Ch# 3983

Date of Notification (1) Agencies Notified Type Notification Type Notification Type Notification FEB 2 8 2017 Amended Amendment # DOL Emergency (including justification) Cancellation Name of Building Owner/Operator (2) FEB 2 8 2017 FEB 2 8 2017 ASSESTOR CONTROL Name of Contact Name of Building Owner/Operator (2) FEB 2 8 2017 FEB 2 8 2017 FEB 2 8 2017 FEB 2 8 2017 ASSESTOR CONTROL Name of Contact FEB 2 8 2017		
Agencies Notified Type Notification EX EPA DEP DOL		$\dagger \dagger \dagger$
DEP Amended Amendment # City State, Zip Code Amendment # VINCE (N) NO. ASSESTOS CONTROL DOH DOH Name of Control	1	* * 1 1
	DL &	
D DCA Cancellation Mil PEINC	50 EEE	**
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)		
☐ School (K-12)		
Street Address D: Subchapter 8 (Other than K-12) Other (i.e. private & commercial but etc.)		
PRINCETON, NO. Square Feet # of Floors 2,500 A	Bldg.	
County (6) County Code (7) Current Use (Prior if being demolished)		
HW5C		
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)		
Street Address P.O. Sox 814		
City, State, Zip Code City, State, Zip Code	00-	
Project Manager for Monitoring Firm Telephone No.	51	-
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	-,	
0ccupancy Status During Abatement (Check Only One) Street Address		
Facility Closed/Vacated During Entire Period of Abatement P.O. Box 814		
Abatement Performed Outside of Normal Facility Hours Other — Describe: Other — Describe: Other — Describe:	4	-
Scope of Work (Check All That Apply)		
Renovation ≥160 sf or ≥260 lf Renovation Demolition Renovation Demolition Renovation Demolition Renovation Demolition Renovation Demolition Renovation Demolition Renovation Renovation Demolition Renovation Renovatio		re ·
Is Location	Abate	emen /pe
Location of Normally Description of Asbestos-Containing Material (ACM) Maintenance Asbestos Containing Material (ACM) Amount	1	T
Maintenance/ Custodial Staff? (13) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (1.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Assesses Containing Material (ACM) (Specify SF or LF)	Repair	Encapsulate
Yes No N/A		6
GARAGE X TRANSIT TILE CAGO S/F X		
Sind the Palot of A		
lame of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill		<u></u>
NOVATECH INC Hauler ID. No. of Waste G.R.O.W.S.		
ity, State Disposal Date City, State	1.	
SID BRIDGE NO 08857 19/3147 MORRISONE M.F. ompleted by Title Signature Date 1		

Ch# 3947

Date of Notification (1)			Name	of Building Owner	/Operato	r (2)				-			
2/24/17		FERRO BUILDERS YOHR PAT FERRO											
Agencies Notified	n			Address		(11)	EGEI	W		In the second			
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D DEP D Amended				State, Zip Code	435	2 62/D							
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DCA Cancellatio	n		1 40		and the file of		L	OTD (
Name of Facility Where Abatement is Taki	no Place	(3)	T.A.	CILITY INFORMA	FON	Type of Eacility	ASBESTOS CO (4) LICENSIA	IG ATRI	11 &				
		(- /				☐ School (K	The state of the same of the state of the same of the						
Street Address							er 8 (Other than K-	12)					
Taylor and the same of the sam						Subchapi Other (i.e.	, private & commerc	ial bu	ilding:	s, hoi			
City (5)			Dept. of the second			Square Feet	# of Floors	T	Bldg.	Age			
WESTFIELD N.O.						2,500	12		60	5			
County (6)		-	County	/ Code (7)	*************		rior if being demolis	hed)	nyayya tarihadat	-			
UNION			STATE	EUSE ONLY)		- HOUSE							
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.	Name	of Abatement Co	ontractor (9)						
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Street Address		September 1	- Charles of the Control of the Cont	COMMUNICATION OF THE PROPERTY		Address				tiese Francisco			
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City, State, Zip Code				City, State, Zip Code									
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Project Manager for Monitoring Firm		and the same of th	Teleph	one No.	Teleph	none No.							
	Orbridge	1		Date (11)	150	238x75		00					
Start Date (10) 3 5 17	Scheou		1	17		of OSHA Monitor	INC						
Occupancy Status During Abatement (Chec	to Only O			17		Address	INC						
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Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	renod or nat Facilit	Abatet v Hour	neni S			oto Zin Codo							
Other - Describe:				onyaaliyontoyatuunisuutuntamiitoonii mit	OIR	Bridge	E NO. 0	885	st				
Scope of Work (Check All That Apply)						<u> </u>	The second secon						
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☐ ≥160 sf or ≥260 lf) A	Demali	tion		赵	Mini-Enclosur	e						
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	T do	Locati	ion	T .						emen			
Location of	4	Vormai		Door	scription (n#			Ty	pe			
Asbestos-Containing Material (ACM)		d Sole intena		Asbestos Cont	aining Ma	atenal (ACM)	Amount			m			
TO BE ABATED In Facility	1	lodial S		(i.e. thermat	systems sing, VAT		(Specify SF or LF)	Ren	Repair	Cap			
(13)		(12)		otherm	riscellane	ious)	0. 0. 5. 7	Removal	oair	Encapsulate			
	Yes	No	N/A					_		6			

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Name of Registered Waste Hauler			JOEP W			Name of	Registered Landfill						
NOVATECH INC			auler ID		te:	60	1.0.W.S.						
			1850		O Diale	City, State		^					
OID BRIDGE NO.	06	1859	7	Disposi	31/17		Suille P.	A.					
Completed by	Title)		<u> </u>	1	ynature /	7/19/02	Date		1.0	-			
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Jan. 31. 2017 2:41PM	FAMM						D) ₁	E G No. 12	E 10	<u>∥</u> '	7_	E
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Date of Notification (1) 1/31/2017		74100	lame of Mike C	Autiding Owner	er/Operato.	r (2)	A			SING		E
Emer			Morris	ite, zip uode town, NJ 07	960		WAIV	ER AP	I	V OVE		
	Blistion	_ 1	Mike C	Diao Lity informa	YOU	<u> </u>				1_		
Name of Facility Where Abalement is Private Street Addis-	s Taking Place (3)		FAUI	LITT INTO (NA)	KIIOK		(-12) ar 8 (01)	ner than K-1 & commerc		ildInga	, hom	ā.
Gily (5) Morristown	***************************************					Square Feet	# (of Floors		Bidg. I	Age	
County (6)		0	county C	Code (7)		Current Use (F	nor il be	ing demolis	hed)			******
Name of Monitoring Firm Hired by Br	siding Owner (8)		ASCM No. Name of Abatement Contractor (9) GSC Services Corp. Skeet Address									
Street Address						l Address 5 Roule 23 S	outh #	111				
City, State, Zip Code						Stele, Zip Code (ne, NJ 0747))					
Project Manager for Monitoring Firm		T	elephor	ne No.		hona No. -750-0752		01253	No.			
Sled Dale (10) 2/1/17	Scheduled 2/2/17	d Comp	Completion Date (11) Name of OSHA Monitor EnviroVision Consultante								-	
Occupancy Status During Abateman Facility Closed/Vacated During	Enlire Paned of Al	balema	ent		20-2	vel Address 0-21 Wagaraw Road						
Abatement Performed Outside Other - Deacriba:		Hours				Siele, Zip Code Lawn, NJ 07	410					
Scope of Work (Chack All Thet Apph 23 af or 23 if 2180 af or 2280 if	II R	enovali emolific				Full Contain Minf-Enclos Glovebag P Non-Examp	ocedure				(e	
Location of	N	Locatio	,		Déscription	n of					aman ypa	1
Asbestos-Containing Material (At <u>TO REABATED</u> In Fadility (13)	Gueld Gueld	Solely ntenance adial St (12)	ce/ laff?	Asbestos C (i.e. them su	ontaining I	Malerial (ACM) la inaulation; NT, or	1 (Amount Specify For LF)	Removal	Repair	Encapsulate	
Lower Level/Basement	Yes	No	N/A X		VAT		-	500sf	X		1	-
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Name of Registered Waste Hauler		I NJ	DEP W	lasts Cut	ble Yarda	Name	of Regist	ered Landii	1)			
GSC Services Corp		He	ular 10 136309	No. OIV	A/2819	TRR	STATE OF STREET		o.			
					1 D - 1	100	-1				-	-
City, Stale Wayne, NJ				Dis	posal Date		OWN/P	Δ				

				Name of Building Owner/Operato	Fromero -	_	FT 0					
Date of Notification (1) 02/22/2017				G		\mathbb{V}	Eli					
Agencies Notified	Type of Notific	ation		Ana Vila Street Address					- 11			
() USEPA () NJDEP	(X) Initial N	Votification		City, State, Zip Code		FEB	28 2	2017	i is			
(X) NJDOL		eu Iment#		Newark, NJ 07105	1	FOTO		the Property of the Control				
(X) NJDOH	(X) Emerg		ding	Name of Contact	ASE	Tel.	S COA Numbe	ITROL	<u>- &</u>			
() NJDCA	justifica () Cancel		····	Ana Vila	Total Control of the	_			_			
			FACILIT	Y INFORMATION								
Name of Facility Where Abateme	ent is Taking Place	(3)		Type of Facility (4)								
Street Address				() School (K-12) () Subchapter 8 (other than I	K-12)							
1				(X) Other (i.e. private & comm		mes, et	tc.					
City (5) Newark	Essex	County Coo (State Use		Sq. Feet: <u>1500</u> # of Flo	oors <u>2</u>	Bldg.	Age <u>80</u>)				
				Current Use (if being demolish	ied):							
Name of Monitoring Firm Hired b ISES, Inc.	y Bldg. Owner (8)	ASCM No. N/A		Name of Contractor (9)	+ 10 1		т					
Street Address		1		Industrial Safety & Envir	s, Inc.							
3300 Hudson Avenue				3300 Hudson Avenue								
City, State, Zip Code				City State, ZipCode								
Union City, NJ Project Manager for Monitoring F	T-1			Union City, NJ 07087								
David Camacho	<u>Telephone N</u> 201 325-0			Telephone Number License Num (201)325-0055 01124								
Scheduled Start Date (10)		ompletion Dat	e (11)	Name of OSHA Monitor			1124					
02/24/2017	02/28/202			ISES, Inc.								
Occupancy Status During Abaten	ment (Check only or	ne)		Street Address								
() Facility Closed/Vacated Du () Abatement Performed Outs	side of Normal Facil	ity Hours -		3300 Hudson Avenue								
(X) Other - Describe: work are	ea in basement will	be vacated		City, State, Zip Code								
Source of Work (Check all that ap	anlu) (\ Domolitica		Union City, NJ 07087								
) Demolition	n	(x) Renovation								
() Minor Project (<25 SF o		LE ACM		() Full Containment with	Negative Pressur	re						
(X) Small Project (>25 <160 () Large Project (>160 SF	or > 260 LF ACM	THACINI)		(X) Mini-Enclosure with Ne(X) Glove-bag Procedure	egative Pressure or Wrap and cut r	orocedi	ire					
No. No.				() Non-Exempted (*) and								
Location of Asbestos- Containing Material (ACM)	Is Location Non Solely by Maint			Description of ACM i.e. thermal systems insulation,	Amount (Specify SF or	A	bateme	nt Type	3			
To be Abated in Facility (13)	Custodial Sta			cing, VAT, or other miscellaneous.)	LF)			т	_			
						Ren	Re	ncar	Encl			
	YES NO	N/A				Removal	Repair	Encapsulate	Enclosure			
	TES NO	N/A				-		te	O.			
Basement area		X	TSIo	n pipes	~ 30 LFT	X						
*												
Name of Reg. Waste Hauler	NJDEP Waste F	lauler ID #	Cubic	Yards of Waste	Name of Reg. La	l l ndfill			-			
Atlas Disposal Options, Inc.	50452		~ 1 Grand Central Sanita									
City, State			Disp. Date / 1963 Pen Argyl Road City, State					7				
311 East Blackwell Street, I	Dover, NJ 0780	1	02/28/201/6 / Pen Argyl, PA 18072									
Completed by (Print or Type)	Title	•	Signat		<u>Date</u>							
David Camacho	Project Supe	ervisor	_	11814/11100 X	02/22/2017							
			1	A								

CK 3913

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

Date of Notification (1)		-	Name	of Building C	himar/Onama	tor (2)					. ~			
2/24/17			Maine		NHEID PETAL		TKOU	3157		E G	E		W	
Agencies Notified Type Notification			Street /	Address				T- STORE	14			i,	U	
□ EPA Initial □ DEP □ Amended				tate, Zip Cod				Ť	11-1	P 20 1	1 9	A e	1617	
DEP Amended Amendment	#			FAIR 1		4	17 6	7-4	10	1 6 6	16	W 6	.017	
DOH Emergency justification			Name o	of Contact	-14010	. 10	3.	Te	lephone N	umber			-	
□ DCA □ Cancellation			MI	C. LET	ncow	172		11	. 10	DECT	20.	201	TO	
Name of Facility Where Abatement is Taking	Place (2)		FAC	ILITY INFO		V	CP 'I'	-					-	
Mr. HERBERS	, ,	T K	~ > 123	57			e of Facility							
Street Address				<u> </u>		_ =	School (K- Subchapter		than K-12	2)				
				• • • • • • • • • • • • • • • • • • • •		12	Other (i.e.	private &	commerc	ial build	dings, homes, etc.)			
City (5)			to colored			Squ	are Feet	# 0	f Floors		Bldg.	Age		
FAIRLAWN							3500		2		15	34	5	
County (6) BERGEN				Code (7)· '		Сип	ent Use (Pri							
Name of Monitoring Firm Hired by Building O	wner (8)		ASC	M No.	l Na	me of Aba	atement Con		ENCE	-				
	()		1.00		5533				,					
Street Address						Best Removal Inc								
						450 South River Street								
City, State, Zip Code						y, State, Zip Code								
Project Manager for Monitoring Firm			Talanha	N.			sack, NJ	0760						
110,000 Managor for Monitoring 11111			Telepho	ne No.	Tel	ephone No 201-	o. 329-744	4	License 1	No. 0388				
Start Date (10)	Scheduled	Com	pletion D	ate (11)	Nai	me of OSI	A Monitor		<u>_</u>					
3/13/17	3	20	2/1	7			Enviror	menta	al	1-20-20	1			
Occupancy Status During Abatement (Check O					1000	eet Addres	s uyler Str	east						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Abat Facility Hou	ement			ip Code	CCI								
Other - Describe: 8:33AM TO	5:4	08	<u> </u>		_ "		Hackens	sack, 1	NJ 0760)6				
Scope of Work (Check All That Apply)			-					4						
□ ≥3 sf or ≥3 lf		enovat	3707370			Full Containment with Negative Pressure								
≥160 sf or ≥260 lf		emolit	ion			☐ Mini-Enclosure ☐ Glovebag Procedure								
							n-Exempted		Non-Friabl	е Ртосео	dure			
		Locati										ement /pe		
Location of Asbestos-Containing Material (ACM)	Used	ormali I Solel	y by	Ashesto	Descript os Containing		(ACM)		mount		Τ̈́		П	
TO BE ABATED In Facility	10000000	ntenar			nal systems in	sulation,		(S	pecify	Re	R	Enc	En	
(13)		(12)			VAT, other miscel			SF	or LF)	Removal	Repair	Encapsulate	Enclosure	
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BASEMENT			×	\	/At	-		3	500	×				
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Name of Registered Waste Hauler	1	10000	JDEP Wa	300	Cubic Yards		Name of F	Registered	d Landfill	<u> </u>	<u></u>		\dashv	
Best Removal Inc		H	auler ID 1	3000	of Waste	Zeys		Doctor Records and Control	va Ente	pg	ac T	I C		
City, State			1710		Disposal Dat	- 1	City, State		va Ellie	prise	, S, L	LC	_	
Hackensack, NJ 07601					3/20/	17			g, OH	14688	3			
Completed by	Title				Signatu	1 1				ate .		,		
J. Maiorano	imat	tor			M a	سمصمونه			2/	29	117	/		

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Date of Notification (1) 02/22/17					100	Owner/Op Builders,		(2)	and to				EU	11		
Agencies Notified	Type Notification			Street A	Address				A	SBES	TO	SO	ONT	ROI		
⊠ EPA	☐ Initial			1807	Findern	e St.					LiC	ENS	213			
X DEP	Amended				ate, Zip C						No. of St. T.		TOTAL HALLS			
⊠ DOL	Amendmen X Emergency		_		urst, NJ	07755										
DOH DCA	justification		1		of Contact				Talasti	**						
DCA	Cancellation	1		Bevin	Irvine				ı							
N1		DI (0		FAC	ILITY INF	ORMATIO	N									
Name of Facility Where A Whitfield Hotel	batement is Takir	ng Place (3)					Type of Facility (4)							
								School (K-12		14.40						
Street Address								Subchapter 8 Other (i.e. pr				dinas	home	20		
18 Surf Ave							1	etc.)			Dun					
City (5)								Square Feet	# of Floo	rs	1 555	ldg. A	\ge			
Ocean Grove											on the	25+				
County (6)					Code (7) USE ONLY	2		Current Use (Prior	r if being de	molishe	ed)					
Monmouth							_	n/a								
Name of Monitoring Firm		Owner (8)		ASC	ИNO.			of Abatement Cont								
Health and Safety S	ervices	011111111111111111111111111111111111111						Enterprises, Inc	Inc.							
Street Address								Address								
PO Box 365								Delilah Road	id							
City, State, Zip Code						(ate, Zip Code								
Berlin, NJ 08009								g Harbor Township, NJ 08234								
Project Manager for Monit	oring Firm							phone No. License No.								
James Proctor								09-567-1250 01172								
Start Date (10)		Schedule		mpletion	Date (11)			of OSHA Monitor					777-64			
2/23/17		2/24/17					h & Safety Ser	vices, Inc								
Occupancy Status During	Abatement (Chec	k Only On	e)	Street Address												
Facility Closed/Vacat																
Abatement Performe Other – Describe: V		nal Facility	Hours	3.7/10.3.3/2/2003												
							Berlin	n, NJ 08009								
Scope of Work (Check All	That Apply)	_					15.0									
≥3 sf or ≥3 lf		- Designation of the last of t	enova	50000000			M	Full Containment with Negative Pressure								
≥160 sf or ≥260 lf			emolit	uon				Mini-Enclosure Glovebag Proce	dure							
							\boxtimes	Non-Exempted		-Friable	Pro	cedur	е			
		ls	Locati	ion									ement			
Location of	of		ormal			Descr	ription o	of				Ту	ре			
Asbestos-Containing N			Sole					aterial (ACM)	Amoun	5.6	_		ш	m		
TO BE ABAT			odial S	Staff?	(i.e.	thermal sy surfacin		insulation,	(Specify SF or LF		Ren	Re	ncap	ncl		
(13)			(12)			other mis				'	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A							=		ate	e		
Through	.			X	р. А	lived Dell	Idica	Dobrio			37			-		
Througho	out	-		_^	IV	lixed Bui	laing	Debris			Х					
Name of Registered Waste	Hauler		N	JDEP W	aste	Cubic Ya	ards	Name of R	egistered I	andfill		_		-		
Site Enterprises Inc.			Н	auler ID	No.	of Waste		100000000000000000000000000000000000000	n Landfill							
	035220)	20 cy			ii Lanuilli										
City, State			Disposal		City, State											
6626 Delilah Road Egg Harbor Township, NJ						2/24/17	1	Bristol, F	PΑ							
Completed by		Title		Signature Date												
Eric Keys		ОМ	2/22/17													
			-			-	_	71						-		

8	5	State of Ne	w Jerse	y - Noti	ification of Asbestos	Abatem	ent		P	1 57.7	[] [mm]			
DI M	0.1-						n	EC] W_	LIN			
() JU	11	\	(Pursuar	t to N.J.A	<u>.C</u> . 8:60-7 and 12:120-7)		II S							
Date of Notification (1)	10	<i></i>			Name of Building Owner	/Operator /		E E	3 9 A	2017				
February 24, 2017					The Valley Hospit		4U L	1	3 6 0	EU11				
Agencies Notified		Notification 7	Гуре		Street Address						1			
ĭ EPA		Initial No	tification		223 North Van Die	n Avenue		SBEST	OS CO	ONTRO	5L &			
□ DCA		X Amend	ment #4		City, State, Zip Code				ICENS					
× DOL		Emergen	cy (includ	ding	Ridgewood, NJ	07450-27	36		a bediever out an about of					
☑ DEP x DOH		justifica	ation)		Name of Contact		Tala	_L * *		4200				
X DOH					William Stasiak					*				
NI	=	DI (0)		FACILITY	INFORMATION									
Name of Facility Where Abateme	ent is Takin	g Place (3)			Type of Facility (4)									
Cheel Wing- Orthopedi	c Donla	comoné			School (K-12)	- K 40)								
Street Address	c Kepia	Cement			Subchapter 8 (other that		م ما اما الديما		-4- \					
223 North Van Dien Ave	enue				The state of the state of)+ waar	-			
					Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years									
<u>City (5)</u>	County (6		County Co		Current Use (prior if bein	a demolishe	d): Ho	spital						
Ridgewood	Berger	1	(State Use	Only)	, and the second	J	3 5 9							
Name of Monitoring Firm Hired by	v Blda Ow	mer (8)	ASCM No.		Name of Controvier (17)									
Colden Corporation	y blug. Ow	tier (o)	ASCIVI NO.		Name of Contractor (%) GREENWOOD ABATEMENT CONSULTANTS, INC.									
Colden Corporation					CALLINTOOD ADATEMENT CONSULTANTS, INC.									
Street Address				Street Address										
28 Washington Street		511 MAIN STREET												
City. State, Zip Code			City State, ZipCode											
Ballston Spa, NY 12020 Project Manager for Monitoring F		Telephone Nu	mhor		Butler, NJ 07405		Litera		2.0					
Jim Miades	11111	347.435.3			<u>Telephone Number</u> 973-492-0477		008	nse Numb	<u>er</u>					
Scheduled Start Date (10)		Scheduled Co		ate (11)	Name of OSHA Monitor		000	40						
September 19, 2016		August 30		210 (11)	EMSL inc.									
Occupancy Status During Abate	ement (Ch				Street Address									
Facility Closed/Vacated I	During Ent	ire Period of Al	batement											
Abatement Performed Or	utside of N	Iormal Facility I	Hours -		1056 Stelton Road									
Describe	1 01	40 20 th F	OL:0		City, State, Zip Code Piscataway, NJ 088	EA								
Other – Describe: Phase	1- Septeri	nber 19- 30 - L nber 7- 13 th -Da	y Shift		riscataway, No ooc	004								
		ry 3,2017- Janu		17										
Phase	4- Februa	ary 20, 2017- N	larch 3, 20											
Phase	5- April 1	0, 2017 - April	22, 2017											
Cheel 4 th Fl Rooms# 4127&412 New Work: Cheel Bsmt-Rm#B	8 & Cheel	BsmtJanuary1	6, 2017-Ja	n 23, 2017										
Source of Work (Check all that ap		ai Support Kill	& Storage	& Hallway										
Coarce of Work Concok an that ap	PITI				x	Full Contain	nent witl	h Negativ	e Press	ure				
\geq 3 sf or \geq 3 lf				Renovation	97.	Mini-Enclos			0 1 1000					
□≥ 160 sf or ≥ 260				Demolition	G	lovebag Pro	cedure							
						on-Exempt					9 5			
Location of Asbestos-Containing I (ACM) in Facility (13)	Material	Is Location No by Maint./Cus	rmally Use	d Solely	Description of Asbestos Containing Material (ACM) (i.	Amo		Abatem	ent Type	2				
(NOW) III doing (10)		YES N		(12)	thermal systems insulation.	or LF	cify SF)	Remove	Repair I	Encap Er	nclose			
					surfacing, VAT, or other misce		,							
Patient Rooms				X	VAT & Mastic	7,00) sf	X	T					
Patient Rooms -4127 & 4128				X	VAT & Mastic	500	sf	X			7			
Cheel Bsmt- Rm# B3, & Stora Rm&Hallway	ge			X	VAT & Mastic 1,500 sf ⊠									
Name of Reg. Waste Hauler		NJDEP Waste	Hauler ID #		Cubic Yards of Waste:	1,500		of Regis	tered Lar	ndfill				
See Hauler Below # 1 & 2		100		dowfill L										
Hauler #1) Greenwood Aba		Disposal D	ate		City, State	e								
NJ DEP # 12561					503	August	30,201	0.400	Route 2,		20.4			
Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 19551									Bridgepor 842-2784		304-			
Completed by (Print or Type) <u>Title</u>					Signature Date									
Marin Graure SENIOR PROJECT					Marin Graure February 24, 2017									
MANAGER					Trown of consider			15T-2						

	1	State of No	ew Je	rsey - Notifi	cation of Asbestos	Abateme	nt E	CEIV	VET				
CH 299	7		(Purs	uant to N.J.A.C	2. 8:60-7 and 12:120-7)			FR 28 21	017				
Date of Notification (1) February 24, 2017					Name of Building Owner Bloomfield College		1	20 20 20	U11				
Agencies Notified EPA DCA DCA DOL		Amende Emerg	al Not ed Cert ency (Street Address 467 Franklin Stree City, State, Zip Code Bloomfield, NJ	t	ASBE	STOS CON' LIGENSING	TROL &				
⊠ DEP X DOH		justific Cance			Name of Contact Jack Mc Grane		1 = 7 .	KY E					
				FACILITY IN	FORMATION								
Name of Facility Where Abater Bloomfield College- S					Type of Facility (4) School (K-12)								
Street Address 18 Austin Place					Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 2,000 # of Floors: 4 Bldg. Age: 50+ years								
City (5) Bloomfield	County (6 Essex	5)		y Code (7) Use Only)	Current Use (prior if being demolished):								
Name of Monitoring Firm Hired Envirovision, inc.	l by Bldg. (Owner (8)	ASCM	No.	Name of Contractor (9)								
Street Address					GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address								
20-21 Wagaraw Road,	Bldg #	35E			511 MAIN STREET								
City, State, Zip Code Fairlawn, NJ 07410					City State, ZipCode Butler, NJ 07405								
Project Manager for Monitoring	Firm	Telephone N			Telephone Number		License N	lumber					
Fred Larson		973-636-9	145		973-492-0477	73-492-0477 00840							
Scheduled Start Date (10) March 6, 2017		Scheduled C March 12			Name of OSHA Monitor								
Occupancy Status During Ab	atament (EMSL Inc.								
Facility Closed/Vacate Abatement Performed	ed During	Entire Perio	d of Ab	oatement 's -	Street Address 1056 Stelton Road								
Describe Other – Describe: No	n-Occu	pied			City, State, Zip Code Piscataway, NJ 08854								
Source of Work (Check all that	apply)					020 000000 00	22 63 64	20 VANO 1814 221					
\geq 3 sf or \geq 3 lf $\boxtimes \geq$ 160 sf or \geq 26	50			⊠ Renovat Demolition	ion	Mini-Er x Tent /Glo	nclosure ovebag Pro	th Negative Possible Formula of the Possible Office of the P					
Location of Asbestos-Containin Material (ACM) in Facility (13)	Solel	cation Normally y by Maint./Cus ? (12) NO			pestos Containing Material nal systems insulation, surfact cell.)	ing, (Specification or LF)	y SF	patement Type move Repair En	ncap Enclose				
2 nd Floor Closet	X			TSI	9 LF 🗵								
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste See Below	e Hauler	ID#	Cubic Yards of Waste:			Registered Land	Ifill				
Hauler #1) Greenwood A		nt Consultar	nts, Inc	. – Butler, NJ 0	NJ 07405 <u>Disposal Date</u> <u>City. State</u> Route 2, Box 68								
NJ DEP # 125 Hauler #2) Newark Cartin	g, Inc		04509,	NJ DEP # 19551		March 12	, 2017	Bridgeport, 304-842-27	WVA				
Completed by (Print or Type) Marin Graure		itle SENIOR PR	O IEC	eT.	Signature		<u>Date</u>						
Marin Graure SENIOR PROJECT MANAGER					Marin Grau	arin Graure February 24, 2017							

(1/20	110	Tare or	INEW (D)	Jersey - Not	Ilication of Asbest A.C. 8:60-7 and 12:120	os Abater	mente	CEIVER						
GAC Project# 060-17)	(1 6	isuani to N.J.A	a.C. 8:60-7 and 12:120	1-7)	0)/5	GEIVE						
Date of Notification (1)	- 00	0045			Name of Building Ow	ner/Operator	(72)							
Februar Agencies Notified	y 23, 2	Notificat	on Type		RUTGERS, THE	STATEL	NIVERS	SHTY OF NJ2017						
		Initia	Notifi	cation	Street Address ENVIRONMENT	AI HEALT	LIDECV	EETV DEDT						
□EPA □ DCA	42			Notification #3	27 ROAD 1, BLD	OG 4086 L	IVINGS	TON GAMPUS OL &						
⊠ DOL				ork Areas &	City, State, Zip Code	1	11000	LICENSING						
DEP- No Longer REQUIRE	D	Quantit			PISCATAWAY, I	NJ 08854								
☑ DOH		inst	rgency fication	y (including	Name of Contact MICHAEL SMITH	4 ENV	I Tele	phase M						
		Cano		11)	HEALTH & SAFE	ETY								
Name of English When Abet				FACILITY	INFORMATION									
Name of Facility Where Abateme	nt is Tal	king Place (3)		Type of Facility (4)									
	0020				School (K-12) Subchapter 8 (other	than (7.40)								
Street Address COOK CAMPUS					Other (i.e. private &	commercial b	wildings he	omas ato)						
					Sq. Feet: N/A	# of Floors	s: 4 Bld	g. Age: 80+ years						
	unty (6)	LESEX		nty Code (7)	Current Hee /prior if h									
INTER DIVORGATION	MILDO	LESEX	Jola	te Use Only)	Current Use (prior if being demolished): ACADEMIC									
Name of Monitoring Firm Hired by	Bldg. O	wner (8)	ASC	M No.	Name of Contractor (9)									
ATC			009	98										
Street Address					GREENWOOD AB Street Address	ATEMENT	CONSU	LTANTS, INC.						
3 TERRI LANE														
City, State, Zip Code					268 MAIN STREET									
F0.1450.4.4.4.4.	016				City State, ZipCode BUTLER, NJ 0740	E								
Project Manager for Monitoring Fin	m	Telephone	Number		Telephone Number	5	Licens	e Number						
BRIAN KEARNY	1	609-38	3-8800											
Scheduled Start Date (10)	_	Scheduled	Complet	tion Date (11)	973-492-0477 Name of OSHA Monitor		0084	0						
02/03/17		03/06/17			1									
Occupancy Status During Abater	nent (C	heck only	ne)		ENVIROVISION, III	NC.								
Facility Closed/Vacated During	g Entire	Period of	Abateme	ent										
Abatement Performed Outside	of Nor	mal Facility	Hours -	•	20-21 WARGARAV	V ROAD								
Other - Describe:					City, State, Zip Code									
Schedule: 5PM - 5AM (24 HC	URS 8	& WEEKE	NDS A	S NEEDED)	PAIDI AMBI NI									
Phase I Room 309 - 2/3 - 2/6	Phas	e II Roon	is 318	& 321 Suite -	FAIRLAWN, NJ									
2/24 - 2/28, Phase III Rooms Scope of Work (Check all that apply	3288	331 - TB	D)	0.070										
	4					Full Contr	ninmonti	th Negative Pressure						
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				Renovation		Mini-Enclo	osure	ui ivegauve Flessure						
≥ 160 sf or ≥ 260 lf	f			Demolition		Glove bag	Procedur	re / Wrap & Cut						
Location of Asbestos-Containing	Is Loca	tion Norma	ly Used	I Description of As	pestos Containing Material	Non-Exe		and Non-Friable Procedure						
Material (ACM) in Facility (13)	Solely I	by Maint./Co		(ACM) (i.e. therm	nal systems insulation, surface	cing, (Spec	cify SF	Abatement Type						
	Staff? (YES	NO	NA	VAT, or other mis	cell.)	or LF		Remove Repair Encap Enclose						
Rooms 309,328,331				VAT										
Rooms 318 & 321 Suites		[2]		VAT		1200		X						
			and Lapater 1184			1300	ISF							
Name of Reg. Waste Hauler		JDEP Was	e Hauler	r ID#	Cubic Yards of Waste:	30 CY	Name of	Registered Landfill						
See Hauler Below #1 & 2		ee Below					G.R.O.	W.S. North Landfill						
Hauler #1) Greenwood Abatement (NJDEP # 12561	Consult	ants, Inc. –	Butler, 1	NJ 07405		Disposal Da	ite	City, State						
lauler #2) Newark Carting, Inc., No	ewark, I	NJ 04509				09/06/6-	4 90	100 New Ford Mill Rd. Morrisville, Pa						
NJ DEP # 4509						03/06/20	17	19067						
Completed by (Print or Type)	Title				Signature			215-736-1700						
RAYMOND C. PEDALINO	SE	NIOR PE	OJEC	T		Π.,	Date	ebruary 23, 2017						
AYMOND C. PEDALINO SENIOR PROJECT MANAGER					Raymond C. Pe	rdalino		www. 20, 2011						

*								_								
4	2	State of	New .	Jersey - No	tification of Asbest	os Al	baten	lend		CF		VE				
GAC Project # 060-17			(Pt	irsuant to N.J.	A.C. 8:60-7 and 12:120	-7)					, ,	0 0				
Date of Notification (1)					[N- (D ""											
Februa	ry 3, 20	017			Name of Building Ow RUTGERS, THE	ner/Or	erator	(2)	CITY	EB 2	8 5	017				
Agencies Notified		Notification	on Type	1	Street Address	312	IIE U	NIVE	KSIIY	OFN	J					
□EPA		□Initial			ENVIRONMENT	AL H	EALT	H&S	AFET	Y-DE	TON	TEOU				
DCA				Notification #2	27 ROAD 1, BLL	G 40	86, LI	VING	STON	CAM	PUS	inul o				
X DOL		Phased '			City, State, Zip Code							./				
DEP- No Longer REQUIR	ED	Complet			PISCATAWAY, I	80 LV	854									
™ DOH		inetit	icatio	(including	Name of Contact MICHAEL SMITH	J END		1 1	lanhan	A I	~-	· dimoni				
		Cance		1)	HEALTH & SAFE		<u>v.</u>									
			and -	FACILITY	INFORMATION	-11										
Name of Facility Where Abatem	ent is Tal	king Place (3)	THOILITT	Type of Facility (4)											
LIPMAN HALL, BLDG#	6025				School (K-12)											
Street Address					Subchapter 8 (other	than K-	12)									
COOK CAMPUS					Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years											
City (5)	County (6)		10		Sg. Feet: N/A	# of	Floors	4 B	ldg. Ag	<u>je:</u> 80	+ year	s				
NEW BRUNSWICK		LESEX		nty Code (7) te Use Only)	Current Use (prior if being demolished): ACADEMIC											
			120.00	is coo only)	Taristi des (prior il et	ang de	1110113116	su). A	CAUER	AI C						
Name of Monitoring Firm Hired b	y Bldg. C	wner (8)	ASC	M No.	Name of Contractor (9)											
ATC			009	98												
Street Address					GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address											
3 TERRI LANE				Street Address												
				268 MAIN STREET	Ī											
City, State, Zip Code	2010				City State, ZipCode											
BURLINGTON, NJ 08 Project Manager for Monitoring Fi	3016	T-11			BUTLER, NJ 0740	5										
BRIAN KEARNY	<u>ımı</u>	Telephone 609-386			Telephone Number			Lice	nse Nur	nber						
		003-300	-0000		973-492-0477			000	40							
Scheduled Start Date (10)			Complet	ion Date (11)	9/3-492-0477 00840 Name of OSHA Monitor											
02/03/17	Sec. Sec. Sec. of	03/06/17			1											
Occupancy Status During Abate	ement (C	heck only-o	ne)	40°-	ENVIROVISION, INC. Street Address											
Facility Closed/Vacated Durin	ng Entire	Period of A	hatem	ent	Oli eet Address											
■Abatement Performed Outsid	e of Non	mal Facility	Hours -		20-21 WARGARAW	ROA	\D									
Describe Other – Describe:			THE NAME OF THE PARTY OF	Single-	City, State, Zip Code											
Schedule: 5PM - 5AM (24 H	OURS	R. WEEKE	NDC A	S NEEDED												
Phase I Room 309 - 2/3 - 2/	6 Phas	e II Room	s 3288	331 - TBD	FAIRLAWN, NJ											
Scope of Work (Check all that app	ly)	and the state of the state of														
				_		☐ Ful	Contai	nment	with Ne	gative I	Pressur	e				
$\square \ge 3$ sf or ≥ 3 If $\square \ge 160$ sf or ≥ 260	15			Renovation			i-Enclo									
_ 100 31 01 <u></u>	11			Demolition		Glo Glo	ve bag	Proced	ure / W	rap & C	ut					
Location of Asbestos-Containing	Is Loca	tion Normall	v Used	Description of As	bestos Containing Material	No.) and N			cedure				
Material (ACM) in Facility (13)	Solely I	by Maint./Cu	stodial	(ACM) (i.e. therr	nal systems insulation surface	cing.	Amour (Speci	The state of the s		ment Ty						
	Staff? (NA	VAT, or other mis	scell.)		or LF)	•	Remov	e Repa	r Encap	Enclose				
Rooms 309,328,331			0.073.03	344												
		X		VAT			1200	SF	X			1				
		+														
Name of Reg. Waste Hauler	IN	JDEP Waste	Hauler	ID#												
See Hauler Below #1 & 2		ee Below	riduici	10 #	Cubic Yards of Waste:	15 C	Y	Name	of Regi	stered L	andfill	er i i				
Hauler #1) Greenwood Abatement	Consult	ants. Inc _ I	Rutler B	JI 0740g		C 5:			2.88.5.			TIII				
NJDEP # 12561					Disposal Date City, State 100 New Ford Mill						RE:II					
lauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509					03/06/2017 Rd. Morrisville, Pa											
\$1.965.0 (ASS. 197.75%)					19067 215-736-1700											
completed by (Print or Type) Title Title					Signature	process of the	120000000000000000000000000000000000000	Det		2 10-130	-1700	January.				
RAYMOND C. PEDALINO	SE	NIOR PR	OJEC	T		٦,,		Date	Echr	lamı s	204	,				
RAYMOND C. PEDALINO SENIOR PROJECT MANAGER					Raymond C. Pedalino February 3, 2017											

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) January 27, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ 8 2017 Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DEPA M Amended Notification #1 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUSNIROL & DCA New Start & Completion Dates City, State, Zip Code X DOL PISCATAWAY, NJ 08854 ■ Emergency (including) DEP- No Longer REQUIRED iustification) Name of Contact Telephone Mumber DOH DOH MICHAEL SMITH, ENV. □ Cancelled **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COOK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) **NEW BRUNSWICK** Current Use (prior if being demolished): ACADEMIC MIDDLESEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/03/17 02/06/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Renovation ■ Mini-Enclosure ≥ 160 sf or ≥ 260 lf ☐ Demolition Glove bag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Description of Asbestos Containing Material Is Location Normally Used Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA Rooms 309,328,331 X VAT 1200 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 15 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 02/06/2017 NJ DEP # 4509 19067

Date RAYMOND C. PEDALINO SENIOR PROJECT January 27,2017 Raymond & Pedalino MANAGER

Signature

215-736-1700

Completed by (Print or Type)

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) January 17, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPONTROL & DEPA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS D DCA □ Emergency (including City, State, Zip Code DOL. justification) PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED □ Cancelled Name of Contact Telephone Number DOH. MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years County (6) County Code (7) **NEW BRUNSWICK** Current Use (prior if being demolished): ACADEMIC MIDDLESEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/27/17 1/30/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Expansion Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Renovation ■ Mini-Enclosure ≥ 160 sf or > 260 lf Demolition Glove bag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA Rooms 309,328,331 X VAT 1200 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 15 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City. State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 1/27/2017 NJ DEP # 4509 19067 215-736-1700

Signature

Raymond C. Pedalino

Date

January 17,2017

MANAGER

SENIOR PROJECT

Completed by (Print or Type)

RAYMOND C. PEDALINO

CK# 1864

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:50 and 12:120)

			(Pur	suant t	o NJAC 8	:60 and	12:120)		Taranta and a second	-	FEB 2	2 5	017		UI
Date of Notification (1)	017			ame of SE&G	Building O	wner/O	perator (2)	1	- i.a.				-	
Agencies Notified	Type Notification			treet Ad 000 H	dress ADLEY	ROAD)		-	AS	SBESTOS LICEN			1L &	
X DOL	Initial Amended Amendment # Emergency (ir		_ 5	ity, Stat SOUTH	e, Zip Coo I PLAIN Contact	ie		7080	Life de la constante de la con	Tel	ephone Numb	er			
DOH DCA	Cancellation			JAI	MES		CAL	BE			,				E
Name of Facility Where A	batement is Taking	Place (3)		FACIL	ITY INFO	RMAIR	JN	Туре	of Facility (4	4)				*	T
PSEYG									chool (K-1.		er than K-12)				
Street Address	RT. 23	ZEA	157	<u></u>					other (i.e. p tc.)	rivate	& commercial				5,
City (5)	BROOK								e Feet oo	# 0	of Floors		dg. Ag Ø•	5 0	Ype
BOUND County (6)	BROOK	9			Code (7)					or if be	ing demolishe	d) ,	3-30	-	100
SomE	RSET		(-		ISE ONLY)		Ness	of Abot	ement Cor		PRO S	Ho	٥		_
Name of Monitoring Firm ENVIRONMENTAL		wner (8)		0045							AMERICA				
Street Address 64 BROAD STREET	Г						Street 396 V		s EHEAD A	AVE.					
City, State, Zip Code MATAWAN, NJ 077	47							, State, Zip Code OUTH RIVER, NJ 08882							
Project Manager for Moni			(0)	elephor			Teleph	one No).		License No				
TOM GEIGER Start Date (10)		Schedule			0-2217			132-8: of OSH	350 IA Monitor		01111				
2/13/20		31	13		2017	1	UNIC	UE S	YSTEM	S OF	AMERICA				
Occupancy Status During				ont			Street 396 \		is EHEAD <i>i</i>	AVE.					
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norm										82				
Scope of Work (Check Al	ll That Apply)	_						1	(7)						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Min	i-Enclosur	e cedure	in Negative Pr e nd Non-Friable			2	
		ls	Locatio	.			-	1001	I-EXEMPLE	u () ai	III INOIPI NADI		Abate	ment	
Location	of	N	lormally d Solel	y			scription						Ту	oe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Mai	ntenan odial S (12)	ce/		thermal surfa	taining M systems cing, VA niscellar	s insula T, or		(Amount (Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							- Venius			0	
RooF		1 1	X		ACM	Roof	FING	mA	TERIALS	7	000 SF	X			
Name of Registered Was	ste Hauler		110,700	JDEP W		A	Yards		Name of	Regis	tered Landfill				-
WASTE MANAGEM			1	auler ID 125	No.	of Waste APP BO GROWS NORTH									
City, State ELIZABETH, NJ						Disposal Date City, State MORRISVILLE, PA									
Completed by CAROL RAIMO	CE M	MANAGER Signature Date 2/15/2017							7						
									1600	//-	/				

CK # 7801

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

	140	(Pur	suant to	NJAC 8:	60 and 1	12:120)))) cce	-2	0 01	317-	A CONTRACTOR	Ш
Date of Notification (1)		0.00	ame of E	Building Ov	wner/Op	erator (2)	1				203000		
Agencies Notified Type Notification			treet Add	dress ADLEY	ROAD				ASBESTO		NOS		L &	
EPA Initial Amended Amendment #		C	ity, State	e, Zip Cod PLAINI	е		7080)	EIC	7614	Ollec	1		
Emergency (ii justification) DCA Emergency (ii justification) Cancellation	ncluding	N	JA1	MES	Ma	CAL	BE		Telephone N	lumb	er			- 1
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATIO	N		of Facility (4)					
PSEYG								School (K-12	?) 3 (Other than K	-12)				
Street Address 1930 US RT. 28	2 66	1<7	_					Other (i.e. pretc.)	ivate & comme	rcial				5,
City (5)		3/						are Feet	# of Floors		1 3	lg. Ag		
BOUND BROOK	<			- d - (7)			3 Curr	300	r if being demo	lishe	API	7	20	yes
County (6) SomERSET			County C STATE U	ode (7)		_		Goi	F PRE)		
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	wner (8)		ASCM 0045	No.		Name UNIC	of Ab QUE	atement Cont SYSTEMS	tractor (9) S OF AMER					
Street Address 64 BROAD STREET							NHI	TEHEAD A	VE.					
City, State, Zip Code MATAWAN, NJ 07747						SOU	TH I	Zip Code RIVER, NJ						
Project Manager for Monitoring Firm TOM GEIGER		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephor 732-29	ne No. 10-2217		Teleph 732-		No. 8350	Licens 0111					
Start Date (10) 2/13/2017	Schedule	/		Date (11)	1			SHA Monitor SYSTEMS	OF AMER	ICA				
Occupancy Status During Abatement (Chec		e)		,,,,		Street 396		ess TEHEAD A	AVE.					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 647 Dee RS	al Facility	Hours	en		_			Zip Code RIVER, NJ	08882					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenovat Jemoliti					- N	Mini-Enclosure					9	
	Is	Locati	on						· ·			Abate		
Location of	1	Normali d Sole	ly			scription		:-1 (4004)	Amount			1 3		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/ Staff?	Asbestos Containing (i.e. thermal syster surfacing, V			taining Material (ACM) I systems insulation, acing, VAT, or miscellaneous)		(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						22.		~			
RooF		X		ACM	Roof	FING	. M	ATERIAIS	3300 9	-	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		H	JUDEP V Hauler ID 1125		of Wa	- 20		GROW	Registered La	ndfill				
City, State ELIZABETH, NJ	Disposal Date City, State MORRISVILLE, PA													
Completed by CAROL RAIMO	Title OFF	ICE N	MANAC	SER		Signatu	re	l fac	me	Da	1/2	5/0	201	17

State of New Jersey

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Date of Notification (1) 2/23/2017			Name of 8 91 Beac	Building Ov ch Avenu	vner/O ie, LL	perator _C	(2)	100							
Agencies Notified Type Notification			Street Add					1	ASBE	STOS (LICEN			. &	and the latest	
EPA DEP DOL Initial Amended Amendment	#		City, State Hillsbor	e, Zip Code ough, No	980	344									
□ Emergency (including		Name of O						Telep	hone Nun	nber				
			FACIL	ITY INFOR	ITAM	ON	-	of Facility (4	1			-			
Name of Facility Where Abatement is Taking Residential	g Place (3)							School (K-12	2) 8 (Other	than K-12	?)				
Street Address							×	Other (i.e. pretc.)	rivate &	commercia	al buildi			8,	
City (5) Bridgewater		VI.					2,9	re Feet 900 SF	1		В	dg. Ag uilt 1		s	
County (6) Somerset			County C	ode (7) SE ONLY)				ent Use (Prio idential	r if bein	g demolish	ned)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				tement Con contracting							
Street Address						Street	Addre:	ss							
City, State, Zip Code						City, S	State, Z	ip Code Park, NJ	0742	4					
Project Manager for Monitoring Firm			Telephon	ne No.		Telep	hone N	lo.		License N 01232	0.				
3000 To 1900 1	Schedule	d Cor	mpletion D	Date (11)		Name		HA Monitor					-		
Start Date (10) 3/6/17	3/8/17						ovisio t Addre	n Consult	ants, I	nc.					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire			ment			20-2	1 Wa	igaraw Rd	., Bldg	. 35-E					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hour	S		_			Zip Code n, NJ 074	10						
Scope of Work (Check All That Apply)						To the same of the	7 E	ull Containme	ent with	Negative I	Pressur	e			
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	1 6	Loca	tion			E	in inc	on-Exemple	a () and	7110111110		Abate			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma d Sol intena	ally ely by ance/ Staff?	Asbesto (i.e. t	escription ntaining al systen acing, V miscella	Materians insurant		ation, (Sp		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
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Exterior Franc															
											-		_		
			NIDED.	Vanta	Cuhi	c Yards		Name of	Registe	ered Landfi	11				
Name of Registered Waste Hauler Unicorn Contracting Corp.			NJDEP V Hauler ID 0035844	No.	of W	aste +		Fairles	s Land						
City, State Woodland Park, New Jersey						osal Dat		City, Sta Morris	ville, P		\a.i				
Completed by Dimo Golcev	Title Gen	eral	Manage	er		Signatu	ire/	011		1000	ate 2/23/2	017			

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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etc.) re Feet	# of Floors	-	Bldg.	Age	
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	intractor (9)				
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(ACM)	Amount	t discountries	- T	795	
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City, State				-	-
Easton	, PA				
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0 0110		(Pursua	nt to NJ/	NC 8:60 a	nd 12:1	20)				1	
Date of Notification (1)			Name	of Buildi	ng Owner		1 1	TEB	2.8	2017	7	世
Agencies Notified Type Notificatio	n		Street	Address	140	-14	e den q					
EPA Initial Amended			City, S	itate, Zip	Code				S CO ENSI		OL 8	į.
DOL Amendmen		ıa	1	SILE	りわり	+,1	rw Jos	y				
DOH justification Cancellation	1)		Name	of Conta	ct Clic			Telephras	Minniya		Sec. 1	
Name of Facility Where Abatement is Tak	ino Place	(3)	FA		FORMAT	TION	Type of Facilit	- (6)			59	
AVCKION Perio		(-)					School (K					
Street Address					The same of human ten		Subchapt	er 8 (Other than K private & comme	-12) rcial bu	ading	s, hon	nes.
Allerhoot			,				Square Feet	# of Floors	white held general	Bldg.	Age) /	
County (6) Manner Hy				y Code (7 E USE ON			Current Use (F	Prior if being demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			e of Abatement Co Insulation Co	ontractor (9)				
Street Address						Stree	t Address Montrose Rd	J., 311L				
City. State, Zip Code						1	State, Zip Code					
Project Manager for Monitoring Firm			Talanta	34		A	s Neck, New .					
A Comment of the Comm		At all waters of	Telephi	THE NO.		ţ	hone No. 294 1757	00029				
Start Date (10)	Schedu		1 -	Date (1)	Name	of OSHA Monito	of .				
Occupancy Status During Abatement (Che	ck Only O	[10] ne)	17			Street	Address			-		
Facility Closed/Vacated During Entire	Period of	Abaten	nent			And the Control of th						
Abatement Performed Outside of Non Other - Describe:	nal Facility	אנים אל אר	\$ `\			City, S	State, Zip Code					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 if ≥160 sf or ≥260 if	december 1	Renova Demolit					Mini-Enclosus Glovebag Pro	ocedure				
	la la	Locat	ion	1		L.	J Non-Exempte	ed (*) and Non-Fria	able Pro		re emen	
Location of	Toward Toward	Normal	ly	and sales and sales	Das	scription	of	7-1	1		ype	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	ed Sole iintenai todial S (12)	nce/	Asbe (i.e	stos Cont thermal surfac	aining N systems ing, VA	faterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A	ALONG OPPOSED TO A STATE	other m	iscellan	eous)		levo)air	sulate	Sure
interior	The state of the s		X	105-	104.07	(inh	KII 5GY)	8CF	V	and the second		
	Sylve Day								And the second second			
S.T.	Total Control of Control			Man crecional	***************************************				A conseque	411		Water State of State
Name of Registered Waste Hauler Ace Insulation Co., Inc.		H	JDEP W auler ID 2086		Gubic 1 of Was		1	Registered Landfi Landfill	ij.			hamman
City, State Colts Neck, New Jersey					Dispose	Date	City, Stat	-m /3				
Completed by	Title				Sty	anature	Lasun	1 1	ate	i		-
Bree McGuire	Secre	etary	Treasu	rer		134	12	The state of the s	2/3	37	17	/
ASB-41 (R-06-08)						* Do no	t use this form for	asbestos licensur	re exem	pted :	activit	ies.

CK 2114

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

9 00.			,			.00 and 12.12		I .		FF	B 2	Ω	017			
Date of Notificatio 02/24/17	n (1)				of Building O Barnes	wner/Operato	r (2)					0 6	UH	111		
Agencies Notified	Type Notificatio	n		1980 3 (CHO) - 1	Address					OBEO		2611		1		
□ EPA				Otroct	Address				1	ASBEST	OS (ICEN			Lă		
DEP	Initial Amended			City, S	tate, Zip Cod	e			L.							
× DOL	Amendmei Emergence				gton, NJ 0											
X DOH	justification	1)		Name	of Contact				Tele	phone Nu	ımber					
☐ DCA	Cancellation	n			Barnes											
Name of Facility W	Vhere Abatement is Tak	ing Place (3)	FAC	ILITY INFOR	RMATION	-	/ F 100	-							
Private House		ing Flace (5)				Ty	pe of Facility (
Street Address							H	School (K-1 Subchapter		r than K	12)					
							×	Other (i.e. p	orivate &	commer	ial bu	ldings	s, hom	es,		
City (5)							Sa	etc.) uare Feet	# of	Floors		Bldg.	Ago			
Millington							July	adio i det	# 01	1 10013		blug.	Age			
County (6)					Code (7)		Cu	rrent Use (Pri	or if bein	a demolis	hed)					
Morris				(STATE	USE ONLY)		3455-366			3	,					
	g Firm Hired by Building	Owner (8)		ASC	M No.			batement Cor								
Competent Su	pervisor					Aca	dem	y Construc	onstruction Inc.							
Street Address						Street			1867 P. Marchanger S. Anni angarath (Co.)							
01. 01.1. 71. 0								46 West Su	uite 14							
City, State, Zip Coo	de				U		Zip Code									
Project Manager fo	or Manitarina Firm		Talaah	and the ball of th		S. C. C. S. C. T.	NJ 07512									
r roject wanager to	i worldoning Firm			Telepho	one No.	Teleph		No. -4244		License N	10.					
Start Date (10)		Schedule	ed Cor	mnletion	Date (11)			SHA Monitor		01155						
03/07/17		03/14/		inplottori	Date (11)	1 3000000000000000000000000000000000000		s above								
Occupancy Status	During Abatement (Che	ck Only On	e)			Street	A. C. C. C.	and the second second								
Facility Closed	d/Vacated During Entire	Period of A	Abater	ment												
Abatement Pe Other – Descr	erformed Outside of Nor	mal Facility	Hour	S		City, S	tate,	Zip Code								
Scope of Work (Ch	eck All That Apply)	1222					7									
≥3 sf or ≥3 lf≥160 sf or ≥26	50 If	Districted.	enova emoli			-		ull Containme		Negative I	ressu	re				
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	cation of aining Material (ACM)	Use	d Sole	ly by	Ashastas	Description Containing M		al (ACAA)				T .				
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	Facility (13)		(12)	Julii.		surfacing, VA ther miscellan		1	SF o	or LF)	Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A		and middelian	0000	'			val	₹.	Jlate	ure		
Par	comont	103	140													
Dat	sement	X	1	Pipe Insula	tion		120	LF	X		X					
Name of Registered	l Waste Hauler		0.00	JDEP W	30 T	ubic Yards	5.70	Name of F	Registere	d Landfill						
Academy Consti	ruction Inc.		1000	auler ID 34422	SECTION 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f Waste		GROWS	S Land	fill						
City, State						3 GROVVS LandTIII Disposal Date City, State										
Totowa, NJ						BD										
Completed by Title											-					
Filip Geleski		viso	r		Signature Date 02/24/17											

Print Form

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		FFR	2	Q	2017		IU

Do not use this form for asbestos licensure exempted activities.

	(*	ui suau	to NOAC 6.00				FFR	28	20	17					
Date of Notification (1)			Name of	Building Owner	r/Operator (2)	Seed house,					1			
2/25/17			MR	· BAR	T Ri	EKU CIC;	L								
Agencies Notified Type Notifica	tion	1	Street A				A	SBESTO LICE			ROL	&			
□ EPA □ Initial	a .	-	City Sta	te, Zip Code											
DDEP		_		A CONTRACT - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	NIT	. 9766	. 6								
	ncy (including	-		Contact	- 1,70	. 0.20	Tel	ephone Numb	er						
DOH justifica		1		R. REKU	10			,							
Dea Careers	21011			LITY INFORM								-			
Name of Facility Where Abatement is Tak	ing Place (3)					Type of Facility	(4)			-/					
M.K. REX	ر دادن		- 12			☐ School (K-	12)								
Street Address						☐ Subchapter	8 (Other	than K-12)	. 11.11						
				. : *;		Other (i.e. p	orivate &	commercial t	uildin	gs, no	mes, e	tc.)			
City (5)					103	Square Feet	# of	Floors	Bldg. Age						
TEANECK	_			n e e		2000	2000 2 - 1940								
County (6)				Code (7).		Current'Use (Pric	nt'Use (Prior if being demolished)								
BERGEN	i e		STATE U	USE ONLY)		TRE	TESI DENCE								
Name of Monitoring Firm Hired by Buildi	ng Owner (8)		ASCN	1 No.	Name	of Abatement Cont	ractor (9))							
,					Be	st Removal	Inc								
Street Address			1	•		Address									
					45	0 South Rive	er Stre	et			F-198				
City, State, Zip Code						tate, Zip Code									
					Had	kensack, NJ	0760	1							
Project Manager for Monitoring Firm		1:	Telephor	ie No.		Telephone No. License No.									
				18		201-329-744	4	003	88						
Start Date (10)	Scheduled	Compl	letion Da	ate (11)	Name (of OSHA Monitor									
3/13/17		3/1	410	7	On	nega Enviror	nment	al							
Occupancy Status During Abatement (Che	ck Only One)			. ,	1 10 11 11 11 11	Address									
☐ Facility Closed/Vacated During Entir	e Period of Abate	ment	,	1	A1000	30 Huyler Str	reet								
Abatement Performed Outside of No Other - Describe: 8190 PA	rmal Facility Hou	rs TS	olm	, .	City, S	tate, Zip Code outh Hacken	anale 1	VII 07606							
		2.			. 30	outi nacken	Sack, I	43 07000							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf		novati													
□ ≥160 sf or ≥260 lf	□ De	molitie	on			Mini-Enclosure Glovebag Procedure									
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	Is	Locatio	on								ment				
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Asbestos-Containing Material (ACM		Solely ntenan			Containing M	aterial (ACM)	1 250	mount		1	Ţī.	-			
TO BE ABATED In Facility	2500000	dial St		(i.e. thermal	systems insul VAT, or	lation, surfacing,		Specify or LF)	Remova	Repair	ncap	incl			
(13)		(12)		otl	her miscellan			J. 21,	oval	air	Encapsulate	Enclosure			
55 - 55	Yes	No	N/A								te	es .			
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BASEMENT				THERMAL S	YSTOMS!	ansj uatiou	1	074	/						
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Name of Registered Waste Hauler		N	DEP Wa	aste Cu	bic Yards	Name of	Registere	d Landfill				-			
0.75 0.000 0.0000 0.00000	Hauler ID No. of Waste					,									
Best Removal Inc	1710							LU							
City, State Hackensack NI 07601					Disposal Date City, State 3/14/17 Waynesburg, OH 44688										
Hackensack, NJ 07601 Completed by Title					3/14/	// Way	nesbu	rg, OH 4)					
Completed by J. Maiorano			Signature	(Poiso	عبره			25/	17						
J. IVIAIOIAIIO	Est	imat	Or_		1 X	() 62 3,0		, ,	-1-	9/					

Date of Notification (1)					uilding Ow		erator (2))		LI FEB	28	201 45	95		
02/24/2017 Agencies Notified	Type Notification		Str	eet Addr	ress					ASBESTO	s co	NTR	OL 8	&	
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× EPA × DEP × DOL	Amended Amendment				dge, CA		2								
DOH DCA	Emergency (injustification) Cancellation	ncluding		me of C od Rich	ontact nardson					Telephone Numi	ber				
	1 T. II.	DI (2)		FACILI	TY INFOR	MOITAMS	N	ype of Fa	cility (4)						
Name of Facility Where Gas station (vacan) Place (3)		3				7 School	ol (K-12)		ì			1	
Street Address 401 Rt 15 North								Other etc.)	(i.e. pri	vate & commercia	l buildir				
City (5) Wharton								Square Fe 1800	et	# of Floors	57	g. Ag +	0		
County (6)				ounty Co	de (7) E ONLY)		1.0	Current Us vacant	e (Prior	if being demolishe	ed)				
Morris Name of Monitoring Fir	m Hired by Building	Owner (8)	1	ASCM N	No.			f Abateme Corpora		actor (9)			-		
							Street A		tion				***		
Street Address								McBride Ave							
City, State, Zip Code								ate, Zip Co land Par		07424					
Project Manager for Mo		T	elephone	e No.	- 1	Telepho 973-2	ne No. 25-8400		License No 00104	0.					
Start Date (10)		Scheduled	Comp	oletion D	ate (11)		Name o	f OSHA N	lonitor	-batarian II					
03-07-2017		03-08-20				Sec. 844		Address	ental L	aboratories,LL					
Occupancy Status Dur								Route 2	2 Wes	t					
Abatement Perfor	acated During Entire rmed Outside of Nor :	mal Facility H	lours			_		ate, Zip Co n, NJ 07		2					
Scope of Work (Check	(All That Apply)							1			2300 1100 120				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 li	f	Section 1	novati molitic				×	Mini-Er Gloveb	nclosure						
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Name of Registered V	Waste Hauler		100	JDEP W		Cubic of Was	Yards			Registered Landfi	at				
Atlantic Carting, Inc				75422				GROWS Landfill							
City, State Wayne, New Jersey				Mor					ity, State Morrisville, PA						
Completed by Adriana Olejarova	Title presid	dent			S	Signatur	e (de	chin	5)2/24/		,			
								1	0			******			

CK# 3/12

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8-50 and 42-420)

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		FEB	2	8	2017		And the community of th	TO CONTRACT OF THE CONTRACT OF
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V 11.			(Pursua	nt to NJAC 8:60 ;	and 12:12	20)	EED OO	0047	Annual Control	111	
Date of Notification (1)			Name	of Building Owne	r/Operato	r (2)	FEB 28	2011	- 1		
Agencies Notified Type Notificati	on		Street	Address +	T4+4.	4 1190	SBESTOS GO	NTR	L_& & JC		
IX EPA IX Initial			'D'Thairs, a	1 1347 000			LICENSII	IG_			
DEP Amended			City, S	state, Zip Code	#V 30						
Emergen	ent # cy (includin	a	13	ernards	0.110	2. Ma	Deser C	75	12	4	
DCA justification Ganceilat	m)	3	Name	of Contact		7100	Telephone	Miss		,	_
L Cancellar	On		1 1	401							
Name of Facility Where Abatement is Ta	king Place	(3)	FAI	CILITY INFORMA	TION	Type of Facili	by (A)		_		
Haine 5 Mesidence	R					School (I					
Street Address						Subchap	ter 8 (Other than K	-12)			
City (5)						Other (i.e	. private & comme	rcial b	uildin	ys, ho	nes
Bococode 110					Antheolice	Square Feet	# of Floors	- Contract	Bidg	. Age	
County (6)			County	Code (7)		1800	10	C PLANE	(00:	+ 1	
Simpoet				USE ONLY)			Prior if being demo	ished))		
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASC	M No.	Name	of Abatement C	Contractor (0)			1 1 2	1
A Company of the Comp					Ace	Insulation Co	omacor (9) o înc				
Street Address			1. 15-24		-	Address			A STATE	63.5	
City, State, Zip Code					95 M	ontrose Rd					
0.13, Oute, 24 0000					2	ate, Zip Code					
Project Manager for Monitoring Firm	200	- 1	Telepho	war Sisa	×	Neck, New.				AND THE STREET	
		Colonia de la Co	10,000,00	ase reu.		one No. 294 1757	00029	No.			
Start Date (10)	Schedul	ed Co	mpletion	Date (11)	1	of OSHA Monito		50%			
3/0/17	311	101	17		AVMONT SACA						
Occupancy Status During Abatement (Che		1 1 1 2			Street /	Address			-	-	-
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of A	Abater	nent								
Other - Describe:		, 1001			City, Sta	ate, Zip Code				133	
Scope of Work (Check All That Apply)											
23 sf or ≥3 lf	□R	enova	tion			Enil Contains					
2160 sf or ≥260 lf	Ø D	emolit	ion		B	Mini-Enclosur	nent with Negative e	Pressi	are		
		A SALES			P	 Glovebag Pro Non-Exempte 	cedure ed (*) and Non-Fria	hlo Dr	ocodu	TO.	
		Locati					7 7 410 17017118	DIG : II	E RESIDEN	temen	Í
Location of Asbestos-Containing Material (ACM)		lormal ii Sole		. Des	scription o	of	A STATE OF THE STA	-	1	ype	
TO BE ABATED	Mai	ntenar	nce/	Asbestos Cont (i.e. thermai	aining Ma systems i	terial (ACM)	Amount		Contraction of the Contraction o	1 m	-
In Facility (13)	Cusic	(12)	tan?	surfac	ing, VAT.	Of	(Specify SF or LF)	Removal	Repair	cap	nelo
	Yes	Mo	N/A	COM II	iscellane	NUS)		oval	air.	Encapsulate	Enclosure
hasement	1 20	+40	The Aust						· interference	0	
Juan T			20	Dipe in	solut	-00	IDLF	X			193
		- 27							all the country of		
	-	75				1		non-trans-			
Name of Pagista - 111	Priorition,					2011420		a september	-		
Name of Registered Waste Hauler		N.	IDEP Wa		ards	Name of	Registered Landfill		1		
Ace Insulation Co., Inc.			086	lo. of Wast	2	Chrins	Landfill				
City, State				Disposa	il Dațe	City, State					
Colts Neck, New Jersey				131	10/17		- B				
Bree McGuire	Title	20,7	reasur	TSig	mature	1	Dal	el	1	1	
	1 Section	ary I	reasun	er '	De	4		2/0	15 1	T	

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HK	1	1	L	1	2/	.0	And the second s
TH	NK	FED	2	81	2017	7	B

Date of Notification (1) 2-23-17			Name of B KPMG,		er/Operator (2)		1910 2	81 201	7	1	4
	Type Notification		Street Add		Ridge R	oad	1	ASBESTOS	CONTI	ROL	&	
DEP DOL	☐ Initial ☐ Amended Amendment # ☐ Emergency (in	ale to a	City. State				Long	LIVE	NSING			
☑ DOH □ DCA	justification) Cancellation	icidanis	Name of C	ontact				Telephone Nun	nber			
20 1 11 11 12	T	pileson 3	FACIL	ITY INFOR	MATION	T =						
Name of Facility Where Abo 75 Chestnut R		ace (5)				Type of F	- Control Control Control Control					
Street Address 75 Chestnut R				- III		□ Sub		other than K-12) ite & commercia		, home	es, etc)
City (5)	rage rioua					Square Fe	et	# of Floors	Bld	g Age		_
Montvale						35,00	00	3		yrs		
County (n)			County Co					being demolishe	ed)		-	
Bergen			(STATE U	SE ONLY)		vacar						
Name of Monitoring Firm H Whitestone As:			ASCM	No.		or Abatemo mouth		or(9) nmental (a Tr	0		
Street Address	Sociaces, .				VIVV16	Address	LIVILO	ranci ica i	.,11			
1500 Manor Dr.	ive				923	Haws .	Avenue					
City, State, Zip Code Chalfont, PA	18914					State, Zip C ristow		19401				
Project Manager for Monitor Jeremy Hasset			Telephone	e No. 712-270		hone No. -239-9	920	License No 00398				
Start Date (10)		Scheduled C	Completion Da			e of OSHA!		0039	<u> </u>			_
2-25-17		3–10-		10 (11)	1,775,810			nmental (Co.,In	C.		
Occupancy Status During A			nant			t Address Haws	Avenue					
☐ Abatement Performed ☐ Other – Describe:						State, Zip (19401				
Scope of Work (Check All	That Apply)											
 ≥3 sf or ≥3 lf ≥1 sf or ≥260 lf 			novation molition			☐ Mini- ☐ Glov	Enclosure ebag Proced	t with Negative lure *) and Non-Fria		ire		
		Isl	ocation							Abate	ement	
Location	างเ๋	No	ormally		Descript	ion of				Ty	pe	T
Ashestos-Containing TO BE AB In Facil	ATED it.	Mai	Solely by ntenance: odial Staff? (12)		os Containing nal systems ir VAT.	Material (2 isulation, su or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	1 Medical and
(13)		Yes	No NoA		other misca	maneous)			ia i	=	late	1
1st Floor			x	VAT &	mastic			750 SF	х			T
Basement & Fi	rst Floor		x	Ceran	ic tile	e & mas	stic	2,040 SF	X			
Roof		х		Roof	flashir	ng		180 SF	Х			T
												1
Name of Registered Waste Newark Cartin			NJDEP V Hauler III 4509) No.	Cubic Yard of Waste	ن 5		Registered Land rva Landf			1	
City State Newark, NJ			Disposai D 3–10–1		City, Stat Wayne	esburg, C	OH					
Completed by James Kelly		Preside	nt	Syn	mo	Vel	lh	Date 2-23	_17			
VSB-41 - R-416-418.					M	* Do no	t use this fo	orm for asbestos	licensure e	xempt	ed act	tivi

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

DEGEIVE PAGEU # 604 FEB 2 8 2017

Date of Notification (1) 02/22/17						ilding Owner		or (2))	111	1
						h 973-809-20	012	-00	2017	5001	٦
Agencies Notified		Notification Initial no			Street Address		ASBEST	OS C	ISING	HUL	α
⊠ EPA		☐ Amende		41	City, State, .Zip C	l		CLIV	On to		
□ DCA		☐ Emerge	ncy noti	fication	Paramus, NJ 07						
☑ DOL ☑ DEP		☐ Cancelle	ed		Name of Contact	i	Talanh				
⊠DOH					Rozanna Lockma	in	3				
				FACILITY II	VFORMATION						
Name of Facility Where Abat	ement is	Taking Place	(3)		Type of Facility (4	1)					
Private House					School (K-12)	(11 11 15 15)					
Street Address					☐ Subchapter 8	(other than K-12) vate & commercial b	vildings ho	mac i	oto		
					Square Feet	# floors	Juliulings, no		ldg. Ag	e	
					1,800 SF	1)+		
	ounty (6) ergen			ty Code (7) Use Only)	Current Use (pri	or if being demolish	ed):				
					7,00,00						
Name of Monitoring Firm Hire N/A	ed by Bld	g. Owner (8)	ASCN	<u>// No.</u>	Name of Contract BL Contracting,						
Street Address					Street Address						
					5 Marguerite Lan	e					
City, State, Zip Cod					City State, Zip Co	de					
Project Manager for Monitori	ng Firm	Telephone	Number		Telephone Number	er	License N	lumbe	r		
					973-901-0153		01265		-		
Scheduled Start Date (10)			Complet	tion Date (11)	Name of OSHA M	onitor					
03/04/17		03/07/17			BL Contracting Ir	nc.					
Occupancy Status During Aba	atement (Check only or	<u>ne)</u>	100	Street Address			W			-
☐ Facility Closed/Vacated ☐ ☒ Abatement Performed Out	During En side of N	tire Period of a ormal Facility	Abatem Hours -	ent	5 Marguerite Lan	е					
Describe					City, State, Zip Co	<u>de</u>					
□Other - Describe:					Towaco, NJ 0708	2					
Source of Work (Check all that	it apply)					<u> </u>	1/2/20 1/2/25	\$633 6376	98		
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				⊠Renovation		□ Non Exempted : □ Mini-Enclosure	and Non Fri	able P	rocedu	ire	
$\boxtimes \ge 160 \text{ sf or } \ge 26$	60 If			☐ Demolition		☐ Glove bag Proce	edure				
								tive P	ressure	е	
Location of Asbestos-	ls Lo	cation Norma	lly	Description of A	sbestos Containing	Amount (Speci	fv SF or	Abate	ement	Type	
Containing Material (ACM) in		d Solely by	***	Material (ACM)	(i.e. thermal systems	LF)	, ., .,		JIII OIII	1700	
Facility (13)	(12)	t/Custodial St	att?	misc.)	cing, VAT, or other		3	Remov	ve Repa	air Enca	ap
	YES	S NO	NA	111150.)				Lifeios			
First Floor			X	Floor Tiles		200 SF		X			
						1					
	_							-			
									-		
me of Reg. Waste Hauler NJDEP Waste Hauler ID #				D#	Cubic Yards of Waste		Name of Reg	istered	Landfi	:11	
/aste Management of Pennsylvania 0036784					2		T.R.R.F	BLEIEG	Lanun	11	1
						Disposal Data		0:4.	01-1-		
						<u>Disposal Date</u>		City. S	<u>State</u> own, P	A	
						03/07/17		, unyt	O *** 11, 1		
Completed by (Print or Type)	T	Title			Signature		Date				
Nedo Vasilic		President			Maya	1/00:11 %	Date				
					New Vasilic 02/22/2017						

AROL RAIMO	Title OFFIC	CE MA	NAGE	R	Signat	ture	11.	Date	10	1		_
ompleted by	TILL				TB I		City, State MORRIS	SVILLE, PA				
ity, State LIZABETH, NJ	1125 Appr 8				GROWS NORTH							
ASTE MANAGEMENT		Ha	JDEP Wa	1000	bic Yard Waste	ds .		egistered Landfill				_
lame of Registered Waste Hauler										-		
		X		ACM Ro	oFin	va m	ATERIAIS	7000 SF	X			
Roof								The state of the s			late	1
gs 5)	Yes	1	N/A	oti	her misc	cellaneou	is)	SF or LF)	Removal	Repair	Encapsulate	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	M	Norma ed Sole aintena stodial ((12)	ely by ince/ Staff?	(i.e. the	Contain rmal sys	Description of ontaining Material (ACM) Amount nal systems insulation, rfacing, VAT, or Second Secon			Re	Ту	pe	T
Location of		Is Loca				\(\lambda\)	Non-Exempte	d (*) and Non-Friat	ole Pro	cedur Abate		-
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renov Demoi	ration lition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure						-
Scope of Work (Check All That Apply)	2				-	SOUT	HRIVER, N	J 08882				
Abatement Performed Outside of N Other – Describe: 647000 R	ormal Faci	lity Hou	urs				HITEHEAD te, Zip Code	AVE.				
Facility Closed Vacated During F	123		ome = t			Street Ad	ddress					-
Occupancy Status During Abatement (C		1	23/	2017		UNIQU	OSHA Monito	or MS OF AMERIC	:A			
Start Date (10)	Scher	fuled C		290-2217 on Date (11)			32-8350	01111	INU.			
Project Manager for Monitoring Firm TOM GEIGER			Telep	hone No.		Telepho	ne No.	VJ U8882 License	No			_
MATAWAN, NJ 07747						City, Sta	ate, Zip Code H RIVER, I					
City, State, Zip Code							Address VHITEHEA[D AVE.			-	q
Street Address 64 BROAD STREET			UL)45		UNIQ	UE SYSTE	MS OF AMERI	CA			
Name of Monitoring Firm Hired by Build ENVIRONMENTAL TACTICS	ding Owner	r (8)		SCM No.		Name o	of Abatement (Contractor (9)		Hop		
Sameoset			(STA	nty Code (7) TE USE ONLY)			Current Use (Prior if being demo	lished	1499	*	S
County (6)	OK						Square Feet 3300	1		1	J. Ag	
1920 US RT.		EA.	5/		-		etc.)	.e. private & comm	ercial			
Street Address	00	_					School Subcha	pter 8 (Other than	K-12)			
T P 2 CA (-		(0)					Type of Faci					-
Name of Facility Where Abatement is	Taking Pla	CO (3)	F	ACILITY INF	ORMAT	CCA	50					
DCA justific	ation)	•		me of Contact		1011	0	Telephone	Numi	per		_
□ Emerg	dment #<	2 Jdina	_ SC	DUTH PLAI	NFIEL	D, NJ (07080					
EPA Initial Management Amen	ded	_		000 HADLE y, State, Zip C		AD		LIC	ENS	SING		_
Agencies Notified Type Notifi	cation			eet Address	-			ASBEST	OS C	ONT	ROI	
2/23/2017			Na P	ime of Building SE&G	g Owner	r/Operato	r (2)) <u> </u>	111	
Date of Notification (1)			1					III III FFR	23	3 20	117	

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

Date of Notification (1) Name of Building Owner / Operator (2) 2/23/17 VERIZON COMMUNICATIONS Agencies Notified Type Notification Street Address **EPA** 15 East Maple Avenue DEP City, State & Zip Code Initial X DOL Amended Merchantville, New Jersey Telephone Number Name of Contact X Emergency DOH Cancellation DCA ALEX BAYLOR **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Merchantville Central Office Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 15 East Maple Avenue # of Floors Bldg. Age Square Feet County (6) County Code (7) 70 City (5) 33100 Current Use (Prior if being demolished) Merchantville Camden COMMUNICATIONS Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. BRISTOL ENVIRONMENTAL INC USA ENVIRONMENTAL MANAGEMENT, INC. Street Address Street Address 1123 BEAVER STREET 8436 ENTERPRISE AVE City, State & Zip Code City, State & Zip Code BRISTOL, PA 19007 PHILADELPHIA PA 19153 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00509 215-365-5810 215-788-6040 MARK JENKINS Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor March 21, 2017 BRISTOL ENVIRONMENTAL INC March 17, 2017 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: (5 PM - 1:30 AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation \boxtimes Mini-Enclosure ≥3 sf or ≥3 If Glove Bag Procedures ≥160 sf ≥260 If Demolition Non-Exempted and Non-Friable Procedure Amount Abatement Type Description of Location of Is Location (Specify Asbestos-Containing Asbestos-Containing Normally Used Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Remova TO BE ABATED Maintenance or (i.e., thermal systems Custodial Staff? insulation, surfacing, VAT in Facility (13)or other miscellaneous) (12)Yes N/A No Pipe insulation 28 LF Basement Boiler Room Pipe fittings 5 SF Basement Boiler Room Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. 20990 MINERVA LANDFILL SERVICE TRANSPORT GROUP, INC. Disposal Date City. State City, State WAYNESBURG, OH 44688 NEW CASTLE, DE 19720 TBD Completed By (Print or Type) Title Date Patrick A. D'Caro/jl 2/23/17 PATRICK T. DeCARO Estimator

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

Ck# 3161

Date of Notification (1)	721						wner / Operator		ME	CE	7 1	// [9	3 17
2/23/17		_					UNICATIONS		- [[] [[U L	11 /	/ [24
Agencies Notified Type Notificat	ion	10.7			ldres				I ben				
⊠ EPA							enue		-11111	EB 28	3 20	17	-11
DEP Initial	404	1.8				Zip Co				LD C	20	1 1	
DOL Amend		_			_		ersey		1	Telepho	ne Ni	ımhe	r
□ □ DOH □ Emerg □ □ DCA □ Cance		100			Cont				-	· FIGUITO	IC IV	illoc	
☐ DCA ☐ Cance	ilation	1	16000000	38 (28/27/57)	AYL	2000					,,,,,		.^
				CIL	.ITY	INFO	DRMATION			THE STATE OF SHIP THE SHIP SHIP AS			
Name of Facility Where Abatemer	nt is Taking Plac	ce (3)				Type of Facilit						
Neptune Central Office							School (K		14.46)				
Street Address								er 8 (Other tha					
789 Wayside Avenue									nmercial buildi			(C.)	
							Square Feet	# of Flo	ors	Bldg. Age			
1 ' ' '	County (6)	Cou	unty	Cod	le (7))	24910		2		70		
Neptune	Monmouth							Prior if being d	emolished)				1
							COMMUNIC		. (6)				
Name of Monitoring Firm Hired by USA ENVIRONMENTAL MAN				IA	SCM	1 No.		ement Contract NVIRONMEN					
Street Address			241				Street Addres						
8436 ENTERPRISE AVE				-			City, State & Z						
City, State & Zip Code PHILADELPHIA PA 19153							BRISTOL, P						
Project Manager for Monitoring Fir	rm IT	elen	hone	a Nu	ımbe	r	Telephone Nu		License	Number			
MARK JENKINS	2000	215-3				*	215-788-604			0050	9		
	cheduled Comp						Name of OSH	A Monitor					
March 13, 2017	Marc	ch 24	4, 20		,		BRISTOL E	VIRONMEN	ITAL INC				
Occupancy Status During Abatem	ent (Check only	y one	e)	-			Street Addres						
Facility Closed/Vacated D							1123 BEAVE					And a Control	
Abatement Performed Out		HOL	Irs –	/ar	n to s	эрт	City, State & Z						
Describe: (5 PM - 1:30 /	50						BRISTOL, P	A 19007					
Facility Occupied During A Scope of Work (Check all that app													ne ne
Scope of Work (Check all that app	лу)							Full Cor	ntainment with	Negative	Pres	sure	8
≥3 sf or ≥3 lf		\boxtimes	Rei	nova	ation			Mini-En	closure				
≥160 sf ≥260 lf		Ħ	De	moli	ition			Glove B	ag Procedures	S			
		_						Non-Exe	empted and No	on-Friable	Pro	cedu	re
Location of		Is I	oca	tion			Description		Amount	Aba	teme	ent T	уре
Asbestos-Containing		Norm			ed		Asbestos-Cont		(Specify			_	
Material (ACM)			olely				Material (AC		SF or LF)	Z.	711	Enc	Ē
TO BE ABATED in Facility	11.70	Maint Custo			2000		i.e., thermal sy nsulation, surfac			Remova	Repair	aps	clsc
(13)		Jusic	(12)		11:		or other miscella			val	air	Encapsulate	Enclsoure
(.0)	Y	Yes	No		/A			7/10/10/10/10/10/2 /				ë	VA.53
Basement Mechanical Room	#1		П	ÌГ			Vat/mast	ic	450 SF				
Basement Mechanical Room			n				Vat/mast	ic	500SF				
Basement Stairwell				T			Vat/mast	ic	150SF				
Name of Registered Waste Haule	r		100000		P W	SSE(10.2)	Cubic Yards of Waste	Name of Reg	istered Landfil	I			
SERVICE TRANSPORT GROU	UP, INC.			099			10	MINERVA L	ANDFILL				
City, State NEW CASTLE, DE 19720							Disposal Date TBD	City, State	JRG, OH 446	388			
			T:	tle			Cinnatura	MISSING TO SERVICE TO		Date			
Completed By (Print or Type) PATRICK T. DeCARO			10000		nato		Patrick	D. D.Ca	ro/jl	2/23/	17		



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	FEB	2.1	3	2017	, 7	
L	BEST	OS C			GL 8	2

Date of Notification (1)	24 /	17						mer/Operator (Electric and	2) Gas Company	,			_		
Agencies Notified ヌ EPA	Type Notific	ation			- F. W. S. S.	t Address					ASBE		OS (ITRO
☑ EPA ☑ DOLWD		d			80	Park Plaza	3			'		L11	JEN	SIIV	<u>u</u>
⊠ DOH	Amendm				City,	State, Zip Co	ode	1							
DCA	☐ Emerger	400 - 20 100 (S)	cluding		Ne	wark, NJ 0	710	02							
(NJAC 5:23-8)	justificati	ion)			PENNSONNESS	of Contact				Telephone	Numbe	er		= 177.5	
	☐ Cancella	tion				nald Melos									
Name of Facility Where	Abatament is	Tokina	Dlass	(2)	FA	CILITY INF	OF	RMATION							
PSE&G Hillsdale		raking	Place	(3)					Type of Facility	* *					
Street Address									☐ Subchapter		K-12)				
319 Knickerbocke	r Avenue								Other (i.e., p	orivate and cor	nmerc	ial bu	ilding	JS,	
City (5)	Avenue				_				homes, etc.	***					
Hillsdale									Square Feet	# of Floors	3	BI	dg. A	ge	
County (6)	2177 112				Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being de	molish	ed)			_
Bergen										2.0					
Name of Monitoring Firm		10.00	wner	(8)	ASCM		Nar	me of Abateme	ent Contractor (9)					
Omega Environme	ental Service	S			0012			Jnipro, Inc.							
Street Address								eet Address							
280 Huyler Street City, State, Zip Code								73 Karkus A							
South Hackensacl	k N.I 07606							y, State, Zip Co							
Project Manager for Mo				Tele	phone	No		Voodbridge, ephone No.	NJ 07095	License N	•	-			
Geiser Fajardo								732-726-3111 00615							
Start Date (10)	15	Schedu	uled C		1-489 tion Da		- 33	me of OSHA M	onitor						
03 /06 /						17		Unipro, Inc.							
Occupancy Status Durin	ng Abatement (Check	only o	one)	Street Address									500/-	
☐ Facility Closed/Vacat	ted During Enti	re Peri	od of	Abate	nent		1	73 Karkus A	venue						
Abatement Performe	d Outside of N	ormal F	Facility	/ Hour	s - Des	cribe	City	, State, Zip Co	de	V-22-1-12-1-12-1-12-1-12-1-12-1-12-1-12	-2-88				
Time of Abatement:		РМ		PM-		AM	V	Voodbridge,	NJ 07095						
Scope of Work (Check a	all that apply)							M Euil Cont	ainmant with Na	e ettise December	_				
□ ≥3 sf or ≥3 lf				novati				☐ Mini-Encl		gative Pressur	е				
⊠ ≥160 sf or ≥260 lf			⊠ De	molitic	n				Procedure mpted (*) and No	on Eriabla Brad	oduro				
			Is	Locat	ion			Z NON Exc	inpica () and ive	ne nable Fro	euure		atem	ant T	vno
Location	7.07.5			vorma d Sole				Description of		- 10 m		820	_		
Asbestos-Containing TO BE AB	i Material (ACN ATFD	1)		intena				Containing Mat rmal systems i		Amount		ζem	Repair	nca	ncl
IN Faci	lity			odial		(1.6.,		urfacing, VAT,		(Specify SF or LF		Removal	air	sqe	Enclosure
(13)		+	Yes	(12) No	N/A	-		ner miscellaned		J. C. E.	,	=		Encapsulate	Ге
2 nd Floor- Dojo A,B a	and D					VAT				3,000 S	F	\boxtimes	П	П	
1st Floor- Back Stora	age Room					VAT				400SF					
1st FI- Command Rad			VAT/Mas	tic			1,200 SI								
1st FI. Command Radio & Laurel								reproofing		500 SF		П			
Name of Registered Was	(1/2/3			IN	JDEP V			ic Yards of							Ш
■						No.	Nas	ste		rth Landfill					
City, State					PA-A	10176		s Needed oosal Date	City, State						
Northampton, PA								BD	Morrisville	. PA					
Completed By (Print or T	ype)	Title						Signature	1	•	Date				
David Tolchin	ALCON (1987)	Section 1	eside	nt											
ASB-41					David Tolchin 2-24-17										

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120 7) CONTINUATION SHEET



						_	1	1		
				319 Knickerbocker Avenue		Abatemer	nt Type	ASBE	STOS	CONTROL 8
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Nor S Main	Locati rmally Solely I tenance al Staff	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u l	LICEN Enclosure	SING
1st Floor- Boiler										
Room/Bathroom			Х	Transite Pipe	40 LF	Х				
Upper and Lower Roof				Roof Flashing	530 SF	Х				
Garage Roof				Roofing Material/Flashing	1,032 SF	Х				
2nd Floor- Dojo Room B & D				Tar Vapor Barrier	3,000 SF	х				
2nd Floor- Dojo Room C			Х	VAT	2,500 SF	Х				

Completed by: (Print or type)	Title:	President	Signature:	Date:
David Tolchin			David Tolchin	#####

Ch191	4		NO		ATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		DE C	E		\mathbb{V}	E
Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2)	11)		0 -	1017	
/	24 /	1	7		Ci	ty of Trer	nton		IU L. FEE	3 5	0 6	2017	
Agencies Notified	Type Not	ification	1		Stree	et Address							
⊠ EPA					Ea	st State	Street		ASBEST	OS (NOC	TRO	71
☑ DOH	Amen	ded dment 7			City,	State, Zip	Code			CEN			
□ DCA	☐ Emerg			_	1000	enton, N.							*********
(NJAC 5:23-8)	justific	ation)	riciuuli	ig	Nam	e of Contac	ct		Telephone Num	her			
	☐ Cance	llation			Er	ic Carroll			Transpiratio (tall)	501			
					FA	CILITY II	NFORMATION						
Name of Facility Where A	Abatement i	is Takir	ng Plac	e (3)				Type of Facility	(4)				
Commercial								School (K-12					
Street Address								Subchapter 8	Other than K-12 rivate and comme)	ourur.	. NEEDER	
241 3 rd Street								homes, etc.)	ivate and comme	rciai d	ullain	igs,	
City (5) Trenton								Square Feet	# of Floors	В	ldg. A	Age	
County (6)							10						
Mercer					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Name of Monitoring Firm	Hirad by D	uildina	O	(0)	1001		I.						
Bio Terra Solutions		ullaing	Owner	(8)	ASCM	No.	Name of Abateme						
Street Address	2)							NAGEMENT LI	_C				
P.O. Box 1224							Street Address						
City, State, Zip Code							27 Outwater I						
Union, NJ							City, State, Zip Co						
Project Manager for Monit	orina Firm			Tal	ephone	No	Garfield, NJ	07026	T				
Rick Eustaquio				200	73-494		Telephone No. 973-928-4888		License No.				
Start Date (10)		Sched	duled (-		ite (11)	Name of OSHA M		1188				
03 /06 /	17_				3 /		and the state of t	NAGEMENT LL	C				
Occupancy Status During	Abatement	(Chec	k only	one)			Street Address		-				
□ Facility Closed/Vacated	d During Er	ntire Pe	riod of	Abate	ment		27 Outwater L	ane					
Abatement Performed	Outside of	Normal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:		PI	W/	PM		AM	Garfield, NJ (
Scope of Work (Check all	that apply)												_
☐ >3 sf or >3 lf			ПВ	novat	ion		☐ Full Conta	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf				molitic				Procedure					
							Non-Exer	npted (*) and Non	-Friable Procedur	е			
Location o	nf		1 2000	Loca: Norma			D			Ab	atem	ent T	ype
Asbestos-Containing M	laterial (AC	M)		d Sole		Asbes	Description of stos Containing Mat		Amount	Re	Re	E	п
TO BE ABAT IN Facility				intena todial		(i.e.	, thermal systems in	nsulation,	(Specify	Removal	Repair	cap	ncios
(13)				(12)			surfacing, VAT, other miscellaneo		SF or LF)	/al		Encapsulate	ure
			Yes	No	N/A			/				te	
Roof						Roofing	Material (Unsafe	e)	5,000 SF				
Main Floor					\boxtimes	TSI			500 LF		П		F
													-
				П						1			-
Name of Registered Waste	Hauler				JDEP V	Vaste I	Cubic Yards of	Name of Registe	ared Landfill		Ш	Ш	
ATC				2000	auler IE	No.	Waste	Minerva Ent					

ASB-41 JAN 13

City, State

Shirley, NY

Allen Monchik

Completed By (Print or Type)

As Needed
Disposal Date

Signature

TBD

City, State

Waynesburg, OH

Date

SW-24310

Title

Project Manager

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

D&S Proj. #: 17-58

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

(i)	G	E		\mathbb{V}	E	
M	FEB	2	8	2017		

								I La	1 619	50	201	1	Lux-mark
Date of Notification (1)		Name of B	uilding Ow	ner/Operator (2))					MARKET THE	William Commission		
0 2 / 2 1 / 1 7 Agencies Notified Type Notifica			VAN HO	DUTEN				ASI	BESTO			OL 8	3
EPA Initial	ition [Street Addr	ess					L.		1407	1		
☐ DEP ☐ Amended	1+				-								
DOL Amendment #		City, State,							WW.	101,000			
☐ Emergency (including	1 1 1	The second second second		NJ 07003	+								
justification) [['	Name of Co	ntact					Telephor	ne Numbe	r			
DCA Cancellatio	n	CAROI	VAN H	OUTEN				1		_			
			FAC	ILITY INFORM	ATIO	N							
Name of facility where abatement	is taking p	lace (3)					Тур	e of Facility					
CAROL VAN HOUTEN								=	ol (K - 12			((0)	
Street Address							-	☐ Subcr	apter 8 (0 (Private/0				
								Bldgs.	/Homes, e	etc.			
City (5)	I Cou	nty (6)			0-		- Sq	uare Feet	# of Floo	rs	В	ldg. A	ige
0.13 (0)	000	nty (o)				unty Code (7) ate use only)		rrent Use (P	rior if heir	a den	nolieh	od)	
BLOOMFIELD	903000	SEX						ireiii Ose (F	noi ii beii	ig den	101151	eu)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abateme	nt Contra	actor (9)					
						D & S RESTO	RATIO	N, INC.					
Street Address						Street Address							
City, State, Zip Code					_	20 California							
City, State, Zip Code						City, State, Zip Co							
Project Manager for Monitoring Firm	1	I Ph	one Numb	nor .	_	Paterson, NJ Telephone Number			License	Niumi	NO.F		
Traject manager for monitoring (in	•		ione raumo)C1		973-345-802				1169	ег		
Start Date (10)	IScher	d. Completic	on Date (1:	1)	_	Name of OSHA M							
9352 - 35			on Date (1	',		D & S Restor	ation, In	c.					
03/13/17 Occupancy Status During Abatement	03/2				_	Street Address	AW.						
Facility closed/vacated during			ment			20 California							
☐ Abatement performed outside						City, State, Zip Co	de						
Describe: NORMAL H	OURS				-	Paterson, NJ	07503						
Scope of Work (check all that apply	W. C. W. C.					<u> </u>	_	ntainment w	/negative	nrace	uro		
≥3 sf or ≥3 lf	Renovation	on				Ė		nclosure	negative	piess	uie		
≥160 sf or ≥260 lf	Demolitio					₫		ag procedu					
Location of	Is locatio	n normally i	used solely	/			Non-E	xempted (*)	and Non-	friable I R	proc	edure E	1
asbestos-containing	by mainte	enance/cust		1	n of a	sbestos-containing		Amount		e	е	n	E
material (acm) to be abated in facility (13)	staff(12)			material (A				(Specify S LF)	For	o m	p a	c	c
, (,	Yes	No	N/A					Li)		v e	i r	р	L
BASEMENT		X		PIPE INSUL		70701200	88	3 l ft					
BASEMENT		\square X		chimney thir	nble	packing	2	sq ft		X			
					A CHARLES								
Registered Waste Hauler	TALLE	DII.		ubio Varda - 777	10.5±	10 := :							
D & S RESTORATION, INC.	NJD8	EP Hauler II 06		ubic Yards of W yd	aste	Name of Register TULLYTOWN			COVER	Y			
City, State			Disposal D			City, State	·, 1000	ORCE RE	COVEN	1			
PATERSON, NJ 07503			03/14			TULLYTOW	N, PA						
Completed by (Print or Type)	Title			Signature					Date				
BOGDAN JOLDZIC	PRESID	ENT							02/21/	2017			

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1 h	7719
$\bigcup 1$	W001

WIDE		(Pursuant to NJAC 8:60 and 12:120)										0	0 0	047				
Date of Notification (1) 2/21/2017			Name Resid	of Building	Owner/0	Operator	r (2)			-	FEB	-	0 6	UI!	- 1			
Agencies Notified Type Notification			10000000	Address					1	ASBE	EST	OS (CON	TRO)L &			
EPA Initial Amended			City St	tate, Zip Co	ode					-	LIC	DEN	SIN	<u> </u>				
DOL Amendment Emergency			Unior	n, NJ 070														
DOH justification) DCA Cancellation		9	Name	of Contact					Tel	lephone	e Nun	nber						
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	ILITY INF	ORMATI	ION	Type	e of Facility (4	1)									
Residence								School (K-12	2)									
Street Address							×	Subchapter Other (i.e. pretc.)	8 (Oth	er than & comn	K-12 mercia	l) al buil	ldings	, hom	ies,			
City (5) Union							Squ 130	are Feet	# o 2	f Floors	3		3ldg. /	Age				
County (6) Union				Code (7) USE ONLY)		Curr	ent Use (Prio	r if bei	ng den	nolish	ed)						
Name of Monitoring Firm Hired by Building C A. Seine Lighthouse Solutions	Owner (8	3)	ASCI	M No.				atement Cont Ink Service		(9)								
Street Address PO Box 354						Street												
City, State, Zip Code								erty Avenue Zip Code	9			_						
South Orange, NJ 07079	South Orange, NJ 07079 roject Manager for Monitoring Firm							NJ 07205										
Sarah Calandra		Telepho 201-3	one No. 49-2666		Teleph 844-4				Licen: 0131).							
Start Date (10) 3/7/2017	Schedu 3/14/2		Completion Date (11) Name of OSHA N A. Seine Ligh						Solu	itions	1							
Occupancy Status During Abatement (Check	Only O	ne)				Street	Addre	:SS										
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of al Facilit	Abaten y Hours	City, State, Zip Code															
Other – Describe: Scope of Work (Check All That Apply)			South Orange, NJ															
≥3 sf or ≥3 If ≥160 sf or ≥260 If	_	Renova Demolit				×	Mi Gl	III Containmer ni-Enclosure ovebag Proce on-Exempted	edure	13				e				
		s Locati												ement rpe				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Us:	Normal ed Sole aintenar stodial S (12)	ly by nce/		aining M systems sing, VA	ription of ning Material (ACM) estems insulation, ig, VAT, or cellaneous)			mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure				
bassus	Yes	No	N/A											ю				
basement	X			pipe	- elbo	WS			50lf	20.00	X							
Name of Registered Waste Hauler		1 51	IDED !:	11-	0.11													
Newark Carting	Н	JDEP W auler ID 1509		Cubic Y of Wast			Name of R Waste M	00			ndfil	I						
City, State East Orange, NJ					Disposa	sposal Date City, State Penn Argyle, F			/le. PA									
Completed by Alison Lamers	Title Offic	e Man	ager		Sig	Signature Date 2/21/2017												

N// Print Form

D&S Proj. #: 17-60

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

(D),	E	_G	E		\mathbb{V}		7
		FEB	2	8	2017		
- 12						-	Lange

								had hiz	,	-		- 4	Luman			
Date of Notification (1)			1070	ner/Operator (2)			L	SBESTO	18.00	DAITE	201	,			
Agencies Notified Type Notifica	ation	leslie si Street Add	0.7567 LYACKEUN.TV		-				110	ENO	12.2.00	TUL	α			
☐ EPA ☑ Initial		Otreet Aut		_					The same of the sa	an in acción	*******	- eren tone				
DEP Amended		0:1-0:1-1	7: 0 !													
DOL Amendment #		City, State	e, Zip Code													
Emergency	1.1		FIELD, N	J 07090												
DOH (including justification) [Name of C	ontact					Telepho	ne Numbe	er						
DCA Cancellation		leslie s	sullivan				_				_					
			FAC	CILITY INFORM	IATIC	N										
Name of facility where abatement	is taking p	lace (3)					Туре	of Facility								
leslie sullivan								=	ol (K - 12							
Street Address	-								hapter 8 (0			(-12)				
Street Address								Other Bldgs	(Private/0./Homes,	comme etc.	ercial					
							Squa	re Feet	# of Floo	rs	В	ldg. A	lge .			
City (5)	Cor	ınty (6)			1337	unty Code (7)	Current Use (Prior if being demolished)									
WESTFIELD	IIN	NION			(St	ate use only)	Curr	ent Use (F	Prior if bein	eing demolished)						
Name of Monitoring Firm Hired by				ASCM No.	<u> </u>	Name of Abatement	Contrac	tor (0)								
rearra or mornioring rann randa by	Diag. Owi	101 (0)		ASCIVI NO.												
Street Address					_	D & S RESTOR	ATION	I, INC.								
Street Address																
City, State, Zip Code						20 California A	ve.									
Oity, State, 2ip Code						City, State, Zip Code										
Project Manager for Monitoring Firm	2	T.F	No and Alicent		_	Paterson, NJ 07	503		TI							
Project Manager for Monitoning Pilin	U.		hone Numb	per		Telephone Number 973-345-8020			License	1169	per					
V						Name of OSHA Mon	itor			1109						
Start Date (10)	Sche	d. Comple	tion Date (1	1)		D & S Restorati										
03/06/17	03/2	0/17			- 1	Street Address	on, me									
Occupancy Status During Abateme	nt (Check	only one)	PLOCE ALTERNATION			20 California Av	enue									
Facility closed/vacated during						City, State, Zip Code	Cirac					_				
Abatement performed outside Describe:		facility ho	urs-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
Other-Describe: NORMAL I	IOURS					Paterson, NJ 07	503									
Scope of Work (check all that appl							Full Con	tainment v	w/negative	nress	ure		_			
≥3 sf or ≥3 lf	Renovation	on					Mini-end		willoguave	prose	uic					
□ ≥160 sf or ≥260 lf	Demolitio					☒	Gloveba	g procedu	ire							
	100000000000000000000000000000000000000	2000					Non-Ex	empted (*)	and Non-	friable	_	_	-			
Location of asbestos-containing		enance/cu	used solely stodial	1	7929	20 80 90 NOSC		A		e	R	E n	E			
material (acm) to be	staff(12)			Description material (/		asbestos-containing		Amount (Specify S	SF or	m	р	С	n			
abated in facility (13)	Yes	No	N/A	l material (,			ĹF)		o v	a	a	L			
DACEMENT				DIDE DIGIT	r A T	IOM	- 07	1.0		e	r					
BASEMENT crawl space		X	-	PIPE INSU			27					닏	부			
				PIPE INSUI			28				ᆜ		부			
BASEMENT		-	BARE HEA	IIN	G PIPES	50	ı ît		1			닏				
										Ш	닏					
Registered Waste Hauler		<u></u>			7						Ш	Ш				
D & S RESTORATION, INC.	NJD 135	EP Hauler 506	CONTRACTOR HE MANY	ubic Yards of W 2 yds	vaste	Name of Registered TULLYTOWN,		JRCF RI	ECOVER	Y						
City, State			Disposal D		-	City, State	.0000	THEL IN	JOO VER		-					
PATERSON, NJ 07503			03/07/1			TULLYTOWN,	PA									
Completed by (Print or Type)	Title			Signature					Date				_			
BOGDAN JOLDZIC	PRESID	ENT		(5.5.0)					02/22	/17						
	Do not us	a this form	for schoete	e licaneura ava	mnto	d activities										

CKL0999

D&S Proj. #: 17-61

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

In.	E	G	E		V	E	
		FEB	2	8	2017		

								FEB	28	201	7	114
Date of Notification (1)		Name of	Building Ow	ner/Operator (2))		-					1 ILLEWS
0 2 / 2 3 / 1 7		DAVI	D WASSEI	RMAN			AS	BESTO:	S 00	NITE	(0)	2
Agencies Notified Type Notifica	ation	Street Ad	ddress						:1/15		102	<u> </u>
DEP Amended												
Amendment #	ŧ:	City, Sta	te, Zip Code						_			
DOL Emergency	, —	Fair I	awn, NJ 07	7410								
DOH (including		Name of			_		Telephor	ne Numbe	er			
□ DCA justification □ Cancellation		DAV	ID WASSE	RMAN			l,					
Cancellatio	11	2		CILITY INFORM	ATIO	N						_
Name of facility where abatement	is taking	place (3)			, , , , ,		Type of Facility	(4)		110-70-0-2		
		**************************************						ol (K - 12)	1			
DAVID WASSERMAN Street Address							The state of the s	apter 8 (0			(-12)	
Street Address								(Private/C /Homes, e		ercial		
							Square Feet	# of Floo	rs	В	ldg. A	Age
City (5)	Co	unty (6)				unty Code (7) ate use only)						
Fair Lawn	В	ERGEN			(30	ate use only)	Current Use (P	rior if beir	ig den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)		ASCM No.	\neg	Name of Abatement (Contractor (9)					
						D & S RESTORA	ATION, INC.					
Street Address					_	Street Address						
						20 California Av	e.					
City, State, Zip Code						City, State, Zip Code	a alama				"	
						Paterson, NJ 075	503					
Project Manager for Monitoring Firn	n		Phone Numb	per		Telephone Number		License		er		
						973-345-8020		0	1169			
Start Date (10)	Sche	ed. Comple	etion Date (1	1)	_	Name of OSHA Monit						
03/15/17	03/3	31/17				D & S Restoration	on, Inc.					
Occupancy Status During Abateme			144		_	20 California Ave						
Facility closed/vacated during	entire pe	riod of aba	atement.			City, State, Zip Code	enue				_	
Abatement performed outside Describe:	of norma	al facility he	ours-			Oity, Gtate, Zip Gode						
Other-Describe: NORMAL F	IOURS				_	Paterson, NJ 075	503					
Scope of Work (check all that apply	y)					ПЕ	ull Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovat	ion				□ v	Mini-enclosure		48			
≥160 sf or ≥260 lf	Demolitio	on					Slovebag procedur		c:			
Location of	Is location	on normal	ly used solely	/			Non-Exempted (*)	and Non-	TRADIE	R	Eaure	,
asbestos-containing	by main	tenance/c			n of a	asbestos-containing	Amount		e	е	n	E
material (acm) to be abated in facility (13)	staff(12)	 		material (A			(Specify S	For	m o	p a	c	c
abated in racinty (15)	Yes	No	N/A				LF)		v e	i	p	L
basement storage rm				PIPE INSUI	LAT	ION	9 L FT		×			$\dagger \Box$
BASEMENT rec . RM				PIPE INSUI	LAT	ION	12 L FT		M			
BASEMENT BY BOILER				PIPE FITTI	NG I	NSULATION	8 ELBOWS		X			
Registered Waste Hauler D & S RESTORATION, INC.		DEP Haule		ubic Yards of W	/aste	Name of Registered I						
Dity, State		506		yd.	-	TULLYTOWN, F	RESOURCE RE	COVER	Υ			
PATERSON, NJ 07503			Disposal D 03/16/1			City, State TULLYTOWN, 1	DA					
Completed by (Print or Type)	Title		-1	Signature	_	1 TOLLI TOWN,	I A	Date				
BOGDAN JOLDZIC	PRESIL	DENT						02/23	2017			

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursu	ıant	to N	.J.A.	<u>C.</u> 8:	60 and	12:1	20)	Ck:	# 31	63		
Date of Notification (1) 2/23	/17						/ Operato		1	NE		\mathbb{V}	E	1111
Agencies Notified Type I EPA DEP DOL DOH DCA Type I	Notification Initial Amended Emergency Cancellation		Stree 125 City, Sout Name	t Addr W. So State	ess outh 0 & Zip (ange,	Orange Code New C	e Avenue Jersey		e en el esta esta en el esta e	ASB ASB	Telenh	201	8	Tar T
	-		FA	CILIT	Y INF	ORM	ATION			***********	LIOMITO			-
Name of Facility Where Ab South Orange Central Street Address 125 W. South Orange A	Office	ng Place (Тур 	e of Facil School (Subchar Other (i.	K-12) oter 8 (0 e. priva		ercial build			etc.)	
City (5)	County (6	() [Co	untv	Code	(7)	- Squ	are Feet 36260		# of Floors	1	Bldg. Ag			
South Orange	Essex		ounty	oode	(,)		The state of the s	(Prior if	being den	I.S.		70		
Name of Monitoring Firm H USA ENVIRONMENTA Street Address				ASC	CM No	BR	ISTOL E	NVIR	Contractor ONMENTA					
8436 ENTERPRISE AVE							et Addres 3 BEAV		REET					
City, State & Zip Code PHILADELPHIA PA 191	22.0001	I - .				BR	City, State & Zip Code BRISTOL, PA 19007 Telephone Number License Number							
Project Manager for Monito MARK JENKINS		215-	365-	THE RESERVE OF THE PARTY.		100 200	-788-60			License	Number 0050	9		
Scheduled Start Date (10) March 23, 2017	Scheduled	Completic April 7)		ne of OSH		itor DNMENTA	AL INC				
Occupancy Status During A Facility Closed/Vac Abatement Perform Describe: (5 PM Facility Occupied D Scope of Work (Check all til	ated During Enti ed Outside of N 1:30 AM) uring Abatemen	re Period ormal Ho	of Ab			City	1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007							
≥3 sf or ≥3 lf≥160 sf ≥260 lf				novatio			Full Containment with Negative F Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable F							
Location of Asbestos-Con Material (AC TO BE ABA) in Facility (13)	Norn Se Main	(12) c				Description of Amount (Specify Material (ACM) SF or LF) (i.e., thermal systems nsulation, surfacing, VAT or other miscellaneous)					Repair	Encapsulate	ype Enclsoure	
Basement Battery Roor Basement Janitors Stor			-				/at/mast	10000		1100 SF	- House,			
1 St Floor Frame (column						/at/mast /at/mast			1300SF 130SF					
Name of Registered Waste		На	DEP Vuler ID	No.	ste Cubic Yards Name of Registered Landfill									
City, State NEW CASTLE, DE 1972		Disp				Disposal Date City, State TBD WAYNESBURG, OH 44688								
Completed By (Print or Type PATRICK T. DeCARO	r)		Title Si				trick D. O'Coro / Date 2/23/17							

State of New Jersey

10.	TIFICATION	OF	ASBES"	TOS	ABATE	MEN
	(Pursuan	t to	NJAC 8:	60 ar	nd 5:16)	

Date of Notification (1)			Name of Building Owner/Operator (2)												
/ /	17	_	NY Major Constrution												
Agencies Notified Type Notifi	cation			Stree	t Address			- A	SBESTOS COI	THO)L &		1		
				17	36 55 th St	tree	t	1	LICENSIA	G					
□ DOLWD □ Amende					State, Zip						***************************************				
□ DOH					ooklyn, N										
DCA Emerge		luding			e of Contac		1204								
(NJAC 5:23-8) justifica				Sa		I.			Talanhone Niim	her					
			7/1	1		NFO	RMATION			_					
Name of Facility Where Abatement is	Taking	Place	(3)					Type of Facility	(4)	_					
Warehouse			(-/					School (K-1							
Street Address									8 (Other than K-12)					
300 Hoyt Street								Other (i.e.,	orivate and comme	rcial b	uildin	gs,			
The state of the s								homes, etc.)			30 80			
City (5)								Square Feet	# of Floors	В	ldg. A	ge			
Kearny								25,000	2		80				
County (6)				Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (P	rior if being demolis	hed)					
Hudson								Warehouse							
Name of Monitoring Firm Hired by Bui	lding Ov	vner (8	3)	ASCM	No.	Na	ame of Abateme	tement Contractor (9)							
Guardian Contracting, Inc.								ntracting, Inc.	T()						
Street Address						-	reet Address	madang, mo.							
1889 Rte. 9, Unit 61						Schools		11=14-04							
City, State, Zip Code							1889 Route 9								
	_					1	ty, State, Zip Co								
Toms River, New Jersey 0875						-		New Jersey 08	3755						
Project Manager for Monitoring Firm				phone		Те	lephone No.		License No.						
Nicholas Fernicola				32-349		1	732-349-9932		00624						
	Schedul					Na	me of OSHA M	lonitor							
02/27/17	03	_ /	_ 24	L.M.S.L. Analytical											
Occupancy Status During Abatement (Street Address										
□ Facility Closed/Vacated During Ent	ire Perio	d of A	bate	ment		1	1056 Stelton								
☐ Abatement Performed Outside of N	ormal F	acility	Hou	s - Des	s - Describe City State Zin Code										
Time of Abatement:AM	PM/		PM-		AM	1 2		New Jersey 08	854						
Scope of Work (Check all that apply)						S		•							
≥3 sf or ≥3 lf	_	Ren	ovoti	0.0			☐ Full Cont	ainment with Neg	gative Pressure						
⊠ ≥160 sf or ≥260 lf] Den					☐ Mini-Encl	osure Procedure							
							☐ Non-Exer	mpted (*) and No	n-Friable Procedur	е					
			ocat							_	atem	ent T	vne		
Location of			orma				Description of	f			1				
Asbestos-Containing Material (ACN	1)	Used Main					Containing Mat		Amount	Ren	Repair	inc	inc		
TO BE ABATED IN Facility		Custo			(i.e.	., the	ermal systems i surfacing, VAT,	nsulation,	(Specify	Removal	ai.	aps	Enclosure		
(13)			(12)				her miscellaned		SF or LF)	<u>m</u>		Encapsulate	ле		
	1	Yes	No	N/A								te			
1 st & 2 nd floor			\boxtimes		fireproo	fing	3		15,170 sf			П	П		
1 st & 2 nd floor			asbesto	s fl	oor tile & ma	stic	3500 sf		П						
boiler room	\boxtimes		asbesto	s p	ipe insulation	n	30 If		П	П					
boiler room	\boxtimes		duct ins	ula	tion		100 sf								
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cut	oic Yards of	Name of Regis				_			
Guardian Contracting, Inc.	Н	auler ID		Wa	ste	T.R.R.F.	Euroilli								
City, State	20223 60														
Toms River, New Jersey		Disposal Date City, State 03/27/17 Tullytewn, Pennsylvania													
Completed By (Print or Type)															
Nicholas Fernicola	Title	inct a	Signature Date												
ACD 44	10	lect IV	папа	nager 2/24/17											

Date of Notification (1)		Name o	of Building Owner/	Operator	(2)					0.0	
02/24/2017	' .	1		even	& Gail Bue	erkei	JE O			\mathbb{W}_{-}	E
Agencies Notified Type Notification		Street A	Address			Annual designation of the second			-		
EPA X Initial Amended Amendment		City, St	ate, Zip Code W	est C	hester, PA	193	380 FE	Вг	8	2017	
Emergency (justification) DCA Cancellation	including	Name o	of Contact Ste	ven		1 5-	• •		419		
		FAC	ILITY INFORMAT								
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility	(4)					
Residence Street Addr						r 8 (Oth	er than K-12 & commercia		dings,	home	es,
City (5) Surf City					Square Feet 1520 SF	# 0	f Floors 2	В	ldg. A	ge 0+	
County (6) Ocean		County (STATE	Code (7) USE ONLY)		Current Use (Pri		ing demolish dence	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	M No.		of Abatement Co afeWay Ab			С			
Street Address					Address 8 Bartlett A	Ave					
City, State, Zip Code				City, S	tate, Zip Code est Creek,	NJ	08092				
Project Manager for Monitoring Firm		Telepho	one No.	Teleph 60	none No. 09-618-59	55	License No 01	319)		
Start Date (10) 03/06/2017	Scheduled 03/	ompletion 11/20	Date (11) 17	Name	of OSHA Monitor	N	/A				
Occupancy Status During Abatement (Chec	k Only One)			Street	Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Abai al Facility Ho	ement urs City, State, Zip Code									
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	ovation olition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
	lallo	cation			3 NOT Exemple	7 411	a mon mad	1	1000	ement	
Location of	Norr	nally	De	escription	of				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	olely by nance/ al Staff? 2)	Asbestos Cor (i.e. therma surfa	taining N	faterial (ACM) s insulation, T, or	(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior	>	,	Sic	siding 1520 SF x						\vdash	
Exterior			OIC				720 01				
Name of Registered Waste Hauler		NJDEP Waste									
Timster Trucking Inc		Hauler ID No. 21079 of Waste TBD Waste Management					t				
West Creek, NJ			sal Date	the second	T(ıliytowr	(8)	A	,		
Completed by Amanda Mears	Title	ner- Safeway Signature Date 2 2							1/1	7	

10 CK

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

Check # 11564

										SHECK	K # 1	150	+				
Date of Notification (1)) February 24 ebruary 1, 201					ng Owner				land Div	rision.		0 5				- Taraba
Agencies Notified	Type Notificat			_	Address		icui	cai oenit	or man	iana Div		16	G	5 1	$-\mathbb{V}$	E	
ЕРА	450			65 We	st Jimm	ie Leeds	Ro	ad									
□DEP □DOL	☐ Initial			City	State & Zi	n Codo					111	<u> F</u>	EB	28	201	7	i land
	Amer	ded			na, NJ (· · ·					
DOH	Amer	dment #_2	2_									ASBE					
DCA	Cano	ellation		Name	of Conta	ct						-	1 Tele	ephor	ne Nu	mbe	r
				FA	CILITY	INFOR	MA	ATION					7				-
Name of Facility When AtlantiCare Regional	e Abatement i Medical Cent	s Taking F er – Main	Place (3)	sion			Тур	e of Facili School (
Street Address				1.19			Ħ		oter 8 (Ot	her than	K-12)						
65 West Jimmie Leed	ds Road					li	\boxtimes	Other (i	.e., priva	ate & co	mmer	cial buil	dings	, hor	ne, e	tc.)	
0:1- (5)						5	Squ	are Feet		# of Floo	ors		Bldg	. Age			
City (5) Pomona, NJ								rent Use (Prior if be	ing dem	olished)		4	2 Yea	rs	
County (6) Atlantic			ounty Code			ľ	105	pital									
Name of Monitoring Fi	rm Hired by Bu				ASCM	No. N	Van	ne of Abat	tement C	ontractor	(9)						
Hillmann Consulting, Street Address	Inc.		88 88					atech, Inc			2000						
1600 Route 22 East, \$	Ste 107							et Addres Radio Ro									
City, State & Zip Code	Ų.							State & 2									
Union, NJ 07083 Project Manager for M	Te	lephone N	Number			e Egg Ha		08087		License	Numh	er					
Stephen Cherepany	Stephen Cherepany						09-	296-6916	i					0081	7		
Scheduled Start Date (February 13,		Scheduled		on Date (100		ne of OSH atech, Inc		r							
Occupancy Status Dur	ing Abatemen		nly one)	15-11 17V	Street Address												
	d/Vacated Dur				atement 829 Radio Road City, State & Zip Code												
Abatement Pe		de of Noti	nai nouis	•		rbor, NJ	08087										
Facility Occup	oied During Ab	atement						-33	,								
Scope of Work (Check	all that apply)							10-20									
									Full Conf				Pressu	ire			
≥3 sf or ≥ 50 lf ≥160 sf or ≥260	1£			Renovatio Demolitio				\bowtie	Mini-End	losure							
△ ≥160 St 01 ≥260	П			Demonito	11			K	Glovebag Non-Exe			on Erioh	alo Pro	oodu	ro		
Loca	tion of		Is Locati	on Norma	Illy Used			Descripti	-	mpteut	and iv	OII-I Hab	JIE I I I	_	ateme	ent T	ype
Asbestos-Contain	ning Material (A ABATED	(CM)		y Mainten dial Staff				bestos-Co Material (unt (Spe		10000			
	acility		Cusic	ulai Staii	(12)			, thermal				F OI LF)	'			_	
(*	13)							ation, surfa						R	ת	Enc	En
						0	וס זו	her misce	ellaneous)				Remova	Repair	apsı	clos
			Yes	No	N/A									val	air	Encapsulate	Enclosure
First Floor					X		-	Floor T	Tile		1	,600 SF		Х		\dashv	
Endo Suite					Х			Floor T	Tile		4	,000 SF		Х			
Name of Registered Waste Hauler NJDEP V					Waste Cubic Yards of Waste Name of Regis					f Dogista	harad Landell						
Hauler ID						i aius Ui V	vas	, C			istered Landfill						
Synatech, Inc. 274: City, State					30 Disnos	al Date	100-5-		Fairless								
					Dispos	ai Date	ate City, State										
Little Egg Harbor, NJ	08087	Title			-	1, 2017			Morrisv		-1-						
Completed By		Title			Signati	n.e	1	20			ate Fe	bruary	24, 20	17			
Diane Aloia	e Admini	strator	11/1	leve													

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

Check # 11564

Date of Notification (1)			Name	of Buildin	g Owner / Opera	ator (2)	Division F									
Agencies Notified	Type Notification		_	Address	gional Medical	Center - Mainland	Division E C		$ \forall$	-	F					
ЕРА	.,,				e Leeds Road					7						
DEP							III FEB	28 2	2017	i	1					
⊠DOL	Initial		100000000000000000000000000000000000000	tate & Zip						100	T-Broper"					
⊠ DOH	Amended Amendment # 1	I.	Pomoi	na, NJ 0	8240		ASBESTOS	CON	TRO	1 8						
DCA	Cancellation	-	Name	of Contac	ct		lin=	MICHAL	^ **							
										100						
			FAG	CILITY	INFORMATION	ON										
	e Abatement is Taking F Medical Center – Main		ion			Facility (4) hool (K-12)										
Street Address	Wedical Center - Man	Ianu Divis	51011			bchapter 8 (Other th	an K-12)									
65 West Jimmie Leed	ls Road						commercial building	s. hon	ne. e	tc.)						
					Square			lg. Age		,	-					
City (5)								4:	2 Yea	rs						
Pomona, NJ	-				Current Hospita	Use (Prior if being o	lemolished)									
County (6) Atlantic	U	ounty Code														
	rm Hired by Building Ow	ner (8)		ASCM	annuari Maria and Santa	f Abatement Contra	ctor (9)									
Hillmann Consulting, Street Address	inc.			1		Synatech, Inc. Street Address										
1600 Route 22 East, S					829 Rad	829 Radio Road										
City, State & Zip Code Union, NJ 07083						ate & Zip Code gg Harbor, NJ 080	R7									
Project Manager for Me	onitoring Firm	Те	lephone N	lumber		ne Number	License Num	nber								
Stephen Cherepany	un la com		8-688-780		609-296			0081	7							
Scheduled Start Date (February 13, 2			on Date (* I 10, 2017		Synated	f OSHA Monitor ch, Inc.										
Occupancy Status Dur	ing Abatement (Check o	nly one)	A1 1		Street A											
	d/Vacated During Entire erformed Outside of Nor			829 Radio Road City, State & Zip Code												
Abatement Pe		nai riouis	•		R7											
	pied During Abatement					gg Harbor, NJ 080										
Scope of Work (Check	all that apply)						- Mariana di Amerika d									
		-					ent with Negative Press	sure								
≥3 sf or ≥ 50 lf			Renovation			Mini-Enclosur	е									
≥160 sf or ≥260	If		Demolitio	n		Glovebag Pro										
		1					ed(*) and Non-Friable P			- 1 =						
	tion of ing Material (ACM)		on Norma y Mainten			scription of tos-Containing	Amount (Specify	AD	ateme	ent 1	/pe					
TO BE	ABATED		dial Staff		Mat	erial (ACM)	SF or LF)									
TO AND COLUMN	acility 13)					ermal systems n, surfacing, VAT		_		m	m					
,	,					miscellaneous)		den	Re	cap	ncl					
								Removal	Repair	Encapsulate	Enclosure					
		Yes	No	N/A				=		ate	o o					
First Floor				Х	Floor T	ile and Mastic	1,600 SF	Х		\sqcap						
Endo Suite				Х	F	loor Tile	4,000 SF	X								
]									
Name of Davidson J.W.	leafe Heales															
Name of Registered W	Naste) No.	Cubic '	Yards of Waste	Name of Re	gistered Landfill											
Synatech, Inc.	429	30	Fairless Hills													
City, State	Disposal Date City, State															
Little Egg Harbor, NJ		April 11, 2017 Morrisville, PA														
Completed By	Title			Signati	ore //	1	Date February 22	2017								
Diane Aloia	Executiv	strator	1	Une al	Ine allow February 22, 2017 February 1, 2017											

Check # 11501

Name of Building Owner / Operator (2) Date of Notification (1) AtlantiCare Regional Medical Center - Mainland Division February 1, 2017 Street Address Type Notification Agencies Notified 65 West Jimmie Leeds Road 28 2017 TEPA FEB DEP City, State & Zip Code Initial XIDOL Pomona, NJ 08240 ASBESTOS CONTROL & Amended **XDOH** Amendment # THE SING. Name of Contact DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center - Mainland Division School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, home, etc.) 65 West Jimmie Leeds Road Bldg. Age # of Floors Square Feet 42 Years City (5) Current Use (Prior if being demolished) Pomona, NJ Hospital County Code (7) County (6) USE ONLY Atlantic Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Synatech, Inc. Hillmann Consulting, Inc. Street Address Street Address 829 Radio Road 1600 Route 22 East, Ste 107 City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Union, NJ 07083 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00817 908-688-7800 609-296-6916 Stephen Cherepany Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) Synatech, Inc. February 13, 2017 March 13, 2017 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road City, State & Zip Code Abatement Performed Outside of Normal Hours X Little Egg Harbor, NJ 08087 Other - Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure __ ≥3 sf or ≥ 50 lf Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted(*) and Non-Friable Procedure Description of Abatement Type Is Location Normally Used Location of Amount (Specify Asbestos-Containing Solely by Maintenance or Asbestos-Containing Material (ACM) SF or LF) Material (ACM) Custodial Staff? (12) TO BE ABATED (i.e., thermal systems IN Facility Encapsulate insulation, surfacing, VAT Enclosure (13)Remova Repair or other miscellaneous) N/A Yes No 1,600 SF X Floor Tile and Mastic X First Floor Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Fairless Hills 27429 Synatech, Inc. Disposal Date City, State City, State Morrisville, PA March 14, 2017 Little Egg Harbor, NJ 08087 Date Signature Title Completed By IVa February 1, 2017 **Executive Administrator** Diane Aloia

Date of Notification (1)				of Duilding Owner				Mil de Co		5574			
01/23/2017				of Building Owner aret Lesniak	/Operato	r (2)		FEB :	288	0	n#	H	50
Agencies Notified EPA DEP DOI Amended Amendme	ent #			tate, Zip Code mit, NJ 07901	ASBESTOS CONTROL & LICENSING								
➤ DOH Emergence justification Cancellati	n)	ig	Name	of Contact aret Lesniak				Teleph	one Nu	mber	7	-	
Name of Facility Where Abatement is Tal	ring Plags	(2)	FAC	CILITY INFORMA	TION							Nat 10 - 10	
Residence	ang Flace	(3)					of Facility (
Circot Addrage						I S	School (K-1 Subchapter Other (i.e. p	2) 8 (Other th rivate & co	nan K-1 mmerc	2) ial bu	ilding	s, hon	nes
Summit							tc.)	# of Flo			Bldg.	and the second	
County (6) Union			County (STATE	Code (7) USE ONLY)		Currer		or if being d	lemolis	hed)	Miller - Pile		
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8	3)	ASC	M No.		of Abate	ement Con	tractor (9)				100	
Street Address					Street	Address McBrid	S				**********		
City, State, Zip Code						tate, Zip dland l	Code Park, NJ	07424					+
roject Manager for Monitoring Firm			Telepho	one No.	Teleph	Telephone No. License No. 973-225-8400 01104							
Start Date (10) 03/13/2017	03/14/	/2017	mpletion	Date (11)		me of OSHA Monitor S Environmental Laboratories,LLC							
Cocupancy Status During Abatement (Che X Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Ahater	ment		Street 2333	Address Route	22 Wes						
Other Describe:		, , , , , ,				tate, Zip n, NJ 0							
Scope of Work (Check All That Apply)	-		HC-C	***************************************							- 1000000		
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Property of	Renova Demolii			×	Mini- Glove	Enclosure ebag Proce	nt with Neg edure (*) and Nor				n	
Location of	s Locati Normal	lly	Do	n aviatia.					Abatemer Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole aintena stodial s (12)	nce/	Asbestos Con (i.e. thermal surfa	scription of taining Material (ACM) systems insulation, cing, VAT, or niscellaneous)		ACM) on,	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Lindonie	
L i	Yes	No	N/A							=		ate	α
basement area			X	pipe	insulat	ion		100 LI	F	X			
											Water Street		
ame of Registered Waste Hauler		I NI	JDEP W	asto Out	Vost								100
lich Corporation		H	auler ID 3724			4	Name of Re GROWS	egistered L Landfill	andfill				
ty, State oodland Park, New Jersey				Dispos	al Date		City, State Morrisville	e, PA					
ompleted by driana Olejarova	Title presid	dent		S	ignature,	NO.		C 1.1	Date 02/	23/2	017		

Check#2725			101	7.00	HON OF	ASBESTOS AE	BATEMEN.	T [[7]	15 (ا س		W
Date of Notification (1)				(1 01	Sualit to	NJAC 8:60 and	5:16)	· [[U]	1	9 6	> U	U
		2000			Name of Bu	ilding Owner/Operat	or (2)	- 10				
	/ _		_	11 (2)	Cate Wrigh		(2)	U L	FE	B 2	8	201
	e Notifica	ation			Street Addre	l ess		- Indiana	į			-011
N - a	nitial					,,,,			ASPEC	TOO	0.0	
	Amended Imendme			. 17				1 '	ASBES"	105	CON USIN	VTR
DCA DE	mergen	ill #_	. 41*								10117	9
(110/10 3.23-0)	ustificatio	n)	aing	D	oonton, N.	07005						
C	ancellati	on					Wars.	Telepho	ne Numb	er		
					ate Wright			1	228 II	-		
Name of Facility Where Abatem	nent is Ta	akina P	ace (2)	FACILITY	INFORMATION	ý.			_		_
Private house	100	9	ace (3)			Type of Fa	acility (4)				_
Street Address							☐ School	(K-12)				
							- I Subcha	apter 8 (Other the	an K-1 2)			
City (5)							homes.	I.e., private and	commerc	ial bui	ildings	3,
Boonton, NJ 07005							Square Fe					
County (6)								# U! FIO	UIS	Blo	ig. Ag	е
Morris				C	ounty Code (7) (STATE USE ONLY)	Current He	e (Prior if being	den	1		
Name of Monitoring Firm Hired b	v Ruitar						3	- (i noi ii being i	aemolish	ed)		
J. mirmed D	y buildin	ig Own	er (8)	ASC	CM No.	Name of Abatem	ent Contract	or (0)				
Street Address						Gr Tech LLC	00111111111111111111111111111111111	J. (3)				
						Street Address						
City, State, Zip Code						576 Valley Rd	H202					
Lip Oode						City, State, Zip C	7283 Ode					
Project Manager for Monitoring Fin						Wayne, NJ 074						
,	гm		Te	elephor	ie No.	Telephone No.	70					
Start Date (10)						973-638-1777		License 1	Vo.			
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03 / 07 / 17	Sch	eduled	Comp	letion [Date (11)	Name of OSHA	lonitas	01127				
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CL De	79L	1	(Pursi	uant to <u>N.J.A.C</u>	. 8:60-7 and 12:1		Management			28	2017					
Date of Notification (1) February 24, 2017					Name of Building Bloomfield C		perator (2)	L	1 - 0	2	6011	marre				
Agencies Notified		Notification Initia		fication	Street Address 467 Franklin			ASI	BESTO	S CO	NTRO	L&				
⊠ EPA		Amende			City, State, Zip Co				LIC	ENO	40					
□ DCA		□ Emerg			Bloomfield,		003									
x DOL		justific		nora amg	Name of Contact		-			• -						
		☐ Cancel			Jack Mc Gran											
X DON		1		FACILITY INF	ORMATION					77.						
					Type of Facility (4)	1										
Bloomfield College-	College	Hall			☐ School (K-12)											
Street Address					Subchapter :											
171 Liberty Street					Other (i.e. priva											
City (5)	County (6)	County	Code (7)	<u>Sq. Feet:</u> 2,00	UU # OT	Floors: 4	Blag.	Age:	50+ ye	ars					
Bloomfield	Essex	1		Use Only)	Current Use (prior	r if being o	demolished)	:								
	d by Bldg. (Owner (8)	ASCM	No.	Name of Contracto	or (9)			verson entire							
Envirovision, inc.					GREENWOOD	ABATE	MENT C	DNSU	LTANT	S, INC	3 .					
Street Address				Street Address												
20-21 Wagaraw Road	, Bldg #	35E			511 MAIN STR	REET										
City, State, Zip Code Fairlawn N.I. 07410			City State, ZipCode Butler, NJ 07405													
					Telephone Number License Number											
Fred Larson		973-636-9	145													
		I-6 D-6- (44)		973-492-0477		00840										
		March 12		Account for the contract of th	Name of OSHA Mo	onitor										
Water 1, 2011		IVIATOR 12	, 2017		EMSL Inc.											
					Street Address											
Abatement Performed					1056 Stelton Road											
	n Occu	niod			City, State, Zip Coo	<u>ae</u>										
Other - Describe. No)11-Occu	pieu			Piscataway, NJ 08854											
February 24, 2017 Agencies Notified □ EPA □ DCA □ DCA □ DEP □ DOH Name of Facility Where Abatement is Taking Pla Bloomfield College- College Hall Street Address 171 Liberty Street City. (5) Bloomfield Essex Name of Monitoring Firm Hired by Bldg. Owner (Envirovision, inc. Street Address 20-21 Wagaraw Road, Bldg # 35E City. State. Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm Fred Larson Scheduled Start Date (10) March 7, 2017 Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Describe Other - Describe: Non-Occupied Source of Work (Check all that apply) ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 Location of Asbestos-Containing Material (ACM) in Facility (13) Name of Reg. Waste Hauler See Hauler Below # 1 & 2 Hauler #1) Greenwood Abatement Corn NJ DEP # 12561 Hauler #2) Newark Carting, Inc Neward Completed by (Print or Type) Marin Graure Notific IN Action In Staking Pla Rain Graure Notific IN																
> 2 of or > 2 If				☑ Renovat	ion		Full Conta Mini-En			egative	Pressu	re				
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Location of Asbestos-Containi	ng Is Lo	cation Normall	y Used		estos Containing Ma		Amoun	t	Abatem	ent Typ	e					
Material (ACM) in Facility (13)	1,102,000,000	ly by Maint./Cu	stodial		al systems insulation	n, surfacing	ALL MARKET	y SF	Remove	Renair	Encap E	nclose				
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Rooms # 108 & 109		X		VAT		160 s	f	X	T							
				Fume Hoods-	Transite		200 s		X							
	2	NJDEP Wast See Below		ID#	Cubic Yards of Wa	/aste: 20			of Registered Landfill owfill Landfill							
		000 -0.0		Butler, NJ 0	7405		Disposal Dat		2	City, Sta						
			,	, , ,,,				004	12.2		, Box 68					
		Newark, NJ	04509,	NJ DEP # 19551		l l	March 12	, 2017		304-842	ort, WVA -2784					
Completed by (Print or Type)		<u> </u>			Signature			Date	110							
Marin Graure		SENIOR PE		T	Marin Graure February 24, 2017											
MANAGER				110000000 97.0000000												

State of New Jersey Check # 3708 NOTIFICATION OF ASBESTOS ABATEMENT Project # (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) National Guard Armory 02/20/2017 Type Notification Street Address Agencies Notified 28 2017 FEB 2001 Grove St Initial EPA City, State, Zip Code DEP Amended Cherry Hill, NJ Amendment # DOL BESTOS CONTROL & Emergency (including Name of Contact VSING justification) DOH DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) National Guard Armory School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 2001 Grove St etc.) City (5) Cherry Hill, NJ Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Camden Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Nick Restoration LLC Street Address Street Address 72 Brookside Rd 1253 North Church St City, State, Zip Code City, State, Zip Code Randolph NJ 07869 Moorestown, NJ 08057 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 01133 973-933-2550 (856)840-8800 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) IRIS 02/27/2017 02/24/2017 Street Address Occupancy Status During Abatement (Check Only One) 2333 RT 22 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Union, NJ 07083 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement

	44.5	Normal			Description of				Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintenar todial S (12)	ly by nce/		estos Containing Mate e. thermal systems in surfacing, VAT, o other miscellaneo	sulation, or	Amount (Specify SF or LF)	Removal	Repair	T _m	Enclosure			
	Yes	No	N/A							6				
Boiler Room		×		TSI			45 LF	*						
Restroom/ Shower		N.		TSI			205 LF	*						
					· Name of the second second			+	-	-				
Name of Registered Waste Hauler Nick Restoration LLC			J JDEP V lauler ID 3782		Cubic Yards of Waste TBD	Name of	of Registered Landfill							
City, State Randolph, NJ 07869					Disposal Date TBD	City, St	ate wn. PA							

Signature

Title

President

Completed by

Elvira Mrda

Date

02/20/2017

Date of Notification (1) Agencias Notified Document (1) Dep	Project #	7	NO	TIFICAT	State of New TION OF ASBES	STOS ABAT	EMENT	[a]	270	0					
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