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

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Date of Notification (1)				Name	of Building	Owner/0	Operator	(2)	W kess	W A		0 6	VIII	Contr
5/5/2017	N. 66 - 6 - 6			Engle	wood H	ospita	l and l	Medical Cer	iter L	ments or Passage	and the contract of the contra	AND DESCRIPTION OF	POR COLORS	
Agencies Notified T	ype Notification		1						A					_ &
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Name of Facility Where Aba								Type of Facility	<i>(</i> 4)					
Englewood Hospital a	and Medical	Cente	r					☐ School (K		11 12	0)			
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County (6)			Т	County	Code (7)			10,000 Current Use (P	rior if being	2 1 demoli		+50		
Rergen					USE ONLY)					-	rieu)			
Name of Monitoring Firm Hir	ed by Building C	wner (8)		ASC	M No.		Name	of Abatement Co	wer Plai ontractor (9	<u> </u>				
Hillman Environmen	tal Group, L	LC					10000000000000000000000000000000000000		20-000 VIII	:.x:		buildings, homes, Bldg. Age +50 d) ssure Friable Procedure Abatement Type Repair Removal X		
Hospital Power Plane Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor Degmor Inc. Street Address New York, NY 10013 Telephone No. New York, NY 10013 Telephone No. Start Date (10) Scheduled Completion, Date (11) O5/16/2017 O5/22 17 O5/19/2017 O5/25 1 7 O5/19/2017 O5/19/2017														
1600 Route 22E							511 C	anal Street -	3rd Flo	or				
City, State, Zip Code					City, State, Zip Code									
							New '	York, NY 10						
Project Manager for Monitoring Firm					one No.					_icense	lo.			
Start Date (10)	nnletion	Date (11)					1150							
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Abatement Performed C	Outside of Norma	I Facility	Hours	3			City, St	ate, Zip Code	CCL					
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Scope of Work (Check All Th	at Apply)							Mini Enclous	ure					
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Location of Asbestos-Containing Material (ACM)	regial (ACM)		lormal d Sole		Ashaati		cription			Amazzunt		Γ,	Г	
TO BE ABATED		Maintenance/ Custodial Staff?						aterial (ACM) insulation,	10,000,000	Amount (Specify		_	Enc	ᄪ
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(10)		V		1	1	oulei III	iscellari	eous)			Val	#:	ulate	ure
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Newark Carting, Inc. City, State			N	J-913		2 Disposa	al Data		Central	Land	ill			
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. Robert Dombrowski		VP of	Busi	ness S	Sales	17	Val	port Ven	NOSK	1	5/20	17		
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 2017 16 05 15 17 1 Verizon Agencies Notified Type Notification Street Address ASBE! TOS CONTROL & **⊠** EPA 18 Patterson Street **ICENSING ⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # New Brunswick, NJ ☐ DCA Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number Cancellation Alex Baylor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon School (K-12) Subchapter 8 (Other than K-2) Street Address Other (i.e., private and comn ercial buildings, 18 Patterson Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age New Brunswick 15000 6 75 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demi lished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. 57445 JVN Restoration Inc. Street Address Street Address 1253 North Church Street 47 Foster Road City, State, Zip Code City, State, Zip Code Moorestown, NJ Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Harold Balwin 856-840-8800 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __05__ / __25__ / __17 12 / 31 / 17 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____ AM-PM/5:00PM-1:30AM LIC, NY 11101 Scope of Work (Check all that apply) ≥3 sf or ≥3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Proce ure Is Location Abatement Type Normally Location of Description of Used Solely by Enclosure Asbestos-Containing Material (ACM) Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement, Power Room \boxtimes Floor Tile and Mastic 800 SF X П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste **Newark Carting IESI** NJ-566 15 City, State Disposal Date City, State Newark, NJ 06/26/17 Bethlehem, PA Completed By (Print or Type) Signature Ralph Barnhardt 05-15-2011 Project Manager ASB-41

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

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State of New Jersey

May. 8. 2017 3:36PM	FAMM								No.	1300)	P. 7	rint F	orm	
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Date of Notification (1)				Name of Building Owner/Operator (2) Vision General Construction, Inc.								MAY	1 6	201	
Agencles Notified Type Notification	วก		Street Address 10 Post Lane							- Constant	- CE	ECT	08.0	ONTE	
DEP Amended Amended	nt# 4	2	City, S	-	<i>(</i> ************************************			CENS							
DOH DCA Emergent justification	n)	ng	Riverdale, NJ 07457 Name of Contact John Struble						Talanhana	l fe canh a		·	- 13 - 24	-	
E Caracilate	011			CILITY INF		ION								4	
Name of Facility Where Abatement is Tak	ing Place	(3)	TA	OILII) IN	URINAI	IUN	Type	of Facility	(4)		_			+	
Private							-	School (K							
Street Address								Subchapti Other (f.e.	er 8 (Other than K private & comme	(•12) erclal be	ulldir	gs, ho	mes,		
City (5) Totowa								elc.) e Feel	# of Floors	,]	Bld	. Aga			
County (6) Passaic				Code (7)	0		Current Use (Prior If being demolished)								
Name of Monitoring Firm Hired by Building	8)	L	M No.			ome of Abalement Contractor (9)									
Street Address				11*		Street	C Services Corp.								
City, State, Zlp Code							RI 23	S, #11	1		_				
Project Manager for Monitoring Firm			Teleph	one No		Wayı	ne, NJ	07470							
				Telephone No. Telephone No. 973-750-0752					License 0125						
Slart Date (10) 13/2017	5/13/20	017	mpletion	Dale (11)				A Monilor Service	vices of America						
Occupancy Status During Abatement (Che			Street Address P O Box 367												
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Abater ly Hour	menl 'S		City, State, Zip Code Belmar, NJ 07719							\dashv				
Scope of Work (Check All That Apply)						Denti	ai, 145	01113			_		\dashv		
≥3 sf or ≥3 If ≥160 sf or ≥280 If	Renova Demoli	ion Mini-Enclosi					Enclosure ebag Prod								
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Asbestos-Containing Material (ACM) IO BE ABATED In Facility (13)		ed Solely by sintenance/ (lodiel Staff? (12) Asbestos Con (i.e. thermal other r				scription of (alning Material (ACM) systems insulation, cing, VAT, or niscellaneous)			Amount (Specify SF or LF)	Removal	Kepair	Encapsulate	Enclosure		
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Boiler /Mechanical Room	1		X			nsulation			100lf	X	+	-	H		
First & Second Floor			X			elbow	10000		50 If			-	H		
Boiler Room			X	ACN	1 del	oris	~~		2,000 sF	X					
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