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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	N	OTICIO:	State	of N	ew Je	rsey ABATEMENT	1	FCE	- () 13	17	ranza. , 3		
						and 12:120)		EGF			17	: :	
Date of Notification (1) 3-14-18			Name of	Buildi	ing Own	er/Operator (2) pany and Chemou	rs Company	READ A	n 10	46	The strength of the	The second second	The state of the s
Agencies Notified	Notification Type		Street Ad Rt 130 S		5		The same of the sa	MARKE Z	0 20	0	A STATE OF THE PARTY OF THE PAR	tours'	7
□ EPA □ DEP □ DOL	☐ Initial ☐ Amended	-	City, Star				Pai	incap.			<u>.</u>		
	☐ Emergency (Includi	ng -	Name of				100 to 100 to 100 to		-1.				
☑ DOH ☐ DCA	Justification) Cancellation		Joe Mu						one Nur 05-776				
	11		FACI	LITY I	NFORM	IATION							
Name of Facility Where A Chamber Works Plant	batement is Taking Plac	e (3)					Type of Facil	lity (4)					
Street Address Rt 130 South							School (K Subchapt Other (i.e. homes, e	er 8 (other ti . private & c			ıildi	ngs	1
City (5) Deepwater							Square Feet		oors	BI	dg.	Age	9
County (6) Salem					ounty Co	ode (7) (STATE Y)	Current Use	(prior if bein	g demol	shed	I)		
Name of Monitoring Firm Harvard Environmen			ASCM No	o.		of Contractor (9) nty Environmen	tal						
Street Address 761 Pulaski Hwy		*				Address New Churchma	ıns Rd.						
City, State, Zip Code Bear, De	Name of the last o					tate, Zip Code Castle, DE 197	720		11222				
Project Manager for Monit Wesly Morrison	0	Telepho	one No. 26-2333	3	Teleph	none Number 322-8946		License 00578		r			
Scheduled Start Date (10) 1-2-18	Scheduled Com 6-30-18	pletion	Date (11))	Name	of OSHA Monitor Ity Environmen	tal (1822003)					
Occupancy Status During	Abatement (Check only	one)				Address New Churchma	na Dood						
 ☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe: Uno 	Outside of Normal Facili	Abaten ty Hours	nent s -		City, S	itate, Zip Code Castle, DE 197							
Scope of Work (Check all	that apply)											_	
 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf 					ovation olition	☐ Mini-Enclo ☑ Glovebag I							
		100	s Location							Al	oate Ty	eme pe	nt
Locatic Asbestos-Containin <u>TO BE AB</u> IN Facilit	ig Material (ACM) BATED	Normally Used Solely by Maintenance/ Custodial Staff? (12)			Asbe (i.e	Description of stos Containing Materials systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amou (Spec SF or	ify	Removal	Repair	Encapsulate	Enclosure
Thermal Systems		Yes	No	N/A	<u></u>								
Thermal Systems			X			nal coverings throu nal coverings throu		10,000LF 3,000SF		X	X	X	
Floor Tile /Mastic		1	x		Floor	tile and mastic thro	ughout area	2,300SF		X			
Name of Reg. Waste Haul S&J Transport.	er	0.00400	DEP Was No. 217	te Hai	uler	Cubic Yards of Waste >30	Name of Re Constoga	eg. Landfill					
City, State Woodstown, NJ						Disposal Date TBD	City, State Morgantow	n, PA					
Completed by Evelyn Walsh	Title Office Manager					Signature	_		Date 3-14	-18			

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1114 02/3	7										Pi	rint F			
1 no check)	NOTE	SICATIO	State of Ne	w Jerse	y	MENT			_					
(a)				t to NJAC				EGF	11	7					
Date of Notification (1) 3///	~			of Building	Owner/0	Operator	(2)			· .	711	111			
Agencies Notified Type Notification			PSE&G Street Address MAFI 2 0 2018												
☐ EPA ☐ Initial			Street Address 4000 HADLEY ROAD												
DEP Amended		Ì	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080												
Emergency	(includin	g		of Contact	NFIELL), NJ (7080	T-1-1-N		. 6		f			
DOH justification) Cancellation			Λ.		FRA	470	205	973-6		-8	10	/			
Name of Facility Where Abatement is Takir	ng Place	(3)		ILITY INF	ORMAT	ION	Type of Facility					_			
PSE+G	.g : 1000	(0)					School (K-	APATA Maria							
Street Address	21						Subchapte	er 8 (Other than K-	(2)	Idinas	hom	200			
GO MIDDLE RO	AD						etc.) Square Feet	# of Floors		53					
Summit									0.00		WINDS IN	_			
County (6) UNion)				Code (7) USE ONLY)		Current Use (Pr	ior if being demolis	hed)	-					
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abatement Co		GK	52					
ENVIRONMENTAL TACTICS			004	5		UNIC	UE SYSTEM	IS OF AMERIC	Α						
Street Address 64 BROAD STREET							Address WHITEHEAD	AVE.							
City, State, Zip Code						City, S	tate, Zip Code								
MATAWAN, NJ 07747 Project Manager for Monitoring Firm			Telepho	one No			TH RIVER, N								
TOM GEIGER				90-2217			132-8350	License N 01111	٧٥.						
Start Date (10) 3/2// 2	Schedu			Date (11)			of OSHA Monitor								
Occupancy Status During Abatement (Chec	k Only O	ne)	26/	18			Address	S OF AMERIC	A						
Facility Closed/Vacated During Entire I	Period of	Abaten	nent				VHITEHEAD	AVE.							
Abatement Performed Outside of Norm Other – Describe: Out Dooks	nal Facilit	y Hours	SARY	OPER	TORS		ate, Zip Code TH RIVER, N	100000							
Scope of Work (Check All That Apply)			>N/	y 		300	III NIVER, IV	J U0002							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit													
2100 01 01 2200 11	ш	Jemoni	ion			-	Mini-Enclosur Glovebag Pro	cedure							
	1	Locati	on				Non-Exempted (*) and Non-Friable Procedure Abatem					nent			
Location of		Normal ed Sole	ly		Des	scription	of			2) ial buildings, homes, Bldg. Age Age Age Age Age Age Age Age					
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	aintena todial S	nce/	Asbest (i.e.	os Conta thermal	aining M systems	atérial (ACM) insulation,	Amount (Specify	N.	_	Enc	Щ			
In Facility (13)	Cus	(12)	olan :		surfac	ing, VAT	r, or	SF or LF)	emov	Repai	apsu	ıclosı			
	Yes	No	N/A						<u>a</u>	-	late	Ire			
ROOF		X		ACA	1 Roo	Fing	MATERIAL	2250 SP	X						
						7									
						±275 8311 7 101									
Name of Registered Waste Hauler		l NI	וחבהיי	lants	0. 5. 5	/		5							
WASTE MANAGEMENT		Н	JDEP W auler ID	4,635,000,000	Cubic \ of Was	te		Registered Landfill							
City, State		1	125		APPY		City, Stat	IRLESS							
ELIZABETH, NJ					TI			SVILLE, PA							
Completed by CAROL RAIMO	Title	CE M	ANAG	FR	Si	gnature	tal La	ima) De	te /	/	_				
	0111	J _ 1VI	, 114/10	-1X	1	-00	Earl Na	imo -	16	//	8				

CK# 8798

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

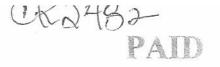
	PATO			ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		NT .		3 (6)	21	γ <u>γ</u>	127		
Date of Notification (1) 3/19/2018				Name o	of Building &G	Owner/	Operator	r (2)			MAR	2.0	2019	Į.	1000	
	Type Notification				Address HADLE	Y ROA	D			1 1.5	941771	20	LUIL		- project	
DEP DOL	Initial Amended Amendment			City, St	ate, Zip C TH PLAI	ode		070	80	į.	C. 11			1 1		
☑ DOH DCA	Emergency (justification) Cancellation	including	1		of Contact		 (I				ephone Nu 3-229-27					
				FAC	ILITY INF	ORMAT	ION								-	
Name of Facility Where Ab PSEG	patement is Taking	g Place (3)					Ту	pe of Facility School (K-							
Street Address 60: S. NEWMAN ST	REET							×	Subchapte	er 8 (Oth	er than K-1 & commerc	2) ial buil	dings	hom	es,	
City (5) SOUTH HACKENSA	CK, NJ							1770	puare Feet PPX 8000		f Floors 2	E	Bldg. A	Age (85	YRS	
County (6) BERGEN					Code (7) USE ONLY	n			rrent Use (Pr JBSTATIC		ng demolis				iui .	
Name of Monitoring Firm H ENVIRONMENTAL T	lired by Building C ACTICS	Owner (8)	ASCI 004	M No. 5				batement Co			A INC	;			
Street Address 64 BROAD STREET	ş						Street 396 \		ress ITEHEAD	AVE.						
City, State, Zip Code MATAWAN, NJ 0774	7								, Zip Code RIVER, N	J 0888	2					
Project Manager for Monitor TOM GEIGER	oring Firm			Telepho 732-29	ne No. 90-2217		Teleph 732-4		No. -8350		License N 01111	lo.				
Start Date (10) 3/31/2018		Schedul 4/2/20		npletion	Date (11)			me of OSHA Monitor NIQUE SYSTEMS OF AMERICA INC.								
Occupancy Status During A		-011 04000-40000					Street	Add								
Abatement Performed Other – Describe: NE	Outside of Norma	al Facilit	y Hours	City, S					State, Zip Code JTH RIVER, NJ 08882							
Scope of Work (Check All 1	That Apply)							• • •		0 0000			0100			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	1	Mini-Enclosur Glovebag Pro	e cedure				3		
Location of	•		Locati Normal							NJ 08882 inment with Negative Pressure						
Asbestos-Containing March BE ABATI In Facility (13)	aterial (ACM)	Ma	ed Sole intenar todial S (12)	nce/		tos Cont thermal surfac		later ins T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								-		ate	e	
GROUND FL. LOAD	ING DOCK		Χ		AC	M PIPE	INSU	ILA	TION	2	5 LF	Х				
Name of D																
Name of Registered Waste WASTE MANAGEMEN			Н	JDEP Wauler ID 125		of Was	te		Name of FAIRLE		red Landfill					
City, State ELIZABETH, NJ						Dispos	al Date		City, Stat		E, PA					
Completed by CAROL RAIMO		Title OFFI	CE M	IGR.		S	ignature	1	1.0 V	· ·	Da 3/	te 19/20	18			

CK 1227

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

NOTIFICATION OF ASBESTOS ABATEMENT Name of Building Owner/Operator (2) Date of Notification (1) Agencies Notified Type Notification Street Address LAVEND EPA Initial State, Zip Code DEP Amended DOL Amendment #_ Emergency (including DOH justification) LEX Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address 1-9 BROAD ST. Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 9000 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) RETAIL Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address 144 MILL City, State, Zip Code City, State, Zip Code PATERSON Telephone No. 943 653 965 2 Name of OSHA Monitor Project Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) Start Date (1,0) GORALI IGEV
Street Address
144 NILL ST P Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Renovation Full Containment with Negative Pressure ≥3 sf or ≥3 If Demolition Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Remova **Custodial Staff?** surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) Yes No N/A 2LF BASENEUT T51 Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste GROW-S. INDIAN ARROW 730 City, State City, State Disposal Date 760 Title Signature Completed by CEE

Print Form



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

Date of Notification (1)					Name	of Duildin	a Ou	vner/Operator (<u>, , , , , , , , , , , , , , , , , , , </u>	FRE				1
03/	12 /	18					-	et Owners, L	1 1 1 1 1		. 11=10 -47	_ 34.7 *	A CONTRACTOR OF THE PARTY OF TH	And the state of t
Agencies Notified EPA	Type Notific					t Address 65 Palme	r Av	enue, Suite	203	MAR 2	0 20	18		
⊠ DOLWD	Amende				City,	State, Zip (Code			1		77.00	1	
□ DOH □ DCA	Amendm Emergen		dina		1	rchmont,				Acide const		, i . tre	٤	
(NJAC 5:23-8)	justificati		ung		Name	of Contac	ŧ			Telephone No			a * * *	- 17
	☐ Cancella	0.000			Pat	rick Dob	bins	3		914-833-3				
					FA	CILITY IN	IFOI	RMATION		1				
Name of Facility Where	Abatement is 7	Taking Pl	lace	(3)		O.L	0.	MATION	Type of Facility	(4)				
Commercial									School (K-1					
Street Address									☐ Subchapter	8 (Other than K-	12)			
540 Broad Street									Other (i.e., p homes, etc.	private and comm	nercial b	uilding	s,	
City (5)									Square Feet	# of Floors	Ip	ldg. A	70	
Newark									Oqualo / Cot	# 011 10013	1	iug. A	ge	
County (6)					Cour	nty Code (7	YSTA	TE USE ONLY)	Current Use (Pr	i rior if being demo	olished)			
Essex							,			nor in boning donne	Jiloricaj			
Name of Monitoring Firm	Hired by Build	ding Own	ner (8) [ASCM	No.	Na	me of Abateme	ent Contractor (9))				
Whitman Environm	ental								NAGEMENT L					
Street Address							Str	eet Address						
7 Pleasant Hill Roa	d						2	7 Outwater	Lane					
City, State, Zip Code							City	y, State, Zip Co	ode					
Cranbury, NJ								Sarfield, NJ						
Project Manager for Moni	itoring Firm			Tele	phone	No.	Tel	ephone No.		License No.				
Kevin Lovely				73	32-390	-5858	9	73-928-4888		1188				
Start Date (10)		Schedule	d Co	mple	tion Da	te (11)	Nai	me of OSHA M	onitor	(2)				
03 /12 /					_ /	18_	A	LL PRO MA	NAGEMENT L	.LC				
Occupancy Status During							Str	eet Address						
☐ Facility Closed/Vacate						8922	2	7 Outwater I	_ane					
Abatement Performed Time of Abatement: _	AM	ormal Fac	cility	Hour PM-	s - Des	AM	100	, State, Zip Co Sarfield, NJ						
Scope of Work (Check all	that apply)					-								
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Ren							7 .3	dure			
				ocat								atem	ent T	vpe
Location Asbestos-Containing		, ,		orma Sole	lly ely by) A-b-	_4	Description o				_		
TO BE ABA		'	Mair	itena	nce/			Containing Ma mal systems i		Amount (Specify	Removal	Repair	Encapsulate	nclo
IN Facilit	ty			dial (12)	Staff?		S	surfacing, VAT,	or	SF or LF)	oval	=	nsc	Enclosure
(13)		Y	es	No	N/A		Oti	her miscellane	ous)	~			ate	"
Basement Area B		TE	1	П		Pipe Ins	sula	tion		12 LF				
			-	<u> </u>				707.00		12 21				
			-	<u> </u>										
				_										
Name of Registered Was	te Hauler		,	IN	JDEP I	N/aste	Cut	oic Yards of	Name of Regis	stored Landfill		ΙП	П	
ATC / All Pro Manag				Н	auler II		Wa			ses/G.R.O.W.S. North	Landfill/F	airless	Landfi	itt
City, State				10	11-243	101303		posal Date	City, State					
Shirley, NY / Garfiel	d, NJ						Т	BD		ırg, OH / Morri	sville.	PA		
Completed By (Print or Ty	/pe)	Title	0.00	-				Signature			Date			
Allen Monchik		Proj	ect i	Vlana	ager				Monchik		3/12/	18		

10 CK

"OPEN NOTIFICATION"

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

Approved verbally by Tom-Voorhees-DOL on 3/19/18

Date of Notification (1)			Name	e of Building Owne	er/Onerati	or (2)	Wea	ther re	elat	ed			
Agencies Notified Type Notification			PSE	E&G	si/Operati	01 (2)	/	Mad of South Page 1 and 2 ha	780		Ĭii .		
EPA Initial	n	**************************************		t Address 0 HADLEY RC	AD		M.	AH 20	201	8		#	
DEP Amended Amendme	nt #_ <i>3</i>	,		State, Zip Code JTH PLAINFIE	LD. NJ	07080	Paris.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		- 11 ·		-	
□ Emergenc justification □ DCA □ Cancellation	1)	ng	Name	of Contact		Telephone Number							
				CILITY INFORMA		1ACOS	9	73-6	54	7- 6	870	21	
Name of Facility Where Abatement is Tak	ing Place	(3)				Type of Facil	ity (4)						
Street Address						School (K-12)	er than K-	12)				
60 MIDDL	E	AV	E.			Other (i. etc.)	e. private	& commerc	cial bu	ilding	s, hom	ies,	
City (5) Summit						Square Feet	# 0	f Floors	T	Bldg.	Age		
County (6)			Count	Code (7)		ARPX 350	00	2	1	PPS	9	5	
UNION				USE ONLY)		Current Use (ng demolis		2.0			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8	3)	1 1 2000	CM No.	Name	of Abatement (Contractor	(9)					
Street Address			004	.5		QUE SYSTE	MS OF	AMERIC	Α				
64 BROAD STREET					1 2 2 2 3 3 3 5 5 5	Address WHITEHEAI	D AVE.						
City, State, Zip Code MATAWAN, NJ 07747					City, S	ty, State, Zip Code							
Project Manager for Monitoring Firm			Teleph	one No.		TH RIVER,	NJ 0888						
TOM GEIGER				90-2217		432-8350		License N 01111	No.				
Start Date (10) 3/21/18	Schedu		mpletion	Date (11)		of OSHA Monit			Λ				
Occupancy Status During Abatement (Che	ck Only O	ne)	,,,		_	Address	VIS OF F	AIVIERIO	4				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr						WHITEHEAD	AVE.						
Other - Describe: Out Dooks Scope of Work (Check All That Apply)	- NEC	ESS.	ARY	of ER.ONly		tate, Zip Code TH RIVER, I	NJ 0888	2					
≥3 sf or ≥3 lf	M	Donous	-ti			1							
≥160 sf or ≥260 lf		Renova Demoli				Mini-Enclose Glovebag Pr	ire ocedure	Negative Pressure					
	Is	Locat	ion			Non-Exempt	ed (*) and	Non-Friab	le Pro	100000			
Location of Asbestos-Containing Material (ACM)	1	Normal ed Sole	lly	De	scription	of			Abatement Type				
TO BE ABATED	Ma	intena todial S	nce/	Asbestos Con (i.e. therma	taining M.	aterial (ACM)	23,000	nount pecify	77		g l	Ш	
In Facility (13)	Cus	(12)	olaii!	surfa	cing, VAT miscellane	Γ, or		or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A			3343)			val	Ť	ulate	sure	
RooF		X		ACM ROOM	Eine	MATERIAL	223	50 SF	V				
				7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	1109	1 OF T CICORE	0000	- 31					
Name of Registered Waste Hauler		l NI	JDEP W	asta O.L.	Vord	1.0							
WASTE MANAGEMENT		H	auler ID 125	No. of Was		50000		ed Landfill					
City, State				Dispos	60 sal Date	City, Sta	ナ/尺 [te	ESS					
ELIZABETH, NJ Completed by	TW				BD		ISVILLE						
CAROL RAIMO	Title OFFI	СЕ М	ANAG	FR S	ignature	aral)	1.	Date	e 3	1,-	/18		
	1000		,		4	ural)	aus	No.	1	19	118	5	