UK 2132	PAI	D	NOTII	FICATIO Pursuan	State of Ne N OF ASE It to NJAC	BESTOS 8:60 ar	ABATE d 12:12	0)	T			MAY			)19			
Date of Notification (1) 5/21/19	Name of Building Owner/Operator (2)  Megan O'Connor									L	-	11.	fee					
	Type Notification				ASBESTOS CONTRO													
EPA DEP DOL	Initial Amended Amendment #1 Ridgewood, NJ 07450										LIVERVIII TO CONTRACTOR CONTRACTO							
DOH DCA	Emergency justification) Cancellation		J	Mega	of Contact an O'Cor	nnor				Telephone Number								
Name of Facility Where Ab	atement is Takir	ng Place (	3)	FAC	ILITY INF	ORMAT	ION	Тур	e of Facility (	4)								
Residential Home Street Address								X	School (K-1 Subchapter Other (i.e. p	2) 8 (Oth	er than & comm	K-12) nercial	build	dings	, home:			
City (5) Ridgewood								Squ 183	are Feet 30	# of Floors			Bldg. Ag 65 +/-					
County (6) Bergen					Code (7) USE ONLY	)			rent Use (Prio		ing dem	olishe	ed)					
Name of Monitoring Firm Hi Project Manager	ired by Building	Owner (8	)	ASC	M No.			of Ab	atement Con	ontractor (9)								
Street Address																		
City, State, Zip Code	, State, Zip Code									7663								
Project Manager for Monitor		Telepho	one No.		Telephone No. License No. 201-600-3184 01305													
Start Date (10) 5/28/19									SHA Monitor		0130							
Occupancy Status During A	batement (Chec	k Only O	ne)				Street	Addre	ess					-	-			
Facility Closed/Vacated Abatement Performed  Other – Describe: 8 A.I	Outside of Norm	Period of a nal Facility	Abater / Hour	ment s			City, S	tate, 2	Zip Code									
Scope of Work (Check All T	hat Apply)																	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demoli				×	Mi GI	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure								
		10.00	Locat	7.77.77				1 140	JII-Exempled	() and	1 10011-1	Ilable	-	Abate	ement pe			
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	Normal d Sole intena odial s (12)	ely by nce/		tos Cont thermal surfac	Description of is Containing Material (ACM) nermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)			Repair	Encapsulate					
		Yes	No	N/A									Removal		ate			
	Main Basement Area x					VAT					293 SF							
Hallway	Hallway x					VAT					1 SF	)	<					
												-			_			
Name of Registered Waste I All Stages Abatement	Hauler		Н	JUDEP W lauler ID 036592	No.	Cubic of Was 3 yd			Name of R				Lan	dfill				
City, State Saddle Brook, NJ							al Date		City, State Pen Arg		A							
Completed by Richard Cristofol	Title President						ignature					Date 5/2						

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CKG133 PA		NOTIF (F	ICATIO	N OF ASE t to NJAC	BESTOS	ABATE	MENT (	n	EC	El	V	EI			
Date of Notification (1) 5/22/19			Phylli	of Building is Higgin		Operator	(2)	M	MAY	2 4	2010	$\parallel$			
Agencies Notified  Type Notification  Initial  DEP  Amended		Street Address  City, State, Zip Code										11.8			
X DOL Amendment X Emergency		<u>,                                    </u>		River, N		53		ASBESTOS CONTROL & LICENSING							
DOH justification)  DCA Cancellation	8 8		Phylli	of Contact s Higgin			***************************************	Telephone Number							
Name of Facility Where Abatement is Takin	g Place (	3)	FAC	ILITY INF	ORMAT	ION	Type of Facilit	y (4)							
Residential Home Street Address							School (F	School (K-12)							
out out / duliess							Other (i.e	ter 8 (Ot . private	her than K & comme	(-12) ercial bui	ldings	, home			
City (5) Toms River							etc.) Square Feet	2		Bldg. Age					
County (6)		Т		Code (7)			2000 Current Use (F		65 +/-						
Ocean  Name of Monitoring Firm Hired by Building (		- 1		USE ONLY			Residential	Home		liorica)					
Project Manager	)	ASCI	M No.			e of Abatement Contractor (9) Stages Abatement									
Street Address							Address N. Midland Ave.								
City, State, Zip Code					City, S	State, Zip Code dle Brook, NJ 07663									
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph	ohone No. License No. -600-3184 01305									
Start Date (10) 5/24/19	ed Con	pletion	Date (11)		Name	of OSHA Monito	or			About the					
Occupancy Status During Abatement (Check				Street	Address										
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	eriod of a al Facility	Abatem / Hours	ent			tate, Zip Code	de								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	_	Renovat Demoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	100	Location	25000	1/2							Abatement Type				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	d Solel intenan todial S (12)	y by ce/ taff?	Asbest (i.e.	tos Conta thermal surfac	cription aining M systems sing, VAT niscelland	aterial (ACM) insulation, Γ, or	(S	Removal	Repair	Encapsulate					
Living Room	Yes	No X	N/A			\/AT		-	00.05			Ф			
Hallway	X				VAT VAT			96 SF 96 SF	X						
						771			.0 31	X					
Name of Registered Waste Hauler		N	IDEP W	aste	Cubic \	/arde	Nome	f Dogiation	ered Landf	SII .					
All Stages Abatement		На	uler ID 36592	No.	of Was				al Sanita		ndfill				
City, State Saddle Brook, NJ					Dispos: TBD	al Date	City, Sta	ate		w. <b>x</b> ue. WYSSC					
Completed by Richard Cristofol	TBD Pen Argyl, PA							Date 5/22/19							

										A.					Pr	t F
CKD 6105	51001PA	AID		CATION	ate of Nev OF ASBI to NJAC	ESTOS A	BATE		The second secon	(D)	EC	9 [		$\mathbb{V}$		il consequences
Date of Notification (1) 05/22/2019			(2) nd Co	mpany		MA	ΙΥ	2 4	2019	1	-					
Agencies Notified	Type Notification Street Address													C019		bo
EPA DEP  DOL	Initial Amended Amendmen				ite, Zip Co igton, DI		ASBESTICS CONTROL LICENSING									
DOH DCA	Emergency justification) Cancellation				Contact Mumink	(		Telephone Number 856-276-9224								
				FACI	LITY INFO	ORMATIC	ON		-			_		-	_	
Name of Facility Where DuPont Chambers			)					_	of Facility School (K-	505						
Street Address Canal Road							,		Subchapte Other (i.e. etc.)	r 8 (Oth				lings, l	nom	-1
City (5) Deepwater								Squar 1200	re Feet 00	# c	of Floors			ldg. Aç O+	je	
County (6) Salem										ior if be ant La	ing demo	olish	ed)			
Name of Monitoring Firm Harvard Environme	,	No.			ctor (9) al Service Company											
Street Address 760 Pulaski Highwa							Address 7 Spillman Drive							-		
City, State, Zip Code Bear, DE 19701								, State, Zip Code thlehem, PA 18015								_
Project Manager for Mor JT Morrison	nitoring Firm		- 11	Telephoi		*	none No			Licens		).				
Start Date (10) 06/05/2019	Scheduled Completion Date (11) 08/29/2019						Name of OSHA Monitor Brandenburg								7	
Occupancy Status Durin			ř.				Street	Addres		/A						-
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours			-	City, S	ty, State, Zip Code Bethlehem PA 18015							7	
Scope of Work (Check A					1000		Betn	lenem	1 PA 180	115					-	-
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ш ттас другу	31	enova emolit	30.500 t			×	Min	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	-					2000
1 9000cm+07		17500	Locati	20000000		-							Abateme Type			
Asbestos-Containing TO BE AB In Faci (13)	d Sole ntenar odial S (12)	ly by nce/		Description of sbestos Containing Material (ACN (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)							Removal	Repair	Encapsulate	Enclosure		
First FI	oor	Yes	No	N/A X		т-	ansite		-	40	000 SF		v		е	_
				-									X			-
First FI	5333			X		Cove B	nterto				10 SF 55 LF		X			-
First FI				X	ļ	Floor				-	60 SF		X		- 1	<u></u>
Name of Registered Was			I N	JDEP W	/aste	Cubic	51111000010101	asuc	Name of	100		ndfill	Δ.			_
Waste Management			Н	lauler ID 7273		of Wasi			Salem				men	t Autl	nori	8:
City, State Camden, NJ			osal Date City, State 0/19-8/30/19 Alloway NJ								-					

Completed by

Stephen Carne

Title

Environmental Manager

Date

05/22/19

Signature

DKH 9612											rint		
PAI		NOTII (I	FICATIO	state of New Jerse N OF ASBESTOS t to NJAC 8:60 an	ABATE	MENT 0)	DE	C E	-[	$\overline{\mathbb{V}}$			
Date of Notification (1) 5/23/	19	E	Name PSE8	of Building Owner/	Operator	1111 M	AY 2	4 2	201!				
Agencies Notified  Type Notification  Type Notification  Initial  Amended  Amended  Amendmen			4000 City, St	Address HADLEY ROA tate, Zip Code TH PLAINFIELI		ASBESTOS CONTRO LICENSING							
□ DOH	(includin ) n		Name o	Name of Contact  M: KE ESCAM; LLA  FACILITY INFORMATION  Telephone Number  973-417-6									
Name of Facility Where Abatement is Takin  PSE4 G  Street Address  234 PERSON		7/87							ildings	s, ho	ies,		
ED:SON		,				Square Feet	# of Floors		Bldg.	,	' v		
County (6) MIDDLESE	<			Code (7) USE ONLY)		Current Use (Pri	for if being demol	ished)	, ,		7		
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8	3)	ASCI 004	M No." 5		me of Abatement Contractor (9) NIQUE SYSTEMS OF AMERICA, INC.							
Street Address 64 BROAD STREET			*		Address WHITEHEAD								
City, State, Zip Code MATAWAN, NJ 07747				a-		tate, Zip Code TH RIVER, N.	J 08882						
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	one No. 90-2217		one No. 432-8350	License 01111	No.			-		
Start Date (10) 6/10/19		6/	mpletion	Date (11)		of OSHA Monitor	S OF AMERIC	CA, IN		_			
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Messan	Period of	Abaten	3	nly	396 V City, St	Address VHITEHEAD / tate, Zip Code TH RIVER, N.				_	_		
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If	_	Renova Demolit		/	Z.	Full Containme Mini-Enclosure Glovebag Prod	ent with Negative						
Location of		s Locati Normal			922.337		( ) 4.14 ( ) ( )		Abatem Type				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Norma Used Sole Maintena Custodial \$(12)			ly by nce/	Asbestos Cont (i.e. thermal surface	scription aining M systems sing, VAT niscellane	atërial (ACM) insulation, Г, or	Amount (Specify SF or LF)	Remova	Repair	Circapsulate	Eliciosula		
Control Room	Yes	No ×	N/A	TRANS!TE	Flo	OR PANOIS	310 SF			апе	-		
Name of Registered Waste Hauler /EOLIA		Н	JDEP W auler ID 306313	No. of Was	te	100000000000000000000000000000000000000	Registered Landf						
City, State FLANDERS, NJ				Dispos TBD	al Date	City, State					5		
Completed by CAROL RAIMO	Title	ICE M	IGR	Si	gnature	1, 11		ate	19:	2 ,	_		

CK #96													M		
Date of Notification (1)	5/23/19			Name of	f Building C G	)wner/C	perator	(2)	ШЦ	MAY	2	4 20	19		UIII
Agencies Notified	Type Notification		- 1		reet Address									- Company	
EPA DEP	Initial Amended			City, State, Zip Code  ASBESTOS CONTROL & LICENSING											
▼ DOH	Amendment # SOUTH PLAINFIELD, NJ 7080  Emergency (including justification) Name of Contact Telephone Number												N. Constitution of the Con	Marine del	-
DOH DCA	Cancellation  M: KE ESCAM: 11A 973-417-05  FACILITY INFORMATION													5 9	
Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)														-	-
Street Address  School (K-12) Subchapter 8 (Other than K-12)															
776 NEW NOVER RN Street, Other (i.e. private & commercial buildings, etc.)												ings,	hoı	<b>∋</b> S,	
City (5)	55 59	0.0		J.,				Square Fee		# of Floor	s -	100000	dg. A	-	
County (6)	SON			County (				Current Use	O Prior	if being der	nolish	ed)	X	8	YRS
Mi D D  Name of Monitoring Firm	LESEX	(0)		70	JSE ONLY)	2		. f. A.L		BSTA	17:	01	5	_	
ENVIRONMENTAL		wner (8)		0045				of Abatement UE SYST			RICA	, INC	<b>;</b> .		
Street Address 64 BROAD STREE	Т			1				Address VHITEHE	AD AV	/F					
City, State, Zip Code					City, St	State, Zip Code									
MATAWAN, NJ 07747 SOUTH RIV  Project Manager for Monitoring Firm Telephone No. Telephone No.									R, NJ C		nse No				
TOM GEIGER 732-290-2217 732-432-8350									011		J.				
Start Date (10) 6/	rt Date (10) 6/11/19 Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA, INC											;			
Occupancy Status During			e)		<del></del>			Address VHITEHE	AD A\	/E.					
Abatement Perform  Other – Describe:	ated During Entire Pred Outside of Norman Melessan	al Facility	Hours	,	nly		City, St	ate, Zip Cod TH RIVER	le						
Scope of Work (Check A	/	_/_			/_			TITINIVE	ι, 140 ι	0002		21-20		_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti				9	Mini-Encl Glovebag	osure Proced					3	
		ls l	Locati	on		2000		Non-Exer	nptea (	*) and Non-	-гпаы		me		
Location		N	ormall Sole	у			scription			Тур					
Asbestos-Containing <u>TO BE AB/</u> In Facil (13)	ATED ` ´	Mair	ntenar odial S (12)	nce/	(i.e. t	hermal surfac			Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>		ate	9
CONTROL	Room		X		TRANS	site	F/00	e PANE	IS	110	5F	X			
														-	
											=3 78=			-	
Name of Registered Was VEOLIA	te Hauler		Н	JDEP Wauler ID	No.	Cubic of Was	ste			egistered La					
City, State FLANDERS, NJ							sal Date	City,	State	VILLE, P.					
Completed by CAROL RAIMO	-	Title OFFIC	CE M	IGR.		S	ignature			aima		e 5	23,	1	,

F nt Form