CK1429

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

				(P	ursuant	to NJAC	8:60 and	d 12:120	0)		1			*	· Salara Brass	711
Date of 2/28/1	Notification (1)					f Building ( da Vicker		Operator	r (2)	the management of the state of		MAR	- 2	2018	3	
Agencie  X EP  DE  X DC	P	Type Notification Initial Amended Amendmen				ate, Zip Conberg, No		03				ASSESTO LICE		NTW VG		
	0.00.00	Emergency justification Cancellatio	(including		Name of	f Contact en Robe	rts				Te	elephone Nu	mber		382 - 3	17220
Name o	f Facility Where	Abatement is Taki	na Place (	3)	FACI	ILITY INFO	RMATI	ON	T	pe of Facility	(4)					_
	ment Complex			,						School (K-						
Street A	Address								×	Subchapte	r 8 (Oth	her than K-1 & commerc		dings,	home	es,
City (5) Gutter	nberg			137					1	quare Feet 111	1	of Floors	6	3ldg. A 30 +/-		
County	on					Code (7) USE ONLY)		_	Α	urrent Use (Pr partment C	omple	ex	hed)			
Projec	t Manager	Hired by Building	Owner (8)		ASCN	И No.		100,000,000		Abatement Co jes Abatem		r (9)				
Street A								Street 280		<sub>dress</sub> Midland Av	e.					
City, Sta	ate, Zip Code									e, Zip Code Brook, NJ (	07663	3				
Project	Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 201-		e No. 0-3184		License N 01305	lo.			
Start Da 3/5/18	621 533		3/12/1		npletion	Date (11)		Name	of (	OSHA Monitor						
Occupa	ncy Status During	g Abatement (Che	ck Only O	ne)				Street	Add	dress						
☐ Ab		ated During Entire ed Outside of Nor 3 A.M to 4 P.M					_	City, S	State	e, Zip Code						
Scope o	of Work (Check A	II That Apply)														
	sf or ≥3 If 60 sf or ≥260 If		-	Renova Demolit				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	<u>.</u>			e	
	Location	n of		Locat Normal	ly		Des	scription	n of	2					ement pe	
Asb	estos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) ATED	Ma Cus	ed Sole intena todial (12)	nce/ Staff?		os Cont thermal surfa	taining N	Mate is in:	erial (ACM) sulation, or	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Entire Apartm	ent Floor	Yes	No	N/A		1	Mastic	;		1	111 SF	x			
								VIGOTIO								
All Stag	f Registered Was ges Abatemer			H	IJDEP W lauler ID 036592	No.	of Was 2 CU			Grand	Centr	tered Landfil ral Sanitar		ndfill		
City, Sta Saddle	e Brook, NJ						Dispos	sal Date	2	City, Sta Pen Ar						
Complet	ted by d Cristofol		Title Pres	ident			S	Signature	e				ate /28/1	8		

Print Form

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

		(1-1	ırsuanı	to NJAC 8	s:60 an	d 12:120	")				MART			010	
Date of Notification (1) 2/28/18				f Building ( ly Meiers		Operator	(2)				MAI	estro.	2 2	018	
Agencies Notified Type Notific	ation		Street A	ddress						L	-, A. NO. F	- im r		11.0	
EPA				ate, Zip Co			- 1977			File	1-				δ: -
	dment # ency (including			ck, NJ 0	7666		-								
DOH justific				f Contact ly Meiers	dorf				Tel	ephon	e Nun	nber			
Name of Facility Mars Abote and in	Tables Dises (0		FACI	LITY INFO	RMAT	ION	_								
Name of Facility Where Abatement is Residential Home Street Address	Taking Place (3	)						of Facility (- School (K-1 Subchapter	2)		- V 40				
							×	Other (i.e. petc.)					dings,	home	es,
City (5) Teaneck							1865		3	f Floor		7	ldg. A 0 +/-		
County (6) Bergen				Code (7) USE ONLY)	-			nt Use (Prid dential H		ing der	nolish	ed)			
Name of Monitoring Firm Hired by Bui Project Manager	Iding Owner (8)		ASCN	I No.				tement Con Abateme		(9)					
Street Address							Addres V. Mic	s dland Ave	).						
City, State, Zip Code								p Code ook, NJ 0	7663						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201-6	one No 300-3			Lice 013	nse N	0.			
Start Date (10) 3/12/18	3/16/18		pletion	Date (11)		Name	of OSH	IA Monitor							
Occupancy Status During Abatement	(Check Only On	ie)				Street	Addres	s							$\dashv$
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: 8 A.M to 4 P.M	Normal Facility				_	City, S	tate, Zi	p Code							
Scope of Work (Check All That Apply)															-
≥3 sf or ≥3 if ≥160 sf or ≥260 if		lenovat emoliti	70.000			×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e edure					<b>.</b>	
	le	Location	on.				1401	Lacinple	( ) an	d North	THAD	110		ement	
Location of	N	lormall	у		De	scription	of						Ту	уре	
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Mai	d Solel intenan odial S (12)	ice/		os Con therma surfa	taining M I systems cing, VA miscellan	laterial insula T, or		(5	mount Specify F or LF	,	Removal	Repair	Encapsulate	Enclosure
Basement		x				VAT			50	26 SF		x			
Basement	x				Mastic				26 SF		^		x		
Name of Degisters J Wests Hands		1 51	IDED !:	/n.nt-	0.11	Vest		N							
Name of Registered Waste Hauler All Stages Abatement		Ha	JDEP W auler ID )36592	No.	of Wa			Name of I	1986			/ Lan	dfill		
City, State Saddle Brook, NJ						sal Date		City, State Pen Ary							
Completed by Richard Cristofol		5	Signature	1	1		<b>&gt;</b>	Da 2/2	te 28/18	3					

Print Form



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

Date of Notification (1) 2/28/18		Name of Eileen		wner/Operator	r (2)	A COLUMN TO THE		AR -	2 20	18	
	ded dment #		te, Zip Coo			-	ASSE	Syne z Liotas	017	102	a l
DOH justific	ency (including ation) Illation	Eileen					Telephone	Number			
Name of Facility Where Abatement is Residential Home Street Address	Taking Place (3)	FACI	LITY INFO	RMATION	Туре	School (K-12) Subchapter 8 Other (i.e. privetc.)	(Other than		ldings,	home	es,
City (5) Ridgewood County (6)		County	ode (7)		158	are Feet	# of Floors 2		Bldg. A 70 +/-	7	
Bergen  Name of Monitoring Firm Hired by Bu	ilding Owner (8)		JSE ONĹY)		Res	sidential Ho	me	onsiled)			
Project Manager Street Address	illuling Owner (b)	AGOIV	i No.	All S		s Abatemen	AND PROPERTY CONT.		-11		
City, State, Zip Code	11 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- <u> </u>  -  -  -  -  -  -  -  -  -  -  -  -  -		City, S	State, 2	idland Ave.	000	70000			
Project Manager for Monitoring Firm		Telephor	ne No.	Telep	hone N		Licens 0130				
Start Date (10) 3/1/18	Scheduled C 3/4/18	ompletion I	Date (11)	Name	of OS	HA Monitor					
Cocupancy Status During Abatement  Facility Closed/Vacated During B Abatement Performed Outside of Other – Describe: 8 A.M to 4 P.I.	Entire Period of Abat f Normal Facility Ho M				State,	ess Zip Code					
Scope of Work (Check All That Apply  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	X Reno	vation		2	M G	ull Containmen ini-Enclosure lovebag Proce on-Exempted (	dure			e	
6. 69. 81	is Loc Nom								Abate	ement pe	
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Llood S	olely by nance/ al Staff?		Description os Containing I thermal system surfacing, V/ other miscella	Materia Is insu AT, or	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes N			VAT			676 SF	x		Ф	
								-	-		
Name of Registered Waste Hauler All Stages Abatement		NJDEP W Hauler ID 0036592	No.	Cubic Yards of Waste 2 CU			egistered Lar entral San		ndfill		
City, State Saddle Brook, NJ				Disposal Date TBD	9	City, State Pen Aryg	jl				
Completed by Richard Cristofol	Title Presider	nt		Signatur		The state of		Date 2/28/1	8		

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

Jan. 16. 2018 2:42PM 28.7 - PA	FAMM		ursuant	to NJAC 8	STOS ABAT :80 and 12:1	20)			E	GE	2 2			7/	
Date of Notification (1) 1/16/2018				l Buliding C FBI Emun	wner/Operati	or (2	)		1	F				-	T
Agencies Notified Type Notification		-	Sireet A		-				40	25000	2011		/	4	1
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DEP Amended		t		ite, Zip Cou					-	1		+			
Mendmen X Emergency		_	Monto	lair, NJ 0	7042					1 1			-a-" '	".	
DOH justification	,	Γ		Conlect						y-'sphise	a Minnik		7 .	. 77	- 10
DCA Cancellation	1		97	Wise									Ų.	10	
Name of Facility Where Abstement is Takin	na Place (	3)	FAC	LITY INFO	RMATION	T	VD6	of Facili	FIR			-			
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Street Address							1	Subchas	er é	(Other than		1			
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čity (5) Montclair						S	dusi	e Fael		# of Floors	3	8	ldg. A	ge	
County (6) Essex				Code (7)		C	urre	nt Use (	'elqu	il being den	nollsher	i)			
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASCA	f No.						actor (9)			_		_
EnviroVision Consitents			0007	79				ices C	пp						
Sireat Address					Strei			7. Karamana							
20-21 Wagaraw Road	-							9 23		17		_			
Felr Lawn, NJ 07410								p Code J 0747							
Project Manager for Montlering Firm			Telepho.	na No.	Tele				_	Lican	BE No.		_		_
Fred Larson				,	1,777			752		012					
Start Date (10)	5chedul	ed Cor	npiellon	Date (11)	Nam	e of	OSH	A Moni	M			-			_
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Facility Closed/Vacated During Entire Abetement Performed Outside of North	Period of	Abaten	lder					Braw	KO!	.0			_		
Other - Describe:	uet Ledini	וועפרו ע	9					P Code	Ar	1					
Scope of Work (Check All That Apply)			-		rai	1 60	27911	140 C	_	<u></u>		_		_	_
23 sf or 23 lf 2150 sf or 2260 lf		Rome?				ox   w	Min	l-Encide	100	it with Negal dure (*) and Non-					
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in Facility	Çha	(12)		(150.1	surfacing, V	AT,	01	uori,		(Specify 8F or LF	,	Remova	Repair	Sucapsulate	Enclosure
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First Floor	<u> </u>	X	_		VAT	_			+	3,0005	=	X			_
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GSC Services Corp.		1	036309	No.	of Waele			TRE		≖Restdid⊕ F8	erwild				
City, State					Disposal Da	le		Clly, S							
Vayne, NJ					1/29-1/30			رااله	044	n, PA					
Completed by	Title				Signatu	18	1				Date				
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28.7 - DA	FAMM	1	) S(I	ele of Nev	y Jerasy ESTOS A	BATE	MENT		E	C	E	j <sup>e</sup>	Ŵ		14 11	तेखा 
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1/16/2018				rei Emui	nah						T		000000	_,		
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DEF Amended DOL Amendmen	#			ite, Zîp Ce Iair, NJ I						i	1					
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DOH justification)		Ī	Marge	Contect						1 316	enone	Mum	per			
O DON CONTROL	<u>'</u>		No. of the last of		SRMATIO	ы			_				8 (	<u></u>		_
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Shomrel Emuneh								School (								
Straet Address				•			X	Subchase Other (I						llnas	hnm	84.
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County (6) Essex			County (	Code (7)		_	Curr	ent Use	'elqi	II beln	g dem	ollaha	d)			_
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EnviroVision Consitents	C 101 ( 0	e:	0007	COLUMN TO THE OWNER OF THE OWNER				vices (		aoto: [	41					
Sirest Address						-	Addr					00000	_			
20-21 Wagaraw Road						1465	Rol	ite 23 3	.#	11						
City, State, Zip Code						City, S	lele,	Zip Code	-					_		
Fair Lawn, NJ 07410						Way	ne, f	J 0747	)							
Project Manager for Montloring Firm			Telepho	ne No.			one l			$\neg$	Licent		,			
Fred Larson						400	200	0752			0125	3				
Start Date (10)	5chedul 2/1/20		npicilon	Date (11)			Sec. 10.00	HA Moni								
1/18/2018 Occupancy Status During Abatement (Che-							Addre	lon Cc	au:	ans						
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Facility Closed/Vacated During Entire Abetement Performed Outside of Norr Other - Describe:	Period of	Abaten V Hours	ieh!		1			Zip Codti	-			_	_			
Other - Describe:					_			NJC	41	)						
Scope of Work (Check All That Apply)									_				_	_		
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TO BE ABATED		lodial S		(1.0,	thermal s	ystem	5 Insu	iallon,			or LF)	- 1	Remova	Repair	Surapsuble	Endosure
(13)		(12)			alher mi			)					PADE	D.	Hush	BAR
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Name of Registered Waste Hauter			JDEP W		Cubic Y			Nami	216	agister	ed Ler	ndfill	-			
GSC Services Corp.		1223	lauler ID 036309		of Want			TRR	:	200/100						
City, State					Disposs			CHy.		CHARA						
Vayne, NJ					1/29-1/	2007072		رااله	WO	n, PA						
Completed by	Tille		SOCIA		Sig	natur	1					Date				
Daniela Antic	Over	er			1	and the same	-	- Jan	7		į	1 1/1	8/20	118		

<sup>\*</sup> Do not use this form for absetos licensure exempted activities.

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Date of Notification (1) 1/16/2018				Building Own ei Emunah		(2)		į.	T	- 'A'	,-, - <del></del>	-	-	7
Agencies Notified Type Notification  EPA Initial  DEP E Amended			Sired A	ddress te, Zip Code		_		ASB	ESTOS C LICENS	ONT	BOL	. &\	1	7
DOL Amendment:		_ [	Monte	lair, NJ 070	42					y was	-	1		
DOH justification) DCA Cancellation		_	Marge						Telephone I	Anwo	"\		9.6	
Isms of Facility Where Abstement is Taking	Place (3)	)	FACI	LITY INFORM	ATION	Тур	e of Facili	F (A		_		_		_
Shomrel Emuneh Street Address						×	Other (i	ar & (	Other than K		uildin	gs. h	ome	đ,
čity (5) Montclair						Squ	elc.) are Feel	-	# of Floors		Bldg	. Ag	9	
County (6) Essex			County (	Code (7)		Curi	rent Use (	'doi I	being demo	Mehed	)			
isms of Monkering Firm Hired by Building C EnviroVision Considents	(B) senset		ASCM DOO7				vices ()		clor (9)					_
irest Address 20-21 Wagaraw Road	,				Street 1465	Addr	bes Lite 23 3		11	_				
lly, State, Zip Code Bir Lawn, NJ 07410							Zip Code NJ 0747	)						
rojeol Manager for Monitoring Firm Fred Larson		T	Talepho	ne No.	Telepi	one i	ACTOR AND ASSESSMENT OF THE PARTY OF THE PAR		License 01253				_	_
itert Date (10) 1/18/2018	5chedule 2/1/201	8	nolision i	Date (11)	200		SHA Moni Slon Oct		ints			5=6		
Coupancy Status During Abatement (Check Facility Closed/Vacated During Entire P		650	an!		Straat 20-2		egeraw	Rais	)					
Abetement Performed Outside of Norm Other - Describe:	al Facility	Hours			1.0		žip Godti n. NJ C	41)	_					
icope of Work (Check All That Apply)  23 sf or 23 if 2150 sf or 2260 if		enova smolit		~	[5	J M	M-Encice	are roci d	with Negatiy ure ) and Non-Fr			dura		
7		Locali				<u> </u>	OITE ACT	T .	and reprint	IAUIS ?		sten Typ:		
Location of Asbasics-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Used Mai	omali Solei ntenar odial S (12)	y by	(Le. iher	Description Containing & mail system unfacing, VA set miscellar	Antani s Insu T, or	dallon,		Amount (Specify &F or LF)		Reminal		Enrapeulate	Endosure
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FIEST LION	+	^_			VAT			+-	3,000SF	1	+	+	-	
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lame of Registered Waste Hauter GSC Services Corp.		H	JDEP W auler ID 036309	No. of	bic Yards Waele		Nam:		gistered Land	<u> </u>				
Ny, State Vayne, NJ				1000000	spossi Date 29-1/30		City, 5		, PA				ं	
Completed by Paniels Antic	Title	ar.			Signaturi	/	~ ~			Dale 1/18	/201	8		

<sup>\*</sup> Do not use this form for spectos licensure exempted activities.



				(Pt	ırsuar	nt to NJA	C 8	:60 and 5:1	6)					
Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (	(2)	U MAR	2	2018	}	111
02 /	27 /	18	_		Me	tro Real I	Esta	te Compani	es					
Agencies Notified	Type Notific	ation			Stree	t Address				ASBEST	ve neg	17535	11 R	1
☑ EPA	☐ Initial				2 B	road Stre	eet,	Suite 400	ł	Lic	EMSA	G	e bu CI	
☑ DOLWD						State, Zip C			3	The second section of the sect	Part to 12 Jan. Be	*- ar-1an		441 - 14
Ø DOH	Amendm	_	-			omfield,								
DCA (NJAC 5:23-8)	☐ Emerger justificati		cluding	1	1	of Contac				Telephone Nu	mhor			
(10/10/07/20/07	Cancella					rren Spra				973-429-79		205		
					FA	CILITY IN	FOF	RMATION						
Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility	(4)				
Commercial									School (K-12	7501011				
Street Address									☐ Subchapter 8	8 (Other than K-				
169 Minnisink Road	- Cottage #	<b>‡</b> 7							homes, etc.)	rivate and comm	ercial bu	uilding	JS,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Totowa														
County (6)					Cour	nty Code (7	)(STA	TE USE ONLY)	Current Use (Pr	ior if being demo	lished)			77
Passaic									**					
Name of Monitoring Firm I	Hired by Build	ding C	wner (	8)	ASCM	No.	2000		ent Contractor (9)					
Bio Terra Solutions							Α	LL PRO MA	NAGEMENT L	LC				
Street Address							Stre	eet Address						
P.O. Box 1224							2	7 Outwater	Lane					
City, State, Zip Code							City	, State, Zip Co	ode					
Union, NJ							G	Sarfield, NJ	07026					
Project Manager for Monit	oring Firm			Tele	phone	No.	Tele	ephone No.		License No.				
Rick Eustaquio				97	73-494	-3762	9	73-928-4888		1188				
Start Date (10)	200			.005		te (11)	Nar	me of OSHA M	lonitor					
02 /01 / _					_ / _	18	A	LL PRO MA	NAGEMENT L	LC				
Occupancy Status During							Stre	eet Address			117-3			
☐ Facility Closed/Vacated							2	7 Outwater I	Lane					
Abatement Performed	Outside of No	ormal	Facility	Hour	s - Des	cribe	City	, State, Zip Co	ode					
Time of Abatement:		PIV	n/	_PIVI-		AM	G	arfield, NJ	07026					
Scope of Work (Check all	that apply)							N 5 0						
≥3 sf or ≥3 lf			Rei	novati	on			☐ Mini-Enc	ainment with Neg losure	gative Pressure				
≥160 sf or ≥260 lf			□ Der	molitic	n			☐ Glovebag	g Procedure	V2201 WAS 1991 1				
			le	Locat	ion				mpted (*) and No	n-Friable Proced				
Location of	nf			lorma				Description o			Ab	ateme	ent Ty	
Asbestos-Containing N		1)		d Sole		Asbes	stos (	Containing Ma		Amount	Re	Repair	En	Enclosure
TO BE ABAT IN Facility		`		ntena	nce/ Staff?	(i.e.		rmal systems i		(Specify	Removal	pair	Encapsulate	clos
(13)				(12)	otan:			urfacing, VAT, ner miscellane		SF or LF)	/al		sula	ure
			Yes	No	N/A		O.	ici misociiano	ous)				ite	
1st Floor- Center Wing						VAT				120 SF		П	П	
1st Floor- Dorm A			$\boxtimes$	VAT				5,400 SF						
1st Floor- Center Wing						Transite	Pai	nels		275 SF				
1st Floor- Stairs						Transite	Pai	nels		600 SF				
Name of Registered Waste	e Hauler				JDEP \		0.000	oic Yards of	Name of Regis					
ATC / Century Waste				200	auler II		Was	ste	The or region	LUI CUI CUI CUI CUI				
City, State								s Needed oosal Date	City, State					
Shirley, NY / Elizabe	th, NJ							BD	oity, state					
Completed By (Print or Ty)		Title					-	Signature	L	Ir	Date			
Allen Monchik	(S) (#1)		oject	Mana	ager				Manhib	1	2/27/1	_		

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

DEGETYED MAR - 2 2018

				- T CONTINUE THE SHEET		1	ACREE	77.5-5-	10.077.56
				169 Minnisink Road- Cottage 7		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely stenancial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i r	E n c a p s u l	E n c l o s u r e
	Yes	No	N/A			3			1
Lst Floor- Center Wing	Mark Care Care		Х	Textured Paint	3,000 SF	Х		_	
lst Floor- Dorm A			Х	Textured Paint	3,000 SF	X			_
lst Floor- Dorm B			Х	Textured Paint	3,000 SF	X			
1st Floor- Dorm B			Х	VAT	2,600 SF	X		-	_
								_	-
			_						
		_							
							-		

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature:	Date:
Alleri Monchik			Allen Monchik	2/27/18

### PAID

EG	E			The same
MAF	- 2	2018	- Commence of the Commence of	W

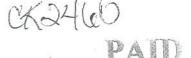
Date of Natification (4)	20-20-20-20-20-20-20-20-20-20-20-20-20-2					45.00	_			III MAI	Γι	2.	2018		114
Date of Notification (1)  01 /	47 ,	40						ner/Operator (		ĺ					
	17 / _		_		wet	ro Real E	:stat	e Companie	es	ASHER	n Terr	7	·	· ///	4
Agencies Notified	Type Notifica	tion			Street	Address			ì.		SOE!	1.1.	7	Do Ch	
☑ EPA ☑ DOLWD	Initial ☐ Amended				100000000	A SOUTH OF THE PARTY OF THE PAR		Suite 400	1090		Manager 11 11 11 11 11 11 11 11 11 11 11 11 11	1	T 2.5		antes.
☑ DOLVID	Amendme	nt#			City, S	tate, Zip C	ode								
DCA	☐ Emergeno	_	luding			omfield, l		7003							
(NJAC 5:23-8)	justificatio	n)		- 1	Name	of Contact				Telephone N	lumber				
	☐ Cancellati	on	_		War	ren Spra	ke			908-670-5	5711				
					FAC	ILITY IN	FOR	MATION							
Name of Facility Where A	batement is Ta	aking	Place	(3)					Type of Facility	(4)					$\neg$
Commercial									School (K-12						
Street Address									<ul><li>☐ Subchapter I</li><li>☑ Other (i.e., p</li></ul>	8 (Other than K	(-12) marcia	hui	Idina		
169 Minnisink Road	I- Cottage #7	7							homes, etc.)		mercia	Dui	iuii ig	٥,	
City (5)									Square Feet	# of Floors		Bld	g. Ag	je	$\neg$
Totowa										1					
County (6)			7-22		Coun	ty Code (7)	(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	nolishe	d)			
Passaic															
Name of Monitoring Firm	Hired by Buildi	ing O	wner (8	3)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)						
Bio Terra Solutions							Α	LL PRO MA	NAGEMENT L	LC					
Street Address							Stre	et Address							$\neg$
P.O. Box 1224							2	7 Outwater	Lane						
City, State, Zip Code							City	, State, Zip Co	ode						$\neg$
Union, NJ							G	arfield, NJ	07026						- 1
Project Manager for Monit	toring Firm			Tele	phone l	No.	Tele	ephone No.		License No	).				$\neg$
Rick Eustaquio				97	3-494	3762	9	73-928-4888		1188					
Start Date (10)		chedu	uled Co	mple	ion Dat	e (11)	Nan	ne of OSHA M	lonitor						
_01 / _26 /	18	05	5_ /	25	_ / _	18	Α	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During	Abatement (C	heck	only or	ne)			Stre	et Address							$\neg$
□ Facility Closed/Vacate							2	7 Outwater I	Lane						
Abatement Performed							City	, State, Zip Co	ode						$\neg$
Time of Abatement:	AM	PM	/	_PM-		AM	G	arfield, NJ	07026						
Scope of Work (Check all	that apply)														$\neg$
☐ >3 sf or >3 lf			□ Rer	ovati	on			□ Full Cont     □ Mini-Enc	ainment with Neg	gative Pressure	9				
≥160 sf or ≥260 lf			□ Rei     □ Der     □						g Procedure						
									mpted (*) and No	n-Friable Proce	edure				
		- 1		Locat								Aba	ateme	ent Ty	уре
Location Asbestos-Containing I				orma d Sole	ly by	Achos	etoe (	Description of Containing Ma		Amount	Γ	R.	Re	ū	m
TO BE ABA		′ I		ntena				mal systems		(Specify		Remova	Repair	ıcap	clos
IN Facilit	ty	- 1	Cust	odial ( (12)	Staff?			urfacing, VAT		SF or LF)		val	7	Encapsulate	Enclosure
(13)		Ì	Yes	No	N/A	1	otr	ner miscellane	ous)					ate	.
1st Floor- Center Wing	a					VAT				120 SF		X			
1st Floor- Dorm A				VAT				5,400 SF	_						
1st Floor- Center Wing	$\frac{1}{\Box}$		Transite	Pa	nole		275 SF	-							
1st Floor- Stairs	9					Transite				600 SF	-				
Name of Registered Was	te Hauler		ш		JDEP \	100000000000000000000000000000000000000		oic Yards of	T.,			Ц	П	П	
ATC / Century Waste, LLC/		mant	110	1000	auler II	[편화항상][환호]	Wa		Name of Regis						- 1
	All FIO Manage	ment,	LLU			/32797/989	Α	s Needed		R.O.W.S. North Landfill	/ Fairless L	andfill	IESI Be	thlehem	Landfill
City, State	-4- N.V.O							posal Date	City, State						
Shirley, NY / Elizab		rield,	NJ				T	BD	Waynesburg	, OH / Morrisv	rille, P	V B	ethle	hem	, PA
Completed By (Print or Ty	ype)	Title						Signature		25	Date				
Allen Monchik		Pi	roject	Man	ager			Allen	Monchik		01/	17/	18		
ACD 44								-			-				$\overline{}$

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET



							A.	P54 (51, 7 )	* 1 7 of
				169 Minnisink Road- Cottage 7		Abatemer	nt Type	astili Li	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Nor S Main	s Locati rmally Solely tenandal staff	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i	E n c a p s u l	E n c l o s u r e
	Yes	No	N/A						
1st Floor- Center Wing			X	Textured Paint	3,000 SF	Х			
1st Floor- Dorm A			X	Textured Paint	3,000 SF	Х			
1st Floor- Dorm B			Х	Textured Paint	3,000 SF	Х			

Completed by: (Print or type)	Title:	Project Manager	Signature:	Date:
Allen Monchik			Allen Monchik	01/17/18



## State of New Jersey

PAID	N	ОТІІ		MOITA		BES	Jersey STOS ABAT 3:60 and 5:10		OF C	ريورد . دورها		W	Cr.A	
Date of Notification (1)				Name	of Buildin	a Ow	vner/Operator (	2)	U MAF	1-2	2	018		H
01 /17 _ /	18						te Companie					0.0		
Agencies Notified Type Notific	ation	-		Street	Address				ACREGA	tors and		20.00	-	
☑ EPA ☑ Initial						eet	Suite 400	ŧ.	ASSEST Lik	us u Chho	100	HQ	- &	
☑ DOLWD ☐ Amended			9		State, Zip (				**************************************	etalen e com		recumber.	The Street	
☑ DOH Amendm				11.00	omfield,									
DCA Emergen (NJAC 5:23-8)   Emergen justificati		ding			of Contac		07000		Tolonhone N	lumbar	_			
Cancella					rren Spra				Telephone N 908-670-					
				FA	CILITY IN	IFO	RMATION							
Name of Facility Where Abatement is 7	aking Pl	lace	(3)		ACADINE TO THE			Type of Facility	(4)					
Commercial								☐ School (K-1	2)					
Street Address								Subchapter	8 (Other than k	(-12)		9.45		
169 Minnisink Road- Cottage #	6							Other (i.e., phomes, etc.	)	imercia	I DU	liaing	s,	
City (5)								Square Feet	# of Floors		Blo	lg. A	ge	
Totowa								35						
County (6)				Cour	nty Code (7	)(STA	TE USE ONLY)	Current Use (P	rior if being den	nolishe	d)			
Passaic							0.00+00.0+00.0+00.00000000000000000000	Control of the Contro						
Name of Monitoring Firm Hired by Build	ding Own	ner (8	3)	ASCM	No.	Name of Abatement Contractor (9)								
Bio Terra Solutions						ALL PRO MANAGEMENT LLC								
Street Address						Street Address								
P.O. Box 1224							7 Outwater I	Lane						
City, State, Zip Code							City, State, Zip Code							
Union, NJ						Garfield, NJ 07026								
Project Manager for Monitoring Firm			Tele	phone	No.	Tel	ephone No.		License No			_		
Rick Eustaquio			97	3-494	-3762	973-928-4888 1188								
DESCRIPTION OF THE PROPERTY OF	Schedule	d Co	mplet	ion Da	te (11)	Name of OSHA Monitor								
02 /28 /18	_ 05	_ /	25	_ / _	18	Α	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During Abatement (						Stre	eet Address							-
☐ Facility Closed/Vacated During Entir	e Period	of A	baten	nent		2	7 Outwater I	_ane						
Abatement Performed Outside of No	ormal Fa	cility	Hours	s - Des	cribe	City	y, State, Zip Co	ode						
Time of Abatement:AM	PM/_		_PM-		AM	G	Sarfield, NJ	07026						
Scope of Work (Check all that apply)														
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			ovatio rolitio				☐ Mini-Encl							
Section Many			ocati								Aba	ateme	ent T	vpe
Location of Asbestos-Containing Material (ACM	,   ,		ormal Sole		Anhai		Description of					_		1
TO BE ABATED	'	Mair	ntenar	nce/			Containing Matermal systems i		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility		Custo	dial 5 (12)	Staff?	,	S	surfacing, VAT,	or	SF or LF)		oval	7	psu	Sur
(13)	Y	es	No	N/A		otl	her miscellaned	ous)					ate	0
1st Floor- Center Wing					VAT				120 SF		X			
1st Floor- Entrance		-			VAT		_		100 Sf		X			
1st Floor- Dorm A									5,400 SF		-			
1st Floor- Center Wing		□ □ ⊠ Transite					nels		5,400 SF 🗵 🗆 🗆					
Name of Registered Waste Hauler		NJDEP Waste					21001				_	_	_	
ATC / Century Waste, LLC/ All Pro Manage	ement, LL	t. LLC Hauler ID No.					ste			/Fairless La	ndfill/	IESI Be	thlehem	Landfill
City, State		SW-24310 / 32797/989				Minerva Enterprises/G.R.O.W.S. North Landfill/Fairless Landfill/ IESI B  As Needed  Disposal Date  City, State								
Shirley, NY / Elizabeth, NJ/ Gar	field, N.	The state of the s				TBD								
Completed By (Print or Type)	Title					waynesburg, OH / Morrisville, PA/ Bethlel				nem,	PA			
Allen Monchik								20 71 11						
	. 10]	oject Manager					Allen	n Monchik 01/17/18				18		

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

				169 Minnisink Road- Cottage 6		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely itenand al Staf	Used by ce/Cust f (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i r	E n c a p s u l	E n c l o s u r e
1st Floor- Stairs	res	INO	N/A X	Transite Panels	600 SF	X		_	
1st Floor- Center Wing	_	-	X	Textured Paint	3,000 SF	X			
1st Floor- Dorm A	-	-	X	Textured Paint	3,000 SF	X		_	
1st Floor- Dorm B			X	Textured Paint	3,000 SF	X			

Completed by: (Print or type)	Title:	Project Manager	Signature:	Date:
Allen Monchik			Allen Monchik	01/17/18



PAID	1		CATION	ate of Ne I OF ASB to NJAC	<b>ESTOS</b>	ABATE		Т	ID)	E	C			W	
Date of Notification (1) 2/28/2018			Name of NRG	f Building Energy	Owner/0 Inc.	Operator	(2)		M	Name of Street, or other Persons and Street,	MAR		2 21	)18	and the same of th
Agencies Notified Type Notification  E EPA Initial			Street A 315 R	<sup>ddress</sup> ieglesvi	lle Rd			The state of the s	ted bed		141111			710	- di
DEP Amended Amendment #		_	City, Sta Milford	ite, Zip Co d NJ 08	ode 848					ASB	iesto Lic		CWI	HOL	.&
Emergency (ii justification)  DCA  Emergency (ii justification)  Cancellation	ncluding			Contact Stanko	vic, Pr	oject N	Mana	ager		ephon 73-57			*. **** * @	7.414.2	-Marieta *
			FACI	LITY INFO	ORMATI	ON			-						
Name of Facility Where Abatement is Taking Gilbert Station	Place (3	3)					Тур	e of Facility ( School (K-1							
Street Address 315 Rieglesville Rd							×	Subchapter Other (i.e. p etc.)	8 (Oth				dings,	home	es,
City (5) Milford								are Feet ,000	# o 3	f Floor	'S		ldg. A	ge	
County (6) Hunterdon			County (	Code (7) JSE ONLY	)		Curi	rent Use (Prid Iustrial pov	or if bei	ing der ation	molish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	1 No.		Name Che	of Ab	atement Con ark Industr	tractor ial	(9)					
Street Address						Street 54 N		ess an Dr							
City, State, Zip Code						City, State, Zip Code Sparta NJ 07871									
Project Manager for Monitoring Firm			Telephor	ne No.		Telephone No. License No. 973-570-2645 01334									
	Schedule 3/30/2		npletion [	Date (11)				SHA Monitor ark Industr	ial	I					
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Pe		2017				Street 54 N		ess an Dr							
Abatement Performed Outside of Norma  Other – Describe:maybe occasionally	I Facility	Hours		nce staff	_			., Zip Code NJ 07871							
Scope of Work (Check All That Apply)															-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	Renova Pemolit					M	ull Containme lini-Enclosure lovebag Proc	edure						
	Ι.		20.5				1 N	on-Exempted	(") an	a Non-	парі			ment	
Location of		Locati Iormal			Dec									pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	d Sole intenar todial S (12)	nce/		tos Cont thermal surfac		Materia s insu T, or		(5	mount Specify F or LF	,	Remova	Repair	Encapsulate	Enclosure
5.7	Yes	No	N/A					ć				/al	7	ilate	re
office floor- hallways and offices	100	X	1073		floor ti	les 12	"x12		24	00 SI	F	Х			
office floor- hallways and offices		Χ			r	nastic			24	00 SI	F	Х			
					- 10-10-10-10-10-10-10-10-10-10-10-10-10-1										
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards		Name of F	Registe	ered La	andfill				
Atlantic Carting		Н	auler ID	No.	25	of Waste Management Waste Management									
City, State Wayne NJ					<u> </u>	sal Date	Tulleytown PA								
Completed by Corey Stankovic	Title CEO				S	ighature	1	zuk-	50	C	Dat 2/2	e 27/20	)18		



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Nam	e of Building	Own	er/Operator (2		GE	W	7 7		
	28 /	18	-		Ci	y of Camo	den		IIKI	and the second of the second s	eer taabeering	711	Selection of the select	
Agencies Notified	Type Notificati	on			523,000,000	t Address				MAR - 2 2	110	-	JII	
⊠ EPA	☐ Initial					Box 9512			14 14	W/ 11. Z Z	110		7	
☑ DOLWD ☑ DOH	Amended Amendmen	nt#			0.000	State, Zip C				Market Activities and the Activities and	T 114.4. 82188		0.00	
□ DCA			iding		1	mden, NJ		01	A	SBEBYCE CONT		8		
(NJAC 5:23-8)	justification				Nam	e of Contact			(P1 ( ) 1.200 c/52 c/6	Telephone Numb	STATISTICAL PROPERTY.		enco.	
	☐ Cancellatio	n			Ja	mes Rizzo	)			856-757-7032				
					FA	CILITY IN	FOR	MATION						
Name of Facility Where A		king P	lace	(3)					Type of Facility					
622 PINE STREET	STRUCTURE								School (K-12	) 3 (Other than K-12)				
Street Address									Other (i.e., p	rivate and commerc	ial bu	lding	5,	
622 PINE STREET	STRUCTURE								homes, etc.)					
City (5)									Square Feet	# of Floors	- 1	lg. Ag	e	
Camden									varies	varies		50+		
County (6)					Cou	nty Code (7	)(STAT	TE USE ONLY)		ior if being demolis				
CAMDEN							HOUSING DEEMED UNSAFE							
Name of Monitoring Firm	Hired by Buildin	ng Ow	mer (8	3)	ASC	l No.	Name of Abatement Contractor (9)							
							Controlled Environmental Systems							
Street Address							Street Address							
							1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code							1	City, State, Zip Code						
								Spring House, PA 19477						
Project Manager for Mon	itoring Firm			Tel	ephon	e No.		Telephone No. License No. 215 542 7000 00847						
							Name of OSHA Monitor							
Start Date (10)	1					ate (11)	5,00,7000	1977 (1987 ) 17 (1997 ) 17 (1997 ) 18 (1997 ) 18 (1997 ) 18 (1997 ) 18 (1997 ) 18 (1997 ) 18 (1997 ) 18 (1997 )						
3/5/		4	_ '	_2	0_ /	18	CES							
Occupancy Status Durin								et Address						
☐ Facility Closed/Vacat						a a riba			ehem Pike -Su	ite 60				
Abatement Performed						scribe		, State, Zip Co	e, PA 19477					
Scope of Work (Check a							3	pring nous	E, FA 15477					
Scope of Work (Check a	iii tilat appiy)								tainment with Ne	gative Pressure				
☐ ≥3 sf or ≥3 lf			Rei					☐ Mini-End	losure g Procedure					
⊠ ≥160 sf or ≥260 lf		Z	Z De	mont	ion					n-Friable Procedu	е			
	to the second second				ation						Ab	atem	ent T	ype
Location				Norm	ally lely by			Description of		Amaunt	Re	Re	En	E
Asbestos-Containing TO BE AB					ance/			Containing Ma rmal systems		Amount (Specify	Removal	Repair	cap	Enclosure
IN Faci			Cust		Staff	, , , , , , , , , , , , , , , , , , ,	s	urfacing, VAT	, or	SF or LF)	val		Encapsulate	ure
(13)			V	(12 No	-	<u> </u>	oth	her miscellane	eous)				te	
		-	Yes		-		l	! \$14!	Hamand	200 YD per res				
See Attached Notice	of Hazard					See At	tacne	ed Notice of	nazaru	200 TD per res	1_			
		] [									Ш	Ш	Ш	Ш
		1												
Name of Registered Wa	ste Hauler		NJDEP Waste					oic Yards of	Name of Regi	stered Landfill				
Waste Managemer	nt of NJ		Hauler ID No. 17273					ste 00/residenc	GROWS					
City, State			1					posal Date	City, State					
Fairless Hills, PA							4	/20/18	Tullytown	PA				
Completed By (Print or	Type)	Title						Signature		Da	ite	239	فايز	2
Patricia Visco		Off	fice l	Man	ager			Wal	ucer V	Macco	2-	23	-12	8

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

								Co Maria	02 . 6 . 6 . 6		- 11	1		
Date of Notification (1)	20 /	10				_	Owner/Operator (2		MAR - 2 2	018	-	U,		
	/	18	_			of Camo	ien	14 14	2 2		1	Distance of the last of the la		
Agencies Notified	Type Notificat	tion				Address		9	Democratic of the state of the	and the Ma				
⊠ EPA ⊠ DOLWD	☐ Amended					3ox 9512			ASSESTED CON	HU	dt		(A)	
☑ DOLWD	Amendme	nt#				ate, Zip C			But have the first the second			£ 166		
□ DCA		y (inclu	uding			den, NJ	VOYAGE IN NO 182		1					
(NJAC 5:23-8)	justificatio	n)				of Contact			Telephone Number					
	☐ Cancellation	on			Jam	es Rizzo	)		856-757-7032					
					FAC	ILITY IN	FORMATION							
Name of Facility Where A	Abatement is Ta	aking F	Place	(3)				Type of Facility						
314-316 BAILEY ST	REET STRU	CTUR	RE					School (K-1	2) 8 (Other than K-12)					
Street Address								Other (i.e., p	private and commerci	al bu	ilding	s,		
314-316 BAILEY ST	REET STRU	CTUR	RE					homes, etc.		019400000				
City (5)								Square Feet	# of Floors	Blo	lg. Ag	je		
Camden								varies	varies	5	÷0			
County (6)					Count	y Code (7	(STATE USE ONLY)	Current Use (P	rior if being demolish	ed)				
CAMDEN								HOUSING I	DEEMED UNSAFE					
Name of Monitoring Firm	Hired by Build	ing Ow	vner (8	3)	ASCM N	No.	Name of Abatement Contractor (9)							
							Controlled Er	nvironmental	Systems					
Street Address							Street Address							
							1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code							City, State, Zip Co	ode						
							Spring House	e, PA 19477						
Project Manager for Mon	itoring Firm			Tele	phone N	No.	Telephone No.		License No.					
							215 542 7000 00847							
Start Date (10)					tion Dat		Name of OSHA Monitor							
3 / 5 /	18	4	_ /	20	_ / _	18	CES							
Occupancy Status During	g Abatement (C	Check of	only o	ne)			Street Address							
□ Facility Closed/Vacate	275(1)						1121 N Bethlehem Pike -Suite 60							
Abatement Performed						cribe	City, State, Zip Code							
Time of Abatement: 7	1.00AM-5:00P	IVI/	PIV		_AIVI		Spring House	e, PA 19477		1.7 (**)				
Scope of Work (Check a	II that apply)						П							
☐ >3 sf or >3 lf		Г	Rei	novati	on		☐ Full Cont		egative Pressure					
≥160 sf or ≥260 lf			⊠ Dei				☐ Gloveba	g Procedure						
								mpted (*) and N	on-Friable Procedure	1				
				Locat Iorma	200		Description	£		-	_	ent T	T	
Location Asbestos-Containing		,		d Sole		Asbe	Description of stos Containing Ma		Amount	Rer	Repair	Enc	Enclosure	
TO BE ABA	ATED	<b>'</b>		intena			., thermal systems	insulation,	(Specify	Removal	air	aps	losu	
IN Facil	ity		Cusi	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	Тe	
(13)			Yes	No	N/A		other miscellane	ousy				(0)		
See Attached Notice	of Hazard					See Att	ached Notice of	Hazard	200 YD per res					
										П	П	П		
		_												
				Ш						닏			1	
Name of Registered Was	ste Hauler			720	JDEP V		Cubic Yards of							
Waste Managemen	nt of NJ			1	17273		Waste 200/residenc	GROWS						
City, State							Disposal Date							
Fairless Hills, PA							4/20/18	Tullytown	n PA					
Completed By (Print or T	Гуре)	Title					Signature	/1	Dat	e				
Patricia Visco	500 (5	Of	fice I	Vlana	ger		Vota	and I Shall	000	7-8	38.	· 20	18	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

22 22 08 232		11011	(Pu	rsuan	t to NJA	C 8:60 and 5:16	i) chake	- IN E	0		M				
Date of Notification (1)	28 / 18	,			of Building	Owner/Operator (2			deline di la ca	-1944 1 3V	red Sil aun Silv	-			
						uen		IIII MA	AR.	- 2	2018	3			
Agencies Notified	Type Notification				Address			And Look			107707014-3				
	☐ Amended			1,0,0,0,0	Box 9512				ante cure	7.47	15.6 + 1				
☑ DOH	Amendment #				tate, Zip C			ASSE	sio: Lic:	1	W 1200	OL, 8			
□ DCA				Can	nden, NJ	08101		THE RESERVE OF THE PERSON NAMED IN	Marine Comment	0.44	4	4.5.4			
(NJAC 5:23-8)	justification)			Name	of Contact	t		Telephone Number	er						
	☐ Cancellation			Jam	es Rizzo	)		856-757-7032							
				FAC	CILITY IN	FORMATION		500F							
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility								
564 Mt VERNON S	TREET STRUCT	URE					School (K-12								
Street Address								3 (Other than K-12)	ial bu	ildina	S.				
564 Mt VERNON S	TREET STRUCT	URE					Other (i.e., private and commercial build homes, etc.)								
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je				
Camden							varies	varies	1	50÷					
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ed)						
CAMDEN					,,,	///	12	EEMED UNSAFE	322						
Name of Monitoring Firm	Hired by Building	Owner (	3) [	ASCM	No	Name of Abateme									
reame or Monitoring 1 in	Trinca by Danaing	Owner (	,	AOOW	140.		nvironmental								
Street Address						Street Address	TVII OTIIII CITICAL V	Dyotemo				-			
Street Address							lehem Pike - S	uite 60							
City, State, Zip Code						City, State, Zip Co		uite oo							
Oity, State, Zip Gode						Spring House									
Project Manager for Mor	sitorina Eirm		Tolo	phone I	No	Telephone No.	5, I A 15477	License No.							
Project Manager for Mor	illoring Film		Tele	phone	NO.	215 542 7000		00847							
Charl Data (40)	10-1-	1.1.10		D.	- /4.4\			00047							
Start Date (10)3 /5 /		duled Co				Name of OSHA M	ionitor								
Occupancy Status Durin	g Abatement (Chec	k only o	ne)												
☐ Facility Closed/Vacat	ed During Entire Pe	eriod of A	Abate	ment		1121 N Bethle	ehem Pike -Su	ite 60							
☐ Abatement Performe		7			cribe	City, State, Zip Co	ode								
Time of Abatement:	7:00AM- <u>5:00</u> PM/_	PM		AM		Spring House	e, PA 19477								
Scope of Work (Check a	II that apply)					100000				100					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		☐ Rei	novat molitic			☐ Mini-Enc ☐ Gloveba	g Procedure	♥ more part to the setting to the proceeding and the continue of the continue							
		1		2013		Non-Exe	mpted (*) and No	n-Friable Procedure	-	-10					
9 19	2	933	Locat			02200 of the Body Co. 10			Ab	ateme	ent Ty	уре			
Location Asbestos-Containing				ely by	Acha	Description of stos Containing Ma		Amount	Re	Repair	Ē	En			
TO BE AB		Mai	ntena	nce/		e, thermal systems		(Specify	Removal	pai	Encapsulate	Enclosure			
IN Faci		Cust		Staff?		surfacing, VAT	, or	SF or LF)	val		sula	ure			
(13)			(12)	1	-	other miscellane	ous)				ate	(37.0			
		Yes	No	N/A						_	_	_			
See Attached Notice	of Hazard				See Att	ached Notice of	Hazard	200 YD per res							
	2100 pm - 2200 pm - pr														
Name of Registered Wa	ste Hauler	1		JDEP \		Cubic Yards of	Name of Regi	stered Landfill	•						
Waste Managemer	nt of NJ		F	lauler II 17273		Waste 200/residenc	GROWS								
City, State						Disposal Date	City, State								
Fairless Hills, PA						4/20/18	Tullytown	PA							

Completed By (Print or Type)

Patricia Visco

Title

Office Manager

Signature

Date

228-13

PAIN			(1	Purs	suan	t to NJA	C 8	:60 and 5:16	i) ahad	和 1/16	F	7	W	5	
Date of Notification (1)				I	lame	of Building	Ow	ner/Operator (2	2)	TUT	Table - Fa	errange errange	and the second		
	8 / _	18			City	of Camo	den							Company of the last of the las	
Agencies Notified Ty	pe Notificat	tion		S	Street	Address				- U-LI  MAR		2 21	118		
	Initial				PO	Box 9512	20			!					
7.7.7.7.	Amended	n+ #		C	City, S	tate, Zip C	ode			ACGILI	77.			E.	
☑ DOH ☐ DCA ☑	Amendme Emergenc		- -		Can	nden, NJ	081	101		ACCO INC.	514	4.5		C.	
(NJAC 5:23-8)	justificatio		19	N	lame	of Contact				Telephone Number	_		120		
	] Cancellation	on			Jam	es Rizzo	)			856-757-7032					
					FAC	ILITY IN	FOF	RMATION							
Name of Facility Where Abar	tement is Ta	aking Plac	e (3)						Type of Facility	(4)					
328 LIBERTY STREET	STRUCT	URE							School (K-12						
Street Address										B (Other than K-12) rivate and commerci	al bu	ildina	S.		
328 LIBERTY STREET	STRUCT	URE							homes, etc.)			J	5.50		
City (5)									Square Feet	# of Floors	Blo	lg. Ag	je		
Camden									varies	varies		50+			
County (6)					Coun	ty Code (7)	)(STA	ATE USE ONLY)		ior if being demolish					
CAMDEN							,	HOUSING DEEMED UNSAFE							
Name of Monitoring Firm Hir	ed by Build	ing Owne	r (8)	AS	SCM I	No.	Name of Abatement Contractor (9)								
							Controlled Environmental Systems								
Street Address							Street Address								
07 01 7 0 1								121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code							City, State, Zip Code Spring House, PA 19477								
Drainet Managar for Maniter	na Firm		T	alaak		No.		<u> </u>	, PA 19477	License No.					
Project Manager for Monitori	ing Firm		'	elepi	none I	NO.	250	lephone No. 215 542 7000	00847						
Start Date (10)	0	cheduled	Com	nlatio	n Dat	e (11)	1.000	me of OSHA M	onitor	00047					
3 / 5 /						18	1000	CES	omtor						
Occupancy Status During Ab					- 2 -			eet Address							
☐ Facility Closed/Vacated I					ent		CARREST .		hem Pike -Su	ite 60					
☐ Abatement Performed Ou						cribe	1121 N Bethlehem Pike -Suite 60 City, State, Zip Code								
Time of Abatement: 7:00	AM- <u>5:00</u> P	M/F	PM	/	AM		City, State, Zip Code Spring House, PA 19477								
Scope of Work (Check all that	at apply)	<u> </u>						1 3	* 5000 0,50000						
COCCO IN 1660 CRAUGO									ainment with Neg	gative Pressure					
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf			Renov Demo					☐ Mini-Enc	losure 3 Procedure						
			em.naz.mi							n-Friable Procedure					
			Is Lo						88		Ab	atem	ent T	уре	
Location of Asbestos-Containing Mar	torial (ACM)	· υ	sed S	mally solely		Acho	ctoc	Description o Containing Ma		Amount	Re	Re	En	E	
TO BE ABATE		1	lainte					ermal systems i		(Specify	Removal	Repair	cap	Enclosure	
IN Facility		C	ıstodi (1	al St (2)	ап?			surfacing, VAT, ther miscellane		SF or LF)	a		Encapsulate	ure	
(13)		Ye		No	N/A		Ot	inei miscenane	ous)				te		
See Attached Notice of	Hazard	П		7	$\boxtimes$	See Att	ach	ed Notice of	Hazard	200 YD per res			П		
occ Attached Notice of	Tiazaiu					OCC ALL	aoir	cu notice of	Tuzuru	200 1D pc1 100					
				1							Ш			Ш	
				]											
Name of Registered Waste I	Hauler			- 110		Vaste	20010000	bic Yards of	Name of Regis	stered Landfill					
Waste Management of	fNJ			10000	uler II 7273			aste 200/residenc	GROWS						
City, State						0.		sposal Date	City, State						
Fairless Hills, PA							4	1/20/18	Tullytown	PA					
Completed By (Print or Type	ompleted By (Print or Type) Title							Signature	AI	Dat	e ,				
Patricia Visco	ii.	Office	Ma	nage	er			Dais	Turne 1/1	de Z	3/7	18/	17		

#3 NOCK

3 110		INV	J 1 11		11/2/02/02/02/02/03			60 and 5:16		MEC	0 6		W			
Date of Notification (1)	-110 100 500 500 500				Name	of Building	Owr	ner/Operator (	2)	11/1/		17				
	27 /	18								ire Dix Lakehurs	t AFI		2018	)		
Agencies Notified	Type Notificat	tion -			Street	Address				U U		1-	∠VIQ			
⊠ EPA	☐ Initial				336	9 Wonna	cott	Ave			17					
☑ DOLWD		nt #3				tate, Zip C				ASSE			11116	12.8		
□ DCA	Emergenc		dina		Joir	nt Base -	McG	Guire Dix La	kehurst AFB, N	NJ 08641-5406	. (C. F. I		() FITTINATE			
(NJAC 5:23-8)	justificatio	n)	5		Name	of Contact				Telephone Numb	er					
77.00	☐ Cancellation	on			CMS	Sgt Davi	d A	Brown		609 754 4157						
					FAC	ILITY IN	FOR	MATION								
Name of Facility Where			lace	(3)					Type of Facility (							
3322 Cyber Operat	ions Squadro	on							School (K-12)	) 3 (Other than K-12)						
Street Address										rivate and commerc	cial bu	ilding	s,			
3322 Wonnacott Av	ve								homes, etc.)		T = -		20000			
City (5)									Square Feet	# of Floors		ig. Ag	ge			
Joint Base - McGui	ire Dix Lakeh	urst A	FB	0864			VOTA	TE 110E 011 14	10,000	1		50+				
County (6)					Coun	ty Code (/	)(S1A	TE USE ONLY)	p-14-00 100 000 000 0-00 0-00 0-00 0-00 0	or if being demolish	iea)					
Burlington Name of Monitoring Firm	Llisad by Duild	ina Our	/	2)	ASCM	Ma	Non	no of Abatama		Office- Hanger						
TTI Environmental		ing Owi	ner (	9)	ASCIVI	NO.	Name of Abatement Contractor (9)  Controlled Environmental Systems									
Street Address								eet Address	IIVII OIIIII EIII ai	by stems						
1253 N. Church St							1121 N. Bethlehem Pike - Suite 60									
City, State, Zip Code							100		State, Zip Code							
Moorestown, NJ 08	3057						Spring House, PA 19477									
Project Manager for Mon				Tele	phone I	No.	Telephone No. License No.									
	•			85	6 840	8800	215 542 7000 00847									
Start Date (10)	S	chedule	ed Co	omplet	tion Da	te (11)	Nan	me of OSHA N	Monitor							
11 /6 /	17	4	_ /	6	_ / _	18	С	ES								
Occupancy Status Durin	g Abatement (C	Check o	nly o	ne)			Stre	eet Address					work-			
□ Facility Closed/Vacat							1121 N. Bethlehem Pike - Suite 60									
Abatement Performer			V			cribe	City, State, Zip Code									
Time of Abatement:		IVI/	_PIVI				S	pring Hous	e, PA 19477							
Scope of Work (Check a	Il that apply)							□ Full Con	tainment with Nec	native Pressure						
≥3 sf or ≥3 if		$\boxtimes$	Rei	novati	on		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure									
≥160 sf or ≥260 lf			] Dei	molitio	n				g Procedure	n-Friable Procedur						
			le	Locat	ion			M MOII-EXE	impled ( ) and No	II-I Hable I Tocedul	1	atem	ont T	ivne		
Location	n of		N	lorma	lly			Description of	of		-			T		
Asbestos-Containing		)		d Sole intena				Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure		
TO BE AB				odial S		(I.e		rmal systems surfacing, VAT		(Specify SF or LF)	ova	=	psu	nusc		
(13)	,			(12)	1			her miscellane		,	-		late	O)		
			res .	No	N/A		w. wo.ronner				1	_	_	_		
office						Pipe &	Fitti	ng (tent & g	love bag)	220 LF						
exterior transite						exterio	r trai	nsite (non F	riable procd)	634 SF						
Name of Registered Wa				3.5	JDEP \		Cubic Yards of Name of Registered Landfill Waste									
Geppert Recycling				П	lauler II	J NO.	100000		Western Berks Community Landfill							
City, State								posal Date								
Hatfield, PA							4	/6/18	Birdsboro, PA 19508							
Completed By (Print or 1	Гуре)	Title						Signature	pature Date							
Patricia Visco		Offi	ice l	Mana	ger		Patricia Visce 3-27-2018									

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#### New Jersey Department of Health Consumer, Environmental and Occupational Health Service

#### PO Box 369 Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975







#### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

	I. NOTIFICATION INFORMA	ATION
Date of Notification:	1 / 29 / 2018	The state of the s
☐ Initial ☐ Amende	ed Cancellation Emergency (must	t include justification)
Type of Work: Dem	nolition Renovation	-3 dates 2-27-18
	II. BUILDING INFORMATI	
Name of Building Owner/	Operator: 108 Contracting ANG - Join	nt Base - McGuire Dix Lakehurst AFB
Street Address: 3369 V	Wonnacott Ave City: Lakehurst	State: NJ Zip: 08641
Name of Contact: CMS	Sgt David A Brown	Telephone No.: 609 754 4157
	III. FACILITY INFORMAT	ION
	Nork Activity is to Take Place: Blo	ag 3322 Cyber Op Squadron
Describe Facility Use: _	Hang	ger N.I. 7: 08641
	3322 Wonnacott Ave City: Lakehurst	
	ton County Code	
		Completion Date: 4 / 6 / 2018
	ng Activity (check only one):	
☐ Facility Closed/Vacate		
	utside Normal Facility Hours—Describe:	
Other—Describe: 7:	00 to 5:00 Monday	
Scope of Work (check a	50 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	9/
□ Floor Tile	Square Footage: 1050	
Mastic	Square Footage: 1050	Percentage Asbestos:%
	IV. CONTRACTOR INFORM	IATION
Company Name	Controlled Environmental Systems	Telephone No.: 215 542 7000
	N Bethlehem Pike City: Spring House	
	cense Number (if applicable): 00847	
Monitoring Firm (if applic		Telephone No.:
Monitoring Firm (ii applic	abie).	
	V. SIGNATURE	
Completed By	Patricia Visco Ti	office Manager
(type or print legibly):	- 1	tle: Office Manager
Signature: Pal	una Vacer	Date: <u>2/27/2013</u>
- 3 1		/ /