsulate	Enclosure
	Yes	No	N/A									te	6
See attached		X		See a	attache	đ		See a	ttached	X			
	-		+										
			-								-		
Name of Registered Waste Hauler			JDEP W auler ID	777	Cubic Yar of Waste	rds	Name of	Registe	red Landfill				
Freehold Cartage				.26164	The state of the s	974	Envir	osafe	Servic	es	of (	hic	)
City, State					Disposal [	Date	City, Sta	te		-	-		
Freehold, New Jersey					10-10/11-		- (a) ( > ) (0) ( ) • (0) ( ) ( (0) ( ) ( ) ( ) ( ) ( ) ( ) (		io				
Completed by	Title				Signa	ature			Dat	9		-	
John E. Savage	Vice	Pre	siden	t	17	sh. S	Sava	- 1	09	-26	-11		
						TIME	-Junu	K-			100		

Date of Notification (1)				Nama	of Duilding	· O	20000000						- Annual		
Date of Notification (1)	09-22-11						Operator   vices	of onio	E		E	n		,	
Agencies Notified	Type Notification			Street A	Address	- St Allinoide		1531			- 11		11	1	
☑ EPA	☑ Initial						k Road	IIII FF	R _	1 2012		U		To the state of	
DEP DOL	Amended Amendment	# .			ate, Zip C			יי נו		1 2012					
	Emergency				jon, O		3616	L	- AF - AF -				_		
DOH	justification)	_		Name o	of Contact			ASBI		elephone	Numb	per			
DCA	Cancellation			Lisa	a Hump	hrey	l		FIG						
				FAC	ILITY INF	ORMATI				din catal di Gre				1	
Name of Facility Where			20 <b>5</b>					Type of Facility						*	
Street Address	lorine Chem	ical C	0.			-		School (K Subchapt			K 40				
Olicel Address								Other (i.e					dinas	hom	96
	Belleville To	urnpik	е					etc.)	. piivate		.0,0,0,	<b>-</b>	umgo	,	<b>C</b> 5,
City (5)								Square Feet	#	of Floors		E	Bldg. /	Age	
Kearney							15	See attached	i se	e attac	hed	5	0+		
County (6)				County	Code (7)			Current Use (F				d)			
Hudson					USE ONL	0		Chemical			Olistic	u)			
Name of Monitoring Firm	a Uisad by Duilding	2		1 4001			VOLUME AND ADDRESS.								
1		\$5.00		ASCI	VI No.			f Abatement C ecision E			1	C-0			
Omega Environ	mental Serv	ices,	Inc	N/	A		Pr	ecision E	nviro	omieni	aı	CO	•		
Street Address							Street A	ddress							
280 Huyler St	reet						550	0 Old Bre	cksv:	ille E	Rd				
City, State, Zip Code							City, Sta	ite, Zip Code				_			
South Hackens	ack New Ter	rcov	0760	16			100 miles	ependence	, Oh:	io 441	.31				
Project Manager for Mor		LBCY	7	Telepho	ne No		Telepho			Licens		35/Ag 2			-
					80-87	00									
Geiser Faja	irao					505		-642-6040		011	.43				
Start Date (10)	×	Schedule	ed Cor	npletion	Date (11)			f OSHA Monito	Ge	eiser					
10-10-11		11-18	200000000000000000000000000000000000000				Ome ga	Environm	ental	l Seri	ces	, ]	Inc		
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street A	ddress							
Facility Closed/Vac	ated During Entire F	Period of	Ahater	nent			280 H	uyler Str	eet						
Abatement Perform	ed Outside of Norm	al Facility	Hour	S .			City, Sta	te, Zip Code							
Other - Describe:		ļ.						200	NT C	7606					
Scope of Work (Check A	Il That Apply)		-		*		S. Had	ckensack,	NO C	77606				_	
F	iii ( iiat Appiy)						ICI								
≥3 sf or ≥3 lf			Renova					Full Contains		th Negati	ve Pre	ssu	re		
≥160 sf or ≥260 lf		X L	emoli	tion				Mini-Enclosu Glovebag Pro							
							X	Non-Exempte			riable	Pro	cedur	е	
		1	1						T					ment	
			Locat Iormal			_	1000						Ту	pe	
Location Asbestos-Containing			d Sole		Anhon		cription o			Amount					
TO BE ABA		700	intena					terial (ACM) nsulation,	4	Specify		ZJ	_	Enc	ш
In Facili		Cust	odial 8	Staff?	(		ing, VAT,			F or LF)		em	₹ep	ap	ıclo
(13)			(12)			other m	iscellane	ous)				Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	O)
		+		1					<u> </u>			_			
See attached			X		See a	attach	ned		See a	attach	ied :	X			
						restate de l'Inches	- Are we								
		1	-	1							_	-			
										*					
Name of Registered Was	te Hauler	-	IN	JDEP W	aste	Cubic	Yards	Name of	Registe	ered Lan	dfill				-
2 <del>3</del> 22-222-22			0.00	auler ID		of Was	te	The second second second							
Freehold Cart	age		NJ	D0541	26164		974	Envir	osafe	e Serv	tce	s c	oi (	nio	
City, State					110000	Disposi	al Date	City, Sta	te						
Freehold, New	Jersey					10-10/1	11-18-11	Orego	n, Oh	nio					
Completed by		Title				Si	gnature	1 32030	, ,,	T	Date				-
John E. Savage		100000000000000000000000000000000000000	Pre	sident	t	16	, ,	75	2000			09	-22	-11	
Join II. Davage			100000000000				John	, Dava	<del>u</del>					100 (100)	

Date of Notification (1)		_		Name -	.f.Dildia.a	0	7	/O		CALL	0	(10	Xd	)
1/16/12					of Building Mrs. Pa		perator	(2) 1	CE	3 1 W	F	B	7	. 6
Agencies Notified  EPA	Type Notification	1			Address ussex R	Road							1	
DEP × DOL	Amended Amendmen		_		ate, Zip Co ridge, N			1441	EB -	1 201	2	IJ		
DOH DCA	Emergency justification Cancellatio	)			of Contact Pannuto			ASI	BES!	leahone N	lumber			
					ILITY INF		ON	Loss Charles	Lyon	OHV:-	-			
Name of Facility Where house	Abatement is Taki	ng Place (	3)					Type of Facility  School (K	(-12)					
Street Address 320 Sussex Road										ner than K & comme		ilding	, hom	nes,
City (5) Woodridge								Square Feet 2000	2	of Floors		Bldg. 50	Age	
County (6) Middlesex					Code (7) USE ONLY	,	_	Current Use (F	rior if be	ing demol	ished)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASC	M No.			of Abatement C Environment			.c			
Street Address								Address Sate Drive, P	О Вох	483				
City, State, Zip Code			1					ate, Zip Code wood, NJ 07	418					
Project Manager for Mo	roject Manager for Monitoring Firm							one No. '64-2276		License 703	No.	- in co		
Start Date (10) 1/30/12		Schedule 2/6/12	ed Cor	npletion	Date (11)		Name o	of OSHA Monito	ır					
Occupancy Status Durin	ng Abatement (Che	ck Only Or	ne)				Street A	Address		-				
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Nor	Period of / mal Facility	Abaten Hours	nent		-	City, St	ate, Zip Code						
Scope of Work (Check A	All That Apply)								02000					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CONTRACTOR .	Renova Demolit				×	Full Contains Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure				re	
		ls	Locati	on					T		1	Aba	emen	nt
Location		1	Vormal	ly		Des	cription	of			-		ype	_
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Ity	Ma	d Sole intena odial S (12)	nce/		thermal s	systems ing, VAT		(	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							-	_	Ф	
rear base	ement			X		9 x 9	floor t	ile	3	30 SF	x			
	1									-				
Name of Registered Was	ste Hauler	1000	JDEP W	50 (C1) (C1) (C1)	Cubic Y		Name o	f Registe	ered Landf	fill	-			
Newark Carting			auler ID 509	NO.	of Wast	е			County	Landf	ill			
City, State Newark NJ						Disposa TBD	al Date	City, Sta Newbu						
Completed by Andrew Scott Higgin	ıs	Title Presid	dent		VALUE - 1-15 THU LOOK	Sig	nature	an			Date 1/16/1	2		

							Ť.	4	The property of the second	-(-	1500	THE PERSON NAMED IN	C	Ot	-		
Date of Notification (1) 1/16/12				Name of Building Owner/Operator (2) Ironbound Community Center													
Agencies Notified Type Notification  X EPA Initial				Street Address 9-11 New York Avenue									4				
EPA DEP  DOL	Initial Amended Amendment	#		City, State, Zip Code Newark NJ					j FE	В _	1 2012	2	]][				
☑ DOH DCA		Name of Contact  Chris Donnelly, Donnelly Industries ASBEST®															
_ box	Cancellation			The second second	LITY INFO					LICENS	ING	K			-		
Name of Facility Where Street Address 9-11 New York Av		g Place (3)		7.25			je.	S S X	f Facility ( chool (K-1 ubchapter ther (i.e. p	2) 8 (Oth	er than K	(-12)	dings	home	es,		
City (5) Newark									uare Feet # of			1	Bldg. Age 50				
County (6) Essex					Code (7) JSE ONLY,		_	Current Use (Prior if being demolished)									
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCM	l No.				tement Contractor (9) conmental Services, LLC								
Street Address							(Carrier 1970)	Address Gate D	s rive, PO	Box ·	483						
City, State, Zip Code								State, Zip wood,	Code NJ 074	18							
Project Manager for Monitoring Firm				1 1 2 2 2				Telephone No.   License No.   973 764-376   703									
Start Date (10) 1/26/12	d Con	pletion I	Date (11)			A Monitor	710	L	_(\( \subseteq \)	ر							
	cated During Entire med Outside of Norr	Period of A	batem		*			Address									
Scope of Work (Check	All That Apply)										-						
≥3 sf or ≥3 lf Reno  ≥160 sf or ≥260 lf Demo						2	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		ls.	Locati	on							Abatemen				t		
Location	on of	N	ormal	ly		De	escription	n of				Type					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used So Mainter Custodia (12)				nce/		therma surfa	taining N I system acing, VA miscellar	s insulat T, or			Specify	Removal	Repair	Encapsulate	Enclosure		
roc	roof			x			roofing	g 40			00 SF	x					
							***********										
				NJDEP Waste				[발발: 12] [[발발: 12] [[발: 12] [[ψ:									
				auler ID 5939	NO.	of Wa		GROWS									
City, State Freehold NJ						TBD	sal Date	City, State Morrisville PA									
Completed by Title				-			Signature					Date					
Andrew Scott Higgins Presiden							1					1/16/12					

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

18453

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		'					5000000000		T	1	3 6	F	1	W	E	F					
Date of Notification (1)				Name o	f Building	Owner/Ope	rator	(2)	-11		5 6	15	U	1.7		#					
01/27/12									Sys	tèm											
Agencies Notified	Type Notification			Street A	ddress						FE	B -	1	201	2	inconstitution in the second					
□ EPA	☐ Initial						ка									1					
D DEP	☐ Amended									L	ASSI	CTOC	CON	TDOL	9	_1					
G DOL			-		-	, NJ 070	039	1,01,010,10													
⊠ DOH	justification)								L	Te	lephon	e Númi	per								
□ DCA	Li Cancellation			200	e and the second second					-, Y-			- 2			99					
Name of Facility Where A	Abatement is Taking	Place (3	3	FACI	LITY INFO	DRMATION	1	Type of Fa	cility	(4)											
				it 21	00. 2nd	d Floor															
Street Address		200	-		, ,		-				er than	K-12)									
94 Old Short Hi	lls Rd						☐ Other														
City (5)								etc.)					Total								
								Square re	el	***	i riooi	5	bidg. Age								
County (6)				County (	Code (7)			Current Us	se (Pr	ior if be	ino der	nolishe	d)								
Essex							-						-,								
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	No.	N:	ame	of Abateme	nt Co	ntractor	(9)	CI-NI-I	-		1	700					
EnviroVision						I	Env:														
Street Address	100					St	treet	Address		1		-	MIN OF								
20-21 Wagaraw H	Rd						235	Watchu	ng .	Avenu	e										
City, State, Zip Code					10	Ci	ity, S	State, Zip Code													
Fairlawn, NJ 07410							Wes	st Orange, NJ 07052													
Project Manager for Monitoring Firm				Telepho	ne No.	Te	Telephone No. License No.														
Willie Morales				973-6	36-914	5 9	973-243-9872 00559														
Start Date (10) Scheduled Co					Date (11)	Na	ame														
City, State, Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm Willie Morales Start Date (10) Schedu 01/31/12 02 Occupancy Status During Abatement (Check Only Company Status During Entire Period of Abatement Performed Outside of Normal Facility				2		1	Long	g Island	d Ar	nalyt	ical										
Occupancy Status During	Abatement (Check	Only On	e)	100		-					- William	1974		118							
☐ Facility Closed/Vaca	ted During Entire P	eriod of A	batem	ent			110	Colin I	Driv	ve											
☐ Abatement Performe ☐ Other - Describe: _	ed Outside of Norm Occupied wor	al Facility k hrs	Hours 7 a	am - 3	3:30pm	Ci				1741				410							
Scope of Work (Check Al	That Apply)		TO THE																		
O1/31/12  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Occupied work hrs: 7 am - 3:30pm  City, State, Zip Code Holbrook, NY 11741  Scope of Work (Check All That Apply)  Renovation  Full Containment with Negative Pressure																					
☐ ≥160 sf or ≥260 lf		0 0	emolit																		
							The Column	Non-Exe	g Pro empte	cedure ed (*) an	d Non-	Friable	Proc	ædun							
The too Surate Division in	- multiple of	le	Locati	on		to Carlo		(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)					Abatement								
Location	of					Descrip	ntion	of				Туре									
					Asbes			A	Amount				170								
				(i.e.			s insulation,			(Specify		Re	æ	20	등						
	ly .		(12)							Si	or LF	)	Nom	epa	psu	dos					
		Vee	No	N/A									2	7	late	re					
Unit 2700, 2nd	i Floor	163	140		n:				-			_	_	Abatement							
		-		-	РТР	e msura	atio	011			15 P	F	x		-						
		1										-									
						100															
Name of Registered Wast	Saint Barnabas Health Care System    Simulation   Steen Address   Steen Addres																				
Environmenta	1 Contractor	s, Ind	C H			OI VVaste		Cu	mbe	rland	Cou	nty	Lan	dfi:	11						
City, State				1910	1	Disposal F	Date	City	/. Sta	te											
	NJ				The St						D7	1724	,								
Completed by		Title				Signa	ature	0	wew	port,	PA	-									
Slawomir Kielcze	wski	10,000	iden	t .			SI	1/~						7/1		nt I					

:02972

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

CHECK# 1

Date of Notification (1) 1/30/12		Name of Building Owner/Operator (2)											
Agencies Notified	Notification Type		Street Ado Rt 130 So				W E						
☐ EPA ☐ DEP ☐ DOL	☐ Initial ☐ Amended Amendment #		City, State Bridgeport	, Zip C	ode   1   1   1   1   1   1   1   1   1	FEB =	1 2012						
□ DOH □ DCA	⊠ Emergency (Includin     Justification)     □ Cancellation		Name of C John Ne			ASSESTED LICEN	Telephon	e Numbe	ir				
	Daniel Berg		FACIL	ITY IN	IFORMATION						13/4		
Name of Facility Where A Ferro Corporation	Abatement is Taking Place (	3)				Type of Facilit		- manus com					
Street Address Rt 130 South	g of the sy					□ School (K-12) □ Subchapter 8 (other than K-12) □ Other (i.e. private & commercial buildings, homes, etc.							
City (5) Bridgeport		9-10				Square Feet	# of Floor	s	Bldg	j. A	je		
County (6) Gloucester		1			inty Code (7) (STATE E ONLY)	orior if being demolished)							
Name of Monitoring Firm ESI	Hired by Bldg. Owner (8)		ASCM No.		Name of Contractor (9) County Environment	tal							
Street Address PO Box 160					Street Address 461 New Churchma	LY CONTRACTOR							
City, State, Zip Code Kirkwood, De	AND SECTION			City State, Zip Code New Castle, DE 19720									
Project Manager for Moni Lew Morrison	800-31	lephone No. Telephone Number (302) 322-8946			License Number 00578								
Scheduled Start Date (10 2-2-12	Scheduled Com 2-2-12	ate (11)		Name of OSHA Monitor County Environment	al (12	2-018A)							
	Abatement (Check only on				Street Address 461 New Churchman	ns Road			á		Tar		
	ed During Entire Period of At Outside of Normal Facility I occupied open roof.				City, State, Zip Code New Castle, DE 197	20	420						
Scope of Work (Check all	that apply)		7(3(5)			nment with Nega	tive Pressure			84	Ų.		
<ul><li>≥ 3 sf or ≥ 3 lf</li><li>≥ 160 sf or ≥ 260 lf</li></ul>				Renov Demo	vation ☐ Mini-Enclos	sure		dure					
Palata Ma			s Location					Chief		aten Type	nent		
Asbestos-Contain TO BE	ntion of ning Material (ACM) ABATED illity (13)	Us M:	Normally ed Solely t aintenance Custodial Staff? (12)		Description Asbestos Containing M (i.e. thermal systems surfacing, VA' other miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF	,	Removal	Repair	Enclosure		
		Yes	No	N/A				1 / 1		d			
Pipe rack system over the	Pipe rack system over the control room			2 73 1	Insulation is a thermal ap outside steam line	plication on an	20 lf	I.Ferri	X				
										+	1		
Name of Reg. Waste Hau Service Transport Group,	IDI	DEP Waste No. 1-0947	Haule	Cubic Yards of Waste <20	Name of Reg. Landfill Minerva landfill								
City, State New Castle De	TAL BEITTER WITH				Disposal Date TBD	City, State Waynesburg	ı, OH		Ž		17		
Completed by Greg Godwin	Signature	Date 1/30/12											