## CKH 9502

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

	YA	見見	(P		t to NJAC				1.60//			113		
Date of Notification (1)	119			Name PSE8	of Building	Owner/0	Operator	(2)		MAR	{	3 20	119	And the state of the state of
Agencies Notified	Type Notification				Address HADLE	Y ROAI	D	2	1	- Appendig of the second			G 2	
DEP X DOL	Initial Amended Amendment #				tate, Zip C		) N.I.7	080	Ā .					
ĭ DOH	Emergency (in justification)	cluding	-	Name	of Contact	_	N			lephone Nu		-		
☐ DCA	Cancellation				KE	E S	CAN	n. LLA	19	73-4	47-	04	69	
Name of Facility Where A	Abatement is Taking	Place (	3)					Type of Facil						
Street Address 7 Po L I	HEMUS	4	LA	NE	====			Other (i. etc.)	oter 8 (Oth	ner than K-1 & commerc	2) ial bui	dings	, hom	es,
City (5) BRINI	FEWAT	- 2	R					Square Feet	1	of Floors		Bldg. A		
County (6)	ERSET			County (STATE	Code (7)	()		Current Use (	Prior if be		hed) '	,		YRS
Name of Monitoring Firm	Hired by Building Ov	vner (8)			M No.			of Abatement	Contracto				V	
ENVIRONMENTAL Street Address	TACTICS		// The same of the	004	5			UE SYSTE	MS OF	AMERIC	A, IN	C.		
64 BROAD STREET							396 V	VHITEHEA	D AVE.					
MATAWAN, NJ 077					*			tate, Zip Code TH RIVER,	NJ 0888	32				
Project Manager for Monit TOM GEIGER	2000 764 4.7 0 <del></del>			Telepho 732-2	one No. 90-2217			one No. 132-8350		License N	lo.			
Start Date (10) 3//8	2/19 S	3	120	npletion	Date (11)			of OSHA Monit		AMERICA	4, IN			
Occupancy Status During Facility Closed/Vacat	Abatement (Check (		ne)					Address VHITEHEAL	) AVE					
Abatement Performe Other – Describe:	d Outside of Normal	Facility	Hours		ale,		City, St	ate, Zip Code TH RIVER,		22				
Scope of Work (Check All	That Apply)	- /						minute,	140 0000		7000	-		_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Remolit				M	Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure				۵	
I and			Locati Iormali									Abate Ty	ment	
Location of Asbestos-Containing M	Material (ACM)	Use	d Solei intenar	ly by		tos Conta		atérial (ACM)		mount				m
In Facility (13)	Maria Caracteria Carac	Cust	odial S (12)	Staff?	(i.e.	surfac	systems ing, VAT iscellant			Specify For LF)	Remova	Repair	Encapsulate	Enclosure
2		Yes	No	N/A									ate	Ġ.
CONTROL	Room		X		TRAI	US:TE	Flo	OR PANEL	s 30	6 SF	×			
											_			
Name of Registered Waste	- United													
VEOLIA	o i idulei		H	JDEP Wauler ID 806313	No.	Oubic of Was	te			red Landfill				
City, State FLANDERS, NJ						Disposi TBD	00	City, St						
Completed by		Titlo				1 . 00		INIORI	MOVILL	L, PA		. 5		

OFFICE MGR.

CAROL RAIMO

## CK 14 9503

## State of New Jersey

PAT	n	NOTIF	ICATIO Pursuan	N OF ASBEST t to NJAC 8:60	OS ABATE and 12:12	EMENT (0)			- 1 23	- 12	
Date of Notification (1) 3/7/19			Name PSE8	of Building Own	er/Operato	r (2)	M M	AR	8	2019	1
Agencies Notified Type Notification  EPA Initial				Address HADLEY RO	DAD		Contract Con			Tab	
DEP Amended Amendment				tate, Zip Code TH PLAINFIE	ELD. NJ	7080		11.2		· · · · ·	V. Bat
Emergency ( justification)	including	3	Name o	of Contact			Telephone N				100
DCA Cancellation			M.	KE ES	CAM.	LLA	973-	417	-0	46	4
Name of Facility Where Abatement is Taking	Place (	3)	FAC	ILITY INFORM	ATION	Type of Facility (	4)				
Street Address 234 P, ERSOI	U /	AVE				School (K-1 Subchapter Other (i.e. petc.)	2) 8 (Other than Korivate & comme	-12) rcial bu	uildings	s, hom	ies,
City (5) EDISON						Square Feet	# of Floors		Bldg.		
County (6)			County	Code (7)		6300 Current Use (Pri	or if being demol	ished)	2000	. 8	1 yes
MIDDLESEX				USE ONLY)		Sus	STATIC				
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS Street Address	)wner (8	)	0045	M No. 5	UNIC	of Abatement Cor QUE SYSTEMS		CA, IN	VC.		
64 BROAD STREET						Address WHITEHEAD A	AVF				
City, State, Zip Code MATAWAN, NJ 07747					City, S	State, Zip Code ITH RIVER, NJ		- T			
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 90-2217	Telepi	none No. 432-8350	License 01111	No.		-	
Start Date (10) 3/25/19	Schedul	ed Con	npletion	Date (11)		of OSHA Monitor QUE SYSTEMS	OF AMERIC	- A 16	10		
Occupancy Status During Abatement (Check	Only Or	ne)	9//	9		Address	OF AMERIC	A, IN	10		
Facility Closed/Vacated During Entire Packet Abatement Performed Outside of Norma Other – Describe:	eriod of a	Abatem Hours	nent		City, S	WHITEHEAD A				<u> </u>	
Scope of Work (Check All That Apply)					SOU	TH RIVER, NJ	08882				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit			×	Mini-Enclosure Glovebag Proc				re.	
		Locati							Abat	ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	Normall ed Solel intenar todial S (12)	y by ice/	Asbestos Co (i.e. therm sur		laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A		1.75-2			<u> </u>	-	late	Ire
Ewodu ies		X		Acm C	AUIK	ing	850 LA	X			
Name of Registered Waste Hauler		N.	JDEP W	aste Cub	ic Yards	Name of R	tegistered Landfi	11	1		_
VEOLIA		Ha	auler ID 106313	No. of W	laste		RLESS				
City, State FLANDERS, NJ				Disp TB	osal Date	City, State					
Completed by CAROL RAIMO	Title OFFI	CE M	GR.		Signature		1 15	ate 3	7/	10	

- CK 4511

NOTIFICATION OF ASBESTOS ABATEMENT

Print Form

NOOK			(P	ursuant	t to NJAC	8:60 an	nd 12:12	20)	j.			V			
Date of Notification (1) 02/19/2019					of Building			or (2)			MAR	5	201	9	
Agencies Notified  EPA	Type Notification  Initial	1			Address W Cour	nty Line	Road	l, Su	ite #3	į.	MAI	2	8,	a	21
X DEP X DOL	Amended Amendmen		_		ate, Zip C on, NJ (			- 100			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
DOH DCA	Emergency justification Cancellatio	)		Name o	of Contact					0.5000	lephone Nu				
E SON	Caricellatio	"			ILITY INF	•	ION			13	32-719-86	084			
Name of Facility Where 101 Boardwalk	Abatement is Taki	ng Place (3	3)	170		ORMAT	ION	Ту	pe of Facility (						
Street Address 101 Boardwalk								×	School (K-1 Subchapter Other (i.e. p	8 (Oth			ildings	, hom	ies,
City (5) Atlantic City								0.000	etc.) uare Feet 941	# 0	f Floors		Bldg		
County (6) Atlantic					Code (7) USE ONLY	0		Cu	rrent Use (Pricesidential		ing demolis				
Name of Monitoring Firm Crown Air Services		Owner (8)		ASCN	Л No.				batement Con						
Street Address 478 Albany Street							Street	t Add							
City, State, Zip Code Brooklyn, NY 11203	3						City, S	State	, Zip Code n, NY 11205						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Telepi 7188	hone	No.		License N	No.			
Start Date (10) 03/07/2019		Schedule 03/15/2		npletion	Date (11)		100 SX 100 SX		SHA Monitor yays Solutio	ns Co					
Occupancy Status During Facility Closed/Vaca		AND STORY TO A POST OF THE PARTY.	90.00			7	Street	Add			•				
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours	ent			City, S	State,	Zip Code		·				
Scope of Work (Check A	li That Apply)						Dioc	, itiyi	1, 141 11200					7000	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti	3053400				N	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				-0	
		ls	Locatio	on					von Exempled	( ) 411	d Nort-i Hak			emen	t
Location Asbestos-Containing <u>TO BE ABA</u> In Facili (13)	Material (ACM) ATED	Used Mair	ormall d Solel ntenan odial S (12)	y y by ice/	Asbes (i.e.	tos Cont thermal surfac	scription aining N systems cing, VA niscellar	Mater s insi AT, or		(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>		ate	re
Chiller Ro	oom	X				Fire	Proof	ing		15	00 Sqf	X			
Name of Registered Was	te Hauler		l N.	JDEP W	aste	Cubic	Yards		Name of F	Peniste	red Landfill				
Newark Carting Inc	S 2. 20 L8 WARRANCO			auler ID 06	No.	of Was			Too was a	1020	E Facility				
City, State Newark, NJ 07102						Dispos	al Date		City, State						
Completed by Mendy Gorodetsky		Title Office	r			S	ignature	9.	1	7	0.000	ite 2/19/	2019		
ASB-41 (R-06-08)						V	* Do ne	ot use	this form for	asbest	os licensur	e exei	mpted	activi	ties.

State of New Jersey - Notification of Asbestos Abatement

OK 3212	PA	M	(Pur	suant to N.J.A.	<u>C</u> . 8:60-7 and 12:120-7)			E.U.	15	<u>V</u>	
Date of Notification (1)					Name of Building Owner/	Operator (2	2)	001-	2000		111
March 1, 2019 Agencies Notified		I Marie II			Shai & Heather Ku	shner		MAR	8	2019	134
rigerioles Notined		Notificatio		tification	Street Address	1	; P				1 1012
X EPA				tification	City Chata 7: 0	14	¥	Marine de la companya della companya de la companya de la companya della companya			
DCA				(including	City, State, Zip Code		27			Maria.	. Ü
x DOL			ication		Maplewood, NJ	5	+1 + -1			-11000	THE PROPERTY.
X DEP x DOH		☐ Cano		<i>!</i>	Name of Contact Heather Kushner		Tele	ephone No	Jmher	A	
X DON		La Caric	ciicu	5400.0							
Name of Facility Where Abatem	ent is Ta	king Place (3)	)	FACILITY II	NFORMATION Type of Facility (4)						
Private Residence		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2		Type of Facility (4)  School (K-12)						
Street Address					Subchapter 8 (other than	V 40)					
Officer Address					Other (i.e. private &		heritatia -				
					Sq. Feet: 2,000 # of F	loors: 2	Duliding Blda A	s, nomes,	etc.)		
City (5)	County (6	)		ty Code (7)		10013. 2	blug. A	<u>ge.</u> 00	years		
8.6			(State	Use Only)	Current Use (prior if being	demolishe	d):				
Maplewood, NJ	Essex						-				
Name of Monitoring Firm Hired b			ASCN	l No.	Name of Contractor (9)						-
Sky Environmental S	ervice	es, Inc.	1								
Street Address					GREENWOOD ABAT	EMENT (	CONSI	JLTANT	S, INC	<b>).</b>	
140 Boulevard					Street Address						
					511 MAIN STREET						
City, State, Zip Code					City State, ZipCode					-	
Mountain Lakes, NJ					Butler, NJ 07405						
Project Manager for Monitoring F	irm	Telephone I			Telephone Number		Licen	se Numbe	er		
Leonid Shereshevsky		973.769	.6946		070 400 0477						
Scheduled Start Date (10)		Scheduled (	Completic	on Date (11)	973-492-0477 Name of OSHA Monitor		0084	40			
March 4, 2019	1	March 1	1. 2019	)	Name of OSHA Monitor						
				•	EMSL inc.						
Occupancy Status During Abat	ement (0	Check only o	ne)		Street Address						
☑ Facility Closed/Vacate	ed During	g Entire Peri	od of Ab	atement							
Abatement Performed O Describe	utside of	Normal Fac	ility Hou	rs -	1056 Stelton Road				Here was		
Other - Describe:					City, State, Zip Code						
2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					Piscataway, NJ 088	54					
					10000000	04					
Source of Work (Check all that ar	ply)				Appelled to the second						
						Full Contai	nment v	vith Nega	tive Pre	ssure	
≥ 3 sf or ≥ 3 lf				Renovation		Mini-Enclo		3			
$\square \ge 160 \text{ sf or } \ge 260$				Demolition		Glovebag F	Procedu	re			
						Non-Exem	pted (*)	and Non-	Friable	Proced	ure
Location of Asbestos-Containing	Is Loc	ation Normal	ly Used	Description of Asl	bestos Containing Material	X Negative .	Air with				
Material (ACM) in Facility (13)	Solely	/ by Maint./Cι		(ACM) (i.e. therm	nal systems insulation, surfacing	g, (Speci		Abateme	ent Type		
	Staff? YES	(12) NO	NIA	VAT, or other mis	cell.)	or LF)	, .,	Remove	Repair E	ncap E	nclose
Basement, 1st & 2nd	110	X	NA	A - L	· · · · · · · · · · · · · · · · · · ·						
Floors				1	st and asbestos	2,000	sf	X			
Name of Reg. Waste Hauler		NJDEP Was	la Haulas	contaminate							
See Hauler Below # 1 & 2		See Below	e Hauler	10#	Cubic Yards of Waste:			of Registe	ered Lan	dfill	
Hauler #1) Greenwood Aba				Dudle 111 an	5	cu.yds		D.W.S			1
NJ DEP # 12561	NY DE	: consultar =p #	its, inc	. – Butier, NJ 07		Disposal Da			ity, State		
Hauler #2) Newark Carting,			4500 N	I DEP # 10551	1	March 11	, 2019	) Ro	oute 2, E ridgeport		
,			1507, 11	0 101 11 19331					)4-842-2		
Completed by (Print or Type)	Tit		V = 2+30,23 to 2*2 to 2		Signature		Date				
Marin Graure	S	r. PROJE	CT MA	NAGER	Manin Bran		Control of the Contro	h 1, 20	19		
FAC # 2010 672 Plane					Marin Graure	3		-,	F.(F.)		
*/\ # # # #	NI-L-	TT 1									

GAC # 2019-672- Please Note: This house was previously abated by others over 3 years ago. The owner's independent air monitoring & testing company found asbestos dust fibers via bulk sample analysis. The entire interior of the home will be hepa vacuumed and wet wiped.

FIDM:GREENWOOD ABATEMENT

19734920133

03/01/2019 09:48 #101 P.002/00

## State of New Jersey - Notification of Asbestos Abatement

3			(Pur	suant to N.J.A.	C. 8:60-7 and 12:120-7	7)			MAR	8 201	in .
Date of Notification (1) March 1, 2019		•	-		Name of Building Own Shal & Heather I	er/Operate	or (2)	No continued	/	201	9
Asendes Notified  K EPA DCA x DOL		DAmende (Zi Emerg	al No ed Cer ency	(Including	Street Address  City. State. Zip Code  Maplewood, NJ	Luenne					1
X DEP		Juatific Cance	lled		Name of Contact Heather Kushner			Jaienno (	na Numba		
Name of Facility Where Abates	nenille Te	king Piece (3)		FACILITY IN	TYPE OF FACILITY (4)						
Private Residence					■ 8chool (K-12)						
Street Address		*			Subchapter 8 (other # Other (i.e. private	& comme	cial buil	Wings, ix	mes. etc.)		
CIV (5)	County (6	9)	Count	V Code (7)	Sa. Feet: 2,000 # 0	Floors:	2 Bld	o. Age:	80 year	19	
	Essex		(State	Las Only)	Current Use (prior if bei	ing demoli	ehed):				
Name of Monlising Firm Hind Sky Environmental	by Bide, o	Owner (8)	ASCI	l No.	Name of Contractor (R)				~~~~		
Street Address	ZEL AIC	es, Inc.			GREENWOOD ABA	TEMEN	T CO	NSULT	ANTS. II	ic.	
140 Boulevard					Street Address					new of the latest	
City, State, Zio Code					611 MAIN STREET		-	-			
Mountain Lakes, NJ Project Manager for Moniforing	Flora	Telephone N	umher		Butler, NJ 07408						
Leonid Sheresheveky		973.769.6			Telephone Number			Icense A	lumber		
Scheduled Start Date (10) March 4, 2019		Scheduled Co			Name of OSHA Monitor			00840			
		March 11			EMSL Inc.				63		
Coupancy Status During Abs XI Facility Closed/Vacs Abstement Performed (	ted Durtn	m Entire Darte	HAFAR	Element	Street Address 1058 Stelton Road		-3-14-111				
Describe Other - Describe:	PRINCE OF	s MAILLINE LECKI	A LIORI	- B	City, State, Zin Code		Willes Dealer				-
5)					Piscataway, NJ 08	1854					
Source of Work (Check of that s	(vicen				,						
23610123H				Renovation			nelosur nelosur		Yagativa P	ressure	
□≥ 160 ef or ≥ 260	0			Demolition	G.	Glovebi Non-Ex	emotec	(°) and	Non-Friab	e Procec	fure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Soleh	cation Normally y by Maint/Cus 7 (12)	Used todial	(ACM) (i.e. therm VAT, or other miss	sealos Comaming Meterial 8) systems insulation, surfac cell.)	Ing. (8)	no Air I	with an a	nova Resal	201	-
Basement, 1 <sup>st</sup> & 2 <sup>rts</sup> Floors	120	OE)	44		et and asbestos	2,0	000 si	1 (30)		Т	
Name of Rec. Waste Hauler See Hauler Below # 1 & 2	1	NJDEP Wants	Haular	contaminate	Cubic Yerds of Wester		IN	eme of R	agistered L	andfill	
Hauler #1) Greenwood Ab	atemen	See Below	a lan	- Butter MIDT	405	5 cu.yds	G	.R.O.W	1.8		
NJ DEP # 1289 Hauler #2) Newerk Carting	1 NY D	EP #		3.53	408	March		019		, Box 68 ort, WVA	
Completed by (Print or Type) Marin Grauro	S	illa Br. PROJEC	T MA	NAGER	Signature Marie Grass	2.6		ia Iarch 1	, 2019		

GAC # 2019-672- Please Note: This house was previously abated by others over 3 years ago. The owner's independent air monitoring & testing company found asbestos dust fibers via bulk sample analysis. The entire interior of the home will be heps vacuumed and wet wiped.

			14										
	S	State of N	lew.	Jersey - Not	tific	cation of Asbestos	Ahat	eme	nt				
		1.7.7		1,0.		cation of hisbestos h	LOGI	cinc	nt [		FI	PAT :	
NOCK			(Pı	irsuant to N.J.A	A.C	. 8:60-7 and 12:120-7)		, i r.		<b>.</b> 19	E U		
Date of Notification (1)						Name of Building Owner	/Opera	tor (2)	1.	BAAD	0 /	2010	
March 4, 2019						The Valley Hospita		100	1	MAR	8 8	2019	F 5 fas January
Agencies Notified  EPA		Notificatio				Street Address							
DCA		Initial				223 North Van Dier	1 Ave	enue	يعبب ا			7.4	- 4
x DOL		x Amer				City, State, Zip Code							
⊠ DEP				(including		Ridgewood, NJ 0	17450	J <b>-2</b> 73			R	21-44.	737559
x DOH		justif	callo	n)		Name of Contact William Stasiak			-	phone N			
			-	FACILITY	/ INIE	ORMATION			20	1-447-8	141		
Name of Facility Where Abate	ement is Tal	king Place (3	)	TAGILITI	11 11	Type of Facility (4)			-2-3-4-1-1	***************************************			
The Valley Hospital \	<b>Varehou</b>	se				☐ School (K-12)							
						Subchapter 8 (other than	n K-12	)					
Street Address						Other (i.e. private &			uilding	s, homes,	etc.)		
599 Valley Health Pla	ıza					Sq. Feet: Unknown	# o	f Floo	rs: 4	Bldg. A	<u>ge:</u> 50	)+ yea	rs
City (5)	County (6	)	Cot	unty Code (7)									
Paramus	Bergen	I		ate Use Only)		Current Use (prior if being	g dem	olished	): Ho	spital			
Name of Monitoring Firm Hire		Owner (8)	ASC	CM No.		Name of Contractor (9)					erze wayawa		
Colden Corporation	n					GREENWOOD ABAT	reme	NT C	ONSL	JLTAN	S, INC	<b>:</b> .	
Street Address						Street Address							
28 Washington Stree	t					511 MAIN STREET							
City, State, Zip Code						City State, ZipCode							
Ballston Spa, NY 120						Butler, NJ 07405			general comments				
Project Manager for Monitorin  Jim Miades	g Firm	Telephone				Telephone Number			200	se Numb	<u>er</u>		
Scheduled Start Date (10)		347.435		etion Date (11)		973-492-0477			0084	40			
March 15, 2019		March 2		10 hazy (14		Name of OSHA Monitor EMSL inc.							
Occupancy Status During A	batement (	Check only	ne)		-	Street Address							
Facility Closed/Vacate	ed During E	ntire Period	of Aba	atement		Mark and activate state of the same							
Abatement Performed	Outside of	f Normal Fac	ility H	ours -		1056 Stelton Road							
Describe Other – Describe						City, State, Zip Code	E 4						
Other - Describe:						Piscataway, NJ 0888	54						
Source of Work (Check all tha	t canh.)												
Source of Work (Check all tha	( apply)							21-1		211 - 1-1			
≥ 3 sf or > 3 lf				Renovati	ion	,		i-Enclo		vith Nega	itive Pre	ssure	
□≥ 160 sf or > 2				Demolitic					ocedur	9			
	X0284									and Non-	Friable F	Procedu	ure
Location of Asbestos-Containi Material (ACM) in Facility (13)		Is Location	Norma	Illy Used Solely		escription of Asbestos		Amoun	it		ent Type		
Material (ACM) III Facility (13)		YES	ustodia NO	al Staff? (12) NA		ontaining Material (ACM) (i.e ermal systems insulation,	S   2	(Specif or LF)	y SF	Remove	Repair I	Encap E	Enclose
						rfacing, VAT, or other miscell		OI LI )					
Philiips/Bergen Corri	dor			1	VA	AT & Mastic	-	140 sf		X	Т —		
Ramp	401	1	X		"	ar a mastio		140 31			1		
E15000000 400			XI		١							_	
Kitchen		,			H/	VAC		200 sf				X	
					-						-		
Name of Reg. Waste Hauler		NJDEP Was	te Hau	ıler ID#		Cubic Yards of Waste:			Name	of Regist	ered Lar	ndfill	
See Hauler Below # 1 & 2	2	See Belov				5				dowfill La			/S
Hauler #1) Greenwood A		t Consulta	nts, l	Inc. – Butler, N.	J 07	7405		sal Da			ity, State		
NJ DEP # 125	61						Marc	ch 26	, 2019	) F	loute 2, l	Box 68	

GAC # 2019-673 Please Note: This amended notification includes the change in start date for the Phillips/Bergen Corridor abatement. This work will start on March 15<sup>th</sup> 2019 & The Kitchen abatement will start on March 22, 2019

Signature

Marin Graure

NJ DEP # 12561

Completed by (Print or Type)

Marin Graure

Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

Title

SENIOR PROJECT

MANAGER

March 26, 2019

Date

March 4, 2019

Bridgeport, WVA

304-842-2784

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

	)	(P	ursuant	to NJAC 8	3:60 an	d 12:12	0)	Ull	Che	K	70	יונ	15		
Date of Notification (1) 2/22/19				of Building C Contractin			(2)	- 00	E	T-repulled to the second	5 (				
Agencies Notified Type No	tification			Address				1,11-1							1,1
EPA Init		-		eeland Avate, Zip Coo		)			1	BAARS	_	0.00	2.69	11	
☑ DOL Am	ended endment #	_		/a NJ 075						MAR	8	201	19	111	
	ergency (including	'  -	Name o	of Contact				· ·	Tel	ephone	Numbe	er			
	ncellation		Vivec	a Ramos						3-956-					
Name of Facility Where Abatemen	t is Taking Bloom	21	FAC	ILITY INFO	RMATI	ON	-					1000	w		
Vacant 2 Story Building	tis raking Flace (	3)					_	of Facility	10050						
Street Address								School (K-1 Subchapter		er than k	(-12)				
1625 Federal Street							X	Other (i.e. petc.)				uild	ings,	home	es,
City (5)					91.000			re Feet	# 0	f Floors		Bl	dg. A	ge	
Camden NJ 08105							100		2			1000	5+		
County (6) Camden				Code (7) USE ONLY)				ent Use (Pri (nown	or if bei	ng demo	olished	)			
Name of Monitoring Firm Hired by	Building Owner (8	)	ASCI	M No.		Name	of Aba	tement Cor	ntractor	(9)					
N/A						Perr	naco	Inc.							
Street Address						Street		7.5							
City, State, Zip Code							Box 3	ip Code							
2.1y, 2.10.10, 2.1p 3000								ip Code lin NJ 080	191						
Project Manager for Monitoring Fire	n	T	Telepho	ne No.		Teleph				License	e No.	_			
						856-	753-9	9800		0072	7				
Start Date (10)			npletion	Date (11)				HA Monitor							
2/25/19	2/28/1					Sam									
Occupancy Status During Abateme	8 8	0.5				Street	Addre	SS							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	g Entire Period of a collity	Abatem y Hours	ient ;			City, S	tate, Z	ip Code							
Scope of Work (Check All That App	oly)											70.00			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	promoting .	Renova Demolit				X	Min	ll Containmeni-Enclosure ovebag Prod n-Exempted	edure					9	
	Is	Locati	on										Abate	ment	- 0
Location of	Lie	Normall ed Sole				scription					-	_	Ту	pe	
Asbestos-Containing Material (A TO BE ABATED	Ma	intenar todial S	nce/	Asbesto (i.e. th	hermal	systems	insula			mount Specify		D	77	Enc	Ē
In Facility (13)	Jus	(12)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			cing, VA			SF	or LF)	0.00		Repair	Encapsulate	Enclosure
	Yes	No	N/A				/				2		7	ilate	ıre
Right Side of Building Bet	ween		x	F	Flashir	ng mat	erial		21	0 LT	×				
1st & 2nd Floor												+			
									-			+			
						-			-1.5-019.505		+	+	-	-	
Name of Registered Waste Hauler		l N	JDEP W	aste	Cubic '	Yards		Name of	Registe	red Land	Ifill				
United Roll Off		H	auler ID 2459	No.	of Was	200		G.R.O.	10.77	. 30 2011					
City, State			***************************************			al Date		City, State				_			
Elm NJ					2/28/1			Morrisv	ille PA	1906	7				
Completed by Anthony T Perna	Title Pres	ident			Si	ignature	2			- 91	Date 2/22/	19			

OK 1342	PAI	D	NOTI	FICATIO	State of New Jers DN OF ASBESTO: nt to NJAC 8:60 a	SABATE	EMENT 20)	Г .;		E C		n/i	F	Print Form
Date of Notification (1) 3 / 4 / 2019				Name	of Building Owner	/Operato	r (2)			MAR	-8	2019	)	11.51
Agencies Notified	Type Notification			Street	Address				1	A15			-	-
EPA DEP	☐ Initial								- 2				na go	
DEP DOL	Amended Amendment	#		1	State, Zip Code ceton NJ						U.A.			
X DOH	Emergency justification)	(includir	ng		of Contact				17.	Jankan M				
DCA	Cancellation				so Homes				16	elephone No	umber			
Name of Facility IAT	AL			FAC	CILITY INFORMAT	TION								
Name of Facility Where Grosso Homes's R	Abatement is Takin	g Place	(3)				Туре	of Facility	(4)					
Street Address	Colucitual							School (K-	12)					
City (5)					12		X	Subchapte Other (i.e. etc.)	er 8 (Ott private	her than K-1 & commerc	l2) cial bu	ildings	s, hom	ies,
Princeton NJ				10				re Feet	# (	of Floors		Bldg.	Age	
County (6)				County	Code (7)									
Mercer County					USE ONLY)		Curre	ent Use (Pr	ior if be	ing demolis	hed)			
Name of Monitoring Firm	Hired by Building (	Owner (8	B)	ASC	M No.	Name	of Aba	itement Co	ntracto	- (0)				
						MKE	Prop	perty Mai	intena	nce LLC				
Street Address							Addre	55						
City, State, Zip Code					```			Riper Ave	enue					
								ip Code 07011						
Project Manager for Mon					one No.	Teleph 2018	one N 39990			License N 01336	10.		4	
Start Date (10) 3/4/2019		3/5/20	019	mpletion	Date (11)	Name	of OSI	HA Monitor		I	-	-		
Occupancy Status During	Abatement (Check	Only C	ne)			Street	Addres	SS						
Facility Closed/Vaca	ited During Entire P	eriod of	Abater	nent										
Abatement Performe Other – Describe:		al Facili	ty Hour	S		City, S	tate, Zi	p Code						
Scope of Work (Check Al	That Apply)					L	3 - 3 - 3							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolii			×	Min	ii-Enclosure vebag Pro	edure	Negative F			<b>10</b>	,
		ls	s Locati	ion				1	,	1100	T	1000000	ement	
Location Ashestos Containing I	of		Normal ed Sole		De	scription	of						фе	
Asbestos-Containing I TO BE ABA	TED	Ma	aintenai	nce/	Asbestos Cont (i.e. thermal	aining M	aterial	(ACM)	4	mount	-		Щ	
In Facilit (13)	у	Cus	stodial S (12)	statt?	surfac	cing, VAT	r, or	dori,		pecify or LF)	Removal	Repair	псар	inclo
(10)		V		T	other n	niscellan	eous)				oval	pair	Encapsulate	Enclosure
_		Yes	No	N/A									fe	CD

1						Troit Exemple	( ) and Non-Fila	DIE PIC	ceau	e	
Location of		s Locati Normal ed Sole	lly		Description of					ement	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	aintena stodial S (12)	nce/	Asb (i.	estos Containing Mate e. thermal systems in surfacing, VAT, o other miscellaneou	sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No .	N/A					a	=	ilate	ure
Exterior		×			Siding Transit	е	1120	X			-
1st floor					VAT		280	X			-
								1			
Name of Registered Waste Hauler		I NI	JDEP W	noto	I Cathala						
MKD Property Maintenance LLC		H	auler ID I 037991	No.	Cubic Yards of Waste 1 YD	10	Registered Landfil s Landfill				7,30-3-
City, State Clifton NJ			19		Disposal Date	City, State	rille, PA 19067				
Completed by						INIOITISV	me, FA 1900/				

Signature

Date 3/1/2019

Title Project Manager

Completed by Darko Raloski Project #

PAID

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

Check # 4563

Date of Notification (1)			-	Name of	Building (	Owner/Operat	or (2)			EC	F	-	W	1
03/04/2019			100			er Trust								
	Type Notification			Street Ac	5.5. S.	or rrust								
					Hasket	t Ave				MA	R	8 5	019	
Inches I am	Initial				te, Zip Co				-	1417-1	1 4	11 1	VIII	
DEP DOL	Amended Amendment	#		* * * * * * * * * * * * * * * * * * * *	TX 752				1					
	Emergency	including			Contact	0-1			Telep	hone Nun	nber	7-10	4 5 4	
DOH DOA	justification) Cancellation				lo Loor					361.954				
DCA L	Cancellation		1			RMATION			300	301.33-	rO :		200-20	
Name of Facility Where Ab	atement is Takin	Place (3	)	PAGI		HUNTION	T	ype of Facility (4	1)					
Residence			2				I	School (K-1	2)					
Street Address								Subchapter	8 (Other	than K-12	2)			
Officer Address								Other (i.e. p	rivate &	commerci	al build	lings,	homes	s,
Cib. (5)				-			S	etc.)	# of F	loors	В	ldg. A	ge	-
City (5) Hillside, NJ 0	7205							444.0.						
County (6)			- 1	County C	Ode (7)		-	Current Use (Price	or if being	demolish	ned)			
					ISE ONLY)									
Union  Name of Monitoring Firm F	lired by Ruilding	Owner (8)		TASCN	l No	Nar	ne of	Abatement Cor	tractor (	9)		-		-
warne or wonitoring Firm F	med by building	Owner (0)		AGOIN	. 110.			estoration LI						
				1		1		idress						
Street Address	3.070 (3),000 (30)													
	tate, Zip Code							okside Rd						
City, State, Zip Code	ate, Zip Code							te, Zip Code						
						A CONTRACTOR OF THE PARTY OF TH		ph, NJ 0786			-	_		
Project Manager for Monitor	oring Firm			Telepho	ne No.		353	ne No.	1	License N	10.			
								-2550	- 10	01358				
Start Date (10)		Schedule	ed Con	npletion l	Date (11)			OSHA Monitor						
03/16/2019	5	03/18/2				IRI								
Occupancy Status During	Abatement (Che	k Only Or	ne)					ddress						
Facility Closed/Vacat	ed During Entire	Period of A	Abaten	nent				t 22 West						
Abatement Performe	d Outside of Norr	nal Facility	Hours	5		City	y, Sta	te, Zip Code						
Other – Describe:						— Uni	ion,	NJ 07083						
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf		F	Renova	ation				Full Containm	ent with	Negative I	Pressu	re		
2160 sf or ≥260 lf			Demoli	tion				Mini-Enclosure						
A CONTRACTOR OF THE CONTRACTOR								Glovebag Pro Non-Exempte		Non-Frial	ble Pro	cedur	е	
		Τ.		voore					7		T		ement	
94 3037			Locat Norma									Ту	ре	
Location ( Asbestos-Containing N			d Sole		Aches	Descrip tos Containin			An	nount			п	
TO BE ABA	TED		intena			thermal syst			(S	pecify	Re	Z	nca	Enc
In Facility	у	Cus	todial (12)			surfacing, other misce			SF	or LF)	Removal	Repair	Encapsulate	nclosure
(13)				1	-	outer misce	mane	ous)			<u>a</u>	-	late	Гe
		Yes	No	N/A							_			<u> </u>
Basement area			×		TSI				100 LI	F	×			
1														
			-	+							+	-		
											+	-		_
Name of Registered Wast	e Hauler			NJDEP V		Cubic Yard	ds	Name of	Register	red Landfi	II		V	
Nick Restoration LL	_			Hauler ID		of Waste		G.R.O.	WS					
			10	03378	2	TBD	)nto	City, Sta						
City, State Randolph,	NJ					Disposal D	ate							
A Section of the Control of the Cont	. 10	1				TBD	4	Tullyto		10	lata			
Completed by		Title				Signa	iture	ica ll	inte	,	ate	2040		
Nikica Mrda		Presi	ident			100	uu	cer u	ices	103	3/04/2	2019		

UL0153	PAII		NOT	FICATIO	ON OF AS	New Jers SBESTOS AC 8:60 ar	ABATE	MEN 0)	IT			E			
Date of Notification (1) 2/28/19 check #015	53			Name CAR	of Buildir LA TUF	ng Owner RNER	/Operator	r (2)			MAR	8	2019	)	A CONTRACTOR
Agencies Notified	Type Notificatio	n		Street	Address						8717/11	0	2018	1	81.25
EPA DEP	Initial			0.4 0						ļ.	4		Cois.		1
× DOL	Amended Amendmer				tate, Zip	Code TY NJ,0	7304			***				, *= v:	10 (6.1
□ DOH	<ul><li>Emergency justification</li></ul>	(includin	g		of Contac		7004			I Te	elephone				wa par
☐ DCA	Cancellatio	n			LA TUF							INUITID	51		
Name of Facility Where	Abatement is Taki	na Place	(3)	FAC	CILITY IN	FORMAT	ION								
, and a sum of the sum	iodicinent is Taki	ng Flace	(3)					Тур	e of Facility						
Street Address								×	School (K- Subchapte Other (i.e.	er 8 (Oth	ner than & comm	K-12) ercial b	uilding	s, hon	nes,
City (5) JERSEY CITY NJ,0	7304								etc.) are Feet X100	# 0	of Floors		Bldg.	Age EAR	S
County (6) HUDSON				County (STATE	Code (7)	) 		Cur	rent Use (Pi		ing dem	olished			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCI	M No.		Name	of Ab	atement Co	ntractor	r (9)	INC			
Street Address							Street	Addr		CONT	IVACT	ING		-	
City, State, Zip Code							City, St	tate,	Zip Code						
Project Manager for Moni	toring Firm			Telepho	ne No		Teleph		OD PARK	NJ O		- 11-			
Charl Date (40)							201 8	373-	9418		Licens 01301				
Start Date (10) 02/28/2019		03/01/	2019	mpletion	Date (11	)			HA Monitor		RACTI	NG			
Occupancy Status During		1,55	30				Street A					New York			
Facility Closed/Vaca Abatement Performe Other – Describe: 4:	d Outside of Norr	nal Facilit	v Hour	nent s					CH ST Zip Code						
Scope of Work (Check All		10 12.00	FIVI				ELMV	NOC	DD PARK	NJ 07	7407				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	FE.77		Renova Demoli				×	Mi GI	ull Containm ini-Enclosur ovebag Pro on-Exempte	e cedure				re	
			Locat										Abat	emen	t
Location of Asbestos-Containing N			Normal ed Sole				scription of						T	уре	_
TO BE ABA	TED	A-2000000	intena todial S		Asbes (i.e	stos Conta . thermal	systems	insul	ation,		mount specify	Z	_	Enc	面
In Facility (13)	/		(12)				ing, VAT				or LF)	Kemova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				Ó				/al	=	ılate	ure
BASEME	NT			Х		PIPE IN	ISULA	TIOI	V	1	7LF	X			
												+	+		
Name of Registered Waste	Hauler		l N	JDEP W	asto	Cubia	/aud-		I N						
ATLANTIC CARTING			1 15612	auler ID I		of Was			Name of I			till			
City, State PEN ARGYL PA						Disposa	al Date		City, State		 PA				
Completed by LUIS ARCILA		Title PRES	SIDEN	IT.		Sig	gnature			1	. [	Date 02/28/	2019	2	
ASB-41 (R-06-08)		L				/	* Do not	use t	his form for	asbesto				activit	ies.

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check # 245 (Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1)			Nama	of D.	11-11	0	(0)	- 100	E (L)	5 1	1/7	17.	
	10040					Owner / Operato		100	Part Table (French Communication	. U	- '		
	5/2019 National			THE PERSON NAMED IN	-	ron & Metals I	nc	Jane, i	1				1: 1
EPA	Notification	1	Street						MAR	8	2019	Ţ	
DEP 🛛	Initial		City, S			renue			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	2013		krasti
DOL	Amended		Belln									j.	
□ DOH □	Emergency		Name			0031			·· 1+	elepho	no N	umb	
DCA	Cancellation		Robe							56-61			er
									0	30-01	1-31	02	
Name of Francisco			FA	CILIT	Y INF	ORMATION							
Name of Facility Where A		lace (	3)			Type of Facil	ity (4)						
Street Address	use					School (	115						
1423 Ferry Ave							oter 8 (Oth			200 <b>2</b> 00 400 400 400 400 400 400 400 400 400			
1423 Ferry Ave						Other (i.e						tc.)	
City (5)	County (6)	ICo	unty C	ada /	7)	Square Feet		f Floors	BI	dg. Ag			
1 2 2 2 2		100000	unty C	Jode (	1)	10,000		1			50+		
Camden	Camden					Current Use	(Prior if be	ing demol	ished)				
Name of Monitoring Firm	Hired by Building Ow	ner (8)		ASC	M No				9)				-
O4						Alpha Envi		al, LLC					
Street Address						Street Addres							
City, State & Zip Code						PO Box 829 City, State &							
						Trenton, N.							
Project Manager for Monit	oring Firm	Telep	hone	Numb	er	Telephone N			License Nu	ımber			
			************			609-847-29	56			0122	22		
Scheduled Start Date (10) 03/07/2019	Scheduled Co. 03/17/2019	mpletio	on Dat	e (11)		Name of OSI EMSL Anal							
Occupancy Status During	Abatement (Check o	nly on	e)		-	Street Addres	T						
	cated During Entire F					200 Route 1							
	med Outside of Norm	al Ho	urs – 7	7am to	3pm								
Describe: Facility Occupied	During Abatement					Cinnamins	on, NJ 08	077					
Scope of Work (Check all													
Coope of Work (Offeck all	шагарріу)						□ Full	Containn	nent with Ne	native	Pres	SIIFA	
≥3 sf or ≥3 lf		$\boxtimes$	Ren	ovatio	n			i-Enclosu		ganvo	1 100	Juic	
≥160 sf ≥260 lf		Ä		olition					ocedures				
										Erioble	Dro	and	_
Location	n of	le	Locatio	on I		Description			ed and Non- Amount	_	ateme		
Asbestos-Co			nally U			Asbestos-Con			(Specify	Auc	atemi	FILL I	ype
Material (A	ACM)		olely b			Material (A			SF or LF)			ш	m
TO BE AB			tenand			(i.e., thermal s			870	Remova	Re	Encapsulate	Enclsoure
in Facil (13)	ity	Custo	odial S (12)	staff?		insulation, surfac				VOC	Repair	nsc	nos
(15)		Yes	No No	N/A		or other miscella	aneous)			<u>m</u>	,	ate	6
						Pipe insula	tion	1.20	O T T				П
Warehouse						ripe ilisuid	ition	1,50	0 LF		ш		Ш
Name of Registered Wast	e Hauler		10000	DEP V			Name of	Registere	d Landfill				
ALPHA ENVIRONMEN	TAL		1000000	uler ID 33333		of Waste	Grows L	andfill					
City, State		-	300		-	Disposal Date	City, Stat						
Trenton, NJ						various	Morrisvi						
Completed By (Print or Ty	pe)		Title	9		Signature		-,,,,		Date			_
Rod Richardson	M S			ject		Rod Richardson				02/2	6/2	119	
			1	nage	r						- WI ME	- 1 9	

									12			Р	rint
CK 728	5PAI	0	NOTI	FICATIO	State of New Jers N OF ASBESTOS It to NJAC 8:60 at	ABATE	EMENT 0)		EG	E	I V	?	
Date of Notification (1)					of Building Owner			11 1	1			-	117
3/5/19				Moni	oe Township F	Public S	Schools		MAR	Q	2019	3	
Agencies Notified	Type Notification	1			Address				; enrici	0	401.	7	75
⊠ EPA	X Initial			75 E	ast Academy S	treet			Yusells				
DEP	Amended				tate, Zip Code				1-1-1-1		-23	- 4	+k
DOL	Amendmen			Willia	mstown NJ 08	094							
☑ DOH	Emergency justification		g	Name	of Contact			1-	Telephone Nu	ımber	8		
☐ DCA	Cancellation			Tom					856-767-7				
Name of Facility Where	AL			FAC	ILITY INFORMAT	ION							
Name of Facility Where A Holly Glen Element	Abatement is Takii	ng Place	(3)				Type of Facilit	y (4)				==	
Street Address	ary Scrioor						School (F	<-12)					
900 N Main Street							Subchap	ter 8 (C	ther than K-1	12)			
							etc.)	e. privat	e & commerc	cial bu	ildings	, hom	ies,
City (5)	2004						Square Feet	#	of Floors		Bldg.	Age	
Williamstown NJ 08	3094						10000 +	1			35+	X333	
County (6)				County	Code (7)		Current Use (F	Prior if b	eing demolis	hed)			
Gloucester				(SIAIE	USE ONLY)		11			0.000			15
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		of Abatement C	ontract	or (9)				
N/A						Perr	naco Inc.						
Street Address							Address	22					
0:1 0:1 = 1						PO	Box 329						
City, State, Zip Code							tate, Zip Code						
						Wes	t Berlin NJ 0	8091					
Project Manager for Moni	toring Firm			Telepho	one No.	Teleph	one No.		License N	Vo.			
2/ 18 1 //2	<i>y</i>					856-	753-9800		00727				
Start Date (10) 3/15/19		Schedu	led Cor	mpletion	Date (11)	Name	of OSHA Monito	or					
		3/29/1				Sam	е						
Occupancy Status During						Street	Address				- 100	7.5-317	
Facility Closed/Vaca	ted During Entire I	Period of	Abater	nent									
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facilit	y Hour	S		City, S	tate, Zip Code						
Scope of Work (Check All	That Apply)	-											
≥3 sf or ≥3 lf			Renova				Full Contains	ment w	ith Negative F	Pressu	ire		
≥160 sf or ≥260 lf			Demoli	tion		-	Mini-Enclosu	ire					
						×	Glovebag Pr Non-Exempt	ocedur ed (*) a	e ind Non-Friab	le Pro	cedur	9	
		Is	s Locat	ion				1		1	- Verice one	emen	t
Location	of		Normal	lly	Dec	scription	of				Ту	ре	
Asbestos-Containing N			ed Sole aintena		Asbestos Cont	aining M	aterial (ACM)		Amount			m	
TO BE ABA		9000	todial S		(i.e. thermal	systems	insulation,		(Specify	Re	R	nca	E
(13)			(12)		other n	cing, VAT	eous)	8	SF or LF)	Remova	Repair	psu	Enclosure
		Yes	No	N/A			/			val	1	Encapsulate	ure
Endering MC 1		165	140	IN/A	98.54								
Exterior Windo				Х	Tran	sit pane	els	1	300 sf	Х			
above windows	and doors												
										1			

Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste United Roll Off G.R.O.W.S. 22459 City, State Disposal Date City, State Elm NJ 3/29/19 Morrisville PA 19067 Completed by Title Signature Date Anthony T Perna President 3/5/19

CK 7865 PA		NO	TIFICATI (Pursua	State of I ION OF AS ant to NJA	SBESTO	SARAT	20)	JĒ	C	5 1	W	73.	
Date of Notification (1) 03/06/19			Nam Mat	e of Buildir t's Cons	ng Owner truction	/Operato	or (2)	111	MAR	8	2019		
Agencies Notified Type Notificati	on			et Address			12.14		101.111.	0	2010		Acces
EPA X Initial Amendos				rene Co				in week.		7.7	1	- sa A4	er .
DOL Amendme	ent#		Lake	State, Zip ewood, N	Code V.I 0870	)1		11.52	100				
DOH Emergen	cy (includ	ing		of Contac		/ 1		- 1 -					
DCA Cancellat				's Const					lephone N 32-905-4		r		
Name of Facility Where Abatement is Ta			FA	CILITY IN	FORMAT	TION		- 1	72-303-2	+454			
Where Abatement is Ta	King Place	e (3)					Type of Facilit	y (4)					
Street Address							School (k Subchapt Other (i.e	ter 8 (Oth	er than K	-12) rcial bi	uildino	ıs ho	nmes
City (5) Lakewood							etc.) Square Feet		f Floors		Bldg.		
County (6)								" "	1110013		Diug.	Age	
Ocean			(STATE	y Code (7) E USE ONL	Y)		Current Use (P	rior if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building	g Owner (	(8)	ASC	CM No.		Name AAA	of Abatement Co	ontractor	(9) NALS				
Street Address						Street	Address						
City, State, Zip Code							HTE DOVE C	OURT					
Project Manager for Monitoring Firm						LAKE	EWOOD, NJ (	08701					
			Teleph	one No.			one No. 668-9078		License	No.			
Start Date (10) 03/17/19	03/22	/19	mpletion	Date (11)		Name	of OSHA Monitor		1,000,000				
Occupancy Status During Abatement (Che							Address	_00101	VALS				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facili	f Abate ty Hour	ment 's				ITE DOVE Cate, Zip Code	OURT					
Scope of Work (Check All That Apply)					_		WOOD, NJ 0	8701					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Charles and	Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro- Non-Exempte	e cedure				0	
F		s Locat								1	Abate	emen	ıt
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	lv bv	Achost	Desi	cription o	f			-	Ту	rpe T	_
TO BE ABATED In Facility		aintena stodial S		(i.e.	thermal s	ystems i	terial (ACM)		ount ecify	מ	1000	回	ш
(13)		(12)	otan.		surfaci other mi	ng, VAT	or		or LF)	Remova	Repair	caps	Enclosure
	Yes	No	N/A			oociiane	ous)			oval	air	Encapsulate	sure
EXTERIOR					SI	DING		250	0SF	x			
Name of Registered Waste Hauler		N	JDEP Wa	asto	Out: 1:								
NEWARK CARTING		H	auler ID I 1509	No.	Cubic Ya of Waste 8		Name of F	Registere	d Landfill				
City, State NEWARK, NJ					Disposal 03/22/1		City, State		2.4				
Completed by JOSEPH PERLSTEIN	Title OWN	IFR				nature	OL THE	-ricivi F	Dat				
	2,414								03/	06/1	9		

CK# 4768

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

MAR 8 2019

Date of Notification (1) 3-19		Name of Build	ling Owner/Operato ADAWS		W ACTINIO	_			.g
Agencies Notified Type Notification  PA Minital		Street Addres	s 716 +	LAVEN	ALE				_
DEP Amended Amendment # Emergency (inclu	ding	City, State, Zip	OCF AIN	J CITY	W.T O	82	26		
DOH justification justification Cancellation		Name of Conta	ect EAW		Telephone Num	ber			
		FACILITY IN	FORMATION						
Name of Facility Where Abatement is Taking Plant RESIDENCE Street Address	ace (3)			Type of Facilit  School (K- Subchapte		2)			
Street Address				Other (i.e., homes, etc	private & commerce	al bui	dings	5,	
City (5) OCKAN CITY				Square Feet	# of Floors		ldg. A		
County (6) CAPE WAY		County Code USE ONLY)	(7) (STATE	Current Use (F	Prior if being demotis	shed)			
Name of Monitoring Firm Hired by Building Owne (8) \( \int \sum \Lambda \)	er A	SCM No.	Name of Abatem						
Street Address			Street Address	SPRIX	E AUE				
City, State, Zip Code			City, State, Zip Co		AND THE REST OF THE REST	505	Z		
Project Manager for Monitoring Firm	Teleph	hone No.	Telephone No. 856-77		License No.	71			_
	Completio	n Date (11)	Name of OSHA M						
Occupancy Status During Abatement (Check on	ly one)		Street Address		£)				
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other - Describe:	lity Hours	an.	City, State, Zip Co	xde					=
Scope of Work (Check all that apply)			☐ Full Cont	ainment with Ne	gative Pressure	e seeme			
1 2 3 0 2 0	enovation emolition		☐ Mini-Encl	osure g Procedure	on-Friable Procedur	e			
	Location Normally					A	bate:		
Asbestos-Containing Material (ACM) Ma	d Solely b intenance/ custodial Staff? (12)	Asbest	Description of os Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	sulation. or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Yes		V/A	10.10.15.71	_	1250 Sp.	X	-	-	$\dashv$
SIDING		<u> </u>	RAWSITE		1250 Sp.	^	-	-	$\dashv$
									_
Name of Registered Waste Hauler  KLUM CO I W C,		EP Waste er ID No. 9 D L [	Cubic Yards of Waste	Name of Regi	C, M, U	. 4	1		_
City, State MAPLE SHADE N.J			Disposal Date	City, State =	DBINE				
Completed By MICHAEL KLEAM SUB	),		Signature	Da	Date -	3-1	9		

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

			Section in the Control	
	0	ß	N N	?
1.23	1.0	12.75	H V	

Date of Notification (1)			Nar	ne of Build	ding Owner/Operator	(2)	MAR		20	119	
03//	19				wg Demolition	(2)		7	/ /	-	7 ta
Agencies Notified Type Notifi	cation		Stre	et Addres	s		i swets .	>1	/ · (:	ساس	.2.
			1	O Box 3	-	ř					6
☑ DOLWD ☐ Amende				, State, Zip			# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 100	*** + * 5.40*	538	
☑ DOH Amendr			1								
DCA Emerge (NJAC 5:23-8) justifica		ding	-	-000	NJ 08742		v. <u></u>				
Cancella				ne of Conta	act		Telephone Nun	nber			
	20011			m			732-899-52	00			
Name of Facility Where Abatement is	Taking DI	200 (3)	F.	ACILITY	INFORMATION						
Residence	raking Fi	ace (3)				Type of Facility	1976				
Street Address						School (K-12	2)				
111111111111111111111111111111111111111						Other (i.e. p	3 (Other than K-1) rivate and comme	2) arcial l	wildir	ac	
City (5)						homes, etc.)	ato and comme	i Giai i	Juliuli	iys,	
Wall						Square Feet	# of Floors	E	Bldg. A	Age	
County (6)						2000 sf	2		65	-	
The second secon			Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Monmouth						Residence	-				
Name of Monitoring Firm Hired by Buil	ding Own	er (8)	ASC	Λ No.	Name of Abatem	ent Contractor (9)					
N/A						ntracting, Inc.					
Street Address					Street Address	,g,e.		-			
					1889 Route 9	Unit 61					
City, State, Zip Code					City, State, Zip Co						-5
					76390 50 150	New Jersey 08	7.5				
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No.	New Jersey US					
			, opnone	. 110.			License No.				
Start Date (10)	Scheduled	Comp	letion D	ata (11)	732-349-9932		00624				
03 /18 /19	_ 03				Name of OSHA M						
Occupancy Status During Abatement (					E.M.S.L. Ana	lytical					
Facility Closed/Vacated During Entire	oneck on	y one)			Street Address	12					
Abatement Performed Outside of No	rmal Fac	of Abat	ement	a a rib a	1056 Stelton						
Time of Abatement:AM	PM/	IIILY FIO	urs - De //-	SCRIDE	City, State, Zip Co						
Scope of Work (Check all that apply)					Piscataway, N	New Jersey 088	54				
≥3 sf or ≥3 lf		Renova			☐ Mini-Encl	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf	$\boxtimes$ [	Demolif	tion		☐ Glovebac	Procedure					
					Non-Exer	mpted (*) and Non	-Friable Procedur	e			
Location of		Is Loca Norm					/	At	atem	ent T	ype
Asbestos-Containing Material (ACM	) U:		lely by	Ashe	Description of estos Containing Mat	f	•	Z	Z	m	Ш
TO BE ABATED	N	Mainten		(i.e	e., thermal systems in	nsulation	Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)	CI	1810dia (12	Staff?		surfacing, VAT,	or	SF or LF)	ova	=	Encapsulate	Enclosure
(10)	Yes			1	other miscellaneo	ous)	8	1 22		late	.e.
exterior				ashest	os siding		2400 - 5	F			
				uoboot	oo sidiiig		2100 sf		Ш		Ш
Name of Desire										П	
Name of Registered Waste Hauler		1133	NJDEP N	2000	Cubic Yards of	Name of Registe	ered Landfill	1		_	_
Guardian Contracting, Inc.			lauler II 20223		Waste 3	T.R.R.F.					
City, State					Disposal Date	City, State					
Toms River, New Jersey					03/19/19		ennsylvania				ं
Completed By (Print or Type)	Title				Signature	Tanytown, F		,	-		
Nicholas Fernicola	Projec	t Man	ager		Gigilatule		Dat	1	1		
SB-41	,,,,		-3-1			111	$1 \mid 3$	15	119	f	

									3		Γ	Pi	int
UK185	PAI	D		FICATIO	State of New Jers N OF ASBESTOS It to NJAC 8:60 at	ABATE			ECI		M	AN TOTAL	
Date of Notification (1) 3/1/2019					of Building Owner Dominion Freig				MAR	ρ	2019	The state of the s	
Agencies Notified	Type Notification	Ĺ		Street	Address Old Dominion \			į.					2
× EPA × DEP × DOL	Amended Amendmen			City, St	tate, Zip Code nasville, NC 27			> 1			in Color		
DOH DCA	Emergency justification) Cancellation		g	Name	of Contact ael Diggs			1	Telephone No				
				FAC	ILITY INFORMAT	TION							
Name of Facility Where Old Dominion Ter		ng Place	(3)				Type of Facilit						
Street Address 200 S. Inman Ave							Subchap	ter 8 (C	ther than K- e & commerc	12) cial bu	ildings	, hom	es
City (5) Avenel							Square Feet 18,000	#	of Floors		Bldg. A	Age	
County (6) Middlesex				County (STATE	Code (7) USE ONLY)		Current Use (F Shipping te			shed)			
Name of Monitoring Fire Environmental Co		Owner (8	3)	ASC	M No.	The second second	of Abatement C					1200001111	
Street Address 2002 Renaissance	Blvd, Suite 110	)					Address Glenwood Di	-					-
City, State, Zip Code King of Prussia					1		State, Zip Code Shington Cros	sina	PΔ 18077				
Project Manager for Mo				Telepho		Telepl	hone No.	onig,	License I				men emm
Andrew D. Hubley					79-7070		313-7427		01225				
Start Date (10) 3/18/2019		3/28/1		mpletion	Date (11)	Name sam	of OSHA Monito	or					
Occupancy Status Durin					4 - 1	Street	Address						
X Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire I ned Outside of Norn	Period of nal Facilit	Abater ty Hour	nent s		City, S	State, Zip Code						
Scope of Work (Check /	All That Apply)												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli		,	×	Mini-Enclosu	ire ocedur	e			e	
Location	5	10	s Locat Norma		_							ement pe	
Locatio Asbestos-Containin <u>i</u> <u>TO BE AE</u> In Faci (13)	g Material (ACM) <u>ATED</u> lity	Us Ma	ed Sole aintena stodial ( (12)	ely by nce/	Asbestos Con (i.e. thermal surfa		faterial (ACM) insulation, T, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						=		ate	6
Attach	ed												
													and the same of

NJDEP Waste

Hauler ID No.

SW2117

Project Manager

Cubic Yards

Disposal Date

of Waste

TBD

TBD

Completed by

Andre Gosek

New Castle, DE

City, State

Name of Registered Waste Hauler

Service Transport Group

Date

03/01/2019

Name of Registered Landfill

Minerva Enterprises

Waynesburg OH

City, State

Signature Gosek

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

nack#3282	NO.					:60 and 5:16			Fla			4 op	+
neck#3282		(1)						4 1	建造	- 1	W	2.72	13
ate of Notification (1)			Na	me of B	uilding Ow	ner/Operator (2	1		1				
03/	05 / 19		Car	ol Smi	ith			1:1. 1	MAR	0	2019		111
, , , , , , , , , , , , , , , , , , , ,	Type Notification		Str	eet Ado	iress				MAII	8	2019		A runt
10 T-10 (10 S)	X Initial  ☐ Amended								Islandes	*** - ** :			
DOLWD DHSS	Amended Amendment #	Sec. 20-20			, Zip Code				2				
DO D	Emergency (inclu	ıding			NJ 0704	13		TT	elephone Nun	nber	-190-2-	II	61.11
(NJAC 5:23-8)	justification)							1					
	Cancellation			rol Sm		DMATION							
		103		FACIL	ITY INFO	RMATION	Type of Fa	acility (4)				-	
ame of Facility Where Al	patement is Taking F	Place (3)					☐ School	(K-12)					
rivate house			200000				Subcha	enter 8 (0	Other than K-1 ate and comme	2)	uildin	as	
treet Address								(i.e., priv s. etc.)	ate and comm	SI CIGI D	unum	30,	
							Square Fe		# of Floors	E	Bldg. A	\ge	-77
City (5)													
Iontclair, NJ 07043				County C	code (7) (ST	ATE USE ONLY)	Current U	lse (Prior	r if being demo	lished)			
County (6)													
ssex Name of Monitoring Firm	Hired by Building Ov	wner (8)	AS	CM No	. N	lame of Abatem	ent Contrac	ctor (9)					
	vv estamana and visite to a note foliate to the				G	r Tech LLC							
Street Address					S	Street Address							
,						76 Valley Rd							
City, State, Zip Code	***				C	City, State, Zip (	Code						
						Vayne, NJ 074	70		License No.		10000		
Project Manager for Mon	itoring Firm		Teleph	none No	500	Telephone No.			100000000000000000000000000000000000000				
						73-638-1777 Name of OSHA	Monitor		01127				
Start Date (10)	A100	uled Cor											
		3_ / .		_ / _	1-	Envirovision C	consultant	s,Inc					
Occupancy Status Durin	g Abatement (Check	only on	e)			Street Address	D 4 D	11da # 2	25E				
	ted During Entire Pe	riod of A	Hours	- Desc	ribe 2	0-21 Wagara City, State, Zip	W Koad, B	nag .# 3	)JL				
Time of Abatement:	AM- P	M/	PM_	A		Fair Lawn, NJ							
					ı	Clean	up and ded	contamin	ation with nega	ative pr	ressur	е	
Scope of Work (Check a	ill that apply)					Full C	ontainment	with Neg	gative Pressure	е			
>3 sf or >3 lf > 160 sf or >260 lf		Rer	novatio			Claura	nclosure bag Proced	ure $\square$	Tent with Nega	ative Pr	ressu	e	
≥ 160 sf or ≥260 lf		☐ Del	HOHEIO	117		Non-E	xempted (*	) and No	n-Friable Proc	:edure	10-11-11	1	. =
		3.0	Locati	5000			1000			ļ	Abat		
Location			lormal d Sole		Arhee	Description tos Containing	n of Material (A	CM)	Amount		Removal	Repair	Enca
Asbestos-Containin TO BE Al		Mai	intena	nce/	(i.e.	, thermal syster	ns insulatio	n.	(Specify		nov	air	apsı
IN Fac	cility	Cust	odial (12)	Statt		surfacing, V other miscella	AT, or aneous)		SIF or LF	1	<u>a</u>		Encapsulate
(13	)	Vec	No	N/A		otto di la constanti di la con							
		Yes	NO	N/A	Pipe ins	ulation			110 LF		$\boxtimes$		
Basement		-	-	-	ripe ins	uiation					П	П	П
				ᆜ								一	
												-	1
											Ш	Ц	Ш
Name of Registered V	laste Hauler		NJ	DEP Wast	e Hauler ID No.	Cubic Yards of	Naste Nam	e of Reg	istered Landfill	i			
SA COMMON PROBLEM AND PROPERTY OF THE PROPERTY				003378	85	TBD		R.F. Inc	c				
Gr Tech LLC City, State						Disposal Date	City,	State					
						TBD	Tully	ytown, l	PA				
Wayne, NJ 07470 Completed By (Print of	r Type) T	itle				Signatur	// .			Dat	е		
		wner					Heure	Wend	ad	03/0	05/19		
N.Jevtic	Ю	.,,,,,,		No. 12		etos licensure e	fumpted act	ivilies					

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

CK 0155	PAU		(Pi	ursuant	to NJAC	8:60 an	d 12:12	0)	•		( <del>                                     </del>	A Description				10.0
Date of Notification (1) 02/01/2019 check #0155	Type Notification    X				of Building RENNA		Operator	(2)				MAR		8 2	019	1
Agencies Notified Type N	otification			Street A	Address		-	-								
DEP An	nended nendment #	ludina			ate, Zip Co WOOD		150				2 hand	3.3				:
DOH jus	tification)	uung	100		f Contact RENNA	N				Tel	ephone	Num	ber			
None of Facility 100				FAC	ILITY INF	ORMAT	ION									1 694
Name of Facility Where Abatemen	nt is Taking Pl	ace (3)	)					Тур	e of Facility	300						
Street Address								×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than & comm	K-12 nercia	) I build	dings,	home	es,
City (5) RIDGWOOD NJ,07450								10.50	are Feet X100	# of 2 F	Floors		5 5	ldg. A	ige EARS	3 일
County (6) BERGEN		114000000			Code (7) USE ONLY	)			ent Use (Pri CUPAID	ior if bei	ng dem	olish				
Name of Monitoring Firm Hired by	Building Own	ner (8)		ASC	A No.				atement Co UTIONS			ING	INC	;		
Street Address							Street 24 C		ess RCH ST							
City, State, Zip Code									Zip Code DD PARK	NJ 07	407				P	
Project Manager for Monitoring Fire	m			Telepho	ne No.		Teleph 201 8	one N	No.		Licens 0130					
Start Date (10)	Sch	hedule	d Com	pletion	Date (11)		The second second		HA Monitor		RACT	ING	INC			
Occupancy Status During Abatem	ent (Check Or	nly One	e)			- HEART - 1-1-	Street									-
Abatement Performed Outsid	e of Normal F	od of A acility	batem Hours	ent			City, S	tate, Z	CH ST					-		
							ELIVI	VVOC	DD PARK	NJ 07	407					_
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	E [		enovat emoliti				×	Mi	ull Containm ini-Enclosure ovebag Pro on-Exempte	e cedure	•				e	
		ls l	ocatio	n						( ) ( ) ( )			-	Abate	ment	
	4040		ormally Solely				scription					-		Ту	pe	-
TO BE ABATED In Facility		Mair	ntenan odial S (12)	ce/	Asbesi (i.e.	thermal surfa	aining M systems cing, VA niscellan	insul T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
BASEMENT				X		FLC	OR TI	IF		35	0 SF		X			-
BASEMENT		X			NSULA		N		SF		X			$\dashv$		
Name of Registered Waste Hauler			N	DEP W	aste	Cubic	Varde		Name of	Dogisto	rod! a=	4611				_
ATLANTIC CARTING				uler ID		of Was			GRANE							
City, State PEN ARGYL PA 18072						Dispos	al Date	1	City, State		PA 18	072				$\exists$
Completed by LUIS ARCILA		itle PRES	IDEN	IT		S	ignature	· ~	-4	1	A	Date		019		

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

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

Contraction in the				- 72				11	rot v				111
Date of Notification (1)  03 /	05 /	19	)				ng Owner/Operator of Deptford	r (2)	MAF	3 8	2019	)	
Agencies Notified						30				, ,	-010	73.	-
	Type Notifi					et Address 011 Coop			Establish .	(87)			فَ
☑ DOLWD			2		City	, State, Zip	Code	The state of the s		4	rigis Transmenter		*   *   2 - 1+
□ DCA	☐ Emerge		-	a	D	eptford, N	IJ 08096						
(NJAC 5:23-8)	justifica			9	Nan	ne of Conta	ct		Telephone N	lumber			
	☐ Cancella	ation			D	onald Bar	nks		856-686-				
					F	ACILITY I	NFORMATION						
Name of Facility Where Al		Takin	g Plac	e (3)				Type of Facility	(4)		-		
Deptford Municipal	Building							School (K-1	2)				
Street Address								Subchapter	8 (Other than K	(-12)			
1011 Cooper Street								Other (i.e., phomes, etc.	) )	mercial	oullain	gs,	
City (5)								Square Feet	# of Floors	E	Bldg. A	ae	
Deptford								50,000	2		96	3-	
County (6)					Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pr	rior if being dem	nolished)			
Gloucester								Municipal E					
Name of Monitoring Firm F	lired by Bui	lding (	Owner	(8)	ASC	/I No.	Name of Abaten	nent Contractor (9)					
Management & Envi	ro. Consu	lting	Servi	ces				ronmental, LLC					
Street Address							Street Address	,					
PO Box 341							623 Cutler A	venue					
City, State, Zip Code							City, State, Zip C	Code					
Chesterfield, NJ 085	15						Maple Shad						
Project Manager for Monito	oring Firm			Te	lephone	No.	Telephone No.	,	License No.				
Bill Weisgarber					309-29	8-4070	856-755-009	9	00842	59			
Start Date (10)		Sched	uled C	omp	letion D	ate (11)	Name of OSHA		00042				
03 /06 / _	19	_0	3_ /	_(		19	EMSL Analy	tical, Inc.					
Occupancy Status During A							Street Address						-
☐ Facility Closed/Vacated	During Enti	ire Per	iod of	Abat	ement		200 Route 1:	30 North					
Abatement Performed C Time of Abatement:	Outside of N	ormal	Facilit	y Ho	urs - De	scribe	City, State, Zip C	ode					
		PI	n/	PI	/I	_AIVI	Cinnaminso	n, NJ 08077					
Scope of Work (Check all to	hat apply)												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re				∐ Mini-En	itainment with Neg closure ig Procedure	gative Pressure				
							⊠ Non-Exe	empted (*) and No	n-Friable Proce	dure			
				Loca						Al	pateme	ent T	vpe
Location of Asbestos-Containing Ma		0		Norm d So	lely by	Acho	Description			1	-		T
TO BE ABATI	ED (7 (OII	"			ance/		stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cust	todia (12	Staff?		surfacing, VAT	, or	SF or LF)	oval	=	nsd	Sur
(13)		1	Yes	No		1	other miscellane	eous)				late	Ф
2 <sup>nd</sup> Floor Storage Room	n						ile and Mastic		414 SF				
						1 1001 1	ne and mastic		414 37				
										$ \parallel$ $\Box$			
			-							$- \Box$	Ш	Ш	Ш
Name of Registered Waste	Hauler			Ц.		101			- Annual Constitution				
Freehold Cartage	nauler				NJDEP Hauler I		Cubic Yards of Waste	Name of Regis					
City, State					1593	9	1 Dispession	Fairless La	manni				i:
Freehold, NJ							Disposal Date 03/08/2019	City, State Morrisville,	PA				
Completed By (Print or Type	e)	Title					Signature			Date			
Christina Lynch			ce Pre	esid	ent of	Operation				Date	, ,		
		"		-			- I ( Mr. S. A. Das)			3/5	1101		

## State of New Jersey

$\left( \cdot \right)$	K290	PAID			ICATION	OF ASB	ESTOS	ABATE					7	5		7	
Dat 3/	te of Notification (1) 1/2019					f Building ta Contr			(2)		1						
	encies Notified	Type Notification			Street A 78 Bo	ddress onton A	venue	· · · · · · · · · · · · · · · · · · ·				, M.	AR—	-8	-20	9	
×	EPA DEP DOL	Initial Amended Amendment				ate, Zip Co ville NJ (					83 89	Ass.					
×	DOH DCA	Emergency justification) Cancellation				f Contact as Marc	otta				25/35/31/6	ephone 173-334-		er	*		
					FACI	LITY INFO	ORMATI	ION									
M	me of Facility Where a arotta Controls Ir	Abatement is Takin IC.	g Place (3	3)						of Facility ( School (K-1	12)						
78	eet Address 3 Boonton Avenu	e							X e	Subchapter Other (i.e. p etc.)				builo	lings,	home	es,
	v (5) ontville								Squar 50,0	e Feet 00	# 0	f Floors			ldg. A	ge	
	unty (6) orris				County (	Code (7) USE ONLY,	)		Currer	nt Use (Pri e	or if bei	ng demo	olished	i)	*******		
Nar	ne of Monitoring Firm	Hired by Building	Owner (8)		ASCM	/I No.		Name Che	of Abat ckmar	ement Cor k Industi	ntractor rial	(9)					
Stre	eet Address							200000000000000000000000000000000000000	Addres /lorgar								
City	, State, Zip Code								State, Zip rta NJ	07871							
Pro	ject Manager for Mor	itoring Firm			Telephor	ne No.			none No -570-2			License 0133			7111111		
	rt Date (10) 2/2019		Schedule 3/15/2		npletion [	Date (11)				A Monitor k Industr	rial						
-	cupancy Status Durin				0.50.70				Addres								
×	Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	/ Hours	3			City, S	state, Zip								
Sco	pe of Work (Check A	II That Apply)						\$00 <b>I</b> \$000									
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		× F	Renova Demolit				×	Mini Glov	Containme i-Enclosure vebag Prod i-Exempted	e cedure					4	
			Is	Locat	ion						( )				Abate	ment	Å.
	Location Asbestos-Containing			Normal ed Sole		Ashas		scription taining N		(A CNA)	^	mount	F		Ту		
	TO BE AB In Facil (13)	ATED	35,000	intena todial ( (12)	3100 A TO THE REAL PROPERTY AND THE PROPERTY		thermal surfa	systems cing, VA niscellar	s insulat T, or		(5	Specify or LF)		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A					1				<u>=</u>		ate	9
	office a	rea	X			fl	oor tile	)		1,0	85 SF		X				
												(1000	-				
	ne of Registered Was wark Carting	ste Hauler		1000	IJDEP W lauler ID		Cubic of Was	Yards ste		Name of Grand				Lan	dfill		
	, State wark NJ						10(100)	sal Date		City, Stat		Α	<del></del>	-			
	npleted by rey Stankovic		Title CEC	)			S	Signature		tarko	•		Date 2/1/		19		

## State of New Jersey

	01628	7 PAI	D			to NJAC						IC.		1/7		  }-
	te of Notification (1) /25/2019					f Building Leung	Owner/0	Operator	r (2)			W.D.			*	The second secon
DW10000	encies Notified	Type Notification			Street A	Address						MAR	8	2019		il di
×	EPA DEP DOL	Initial Amended Amendment	U.S.	_		ate, Zip C nam NJ				23	E grand					
×	DOH DCA	Emergency ( justification) Cancellation	10 COLUMN 10 T	1		f Contact Leung					Tele	ephone Nu	ımber	100		
					FACI	ILITY INF	ORMAT	ION								
Na N	me of Facility Where / /A	Abatement is Takin	g Place (	3)					Common of the last	of Facility						
Str	eet Address					61				Other (i.e. p	8 (Othe	er than K-1		dings,	home	es,
	y (5) hatham									etc.) e Feet 0	# of 2	Floors		Bldg. A	ge	
	unty (6) Iorris					Code (7) USE ONLY	)		Currer	nt Use (Pri lence	or if bei	ng demolis	shed)		Lys	
Na	me of Monitoring Firm	Hired by Building (	Owner (8	)	ASCN	Л No.	427/			ement Cor k Indust		(9)			0.00	
Str	eet Address							50 CO	: Addres Vorgar	- 0.00						
City	y, State, Zip Code							City, S	State, Zi							
Pro	eject Manager for Mon	itoring Firm			Telepho	ne No.			hone No -570-2			License I	No.			
	irt Date (10) /26/2019		Schedul 3/4/20		mpletion	Date (11)				A Monitor k Industi	rial					
Oc	cupancy Status During	g Abatement (Chec	k Only O	ne)				Street	Addres	s						
×	Facility Closed/Vaca Abatement Perform	ated During Entire F	Period of	Abater	nent s				Norgar							
	Other - Describe: _									07871						
Sco	ope of Work (Check A	Il That Apply)	P					F	-							
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Experience.	Renova Demoli				>	Min	-Enclosure vebag Pro	e cedure	Negative			۵	
			Is	Locat	ion									Abate	ement	i
	Location	VA.77 (1)		Norma ed Sole				scription					-	Ty	pe	
	Asbestos-Containing TO BE ABA		Ma	aintena	nce/	Asbes (i.e.	tos Con thermal	taining N I svstem	/laterial s insulat	(ACM)		mount Specify	R	_	Enc	Щ
	In Facili (13)	ity	Cus	todial ( (12)	Staff?	,	surfa	cing, VA	T, or			or LF)	Removal	Repair	aps	Enclosure
	(13)		Yes	No	N/A		otherr	miscellar	neous)				Val	i ii	Encapsulate	ure
	garag	е		Х			air du	ct insu	lation		6	0 SF	Х			
		90 <del>7511 - 1</del>														
Parameter	me of Registered Was wark Carting	ite Hauler		10 400	IJDEP W Hauler ID		of Wa	Yards ste			-	red Landfi al Sanita		ndfill		
	v, State wark NJ						Dispos	sal Date		City, Stat Pen Ar		Ą			<del>1977 - 1</del>	
	npleted by rey Stankovic		Title CEC	)			S	Signature		tarko	·		ate 2/25/2	019		

(K1267	PAI	D	NOTI		TION	OF ASE	ew Jersey BESTOS ABAT .C 8:60 and 5:16		E	F		V	2=
Date of Notification (1)			***********		Name	of Building	Owner/Operator (	2)	M	AR	8 21	019	
	05 /	19			Hac	kensack	University Med	ical Center			0		
Agencies Notified	Type Notifi	cation			Street	Address			1			2.1	-41
⊠ EPA					30 F	rospect	Avenue		24 30 - 3	100			- X
⊠ DOLWD	Amend			1	City, S	tate, Zip C	Code					*****	
□ DHSS	Amenda Emerge		cluding		Hac	kensack	, NJ 07601						
(NJAC 5:23-8)	justifica		oluumig		Name	of Contact	t		Telephone Nun	nber			
WC. VII. CO. C.	☐ Cancell	ation			Mr.	Donald F	Ferrell		(551) 996-3	778			
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is	Taking	Place	(3)				Type of Facility	(4)				
Hackensack Unive	rsity Medic	cal Cer	nter (L	.aund	ry Bui	lding/Ma	in Building)	School (K-12		W_100V			
Street Address									3 (Other than K-1 rivate and comme		ildina	s	
30 Prospect Avenu	ie							homes, etc.)		oroidi ba	iiuiiig	Ο,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge	
Hackensack								~ 75,000	6		95		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	ior if being demol	ished)			
Bergen								Hospital					
Name of Monitoring Firm	Hired by Bu	ilding C	wner (	8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Langan Engineerin	g Environ	nental Services	s, LLC										
Street Address			Street Address										
300 Kimball Drive							277 Fairfield	Road, Suite 10	12				
City, State, Zip Code							City, State, Zip Co	ode					
Parsippany, NJ 070	)54						Fairfield, NJ	07004					
Project Manager for Mon	itoring Firm			Tele	phone I	Vo.	Telephone No.		License No.				
Vijay Patel					3-560-		(973) 852-344	4	01349				
Start Date (10)					tion Dat		Name of OSHA N			5			
3 / 21 /	19	0	14 /	30	_ / _	19	SAI Environn	nental Services	s, LLC				
Occupancy Status During	g Abatement	(Check	only c	ne)			Street Address						
☐ Facility Closed/Vacate							277 Fairfield	Road, Suite 10	2				
Abatement Performed Time of Abatement: 7						cribe	City, State, Zip Co	ode				2000	
		<u> </u>	001 101	12.00	, uvi		Fairfield, NJ	07004					
Scope of Work (Check a  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	II that apply)			novatio molitio			☐ Mini-End ☐ Gloveba	tainment with Neo losure g Procedure mpted (*) and No		ure			
				Locat						Ab	ateme	ent T	ype
Location Asbestos-Containing		'N.A'		Normal d Sole		Acho	Description of stos Containing Ma		Amount	R	R	ш	Ш
TO BE ABA		, ivi j	Ma	intena	nce/		., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil	ity		Cus	todial ( (12)	staff?		surfacing, VAT		SF or LF)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		sula	sure
(13)			Yes	No	N/A		other miscellane	ous)				ite	
Laundry Building Le	vel B2					Pipe &	Joint Insulation		1,000 LF				
Laundry/Main Buildi	ng Level B	2		$\boxtimes$		Pipe &	Joint Insulation		150 LF				
Laundry Building Le	vel B2					Pipe &	Joint Insulation		250 LF				
Name of Registered Was	ste Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill				

New Castle, DE

Completed By (Print or Type)

City, State

Service Transport Group, Inc

Waste 100

Disposal Date

Various

Signature

Minerva Landfill

Waynesburgh, OH

City, State

Hauler ID No. SW2117

Title

Manager

Mary Petrovski

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 3 05 19 Hackensack University Medical Center MAF 2019 Agencies Notified Type Notification Street Address **⊠** EPA 30 Prospect Avenue □ DOLWD ☐ Amended City, State, Zip Code Amendment # □ DHSS Hackensack, NJ 07601 ☐ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Mr. Donald Ferrell (551) 996-3778 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hackensack University Medical Center (Laundry Bldg) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 30 Prospect Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hackensack ~ 75,000 95 County (6) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) Bergen Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Langan Engineering Environmental Servies 00099 SAI Environmental Services, LLC Street Address Street Address 300 Kimball Drive 277 Fairfield Road, Suite 102 City, State, Zip Code City, State, Zip Code Parsippany, NJ 07054 Fairfield, NJ 07004 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Vijay Patel 973-560-4983 (973) 852-3444 01349 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3 / 19 21 04 / 30 / 19 SAI Environmental Services, LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 277 Fairfield Road, Suite 102 ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/4:00PM-12:30AM Fairfield, NJ 07004 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf Mini-Enclosure Renovation ≥160 sf or ≥260 lf ☐ Glovebag Procedure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type

1		Vorma	ally				Abatement Type				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)		Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
***	Yes	No	N/A						e		
Laundry Building Level B2	$\boxtimes$			Transi	te Pipe	2 LF	$\boxtimes$				
Laundry Building Level B				Glazin	g Putty/Caulking	265 LF	$\boxtimes$				
Laundry Building Level G	$\boxtimes$			Expan	sion Joint / Caul	160 SF/300 LF					
Laundry Building Level B				Pipe II	nsualtion	60 LF					
Name of Registered Waste Hauler  Service Transport Group, Inc  NJDEF Hauler SW2				O No.	Cubic Yards of Waste 30	Name of Registered Landfill  Minerva Landfill					
City, State				100	Disposal Date	City, State					
New Castle, DE				Various	Waynesburgh, OH						

Completed By (Print or Type)

Mary Petrovski

Title

Manager

Signature

Date

CK012520 PA	ID)		ICATION	ate of New OF ASB to NJAC	ESTOS A	BATE		Т		EC	E		M			
Date of Notification (1) 3-6-2019		Name of Paulsb	:		MA	R ;	8 20	)19	1000000							
Agencies Notified Type Notification		Street Address 800 Billingsport Rd											1			
EPA Initial Amended	-					K, S. S.	7.4.4			w.						
DEP Amended Amendment i Emergency (i	_	City, State, Zip Code Paulsboro NJ 08066  Name of Contact Ravi Jarecha					- S						-12			
DOH justification)							Telephone Number 856-224-4444									
DCA Cancellation				LITY INFO	DMATIC	M			050	-224-4	144					
Name of Facility Where Abatement is Taking	Place (3	3)	I AOI	-11 1 HV1 C	JAMETIC		Тур	e of Facility (4	)		all leaves to		Manage Co			
Paulsboro Refining Company Street Address 800 Billingsport Rd	un anni il Sussigni						×	School (K-12 Subchapter 8 Other (i.e. pretc.)	(Othe			dings,	home	es,		
City (5) Paulsboro				Squ	are Feet	# of NA	Floors		Bldg. Age NA							
County (6) County Code (7) Gloucester (STATE USE ONLY,					)			Current Use (Prior if being demolished) Oil Refinery								
Name of Monitoring Firm Hired by Building Owner (8)  Total Environmental Solutions  ASCI NA							of Abatement Contractor (9) and Energy Services LLC									
Street Address 1005 St Georges Lane		Street Address 740 Veterans Drive														
City, State, Zip Code City								ity, State, Zip Code twedesboro, NJ 08085								
Project Manager for Monitoring Firm Telephone No. Ed Igelesias 302-344-4217						Telephone No. License No. 856-467-2850 01009										
	Scheduled Completion Date (11) 12-31-2019*					Name of OSHA Monitor Total Environmental Solutions										
Occupancy Status During Abatement (Check Only One)						Street Address 1005 St Georges Lane										
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other Describe: Regulated Area will be Established - Active Oil Refinery						City, State, Zip Code Landenburg, PA 19350										
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	Renova Demoli				X	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)											Abatement Type				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)				(i.e. thermal system			Material (ACM) ns insulation, AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A										ro .			
CU7		Х		Thermal Insulation							x					
Running up the south side of the				16" pipe - 42' le				j riser								
structure.	<u> </u>				3'	' thick						_		-		
			10000		10	(a)		I Name of the	) - m! - 4	d 1 1						
Name of Registered Waste Hauler Waste Management Inc.	F	NJDEP Waste Hauler ID No. 17273 Cubic Yards of Waste 5				Name of Registered Landfill Gloucester County Landfill										
City, State South Harrison NJ	nia any a				Dispos		!	City, State South H		n, NJ						
Completed by Tim Evans	Title Insulation Manager				Si	gnature	nature				Date 3-7-2019					

<sup>\*</sup>To Support scheduled and unscheduled plant shutdowns, revised notification will be submitted for each project.

ASB-41 (R-06-08)

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