State of New Jersey Notification of Asbestos Abatement (Pursuan to N.J.A.O. 8 60-7 and 12 120-7)

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Date of Notification (1) 09/10/18	CKH	2842	\$	Grand	Name of Building Owner/Ope Monmouth Regional School			SEP	19	2018					
Agencies Notified	1/11	Notification			Street Address	DISTINCT	1	<u> </u>			9				
⊠ EPA		Initial No	tification	1	1 Norman J Field Way City, State, Zip Code		AGE	RESTO	19.00	NTRO	I de				
□ DCA		☐ Amende	d #		Tinton Falls, NJ 07724	1	AUL	LIC	JEKS1	NG					
☑ DOL □ DEP				cation (including	Name of Contact		Telepho	-0							
⊠DOH		justification Cancelle			Maria Parry Business Administrator		(732) 54	42-1170)-1106	ž.					
				EAGUITY IN					c.) Der Stement Type In the Repair Encap Enclose Stered Landfill						
Name of Facility Where A	batement is	Taking Place	(3)	FACILITY INF	Type of Facility (4)										
Monmouth Regiona			101		⊠ School (K-12)										
Street Address					☐ Subchapter 8 (other than	K-12)									
1 Norman J Field W	ay				Other (i.e. private & commercing Sq. Feet: # of Floors: Bldg.	Age:	1950's	ies, etc	.)						
City (5)	County (6)		Count	y Code (7)	Current Use (prior if being der			chool							
Tinton Falls		nouth		Use Only)											
Tintoit i ano	AMORITAN Mariantan		ASCM												
Name of Monitoring Firm I AHERA Consultants	Hired by Bld	Name of Contractor (9)													
ATIENA CONSULATIO		Panoramic Window & Door	Systems	Inc.											
Street Address					Street Address										
P.O. Box 385 City, State, Zip Code Oceanville, NJ 08231					712 Sergeantsville Road										
City, State, Zip Code					City State, Zip Code										
Project Manager for Monitoring Firm Telephone Nu					Stockton, NJ 08559		1:	NI							
					Telephone Number P (732)926-0900	License Number 01237									
1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1					in Albertania abanda		0.20.								
Scheduled Start Date (10) Scheduled Composite			Complet	ion Date (11)	Name of OSHA Monitor										
09/10/10		10/02/18			IAQ GURU LLC										
Occupancy Status During	Abatement (Check only o	ne)	320	Street Address										
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -				nt	87 Main Street										
☐ Facility Closed/Vacated During Entire Period of Abatement					City, State, Zip Code										
YOther Describer 2mm	11 7.	2			Lincoln Dark, N.I. 07025										
	day 7am-3p		ng the w	reek	LINCOIN Park, NJ 07035										
	- 12														
Source of Work (Check al	I that apply)														
≥ 3 sf o				⊠ Renova	ation	ni-Enclos	ure								
⊠ ≥ 160 sf	or ≥ 260	f		□ Demo		-									
Landing of Ashari				I				T							
Location of Asbestos- Containing Material (ACM		City, State, Zip Code City, State, Zip													
Facility (13)		nt./Custodial S	Staff?	surfacing, VAT,		LF)	., 0. 0.	Remov	e Repair	Encap Er	iclose				
	(12) YE		NA												
Gym Windows	1 6	3 140	X	v	Vindow Glazing	1810 L	_F	X	T	T					
								X							
Gym Windows			X	Perimeter Cau	alk in sides and bottom only	970 LI	F	X							
Name of Reg. Waste Hau	ler	NJDEP Wa	ste Haul	er ID #	Cubic Yards of Waste	L	Name o		tered	andfill					
100 BOOK 14 BOOK		0036057					Chrin L			<u> </u>					
Panoramic Window & Di	r Sys Inc				l Dia	posal D	oto.		ity Ct	oto					
					DIS	pusal D	ate	_							
					nal 1					3					
Completed by (Print or Ty	pe)	<u>Title</u>			Signature///	132	Date								
Mark M Jovic	P.M.			1 1 Chr		09/14/18	8								

Ch7140

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:30 and 12:120)

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M		SEP	1	9	2018	e or with my constituted	A CONTRACTOR OF THE PARTY OF TH

Date of Notification (1) 9/17/18					f Building o			(2)				ULI			0:0
Agencies Notified	Type Notification		1	Street A	ddress artlett Av	/enue					ASE			JON SHRO	
DEP X DOL	X Initial Amended Amendment # Emergency (ii		F	City, Sta	ite, Zip Co Creek, N	de	92					*****		V T & *Y .	- P. Deservio
▼ DOH DCA	justification) Cancellation	iciuaing	100		f Contact ole Con	structio	on		200000	ephone 9-296					
				FACI	LITY INFO	ORMATI	ON								
Name of Facility Where Street Address	Abatement is Taking	Place (3)	Hinto ties				Type of Facility School (K-Subchapte Other (i.e.	12) er 8 (Oth				linas	home	es.
City (5) Beach Haven, NJ								etc.) Square Feet 4403		f Floors			ldg. A	00.001000000	
County (6) Ocean		=====			Code (7) USE ONLY;	-		Current Use (Pr Home	ior if be	ing dem	olish	ed)		ı	
Name of Monitoring Fire	m Hired by Building O	wner (8)		ASCN	/ No.			of Abatement Co							
Street Address		Street Address 6 WHITE DOVE COU							DURT						
City, State, Zip Code				- 1		state, Zip Code EWOOD, NJ (08701	8701							
Project Manager for Mo		Telepho	ne No.		Teleph	none No. 668-9078		Licen:							
Start Date (10) 10/3/18	d Com	pletion	Date (11)			of OSHA Monito LEAD PROF		NALS							
Occupancy Status Duri				Street	Address										
	cated During Entire Po							HITE DOVE C	OURT						
Abatement Perform X Other – Describe:	ned Outside of Norma	al Facility	Hours					tate, Zip Code EWOOD, NJ	08701						
Scope of Work (Check	All That Apply)	-						,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					۵	
		le	Locati	on.				1 Non-Exempte	l / an	d Non-i	Habit		9000	ement	
Locatio	on of	N	lormall	у		De	Description of						Туре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used S Mainte Custodi (1				icei		thermal surfa			Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure
EXTER	RIOR					S	SIDING		25	00SF		х			
Name of Davids			1	IDED ::		0.11	V1	- 1		- 11	1511				
Name of Registered Wa			Н	JDEP W auler ID 1509	1700 770	of Was	Yards ste	Name of IESI	Registe	ered Lar	natili				
City, State NEWARK, NJ						Dispos 10/8/	sal Date	City, Sta BETHI		Л РА					
Completed by JOSEPH PERLSTE	EIN	Title OWN	ER			S	Signature)			Dat 9/1	e 7/18	}		

Ch 1140		NOTI (FICATIO Pursuan	N OF AS	BESTO 2 8:60	S ABATE	ME (0)	уT		1				
Date of Notification (1) 9/17/18				of Building n Builde		er/Operator	r (2)			S	ΕP	15	50	18
Agencies Notified Type Not				Address _eonard	St					ASBE	STO	S C	ONT	ROL
DEP Ame	ended endment # ergency (including			tate, Zip C wood, N		01			le terrouse		2000 E	. marte	unia, was	Comment Call
DOH justit	fication) cellation	3	Baron	of Contact	rs					one Num 79-217		176-1		
Name of Facility Where Abatement	is Taking Place ((3)	FAC	CILITY INF	ORMA	ATION	Ту	pe of Facility (4)						
Street Address City (5)							×	etc.)	(Other th	mmercia	l buil			es,
Lakewood, NJ							Sq	uare Feet	# of Flo	ors	E	Bldg. /	Age	
County (6) Ocean				Code (7) USE ONL	n			ment Use (Prior ome	if being d	emolish	ed)			
Name of Monitoring Firm Hired by B	uilding Owner (8)	ASC	M No.		Name AAA	of A	batement Contr AD PROFES	actor (9) SIONAI	LS				
Street Address						Street 6 WH		ress E DOVE COU	JRT					
City, State, Zip Code			34 8 4 4 4					, Zip Code OOD, NJ 087	01					
Project Manager for Monitoring Firm		Telepho	one No.		Teleph 732-6		No. -9078	Lic 12	ense No					
Start Date (10) 10/3/18								SHA Monitor AD PROFES	SIONAL	S		,		
Occupancy Status During Abatemen						Street 6 W/-		ress E DOVE COL	IDT					
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	of Normal Facility	Abater y Hour												
Scope of Work (Check All That Apply	y)					Lr ti ti		000, 143 007	01					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				×	1	Full Containment Mini-Enclosure Blovebag Proced Non-Exempted (*	lure				ρ	
Location of		Locat Vorma										Abate	ement pe	
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Ma Ma	d Sole intena todial ((12)	nce/	Asbes (i.e.	Description of sbestos Containing Ma (i.e. thermal systems surfacing, VAT other miscellane			ulation,	Amour (Specif SF or L	ecify 2		Repair	Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A			CIDINO					_		ate	œ'
LATERIOR						SIDING			2500S	F :	x			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubi	c Yards	U	Name of Reg	aistered I	andfill				
NEWARK CARTING	40		lauler ID 4509	No.	of W			IESI	,					
City, State NEWARK, NJ			1		Dispo 10/8	osal Date /18		City, State BETHLEH	IEM PA					
Completed by OSEPH PERLSTEIN	Title OWN	ER				Signature				Date 9/17				

Date of Notification (1)		NO FI		State of NON OA AS				ΙΤ			E C SEP	E[U Turning	V/nt 010
9/17/18				of Building Si Schick	J Owner/	Operato	r (2)		1	1				
Agencies Notified EPA DEP Amended Amendment			City, S	Address State, Zip C saic, NJ	ode				and the same of th	A	SBEST	OS C	SING	ROI.
 ☑ DOH ☑ DCA ☑ Emergence justification Cancellation 		g	Name	of Contact i Schick					Те	lephone	Number			
Name of Facility Where Abatement is Tal	in Di	(0)	FA	CILITY INF	ORMAT	ION								
Street Address City (5)	King Place ((3)					Typ	School (K- Subchapte Other (i.e. etc.)	-12) er 8 (Oth	er than I & comm	<-12) ercial bu	ildings	s, hon	nes,
Passaic							Squ 178	are Feet 34	# 0	f Floors		Bldg.	Age	
County (6) Passaic			County (STATE	Code (7) USE ONLY)			rent Use (Pr	ior if be	ng demo	olished)			
Name of Monitoring Firm Hired by Building	Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Street Address								ntractor ESSIC					
Greet Address				Street 6 WH		ess DOVE C	OLIDT							
City, State, Zip Code		City, S	tate,	Zip Code										
Project Manager for Monitoring Firm	one No.		Teleph 732-6	one N	No.		License	e No.						
Start Date (10) 10/9/18	10/16/	18	npletion	Date (11)				HA Monitor D PROFE		NALS				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:			City, Si	IITE ate, 2	DOVE Co									
Scope of Work (Check All That Apply)						LAKE	VVO	OD, NJ 0	8701					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Pemoliti				×	Gl	II Containmoni-Enclosure	cedure				°0	
Location of	N	Locatio	y		Des	Non-Exempted (*)			z () uno) and Non-Friat		Abatement Type		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	Maintenance/ Custodial Staff? Asbestos Co (i.e. therm.					Italining Material (ACM) Il systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure
	Yes	No	N/A								Removal	=	ilate	лге
INTERIOR	-			PIPE AN	ND BOI	ILER II	NSU	LATION	12	0LF	x			
lame of Registered Waste Hauler EWARK CARTING		Ha	DEP W uler ID 509	No.	Cubic Y of Wast 7			Name of F	Register	ed Landf	ill			
city, State EWARK, NJ					Disposa 10/16/			City, State		PA				
Completed by OSEPH PERLSTEIN	Title OWN!	 ER		L	Sig	nature				D	ate /17/18			