

Date of Notification (1) AUG 28, 2016					Name of Build		r/Operator (2)	)				
AUG 28, 2016					NESTLES US	А		5 6	E I	11/7	IS I'm	1
Agencies Notified (X) EPA		Notification (X) Initial N			Street Addres 61 JERSEYVI			5 6	لا كا	<u> </u>		Octobring Constitution of the Constitution of
(X) DEP (X) DOL (X) DOH		( ) Amende ( ) Cancelle	ed Certifica		City, State, Zi FREEHOLD,		And the second s		1.4			7
(X) DCA					Name of Con WILSON ROE			Tel.N	umber	···-RC	)L &	
				FACILITY IN	FORMATION			LI	CENSI	NG	-	_i
Name of Facility Where A	Abatement is	Taking Plac	e (3)		Type of Facili ( ) School (K ( ) Subchapte	-12)	than K-12)					
Street Address					(X) Other (i.e.			ldgs., h	omes, e	etc.		
City (5) FREEHOLD	County (6) MONMOUT	'H	County ( (State Us		Sq. Feet1,0 Bldg. Age 71 Current Use (			'4' EVC	TORY			
Name of Monitoring Firm	Hired by Bl	dg. Owner	ASCM N	0.	Current Ose (	prior ir ber	Name of Co	ntracto				
							Absolut Ao	0 1110.				
NA Street Address					Street Address PO BOX 295	SS						
City, State, Zip Code					City State, Zij		932					
Project Manager for Mor Firm	itoring	Telephone	Number		Telephone No (973) 410-921			<u>Licens</u>	se Numl	ber		
Scheduled Start Date (10 SEPT 9, 2016	<u>))</u>	Scheduled SEPT 9 ,20		n Date (11)	Name of OSH MECS	A Monitor						
Occupancy Status Durin () Facility Closed/Vacate () Abatement Performed	ed During En	tire Period o	f Abateme		Street Addres 5 Linwood Ct		=					
Describe					City, State, Zi Hamilton, NJ		6					
Other - Describe- PLAN	T IS OPEN				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Source of Work (Check a	all that apply	)										
(x) Demolition () Re (X) Large Proj. (>160 SF (X) Full Containment with	or >260 LF A				260 LF ACM) K ) Glovebag F		Proj. (<25 SF	or <10	LF ACN	Л)		
Location of Asbestos- Containing Material (ACI in Facility (13)	VI) Solely Staff?			Description o thermal syste insulation, su	ms rfacing, VAT,	Amount	(Specify SF o	or LF)		ment Ty		
BASEMENT- Floors 1- ROOF	YES	NO	NA	or other misc Boiler,pipe in Roofing, Tile		25,000 s	quare feet		Rem.	Rep.	Encap	X
ROOI				Rooming, The								
Name of Reg. Waste Hauler NJDEP W			ata Haular	ID #	Cubic Yards	of Mosto		Nama	of Pag	Landfil	1	
Name of Reg. Waste Hauler BY OWNER  NJDEP Wa			ste nauter	<u>ID#</u>	200	oi vvaste		ivame	or neg.	Lanum	1	
City, State				0	Disp. Date		2	City, Sta	ite			
Completed by (Print or Type) Title					Signature			<u>Date</u>				
ROBERT GROGAN		<u>VP</u>			19/	/		8/28/2	016			

Date of Notification (1) Name of Building Owner/Operator-(2) Aug 28 2016 PSEG Fossil, LLC Notification Type Agencies Notified Street Address 80 Park Plaza (X) EPA (X) Initial Notification (X) DEP ( ) Amended Certification City, State, Zip Code (X) DOL ( ) Cancelled Newark, NJ 07102-4109 (X) DOH (X) DCA ASTERSALMENTAL ROL& Name of Contact Domenic Fiorino FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **HUDSON GENERATING Station** ( ) School (K-12) ( ) Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. DUFFIELD & VAN KUEREN ST Sq. Feet\_\_1,000,000\_\_\_\_\_ # of Floors 8 County (6) County Code (7) JERSEY CITY HUDSON Bldg. Age 68 (State Use Only) Current Use (prior if being demolished) Electric Generating Station Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Absolut Ace Inc. Street Address Street Address PO BOX 295 City, State, Zip Code City State, ZipCode FLORHAM PARK, NJ 07932 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number (973) 410-9217 00225 Scheduled Start Date (10) Sept 5, 2016 Scheduled Completion Date (11) Name of OSHA Monitor Sept 9, 2017 MECS Occupancy Status During Abatement (Check only one) Street Address ( ) Facility Closed/Vacated During Entire Period of Abatement 5 Linwood Ct ( ) Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Hamilton, NJ 08690 Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage Source of Work (Check all that apply) (X ) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure Location of Asbestos-Is Location Normally Used Description of ACM (i.e. Amount (Specify SF or LF) Abatement Type Containing Material (ACM) in Solely by Maint./Custodial thermal systems insulation, Facility (13) Staff? (12) surfacing, VAT, or other Encap Enclose YES Rem. Rep. NO NA miscell.) Boiler Basement- 11fll, X Boiler &Pipe insulation, 25,000sf X X X X Warehouse and Garages Transite & Tile Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Reg. Landfill Waste Management of New Jersey 17273 Tullytown Resource Recovery 300 City, State Tullytown, PA 19007 City, State Disp. Date Elizabeth, NJ 07114-2436 Completed by (Print or Type) Date Title Signature

8/28/16

ROBERT GROGAN

VP

			NOTIF	ICATION OF AS (Pursuant to N.	BESTOS ABAT J.A.C. 7:26-2.12			X	9	21	14	
Date of Notification (1) AUG 28, 2016					Name of Build PSEG Fossil,		Operator (2)	F (				
Agencies Notified (X) EPA		Notification (X) Initial No			Street Address 80 Park Plaza		N.	1	-5 1	A 20	16	
(X) DEP (X) DOL (X) DOH		( ) Amende ( ) Cancelle	d Certificat	tion	City, State, Zig Newark, NJ 0				)Li			
(X) DCA					Name of Conta			TelitN	umber S	CON	THUL-	2
				FACILITY IN	FORMATION							
Name of Facility Where A Sewaren Generating Sta		aking Place (	3)		Type of Facilit ( ) School (K- ( ) Subchapte	12) r 8 (other th						
Street Address 751 Cliff Road					(X) Other (i.e. Sq. Feet_1,0							
City (5) Sewaren	County (6) Middlesex		County C (State Us	se Only)	Bldg. Age 68 Current Use (p	orior if being				ating St	tation	
Name of Monitoring Firm I	Hired by Bldg	. Owner (8)	ASCM N	0.			Name of Co Absolute A		(9)			
Street Address					Street Address PO BOX 295	<u> </u>						
City, State, Zip Code					City State, Zip Florham Park							
Project Manager for Monit	oring Firm	Telephone I	Number		Telephone Nu (973) 410-921			Licens 00225	e Numb	<u>er</u>		
Scheduled Start Date (10) SEPT 9, 20165		Scheduled ( SEPT 9, 20		Date (11)	Name of OSH MECS	A Monitor						
Occupancy Status During ( ) Facility Closed/Vacate ( ) Abatement Performed	d During Enti	re Period of A	batement		Street Address 5 Linwood Ct							
Describe					City, State, Zip Hamilton, NJ							
Other - Describe Two Sh		s each, 24 ho	our plant c	overage							1	
Source of Work (Check all												
(X) Large Proj. (>160 SF of X) Full Containment with Location of Asbestos-	Negative Pre		Mini-Encl	losure (X)	Glovebag Proce	dure	oj. (<25 SF or					
Containing Material (ACM Facility (13)	) in Solely Staff?	by Maint./Cus (12)	stodial	Description of thermal system surfacing, VAT	ns insulation,	Amount (	Specify SF or	LF)	Rem.	ment Ty	<u>pe</u> Encap	Enclose
Nos.1, 2,3 & 4 Units, Floo 1-8, WAREHOUSE & GARAGES						25,000 s	quare feet		X	X	X	X
							2 1					
Name of Reg. Waste Haul Waste Management of N		NJDEP Was 17273	ste Hauler I	ID#	Cubic Yards of 200	f Waste			of Reg. own Re		Recove	ry
City, State Elizabeth, NJ 07114-2436	3					^	Disp. Date			City, Sta Fullytow	<u>te</u> /n, PA 1	9007
	Completed by (Print or Type) Title							<u>Date</u>				
ROBERT GROGAN		<u>VP</u>				1		8/28/2	016			

			NOTIF	FICATION OF AS (Pursuant to <u>N.</u>	SBESTOS ABAT J.A.C. 7:26-2.12			YL	9	JL	14	
Date of Notification (1) AUG 28, 2016					Name of Build		Operator (2)	居 (	0 E	l W		-
Agencies Notified		Notification	Type		Street Addres						1	
(X) EPA		(X) Initial N	otification		80 Park Plaza	3		SE	P 1	4 201	ā	7)
(X) DEP		( ) Amende	d Certifica	tion	City, State, Zi	p Code	) tred trees			70.00		
(X) DOL (X) DOH		( ) Cancelle	ed		Newark, NJ 0	7102-4109		CDEC	TOO	ONITE		
(X) DCA					Name of Cont	act		SBES I TAL N	105 C	UNIF	ULa	1
				EA OU ITY IN	Domenic Fio	rino	homeone					
Name of Facility Where A	batement is T	aking Place (	3)	FACILITY IN	Type of Facilit	v (4)						
KEARNY GENERATING		annig r idoo (	<u>01</u>		( ) School (K-	12)						
Street Address					( ) Subchapte (X) Other (i.e.			as how	on oto			
FOOT OF HACKENSACE	( AVE				(X) Other (i.e.	private & Ci	ommerciai biu	gs., non	ies, etc.			
011 (5)					Sq. Feet1,0	00,000		# of Flo	ors 8			
City (5) KEARNY	County (6) HUDSON		County C (State Us		Bldg. Age 78							
New Mileson			Totate 0.	se Only)	Current Use (	orior if being	g demolished)	Electric	Gener	ating St	ation	
Name of Monitoring Firm I	Hired by Bldg	. Owner (8)	ASCM N	0.			Name of Co		(9)			
							Absolut Ac	e Inc.				
Street Address					Street Address	<u>S</u>		1000				
					PO BOX 295							
City, State, Zip Code					City State, Zip	Code						
					FLORHAM PA	ARK, NJ 07	932					
Project Manager for Monit	oring Firm	Telephone I	Number		Telephone Nu	mber		Licens	e Numb	er		
					(973) 410-921			00225				
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSH	A Monitor						
SEPT 9, 2016		SEPT 9, 20		24.0 (11)	MECS	T WOTHLOT						
Occupancy Status During	Abatement (	heck only on	0)		Street Address							
( ) Facility Closed/Vacated	d During Entir	e Period of A	batement		5 Linwood Ct							
( ) Abatement Performed	Outside of No	ormal Facility	Hours -		00	0 1						
Describe					City, State, Zip Hamilton, NJ							
Other - Describe Two Sh	ifts, 12 hour	s each, 24 ho	our plant c	overage	,							
Source of Work (Check all	that apply)											
	20											
(X) Demolition (X) Ren (X) Large Proj. (>160 SF of		NAV / V CM D	oi (>25-1)	20 SE 25 210 -26	COLEACM) /	\ Minor Dr	oj. (<25 SF or	<10.LE	A C N A \			
(X) Full Containment with	Negative Pre	ssure (X)	Mini-Enc		Glovebag Proce		uj. (~25 5F 01	~10 LF	ACIVI)			
Location of Asbestos-		ation Normally		Description of		Amount (	Specify SF or	LF)	Abate	ment Ty	ре	
Containing Material (ACM) Facility (13)	Staff?	by Maint./Cus	itodiai	thermal system surfacing, VAT								
	YES	NO	NA	miscell.)					Rem.	Rep.	Encap E	
BASEMENT TO PENTHOUSE, Warehous	Δ .	X		Boiler and pip Transite & Ma		25,000 sc	quare feet		Х	X	X	X
& Garages				Transite & Ma	3110							
												-
Name of Reg. Waste Haul	er	NJDEP Was	te Hauler I	D#	Cubic Yards of	f Waste		Name	of Reg.	Landfill		
Waste Management of No	ew Jersey	17273			200			Tullyto	wn Res	source	Recover	У
City, State							Disp. Date			City, Stat	e	
Elizabeth, NJ 07114-2436	i						Diop. Date				n, PA 19	9007
Completed by (Print or Typ	oe)	Title			Signature /			Date				
					_//			ALCOHOLD .				
ROBERT GROGAN		<u>VP</u>						8/28/20	116			
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			NOTIF	ICATION OF AS (Pursuant to <u>N.</u>	SBESTOS ABAT J.A.C. 7:26-2.12			Y	9	21	14	$\overline{a}$
Date of Notification (1) AUB 28, 2016					Name of Build PSEG Fossil,		Operator (2)	E	S E	11 2	Ξ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agencies Notified  (X) EPA		Notification (X) Initial N	Notification		Street Addres 80 Park Plaza			3.	IEP 1	4 20	16	비
(X) DEP (X) DOL (X) DOH (X) DCA		() Amended () Cancelle		on	City, State, Zip Newark, NJ 0	7102-4109		ASBE	STOS	CONT	ROL 8	
(X) BOX	3-33-3-01-3-3-3				Name of Cont Domenic Fior			I el. N	umber			
Name of Facility Where Al	patement is T	aking Place (	3)	FACILITYIN	Type of Facilit	y (4)						
LINDEN GENERATING S	tation				( ) School (K- ( ) Subchapte	r 8 (other th						
Street Address 4001 S. WOOD AVE					(X) Other (i.e. Sq. Feet_800			8 E				
City (5) LINDEN	County (6) UNION		County C (State Us		Bldg. Age 80 Current Use (p	orior if being	demolished)	Electric	: Gener	ating St	ation	
Name of Monitoring Firm H	Hired by Bldg	. Owner (8)	ASCM N	0.	(		Name of Co Absolut Ac	ntractor		g 0.		
Street Address					Street Address PO BOX 295	<u>S</u>						
City, State, Zip Code					City State, Zip FLORHAM PA	Code ARK, NJ 07	932					
Project Manager for Monito	oring Firm	Telephone N	Number		Telephone Nu (973) 410-921			Licens 00225	e Numb	<u>er</u>		
Scheduled Start Date (10) SEPT 9, 2016		Scheduled ( SEPT 9, 20		Date (11)	Name of OSH, MECS	A Monitor						
Occupancy Status During ( ) Facility Closed/Vacated ( ) Abatement Performed	During Entir	e Period of Al	patement		Street Address 5 Linwood Ct							
Describe					City, State, Zip Hamilton, NJ							
Other - Describe Two Sh	ifts, 12 hour	s each, 24 ho	ur plant c	overage								
Source of Work (Check all	that apply)											
( ) Demolition (X) Reno (X) Large Proj. (>160 SF o (X) Full Containment with	r >260 LF AC		oj. (>25<16 Mini-Encl		30 LF ACM) ( Glovebag Proce		oj. (<25 SF or	<10 LF	ACM)			
Location of Asbestos- Containing Material (ACM) Facility (13)		ation Normally by Maint./Cus (12)		Description of thermal system surfacing, VAT	ns insulation,	Amount (	Specify SF or	LF)		ment Tyr		
BASEMENT TO	YES	NO X	NA	miscell.) Boiler and pip	e insulation.	25.000 sc	uare feet		Rem.	Rep.	Encap E	nclose X
PENTHOUSE, WAREHOUSE & GARAGI	ES			TRANSITE &	MASTIC							
Name of Reg. Waste Haule	ar I	NIDEDW	to Harriar !	D.#	Cubic Vords	F\Masta		Name	of Doo	Landfill		
Waste Management of Ne		NJDEP Was 17273	ite nauier i	<u>D #</u>	Cubic Yards of 200	vvaste				Landfill source l	Recover	у
City, State Elizabeth, NJ 07114-2436							Disp. Date			City, Stat Fullytow		9007
Completed by (Print or Typ	e)	<u>Title</u>			Signature			Date				
ROBERT GROGAN		<u>VP</u>						8/28/16	5			

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08/31/2016 12:29

#229 P.002/004

Bridgeport, WVA

304-842-2784

3,2018

Data

August 31, 2016

16 State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) August 31, 2016 The Valley Hospital Agengles Notified Notification Type Street Address E EPA X Initial Notification 223 North Van Dien Avanue DCA Amendment City, State, Zio Code N DOL Ridgewood, NJ 07450-2736 IN DEP X Emergency (including Name of Contact Talegagne K DOH iustification) William Staslak FACILITY INFORMATION Name of Facility Where Abstract is Taking Piece (3) Type of Feelin (4) The Valley Hospital ☐ 8chool (K-12) Bargen Wing, Bamt-Mechanical Room Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 223 North Van Dien Avenue Sa Fest: Unknown # of Floors: 4 Bido. Age: 50+ years City (5) County (8) County Code (7) Current Use (prior if being demotioned): Hospital Ridgewood Bergen (State Use Colv) Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Contractor (8) Colden Corporation GREENWOOD ABATEMENT CONSULTANTS, INC. âireal Address Street Address 28 Washington Street 268 MAIN STREET City State, Zip Code CIN BLATE ZIDCode Baliston Spa, NY 12020 Butler, NJ 07405 Protect Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Miades 347.438.3861 973-482-0477 00840 Scheduled Stan Date (10) Schaduled Completion Date (11) Hame of OSHA Monitor September 1 2018 September 3, 2016 EMSL Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1066 Stelton Road Describe City, State, Zip Code Other - Describe: 7am-7pm Piscataway, NJ 08854 Source of Work (Check all that souly) Full Contsinment with Negative Pressure ≥3 afor≥3 M Renovation (X) Mh/Enclosure □≥ 150 sf or ≥ 260 Demolition a Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing le Location Normally Used Solely Description of Asbestos Amount Abaiement Type Meterial (ACM) in Facility (13) by Maint JCustodial Suer? (12) Containing Material (ACM) (i.e. (Spacify SF thermal systems insulation, suriscing, VAT, or other miscell.) YES NO NA Batter Repair Engag Endose or LF) Mechanical Room Pipe & Fittings 20 22. 層 Name of Reg. Waste Hauler NUDEP Waste Hauler ID & Cubic Yarda of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below Meadowfill Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date Chy. Busto NJ DEP # 12561 September Route 2, Box 68

Skansture

Merie Grears

GAC # 2016-566-003

Merin Graure

Completed by (Print or Type)

Hauler #2) Newark Carting, Isc. - Newark, NJ 04509, NJ DEP # 19551

BENIOR PROJECT

MANAGER

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) August 31, 2016 The Valley Hospital Agencies Notified Notification Type Street Address 1 4 2016 X EPA X Initial Notification 223 North Van Dien Avenue DCA Amendment City, State, Zip Code x DOL Ridgewood, NJ 07450-2736 X DEP CONTROL X Emergency (including Telephone Number SINIG Name of Contact x DOH justification) William Stasiak FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Valley Hospital ☐ School (K-12) Bergen Wing, Bsmt-Mechanical Room ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 223 North Van Dien Avenue Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): Hospital Ridgewood (State Use Only) Bergen Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Colden Corporation GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 28 Washington Street **268 MAIN STREET** City, State, Zip Code City State, ZipCode Ballston Spa, NY 12020 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Miades 347.435.3561 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor September 1 2016 September 3, 2016 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1056 Stelton Road Describe City, State, Zip Code Other - Describe: 7am-7pm Piscataway, NJ 08854 Source of Work (Check all that apply) Full Containment with Negative Pressure  $\geq$  3 sf or  $\geq$  3 lf Renovation □≥ 160 sf or ≥ 260 Demolition x Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Solely Description of Asbestos Amount Abatement Type Material (ACM) in Facility (13) by Maint./Custodial Staff? (12) Containing Material (ACM) (i.e. (Specify SF Remove Repair Encap Enclose YES NO NA thermal systems insulation, or LF)

		Surfacing, VAT, or other misce	EII.)		
Mechanical Room	X	Pipe & Fittings	30 ea	. 🗵	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste:	3	Name of Re Meadowfil	gistered Landfill I Landfill
NJ DEP # 12561	ment Consultants, Inc. – Butle c. – Newark, NJ 04509, NJ DEP #		Septemb 3,2016		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784

SENIOR PROJECT

MANAGER

Signature

Marin Graure

August 31, 2016

GAC # 2016-566-003

Marin Graure

Completed by (Print or Type)

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

Date of Notification (1) 08/26/16				Building ( Presca	Owner/C	perator	(2)	T	2	E (	3 [	3	W	E		7
Agencies Notified Type Notification		S	treet Ac	ddress				-	扩	15_(	J)   L		U		1	
▼ EPA     ▼ Initial     ▼ DEP     ▼ DOL     Amended     Amendment #				te, Zip Co m Park				Removed Common of the Common o	1	S	EP	1 4	201	б		
▼ DOH       justification         ▼ DCA       Cancellation	Guaing	N		Contact					A	SBES	phone STOS LICE	CO	NTF	ROL	&	
Name of Facility Where Abatement is Taking	Place (3)		FACIL	LITY INFO	RMATI	ON	Typ	e of Facili	tv (4)							
Andre Presca	. 1466 (6)						П	School (	200000000000000000000000000000000000000							
Street Address							×	Subchar Other (i. etc.)	ter 8	(Other			build	lings,	home	es,
City (5) Florham Park							95.500 <b>*</b> 10	uare Feet			Floors			ldg. A	ge	
County (6) Morris County				Code (7) ISE ONLY)	-		Cur	rent Use (	Prior	if bein	g dem	olishe	d)			
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCM	No.		Pro /	Abat	tement	Contra	actor (	9)					
Street Address							871	th Stree		te A4						
City, State, Zip Code						Nort	h Be	Zip Code ergen, N		047						
Project Manager for Monitoring Firm		T	elephor	ne No.		Teleph 201-		No. -6305			Licens 0122					
	Scheduled ( 09/16/16	Comp	oletion E	Date (11)				SHA Moni IM CON		TING	LLC					
Occupancy Status During Abatement (Check	Only One)					Street			CT	CLUT	E 40.	7				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Aba I Facility Ho	teme ours	ent			City, S	tate,	Zip Code		5011	E 10	/				
						UNIC	ON I	NJ 0708	3							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		ovatio olitio				×	N G	ull Contai Ini-Enclos Blovebag F Ion-Exem	sure Proced	dure	2000 - 1000				2	
	ls Lo	catio	,		J. 13			TOTT EXOTT	1	7 4114	110111	1.00.0		Abate	ment	
Location of	Nor	mally			De	scription	of							Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)		enand	ce/		thermal surfa	taining M system: cing, VA niscellar	s insu T, or			(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Garage		-				Other			+	20	) LF		x			
		-							+							
		-							+							
		-							+							
Name of Registered Waste Hauler		NJ	DEP W	aste	Cubic	Yards		Name	of Re	egister	ed Lar	ndfill				
NEWARK CARTING		100000000	uler ID 509	No.	of Wa			0.000.000		MAN	AGEN	MEN	TG	ROV	VS N	
City, State HILLSIDE, NJ					sal Date	_	City, S MOF		VILLI	E PA						
Completed by Bryan Parra	Mar	nager		8	Signature	4	MIL	111	10		Date 08/	e 26/1	6			

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

			(P	ursuant	to NJAC	8:60 an	d 12:120	0)		E		W	F	1	7
Date of Notification (1)					f Building		Operator	(2)	113					111	
08/31/2016	I =		_		f Camde	en								Ш.	
Agencies Notified	Type Notification			Street A	iddress ox 9512	0			14 14	ot	7 14	2016	)	Įυ	//
EPA X DEP	Initial		-		ate, Zip Co				-					tonavage	1
DEP DOL	Amended Amendmen	t #_1			len, NJ (				Ā	SBEST	TOS CO	VITD	21 0		1
☑ DOH	Emergency		_  -		f Contact	00101		- 10			ephone Nu		JL 8		+
DCA DCA	justification) Cancellation				s Rizzo					1 10	Орноналац	HOCI			_
				FACI	LITY INFO	ORMAT	ION								
Name of Facility Where	Abatement is Takir	ng Place (3)						Ту	pe of Facility	(4)					
									School (K-						
Street Address								X	Subchapte Other (i.e. etc.)	er 8 (Oth private 8	er than K-1: & commerci	2) al buil	dings	hom	es,
City (5)								Sq	uare Feet	# 0	f Floors	E	Bldg. A	\ge	
Camden								Va	aries	Va	ıries	1	30+		
County (6) Camden					Code (7) USE ONLY	)			rrent Use (Pr		_	ned)			
Name of Monitoring Firm	Hirad by Building	Owner (8)		ASCN	A No.		Nama		ousing De						
Name of Monitoring 1 in	Timed by building	Owner (6)		ASCIN	II INU.				erprises, I		(9)				
Street Address							Street	-	15						
								9 70	elilah Road	t					
City, State, Zip Code									, Zip Code	obin N	1.00004				
Project Manager for Mon	itorina Firm			Telepho	no No		Teleph		rbor Town	snip, iv	License N	0			
1 Toject Manager for Worl	ittoring i irrii			relepito	ile ivo.		100000000000000000000000000000000000000		7-1250		01172	0.			
Start Date (10)		Scheduled	Con	npletion	Date (11)		Name	of O	SHA Monitor	-					
08/31/2016		915/201													
Occupancy Status During	g Abatement (Che	ck Only One)	)				Street	Add	ress						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	Period of Ab nal Facility F	aten	ent			City, S	tate,	Zip Code						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf		П Ро	nova	tion			Г	٦.	Full Containm	ont with	Mogative F	roccu	r0		
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 lf			molit	23.553200				1	Mini-Enclosus	re	Negative F	ressu	re		
							×		Glovebag Pro		d Non-Eriah	le Pro	codur	0	
		14.1		W(20)				2 1	von-Exemple	u ( ) and	a Non-i nac	1	Abate		t
Location	of		ocati rmal			Do	scription	of					Ту	ре	
Asbestos-Containing	Material (ACM)	Used Main				tos Cont	taining N	1ater	rial (ACM)	3000	mount			ш	_
TO BE ABA		Custo	dial S		(i.e.		systems cing, VA				Specify or LF)	Remova	Re	Encapsulate	Enclosure
(13)			(12)				niscellar				,	lova	Repair	sula	osur
		Yes	No	N/A								-		ite	Ф
See Attached E	Emergency			X	See	e Attac	hed Er	ner	gency	200 y	d per reg	X			
Name of Registered Was	te Hauler		11 575	JDEP W			Yards	0.500	Name of	Registe	red Landfill	5			
Site Enterprises Inc.	1 10000	auler ID 03522(		of Wa			GROV	VS Lar	ndfill						
City, State	1 -				sal Date	8	City, Sta	te							
Egg Harbor Townsh				9/16/	2016		Morris	ville, P	A 19067						
Completed by						/s	Signature	1. /	00		100000	ite	-		
Eric Keys				1	11	1/	Mil		0	8/31/	2016				

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

(Pursuant to NJAC 8:60								)		Ш	))_	56	L	U	W	15	
Date of Notifica	tion (1)				Building Ov		perator	(2)		li	7						
08/31/2016					Camden	ĺ				Ш		SEP	1	1 2	016		
Agencies Notifie	ed Type Notification		5.9	reet Add						I.	-				010		
X EPA	☐ Initial		1.00		¢ 95120							)DECTO				_	
EPA DEP DOL	Amended Amendmen	+#1	1/25		e, Zip Code n, NJ 08						A	SBESTO		NO:		L&	
	Emergency			ame of (	Total Bridge Carlotte	5101					TT	elephone N	CHINA CARROLL	THE RESIDENCE OF THE PERSON NAMED IN	-		
DOH	justification Cancellation		100.00	anie or c lames								ciopiiono i					
DCA	Cancellatio				ITY INFOR	RMATIO	ON			_			_			-	
Name of Facility	y Where Abatement is Taki	ng Place (3)						Тур	e of Faci	lity (	(4)						
Cherry Stre	et Residence								School								
Street Address									Subcha Other (i	pte	r 8 (O	ther than K e & comme	-12)	huildi	nas h	ome	5
								X	etc.)				Tolai		00.00		
City (5)								120	uare Feet			of Floors		100	dg. Ag	e	
Camden									aries	(m)		/aries		1	)+		
County (6)				ounty C	ode (7) SE ONLY)			1 P.				eing demo d Unsafe		۵)			
Camden					50000000000000000000000000000000000000		Nama		batement					_			-
Name of Monito	oring Firm Hired by Building	Owner (8)		ASCM	NO.				terprises			.01 (3)					
Ol L Add							Street			,			-			1.00	$\dashv$
Street Address									elilah Ro	oac	t						
City, State, Zip	Code						City, S	State	, Zip Code	е							
Oity, Otato, Esp							Egg	На	rbor To	wn	ship,	NJ 0823	14				
Project Manage	er for Monitoring Firm		T	elephon	e No.		Telepl	hone	No.			License		9			
							609	-567	7-1250			0117	2				
Start Date (10)		Scheduled		oletion D	Date (11)		Name	of C	SHA Mor	nitor							
08/31/2016		915/201					011			_							_
	atus During Abatement (Che						Street	Add	iress								
Facility CI	osed/Vacated During Entirent Performed Outside of No	Period of Ab	ateme	ent			City S	State	, Zip Cod	е							
	escribe: vacant	illiai r acility r	iours			_	Oity, c	Jiaio	, 2.5 00-	3							
_	(Check All That Apply)																
□ ≥3 sf or ≥		Пв	novati	ion					Full Conta	ainn	nent v	vith Negativ	ve Pr	essur	е		
≥3 St of ≥			molitic				-		Mini-Encl								
							2	X	Glovebag Non-Exer	npte	ed (*)	and Non-F	riable	Prod	cedure	9	
		le l	ocatio	nn l											Abate		
	Location of	No	ormally	y		De	scriptio	n of					}		Ту	pe	
Asbestos-0	Containing Material (ACM)		Solel		Asbest	os Con	taining	Mate	erial (ACN	1)		Amount (Specify		70	1000	En	ш
	TO BE ABATED In Facility	Custo	dial S		(i.e.		acing, V		sulation, or			SF or LF)		Remova	Repair	caps	Enclosure
	(13)		(12)			other	miscella	aneo	us)					oval	air.	Encapsulate	sure
		Yes	No	N/A												е	
Soo At	tached Emergency			Х	See	Attac	ched E	me	rgency		20	0 yd per	reg	Х			
Jee Al	macrica Emergency																
											+						
			1 44	IDEE ::	la at-	Cole	Varda		Nor	ne r	of Rec	istered Lar	ndfill				
Name of Regis	stered Waste Hauler			JDEP W auler ID		of Wa	c Yards aste				ad consider of	Landfill					
Site Enterp	rises Inc.		2/2	03522		20 0	-		20000			Lanuilli					
City, State				7-5-1			osal Dat		City	2000		DA 100	167				
1	r Township, NJ					1	2016		IMO	orri	SVIIIE	e, PA 190	Da	to.			
Completed by Title Fric Keys OM							Signatu	ire	h	7			100		2016	5	
Eric Keys			1	1	M	_			1								

State of NJ Notification of Asbestos Abatement D&S Proj. #: 16-271 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 1 1 2016 10 19 1/10 18 1/11 16 1 tod bender Agencies Notified Type Notification Street Address EPA Initial ASBESTOS CONTROL & Amended LICENSING DEP City, State, Zip Code Amendment #: DOL Emergency GLEN RIDGE, NJ 07028 (including DOH. Name of Contact Telephone Number justification) DCA bob sachs Cancellation FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) tod bender Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) GLEN RIDGE ESSEX 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. 09/14/16 09/30/16 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  $\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$ Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial Е e asbestos-containing n Amount Description of asbestos-containing staff(12) m n p material (acm) to be C (Specify SF or material (ACM) 0 a abated in facility (13) LF) a Yes No N/A p BASEMENT/crawl space (3x) PIPE INSULATION 3161ft X first floor 2 locations PIPE INSULATION 581ft 1st floor rear bed rm. VAT/MASTIC 230 sq ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 8 yds TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State PATERSON, NJ 07503 09/15/16 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 09/08/2016 ASB-41 Do not use this form for asbestos licensure exempted activities

D&S Proj. #: 16-273

### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)



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Date of Notification (1)	Name of	Building Ow	ner/Operator (2	2)			11 5 6	7 5 1	W	IS		1
Agencies Notified Type Notifica	Alan I	herley				Table Street	131					
EPA Initial	Street Ad	ddress				Canada	IIII SE	P 14	201	3	L	7
DEP Amended							Lad back					
DOL Amendment #		te, Zip Code					ASBES	TOS C	ONTE	OL 8	2,	
Emergency		LEWOOD,	NJ 07040				L	LICENS	ING			
justification	) Name of	Contact					Telephor	ne Numb	er			
DCA Cancellatio	n donna	a herley					i					
		FAC	ILITY INFORM	1ATIO	N							
Name of facility where abatement	is taking place (3)					П	ype of Facility					
donna herley								ol (K - 12				
Street Address								napter 8 ( (Private/			12)	
							Bldgs.	/Homes,	etc.			
City (5)	County (6)			Col	unty Code (7)	113	Square Feet	# of Floo	ors	В	dg. A	ige
					ate use only)	-	Current Use (P	rior if bei	ng den	nolish	ed)	
MAPLEWOOD  Name of Monitoring Firm Hired by	ESSEX			L,			/2				3,6%	
Name of Monitoning Firm Hired by	Bidg. Owner (8)		ASCM No.		Name of Abatemer		7.05					
Street Address				_	D & S RESTOR	RAT	ION, INC.					
					20 California A	Δve						
City, State, Zip Code				_	City, State, Zip Code							
					Paterson, NJ 0	7503	3					
Project Manager for Monitoring Firm		Phone Numb	er		Telephone Number			License	Numb	er		
					973-345-8020			(	)1169			
Start Date (10)	Sched. Comple	etion Date (1	1)		Name of OSHA Mo		T					
09/09/16	09/30/16				D & S Restora	tion,	Inc.					
Occupancy Status During Abatemer	The state of the s		The second second		20 California A	venu	ie					
Facility closed/vacated during Abatement performed outside	entire period of aba	atement.			City, State, Zip Code	e						
Describe:NORMAL H	=			-	Datarcan NI O	7502						
Scope of Work (check all that apply					Paterson, NJ 0							
✓ . o - t o tt	Renovation					9	Containment w -enclosure	/negative	press	ure		
	Demolition				×	4	ebag procedur	re				
	Is location normal	v used solely				Non	-Exempted (*)	and Non-	friable			
Location of asbestos-containing	by maintenance/c			n of a	sbestos-containing		Amount		е	R e	E n	E
material (acm) to be abated in facility (13)	staff(12)		material (A		sbestos-containing		(Specify S	For	m o	p a	c a	C
abatos in asinty (10)	Yes No	N/A					LF)		v e	i	р	L
first floor 2 locations	X		PIPE INSUI	LATI	ON		161ft		Ň		П	
basement			PIPE INSUI	LATI	ON		1 ft		X			
basement			BARE HEA	TINC	G PIPES		12 L FT					
Registered Waste Hauler	NJDEP Haule	104 10	ubic Yards of W	lanta	INC. of D. C.		1600					
D & S RESTORATION, INC.	13506		yd.	asie	Name of Registered TULLYTOWN,			COVER	RΥ			
City, State		Disposal Da	ate	AND DESCRIPTION OF THE PARTY OF	City, State		- CITOLI III					
PATERSON, NJ 07503		09/10/16			TULLYTOWN	, PA						
	Title PRESIDENT		Signature					Date	2016			
	Do not use this form	n for asbesto	s licensure exe	mntec	Lactivities			09/08/	2016			

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

State of NJ Notification of Ashestos Abatement

D&S Proj. #: 16-272						0 and 12:120)	( )X	(0)	XI			
							IS IS IT		7/0	下	F	7
Date of Notification (1)		Name of E		er/Operator (2)			BE	<del>, G 1</del>	W	E	A Line or Victorian	And the second s
Agencies Notified Type Notifica	tion	Street Add					II LI SE	P 1 4	201	6	L	汁
DEP Amended Amendment #	.   -	City State	, Zip Code									+
DOL Emergency	-11	- 17 March 1996	kus, nj 07	122				TOS CO		ROL	&	
DOH (including	117	Name of C		+23				ne Numbe				
justification)  DCA  Cancellation	- 11	rick jo	rdan									
	<u>. 11</u>			LITY INFORM	ATIO	N						
Name of facility where abatement	is taking p	lace (3)					Type of Facility					
rick jordan								ol (K - 12)		ban l	(10)	
Street Address								apter 8 (C (Private/C			(-12)	
							Bldgs./	Homes, e	etc.		Ida 1	
City (5)	Cou	nty (6)			Co	unty Code (7)	Square Feet	# of Floo	rs		ldg. A	ige
ho-ho-kus	BE	RGEN			(Sta	ate use only)	Current Use (P	rior if bein	ig den	nolish	ed)	
Name of Monitoring Firm Hired by		9010000000000000		ASCM No.	1	Name of Abatement	Contractor (9)		-			
						D & S RESTOR	ATION, INC.					
Street Address						Street Address						
City, State, Zip Code					-	20 California A City, State, Zip Code						
						Paterson, NJ 07						
Project Manager for Monitoring Firm		P	hone Numb	er		Telephone Number		License				
						973-345-8020	i	10	1169			
Start Date (10)	Sched	d. Complet	tion Date (11	)		Name of OSHA Mon D & S Restorati						
09/19/16	09/3	MANAGE OF STATE				Street Address						
Occupancy Status During Abatemer		355				20 California Av						
Facility closed/vacated during Abatement performed outside Describe:	of normal					City, State, Zip Code						
Other-Describe: NORMAL H					-	Paterson, NJ 07	503					
Scope of Work (check all that apply >3 sf or >3 lf	10 00 00 00 00 00 00 00 00 00 00 00 00 0						Full Containment w	/negative	press	ure		
_	Renovation						Mini-enclosure Glovebag procedur	e ·				
≥160 sf or ≥260 lf	Demolitio					$\boxtimes$	Non-Exempted (*)	and Non-		_	_	9
Location of asbestos-containing	by mainte	enance/cu	used solely stodial	2.24	n of a	asbestos-containing	Amount		e e	R	E n	E
material (acm) to be abated in facility (13)	staff(12)			material (A			(Specify S	For	m o	p a	c	n c
abated in facility (10)	Yes	No	N/A	\$ <del>1</del> 0			LF)		v e	i r	р	L
BASEMENT/1st floor closet		X		PIPE INSUI	-	ION	171 l ft		X			
st floor/bed rm. closet		LX		VAT/MAST	_		60 sq ft					
2nd floor		LX		VAT/MAST	Colombia de la Colomb		128 sq ft		X			
BASEMENT		X		VAT/MAST	TC		510 sq ft		×	<u> </u>	닏	님
legistered Waste Hauler	L NJD	EP Hauler	ID#   C	ibic Yards of W	/aste	Name of Registered	Landfill				Ш	
D & S RESTORATION, INC.		506		yds		TULLYTOWN,		COVER	Y			
DATERSON NI 07503			Disposal D			City, State	7.1					
PATERSON, NJ 07503 Completed by (Print or Type)	Title		09/20/16	Signature		TULLYTOWN,	PA	Doto				
BOGDAN JOLDZIC	ENT	Signature				Date 09/08/2	2016					
NOD 44 *	Do not us	e this form	for ashesto	e lineneura ava	mnta	d activities		1				

ACD A1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 / 16 MCB East Brunswick Real Estate 2016 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 2701 North Charles St. ASSESTOS CONTROL ☑ DOLWD City, State, Zip Code LICENSING **⊠** DHSS Amendment #1 Balt., MD 21218 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Scott Frederick **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 50 Race Track Road School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 50 Race Track Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age East Brunswick, NJ 150,000 40+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Vacant Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex NA Alliance Environmental Systems Street Address Street Address 700 Turner Way 550 East Union St. City, State, Zip Code City, State, Zip Code Aston, Pa 19014 West Chester, PA 19382 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Don Heim 610-558-8902 610-701-9000 00508 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 1 / 16 0 / 30 / 16 AET Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 28 N. Pennel Road ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-\_ PM/3:30PM-Media, PA 19063 Scope of Work (Check all that apply) ☐ >3 sf or >3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Enclosure Used Solely by Removal Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Main Floor  $\boxtimes$ VAT 35,400 SF  $\boxtimes$ П П Main Floor X Mastic 42,500 SF X П Mezzanine  $\boxtimes$ VAT / Mastic 1520 SF  $\boxtimes$ 

Freehold Cartage Western Berks Community Landfill 15939 120 City, State Disposal Date City, State Freehold, NJ TBD Birdsboro, PA Completed By (Print or Type) Title Signature

NJDEP Waste

Hauler ID No.

Estimator

Name of Registered Landfill

Cubic Yards of

Waste

Mark Griffin

Name of Registered Waste Hauler

	State of New Jersey ICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)	X 13171
/ 16	Name of Building Owner/Operator (2)  EDENS	DECEIVED.
e Notification Initial	Street Address 21 Custom House Street, Suiye 450	
Amended Amendment #	City, State, Zip Code	SEP 1 4 2016

Agencies Notified  EPA	Type Notific	ation			t Address							711
⊠ DOLWD	☐ Amende	d				House Street, S	uiye 450					100000000000000000000000000000000000000
☑ DHSS	Amendm	_		City,	State, Zip (	Code		III SEP	16	201	6	
□ DCA		ncy (including	1		ston, MA			Ermit lenot.	M. 1988			
(NJAC 5:23-8)	justificati	ion)		Name	of Contac	t		Telephone Nur	nber	22177	201	1
	☐ Cancella	tion		Eri	k Bray		and the second s		CENS	INC	HOL	Ŏ.
	, , , , , , , , , , , , , , , , , , , ,			FA	CILITY IN	FORMATION			1 10,3	1461		-
Name of Facility Where A	batement is	Taking Place	(3)				Type of Facility	(4)			-	
Closter Shopping C	enter						School (K-12	335 - 335				
Street Address	W						Subchapter	8 (Other than K-1		000000000000000000000000000000000000000		
71 Vervalen St.							Momes, etc.)	private and comm	ercial bu	uilding	js,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	2012
Closter, NJ 07624							220,000	1		52		
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	rior if being demo	ished)			
Bergen							Vacant Reta	ail Stores				
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	)				
Accredited Environ	mental Tec	hnologies		NA		Alliance Env	ironmental Sys	stems				
Street Address						Street Address						
28 N. Pennell Rd.						550 East Uni	on St.					
City, State, Zip Code						City, State, Zip C	ode					
Media, PA 19063						West Cheste	r, PA 19382					
Project Manager for Monit	toring Firm		Tele	phone	No.	Telephone No.		License No.				
Eric Sutherland			6	10-891	-0114	610-701-9000	)	00508				
Start Date (10)		Scheduled C	omple	tion Da	te (11)	Name of OSHA N	Monitor					
9 / 26 /	16	_9_/	_ 27	_ / .	16_	AET						
Occupancy Status During	Abatement (	Check only of	ne)			Street Address						
□ Facility Closed/Vacated						28 N. Pennel	Road					
Abatement Performed					cribe	City, State, Zip C	ode				-	
Time of Abatement: 3:	30AM-PIN	M/ <u>12;00</u> PM	<u>AM</u> A	M		Media, PA 19	063					
Scope of Work (Check all	that apply)						72			1100000		
≥3 sf or ≥3 lf		⊠ Re	novati	on		☐ Full Con	tainment with Neg	gative Pressure				
☐ ≥160 sf or ≥260 lf			molitic				g Procedure					
		333230 000				Non-Exe	mpted (*) and No	n-Friable Proced	ure			
			Local						Ab	atem	ent T	уре
Location of Asbestos-Containing M		. Lines	lorma d Sole	-	Anha	Description of		II <b>AL</b> ANGESTELONATES <b>A</b> F	R	R	Ш	Ш
TO BE ABAT		" Ma	intena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	ıca	nclo
IN Facility		Cust	odial (12)	Staff?		surfacing, VAT	, or	SF or LF)	val	-	Encapsulate	Enclosure
(13)		Yes	No	N/A	-	other miscellane	ous)				ate	(D
Bowtie Theater		П			VAT/Ma	etic		56 SF				
				-	VAINNO			30 31	10000			
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	Ш											
Name of Registered Waste	e Hauler			JDEP \	22 J. C. S. L. C. S. C.	Cubic Yards of	Name of Regis	stered Landfill				
Richard Burns Inc.				auler II 19955	200	Waste 1	Western B	erks Commun	ity Lan	dfill		
City, State						Disposal Date	City, State	70-1-10-10-10-10-10-10-10-10-10-10-10-10-				
Phila., PA						TBD	Birdsboro,	PA				
Completed By (Print or Typ	pe)	Title				Signature	N		ate 1		,	
Mark Griffin		Estimat	or				XIII	7	9/1-	7/1	/.	

Date of Notification (1)