CK 119224

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

| Date of Notification (1)<br>11-6-15   | Name of Building Owner/Operator (2) PSEG Transmission Company Street Address   |  |        |                    |                            |                    |   |  |                                    |                                 |                                    |                   |        |             |           |  |  |
|---|--|--|--------|--------------------|----------------------------|--------------------|---|--|------------------------------------|---------------------------------|------------------------------------|-------------------|--------|-------------|-----------|--|--|
|   | 11.00 • 1.00 · 1 |  |        |                    |                            |                    | Street Address<br>4000 Hadley Road  |  |                                    |                                 |                                    |                   |        |             | 1 - 4     |  |  |
| X DOL   | Initial Amended Amendment Emergency ( justification)   |  | _      | City, Sta<br>South | Telephone Number           |                    |   |  |                                    |                                 |                                    |                   |        |             |           |  |  |
| DOH DCA   | Cancellation   |  |        | Stever             | n Burrov                   | VS                 |   |  |                                    |                                 |                                    |                   |        |             |           |  |  |
| Name of Facility Where A  | hatament is Taking   | Dlane (2)  | \      | FACI               | LITY INFO                  | ORMATI             | ION   | Tuna   | of Facility (4)                    |                                 |                                    |                   |        |             |           |  |  |
| Bayway Switching S  |  | y Place (3   | )      |                    |                            |                    |   | -  | of Facility (4)                    |                                 |                                    |                   |        |             |           |  |  |
| Street Address  |  |  |        |                    |                            |                    |   |  | School (K-12<br>Subchapter 8       |                                 | er than K-1                        | 2)                |        |             |           |  |  |
| 602 Trenton Avenue  |  |  |        |                    |                            |                    |   | ×  | Other (i.e. pri<br>etc.)           |                                 |                                    |                   | dings  | hom         | es,       |  |  |
| City (5)<br>Elizabeth NJ 07202  |  |  |        |                    |                            |                    |   | Squa<br>20,0                                   | re Feet<br>00                      | # of                            |                                    | Bldg. Age<br>1975 |        |             |           |  |  |
| County (6)<br>Union   |  |  |        |                    | Code (7)<br>USE ONLY       | )                  |   |  | ent Use (Prior<br>in use           | if beir                         | ng demolis                         | ned)              |        |             |           |  |  |
| Name of Monitoring Firm I<br>PSEG Utility Operati   |  | Owner (8)  |        | ASCN               | No.                        |                    |   | e of Abatement Contractor (9) mercy Group Inc. |                                    |                                 |                                    |                   |        |             |           |  |  |
| Street Address<br>234 Pierson Avenue  | , Annex Buildir  | ng   |        |                    |                            |                    |   | t Address<br>0 Burns Avenue                    |                                    |                                 |                                    |                   |        |             |           |  |  |
| City, State, Zip Code<br>Edison NJ 08837  | *  |  |        |                    |                            |                    |   |  | State, Zip Code<br>ntagh NY 11793  |                                 |                                    |                   |        |             |           |  |  |
| Project Manager for Monitoring Firm Douglas McGarrity   |  |  |        |                    | ne No.<br>17-2781          |                    | Teleph  | Telephone No. License No. 516-876-0020 01085   |                                    |                                 |                                    |                   |        |             |           |  |  |
| Start Date (10)<br>11-11-15   | d Cor  | The state of the s |        |                    |                            |                    | HA Monitor  |  |                                    |                                 |                                    |                   |        |             |           |  |  |
| Occupancy Status During   |  |  |        |                    |                            |                    | amercy Group Inc. et Address  |  |                                    |                                 |                                    |                   |        |             |           |  |  |
| Facility Closed/Vacat   |  | 32   |        | ement 3000         |                            |                    |   |  | 0 Burns Avenue                     |                                 |                                    |                   |        |             |           |  |  |
| Abatement Performer Other – Describe: Fa  | d Outside of Norm  | al Facility  | Hours  | City, S            |                            |                    |   |  | State, Zip Code<br>ntagh, NY 11793 |                                 |                                    |                   |        |             |           |  |  |
| Scope of Work (Check All  | That Apply)  |  |        |                    |                            |                    |   |  | 74150 N. 2000                      |                                 |                                    |                   |        |             |           |  |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  | r ≥3 If Renovation   |  |        |                    |                            |                    | ×   | Mir  | Containmer                         | dure                            |                                    |                   |        |             |           |  |  |
|   |  | le   | Locati |                    |                            |                    |   |  | II-LXeIIIpteu                      | ( ) ariu                        | and Non-Friable Procedure Abatemen |                   |        |             |           |  |  |
| Location  | of   | N  | ormal  | lly                |                            | Des                | scription of  |  |                                    |                                 |                                    |                   | Туре   |             |           |  |  |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used So Mainten Custodial (12) |  |  |        |                    | Asbes<br>(i.e.             | thermal<br>surface | racingtion of material (ACM) all systems insulation, facing, VAT, or miscellaneous) |  |                                    | Amount<br>(Specify<br>SF or LF) |                                    | Removal           | Repair | Encapsulate | Enclosure |  |  |
| Fotosia - Mallia Lat  |  | Yes  | No     | N/A                | 101                        |                    | -   | •  |                                    |                                 |                                    |                   |        |             |           |  |  |
| Exterior Wall in bet  | ween bricks  |  |        | X                  | vva                        | terproc            | ofing m   | embr   | ane                                | 9,5                             | 00 sf                              | X                 |        |             |           |  |  |
|   |  |  |        |                    |                            |                    |   |  |                                    |                                 |                                    |                   |        |             |           |  |  |
| Name of Registered Waste  | JDEP W   | aste //  | Cubic  | Yards              |                            | Name of Re         | egister   | ed Landfill                                    |                                    |                                 |                                    |                   |        |             |           |  |  |
| Wasta Management Services   |  |  |        |                    | Hauler ID No. of Waste 700 |                    |   |  | 9                                  |                                 |                                    |                   |        |             |           |  |  |
| City, State<br>100 Ave A Newark NJ  |  | Disposal Date<br>12-31-15  |        |                    |                            |                    | City, State<br>Morrisville PA, 19067  |  |                                    |                                 |                                    |                   |        |             |           |  |  |
| Completed by<br>Robert Lewin  |  | Title<br>Enviro  | nme    | ental Co           | oordinate                  |                    | Signature   |  |                                    |                                 |                                    | Date 11-6-15      |        |             |           |  |  |

NO CK

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

| Date of Notification (1)<br>November 6, 2015                            | 1 1  | Name of Building Owner/Operator (2) Mill One Street Address |                                  |                               |  |  |  |                       |                                 |                  |                       | 5-3    |             |           |  |  |
|---|--|---|----------------------------------|-------------------------------|--|--|--|-----------------------|---------------------------------|------------------|-----------------------|--------|-------------|-----------|--|--|
| Agencies Notified Type Notification                                     | n  |   | Street Address 1 Johnston Avenue |                               |  |  |  |                       |                                 |                  |                       |        |             |           |  |  |
| EPA Initial DEP Amended Amendme   |  |   | City, Stat                       | · it                          | 1  | ž.   | - *  | -11.                  |                                 |                  |                       |        |             |           |  |  |
| DOH justificatio  |  |   | Name of Contact<br>Mr. John Barr |                               |  |  |  |                       |                                 | Telephone Number |                       |        |             |           |  |  |
|   |  |   | FACIL                            | LITY INFO                     | RMATI  | ON   |  |                       |                                 |                  |                       |        |             |           |  |  |
| Name of Facility Where Abatement is Tall Isles Facility                 |  |   |                                  |                               |  | -  | of Facility (<br>School (K-1               | 907001<br>-00700      |                                 |                  |                       |        |             |           |  |  |
| Street Address 1 N Johnston Street                                      |  |   |                                  |                               |  | ×  | Subchapter<br>Other (i.e. p<br>etc.)       |                       |                                 |                  | lings,                | home   | es,         |           |  |  |
| City (5)<br>Trenton   |  |   |                                  |                               |  |  |  |                       |                                 | dg. Age<br>)+    |                       |        |             |           |  |  |
| County (6)<br>Mercer  |  | County C  | Code (7)<br>ISE ONLY)            |                               |  |  | ent Use (Prio                              |                       |                                 | ned)             |                       |        |             |           |  |  |
| Name of Monitoring Firm Hired by Buildir Vertex                         |  | ASCM  | l No.                            |                               | 1000   |  | tement Cor<br>es, LLC                      | itractor              | (9)                             |                  |                       |        |             |           |  |  |
| Street Address<br>700 Turner Way  |  | 1   |                                  |                               | Street<br>407  |  |  | lighwa                | ay, Suite                       | 500              |                       |        |             |           |  |  |
| City, State, Zip Code<br>Aston, PA 19014                                |  | - Ing Unit Inc. o.  |                                  |                               | 407 West Lincoln Highway, Suite 500  City, State, Zip Code Exton, PA 19341 |  |  |                       |                                 |                  |                       |        |             |           |  |  |
| Project Manager for Monitoring Firm Dave Turotsy                        |  | Telephor  |                                  | Telephone No.<br>484-872-8884 |  |  |  | License No.<br>01161  |                                 |                  |                       |        |             |           |  |  |
| Start Date (10)<br>11/30/15   | d Con  | npletion [  | Date (11)                        |                               | Name of OSHA Monitor<br>EMSL   |  |  |                       |                                 |                  |                       |        |             |           |  |  |
| Occupancy Status During Abatement (Ch                                   | =)   |   |                                  |                               | Street Address   |  |  |                       |                                 |                  |                       |        |             |           |  |  |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No | batem  | nent  |                                  |                               | 200 Route 130 North  City, State, Zip Code                                 |  |  |                       |                                 |                  |                       |        |             |           |  |  |
| Other – Describe: Exterior Work   | omai raciilly  | Hours   | •                                |                               | _  |  | naminson, NJ                               |                       |                                 |                  |                       |        |             |           |  |  |
| Scope of Work (Check All That Apply)                                    |  |   |                                  |                               |  |  | -  |                       | 70                              |                  |                       |        |             |           |  |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                                    | - Designation of the last of t | enova<br>emolit   |                                  |                               |  | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |  |                       |                                 |                  |                       |        |             |           |  |  |
|   | T  |   |                                  |                               |  | ×  | l No                                       | n-Exempted            | d (*) an                        | le Pro           | e Procedure Abatement |        |             |           |  |  |
| Location of   | N  | Locati<br>ormal   | ly                               |                               | Do   | scription  | of   |                       |                                 |                  | Type                  |        |             |           |  |  |
| Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)     | Mai  | d Sole<br>ntenar<br>odial S<br>(12)                         | nce/                             |                               | tos Cont<br>thermal<br>surfa   | taining N  | Material (ACM)<br>is insulation,<br>AT, or |                       | Amount<br>(Specify<br>SF or LF) |                  | Remova                | Repair | Encapsulate | Enclosure |  |  |
|   | Yes  | No  | N/A                              |                               |  |  |  |                       |                                 |                  | =                     |        | ate         | ei ei     |  |  |
| Window  |  | X   |                                  |                               | Glaze  | and C  | Caulk                                      |                       | 1                               | 50 SF            | Х                     |        |             |           |  |  |
|   |  |   |                                  |                               |  |  |  |                       |                                 |                  |                       |        |             |           |  |  |
| Name of Registered Waste Hauler   |  | T N   | JDEP W                           | lasta                         | Cubio  | Yards  |  | Name of               | Dogista                         | rod Landfil      | 1                     |        |             |           |  |  |
| Waste Management  | 25.70  | lauler ID   |                                  | of Wa                         |  |  | Name of Registered Landfill GROWS          |                       |                                 |                  |                       |        |             |           |  |  |
| City, State<br>Trenton, NJ  |  |   |                                  |                               | Dispos<br>TBD  | sal Date   |  | City, Stat<br>Morrisv |                                 |                  |                       |        |             |           |  |  |
| Completed by<br>Jack Bally  | Title<br>Sr. Pr  | oject   | t Manag                          | ger                           |  | Signature  | ) /  | ball u                | (m)                             | Da               | ate<br>1/6/15         | 5      |             |           |  |  |
| ASB-41 (R-06-08)  |  |   |                                  |                               |  | Jul.   | 11.1_                                      | this form for         | V/CV9                           |                  |                       |        | oot: ·      | tios      |  |  |

## State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

| Date of No<br>11/03/15  | otification (1):   |                              |                 |                  | í                      | 7015 NOY                                    | <u>§</u>   | Fii  | 1: 2                              | 5)                            |                       |         |             |             |           |  |  |
|---|--|------------------------------|-----------------|------------------|------------------------|---|--|--|-----------------------------------|-------------------------------|-----------------------|---------|-------------|-------------|-----------|--|--|
| Agencies<br>Notified  | Type Notification (X) Initial  | Street A                     |                 |                  | Y 34 SOU               | TH  |  |  |                                   |                               |                       |         |             |             |           |  |  |
| (X) EPA<br>(X) DEP<br>(X) DOL   | Notification ( ) Amendment Notification  | City, St.<br>COLTS<br>Name o | NECK            | L, NEW           | JERSEY 0               | 7722  | Telephone Num  |  |                                   |                               |                       |         |             |             |           |  |  |
| (X) DOH<br>( ) DCA  | ( ) Emergency<br>( ) Cancellation  | ADEW.                        | ALE A           | DEOGU            | JN                     | and the second                              |  |  | ***                               |                               |                       |         |             |             |           |  |  |
|   |  |                              |                 |                  | FACILIT                | Y INFOR                                     | RMA  | TION   |                                   |                               |                       |         |             |             |           |  |  |
| Name of Facility Where Abatement is Taking Place (3): BUILDING C-3 CORRIDOR & VESTIBULE  Street Address: 201 STATE HIGHWAY 34 SOUTH |  |                              |                 |                  |                        |   |  | Type of Facility (4):  ( ) School (K-12)  ( ) Subchapter 8 (Other than K-12)  (X) Other (i.e., private & commercial buildings, |                                   |                               |                       |         |             |             |           |  |  |
| Street Address. 201 STATE Inditart 34 000 11  |  |                              |                 |                  |                        |   | ho   | mes, etc.)   |                                   |                               |                       | Tp      | lda A       | an M        | Α         |  |  |
| City & St   | ate (5): COLTS NEC   | K, NJ                        | _               |                  |                        |   |  | are Feet: N  |                                   |                               | Floors: 1             | E       | ldg. A      | .ge. IV     | A         |  |  |
|   | County (6): County Code (7) MONMOUTH (STATE USE ONLY)  |                              |                 |                  |                        |   | Current Use (Prior if being demolished):<br>VACANT           |  |                                   |                               |                       |         |             |             |           |  |  |
| Name o<br>Owner:(8  | f Monitoring Firm<br>) HEALTH & SAFTI  | Hired<br>EY SERV             | by B            | uilding<br>INC   | ASCM N<br>NA           | No.:  | Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc. |  |                                   |                               |                       |         |             |             |           |  |  |
| Street Ad   | dress: PO BOX 365  |                              |                 |                  |                        |   |  | et Address   |                                   |                               |                       |         |             |             |           |  |  |
| City Stat   | te, Zip Code:  |                              |                 |                  |                        |   | 339 North 6 <sup>th</sup> Street  City, State, Zip Code:     |  |                                   |                               |                       |         |             |             |           |  |  |
|   | COLONIA CONTROL CONTRO |                              |                 |                  |                        |   | Prospect Park, NJ 07508                                      |  |                                   |                               |                       |         |             |             |           |  |  |
|   | N, NJ 08009  Manager for Monitorin   | g Firm: N                    | I/A             | Т                | Telephone              | e No.:                                      |  | phone No   |                                   |                               | nse No.:              |         |             |             |           |  |  |
|   |  |                              |                 |                  | 609-839-2              |   |  | 3) 595-695   |                                   | 0064                          | 1                     |         |             |             |           |  |  |
| Start Date<br>11/13/15  |  | Schedule<br>12/20/15         |                 | pletion l        | Date (11):             |   | Name of OSHA Monitor:<br>S/M Enterprise of New Jersey, Inc.  |  |                                   |                               |                       |         |             |             |           |  |  |
|   | y Status During Abatem<br>ty Closed/vacated Durin  |                              |                 |                  | ent                    |   |  | et Address<br>N. 6 <sup>TH</sup> . S'  |                                   |                               |                       |         |             |             |           |  |  |
| ( ) Abate   | ment Performed Outside<br>- Describe:  | of Norma                     | l Facilit       | y Hours          |                        |   | City, State, Zip Code:<br>PROSPECT PARK, NJ 07538            |  |                                   |                               |                       |         |             |             |           |  |  |
| Scope of V  | Work (Check all that app   | oly):                        |                 |                  |                        |   |  |  | ( ) Full (                        | Contai                        | nment with            | Nega    | tive P      | ressur      | e         |  |  |
| $(X) \ge 3 \text{ s}$ $(X) \ge 16$  | for $\geq 3$ lf<br>60 sfor $\geq 260$ lf   |                              |                 | (x) Re           | enovation<br>emolition |   |  |  | () Wrapp<br>() Glove<br>(X) Non-I | bag P                         | rocedure<br>Procedure |         |             |             |           |  |  |
|   | Location of  |                              | Locati<br>ormal |                  |                        | Des   | scrip  | tion of  |                                   |                               |                       |         | Abate<br>Ty | ement<br>pe |           |  |  |
| Asbestos  | Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Normally Used Solely by Maintenance/ Custodial/ Staff? (12)  |                              |                 |                  |                        | tos Conta<br>., therma<br>surfac<br>other r | aining<br>l syst<br>cing,<br>nisce                           | g Materia<br>tems insul<br>VAT, or<br>ellaneous)   | l (ACM)<br>lation,                | Amoun<br>(Specify<br>SF or LI |                       | Removal | Wrap&Cut    | Encapsulat  | Enclosure |  |  |
| CORRIL  | OOR & VESTIBULE  | Yes                          | No<br>X         | N/A              | FLOOR<br>AND CE        |   | GLU  | JE DOTS  | , WALLS,                          | 4,000 SF                      |                       | Х       |             |             |           |  |  |
|   |  |                              |                 |                  |                        |   |  |  |                                   |                               |                       |         |             |             | -         |  |  |
|   |  |                              |                 |                  |                        |   |  | - 19   |                                   | -                             |                       |         |             |             | -         |  |  |
| Name of Registered Waste Hauler:  NEWARK CARTING, INC.  NJDEP Wather Hauler ID No.  |  |                              |                 |                  |                        | ler ID No                                   |  | Cubic of Was   |                                   | Nar<br>IES                    | ne of Regis           | stered  | landfi      | ll:         |           |  |  |
| City, Sta   |  | J 07105                      | Dispo<br>12/20  | osal Dat<br>0/15 | 1869<br>e:             | 73  |  | City, Stat   | e:<br>HEM, PA 18                  | 015                           |                       |         |             |             |           |  |  |
| Completed By: MIKE ALTADOUKA  Title: PRESIDENT  |  |                              |                 |                  |                        |   | Signature: Date: 11/03/15                                    |  |                                   |                               |                       |         |             |             |           |  |  |

| AFTENSIVED  NJ Dept. of Health & Senior Services  |  |  |                              |                |                   |   | ***               |                                      |  | \$0<br>02         | 23073  |             |          |  |  |  |
|---|--|--|------------------------------|----------------|-------------------|---|-------------------|--------------------------------------|--|-------------------|--------|-------------|----------|--|--|--|
| (signature) Date: Loliulo Time: 7:20  | NOTIF  | State of New Jersey<br>FICATION OF ASBESTOS ABATEMENT<br>Pursuant to NJAC 8:60 and 12:120) |                              |                |                   |   |                   | Check # 8863                         |  |                   |        |             |          |  |  |  |
| Date of Notification (1)  | Name o   | of Bulldino  | Owner#                       | Onevator       | (2)               |   |                   |                                      |  |                   | 3      |             |          |  |  |  |
| 10/13/2015  | Name of Building Owner/Operator (2) Greg Doen Ci |  |                              |                |                   |   |                   | ١                                    |  | 65                | <      |             |          |  |  |  |
| Agencies Notified Type Notification   |  |  | Street A                     | Address        | 1 (               | om s                                    | Slean             | _                                    |  |                   |        |             | C        |  |  |  |
| ☑ DEP ☐ Amended   |  |  | 63                           | ate, Zip C     | ode               |   | Stree             |                                      |  | _                 | -      | -           | N        |  |  |  |
| Emergency   | DOL Amendment # Emergency (including             |  |                              |                |                   |   |                   | 970                                  | 026  |                   | ··;    |             | .0       |  |  |  |
| DOH justification)  DCA Cancellation  |  | -  | MOTHE C                      | of Contact     | ore               | ~1                                      |                   |                                      | Telephone Min  | -                 |        |             |          |  |  |  |
| Name of Facility Where Abatement is Takin   | e Plana I  | 773  | FAG                          | ILITY INF      |                   |   |                   | <u> </u>                             | _ ~ ~  |                   |        | - 🔼         |          |  |  |  |
| none  | A LINCO  | a)   | 25                           |                |                   |   | Type of F         |                                      |  |                   |        |             |          |  |  |  |
| Street Address 161 6th Street   | +  | •  |                              |                |                   |   | Subo              | if (l.e. )                           | 2)<br>*8 (Other than K-12<br>private & commercia   | :)<br>31 buil     | dings  | , hom       | ies,     |  |  |  |
| CIV(5) Crameril   | -  | TABLESON.  |                              | EPECAN NOW THE | ACTUAL NUMBER     | *************************************** | Square F          | eet                                  | # of Floors  | E                 | ldg. / | Age .       |          |  |  |  |
| County (5)  |  |  | County Code (7) Current Us   |                |                   |   |                   |                                      | 0 2 60   |                   |        |             |          |  |  |  |
| bergen  |  |  | (STATE                       | USE ONLY       | 2                 |   |                   | Use (Prior if being demolished)      |  |                   |        |             |          |  |  |  |
| Name of Monitoring Firm Hired by Building   | Owner (8   | )  | ASG                          | NO.            |                   |   |                   | ment Contractor (9)<br>tracting inc. |  |                   |        |             |          |  |  |  |
| Street Address  |  |  | Street Address               |                |                   |   |                   |                                      |  |                   |        |             |          |  |  |  |
| City, State, Zip Code   |  |  |                              |                |                   |   | Vreeland          | 1                                    |  |                   |        |             |          |  |  |  |
|   |  |  |                              |                | Midla             | and Park,                               | N.J.              |                                      |  |                   |        |             |          |  |  |  |
| Project Manager for Monitoring Firm   |  | Telepho  | ne No.                       |                | The second second | one No.                                 |                   | License No                           | ).   |                   |        | -           |          |  |  |  |
| Start Date (10)   | Schedul  | led Cor  | noistion                     | Date (11)      |                   |   | 262-5841          | A Marsing                            |  |                   |        |             |          |  |  |  |
| 10/14/2015  | 10   | 211  | 2015                         |                | •                 |   |                   |                                      | ntal Services Inc  | Ċ.                | ť.     | 31          | 8        |  |  |  |
| Occupancy Status During Abatement (Chec   |  | 5000 E.C.  | Street Address 280 Huyler St |                |                   |   |                   | Brat                                 |  |                   |        |             |          |  |  |  |
| Facility Closed/Vacated During Entire I<br>Abatement Performed Outside of Nonr<br>Other – Describo: | Period of<br>Pal Facility                        | Abaten<br>y Hours  | ment Zoo Huyler S            |                |                   |   |                   |                                      |  |                   |        | `           | -        |  |  |  |
| Scope of Work (Check All That Apply)  |  |  | Hackensack,                  |                |                   |   |                   |                                      | N.J. 07606   |                   |        |             |          |  |  |  |
| 23 sfor 23 ff   |  | Renova   | itlan                        |                |                   | _                                       | 1                 |                                      |  |                   |        | J           |          |  |  |  |
| 1 ≥160 sl or ≥260 lf  |  | Domoli   |                              | 27             |                   | Page 8                                  | Mini-En           | closure                              |  | ressur            | ne ta  | ,           |          |  |  |  |
|   | 7  |  |                              | T              |                   |   | Gloveba<br>Non-Ex |                                      | tedure<br>(*) and Non-Friable  | е Рта             | codu   | ė           |          |  |  |  |
| Location of   |  | Locati<br>Normal   |                              |                | _                 |   |                   |                                      |  | Abatement<br>Type |        |             |          |  |  |  |
| Asbestos-Containing Material (ACM) TO BE ABATED   |  | ed Sole  |                              | Asbas          | tos Cont          | scription<br>taining M                  | latedal (AC       | Mi)                                  | Amount   |                   |        | m           | _        |  |  |  |
| In Facility (13)  | Cus  | todial 9<br>(12)   | Staff?                       | (r.e.          | surfa             | cing, VA                                | Insulation,       |                                      | (Specify<br>SF or LF)  | Remova            | Repair | оспр        | Encksure |  |  |  |
| (10)  | Yes  | No   | N/A                          |                | other n           | niscellan                               | 80us)             |                                      |  | oval              | air    | Encapsulate | arns     |  |  |  |
| Basement  | 1  |  | <b>X</b>                     |                | Dir               | Pe.                                     |                   | $\dashv$                             | 1 Fait   | 10                |        |             |          |  |  |  |
| - DASKATSKAT  | 1  |  | -                            |                | -                 | re                                      |                   | -                                    | 150LF  | K                 | -      |             |          |  |  |  |
|   |  |  |                              |                |                   |   |                   |                                      | THE SAME OF THE SA | -                 |        | -           |          |  |  |  |
|   |  |  |                              |                |                   |   |                   | $\exists$                            |  |                   |        | -           |          |  |  |  |
| Name of Registered Waste Haufer<br>Newark Carting, Inc.   |  |  | JDEP Waller ID               |                | Cubic<br>of Was   |   |                   |                                      | Registered Landfill  | ا ــــــا         |        |             |          |  |  |  |
| City, State   |  | 04   | 4509                         |                |                   |   |                   | Grand Central Sanitary Lands!!       |  |                   |        |             |          |  |  |  |
| Newark, N.J. 07105  |  |  |                              |                | 1 1               | Sal Date                                | 1 -               | y, State                             | yl, PA 08072   | 100 M             |        | -0.000      |          |  |  |  |
| Completed by<br>R. McDonald   | Title  | ide = t  |                              | ,              |                   | Ignature                                |                   | 11.11                                | Dal  | e i               | - 1    |             |          |  |  |  |
| I MANAGO  | res  | ident  |                              | 1              | 1                 | 11-1                                    | 1111              | 1201                                 |  | in                | in 1   | I gow       | - 8      |  |  |  |

為中部實際 N. Dept of Health & Senior Services (signalurg) Dat

CK 8817

| 10/22/ (nme: 214  | 55   |  | CATION                                  | OF ASBESTOS .<br>to NJAC 8:60 am   | ABATE   |  |                                   | Chec   | 水 #               | B      | 8 PB        | =          |  |  |
|---|--|--|---|--|---|--|-----------------------------------|--|-------------------|--------|-------------|------------|--|--|
| Date of Notification (1)  |  |  | Nama of                                 | Building Owner/C   | Operator                                      | (2)                                      |                                   | 1.00   |                   |        | 1           |            |  |  |
| Agencies Notified Typ   | B Notification   |  | Street A                                |  |   |  | c /3                              | VE   |                   |        |             | 72e<br>75  |  |  |
| DEP DOL   | Initial<br>Amended<br>Amendment #  |  | *************************************** |  |   |  | 07602                             | ~  |                   | B      | 9<br>Ji     |            |  |  |
| E DOH DCA   | Emergency (Including justification) Cancellation   |  | Name of                                 | Contect<br>& Rossus  |   |  |                                   | Telephone Num                                      | her               | رڊ ر   | 67          |            |  |  |
| Name of Facility Where Abate  | ment is Takino Place (   | 31   | FACI                                    | LITY INFORMATI   | ЮИ  | Type of F                                | artifu (A                         | 1  |                   |        |             |            |  |  |
| RESIDENT  | AL HOME  |  |   |  |   | Parties .                                | ool (K-12                         |  |                   |        |             |            |  |  |
| Street Address 51-57 JAMES  | STREET   | -  |   | The state of the s |   | F7 Sub                                   | chabler B                         | (Other Ihan K-12<br>Ivale & commercia              | )<br>I bulk       | ilngs, | home        | 85,        |  |  |
| CITY (5) ENGLEW   | (2019)   |  |   |  |   | 40                                       | Square Fact # of Floors Bidg. Age |  |                   |        |             |            |  |  |
| County (6) SERGEN   |  |  | County (                                | Code (7)<br>USE ONLY)  |   | Current L                                |                                   | if being demolish                                  | ed)               |        |             |            |  |  |
| Name of Monitoring Firm Hire  | d by Building Owner (8   | }  | ASCN                                    | / No.  |   | of Abatem<br>ac Contr                    |                                   |  |                   |        |             |            |  |  |
| Street Address  |  |  |   | •  |   | reet Address<br>85 Vreeland Ave.         |                                   |  |                   |        |             |            |  |  |
| City, State, Zip Code   |  |  | 17 10 10 10                             |  |   | tate, Zip C<br>and Park                  |                                   |  | 6 m. 1            |        | (7)         |            |  |  |
| Project Manager for Monitoring  | Firm   |  | Telepho                                 | ne No.   | Teleph  | one No.                                  |                                   | License No   | . e               |        | - V         |            |  |  |
| Start Date (10)   | Schedu   | ed Con   | pletion l                               | Date (11)  | 201-262-584   00156   Name of OSHA Monitor    |  |                                   |  |                   |        |             |            |  |  |
| Occupancy Status During Abo   | lement (Check Only O   | ne)  |   |  |   | ga Envir<br>Address                      | Environmental Services Inc.       |  |                   |        |             |            |  |  |
| Facility Closed/Vacated D   | During Entire Period of  | Abstem   | ent                                     |  | V 152 (150 (150 (150 (150 (150 (150 (150 (150 | Huyler Street                            |                                   |  |                   |        |             |            |  |  |
| Facility Closed/Vacated if Abalement Performed Or Other – Describe:       | itside of Normal Facilit   | y Hours  | 92                                      |  |   | tate, Zip C<br>kensack,                  |                                   | 7606   | لبا               | 1      | 流           |            |  |  |
| Scope of Work (Check All Tha  | ( Apply)   | The state of the s |   |  | 2004m   |  |                                   |  |                   |        |             |            |  |  |
| ☑ ≥3 sfor≥3 lf<br>☑ ≥160 sfor≥260 lf                                      |  | Renovat<br>Demoliti  |   |  | XI. L. DA                                     | Mini-Er<br>Gloveb                        | ag Proce                          | nt with Negative Pr<br>edure<br>(*) and Non-Frisbi |                   |        | - [-        |            |  |  |
|   |  | Location Normali   |   |  |   |  |                                   |  | Abatement<br>Type |        |             |            |  |  |
| Location of Asbestos-Conteining Mate <u>TO BE ABATED</u> In Facility (13) | rial (ACM) Usi   | of Solel<br>sintenan<br>todial S<br>(12)   | y hy<br>ice/                            | Asbestos Coni<br>(I.e. thermal<br>surfe  |   | laterial (ACM)<br>s insulation,<br>T, or |                                   | Amount<br>(Specify<br>SF or LF)                    | Removal           | Repair | Encapsulate | -£nclosi#e |  |  |
|   | Yes  | No   | N/A                                     |  |   |  |                                   |  | _                 |        | 함           | 6          |  |  |
| OUTSIDE   |  |  | X                                       |  | INCLE   |  | 1                                 | 4.100 SF   | X                 |        | *           |            |  |  |
| 15 + 2 m Flore  | 1  |  | ×                                       |  | tions.  |  |                                   | 7205A  | ×                 |        |             |            |  |  |
| grn FL  | 1.20   |  | );<br>;;                                | 1  | ine we  |  |                                   | 500 SF   | X                 |        | (2)         |            |  |  |
| KircuEau  | THE A PARTY OF THE | 1746)  |   |  | 8 35-   | X  |                                   | 100  |                   |        |             |            |  |  |
| Name of Registered Waste Ha<br>Newark Carting, Inc.                       | uier   | H  | IDEP W<br>auler ID<br>509               |  |   | 4 1                                      |                                   | egislered Landfill<br>entral Sanitary              | Lan               | 선테     |             |            |  |  |
| City, State<br>Newark, N.J. 07105   |  |  | 10/3                                    | al Date  | ON P  | ly. Slate<br>en Arg                      | yl, PA 08072                      |  |                   |        |             |            |  |  |
| Completed by<br>R. McDonald   | Title<br>Pres  | ident  |   | S  | lignature                                     | MA                                       | M                                 | Dat  | 0/0               | 12/    | 15          | -          |  |  |