State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

CK 3010

		(Pursua	nt to I	NJAC 8:60-7 and 12:12	0-7)					7
		(1 4.10		Name of Building Ov	vner/Operator (2)	W - 5 Water and an all and a			
Date of Notification (1)				MERCK SHARP & DO	OHME CORP.	1	E	(A)	E	-Wi
10 / 26 /16				Street Address			_ 5_	U		14
Agencies Notified Type Notifi	cation			126 E. LINCOLN AVE	NUE, P.O. BOX	2000, RY28-414				-
-	Notification	ř		City, State, Zip Code		Annual Control of the	P	107	4	2016
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ded Notific			RAHWAY, NEW JER	SEY 07065			1000		6010
	ellation					Telephone Numb	er			
V DON H	old			Name of Contact		Telephone jvanie	SBE	STO	SCC	NTRO
DCA EME	RGENCY N			Sandra M. Schenk		-		TIO	ENO	1
			FACII	ITY INFORMATION	Type of Facility	(4)				\neg
Name of Facility Where Abatement	s Taking P	lace (3)			School (K-					
					Subchapte	r 8 (Other than K-	-12)			
MERCK SHARP & DOHME CORPOR	ATION				X Other (ie.	orivate & commcl.	bldgs.,	home	es, etc	.)
					Square Feet			Bldg.	Age	
Street Address 126 EAST LINCOLN AVENUE - EXTE	RIOR BET	WEEN B	JILDI	NGS 89 & 32						_
	nty (6)	******	Т	County Code (7)	Current Use (Pr	ior if being demoli	shed)			
City (3)	500,000			(STATE USE ONLY)	OFFICE		(0)			-
Name of Monitoring Firm Hired by		wner (8)	-	ASCM No.	Name of Abate	ment Contractor	(9)	NI.		
ENVIRONMETAL HEALTH INVESTIG	GATIONS, I	NC.		104		MENTAL CORPO	RATIO	/IN		-
Street Address					Street Address 313 SPOOK RO	OCK BOAD				
655 WEST SHORE TRAIL					City, State, Zip					\neg
City State 7in Code					City, State, Zip	W YORK 10901				
SPARTA	, NEW JER	SEY 0787	1		Telephone Nun		ense Nu	ımber		
Project Manager for Monitoring Firm		Telepho			845-369-7500	110	1			
WILLIAM S. KERBEL, CIH	- 10 1	973-729		n Date (11)	Name of OSHA	Monitor		1000	C-SCORE -	
Expected State Date (10)	Sch	ed. Com	Jietio	30 /16	AMERISCI LA	BORATORIES IN	C	#1	1480	
11 / 5 /16 Month Day Year	М	onth		Day Year						-
Ossupancy Status During Abatemen	t (Check on	ly one)			Street Address					
La cility Closed Vacated	uring Entire	e Period o	f Aba	tement	117 EAST 301	H SINCLI				
Abatement Performed Ou	itside of Noi	rmal Facil	ity Ho	ours - Describe:	City, State, Zip	Code				
X Other - Describe: SA	TURDAY 7	AM-5 PM			NE	W YORK, NEW Y	ORK 1	0016		
- Charle all that apply	1			Full Con	tainment with Ne	gative Pressure				
Scope of Work (Check all that apply Demolition	X Rer	novation		Mini-End						
X >3SF OR LF					ag Procedure					
>160 SF OR 260 LF					able Procedure		A	hatem	ent Ty	ре
Location of		s Location		Description of A Containing Mate	Asbestos- Arial (ACM)	Amount		-		
Asbestos-containing	no	rmally us solely by		(ie. Thermal		(Specify	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Material (ACM)	N/a	solely by aint/Custo	98 8	insulation, surfa	cing, VAT,	SF or LF)	8	'n	PS	SO
TO BE ABATED in Facility (13)	1410	Staff (12)	200000000000000000000000000000000000000	or other misce	llaneous)	1	1		E	교
in Facility (10)	Ye	s No N	I/A				-	+	1	111
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		>	,	PIPE INSULATION		20 LN. FT.				
BUILDINGS 89 & 32		+	· r	IFE INSOLATION			X			
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		++	+							
	15.	JDEP Wa	ctc	Cubic Yards of Waste	Name of Rec	gistered Landfill		7-20-20-2		
Name of Registered Waste Hauler	7.5	JDEP wa auler ID N	2000	2	LYCOMING	COUNTY RESOL	JRCE N	IANA	GEME	NT SE
FREEHOLD CARTAGE, INC.	lu.	15939	100000		447 ALEXAN	DER DRIVE/ROU	JTE 15			
825 HIGHVVAT 33				Disposal Date	City, State	2				
City, State				11/5/16-11/30/16	MONTGOIM	RY , PA 17752	nato	1		1
FREEHOLD, NEW JERSEY Completed by (Print or Type) Title				Signature	HXX		Date /()/=	26/	16
Completed by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR				RATIONS /	1100		-	10	1	

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) Borough of Bergenfield October 26, 2016 Agencies Notified Notification Type Street Address ☑ Initial Notification 198 North Washington Avenue X EPA ASBESTOS CONTROL & City, State, Zip Code □ Amended Certification DCA LICENSING Bergenfield, NJ 07621 x DOL Telephone Number justification) Name of Contact X DEP Phil Neville □ Cancelled x DOH FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) Bergenfield DPW ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 198 North Washington Avenue Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 70 years County Code (7) County (6) City (5) (State Use Only) Current Use (prior if being demolished): Bergenfield Bergen Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 00079 EnviroVision Consultants inc. GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 Wagaraw Road, Bldg # 35E **511 MAIN STREET** City State, ZipCode City, State, Zip Code Butler, NJ 07405 Fairlawn, NJ 07410 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number Fred Larson 973-636-9145 00840 973-492-0477 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) October 28, 2016 October 27, 2016 EMSL inc. Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Other - Describe: 7am-6pm Piscataway, NJ 08854 Source of Work (Check all that apply) Full Containment with Negative Pressure Renovation \geq 3 sf or \geq 3 lf Demolition x Glovebag Procedure □≥ 160 sf or ≥ 260 Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Location of Asbestos-Containing Is Location Normally Used (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NA X 9 Bsmt Mech Room Pipe & fitting insulation NJDEP Waste Hauler ID # Name of Registered Landfill Name of Reg. Waste Hauler Cubic Yards of Waste: Meadowfill Landfill See Hauler Below #1 & 2 See Below 1 G.R.O.W.S Minerva Ent. Ohio City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Route 2. Box 68 October 28, 2016 NJ DEP # 12561 NY DEP # Bridgeport, WVA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 304-842-2784 Completed by (Print or Type) Signature October 26, 2016 SENIOR PROJECT Marin Graure Marin Graure MANAGER

26 2016 04:11PM N	J ASDES	ma Contr)(00:	7,033,0004	P-3										
From:GREENWOO	D ABAT	EMENT		197348	20133 10	/25/2016	15:58	#2	242 P		004				
OL 1249	50	State of N			ication of Asbestos 2. 8:60-7 and 12:120-7;		nt	<u>5</u>	UD I	<u> </u>	2016				
October 28, 2016					Name of Building Owner Borough of Berg			100	Edito	10	INTRO				
Agentales Notified		Notification	Type		Sirest Address		-	1	410	1	30				
X EPA		DAmend		tification	198 North Washin	gton Aven	ue		1	_					
DGA x DOL				(including	Bergenfield, NJ 07621										
X DEP		Justin	cation)		Name of Contact Phil Neville Telephone Number										
x DOH		□ Cance		EACH ITY IN	FORMATION				-						
Name of Facility Where Abou	arrent la Ta	(1) (1) (1)		TAGISTI DE	Tyte of Facility (4)		-			_					
Bergenfleid DPW					School (K-12) Subchapter 8 (other th										
Street Address 198 North Washingto	n Aven	10			Other (i.e. private	6 commercial	buildings, h	mes, e	itc.)						
City (5)	County (6		Count	v Code (7)	Sa Fest: Unknown	of Floo	18: 2 Bld	a. Ans	70	years					
Bergenfield	Berger	Ī		Lies Only)	Current Use (prior if bein	g damallahed	i):								
Name of Monitoring Frm Him EnviroVision Cons			ASCN		Name of Commeter (5)										
Strent Address	MINE .	uic.			GREENWOOD ABATEMENT CONSULTANTS, INC.										
20-21 Wagaraw Road	, Bldg #	35E													
City State Zin Code			-		511 MAIN STREET City State, ZipCode										
Fairlawn, NJ 07410					Butler, NJ 07405										
Project Marager for Monitorin Fred Larson	g.Eim	873-836			1elephone Number 973-492-0477		DD840	lumber							
Scheduled Start Date (10) October 27, 2016		Scheduled (Omelalis	on Date (11)	Name of OSHA Monitor		- VDOSV				-				
		October		16	EMSL Inc.										
Cocupancy Status During A Facility Closed/Vecate	d During &	ntire Feriod	of Abota	mani	Street Address										
Absternent Performed	Outside of	Normal Fac	by Hou	ra -	1056 Stalton Road										
Other - Describe: 78	m-6pm														
					Piscataway, NJ 06	854									
Source of Work (Check all the	SD DAY						-								
≥ 3 sf or ≥ 3 h				Renovation		Full Contain	nment with	Negati	ve Prot	SINE					
D≥ 160 of or ≥ 2				Demolition		K Glovebea	Procedure								
Location of Asbastos-Contains		cation Normal	y Used	Description of Asi	cestos Containing Meterial	Non-Exems	oted (*) and	Non-F	riable i	Preced	100				
Material (ACM) in Facility (13)	(ACM) (i.e. therm VAT, or other miss	hermal systems insulation, surfacing. (Specify SF													
Bamt Mech Room	Pipe & fitting	insulation	9	DE			T								
Name of Reg. Waste Heuler See Hauler Below # 1 & 2	Cubic Yards of Waste:		Name of F			di									
==4) (SRIC) DOMA 4 0 (See Below	ji		1		Meadow G.R.O.V		ngall						
Hauler #1) Greenwood	A bra ba	nt Consults	mbo 1-	a Bratis Miss	2405	Blancast 5	Minerva	Ent. C							
NIUE 443	ead alv P		HUM, IE)	c puller, MJ 0	11400	Disposal Da		EI	v. Ship	- A					

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07498 NJ DEP # 12561 NY DEP # Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEF # 19551

October 28, 2018

City, State Route 2, Box 68 Bridgepon, WyA 304-642-2784

Completed by (Print or Type) Marin Graune

SENIOR PROJECT MANAGER

Signature Marin Grans

October 28, 2016

GAC # 2016-586

CIL 8302

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Ch # 8362

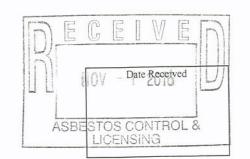
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Date of Notification (1)	10/27/16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Building oo Dev		/Operator (2) ers		And the same of th		NOV	- 1	201	6		
Agencies Notified	Type of Notifical	ion Stre	et Ac	ldress	•	lley Road				ASBESTO	s co	NTF	ROL	1 %	
[] DEP [X] DOL	[X] Initial Notification	City		e, Zip C ah, NJ		il il					ENISI				
[X] DOH	Notification	No	no of	Contact				Telephon	e Nun	nhar					
[] DCA	[] Cancellation			Decar				relephon	e Ivuii	a l					
	[1] Sunsanana	116	alin	000000000000000000000000000000000000000										_	
				F	ACILIT	Y INFORMATION	T = 10								
Name of Facility Where	e Abatement is Ta	iking Place	(3)				Type of Facili	ool (K-12)							
Residence		-					l [] Subo	chapter 8 (0	Other ate an	than K-12) d commercia	l buildi	ngs.			
Street Address								nes, etc.)				J .			
							Square Feet	# 01	f Floor	rs BI	dg. Age	9	-	-	
City (5)		County (6	5)			unty Code (7)	2000	2		~7					
Tenafly		Berger	1		(ST	TATE USE ONLY)	Current Use (residence	(Prior if bei	ng der	molished)					
Name of Monitoring Fi	rm Hired by Buildi	na Owner	T A	SCM No	.	Name of Abatem		(9)							
N/A			250(10)	00			upiter Envi	Walter and the second	al S	ervices, Ir	nc.				
Street Address						Street Address			11 11 11 11 11 11						
						3	23 Change	bridge F	ridge Rd., Suite 100						
City, State, Zip Code						N. 1. 0.7.0									
						, NJ 070	/ US8 License Number								
Project Manager for M	onitoring Firm	Teleph	Telephone Number 973-575-8700							License i		085	2		
Scheduled Start Date	(10) Sche	d. Comple	tion F) ate (11		Name of OSHA I		00			0	000		_	
11/5/16		11/8		Jato (11)				mental l	ntal Laboratories, LLC						
	d/Vacated During	Entire Per	iod of			Street Address	333 Route	22W	W						
Desc	rformed Outside or ribe: cribe: <u>partially vac</u>		-acilit	y Hours	-	City, State, Zip C	te, Zip Code Union, NJ 07083								
Scope of Work (Check	(all that apply)														
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥				[]	Renov	ration	[] N	Full Contain Mini – Enclo Glovebag P Non – Frial	sure roced		Press	ure			
			ocati			177000	0.1-740-1-401 0-0-740 - 401				1/1/23	ater	men	t	
Locatio	n of		nally to				ription of — Containing			Amount	R	pe R	E	E	
Asbestos – C		Mainte				Materi	al (ACM)			(Specify	E	Е	N	Ν	
Material (todia	Staff	(12)			mal systems surfacing, VAT,			SF or LF)	M	P	C	C L	
TO BE AB							iscellaneous)				V	1	P	0	
(13)		Yes	No	N/A							A	R	S	S	
outorior			X		siding	1				900 SF	L		0	U	
exterior					Sidilig										
							7								
Name of Registered V		202		Vaste	1000	cubic Yards of Waste	Name of Re		andfill						
Jupiter Environn	Environmental Services Hauler ID No. Of Waste 04782 Of Waste 5						Alliance	Landilli							
City, State							City, State					100		1-0,00	
Pine Brook, NJ		11/15/16					Taylor, F	Α							
Completed By (Print o	r Type)	Title		N //		Signature				Date 10/2	7/16				
Pane Repic		Gene	General Manager					7		10/2	1110				
ASR_41 IIIN 95															

				State	of New J	lersey	ATEN	IENT [THE IN	IC II	\\//	IC,	<u></u>		
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ate of Notification (1)			Nan	ne of B	uilding Ow	vner/Operato	or (2)		\$105	1 1	2016		Participant,		
10 /	27 , 16		Taba	Dron	nfleck				LL MOV	l.	CUIU		-		
				et Ado											
encies Notified	Type Notification		300	GEL AGE	11000				ASBEST	OS CO	NTR	OL 8	1		
EPA	Amended		City	State	, Zip Code	2			LI	CENSI	VG_		1		
DOLWD DHSS	Amendment #		1			-									
DH33	☐ Emergency (include	ding			J 08618			1.	Telephone Number	ег			1		
(NJAC 5:23-8)	justification)		0		Contact										
	Cancellation		100		nnfleck								1		
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ame of Facility Where	Abatement is Taking Pl	lace (3)						ype of Facility (4)						
							-	School (K-12)	Other than K-1 2)						
ivate house treet Address							5	Other (i.e., pri	vate and commerc	cial buildir	ngs,		1		
lieet Address								homes, etc.)					4		
(5)							S	quare Feet	# of Floors	Bldg.	Age				
City (5)															
wing, NJ 08618				County (ode (7) (S	TATE USE OF	VLY)	Current Use (Pric	or if being demolis	shed)					
County (6)			1												
lercer Name of Monitoring Fire	Building Ou	mer (8)	TAS	CM No		Name of Ab	atemen	t Contractor (9)							
Name of Monitoring Fire	n mired by building Ow	(0)	7.0	JIN 140		Gr Tech LL									
						Street Addre									
Street Address						76 Valley		83							
						City, State,									
City, State, Zip Code															
						Wayne, NJ Telephone I)	License No.			12:16:1			
Project Manager for Mo	nitoring Firm		Telepr	one No					01127						
						973-638-17		- itor	01127						
Start Date (10)	Schedu				1 1	Name of O									
11 / 05	1 16 1	1_/_	06	_ / _	16			nsultants,Inc			-				
Occupancy Status Duri		only on	e)			Street Addr									
M Facility Closed/Vac	ated During Entire Per	iod of A	batem	ent		20-21 Wag	garaw	Road, Bldg .#	35E						
- 1 D- do m	and Outside of Normal	Facility	Hours	- uesc	ribe	City, State,	Zip Co	de							
Time of Abatement	AMPN	A/	_PM	^	M.	Fair Lawn	, NJ 0	7410				_	_		
Scope of Work (Check	all that apply)					ПС	lean up	and decontamin	nation with negati	ve pressu	ile				
	an mar apply)		~					tainment with Ne							
>3 sf or >3 lf > 160 sf or >260 lf		Ren	iovatio nolitior	n 3		KZ 0	Lauraha	a Dracedure	Tent with Negati	ve Pressu	ire				
$\triangle \geq 160 \text{ sf or } \geq 260 \text{ lf}$		□ per	HOHEIO	1.		□ N	on-Exe	mpted (*) and N	on-Friable Proced	2010	1	. T.			
		Is	Locati	on							teme				
Locat	ion of		ormal			Desci	ription	of CMA	Amount	Re	Repair	Encapsulate	Eliciosolic		
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TO BE A			odial S		(1.0	surfacir	ng, VAT	, or	SIF or LF)	val	,	ula	-		
	acility 3)		(12)	,		other mis	scellane	eous)				6			
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	116-								-				-		
			П	П							Ш	Ш	L		
	101 -1 - 111		NI	DEP Wasi	e Hauler ID No	o. Cubic Yard	s of Wa	ste Name of Re	gistered Landfill						
Name of Registered	waste Hauler							T.R.R.F. In							
Gr Tech LLC				00337	85	TBD		City, State	10						
City, State						Disposal			DA						
						TBD		Tullytown,	PA	Date	-				
Completed By (Print	or Type) Til	tie				Sign	nature	7 1 1	0						
	1	unar					/7	ente wend	ad	10/27/1	6		_		
Wayne, NJ 07470 Completed By (Print N.Jevtic	di Type/	tle wner					nature	Tullytown,		Date 10/27/1	6		-		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

OCOUG	irsuant t	o NJAC	8:60 ar	nd 12:12	0)				<u> </u>							
Date of Notification (1)	october 26, 2016	A A		N	Vame of B	uilding O	wner/Opera Ralph l	ator (2 Pass	2) ero	NOV -	38	060	لالله			
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [] DCA	Amend	Notificat ed Notif ment #_ ency (inc ation)	fication	(City, State	, Zip Code	Toms I	Rive	r, NJ 08753	ASBESTOS LICEI	CON	CONTROL &				
				FACII	ITY IN	FORM								_		
Name of Facility Where Ab Res Street Address	patement is Taking P idence	lace (3)		THOIL				Тур	[j [x]	School (k-12) Subchapter 8 (other (i.e., private			l buildir	ıgs,		
City		County	7 (6)		ounty Coo	de (7) SE ONLY)		uare feet 1500 sf	homes, etc.) # of Floors 1	Bldg.	Age 6()			
Toms River		Ocean	n					Cu	rrent Use (Prior if b Residence							
Name of Monitoring Firm		wner (8)	А	SCM No		Name of Abatement Contractor (9) Guardian Contracting, Inc.									
Street Address				Street Ac	dress		ute 9, Unit 61									
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 0														
Project Manager for Monit	toring Firm		Telephone N	lumber	Telephone Ivalities						e Number 4					
Scheduled Start Date (10) 11/8/16			Scheduled C		Date (11)	Name of	OSH	IA Monitor E.M.S.L	. Analytical						
Occupancy Status During	Abatement (Check of ility Closed/Vacated	During) Entire Period	l of Abate			Street A		1056 Ste	elton Road						
	atement Performed (ner – Describe	Jutside (or Norman Fac	cility riou	15		City, Sta	ite, Zi	ip Code Piscatav	vay, New Jerse	y 088	54				
	that apply) sf or ≥3 lf 50 sf or ≥260 lf		[] [x]	Renovati Demoliti			[[[[x]]]	Full Containment v Mini-Enclosure Glovebag Procedur Non-Exempted (*)	re		re				
											Abat	ement '	Гуре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custod Staff (12) YES NO N/						Asi (i.e ins	Description of the control of the co	ontair ACM I syst urfac or	ning f) eems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E		
Exterior X						stos sidi	ng			1500 sf	X					
DACTO											-	-				
											-					
Name of Registered Wast	e Hauler		NJDEP Was	te Hauler	ID No.	Cubic Y	ards of Wa	iste	Name of Registe T.R.R.F.	red Landfill						
City, State	Contracting, Inc.			Dispos	al Date		City, S		n, Pennsylvania							
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Title Project Manager				11/10 ger	Signat	ure	Land	ytow	ii, i ciii,ayivama		Dat 10/	e 26/16	i			

Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms River, New Jersey 08755



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Po	stmark:		Notification							
TYPE OF NOTIFICATION (O - Original	R - Revised C - Can	ncelled):	0	II.	IS ASBESTOS PRESENT? (Yes/No):	Y				
I. FACILITY INFORMATION (identify own	ner, removal contractor a	and other oper	rator)								
OWNER NAME: Ralph	Passero										
Address:											
City: Toms River	State:	NJ		Zip:	08753						
Contact: Ralph	Passero			Tel:							
REMOVAL CONTRACTOR:	Guardian Contra	acting, Inc.			NJ License: 00624						
Address:	1889 Route 9, U	Jnit 61									
City: Toms River	State:	New Jerse	ey	Zip:	08755						
Contact:	Nicholas Fernic	ola		Tel:	732-349-9932		1.50				
OTHER OPERATOR (if different)					NJ License:						
Address:											
City:	State:			Zip:							
Contact:				Tel:							
V. TYPE OF OPERATION (D - Demo O	- Ordered Demo R -	Renovation	E - Emergency	Renovation):	D						
V. FACILITY DESCRIPTION (Including by	uilding name, number an	nd floor or roo	m number)								
Building Name: Resid	ence		10								
	Cable Drive										
City: Toms River	State:	New Jers	ey	County:	Ocean						
Site Location: Exterior											
Building Size: 1500 sf	# of Floor	rs:	I	Age in \	rears: 60						
Present Use: Residence		1.70	Prior Use:	Resider							
VI. PROCEDURE, INCLUDING ANALYT	ICAL METHOD, IF AP	PROPRIATE	, USED TO DE	TECT THE PRI	ESENCE OF ASBESTOS MA	TERIAL:					
IS MATERIAL ASSUMED TO BE ASS VII. APPROXIMATE AMOUNT OF ASSE	BESTOS?						riable				
	3103 INCLUDING.		RACM		, actival	Asbestos Not 1	Materia To Be				
 Regulated ACM to be removed Category I ACM not removed 			To Be Removed		LOCATION	Rem	noved				
3. Category II ACM not removed			Removed			Cat I	Cat II				
Pipes (Linear feet):											
Surface Area (Square feet): 1500	sf	Asbestos	siding		Exterior						
RACM Off Facility Component (Cubic	feet):										
VIII. SCHEDULE DATES ASBESTOS REMO	VAL (MM/DD/YY)	Start:	11/8	8/16	Complete:	11/9/16					

			THE REMOVATION	ON (continued)	@ EIW E D
ζ.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION WORK		USED	NOV = 1 2016
χi.	DESCRIPTION OF WORK PRACTICES AND EN AND RENOVATION SITE:			1	LIUENDING
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be place	roped off with caution tape a ed in double 6 mil. Bags, seal	and warning signs. Plastic sheeting led and labeled and placed in a loc	y will be placed on the ground be ked container for disposal.	low and the asbestos will be
	WASTE TRANSPORTER #1 Name: Guar	dian Contracting, In	ıc.		
xii.	1889	Route 9, Unit 61			
	Address: 1887	State: 1	New Jersey	Zip: 08'	755
	Nich	iolas Fernicola			
	Contact Ferson.	lords i strates			
	WASTE TRANSPORTER #2 Name:				
	Address:	Ctutu		Zip:	
	City:	State:			
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R	.R.F.			
	Location: Bor	dentown Road		T	
	City: Tullytown	State:	Pennsylvania	Zip: 19	9007
	0.15.042.0722			1494	
	Telephone: 215-943-9732 IF DEMOLITION ORDERED BY A GOVERNM	MENT AGENCY, PLEAS	SE IDENTIFY THE AGENCY	BELOW AND ATTACH	COPY OF ORDER
xiv.	20-47		Title:		
	Name:				
	Authority:		Date Ordered to Begin (M	IM/DD/YY):	
	Date of Order (MM/DD/YY):		Date of all 1		
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe cond				
xvi.	DESCRIPTION OF PROCEDURES TO BE FO ASBESTOS MATERIAL BECOMES CRUMB	DLLOWED IN THE EVE LED, PULVERIZED, OF	NT THAT UNEXPECTED A R REDUCED TO POWDER	SBESTOS IS FOUND OR	PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINE THE DEMOLITION OR RENOVATION AND AVAILABLE FOR INSPECTION DURING N	ORMAL BUSINESS HO	S OF THIS REGULATION (- E REQUIRED TRAINING H DURS. (Required after Noven	40 CFR PART 61, SUBPAR AS BEEN ACCOMPLISHE aber 20, 1991)	T M) WILL BE ONSITE DURING D BY THIS PERSON WILL BE October 26, 2016
	Nicholas Fernicola / Project Mana (Printed Name/Title)	ger	(Signature of Owner/C	perator)	(Date)
xviii	THAT THE ABOVE INFORMAT	TON IS CORRECT.			October 26, 2016
	Nicholas Fernicola / Project Mana (Printed Name/Title)	iger	(Signature of Owner/C	Operator)	(Date)

10/24/2016 03:06PM 18562248799

26PM	NJ	Aspestos	Control	003,033,000

ASS	RED	SERVICES	

page 1

NE.	AGE E	33/	34 <u>\</u> E	
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Date of Notification (1) 10/24/2016		Na M	me of Bu	VOOD I	ner/Operator	(2)			E	AS	BES	T,QS	S C	ON	TR
Agencies Notified Type Notification	10.00		set Addr 000 MA		OOD DRIV	Έ			The same		1	TÜE	11.15	21141	1
DEP Initial Amended Amended Amended Amended		Cit	y, State.	Zip Code SHADE	NJ 08052					OUT 2	4 .	·	7	7)	
Z DOH Justification) Canceltation	ncluding	Na N	me of Co	ontact EN WIL	LIAMS			1	Tala	Akana Mur	Mhar	17	d	6	
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lame of Facility Where Abstement is Taking PARK OROSSING APARTMENT H	Place (3) IOMES	V <u> </u>					7 Sch	Facility (4) tool (K-12)	r than K-1	5\				
Street Address 2000 MAPLEWOOD DRIVE					.,,		d Oth	iar (l.e. pri	ivate 8	commerc	lai buil	-			
Oity (5) MAPLE SHADE	1					1	square i		1	Floors	1	81dg. / 50+	Age		
County (6) :		C	ounty Co TATE US	de (7) S ONLY)		1	Current RESIL	Usa (Prior DENTIA	I bei	ATMEN	ined) VTŞ				
Name of Monitoring Firm Hired by Suitding C ACER ASSOC.	Owner (8)	1	ASCM N	lo.	Name AS:	5 U	Abater RED	nent Cont ENVIRC	ractor ON ME	(9) NTAL S	ERVI	CES	IN	iC.	
Street Address 1012 INDUSTRIAL DRIVE					570	Street Address 570 CLEMS RUN									
City, State, Zip Code WEST BERLIN NJ 08091					City, ML	City, State, Zip Code MULLICA HILL NJ 08062						_			
Project Manager for Monitoring Firm MATT DEPALMA			elephone 356-809		Tele: 610	Telephone No. 610-304-4676 Clicense No. 01145									
Start Date (10) 10/25/2018	Scheduled 10/27/20		eletion Da	ite (11)	Nam EN			Monitor							
Occupancy Status During Abatement (Chec			_,				ddress 7. 130	TROM	н						
Facility Olosed/Vacated During Entire I Abatement Performed Outside of Norm Other - Describe: UNIT VACANT DU	ANG REMO	OVAL	int		City,	SI	ate, Zip IAMIN	SON N	080	77					- Circle
Scope of Work (Check All That Apply)															
≥3 af or ≥3 If ≥16D st or ≥260 If		novati molitic				7	Mini-	Englosure shap Proc	i adura	n Nagative nd Non-F <u>rii</u>			ura		
· · · · · · · · · · · · · · · · · · ·	Т.	34				100000	14011		.,,		T	Aba	sten	nent	~-
Location of Aspestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Used Main Custo	Solel Solel Stenan diel S (12)	y by	Aspesti (i.e. l	os Containing hermal syste surtacing, '	Description of a Containing Material (AC hermal systems insulation auriscing, VAT, or other miscellaneous)			(Amount Specify For LF)	Removal	T	Тур	Encapsulate	Endosuse
	Yes	No	N/A									_	4		_
14 ASHWOOD COURT			X	-	DINT COM					80 SF	Х	_	1		
7 D HICKORY COURT	7 D HICKORY COURT X)		408F	X	+	+		
	+++	_	-									+	+		
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SE	RVICES	H	JDEP W: guler ID I 034895	No.	Cubic Yard of Waste 12	10				ANDFIL					
City, State MULLICA HILL NJ	***				Disposal D 10/27/20			City, Sta WAYN	ESB	URG, OI	Н				
Campleted by	THIS	ERA	L MAN	AGER	Signa	ture	Kuns	20/2	Lose	2011	Date 10/2	4/20	116		

Date of Notification (1) 10/24/2016			Building Owr EWOOD II	TD.		G E		\mathbb{W}	E	Part of the same				
Agencies Notified Type Notification	1000	Street Ad 2000 N	ddress MAPLEWC	OD DRIV	/E		The street of th	N	0V -	1	2016			
EPA	uding	MAPL	te, Zip Code E SHADE	NJ 08052	2		T-I-	ASBES				OL 8	8	
DOH justification Cancellation	dung		Contact REEN WILL	LIAMS			I reie	hone N	umber	101	NG_			
Name of Facility Where Abatement is Taking P	lace (3)	FACI	LITY INFORM	NOITAN	Type of Facility (4)									
PARK CROSSING APARTMENT HO	MES				H	School (K-12) Subchapter 8 (Other than K-12)								
Street Address 2000 MAPLEWOOD DRIVE					7	Other (i.e. preetc.)	ivate &	commer	cial bui			nes,		
City (5) MAPLE SHADE					80		1	Floors		31dg. 50+	Age			
County (6) CAMDEN			Code (7) USE ONLY) _		Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS									
Name of Monitoring Firm Hired by Building Own ACER ASSOC.	ner (8)	ASCN	/I No.	Nam AS	e of A SUR	batement Cont ED ENVIRO	ractor ()NME	9) NTAL S	SERV	ICE	SING	D .		
Street Address 1012 INDUSTRIAL DRIVE				Stree 57	et Add	ress EMS RUN								
City, State, Zip Code WEST BERLIN NJ 08091				City,	State	, Zip Code CA HILL NJ (08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telepho 856-8	ne No. 09-1202		lephone No. License No. 01145									
	cheduled Co 0/27/2010		Date (11)		ne of C	SHA Monitor	•							
Occupancy Status During Abatement (Check C			Н											
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: UNIT VACANT DURIN	riod of Abate Facility Hou NG REMOV	ement Irs AL		J 0807	7									
Scope of Work (Check All That Apply)	_								Б					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renor Demo	vation olition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur						dure	ra		
	Is Loc	otion				Non-Exempled	i () ain	1101111	lable I		ateme	ent		
Location of	Norm	nally		Descript				· ·		1	Туре			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	nance/ al Staff? 2)	(i.e. th	ermal system surfacing, other misce	ems in VAT, o	sulation, or	(S	mount specify or LF)	Kemovai	1	Repair	T constitute	Enclosure	
14 ASHWOOD COURT	Yes No	o N/A	.10	INT COM	1POL	JND	8	0 SF	X	+		+		
7 D HICKORY COURT		X		INT COM				OSF	X	+		+		
7 Billionetti dediti														
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERV	/ICES	NJDEP N Hauler II 003489	D No. 95	Cubic Yard of Waste 12		Name of MINEF	RVA LA							
City, State MULLICA HILL NJ			Disposal D 10/27/20		City, Stat WAYN	e ESBU	RG, O							
Completed by RON SWANSON	Title GENER	NERAL MANAGER Signature Succession 10/2					4/2	016						

^{*} Do not use this form for asbestos licensure exempted activities

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

Check # 0489

ate of Notification (1)						er/Operator ((2)							
0/24/16					of Jacks	son			-17-	TEI	9 15		W	Ī
gencies Notified	Type Notification			eet Addre 2 Jack))	9 <u></u>	U	/ _A /	느
EPA	Initial Amended		City	y, State, 2	Zip Code				11	7)	547	u 1	nan	
DEP DOL	Amended Amendment #_				NJ 0852	27			111	1)V -	1 6	2016	
DOL	Emergency (in	cluding	1 500	me of Co					Telep	phone Numb	er			
DOH DCA	justification) Cancellation								at the same of the	ASBES	705	CON	TEI	71
DCA	Carlocitation		4-	FACILIT	Y INFORM	ATION		/45	-	ASBES	LICE	USIN	G	<i></i>
ame of Facility Where	Abatement is Taking	Place (3)					Type of	Facility (4)	L		11/1/1/	1011		
old Water Treatme	ent Plant aka Buil	ding # 2					☐ Sc	hool (K-12)	(Oth-	- than 1/ 12\				
treet Address								bchapter 8 her (i.e. pri	vate &	r than K-12) commercial	buildin	gs, ho	mes,	
treet Address 135 Manhattan Av	/A						× Oth							
							Square	Feet	and the second	Floors		g. Age	•	
ity (5)							5000		1		50	+		_
Jackson			Co	ounty Cod	de (7)		Current	Use (Prior	if beir	ng demolishe	ed)			
County (6)			(S	TATÉ USE	ONLY) _									_
Ocean Iame of Monitoring Fire	m Hired by Building O	wner (8)	1	ASCM N	0.	Name	of Abate	ment Cont	ractor	(9)				
	in timed by building O			n/a				ontractin	ig Inc	;				_
n/a							t Address							
Street Address							Palisa							_
n/a						City,	State, Zip	Code						
City, State, Zip Code						1		J 07026						_
n/a Project Manager for Mo	onitoring Firm		Te	elephone	No.	(A)	hone No			License No	э.			
n/a	officoring corre		r	n/a		100000000000000000000000000000000000000	3460.60			01255			-	
Start Date (10)		Scheduled	Comp	aletion Da	te (11)	Name	e of OSH	A Monitor						
		Schleddied	Comp	Jiction De	10 (11)					_				
		03/31/1		notion be	10 (11)	Hai	rmony (Contractin	ng Ind	C				_
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Name of Facility Where Abatement is	Taking Plac	e (3)					Type of Facility	(4)							
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City. State, Zip Code							City, State, Zip	Code							
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Project Manager for Monitoring Firm				lumber			Telephone Num	2.55	nse Nu	umber					
VIJAY PATEL		973-56	60-498	33			845-369-7500	460							-
Expected State Date (10)	Sche	d. Con	npleti	on Date (1			Name of OSHA								
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X Other - Describe: SAT	URDAY & SI	JNDA'	Ý 7AN	1-3:30PM			City, State, Zip			.=	ODIC	10010			
						1		APPINGERS FAL	LLS, N	IEVV Y	ORK	10016			
Scope of Work (Check all that apply)					-	-	ainment with Nega	tive Pressure							
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X >3SF OR LF >160 SF OR 260 LF					^	4.00	ole Procedure								
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369 RAYMOND BLVD.		913													-
City, State		Disposal			City, State	OWNSHIP, PA			1	1					
NEWARK, NEW JERSEY 07105				10/22-11			PLAINERLD	Da Da	te	,	1/-	1/1	1		
Completed by (Print or Type)	Title DIRECTO	P OF	OPER	PATIONS	Sign	nature	AX	Da		10	1d	1911	9		
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-110-15	(P	Name of Building C	Owner/Operator (2			1	<u> </u>	L	U	V Ib
Date of Notification (1)		NOVARTIS PHARM	IACUETICALS CO	RPORATION		M.				0010
10 / 12 /16 Agencies Notified Type Notif	ication	Street Address 59 ROUTE 10			The second secon		NU.	V -	1 1	2016
	I Notification	City, State, Zip Code	9		1				\dashv	1
	nded Notification	EAST HANOVER, N	NEW JERSEY 079	36		Ä	ASBEST	OS C	50	NTROL 8
X DOL Cand	cellation fold	Name of Contact		Telephone Nun	nber L			CEN		IG
	RGENCY NOTIFICATIO			Treseptione train						
		FACILITY INFORMA	A CONTROL OF THE PARTY OF THE P							
Name of Facility Where Abatement is	Taking Place (3)		Type of Facilit	533 5						
NOVARTIS			Subchap	ter 8 (Other than h	511					
Street Address				private & commo	I. bldgs., h		etc.) Idg. Age		_	
59 ROUTE 10 -BUILDING 710			Square Feet 27,800	2		ь	49			
City (5)	nty (6)	County Code (7)		rior if being demo	lished)		1-240			
EAST HANOVER MOF Name of Monitoring Firm Hired by Bu		(STATE USE ONLY) ASCM No.	COMMERCIAL	ement Contracto	- (0)				-	
LANGAN	maing Owner (6)	99		MENTAL CORP	Carlot State of the Control of the C					
Street Address			Street Address							
300 KIMBALL DRIVE City, State, Zip Code			313 SPOOK R City, State, Zip						\dashv	
	NY, NEW JERSEY 07054	*		W YORK 10901						
Project Manager for Monitoring Firm	Telephone N	umber	Telephone Nur		ense Numb	er				
VIJAY PATEL	973-560-498		845-369-7500	460	1				_	
Expected State Date (10) 10 / 22 /16	Sched, Completion 11 /	15 /16	Name of OSHA QUALITY ENV							
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Occupancy Status During Abatement (C Facility Closed/Vacated Dur		ment	Street Address 1376 ROUTE 9							
Abatement Performed Outsi	de of Normal Facility Hou	rs - Describe:								
X Other - Describe: SAT	URDAY & SUNDAY 7AN	-3:30PM	City, State, Zip	Code VAPPINGERS FA	LLS. NEW	YORK	C 10016			
Scope of Work (Check all that apply)	Total Maria		tainment with Neg							
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>160 SF OR 260 LF		A STATE OF THE PARTY OF THE PAR	ble Procedure							
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TO BE ABATED	Maint/Custodial	insulation, surface		SF or LF)	QA PR	APS	SO			
in Facility (13)	Staff (12) Yes No N/A	or other miscel	ianeous)			I E	ᇛ			
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Name of Registered Waste Hauler NEWARK CARTING, INC.	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Regis	tered Landfill RAL SANITARY I	ANDFILL				\dashv	
369 RAYMOND BLVD.	913	3	GIVAND CENT	2	LANDI ILL					
City, State		Disposal Date	City, State	OMBIGUES DA						
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title	0/22-11/15/2016 \\ Signature	PLAINFIELD T	OWNSHIP, PA	e	1	2/1	,	-	
BENJAMIN SANCHEZ	DIRECTOR OF OPERA		LXXX		10	1/1	2/10	0		

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10	Date of Notification (1)				Name of SOUTH	of Building Ov STREET DEL	vner/0 _ANC	Operator (2) Y LTD			Comp	- 1	2018
Agendes Notified											-		
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Name of Facility Where Abatement Is Taking Place (3)	EPA Initial Not		tion#	3	City, St MILBU	ate, Zip Code RN, NEW JER	SEY	07041	A	SBE	STO:	S CO ENSI	NTR VG
Name of Facility Where Abatement is Taking Place (3)									Falanhana Numbr	or			\dashv
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UNITED AIRLINES WAREHOUSE BUILDING				FAC	CILITY INF	ORMATION							\dashv
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13,900	500										Bldg.	Age	
City (5) NEWARK ESSEX (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES Street Address 104 EAST 25TH STREET City, State, Zip Code NEW YORK, NEW YORK 10010 Project Manager for Monitoring Firm Telephone Number 212-353-8280 PARTICK SISK Sched. Completion Date (11) Month Day Year Cocupancy Status During Abatement (Check only one)													
City (8)		(6)			County	(Code (7)	Curr	ent Use (Prid	or if being demolis	shed)			
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES Street Address 104 EAST 26TH STREET City, State, Zip Code NEW YORK, NEW YORK 10010 Project Manager for Monitoring Firm PATRICK SISK Septend State Date (10) 10 / 12 / 16	5119 (0)	0)					CON	MERCIAL					
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Project Manager for Monitoring Firm PATRICK SISK Expected State Date (10) 10 / 12	NEW YORK,									nca Ni	ımher		-
PATRICK SISK	Project Manager for Monitoring Firm										unibei		
Expected State Date (10) 10 / 12 / 16 Month Day Year Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Demolition Scope of Work (Check all that apply) Demolition Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 1st Floor -Office Area X Window Caulk State of Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 NEW YORK, NEW YORK 10016 NEW YORK, NEW YORK 10016 State Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 NEW YORK, NEW YORK 10016 NEW YORK, NEW YORK 10016 Description of Asbestos- Containing Material (ACM) Amount (Specify Description of Asbestos- Containing Material (ACM) TO BE ABATED In Facility (13) Staff (12) Yes No N/A 1st Floor -Office Area X VAT 3,600 Sq. Ft. X Exterior Exterior Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES Name of Registered Waste Hauler Floor - Office Area Name of Registered Waste Hauler Floor - Office Area Name of Registered Waste Hauler Floor - Office Area Name of Registered Waste Hauler Floor - Office Area Name of Registered Waste Hauler Floor - Office Area Name of Registered Landfill GROWS LANDFILL/TULLYSTOWN AMERICAL AMERICA Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 It Fast Floor - Office Area X VAT 3,600 Sq. Ft. X A Door Caulk Name of Registered Landfill GROWS LANDFILL/TULLYSTOWN													\neg
Month Day Year Month Day Year	Expected State Date (10)	Sche					Nan	TEDISCUL AR	ORATORIES INC		#1	1480	
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Demolition 3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 1st Floor -Office Area Exterior Name of Registered Waste Hauler Solvy Description of Registered Landfill Exterior Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 X Full Containment with Negative Pressure Mini-Enclo, Glovebag Procedure Non-Friable Procedure Description of Asbestos- Containing Material (ACM) (ie. Thermal systems Insulation, surfacing, VAT, SF or LF) VAT 3,600 Sq. Ft. X VAT Sterior Name of Registered Landfill GROWS LANDFILL/TULLYSTOWN Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 NEW YORK, NEW YORK 10016 NEW YORK, NEW YORK 10016 NEW YORK 10016 NEW YORK 10016 Abatement Type Containment with Negative Pressure Mini-Enclo, Glovebag Procedure Non-Friable Proced	107	Mai		/		A Contract of the Contract of	Aivi	EKISCI LAD	OTATORIZO IITO			36 (42/4-135)	
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State Stat	>3SF OR LF				ļ								
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1st Floor -Office Area		Yes	No	N/A						+	+	1	111
Exterior X Willdow Caulk 500 Sq. Ft. x	1st Floor -Office Area			Χ	VAT						-		
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES X Door Caulk See eq. 1 A Door Caulk	Exterior			х	Window C	aulk					+	+-	
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES NJDEP Waste Cubic Yards of Waste Hauler ID No. 22147 Disposal Date City, State	Exterior			x	Door Caul	k			500 Sq. Ft.	X		-	
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GLOBAL WASTE INDUSTRIES Hauler ID No. 22147 GROWS LAND TED TO LET	Name of Registered Waste Hauler	1000,000			Cubic Yar		Na	ame of Regis	stered Landiiii SEILL/THILLVSTO	N/N			
Disposal Date City, State	GLOBAL WASTE INDUSTRIES	Hau				40	G	KOWS LAND	J. ILL. 10LL 1310	e T T I I			
H IISHONI DAIS TORY, CONC.			2214	1	Dienocal	Date	Ci	tv. State					
City, State HACKETTSTOW, NJ 07840 10/10-12/30/16 MORRISVELD, PA 19067/TOLLYSTOWN, PA	City, State				100		M	ORRISVELL	PA 19067/TOLL	YSTO	WŊ,	PA	

Signature

HACKETTSTOW, NJ 07840
Completed by (Print or Type)
BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

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1000	(Pu	irsuant	tor	Name	of Buil	nd 12:120 Iding Ow	ner/Operator (2) ANCY LTD	13		-		00	
Date of Notification (1)									100	ÛV		20	TO
10 / 11 /16				Street .	Addres	S N AVENU	JE, STE 202	Ind In	į.				
Agencies Notified Type Notification								9990	L		2.0	0817	301
EPA Initial Notificati		#2		City, S MILBU	tate, Z JRN, N	ip Code EW JER	SEY 07041	Superior States	ASBE	LIG	ENS	SING	À
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	D1		ACIL	LITY INF	-ORIVIA	ATION	Type of Facility (4)					
Name of Facility Where Abatement is Taking	Place	(3)					School (K-12	2)					
THE PLACE OF THE PINC							Subchapter	8 (Other than	K-12)	1000		oto	
UNITED AIRLINES WAREHOUSE BUILDING							X Other (ie. pr	vate & comm	ncl. bldg	s., no Bldg	mes	, etc.	4
					27.56—E.		Square Feet	# of Floors			y. A: 52	30	
Street Address 105-119 AVENUE I				(02			13,900	1	aglicher		02		\dashv
County (6)				Count	ty Cod	e (7)	Current Use (Prio	r if being deli	101151160	1)			
NEWARK ESSEX				(STATE	USE	ONLY)	Name of Abatem	ont Contrac	tor (9)				
Name of Monitoring Firm Hired by Building	Owner	r (8)				CM No.	PAR ENVIRONM	FNTAL COR	PORAT	ION			
ATC GROUP SERVICES						98	Street Address	LIVITAL CO.					
Street Address							313 SPOOK ROO	CK ROAD					
104 EAST 25TH STREET							City, State, Zip C						
City State Zin Code		4004	0				SUFFERN, NEW	YORK 1090	1				
NEW YORK, NEW	YORK	ephon	o Ni	ımher			Telephone Numb		icense	Numb	er		
Project Manager for Monitoring Firm		epnon 2-353-8					845-369-7500		1101				
PATRICK SISK				n Date	(11)		Name of OSHA	Monitor					
Expected State Date (10)		12 /	ietio	30		/16	AMERISCI LABO	DRATORIES	INC		#114	180	
10 / 12 /16 Month Day Year	Month			Day		Year						-1	\neg
North Status During Abatement (Check	only on	ne)	0000	.u. va			Street Address 117 EAST 30TH	STREET					
Classed Macated During En	tire Per	100 01	Aba	tement		120	117 EAST 3011	Onice.					
Abatement Performed Outside of N	Normal	Facilit	у Но	ours - De	escribe	1:	City, State, Zip	Code					
X Other - Describe:	~						NEV	V YORK, NEV		< 100°	16		
					x	Full Con	tainment with Nega	ative Pressur	е				
Scope of Work (Check all that apply)	Renova	tion				Mini-En							
Demolition X F	(0110 10					Gloveb	ag Procedure						
X >160 SF OR 260 LF							able Procedure	Γ	T	Abat	eme	nt Tv	ре
Location of		cation			Descr	iption of	Asbestos- erial (ACM)	Amoun	it 2				
Asbestos-containing	norma		d		Contail	Thermal:	systems	(Specif	ft F)	ZETAIN A	5	ξ	ÇL
Material (ACM)	sole Maint/C	ely by	: -		(ie. inculat	ion surfa	acing, VAT,	SF or L	F)	3 5	6	PS	SO
TO BE ADATED		ff (12)	Iai		or oth	ner misce	ellaneous)		ŕ	=		ENCAPSULE	ENCLOSURE
in Facility (13)	Yes N		Α						-	-		111	111
		X		VAT				3,600 Sq. F	-t. >				\vdash
1st Floor -Office Area		×	-	Window	Caulk			108 Sq. Ft.	>				
Exterior				000 000	romer-			500 Sq. Ft.		(
Exterior		X	-	Door Ca	luik								
								-					
									-				
8										-			+
													-
	NJDE	D Mas	ste	Cubic Y	ards o	f Waste	Name of Regi	stered Landfi	11				
Name of Registered Waste Hauler	100	r ID N		335.01	40		GROWS LAN	DFILL/TULL\	YSTOW	N			
GLOBAL WASTE INDUSTRIES		22147			33.00 30.00		- 73						
City, State				Dispos 10/10-1	al Date	6	MØRRISVEL	L, PA 19067/	TOLLY	STOM	/N, [PA	
HACKETTSTOW, NJ 07840				10/10-	Sic	gnature	XXX		Date	0/1	1	10	
Completed by (Print or Type) BENJAMIN SANCHEZ DIR	ECTOF	R OF C	OPE	RATION		1/6	100		1 /	1	1	14	



. 110 0	(F	oursuan	t to NJAC 8	50-7 and 12.12		norator (2)				з П	7 7 E
Date of Notification (1)			SOUT	of Building Ov TH STREET DEL	_ANC	LTD		EU	J E		W E
10 / 7 /16				t Address			1150				6.0
Agencies Notified Type Notificati	on		225 N	MILBURN AVEN	UE, S	TE 202	11111	41	04-	- 1	2016
EPA Initial No	d Notification	on	MILB	State, Zip Code URN, NEW JER	SEY (elephone Numbe	SBE	STOS	i coi	(T RO
Y DOL Y On Hold				e of Contact		1	elephone Number	±1	LICE	NSIN	<u> G</u>
DCA EMERG	ENCY NOT		ION MIKE								\dashv
			ACILITY IN	IFORMATION	T	of Facility	(4)				
Name of Facility Where Abatement is T	aking Plac	ce (3)			Туре	School (K-1		12)			
UNITED AIRLINES WAREHOUSE BUILD	DING				X	Other (ie. pr	rivate & commcl. # of Floors	bldgs.,	, home Bldg. /	es, etc Age	.)
Street Address					8	13,900	1		52		
105-119 AVENUE I	(6)		Cour	nty Code (7)	Curr	ent Use (Price	or if being demolis	shed)			
City (5) County				E USE ONLY)	CON	MERCIAL					\dashv
NEWARK Name of Monitoring Firm Hired by Bui		er (8)		ASCM No.	Nam	e of Abaten	nent Contractor	(9)	NI.		
ATC GROUP SERVICES		8.5		98			MENTAL CORPO	RATIC	714	_	\neg
Street Address					Stre	et Address SPOOK RO	CK ROAD				
104 EAST 25TH STREET						, State, Zip C					
City, State, Zip Code		uz 1001	n		SUF	FERN, NEV	V YORK 10901				
NEW YORK,	NEW YOR	olophon	e Number			phone Numl		nse Nu	ımber		
Project Manager for Monitoring Firm		12-353-				-369-7500	110	1			_
PATRICK SISK			letion Date	(11)	Nan	ne of OSHA	Monitor		ша.	1480	
Expected State Date (10) 10 / 10 /16		12 /	3	0 /16	AM	ERISCI LAB	ORATORIES INC	,	#1	1400	
Month Day Year	Mont		Day	Year	Stre	eet Address					
Occupancy Status During Abatement (C	heck only	one)	Abatement			EAST 30TH	H STREET				
X Facility Closed/Vacated Durin Abatement Performed Outside	ng Entire P	al Facilit	v Hours - D	escribe:							-
	16 OLIVOLING	31 1 40	,		City	, State, Zip	Code V YORK, NEW Y	OPV 1	0016		
X Other - Describe:					. !			OKK I	0010		
Scope of Work (Check all that apply)				x Full Cor		ent with ivey	ative Pressure				
Demolition	Renov	ration				ocedure					
>3SF OR LF				Non-Fria	able P	rocedure					
× >160 SF OR 260 LF	ls l	ocation		Description of	Asbes	tos-			batem	ent Ty	
Location of Asbestos-containing		ally use		Containing Mate	erial (A	(CM)	Amount (Specify	REMOVAL	REPAIR	NO.	ENCLOSURE
Material (ACM)		lely by		(ie. Thermal:	systen	ns Vat	SF or LF)	Ş	AF	AP	5
TO BE ABATED		/Custod	ial	insulation, surfa	acing, ellaneo	vAI, ous)	0. 5 ,	P	~	SUL	SUF
in Facility (13)	Yes	aff (12) No N/	<u>A</u>	Of Other Thiose	211011100					m	m
	162		VAT				3,600 Sq. Ft.	×			
1st Floor -Office Area		X	Window	Caulk			108 Sq. Ft.	×			
Exterior		X		880			500 Sq. Ft.	x			
Exterior		X	Door C	aulk			1000-1				
								+	+		+
							11 - 1511				+
Name of Registered Waste Hauler		EP Was		Yards of Waste	N	ame of Regi	stered Landfill IDFILL/TULLYST	OWN			
GLOBAL WASTE INDUSTRIES	Haul	er ID No 22147	D.	40			IDFILL/TULL 131	J			
City, State				al Date	C	ity, State	L, PA 19067/TOL	IVCT	INWC	PA	
HACKETTSTOW, NJ 07840			10/10-	12/30/16	IN	MORRISTEL		ate ,	7	7/	,
Completed by (Print or Type)	Title		DED 47101	Signature	1	1K/	_	/(0/1	1//	0
BENJAMIN SANCHEZ	DIRECTO	R OF C	PERATION	10 /	/	(A)			1	7	



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

CK# 30002

Amended Notification Street Address Street Address	Type of Facility School (K-1 Subchapter X Other (ie. p Square Feet 13,900 Current Use (Pri COMMERCIAL	(4) (2) r 8 (Other than K-1 private & commcl. but for Floors 1 private & commodistive for the following formula or if being demolisment Contractor (MENTAL CORPORT)	2) sldgs., I B hed)		ENS:	
ate of Notification (1) 9	Type of Facility School (K-1 Subchapter X Other (ie. p Square Feet 13,900 Current Use (Pri COMMERCIAL D. Name of Abate PAR ENVIRONI Street Address	(4) 12) r 8 (Other than K-1 private & commcl. b # of Floors 1 or if being demolis	2) sldgs., I B hed)	STOS LIGE	ENS:	2016
gencies Notified Type Notification EPA DEP X DOL X DOL X DOH DCA DCA EMERGENCY NOTIFICATION EMERGENCY NOTIFICATION Name of Contact MIKE ESPASA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) UNITED AIRLINES WAREHOUSE BUILDING Street Address 105-119 AVENUE I City (5) NEWARK Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES Street Address 104 EAST 25TH STREET	Type of Facility School (K-1 Subchapter X Other (ie. p Square Feet 13,900 Current Use (Pri COMMERCIAL Name of Abate PAR ENVIRONI Street Address	(4) 12) r 8 (Other than K-1 private & commcl. b # of Floors 1 or if being demolis	2) bldgs., hed)	LICE	, etc.	JETRO ING
gencies Notified EPA DEP X DOL X DOH DCA DCA DCA DCA Name of Contact MIKE ESPASA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) UNITED AIRLINES WAREHOUSE BUILDING Street Address 105-119 AVENUE I City (5) NEWARK Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES Street Address 104 EAST 25TH STREET	Type of Facility School (K-1 Subchapter X Other (ie. p Square Feet 13,900 Current Use (Pri COMMERCIAL Name of Abate PAR ENVIRONI Street Address	(4) 12) r 8 (Other than K-1 private & commcl. b # of Floors 1 or if being demolis	2) bldgs., hed)	LICE	, etc.	JETRO ING
EPA	Type of Facility School (K-1 Subchapter X Other (ie. p Square Feet 13,900 Current Use (Pri COMMERCIAL Name of Abate PAR ENVIRONI Street Address	(4) 12) r 8 (Other than K-1 private & commcl. b # of Floors 1 or if being demolis	2) bldgs., h B hed)	nomes	, etc.	
Amended Notification Cancellation On Hold EMERGENCY NOTIFICATION Name of Contact MIKE ESPASA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) UNITED AIRLINES WAREHOUSE BUILDING Street Address 105-119 AVENUE I City (5) NEWARK Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES Street Address 104 EAST 25TH STREET	Type of Facility School (K-1 Subchapter X Other (ie. p Square Feet 13,900 Current Use (Pri COMMERCIAL Name of Abate PAR ENVIRONI Street Address	(4) 12) r 8 (Other than K-1 private & commcl. b # of Floors 1 or if being demolis	2) bldgs., h B hed)	nomes	, etc.	
X DOL X DOH DCA Cancellation On Hold EMERGENCY NOTIFICATION MIKE ESPASA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) UNITED AIRLINES WAREHOUSE BUILDING Street Address 105-119 AVENUE I City (5) County (6) ESSEX (STATE USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES Street Address 104 EAST 25TH STREET	Type of Facility School (K-1 Subchapter X Other (ie. p Square Feet 13,900 Current Use (Pri COMMERCIAL Name of Abate PAR ENVIRONI Street Address	(4) 12) r 8 (Other than K-1 private & commcl. b # of Floors 1 or if being demolis	2) bldgs., h B hed)	nomes	, etc.	
Name of Facility Where Abatement is Taking Place (3) UNITED AIRLINES WAREHOUSE BUILDING Street Address 105-119 AVENUE City (5) County (6) CSEX (STATE USE ONLY NEWARK Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 98 ATC GROUP SERVICES Street Address 104 EAST 25TH STREET	School (K-1 Subchapter X Other (ie. p Square Feet 13,900 Current Use (Pri COMMERCIAL Name of Abate PAR ENVIRON	r 8 (Other than K-1 private & commcl. b # of Floors 1 or if being demolis	hed)	nomes	, etc.	
Name of Facility Where Abatement is Taking Place (3) UNITED AIRLINES WAREHOUSE BUILDING Street Address 105-119 AVENUE I City (5) NEWARK Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES Street Address 104 EAST 25TH STREET	School (K-1 Subchapter X Other (ie. p Square Feet 13,900 Current Use (Pri COMMERCIAL Name of Abate PAR ENVIRON	r 8 (Other than K-1 private & commcl. b # of Floors 1 or if being demolis	hed)	lay. A	;, etc.)
Name of Facility Where Abatement is Taking Place (3) UNITED AIRLINES WAREHOUSE BUILDING Street Address 105-119 AVENUE I City (5) NEWARK Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES Street Address 104 EAST 25TH STREET	School (K-1 Subchapter X Other (ie. p Square Feet 13,900 Current Use (Pri COMMERCIAL Name of Abate PAR ENVIRON	r 8 (Other than K-1 private & commcl. b # of Floors 1 or if being demolis	hed)	lay. A	;, etc.)
Street Address 105-119 AVENUE I City (5) NEWARK Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES Street Address 104 EAST 25TH STREET	Subchapter X Other (ie. p Square Feet 13,900 Current Use (Pri COMMERCIAL Name of Abate PAR ENVIRON Street Address	# of Floors 1 or if being demolis	hed)	lay. A	etc. ge)
Street Address	X Other (ie. p Square Feet 13,900 Current Use (Pri COMMERCIAL Name of Abate PAR ENVIRON Street Address	# of Floors 1 or if being demolis	hed)	lay. A	ge)
Street Address	Square Feet 13,900 Current Use (Pri COMMERCIAL Name of Abate PAR ENVIRON Street Address	# of Floors 1 or if being demolis	hed)	lay. A	ge	
County (5)	13,900 Current Use (Pri COMMERCIAL D. Name of Abate PAR ENVIRON Street Address	or if being demolis	(9)	52		\dashv
County (5)	Current Use (Pri COMMERCIAL D. Name of Abate PAR ENVIRON Street Address	ment Contractor ((9)			
City (5) County (6) (STATE USE ONLY NEWARK ESSEX (STATE USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ATC GROUP SERVICES 98 Street Address 104 EAST 25TH STREET	COMMERCIAL D. Name of Abate PAR ENVIRON Street Address	ment Contractor ((9)			
NEWARK Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES Street Address 104 EAST 25TH STREET	PAR ENVIRONI Street Address	ment Contractor (MENTAL CORPOR	(9)		_	-
Name of Monitoring Firm Hired by Building Owner (6) ATC GROUP SERVICES Street Address 104 EAST 25TH STREET	PAR ENVIRON	MENTAL CORPOR	TATION	N.		
ATC GROUP SERVICES Street Address 104 EAST 25TH STREET	Street Address 313 SPOOK RO		KATIOI	V		\dashv
104 EAST 25TH STREET	1313 SPOOK RC	OCK BOAD				
Tip Code						
	City, State, Zip	W YORK 10901				
City, State, Zip Code NEW YORK, NEW YORK 10010	Telephone Nun		nse Nu	mber		
Telephone Number	845-369-7500	1101				
212-303 0200	Name of OSHA	A Monitor				
Sched. Completion Date (10)	AMERISCI LA	BORATORIES INC		#11	480	
10 / 10 /16 Month Day Ye	ear					
Month Day Year (Check only one)	Street Address	H STREET				
Occupancy Status During Abatement (Check of Status During Abatement X Facility Closed/Vacated During Entire Period of Abatement Facility Hours - Describe:	117 EAST 301					
X Facility Closed/Vacated During Entire Ferror 4 Abatement Performed Outside of Normal Facility Hours - Describe:	City, State, Zip	p Code		0040		
Other - Describe:	NE NE	EW YORK, NEW T	ORK 1	0010		
x Full	Containment with Ne	egative Pressure				
Scope of Work (Check all that apply) X Renovation	-Enclo ,					
Demolition	vebag Procedure n-Friable Procedure					
160 SE OR 260 LF	of Asbestos-			batem		ype
Location of Is Location Containing	Material (ACM)	Amount	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Asbestos-containing (ie. Therr	mal systems	(Specify SF or LF)	ō	AIF	À	5
Material (ACM) insulation, s	surfacing, VAT,	SF OI LI	A	1~	SUI	SUF
in Facility (13) Staff (12) or other m	niscellaneous)			_	m	_m_
Yes No N/A		3,600 Sq. Ft.	X			
X VAT			×			
1st Floor -Office Area x Window Caulk		108 Sq. Ft.		-	1	1
Exterior		500 Sq. Ft.	X	+	+	+
Exterior x Door Caulk				+	+	-
					1	
	Name of Pa	egistered Landfill				
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Wa	GROWS L	ANDFILL/TULLYS	TOWN			
CLOBAL WASTE INDUSTRIES	0,10,110					
Disposal Date	City, State		ULVOT	CIAINI	PΛ	
City, State 10/10-12/30/16	MORRISM	ELL, PA 19067/TC	Date 4	ONVIN	7	,
HACKETTSTOW, NJ 07840 Signature	ure //		Date 7	130	0/1	6
Completed by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR OF OPERATIONS	1 () ()		-	1	

CH1473

			(i		I TO NJAC 8			1.5		n) E	G	[5]		/ E
Date of Notification (1) 10/20/16				Name of 3224	of Building C Kennedy	Owner/o Blvd	Operator LLC	(2)	10 man of 1 cm					
Agencies Notified EPA	Type Notification	1			^{Address} Kennedy	Blvd					NUV	9	20	10
X EPA DEP X DOL	Amended Amendmen	t #			ate, Zip Coo y City NJ		6			ASBE				ROL
	Emergency justification Cancellatio)			of Contact y Kumar				Tel	ephone No		ENS	ING	
				FAC	ILITY INFO	RMAT	ION					٦		
Name of Facility Where A	Abatement is Taki	ng Place (3)						Type of Facility School (K-						
Street Address 3224 Kennedy Boul	levard							Subchapte	r 8 (Oth	er than K-1 & commerc	2) cial bui	ldings	, hom	es,
City (5) Jersey City								Square Feet 1400	# 0	f Floors		31dg. <i>1</i>	Age	
County (6) Hudson County					Code (7) USE ONLY)			Current Use (Pr Abandoned	ior if bei	ng demolis	hed)			
Name of Monitoring Firm CPC Environmental	Hired by Building	Owner (8)		ASC	M No.			of Abatement Co ingpoint Contr			tion		********	
Street Address 142 North 13th Stre	et						1 2 2 2 2 2 2	Address erkeley Terrad	ce 1st	Floor				
City, State, Zip Code Newark NJ 07107	¥0			Same All acceptable				tate, Zip Code gton NJ 0711	1					
Project Manager for Moni Chika Onwukaife	itoring Firm		Telepho 973-68	ne No. 88-8056			none No. 372-2177		License N 01238	10.				
Start Date (10) 10/30/16	d Con	npletion	Date (11)		33.34	of OSHA Monitor Environmenta								
Occupancy Status During	Abatement (Che	ck Only One	:)				Street	Address						_
Facility Closed/Vaca Abatement Performe Other – Describe: A	ed Outside of Norr	Period of Almal Facility I	oaten Hours	nent			City, S	est 25th Streetate, Zip Code	et					
							New	York 10007						
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	і і пат Арріу)	promoting .	nova molit	70.700				Full Containm		Negative F	Pressu	re		
2100 31 01 2200 11		<u> </u>	inoni	1011			×	Mini-Enclosur Glovebag Pro Non-Exempte	cedure	d Non-Friat	ole Pro	cedur	е	
			.ocati										ement	
Location Asbestos-Containing I		Used	ormal Sole		0-11-		scription				-	1 1	pe	
TO BE ABA In Facilit (13)	tenar dial S (12)	nce/ Staff?	(i.e. th	nermal surfac		laterial (ACM) insulation, T, or eous)	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
	No	N/A									ю			
Exterior Per		X		Т	ransit		3	000	X					
Name of Registered Wast	N	JDEP W	/aste	Cubic '	Yards	Name of	Registe	red Landfill						
Newark Carting Inc.		auler ID 506	1.00	of Was	ite	Tullyto	27g							
City, State Newark NJ 07102		5650 0214		NI TO	al Date	City, Stat		Α						
Completed by Emeka Okeke		Title Presid	ent			Si	ignature	Dra A	30	Da	ite 0/20/1	6		
							X	1	7			3		

an 1071	N		CATION	OF ASBESTOS o NJAC 8:60 at	ABATE				NE	G		2 [M	
Date of Notification (1) 10/25/2016				Building Owner a Builders	Operator	(2)		The same of the sa	<i>بال</i> الما				00	
Agencies Notified Type Notifi		5	Street Ad	Idress				Total Annual Control		NU		-	20	b
	nded ndment #		City, Stat Metuch	e, Zip Code nen NJ				AND DESIGNATION AND DESIGNATIO	ASB	EST	OS	S C(ONT	ROL
DOH justifi	gency (including cation) ellation	1	Name of Jim La					Tele	phone Nu					
			FACIL	ITY INFORMA	TION									
Name of Facility Where Abatement i Private Property Street Address	s Taking Place (3)						of Facility (4 School (K-12 Subchapter (Other (i.e. pr	: !) 3 (Othe			iildii	nne	home	
City (5)						17.	etc.) re Feet		Floors	Jiai Di		g. A		2,
Metuchen NJ						850		1			+5	0		
County (6) Middlesex			County C STATE U	Code (7) ISE ONLY)			nt Use (Prio			snea)				
Name of Monitoring Firm Hired by B	uilding Owner (8)		ASCM N/A	No.			tement Cont tions Serv							
Street Address N/A					100000000000000000000000000000000000000	Addres								
City, State, Zip Code N/A							ip Code gen NJ 07	047						
Project Manager for Monitoring Firm N/A		9 9	Telephor N/A	ne No.	100000000000000000000000000000000000000	hone N 759-0			License 01320	No.				
Start Date (10) 11/5/2016	Schedule 11/7/20		pletion [Date (11)			HA Monitor nmental L	abora	atories		2.00.111			
Occupancy Status During Abatemer						Addre	ss te 22 Wes	t						
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	of Normal Facility	batem Hours	ent		City, S	State, Z	ip Code 07803				2197			
Scope of Work (Check All That Appl	y)													2000
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	enovat emoliti				Mi Gl	Il Containme ni-Enclosure ovebag Proc in-Exempted	edure)	
	10000	Locati	(1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A		3 42 23						1		ment pe	
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	CM) Use	d Sole intenar odial S (12)	ly by nce/	Asbestos Co (i.e. therm		Materians insul AT, or	ation,	- (5	mount Specify F or LF)	Nothioval	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					4.	10005	-				
Exterior			X	Shi	ngles S	Siding		1	100SF	x				
										\top				
Name of Registered Waste Hauler Newark Carting Inc		Н	IJDEP W lauler ID 4509		ic Yards Vaste		Name of I		ered Land nem Rd		dfill			
City, State Po Box 5670	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Dis	oosal Dat	е	City, State 2335 Ap	e opleb	utter Rd	Bet	hle	hem	PA	
Completed by Marcos Regato	Title Presi	dent			Signatur	re 1 110	ul	51	1	Date 10/2	5/2	016		

Chinno

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

THIO DO	5	NOTIF (P	ursua	ON OF A	SBESTOS AC 8:60 an	ABATEM d 12:120)			MEC	E		V [
te of Notification (1) 0/25/2016 encies Notified Type	e Notification		Par	e of Build amount et Addres 1 Broad	t Assets L s Street	Operator (LC	2)		TI NO	V	1 2	010	1000
EPA DEP	Initial Amended		City	. State, Z						ICEN	CON	TRO) [8
DOL	Amendment # Emergency (including justification)	ling	Nan	ne of Cor chard N	ntact				Telephone Numbe				
DOH DCA	Cancellation				INFORMA	TION			1				+
ame of Facility Where Abate Private Property treet Address	ement is Taking Pla	ce (3)		Aoizii			Typ	e of Facility (4 School (K-12 Subchapter) Other (i.e. pretc.)	2) 8 (Other than K-12) rivate & commercial b			nes,	
City (5)							Squ 45	uare Feet	# of Floors 5	+50	Age		
Paterson NJ			Co	unty Cod	e (7)				or if being demolished	i)			
County (6) Passaic Name of Monitoring Firm Hir	ed by Building Own	er (8)	1	ASCM N		Name	e of A	batement Cor olutions Ser	ntractor (9) vices LLC				
N/A Street Address				N/A		Stree	t Add	The state of the s					
N/A City, State, Zip Code						City	State	e, Zip Code Bergen NJ 0	7047				
N/A Project Manager for Monito	ring Firm			elephone	No.	Tele	phon	e No. 9-0008	License No 01320				
N/A Start Date (10)	S	cheduled	Comp	N/A oletion Da	ate (11)	Nom	o of	OSHA Monitor	Laboratories				
11/4/2016 Occupancy Status During		1/10/20 Only One)				Stre	et Ac	idress Route 22 We					
Facility Closed/Vacate Abatement Performed Other – Describe:	J During Entire Per	rind of Ab	ateme	ent		City	, Stat	te, Zip Code NJ 07803					
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		enovat				×	Mini-Enclose	ment with Negative F ure rocedure ted (*) and Non-Friab			9	
				1				Non-Exemp			Abate	ment pe	
Location Asbestos-Containing TO BE ABA (n Facili) (13)	Material (ACM) TED	Used Mai	Locati ormal d Sole ntena odial ((12)	lly ely by nce/ Staff?	(i.e. th	Descrip Containing ermal systemal surfacing other misco	ng Ma tems . VAT	aterial (ACM) insulation, r, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		pipe ins	rulat	tion	130LF	x			
Basement bo	iler room			X		Boiler Ir			150SF	х			
Basement bo	iler room			X		Boller II	iouic	2001					-
								Name	e of Registered Land	fill			_
Name of Registered Wa	ste Hauler			NJDEP V Hauler ID		Cubic Ya of Waste			S Bethlehem Rd		ill		
Newark Carting Inc				04509		Disposal	Date	City,	State 5 Applebutter Ro	Beth	lehe	m P/	4
City, State Po Box 5670		Title				Sig	natúr		11/1	Date 10/25			
Completed by Marcos Regato			sider	nt		10	10	rive		10,20		72	

no Ch

1100									Check #11	219			
Date of Notification (1	October 27, October 18, 20				of Buildir	ng Owner / Operato	r (2)	- Contraction of the Contraction		3 N	D.D.	[F]	-
Agencies Notified	Type Notifica				Address			Can have		- U	W_	<u></u> <u></u>	
□DEP ☑DOL	I Initial	ř		City	State 9 7:	Code			NOV	1	2016		
⊠рон	Amer		Ĺ		State & Zipnsville, N.				ASBESTOS	CON	VTR	3 JC	8
DCA	Cano	ellation			of Contac	et				elepho			
				Jim K	alasky				1			9	
				FA	CILITY	INFORMATION	N						
Name of Facility Whe Residence	re Abatement i	is Taking I	Place (3)			Type of Fa	cility (4) ol (K-12)						
Street Address						Subc	hapter 8 (Other t	nan K-12)					
						Water and the second	r (i.e., private 8	comme	rcial building	s, hor	ne, e	tc.)	
City (5)						Square Fe		Floors	Blo	lg. Age			
Ocean City, NJ 0875	1						e (Prior if being o	1 demolishe	d)	6	2 yea	irs	
						Residenc		201110113110	u)				
County (6) Ocean		U	ounty Cod SE ONLY										
Name of Monitoring Fi N/A	irm Hired by Bu	uilding Ow	/ner (8)		ASCM	No. Name of A Synatech,	batement Contra	ctor (9)					
Street Address					X ¹ · · · · · · · · · · · ·	Street Add	ress						
City, State & Zip Code) i					829 Radio	& Zip Code					_	
							Harbor, NJ 080	87					
Project Manager for M	onitoring Firm		Te	elephone I	Number	Telephone 609-296-69			License Num	ber 0081	7		
Scheduled Start Date October 31, 2		Scheduled	Complet	ion Date (ber 28, 2		Name of O Synatech,	SHA Monitor			-	•		
Occupancy Status Dur		t (Check o	only one)			Street Add	ess						
	erformed Outsi				II.	829 Radio City, State							
Other – Descri	ribe: pied During Ab	atement				Little Egg	Harbor, NJ 080	87					
Scope of Work (Check													
Joope of Front (Olloon	an that apply)					Г	Full Containm	ent with N	lenative Press	ure			
≥3 sf or ≥ 3 lf				Renovation	on	Ť	Mini-Enclosur		legative i ress	uic			
≥160 sf or ≥260	If			Demolitio	n	Ī	Glovebag Pro	cedure					
							Non-Exempte	ed(*) and N	Non-Friable Pr	ocedu	re		
Loca Asbestos-Contain	tion of	CM		on Norma y Mainten			ption of			Ab	atem	ent T	уре
TO BE	ABATED acility	(CIVI)		dial Staff		Materia	Containing I (ACM)		ount (Specify SF or LF)				
	13)				- 1		al systems urfacing, VAT			_		E	ш
							scellaneous)			Remova	Repair	Encapsulate	Enclosure
										1078	pair	sula	ınsc
			Yes	No	N/A					-		ate	o.
exterior				Х		Sid	ling		900 SF	X			
nterior	14144			X		Floo	r Tile		150 SF	X			
nterior				Х		Joint Co	mpound		150 SF	X			
lame of Registered W	aste Hauler		NJDEP V Hauler ID		Cubic Y	ards of Waste	Name of Reg	istered La	ındfill				
ynatech, Inc.				429	20		Grows Land	fill					
City, State					Disposa	I Date	City, State						
ittle Egg Harbor, NJ					Novemb	per 29, 2016	Morrisville, I	PA					
completed By		Title			Signatur		1	Date					
iane Aloia		Exec. Ad	Iministrat	or	1 A(1	and Alla	2~2		ctober 27, 20 r 18, 2016	16			

noch

	5							Check # 11	1219			
Date of Notification (1)	ctober 18, 2016			e of Buildi	ng Owner /	Operator	(2)	[pung E 6		n n	п	Poe
	Type Notification		_	et Address				-ID/EC	E		<u> </u>	5
□EPA □DEP ☑DOL	✓ Initial		0.4	Ct. 1. 0. 7				MOV	1	50	116	
	Initial Amended			State & Zi	-							-
⊠рон	Amendme	nt #	Iviart	insville, N	13 00030			ASBESTO	OS C	ONT	RO	 L &
DCA	Cancellation	on		e of Conta	ict			Té	lepho	nê Ni	ımbe	er
			Jim I	Kalasky				اما	-			
			FA	ACILITY	INFORM	ATION						
Name of Facility Where Residence	Abatement is Tak	ting Place (3)			Ту	pe of Fac						
Street Address					—— <u> </u>	-	apter 8 (Other than	1 K-12)				
	*					_		ommercial building:	s hoi	me r	etc)	
	W ANN THE RESERVE					uare Feet			g. Age			
City (5)						840		1		2 yea	ars	
Ocean City, NJ 08751						rrent Use sidence	(Prior if being den	nolished)				
County (6) Ocean		County Cod USE ONLY	e (7)									
Name of Monitoring Fire	m Hired by Building			ASCM		me of Aba	atement Contracto	or (9)				
N/A Street Address						natech, Ir						
			500			Radio R						
City, State & Zip Code							Zip Code					
Project Manager for Mo	nitoring Firm	Te	elephone	Number	Tel	ephone N		License Num				
Scheduled Start Date (1	(IO) Sched	duled Completi	ion Date	(11)		ne of OS	HA Monitor		0081	7		
October 28, 20 Occupancy Status Durin	016	Novem	ber 28, 2		Syr	natech, Ir	ıc.					
Facility Closed	Wacated During E	ntire Period of		ent	100000	eet Addre Radio R						
	formed Outside of	Normal Hours	3				Zip Code					
Other – Descri	oe: ed During Abateme	ent			Litt	le Egg H	arbor, NJ 08087					
Scope of Work (Check a												
							Full Containment	t with Negative Press	ure			
≥3 sf or ≥ 3 lf			Renovati	ion			Mini-Enclosure					
≥160 sf or ≥260 I	f		Demolition	on			Glovebag Proced	dure				
		1				\boxtimes		*) and Non-Friable Pro	ocedu	re		
Locati Asbestos-Containii				ally Used nance or	As	Descript	tion of ontaining	Amount (Specify	Ab	atem	ent T	ype
TO BE A	BATED		dial Staff			Material	(ACM)	SF or LF)				
(13							l systems facing, VAT				щ	m
72							ellaneous)		Ren	Re	ıcar	incl
		V							Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					-		ate	o,
Exterior			Х			Sidir	ng	900 SF	Х			
Name of Registered Wa	ste Hauler	NJDEP V		Cubic Y	ards of Wa	ste	Name of Registe	ered Landfill				Н
Synatech, Inc.		Hauler ID	No. 429	20			Grows Landfill					
City, State				Disposa	al Date		City, State					-
ittle Egg Harbor, NJ				Never	hor 20 204	6	Morris: III. D.					
Completed By	Title			Signatu	ber 29, 201 re	1	Morrisville, PA	Date				
Ruthetta Roots		inintent :		10	1117	t. L	etit 1					
Numeria (NOUS	Adm	inistrative Ass	sistant	12/1	Mala	WX	0010	October 18, 2016				

NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:60-7 and 12:120-7)

						and 12:120-7)							
Date of Notification				of Build		Owner/Operator	(2)		115	E G	15		W
10/26/2016			KOL	J KOS	a 	<u> </u>			111/1/				
Agencies Notified	Type Notifica	ation	Stree	t Addre	ss					Willi			nn+c
[]EPA	[X]Initial	ation								NUV		1 (2016
[]DEP	Notific	ation		State,									
[X]DOL	[]Amended Notific	ation	Nut	tley,	NJ,(07110			AS	SBEST	OS (100	ITROL
[X]DOH	1,002220		Name	of Cont	act			Telephone				SIN	
[]DCA	[]EMERGENC	Y	Rok	Ros	a			2			1		
**************************************	[]Cancella	tion											
				FACIL	ITY I	NFORMATION					les contra		
Name of Facility Whe	ere Abatement	is Takir	ng Pla	ice (3)			Type	of Facili	ty (4)				
ROB ROSA]School (or tha	. v-	121	
Street Addres			-				1 7		er 8 (Oth				
								cial bu	ildings,	homes,	etc	.)	
							Squar	e Feet	# of Flo	ors E	ldg	Ag	е
City (5		County	(6) Ess	ex		nty Code (7) ATE USE ONLY)							
Nutley		772			(01)	ood orda,	Curre	nt Use (E	Prior if b	eing d	emol	ishe	ed)
		D : 1 1:	12.00	77. 37-		Name of Abate	mont C	ontractor	- /91		-		
Name of Monitoring F Owner (8)	irm hired by	Bullaing	ASC	M No.		AZTECH M							
N/A													
Street Address						Street Addres 86 Chris		er St					
									•:				
City, State, Zip Coo	le					City, State, Montclai			12				
								070		L -			
Project Manager for	Monitoring Fi			e Numbe	er	Telephone Num		0		Licens 003		mbe:	c
		N/	1.500			(973) 744				003	11		
Scheduled Start Date		d. Compl		Date ((11)	Name of OSHA	Monito	r					
11-4-2016		L1-5-2		Veen		N/A							
Month Day Y Occupancy Status Dur			only	Year one)		Street Addres	s						
[X] Facility Clo	sed/Vacated D												
of Abatemen []Abatement Pe		de of No	rmal :	Facilit	У	City, State,	Zip Co	de					
Hours - Desc	ribe: «OffHour:	s Descri	pt»										
[]other - Desc			Desc	TIPLS									
Scope of Work (Check	all that app	этА)				[]Full	Contai	nment wi	th Negativ	e Pres	sure	1	
[X]≥3 sf or		-		ovation		[]Mini-							
[] <u>></u> 160 sf	or <u>≥</u> 260 lf]]Demo	olition		[X]Glove		rocedure Procedu	re				
		T .	Is							A	oate		Туре
Location			ocati	ly		Description Asbestos-Con		_	Amount		١,	,	E E
Asbestos-Cor Material			Used			Material		9	(Specif	200		2	C C
TO BE AB		В	y Mai	n-		(i.e., thermal	l syste	ems	SF or		7	A	PO
In Facil	Lity		ustodi			sulation, surf	TO	200 000	LF)			I .	SSUUU
(13)		Yes	aff (12) N/A		or other misce	Llanec	us)		1		R	L R
Basement		100	1.0	x	Pir	e Insulat	ion		48 L:	£ X			
20000000			1								T		
			-	1							+	+	
Name of Registered N	Jasta Hanler	N.	DEP V	Jaste	Cul	bic Yards	Name	of Regi	stered Lar	ndfill			
AZTECH MANAG		IC H	auler	ID No.	1 2000	Waste 1.0			Enter		ı	NC	
		1	7040	3		sposal Date		, State				-	
City, State Montclair, NJ	07042				D1:	11-7-2016			urg, Ol	rio 4	46	88	
MOIICCIAIL, NO	0,012								/	ALLES ON THE STATE OF			-01
Completed By (Print		tle				Signature	2	1-1	11	Dat			
Constantine V	ivian Pr	reside	ent			1/ //	MANA!	quall.	11/20	10,	26/	2016	
			-		1	1 1	J. W. W.	wiyur	title	7			

Chech 1981

	(Pi	ursua	ant t	o <u>N.J.A.</u>	<u>C.</u> 8:60 and	12:12	20)	m	E G	E	П	W	E
Date of Notification (1)		N	lame	of Building	Owner / Operato	r (2)							-
10/18/2	2016	1 -			tracting Inc	3, 5)			kinu			1040	-
	otification			Address				111	1107		1 6	2016	2 2
⊠ EPA		1	70 U	S 9				1 i					1
	Initial	1 12		tate & Zip C				AS	BEST	25.0	705	ITRO	21 8
	Amended			lle, NJ 087	721			1 710	-110	EN	SIN	G	8684301840
	Emergency	100		of Contact					Tele	pho	ne N	umb	er
□ DCA □	Cancellation	l.	nark	Tucker					-1			*	
				ILITY INF	ORMATION								
Name of Facility Where Ab	atement is Taking P	lace (3))		Type of Facil								
Pushkin Home Street Address							Other than	K-12)					
Otreet Address					Other (i.e	Contraction of the Contraction o			dinas, l	nom	es. e	etc.)	
					Square Feet		# of Floor		Bldg.			/	
City (5)	County (6)	Cou	inty C	ode (7)	9500			2		8373	60+		
Jackson	Ocean		,		Current Use	(Prior if	being der	molished)					
ouokoon	o o o a ii				Multi-Famil			**************************************					
Name of Monitoring Firm Hi	red by Building Owr	ner (8)		ASCM No.				or (9)					
			VII. 100 To 100		Alpha Envi		ntal Ser	vices					
Street Address					Street Addres								
					PO Box 829		1						
City, State & Zip Code					City, State & Trenton, N.		de						
Project Manager for Monito	ring Firm	Talan	hone	Number	Telephone N			Licens	e Numb	her			
Project Manager for Monito	ning r nitti	reich	ilonic i	Marribor	609-847-29			Liouno		122	2		
Scheduled Start Date (10)	Scheduled Cor	npletio	n Date	e (11)	Name of OSH	HA Mon	itor						
10/28/2016	11/04/2016	***********			EMSL Anal	F						Les Salarana	
Occupancy Status During A	batement (Check or	nly one)		Street Address								
Facility Closed/Vac					107 Haddor					-			
Abatement Perform	ed Outside of Norm	al Hou	irs – /	am to 3pm									
Describe: Facility Occupied D	uring Abatement				Westmont,	MJ 08	108						
Scope of Work (Check all the											-		
Coope of tronk (officer and							Full Conta	ainment wit	h Nega	tive	Pres	sure)
≥3 sf or ≥3 lf		\boxtimes		ovation		<u>V_V</u>	Mini-Encl						
≥160 sf ≥260 lf			Dem	olition		\boxtimes	Glove Bag	g Procedur	es				
							Non-Exen	npted and I	Non-Fri	able	Pro	cedu	ire
Location			ocatio		Description			Amoun	5.0	Aba	teme	ent T	ype
Asbestos-Con			ally U		Asbestos-Con Material (A			(Specified SF or LF				-	-
Material (AC TO BE ABA		Maint			(i.e., thermal s			Of Of Li	'	Re	Z	Encapsulate	Enc
in Facility		Custo	dial S		insulation, surfac	cing, VA	AT			Removal	Repair	psu	Enclsoure
(13)			(12)		or other miscell	aneous	()			/al	=	late	лe
		Yes	No	N/A								-	-
Basement		Ш			Pipe Insula			50lf			Ш	Ш	
Basement					Furnace Insu	ulation	6	0sf					
						,							
Name of Registered Waste	Hauler		110000000000000000000000000000000000000	DEP Waste		Name	of Regist	ered Land	fill				
ALDUA ENVIDONMENT	A I		1	uler ID No. 033330	of Waste	Grove	s Landf	ill					
ALPHA ENVIRONMENT	AL		1000	70000	Disposal Date	City, S							
City, State					Disposal Date	Oity, C	Juic						
Trenton, NJ					Various	Morr	isville, P	A					Na news
Completed By (Print or Type	e)		Title	7.5	Signature	/				ate			
Rod Richardson			Pro	iert	1 M	~			1	2/7	8/7	276	t
, - 6			120	and a	/ "	1100			16.	200	1.1		

CX# 253/0

	NOT	FICAT (Pursi	ION O	F ASBE	STOS ABATEME 8:60 and 5:16)	ENT		E C			
Date of Notification (1)		Na	ame of	Building	Owner/Operator (2) Kelly	TAT				
10/10/16		-				Kelly		1107		-20	#6
Agencies Notified Type Notification FPA Initial		St	reet Ad	ddress							-
☐ DEP	1	Ci	ity, Stat	e, Zip Co	ode		AS AS	SBEST	SC	ONT	FOL
Amendment # Emergency (incli	1 \		7.00		Se	a Girt, NJ 087		and opposit the same	FMS	SING	<u> </u>
■ DOH justification)		N	ame of	Contact	. 77 11		Telephone Nu	mber		-	
DCA Cancellation		_			inger Kelly				_		-
			FACIL	ITY INFO	RMATION	Type of Facility (4	1)				\dashv
Name of Facility Where Abatement is Taking Resid	Place (3)				C School (K-12)					
	cilliai					Subchapter 8 Other (i.e., priv	(Other than K	(-12) ercial build	nas.		
Street Address						homes, etc.)					
City (5)						Square Feet	# of Floors	Bio	lg. Ag 75+		
Sea Gi	rt, N	J				2000 Current Use (Price	r if heing dem	nolished)	131	/-	=
County (6)			County USE C	r Code (7 NLY)) (STATE	Current Ose (Fric	n being den	1011011104)			_
Monmouth Pulling O	unor	_	SCM N		Name of Abatem	nent Contractor (9)					
Name of Monitoring Firm Hired by Building Of (8) MECS	WIICI	1	OOM		Stev	ens Environm	ental Serv	vices, In	c.		_
Street Address					Street Address	20.0	222				
PO Box 341							ox 322		_		_
City, State, Zip Code Crosswicks, NJ 0	8515				City, State, Zip C	Code Allentown	, NJ 0850	1			_
Project Manager for Monitoring Firm	1	Telep	hone N	lo.	Telephone No.		License No		,		
Bill Weisgarber				-4070		59-9688		00493			_
Start Date (10) Sched	uled Co			e (11)	Name of OSHA		ECS				
10/24/16		1/4/1	6	_	Street Address		000				=
Occupancy Status During Abatement (Chec	k only	one) Abatan	nent		Street Address	PO B	ox 341				_
★ Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	Facility	/ Hours	3		City, State, Zip	Code					
Other - Describe: 8 am - 4 pm					V.	Crosswick	s, NJ 085	15			_
Scope of Work (Check all that apply)					Full Co	ontainment with Ne	gative Pressur	re			
	□Re	novatio	on		Mini-Er	nclosure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	De De	molitio	n		☐ Glovet ☑ Non-E	pag Procedure xempted (*) and No	n-Friable Pro	cedure			
		ocatio			18.00				Abate Typ		
1		ormally Solely			Description	of			Τ,		-
Location of Asbestos-Containing Material (ACM)	Mair	ntenan	ce/	Asbe	stos Containing M , thermal systems	aterial (ACM)	Amount (Specify	2	T	Enc	E E
TO BE ABATED IN Facility		ustodia Staff?		(1.6	surfacing, VA	T, or	SF or LF)	Remova	Repai	Encapsulate	Enclosure
(13)		(12)			other miscellan	eous)		va	=	ilate	ure
	Yes	No	N/A						-		
Basement		×			Duct Insul	ation	40 lf	_ ×	-		
1st floor		×			Duct Insul	ation	40 lf	×	_		
150 11001					(Wrap-&-	Cut)			_		
2nd floor		×			Plaster skir	n coat	1050 s				
Name of Registered Waste Hauler		1	JDEP Hauler II		Cubic Yards of Waste	Name of Reg	istered Landfi		11		
Stevens Environmental Service	es, Inc	2.	18	292	8 CU		GROWS	Landii	11		_
City, State					Disposal Date	City, State	Morrisv	ille PA			
Allentown,		11/4/16 Signature			ate						
Completed By Tit		roiec	t Ma	nager	Signature			10/	26/1	6	
Mahlon E. Stevens	1	10100	, , 1+1tt		-11						

Cx \$25291

EPA DEP DEP DOL DOL DOA Name of Facility Where Ab Street Address City (5) County (6) Name of Monitoring Firm F (8) Street Address City, State, Zip Code Cro Project Manager for Monit Bill Wei Gtart Date (10)	ype Notification Initial Amended Amendment # Emergency (including justification) Cancellation Amendment # Resident Sea Gir Amouth Hired by Building Ow MECS PO Box 341 Dosswicks, NJ 08 itoring Firm	ace (3 ntial t, NJ	Stri Cirl Na	ty, State, ame of C	zip Code (7	nger Kelly PRMATION (STATE Name of Abater Ster	Type of Facility (4 School (K-12) Subchapter 8 Other (i.e., prin homes, etc.) Square Feet 2000	(Other than K-12) rate & commercial # of Floors 2	building Bldg	ggs,	
gencies Notified EPA DEP DDP DOL DOL DOL DOA Name of Facility Where Ab Street Address City (5) County (6) Name of Monitoring Firm F (8) Street Address City, State, Zip Code Cro Project Manager for Monital Bill Wei Glaft Date (10)	ype Notification Initial Amended Amendment # Emergency (including justification) Cancellation Amendment # Resident Sea Gir Amouth Hired by Building Ow MECS PO Box 341 Dosswicks, NJ 08 itoring Firm	ace (3 ntial t, NJ	Cit Na	ty, State, ame of C FACILIT County C USE ON	ontact Gi Y INFO	nger Kelly PRMATION (STATE Name of Abater Ster	Type of Facility (4 School (K-12) Subchapter 8 Other (i.e., pring homes, etc.) Square Feet 2000 Current Use (Price ment Contractor (9)	(Other than K-12) rate & commercial # of Floors 2	building Bldg	gs, Age	
Gencies Notified DEP DEP DOL DOL DOA Name of Facility Where Ab Street Address City (5) County (6) Mon: Name of Monitoring Firm H (8) Street Address City, State, Zip Code Cro Project Manager for Monital Bill Weil Graft Date (10)	ype Notification Initial Amended Amendment # Emergency (including justification) Cancellation Amendment # Resident Sea Gir Amouth Hired by Building Ow MECS PO Box 341 Dosswicks, NJ 08 itoring Firm	ace (3 ntial t, NJ	Cit Na	ty, State, ame of C FACILIT County C USE ON	ontact Gi Y INFO	nger Kelly PRMATION (STATE Name of Abater Ster	Type of Facility (4 School (K-12) Subchapter 8 Other (i.e., pring homes, etc.) Square Feet 2000 Current Use (Price ment Contractor (9)	(Other than K-12) rate & commercial # of Floors 2	building Bldg	gs, Age	
DEPA DEP DOL DOL DOH DCA Name of Facility Where Ab Street Address City (5) Name of Monitoring Firm H (8) Street Address City, State, Zip Code Cro Project Manager for Monit Bill Wei Graft Date (10)	Amended Amendment # Emergency (including justification) Cancellation Datement is Taking Place Resider Sea Giremouth Hired by Building Owe MECS PO Box 341 Dosswicks, NJ 08 itoring Firm	ace (3 ntial t, NJ	Na Na	FACILIT	ontact Gi TY INFO	nger Kelly PRMATION (STATE Name of Abater Ster	Type of Facility (4 School (K-12) Subchapter 8 Other (i.e., pring homes, etc.) Square Feet 2000 Current Use (Price ment Contractor (9)	(Other than K-12) rate & commercial # of Floors 2	building Bldg	Age	
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City, State, Zip Code Cro Project Manager for Moni Bill Wei	osswicks, NJ 08	3515			- 1						
Project Manager for Moni Bill Wei	osswicks, NJ 08	3515			1	Street Address	PO B	ox 322			
Project Manager for Moni Bill Wei	itoring Firm	3515				City, State, Zip	Code				
Project Manager for Monii Bill Wei Start Date (10)	itoring Firm					0.191	Allentown	, NJ 08501			
Bill Wei	icaarher		Telep	hone No.		Telephone No.		License No.	0493		
Start Date (10)			(609	9) 240-4	4070		59-9688		0493		
	Schedu	led Co	npieti	ion Date	(11)	ivame of OSHA	Monitor	ECS			
10/24/16			1/4/1	.6		Street Address		200			
Occupancy Status During	g Abatement (Check	only o	one)			Street Address	PO B	ox 341			
Facility Closed/Vacate	ed During Entire Peri	od of A	Abaten , Hours	nent s		City, State, Zip	Code	00.00000 WARRANDON PATE			
Abatement Performed Other - Describe:	S Outside of Norman	donity	1,00				Crosswick	s, NJ 08515			_
Scope of Work (Check a							ontainment with Ne	native Pressure			
	211 (1.00x - P.P. 7.7	T Rai	novati	on		Mini-F	nclosure	3			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		De	molitio	n		Glove Non-F	ebag Procedure Exempted (*) and No	n-Friable Procedu	ire		
		le l	ocatio	on T					A	baten Typ	
		No	omally	/		Description	ı of		-	1,46	
Location	of		! Sole! ntenan		Asbe	stos Containing N	//aterial (ACM)	Amount (Specify	D D		Enc
Asbestos-Containing TO BE ABA	(TED)		ustodia Staff?		(i.e	., thermal system surfacing, VA	AT, or	SF or LF)	Remova	Repair	aps
IN Facility (13)	ty	,	(12)			other miscella	neous)		val	=	Encapsulate
(10)		Yes	No	N/A							
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Basem			×	+		Duct insu		40 lf	×		
1st flo	oor		×	+		(Wrap and					
			-	+-		1.1720					
	Inata Hauler			NJDEP V	Vaste	Cubic Yards	Name of Re	gistered Landfill			
Name of Registered Wa	rasie maulei	e In		Hauler ID 182		of Waste 2 CU		GROWS La	ındfil	<u> </u>	
Stevens Environ	imeniai Service	3, 1110	<u>. </u>	102	,74	Disposal Date	e City, State	1	D.A		
City, State	Allantaurn l	NJ			_ 11/4/17	- V-O	Morrisville	e, PA			
Completed By	Alleniowii			W 68		Signatur	9/1/(Date	10/	0/1	6_
I I OMDINIEDV	Allentown, l			ct Man	ager	1	11 11				

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Date of Notification (1)				Building O	wner/Operato	or (2)		A Secretary of the Secr		NU	IV	- 1	20	16
Agencies Notified Type Notification		S	treet Ado	Iress			swearelan-	1 6	1000					
EPA X Initial Amended	,			, Zip Cod				***************************************	AS	BES	TO	S C	ONT	RO
➤ DOL Amendment Emergency justification)	(including		lame of C	od, NJ (Contact				Tele	phone N					
DCA Cancellation	1		FACILI	TY INFO	RMATION			L						
Name of Facility Where Abatement is Takin Street Address	ng Place (3)						of Facility (4) School (K-12 Subchapter 8 Other (i.e. pri) 3 (Othe	r than K- commer	-12) rcial b	uildir	ngs, h	iomes	5,
City (5) Lakewood						- 6	etc.) re Feet)	# of 2	Floors		Bld	g. Ag	е	
County (6) Ocean			County Co	ode (7) SE ONLY)		Curre	nt Use (Prior /IE	r if beir	ig demol	ished)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.	Nam AA	ne of Aba A LEAD	tement Cont	ractor SSIOI	(9) VALS					
Street Address	nad birt					et Addres VHITE I	ss DOVE CO	URT						
City, State, Zip Code					LA		DD, NJ 08	3701						
Project Manager for Monitoring Firm		T	Telephon	e No.		ephone N 2-668-9			1200	No.				
Start Date (10) 11/05/16	Scheduled 11/06/16		pletion D	ate (11)			HA Monitor D PROFES	SSIO	NALS					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire			ent	120		et Addre	ss DOVE CC	URT						
Abatement Performed Outside of Nor Other – Describe:	mal Facility F	Hours				, State, Z KEWO	ip Code OD, NJ 08	3701						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti		doc-10-11		Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure					9	
	- ACC 1973	ocatio	535000 13		-							Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	itenar	ly by nce/		Descript os Containin thermal syste surfacing other misce	g Materia ems insul VAT, or	ation,	(5	inount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		sidir	20		2	000sf)	C		KD .	
Exterior					31011	19						7.4.00		
-														
Name of Registered Waste Hauler NEWARK CARTING		Н	IJDEP W lauler ID 4509		Cubic Yard of Waste 7 yards	İs	Name of IESI	Regist	ered Lan	ndfill				
City, State NEWARK, NJ					Disposal D 11/06/16		City, Stat BETHL		и РА					
Completed by	Title	FR			Signa	ture				Date 10/		16		

UFJU	14	(Pur	suant to	NJAC 8:	60 and	12:120)			PHONE	7月1	PE	Π	\mathbb{W}	F	
Date of Notification (1) 10/26/16				lame of B South P					tion				- U	-W	1
Agencies Notified	Type Notification		1	treet Add		10					1000	04 -	1	2016	
EPA DEP	× Initial Amended			ity, State						+					
X DOL	Amendment Emergency			South P		l, NJ C	7080			1	ASBE	STOS	COI	NTR(DL
X DOH X DCA	justification)			lame of C Tom Wi						Tele	phone Nu	mber L	A 011	70	
X DCA	Cancellation	1			TY INFOR	RMATIC	NC			1					
Name of Facility Where A		ng Place (3)						Туре	of Facility (4)					
Grand Elementary	School								School (K-12 Subchapter 8		er than K-1	2)			
Street Address 305 Cromwell Pl.								Ħ	Other (i.e. pr	rivate 8	k commerc	ial build	ings, l	nomes	S,
City (5)							-		etc.) are Feet	# of	Floors	BI	dg. Ag	ge	
South Plainfield															
County (6) Middlesex				County Co STATE US	SE ONLY)				ent Use (Prio			shed)			
Name of Monitoring Firm		Owner (8)		ASCM N	No.		Periodicing		atement Cont Construct		1.00				
AHERA Consultant	s Inc.			057			Street				10,				
Street Address PO Box 385						19			6 West Su	ite 14	1				
City, State, Zip Code							A STATE OF THE PARTY OF THE PAR		Zip Code						
Oceanville, NJ 083							- AMAZONICA		NJ 07512		License	No			
Project Manager for Mor	nitoring Firm			Telephone	e No.			832-	4244		01155	IVO.			
Start Date (10) 11/9/16		Scheduled		pletion D	ate (11)	reconstruction of the second			SHA Monitor Consultant	s Inc.					
Occupancy Status Durin	g Abatement (Che	ck Only One	∍)				Street								
Facility Closed/Vac	ated During Entire	Period of A	batem	ent			PO E		385 Zip Code						
Abatement Perform Other – Describe:	ned Outside of Nor	mal Facility	Hours			_	100000000000000000000000000000000000000		lle, NJ 083	21-03	385				
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enova emoliti				×	- N	ull Containme Ini-Enclosure Blovebag Prod	e cedure				-	
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		Yes	No	N/A							10.05	122	-		_
Gymna	sium		Χ			V	CT Ma	stic		1	40 SF	X		X	-
Name of Registered Wa	aste Hauler			NJDEP W		Cubic of W	c Yards		220000000000000000000000000000000000000	ACCOUNTS OF	tered Land	lfill			1
Academy Construc	tion Inc.		100	Hauler ID 34422	140.	3	2010		GROW		ındfill				
City, State Totowa, NJ						Dispo	osal Date	е	City, Sta Tullyto		PA				-
Completed by		Title					Signatur	P.	The	1		Date 10/26	/16		
John Geleski															

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er	l N	JDEP W	/aste C	Cubic \	Yards		Name of	Registe	red Lan	dfill				
			T	BD			Waste	Manag			4			
					al Date	11			4					
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	Notification nitial mended mended mended signification is including stification is ancellation in the series of t	Notification initial Imended Imended Imended Imergency (including Istification) Istancellation Istancellatio	Notification Name of Erik S Notification Initial Immended Immen	NOTIFICATION OF ASBES (Pursuant to NJAC 8: Name of Building Or Erik Skoog Street Address City, State, Zip Cod. Cranford, NJ 07 Name of Contact Erik Skoog FACILITY INFORM Telephone No. Scheduled Completion Date (11) 11/09/2016 ment (Check Only One) ting Entire Period of Abatement dide of Normal Facility Hours If (ACM) Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X NJDEP Waste Hauler ID No. 20996 Title	NOTIFICATION OF ASBESTOS (Pursuant to NJAC 8:80 and Pursuant to NJAC 8	Pursuant to NJAC 8:60 and 12:120	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Erik Skoog Streat Address Streat Address Streat Addre	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Erik Skoog Sireel Address City, State, Zip Code Cranford, NJ 07016 Name of Contact Erik Skoog FACILITY INFORMATION Int is Taking Place (3) County Code (7) (STATE USE ONLY) Publiding Owner (8) ASCM No. Name of Abatement (Into) Street Address 11 Rosengren Ave City, State, Zip Code Cranford, NJ 07016 Name of Contact Erik Skoog FACILITY INFORMATION Type of Facility School (K-Subchapte Order (i.e. etc.) Square Feet NIA Visit (Into) Street Address 11 Rosengren Ave City, State, Zip Code Totowa, NJ 07512 Telephone No. 973-345-8685 Scheduled Completion Date (11) Dass Abatement, Interpretation Dass Abatement Dass Abatem	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120) Notification Name of Building Owner/Operator (2) Erik Skoog	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Notification Initial mended demendment #	Notification Name of Building Owner/Operator (2) Erik Skoog International Content of the C	NoTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:86 and 12:120) Name of Building Owner/Operator (2) Erik Skoog	Notification Name of Building Owner/Operator (2) Erik Skoog and 12:120 Erik Skoog and 12:120 Notification Name of Building Owner/Operator (2) Erik Skoog Notification Street Address Canada	NoTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NAGE sis dand 12:120) Name of Building Owner/Operator (2)

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Date of Notification (1) 10/26/2016					Building Ov alloran	vner/O	perator	(2)		2		Tive .	*	2016	
Agencies Notified	Type Notification		S	Street Ad	Idress						L	UY		2010	
X EPA X DEP X DOL	Initial Amended Amendment # Emergency (in		_ F	Ridgew	e, Zip Code vood, NJ		0			-	ASBE	LICE	CO NSI	NTR VG	OL 8
X DOH DCA	justification) Cancellation	lolddirig	34 33		Contact alloran					Telep	ohone Nu	mber			
DCA	Caricellation				ITY INFOR	MATIC	ON								
Name of Facility Where A House	Abatement is Taking	Place (3)) .					Туре	School (K-12)	than V 1	2)			
Street Address								×	Subchapter 8 Other (i.e. pri etc.)	vate &	commerc	ial build			S,
City (5) Ridgewood								N/A		N/A	Floors	N	dg. A /A	ge 	
County (6) Bergen					ISE ONLY)			Но				ned)			
Name of Monitoring Firm N/A	n Hired by Building O	wner (8)		ASCM	l No.		D&S	Aba	atement Control tement, Inc		9)				
Street Address							2007	oser	ngren Aven	ue					
City, State, Zip Code									Zip Code NJ 07512						
Project Manager for Mor	nitoring Firm			Γelephor	ne No.		Teleph 973-		No. 8685		License 1 01311	No.			
Start Date (10) 11/09/2016		Schedule 11/102		pletion (Date (11)				SHA Monitor tement, Inc).					
Occupancy Status Durin	g Abatement (Check	Only On	ie)				Street								
Facility Closed/Vac Abatement Perform Other – Describe:	eated During Entire P ned Outside of Norm Occupied	eriod of A al Facility	Abatem Hours	ent		_	City, S	State,	ngren Aven Zip Code NJ 07512	ue					
Scope of Work (Check A	All That Apply)										1000				
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Locatio Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Use Ma Cus	ed Sole intenar todial S (12)	ly by nce/ Staff?	(i.e. ti	s Con hermal surfa	scription taining I I system cing, V/ miscella	Materi ns insu AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Basen	nent		X			Pipe	HISUR	alion			O LI	Α			
Name of Registered Wa	aste Hauler	1	I N	JDEP V	Vaste	Cubic	Yards		Name of F	Registe	red Landf	ill	1		I
D&S Abatement, In				lauler ID 0996		of Wa			Waste N		gement	of PA			
City, State Totowa, NJ						TBD	sal Date		City, State Tullytow						
Completed by Ned Joksimovic		Title Proje	ect Ma	anager	5)	,	Signatur	re	TW		- 3	Date 10/26/	2016	i	

(K # 4020

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)			Na	me of Build	ing Owner/Operato	MINO V	2 AGRESTOS	000	ITD	71 8	
Agencies Notified Type Notifica	ation		Str	eet Addres	\$	VIIIQUV	1000000	NSIN)1 C	-
□ BPA IX Initial							- O V		A	2)	
DBP Amended			Cit	, State, Zip	Code					-10-	
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DOH justificati		my	Nai	me of Conta			Telephone Nu		_		
DCA Cancellati	on						- STOPPHONE THE				
			F	ACILITY IN	FORMATION						
Name of Facility Where Abatement is T		ace (3)	Section 1			Type of Facili		(0)/(1-11)	400 OO		.30 E
RESIDEA	1CE					School (K-		121			
Street Address						Other (i.e., homes, et	er 8 (Other than K- , private & commer	rcial bui	Iding	s,	
City (5)	-					Square Feet	# of Floors	TE	ildg. /	Age	_
AVALON						1500	_	_ _	50		_
COUNTY (6) CAPE WAY				unty Code E ONLY)	(7) (STATE	Current Use (Prior if being demo	olished)			
Name of Monitoring Firm Hired by Buildi	na Ouma	r (M No.	Name of Abaten	nent Contractor	ACANT		==		=
(8) A I A	ng Owne	'	ಗಾರ	1110.	K I	LEMED	TNC				
Street Address					Street Address		LIVE				
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					- WAF	PLE SHE	ADE WI	50	80	52	_
Project Manager for Monitoring Firm		Tel	ephon	e No.	Telephone No.	0 011	License No.	ELL	i		
19		1_			THE RESERVE OF THE PROPERTY OF	19-04)	2 00	440	<u></u>	_	_
1 1	heduled		etion D		Name of OSHA	Monitor 11 i	14				
11-7-16			7	16	Street Address	<u> </u>	104			_	=
Occupancy Status During Abatement (C					Street Address						
					City, State, Zip C	nda				_	=
Other - Describe:	ma raci	ity i loc	113		City, State, 2p C	oue .	2				
Scope of Work (Check all that apply)											_
20 30 at 10		92					egative Pressure				
≥3 sf or ≥3 lf ≠ ≥160 sf or ≥260 lf		enovat emolitic			☐ Mini-End	osure a Procedure					
22100 31 01 2200 11	LAS						on-Friable Proced	ure			
	1	Location						,	Abate Ty		
. Location of	1	d Solel	555		Description of			_	1 7	T	_
Asbestos-Containing Material (ACM)	Mai	ntenan	œ/		os Containing Mate		Amount			ū	-
TO BE ABATED	4	ustodia Staff?	31	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Rer	R	l Ca	ncı
IN Facility (13)		(12)			other miscellaneo		Si di Li	Remova	Repair	Encapsulate	Enclosure
C	Yes	No	N/A	1				=		ate	re
SIDIAG	100	110	X	Т	RAMSIT	E	1750 SF	X	-		
SIDINIG	-		^	-	ICMW) II		1100	1	-		
	-	_	-					+-		-	
	-		_					+-	-	-	
Name of Registered Waste Hauler	-1	IN	JDEP I	Vaste I	Cubic Yards	Name of Reg	istered Landfill				
KLTMCO INC		100000	aules IC	2222	of Waste	(M (IM	()	M		
City, State		-11	110	74	Disposal Date-	City, State	1. 0,000.	<u></u> ,	-	_	_
MAPLE SHADE	N.	7				We	DOD BING	-			
Completed By	le	2			Signature	100	Date	7		(1	
MICHAUL KIMUM _	201	٠.			_ Mell	who		- 1	0-	16	

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

								NUV	4	110		Sand 1
Date of Notification (1)	16-16			Nan		ng Owner/Operato		ISTRUCTI	ON		and coloring	in-Line in
Agencies Notified T	ype Notificatio	n		Stre	et Address	3	A PARTIE A P	ASBESTUS C		RO	L &	-
	₫ Initial					300 7	TIL SIT	LICENS	SINC	-		
M DOL	Amended Amendment	#		City	State, Zip				<u>-</u> -	//2		
] Emergency		ng	_	SEA	ISLE	CLIY	N. J. O	85	45		
DOH	justification) Cancellation			Nan	ne of Conta			Telephone Numb	per			
1000	J Caricellation				V-(RANIC					_	_
				F	ACILITY IN	FORMATION						
Name of Facility Where Aba			ce (3)				Type of Facili					
	SIDEMI	E	_				School (K-	12) er 8 (Other than K-12	?)			
Street Address								private & commercia		dings		
City (5)	JALON	i					Square Feet	# of Floors		1dg. A	ge +	
County (6)	JACON	1		T Col	inty Code (7) (STATE	and the second s	Prior if being demolis	1 -	10	_	=
CAPE	MAY				E ONLY)	17 1011112		ACHUT				
Name of Monitoring Firm Hip				ASCN	1 No.	Name of Abater	nent Contractor (_
(8)	△					the reservoir over the reservoir and the first first day		INC				
Street Address						Street Address						
						369		RUCE AUG				_
City, State, Zip Code .						City, State, Zip C	Code	HADE M.J	- (180	250	>
Project Manager for Monitori	ng Firm		T Tol	ephone	No	Telephone No.	16 01	License No.		200	2	_
Project Manager for Monitori	ing cilini		1	эргюно	710.	856-77	9-0472	. 004	40	1		
Start Date (10)	I Sche	duted (Comple	tion D	ate (11)	Name of OSHA				_		
11-8-16	00.10	11 -	-	-16			NI	A				
Occupancy Status During At	patement (Che	ck only	2500	1 4		Street Address						
Facility Closed/Vacated D				ment								
Abatement Performed Ou						City, State, Zip C	ode					
Other - Describe:												_
Scope of Work (Check all that	at apply)	TANKS W				Ü- " 0						
			enovati	00		☐ Full Cor		egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	emolitio			Gloveba	ag Procedure	· · · · · · · · · · · · · · · · · · ·				
					1	Non-Ex	empted (*) and N	on-Friable Procedur	_	bate	ment	
			ocatio						′	Typ		
Location of	ennon de la com		Soleh			Description of						
Asbestos-Containing Mater	ial (ACM)		ntenan			os Containing Mat thermal systems i		Amount (Specify	R	_	Enc	En
TO BE ABATED IN Facility		5	Staff?		(1.0.,	surfacing, VAT,	or	SF or LF)	Removal	Repair	aps	Enclosure
(13)			(12)			other miscellaned	xus)		oval	라	Encapsulate	ure
		Yes	No	N/A							е	17.00
SIDING				X		TRAW SIT	re	1750 SE	X			
Name of Registered Waste Ha	auler			JDEP V		Cubic Yards	Name of Reg	istered Landfill				
	DAIC.		H	yer ID	No.	of Waste	C.M.	C.MU.A.				
City, State	WUC,		= L=			Disposal Date	City, State					
	HADE	ML.	T	08	2	WOOL	OBINE A	1.1			_	
Completed By	Title					Signature -	100	Date	71		1	
	MILL	S	UP.			Man	MIL		-21	0	10	_

CK# 4085 EMERGENCY

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State of New Jersey

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		NOV	-	1	2016	

Erro	NOTIFICATION OF AS	SBESTOS ABATEM C 8:60 and 12:120	ENT)	MOV - 1	2016							
Date of Notification (1)	Name of Build	ding Owner/Operator (2) ARTHTECH CONTRACTON CONTROL & LICENSING										
Agencies Notified Type Notification		Street Address 75 RT 50 LICENSING										
☐ BPA TML Initial Amended Amendment # Emergency (included Emergency (included	City, State, Zi	ip Code Rtzw Fit	LO NJ	NT 08230 Telephone Number								
DOH justification Cancellation	Name of Cor	3RUCE	EUCE									
		INFORMATION	Type of Facility (4)								
Name of Facility Where Abatement is Taking Plant Street Address	ece (3) E		School (K-12) Subchapter 8 Other (i.e., priv		uildings,							
100	2.00		homes, etc.) Square Feet	# of Floors	Bldg. Age							
City (5) ATL AWTIC	County Cox	de (7) (STATE	Current Use (Price	or if being demolished	ed)							
County (6) ATC AUTIC	. USE ONLY)	nent Contractor (9)	Arg I								
Name of Monitoring Firm Hired by Building Own (8)	ner ASCM No.	KI	TM CO I	MC								
Street Address		Street Address	S. SPR	OCE ALL								
City, State, Zip Code		City, State, Zip Code SHADE WI, J 08012										
Project Manager for Monitoring Firm	Telephone No.	Shone No. Telephone No. 876 - 379 - 0472 License No. 60444										
I O-hadul	ed Completion Date (11		Monitor N/A	1								
Start Date (10)	- 2 - 16 only one)	Street Address										
Occupancy Status During Abatement Perior Abatement Performed Outside of Normal F	O OI I WOULD	City, State, Zip	Code									
Other - Describe:				this Droceurs								
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf	Renovation	☐ Mini-E	ontainment with Ne nclosure bag Procedure		e	-						
23 st 01 ≥0 11 2 ≥ 160 sf or ≥260 lf	Demolition Is Location	Non-E	bag Procedure exempted (*) and No	AFFIRDIE 1100031	Abate Tyr							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Normally	Description sbestos Containing N (i.e., thermal system surfacing, VA other miscellar	laterial (ACM) s insulation, .T. or	Amount (Specify SF or LF)	Removal	Encapsulate						
	Yes No N/A	TRANS	ITE	275035	X							
SIDING					+-	++						
					++	+						
		te Cubic Yards	Name of Reg	gistered Landfill								
Name of Registered Waste Hauler	NUDEP Wass Hauler ID No		A	CUA								
City, State	T 11731	Disposal Date	City, State	AS HUITVII	LE							
Completed By 1/1/1/2014 Title	()	Signature	lon		-76-	16						
discharge KI Frank	SUP.											

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Newliding Owner/Operator (2)														
Date of Notification (1)			Nan	ne of Build	JERRYS EXCAVATING									
Agencies Notified Type Notification	n		Stre	et Addres	s		ASBEST	980	ONT	TRO	L 8.			
☐ BPA ★ Initial ☐ Amended			City	State, Zip		MAIDIAN	IRAILIK	UK DIC	SING	_	_			
Amendment Emergency	Contract of the Contract of th	na	City	, State, ZIP	CAPE	MAY (DURT HO	USE						
DOH justification Cancellation	j	3	Nam	ne of Conta	SAWE		Telephone Num	ber						
			F#	ACILITY IN	FORMATION					_	=			
Name of Facility Where Abatement is Tak		ce (3)				Type of Facilit								
Street Address	E						r 8 (Other than K-1)							
Checkyddiess						D-Other (i.e., homes, etc	private & ∞mmerc c.)	al buil	dings	1				
City (5)	Λ <i>(</i>	0.01	2 ~	-		Square Feet	# of Floors	В	ldg. A	7.77				
County (6)	<i>D</i> (IK	T Cor	inty Code	(7) (STATE	Current Use (F	Prior if being demoli	shed)	50		_			
CAPE MAY	/			E ONLY)		and the second of the second o	ACANT							
Name of Monitoring Firm Hired by Building	Owner		ASCN	No.	Name of Abatement Contractor (9)									
(8) N/A Street Address					Street Address									
Street Address					369 S. SPRICE AVE									
City, State, Zip Code					City, State, Zip Code WAPIC SHADE N.J 0805Z									
Project Manager for Monitoring Firm		T Tel	ephone	No.	Telephone No. License No.									
		_			856-779-0472 00444									
Start Date (10) Sche	duled (i U	etion Da	ate (11)	Name of OSHA N	Monitor IN 1	Д							
Occupancy Status During Abatement (Che		-	16	2	Street Address									
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other - Describe:	eriod of al Facili	Abate ty Hou	ment rs		City, State, Zip Code									
Scope of Work (Check all that apply)					Π= "0									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emolitic			☐ Mini-End ☐ Gloveba	losure g Procedure	egative Pressure on-Friable Procedu	ro						
	HI (0.555.00)	_ocatio			NO PEAC	impled () and iv	OFF TRADE T TOWARD	7	bater					
Location of Asbestos-Containing Material (ACM)	78581 327	Soleh		Asbes	Description of tos Containing Mate	erial (ACM)	Amount			т				
TO BE ABATED	Ct	ustodia Staff?			thermal systems in surfacing, VAT,	sulation,	(Specify SF or LF)	Ren	Re	Encapsulate	Enclosure			
IN Facility (13)	500	(12)			other miscellaneo		0. 0. 2. 7	Removal	Repair	sula	Sure			
	Yes	No	N/A							e				
SIDING			X		TRANSIT	t	2500SF	X						
										-	-			
								-		-	-			
Name of Registered Waste Hauler		IN	JDEP V	Vaste	Cubic Yards	Name of Regi	stered Landfill		<u></u>		_			
KLTH CO TAIC		H	auler ID	No.	of Waste		M.C. M	. U	H					
City, State WAPLE SHADE W	u . J				Disposal Date	City, State	OBBINE							
Completed By 1. Title		2.	2 13	Sor	Signature), (1)/	Date	-2	1 -	-11.				

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1-1001	(8:60 and 12:120					_				
Date of Notification (1)			Name of Building Owner/Operator (2) EARTHTECH CONTRACTINGENTROL &											
Agencies Notified Type Notification			Street Address 55 KZT 50											
DEP Amended Amendment #		F	City, State	- Zin C	Ma	ID NJ	0823	0						
Emergency (ir iustification)	ncluding	-	Name of	Contact	act Telephone Number									
DCA Cancellation			EACHI		UCE ORMATION									
Name of Facility Where Abatement is Takin	g Place ((3)	FACIL			Type of Facility ()							
RESIDEA Street Address	ICE					Cultyhanter 8	(Other than K-12) ivate & commercial	buildir	igs,					
Street Address					homes, etc.) Square Feet	# of Floors	Bldg	. Age						
City (5)) le				TI COTATE	1500	or if being demolish	-	0 †					
County (6) ATL ANTIC			County USE Of	Code (i VLY)	7) (STATE	VAC	ANT			_				
Name of Monitoring Firm Hired by Building	Owner	7	SCM No	6		nent Contractor (9)	DNC							
(8) N 1 A Street Address					Street Address		OCE ALL							
					City, State, Zip Code									
	City, State, Zip Code Telephone No.						Telephone No.							
Project Manager for Monitoring Firm		856 -) Name of OSHA	9-0472 Monitor	0099	4									
Start Date (10)	duled Co	omplet 17	ion Date	(11)	N/A									
Occupancy Status During Abatement (Che	eck only	one)	nen!		Street Address									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	al Facility	Hour	s		City, State, Zip (Code								
Other - Describe: Scope of Work (Check all that apply)					☐ Full Co	ontainment with Ne	gative Pressure							
□ >3 sf or >3 lf	☐ Re	novati molitio	on n		Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
≥160 sf or ≥260 lf	Is L	ocatio	n		Airon	ACT TO THE PART OF		Abatement Type						
Location of	Used	Soleh Soleh ntenan	by	Ashe	Description of Amount (Specify					Enc				
Asbestos-Containing Material (ACM) TO BE ABATED	Cu	istodia Staff?		(i.e.	thermal systems surfacing, VA other miscelland	s insulation, T, or	(Specify SF or LF)	Remova	Repair	Encapsulate				
IN Facility (13)	Yes	(12) No	N/A		Other muscendin	,		=		ite				
	NO	X		TRANSI	TE	1500 St=	X							
SIDING			-					+						
			-											
Name of Registered Waste Hauler	-1		JUDEP W tauter ID 1		Cubic Yards of Waste	Name of Reg	gistered Landfill	100						
KLIMCO INC			tauler ID I	4	Disposal Date	City, State	ACIA 15111	15						
City. State WAPLE SHAPE Y	1.5				Signature	-	AS MUTVII	-7	1 -	-11.				
IVI MP CE OFFICE	de				Sidirature	1 1 1 VI	1 1-							

														Pr	int F		
D Emerge.	nay &	7		Sta ICATION Pursuant		ESTOS	ABATE		T CK	57	94						
Date of Notification (1) 10/27/16				Name of Building Owner/Operator (2) Gateway Child Care Center							MECEIVI						
Agencies Notified	Type Notification		Street A	ddress orth Del	lsea Dr	rive			pu								
DEP X DOL	Initial Amended Amendmen				te, Zip Co					11 L NOV 1 2016							
▼ DOH DCA	Emergency justification Cancellation)		Name of	Contact					Tal	lenhone (Min		ns c				
	Garicellation	-		A TOTAL CONTROL	LITY INC	001147						73.	/ V	211.46	.1		
Name of Facility Where	Ahatement is Takir	ng Place (3	3)	FACI	LITY INF	ORMAI	ION	Typ	e of Facility (4	1					-		
Gateway Child Car		19 1 1000 (0	-/						School (K-12	2)							
Street Address 605 North Delsea D	Prive							×	Subchapter 8 Other (i.e. pr etc.)				dings,	hom	es,		
City (5) Vineland NJ 08360								5000	are Feet 00+	# 0	f Floors	0.00	3ldg. <i>A</i> 35+	ige			
County (6) Cumberland				County C	Code (7) JSE ONLY)		Cur	rent Use (Prior	r if bei	ing demolish	shed)					
Name of Monitoring Firm	Name of Monitoring Firm Hired by Building Owner (8)						ASCM No. Name of Abatement C					Contractor (9)					
Street Address				Street					eet Address								
0.000		PO Box 329															
City, State, Zip Code		1 100 7					State, Zip Code st Berlin NJ 08091										
Project Manager for Mon	itoring Firm			[HT - BENGER [MAN HEART HEART] - 기본 - 11 - 11 - 12 - 12 - 12 - 12 - 12 - 1				phone No. License No. 00727									
Start Date (10) 10/28/16		Schedule 10/31/1		mpletion [Date (11)		Name Sam		SHA Monitor								
Occupancy Status During	g Abatement (Che	ck Only On	ne)				Street	Addr	ess	-							
Facility Closed/Vaca Abatement Perform	ated During Entire ed Outside of Norr	Period of A	Abater Hour	nent s			City, S	state.	Zip Code								
Other – Describe:	U That A and A			11.													
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	іі тпас Арріу)		Renova Demoli				×	M G	ull Containmer lini-Enclosure llovebag Proce on-Exempted	dure	-			9			
Location	of	1	Locat Vorma	lly		Dec	ecription						Abate Ty		İ.		
Asbestos-Containing TO BE AB/ In Facili (13)	intena todial ((12)	olely by nance/ I Staff? Asbestos (i.e. the			Description Asbestos Containing M (i.e. thermal systems surfacing, VA' other miscellan			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure				
D-97		Yes	No	N/A		Б.						-					
Boiler ro				X			insula				4 LF	X					
Bathroo	om			X		fl	oor tile)			9 SF	x					
Name of Registered Was	te Hauler		1.00	JDEP Watauler ID I		Cubic of Was			Name of R	rostanores	ered Landfill						

Disposal Date

Signature

10/31/16

22459

Title

President

Completed by

Anthony T Perna

United Roll off

City, State Elm NJ

Date

10/27/16

Morrisville PA 19067

G.R.O.W.S

City, State