

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

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Date of Notification					ner/Operator (2	2)				CDECTO	20.00	MIT	701	10
Agencies Notified	Type Notifica	tion	TONY						F	SBESTO	12 C	NI I	HUL	α
EPA	Initial		Street Add	ress					Name of the last o					-
☐ DEP	Amended													
_	Amendment #	:	City, State	Zip Code										
□ DOL	☐ Emergency		CRAN	FORD, NJ	07016									
□ DOH	(including justification)	\ †	Name of Co	ontact					Telepho	one Numbe	er			
☐ DCA	Cancellatio		TONY	PACE					I					
				FAC	ILITY INFORM	MATIO	N							
Name of facility wh	here abatement	is taking p	lace (3)					TT.	Type of Facility					
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Street Address								-		chapter 8 (0 r (Private/0			(-12)	
Otreet Address										s./Homes,		lClai		
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City (5)		Cou	inty (6)				unty Code (7)			-				
CRANFORD		III	NION			(Sta	ate use only)		Current Use (Prior if beir	ng den	nolish	ed)	
Name of Monitorin	g Firm Hired by				ASCM No.	Ь,	Name of Abatem	ent Co	ntractor (9)					_
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Street Address						-	Street Address	OICH	ilon, inc.				_	
							20 California	a Ave.						
City, State, Zip Cod	e					-	City, State, Zip Co				10-10-10-1			
A768 00 10						- 1	Paterson, NJ		13					
Project Manager for	Monitoring Firm	1	P	hone Numb	er	-	Telephone Number			License	Numb	er		
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Start Date (10)		ISche	d Complet	ion Date (1	1)	_	Name of OSHA N	Monitor						
120 00			50		,		D & S Restor	ration	, Inc.					
01/17/17		01/3				_	Street Address							
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	erformed outside						City, State, Zip Co	ode						
Describe:						_	D.A NII	0750	2					
Other-Describ			+			_	Paterson, NJ			71				_
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abated in faci		Yes	No	N/A	material ((ACM)			LF)	SF 01	O V	а	а	C
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PATERSON, N.	J 07503			01/18/1			TULLYTOW	VN, P	A					
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Agencies Notified Type Notification Illinitial Illini			(FULSU	idir L	O MOMC	0.00-	/ and 12.120-//						
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ASSESTICS CONTRO State S	[]DEP	Notifi	ication	City,	State	, Zip	Code		- 1 bd bd	50.110	- "		*C # W
AGRISTICS CONTRO Contact Joseph Colaneri	[X]DOL	12. 12.1		Mi	llbu	rn, N	J,07041						
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Scope of Work (Check all that apply)								-					
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Solid Soli	scope of work (check	arr diac ap	DDTA1				[]Full (Containment wi	th Negative 1	Pressu	ire		
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5/ / / / Page	Montclair, NJ	07042				U	1/06/2017	waynesb	urg, Onio	0 44	580	5	
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		***		lle	5		Signature	-11/1	I		04/2	2017	7

State of New Jersey

Check # 15788

Ch 2562

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

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Date of Notification	(1) 01-06-2017	7		Nan	ne of	Buildin	g Owner / Opera	ator (2)			JAN 1	100	917	- 1
Agencies Notified	Type Notifi					ssociat dress	es			1				
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☐ DEP		al				e & Zip					LICEN	SINC	7110	/L CX
□ DOL		ended				1J 080					-			
□ DOH		ergency				Contac					1	-	+	Jr.
☐ DCA	☐ Can	cellation		Tara	Medir	a (Site	Manager) or Lana	Bright (F	Regional Proper	ty	-			51
			_		ager)	ITV IN	FORMATION							
Name of Facility Wh	nere Abatem	nent is Taking P	lace	(3)	ACIL	LITIN	Type of Fac	oility (4)						
		· · · · · · · · · · · · · · · · · · ·	1000	(0)			School							
Street Address									Other than K-	.12\				
620 West State Stre	et						Other ((i.e. priva	ate & commer	cial buildi	inas hor	nes	etc)	
0:4 - (5)							Square Fee	et	# of Floors		Bldg. Ag	je	010.)	
City (5)		County (6)	C	ounty	Code	e (7)	177,000		15			32		
Trenton, NJ 08618		Mercer					Current Use	e (Prior i	f being demol	lished)				
Name of Monitoring	Eirm Lirad I	by Building O			1.0		Apartment I			152				
Health and Safety S	ervices	by Building Owr	ier (8	5)	175,333	SCM No		atemen	t Contractor (9)				
Street Address	01 11000				11	1	Street Addre	lanagen	nent Group, L	LC				
P.O. Box 365							2115 Hamilt		Suita 202					
City, State & Zip Coo	ie						City, State 8							-7.05
Berlin, NJ 08009							Trenton, NJ		do					
Project Manager for	Monitoring F	irm			e Nun	nber	Telephone I			License	Number			
Mr. Jim Proctor	(4.0)	0.1.1.1.5		452-			609-914-42		of France		0118			
Scheduled Start Date 01-19-2017		Scheduled Con				1)	Name of OS			20				
Occupancy Status D				-2017					Laboratories,	Inc.				
Facility Close	ed/Vacated	During Entire Pe	eriod	of Ah	atam	ont	Street Addre							
Abatement P	erformed du	uring Normal Ho	onod	OI AL	atem	CIIL	2333 Route City, State &							
Describe: 8	3:30am - 6:0	00pm	2711271				Union, NJ 07	7083	ae .					
Facility Occu	pied During	Abatement												
Scope of Work (Ched	ck all that ap	oply)						0.000						
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	ial (ACM)		S	olely	by		Material (A		S	F or LF)			ш	_
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	Facility (13)	13	Custo		Staff?		insulation, surfa	cing, VA	T		Remova	Repair	Encapsula	Enclosure
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Resource Managemer	nt Group, LL	_C			35218		TBD	Grows	Landfill					
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renton, NJ 08619							TBD	City, S Morris	tate /ille, PA					
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Ir. Brian Haney	11-7			100000000	e siden	t l	Signature	X	la v		Date	2047		
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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	JAN	1	0	2017	

Date of Notification (1)					_	Name	of Buildin	na O	wner/Operator (2)	-		بل	AN_	10	201	7
1 /	9 /	17	13							PROVEMENT	AU	THORI	TY				
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(NJAC 5.23-8)						rvanne	or Cornac	ol .			-	ерпоп	CINUIII				
						FA	CILITY IN	NFO	RMATION		-						
Name of Facility Where A	batement is	Taking	Place	(3)						Type of Facility (4)						
ROOSEVELT HOSP	ITAL																
Street Address	Acc 5:23-8)																
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City (5)					-					Square Feet	#	of Floo	rs	В	dg. A	ge	
EDISON										>500,000					75+		
County (6)						Cour	nty Code (7	7)(ST	TATE USE ONLY)	Current Use (Prid	or if	being d	lemolis	hed)			
MIDDLE SEX										HOSPITAL							
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	A	SCM	No.	Na	ame of Abateme	ent Contractor (9)							
EHS						266			DELTA/BJDS	, INC							
Street Address								St	treet Address								
	OURT SUIT	TE E							1345 INDUST	RIAL BLVD							
City, State, Zip Code																	
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	CA JUAC 6:23-8)																
		350VA							BENSALEM, F	PA 19020							A500 T
	triat apply)								□ Full Conta	ainment with Nega	ative	Pressi	ure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf	Name of Contact																
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CHASE					-	_								+			
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2 ND FLOOR					_	Ц	PIPE IN	SUI	LATION			220 L	F				
	RT									MINERVA L	AN	DFILL					
City, State								Dis	sposal Date			e veces					
58 PYLES LANE, NE	W CASTLE	DE.	19720	0						WAYNESBU	JRC	6, OH 4	14688				
Completed By (Print or Typ	oe)	25000000							Signature	9		Λ	Dat	e			
Damian Lavelle		PF	ROJE	CT	۷IG	R.		_	Dame	in shand	1	le	1	-9-	2	01	7

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

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	JAN	1	0	2017		

0832-02		(P	ursua	int to NJ	AC 8:60 and 5:1	6)		JAN	10	12	017	7
Date of Notification (1)			Nam	e of Buildir	ng Owner/Operator	(2)	1-1	07111	-		011	
12 /27 /	16		TH	HE MIDDL	ESEX COUNT IN	PROVEMENT						
Agencies Notified Type Notif	ication		Stree	et Address			ASB ASB	ESTO				OL 8
☑ EPA ☐ Initial			10	1 INTER	CHANGE PLAZA		-	LIVE	21/10	HIAC	7	
			City,	State, Zip	Code					1,1-		
		na .	CF	RANBURY	Y, NJ 08512							
(NJAC 5:23-8) justifica	ition)	ig	Nam	e of Contac	ct		Telephone I	Number	_			
☐ Cancell	ation						-		_			
			FA	CILITY II	NFORMATION							
A contract of the contract of	Taking Place	e (3)				Type of Facility	(4)					
ROOSEVELT HOSPITAL												
Street Address									buile	dinas		
1 ROOSEVELT DRIVE	City, State, Zip Code CRAINBURY, NJ 08512 CRAINBURY, NJ 085											
City (5)						Square Feet	# of Floors		Bldg	. Ag	е	
EDISON						>500,000			7	+		
County (6)			Cou	nty Code (7	7)(STATE USE ONLY)	the same of the sa	ior if being der	nolished	1)			
		(0)										
EHS	ilding Owner	(8)										
Street Address			266			, INC						
	TEE											
City, State, Zip Code	166											
MICKLETON, NJ 08056												
Project Manager for Monitoring Firm		Tele	phone	No		ON, FA 10900	License No	1				
JACK CARNEY												
Start Date (10)	Scheduled (Comple	tion Da	ate (11)		onitor	00.00					
12 /27 /16	01	/ _ 31	/	17	CRITERION L	ABS						
Occupancy Status During Abatement	(Check only	one)			Street Address						III Sec	
					3370 PROGRI	ESS DRIVE						
				scribe	City, State, Zip Co	de				-		
Time of Abatement: <u>/</u> AMP	M/ <u>11</u> PM	AN	1		BENSALEM, I	PA 19020						
Scope of Work (Check all that apply)												
≥3 sf or ≥3 if	⊠ Re	enovati	on			7	ative Pressure	9				
☐ ≥160 sf or ≥260 lf					⊠ Glovebag	Procedure						
	1 1	. 1 1			☐ Non-Exer	npted (*) and Nor	n-Friable Proce					
Location of	100		2000		Description of			A	_		nt Ty	
Asbestos-Containing Material (ACN	n) Use	ed Sole	ly by	Asbes			Amount	200		D P	Enc	Enc
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							SF or LF)	<u> =</u>	-		ulat	ıre
540 V9		No	N/A								е	
4TH FL DOWN TO AND FLOOR PI	PE			PIPE IN	SULATION		45 LF		3 1	7 1		П
MISCELLANOUS TRANSITE OUT	т п	M	П	TRANSI	TF		10 SF		-	7 7	7	
SIDE RLIDG 2 ND FLOOR							-247-24107 - 17107		-	7 1	=	
2 FLOOR			_	PIPE IN	SULATION		100 LF	N N	1 L	ال	긔	Ц
		14									S-1-3/6	
							ANDFILL					
City, State	DE 4				Disposal Date							
		U				WAYNESBU	JRG, OH 44	688				
Completed By (Print or Type)			_		Signature	/	. 0					
Damian Lavelle	PROJE	CI M	źΚ.	7	terma	-dane	lle 1	12-	28	-2	0	6

Dec 20 2016 05:05PM NJ Asbestos Control 609.633.0664 page 1 DEC/20/2016/TUE 03:31 PM Delta/BJDS FAX No. 215-332-1616 P. 002 State of New Jersey JAN 10 2017 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 5:16) Name of Building Owner/Operator (2) 12 1 THE MIDDLESEX COUNT IMPROVEMENT AUTHORIT LICENSING 16 Agencies Notified Type Notification Street Address I EPA O Initial 101 INTERCHANGE PLAZA ☑ DOLWD **ExAmended** City, State, Zip Code DHSS Amendment ? CRANBURY, NJ 08512 11 1 ☐ DCA Emergency (Inducting (NJAO 5:23-8) Name of Contect Justification) Telephone Nimb Cencellation FACILITY INFORMATION Name of Facility Where Absternant is Taking Place (3) Type of Fadily (4) ROOSEVELT HOSPITAL ☐ School (K-12) Street Address Subchapter 6 (Other than K 2)

Other (i.e., private and compercial buildings, 1 ROOSEVELT DRIVE homes, etc.) Olay (5) Squere Fmel # of Floors EDISON Bldg. Age >500,000 County (8) 754 County Code (7)(STATE USE ONLY) Current Use (Prior IT being demosthed) MIDDLE SEX Name of Monitoring Firm Hired by Building Owner (8) HOSPITAL AS CM No. Name of Abatement Contractor (8) EH9 265 DELTA/BJDS, INC Strapt Address Street Address 411 SOUTHGATE COURT SUITE E 1345 INDUSTRIAL BLVD City, Stale, Zip Code City, State, Zip Code MICKLETON, NJ 08055 SOUTHAMPTON, PA 18968 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. JACK CARNEY 855 224-0080 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of 09HA Montor 12 / 24 / 16 01 / 14 / 17 CRITERION LABS Occupancy Status During Abstament (Check only one) Streel Address 图 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe 3370 PROGRESS DRIVE Time of Abelament: 7AM-____PM/11PM-__ City, State, Zip Code BENSALEM, PA 18020 Scope of Work (Check all that apply) Renovation Full Containment with Negative Pressure

Mini-Enclosure ≥3 8f or ≥3 ff
 ≥160 af or ≥260 If Demolition Glovesg Procedure
Non-Exampled (*) and Non-Frisbje Procedure is Location Location of Abatement Type Nomelly Asbestos-Containing Material (ACM) Description of Used Salely by Asbestos Containing Material (ACM) Ramovo Encapsulate Enclosure TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Spediv Burfading, VAT. or (12) SF or LF) other miscellaneous) Yes No N/A 4TH FL DOWN TO 2" FLOOR PIPE X PIPE INSULATION 10 LF X П П Name of Registered Waste Hauler NJDEP Was to Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State 65 FYLES LANE, NEW CASTLE DE. 19720 WAYNESBURG, OH 44888 Completed By (Print or Type) Stoneture Damian Lavelle PROJECT MGR.

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2-20-20

Do not use this form for asbestos treensure exempted activities.

11-68A

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 12 16 / 16 THE MIDDLESEX COUNT IMPROVEMENT AUTHORITY Agencies Notified Type Notification Street Address **⊠** EPA ASBESTOS CONTROL & 101 INTERCHANGE PLAZA **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # CRANBURY, NJ 08512 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ROOSEVELT HOSPITAL School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1 ROOSEVELT DRIVE homes, etc.) City (5) Square Feet # of Floors Bldg. Age **EDISON** >500.000 75+ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) MIDDLE SEX HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EHS 266 DELTA/BJDS, INC Street Address Street Address 411 SOUTHGATE COURT SUITE E 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code MICKLETON, NJ 08056 SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. JACK CARNEY 856 224-0080 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 27 / 16 01 / 31 / 17 **CRITERION LABS** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 3370 PROGRESS DRIVE ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-____PM/11PM-___AM BENSALEM, PA 19020 Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Repair Encapsulate Used Solely by Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous)

Yes No N/A 4TH FL DOWN TO 2ND FLOOR PIPE X П PIPE INSULATION 10 LF \boxtimes CHASE П П П П П

Name of Registered Waste Hauler

SERVICE TRANSPORT

City, State

58 PYLES LANE, NEW CASTLE DE. 19720

NJDEP Waste
Hauler ID No.
20990

Cubic Yards of
Waste
Waste

Cubic Yards of
Waste
Waste

Disposal Date

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type) Title

PROJECT MGR.

Damian Lavelle

*K# 1766				tata of Nav					"OPEN	NO	TIF	ICA	TIC
			ICATIO	tate of New N OF ASB t to NJAC	ESTOS A	BATE			DE	CE		\mathbb{V}	
Date of Notification (1)			Name o	of Building G	Owner/Op	perator	r (2)		ll j	AN 1	0 %	2017	A CONTRACTOR OF THE PERSON NAMED IN COLUMN NAM
Agencies Notified Type Notification	Ù.			Address HADLEY	/ ROAD)			fred beat				į.
EPA Initial Amended Amendmen				ate, Zip Co TH PLAIN		, NJ (7080		ASBES	STOS LICEN			L&
➤ DOH justification DCA Cancellation)		_	of Contact	WA	+Ko	LIA		Telephone I	Number			
Name of Facility Where Abatement is Takin	ng Place /	3)	FAC	ILITY INFO	ORMATIC	N	Type	of Facility (4	1)			SU SEAN	
PSE+ C	ig i iace (.5)						School (K-1)					
Street Address 195 W. 63 R	2 <	74) = =	7				Subchapter Other (i.e. p	8 (Other than k rivate & comme		ildings	s, hom	es,
City (5) M		1 / /	CC	/ /				etc.) re Feet	# of Floors	1	Bldg.	Age	
BAYONNE								700	1	A	- 551	6.	5
County (6)				Code (7) USE ONLY)		120,000,000,000		or if being demo	lished)	UV		
HUDSON	Oum== /0					Mari		SWITC	treater (0)	TAT	10	N	
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	ASCI 0045			UNIC	QUE S		tractor (9) S OF AMERI	CA			
Street Address 64 BROAD STREET							Addres WHIT	ss EHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747								ip Code IVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	ne No. 90-2217			none No 432-8		License 01111			E	
Start Date (10)	Schedu			Date (11)				HA Monitor SYSTEMS	OF AMERI	CA			
Occupancy Status During Abatement (Che	ck Only O		, ,,	- / /			Addres	ss EHEAD A	\/ =				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Necossay Op	nal Facilit	y Hours	3			City, S	State, Zi	ip Code IVER, NJ					
Scope of Work (Check All That Apply)			/			-		77 - 77, 170					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit					Min Glo	ni-Enclosure ovebag Proc				ire	
	10 8	s Locati					1101	II-Exempted	() and ivon-i	Idbic i i	Aba	temen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintenar stodial S (12)	ly by nce/		Desc tos Conta thermal s surfaci other mi	ystem: ng, VA	Material s insula T, or		Amount (Specify SF or LF)	Remova		Encapsulate	Enclosure
	Yes	No	N/A							<u> </u>		ate	re
STORAGE BUILDING		X		ACM 7	RANS.	18	PAN	8/5	3400 5.		(
111 111		×		ACM (CAULK	+ p:p	EIN	SulATION	160 L				
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CONTROL House			15.55	TRAN	SITE	Floo	OR PA	NE/S	120 S				
lame of Registered Waste Hauler VASTE MANAGEMENT		Н	JDEP W auler ID 125	5300 (Mary 11)	Cubic Y of Wast			CONTRACTOR SHIPMAN	Registered Land NORTH	1111			
City, State ELIZABETH, NJ					Disposa			City, State MORRIS	SVILLE, PA				
Completed by CAROL RAIMO	Title OFF	ICE M	IANAG	ER		nature		2 80	(00)	Date /	7/1	201	7

	261	1			ICATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 and	ABATE		r.		E G) SI	11	ent Fo
F 10 000000	te of Notification (1) 9/2017				Name o	of Building Owner/Cence	Operator	r (2)		lon h.			- 10	,,,	ACCES
Ag	encies Notified	Type Notification			Street A	Address					ASBESTO				. &
×	EPA DEP DOL	Initial Amended Amendment				ate, Zip Code ewood, NJ 0704	40			-	LIC	EN	SING		
×	DOH	Emergency (i justification)	ncluding		Name o	of Contact				Tel	ephone Num	ber			
	DCA	Cancellation				Michael						3			
Na	me of Facility Where	Abatement is Taking	Place (3)	FAC	ILITY INFORMATI	ION	Тур	e of Facility	(4)					
R	esidence								School (K-	12)					
	eet Address							×			er than K-12 & commercia		dings,	home	es,
	y (5) aplewood							Squ 360	are Feet 00	# 0	f Floors		Bldg. A	ge	
	unty (6)			Т		Code (7)		13.40		ior if bei	ng demolish	ed)			
942-00	ssex					USE ONLY)						28			
	me of Monitoring Firm Seine Lighthouse		wner (8)	ASC	M No.			atement Co ank Servic		(9)				
87255	eet Address D Box 354						Street 1256		ess erty Aveni	ue					
	y, State, Zip Code outh Orange, NJ (07079							Zip Code NJ 07205						
Pro	ject Manager for Mor	00 = -		T	Telepho		Telepl	hone I	No.	400100	License No).			
200000	arah Calandra					49-2666	NO PROCESSION		7465		01316				
1	rt Date (10) 25/2017		1/31/2		mpletion	Date (11)			SHA Monitor Lighthous		utions, LLC				
Oc	cupancy Status Durin						Street PO E		5.50						
Ê	Abatement Perform	ated During Entire P led Outside of Norma					City, S	State,	Zip Code						
	Other - Describe: _		118712.2				Sout	th Or	ange, NJ	07079)				
Sco	ope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Il That Apply)		Renova Demolit			> 	M G	ini-Enclosur lovebag Pro	e cedure	n Negative Pr			е	
			1000	s Locati Normal									Abate Ty	ement pe	Ē
	Location Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED	Use Ma	ed Sole aintena stodial (12)	ely by nce/	Asbestos Cont (i.e. thermal surfa		Materia s insu AT, or	lation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	New york and a series		Yes	No	N/A									e	
	baseme	ent		X	1	1	pipe				125	X	1		

basement	X		pipe	125	Х	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Waste Managem		l
City, State East Orange, NJ			Disposal Date 1/31/2017	City, State Penn Argyle, PA		
Completed by Ron Brink	Title Presiden	t	Signature		Date 1/9/201	7