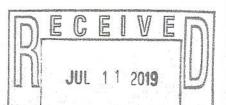
Inv-19684 Ch 230

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



Date of Notification (1) July / 9 /	2019				ing Owner/Operato on Township		ASBEST Education	OS C			1.8
Agencies Notified Type Notified	ation		Str	eet Address 31 Stai	te Route 18	1					
☑ DOLWD ☑ Amende		3	Cit	y, State, Zip	Code				-	-	
☑ DOH Amendri			1		patcong NJ	07849					
DCA Emerger (NJAC 5:23-8) Emerger		ing	and the same of th	me of Conta		97045	Telephone Nu	mber		= 1	
☐ Cancella	tion			Dora Ze	eno.		973-663		2		
	35		F	ACILITY I	NFORMATION						
Name of Facility Where Abatement is	Faking Pla	ice (3)				Type of Facility	y (4)		-		-
Jefferson Middle Scho	ol			6 Ng 94		School (K-	2)				
Street Address				=	T, Val		8 (Other than K-1		L. Halt		
1000 Weldona Road						homes, etc	private and comm	erciai	Dullai	igs,	
City (5)		-				Square Feet	# of Floors	-1	Bldg.	Age	3-0
Oak Ridge							3		ziugi.	190	
County (6)			Co	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demol	ished)	-	-	-
Passaic					aranto antentalente del 1977, 1810. S	School					
Name of Monitoring Firm HWW BUNG	SHWOYEN	X(8)X	ASCI	M No.	Name of Abatem	ent Contractor (9)				
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Street Address			1	-	Street Address	rporacion			-100		-
140 Boulevard						Street Fl	oor 2				
City, State, Zip Code					City, State, Zip C		2001 2			-	
Mountain Lakes NJ 07046	;					n NJ 07057	,				
Project Manager for Monitoring Firm	,	To	lephone	o No	Telephone No.	11 10 07057					
Leonid Shereshevsky				8-4821	973-809-1	122	License No. 01361				
	cheduled						01301				
	uly				Name of OSHA N	vouitor					
Occupancy Status During Abatement (C											
☐ Facility Closed/Vacated During Entire			mont		Street Address						
Abatement Performed Outside of Nor	mal Facili	ty Hou	irs - De	scribe	011 01 1 71 0					11	
Time of Abatement:AM	_PM/	PM		_AM	City, State, Zip Co	ode					
Scope of Work (Check all that apply)											_
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X ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf		enoval			☐ Mini-Enc	losure	,				
		emoliti	PIO		☐ Gloveba	Procedure	n-Friable Procedu	a la			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)									-	AT. 2	_
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	e Notificati nitlal	ion		Street Addres	ss ate Route 18						
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1000 Weldona Road						Other (i.e	, private and con	nmercia	al build	ings,	
Cily (5)						homes, e	50-00-1815.		l out		
Oak Ridge					1.	Square Feet	# of Floors		Blag.	Age	
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140 Boulevard					44 Koster	Stroot T	2100= 2				
City, State, Zip Code					City, State, Zip Co		TOOL Z				
Mountain Lakes NJ 0	7046				Wallington		17				
Project Manager for Monitoring Fir			Telepho	no No	Telephone No.	. 110 07.00	i i				
Leonid Shereshevsky				88-4821	973-809-11	1.22	License No 01361	15			
Start Date (10)		Lad O		Dale (11)	A CONTRACTOR OF THE PROPERTY O		01301				
					Name of OSHA M	onitor					
July /: 5 /2019				/ 2019	Name of OSHA M	onitor					
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* Do not use this form for asbastos licensure exempted activities.

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

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Date of Notification (1) July / 3		201	<u>9</u>		Jeffers	ding Owner/Operato on Township	Board of	EddSBESTOS	S CO	NTR NG	OL 8	2	
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Name of Facility Where Abatem	nont la Y	aklaa	None (21	FACILITY	INFORMATION	Tues of Feetile			-			
Jefferson Middle			race (3)			Type of Facilit						
Street Address	BCHO	<u> </u>					Subchapter	8 (Other than K-	12)				
1000 Weldona Road	l						homes, eld	private and comm	rercia	build	ings,		
Cily (5)							Square Feet	# of Floors		Bldg.	Age		
Oak Ridge								3					
County (6)				10	County Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)			
Passaic							School						
Name of Monitoring Firm Hive ない	MAD CHOUSE	KOOR	x spage	ASC								-	
Sky Environmental Street Address					Polmax Corporation								
STANCE WEEK AT ST					Street Address								
140 Boulevard City, State, Zip Code					44 Koster Street Floor 2								
Mountain Lakes NJ 0	17016				Clty, State, Zip Code Wallington NJ 07057								
Project Manager for Monitoring Fi			7	alaaha	ne No.	Telephone No.	1 113 07037						
eonid Shereshevsky					88-4821	01361	icense No. 01361						
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July / 5 . / 2019					2019	tbd							
ccupancy Status During Abatem	ent (Che	ck onl	(eno y			Street Address							
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	whose Abalement is Ta n Middle Schoo		ca (3)				Type of Facility School (K-1	2)	171	•	
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County (6)				Cou	nly Gods (1)(STATE USE ONLY)	Current Usa (P	rior if being dame	lished)		
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Street Address						Street Addiess					
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Leonid 5he	for Monitoring Firm			phone 3-58	No. B-4821	7 slephone No. 973-809-1	122	License No. 01361		ŀ	
July '		sduled i			11s (11) 2019	Name of OSHA M	kanllar .				
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Occupancy Status				neni	7.00						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 28 / North Hanover Township Schools 6 Job #1906-2458 Chk. #5474 Agencies Notified Type Notification Street Address ASBESTOS CONTROL & ☑ EPA □ Initial LICENSING 331 Monmouth Road **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment #_ **⊠** DHSS Wrightstown, NJ 08562 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation Rick Takakjy, Project Mgr - PW-Moss 215-880-0035 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CB Lamb School School (K-12) Supchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 46 Schoolhouse Rd Homes, etc.) City (5) Square Feet # of Floors Bldg. Age Wrightstown 36000 1 1960s County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) RJB Environmental, Inc. Asbestos and Mold Services, Corp. Street Address Street Address 615 Prospect Avenue 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Morrisville, PA 19067 Hainesport, NJ 08036 Project Manager for Monitoring Firm elephone No Telephone No. License No. Rick Beach 267-991-9212 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Dutside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM-4:00 PM PM-12:00AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Proc ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Removal Enclosure Used Solely by 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)other miscellaneous) Yes No N/A Clasrooms 6-11 X Glue Dots 30-40 SF each X X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273 City, State Disposal Date City, State Lafayette, NJ Penn Argyle, PA Completed By (Print or Type) Title Signature Kim Trumbetti Coordinator ASB-41

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

MAY 11

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

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Date of Notification (1)						Name of Building Owner/Operator (2)					IIL					
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	28 / -	19			NO	rtn Hano	ver Township So	chools	/ J	Job	#1906-	orane merc	epiceasu	-	thy attended	-
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10	Cancella				1200000000000		y, Project Mgr - I	PW Moss			5-880-0					
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Name of Facility Where At	patement is 7	Taking	Place	(3)				Type of Facility	(4)			-	-		-	_
CB Lamb School								School (K-12								
Street Address								☐ Subchapter	8 (0							
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Burlington				-				School								
	Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.						ASCM No. Name of Abatement Contractor (9)									
	Street Address						Asbestos and Mold Services, Corp.									
					Street Address											
City, State, Zip Code	e 					3859 Sylon Boulevard										
Morrisville, PA 19067	7						City, State, Zip Co									
Project Manager for Monito				Tal	ephone	No	Hainesport, No.	NJ 08036	1.1	1 :-	N-					
Rick Beach	Jillig I lilli			100000			A 100 March - Charles and the Cale About to		1		ense No.					
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		7		25	0 /		EMSL Analyt									
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□ Facility Closed/Vacated						nent 200 U.S. Route 130 North										
Abatement Performed (Outside of No	ormal F	acility	Hou	rs - Des	cribe	City, State, Zip Co	ode					-517			
Time of Abatement:	SF 3 th	E-1		PIVI-	12:00A	IVI	Cinnaminson	, NJ 08077								
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Completed By (Print or Typ	ne)	Title					Signature	0	7.5							
Kim Trumbetti	20 5 0	A STATE OF	ordin	ato	-				Date 7-3-19							
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* Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 7 / 9	/ 1	9				ng Owner/Operator estors, LP	(2) L L Job #1906-2	pil/	_	019	Designation of the last	
Agencies Notified Typ	e Notification)			et Address		- Contraction Contraction	ASBESTO	ndama tanan managara	1001		
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	Cancellation			200000	ffrey Hip			Telephone N				
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Finog Environmental	by building	Owner	(0)	ASCIVI	INO.		ent Contractor (9)	_				
Street Address							d Mold Services	, Corp.				
617 Stokes Road, Suite	1 210					Street Address						
City, State, Zip Code	4-310					3859 Sylon E						
Medford, NJ 08055						City, State, Zip C						
Project Manager for Monitoring	Eiron		T-1		Hainesport, NJ 08036							
Rebecca Rubnitz	riim		0	ephone		Telephone No.	License No.					
Start Date (10)	Caha	1		88-715		009-702-0400 Name of OSHA M		00862	Chicarate			
7 /22 /19				etion Da								
Occupancy Status During Abat	ement (Chec	k only	one)			Street Address						
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Scope of Work (Check all that a ≥3 sf or ≥3 If ≥160 sf or ≥260 If	ipply)		enovat emoliti			Glovebag	ainment Mega losure g Procedure mpted (*) and Non-			ure	,	
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(13)		Yes	No.	N/A	-	other miscellane	ous)				ate	Ф
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City, State				17273	3	5 Disposal Date	City, State					
Lafayette, NJ						7/26/19	Penn Argyle	. PA				
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Kaysi Gruner	10000	ffice /	Assis	tant		a d	1	¬	η.9-	19		
SB-41 IAY 11	*	Do not	use th	nis form	for asbest	os licensure exemp	ted activities.					

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

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Date of Notification (1)	8 /	19						Owner/Operator (906-5502 Jthe	:k# 1	20	19		
Agencies Notified	Type Notific	cation				et Address				unio unio		,		1	
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Robert Wood Johns			. 1000	(0)					School (K-1)						
Street Address			-						Subchapter	8 (Other than K-12	2)				
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							10000	treet Address	DO D 25						
280 Huylar Street							_	30 Maple Ave						_	
City, State, Zip Code	N 1 07000						1	ty, State, Zip Co							
South Hackensack,				-			-	umberton, NJ 08048							
Project Manager for Monit	oring Firm			1	ephone	7	1	elephone No.		License No.					
Geiser Fajardo	Lee	Sala adu	1-4 0	1 3223	01-489		4	609-265-2107		00529					
Start Date (10)7 /8 /		Zenedu 7	/			Date (11) Name of OSHA Monitor /19									
Occupancy Status During	1						St	reet Address							
☐ Facility Closed/Vacated								200 Route 130) North						
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Date of Notification (1)	9 /	19				ng Owner/Operator	0.5-0.5	Check#UL 1	1 2019	- Inches	W			
Agencies Notified ☑ EPA ☑ DOLWD ☑ DHSS ☐ DCA	Type Notific ☐ Initial ☑ Amender Amendm ☐ Emergen	d nent # <u>1</u>	20	City,	et Address 1 North 3 State, Zip Ilville, NJ	Code	landana and	ASBESTOS LIGEN	CONTRO)L &				
(NJAC 5:23-8)	justificati	on)	ig	Nam	e of Contac	ct		Telephone Nur	nber					
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				FA	CILITY I	NFORMATION								
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City (5)							Square Feet	# of Floors		Age				
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Brinkerhoff Environ	73		2700000	001			Abatement Contractor (9) Tech, Inc.							
Street Address	montal our	11000, 1110			-									
1805 Atlantic Avenu	е				Street Address 30 Maple Ave. PO Box 25									
City, State, Zip Code						City, State, Zip C	and the second second second							
Manasquan, NJ 0873	36				Lumberton, NJ 08048									
Project Manager for Monit	oring Firm		Tele	ephone	No.	Telephone No.	License No.							
Gary W. Fleming			7	32-223	-223-2225 609-265-2107 00529									
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AbateTech, Inc.			_ H	18750		Waste 40	G.R.O.W:S.	Landfill.						
City, State						Disposal Date	City, State							
Lumberton, NJ						7/31/19	Tullytown,	PA						
Completed By (Print or Typ		Title		2 N		Signature	0 A	Da	ate		C			
Gwendolyn Trumbett	ti	Operati	ions (Coordi	nator		KWY_		1-9	-1				

In		ı								-			-
Inv-15	Leli	N	тои		ATIO	NOF AS	BESTOS ABA AC 8:50 and 5:	16)) E C	<u>E</u>]	<u>₩</u>	E	
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Agencies Notified	Type Notifi	ication				et Address			ASBEST	OS CON CENSIN		2	
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	□ Cariceii	ation							215-221	-9335			
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JCP&L	Datement is	raking F	lace	(3)				Type of Facility ☐ School (K-12)					
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Name of Monitoring Firm	Hired by Bui	lding Ow	ner ((8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
NA							AbateTech, I	nc.					
Street Address							Street Address						
							30 Maple Ave						
City, State, Zip Code						City, State, Zip Code							
Droingt Managas for Manit	ada a Fina		/100	17.1		Lumberton, NJ 08048							
Project Manager for Monit	oring Firm			lele	ephone	one No. Telephone No. License No. 609-265-2107 00529							
Start Date (10)		Schedule	od Co	ample	tion Da	ite (11)	Name of OSHA M		00529				
7 / 22 /	0.000 W				2 /	Access to the second second	EMSL Analyt						
Occupancy Status During													
☐ Facility Closed/Vacated					ment		Street Address 200 Route 13	0 North					
Abatement Performed	Outside of N	ormal Fa	cility	Hour	s - Des	cribe	City, State, Zip Co				-		
Time of Abatement:	AM	PM/_		_PM-		AM	Cinnaminson						
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AbateTech, Inc.				1000	18750	Edward Harrison	2	G.R.O.W.S.	Landfill				
City, State							Disposal Date	City, State	D.4				
Lumberton, NJ							7/22/19	Tullytown,	PA				
Completed By (Print or Typ Gwen Trumbetti	e)	Title	ratio	nne (Coordi	nator	Signature	\mathcal{N}		Date	G _1	C	

TOV # 12070 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT																	
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Date of Notification (1) 07 /	10 /	19			0.000	e of Buildir	ng O	wner/Opera	ator ((2)			W		A DESCRIPTION OF	PARTICIPATION OF THE PARTICIPA	
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DCA	☐ Emerger		cludin	g .		Name of Contact				1	LICENSING Telephone Number						
(NJAC 5:23-8)	justificat Cancella				Doug O'Hare					Telephone Number 973-398-9992							
					FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3)										Type of Facility	(4)						
Verizon										School (K-1							
Street Address										☐ Subchapter ☐ Other (i.e.,	8 (Other than I		al hi	ilding	10		
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City (5)										Square Feet	# of Floors		Bldg. Age				
Hackensack, NJ 076	501									10,000	6			50			
County (6)					Cou	County Code (7)(STATE USE ONLY)				Current Use (P	rior if being der	nolish	ed)				
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USA Environmental	Managaen	nent	Inc.			JVN Resto				ation Inc							
Street Address						Street Address 47 Foster Road											
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Philadelphia, PA 19153								ty, State, Zi		NY 10309							
				nhono	No				NY 10309	11: 11:							
Mark Jenkins	oning Finn				phone No. Telephone No. 718-605-625						License No 00774).					
Start Date (10)	15	Sched	uled C			ion Date (11) Name of OSHA N					00774	_					
07 /23 /					_ /		000000	Testor Te		onto							
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Abatement Performed Time of Abatement:	AM				:30AM	scribe	City, State, Zip Code LIC NY 11101										
Scope of Work (Check all	that apply)						1										
≥3 sf or ≥3 If			⊠ Re	novat	on					ainment with Ne losure	gative Pressure	3					
≥160 sf or ≥260 lf			☐ De	molitic	on					Procedure		*************					
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TO BE ABAT				odial	Staff?	(I.e		ermal syste surfacing, V			(Specify SF or LF)		SVOL	air	apsı	usol	
(13)	· · ·			(12)	1	-		ther miscell			31 01 11)		<u>m</u>		Encapsulate	Гe	
1st Floor		-	Yes	No	N/A	Floor		and Mastic			200.05		57	_	9		
						100 100 000			_		320 SF			Ц	Ш	Ш	
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Name of Registered Waste	e Hauler			322	JDEP \		1. 137. 455	bic Yards o	f	Name of Regi	stered Landfill						
Newark Carting					auler II NJ-56			ste 0		G.R.O.W.S	S., Inc.						
City, State						posal Date		City, State									
Hackettstown, NJ							0	7/31/2019	1)	Morrisville	e,PA						
Completed By (Print or Ty	pe)	Title						Signature	1/1	111	7	Date					
Ralph Barnhardt		Р	roject	t Mar	ager			11/10	19	Uhn	1	07)-1	O =	10		

NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 07 03 19 Reliant Realty Services 2019 Agencies Notified Type Notification Street Address **⊠** EPA 909 3rd Avenue, 21st Floor ASBESTOS CONTROL & **⊠** DOLWD Amended City, State, Zip Code □ DHSS Amendment # LICENSING New York, NY 10022 ☐ DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Sandra Hernandez 646-618-8697 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Garden Spires School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 195 Frist Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark, NJ 07107 45,000 12 45 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) JVN Restoration Inc. Street Address Street Address 47 Foster Road City, State, Zip Code City, State, Zip Code Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 08 / 19 07 / 19 / 19 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 10-59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:30AM-5:00PM/ PM- AM LIC NY 11101 Scope of Work (Check all that apply) ☐ >3 sf or >3 lf □ 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 Repair Encapsulate Enclosure Used Solely by Removal 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 9th Floor M Floor Tile and Mastic 1000 SF \boxtimes 9th Floor \boxtimes Pipe Insulation and Fittings X 90 LF П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste **Newark Carting** Grand Central Sanitary Landfill NJ-566 30 City, State Disposal Date City, State Newark, NJ 07/19/2019 Pen Argyl, PA Completed By (Print or Type) Title Signature Ralph Barnhardt Project Manager

State of New Jersey

M003/004

		NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 8:18)										
Date of Notification (1)	19	-				Owner/Operator (1111			1	2010	
Agencies Notificati EPA DOLWD DHSS DCA (NJAC 5:23-8) Type Notificati Amended Amended Amended Amended Amended Amended Amended Amended Amended Cancellation	il# (Including	g	C	Street Address 909 3rd Avenue, 21st Floor City, State, Zip Code New York, NY 19022 Name of Contact Sendre Hernandez 946-818-9587						ita i		
						FORMATION		944-010-943		-		
Name of Facility Where Abatement is Taking Piece (3) Garden Spires Street Address 195 Friet Street Charter Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.)												
Newark, NJ 07107							Square Feel	# of Picons	10000	g. Ag	0	
County (E)	-		- 10	-			45,000	12	1 7	5		
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Project Menager for Monitoring Firm		172	fanh	nne A	Va.		MI TUSUE	11/		_		_
to the state of th		1	Ephone No. License No. License No. 718-605-5256 D0774									
Start Date (10)	hadulad C	coma	ntint	n Dat	m /115	Name of OSHA N		00774		_		_
07 / 08 / 19	07 /					Testor Tech	ionico.					
Occupancy Status During Abatement (Ch			_	_		Street Address					_	
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Abstement Performed Outside of Nor Time of Abstement: 7:30AM-5:00PM	mal Pacilli	M	_AM	Desc	cribe	City, State, Zip Co	ade	-				
Scope of Work (Check all that apply)										-		-
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		Norm							Ab	stem	ent T	/pe
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	Yes	No)	NIA							15	
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Bih Floor	X				Pipe in	ulation and Fitt	ings	90 LF	×			
			1									
								11				
Name of Registered Weste Hauler Newark Carting			Heu		Vaste No.	Cubic Yards of Wests 30	Name of Regis	itered Landill Itral Sanitary La	ndfli			
City, State Newark, NJ				-16		Disposal Date 07/19/2013	City, State Pen Argyl,	PA				\neg
Completed By (Frint or Type) Raiph Barnhardt	Title Projec	t Ma	nag	∌F		Signatur		DI	10s	DB	2	19

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

TOV#1210PAI	D		ICATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE		CV	10	26	,			
Date of Notification (1)		Т	Name o	f Building	Owner/0	Operator	r (2)		The same		F	n n	// (c	
07/09/2016				Scott		,	(-)		IIN	EC	E	1 /		
Agencies Notified Type Notification			Street A	ddress					113					-
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DEP Amended		Ī	City, Sta	ate, Zip Co	ode				14 6	1 00		1 20	12	-
X DOL Amendment Emergency (_	Living	ston, N	J 0703	39								
DOH justification)	including		Name of	f Contact					Tel	ephôbe N	Imber	ONT	TOL	A
DCA Cancellation			Karen						, .		16 LL KI	- 11X (0 =)	4900	accompt-
Name of Facility Where Abatement is Taking	» Dlass (f	21	FACI	LITY INF	ORMAT	ION								
Private residence	g Place (3	5)						of Facility						
Street Address						V (-T) = 15.5		School (K-		41 1/	40\			
Oli Oct Address										er than K- & commer		dings,	home	es,
City (5)							- е	etc.)						50.50 .*
City (5) Livingston							Squar	e Feet	# 0	f Floors	1	Bldg. A	ge	
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Essex				USE ONLY			Currer	nt Use (Pri	or if bei	ng demolis	snea)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	No.				ement Co Safety LI		(9)				
Street Address							Addres							
							osby A	(T)						
City, State, Zip Code City, State, Zip Code							00							
							AND STORY	NJ 0750	2					
							none No			License	No.			
Start Date (10)	Schedule	973-400-8711 01332 eduled Completion Date (11) Name of OSHA Monitor												
07/18/2019		25/2019 Name of OSHA Monitor Same as (9)												
Occupancy Status During Abatement (Chec	,						Addres	,						
Facility Closed/Vacated During Entire F			nent				, , , , , , , , , , , , , , , , , , , ,							
Abatement Performed Outside of Norm Other – Describe: 8:00 am - 4:30 pm	al Facility	Hours	5		_	City, S	State, Zip	o Code						
Scope of Work (Check All That Apply)														
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Asbestos-Containing Material (ACM) TO BE ABATED		intena			tos Cont thermal				307	mount	77		Ē	ш
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Name of Registered Waste Hauler	1	IN	JDEP W	aste	Cubic	Yards	Т	Name of	Posists	ered Landf	1			
5494		100000	lauler ID		of Was				(50)	neu Landii	III.			
Removal Safety, LLC 0037007 3 Fairless						5								
City, State Disposal Date City, State														
Paterson, NJ	TBD Morrisville, PA													
Completed by	Title				S	ignature	20	11	1	1.56	ate			
Lasko Veskov	Pres	ident				Xin	6-00	12011	1227	/ (07/09	2019)	

IN # 12 (283)	loyol "	(Pursu	State of Ne TON OF ASE ant to NJAC	BESTOS A 8:60 and	ABATE! 1 12:120))			E C	E	1 0	V	E			
Date of Notification (1) 07/09/2019			ne of Building 19 GSP Cr				Forbor Co	Jan.	0.01		01/4	019	101			
Agencies Notified Type Notification	on		et Address	anioru	LLC	C/O I	rerber Co	ASSESTOS CONTROL S								
EPA Initial		1 10000	4 Mt. Airy F	Road					LIC	ENS	SING	HOL	å			
DEP Amended		City, State, Zip Code								Margin Co.						
DOL Amendme	ent # cy (including	Basking Ridge, NJ 07920														
DOH justificatio	n)		Name of Contact Telephone Number Michael J. Murphy, Jr. (908) 221-0882													
G Carlochian			(900) 22	. 1-000		- Paris										
	FACILITY INFORMATION Facility Where Abatement is Taking Place (3)								Type of Facility (4)							
iberty Wood Products / Horan L	umber				School (K-12)											
treet Address						Subchapter 8 (Other than K-12)										
500 North Ave East						E	etc.)		co-co-co-co-co-co-co-co-co-co-co-co-co-c		00-11-00-11-00-1		,5,			
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ounty (6)			oti Code (7)			10,8	ALCOHOLD TO THE REAL PROPERTY.	2	-11.1		5+					
Jnion			nty Code (7) TE USE ONLY)			ent Use (Prior if being demolished)									
ame of Monitoring Firm Hired by Buildin	g Owner (8)	AS	SCM No.		Name		Commercial Offices / Warwhouse Abatement Contractor (9)									
Vhitestone Associates, Inc	V-1		wasani wiiki				t Diagnostic LLC									
reet Address						Address										
5 Technology Drive					16 G	Glenwild Ave										
							ip Code	7400								
						- 576	dale, NJ 0									
eremy Hassett	(1)					one No 928-	o. -3995	Licens 0118								
art Date (10)	Scheduled	Scheduled Completion Date (11)					HA Monitor	3110								
7/20/2019							iagnostic	LLC								
ccupancy Status During Abatement (Ch	eck Only One)				treet Address										
Facility Closed/Vacated During Entir	e Period of Ab	atement				16 Glenwild Ave										
Abatement Performed Outside of No Other – Describe:	ormal Facility F	Hours		1		ity, State, Zip Code										
cope of Work (Check All That Apply)					Riooi	loomingdale, NJ 07403										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition			×	Min Glo	ni-Enclosure ovebag Proc									
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Location of	No	ormally		Des	cription	of			-		Ту	ре	_			
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Front Futoriou Forest	Yes	No N	/A	107				400.05				co				
Front Exterior Facade		X		vvind	ow Ca	IUIK		100 SF	-	X						
Upper/Lower Roofs		X			Tar			250 SF		Х						
Roof Level/Upper Facade		X			Tar			300 SF	-	Х						
										Х						
ame of Registered Waste Hauler azmat Diagnostic LLC / Newark	275 ST 200 ST 20						vaste Fairless Landfill									
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Bloomingdale, NJ Newark, NJ TB						Morrisville, PA										
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eni Naumovski	Presid	President (07/09/2019)														
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TN# 120	140			S	State of New	Jarsay	r		A STATE OF THE PARTY OF THE PAR						
IN# 120	DATE	D		TIFICATION	OF ASBESTO	OS ABAT	EMENT	ME	C		VE				
CC 44047			(r	ursuant to NJ	AC 8:60-7 and	12:-120-	-7)	1131			TO SHARE COMMUNICATION				
Date of Notification (1) 07/05/19	1. 1/				Building Owner		or (2)		IUL -	9 20	019				
Month/Dav/Year				Cooper U	niversity Hospi	ital			.0.	, (f	113				
	Type Notificat	ion		Street Add	iress										
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X DEP		tificat	ion		e, Zip Code		Les de la contraction de la co								
DCA X DOH		ended tificat	ion	Camden N			Telephone Number								
		cellati			Name of Contact Telephone Numb Mark Elberfeld 215-271-1449										
				FACILI	TY INFORMA	TION		215-2/1-1449							
Name of Facility Where Abater	nent is Taking	Place	(3)				Type of Facility	(4)							
Cooper Hospital- Kelemen Bld	3						School	ol (K12)							
Street Address							hapter 8 (Other than K12) r (i. e. Private & commercial								
One Cooper Plaza								ings, homes, et		Ciciai					
City (5)	Cou	nty (6	· ·		Count Cod	(7)	Square Feet # of Floors Bldg. A								
Camden	Cou	nty (C	,,		County Code (STATE USE ONL	50	Current Use (Pr	ior if being de	molishe						
No							Hospital	(Prior if being demolished)							
Name of Monitoring Firm Hire Criterion Labs	d by Building	Owne	r (8)		ASCM No.		of Abatement Cor iated Specialty Co								
Street Address 3370 Progress Drive							Address Crue Avenue								
City, State, Zip Code Bensalem, PA 19020							State, Zip Code Wills, PA 19342								
Project Manager of Monitoring Mike Panpresso	Firm			Telephone 215-244-13			none Number 54-9622		Licen 110.	ce Numb 3	er				
Scheduled Start Date (10)		Sche	d. Cor	npletion Date	(11)	Name	of OSHA Monitor	•							
07/15/19 Month/Day/Year			A.1	09/30/19 onth/Dav/Yea		Criter	ion Labs								
Occupancy Status During Abate Facility Closed/Vacated			ne)				Street Address 3370 Progress Dr								
x Abatement Performed C			cility				itate, Zip Code								
Hours - Describe: 7 Other - Describe: 4						Bensal	em, PA 19020								
Scope of work (Check all that a	oply)						Full Containmer	nt with Negativ	e Press	ire					
Demolition >3 sf or >3 if			X	Renovation		Mini - Enclosure Glovebag Procedure									
x >160 sf or >260 lf						X	Non-Friable Pro								
		Is		T			(voil-r rable r ro		atemen	t Type					
Location of	100000	cation		(50000000000000000000000000000000000000	ription of				T	E	E				
Asbestos - Containing Material (ACM)	1	rmally sed		The state of the s	s-Containing rial (ACM)		Amount (Specify	A STATE OF THE STA	R	N C	N C				
TO BE ABATED	9.55	lely			rmal systems		SF or	M	E	A	L				
In Facility	27700	Main			surfacing, VA	Τ,	LF)	0	P	P	0				
(13)		iance/ stodia		or other i	miscellaneous)			V A	A	S	S				
		ff (12)				1		L	R	L	U R				
Pharmacy 2nd floor	Yes	No x	N/A				1 / 70 . 0				E				
i narmacy 2nd noor		X		mastic			1458sf	X	_						
Name of Registered Waste Haul	er		0.000	EP Waste er ID No.	Cubic Yards of Waste		Name of Register	red Landfill		-					
Horizon Disposal					40		GROWS								
City, State Trenton NJ					Disposal Date As req.		City, State Morrisville PA								
Completed By (Print or Type) Jack Tomasura			Title Proje	ct Manager	(Signatu	infe	4		Date	-1 -2				
ABS-41			roje	ct manager		-/U	A KAWALL	WO_	art	1115	119				
JUN 95						. 					G4667				

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Date of Notification (1) 07/09/2019					of Building Hanove				District			JUL	11	2019 ck#	0064	00	
Agencies Notified	Type Notification			Street A	Address						400	COTO	200			_	
X EPA	× Initial				/lonmout		d	ASBESTOS CONTROL & LICENSING									
× EPA × DEP × DOL	Amended Amendment	:#		City, State, Zip Code Wrightstown, NJ 08562						Inchipunitation of the Option of State							
X DOH	Emergency justification)		-		of Contact	140 00	002			Telephone Number							
X DCA	Cancellation		Amy Lerner							(609) 738-2600							
Name of Facility Where Abatement is Taking Place (3)																	
C.B. Lamb Elementary School							Type of Facility (4)										
Street Address 46 Schoolhouse Road							School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								es,		
City (5) Wrightstown								Square 71375		1	of Floo	ors		ldg. A	ge		
County (6) Burlington					Code (7) USE ONLY))		Current Use (Prior if being demolished) School									
Name of Monitoring Firm RJB Environmental,		Owner (8)	(8) ASCM No. Name of						ment Cor								
Street Address 615 Prospect Ave								et Address Glenwild Ave									
City, State, Zip Code								tate, Zip									
Moorisville, PA 19067								mingda	le, NJ (0740	3						
Richard J. Beach					ne No. 991-921	2		one No.) 928-39	995		Lice 01	nse N 181	0.				
Start Date (10) 07/22/2019		Schedul 08/02/		npletion	Date (11)		100000000000000000000000000000000000000	of OSHA		11.0							
Occupancy Status During	Abatement (Chec						1	Hazmat Diagnostic LLC reet Address									
Facility Closed/Vacat	ted During Entire I	Period of	Abaten	nent				lenwild	Ave								
Abatement Performe Other – Describe: 2:	d Outside of Norn :00pm - 10:00pm	nal Facility	y Hours	5			£	tate, Zip		2740							
Scope of Work (Check All							Bloomingdale, NJ 07403										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		Is	Locat	ion										Abate	ment		
Location Asbestos-Containing N			Normal ed Sole		A = b = +4		scription					re.		ıу	ре		
TO BE ABA In Facility (13)	TED	Ma	intena todial ((12)	nce/		thermal surfa					Amoun (Specif SF or LI	y	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A									-		te	е	
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Classroon	n 10		X			Tar P	aper/M	astic		4	108 SI	2	Х				
Classroom			Tar Paper/Mastic 204 SF X NJDEP Waste Cubic Yards Name of Registered Landfill														
Name of Registered Wast Hazmat Diagnostic L							Yards ste		lame of airless	700		andfill					
City, State Bloomingdale, NJ	2777 M. G. (1999)					0.001000000	osal Date City, State Morrisville, PA										
Completed by		Title	Title :				Signature Date										
Deni Naumovski		President					07/09/201				019	19					

	e of New Jersey OF ASBESTOS ABATEMENT NJAC 8:60-7 and 12:120-7) NJAC 8:60-7 and 12:120-7) NJAC 9:60-7 and 12:120-7)
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7 Pursuant to	NJAC 8:60-7 and Owner/Open NJAC 8:60-7 and Owner
1210/7	IRIVERVIE 1
110,000	Street Address
(1)	Street Address 1 RIVERVIEW PLAZA 1 RIVERVIEW PLAZA City, State, Zip Code City, State, Zip Code RED BANK, NEW JERSEY 07701 Telephone Number LICENSING Telephone Number LICENSING
Jotification (1)	FOIL STATE OF THE PARTY OF THE
Type Notification	
is Notified Initial Notification	Stame of Contact
TEPA Amended #10 Cancellation #10	
DOL Cancellation #10 Cancellation #10 Cancellation #10 EMERGENCY NOTIFICAT	ION ERIC MATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)
DOL X EMERGENCY NO.	I Suborni - rivate & som
DOH ENICTORY DOCA ne of Facility Where Abatement is Taking Place (3) THE ONLIEW MEDICAL CENTER	FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (ie. private & commol. bldgs., homes, etc.) Square Feet For Floors Square Feet 250,000 Current Use (Prior if being demolished) Pharm. Lab.
Where Abatement is	Square Peer (B demolished) Phairing
ne of Facility Where Abaton ERVIEW MEDICAL CENTER	250,0 Use (Prior if being way)
Envis	County Code (7) HOSPITAL HOSPITAL CORPORATION (STATE USE ONLY) Name of Abatement Contractor (9) Name of Abatement CORPORATION
IN FLOORS	(STATE USE ONLY) Name of Abatement CORPORATION (STATE USE ONLY) NAME ONLY (STATE USE
reet Address PLAZA-1ST & 2ND FLOW	T ASCIVIT IPAH LITTURES
reet Address RIVERVIEW PLAZA-1ST & 2ND FLOORS County (6) MONMOUTH Ruilding Owner	8) ASCINTAL PAR ENVIRONMENT PAR ENVIRONMENT ASCINTAL PARE ENVIRONMENT ASCINTAL PAR ENVIRONMENT ASCINTAL PAR ENVIRONMENT A
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Name of Monitoring Firm CS Name of Monitoring Firm CS ENVIRONMENTAL TACTICS ENVIRONMENTAL TACTICS	Telephone Telephone 70747 845-369-7500 845-369-7500
Street AGE CTREE!	7 07747 845-369-7500 845-369-7500 Name of OSHA Monitor Name of OSHA MONIENTAL OLIALITY ENVIRONMENTAL
ad BRUNG — Gada — AMAN, II	Name of OSHA Monitor Name of OSHA MONIENTAL QUALITY ENVIRONMENTAL QUALITY ENVIRONMENTAL
City, State, Zip Code MATAVVIII. Project Manager for Monitoring Firm Sched	ampletion 20 /13/cor
Project Manager for the Sched	9 / Day Street Addition 9 / Street Addition 9
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THOMAS GEIGEH THOMAS GEIGEH Expected State Date (10) Expected State Date (23) Year Year Year (Check only)	one) Period of Abatement Period by Hours - Describe: One)
THOMAS Glate Date (10) Expected State Date (10) 19 Year 1 Day Year Occupancy Status During Abatement (Check only only only only only only only only	Period of Abdata MAPPINGS WAPPINGS MAPPINGS WAPPINGS MAPPINGS WAPPINGS TOTAL WAPPINGS WAPPINGS WAPPINGS TOTAL
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X Other - Dead apply) Be	anovation Amount M 12 12 15 16
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>3SF ON 260 LI	
× >160 Si Location of	normally used solely by insulation, surfacing, with solely by or other miscellaneous) or other miscellaneous)
Asbestos-com	[Mail (12)]
Material	Start TN/A
: Facility	
TH CNTH	X VAT & MASTIC complete 1,300 SF X
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2ND FL MED SURG/OBSERVATION 2ND FL MED SURG/OBSERVATION 2ND FL MED SURG/OBSERVATION	WAY X WINDOW Complete 144.5F X WAY X PIPE INSULATION COmplete 2.5F X
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e of Notification 6 /19				VIEW PLAZA							
encies Notified Type Notification [Initial Notification]		Cit	y, Sta D BA	te, Zip Code NK, NEW JERS	EY 07701		mbor			7	
TEPA Amended Notification	n	1				Telephone No 732-450-268	3 Junei			4	
DEP Cancellation		Na	ame o	f Contact ATTSON		732-450-200				\dashv	
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ame of Facility Where Abatement is Taking Pla	ce (3)			F	Subchap	ter 8 (Other the private & cor	nmcl. bldgs	., home	Age	<u>:.)</u>	
lame of Facility Where Address of Facility W				1		11 0.		O.)	1	
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CODE		27.52		Ondo (7)	Current Use (Prior if being	Jernolio				2
Street Address 1 RIVERVIEW PLAZA-1ST & 2ND FLOORS County (6)		1 (6	Count	USE ONLY)	LICCULAL		-1 (0)				1
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RED BANK	vner (o)			17	Street Addre	ROCK ROAL)				1
Name of Monitoring 1 IIII ENVIRONMENTAL TACTICS					City, State,	Zip Code	10001				4
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64 BROAD STREET City, State, Zip Code MATAWAN, NEW JE	RSEY 07	747	mhar		Telephone	Marino.	1101				7
itering Firm		00006			845-369-75	SHA Monitor	TAI				1
Project Manager for Monitoring Firm	732-29 hed. Con	pletio	n Dat	e (11)	QUALITY	ENVIRONME	NIAL				\dashv
THOMAS GEIGEN State Date (10)	9 /	. [-	Day	30 Year	A 10 Page 1						1
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Scope of Work (Check all that apply) X F	Renovatio	U		Non-	Friable Proces	dure		Ab	atem	ent Ty	/PE
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Hauler ID (13)	Disposal Date 1/11/2019-09/30/2019 ISignature GRANL	f Registered Landfill CENTRAL SANITARY LANDFILL Tate FIELD WOWNSHIP, PA Date Date
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DUA	257	F-F	ACILI	TY IN	FORMATION	ype of Facility	(4)					
Name of Facility Where Abatement is Taking P	lace ((3)			F	School (K-1 Subchapter	r 8 (Other [†]	han K-12)	(i		etc \	
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						250,000 Current Use (Pri	6	demolishe	ed) Pha	ırm. L	_ab.	7
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS			_	Cour	nty Code (7)	Current Use (Pri	ior if being	delliono				_
			1 (STAT	E USE ONLY)	Name of Abate	ment Con	tractor (9)	TION			
City (5) MONMOUTH	wner	(8)	1		T ASCM No.	PAR ENVIRON	MENTAL	CORPORA	ATION			7
RED BANK Name of Monitoring Firm Hired by Building C		* *			17	Ta. Addrags						1
ENVIRONMENTALTITUE						313 SPOOK HO	Code				SERVA .	
Street Address 64 BROAD STREET						City, State, Zip SUFFERN, NE	W YOUN	10901	a Niver	her		-
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Expected State Date (10)	Month	9/		Day	Vaar	Street Addres	SS					
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Abatement Performed Outside of N			шу п М-12	AM		City, State, 2	ip Code INGERS F	ALLS, NE	W YOR	4K 12	2590	- 1
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X >160 SF OR 260 LF	Is L	ocatio	on		Description of Containing Ma	terial (ACM)		Amount Specify	REMOV	REPAIR	ENCAPS	ENCLOS
Location of	norm	nally u	sed		Ca Thorma	systems		Specify F or LF)	ÌÒ	A	AP.	000
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TO BE ABATED	Main	t/Cust taff (1	001a1 2)		or other mis	cellaneous)			-	+	1	+
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	(P	ursuar	nt to NJAC 8:60-7 and 12:1 Name of Building C		(0)				
Date of Notification (1)			RIVERVIEW MEDIC		(2)				
4 / 12 /19			Street Address						
Agencies Notified Type Notification	on		1 RIVERVIEW PLAZ	ZA					
DEP X Amended	ification I Notification	#6	City, State, Zip Code RED BANK, NEW J						
X DOL Cancellat	ion								
X DOH On Hold EMERGE	NCY NOTIF	ICATI	Name of Contact ON ERIC MATTSON		Telephone Num 732-450-2689	nber			
		FA	ACILITY INFORMATION		1				
Name of Facility Where Abatement is Ta	king Place	(3)		Type of Facility School (K				(ESCIE	
RIVIERVIEW MEDICAL CENTER					-12) er 8 (Other than I	K-12)			
Street Address				X Other (ie.	private & commo				
1 RIVERVIEW PLAZA -1ST & 2ND FLOOP	RS			Square Feet 250,000	# of Floors 6			g. Age 65	
City (5) County (6 RED BANK MONMOU			County Code (7)	Current Use (Pr	ior if being demo	lished) Pha	rm. La	ab.
Name of Monitoring Firm Hired by Build		(8)	(STATE USE ONLY) ASCM No.	HOSPITAL Name of Abate	ment Contracto	r (9)			
ENVIRONMENTAL TACTICS Street Address			17	PAR ENVIRON	MENTAL CORPO	OŘÁTI	ON		
64 BROAD STREET				Street Address 313 SPOOK RO	OCK ROAD				
City, State, Zip Code	W JEDSEV	07747	2	City, State, Zip	Code	11.000			
MATAWAN, NE Project Manager for Monitoring Firm			Number	SUFFERN, NEV		ense N	lumbe	or .	
THOMAS GEIGER	732-2	290-22	36	845-369-7500	110				
Expected State Date (10) 1 / /23/ 19	Sched. Co		ion Date (11) 30 /19	Name of OSHA QUALITY ENVI					
Month Day Year	Month		Day Year	QUALITY ENVI	HONWENTAL				
Occupancy Status During Abatement (Che Facility Closed/Vacated During I	ck only one) Entire Period	d of Ab	atement	Street Address 1376 ROUTE 9		William Miles			
Abatement Performed Outside of	of Normal Fa	cility F	lours - Describe:					V1.747-7-7	
	-FRIDAY 7 AY 7AM-3:30		2 AM	City, State, Zip	Code GERS FALLS, NI	FW YO	DRK 1	2590	
Scope of Work (Check all that apply)				ith Negative Pres	ssure	_,,,,,	J1 11 ()	2000	
Demolition X >3SF OR LF	Renovation	1	X Mini-Enclo						
X >160 SF OR 260 LF			X Non-Friab	le Procedure					
			Description of As	haetne-		A	oatem		
Location of	Is Locati				Amount	-	-	m	1111
Location of Asbestos-containing Material (ACM)	Is Locati normally u solely b	sed	Containing Materia	al (ACM)	Amount (Specify	REN	REP	ENC	6
Asbestos-containing Material (ACM) TO BE ABATED	normally u solely b Maint/Cust	ised by odial	Containing Materia (ie. Thermal sys insulation, surfacir	al (ACM) stems ng, VAT,		REMOV.	REPAIR	ENCAPS	ENCLOS
Asbestos-containing Material (ACM)	normally to solely b Maint/Cust Staff (1)	ised by odial	Containing Materia (ie. Thermal sys	al (ACM) stems ng, VAT,	(Specify	REMOVAL	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normally to solely b Maint/Cust Staff (1)	odial N/A	Containing Materia (ie. Thermal sys insulation, surfacir	al (ACM) stems ng, VAT,	(Specify		REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR	normally to solely b Maint/Cust Staff (1)	odial N/A	Containing Materia (ie. Thermal sys insulation, surfacir or other miscella	al (ACM) stems ng, VAT,	(Specify SF or LF)	/AL	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR	normally to solely b Maint/Cust Staff (1)	odial 2) N/A X F	Containing Materia (ie. Thermal sys insulation, surfacir or other miscella	al (ACM) stems ng, VAT,	(Specify SF or LF) 832 LF	/AL X	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR	normally usolely by Maint/Cust Staff (1: Yes No	odial N/A N/A X F X V	Containing Materia (ie. Thermal sys insulation, surfacir or other miscella PIPE INSULATION /AT & MASTIC	al (ACM) stems ng, VAT, neous)	(Specify SF or LF) 832 LF 1,352 SF *	/AL X	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR	normally usolely by Maint/Cust Staff (1: Yes No	odial 2) N/A X F X V X V	Containing Materia (ie. Thermal systems of the miscella) PIPE INSULATION /AT & MASTIC VALL MASTIC	al (ACM) stems ng, VAT, neous)	(Specify SF or LF) 832 LF 1,352 SF 3	X X	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WAY	normally usolely be Maint/Cust Staff (1: Yes No	odial 2) N/A X F X V X V X V	Containing Materia (ie. Thermal systems insulation, surfacing or other miscella) PIPE INSULATION /AT & MASTIC VALL MASTIC /AT & MASTIC comp	al (ACM) stems ng, VAT, neous) plete	(Specify SF or LF) 832 LF 1,352 SF , 1,552 SF	X X X	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WAY 2ND FL MED SURG/OBSERVATION WAY	normally usolely by Maint/Cust Staff (1: Yes No	ssed by odial 2) N/A FX VX VX VX X VX X VX X VX X VX X X X X	Containing Materia (ie. Thermal systems insulation, surfacing or other miscella) PIPE INSULATION /AT & MASTIC /AT & MASTIC composition of the comp	al (ACM) stems ng, VAT, neous) plete	(Specify SF or LF) 832 LF 1,352 SF . 1,552 SF 1,300 SF	X X X	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WAY 2ND FL MED SURG/OBSERVATION WAY 2ND FL MED SURG/OBSERVATION WAY	normally usolely by Maint/Cust Staff (1: Yes No	sed by odial 2) N/A X F X V X V X X V X X V X X V X X V X X X X Y X X X Y X X X Y X X X X Y X X X X X Y X	Containing Materia (ie. Thermal systems insulation, surfacing or other miscella) PIPE INSULATION /AT & MASTIC comp	al (ACM) stems ng, VAT, neous) plete plete	(Specify SF or LF) 832 LF 1,352 SF , 1,552 SF 1,300 SF 1,056 SF	X X X X X	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WAY	normally usolely by Maint/Cust Staff (1: Yes No	x	Containing Materia (ie. Thermal systems insulation, surfacing or other miscella) PIPE INSULATION //AT & MASTIC //AT & MASTIC //AT & MASTIC comp	al (ACM) stems ng, VAT, neous) plete plete	(Specify SF or LF) 832 LF 1,352 SF . 1,552 SF 1,300 SF 1,056 SF 478 LF	X X X X X X X	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WAY 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR	normally usolely be Maint/Cust Staff (1: Yes No	x	Containing Materia (ie. Thermal systems insulation, surfacing or other miscella) PIPE INSULATION VAT & MASTIC VALL MASTIC VINDOW CAULK PIPE INSULATION comp	al (ACM) stems ng, VAT, neous) plete plete	(Specify SF or LF) 832 LF 1,352 SF . 1,552 SF 1,300 SF 1,056 SF 478 LF 20 SF 40 LF 144 SF 2 SF	X	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WAY 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHAB	normally usolely be Maint/Cust Staff (1: Yes No	x y y y odial 2) N/A X F X V Y X Y Y X Y X Y X X X Y X X Y X X Y X X Y X X Y X X X Y X X X Y X X X Y X X X Y X X X Y X X X Y X X X Y X X X Y X X X Y X X X Y X X X Y X X X X Y X X X X Y X X X X Y X X X X X Y X	Containing Materia (ie. Thermal systems insulation, surfacing or other miscella) PIPE INSULATION VAT & MASTIC VALL MASTIC VALL MASTIC VALL MASTIC VALL MASTIC VINDOW CAULK PIPE INSULATION composition	al (ACM) stems ng, VAT, neous) plete plete plete	(Specify SF or LF) 832 LF 1,352 SF * 1,552 SF 1,300 SF 1,056 SF 478 LF 20 SF 40 LF 144 SF 2 SF	X	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WAY 2ND FL EAST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHAE	normally usolely be Maint/Cust Staff (1: Yes No	Sed Py	Containing Materia (ie. Thermal systems insulation, surfacing or other miscella) PIPE INSULATION /AT & MASTIC	al (ACM) stems ng, VAT, neous) plete plete plete plete	(Specify SF or LF) 832 LF 1,352 SF , 1,552 SF 1,300 SF 1,056 SF 478 LF 20 SF 40 LF 144 SF 2 SF 960 SF 1,260 SF	X	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WAY 2ND FL EAST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHAE	normally usolely be Maint/Cust Staff (1: Yes No	Sed Py	Containing Materia (ie. Thermal systems insulation, surfacing or other miscella) PIPE INSULATION VAT & MASTIC VALL MASTIC VALL MASTIC VALL MASTIC VALL MASTIC VINDOW CAULK PIPE INSULATION composition	al (ACM) stems ng, VAT, neous) plete plete plete plete	(Specify SF or LF) 832 LF 1,352 SF * 1,552 SF 1,300 SF 1,056 SF 478 LF 20 SF 40 LF 144 SF 2 SF	X	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WAY 2ND FL EAST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHAE 1ST FL KITCHEN 2ND FLOOR NORTHWALL	normally usolely be Maint/Cust Staff (1: Yes No	Sed Py	Containing Materia (ie. Thermal systems insulation, surfacing or other miscella) PIPE INSULATION VAT & MASTIC VALL MASTIC VALL MASTIC VALL MASTIC VINDOW CAULK PIPE INSULATION compound of the	al (ACM) stems ng, VAT, neous) plete plete plete plete	(Specify SF or LF) 832 LF 1,352 SF . 1,552 SF 1,300 SF 1,056 SF 478 LF 20 SF 40 LF 144 SF 2 SF 960 SF 1,260 SF	X	REPAIR	ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WAY 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHAE 1ST FL KITCHEN 2ND FLOOR NORTHWALL	NJDEP Walauler ID N		Containing Materia (ie. Thermal systems insulation, surfacing or other miscella) PIPE INSULATION /AT & MASTIC	al (ACM) stems ng, VAT, neous) plete plete plete plete	(Specify SF or LF) 832 LF 1,352 SF . 1,552 SF 1,300 SF 1,056 SF 478 LF 20 SF 40 LF 144 SF 2 SF 960 SF 1,260 SF	X		ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL WEST -FAMILY HEALTH CNTR 2ND FL MED SURG/OBSERVATION WAY 2ND FL EAST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY REHAB 1ST FL KITCHEN 2ND FLOOR NORTHWALL Name of Registered Waste Hauler NEWARK CARTING	normally usolely be Maint/Cust Staff (1: Yes No	Sed Py	Containing Materia (ie. Thermal systems insulation, surfacing or other miscella) PIPE INSULATION VAT & MASTIC VALL MASTIC VALL MASTIC VALL MASTIC VINDOW CAULK PIPE INSULATION compound of the	Al (ACM) stems ng, VAT, neous) Diete Diete Diete Diete C Name of Registe GRAND CENTE	(Specify SF or LF) 832 LF 1,352 SF , 1,552 SF 1,056 SF 478 LF 20 SF 40 LF 144 SF 2 SF 960 SF 1,260 SF 420 SF	X		ENCAPSUL	NCLOSUR
Asbestos-containing Material (ACM) TO BE ABATED	NJDEP Walder ID N	Sed Py	Containing Materia (ie. Thermal systems insulation, surfacing or other miscella) PIPE INSULATION VAT & MASTIC VALL MASTIC VALL MASTIC VALL MASTIC VALL MASTIC VINDOW CAULK PIPE INSULATION complete insulation	al (ACM) stems ng, VAT, neous) plete plete plete plete	(Specify SF or LF) 832 LF 1,352 SF , 1,552 SF 1,300 SF 1,056 SF 478 LF 20 SF 40 LF 144 SF 2 SF 960 SF 1,260 SF 420 SF ered Landfill RAL SANITARY L	X	TLL.	SUL	SUR

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

Date of Notification (1)			Name of Building O		2)				
31 N 9800			Street Address						-
4 / 5 /19 Agencies Notified Type Notification	1		1 RIVERVIEW PLAZ	A					
EPA Initial Notif DEP X Amended I Cancellatio	ication Notificati	on #5	City, State, Zip Code RED BANK, NEW JE					10 mm . F= 30	
X DOH . On Hold		ΓΙΓΙCΑΤΙ	Name of Contact		Telephone Num 732-450-2689	ber			
			ACILITY INFORMATION						
Name of Facility Where Abatement is Tak	ing Plac	e (3)		Type of Facility School (K					- 1
RIVIERVIEW MEDICAL CENTER					er 8 (Other than h	(-12)			
THE TENTE OF THE PROPERTY OF T				X Other (ie.	private & commo				
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOOR	S			Square Feet 250,000	# of Floors 6		(j. Age 65	
City (5) County (6) RED BANK MONMOU			County Code (7) (STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)	Pha	m. La	b.
RED BANK MONMOU Name of Monitoring Firm Hired by Buildin		er (8)	ASCM No.		ment Contracto	r (9)			
ENVIRONMENTAL TACTICS		- 5-100 5 -10 5 -	17		MENTAL CORP	ORATI	ON		
Street Address 64 BROAD STREET				Street Address 313 SPOOK RO	OCK ROAD				
City, State, Zip Code				City, State, Zip	Code	X 7-3			
MATAWAN, NEV				SUFFERN, NET Telephone Num		ense N	lumbo	r	_
Project Manager for Monitoring Firm THOMAS GEIGER		2-290-2	Number	845-369-7500	110		uiiibe	4	
Expected State Date (10)			tion Date (11)	Name of OSHA	1.11.12				
1 / /23/ 19		9 /	30 /19	QUALITY ENVI	RONMENTAL				
Month Day Year Occupancy Status During Abatement (Chec	Month k only or		Day Year	Street Address					\neg
Facility Closed/Vacated During E	ntire Pe	riod of A		1376 ROUTE 9					
Abatement Performed Outside o X Other - Describe: MONDAY				City, State, Zip	Code			-	-
MONDA!	11110711			WAPPIN	GERS FALLS, N	EW Y	ORK 1	2590	
Scope of Work (Check all that apply)	Renova	tion	X Mini-Enclo	vith Negative Pre	ssure			100	
Demolition X >3SF OR LF	Ineliova	uon	X Glovebag	Procedure					
X >160 SF OR 260 LF				le Procedure	1	Т.			
Location of Asbestos-containing	100000000000000000000000000000000000000	cation ly used	Description of As Containing Materi		Amount	-	baten		-
Material (ACM)		ly by	(ie. Thermal sy	POST CONTRACTOR CONTRACTOR	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
TO BE ABATED		ustodial			SF or LF)	100	\frac{1}{2}	PS	.Os
in Facility (13)	Yes No	(12) N/A	or other miscella	ineous)		15		F	H
2ND FL WEST -FAMILY HEALTH CNTR	100 11	X	PIPE INSULATION		832 LF	Х			
2ND FL WEST -FAMILY HEALTH CNTR		X	VAT & MASTIC		1,352 SF	X		_	
2ND FL WEST -FAMILY HEALTH CNTR		X	WALL MASTIC		1,552 SF				
2ND FL MED SURG/OBSERVATION WAY		X	VAT & MASTIC com	plete	1,300 SF	X			_
2ND FL MED SURG/OBSERVATION WAY		X	WALL MASTIC com	plete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY		X	PIPE INSULATION com	plete	478 LF	X		_	
2ND FL MED SURG/OBSERVATION WAY		X	WINDOW CAULK		20 SF	X			
2ND FL EAST CORRIDOR		X	PIPE INSULATION com	plete	40 LF	X	_	_	
2ND FL WEST CORRIDOR		X	WALL MASTIC		144 SF	X		_	
2ND FL WEST CORRIDOR		X	WINDOW CAULK		2 SF	X		_	_
2ND FL CARDIAC RESPIRATORY REHAL	3	X	COLUMN MASTIC com	nplete	960 SF	X		_	
1ST FL KITCHEN		X	DUCT INSULATION		1,260 SF	X			
Name of Registered Waste Hauler		Waste	Cubic Yards of Waste	Name of Regis	tered Landfill RAL SANITARY	LAND	FILL		
NEWARK CARTING	Hauler 9	ID No.	120	- 0	THE OUNTROL	LAIVU			
City, State			Disposal Date	City/State	OWNICH ID DA	11	,		9
NEWARK, NJ 07105 Completed by (Print or Type) Title			1/11/2019 Signature 2	APLANYFIELD I	OWNSHIP, PA	ate /	11	4	P
BENJAMIN SANCHEZ DIR		OF OPE	RATIONS	1)		4	15	/	19

Company of the State of the Sta				TION OF AS ant to NJAC				NT						
		******		Nam	e of l	Building C)wner	/Operator	(2)					
Date of Notification (1)						W MEDIC	CAL CE	ENTER						
3 / 25 /19 Agencies Notified Type Notificat	ion				et Ado /ERV	dress IEW PLAZ	ZA							
EPA Initial No		ation				, Zip Code					- 70.00		_	
DEP X Amende X DOL Cancella			n #4	RED	BAN	K, NEW J	ERSE	Y 07701						
X DOH x On Hold						Contact			Telephone N	Vumber	55			-
DCA EMERG	ENC	CY NOT			2000000000	TSON			732-450-268	39		0.000		
Name of Facility Where Abatement is T	akir	ng Place	9 (3)	FACILITY IN	IFOR	MATION	Tvpe	of Facility	(4)					
		•	. ,				.,,	School (K	-12)					
RIVIERVIEW MEDICAL CENTER					Subchapter 8 (Other than K-12) X Other (ie. private & commol. bldgs., ho							hor	nes	etc.)
Street Address							Sq	uare Feet	# of Floo		uys	Bldg	. Age	
1 RIVERVIEW PLAZA -1ST & 2ND FLOC City (5) County			1	Coun	ty Co	de (7)		250,000	for if being de	maliah	od\		5	ah
RED BANK MONMO	UTI				USE	ONLY)		BPITAL	ioi ii beirig ut	entonsm	eu)	Pnai	III. Le	iD.
Name of Monitoring Firm Hired by Buil ENVIRONMENTAL TACTICS	ding	g Owner	(8)		AS	SCM No. 17			ment Contra MENTAL CO			N		
Street Address							Stree	et Address		111 0111	.,,,			
64 BROAD STREET City, State, Zip Code			S.V //c -					SPOOK RO State, Zip			_			
MATAWAN, NI	EW.						SUF	FERN, NE	W YORK 109					
Project Manager for Monitoring Firm THOMAS GEIGER			epnone -290-2	Number			100000	phone Num 369-7500	iber	License 1101	e Nu	ımbe		
Expected State Date (10)	S			etion Date (11)			e of OSHA	Monitor	1101			200	
1 / /23/ 19 Month Day Year		Month	9 /	30 Day		/19 Year	QUA	LITY ENVI	RONMENTA	L				
Occupancy Status During Abatement (Ch		only one				1001	100000000000000000000000000000000000000	et Address						
Facility Closed/Vacated During Abatement Performed Outside					scribe	91	11376	ROUTE 9						
				10:30 PM	0:30 PM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590									
Scope of Work (Check all that apply)				1		Criticals w	 vith Ne	WAPPING egative Pres		, NEW	YO	HK 1.	2590	
Demolition X	R	Renovati	on		X	Mini-Enclo	ο,	(T)						
>3SF OR LF X >160 SF OR 260 LF					X	Glovebag Non-Friab								
Location of		Is Loca				ption of As						atem		-
Asbestos-containing Material (ACM)	1	normally solely				ing Materi hermal sy			Amount (Specify	100		REPAIR	ENCAPS	ENCLOS
TO BE ABATED	N	/laint/Cu	stodial		sulation	on, surfaci	ng, VA	AT,	SF or LF) 2		AIR	AP	log Log
in Facility (13)	Y	Staff (12) N/A	9	or oth	er miscella	ineous	5)		12			SUL	SUR
2ND FL WEST -FAMILY HEALTH CNTR			х	PIPE INSU	JLATI	ON			832 LF	X				
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MA	STIC				1,352 SF	X				
2ND FL WEST -FAMILY HEALTH CNTR	1		Х	WALL MAS	STIC				1,552 SF					
2ND FL MED SURG/OBSERVATION WA	Y		×	VAT & MA	STIC	com	plete		1,300 SF	X				
2ND FL MED SURG/OBSERVATION WA	Y		X	WALL MAS	STIC	com	plete		1,056 SF	X				
2ND FL MED SURG/OBSERVATION WA	Y		×	PIPE INSU	ILATI	ON com	plete		478 LF	X				
2ND FL MED SURG/OBSERVATION WA	Υ		×	WINDOW	CAU	_K			20 SF	X				
2ND FL EAST CORRIDOR	1		×	PIPE INSU	JLATI	ON com	plete		40 LF	X				
2ND FL WEST CORRIDOR	_		X	WALL MAS	STIC				144 SF	X	_			1
2ND FL WEST CORRIDOR	1	-	X	WINDOW	CAUL	_K			2 SF	X	4			-
2ND FL CARDIAC RESPIRATORY REHA	AB_	-	X	COLUMN			plete		960 SF	X	-			-
1ST FL KITCHEN Name of Registered Waste Hauler	- N	JDEP V	X Vaste	DUCT INS			Nam	e of Regist	1,260 SF ered Landfill	X				-
NEWARK CARTING	_	lauler ID	No.		120				RAL SANITAF	RY LAN	DFI	LL		
City, State		913	3	Disposal D	ate		&itv	State /						
NEWARK, NJ 07105				1/11/2019		/	PLA	NFIEXD TO	OWNSHIP, P.	A	1		-	
Completed by (Print or Type)		TOP O		DATIONS	Signa	ature /	X	X		Date ?	1	25	11	9

State of New Jersey

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

Date of Notification (1)				Name of RIVERVI	Building C EW MEDIC	Owner/Operator (CAL CENTER	(2)				
2 / 27 /19				Street Ad	ldress						
Agencies Notified Type Notification	ation				VIEW PLAZ	ZΑ					
EPA Initial N DEP X Amend X DOL Cancel	ded No	ition tificatio	n #3		e, Zip Code NK, NEW J	ERSEY 07701					
X DOH On Ho		Y NOT	IFICAT	Name of ION ERIC MA			Telephone Num 732-450-2689	ber			
	2000			ACILITY INFOR	RMATION						
Name of Facility Where Abatement is	Takin	g Place	(3)			Type of Facility					
RIVIERVIEW MEDICAL CENTER						School (K	100 PM	(10)			1
N							er 8 (Other than I private & commo		s., ho	mes, e	etc.)
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLO	ORS					Square Feet 250,000	# of Floors 6			g. Age 65	
City (5) County RED BANK MONM		1		County C (STATE US		Current Use (Pr	rior if being demo	lished) Pha	rm. La	ıb.
Name of Monitoring Firm Hired by Bu			(8)		SCM No.		ment Contracto	r (9)			
ENVIRONMENTAL TACTICS					17		MENTAL CORPO	DRAT	ION		
Street Address 64 BROAD STREET						Street Address 313 SPOOK RO	OCK ROAD				
City, State, Zip Code	Marketones es		neseno maga			City, State, Zip	Code				
MATAWAN, I Project Manager for Monitoring Firm	VEW J			7 Number		SUFFERN, NEV		ense N	li ion la c		
THOMAS GEIGER			-290-2			Telephone Num 845-369-7500	110		umbe	21	
Expected State Date (10)	So		A STATE OF THE STA	etion Date (11)		Name of OSHA		1			
1 / /23/ 19		686 NOW!	9 /	30	/19	QUALITY ENVI	RONMENTAL				1
Month Day Year Occupancy Status During Abatement (C		Month only one	9)	Day	Year	Street Address		-		71	
Facility Closed/Vacated Durin	ng Enti	re Peri	od of A			1376 ROUTE 9					
Abatement Performed Outsid X Other - Describe: MOND				Hours - Describ 10:30 PM	e:	City, State, Zip	Code		-77		
			_ ,				GERS FALLS, N	EW Y	ORK 1	2590	
Scope of Work (Check all that apply) Demolition	¬.	enovatio		X	Criticals w	vith Negative Pre	ssure				
>3SF OR LF		Hovaii	JI 1	X		Procedure					
X >160 SF OR 260 LF				X		le Procedure					
Location of Asbestos-containing		is Loca ormally			ription of As ning Materi		Amount	-	batem		-
Material (ACM)	1"	solely			Thermal sy	127	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
TO BE ABATED	M	aint/Cu			ion, surfaci		SF or LF)	NO	AIR	APO	0
in Facility (13)	V	Staff (12) IN/A	or oth	ner miscella	ineous)		P		JUS	SUR
2ND FL WEST -FAMILY HEALTH CNTF	_	10	X	PIPE INSULAT	ION		832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTF	3		X	VAT & MASTIC)		1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTF	3		X	WALL MASTIC	;		1,552 SF				
2ND FL MED SURG/OBSERVATION W	AY		Х	VAT & MASTIC	c v		1,300 SF	X			
2ND FL MED SURG/OBSERVATION W	AY		x	WALL MASTIC	; /		1,056 SF	X			
2ND FL MED SURG/OBSERVATION W	AY		x	PIPE INSULAT	ION 🗸		478 LF	x			
2ND FL MED SURG/OBSERVATION W	AY		x	WINDOW CAU	JLK		20 SF	X			
2ND FL EAST CORRIDOR			x	PIPE INSULAT	ION 🗸	<i></i>	40 LF	X			
2ND FL WEST CORRIDOR			x	WALL MASTIC	;		144 SF	X			
2ND FL WEST CORRIDOR	1		X	WINDOW CAL	JLK		2 SF	X			
2ND FL CARDIAC RESPIRATORY REF	HAB		X	COLUMN MAS	TIC		960 SF	X			
1ST FL KITCHEN			X	DUCT INSULA	TION		1,260 SF	X			
Name of Registered Waste Hauler		JDEP V		Cubic Yards of		Name of Regist		ANIDI	-11 1		
NEWARK CARTING	Ha	auler ID 913		120)	GRAND CENT	RAL SANITARY I	ANU	-ILL		
			and distance of the last of th								
City, State				Disposal Date		City, State	DIAMID: = :				
NEWARK, NJ 07105	itle			1/11/2019	nature/	City, State	DWNSHIP, PA	en	/ 7	7	111

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

***		(Pur	suant t	to NJAC 8:60-7 and 12:1:	20-7)					
Date of Notification (1)				Name of Building O	H. B	(2)				
1 / 22 /19				Street Address					-01	
Agencies Notified Type Notification	1			1 RIVERVIEW PLAZ						
EPA Initial Notif				City, State, Zip Code						
DEP Amended I		ation		RED BANK, NEW JE	:HSEY 0//01					
X DOH X On Hold				Name of Contact		Telephone Num	ber			
DCA EMERGEN	ICA V	IOTIFIC				732-450-2689	4-1-2-m-(1)			_
No. of Facility Miles Abeta and in Tak	ine D	lace /2	10000	CILITY INFORMATION	Type of Facilit	v (4)				\dashv
Name of Facility Where Abatement is Tak	ing P	iace (3)		School (K					
RIVIERVIEW MEDICAL CENTER					Subchapt	er 8 (Other than k	(-12)			
5						private & commo	l. bldgs	s., hor Bldg		tc.)
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOOR	S				Square Feet 250,000	# 01 F1001S			. Age 15	
City (5) County (6)			\neg	County Code (7)		rior if being demo	lished)	Phar	m. La	D.
RED BANK MONMOU				(STATE USE ONLY)	HOSPITAL		(0)			
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS	ng Ov	vner (8)	ASCM No.		ement Contracto		ON		
Street Address				- 17	Street Address		21 11 11 1			
64 BROAD STREET					313 SPOOK R					_
City, State, Zip Code MATAWAN, NEV	V.IFR	SEY 0	7747		City, State, Zip SUFFERN, NE	W YORK 10901				
Project Manager for Monitoring Firm	7 02.	Teleph		umber	Telephone Nur		ense N	umbe	r	
THOMAS GEIGER		732-29			845-369-7500	110	1			_
Expected State Date (10)	Sche	d. Con		on Date (11) 30 /19	Name of OSHA QUALITY ENV					
1 / /23/ 19 Month Day Year	Мо			30 /19 Day Year	QUALITY LINV	ITIONIVILIVIAL				
Occupancy Status During Abatement (Chec	k only	one)			Street Address					
Facility Closed/Vacated During E Abatement Performed Outside o	ntire	Period	of Aba	itement ours - Describe:	1376 ROUTE 9	,				
X Other - Describe: MONDAY					City, State, Zip					
2				Criticals	wAPPIN with Negative Pre	IGERS FALLS, N	EW YO	DRK 1	2590	
Scope of Work (Check all that apply) Demolition	Reno	vation		X Mini-Enclo		ssure				- 1
>3SF OR LF					Procedure					
X >160 SF OR 260 LF				X Non-Friab Description of As	le Procedure	T	Ι Δ	batem	ant Ty	me
Location of Asbestos-containing	1 2000	Locationally us	2001	Containing Materia	al (ACM)	Amount				
Material (ACM)		olely by		(ie. Thermal sy	stems	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
TO BE ABATED		t/Custo		insulation, surfaci or other miscella		SF or LF)	OVA	Ē	PS	SO
in Facility (13)	Yes	taff (12) N/A	or other miscena	irieous)		-		1	E
2ND FL WEST -FAMILY HEALTH CNTR		>		IPE INSULATION		832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR)		AT & MASTIC		1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR		,		VALL MASTIC		1,552 SF				
2ND FL MED SURG/OBSERVATION WAY		, ,		AT & MASTIC		1,300 SF	X			
				VALL MASTIC		1,056 SF	X	1		
2ND FL MED SURG/OBSERVATION WAY		'	-			478 LF	X	1		
2ND FL MED SURG/OBSERVATION WAY				IPE INSULATION				1	-	
2ND FL MED SURG/OBSERVATION WAY	_	'		VINDOW CAULK		20 SF	X	-	-	
2ND FL EAST CORRIDOR		'	X P	IPE INSULATION		40 LF	X	+	-	-
2ND FL WEST CORRIDOR			X N	VALL MASTIC		144 SF	X	-	-	-
2ND FL WEST CORRIDOR)	X V	VINDOW CAULK		2 SF	X	-	-	-
2ND FL CARDIAC RESPIRATORY REHAB	3		x c	COLUMN MASTIC		960 SF	X	-	_	-
1ST FL KITCHEN				OUCT INSULATION		1,260 SF	X			_
Name of Registered Waste Hauler		EP Wa ler ID N		Cubic Yards of Waste 120	Name of Regis	stered Landfill RAL SANITARY	LAND	FIL 1		
NEWARK CARTING	Haul	913	10.	120		TIME OMNIANT		1		
City, State				Disposal Date	City State	FOWNELUS S.		1		,
NEWARK, NJ 07105 Completed by (Print or Type) Title			[1	/11/2019 Signature //	MAINTIELD	TOWNSHIP, PA	te /	1	11	110
		ROF	OPER/	ATIONS	$\langle \rangle \rangle$			12	P	1/ /

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

													1
		NOT	IFICAT	State of No TION OF ASE of to NJAC 8	BESTOS	SABATE	EMEN 0-7)	IT.		3	3	20	18
		(1	ursua	Name	of Buil	ding Ow	mer/(Operator (2)				
ate of Notification (1)				RIVER	RVIEW I	MEDICA	L CE	NTER					_
1 / 11 /19					Addres								
gencies Notified Type Notifica	ition				1 RIVERVIEW PLAZA City, State, Zip Code								
DEP Amend	otification		on	RED I	State, Zi BANK, N	P Code	RSEY	7 07701					
X DOL Cancell	d				of Cont	tact			Telephone Num 732-450-2689	ber			
DCA EMERC	GENCY	NOT	IFICAT		MATTS				732-450-2009				-
	Taking	Diac		ACILITY IN	FORMA	TION	Type	of Facility	(4)				
lame of Facility Where Abatement is	raking	Flac	e (3)					School (K-	12)	(40)			
RIVIERVIEW MEDICAL CENTER						8	~	Subchapte	er 8 (Other than horivate & commo	(-12) I. bldas.	, hom	ies, e	c.)
							Sq	uare Feet	# of Floors	T	Bldg.	Age	
Street Address RIVERVIEW PLAZA -1ST & 2ND FLC	ORS						2	250,000	6	liched	6 Pharr).
City (5) Count	Count (STATE	USF O	(7) NLY)	HOS	SPITAL	ior if being demo		i iidil	בטו	VI			
RED BANK MONN Name of Monitoring Firm Hired by Bu	(STATE		M No.	Nam	e of Ahate	ment Contracto	or (9)	NA.					
Name of Monitoring Firm Alled by Bo ENVIRONMENTAL TACTICS		1	17		et Address	MENTAL CORP	OKATIC	M					
Street Address						313	SPOOK RO	OCK ROAD	5.00				
64 BROAD STREET City, State, Zip Code							City	. State, Zip	Code W YORK 10901				
MATAWAN,	NEW JE	ERSE	EY 077	47 ne Number			Tele	ephone Num	ber Lic	ense Nu	ımbe	r	
Project Manager for Monitoring Firm			32-290-				845-369-7500 1101						
THOMAS GEIGER Expected State Date (10)	Sc	hed.	Comp	letion Date		10	Name of OSHA Monitor QUALITY ENVIRONMENTAL						
1 / /23/ 19		Month	9 /	30 Day	/1	19 Year				- 200			
Month Day Year Occupancy Status During Abatement (Check o	nlv o	ne)					eet Address 6 ROUTE 9					
Facility Closed/Vacated Dur Abatement Performed Outsi	ing Entir	re Pe	erioa ot	Abatement by Hours - De	escribe:		1						
Abatement Performed Outsi X Other - Describe: MONI	DAY - F	RIDA	Y 7AN	1-3:30PM	30.00		City	, State, Zip	Code IGERS FALLS, N	VEW YO	RK 1	2590	
X Journal of the state of the s						Criticals v	 with N	VVAPPIN Negative Pre			weeks 1	en user Table	
Scope of Work (Check all that apply) Demolition	X Re	enova	ation		X	Mini-Encl	0,						
>3SF OR LF					X	Glovebag Non-Frial	Prod ble Pr	cedure rocedure	95				_
X >160 SF OR 260 LF		le l o	cation	T	Descrip	tion of A	sbest	tos-		-	paten	nent T	
Location of Asbestos-containing			ally use		Containir	ng Mater	ial (A	(CM)	Amount (Specify	REV	REP	ENCAPSUL	ENC
Material (ACM)			ely by	:-1	(ie. Th	nermal sy n, surfac	ystem ing \	ns VAT.	SF or LF)	EMOVAL	EPAIR	AP	CLOSUR
TO BE ABATED	I _M		Custod ff (12)	idi I	or othe	er miscell	aneo	us)		P	1	JUS	SUR
in Facility (13)	Y	es N	No N/						02015	×	+	1	+
2ND FL WEST -FAMILY HEALTH CN	TR		X	PIPE INS		NC			832 LF	×	+	+	+
2ND FL WEST -FAMILY HEALTH CN			X	VAT & M	ASTIC				1,352 SF	- ^-	-	+	+
2ND FL WEST -FAMILY HEALTH CN			X						1,552 SF		+	+	+
2ND FL MED SURG/OBSERVATION			X	VAT & N	ASTIC				1,300 SF	X	+	+	+
2ND FL MED SURG/OBSERVATION			×	WALL M	ASTIC				1,056 SF	X	+	+	+
2ND FL MED SURG/OBSERVATION			X	PIPE IN	SULATION	ON			478 LF	X	+	+	+
2ND FL MED SURG/OBSERVATION			X	WINDO	N CAUL	LK			20 SF	X	+	+	+
2ND FL EAST CORRIDOR			×	PIPE IN	SULATI	ION			40 LF	- X	+	+	+
2ND FL WEST CORRIDOR			×	WALL N	ASTIC				144 SF	X	+	+	+
2ND FL WEST CORRIDOR	-		×		W CAU	LK			2 SF	X	+	+	+
2ND FL WEST CORRIDOR 2ND FL CARDIAC RESPIRATORY F	REHAB		×		N MAS	TIC			960 SF	X	+	+	+
			×	DUCTI	NSULAT	TION			1,260 SF	X			+
1ST FL KITCHEN Name of Registered Waste Hauler			P Was	ste Cubic Y	ards of	Waste	N	lame of Reg	gistered Landfill NTRAL SANITAF	RY LAND	FILL		
NEWARK CARTING		Haule	er ID N 913	0.	120					200 200000		4	1
City, State			913	Disposa	I Date		C	City, States	TOWNSHIP, P.	Α .	/	,,	1,
NEWARK, NJ 07105	mpro £1			1/11/20		nature /	1	X	, TOTTINGI III , T	Date /	1	11	11
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRE	сто	R OF C	PERATION		1-	Δ	X			_	-/	/
DEINIAMIN OUNOUTE	1	-	THE RESERVE			-	11					1	