Ch Qu	467		NOT		ATIO		BE	Jersey STOS ABA 8:60 and 5:1			I C			\mathbb{V}	E
Date of Notification (1) 03 /	27 /	17				e of Buildir rizon	ng O	wner/Operator	(2)	lend loza.	MAR	2	8	2017	7
Agencies Notified	Type Notific	ation			Stree	t Address				1				CONTRACTOR OF THE PARTY OF THE	The sections
⊠ EPA					40	Orient W	Vay			ASE	BEST	OS	COI	VTR	OL 8
⊠ DOLWD	Amende					State, Zip		e	resident National Control	-	LI	751	OIN	10	
☐ DCA	Amendm Emerger			-	Ru	therford.	, NJ								
(NJAC 5:23-8)	justificati	ion)	Cludin	g	Nam	e of Contac	ct			Telephone I	Numbe	r			
	☐ Cancella				Ale	ex Baylor	ri.			relephone	radifibe				
					100000	•		RMATION				_			
Name of Facility Where A	batement is	Takino	Place	e (3)	17	CILIT I	VI O	KWIATION	Type of Facility	(4)					
Verizon			,	(0)					School (K-1						
Street Address		-							Subchapter	د) 8 (Other than ا	K-12)				
40 Orient Way									Other (i.e., p	private and con	nmerci	al bu	ildin	gs,	
City (5)									homes, etc.			1 -			
Rutherford									Square Feet	# of Floors	3		dg. A	ge	
County (6)					Cou	ati Cada (71/07	ATELIOS OLUNA	10,000	3			50		
Bergen					Cou	nty Code (1)(51	ATE USE ONLY)	Current Use (P	rior if being der	molishe	ed)			
Name of Monitoring Firm	Lirod by Duil	alia a C		(0)	1001		T								
USA Environmental				(8)	ASCM	No.			ent Contractor (9)					
Street Address	wanagaen	nent	inc.			51	_	JVN Restora	tion Inc						
							58510	reet Address							
8436 Enterprise Ave	enue	C. Marion					1	47 Foster Ro							
City, State, Zip Code	450							ty, State, Zip Co							
Philadelphia, PA 19								Staten Island	NY 10309						
Project Manager for Monit Mark Jenkins	toring Firm			2000	ephone			elephone No.		License No	0.				
All the Committee of th						5-5810	the second	718-605-6256		00774					
Start Date (10)						ate (11)		ame of OSHA N	lonitor						
					/	17	1	Testor Tech							
Occupancy Status During							Sti	reet Address							
Facility Closed/Vacate	d During Enti	re Per	riod of	Abate	ment			10 59 Jackso	n Avenue						
Abatement Performed Time of Abatement:	Outside of No	ormal	Facility	y Hou	rs - Des	scribe	Cit	ty, State, Zip Co	ode						
			/// <u>5.00</u>	PIVI-I	.SUAIVI		1	LIC NY 11101							
Scope of Work (Check all	that apply)	779 f					-	_							
☐ ≥3 sf or >3 If			⊠ Re	novat	ion			☐ Full Cont	ainment with Neg	gative Pressure	е				
≥160 sf or ≥260 lf				moliti				⊠ Glovebag	Procedure						
								☐ Non-Exe	mpted (*) and No	n-Friable Proc	cedure				
Location				Loca Vorma								Aba	atem	ent T	уре
Asbestos-Containing N	7001	1)			ely by	Ashe	stos	Description o Containing Ma		Amount		Re	Re	m	щ
TO BE ABA	TED			intena	nce/ Staff?	(i.e	e., the	ermal systems i	insulation,	(Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	У		Cus	(12)	Starr?			surfacing, VAT,	or	SF or LF		val	7	Insc	Sure
(13)			Yes	No	N/A	1	01	ther miscellane	ous)					ate	(D
Basement Boiler Ro	om		\boxtimes			Pipe In	sul	ation and Fit	tings	280 LF					
Basement Fan Filter	Room		\boxtimes			Pipe In:	sula	ation and Fitt	inas	30 LF					
Basement Hallway			\boxtimes				_	ation and Fitt		12 LF	_				
Basement Sprinkler F	Room					Pipe Ins	sula	tion and Fitti	ings	30 LF		\boxtimes	П	П	П
Name of Registered Wast	e Hauler			N	JDEP '			bic Yards of	Name of Regis						
Newark Carting				H	lauler II		100	aste	G.R.O.W.S						
City, State					NJ-56	00		posal Date	City, State					-	
Hackettstown, NJ							100000000000000000000000000000000000000)4/15/17	Morrisville	ΡΔ					
Completed By (Print or Ty	ne)	Title	2						1/7	,, ,,	T.				
Ralph Barnhardt	,	11111	rojec	+ B/1~~	200=			Signature		1	Date		_		0
		100	. Ojec	unai	agei			MIN	11/1		03	2	1-	201	1

State of New Jersey

A	10	, ~
11/	1)/0	468
L	alv	1100

27 /

☐ Amended

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

 \boxtimes Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: _____AM-____PM/<u>5:00</u>PM-<u>1:30</u>AM

USA Environmental Managaement Inc.

Type Notification

Amendment #

justification)

□ Cancellation

☐ Emergency (including

17

Date of Notification (1)

Agencies Notified

(NJAC 5:23-8)

⊠ EPA

⊠ DOLWD

Verizon

City (5)

County (6)

Hudson

Street Address

City, State, Zip Code

Mark Jenkins

 $\square \ge 3$ sf or ≥ 3 If $\boxtimes \ge 160$ sf or ≥ 260 If

Start Date (10)

8436 Enterprise Avenue

Philadelphia, PA 19153

Project Manager for Monitoring Firm

04 / 10 / 17

Scope of Work (Check all that apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility

First Floor Janitor Closet

Name of Registered Waste Hauler

Newark Carting

Hackettstown, NJ

Ralph Barnhardt

Completed By (Print or Type)

Street Address

Jersey City

660 Grove Street

□ DHSS

☐ DCA

03

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

Verizon

Street Address

660 Grove Street

City, State, Zip Code

Jersey City, NJ

FACILITY INFORMATION

County Code (7)(STATE USE ONLY)

Floor Tile and Mastic

Signature

Name of Contact

Alex Baylor

ASCM No.

Telephone No.

Scheduled Completion Date (11)

☒ Renovation☒ Demolition

Is Location Normally

Used Solely by

Maintenance/

Custodial Staff?

(12)

No

П

П

П

Project Manager

N/A

NJDEP Waste

Hauler ID No.

NJ-566

Yes

X

X

Title

__12__ / __31 / __17

215-365-5810

Name of Building Owner/Operator (2)

F AS	New Jersey SBESTOS ABA AC 8:60 and 5:	16)	DE	C		\mathbb{V}	E
Buildi n	ng Owner/Operator	(2)		IAR 2	8	2017	
dress							
ove	Street		ASBE	STOS	COI	VITRO	OL &
e, Zip	Code			LICE			
City	, NJ				4		
Conta	ct		Telephone Nu	ımber			
aylo	r		L				
TY I	NFORMATION						
		Type of Facility School (K-1: Subchapter Other (i.e., phomes, etc.)	2) 8 (Other than K- private and comn	12) nercial b	uildin	gs,	
		Square Feet	# of Floors	В	ldg. A	Age	
		10,000	3		50		
ode (7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	olished)			
	Nomf 1	-10					
		ent Contractor (9))				
	JVN Restora	tion inc					
	Street Address	1					
	47 Foster Ro					316-5114-176	
	City, State, Zip C Staten Island						
	Telephone No.	1 141 10309					
10	718-605-6256	:	License No.				
1)	Name of OSHA N		00774				
. ,	Testor Tech	ionitoi					
	Street Address						
	10 59 Jackso	n Avanua					
)	City, State, Zip Co						
	LIC NY 11101						
						77	
	☐ Mini-End	tainment with Neg losure g Procedure mpted (*) and No		lure			
	D			Ab	atem	ent T	уре
Asbe (i.e	Description of estos Containing Ma a., thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
or T	ile and Mastic		80 SF				
				ПП	П	П	П
				1	1		
е	Cubic Yards of Waste 10	Name of Regis G.R.O.W.S.					
-30, -2	Disposal Date	City, State			-1.42		
	04/15/17	Morrisville,	PA				

03-17-1017

ASB-41 MAY 11

City, State

Chalel	164	, ,	TOP		ATIO		BE	STOS ABA 8:60 and 5:1		T	DE	C	E		\mathbb{V}	
Date of Notification (1) 03 /	27 /	17			1	e of Buildi rizon	ng Ov	wner/Operator	(2)		1	MAR	2	8 2	017	
Agencies Notified	Type Notific	cation			Stree	t Address									-	
⊠ EPA					934	4 US HW	Y 9				ASB	EST)S	CON	TRO	DL &
☑ DOLWD ☑ DHSS	Amende				City,	State, Zip	Code	9)	110	FN	SIN		
□ DCA	Amendm Emerger		luding		Sa	yreville,	NJ									
(NJAC 5:23-8)	justificat	ion)	idding	3	Name	of Conta	ct				Telephone I	Numbe	г		-	
	☐ Cancella				Ale	x Baylo	r						300			
					FA	CILITY II	NFO	RMATION							77	
Name of Facility Where A	batement is	Taking I	Place	(3)					Type of	Facility (4)					
Verizon										ool (K-12)						
Street Address									Subo	chapter 8	(Other than I	K-12)	-1	:(-1:		
934 US Highway 9 S	South								hom	er (i.e., pri ies, etc.)	ivate and con	nmerci	ai bu	llaing	IS,	
City (5)									Square		# of Floors		Blo	dg. A	ae	
Sayreville, NJ 08872	2								10,00	00	3			50		
County (6)					Cour	nty Code (7)(ST/	ATE USE ONLY)	Current	Use (Pric	or if being der	molishe	ed)			
Middlesex								- 22	A	•	3					
Name of Monitoring Firm	Hired by Buil	ding Ow	vner ((8)	ASCM	No.	Na	me of Abatem	ent Contr	actor (9)						
USA Environmental	Managaen	nent In	ic.					JVN Restora		(-)						
Street Address							Str	reet Address				-				
8436 Enterprise Ave	enue						4	47 Foster Ro	ad							
City, State, Zip Code							Cit	y, State, Zip Co	ode						-01	
Philadelphia, PA 19	153						5	Staten Island	NY 103	809						
Project Manager for Monit	toring Firm			Tele	phone	No.	Te	lephone No.			License No	D.			-10-	_
Mark Jenkins				21	5-365	-5810	7	718-605-6256	;		00774					
Start Date (10)	15	Schedul	led C	omple	tion Da	te (11)	Na	me of OSHA N	onitor							_
04 /17 /	17	12	/	31	_ / .	17	1	Testor Tech								
Occupancy Status During							Str	eet Address						_		
Facility Closed/Vacated	d During Enti	re Perio	d of	Abater	ment		1	0 59 Jackso	n Avenu	ıe						
Abatement Performed	Outside of N	ormal F				cribe	Cit	y, State, Zip Co	ode						-	
Time of Abatement:		PM/	5:00	PM- <u>1:</u>	<u>30</u> AM		L	IC NY 11101								
Scope of Work (Check all	that apply)							□ E./II Co.		- 245 - N.L.						
		D	☑ Rei	novati	on			☐ Mini-Enc		with Nega	ative Pressure	е				
≥160 sf or ≥260 lf] Der	molitic	n			⊠ Gloveba	g Procedu	ure						
			le	Locat	ion	T		☐ Non-Exe	mpted (*)	and Non	-Friable Proc	edure				
Location of	of			lorma				Description o	f				Aba	-	ent T	уре
Asbestos-Containing N	Naterial (ACN	1)	Use	d Sole	ly by	Asbe	stos	Containing Ma	terial (AC	M)	Amount		Re	Re	En	En
TO BE ABAT				ntena odial S		(i.e	e., the	ermal systems	insulation	,	(Specify		Removal	Repair	Encapsulate	Enclosure
(13)	7			(12)			ot	surfacing, VAT, her miscellane	or ous)		SF or LF))	<u>a</u>		sula	ure
		,	Yes	No	N/A				/						te	
Basement Ventilating	g Room	0	X			Floor T	ile a	nd Mastic			760 SF					
													П	П	П	П
			5										П	П		П
			7	П	П											
Name of Registered Waste	e Hauler			N	JDEP V	Vaste	Cut	oic Yards of	Name	of Registe	ered Landfill				_	
Newark Carting				100000	auler II		Wa	ste	300000000000000000000000000000000000000	O.W.S.,						
City, State					NJ-56	U		0 posal Date	City, St	tate						-
Hackettstown, NJ								4/30/17		risville,F	PA					
Completed By (Print or Type	pe)	Title						Signature //	1	1		Data			100	
Ralph Barnhardt	5-4	1000	piect	Man	ager			Signature //	h //		2	Date	-71	7-	17	
CD 44			المارد	mail	ugei			11/11	11-1			03	-6	l) (

ASB-41 MAY 11

page 1

Feb 27 2017 03:39PM NJ Asbestos Control 609.633,0664

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification	1 (1)	(Pursu				Owner/Operator			EC	E	1	WE
3/23/2017			1990			robolakos			<u> </u>	브	Ш	V L
Agencies Notified	Type Notific	cation	Stree	t Add	ress	-		115		-	-	
[]EPA	[X]Initial							11 [MAR	2	8 2	017
[]DEP	Notifi	cation	City	State	e, Zip	Code		1 .				
[X]DOL	[]Amended	ı	1 (200)			J,07006		L	REST	08/	MOS	TROL
[X]DOH	Notifi	cation					— 1				SIN	
15 16	[]EMERGEN	CY		of Con		robolakos	Lerephor	e Number-			ori fearrainin	ALC: N STATE OF THE STATE OF
[]DCA	[]Cancell	ation	Aii	CHOH	y sc	LODOLAKOS	1		_			
	1 3 3			FAC	ILITY :	INFORMATION						-
Name of Facility Whe		is Taki	ng Pl	ace (3)		Type of Facil	ity (4)				
Anthony Strob	olakos						[]School	(K-12)				
Street Address								ter 8 (Other				,
								<pre>i.e., privat homes, etc.</pre>		mmei	ccia.	1
							Square Feet	# of Floor		dg.	Age	
City (5)		County				nty Code (7)	2028	2		65		
Caldwell		Essex			(SI	ATE USE ONLY)	Current Use (Prior if bei	ng den	nolis	shed)
None of Maribustas T			1			()-						
Name of Monitoring F Owner (8)	irm nired by	Buildin	g AS	CM No.			ment Contracto					
N/A							ANAGEMENT	, inc.				
Street Address						Street Address						
							topher St	•				
City, State, Zip Cod	e					City, State,		40				
							r, NJ 070	20000				
Project Manager for	Monitoring F	irm Te.	의 공	ne Numi	per	Telephone Numb			cense		per	
						(973)744			0037	Τ		
Scheduled Start Date 04 04 20		ed. Compi				Name of OSHA 1	Monitor					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1)5 Day	Year	17	N/A						
Occupancy Status Dur	ing Abatemen	t (Check	only	one)		Street Address	3					
[X] Facility Clos of Abatement		During En	tire	Period								
[]Abatement Per				Facili	ty	City, State, 2	ip Code					
Hours - Descr []other - Descr				ript»								
Scope of Work (Check						<u> </u>						
450	-	P-11				[]Full	Containment wi	th Negative	Pressu	re		
[X]≥3 sf or []>160 sf o		7		ovation olition			Enclosure -bag Procedure					
			1DCm	J	•		riable Procedu:	re				
Location	of	L	Is ocati	on		Docominatio			Aba	teme	nt I	-
Asbestos-Con			ormal Used	ly		Description Asbestos-Cont		Amount	R	R	E	E N
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TO BE ABA		Ct	stodi aff (al	in	(i.e., thermal sulation, surfa		SF or LF)	O V	A	PS	O S U
(13)		Yes	No.	N/A		or other miscel			A	R	T T	U R
Basement		-		X	Dino	T1		10 77	77			E
Dasellen C				Δ	FTDE	Insulation	311	12 LF	X			-
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Name of Posistened II		- h-		<u> </u>	l							
Name of Registered W AZTECH MANAGE		- 1	DEP W	aste ID No.	1.555.55	oic Yards Waste 0.5	Name of Regis			TNIC	-	
		1	7040)		1000-00000 000-000 00000000000000000000		Enterpr	TSE	TIMC	_	
City, State Montclair, NJ	07042					sposal Date	City, State	01 .		000	,	
MOIICCIAIL, NO	0/042				4	/6/2017	waynesb	arg, Ohi	0 44	086	5	
Completed By (Print		tle				Signature	1/	1	Date			
Dimitri G. Ten	midis A	dminis	trat	tor		Minst	1. hi//	/	3/23/	2017	7	

Chk773188

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

Date of Notification						g Owi	ner / Operat	or (2)		F F	<u></u>	P	пп	П Г	- I	
America Netical	3/24/1			Macy					54 GS		In E	C] \		
Agencies Notified EPA	Type Not	tification		Street							11-41					
DEP	⊠ In	itial	-		-	event			2-14-1-11-1		1101	1 . 5	0.0	- 00	17	1
☑ DOL		mended				& Zip ti, OH						/AR	28	20	1/	Lon
	_	mergency				ontact		.02			1	Tale	anha	no N	umh	0.5
☐ DOH ☐ DCA		ancellation	400	Tia V						****	ASB	1 616	pno	ne N	umb	eri
				2020230120							ASD	11 16	EMS	SING		3
N					CILI.	TY IN		MATION			1	Section 10 to 10	- Charleston bei	Diamates or man		
Name of Facility Wh	nere Abate	ement is Taking F	lace (3	3)				Type of Faci								
Macys Store Street Address							_	School								
[1] 그런 1) : 프로젝트(1010 () 그리 () 그리고 (그리고 (그런)	اممما						- 1			Other tha						
275 Parsonage R	oau										mercial buildi				tc.)	
City (5)		County (6)	Co	unh. (2-4-	(7)	—[Square Feet		# of Floo	ors	Bldg	. Age	3		
Edison		County (6)	100	unty (Joue	(7)	-	S	/D : .		P 1 0					
Luison		Middlesex						Current Use	(Prior i	r being de	emolisnea)					
Name of Monitorina	Eirm Llin	d by Building Ow	(0)		IAC	014 14		Retail			(0)					
Name of Monitoring Pennoni Associa	toe Inc	a by Building Ow	ner (8)		AS	CM No	000	Name of Aba								
Street Address	163, 1116.							Bristol Env Street Addre		ientai, in	ic.					
515 Grove St.						100	1123 Beave		et							
	y, State & Zip Code							City, State &					-	-		
Haddon Heights,		5					100	Bristol, PA								
Project Manager for	Monitorin	g Firm	Telep	hone	Num	ber		elephone N			License	Num	ber			
Joseph Anello			856-5	547-0	505		(215)788-60	040		00509					
Scheduled Start Dat	te (10)	Scheduled Cor			e (11	1)	180	Name of OSI								
3/27/17			3/28/				_	Bristol Env		ental Inc	c.					
Occupancy Status D	od Magazia	atement (Check o	nly one	e)			100	Street Addre								
		ed During Entire F I Outside of Norm			ateme	ent		123 Beave								
	10PM to 7		ai Hou	ırs –				City, State &								
Control of the contro		ing Abatement					-	Bristol, PA	19007							
Scope of Work (Che				5510-		-										
(-1)-										Full Cont	ainment with	Nega	ative	Pres	sure	
≥3 sf or ≥3 lf			\boxtimes	Ren	ovati	on			-	Mini-Encl		0				
≥160 sf ≥260) If			Dem	nolitic	n				Glove Ba	g Procedures	3				
									\boxtimes	Non-Exer	mpted and No	on-Fri	able	Proc	edu	re
	cation of			ocati				Description			Amount		Aba	teme	nt T	ype
Aspesto	os-Contai erial (ACM	ning	Norm	ally L lely b			As	sbestos-Con			(Specify				_	
	E ABATE		Maint				(i.e	Material (A e., thermal s		.	SF or LF)		R	70	nc	Ē
	Facility		Custo				insul	lation, surfac	cing, VA	AT			Remova	Repair	Encapsulate	Enclosure
	(13)			(12)	- W. 11-11-01-		or c	ther miscell	aneous	3)			<u>a</u>	=	ulat	ure
			Yes	No	N/A										Œ	
Lower Level Stora	age		\boxtimes					ACM deb	ris		120 SF		\boxtimes			
	-															
					Ц											
			Ш	Ш	Ш											
(D :	147		Ш	Щ	Ш		1= -									
Name of Registered	Waste Ha	auler					1	oic Yards	Name	of Regis	tered Landfill					
Service Transport	t Inc			на	209	D No.		Vaste 2 Cu Yd	Mino	rva Land	46:11					
City, State					203	JU		oosal Date			ailli					
New Castle, Delay	ware							3/28/17	City, S	otate 1esburg ,	OH					
Completed By (Print		Title	2		15	nature	TVayı	icobuly.	, 011	D	ate	-				
					; oject				2 .		1000		ate /24/	17		
	no Pizzigoni						1	uno t	my	ionni	1 gr	3/	44/	1.1		

NOTIFICATION OF ASBESTOS ABATEMENT Initial Non-Friable

(Pursuant to NJAC 8:60-7 and 12:120-7)

Notification / Check #: 6881

										IAOTI	IICa	tion / Gi	iech	m. v	0001	All Washington
Date of Notification	(1)		Nar	ne o	f Bu	ildin	g Owne	r/Operat	or (2	()		1	Z (r		7 1	\// F
0 3 / 2	3 1/1 1	7	Je	rsev	City	Free	Public	Library	-				<u> </u>	, [W L
Agencies Notified T	ype Notif:	ication				ress										
(X)EPA (X)DEP	[X]Initia	al ication				Aver	ue p Code						MA	R 2	8 8	2017
⊠1por	[]Amende			Œ									5-0		001	17-001
(X) DOH		ication	2			ntact	07302			IT	elep	hone Numb	er	IOS ICFI	VSIN	VTROL
[]DCA	[]Cance	llation									•	-	***************************************	And a second		
. 12511			LIK			ector										-
Name of Facility Whe	re Abatem	ent is Ta	aking				NFORM	ALTON	Type	e of Fac	ilit	y (4)				
9 (7) 58 ² X 5 .8					18	57.5				[]Sch	iool	(K-12)				
Jersey City Free Public Street Address	Library									⊠10th	er (ter 8 (Ot i.e., pri ildings,	vate homes	& co	mmer.	1
472 Jersey Avenue											= #	of Floor	5 B1	.dg. 50		
City (5)		County	7 (6)		# 14(C)	Cou (ST	ATE US	ode (7) SE ONLY)	Curi	50,000 rent Use	Pr	ior if be	ing d			<u>d)</u>
Jersey City, NJ 07302		Hudso		_					Vac	ant Libr	ary E	Building			٠	
Name of Monitoring F Owner (8)	irm Hired	by Build	ling	ASC	M No		Name	of Abate	ement	Contrac	tor	(9)				
Whitman Companies, Street Address	Inc.			001	110			Strong B		rs, Inc.						
116 Tices Lane, Unit E							180 S	Sargeant, State,	Aven	UC Code					~	
East Brunswick, NJ 08	816 Monitoria	g Firm [Telep	hone	• Num	ber	Clifto	n, NJ 070	013-1	935		Lice	nse N	lumbe	r	
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Four Strong Builders, City. State	Inc.		12	609			Dieno	sal Date		R.O.W.S.						
Clifton, NJ	On Material	1771-						Signatur		lytown, F	PA		18	1+0		
Completed By (Print	or Type)	Title						Signature		L.			D	ate		
Bilyana Kulakovska		Office A	dmini	strat	tor			()1(9				3.	23/1	7	
JUN 95												1				

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

Initial Non-Friable Notification / Check #: 6881

G4667

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Name of Registere	d Waste Haul	er		JDEP auler			Cubic of Was			of Regi		Landf	ill	(************		
Four Strong Builde	rs, Inc.		1	2609			Dispos	al Date	G.R.C	State	Inc.				-	
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Project Manager	or Monitoring Firm			TE:			Wayne, NJ 074	70					
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City (5)								nomes, etc	.)	minordia	bulluli	iys,
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County (6)	1031			10-	untu O - d - d=	0.7071						
Bergen				100	unty Gode (7) (STATE USE	ONLY)	Current Use (P	rior if being der	molished)		-
Name of Monitoring Firm	Hired by Buil	dina Own	er (8)	LASCI	VI No.	- N						
	-,	J. J. OHIII	(0)	ASCI	VI NO.			ent Contractor (9	9)			
Street Address			-			Gr Tech						
						Street Add						
City, State, Zip Code						576 Valle City, State	y Rd #	283				
Project Manager for Moni	itoring Firm		Te	lephone	e No.	Wayne, N		0				
						973-638-			License No			
Start Date (10)	15	Scheduled	Comp	letion D	ate (11)	Name of C		onitor	01127			
//		04	/_()5/	_17							
Occupancy Status During	Abatement (0	Check only	v one)			Street Add		nsultants,Inc				
Facility Closed/Vacate	ed Durina Entir	re Period	of Ahat	ement				Road, Bldg .#	250			
Abatement Performed Time of Abatement:	Outside of No AM-	rmal Faci	lity Ho	urs - De		City, State	, Zip Co	de	33E			Transition
		PIVI/	FIV		_AM	Fair Lawn						
Scope of Work (Check all	that apply)						lean up	and decontamin	nation with nega	tive pres	SUITE	-
>3 sf or >3 If ≥ 160 sf or >260 If		⊠ F	Renova	tion		H F	ull Conta	ainment with Neg	gative Pressure	- P100	2010	
≥ 160 st or ≥260 If			Demolit			⊠ G	lovebag	Procedure	Tent with Nega	tive Pres	sure	
			In Lea	tio-		LI N	on-Exen	npted (*) and No	n-Friable Proce	dure	,	
Location	of	1	Is Loca Norma	ally		5				Ab	atem	ent Ty
Asbestos-Containing M	faterial (ACM)	Us	sed Sol	ely by	Asbes	Descri stos Contain	ption of	erial (ACM)	Λ		1	
TO BE ABAT	I ED	Cu	lainten: stodial	ance/ Staff?	(i.e	., thermal sy	stems in	sulation,	Amount (Specify	Remova	Repair	Encapsulate
(13)	8		(12)			surfacing other misc	g, VAT, cellaneo	or	SIF or LF)	oval	=	Sul
		Yes	No	N/A			naileU					ate
sement				×	Pipe insu	lation			105 1 7	KZ		_
			П		- ipe msu	nation			125 LF		Ш	Ц
			1	1								
			14									
me of D										П	П	
ame of Registered Waste	Hauler		NJI	DEP Waste	Hauler ID No.	Cubic Yards of	of Waste	Name of Regist	ered Landfill		Ш	
Tech LLC			(003378		TBD	- 1	T.R.R.F. Inc				
ty, State						Disposal Da	ite	City, State				
yne, NJ 07470						TBD		E-1 600-				
mpleted By (Print or Typ	e)	Title				Signatu		Tullytown, PA		D-4:		
evtic	C	Owner				2.9,.00		Ac Wenad	1	Date		
-41							// 20	Wenad	0	3/24/17		

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MAF	7 2	8 20	017	

Date of Notification (1)			Name	of Building	g Owner/Operator (2)	I VIA	11 -	- 1	1	
03/24/	17		Lyn	x Waste	& Recycling, Inc	c.	100000		24/	177	01
Agencies Notified Type Notificat	ion		Street	Address			ASBES		UCI VSIN		11 8
⊠ EPA ☐ Initial			PO	Box 188	3		A PARTY OF THE PAR	at he ton t	11 11 11 11		-
□ DOLWD □ Amended			City, S	state, Zip C	Code					-	Maria de la compansión de
DOH Amendme DCA Emergence			Spr	ing Lake	, NJ 07762						
(NJAC 5:23-8) justification			Name	of Contac	t	-	Telephone Numb	er			
☐ Cancellation	n		Ric	hard Hyd	le	4					
			FAC	CILITY IN	FORMATION			- Committee			
Name of Facility Where Abatement is Ta	king Place	(3)			15.	Type of Facility (4)					
Residence						School (K-12)					
Street Address						Subchapter 8 (0 Subchapter 8 (Other than K-12) ate and commerc	ial bu	ilding	s,	
City (5)						Square Feet	# of Floors	Bio	dg. Ag	ge	
Bradley Beach						2000	2	(65		
County (6)			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Prior	if being demolish	ned)			
Monmouth						Residence					
Name of Monitoring Firm Hired by Buildi	ng Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)				77-6-	
N/A					Guardian Co	ntracting, Inc.					
Street Address					Street Address						
					1889 Route 9	, Unit 61					
City, State, Zip Code					City, State, Zip Co	ode					
					Toms River,	New Jersey 0875	55				
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
					732-349-9932	!	00624				
18 /8	heduled C				Name of OSHA M	lonitor					
04 /04 /17	04 /	06	_ / _	17	E.M.S.L. Ana	lytical					
Occupancy Status During Abatement (C					Street Address						
☐ Facility Closed/Vacated During Entire					1056 Stelton						
Abatement Performed Outside of Nor Time of Abatement:AM					City, State, Zip Co						5
					Piscataway, I	New Jersey 0885	i4				
Scope of Work (Check all that apply)					□ Full Conf	tainment with Negat	ive Pressure				
≥3 sf or ≥3 lf		novati			☐ Mini-Enc	losure	ive Flessule				
⊠ ≥160 sf or ≥260 lf	⊠ De	molitic	n			g Procedure mpted (*) and Non-l	Eriable Bracedur				
	Is	Locat	ion		⊠ Moli-Exe	mpted () and Non-	riable riocedure	1	atem	ant T	vno
Location of	1	Norma	lly		Description of	of			_		T
Asbestos-Containing Material (ACM)		d Sole intena			stos Containing Ma	terial (ACM)	Amount	Rem	Repair	Enca	ncl
TO BE ABATED IN Facility		todial		(i.e	., thermal systems surfacing, VAT,		(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
(13)		(12)	T		other miscellane		J. J. J. J.	-		late	Ġ.
	Yes	No	N/A					_	_		_
exterior				asbesto	s siding		1500 sf		Ш	Ц	
	П							П			П
Name of Registered Waste Hauler		N	JDEP V	l Vaste	Cubic Yards of	Name of Registe	red Landfill				
Guardian Contracting, Inc.			lauler II	No.	Waste	T.R.R.F.					
City, State			20223		3 Disposal Date	City, State			_		
Toms River, New Jersey					04/07/17	Tullytown, P	ennsvlvania				
	Title				Signature	10.70	4			ı	
Nicholas Fernicola	Project	Man	ager		Signature		Dat 2		4/	, ¬	
ASB-41			50,			14-14		10	1/1	/	

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11	Date of Notification (1)
	03/24/2017

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Date of Notification (1) 03/24/2017				1	of Building ard Thom		Operato	r (2)		- Company		MAR	2	8 2	017	and the second
Agencies Notified	Type Notification			Street	Address							EST	00	001	TRO	3 16
× EPA × DEP	× Initial			City Ci	toto 7in Co	4-				-	ASE	ESI	CEV	ISIN	G) <u> </u>
X DOL	Amended Amendment				tate, Zip Co clair ,nj,0								page at t			
DOH DCA	Emergency justification) Cancellation			Name o	of Contact ard Toma					Te	lephon	e Nur	nber			
None of Facility Vall				FAC	ILITY INFO	RMAT	ION						_		-	
Name of Facility Where	Abatement is Takin	g Place (3	3)					Ту	pe of Facility ((4)				100000		
Street Address								H	School (K-1 Subchapter		er than	K-12	2)			
								×		private	& com	mercia	al bui	dings	, hom	es,
City (5)								Sq	uare Feet	# c	of Floor	s	E	Bldg. /	Age	
Montclair County (6)				0	0 1 (7)			N/		N/		2000		N/A		
ESSEX	-			(STATE	Code (7) USE ONLY)			P	rrent Use (Prid RIVATE HO	DUSE		nolish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCI	M No.				batement Cor							
Street Address							Street								V - 114 11 11 11 11 11 11 11 11 11 11 11 11	
City, State, Zip Code									klin st							
Oity, State, Zip Code									, Zip Code n ,NJ ,0752	N						
Project Manager for Moni	toring Firm	. T	Telepho	ne No.		Teleph		200 800		Licer	ise No).				
Start Date (10)	,						973-	333	-5144		012					
Start Date (10) 03/05/2017	5/17	Schedule 03/06/2			Date (11)	017			SHA Monitor BATEMENT	110	0					
Occupancy Status Dufing					100/0	081	Street								-	
Facility Closed/Vaca	ted During Entire P	eriod of A	baten	nent					klin Street							
Abatement Performe Other – Describe:	OCCUPIE	al Facility	Hours	S					Zip Code	4						
Scope of Work (Check All	That Apply)						rate	1501	n ,NJ,07524	+						
x ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1006C - BAGIA	processes	enova emolit				×	l N	full Containme Mini-Enclosure Blovebag Proc Ion-Exempted	edure					۵	
		Is	Locati	ion					() () ()	0 11011 1	TIGOR		701000-000	ement		
Location Ashestos-Containing			ormal Sole			Des	cription	of					-	Ту	pe	
TO BE ABA	TO BE ABATED In Facility Maint Custod					nermal : surfac	aining M systems ing, VA niscellan	insu T, or		(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	
Baseme	nt.		X			pipe i	nsulati	ion		20	00LF		X			
	,															
Name of Registered Waste	e Hauler		N	JDEP W	aste	Cubic Y	Yards		Name of R	eniste	red Lar	dfill				
TRY STATE TRANSF	FER/YIMY BRO	THER		auler ID I 9551	No.	of Was N/A			MINER				ES			
City, State 1199 RANDALL AVE	BRONX NY		13	7001		Disposa TBD	al Date		City, State					CDI.	D.C.	011
Completed by		Title					gnature	1	900 MIN	ICKV/	AKU	VVA		SRU	KG	UH
VICTOR ESPIRITU		PROJ	ECT	MANE	GER		VIVC	//	~ W &	Jel	1			017		

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Charz	12			ICATION	OF ASB	ew Jersey BESTOS A 8:60 and	BATE					G			<u>V</u> [
Date of Notification (1)						Owner/O	perator	(2)			. 1	MAR	2 8	3 20)17	
03/23/17 Agencies Notified Ty	pe Notification		-	Israel Street A	Sen Octo Allerene					-	İ					
				Street A	daress						ASBE					- &
EPA X	Initial Amended		-	City, Sta	te, Zip Co	ode				1		LIU	EINS	SING	1	eries in the
× DOL	Amendment		_	Newar	k, NJ 0	7104								-		
× DOH	Emergency (justification)	T.			Contact		341535			Tele	phone	Numb	er			
DCA L	Cancellation			Israel		0011171								-1173		
Name of Facility Where Aba	tement is Takin	g Place (3	3)	FACI	LIIYINF	ORMATIC	NC	Туре	of Facility (4)					100-100-11	
Private House		TO 100 100 100 100	of.						School (K-1	2010 2010						
Street Address								×	Subchapter Other (i.e. p etc.)	8 (Othe			build	lings,	home	s,
City (5) Newark									re Feet	# of	Floors		BI	dg. A	ge	
County (6)				County (0		Curre	ent Use (Prid	or if beir	ng dem	olishe	d)	_	. I Francisco	
Essex					JSE ONLY	n	_									
Name of Monitoring Firm His Competent Superviso		Owner (8)		ASCN	i No.				Capatrus							
Street Address								Addres	Construc	uon in	C.					
01100171001000									S West Su	ite 14						
City, State, Zip Code	ate, Zip Code						City, S	State, Z	ip Code							
							Toto	wa, N	IJ 07512							
Project Manager for Monitor	ing Firm			Telepho	ne No.			none N 832-4			Licens 0115	se No. 55				
Start Date (10) 04/03/17		Schedule 04/10/		npletion I	Date (11)				HA Monitor							
Occupancy Status During A	natement (Chec						Same as above Street Address									
Facility Closed/Vacated Abatement Performed Other – Describe:	During Entire f	Period of	Abaten	nent s		_			ip Code							
Scope of Work (Check All To ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Nork (Check All That Apply) or ≥3 If Renovation						×	Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	e edure					e	
		7.0	Locati												ment pe	
	Location of estos-Containing Material (ACM) TO BE ABATED Custodial Staff? (i.e. there (12))					Description of					Encapsulate	Enclosure				
	Yes No N/A						al 7 ale				te	w				
Basemen	Basement X Pip					Pipe	Insula	ation		8	0 LF		X		X	
							+									
Name of Registered Waste	Hauler	1		JDEP W		Cubic `			Name of	Registe	red Lar	ndfill				
Name of Registered Waste Hauler Academy Construction Inc. NJDEP Waste Hauler ID N 034422					No.	of Was	te		GROW	S Lan	dfill					

Disposal Date

Signature

TBD

Title

Supervisor

City, State

Totowa, NJ

Completed by

Filip Geleski

Date

03/23/17

City, State

Tullytown, PA

MAY 11

03/24/2017 08:15AM 9736381778 State of Hew Jersey 2017 NOTIFICATION OF ASBESTOS ASATEMENT (Pursuant to NJAC 8:60 and 5:16) Check#2745 ASBESTOS CO NTROL & Name of Building Owner/Operator (2) Date of Notification (1) VIG LICÈNSI 17 24 03 Kathleen Moriggia Stroet Address Type Notification Acensies Notified Initial T EPA Amended City, State, Zip Code DE DOLWO Amandment # APPROVED WAIVER DHSS Irvington, NI 07111 Emergency (Including clockone Number DCA Name of Contact justification) (NJAC 5.23-8) Cancellation Kathleen Moriggia FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Teking Place (3) School (K-12) Subchapter 8 (Other than K-1 2) Private bouse Other fi.e., private and commercial buildings. Street Address homes, etc.) # of Floors Blog. Age Squara Foot City (8) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demalished) livington, NJ 07111 County (6) Name of Abatement Contractor (9) Name of Monitoring Firm Rired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code WEYNE, NJ 07470 I icense No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 03 / 27 / 17 Environision Consultants, Inc. 25 17 -03 / Street Address ----Occupancy Status During Abstament (Check only one) 20-21 Wageraw Road, Bldg .# 35E E Facility Clased/Vacated During Entire Period of Abatement City, State. Zip Code. Abstract Performed Outside of Normal Facility Hours - Describe PM Fair Lawn, NJ 07410 Time of Abatement: Clean up and decontemination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Demolitica Glovebeg Procedure Trant with Nagative Pressure Non-Exempted (*) and Non-Frizible Procedure >3 sf or >3 if > 160 sf or >260 if Absternant Type is Location Repair Encapaulate Enclosure Description of Normally topation of Amount Asbestos Containing Material (AGM) Used Solely by Asbestos-Containing Material (ACM) (Specify (I.e., thermal systems insulation. Maintenance/ TO BE ABATED SIF or LF) surfacing, VAT, or Custodial Staff? IN Facility other miscellaneous) (12) (13) NIA No Yas 55 LF Pipe insulation 20 Basement NUTEP YASA Hauter ID No. | Cubic Yards of Waste Norne of Registered Landill Name of Registered Weste Hauler T.R.R.F. Inc TBD-Gr Tech LLC Disposal Date City, Blate City, State Tullytown, PA TED Wayne, NJ 07470 ate. Signature Dompleted By (Print or Type) The 03/24/17 Owner N.Jevtic कार्त कर संभारता. . Do not use this form for asbessus it canzure example

Ch5439

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

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	MAR	2 8 2017	

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Date of Notification (1) 3/21/17		F	OUR SI	EASON:	S TRE	EE SEF	RVICE		photograph of Assessed					
Agencies Notified Type Notification	(=		eet Addr 301 VE	ress NTURA	DR	12	N.	N	T-	ASE	LIC		SING	
EPA Initial Amended Amendment #				Zip Code		01	<i>p</i>		= 8	300			8 =	
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	100000	me of Co						Telep	hone Num	ber			
			FACILIT	TY INFOR	MATIO	N	Type of F	acility (4)						-
Name of Facility Where Abatement is Taking 731 CYPRESS AVE	Place (3)						Sch	ool (K-12)) (Other	than K-12	2)			
Street Address 731 CYPRESS AVE						-	× Othe	er (i.e. pri)	vate &	commercia	al buildir	ngs, h		_
City (5) LAKEWOOD							Square F			Floors		g. Ag		
County (6) OCEAN			ounty Co	ode (7) SE ONLY)		_	HOME			g demolish	ned)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM Ì	No.		Name o	f Abatem _EAD F	ent Cont PROFES	nt Contractor (9) OFESSIONALS					
Street Address							reet Address WHITE DOVE COURT							
City, State, Zip Code							ate, Zip (Code), NJ 08	3701					
Project Manager for Monitoring Firm	Manager for Monitoring Firm						one No.			License N 1200	10.			
Citari Data (1-7)	Scheduled Completion Date (11) Name of OSHA Monitor						NALS			* * 1 P 4				
3/24/17 Occupancy Status During Abatement (Check	3/27/17)				Street /	Address							7
Facility Closed/Vacated During Entire F			ent					OVE CC	URT	92				
Abatement Performed Outside of Norm Other – Describe:	al Facility I	Hours					tate, Zip EWOOI	Code D, NJ 0	8701					
Scope of Work (Check All That Apply)							Full Containment with Negative Pressure							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti					Mini-	Enclosure	e cedure		gative Pressure on-Friable Procedure			
						×	∐ Non-	Exempted	a (*) an	d Non-File	DIE FIO		ement	
		_ocatio	8 1		D-	Developing of						Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	TO BE ABATED In Facility Custodial Staff? (1.e. thermal systems insulation, surfacing, VAT, or other miscallaneous)						ACM) on,	(3	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A			Cidina			21	000SF	x			
EXTERIOR			-			Siding								
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste														
NEWARK CARTING 04509 10														
City, State NEWARK, NJ					3/27			City, Sta BETHI			Data			
Completed by JOSEPH PERLSTEIN Title OWNER						Signatur	re	2			Date			

			(P	ursuar	t to NJA	C 8:60 and 5:10	6)		n 0	0 1	017		
Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)	III MA	R 2	8 2	2017		
03/	23 /	17		Jim	Manser			and discussion	21	<	7	<	
Agencies Notified	Type Notifica	ation		Street	Address			ASBES	TOS	CON	FIRE	7L 8	
⊠ EPA									<u>ICEN</u>	ISIN	G_	-	
□ DOLWD	☐ Amended	1		City S	State, Zip C	Code							
☑ DOH	Time 16-	ent #		The state of the s	elle, NJ 0								
DCA	☐ Emergen		3		of Contac			Talaahaaa Ni					
(NJAC 5:23-8)	justification Cancellat				Manser			Telephone Numl	ber				
				FAC	CILITY IN	IFORMATION							
Name of Facility Where A	Abatement is T	aking Place	(3)				Type of Facility (4)			- He		
Residence							☐ School (K-12)						
Street Address							Other (i.e., pri	(Other than K-12) ivate and commer) cial bu	ilding	S,		
City (5)							homes, etc.)		1 = .				
City (5) Sea Girt							Square Feet	# of Floors		dg. Aq	ge		
County (6)				Cour	tu Codo /7)(STATE USE ONLY)	2000	2	1 1	65			
Monmouth				Cour	ity Code (/)(STATE USE ONLY)	The second of the second	or if being demolis	nea)				
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No	Name of Ahatema	Residence						
Guardian Contracti	-	ang Owner	(0)	7100IVI	140.		ment Contractor (9)						
Street Address	ng, mo.					Street Address	ontracting, Inc.						
1889 Rte. 9, Unit 61						1889 Route 9	9, Unit 61						
City, State, Zip Code						City, State, Zip Co	**						
Toms River, New Je	ersey 08755						New Jersey 087	755					
Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No.		License No.					
Nicholas Fernicola			7	32-349	-9932	732-349-9932	!	00624					
Start Date (10)	S	Scheduled C	omple	etion Da	te (11)	Name of OSHA M	lonitor						
04 /19 /	17	04 /	_2	_ / _	17	E.M.S.L. Ana	lytical						
Occupancy Status During	Abatement (0	Check only	one)			Street Address							
□ Facility Closed/Vacate						1056 Stelton	ton						
Abatement Performed	Outside of No	ormal Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	ate, Zip Code						
Time of Abatement: _	AM	PM/	_PM		AM		New Jersey 088	354					
Scope of Work (Check al	I that apply)												
≥3 sf or ≥3 lf		⊠ Re	novat	ion		☐ Full Cont	Il Containment with Negative Pressure ni-Enclosure						
☐ ≥160 sf or ≥260 lf		-	moliti			⊠ Glovebag							
						☐ Non-Exe	mpted (*) and Nor	-Friable Procedu	re				
2 2		19	Loca						Ab	atem	ent T	уре	
Location Asbestos-Containing			Norma ed Sol	ely by	Acho	Description o stos Containing Ma	Maria de la companio del la companio de la companio de la compani	A == a= t	Re	Re	Ш	E	
TO BE ABA		Ma	intena	ance/		thermal systems		Amount (Specify	Removal	Repair	cap	Clos	
IN Facili	ty	Cus	todial (12)	Staff?		surfacing, VAT,		SF or LF)	Val		Encapsulate	Enclosure	
(13)		Yes	No	N/A	1	other miscellane	ous)				ate		
boiler room					asbesto	os pipe insulatio	n	30 lf		П	П	П	
				-									
		$ $ \square $-$	Ш										
11-					Vaste	Cubic Yards of	Name of Regist	ered Landfill		-			
Guardian Contracting, Inc.						Waste 3	T.R.R.F.						
City, State				20223		Disposal Date	City, State						
Toms River, New Je	ersey					4/21/17		Pennsylvania					
Completed By (Print or Ty	ype)	Title				Signature	1	/ Da	ate /	1			
Nicholas Fernicola	54-05/57	Project	Man	200=		1		1	3/2	_ /,			

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Data of Natification (1)					N				LLM/	AF :	2.8	201	7_
Date of Notification (1) 03 /	23 /	17					g Owner/Operator (ility Contractors	5.75		7 /		~	0000
	_						inty Contractors	s, inc.	ASSES	孙	त्र	NITE	for
Agencies Notified ⊠ EPA	Type Notifica ☐ Initial	ation			0.000.000.0000.000	Address			-	JOE	NSI	VG.	1 -w im
⊠ DOLWD	☐ IIIIIIai	i				tephanie				20-21-20			
□ DOH	Amendme				0-1-1-1-1	State, Zip C							
☐ DCA	☐ Emergend		luding			kson, NJ							
(NJAC 5:23-8)	justification					of Contac	t		Telephone Numb	er			
	☐ Cancellat	lon	- 117.		Bol)				_			
					FAG	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is T	aking	Place	(3)				Type of Facility	§ 58				
Residence								School (K-12	!) 3 (Other than K-12)				
Street Address									rivate and commerc		ilding	IS,	
City (5)								Square Feet	# of Floors	Bl	dg. A	ge	
Morganville								2500 sf	2		65		
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)	-		
Ocean							•	Residence					
Name of Monitoring Firm	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				-	
EHS Environmenta	I						100 march 100 ma	ntracting, Inc.					
Street Address							Street Address	G,				-	_
411 Southgate Ct.,	Suite E						1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					
Mickleton, NJ 0805	6						Toms River,	New Jersey 08	755				
Project Manager for Moni	itoring Firm			Tele	phone	No.	Telephone No.		License No.				
Jack Carney				85	6-224	-0080	732-349-9932		00624				
Start Date (10)					tion Da	500 1000	Name of OSHA M	lonitor					
03 /14 /	17	04	1/	05	_ / _	17	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (C	Check	only o	ne)		-737	Street Address					-	
☐ Facility Closed/Vacate							1056 Stelton						
Abatement Performed	Outside of No	ormal F	acility	Hour	s - Des	cribe	City, State, Zip Co	ode				- 11	
Time of Abatement: _		PIVI	′	_PIVI-		AIVI	Piscataway, I	New Jersey 08	854				
Scope of Work (Check all	I that apply)						Π = " 0 - '						
≥3 sf or >3 If		1	□ Re	novati	on		☐ Full Cont	tainment with Neg losure	gative Pressure				
≥160 sf or ≥260 lf		Ī	⊠ Der	molitic	n		☐ Glovebag	g Procedure					
				•		1		mpted (*) and No	n-Friable Procedure	T			
Location	of		10.79	Locat Iorma			Donasiation			Ab	atem	ent T	ype
Asbestos-Containing I	Material (ACM	1)	Use	d Sole	ly by	Asbe	Description o stos Containing Ma		Amount	Removal	Repair	Enc	Enc
TO BE ABA		200	Cust	ntena odial s	nce/ Staff?		., thermal systems	insulation,	(Specify	von	pair	aps	Enclosure
(13)	ıy		70000	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ıre
			Yes	No	N/A		100000000000000000000000000000000000000					Ф	
exterior						asbesto	s siding		3000 sf	\boxtimes			
basement						abestos	debris		30 yards	\boxtimes			
kitchen						asbesto	s floor tile		150 sf	\boxtimes			
roof				\boxtimes		flashing			20 sf	\boxtimes			
Name of Registered Was				0.00	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
Guardian Contraction	ng, Inc.				auler II 20223		Waste 45	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New Je	ersey						04/06/17	Tullytown,	Pennsylvania				
Completed By (Print or Ty	ype)	Title					Signature	1/1	// Dat	e	j	11	
Nicholas Fernicola		Pro	oject	Mana	ager			.' 1.	1 3	1)	3/1	7	
ASB-41				.00		0-1 00 00		1		1	/1	-	- 7/



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Date of Notification (1)					Nam	e of Buildir	ια Ον	ner/Operator (2)	100	WAT	20	201	9
03 /	22 /	17			1.00		250. ann	g & Disposal	2000		316	1.	2_	
			- 1/2			i toll wile	CKIII	g & Disposa		ASF	ESTO	\$ 60	NTE	101 E
Agencies Notified	Type Notifica	ation			Stre	et Address					LIC	ENSI	VG	
⊠ EPA ⊠ DOLWD	☐ Initial	,			P	O Box 13	62							
☑ DOH	Amended Amendm				City,	State, Zip	Code							
□ DCA	☐ Emergen			1	W	all, NJ 07	719							
(NJAC 5:23-8)	justificati		oluullig	,	Nam	e of Conta	ct			Telephone No	umber			
	☐ Cancellat	tion			D	oug								
					F	CILITYII	VEO!	RMATION		<				_
Name of Facility Where A	hatement is T	Taking	Place	(3)	17	CILITI	VI OI	MATION	Type of Facility (4	,				
Residence	ibatorriorit is i	aking	i iacc	(5)					School (K-12)					
Street Address									Subchapter 8		-12)			
Street Address									Other (i.e., pri	vate and comr	nercial l	ouilding	JS,	
0.1. (5)									homes, etc.)					
City (5)									Square Feet	# of Floors		3ldg. A	ge	
Spring Lake									2000	2		65		
County (6)					Co	inty Code (7)(STA	TE USE ONLY)	Current Use (Price	or if being dem	olished)	Š.		
Monmouth									Residence					
Name of Monitoring Firm	Hired by Build	ding C	wner ((8)	ASC	No.	Na	me of Abateme	ent Contractor (9)					
N/A							(Suardian Co	ntracting, Inc.					
Street Address							Str	eet Address					- 25	-
							1	889 Route 9	. Unit 61					
City, State, Zip Code								y, State, Zip Co						
								18 i.a	New Jersey 087	55				
Project Manager for Moni		Τo	lephone	No.		ephone No.	itew dersey our							
- reject manager for morn	itoring r iiiii			10	ephone	; NO.		32-349-9932	,	License No.				
Start Date (10)	10	ا م م م م			lation D	-h- (dd)	-			00624				
04/04/	1000000000					ate (11)	0.00	me of OSHA N						
					10 /	17		.M.S.L. Ana	lytical					
Occupancy Status During			POUR ALL SECTION				Str	eet Address						
☐ Facility Closed/Vacate							1	056 Stelton						
☐ Abatement Performed							City, State, Zip Code							
Time of Abatement: _	AIVI	PI	/I/	_PIV	n	_AIVI	Piscataway, New Jersey 08854							
Scope of Work (Check all	that apply)						1							
☐ ≥3 sf or >3 lf			П п-						tainment with Nega	ative Pressure				
≥160 sf or ≥260 lf			☐ Re 図 De				☐ Mini-Enclosure ☐ Glovebag Procedure							
									mpted (*) and Non	-Friable Proce	edure			
			Is	Loca	ation							batem	ent T	vpe
Location				Norm				Description o	ıf				T	
Asbestos-Containing I	Material (ACM	1)			lely by			Containing Ma		Amount	l d	Repair	nc	nc
TO BE ABA IN Facilit			1 2000		I Staff?	(i.e		ermal systems		(Specify	Kemova	말	aps	Enclosure
(13)	ıy		30000000	(12				surfacing, VAT, her miscellane		SF or LF)	=		Encapsulate	re
			Yes	No	N/A								(D)	
exterior				\boxtimes		asbest	ne ei	idina		2300 sf	×	1 0		
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			Ш											
											Г	П		П
Name of Pagistared West	in Haules			Ц		10/	101				_			
Name of Registered Waste Hauler NJDEF						Wa	oic Yards of ste	Name of Regist	ered Landfill					
Guardian Contraction	ng, inc.				2022		4		T.R.R.F.					
City, State	1			-			Dis	posal Date	City, State					
Toms River, New Je	ersey						0	4/06/17	Tullytown, I	Pennsylvani	a			
Completed By (Print or Ty	/pe)	Title						Signature	1	1	Date	ſ	E	
Nicholas Fernicola		P	oiect	Mai	nager				1	/	3	123	, /.	
100.44			,,		-50.				1-1-6	/		00	-/1	1

									10M V	UTIN	10	22	1.1			
Date of Notification (1)							g Owner/Operator (• •								
	22 /	17			Vir	tua Mem	orial Hospital of	Burlington Co	unty 5	0	P 1	77	7 6			
Agencies Notified	Type Notifica	ation			Street	Address			- HA)	6		$ \forall$				
☐ EPA					175	Madiso	n Ave.					Section 1				
□ DOLWD □	☐ Amended	ı L				State, Zip (11111	1 A D	0.0	001	a			
☑ DHSS	Amendme	0.51104050			255	200 District	, NJ 08060			IAR	20	201	1			
DCA	⊠ Emergen		ding			of Contac	And the state of t		Telephone Num	hor						
(NJAC 5:23-8)	justificatio					de Fannir			Lelebuque Mau	-	S CC	VAITTE	001			
	_ Cancellat	.1011							1-	TICE	HSI	1317	101			
					FA	CILITY IN	IFORMATION		The second secon							
Name of Facility Where A		aking Pl	ace (3)				Type of Facility								
Virtua Memorial Hos	spital		20					School (K-12		N						
Street Address									3 (Other than K-12 rivate and comme		uilding	IS.				
175 Madison Ave								homes, etc.)				NO.				
City (5)	MITTER OF THE PARTY OF THE PART							Square Feet	# of Floors	BI	dg. Ag	ge				
Lumberton, NJ																
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)						
Burlington								Hospital								
Name of Monitoring Firm	Hired by Build	ding Own	er (8))].	ASCM	No.	Name of Abateme	ent Contractor (9)								
Vertex Air Quality S	ervices						BRISTOL EN	VIRONMENTAL	L, INC.							
Street Address							Street Address									
700 Turner Way							1123 BEAVE	R STREET								
City, State, Zip Code							City, State, Zip Code									
Aston, PA 19014							BRISTOL, PA									
Project Manager for Monit	toring Firm			Tele	phone	No	Telephone No.	10001	License No.							
Don Heim	loring i iiiii				0-558		215-788-6040	1	00509							
Start Date (10)	T c	Schedule	d Cor				Name of OSHA M		00309				-			
3_ / 24 /	40.00000	3							INC							
						-17		VIRONMENTAI	L, INC.							
Occupancy Status During					11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		Street Address									
☐ Facility Closed/Vacated ☐ Abatement Performed						auth a	1123 BEAVE									
Time of Abatement: 7:						cribe	City, State, Zip Co									
			_				BRISTOL, PA	19007								
Scope of Work (Check all	that apply)						□ Full Cont	hainmant with Nan	Manativa Desaver							
☐ >3 sf or >3 lf			Reno	ovatio	on		 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure 									
≥160 sf or ≥260 lf			Dem				Glovebag Procedure									
							Non-Exe	mpted (*) and No	n-Friable Procedu	re						
				ocati						Ab	ateme	ent T	ype			
Location (Jsed	rmal Sole	-	A-h-	Description of	Carlo Service and Property of the Property of	A	Re	Re	щ	m m			
Asbestos-Containing N TO BE ABA		"	Main	tena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	icar	iclo			
IN Facility		C			Staff?	,	surfacing, VAT	, or	SF or LF)	Val	-	Encapsulate	Enclosure			
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(12)	NI/A	-	other miscellane	ous)				ate				
		Y		No	N/A	Company of the Compan	7,000,00						-			
1st Floor Patient Acce	SS			X		Dbl Lay	ered Floor tile		1350 SF	\boxtimes						
			1 [П	П	П	П			
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			1 [\perp						
] [
Name of Registered Wast		INC		100	JDEP \		Cubic Yards of Waste	Name of Regis		_			-			
SERVICE TRANSPO	יאו פאטטף	, INC.		100000	20990		20	Minerva La	татш							
City, State							Disposal Date	City, State								
NEW CASTLE, DE 1	9720						3/28/17	Waynesbu	rg, OH							
Completed By (Print or Ty	pe)	Title					Signature	2	, Da	te ,	-					
Gino Pizzigoni	A 0						111 -	Cinnigoni	101		1					
GIIIO FIZZIGOIII	}	Estir	nato	Г			184000	MANAGAMA	1 811	3/2	2/	1 /				

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Date of Notification (1)

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

DESCRIPTION OF THE PROPERTY OF	DEC	Print Fo	rm_
of Personal State of the State	N	2 8 2017	
	ASBEST LI	OS CONTROL (CENSING	N. C.
		7 * A	
I Te	lenhone Numbe	er	
y (4)			
(-12) er 8 (Oth	ner than K-12) & commercial b	ouildings, homes,	
# c	of Floors	Bldg. Age 80+	
rior if be	ing demolished		
ontractor ntal Se	r (9) ervices, LLC		
ue			
7304			
	License No. 01174		

Date of Notification (1) 3-23-2017						Owner/O			and the same		AR	28	20	17
Agencies Notified	Type Notification				Address Slinton S	Street			and and and an in-	ASBE	STO	S CC	ITM	ROL
EPA DEP DOL	Initial Amended Amendmen	t #	_		ate, Zip C ken, NJ	ode			From	The second secon		ENSI	NG	
DOH DCA	ignormalization Emergency justification Cancellation				of Contact Vinschu				l Te	lenhone Ni	mher			
				FAC	ILITY INF	ORMATIC	ON							-
Name of Facility Where Commercial Buildin	Abatement is Takir ng	ng Place (3	3)					Type of Facility School (K-						
Street Address 720 Clinton Street								Subchapte	r 8 (Oth	ner than K-1 & commerc		dings,	hom	es,
City (5) Hoboken, NJ 0703	0							Square Feet 40000	# c	of Floors	10000	ildg. A	ge	
County (6) Hudson					Code (7) USE ONLY	0		Current Use (Pr	ior if be	ing demolis	hed)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASC	M No.			of Abatement Co			<u> </u>			
Street Address							Street	Address		rvices, L			- 0	
City, State, Zip Code							City, S	Virginia Avenu tate, Zip Code						
Project Manager for Mon	nitoring Firm		- 1	Telepho	ne No.			ey City, NJ 07	304	License N	Jn.			
Start Date (10)		Cabadul					201-3	333-8855		01174				
4-3-2017		4-14-2	017	npietion	Date (11)			of OSHA Monitor e as above						
Occupancy Status Durin				v	1 2200 11		Street	Address						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	nal Facility	Hours	nent S		_	City, S	tate, Zip Code						
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		-	Renova Demolit				××××	Mini-Enclosur	e cedure					
		le	Locati	on				14011-Exchipte	u () an	u Non-i nai	1 10	Abate		t
Location	n of	1	Normal	ly		Des	cription	of				Ту	ре	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Ma	d Sole intenar todial S (12)	nce/	Asbes (i.e.	stos Conta thermal s	aining M systems ing, VA	laterial (ACM) s insulation, T, or	(8	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Th		Yes	No	N/A									te	
Through the			X		Pipe			Rap & Cut	4:	27 LF	X			
5th Flo			X				VAT			25 SF	X			
2nd Flo			X				VAT			75 SF	X			
2nd Flo			X			Ceiling		CONTRACTOR OF THE PARTY OF THE		75 SF	X			
Name of Registered Was Green Environmenta			Н	JDEP W auler ID 034889	No.	of Wast			20000	ered Landfil orth Landf				
City, State Jersey City, NJ						Disposa 4-14-2		City, Sta Morris\		A				
Completed by Liliana Serrano		Title Office	e mar	nager		Sig	gnjature	ieus De	(A)	10 NO. 100.0000	ate 23-20	017	93-00	
							4		-	V-V			100	

CK\$ 1762

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

								, a	1112	0		и	U
Date of Notification (1) 3/22/17						ing Owner/Operato		Electric of	K				
Agencies Notified	Type Notification	vn.			et Addres	tsch/Union Gro	ve Apts.			MAR	9 1	1 2	017
TEPA	Initial	Ш				s ents Bridge Road	1		U L	MAN	, () (UII
DEP	Amended				State, Zip			-	organica inc				
DOL	Amendment Emergency		-			NJ 08007			ASB	EST	OS C		
⊠ DOH	justification)	g		ne of Cor			Tele	phone Nu		7-1	SHY	2
☐ DCA	Cancellation			Gary	William	ıs				_			
				FA	CILITY IN	IFORMATION							_
Name of Facility Where A	batement is Tak	ing Plac	e (3)				Type of Facilit	ty (4)					
Apt. Complex							School (K-						
Street Address							Subchapte				1.11		
1200 Clements Bridg	e Road						Other (i.e., homes, etc	2.)			_		-
City (s)							Square Feet	# 0	f Floors		Bldg.	75	
Barrington, NJ 08007							Large	_ 3			0 yr	S	
County (6) Camden				USE	inty Code EONLY)	(7) (STATE	Current Use (F		eing demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner	_	ASCM		Name of Abstan	Apt. Comple						_
(8)	med by building	, Owner		MOUN	NO.	AEi2, LLC	nent contractor (3)					
Street Address						Street Address							
ou con riddi coo						361 E. Flemin	no Pike						
City, State, Zip Code						City, State, Zi							
						Hammonton,							
Project Manager for Mo	nitoring Firm		Tele	ephone	No.	Telephone No.			ense No.				
						609-481-212	.2	00)689				_
Start Date (10)	Sch	eduled C	omple	tion Da	ate (11)	Name of OSHA	Monitor						
3/25/17	4/1/					AEi2, LLC							_
Occupancy Status During			100			Street Address							
Facility Closed/Vacate	12.75.6					361 E. Flemi							_
Abatement Performed Other - Describe:	Outside of Norm	ai Facilit	y Hou	rs		City, State, Zip C Hammonton,	Ode NI 08037						
Scope of Work (Check all	that apply)								_				
—	шас арріу)						ntainment with N	legative	e Pressure				
≥3 sf or ≥3 lf		X Re	enovat molitic	ion		Mini-En	ciosure ag Procedure						
≥160 sf or ≥260 lf		П	moner	····			empted (*) and N	Non-Fria	ble Proce	dure			
		100,000	ocati								Abate		
Location of	£0		ormally I Solel			Description of	f				Тур	_	
Asbestos-Containing Ma	terial (ACM)		ntenan		Asbes	tos Containing Mat	erial (ACM)	0.0000000000000000000000000000000000000	nount	R	R	E n	E
TO BE ABATE IN Facility	<u>.D</u>		ustodia Staff?	11	(i.e.	, thermal systems i surfacing, VAT,			pecify or LF)	e m	e p	C &	1
(13)			(12)			other miscellaned	ous)			0	a	p s	0 5 11
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								a 1	r	l a	r
First Floor		Yes	No	N/A	Cornet	& Vinyl Tile		1500	CE	7.	-	t	
11131 11001		-		X	Carper	& villyl Tile		1300	- SF	X	-		_
		-								+	-		
		-			-					1	_		
Nome of Desirer 1981	- Uzul-		٠,	IDES:		Louis V	I Name 78			\perp			
Name of Registered Waste	e mauier		1.0	JDEP \ auler IE		Cubic Yards of Waste	Name of Reg	istered	Langill				
AEi2, LLC				1376		15	TBD						
City, State		or will be described in	_			Disposal Date	City, State					4	CONT.
Hammonton, NJ	<u> </u>					TBD	TBD		12				
Completed By Wm. Minnick	Titl		Ma			Signature	lanni	1	Date 3/22/1	7			
vv III. IVIIIIIIICK	<u>P</u>	rogram	ıvıgı	•			m	1	_ 3/22/1				

Print Form

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

Check sent (#7710)
Woriginal Submission

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Date of Notification (1)		Name of	Building Owner/	Operator	(2)	Monard P	@ [= n	7\/7	F
March 23, 2017 Agencies Notified Type Notification		ITC Street Ad	bert &	1,0	role Ho	Trimaga	16 1	3	V	旦
EPA DEP DOL Amended Amendment # Emergency (in justification) Cancellation	1 Chuẩng	City, State	e, Zip Code	<u>ielo</u> Hao		OSO3 Telephone Nu	AR 3	28	2017	
Name of Facility Where Abatement is Taking Residential D Street Address		29			Type of Facility (4 School (K-1) Subchapter Other (i.e. p		2) ial build	ings,	home	s,
County (6) Haddonti County (6) Camden Name of Monitoring Firm Hired by Building On		County C	SEONLY)	I Niemo		#of Floors 2 or if being demolis dence	1	dg. A	ge	
Quality Environmental Concepts Street Address		None		Qua	lity Environmen					
1053 North Tuckahoe Road					Address North Tuckah	oe Road				-
City, State, Zip Code Williamstown, New Jersey 08094	***************************************		***************************************		State, Zip Code amstown, New	Jersey 08094				
Project Manager for Monitoring Firm Edward Knorr		Telephor 856-62	ne No. 19-1166		none No. 629-1166	License I	lo.			
04-03-17	Scheduled Con				of OSHA Monitor lity Environmen	ital Concepts		0.00		
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other — Describe:	eriod of Abaten	nent S		1053 City, S	Address 3 North Tuckah State, Zip Code amstown, New					
Scope of Work (Check All That Apply)				AAHH	ansowi, ika	Jeisey U0034				-
☐ ≥3 si or ≥3 lf ☐ ≥160 si or ≥260 lf	Remova Demoli	2474711878			Mini-Enclosure Glövebag Prod				e	-
Location of	Is Locat Normal	lly		escription					ement pe	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Vised Sole Maintena Custodial (12) Yes No	nce/	Asbestos Co (i.e. therm surf	ntaining I	Material (ACM) is insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	-	X	Ashes	शेव	Cloth	705F	V			
		one of the last			Some .		1			
			meta		ctwork	29				
Nome of Paris			vario	us l	ocation		-			
Name of Registered Waste Hauler Quality Environmental Concepts		LIDEP W lauler ID		c Yards aste -		Registered Landii		50	lich	
City, State	1	9710	day		JIW	astero	my	<u> </u>	-70	
Williamstown, New Jersey			Disp	osal Date	City, State	llawau	1. 1	U	٠.	
Completed by Edward Knorr	Title Vice Presi	ident	-	Signalur	e Cuche		03	-2	3-1	7

CILOQUEURG

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

Date of Notification (1) 03/23/17			Name Sem	of Building Home Bu	Owner/C	Operator	(2)		36		M	E
Agencies Notified Type Notification			Street	Address Ratzer Ro					MAR	20	2047	,
EPA Initial Amended Amendmen			City, S	tate, Zip Cone, NJ 07	ode				MAH	20	2011	
□ DOH		g	Name	of Contact rank Sen		Jr.		Telephoi	RESTO ne Numbe	S CO	NTR VG	0L &
Name of Facility Where Abatement is Takir	ng Place	(3)	FAC	CILITY INFO	ORMATI	ON	Type of Facilit	V (4)				
Residential							School (K	*500200300 50000000				
Street Address							Subchapt Other (i.e etc.)	er 8 (Other that private & com	n K-12) mercial b	uilding	s, hom	nes,
City (5) Pequannock Township					WHE: HELSEN		Square Feet 2,000 +	# of Floo	rs	Bldg.		
County (6) Morris			County (STATE	Code (7) USE ONLY))		Current Use (F	Prior if being de	molished			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			of Abatement Contracting &		ental Co	nsulti	na Ir	nc.
Street Address						Street	Address Route 23			rioditi	119, 11	10.
City, State, Zip Code						City, St	ate, Zip Code					-
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	ne, NJ 07470 one No.	Lice	nse No.			
Start Date (10)	Schedu	led Co	mpletion	Date (11)			28-9200 of OSHA Monito	004	80			
04/03/17	04/07/	17	-104 (104-10-4-1044)				Vision Con).			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of	Abater	ment			20-21	Address Wagaraw R	toad, Bldg. #	‡35E			
Other – Describe:	iai Facilii	y noui	S		_		ate, Zip Code .awn, NJ 074	110				
Scope of Work (Check All That Apply)	-					-				-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor.	Renova Demoli				×	Mini-Enclosu Glovebag Pr					
	Is	s Locat	ion				Non-Exempt	and Non-	TTIADIE	Aba	temen	t
Location of Asbestos-Containing Material (ACM)		Norma ed Sole				cription o			-		уре	
TO BE ABATED In Facility (13)	Ma	aintena stodial ((12)	nce/		thermal s	systems ing, VAT		Amount (Specify SF or LF	7	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A								Ö	
Basement			X		-	Insulat	on	15 LF	X	_	_	
2nd Floor			X			or Tile		650 SF				
Exterior	-		X			Plaste		120 SF		-		
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic Y	ite Sid		450 SF				
J.R. Contracting & Environmental Co	onsul.,	Inc H	lauler ID 7819	No.	of Wast			f Registered La Central Lan				
City, State Nayne, New Jersey					Disposa	al Date	City, Sta Pen Ar	te gyl, Pennsy	Ivania			
Completed by Jerry Bijelonic	Title Proje	ect Ma	nager		Sig	nature			Date 03/23	/17		

** Emergency ** State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
NOTIFICATION OF

·	-		(P	ursuant	to NJAC	3:60 an	d 12:12	0)	C	KUC	5 U	16				7	
Date of Notification (1) 3/23/17					of Building (1		MAR	28	20	17]
Agencies Notified	Type Notification		-	Street A						led les	<u> </u>					-	
											L	OTO	0.00	NIT	001	-	1
EPA DEP	Initial Amended		ł	City, Sta	ate, Zip Co	de		. 1		-	ASB	STO	ENS		HUL	Č	1
Ĭ DOL	Amendment				ersville N		12					LIVI	LIVO	INO			
	Emergency		1		of Contact						Tele	ephone	Numl	ber		(1112-4-10-)	
DOH DCA	justification) Cancellation		1	Angel													
Doi:	T Garredianer				ILITY INFO	RMAT	ION			-						_	-
Name of Facility Where	Abatement is Takir	g Place (3	3)	17.0		7141117411		Ту	pe of Fa	cility (4)						
Angelo Destefano	Private Home								School	ol (K-12))						
Street Address								iF		hapter 8		er than	K-12)				
								X		(i.e. pr	ivate 8	k comm	nercial	build	lings,	home	es,
City (5)					Anno II Anno I			Sc	etc.) quare Fe	et	# of	Floors		B	ldg. A	ne .	-
Turnersville NJ 08	8012							1 1	000 +	0.	1	1 10010	88	125.6	5+	90	
County (6)	7012		-	County	Code (7)			200	urrent Us	a (Print		na dem	nolishe		01		
Camden					USE ONLY)			00	arrent os	ic (i iioi	II DOI	ig dem	ionorio	·uj			
Name of Monitoring Fire	m Hirad by Puilding	Owner (8)		ASC	A No.		Namo	of /	Abateme	nt Cont	ractor	(0)		_		_	
Name of Worldoning Fill	in miled by building	Owner (6)		ASCI	VI INU.		The second second second		o Inc.	ni Goni	iacioi	(9)					
Ctroat Address									and all and the state of the st			-				-	
Street Address							Street		x 329								
01 01 7 0 1											-						
City, State, Zip Code							A CONTRACTOR OF THE PARTY OF TH		e, Zip Co		04						
									erlin N	J 080:	91						
Project Manager for Mo	onitoring Firm			Telepho	ne No.		Telepi						se No				
							10000	- M	3-9800			0072	21				
Start Date (10)				mpletion	Date (11)			2007/2007	OSHA M	onitor							
3/24/17		3/25/1					San										
Occupancy Status Duri	ng Abatement (Ched	k Only On	ne)				Street	t Add	dress		J.						
	cated During Entire							- 25									
	med Outside of Norr Home Owner Hom		/ Hour	S			City, S	State	e, Zip Co	de							
	Water and the same of the same		11-2-														
Scope of Work (Check	All That Apply)						_	_									
≥3 sf or ≥3 if			Renova				-		Full Con		nt with	Negati	ive Pr	essui	е		
2160 sf or ≥260 lf)emoli	ition			200		Mini-End Gloveba		duro						
							D		Non-Exe			d Non-F	Friable	Pro	cedur	е	
		le	Loca	tion											Abate	ment	
Locatio	on of	1000	Vorma			Da	scription	n of							Ту	ре	
Asbestos-Containin				ely by	Asbest				erial (ACI	M)	A	mount	1			m	
TO BE A	BATED		intena todial	ance/ Staff?		thermal	l system	s ins	sulation,			pecify		Re	Z	nca	Enc
In Fac			(12)				cing, VA				SF	or LF)	1	Removal	Repair	Encapsulate	Enclosure
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		Yes	No	N/A							-						
Family I	Room			×		Floo	or Tile	only	У		15	0 SF		Х			
			-			-				-					-	-	
Name of Registered Wa	aste Hauler		104	NJDEP W	CONTRACTOR OF THE PROPERTY OF		Yards		Nai	me of R	egiste	red Lar	ndfill				
United Containers			- 1	Hauler ID	No.	of Wa	ste		G.	R.O.V	V.S.						
			-	22459		3	I D - I										
City, State							sal Date	3	4 93.32	y, State		1 100	67				
Elm NJ		1				3/27/			IVI	orrisvi	ne PA	4 190					
Completed by		Title	:	L		5	Signatur	6	2				Date		7		
Anthony T Perna		Pres	iden	į.			(-	1	Market Street,	NAME OF TAXABLE PARTY.			3/2	23/1	1		

NC	OTIFICAT			Jersey STOS ABA 3:60 and 12:	TEMENT		Che	ck#3721 E				The second secon
oject#	(Pursu	ant to	uilding	Owner/Oper	ator (2)		A STATE OF THE STA	MAR 28	2017	And to design	IJ	
is then (1)	Nan	ne of Bi	Dav	School	*** ****			WALL		- 1"		-
Date of Notification (1)	Prin	eet Add	iress							_		1
3/21/2017 Type Notification	650	Grea	t Rd					ASBESTOS	CINIC	JL&		T
Agencies Notified Type Notification	Cit	ty, State	e, Zip C	ode				LICEN	21140		+	-
EPA Initial Amended	Prit	nceton	, NJ	08540			Tele	ephone Number				
EPA Amended Amendment # Emergency (including	N:	ame of	Contac	t					_	-	+	
iustification)	Ste	eve St	torey		N		_			- 100	7	
DCA Carlosius		FACIL	LITY IN	FORMATIO	T	Type of	Facility (4)					
Name of Facility Where Abatement is Taking Place	(3)				I	7 Sc	(K-12)	har than K-12)				
Name of Facility Where Abatement						Su	hool (K-12) bchapter 8 (Others)	her than K-12) & commercial bu	ildings, ho	omes,		
Princeton Day School					1.7	ے et	c.)		Bldg. Age	е		
Street Address		100			-	Square	Feet #	of Floors				
650 Great Rd					1		161	-i demolished				
City (5) Princeton, NJ		County	Code	(7)	-	Currer	nt Use (Prior if t	peing demolished)				
		(STATE	USEO	NLY)	-		2 1400	tor (9)				
County (6)	1		CM No.		Name	of Abat	tement Contrac	(0)				
Mercer County Name of Monitoring Firm Hired by Building Owner	(8)	ASC	JVI 140.		Nick R	Restor	ation LLC					
Name of Monitoring 1					Street	Addre	SS					
RAMM Street Address					72 Br	ooksi	de Rd					
77 Nottingham Rd					City,	State, 2	Zip Code					1
City, State, Zip Code			(*)		Rando	olph	NJ 07869	License No				
L		Teler	phone N	No.		phone N		01133				1
Project Manager for Monitoring Film		(201)	475-9	880	973-9	933-25	SHA Monitor					1
Rodger Headrick Sci	heduled C	complet	tion Dat	e (11)	IRIS		J. 11					1
Start Date (10)	03/2017					et Add	ress					1
	nly One)				0333	RT	22			-		-
Occupancy Status During Abatement (Ones	ind of Aba	atement	t		City	State	, Zip Code					
Occupancy Status During Abatement Performed Outside of Normal Other – Describe: 4pm	Facility H	ours			Unio	on, N	J 07083		Draceure			
Scope of Work (Check All That Apply)							Full Containme	ent with Negative	Pressure			
	Re	novatio	n				Mini-Fnciosuis	5				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	De	molition	11				Non-Exempte	cedure d (*) and Non-Fria	A	batem	ent	
2160 \$1 01 =200										Туре		
	Is	Location	n l		D	iption o	f	Amount				п
0.000	N	lormally d Solely	/ v bv	Achestos	2100	: NA-	tonal LAUIVII	(Specify	Removal	Re	Encapsulate	Fuciosone
Location of Asbestos-Containing Material (ACM)	Mai	intenan	ce/	(i.e. th	ermal sy surfacin			SF or LF)	nov	Repair	suk	build
TO BE ADAILE	Cust	todial S (12)	taπ?		other mis	scellane	eous)		<u> </u>		te	,
In Facility (13)		(12)		4			385555 <u>5</u>		-	1		Γ
(Yes	No	N/A					< 9 LF	×	1		+
- 210		×		TSI								1
Attic area/entrance Room 219	+											1
	-	+	1					-				1
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			1	Waste	Cubic	Yards		of Registered La				
			NI II II-	VVasio	of Was	ste	G.R.C).W.S				_
of Posistered Waste Hauler			Hauler	ID No.								
Name of Registered Waste Hauler			Hauler	ID No.	TBD	sal Dat	City,	State				
Nick Restoration LLC			Hauler	ID No.	TBD Dispo	sal Dat	City,		Deta			
Nick Restoration LLC			Hauler	ID No.	TBD Dispo TBD		e City, Tully	state town, PA	Date 03/21/	2017		
Nick Restoration LLC	Tith	3	Hauler 33782	ID No.	TBD Dispo TBD		City,	state town, PA	Date 03/21/	2017		

)·.93654868	7 <u>L</u>	(Pu	rsuan	N OF A	New Jersey SBESTOS A AC 8:60 and	12.120)	90 		B	E	CE		47			
te of Notification (1)	1	1	Name o	of Buildi	ing Owner/O vartz	perator (2)		No.	ħ	MAR 28	3 20	1/	-		
3/20/2017	ication			Addres						VORE	STOS	ONT	RO	1 8		-
endes Notines				7:	- Code				-	AODE	LICEN	SING				Ц
Ame	nded ndment #		City, S Elmv	vood F	_{p Code} Park, NJ 0	7407			1 7	-lanh	one Numbe	er .				1
DOL Eme	rgency (includ	ling	Name	of Con	tact wartz					elebin	one manie				-	1
DOH Justi	cellation				INFORMAT	ION		(F-aili	by (4)							1
ame of Facility Where Abatement	is Taking Place	ce (3)						of Facili School (Subchap	K-12)	Other t	han K-12) ommercial	buildin	as, t	nome	es,	
treet Address							2.1	etc.)					g. Ag	_		
							Squa N/A	re Feet		# of FI N/A	OOFS	N/A		,0		
City (5) Elmwood Park					(7)				(Prior if	being	demolishe	ed)			-0.3=	
County (6)			Cour (STA	nty Cod TE USE	e (7) ONLY)		Hou	use								_
Bergen Name of Monitoring Firm Hired by	Building Own	er (8)	A	SCM No	Э.	Nam	e of Ab	atement temen	Contra t Inc	ctor (9))					
Name of Monitoring Firm Hired by N/A	Building 9					Stre	et Addre	ess		_						
Street Address						11	Roser	ngren /		е						_
						City	State,	Zip Cod NJ 07	le 512							
City, State, Zip Code							ephone				License N	0.				
Project Manager for Monitoring F	irm		Tel	ephone	No.	97	3-345	-8685			01311					_
40	S	cheduled (Comple	etion Da	ate (11)	Nar	ne of O	SHA Mo ateme	onitor nt. Inc							
Start Date (10) 03/30/2017	0	3/31/201	16			Str	eet Add	iress					- 21///			
Occupancy Status During Abate	ment (Check (Only One)				11	Rose	engren		ue					_	-
Facility Closed/Vacated Du Abatement Performed Out Other – Describe: occupie		nod of Aba I Facility H	ours			Cit	y, State otowa	e, Zip Co , NJ 07	7512							
Scope of Work (Check All That		× Re	novatio molitio	on n			×	Mini-Er	closure	:	n Negative			luro		
≥160 sf or ≥260 lf								Non-Ex	cempted	d (*) ar	nd Non-Fria	able Pr	Ab	alei	HOIL	10000
		ls L	ocatio	n			2 5						1	Тур	e	
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)	rial (ACM)	Used	ormally I Solely ntenan odial S (12)	y by ce/	E 22	Descri Contain ermal sy surfacin other mis	a. VAT.	terial (Al nsulation , or	CM) n,		Amount (Specify SF or LF)	Kemovai		Repair	Encapsulate	
V-=7		Yes	No	N/A		Pipe Ir	nsulati	ion			32 LF	Σ				
Basement			X			ripe II	isaiati									1
					-											
					-							1511				
	- Lilar		1	NJDEP '	Waste	Cubic Y			Name o	of Regi	istered Lan	ndtill at of F	Α			
Name of Registered Waste F D&S Abatement, Inc.	auler		l l	Hauler II 10996	D No.	of Wast	te al Date		City St	tate	nagemer					
City, State Totowa, NJ						TBD	ignature		Tullyt	own,	PA	Date 03/2		201	 7	
Completed by Ned Joksimovic		Proj	ect N	lanage	er			2						_	d act	+i+

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

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

		(Pursu				7 and 12:120-7		-				
Date of Notification	n (1)		Name	of Bui	llding	Owner/Operato:	r (2)	10	C		1 0//	F
3/22/2017			Wi	llia	m Re	dl		111)	- 6	5	I W	15
Agencies Notified	Type Notif	ication	Stre	et Addı	cess			HIST				
[]EPA	[X]Initia	al				2		The state of the s	MAR	2 0	201	7
[]DEP	7 5	fication	City	State	Zin	Codo		LJ L.	111/1/11		201	/
	[]Amende	ed	CICA	, State	, 41p	Code						
[X]DOL	Noti	fication						ASE	BESTO			OL &
[X]DOH	[]EMERGI	INCV	100000000	of Cor			Telephor	ne Number	LIC	ENSI	NG	
[]DCA	1		Wi	llia	m Re	dl						
	[]Cancel	Llation										
						INFORMATION						
Name of Facility Whe	ere Abateme	nt is Taki	ng Pl	ace (3)		Type of Facil	ity (4)				
William Redl							[]School	(K-12)				
Street Address								ter 8 (Oth				
							[X]Other (buildings,			comme	rcıa	Τ
							Square Feet	# of Flo		ldg.	Ace	
City (5		County	(6)		Cou	inty Code (7)				Lug.	90	
montclair		Essex	:		(SI	TATE USE ONLY)	Current Use (Prior if b	eina de	emoli	shed)
										******		,
Name of Monitoring E	Firm hired h	oy Buildin	g AS	CM No.		Name of Abate	ment Contracto:	r (9)				
Owner (8) N/A						AZTECH M	MANAGEMENT	, Inc.				
Street Address						Street Addres						
							topher St					
City, State, Zip Cod	1							•				
city, state, hip coo	ie					City, State,		4.0				
						Montelai	r, NJ 070	42				
Project Manager for	Monitoring		_	ne Numb	er	Telephone Num			License		ber	
		N	A			(973)744	-8800		003	71		
Scheduled Start Date	(10) Sc	hed. Comp	letio	n Date	(11)	Name of OSHA	Monitor					
3-3117		4-31	.7			N/A						
Month Day Ye Occupancy Status Dur		Month I	Day	Year	:							
[X] Facility Clos	sed/Vacated	During En	tire	one) Period		Street Addres	S					
of Abatement	t											
[]Abatement Per Hours - Descr	rformed Out	side of No	rmal	Facili	ty	City, State,	Zip Code					
[]other - Descr	ribe: «Other	Occupancy	Desc	ript»								
Scope of Work (Check												
*		PP-17				[]Full	Containment wi	th Negative	e Press	sure		
[X]>3 sf or []>160 sf o		95	100	ovation		[X]Mini-	Enclosure	-574				
[]5100 SI 0	F ≥260 II	1] Dem	olitior	1		-bag Procedure riable Procedu	re				
			Is			į juon i	riable Flocedd		Ab	ateme	ent T	'vpe
Location			ocati ormal			Descriptio				T	E	E
Asbestos-Con Material (Used Solel			Asbestos-Conf Material (Amount	R	R	C	N C
TO BE ABA		By Ma	ainter	nance/		(i.e., thermal	N129 P-27 (20)	(Specify	MO	P	AP	L C
In Facil	ity		ıstodi aff (in	sulation, surfa		LF)	V		S	S
(13)		Yes	No	N/A	(or other miscel	Llaneous)		A L	R	U	U R
Basement				37	Dia			20		+-		E
Dasement				X	Pip	e insulat	lon	30 LF	X			
Name of Registered Wa		Account to the second	DEP W		100000	oic Yards	Name of Regis	stered Land	fill		-	
AZTECH MANAGE	EMENT, I		uler 7040	ID No.	of	Waste 1.0	Minerva	Enterp	rise	IN	C	
City, State	-	1	, 0 20		Dis	posal Date	City, State					
Montclair, NJ	07042				1	-4-17	Waynesbu	ira. Oh	io 4	4688	3	
Forester 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 -	W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.							-5/011				
Completed By (Print o	1,777	itle				Signature	1_	1/	Date			
Constantine Vi	.vian E	reside	nt			1/ 1/3	11/1/2 ./.	1/1.	3/22	/201	7	
						1 11/	111/11/7 . 11/1/22	1111111111				

CK 5442	N		CATION	ite of Nev OF ASBI	ESTOS	ABATE		т					\mathbb{V}	nt Fo
Date of Notification (1) 3/23/17				Building ((2)			MA	R 2	8	201	7
Agencies Notified Type Notification EPA Initial		31.5	Street Ad 711 PA	dress ARK AV	E				ASE	BEST		CON		OL 8
DEP Amended Amendment		_ [City, Sta LAKEV	te, Zip Co VOOD,	^{de} NJ 08	701 -								
Emergency (justification) DCA Cancellation	including		Name of	Contact					Talanhana	Muml	nor			
	61 (6		FACIL	ITY INFO	ORMAT	ION	I	F 104 - 7	43					
Name of Facility Where Abatement is Taking Street Address	g Place (3)					×					lings,	home	s,
City (5) LAKEWOOD							53.943	are Feet	# of Floors			dg. A	ge	
County (6) OCEAN			County C	Code (7) ISE ONLY			4500000	rent Use (Prio	or if being dem	olishe	d)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.				atement Con AD PROFE	tractor (9) SSIONALS	;			- 10	
Street Address						Street 6 W		ess DOVE CO	DURT					
City, State, Zip Code								Zip Code OOD, NJ 0	8701					
Project Manager for Monitoring Firm			Telephor	ne No.		Telep 732-		No. -9078	Licen 1200	se No)	· S			
Start Date (10) 4/2/17	Schedule 4/3/17	ed Com	pletion [Date (11)	8			SHA Monitor AD PROFE	SSIONALS	5	V.			
Occupancy Status During Abatement (Chec	k Only On	e)				Street		ess DOVE CO	NIDT					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Nbatem Hours	ent			City, S	State,	Zip Code		10.00				
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	R X D	tenova emolit					N	Mini-Enclosure Glovebag Prod	cedure				_	
	la	Locati	00			Ľ		von-Exempted	d (*) and Non-	FIIADI		Abate	9.	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	Normal d Sole intenar codial S (12)	ly iy by nce/		tos Cor therma surfa	escription ntaining l al system acing, V/ miscella	Mater ns ins AT, or		Amount (Specify SF or LF)		Remova	Repair	e Encapsulate	Enclosure
# # # # # # # # # # # # # # # # # # #	Yes	No	N/A						10000	_	_		ite	е
EXTERIOR		3169, 12-				SIDING	ن		1000SF		Х			
														_
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubi	c Yards		Name of	Registered La	ndfill		1000		
NEWARK CARTING			auler ID 4509	No.	of Wa			IESI						
City, State NEWARK, NJ					4/3/	osal Date 17	9	City, Stat BETHL	e EHEM PA					
Completed by JOSEPH PERLSTEIN	Title	IER				Signatur	e			Dat	е			

Ch 5441	NO.		CATION	te of New OF ASBE O NJAC 8	STOS	ABATE		г		EG	E			nt Fo
Date of Notification (1) 3/23/17				Building C		Operator	(2)			MAF	2 8	20	117	
Agencies Notified Type Notification EPA Initial	88 B.F		Street Ad		=	Para Land	ota E		Ä	ASBEST LI	OS C			. &
DEP Amended Amendment				e, Zip Coo od, NJ		1						2		
Emergency justification) DCA Cancellation		100	Name of 0		81	1-1-1		- 0 fi	Tele	ephone Nu	mber			
			FACIL	ITY INFO	RMAT	ION								
Name of Facility Where Abatement is Takin Street Address	g Place (3)						×	e of Facility (School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Othe private &	& commerc	al build	10000000		s,
City (5) Lakewood							Squ	are Feet	# 01	Floors	В	ldg. A	ge	
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		1777-7511-771-051		atement Cor AD PROFE		(100,000)				
Street Address						Street 6 WI		ess DOVE C	DURT	ti				
City, State, Zip Code								Zip Code OOD, NJ 0	8701					
Project Manager for Monitoring Firm		1	Γelephon	e No.		Telepi 732-		No. -9078		License N 1200	10.			
Start Date (10) 3/26/17	Scheduled 3/27/17	Com	pletion D	ate (11)		and the same of the		SHA Monitor AD PROFE	SSIO	NALS				77
Occupancy Status During Abatement (Chec	ck Only One)					Street		ess DOVE C	ALIDT	8				
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		novat					× N	ull Containm lini-Enclosur Glovebag Pro Jon-Exempte	e cedure				e	
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City, State NEWARK, NJ					3/27	osal Date /17	е	City, Sta BETHL		м РА				
Completed by JOSEPH PERLSTEIN	Title OWNE	R				Signatur	re				ate			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) MAR 28 2017 Name of Building Owner/Operator (2) 3/15/17 Lawaich ASBESTOS CONTROL & Agencies Notified Type Notification Street Address LICENSING EPA DEP ☐ Initial Amended City, State, Zip Code DOL. Amendment # Little Silver, NJ 07729 Emergency (including DOH DCA justification) Name of Contact Telephone Number Cancellation Jim Lawaich **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Residential Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Little Silver, NJ 07729 2000 65+/-County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) **MECS** Stevens Environmental Services, Inc. Street Address Street Address PO Box 341 PO Box 322 City, State, Zip Code City, State, Zip Code Crosswick, NJ 08515 Allentown, NJ 08501 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber (609) 298-4070 (609) 259-9688 00493 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor **MECS** Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement PO Box 341 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Crosswicks, NJ 08515 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf **X** Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Туре Used Solely by Location of Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify Remova IN Facility Staff? surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Crawl Space X Thermal Pipe Insulation 20 lf X Name of Registered Waste Hauler Cubic Yards NJDEP Waste Name of Registered Landfill Hauler ID No. 18292 of Waste 1 CU Stevens Environmental Services, Inc. Fairless Landfill City, State Disposal Date City, State

3/17/17

Signature

Morrisville, PA

Date

3/16/17

Allentown, NJ

Project Manager

Completed By

Mahlon E. Stevens

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X DOH justification) X DCA Cancellation		- 1	Brian 7						siephone wo				
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Street Address 2785 West 16th Street			1			Street 142		ess h 13th Str	eet				
City, State, Zip Code Brooklyn NY11224		******						Zip Code NJ 07107		122			
Project Manager for Monitoring Firm Beca			Telephoi 64677			Telepi 9733			License 1 01335	No.			
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Name of Registered Waste Hauler Newark Carting Inc		Н	JDEP W auler ID 506		of Was			Vice sounds of	own Re facility	10			
City, State Newark NJ 07102					Dispos	al Date		City, Sta	te				

Signature

Date

03/23/2017

Completed by Chika Onwukaife Title

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Emergen	cy (includi	na	Wayn	e, NJ 0747	0		***				
DOH justificati	on)		Name	of Contact			Telephone	Numbe	r		
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City, State, Zip Code						itate, Zip Code	51L 209				
Bridgewater, NJ 08807						Hill, NJ 08034	(Y				
Project Manager for Monitoring Firm			Telepho	one No.		one No.	License	No	-		
Eric Houseknecht			(908)2	18-1108	1	759 - 5000	00781	140.			
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	LES	uiiidl	UI			VI	You's	عميهم	3	31	161	17	8

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

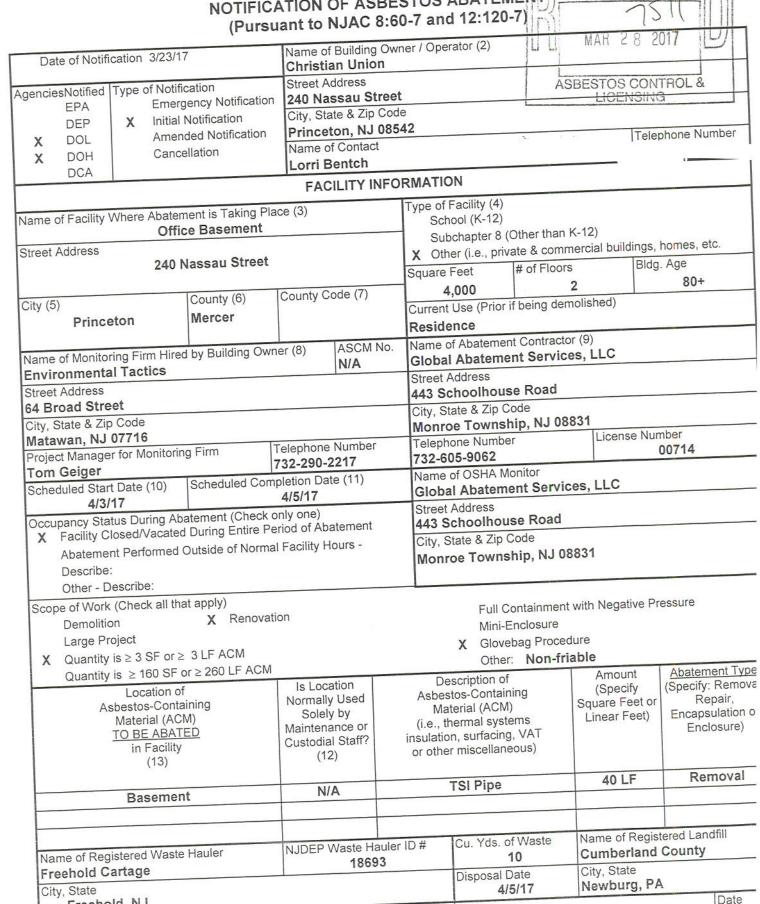
			NO				ASBESTOS AB AC 8:60-7 and 12:				GEI	∭ Check	# 8	486	1)
Date of Notification (1 3/24) 4/17	- 1		f Buildin Unive		er/C	Operator (2)				1AR 28	201	255	-	
Agencies Notified [] EPA [] DEP	Type of Notificat [x] Initial Notification	1	000	ddress Morris			WAR-P-0-11-11-11-11-11-11-11-11-11-11-11-11-1				STOS CO	NTF	OL	. &	
[X] DOL	[] Emergency [] Amended Notification	L		ate, Zip (ı, NJ C		3					LIOLIYO				
[] DCA	[] Cancellation	N		f Contac nne Kı					Tel	ephone Numb	per				
					FACIL	ITY.	INFORMATION								
Name of Facility When Kean University			received to design	ldg.					Type of Facility (4	-12) er 8 (Other th private and	ıan K-12)	buildii			
Street Address 1000 Morris Ave	€.								Square Feet	# of Floors		g. Ag			
City (5) Union		County					nty Code (7) ATE USE ONLY)	1	20000 Current Use (Prior	2	~8				_
Name of Monitoring F		ng Owne		ASCM N	0.				Office ent Contractor (9) upiter Environr	nental Se	rvices In	C.			
Street Address							Street Address					-			
9 East Stow Roa	ad							23 Changebrio	ge Road,	Suite 10	0				
City, State, Zip Code Marlton, NJ 080		Tala		Niconha	-			Pine Brook, NJ	07058	License N	umbo				
Project Manager for M Jim Guilardi	ionitoring Firm			Numbe -8800	2		Telephone Numb		973-575-8700		License N		08	52	
Scheduled Start Date 4/3/17	(10) Sche	d. Comp		Date (11			Name of OSHA		^{Ionitor} ris Environmer	ntal Labor	atories, L	LC			
	ring Abatement (Cl ed/Vacated During erformed Outside o	Entire Pe	eriod c	of Abater			Street Address	23	333 Route 22 '	Vest		20.			
Desc			i i aoii	ty Hours	, –		City, State, Zip C		ode Jnion, NJ 0708	33					
Scope of Work (Check	k all that apply)											5			
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2	260 If			[]	Renov	vati	on		[x] Mini - [] Glovel	ontainment w Enclosure pag Procedur Friable Proc	e	Press	ure		
			Locat				Descr	ri	ption of			0.27459	ate	mer	t
Locatio Asbestos – C Material (TO BE AB	Containing ACM) BATED	Main	Solely	by ce/Cus			Asbestos Materi (i.e., therr insulation, s	ia m su	- Containing al (ACM) nal systems urfacing, VAT,		Amount (Specify SF or LF)	R E M	R E P A	N C A	N C L
In Faci (13)		Yes	No	N/A			or other m	115	scellaneous)			V A L	R	P S U	S
Main floor - exterior			Х		Wate	roofing, trinsite, o	9	00 SF	X						
Name of Registered W Jupiter Environn		s Ha	DEP \ luler I[04782	No.	1 2		oic Yards Waste 20		Name of Registe Alliance Lan						
City, State Pine Brook, NJ						posal Date 25/17 +		City, State Taylor, PA							
Completed By (Print o Pane Repic	r Type)	Title Gen	eral	Mana	ger		Signature	2	4		Date 3/24/	7			
ACD 411		-													-

Note: All of the removal may not occur at initial start. Amendments will be sent if significant gap occurs in phasing of the work.

								(1)	2	3	97	0-
	NO		o NJA	of New Jersey ASBESTOS ABATEN AC 8:60-7 and 12:120- Ame of Building Own	er/O	perator (2)	DE	G		W		1
			M	ERCK SHARP & DUP	TIVIL	001111	4 4 4 4	MAR	28	2017	and the same of th	뾔
Date of Notification (1) 4 / 24	17		St	treet Address 26 E. LINCOLN AVEN	NUE,	P.O. BOX 200	0, RY28-414					
Agencies Notified Type N	otification nitial Notification mended Notifica	tion	1	ity, State, Zip Code RAHWAY, NEW JERS		7065	ASB	LICE	S CC ENSI	NTR NG	DL &	
DEP C	Cancellation		ON S	Name of Contact Sandra M. Schenk		Te	lephone Num	ber				
DCA DCA	EMERGENCY NO	F	ACILIT	TY INFORMATION	Typ	e of Facility (4)					
Name of Facility Where Abatem	ent is Taking Pl	ace (3)			ТУР	School (K-12	2)	K-12)				
					X	Other (ie. pr	vate & comm	cl. bldgs	s., hor	mes, e g. Age	tc.)	
MERCK SHARP & DOHME COF					-	quare Feet	# of Floors			38		
Street Address 126 EAST LINCOLN AVENUE -	BUILDING 80 Y	LINK		County Code (7)	Cui	rrent Use (Price	or if being dem	olished)			
City (5)	County (-)		(5	STATE USE ONLY)	VA	CANT	Contrac	or (9)				
RAHWAY	UNION d by Building O	wner (8)		ASCM No.	PA	R ENVIRON	MENTAL COR	PORAT	ION			
Name of Monitoring Firm Hire ENVIRONMETAL HEALTH INV	ESTIGATIONS,	INC.			St	reet Address 3 SPOOK RO	CK ROAD					1
Street Address 655 WEST SHORE TRAIL					10:	the State 7in	Code	1				
	ARTA, NEW JEF	SEY 0787	1		SI	UFFERN, NEV	ber I	icense	Num	ber		
Project Manager for Monitoring		Telepho	ne ivu	mber	8	45-369-7500		1101				1
WILLIAM S. KERBEL, CIH	lec	973-729	-5649	n Date (11)	N	lame of OSHA	Monitor BORATORIES	INC		#1148	30	1
Expected State Date (10)	/17	6 /		30 /17 Day Year	r							7
Month Day Occupancy Status During Above Classed N/a	Teal	Month only one)	_		1	Street Address 117 EAST 30T	H STREET					
Abatement Perform	cated During Enti med Outside of N MONDAY - F	ormal Faci	of Aba lity Ho AM- 3:	ours - Describe: 30 PM	- 1			W YOF	RK 10	016		
X Other - Describe:	MONDA.	TAID/TT		Full C	ontai	nment with Ne	egative Pressu	ire				
Scope of Work (Check all that	at apply)	Renovation		Mini E	ebag	Procedure						
Demolition >3SF OR LF				X Non-F	Friab	le Procedure			Ab	ateme	nt Typ	е
X >160 SF OR Location of	260 LF	Is Locati	on .	Description of Containing M	lateri	al (ACIVI)	Amou (Spec	14	REN	REPAIR	NC.	22
Asbestos-contai	ning	normally u		(ie. Therm insulation, su	al sy	stems	SF or		REMOVAL	AR	ENCAPSULE	FNCLOSURE
Material (ACN	A) ED	Maint/Cus Staff (1	todial	insulation, st or other mis	scella	aneous)			F		Ē	R_
in Facility (1	3)		ALLA				W 400 LN.	-T.	X			-
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		-	+						+	+		
		++	+						+			
				5300	cto	Name of F	Registered Lar	ndfill	2051	πΛΝΙΔ	SEME	NT SI
Name of Registered Was	te Hauler	NJDEP Hauler I	Waste	Cubic Yards of Wa	316		Registered Lar IG COUNTY F (ANDER DRI)	(ESOO	KUE I	5	J_141L	estri ITIS
FREEHOLD CARTAGE,	INC.	Hauler I				City Stat	A			j	1	-/
825 HIGHWAY 33 City, State				Disposal Date 04/06/17-6/30/17		MONTGO	MERY, PA	1/52	ate	1/2	24	11/
EDEFHOLD, NEW JERS	SEY Til	ile		Signatu	ure	TXX				10	1 1	,
Completed by (Print or T BENJAMIN SANCHEZ	DI	RECTOR	OF OF	PERATIONS	-		10 P79			ť		

v	NO.		CATION	NOF AS	New Jersey BESTOS ABAT AC 8:80 and 5:f			() 14		\(\frac{1}{2}\)	99
Dale of Notification (1)	17		Nem	o of Buildi	PETOL EV	(2)	MA MA	H. (7	201	1 .,
Agencies Notified Type Notific	allon		Stree	tAddress	CHE CONTROL OF THE CO		ASBES	CE CE	OS VISIN	JG	10L
⊠ pormo □ Amende	d		Chi	Orașa Wa	Carin			C. T.	4011	40	
⊠ DOH Amender		-		State, Zip	A	120	YUS JERA	11.7	(L)	14]
DGA (NUAC 5:23-8) [Justificat		19		of Conta		N.2 0	Telephone Hum	ner	-	-	
Cancella			-	ETEL			(
			FA	CILITY	NFORMATION	a similar is . i. i. i. i. i. indicate in the similar in the interest in the i	و دیتیه برمسوم پر	lak ere kodere a	are		
Name of Facility When Abatement is RES - DEW C	Taking Plac	(3)	··· > =================================			Type of Pacinty	7(070)				- 10°
Street Address						homes, etc.)	rivels and commer	diei d			
GLEN B	CCL.				1	Squara Faet	# of Floors		ldg. A	ge 50	
Barren .					(FYSTATE USE ONLY)	Resil	or if being demole	hed)			
Name of Monitoring Pirm Hired by Buil	ding Owner	(ä)	ASCM	No.	Name of Abstame A.M.A. Contr	0.000					
Street Address					Street Address 186 Vreeland						
City, State, Zip Code					City, State, Zip Co Midland Park						
Project Meneger for Monitoring Firm	No other than the same of the constraints		Itephone		Telephone No. 201-262-5841		License No.		20		
3 1 28 1 17	Scheduled (1 =	letion Da	17.	Name of OSHA M Omega Envir	ionilor onmaniai Serv	ices				
Occupancy Status During Abatement (Facility Closed/Aceted During Enti			anab'as		Street Address	**************************************					
Abstement Performed Outside of No Time of Abatement:AM	ommal Facili	ty Ho	urs - Des	oribe AM	City State, Zip Co Hackensack;	ida		·			
Scope of Work (Check at that apply)				بداره واستعبادت فيبليك	***************						
☑ 23 st or ≥3 ff □ ≥160 at or ≥260 ff	H a	iloms	rtion tion),1	. Z Mint-Enc	Propedure	etve Pressure n-Friable Procedur	â	*		63
		Nom		T-valeneer's	426 M as a des			Až	Mam	ent T	ype
Location of Asbestos-Contenting Material (ACM TO BE ASA TED IN Facility (13)	D Us Mi Cus	ad So eiriten etoola (12	Hely by SERCE/ I Staff?		Description on the granist content of the mark types of the content of the content of the the content of the content of the the content of the content of the the content of the co	terial (ACM) nsulation, of	Amount (Specify SF or UF)	Removal	Repeir	Епсарыжаба	Enclosura
Ω	Yes	No.	1 7	 -	7.45			1=		-	-
Busement				1 1	PIRE INSUL	ATION	115 4	Ø			
		揾	부모					坦			口
		10	ᆜ								
Name of Registered Waste Mauler] [NIGER		Tauli V	1		10			
Newerk Carting		4.9	Hauler IC	Mo.	Cubic Yards df Waste 2	Name of Regist	ered Landill Liniahem Landill	l Car	70		
City, State	notice that the last transmission of the second		04506		Diaposel Date	City, State			-		
Newsric, NJ					3/23/17	Bethlehem,	PA				
Completed By (Prest or Type) Jaseph Vocaturo	Title Vice Pr	esid	ent		5ignætura:	Vonate	Da)	31	22	17	
\$5.41 4H 13	* (To not	1020	itula dama	Bor baker	too line and						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT



Signature

Dominick Tringali

3/23/

Freehold, NJ

Completed By (Print or Type)

Dominick Tringali

Title

Manager

Date of Not	ification 3/23/17		Name	of Building C	Owner /	Operator (2)		MAR	2 8 2017	7 III)
AgenciesNotified EPA	10070000	ation ency Notifica		Address				ASBESTOS	CONTR	
DEP	X Initial N	lotification	City, S	tate & Zip Co	ode			LICE	NSING	JIA
X DOL	Amend	ed Notification		y City, NJ (
X DOH	Cancel	lation		of Contact				i w	Telephone	e Number
DCA			Chris	Dowicz					p (2)	
			FA	CILITY INF	ORMA	ATION				
Name of Facility		nt is Taking sidence	Place (3)		2000	e of Facility (4) School (K-12)			· ·	
Street Address						Subchapter 8 (
						Other (i.e., priv				s, etc.
					Squ	are Feet	# of Floors		Bldg. Age	
City (5)		ounty (6)	County C	ode (7)		2,200	2		86	0+
Jersey	City H	ludson				ent Use (Prior i	if being demo	olished)		
					Res	idence				
Name of Monitori Environmental		y Building Ov	vner (8)	ASCM No.		ne of Abatemen bal Abateme				
Street Address					Stree	et Address				
64 Broad Stree					443	Schoolhous	e Road			
City, State & Zip						State & Zip Co				
Matawan, NJ 0						roe Townsh				
Project Manager Tom Geiger			Telephone I 732-290-2	217		phone Number -605-9062		License N	Number 00714	
Scheduled Start I	Character I grant of the	heduled Con	npletion Date 4/5/17	e (11)	S. S	e of OSHA Mo		s. LLC		
Occupancy Statu X Facility Clos	s During Abaten sed/Vacated Dur	nent (Check or	only one) eriod of Abat	ement	Stree	et Address Schoolhouse		,		
Abatement	Performed Outs	ide of Norma	I Facility Ho	urs -	City,	State & Zip Co	de			
Describe:			on o = 00000 to the color + € 1			roe Townshi		31		
Other - Des	cribe:						• •			
Scope of Work (C	heck all that app	oly)								
Demolition)	Renovati	on			Full Con	tainment wit	h Negative F	ressure	
Large Proje	ct					Mini-End				
X Quantity is	≥3 SF or ≥ 3 LF	ACM				X Gloveba	g Procedure			
Quantity is	≥ 160 SF or ≥ 2	60 LF ACM					Non-friable			
1	ocation of		Is Location	on	De	escription of		Amount	Abatem	nent Type
6000000	stos-Containing	- 1	Normally U			stos-Containing		(Specify		: Removal
Ma	aterial (ACM)		Solely by			iterial (ACM)		uare Feet or		epair,
	BE ABATED in Facility	1	Maintenanc Custodial St			hermal systems		inear Feet)		ulation or
	(13)		(12)	22270		on, surfacing, Var r miscellaneous			Enci	losure)
	(10)		(12)		or otire	i illiscellarieou.	"			
Е	Basement		N/A			TSI Pipe		140 LF	Ren	noval
								140 21	1011	110 V 41
Name of Register Freehold Carta				te Hauler ID 18693	#	Cu. Yds. of Wa	manage Estation	ne of Regist mberland		fill
City, State				90350 (Feb. Feb. Feb. Feb.		Disposal Date		, State		
Freehold, N	1 J					4/5/17		wburg, PA		
Completed By (Pr		Title				Signature			-	Date
Dominick Tri	ngali	Manage	r		- 1	Dominick Tr	ingali			3/23/17

40:9365480	195	NO	(Purs	ATION O suant to	of New J F ASBES NJAC 8:6	TOS AB 0 and 1	2:120))	T Comment Comment		E C [5	\mathbb{V}		
Date of Notification (1) 03/24/2017			07/386		Building Ow Ssman	mer/Ope	erator	(2)	med software		MAR	282	017	1	IJ
Agencies Notified Ty EPA DEP DOL DOL	ne Notification Initial Amended Amendment # Emergency (i justification) Cancellation		Ci L N	ivingsto	e, Zip Code on, NJ 0				L		BESTOS LICE	NSIN		L&	
DCA L					TY INFOR	MATIO	N	Tyr	pe of Facility (4	1					
Name of Facility Where Aba House Street Address	tement is Taking	Place (3)						×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	2) 3 (Othe ivate 8	k commerci	ial buildi			S,
City (5) Livingston								Sq N/	uare Feet A	W/A	Floors	N/	ig. Ag A	E	
County (6) Essex				County Co	ode (7) SE ONLY)		_		ırrent Use (Prio ouse	r if bei	ng demolis	hed)			
Name of Monitoring Firm Hi	red by Building (Owner (8)		ASCM	No.				Abatement Contract Inc		(9)				
Street Address							Street 11 R		^{dress} engren Aver	ue					
City, State, Zip Code									e, Zip Code , NJ 07512						
Project Manager for Monito	ring Firm		Т	Telephon	e No.		Telepl 973-		e No. 5-8685		License I	No.			
Start Date (10) 04/05/2017		Scheduled 04/06/2		pletion D	ate (11)				OSHA Monitor patement, In	C.					
Occupancy Status During A							Street 11 F		_{dress} engren Aver	nue					
Facility Closed/Vacate Abatement Performed Other – Describe: OC	Outside of Norn	nal Facility	Hours	епі		_			e, Zip Code a, NJ 07512						
Scope of Work (Check All 7	That Apply)		enovat emoliti					×	Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure				е	
			Locati										Abate Ty	ement pe	Ĺ
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Used Mai	ormall d Solel ntenar odial S (12)	ly by nce/	Asbesto (i.e. t	os Conti thermal	systen	Mat ns ir 'AT,	erial (ACM) asulation, or	(Amount (Specify (F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes						insul	latio	on	-	100 LF	x			-
Basemer	nt		Х			1 ipc	moun	ian							
										Danie	tored I and	1611			
Name of Registered Waste D&S Abatement, Inc.	e Hauler		H	IJDEP W Hauler ID 0996		of Was	Yards ste				tered Land agement				
City, State Totowa, NJ						Dispos TBD	sal Da	te	City, Sta Tullyto						
Completed by		Title Proie	ct Ma	anager		5	Signatu	ure	AN			Date 03/24/	201	7	

0:93656	4x70Co	NOT	IFICA (Purs	TION O	of New Jerse F ASBESTOS NJAC 8:60 and	ABATEN	/IENT	Parameters of the control of the con		1110		W	Print E	Eorn
Date of Notification (1) 03/24/2017	(0.			me of B	uilding Owner/C Irke	perator	(2)			MAH	28	201.		
Agencies Notified	Type Notification		Str	reet Add	ress				AS	BESTO	S CO		OL 8	×
X EPA X DEP X DOL	× Initial Amended	14	Cit	ty, State	, Zip Code NJ 07102				Participant of the Control of the Co	1 1/ -1	14,510	21		_
× DOL	Amendment : Emergency (i justification)	ncluding	Na	ame of C	Contact				Telenh	inna Niimi	oor			
DCA	Cancellation		^		TY INFORMAT	ION								
Name of Facility Where House	e Abatement is Taking	Place (3)		PACILI	TTINFORMAT	1014	Тур	e of Facility (4) School (K-12)						
Street Address							×	Subchapter 8 Other (i.e. pri etc.)	vate & c	ommercial	buildir			
City (5) Newark							N/A	1,000	# of FI	1. To 2000 100	N/A	g. Ag A	e 	
County (6) Essex				ounty C	ode (7) SE ONLY)		Но	rrent Use (Prior ouse			ed)			
Name of Monitoring Fi	irm Hired by Building	Owner (8)		ASCM	No.			batement Contract atement, Inc)				
Street Address						10000000	Rose	ngren Aven	ue					
City, State, Zip Code								, Zip Code NJ 07512						
Project Manager for N	Monitoring Firm		Ī	elephon	e No.	973		-8685		License No 01311	o.			
Start Date (10) 04/04/2017		Scheduled 04/05/20		pletion [Date (11)			SHA Monitor atement, Inc	Э.					
Occupancy Status Du	ring Abatement (Che	ck Only One)				et Add		0					
☐ Eacility Closed∆	/acated During Entire ormed Outside of Nor	Period of Al	atem	ent		City,	State	engren Aven e, Zip Code , NJ 07512	ue			Ti di		
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260			enovat emoliti				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				3	
			ocati			0							ment pe	
Asbestos-Contair TO BE In F	ation of ning Material (ACM) ABATED Facility (13)	Used Mai	ormall I Sole ntenar odial S (12)	ly by nce/	Asbestos C (i.e. therr	Descripti ontaining nal syste rfacing, v er miscel	ms in	erial (ACM) sulation, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
_		Yes	No	N/A	Pi	pe inst	ılatic	on	15	50 LF	x			
Bas	ement		×											
														-
Name of Registered D&S Abatement,			H	JDEP V Hauler ID 0996	1000	bic Yard Waste BD	S	Waste	Manag	ered Landfi gement (
City, State Totowa, NJ					Di:	sposal D BD	ate	City, Sta Tullyto	te wn, PA					
Completed by Ned Joksimovic		Title Proje	ect M	anage	r	Signa	ture	Fa		1	ate)3/24/	2017	7	

n 1476704218	NOTI	Purs	TION OF	of New Je F ASBEST NJAC 8:6	OS AB 0 and 1	12:120))	many as and and analytical				弖		/		7
Date of Notification (1) 03/24/2017			me of Bu	uilding Ow er	ner/Op	erator	(2)	10-10-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 -			MAR	2 8	20)17	C. Contraction	2
Agencies Notified Type Notific PA EPA DEP Initial Amend		Cit	reet Addr ty, State,	zip Code	0704	0				ASE	BESTOS LICE				. &	
■ DOL Amend ■ Emerg ■ justifica ■ DCA Cancel	ency (including ation)	Na	ame of Co	ontact				2	T	Teler	nhone Ni	ımh o	-			
Name of Facility Where Abatement is	Taking Place (3)		FACILI	ITINFOR	WATIO	//4	Тур	e of Facilit	y (4)							
House Street Address							×	School (F Subchap Other (i.e etc.)	tor 8 (Othe ate &	r than K-1 commerc	12) cial b	uildin	igs, h	omes	,
City (5) Maplewood							N/A	uare Feet A		N/A			N/A	g. Ag	Э	
County (6) Essex			ounty Co	de (7) E ONLY)			Но	rent Use (l ouse				shed)			
Name of Monitoring Firm Hired by Bu N/A	ilding Owner (8)		ASCM N	No.		D&S	Aba	batement (atement,		ctor	(9)					
Street Address							Rose	ngren A		е						
City, State, Zip Code						Toto	wa,	, Zip Code NJ 0751			-1.	NI				
Project Manager for Monitoring Firm			elephone				-345	-8685			License 01311	NO.				
Start Date (10) 04/03/2017	Scheduled 04/04/20	17	pletion D	ate (11)		D&S	S Ab	SHA Moni atement								
Occupancy Status During Abatement Facility Closed/Vacated During			ent				Rose	engren A		ie						
Abatement Performed Outside Other – Describe: occupied	of Normal Facility H	ours			_			, Zip Code , NJ 075								
Scope of Work (Check All That Apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ren	novat					×	Full Conta Mini-Enclo Glovebag Non-Exem	sure	dure						
	(A.S.)	ocatio	54973											Abate Ty	ment	
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	CM) Used Main Custo	tenar	ly by nce/	Asbesto (i.e. t	os Con therma surfa	escription taining I system acing, V miscell	Mate ms in /AT, o	erial (ACM) sulation, or us)		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Pasamont	Yes	No X	N/A		Pipe	e insu	latio	on .		1	30 LF		x			
Basement		^														
Name of Registered Waste Hauler D&S Abatement, Inc.		H	JUDEP W Hauler ID 0996		of Wa			Wa	ste N	/lana	tered Lan agemen		PA			
City, State Totowa, NJ					Dispo	osal Da	ate		, State lytow		PA	-				
Completed by	Title Proied	ct Ma	anager			Signat	ure	劝	1			Dat 03		2017		

State of New Jersey - Notification of Asbestos Abatement h 2998 (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MAR 28 2017 The Valley Hospital March 23, 2017 Notification Type Street Address Agencies Notified 223 North Van Dien Avenue ASBESTOS CONTROL X EPA Initial Notification City, State, Zip Code DCA X Amendment # 5 LICENSING x DOL Ridgewood, NJ 07450-2736 Emergency (including X DEP justification) Name of Contact Teleph --- Number x DOH William Stasiak FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Valley Hospital ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Cheel Wing- Orthopedic Replacement Other (i.e. private & commercial buildings, homes, etc.) Street Address Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years 223 North Van Dien Avenue City (5) County (6) County Code (7) Current Use (prior if being demolished): Hospital (State Use Only) Ridgewood Bergen Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Colden Corporation Street Address Street Address 28 Washington Street **511 MAIN STREET** City State, ZipCode City, State, Zip Code Ballston Spa, NY 12020 Butler, NJ 07405 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 973-492-0477 00840 Jim Miades 347.435.3561 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor September 19, 2016 August 30, 2017 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours -Describe Other - Describe: Phase 1- September 19- 30th - Day Shift City, State, Zip Code Piscataway, NJ 08854 Phase 2- November 7- 13th-Day Shift Phase 3- January 3,2017- January 12, 2017 Phase 4- February 20, 2017- March 3, 2017 Phase 5- April 10, 2017 - April 22, 2017 Cheel 4th Fl Rooms# 4127&4128 & Cheel BsmtJanuary16, 2017-Jan 23, 2017 Cheel Bsmt-Rm#B-23, Clinical Support Rm & Storage & Hallway New Work: Bergen Lower Level Hot Lab & Bergen Mechanical Rm Source of Work (Check all that apply) x Full Containment with Negative Pressure Renovation Mini-Enclosure \geq 3 sf or \geq 3 lf x Glovebag Procedure Demolition $\square \ge 160 \text{ sf or } \ge 260$ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material Is Location Normally Used Solely Description of Asbestos Amount Abatement Type (Specify SF by Maint./Custodial Staff? (12) Containing Material (ACM) (i.e. (ACM) in Facility (13) Remove Repair Encap Enclose or LF) thermal systems insulation, NA YES NO surfacing, VAT, or other miscell.) X X VAT & Mastic 7,000 sf Patient Rooms 500 sf X X VAT & Mastic Patient Rooms -4127 & 4128 Cheel Bsmt-Rm# B3, & Storage X X 1,500 sf Rm&Hallway VAT & Mastic X IXI TSI-Fittings BergenLower Level Hot Lab 3 ea X X 20 ea TSI-Fittings Bergen Bsmt Mech Room Name of Registered Landfill NJDEP Waste Hauler ID # Name of Reg: Waste Hauler Cubic Yards of Waste: Meadowfill Landfill See Hauler Below # 1 & 2 See Below 100 Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Route 2, Box 68 August 30,2017 NJ DEP # 12561 Bridgeport, WVA 304-Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 842-2784 Completed by (Print or Type) Signature Marin Graure SENIOR PROJECT March 23, 2017 Marin Graure MANAGER

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Date of Notification (1)				Name	e of Building	Owner/Operator		12 4				717		
3/21/17				Allies, Inc										
Agencies Notified EPA	Type Notifica			Street Address 1262 Whitehouse-Hamilton Sq. Rd CENSING City, State, Zip Code Hamilton, NJ 08690)L 8	
DEP DOL	Amended Amendme	ent #	_											
⊠ DOH						ame of Contact Telephone Number								
□ DCA	☐ Cancellati	on		Mark Metcalfe			<u> </u>							
Name of Facility VA flags	. Abatat :- T	aldes Dies	- (0)	FA	CILITY INFO	ORMATION	L =	740						
Name of Facility Where		Type of Facility (4) ☐ School (K-12)												
Street Address		Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)												
City (5)							Square Feet	# of F	loors	В	ldg. A	· ·		
Englishtown, NJ				County Code (7) (STATE			2500		2	80+/-				
County (6) M	onmonth			USE	ONLY)) (STATE	Current Use (F	rior if bein	g demolis	nea)				
Name of Monitoring Fir (8)	Name of Monitoring Firm Hired by Building Owner				No.	Name of Abatement Contractor (9)								
Street Address						Stevens Environmental Services, Inc.					1C.		_	
Olicel Address	PO Box 341					Street Address PO Box 322								
City, State, Zip Code Crosswick, NJ 08515						City, State, Zip Code Allentown, NJ 08501								
- TO STANCE OF THE STANCE OF T				phone	255 25 Santa and a second	Telephone No.			License Ne-					
					8-4070	(609) 259-9688 Name of OSHA Monitor			00493					
Start Date (10) Scheduled Completion Date (11) 4/4/17 4/7/17						MECS								
	Occupancy Status During Abatement (Check only one)						Street Address PO Box 341							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours					-	City, State, Zip Code								
Other - Describe:	8am to 4 pr	n				Crosswicks, NJ 08515								
Scope of Work (Check	all that apply)					□ Full Cor	ntainment with Ne	enative Pre	esure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition					☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☑ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure									
			Location	on			omptou () unu i					Abatement		
Location of Used Sole				ly by Description of				400	62		Туре			
Asbestos-Containing Material (ACM) Maintenal TO BE ABATED Custodi							insulation (5		Amount (Specify			En	п	
IN Facility Staff'			Staff? (12)	surfacing, VAT			or SF or LF)			Remova	Repair	Encapsulate	Enclosure	
(13)		Yes	No	N/A		other miscellanet	ous)			val	#	ulate	sure	
Basem	ent	_ x			The	rmal Pipe In	sulation	lation 25 lf		×				
		_							167					
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.						Cubic Yards of Waste	Name of Reg			F:11				
Stevens Environmental Services, Inc. 18292 City, State					292	1 CU Disposal Date	Çity, State	ганте	ss Land	1111			_	
Allentown, NJ						4/7/17		Morri	sville,	PA				
Completed By	1	Title				Signature			Date					
Mahlon E. Stevens Project Manager						_///	3/25/17							