(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) May 15, 2017 RUTGERS, THE STATE UNIVERSITY OF N.J. Agencies Notified Notification Type ☑Initial Notification ENVIRONMENTAL HEALTH & SAFE TY DEPT. **□**EPA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVING STC N CAMPUS ☐ DCA SBESTOS CONTROL & ■ Emergency (including City, State, Zip Code X DOL LICENSING justification) PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED Telenhi -- 1 □ Cancelled Name of Contact X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 195 COLLEGE AVENUE, BLDG# 7253 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, hom s, etc.) COLLEGE AVE CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 100+ years County (6) County Code (7) Current Use (prior if being demolished): ACAE EMIC **NEW BRUNSWICK** (State Use Only) MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSUL 'ANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License lumber **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/25/17 05/27/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -Describe ☑Other - Describe: 20-21 WARGARAW ROAD Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) City, State, Zip Code FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment witl Negative Pressure $\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ **X**Renovation ☐ Mini-Enclosure □ > 160 sf or > 260 lf ■ Demolition ☐ Glove bag Procedure 'Wrap & Cut Non-Exempted (*) a d Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount A patement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) F move Repair Encap Enclose or LF) YES NO NA 103 Kitchen X VAT 0 1 130 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 5 CY See Hauler Below #1 & 2 See Below G.R.O.\ /.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 05/27/2017 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Title Signature Date RAYMOND C. PEDALINO SENIOR PROJECT N ay 15, 2017 Raymond C. Pedalino MANAGER

State of New Jersey - Notification of Asbestos Abatement

State of New Jersey

Cl eck # 15947

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Street Address							×	Subchapter 8 Other (i.e. pr etc.)	(Othe ivate &	er than K- commer	1:) ci il bu	ildings	, hom	es,
City (5) Park Ridge							230		2	Floors		Bldg. , 68	Age	2-201
County (6) Bergen				Code (7) USE ONLY)	12-22		Curi	rent Use (Prio	r if beir	ng demoli	sl ed)			
Name of Monitoring Firm Hired by Building Street Address	Owner (8)		ASCN	Л No.		ABS	Env	atement Cont rironmental			.(
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City, State, Zip Code						City, S	State,	Zip Code d, NJ 0741						
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph	none I			License 703	N).			
Start Date (10) 5/20/17	Schedule 5/31/1		npletion	Date (11)		Name	of OS	SHA Monitor				14:		
Occupancy Status During Abatement (Che						Street	Addr	ess				. i		
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Scope of Work (Check All That Apply)					l			***************************************	-					
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Fonly's Clean-up & Hauling, LLC	Н	JDEP W auler ID 7787	100 CO 10	of Was			Name of R Chrin Br				andfil			
City, State Bridgewater, NJ								City, State						
Completed by	Title				TBD	ignature	9	1.		- [)			
A. Scott Higgins	Presi	dent				2630		///			5 11/1	7		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2784 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) NAY 1 9 2017 05 16 , 17 Craig And Colleen Robbins Type Notification Agencies Notified Street Address ASBE TOS CONTROL ☐ EPA ✓ Initial LICENSING **⋈** DOLWD ☐ Amended City, State, Zip Code Amendment # X DHSS South Amboy, NJ 08879 Emergency (including DCA Name of Contact Telephone Nu nber (NJAC 5:23-8) justification) Cancellation Craig Robbins **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and comm ercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age South Amboy, NJ 08879 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demc ished) County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 05 / 26 / 17 05 / 25 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ AM Fair Lawn, NJ 07410 Clean up and decontamination with nega ve pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Mini-Enclosure Glovebag Procedure Tent with Negal ve Pressure Demolition Non-Exempted (*) and Non-Friable Proce lure Is Location Abatement Type Normally Location of Description of Enclosure Removal Repair Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X \bowtie 15 LF Basement Pipe insulation П П X X Basement Boiler insulation 40 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State City, State Disposal Date Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature 1 5/16/17 N.Jevtic Owner ASB-41

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Date of Notification (1)				Building Owner/O				P	E	N	W	
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Agencies Notified Type Notification			Street Ad	dress		50 6						
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□ DCA □ Cancellation			/·(Y	2/CHE	TION	~						1.2/1
Name of Facility Where Abatement is Taking Pl	ace (3)		FACIL	ATT ENFORCES	10.1	Type of Facility (4)					
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Street Address				1.5		Subchapter Other (i.e. p	8 (Other than K	12)	uilding	ne hos	nes et	۱ ،
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Street Address					1	Address	G					
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City, State, Zip Code						ckensack, NJ	07601					
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Project Manager for Monitoring Firm			Telephon	ie No.	reich	201-329-744		003				
Start Date (10)	Scheduled	1 Comp	letion Da	nte (11)		of OSHA Monitor		-				
. 6/6/17	Contounie		7/4		CONTRACTOR CONTRACTOR	nega Enviror	mental			18		
Occupancy Status During Abatement (Check Or	ily One)			-	Street	Address						
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Other - Describe: 730 AV TO	4,50	726.			5	outh Hackens	sack, NJ U	000				_
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)					Name	of Buildin	ng Owner/Operator (2)	2/13	(7			
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(NJAC 5:23-8)	justificat	ion)			Name	of Contac	ot		Telephone N	mber			
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Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility (4	4)	-		100	
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Street Address					-= (-)			Subchapter 8					
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Name of Monitoring Firm	Hired by Buil	dina O	wner	(8)	ASCM	No.	Name of Abateme	A CONTRACTOR OF THE PARTY OF TH					
Environmental Con				,		2.00.0	91	VIRONMENTAL,	INC				
Street Address							Street Address	TITOTIII ETTAL,					
120 North Warren S	treet						1123 BEAVE	STREET					
City, State, Zip Code							City, State, Zip Co						
Trenton, NJ 08608							BRISTOL, PA						
Project Manager for Monit	oring Firm			Tolo	phone	No	Telephone No.	1 1 3 0 0 7	I Canada Ma				
Rollie Jones	toring i iiiii				9-392		215-788-6040		License No.				
Start Date (10)		Schod	ulod C	-		te (11)	Name of OSHA M		00509				
5 / _16 /	5/5/2/1/2	5			ion Da			VIRONMENTAL,	INC				
				700				VIRONWENTAL,	INC.				
Occupancy Status During Facility Closed/Vacated							Street Address						
						cribe	1123 BEAVER						
Time of Abatement: 8:						clibe	City, State, Zip Co						
Coope of Mark (Charle all	that and A						BRISTOL, PA	19007					
Scope of Work (Check all	triat apply)						☐ Full Cont	ainment with Nega	tive Pressure				
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			lo.	Lacat	0.0	Г	☐ Non-Exer	mpted (*) and Non-	Friable Proce				
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IN Facility (13)	Y		Ousi	(12)	Jian :		surfacing, VAT, other miscellaned	or or	SF or LF)	<u>a</u>		Encapsulate	ure
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Emergency justification Cancellation) `]	Name o	of Contact n Esposito				Telephone N	ımber			
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Street Address					Street 11 R		ress ngren Avenu	ıe			-	
City, State, Zip Code							Zip Code NJ 07512					
Project Manager for Monitoring Firm			Telepho	one No.	Teleph 973-		No. -8685	License 01311	No.			
Start Date (10) 05/25/2017	Schedul 05/26/		mpletion	Date (11)			SHA Monitor atement, Inc.					
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Scope of Work (Check All That Apply)					1010	wa,	NJ 07512					
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City, State Cotowa, NJ				Disp TBD	osal Date)	A	City, State Morrisville	e, PA				
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County (6) Bergen				Code (7) USE ONLY)		_		rent Use (Pric urch	r if beir	ng demo	ished				
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Street Address						Street 11 R	000000000000000000000000000000000000000	ess ngren Aven	ue						
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-3				License 01311	0.000				
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Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abate / Hou	ement irs		-	City, S	tate,	ngren Aven Zip Code	ue						
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1st Floor	Х				/AT				00 SF	X					
3rd Floor		Х			Pipe I					0 LF	Х				
4th Floor Name of Registered Waste Hauler		X	NIDECT		Pipe I		ion	1		0 LF	х				
D&S Abatement, Inc.		NJDEP W Hauler ID 20996	No.	Cubic Y of Wast TBD			Name of R				Ą				
City, State Γotowa, NJ	W-W				Disposa TBD	I Date	1.	City, State Morrisvil							
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Name of Facility Where Ab Juvenile Detection Fa	atement is Taki	ng Place ((3)	FAC	VILIT INF	UKWA	TION	Ту	pe of Facility (4)		-			
Street Address	Cinty								School (K-12 Subchapter		than 1	10)			
135 Sunny Slope Driv	/e							×	Other (i.e. pr	rivate & c	comme	cial bu	ildings	s, hom	nes,
City (5) Bridgeton								200	uare Feet 000	# of F	loors		Bldg. 60+	Age	
County (6) Cumberland					Code (7) USE ONLY	,			rrent Use (Prioretention Ctr.	r if being	demol	shed)			
Name of Monitoring Firm H EHS Environmental S		Owner (8)	ASC N/A	M No.				batement Cont			·			
Street Address				IN/A			Street		Environmen	tai Ser	vices,	inc.			
411 Southgate Court									e Road						
City, State, Zip Code Mickelton, NJ 08056									Zip Code ville, PA 194	160		8			
Project Manager for Monitor Jack Carney	ect Manager for Monitoring Firm ck Carney						Teleph	one		L	icense 0836	No.			
Start Date (10)	rt Date (10) Scheduled						Name	of O	SHA Monitor						
6/05/2017	hata	6/14/2							Environment	tal Serv	vices,	nc.			
Occupancy Status During A Facility Closed/Vacated				nent			Street		ess						
Abatement Performed Other – Describe:	Outside of Norr	nal Facility	y Hours	S			City, S	tate,	Zip Code						
Scope of Work (Check All T	hat Apply)								-			-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Control of the Cont	Renova Demolit					M G	ull Containmer lini-Enclosure llovebag Proce on-Exempted (dure					
		ls	Locati	on				1 14	on-Exempled () and in	1011-1116	JIE PI		emen	t
Location of		1	Vormal	ly		De	escription	of					T	уре	
	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used S Mainte Custodi						taining M I systems acing, VAT miscelland	ateria insu T, or	lation,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
roof area	No	N/A X		. F . L	-1-			1000		1	_	(D			
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C & H Disposal Service	s, Inc.		11 - 110000	auler ID 903	No.	of Wa ~ 40	ste		Cumberla	Ti			II		
City, State Elmer, NJ						Dispo 6/201	sal Date		City, State Millville, N	NJ					
Completed by Patrick Larney	ct Ma	nager			Signature			^^^	0.000	te 16/20	17				
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B & G proj. #: 20	17-61). —	Not (Pursi	tification of A uant to NJAC ***EME	C 8:60-	7 and 12;12	4 91	001	- Che	CK # 88	75	AY-	719	201
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State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-61

EMERGENCY

Check	#	0	170
CHECK	11	0	110

	N N													-
Date of Notification	(1)	Name	of Buildin	g Owner	r/Operator (2)			T.	TE () E	1	V/ [ind)
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Agencies Notified	Type Notification	Street	Address		_ W_C			The Charles	M					
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X DOL	Amendme		rt Lee, N	-	24				Telephone N	imber	JUN	THO	d	-
X DOH			of Contac	t				-	Cophone	JOEN	SINC	3	***	-
☐ DCA	Cancellation	Da Da	nny Ta	ub										_
				FACIL	LITY INFORMA	ATION		T	Facility (4)	<u> </u>				
Name of facility w	here abatement is t	aking place (3)					Type of	School (- 12)				
Mediterranea	an Towers Unit 1	12F (NON	Sub 8)						Subchapt				2)	
Street Address						77		×	Other (Pri Bldgs./Ho	nes, etc	nmero	iai		
Caronina								Square		Floors	T	Bldg	. Age	3
City (5)		County (6	5)				nty Code (7)			If h via a		lichad)	
11,5985 (8)						(Sta	ite use only)		nt Use (Prio tment buil		aemo	lisneo)	
Fort Lee		Berger			1001111	L	Name of Abatement			iiiig		-		
Name of Monitori	ing Firm Hired by Bl	dg. Owner (8)		ASCM No.		B & G Restorat							
	mental Service	s inc.				-	Street Address	don, me						
Street Address							105 Ryerson F	Road						-
140 Blvd.							City, State, Zip Code			THE REAL PROPERTY.				
City, State, Zip Co Mountain L	ode akes, NJ 07046						Lincoln Park,		35					
	for Monitoring Firm		Phor	ne Numb	er		Telephone Number	20		cense N	Numbe 378	er		
r toject manager .							(973)696-686 Name of OSHA Mor				770			
Scheduled Start D	Date (10)	Sched. Co	ompletion	Date (1	1)		B & G Restora		D. ,					
05/15/2017		05/19/2	2017				Street Address			0.000				
	s During Abatement	(Check only	one)				105 Ryerson F							
Facility clos	sed/vacated during e	entire period o	of abatem	ent.		1	City, State, Zip Code	9						
Abatement	performed outside of	of normal faci	lity hours	-			Lincoln Park, I	N.I 0703	35					
Describe: Other-Desc	cribe:						Ellicoli i dik, i				_			
Scope of Work (check all that apply)					17.7			rossura C	Gloveb	an nr	ncedu	re	
Demolition	X	Renovation				- marting	Full Containment w/ne	egative pi	essure _	Non-fri				
$\boxed{} > \underline{3} \text{ sf or } > \underline{3}$	if 🔀 ≥	160 sf or ≥26				Ц	Mini-enclosure				R	R	E	-
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Registered Wast	e Hauler		Hauler II	D#	Cubic Yards o	f Wast	e Name of Registere	ed Landiii n Resoi	urce & Re	overy	Cen	ter		
B & G Resto	ration, Inc.		563	Disposal	5 Date		City, State			Spinister Spinister				
City, State Lincoln Park	c NJ		ľ		/15-19/2017	7	Tullytowr	ı, PA						
Completed by (F		Title			Signature		Gordana Luna			Date 05/1	2/20	17		
Gordana Lu		Secretary	/Treasu	irer			Jordana Luna			03/1	2120			

State of NJ Notification of Asbasics Abetement (Pursuant to NJAC Sto7 and 12:120-7). Post of Notification (1) De 16 //1.191 / 1.7 Post of Notification (1) De 16 //1.191 / 1.7 Post of Notification (1) De 16 //1.191 / 1.7 Post of Notification (1) De 16 //1.191 / 1.7 Post of Notification (1) De 16 //1.191 / 1.7 Post of Notification (1) De 16 //1.191 / 1.7 Post of Notification (1) De 16 //1.191 / 1.7 Post of Notification (1) De 16 //1.191 / 1.7 Post of Notification (1) De 16 //1.191 / 1.7 De 17 //1.191 / 1.7 De	15 2017 03:36	SPM NJ A	Asbesto	s Contr	ol 609.63	3.0664		page 1							
College Coll	CKS	381		_	No	State	sbes 8:6	NJ Nos Abatement 0-7 and 12:120-7)		15	Dr	_ <u> </u>	AY 1		20
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Sordana Luna Secretary/Transpurer Co Co Date	L.				05/1	17/2017		Tullytown, PA							
	Sordene !			_		Signature				-	Date	PO 8121G		-	
	- I Galla Lunia		secret	ary/Treas	surer		9	dredana Luna		1		2 17			

State of NJ

B & G proj. #: 2017-62

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

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Date of Notification (1)	1	Name of B	uilding Owi	ner/Operator (2	2)		ID	E	GE		/ [8	
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DCA Canci	ellation	Rober	t Hogan,	Director of I	Facili	ties	(856)			411.		
			FAC	ILITY INFORM	ЛАТІО	N						
Name of facility where abatemer	nt is taking	place (3)				T	Type of Facility ((4)				
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City (5)	Co	unty (6)				unty Code (7)						
Elizabeth	U	nion			(St	ate use only)	Current Use (P	rior if	being der	nolishe	ed)	
Name of Monitoring Firm Hired b	y Bldg. Ow	ner (8)		ASCM No.		Name of Abatement C	Non-Sub 8 Contractor (9)	_				
The Whitman Companie	s			110		B & G Restoration						
Street Address					-	Street Address	511, 1110.	_				
7 Pleasant Hill Road						105 Ryerson Ro	oad					
City, State, Zip Code						City, State, Zip Code	A STATE OF THE STA					
Cranbury, NJ 08512						Lincoln Park, N	IJ 07035					
Project Manager for Monitoring Fir	m		hone Numb			Telephone Number (973)696-6869	1	Lio	nse Num			
Kevin Lovely			32-390-58			Name of OSHA Monitor		_	00378			
Scheduled Start Date (10)	Sche	ed. Completi	ion Date (1	1)		B & G Restoration						
05/15/2017	05	/16/2017				Street Address		_				
Occupancy Status During Abatem						105 Ryerson Ro	ad					
Facility closed/vacated durin						City, State, Zip Code						
Abatement performed outside Describe: Start: 3:00 p.r	n.	Tracinty frod			_	LincolnPark, NJ	07035					
Other-Describe:					-	Lincolli ark, NJ	07033	_				
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abated in facility (13)	Yes	No	N/A				LF)		V	i	a p	L
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Neptune NJ 07753								N/A		N/A	Α		1	I/A		
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Bioterra Solution	ed by building c	owner (o	,	ASCIV	i NO.		100		ntracting I		(9)					
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City, State, Zip Code Union NJ 07083				S S S S S S S S S S S S S S S S S S S					p Code	0740	,					
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Rick Eustaquio	ig riiii				94-3762		200	692 6			01266					
Start Date (10)	T	Schedul	ed Con		Date (11)		Name	of OSH	A Monitor							
05-26-2017		06-17-					1 1000000000000000000000000000000000000		tracting L	LC						
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Amax Contracting LLC			H	auler ID	No.	of Was			Fairless	Hills						
City, State						Dispos	sal Date	///	City, State			-				
Woodland Park NJ 0742		1					-2017	1 1	Morrisvi	lle PA						
Completed by Tome Maslarkov		Title Proje	ot Ma	anager		S	ignature	1	,	2		late		2017		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 5 17 17 Burlington County Board of Chosen Freeholders Agencies Notified Type Notification ASBES TOS CONTROL & **⊠** EPA ☐ Initial 49 Rancocas Road **ICENSING** ☑ DOLWD City, State, Zip Code **⊠** DOH Amendment # Mt. Holly, NJ 08060 ☐ DCA ☐ Emergency (including justification) Name of Contact Telephone Nu ober (NJAC 5:23-8) ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Burlington County Lyceum of History School (K-12) Subchapter 8 (Other than K-' 2) Street Address Other (i.e., private and comm ercial buildings, 307 High Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Mt Holly 11.080 3 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demo ished) Burlington Museum Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **USA Environmental** 00112 Controlled Environmental Systems Street Address Street Address 344 West State Street 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Trenton, NJ 08618 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Wiessgarber 609-743-0493 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 24 / 17 6 / 30 / 17 CES Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1121 N. Bethlehem Pike - Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/_ PM-Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 lf □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procecure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Remova Asbestos-Containing Material (ACM) 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)on dompho other miscellaneous) Yes No N/A Rooms 107/108 X Transite Duct 40 LF X some ACM debris in soil to be under floor of Storage & Break Area X 700 SF ARE X Jasu Kile removed П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Hilltop Enterprises **GROWS** City, State Disposal Date City, State Marlton, NJ Tullytown, PA Completed By (Print or Type) Title Signature Patricia Visco Office Manager

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

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								- 19		OD, NJ 0	8701						
Pro	ject Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 732-				Licens 1200	e lo	١.			
Star	rt Date (10)		Schodul	lad Con	nlotion	Date (11)				HA Monitor		1200					
	26/17		5/26/1		ipieuori	Date (11)		100000000000000000000000000000000000000		D PROFE	SSIO	NALS					
Occ	cupancy Status During	Abatement (Chec	k Only O	ne)				Street					-				
П	Facility Closed/Vaca				ant					DOVE CO	DURT						
	Abatement Performe	ed Outside of Norm	al Facilit	y Hours	i			City, S	state, 2	Zip Code				- 5			
×	Other - Describe: _							LAK	EWO	OD, NJ 0	8701						
Sco	pe of Work (Check Al	l That Apply)	V 50-20														
X	≥3 sf or ≥3 lf		attended to the same	Renova						ıll Containme		Negativ	re or	essu	re		
Ш	≥160 sf or ≥260 if _			Demolit	ion			×	W	ni-Enclosure ovebag Prod							
										n-Exempted		Non-F	ria ole	e Pro	cedur	е	
			Is	Locati	on											ement	
	Location			Normall ed Sole				escription							1 y	ре	
75	Asbestos-Containing TO BE ABA			aintenar				ntaining N al system:				mount pecify		71	4	En	Е
	In Facili		Cus	todial S (12)	Staff?	(1.0.	surf	acing, VA	T, or			or LF)		Remova	Repair	Encapsulate	Enclosure
	(13)			(12)			other	miscellar	neous)					oval	air	sula	sure
			Yes	No	N/A											e	
	INTERIO	OR					li	nsulatio	n		2	0SF		х			
NI	as of Dogistered West	to Haules			IDED ::	/a-4-	0.1.	- V		Naccons			14				
	ne of Registered Wast			1	JDEP W auler ID		of Wa	c Yards aste		Name of I	registe	rea Lan	Jī				
INE	WARK CARTING			04	1509		2			IESI							
- C.	, State NARK, NJ						Dispo 5/26	osal Date /17		City, State BETHLI		I PA					
	npleted by		Title					Signature)	1			E ate	9			
JOS	SEPH PERLSTEI	٧	OWN	IER													

CK 3952		NOT		ATION	OF AS	BESTOS ABAT AC 8:60 and 5:16		DE	<u>G</u> [5 [
Date of Notification (1) 5 /	16 /	17				g Owner/Operator (2 yterian Church o			AAY	1 9	201	17	
Agencies Notified ☐ EPA ☐ DOLWD ☐ DOH ☐ DCA	Type Notificati Initial Amended Amendmen Emergency	nt #	J	777 City, S	Address Grove State, Zip (Ington, N	Code I J 07111		ASBE	LICE	NSI		ROL	.&
(NJAC 5:23-8)	justification Cancellatio				rris Smit			relephone	Nullib	21			
				FA	CILITY IN	NFORMATION							
Name of Facility Where A	batement is Tal	king Place	(3)				Type of Facility	(4)					
First Presbyterian C Street Address	Church of Irvi	ngton					☐ School (K-1. ☐ Subchapter ☑ Other (i.e., p	8 (Other than		ial bu	iilding	IS,	
777 Grove Street			or service				homes, etc.			T = -			
City (5)							Square Feet 70,000	# of Floor	3		dg. Ag 80	ge	
Irvington County (6)			rsymme.	Cour	atu Cada (7)(STATE USE ONLY)	Current Use (P		molish		00	000110	
Essex				Cour	ity Code (I)(STATE USE UNLT)	Church	nor ii beirig d	11101151	eu)			
Name of Monitoring Firm	Hired by Buildin	na Owner ((8)	ASCM	No.	Name of Abateme)					
TTI Environmental,		ig o iiiioi (.	0000	1000700	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	nmental, LLC	-					
Street Address						Street Address			-		12000	7,500 - 10	
1253 N. Church Stre	et					623 Cutler Av	renue						
City, State, Zip Code						City, State, Zip Co	ode						
Moorestown, NJ 080	057					Maple Shade	, NJ 08052						
Project Manager for Monit	oring Firm		Tele	ephone	No.	Telephone No.		License I	0.				
Jim Guilardi			8	56-840	-8800	856-755-0099		00842					
Start Date (10)	Sci	heduled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor				-		
05 /31 /	17	06 /	16	3_/_	17	EMSL Analyti	ical, Inc.						
Occupancy Status During	Abatement (Ch	neck only c	ne)			Street Address							
☐ Facility Closed/Vacate						200 Route 13	0 North						
Abatement Performed Time of Abatement:						City, State, Zip Co							
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 if≥160 sf or ≥260 if		⊠ Re □ De	novat moliti			☐ Mini-Encl		-					
		1.1	Loca			0.6				Ab	ateme	ent T	уре
Location of Asbestos-Containing N TO BE ABA IN Facility (13)	Material (ACM)	Use Ma	intena	ely by		Description o estos Containing Mai e., thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amour (Specit SF or L	1	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								, LD	
Basement					Pipe In	sulation		100 L	-				
Boiler Room					Pipe In	sulation		150 L	si	\boxtimes			
Name of Registered Waste Freehold Cartage	e Hauler		1.000	IJDEP V lauler ID 15939	O No.	Cubic Yards of Waste 5	Name of Regis	stered Landfillorth Landf					
City, State Freehold, NJ						Disposal Date 6/16/2017	City, State Morrisville	e, PA	× 3				
Completed By (Print or Ty)	pe) T	Title	pside	ent of (Oneratio	Signature	0		Date		1	1.	

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

Trenton, NJ 08625-0369

Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITA SESTOS CONTROL & LICENSING

		NOTIFICATIO	N INFORMATIO	N			
	mended Cancellation		rgency (must incl	ude justification)			
		II. BUILDING	INFORMATION				
	1000 mm	The state of the s	ALPHANIA STRUCTURE AND LINE OF THE PARTY OF		inaton		
Name of Building O	Owner/Operator:	FIIS	n aton	State:	NJ	; ip:	07111
Street Address: 7	77 Grove Street	City: _IFVII	ngton	Janhana Nr.			
Name of Contact:	Norris Smith		Te	lepriorie iv	TO MOTOR LINE PARIS		
			INFORMATION				
	here Work Activity is to Take	Dlace:	First Pres	byterian Chur	ch of Irvi	gton	
Name of Facility W	here Work Activity is to Take	r lacc.	Church				
Describe Facility U	se:	City: Irvi	ngton	State:	NJ	<u>zip:</u> _	07111
Scheduled Start D:	ate: 5 / 31 /	2017	Scheduled Con	npletion Date:	6 /	16	/ 2017
Occupancy Status Facility Closed/ Activity Perform	s During Activity (check onlocated During Entire Activity ned Outside Normal Facility H	ly one): y lours—Describe	e:				
Occupancy Status Facility Closed/ Activity Perform Other—Describ	s During Activity (check on Vacated During Entire Activity ned Outside Normal Facility Hoe:	ly one): y lours—Describe	e:				
Occupancy Status Facility Closed/ Activity Perform Other—Describ	s During Activity (check onlow activity (check onlow activity (check onlow activity activity Hote:check all that apply):	ly one): y lours—Describe	s:				
Occupancy Status Facility Closed/ Activity Perform Other—Describ	s During Activity (check only Vacated During Entire Activity and Outside Normal Facility Hope: check all that apply): Square Foot	ly one): y lours—Describe otage:	s: 5,814 SF	Percentage	e Asbestos	 	%
Occupancy Status Facility Closed/ Activity Perform Other—Describ Scope of Work (c	s During Activity (check only Vacated During Entire Activity and Outside Normal Facility Hope: Sheck all that apply): Square Food	ly one): y lours—Describe btage: tage:	5,814 SF	Percentag Percentag	e Asbestos	 	%
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Occupancy Status Facility Closed/ Activity Perform Other—Describ Scope of Work (compared) Floor Tile Mastic	s During Activity (check only Vacated During Entire Activity and Outside Normal Facility Hope: check all that apply): Square Food Square Food	ly one): y lours—Describe otage: otage:	5,814 SF TOR INFORMAT	Percentage Percentage TON Telephone N	e Asbestos e Asbestos	3 3 36-755	% % 5-0099
Occupancy Status Facility Closed/ Activity Perform Other—Describ Scope of Work (c Floor Tile Mastic Company Name:	s During Activity (check only Vacated During Entire Activity and Outside Normal Facility Hope: sheck all that apply): Square Food Square Food Shade Envir	ly one): y lours—Describe otage: totage: V. CONTRAC	5,814 SF TOR INFORMAT	Percentage Percentage	e Asbestos e Asbestos	3 3 36-755	% % 5-0099
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Occupancy Status Facility Closed/ Activity Perform Other—Describ Scope of Work (company Name: Street Address: Name Jersey Asher	s During Activity (check only Vacated During Entire Activity and Outside Normal Facility Hope: sheck all that apply): Square Food Square Food Square Food Shade Envire 623 Cutler Avenue Instantial State of State St	ly one): y lours—Describe btage: btage: V. CONTRAC conmental, LL cable): Environmenta	5,814 SF TOR INFORMAT C aple Shade 00842 al, Inc.	Percentage Percentage TION Telephone N State: Telephone N	e Asbestos e Asbestos No.:8	3 36-75: Zip:	% % 5-0099 08052 0-8800

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Date of Notification (1) 5-15-2017				Building O al Const						M	ΊY	19	20	17	
Agencies Notified Type Notification		11.	Street Ad 3 Manh	ldress nattanvill	e Roa	d			,	ASBES					.&
EPA Initial Amended DEP Amended Amendment #_				e, Zip Cod se, NY 1		9					<u>-10E</u>	:NS	ING		
□ Emergency (in justification) □ DCA □ Cancellation	cluding	31 8	Name of Gerald	Contact Eglento	wicz				Tal	ephone	lumb	er			
_ BOA _ Cancellation				ITY INFO		ON		-	_1					·	
Name of Facility Where Abatement is Taking Commercial Street Address	Place (3))						of Facility (4 School (K-12 Subchapter Other (i.e. p	2) 8 (Othe			ouild	inge	home	e
1163 Shewsbury Avenue City (5)							Squa	etc.) re Feet	# of	Floors		Bl	dg. A		-
Shewsbury, NJ 07702 County (6)			County C	ode (7)			1000 Curre	nt Use (Pric	1 or if bei	ng demo	ished)+		
Monmouth			STATE U	ISE ONLY)				3 +20005 #							
Name of Monitoring Firm Hired by Building O	vner (8)		ASCM	No.				tement Con vironment			LLC				
Street Address **						0	Addre: Virgin	ss ia Avenue	9			.51	,,,,,		
City, State, Zip Code								ip Code y, NJ 073	04						
Project Manager for Monitoring Firm			Telephor	ne No.		0.50	none N 333-8			Licens 0117					
	Schedule 5-1-20		npletion (Date (11)		The second of		HA Monitor above					- TE - S		
Occupancy Status During Abatement (Check	Only On	ne)				Street	Addre	SS							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of A I Facility	Abatem Hours	nent ;			City, S	state, Z	ip Code			-				
Scope of Work (Check All That Apply)													TO HELD		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				>	Mi Gle	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					0	
		Locati												ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/ Staff?		tos Con thermal surfa	scriptior taining I system cing, VA miscella	Materia s insul AT, or		(8	rnount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		· ·			014	0.5	200.05	-			, to	
Roof		X		Roo	ofing &	& Flash	ning A	CM	25	62 SF	-	Χ			
											-				
Name of Registered Waste Hauler Green Environmental Services		H	IJDEP W lauler ID 034889	No.	Cubic of Wa 20	Yards ste		Name of G.r.o.w							
City, State Jersey City, NJ					Dispo 6-1-2	sal Date	9	City, Stat Morrisv		PA					
Completed by Liliana Serrano	Title Offic	e Mar	nager		1.1	Signatur		wde		7	Date 5-1	5-20	017		

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Date of Notification (1)				f Building O					.	1					
5/16/17			MA	2. DAN	1150	- Re	HTZ	MAN	1	Ļ	3ES	TAIC	TT	TD	OI 8
Agencies Notified	Type Notification		Street A							AS			NSIN		OLP
□ EPA	Initial														=
□ DEP	☐ Amended		City, St	ate, Zip Code	2		17	070	120	3					
DOL	Amendment #_ Emergency (in	cluding	LI	VIVOS	370	N. r	-	0 7.0	Tele	phone	lumbe	T			\dashv
DOH DOH	justification)		Manue o	of Contact ROTU					1 .0.0	p					1
□ DCA	☐ Cancellation	-		ILITY INFO					÷				_		
Name of Facility Where Ab	patement is Taking Pla	ice:(3)	TAC	ILITE IN CO.	JIL. LI	1	Type of	Facility (4)						-
	DANIEL		W.	.			□ Sc	chool (K-12	2)						
Street Address							□ St	ubchapter 8 ther (i.e. pr	(Other	than K	12)	ildins	s hon	nes, et	(.2
1 (BES) 1 (BES	•	1000				-	-	mer (i.e. pr	ivate of						
City (5)	2						Square	Feet	# of	Floors		BI	dg. Ag 19	*	,
LIVIA	UGSTON				9 B			900	1_	2			, /	70	-
County (6)				Code (7)			Current	Use (Prior	if being	demo	shed)				
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Name of Monitoring Firm I	Hired by Building Ow	ner (8)	ASC	M No.				nent Contra							
						Street A		noval li	ic			-			\dashv
Street Address						1		4L Dina	- Com	o#					
a: a a: a:						City, Sta		th Rive	Suc	Ct_					\dashv
City, State, Zip Code						1 D TO		ck, NJ	0760						
Project Manager for Monito	oring Firm		Talanh	one No.		Telepho		DIL, I IV	0,00		≈ No.				\neg
Project Manager for Month	orns rum		Teleplis	one ivo.		2	01-32	29-7444	l l		003	88			1
Start Date (10)		Scheduled Co	mpletion I	Date (11)		Name of	OSHA	Monitor							
6/1/1	7	6/2		300.000 3 00.00 5 0		Om	ega.E	Environ	ment	al					
Occupancy Status During A	Abatement (Check On	ly One)	1	•		Street A	ddress							~ ~~	
☐ Facility Closed/Vacat	ed During Entire Peri	od of Abateme	ant	6				yler Str	eet						
☐ Abatement Performed	Outside of Normal F	acility Hours				City, Sta	te, Zip	^{Code} Iackens	act 1	JI O'	606				
Other - Describe: 6	J- / (D)	3.00 (1				50	uui r	Idukuis	all, I	43 0	-				\dashv
Scope of Work (Check All	That Apply)		-						3.		,				
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Name of Registered Waste			Hauler I		of Wa	iste /						•	-	. ~	
Best Removal In	ıc		17	109			ey		linve	rva I	nter	orise	s, L	LC	
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Hackensack, NJ	07601					0/2/1	/	Way	nesbu	rg, (H 4		,		
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J. Maiorano		Estir	nator			<u> </u>	10	محمايات				9	, 0	1. 1	
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Date of Notification (1) 05/16/17					of Building (P - Natur				ources - (Office	of Reso	urce [19 Deve	201 lopm	/ ent		
	ype Notification				Address reehold -	Eng	lishtowr	n Roa	ad		ASBE				OL a		
EPA DEP DOL	Initial Amended Amendment	t#			ate, Zip Coo shtown, N		726			-		LICE	NSII	VG			
■ DOH DCA	Emergency justification) Cancellation]	Name o	of Contact Payne					Ta	1 anodae	imhar					
	_ Cancellation	I	===1	TO SERVICE ON	ILITY INFO	RMA	TION			_							
Name of Facility Where Aba Delaware & Raritan C								Туре	of Facility (
Street Address 1 Griggstown Causew	ay ay							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			ldings	, hom	es,		
City (5) Franklin Township								Squa 2,00	are Feet	# 0	f Floors		Bldg. /	Age			
County (6) Somerset					Code (7) USE ONLY)				ent Use (Pri	or if be	ng demo	shed)					
Name of Monitoring Firm Hi USA Environmental M)	ASC	M No.				atement Cor racting &			I Con	sultir	ıg, İn	C.		
Street Address 344 West State Street							Street 1141		te 23					1070000			
City, State, Zip Code Trenton, NJ 08618									Zip Code IJ 07470								
Project Manager for Monitor William Weisgarber	ing Firm		Telepho (609)	ne No. 656-8101		Teleph	none N			License	No.						
Start Date (10) 05/25/17		Schedu 05/26/			Date (11)		Name	of OS	HA Monitor	ultant							
Occupancy Status During Al	patement (Chec	k Only O	ne)				Street	Addre	ss								
Facility Closed/Vacated Abatement Performed	During Entire I Outside of Norn	Period of nal Facilit	Abate y Hour	ment rs				20-21 Wagaraw Road, Bldg. #3									
Other – Describe: Scope of Work (Check All The	aat Apply)					=	Fair Lawn, NJ 07410										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	іат Арріу)	_	Renov Demol				×	Full Containment with Negati Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-F									
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Location of Asbestos-Containing Ma	terial (ACM)		Norma ed Sol		Ashasta		escription		LACM	^	mount		1)	pe			
TO BE ABATE In Facility (13)		Cus	todial (12)	Staff?	(i.e. t	herma surfa	ontaining Material (ACM) nal systems insulation, facing, VAT, or r miscellaneous)			(8	specify or LF)	Removal	Repair	Encapsulate	Enclosure		
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Name of Registered Waste H	lauler	1	1	NJDEP W	/aste	Cubic Yards Name of R			Registe	red Land	11						
I.R. Contracting & Envi	R. Contracting & Environmental Consul., Inc. 17819					of Waste 40 Grand Central Landf I											
City, State Nayne, New Jersey						Disposal Date City, State Pen Argyl, Pennsylv: nia											
Completed by Jerry Bijelonic		Title Proje	ect Ma	anager		Signature											
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	1	MAY	1	9	2017		

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Date of Notification (1)		N		Building Owner		_				_				انـ
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Name of Facility Where Abatement is Taking Place	e (3)		211011			Type	of Facility (4)						
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Name of Building Owner/Operator (2)

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Name of Facility Where Abatement is Taking Pl	ace.(3)		FACII	LITY INFO	JRMA1	ION	Type of Fac	cility (4)						
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Name of Monitoring Firm Hired by Building Ov	mer (8)		ASCM	í No.					9)					
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Street Address					•			D' C						
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Project Manager for Monitoring Firm		-	Telephon	e No.		2	01-329-	7444		003	88			ą.
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Later than the second s	t Date (10) Scheduled							ronmen	tal					
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Abatement Performed Outside of Normal F	acility Hot	IIS OF	_	8	**	City, Sta	te, Zip Cod	e						
2 Other - Describe: 7 30 AM T	0 51,3	0 (1	-		— <u> </u>	So	uth Hac	kensack,	NJ 0	600				
Scope of Work (Check All That Apply)					- 7						33			
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Date of Notification (1)

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Date of Notification (1)					NUMBER OF STREET		ng Owner/Operator ((2)	The second secon	AY	1	9 2	017	100		
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Agencies Notified EPA	Type Notifica					t Address I Mullica	Hill Road		ASBE			ON'		L &		
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Name of Facility Where A	batement is 7	Taking	Place	(3)	1505-991	0		Type of Facility	(4)							
Evergreen Hall	0.00 (10 st 10 m)	□gileJa.von •	72710730	V-7				School (K-12	8. 8							
Street Address		-3/						Subchapter 8	Other than I							
201 Mullica Hill Roa	d							Other (i.e., pr		nerci			58 NV			
City (5)								Square Feet	# of Floors		ge					
Atlantic								1800	2	-	0					
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being der	olish	ed)					
Gloucester																
Name of Monitoring Firm I		ding O	wner (8)	ASCM	No.	Name of Abateme									
Pard Environmental	Services							mental Manage	ement, Inc.	- //						
Street Address							Street Address	NA 9265A								
500 Horizon Drive #	540						8436 Enterpr	recognition property and the second								
City, State, Zip Code							City, State, Zip Co									
Hamilton Township							Philadelphia,	PA 19153								
Project Manager for Monit	oring Firm				phone		Telephone No.		License No							
Rafael Torres					09-890		215-365-5810		1156							
Start Date (10)	Control of the Contro				tion Da		Name of OSHA M									
5/25/					_ / -	17	USA Environ	ement, Inc								
Occupancy Status During						0,90	Street Address									
☐ Facility Closed/Vacated							8436 Enterpri	ise Avenue								
Abatement Performed Time of Abatement: 7:							City, State, Zip Co	ode								
		F IVI/		IVI			Philadelphia,	PA 19153								
Scope of Work (Check all	that apply)						Π- "0	THE NAME OF THE PARTY.		5						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novati molitic			☐ Mini-Encl	 ☐ Full Containment with Negative Pressur ☐ Mini-Enclosure ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure 								
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Location of				lorma d Sole			Description o		W2000000000000000000000000000000000000							
Asbestos-Containing M TO BE ABAT		1)	Mai	intena	nce/		estos Containing Ma e., thermal systems i		Amount (Specify		Removal	Repair	Encapsulate	Enclosure		
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Name of Registered Waste Service Transport	Hauler			1 5788	JDEP V auler ID	The second second	Cubic Yards of Waste 30	Name of Regist								
City, State							Disposal Date	City, State								
New Castle De.						6/28/17	Waynesbur	g Pa.								
Completed By (Print or Typ	oe)	Title		11.5			Signature	1010	7	Date		3/1				
Kevin Meldrum		Pro	oject	Mana	ager		K2 -	Melel	/	5	> .	15	/	7		

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Date of Notification (1) 05/13/17					of Building vnanians			65 55			The second	MΑ	,	1 9	201	7
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DEP	× Amended	7/2/5025			ate, Zip C							L	DE	NSI	VG.	
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■ DOH	justification)				of Contact					Tal	enhor	ie Nun	er			
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Name of Facility Where	Ahatement is Takir	na Place (3)	FAC	ILITY INF	ORMAT	ION	Tv	pe of Facility (4)				_			
Essex County Hosp			5)					1 9	y							
Street Address	3							H	School (K-12) Subchapter 8		er tha	n K-12				
204 Grove Ave.								×	Other (i.e. priv					dings	, hom	es,
City (5)						ue ive		Sa	etc.) uare Feet	# 0	f Floor	re	TF	Bldg. /	Δne	
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Essex				(STATE	USE ONLY)		Н	ospital							
Name of Monitoring Firm	Hired by Building	Owner (8))	ASC	M No.				batement Contra	actor	(9)			77		
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Street Address							Street			A CONTRACTOR						
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Project Manager for Mon	itoring Firm		Telepho	no No		Teleph		on, NJ 07057		Line	nse No					
r roject manager for more	noning i iiiii			releptio	ille INO.		115		-9092		011					
Start Date (10)		Schedul	ed Con	noletion	Date (11)		1000	SHA Monitor		011	<u> </u>	-				
05/16/17		08/16/					100000000000000000000000000000000000000		Valodka							
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addı	ress							
X Facility Closed/Vaca	ited During Entire I	Period of	Abatem	ent			156 I	Мар	ole Ave.							
Abatement Performe							City, S	tate,	Zip Code						-7:	
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		present .	Renova Demolit				Full Containment with Negative Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Fria									
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exterio		*		winc	low car	ulk		20) pcs							
Name of Registered Waste Hauler					l /aste	Cubic	Yards		Name of Re			100	-	-		
Newark Carting Inc.					No.	of Was	Waste									
City, State						100	al Date	Assert N	City, State		(c		-			
Newark, NJ Completed by		Title				08/17			Pen Argy	i, P/	4	T	_			
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Date of Notification (1) 05-16-2017			Name of Eric O	Building rtner	Owner/C	perator	(2)			MAY	9	2017	1000	IJ		
Agencies Notified Type Notification	n newe-trib		Street A								-		+			
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Emergency justification)	including			Contact					Tala	-bana N	mher					
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Name of Facility Where Abatement is Takin	a Plana (2)		FACI	LITY INFO	ORMATI	ON	Type of Fac	ailib (/ /)			-					
Private Dwelling	g Flace (3)						_									
Street Address								l (K-12)	Othe	r than K-	2)					
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Springfield NJ 07081							N/A		N/A		1 3	N/A	90			
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Union		- 1	(STATE L	JSE ONLY)				3/2			ő					
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	l No.		Name	of Abatemer	nt Contrac	ctor ((9)	*					
Standard Environmental						Ama	x Contrac	ting LLC	0							
Street Address			*				Address									
2108 Fulton St Suite 2A							30X 734									
City, State, Zip Code Brooklyn NY 11233	poklyn NY 11233						tate, Zip Cod dland Parl		424	ŀ						
Project Manager for Monitoring Firm			Telephor				one No.			License	0.					
Kayode Adefisoye				1-7673			692-6298			01266						
Start Date (10)	Scheduled		npletion [Date (11)			of OSHA Mo									
05-27-2017	06-03-2						x Contract	ing LLC	_							
Occupancy Status During Abatement (Chec							Address BOX 734									
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn							tate, Zip Cod	10					_			
Other - Describe:	.a. r domity .	10010					dland Par		424	1						
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Amax Contracting LLC	Н	auler ID	No.	of Was	ste	Fo	rest HIL									
City, State Woodland Park NJ 07424			Disposal Date 06-08-2017				///									
Completed by	Title					Signature // Signature //										
Tome Maslarkov	t Ma	nager		2,70	11/2. 0.					(5-16-2017						