2 1 1	5	State of No	ew Jers	ey - Not	tification of Asbesto	s Abate	ment	G	EI	7\//	r	
Ch 301	):	*	(Pursua	nt to <u>N.J.</u>	A.C. 8:60-7 and 12:120-7	7)		<u> </u>	<u> </u>	/ <u>A</u> /	5	
Date of Notification (1) May 15, 2017					Name of Building Own	er/Operato	r (2)	MAY	18	2017	-	<b>W</b>
Agencies Notified		Notification	Type		The Valley Hosp Street Address	ital						
⊠ EPA			otification	1	223 North Van Di	en Aven	ASI	BESTO	SCO	NTRO	3 16	
□ DCA		X Amend			City, State, Zip Code	CII AVEI	ue		ENSIN			5
× DOL		Emerger	ncy (inclu	dina	Ridgewood, NJ	07450-	2736					-
☑ DEP x DOH		justific	T	5	Name of Contact	07450		h ne Nu	mher		1 1199	
X DON					William Stasiak			ii jiie ivu	ITIDEI			
Name of Facility Where Abatem	ent is Takin	g Place (3)		FACILIT	Y INFORMATION  Type of Facility (4)							
The Valley HospitalCheel	Wing- Orth	nopedic Repla	acement		School (K-12)							
Street Address 223 North Van Dien Avenue					Subchapter 8 (other th	nan K-12)						
City (5)	County (6	1)	County Co	odo (7)	Other (i.e. private		cial buildings	tomes	etc )			
Ridgewood	Bergen	4	(State Use		Sq. Feet: Unknow	n # of l	Floors: 4 E	Bl la. Aa	e: 50	)+ vea	ars	
N					Current Use (prior if be	ing demoli	shed): Hos	p al	<u>.</u> .	, , ,		
Name of Monitoring Firm Hired b	y Bldg. Ow	ner (8)	ASCM No	<u>.</u>	Name of Contractor (9)			_				
Colden Corporation					GREENWOOD ABA	ATEMEN	T CONSU	LIANT	S, INC	:.		
Street Address					Street Address							
28 Washington Street					511 MAIN STREET							
City, State, Zip Code Ballston Spa, NY 1202	0				City State, ZipCode							
Project Manager for Monitoring F	U	Talaabaa N			Butler, NJ 07405							
Jim Miades	·IIII	347.435.3	umber 2564		Telephone Number			e <u>Numbe</u>	<u>r</u>			
Scheduled Start Date (10)	_	Scheduled C		Noto (11)	973-492-0477		0084	0				
September 19, 2016		August 3		ale (11)	Name of OSHA Monitor EMSL inc.							
Occupancy Status During Abat	tement (Ch	eck only one)	0, 2011		Street Address							
Facility Closed/Vacated	During Enti	ire Period of A	batement									
Abatement Performed O	utside of N	Iormal Facility	Hours -		1056 Stelton Road							
Describe Other - Descri	be: Phase	1- September	19- 30 <sup>th</sup> - D	ay Shift	City, State, Zip Code							
Phase	2- Novem	nber 7- 13 <sup>th</sup> -Da ry 3,2017- Jan	ay Shift	117	Piscataway, NJ 08	854						
Phase	4- Februa	ary 20, 2017- N	March 3, 20	)17								
Phase	5- April 10	0 2017 - April	22 2017									
Cheel 4"Fl Rooms# 4127&412	28 & Cheel	Bsmt.January	16 2017-1	an 23, 2017								
Cheel Bsmt-Rm#B-23, Clinical Bergen Lower Level Hot Lab N	Support R	m & Storage	& Hallway	T								
Kitchen- May 19, 2017 to May 2	23 2017	sergen wecna	inical Rm -	lank								
Source of Work (Check all that ar	oply)					-						
					x	Full Conta	inment with	N agative	Pressi	IFA		
$\geq$ 3 sf or $\geq$ 3 lf				Renovation			Enclosure	ii zgativo	1 10330	110		
□≥ 160 sf or ≥ 260				Demolition			Procedure					
Landing of A. L. L. G							pted (*) and	Non-Fria	ble Pro	cedur	е	
Location of Asbestos-Containing (ACM) in Facility (13)	Material	Is Location No by Maint./Cus	ormally Use	ed Solely	Description of Asbestos	An	nount (Specifi	y 3F or		ement '		
, , , , , , , , , , , , , , , , , , , ,			IO NA	: (12)	Containing Material (ACM) (i thermal systems insulation.	i.e. LF	)		Remo	ve Rep	oair Er	ncap
					surfacing, VAT, or other misc	ell.)			Enclos			
Patient Rooms			T	X	VAT & Mastic		100 of		1			
Patient Rooms -4127 & 4128				X	VAT & Mastic		000 sf		X	_		
Cheel Bsmt- Rm# B3, & Stora	ge				VAT & MASLIC	50	0 sf		X			
Rm&Hallway	1		_	X	VAT & Mastic	1.5	500 sf		X			
BergenLower Level Hot Lab Bergen Bsmt Mech Room			X		TSI-Fittings	3 6			X			
Bergen Bsmt Mech Room				X	TSI-Fittings	1000	ea		X			
Ortho Nurses Station	1		X		Tank VAT&Mastic	0,000	0 sf		X		- 1	
Kitchen				X	TSI		0 sf LF 100SF		X			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste See Below	Hauler ID #	#	Cubic Yards of Waste:	Incompany and	Name o	f Registe		dfill		
Hauler #1) Greenwood Aba	atement C		, Inc. – Bi	utler. N.I n	7405	120 Disposal		ov fill La	ndfill ty. State			
NJ DEP # 12561					<del></del>	The second secon	t 30,2017		ute 2, B			
Hauler #2) Newark Carting,	Inc Ne	wark, NJ 045	509, NJ DE	EP # 19551			Ā	Bri	idgeport 2-2784	, WVA	30	4-
Completed by (Print or Type) Marin Graure	<u>Ti</u>	tle			Signature		Date		104			
GAC # 2016-581-Please N		r. PROJECT N			Maria Graure	10 20-	May 1	5, 2017				
	ott. Aint	endment # 0	-Auditio	mai ACM	Quantities: Starts: May	19, 2017	to May23	, :017-	Kitche	n		

Ch91108	X '	ron				BE	Jersey ESTOS ABA 8:60 and 5:1		DE	( 0			E
Date of Notification (1)5 //	17						wner/Operator #1705-5159 (			7 Y	1 8	201	7
	ed ment #		_	City,	et Address 00 Stierli ( State, Zip t. Arlingto	Cod	e		ASBE	I JOS			OL &
□ DCA □ Emerge justifica □ Cancell	ition)	ludin	g	Nam	e of Contac	ct	10 07050		Telephone N	u nber			
				FA	ACILITY IN	NFO	RMATION						
Name of Facility Where Abatement is NJ DOT Route 78 & Route 22 Street Address 334 Frelinghuysen Avenue	Taking I	Place	(3)					Type of Facility ☐ School (K-1: ☐ Subchapter ☑ Other (i.e., phomes, etc.)	2) 8 (Other than K private and com		buile	dings,	
City (5) Newark, NJ 07114								Square Feet	# of Floors		Bldg	. Age	
County (6)				Cou	inty Code (7	)(ST	ATE USE ONLY)	Current Use (Pr	ior if being dem	o ishe	i)		
Name of Monitoring Firm Hired by Bui	lding Ow	ner (	(8)	ASCM	l No.		ame of Abateme	ent Contractor (9)		_			
Street Address						10000	reet Address	222					
City, State, Zip Code						1	30 Maple Ave						
oxy, state, zip sode						1 100	Ly, State, Zip Co Lumberton, N						
Project Manager for Monitoring Firm			Tel	ephone	No.		lephone No.		License No.				
				•			609-265-2107		00529				
Start Date (10)5 /24 /17	Schedule 5				ate (11) 17	10000	me of OSHA M EMSL Analyti						
Occupancy Status During Abatement (	Check o	nly o	ne)			Str	eet Address						
Facility Closed/Vacated During Enti	re Period	d of A	Abate	ment		2	200 Route 130	) North					
Abatement Performed Outside of N Time of Abatement:AM	ormal Fa PM/_	cility	Hou PM	rs - Des 	AM	200	y, State, Zip Co Sinnaminson,						
Scope of Work (Check all that apply)							П			ole wa			
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			novati				☐ Mini-Enclo			dı re			
Constitution			Locat orma							1	bate	ment	Туре
Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> IN Facility (13)	,	Used Mair	i Sole ntena	ely by nce/ Staff?	Asbes (i.e.	, the s	Description of Containing Mate armal systems in surfacing, VAT, her miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Kemoval	Kepair	Encapsulate	Enclosure
Exterior		-	NO	N/A	Contami	inat	ed Debris		320,000 SF	- E	1 [		
		1	П		The continue of the continue o				aroa	1	+	1 0	
		-				DATE DEL				- +-	1 -		
		-	П			_					1		H
Name of Registered Waste Hauler		_	_	JDEP V	Vaste	Cub	ic Yards of	Name of Regist	ered Landfill		1   _	1	14
AbateTech, Inc.			11,775	auler ID	No.	Was	ste	G.R.O.W.S.					
City, State				18750		Disp	oosal Date	City, State					
Lumberton, NJ						5/	31/17	Tullytown,	PA				
Completed By (Print or Type)  Gwendolyn Trumbetti	Title Oper	ratio	ns (	oordi	nator		Signature	mit		) te	15		7

Check # 9480

Date of Notification (1) /	-	1	Vame o	f Building Owner	/Operato	r (2)	11	116	-0	1	3-	W	F
5/16/17			G	OLDBERG	REA	LTY ASS	OCM	加车			<u> </u>	U	
Agencies Notified Type Notification		5	Street A	ddress	300 17 201			111					-
			3	3 CLINT	02 1	ROAR			MA	Y 1	8	201	7
X DEP Amended	-		City, Sta	ite, Zip Code	_		-				-		
X DOL Amendment Emergency		– L	W	f Contact	owsi	c, $DT$	0/7	000	1-03	-00		6 1777	-
DOH justification)	molading		Vame o	f Contact			Te	lephon	Num	ber-	, IGII	WHY.	7.0
DCA Cancellation			6-12	THE UTWO	CH								-
Name of Facility Where Abatement is Takin	Place (3)		FACI	LITY INFORMAT	ION	Type of Facility	. (4)						
MANLEY COURT APT	ره) محمد ال					C-0-77							
Street Address		-				School (K		er than	K-121				
548 SPRINCFIELD	AUE.	v.		(19)		X Other (i.e.	. private	& com	iercia	buil	dings	, hom	es,
City (5)						etc.) Square Feet	1#0	f Floor		T-	ldg. A	100	
SUMMIT						14,000		2		1	nug. r	ige 2	
County (6)				Code (7)		Current Use (P		ing den	olishe	(b)			
CENION		(5	STATE	JSE ONLY)		ART	ک ک		Oliotic	,,,			
Name of Monitoring Firm Hired by Building (	Owner (8)	1	ASCN	l No.	Name	of Abatement C	-	(9)					
	******					ac Contractin							
Street Address						Address				-			
						Vreeland Ave							
City, State, Zip Code						tate, Zip Code							
Project Manager for Marity 1					1	and Park, N.J							
Project Manager for Monitoring Firm		Te	elephor	ne No.		ione No.		Licen		S.			
Start Date (10);	Cabadulad		1 11 7 1			262-5841		001	56				
5-125/17	Scheduled	Comp	etion L	Date (11)	A CONTRACTOR OF THE PARTY OF TH	of OSHA Monito	-		1		Views (NA)		
Occupancy Status During Abatement (Check	Only One)	0. 4500000	///	, ·		ga Environme	ental S	ervice	3 Inc				
						Address Huyler Street							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Ab al Facility H	ateme	nt										
Other – Describe:		10010				tate, Zip Code ensack, N.J.	07606						
Scope of Work (Check All That Apply)			-		11401	ioridadit, 14.0.	07000						
≥3 sf or ≥3 lf	X Rer	novatio	nn		F	]			000 <u>00</u> 60				1
≥160 sf or ≥260 lf	Personal Property Control of the	molition			×	Full Contains Mini-Enclosu	nent witr re	Negat	ve Pre	essui	e		
					X	Glovebag Pro	ocedure						1
	1-1-				<u>E_</u>	Non-Exempte	ed (*) an	d Non-I	riable	3885	or minoration		
Location of		ocation rmally	'	5							Ту	ement pe	
Asbestos-Containing Material (ACM)		Solely		Asbestos Con	scription		Δ	mount	t				
TO BE ABATED In Facility	Custod	enance	T. San	(i.e. thermal	systems	insulation,	1 22	Specify	1	R	71	Enc	四
(13)		12)	.		cing, VA		SF	or LF)		Remova	Repair	apsı	Enclosure
P28 *	Yes	No	N/A	outer 1	moodian	cousy				val	=	Encapsulate	ure
200 00000000000000000000000000000000000	165	140		0.05								ťν	
SEE ATTACHED			X	PIPE			5.	741	2	X			
									1				
***************************************		-	-						+	-			
Name of Registered Waste Hauler		I N.ID	DEP Wa	ste Cubic	Yards	Nama	Docist-	rod! -	JE!!				
Newark Carting, Inc.		Hau	iler ID N	lo. of Was	ste	Name of	653				JE.1.		
		045	09		45	Grand		ii San	ary I	_an	ūī!ll		
City, State Newark, N.J. 07105					al Date	City, Sta						X	
Completed by	Tie-				25/17	1	gyl, PA	0807	2				
R. McDonald	Title Preside	ent		S	ignature	MSD A	1		Date	1.	6/1	7	
	i residi	CHIL			101	11 Joseph			3	11	6/1	1	1



On March 21 2017 Neil Wendt of LEW Corporation performed a survey for asbestos containing CONTROL & materials at 548 Springfield Ave Summit NJ. The buildings are an apartment complex. E ased on the laboratory analysis, building components considered to be asbestos containing mate ials (ACM) are listed in Table 1 below. The locations listed included all those locations where the material is found along with the total approximate quantity for all those areas.

		Table 1	: Asbestos Co 548 Springfi	ntaining l	Materials		
HA#	Sample #	Material	Location(s)	Friable	Asbestos Content	Conditi on	Approximate Quantities
1	548-01		basements,				Quantities
1	548-02	6" pipe TSI	boiler rooms	Yes	30%	Damag :d	700 LF
1	548-03		crawl space		Chrysotile	Damag ,a	700 LI
2	548-04	C" nine isiat	basements,				
2	548-05	6" pipe joint	boiler rooms	Yes	70%	Damaged	80 LF
2	548-06	compound	crawl space	100	Chrysotile	Damageu	OU LF
3	548-07						
3	548-08	2" pipe TSI	basements	Yes	30%	Damage d	2600 LF
3	548-09			100	Chrysotile	Dallageu	2000 LF
4	548-10	0"					
4	548-11	2" pipe joint	basements	Yes	70%	Domograd	2001
4	548-12	compound	2 documento	103	Chrysotile	Damage d	280 LF
5	548-13	411			-		
5	548-14	1" copper pipe	basements	Yes	40%	Damaged	1000   5
5	548-15	TSI	200.110110	103	Chrysotile	Damage d	1920 LF
6	548-16	4"					
6	548-17	1" copper pipe	basements	Yes	70%	Domosed	10015
6	548-18	joint compound	Sacomonia	100	Chrysotile	Damage 1	160 LF

		(Pursuan	t to NJAC 8:60 ar	nd 12:120	)		2	6		1 /
Date of Notification (1)		Name	of Building Owner	and a		TIEST				
	tion	Street	Address	Pic	18	A CONTRACTOR OF THE PROPERTY O	- 14	ΑY	18	-20
DOL Amendr Emerge justification	ment # ncy (including tion)	-	Tate. Zip Code Pausabes of Contact STEVE	PILIP	ek, N.3	765	\$ <b>3</b> E9	STO: LICI	S CC ENS	ONT ING
Name of Facility Where Abatement is T	aking Place (3)	FAC	LITY INFORMAT	ION	Tune of Facility (					
					Other (i.e. p etc.)	2) 8 (Other than K- rivate & commen	cì il bui			ies,
	216.			-	Square Feet	# of Floors		Biog. i		
County (6)			Code (7) USE ONLY)		Current Use (Pric	or if being demolis	st ed)	43		
	ing Owner (8)	ASCI	M No.		f Abatement Con C Contracting	tractor (9)			***	BO BO BOLLE THE STREET, VIII
Street Address				Street A 185 V	oddress reeland Ave		MANU STRUCTURE	principal submission	ericamonina	
City, State, Zip Code				(4) 100 (20) (20) (10)	ate, Zip Code and Park, NJ (	7432				
Project Manager for Monitoring Firm		Telepho	one No.	Telepho 201-2	ne No. 62-5841	License I 00156	N I.			
Start Date (10) 5/25/17	Scheduled 5	Completion	Date (11)	1	f OSHA Monitor a Environmen	tal Services I	– — n :			
➤ Facility Closed/Vacated During Ent	ire Period of Aba	itement ours		City, Sta	ddress uyler Street ite, Zip Code insack, NJ 076	606			Personal de la companya de la compa	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		ovation polition		B	Full Containme Mini-Enclosure Glovebag Proce	nt with Negative			re	
Location of	Norr	cation mally	De.	scription o	-		arrenno trato a		ement ype	
TO BE ABATED In Facility (13)	Mainte Custodi (1	nance/ al Staff? 2)			nsulation, or	Amount (Specify SF or LF)	Removal	Repair	S COI ENSIA s. homes Age	Enclosure
Q	Yes N	lo N/A				2957			е	
Dasenge			THEN	ual Sy	STEW (BONCE)	75sf			The state of the s	
					****					
ame of Registered Waste Hauler		NJDEP W			portuguita de contrata de cont	egistered Landfill				
ewark Carting, Inc.	To a second seco	004509		2-		entral Sanitar	y Lan	dfill		
ewark, NJ 07105				al Date 25 /17	City, State Pen Argy	I, PA 08072				C. C
ompleted by oseph Vocauro	Title Vice Pre	sident		gnature A	1/27	Da	5/4	. 1		
	Cies Notified  Type Notification  EPA DEP DOL DOH DCA  D		and the second second	19	1/ other	اللا	13/1	6/1"	1	

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

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1 Name of Building Owner/Operator (2) 5/16 GRACE HAMMONA Agencies Notified Type Notification Street Address EPA Initial DEP City, State, Zip Code A SBESTOS CONTROL & Amended 7 DOL Amendment # Oakland LICENSING 07436 Emergency (including DOH Name of Contact justification) Telephone Nu nber DCA Cancellation BOB COOTER **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE School (K-12) Street Address Subchapter 8 (Other than K-1; ) Other (i.e. private & commerci il buildings, homes, etc.) City (5) Square Feet # of Floors Bidg. Age OakLAND 1950 +50 County (6) County Code (7 Current Use (Prior if being demolished) (STATE USE ONLY) RESIDENMAL. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A.MAC Contracting Inc. Street Address Street Address 185 Vreeland Ave City, State, Zip Code City, State, Zip Code Midlaand Park, NJ 07432 Project Manager for Monitoring Firm Telephone No. Telephone No. License Nr. 201-262-5841 00156 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/30/17 Omega Environmental Services Inc Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 280 Huyler Street Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hackensack, NJ 07606 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pr Issure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount Encapsulate (i.e. thermal systems insulation, Custodial Staff? (Specify Removal in Facility Repair surfacing, VAT, or (12)SF or LF) (13)other miscellaneous) Yes No NIA BASEMANT 340se Basement IN SULATION 40CP Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Newark Carting, Inc. Hauler ID No. of Waste Grand Central Sanitary | andfill 004509 City, State Disposal Date City, State Newark, NJ 07105 130/17 Pen Argyl, PA 08072 Completed by Signature Date Joseph Vocauro Vice President 16

CK # 81.36		N		CATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 and	ABATE		ΙΤ	The state of the s		C	E		Pri	nt Fo
Date of Notification (1)	6.5			Name of	f Building Owner/C	Operator	r (2)				İΑΥ	1	8 2	2017	
	Notification nitial		1	Street A 4000 h	ddress HADLEY ROAI	D			Bandada Jipong Pla-	ASBI			CON		)L &
DEP X DOL	mended mendment #/		_ [		ite, Zip Code H PLAINFIELD	), NJ (	0706	88	- town						7.15
DOH ju	mergency (includes ustification) cancellation	iding		Ke	Contact	CE)	17	AS	Te	lephone	lumb	er			
Name of Facility Where Abatem SEYC	Λ,						Ту	School (K- Subchapte Other (i.e.	12) r 8 (Oth			builo	lings,	home	es,
City (5) WEST	ORI	EAR	13/2 UG	+10 1 EE	- AVE.		100	etc.) uare Feet 7200	# 0	f Floors		BI	ldg. A	ge 96	V.P.s
County (6)				County (	Code (7) USE ONLY)		Cu	rrent Use (Pr		ing demo			+:0	W	
Name of Monitoring Firm Hired to ENVIRONMENTAL TACT		er (8)		ASCN 0045				batement Co SYSTEM	ntractor	(9)			, 0		
Street Address 64 BROAD STREET						Street 396		ress ITEHEAD	AVE.						
City, State, Zip Code MATAWAN, NJ 07747								Zip Code RIVER, N	J 0888	32					
Project Manager for Monitoring F TOM GEIGER	Firm			Telepho 732-29	ne No. 90-2217	Telepi 732-		No. -8350		Licens 0111					
Start Date (10) 5 / 22 / 17	Sche	eduled	- 4	pletion	Date (11)			SHA Monitor SYSTEM		AMER	CA				
Occupancy Status During Abate  Facility Closed/Vacated Du			2)			Street 396		ress ITEHEAD	AVE.				- mwaka		
Abatement Performed Outs Other – Describe:	ide of Normal Fa	acility I	Hours		only			Zip Code RIVER, N	J 0888	32					
Scope of Work (Check All That A	Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti			2		Full Containm Mini-Enclosur Blovebag Pro Mon-Exempte	e cedure					9	
			_ocati									53	Abate Ty		1
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	II (ACIVI)	Used Mair Custo	ormall Solel ntenar odial S (12)	y by nce/	Asbestos Cont (i.e. thermal surface		Mater s ins NT, or	ulation,	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Y	'es	No	N/A										te	10

	Yes	No	N/A						fe	
BASEMENT		×		ACM	ELBow	15	15° L:	×		
2 ND Floor		X		WiRE	E Soc	K	235 L=	×		
Name of Registered Waste Hauler VASTE MANAGEMENT		Ha	JDEP Was auler ID N 125		ic Yards /aste × 10		Registered Lan fill			
City, State					osal Date	City, Sta	te			

Title

OFFICE MGR

TBD Signature

CAROL RAIMO ASB-41 (R-06-08)

Completed by

City, State ELIZABETH, NJ

Date

City, State MORRISVILLE, PA

<sup>\*</sup> Do not use this form for asbestos licen: ure exempted activities.

CK#81	29	N		CATION	of New OF ASBI to NJAC	ESTOS	ABATE		Ē	The state of the s	D.E.	C		$\mathbb{V}$	E
Date of Notification (1)	17			Name of PSEG	Building	Owner/C	perator	(2)		The same of the sa		AY 1	1 8	201	7
Agencies Notified	Type Notification		1	Street Ad	ddress HADLEY	' ROAI				distribution of the control of the c	ASBE	STOS			OL (
DEP X DOL	Amended Amendment # Emergency (ii		_	SOUTI	te, Zip Co H PLAIN Contact		), NJ 0	706	8	Tol	enhone Nu	-	11000		ro dr
DOH DCA	justification) Cancellation			KE	LITY INFO		PET	17	95						
Name of Facility Where	Abatement is Taking	Place (3)		PAGII	LITTINE	JRIVIATI	ON	Тур	e of Facility (4	100					
Street Address 34/ N	POUNT P	IE A	15/	+wt	- A	VΕ.			School (K-1: Subchapter Other (i.e. p etc.)	8 (Oth			lings,	home	s,
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Name of Monitoring Firm ENVIRONMENTAL		wner (8)		ASCM 0045					systems Con			4			
Street Address 64 BROAD STREE	T						Street 396		ess TEHEAD A	VE.					
City, State, Zip Code MATAWAN, NJ 07	747								Zip Code RIVER, NJ	0888	32				
Project Manager for Mo TOM GEIGER	nitoring Firm			Telephor 732-29	ne No. 90-2217		Teleph 732-		No. 8350		License I 01111	lo.			
Start Date (10)	17	Schedule	-	pletion (	Date (11)				SHA Monitor SYSTEMS	S OF	AMERIC	٩			
Occupancy Status Durin	ng Abatement (Check cated During Entire P	1.5	e)				Street 396		ess TEHEAD A	VE.					
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Completed by

CAROL RAIMO

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			Antho	ony Del Guero	io								
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Rick Eustaquio	ty (6)  ty (6)  or Monitoring Firm Hired by Building Owner (8)  erra Solution  Address  O W Chestnut St  State, Zip Code on NJ 07083  et Manager for Monitoring Firm Eustaquio  Date (10)  Scheduled Completion 05-27-2017  Pancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours						6298		01266				
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Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCM	l No.				atement Contratement, Inc.		(9)					
Street Address			-			Street 11 R		ess ngren Avenu	ıe						
City, State, Zip Code								Zip Code NJ 07512		-					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-3				License 01311	No.				
Start Date (10) 05/24/2017	Schedule 05/26/2		npletion [	Date (11)				SHA Monitor tement, Inc.							
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Name of Facility Where Abatement is Tak	ing Place (	3)	FAC	ILITY INFOR	RMATIC	NC	Type	of Facility	(4)						
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Street Address 500 POREMU	J 13	VE					X	Subchapte Other (i.e.   etc.)	18 (Othe	er than I	-12) rcial	build	lings,	home	es,
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Name of Monitoring Firm Hired by Building	Owner (8)		ASC	il No.				tement Co		(9)					
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Project Manager for Monitoring Firm			Telepho	ne No.			none N 262-5			Licens 001					
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City, State Newark, N.J. 07105			-		Disposa	al Date		City, Stat		. 0807	2				
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| Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Contract Gode Midland Park, N.J.   Name of Monitoring Firm Hired by Building Owner (8)   AscM No.   Name of Contract Gity, State, Zip Code Midland Park, N.J.   Scheduled Completion Date (11)    11        |
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| Name of Contact   Telephone I um**   Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)   Subchapler 8 (Other than 1-12)   Other (i.e. private & comme rotal buildings, homes of Sacility (6)   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of  | i         |
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| Name of Contact   Telephone I um**   Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)   Subchapler 8 (Other than 1-12)   Other (i.e. private & comme rotal buildings, homes of Sacility (6)   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   County (6)   Square Feet   # of Floors   Square Feet   # of  |           |
| Name of Facility Where Abatement is Taking Place (3)    School (K-12)   School (K-12)   |           |
| Street Address  3 So ORE MUS AVE  Street Address  City (5)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  185 Vreeland Ave.  City, State, Zip Code  Midland Park, N.J.  Project Manager for Monitoring Firm  Telephone No.  Street Address  185 Vreeland Ave.  City, State, Zip Code  Midland Park, N.J.  Project Manager for Monitoring Firm  Telephone No.  201-262-5841  O01! 6  Start Date (19)  Scheduled Completion Date (11)  Abatement Performed Outside of Normal Facility Hours  Other — Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 If  Project Contaction Demolition  Project Manager Forcedure  Full Containment with Negati to Pressure Mini-Enclosure  Glovebag Procedure   |           |
| Street Address  3 500 DORE MUS AVE    Subchapter 8 (Other (fi.e. private & comme rotal buildings, homes etc.)   Other (fi.e. private & comme rotal buildings, homes etc.)   Square Feet # of Floors   Bidg. Age   |           |
| County (6)  County (7)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Start Date (10)  Start Date (10)  County Character Owner (10)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Street Address  185 Vreeland Ave.  City, State, Zip Code  Midland Park, N.J.  Telephone No.  Coupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 lf  216 of or ≥250 lf  Renovation  Demolition  Scope of Work (Check All That Apply)  Full Containment with Negati 'e Pressure Mini-Enclosure Glovebag Procedure  | ∌s,       |
| County Code (7)   Current Use (Pior if being demt ished)   WACKHOUSE   O FACE   |           |
| Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9) A. Mac Contracting Inc.  Street Address  Street Address  185 Vreeland Ave.  City, State, Zip Code  Midland Park, N.J.  Project Manager for Monitoring Firm  Telephone No.  201-262-5841  O01! 6  Start Date (10)  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Renovation Demolition  Name of Abatement Contractor (9) A. Mac Contracting Inc.  Name of Abatement Contractor (9) A. Mac Contracting Inc.  Name of Abatement Contractor (9) A. Mac Contracting Inc.  Name of Abatement No.  Street Address  201-262-5841  Name of OSHA Monitor Omega Environmental Services Inc.  Street Address  280 Huyler Street  City, State, Zip Code Hackensack, N.J. 07606  |           |
| 185 Vreeland Ave.  City, State, Zip Code  City, State, Zip Code  Midland Park, N.J.  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  201-262-5841  Start Date (10)  Start Date (10)  Start Date (10)  Facility Closed/Vacated During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Street Address 280 Huyler Street  City, State, Zip Code Hackensack, N.J. 07606  Full Containment with Negati 'e Pressure Mini-Enclosure Glovebag Procedure   |           |
| Midland Park, N.J.  Project Manager for Monitoring Firm  Telephone No.  201-262-5841  Start Date (10)  Start Date (10)  Start Date (10)  Start Date (10)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Start Date (10)  Street Address  280 Huyler Street  City, State, Zip Code  Hackensack, N.J. 07606  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  Pull Containment with Negati re Pressure  Mini-Enclosure  Glovebag Procedure   |           |
| Start Date (10)  Start Date (10)  Start Date (10)  Start Date (10)  Start Date (10)  Start Date (10)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Start Date (10)  Name of OSHA Monitor  Omega Environmental Services Inc.  Street Address  280 Huyler Street  City, State, Zip Code  Hackensack, N.J. 07606  Scope of Work (Check All That Apply)  Saf or ≥3 If  Pull Containment with Negati re Pressure  Mini-Enclosure  Glovebag Procedure  |           |
| Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Demolition  Omega Environmental Services Inc.  Street Address 280 Huyler Street  City, State, Zip Code Hackensack, N.J. 07606   |           |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Period of Abatement City, State, Zip Code Hackensack, N.J. 07606  Full Containment with Negati re Pressure Mini-Enclosure Glovebag Procedure   |           |
| Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Renovation  Demolition  City, State, Zip Code  Hackensack, N.J. 07606  Full Containment with Negati re Pressure  Mini-Enclosure  Glovebag Procedure   |           |
| Other – Describe:   |           |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Renovation  Demolition  Renovation  Demolition  Full Containment with Negati 'e Pressure  Mini-Enclosure  Glovebag Procedure  |           |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Renovation  Demolition  Pull Containment with Negati re Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-F riable Procedure   |           |
| 1 NOIT-LACINDICUL I AND NOITH INDICTIONS OF THE PARTY OF |           |
| Abajement   | nt        |
| Is Location Normally Description of   |           |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (Specify SF or LF)   | Enclosure |
| MAIN BUILDING THROUGHOUT X PIPE 5040LX  | -         |
|   | +         |
|   | +         |
| Buildian 12 X Auct 600 Et X   | +         |
| Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered La idfill  |           |
| Newark Carting, Inc.  Hauler ID No. 0f Waste 40 Grand Central San tary Landfill   |           |
| City, State Newark, N.J. 07105  Disposal Date S/8/17 on Pen Argyl, PA 080 '2  |           |
| Completed by R. McDonald President Signature MS Date 4/25/17  |           |

7		M	OTIE			w Jersey ESTOS AB	ATEM	ENT		TE (	a F	2 [	D 17	. 53	· Irano
NO CH		N				8:60 and 1:		ENI	$  D\rangle$	<u>[</u> [	G E	3	$\mathbb{V}$	118	4
Date of Notification (1)				Name of	Building	Owner/Ope	rator (2	2)	The state of the s						
Ma	y 31, 2016			Bridgew	ater Sit	te			Tribute of the state of the sta	M	AY 1	8	201	7	IL
Agencies Notified	Type Notification			Street A		E.									1
⊠ EPA	Initial			10 Finde	erne Av	enue/			L	07 77	700		1. 1 Per Ar		
DEP	Amended			City, Sta	te, Zip Co	ode			7	SE ES	LICE			UL	X
□ DOL	Amendment Emergency		—  i	Bridgew	ater, N.	J 08807				-	- Oh	4 1 2 1 1	11.1		
□ DOH	justification)			Name of	Contact				Tele	pt one	Numb	er			
DCA	Cancellation		1	Project	Manage	er			-						
				FACI	LITY INF	ORMATION			-						
Name of Facility Where	Abatement is Takir	ig Place (3)	)					Type of Facility	(4)						
Bridgewater Site								School (K-			K 40)				
Street Address								Subchapte Other (i.e.				build	linas.	home	es.
10 Finderne Avenue							Ŀ	etc.)					150		
City (5)								Square Feet	# of	Fl: ors		В	ldg. A	ge	
Bridgewater, NJ 088	307														
County (6)			1	County C	Code (7) ISE ONLY	4		Current Use (Pri	or if beir	ig lem	olishe	d)			
SOMERSET				(SIAIE C	BE ONLI,					us ne	SS				
Name of Monitoring Fire	n Hired by Building	Owner (8)		ASCM	No.	N	lame o	f Abatement Co	ntractor	(9)					
AET				0021		Th	ne MA	ACK Group, L	.LC						
Street Address						S	treet A	ddress							
907 Doolittle Drive						15	500 Ki	ings HWY N,	STE 2	:05					
City, State, Zip Code						С	ity, Sta	ate, Zip Code							
Bridgewater, NJ 088	807					Cł	herry	Hill, NJ 0803	4						
Project Manager for Mor	nitoring Firm			Telephor	ne No.	T	elepho	ne No.		L cen	se No.				
Eric Houseknecht			2	(908) 21	The District Control of the Control	1		59 - 5000		0078	1				
Start Date (10)		Schedule	d Cor	mpletion [	Date (11)	N	lame o	f OSHA Monitor							
6/14/1	6			6/14/17	7	Th	ne MA	ACK Group, L	LC.						
Occupancy Status Durin	g Abatement (Ched	k Only On	e)			S	treet A	ddress							
	ated During Entire							ngs HWY N,	STE 2	08					
Abatement Perform Other - Describe:	ned Outside of Norn	nal Facility	Hour	s		C	ity, Sta	ate, Zip Code							
Other - Describe.						— Ch	nerry	Hill, NJ 0803	4						
Scope of Work (Check A	III That Apply)						_	_							
≥3 sf or ≥3 lf		providency.	enova				X	Full Containm		N∈ gat	ve Pre	essur	е		
≥160 sf or ≥260 lf		L D	emoli	ition			XXX	Mini-Enclosur Glovebag Pro							
							×	Non-Exempted		No -Fri	able P	roceo	dure		
		Is	Locat	tion										ement	į.
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TO BE AB		1 3075000		Staff?	(i.e	thermal sy surfacing				pe :ify or LF)	- 1	Rei	Re	nca	ncl
In Faci	*		(12)			other mis			S.F	OI LF)		Remova	Repair	Encapsulate	Enclosure
				T								<u>a</u>	=	ate	ē
		Yes	No	N/A											
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NI	-1-11-1-					101:3:	and a	* * · · · · · · · · · · · · · · · · · ·	D		wen.				
Name of Registered Wa	ste Hauler	35	5.0	NJ DEP W Hauler ID		Cubic Ya of Waste		Name of	Register	ec Lar	IGTIII				
Freehold Disposal			'	450			1.9	Cumber	land C	οι ntv	Land	dfill			
City, State				,,,,,		Disposal		City, Sta							
Freehold, NJ						100000000000000000000000000000000000000	4/17	Newbur							
Completed by		Title					ature				Date	:			
Mike Cooper		Presid	ent			1/1	21	1	-		05/3	1/16	6		
								100							

				(Pursuant	to NJA	C 8:60 and	1 12:12	0)	T	No.		P-1	n 5	7 5	
Date of Notification (1)				Name o	of Buildin	g Owner/C	Operato	(2)		1	G	E	<u> </u>	/ [	
Dece	mber 15, 2016			12	water S					4					
Agencies Notified	Type Notification	n ,			Address				- 111		MAY	1 8	20	17	-11
⊠ EPA	Initial			10 Find	derne A	venue			14	L	MAI	1 0	20	11	
DEP	Amended			City, St	ate, Zip (	Code				$\vdash$					+
□ DOL	Amendmer			Bridgev	vater. N	NJ 0880	7			ASI	EST	OS C	TNC	ROL	&
DOH	Emergency justification		g		of Contac					Telepi	oneNo	AFINS MINES	ING		
DCA	Cancellation			Project	Manac	ger									
				-		FORMATI	ON								
Name of Facility Where	e Abatement is Taki	ing Place	(3)					Type of Facil	ity (4)						
Bridgewater Site Street Address								School							
Street Address								Subcha Other (i					dings	ham	
10 Finderne Avenue	е							Other (i etc.)	e. privi	ate & Ci	mmerc	iai buii	aings	, пот	es,
City (5)								Square Feet		# of Flo	ors	E	3ldg.	Age	
Bridgewater, NJ 08	807														
County (6)	552001				Code (7)			Current Use	(Prior if	being	Iemolis	hed)		7.55	
SOMERSET				(STATE)	USE ONL	Y)				bus	ness				
Name of Monitoring Fir	m Hired by Building	Owner (8	3)	ASCN	ΛNo.		Name	of Abatement	Contra	ctor (9)					
AET				0021			The N	ACK Group	, LLC						
Street Address								Address							
907 Doolittle Drive							1500	Kings HWY	N, ST	E 209					
City, State, Zip Code	9							State, Zip Code							
Bridgewater, NJ 088							Cherr	Hill, NJ 08	034						
Project Manager for Mo	nitoring Firm			Telepho	ne No.			none No.		Li	:ense N	10.			
Eric Houseknecht				(908) 2			(973)	759 - 5000		00	781				
Start Date (10)		Schedu	led Co	mpletion	Date (11)	)	Name	of OSHA Moni	tor						
6/14/1				6/14/1	7		The N	IACK Group	, LLC						
Occupancy Status Durin	ng Abatement (Che	ck Only O	ne)				Street	Address							
Facility Closed/Vac	cated During Entire	Period of	Abate	ement			1500 I	Kings HWY	N, ST	E 209					
Other - Describe:	ned Outside of Nor	mal Facilit	y Hou	rs			City, S	tate, Zip Code							
							Chern	Hill, NJ 08	034						
Scope of Work (Check /	All That Apply)														
≥3 sf or ≥3 lf			Renov					Full Contai	nment	with Ne	jative F	Pressu	re		
≥160 sf or ≥260 lf			Demol	lition			ŀ	Mini-Enclos Glovebag F		iro					
								Non-Exemp			·Friable	Proce	dure		
		l:	s Loca	ition				•						emen	t
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Asbestos-Containing				lely by ance/	Asbe	stos Conta	aining N	laterial (ACM)		Amou	nt			т	
TO BE AB				Staff?	(i.e		systems ing, VA	insulation,		(Spec		Re	Z	nca	Enclosure
(13)	Contract Con		(12)	)		other m				SF or	.F)	Remova	Repair	Encapsulate	ISOI
												/al	=	late	re
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Buildin				>	E	exterior t				192	-	X			
Bldg 1 - #1116	5 & hallway	. /	X			trans	site wa	alls		775	5/f	X			
Name of Day 1															
Name of Registered Wa	ste Hauler			NJ DEP W Hauler ID		Cubic \ of Wasi		Name	of Reg	istered	.andfill				
reehold Disposal				450		Urvasi	9.7	Cumb	orland	1 Com	the Lo	ndfill			
City, State				450		Disposa		City, S		. 0001	ity La	iiuiiii			
reehold, NJ						520000000000000000000000000000000000000	14/17	100,000		Λ					
Completed by		Title				the state of the s	gnature		ily, P	^	Da	ite			-
like Cooper		Pracio	lant			24	12/	9/	1			A E IA C			
						hor.									

Date of Notification (1)		N	lame of Bu	ıilding Ow	ner/Operator	(2)	11 III IAY	18 2	2017		U
January 13, 2017		Br	idgewate	er Site			IU LI	. 0	_011	- 12	
Agencies Notified Type Notification		S	treet Addr	ess							
EPA Initial		10	) Finderr	ne Aven	ue		ASBE STO			L&	
DEP X Amended		C	ity, State,	Zip Code			L LIGH	ENSIN	(d		-
DOL Amendment #2	uding	- Br	ridgewat	er, NJ 0	8807		T-1	hor			
Emergency (incl	uuiiig	١	Name of C	ontact			Telepho ieNun	ibei			
DCA Cancellation		Pi	roject Ma	anager							
			FACILIT	TY INFOR	MATION	Type of Facility	(4)				
Name of Facility Where Abatement is Taking P	ace (3)					_					
Bridgewater Site						School (K	-12) er 8 (Other than K-12	2)			
Street Address						Other (i.e	. private & cor imerci	al buildi	ngs, h	omes	i,
10 Finderne Avenue						etc.)	# of Flocrs	BI	lg. Ag	ρ.	
City (5)						Square Feet	# 01 F10015	Dic	ig. Ag		
Bridgewater, NJ 08807							at their and molici	204)			
County (6)			County Co			Current Use (F	Prior if being demolish	ieu)			- 1
SOMERSET						(1)	busi iess				
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM N	10.	200000000000000000000000000000000000000	of Abatement C					
AET			0021			ACK Group,	LLC				
Street Address					(2.5	Address	. 075 000				
907 Doolittle Drive						Kings HWY	N, STE 209				
City, State, Zip Code					0.350	State, Zip Code	20.4				
Bridgewater, NJ 08807						y Hill, NJ 080	License N	lo.			
Project Manager for Monitoring Firm			Telephone			hone No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>VO.</b>			
Eric Houseknecht			908) 218			759 - 5000 of OSHA Monit	00 81				_
Start Date (10)	cheduled		npletion Da		100000000000000000000000000000000000000						
6/14/16			6/14/17			MACK Group t Address	LLU				
Occupancy Status During Abatement (Check	Only One	<del>)</del>					N STE 200				
Facility Closed/Vacated During Entire Pe	riod of A	baten	nent			Kings HWY	N, 51E 208				
Abatement Performed Outside of Normal Other - Describe:	Facility	Hours	3			State, Zip Code	224				
					Cner	ry Hill, NJ 08					
Scope of Work (Check All That Apply)	_					☑	t the Noractive	Dressur	.0		
≥3 sf or ≥3 If	processor.	enova				Full Contai	nment with Ne jative sure	riessui	Е		
≥160 sf or ≥260 lf		emoli	tion			X Glovebag	Procedure		d		
1						X Non-Exemp	ted (*) and No -Friab	e Proce	Abate	mani	+
	Is	Locat	ion							pe	
Location of	10000	lorma	1000		Description						
Asbestos-Containing Material (ACM)	N 100 000 000		ely by ance/	Asbest	os Containing	Material (ACM) ms insulation,	Amount (Specify	D	_	Enc	田田
TO BE ABATED	100000000000000000000000000000000000000		Staff?	(i.e.	surfacing, \		SF or LF)	em	Repair	aps	Enclosure
In Facility (13)		(12)			other miscell	aneous)		Remova	air	Encapsulate	ure
	20000000000	1999								Ф	
	Yes	No	N/A	_		ita manala	192 s/f	X			
Building 6		X		EX	terior trans	ite parieis			-		
Bldg 1 - #1116 & hallway		X			transite	walls	775 s/f			-	-
Bldg 7 - Office Area #7147		X			transite	walls	408 s/f	X			
	-		>		ransite wal	1 & hase	103 s/f	X			
Bldg 7 - Office Area #7157		$\triangle$	NJ DEP W		Cubic Yards		e of Registere Land	fill	<u> </u>		
Name of Registered Waste Hauler			Hauler ID		of Waste						
Freehold Disposal			450		14.8		berland Co inty l	andfill			
City, State					Disposal Da	100 CO CO CO CO CO CO CO CO CO CO CO CO CO	State				
Freehold, NJ					6/14/		ourg, PA	D.1			
Completed by	Title				Signat	dre///		Date	,		
Mike Cooper	Presid	dent			1/12-	11/		/13/17			

			NOT	IFICATION	ON OF A	New Jers SBESTO	ey S ABATE nd 12:12(	MEN	Т	[	E	G		W.	216
Date of Notification (1)										II.					
200 100	y 15, 2017			Barrier January			/Operator	(2)				MAY	1.8	2017	7
Agencies Notified	Type Notification	n			ewater S					hed		111.6.1	S. Sult	6.011	
⊠ EPA				300000000000000000000000000000000000000	nderne /										
DEP	Initial Amended				State, Zip				•		ASBI	ESTO	S CO ENSII		DL &
□ DOL	Amendme					NJ 088	07					LIUL	114011	VG	
DOH	Emergenc justification		ng	Name	of Conta	ct	07			Tole		. N.L			
DCA	Cancellation			1	t Mana					reie	none	Numbe	er		
N- (F III						yei NFORMAT	ION				,	6 90		-	
Name of Facility Where	Abatement is Tak	ing Place	(3)					Туре	e of Facility (4	)					
Bridgewater Site Street Address								$\Box$	School (K-12	)					
									Subchapter 8	Othe	than	K-12)			
10 Finderne Avenue								$\boxtimes$	Other (i.e. pretc.)	ivate &	comm	ercial b	uilding	s, hor	nes,
City (5)					9			Squa	are Feet	# of	loors		Blda	Age	
Bridgewater, NJ 0880	)7												Ų		
P 120 CONTRACTOR COMP.				County	Code (7) USE ONL	)		Curre	ent Use (Prior	if bein	dem	olished)			
SOMERSET						.1)					sine				
Name of Monitoring Firm	Hired by Building	Owner (	8)	ASC	M No.		Name o	of Aba	atement Contr						
AET Street Address				0021			The MA	ACK	Group, LL	С					
CONTRACTOR COLORS ACTOR							Street A								
907 Doolittle Drive							1500 K	ings	HWY N, S	TE 20	9				
City, State, Zip Code	-						City, St	ate, Z	ip Code						
Bridgewater, NJ 0880 Project Manager for Monit	Orina Firm						Cherry	Hill,	NJ 08034						
Eric Houseknecht	oring Firm			Telepho			Telepho				licens	e No.			
Start Date (10)		Cahad			18-110		(973) 7			0	11781				
6/14/16		Schedu	ned Co		Date (11	)			HA Monitor						
Occupancy Status During	Abatement (Che	ck Only C	)no)	6/14/1	/				Group, LL0	D					
N 2							Street A								
Facility Closed/Vacat Abatement Performed	ed During Entire d Outside of Norn	Period of nal Facili	Abate	ment					HWY N, S	TE 20	1)				
Other - Describe:			.,				City, Sta								
Scope of Work (Check All	That Apply)						Cherry	Hill,	NJ 08034						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				X X X	Min Glo	Containment i-Enclosure vebag Proced i-Exempted (*)	lure					
			s Locat										34000 000	temen	t
Location of Asbestos-Containing M			Normal ed Sole		73502		scription o						T	уре	
TO BE ABAT		M	aintena	nce/	Asbes	stos Conta	aining Mat systems in	terial	(ACM)	Amo				ш	
In Facility (13)		Cus	todial 3 (12)	Staff?	,,,,,	surfac	ing, VAT,	or	uon,	(Spe	1.00	Removal	Re	Encapsulate	Enclosure
(13)		-				other m	iscellaneo	ous)				VOL	Repair	Sula	nso
		Yes	No	N/A								<u>a</u>		ate	e e
Building 6	3		X		E:	xterior t	ransite p	pane	ls	192	3/f	X	/		
Bldg 1 - #1116 8	hallway		X				site wall			775		$\overline{}$			
Bldg 7 - Office Ar	ea #7147		X			trans	site wall	s	•	408		X			
Bldg 7 - Office Are	ea #7157		X		-		wall & b				-		>		
Name of Registered Waste	Hauler			J DEP W	aste	Cubic Y		0436	Name of Reg	103		ill			
reehold Disposal			Н	auler ID I		of Wast	:e								
City, State				450	9		14.8	(	Cumberland	d Cou	ity L	andfill			
reehold, NJ						Disposa			City, State						
Completed by		Title					14/17	1	Newburg, P	Α					
like Cooper		100000000	ont			Sig	mature	71	2			Date			
		Presid	ent								5/	15/17			

#### New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

PO Box 369 Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

	I. N	OTIFICA	TION INFOR	MATION					
ale of Notification	I 15 I 2 ☐ Cancellation ☐ Renovation	□E	mergency (mi	ust include j	ustification	).			
			ING INFORMA						
lame of Building Owner/Operato	or:			Maria Hoff	man	N. I	Zip:	0803	7
Street Address: 1218 Mays Liver and Contact: Maria Hoff	anding Road iman	City: _	Folsom	Telepho	State: one N	14.1	∠ip	-	
		II. FACIL	ITY INFORM	ATION					
Name of Facility Where Work Ac	tivity is to Take Pl	ace:		Hoffi	man Resi	dence_			
and the second of the second o									
Describe Facility Use:		Citv:	Folsom		State:	NJ	Zip:	080	37
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