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

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State of NJ Notification of Asbestos Abatement D&S Proj. #: 16-3:16 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2016 24 1 0 /1 7 /1 6 gloria wolf Agencies Notified Type Notification Street Address **EPA** Initial ASBESTOS CONTROL & Amended LICENSING DEP City, State, Zip Code Amendment #: DOL **Emergency** scotch plains, nj 07076 DOH (including Name of Contact Telephone Number justification) ☐ DCA gloria wolf Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) gloria wolf Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) scotch plains UNION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 10/18/16 11/15/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial е asbestos-containing e n Description of asbestos-containing Amount staff(12) n m material (acm) to be p C (Specify SF or material (ACM) C 0 abated in facility (13) a a LF) Yes No N/A p BASEMENT PIPE INSULATION 80-100 l ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 10/19/16 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date

10/17/2016

BOGDAN JOLDZIC

ASR-41

PRESIDENT

Do not use this form for asbestos licensure exempted activities

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		1000	aletien F) oto (11)				O880 SHA Monitor		01228					_
Glari Date (10)	0/26/16		DIELION L	Date (11)		Yan	nuzz	i Environm	ental	Services	s, Inc				
Occupancy Status During Abatement (Check C			<i>g</i> c				t Addr Kinn	ess elon Rd., S	Suite	102					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: abandoned	iod of Al Facility	bateme Hours	ent		_	City,	State,	Zip Code n, NJ 0740							
Scope of Work (Check All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti					- 1	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					2	
	7/27	ar toru	osivi i					von-Exemple	J () ai	IG INOTI-1 TIE	J. J. J.		bate	ment	
Leastion of	N	Location Lormall	у		De	scriptio	on of				-	Т	Ту	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel ntenar odial S (12)	ice/	Asbest (i.e.	thermal surfa	taining I syster icing, V miscell	ms ins /AT, o		(Amount Specify F or LF)	Kellioval		Repair	Encapsulate	Enclosure
	Yes	No	N/A									+			
Block 5, Lot 3					Unsa	ife Str	ructu	re			+	+			-
ENTIRE STRUCTURE TO BE												+			-
KNOCKED DOWN & DISPOSED												+			-
AS RACM ASBESTOS			1050		Cubic	Yards		Name of	Regis	tered Land	fill				_
Name of Registered Waste Hauler Yannuzzi Group, Inc.		H	IJDEP V lauler ID 7467		of Wa		•	GROW							
City, State Kinnelon, NJ						osal Da 6/16	ate 1	City, Sta Morris							
Completed by Anna Bastos	Title Asst.	. Proj	ect Mg	ır.		Signat	ure M	n Ba	sti	92	Date 10/2	1/1	6		

100	CK_		NOT		ASBESTOS ABA I.J.A.C. 7:26-2.1;		-)尾	CE		VE		And the second s
Date of Notification (1) 10/20/16	0, -						ner/Operator	711	OCT	2 4	2016	1	1
Agencies Notified		Notification	Type		Street Addres		Seneration LE) had				1	27 94 15
(X) EPA () DEP (X) DOL		() Initial No (x) Amend () Cancello	tification led Certific	cation	717 Texas A	ve, Suite	1000	AS	BESTO LIC	S CO ENSI	NTROL	&	Angeles and Angele
(X) DOH () DCA					Houston, TX		743						
() BOA					Name of Con Paul Ostberg			Tel.	Number	-			
				FACILITY I	NFORMATION						S		
Name of Facility Where Ab	atement is	Faking Place (<u>3)</u>		Type of Facili								
Calpine New Jersey Gener	ation LLC				() School (K () Subchapte		er than K-12)						
Street Address				v 2 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(X) Other (i.e.	private	& commercial	oldgs., ho	omes, etc	C.			
373 N. Broadway					Sq. Feet 97,8	50 # of	Floors 9						
City (5)	County (6)		County	Code (7)	3q. Feet 97,0	30 # 01	F1001S_8_						
Pennsville	0-1		(State U	se Only)	Bldg. Age_5								
Name of Monitoring Firm H	Salem	Owner (9)	ASCM N	lo.	Current Use (prior if be							
		. Owner (o)	ASCIVIT	<u>vo.</u>			Name of	Contracto	or (9)				
Horizon Environmental Gro	up		00073				Brandent	urg Indu	strial Ser	rvice C	company		
Street Address					Street Addres	s							
PO Box 316					2217 Spillmar	n Dr							
City, State, Zip Code					City State, Zip			_					
Therefore NII 00000													
Thorofare, NJ 08086 Project Manager for Monito	ring Firm	Telephone I	lumbar		Bethlehem P		nia 18015	T.,					
1 Tojoot Manager for Monto	ing i iiii	Telephone I	vullibel		Telephone Nu	mber		Licer	nse Num	<u>ber</u>			
Steve Flanigan		856-848-080	00		610-691-1800			0072	:1				
Scheduled Start Date (10)		Scheduled (Completion	n Date (11)	Name of OSH	A Monito	r						
08/01/16		03/03/17			Brandenburg	Industrial	Service Com	nany					
Occupancy Status During A	batement (0	Check only on	<u>e)</u>		Street Address		0011100 00111	July					_
(x) Facility Closed/Vacated () Abatement Performed O	During Entir outside of No	e Period of Al ormal Facility I	atement Hours -		2217 Spillman	Drive							
Describe_ Demolition					City, State, Zip	Code							
(x) Scheduled Demo Start (Scheduled Demo Comp	07/11/16 letion 09/29	/17			Bethlehem, PA	1 12015							
Source of Work (Check all the					Detineneni, FA	10015							
(x) Demolition () Renov (x) Large Proj. (>160 SF or (x) Full Containment with N	>260 LF AC	CM)()SM Pr	oj. (>25<1 Mini-Encl	60 SF or >10 <2	60 LF ACM) (Glovebag Proced		Proj. (<25 SF	or <10 LI	FACM)				
Location of Asbestos-	Is Loca	tion Normally	Used	Description of	ACM (i.e.		t (Specify SF	or LF)	Abate	ment	Туре		
Containing Material (ACM) in Facility (13)	n Solely Staff? (YES	by Maint./Cus (12) NO	todial NA	thermal system surfacing, VAT miscell.)					Rem.	Rep.	-3000-00	Englo	.00
Plant Boilers		1,10	X	Insulation		80,000	sf		X X	T Tep.	псар	Enclo	30
Plant Boilers			х	Fire Brick		24,000			X			+	-
Main Plant			X	Pipe Insulation		12,500			×				
Main Plant Main Plant			X	Transite/Galbe	estos	29,265			х				
Main Plant			X	VAT Flashing/Tar P		53,000 64,100			X	_			
	A 11001								X	-			
Pipe Rack			X	Caulk/Exp Jt Pipe Insulation		13,570 9,520 h		_	X	-		+	
Conveyor			X	Galbestos		8,000 s			X	+		+-	
Misc Small Out Bldgs			Х	Caulk/Exp Jt		33,000			×			_	
Misc Small Out Bldgs			Х	Transite/Galbe	stos	4,450 s			×				
Misc Small Out Bldgs		NIDEDIN	X	Insulation		2,840 s	f		×				
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler I	U #	Cubic Yards of	Waste		Name	of Reg.	Landf	ill		
United Trucking, Inc		SW2247			15,000 cy			Cones	stoga La	ndfill			
City, State					A		Disp. Date			City, St	tate		
Marlton, NJ							08/11/16		٨	Norgar	ntown, PA	Ą	

Narrie of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of W	aste	Name of R	eg. Landfill
Brandenburg Industrial Service Company	21838	300 cy		IESI	
City, State			Disp. Date	-	City, State
Bethlehem, PA 18015			10/24/16		Bethlehem, PA
Completed by (Print or Type)	<u>Title</u>	Signature		<u>Date</u>	
Jennifer Polzer	Contract Manager	1 Som		10/20/16	

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS

9/18/00



MO 93407339Z	NC	TIFIC (Pui	ATION C	e of New Jers OF ASBESTO NJAC 8:60 a	SABATE	VIENT		E	G [W			
Date of Notification (1) 10/18/2016				Building Owner Cosenbaum		(2)		()CT	24	2014	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Agencies Notified Type Notification		5	Street Add	dress			ليا ليا	100	701		2011)	1	21
X EPA X Initial			City State	e, Zip Code				ASSE	ESTOS	200	A 1710	N1 0	<u></u>	and the second
X DEP Amended Amendment				n, NJ 0774	7				LICE	NSI	J G	uddir 12		
Emergency (injustification) DCA Emergency (injustification) Cancellation	ncluding	0.0	Name of C	Contact Rosenbaum				Teler	hone M	Mumh	or		3.00	
			FACIL	ITY INFORMA	ATION	_			<u> </u>					
Name of Facility Where Abatement is Taking	Place (3)					Тур	e of Facility (4							
Building Street Address							School (K-12 Subchapter 8	(Other	r than k	<-12)				. 8
Street Address						×	Other (i.e. pr etc.)	ivate &	comme	ercial	bullair	ngs, r	iome	5,
City (5)						Squ N/A	iare Feet	# of N/A	Floors		Bld N/	lg. Ag A	е	
Matawan		1	County C	ode (7)		100000000	rent Use (Prio			olished			-	
County (6) Monomouth				SE ONLY)		Bu	ilding							
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM	No.			patement Cont atement, Inc		9)					
Street Address					Stree 11 F		ress ngren Aven	ue						
City, State, Zip Code							Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telephon	e No.	Telep	hone			Licens 0131		6			
Start Date (10) 10/28/2016	Schedule		npletion D	Date (11)	Name	e of O	SHA Monitor atement, Inc	C.						
Occupancy Status During Abatement (Chec					Stree									
Facility Closed/Vacated During Entire	Period of A	baten	nent				ngren Aver	lue						
Abatement Performed Outside of Norr Other – Describe: occupied	nai Facility	Hours					NJ 07512							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					9	
	le	Locat	ion									Abate	ment	
Location of	1	Norma d Sole	lly		Description							Ту		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena	nce/ Staff?	, s	Containing rmal syster urfacing, V ner miscell	ns ins	sulation, or	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ro ·	
basement	Х		d	luct insu	latio	n		50 SF		Х				
basement		Х		b	oiler insu	ılatio	n	8	0 SF		x			-
														-
Al & Desirtered Misster Hands			NJDEP W	/aste C	ubic Yards		Name of	Registe	ered La	andfill				
Name of Registered Waste Hauler D&S Abatement, Inc		1	Hauler ID	No. of	f Waste BD		Waste				PA			
City, State Totowa, NJ					isposal Da BD	ite	City, Star Tullyto		Ą					
Completed by Ned Joksimovic	Title PM				Signati	ure	FN			10	te)/18/2	2016		

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

Check#7562

Date of Notification (1) October 18, 2016			Building Owner/O			JE C	o E		1		7
Agencies Notified Type Notification		Street A		ك الما	2000111	N	T DIESTON TO THE	wind our mark			1 2 1
EPA Initial Amended		City, Sta	ite, Zip Code		14	ANG	n ue	- 20	116		
DOL Amendment #		H	addon	Twr	TN C	080	33				mg_artusar
DOH justification) Cancellation	icuting		f Contact	7 . 1		Telenho	one Num	her	1	- Hin	Table of the Park
		FACI	even Pes	ION	ige .					<u>—</u>	Salv-ser-red
Name of Facility Where Abatement is Taking					Type of Facility	(4)					
Residential Duvel	Ind				School (K-	12) r 8 (Other th	nan K_121				
			e.		Other (i.e. etc.)	private & co	mmercia	build	lings,	home	s,
City (5)					Square Feet	# of Flo	ors		dg. A		
Hadden Towns	pub	Coumbre	Code (7)		Current Use (Pr		1/2		01	DYC	S
Camden		(STATE	USE ONLY)			denti		±0)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCA	75.5.5.5.		of Abatement Co	intractor (9)					
Quality Environmental Concepts Street Address		None	9	1	ity Environme	ntal Conc	epts				
1053 North Tuckahoe Road				1	Address North Tuckal	noe Road					
City, State, Zip Code Williamstown, New Jersey 08094					State, Zip Code		2004				
Project Manager for Monitoring Firm		Telepho	ne No		amstown, New		cense No				
Edward Knorr			29-1166	The contract of	629-1166		086	-			
Start Date (10) October 28,2016	Scheduled (of OSHA Monitor ity Environme		onte				
Occupancy Status During Abatement (Check		ber.	50,2010		Address		chro				-
Facility Closed/Vacated During Entire Pe	eriod of Aba	tement		1053	North Tuckal	noe Road					
Abatement Performed Outside of Normal Other – Describe: Real Estat	Facility Ho	nsact	ion	1	tate, Zip Code amstown, Nev	u lomou (NOUN			********	
Scope of Work (Check All That Apply)				AAHH	attiotoaatt, laca	v Jersey 0	10054				
≥3 sf or ≥3 lf	Principle 1	ovation			Full Containm	nent with Ne	gative Pr	essur	е		
☐ ≥160 sf or ≥260 lf	Dem	olition	2	-	Mini-Enclosur Glovebag Pro	200					
			<u> </u>	L	I Non-Exempte		on-Friable		edun Abate		_
Location of	Non	cation nally	l Do	escription	of	epit transmission			Ty		
Asbestos-Containing Material (ACM) TO BE ABATED		clely by nancel	Asbestos Con	taining N	faterial (ACM)	Amou	11			Щ	ш
In Facility	Custodi (1	al Staff? 2)	surfa	icing, VA	s insulation, T, or	(Spec		Removal	Repair	caps	Enclosure
(13)	1.	lo N/A	other	miscellar	negus)			oval	air	Encapsulate	sure
Crawlspace	103	lo liex	N: 0-1			000					
Crawispace		+	Air-Cel	1 Pig	be insul.	209	· F .	×			
Basement		X	Ductw	0=V	•	19		$\overline{\mathbf{x}}$			
	-	+	04060	01 17		1 5		/_			
Name of Registered Waste Hauler	·	NJDEP W Hauler ID		Yards	Name of	Registered	Landfill				
Quality Environmental Concepts		19710	No. of Wa	2 C	y 501	id WA	ste	1	ind	5:1	11
City, State Williamstown, New Jersey			Dispo	sal Date	City, Sta	te lowar	-	17	-	4	
Completed by	Title		- 15	Signature		11	Date	9	,		\dashv
Edward Knorr	Vice Pre	esident		Cd	Luxuel No	Know	0110	1/19	3/	201	6

UIA UIS. MAIL CH# 3803

Date of Notification (1)			Name	of Building Owner/Ope	erator	(2)	OC/OHR MP	RK	IS	5A	
10/20/16			PAR	KERS VIEW	1	DROAM	KENEWAI	1	4	91	
Agencies Notified Type Notification	}			Address 70 BRUNS	Ni.	IK HOTE		-			
EPA DEP Distriction Amended				State, Zip Code	000	-15 117 YC		16		#	
DOL Amendmen				WRENCEU	111	E HUB.	OCT 24 20	10			
DOH justification)	3	Name	of Contact	_	^	Talanha 1				
Cancellatio	n		TR	111101	,59	PALA	381				
Name of Facility Where Abatement is Takin	ng Place ((3)	PA	CILITY INFORMATION	1	Type of Facility	<i>i</i> (4)	P. 10 P.	100 Jan 41 J	1000	
						☐ School (K	(-12)				
Street Address							er 8 (Other than K-1 . private & commerc		ildina	e hon	nas
230 PARKER ROAD					_/	etc.)					100,
ECIZAGETH N.O.						Square Feet	# of Floors		Bldg. 5		
A 1 (A)		T	County	Code (7)	\dashv	4	rior if being demolis	hed)		<u> </u>	
County (6) UNION			(STATE	USE ONLY)	-	B	(D)	33			
Name of Monitoring Firm Hired by Building	Owner (8))	ASC			of Abatement Co			Vite His at Vite o		
Street Address				the state of the s	-	ALECO III	ÚL				
					0.	Box 814					
City, State, Zip Code				Ci		ate, Zip Code					
				0	10		N.O. 0885	-			
Project Manager for Monitoring Firm		Park Spranses and Spranses	Telepho			238×75	License N				
Start Date (10)	Schedul			Date (11) Na	me o	f OSHA Monito					
Occupancy Status During Abatement (Chec	ls Only Or	13	1/1	The state of the s		AIECH	INC				
17			/	Sp	reet A	ddress , Box	814				
' Abatement Performed Outside of Norm	al Facility	Hours	ient	Cit		ite, Zip Code	0 ()				
Other - Describe:				4	10	Bridge	N.J. 08	85-	7		
Scope of Work (Check All That Apply)						U					
 ⊇3 sf or ≥3 if ≥160 sf or ≥260 if 	/ \	lenova lemoliti			D,X	Full Containm Mini-Enclosur	ent with Negative P	ressu	re		
/ \	₩ ×				0	Glovebag Pro	cedure				
	I io	Locatio	20	T	4	Non-Exemple	d (*) and Non-Friab	le Pro	Abate		
Location of	l N	Iormail	у	Descrip	tion o	f			Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		d Solel ntenar		Asbestos Containir	ng Mai	terial (ACM)	Amount	-		田田	m
In Facility	Cust	odial S (12)	taff?	(i.e. thermal syst surfacing,	VAT,	or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	V			other misce	ellaned	ous)		wal	air	ulate	sure
EXTERIOR WINDOW CAU	Yes	No	N/A	[[[]]]] [] []	5. i I	ر	720015	V			-
	-		^	WINDOW CA	1		7,200 YF	X			-
baseboard/common F	HILL			basehoard	#_	HASTIC	1,800 YF	X			
Name of Registered Waste Hauler			DEP W	1	s		Registered Landfill				7
NOVATECH INC		1	850		,	1 G.K	.o.W.S.				
City, State	2857)		Disposal D	ate	City, Stat	1 1/ #1				-
Completed by	Titlé			2 2 Signat	H	- 1 ORAIS	Vitte 1/7	2		-	
PARLOS ALMEIDA	1 1	5i D	ANT	y Signal	VI	In Home	J. Jan	10	12	011	6
	1	J. 23	-,-1		+1	m/ HIM	1		+	1	_

M	10 9	727903	863	(Pu	irsuant	to NJAC 8:60 and	12:20/N.J.A.C. /:26-2.1	TO ECI	5 1	W		1
1	Date of No 10/19/2016	otification (1):	Nan	ne of B		Owner/Operator (2)	The state of the s			Service of the service		
1	Agencies	Type Notification		et Addr	gement l	nc.		TO OCT	2 4	2010		
1	Notified	Initial		King S				U U OCT	2 4	2010		
2,724	EPA DEP	☐ Amended Amendment#:			Zip Coo y, NJ 0				Marin and an annual and an annual and an annual an annual an annual an			Cont. (augus
	SQOT	☐ Emergency	Nan	ne of Co	ntact:	5001	Telenh	LOS	3 001	THO	1.4	-
E	≥/DOH	(including justification)	Edd	ie Truji	llo			Basel Scott	1140114			·
	DON DOA	☐ Cancellation										
				170	::	FACILITY INFO	ORMATION					
1	Name of Fa	acility ETC Mana	agement,	Inc.			Type of Facility (4):	15,5				
3	313 State S	Street					☐ School (K-12) Subchapter 8 (Other that	n K-12)				
	City/ (5)		ounty (6):		Cour	nty Code (7):	Other (i.e., private & con		nomes,	etc.)		
F	Perth Amb	oy M	iddlesex		08861		Square Feet:	# of Floo	ors:			
							Bldg. Age					
N	Name of M	onitoring Firm H	lired by B	Building	Owner	ASCM No.:	Current Use: Offices Name of Abatement Co	entractor (9):				
		er Environmenta		C		00127	Apex Development,	1813				
S	Street Addi	ess:					Street Address:	Inc.				
3	07 N. Wa	alnut Street										
	ity State	Zip Code:					658 Rutgers Plac	:e				
							City, State, Zip Code:					
		ster, PA 19380 nager for Monitor	rino Firm			Telephone No.:	Paramus, NJ 07652 Telephone No.:	License No.:				
	Abraham	ingor for infolition				610-996-3515	(973) 350-0101	01215				
S	start Date (10):	Schedu	led Con	npletion	Date (11):	Name of OSHA Monito					
	0/29/16		11/30/			to the second of the second	Metro Analytical Labora	atories				
		tatus During Abate					Street Address: 255 West 36th Street, S					
		osed/vacated Durin Performed Outside				it	City, State, Zip Code:	uite 203				
	escribe:			•			New York, New York,	10018				
	Other											
_	escribe:	rk (Check all that a	nnly).									
	$\geq 3 \text{ sf or } \geq$		PP-J/		Reno	vation	□ Full	l Containment with ni-Enclosure	Negat	ive Pr	essure	
Ū	≥ 160 sf c	$\text{or} \ge 260 \text{ lf}$			□ Demo	olition	P Glo	vebag Procedure -Exempted (*) and N	Van En	labla F)d.	
			Is	Locat	ion			-Exempted () and I	NOII-FI		ement	
	(37.5	cation of		Normal ed Sole			scription of ining Material (ACM)			T	ype	
Α		ontaining Materia (ACM)		aintena		(i.e., thermal	systems insulation,		R		田田	回
	TO B	E ABATED	(Custodi Staff?			ing, VAT, or niscellaneous)	Amount (Specify	Removal	Repair	icap	nclo
	IN	Facility (13)		(12)			,	SF or LF)	oval	air	Encapsulat	Enclosure
1.	0 TH FLO	1833 153	Yes	No	N/A						-	
	TH FLOC		-	X		FLOOR TILE		3,000 SF	*	-		*
	TH FLOO			X		FLOOR TILE	iik—siisaasii saasii saasi	4,600 SF	*			*
	TH FLOO			X		FLOOR TILE		4,600 SF	*			*
	TH FLOO			X		FLOOR TILE		4,600 SF	*			*
	0 TH FLO			X			ION	4,600 SF	*			*
	TH FLOO			X		PIPE INSULAT		666 FL	*			*
	TH FLOO		+	X		PIPE INSULAT		150 LF	*			*
	TH FLOO			X		PIPE INSULAT		150 LF	*			*
	TH FLOO			X		PIPE INSULATI		150 LF 150 LF	*			*
		15 (S)	1	12		III L HISULAI	IUIT	13U LT	1		1 1	

Completed By: Sylvester Oraegbunam		Title: President	Sign	ature:	Date: 10/19/2	2016	
City, State: Bronx, NY 10474	Disp	osal Date:	1	City, State: Waynesburg, OH			
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler 19551	ID No.:	Cubic Yards of Waste: 30	Name of Re MINERVA		
BASEMENT BOILER	X	DUCT INSU	LATIO	N	396 SF	*	*
BASEMENT BOILER ROOM	X	PIPE INSUI	LATION		180 LF	*	*
BASEMENT PUMP ROOM	X	PIPE INSUI	LATION		100 LF	*	*
BASEMENT BY ELEVATOR	X	PIPE INSUI	LATION		570 LF	*	*
BASEMENT	X	PIPE INSUI	LATION		100 LF	*	*

Name of Building Owner / Operator (2) Date of Notification (1) Kennedy University Hospital 10-19-2016 Street Address Type Notification Agencies Notified 18 E. Laurel Road X **EPA** City, State & Zip Code Initial DEP Stratford, NJ 08048 Amended(Additional \boxtimes DOL Scope) Telephone Number Name of Contact Emergency DOH Mr. James Barth Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Kennedy University Hospital- MRI area ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 18 E. Laurel Road Bldg. Age # of Floors Square Feet 52 250,000 County Code (7) County (6) City (5) Current Use (Prior if being demolished) Camden Stratford, NJ Hospital Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Resource Management Group, LLC Criterion Laboratories Street Address Street Address 2115 Hamilton Ave, Suite 202 3370 Progress Drive, Suite J City, State & Zip Code City, State & Zip Code Trenton, NJ 08619 Bensalem, PA, 19020 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 01185 609-914-4279 215-244-1300 Mr. Mike Panepresso Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) J&S Environmental Laboratories Inc 10-24-2016 9-26-2016 Street Address Occupancy Status During Abatement (Check only one) 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement City, State & Zip Code Abatement Performed Outside of Normal Hours Describe: Project to be conducted 2nd shift 4:00pm to 12:30am Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf Glove Bag Procedures Demolition ≥160 sf ≥260 lf Non-Exempted and Non-Friable Procedure Abatement Type Amount Description of Is Location Location of (Specify Asbestos-Containing Normally Used Asbestos-Containing Enclosoure SF or LF) Encapsula Material (ACM) Solely by Remova Material (ACM) (i.e., thermal systems Maintenance or TO BE ABATED insulation, surfacing, VAT Custodial Staff? in Facility or other miscellaneous) (12)(13)N/A Yes No 1,100 SF Spray on fire proofing \boxtimes MRI area 1.275 SF Mastic on concrete floor X MRI area M 50 SF Spray on fire proofing MRI area M 22 each Asbestos elbows M MRI area NJDEP Waste | Cubic Yards of | Name of Registered Landfill Name of Registered Waste Hauler Waste Hauler ID No. Grows Landfill TBD 0035218 Resource Management Group, LLC City, State Disposal Date City, State Morrisville, PA TBD Trenton, NJ Date Signature Title Completed By (Print or Type) 10/19/2016 President Mr. Brian J. Haney

NO THE CATION OF ASBEST (Pursuant to N.J.A.C. 8:60

NO CK	i ursuu						M	E-15				
Date of Notification (1)	Nai	me of	Buildi	ng Owr	ner / Operator (2)			OCT 2	2 4 201	6	$\ U\ $	
10-14-2016	Kei	nnedy	Unive	ersity H	ospital						-	The state of the s
Agencies Notified Type Notification			ddress urel R			1	L					The same of
⊠ EPA				ip Code	2	1		CUTSII RANH	CONTR NSING	UL &		
□ DEP □ Initial □ Amended(Extended Extended Ext	N 555 PV 2256.03	y, Sta atford	i, NJ 0	8048		Tomas	1000-1-97-1-37-1-16	Train - marketing or a	ACTUAL TO			
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□ DCA □ Cancellation	Мг	. Jam	es Bar	th								
- 190,400,000		FAC	CILITY	INFOF	RMATION							
Name of Facility Where Abatement is Taking Place	ce (3)				Type of Facility (
Kennedy University Hospital- MRI area					☐ School (K-1	2)		(40)				
Street Address					☐ Subchapter	8 (Othe	er than K	-12) reial buil	dings h	mes	etc.)	
18 E. Laurel Road					Other (i.e. p	rivate 8	of Floors	Clai Duli	Bldg.	Age	0.0.)	
					Square Feet 250,000	1# 0		2	Diag.		52	
City (5) County (6)	Cour	nty Co	de (7)		Current Use (Pri	or if hai	o	-				
Stratford, NJ Camden					Hospital							
Name of Monitoring Firm Hired by Building Owner	er (8)		ASCN	No.	Name of Abaten	nent Co	ntractor	(9)				
Criterion Laboratories	()				Resource Manag	gement	Group,	LLC				
Street Address					Street Address		000					
3370 Progress Drive, Suite J					2115 Hamilton A		Ite 202					
City, State & Zip Code					City, State & Zip Trenton, NJ 086	Code						
Bensalem, PA, 19020								Licer	nse Num	ber		
Project Manager for Monitoring Firm	Teleph			r	Telephone Num 609-914-4279	ibei		Liooi		01185		
Mr. Mike Panepresso	215-24					1.0 - 16 -						
Scheduled Start Date (10) Scheduled Cor			(11)		Name of OSHA J&S Environme	NIONITO	r poratorie	s Inc				
9-26-2016	10-24-2	2016			Street Address	illai Lai	Joratorio	.0 1110				
Occupancy Status During Abatement (Check on	ly one)	011-			2333 Route 22	West						
Facility Closed/Vacated During Entire P	eriod of	Apate	ement		City, State & Zin							
Abatement Performed Outside of Norma	ai Hours				Only, Oracle or En	F (10 T) T) T)						
Describe: Project to be conducted 2 nd	shift 4:	mq00	to 12:	30am	Union, NJ 0708	3						
Facility Occupied During Abatement												
Scope of Work (Check all that apply)						a -	ll Contr	ainment v	with Nea:	ative F	ressi	ıre
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≥3 sf or ≥3 lf	\boxtimes		ovation olition		ī	7 6	love Ba	a Proced	ures			
≥ ≥160 sf ≥260 lf		Den	TOIILIOI		Ī		lon-Exer	npted an	d Non-Fr	iable	Proce	dure
Location of	Isl	Locati	ion		Description			Amo		Aba	teme	nt 1 y
Asbestos-Containing	Norn	nally l	Jsed		Asbestos-Conta			(Spe		_		Ш
Material (ACM)		olely b			Material (AC (i.e., thermal sy			0, 0,	,	Rer	Re	тса
TO BE ABATED			ce or Staff?	l	nsulation, surfaci	ng, VA	Γ			Removal	Repair	Encapsulat
in Facility (13)	Oust	(12)	J.a		or other miscella	neous)				a	-	lat
(13)	Yes	No	N/A							57		
MRI area		\boxtimes		Spray	on fire proofing			1,100 SF				ㅐ
Will died										++	H	一
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		L	IDED.	Waste	Cubic Yards of	Name	of Regis	stered La	ndfill			
Name of Registered Waste Hauler			auler I		Waste							
Resource Management Group, LLC		100000	35218		TBD		Landfill					
City, State					Disposal Date	City, S Morris	State ville, PA))				
Trenton, NJ		17:	itle		Signature		, /	/		Date		0
Completed By (Print or Type)			nie reside	nt	MA		1 2			10/14	4/201	6
Mr. Brian J. Haney					1 / N JC	4	KH	_	_			
		1			1 833 0	A	-					

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10.0	01 -		Name	of B	uilding	Owne	/ Operator (2	2)			00	T 2	4 201	6		
e of Notification (1	9-12-2016		Kenne	dy L	Inivers	sity Hos	pitai		- -	land.			. 201		-	and the same
ncies Notified	Type Notification	on	Street 18 E.	Add	ress el Roa	nd		100		1			- various pro- v			-
EPA			City S	State	& Zip	Code		233425	Ī	A	SBE	STOS LICEN	CONTR	AOL &		1
DEP		ad	Stratfo	ord, l	NJ 080)48	11				- K 10	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1-			- 7
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DOH DCA	☐ Cance		Mr. Ja													
] DCA			F	ACI	LITY II	NFORM	MATION	(4)								
me of Facility Wh	ara Abataman	t is Taking Plac	e (3)			1	ype of Facility	(4)								
me of Facility vvn nnedy University I	ere Abatemen Hospital- MRI	area					School (K-	0 11	Other	than I	K-12)					
eet Address	100pital					1	☐ Subchapte ☐ Other (i.e.	. priva	ite &	comm	ercial	buildi	ngs, ho	mes, e	etc.)	_
E. Laurel Road							Square Feet		# of	Floors	S		Bldg.	Age 5		
L. Laaror res			County	Cod	la (7)		250 000	(2			5		
y (5) ratford, NJ		County (6) Camden	County	Coo	ic (1)	1	Current Use (F Hospital					ed)				
		Duilding Owne	r (8)	1/	ASCM	No.	Name of Abat	temen	t Cor	oracto	L (a)					
ame of Monitoring	Firm Hired by	Building Owne	,, (0)				Resource Mar	nager	nent	Gloup	, LLO					
iterion Laboratori	es						Street Addres 2115 Hamilton	n Ave	Suit	e 202						
reet Address 70 Progress Drive,	Suite J															
							City, State & Z	21p Ct	oue							
ty, State & ZIP Co	, State & Zip Code						Trenton, NJ 08619 License Number									
elisatem, 17t, 1962	salem, PA, 19020					r	Telephone Number 01185									
fr. Mike Panepresso	0		215-244-		-		Name of OSHA Monitor									
cheduled Start D		Scheduled Cor	mpletion D	ate	(11)		J&S Environi	menta	al Lab	orator	ries In	IC				
0 26 20	116		10-14-20	16			Street Addre									
Occupancy Status	During Abate	ment (Check or	nly one)	hate	ment		2333 Route :	22 W	est							
				Date			City, State &	Zip C	Code							
	nt Performed C	outside of Norm	nd shift 4:0	0pm	to 12:	30am	Union, NJ 0	7083								
Describe:	ccupied During	Abatement														
Scope of Work (C	theck all that a	pply)						\boxtimes	F	ull Cor	ntainr	nent w	ith Neg	gative F	ress	ure
Scope of Work (C	7110011 411 411		57	Dan	ovatio	n			N/	lini-Fn	closu	ire				
≥3 sf or ≥	:3 If				nolition				G	Slove E	Bag P	rocedu	Non-F	riable	Proc	edu
≥160 sf ≥	:260 If		_				Descript	ion of		IOII-LA	T	Amo	unt	Ab	atem	ent
	Location of		ls L	ocat	ion .		Asbestos-C	ontair	nina			(Spe	cify			п
Ask	oestos-Contair	ning	Norm	ally l	Usea		Material	(ACM)		-	SF or	· LF)	Re	R	Encapsular
	Material (ACM)	Mainte	enar	ice or		(i.e. therma	al syst	ems	т				Remova	Repair	pos
]	in Facility	ט	Custo	dial	Staff?		insulation, sur or other misc	racing	y, vn eous)				\alpha	=	laid
	(13)			(12)	N/A	4	Of Other Imac	Jonain	0000,						1	1
	()		Yes	No	N/A		on fire proofi	na			1,1	00 SF			부	1-
MRI area			-		ㅐ	Spia	OII INO PICOM	-						니님	+님	+
				님	十岩	+			8 		-			- -	十片	十
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											-				IL	
							Cubic Yards	of	Name	e of Re	egiste	ered La	andfill		Se Veille	
Name of Regist	tered Waste H	auler	190-5-2-1	I h	IJDEP Hauler	Waste	Waste	- 1		s Lan						
Resource Mana					03521		TBD Disposal Da	ate	City.	State						
City, State							TBD	2.70	Morr	isville,	PA	1		Dat	9	
Trenton, NJ					Title		Signature			/	1				12/20	16
Completed By	Completed By (Print or Type)					ent	VM	12		A	-/	1	_			
Mr. Brian J. Ha	ney						17/16	11/		4	VI					

CK 2172		NO.	TIFICAT (Pursu	State of N ION OF AS ant to NJA	BESTOS	ARATI	EMENT		E	C				
Date of Notification (1) 10/18/2016			Nam	e of Buildin	g Owner/(Operato	or (2)	11				-	Hammert on _	
Agencies Notified Type Notification	on			UNTY OF	F HUDS	ON		144	0	CT	2 4	1 20	16	of the same
				PAVONI	IA AVEN	JUE								The Name
DEP Amended				State, Zip C		.02		-	ASES	STO	30	ONT		
DOL Amendme	ent#			RSEY CIT		7306		Contract to		LICE	NS	ING	مد اسه	CC.
justificatio	n)	iing	F. 1. STATE OF THE PARTY OF THE	e of Contact				Te	elenhon	e Nur	nhei		rie Badustie	index 2 in
Cancellati	on			PH SAX							,,,,,			
Name of Facility Where Abatement is Tak	ing Plac	e (3)		CILITY INF			T (5						_	
HUDSON CO. ADMINISTRATIO	N BLD	G UNI	DERG	ROUND	GARAGI	F	Type of Facility	50.55						
Street Address						_	School (F Subchap	<-12)	nor than	. 1/ 40	14			
595 NEWARK AVENUE							Other (i.e	private	& comr	mercia) al bu	ildings	, hor	nes.
City (5) JERSEY CITY							etc.) Square Feet		of Floors			33900		
County (6)							,	1110	21 1 10013	3		Bldg.	Age	
HUDSON			Count	y Code (7) E USE ONLY	vı		Current Use (F	Prior if be	ing den	nolish	ed)			
Name of Monitoring Firm Hired by Building	Owner	/O\			"	_					e e e			
WHITMAN COMPANIES	Owner	(0)	ASC	CM No.		Name	ame of Abatement Contractor (9)							
Street Address							WO BROTHERS CONTRACTING, INC.							
7 PLEASANT HILL ROAD							treet Address 1 VREELAND AVENUE							
City, State, Zip Code							City, State, Zip Code							
	RANBURY, NJ 08512						TOTOWA, NJ 07512							
Project Manager for Monitoring Firm KEVIN LOVELY				one No.		Telephone No. License No.							_	
Start Date (10)				390-585		973-956-8700					0494			
11/1/2016	12/30	uled Co)/2016	mpletior	Date (11)			of OSHA Monito							
Occupancy Status During Abatement (Che							E AS (9) AB(OVE						
Facility Closed/Vacated During Entire	Doriod o	F A hata			1	Street A	ddress							
Abduller Performed Outside of Norr	nal Facili	tu Llaur	4		(City Sta	ate Zin Codo							
	RS: 6:00	PM - 3:	00 AM		_	o,, o	ity, State, Zip Code							
Scope of Work (Check All That Apply)	70.074													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova				×	Full Containment with Negative Pressure							
	П	Demoli	tion			Н	Mini-Enclosure Glovebag Procedure							
							Non-Exempte	cedure d (*) and	Non-Fr	riable	Proc	edure		
		s Locat										Abate		
Location of Asbestos-Containing Material (ACM)	Us	Normal ed Sole	ly by		Descr	iption o	f			_		Тур	е	
TO BE ABATED	M:	aintenai stodial S	nce/	Aspesto (i.e. t	os Contair thermal sy	ning Ma	terial (ACM)		nount pecify		_		Щ	ш
In Facility (13)	Out	(12)	otali!		surfacin	g. VAT.	or		or LF)		Removal	Repair	Encapsulate	nok
	Yes	NI-	N// 0		other miss	cellane	ous)				ova	oair	sula	Enclosure
NORTHEAST CORNER	res	No	N/A										te	Ф
	X		SPRA	Y ON FI	REPR	OOFING	18,00	00 SF	1	ζ .	j)		200	
NORTHEAST CORNER		X		PIPE IN	SULATI	ON IN	ICLUDING				1		1	
				ELB	BOWS A	ND JO	DINTS	3.00	0 SF	2	,		+	
NORTHEAST CORNER		X			-		ULATION		0 SF			-	-	
Name of Registered Waste Hauler			DEP W	aste	Cubic Yar		Contract to the contract of th			fill >				
TWO BROTHERS CONTRACTING	Hauler ID No. of Waste				100	lame of Registered Landfill								
City, State	18743 120 +/-			WASTE MANAGEMENT G.R.O.W.S.										
OTOWA, NJ	Disposal Date 12/30/2016													
Completed by	Signature			WORKSOVILLE, FA					_					
/IVECA RAMOS	T COORDINATOR Signature				Date 10/18/2016									

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 08/22/2016 initial; Oct	: 18, 2016 (add	litional qty.)	Name of Building Owner/Operator (2) E E W E Garden Homes
Agencies Notified (X) USEPA	Type of Notific	ation Notification	Street Address 820 Morris Turnpike OCT 2 4 2016
(X) NJDEP (X) NJDOL (X) DOH () DCA	() Emerge	dment # _ ency (includin	City, State, Zip Code Short Hills, NJ 07078 ASBESTOS CONTROL & LICENSING
(, , 5 6, 1	justifica () Cancel	ation) lation	Name of Contact Joe DeNivo
			ACILITY INFORMATION
Name of Facility Where Abatem Former Hackensack DF	ent is Taking Place PW Complex	(3)	Type of Facility (4) () School (K-12)
Street Address 66-70 Zabriskie	St		() Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.
City (5) Hackensack	County (6) Bergen	County Code (7 (State Use Only	
Name of Monitoring Firm Hired b	y Bldg. Owner (8)	ASCM No. N/A	Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.
Street Address 3300 Hudson Avenue			Street Address 3300 Hudson Avenue
<u>City, State, Zip Code</u> Union City, NJ			City State, ZipCode Union City, NJ 07087
Project Manager for Monitoring Fi David Camacho	Telephone Nu 201 325-00		Telephone Number (201)325-0055 License Number 01124
Scheduled Start Date (10) 09/06/2016	Scheduled Co 11/20/2010	empletion Date (1:	Name of OSHA Monitor ISES, Inc.
Occupancy Status During Abatem (X) Facility Closed/Vacated Dur () Abatement Performed Outsi () Other - Describe:	ing Entire Period of	Abstament	Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087
Source of Work (Check all that app	oly) (X) Demolition	() Renovation
) Minor Project (< 25 SF of) Small Project (>25 <160 X) Large Project (>160 SF of)	SF or >10 <260	LF ACM)	() Full Containment with Negative Pressure (X) Mini-Enclosure with Negative Pressure (X) Glove-bag Procedure and Wrap and cut procedure (X) Non-Exempted (*) and Non-Friable Procedure
ocation of Asbestos-Contain- ing Material (ACM)	Is Location Norma Solely by Maintenar		Description of ACM (i.e. thermal systems insulation, surfac- fy SF or LF) Amount (Speci- fy SF or LF)
To be Abated in Facility (13)	todial Staff? YES NO	N/A	ing, VAT, or other miscellaneous.) fy SF or LF) Re mo air length

1st and 2nd floors, 3r	1 1	1	1			
floors Additional materials found Former Police Head- quarters		X	VAT	~ 550 SFT additional materials found	×	
Building 8		X	TSI Pipe	~ 44 LFT	X	
Building 2 Attic Space (2 sections)		×	TSI Pipe (pipes were concealed by roof)	~ 30 LFT	X	
Attic (Roof undercoating) Former Administrative Offices and Warehouse Building		X	Mastic (Roof undercoating)	~ 23636 SF (~3,363 re- measured)	X	
Roof Built-up roofing Former Administrative Offices and Warehouse Building		X	Roof	~ 23636 SF (~3,363 re- measured)	X	
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.	NJDEP Wasi 50452	te Hauler ID #	Cubic Yards of Waste ~ 30	Name of Reg. Lan Grand Central 1963 Pen Argy	Sanitation	
<u>City State</u> 311 East Blackwell Street, I	Dover, NJ 07	801	Disp. Date 11/20/2016	City. State Pen Argyl, PA		
Name of Reg. Waste Hauler Newark Carting	NJDEP Wast 04509	e Hauler ID #	Cubic Yards of Waste ~ 30	Name of Reg. Land Grand Central 1963 Pen Argy	Sanitation	
<u>City. State</u> 311 East Blackwell Street, [Dover, NJ 07	801	Disp. Date 11/20/2016	City. State Pen Argyl, PA 1		
Completed by (Print or Type) David Camacho	Title Project Su	pervisor	Signature	Date 10/18/2016		



CK.	2507	ħ		CATION	ate of New Jers OF ASBESTO to NJAC 8:60 a	SABATE		Dr	EGI		V		
Date of Notification (1)	10/18/16			Name of	Building Owne	Operator	(2) 1/e55		OCT	2 4	2016	est , bergularing	U
Agencies Notified EPA DEP DDEP DOL	Type Notification Initial Amended Amendment # Emergency (ir		_ [ate, Zip Code	He	NJ	1	O8	35	NTAC #3	1.6	
DOH DCA	justification) Cancellation	,oiddii ig	34 8	Name of Eric P	f Contact lackis			Tal	anhan- M				
Name of Facility Where	Abatement is Taking	Place (3	3)	FACI	LITY INFORMA	TION	Type of Facil	ity (4)					
Street Address , Co				77 8 <u>4</u>			Other (i etc.)	pter 8 (Oth e. private	er than K-1 & commerc	ial buil			s,
City (5)	Melte						Square Feet		Floors 2		ildg. A		
County (6)	1900				Code (7) USE ONLY)		Current Use	(Prior if bei	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	No.	100000000000000000000000000000000000000	of Abatement k Industries		(9)				
Street Address							Address Box 915						
City, State, Zip Code						1	State, Zip Code k, New Jers		}				
Project Manager for Mon	itoring Firm			Telepho	ne No.	Telep	hone No. 2)899-7499		License N 01196	lo.			
Start Date (10)	27/16/	Schedyle	ed Com	pletion	Date (11)		of OSHA Mon	itor					
Occupancy Status During				,		Street	Address						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Pe ed Outside of Norma	I Facility	Hours	ent		City, S	State, Zip Code						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II That Apply)		Renovat Demoliti			land desired to the second sec	Mini-Enclo	sure Procedure	Negative I				
			Location								Abate Ty	ment	
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Normall d Solel intenar todial S (12)	y by nce/	Asbestos Co (i.e. them		Material (ACM) as insulation, AT, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
			Asbes	055	iding	191	DSF	8					
					0								
										+-			
Name of Registered Was	ste Hauler	1	11. 676	JDEP W auler ID		oic Yards Vaste /		of Registe OWS Inc	ered Landfil	1			
Brick Industries Inc. City, State			2	1602	Disi	oosal Date	2	2093 7.4	•				-
Brick, New Jersey		1	1/1//	h PA		10	ata						
Completed by Eric Plackis		Signatur	" WH	/	1	0/1	8/1	6_					

Ch 3437

Date of Notification (1)

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

<i>-</i> , , , , , , , , , , , , , , , , , , ,	1							,	III					
Date of Notification (1)							g Owner/Operator (2					202012		
10/	18 /	16			Son	nerdale I	Board of Educati	on		OCT	2 4	2016	5	
Agencies Notified	Type Notifica	ation			Street	Address								
⊠ EPA					301	Grace S	treet		L	ESTOS	3.00	NTR	01.8	
□ DOLWD	☐ Amended			Ì	City, S	tate, Zip C	Code		ASDI	LICE	NSI	NG	02.	
⊠ DOH	Amendme		-		Son	nerdale,	NJ 08083							
DCA (NJAC 5:23-8)	☐ Emergene justification		ing	1	1	of Contac			Telephone Nu	mber				
(110/10/0.20-0)	☐ Cancellat				Mel	issa Eng	elhardt							
					CONTRACTOR OF THE PARTY OF THE		IFORMATION		14					
Name of Facility Where A	Ahatement is T	aking Pla	ce (3)	1 //	JILIT III	II OKWATION	Type of Facility ((4)					
Somerdale Park Sc		aning i ic	0) 00.	1			1	School (K-12						
Street Address								☐ Subchapter 8	Other than K-					
301 Grace Street								Other (i.e., pr homes, etc.)		nercial b	uildin	gs,		
City (5)								Square Feet	# of Floors		lldg. A	000		
Somerdale								20,000	2		80 80	ige		
County (6)					Coun	tu Codo /7)(STATE USE ONLY)	Current Use (Pri		olished)	00			
Camden					Coun	ty Code (r	MATATE OOE ONLT)	School	or it being derik	Jiloneu)				
Name of Monitoring Firm	Hirad by Duile	dina Own	or /0\	_	ASCM	No	Name of Abatama						_	
			31 (0)	1	ASCIVI	INO.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Mgmt. & Enviro. Co	msulting Se	rvices					Street Address	minerital, LLC						
							623 Cutler Av							
PO Box 341								(10,1,101,10)						
City, State, Zip Code	F4F						City, State, Zip Co							
Chesterfield, NJ 08			- 1-				Maple Shade	, NJ 08052	Tresser					
Project Manager for Mon	itoring Firm				phone		Telephone No. License No.							
Bill Weisgarber				_1202	9-298		856-755-0099							
Start Date (10)		Scheduled					Name of OSHA M							
11 /9 /	_16_	11	-	10	_ / -	16	EMSL Analytical, Inc.							
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate						×302000	200 Route 13	0 North						
Abatement Performed Time of Abatement:							City, State, Zip Co	ode						
Time of Abatement.				101-		AIVI	Cinnaminson	, NJ 08077						
Scope of Work (Check al	I that apply)						□ Full Cont	rainmant with Non	ativo Propouro					
≥3 sf or ≥3 If		\boxtimes	Reno	vati	on		☐ Full Cont	ainment with Neg losure	ative Pressure					
☐ ≥160 sf or ≥260 lf			Demo				☐ Glovebag	g Procedure						
							☐ Non-Exe	mpted (*) and No	n-Friable Proce					
			Is Lo	ocat mal			Barrell 1997 (1997)			A		ent T	ype	
Location Asbestos-Containing		n L	Jsed S			Ashe	Description o stos Containing Ma		Amount	Re	Repair	Enc	Enc	
TO BE ABA			Maint				., thermal systems	insulation,	(Specify	Remova	oair	aps	Enclosure	
IN Facili	ty			12)	Staff?		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure	
(13)		Ye		No.	N/A		other miscellane	ous)				e		
Storage Boom Near 6	Storo					Pipe Fit	Hingo		2 LF					
Storage Room Near Stage						Pipe Fi			2 LF					
											-			
Music Room Storage				3	-	Pipe Fi	pe Fittings 3 LF							
Name of Registered Was	te Hauler			1000	JDEP \ auler II		Cubic Yards of Waste	Name of Regis		- 45:11				
15939						1		d County La	nann					
City, State						Disposal Date	City, State							
Freehold, NJ						11/10/2016 Newburg, PA								
Completed By (Print or Type) Title					Signature Date									
Christina Lynch Operations Manager						(Mana) 10/18/16								
							V1.W.	The state of the s						

State of New Jersey

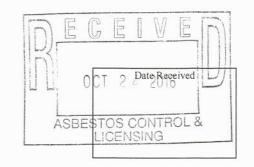
NOTIFICATION OF ASBESTOS ABATEMENT

MOCK

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

	eld Section 1															
Date of Notification (1)	October 19, 201	6			Name o	f Building (& Recycling	THE E.C	3 NEd		33	M		
Agencies Notified [X] EPA [] DEP [X] DOL	[X] Amer	Notific ided No idment	tification		Street A	address			, NJ 07762	D OCT	2 2	1 20	6			
[x] DOH	justifi	ication) ellation	morading		Name o	f Contact Richar	rd Hyde		Te	elephope Sumber	os c	ONT	ROL 8	ý.		
				FAC	CILITY	INFORM	ATION									
Name of Facility Where Al	batement is Taking sidence	Place (3	3)					Туре	of Facility (4)	School (k-12) Subchapter 8 (oth	nor thos	. k 12\				
Street Address)							[x]	Other (i.e., privat homes, etc.)			al build	ings,		
City	CONTRACTOR OF THE PROPERTY OF	Coun	ty (6)		County C	Code (7) USE ONL	v)	Squar	re feet 700 sf	# of Floors	Bldg	g. Age	0			
Point Pleasa	nt Beach	Oce	an		OTTTL	OOL OIVE	,	Curre		l 1 being demolished)						
Name of Monitoring Firm	Uirad by Duilding	Dumar (9\		ASCM N	To I	Name of	Abotam	Residen	ence						
Name of Monitoring Pitti		JWIIEI (0)		ASCIVIT	NO.	INAMINE OF	Abaten		n Contracting,	Inc.					
Street Address							Street Ad			oute 9, Unit 61						
City, State, Zip Code				City, Stat	te, Zip C		iver, New Jersey 08755-1271									
Project Manager for Monit	Number			Telephon 732-34		per	License N 00624		755 1.							
	Scheduled Start Date (10) Scheduled Com 10/19/16 10/20/16						Name of			Analytical						
Occupancy Status During	Abatement (Check of ility Closed/Vacated			i of Aba	Street Address patement					elton Road						
	itement Performed (City, Stat	ta 7in (onon road	-					
[] Oth	er – Describe						City, Stat	ic, zip c		vay, New Jerse	y 088	54				
Scope of Work (Check all	that apply)						[]			with Negative Pres	sure					
[] >3 s	sf or ≥3 lf		[]	Renova	ation		[]		ini-Enclosure ovebag Procedu	re						
	0 sf or ≥260 lf		[x]	Demol			[x]	No	on-Exempted (*)	and Non-Friable l	Procedu	ire				
					1						Abat	ement '	Гуре			
			Is Location	ı			Descriptio				R	R	Е	Е		
Location			Normally us				estos-Cor		g	Amount	E	Е	N	N		
Asbestos-Containing N TO BE ABA	100	Maii	Solely by ntenance/Cu				Material (A		S	(Specify SF or LF)	M	P A	C A	C		
in facilit			Staff				ulation, su	rfacing			0	I	P	0		
(13)			(12)			oth	VAT, o er miscella		\		V A	R	S	S		
		YES	S NO	N/A		Otti	ei iiiisceiia	aneous)		L		L E	R E		
Exterior X					Ashe	stos sidir	10			500 sf	X		E	E		
BALLATOI			11		11500	bros brain	.5	-			1					
								27								
Name of Registered Waste Guardian Co	Hauler ontracting, Inc.		NJDEP Waste	e Haulei 0223	r ID No.	Cubic Ya	ards of Wast	te N	lame of Register T.R.R.F.	ed Landfill						
City, State Dispo					sal Date	·	City, Sta									
Toms River, New Jersey 10/2						ture	Tully	own, I	Pennsylvania		Date	:				
Completed by (Print or Type) Nicholas Fernicola Title Project Manager						V) -	12	/'		10/	19/20	16			

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



DEMOLITION / RENOVATION NOTIFICATION

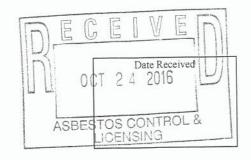
Operate	or Project #:	Postmark:		Notificati	on:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - Ca	ancelled):	R	II.	IS ASBESTOS PRESENT? (Y	es/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contractor	r and other of	operator)				
	OWNER NAME: Lynx Waste & Recyclin	g, Inc.					
	Address: P O Box 188						
	City: Spring Lake State:	New Je	rsey	Zip:	07762		
	Contact: Richard Hyde			Tel:	732-762-7365		
	REMOVAL CONTRACTOR: Guardian Contraction	racting, Ir	ıc.		NJ License: 00624	1	
	Address: 1889 Route 9,	Unit 61					
	City: Toms River State:	New Je	rsey	Zip:	08755		
	Contact: Nicholas Fernie	cola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: State:			Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R -	- Renovation	E - Emergency Re	novation):	D		
V.	FACILITY DESCRIPTION (Including building name, number a	nd floor or r	oom number)				
	Building Name: Residence				6		
	Address: 16 Danby Place						
	City: Point Pleasant Beach State:	New Je	rsey	County:	Ocean		
	Site Location: Exterior						
	Building Size: 700 sf # of Floo	rs:	1	Age in Y	ears: 80		
	Present Use: Residence		Prior Use:	Residen	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF AF	PROPRIAT	TE, USED TO DETEC	CT THE PRE	SENCE OF ASBESTOS MATER	UAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	T			T	Nonf	riable
100000000			RACM			Asbestos	Material To Be
	Regulated ACM to be removed Category I ACM not removed		To Be Removed		LOCATION		oved
	3. Category II ACM not removed		Removed	music director		Cat I	Cat II
	Pipes (Linear feet):						
	Surface Area (Square feet): 500 sf	Asbesto	os siding		Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/19/1	16	Complete: 10/	20/16	

	NOTIFICATION	OF DEMOLITIC	ON AND RENOVA	TION (continued)	FIVEDI
х.	DESCRIPTION OF PLANNED DEMOLITION O	R RENOVATION WOR	K, AND METHOD(S) TO	BE USED 0C	T 2 4 2016
xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE:	NGINEERING CONTRO	DLS TO BE USED TO PRE	ASBEST	BESTOS AT THE DEMOLITION OS CONTROL & CENSING
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed around the building will be placed by non-friable procedures.				below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting, I	nc.		
	Address: 188	9 Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip: 03	8755
	Contact Person: Nich	nolas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
	Location: Boro	dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip: 19	9007
	Telephone: 215-943-9732		Permit #: 10)1494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEASI	E IDENTIFY THE AGENC	Y BELOW AND ATTACH	COPY OF ORDER
	Name:		Title:		
	Authority:		T		
	Date of Order (MM/DD/YY):		Date Ordered to Begin (N	MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condit	ions or would cause equip	pment damage or an unreaso	onable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE			SBESTOS IS FOUND OR PI	REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NOR	VIDENCE THAT THE R	REQUIRED TRAINING HA	AS BEEN ACÇOMPLISHED	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Op	perator)	October 19, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	I IS CORRECT.			
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Op	perator)	October 19, 2016 (Date)

State of New Jersey

C430007	FICATION (Purs	suant to	NJAC 8:6	50 an	d 12:12	0)	month months data - BETS N	DEG		\mathbb{V}					
Date of Notification (1) October 19, 2016			Na	ame of Buildi	ng Ov	vner/Opera Stephe	ntor (2 n For	tunak	05	35	Q046	7	灲		
Agencies Notified [X] EPA [] DEP [] Amende Amendr	otificatio d Notific			reet Address	Code	Lovitte	N177	PA 19057	ASBESTO LIC	S CC	NTR ING	OL &			
[X] DOL [] Emerger justifica	ncy (inclution)	ıding	N	ame of Conta	ct	Stephe	81,	Te	elephone Number						
[] DCA		-	CACIL	ITY INFO	DM/	TION									
Name of Facility Where Abatement is Taking Pla Residence	ace (3)	1.	ACIL	III INIO	KIVIT	THON	Тур	e of Facility (4)	School (k-12) Subchapter 8 (other						
Street Address								[x]	Other (i.e., private homes, etc.)			buildin	igs,		
City Beach Haven West	County (Ocean	6)		ounty Code (7 TATE USE ()		are feet 1000 sf rent Use (Prior if Resider	# of Floors 1 being demolished)	Bldg.	Age 60				
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)		A.	SCM No.		Name of	Abate	ment Contractor	ctor (9) rdian Contracting, Inc.						
Street Address				Street Ac			oute 9, Unit 61				_				
City, State, Zip Code				City, Sta		Toms F	River, New Jerse		55-12	71					
	Project Manager for Monitoring Firm Telephone Num Scheduled Start Date (10) Scheduled Com					732-34	9-99		00624						
Scheduled Start Date (10) 10/31/16 Occupancy Status During Abatement (Check or		11/1/16	Inpletion	Street Address				E.M.S.	L. Analytical						
[X] Facility Closed/Vacated [] Abatement Performed O	During E utside of	ntire Period o Normal Facil	ity Hour	City, State, Zip Code Piscataway, New J						y 088	54				
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix} $		r a	enovatio			[[[[x	j]	Mini-Enclosure Glovebag Proced	with Negative Pressure ure *) and Non-Friable I		re				
[X] 2100 31 01 2200 11		L - J								Abat	ement ?	Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custod Staff (12) YES NO N/				-	Asl (i.e ins	Description of sbestos-Contai Material (ACN e., thermal sys- sulation, surfa VAT, or ther miscellane		ing) ems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior		Asbestos	sidi	ng			950 sf	X							
Exterior X															
	•														
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	JDEP Waste	223		ibic Y	ards of W		Name of Regis T.R.R.F.	tered Landfill						
City, State Disp Toms River, New Jersey 11/2				Date Signature	_	City, Tull	State ytow	, Pennsylvan	ia	Dat	e	7-2			
Completed by (Print or Type) Nicholas Fernicola Title Project Manager				Signature		>-		tel		10	/19/20	16			

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



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Postmark	(C)	Notificat	on:							
I. TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled)	: O	II.	IS ASBESTOS PRESENT? (Y	es/No):	Y					
III. FACILITY INFORMATION (identify owner, removal co	ntractor and oth	er operator)									
OWNER NAME: Stephen I	Fortunak										
Address:											
City: Levittown S	tate: PA		Zip:	19057							
Contact: Stephen Fortunak		71	Tel:	215-208-5821							
REMOVAL CONTRACTOR: Guardian	Contracting	, Inc.	***************************************	NJ License: 00624	1						
Address: 1889 Rou	ite 9, Unit 61	1									
City: Toms River S	tate: New	Jersey	Zip:	08755							
Contact: Nicholas	Fernicola		Tel:	732-349-9932							
OTHER OPERATOR (if different)				NJ License:							
Address:											
City; S	tate:		Zip:								
Contact:			Tel:								
IV. TYPE OF OPERATION (D - Demo O - Ordered Dem	no R - Renova	ation E - Emergency l	Renovation):	D							
V. FACILITY DESCRIPTION (Including building name, n	umber and floor	or room number)									
Building Name: Residence											
Address: 31 Florence Lane											
City: Beach Haven West S	State: New	v Jersey	County	Ocean							
Site Location: Exterior											
	# of Floors:	1	Age in	Years: 60							
Present Use: Residence		Prior Use:	Reside	ence							
VI. PROCEDURE, INCLUDING ANALYTICAL METHO	D, IF APPROPI	RIATE, USED TO DET	TECT THE PR	ESENCE OF ASBESTOS MATE	RIAL:						
6											
IS MATERIAL ASSUMED TO BE ASBESTOS?	n.o.				Nonfi	riable					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUD	DING:	2720			Asbestos	Material Γο Be					
Regulated ACM to be removed Category I ACM not removed		RACM To Be		LOCATION		ioved					
Category I ACM not removed Category II ACM not removed		Removed			Cat I	Cat II					
Pipes (Linear feet):											
Surface Area (Square feet): 950 sf	Ast	pestos siding		Exterior							
RACM Off Facility Component (Cubic feet):											
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/	YY) Sta	art: 10/3	31/16	Complete: 11	/1/16						

	NOTIFICATION (OF DEMOLITION	ON AND RENOVA	TION (continued)	ECEIVER
х.	DESCRIPTION OF PLANNED DEMOLITION OR I	RENOVATION WOR	K, AND METHOD(S) TO	D BE USED	OCT 2 4 2016
xi.	DESCRIPTION OF WORK PRACTICES AND ENG AND RENOVATION SITE:	GINEERING CONTRO	OLS TO BE USED TO PR	EVENT EMISSIONS OF AS	HESENSON THEIDEMOLITEON LICENSING
	Prior to removal, the work area around the building will be re removed by non-friable procedures. All waste will be placed	pped off with caution tape in double 6 mil. Bags, se	and warning signs. Plastic shealed and labeled and placed in	eeting will be placed on the ground a locked container for disposal.	d below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Guard	ian Contracting, I	nc.		
76.11		Route 9, Unit 61			
	City: Toms River		New Jersey	Zip: (08755
		las Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.R	.F.			
AIII.	772.00 1 20 20 20 20 20 20 20 20 20 20 20 20 20	ntown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732	, a.c.		101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMEN	NT AGENCY, PLEAS		ICY BELOW AND ATTACH	COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin	(MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS		-1		
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condition	ns or would cause equ	ipment damage or an unrea	asonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED	OWED IN THE EVEN PULVERIZED, OR	IT THAT UNEXPECTED REDUCED TO POWDER	ASBESTOS IS FOUND OR	PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EVI AVAILABLE FOR INSPECTION DURING NORM	IDENCE THAT THE	REQUIRED TRAINING	HAS BEEN ACCOMPLISHE	D BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/	Operator)	October 19, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		.	
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(Signature of Owner/	Operator)	October 19, 2016 (Date)

1049 C113830) / N	-	(Pursuant to NJAC 8:60 and 12:120)							EG			E	n		
Date of Notification (1) 10/17/16	17223110 (S.2.1			Building er Indus		perator	(2)	30	K		0.1	201	^			
Agencies Notified Type Notifi	cation		Street A	ddress State Str	eet.			ЦЦ	001	24	201	0	F			
EPA			City, Sta	te, Zip Co	de		ASBESTOS CONTROL &									
Emer	dment # gency (including			Amboy,	NJ 088	361			LICENSING Telephone Number							
	cation) ellation		Ivanie oi	Contact					100	sprione ivo	mber					
FACILITY INFORMATION									4)							
Auchter Industries								School (K-1	2)							
Street Address 1200 State Street							×	Subchapter Other (i.e. p				dings,	home	es,		
City (5)				1000				etc.) re Feet	# 0	Floors	E	Bldg. A	ge			
Perth Amboy County (6)			County (Code (7)	15-1011-1011		Curre	ent Use (Pri	or if hei	na demolis	thed)					
Middlesex County				JSE ONLY))		Ourio		JI 11 DOI	ng domone	, nou					
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCN	l No.				tement Cor ment	tractor	(9)						
Street Address				101111111111111111111111111111111111111			Addres									
City, State, Zip Code		11-2002/					1009 87th Street Suite A4 City, State, Zip Code									
Oity, Otato, Zip Godo						North Bergen, NJ 07047										
Project Manager for Monitoring Firm Telephone No.							one No 293-6			License N	No.					
Start Date (10)	Schedule		pletion I	Date (11)		Name	of OSH	HA Monitor								
10/31/16 Occupancy Status During Abatement	11/14/1	200					MAMM CONSULTING LLC t Address									
Facility Closed/Vacated During			ent				600 ROUTE EAST SUITE 107									
Abatement Performed Outside of Other – Describe:					_ [7.0	, State, Zip Code NON NJ 07083									
Scope of Work (Check All That Apply		HIRE TO L					7									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovat emoliti				×	Mir Glo	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	Is	Location	on				Abati					ement				
Location of Asbestos-Containing Material (A0	Lico	lormall d Solel		Ashas	Description of Amount Amount							1)	pe			
TO BE ABATED In Facility	iviai	ntenar odial S		(i.e.	thermal	system cing, VA	s insula	ation,	(5	Specify or LF)	Remova	Re	Encapsulate	Enclosure		
(13)		(12)				niscellar				/	ioval	Repair	sulat	osure		
T 1 700 704	Yes	No	N/A			O4h			2/	00.05			(D			
Tank 700 , 701 Tank 702, 703						Other TSI				00 SF 5 LF	x					
Talik 702, 703						101				O LI	-					
Name of Registered Waste Hauler NJDEP Waste Cubic Yar Hauler ID No. of Waste									0.70	red Landfi						
NEWARK CARTING Hauler ID No. 04509 of Waste										IAGEME	:NT G	ROV	VS N	1.		
City, State HILLSIDE, NJ					Dispos	al Date	^	City, Stat MORRI		E PA						
						ignature	JUN	n Mick	A	1	ate 0/17/	16				

Pen Argyl PA 18072 Completed by LUIS ARCILA

Title President TDB Signature

Pen Argyl PA 18072

Date 10/17/2016

Ch 110	7			FICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		Т		G	<u>E</u>								
Date of Notification (1) 10/12 2016				Name o	The same of the sa	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OCT	2 4	20	16										
Agencies Notified EPA	Type Notification	1			Address ountry C	try Club drive Suite 200 ASBEST								OS CONTROL &						
DEP DOL	Initial Amended Amendmen	nt #			ate, Zip C nington,			L	LICENSING											
DOH DCA	Emergency justification Cancellatio)		Name o		Telenhone Number														
				FAC	ILITY INF	ORMAT	ION													
Name of Facility Where Philipsburg Industr						Тур	e of Facility School (K-													
Street Address 159 Bronico Way B	BLDG.12							7	Subchapte Other (i.e. etc.)	r 8 (Other t			dings	, hom	es,					
City (5) Philipsburg, NJ 088	365								are Feet 026	# of FI	oors		3ldg. /		i					
County (6) Warren					Code (7) USE ONLY	n			rent Use (Pri cant	ior if being	demolisi	ned)								
Name of Monitoring Firm Alpha Environment	Hired by Building al Services	Owner (8))	ASCI 589	M No. 67		Name Divir	of Ab	evelopme	nt Contractor (9) pment LLC,										
Street Address 3401 Foster ave.#4	.B				Street 572		ess th 12 stree	8 8 8												
City, State, Zip Code Brooklyn NY 11210			City, State, Zip Code Newark NJ 07103																	
Project Manager for Mon Olumide Ajandeji	ne No. 171860		Teleph 9172	none l	No.		icense N 1294	0.												
Start Date (10) 10/28/2016		Schedul 12/31/		mpletion	Date (11)		Name of OSHA Monitor Divine Development LLC,													
Occupancy Status During	Abatement (Che	ck Only Or	ne)			Street Address														
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire	Period of	Abater	nent s	City, State, Zip Code															
Scope of Work (Check Al	I That Apply)						New	ark I	NJ 07103											
≥3 sf or ≥3 if ≥160 sf or ≥260 if	т тпат Арріу)	The second second	Renova Demoli				7	M G	ull Containmoini-Enclosure lovebag Procon-Exempted	e cedure	-			e						
Location	of	11833	Locat			-								ement pe	t					
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Ma	d Sole intena todial ((12)	nce/		tos Conta thermal surfac		lateria insu T, or	lation,	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure					
		Yes	No	N/A										te	ш					
Subway Tunne				X			Insula			759		X								
Roof, Boiler				X			V. 2011#		Glazing	7090		X								
Boiler Ro				X	Boile	er,Duct,	0.000.000.000		ation	5550		Х								
Boiler Room X							Insulat	tion		2870		Х								
Name of Registered Wast Newark Carting	e nauler		H	IJDEP W lauler ID 4509	1000	of Was	Name of Registered Landfill IESI Landfill													
City, State Newark NJ						Dispos TBD	al Date		City, State Bethleh		7112			*****						
Completed by Jovan Surdoski		Title	or			Si	gneture	7	11	/	Dat	te /12/	0016	2	_					

Print-Form,

Ch1109		1		ICATION	tate of New N OF ASBE to NJAC 8:	STOS A	BATE		NT		E C			V/	EI		
Date of Notification (1) 10/12 2016				Name of Building Owner/Operator (2) Opus KTV													
	ype Notification			Street A	Address ountry Clu	b drive	e Suite	e 20	00	UL	00	2	1 20	716	1 3		
PA DEP DOL	Amended Amendment #				ate, Zip Cod ington, PA				***************************************	A	SBEST	OS C	ONT	ROL	- &		
DOH DCA	Emergency (in justification) Cancellation	cluding		Name o Rob E	of Contact Banks					Tel	ephone N	umber	- 1/11:				
				FAC	ILITY INFO	RMATIC	ON										
Name of Facility Where Aba Philipsburg Industrial	3)					Ту	pe of Facility (School (K-1										
Street Address Lokomotiv Shed						V	Subchapter	er 8 (Other than K-12) private & commercial buildings, homes,									
City (5) Philipsburg, NJ 08865							juare Feet 300	#0	f Floors	Bidg. Age 97 years							
County (6) Warren		County Code (7) (STATE USE ONLY)					irrent Use (Pri	or if bei	ng demoli	shed)							
Name of Monitoring Firm Hir Alpha Environmental S							le of Abatement Contractor (9) rine Development LLC,										
Street Address 3401 Foster ave.#4B							t Address South 12 street										
City, State, Zip Code Brooklyn NY 11210							state, Zip Code ark NJ 07103										
Project Manager for Monitori Olumide Ajandeji							No. 5472	License No. 01294									
Start Date (10) 10/22/2016								e of OSHA Monitor ne Development LLC,									
Occupancy Status During Ab	patement (Check	Only On	e)			ress											
Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire Pe Outside of Norma	riod of A Facility	batem Hours	ment 572 South 12 streets city, State, Zip Code Newark NJ 07103													
Scope of Work (Check All Th	nat Apply)						14011	arit	140 07 100								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	4,77,	(Married Co.)	enova emoliti	lition A					Full Containment with Negative Pro- Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable								
Location of			Locati	(500)		_							Abatement Type				
Asbestos-Containing Mat TO BE ABATE In Facility (13)		Mai Custo	d Solel ntenar odial S (12)	nce/ Staff?	(i.e. th		ystems ng, VA	later ins T, or	r	A (S SF	Removal	Repair	Encapsulate	Enclosure			
Roof		Yes	No	N/A X	В	Roof ar	nd flus	shin	na l	294	59 SF	X					
	HOOI					ioor ar			.9	2959 SF		A					
Name of Registered Waste H	lauler		N.	JDEP W	aste (Cubic Y	ards		Name of F	Reniste	red I andfi						
Newark Carting	2502B		Ha	auler ID I 4509	No.	of Waste AS nee	е		IESI La		. Ju Cultull						
City, State Newark NJ						Disposa TBD	I Date		City, State Bethleh		Ą						
Completed by Jovan Surdoski Title Owner					Signature						Date 10/12/2016						

CK1109	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)											E	m							
Date of Notification (1) 10/12 2016		Name of Building Owner/Operator (2) Opus KTV																		
Agencies Notified Type Notification		Street Address 55 Country Club drive Suite 200									00	F-2	4	2016)					
EPA Initial Amended Amendment				ate, Zip Co ington, I			0.5		ASBESTOS CONTROL & LICENSING											
DOH justification) DCA Cancellation	including										Telephone Number									
	FACILITY INFORMATION																			
Name of Facility Where Abatement is Taking Place (3) Philipsburg Industrial Park							Type of Facility (4) School (K-12)													
Street Address 223 Cameron Drive BLDG.101						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)										es,				
City (5) Philipsburg, NJ 08865								uare Feet 00	- 1	# of F 1	loors	i			g. Age years					
County (6) Warren	County Code (7) (STATE USE ONLY)							rent Use (P cant	rior if	being	dem	nolish	ed)							
Name of Monitoring Firm Hired by Building O Alpha Environmental Services	Owner (8))	ASCN 5896			Name Divir	of Al	evelopm	ontrac	ctor (9	9)									
Street Address 3401 Foster ave.#4B						Street 572		ess th 12 stre	street											
City, State, Zip Code Brooklyn NY 11210						City, State, Zip Code Newark NJ 07103														
Project Manager for Monitoring Firm Olumide Ajandeji								Telephone No. Licens 9172165472 0129						nse No. 94						
Start Date (10) 10/25/2016								e of OSHA Monitor rine Development LLC,												
Occupancy Status During Abatement (Check		a de				Street Address 572 South 12 street														
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, State, Zip Code Newark NJ 07103														
Scope of Work (Check All That Apply)																				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Designation of the last of the	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure														
	Is	Locati	on			Abatement														
Location of		Normal	ly		Des	scription	of						_	Ту	pe	-				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/		thermal surface	aining M systems cing, VA niscellan	s insu T, or		Amount (Specify SF or LF)				Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A												Ф					
Storage			X	12X12ir	nch. flo	oor tile	s an	nd mastic		484	SF		Х							
							- 10-10-1					- 1								
Name of Registered Waste Hauler Newark Carting	Hayler ID No.							Name o			ed Lar	ndfill								
City, State Newark NJ	V III— SEE				Dispos TBD	sal Date	I Date City, State Bethlehem PA													
Completed by Jovan Surdoski	Title Owner						1	Date 10/12/2016												