Ch0140

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuantato NJAC 8:60 and 5:16)

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V. 10.				1				•		0=0	0 0	0046	. 1
Date of Notification (1)	24 /	40			100000		ng Owner/Operator (** ·	II U	SEP		2018	
	24 /	18			На	rvey Ste	rnberg	/ Job #1809	-2356	Chk. #	140		
Agencies Notified EPA	Type Notific	ation			Stree	t Address			ASI	RESTO			1 2:
⊠ DOLWD	☐ Amende	d							[er more	A		No. of
☑ DHSS	Amendr					State, Zip					10211		
□ DCA	☐ Emerger			g	Go	ulester T	ownship, NJ 080	081					
(NJAC 5:23-8)	justificat				2007/2019/2019	of Contac			Telephone N	Number		300	
	☐ Cancella	tion			An	drew Fol	cher, Demo						
N					FA	CILITY IN	NFORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility (4))				
Residential								☐ School (K-12) ☐ Subchapter 8 (Other the - I	(40)			
Street Address								Other (i.e., priv	ate and com	nmercial	ouildir	nas,	
City (F)								homes, etc.)		701 CEU-0270. SEA II			
City (5) Gloucester Townsh	i.							Square Feet	# of Floors		3ldg.	Age	
County (6)	ııþ							2500	1		45		
Gloucester					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Prior	if being den	nolished)			
Name of Monitoring Firm	Hirod by Buil	dina C	himar	(0)	A C C B A	NI-	IN. CALL	Residential					
Finog Environment		ung C	wher	(0)	ASCM	NO.	Name of Abateme	DAGE, STANSFORM ACTUARD DAGED	•				
Street Address	а I						Street Address	d Mold Services,	Corp.				
671 Stoke Road Sui	te 4-318							outousud					
City, State, Zip Code	10 4 0 10						3859 Sylon B City, State, Zip Co	Control of the Contro		000		,	
Medford, NJ 08055							Hainesport, N						
Project Manager for Monit	torina Firm			Tele	phone	No	Telephone No.	13 00030	License No				
Rebecca Rubnitz	9			S. C. Vandago	8-715		609-702-0400		00862				
Start Date (10)		Sched	uled C	1		te (11)	Name of OSHA M		00002				
10 / _3_ /					/	3.5	EMSL Analyti						
Occupancy Status During	Abatement (Check	only	ne)			Street Address						
☐ Facility Closed/Vacate					nent		200 U.S. Rout	e 130 North					
☐ Abatement Performed	Outside of No	ormal	Facility	/ Hour	s - Des	cribe	City, State, Zip Co						
Time of Abatement:	AM	PN	N/	_PM-		AM .	Cinnaminson						
Scope of Work (Check all	that apply)							•					
≥3 sf or ≥3 lf			M Da	novati	20			ainment with Negati	ive Pressure				
\(\frac{1}{2} \) ≥160 sf or ≥260 lf			De				☐ Mini-Encl						
								npted (*) and Non-F	riable Proce	edure			
f #			10050	Locat Iormal						Α	baten	nent T	уре
Location of Asbestos-Containing N)	Use	d Sole	ly by	Ashe	Description of stos Containing Mat		Amount	7	Re	ш	m
TO BE ABAT	TED			intena odial S			., thermal systems i		(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)	<i>y</i>		Cusi	(12)	otanir		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>	2	Encapsulate	sure
()			Yes	No	N/A		other miscellanet	Jus)				te	
Roofing					\boxtimes	Roofing	1		3040 SF				
					1,475-210	rtoomig	3		3040 31				
			Ц										
											П	П	
Name of Registered Waste	e Hauler			10.00	JDEP V	2000	Cubic Yards of	Name of Register	ed Landfill		1	1-	-
Waste Management				0.000	auler ID 17273		Waste	Grand Centra					
City, State					11213		5 Disposal Date	City, State			29.2		
Lafayette, NJ							10/5/18	Penn Argyle,	PA				
Completed By (Print or Typ	oe)	Title					Signaturé	3,10,		Date			-
Kimberly A. Trumber		Of	fice C	oord	inator		DK1	_		9-	111	-10	, I
25.11							MIXIL		100	1 .	-7	LX	

Ch 5130		NOTIFIC	ATIO Pursua	OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1	6)	DEC		- euro	204	
Date of Notification (1)			Name	e of Buildin	g Owner/Operator ((2)	- U-U-S E	7 6	2-6	201	5
	24 / 18		4933		ership, LLC	Job #1612	-2144 C	hk. 5	5139		
Agencies Notified	Type Notification		Stree	t Address			ASSLE	1103	001	1150	71 7
☑ EPA ☑ DOLWD	☐ Initial		69	King Str	eet		Contract of the second	_		÷ -	
☑ DHSS	Amended Amendment #	1	City,	State, Zip (Code					-	
□ DCA	☐ Emergency (in		Do	ver, NJ 0	7801						
(NJAC 5:23-8)	justification)	iciduliig	Name	of Contac	at		Telephone Numb	er		-	
	☐ Cancellation		Kir	k Harpell	fi		973-989-5000				
					FORMATION			1			
Name of Facility Where A	batement is Takin	g Place (3)			0111111111011	Type of Facility	(4)		110000		
Commercial Proper						School (K-1					
Street Address						☐ Subchapter	8 (Other than K-12)				
69 King Street							private and commerc	ial bu	gnibliu	gs,	
City (5)						homes, etc. Square Feet	6)	DI	-l - A		
Dover						217,800	# of Floors		dg. A	ge	
County (6)			Cour	aty Code (7)(STATE USE ONLY)		rior if being demolish		107		
Morris			Jour	ny oode (i	MOTATE OUE ONET)	Warehouse		lea)			
Name of Monitoring Firm	Hired by Building (Owner (8)	ASCM	No	Name of Abateme						
Criterion Laborator		(0)	7100111	110.		d Mold Service					
Street Address					Street Address	a Mola Selvici	es, corp.				
3370 Progress Drive	e. Suite J				3859 Sylon B	oulevard					
City, State, Zip Code					City, State, Zip Co						
Bensalem, PA 1902	0				Hainesport, N						
Project Manager for Monit		Tel	ephone	No.	Telephone No.		License No.			(A)	-
Mike Panepresso		2	15-244	-1300	609-702-0400		00862				
Start Date (10)	Scheo	luled Compl	etion Da	te (11)	Name of OSHA M	lonitor					
10 / _8_ /	181	0 / 1	2 /	18	EMSL Analyti	ical, Inc.					
Occupancy Status During	Abatement (Check	conly one)			Street Address						-
☐ Facility Closed/Vacate	d During Entire Pe	riod of Abate	ement		200 U.S. Rout	te 130 North					
Abatement Performed Time of Abatement:	Outside of Normal			cribe	City, State, Zip Co	ode					
	- Allie Ande de	PM	AM		Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)					2					
≥3 sf or ≥3 lf		⊠ Renova	tion		☐ Full Cont	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf		☐ Demoliti				Procedure					
		1-1	**	1		mpted (*) and No	n-Friable Procedure				
Location	of	Is Loca Norma			D			Aba	ateme	ent T	уре
Asbestos-Containing N		Used Sol	ely by	Asbes	Description of stos Containing Mat		Amount	Re	Re	En	En
TO BE ABA	ΓED	Maintena Custodial			, thermal systems i	nsulation,	(Specify	Removal	Repair	cap	clos
IN Facility (13)	/	Custodiai (12)			surfacing, VAT,	or	SF or LF)	val		Encapsulate	Enclosure
(10)		Yes No			other miscellaned	Jus)				ate	

 \boxtimes \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273 5

Pipe Insulation

Floor Tile

City, State Lafayette, NJ

Same as above

SpaceB230, A280, A260, B440, B420

Disposal Date

10/12/18 Signature City, State Penn Argyle, PA

Completed By (Print or Type) Kimberly A. Trumbetti Office Coordinator

 \boxtimes

 \boxtimes

Date

106 LF

2380 SF

 \boxtimes

 \boxtimes

10 10000 5013	2			of ASB				NT	7			F	Pri	ALF CONTRACTOR OF THE PARTY OF
Date of Notification (1)			Name of	Building	Owner/C	perator	(2)	1 .	14	SEP	26	2018		1
09/24/18				lersey Ir	nstitute	of Ted	chr	nology						
Agencies Notified Type Notification			Street A	77 T.					A	SBESTO	S CON	CRT	1.8:	-
X EPA X Initial		L		arren S				large.	Manuella	LICH	ENGIN	<u> </u>	A	
DEP Amended Model Amendment	#			te, Zip Co rk, NJ 0										
Emergency		-			7103		_		7-					
DOH justification) Cancellation			Bill Ma	Contact					1000	lephone Nu 01-306-4				
E SON				LITY INFO	ORMATI	ON				01-000-4	074		-D-059	
Name of Facility Where Abatement is Takin	g Place (3	3)	17101		O'TAMP (TI	011	Ty	ype of Facility	(4)			n E entre		3777
Tiernan Hall							Г	School (K-	12)					
Street Address								Subchapter	r 8 (Oth					
161 Warren Street							X	Other (i.e. p	private	& commerc	cial buil	dings,	home	es,
City (5)							So	quare Feet	# 0	of Floors	E	Bldg. A	ge	
Newark							4	0,000	4		1	50+		
County (6)			County (Code (7) JSE ONLY	1			urrent Use (Pri		ing demolis	shed)			
Essex			State of the same		-	_	1.00	aboratories						
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	l No.				Abatement Co						
Ctroat Address								ced Special	ty Col	ntractors		,		
Street Address						Street		_{dress} //ain Street l	Evton	cion				
City, State, Zip Code			-				7 55	e, Zip Code	LXIGII	SIUH				
Only, Otato, 2.p Oode								rille, NJ 088	72					
Project Manager for Monitoring Firm		-	Telephor	ne No		Teleph			12	License	No			
			Готорито	10 110.				25-0100		00750	140.			
Start Date (10)	Schedul	ed Con	npletion I	Date (11)		1000	-	OSHA Monitor						
10/05/18	10/05/					Tige	r E	nvironment	al					
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Add	dress	27-17				-75.55	
Facility Closed/Vacated During Entire I						234	20	th Ave						
Abatement Performed Outside of Norm Other – Describe:	nal Facility	y Hours	3					e, Zip Code						
					_	Bric	k, I	NJ 08724						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				X		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure)			e	
	Is	Locati	ion										emen	t
Location of		Normal			Des	scription	of					1)	ре	_
Asbestos-Containing Material (ACM) TO BE ABATED	1 100000000	aintena						erial (ACM) sulation,	1.0	Amount Specify	77		E	ш
In Facility	Cus	todial (12)	Staff?	(i.e.	surfac	cing, VA	T, 0	or		F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)	-		other n	niscellar	neo	us)			oval	뿔	sulat	sure
	Yes	No	N/A										е	0.775.0
Fittings in Hallway piping	X				Therm	al Insu	ılat	tion		5 LF	Х			
Name of Registered Waste Hauler		0.11814	JDEP W		Cubic of Was			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		tered Landf	ill			
Freehold Cartage		10.00	5939		30	202		Fairles	s Lar	ndfill				
City, State						sal Date	1	City, Sta			72 52/32	72		
Freehold, NJ					10/06		1	Morris	ville, l	PA		<u> </u>		
Completed by	Title	2 2	39800		S	ignatur	9//	Maria	1/		ate /		1.	
Dan Baptista	Safe	ety Ag	ent			//	1	11547	1		1/0	24/	2	
ASB-41 (R-06-08)						* Do no	ot u	lse this form fo	r asbes	stos licensu	ire exe	mpted	activi	ities.



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

Check # 25693

	Barrenser			to NJAC 8:60 a				[E	C	F	7	// [
Date of Notification (1) 9/25/2018			Name o	f Building Owner	Operator	3000				<u> </u>	<u> </u>	D 1	/ [1	
Agencies Notified Type Notification			Street A	ddress	Giirio	i e			0	C D	20	3 20	10	
									บ	LI	۲ () 20	10	
DEP Amended			City, Sta	ate, Zip Code			20040		ACIDE	020		714 TOTAL		
Emergency (in		-	Mana a		renton, l	NJ (8618		ASPE	1:0	7.8 5	17.175	30 M.	
□ DOH justification) □ DCA □ Cancellation				f Contact Mary Gilmore				Tèlephone	Numb	er ····	r sancressor i	and the state of		
				LITY INFORMA										
Name of Facility Where Abatement is Taking Residential	Place (3	3)				Тур	e of Facility (4)				77.5-5			
Street Address						H	School (K-12) Subchapter 8		K-12)					
a concentration of a constant						×	Other (i.e. privetc.)			build	ings,	home	s,	
City (5) Trenton, NJ 08618	Ys					1000000	uare Feet 2500	# of Floors		BI	dg. A	-		
County (6) Mercer				Code (7) USE ONLY)		Cur	rent Use (Prior	if being dem	olished	1)				
Name of Monitoring Firm Hired by Building On MECS	by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Stevens Environmental Service								es Inc					
Street Address PO Box 341					Street PO E	Addr	ess	(d) (0) (10)		J.				
City, State, Zip Code Crosswicks, NJ 08515		# 1 5 1 L			City, S	State,	Zip Code n, NJ 08501							
Project Manager for Monitoring Firm	- (27)		Telepho	ne No.	Teleph			Licen	se No.				\dashv	
Tom Geiger				290-2219	40000000000		9688	0049						
Start Date (10) 5 10/5/2018	Schedul		pletion /2018	Date (11)	Name MEC		SHA Monitor							
Occupancy Status During Abatement (Check	Only Or	ne)			Street	200								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: 8 am - 4 pm	eriod of a	Abatem / Hours	nent i			State,	341 Zip Code ield, NJ 085	15			_			
Scope of Work (Check All That Apply)					Ones	Sterr		13					_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti			×	N G	ull Containmen fini-Enclosure flovebag Proced lon-Exempted (dure				9		
	Is	Locati	on					7			Abate	ment		
Location of		Normalled Sole			escription				-	_	Ту	pe T	_	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	nce/ Staff?			s insu T, or	ılation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									(D		
Basement		X		Therma	l Pipe Ir	nsula	ation	180 lf		Х			-	
Name of Registered Waste Hauler		I NI	JDEP W	lasta Cob	c Yards		Name of De	aistored ! -	ndfill					
Stevens Environmental Services		11 200	auler ID 18292	No. of W			Fairless L	egistered La andfill	IIIIDII					
City, State Allentown, NJ 08501					osal Date 0/10/201		City, State Morrisville	e, PA						
Completed by Mahlon E. Stevens	Title	Projec	t Mana	ager	Signature	1		/	Date 9	/25/	18			

2				$'/\Delta$ \	TOWN THE PERSON NAMED IN	Section 1			man				WPri	PH F
Ch 25694	ħ		ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		т	the second		P 2	THE PROPERTY OF	018	The Williams and the second of
Date of Notification (1) 9/25/2018			Name o	f Building	Owner/0			merica			-	0 2	UIU	
Agencies Notified Type Notification			Street A	Address	540 500				1	ASSES				· 8:
EPA Initial Amended						0 High	Str	eet	Laurence	The second secon	LIGEN	SINC		mana (mina
× DOL Amendment		_	City, Sta	ate, Zip Co		ketstov	wn,	NJ 07840						
➤ DOH Emergency (justification)	including		Name o	f Contact					Tele	phone Nu	mber			
DCA Cancellation	1		7500	/like Vel	THE COURS				(7	32) 543	-2777			
Name of Facility Where Abatement is Taking	g Place (3)	FACI	ILITY INFO	ORMAT	ION	Typ	e of Facility (4)					
Water Treatment							П	School (K-1						
Street Address 800 High Street						3	×	Subchapter Other (i.e. p	8 (Othe			dings,	home	es,
City (5)								etc.) Jare Feet	# of	Floors	E	Ildg. A	277 (1)	
Hacketstown, NJ 078	40		Country	0-4- (7)				20000		1		65	+/-	
Warren			County (Code (7) USE ONLY	,		Cur	rent Use (Prid	or if bein	ng demolis	hed)			
Name of Monitoring Firm Hired by Building O MECS	Owner (8)		ASCN	ЛNo.				eatement Con Environme			Inc			
Street Address PO Box 341						Street	Addr	ess	intai O	CI VICES,	nic.			
City, State, Zip Code						PO E		Zip Code			-			
Crosswicks, NJ 08515						The second second second		n, NJ 0850	1					
Project Manager for Monitoring Firm Bill Weisgarber			Telephoi (609)	ne No. 298-407	70	Teleph 609 2		No. 9688		License N 00493	10.			
Start Date (10) 10/8/2018	Schedule		mpletion I	Date (11)		Name MEC		SHA Monitor						
 Occupancy Status During Abatement (Check						Street		ess						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 8 am - 4 pm	eriod of A al Facility	baten Hours	nent S				tate,	341 Zip Code ield, NJ 08	515					
Scope of Work (Check All That Apply)						Ciles	Sterr	leid, NJ 00	515					
× ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emolit				×	N G	ull Containme lini-Enclosure lovebag Proc lon-Exempted	edure					
	Is	Locati	ion					an Exempted	() and	14011111100	1	Abate	ment	
Location of Asbestos-Containing Material (ACM)		ormal Sole		Ashsal		scription				was to the large		Ту	pe	
TO BE ABATED In Facility (13)	ntenar odial S (12)	707700000000000000000000000000000000000		thermal surface		s insu T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
76 ST	Yes	No	N/A								<u>a</u>	7	late	ıre
See Attached	X										Х			
Name of Registered Waste Hauler Vaste Management		9.00,0	JDEP Wauler ID	No.	Cubic of Was			Name of F Fairless						
City, State Newark, NJ					Dispos	al Date 31/201	8	City, State Morrisvi						
Completed by Mahlon E. Stevens	Title	roioo	rt Mana	agor		ignature	1	M	7	Da	ite 9/25	/4.0		

B & G proj. #:

2018-190

State of NJ
Notification of Aspestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9198

			Eng.	Quel III					0100			-
Date of Notification	(1)	11	Name of Bu	ilding Owr	ner/Operator (2	2)			E @	₽ n	777	P 1
10 19 1/12 14]/ 1 8		Raymon						EG		\mathbb{V}	
Agencies Notified	Type Notifica	ition	Street Addre	SS								-
L EPA	X Initial							Control of the contro	SEP	26	2018	
☐ DEP		11	City, State, 2	Zip Code				int Li	ULI	2 0	2010	11-
X DOL	☐ Amend		Wayne,		70					and the same to the		
X DOH		1	lame of Cor	itact				Telephor	ASBEST ne Number			R.
□ DCA	Cancel	lation	Paymo	nd Lond	or			landrouse		delandar =	· igi e i este rigita	
			Nayiiio	nd Lend	er			1				
				FAC	ILITY INFORM	IATIO	N					
Name of facility who	ere abatement	is taking pl	ace (3)			15 1000		Type of Facility				
Raymond Lend	der								ol (K - 12)	200		
Street Address								1 222	apter 8 (Ot			
o di o di 7 da 1035								Other Bldgs.	(Private/Co /Homes, et	mmercia c.	18	
									# of Floors		Bldg. Age	е
City (5)		Cou	nty (6)			,	inty Code (7)					
Wayne, NJ 07	7470	Pa	ssaic			(Sta	ite use only)	Current Use (P	rior if being	demolis	hed)	
Name of Monitoring	Firm Hired by	Bldg, Own	er (8)		ASCM No.		Name of Abatement C	Residential				_
			, ,		n/a	-	B & G Restoration					9.0
Street Address			***************************************	l			Street Address	on, mc.				-
							105 Ryerson Re	oad				
City, State, Zip Code						-	City, State, Zip Code					
							Lincoln Park, N	NJ 07035				
Project Manager for I	Monitoring Firm	n	Ph	one Numb	er		Telephone Number		License N	Number		
							(973)696-6869		003	378		
Scheduled Start Date	e (10)	Sched	. Completio	n Date (1	1)	-	Name of OSHA Monit					
10/05/2018		10/0	06/2018				B & G Restoration	on, inc.				_
Occupancy Status Di	uring Abateme	nt (Check o	only one)			-	105 Ryerson Ro	ad				
Facility closed/		Contract of the Contract of th		nent.			City, State, Zip Code					
Abatement per Describe:	formed outside	of normal	facility hour	S-			only, onato, zip oodo					
Other-Describe	e:						Lincoln Park, N.	J 07035				
Scope of Work (che	ck all that appl	у)									12.0	
Demolition	X	Renovation	n			□ F	ull Containment w/nega	ative pressure	Gloveba	ag proced	dure	
	П	≥160 sf or	>260 If			X	/lini-enclosure	Γ	705	able proc		
Location of			n normally u	sed solely	/					RR	E	_
asbestos-conta	aining	by mainted staff(12)	enance/cust	odial	Description	on of a	sbestos-containing	Amount	.	e e m p	n	E n
material to be abated in facilit	tv (13)		Г	T	material ((Specify S LF)	For	o a	a	C
		Yes	No	N/A				1 - 1		v i e r	p	
basement boiler	The state of the s			X	pipe insula	ation		90 lf		X		
finished sp	ace											
												Ц_
Pagistared Wests II	ulor			4 12	ubia Varda arti	Va-t-	IN (5 · · · · · ·					Ц
Registered Waste Ha B & G Restoration	on, Inc.		EP Hauler II 19563	# C	ubic Yards of V 1	vaste	Name of Registered L Grand Cen					
City, State				Disposal D	ate		City, State			-		-
Lincoln Park, N.	J				6/2018		Pen Argyle,	PA	No. 100 and 100		. F	
Completed by (Print of	or Type)	Title			Signature	(Gordana Luna		Date			
Gordana Luna		Secretai	ry/Treasu	er			zoraana Luna		09/24/	2018		

B & G proj. #: 2018-194

Notification of Asbestos Abatement
(Rursuant to NJAC 8:60-7 and 12:120-7)

		6								Check	# 9199			141	_
Date of Notification	1 (1)		Name o	of Building	Owi	ner/Operator (2)	i i	dia series di series			E P	P	П	Π.Π	FT
10 19 1/12 14	1/118		1.1			itute of Tech		gy		111))-	EG	E		\mathbb{V}	
Agencies Notified EPA	Type Notifica	ation	Street A							11-31					- 11
DEP	✗ Initial		1			nts, 333 MLk	Blv	d.,			SEP	2	6 2	018	-
X DOL	Amend	dment		ate, Zip Co		102-1982									
₩ DOH				f Contact		102-1302				To be seen	SBEST	SERVICE STREET, STREET	OON	BOL	. 8 .
☐ DCA	☐ Cance	llation			l	-4 DE				Telephone		The same of the	ele de la		
			II And	Irew P. C	nrı	St, PE				(973) 5	96-577	0			
					AC	ILITY INFORM	ATIO	N	4		÷		пратиров		
Name of facility wh	iere abatement	is taking	g place (3)						Туре о	f Facility (4	4) (K - 12)	0			
Tiernan Lectu	re Hall								-	_	(N - 12) apter 8 (C		hon k	(12)	
Street Address														-12)	
161 Warren S	Street								Cause		Homes, e			Ida A	
City (5)			County (6)			T	Co	unty Code (7)	Square	e reet ,	# of Floor	S	_ B	ldg. A	ge
Newark, NJ 0	7102-1982		Essex					ate use only)	Curre	nt Use (Pri	or if bein	g den	nolish	ed)	
Name of Monitoring						A00MM		I Name of Alexander		dential					
Omega Envir						ASCM No. n/a		Name of Abatement							
Street Address							-	B & G Restora Street Address	tion, Inc.		-				
280 Huyler S	Street						- 1	105 Ryerson I	Road						
City, State, Zip Code South Hacke	pook NIO	7600						City, State, Zip Code		THE RESERVE OF THE PERSON NAMED IN		-			
Project Manager for				·			_	Lincoln Park,	NJ 0703	35	***********				
Geiser Fajaro		n		201-48				Telephone Number (973)696-686	39		License	Numb 378	oer		
Scheduled Start Date		Isc	hed. Comp				_	Name of OSHA Mor				370	-		_
10/05/2018	C (10)		10/09/201		(1	1),		B & G Restora	tion, Inc.						
Occupancy Status D	Juring Ahateme						_	Street Address							
Facility closed								105 Ryerson R	24,000,000						
Abatement per Describe:	rformed outside	of norn	nal facility h	nours-				City, State, Zip Code							
Other-Describ	e:						-	LincolnPark, N	J 07035	e A					
Scope of Work (che	ck all that appl	y)						vrap & cut						- 1	
☐ Demolition	X	Renov	ation				□ F	ull Containment w/ne	gative pres	ssure [Gloveb	ag pr	ocedu	ire	
>3 sf or >3 lf	X		or ≥260 If					fini-enclosure		×] Non-fri	able p	oroce	dure	
Location of asbestos-cont	cinina	ls loca	ation norma intenance/	illy used so custodial	lely					S 251	2	R	R	Е	Е
material to be	J	staff(1				Description material (A		sbestos-containing	1110 330	mount Specify SF	or	m	р	n c	n
abated in facili	ity (13)	Yes	No	N/A	١.	,			Ĺ	F)		O V	a i	a p	L
Room 311			$\neg \vdash \neg$	×	\neg	25 transite	table	e tops	25	0 sf		e X	h	П	
														一	
			4												
Registered Waste Ha	uler	IN.	JDEP Haul	er ID#	C	ubic Yards of W	aste	Name of Registered	Landell					\Box	Ш
B & G Restoration		_	19563		_	5	2010	Tullytown		e & Rec	overy (Cent	er		
City, State Lincoln Park, N.	J			Disposa 10/		ate /18 - 10/09/1	8	City, State Tullytown,			and the second constant				
Completed by (Print of Gordana Luna	or Type)	Title Secre	etary/Trea	asurer		Signature	(Gordana Luna			Date 09/24	/201	8	V.	

Ch 1341

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

(E	C	E		W	E	In
11)				U	(.)		
K							-

Date of Notification (1)			1	Vame	of Buildin	g Ov	vner/Operator ((2)	111 111	SE	P	26	-20	118
	18							ment of Enviro	nmental Pro	otectio	on /	Agen	су	
Agencies Notified Type Notific	ation		5	Stree	t Address				P	SBES	TO	S O	INC	BOL
☐ EPA ☐ Initial ☐ DOLWD ☐ Amende	2			275	Freehol	d E	nglishtown F	Road	Control of the			CNS		بيوموند
☑ DOLWD ☑ Amende ☑ DOH Amendm			C	City, S	State, Zip (Code	1							
□ DCA □ Emerger		lina		Eng	glishtow	n, N	J 07726							•
(NJAC 5:23-8) justificati		an ig	N	lame	of Contac	t			Telephone I	Numbe	r			
☐ Cancella	tion			AH	Payne				609-351-					
Name of the same				FA	CILITY IN	IFO	RMATION							
Name of Facility Where Abatement is	Taking Pla	ace (3)					Type of Facility						
Residential								School (K-12	2)					
Street Address			94					☐ Subchapter 8 ☑ Other (i.e., p homes, etc.)	rivate and com	nmercia	al bu	ilding	js, ´	
City (5)						_		Square Feet	# of Floors	8	BI	dg. A	no.	_
Union Township								- 4	" 01110013		5	ug. A	ge	
County (6)			T	Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (Pri	ior if being den	nolishe	'd)			
Union							,		ioi ii zoiiig doi	110110110	.u,			
Name of Monitoring Firm Hired by Build	ding Own	er (8)	AS	SCM	No.	Na	me of Abateme	ent Contractor (9)			- 01	-		-
Bio Terra Solutions								NAGEMENT L						
Street Address						Str	eet Address							-
P.O. Box 1224						2	7 Outwater I	_ane						
City, State, Zip Code						Cit	y, State, Zip Co	ode			_			_
Union, NJ						0	Sarfield, NJ	07026						
Project Manager for Monitoring Firm		T	eleph	one	No.	Tel	ephone No.		License No).				-
Rick Eustaquio					-3762	9	73-928-4888		1188					
	Scheduled					Nai	me of OSHA M	onitor			-	_		-
//				. / _	18	A	LL PRO MA	NAGEMENT LI	LC					
Occupancy Status During Abatement (Stre	eet Address						100	
☐ Facility Closed/Vacated During Entit	re Period	of Aba	teme	nt		2	7 Outwater L	.ane						
Abatement Performed Outside of No Time of Abatement:AM	ormal Fac	ility H	ours -	Des	cribe	City	, State, Zip Co	de						\neg
					- IVI									
Scope of Work (Check all that apply)							M Full Cont	ainment with Neg	ativa Danas					
≥3 sf or ≥3 lf		Renov					Mini-Encl	osure	ative Pressure	9				
≥160 sf or ≥260 If		Demo	lition				Glovebag	Procedure						- 1
		Is I o	cation		1		⊠ Non-Exer	npted (*) and Nor	n-Friable Proc	edure				
Location of		Norr	mally				Description of			1	Aba	7.5	ent Ty	
Asbestos-Containing Material (ACM) (sed S Mainte	olely	by a/	Asbes	stos	Containing Mat	erial (ACM)	Amount	- 1	Rer	Repair	Enc	E
TO BE ABATED IN Facility		ustodi			(i.e.		rmal systems in surfacing, VAT,		(Specify SF or LF)		Removal	air	aps	Enclosure
(13)	Ye		2)				her miscellaned		SF OI LF)		a		Encapsulate	lre
Throughout	_	N/A	Drywall	ICo.	mnound	C.3.0	2 000 00	-						
Room 102				<u> </u>	-			k bulletin board	3,068 SF	-				
Exterior Facade				<u> </u>		0.871.800		facade interface	16 SF					
Exterior of 108		1		<u>~</u>	Mindou	, ala	-in-		110 LF	-				
Name of Registered Waste Hauler					Window Vaste		oic Yards of	Name of Danie	72 LF		\boxtimes		Ш	
Newark Carting			112-2002-00-0		No.	Was		Name of Regist						
City, State			02383 As Needed IESI Bethlehem Landfill											
Newark, NJ						Disposal Date City, State								
						TBD Bethlehem, PA								
Completed By (Print or Type)	Title	-4 **					Signature	~ .	,	Date				
Allen Monchik Project Manager Allen Monchik 9/24/18														

SEP 2 6 2018

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

				7) CONTINUATION SHEET					
				24 State Route 173, Union Twp, NJ	IJ Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No.	s Locat rmally Solely tenand al Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u I	E n c l o s u r e
V2.	Yes	No	N/A						
Room 201			х	Grey Cementitious paneling asspc. With HVAC Ductwork	10 SF	х			
Exterior Roof			х	Black tar flashing at Chimney & Vents	12 SF	х			
Exterior Roof- Shed			х	Black tar flashing at pitched roof seams	72 SF	х			
Camper- 101			х	Black condensate sink coating	6 SF	х			
Camper- 101 and 102			Х	Linoleum	96 SF	Х			
Camper- 101 and 102			Х	Foil coated light pad insulation	6 SF	Х			_
Camper- Exterior Façade			х	Adhesive below exterior metal window frame	96 LF	Х			
							-		
		_							_

2 1 1 12 12 12 1				
Completed by: (Print or type)	Title:	Project Manager	Signature:	Date:
Allen Monchik			111 701 11	0/04/40
			Allen Monchik	9/24/18

Ch 195	3	ı		ICATIO!	OF ASE	ESTOS	ABATE		T _		CI,			00	= 2)	
Date of Notification (1)				Name o	f Building	Owner	Daerator	- (2)		lead J	F	P-71	= [Q.H	2	77%	4
9/21/18					ore Prop			100		$ U _{r}$		0 1	3 U	And the second		7	
Agencies Notified	Type Notification			Street A					\dashv	1731						111	#
EPA DEP DOL	Initial				eeker Si ate, Zip Co		=			The state of the s	S	EP :	26	201	8	112	4
DOL DOL	Amended Amendmen	t#			irn, NJ (allication.	-							1
	Emergency	(including			f Contact	110-1					ACC	TOTO	300	MITE	ΩL.	Q	-
DOH DCA	justification) Cancellation			Name 0	i Quingu					-	1 61	ephone	Num	per	whiz:	85-7-1V-	
Name of Facility 18th	AL			FAC	ILITY INF	ORMAT	ION	-									
Name of Facility Where A Former Gas Station	Abetement is Takii	ng Place (3	i)			, i		Тур	e of Fe	cility (4	•)					100	
Street Address	1 Obliednied 10	1 DSILIOII	HOH			-				ol (K-12		2011 100 100 10 10 10 10 10 10 10 10 10 10 10 10 10 10					
104 Baker St								X	Othe	napter i	ivate	er than & comm	K-1Z) remia	build	dinas	hom	20
City (5)			*********	-		and the same of			etc.)	27 27							
Maplewood								1000000	are Fe	et		Floors		1000	ldg. A	\ge	
County (6)				0	- 1 (et)	-		300			2				50÷		
Essex			- 1		Code (7) USE GNLY)						ng dem	ollshe	od)			
Name of Monitoring Firm	Hirad by Building	Causer (0)		ASCA			1 1			Gas 8							
n/a	Trilled by Building	Causes (9)		n/a	a Ng.		1		7.	nt Cont tractir							
Street Address		***************************************	-	146		*********	Street			riaciii	ig in	<i>,</i>					
n/a							1		sade	Ave							
City, State, Zip Code							City, S								-		
n/a							100000000000000000000000000000000000000		NJ 0								
Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Teleph					Licens	se No				
n/a				n/a			9734	460.6	5026			0125	55				0.0
Start Date (10)				mpletion	Date (11)		Name	of OS	HA M	onitor							
9/24/18		10/01/								tractir	ig inc	;					
Occupancy Status During		- 5	S.				Street										
Facility Closed/Vaca	ated During Entire	Period of A	bater	nent					sade								
Facility Closed/Vaca Abatement Performed Other – Describe: _	ed Obtains of Morr	nai radility DSM		S			City, S										
Scope of Work (Check Al	That Apply\						Gan	neid,	MJO	7026							
≥3 sf or ≥3 li ≥160 sf or ≥260 lf		T*************************************	enova emoli	1000000 A		C-80-11001111111111111111111111111111111		M	ini-End loveba	losure g Proce	edure	Negati				9	
		ls	Locat	ion											-	ment	
Location			lorma			De	scription	of							Ту	pe	
Asbestos-Containing TO BE ABA		Mai	d Sole ntana	nce/		tos Conf	eining M	tateria		A)		mount	1			m	
In Facili			odial S	Staff?	(1.8.	thermal surfa	systems cing, VA		lation,			pecify or LF)	1	Romova	Re	Encapsulate	Enclosure
(13)) <u>7</u> 2		(12)		-		niscellan)		Ů,	VI 51 /		IABU	Repair	insc	UBO
		Yes	No	N/A	9		٠.							==	5.9	ato	10
Roof	the second secon		*****	×		Roo	f Flash	ina			20	0 SF	$\neg \dagger$	ĸ	-		
		1		1	-					_			-	-			
		+		 						-							
		1			 												
Name of Registered Was				JOEP W		Cubic			Nar	ne of R	egiste	red Lan	ndfill				
Harmony Contracting	g INc		100000	lauler ID 33085	140.	of Wa	9(8		Gi	SWOF	Lan	dfill					
City, State							sal Date		City	, State							
Garfield, NJ						TBD	-,-,		100000	orrisvi	ie. P	A					
Completed by		Title					ignature)	1		, 1		Date	,			
F. Cirovic		Secri	nton.	100		1	7/10	_	4				0/0		-		

					RECE	IVED	09/21	/2018 03					
21 2018 03:40PM	NJ Asbestos Co	(D)		1	New Jarsey SPESTOSA AC 8:00 and		e 2			G [2.6	<u>201</u>	
ate of Notification (1) 9/21/2018		<u> </u>	blassa	- 5 Q. J. J.	ing Owner/Or	erator (D(- I Dang	k# 12	-	N/TH	01
genoles Notified	Type Notificetion		Street High	Address	gh Streets				ROES		NSI		C # 1
EPA DEP	☐ (nitial ☐ Amended		City, \$	itate, Zip	o Coda w Jersey 0	8812			11/				
DOL DOH	Antendment #_ Emergency Just Cancellation	fication	Nama	of Cont P. Del	act	_		WAT	eleprons Numbe 732-968-3226				
DCA			FA	CILITY	NFORMATI	MC		acity (4)				-	
lame of Facility Where	Abatement is Taking F	Place (3)											
aper Elementary ov	hool						■School □Subcit □Other		er than K-12) & commercial bldg	s, home	es, etc.	}	
400 High Street							Square 3Cl	0.50	# of Floors	Bldg.	Aga 5+		
Cty (5) Dunellan, New Jerse	y 08812		Cour	nty Code	(7)		1 000000		f being demolished ry School	i)		25235	
County (6) Middlesex	Bland by Quilding D	wner (8)	STA	TE USE	ONLY)	Nami	of Abats	nent Contra	ictor (9)				
Middlesex Name of Monitoring Fi Environmental Conf	m Hired by Building O					Street	et Address						1
Street Address 120 North Warren 5	teet					1000	McBride State, Zi	Code				_	7
City, State, Zip Code Trenton, New Jerse						Wor	odland Fr	rk, New J	License No				4
Drained Manager for N			Tele 732	ephone 2-223-2	No 225	973	-225-84[3	01104			_	-
Dominick Dercole Start Dale (10)		Scheduled	Comple 29/25/2	tion Da	te (1 l)	Nen	ne el OSI- Environ	ental Lab	oratories, LLC				
00/22/2018	uring Abatement (Chec					Stre	est Addres	22 Nest					
☐ Facility Closed	Naceted During Entire formed Outside of Nor ibe: 7:30AM Start	SERVICE OF A	o anterme	nt		Cim	y, State, 2 Inion, N	07083					_
Scope of Work (Cha pile3 at or ≥3 if □≥150 at or ≥260 if	ck All That Apply)	best	novation notition	n			☐ Mi	-Enclosure	nt with Negative P Procedure (*) and Non-Friab				
									· ·	T	Abatat		
Asbestos-Conti	cation of sining Material (ACM) <u>E ABATED</u> 1 Facility (13)	Use Ma	Location (12)	by ce/	100000000000000000000000000000000000000	Contain	ption of sing Mater stems ins: g, VAT, or collaneou) and i	Amount (Specify SF or LF)	Romoval	Repair	Encapsadate	Enclosure
	7 TO 10 TO 1	Yas	No	N/A	Elbows			. – – –	19 ea (under 10	LF) X	-		-
Auditorium (be	hind stage)	-		-						-	-	-	-
									+	+	+		T
			-	-	+						T		
	8*-0505					A	/ and it	Name	of Registered Lan	dfill		1-	1
Name of Regists	red Waste Heuler			NADEP Haular I	D No.	Cubic Y of Was 25	10	Fairte	ss Landfil		_	-	
Lilich Corporati City, State Woodland Par				18724		Dispos 09/1	7/2018	City,	State Swille, PA	Date			
	C MEM TRIDGA	Title				16	阿斯根	1 1	1 100	00/2	1/201	Б	

				RE	CEIL	/ED 09/21	/2018 ()3:41PM				
21 2018 03:40PM NJ Asbestos				A Jerse	7	page 1			i C			\mathbb{V}
Ch1054	NOTI	(Purau	ant to N	ASSESTO: JAC 8:60 8	nd 12:	120)			SE	P-2	6 2	201
ste of Notification (1) 9/21/18		Boro	ne of Bull Sught of V	iding Owner Vest Long B	r/Oper Branci	rator (2)	eci # 12	53 DOV	opro	TOIS		
gencies Notified Type Notification			et Addre West Br					Variable Control	-2	JOSE		1
DEP Dinitial DEP DAMENDED DOL DAMENDED	#	City, Wes	, State, 2 st Long B	lip Gods Iranch, Nev	A Tata	ey 07765				4	XX.10	
DOH Emergency (Justification) Cancellation			Cole	ntact				Telephone 1907	100		اسه ساید	
		F	ACILITY	INFORMA	ATION		=	1			_	\dashv
lame of Facility Where Abatement is Takir	ng Place (3)	111-02				Type of Fac						1
Vest Long Branch Library Street Address						School () Subchall Subchall	El de denne	than K-12) commercial built	iinga, h	отв\$,	atc.)	
is Poplar Avenue						Square Fed 4500		# of Figors	Bid 195	g. Age		1
Nest Long Branch County (6)		Col	unty Cod	e (7)		Current Usi	(Prorifice	ing demolished) y (Closed Not In	Use)			1
Monmouth Name of Monkoring Firm Hired by Building	Dwner (6)		ASCM N			Name of Abate	ten Contra	actor (9)				
Lis Consulting Services, LLC					1	Street Addres : 806 MCBRIDE	NVII.					
134 Bennington Farkway City, State, Zip Clode				1		City, State, Zio WOODLAND	Cole ARK 0742					
Franklin Park, New Jersey 08823 Project Manager for Monitoring Firm		179	laphone Z-940-8	No.		Telephone No 973-405-9760		License h	lo.			
Krzysztof Lis	Schedulad	Comp			-	Name of OSH IRIS Environm	Monitor	ntories LLC				
Start Date (10) 09/24//2018 Occupancy Status During Abstament (Cit	09/26/2014 neck Only One)					Street Address 2333 Route 2					# HE KY	
E Pacifity Closed Nacsted During Entire Abstement Parformed Cutside of Nor Other - Describs:	marind of Shot	temen			-	City, State, Zi Union, New J	Code	3				
Scope of Work (Check All That Apply) 3 si or 23 if 2 160 sfor 2260 if		emoliti				□ Mi	i-Enclosu	ent with Negative re cedure of () and Non-Fr			9	
						E N	n-E:ternpre	d () and then		ADDIT	ment pe	
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	N Used Mai	Location (12)	ly by nce/	(1.0. 0	as Cor nerms	escription of hisining Materia is systems Insul soing, VAT, or miscellansous	1901,	Amount (Specify SF or LF)	Removal	T	Encapsulate	OHOCAPOUT
	Yes	No	N/A X	Waterpro	ofins 7	Tar		3200	×	+		T
Entire Building			+-	- Totalero						1		-
	_								-	+	-	+
	$\neg \uparrow \neg$					1. Vd-	Tilama (of Registered Lar	ndfill			
Name of Registered Waste Hauler			NJDEP I Hauler II 18724	Meste D No.	ofV	ile Yards Vaste 850	BROW	/S - Fairless Land				
A SECTION AND A						posel Date	CHy, S	tate rille, Pennsylvan	19			
Litich Corporation City, State Woodland Park, New Jersey					0.61	26018		1	Dete			

Ch 0590 Date of Notification (1)		NOTI	FICATIO Pursuar	N OF AS	lew Jersey BESTOS A C 8:60 and	12:12	(0)	IT .	The state of the s	E C	E 26	20		rint-Foi
09/17/2018			Resid	dence	g Owner/O	perato	(2)							
Agencies Notified Type Notification	1		Street	Address			-		P	SBEST			01.8	J
EPA Initial Amended			City	tata 7:- (2-1-				Contract		ICENS	NG		
X DOL Amendmen				tate, Zip (Ile NJ 0										
➤ DOH Emergency justification		g	Name	of Contac	t				Tel	lephone	Numbe	r		
DCA Cancellation	1			ael McD					Į.			7		
Name of Facility Where Abatement is Takir	ng Place	(3)	FAC	ILITY IN	FORMATIC	N	Tvn	e of Facility	, (A)					
Residence					*		П	School (K						- 1
Street Address								Subchapt	er 8 (Oth	er than k	(-12)			
City (E)							×	Other (i.e. etc.)	. private	& comme	ercial bu	ilding	s, hom	ies,
City (5) Roselle							Squ 1,7	are Feet	# 0	f Floors		Bldg. 109	Age	
County (6)			County	Code (7)			110	rent Use (P	-	na demo	lished)	109		
Union			(STATE	USE ONL	y)	-					or.iou)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8	3)	ASC	M No.				atement Co ank Servi		(9)				
Street Address PO Box 354		-211-211-1				Street								
City, State, Zip Code								erty Aven Zip Code	ue					
South Orange, NJ 07079								NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	ne No. 49-2666	200	Teleph 844-4				License 01316				
Start Date (10) 09/28/2018	Schedu	led Co	npletion	Date (11)				SHA Monito						
Occupancy Status During Abatement (Chec	10/16/							Lighthous	se Solu	tions				
Facility Closed/Vacated During Entire F	100	50	nent			Street A								
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hour	S					Zip Code			-			
Scope of Work (Check All That Apply)						South	n Ora	ange, NJ	07079	1				
		Renova	tion				١ _							
≥160 sf or ≥260 lf		Demoli				×	Mi	ıll Containm ini-Enclosur	'e	Negative	Press	ure		
						×	GI No	ovebag Pro on-Exempte	cedure	l Non-Fri	able Pr	ncedu	re	
	Is	Locat	ion									Abat	ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole				ription					-	T	ype T	
TO BE ABATED	Ma	intena todial S	nce/	Asbes (i.e.	tos Contair thermal sy	stems	insul	il (ACM) ation,	2000	nount pecify	, D	_	Enc	四
In Facility (13)	000	(12)	otan:		surfacin other mis					or LF)	Remova	Repair	aps	Enclosure
	Yes	No	N/A		outer mis	Cilain	Jousj				val	=	Encapsulate	ure
Third Floor		Х			Floo	or Tile)		75	SF	X	-		
											+			
Name of Registered Waste Hauler		1000	JDEP W		Cubic Ya			Name of	Register	ed Landi	fill			
Newark Carting		10000	auler ID 1509	NO.	of Waste			Waste	Manag	ement	Landf	ill		
City, State East Orange, NJ					Disposal	Date		City, Stat		ΟΛ				
Completed by	Title				t/	ature	1	110111	y yie, i		Date			
Alison Lamers	Office	e Mar	ager		Q.	KAI	W	MA	9	1 1 22	09/17/	2018		

Ch 1405	Account to the same of the sam		CATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		т		E			<u> </u>	W	int F
Date of Notification (1) 09/17/2018				of Building	Owner/0	Operato	r (2)				SEP	2 (5_2	018	and department
Agencies Notified Type Notification REPA DEP Amended Amendme			Street A			200			270 A 14 - C. 2. 2	ASE	ESTO LIC		ON		. 8:
Emergenc justification Cancellation	y (including n)]		of Contact		320			Tele	phone	Numbe	er	į.		
Name of Facility Where Abatement is Tak	ing Place (3)	FAC	ILITY INF	ORMATI	ION	Tue	o of Facility	(4)				*		
Private Residence Street Address	ing race (I Jyp	School (K- Subchapte Other (i.e. etc.)	12) er 8 (Othe			uild	ings,	home	es,
City (5) Phillipsburg, NJ 08865							1.0	iare Feet 14+	# of 2	Floors			dg. A)+	ge	
County (6) Warren				Code (7) USE ONLY)		0.0000000000000000000000000000000000000	rent Use (Pr use	ior if bein	ig demo	olished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASC	M No.		Name Nari	of Al	struction,	ntractor ((9)					
Street Address						Street 63 L		ess er Stockin	ig Path						
City, State, Zip Code								Zip Code Park, NJ 0	7035						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none			License 01306		-		() ·	
Start Date (10) 09/29/2018	Schedul 09/29/2		mpletion	Date (11)				SHA Monitor struction,							
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of	Abaten	nent s			City, S	eath	ess er Stockin Zip Code Park, NJ 0							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure					9	
Location of	1	Locati Normal	lly		Doc	scription								ment	22
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintena todial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	aining N	lateri s insu T, or		(Sp	nount pecify or LF)	Kelilova	Domous	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A X	TOL	/Pipes	/ \Mran	000	1 C''+/	12	0 LF				ite	Ф
				101/	i ipes	(vviap	and	Cut)	131	ULF	X	+			
Name of Registered Waste Hauler Nari Construction, LLC		Н	JDEP W lauler ID 037535	No.	Cubic of Was	ste		Name of G.R.O.		ed Land	dfill				
City, State Lincoln Park, NJ					Dispos TBD	al Date		City, Stat Morrisv							
Completed by Igor Jezdimirovic	Title P.Ma	nage	r		S	ignature					Date 09/17	7/20)18	,	



Date of Notification (1)			Name	of Building	Owner/0	Operato	· (2)	11/	+10	130	-		and the second second second
09/20/2018				ard Wisch		•			m	E	2	EI	W
Agencies Notified Type Notification	n		Street	Address					TUT	15 (No. 15 to workstood
EPA DEP Amended Amendme Emergence				tate, Zip Co ford, NJ (The second secon	SE	P	2 6	2018
DOH justification	1)	9		of Contact				Te	lephone	Numbe		- M-C)	VICEO I
DCA Cancellation	on			ard Wisch		ION			Paris Comme			NCI NCI	NTROL JG
Name of Facility Where Abatement is Tak Residential Property	ing Place	(3)	170	ALT THE	JAMAT	ION	Type of Facility School (K-	(4)					***
Street Address							Subchapte Other (i.e. etc.)	er 8 (Oth			uildir	ngs, h	omes,
City (5) Cranford							Square Feet 1900	# o	f Floors		Bld 19	g. Age	9
County (6) Union				Code (7) USE ONLY)			Current Use (Pr		ing demo	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.			of Abatement Co		(9)		<u> </u>		
Street Address						Street	Address South 5th St.						
City, State, Zip Code						100000	tate, Zip Code						
Project Manager for Monitoring Firm			Talaaha	N-			beth, NJ 0720	06					
			Telepho			908-	one No. 906-4123	11	Licens 0135				
Start Date (10) 10/01/2018	10/05/	2018		Date (11)			of OSHA Monitor Invironmental		atories				
Occupancy Status During Abatement (Che	- 9	(87)					Address	o.t					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: OCCUPIED	Period of mal Facilit	Abaten y Hours	nent s			City, S	Route 22 We	SI			<u> </u>		
Scope of Work (Check All That Apply)						Unio	n, NJ 07083				_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				dura	
		Locati						<u> </u>	1101111	labio i		atem Type	ent
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Asbesto		cription	of aterial (ACM)	Δι	mount			T	
TO BE ABATED In Facility (13)	intena todial s (12)	Staff?		thermal: surfac		insulation, Γ, or	(S	pecify or LF)	Kemoval	, copum	Renair	Enclosure	
Doomant	Yes	No	N/A								+	d	
Basement			X		Pipe	Insula	ion	6	0 LF	X	-		+
Name of Registered Waste Hauler			JDEP W		Cubic \	Yards	Name of	Registe	red Land	dfill			
Danvic Contracting LLC			auler ID 7574	No.	of Was	te	Fairles	0 - 0 - 7 - 0 - 0 - 0 - 0					
City, State Elizabeth, New Jersey					Disposa TBD	al Date	City, Stat Morrisv		۹				
Completed by Jeymy Donneys	Title Own	er			Si	gnature				Date 09/20	/20	18	

P		DIOTI		ION OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10		"K+	t 66 E G		1 W 5
Date of Notification (1)			IN	lame of Buildin	g Owner/Operator (2)		15 10	<u> </u>	1 17 1
09 /	25 /	18		Verizon	g o mion operator (-/	1133			
								PE	p 2 6	2019
Agencies Notified	Type Notif	ication	8	Street Address			[4] [4]) OL	P 20	2010
☑ DOLWD	Amend	ed	L	1100 Orang						
☑ DHSS	The state of the s	ment#	10	City, State, Zip				ASPER	TOS OF	WIELK
☐ DCA	☐ Emerge	ency (including		Cranford, N				-	ICA MAN	
(NJAC 5:23-8)	justifica		N	lame of Contac	ot .		Telephone	Number		
	☐ Cancell	ation		Christoper	Pierce		201-35	3-5165		
				FACILITY IN	NFORMATION					
Name of Facility Where A	batement is	Taking Place	(3)			Type of Facility (4	1)			
Verizon						School (K-12)				
Street Address						Subchapter 8			i de la compania del compania del compania de la compania del la compania de la compania del la compania del la compania de la compania del la compania d	_
1100 Orange Avenu	ie					Other (i.e., pri	vate and co	mmerciai	building	s,
City (5)						Square Feet	# of Floor	rs	Bldg. Ag	ge
Cranford						10,000	1		50	
County (6)				County Code (7)(STATE USE ONLY)	Current Use (Price	r if beina d	emolished	j)	
Union						A CONTRACT CONTRACTOR OF CONTR	Ü		,	
Name of Monitoring Firm	Hired by Bu	ilding Owner (8	B) AS	SCM No.	Name of Abateme	ent Contractor (9)				
USA Environmenta	l Managae	ment Inc.			JVN Restora	tion Inc				
Street Address					Street Address					
8436 Enterprise Ave	enue				47 Foster Ro	ad				
City, State, Zip Code					City, State, Zip Co	ode				
Philadelphia, PA 19	153				Staten Island					
Project Manager for Moni	toring Firm		Teleph	none No.	Telephone No.		License I	No.		
Mark Jenkins			Officers of the	-365-5810	718-605-6256	3	00774	1000000		
Start Date (10)		Scheduled Co	mpletic	n Date (11)	Name of OSHA M	Ionitor				
10/08/	18			/ 18	Testor Tech					
Occupancy Status During	Abatement				Street Address					
☐ Facility Closed/Vacate				ent	10 59 Jackso	n Avenue				
					City, State, Zip Co					
Time of Abatement: _					LIC NY 11101					
Scope of Work (Check all	that apply)				210 141 11101					
IN THE PROPERTY.	mat apply)	20100			☐ Full Conf	tainment with Nega	ative Pressu	ure		
≥3 sf or ≥3 lf ≥160 sf or >260 lf		Second 1	novation molition	1	☐ Mini-Enc					
			HOIILION		☐ Gloveba	g Procedure				

Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Ma	inten	lely by ance/ I Staff?)	50	estos Containing Ma e., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
V/	Yes	No	N/A		outer integeriant	000)				te	
Basement A/C Equipment Room	\boxtimes			Pipe I	nsulation and Fltt	ings	5 LF	\boxtimes			
Name of Registered Waste Hauler Newark Carting		100	NJDEP \	O No.	Cubic Yards of Waste	Name of Reg	stered Landfill S., Inc.				

Disposal Date

10/28/2018

Signature

Description of

Is Location

Normally

NJ-566

Title

Project Manager

☐ Non-Exempted (*) and Non-Friable Procedure

City, State

Morrisville,PA

Abatement Type

2 2 0 0

Date

ASB-41

MAY 11

City, State

Hackettstown, NJ

Ralph Barnhardt

Completed By (Print or Type)

Location of

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





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

[K#666

Date of Notification (1)	25 /	18			100000000000		ng Owi	ner/Operator (2)	MEC	E	П	V/ [5 /
			_		ver	izon						Ti-	LU L	크님
Agencies Notified EPA	Type Notification					Address Mounta	in Av	/enue		SE SE	P 2	5 21	าาต	A COLUMN TO THE PERSON OF THE
☑ DOLWD ☑ DHSS	☐ Amended Amendm	200			City, S	State, Zip	Code			1 1		J [_ [110	
□ DCA	☐ Emergen	-	luding		We	stfield, N	NJ 07	090						
(NJAC 5:23-8)	justificati		idding		Name	of Contac	ct			Telephone Num	ber.	CHI	BOH.	R-
100 L 100 A TON A TON A TON A TON L A	☐ Cancellat	tion			Bria	an Kings	bury			201-356-516	6			
					FA	CILITY IN	VFOR	RMATION						
Name of Facility Where A	batement is 1	Taking	Place	(3)			01	CIII/TITOTE	Type of Facility (4)				
Verizon				(-)					School (K-12)					
Street Address									☐ Subchapter 8	(Other than K-12				
115 Mountain Aven	ue								Other (i.e., pri	ivate and comme	rcial bu	ilding	IS,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Westfield									10,000	3	- 1	50	3	
County (6)					Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (Prid	or if being demoli	shed)			
Union														
Name of Monitoring Firm	(8)	-	35	3)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
USA Environmental	Managaen	nent Ir	ıc.				J	VN Restora	tion Inc					
Street Address							Stre	eet Address						
8436 Enterprise Ave	enue						4	7 Foster Ro	ad					1
City, State, Zip Code			3313132				City	, State, Zip Co	ode					
Philadelphia, PA 19							S	taten Island	NY 10309					
Project Manager for Moni	toring Firm			Tel	lephone	No.	Tele	ephone No.		License No.				
Mark Jenkins		S			215-365		7	18-605-6256		00774				-
Start Date (10) 10 / 09 /					etion Da	20 0420		ne of OSHA N	Ionitor					
Occupancy Status During	The second secon				.0 /	10		estor Tech						
☐ Facility Closed/Vacate							1000000	et Address						
□ Pacinty Closed Vacate □ Abatement Performed	Outside of No	ormal F	acility	Hou	ement ire - Dae	cribe		0 59 Jackso						
Time of Abatement: _	AM	PM	5:00F	PM-1	1:30AM	CIDC	1 23	, State, Zip Co IC NY 11101						
Scope of Work (Check all	that apply)		200				_							-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Rer □ Der					☐ Mini-End			7 0			
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Location				orm				Description of	ıf		-	_	1	
Asbestos-Containing N TO BE ABA		1)			lely by ance/			Containing Ma		Amount	Remova	Repair	nca	Enclosure
IN Facilit					Staff?	(1.6		rmal systems urfacing, VAT		(Specify SF or LF)	SVOI	air.	squ	uso
(13)			Yes	(12 No	1		oth	ner miscellane	ous)	,	-		Encapsulate	re
Basement	,					Power	Roor	n		60 LF		П	П	П
			П									П		
				\Box										
							23372							
Name of Registered Wast	e Hauler			4	NJDEP I	Naste	Cuh	ic Yards of	Name of Regist	torod Landell			Ш	
Newark Carting	o i laulei			1.55	Hauler II	No.	Was	ste	G.R.O.W.S.					
City, State					NJ-56	6	1:	5 posal Date		.,				
Hackettstown, NJ							Same S	osai Date	City, State Morrisville,	DΔ				
Completed By (Print or Ty	me)	Title					1 10		wornsville,		-4-			
Ralph Barnhardt	he)	100	oject	Ma	nager			Signature /	the		ate) ⁽⁾) '~	25	m j	3
00.44								1 1	11					

1295-8	140	()	NO	TIFIC	CATIO	N OF/AS	Very Jersey BESTOS ABA AC 8:60 and 5:1	TEMENT	NDE	C	E		
Date of Notification (1)					Nam	ne of Buildin	ng Owner/Operator	(2)	100	AFR	0.0	00	40
9 /	25 /	18	3		#1075745	HOMAS W		(- /		SEP	2 6	20	18
Agencies Notified	Type Notific	cation			Stre	et Address			A.C.				
□ EPA		020							ASI	ESTO LIC	8 00 Fals	MITS	OL.
⊠ DOLWD	☐ Amende Amende		6		City,	State, Zip	Code		locate annual		-		trigge a
□ DCA	☐ Emerge			-	A۱	ALON N	J 08202						
(NJAC 5:23-8)	justifica	tion)	ioiddii	·9	Nam	e of Conta	ct		Telephone Nur	mber			
					F/	ACILITY II	NFORMATION						
Name of Facility Where Al	batement is	Takin	g Plac	e (3)		C.20		Type of Facility	(4)				
Residence								School (K-12	2)				
Street Address								☐ Subchapter 8 ☐ Other (i.e., p homes, etc.)	3 (Other than K-1 rivate and comm	2) ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Avalon								1500	1		50+		
County (6) Cape May					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demol	lished)			
Name of Monitoring Firm F	lired by Bui	Iding (Owner	(8)	ASCN	1 No.	Name of Abatem	ent Contractor (9)			-		
N/A							Delta/BJDS,	(j. 1997) - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 197					
Street Address							Street Address						
							1345 Industr	ial Blvd					
City, State, Zip Code							City, State, Zip C	ode					
							Southampton						
Project Manager for Monito	oring Firm			Te	ephone	No.	Telephone No.	11.00	License No.				
							215 322-2900	E	00783				
Start Date (10)10 /05 /				- 50	etion Da	ate (11)	Name of OSHA N	Monitor					
Occupancy Status During			17.7	100			-F-25-71-20					Sillen Ter	
☐ Facility Closed/Vacated							Street Address						
Abatement Performed Countries of Abatement: 7A	Outside of N	ormal	Facilit	у Но	ırs - De	scribe	City, State, Zip Co	ode					
Scope of Work (Check all t	hat apply)												
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		G	⊠ Re				☐ Mini-Enc ☐ Glovebag	tainment with Neg losure g Procedure mpted (*) and Nor		ıre			
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Location of Asbestos-Containing Management		A)		Norma ed So	ely by	A = b =	Description o		0.000		_		
TO BE ABAT	ED `	",	Ma	inten	ance/	(i.e	stos Containing Ma ., thermal systems i	insulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12	Staff?	, ,	surfacing, VAT,	or	SF or LF)	oval	=	nsd	Sur
(13)			Yes	No	N/A	1	other miscellane	ous)				late	ci.
Exterior						Transite	9		1000 SF			П	
										1			
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										12			ᆜ
Name of Registered Waste	Hauler		Ц		NJDEP '	Masta	Cubio Varda -f	Nome of Decision			Ш	Ш	Ш
Service Transport Gr					lauler II	D No.	Cubic Yards of Waste	Name of Regist Minerva La					
City, State							Disposal Date	City, State					
58 Pyles Lane New C	astle De							Waynesbur	g Ohijo				
Completed By (Print or Type	e)	Title					Signature	1 ~	/ ID:	ate			_
Christine Del Viscio		As	st. A	dmir	1		1/1/m. 1	10	2//2	9:	15.	-20	18

Ch1294-02)41 +	١	ITO		TION		BEST	rsey T OS AB AT 60 and 5:16		E-man Service				<u> </u>	enem va	<u> </u>		
Date of Notification (1) 9 /	25 /	18				of Building		er/Operator (2	2)	The colorest		SE	EP.	26	20	118		IJ
Agencies Notified EPA	Type Notifica	tion	V		Street	Address				- Owder-	-	ASBES	STO	S GO	NIT	ROL	. 8-	349 1
☐ DOLWD	☐ Amended			Ì	City, S	tate, Zip C	Code		I:	***** A #**	-	THE PERSON NAMED IN	- April					
☐ DOH ☐ DCA	Amendme ⊠ Emergend		luding		AVA	ALON NJ	082	02										
(NJAC 5:23-8)	justificatio		luuliig		Name	of Contact	t			T	Tel	ephone	Nun	nber				
,	☐ Cancellati	on			GAI	RY DeVIT	ГО											
					FAC	CILITY IN	FOR	MATION			-	NAME OF THE OWNER, WHEN						
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facilit	ty (4	1)							
Residence									School (K-									
Street Address									Subchapte Other (i.e., homes, etc	pri					buil	dings	S,	
City (5)									Square Feet		#	of Floor	rs	1	Bldg	g. Ag	е	
Avalon									1500			1			5)+		
County (6)					Coun	ty Code (7)(STAT	TE USE ONLY)	Current Use (Prio	r if I	being de	emol	ished)			
Cape May									HOME									
Name of Monitoring Firm	Hired by Build	ling Ov	wner (8)	ASCM	No.	Nam	ne of Abateme	ent Contractor ((9)						- To		
N/A							D	elta/BJDS, l	Inc									
Street Address							Stre	et Address										
							13	345 Industri	ial Blvd									
City, State, Zip Code								, State, Zip Co										
								outhamptor	n Pa 18966		1							
Project Manager for Monit	oring Firm			Tele	phone	No.		ephone No.	10		1000	icense N						
Ot 1 D 1 (10)			1-10		D.	1- (44)		15 322-2900				00783						
Start Date (10)9 /27 /	200					te (11) 18	AFIRE	ne of OSHA M /A	Monitor									
Occupancy Status During	Abatement (C	Check	only o	ne)			Stre	et Address	seed of the seed o									
☐ Facility Closed/Vacate																		
Abatement Performed Time of Abatement: 7/					s - Des	cribe	City	, State, Zip Co	ode									
Scope of Work (Check all	that apply)									43507			1200000					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De	novati molitic				☐ Mini-End	tainment with N closure g Procedure empted (*) and I	Ü				ure				
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Location	Television of the second second	.		lorma d Sole				Description of		1		Amour		-	D	Z.	Щ	Щ
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IN Facilit			Cust	odial (12)	Staff?		SI	urfacing, VAT	, or			SF or L	F)	2	2	-	Encapsulate	sure
(13)		ı	Yes	No	N/A		otr	ner miscellane	eous)								ate	
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				П								74			7	П		
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Name of Registered Wast	e Hauler		Ц		JDEP '	Waste	Cub	ic Yards of	Name of Re	aist	ere	d Landfi	ill					
Service Transport C				10.73	lauler II 2099(D No.	Was	ste	Minerva									
City, State							Disp	oosal Date	City, State		100							
58 Pyles Lane New	Castle De	MC						granes-ease-	Waynesi	bur	g C	hio						
Completed By (Print or Ty	A M	Title						Signature	Α	_	0	/ .		Date				_
Christine Del Viscio		As	st. A	dmin	1./			11 1000	1	2	13	11.		4.	-	5	-17	5

NOTIFICATION OF ASBESTIOS ABATEMENT (Pursuant to NAC 8:50 and 12:120)

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Date of Notification (1)			Ц	4	1 1	10	1		Cto	TCK.	#	20	-11	
9/20/2018				of Buildin										
Agencies Notified Type I	Notification	Hackensack University Medical Center Street Address						7 [\mathbb{V}		
▼ EPA	nitial		30 Pi	rospect		北	Chapter Grown,							
× DEP ☐ A	amended amendment #			state, Zip (1	CEE	2 2	6 2	0040				
	mergency (includir	ıg		ensack,		501	L	4	2232233		0 4	010		
	ustification) Cancellation			or Contact Oonald F				Telephone Number (551) 996534/870S CONTRO						
News of Facility and				CILITY IN		ION	W. 14 1-15 1-15 1-15 1-15 1-15 1-15 1-15 1	(901)	JUNE S			NOC SIM(
Name of Facility Where Abateme Trailer Building	ent is Taking Place	(3)					Type of Facility	/ (4)		-			er or management	
Street Address							School (K	-12)		61				
30 Prospect Avenue							Other (i.e.	er 8 (Other t private & co	nan K-1 ommerc	2) ial bui	ldings	, hon	nes,	
City (5) Hackensack							etc.) Square Feet 4,300	# of Flo		[3ldg.			
County (6)			County	Code (7)			Current Use (P		domelie	- 1	35			
Bergen				USE ONL	y)		Office Buildi	ng	uemons	nea)				
Name of Monitoring Firm Hired b LANGAN Environmental S	y Building Owner (8 Services, Inc.	3)	ASC 0009	M No. 99		Name Sky	of Abatement Co Contracting, L	ontractor (9) LC						
Street Address 300 Kimball Drive							Address Valley Road							
City, State, Zip Code						City, S	tate, Zip Code	1			-	-		
Parsippany, NJ 07054 Project Manager for Monitoring F	1						yne, New Jersey 07470							
Vijay Patel		Telephone No. Telephon (973) 560-4900 (973) 5			one No. License No. 928-5040 00874									
Start Date (10) 10/12/2018					of OSHA Monitor Contracting, LLC									
Occupancy Status During Abatem	nent (Check Only O	ne)					Address						_	
Facility Closed/Vacated Duri Abatement Performed Outside	ng Entire Period of de of Normal Facilit	Abaten y Hours	nent				Valley Road,	Suite K						
Other – Describe:		-					ne, New Jerse	ey 07470						
Scope of Work (Check All That Ap	oply)													
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	processes.	Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro	e cedure						
	15	Locati	on				Non-Exempte	d (*) and No	n-Friab			e emen		
Location of		Normally			Description					Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Sole Maintena Custodial (12)				Asbestos Containin			ng Material (ACM) tems insulation, , VAT, or		Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure	
	Yes	No	N/A							Removal		te	(D	
Roof		Х					Material	4,300	SF	х				
Perimeter Doors		Х		Door Window 0		Blazing	7 SF		х					
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	/arde	Nome of	Posister- 1	and Co					
Service Transport Group, Inc		H	auler ID 1990	r ID No. of Waste			Name of Registered Landfill Minerva Enterprises, LLC							
City, State New Castle, Delaware				Disposal Date City, TBD Way				ate esburg, Ohio						
Completed by Predrag Sarcev	Title Vice	Presid	dent			gnature		J	Date 9/20/2018					

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2h7146	U		ursuan	tate of Ne N OF ASE t to NJAC	8:60 and	12:12	(0)	T	K	SEI	p 2 (5 20	18	The state of the s
Date of Notification (1) 9/20/18			of Building Marut		int trail					-				
Agencies Notified Type Notification		Street /	Address		ASPESTOS CONTROLA									
EPA Initial Amended Amendmen			ate, Zip C n Towns											
▼ DOH)		Name of Contact Jack Marut						Telephone Number					
Name of Facility Where Abatement is Taki	ng Place (3)	FAC	ILITY INF	ORMATI	ON	Туре	e of Facility	(4)					
1127 Highway 35 N Street Address								School (K-	12)					
1127 Highway 35 N							×	Other (i.e. petc.)	pter 8 (Other than K-12) e. private & commercial buildings, homes,					
City (5) Ocean Township							250		# of F			Bldg. ≠	Age	
County (6) Monmouth			(STATE	Code (7) USE ONLY	n		Offi	17:72 			shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.			me of Abatement Contractor (9) AA LEAD PROFESSIONALS							
Street Address			Street Address 6 WHITE DOVE						COURT					
City, State, Zip Code		21.5000.000						Zip Code OD, NJ 0	8701					
Project Manager for Monitoring Firm		Telephone No. Telephone No. 732-668-9078				No.	License No.							
Start Date (10) 10/05/18	Schedul 10/08/		npietion	Date (11)		Name of OSHA Monitor AAA LEAD PROFESSIONALS						1		
Occupancy Status During Abatement (Che	ck Only O	ne)				Street					<u> </u>		-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of nal Facility	Abaten y Hours	nent s			City, S	state, Z	DOVE CO Zip Code OD, NJ 0		F 1		1		
Scope of Work (Check All That Apply)								00,1100	0701					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	×	Renova Demolit	tion ion			X	Mi GI	ill Containme ni-Enclosure ovebag Proc on-Exempted	edure					
1 6 7		Locati Normal	lly .					n Exemple	/ / and i	VOIT-1 TIE	Abatement Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole intenar todial S (12)	ely by Asbestos Cont (i.e. thermal surface			scription of taining Material (ACM) systems insulation, cing, VAT, or niscellaneous)		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
INTERIOR	No	N/A										ate	е	
INTERIOR					FI	ooring	}		500	SF	X			
Name of Registered Waste Hauler		Н	JDEP W auler ID 1509					The reserve of the second	of Registered Landfill					
City, State NEWARK, NJ					Disposal Date City, Sta			City, State	ate ILEHEM PA					
Completed by JOSEPH PERLSTEIN	Title	IFR			Sig	gnature				D	ate /17/18	2		

Ch1597

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:20)

E	C	E	Carren	V	E	[n]
	***	9	c	2000	1	

Date of Notification (1): 7/13/18				Owner/Operator (2):				EP	26 2	010					
Agencies Type Notification		t Addr	APARTN ess:	MENIS							1				
Notified () Initial (X) FPA Notification				LE AVE.			ASB	ESTOS LIGA	NOM HOM	TRO!	. E-				
(X) DEP () Amendment			Zip Cod	IJ 07017		the second and the se									
(X) DOL Notification (X) Emergency	Nam	e of Co	ontact:		Telephone Number: 973-763-5791										
(X) DOH () Cancellation () DCA	MR.	ZIAD	MOHAI	MMED											
				FACILITY INFO		ATION				-3291					
Name of Facility Where RESIDENTAL/APARTMENT	Abat	tement	is T	aking Place (3):		pe of Facility (4):									
				22) School (K-12)) Subchapter 8 (Other than I	(-12)								
Street Address: 359 NORTH	MAPLE	E AVE.			(X) Other (i.e., private & com homes, etc.)		s,							
City & State (5): EAST ORAN	NGE, N.	J			Sc	quare Feet: NA	# of Floors:	4	Bldg.	Age:	NA				
County (6):			ounty Co			urrent Use (Prior if being									
ESSEX		(S	STATE (JSE ONLY)	RI	ESIDENTAL/APARTM	ENTS								
Name of Monitoring Firm	Hired	l by	Building	g ASCM No.:	Na	ame of Abatement Contr	actor (9):								
Owner:(8) ENVIRONMENTAL CONSU	II TING	GPO	TID II C	NA	S/M Enterprise of NJ, Inc.										
Street Address: 71 ARCH STF		ORO	OF, LLC			Street Address:									
					33	9 North 6th Street									
City, State, Zip Code:			14			ty, State, Zip Code:									
PATERSON, NJ 07522					Pr	ospect Park, NJ 07508	3								
Project Manager for Monitoring Firm: Telephone No.:						Telephone No.: License No.:									
FERNANDO 973-418-4036						(973) 595-6955 00641									
	Schedul 7/16/17		mpletion	Date (11):		Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.									
Occupancy Status During Abateme					657776	reet Address:									
(X) Facility Closed/vacated During () Abatement Performed Outside	g Entire I	Period o	f Abatem	ent	_	O. Box 8265									
() Other – Describe:	OI INOIII	iai raci	nty Hours	S		City, State, Zip Code: Haledon, NJ 07538									
Scope of Work (Check all that app	ly):				-	~~ = ···									
() $\geq 3 \text{ sf or } \geq 3 \text{ lf}$ (X) $\geq 160 \text{ sf or } \geq 260 \text{ lf}$				Renovation Demolition		(X) Mini (X) Glove	Containment w Enclosure bag Procedure riable Procedure		gative I	ressu	e				
T		Locat		Do	vanin	otion of			Abatement						
Location of Asbestos-Containing Material		Norma d Sole	ly by	Asbestos Cont	ainir	ng Material (ACM) tems insulation,		-	Туре						
(ACM)	Ma	intena	ince/	(i.e., therma	al sys	tems insulation, VAT, or	Amount	Re	72	Enc	En				
TO BE ABATED IN Facility		ustodi Staff				ellaneous)	(Specify	Removal	Repair	aps	Enclosure				
(13)	37	(12)	Lsur				SF or LF)	val	Η.	Encapsulat	ure				
DAGENENTE.	Yes	No X	N/A	PIPE INSULAT	ION		650 LF	X							
BASEMENT BASEMENT		X		FURNACE INS		TION			+	-	_				
D/ (ODIVIDIVI		Λ		FURNACE INS	ULA	HON	90 SF	X							
Name of Registered Waste Hau	ıler			NJDEP Wast	e	Cubic Yards	Name of Day	victora	lande	11:					
ROVIC TRANSPORT				Hauler ID No 20785											
City, State: WAYNE, NJ		Disp. 7/17/	osal Dat 18	e:		City, State: PENARGUIL, PA									
Completed By:			Title:		Sign	nature:	Date:			-519					
MIKE ALTADOUKA			PRES	IDENT	1	and the second	7/13/18								