





Date of Notification			Nan		ding Owner/Operator (2)		2.120)	CHH	228	CO#	CF.	JL 3	i di	
5/7/18	7.770		ZN	Const	ruction LLC			-	F JOJI-J	51.5	Ú.		·	
Agencies Notified	Type Notification			et Addre									201000	
□ EPA	✓ Initial		279	Grace	Avenue									
☐ DEP	☐ Amended			State, Zi										
⊠ DOL	Amendment #				ook, NJ 07663									
	☐ Emergency (includin	g	_	e of Cont				1						
⊠ DOH	justification)			tko Sto				Telephone Numb						
☐ DCA	☐ Cancellation		1	5.0	Jecaki		1	973-653-678	8					
					FACILITY INFORMA	TION								
Name of Facility Wh	ere Abatement is Taking Place (3)						of Facility (4)			-				
Long Branch Pu	ublic Library						School (K-12	Y						
Street Address								, 3 (Other than K	12)					
328 Broadway						X								
City (5)						-	Other (i.e. pr	ivate & Commi	ercial buildings,	hom	es, et	c.)		
Long Branch						Squa	re Feet	# of Floors	Bldg. Age				_	
						10,0	000+	2+	50+					
County (6)					ty Code (7)	Curre	ent Use (Prior if beir	ng demolished)		-				
Monmouth				(STA)	TE USE ONLY)	Libr	ary							
Name of Monitoring	Firm Hired by Building Owner (8)	-tric astonic 7700			ASCM No.	Name	of Abatement Con	tractor (9)						
	670					Unicorn Contracting Corp.								
Street Address							t Address	ing corp.						
						100000000000000000000000000000000000000	Villow Way							
City, State, Zip Code							State, Zip Code							
Project Manager from	1 Monitoring Firm			Talani	hone No.	The second second	odland Park, N	0/424						
				relepi	ione No.	1	hone No.		License No.					
Start Date (10)			Cabad	ula d C	alu Bartus	_	333-9176	-	01331					
5/23/18					pletion Date (11)		of OSHA Monitor							
	ing Abatement (Check Only One)		6/23	/18		Envi	rovision Consu	Itants, Inc.						
							Address							
	sed/Vacated During Entire Per			nt			1 Wagaraw Rd	., Bldg. 35-E						
	t Performed Outside of Norma	II Facility	Hours				tate, Zip Code							
cope of Work (Check	scribe:7AM - 3:30					Fair Lawn, NJ 07410								
≥3 sf or ≥3			X	Renov	vation	☐ Full Containment with Negative Pressure								
≥ 160 sf or ≥	≥260 If			Demo	lition	☐ Mini-Enclosure								
						Glovebag Procedure								
						X			riable Procedure	0				
			Is Location					( ) 4.14 11011 1	Tiable Floceduli	1	Aba	teme	nt	
Ashastas (	Location of		Normali		1		ription of					Туре	370	
	Containing Material (ACM) TO BE ABATED		sed Solely Naintenan		Asbesto	s Contain	ning Material (ACM	)	Amount			T	T	
	In Facility		stodial St		(i.e. th		ystems insulation, ng, VAT, or		(Specity			m		
	(13)		(12)				scellaneous)		SF or LF)	Re		ncap	Enc	
		Yes	No	N/A			7.0			Removal	Repair	Encapsulate	Enclosure	
	or window panels			X		Tra	insite		128 SF	)	-	i e	e	
Exte	erior windows			Х			aulk		419 LF	_	-	+	+	
									419 LF	1>		+	-	
										+	+	+	-	
me of Registered Wa	ste Hauler		NJDEP IA	aste Ha	ler ID No.	Cubic Yards of Waste Name of Regustered Landfill					_			
nicorn Contracti	ing Corp.		00358				ros of Waste		Name of Regustered					
y, State			00000	J.T.		2+ Fairless Hills Landfill								
oodland Park, N	Vew Jersey				la l	Disposal	Date	/ //	City, State					
mpleted by					TBD	_//		Morrisville, PA						
mo Golcev		-1 5 4			15	Signature	11		Dat	e				
o Goicev		Genera	al Mana	ager		1	1/m/	/1/		5/	7/18			

APPROVED BY:
Tom Voorhees
= 14/18,3:38pm

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

UMC #3357

5/9/10/	~ 					IT	123/11/1	נט)	Oper	110								
Date of Notification (1)					Name	e of Buildin	g-Owner/Operator (	(2)	f=====================================									
	4/	18			Se	ars Holdi	ngs		IME		[]	$\mathbb{W}$						
Agencies Notified	Type Notific	cation			Stree	t Address				11		<u> </u>	12.0					
☐ EPA	☐ Initial				333	33Beverly	/ Road						Ť					
⊠ DOLWD	☐ Amende					State, Zip (			11 MA	Y 1	0 2	2018						
□ DHSS	Amendn		1 11				tates IL 60179		had kind									
DCA (NJAC 5:23-8)			cluaing			e of Contac			Telephone Num	her			7					
(10110 0.20 0)	☐ Cancella	and Balliotte and the			PARTIES AND	rry Andre			Cicpitotic Italia		(Colora trons	PO	£ 62					
		-0.00.00					IFORMATION		L		C	_ ,,,,,,,,,						
Name of Facility Where A	Abatement is	Taking	Place	(3)	- ' ^	OILITT III	TORMATION	Type of Facility (	4)			-						
Sears #1614				(-)				School (K-12)										
Street Address									(Other than K-12	)								
112 South Orange	Avenue								ivate and comme	rcial bu	uilding	js,						
City (5)					-			homes, etc.) Square Feet	# of Floors	DI	Ida A							
Livingston								180000	2	- 1	ldg. A <b>76</b>	ge						
County (6)			1/2		Com	nty Code (7	)(STATE USE ONLY)	Current Use (Price			10							
Essex					Joodi	nty Code (i	MOTATE OOL ONET)	Department		sneu)								
Name of Monitoring Firm	Hired by Bui	Idina O	wner (	8)	ASCM	No	Name of Abateme	450										
Creative Environme		10-2		,	7.00W	140.		VIRONMENTAL	INC									
Street Address	orian ooran	0110					Street Address	VIRONWENTAL	,									
39 West 37th Street,	14th Floor						1123 BEAVE	PSTREET										
City, State, Zip Code							City, State, Zip Co											
New York NY 10018							BRISTOL, PA											
Project Manager for Moni				Tele	phone	No	Telephone No.	( 13007	License No.									
Amarr Soler					*	-6323	215-788-6040		00509									
Start Date (10)		Schedu	ıled C	100		ite (11)	Name of OSHA M		00303									
_ 5/ / 7 /						18		VIRONMENTAL	INC									
Occupancy Status During				-				VIITOMINENTAL	, 1140.	J212-0								
☐ Facility Closed/Vacate				380	ment		Street Address	CTDEET										
						scribe	1123 BEAVE											
Time of Abatement: 7	AM- <u>4</u> PM/	PM-		_AM			City, State, Zip Co BRISTOL, PA											
Scope of Work (Check all	that apply)	-					BRISTOL, PA	19007										
	triat apply)						☐ Full Cont	ainment with Nega	ative Pressure									
≥3 sf or ≥3 lf     ≥160 sf or >260 lf		0.7	⊠ Re					losure										
			De	ПОЩ	)[]		☐ Glovebag	g Procedure mpted (*) and Non	-Friable Procedu	re								
				Locat							atem	ent Ty	vne					
Location				lorma	lly ely by		Description o			-	_		T					
Asbestos-Containing I TO BE ABA		Л)		ntena			stos Containing Ma ., thermal systems i		Amount (Specify	Remova	Repair	nca	nclo					
IN Facilit			Cust		Staff?	(1.0	surfacing, VAT,	or	SF or LF)	ova	≒	Encapsulate	Enclosure					
(13)			Yes	(12) No	N/A	1	other miscellane	ous)		-		late	.e					
Air Unadlata II II -	. 414				IN/A							742/						
Air Handleing Unit Rr	n #4					pipe fitt	ings		25 SF									
					$\boxtimes$													
										П	П	П	П					
										-	1		1					
Name of Registered Wast	o Haules			Ц.	IDED !	Mante	Oubia Vand				Ш	Ш	Ш					
SERVICE TRANSPO		P, INC.		10000	JDEP \ auler II 20990	O No.	Cubic Yards of Waste 2	Name of Registe MINERVA L										
City, State			11 1127				Disposal Date	City, State										
NEW CASTLE, DE 1	9720						tbd ∫,	WAYNESBU	JRG, OH 44688	3								
Completed By (Print or Ty	pe)	Title					Signature		Da	te,	t.							
Pat Decaro		Est	timat	or			Thlund	14/6/10	/ /	5/4/	10							

							personal investments and the second	parparette v to	100	Print Form			
Chiplad		NOTIF (P	ICATION	OF ASBESTO	SABIAITE	MENT)							
Date of Notification (1)	,		Name o	f Building Owner	/Operator	r (2)	ILL WA	Y 1	0 20	18			
5-4-18			16	MAH	1401	06-55	and the second s						
Agencies Notified Type Notification			Street A	Address			Faire.		YORATA	25 M &			
EPA Initial Amended			City, Sta	ate, Zip Code					J. 199	COLOR DE			
DOL Amendment Emergency		_	BU	RIMOTO	an	NJ	08010	5					
DOH justification) Cancellation		ľ		f Contact			Telephone Nun						
			- 0	ILITY INFORMA	TION					1			
Name of Facility Where Abatement is Takin	g Place (3	3)				Type of Facility	(4)						
RESIDENTIAL						School (K-	-12)						
Street Address							er 8 (Other than K-12 private & commercia		ngs, ho	mes,			
City (5)					-	Square Feet	# of Floors	Bld	g. Age				
BUR INGTON						1400		Λ	13				
County (6)		T	County	Code (7)			rior if being demolish	ed)	1)				
BURLINGTON			(STATE	USE ONLY)		RESIDE	SUTIAL						
Name of Monitoring Firm Hired by Building (			ASC	A No.	Name	of Abatement Co	ontractor (9)						
ATLAS ENV. INSPE	2710	20			FK	VITAR	CONSTRU	107	100	,			
Street Address					Street	Address							
PO BOX 11645					Po	BOX	11587						
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code													
Project Manager for Monitoring Firm		-	Telepho	ne No.	Teleni	hone No.	License No	<u> </u>					
JASON Stat Pata (19)	01.11		267	784-4692	267	7-784-46	94 0127						
Start Date (10)	Schedule	ed Cor	npletion	Date (11)	Name	of OSHA Monito	ſ _						
Occupancy Status During Abatement (Chec	5 - 6	21-	18		01	KA107	LCA_	,					
					Street	Address		/					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Abaten Hours	nent S		City-S	State, Zip Code	RIX M	•					
					11/	tUA M	7 19116						
Scope of Work (Check All That Apply)		-				-	1		2011/03/03/03/03				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				Mini-Enclosu Glovebag Pro							
	le.	Locat	ion						bateme	ent			
Location of	N	Normal	ly		accrintion	n of			Туре				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)													
	Yes	No	N/A			,			Repair				
OUTSIDE SIDING		1		51212	6- 5	5/4,46/65	800 SF	1					
		<u> </u>							-				
					****					+			
Name of Registered Waste Hauler		Н	JDEP Wauler ID	No. of W	c Yards aste	4	Registered Landfill	j					
MYMAR CONSTRU	X7100	a (	90 30		1	WES	TERN BU	次大	5				
City State				Disp	osal Date	City, Sta	te		7				
MITIM MA				<u> </u>	21-1	8 BIK	DEBORO	1	A				
Completed by	Title	00			Signature	37	Dat	e	-				
GHRAMY DUA	V.	PRO	=5		8/2	win -	Alex 5	-4-1	18				
R &	1.7	7000			/								

Ch 1855		NOTIF (F	FICATIO	State of Me ON OF ASB ot to NJAC (	STOS	ABATE	MEN	т	The second second	E (			Ü	rint
Date of Notification (1) 5/4/18				of Building (		)perato	r (2)			M A	¥—	1-0-	201	ď
Agencies Notified  Type Notificatio  Property Initial  DEP  DOL  Amended  Amendment			Street City, S	Address tate, Zip Coo	de					ASSES	YCS LIO	000 7421	115) 10	OL 8
	y (including n)		Name	of Contact LA MALLO		<u> </u>			Telepho	one Num	nber			
Name of Facility Where Abatement is Taki	ing Place (3	3)	FAC	CILITY INFO	RMATIO	ON	Тур	e of Facility	(4)			331 3		
SAME Street Address							×	School (K- Subchapte Other (i.e. etc.)	12) r 8 (Other th private & cor	an K-12 mmercia	) ıl buil	ldings	, hom	es,
City (5)							Squ 237	are Feet	# of Floo	ors	1.0	3ldg.	Age	
County (6) ESSEX				Code (7) USE ONLY)		_		ent Use (Pr	ior if being de	emolishe				
Name of Monitoring Firm Hired by Building AET Street Address	Owner (8)		002	M No. 1		CPR	EN		ntractor (9) ENTAL SE	RVICE	Ξ.			
28 NORTH PENNELL RD.  City, State, Zip Code						HE	GERMAN	IST						
MEDIA PA 19063					TO COMPANY		Zip Code LPHIA P	A 19136						
Project Manager for Monitoring Firm CARMELO ALTAMONTE	ect Manager for Monitoring Firm						one N	√o. 5117		ense No	ı.		0.00	
Start Date (10) 5/5/18	5/12/18	3	npletion	Date (11)			_	HA Monitor		020				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	hatem	nent	*		Street Address 28 NORTH PENNELL AVE City, State, Zip Code MEDIA PA 19063								
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	personal .	enova emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
Location of	0.7%	Location or mall											ement	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mair	Solel ntenar odial S (12)	ice/	(i.e. th	s Contai nermal s surfacir	Description of Containing Material (ACM) rmal systems insulation, urfacing, VAT, or ner miscellaneous)			Amoun (Specif SF or Li	у	Remova	Repair	Encapsulate	Enclosure
BASEMENT	Yes										2020		ate	ıre
DASEMENT	X			\	/AT			1000S	F	X				
						and the same								
Name of Registered Waste Hauler REPUBLIC SERVICES		Ha	JDEP W auler ID		Cubic Ya of Waste			Lancar and the same of the sam	Registered L		T-G	RO	W/ S	3
City, State IEW BRUNSWICK NJ		121	2798 Disposal Date											
Completed by NTHONY JONES	ECT	MANA	Sig	nature	In the	MORRISVILLE PA  Date 5/4/18								

May 04 2018 15:35 NJ Asbesto	s Control 609.6	533.0664	page 1	Frank E (C)	TEIVE
05/04/2018 08:55 20	12620321	PA	AMAD M		PAGE 02/03
Ch1073	. 450	SPECIFICAL OF ASSESSED		M M	AY 1 0 2018
United Residences (1)		to announce to MYNE Sti	N and the range	DOL - 10 DA	y · 7 -
5/04/18		Marrie of Budding Co.	Mark Designation (20)	L ASSE	THE HOLSE
		Girani Address	HEL CARS INC	- SUCHELTER	
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	mands (graphigh)		FIED N.S	JAJUKER APPROV	=======================================
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Change of Family Women Abustantines to	Thing Flee 29	HOLDY BY	ATTENDED TO		)4
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286 ELDE		)	0	ber 6 grater than 65-cap	
FAIRFILL	20		Square Fee	Safe Tage	
Fash		Chinesy Cardin (?)	Commit Unic	1 D	
Mayon of Mandaday Plan Hand by Bull	Supplier (Sp	ASCH No.	Motor of Assessment	ed de dama er ar	Medicalesia
Singest Adelman			ALBUAC Contraid	w inc.	
Car. Sints, 15 Carlo			Noot Address And		
Project Manager for Managering Plans			City, Shelp, Jin Code		
1		displaces hip.	Michaeles Parks, N., Feliaphores No.	17432	
5/04/18	School Com	Pigitor Dalo (11)	201-282-5841 Name of OR-14 Maries	E dictionates	1
Company Status Daily Platerant (C)	5/12	-/16	Omego Stylenom	ntil Services has	
Pacify Citated Visited During Call Adultoung Paristrand Calable of Ma	o Period of Alpatence	w(	200 Huyter Street		
State of What (Smit All That Apply)	No. of Livering		Caty, counts, Cat Courts	V-pa-man-	
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A 1900 of an abito E	Printerpolity Designation	72 1	P MOMEN	of wills (degration F) management	
			Bull Shambar Co.	220	4
Coording of	An Location Mountain	į.		Class Han Dings Promise	
Anthropius Containing Machiner (ACM)  10 ME AND TEXT	Clased Greek, P	Antimotic Control	Applies of Parties of the Parties of	Fygus	
(म्यू)	Controlled Steel	nesignation of	Maria Bracheller, M. Will, de Collectores	Sheet, 2 2	<del>   </del>
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- COL	<del></del>	VAT			
		-		-05SF	
Van die	<del></del>				$\dashv$
Honor of Populational values of Souther Honoraries Gentling Iron.	MAKENY Handar	Cast Y	A Demonstr		<b>J</b> .
City, Male Monrack, NJ 07106	04506		Grand G	Mad Distributy Landing	
Completed by	The	5/04/00	ON Pon Arra	P\ 06/02	-
Joseph Voceturo	Vice (Pesident	Highest	T.V.	Design	4
Adjust gratuosis			Y tration	- 15/04/19	
1		- 15	of the last from the last	MAN Sprenger consistent and the	-

UN 154	19	1	NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)  MAY 1 0 2018									A company				
Date of Notification 5/4/2018	1 (1)			Name of Ali Sul	f Building O eiman	wner/O	perator	(2)		4170						1
Agencies Notified  EPA  DEP	Type Notification Initial Amended	·u		2000	ite, Zip Cod	le				"Let whater Jacky	e Sarrai			MG MG	(OL	3
DOL DOH DCA	Amendment  Emergency justification)  Cancellation	(including		Ali Su	f Contact leiman					Te	ephone	Numbe	er			
Private propert	here Abatement is Takin Y	g Place (3	)	FACI	LITY INFO	RMATIC	ON	Ty	ype of Facility (	2)		1000 C.A.				
Street Address City (5)								×	Subchapter Other (i.e. p etc.) quare Feet	rivate	er than h & comme	K-12) ercial b		lings,		es,
Newark NJ								2	500	2			+!	50	ge 	
County (6) Essex County					Code (7) USE ONLY)		_	C	urrent Use (Prid	or if be	ing demo	olished	)			
962-9800 940 CAMBON ROUSE (1900) 114-	g Firm Hired by Building	Owner (8)		ASCN	l No.				Abatement Cor olutions Ser							
Street Address								5 5	1st Street							
City, State, Zip Coo	de							e, Zip Code Bergen NJ 07	7047							
Project Manager fo	r Monitoring Firm		Telepho	ne No.		Teleph 201-		e No. 2-9685		Licens 01320						
Start Date (10) 5/5/2018		5/7/201	18	Iris					OSHA Monitor rironmental l	₋abor	atories					
12 AND	During Abatement (Chec d/Vacated During Entire	20	(5)	a a a t			dress oute 22 Wes	st		710-2-11						
Facility Closed Abatement Pe Other – Descr	erformed Outside of Norm	nal Facility	Hours	rs City, State, Zip Code Union NJ 07803												
Scope of Work (Ch	eck All That Apply)															
≥3 sf or ≥3 if × ≥160 sf or ≥26	60 lf	ACTION NAME OF THE PARTY OF THE	tenova emolit				×		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
Lo	cation of	1	Locati Iormal	ly		Des	cription	of						Abate Ty	ment pe	
Asbestos-Conta TO B In	d Sole intenar odial S (12)	nce/	(i.e. ti	os Conta hermal s surfac	Containing Material (ACM)				mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A			201 61 2	1100							te.	Ф
ba 2nd fle					insulat		n		25LF	X						
					or tile	3			20SF	-	-					
2110 1100	or living room		-			TIC	oor tile	-		1	20SF	+				
Name of Registered Newark Carting			Н	NJDEP Waste Cubic Yards Hauler ID No. 04509					Name of ISES B				dfill			
City, State Po Box 5670	7.44.00 (0.00)			Disposal Date City, State 2335 Applebutter Ro				d Bet	hle	hem	PA					
Completed by Marcos Regato		Title Presi	dent			Si	gnature	1	exer 11	1/	6	Date 5/4/2	201	8		

W Print Form

Ch 1550	N	(P	GATION	OF ASE	ESTOS 8.60 an	ABATE d 12:120	0)	Γ :		MAY	1 0	20	18	A CONTRACTOR
Date of Notification (1) 5/2/2018		1,3		f Building ns Instit				Alexande	r Hall					-
Agencies Notified Type Notification  EPA Initial			The Services	tle Point	PO(788/81, 100)45/8	hudso	on			Asiatici Li	091 031	MAN MO	-OL	&
DEP Amended Amendment Emergency		_	Hobok	ate, Zip Co ken NJ (	07030									
DOH justification)  Cancellation		1		of Contact s A Guila					1000000	ephone No 9-314-16				
Name of Facility Where Abatement is Takin	g Place (3)	1	FAC	ILITY INF	ORMATI	ON	Tyn	e of Facility (	4)					
Alexander Hall /Stevens Institute of	f Techno	logy					T T	School (K-1	100					
Street Address 1 Castle Point on the Hudson							×	Subchapter Other (i.e. p etc.)	8 (Oth			dings,	hom	es,
City (5) Hoboken							Squ 450	are Feet	# o 3	f Floors	1000	3ldg. <i>A</i> -50	ge	
County (6) Hudson County				Code (7) USE ONLY	)		Curi	rent Use (Prid	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building TTI Environmental Inc	Owner (8)		ASCN 0003					atement Con utions Ser						
Street Address 1253 North Church Street						Street 1435		ess t Street						
City, State, Zip Code Moorestown New Jersey 08057								Zip Code rgen NJ 07	047					
Project Manager for Monitoring Firm James Guilardi		10.00	Telepho 609-31	ne No. 14-1683		Teleph 201-				License I	No.			
Start Date (10) 5/14/2018	Schedule 7/20/20		pletion	Date (11)				SHA Monitor Onmental L	.abora	atories				
Occupancy Status During Abatement (Chec	k Only One	e)	000					7777	20					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Nom Other – Describe:	Period of Allial Facility	batem Hours	ent			City, S	tate,	ite 22 Wes Zip Code 07803	st					
Scope of Work (Check All That Apply)						Onio		01000				-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Secretaries .	enovat emoliti				××××	M	ini-Enclosure	ovebag Procedure					
	ls l	Locatio	on				1 14	on-Exempted	( ) and	I NOII-FIIA	DIE FIO		ement	1
Location of		ormally Solel				scription						Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mair	ntenan odial S (12)	ice/		stos Containing Material (ACM)  thermal systems insulation,					mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
C AH11	Yes	No	N/A										e	
See Attachments					See A	ttachm	ents	3			X			
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic `	Yards		Name of F	Registe	red I andfil				
Newark Carting Inc		Hauler ID No. of Waste 04509					ISES Be	(0.001-0.010-0.010-0.010-0.010-0.010-0.010-0.010-0.010-0.010-0.010-0.010-0.010-0.010-0.010-0.010-0.010-0.010-0			I			
City, State Po Box 5670							City, State 2335 Ap		ıtter Rd I	3ethle	hem	PA		
Completed by Marcos Regato							Date 5/2/2018							

Print/Form





#### Asbestos and Lead Abatement –Inspections Air sampling for Asbestos

5/2/2018

RE: Stevens Institute of Technology 1 Castle Point of the Hudson Hoboken NJ 07030

Job Location: Alexander Hall

#### Asbestos quantities and locations

Locations	Description of ACM	Amount
1 <sup>st</sup> Floor	Plaster walls/ceilings	Appx 2700SF
2 <sup>nd</sup> Floor	Plaster walls/ceilings	Appx 3000SF
3 <sup>rd</sup> Floor	Plaster walls/ceilings	Appx 1600SF
3 <sup>rd</sup> Floor kitchen	Floor tile and mastic	Appx 540SF
3 <sup>rd</sup> Floor North east stairwell	Floor tile and mastic	App 100 SF

These quantities are in different locations throughout the building.

Marcos Regato

								-,		KLP	X.	11/1	01	(1)			
Date of Notification (1) 5/7/18		2000	of Building elly Indu			r (2)	-	Par Paris	EG	E			100				
Agencies Notified	Type Notification			Street A							122	ikn i	10	1,523			
⊠ EPA					Route 23	S											
DEP	Initial Amended			City, Sta	ate, Zip C	ode			i		MAY	10	201	8	1-5		
× DOL	Amendmen				e, NJ 0				- PA						1000		
X DOH	Emergency justification		1	Name o	f Contact					Te	lephone	Number	to view		Durantees  -		
DCA	Cancellation			Rod					and the second		10.24.24		3	JL OI			
Name of Facility Add				FACI	ILITY INF	ORMAT	ION			The Park of the Pa	34445411 <u>1</u>	P.S. ASSURENCE			-		
Name of Facility Where house	Abatement is Takir	ng Place (	3)					Туре	of Facility	(4)							
Street Address									School (K-								
								×	Subchapte Other (i.e. etc.)				ilding	s, hon	nes,		
City (5)								170	are Feet		of Floors		Bldg.	Age			
Kenvil								270		2			65				
County (6) Morris					Code (7) USE ONLY	)		hon	ent Use (Pr ne	ior if be	ing demo	lished)					
Name of Monitoring Firn	n Hired by Building	Owner (8	)	ASCN	Λ No.		Name	of Aba	atement Co	ntracto	r (9)						
							ABS	Envi	ironmenta	al Ser	vices, L	LC					
Street Address							Street	_							9,000		
										4 E Gate Drive							
City, State, Zip Code							Zip Code										
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Occupancy Status Durin	g Abatement (Che						Street	Addre	88								
Facility Closed/Vac		**************************************	1000000	mont			0001	7 14410	00								
Abatement Perform	ned Outside of Norr	nal Facility	y Hour	'S			City, S	tate, Z	ip Code								
Other - Describe:						_											
Scope of Work (Check A	II That Apply)																
≥3 sf or ≥3 lf		×	Renov	ation			×	Fu	II Containm	ent with	n Negativ	e Press	ure				
× ≥160 sf or ≥260 lf			Demoli	ition			_	Mi	ni-Enclosur	е							
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		le	Loca	tion						7 3.1		10.0.0		temer	nt		
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TO BE AB. In Facil		200000	todial	Staff?	(i.e.	thermal	systems cing, VA		ation,		Specify or LF)	Rer	Re	Encapsulate	Enclosure		
(13)			(12)			other n	niscellar	neous)		31	OI LI )	Removal	Repair	psul	uso		
		Yes	No	N/A								<u> </u>		ate	Гe		
first floor				х		floo	r mate	rial		1,3	350 SF	x					
roof				X		r	oofing			2.2	250 SF	x					
				1			- 0						+				
													+	+			
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Bridgewater, NJ		TBD					Exton,	PA									
Completed by		Title				S	Signature	)	1			Date					
A. Scott Higgins		Pres	ident					10				5/7/18	3				

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NOTIFICATIO			
(Pursuan	t/to NJAC	8:60 and	112:120)

		NOTIF	CAHON	tate of Nev VOE ASBI to NJAC	ESTOS	ABATE	MENT 0)		Ch	20le	and an a	15	140	14	0
Date of Notification (1) 5/7/18				of Building DeSalvia		Operator	(2)	1		EC	; E		$\mathbb{W}$	İ	
Agencies Notified Type Notification			Street A					1	Sec.			100120		-	Manager and American
EPA Initial		-	City Ch	-t- 7:- O-	-1				Both and a second	MA'	Y 1	0	2018		W
DEP Amended Amendment		112-		ate, Zip Co a, NJ 07				i de							
Emergency (i justification)  DCA  Cancellation	ncluding	-	Name o	f Contact					Tel	ephóne,	Num	ber.	TIPK	压器	2.000
DCA Cancellation			Ruth	II ITV INE	D144 T	ION		L			_	_	ALCOHOL:	enouse.	CHEMICANO.
Name of Facility Where Abatement is Taking	Place (	3)	FACI	ILITY INFO	JKMAI	ION	Туре	of Facility	(4)					_	
Home								School (K-							
Street Address								Subchapte Other (i.e. )				build	dings,	home	es.
City (5)							E ,	etc.) re Feet		f Floors			ldg. A		
Sparta							2200		2	1110013			2	ge	
County (6) Sussex				Code (7) USE ONLY)				nt Use (Pri	or if bei	ng demo	olishe	d)			
Name of Monitoring Firm Hired by Building C	wner (8		ASCN			Nome	hom	tement Co		(0)					
The second of th	wilei (o	,	ASCIN	n NO.		1		onmenta			.LC				
Street Address							Addres								
City, State, Zip Code								83, 4 E G	Sate D	rive					
only, oralle, zip dode						The second second		ip Code , NJ 074	118						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				Licens	e No.				
Start Data (40)				_			764-2			703					
- 1111	6/8/18		npletion	Date (11)		Name	of OSF	A Monitor							
Occupancy Status During Abatement (Check	Only O	ne)	Street Address												
Facility Closed/Vacated During Entire P	eriod of	Abatem													
Abatement Performed Outside of Norma  Other – Describe:	al Facility	/ Hours			p Code										
Scope of Work (Check All That Apply)							<u> </u>								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti				×	Min Glo	i-Enclosur vebag Pro	inment with Negative Pressure psure Procedure pted (*) and Non-Friable Procedure						
	92	Locati												ment	
Location of Asbestos-Containing Material (ACM)		Normall d Sole		Ashast		scription		(ACM)	^	mount			1 9	ре	
TO BE ABATED In Facility (13)	0.0000000	intenar todial S (12)			tos Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous)				(S	Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									_		ite	Ф
basement		х		pipe	insula	tion		6	0 LF		х				
Name of Registered Waste Hauler		N.	IDED V	lasts	0.1.1	Vasili		N			160				
Freehold Cartage		Н	NJDEP Waste Cubic Y Hauler ID No. of Wast					Name of Wester							
City, State		1 1 5	15939 TBD							s Land	uill				
Freehold, NJ							City, Stat Birdsbo	irdsboro, PA							
Completed by	Title		ev	Signature			1	Date				$\neg$			
A. Scott Higgins	Pres	ident				5/7/18									

MO#24776119506	NO			TION	OF AS	ev Jersey BESTOS C 8 60 an			DEG	E		<u> </u>				
Date of Notification (1)			7	Name	of Building	g Owner/Ope	erator (2)	)	1111	4.0	00	140	The same			
	18			Allen	Hansen				II LI MAY	1 (	1 21	118	12			
Agencies Notified Type Notificat	ion			-	Address				ļ				1			
☐ EPA ☐ Initial									ASSEST	08 0 00 6	ONT	ROL	. &			
☑ DOLWD   ☐ Amended     ☑ DHSS   Amendment	nt #			City, S	State, Zip 0	Code	***		To The Production of the Company of		Senior Lab	1 major 12 m mile				
DCA Emergency	-	na		Lyndh	urst, NJ	07071										
(NJAC 5:23-8) justification	n)		Ī	Name	of Contac	t			Telephone Numi	per		28 79				
Cancellation	on .			Diana	Youssef				1							
				FA	CILITY IN	FORMATI	ON		et.							
Name of Facility Where Abatement is Ta	aking Plac	ce (3	)					Type of Facility								
Private house								School (K-1)	2) 8 (Other than K-1 2	1						
Street Address									private and commer		ilding	S,				
City (5)								homes, etc.		La						
Dec 199 Maria								Square Feet	# of Floors	Bit	dg. A	ge				
Lyndhurst, NJ 07071 County (6)				Coun	ty Code (7)	(STATE USE	ONI YI	Current Use (Pr	ior if being demolis	hed)						
Bergen					.,	(02 002	0.1.2.7)	our or ooo (1)	and seminary							
Name of Monitoring Firm Hired by Buildi	ing Owne	r (8)		ASCM	No.	Name of A	batemer	nt Contractor (9	(9)							
20						Gr Tech LLC										
Street Address						Street Add										
						576 Valle	y Rd #2	283								
City, State, Zip Code						City, State	, Zip Co	de								
						Wayne, N		)								
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone			License No.							
Start Date (10)	cheduled	Can	امامه	ion Do	to (4.1)	973-638-1			01127							
	05		22			Name of C		sultants,Inc								
Occupancy Status During Abatement (C  Facility Closed/Vacated During Entire  Abatement Performed Outside of Nor Time of Abatement:  AM-	e Period o	of Ab lity H	ater	s - Des		Street Add 20-21 Was City, State	ress garaw F , Zip Cod	Road, Bldg .#	35E							
Scope of Work (Check all that apply)						Fair Lawn	,		nation with negative	nreco	ure					
>3 sf or >3 lf > 160 sf or >260 lf		Reno Demo				F M	ull Conta lini-Enclo lovebag	ninment with Ne osure Procedure	gative Pressure  Tent with Negative  DrFriable Procedu	Press						
		Is Lo								Ab	atem	ent T	уре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	A	sed : Aaint ustoc	ena	ly by nce/ Staff?		Descr stos Contain a., thermal sy surfacin other miss	stems in g, VAT,	erial (ACM) sulation, or	Amount (Specify SIF or LF)	Removal	Repair	Encapsulate	Enclosure			
	Ye	S	No	N/A												
Basement				$\boxtimes$	Pipe inst	ulation			30 LF	$\boxtimes$						
Basement	]	$\boxtimes$	Boiler in	sulation			40 SF	×								
										П	П	П	П			
		T	7			AND THE PROPERTY OF				1						
Name of Registered Waste Hauler			NJD	EP Waste	Hauler ID No.	Cubic Yards	of Waste	Name of Regis	stered Landfill			Ш				
Gr Tech LLC			0	03378	85	TBD		T.R.R.F. Inc								
City, State			L	0001	, ,	Disposal D	ate	City, State					$\neg$			
Wayne, NJ 07470						TBD		Tullytown, P	A							
Completed By (Print or Type)	Title					Signa	ture /			ite			$\neg$			
N.Jevtic	Owner						Hon	Ac Wenad	05	07/18	}					
ASB-41							1/-	- 4 - 5 , 5 ( 5	105/	51110		-				

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Date of Notification (1) 5/7/18				Building O					La Contraction of the Contractio		MAY	1 0	201	8	The state of the s
Agencies Notified Type Notification			Street A		Blvd.					ASB	EST	is oc	MIR	OL &	
X EPA X Initial   DEP Amended   X DOL   Amendment	#			te, Zip Cod		3					LIL.	- promote s	84. <u>3</u>	-	*********
☐ Emergency justification) ☐ DCA ☐ Cancellation			Name of	Contact lessina						ephon					
	S			LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Takin Bridgeton Housing Street Address 110 E Commerce St.	g Place (3	5)			- IIW.			of Facility ( School (K-1 Subchapter Other (i.e. p etc.)	12) 8 (Oth				ings,	home	!S,
City (5) Bridgeton NJ 08302							Squa 100	re Feet 0+	# o	f Floor	s	1000	dg. A 5+	ge	
County (6) Cumberland			County C	Code (7) ISE ONLY)			Curre	ent Use (Pri	or if be	ing de	molish	ed)			
Name of Monitoring Firm Hired by Building TTI Environmental	Owner (8)		ASCM	l No.		30000 - 12-00	of Aba	itement Coi	ntractor	(9)					
Street Address 1253 N Church Street							Addres								
City, State, Zip Code Moorestown NJ 08057								ip Code Iin NJ 08	091						
Project Manager for Monitoring Firm Jim Guilardi			Telephor	ne No. 10-8800			none N -753-9			Lice	nse No	).			
Start Date (10) 5/8/18	Schedule 5/16/1		*	Date (11)			of OSI	HA Monitor		1				-	
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addre	SS						E 5 5 40	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Units are Vacant					_	City, S	State, Z	ip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				>	Min Glo	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					a.	
	1	Locati					2007/0		- ( /				Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial S (12)	ly by nce/		os Cont hermal surfac	scription aining N system cing, VA niscellar	Materia s insula NT, or	(30)	(	Amoun Specify F or LF	у	Remova	Repair	Encapsulate	Enclosure
Unite 401140 140 1	Yes	No	N/A	e.	+:1-			_	4.5	-00.0	-			te	
Units 10H 10 I 10 J			X	110	OUT THE	e and i	mastl	L .		total	T	Х			
1 work area walls blown out from explosion	+									total					
										40.11000					
Name of Registered Waste Hauler American Disposal	H	JDEP W lauler ID 0213	2270	Cubic of Was 40	Yards ste		Name of Cumbe	0.750			andfi				
City, State Lumberton NJ					Dispos TBD	sal Date	)	City, Sta Millville		8095	j				
Completed by	Title	ident	9		S	Signature	e /				Da 5/	te 7/18			

2.78				s	state of Ne	w lares				i basi	EG	Œ		Pr	int Fo
no CK	3			ICATIO	N OF ASB t to NJAC	ESTOS	ABATE		NT		Ly W	- Lan	<u>. [j</u>	<u> </u>	
Date of Notification (1) 5/7/18					of Building Bayer Pi			r (2)			MAY	1	0 7	2018	-
Agencies Notified  EPA	Type Notification	1		Street /	Address					A	SUEST	ou i	CON	TRO	- &
EPA DEP DOL	Amended Amendmen				tate, Zip Co egat Ligh		08008			international	Li	- 14 · ·	- Contract	3	
☑ DOH DCA	Emergency justification Cancellation	)			of Contact					Telepho	ne Numi	ber			
		•		FAC	ILITY INFO	ORMAT	ION		-124 et			_			
Name of Facility Where A Luis Bayer Private		ng Place (	3)					Ту	pe of Facility (4	•					
Street Address								X	Subchapter Other (i.e. p	8 (Other tha	an K-12) nmercial	buile	dings	, hom	es,
City (5) Barnegat Light NJ	08008							1 :	etc.) quare Feet 000+	# of Floo	ors		lldg. <i>I</i>	Age	
County (6) Ocean					Code (7) USE ONLY)			Cu	urrent Use (Prio	or if being de	emolishe	1, 17			
Name of Monitoring Firm	Hired by Building	Owner (8)	)	ASCI	M No.			of A	Abatement Con						
Street Address							Street	Add							_
City, State, Zip Code									, Zip Code						-
Project Manager for Mon	itorina Firm			Telepho	ne No		Wes		erlin NJ 080	22.00	anna Na				
									3-9800		ense No. 727				
Start Date (10) 5/18/18		5/25/1	8	mpletion	Date (11)		Name Sam		SHA Monitor					2-2-1-1-1	
Occupancy Status During	Abatement (Ched	ck Only Or	ne)				Street	Add	iress						$\neg$
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire ed Outside of Norn	Period of A	Abaten / Hours	nent			City, S	tate	, Zip Code	*			<u>Consti</u>		-
Scope of Work (Check Al	That Apply)										-				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				×		Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					
		100	Locati							( ) and 1101	TTHOOLO		Abate	ement pe	
Location Asbestos-Containing	V. Tribus - participa per and two	Use	d Sole	ly by	Asbest		scription aining M		rial (ACM)	Amour	nt			18	
TO BE ABA		4.000.000	intena todial S			thermal	systems	s ins	ulation,	(Specif	8	Re	Z	inca	Enc
(13)	<b>.</b>	Yes	(12) No	N/A			cing, VA niscellan			SF or L	F)	Removal	Repair	Encapsulate	Enclosure
Exterior S	iding	165	INO	N/A X		Exte	rior Sic	ding	,	3300 S	SF	х			
								<u> </u>				_			-
Name of Registered Wast	te Hauler		3.473	JDEP W		Cubic of Was	200		Name of R	Registered L	andfill				
United Roll Off				2459	.,,,,	6			G.R.O.V	N.S.					
City, State Elm NJ						Dispos	al Date		City, State	lle PA 19	067				
Completed by		Title				Service Control	ignature	7	100111301	116 I A 18	Date				
Anthony T Perna		Pres	ident				/	0	7		5/7/				

CK4534

# NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

MAY 1 0 2018

		T No. (5 7)	r - 0 - 10	- (0)					
Date of Notification (1)		Name of Build	sing Owner/Operato	ONTRAC	TORS	083	Car	FEC	1 &
Agencies Notified Type Notification	on	Street Addres	561 R	Γ 9		V	,4+,1;; 	À	
DEP   Initial   Amended		City, State, Zip	Code	,					=
DOL Amendment Emergency justification	(including		PE MX	AV N.			_		
DCA Justification		Name of Cont	£		Telephone Num	Der			
		FACILITY IN	FORMATION						
Name of Facility Where Abatement is Tak				Type of Facility  School (K-1					
Street Address				Subchapter	8 (Other than K-1) private & commerci		dings	5,	
City (5)				homes, etc.			ldg. A		-
CAPE M	AT			1500	7	.   _	50		_
County (6) CAPE MAY		County Code USE ONLY)	(7) (STATE		ior if being demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner	ASCM No.	1	ent Contractor (9	)				
Street Address			Street Address	MCO I	NC	_			-
Speet Address			369		PUCE AL	E			
City, State, Zip Code			City, State, Zip C		ADE NI.	T 0	86	55	2
Project Manager for Monitoring Firm	Tele	phone No.	Telephone No.		License No.				
- L Cohe	duled Complet	ion Date (11)	856-779 Name of OSHA M		004	44	_	=	$=$ $\mid$
	5-21-			NIA					
Occupancy Status During Abatement (Che			Street Address		:				
Facility Closed/Vacated During Entire Portion Abatement Performed Outside of Normal Other - Describe:	a Facility Hour	S S	City, State, Zip Co	ode	4		_		
Scope of Work (Check all that apply)									_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation		☐ Mini-Enc	g Procedure	n-Friable Procedur	e			
	is Location	1					bate		
Location of	Normally Used Solely	by Ashas	Description of tos Containing Mate	erial (ACM)	Amount	$\vdash$			
Asbestos-Containing Material (ACM)  TO BE ABATED	Maintenano Custodial Staff?		thermal systems in surfacing, VAT,	sulation,	(Specify SF or LF)	Rer	Re	ncap	Enclo
IN Facility (13)	(12)		other miscellaneou		51 01 21 )	Removal	Repair	Encapsulate	Enclosure
4.5° (3.55%	Yes No	N/A						Ф	
SIDING		XII	RANSITE		1250 30	X	_	-	$\dashv$
		_				$\vdash$	$\dashv$	$\dashv$	$\dashv$
	-++						-		
Name of Registered Waste Hauler		DEP Waste	Cubic Yards of Waste	Name of Regis		1	11	_	
KLTMCO INC		7984	Disposal Date	City, State 5	1, C. M.	U.	H		=
City. State MAPLE SHADE N	1.5		Disposal Date	W 00	BINE		:		
Completed By Title	24.2 87.155		Signature	The	Date -	U.	-18	3	
MICHAEL KLEMM	SUP.		- Mill			_			$=$ $\rfloor$

Ch 4534

# NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

MAY 1 0 2018

011-100	150								_			
Date of Notification (1)	- 18			Nam		ng Owner/Operato		JTKACTIN	G	TRO	1.8	_
	pe Notification	n		Stree	et Address	5- 10-1	- 50	Contracting of the Contraction o	ere objectively	eren s	*****	-
	Initial Amended					55 RT	50		-	-		=
	Amendment	#	_	City,	State, Zip	ten fit	10 N	T 082	30			
™ DOH	Emergency (i justification)		g	Nam	e of Contac			Telephone Number			-	=
	Cancellation			142111		CUCE		Secretarion Discount Constant				_
				FA		ORMATION						
Name of Facility Where Abate	ement is Takir	ng Place	e (3)				Type of Facility	y (4)				
RE	SIDEN	ICE					School (K-	12) r 8 (Other than K-12)				- 1
Street Address					* *			private & commercia	build			
City (5)	MIMO	110					Square Feet	# of Floors		1g. A		
County (6)	141140					7) (STATE	Current Use (F	Prior if being demolish	ned)		_	
ATL AM	TIC			USE	ONLY)		V D	CANT				_
Name of Monitoring Firm Hige		Owner	T	ASCM	No.		ment Contractor (	50				
(8) W .	4						th co	INC	_			_
Street Address						Street Address 369		RUCE ALL	<u>:</u>			
City, State, Zip Code						City, State, Zip C		ADE NIJ	0	80	52	_
Project Manager for Monitorin	a Firm		Tele	phone	No.	Telephone No.	6 5425	License No.	1			
, roject meneger for mener			_				29-0472	2 0044	4			=
Start Date (10) 5-14-18		duted C				Name of OSHA	Monitor N/K	4				
Occupancy Status During Aba	and the second		-	10		Street Address						
Facility Closed/Vacated Du	ring Entire Pe	eriod of	Abate	ment		·	- 19	1			_	늬
Abatement Performed Outs	side of Norma	l Facilit	y Hou	rs		City, State, Zip (	Code					
Other - Describe:								4				=
Scope of Work (Check all that	apply)						ntainment with Ne	egative Pressure				
≥3 sf or ≥3 ff .			novati molitio				closure ag Procedure					
≥160 sf or ≥260 lf		\$ 00	11104100			Non-Ex	empted (*) and N	on-Friable Procedure				$\dashv$
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Asbestos-Containing Materia	(ACM)		ntenan ustodia		Asbest (i.e.,	os Containing Ma thermal systems	insulation,	Amount (Specify	Re	R	Encapsulate	Enc
TO BE ABATED IN Facility		5	Staff?		(	surfacing, VAT	, or	SF or LF)	Remova	Repair	psu	Enclosure
(13)			(12)			other miscellane	ous)		/al	-	late	re
		Yes	No	N/A							-	$\dashv$
SIDING				X		TRANSI	TE	1250 SF	X		_	_
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Name of Registered Waste Ha	uler			JDEP \		Cubic Yards	Name of Reg	sistered Landfill				
KLTMCO I	NC		_   7	auter IC	64	of Waste	A	CUA				=
City, State		T				Disposal Date	City, State	ASHAITVIL	IE			100
MAPLE SHA	DE NI					Signature.	1/20	Date		18		
MICHAEL KLE		50	P.			_ Me	W/		4-	10	_	

Ch.4634

### NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJA e 8:60 and 12:120)

MAY 1 0 2018

Date of Notification (1)				-				j.	7				1
Sale of Housingshort	18					ding Owner/Opera	tor (2)		e p	ŭ Ō	77	20L	3:===
Agencies Notified	Type Notifica	ation		+	Street Addre		CCDA	V KK	RP .	100		6797.044	700
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DEP	Amended Amendme			1	City, State, Zi						_	-	_
<b>⊠</b> DOH	☐ Emergen	cy (inch	uding	1.		CEAN (	2174	N	.7 0	82	2	6	
DCA	justification Cancellati				Name of Con	A CONTRACTOR OF THE PARTY OF TH		T	Telephone Nu	_		1.1	
					5 6	tu E		-					
Name of Facility Where A	hatament is T	-1: D	1 /5		FACILITY I	NFORMATION							
	SIPENC		lace (3	5)			Type of Fac	100000 000	)				
Street Address	2 IPCIGE		-				School (I	K-12) ster 8 (	Other than K-	12)			
							Other (i.e	e., priv	ate & commer	cial be	uildin	gs,	
City (5)				-			Square Feet		# of Floors		Bldg	Ane	
	<u>tAul</u>	CIT	4				1000		1		57	5+	
County (6) CAPE	MAY			78	County Code JSE ONLY)	(7) (STATE	Current Use	(Prior	if being demo	ished	)		
Name of Monitoring Firm H			er	TAS	CM No.	Name of Abates	ment Contractor		4	_	_		=
(8) W/	A					KLEM	O IN						
Street Address		A 2 2 1995				Street Address						_	==
							. SPRU	(5	AUE				
City, State, Zip Code .						City, State, Zip (		IA	1 7 00	~ ^ ~			
Project Manager for Monito	vina Firm		TT	loobo	ne No.	Telephone No.	SHAPE		1.7 0	807	2		_
1 1900 manager to mornie	,		1"	перию	110.	856-77	9-0422		License No.	u (	1		
Start Date (10)	Sch	eduled	Comp	letion	Date (11)	Name of OSHA					1		=
5-14-18		5-					NIA						
Occupancy Status During A						Street Address				_			_
Facility Closed/Vacated I					t								
Abatement Performed Of Other - Describe:	utside of Norm	al Faci	ity Ho	urs	ĺ	City, State, Zip C	ode	1.					
- Parker von C. C. C. Se des Carrer	act apply)												_
Scope of Work (Check all the	ат арргу)					Full Con	tainment with N	legativ	e Pressure				
≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf			enova emoliti			Mini-End	closure a Procedure	- 3	- 1 1000010				
<u></u>		₩,	CITICALIA	J		Non-Exe	empted (*) and N	lon-Fr	iable Procedur	e			
		10.750	Locati Iomali	\$1000 h						_		ment	
Location of		Used	d Sole	y by		Description of		1		_	Тут	ж	
Asbestos-Containing Mater TO BE ABATED	rial (ACM)		ntenar ustodia			os Containing Mate hermal systems in			Amount Specify	_		<u>m</u>	М
IN Facility		,	Staff?		1	surfacing, VAT,	or		SF or LF)	Removal	Repair	cap	nclo
(13)		<u> </u>	(12)		4	other miscellaneou	us)			oval	air	Encapsulate	Enclosure
		Yes	No	N/A					×.			6	
SIDING				X	TI	RAWSITE	5	1-	750 SF	X			
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lame of Registered Waste Ha	ouler					Cubic Yards	Name of Regi	stered	Landfill				
KLUMCO IN	IC,		- H	791	DY C	of Waste	C. M.	C	M.U.	M	1		
City, State		7	-1-		The same of the sa	Disposal Date	City, State -						
MAPLE SHAI		1					_ W00	DY					
ompleted By	Title	SUP.				Signature	01		Date	()_	18		
MICHAEL KLEMM	1	JUT.				- Marie	y			7	10		

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Date of Notification (1) 05/04/2018			Name of Kevin	Building Hand	Owner/C	Operator	(2)	to to appropria	i L. W	ΑY	10	2018	3
Agencies Notified Type Notification  EPA	1		Street A					Me management	MINE I			790	- 112 74 <sub>4</sub>
X DEP Amended Amendmer Emergency	(including	_	Berkel	te, Zip Co ey Heig Contact		J 07922		Ιτ	elephone Nu	mher	4		
DOH justification DCA Cancellation			Kevin I		0 Dat 6 T	1011		1 = 1	Siephone ivo	mber			
Name of Facility Where Abatement is Taki House Street Address	ng Place (3	)	PAGII	LITTINE	JRIVIATI			(K-12) oter 8 (Ot	her than K-1		dings	home	es,
City (5) Berkeley Heights							Square Feet N/A	# N	of Floors /A	1000	Bldg. A	\ge	
County (6) Union			County C	Code (7) JSE ONLY	)		Current Use House	(Prior if be	eing demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.			of Abatement Abatement		or (9)				
Street Address							Address osengren A	venue					
City, State, Zip Code		3199					ate, Zip Code va, NJ 075						
Project Manager for Monitoring Firm			Telephor	ne No.			one No. 345-8685		License N 01311	No.			
Start Date (10) 05/17/2018	Schedule 05/18/2		npletion (	Date (11)			of OSHA Moni Abatement	EE30)					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of A	baten				11 R	Address osengren A ate, Zip Code						
Other – Describe: Occupied  Scope of Work (Check All That Apply)						Totov	va, NJ 075	12					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova				×	Mini-Enclo	sure Procedure	th Negative			'e	
Location of	10.20	Locati			Do	o oriention					Abat	emen vpe	t
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai	d Sole intena odial S (12)	nce/		tos Cont thermal surfa		aterial (ACM) insulation, Γ, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Lindodio
Basement	Yes	No X	N/A			VAT			10.05	_		ate	(
Dasement		^				VAT		+ -	510 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc		H	IJDEP W lauler ID 0996		Cubic of Was	Yards ste	A contract many	of Regis	tered Landfi dfill	I			
City, State Totowa, NJ					Dispos	sal Date	City, S Morr	State risville, F	PA				
Completed by Oliver Hegedis	Title	ct Ma	anager		S	Signature	1. 9 1		D	ate 5/04/	2010		

Print Form

0945915840  Date of Notification (1)		NOT	PUISuai	State of New Jers DN OF ASBESTO nt to NJAC 8:50 a	S ABATE	20)	Т				<u> </u>	Print E
05/04/2018			John	of Building Owne O'Boyle	r/Operato	or (2)			AY	1 0	2018	1 1
Agencies Notified  Type Notification    X   EPA			City, S	Address state, Zip Code				AS DI	Lioi Lioi	(00) (132)	G G	A. B
X DOL Amendmer  Emergency justification  Cancellatio	(includir	ng .	Name	n, NJ 07083 of Contact O'Boyle				Telephone N	lumber	•		
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	CILITY INFORMA	TION	Tyn	e of Facility (	4)		-11-2		
House						П	School (K-1	Part C				
Street Address  City (5)						×	Subchapter Other (i.e. p etc.)	8 (Other than K- rivate & commer	-12) rcial bu	iildings	s, hon	nes,
Union						Squ N/A	are Feet	# of Floors N/A		Bldg. N/A	Age	
County (6) Union				Code (7) USE ONLY)		Curi		or if being demoli	- 1	INIA		
Name of Monitoring Firm Hired by Building N/A Street Address	Owner (8	3)	ASC	M No.	Name D&S	of Ab	atement Con tement, In-	tractor (9) C.				
Street Address					Street 11 R	No. of Contract of	ess ngren Aver	1110				
City, State, Zip Code					City, S	State, 2	Zip Code NJ 07512					
Project Manager for Monitoring Firm			Telepho		Teleph 973-	none N	No.	License 01311	No.			
Start Date (10) 05/17/2018	Schedu 05/18/		npletion	Date (11)			HA Monitor tement, Inc					
Occupancy Status During Abatement (Chec	k Only O	ne)			Street	Addre	ess					_
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: Occupied	Period of nal Facilit	Abaten y Hours	nent S		City, S	tate, Z	gren Aven Zip Code	ue				
Scope of Work (Check All That Apply)					lotov	wa, N	NJ 07512					
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>		Renova Demolit			×	Mi Gl	ni-Enclosure ovebag Proce	nt with Negative edure (*) and Non-Fria				
**************************************		Locati Normal					- Exempted	( ) and Non-i na	JIE FIG	Abate	emen	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Use Ma	ed Sole aintenar todial S	ly by nce/	Asbestos Con (i.e. therma	systems	ateria insula	I (ACM) ation,	Amount (Specify	Re		pe Enc	En
(13)	Yes	(12) No	N/A		cing, VA1 niscelland			SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		Х		Pipe	Insulat	ion		120 LF	X			
Name of Registered Waste Hauler		Ha	JDEP Wauler ID	No. of Wa	Yards ste		Name of Re	egistered Landfil	1			
City, State Cotowa, NJ				Dispos TBD	sal Date	á.	City, State					
Completed by Dliver Hegedis	Title Proje	ct Ma	nager		ignature	1/-	Morrisvill	Da	ate 5/04/2	2018	_	

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Date of Notification (1) 05/04/2018				of Buildi	ing Owner	Operato	r (2)		And the second s	Mi	<del>Y</del>	1-0	201	3
Agencies Notified  Type Notificati  I PA  DEP  Amended  Amendment			Street City, S	Address	Code				C. Denorphi	ASKA	uc)	3 (4 () (3	ANTA. ING	DL 8
	cy (including	3	Name	Ridge, of Conta d Hemr		28			Telep	hone Num	iher			
Name of Facility Where Abatement is Ta	king Place (	(3)	FAC	CILITY II	NFORMAT	ION	Tim	o of Facility (			2.51(2)			
House Street Address City (5)							×	School (K-12 School (K-12 Subchapter Other (i.e. pr etc.)	2) 8 (Other rivate & c	commercia	) I bui	ldings	s, home	:S,
Glen Ridge	<u> </u>						Squ N/A	iare Feet	# of FI N/A	loors		Bldg. V/A	Age	
County (6) Essex				Code (7			Cur	rent Use (Prio use	r if being	demolishe	ed)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)	)	ASC	M No.		Name D&S	of Ab	patement Cont atement, Inc	ractor (9)	)	<u> </u>			
Street Address						Street	Addr	ess						
City, State, Zip Code								ngren Aven	ue					
Project Manager for Monitoring Firm						Totov	va, I	NJ 07512						
			Telepho	one No.		Teleph 973-3				icense No. 1311				
Start Date (10) 05/16/2018	Schedule 05/18/2			Date (1	1)			SHA Monitor tement, Inc						
Occupancy Status During Abatement (Che	eck Only Or	ne)				Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of No.	Period of A	Abater	nent					gren Avenu	ie e					
Other - Describe: Occupied		- Tiour						Zip Code NJ 07512						
cope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		Renova Demoli				×	Mi Gl	ill Containmen ni-Enclosure ovebag Proce on-Exempted (	dure				·e	
Location of	N	Locat lormal d Sole	ly		Des	cription (	of						ement /pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai Cust	ntena odial S (12)	nce/ Staff?	Asbe (i.e	stos Conta e. thermal : surfac	aining Ma	ateria insul , or	ation,	Amou (Spec SF or I		Removal	Repair	Encapsulate	Enclosure
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Basement		X			-	VAT	011		750 S	2	X			$\dashv$
											V250			$\dashv$
ame of Registered Waste Hauler &S Abatement, Inc		Н	JDEP Wauler ID		Cubic Y of Wast			Name of Re Fairless L		Landfill				

City, State

Totowa, NJ

Completed by

Oliver Hegedis

Date

05/04/2018

Morrisville, PA

City, State

Disposal Date

Signature

TBD

Title

Project Manager

9853300074	NO	(Pŧ	wsuant i	of New J OF ASBEST	0 and 12:	120)	6	-			G	E 1	<u>II                                   </u>	7 PF	at E
Date of Notification (1) 05/04/2018			Name of Sheila	Building Own Eby	ner/Opera	ator (	2)				11711	, ,	,	, , ,	
Agencies Notified Type Notification	l		Street Ad	ddress						ASD)	ES, C	30	OHT OHT	ROL	84
X EPA X Initial Amended Amendmen	† #			te, Zip Code Ridge, NJ 0	7028				e append	A The state of the	general net in in	SALE SE		iyeye (see	
□ Emergency     □ Justification     □ DCA     □ Cancellation	(including		Name of Sheila	Contact	77020				Tel	ephone	Numb	er			
				LITY INFORM	MATION		_					_		2-430	
Name of Facility Where Abatement is Takin House	ng Place (3)					١,	Тур	e of Facility (4 School (K-1)							
Street Address						T	×	Subchapter Other (i.e. p	8 (Oth			build	dings,	home	es,
City (5) Glen Ridge							Squa N/A	are Feet	# of N/A	f Floors	•		ldg. A	ge	
County (6) Essex			County C	Code (7) ISE ONLY)			Curr	ent Use (Priduse	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.	100000			atement Con tement, In		(9)					
Street Address					( C. 20 )		Addre	ess ngren Aver	uue.						
City, State, Zip Code			R_4-1/85		City	y, Sta	ate, 2	Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telephor	ne No.	Tel	epho	one N			Licen:	se No.			1800-	
Start Date (10) 05/15/2018	Scheduled 05/16/20		npletion [	Date (11)				SHA Monitor tement, In	C.						
Occupancy Status During Abatement (Che	ck Only One	:)			Stre	eet A	Addre	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Occupied	Period of Almal Facility I	atem Hours	nent		City	y, Sta	ate, 2	igren Aver	iue						
Scope of Work (Check All That Apply)				7.01.11.11.11.11	10	NOJC	/a, ı	NJ 07512							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	-	nova moliti				××	M G	ull Containme ini-Enclosure lovebag Proc	edure	3					
	le I	ocati	on				N	on-Exempted	(*) an	d Non-F	Friable	Pro		e ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	ormall Sole itenar	ly ly by nce/	5	Descript Containin ermal syste surfacing, her misce	ig Ma ems VAT	ateria insu , or	lation,	(5	mount Specify or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
© 35	Yes	No	N/A									<u>a</u>		late	ire
Basement		Χ		F	Pipe Insi	ulat	ion		2	5 LF		Х			
											+				
Name of Registered Waste Hauler			JDEP W		ubic Yard	ls		Name of I	Registe	ered La	ndfill				
D&S Abatement, Inc			auler ID 0996	Т	f Waste BD			Fairless	Land						
City, State Totowa, NJ					isposal Di BD	ate	į́н.	City, State Morrisvi		Α					
Completed by Oliver Hegedis	Title Projec	t Ma	anager		Signat	ture	W/	1		*******	Date 05/		2018		

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Date of Notification (1) 05/04/2018				f Building		Operato	r (2)	The state of the s	ini pa	MAY	10	201	8	1 27
Agencies Notified Type Notification  X EPA Initial			Street A							ASBESTO LIC	S OC Erssi	NTR NG	OL 8	<u>i</u> c
X EPA		_	Fair La	ate, Zip C awn, Nu	07410	)							To Charles and Second	
DOH justification)  DCA Cancellation	8 979			f Contact rd Genti						lephone Nu 11-615-48				
Name of Facility Where Abatement is Takir	g Place (3	3)	FACI	LITY INF	ORMAT	ION	Type	of Facility	(4)					
House Street Address							×	School (K-1 Subchapter	12) r 8 (Oth	er than K-1: & commerci		dings	, hom	ies,
City (5) Ridgewood							Squa N/A	re Feet	# o	f Floors A		Bldg. /	\ge	
County (6) Bergen			County (	Code (7) USE ONLY	)		Curre		or if be	ing demolish	ned)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	1 No.		Name D&S	of Aba	tement Cor ement, Ir	ntractor	(9)				
Street Address							Addre	ss gren Ave	nue					
City, State, Zip Code						City, S	State, Z	ip Code IJ 07512						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	none N 345-8	0.		License N	0.			
Start Date (10) 05/15/2018	Schedule 05/16/2		mpletion [	Date (11)		Name	of OSI	HA Monitor ement, In	IC.					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire I						Street	Addres							
Abatement Performed Outside of Norn  Other – Describe: Occupied	nal Facility	Hour	s			City, S	state, Z	ip Code IJ 07512						
Scope of Work (Check All That Apply)						1010	wa, iv	07512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				×	Mir Glo	ni-Enclosure vebag Prod	e cedure	Negative F			e	
	Is	Locat	tion						1,7			Abate	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use Mai	ntena	ely by nce/		Des tos Cont thermal		Material			mount Specify	71		pe En	Ш
In Facility (13)	Cust	odial (12)	Staff?	(110.	surfac	cing, VA	T, or	ition,	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
V	Yes	No	N/A		0010111	insociiai	icous)				val	=	ulate	ure
Basement		Χ			Pipe	Insula	tion		1	6 LF	Х			
	-													
Name of Registered Waste Hauler			JDEP W	aste	Cubic	Yards	-1.00.00	Name of I	Panieta	red Landfill				
D&S Abatement, Inc		H	lauler ID I 0996		of Was			Fairless	accuming the					
City, State Totowa, NJ					Dispos	sal Date	1	City, State Morrisv		Δ				
Completed by Oliver Hegedis	Title Projec	ct Ma	anager			ignature	11	/ /		Da		2018		

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ch 1721	NO	OTIFIC (Pu	CATION	of New OF ASBE to N.AC 8	Jersey STOS ABA 60 and 12:	20	AP)T			<u>U</u>	<u>L</u>	1)	<u>V</u>	
Date of Notification (1) 05/04/2018		11 22		Building O	wner/Opera lo	ator	(2)			MAY	1 (	) 2	018	1
Agencies Notified Type Notification		5	Street A	ddress					ASI	1831 118	28 O XX	ONT	ROL	. &
X EPA   Initial   Amended   Amendment #	ŧ			te, Zip Cod					The same and the same of the s	1200 30			WARREL	F-30,800,5
Emergency (ii  DOH  DCA  Emergency (ii  justification)  Cancellation		1	Name of	Contact					Telephone	Numb	er-			
				LITY INFO					<u> </u>					
Name of Facility Where Abatement is Taking House	Place (3)							of Facility (4) School (K-12)						
Street Address							×	Subchapter 8 Other (i.e. pri	(Other than		buildi	ngs,	nome	s,
City (5) Fort Lee								etc.) are Feet	# of Floors N/A		Bld N/	lg. Aç	ge	
County (6) Bergen				Code (7) USE ONLY)			Curre	ent Use (Prior	I if being dem	olished	i)			
Name of Monitoring Firm Hired by Building ON/A	wner (8)		ASCN	No.				atement Contr tement, Inc						
Street Address					1 770		Addre	ess gren Avent	ie					
City, State, Zip Code					1			Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.	1 0.2933		one N 345-8	lo. 3685	Licen: 0131	se No. 1				
	Schedule 05/15/2		pletion l	Date (11)				HA Monitor tement, Inc						
Occupancy Status During Abatement (Check	Only One	<del>)</del>					Addre		10				×	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Al al Facility	oatem Hours	ent		Cit	y, S	tate, 2	gren Avenu Zip Code NJ 07512	ie					
Scope of Work (Check All That Apply)						010	wa, i	10 07012					-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	10000	enovat emoliti				×	M Gl	ull Containmer ini-Enclosure lovebag Proce	dure					
	le l	ocatio	n			X	i No	on-Exempted	(*) and Non-l	Friable		bate	ment	
Location of	N	ormali Solel	у		Descrip					-	_	Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mair	ntenar odial S (12)	ice/		os Containir thermal syst surfacing, other misce	tems , VA	s insu T, or	lation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
(-4)	Yes	No	N/A			100 TEL					<u>a</u>		ate	re
Stairs to the basement			Х		VA	T			40 SF		Х			
Stairs to the attic			Х		VA	T			40 SF		Х			
Name of Registered Waste Hauler D&S Abatement, Inc	-ll-	Н	JDEP W auler ID )996	1002000	Cubic Yard of Waste TBD	ds		Name of R Fairless	egistered La Landfill	ndfill				
City, State Totowa, NJ			,,,,,		Disposal D	Date	/.	City, State Morrisvil						
Completed by Oliver Hegedis	Title Projec	ct Ma	nager		Signa	ature	1	/_		Date - 05/0	04/2	018		

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Date of Notification (1) 04/27/2018				f Building Owner Kaplan	/Operato	r (2)	CHLICES	LL III	IA! I	UC	U 10	
Agencies Notified Type Notification  X EPA Initial			Street A	Address				ASSE	STOS GOD	COM	ROL	&
X DEP Amended X DOL Amendment				ate, Zip Code lair, NJ 07043	3			The second secon	72.17.71			
■ Emergency justification) ■ DCA □ Cancellation				f Contact Kaplan				Telenhana	Number			
Name of Facility Where Abatement is Takin	a Dlaga /	2/	FAC	LITY INFORMA	TION	-	7=					
House	g Place (	5)				Тур	e of Facility (4)					
Street Address						×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	) (Other than k vate & comme	K-12) ercial bu	Idings	, home	es,
City (5) Montclair						Squ N/A	are Feet	# of Floors N/A	100	Bldg. A	Age	
County (6) Essex				Code (7) USE ONLY)		Curr	rent Use (Prior use	if being demo	olished)			
Name of Monitoring Firm Hired by Building ON/A	Owner (8)		ASCN	ΛNo.			atement Contr tement, Inc					
Street Address					Street 11 R		ess ngren Avenu	ıe				
City, State, Zip Code							Zip Code NJ 07512					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 973-		No. 8685	License 01311				
Start Date (10) 05/14/2018	Schedule 05/15/2		npletion	Date (11)			SHA Monitor tement, Inc					
Occupancy Status During Abatement (Chec		X02476			Street		57.70					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied	Period of Anal Facility	Abaten Hours	nent S		City, S	State, 2	igren Avenu Zip Code NJ 07512					
Scope of Work (Check All That Apply)					1010	wa, i	45 07512				1111	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	M Gl	ull Containmen ini-Enclosure lovebag Proce on-Exempted (	dure			-	
Location of	1	Locati	ly	D	escription		on-Exempled (	) and Non-Fi	lable Fi	Abate	ement /pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intenar odial S (12)	nce/	Asbestos Cor (i.e. therma surfa	ntaining N	Materia s insul T, or	lation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		201				<u> </u>		ate	ē
Basement		X		Pipe	e Insula	ition		65 LF	X			
						-1000-00-00-0			1			
Name of Registered Waste Hauler			וחבריי	leete   O : :	V <sub>2</sub> · ·				100			
D&S Abatement, Inc.		Н	JDEP W auler ID 0996		Yards iste		Fairless I	egistered Land Landfill	dfill			
City, State Totowa, NJ				Dispo TBD	sal Date	1	City, State Morrisville	e, PA				
Completed by Oliver Hegedis	Title Proje	ct Ma	nager	- 1	Signature	11	/	4.000	Date 04/27/	2018		

Check # 4303

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Date of Notification (1)		Name	of Building Owne	I E	3 6		1 1	1\//			
05/07/2018		Christ	opher Marino	0					. !!	M	
Agencies Notified Type Notifi	cation		Address				he d				
EPA Initial											004
DEP Amen		City, St	tate, Zip Code					MA	1	0	2016
	dment #	_ Sumn	nit, NJ 07901								
	gency (including cation)	Name	of Contact				Telephone Nu	mber			
DCA Cance	ellation	Christ	opher Marino	)							YFRK G
		FAC	ILITY INFORMA	TION			en innerentationer	ecasore		- +12.4. C = 4.1	
Name of Facility Where Abatement is	Taking Place (3)				Type o	f Facility (4)					
Residence					☐ Se	chool (K-12)					
Street Address							(Other than K-1				
						ther (i.e. priv c.)	rate & commerc	ial bui	ldings	, hom	es,
City (5)					Square		# of Floors	T	Bldg. /	Age	
Summit, NJ 07901											
County (6)		County	Code (7)		Curren	t Use (Prior	if being demolis	hed)			
Union County		(STATE	USE ONLY)				•				
Name of Monitoring Firm Hired by Bu	ilding Owner (8)	ASC	M No.	Name	of Abate	ment Contra	actor (9)	_			
	3 (3)	, ,50	100 1 A A A			ation LLC					
Street Address					Address		,				A
City, State, Zip Code					ooksid						
Ony, State, Zip Gode			240		State, Zip						
Draiget Manager for Manifester		1 = .			dolph, NJ 07869						
Project Manager for Monitoring Firm		Telepho	one No.		none No.		License N	10.			
0					33-25		01358				
Start Date (10)		Completion	Date (11)		of OSHA	Monitor					
5/18/2018	05/23/20			IRIS							
Occupancy Status During Abatement	(Check Only One	)		Street	Address	1					
Facility Closed/Vacated During B	Entire Period of Ab	atement		2333	Rt 22 \	West					
Abatement Performed Outside o	f Normal Facility F	lours		City, S	tate, Zip	Code		. 70-00			
Other – Describe:				Union	, NJ C	7083					
Scope of Work (Check All That Apply	)						- Marin	900 -			
≥3 sf or ≥3 lf	■ Re	novation		I	Full (	Containment	with Negative I	Draeei	ire		
≥160 sf or ≥260 lf		molition				Enclosure	. with regative i	16991	ii e		
				_		ebag Proced					
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In Facility		dial Staff?		ar systems facing, VA		011,	(Specify SF or LF)	Rem	Repair	cap	nck
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ntio .	×		Vermiculate	)				-			
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Name of Registered Waste Hauler		NJDEP V	Vesta I O I	is Varda		Name (5					
		Hauler ID		ic Yards aste		Name of Re	gistered Landfill				
lick Restoration LLC		003378			(	3.R.O.W.	S				
City, State		1	N. 12	osal Date	-	City, State		-	_		
Randolph, NJ			тво			- 4	Pa				
Completed by	Title		TBD Tullytown, Pa						-		
likica Mrda	Preside	ent		11	lui	$a \parallel l$	1 1	/07/2	2012		
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Project#

State of New Jersey

OTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 4268

												-				******
Date of Notification (1)			f Building (		m	E	(C)	E		W						
04/29/2018					lle Scho	ol Dis	trict				111/fr					
Agencies Notified	Type Notification			Street A												
EPA	Initial			36 Rive								A	AY	1	Λ	201
DEP DEP	Amended			City, Sta	te, Zip Co	de				1	Si lost	14	IMI		U	LUI
DOL	Amendment Emergency				lle, 0740	)5										
■ DOH	justification)				f Contact					Tel	ephone i	Numbe	er	SS (	O(h	TR
DCA	Cancellation	i .	5	Steve						973	3-331 7	7100	1.1	021	SIN	G
N	AL -1 1 - T-10-	- Di (0)	,	FACI	LITY INFO	DRMAT	ION	T	- of Facility	(4)		1777444	19-1/12/2017	10.0000	Constitution of the last	A CHARLE
Name of Facility Where	Abatement is Takin	g Place (3	)					Тур	e of Facility	(4)						
School									School (K- Subchapte		or than K	(12)				
Street Address								H	Other (i.e.				uildi	ngs,	home	s,
100 Horseneck Ro	1			Sommer Co					etc.)	1 11			Lau			
City (5) Montville N	J							Squ	are Feet	# 0	f Floors		Bio	lg. Aq	je	
County (6)					Code (7)	60		Cur	rent Use (Pr	ior if bei	ing demo	olished	)			
Morris				(STATE)	USE ONLY)		_		500-201 <u>-20-5</u> 1							
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCN	ΛNo.		Name	of At	atement Co	ntractor	(9)					
Aero Environment	al						Nick I	Res	toration L	LC						
Street Address							Street	Addr	ess							
275 Rt 10 East							72 Br	ook	side Rd							
City, State, Zip Code							City, S	tate,	Zip Code							
Succassuna, NJ 0					E		Rand	olph	n, NJ 078	69						
Project Manager for Mo	nitoring Firm			Telepho	ne No.	V 1000	Teleph	none	No.		License	e No.				
Michael Berta			1		20-9061		97393	33-2	550		01358	3				
Start Date (10)		Schedule	ed Con	npletion	Date (11)		Name	of O	SHA Monitor							
05/18/2018		05/21/2					IRIS									
Occupancy Status Duri	ng Abatement (Che	ck Only On	e)				Street									
Facility Closed/Va	cated During Entire	Period of A	Abaten	nent					22 West							
Abatement Perform Other – Describe:	ned Outside of Norr 4 pm	nal Facility	Hours	5			1		Zip Code							
						7/2	Union	1 , N	J 07083							
Scope of Work (Check	All That Apply)	-					Free	9								
≥3 sf or ≥3 lf		-	enova						ull Containm Ini-Enclosu		n Negativ	e Pres	ssure	2		
≥160 sf or ≥260 lf			emolit	иоп				11	Slovebag Pro							
								] N	lon-Exempte	d (*) an	d Non-Fr	riable l	Proce	edure		
		Is	Locati	ion									P		ment	
Location	on of		Vormal			De	escription	of				-	- 1	Ту		_
Asbestos-Containin			d Sole intena						ial (ACM)	100	mount		, l		四	т
TO BE AI		Cust	odial S		(i.e.	surfa	I system: icing, VA	T, or			Specify F or LF)		Removal	Repair	capsulate	Enclosure
(13	)		(12)			other	miscellar	neous	s)				oval	air	sula	sure
		Yes	No	N/A									-		te	w
Hvac Fan Room			×		pipe ir	sulati	on-wra	ap &	cut	8 LF						
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Name of Registered Wa				IJDEP W lauler ID		of Wa	: Yards aste				erea Lan	uilli				
Nick Restoration L	LC			03378		TBD			G.R.O.	W.S						
City, State	NT I					Dispo	sal Date	ii —	City, Sta	te						
Randolph	ı, NJ					TBD	ę.		Tullyto	wn, Pa	а					
Completed by		Title					Signature	9	, II A		ť	Date				
Nikica Mrda		Presid	dent				1 1	1 1	. 11 11	1.		04/2	9/20	118		

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617	Cell	47

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

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1.11	MAI		J	CUIO	_ 1401

Date of Notification (1) 5/7/18			of Building				MAI		1 (	110				
Agencies Notified Type Notificatio	n	1		Address artlett A	ve				7 (20.00	As	 		WHE SHIG	
DEP Amended Amendmen				ate, Zip C Creek, I		92		20-95111-2011-2	9-22-30	232 23220,2	A de la companya de l	2000	1-12-14-14-14-15-1-1-1-1-1-1-1-1-1-1-1-1-1-1	or to the later
■ Emergency justification DCA Cancellation	1)			f Contact Lynn C	arr				Teleph 609-2		umber 700			
Name of Facility Where Abatement is Tak	ing Place (2)		FAC	ILITY INF	ORMAT	ION	T	- 101 731						
Street Address	ing Flace (3)						Sch Sub	acility (4) ool (K-12) chapter 8 er (i.e. priv	(Other ti			ldings	, hom	es,
City (5) Manahawkin							Square F 862	eet	# of Flo	oors		Bldg.	Age	
County (6) Ocean				Code (7) USE ONLY	)	_	Current U home	Jse (Prior	if being (	demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	Л No.			of Abatem LEAD P							
Street Address							Address HITE DO	VE COL	JRT					
City, State, Zip Code		2		-d 1 1 1 1 1 1 1 1		N	tate, Zip C EWOOD		01				2112	
Project Manager for Monitoring Firm		Ī	Telepho	ne No.		121000000000000000000000000000000000000	one No. 368-9078	3		cense 200	No.			
Start Date (10) 5/17/18	Scheduled 5/21/18	Com	pletion	Date (11)		The second second	of OSHA N		SIONA	LS				
Occupancy Status During Abatement (Che	ck Only One)					Street	Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Aba mal Facility H	atem ours	ent			City, S	HTE DO'	ode						
Scope of Work (Check All That Apply)						LAKE	EWOOD	, NJ U87	01					
23 sf or ≥3 lf ≥160 sf or ≥260 lf	0.000	novat				Mini-Er Gloveb	iclosure ag Proced	nt with Negative Pressure edure (*) and Non-Friable Procedure						
	Is Lo	catio	on					lomptou (	y dila itt	311-1-110	IDIC I IC	2200	emen	t
Location of	Nor Used S	mally			De	scription	of				-	T	/pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custod (	enan ial S 12)	taff?		thermal surfa	Containing Material (ACM) mail systems insulation, urfacing, VAT, or er miscellaneous)			Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
EXTERIOR	Yes I	No	N/A			Siding			2500	or_			10	
EXTERIOR						Sidirig			2500		X			
Name of Registered Waste Hauler		l N.	JDEP W	/aste	Cubic	Yards	T Na	me of Re	nistered	Landfi	ill			
NEWARK CARTING		Ha	auler ID 509		of Wa			SI	giotoroa					
City, State NEWARK, NJ					Dispos 5/21/	sai Date 18	10000000	y, State ETHLEH	EM P	Α	10.30			
Completed by JOSEPH PERLSTEIN	Signature Date													

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Building Owner (C)			Materia	. K	ECAN			
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				Such Citt (SC)				
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of Mormal Facility Hou	78		City, Day	t, Zip Code Nack, NJ (	07606		-	
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Parameter Derrock	mithers More		Hacker Hacker	Pull Combine Medical England Gloveling Pro Man Supple	and with Hopothe	nis Prepos		
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#### Check # 25588

Date of Notification (1)	Т	Name o	of Building Own	er/Operator	r (2)			E C	E				
5/9/2							Reilly		The state of the s				
Agencies Notified	Type Notification			Street A	Address				Target of the second	MAY	1 (	20	18
EPA DEP X DOL	Initial Amended Amendment		_	City, St	ate, Zip Code	Jack	son, N	J 08527			9 L <del>9</del> 402	s / see	* *,****, *, *, *,
DOH DCA	i Emergency justification) Cancellation			Name o	of Contact Ray Reilly				Telephone	Number			hivh.
Name of Facility Where	Abatement is Takin	a Place /2	2)	FAC	ILITY INFORM	ATION	-			*			
rianic of Facility Where	Residential	y riace (3	)					of Facility (4)					
Street Address								School (K-12) Subchapter 8 Other (i.e. priv	(Other than		iildings	, hom	es,
City (5)	ckson, NJ 0852	7					Squar	etc.) re Feet 2200	# of Floors		Bldg.		
County (6)	an				Code (7) USE ONLY)		Curre	nt Use (Prior	if being dem	olished)			
Name of Monitoring Firm		Owner (8)		ASC	M No.	Name Stev	of Abat ens E	tement Contra	actor (9) tal Service	es, Inc.			
Street Address PO E	341					877 (107)	Addres						
City, State, Zip Code Chest	terfield, NJ 0851	15				100		p Code NJ 08501					
Project Manager for Mon Bill Weisgar				Telepho 609 2	ne No. 98-4070		none No 259-96		Licens 0049				
Start Date (10) 5/18/2018		Schedule		npletion /25/20	Date (11) 18	Name MEC		IA Monitor					
Occupancy Status During	g Abatement (Chec	k Only On	ie)			Street	Addres	s					
X Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of A al Facility	Abaten	nent		City, S		p Code					
Scope of Work (Check A	II That Apply)					Cites	sterner	ld, NJ 0851	15				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1000		enova emolit			×	Min Glo	Containment i-Enclosure vebag Proced i-Exempted (*	lure				
Location	of		Locati			D			y and tront	TIGORE TI	Abat	ement pe	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Mai Cust	d Sole ntenar odial S (12)	nce/ Staff?	Asbestos Co (i.e. therm	Description ontaining Nal systems facing, VA er miscellan	laterial s insulat T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Kitche	n	Yes	No X	N/A	Sh	neet Floor	ring		160 sf	Х		w	
Name of Decistered W	to Maule -		1	IDE:									
Name of Registered Was Stevens Environmen			16 23323	JDEP W auler ID 18292	No. of V	oic Yards Vaste 2		Name of Reg	50 1000-000	dfill			
City, State Allentown, NJ						posal Date 5/25/201	8 1	City, State Morrisville	, PA				
Completed by Mahlon E. Stevens		Title Projec	ct Ma	nager		Signature		//		Date 5/9/	18		

Ch 2005	1	NOTIFI (Pu	CATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE	MENT		The last of the last of	7 7 1	G G	57	Ì	
Date of Notification (1) 05 08 2014				Bullding				LLC			ΑY	1 1	20	18
Agencies Notified Type Notification		-	Street A		AIC		N	1000	- !	19	A1	1 0	20	10
				(MAP	HET	CAT	$\mathbf{c}$	A	£					
EPA Initial Amended		h	City, Sta	ite, Zip Co	de	Olo	ta	.17	1	1900	1	CO TY	2	
DOL Amendment		;	8/ 11 1	5530	720	14.	7	0854	0	the property of the state of	1.7			
DOH Emergency (	including			Contact		110	_)	U Sul L	Tel	ephone Num	ber			en)
DCA Cancellation			ADAI	M PA	4TE				6	ephone Num	52	-7	501	
Name of Facility When All I I I I I				LITY INFO		ON								
Name of Facility Where Abatement is Taking	g Place (3	3)		*:			Туре	of Facility (4	1)			j		
BUILDING #								School (K-1						
	S = 11							Subchapter Other (i.e. p				dinas.	home	es.
75 MAPLETON :	COAD							etc.)						
PLAINSBORD							Squa	are Feet	# 0	f Floors	В	lldg. A	ige .	
County (6)				Code (7)	ĩ.	1)	Curr	ent Use (Pric	or if be	ng demolish	ed)			
MERCER		1		JSE ONLY)										
Name of Monitoring Firm Hired by Building (			ASCN	1 No.				atement Con		(9)				
Street Address	TAL							npany, Inc						
		1				Street	1-15/4							
344 W. STATE STRE	561							et Ave						
	-10							Zip Code J 07011						
TRENTON NOT 086 Project Manager for Monitoring Firm	218		Telephor	ne No		Teleph	or went of			Lianana Ne				
WILLIAM WEISGEABE		- 1		-656-	0001	973-				License No 00704	).			
Start Date (10)	Schedule	ed Com	pletion	Date (11)	DIVI			HA Monitor						-
05/17/2018	05	100	120	16		VMC								
Occupancy Status During Abatement (Chec	k Only Or	ne)	100	6 02		Street	Addre	SS				-		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	Abatem Hours	ent			City, S	State, Z	Zip Code				-		
Other - Describe:			_		_									
Scope of Work (Check All That Apply)											11770			
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Remoliti			70		Mi	ill Containme ni-Enclosure ovebag Proc on-Exempted	edure				0	
* IM	In	Location	on				6 140	Excripted	/ / arr	G NOTE: Habi	-10		ement	
Location of	1	Normall	У		Do	scription	of						pe .	
Asbestos-Containing Material (ACM)	Use	d Solel	ly by		tos Cont	aining N	/ateria	I (ACM)	Д	mount			m	
TO BE ABATED In Facility		todial S		(i.e.	thermal	system: cing, VA		ation,		Specify	Rer	Re	Encapsulate	Enclosure
(13)		(12)				niscellar			51	or LF)	Remova	Repair	psu	losu
	Yes	No	N/A								<u>a</u>		late	ге
201112 1 00021	+								1 6	~ 6		-	-	
MAIN LOBBY	+		×	_PAN	ELIN	7 <u>C</u> 1	30.4	SIVE	1,6	2058	X			
Name of Registered Waste Hauler		l NI	IDED IA	/aata	Cubi	Vasda		I Name of S		11				
Freehold Cartage, Inc		1102370-7	JDEP W auler ID		of Wa	Yards ste		A CONTRACTOR OF THE CONTRACTOR		ered Landfill				
		15	5939					GROW	5					
City, State Freehold, NJ					Dispos	sal Date		City, State Morrisvi		Δ				
Completed by	Title				1	lanet	girmen.	IVIOITISVI	11e, P					
Vovtek Roszkowski	Presi	dont			3	Signature	-	> ,	1	Da	e l	5		

Ch10114

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

		(3)	F3	17	11/1/	1 1
15	T	11 12	11	11	WI	F3
1	123	11 -	1,000	11	186	11
- T	1 1	107	E tomp	2.5	1	hammer

Date of Notification (1)					Name	- f D . :! -!:-	- 0		0)				17.1	#
	4 /	18			Name of Building Owner/Operator (2)  Mark Irwin Associates, Inc. / Job #1805-5310 Check #10114									
Agencies Notified	Type Notific	ation			Stree	t Address					omeron.		1	-
⊠ EPA	☑ Initial				PO	Box 575			-	ASSECTOR LIDER	CONTR	iol i	ři.	CHORDE CO.
□ DOLWD	☐ Amended				City,	State, Zip C	Code		lanarena	LICE	The state of the s	21-20-22	- PROFESSION	
☑ DHSS	Amendm					uthampto								
DCA (NJAC 5:23-8)			cluding	9		of Contac		71 10000		Telephone Nu	mhor			
(110/10/0.25-0)	☐ Cancellai	100000			2000	n Richar	-			relephone iva	IIDEI			
					1			DMATION						
Name of Facility Where A	hatament is 7	Takina	Dlace	(2)	FA	CILITYIN	FUF	RMATION	T	(4)				
Residential Propert		aking	riace	(3)					Type of Facility ☐ School (K-12	•				
Street Address	· y		77.						Subchapter 8		2)			
									Other (i.e., pr		ercial bu	ilding	IS,	
City (5)									homes, etc.) Square Feet	# of Floors	DI	dg. A	70	-
Margate, NJ 98042									Oquare r eet	# 01 F10015	Di	uy. A	ge.	
County (6)					Cour	nty Code (7	)(STA	TE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Atlantic									Residential		230000000-00300			
Name of Monitoring Firm	Hired by Build	ding O	wner (	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
NA							A	bateTech, I	nc.					
Street Address							Stre	eet Address						
							3	0 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Code								
							L	umberton, N	J 08048					
Project Manager for Moni	toring Firm			Tel	ephone	No.	Tele	ephone No.		License No.				
							6	09-265-2107		00529				
Start Date (10)	5	Sched	uled C	ompl	etion Da	te (11)	Nar	me of OSHA N	lonitor	4				
5 /12 /	18	5	5 /	1	2_/	18_	Е	MSL Analyt	ical					
Occupancy Status During	Abatement (	Check	only	one)			Stre	eet Address						-
☐ Facility Closed/Vacate							2	00 Route 13	0 North					
Abatement Performed	Outside of No	ormal	Facility	y Hou	rs - Des	cribe	City	, State, Zip Co	ode					
Time of Abatement: _	AM	PN	M/	_PM		AM	С	innaminson	, NJ 08077					
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 lf			⊠ Re	nova	ion			☐ Mini-Enc	ainment with Neg losure	jative Pressure				
≥160 sf or ≥260 lf			☐ De					☐ Glovebag	g Procedure					
								Non-Exe	mpted (*) and No	n-Friable Proced	ure			
Location	of			Loca Norma				D			Ab	atem	ent Ty	уре
Asbestos-Containing N	그래 하는 경에서 작품하는데?	1)	Use	d Sol	ely by	Asbes	stos (	Description of Containing Ma		Amount	Re	Repair	E	E
TO BE ABA	TED				ance/ Staff?		, the	rmal systems	insulation,	(Specify	Removal	pair	caps	Enclosure
IN Facilit (13)	У		Cusi	(12				urfacing, VAT, ner miscellane		SF or LF)	'al		Encapsulate	ure
(10)			Yes	No	N/A		Oti	iei miscellarie	ous)				te	
Exterior						Transite	Sh	ingles		1,000 SF				
												П	П	П
Name of Registered Wast	e Hauler			1	NJDEP 1	Waste	Cub	oic Yards of	Name of Regis	tered Landfill			_	-
AbateTech, Inc.					Hauler II	O No.	Was	ste	ACUA	**************************************				
City, State					.070			posal Date	City, State					
Lumberton, NJ							5/	/12/18	Egg Harbo	r Twosnhip, N	IJ			
Completed By (Print or Ty	rpe)	Title		Signature						^				
Gwendolyn Trumbe				tions Coordinator					41	18	-			
				W#95					VINU		VI	T	10	

ND CK	1	TON	IFIC (P	ATI	Statejor M	igw —	veiss,	∵,vi€NT ∛)	E.	6:	1	W.	FP 7
Date of Notification (1)				Nam	e of Buildin	ng O	wner/Operator	(2)		/AY	1 0	2018	3
	18			PS	SE&G / Jo	ob #	1803-5291	Check #	1 (2 )		1 0	2010	
Agencies Notified Type Notifi  ☐ EPA ☐ Initial					et Address	y Ro	oad		Aciki	i ity		41784 41784	7. 3.
☑ DOLWD ☑ Amende					State, Zip (				breather mountains:		n 11, sa	1.5.T. 1 . 1.100	to a Minter Copiel Con-
☐ DCA ☐ Emerge	nent #1		1	So	uth Plain	field	d, NJ						
(NJAC 5:23-8) justifica		uunig	,	Nám	e of Contac	et			Telephone N	Number	8		
☐ Cancella	ation		_	Ed	Kuhn				609-847-	9040			
				FA	CILITY IN	IFO	RMATION						
Name of Facility Where Abatement is		Place	(3)					Type of Facility	(4)	13. In Carlo			
PSE&G- Bellmawr Gas Facility	У							School (K-1		( 10)			
Street Address								Other (i.e.,	8 (Other than K private and com	(-12) mercia	buile	dings,	
80 Heller Road								homes, etc.	.)				
City (5) Bellmawr, NJ								Square Feet	# of Floors		Bldg	. Age	
County (6)				Cou	nty Code (7	)(STA	ATE USE ONLY)	Current Use (P	rior if being den	nolished	1)		
Camden								Gas Facilit					
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8	8)	ASCM	No.	Na	me of Abateme	ent Contractor (9	)				
Bureau Veritas						1	AbateTech, I	nc.					
Street Address						Str	eet Address						
109 North Center Drive						3	80 Maple Ave	e. PO Box 25					
City, State, Zip Code							y, State, Zip Co						
North Brunswick, NJ 08092							.umberton, N	IJ 08048					
Project Manager for Monitoring Firm  J-B Chadwick				phone		-	ephone No.		License No				
	Schedule	d Co			-2813		09-265-2107 pré of OSHA M		00529				
_4_/_16_/_18_/	5	_ /	31	/ _		/	MSL Analyti			· ·			
Occupancy Status During Abatement (		17.0	And the Party Street, Square,			Stre	eet Address	CONTRACTOR OF THE CONTRACTOR O					
☐ Facility Closed/Vacated During-Entil ☐ Abatement Performed Outside of No						2	00 Route 13	0 North					
Time of Abatement:AM	PM/	CIIILY	PM-	s - Des	AM		, State, Zip Co						
Scope of Work (Check all that apply)						C	innaminson	, NJ 08077					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			ovatio nolitio				☐ Mini-Encl	Procedure					
							Non-Exer	npted (*) and No	n-Friable Proce				
Location of			ocati ormal				Description of			1	_	ment	-
Asbestos-Containing Material (ACM	)		Sole				Containing Mat	terial (ACM)	Amount	Ken	Veball	Encapsulate	Enclosure
TO BE ABATED IN Facility			iteriai dial S		(i.e.,		rmal systems i urfacing, VAT,		(Specify SF or LF)	Kemova	1	apsı	losu
(13)			(12)				ner miscellaned		SI ULLI)	=		ulate	Гe
Exterior		es	No	N/A		_		***	40015	-	*		
					Window	Cai	ulk		168 LF	D	-	1   L	ЩЩ
Exterior		]			Door Ca	ulk			32 LF	D			
		]									] [		
		] [									] [		
Name of Registered Waste Hauler Waste Management			Ha	IDEP Vauler ID	No.	Cub Was		Name of Regis					
City, State				10130			osal Date	City, State					
Camden, NJ						5/	31/18	Morrisville	, PA				
Completed By (Print or Type)	Title						Signature	) L		Date	1.	1	=
Gwendolyn Trumbetti	Oper	atio	ns C	oordi	nator			hml		Date	14	118	