TOUL 110/30)							83					Γ	P	rint F
IN# 1896	AI		ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		NT	D	E	9	E]. [
Date of Notification (1) June 6, 2019				of Building Hennis	Owner/	Operator	r (2)	ODAL James e Processa	A COLUMN TO A COLU		JN	13	20	19	Transmitted of the second
Agencies Notified Type Notification Type Notification Initial Amended Amendment	nt #		City, St	Address ate, Zip C				Man Child (Ch. Lu.) and provided above 2	to the The Philippe and	ASBES	STO			ROL	OK.
DOH Emergency justification Cancellatio)			of Contact Nicastr					3 @	elephone	Num	nber			
Name of Facility Where Abatement is Taki	ng Place ((3)	FAC	ILITY INF	ORMAT	ION	Ту	pe of Facility	(4)						
Hennis Residence Street Address							×	School (K- Subchapte Other (i.e. etc.)	r 8 (Ot				dings	, hom	es,
City (5) Kearny							33.8	uare Feet 300	2	of Floors		74 8	Bldg. A	Age	
County (6) Hudson				Code (7) USE ONLY	0		Cu **	rrent Use (Pr	ior if be	eing dem	olish	ed)			
Name of Monitoring Firm Hired by Building none	Owner (8)	ASCN ***	M No.		7.545.000.555		batement Co			.C.				
Street Address ***						Street 500		lress erson Plar	ık Roa	ad					
City, State, Zip Code								, Zip Code Sity, NJ 070	187						
Project Manager for Monitoring Firm ***			Telepho	ne No.		Teleph	none	A A STATE OF THE STATE OF		Licens 0138).			
Start Date (10) June 20, 2019	Schedu July 3			Date (11)		Name none		SHA Monitor							
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abaten	nent s			Street *** City, S ***		ress Zip Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit				X		Full Containm Mini-Enclosur Blovebag Pro Non-Exempte	e cedure					9	
Land of	1765	Locati Normal											Abate	emen pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole aintena stodial S (12)	ly by nce/ Staff?		tos Cont thermal surfac		fater s ins T, or	-	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
1 & 2 Floors	Yes	No	N/A X	W	vall & c	eilina F	Plas	ter	,	2,700		X		CD	_
Basement	+		X			le & m	-			300 sf		X			
Basement		x		Pipe	Insulat	tion			20		X				
Name of Registered Waste Hauler Newark Carting	Н	JDEP W lauler ID 4509	707	Cubic of Was			Name of Minerva				ndfil	ı			
City, State Newark, New Jersey					Dispos 7/30/	al Date 19		City, Stat Wayne		, Ohio	4468	88			
Completed by Javier Mandez	Title	ident			S	ignature	1	The state of the s		21	Date 6/6	/201	0		

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INV#118	0							(23	67)		Print
CK2367 0	nne	NOTI	FICATIO	State of New Je ON OF ASBESTO nt to NJAC 8:60	S ABAT	EMEI 20)	NT II	n E C	E			F
Date of Notification (1)	II V	TII.	Name	of Building Owne	er/Operato	or (2)		3		i,gaq/a,mt+mm		7//
06/04/19			Glou	cester Towns	hip Pub	lic S	chools	101	u 1 5	004		
Agencies Notified Type Notification	n			Address				11 11	N 13	201	3	1000
EPA Initial Amended			200	rial Rd.			geographod	į				-current to
DEP Amended X DOL Amendmen	nt #			State, Zip Code	040		- Contraction	ASBES	ros co	NTR	OL &	3
Emergency	(includir	ng	-	kwood, NJ 08 of Contact	012		Į.		ICENSI		Sant State and	***
DOH justification Cancellatio				Umar				Telephon				
				CILITY INFORMA	TION	-		856-22	7-7688	EXT	4100	1
Name of Facility Where Abatement is Taki	ng Place	(3)		OLLIT IN ORDER	TION	Ту	pe of Facility	(4)	-			
Glendora Elementary School						×	School (K-					
Street Address							Subchapte	er 8 (Other than	K-12)			
201 Station Ave.							Other (i.e. etc.)	private & comi	mercial b	uilding	s, hor	nes,
City (5)						Squ	uare Feet	# of Floor	s	Bldg.	Age	
Glendora							known	2		unkı	nown	
County (6) Camden			County (STATE	Code (7) USE ONLY)				rior if being der	nolished)			
Name of Monitoring Firm Hired by Building	Owner /	8)		M No.	I N		hool					
Pennoni Associates Inc.	Owner (5)	000	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			batement Co ervices Inc					
Street Address				-1	Street			··				
515 Grove St.							le Ave.					
City, State, Zip Code							Zip Code					
Haddon Heights, NJ 08035							on, NJ 070	057				
Project Manager for Monitoring Firm				one No.	Teleph			Licen	se No.	-		7
Thomas Adams				47-0505	862-	221-	-9092	0110)7			
Start Date (10) 06/18/19	Schedu 07/03		mpletion	Date (11)	100		SHA Monitor					
Occupancy Status During Abatement (Chec							lalodka					
Facility Closed/Vacated During Entire			and to be		Street 156		_{ess} le Ave.					
Abatement Performed Outside of Norn	ral Facili	Abater by Hours	nent S				Zip Code			0.000110	0.000000000	
Other - Describe: occupied):	DATE OF STREET		on, NJ 070)57				
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Insuranced.	Renova			×	F	ull Containme	ent with Negati	ve Press	ure		
× ≥160 sf or ≥260 lf		Demolit	ion			M	ini-Enclosure	е		T00-1T0-1		
								cedure d (*) and Non-F	riable Pr	ocedu	re	
	P. 200	s Locati								Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Us	Normal ed Sole	ly ly by		escription				-	Т	уре	
TO BE ABATED	Ma	aintenar	nce/	Asbestos Cor (i.e. therma				Amount (Specify	77		Ē	ш
In Facility (13)	Cus	todial S (12)	can?	surfa	acing, VA	T, or		SF or LF)	Remova	Repair	caps	Enclosure
(13)			T	other	miscellan	eous))		oval	air	Encapsulate	sure
boiler room	Yes	No *	N/A	h!	ina i-	det.					Œ	
boiler room		*			ing insu	210	on	100 sf.	*	_		
	-	0.00			r insula	V.		assumed	*			
boiler room		*		hot	water ta	ank		assumed	*			
Name of Registered Waste Hauler		1	IDES									
Newark Carting Inc.		H	JDEP W auler ID		Yards ste		No constant	Registered Lan	dfill		XX 101 20	
City, State		05	5409	10			GCSL					
lewark, NJ				V20070000000000000000000000000000000000	sal Date		City, State					
Completed by	Title			07/03	A30-1-W10-1		Pen Arg	JyI, PA				
eslaw Nalodka		ident			Signature		1/1/		Date 06/04/	10		
					1 -			1	00/04/	13		

IN# 11820 U/23910		NO	TIFICAT (Pursu	State of Ne TON OF ASE ant to NJAC	BESTOS	SARAT	EMENT	(2)	59		7	[V/]	Print F
Date of Notification (1) 06/04/19 Agencies Notified Type Notificati	On		Nam	ne of Building	Owner/	Operato	15		E G			<u> </u>	
EPA X Initial Amended Amendment			171 City,	Clifton Av	ode			transportation in the second	JU	N	3	2019	
DOH Emergence justification Cancellation	cy (includ n)	ing	Name	wark, NJ 0 e of Contact sar Schabo)			i Telep	SBES L hone N -457-4	Umbe	NSIN er		JE G
Name of Facility Where Abatement is Tal	ing Place	e (3)	FA	CILITY INFO	ORMAT	ION			101 1				
St. Catherine of Siena Parish	mig i ido	5 (5)					Type of Fac	2.00				::> :	
Street Address 339 Pompton Ave. City (5)							Subch	l (K-12) apter 8 (Other (i.e. private & c	than K-	12) cial b	uilding	gs, ho	mes,
cedar Grove							Square Fee		loors			. Age	
County (6)			Count	y Code (7)			8000 Current Use	2 (Prior if being	domolia	abad\	50+		
Name of Monitoring Firm Hisad by Building	-		(STAT	E USE ONLY)			parish bu	ilding		siled)			
Name of Monitoring Firm Hired by Building N/A	Owner ((8)	ASC	CM No.		Name	of Abatement	Contractor (9)					
Street Address				*:			o Services Address	Inc.					
011							^{Address} Maple Ave.						
City, State, Zip Code						City, St	ate, Zip Code	9					
Project Manager for Monitoring Firm			Talest	one N.			ngton, NJ (07057					
			releph	one No.			one No. 221-9092	1 300	cense N	10.			
Start Date (10) 06/14/19	Schedu 06/22		mpletion	Date (11)		Name o	of OSHA Mon W Nalodka	itor	1107	- -		-	
Occupancy Status During Abatement (Che	ck Only C	One)				Street A							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of nal Facili	Abate ty Hou	ment rs			156 N City, Sta	laple Ave.			%			
Scope of Work (Check All That Apply)						Wallir	ngton, NJ 0	7057					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov: Demoli					Full Contain Mini-Enclos Glovebag P	nment with Neg sure Procedure oted (*) and No					
		s Locat						Tod () and 140	II-I Habi	Pio	17076 17	emen	t
Location of Asbestos-Containing Material (ACM)	Use	Norma ed Sole	lly eiy by	A - L - L	Descr	ription o	f				T	/ре	
TO BE ABATED In Facility (13)	Ma	aintena stodial ((12)	nce/	(i.e. the	ermal sy surfacin ther mis	stems in	terial (ACM) nsulation, or ous)	Amour (Specit SF or L	fy	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							val	=	ulate	ure
troughout the building			*		pipe 1	fittings		70 lf.		*			
													
Name of Registered Waste Hauler Atlantic Carting Inc.		H	JDEP Wauler ID		Cubic Yar f Waste	rds	Name o	Registered L	andfill				
City, State Wayne, NJ				Di	isposal I		City, Sta						-
Completed by	Title			06	6/24/19		Pen A	rgyl, PA		8			
Leslaw Nalodka	Presi	dent			Signa	ature	_1/		Date 06/0	04/1	9		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

IPUrsuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1)	1600000	v au	IN	lame	of Build	ing Owner / Ope	rator (2)		- Sermon				- Commence		
	6/4/19			P	Q	Of Dulla	ing Owner / Ope	rator (2)				C	EI	W	E	Series Contraction of the Contra
Agencies Notified	Type Not	ification				Address	3		917.0	1		0		U		H
⊠ EPA						ldock S			and the same of	11						Carriera Car
☐ DEP ☑ DOL		itial				state & Z	ip Code		170	ШШ	ι	JUN	13	2019		W
Ø DOL Ø DOH	1000000	mended				el NJ						- 22		-013	wya28eg	
DCA		mergency ancellation				of Conta			-ATTERN	L	-		Jele	phor	e NL	ımbe
		ancellation				Hudoci			the Chart	4	ASBE	STO	S 908	803	014	
Name of Facility WE	oro Aboto	mandi. T		101	FAC	CILITY	NFORMATION		L.,		أهفت للكريا ورجيس	LICE	ENSING	3		What et et
Name of Facility Wh	iere Abate	ement is Ta	King Plac	e (3)			Type of Fa				175					
Street Address	A-2014-1-1-1-1							ol (K-12)								
2 Paddock Street							Subch	napter 8 (O	ther	than	K-12)					
- · uuuoon onoon		20					Other	(i.e. private	e & (comm	ercial	build	lings, h	ome	s, et	C.)
City (5)		County	(6)	Carre	4	! - (7)	Square Fe		# of I	Floors			Bldg.	Age		
Avenel					ity C	ode (7)	30			1	1		NA			
Aveiler		Middle	sex	NA			Current Us	e (Prior if b	bein	g dem	olishe	ed)				
Name of Monitoring	Eirm Hiros	I have David all		(0)			Active									
Name of Monitoring Iris Laboratory	riiii niiec	by Bullain	g Owner	(8)		ASCM N		batement (Cont	ractor	(9)					
Street Address							Enterpris	e Networ	k R	esolu	tions	s Co	ntract	ing,	LLC	;
2333 Rt 22							Street Add	ress								
City, State & Zip Coo	de						874 Piney	Hollow F	Roa	d, PC) Box	70				
Union NJ 07083							City, State									
Project Manager for	Monitoring	Firm	Te	lenho	ne N	lumber	Winslow, Telephone	NJ 08095			1					
	3.27		1.0	юртю	,,,,,	diribei	609-567-0				Lic	ense	Numbe			
Scheduled Start Date	(10)	Schedule	d Comple	etion	Date	(11)	Name of OS						01	263		
6/4/19	8 0		6/	14/19		()	EMSL Ana									
Occupancy Status Di	uring Abat	ement (Che	eck only	one)			Street Addr		10.					_		_
Facility Close	d/Vacated	During En	tire Perio	d of A	Abate	ement	200 Route		th							
Abatement P	erformed (Outside of N	Normal F	Hours	- 7a	m to 3pr	n City, State 8									
Describe:							Cinnamin			7						
Facility Occup	pied Durin	g Abateme	nt	* /												
Scope of Work (Chec	k all that a	apply)														
≥3 sf or ≥3 lf			_					☐ Fu	ıll Co	ontaini	ment	with I	Vegativ	e Pr	essu	re
x ≥160 sf ≥260	lf			7.02		ration		Mi	ni-E	nclosu	ıre					
X = 100 01 = 200			Х	D	emol	lition				Bag P						
loc	ation of			la I aa	-11			No	n-E	xempt	ed an	d No	n-Friab	le P	roce	dure
	s-Containii	าต		ls Loc		d	Description Ashartas Car	n of			Amo	unt	A	bate	nent	Тур
Mater	ial (ACM)	-3		Solely			Asbestos-Co Material (A			1	(Spe	cify			Ι,	7
	ABATED			intena			(i.e., thermal	systems		1 3	SF or	LF)	1 2	-		3
	acility		Cu	stodia (12		1?	insulation, surfa	cing, VAT		1			Removal	Ivaball	Donois	ncanculat
((13)		Yes	-		/A	or other miscel	laneous)					<u>a</u>	=	1 2	2
ransite Panels				1	1	,				-					0	,
ransite Debris			$\dashv H$	1		(300	0.75 (2.55)		X			
			-H	+	1 /	-				2 LF			X			
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			$\dashv H$	+ $+$ $+$	-	-										
			$\dashv \dashv$	+ -	H-	-										
ame of Registered W	laste Haul	or			LIDE	D W4-	To 11 11									
	Sete Haul	0.				P vvaste r ID No.	Cubic Yards of Waste	Name of	Reg	istere	d Lan	dfill				
eehold Cartage.				.,		10 140.	20	Wasta 1	1100	200	0-4		LC: II			
ty, State							Disposal Date	Waste N		ayem	ent l	_and	TIII			
eehold NJ							Annual Statement of the Control of t	City, State								
empleted By (Print or	Type			1	41 -		6/10/19	Morrisvi	ille,	PA						
neodore S. Budzy	nski			11000	tle	dar.4	Signature	11					Date			
- J. Duuzy				P	resi(dent		2		-			6/4/1	19		
							A removement	de la companya de la	Sept. Trial and Land	and the second						

Inv# 11896		NOTI	FICATIO	State of N ON OF AS	BESTOS	SABATE	EMENT	-	Bannata attas bannata attas at	<u> </u>	E	C	E] W	7 18
Date of Notification (1) 06-06-19	ELELE Z		Name	of Buildin	g Owner	/Operato	r (2)		TORUTH TORUTH	Wr M		No. of the contract of the con		1 1	
Agencies Notified Type Notification				nn Deve	eiopme	nt LLC			demonstrated by the second		ι	JUN	13	201	9
EPA Initial				210 We		Ave.			HAVES RESPONSED AS		- Andrews		~~~		
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DOH justification) DCA Cancellation		g	Name	of Contac	t					lephon					
Name of Facility Where Abatement is Takin	- Di	(0)	FAC	CILITY IN	FORMAT	TION			- 1 -						
Commercial Property	g Place	(3)						of Facility	NAME OF THE PARTY			Car- 3,4		114-06-01114	
Street Address 840 West Side Ave.							-	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	ner than & com	n K-1 merc	2) ial bui	ldings	, hom	nes,
City (5) Jersey City								re Feet	# 0	f Floor	s	E	3ldg.	Age	
County (6) Hudson				Code (7) USE ONL	Y)		Curre	ent Use (Pri	ior if be	ing der	nolisi	ned)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASC	M No.				tement Con tracting L		(9)					
Street Address							Addres		75						
City, State, Zip Code						City, S	tate, Z	ip Code NJ 0708	R7						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No 216-9	0.		Licen 0120		0.			
Start Date (10) 06-17-19	Schedul 06-22-		mpletion	Date (11)		Name	of OSF	A Monitor							
Occupancy Status During Abatement (Check						Delfa Street	-	racting L	LC		MICH TO				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of	Abater	nent			522 7	th St	7							
Scope of Work (Check All That Apply)					_	Unior	n City	NJ 0708	37						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure					9	
	7370	Locati							() () ()		nabi		Abate	ment	
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	Asbes	Des tos Cont	scription		(ACM)	۸۰	nount			Ту		
TO BE ABATED In Facility (13)	Cust	intenar todial S (12)	ice/ Staff?		thermal surfac		insulat Γ, or		(S	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									<u>a</u>	_	late	ıre
Exterior		Х		Si	ding Bla	ack Tai	r Pap	er	3,80	00 SF	:	x			
												-			-
Name of Registered Waste Hauler			JDEP W		Cubic \			Name of R	Register	ed Lan	dfill				\dashv
Delfa Contracting LLC		100000	auler ID 356240	1000-00	of Was	te !0		Tullytow	n Res	ource	Re	cove	ry F	acilit	у
City, State Jnion City, NJ					Disposi 06-21-			City, State Tullytow							
Completed by laime Delgado	Title Proj.	Mana	ger.		Si	gnature	الموسر				Date	06-1	9		

IN# 11827			9	State of N	ew Jers	ev								L		
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Date of Notification (1) 06-06-19			Name Elite	of Building Home C	g Owner/ Constru	Operato	r (2)					IIN	1 2	201	n	The Secretary of the Control of the
Agencies Notified Type Notification EPA Initial	1			Address Lemoin	e Ave.					lo3 i		O IV)	-201	9	
DEP Amended Amendmer	it#			tate, Zip C _ee, NJ					O Constant	A	SBES	STO:			OL &	
Emergency justification DCA Cancellatio	(including	g	Name	of Contact	t			-			phone	e Nur	nber	AND THE SHAPE OF		*****
E sansonatio				CILITY INF	60.00	ION				(20	1) 69	97-9	353		0-0-100	
Name of Facility Where Abatement is Taki Private Home	ng Place ((3)					Тур	e of Facility								
Street Address					- 1			School (K- Subchapte Other (i.e.	er 8 (Other	than	K-12) al bui	dings	, hom	es,
City (5) Cliffside Park							Squ	etc.) are Feet		# of f	loors	3	E	Bldg. /	Age	
County (6) Bergen				Code (7) USE ONL	n		Curr	ent Use (Pr	rior if	being	g dem	nolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASCI	M No.				atement Co			9)	0 9 3 2 0				
Street Address						Street 522	Addre	ess		•						
City, State, Zip Code						City, S	state, 2	Zip Code	2007				<u> </u>	<u></u>		
Project Manager for Monitoring Firm			Telepho	one No.		Unio		y NJ 0708	87		Licens	se No				
Start Date (10)	0-1-1	1-10				2012	216-9	9603		1400	120				500-500	
06-17-19	06-21-	19	mpletion	Date (11)		200000000000000000000000000000000000000		HA Monitor Itracting L								
Occupancy Status During Abatement (Che	850					Street 522 7		5.7						-		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	period of a	Abater y Hour	nent s				2009) 553	ip Code			1				544164	_
Scope of Work (Check All That Apply)						Unio	n City	y NJ 0708	87							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				•	Min	II Containm ni-Enclosure ovebag Pro- n-Exempte	e cedu	re					2	
8		Locat							- ()	unu i	10111	TIGOR		Abate Ty	ment	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole iintena	ly by	Asbes	tos Cont	scription aining M	ateria	(ACM)		Amo	ount			1 9		
TO BE ABATED In Facility (13)	U 0.00000000000000000000000000000000000	todial 8		(i.e.	thermal surfac	systems cing, VA ⁻ niscellan	T, or	ation,		(Spe			Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										/al	₹'	ılate	ure
Exterior	-	Х			Windo	w Cau	lking			80	LF		ĸ			
															-	
Name of Registered Waste Hauler		1.0	IDED III													
Delfa Contracting LLC		Н	JDEP W auler ID 356240	No.	Cubic `of Was	te		Name of I Tullytov	- E.				ove	ry Fa	acilit	у
City, State Jnion City, NJ					Dispos 06-21-			City, State Tullytow		PA						
Completed by Jaime Delgado	Title Proj.	Mana	iger.		Si	gnature		1	u constitut			Date		9		-

IN #11828 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) CHECK # 26227/26286 Name of Building Owner/Operator (2) 06-07-19 Rutgers, The State University of NJ Agencies Notified Type Notification Street Address 74 Street 1603 EPA Initial 11IN 1 3 2010 DEP Amended City, State, Zip Code X DOL Amendment #3 Piscataway NJ 08854 Emergency (including DOH Name of Contact justification) Telephone Numbers CONTROL & × DCA Cancellation Michael F Smith 848-445-2550CENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Richardson Apartments School (K-12) Street Address X Subchapter 8 (Other than K-12) 187 Bevier Road Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Piscataway 3 County (6) County Code (7) Current Use (Prior if being demolished) Middlesex (STATE USE ONLY) Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Group Services Pinnacle Environmental Corp. Street Address Street Address 3 Terri Ln 200 Broad Street City, State, Zip Code City, State, Zip Code Burlington NJ 08016 Carlstadt, NJ 07072 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Kearney 609-386-8800 201-939-6565 00756 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor (3)06-10-19(3)07-08-19Even-Air Inc. 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 Other – Describe: 8am - 8am, 24hr access "unoccupied" City, State, Zip Code Long Island City, NY 11101 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Туре Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Custodial Staff? Enclosure Remova Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 2nd Floor Vinyl Sheet Flooring/VAT X 1,600SF x 3rd Floor Vinyl Sheet Flooring/VAT X 1,600SF x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste ATC, Inc. / Newark Carting, Inc. (04509)

24310

Project Manager

Title

TBD

TBD

Disposal Date

Signature

Completed by Richard Doran

Shirley, NY / Newark, NJ

City, State

Waynesburg, OH 44688

Date

06-07-19

Minerva Enterprises

City, State

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

IN# 11829

State of New Jersey

OKIQOO PAII				ON OF AS				Т		CI	HECK	#60	20			
Date of Notification (1) 06-05-19			Name Veriz	of Buildir	g Owner	Operato	r (2)		In				3	IV	1 6	a [r
Agencies Notified Type Notification			Street	Address					114	4		Constant Constant	- 1	1 0		
EPA X Initial				Hidden		Road				Notice and the second	.111	ы 1	2	201	n	
DEP Amended Amendment	#			State, Zip					141	3	₩	11	-0	201	3	16-
■ Emergency justification)	(includin	ıg		of Contac					DESIGNATION OF THE PARTY OF THE	Tele	nhono	Nicem	hor			-
DCA Cancellation	Ř		Jame	es Eng					- Chrystania d	(848	phone 3) 20	103	531	INTA NG	OL	3
Name of Facility Where Abatement is Takin	n Place	(3)	FAC	CILITY IN	FORMAT	ION	T =	(= w			-	in the second			turamusc	Managaran Andrews
The state of the s	g i lace	(3)					Туре	of Facilit								
Street Address 544 Springfield Avenue							×	School (F Subchap Other (i.e etc.)	ter 8 (Other ate &	than I	(-12) ercial	buil	dings,	hom	ies,
City (5) Summit							Squa	are Feet 000SF	1.3	# of F	loors			Bldg. A		
County (6) Union				Code (7)				ent Use (F		being	demo	lishe		,,,		
Name of Monitoring Firm Hired by Building O	Owner (8	3)	ASC	M No.		Name	of Aba	atement C	ontrac	ctor (9	9)					
Street Address 1253 North Church Street						Street	Addre	BRitana re	nent	ai Co	orp.					
City, State, Zip Code						1000000		Street								
Moorestown, NJ 08057						100000000000000000000000000000000000000		ip Code NJ 070	72							
Project Manager for Monitoring Firm Kris Smith			Telepho (609)	one No. 313-82	18	Teleph 201-9	one N	0.		1305	icense					
Start Date (10) 06-17-19			177. 533	Date (11)		2 0 0		HA Monito	ır		10730					
Occupancy Status During Abatement (Check	12-31-					Even	2000	1,0720-031								
Facility Closed/Vacated During Entire P			a a n t			10-59		ss kson Av	enue							
Abatement Performed Outside of Normal Other – Describe:	al Facilit	y Hours	nent S					ip Code					5.50011			
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≥160 sf or ≥260 lf		Renova Demolit				Ê	Full Min	l Containn i-Enclosu	nent w re	ith N	egative	Pres	ssur	е		
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Location of Asbestos-Containing Material (ACM)	923	Normal ed Sole			Des	cription	of					-	1	Тур	е	
TO BE ABATED In Facility		intenar		Asbes (i.e.	tos Conta	systems	insula	(ACM) tion,		Amo (Spe	2733335		20	_	Enc	g
(13)		(12)	ran.			ing, VAT				SF or	LF)		Remova	Repair	Encapsulate	Enclosure
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Bsmt: Ventilation Equipment Room			х		VA	Γ/Masti	c		2	2,100	SF	>		+		\dashv
Bsmt: Ventilation Equipment Room			х		Duct	Insulat	ion			400	SF	2				
Basement: Generator Room		х		Pipe	Insulati	ion			100)LF	×					
Name of Registered Waste Hauler	200	10000	JDEP Wauler ID		Cubic \	1/1000/1000	Ť	Name of	Regis	tered	Landf	ill				
Newark Carting, Inc.			509	140.	of Was	ıc		G.R.O.	W.S.	. Nor	th La	ndfil	l			
City, State Newark, NJ 07105					Disposa TBD	al Date		City, Stat		PA 1	9067				7000	
Completed by	Title				Sig	gnature	4	(10)	8			ate	_	-		-
Joseph Patrick	Proje	ct Ma	nager			WA	. 1	WIT			0	6-05	5-1	9		

06-05-19

Title Of Project: 544 Springfield Avenue, Summit, NJ Additional Materials / Floors

Pg. 2

Location of	1 1-1 11			6. ~
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement: Generator Room	N/A	VAT/Mastic	1,000SF	Removal
			-	
		-	1 10	

JUN 1 3 2019

ASBESTOS CONTROLA
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Date of Notification (1) 05/29/2019 (2) [1]	19		Name Resi	of Buildin dence	g Owner	/Operato	or (2)	to be successful and the success		JUN	1 3	2015	9	
Agencies Notified Type Notification	on		Street	Address			-		1			2011		
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- Emergenc		00		ichen N				L	THE PERSON NAMED IN	LIC	ENSI	VG	-	
DOH Justification Cancellation	n)	ıy		of Contac Jones	t				Tele	ephone N	lumber			
Name of Facility Where Abatement is Tak	ing Place	(2)	FAC	CILITY IN	FORMAT	ION								
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Street Address			The second				目	School (K-1: Subchapter	8 (Othe	r than K	-12)			
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City (5) Metuchen							33777300	are Feet	2000	Floors		Bldg.	Age	
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Middlesex			(STATE	USE ONL	w		Our	ient ose (Filo	i ii beii	ig demoi	isnea)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8	3)	ASC	M No.				atement Con		(9)				\neg
Street Address						Street		ank Service	S					
PO Box 354						100000000000000000000000000000000000000		ess erty Avenue	9					1
City, State, Zip Code South Orange, NJ 07079						City, S	tate,	Zip Code						
Project Manager for Monitoring Firm			Telepho	nne No		Hillsi Teleph	- 32	NJ 07205						
Sarah Calandra				49-2666	6	844-			- 24	License 01316	No.			
Start Date (10) 06/10/2019 (0/17/19	07/05/	2019	mpletion	Date (11)	9			SHA Monitor Lighthouse						\neg
Occupancy Status During Abatement (Che			CF I	0	-	Street	Addre	ess						-
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of	Abater	nent			PO E								
Other – Describe:		y rioui.						Zip Code ange, NJ 0	7079					
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≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				- XIXI	Mi	Ill Containmer ini-Enclosure ovebag Proce on-Exempted	edure	1050				
	Is	Locat	ion					- Exemples) and	NOIP HE	I I		emen	
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Name of Registered Waste Hauler														
Name of Registered Waste Hauler Newark Carting		Н	JDEP W auler ID		Cubic \ of Was			Name of Re						
City, State		04	4509		5.			Waste M	anage	ment L	.andfi	11		
East Orange, NJ					Disposi	00 120		City, State Penn Arg	vle P	Δ		-2 880		
Completed by	Title	- CONT.			Sig	gnaturë	16 17	7 W	, , , , ,		ate			
Alison Lamers	Office	Man	ager		{	ITS	14.7	AXXI		100000	5/20/2	010		

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DOH Emergene	n)	ding	Nam	e of Contact	0			Telephone		Who work though		
Cancellati				ce Parker				1 resolution	Number	-		
Name of Facility Where Abatement is Tal Residence	ing Plac	e (3)		ACILITY INFORMA	TION	Type of F	acility (4)				
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City (5)						X Othe	chapter 8 r (i.e. pri	Other than vate & comm	K-12) nercial b	uilding	s, ho	mes,
Somerville						Square Fe		# of Floors			Age	
County (6)			Coun	ty Code (7)		1,323	oo (Deis-	2		99		
Name of Monitoring Firm Hired by Building			(STAT	E USE ONLY)		Cunent O	se (Pnor	if being dem	olished)			
A. Seine Lighthouse Solutions	Owner	(8)	AS	CM No.	Name	of Abateme	nt Contr	actor (9)				
Street Address PO Box 354					-	Address	ervices	i 				
City, State, Zip Code						Liberty A						
South Orange, NJ 07079					Hillsid	tate, Zip Co de, NJ 07	de 205					
Project Manager for Monitoring Firm Sarah Calandra				none No. 349-2666	Teleph	one No.		License				
Start Date (10).	Sched	uled Co	mpletion	Date (11)	7.00	62-7465 of OSHA Mo	nitor	01316	3			
05/28/2019 (C) (S) (O) Occupancy Status During Abatement (Che	06/18	3/2019		120119	A. Se	ine Lighth		Solutions				
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Abatement Performed Outside of Norr Other – Describe:	nal Facili	ity Hour	S		City, Sta	ate, Zip Coo						_
Scope of Work (Check All That Apply)					South	Orange,	NJ 07	079				
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(13)	_	(12)		other mi	ng, VAT, scellane	or ous)		SF or LF)	Removal	Repair	Encapsulate	Enclosure
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ast Orange, NJ				Disposa	Date	City, S		- D:				
completed by lison Lamers	Title			Sign	ature /		Argyl		ate			
IIIOIT LAITIEIS	Office	e Mana	ager		M	ana	1/1	1	аtе 5/17/2	019		

IN#11834

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

CK 5116

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Date of Notification (1)	6/7/19	2				g Owner/Operator		۷.				
Agency Notified	Type Notification		\dashv		Address		Lwan	a management of the land of th	P	~7		=
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DDEP	☐ Amended	20		City, St	tate, Zip (Code .	11:00	The second secon	1	110		
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р тбон	iustification)	iding		Name	of Contac	± ±	THE J	Teléphone Nun	nber	111		
D DCA	☐ Cancellation			MS.	GA	CASSO		773-5	91-5	22	2	
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Name of Facility Where	Abatament is Taking I	Ham (3)		1 701			Type of Facility	LEENSING	IL &	-		-
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Street Address						14	U Subchapter	8 (Other than K-12 rivate & commercia	2) al huildina	9		
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City (5) .							Square Feet	# of Floors	Bldg. A	_		
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County (6)			T	County	Code (7	(STATE USE		rior if being demol	ished)			
RAS	SAIC		İ	ONLY)			E31.0	& APTS	5			
Name of Monitoring Firm		vner	ASCM	No.		Name of Abaten	nent Contractor					
(8)	,						moval In	1,350				
Street Address						Street Address		C				
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City, State, Zip Code						City, State, Zip (th River	St			-	
Cay, State, Zip Code						(T) (1)		07601				
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Project Manager for Mon	naoming ram	16	elepnor	ne No.		Telephone No. 201-329		00388				
Ct + D-4 (60)	Scheduled	C	D-	- (44)		Name of OSHA		00300		14) 4		
Start Date (10)		20.	4 -				Monno. Environm	ontol				
-1 1			- 1			Street Address	FILATION	ental			-	
Occupancy Status Durin	ig Abatement (Check	only one) -					0.					
☐ Facility Closed/Vacati	ed During Entire Perio	d of Abat	ement			City, State, Zip (uyler St					
Abatement Performed Other – Describe:	d Outside of Normal F	acility Ho	urs 0	M.		12.00		,N.J. 07	7606			
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Best Remo	oval Inc	ID	No.	109			PUMPERI	AND COUNT	V / A4).	15	11	
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City, State Hackensac	ck , N.J. (7601				Disposal Date		RCH, PA.	170	1-	2	
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J. Maiorano		tima		-6	hartes F	V (10		8/	7/1	1	
ASB-41	_ Do	not use t	INOI CALL	ii ior as	suestos III	censure exempted	downes.				88	

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

Date of Notification (1)	<i>)</i>		Name	e of Buildin	g Own	er/Operato	οr (2	, [100	E		3 1	N/7	E	
O5/29/2019 (0 1) G Agencies Notified Type Notification			Res	idence	5.0			The same of the sa	IJ		<u> </u>	5 1	19		
EPA Initial Amended Amendmer	nt # 4	10	City, S	t Address State, Zip C	ord N	J 07073		And a stay of the comment	A CONTRACTOR OF THE PARTY OF TH	2	IUN	1 3	2019		U
DOH justification Cancellatio)	8		of Contact er Joe A		9				Telepi	rone N	ùmbei	VTRC	1.3	
Name of Facility Where Abatement is Taki	DI.	(0)		CILITY INF				La					*Department	MEDITOR MODEL	GEORGE
Residence	ng Place	(3)					Ty	pe of Facility	3 (300)						
Street Address City (5)							X	etc.)	er 8 ((Other tate & co	han K- ommer	12) cial bu	ildings	s, hon	nes,
East Rutherford								quare Feet 000		# of Flo	oors		Bldg. 199	Age	
County (6) Bergen			County (STATE	Code (7)	2			irrent Use (P	rior if	-	demoli	- 1	100	_	
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	ASC	M No.		Name	of A	batement Co	ontra	ctor (9)					
Street Address PO Box 354						Street	Ado	lress							
City, State, Zip Code								erty Aven	ue						
South Orange, NJ 07079 Project Manager for Monitoring Firm			Talaat			Hillsi	de,	NJ 07205							
Sarah Calandra				one No. 349-2666		Teleph 844-4		No. -7465			ense i	No.			
Start Date (10) 06/10/2019 (0/2)	07/02/	2019	npletion	Date (11)	1			SHA Monito					-		
Occupancy Status During Abatement (Chec		(5)	LF 13	2011		Street	Add	ress							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	Abaten / Hours	nent s				ate,	Zip Code							
Scope of Work (Check All That Apply)						South	10	range, NJ	070	79				1	
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				XX	N G	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedu	re					
		Locati	27.7.7				- 13	or-Exemple	u ()	and No	n-rnac	le Pro	Abate	ment	
Location of Asbestos-Containing Material (ACM)	Use	lormal d Sole intenar	ly by	Asbest	De os Cor	escription on taining Ma	of ateri	al (ACM)		Amou	n4	-	l ly	pe	Н
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riour or original		Х			9"x	9" floor t	ile			475 S	F	X			
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Name of Decide 1944		****												\dashv	-
Name of Registered Waste Hauler Newark Carting		Ha	JDEP W auler ID		Cubic of Wa	Yards ste		Name of							
City, State		04	509		Diene	sol Det-		Waste I		ageme	ent La	andfil			
East Orange, NJ		<u></u>			าเรb0	sal Date	. 1	Penn A		, PA					
Completed by Alison Lamers	Title Office	Mana	ager		5	Signature/	T.	MAL			Dat 05.	te /29/2	019		\dashv

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Date of Notification (1)	<i>II</i>		Name o	f Building	Owner/	Operator	(2)	IJ JUN -	1 3 20	119		\mathcal{A}				
6/12/19			Mace	250000					316 Warry	-	-	- CONTRACTOR				
Agencies Notified Type Notification			Street A		1onica	a Blvd.	Suite 700	ASBESTOS LICE	CONTI	ROL	8	dataganag				
✓ EPA Initial Amended			City, Sta	ate. Zip C	ode		* TO CONTRACT				***********					
DOI. Amendment Emergency		9		Monic f Contact		90401		T-I	N							
DCA justification) Cancellation				in Gha				Telephone 424-229								
Name of Facility Where Abatement is Takin	a Diago ((2)	FACI	ILITY INF	ORMAT	ION	Tuna of Capiti	745								
Former Sears Store	g made ((3)					Type of Facility School (K									
Street Address	2 - Westman		10-10-20-20-2				Subchapte	or 8 (Other than		1-11		1212				
1750 Deptford Center Road	1						etc.)	private & comm		2.		es,				
City (5) Deptford Township							Square Feet 150000	# of Floors	1 (2)	81dg. 30+	Age					
County (6)				Code (7)			Current Use (P	rior if being dem								
Name of Monitoring Firm Hired by Building (· · · · · · · · · · · · · · · · · · ·			USE ONLY	·		vacant									
IPR Associates & Environmen	100		780°				of Abatement Co	ontractor (9) ciality Cont	ractino	Inc						
Street Address						Street /	\ddress									
191-20 115 Road City, State, Zip Code	City.						_aCrue Ave State, Zip Code									
Saint Albans NY 11412							Glen Mills Pa. 19342									
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho		Licens		77						
Paul Olisah Start Date (10)	Schedu	led Co	ompletion I	Date (11)		The second second	64-9622 f OSHA Monitor	0110)3							
	7/12/1		mpiction i	, satts (11)		Syner										
Occupancy Status During Abatement (Chec	k Only ()	ne)				Street A										
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm						and the same of	S Broad St									
Other Describe:		** 800					lelphia Pa	19145	4-4-4-4		NA 1112-Year					
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demo	vation lition				Mini-Finclosus Glovebag Pro				·e					
	Is	s I.oca	ation							Λbat	emen /pc	t				
Location of Asbestos-Containing Material (ACM)	200000000000000000000000000000000000000	Norm ed So	ally lely by	Ashas		scription o	of Iterial (ACM)	Amount		T	T					
TO BE ABATED In Facility			ance/ I Staff?		thermal		insulation,	(Specify SF or LF)	Ren	Re	Encapsulate	End				
(13)		(12)			niscellane		31 011.1)	Removal	Repair	sula	Enclosure				
	Yes	No	N/A								Te					
Canopy roofing	X				1	roofing		7,030 sf	x							
Main Building Mezzanine	х				Boile	r Insulat	tion	200sf	X							
Main Building	Х					pe Insul		X.	-		ļ					
Main Building 1st and 2nd floors Name of Registered Waste Hauler	X	L.,	NJDEP W	asto.	Tokons:	or masti Yards		34,000sf Registered Lan								
Mercer Group Interna	tions		Hauler ID		of Wa		The state of the s	own Resourc		overv	/ Lar	ndfill				
City. State	10110				300 Dispos	sal Date	City, Sta					-				
1519 Rev S. Howard Woodson Jr.	Way,	Tren	ton, NJ	08637		eeded		lown, PA								
Completed by Jack Tomasura	Title SR F	Ectir	nator		8	Signatura	<u> </u>		Date 6/12/1	9						
odok Tomasura	OIVE	_3(1)	TIGIUI		->	1001.	Wasser	R I	Ji 12/ 1							

JW#11200														F	rint Fo		
OKIKOB P.	FICATIO	State of N ON OF AS it to NJA		E	C	E		\mathbb{V}									
Date of Notification (1) JUNE 11, 2019			Name MON	of Buildin	g Owner/	1		JUN	1	3 20)19	and the same of th					
Agencies Notified Type Notification X EPA X Initial	1			Address VEWMA	N SPR	INGS	ied is	-				- 10	1				
DEP Amended Amendmen			City, S	tate, Zip C ROFT, I	Code				ACCUSTOS CONTROLS. LICENSING								
DOH Emergency justification Cancellation			Name	of Contact	Telephone Number 732-299-0795												
				ILITY IN		ION			1'	32-29	9-078	70					
Name of Facility Where Abatement is Takin SWIMMING RIVER PARK	ng Place (3	3)					Тур	oe of Facility									
Street Address 507 WEST FRONT STREET	Other (i.e.							(K-12) pter 8 (Other than K-12) e. private & commercial buildings, homes,									
City (5) RED BANK								etc.) uare Feet 00	rs	Bldg. Age							
County (6) MONMOUTH			County Code (7)					rent Use (P	rior if be	eing der	molish	- 1/20	-				
Name of Monitoring Firm Hired by Building BRIGGS CONTRACTING SERVICE	ASCI	M No.		Name	of Abatement Contractor (9) NK'S TANK SERVICES												
Street Address 3 CROSSWICKS ST	Street Address 1256 LIBERTY AV																
City, State, Zip Code BORDENTOWN, NJ 08505	City, State, Zip Code HILLSIDE, NJ 072																
Project Manager for Monitoring Firm MICHAEL HOODAK	Telepho	ne No. 98-5520		Teleph	hone No. License No.												
Start Date (10) JUNE 17, 2019			mpletion Date (11)			Name	Name of OSHA Monitor										
Occupancy Status During Abatement (Chec	JULY 1							GGS CONTRACTING SERVICES Address									
Facility Closed/Vacated During Entire F	Period of A	baten	nent 3 CROSSWICK						SST								
Abatement Performed Outside of Normal Facility Hours Other – Describe:				City, State, Zip Code BORDENTOWN,						NJ 08505							
Scope of Work (Check All That Apply)						DOTT	-	410 WIN, 1	40 000	000					-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emolit	The state of the s					Glovehag Procedure									
		Locati						on Exemple	u () an	u 14011-1	Hable	Abatement					
Location of Asbestos-Containing Material (ACM)		ormal Sole		Ashas	Description estos Containing M								Туре				
TO BE ABATED In Facility	Mai	ntenar	nce/	(i.e.	thermal	systems	insul	ation,	(8	mount Specify		Re	70	Enc	Ш		
(13)	(12)				ing, VAT			SF,	or LF)		Remova	Repair	Encapsulate	Enclosure			
	Yes No N/A			N/A				,				<u>a</u>		ate	Ге		
SHED		X	ROOFING 160SF						2	K							
	+																
		-								15	-	-	-	-	-		
Name of Registered Waste Hauler		1,0000	JDEP W		Cubic \			Name of	Registe	red Lar	ndfill				-		
NEWARK CARTING			auler ID No. of Waste 1509				WASTE MANAGEMENT LANDFILL										
City, State EAST ORANGE, NJ	Title		Disposal Date					PEN ARGYLE PA									
Completed by ALISON LAMERS	ANAGI	ER	Sig	ghatune						Date 06.11.19							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NAC 5:80 and 12:120) Date of Nötification (1) JUNE 11, 2019 Name of Building Owner/Operator (2) MOMMOUTH COUNTY PARK SYSTEM Agencies Notified Type Notification
JUNE 11, 2019 Agencies Notified
Size Amended Amende
DEP Amended Amendment #2 Emergency (including justification) DOA
Mame of Contact JOHN EISEMANN
FACILITY INFORMATION
SWIMMING RIVER PARK Street Address 507 WEST FRONT STREET City (5) RED BANK County (6) MONMOUTH Name of Monitoring Firm Hired by Building Owner (8) BRIGGS CONTRACTING SERVICES Street Address 3 CROSSWICKS ST City, State, Zip Code BORDENTOWN, NJ 08505 Project Manager for Monitoring Firm MICHAEL HOODAK Start Date (10) JUNE 17, 2019 County Close (7) STARTE USE ONL 19 School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other flan K-12) Subchapter 9 (
Street Address 507 WEST FRONT STREET City (5) RED BANK County (6) MONMOUTH Name of Monitoring Firm Hired by Building Owner (8) BRIGGS CONTRACTING SERVICES Street Address 3 CROSSWICKS ST City, State, Zip Code BORDENTOWN, NJ 08505 Project Manager for Monitoring Firm MICHAEL HOODAK Start Date (10) JUNE 17, 2019 County 16, (1) Scheduled Completion Date (11) JULY 17, 2019 County Code (7) (STATE USE ONLY) PUBLIC ACCESS Name of Abatement Contractor (9) BRINK'S TANK SERVICES Street Address 1256 LIBERTY AVE City, State, Zip Code HILLSIDE, NJ 07205 Project Manager for Monitoring Firm MICHAEL HOODAK Start Date (10) JUNE 17, 2019 Coccupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code BORDENTOWN, NJ 08505 Scope of Work (Check All That Apply) Renovation Renovation Renovation Full Containment with Negative Pressure
City (5) RED BANK Square Feet 7400 1 1 63 63
MONMOUTH STATE USE ONLY PUBLIC ACCESS
Name of Monitoring Firm Hired by Building Owner (8) BRIGGS CONTRACTING SERVICES Street Address 3 CROSSWICKS ST City, State, Zip Code BORDENTOWN, NJ 08505 Project Manager for Monitoring Firm MICHAEL HOODAK Start Date (10) JUNE 17, 2019 City Scheduled Completion Date (11) JULY 17, 2019 Scheduled Completion Date (11) Abatement Character During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Renovation RacM No. Name of Abatement Contractor (9) BRINK'S TANK SERVICES Street Address 1256 LIBERTY AVE City, State, Zip Code HILLSIDE, NJ 07205 Telephone No. 844-462-7465 01316 Name of OSHA Monitor BRIGGS CONTRACTING SERVICES Street Address 3 CROSSWICKS ST City, State, Zip Code BORDENTOWN, NJ 08505 Full Containment with Negative Pressure
Street Address 3 CROSSWICKS ST City, State, Zip Code BORDENTOWN, NJ 08505 Project Manager for Monitoring Firm MICHAEL HOODAK Start Date (10) JUNE 17, 2019 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Street Address 1256 LIBERTY AVE City, State, Zip Code HILLSIDE, NJ 07205 Telephone No. 844-462-7465 Name of OSHA Monitor BRIGGS CONTRACTING SERVICES Street Address 3 CROSSWICKS ST City, State, Zip Code BORDENTOWN, NJ 08505 Full Containment with Negative Pressure
BORDENTOWN, NJ 08505 Project Manager for Monitoring Firm MICHAEL HOODAK Start Date (10) JUNE 17, 2019 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Renovation Telephone No. 844-462-7465 Name of OSHA Monitor BRIGGS CONTRACTING SERVICES Street Address 3 CROSSWICKS ST City, State, Zip Code BORDENTOWN, NJ 08505 Full Containment with Negative Pressure
Project Manager for Monitoring Firm MICHAEL HOODAK Start Date (10) JUNE 17, 2019 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Renovation Telephone No. 844-462-7465 Name of OSHA Monitor BRIGGS CONTRACTING SERVICES Street Address 3 CROSSWICKS ST City, State, Zip Code BORDENTOWN, NJ 08505 Full Containment with Negative Pressure
Start Date (10) JUNE 17, 2019 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) Scheduled Completion Date (11) BRIGGS CONTRACTING SERVICES Street Address 3 CROSSWICKS ST City, State, Zip Code BORDENTOWN, NJ 08505 Full Containment with Negative Pressure
Occupancy Status During Abatement (Check Only One) Street Address 3 CROSSWICKS ST
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) State (City, State, Zip Code BORDENTOWN, NJ 08505) Full Containment with Negative Pressure
Scope of Work (Check All That Apply) 23 sf or ≥3 If Renovation Full Containment with Negative Pressure
Tall Containment with Negative Pressure
Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
Is Location Abatemen
Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Used Solely by
TO BE ABATED In Facility (13) Maintenance/ Custodial Staff? (12) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify SF or LF) Other miscellaneous)
Yes No N/A 6 SEE ATTACHED X SEE ATTACHED X
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 04509 Name of Registered Landfill Name of Registered Landfill WASTE MANAGEMENT LANDFILL
City, State EAST ORANGE, NJ Disposal Date City, State PEN ARGYLE, PA
Completed by Title Signature Date ALISON LAMERS OFFICE MANAGER

In/# 11)	X / Y)																			
_CK3442	PA		OTIFICA Purs	ATTON O	of New Je F ASBEST NJAC 8:60	OS ARAT	EWE 20)	NT	IR I	E (9 [V	Prin							
Date of Notification (1) 05/20/2019 Agencies Notified Type Notification (1)	19		Na		ilding Own				744	JU	W 1	3 2	2019								
Agencies Notified Type Notifica Type Notifica Initial Amende Amende	•			eet Addn					AS	BEST	FOS (CON	TROI	- &							
Emerger		dina	_ Wo	oodbrid					The State Control of the State	b	OEN	SINE	-	and the same of							
DOH justificat	ion)		Fe		Fernand				Telep	hone	Numb	er									
Name of Facility Where Abatement is Ta Residence	aking Pla	ce (3)	F	ACILITY	INFORMA	MOIT	Тур	oe of Facil	ity (4)	_											
Street Address		y					X	School (Subchar	oter 8 (Other	than k	(-12)										
City (5) Woodbridge	170	()F	7				Squ	are Feet	e. private & o		ercial b		gs, h								
County (6) Middlesex	/ 1(_)	<u></u>	Cour	ity Code	(7).		1,292 2 103 Current Use (Prior if being demolished)														
Name of Monitoring Firm Hired by Buildin A. Seine Lighthouse Solutions	g Owner	(8)		CM No.	NLY)	Name	of Ab	atement C	Contractor (9)		noneu,										
Street Address PO Box 354	Street Address						Brinks Tank Ser Street Address							ervices							
City, State, Zip Code South Orange, NJ 07079						City, St	ate, 2	erty Aver Zip Code													
Project Manager for Monitoring Firm Sarah Calandra	Telepi	none No.		Telepho	one N																
Start Date (10) 05/31/2019 (0 2 0	Sched	luled C	ompletio	pletion Date (11) Name of			62-7465 01316 f OSHA Monitor														
Occupancy Status During Abatement (Che		4/201 One)	9 (01191	14	A. Sei Street A	ne L	ighthou	se Solution	ns											
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period o	f Abate	ement urs			PO Bo	0x 38	54													
Other – Describe: Scope of Work (Check All That Apply)						City, Sta South		nge, NJ	07079												
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renov Demo				××	Glo	ı-⊑nciosur vebaq Pro	cedure												
		s Loca		T			Non	-Exempte	d (*) and Nor	1-Friat	ole Pro	7.016 10-	re	, t							
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Norma ed Sol aintena	ely by	Asbe	estos Conta	cription of	erial ((ACM)	Amaum	Amount		Туре										
In Facility (13)	Cus	stodial (12)	Staff?	Asbestos Containing Ma (i.e. thermal systems surfacing, VAT other miscellane				ion,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure							
Basement	Yes	No X	N/A							30	val	+	ulate	sure							
	1-	<u> </u>			pipe	e wrap	_		90 LF		X										
Name of Registered Waste Hauler		I N	UDEDW	ant-	10::::																
lewark Carting		H	IJDEP W lauler ID I 4509		Oubic Ya of Waste		- 1		Registered La Manageme		ndfill										
oity, State ast Orange, NJ					Disposal	Date	1	City, State			. idill		_	\dashv							
Completed by lison Lamers	Title Office	Man	ager		Sign	tature		-enn An	gyle, PA	Date				_							
	1				1 6	144	12 .			05/2	20/20	119		1							