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Date of Notification (1) 3–10–17			Building Ov.	wner/Operator (2	2)		AAH—	2	201	+
Agencies Notified Type Notification		Street Ac		Ridge Ro	oad	ASBE	STO	S CC ENSI	NTI	RO
□ DEP □ □ Amended	1	City, Sta	ite, Zip Code			A LOCAL COMPANY	LIO	-1101	1101	
■ DOL Amendment # □ Emergency (ir				NJ 07645				130		
☑ DOH justification) ☐ DCA ☐ Cancellation		Name of	Contact			Telephone Num	ber			
Name of Facility Where Abatement is Taking Plant	ace (3)	FACII	LITY INFO	RMATION	Type of Facility (-	1)				
75 Chestnut Ridge Road					☐ School (K-1	2)				
75 Chestnut Ridge Road						3 (Other than K-12) rivate & commercial	building	gs, hon	nes, et	tc.)
City (5) Montvale					Square Feet	# of Floors		ldg. Ag		
County (6)		County C	Cods (7)		35,000	3		50yr	s.	-
Bergen			USE ONLY)		vacant.	r if being demolished	1)			
Name of Monitoring Firm Hired by Building Ow	vner (8)	ASCN	d No.		of Abatement Contr					
Whitestone Associates, I	inc.					conmental C	0.,I	nc.		
Street Address 1500 Manor Drive				Street 923	^{Address} Haws Avenu	ie				
City, State, Zip Code Calfont, PA 18914				II	State, Zip Code Cistown, PA	19/01				
Project Manager for Monitoring Firm		Telephon	ne No.		none No.	License N	0			_
Jeremy Hassett		The State of Continues on	712-270		-239–9920	00398				
Start Date (10)		Completion Da	ate(11)	0.000	of OSHA Monitor					
2–25–17 Decupancy Status During Abatement (Check On	3–17–	17				conmental C	o.,I	nc.		
Facility Closed/Vacated During Entire Peri	1050 - LU-200			1,000	Address Haws Avenu	ie				
☐ Abatement Performed Outside of Normal F					State, Zip Code					
Other – Describe:				_ Norr	ristown, PA	19401				
cope of Work (Check All That Apply)										
⊇ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition		ם נ	☐ Mini-Enclosure☐ Glovebag Proc	edure				
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	I. I				Non-Exempted	(*) and Non-Friable	Proced		ement	
Location of	No	ocation rmally		-		(*) and Non-Friable	Proced	Abate	pe	-
Location of Asbestos-Containing Material (ACM)	No Used			Description tos Containing N	n of Material (ACM)	Amount		Abate	pe	
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Asbestos-Containing Material (ACM) TO BE ABATED	No Used Main Custoo	ormally Solely by htenance/ dial Staff? (12)		Description tos Containing M mal systems insu	n of Material (ACM) Ilation, surfacing,	Amount (Specify	Removal	Abate		
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 1st floor	No Used Main Custoo	rmally Solely by stenance/ dial Staff? (12) No N/A	VAT &	Description tos Containing N mal systems inst VAT, or other miscella	n of Material (ACM) Alation, surfacing, r neous)	Amount (Specify SF or LF)	Removal	Abate Ty	pe	- Individual Control
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 1st floor Basement & First Floor Roof Name of Registered Waste Hauler Newark Carting City, State	Yes X	rmally Solely by Itenance/ dial Staff? (12) No N/A X NJDEP W Hauler ID	VAT 8 ceran roof	Description tos Containing M mal systems ings VAT, or other miscella Mastic nic tile flashing Cubic Yards of Waste Disposal Date	Material (ACM) Illation, surfacing, recous) & mastic Name of Miner City, Sta Wayne	Amount (Specify SF or LF) 750 SF 2,040 SF 180 SF Registered Landfill va Landfill te sburg, OH	Removal X X	Abate Ty Repair	pe	Talling Colonia

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ACTIEIC TOWN SCIENT
OTIFICATION OF ASDESTOS ABATEMENT (Pursuant to NIAC 8160 and 12-120)
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Date of Notification (1)			(Pursuan	1. 19 NIVC	8160 and	12: (20)	11.331	7	t 1	147	7	10	2011	
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militestone Associates,	Inc.		ASCN	1 740		Named	Abute	ment Conti	scrur (9)				_	
Stract Address						ETAU	cuth	Envi	conmental co).,I	nc.			
1500 Manor Drive						STEEL .	A.J. Perce	Avenu				_	-	
City: State Zip Code					-				ie .					
Chalfont, PA 18914						Norr	ا جاح	Code	12424				_	
Jeremy Hassett	ect Manuaer for Monitoring E.me						Norristown, PA 19401							
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2-25-17	Sc. redule	d Cump	plet(i) N Do			Muniter	00338							
Occupancy Status During Adatement (Check	Cials Cons	0-17	/	_		Plymo	Plymouth Environmental Co., Inc.							
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Date of Notification (1) 03/09/2017				Name	of Building Ow totair Kimber	ner/Operato	r (2)	ASDES	TOS	00	NTR	OŁ:
Agencies Notified	Type Notificatio	n			Add'ess	Ty Acader	πy .	- OW	#=	TIE!	础	
EPA X DEP	Initial				yd Road							_
X DOL	Amended Amended	nt #		Mont	itele. Zip Code Iciair, NJ 070	042		M.		7	117	/
NOCY NOCY	Emergency justification Concellation))	Name	of Contact Dombroski	· · ·		Telephone Nu	nipa	1	_	
Name of Facility Where	batement is Taki	no Diagra A	21		CILITY INFORM	MATION		1.111160	71		MA	FI
Upper school		IIA LIBOR (3)				Type of Facility (4)					200
Streat Address 6 Lloyd Road	1						Other (l.e	(-12) Er 6 (Olher than K-1 . private & commerc	2) iel bi	ulding:	s, hor	108.
City (5) Montciair				•			Square Fee:	# of Floors	— _T	Bldg.		
County (8) Essex			T	County	Code (7)		Current Use (5	rior if being demails	herf)			
Name of Monitoring Firm Detail Associates,in	Hired by Bullaing	Owner (8)			M No.	Name	SChool The of Abatement Contractor (B)					
itreet Address 300 Grand Avenue						Street	lich Corporation est Address 36 McBride Avenue					
ity, State, Zip Code Englizwood, NJ 0763						City, 8	late. Zip Code					
roject Manager for Meni Tony Valentine	loring Firm			Telepho 201-5	50 No.	Telapi	cland Park, None No. 225-8400	License N	lo.			
Stan Date (10) 03-10-2017		Schedu)	0 Cor		Date (11)	Name	of OSHA Monito	01104				
ccupancy Status During		k Only On	0)	-		Street	ris Environmental Laboratories, LLC freet Address					
Fecility Closed/Vacal Abstement Performe Citner - Describe: 5		Period of A	baten	nent		2333	33 Route 22 West					
	ari 3 pm					Unio	tele, Zip Code n. NJ 07083	* *				
© pe of Work (Check All 23 \$1 of ≥3 li ≥180 \$1 or ≥250 li	That Apply)	N R	enova emolit	tion		F	Full Containment with Negative Pressure Mini-Enclosure Gloyebas Procedure					
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me of Beginner (IA)												
Name of Registered Waste Flauler NJDEP Waste Hauler ID No. 18724						le Yards Vaste		Registered Lendfill S Landfill	! <u> </u>	ئـــــا		
City, State Woodland Park, New Jersey						osal Date	City, Stat	0				
mpleted by Irlana Olejarova		Signatufe.	10		<u>, , , , , , , , , , , , , , , , , , , </u>							
		presid	ent			1	NO CO PORTO PORTO			2017		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Virtua Memorial Hospital of Burlington

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Date of Notification (1)					Na	ne of Buildi	ng C	Owner/Operator	(2)	1 L	L MAF	12	1 2	017	-	
2 /	24 /	17	7		V	irtua Men	nori	al Hospital of	Burlington Co	unty	į					
Agencies Notified ⊠ EPA	Type Notific	cation			Stre	eet Address	ŝ			1	ASBEST)L &	
☑ DOLWD		he				75 Madiso				1	L	CEN	SIN	<u>à</u>		
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□ DCA	☐ Emerge		ncludin	g		lount Holl		IJ 08060								
(NJAC 5:23-8)	justificat					ne of Conta				Telephone Number						
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N					F	ACILITY I	NFC	DRMATION								
Name of Facility Where A									Type of Facility	2000						
Virtua Memorial Hos	spital - The	erapy	Cent	er					School (K-12	()						
Street Address									Subchapter 8	rivate	er than K-12 and commer) cial b	uildin	as.		
62 Richmond Ave									homes, etc.)					5-,		
City (5)									Square Feet	# (of Floors	В	ldg. A	ge		
Lumberton, NJ County (6)							and the same									
Burlington					Co	unty Code ((7)(S	TATE USE ONLY)	Current Use (Pri	or if b	eing demolis	hed)				
Name of Monitoring Firm	Uisad by Dui	lalia a Z		(0)	1000		1		Hospital							
Vertex Air Quality S		iding (Jwner	(8)	ASC	M No.	N		ent Contractor (9)							
Street Address	ervices						-		VIRONMENTAI	_, IN(J.					
700 Turner Way								treet Address	D OTDEET							
City, State, Zip Code								1123 BEAVE								
	Aston, PA 19014							ity, State, Zip C								
							-	BRISTOL, PA 19007 Telephone No. License No.								
Don Heim				1000	elephon 610-55	8-8902		215-788-6040	í		ense No. 10509					
Start Date (10)	T	Sched	luled C			ate (11)	1	ame of OSHA M	·		70309					
ON HOL	0		1		1	()	1000		VIRONMENTAL	INC						
Occupancy Status During	Abatement (Check	c only o	one)				reet Address	THE THE PART OF TH	-,	,. 	90 <u>-</u>				
☐ Facility Closed/Vacated					tement											
☐ Abatement Performed	Outside of N	ormal	Facilit	у Но	urs - De	escribe	1	ty, State, Zip Co				-		-		
Time of Abatement: 7:	00AM- <u>3:30</u>	PM/	P	M	A	Λ		BRISTOL, PA								
Scope of Work (Check all	that apply)							-,,	. 10007			S1 (20)				
≥3 sf or ≥3 lf			⊠ n-					☐ Full Cont	ainment with Neg	ative I	Pressure					
≥160 sf or ≥260 lf			⊠ Re					☐ Mini-Enc ☐ Glovebag								
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TO BE ABAT	ED	'/	Ma	inten	nance/	(i.e		Containing Ma ermal systems i			Amount Specify	Remova	Repair	cap	Enclosure	
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SERVICE TRANSPORT GROUP, INC. Haul					Hauler	ID No.	Wa	aste	Minerva Lai							
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NEW CASTLE, DE 19720							8/21/17	Waynesbur	u O	1						
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Gino Pizzigoni	-)		timet	or	Signature Dispersion / El					Date	1/8/	10				
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Date of Notification (1)			Nar	Name of Building Owner/Operator (2)								
2 / 24 /	17				norial Hospital o		ounty	M	ΔR	2 1	20	
Agencies Notified Type Notific	ation		Stre	et Address	3		1	171	mil	<u></u>	20	
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□ DOLWD 3 8 □ Amende			City	, State, Zip	Code		1 - 1	SBE	-, -			
□ DHSS 3 (q) Amendm □ DCA □ Emerger	A CONTRACTOR OF THE PARTY OF TH	ing	M	ount Hol	ly, NJ 08060		1			ENS	NO	
(NJAC 5:23-8) justificati	ion)	9	Nan	ne of Conta	nct		Telephone N	umber				
☐ Cancella	tion		Ju	ıde Fann	ing		• ************************************					
			F	ACILITY	NFORMATION				-			
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facility	(4)	-				
Virtua Memorial Hospital - The	rapy Cer	nter				School (K-12						
Street Address						─ Subchapter	8 (Other than K-	12)				
62 Richmond Ave						Other (i.e., p	rivate and comr	nercial	build	ings,		
City (5)			-			Square Feet	# of Floors		Dida	۸۵۵		
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Vertex Air Quality Services	g Owne	. (0)	7.001		1	VIRONMENTA						
Street Address					Street Address	TAINOIMIEMIA	L, ING.		200			
700 Turner Way						D CTDEET						
City, State, Zip Code					1123 BEAVE							
Aston, PA 19014					City, State, Zip C							
		7-1		N	BRISTOL, PA	4 19007						
Project Manager for Monitoring Firm Don Heim			ephone		Telephone No.		License No.					
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3 / 13 / 17			1 /	_1/_	BRISTOL EN	VIRONMENTAL	., INC.					
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Facility Closed/Vacated During Entire					1123 BEAVE	R STREET						
Abatement Performed Outside of Nor Time of Abatement: 7:00AM-3:30PI				scribe	City, State, Zip Co	ode					307	
	VI/F	-IVI	AIVI		BRISTOL, PA	19007						
cope of Work (Check all that apply)					_							
] >3 sf or >3 lf	⊠ R	enovat	ion			tainment with Nega	ative Pressure					
≥160 sf or ≥260 lf		emolitic			☐ Glovebag	Procedure						
					☐ Non-Exe	mpted (*) and Non	-Friable Proced	ure				
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	Yes	No	N/A									
erapy room		\boxtimes		linoleun	1		1200 SF					
									П	П	П	
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		Ш								Ш	П	
					70)							
me of Registered Waste Hauler			JDEP V		Cubic Yards of	Name of Registe	red Landfill					
SERVICE TRANSPORT GROUP,	auler ID 20990	19339	Waste 20	Minerva Lan	dfill							
		20330		Disposal Date	City, State							
y, State												
					3/21/17	Waynesburg	. OH					
ty, State NEW CASTLE, DE 19720 Impleted By (Print or Type)	itle -				3/21/17 Signature	Waynesburg	, OH	ıto.				

Ch 2593

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

E	C	E		\mathbb{V}	E	In
	WAR	2	*	2017		Ш
		E G				

Date of Notification (1) 03-10-2017				wner / Operator Foundation	(2)	III. M	AR 2 1 2017			
Agencies Notified Type Notification		Addre		roundation						
⊠ EPA				ey Way		ASBE	STOS CONTROL &			
☐ DEP ☐ Initial			Zip Co			}	LICENSING			
☑ DOL ☐ Amended ☑ DOH ☐ Emergency ☐ DCA ☐ Cancellation			e, NJ 0	7052						
DOH Emergency	10000	of Cor				7	Telephone Number			
☐ DCA ☐ Cancellation	Susan	Grosse	r							
		CILIT	Y INFO	RMATION						
Name of Facility Where Abatement is Taking	g Place (3)			Type of Facility						
Daughters of Israel Street Address				School (F		V 42)				
1155 Pleasant Valley Way					ter 8 (Other than b. private & comm		rs homes etc.)			
Tree reason vaney vvay				Square Feet	# of Floors		ldg. Age			
City (5) County (6)	County (Code (7	7)	140,000	1		56			
West Orange, NJ 07052 Essex	,	,	1		Prior if being den	nolished)				
Name of Monitoring Firm Hired by Building (Owner (8)		M No.		ement Contracto					
Health and Safety Services Street Address		117			nagement Group	, LLC				
P.O. Box 365				Street Addres	n Ave, Suite 202					
City, State & Zip Code				City, State & 2						
Berlin, NJ 08009				Trenton, NJ 0						
Project Manager for Monitoring Firm	Telephone		er	Telephone Nu		License N				
Mr. Jim Proctor	856-452-13			609-914-4279			01185			
Scheduled Start Date (10) Scheduled 03-20-2017	Completion Date 03-28-2017	e (11)		Name of OSH						
Occupancy Status During Abatement (Chec				Street Addres	nental Laboratorio	35, 1116.				
Facility Closed/Vacated During Entire		atemen	nt	2333 Route 2						
		atomon		City, State & 2						
Describe: 9:00am - 6:00pm				Union, NJ 070						
☐ Facility Occupied During Abatement										
Scope of Work (Check all that apply)					☑ Full Conto	in man a mat susith M	anativa Praesura			
≥3 sf or ≥3 lf	⊠ Ren	ovatio	n				egative Pressure			
≥160 sf ≥260 lf	A (2000)	nolition				Procedures				
2 -10001 -20011							-Friable Procedure			
Location of	Is Locat	ion		Description		Amount	Abatement Type			
Asbestos-Containing	Normally I			Asbestos-Conf		(Specify				
Material (ACM)	Solely I	250		Material (AC		SF or LF)	Enclosure Encapsulat Repair			
TO BE ABATED in Facility	Maintenan Custodial		ir	i.e., thermal sy nsulation, surfac			ncapsul Repair Remova			
(13)	(12)	Juli.		or other miscella			Enclosure Encapsula Repair			
3 7	Yes No	N/A					- # 0			
Ceiling			Plaster	Ceiling		468 LF				
Name of Registered Waste Hauler	1000	DEP V		Cubic Yards	Name of Regist	ered Landfill				
Resource Management Group, LLC	10000	uler ID 35218		of Waste TBD	Grows Landfill					
City, State	100	00210		Disposal Date	City, State					
Trenton, NJ 08619				TBD/	Morrisville, PA					
Completed By (Print or Type)	Tit	le		Signature	1. 11		Date			
Mr. Brian Haney		esident		1	1 1/11	03-10-2017				
100				1)1461	A. MIM					

CK# 0880

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Date of Notification (1)					Owner/Opera	2)	MEGELV										
3-10-17	N-4'54'			11.0-1/8/513/10/15	s Bowen	l							n r	<u>// [</u>			
Agencies Notified Ty	ype Notification			Street A	Address												
EPA C	Initial		r	City Ch	ata Zia Ca	, 				MA	R	2 1	20	17			
DEP X DOL	Amended Amendmen	t #			ate, Zip Co n Orange												
	Emergency	(including			of Contact	, 140			Telephone	gnee	300	200	TIAC	7701			
DOH DCA	justification) Cancellation				s Bowen				relephone				ING				
	_ carroonado.					RMATION			- The advantage of the second								
Name of Facility Where Aba	tement is Takir	ng Place (3)			A CHILDRE		Type of Facility (4)	1)								
Residential House							- 11	School (K-12)	å <i>b</i>								
Street Address								Subchapter 8	(Other than	K-12)							
								Other (i.e. privetc.)	rate & comn	nercial b	ouildi	ngs,	home	s,			
City (5)								Square Feet	# of Floors	3	Blo	g. A	ge				
South Orange								2500	2		50)+	-				
County (6)			T		Code (7)		\neg	Current Use (Prior	if being dem	nolished)						
Essex				(STATE	USE ONLY)		.	Residential Ho	use								
Name of Monitoring Firm Hir	red by Building	Owner (8)		ASCN	И No.			f Abatement Contra									
n/a		294, 10		n/a		Н	larm	ony Contracting	g Inc								
Street Address	North Control of the					17.00		ddress									
n/a						36	60 P	alisade Ave									
City, State, Zip Code								ate, Zip Code									
n/a								eld, NJ 07026									
Project Manager for Monitori	ing Firm			Telepho	ne No.	- 1	* 1	ne No.		se No.							
		0 1 1 1		n/a	.			80.6026	012	55							
Start Date (10) 3/13/17		3/15/1		npletion	Date (11)	9.070	Name of OSHA Monitor Harmony Contracting Inc										
Occupancy Status During Al	natament (Char		20					ddress	inc	55504							
				2				alisade Ave									
Facility Closed/Vacated Abatement Performed 0	During Entire Outside of Norr	Period of A	Abaten Hours	nent :				ite, Zip Code						_			
Other – Describe:						1 .	TO.	eld, NJ 07026									
Scope of Work (Check All Th	nat Apply)						Garrield, No 07026							_			
≥3 sf or ≥3 lf		×	Renova	tion			Full Containment with Negative Pressu										
2160 sf or ≥260 lf		Marchael	emolit					Mini-Enclosure									
							-	Glovebag Proced Non-Exempted (*		Cuiabla (
		Τ.					EI	Non-Exempled () and Non-	-nable i			ment				
1			Locati Normal			_					-	Ту					
Location of Asbestos-Containing Ma	terial (ACM)	Use	d Sole	ly by	Asbesto	Descript os Containin		terial (ACM)	Amount								
TO BE ABATE			intenal todial S	(100 Table 1)		thermal syste	ems i	nsulation,	(Specify		R	70	Encapsulate	Enc			
In Facility (13)			(12)			surfacing, other misce			SF or LF)		Remova	Repair	nsdı	Enclosure			
N 6		Yes	No	N/A				/			2	7	late	ъ			
		165	INO	IN/A			27 10				-						
Basement		X		Pipe Ins	ulati	on	60 LF	K	_								
											-	-					
										-	+	\dashv					
Name of Registered Waste H	Hauler		N	JDEP W	/aste	Cubic Yard	is	Name of Re	gistered Lar	ndfill							
Harmony Contracting II	nc		7702	auler ID 33137	No.	of Waste TBD		GROWS	•	assas (57)							
City, State						Disposal Da	ate	City, State									
Garfield, NJ								Morrisville	e, PA								
Completed by		Title	324			Signat	ture			Date							
Tina Caporino		Secr	etary			ta. (0,			3-10	-17						

CIL 3995

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

Date of Notification (1)			T	Name of	Building (Owner/O	perator (2)		T _E		9	= -	. D.			
3/10/	17						ESTA-	IE C	41	7) [6]	5	5 [\mathbb{V}	1 [
Agencies Notified	Type Notification			Street A						3		1130-0410-				
□ EPA	Initial			,	HAR	The-	T WAY	•	10274			· ·				
□ - DEP	☐ Amended	8.5	T	City, Sta	te, Zip Coo	de				L M		21	201	7		
Z DOL	Amendment #		— L		Mol	leist	50WD	. UJ.	0	7960	•					
DOH	justification)	ciuding	Γ		Contact		900		Tele	phone Numb	XI.					
□ DCA	☐ Cancellation			MR.	KON	ZAM	PECLA	:	L!							
Nome of Facility When Al	bet in Talaine Di	(2)		FACI	LITY INF	ORMAT		er Ti	· · ·				-			
Name of Facility Where Al	balle estati	ice (3)	0	1	1-105		l ly	pe of Facility	(4)							
Street Address	WORK ESTATE	- CAN	HUK	Ge t	for se			School (K- Subchapter		thon V 12)						
Commercial control of the control of	141 - 111	Α				×		Other (i.e.			uildin	gs, ho	mes, e	etc.)		
City (5)	atiey w.	7						are Feet		Floors		ldg. A				
City (5)	OR POST OF							2000	# 01	rioois	_ "		05			
County (6)	Morris	٥, در		County	Code (7)				- ifhain	demolished)		' /	03			
County (0)	Maga:				USE ONLY)		Current'Use (Prior if being demolished) CAULAGE HOUSE									
Name of Monitoring Firm	Hired by Building Ow	ner (8)		ASCN	/ No		Name of Abatement Contractor (9)									
,	amod by building ow	nor (o)		Abel	1110.		Best Removal Inc									
Street Address							Street Addr		ille					-		
								outh Rive	on Stra	of						
City, State, Zip Code							City, State,									
	4							nsack, NJ	07601	ĺ						
Project Manager for Monito	oring Firm			Telephor	ne No.		Telephone No. License No.									
							201	-329-744	4	003	88					
Start Date (10)	1	Scheduled	Comp	letion Da	ate (11)		Name of OSHA Monitor									
3/2	3/17		3/	24/1	7 .		Omeg	a Enviror	menta	1		*				
Occupancy Status During A	Abatement (Check Onl	y One)					Street Addr	ess								
☐ Facility Closed/Vacat					100	•	280 I	Iuyler Str	reet					`		
Abatement Performed Other - Describe:	Outside of Normal Fa	acility Ho	IL2	OM		Ť	City, State,			11.05/0/						
		2 3				-Q_	South	1 Hackens	sack, I	41 0 / 606						
Scope of Work (Check All	That Apply)			A		100			•							
≥3 sf or ≥3 lf			enovat					ull Containme		Negative Pres	sure					
☐ ≥160 sf or ≥260 lf		ט ט	emoliti	on			☐ Mini-Enclosure ☐ Glovebag Procedure									
		,					Non-Exempted (*) and Non-Friable Procedure									
		ls	Locati	on									Abatement			
Location	of		ormall			De	scription of				_	13	pe			
Asbestos-Containing 1 TO BE ABA			d Solel; intenar				aining Materia			mount			匝	ь.		
In Facili		Cust	odial S	taff?	(i.e. the		ems insulation VAT, or	, surracing,		pecify or LF)	Remova	Repair	сар	inclo		
(13)			(12)			other r	niscellaneous)		- 5	oval	air	Encapsulate	Enclosure		
		Yes	No	N/A					. •				C			
ROOF					21	1.1	THR		7	SSF	X					
		1			- 50	ter	1445			- 3 - 0 1	1.					
														\vdash		
Name of Registered Waste I	Hauler			IDEP W		Cubic '		Name of Registered Landfill								
Best Removal Inc	С		H	auler ID 1 171(of Was	te 11/20) A	linua-	va Enter	rice	c T	TC			
City, State					19	Dispos		City, State		va Litter)I 13C	3, L				
Hackensack, NJ 07601							124/17	and the second second		g, OH 44	1688					
Completed by Title							ignature	n way	.coul	Date						
J. Maiorano		Fe	tima	tor			M	مصرونه	B	14		0/1	7			
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Check#2736		NOT					OS ABA and 5:1			U E	ii /	// E	=11
Data of Natification (4)			(1 0					- 5). Nacional de contractor de contractor de la					
Date of Notification (1)	10 17			Name	of Buildin	g Owner	r/Operator (2)		MAR 21	20	17	
	10 / 17			Osmo	nd Peart				1				IT
Agencies Notified EPA	Type Notification			Street	Address				ASBE	STOS C	ONT	BOI.	2
☑ DOLWD							_			LICENS			
☑ DHSS	Amendment #				State, Zip (
□ DCA	☐ Emergency (in	cluding			range, N		7						
(NJAC 5:23-8)	justification) Cancellation				of Contac	t			Telephone	Number			
	Cancellation				nd Peart								
Name of Facility Where A	Shotomont in Takin	- 01	(2)	FA	CILITY IN	VFORM	IATION	T					
Section 19	Abatement is Taking	g Place	(3)					Type of Facili	336.5-3-4-3-36				
Private house Street Address								School (K	-12) er 8 (Other than h	(-1 2)			
								Other (i.e. homes, et	, private and cor	nmercial bu	uilding	S.	
City (5)	90							Square Feet	# of Floors	В	dg. A	ge	\neg
East Orange, NJ 07017				T									
County (6)				Coun	ty Code (7)	(STATE	USE ONLY)	Current Use	Prior if being de	molished)			
Essex Name of Monitoring Firm	Hisad by Building	2	0) 1										
Manie of Monitoring Firm	nifed by Building (Jwner (6)	ASCM	No.			ent Contractor	(9)				
Street Address						-	ch LLC						
ou cot Address						0.000	t Address	10.00					
City, State, Zip Code				-			alley Rd # State, Zip C						_
•						and the same of th	e, NJ 074						
Project Manager for Mon	itoring Firm		Tele	phone	No.		hone No.	70	License N	0.			\dashv
							38-1777		01127	29			
Start Date (10)		duled C	omple	tion Da	te (11)		of OSHA	Monitor	101127	-			
		03 /	_ 22	_ / _	17	Envir	ovision Co	onsultants,Inc					
Occupancy Status During							Address	711541441145,1114					-
Facility Closed/Vacate	ed During Entire Pe	eriod of	Abate	ment		20-21	Wagaraw	Road, Bldg	# 35E				
Abatement Performed Time of Abatement:	Outside of Norma AM-	I Facility	y Hour PM_				State, Zip C						
		1411			CIVI	Fair L	awn, NJ 0	7410					
Scope of Work (Check al	I that apply)								mination with neg		sure		
>3 sf or >3 lf 2 160 sf or >260 lf			novati				Mini-End	closure	Negative Pressui				
≥ 160 st or ≥260 lt		∐ De	molitic	n		\geq	Gloveba	g Procedure	Tent with Neg Non-Friable Pro-	ative Pres	sure		
		Is	Locat	ion	T				1		atem	ent Ty	me
Location			Norma ed Sole				Description	of		-	_		
Asbestos-Containing TO BE ABA			intena				intaining Ma nal systems	iterial (ACM)	Amount	n Rem	Repair	nca	nclo
IN Facili	ity	Cus	todial ((12)	Staff?	,	sur	facing, VAT	, or	(Specify SIF or LF		∃÷	Encapsulate	Enclosure
(13)		1,,		Τ	1	othe	r miscellane	eous)		-		ate	0
Danamant '		Yes	No	N/A		20 82					-		
Basement		14			Pipe ins	ulation			60 LF		U	Ш	Ц
								-					
											П		П
Name of Registered Was	ste Hauler		NJE	EP Waste	Hauler ID No	Cubic	Yards of Was	te Name of Re	gistered Landfill		1		-
Gr Tech LLC			0	03378	35		BD	T.R.R.F. In					
City, State				. 5557	, ,		sal Date	City, State	10			XX-12-12-12-12-12-12-12-12-12-12-12-12-12-	\dashv
Wayne, NJ 07470							BD	Tullytown,	РΔ				
Completed By (Print or T	ype) Titl	е				Signature A						\dashv	
N.Jevtic	Ow	ner					Meuric Wenad 03/10/17						
100 11	1011						1/-	-4-0-10		03/10/1	£		- 1

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la la		MAH	-1		2011	THE PERSON NAMED IN	
P	SBI		JS (VIR)L &	$-\ $

_ 01100	Fi o		Name of Building Owner/Operator (2)						MAF	21	20	17			
Date of Notification (1) 3/20/17					of Building or Prope			(2)		1	IVI PI	1 2 1			C PURE CONTRACTOR
Agencies Notified	Type Notification		- 1	Street A	ayette S	Street,	Suite 1	150		Ā	SBEST	OS CO		ROL	&
DEP X DOL	Initial Amended Amendment				ate, Zip Co nohocke		19428								
DOH DCA	Emergency (justification) Cancellation	including	- 1		f Contact d Dinge	r				Tel	ephone N	umber			
				FACI	ILITY INF	ORMATI	ON			1			-		
Name of Facility Where Former Machine S	Abatement is Taking hop	g Place (3)						Туре	of Facility School (K-						
Street Address 697 Morris Turnpik	(e							×	Subchapte Other (i.e. etc.)	r 8 (Oth			dings	, home	es,
City (5) Springfield								Squa 15,0	are Feet	# of	f Floors		3ldg. /	Age	
County (6) Union					Code (7) USE ONLY)		Curr	ent Use (Pr	ior if bei	ng demoli	ished)			
Name of Monitoring Firm Vertex	n Hired by Building (Owner (8)		ASCN	И No.				atement Co	ntractor	(9)				
Street Address 700 Turner Industr	ial Way						Street 407		ess Lincoln I	Highwa	ay, Suite	500			
City, State, Zip Code Aston, PA							The State of the S		Zip Code 19341		•				
Project Manager for Mo Dave Turotsy	nitoring Firm		- 1	Telepho 610-32	ne No. 22-0076		Teleph 484-				License 01161	No.			
Start Date (10) 4/3/17		Scheduled 4/14/17	Com	pletion	Date (11)		Name EMS		HA Monitor						
Occupancy Status Durin							Street 200 I		ess e 130						
	ated During Entire F ned Outside of Norm	al Facility H	atem	ent			City, S	tate, Z	Zip Code son, NJ						
Scope of Work (Check /	All That Apply)						Oli III	amm	3011, 140						
X ≥3 sf or ≥3 lfX ≥160 sf or ≥260 lf		Delication 1	novat moliti				×	Mi Gl	ill Containm ni-Enclosur ovebag Pro on-Exempte	e cedure					
		l lel						i ive	on-Exemple	u () and	a Non-Frie	I PIC		ement	
Locatio	n of	Alterialist St	ocation rmall			Do								/ре	
Asbestos-Containing	Material (ACM)	Used Maint			Asbes		scription aining M		il (ACM)	A	mount			m	
TO BE AB In Fac (13)	ility	Custoo			(i.e.		systems cing, VA niscellar	T, or			pecify or LF)	Remova	Repair	Encapsulate	Enclosure
·		Yes	No	N/A		outer 11	nochai	icous)				Val	=	ulate	ure
See Atta	ached														
		-										+	_	_	
Name of Registered Wa	eta Haular		LN	JDEP W	lasta	Cubic	Vordo		Nome of	Dominto		=11			
Waste Managemen			110000	auler ID		of Was			GROW		red Landf dfill	HI.			
City, State Newark, NJ						Dispos TBD	al Date		City, Stat Morrisv		Ą				
Completed by Jack Bally		Title Sr. Pro	ject	Manag	ger	S	ignature	/	Bally	a Di	1597	ate 3/20/1	7		
							11	- /-	- Comp	CHARLE					



MAR 2 1 2017

Location of	Is location normally		1 1 1 1 1 1	MAT T		ent Type	l ber
Asbestos Containing Material (ACM) To Be Abated In Facility	used solely by Maintenance/ Custodial Staff? Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount / (Specify SF or LF)	SBEST LI Removal		TROL 8	Enclosure
Front Office	N/A	Floor Tile	700 SF	Х		шин	i i i i i i i i i i i i i i i i i i i
Restroom	N/A	Linoleum	200 SF	X			
Restroom	N/A	Flooring	130 SF 1-		150		
Shop Area	N/A	Residual Mastic		X			
Front Shop Area	N/A	Transite wall and ceiling panels	180 SF	X			
Exterior windows	N/A	Window Caulk	1,260 SF 775 LF	X			
							S
					-		
1							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Check # 117.6

Date of Notification (1) 3
Agencies Notified Type Notification Street Address 1 Egybert St City, State, Zip Code Pemberton, NJ 08068 Name of Contact Telephops Biccope C CONTROL 8 City, State, Zip Code Pemberton, NJ 08068 Name of Contact Telephops Biccope C CONTROL 8 City, State, Zip Code Pemberton, NJ 08068 Name of Contact Type of Facility (4) School (K-12) Street Address Street Addr
Egyent 3
SOPH
DCA Caregropt (including justification) Cancellation Cance
Name of Facility Where Abatement is Taking Place (3)
Cancellation
Name of Facility Where Abstement is Taking Place (3)
School (K-12)
Street Address
14 Scrapetown Rd
Square Feet # of Floors Bldg. Age 50+
Pemberton
County (6) Burlington County Code (7)(STATE USE OMLY) Current Use (Prior if being demolished) School
School
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
Street Address Str
Street Address 3 Terri Lane - Suite 4 1121 N. Bethlehem Pike - Suite 60
Street Address 1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code Burlington, NJ 08106 Project Manager for Monitoring Firm Telephone No. Telephone No. 215 542 7000 Start Date (10) 3 / 27 / 17 Scheduled Completion Date (11) 3 / 29 / 17 CES Occupancy Status During Abatement (Check only one) □ Facility Closed/Nacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement □ AM-4:00PM/10:00PM- AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if □ Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 Abatematic
Burlington, NJ 08106 Spring House, PA 19477 Telephone No. 215 542 7000 00847 Start Date (10) 3 / 29 / 17 CES Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement AM-4:00PM/10:00PM- AM Scope of Work (Check all that apply) Scope of Work (Check all
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Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Exterior Transit Panel Custodial Staff? (12) Yes No N/A Exterior Transit Soffit Panel Custodial Staff? (12) Custodial Staff? (12) Yes No N/A Exterior Transit Soffit Panel 9SF 0
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Library D. No.
City, State Disposal Date City, State
Hatfield, PA 4/1/17 Birdsboro, PA 19508
Completed By (Print or Type) Title
Patricia Visco Office Manager Signature Date Signature Signature 3/17/17

Date of Notificat	on (1)3/10/	17				Name	of Bui	lding Owner	/Ope	erator (2	Charles Ant	tinonor	i				
Agency Notified x EPA	Type N	lotific	ation			Street	Addres	sses:						-	-	\neg	
X DEP X DOL	A	mend	ed#		İ	City,	State, 2	Zip North Ber	gen	NJ 07047	1					\neg	
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					FA	CILIT	'V INF	ORMATION	d				-			-	
Name of Facility	Where Abat	emen	t is 7	aking			3 2214	O.C. MATTO		e of Facili	ty (4)					\neg	
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Street Addresses				12-11-100							8 (Other than				•		
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Name of Monitori	ng Firm Hir	ed by	Build				M No.	Name of A			tractor (9)						
(8)\- IRIS Enviro	nmental lat	orate	ories					Pezo Inc						-	-		
Street Address	Vant								Address: verbrook Rd., #150								
City, State, Zip C								City, State,									
Union NJ 07083								Lincoln Par									
Project Manager f	or Monitoria	ng Fi	m	Tele	phone	No.		Telephone									
Rick				908-	206-0	073		973-628-78			01141						
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Lincoln Park, N Completed by	0/035#1	Title	P.					Signature									
Tom Pezic			sident					In	1			2000 - 100 -					
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Date of Notification (1) 003-09-2017					f Building (rdon Me						M. (MH	L	168	18	
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≥ DOH DCA	Emergency justification) Cancellation			Name of	f Contact d Donofr					Te	lephone	Numbe	r			
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Street Address 63 Church Street								×	Subchapter Other (i.e. p	8 (Oth			uild	ings,	home	es,
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County (6) Hunterdon					Code (7) USE ONLY)				ent Use (Prid	or if be	ing demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.				atement Cor	ntracto	r (9)					
Street Address							Street	Addre	to a service of the s							
City, State, Zip Code	***						City, 8	State, Z	Zip Code I Park, NJ	1 0741	24	-				
Project Manager for Mon	itoring Firm		7	Telepho	ne No.		Telepi	hone N	lo.	01-42	Licens 01104					
Start Date (10) 03-20-2017		Scheduled		npletion (Date (11)		Name	of OS	HA Monitor enmental L	ahor				8000 2000		
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City, State Woodland Park, New	/ Jersey					Dispos	al Date		City, State Morrisv		PA					
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Date of Notification (1) 03/09/17			Nan	ne of Building	Owner/Opera	tor (2)		MAR 2) 1	201	7
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Emergen	ent # cv (includ	lina	_ Moi	rris Plains,	NJ 07950							
DOH justification Cancellate	on)	g		e of Contact			ž'	Telephon	e Numb	er		
				n Stock				-				
Name of Facility Where Abatement is Ta	king Plac	e (3)	- г/	ACILITY INFO	ORMATION	T	pe of Facility	1 (A)			_	
Facilities & Services Building Street Address		2000						Moderati				
101 Columbia Road							Subchapt	er 8 (Other than	K-12)			
City (5)						×	Other (i.e. etc.)	private & comr	nercial b	ouildin	gs, h	omes,
Morris Township							uare Feet	# of Floors	3	Bldg	. Age	
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Morris			(STAT	E USE ONLY)		Va	nent Use (Pi	rior if being dem lity Building	nolished)		
Name of Monitoring Firm Hired by Building Assessment Resources & Techno	g Owner	(8)	100000000000000000000000000000000000000	CM No.	Name	e of A	batement Co	ontractor (9)				
Street Address	ology (A	AKI)	N/A	4	PAL	.En	/ironmenta	al Services				
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City, State, Zip Code							ueens Pla	za South				
New York, NY 10038					Lond	state, a Isla	Zip Code and City, N	JY 11101				
Project Manager for Monitoring Firm Paul Ottens				one No.	Telepi			Licens	e No			
Start Date (10)	T		I.	785-0266			-0900	286				
3/23/2017	4/30/2	uled Co 2017	ompletion	n Date (11)			SHA Monitor					
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mpleted by C Domozick	Title				Signature		vayneso	ourg, OH 44				
DOMOZICK	VP					(-	T		ate 3/09/2	017		

JLALE ---NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) te of Notification (1) 21 MAR Eric Hugo 3/10/2017 Street Address Type Notification gencies Notified ASBESTOS CONTROL & [X]Initial LICENSING []EPA Notification City, State, Zip Code Linden, NJ, 07036 []DEP []Amended Telephone Number Notification [X] DOL Name of Contact [X]DOH []EMERGENCY Eric Hugo []DCA []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) Eric Hugo [X]Other (i.e., private & commercial buildings, homes, etc.) Street Address Bldg. Age # of Floors Square Feet 71 County Code (7) 1175 Current Use (Prior if being demolished) County (6) (STATE USE ONLY) City (5) Union Linden Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building AZTECH MANAGEMENT, Inc. Owner (8) N/A Street Address 86 Christopher St. Street Address City, State, Zip Code Montclair, NJ 07042 City, State, Zip Code License Number Telephone Number Telephone Number 00371 Project Manager for Monitoring Firm (973) 744-8800 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) N/A 2017 21 03 2017 20 03 Year Month Street Address Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period City, State, Zip Code []Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» []Full Containment with Negative Pressure Scope of Work (Check all that apply) [X]Mini-Enclosure [X]Renovation [X]Glove-bag Procedure $[X] \ge 3$ sf or ≥ 3 lf []Demolition []Non-Friable Procedure [] > 160 sf or > 260 lf Abatement Type Is NCL NUAPSUL Description of Location Amount Asbestos-Containing Normally Used Location of E (Specify Material (ACM) OSU Asbestos-Containing Solely By Maintenance/ 0 SF or AI (i.e., thermal systems Material (ACM) LF) insulation, surfacing, VAT, TO BE ABATED Custodial R R or other miscellaneous) L Staff (12) In Facility E N/A No (13)Yes X 85 LF Pipe Insulation X Basement

Cubic Yards

of Waste 1.0

Disposal Date

03/22/2017

Signature

NJDEP Waste

17040

Administrator

Title

Hauler ID No.

Name of Registered Waste Hauler

Montclair, NJ 07042

Completed By (Print or Type)

Dimitri G. Temidis

City, State

AZTECH MANAGEMENT, INC.

Name of Registered Landfill

City, State

Minerva Enterprise INC

Waynesburg, Ohio 44688

Date

3/10/2017

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X DOF		justification) Cancellation		18.00	lame of 0 Erin Cra	awford					I ele	phone Ni	imner				
Name of House	Facility Where	Abatement is Takin	g Place (3)		FACIL	ITY INFOR	RMATIO	N		of Facility (4)							
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County (6					County C	ode (7) SE ONLY)			Hous	50700			shed)				
Name of N/A	Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		D&S	Abate	tement Contr ement, Inc		(9)					
Street Ac	idress								Addres oseng	ss gren Aven	ue						
City, Stat	te, Zip Code									p Code J 07512							
Project N	Manager for Mor	nitoring Firm		1	Telephon	ne No.		973-	none No 345-8	685		License 01311	No.				
Start Dat 03/21/2			Schedule 03/22/2		pletion D	Date (11)		D&S	Abate	HA Monitor ement, Inc) .						
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X EPA X Initial X DEP Amended X DOL Amendmer Emergency				e, Zip Cod vood, NJ)									
DOH justification Cancellatio)	1000	Name of Alleyne	Contact Khalfar	ni				Tele	ephone Ni	umber				
Name of Facility Where Abatement is Taki	ng Place (3)		FACIL	ITY INFO	RMATIC	N	Туре	e of Facility (4)						
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City (5) Maplewood							N/A		N/A			Bldg. N/A	Age		
County (6) Essex			County C STATE U	Code (7) ISE ONLY)	2.	_	Ho			-40	shed)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.		D&S	Aba	atement Con tement, In		(9)					
Street Address						Street 11 R		ess ngren Aver	ue						
City, State, Zip Code								Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telephor	ne No.		Telepl 973-		No. 8685		License 01311	No.				
Start Date (10) 03/20/2017	Schedule 03/21/2		pletion [Date (11)		AND STREET, ST		SHA Monitor Itement, In	С.						
Occupancy Status During Abatement (Che			1/2			Street 11 R		ess ngren Aver	iue						
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City, State Totowa, NJ					Dispos	sal Dat	e	City, Stat		A				14-00	
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Date of Notification (1)				uilding Owner	Operator	(2)		UL,	'MAI	1 2 1	20	1 1	-
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Name of Facility Where Abatement is Takir	ng Place (3)						of Facility (4)						
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Street Address							ss 83, 4 E Ga	ate Dri	ve				
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City, State, Zip Code							d, NJ 0741	18					
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Project Manager for Monitoring Firm		1.	elebrion	5 110.	973	-764-2	2276		703				
21 1 2 1 (40)	Scheduled	Comp	oletion D	ate (11)	Name	e of OS	HA Monitor						
Start Date (10) 3/25/17	4/30/17												_
Occupancy Status During Abatement (Ch	eck Only One)			Stree	et Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: basement	e Period of Ab	ateme	ent		City,	State, 2	Zip Code						
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Name of Registered Waste Hauler			JDEP V		Cubic Yard	ls	100 A		ered Land				
Freehold Cartage		0.000	fauler ID 5939	1	BD	nto	Weste City, Sta	obstation -	rks Land	dtill			
City, State					Disposal D BD	ate	Birdsb		PA				
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A. Scott Higgins	Pres	ident				3/10/17							

Print Form

State of New Jersey

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Date of Notification (1) 3/10/17		Te	andr F	Realty	er/Operator	(2)		LI MAH	210	.017		
Agencies Notified Type Notification			eet Addi 0 Cen	ress tral Aven	iue			ASBESTO	S CON	ITRO	OL &	
EPA DEP Amended Amendment #_		City	y, State,	Zip Code nside, NJ								
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Name of Facility Where Abatement is Taking	Place (3)		FACILI	I Y INFORM	MATION	Тур	e of Facility (4)					
Old Car Wash	18 17						School (K-12)	(Other than K-1	12)			
Street Address						×	Other (i.e. pri	vate & commerc	cial buildi	ngs, ł	nomes	5,
415 Rahway Avenue						Squ	etc.) are Feet	# of Floors	Blo	lg. Aç	je	
City (5) Westfield						180	00	2	65	5		
County (6)		Co	ounty Co	ode (7)		Cur	rent Use (Prior	if being demoli	shed)			
Union				SE ONLY) _		o of Ak	patement Contr	actor (9)		-		-
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.	AB	S En	vironmental	Services, LL	.C			
Street Address					Stree	et Addr	ress					
Street Address							483, 4 E Ga	ite Drive				
City, State, Zip Code							Zip Code od, NJ 0741	18				
A Mariana Firm		Te	elephon	e No.	27,000	phone	2/.	License	No.			
Project Manager for Monitoring Firm			эторттет.				-2276	703				
Start Date (10)	Scheduled		letion D	ate (11)	Nam	e of O	SHA Monitor					
3/20/17	4/16/17				Stre	et Add	ress					
Occupancy Status During Abatement (Check			nt		0.10	0,,,,,,						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours			City	, State	, Zip Code					
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≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	enovati emolitic				H	Mini-Enclosure	edure				
						×	Non-Exempted	(*) and Non-Fr	riable Pro	Abat	re emen	t
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front building			X		roofi	ng		1,100 01		1	1	-
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Name of Registered Waste Hauler Freehold Cartage		Н	JDEP V auler ID 5939		of Waste TBD		Weste	rn Berks Lar				
City, State Freehold, NJ					Disposal D		City, Sta Birdsb	oro, PA	Date			
Completed by A. Scott Higgins	Title Pres	sident			Signa	ature	an		3/10/	17		-

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Date of Notification (1) .		N:	ame of Delbar	Building ton Sc	Owner/Ope	rator (2	-/		1	MAN		+		
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X DOH	justification) Cancellation		Miche	el Rimp	oel NFORMATIO	N							-	
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Delbarton Trinity Hall - Street Address	Library						Oth etc.	er (i.e. pri	ivale &	COMMITTO	Bldg. A	ne.		
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Morris Name of Monitoring Firm Hir	ed by Building Owner	(8)	AS	CIVI 140.					1 Serv	ices, LLC				1
						Stre	et Address E Gate D	rive, PC	Box	483				1
Street Address						City	State, Zip	Code						1
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Project Manager for Monito	ring Filli				- (4.1)		me of OSH		r					
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3/15/17 Occupancy Status During				t		Ci	ty, State, Z	ip Code						
Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire Pend d Outside of Normal F	acility H	ours											
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Name of Registered V				15939		TBD		Cit	ty, State)				
Freehold Cartage						Dispo TBD	sal Date	В	irdsbo	ro, PA	T Data			
City. State Freehold, NJ							Signature	1			3/10	/17		
Completed by		Title	e esider	nt			· A	y.						
A. Scott Higgins		FIG	501001	n(S)				thie	form fo	r asbestos lic	ensure e	xemp	ted ac	:tiv

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

MOCK Satrones

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

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Street manager		Approximation and			Name of OSH						-
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