#### CK# 8325

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

# "OPEN NOTIFICATION"

								e-carrie	APPRO	VED	10	4	1.	Voc	
Date of Notification (1)								HDF				10	F	De	
Agencies Notified Type Notification			Street A 4000 h	ddress HADLEY	/ ROAL	)			JUL	25	201		FF )		
EPA         X         Initial           DEP         Amended           X         DOL         Amendment #_				te, Zip Co H PLAIN		). NJ 0	7080	i	_						
Emergency (in justification)	cluding		Name of	Contact					† Tolonhan		11.15		ji,	-	
DCA Cancellation			-	THOR	1		GE/	0				-		-	
Name of Facility Where Abatement is Taking I PSE & G	Place (3	3)						Facility (4)							
Street Address		_					Su		) 3 (Other than ivate & comm		huild	inas	home	o e	
500 WASHINGTO	N	BI	VS				Oti etc	:.)	# of Floors			dg. A	ACCEPTANCE.	,5,	
JERSEY C:	TV							/A	₩ 01 P1001s		10.00	N/	2000		
County (6) HUDSON	-/-	Code (7) USE ONLY	)	_	Current	Use (Prior	if being den	nolishe	d)						
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	No.				ment Cont		RICA								
Street Address 64 BROAD STREET				Address WHITE	HEAD A	VE.									
City, State, Zip Code MATAWAN, NJ 07747				96 WHITEHEAD AVE. y, State, Zip Code OUTH RIVER, NJ 08882											
Project Manager for Monitoring Firm TOM GEIGER	ne No.		Teleph	none No. 432-835			se No.								
	Date (11)		Name	of OSHA	Monitor	OF AMER									
Occupancy Status During Abatement (Check	//			Address	O I LIMO	OI / (IVILI	11071								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of A	Abaten	nent			1000000		HEAD A	VE.						
Other - Describe: outbooks	T acility	riours	•		City, State, Zip Code SOUTH RIVER, NJ 08882										
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	<b>N</b>	Renova	tion			Г	ivo Dro	COLIF	0						
≥160 sf or ≥260 lf		Demoli			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								-		
	ls	Locat	ion				Non-E	-xemptea	(*) and Non-	Friable	Abatement				
Location of	1	Norma d Sole	lly			scription			927 12	_		Ту	эе		
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intena todial	nce/		thermal	systems	Material (A s insulatio		Amount (Specify		Rer	Re	Enca	Enc	
In Facility (13)		(12)				cing, VA niscellar			SF or LF	'	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A										te		
OUT DOORS - UNDER WATER		X		Se	MAS	Tic			2001	-F	$\times$				
Name of Registered Waste Hauler	JDEP W		Cubic of Was				tegistered La								
VEOLIA City, State	369	APPY	10			/NE DISP	USAL								
FLANDERS, NJ					7	Bal Date	9 94 8	City, State BELLEV	ILLE, MI						
Completed by	Title	,	e M	1	S	ignature		1	,	Date	10	,/	,7		
Larax Jaimo	10	pre	e 811	gr.		(4)	ral	rai	mo	/	06	//	_/_		

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

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0/6	11	-)914
( check	201	a 117

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06	otification (	/ 17					Building C DEVELOPN	wner / Ope	rator (2)	participant of							
1/	/	/ ——				Street Address											
Agencies	Notified	Type of N	otificat	ion			MERCE BL	LVD									
V	EPA		Initial			City, Sta	te, Zip Cod	e			VI -						
	DEP	<b></b>	Amen			_	CARLSTADT, NJ 07072										
	DOH				#1		Name of Contact Telephone Number										
	DOL			gency w ellation	v/ justification	DOMINIC	DOMINICK TUCCI										
			Carice	mation		FACILITY I	NFORMAT	ION		1	MOD.	_					
						AOILITT	IVI OINMAT	1011				i i i	1 1 1				
	acility Whe		nent is	Taking	Place (3)		Type of F	acility (4)									
FORMER	MERCK UN	IION					1 _										
Street Add	droce						<b>-</b>	School (K	12) er 8 (Other t	h = 1/ 40							
1011 MOR									er o (Other t , private & c								
									mes, etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
City (5)		County (6	)		County Code	(7)	Square F	eet	# Of Floors		Buildir	ng Age					
UNION		UNION			1			2,000	1		1						
									being demo	olished)		40	+				
Name of N	Monitoring	Firm Hirad	l by Bld	a Own	or (8)	ASCM NO		PRODUCT	ON								
I vanie or ii	nomitoring	i iiiii iiii eu	by Did	g. Own	er (b)	ASCIVITY	1										
EHI					****		NORTHS	TAR CONTE	RACTING GF	ROUP, INC	C.						
Street Add							Street Ad	dress									
	SHORE TI						4										
SPARTA, I	, Zip Code							ns Parkway e, Zip Code									
	ngr. For Mo	nitoring E	irm		Telephone Nu	ımhor	City, Stat	e, Zip Code									
WILLIAM H		nittoring i	11111		973-729-5649		East Hand	over, NJ 079	36								
	Start Date	(10)	Sched	. Comp	letetion Date (			e Number		License	Number						
07/	/ _ 05_	/17	1 _		/	/ <u>17</u>											
	1/			/	/			84-8682				00860					
	y Status D							OSHA Moni		OUD INC			- 1				
11.00-201	Abatemen		teu Dui	ing En	tire Period of		Street Ad		RACTING GF	OUP, INC	<i>y</i> .						
Charles 1	10 Strandblotter and a series of		d Outs	ide of N	Iormal Facility		Journal Ad	uicss					1				
	Hours - De	scribe:					32 William	ns Parkway									
V	Other - De	scribe:	7:00 A	M-3:30	PM		City, State, Zip Code										
Casas of V	Mark (Char	I. All ThA	A 1\				East Hand	over, NJ 079	36			Name of the last					
Scope of v	Nork (Chec	K All Inat	Apply)										EE 1				
	Demolition	1	Г	7	Renovation		Full Containment with Negative Pressure										
	>3sf or >3		_														
V	≥160 sf or	≥260 If					Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
						1	Non-Exen	npted (*) an	d Non-Friab	le Proced	ure						
1	ocation of			s		Descript	ion of			Abatement Type							
	stos Conta		1	ation	As	sbestos - C				R	I	ΙE	ΙE				
			Nori	mally		Material			Amount	E	R	N	N				
TO	BE ABATE	ED	4455	sed		.e., therma		2	(Specify	M	E	C	C				
	in Facility			lely			facing, VA		SF or LF)	0	P	A P	L				
	(13)			/lain- ince/	l or	other misc	ellarieous)	V .		V A	A	S	0 S				
			3755739	odial						Ĺ	R	Ü	Ü				
			Staf	f (12)								L	R				
			YES	IQ N/A													
U9 / 9A					CAULK				10 LF	V							
U9 / 9A						INIO			10 SF			1 -					
U9 / 9A ROOF FLA						ING			1,600 SF			+ +					
Name of Registered Waste Hauler NJDEP Wa						Cubic	Name of F	Registered	andfill								
NEWARK (			307.17		Hauler ID No.		I.E.S.I.	ne of Registered Landfill S.I.									
						of Waste											
City, State	NI I					Disposal	City. State	FM DV	0.5								
NEWARK,	LVI					Date	RF I HTEH	EM, PA 181	J5								
Completed	by (Print o	or Type)			Title			Signature		7		Date					
	* 1	21-7				X # / O											
Steve Stiles Project Manager								1/1	ens	X		07	7/24/17				

Location of	Is Description of	T	Abateme	ent Type		
Asbestos Containing	Location Asbestos - Containing		R	I	E	E
4.3	Normally Material (ACM)	Amount	E	R	N	N
TO BE ABATED	Used (I.e., thermal systems	(Specify	M	E	C	C
in Facility	Solely insulation, surfacing, VAT,	SF or LF)	0	P	A	L
(13)	by Main- or other miscellaneous)		V	A	P S	0
	tenance/		Α			S
	Custodial		L	R	lυ	U
	Staff (12)				L	R
	YES NO N/A					
U9 / 9A	□ □ VAT/MASTIC	3,060 SF	7			
J9 / 9A	FITTINGS	2 EA	J			



#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(1) # 013640	N			OF ASB to NJAC				IT	0)-						
Date of Notification (1) 07-21-17			Name of	f Building G	Owner/C	perator	(2)			JUL	2.5	201	7	L	
Agencies Notified Type Notification  EPA Initial			Street A 4000 h	ddress Hadley F	Road									1	
DEP X Amended Amendment #				ate, Zip Co Plainfie			-					-1-		india.	
□ Emergency (ir justification)     □ DCA     □ Cancellation	ncluding			f Contact					T-1			-			
DCA Cancellation				Neville	ODMATI	ON			_	_		•			
Name of Facility Where Abatement is Taking	Place (3	)	PACI	LITTINE	JRIVIATI	ON	Ту	pe of Facility	(4)		<u> </u>				
PSEG Hackensack Substation								School (K-							
Street Address 202 South River Street		×	Other (i.e. petc.)				dings	, hom	es,						
City (5) Hackensack, NJ				Sq N/	uare Éeet A	# o N/A	f Floors A		Bldg	Age					
County (6) Bergen			Code (7) USE ONLY	)			rrent Use (Pri ectrical Sw			ished)					
Name of Monitoring Firm Hired by Building O N/A		ASCN N/A	/ No.				batement Con			ıc.					
Street Address N/A					Street 17 O		ress Dock Rd								
City, State, Zip Code N/A				, Zip Code k NY 11980	)										
Project Manager for Monitoring Firm N/A		Telepho N/A	ne No.		Teleph 631-		No. -8111		License 01136	No.					
Start Date (10) 07-26-17	pletion	Date (11)				SHA Monitor	al Ser	vices, In	ıc.						
Occupancy Status During Abatement (Check			Street				,		-	-					
Facility Closed/Vacated During Entire Pe	eriod of A	Abatem	ent			2002 200	2000	Oock Rd			144				
Abatement Performed Outside of Norma  Other – Describe: Work perform during of	I Facility ingoing o	Hours	ction		_	107.15		, Zip Code k , NY 1198	30						
Scope of Work (Check All That Apply)	<u> </u>		-13628				_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 1	enova emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	Is	Location	on				TOTI Exemple	4 140111111	Abatement						
Location of	N	lormall d Solel	У			scription					-	T.	/pe		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	intenar odial S (12)	ice/		thermal surface		s ins	r	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A										е		
Control House			Х			VAT				14 SF	х				
Control House			Х		5	Stucco				80 SF	х				
Control House			Х		Cem	ent Pa	anel		20	00 SF	X				
Control House		Х			Caulk				57 LF	x					
Name of Registered Waste Hauler Waste Management Services	H	JDEP W auler ID '273		of Was			Name of Grows	. 3		fill					
City, State Newark NJ 07114			Disposal Date TBD					Oate City, State Morrisville PA 19067							
Completed by Amanda Vallone	s Manag		ignature		Val	la	1000	Date 07-21-	17						

Location of Asbestos-Containing Material (ACM)	No	s Locat	Used	Description of Asbestos Containing Material (ACM)	Amount (Specify	Abatement Type				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Switching yard	Ma	Solely aintena stodial ( (12)	nce/	(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A			20		ate	ē	
			X	Transite cement pipe	200	х				



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

OFLIT							ABATEN							8	
4041			(P	ursuan	t to NJAC	8:60 ai	nd 12:120)	)	Jones S.	(E) b	[6]	1//	127	-	N
Date of Notification (1)				Name o	2		Operator (	(2)				- 100	15	71	
7/21/17			-		ALEX	(and	ER	_D	E ROS	sa			7450-5	11	1
Agencies Notified	Type Notification		2) personal distriction of the last of the	Street /	Address `	134		1000		Jl	JL 25	201	7	111.	/
EPA .	Initial			0:4 0	-1- 7- 0	1			-	-				American Control	
X DEP X DOL	Amended Amendment	委		City, St	ate, Zip C		1 7		10.	a				1	
Î Î	Emergency	(including	7	Nome	N UTL	EY	,N.J		0/11	0		4.2 111	Wile !	à	
DOH DCA	justification) Cancellation			Α		- "	0-000				phone Ni.			-	
	Caricolidadi				EXAMPE ILITY INF	77	DE 1-050	4		_				-	
Name of Facility Where A		g Place (	3)	0 0 10	Stad S C CIVE	014324	1	Туре	of Facility	(4)	THE WAY				
KES	DENCE						- Commission		School (K-	-12)					
Street Address			F	r					Subchapte	er 8 (Othe	r than K-12	2)			
									Other (i.e. etc.)	private &	commerci	al buil	dings	, hom	es,
City (5)			re Feet	#of	Floors	E	Bldg. /	Age							
NUTUR								w	-300	1	2	and the same of th	+	0	
County (6)	)		-	County	Code (7) USE ONLY	1		Curre	ent Use (Pr			ned)			
ESSEX						<del>, -</del>			KES	DENT	TAL.				
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.				atement Co ontractin		9)				
Street Address				<u> </u>			1	- 1		g nic.					
Olicet Address							Street A		ss and Ave						
City, State, Zip Code									ip Code						
ony, outo, mp occo									ark, NJ (	07432				_	
Project Manager for Monit	oring Firm		1	Telepho	ne No.		Telepho			T	License N	0			
			1	(201)2			1	00156							
Start Date (10)		pletion		Name o	f OSI	HA Monitor	r								
8/2/17			Omeg	a Er	nvironme	ental Se	rvices In	C.			, }				
Occupancy Status During	Abatement (Chec	k Only Or	ne) (			-	Street A								
Facility Closed/Vacat	ed During Entire F	Period of	Abatem	ent				_	r Street						
Facility Closed/Vacat Abatement Performe Other – Describe:	d Outside of Norm	al Facility	y Hours	00			Cîty, Sta								
_	The Administra						Hacke	ensa	ck, NJ 0	7606					
Scope of Work (Check All	Inat Apply)	_					local								
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		SCHOOLS NO.	Renoval Demoliti					/ Ful	ll Containm ni-Enclosur	nent with I	Vegative P	ressu	re		
		٠ اسط	Jonnone	Oil			1	Glo	vebag Pro	cedure					
		1			1			No	n-Exempte	d (2) and	Non-Friabl	\$			
	J.		Locatio	70.00			3 <del>1</del> 5					-		ement pe	į.
Location of Asbestos-Containing N			Vormali ed Solel		4-1		escription o		(4.01.0				- '	PC	
TO BE ABA	TED		intenan todial S				taining Ma I systems i				ount ecify	Z.		Enc	Щ
In Facility (13)	1	Cus	(12)	idii!		surfa	cing, VAT,	, Or			or LF)	Remova	Repair	aps	Enclosure
(.0)		-				Ou let 1	miscellarie	ous)				val	ir	Encapsulate	ure
^		Yes	No	N/A										ш	
BUSEMENT			6	$\sqrt{}$	P	DE	12001	LOT	(00)	18.	3if	/			
			Sept.	6											
		- Language	é	#											
			.v	· · · .									-		
Name of Registered Waste	Hauler		1 N.	JDEP W	aste	Cubic	Yards	ø	Name of	Registers	ed Landfill				
Newark Carting Inc.	201,0020		Ha	auler ID	57.77.77.1 H	of Wa	ste				Sanitary	Lon	4611		
			04	509			3				Janilal y	Ldill	AIIII		
City, State Newark, NJ 07105							sal Date	0-	City, Stat		00700	=19,019	A. T		
Completed by		Title					011/	On	Pen Ar	gyi, PA					
Joseph Vocaturo			S	Signature	B	. /	(	Date	е	/	/				
				1	1/3	1		7/	21/	17					

#### State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 17-197 Name of Building Owner/Operator (2) Date of Notification (1) 0 7 /1 9 /1 7 crossroads community ministries, inc. Type Notification Agencies Notified Street Address X Initial ☐ EPA 498 e. 25th street Amended DEP City, State, Zip Code Amendment #:\_ DOL paterson, nj 07514 Emergency Telephone Number (including Name of Contact DOH justification) DCA thomas henion Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) crossroads community ministries, inc. Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 409 e. 25th street County Code (7) County (6) (State use only) Current Use (Prior if being demolished) PASSAIC paterson Name of Abatement Contractor (9) ASCM No Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 08/07/17 08/31/17 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure >3 sf or >3 If □ Renovation Glovebag procedure Demolition Non-Exempted (\*) and Non-friable procedure ≥160 sf or ≥260 lf Ε Is location normally used solely E e Location of е n by maintenance/custodial Amount n asbestos-containing Description of asbestos-containing m p C staff(12) (Specify SF or C 0 material (acm) to be material (ACM) a abated in facility (13) V Yes No N/A PIPE INSULATION 180 l ft  $\boxtimes$ BASEMENT Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 2 yds. Disposal Date City, State City, State 08/08/17 TULLYTOWN, PA PATERSON, NJ 07503 Date Signature Completed by (Print or Type) 07/19/2017

for aphastac licensure evernted activities

**BOGDAN JOLDZIC** 

PRESIDENT

ASB-41 JUN 95

01-H1-		I (P)	NOTIFICA	TION OF	F ASBESTOS ABATEM 0 8:60-7 and 12:1	MENT 120-7)				55	
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Date of Notificati	· ·	1			ding Owner/Operat	_		Line	51	1. 1.	
10171/12	-1/1/1	_1	By	7540	1-Myers	, Squik	de				
Agencies Notified	Type Notifica	ation	Street	Addres	SS ,			JUI	2 -	2017	
[ XI EPA	[X]Initial		1.5		ibb drive		-		1		
[X]DEP	Notifica	ation	City,	State,	Zip Code	117 000 0	. 3	45	1 4 7	2	
[X] DOL	[ ]Amended Notifica	ation	Nei	n pr	unswick,	N 2 08 4 C	7	rus.			
[½]DOH	[ ]Cancella	ation	Name c	f Conta	ict	Te	elephone	Number		-	
[ X] DCA			Troj	ect	Manager						
					INFORMATION	Y.	Vi.				
Name of Facility W				ce (3)	15	Type of Fac:	ility (4	)			
& Bristol-	-Myers	Sav	ddi	8		[ ] Subo	ool (K-1 chapter	8 (Other	thar	ı K-12)	
Street Address	,					[M]Othe	er (i.e. 1 buildi	, privat	ie & c	commer- etc.)	
·   Squibb 1	Drive			\$	*	Square Feet	# of	Floors	Bldg.	Age	
City (5)	07	County		10	County Code (7) STATE USE ONLY)	Current Use	(Prior		/(	) olished	)
New Brunsw	sick	mrddli	esex	, ],		The second of th	orate		S. DOMESTIC		
Name of Monitoring Owner (8)	Firm Hired by	Buildi	ng ASC	M No.	Name of Abate			-			_
Environmen Street Address	tal Tactics	s, Inc	- 00	045	Advance	ed Speci	alty	Cont	rac	2002	, LLC
/ .	N				Street Addres			_			<del></del> ;
City, State, Zip Co	2+-					inst. Exten	nstan	Juite	10	1	
Matawan 1		7417			City, State,	12 Loge 12 /	088	77			
Project Manager for	Monitoring F	irm Te	lephone	Number	Telephone Num			License	Numb	er	_
Tom Gei			32-29		7732-52	5-0100		00	740	1	-15
Scheduled Start Date		d.Comple							1 1	<u> </u>	_
0   8   / 1   1   / 1	171 111	EH /19	5/1/1	171	Environ	mental To	actic	Silv	10		
Occupancy Status Du	ring Abatement	(Check	only		Street Addres	s .		, .			-
[X]Facility Close of Abatement	d/Vacated Duri	ing Enti	re Peri	Lod		road St.				27	
[ ]Abatement Perfo Hours - Descri	ormed Outside be:	of Norm	nal Faci	lity	City, State,	920					
[ ]Other - Descri					1/ Watar	$\omega$ on, $N5$	07	747			
Scope of Work (Check	all that app	oJA)			[ ]Full	Containment	with Neg	gative Pr	ressu	re	
[ XDemolition [ X 3 sf or		1	]Renov	ration	[ ]Mini-	-Enclosure ebag Procedur					
[\display] \forall 3 sf or [\display] \forall 160 sf or	o <del>F</del> ≥260 lf					Friable Proce					
		L	Is ocation			4		Aba	itemer	nt Type	
Locatio Asbestos-Co	ntaining	N	ormally Used		Description Asbestos-Conta		Amou	int E	R	N N	
Material TO BE AB	BATED		Solely y Main-		Material (AC (i.e., thermal s		(Spec	or 0	E	A L P 0	
in Facil	ity	C	<u>enance/</u> ustodia	1	nsulation, surfa or other misce		LF	A	. A.	U U	
			taff(12 s  No N					L	R	L R	
B 101			X	6	Jindow Glaz	ina Mats.	4500	LF X			
			X	R	of flashing	. 0	10 5	GX	6		
						σ					_
Name of Registered W			NJDEP W Hauler		Cubic Yards of Waste	Name of Regis		_			
Freehold Car	tage		1593	39	30	Grows	Long	11:16			_
City, State						Pity State					1005 <sup>2</sup>
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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) New Jersey Natural Gas 7/12/17 Street Address Type Notification Agencies Notified 775 Vassar Ave Initial City, State, Zip Code Amended Lakewood, NJ 08701 DEP Amendment # \_ DOL Emergency (including Name of Contact justification) Edward Yurick DOH Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) New Jersey Natural Gas Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address >etc.) 858 Lakewood Farmingdale Rd. Bldg. Age # of Floors Square Feet NA NA Outdoor Area City (5) Current Use (Prior if being demolished) Howell County Code (7) Outdoor pipe insulation (STATE USE ONLY) County (6) Monmouth Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Advanced Specialty Contractors, LLC NA Street Address 2400 Main Street Extension, Suite 10 Street Address City, State, Zip Code Sayreville, NJ 08872 City, State, Zip Code License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00750 732-525-0100 Name of OSHA Monitor Scheduled Completion Date (11) Tiger Environmental Start Date (10) Show Desktop.scf Street Address 7/31/17 Occupancy Status During Abatement (Check Only One) 16 W Elizabeth Ave #2 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Linden, NJ 07036 Other - Describe: Outdoor removal, no one in the area Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Demolition Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Encapsulate Description of Enclosure Location of Used Solely by Remova Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e. thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A No Yes 600 LF Thermal insulation jacket Pipe to truck loading rack from T1 and X Pump Stations Name of Registered Landfill Cubic Yards N.JDEP Waste G.R.O.W.Š. Name of Registered Waste Hauler of Waste Hauler ID No. Freehold Cartage Inc 40 15939 City, State Disposal Date Morrisville, PA City, State 8/12/16 Freehold, NJ Date Signature 7/12/17 Completed by Sr Account Manager Michael Migliore