CK 3038

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

CK 3038		(Pt	ırsuant t	to NJAC 8	3:60 and	12:120	0)		T E	(P. I.	5	1		2	Neth
Date of Notification (1) 07/19/2016				Building G sburg Bo				n .	=	(e) . L	-5 17		-		
Agencies Notified Type Notification	4+27-27		Street Ad 445 Ma	ddress arshall S	Street				į.	JUL	2 2	2	016	-	11
EPA Initial Amended Amendment #				te, Zip Co sburg, N		5			L ASE	ESTO	5 00)iv	TRO	1 8	
Emergency (in justification) DCA Cancellation	cluaing	1000	Name of George	Contact e Rullo		6		L	Tele	enhane N	umbe	r	<u>i</u>		
			FACIL	LITY INFO	RMATIC	NC	-		141						
Name of Facility Where Abatement is Taking R Phillipsburg High School	Place (3)					I yr	oe of Facility (School (K-1	12)		vanance.				
Street Address 200 Hillcrest Boulevard								Subchapter Other (i.e. p etc.)	r 8 (Othe orivate 8	er than K- commer	cial b	uild	ings,	home	s,
City (5) Phillipsburg, NJ 08865							Sq	uare Feet	# of	Floors		BI	dg. A	ge	
County (6) Warren			County C (STATE L	Code (7) JSE ONLY)				rrent Use (Pri chool	or if beir	ng demoli	ished))			
Name of Monitoring Firm Hired by Building Ov Aero Environmental Services	wner (8)		ASCM	1 No.				batement Construction Co							
Street Address 275 Route 10 E						Street Address 235 Watchung Avenue									
City, State, Zip Code Succasunna, NJ 07876		-Wessel					City, State, Zip Code West Orange, NJ 07052								
Project Manager for Monitoring Firm Mike Berta		Telephor		Teleph 973-		No. -2900		License 01231	No.						
	Schedule 08/01/2		npletion [Date (11)				SHA Monitor er Laborat		Blobal Ir	nc.				
Occupancy Status During Abatement (Check	Only Or	ne)				Street									_
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma								Cary Stree	et			-			
Other – Describe:					_	Rich	moi	nd, VA. 23	220						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Total Control of the	Renova Demolit						Full Containm Mini-Enclosur	е	Negative	e Pres	sur	е		
				VX 47————————————————————————————————————		E	1	Glovebag Pro Non-Exempte	cedure d (*) and	d Non-Fri	able F	Proc	edur	Э	
	10.0	Locati			5		6							ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenai todial S (12)	nce/		tos Conta thermal surfac		Mate s ins AT, o	r	(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											е	285
Basement - beneath boys locker rm	X				Insula				4LF	X					
Basement - beneath girls locker rm	Х			Pipe	Insula	atior	1		4LF	X					
										_					
News of Basistand W.		1055	11-	0.11	Valada		Ness	Darie		E:11					
Name of Registered Waste Hauler Be Construction Corporation	1.7337	Hauter ID No. of Waste				Name of Registered Landfill Tullytown Facility									
City, State West Orange, NJ 07052				Dispos	al Date)	City, Sta Tullyto		Λ						
Completed by Barbara Reed	ident			S	ignature	ē e	aug y	lee	//	Date 07/1	9/2	016			

	N/C	TIEV		te of New OF ASBE			AENT	TOLEL C	2484	7 17	T IP	m			
Project #	NC			OF ASBE				Check #	3444	l W	E	4			
D. L. SNI-ES-ES- (4)			Name of	Building C)wner/C	nerator	(2)	1935				- 11			
Date of Notification (1)					JWI ICI/C	perator	(4)	11-1		20	10				
07/14/2013			Oover E					1]	1 22	/11	In_				
Agencies Notified Type Notification	on	1.	00 Gra									1			
EPA Initial					do			ASSES"	TOS 01	TIACT	ICIG	2.			
DEP Amended Amendme				te, Zip Cod	ie.		*	ASDES	JOENS	HAG	HOL				
	cy (including		over,	0.77 (0.000)				Telephone I	CONTRACTOR OF THE	11110					
DOH justification	n)			Contact				Telephone	vuilibei						
DCA Cancellat	ion	ŀ	200	Gomes	See Total					-					
Name of Facility Where Abatement is Ta	kina Place (3)		FACI	LITY INFO	RMATI	ON	Type of Facility	(4)				-			
East Dover Elementary School			-		50.000 C		School (K	-12) er 8 (Other than h	(-12)						
Street Address							Other (i.e.	private & comme	ercial buil	dings,	home	s,			
300 E. McFarlan St							etc.)								
City (5) Dover, NJ							Square Feet	# of Floors		Bldg. A	ge				
County (6)			County C	Code (7) JSE ONLY)			Current Use (P	rior if being demo	olished)						
Passaic															
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCN	No.		Name of Abatement Contractor (9)									
RAMM						Nick Restoration LLC									
Street Address						Street Address									
77 Nottingham Road						72 Brookside Rd									
City, State, Zip Code						City, State, Zip Code									
Fair Lawn				2			Randolph NJ 07869								
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	elephone No. License No.								
Rodger Headrick		(201)47	75-9880)		33-2550	01133	3						
Start Date (10)	Schedule	d Con	npletion	Date (11)		Name	of OSHA Monito	or							
07/16/2016	07/18/20					Iris E	nvironmenta								
Occupancy Status During Abatement (C	heck Only One	9)					Address								
Facility Closed/Vacated During Ent	ire Period of A	baten	nent			2333	RT 22								
Abatement Performed Outside of N Other – Describe:	ormal Facility	Hours	3			100	State, Zip Code n, NJ 07083								
Scope of Work (Check All That Apply)						Offici	1, 145 07 005		-						
						Full Containment with Negative Pressure									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				ī	Mini-Enclose		ve Fressi	lie)					
							Glovebag Pr								
						L	Non-Exemp	ted (*) and Non-F	nable Pro	TWO TIES	e ement				
47	100	Locat									/pe				
Location of	Licor	ormal Sole				scription			1	T	İ				
Asbestos-Containing Material (ACM)		ntena					Material (ACM) s insulation,	Amount (Specify	20	_	Enc	Щ			
TO BE ABATED In Facility	Custo		Staff?	(1.0.		cing, VA		SF or LF)	Remova	Repair	aps	Iclo			
(13)		(12)			other	miscella	neous)		ova	air	Encapsulate	Enclosure			
	Yes	No	N/A								to	(0)			
Fields House			TSI- wi	rap &	cut		100 LF	×							
-															
							1		1						
		_					THE SECOND STATES			-		-			
		1055		10.:		1	I I	2511	1						
Name of Registered Waste Hauler				Cubic of Wa	Yards Name of Registered Landfill										
Nick Restoration				TBD		G.R.O.W.S									
City, State Randolph, NJ	Disposal Date			2											
		TBD					Tullytown, PA								
Completed by	Title					Signatur	e / / / /	Date							
Elvira Mrda		Signature Elvita Wele				elg 1 07/14/2016									

Print F	
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CK 1	009		NOTIF	ICATION	N OF ASBE	STOS	ABATE	MENT	F		P /	2	P 1	1 17 (-	
Date of Notification (1)			-							DI-	<u>E</u> (ارا	5	W		1	
7/14/16				Arleer	of Building C n Dunne)wner/	Operator	(2)	C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N							
Agencies Notified	Type Notification			Street A	Address					11.	J	UL	22	201	6	11	
X EPA	Initial															-	
DEP X DOL	Amended Amendment	#			ate, Zip Coo		NII 070	20.4		A.S	SBES	TOS	3.00	TIAC	201	8.	
	Emergency (_		rouck Hei	gnts,	NJ 076	504				LICE	ENSI	NG	IOL	α	
DOH DCA	justification) Cancellation				of Contact Dunne					Tel	ephone	e Nun	nber				
N					ILITY INFO	RMAT	ION										
Name of Facility Where A Residential Home	Abatement is Taking	g Place (3)					Type of	Facility (4	1)							
Street Address									nool (K-12								
								☐ Sul	ochapter ner (i.e. pi	8 (Otherivate 8	er than & comr	K-12 nercia	?) al buil	dinas.	hom	es.	
City (5)			-					Square	.)		Floors			75 0			
Hasbrouck Heights	, NJ 07604						**	1600	cet	2	FIDOIS	5	10000	31dg. /	ige		
County (6)					Code (7)			Current	Use (Prio	r if bei	ng den	nolish	ed)				
Bergen					USE ONLY)			Reside	ential Ho	ome			,				
Name of Monitoring Firm	Hired by Building (Owner (8)	ASC	M No.				ement Contractor (9) Abatement Inc.								
Street Address						-		Address									
City, State, Zip Code								80 N. Midland Ave.									
Oity, State, Zip Code							state, Zip (dle Broo		7660	3-2-1							
Project Manager for Mon	itoring Firm		Telepho	ne No			none No.	K, 110 U	7003	Licen	oo M						
	roject Manager for Monitoring Firm						100000000000000000000000000000000000000	600-318	4		0130		٥.				
Start Date (10) 7/29/16		Schedul 8/12/1		npletion	Date (11)		Name	of OSHA	Monitor								
Occupancy Status During	g Abatement (Check						Street	Address									
Facility Closed/Vaca Abatement Perform	ated During Entire P	eriod of	Abaten	nent											5		
X Other - Describe: 8	A.M to 4 P.M	ai racilit	y Hours		Code												
Scope of Work (Check A	II That Apply)													-	NT		
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-		Mini- Glov						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc							
			Locati							() 4110		Habi		Abate			
Location			Normal ed Sole			De	scription	of						Ту	ре		
Asbestos-Containing TO BE ABA	ATED	Ma	aintenar	nce/	Asbesto (i.e. tl	s Con	taining M	laterial (A s insulatio	CM)		nount pecify		71		En	ш	
In Facili (13)	ty	Cus	todial S (12)	stan?		surfa	cing, VA	T, or	,		or LF)		Remova	Repair	caps	nclo	
(10)		Voc		T		otner i	miscellan	leous)					oval	air	Encapsulate	Enclosure	
Baseme		Yes	No	N/A											е		
Daseille	Х			Pipe	Insula	tion			52		х						
		-		-													
Name of Registered Was	te Hauler		l NI	JDEP W	lasta	Cubi	Vasd	1									
Newark Carting			H	auler ID-	No.	of Wa	Yards ste	10,000	ame of R		ed Lar	ndfill					
City, State 045						2CU			ESI Lan	atill							
Newark, NJ					100	Dispo: TBD	sal Date		ity, State ethlehe	m,PA	Α.	54811.5	23-25-1				
Completed by		Title				S	Signature		7.			Date	e				
Richard Cristofol	dent		Oignature /					7/14/16									

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

							WP	12.4	1						
Date of Notification (1) 07/08/2016	4			Name of Building Owner/Operator Onofrio Chillemi	(2)	u		-!!!	and the second						
Agencies Notified	Type of Notifica	ation		Street Address	JUL 2	2 2	016	11	t						
(X) USEPA	(X) Initial N			513 Willow Avenue	II II JUL 2	. 2	.010	المست							
(X) NJDEP	() Amend			City, State, Zip Code		001	TDOL	-1							
(X) NJDOL		ment#			ASBESTOS	CON	HOL	α							
(X) DOH		ency (includir	na	Hoboken, NJ 07030	LICE	1/2:1/	<u> </u>								
() DCA	justifica		19	Name of Contact		Tel. I	Number								
() BOA	() Cancell			Bruce Russo											
	() Caricei		ACII ITY	I / INFORMATION											
Name of Facility Where Abateme	ent is Taking Place		OILITI	Type of Facility (4)											
Commercial space	one to running r tage		- 1	() School (K-12)											
Street Address				() Subchapter 8 (other than h	(-12)										
512 Madison Avenue				(X) Other (i.e. private & comm	ercial bldgs., hom	ies, et	C.								
	0 / (0)	T 0 t - 0 - t	/7\		4		0.0								
<u>City (5)</u>	County (6)	County Code (State Use O		Sq. Feet: 6,00 # of Floo	ors <u>1</u>	Bldg. A	ge <u>80</u>								
Hoboken	Hudson	(Otate Ose O	riiy)	Current Use (if being demolish	ed):										
Name of Monitoring Firm Hired b	v Bida Owner (8)	ASCM No.		Name of Contractor (9)					_						
ISES	y blug. Owner (6)	N/A		Industrial Safety & Envir	onmental Solu	tions	Inc								
Street Address				Street Address	Omnental Bolu	LIULIS	, IIIC.		_						
3300 Hudson Avenue				3300 Hudson Avenue											
									-						
City, State, Zip Code				City State, ZipCode Linion City, NI 07087											
Union City, NJ 07087				Union City, NJ 07087 Telephone Number License Number											
Project Manager for Monitoring F				(201)325-0055 <u>License Number</u>											
ISES	201 325-0	1000.00100				0	1124								
Scheduled Start Date (10)	Scheduled C	Completion Date	(11)	Name of OSHA Monitor											
07/18/2016	07/22/20	16		ISES, Inc.											
Occupancy Status During Abater				Street Address											
() Facility Closed/Vacated Du				3300 Hudson Avenue											
() Abatement Performed Outs (X) Other - Describe:	side of Normal Faci	lity Hours -		City State 7in Code											
Building Garage not occupie	d			City, State, Zip Code											
Source of Work (Check all that a) Demolition	1	Union City, NJ 07087											
Source of Work (Officer all that a	ppiy) (A) Demonition		() Renovation											
() Minor Project (< 25 SF				() Full Containment with Negative Pressure											
() Small Project (>25 <16				() Mini-Enclosure with N											
(X) Large Project (>160 SF	or > 260 LF ACI	M)		() Glove-bag Procedure											
Location of Asbestos-	Is Location Nor	mally I land		(X) Non-Exempted (*) ar Description of ACM	Amount		re Abateme	nt Type	,						
Containing Material (ACM)	Solely by Main		(i.e. thermal systems insulation,	(Specify SF or		Spaterne	пі туре							
To be Abated in Facility (13)	Custodial St		surfac	cing, VAT, or other miscellaneous.)	LF)				_						
		25 82				Re	고	Encapsulate	Enclosure						
					8	Remova	Repair	sde	los						
	YES NO	N/A				Val	=	ılate	ure						
	120 110														
Roof	X		Roofin	ng layer and flashing	~ 600 LFT	X									
Name of Reg. Waste Hauler	NJDE	P Waste Hauler	ID#	Cubic Yards of Waste	Name of Reg. La	ndfill									
Atlas Disposal Options, Inc. 50452				15 Grand Central Sanitation											
					1963 Pen Arg	yl Ro	ad								
				Date Date	City, State		12000								
	Dover, NJ 078		0/2016	Pen Argyl, PA	1807	72									
Completed by (Print or Type)	Title		Signat		Date										
311 East Blackwell Street, Dover, NJ 07801 (() /	07/08/2016										
				~ V /											

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

	M	T 10 55 5				ESTOS ABAT 8:60 and 12:1		PARIC BER			7
Date of Notification (1)		-	T	Name o	of Buildin	g Owner/Operator	(2)	2		1	+
7-19-16	,					OF SUSAN		DE III	240		
Agency Notified	Type Notification				Address		79	JUL 2 2: 20	110	1	-
·	See to be of									1	
D EPA D DEP	Initial □ Amended			City, St	tate, Zip (Code .		ASPESTOS CONT	ROL	2	
■ DOL	Amendment#			GL	FN !	RIDGE N	J 07	O 2 SPESTOS CONT	1		
BE DOH	 Emergency (includir justification) 	19		Name (of Contac	t		Telephone Number			-
□ DCA	☐ Cancellation			MS	.c	MATHER	(5				
						ORMATION					
Name of Facility Where Al	batement is Taking Pla	œ (3)				1	Type of Facility	(4)			7
ESTATE OF	SUSAN BA	DAN	IE			1	☐ School (K-1)	2/			
Street Address	30 Brito John	Core						8 (Other than K-12)			
02000.122000						+		rivate & commercial building	s,		
City (5)							homes, etc.		Ge.	_	
GLEN RI	00-			,					TR	5	
County (6)	16 E		1	Court	Code C) (STATE USE	2200 -	Prior if being demolished)	1		
ESSEX				ONLY)		CIVIENSE	RESIDE				
Name of Monitoring Firm	Hind by Bulleton Oran		ASCM	A1	***	Name of Abatem					
(8)	nited by building Owne	1	45CM	NO.	93			10.50			
Otransk Addresses						Best Ren Street Address	noval in	IC	i eff		_
Street Address				8			. D.	a .			
Ch. Chat. To Cada						450 Sout		St		_	
City, State, Zip Code						City, State, Zip C		07601			
D 1 4M	· · · · ·	7 =		M		Hackensa	ick, N.J	License No.		_	
Project Manager for Monit	oring rath	lie	ephor	te No.		Telephone No. 201-329-	7 /. /. /.	00388			
Ct-+ D-1 ((C)			-	- (4.4)		Name of OSHA		00300		_	_
Start Date (10) 7-29-16	Scheduled Co							an + a 1			
Occupancy Status During	and the second s		10)		Street Address	Invironm	entar			
Occupancy Status During	Apatement (Check on	y one)		93							
☐ Facility Closed/Vacated ☐ Abatement Performed (During Entire Period of	Abate	ement			City, State, Zip C	yler St				
	BAM 5PM	my mot	 no	•				,N.J. 07606			
Scope of Work (Check all	0 1 1 7	W/						, , , , , , , , , , , , , , , , , , , ,		-	
2a≥3 sfor≥3 if	2.0.250			Don	ovation		Containment with Enclosure	n Negative Pressure			
2 ≥ 160 sf or ≥ 260 lf				□ Den	USANTS #6		chickstre bag Procedure				
						☐ Non-I	Exempted (*) an	d Non-Friable Procedure	Abate		- 4
		3570	Locati	5557	F2				Ty		HL
Location	ı of		ormali Sole	•		Description of	of				
Asbestos-Containing		Mai	ntenar	nce/		stos Containing Ma		Amount		End	m
TO BE AB	The state of the s		ustodi Staff?	al	(i.e.	, thermal systems surfacing, VAT	Deligible description of a corpus	(Specify SF or LF)	Repair	schoo	iclo
(13)			(12)		ĺ	other miscellane	The second secon		Repair	Encapsulate	Enclosure
		Yes	No	N/A	1	4				9	-
BASEMENT		160	NO	-		6 - 1 14 . 6	1 - 3	55 LF !			-
DIDENIEW.				X	145	GMAL IN SU	41100	33 LF 1	+		
· · · · · · · · · · · · · · · · · · ·				-					-	_	
								1-	4		
							1	1 21 - VP4			
Name of Registered Wast Best Remov		NJI ID		Vaste F	lauler	Cubic Yards of Waste	_	stered Landfill			
Dest Kemov	al inc	1.0		109		3/4 VD	Minerv	a Enterprises	, LI	ıC	
City, State						Disposal Date	City, State		-		-
	, N.J. 07	601				7-30-16		sburg, Oh, 4468	38		
Completed by	Title					Signature		Date			
R. VELDRAN	Est	imat	or			RVOLDA	14	7-19	-16	>	
IN VELUTEN.	1 200.		- O T			I I sure ver	¥ /				

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

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Date of Notification (1)	/ 1	- 19	Name o	of Building	Owner/Operator	(2)	2 - 111 2	20	16	1	U	1
77.8	7/18/16		E	VER	AS CON	PROUNT	· Sakul, 2	P 7			-0.048	-
Agency Notified	Type Notification						e Screstos			L8	4	-
□ EPA	Drinitial .					4	115-1-1	- FET 15 LEG -	1		_	
DEP DOL	Amended Amendment#		ORY, O		as Te	in Cool	0765	6				
	☐ Emergency (including	9	Name		4		Telephone Numi	per				
DOH DCA	justification) □ Cancellation		-	Po!	DMMY G	ichorto						
2 DOA	a conscision		FACI	7	ORMATION							
Name of Earlity Where	Abatement is Taking Place	e (3)	17.00			Type of Facility	(4)					9
FILE OF A S	COMMUNICIO	y 8	ENU!	1655	<u> </u>	☐ School (K-12	0					
Street Address	COMMUNIT	/				El Subchapter 8	(Other than K-12)	l la colletion e				
QQ ;	DEGROFF	VIA	et.			Other (i.e. pr homes, etc.)	ivate & commercia	Danane	, , , , , , , , , , , , , , , , , , ,			
City (5) .	20011	+ -	,			Square Feet		Bidg.		95	97.5	3.25
Cay (c) TANK	· Risco			272		1600.	- 2		07	r R	2	>
County (6)			Count	Code (7) (STATE USE		rior if being demolis			8		
BENG	een.		ONLY) .	, ,	HOME 1	CESIDON W					_
	m Hired by Building Owne	r ASC	M No.	51	Name of Abater	ment Contractor (9)					
	SSOCIATES	1 6	201	2	Best Re	moval In	С					
Street Address					Street Address							
300 CM	BUA GUA					th River	St					_
City, State, Zip Code					City, State, Zip		07/01					
ENGLENC	Occ. NJ 6	0163	1	-		ack, N.J					_	-
Project Manager for Me	onitoring Firm	Telepi	hone No.	0	Telephone No.	-7444 -	00388					
STEPHENJAMAC	ZEUSICI	2015	569-6	3008	Name of OSHA		00300			-	-	
Start Date (10)	Scheduled Co	mpletion S)		Environm	ental					
8 4 16	ing Abatement (Check on	1	9		Street Address	HILATIOHM	CIICUI					
	•		* #:			uyler St						
☐ Facility Closed/Vaca	ated During Entire Period of ed Outside of Normal Faci	of Abatemo	ent		City, State, Zip			T. (4)	70			
Other - Describe:	8,00 MM 2 0 3	2:20	PIT		S. Ha	ckensack	,N.J. 07	606				
Scope of Work (Check					O Sal	Contrinment with	h Negative Pressur	e				
⊒≥3sfor≥3lf			Ø Re	novation	2 Min	i-Enclosure		*8				
□ ≥ 160 sf or ≥ 260 lf			□ De	molition	☑ Gio	vebag Procedure	nd Non-Friable Proc	cedure				
				T	G NO	- LACISPICE () CI			A	ate		it
			cation mally							Туг)e	
	ation of	Used S	solely by	Ach	Description estos Containing N		Amount		-		m m	III
	ning Material (ACM) ABATED		enance/ todial	(F.	e., thermal system	s insulation.	(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
74 TO 100	Facility	1	aff?	1	surfacing, VA other miscellar		3, 0, 2,		ova	1	Bula	Sur
	(13)	. (12)			8.5	12			1	6	_
		Yes 1	No N/A				405	<u>-</u>	X	+	\dashv	_
FIRST FLO	01			THEN	MIRE SULTA	u'n Co	403	`	^	\dashv	\dashv	-
							-			-	\dashv	-
							-	1,7	-	\dashv	\dashv	_
	*					Many of Dee	intered Landfill					_
Name of Registered V		ID No	EP Waste	Hauler	Cubic Yards of Waste	14:	istered Landfill		,	тт	C	
Best Ren	noval Inc	and the second	17109	9	2/20	Minerv	a Enterpr	ises	,	لملا	٦٢.	
City, State		1			Disposal Date	City, State	6.					
	ack , N.J. 07	601			18/5/16		sburg, Oh	1,446	588			
Completed by	Title				Signature /			Date	1	1		
J.Maioran		imato				كىممەند	3	1 1/	18	16	>	_
ASB-41	* Do no	t use this	form for	asbestos	licensure exemple	activities.	2500					

-	50		-				
P	41	n	E	0	r	m	`

CK 4760	N		ATION (STOS ABA 60 and 12:		NT		[D),	E C	a E		V		
Date of Notification (1) – 07/19/16		144 5.633		Building O	wner/Opera OWITZ	ator (2))			.111	11 2	2	20:	IC.	
Agencies Notified Type Notification EPA Initial		1000	treet Ad 301 VI		A DRIVE	8						-	20	0	-
DEP Amended Amendment #_	aludina			e, Zip Cod /OOD, N				ALLEN			ICE	00 ISH	NTF VG	POL	8.
Emergency (in justification) DCA Cancellation	cluaing	1000	ame of O	Contact 10 HOR	OWITZ				Telep	hone Nu	ımber				
_ BOA _ Galiseilation			FACIL	ITY INFO	RMATION				-					5377.7.1	
Name of Facility Where Abatement is Taking I	Place (3)	,				T	уре о	f Facility (4)						
Street Address							S	chool (K-12 ubchapter 8 ther (i.e. pr tc.)	(Other	than K-1	12) cial bui	ilding	ıs, ho	omes	
City (5) LAKEWOOD, NJ							Square 2,000	Feet	# of 1	Floors		Bldg	. Age	•	
County (6) OCEAN			County C	ode (7) SE ONLY)			Ourren HOM	t Use (Prior E	r if bein	g demolis	shed)				
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.					ment Contractor (9) PROFESSIONALS						
Street Address				191		reet A			OVE COURT						
City, State, Zip Code							Code D, NJ 08	3701							
Project Manager for Monitoring Firm	T	elephon	ne No.	100		hone No. License No. 1200									
	Schedule 08/08/1		Completion Date (11) Name of OSH AAA LEAI						SSION	NALS					
Occupancy Status During Abatement (Check			6 WHITE DOVE						URT						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	I Facility	Hours	ours City, State, Zip Code LAKEWOOD, No.						3701						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				×	Min	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	1,000	Locatio			Danasi	ntinn o	ė.							nent e	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	d Solel intenar odial S (12)	y by ice/ taff?		Descri tos Contain thermal sys surfacing other miso	ing Ma stems g, VAT	aterial insula , or		(S	nount pecify or LF)	Kemoval		Renair	Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A		SID	ING			25	00 SF	X	+	+		
EXTENSIV															
						-									
Name of Registered Waste Hauler		I N	JDEP W	/aste	Cubic Ya	rds	-	Name of	Registe	red Land	Ifill				
NEWARK CARTING		Н	auler ID 1509		of Waste			IESI							
City, State NEWARK, NJ					Disposal 08/08/1			City, State BETHL							
Completed by JOSEPH PERLSTEIN Title OWNER						Signature Date 07/19/16									

NOTIFICATION OF ASBESTOS ABATEMENT MO#19730002421 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 07 / 19 Robert Butler Agencies Notified Type Notification Street Address ☐ EPA ☑ DOLWD Amended ASBESTOS CON ROL & City, State, Zip Code Amendment # X DHSS LICENSIN: 1 Essex Fells, NJ 07021 □ DCA ☐ Emergency (including) Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation Robert Butler FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Essex Fells, NJ 07021 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) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 01127 973-638-1777 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 07 / 28 / 16 __07__ / __29__ / __16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Used Solely by Remova Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED '(i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility SIF or LF) surfacing, VAT, or (12)(13)other miscellaneous) No N/A Yes X \boxtimes 8 LF Basement Pipe insulation X M Basement Duct insulation 150 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Date Signature ente Wenad 07/19/16 N.Jevtic Owner ASB-41

State of New Jersey

State of New Jersey - Notification of Asbestos Abatement

CN 12200		(Pursuant to N.	J.A.C. 8:60-	7 and 12:120-7)	li.	A E F	Enn	TE	F+
OR 100 P			Nome	of Building Owner/0	Operator (9)	11-15-15		W E	
Date of Notification (1) July 18, 2016				Valley Hospita		31		-	-
Agencies Notified	Notification	Type		Address	111	1 1111			
X EPA		lotification		North Van Dien	Avenue	LI JUL	2 2 20	116	1
			200000000000000000000000000000000000000	State, Zip Code	Avenue	1			-
□ DCA	Amenda	nent#	***************************************		= 450 273	- L			1
x DOL	10 1000			gewood, NJ 0	/450-4/30			5.51	
⊠ DEP	Emerger	icy (including	Name	of Contact		Telephone A	lumber	TIUL	0.
x DOH	justific	ation)	Willi	am Stasiak					
	1	,			1				
		FACIL	ITY INFORMA	TION					
Name of Facility Where Abatement is Ta	king Place (3)			of Facility (4)		2000			
The Valley Hospital			□ Sc	hool (K-12)					
Bergen Wing, Lower Level- 1	Tolocom Pa	oom	70: 15:10	ochapter 8 (other than	K-12)				
Street Address	relecon No	30111	X	Other (i.e. private &		uildings home	e etc.)		
			(7)	eet: Unknown				Voors	
223 North Van Dien Avenue			<u>Sq. r</u>	eet. Unknown	# 01 F1001	5. 4 <u>Diug. 7</u>	ige. 301	years	2
City (5) County (6	3)	County Code (7)		-titles (oules if heise	l l : - l l \	. Usanital			
Ridgewood Berger	77	(State Use Only)	Curre	nt Use (prior if being	g demolished)	. nospitai			
Riagewood									
Name of Monitoring Firm Hired by Bldg.	Owner (8)	ASCM No.	Name	of Contractor (9)					
	OWNER (0)	ACCIVITYO.		ENWOOD ABAT	FMENT CO	ONSULTAN	ITS. INC.		
Colden Corporation			OILL	LITTIOOD ADA	LINEIT	5110021711	,		
Street Address			Stree	Address					
28 Washington Street				MAIN STREET					
City, State, Zip Code				tate. ZipCode					
Ballston Spa, NY 12020				er, NJ 07405					
	Telephone N	lumbar		hone Number		License Num	her		_
Project Manager for Monitoring Firm	-			492-0477		00840	DCI_		
Jim Miades	347.435.					00040			
Scheduled Start Date (10)		Completion Date (11)		of OSHA Monitor					
July 29, 2016	August 1			L inc.					
Occupancy Status During Abatement	TOTAL VOLUME TOTAL OF THE CASE		Stree	t Address					
Facility Closed/Vacated During			405	C Chaltan Dood					
Abatement Performed Outside	of Normal Fac	ility Hours -		6 Stelton Road					
Describe				State, Zip Code	EA				
Other - Describe: 4pm-1am			Pisc	ataway, NJ 088	54				
Source of Work (Check all that apply)									
Oddice of Work (officer all that apply)					x Full Contai	nment with Ne	egative Pres	ssure	
2 2 2 2 2 16		Don	ovation		Mini-Enclo		3		
≥ 3 sf or ≥ 3 lf									
□≥ 160 sf or ≥ 260		Dem	nolition		Glovebag P	ted (*) and No	n Friable D	rocedi	ira
Leastien of Ashantas Containing	I to Location	Normally I load Calab	Doporinti	on of Asbestos	Amour		ement Type	Tocedu	iie .
Location of Asbestos-Containing Material (ACM) in Facility (13)		Normally Used Solely ustodial Staff? (12)		ng Material (ACM) (i.e		Management of the last of the	ement Type		
Material (ACM) III Facility (13)	0.0000000000000000000000000000000000000	NO NA		systems insulation,	or LF)	Remo	ve Repair E	ncap Er	nclose
	1.53	100		, VAT, or other misce					
	-		1		0.00-41				
Telecom Room	X		VAT & I	Mastic	70 sf	X			
								1511	
Name of Reg. Waste Hauler		ste Hauler ID #	Cubi	Yards of Waste:		Name of Reg		atill	
See Hauler Below # 1 & 2	See Belov	V			1	Meadowfil			
Hauler #1) Greenwood Abateme	ent Consulta	nts. Inc Butle	r. NJ 07405		Disposal Da	10000000000000000000000000000000000000	City, State		
NJ DEP # 12561		,,,	a. • a. c. a. c		August 1	,2016	Route 2, B		
	Name ale Mi	104500 NIDED#	10551				Bridgeport 304-842-2		
Hauler #2) Newark Carting, Inc.	and the same of th	04509, NJ DEF #		turo		Date	304-042-2	104	
Completed by (Print or Type)	Title	DO IECT	Signa	OCCUPATION OF THE PARTY.		July 18	2016		
Marin Graure	SENIOR P		me	rrin Graure	;	July 10 /	.010		
1	DALANIA CELE					1			

GAC # 2016-575

State of New Jersey - Notification of Asbestos Abatement

CX ZOUN			(Pursu	ant to <u>N.J.A.C</u> .	8:60-7 and 12:120-7)	ID.	C		W E		
Date of Notification (1)		V			Name of Building Owner/ORUTGERS, THE ST		ERSIT	Y ₂ OF 1	NJ 10	1	
July 19, 2016 Agencies Notified EPA	-	Notification Initia	al Notifi	All the second s	Street Address ENVIRONMENTAL H 27 ROAD 1, BLDG 4	HEALTH 8	SAFE	ETY DE	PT.		
DCA x DOL DEP DOH		☐ Emerg justific ☐ Cance	ency (ir ation)	100 0000	City, State, Zip Code PISCATAWAY, NJ 0 Name of Contact	TAO	LIC	OENSIN	VG	-01	
DON		□ Cance	neu		Michael Smith, ENV HEA SAFETY	LTH &					
				FACILITY INF							
Name of Facility Where Abate School Dental Medic					Type of Facility (4) School (K-12)						
Street Address					Subchapter 8 (other than						
RBHS Newark Camp	us				Other (i.e. private & com	mercial buildi # of Floor	ngs, hom <u>s:</u> 7 <u>Bl</u>	nes, etc.) Idg. Age	<u>e:</u> 70 y	/ears	
City (5) Newark	County (6 Essex)		Code (7) Jse Only)	Current Use (prior if being	demolished)	: Acad	lemic			
Name of Monitoring Firm Hire	d by Blda (Owner (8)	ASCM I	No	Name of Contractor (9)						
ATC Associates	d by blug.	OWNER (U)	0098	10.	GREENWOOD ABAT	EMENT C	ONSUL	TANTS	S, INC.		
Street Address			L		Street Address						
3 TERRI LANE					511 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
BURLINGTON, NJ 0	8016				Butler, NJ 07405						
Project Manager for Monitoria		Telephone N	Number		Telephone Number		License	e Number	[
BRIAN KEARNY		609-386-	8800		973-492-0477		00840	0			
Scheduled Start Date (10)		Scheduled (n Date (11)	Name of OSHA Monitor						
July 29, 2016		August '	1, 2016		EMSL inc.						
Occupancy Status During A	hatement	(Check only o	ne)		Street Address						
Facility Closed/Vacat	ed During	Entire Period	of Abater	ment							
Abatement Performe	d Outside	of Normal Fac	ility Hour	S -	1056 Stelton Road			[+]			
Describe					City, State, Zip Code						
☑ Other – Describe:	5pm –	5am			Piscataway, NJ 088	354					
Source of Work (Check all th	at apply)					Full Contain	ment wi	th Negat	ive Pres	sure	
. □ 2 af an 1	216			⊠ Reno	ovation		-Enclosi				
				Demolition	e tout VII			rocedure			
≥ 160 sf or ≥ 26	U			Demonitor		x Non-Exem	pted (*)	and Non	-Friable	Proce	dure
Location of Asbestos-Contain	ning Isl	ocation Norma	Ilv Used	Description of As	bestos Containing Material	Amour			ent Type		
Material (ACM) in Facility (13	Sole	ely by Maint./C ff? (12)		(ACM) (i.e. thern VAT, or other mis	nal systems insulation, surfaci	ng, (Speci or LF)		Remove	Repair E	ncap E	Enclose
	YE	S NO	NA					_			
D-839		X		VAT		100 \$		X			
Name of Reg. Waste Hauler See Hauler Below # 1 &		NJDEP Wa See Belov		r ID#	Cubic Yards of Waste:			of Regist WS Nor	th Lan	dfill	
Hauler #1) Greenwood		ent Consult	ants In	Butler, N.I.	07405	Disposal Da		1 22	city, State		
NJ DEP # 12 Hauler #2) Newark Car	2561					August 1	1, 2016	F 1	00 New I Road, Mo 9067	rrisville	
	0/							2	15-736-1	700	
Completed by (Print or Type		Title			Signature		Date				
Raymond C. Peda		SENIOR F		CT	Raymond C. Peda	lino	July	19, 20	116		

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

Initial Friable Notification Check #: 6680

								Oncor	11.0000						
Date of Notification			Nam	e of B	uildi	ng Owner/	Operato	or (2)	EGE	1	E				
0 7 /1 1	Newark Public Schools														
Agencies Notified	Type Notific	ation		Street Address JUL 2 2 2016 .											
[X]EPA	5.04.71.71		1/20	Cedar S	Street				JUL 22	201	Ь.	L	1		
[X] DEP	[X]Initial Notific		11			ip Code						1	-		
[X] DOT	[]Amended		Ne	wark, I	NJ 07	107			BESTOS C		ROL	&			
[X] DOH	Notific		1	ne of C				Tele	Phone Number	ING	_				
[X]DCA	[]Cancell	ation	II Ro	njamin	Olaa	adaya		1	¥						
			II pe			.017									
Name of Facility W	here Abatemen	it is Ta	king			INFORMATI	.ON	Type of Facil:	ity (4)				_		
^h:			**************************************		105.0005			[X] School	1 (K-12)						
Abington Avenue School								[]Subcha []Other cial	apter 8 (Ot) (i.e., primoullance,)	vate homes	& co	mmer)		
209 Abington Avenu	ie							Square Feet	# of Floor	s Bl	đg.	Age			
CIty (5)		County	(6)		Co	ounty Code	(7) ONI Y)	60000 Current Use (3 Prior if he	DG d	50	ishe	<u>a</u>		
Newark, NJ 07107		Essex			1.	2	J., L. 1	School		y u	JIIOL		/		
Name of Monitoring Owner (8)	Firm Hired t			ASCM	No.	Name of	Abate	ement Contracto	r (9)						
TTI- Environmental	Inc			0003			Four Strong Builders, Inc.								
1253 North Church Street						180 Sargeant Avenue									
Moorestown, NJ 08057						Clifton, NJ 07013-1935 Telephone Number License Number									
Project Manager to Jim Guilardi		40-881		973-61			0080		lumbe	r					
Scheduled Start Date (10) Sched.Completion Date (11)								Monitor							
Occupancy Status During Abatement (Check only one)							trong B	uilders, Inc.							
[]Other - Describe:						180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013									
Scope of Work (Che		annly)				Clifton,	NJ 070	013							
[]Demolit []>3 sf o	ion	-66-11	[X]	Renova	tion		[]Mini []Glov	l Containment w i-Enclosure vebag Procedure -Friable Proced		e Pre	essui	e			
				Is		Abatement Type									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)			Nor So by ten Cus Sta	ation mally sed lely Main- ance/ todial ff(12) No N/		Asbesto Mater (i.e., t) insulation	rial () hermal n. suri	taining ACM)	Amount (Specify SF or LF)	R E M O V A L	REPAHR	ENCAPSUL .	EXCLOSURE		
Throughout the sch	ool			X	rem	oval of wa	all and o	ceiling plaster	29464sq.ft	X					
Throughout the sch	ool ·			X	Pipe	e Insulation	n remo	val	250 Lf.	X					
				-	-										
Name of Registered		DEP Wa		Cubic Y		Name of Regis	tered Landi	ill							
Four Strong Builders, Inc. 12609					J 710.	Disposa		G.R.O.W.S., Ir	nc.						
182 B) B)	5					propose.	- nare	orcy. Scate							
Clifton, NJ		nz z v						Tullytown, PA							
Completed By (Prin	c or Type)	Title				Sig	gnature	e		Da	ate				
Nevenko Zivkovic		Officer				a	Lu	03	cocon	7/	/19/1	6			
ASB-41 JUN 95															

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1 DEPT OF THE ARMY 7-21-16 Street Address Agencies Notified Type Notification 2 2 2016 P.O. BOX 1600 FPA Initial City, State, Zip Code × × DEP Amended ASBESTOS CONTROL & × Amendment #2 DOL HUNTSVILLE, PA 35807 Emergency (including Telecti CENSING Name of Contact justification) DOH DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) FORT MONMOUTH ARMY BASE × School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 502 BREWER AVENUE etc.) City (5) Square Feet # of Floors Bldg. Age 200000 100 **OCEANPORT** County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) MONMOUTH VACANT (ARMY BASE) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. PEPPER ENVIRONMENTAL SERVICES AET, INC. Street Address Street Address 2251 FRALEY STREET 28 N. PENNELL ROAD City, State, Zip Code City, State, Zip Code PHILADELPHIA, PA 19137 MEDIA, PA 19063 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 215-533-5155 01166 610-891-0114 ERIC SUTHERLAND Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) AET, INC. 7-25-16 8-31-16 Street Address Occupancy Status During Abatement (Check Only One) 28 N. PENNELL ROAD Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: MEDIA. PA 19063 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 If Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure

						4011-Exemple	u () and Non-i nac	10110	ccuui	C	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	S Locati Normali ed Sole sintenar todial S (12)	ly ly by nce/		Description of stos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneou	Amount (Specify Response) SF or LF)		Abatemen Type Encapsulate Repair		Enclosure	
	Yes	No	N/A						ate	Ф	
				SEE ATTACHED SHEET							
			IDEDIA	,	To the Verde	None	Desistand Londs				
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP			NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill A & L SALVAGE				
City, State					Disposal Date	City, Sta	City, State				

Title

DIR. OF OPERATIONS

Completed by

ASB-41 (R-06-08)

NEW CASTLE, DE

JENNIFER NIVEN

Do not use this form for asbestos licensure exempted activities.

Date

7-21-16

LIBSON, OH

Signature <



Appendix D

PRICE SPREADSHEET

Contractor may provide additional relevant fixed unit pricing if needed to complete the effort. Unit Prices included herein have no bearing of the contract price and are proposed as an estimate only to provide a basis for determining a fair and reasonable price This is a performance based contract and the inclusion of unit prices in the proposal shall in no way be construed as the Government is procuring a specified number of units of any given service.

				If priced	d per unit	
Task		Task Pricing	Unit Price	Units	Number of Units	Total Price
I	Work Plans (to include all Drafts/ Final Documents, Draft QASP and comment response)	FFP		LS		4,641
			E SOL			inter.
2	Buildiing 209	7. 200 mm - 18. 6 2 12 18.	透短透			直蒙距
2.1	1st Fl, SW; Removal of ACM 50 LF	FFP		LS	等(表示) 图:	2,500
2.2	1st Fl, NC; Removal of ACM 50 LF	FFP		LS		2,500
2.3	1st Fl, NW; Removal of ACM 50 LF	FFP	建筑是	LS		2,500
3 '	Buildiing 270		(1) [1] [1]			
3.1	Basement – Repair of 400 LF of ACM Pipe Insulation	FFP		LS		3,000
3.2	Basement – Repair of 40 LF of ACM Pipe Insulation	FFP		LS		1,200
3.3	1 St Fl - Repair of 15 LF of ACM Pipe Insulation	FFP		LS		200
3.4	2nd Fl — Room 4 Removal of 10 SF of ACM TSI Debris	FFP		LS		200
4	Buildiing 271				7.672	
4.1 .	Basement – Removal of Flue Packing 2 SF	FFP	PREM	LS		200
4.2	Attic and Chase – Repair of 30 LF of Four Inch ACM Pipe Insulation	FFP		LS		1,200
5	Building 286		是認識		STREET,	
5.1	Boil Room - 1 St Fl – Removal of 2 LF of ACM Pipe Insulation	FFP		LS		1,000
5.2	Basement – Room 024A – Removal of 1 LF of ACM Pipe Insulation	FFP		LS		100
5.3	Basement – Room 009A – Removal of 1 LF of ACM Pipe Insulation	FFP		LS		100
5.4	2 nd Fl, Womens Room – Room 024A – Removal of 50 LF of ACM Pipe Insulation	FFP		LS		2,500
6	Building 551		JEESE.		TEE	
5.1	Southeast — Repair 25 LF of ACM Pipe Insulation	FFP		LS		1,500
7	Building 552		计算题 题			480
7.1	Mechanical Rm — Repair 10 LF of ACM Pipe Insulation	FFP		LS		200
.2	Mechanical Rm — Repair 10 LF of ACM Pipe Fittings	FFP		LS		200

DECEIVED

JUL 2 2 2016

	71 72			If pric	ed per unit	ASBESTO	SCONTRO
Task	Task Name	Task Pricing	Unit Price	Units	Number		ENSING
7.3	Outside Office - Removal 1 of ACM Pipe Fitting	FFP	11100	LS	of Units		-
8	Building 1150	111	A STATE OF THE STA	LO	425 E.S.	100	-
0.1	Basement Battery Room - Repair 100 LF of	1			E LO PLUS	F1	-
8.1	ACM Duct Insulation	FFP		LS		1,200	
9	Building 1215	1				1,200	1
9.1	AC Room - Repair 26 ACM Duct Pipe Fittings	FFP	Teoler A	LS	Topic tour	000	
0.0	Concession/HVAC/Storage Room - Repair 12		To Charles	LS	ATTENDED	300	-
9.2	ACM Duct Pipe Fittings	FFP		1 -0		300	
9.3	Boiler Room - Repair 22 SF Tank Insulation	FFP	7507 (200) 572	LS	141 E 1 E 1 E 1	500	-1
9.4	Boiler Room - Removal 90 SF Boil Insulation	FFP	N. W.	LS	12 28 AV	3,500	7
144	OPTIONAL TASKS		7 17 1 2 1 2 7 1 2 1 2 1 2 1 2 1 2 1 2 1		678.753	0,000	
10	Building 283		(Friot		The state of the s		1
10 i	Basement - Corridor - Removal of 133 LF of		\$120 tex	LS	140000 E-0		-
10.1	ACM Pipe Insulation	FFP				4,200	
10.2	1 st Fl - Room 107 - Repair of 5 LF of ACM Pipe	FED		LS		1,200	1
10.2	Insulation	FFP				200	
10.3	1 st FI - Womens Room - Repair of 10 LF of	PED	AT AT AT A ST	LS	4450 E.A		1
10.5	ACM Pipe Insulation	FFP				300	
10.4	1 st Fl – Womens Room (former mens room) –	FFP		LS	1925		
	Repair of 5 LF of ACM Pipe Insulation					300	
10.5	1 st Fl – Janitors Closet by room 162– Repair of	FFP		LS			
	20 LF of ACM Pipe Insulation	555	50 mm 100			200	
10.6	1 st Fl — Stairwell by room 162— Repair of 25 LF	FFP		LS			
	of ACM Pipe Insulation 1 st Fl — Wing North— Repair of 800 LF of ACM	FFP	\$54 25 2 M	TO	English S	200	
10.7	Pipe Insulation	TTT		LS		0.050	
	2 nd Fl -Room 231- Repair of 10 LF of ACM	FFP		LS	Take the N	8,250	
10.8	Pipe Insulation		42-4	20		500	
100	2 nd Fl -Room 230- Removal of 1 LF of ACM	FFP		LS	25.5	000	
10.9	Debris	- AMP-04200				100	
0.10	2 nd Fl -Throughout Wing on West-Removal of	FFP	504 77	LS	国际	100	
0.10	20,000 SF of 2 X 2 Tiles					84,000	
0.11	Basement, Crawlspace 2— Repair of 800 LF of	FFP		LS	1929		
	ACM Pipe Insulation				(在)	8,000	
0.12	Basement, Crawlspace 2– Removal of 5200 SF	FFP		LS			
	of ACM Debris with Detailed cleaning		ALLES .		JANETAL	26,000	
	Basement, Crawlspace 1– Repair of 2000 LF of	FFP		LS		NA CONTRACTOR	
	ACM Pipe Insulation Basement, Crawlspace 1— Removal of 13,780 SF	EED	\$225A\$	T 0	The March	40,000	
0.14	of ACM Debris with Detailed cleaning	FFP		LS	经济		
-	CONTIGUENCY TASKS				ANALESD ANALESD	65,520	
	Repair of 4000 LF of ACM Pipe Insulation.	FFP	は更出版を基づ	LS			
11	Provide a cost per unit up to 4000 LF	1.11		15.00			
	Repair of 100 EA Pipe Fittings. Provide a cost	FFP	THE STATE OF	LS	2015 A 1516		
1.2	per unit up to 100 Pipe Fittings			20.00		:	
, ,	Removal of 1000 LF of ACM Pipe Insulation.	FFP	NEW STREET	LS			
1.3	Provide a cost per unit up to 1000 LF			25.00			
1.4	Removal of 100 EA Pipe Fittings. Provide a cost	FFP	# 3 K 4 T 2	LS 25.00	TWO STORES BUILT		

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

			-			-									
Date of Notification (1)	Na	Name of Building Owner/Operator (2) 210 MAIN URBAN RAWEWAL LLC Street Address													
Agencies Notified	Type Notification		Str	eet Address	MIN	STI	266T L	Щ	JUL 2	2 1	1010	1			
図 EPA 図 DEP	☑ Initial ☐ Amended		Cit	y, State, Zip C	ode			AS	BESTO	CON	VTRO)L &			
⊠ DOL	Amendment Emergency (i					K,	NJ 07	35335	LICE	NSIN	G				
☑ DOH □ DCA	justification) □ Cancellation		Na	me of Contact	nuir	CM		Tel	ephone Nur	mher					
		ON													
Name of Facility Where A FORMER	Type of Facility (4) School (K-12)														
Street Address 210 MA	☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes,														
City (5) HACKENSACK							Square Feet	1	f Floors	I	Bldg. A		escaporen.		
County (6) County Code (7) (STATE USE ONLY)							Current Use (Price	or if bei	ng demolish		G		-		
Name of Monitoring Firm WHITE STONE			- 2	ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc									
Street Address	7100001111										-				
35 TECHNOLOGY ARIVE							Street Address 185 Vreeland Ave.								
City, State, Zip Code WARREN NJ 07059							City, State, Zip Code Midland Park, NJ 07432								
Project Manager for Mon	90	Telephone No.	7777	Teleph 201-	none No. -262-5841		License N 00156	0.							
Start Date (10) 8 /)		of OSHA Monitor	l Servic	ces Inc.										
Occupancy Status Durin						Street Address									
☐ Facility Closed/Vaca☐ Abatement Performe☐ Other - Describe:						280 Huyer Street City, State, Zip Code Hackensack, NJ 07606									
Scope of Work (Check A	II That Apply					T IZON	2113aGK, 140 07000				THE RESERVE				
☐ ≥3 sf or ≥3 lf	(II That Apply)	T D				-	r = " 0 - 1 i		N						
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 lf			ovation nolition			<u> </u>	Full Containment Mini-Enclosure Glovebag Proce	edure							
***************************************				<u> </u>	Non-Exempted	Non-Friable	-Friable Procedure Abatement								
Location	n of	* SSC 0000	ocation rmally		Do	scription	of			Abatement Type					
Asbestos-Containing	Material (ACM)		Solely b	ASDE	stos Con	taining I	Material (ACM)		Amount			Е	Е		
TO BE AB		Custoo	dial Staff	1 /1:		systems cing, VA	s insulation, T, or		Specify F or LF)	Remova	Repair	псар	Enclosure		
(13)			(12)		other r	niscellar	neous)			BAG	air	Encapsulate	erns		
		Yes	No I	N/A						_		0			
	17	FA	0	UED			-								
	_/	HTTACHED -							<u> </u>						
			_					and the second		-	-				
Name of Registered Was	LNIDE	EP Waste	Cubic	Vordo	i Namo of	Dogisto	red Landfill								
Newark Carting, Inc	er ID No. 04509	of Was		-		nlehem Land	dfill Co	rp.							
City, State, Zip Code Newark, NJ 07105			Dispos	osal Date City, State, Zip Code Bethlehem, PA 18015											
Completed by	THOUSENESS SETS OF THE PARTY OF THE	Title		THE REAL PROPERTY.	1	ignaturé	DM914	01	Da	ite /	1				
R. McDonald President							L. /// Touch	4	- 1	7/	- /	16	I		

CK# 25215

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

										11)					í		
Date of Notification (1) 7/19/16				Name of Building Owner/Operator (2) Puskas JUL 2 2 2016									-				
	Street Address											_					
Agencies Notified	Type Notifica	ation		Street	Address					, A	SBEST	250	AOS	TDC	N B		
EPA DEP	Initial	e.)L d		
☑ DOL	Amended Amendme		ſ	City, S	State, Zip C	ode		LICENSING									
DOL DOL	Emergen		a l				New	w Brunswick, NJ 08901									
⊠ DOH	justificati	ion)	•	Name	of Contac	t	Telephone Number										
☐ DCA	Cancellat	ion			Jo	Joseph Puskas											
-			INFORMATION														
Name of Facility Where	Abstement is 7	aking Plac	0 (3)		-1211111111			Tyr	ne of Facility	(4)				-			
Name of Facility Where		Resident						Type of Facility (4)									
011 4 11		Cesideiii	iai					School (K-12) Subchapter 8 (Other than K-12)									
Street Address		4							Other (i.e., p	rivate &			lings,				
01 /5								1	homes, etc.				1 - 0	_			
City (5)				0001				Squ	uare Feet	# of F	loors	BI	dg. A	7 50			
	New Bru	inswick,	NJ 0						1800		2		70	+/-			
County (6)	1 11				nty Code (7 ONLY)	7) (S	TATE	Cu	rreat Use (Pr	rior if beir	ng demolis	hed)					
	ddlesex														_		
Name of Monitoring Firm	기존 경기 있는 경기 없는 사람들이 얼마나 되는 것이다.	ding Owner		ASCM	No.	Na	me of Abatem				· ·	~					
(8)	MECS						Stev	vens	ens Environmental Services, Inc.								
Street Address						Str	eet Address			51.50							
grand and the same of the same	PO Box	341			PO Box 322												
City, State, Zip Code						City	, State, Zip C	Code									
Crosswicks, NJ 08515						Allentown, NJ 08501											
Project Manager for Monitoring Firm Tel					No.	Telephone No. License No.									-		
					8-4070		(609) 25	59-9	688		0	0493	3		-		
						Na	me of OSHA					0 172			=		
						DB Environmental											
7/29/16		(0)	8/5/	10													
Occupancy Status Durin						Str	eet Address	4 Berkeley Place									
☐ Facility Closed/Vacat						_	*										
Abatement Performe			ity Hou	irs		City	, State, Zip C	15									
Other - Describe:	8am - 4 pn	1		Freehold, NJ 07728											_		
Scope of Work (Check a	all that apply)																
MT - 2 - 5 2 16		102 m		☐ Full Containment with Negative Pressure tion ☐ Mini-Enclosure													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat				Gloveba										
			o month	7000				Exempted (*) and Non-Friable Procedure									
		Is	Locati	on							ement						
V	222	(3,000.1	Vormall					2						Type			
Location Asbestos-Containing N		100000000000000000000000000000000000000	d Sole intenar		Achoe		Description of ontaining Mar		(ACM)	Amount							
TO BE ABA			Custodi				nal systems i				ecify	Z		Encapsulate	四		
IN Facility			Staff?			su	rfacing, VAT	, or		SF o	r LF)	Removal	Repair	aps	Enclosure		
(13)			(12)			oth	er miscellane	ous)				оуа	ar.	ila l	Sun		
		Yes	No	N/A								_		6	0		
Baseme	ant	×	+	+	Th	arm	al Pipe In	cula	tion	200) lf	×	-	-	\neg		
Daseing	2111	_ ^	-	-		CIII	at 1 tpc tii	isuia	111011		J 11	^	_	-	\dashv		
		-	-	-								-			-		
						_		_							_		
Name of Desigters of March Hards					Nanta	0	aia Varda	1 6	lame of Regi	otorod I -	ndfill						
50,0 700 100 100 100 100 100 100 100 100 10					Waste No.		oic Yards Vaste	I N	arne of Kegi								
Stevens Environmental Services, Inc.					292	JI I	3 CU			GROV	WS Lan	dfill					
City, State		Dis	posal Date	C	ity, State	1											
	Allentow	n. NJ		8/5/16						Morrisville, PA							
Completed By		Title		Signature/					· F / / /								
Mahlon E. Ste	evens	[Little-rate]	rojec	t Mar	ager		111						19/16				
Mahlon E. Stevens Project Manager							-/-/-										