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

NO CF

Date of Notification (1)			_	Non	o of Duildin	- 0 10 - 1	(4)							
	/ _1	5				g Owner/Operator ville Corp.	(2) / Jol	o #1510	2035	Ch	BNA	entrarios politicas		
Agencies Notified Type No	tification	1		Stree	et Address				.7		93	100	t.	
☑ EPA ☐ Initial				Description of the	7 17 th Str	oot			8012		77	1600	3	
☑ DOLWD ☑ Amer					State, Zip (Name of Street, or other party of the party		mic 2	- 5%		
	idment a				enver, CO				mu	3	3		PARTY.	
DCA Emer		ncludir	ng		e of Contac				Z	and .	-6		State.	
Canc	cation)			20				Tele	hone Num	ber	-		R T	
	CHARIOTI			An	thony Vo	lkens		ga	in .		44	1	State Total	
No.				FΑ	CILITY IN	FORMATION				0	-603			
Name of Facility Where Abatement	is Takir	ng Plac	e (3)				Type of Facility	v (4)		Bedray			-	
Warehouse Roof A							School (K-1							
Street Address							☐ Subchapter	8 (Othe	than K-12)				
437 North Grove Street			Other (i.e., homes, etc	private a	id comme	cial b	uilding	gs,						
City (5)							Square Feet		Floors	IP	ildg. A	ne		
Berlin							665,000 SF	11/A 63/6		-	52	90		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	A COLOR DE LA COLO	an demolis	hed)				
Camden						•	Warehouse		ig domone	nica)				
Name of Monitoring Firm Hired by E	Building	Owner	(8)	ASCM	No.	Name of Abateme								
One Source Safety & Health						Asbestos and								
Street Address						Street Address	a Mold Selvic	es, cor	J.					
140 S. Village Avenue Suite	130					3859 Sylon B	aulausad							
City, State, Zip Code			<u> </u>											
Exton, PA 19341						City, State, Zip Co								
Project Manager for Monitoring Firm		_	Tale			Hainesport, N	IJ 08036							
Brian Hovendon	ı			phone		Telephone No.		Lice	se No.					
Start Date (10)	Coho	de de el C			-5525	609-702-0400		0(862					
11 /9 /15					ite (11)	Name of OSHA M								
				_ / .	16	EMSL Analyti	cal, Inc.							
Occupancy Status During Abatemer	it (Chec	k only	one)			Street Address								
☐ Abatement Performed Outside of	ntire Pe	riod of	Abate	ment		200 U.S. Rout	e 130 North							
Time of Abatement:AM	PI	racilit M/	y Hou	's - Des	scribe	City, State, Zip Co	de							
					VIA1	Cinnaminson	NJ 08077							
Scope of Work (Check all that apply)					_		-					_	
≥3 sf or ≥3 if		⊠ Re	novati	on		☐ Full Conta	ainment with Ne	gative P	ssure					
≥160 sf or ≥260 lf			molitic			☐ Mini-Encl	osure Procedure							
						⊠ Non-Exer	npted (*) and No	n-Friabl	Procedure	е				
2 12 2		160	Locat							1	ateme	ent Ty	me	
Location of Asbestos-Containing Material (Ad	~R./I\		Norma d Sole			Description of								
TO BE ABATED	JIVI)	Ma	intena	nce/	Asbes	tos Containing Mat	erial (ACM)		ount	Removal	Repair	nc	Enclosure	
IN Facility		Cust	todial s	Staff?	(1.6.	 thermal systems in surfacing, VAT, 	or		ecify or LF)	SVO	ar.	sde	uso	
(13)		Yes	(12) No	N/A		other miscellaneo	us)	O.	, ,	=		Encapsulate	re	
Warehouse Roof					Roofing	3				15-71				
					-				0 SF		Ш	Ш	Ш	
11	□ □ ⊠ Transite Decking □ □ ⊠ Transite Flues													
		6	ea											
Name of Registered Waste Hauler														
Freehold Cartage, Inc.			5.60	JDEP V auler ID		Cubic Yards of	Name of Regis	tered La	dfill					
City, State				02265		Waste 10	GROWS La	andfill						
Freehold, NJ						Disposal Date	City, State	S 18 () 10 ()						
**************************************						2/29/16	Morrisville	PA 19	67					
Completed By (Print or Type)	Title					Signature	CI ALL TO		Date	-			_	
Kimberly A. Trumbetti	Of	fice C	oord	inator		1XXI	11			2-1	Î - j	18		
Kimberly A. Trumbetti Office Coordinator										1 /	R [1	- 1	

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



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Agencies Notified		15	- 7		Dipesh Pa	atel	Job #150	3-2011	C	hk.	NΑ		
Agencies Notified EPA	Type Notifica	ation		St	reet Addres	SS			-				
☑ DOLWD	☐ Initial ☐ Amended				110 David	Ison Avenue							
☑ DHSS	Amended				ty, State, Zi								
☐ DCA	☐ Emergen	nı # <u>⊕</u>	alia e			, NJ 08873				2	0.9		
(NJAC 5:23-8)	justification	on)	uing	_	me of Cont				721		2		
	☐ Cancellat			10000	Ernie Gan			Telep	ion@Wi	mber			and in
				,		INFORMATION				No. 2	w		7
Name of Facility Where A	Abatement is T	aking P	ace (3	3)		WI OKWATION	Type of Facil	E4 . (4)	mi	3	N		Bis
Somerset/Bridgewa	ater Hotel						Type of Facil School (K		35		70		direct the same
Street Address							Subchapt	-1∠) er 8 (Other	hank	12)	I	गम्	Alm
110 Davidson Avenu	ue						Subchapte Other (i.e.	, private ar	comm	ercial	Bild	inge	-
City (5)									C	Ped	Ø.0		
Somerset							Square Feet	# of	loors		Bldg.	Age	_
County (6)							21,000	3			37		
Somerset				100	ounty Code	(7)(STATE USE ONLY)	Current Use (Prior if bei	g demol	lished')		_
Name of Monitoring Firm I	Hirad by Build						Vacant				*		
Horizon Environmen	nied by Buildi	ng Own	er (8)	ASC	M No.	Name of Abatem	ent Contractor	(9)	-				_
Street Address	ntai					Asbestos an	d Mold Servi	ces Corr					
PO Box 316						Street Address		000, 001					
						3859 Sylon E	Boulevard						
City, State, Zip Code						City, State, Zip C							
Thorofare, NJ 08086						Hainesport, I							
Project Manager for Monito	oring Firm		T	elephon	e No	Telephone No.	M2 00036		V				
Dave Flanigan					8-0800	609-702-0400		Licen	e No.				
04-40-40-						009-702-0406		000					
	Sc	neduled	Comr	oletion C)ata (11)			000	52				
Start Date (10)9 /3 /	Sc 				Pate (11)	Name of OSHA M	Monitor	000	52				_
9 / 3 / _ Occupancy Status During A	15_Abatement (Ch	eck only	/	29_ /		Name of OSHA N EMSL Analyt	Monitor	008	52				
9 / 3 /	15 Abatement (Ch	eck only	/ one)	29/	16	Name of OSHA N EMSL Analyt Street Address	flonitor ical, Inc.	008	52				
9 / 3 / Decupancy Status During A Facility Closed/Vacated Abatement Performed C	Abatement (Ch During Entire	eck only	/ / one) of Aba	tement	16	Name of OSHA N EMSL Analyt Street Address 200 U.S. Rout	ical, Inc.	008	52				
9 / 3 / Decupancy Status During A Facility Closed/Vacated Abatement Performed C	Abatement (Ch During Entire	eck only	/ / one) of Aba	tement	16	Name of OSHA N EMSL Analyt Street Address 200 U.S. Rour City, State, Zip Co	Monitor ical, Inc. te 130 North	008	52				_
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9 / 3 / Occupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement: Scope of Work (Check all the	Abatement (Ch During Entire Dutside of Norr AM	eck only	/ / one) of Aba	tement	16	Name of OSHA N EMSL Analyt Street Address 200 U.S. Rout City, State, Zip Co	donitor ical, Inc. te 130 North ode , NJ 08077						
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9 / 3 / Occupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement: Scope of Work (Check all the	Abatement (Ch During Entire Dutside of Norr AM	eck only Period on nal Faci PM/	/ / one) of Aba lity Ho PI	tement urs - De	16	Name of OSHA N EMSL Analyt Street Address 200 U.S. Rour City, State, Zip Co Cinnaminson	te 130 North ode NJ 08077 ainment with Ne	egative Pre	Sure				
9 / 3 / Occupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement: Scope of Work (Check all the	Abatement (Ch During Entire Dutside of Norr AM	eck only Period onal Faci PM/	/	tement urs - De M	16	Name of OSHA N EMSL Analyt Street Address 200 U.S. Rour City, State, Zip Co Cinnaminson	te 130 North ode NJ 08077 ainment with Ne	egative Pre	Sure	re			
9 / 3 /	Abatement (Ch During Entire Dutside of Norr AM hat apply)	eck only Period onal Faci PM/	/	tement urs - De M	16	Name of OSHA N EMSL Analyt Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson Full Cont. Mini-Encl Glovebag Non-Exer	te 130 North ode NJ 08077 ainment with Nelosure Procedure mpted (*) and No	egative Pre	Sure		natero	ent T	
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9 / 3 / Decupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement: Scope of Work (Check all the ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility	Abatement (Ch During Entire Dutside of Norr AM- hat apply)	eck only Period on all Faci	y one) of Aba lity Ho Pl denova emolii s Loca Norm ed So ainten	tement urs - De VIation ally lely by ance/ I Staff?	16escribe AM	Name of OSHA N EMSL Analyt Street Address 200 U.S. Rour City, State, Zip Co Cinnaminson Full Cont. Mini-Encl Glovebag Non-Exer Description of stos Containing Mat ,, thermal systems ir surfacing, VAT.	te 130 North ode NJ 08077 ainment with Ne osure Procedure mpted (*) and No erial (ACM) nsulation, or	egative Pre	sure 'rocedur	Ab	patern Repair	1	-
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name of Building Owner/Operator (2)									
	10 /	16			Wa	yne Seni	or Citizens Runi	/ Job	1502-1959 Chk. 4243					
	Type Notific	ation			Stree	t Address				140	G	-	F. C.J	
⊠ EPA					100	Runnyn	nede Drive			80 Lui	-4	7	Total S	
☑ DOLWD ☑ DHSS	☐ Amende					State, Zip C				T C/3	-0	3	A STATE OF)
□ DCA	Amendm			200	100000	yne, NJ (00	5	3	9	
(NJAC 5:23-8)	Emerger justificati	icy (in ion)	ciuain	9		of Contac			Teleph	no Wumb			41/4	-46
	☐ Cancella	7.0			Vin	cy Brund)		relepin	ne Numb	GI	TO A	6	F.4
					FA	CILITY IN	FORMATION			0-		0.0	10	pent ildi
Name of Facility Where Al	patement is	Taking	Place	e (3)			·	(4)	- 20		(A)			
Edward Sisco Sr. Ci									-		\$ W			
Street Address		_		=======================================				☐ School (K-12 ☐ Subchapter 8	Other t	an K-12)				
100 Runnymede Driv	ve						rivate and	commerc	ļS,					
City (5)				7-1-1				homes, etc.) Square Feet	# of F	ors	BI	dg. A	ae	_
Wayne								9000	1	6.5	1.000	40	90	
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri		demolish	- 1	70		
Passaic							,	R-2		GOTTOTO	ou,			
Name of Monitoring Firm F	lired by Build	ding C	wner	(8)	ASCM	No.	Name of Abateme			21			_	
Criterion Laboratorio					0000000000			d Mold Service						
Street Address						Street Address	a Moid Service	s, corp						
3370 Progress Drive	. Suite J						3859 Sylon B	audayand						
City, State, Zip Code	,						City, State, Zip Co			0.				
Bensalem, PA							Hainesport, N							
Project Manager for Monito	orina Firm	4		Tel	phone	No	Telephone No.	100036	Trees	- NI-				
Mike Panepresso				2000	15-244		Licens							
Start Date (10)		Sched	uled C	20,5	tion Da	17/27/27/198	609-702-0400 Name of OSHA M		800)2				
_2 / _19 / _					2_//									
Occupancy Status During						EMSL Analytical, Inc. Street Address								
☐ Facility Closed/Vacated	During Enti	re Per	iod of	Abate	ment		200 U.S. Rout	te 130 North						
Abatement Performed (Outside of No	ormal	Facility	y Hou	rs - Des	cribe	City, State, Zip Co	ode				-		
Time of Abatement:	AM	PI\	1/	PM		AM	Cinnaminson							
Scope of Work (Check all t	hat apply)									-				
≥3 sf or ≥3 lf			⊠ Re	novat	ion		☐ Full Cont ☐ Mini-Encl	ainment with Neg	ative Pre	sure				
≥160 sf or ≥260 lf			☐ De				☐ Glovebag	Procedure						
							Non-Exer	mpted (*) and Nor	n-Friable	rocedure				
Laartina				Loca							Aba	ateme	ent Ty	уре
Location of Asbestos-Containing M		n l	Use	d Sol	ely by	Achae	Description of stos Containing Mat	f			Z	Z	ш	m
TO BE ABAT	ED	·		intena			, thermal systems i			unt	Removal	Repair	nca	nclo
IN Facility (13)			Cusi	(12)	Staff?		surfacing, VAT,	or		LF)	val	7	Encapsulate	Enclosure
(10)			Yes	No	N/A		other miscellaned	ous)					ate	U
Units 505, 509, 405, 40	9, 305, 309),			\boxtimes	Popcori	n Ceiling (1 " st	rip per unit)		. 5 SF				
205, 209, 105 and 107									ner	unit				
SAME UNITS AS ABOV	/E				\boxtimes	Floor Ti	SF	\boxtimes						
				П		·								
Name of Registered Waste	Hauler			N	JDEP V	ered I an	fill	ш		Ц	Ш			
Freehold Cartage, Inc			1	auler ID	No.	Cubic Yards of Waste	Name of Regist		III					
City, State					02265		5 Disposal Data			1				
Freehold, NJ							Disposal Date 2/22/16	City, State Morrisville,	DA 400	:7				
Completed By (Print or Type	e)	Title					_ , ~	inioi i isviile,	LW 190					
Kimberly A. Trumbett	fice C	inor	linator		Signature			Date		n 1	1			
SR.41	- 51		-0010	mator			¥		0	7-1	6-1	4		

ASB-41 MAY 11

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



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

				NOTIFI (Pi	CATION ursuant	to NJAC	ESTOS 8:60 an	ABATE d 12:120	MEN.	т			ž	75	C	- 12	j ,	
Date of No 02/09/2	otification (1) 016					of Building Celina Cl		Operator	(2)				?016 	FFR	10	- 4 th	the E	
Agencies	Notified	Type Notification			Street A	Address				**************************************				-6	12	PH	12:	
EPA DEP		Initial Amended		H	City, Sta	ate, Zip Co	de					*	35E	ST	75 /	1:48	70-	
DEP DOL		Amendment #				Ferry N.		3					Qr.	LIC	EN	SINI	IRO	
X DOH	Market Control of the	justification) Cancellation	nouuling			of Contact Celina CI	oset				Tele	pho	e Nur	nber			d	
I T DOX		Caricellation				ILITY INFO		ION				_	-					
Name of F House	acility Where A	Abatement is Taking	Place (3)			J. CHILAT	1011	Тур	e of Facility	(4)		0					
Street Ado	dress		E-2						×	School (K- Subchapter Other (i.e. petc.)	8 (Othe	er tha	n K-12 mercia	!) al buil	dings	home	es,	
City (5) Little Fe	rry, NJ 0764	43							Squ 1,5	are Feet	# of	Floc	S		Bldg. A	\ge		
County (6) Bergen						Code (7) USE ONLY)				rent Use (Pri USE	ng de	molish	ed)					
	lonitoring Firm Laboratory	Hired by Building O)	ASCM No. Name					eatement Con Environm	(9) _LC			-	-				
Street Add	lress /ler Street						Street P.O.		ess : 1627									
	, Zip Code lackensack l	NJ 07606								Zip Code ackensack	606				-			
Project Ma Gayser	nager for Moni Fajardo	itoring Firm			Telepho 201 48	ne No. 81-6209		Teleph 201				nse No.						
Start Date 2/22/20			Schedul 2/25/2							SHA Monitor		-						
Occupancy	y Status During	Abatement (Check	Only O	ne)	Street Address													
Abate	ement Performe	ated During Entire Pe ed Outside of Norma louse will be empty	eriod of al Facilit	Abatem y Hours	ent		_	City, S	tate,	Zip Code			· · · · · · · ·					
Scope of V	Vork (Check Al	I That Apply)										-						
DOMESTIC	or ≥3 If sf or ≥260 If		Proposed .	Renova Demoliti	77777000			×	M	Full Containment with New Mini-Enclosure Glovebag Procedure Non-Exempted (*) and No								
			2.00	Location Normall												ement		
Asbest	Location os-Containing TO BE ABA In Facilit (13)	Material (ACM)	Use Ma Cus	ed Solel aintenar todial S (12)	y by nce/ staff?		tos Con thermal surfa	Description of ontaining Material (ACM) nal systems insulation, facing, VAT, or r miscellaneous)				nour peci or L	,	Removal	Repair	Encapsulate	Enclosure	
	Basement (Closet	Yes	No	N/A			111 13	/A =				_			Ф		
	Dasement (Closet		Х			Floc	or tile/ \	/A I		15	SQI	T	X				
Name of R	egistered Wast	te Hauler	l	l N	IDED W	/aste	Cubic	Varde		Name of	Decists	nd!	andell'					
Tri-State Transfer Associates, INC						NJDEP Waste Hauler ID No. 2A-456 Cubic of Waste 1 CYI				Vaste Minor France								
City, State Bronx, NY 10474						7					ırg,	g, DH, 44888				2.7		
Completed by Rene Repreza Title Presiden						Signature							Date 02/09/2016					

(ix 12146

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

/2	A Then	etr.			
- p	1-	A Francisco			
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_		e.	# 200°	france	1000

Date of Notification (1)							10)	-6		EIN	t pros	QE.				
2 /	10 /	40				ing Owner/Operator	(2)	9000		T TS	Anna An	, F				
		16		S	Luke's	Hospital	i	cu 16	EB 12	٥.						
Agencies Notified EPA	Type Notificati	on		Stre	et Address	3			16	PM	12:	30				
☑ DOLWD	☐ Initial			18	35 Roseb	erry St.	ĀĀ	JUE	itos			ci. Ca				
☑ DHSS	Amended Amendmen	+ #		City	State, Zip	Code		8	100	CON	Tier	11				
☐ DCA	☐ Emergency	No.	-	PI	nillipsbu	rg, NJ 08865			C.	SING	1110	1.				
(NJAC 5:23-8)	justification		.9	-	e of Conta				E TOS CONTROL							
	☐ Cancellation	n		Te	d Ruhf			4								
				F/	ACILITY	NFORMATION			- 200-0	1001						
Name of Facility Where A	batement is Tal	king Plac	e (3)			MORMATION	Time of Facility	(4)								
St. Luke's Clinton C	are	9 . 7					Type of Facility ☐ School (K-12									
Street Address							Subchapter 8	:) 3 (Othe	than K.	.12)						
29 Walmart Plaza							Other (i.e., p	rivate a	1d comr	nercial I	buildi	nas.				
City (5)				-			homes, etc.)									
Clinton, NJ 08809							100000	Floors	E	3ldg. 31	Age					
County (6)				Col	inty Codo	/7\/CTATE LIGE ONLY	20,200	1								
Hunterdon				1000	mity Code	(7)(STATE USE ONLY)		or if be	ng dem	olished)						
Name of Monitoring Firm I	Hired by Building	g Owner	(8)	ASCM	I No	Name of Abet	Medical Offi	ce		- 10/22/00						
Pennoni			13/	NA	. 140.	Name of Abatem	• 2000000000000000000000000000000000000									
Street Address					-	Street Address	vironmental Sys	tems	-				e de la companie			
515 Grove Street						550 East Un	Ot									
City, State, Zip Code																
Haddon Heights, NJ	08035					City, State, Zip C				131						
Project Manager for Monito			Te	lephone	No	West Cheste	er, PA 19382									
Tom Adams	- 20 70000			856-547		Telephone No. Lice ise No. 610-701-9000 01 508										
Start Date (10)	Sch	eduled C				Name of OSHA		0(508							
2 / 25 /	16			26_ /		AET	Monitor									
Occupancy Status During	Abatement (Che															
☐ Facility Closed/Vacated	During Entire F	Period of	Abat	omont		Street Address										
Abatement Performed (Dutside of Norm	al Facilit	v Ho	ire Do	scribe	28 N. Pennel										
Time of Abatement:	AMF	M/7:00	PM-	7:00 AN	1	City, State, Zip C										
Scope of Work (Check all t						Media, PA 19	063									
						□ Full Con	tainment with Nega	Alua D								
\boxtimes \geq 3 sf or \geq 3 if \subseteq \geq 160 sf or \geq 260 if		⊠ Re				☑ Mini-Enc	losure	itive Pi	ssure							
		☐ De	molit	ion		Gloveba	g Procedure									
		Is	Loca	ation		⊠ Non-Exe	mpted (*) and Non	-Friable	Proced							
Location of		1 1	Norm:	ally		Description of	f I			At	atem	ent T	уре			
Asbestos-Containing Ma TO BE ABATI	aterial (ACM) FD	Ma	inten	lely by ance/	Asbe	stos Containing Ma	terial (ACM)	Ar	ount	Re	Repair	E	m			
IN Facility		Cust	todial	Staff?	(I.e	thermal systems surfacing, VAT,	insulation,		ecify	Remova	pair	cap	Enclosure			
(13)		Yes	(12) No		-	other miscellane	ous)	SF	or LF)	<u>a</u>		Encapsulate	ure			
Old Nail Salon			-									e				
Old Hall Saluli					Black G	ilue Dots		10) SF			П	П			
												-	1			
									_	1		Ш	Ш			
		+	1	+-												
Name of Registered Waste	Haules		Ц													
Richard Burns & Co.	raulei			NJDEP V Hauler ID	14(0.0) (2) (0.0)	Cubic Yards of	Name of Registe						_			
				19955		Waste 1	Western Ber	ks Cc	mmuni	ity Lan	dfill					
City, State						Disposal Date	City, State						-			
Phila., PA						TBD	Birdsboro, F	A								
Completed By (Print or Type	A CONTRACTOR					Signature	adl			ate						
Mark H. Griffin	E	stimat	or				777				19	1 4	1			
SB-41							1111			2-1	0.	- 16	0			

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

RECEIVER

Date of Notification (1)	I Man			- 50	1. 8	Y.	F								
02/11/2016				ne of Build	2016 F	10 Eth.		***	P _{lan}						
Agencies Notified	Type Notification	1	Eng	et Address	Hospital	nter "	BI	2 8	MA						
T EDA								A		- 1	415	33			
□ EPA □ DEP	Initial Amended		350 City	Engle S	treet			A SINE	Tas	r .					
M DOL	Amendmer	nt#						& l	ICF	USI	NII	105			
□ DOH	☐ Emergency		- Eng	lewood,	NJ 0763	1			- In !	1.411	$\forall G$	· 6.			
D DCA	justification ☐ Cancellatio							Teleph	ne Nu	mber					
- And	- Caricellatio		Har	ry Hahi	1			1							
Name of Facility Where A	Abatement is Taki	ng Place (3)		ACILITY II	NFORMATIC	ON	Type of Facilit	70			200				
Englewood Hospita					y (4)										
Street Address	ii and Medica	ai Center					☐ School (F	(-12)	in a brown a series and						
250 Em -1 - Ct t							☐ Subchap	ter 8 (Other t	er til an K-12) cc nmercial buildings, hon						
350 Engle Street City (5)							etc.)	. private a ot	or nmercial buildings, ho						
	2.1						Square Feet	# of Flo	ors	Bldg. Age					
Englewood, NJ 076 County (6)	31		10				10,000			+50					
				nty Code (7			Current Use (F	Prior if being	emolis	hed)					
Bergen Name of Monitoring Firm	Lliend by Duildin	0 (0)			(5)	_	Hospital Po	wer Plant							
	1. St. 187		AS	SCM No.	ontractor (9)										
Hillman Environme	ental Group,	LLC		Degmor Inc.											
Street Address				Street Address											
1600 Route 22E				511 Canal Street - 3rd Fl											
City, State, Zip Code					-310 F100	_									
Union, NJ 07083							tate, Zip Code York, NY 1(012							
Project Manager for Monit	oring Firm		Telep	phone No.	1	Teleph	one No.		ense N	0.					
				212-431-0696											
Start Date (10)		Scheduled	Completi	on Date (1	1)	Name	of OSHA Monito	r	50						
02/22/2016		02/23/20	16			FMS	L Anal								
Occupancy Status During	Abatement (Chec	k Only One)				Street /	Address		-		-				
☐ Facility Closed/Vacat	ed During Entire	Period of Ab	atement		13	07 TA	est 38th St								
Abatement Performe	d Outside of Nom	nal Facility H	ours		1	City, St	ate, Zip Code	eet					_		
		00 PM						010							
Scope of Work (Check All	That Apply)					NEW I	ork, NY 10	018					-		
≥3 sf or ≥3 lf		⊠ Rer	novation			_	= = =	8 8							
¾ ≥3 sf or ≥3 lf□ ≥160 sf or ≥260 lf			nolition			D M		nent with Ne	ative P	ressu	ire				
						鼓	Glovebag Pro	ocedure							
				T			Non-Exempte	ed (*) and No	-Friab	le Pro	cedu	e			
			cation mally									ement ope	t		
Location of Asbestos-Containing N		Used S	Solely by	Anh	Descr	ription	of	9527		-	1	T T			
TO BE ABAT	ED		enance/	/i	e. thermal sy	ning ivia /stems	aterial (ACM)	Amou (Speci		- n	1	5	Ш		
In Facility			ial Staff? 12)		surfacin	g, VAT	, or	SFort	')	em	Rep	cap	ncl		
(13)		,	/		other mis	scellane	eous)		ê	Remova	Repair	Encapsulate	Enclosure		
		Yes 1	No N/A	A						-		ate	6		
Power House		37							10			-			
Ower mouse		X	_	TSI				15 SF		X					
		-													
									-						
Name of Registered Waste	Hauler		NJDFP	Waste	Cubic Ya	irde	Namo	Registered I	and CII						
	Hauler		of Waste		Name of	Registered (ananıı								
New Carting Inc.	NI-91	3	2												
City, State	, , ,	Anna Mariana	Disposal	Date	City, Sta	te	-								
69 Raymond Bouler					Nourael	NI 0711)5								
Completed by			Sign	nature	INCWAIN	~ 14) U/11	Dat	е	-						
Diana Ruiz	strative	Assista	nt 1	TAIN	La The	1.2	02/	11/0	016						
						and the state of t		and the same of th	1111/	1 1 / /	1111				

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

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£ £		not the	1	Lines.	V	E-Blas A-475 C	1

Date of Notification (1)	Name of Building Owner/Operator (2) 320 PC Valley LLC Street Address B.O. Boy 515															
2/11/16	APPENDIX CONTRACTOR CO								CU I b	F	B 12	Ba	110	<i>a</i> =		
Agencies Notified Type Notific	ation		treet Add						A		, 50	1.8	I IK	28		
EPA Initial			O. Bo						AJI	1	FOS ICEN	120	1-9-			
EPA Initial Amend	led iment#			e, Zip Code Orange, Î		170			ď		ICFN	211	VIA	OL		
l Emerg	ency (including		ame of (10 070)/8			Tolo	nhe	ne Numb	J/N	16	-		
DOH justifica		1 - 23.74		Jontact Ilian Dori	ne				Tiele	DITE	ie Numb	er				
DCA Carice	liation	1		ITY INFOR		N			1							
Name of Facility Where Abatement is	Taking Place (3)		INOIL				Type of	Facility (4	-)	_	-					
Former Residence			School (2)							
Street Address											th in K-12) to imercial buildings, home					
								iner (i.e. pi c.)	ivale &	CO	imerciai	ings, homes,				
City (5)							Square		# of		rs		dg. A	je		
South Orange							2,400		2 1/				36	ut.co		
County (6)			County C	ode (7) SE ONLY)				t Use (Pric		g c	molishe	d)				
Essex				57.1				101	_		_					
Name of Monitoring Firm Hired by Bu Bioterra Solutions							ment Con		(9)							
Street Address							d Roc Materials, LLC									
1130 West Chestnut Street		Street Address 20 Ramapo Vall						Road								
City, State, Zip Code			City, St					100							-	
Union, NJ 07083								J 07430								
Project Manager for Monitoring Firm		T	elephon	e No.		100000 100000					ense No					
Rick Eustaquio		9	973-494-3762				201-529-4700 01 248									
Start Date (10)	Scheduled	Com	pletion D	Date (11)			ne of OSHA Monitor d Roc Materials, LLC				-					
2-26-16	3-8-16															
Occupancy Status During Abatement	(Check Only One)					et Address Ramapo Valley Road									
Facility Closed/Vacated During	Entire Period of A	pateme	ent						nuau	_		_	_		_	
Abatement Performed Outside of Other – Describe:	of Normal Facility	Hours			_		City, State, Zip Code Mahwah, NJ 07430									
Scope of Work (Check All That Apply	1)		_			IVIGI	wan, r			_	-		-			
	[percel]	enovat	ion				K Full	Containm	ent with	Ne	N∈ jative Pressure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	AND DESCRIPTION OF THE PERSON	emoliti					Mini	-Enclosure	9		jaaro	0000				
								ebag Pro-		d N	n-Friable	e Pro	cedur	е		
					7.00		11011	<u> </u>	7 / 0					ment		
	273	Location ormall	2000		Do	corintia	n of						Ty	pe	_	
Location of Asbestos-Containing Material (A		Solel		Asbest	os Cont	scriptio aining	Material	(ACM)	А	mc	int			ш		
TO BE ABATED	IVICAL	ntenan odial S			thermal		ns insula				ify LF)	Ren	Re	cap	nclo	
In Facility (13)		(12)					neous)		0.		,	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									-		ite	· O	
Basement			Х	Ther	rmal S	vstem	n Insula	ition	7	' 5	.F	Х				
Throughout 1st, 2nd, Att	ic		X			Plaste			2.7	720	SF	x				
			X		F	loor T	ile			_	3F	X				
Throughout 1st, 2nd Floo		^		10	1001	110		- 1	_			-		-		
	1	IDEDIA	looto	Cubin	Varda		Nama of	Registr	oro	Landfill		_				
Name of Registered Waste Hauler	NJDEP Waste Cubic Hauler ID No. of Wa															
Atlantic Carting, LLC	26085 40				Grand Central a				andfill							
City, State	Disposal Date															
Wayne, NJ	on/about 3/8					Penna	ıgyı, F	A		4-						
Completed by	ect Manager Signature				re	1.1	1/2.	-1	/ Da 2-	te 11-1	6					
Michael F. Keith	CL IVIS	t Manager					Midse Their					_				