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Date of Notification (4) 09/12/19	79	4		of Building East Sp			r (2)				010	100			
Agencies Notified Type Notification EPA Initial	n			Address East Sp	oruce S	treet	į		ASBESTO LICI	S CON ENSIN	TROL G	. &			
DEP Amended Amendmer				ate, Zip C)1		District Control of the Control of t	*						
▼ DOH)	g		of Contac East Sp		treet			Telenhone	NI1	-				
Name of Facility Where Abatement is Taki	Di	(0)		ILITY IN							•				
1467 East Spruce Street	ng Place	(3)					Type of F								
Street Address 1467 East Spruce Street							Sub X Othe	er (i.e. pri	(Other than	K-12) nercial b	uildings	, hom	es,		
City (5) Lakewood							Square F		# of Floors	9	Bldg.	Age			
County (6) Ocean				Code (7) USE ONL	Y)		Current U	lse (Prior	if being dem	nolished)		5 0			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.			of Abatem		actor (9) SIONALS			SEP17 19am9 ure Abatement Type			
Street Address							Address	VE COL	JRT						
City, State, Zip Code						0.500	State, Zip C		'01						
Project Manager for Monitoring Firm			Telepho	ne No.			none No. 668-9078	3	Licens 1200	se No.					
Start Date (10) 09/23/2019	Schedu 09/26/		mpletion	Date (11))		of OSHA N LEAD PR		SIONALS	1					
Occupancy Status During Abatement (Che							Address	/F 00!							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of mal Facilit	Abater y Hour	nent s			City, S	tate, Zip Co	ode		CENHS	_SEP1	7 M 9	ем9		
Scope of Work (Check All That Apply)						LANI	EWOOD,	NJ 007	UI						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Printery.	Renova Demoli				×	Mini-En Gloveba	closure ag Proced	with Negati			ro.			
Location of		s Locat Norma			De			Citipiou (7 4114 11011-1	Tidole 1	Abat	emen	t		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial ((12)	nce/	Asbes (i.e	stos Cont thermal surfa	scription aining M systems cing, VA niscellan	laterial (AC s insulation, T, or	M)	Amount (Specify SF or LF)	Remova	Repair	Encapsul	Enclosu		
EXTERIOR	Yes	No	N/A		A.C.	M Cidi							, homes, Age		
EXTERIOR					AC	M Sidir	ng		2000	×					
												-			
Name of Registered Waste Hauler IEWARK CARTING	1	Н	I IJDEP W lauler ID 4509		Cubic of Was		Na IE		gistered Lan	dfill		1			
City, State IEWARK, NJ		_			Dispos	al Date /2019	2.400.000	y, State ETHLEH	IEM PA						
Completed by OSEPH PERLSTEIN	Title	IER			1	ignature				Date 09/12	/19				

09/12/19

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Date of Notification (4) 10/11/2019	55	*	NJ Do		Owner/Op	perator	(2)	İ		C)CT (HZ 3	20	19			
Agencies Notified Type Notification EPA DEP Amended Amended Amended	ent #		1035 City, St	Address Parkway ate, Zip Co g, NJ, 08	ode	e, Fer	nwo	od Buildin	g 11	ASBE	EST. LIJO	S C ENS	ONTI ING	ROL	&		
DOH justificatio			Name o	of Contact ot					1000000	ephone 9-530							
Name of Facility Where Abatement is Tal 1035 Parkway Avenue Street Address	king Place (3)	FAC	ILITY INFO	ORMATIC	N	Туре	e of Facility (2)								
1035 Parkway Avenue							×	Subchapter Other (i.e. p etc.)	rivate 8	k comn	nercia		dings	, hom	es,		
City (5) Ewing								are Feet		Floors			lldg. A	\ge			
County (6) Mercer				Code (7) USE ONLY)	_	Curr	ent Use (Pri	or if bei	ng den	nolish	ed)					
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASC	M No.				atement Cor D PROFE			3						
Street Address					- 1	Street 6 Wh		DOVE CO	DURT								
City, State, Zip Code								Zip Code OD, NJ 0	8701					11885			
Project Manager for Monitoring Firm			Telepho	ne No.	- 1	Teleph 732-6				Licen 1200	se No).					
Start Date (10) 10/23/2019	10/24/	2019	npletion	Date (11)		Name of OSHA Monitor AAA LEAD PROFESSIONALS											
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	nent		-	City, S	ITE tate, Z	DOVE CO											
Scope of Work (Check All That Apply)			LAKEWOOD, NJ 08701														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit															
Location of	Locati Normal	ly		Desc	ription			9 () 4 14 11 11 11 11			Abatement Type						
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EXTERIOR	Yes	No	N/A		Cal	ulking	1		1/) LF		x		ate	e		
						anting	,		10	J L1		^					
Name of Registered Waste Hauler AAA LEAD PROFESSIONALS		Н	I JDEP W auler ID 1509		Cubic Ya of Waste			Name of I									
City, State LAKEWOOD, NJ					Disposal 10/24/2			City, State									
Completed by JOSEPH PERLSTEIN	Title OWN	IER			Sig	Signature Date 10/11/2019											

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAZ 6:80 and 5:18) Date of Notification (1) 19	CK	cocy	R	II.	A	tate of N	lew Jersey	F	THE RESERVE THE PROPERTY OF TH	mathical part.	acressor:	rational	Ni Novell de destruite			
Date of Notification (1) 20		3	NOT		MOITA	OF AS	BESTOS ABAT		MECE	9	W	E				
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Amendment #					1000	2 Route	202	į.	ASBESIOS	TOOP	THE		E.			
DCA (NJAC 5:23-6)			#		0.000		Code	I.	LICE	NSIN	9	wodowa.	and the second			
Name of Facility (Where Abatement is Taking Place (3) Stack Address PACILITY INFORMATION	10.200	The state of the s		g	Rari	tan, NJ										
Start Date		justification)						Telephone Numb	ber						
Name of Facility Where Abatement is Taking Place (3)		☐ Cancellation	1		Hard	old Mars	san		908 927-691	2						
Sched (M-12) Street Address Street					FA	CILITY IN	FORMATION									
Street Address																
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County (6)								Other (i.e.,	private and commer		uilding	s,				
RARITAN		۷														
County (6) County Code (?)(STATE USE ONLY) Current Use (Phor if being demolished)	1998 8									Ble	dg. A	ge				
Hunterdon Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Delta/BJDS, Inc	100100000000000000000000000000000000000				Cour	atu Cada /	VCTATE LICE ONLY	The state of the s		115						
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Deltar/BJDS, Inc Street Address Stre					Cour	ity Code (i	(STATE USE ONLY)	Current Use (F	Prior it being demolis	nea)						
Environmental Health Investigations		Hired by Buildin	Owner	(8)	ASCM	No	Name of Abatemy	ent Contractor (2)			7 - 1 - 1 - 1				
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1345 Industrial Blvd		in invocing	20110					1110								
City, State, Zip Code Sparta, NJ 07871 Project Manager for Monitoring Firm Telephone No. 973 729-5649 215 322-2900 00783 Start Date (10)	655 West Shore	Trail						rial Blvd								
Sparta, NJ 07871 Southampton, Pa 18966													_			
Project Manager for Monitoring Firm	Sparta, NJ 07871															
Start Date (10)	Project Manager for Moni	toring Firm		Tele	phone	No.	The second secon									
December City State City				97	3 729	9-5649	215 322-290	00	00783							
Cocupancy Status During Abatement (Check only one) Street Address	11 . 11 .															
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-11:00 PM/ PM- AM	Occupancy Status During	Abatement (Ch	eck only	one)									-			
Time of Abatement: 7:00 AM-11:00 PM PM AM Monday-Saturday													3			
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Description of Abatement Type Repeated the procedure Repeate	Lime of Abatement: 7:	Outside of Norm 00 AM- 11:00	nal Facilit PM/	y Hour	rs - Des	cribe AM	City, State, Zip Co	ode								
≥3 sf or ≥3 lf		Monday-Saturday														
≥3 sf or ≥3 lf	Scope of Work (Check all	that apply)					☑ Full Cont	tainment with No	agative Pressure							
Non-Exempted (*) and Non-Friable Procedure						on Mini-Enclosure										
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A See Attach Amount (Specify SF or LF) Abatement Type	≥160 sf or ≥260 lf		∐ De	emolitic	on											
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Vest Solely by Maintenance/ Custodial Staff? (12) Yes No N/A			Is	Locat	ion				T TOUGHT	_	ateme	ent T	vpe			
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Second State Seco										emo	ера	nca	nclo			
Yes No N/A	IN Facilit		Cus		Staff?	(1.0	surfacing, VAT,	, or		oval	=	lusq	sure			
See Attach	(13)		Voc	T	N/A	1	other miscellane	ous)				ate	(D)			
Name of Registered Waste Hauler Service Transport Group Inc City, State 58 Pyles Lane New Castle DE Completed By (Print or Type) Christine Del Viscio City			-		-	Coo A	Au .									
Name of Registered Waste Hauler Service Transport Group Inc City, State Disposal Date Completed By (Print or Type) Christine Del Viscio Disposal Date Cubic Yards of Waste Waste Name of Registered Landfill Minerva landfill City, State Waynesburg, Ohio Date 10/18/2019			+=-	-	100 00	See Al	Attach 🗵 🗆									
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Christine Del Viscio Asst. Admin / Mts. Del Visco 10/18/2019								Waynesh	ourg, Ohio							
							Signature	> 0	12 -							
		io A	sst. A	dmir	1		11'Mit	wellell	Macs 10	/18/	2019)				

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LOCATION OF ASBESTOS-CONTAINING	ISI	IS LOCATION NORMALLY	N.	DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM.)	_	REMOVAL REPAIR		ENCAPSULATE ENC	ENCLOSURE
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VIVARIUM BLDG. First Floor		\exists	٦						
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Corridor for rooms									
148-152		×		Floor tile and Mastic 40	400sF	×			
Bridge Connecting Vivarium									I
w Bldg B	.,	×		Floor tile and Mastic 10	100SF)	×			
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Date of Notification (1) 10/11/19					of Building Ridge at			(2)	4	0(172	3 701	9	1	1	
	pe Notification				Address Street			122		4SBES	Tos	ONTR	O	- Parket	Charles Comment	
EPA X DEP X DOL	Amended Amendment #		_ [ate, Zip C					PASSA PRINCIPLAN	LICEN	SING _	uncane	Editholomics		
× DOH DCA	Emergency (in justification) Cancellation	ncluding			of Contact Ridge at		vood			- 1	phone N -350-9					
				FAC	ILITY INF	ORMATI	ON	10 11 -								
Name of Facility Where Aba	tement is Taking	Place (3	3)					Тур	e of Facility (4	.)						
Street Address			# ************************************					×	School (K-12 Subchapter of Other (i.e. pr	(Other			dings	, hom	es,	
City (5) Manchester						-		Squ	etc.) ıare Feet	# of l	Floors	E	Bldg. A	Age		
County (6) Ocean					Code (7) USE ONLY	"			rent Use (Prio	r if bein	g demol	ished)				
Name of Monitoring Firm Hir	red by Building O	wner (8)	i	ASC	M No.				patement Cont			100				
Street Address							Street 6 Wh		ess DOVE CO	URT						
City, State, Zip Code									Zip Code OOD, NJ 08	701						
Project Manager for Monitor	ing Firm			Telepho	ne No.		Teleph 732-		No. 9078		License	No.				
Start Date (10) 10/25/19			cheduled Completion Date (11) Name of OSHA Monitor AAA LEAD PROFESSIONALS													
Occupancy Status During At	patement (Check	Only Or	ne)					et Address VHITE DOVE COURT								
Facility Closed/Vacated Abatement Performed (Other – Describe:	During Entire Pe Outside of Norma	eriod of A	Abaten Hours	nent s			City, S	tate,	Zip Code DOD, NJ 08							
Scope of Work (Check All Th	nat Apply)						L. 11 (1	_,,,								
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ame of Registered Waste F	lauler		100	IJDEP W		Cubic of Was			Name of R	egistere	ed Land	fill				
EWARK CARTING			1.000	4509	110.	6	,,,,		IESI							
ity, State EWARK, NJ						Dispos 10/28	al Date /19		City, State BETHLE		PA					
ompleted by		Title	IED			S	ignature	E .				Date	10			

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Date of Notification (1) 10/11/19			Name Pine	of Buildir Ridge a	ng Owner at Crest	Operato wood	r (2)	And the second	0	01 1	172	019	William State of the State of t	
Agencies Notified Type Notification EPA Initial			1 000000	Address x Street					ASBES	STOS	CNESSES			120
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Emergency		g		ing, NJ							,	en territorio	eccentries.	nn1
DOH justification) Cancellation				of Contac Ridge a		wood					Numbe -9000	r		
N- 65 W			L	CILITY IN					102	-330-	-9000			
Name of Facility Where Abatement is Takin	g Place	(3)		286			Type of	Facility (4	-)					
Street Address			Pa	KO			Sc.	hool (K-12	2)					
							× Ot	bchapter (her (i.e. pr	ivate &	r than comm	K-12) ercial b	uilding	s, hon	nes,
City (5)			25				Square		# of F	Floors		Bldg.	Ane	
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County (6) Ocean	A .	2	County (STATE	Code (7)	Y)		Current Home	Use (Prior	r if being	g dem	olished)			
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Street Address	4	P				Street	Address	OVE CO					- LI	
City, State, Zip Code						City, S	tate, Zip	Code						
Project Manager for Monitoring Firm			Tologh	N-), NJ 08	701					
and the state of t			Telepho	one No.			one No. 668-907	'8	11 2	icens	e No.			
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Occupancy Status During Abatement-(Check				Address	1101 20	701014	7120		177-1-77					
Facility Closed/Vacated During Entire P					VE CO	JRT								
Abatement Performed Outside of Normal Other – Describe:	3				ate, Zip (Code), NJ 087	701							
Scope of Work (Check All That Apply)				LAKE	, NJ 08	701		-						
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	Yes	No	N/A		outer in	iiocciiai ic	.003)				\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	¥	ulate	sure
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Name of Registered Waste Hauler			JDEP W		Cubic Y	10000000000	Na	ame of Re	gistered	d Land	fill			
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Print Form