Ch3502	20		NOT		ATION		BE	Jersey STOS ABAT 3:60 and 5:1		DEC			7 [
Date of Notification (1)					Name	of Buildin	ng Ov	wner/Operator ((2)	IIIII NO	V 22	2 20	16	
	15 /	16			Rh	onda Co	hen				· h. h.	. 20	10	-
Agencies Notified EPA	Type Notific	ation			Stree	Address				ASBEST	OS CI	TIAC	ROI	8.
⊠ DOLWD	☐ Amende	d									CENS		nol	. a
☑ DOH	Amendm	33				State, Zip						-		
☐ DCA	☐ Emerger		cluding	3		erry Hill,		08002		1=				
(NJAC 5:23-8)	justificat				#78000V	of Contac				Telephone Nur	nber			
	☐ Cancella	ition			Rh	onda Co	hen							
					FA	CILITY II	NFO	RMATION						
Name of Facility Where A Rhonda Cohen	Abatement is	Taking	Place	(3)					Type of Facility ☐ School (K-1	2)				
Street Address										8 (Other than K-1 private and common)		uilding	js,	
City (5)									Square Feet	# of Floors	B	ldg. A	ge	-
Cherry Hill									2,000	3	1000	70		
County (6)					Cour	nty Code (7)(ST	ATE USE ONLY)	Current Use (P	rior if being demo	lished)			
Camden									Residence					
Name of Monitoring Firm	Hired by Buil	ding O	wner ((8)	ASCM	No.	Na	ame of Abatem	ent Contractor (9)				
Mgmt. & Environme	ental Consu	ılting :	Servi	ces			1	Shade Enviro	onmental, LLC					
Street Address		son with c					St	reet Address						
PO Box 341								623 Cutler A	venue					
City, State, Zip Code							Cit	ty, State, Zip C	ode					
Chesterfield, NJ 08	515						1	Maple Shade	, NJ 08052					
Project Manager for Moni	toring Firm			Tel	ephone	No.	Te	lephone No.		License No.				
Bill Weisgarber				6	09-298	-4070	1	856-755-0099)	00842				
Start Date (10)	1	Schedu	ıled C	omple	etion Da	te (11)	Na	ame of OSHA N	Monitor					
11 /26 /	16	_ 1	1_ /	_2	8 /	16	1	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (Check	only o	one)			Sti	reet Address			(73% SC		-	
□ Facility Closed/Vacate							1	200 Route 13	0 North					
Abatement Performed							Cit	ty, State, Zip Co	ode					
Time of Abatement: _	AIVI	PIV	·/	PIVI		AIVI	(Cinnaminsor	n, NJ 08077					
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 If ≥160 sf or ≥260 If			⊠ Re □ De	novat moliti				☐ Mini-End	g Procedure	gative Pressure on-Friable Proced	ure			
			Is	Loca	ition						Ab	atem	ent T	уре
Location				Norma	ally ely by			Description of			Z	Z,	Ш	ш
Asbestos-Containing I TO BE ABA		Л)		inten				Containing Ma ermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit			Cust		Staff?	(surfacing, VAT	, or	SF or LF)	va a	_	lusc	sure
(13)		-	V	(12)	1	-	0	ther miscellane	ous)	***			ate	
Garage			Yes	No 🖂	N/A	Duct In	sula	ation		90 SF		П	П	П
		-	_									+=		
				Ш			2000				ᆜᆜ			Ш
Name of Registered Wast	e Hauler			100	NJDEP I		C 40 %	bic Yards of	Name of Regis			1		
Freehold Cartage					15939		1) 		nd County Lan	uiiii			
City, State								sposal Date	City, State					
Freehold, NJ							1	1/28/2016	Newburg,	PA				
Completed By (Print or Ty	rpe)	Title						Signature	\		Date			
Christina Lynch		Vio	ce Pr	esid	ent of (Operatio	ns	1/MXX	(Q)	1	11/15	111	0	

Ch 5832			ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE			EG	E			
Date of Notification (1)			Name	of Building	Owner/	Operator	(2)		i non	0.0	2 00	10	
11/17/16			Ran	dy +	Eller	1 5ch	himid H	, docte	Home	20	2 21	110	
Agencies Notified Type Notification				Address		- 57							
☑ EPA ☑ Initial									ASBEST				. &
□ DEP □ Amended □ DOL Amendment	,,			ate, Zip C					LIC	CENS	SING		
DOL Amendment □ Emergency (Surt	City of Contact	N.J	0800	18						
☐ DOH justification)		,						Tel	ephone Nu	mber			
□ DCA □ Cancellation			Pane										
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	(4)	- RANGE U.S.				
			11-00				32)	200 10					
Rundy + Ellen Schima Street Address	1/1	vare	14000	2			☐ School (K		er than K-1	2)			
	Ī						□ Other (i.e.	private	& commerc	al buil	dings	, hom	es,
City (5)							etc.)						10000
	2						Square Feet	# 0	f Floors		3ldg. /		
Suf City N.T. 08008 County (6)		- 1	County	Code (7)			000 → Current Use (P	rior if hai			5	b.c	
Ocean				USE ONLY	0					nea)			
Name of Monitoring Firm Hired by Building C)wner (8)	ASCI	M No.		Name	House + Co	oaraj.	(0)				
11/1		,	/1001				vaco Inc		(3)				
Street Address							Address						
						1	Box 32	79					
City, State, Zip Code						City, St	ate. Zip Code						
						11/0:	st Berlin	N.	J. 080	191			
Project Manager for Monitoring Firm			Telepho	ne No.			one No.		License N			-	_
						856-	753-98a	2	0072)			
Start Date (10)	Schedul	ed Con	npletion	Date (11)		1	of OSHA Monitor		(010)				
11/28/16	12/3	-116				San	np						
Occupancy Status During Abatement (Check	Only O	ne)					Address						_
☐ Facility Closed/Vacated During Entire P	eriod of	Abatem	nent										
☐ Abatement Performed Outside of Norma ☐ Other – Describe:	al Facility	y Hours	3			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)							8						
≥3 sf or ≥3 lf		Renova	tion				Full Containm	nent with	Negative F	ressu	re		
\(\infty\) ≥160 sf or ≥260 lf	1 2/ [Demolit	ion				Mini-Enclosur	re	•		1.70		
						図	Glovebag Pro Non-Exempte		l Non-Friah	le Pro	cedur	ρ.	
	Is	Locati	on							1		ement	
Location of	1	Normal	ly		De	scription of	of				Ту	ре	
Asbestos-Containing Material (ACM)		ed Sole intenar		Asbes			aterial (ACM)	Aı	mount			ш	
TO BE ABATED In Facility	M	todial S		(i.e.		systems cing, VAT	insulation,	100	pecify	Rei	R	nca	Enc
(13)		(12)				niscellane		55	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	"	late	lle.
-1: -1:		.,,		- 1		- / .					-		
Exterior siding			X	Exte	rior	Sidin	G	200	9 8F	X			
				Up to the second			_						
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards	Name of	Registe	red Landfill			v	
111/21/1/		Н	auler ID	No.	of Was		,	-					
United Roll off		2	2459	7	4		6.R.	0. U	1.5.				
City, State					1	sal Date				901	7		
Elm N.J.					1	-116	Wolls	su.lla	P.A. 1		/		
Completed by	Title Pice	. /	1-		S	ignature	1		Da				
Anthony T. Herva	1 (C°	sider	17						- 11	171	16		

State of New Jersey

Chandy	N			OF ASBE				N.		MC	\\! r	1 0	2046	
Date of Notification (1) 11-14-2016 Check#2934		100		Building O			(2)				IV c		2016	
Agencies Notified Type Notification			Street Ac 51 Nev	ddress wark Stre	eet				AS	BES	TOS			DL 8
☐ EPA ☐ Initial ☐ Amended ☐ Amendment #				te, Zip Cod en, NJ 0										
☐ Emergency (i justification) ☐ DCA ☐ Cancellation	ncluding			Contact Manger					Telephon	e Num	ber			
_ Box				LITY INFO	RMATI	ON			1			-		
Name of Facility Where Abatement is Taking Don Bosco Preparatory High School)					×	e of Facility (4) School (K-12))					
Street Address 492 N Franklin Turnpike							X	Subchapter 8 Other (i.e. pri- etc.)			I build			s,
City (5) Ramsey, NJ 07446								are Feet	# of Floor		5	dg. A 0+	ge	
County (6) BERGEN			County C	Code (7) ISE ONLY)		_		rent Use (Prior hool	if being de	molish	ed)			
Name of Monitoring Firm Hired by Building C Omega Environmental	wner (8)		ASCM	1 No.				eatement Contr ces Corpora						
Street Address 280 Hyuler Street						Street 426-		ess Street						
City, State, Zip Code Hackensack, NJ								Zip Code erg, NJ 0709	93					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 201-		No. -1700	Lice 010	nse No)74).			
Start Date (10) 11/23/2016	Schedule 11/30/2		pletion [Date (11)				SHA Monitor above						
Occupancy Status During Abatement (Check	Only Or	ie)				Street	Addr	ess						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:					_	City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)	-3011													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	N G	ull Containmer lini-Enclosure Blovebag Proce Ion-Exempted	edure				e	
Location of	1000	Locati	53257.5		De	scription	of						ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		os Con thermal surfa		//ateri s insu .T, or		Amour (Specif SF or L	ý	Removal	Repair	Encapsulate	Enclosure
Let Hall Main Fotograph obb	Yes	No	N/A	D.	ncorn	ceiling	a nla	ester	500 S	F	x		, w	
mmaculate Hall-Main Entrance Lobb)	X		Po	pcom	Celling	g pia	istei	300 3	1	Λ.			
			UDED ::	1	0.11	Varda		Nome of D	Registered L	andfill			-	
Name of Registered Waste Hauler Freehold Carting		H	IJDEP W lauler ID 5939		of Wa	Yards ste			and Land					
City, State Freehold, NJ					Dispo tbd	sal Date)	City, State Newbur						
Completed by Gina Betanes	Title Offic	e Ma	nager		3	Signatur	e /	Vince	8_	Da No	ite ov-1	4-20	16	

Ch292	R
Date of Notification (1) 11-16-2016	
Agencies Notified	Тур

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

910100		(Pu	irsuant i	to NJAC 8	8:60 and	112:120))				AINV	0	0	004	0
Date of Notification (1) 11-16-2016		- 1		Building (1.0	50				NUV			ZUI	Ö
Agencies Notified Type Notification		1.00	Street A						T	ASB	ESTO	DS	CO	NTF	ROL
EPA Initial				cademy						50.00 S.			ISI		
DEP Amended Amendment #1				te, Zip Co											
DOL Amendment #1 Emergency (incl	udina	_		Orange	, NJ 07	7079									
DOH justification)	5	100		Contact	lair				Tele	ephone N	lumber				
DCA Cancellation				Judith B	22000	ON									
Name of Facility Where Abatement is Taking Pl Our Lady of Sorrows School	ace (3)		FACI	LIITINFO	DRIVIATI	ON		pe of Facility (4)					19		
Street Address				4 16 060 30		/Sen.703	X	School (K-12) Subchapter 8		er than K-	-12)				
172 Academy Street							Ī	Other (i.e. privetc.)	ate 8	k comme			373 86		s,
City (5) South Orange							Sq	uare Feet	# of	Floors		50	g. Aq +	ge	
County (6) ESSEX			County C STATE U	Code (7) ISE ONLY)		_		rrent Use (Prior chool	if bei	ng demol	ished)				
Name of Monitoring Firm Hired by Building Own	er (8)		ASCM	l No.				batement Contro vices Corpora		* *					
Street Address						Street			1011						-
								h Street							
City, State, Zip Code								, Zip Code erg, NJ 0709	3						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph				License	No.				
						201-	295	5-1700		01074					
			pletion [Date (11)				SHA Monitor							
	/28/20							s above							
Occupancy Status During Abatement (Check O						Street	Aaa	ress							
Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal F Other – Describe: Starting 7AM				- 11	_	City, S	tate,	, Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat noliti				×	- [Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (dure	(277)					
	1. 1.						1 1	Non-Exempled () and	a NOH-FII	able I			ment	
Leasting of		ocation rmall			Do	scription	of						Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod (enan	ice/		tos Cont thermal surfac	aining M	Mater s ins T, o	r	(5	mount Specify For LF)	Kemoval		Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ф	Desa
Art Room		х			CM de		_		70	00 SF)	<		
Crawl space-Boiler Room		Х		Α	CM de	bris cl	ear	n up	6	0 SF		>	<		
						-			_			+			
Name of Registered Waste Hauler		I N	JDEP W	aste	Cubic	Yards		Name of Re	eaiste	red Land	Ifill				
Atlantic Carting		H	auler ID		of Was			IESI	3						
City, State					D 971	sal Date		City, State	516						
Wayne, NJ					tbd		_/	Bethlehe	m, F						
7.7.10.7.7.2	Title Office	Mar	nager		S	ignature		Qual			Date 11/14	1/20	016		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(Pu	rsuant	to NJAC 8	:60 an	d 12:120)	(')	(#	(Other than K-12) ate & commercial buildings, home of Floors Bldg. Age 1 50+ f being demolished) actor (9) g Inc License No. 01255 g Inc License No. 01255 g Inc Abatemen Type Amount (Specify SF or LF) Amount (Specify SF or LF) Pagistered Landfill Date					
Date of Notification (1) 11/17/16					Building C Associat		Operator	(2))), 追	G	E		W	
Agencies Notified Typ	e Notification		- 5	Street A	ddress					NOV 2 2 201 Telephone Number's COINTELICENSING Other than K-12) vate & commercial buildings, home # of Floors						
□ EPA 🗵	Initial				kolusa D	-				Telephone Number's CONTRO LICENSING Telephone Number's CONTRO LICENSING I (K-12) apter 8 (Other than K-12) (i.e. private & commercial buildings, homes of # of Floors Bldg. Age 50+ of (Prior if being demolished) ISE of Contractor (9) racting Inc Ave lee 7026 License No. 01255 Initor racting Inc Ave lee 7026 Ave lee 7026 Anount (Specify Ser or LF) SEI 33,000 SF I ne of Registered Landfill BD , State BD Date						
DEP	Amended				te, Zip Cod	Telephone Numbers Control LICENSING Bldg. Age 33,000 50+ Current Use (Prior if being demolished) Warehouse Name of Abatement Contractor (9) Harmony Contracting Inc Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Telephone Numbers Control LICENSING Bldg. Age 33,000 50+ Current Use (Prior if being demolished) Warehouse Name of Abatement Contractor (9) Harmony Contracting Inc Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Description of the procedure Non-Exempted (*) and Non-Friable Procedure Description of the procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type The popular in the procedure A										
X DOL	Amendment #_ Emergency (in	cludina		ASSET OF SHIP	del, NJ 0	7733				1	L	CTC	10	001	HTR	71 8
M DOH DCA □	justification)	oluug			Contact issglass				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.) Square Feet 33,000 1 Current Use (Prior if being demolished) Warehouse f Abatement Contractor (9) ony Contracting Inc didress falisade Ave fate, Zip Code fold, NJ 07026 folderess fold	VL 6						
□ DCA □	Cancellation					RMAT	IATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial betc.) Square Feet # of Floors 33,000 1 Current Use (Prior if being demolished) Warehouse Name of Abatement Contractor (9) Harmony Contracting Inc Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Telephone No. Uicense No. 973460.6026 01255 Name of OSHA Monitor Harmony Contracting Inc Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Full Containment with Negative Present Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Feet Monitor Non-Exempted (*) and Non-Friable Feet Mini-Enclosure Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Full Containment with Negative Present Mini-Enclosure Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Full Containment with Negative Present Mini-Enclosure Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Full Containment with Negative Present Mini-Enclosure Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Full Containment with Negative Present Mini-Enclosure Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Full Containment with Negative Present Mini-Enclosure Street Address 360 Palisade Ave City, State TBD Spoal Date Street Address Amount Specify Spoal Date TBD Signature Date									
Name of Facility Where Abate	ement is Taking I	Place (3)	1 701	LII I II II O	INIMA		Туре	of Facility (4	-)			152.6			
Abandoned Warehouse	9							Section 2								
Street Address								December 1	ubchapter	8 (Othe	er than K-	-12) rcial bi	ildi	nne	home	
1029-1061 Newark Ave	9							e	tc.)			Olai Di		leniere		3,
City (5)								100			Floors			. Ta	ge	
Elizabeth				Saumbi (20do (7)			100000000000000000000000000000000000000			a demoli	ichad)	0()+		
County (6) Union					Code (7) USE ONLY)					i ii beli	ig demon	isneu)				
Name of Monitoring Firm Hire	d by Building Oy	vner (8)		ASCN	1 No.		Name			ractor	(9)		-			_
Environvision Consulta		. ,		n/a			1100000				8 81					
Street Address							7077		5							
20-21 Wagaraw Rd, Blo	dg # 35															
City, State, Zip Code																
Fair Lawn, NJ	a Eism		1-	elepho	no No			- 22			License	No		_		-
Project Manager for Monitorin Guillermo Morales	g rimi				36.9145		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Start Date (10)	8	Schedule			Date (11)								1.04			
11/28/16		12/20/					Harn	nony (Contraction	ng Ind	;					
Occupancy Status During Aba	atement (Check	Only On	e)							Telephone Number's CONTRILICENSING (4) (4) (-12) er 8 (Other than K-12) private & commercial buildings, home # of Floors Bldg. Age 50+ Prior if being demolished) (5) contractor (9) citing Inc (6) 26 License No. 01255 or citing Inc (7) Amount (Specify SF or LF) (Specify SF or LF) (Specify SF or LF) (Date Date						
Facility Closed/Vacated I Abatement Performed O									Telephone Number's CONTELICENSING Tope of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hometc.) Square Feet # of Floors Bldg. Age 3,000 1 50+ Urrent Use (Prior if being demolished) Warehouse Abatement Contractor (9) ny Contracting Inc dress Ilisade Ave e, Zip Code d, NJ 07026 e No. License No. 0.6026 01255 OSHA Monitor ny Contracting Inc dress Ilisade Ave e, Zip Code d, NJ 07026 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Perial (ACM) Sulation, Or SF or LF) DISPOSEI 33,000 SF ING IN IDITION Name of Registered Landfill TBD City, State TBD							
Abatement Performed On Other – Describe:	utside of Norma	Facility	Hours			_	100000000000000000000000000000000000000									
Scope of Work (Check All Tha	at Apply)						Gail	ieiu, i	07020			-				\dashv
≥3 sf or ≥3 lf		Пв	enovat	ion				Full	Containme	nt with	Negative	Pres	sure	9		
≥160 sf or ≥260 lf			emoliti					Min	i-Enclosure							
							×	Non	vebag Prod i-Exempted	edure (*) and	d Non-Fri	able F	roc	edure	9	
		ls	Location	on									1			
Location of		100000000	Normall d Solel									-	1	1 9	pe	-
Asbestos-Containing Mate TO BE ABATED		Ma	intenar	ce/						17.515	lephone Number'S CONT LICENSING there than K-12) & commercial buildings, how of Floors Bldg. Age 50+ sing demolished) r (9) C License No. 01255 C License No. 01255 C Amount Specify F or LF) Date	Enc	ш			
In Facility	-	Cust	odial S (12)	taff?		surfa	cing, VA	T, or	2224			1		Repa	apsı	clos
(13)						other	miscenar	leous)				2	2	₹.	ılate	ure
		Yes	No	N/A		200	- TO D	- DIO	POOF				1			
ENTIRE ROOF TO BE	DISPOSED				:NTIRE		1000000000		POSEI	00	000 85	-			_	
AS ACM								•		33,	000 SF	-	-			
DUE TO ROOF BI	EING											_	-			
DANGEROUS CON			1	IDEE				רוסמכ		Posist	rod l and	leii				
Name of Registered Waste Ha			1000	JDEP W auler ID						registe	ied Land	11111				
Spartan Environmental	Enterprises															
City, State			- HE - 12			333				9						
Donora, PA		Tiele							IBD		-	Data				
Completed by Kristina Caporino		Title	etary			101	No. of the Contract of the Con		Carri	12			7/1	6		
татьшта Сароппо		Oeci	orar y				-JUD	June	THEO!	100		, .				

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

	N		ATION	OF ASBE ON NJAC 8	STOS	ABATE		r (CK	#-05	03	3		
Date of Notification (1) 11/17/16		N	lame of	Building C)wner/C	perator	(2)		10 to	D) 厚 (G [W	
Agencies Notified Type Notification EPA Initial DEP Amended			Street Ad	ddress te, Zip Coo	de				to mentioning the little or desired	I Programme of the Company of the Co	OV	22	201	6
Amendment #_ Emergency (initial justification)	cluding	N	lame of	contact	0870	1			Tele	ephone Num	LICE	S CC ENSI	NTI NG	ROL
DCA Cancellation			Unkno	ITY INFO	DMATI	ON								
Name of Facility Where Abatement is Taking R Residential House Street Address	Place (3)		PAGI		NIIATI		Typ	e of Facility (4 School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Othe	er than K-12) & commercia	l build	lings,	home	es,
City (5) Paterson							Squ 25	are Feet	# of	Floors	0	dg. A	ge	
County (6) Passaic				Code (7) ISE ONLY)			Cur	rent Use (Pricesidential H	or if bei		ed)			
Name of Monitoring Firm Hired by Building Ow Environvision Consultants	/ner (8)		ASCN n/a	l No.				patement Con y Contracti						ég
Street Address 20-21 Wagaraw Rd, Bldg #35 E			,			Street		ess sade Ave						
City, State, Zip Code	-							Zip Code						\neg
Fair Lawn, NJ 07410								NJ 07026						
Project Manager for Monitoring Firm Guillermo Morales		100	elephor 973.63	ne No. 36.9145		Teleph 9734		No. 6026		License No 01255				
, ,	chedule 11/25/1		pletion [Date (11)		200000000000000000000000000000000000000		SHA Monitor y Contracti	ng Ind	;	1.4	*		
Occupancy Status During Abatement (Check	Only One	e)				Street								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: Scheduled for Demolition	Facility		ent		_	City, S	state,	sade Ave Zip Code , NJ 07026						
Scope of Work (Check All That Apply)							2							
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City, State Riverdale, NJ					Dispo TBD	sal Date		City, Stat	е					

Signature

Kristin Capoins

Date

11/17/16

Kristina Caporino

Completed by

Title

Secretary

 $[\]mbox{\ensuremath{^{\star}}}$ Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORPORATION Date of Notification (1) 10 31 16 Street Address Agencies Notified Type Notification 2000 GALLOPING HILL ROAD EPA Initial Notification City, State, Zip Code ASBESTO\$ CONTROL & DEP KENILWORTH, NEW JERSEY 07033 Amended Notification #3 DOL Cancellation LICENSING DOH On Hold Name of Contact Telephone Number **EMERGENCY NOTIFICATION** DCA STEPHEN RUPPRECHT FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 2000 GALLOPING HILL ROAD - BUILDING K6 LOWER LEVEL 225,000 44 City (5) Current Use (Prior if being demolished) County (6) County Code (7) KENILWORTH UNION (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL HEALTH INVIESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM KERBEL 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11 / 14/ 16 QUALITY ENVIRONMENTAL SOLUTIONS & TECH. 10 / 117 Month Day Year Month Day Year Occupancy Status During Abatement (/2016 Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Demolition Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Description of Asbestos-Is Location Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR **ENCLOSURE** ENCAPSULE REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A LOWER LEVEL-MER ACS 1 & 2 X ACM MASTIC 1900 SF X LOWER LEVEL-MER ACS 1 & 2 Х ACM CAULK 275 SF LOWER LEVEL-MER ACS 1 & 2 ACM SEAM MASTIC 47 LF X LOWER LEVEL-MER ACS X ACM ADHESIVE 100 SF X LOWER LEVEL-MER ACS 1 & 2 X ACM PUTTY 240 SF LOWER LEVEL MER CORRIDOR X PIPE SADDLES 630 LF LOWER LEVEL MER ACS 1 & 2 X SEAM CAULK X 1900 SF LOWER LEVEL WEST AIR INTAKE ROOM WATERPROOFING MASTIC 1100 SF ADDITION TO SCOPE: EXTERIOR TRENCH X TAR & MASTIC 30 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 80 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY MONTGOMERY, DA 17752 10/17 - 10/01/2017 Completed by (Print or Type) Title Signature Date **BENJAMIN SANCHEZ** DIRECTOR OF OPERATIONS

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City, State Shirley, NY 11967							sal Date 2/2016		City, Sta Wayne		OH 44	886			
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Signature

Compliance Assistant

Date

11/08/2016

Completed by

Ann A. Ali

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CAMDÉN STATE USE Celt 7) Cultiment able (Price in being demoliphed) RESIDENTIAL Name of Abatemani Contractor (8) ASSURED ENVIRONMENTAL SERVICES INC. Street Address 1012 INDUSTRIAL DRIVE Street Address 1012 INDUSTRIAL DRIVE City, State, Zip Code WEST BERLIN NJ 08091 Project Manager for Monitoring Firm MATT DEPALMA Start Depalman No. Start Bellin NJ 08091 Project Manager for Monitoring Firm RESIDENTIAL SERVICES INC. Street Address 570 CLEMS RUN City, State, Zip Code MULLICA HILL NJ 08062 Project Manager for Monitoring Firm RESIDENTIAL SERVICES INC. Street Address State Address 2004-4678 Description Date (11) 11/22/2016 Description Date (11) Name of Define Abatement (Check Orly One) Street Address 200 RT. 130 NORTH City, State, Zip Code CINNAMINSON NJ 08077 Respective Pressure Residence Containing Material (ACM) In Facility (15) Location of Aebestos-Containing Material (ACM) In Facility (15) Yes No N/A Removalian Description of Street Containing Material (ACM) (I.e. itermal systems insulation, (Specify Street Left) Containing Material (ACM) (I.e. itermal systems insulation, (Specify Street Left) Removalian procedure Containing Material (ACM) (I.e. itermal systems insulation, (Specify Street Left) Removalian procedure Non-Everyted (1) and Non-Friable Procedure Abbatement Type Containing Material (ACM) (I.e. itermal systems insulation, (Specify Street Left) Removalian procedure Non-Everyted (1) and Non-Friable procedure Containing Material (ACM) (I.e. itermal systems insulation, (Specify Street Left) Removalian procedure Non-Everyted (1) and Non-Friable procedure Non-Everyted (1) and Non-Friable procedure Containing Material (ACM) (I.e. itermal systems insulation, (Specify Street Left) Removalian procedure Non-Everyted (1) and Non-Friable procedure Non-Everyted (1) and Non-Friable procedure Non-Everyted (1) and Non-Friable procedure Non-E	MAPLE SHADE						Square Feat		of Floors		Bidg. 63	Age	
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Street Address City, State, Zip Code WEST BERLIN NJ 08091 Telephone No. 856-809-1202 Street Manager for Monitoring Firm MATT DEPALMA Start Dete (10) 11/23/2016 Street Meditoring Firm MATT DEPALMA Start Dete (10) 11/23/2016 Street Meditor Date (11) 11/23/2016 Street Meditor Date (11) 11/23/2016 Street Meditor Date (11) Name of 05HA Monitor EMSI EMSI City, State, Zip Code CINNAMINSON NJ 08077 Street Address 200 RT. 130 NORTH City, State, Zip Code CINNAMINSON NJ 08077 State of v 280 it Street Address 200 RT. 130 NORTH City, State, Zip Code CINNAMINSON NJ 08077 Full Containment with Megative Pressure Mini-Enclosure Cilovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) In Facility (13) Yes No N/A No N/A City, State, Zip Code CINNAMINSON NJ 08077 Full Containment with Megative Pressure Mini-Enclosure Cilovebag Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM) (1-8, Start Action) (1-8, Start Action	AGER ASSOC.	Owner (5)		ASCI	/ No.	Name ASS	of Abatement Co URED ENVIO	PONM	r (8) ENTAL SE	ERV	ICES	INC	
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	TO BE ABATED	Mai	niena: odlal 8	109/	Asbestos Cont (I.e. thermal surfac	aining Ma ayatems ring, VAT	atorial (ACM) insulation, in or	(5	Specify	Remov	Repai	Radeous	Elicion
	(15)			_			DECEMBE.			1 25	PR 1	Total 1	100

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

CHECK# 1668

Date of Notification (1)				Name o	f Building	Owner/0	Operator	r (2)		TE	NE		5	11 \	V/ I	S T
11/18/2016					ICES KI	ERNS		//	1000) , 	U L	Ь_	U	y L	
	e Notification			Street A	ddress							UNU	0 /	2 0	040	A Section Control
EPA DEP	Initial Amended		-	City, Sta	ate, Zip Co	ode				and the same of th		VOV	20	2 2	J Ib_	
☑ DOL ☑	Amendment # Emergency (i		-	760000000000000000000000000000000000000	E SHAI	DE NJ	08052	2			ASRE	STO	3 0	ON	ren	
DOH DCA	justification) Cancellation				f Contact TOR-JC	ANNE	MOR	TIME	R	[_Tele	Telephone Number CONTROL & NSING					
Name of Facility Where Abote	mont in Takina	Dlass (2)		FACI	LITY INF	ORMAT	ON	T =	-6 E - 1114 /	1						
Name of Facility Where Abate RESIDENTIAL	ement is Taking	Place (3)						Туре	of Facility (School (K-1							
Street Address									Subchapter Other (i.e. p	8 (Othe			الماني	inas	home	
City (5)									etc.)			ercial D				:5,
MAPLE SHADE								140	are Feet 16	1 1	Floors		63	dg. A 3	ge	
County (6) CAMDEN					Code (7) USE ONLY)			Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hire ACER ASSOC.	d by Building C	wner (8)		ASCN	ЛNo.				atement Con D ENVIR		tractor (9) DNMENTAL SERVICES INC.					
Street Address 1012 INDUSTRIAL DR	IVE						100000000000000000000000000000000000000	Addre	ss MS RUN							
City, State, Zip Code WEST BERLIN NJ 080						Zip Code A HILL NJ	08062									
Project Manager for Monitoring MATT DEPALMA		Telepho 856-8	ne No. 09-1202	2		hone N -304-	lo. 4676		License 01145							
Start Date (10) 11/22/2016		Schedule 11/23/2	d Cor	npletion	Date (11)		Name EMS		HA Monitor							
Occupancy Status During Aba	itement (Check	Only One)					Addre	ss 30 NORT	11						
Facility Closed/Vacated I Abatement Performed Or Other – Describe:	Ouring Entire Poutside of Norma	eriod of Al al Facility	baten Hours	nent s		*	City, S	State, Z	, Zip Code MINSON NJ 08077							
Scope of Work (Check All Tha	t Apply)						CIN	INAIVI	INSON NO	0007	′ ′					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova				-	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
							Non-Exempted (*) and Non-Friable Proced							ure atement		
Location of		N	ormal	İy		De	scription	n of					_	Ту	ce	
Asbestos-Containing Mate TO BE ABATED		Mair	Sole	nce/	Asbes (i.e.	tos Cont	system	s insul	I (ACM) ation,		mount specify	2	0		Enc	Ē
In Facility (13)		Custo	(12)	Stair?	*******		cing, VA			SF	or LF)	TO VOI	now	Repair	Encapsulate	Enclosure
100 100		Yes	No	N/A								2	2	***	ate	Гe
ATTIC				X		PIPE II	NSUL/	ATIOI	V	4) LF	Х		_		
				-									+			
Name of Registered Waste Ha	uler		100000	JDEP W			Yards		Name of I	Registe	red Land	dfill				
ASSURED ENVIRONMENTAL SERVICES					No. 5	of Was	301F180 4		MINER	11-09-3-130-000	NDFIL	L				
City, State MULLICA HILL NJ						11/23	sal Date 3/2016		City, State WAYNE		RG, OI	Н				
Completed by RON SWANSON Title GENER.					AGER	iER Signature well way Date 11/18/201						016				

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(14	-1	())]

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

(D)	C		Print	orm
	NOV	22	2016	

Date of Notification (1)	T	Name o	of Building	Owner/	Operator	(2)		-111	1 141	JV	<u> </u>	201	0		
11/18/2016			City o	of Camd	en		AC 60								
Agencies Notified Type Notifica	tion			Address						ASBES				OL a	
☑ EPA ☐ Initial				30x 9512	3						LICE	:N51	NG		
⊠ EPA				ate, Zip C											
	ncy (including	-	7000 MOVED	den, NJ	0-8000000000000000000000000000000000000	- 22.2									
	ion)		mygranica.	of Contact					Tel	ephone Nu	mber				
☐ DCA ☐ Cancella	tion		Name of the Party	S Rizzo	ODMAT	1011					_ 0				
Name of Facility Where Abatement is T	aking Place (3)		FAC	ILITY INF	ORMAI	ION	Type	of Facility	(4)	-					
949 Newton Ave							_	School (K-							
Street Address							П	Subchapte	er 8 (Oth	er than K-1	2)				
949 Newton Ave								Other (i.e. etc.)	private	& commerc	ial bui	ldings	, hom	es,	
City (5)								re Feet	# o	f Floors	\Box	Bldg.	Age		
Camden							Vari	ies	Va	aries		30+			
County (6)				Code (7)			Curre	ent Use (Pi	rior if bei	ng demolis	hed)	_		-	
Camden		- 1	(STATE	USE ONLY)	_	Ηοι	ısing De	emed	Unsafe					
Name of Monitoring Firm Hired by Build	ng Owner (8)		ASC	M No.		1		tement Co		(9)					
				6				*	orises, Inc.						
Street Address						Street									
City State Zin Code						10.0000		Pelilah Road							
City, State, Zip Code							ip Code	Township, NJ 08234							
Project Manager for Monitoring Firm	-	Telepho	no No		Teleph			Silip, iv	License N	l o					
Trojock Manager let Meritering Film			releptio	ile ivo.			567-1			01172	ю.				
Start Date (10)	Scheduled	Com	pletion	Date (11)				HA Monitor		01172		-			
11/21/2016	11/25/20			, ,											
Occupancy Status During Abatement (C	heck Only One))				Street	Addres	SS							
Facility Closed/Vacated During Ent	re Period of Ab	atem	ent												
Abatement Performed Outside of N Other – Describe: vacant	ormal Facility H	lours				City, St	ate, Zi	ip Code							
					_	EAST LESS SE									
Scope of Work (Check All That Apply)	_														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat molitic				H		l Containm		nt with Negative Pressure					
2100 31 01 2200 11		HOIL	311					vebag Pro	T 080						
						X	Nor	n-Exempte	d (*) and	d Non-Friab	le Pro				
		ocatio											emen /pe	t	
Location of	Llead	rmally Solely		A = h = =		scription		(4.014)				Ť		\Box	
Asbestos-Containing Material (ACM) TO BE ABATED	Maint					aining M systems			10 200	mount pecify	20		Enc	9	
In Facility	Custos (112)	iali f			cing, VA			SF	or LF)	Remova	Repair	aps	Enclosure	
(13)	-		9		otner n	niscellan	eous)				val	j ir	Encapsulate	иге	
	Yes	No	N/A										(D		
See Attached Emergency			Χ	See	Attach	hed Em	nerge	ncy	200 y	d per reg	X				
						-10-1									
						E-512224									
Name of Registered Waste Hauler		N.I	DEP W	aste	Cubic '	Yards		Name of	Registe	red Landfill	1	1	L		
Site Enterprises Inc.		На	uler ID	No.	of Was	ste		GROW							
		00	35220)	20 cy				5 5%	ullii					
City, State					The second second	al Date		City, Stat		A 40007					
Egg Harbor Township, NJ						5/2016		iviorris	ville, P	A 19067	A				
Completed by Title Eric Keys OM					19	@nature	2	1		Da		2010			
Lilo Noyo		11/18/2016													

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

		NO		TION	OF ASBES t to NJAC 8:60	STOS ABATEMENT IN ECEIVE								
Date of Notification (1)	vember 16, 20	116			Name of Building		rator (2) opher McCarthy	NO'	V Z	2 20	195			
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Amer Amer [X] Emer justif	l Notific nded No ndment #	tification		Street Address City, State, Zip Co Name of Contact Christ			ASBESTOS CONTROL & LICENSING 904 Telephone Number						
		To-5		FACI	ILITY INFORM	2.6.2	-							
	atement is Taking dence	Place (3)				Type of Facility (4)	School (k-12) Subchapter 8 (otl	her thar	ı k-12)				
Street Address							Other (i.e., private & commercial building							
City		Count			County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	homes, etc.) # of Floors Bldg. Age 80						
Highland Parl			dlesex		ASCM No.	Name of	Current Use (Prior if Residen Abatement Contractor (ce						
Guar		15011110.		Guardia	n Contracting,	Inc.								
Street Address 1889 City, State, Zip Code		Street Ad		39 Route 9, Unit 61										
Tom	s River, NJ 08	3755			4		Toms R	iver, New Jers	ey 08'	755-12	271			
Project Manager for Monitor Nicholas Ferni			Telephone 1732-349-	9932	84 27	732-34		License N 00624	lumber					
Scheduled Start Date (10) 11/17/16			Scheduled (n Date (11)	Name of	OSHA Monitor E.M.S.I	. Analytical						
[] Abate	batement (Check of ty Closed/Vacated ment Performed (- Describe	During	Entire Period			Street Ad	1056 Stote, Zip Code	elton Road vay, New Jerse	ey 088	54				
5 1 5	at apply) or ≥3 If sf or ≥260 If		[x]	Renovati Demoliti		[] [x] []	Full Containment v Mini-Enclosure Glovebag Procedu Non-Exempted (*)	re		ıre				
									Abat	ement 7	Type			
Location of Asbestos-Containing Ma TO BE ABAT in facility (13)	nterial (ACM)		Is Location Normally us Solely by tenance/Cu Staff (12) NO	ed	Ast N (i.e ins	Descriptio pestos-Con Material (A ., thermal sulation, sur VAT, o er miscella	ntaining LCM) systems rfacing, or	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	E N C L O S U R E		
Basement			X		Asbestos pipe	insulation	n	220 lf	X					
Name of Registered Waste H Guardian Con		1	NJDEP Waste	e Hauler II	D No. Cubic Ya	ards of Wast	e Name of Register	ed Landfill						
City, State				Disposa	l Date	City, Sta	nte							
Toms River, New Jersey 11/18/16 Completed by (Print or Type) Title Signature Nicholas Fernicola Project Manager						Tullyto	own, Pennsylvania		Date 11/	16/201	6			

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

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



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notificati	ion:					
I. TYPE OF NOTIFICATION (O - Original R - Rev	ised C-C	ancelled):	0	II.	IS ASBESTOS PRESENT? (Y	es/No):	Y			
III. FACILITY INFORMATION (identify owner, removed	val contracto	r and other	operator)	•						
OWNER NAME: Christopher M.	(cCarthy									
Address:										
City: Highland Park	State:	NJ		Zip:	08904					
Contact: Christopher M	cCarthy			Tel:	412-327-5287					
REMOVAL CONTRACTOR: Guar	dian Cont	racting, I	nc.		NJ License: 00624	1				
Address: 1889	Route 9,	Unit 61								
City: Toms River	State:	New Je	rsey	Zip:	08755					
Contact: Niche	olas Ferni	cola		Tel:	732-349-9932					
OTHER OPERATOR (if different)				1	NJ License:					
Address:										
City:	State:	77-7-		Zip:						
Contact:				Tel:						
IV. TYPE OF OPERATION (D - Demo O - Ordered	Demo R	- Renovation	E - Emergency Ren	novation):	D					
V. FACILITY DESCRIPTION (Including building name	e, number a	nd floor or	room number)							
Building Name: Residence										
Address: 105 Lawrence	Avenue									
City: Highland Park	State:	NJ		County:	Middlesex					
Site Location: Basement										
Building Size: 1500 sf	# of Floo	rs:	2	Age in Ye	ears: 80					
Present Use: Residence			Prior Use:	Residence	ce					
VI. PROCEDURE, INCLUDING ANALYTICAL MET	HOD, IF AF	PROPRIA	TE, USED TO DETEC	T THE PRES	SENCE OF ASBESTOS MATER	IAL:				
IS MATERIAL ASSUMED TO BE ASBESTOS? VII. APPROXIMATE AMOUNT OF ASBESTOS INCL	LIDING:	T				Nonf	riable			
	obiivo.		RACM			Asbestos	Material Fo Be			
Regulated ACM to be removed Category I ACM not removed			То Ве		LOCATION	7,523	oved			
Category II ACM not removed			Removed			Cat I	Cat II			
Pipes (Linear feet): 220 lf		Asbesto	os pipe insulation		Basement					
Surface Area (Square feet):										
RACM Off Facility Component (Cubic feet):										
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/D	D/YY)	Start:	11/17/1	6	Complete: 11/	18/16				

(Signature of Owner/Operator)

(Date)

(Printed Name/Title)

	- 1	State of N	ew Jer	sey - Notific	ation of Asbestos A	batemen	th E	GEIW	FF				
CKIZH	14		(Pursu	ant to <u>N.J.A.C</u> .	8:60-7 and 12:120-7)	Service Control		The state of the s	A S. A. C. Denne Ferritorie And a company				
Date of Notification (1)					Name of Building Owner/0	Operator (2)	111	NOV 2 2 201	6 14				
November 8, 2016					Medexpress	Sporator (L)	Na Ser		Samuel				
Agencies Notified	-	Notification	Type		Street Address	at .	Ĺ						
Agencies Notified		Initial No		,	370 Southpointe Dr	Suite 100	ASE	ESTOS CONTR	ROL &				
X EPA				fication # 2	City, State, Zip Code	- Canto		LICENSING					
DCA					Canonsburg, PA 15	5317							
x DOL		Postponed)317	Talaak	and March as					
X DEP		Emerger		uaing	Name of Contact Mr. Ryan Rodeheaver		Telepi	none Number					
x DOH			cation)		IVII. Ryan Rodeneaver			-					
		☐ Cance	elled										
				FACILITY INF									
Name of Facility Where Abate					Type of Facility (4)								
Vacant Building - Ba	ck Buil	ding			School (K-12)								
Street Address					■Subchapter 8 (other than	K-12)							
1532 Prospect Street	10				Other (i.e. private &	commercial by	uildings,	homes, etc.)					
1552 Prospect Street					Sq. Feet: Unknown	# of Floor	s: 1 B	ldg. Age: 70 ye	ars				
City (5)	County (6)	County	Code (7)									
Ewing	Merce	r	(State U	Jse Only)	Current Use (prior if being	demolished)	:						
- 0													
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)								
Environmental For					·								
Environmental For	chistes,	LLC			GREENWOOD ABAT	EMENT C	IUSNC	LTANTS, INC.					
Street Address					Street Address								
3 Clementon Way													
					511 MAIN STREET								
City, State, Zip Code					City State, ZipCode								
Lawrenceville, NJ 08					Butler, NJ 07405								
Project Manager for Monitorin	g Firm	Telephone			Telephone Number		Licens	e Number					
Lance Berens		609.495	.4069		070 400 0477		0084	0					
		_		5 i 44	973-492-0477		0004	0					
Scheduled Start Date (10)				n Date (11)	Name of OSHA Monitor								
November 28, 2016		Decemb	er 23, 2	016	EMSL inc.								
Occupancy Status During A	hotomont	(Chook only)	200)		Street Address								
				nont	3.33.7.331303								
Facility Closed/Vacate Abatement Performed					1056 Stelton Road								
xDescribe - Vacan			Jilly 110ui	3 -	City, State, Zip Code								
Other – Describe: Sc			malicha	.4									
Other – Describe: 30	neuuie	a to be dei	110115116	u	Piscataway, NJ 08	854							
Source of Work (Check all tha	at apply)												
						Full Contain	ment wi	th Negative Pressu	re				
≥ 3 sf or ≥ 3 l	f			Renovation		Mini-Enclo	sure						
□ ≥ 160 sf or ≥ 2				x Demolition		Glovebag I	Procedu	re					
<u> </u>	200			A Demonton				and Non-Friable P	rocedure				
Location of Asbestos-Contain	ing Isl	ocation Norma	ally Used	Description of Ast	pestos Containing Material	Amour		Abatement Type					
Material (ACM) in Facility (13)	-	lely by Maint./C		(ACM) (i.e. therm	al systems insulation, surfaci		fy SF	Remove Repair Enc	an Enclose				
		aff? (12)		VAT, or other mis-	cell.)	or LF)		Remove Repair Line	ap Lilciose				
	YE	ES NO	NA		_		-						
Exterior			X	Built up Roo	fing	4,500	st						
						- 1	- 1						
W.													
Name of Reg. Waste Hauler		NJDEP Wa	ste Hauler	ID#	Cubic Yards of Waste:			of Registered Landfi	Ш				
See Hauler Below # 1 &	2	See Belo	W		80		1 12 12 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dowfill Landfill					
					1200		G.R.						
Hauler #1) Greenwood	Abatem	ent Consul	tants, In	c Butler, NJ (07405	Disposal Da		City, State	v 69				
NJ DEP # 12	2561 NY	DEP#				Decemb	er 23,	Route 2, Box Bridgeport, V					
Hauler #2) STG Transpo	ort Inc., 5	8 Pyles Lane	, New Ca	stle DE- T. 215.7	768.1366	2016		304-842-278					
								y a resident section for the second section for the section for the second section for the second section for the section for the second section for the section for	00%				
Completed by (Print or Type)		Title			Signature		Date						
Marin Graure		SENIOR F	ROJE	T	Marin anaus	90	Nov	ember 8, 2016					

Date of Notification (1)

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

D).	E	C	E		E	rint F	rm
H		NOV	2 2	201	6	Ш	-
	SBI		OS C	ONTF	OL 8	ı	CHARLES CONTRACTORS CONTRACTOR

Date of Notification (1) 11/17/2016						ne of Building Owner/Operator (2) ward Vecchione										
Agencies Notified Type Notification			Street A	ddress					ASI	BESTOS)L &			
X EPA Initial Amended Amendment		_		ate, Zip Co ofield, N		3	-	<u> </u>		LICEN	ISIN	Ġ		-		
DOH justification Cancellation	70		Edwar	f Contact d Veccl	Tan Barana				.Te	lenhone Nur	mber					
Name of Facility Where Abatement is Takin	g Place (3)	FACI	LITY INF	ORMATI	ON	Туре	of Facility (4)					-		
House Street Address									8 (Oth	er than K-12 & commerci		dings	, hom	es,		
City (5) Bloomfield							Squar N/A	e Feet	# 0 N/	f Floors A		Bldg. A	. Age			
County (6) Essex				Code (7) USE ONLY)		Curre		or if be	ing demolish	ned)					
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	/I No.		1000 AVA 1800 A		ement Cor ement, In		(9)						
Street Address						Street	Addres									
City, State, Zip Code		City, S	tate, Zi	p Code J 07512	140											
Project Manager for Monitoring Firm	Telepho	ne No.		Teleph	one No 345-86).		License N	0.							
Start Date (10) 11/28/2016		npletion	Date (11)		Name	of OSH	IA Monitor ement, In		01311							
Occupancy Status During Abatement (Chec	11/29/2 k Only On	(254)					Addres		U.							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Occupied						City, S	tate, Zi	ren Aver	nue							
Scope of Work (Check All That Apply)		7/5				1010	wa, IN	J 07512								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is	Locati	on			-		Zxomptoc	() () ()	0 11011 11100	10110	Abat	emen	t		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole ntenar odial S (12)	ly by nce/		tos Cont thermal surfac		laterial s insula T, or		(5	mount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure		
gorogo	Yes	No	N/A		Diag	la a cela	41		-	415	-		Ф			
garage 2nd floor crawl space		X				insula insula				1 LF 0 LF	X					
Zila liooi crawi space					pipe	IIISUIA				U LI	Α.					
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP W auler ID 0996		Cubic of Was TBD					ered Landfill gement of						
City, State Totowa, NJ					Dispos TBD	al Date	11	City, State Tullytov		4						
Completed by Oliver Hegedis Title Project Manage					S	ignaturé				Da 11	te /17/2	2016				

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0017399	NO	OTIFIC (Pui	ATION C	F ASBESTOS ABATEMENT NJAC 8:60 and 12:120)						110	And the second second				
Date of Notification (1) 11/16/2016				Building Owner/C	perator	(2)			1 110	7 1		210	-		
Agencies Notified Type Notification		S	Street Ad	dress				- Carried Control	ASBES	TOS C			L &		
EPA DEP DOL Initial Amended Amendment				e, Zip Code d, NJ 07436						IOEIV.	DIINC	2			
Emergency (i justification)	ncluding		Name of					Tele	phone Nur	mber					
DCA Cancellation		,		(nudson											
Al La Table	Diago (2)		FACIL	ITY INFORMATI	ION	Type of	Facility (4	1)							
Name of Facility Where Abatement is Taking House	riace (3)						hool (K-12								
Street Address						Su X Ot	ibchapter her (i.e. pi	8 (Othe	er than K-1 commerci	2) ial buildi	ngs, l	nomes	s,		
0: (5)			etc.) Square Feet # of Floors E							Ble	dg. Ag	je			
City (5) Oakland						N/A		N/A							
County (6) Bergen			County C	ode (7) SE ONLY)		Current		r if beir	r if being demolished)						
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM	No.	F0000000000000000000000000000000000000		ment Con ment, In	tractor (9) C.							
Street Address					Address Rosengr	en Aver	enue								
City, State, Zip Code					State, Zip										
Project Manager for Monitoring Firm	100 - 20 10-2		Telephor	ne No.		hone No. -345-86		83	License 1	No.					
Start Date (10) 11/28/2016	Schedule		npletion [Date (11)	11 10 10 10 10 10 10 10 10 10 10 10 10 1		A Monitor ment, In	C.							
Occupancy Status During Abatement (Chec						t Address Rosengi	ren Aver	nue							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: occupied	Period of A nal Facility	Hours	nent		City, State, Zip Code Totowa, NJ 07512										
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Full Containment with Negative Pressum Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro												
	Is	Locat	ion									ement rpe	1		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intena todial (12)	lly ely by nce/	Asbestos Co (i.e. therm: surf	escription ntaining al syster facing, V miscella	Material ns insula 'AT, or	(ACM) tion,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A						22.05			-	-		
North Room		X		Join	t Com	pound		2	00 SF	X					
								i i							
							N.	D	anadlau-l	611					
Name of Registered Waste Hauler D&S Abatement, Inc.		ŀ	NJDEP V Hauler ID 20996		ic Yards /aste)		Samon or		ered Land anageme						
City, State Totowa, NJ				Disp TBI	osal Da O	te /	City, Sta Tullyto								
Completed by Oliver Hegedis	ect M	anager Signature Date 1-1/16/2016													

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