CK 1529

Oct 9 2015 02:36pm

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Date of Notification (1) 10/9/15		Name of Building Owner/Operator (2) Africe Novotna Street Address								NA Dept of Health & Senior Services							
Agencies Notified Type Natification	on		Street Ad	idress	4							1/2/00		1			
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Name of Facility Where Abatement is Ta	king Place (3)					- 1	Type of	Faci	lity (4)		1			34.			
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Name of Monitoring Firm Hired by Buildin	ig Owner (8)		ASCM	No.	35.00			Abatement Contractor (9)									
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City, State, Zip Code							tata, Zip										
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Project Manager for Monitoring Firm			Telephor	ie No:			ione No.		1.5	Licens				//			
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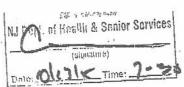
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City, State, Zip Code						Lincoln	Par	k, NJ 07	035			40		
Project Manager for Monitoring Firm		" T	elephon	e Na.		Telephone	e No.			License N	a.	7.00		
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Occupancy Status During Abatement (Check	Only One)		6		Street Ad	Contract of the Contract of th			- 2				
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Loznica Management Corp			03313		TBD					andfill ·				
City; State Lincoln Park, NJ 07035			-5		TED	sal Date		City, Sta Morris	ville.	PA				
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E. Cirovic		retary	•		1	Signature	w	محر			10/12	/201	5	

ASB-41 (R-06-08)

City, State

Completed by

E. Cirovic

Exterior

2nd Floor

Name of Registered Waste Hauler

Loznica Management Corp.

Lincoln Park, NJ 07035

1,200

200 SF

Name of Registered Landfill

MorrisvIIIe PA 19067

GROWS Landfill

City, State

×

Date

Oct 10th

Asbestos Shingles

VAT

Cubic Yards

Disposal Date

Signature

of Waste

TED

TBD

X

X

NJDEP Waste

Hauler ID No.

0033137

Title

Secretary

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

OK 3819

(Pt	irsuant to NJAC	. 8:60 and 11-4	· 1	CK 13	314	#161s		_		
	Name of Buildin	ng Owner/Operator	(2)		200		4			
Date of Notification (1)	FARTH	TECH	CONTRIACT	TING !			•	_		
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Agencies Notified Type Notification	Street Address	RT. 50		mū (2	1	t'	_		
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	- FACILITY IN	- CIGIIATTOTT	Type of Facility	(4)						
Name of Facility Where Abatement is Taking Place (3)			☐ School (K-12							
RESIDENCE			Subchapter	8 (Other than K-12)		211			
Street Address			Other (i.e., p	rivate & commercia	al buildi	ngs,		-		
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County (6) AOF MAY	USE ONLY)		VACE	INT				_		
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Other - Describe:		MAPLE	SHADE	N.) 08	05	_		=		
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MICHAEL KLEMMIN VICE.	PRESIDENT	Mar	11/10			-				

State of New Jersey

Date of Hospitication To Not Notification Stree Hospital Fact The Feet Control Track Times Stree Hospital Fact The Feet		ПОИ (Р	FICATION	OF ASE	ESTOS ABATEM 8:60 and 12:120	ENT	CK	81	9			
Agencies Notifica Pro	Date of Notification (1)		Name	of Buildin	g Owner/Operator TECH	(2) CONTRIACT	TING -	Y AL			_	
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Other - Describe Scope of Work (Check all that apply) Scope of Work (Check all that apply) 23 st or 23 lf 2160 st or 23 lf Demotison Description of Non-Exampled (1) and Non-Friable Procedure Non-Exampled (1) and Non-Friable Procedure Abatement Type Asbestos Containing Material (ACM) It such a surfacing Material (ACM) (Specify SF or LF) Description of State Description of State Number Waste House ID No TRANSITE Description Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (Specify SF or LF) Section TRANSITE Description To Be Asarted Name of Registered Landfill Of Waste City, State MAPLE SHANE Tipe Completed By Tipe Completed By Tipe Description of State No	Ahatement Performed Outside of Norm	nai Facility H	ours		City, State, Zip C	Code	N T 080	25	2			
Scope of Work (Check all that apoly) 23 of or 23 if	Other - Describe				MAPLE	SHANG	10.) 00.					
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CK 3819

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	(Pursuant to NJAC			1 - U8	11			_
	Name of Buildin	ng Owner/Operator	(2)		-4			
Date of Notification (1)	EARTH	TECH	CONTRIACT	ING			-	=
101111	Street Address		26	(T) (3/4)	BLATIN.	-		
igenacs not not	155	RT. 50		Salm (2 1		_	=
BA = Amended	City, State, Zip	Code		653	N			
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. Emergency (massa	Name of Conta			Telephone Numbe	17.4		20	
T C-scaling	. BRUCE		vi6					L
DCA Cancellato .								
	FACILITY IN	FUHMATION	Type of Facility	**		_		
ame of Facility Where Abatement is Taking Plac	e (3)		School (K-12					
RESIDENCE			- Subchapter	S (Other than K-12)				
	.01		Other (i.e., p	rivate & commercial	buildir	ngs.		
tree Address 831 BRIGHTON	UPL.		homes, etc.	# of Floors	Rido	, Age	9	
			Square Feet	7		0		
OCTAN CITY			1000	1_6	-	10	_	_
	County Code	7; (STATE	1	ior if being demolish	ied)			
ounty (6) NOT MAY	USE ONL T		VACK			_		=
	ASCA! No	Name of Abater	ment Contractor (9)				
ame of Monitoring Firm Hired by Building Owner	2001. 10	15 LE	1					=
N./A		Sueet Address						
ree! Address		369	S. Spri	DCE AVE				_
		Chy State Zip	Code		_			
ity, State Zip Code		MAP		OF AL.T	08	05	2	_
We will be a second of the sec		Telephone No		License No.				
roject Manager for Monitoring Firm	Telephone No.		G-01177	00444	4			_
	1		19-0472					
Scheduled Scheduled	Completion Cate (11)	Name of OSHA		To				
ian Date.(10)		J 6SEPH		LIR.	40			
Coupancy Status During Abatement (Check only	v one i	Street Address	S	. 10	0			
coupancy Status During Abatement (Choose of Facility Closed/Vacated During Entire Period of Choosed/Vacated During Entire Period of Choosed/Vacated During Entire Period of Choosed Paris Facility (Choosed Paris Facility Choosed Pa	if Abatement	369		nve		_		=
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Abatement Performed Outside of Normal Performed	V	MAPLE	SHADE	N.) OR	05			=
Other - Describe:				antius Proceurs				
cope of Work (Check all that apply)		Full Co	ontainment with Ne	gauve Pressure				
	Renovation	= Claus	nclosure pag Procedure					
] ≥3 st or ≥3 lf ≥160 st or ≥260 lf	emaison	Non-E	xempted (*) and N	on-Friable Procedul	re			_
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	Location Normally					171		_
. Use	ed Solely by	Description	of	Amount			m	
Location of Ma	intenance. Asbe	sics Containing M Inermal systems	a.criai (AOM)	(Specify	Re	R	ũ	
TO BE ABATED	Dustodiai (1.6 Staff?	surfacing, VA	1.00	SF or LF)	Remova	Repair	Encapsulate	
IN Facility	12	omer miscellan	ಕರಿಗಳು:		val	7	late	
-131				(5)			LW.	
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SIDING	+-+"							-
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*	I NUDEP Waste	Cubic Yards	Name of Reg	istered Landill				
ame of Registered Waste Hauler	Hauler 10 No.	of Waste	CM	C. M. V.	A			=
Kiomeo INE.	17904	1000	City, State					
	10 miles 200 miles 2	Osposal Date		OBINE !	1.]			
ny State	7				77 7		_	
MAPLE SHADE N.		Signature	0 0	Date	17	115		
ompleted 5)	E. PRESIDEN	1 1 Mu	JU) L		160			-
MICHAEL KLEMMING VIC	E. ILESTIVIN							

CK 3819

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CK 3819

					CR		00	17	
Date of Notification (1) /12 /15	Nar	me of Buildir	ng Owner/Operator	(2) CON	STRUCTIO	M			
Agencies Notified Type Notification	Stre	eet Address	ירד טס	" ST.					
DEP Amended Amendment #	City	, State, Zip	Çode		TY N. J.	<u> </u>	8	2 \ 1	7
☐ Emergency (including justification)	Nar	me of Contac		SLE (1)	TY ().		8	1	<u>></u>
DCA Cancellation			ANK E	DUARDI		-	_		_
	1 1 2	ACILITY INF	ORMATION	Time of Facilit	8-11	CT			
Name of Facility Where Abatement is Taking Place (Type of Facilit School (K-	12)	10			
Street Address 26 W 187" ST				Other (i.e., homes, etc	r 8 (Other than K-1 private & commercial .)	ial bui		1 - 1	
City (5) AVALON				Square Feet	# of Floors	_ 0	ldg. A	ige) +	
County (6) APE MAY		ounty Code (SE ONLY)	7) (STATE		Prior if being demo				_
Name of Monitoring Firm Hired by Building Owner (8)	ASC	M No.	Name of Abatem	ent Contractor (10000				
Street Address			Street Address	S. Spri					=
City, State, Zip Code			City, State, Zip C		E N.J.	01	ros	52	_
Project Manager for Monitoring Firm	Telephon	e No.	Telephone No.	79-047	Z License No.	14			
Start Date (10) Scheduled Cor	npletion D	Date (11)	Name of OSHA N	Monitor OSEP14	KLOMM				
Occupancy Status During Abatement (Check only or	ne)		Street Address			_			
Facility Closed/Vacated During Entire Period of At Abatement Performed Outside of Normal Facility			369 City, State, Zip C		RUCE AU			_	=
Other - Describe:			MAP		DE N.J	0	30	25	_
Scope of Work (Check all that apply)	a				egative Pressure				
	ovation olition		☐ Mini-End ☐ Gloveba ☑ Non-Exe	g Procedure	on-Friable Proced	ure			
Is Loc Nom			6			,	Abate Typ		
Location of Used S Asbestos-Containing Material (ACM) Mainte	olely by	Asbest	Description of os Containing Mate		Amount		Г		
TO BE ABATED Custs IN Facility Sta			thermal systems in surfacing, VAT,	nsulation,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		4	other miscellaneo			oval	alr	sulate	sure
	No N/A	-	troval or	T.C.	2000 ==	X		1	
SIDING	X	-	TRANSI	18	2000 SE	X	-		
	+	1				+			
Name of Registered Waste Hauler KUTMO INC	Hauler	9-11-11-11-11-11-11-1	Cubic Yards of Waste	Name of Reg	istered Landfill	V.	A		
City, State	I. J.		Disposal Date	City, State	DBINE	N.	T		
Completed By MiCHALL COMM Title			Signature_	lioxa	Date	112	11	5	



Date of Notification (1) 10/10/15					Building O & Sarah			(2)	21	F15 OC	116 /	居 2:	1.6		
	Type Notification			treet Add					4				2.6		
DEP DOL	Initial Amended Amendment	#	C	ity, State	e, Zip Cod 3 206,Tr	e enton	NJ 08	61	0	Ļ.	e e gra		JL		
DOH DCA	Emergency (i justification) Cancellation	ncluding		lame of (Contact & Sarah	Eagle	eton			Tele	enhone Nu	mber			
				FACIL	ITY INFO	RMATIC	ON								
Name of Facility Where Al Norvel & Sarah Eag	batement is Taking leton Estate	Place (3)						T	ype of Facility (School (K-1	2)	th 1/ d	2)			
Street Address 522 US 206		38-16						2	etc.)	orivate 8	& commerc	ial build			es,
City (5) Trenton								1	quare Feet 1400	2	Floors	1	950		
County (6) Mercer				County C	ode (7) SE ONLY)		_		Current Use (Pri Home	or if bei	ng demolis	shed)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.				Abatement Con Arrow Indus						
Street Address									ddress ill St						
City, State, Zip Code	City, State, Zip Code								te, Zip Code son NJ 0750	1					
Project Manager for Monit	Project Manager for Monitoring Firm						Teleph 973-		ne No. 53-9652		License 1257	No.			
Start Date (10) 10/23/15		Scheduled 10/31/15		pletion D	Date (11)	- 4	0.000000000000000000000000000000000000	1.72	OSHA Monitor Bluth						
Occupancy Status During	Abatement (Chec	k Only One)							ddress						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F	Period of Aba	atem	ent	_	City, S	Stat	ibbsboro Rd te, Zip Code nwold,NJ,08	200-02740	<u> </u>	-				
Scope of Work (Check All	I That Apply		4000												
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		Yes	No	N/A									_	1	_
Basement X							TSI			1	20 LF	х	+-	-	
												+			
Name of Registered Was Indian Arrow Industr			Н	JDEP W auler ID 00161		of Wa	Yards iste		Name o		ered Land	fill			
City, State Paterson NJ			1	00101			sal Date	e	City, Sta		Α				
Completed by Title							Signatur	re	411			Date 10/10	/15		
Goran Igev Secre								1	11						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVED

Date of Notification	Name of Building Owner / Operator (2) Judith McClellan														
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Agencies Notified	⊠ EPA								1	E LICEN	514	RO			
	—						mere Drive			15.	140				
	Section 2		1000		tate &		ode								
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□ DOH □ DCA		rgency cellation	0000		n McC					100	oprior	.0 140			
□ DCA	Canc	Chanon	3												
					CILITY	INF	DRMATION	125							
Name of Facility W	here Abatem	ent is Taking Pl	ace (3))			Type of Facility School (K								
Residence								er 8 (Other tha	n K-12	٥١					
Street Address	5.							private & com			home	es e	c)		
489 South Edger	mere Drive		10				Square Feet	# of Floo			g. Age		,		
Cit. (E)		County (6)	Cos	inh. C	ode (7	7)	2000	1, 0, 1, 100	2			50+			
City (5)		Monmouth	000	inty C	, oue (,	Current Use (F	Prior if being de	emolis	hed)		-			
Allenhurst		Monnoun					Residence	nor ii boing a							
Name of Monitoring	. Eirm Llirad h	V Puilding Own	or (8)	-	TASC	M No.	Name of Abate	ement Contrac	tor (9)				-		
Name of Worldoning	J LIIII HII EU I	by Building Own	lei (0)		700	IVI INO.	ALPHA ENV								
Street Address				Street Address							4)				
					2129 Rt 33										
City, State & Zip Co					City, State & Zip Code										
1) 5256 1) 10 10 10 10 10 10 10 10 10 10 10 10 10							Hamilton, N.		1						
Project Manager fo	r Monitoring I	Firm	Telep	hone	Numb	er	Telephone Nu		e Number 01222						
	. (10)	01.11.10		- D-4	- /44\		215-295-1004 01222 Name of OSHA Monitor								
Scheduled Start Da		Scheduled Cor 10/17/2015	npietio	n Dai	e (11)		EMSL Analytical								
10//15/20 Occupancy Status			aly one	1		design makes	Street Address								
Facility Clo	sed/Vacated	During Entire P	eriod o	of Aba	atemer	nt	107 Haddon								
		outside of Norm					City, State & Z								
Describe:							Westmont, I	70.50							
Facility Occ	cupied During	Abatement													
Scope of Work (Ch	eck all that a	pply)													
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≥3 sf or ≥3			\bowtie		ovatio										
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Name of Registere	d Waste Hai	ılor		N.I	IDEP \	Vaste	Cubic Yards	Name of Reg	istered	Landfill					
Marile of Negistere			uler I												
ALPHA ENVIRONMENTAL					3333	0	1	Grows Land	dfill						
City, State							Disposal Date	City, State							
Hamilton, NJ								Morrisville,	PA		D-/-				
Completed By (Pri				Tit			Signature								
Rod Richardson	1			P	IVI		Rod Richardson				10/0	11 & U	10		
1		1							<u> </u>						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(Pt	ırsuar	nt to NJA	C 8:	:60 and 5:1	6)	CB.	# 288	180		g-m		
Date of Notification (1)					Name	of Building	g Owr	ner/Operator	(2)	esign and C	- woo				17	F. Jr.
6 /	26 /	15			Pri	nceton U	nive	rsity-Office	of D	esign and C	onstruខ្លាំង្គាំស្ត	noo-				The said
Agencies Notified	Type Notific	ation			Street	Address		450 		2072	-010	ULT	1	5 1	I S.A	
□ EPA	☐ Initial	ation			200	Elm Dr.					A Sol			· ·	17	3:5
□ DOLWD						State, Zip C					201	2.37	2 . 7	1 -		
□ DHSS	Amendm					nceton, N		2511			Q	LIC	FI	121	17/	101
DCA	☐ Emerger		cluding			of Contac)344		1-	Telephone N	umbor		453/1	AC	- L.
(NJAC 5:23-8)	justificati Cancella					bert Orte					relephone N	umber				
								RMATION								
Name of Facility Where Al	patement is	Taking	Place	(3)	1 /	OILITT IIV	II OIN	MATION	Typ	e of Facility (4)						
Princeton University				(0)					1	School (K-12)						
Street Address			w. y		-				- 0	Subchapter 8 (
Washington Rd										Other (i.e., priva	ate and com	mercia	bu	ilding	JS,	
City (5)										homes, etc.) uare Feet	# of Floors		Ble	dg. A	70	· · · · · · · ·
Princeton									Oqu	ale i cet	# 01110015		DIC	ıg. A	ge	
County (6)			····		Cour	ntv Code (7)(STA	TE USE ONLY)	Curi	rent Use (Prior	if being dem	olished	4)			
MERCER					Library								-/			= 1
Name of Monitoring Firm I	Hired by Buil	ding O	wner (8)	ASCM	No.	Nan	ne of Abatem					_			
ATC Associates Inc.		J		.	ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.											
Street Address			110111		Street Address											
Three Terri Center					1123 BEAVER STREET											
City, State, Zip Code							City	, State, Zip C	ode					-		_
Burlington, NJ 0801	6				BRISTOL, PA 19007											
Project Manager for Monit	oring Firm			Tele	phone	phone No. Telephone No. License No.										
Michael Keehn				6	9-386	99-386-8800 215-788-6040 00509										
Start Date (10)		Schedu	uled C	omple	tion Date (11) Name of OSHA Monitor											
_ 7 / _ 10 /	15	1	1_/	30	0 / 15 BRISTOL ENVIRONMENTAL, INC.											
Occupancy Status During	Abatement (Check	only o	ne)			Stre	et Address						- 1		
☐ Facility Closed/Vacated	d During Enti	re Peri	iod of	Abate	ment		11	123 BEAVE	RST	REET						
☐ Abatement Performed						cribe	City	, State, Zip C	ode							
Time of Abatement: 7:	00AM- <u>3:30</u> F	PM/ <u>5:0</u>	00PM-	1:30/	λM		В	RISTOL, PA	A 190	007						
Scope of Work (Check all	that apply)		FT	17/27						272 723 1						
☐ ≥3 sf or ≥3 lf			⊠ Re	novot	on			☐ Full Con ☐ Mini-End		ent with Negat	ive Pressure					
≥ 160 sf or ≥260 lf				molitic				Gloveba								
						AV.		Non-Exe Non-Exe	empte	ed (*) and Non-F	riable Proce	edure				
	101			Locat lorma									Aba	atem	ent T	уре
Location of Asbestos-Containing M		n\		d Sole		Ashe	etne (Description of Containing Ma		L(ACM)	Amount		Re	Re	En	Ē
TO BE ABAT	ED	"		intena				mal systems			(Specify		Remova	Repair	cap	Enclosure
IN Facility (13)	,		Cust	(12)	Staff?	+0"		urfacing, VAT ner miscellane			SF or LF)	!	<u>a</u>		Encapsulate	ure
(13)		İ	Yes	No	N/A		Otti	iei iiiiscellane	eous)						te	
Throughout Levels C,	B and A		\boxtimes			Floor til	le an	d mastic			2,035 SF					
Level C North Atrium						Window	vs				14 ea	_	X			П
Level A offices			П		Window	vs				20 ea	_	X			П	
Ext. Trustees Reading	Room					Waterpi	800 mg	na			850 SF		<u></u>	$\frac{1}{\Box}$	$\overline{\Box}$	
Name of Registered Waste					JDEP \		,	ic Yards of	Na	ame of Register				_	_	
SERVICE TRANSPO		INC		H	auler II 20990		Was	ste	1	G.R.O.W.S. L						
City, State							Disp	osal Date	Cit	ty, State						
NEW CASTLE, DE									P	MORRISVILL	E, PA 1906	67				
Completed By (Print or Typ				Signature , Date												
Brian Scafiro		Es	timat	or				Bi-	Sc	Six / 10		101	13	3/1	5	

ASB-41 MAY 11 B 5 150 6 8 - A

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

OK 1409

					8:60 and 12		l)	A.	ده اد مرا ≃ اد مرا ≃					
Date of Notification (1)			Name of	Building	Owner/Ope	rator (2)			* 13, 2	1	r f	1		
October 09, 2	015	C	CYMA E	Builders				2015 OC	7.		-	Ť		
	tification		Street A	ddress				- 00	16	EM	2			
⊠ EPA ⊠ Init	ial	7	25 Ski	ppack P	ike Suite	230		ASAFC,		mil	<: 5	2		
DEP Am	ended	-		ite, Zip Co				₹ [/[606	4.0				
	endment #	E	Blue Be	II, PA 19	9422			- 11	EHS	1410	1101			
	ergency (including ification)	1 1	-	Contact				Telephone No	umber	114		-		
	ncellation	F	roject	Manage	er			13						
			minimum Training and State		ORMATION	1					-			
Name of Facility Where Abatemen	t is Taking Place (3)				Тур	e of Facility (4)						
DPT SVP							School (K-1	2)						
Street Address								8 (Other than K-						
1200 Paco Way							Other (i.e. p	orivate & commerc	cial buil	dings	home	es,		
City (5)						Squ	are Feet	# of Floors	E	Bldg. A	Age			
Lakewood, NJ								TBD						
County (6)				Code (7)	MATE	Cur	rent Use (Pri	or if being demolis	shed)			-		
Ocean				JSE ONLY)	:	_	•	Lab						
Name of Monitoring Firm Hired by	Building Owner (8)	ASCM	No.	l N	lame of Al	patement Cor							
AET, Inc.	,				1000		K Group, L	20 FG						
Street Address						treet Addi								
222 Church Road					1000		s HWY N,	STE 200						
City, State, Zip Code		900 - 0				ity, State,		312 209						
Bridgewater, NJ 08807														
Project Manager for Monitoring Fir	m	-	Telephor	ne No		herry Hill, NJ 08034 Telephone No. License No.								
	HII.		1.00		63									
Eric Houseknecht Start Date (10)	Sahadu	1	(908) 218-1108 (973) 759 - 5000 (007) Completion Date (11) Name of OSHA Monitor											
1 C 0 C	Scriedu			10 12	1									
10/26/15 Occupancy Status During Abatem	ant (Charle Oale O		11/26/1	5			K Group, L	LC.						
					1	treet Addi								
Facility Closed/Vacated Durin					-		s HWY N,	STE 209						
Abatement Performed Outsid Other - Describe:	e of Normal Facilit	y Hours	5		-	ity, State,	1900340000000000000							
	5. F. S. V.				_ C	nerry Hil	I, NJ 0803	4						
Scope of Work (Check All That Ap														
≥3 sf or ≥3 lf	\boxtimes	Renova						ent with Negative	Pressu	re				
≥160 sf or ≥260 lf		Demolit	ion				Mini-Enclosure Blovebag Prod							
						-		(*) and Non-Friab	le Proce	edure				
		s Locati	on	- 8						3390	ement	t		
Location of		Normal	ly		Descr	iption of				T	/pe			
Asbestos-Containing Material		ed Sole		Asbes	tos Contain		ial (ACM)	Amount			m	bigoron.		
TO BE ABATED	10.50	annena stodial S		(i.e.	thermal sy			(Specify	Re	D	nca	Enclosure		
In Facility (13)		(12)			other mis	g, VAT, or cellaneous		SF or LF)	Remova	Repair	ıpsu	losi		
7.17									val	H.	Encapsulate	lre		
	Yes	No	N/A											
Phase 2		X			transi	te pipe		15 l/f	X					
						-								
									-					
		- 8												
Name of Registered Waste Hauler			J DEP W		Cubic Ya		Name of	Registered Landfi	II		-			
Newayle Certine / E		I H	lauler ID		of Waste		0 1			1110	,			
Newark Carting / Freehold C	ападе		222	.53		0.2		and Co./ BFI	GRO	VVS	IR	K F		
City, State			Disposal Date City, State											
Newark / Freehold, NJ			11/26/15 Newburg / Imperial / Morrisville, P					PΑ						
Completed by	Title													
Michael Cooper	Presi	dent			12-22	Karaman J.		=	0/9/15					

Oct 13 2015 11:06am

P001/001

CLASS FOR A L. V.		NOTI				n Jersey ESTOS ABA							
Check#2318			(Pu	rsuan	to NJA	8:60 and 5:1	6)		Emen	gency 1	Yotif	icati	on
Date of Notification (1)				Name	of Building	Owner/Operator	(2)		A	Provi	3		
10 /	13 / 15		h	Paul J.	Lattarulo			1 1	NJ Dopt of He			Serv	ice
Agencies Notified	Type Notification			Street	Address	201			10	Deline Control	-	-	
☐ EPA	⊠ Initial			32 Mc	Kinley A	enue				(signature)			
⊠ pólwþ ⊠ phss	Amended Amendment #			City, S	tate, Zip C	ode			Drite: [0 13	1.5	me:_	甘	11
DCA .	☑ Emergency (In	cluding	1	Coloni	a, NJ 070	67	***			, a		ابت	
(NJAC 5:23-8)	justification)		Ī	Name	of Contact			1	Telephone Nun	nber		8	
V9 00	Cancellation		.]	Paul J.	Lattarulo	(L			ا 2بر		,	-	
				FAC	ILITY IN	FORMATION				rne	2	0	
Name of Facility Where A	ibatement is Taking	Place	(3)				Type of F	acillty (4)	50		300	
rivate house						0	School	(K-12))		1		
Street Address	0.00			Y			Subch	apter 8	(Other than K-1)	2)	ldinar	N	
2 McKinley Avenue						* 1	home	s, etc.)	ivate and countr	erolai pui	្យជាពេទ្ធន	וט	
City (5)							Square F		# of Flaors	· Bid	ig. Ag	0	-
Colonia, NJ 07067						21	1						
County (6)				Count	y Code (7) (STATE USE ONLY)	Current I	se (Pri	ar if being demoi	lished)			
Aiddlesex				1									
Name of Monitoring Firm	Hired by Building C	Owner (5)	ASCM	No.	Name of Abaten	ient Contra	ctor (9)				•	
₹5					multiple and the second	Gr Tech LLC							
Street Address						Street Address	*					-	
	63					576 Valley Rd	#283		9 8				
City, State, Zip Code			-			City, State, Zip			16				
		2				Wayne, NJ 074	70						
Project Wanager for Moni	itoring Firm		Tele	phone	No.	Telephone No.			License No.				
10						973-638-1777			0,1127				
Start Date (10)		duled C	omple	tion Da	te (11)	Name of OSHA	Manitar		······································	-		-	
10 / 14 /	15	in .	4 .										
	40	10 /	7.5	_ / _	15	Envirovision C	onsultant	Inc					
					15	Envirovision C Street Address	onsultant	,Inc					
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.CK 2470

Date of Notification (1) October 12, 2015	Name of Building Owner/Operator (2) Monroe Properties LLC Street Address 80 Main Street #510																
	Type Notification		Street A			1.00.0				r # 1	d UL	71	5 A	is o			
Agencies Notified	Initial			80 Ma	in Street						£		11		11 3	96	
DEP X DOL	Amended Amendment				ite, Zip Cod Orange,)52				4	ž [IČE,	Will	lili Ve	101	
▼ DOH	justification)		- 1	Name of Roger	Contact					Tele	phone	Numb	oer		•		
DCA	Cancellation				LITY INFO	RMATIC)N			1							
Name of Facility Where	Abatement is Takin	g Place (3)	FAGI	LII I IIVI C	TOMATI		Type o	f Facility (4	1)							
			-157						chool (K-12			< 40\					
Street Address								X O	ubchapter ther (i.e. p	8 (Othe rivate 8	comm	(-12) ercial	build	ings,	home	s,	
940 Monroe Avenu	e 							et	c.)		Floors			dg. A			
City (5) Hoboken								Square						ug. A	ye.		
County (6) Somerset					Code (7) USE ONLY)				t Use (Prio Space	r if bei	ng demo	olishe	ed)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	I No.				ement Contractor (9)								
Sky Environmental	Services Inc.									Corporation							
Street Address 140 Boulevard								Address Watchu	s ung Aver	nue							
City, State, Zip Code Mountain Lakes, No	J 07046						y, State, Zip Code /est Orange, NJ 07052										
	Project Manager for Monitoring Firm Leonid Shereshevsky							hone No. 669-29			Licens 0123						
Start Date (10)				Completion Date (11) Name of OSHA Monit Schneider Labora													
October 19, 2015	- Ab -4 (Ob -	Octobe		2015				Address	311979	ries C	olopai	IIIC.					
Occupancy Status Durin									ry Street	t						ş	
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire i led Outside of Norn	nal Facility	Hours	tement					20								
Scope of Work (Check A	II That Apply)			Richmond, VA. 23220													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit	olition — Mi					Ill Containment with Negative Pressure ini-Enclosure ovebag Procedure on-Exempted (*) and Non-Friable Procedure								
			W 8		1		Ľ	Non-	-Exempled	() an	u Non-r	Habit		Abate			
	80-0-4 - 4	9.0	Locati Vormal			D								Ту	ре		
Location Asbestos-Containing <u>TO BE AB</u> In Facii (13)	Material (ACM) ATED	Use Ma	d Sole intena todial S (12)	ly by nce/		Description of estos Containing Mate e. thermal systems in surfacing, VAT, other miscellaneo				(8	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A							25.05						
Upper Level C			Х				oor Ti				25 SF		X				
Utility Room abov	ve Mezzanine		Х				r Insul				10 SF		X		7		
Utility Room abov	X		Pipe &	Pipe e	lbow/j	oint ins	ulation	3	00 LF		X						
2				0.11	Va-J-		Nome	Doolet	rodle	odfiii							
Name of Registered Was Be Construction Cor	2000	NJDEP Waste Hauler ID No. Cubic Yards of Waste			ds Name of Registered Landfill Tullytown Facility												
City, State West Orange, NJ 07		Disposal Date City, State Tullytown, PA															
Completed by Barbara Reed	dent			S	ignatur Jan	Mai	a ll	Lee	0	Dat 10	ite 0/12/2015						

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

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

Date of Notification	(1)	Larsa			wner/Operator			THE STATE OF THE S	1	11	ED		
10-12-2015			William	Bak	er			0000		· 5 12	1.0		
Agencies Notified	Type Notificat	ion	Street Addres	s				2815 OCT	15	1.1			
[X]EPA	[X]Initial		8 Valhal	lla	Way			2815 OCT	10	AM	3: 1	3	
[]DEP	Notificat	ion	City, State,	Zip C	ode			# J. 17 J. T	25				
[X]DOL	[]Amended		Verona,					& L/(FI	. 0	TROI		
[X] DOH	Notificat	ion	Name of Conta				Telephone	Mumban	- 14.	3/1/	0		
51 15	[]EMERGENCY		William		er	ľ	rerebuoue	31-					
[]DCA	[]Cancellati	on	***************************************	2000		1		,					
			FACIL	TY I	FORMATION								
Name of Facility Whe	re Abatement is	Taki	ng Place (3)			Type o	f Facili	ty (4)					
Same as above						0.7000	School (+h	22 5	-121		
Street Addres								er 8 (Othe .e., priva					
							cial bu	ildings, 1	nomes	, et	cc.)		
G14- /F			(6) =	la .	5 7 (5)	11 -	Feet	# of Floo	ors	1			
City (5	Co	ounty	(6) Essex		ty Code (7)		600	2		7			
					8827	Currer	it Use (F	(Prior if being demolished)					
Name of Monitoring E	Firm hired by B	ildin	g ASCM No.	1	Name of Abate	ment Co	ntractor	(9)	-		-		
Owner (8) N/A					AZTECH M	IANAG	EMENT,	Inc.					
Street Address					Street Address	s							
					86 Christopher St.								
City, State, Zip Cod	le				City, State, Zip Code								
				ĺ	Montclair, NJ 07042								
Project Manager for	Monitoring Firm	n Te	lephone Numbe	r	Telephone Num	ber			Licer	se 1	Tumber		
		N,	/A		4-8800 00371						,		
Scheduled Start Date	(10) Sched	. Comp	mpletion Date (11) Name of OSHA Monitor										
10/21/15	10/	23/	1 P = 1										
Month Day You	ear Mon		Day Year		Street Addres								
[X] Facility Clo	sed/Vacated Dur				Screet Addres	5							
of Abatemen []Abatement Pe		of N	ormal Facility	,	City, State,	Zin Con	le .						
Hours - Desc	ribe: «OffHours	Descr	ipt»	.	Sitty, State,	210 000							
[]other - Desc			y Descript»										
Scope of Work (Check	all that apply	7)			ו ודייון	Contai	ment wit	h Negativ	e Pre	88111	re.		
[X]≥3 sf or		177	[X]Renovation		[X]Mini-	Enclos	ire		-7.53		(3)		
[] <u>></u> 160 sf o	or ≥260 lf	I	[]Demolition		[X]Glove		ocedure Procedur	e.					
		Τ,	Is Location							Abat	ement	Type	
Location Asbestos-Con	W = 10 - 20		Normally Used		Description Asbestos-Con			Amount		R	R	E	
Material	(ACM)	١.,	Solely		Material ((ACM)		(Specif	O	E	E	OHOZ	
TO BE ABI	The state of the s	1 +	By Main- tenance/		<pre>(i.e., thermal sulation, surf</pre>			SF or LF)	\	0 7	E P A	0 8	
(13)		S	ustodial taff (12)		or other misce					A	R	S U R	
Basement		Yes	No N/A	Pipi				120 1	=	X		E	
Basement					er Insula	tion		30 sf		X		-	
Dasement			A -	OLL	er Insura	CLOII		30 51		Δ.		-	
Name of Registered W	Waste Hauler	N	JDEP Waste	Cub	ic Yards	Name	of Regis	tered Lan	dfill			1	
AZTECH MANAG		н	auler ID No.		Waste 1.5	Minerva Entp Inc.							
City, State		12	.7040	Die	posal Date								
Montclair, NJ	07042				0/26/15			Lle, ÆA	. 19	06	7		
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Completed By (Print					gignature	-		//		te	/15		
Constantine V	Ivian Pre	side	⇒111℃		es	Nou	Aust	Min	10)/12	/ 15		
						D	(7						

CK#24952 RECEIVED

Data of Natification (4)				Maria	- (D. 11-11	0 10	(0)	48	10 00	17				
Date of Notification (1)	0/8/15			Name	e of Buildin	g Owner/Operato	or (2) Little	Æ	n De	1/1	5 4	H.		
Agencies Notified	Type Notification	1		Stree	t Address									
⊠ EP A	☐ Initial						36 Rutherford	l Ave	E //	73	6,4	4		
DEP DOL	Amended Amendment	#	_ [City,	State, Zip 0		T A NITO	0.610		1.18	1/50	G		
⊠ DOH	Emergency (i justification)		9	Name	e of Contac		Trenton, NJ 0		-			_		
DCA DCA	Cancellation			INdille		: Moore - Isle	es E4	Telephone Num	iber		-			
				FΔ		ORMATION		L-			-	_		
Name of Facility Where	Abatement is Takir	ng Place	e (3)		OILITT III	ORMATION	Type of Facility	r (4)						
-	Res	identi	al				School (K-1	2)						
Street Address	336 Ruth	nerfor	d Av	e.				8 (Other than K-1 private & commerce.)		dings				
City (5)	1						Square Feet	# of Floors	В	ldg. A	720			
	Trenton	, NJ ()8618				1800	2		80	+/-			
County (6)	Mercer			USE	nty Code (ONLY) —	7) (STATE	Current Use (P	rior if being demol Residentia		hed)				
Name of Monitoring Firm		Owner	_	ASCM	SCM No. Name of Abatement Contractor (9)									
(8)	MECS	- moone				Stevens Environmental Services, Inc.								
Street Address						Street Address								
-	PO Box 34	-1		PO Box 322										
City, State, Zip Code	rosswicks, NJ	0851	5	City, State, Zip Code Allentown, NJ 08501										
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.		License Ne-						
	eisgarber		_	609) 298-4070 (609) 259-9688 00493										
Start Date (10)	Sche				on Date (11) Name of OSHA Monitor									
10/12/15 Occupancy Status Durin	ng Abatement (Che		0/15/	15		MECS Street Address								
☐ Facility Closed/Vaca			100000000000000000000000000000000000000	ment		Olicel Address		30x 341						
☐ Abatement Performe	d Outside of Norma					City, State, Zip						=		
Other - Describe:	8 am to 4 pm						Crosswich	ks, NJ 08515						
Scope of Work (Check	all that apply)					Full Co	ontainment with Ne	gative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio			☐ Mini-Er ☐ Gloveb	nclosure pag Procedure exempted (*) and No		ire.					
		ls L	ocatio	n	i	TA THORIE	xomptou () una m	on i nable i recede		Abater	nent			
Location	of		omally I Solel			Description of	of			Тур	e ·			
Asbestos-Containing I	Material (ACM)	Mair	ntenan	ce/		os Containing Ma	aterial (ACM)	Amount			П			
TO BE ABA' IN Facility		5	Staff?	1	(I.e.,	thermal systems surfacing, VAT	r, or	(Specify SF or LF)	Remova	Repair	псар	Enclo		
(13)			(12)			other miscellane	eous)		loval	pair	Encapsulate	Enclosure		
		Yes	No	N/A							te	U.		
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Basem	ent					Boiler Insul	ation	30 sf	×					
			1					<u></u>						
Name of Decistored Wester Lands					A/asta I	Ouble V3-	I Nome of D							
-					Waste No.	Cubic Yards of Waste	Name of Regi		.~-					
Stevens Environm	<u>- L -</u>	182	292	2 CU	City Cthia	GROWS Lar	ndfill			_				
Oity; State				Disposal Date 10/16/15	City, State	Morrisville,	РΔ							
Completed By	Allentown, 1					Signature	7//	Date	IA			=		
Mahlon E. Ste	evens	Pr	oject	Man	ager	////			10/8	3/15				

No Check - Nontriuble

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

NO CK

Name of Building Owner/Operator (2) Date of Notification (1) Atlantic States Cast Iron Pipe Company 9 / 15 10 Street Address Agencies Notified Type Notification ☑ Initial 183 Sitgreaves St **⊠** EPA ☐ Amended ☑ DOLWD City, State, Zip Code Amendment # **⊠** DOH Phillipsburg, NJ 08865 ☐ Emergency (including □ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) Brendan LaPort ☐ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, Atlantic States Cast Iron Pipe Company Street Address 183 Sitgreaves St homes, etc.) Square Feet # of Floors Bldg. Age City (5) 65 100,000 1 Phillipsburg County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) industrial Warren Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Plymouth Environmental Co. Inc. **EHS Environmental** Street Address Street Address 923 Haws Ave 411 Southgate Court City, State, Zip Code City, State, Zip Code Norristown, PA 19401 Mickleton, NJ 08056 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00398 856-224-0080 610-239-9920 Jack Carney Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) EHS Environmental Inc. __10__ / __26__ / __15__ 11 / 13 / 15 Occupancy Status During Abatement (Check only one) Street Address 411 Southgate Court ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-3:30PM/____PM-___AM Mickleton, NJ 08056 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation \boxtimes \geq 3 sf or \geq 3 lf ☐ Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Encapsulate Enclosure Location of Removal Repair Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A X 48LF window caulking - 6 X Exterior П П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Waste Hauler ID No. Grows Landfill Robinson Waste Disposal 17304 1CY Disposal Date City, State City, State Tullytown, PA Voorhees, NJ 08043 Date Signature Completed By (Print or Type) Title Vice President James M. Kelly

NO CK

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Date of Notification (1)		Name of Building Owner/Operator (2) PSEG Street Address 4000 HADLEY BOAD															
10/12/2015	T Matification	- Horses		Street Ad	Idroos				2819	UCT	16 A	4 3-	: 0				
Agencies Notified EPA	Type Notification		100		ADLEY	ROAD)		457	EST	ўс.,.	1 (12	12				
DEP × DOL	Amended Amendment				e, Zip Cod H PLAIN), NJ 0	7080	å	£ 1./(ENSIN	TIR()[
☑ DOH □ DCA	Emergency (justification)	including	91111000		Contact SOPER			+		Tele	phone Nu	mber					
				FACIL	ITY INFO	RMATI	ON			1							
Name of Facility Where A			H					_	of Facility (4 School (K-12		標						
Street Address 5-45 BANTA PLAC	E							☐ S ×	Subchapter 8 Other (i.e. pr	(Othe			lings,	home	s,		
City (5) FAIR LAWN									tc.) e Feet	# of N/A	Floors	- 1	ldg. A	ge			
County (6) BERGEN		N		County C	Code (7) ISE ONLY)				nt Use (Prio		ng demolis	hed)					
Name of Monitoring Firm ENVIRONMENTAL		Owner (8)		ASCM 0045	No.				ement Cont			A					
Street Address 64 BROAD STREE				200 200			Street	Addres		UT-V 5589							
City, State, Zip Code					City, S	state, Zi			2								
	MATAWAN, NJ 07747 Project Manager for Monitoring Firm						Teleph	none No).		License N	No.					
Start Date (10)		Schedule						32-432-8350 01111 one of OSHA Monitor									
10/20/2015		10/22/2	015				UNIC	QUE S	SYSTEMS	OF /	AMERIC	A					
Occupancy Status Durin	5 8	50						Addres WHITI	s EHEAD A	VE							
	ated During Entire I ned Outside of Norm OUTSIDE					_		State, Zi	p Code IVER, NJ	0888	32						
Scope of Work (Check A	All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti	76222				Min Glo	ull Containment with Negative Pressure ini-Enclosure lovebag Procedure on-Exempted (*) and Non-Friable Procedure								
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In Faci (13)			(12)				cing, VA miscellar			Si	OI LIT)	Removal	Repair	Encapsulate	Enclosure		
OUTDO	ODC	Yes	No X	N/A		TDAN	NSITE	DIDE	-	2	66 LF	X	-				
00100	OKS		^			IIVAI	NOTIL	1111			O LI	- 2	-				
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City, State FLANDERS, NJ				Dispo TBD	sal Date		City, State		WN, PA								
Completed by CAROL RAIMO	(Title OFFI	CE M	IGR		3	Signatur		2		1 3	oate 0/12/	2015				
CANOL RAIIVIO	UE IV	IGN		(a	ral	Lai	m	0	01121		N					

NO CK

Date of Notification (1) 9/4/15			Name	of Buildin	g Owner/Operator Newark B		edical Center	10 0	-7/	5	14			
Agencies Notified Type Not	ification		Stree	Address	110Walk D	7011 151401 111	edical Contor		_		_			
₩ EPA — □ Initial		4500 0 002		1 10	Anglina of Friday	201 Lyons A	ve	4 1			100			
☐ DEP	ded		City, S	State, Zip C						11.	1541			
	dment #] gency (includ	line				ewark, NJ 07	7113							
■ DOH justiff	cation)		Name	of Contac	t		Telephone Numb	per						
☐ DCA ☐ Cance	ellation		0.0000000000000000000000000000000000000	Mr.	Ron Carvalho	0								
			FAG	CILITY INF	ORMATION									
Name of Facility Where Abatement	is Taking Pla	ace (3)				Type of Facility	(4)							
Newark B	eth Israel	Medi	cal Ce	nter		☐ School (K-1								
Street Address		-00-24					8 (Other than K-12							
	201 Lyon	s Ave				homes, etc.	orivate & commercia	ai buli	aings	6				
City (5)						Square Feet	# of Floors	BI	dg. A	ge				
	Newark	, NJ				200000	6	. _	80	+/-				
County (6)			Cour	nty Code (7) (STATE	Current Use (P	rior if being demolis	shed)						
Essex				USE ONLY; Hospital										
Name of Monitoring Firm Hired by E		er	ASCM	ASCM No. Name of Abatement Contractor (9) Stevens Environmental Services, In										
(8) Environmental	l'actics					ens Environi	mental Service	es, Ir	ıc.					
Street Address	10				Street Address PO Box 322									
	ad Street			PO Box 322										
City, State, Zip Code Matawan	NI 0774	17	City, State, Zip Code Allentown, NJ 08501											
Project Manager for Monitoring Firm		7.0	lephone	No	Telephone No.	Allelitow	License No.							
Tom Geiger		11	32) 290-2217 (609) 259-9688 00493											
Start Date (10)	Schedule		32) 290-2217 (609) 259-9688 00493 effor Qate (11) Name of OSHA Monitor								_			
9/14/15	1	11/30												
Occupancy Status During Abateme	-		1115_	-	Street Address									
☐ Facility Closed/Vacated During I		-												
★ Abatement Performed Outside of the control of the contr			CONTROL OF THE PROPERTY OF THE							_				
Other - Describe:							l, NJ 07728							
Scope of Work (Check all that appl	y)						**************************************				_			
⊠ ≥3 sf or ≥3 lf		Renova	tion		Full Con	tainment with Ne	gative Pressure							
23 st of 23 ii		Demolit			Gloveba	g Procedure								
					Non-Exe	empted (*) and No	on-Friable Procedu		985					
		Is Locat Normal						F	bate Typ					
Location of		sed Sole	ly by		Description of			_	')		-			
Asbestos-Containing Material (AC TO BE ABATED	(M) N	Maintena Custod			tos Containing Mate thermal systems in		Amount (Specify			Ш	m			
IN Facility		Staff	>	(1.6.,	surfacing, VAT,		SF or LF)	Remova	Repair	cap	nclo			
(13)		(12)			other miscellaneo	ous)		ova	air	Encapsulate	Enclosure			
	Ye	s No	N/A							te	Œ			
Boiler Room	×			Thern	nal Pipe,Joint	Insulation	9 lf	X						
					(Glove Bag	()								
Boiler Room	×			Thern	nal Pipe, Joint	Insulation	150 lf	×						
			(Wrap & Cut)											
Name of Registered Waste Hauler	NJDEP Waste													
Stevens Environmental S	Hauler ID 182	No. 292	of Waste 3CU		GROWS Lan	dfill								
City, State			Disposal Date	City, State										
Allente		11/30/15 Morrisville, PA												
Completed By	Title		Signature											
Mahlon E. Stevens		Projec	ject Manager											