016010	11		NO	TIF	CATI	State of ON OF A	New Jersey SBESTOS ABA	TEMENT	In E	C	E		\mathbb{W}
(XMX	10						JAC 8:60 and 5:				-		
Date of Notification (1)	, —			-	Na	me of Build	ling Owner/Operator	(2)		MAD	0	0 0	0.17
3/	20	/	17				stitute for Rehab		#1703-5127 Ch	MAH eck #	2 4904 6	3 2	017
Agencies Notified	Type No	tificatio	on		Str	eet Addres	s				***************************************		THE PARTY OF
⊠ EPA					100000000000000000000000000000000000000		sant Valley Way		ASBI				
☑ DOLWD	☐ Amen					, State, Zip				LI	CEN	SINC	j _
☐ DHSS	The second secon	dment	_	_	1 200		ige, NJ 07052				W 250		
(NJAC 5:23-8)	☐ Emer	gency cation)		ing		ne of Conta			Telephone Nur	nhor			
,	☐ Cance				1	ary Form			- relebitorie Nur	nber			
					F	ACILITY	INFORMATION						
Name of Facility Where A				ce (3)				Type of Facility	(4)				
Kessler Institute for	Rehabil	itatio	n					School (K-1					
Street Address			1 = 1						8 (Other than K-1)				
1199 Pleasant Valle	y Way							homes, etc.	private and comme)	ercial	buildir	igs,	
City (5)								Square Feet	# of Floors	E	Bldg. /	Age	
West Orange													
County (6)					Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Essex								Institute					
Name of Monitoring Firm F				(8)	ASC	И No.	Name of Abatem	ent Contractor (9)					
Partner Engineering	& Scien	ce, In	c.				AbateTech, I	nc.					
Street Address			Street Address										
611 Insutrial Way W							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip Co	ode					
Eatontown, NJ 07724							Lumberton, N	NJ 08048					
Project Manager for Monito	oring Firm			1	lephone		Telephone No.		License No.				
Brian Nemetz						4-9565	609-265-2107		00529				
Start Date (10)						ate (11)	Name of OSHA M	lonitor					
///					9 /	17	EMSL Analyti	cal					
Occupancy Status During A							Street Address						
Facility Closed/Vacated	During En	tire Pe	riod of	Abat	ement		200 Route 13	0 North					
Abatement Performed C Time of Abatement:	outside of I	Norma	l Facilit	y Hou	ırs - De	scribe	City, State, Zip Co	de					
2.5%		'		FIV		_Aivi	Cinnaminson	, NJ 08077					
Scope of Work (Check all the	nat apply)						☐ Full Conta	ainment with Neg	ative Pressure				
≥3 sf or ≥3 If ≥160 sf or ≥260 If			⊠ Re					osure					
_ 100 31 01 <u>-2</u> 200 11			☐ De	moliti	on		☐ Glovebag	Procedure	-Friable Procedur	· _			
			Is	Loca	tion	1		inprod () dilid ((di	-i flable i focedul	_	atem	ont T	·vno
Location of				Norma			Description of				_	1	
Asbestos-Containing Ma		M)			ely by ance/		stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATE IN Facility	<u>:D</u>				Staff?	(i.e	 thermal systems in surfacing, VAT, 	nsulation,	(Specify	VOC	air	aps	losu
(13)				(12)			other miscellaneo	us)	SF or LF)	<u>n</u>		ulat	re
- M - W			Yes	No	N/A							Ф	
ee Attached						See Atta	ached		See Attached				
ee Attached			\boxtimes			See Atta	ached		See Attached				
ee Attached			\boxtimes			See Atta	ached		See Attached				
											П	П	
ame of Registered Waste I	Hauler				JDEP \		Cubic Yards of	Name of Registe	ered Landfill				-
AbateTech, Inc.				H	18750		Waste 12	G.R.O.W.S.					
ity, State	Disposal Date						Disposal Date					\neg	
Lumberton, NJ	Dispo							Tullytown F	Δ				

Completed By (Print or Type)

Gwendolyn Trumbetti

Title

Operations Coordinator

Signature

3 20 17

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 3 17 1 Stockton Affiliated Services / Job #1703-5125 17 Check #9044 Agencies Notified Type Notification Street Address ASBESTOS CONTROL Initial 401 Soth New York Road LICENSING ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Galloway, NJ 08205 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Glenn Brown **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Stockton Seaview Hotel & Golf Club ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings. 401 South New York Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Galloway, NJ 08205 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Atlantic Hotel Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni AbateTech, Inc. Street Address Street Address 515 Grove Street Suite 1B 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Clark 856-656-2944 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 3 / 17 __8__ / __31__ / _17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If ☐ Mini-Enclosure ☐ Glovebag Proce ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Asbestos-Containing Material (ACM) Encapsulate Enclosure Remova Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1914 BAT & 1928 BAY П П X Exterior Window Caulk 8,700 LF П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 8/31/17 Tullytown, PA Completed By (Print or Type) Signature Gwendolyn Trumbetti Operations Coordinator

State of New Jersey

ASB-41 MAY 11

					5.7	ي	<u>_</u>
	E	C	E	U	\mathbb{V}	15	
1					Messacravia		
				TO STATE OF	~~~		

				100					- 5:					
Date of Notification (1)								wner/Operator (A COLUMN TO THE PERSON TO THE	MAR	23	201	1
	17 /	17			UE	Bergen I	Mal	I Owner LLC	c/o Urban Ed	ge Propertie	s			
Agencies Notified T	Type Notific	cation			Stree	t Address					BESTO	0.00	NITE	201
507to	Initial				21	0 Route 4	Ea	st		AS	LIC	ENSI	NG	101
	☐ Amende		21		City.	State, Zip C	Code	9		Listing management	10	Marie Marie & Consultation		
☑ DHSS	Amendm		_		1000	ramus, N.								
DCA (NJAC 5:23-8)	☐ Emerger justificat		cludin	g		e of Contac				Telephone I	lumbor			
	☐ Cancella					thony Sal	-	do		relephone	vuilibei			
-All			->				-	RMATION		1				
Name of Facility Where Aba	atement is	Taking	Place	(3)		-1-11			Type of Facility	(4)				
Bergen Town Center									School (K-1)					
Street Address				_					☐ Subchapter	8 (Other than I	K-12)			
1 Bergen Town Cente	er. Suite 6	640							Other (i.e., phomes, etc.	orivate and con	nmercial I	ouildin	gs,	
City (5)									Square Feet	# of Floors		Bidg. A	an a	
Paramus, NJ 07652									60,000	2	'	44	ige	
County (6)					Cou	nty Code (7))(ST	ATE USE ONLY)	Current Use (Pi	rior if being der	nolished)		-	
Bergen								-20	Vacant Offi	ce				
Name of Monitoring Firm Hi	ired by Buil	ding C	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9))				
Whitestone Assoc.					NA		1	Alliance Envi	ronmental Sys	stems				
Street Address							Str	reet Address						
1600 Manor Drive, Su	ite 220							550 East Unio	on St.					
City, State, Zip Code							Cit	y, State, Zip Co	ode					
Chalfont, PA 18914							١	West Chester	, PA 19382					
Project Manager for Monitor	ring Firm			Tele	phone	No.	Te	lephone No.		License No).			
Jeremy Hassett				2	15-712	-2700	6	310-701-9000		00508				
Start Date (10)	2-1/2/9/19					ite (11)	Na	me of OSHA M	onitor					
4/_3_/_	17	5	5 /	12	/ .	17	1	AET						
Occupancy Status During Al	batement (Check	only	one)			Str	eet Address						
☐ Facility Closed/Vacated I	During Enti	re Per	iod of	Abate	ment	8.0	2	8 N. Pennel	Road					
Abatement Performed On	utside of No	ormal	Facility	y Hou	s - Des	cribe	Cit	y, State, Zip Co	Code					
Time of Abatement: 7AN	/IPN	11/3:30	בואו		AIVI		N	/ledia, PA 19						
Scope of Work (Check all the	at apply)							D	120 10 440 550					
☐ >3 sf or >3 lf			☐ Re	novat	on				ainment with Neg	gative Pressure	9			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ De						Procedure					
								☐ Non-Exer	mpted (*) and No	n-Friable Proc	edure			
1 11 6				Locat Norma							Α	batem	ent T	уре
Location of Asbestos-Containing Mar	terial (ACM	1)	Use	d Sole	ely by	Ashes	tos	Description of Containing Mat		Amount	Re	Re	En	Ē
TO BE ABATE		, I		intena			, the	ermal systems i	nsulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)			Cusi	(12)	Staff?			surfacing, VAT, her miscellaned		SF or LF)	\a	1	Encapsulate	sure
(13)		1	Yes	No	N/A		Οl	nei miscellanet	ous)				ite	
2 nd Floor						VAT & N	las	tic		3000 SF		П	П	П
2 nd Floor						Pipe Ins	ula	tion		555 LF			П	H
1st Floor						VAT & N	las	tic		450 SF				
			П	П										
Name of Registered Waste H	Hauler		_		JDEP V	Vaste	Cuk	oic Yards of	Name of Regis	tered Landfill				
Richard Burns & Co	weenmamilik			10000	auler II 19955	No.	Wa 4	ste		erks Commu	ınity La	ndfill		
City, State					13300			posal Date	City, State					-
Phila., PA								BD	Birdsboro,	PA				
Completed By (Print or Type)	Title						Signature			Date / /			
Mark Griffin	•	10.000	timat	or				2.3.14(4)	3/17/17					

Check # 25450

Date of Notification (1)					(5.11)				C	E		\mathbb{W}
	21/17			Nam	e of Buildir	ng Owner/Operator	Frantso				-	-
Agencies Notified	Type Notifi	cation		Stree	et Address		Trantso		11.17	0.0	0	047
☐ EPA	Initial							14 L	MAH	2.3	2	J1/
DEP DEP	Amende Amendr			City,	State, Zip	Code					7	
	☐ Emerge	ncy (includi	ng			R	Roselle, NJ 07	7203 ASE	EST	OS C	ON	TRO
DOH DCA	justifica			Nam	e of Contac			Telephone_Nun	nber-I	PENS	IM(1
	Caricella	ation			Dor	ninique Frants	80					
				FA	CILITY IN	ORMATION						-
Name of Facility Where							Type of Facility	(4)				
		Resident	ial				School (K-1		92-20			
Street Address							Subchapter Other (i.e., p	8 (Other than K-1 rivate & commerce	2) cial buil	dings,		
City (5)							Square Feet	# of Floors	В	ldg. Ag	е	\neg
-	Ros	elle, NJ	0720	3			1800	2	_ _	80+	-/-	
County (6)	Jnion				nty Code (E ONLY)	7) (STATE	Current Use (Pr	ior if being demol	ished)			
Name of Monitoring Firm		lding Owne	.	ASCM	No.	Name of Abatem	nent Contractor (9)				=
(8)	MECS					Stev	ens Environr	nental Servic	es, Ir	ic.		
Street Address						Street Address						
	PO Box	x 341					PO B	322 Sox 322				_
City, State, Zip Code		NIT 0051	-			City, State, Zip C						
	rosswick,	NJ 0851				b	Allentown	n, NJ 08501				_
Project Manager for Mon	isgarber			ephone		Telephone No.	0.000	License No.	0040			
Start Date (10)		Cabadulad			8-4070	(609) 25			0049	3		
3/31/17		Scheduled	4/7/		ate (11)	Name of OSHA N		ECS				
Occupancy Status Durin	g Abatement	(Check onl		1. /-		Street Address	171	ECS			_	_
☐ Facility Closed/Vacate	5.	J	5.00	ment		Street Address	PO B	ox 341				- 1
Abatement Performed						City, State, Zip C	0.7.5.11				_	
Other - Describe: _{	Sam to 4 p	m	202				s, NJ 08515					
Scope of Work (Check a	Il that apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			☐ Mini-End Gloveba	tainment with Neg closure g Procedure empted (*) and No		ıre			
			Location							batem	ent	
Location of	of		Iormally d Solel			Description of				Туре		
Asbestos-Containing N	faterial (ACM)	Ma	intenar	ice/		os Containing Mate		Amount			m	
TO BE ABAT IN Facility			ustodia Staff?	31	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Rei	2	Encapsulate	Enclosure
(13)			(12)			other miscellaneo		Or Or Er)	Remova	Repair	psul	losu
		Yes	No	N/A					<u>m</u>		ate	6
Baseme	nt		×		The	ermal Pipe Ins	ulation	165 lf	×		+	
											1	\neg
											+	\dashv
Name of Registered Waste Hauler NJDEP Waste						Cubic Yards	Name of Regis	tered Landfill	1			\dashv
Stevens Environmental Services, Inc. Hauler ID No. 18292						of Waste 2 CU		Fairless Lan	dfill			
City; State						Disposal Date	City, State	200 2011				=
Allentown, NJ					4/7/17 /	N	Morrisville,	PA				
Completed By		Title		200 000		Signature	71	Date				=
Mahlon E. Ster							3/21/17					_



Date of Notification (1)		Name of Building Owner/Operator (2)										
3/21/17							wn Presbyter	rian Church	AAR	23	20	17
Agencies Notified Type Notific	ation		Stree	et Address	10		20 II:-L Ct-					
Mage EPA Mage Initial ☐ DEP ☐ Amended	d	-	City	State, Zip (Code		20 High Str	eet Laser	STO	3.00	TMC	ROL
Mathematical Math		_	Oity,	otate, zip c	Code	A1	lentown, NJ	08501	LIC	ENS	ING	pro mangembrida
■ DOH justificat	tion)	9	Name	e of Contac	ct		Telleo II II, I IV	Telephone Nur	nber			
DCA Cancella	tion	-			Pat (Gagnon		_			_	
			FA	CILITY INF	FORM	ATION						
Name of Facility Where Abatement is		- 100 mm					Type of Facility	(4)				
Street Address	ads You	th Ce	nter				Subchanter	2) 8 (Other than K-	12)			
75.5	S. Main S	Street					Other (i.e., phomes, etc.	orivate & commer)	cial buil			
City (5)	town, NJ	0850	1				Square Feet 1500	# of Floors	В	ldg. A	lge +/-	
County (6)	10 111, 113	0050		nty Code (7) (S7	ATE		rior if being demo	lished)	90	T/-	_
Monmonth				ONLY)								
Name of Monitoring Firm Hired by Build (8) MECS	ding Owner		ASCM	No.	Nam		ent Contractor (9					
Street Address							ens Environi	mental Servi	ces, I	ıc.		_
PO Box	341				Stre	et Address	PO F	3ox 322				
City, State, Zip Code					City.	State, Zip C		JOA 322				-
Crosswick, 1	NJ 08515	5						n, NJ 08501				
Project Manager for Monitoring Firm			phone		Tele	ohone No.		License Ne.		_		
Bill Weisgarber	Cabadulad C	_	_	8-4070		(609) 25			0049	3		
Start Date (10) 5	Scheduled C	omple 1/28/		ate (11)	Nam	e of OSHA N		ECS				
Occupancy Status During Abatement			1 /	_	Stre	et Address	171	LCG			_	_
▼ Facility Closed/Vacated During Entitle	re Period of	Abate					PO E	341 Box 341				
☐ Abatement Performed Outside of No. ☐ Other - Describe:	ormal Facili	y Hour	City, State, Zip Code Crosswicks, NJ 08515									
Scope of Work (Check all that apply)												=
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio				☐ Mini-End	tainment with Ne closure g Procedure empted (*) and No		ure			
	1	ocatio				100	1				ment	
Location of	Used	ormally I Solely	by by			escription of				Тур	oe -	\vdash
Asbestos-Containing Material (ACM) TO BE ABATED		ntenan				ntaining Mate al systems in		Amount (Specify	_		En	т
IN Facility		Staff? (12)		(,	surf	acing, VAT,	or	SF or LF)	Remova	Repair	caps	Enclosure
(13)	Yes	No	N/A		otner	miscellaneo	us)		oval	air	Encapsulate	sure
Crawl Space	×			The	erma	l Pipe Ins	ulation	35 lf	×			
						ap and C			+~			
											1117-01	
									+			
Name of Registered Waste Hauler NJDEP Waste					100000000	Yards	Name of Regis	stered Landfill				
Stevens Environmental Services, Inc. Hauler ID No. 1829					of W	CU_		Fairless Lar	ndfill			
City- State					Disposal Date City, State					一		
Allentow Completed By	n, NJ Title					28/17	49/	/Morrisville, PA				_
Mahlon E. Stevens		oject	Man	ager	_ `	Signature		Date3/21/17				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

		(P	ursuai	nt to NJA	AC 8:60 and 5:1	6)	hk # a	217	9		and the second s
Date of Notification (1)			Name	e of Buildin	g Owner/Operator ((2)		Cy E		₩	F
3//	17		Ve	rizon				9 1	a_ <u>H</u>	-7A	坚
Agencies Notified Type Notifi	cation	*****	Stree	t Address					-		
			15	East Moi	ntgomery Place,	Lower Level		- 0			
☑ DOLWD ☐ Amende			City,	State, Zip	Code		MA	12	3 8	2017	
☐ DHSS Amendr		_	Pit	tsburgh,	PA 15212			an area wherea		4.100.10	
DCA Emerge (NJAC 5:23-8) ustifica	ncy (including	ng		e of Contac			Telephone Num	ber -	CO	TEX	51 8
☐ Cancell			Ale	x Baylor			1 /	HOEN	ISIN	G_	
			FA	CILITY IN	NFORMATION						
Name of Facility Where Abatement is	Taking Place	ce (3)	13.00			Type of Facility	(4)			2001	0000000
Verizon Dunellen CO						School (K-12					
Street Address							Other than K-12			23200	
200 S Madison Ave.						homes, etc.)	rivate and comme	cial bi	ullaing	gs,	
City (5)						Square Feet	# of Floors	В	dg. A	ae	-
Dunellen								1	3	5	
County (6)			Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	ior if being demolis	shed)	11000		
Middlesex						Office		Ť.			
Name of Monitoring Firm Hired by Bu	ilding Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
USA Environmental Managem	nent					VIRONMENTAL					
Street Address					Street Address		- R				
8436 Enterprise Ave.					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip Co	ode					
Philadelphia, PA 19153					BRISTOL, PA						
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Mark Jenkins		2	15-365	5-5810	215-788-6040)	00509				
Start Date (10)	Scheduled	Compl	etion Da	ate (11)	Name of OSHA M	Monitor					
4 /3 /17	4	/	/	17_	BRISTOL EN	VIRONMENTAL	L, INC.				
Occupancy Status During Abatement	(Check only	one)			Street Address						
☐ Facility Closed/Vacated During En	tire Period o	f Abate	ement		1123 BEAVE	R STREET					
					City, State, Zip Co	ode					
Time of Abatement:AM	PM/ <u>5:0</u>	<u>0</u> PM-1	:30AM		BRISTOL, PA	19007					
Scope of Work (Check all that apply)											
☐ ≥3 sf or ≥3 lf		enova	ion			tainment with Neg	ative Pressure				
≥ 25 st of ≥ 25 ti		emoliti				g Procedure					
			AN 600	,	☐ Non-Exe	mpted (*) and No	n-Friable Procedu	e			
A control trains on a		Is Loca Norma						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACI	M) Us	sed So	ely by	Ashe	Description o estos Containing Ma		Amount	Re	Re	ш	E
TO BE ABATED	l M	lainten			e., thermal systems	insulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facility	Cu	stodiai (12	Staff?		surfacing, VAT,		SF or LF)	Val.	100	Encapsulate	sure
(13)	Yes		1		other miscellane	ous)				ate	1
Large Lobby				Floor ti	le and mastic		210 SF				
Small Foyer				Floor ti	le and mastic		20 SF				
							200 200 200 200	П	П	П	П
		+=	+-	-							
Name of Registered Waste Hauler		14,	NJDEP I	Waste	Cubic Yards of	Name of Regis	tered I andfill		ПП		
SERVICE TRANSPORT GROU	P, INC.		Hauler II 20990	D No.	Waste	MINERVA L					
City, State					Disposal Date	City, State					
NEW CASTLE, DE 19720						WAYNESB	URG, OH 44688				
Completed By (Print or Type)	Title				Signature		Da		1		
Patrick T. DeCaro	Estim	ator			Patrick	TOOCAN	a /M/ 3	3/21	11-	7	

D&S Proj. #: 17-72	8			NJ os Abatement 60 and 12:120)), [[C			V E	
Date of Notification (1)	Name	of Building Ow	ner/Operator (2)				i N	IAH	23	20)17
0 3 /0 8 /1 7	DAY	/ID SPRAGI		· ·					-			
Agencies Notified Type Notification	_	Address	JL					ASRE		-		
_							h-orbitomaga	· Personal Summer Company of the State of th	LIL	ENS	IIV(:	l
Amendment #:	City, S	tate, Zip Code										
DOL Emergency		PLEWOOD,	NI 07040									
DOH (including justification)		of Contact	113 07040	-			Telephon	e Numbe	ar a			
DCA Cancellation		RRY SPRAC	TIE .				1					
Cancellation	II LA									_		
			CILITY INFORM	OITAN	N							
Name of facility where abatement is	taking place (3))				Ту	pe of Facility (2			
DAVID SPRAGUE							=	(K - 12)				
Street Address						-		apter 8 (0			(-12)	
								Private/C Homes, 6		erciai		
City (5)	T 0 (0)					So	quare Feet	# of Floo	rs	В	ldg. A	\ge
City (5)	County (6)				unty Code (7)	_						
MAPLEWOOD	ESSEX			(50	ate use only)	c	urrent Use (Pr	ior if beir	ig der	nolish	ed)	
Name of Monitoring Firm Hired by Bl	dg. Owner (8)		ASCM No.	-	Name of Abateme	nt Conti	ractor (9)					
					D & S RESTO	RATIO	ON INC					
Street Address				-	Street Address		211, 1110.					
					20 California	Ave.						
City, State, Zip Code	34				City, State, Zip Coo	le						
Decision Marie Control					Paterson, NJ							
Project Manager for Monitoring Firm		Phone Numb	per		Telephone Number			License				
					973-345-802 Name of OSHA Mo			0	1169			
Start Date (10)	Sched. Comp	oletion Date (1	1)		D & S Restora		nc					
03/ 27/17	04/14/17				Street Address	teloli, li	iic.				_	
Occupancy Status During Abatement					20 California A	Avenue						
Facility closed/vacated during er Abatement performed outside of	ntire period of a	batement.			City, State, Zip Cod	le						
Describe:	0.000	ilouis-										
Other-Describe: NORMAL HOL	JRS				Paterson, NJ (7503						
Scope of Work (check all that apply) 3 sf or >3 lf						-	ontainment wi	negative	press	ure		
	enovation				L	-	enclosure bag procedure	5				
	emolition						Exempted (*) a		friable	proc	edure)
Location of	s location norma		1					-	R	R	E	E
aspesios-containing	taff(12)				sbestos-containing		Amount (Specify Sf	or	m	e p	n	n
abated in facility (13)	Yes No	N/A	material (ACIVI)			LF)	OI .	0 V	a	а	C
BASEMENT BOILER Rm.			DIDE DIGI	Y 4 m	-011				е	1	р	
BASEMENT FAMILY Rm.	X		PIPE INSU			_				Щ		1111
BIODIVIDIVI TAWIET RIII.			PIPE INSU	LAII	ON				Щ	ᆜ	Ц	부
		===							빒	ᆜ		쓔
						-			屵	屵	片	쓔
Registered Waste Hauler	NJDEP Hau	ler ID# C	ubic Yards of V	Vaste	Name of Registere	d Landi	ill		Ш	Ш	Ш	Ш
D & S RESTORATION, INC.	13506		yds.		TULLYTOWN			COVER	Y			
City, State PATERSON, NJ 07503		Disposal D			City, State	March Control						-
	tle	03/28/1	Signature		TULLYTOWN	N, PA		Det				
, , , , , , , , , , , , , , , , , , ,	110							Date				

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

03/08/172017

Secretary

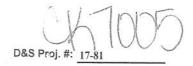
Rosalie Aguirre

D&S Proj. #: 17-83

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

)_E	C	E		\mathbb{V}	E	
total b		MAR	2	3	2017		la como
The second second		The State of State of		******	man anatan		

							ulan.	0.0	0.0	,)	
Date of Notification (1)	Name of	Building Owr	ner/Operator (2	2)		feel but	MAR	-2-3	-20	1/	lauren
0 3 / 1 6 / 1 7	Barbar	a O'brien					PRODUCE SOUTH SHAPE HAVE A	N. 184 S. 184 S. T. T.	******	and the state of t	
Agencies Notified Type Notifica	Street Ad	dress				700	SUESTO	HNS		HOL	- Ř
DEP Amended						E-military and has maked as just	har Tu	1717.5	11 (52		
Amendment #	: City, Stat	e, Zip Code									
DOL Emergency	hawth	orne, nj 07	506								
DOH (including justification)	Name of 0	Contact				Telephon	e Number	r			
DCA Cancellation	11	ra O'brien									
*		FAC	ILITY INFORM	OITA	N						
Name of facility where abatement	is taking place (3)					Type of Facility (
Barbara O'brien						1 =	ol (K - 12)		12	40)	
Street Address							apter 8 (C (Private/C			-12)	
1000 Sector 200 April 200 Sector 200						Bldgs./	Homes, e	etc.			
City (5)	County (6)			I 0		Square Feet	# of Floor	rs	BI	dg. A	ge
Oity (5)	County (c)			100000000000000000000000000000000000000	inty Code (7) ite use only)	Current Use (P	rior if boin	g don	olich	24)	
hawthorne	PASSAIC			A 10.78	,	Current Ose (P	nor ii beiii	y uen	10115116	eu)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatemen						
Street Address				_	D & S RESTOR	RATION, INC.					
Street Address					Street Address						
City, State, Zip Code					20 California A City, State, Zip Code					0	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Paterson, NJ 0						
Project Manager for Monitoring Firm	n T	Phone Numb	per	_	Telephone Number	7505	License	Numb	er		
					973-345-8020)		1169			
Start Date (10)	Sched. Compl	etion Date (1	1)	-	Name of OSHA Mo	nitor	-				
03/29/17					D & S Restora	tion, Inc.					
Occupancy Status During Abateme	04/15/17	PISASSOCIAL DE COS		mentals.	Street Address						
Facility closed/vacated during					20 California A City, State, Zip Code						
Abatement performed outside	of normal facility h	ours-			City, State, Zip Coul	3					
Other-Describe: NORMAL I	HOURS			_	Paterson, NJ 0	7503					
Scope of Work (check all that appl	y)					Full Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation					Mini-enclosure					
≥160 sf or ≥260 lf	Demolition				F	Glovebag procedur Non-Exempted (*)		friable	proce	edure	
Location of	Is location normal		y					R	R	Е	Е
asbestos-containing material (acm) to be	by maintenance/o staff(12)	ustodiai			sbestos-containing	Amount		e m	e p	n c	n
abated in facility (13)	Yes No	N/A	material ((ACM)		(Specify S LF)	r or	0 V	a	а	C L
	100	N/A						е	r	р	
BASEMENT & crawl space	X		PIPE INSU	ILATI	ON	130 l ft		X			
		_						닏	Ц.	Ц	닏
		_						님	ᆜ	ᆜ	牌
		_						님	片	님	片
Registered Waste Hauler	NJDEP Haule	er ID# I C	ubic Yards of \	Vaste	Name of Registere	d Landfill		Ш	Ш	Ш	Ш
D & S RESTORATION, INC.	13506	200 CONTRACT - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 yds.			, RESOURCE RE	COVER	.Y			
City, State		Disposal D			City, State			illo Tel			
PATERSON, NJ 07503	I	03/30/1			TULLYTOWN	I, PA	T-				
Completed by (Print or Type) Rosalie Aguirre	Title Secretary		Signature				Date	/ 201	7		
	* Do not use this for	m for asbest	l os licensure ex	empte	d activities.		03/16//	201	1		



State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

E	C	E		\mathbb{V}	E	5
į.	IAR	5	3	2017		

						No. of	es. MIT	111 5 0	201	į.	Lamond
Date of Notification (1)	Name	of Building Ow	ner/Operator (2	2)		4	10000			PIPLE/PICE NA	
Agencies Notified Type Notifical		io andriuolo						TOS CC		10L	&
EPA Initial	Street	Address				is at 1970 below to	************	SAME AT THE PARTY OF PARTY.	110,000	Without Torkstone	
DEP Amended											
DOL Amendment #	City, S	tate, Zip Code									
Emergency		dhurst, nj 07	071								
DOH (including justification)	Name	of Contact				Tele	phone Nu	mber			
☐ DCA ☐ Cancellation	11	rio andriuolo				1					
		FAC	CILITY INFORM	IATIO	N	1					
Name of facility where abatement i	s taking place (3)				Type of Fac					
mario andriuolo						1 =	chool (K	5110511	L 14		
Street Address								8 (Other to		-12)	
State and appropriate the control of							dgs./Hom				
Cib. (5)	T 0			_		Square Fe	et # of l	Floors	В	dg. A	\ge
City (5)	County (6)				unty Code (7) ate use only)						
lyndhurst	BERGE	N		(318	ate use only)	Current Us	se (Prior if	being den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)					
					D & S RESTOR	ATION, INC	2.				
Street Address					Street Address						
Charles To Cal					20 California Av	ve.			9 11	Seveni	/- /A (C)
City, State, Zip Code					City, State, Zip Code						
Project Manager for Manitesian Figure		12.			Paterson, NJ 07	503					
Project Manager for Monitoring Firm		Phone Numb	ber		Telephone Number		Lice	ense Numb	per		
					973-345-8020 Name of OSHA Moni	4		01169			
Start Date (10)	Sched. Com	pletion Date (1	1)		D & S Restoration						
03/15/17	03/31/17				Street Address	on, me.					
Occupancy Status During Abatemen					20 California Av	enue					
Facility closed/vacated during	entire period of	abatement.			City, State, Zip Code						
Abatement performed outside Describe:		hours-			ATER ST AL						
Other-Describe: NORMAL H				_	Paterson, NJ 07:	503					
Scope of Work (check all that apply	')				F	Full Containme	ent w/nega	ative press	ure		
\boxtimes >3 sf or >3 lf	Renovation					Mini-enclosure					
≥160 sf or ≥260 lf	Demolition					Glovebag prod Non-Exempte		lon friable	Droo	adura	
Location of	Is location norn		у		Ш.	Non-Exemple	u () anu i	R	R	E	T
asbestos-containing	by maintenance staff(12)	e/custodial	Description	on of a	sbestos-containing	Amou	int	e m	е	n	l E
material (acm) to be abated in facility (13)			material (10000000	ify SF or	0	p a	c a	c
asatsa iii lasiitiy (10)	Yes N	o N/A				LF)		v e	i	p	L
BASEMENT			PIPE INSU	LATI	ON	250 l ft	-	×			t_{T}
											T
				- HILVE	All I I I I I I I I I I I I I I I I I I						
Registered Waste Hauler	NJDEP Ha		ubic Yards of V	Vaste	Name of Registered		-				
D & S RESTORATION, INC.	13506		3 yds		TULLYTOWN, I	RESOURCE	RECOV	/ERY			
City, State PATERSON, NJ 07503		Disposal D 03/16/1			City, State TULLYTOWN,	DΛ					
	Title		Signature		I TOLLTTOWN,	IA	Dat	· e			
BOGDAN JOLDZIC	PRESIDENT							.e /13/ 2017			

CHECK # 23769/ 23926

Date of Notification (1) 03-16-17	Name of Building Owner/Operator (2) Monmouth University															
STATE MANEE (TOT)	T N					niversit	у				FC	F		W		
Agencies Notified X EPA	Type Notification Initial				Address Cedar Av	/enue							<u>lj</u>	₩ I		
DEP X DOL	Amended Amendment	# # 2	Ì		ate, Zip C Long Bi		N.I 077	64-	1898		MAI	7 2	3 21	017		
	Emergency	(including	_		of Contact		40 077	04-	1030	Tele	nhone Nu		G (6.4)	Ph. H. Nr	Los	
DOH DCA	justification) Cancellation			100000000000000000000000000000000000000	rt L. Cor					i		IIIDGI	7N17	ROL	0	
_				FAC	ILITY INF	ORMAT	ION			1-	100	CEN	SING	mu	- OK	
Name of Facility Where a Monmouth University				е				Тур	oe of Facility (VALUE OF THE PARTY				-	artin diagnosis son disent	
Street Address	<u>. Si</u>							×	School (K-1 Subchapter	8 (Othe						
400 Cedar Avenue									Other (i.e. petc.)	orivate &	commerc	ial bui	ldings	, hom	es,	
City (5) West Long Branch									uare Feet		Floors		3ldg. /	Age		
County (6)				County	Code (7)				9,000 rrent Use (Pri	3 or if boin	a domolio		1968			
Monmouth					USE ONLY	n		1000	ademic	or ii beii	g demons	ileu)				
Name of Monitoring Firm Briggs Associates	Hired by Building	Owner (8))	ASCI 0004			17112511 411 12115		batement Cor Environme		Total Control					
Street Address				000-	r		Street			ciitai C						
3 Crosswicks Stree	t								ad Street							
City, State, Zip Code Bordentown, NJ 08	505						900000		Zip Code t, NJ 07072	2						
Project Manager for Monitoring Firm Mike Hoodak				Telepho (609)	ne No. 298-552	20	Teleph 201-		No. -6565		License N 00756	lo.				
Start Date (10) Scheduled 0 01-23-17(1)01-25-17 03-31-17				npletion	Date (11)	3	Name		SHA Monitor							
Occupancy Status During							Street									
Facility Closed/Vaca	ated During Entire	Period of	Abaten	nent			10-5	9 Ja	ckson Ave	nue						
Abatement Perform Other – Describe:	ed Outside of Norn The Floor will be vac	nal Facility cated for a	y Hours sbesto	s s abatem	nent		(1) (1) (1) (1) (1) (1) (1) (1)		Zip Code and City, N	Y 1110)1					
Scope of Work (Check A	Il That Apply)			OSHA Class II & Site Specific Va							: Vari	ance				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	Renova Demoli					i N	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
									lon-Exempted		Non-Friat	le Pro				
		1000	Locat											ement /pe		
Location Asbestos-Containing		Use	Normal ed Sole	ly by	Ashes		scription		ial (ACM)	An	nount					
TO BE ABA	ATED `	2000	intena todial S			thermal	systems	s insu	ulation,	(Sp	ecify	Rer	Re	Encapsulate	Enc	
(13)	ity		(12)				cing, VA niscellan			SF	or LF)	Remova	Repair	psul	Enclosure	
		Yes	No	N/A								_		ate	o.	
Level	3			х	Aco	oustica	l Ceilin	g Pl	laster	20,0	00SF	x				
(2) Level 2: R	oom 154			х	Acc	oustica	l Ceilin	g Pl	laster	20)SF	x				
				-								-				
Name of Registered Waste Hauler				JDEP W	/aste	Cubic	Yards		Name of F	Register	ed Landfill					
ATC, Inc. / JBT (500			H	lauler ID 4310		of Was			Minerva	n jest - reconcession						
City, State Shirley, NY / Bronx, I	NY					Dispos TBD	al Date		City, State Waynes		OH 4468	38				
Completed by Title				anager	7	S	ect Manager Signature Date 03-16-1						-17			

01111	1		(Pursu	ant to NJA	C 8:60 and 12:1.	20)	. !					
Date of Notification (1)	8-17		N.	ame of Buildi	ing Owner/Operato	CMATIO	M ASPE	STAS (MOC	ITRO	DL 8	2
□ PA	Type Notification		_	reet Address	01 W. (CLARKS	THE RESERVE AND ADDRESS OF THE PARTY.	LICOL	1111	- week		
MZ DOL	Amended Amendment #			ly, State, Zip	Code CG HAV	BAR	I AL	T	0	87	18	
DOH L	 Emergency (ir justification) Cancellation 	nciuaing		me of Conta	ct	OURC	Teleph	none Numi		0 0	حلم	-
					OM							
Name of Facility Where Ab.		- Di		ACHLITY IN	FORMATION	T - (5 3	· //					
	in the CE		,3)			Type of Facil						
Street Address							er 8 (Other , private & c	than K-12 commercia	?) al bui	iding:	5,	
City (5)	1005	0 ~ 1	, —	-		Square Feet	# of F	loors	В	ldg. /		
County (6)	uers i	POIN	11	ounty Code (7) (STATE	Current Use (Prior if boil		1-	20	+	_
ATCH	ANITIC			SE ONLY)			C AW		neu)			
Name of Monitoring Firm His		wner	ASC	M No.		nent Contractor	500					
(8)	<u>A</u>				Street Address	mco -	IUIC.					_
Street Address					369	S. SPR	UCE !	AUE				_
City, State, Zip Code					City, State, Zip C		NE Y	U.T	30	30	52	_
Project Manager for Moniton	ing Firm		Telephon	e No.	Telephone No.	7-0472		se No.	4 4			
Start Date (10) 3 - 79 - 17	Schedu	ded Com	pletion D	ate (11)	Name of OSHA N	Monitor N / P						
Occupancy Status During At	patement (Check	only on	e)		Street Address							297
☐ Facility Closed/Vacated D ☐ Abatement Performed Ou				-	City. State, Zip Co	ada.			_		_	_
Other - Describe:	ISIDE OF NOTHIA	acuity 11			City, State, 2p Ct	ode .			- 05			
Scope of Work (Check all that	at apply)					tainmant väib Ni	antica D					
≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf		Renov			☐ Mini-Enc ☐ Gloveba	tainment with Ne losure g Procedure impted (*) and N			2			
		Is Loca								bater		
Location of		Norm Used So	lely by		Description of					Тур		
Asbestos-Containing Mater TO BE ABATED	ial (ACM)	Mainten Custo			s Containing Mate nermal systems in		Amou (Spec		R	71	Enc	En
IN Facility		Staf (12			surfacing, VAT, other miscellaneou		SF or I	LF)	Remova	Repair	Encapsulate	Enclosure
(13)	1	res N	1			~			/al		late	ıre
SIDING		_	X	T	RAWSITE		1000	OSF	X			
									_	_	_	_
								JCII				_
Name of Registered Waste Ha	ouler NC		NUDEP I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cubic Yards of Waste	Name of Regi	stered Lan	2A				
City, State		N., 3	1.17		Disposal Date	City, State	SANITI	11715	V	VI .	7	
MAPLE SHI	Title				Signature	100	JPIICI I	Date	C	1-	<u> </u>	
MICHAEZ KLEM	m Sc	PEVE	20156	DR	Me	wh		_ 5 _	12.	1		_

CK4197

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



			-							00 001	+-	~! C		ì
Date of Notification (1)	18-17			Na	-	ing Owner/Operati	or (2)	Bu,	CAE	RENSIN	ig.	JL 4		
Agencies Notified	Type Notific	ation		Str	eet Address	3								_
☐ BPA	Initial					obl Por	MINON	AU	E		_			
	Amende			Cit	y, State, Zip	Code								
⊠ BOL	Amendm Fmerger	nent # ncy (includ	ina	1	+	FADDON F	IFUD	M.	T	080	33			
⊠ DOH	justificat	tion)	m ng	Na	me of Conta					shone Num				
□ DCA	Cancella	tion				OM								
		1		F	ACILITY IN	FORMATION			18					
Name of Facility Where A						iii elektri	Type o	of Facility	(4)		-5170-1			
	RESIDE	NCE						nool (K-12	*		_			
Street Address							₩ Oth		rivate &	r than K-1; commerci		lding	S,	
City (5)	AVALO	1					Square		# of	Floors	100	Bldg.	-	
	TUALO	iu		To	unty Code (7) (OTATE	100		1=			50	_	_
County (6)	F 101	AY.			SE ONLY)	I) (STATE	Curren	LIV C	or if be	ing demoli	shed)			
								SAC	PAL				_	
Name of Monitoring Firm 1 (8)	Hired by Build	ing Owne		ASC	M No.	Name of Abater								
	H					KLEM	CO.	TVIC						_
Street Address '						Street Address	SSE	RUC	EM	11/F				
City, State, Zip Code						City, State, Zip C		1,00		100				
Oky, Olake, Elp Oode						MAPL		HADE	N	1.5	280	SC	2	
Project Manager for Monit	oring Firm		Tele	phone	e No.	Telephone No.				nse No.				
			-			856-77	9-04	172		004	44			
Start Date (10)	So	cheduled (ate (11)	Name of OSHA		10						
Occupancy Status During	Abatement (1			Street Address		1						_
▼ Facility Closed/Vacated				ment										
Abatement Performed (-	City, State, Zip C	'ode						-	=
Other - Describe:		11104 1 004	.,			City, State, 2p C	oue.	7.						
Scope of Work (Check all	that apply)													
The state of the s							ntainment	with Nega	ative Pr	essure				
≥3 sf or ≥3 lf ▼ ≥160 sf or ≥260 lf			enovation emolition			☐ Mini-End	posure a Proceda	ire						
₩ ± 100 31 01 ± 200 11		2	,,,,,			Non-Exe	-		-Friable	Procedur	е			
		(4) 255.00	_ocatio	n							A	bate		
10		1	ormally Solely	by		Description of						Typ	е	
Location of Asbestos-Containing Mat	terial (ACM)		ntenano		Asbesto	s Containing Mat		()	Amo	ount			m	
TO BE ABATEL		100000	ustodial			hermal systems in	sulation,		(Spe		R	D D	Encapsulate	Enclosure
IN Facility		40	Staff? (12)			surfacing, VAT, other miscellaneo			SF or	r LF)	Remova	Repair	psi	sol
(13)		-	(12)			oulei iluscalarieo	us)				val	=	ılat	ure
		Yes	No	N/A									Ф	
SIDINI	-			X	7	RANSIT	E	4	250	03F	X			
81213														
		-	$\neg \uparrow$											
		=	_									1		
Name of Registered Waste	Hauler			DEP V		Cubic Yards	Name o	of Registe	ered La	ndfill				
KLEMCO :	INC		- Ha	uler ID	No.	of Waste	_C.	M.	()	MU	A			
City, State			_			Disposal Date	City, St		^ ^					
	LADE	N.)				1 _ M	1001	DRI					_
Completed By		tle Su	0			Signature - 0	100	/.		Date	18	-1	7	
MICHAEL KLE	mm_	-00	V .			- mu	1	_			10	-		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2740 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) MAR 23 2017 20 17 03 Giovanna Algarotti Street Address Type Notification Agencies Notified ASBESTOS CONTROL & **EPA** ✓ Initial LICENSING **⋈** DOLWD Amended City, State, Zip Code Amendment # X DHSS North Bergen, NJ 07047 □ Emergency (including) □ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Giovanna Algarotti FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) North Bergen, NJ 07047 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City. State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 03 / 17 04 / 12 / 17 Envirovision Consultants, Inc Street Address Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Mini-Enclosure Renovation Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SIF or LF) IN Facility (12)other miscellaneous) (13)No N/A Yes X X 1000 SF Vermiculite insulation Attic X X 150 SF Vermiculite insulation Kitchen attic П П NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler 0033785 TBD T.R.R.F. Inc Gr Tech LLC City, State Disposal Date City, State **TBD** Tullytown, PA Wayne, NJ 07470 Date Signature Completed By (Print or Type) Title ewic wenad 03/20/17 Owner N.Jevtic ASB-41

\cap	1 10	125
(' \	/ V)[VA)
		100

3 20	017	
		1 Townson
CON	TROL	. &
		CONTROL NSING

		******	5.078097.0341.587.					111	Añ /	AR 2	3 2	017	- 11
Date of Notification (1) 3/20/17		- 1		Building C E BRAE		perator (2	2)	i ived in			100		1
Agencies Notified Type Notification		5	Street Ad	dress					ASBES				L&
EPA X Initial Amended Amendmen	t #			e, Zip Coo Corner,		938		- consistencement	democracies added citizen	LICEN	OIL	7	
□ Emergency □ justification □ DCA □ Cancellation	(including		Name of	250000000000000000000000000000000000000	110 01			Tel	ephone N	lumb <u>e</u> r			
			FACIL	ITY INFO	RMATIC								
Name of Facility Where Abatement is Takin Liberty Corner, N Street Address							Subch	cility (4) I (K-12) apter 8 (Oth (i.e. private	er than K & comme	-12) rcial buile	dings	home	ıs,
City (5) Liberty Corner	ē.						Square Fee	et # 0	f Floors	B	ldg. /	\ge	
County (6) Somerset			County C	ode (7) SE ONLY)		_	Current Use	e (Prior if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				nt Contractor OFESSIC					
Street Address			*			Street A		E COURT					
City, State, Zip Code							ate, Zip Coo WOOD, N	de NJ 08701					
Project Manager for Monitoring Firm			Telephor	ne No.		Telepho 732-6	one No. 68-9078		License 1200	e No.			
Start Date (10) 3/30/17	Schedule 4/10/17		npletion [Date (11)			FOSHA MO EAD PR	onitor OFESSIC	NALS				
Occupancy Status During Abatement (Che	eck Only On	e)				Street A			77				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of A	Abatem	nent			City, St	ate, Zip Coo						
Other – Describe:						LAKE	WOOD,	NJ 08701					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mini-End Gloveba	tainment wit closure g Procedure empted (*) ar				re	
	lo	Locati	ion								Aba	temen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intenai todial S (12)	ly ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription taining M systems cing, VAT niscelland	aterial (ACN insulation, 「, or	(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
INTERIOR					FI	oor Tile)	1	315SF	×			
INTERIOR					Вс	oiler as	h		30SF	x			
EXTERIOR					F	Roofing		(600SF	х			
EXTERIOR					Roo	f Flash	ing		100SF	х			
Name of Registered Waste Hauler		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP W			Yards	Na	me of Regis	tered Lan	dfill			
NEWARK CARTING			lauler ID 4509	No.	of Wa		IE	17					
City, State NEWARK, NJ					4/10/		BE	y, State ETHLEHE	M PA	Data			
Completed by JOSEPH PERLSTEIN	OWN	NER				Signature				Date			

CHECK# 1684

Date of Notification (1) 03/17/2017	E	Name of CLYE	of Building Owne	er/Operato	or (2)	ME	G	E I	W	E
Agencies Notified Type Notification		Street A	Address				U I	<u> </u>	U	<u> </u>
EPA Initial Amended Amendment	#		ate, Zip Code (LETON NJ (08056		in the second	MAR	2 3	2017	,
DOH Emergency (including		of Contact DE CARR			Telephone	neder	^ CO	NTR	OL &
DCA Cancellation			ILITY INFORMA	ATION			LIVE	<u>:NSII</u>		
Name of Facility Where Abatement is Taking RESIDENTIAL	g Place (3)				Type of Facility (
Street Address					School (K-1 Subchapter Other (i.e. p	2) 8 (Other than K- private & commer	·12) rcial bui	ildings	, hom	es,
City (5) MICKLETON					Square Feet 1446	# of Floors		Bldg. /	Age	
County (6) GLOUCESTER			Code (7) USE ONLY)		Current Use (Price RESIDENTIA	or if being demoli	ished)	11		
Name of Monitoring Firm Hired by Building C ACER ASSOC.	Owner (8)	ASC	M No.	Name ASS	of Abatement Cor SURED ENVIR	ntractor (9) ONMENTAL S	SERV	ICES	INC	
Street Address 1012 INDUSTRIAL DRIVE					t Address CLEMS RUN					
City, State, Zip Code WEST BERLIN NJ 08091					State, Zip Code LLICA HILL NJ	08062				
Project Manager for Monitoring Firm MATT DEPALMA		Telepho 856-8	ne No. 09-1202		hone No. -304-4676	License 01145				
Start Date (10) 03/20/2017	Scheduled C 03/21/201		Date (11)	Name EMS	of OSHA Monitor					
Occupancy Status During Abatement (Check	(Only One)				Address	7.1				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: RESIDENTIAL-VAC	eriod of Abate al Facility Hou ANT DURING	ement irs S REMOVA	ΔΙ	City, S	RT. 130 NORT State, Zip Code					
Scope of Work (Check All That Apply)	7.111.001.1110	, TILINO VI		CIN	NAMINSON N	J 080 7 7				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renor Demo				Mini-Enclosure Glovebag Prod	edure				
	Is Loca	ation			_ Non-Exempted	(*) and Non-Fria	able Pro		e ement	
Location of Asbestos-Containing Material (ACM)	Norm Used So			Description				Ty	/pe	
TO BE ABATED In Facility (13)	Mainten Custodia (12	I Staff?	(i.e. therm	nal system facing, VA r miscellar		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes No	N/A	DI.	JCT PAF	OCD.	7.05			6	
DAGLIVILINI		^	DC	JC I PAR	7ER	7 SF	X	-		
		-					+			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER	VICES	NJDEP W Hauler ID 003489	No. of V	ic Yards /aste		Registered Landf VA LANDFILL				
City, State MULLICA HILL NJ			Disp	osal Date 21/2017		SBURG, OH				
Completed by RON SWANSON	Title GENER	AL MAN	AGER	Signature	Luxel De		ate 03/17/	2017		

17 2017 03:54PM I			50510		-	page		7	C	3 N	\mathbb{N}/\mathbb{Z}	15	100
03/17/2017 12:	18PM 185622	248799			ASSUR	ED SE	RVICES				AGE_	E3	194
			NOT	FICATIO	State of New Jers IN OF ASSESTOR IN 10 NJAG 8:80 z	ARATS	EMENT (HE	ck#	168	*** *** +	- 11.00	
Date of Notification (1) 03/17/2017		,		Nama	of Building Owner DE & LYNDA C	Operate ARR						71 10	-
Agencies Notified	Type Notification	n			Additions		1	AS	BESTOS	300	40	11.0	-
EPA DEP	Initial Amanded			CIL. S	State Tie Cont			Lear-	1.		·····	İ	
₽ DOL	Antendmen			MICI	itate, Zip Code KLETON NJ 08	056	1		ANTE	APP	207	(ED	
DOH DCA	Emergency justification Cancellation	1)	19		of Contsol DE CARR			L)	elcohone à	durabai			
Name of Facility Where	Abalament in Tab	ian Diseas	(a)	FAC	SLITY INFORMAT	ION							
RESIDENTIAL		a/B L-seco	(3)		,		Type of Facili						
Street Address				1.1.1			Other (I.	ster 8 (O	ther than K	-12) rotal bu	ilidinga	, hem	103.
City (5) MICKLETON					-		Square Feet 1448		of Floors	_	5Kig. /		88
GLOUCESTER					Cods (7)		Current Use (Prior If 6	elno demal	lebedi		-	
				(m) Miles	USE ONLY)	-	RESIDEN	TIAL		100 1006)			
Name of Monitoring Firm ACER ASSOC.	Hired by Building	Oemer (8	9)		M No.	Name ASS	PESIDENT Of Abatement (URED ENV	TIAL	an (O)		ICES	INC	
Street Address 1012 INDUSTRIAL		Owner (i	9)			Street	RESIDEN	TIAL Contract IRONA	an (O)		'ICES	INC	
ACEH ASSOC. Street Address 1012 INDUSTRIAL City, State, Zip Code WEST BERLIN NJ	DRIVE 08091	Owner (E	8)			Street 570	OF Abstement (URED ENV	TIAL Contract IRONN	or (8) MENTAL (CES	INC	
Street Address 1012 INDUSTRIAL City State Zin Code	DRIVE 08091	Овтег (в	3)	ASC	M No.	Street 570 City, S MUL	PESIDENT Of Abatement (URED ENV Address CLEMS RU	TIAL Contract IRONN	or (8) MENTAL (SERV	'ICES	INC	i,
ACEH ASSOC. Street Address 1012 INDUSTRIAL City, State, Zip Code WEST BERLIN NJ Project Manager for Mon MATT DEPALMA Start Date (10) 03/20/2017	DRIVE 08091 Rering Firm	Schedul 03/21	led Co. /2017	Telepho 856-8	M No.	Street 570 City, S MUL Teleph 610-	OF Abatement of Abatement of URED ENV Address CLEMS RUI tatis, Zip Code LICA HILL N one No. 304-4678	TIAL CONTROCT IRONN N N N OBOR	or (9) MENTAL (SERV	'ICES	INC	
ACEH ASSOC. Street Address 1012 INDUSTRIAL City, State, Zip Gode WEST BERLIN NJ Project Manager for Mon MATT DEPALMA Start Date (10) 03/20/2017 Occupency Status During Facility Closed/Water	DRIVE 08091 Roring Firm	Schedu 03/21, ck Only O	led Co /2017	Telepho 856-8	M No. one No. 09-1202 Data (11)	Street 570 City, S MUL Teleph 610- Name EMS	OF Abatement of Abatement of URED ENV Address CLEMS RUI tatis, Zip Code LICA HILL N one No. 304-4678	TIAL Contract IRONA N N N OBOR	or (9) MENTAL (SERV	TICES	INC	
ACEH ASSOC. Street Address 1012 INDUSTRIAL City, State, Zip Gode WEST BERLIN NJ Project Manager for Mon MATT DEPALMA Start Date (10) 03/20/2017 Occupency Status During Facility Closed/Vecs Abatement Performs Other – Describe:	DRIVE 08091 Roring Firm Abstement (Charles During Entire and Outside of North LEGIDENTIAL-VAL	Schedu 03/21, ck Only O	led Co /2017	Telepho 856-8	M No. one No. 09-1202 Data (11)	Street 200 City, St	PESIDENT of Abatement of URED ENV Address CLEMS RUI tatio, Zip Code LICA HILL N one No. 304-4678 of OSHA Monit L Address	TIAL CONTROCT IRONA N NJ 0800	SZ License 01745	SERV	ICES	INC	
ACEH ASSOC. Street Address 1012 INDUSTRIAL City, State, Zip Gode WEST BERLIN NJ Project Manager for Mon MATT DEPALMA Start Date (10) 03/20/2017 Occupancy Status During Facility Closes/Vacu Abatement Perform Other – Describe: Scope of Work (Check A) 23 at pr 23 #	DRIVE 08091 Roring Firm Abstement (Charles During Entire and Outside of North LEGIDENTIAL-VAL	Schedul D3/21. ck Only O Period of Mai Fadilli CAN 1 DU	led Co./2017 ine) Abster Abster Anting	Telepho 856-8 mpletion	M No. one No. 09-1202 Data (11)	Street 200 City, St	PESIDENT of Abatement of URED ENV Address CLEMS RUI tate, Zip Code LICA HILL N one No. 304-4678 of OSHA Monte L Address RT. 130 NOI also, Zip Code JAMINSON Full Contain	TIAL DOTIFICATION IN INCOME. NO STATE OF THE INCOME. NO STATE OF THE INCOME. INCOME. INCOME	SZ License 01145	No.		INC	
Street Address 1012 INDUSTRIAL City, State, Zip Code WEST BERLIN NJ Project Manager for Mon MATT DEPALMA Start Date (10) 03/20/2017 Occupancy Status During Facility Closed/Vacs Abatement Perform Other – Describs:	DRIVE 08091 Roring Firm Abstement (Charles During Entire and Outside of North LEGIDENTIAL-VAL	Schedul D3/21. ck Only O Period of Mai Fadilli CAN 1 DU	led Co /2017	Telepho 856-8 mpletion	M No. one No. 09-1202 Data (11)	Street 200 I	PESIDENT of Abatement of URED ENV Address CLEMS RUI tate, Zip Code LICA HILL N one No. 304-4678 of OSHA Monte L Address RT. 130 NOI Bits, Zip Code JAMINSON Full Cantain Mint-Enebel Gloschen P	TIAL Contract IRONA N N N N N N N N N N N N N N N N N N	SZ License 01745	No.	ire		
ACEH ASSOC. Street Address 1012 INDUSTRIAL City, State, Zip Gode WEST BERLIN NJ Project Manager for Mon MATT DEPALMA Start Date (10) 03/20/2017 Occupancy Status During Facility Closes/Vacs Abatement Perform Other – Describe: Scope of Work (Check A) 23 at or 23 if ≥160 at ar ≥250 if	DRIVE 08091 Roring Firm Abstement (Checked During Entire and During Entire Apply)	Schedul 03/21. dx Only O Period of nai Facilla CANT DU	Abater Abater Alenova Demoli	Telepho 856-8 mpletion stant stion	M No. Date No. BO9-1202 Date (11)	Street Street City, St. Ci	PESIDENT of Abatement of URED ENV Address CLEMS RUI tate, Zip Code LICA HILL N one No. 304-4678 of OSHA Monte L Address RT. 130 NOI als, Zip Code JAMINSON Full Contain Mint-Enebel Glovebeg Pi Non-Exemp	TIAL Contract IRONA N N N N N N N N N N N N N N N N N N	SZ License 01745	No.	ure Cedury Abate	a a market a series and a serie	***
ACEH ASSOC. Street Address 1012 INDUSTRIAL City, State, Zip Gode WEST BERLIN NJ Project Manager for Mon MATT DEPALMA Start Date (10) 03/20/2017 Occupancy Status During Facility Closes/Vacu Abatement Perform Other – Describe: Scope of Work (Check A) 23 at pr 23 #	DRIVE 08091 Roring Firm Abatement (Checked During Entire at Qualide of North Apply) of Meterial (ACM) TED	Schedul D3/21. dk Only D Period of nai Facilit CAN 1 DU	lied Co. /2017 (ne) Abster y Hour JRUNG	Telepho 856-8 mpletion stion living by most	Date (11) Asbestos Cont (I.s. thermal	Street 570 Cay, S MUL Teleph 610- Name EMS Street 200 I City, St	PESIDEN of Abatement of URED ENV Address CLEMS RUI tate, Zip Code LICA HILL I one No. 304-4678 of OSHA Monte L Address RT. 130 NOI ate, Zip Code JAMINSON Full Contain Mind-Enebel Glovebag Pr Non-Exemp	TIAL Contract IRONA N N N N N N N N N N N N N N N N N N	SZ License 01745	No. Pressuble Pro	ure Abata Ty	a ment	
ACEH ASSOC. Street Address 1012 INDUSTRIAL City, State, Zip Gode WEST BERLIN NJ Project Manager for Mon MATT DEPALMA Start Date (10) 03/20/2017 Occupancy Status During Facility Closed/Vacs Abatement Perform Other – Describs: Scope of Work (Check Al 23 at or 23 if ≥160 at ar ≥250 if Location Asbestoc-Conteining i TO BE ABA In Facility	DRIVE OBOS1 Roring Firm Abstement (Checked of North Apply) of Material (ACM) TED	Schedul D3/21. dk Only D Period of nai Facilit CAN 1 DU	Renova Participal Renova Renov	Telepho 856-8 mpletion stion living by most	Date (11) Asbestos Cont (I.s. thermal	Street 570 City, St City Street City Stree	PESIDEN of Abatement of URED ENV Address CLEMS RUI tate, Zip Code LICA HILL I one No. 304-4678 of OSHA Monte L Address RT. 130 NOI ate, Zip Code JAMINSON Full Contain Mind-Enebel Glovebag Pr Non-Exemp	TIAL Contract IRONA N N N N N N N N N N N N N N N N N N	SZ License 01145 Negative Amount Spacing	No.	ure Cedury Abate	a a market a series and a serie	7.

										-				Pr	int For
Chleo14	ı		CATION	tate of New N OF ASB to NJAC	ESTOS	ABATE		NT		E	C			<u> </u>	
Date of Notification (1) 3/20/17	***			f Building						M	AH	23	20	17	
Agencies Notified Type Notification					nmunity	/ Actio	n F	artnerships							
- 122			Street A	ohanse	v St				Å	SBE	STO	S C	ONT	ROI	2
EPA Initial Amended				ate, Zip Co	C. Carrier N.					- Carrier and American	LIC	ENS	ING	1102	-
DOL Amendment				eton NJ										8005801080	
□ DOH □ DCA □ Emergency justification) □ Cancellation	(including			f Contact	72.72.5				Tel	ephone	Num	ber			
□ Cancellation			Ashle	y Warne	er										
Name of Facility Where Abatement is Takin	a Diago /2)\	FAC	LITY INFO	ORMATI	ON	-	7 E W 7					-		
Cheryl Chadwick Early Learning C)					Ту	pe of Facility (1000						
Street Address	Orneor						X	School (K-1 Subchapter		er than	K-12)			
10 Washington Street								Other (i.e. p					dings,	home	es,
City (5)							Sa	etc.) Juare Feet	# of	Floors		ТВ	ldg. A	ae	
Bridgeton NJ 08302								000+	1+			- 1	35+	3-	
County (6)		(County	Code (7)			Cu	irrent Use (Prid	or if bei	ng dem	nolishe	ed)			
Salem		100		USE ONLY)											
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN					batement Cor	tractor	(9)					
Omega Environmental Services Street Address			0012	20				o Inc.							
280 Huyler St						Street		ress 329							
City, State, Zip Code								, Zip Code							
South Hackensack NJ 07606								erlin NJ 080	91						
Project Manager for Monitoring Firm		7	Telepho	ne No.		Teleph				Licens	se No		-		
Geiser Fajardo			201-4	89-8700		856-	753	3-9800		0072					
Start Date (10)			pletion	Date (11)		Name	of C	SHA Monitor							
4/11/17	4/17/1	2				Sam									
Occupancy Status During Abatement (Chec						Street	Add	ress	ď.						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Starting 4/11/17 after	al Facility	Abateme Hours	ent		_	City, S	tate	, Zip Code							
Scope of Work (Check All That Apply)															_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	THE REAL PROPERTY.	lenovati emolitio				×] [Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure	.50				e	
	İs	Locatio	n						-				Abate		
Location of	N	lormally	/		Des	cription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Solely intenan- odial St (12)	ce/		os Conta thermal	aining M systems ing, VA	later s ins T, or	r	(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A		1411127 Prop - 181-18							프	15	ate	9
Boiler Room			Т	SI Boil	er Insi	ulat	ion	22	2 SF		х				
Boiler Room			TSI	Pipe e	lbow I	nsu	lation	6	LF		х				
Boiler Room			TSI	Large	Pipe I	nsu	lation	10	LF		x				
Boiler Room			TSI	Small	Pipe II	nsu	lation	16	.5 SF		x				
Name of Registered Waste Hauler		DEP W	aste	Cubic \	/ards		Name of F							-	
Pernaco Inc.			uler ID 787	No.	of Wast	te		Cumbe	land (Count	ty La	ndfil	l		
City, State West Berlin NJ			1		Disposa 4/17/1			City, State		3096					
Completed by Anthony T Perna	dent		2)	Sig	gnature	0				Date	20/17	7	70		

no CK			CATION	N OF ASB	w Jersey BESTOS AB 8:60 and 1				DL	E C			2017	inE
Date of Notification (1)			Name o	f Building	Owner/Ope	erator	(2)		1111	WIA	11 4	. U	2011	
03/18/17					at Cedar									
Agencies Notified Type Notification			Street A	Address					AS	BES	TOS	CO	NTR	OL
× EPA Initial			110 F	ieldcres	t Ave.				To the second second second second		ICE	NSI	<u>IG</u>	
DEP X Amended			City, Sta	ate, Zip Co	ode							i.	111	
X DOL Amendmen		_	Ediso	n, NJ 08	3837									
Emergency justification			Name o	f Contact					Telephor	ne Nun	nber			
DOH justification DCA Cancellation			John	Crane										
	51 /	^1	FAC	ILITY INF	ORMATION	V	_	7= 770						
Name of Facility Where Abatement is Takir Essex County Hospital	ig Place (3)					Туре	of Facility (4)						
Street Address								School (K-12) Subchapter 8		n K 10	. \			
204 Grove Ave.							×	Other (i.e. priv	ate & com	mercia	al buil	dings,	home	es,
2010/25 to 12 11 11 10 20 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10								etc.)						
City (5) Cedar Grove							50,0	re Feet	# of Floor	IS	1000	ildg. A i0+	ige	
County (6)			County	Codo /7\				nt Use (Prior	1.00	molish		, , , , , , , , , , , , , , , , , , ,		
Essex				Code (7) USE ONLY)	_ 1		er House	ii beilig de	กเบแรก	eu)			
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	A No.	IN	Name r	142 122401	tement Contra	actor (9)		-16.0			
N/A	O 111101 (0,	,	7.00.	., , , , ,	1 2			vices Inc.	20101 (0)					
Street Address				S	Street A	Addres	SS .		-		-0.	-		
					156 N	//aple	e Ave.							
City, State, Zip Code								ip Code						
promptor usualiza (ACOMMONY) TOPO providencially								n, NJ 07057	7					93
Project Manager for Monitoring Firm			Telepho	ne No.	T	elepho	one N	0.	Lice	nse No	ο.			
					8	862-2	221-9	092	011	07				
Start Date (10)	Schedul	ed Con	pletion	Date (11)	N	lame o	of OSF	HA Monitor						
01/18/17	04/30/	17			L	Lesla	w Na	alodka						
Occupancy Status During Abatement (Chec	ck Only O	ne)			11.8	Street A							21172	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr								e Ave.						
Abatement Performed Outside of Norr Other – Describe:	nal Facility	y Hours			2110			p Code						
					_ \	Walli	ngtor	n, NJ 07057	7					
Scope of Work (Check All That Apply)						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova	tion			×	rui	Containment	t with Nega	ative P	ressu	re		
	×	Demoliti	ion			×		i-Enclosure vebag Proced	dure					
						×		n-Exempted (-Friabl	e Pro	cedur	е	
		Locati											ement	
Location of		Normall ed Sole			Descri						-	ı y	ре	
Asbestos-Containing Material (ACM)		intenar			tos Contain thermal sys				Amount (Specify		70		En	m
In Facility	In Facility Custodial					g, VAT	, or	auon,	SF or LF		Remova	Repair	caps	nclo
(13)	(12)			other misc	cellane	eous)				oval	air	Encapsulate	Enclosure	
	No	N/A										е	100	
boiler room		*		pipe in	sulati	ion	The state of the s	4000lf		*			1	
furnace room		*		furnace i	insula	ation		4500sf		*				
furnace room					windov	w cau	ılk		60pcs.		*			
generator room	*		windov	w cau	ılk		95pcs.		*					
						rds		Name of Re						
lewark Carting Inc.	of Waste			GROWS	55.6									
City, State		Disposal	Date	-	City, State									
Newark, NJ 04/31								Morrisville	e, PA					
Completed by	Title					nature		. 1	85	Dat	e			
_eslaw Nalodka	100000000000000000000000000000000000000	ident			-30	4.	- 1	1/1/		0.000	/18/	17		

															Prin	it Fo
n:93654810	27	N		CATION	ate of New OF ASBE to NJAC 8	STOS A				0,1	EC	E		$\overline{\mathbb{V}}$	5	
Date of Notification (1) 03/17/2017					Building C rediema		erator	(2)			MAF	R 23	3 2	2017		L
	ype Notification			Street Ad	ddress					AS	BEST				DL 8	Ł
× EPA × DEP × DOL	Initial Amended Amendment #	ŧ			te, Zip Coo							CENS	Hill	à		
X DOH	Emergency (in justification)			Name of	Contact					Tale	hone l	Numbe	-			
DCA L	Cancellation				rediema		N									
Name of Facility Where Aba	atement is Taking	Place (3)	1 AOII	LITT IN C	ZI (IIIZ I I C		Туре	of Facility (4)						
House									School (K-1		ar than l	(12)				
Street Address								×	Subchapter Other (i.e. p etc.)	8 (Otne rivate 8	comme	ercial bu	uildir	ngs, I	nome	s,
City (5) Milburn								Squa N/A	are Feet	# of N/A	Floors		Bld N/	g. Ag A	ge	
County (6) Essex				County (Code (7) JSE ONLY)			Curr	ent Use (Prid JSE	or if bei	ng demo	olished)				
Name of Monitoring Firm Hi N/A	red by Building C	wner (8)		ASCN	1 No.				atement Cor tement, In		(9)					
Street Address							Street 11 R		ess igren Aver	nue						
City, State, Zip Code							City, S	State, 2	Zip Code NJ 07512							
Project Manager for Monitor	ring Firm		T	Telephor	ne No.		Telepl	none N			Licens 0131					
Start Date (10)		Schedule		npletion I	Date (11)		Name	of OS	SHA Monitor tement, In	ıc.						
03/28/2017 Occupancy Status During A			35265				Street									
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire P	eriod of A	batem	nent			City, S	State, 2	ngren Aver Zip Code NJ 07512	nue						
Scope of Work (Check All T	hat Apply)						1010	wa, i	NJ 07512							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	наструју)	-	enova emolit				2	M G	ull Containm ini-Enclosure lovebag Pro on-Exempte	e cedure						
2009	2	100	Locati						OII-EXCITIPIO	a () an	4 14011 1				ment	
Location of Asbestos-Containing Ma TO BE ABATI In Facility (13)	d Sole intena todial S (12)	ly by nce/		tos Conta thermal s surfac other m	system ing, V	Materia s insu AT, or	llation,	(5	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure		
	No	N/A		Pipe	Incul	ntion		1	50 LF		x		'n			
Basemen	X		<u></u>	Pipe	IIISUI	ation		1.	00 Li							
Name of Registered Waste	Hauler		NJDEP Waste Cub Hauler ID No. of V						Name of Waste				A			
D&S Abatement, Inc. City, State			2	0996		TBD	al Date	9	City, Stat	te			2000			
Totowa, NJ Completed by		Title	ot NA	20000-		TBD	ignatur	e ,	Tullyto	WII, P/	7	Date 03/1	7/2	017		_
Ned Joksimovic		1 10	CL IVIO	anager				*	SIV			00,1	-	- 10		

							D. T.			Print	Forr	n
	NOTIFIC (Pui	. TION	I OF AS	lew Jersey SBESTOS A C 8:60 and	BATEM 12:120)	ENT			V le	7 640	1	
e of Notification (1)		Vame o		ng Owner/O				MAR 23	2017			
/17/2017 Process Notified Type Notification	5	Street	Address	i .			AS	BESTOS CO	NTRO	L &		
EPA DEP DOL Initial Amended Amendment #_ Emergency (inc.)	_	Bloor	tate, Zip mfield, of Cont	NJ 07003	3			LICENSI				
DOH justification	ldding	Anne	e Clark	e	ON			_		_	_	-
DCA	Naco (3)	FA	CILITY	INFORMAT	ION		Facility (4)					1
ame of Facility Where Abatement is Taking F House	Place (0)					Su X Ot	her (i.e. privat	other than K-12) te & commercial	buildings	, hom	es,	
treet Address						Square N/A	Feet F	# of Floors N/A	Bldg. N/A	Age		
City (5) Bloomfield		Cour	nty Code	e (7) ONLY)		Curren		being demolishe	ed)			
County (6) EsseX Name of Monitoring Firm Hired by Building O	wner (8)	8	SCM No		Nam	e of Abate	ement Contra	ctor (9)				
N/A	***				Stre	et Addres		9				
Street Address					City	State, Zi	p Code					
City, State, Zip Code		1 = 1	ephone	No	Tele	ephone N	J 07512 o.	License N	0.			
Project Manager for Monitoring Firm					97 Nar	3-345-8	685 HA Monitor	01311				
Start Date (10) 03/29/2017	Scheduled 0 03/30/20	16	etion Da	te (11)	D8	&S Abat	ement, Inc					-
Occupancy Status During Abatement (Chec	Derind of ADa	aleme.	nt		11 Cit	Rosen	gren Avent Zip Code					
Abatement Performed Odtside of The Abatement P	mai Facility H	Ours			Т		NJ 07512					-
Scope of Work (Check All That Apply)	× Re	novatio molitio	on n			× N	lini-Enclosure	nt with Negative edure I (*) and Non-Fri			2	
≥160 sf or ≥260 lf		- actio	n				Ion-Exempted	(°) and Non-i		Abate Ty	1110.11	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ocatio ormally I Solely ntenan odial S (12)	y by ce/	(i.e. th	Contair ermal sy	iption of ning Mater estems ins ig, VAT, of cellaneou	1	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
(14)	Yes	No	N/A		Pine I	nsulatio	n	155 LF	Х			
Basement		X	-		, ,po ,					-	-	
									-	-		
					Cubic	/ards	Name	of Registered La	ndfill			
Name of Registered Waste Hauler D&S Abatement, Inc.		1	NJDEP N Hauler II 20996	Waste D No.	of Was	te	Waste	e Manageme	nt of PA	1		
City, State					TBD	al Date	Tullyt	own, PA	Date			_
Totowa, NJ Completed by Ned Joksimovic	Title Proi	ject N	lanage	er	S	ignature	The	for anhartne line	03/17			

					State	of New Jersey						
Ch 20128			NOT	IFICA (Pu	TION OF	ASBESTOS A NJAC 8:60 and	BATEMENT 5:16)	ME	C E		V	7 [
Date of Notification (1)						ilding Owner/Opera						
/16	_ / _	17			Atlantic	County Improve	mont Author	. III II: м	AR 2))	204	7
Agencies Notified Type	Notifica	ation			Street Addre	niprove	ment Author	ity is a second	411 6	. 0	201	l
⊠ EPA ⊠ Ini	itial											
	nended			-	City, State, 2	antic Avenue Su	iite 700	ASBES	TOS	CO	NTR	OL
/ MI	nendme	ent #	_	- 1					JOE	USIA	la	
(1)	nergeno	cy (inc in)	uding		Auditic	City NJ. 08041						
☐ Cai	ncellati	on		'	Name of Cor			Telephone	Numb	er		
						Edmunds		# 95.0 Cal				
Name of Facility Where Abateme	ent ie Tr	okina I	21	01	FACILITY	/ INFORMATION						
Abandoned Building	11115 16	aking F	riace (3)			Type of Fac	cility (4)				
Street Address							☐ School (K-12)				
542. N. Trenton Avenue							── ☐ Subchar	ter 8 (Other than	K-12)			
City (5)							M Other (i. homes,	Drivate and cor	nmerci	al bu	ilding	JS,
Atlantic							Square Fee			_		
County (6)							1800	t # of Floors			ig. Ag	
Atlantic					County Code	(7)(STATE USE ONL				4	-/- 70)
							Vacant	(Prior if being der	nolishe	ed)	NEG	
Name of Monitoring Firm Hired by	Buildin	g Owr	er (8)	AS	CM No.	Name of Abate	ment Contractor	(0)				
Health & Safety Services Street Address						USA Enviro	nent Contractor	(9)		.111		
						Street Address	miliental Man	agement, Inc.				
P.O. Box 365												
City, State, Zip Code						City State 7	orise Avenue					
Berlin NJ. 08009						City, State, Zip						
Project Manager for Monitoring Firm	n		ΙT	elephor	ne No	Philadelphia	a, PA 19153					
James Proctor					52-1311	Telephone No.		License No.			25010	-
Start Date (10)	Sche	eduled	Comr	letion I	Date (11)	215-365-581		1156				
3/27/17		4	/	27	17	Name of OSHA						_
Occupancy Status During Abatemer	nt (Che	ck only	(on a)			USA Enviror	nmental Mana	gement, Inc				
A Facility Closed/Vacated During E	ntine D					Street Address						-
- , batterile il religimen (listerdo of	Man		4000			8436 Enterp	rise Avenue					
Time of Abatement: 7:00 AM-5:	30PM/		PM	A	M	City, State, Zip C	ode					
Scope of Work (Check all that apply)						Philadelphia	PA 19153					
		_				9-9-1-						
≥160 sf or ≥260 lf		∐ R ⊠ n	enova emolit	tion		☐ WILLI-EHC	iosure	egative Pressure				
			Citioni	1011		☐ Gloveba	Procedure					
		1	s Loca	ition		M Non-Exe	mpted (*) and N	on-Friable Proced	ure			
Location of Asbestos-Containing Material (AC			Norma		1	Description of			A	bater	nent '	Ty
TO BE ABATED	M)	Ma	eu Soi aintena	ely by	Asbes	tos Containing Mai	erial (ACM)	A === a		1		-
IN Facility		Cus	todial	Staff?	(i.e.	, thermal systems in	nsulation	Amount (Specify	emc	Repair	nca	
(13)			(12)			surfacing, VAT, other miscellaned	or	SF or LF)	Removal	=	psu	
		Yes	No	N/A		outer miscenaried	ius)				Encapsulate	
terior Walls				\boxtimes	Drvwall	Compound						
ear & Center Bedroom			Linoleun			2,500 SF				[
terior Siding						ray Siding		104 SF Each				
oof Front & Rear			П	\boxtimes				2,730 SF	\boxtimes			
me of Registered Waste Hauler			N	JDEP V		ar Flashing		87 SF		П	П	Г
Service Transport	Ha	auler ID	0.232	Cubic Yards of Vaste	Name of Regist					_		
y, State						30	Minerva La	ndfill				
New Castle De.						Disposal Date 5/1/17	City, State					-
mpleted By (Print or Type) Kevin Meldrum	Title					Signature	Waynesbur	g Pa.				

7063

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

		0.12			3.0						I MA	R 23	2017	'	U				
Date of Notification	Name	of Bu	uilding	Owner / Ope)	The last			L011	1									
	3/18/2017			Lana	Bina	ICO					L ACDEO	TOO 00	NA LITTER						
Agencies Notified Type Notification Street Add							ASBESTOS CONTROL & LICENSING												
☐ DEP	[
□ DOL	Amei		-	The second second		k, NJ													
⊠ DOH		gency ellation		Name Lana		ontact													
☐ DCA																			
				FA	CILIT	YINF	ORMATIO	N											
Name of Facility Wh	nere Abateme	ent is Taking P	Place (3	3)			Type of Facility (4)												
Residence							School (K-12)												
Street Address							Subchapter 8 (Other than K-12)												
							Section 1			commercial buildings, homes, etc.)									
City (5)		County (6)	TCo	···nt·· C	`ada /	77\	Square F		# of Flo	oors		Bldg. A							
Colts Neck			100	unty C	Joue ((1)		000 laa (Dria)	if hains	2	: - l(\)	1	50+						
CORS NECK		Monmouth					Residen		e (Prior if being demolished)										
Name of Monitoring	Firm Hired h	v Ruilding Ow	ner (8)		TASC	M No.	THE REAL PROPERTY AND PERSONS ASSESSED.		nt Contro	ractor (9)									
. raine or mornioring	r mili r mod b	y ballaling Own	1101 (0)		I	JIVI INO.	Alpha E												
Street Address							Street Ad			0. 1.0									
							2129 Ro												
City, State & Zip Code						City, State & Zip Code													
Decision of Marine					h I I		Hamilton, NJ 08610 Telephone Number License Number												
Project Manager for Monitoring Firm Telephone						per	609-847		er		License	Numbe 012							
Scheduled Start Date (10) Scheduled Completion Date (11) 3/28/2017 3/30/2017							Name of EMSL A			NAMES OF THE OWNER, SALES	***************************************								
Occupancy Status During Abatement (Check only one)							Street Ad		11										
		During Entire P			teme	nt	107 Haddon Ave.												
Abatement F	Performed Ou	itside of Norm	al Ho	urs - 7am to 3pm City, State & Zip Code															
Describe:							Westmo	nt, NJ 0	8108										
Facility Occu																			
Scope of Work (Che	ck all that ap	ply)							Eull Co	ntainn	oont with	Monotiv	o Droo						
≥3 sf or ≥3 lf			M	Ren	ovatio	in		\forall			ntainment with Negative Pressure closure								
≥160 sf ≥260			Ħ		olition						ocedure	ires							
											mpted and Non-Friable Procedur								
Lo	cation of		ls l	ocatio	on		Descrir	otion of	NOII-LX		Amount		Abatement Typ						
	os-Containing	3	100000	nally L			Asbestos-		ng		(Specify	711		,,,,,,	pc				
	erial (ACM)			olely b			Materia			5	SF or LF)	7		四	ш				
	E ABATED Facility			tenano odial S	0.00		i.e., therm) nsulation, su					Kemova	Repair	cap	ncls				
S**.*	(13)		Ousic	(12)	tan:		or other mis					ova	air	Encapsulate	Enclsoure				
			Yes	No	N/A				•					ře	ω				
Crawlspace/Basement							Pipe Ins	Pipe Insulation											
Name of Registered Waste Hauler							Cubic Yards	Nan	ne of Reg	egistered Landfill									
					iler ID 13333		of Waste	Vaste Grows Landfill											
City, State					-		Disposal Da	Disposal Date City, State						-					
Frenton, NJ							Various		rrisville,	PΔ									
Completed By (Print	or Type)			Title	9		Signature	1.0101	,										
Rod Richardson	. , , , ,												Date 3/18/2017						
Rod Richardson Project Manager						KOA KI	cnaro	150N			0/1	VI MAN .							

Date of Notification (1) 03-17-17			100000	me of Bu	uilding Owner/O	perator (2)	A CONTRACTOR OF THE CONTRACTOR		MAR	2 3	2017	- CE	U	The state of the s	
Agencies Notified	Type Notification		70		an Avenue				ASE	ESTO	s co	NTRO	JL 8			
DEP DOL	Initial Amended Amendment #	1	Cit Er	y, State, nglewo	, Zip Code ood Cliffs, NJ		LICENSING Telephone Number								_	
DOH DCA	Emergency (ir justification) Cancellation	ncluding	M	me of C ohnish	Joshi				l lei	epnone ——	Numbe	31				
	At stampant in Taking	Place (3)		FACILI'	TY INFORMATI	ON	Туре	of Facility	4)							
Name of Facility Where Street Address	Apatement is Taking	1 1800 (0)					×	School (K- Subchapte Other (i.e.	8 (Oth	er than & comm	K-12) ercial l	ouildin	gs, h	omes	,	
700 Sylvan Aveue							_	etc.) ire Feet	# 0	f Floors		Bldg	g. Ag	Э		
City (5) Englewood Cliffs							In the Property	ent Use (Pr	ior if he	ing dem	1)		. 100 00 00 10	-		
County (6) Bergen			(S		SE ONLY)	- 1	Con	nmercial								
Name of Monitoring Firm	m Hired by Building C	Owner (8)		ASCM I	No.	Name Pinn	of Aba acle	atement Co Environn	ntracto	Corp.						
Street Address							Street Address 200 Broad Street									
City, State, Zip Code						y, State, Zip Code arlstadt, NJ 07072										
Project Manager for Mo	Т	elephon	e No.	Telepi	Telephone No. License No. 201-939-6565 00756											
Start Date (10) 03-18-17(1)Job Po	d Comp 7	oletion D	Pate (11)		ame of OSHA Monitor Even-Air Inc.											
Occupancy Status Duri		Street Address 10-59 Jackson Avenue														
Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hour						City, S	v, State, Zip Code ong Island City, NY 11101									
Other - Describe:						Lon	g Isla	and City,	NY T	1101						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enovat emoliti	11.5			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
								NOII-EXEMP		cina i vo		Abatement Type				
Asbestos-Containi TO BE A	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is L No Used Main Custo					ial syster facing, V	g Material (ACM) ems insulation,			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A		ireproc	fina		-	1,000	SF	х				
	: 2nd Floor			X		VAT	.5 1970.			125		x				
): 1st Floor			X	Die	oe Insu		1		161		x				
): 1st Floor			X		ireproc			-	11,000	SF	x				
	3rd Floor		l N	JDEP V		oic Yards		Name		istered l			-			
Name of Registered V ATC, Inc. / JBT (5			H	lauler ID 4310	No. of V	Vaste D				nterpri	ses					
City, State Shirley, NY / Bron	ıx, NY				Dis TB		Waynesburg, OH 44688									
Completed by		Title	act Mi	anader		Signat	ure	AS	21			ate 3-17-	17			

Title Of Project: 700 Sylvan Avenue, Englewood Cliff, NJ Additional Materials / Floors

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility	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)
Building D: 2nd Floor Building D: 3rd Floor Building B: Basement Building B: 2nd Floor Building A: Ground Floor Building A: 1st Floor	N/A N/A N/A N/A N/A N/A N/A N/A	Pipe & Fittings Pipe & Fittings Fireproofing Mastic Pipe Insulation Pipe Insulation Pipe Insulation Debris Pipe Insulation	1,400LF 1,400LF 144SF 1,200SF 6LF 11LF 10LF 100SF 6LF	Removal Removal Removal Removal Removal Removal Removal Removal



	CATION		8:60 a	and 12:120			B	EC	; 医 I S	V E [The second secon						
K 2020	N-ma 0	f Buildin	g Owne	er/Operator	r (2)		17 1	3										
	Name of Building Owner/Operator (2) Slava Grigorian									NTROL NG	&	11						
Date of Notification (1) 03/17/2017	Street /	Address		oint Rd				ASBE	LICENSH	N O		T						
03/17/2017 Type Notification												4						
Agencies Notified Type Notification	City, S	tate, Zir Silver	Code	7747				Telenhoi	ne Number									
☐ EPA Amended Amended Amended Amended	Little	Silver	145 O1				ļ	1 GIGB				4						
= DOI = Emergency (Including	Emergency (Illiciations Name = 1 - rion																	
justification	Slav	CILITY	INFOR	RMATION	TT	Type of Fa	acility (4)					1						
= 500		CILIT			1		The second secon		oon K-12)			1						
Name of Facility Where Abatement is Taking Place (3)							chapter 8	(Other II	nan K-12) ornmercial bu	uildings, ho	mes							
Private House					\	Sub Othe	er (I.e. pii)	Valo -	leore	Bldg. Ag	е							
. Addross					-	Square F	eet	# of F	[0013				1					
Street Address								if laning	demolished	i)								
24.75			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Current	Use (Pric	or it being	demolished	7.5			+					
City (5) Little Silver	Co	unty Co	de (7) E ONLY)	_	1101100	2											
County (6)					Name	of Abate	ment Cor	Corp	C 1				-					
Monmouth Duilding Owner (8)		ASCM 00100			Sav	ic Cons	uction.											
Monmouth Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8)		00100			Street Address 205 Route 46 Suite 15													
Brinkerholi Litting					City, State, Zip Code													
a ldross					City	, State, Zi towa, N	J 07512	2					7					
1805 Atlantic Ave.					10	ephone N	10.		License N 01034	10.								
City, State, Zip Code Manasquan, NJ 08736		Telepho	one No.		Tel	3-339-9	735		01034									
	- 1	732-2	23-22	.25			LIA Moni	tor	2									
Project Manager to Menager Scheol	Juled Co	mpletion	n Date (11)	S	ame of OS avic Co	nstructi	on Cor	ρ									
Jasoff 1 100 Sched	7/2017				1		10.2							1				
Start Date (10) 03/2 03/25/2017	One)				12	205 Route 46 Suite												
Sampancy Status During Abatement	of Ahate	ement				City, State, Zip Code Totowa, NJ 07512												
Closed Nacated During Charmal Fa	cility Ho	urs				Totowa	, NJ 07							1				
Abatement Performed Outside of Norman Faculty									with Negativ	ve Pressur	re			1				
Othor - Describe						P	Full Con Mini-End	tainmeni -losure	(VIIII 1105					1				
Scope of Work (Check All That Apply)		ovation				H	Gloveba	g Proce	dure	Friable Pro	rocedure							
- 5 or >3 lf	× Den	nolition			Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable F						Abatement Type							
≥3 \$1 01 ≥3 ≥160 \$1 or ≥260 If			-							-	T	T						
	Is L	ocation			Des	scription	of	-1/1	Amount	t x	, ,	1 !	Encapsulate	Enclosure				
	No	ormally Solely	by	Asbesto	s Con	scription of taining Management I systems	aterial (A) insulation	n,	(Specify	y Kemova	Zeben Zeben	3	PSC	losu				
Location of Material (ACM)	Mail	ntenanc	e/	(i.e. tr	nellilla	sing VA	T. or	1	31 01 =	, ,		1	late	ē				
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Cust	odial Sta (12)	ati ?		other	miscellar	eous)					1		-				
In Facility		(12)							130 5	SF ×				1				
(13)	Yes	No	N/A		mic fl	oor tile	and thir	nset			<							
			X	cerai	1110 11	ndow gla	azing		200		-			T				
Bathroom	+		X		WIL	1001 91					-		+	+				
all house	-	-																
								Name	of Registere	d Landfill								
		1	NJDEP	Waste	Cu	ibic Yards Waste	5	GRO	WS									
hand Maste Hauler		1	Hauler !	ID No.) yr	0.000	4										
Name of Registered Waste Hauler			32253			isposal D	ate	City,	riseville, P	Α				_				
Savic Construction Corp								1VIOI	-1-		ate 3/17	120	17					
2142						T Sign:	ature /	1/	//	0	3/1/	120	-1-1	_				
City, State Totowa NJ						Sigin	9/	1	//_									

S	tate of	New J	ersey rsuant t	- Notifica to <u>N.J.A.C</u> . 8	tion of As 3:60-7 and 1	bestos Abatema 2:120-7)	Int E	GA CA	Ect	力信		D I			
GAC Project # 060-17					Name of Build	ling Owner/Operator	2)	SHAR	02 NJ 2	017	W				
Date of Notification (1) March 17, 2017						RUTGERS, THE STATE WAS ENOUGH									
Agencies Notified	Notificat	ion Type	tion		Street Address	MENTAL HEALTI	185	AEET?	S.G.B.	TROL	&				
Agencies Notines	⊠Initia	al Notifi	lotificat	ion#	27 ROAD	1, BLDG 4086, LI	VING	STON	CAMPL	9		=			
□EPA	D Em	eraenc'	y (inclu	ding	ENVIRONMENTAL HEALTH & SAFETY DEPLY										
□DCA ☑ DOL	jus	tificatio	n)		Name of Contact										
☑ DEP- No Longer REQUIRED	□Ćan	celled			MICHAEL SMITH, ENV.										
X DOH					HEALTH	& SAFETY						\exists			
				FACILITY INF	NFORMATION Type of Facility (4)										
Name of Facility Where Abatement is To	aking Place	(3)			School (K	-12)									
RBHS POWER PLANT, BLD	G# 7201				Subchapte	er 8 (other than K-12) e. private & commercial	building	s, home	s, etc.)						
Street Address					Sq. Feet:	e. private & commercial N/A # of Floo	rs: 2	Bldg. A	Age: 60	+ years	5				
RBHS NEWARK CAMPUS	(6)	TC	ounty Co	de (7)			shed):	ACADI	EMIC						
City (5)	SSEX	TS	State Use	Only)	Current Use (prior if being demolished): ACADEMIC										
NEWARK			SCM No.		Name of Contractor (9)										
Name of Monitoring Firm Hired by Bldg	. Owner (8	1 7	0098		GREENWOOD ABATEMENT CONSULTANTS, INC.										
ATC					Street Address										
Street Address 3 TERRI LANE		268 MAIN STREET													
	City State,	ZipCode , NJ 07405													
City, State, Zip Code BURLINGTON, NJ 0801	Telephone	Number		License	Number										
Project Manager for Monitoring Firm		973-492-0477 00840													
BRIAN KEARNY	×***********	800	D-to (11)	973-492-0477 Name of OSHA Monitor											
Scheduled Start Date (10)	Sche	duled Co 30/2017	mpletion	Date (11)	ENVIROVISION, INC.										
03/27/2017					Street Address										
Occupancy Status During Abateme	ent (Check	only one	<u>e)</u> satement		20-21 WARGARAW ROAD										
Occupancy Status During Abatemic Image: Facility Closed/Vacated During Dabatement Performed Outside Company Abatement Performed Outside Company Date	f Normal I	acility H	lours -		City, State, Zip Code										
Describe															
☑Other – Describe: Schedule: 4PM – 5AM (24 HO	IRS & W	EEKEN	NDS AS	NEEDED)	FAIRLA	WN, NJ		_							
Scope of Work (Check all that apply)					☐ Full	Contair	nment wi	ith Negativ	e Press	ure				
Scope of Work (Check all that app	•			X Renovation	on	☐ Mini-l	Enclosu	ure							
\times 3 sf or \geq 3 lf				☐ Demolition		☐ Glove	bag Pr Exemp	ted (*) a	/ Wrap & and Non-Fr	-riable Procedure					
$\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$				D-seriation 0	f Ashestos Con	taining Material	1 Amou	unt cify SF	Abatem	Citt 1 Jpc					
Location of Asbestos-Containing	Is Location Solely by	n Normal Maint./Ci	lly Used ustodial	(ACM) (i.e. ti	iermal systems	insulation, surfacing,	or LF		Remove	Repair E	Encap I	nciose			
Material (ACM) in Facility (13)	Staff? (12	no	NA	VAT, or other	misceii.)						T	Т			
	YES	1474400		TSI			<9L	.F	X	+	-	-			
100 C3 MEZZANINE		X	-	101			-		-	+					
			I Have	r ID #	Cubic	'ards of Waste: 5 (Y	Nam	ne of Regis	North	ndfill Land	fill			
Name of Reg. Waste Hauler	ste Haule	110 m	Cable			G.F	T.O.11.0.	D.W.S. North Landfill City, State							
See Hauler Below #1 & 2		ee Belov		NJ 07405		Disposal Date 03/30/2017				100 Nev	N Ford	Mill e. Pa			
Hauler #1) Greenwood Abatemer NJDEP # 12561	n Consult					03/30/2017				19067					
NJDEP # 12501 Hauler #2) Newark Carting, Inc. NJ DEP # 4509	Newark, l	NJ 04509								215-73	0-1/00				
NJ DEP # 4505						Signature	,	- 0	Date Mai	rch 17	, 201	7			
Completed by (Print or Type)	0		SEN	IIOR PROJ	ECT	Raymond C.	Peda	lino	mai						
RAYMOND C. PEDALINO MANAGER) 7									