NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Covenant Presbyterian Church 25 / 17 9 Type Notification Street Address Agencies Notified **⊠** EPA 471 Parkway Avenue **⊠** DOLWD ☐ Amended ASBESTOS CONTROL & City, State, Zip Code Amendment # LICENSING **⊠** DOH Trenton, NJ 08618 ☐ Emergency (including) □ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Isaac Mungra □ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Covenant Presbyterian Church Subchapter 8 (Other than K-12) ○ Other (i.e., private and commercial buildings, Street Address homes, etc.) 471 Parkway Avenue Square Feet # of Floors Bldg. Age City (5) 80 10.000 2 Trenton Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Church Mercer Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Shade Environmental, LLC Management & Enviro. Consulting Services Street Address Street Address 623 Cutler Avenue PO Box 341 City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Chesterfield, NJ 08515 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00842 856-755-0099 609-298-4070 Bill Weisgarber Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 10 / 09 / 17 EMSL Analytical, Inc. 10 / 05 / 17 Street Address Occupancy Status During Abatement (Check only one) 200 Route 130 North □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ≥3 sf or ≥3 lf ☐ Glovebag Procedure □ Demolition ☐ >160 sf or >260 lf ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Repair Enclosure Encapsulate Remova Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility other miscellaneous) (12)(13)No N/A Yes \boxtimes 50 LF Pipe Insulation X Boiler Room \boxtimes 50 LF Pipe Fittings \boxtimes Room 28 \boxtimes П 100 LF Pipe Insulation \boxtimes П Attic Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Waste Hauler ID No. **GROWS North Landfill** Freehold Cartage 15939 City, State Disposal Date City, State Morrisville, PA 10/09/2017 Freehold, NJ Signature Title Completed By (Print or Type) Vice President of Operations Christina Lynch

State of New Jersey

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



Print Form

Date of Notice (1)						-C 0.00 2		8		115	<1			-	-
Date of Notification (1) 9/27/17				Name Para	of Buildi amus M	ng Owne unicipa	r/Operato	or (2)				SEP	2 9	20	17
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3/ State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 5:16) MA Date of Natification (1) Name of Building Owner/Operator (2) 09 21 Pareippany Troy Hills Board of Eduction Agencies Notified Type Notification Street Address DEPA I milial 292 Parsippany Road DOLWD Amended DOH Amendment # City, State, Zip Code DCA Parsippany, NJ 07054 Emergency (including (NJAC 5:23-8) justification) Name of Contact Cancellation Tom Gaveglio FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Parsippany Hills High School School (K-12)

Subgnapter 8

Other (Le., prin Street Address Subanapter 8 (Ckhar than K-12) 20 Rita Drive Other (I.e., private and commercial buildings, Qity (5) homas, etc.) Morris Plaine Square Feat For Floors Bidg. Age County (8) County Code (7)(STATE USE ONLY) Current Use (Prior II being demolished) Morris Name of Monitoring Firm Hired by Building Owner (5) ABCM No. Name of Abstament Contractor (9) Whitman 0100 Pow/R/Save Inc Street Address Street Address 7 Pleasant Hill Road 15 Somerast Place City, State, Zip Code City, State, Zip Code Cranbury, NJ 08512 Clifton, NJ 07012 Project Manager for Monitoring Firm Telephone No. dephane No. Kevin Lovely License No. (732) 644-5416 (973) 470-0200 Start Date (10) 387 Scheduled Completion Date (11) Name of OSHA Monitor 09 / 22 / 17 09 / 22 / 17 Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Pariod of Absternant Street Address Abatement Performed Outside of Normal Facility Hours - Describe Time of Abalement City, State, Zip Code AM-PMMPM-Scope of Work (Check all that apply) ≥3 sf or ≥3 ff
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Mini-Enclosure Renovation
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)	1	Name of Buildi	ng Owner / Operato	or (2)) DEP	4 2 4611 111	CALL
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Name of Monitoring Firm Hired by	Building Owner (8)	ASCM	NAME OF TAXABLE PARTY.	tement Contra	ctor (9)		Name and
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Street Address			Street Addres				
			PO Box 829				
City, State & Zip Code			City, State &				
Project Manager for Manitoria - Fi		N 1	Trenton, N.			1	
Project Manager for Monitoring Fir	m l elepi	none Number	Telephone N 609-847-29		License N		
Scheduled Start Date (10)	cheduled Completion	n Date (11)	Name of OSI	CONTRACTOR OF THE PARTY OF THE	THE PARTY AND ADDRESS OF THE PARTY OF THE PA	01222	
	/22/2017	in Date (11)	EMSL Anal		.9		
Occupancy Status During Abatem	ent (Check only one)	Street Addres				-
Facility Closed/Vacated D	uring Entire Period o	f Abatement	107 Haddoi				
Abatement Performed Out	side of Normal Hou	rs – 7am to 3p	m City, State &	Zip Code			
Describe:			Westmont,	NJ 08108			
Facility Occupied During A							
Scope of Work (Check all that app	ily)						
≥3 sf or ≥3 lf		Renovation			ntainment with Ne	egative Pressure	
≥160 sf ≥260 lf	\forall	Demolition		Mini-En			
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City, State	(8)	1	Disposal Date	City, State		**************************************	-
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Completed By (Print or Type)		Title	Signature			Date	
Rod Richardson		Project	Rod Riebardson			9/19/2017	
		Manager					



OC# 30751 NOTIFICA

Date of Notification (1)			Name	of Building	g Ow	vner/Operator (2)		11-2-11-	-		
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☐ Cancellat	ion		Joe	Corolla	ı							
	12-1 - 12 No.		FA	CILITY IN	IFOR	RMATION						All a resource
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City (5)							Square Feet	# of Floors	Bi	dg. A	ge	
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County (6)			Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (F	Pror if being demoli	shed)			
Bergen							Garage					
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9	9)				
N/A					0	Guardian Co	ntracting, Inc					
Street Address					Str	eet Address						
					1	1889 Route 9	, Unit 61					
City, State, Zip Code					City	y, State, Zip Co	ode					
					Т	Toms River,	New Jersey 0	8755				
Project Manager for Monitoring Firm		Tel	ephone	No.	Tel	lephone No.		License No.				
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Abatement Performed Outside of No Time of Abatement:AM		* 1 TO THE RESERVE OF			-	y, State, Zip Co						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)					Name	of Building	Own	er/Operator (2)	LLKLL	LB		2. 1	
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(NJAC 5:23-8)	justification		luuling		Name	of Contact				Telephone Num	ber			
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					FAC	ILITY IN	FOR	MATION						
Name of Facility Where Al	batement is Ta	aking	Place	(3)					Type of Facility ((4)				
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Name of Monitoring Firm I	Hired by Buildi	ing O	wner (8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)					
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Street Address							500	et Address	<u> </u>					
							18	889 Route 9), Unit 61					
City, State, Zip Code			-					, State, Zip C	i communication					_
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10/06/) /		E.	.M.S.L. Ana	lytical					
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Completed By (Print or Ty		Title				(4)		Signature	1	- 11	Date	/		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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-										DOVE CO	URT	8					
City	, State, Zip Code									Zip Code OOD, NJ 08	701						
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	In Facility		Cus	todial S (12)	staπ?	,		cing, VA				or LF)		Remova	Repair	Encapsulate	Enclosure
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	, State NARK, NJ			-			Dispos 10/16	sal Date 6/17		City, State BETHLE	HEN	1 PA					
	npleted by SEPH PERLSTEIN		Title OWN	NER			S	Signature	;				Date	9			



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(K#5940)			ICATIO	N OF ASE t to NJAC	BESTO	S ABATE		S	150	M	B			7 12	
Date of Notification (1) 9/25/17				of Building y Mana			r (2)		1	7		2 (170		AND STREET, ST
Agencies Notified Type Notification				Address shley A	ve				100000000000000000000000000000000000000		16.1	63 B	160	8.6	
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Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding	1	Name of Devor	of Contact					Tel	ephon	e Nur	mber			
			FAC	ILITY INF	ORMA	TION					-				
Name of Facility Where Abatement is Taking	Place (3)					Туре	of Facility (4)						
Street Address City (5)							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Otherivate 8	& com	merci	al buil	1530		es,
Lakewood							Squa	ire Feet	# of	Floor	S	E	Bldg. A	Age	
County (6) Ocean				Code (7) USE ONLY)		Curre	ent Use (Prid	or if bei	ng der	nolish	ned)			
Name of Monitoring Firm Hired by Building C	wner (8))	ASC	M No.				atement Con D PROFE			3				
Street Address			•			Street 6 WH		ss DOVE CO	URT						
City, State, Zip Code								ip Code OD, NJ 08	 3 <mark>7</mark> 01						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6				Licer 1200		0.			
	Schedul 10/17/		npletion	Date (11)				HA Monitor D PROFE	SSIO	NALS	6				
Occupancy Status During Abatement (Check	Only Or	ne)				Street									
Facility Closed/Vacated During Entire P	eriod of	Abaten	nent			6 WH	HITE	DOVE CC	URT						
Abatement Performed Outside of Norma X Other – Describe:	al Facility	y Hours						ip Code OD, NJ 08	3701						
Scope of Work (Check All That Apply)						-1			3-200						2-117E
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	Is	Locati	on						170.10		· mub			emen	
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Name of Registered Waste Hauler		(4) (10)	JDEP W	0.00		Yards		Name of F	Register	ed La	ndfill				
NEWARK CARTING			auler ID 1509	INO.	of Wa	V:10:53:		IESI							
City, State NEWARK, NJ					10/1	osal Date 7/17		City, State BETHLE		PA					
Completed by JOSEPH PERLSTEIN	Title OWN	IER				Signature					Dat	е			

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State of New Jersey

MO 0,		N				BESTOS ABATEN C 8:60 and 5:16		(CE)		WI		- Comment
Date of Notification (1)	/3/17			Name	e of Buildin	g Owner/Operator Sh	(2) nore Home B	uilders SEP 2	92		A CHARLES AND	Views ments
Agencies Notified	Type Notification	_		Stree	t Address		300 W Conco	Less Produ				7
DEP DOL	Amended Amendment #			City,	State, Zip 0	Code	eptune, NJ 0	Control Contro		in size		- 1
M DOH □ DCA	Emergency (in justification) Cancellation	iciuding		Name	of Contac			Telephone Num	ber			
	-			FA		ORMATION						_
Name of Facility Where A		_	1000				Type of Facility	y (4)				_
Street Address	Res	identa	al				School (K-1 Subchapter Other (i.e., p	3 (Other than K-1) orivate & commercial	2) ial buil	dings	·	
City (5)	Laval	lette.	NJ				Square Feet 2000	# of Floors	В	ldg. A	ge +/-	
County (6)	cean				nty Code (7	7) (STATE		rior if being demoli	shed)			_
Name of Monitoring Firm		Owner	_	ASCM	No.	Name of Abatem	ent Contractor (9	9			_	_
(8)	NA		_				ens Environ	mental Servic	es, It	ıc.		
Street Address	PO Box 34	1				Street Address	PO I	Box 322				
City, State, Zip Code	osswicks, NJ	08515	5			City, State, Zip C		n, NJ 08501				
Project Manager for Moni Bill Wei	1770			phone 9) 29	No. 8=4070	Telephone No. (609) 25	59-9688	License No.	049	3		
Start Date (10)	Scher				ate (11)	Name of OSHA N	000000000000000000000000000000000000000					
9/18/17 Occupancy Status During	Abatement (Che		0/10/	/17		Street Address	IV.	TECS				_
Facility Closed/Vacate Abatement Performed	d During Entire Pe	riod of	Abate					3ox 341				
Other - Describe: 8		i raciiii	y Hou	15		City, State, Zip C		cs, NJ 08515				
Scope of Work (Check al	I that apply)											_
≥3 sf or ≥3 lf ★ ≥160 sf or ≥260 lf		Re X De	novati			☐ Mini-End ☐ Gloveba	ag Procedure	on-Friable Procedu	re			
			ocatio						_	bater		
Location o Asbestos-Containing M		Used	Solel	y by	A - b 4	Description of		****	-	Тур	e	
TO BE ABATI		Cı	istodia Staff?	00000000		os Containing Mat thermal systems in	nsulation,	Amount (Specify	Re	נג	Enca	En
IN Facility (13)			(12)			surfacing, VAT, other miscellaneo		SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Exterio	r			×		Transite Sid	ing	1000 sf	×			
									-		\dashv	
Name of Registered Wast	te Hauler		IN	JDEP \	Vaste	Cubic Yards	Name of Regi	stered Landfill				
Stevens Environm	ental Service	s, Inc	_ +	lauler IE 182	No. 292	of Waste 3 cu		Fairless Land	dfill			
City, State	A 11 a t	11				Disposal Date	City, State		D :			
Completed By	Allentown, N					10/10/17	M/	Morrisville,	PA		_	_
Mahlon E. Stev			oject	Mar	nager	7/11		Date	9/22	2/17		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CV # 59444		(P	ursuant	to NJAC	8:60 an	d 12:12	0)	PA	LUTTO	I G	Townson of the Party of the Par	2 77	nn	ne r
Date of Notification (1) 9/27/17				of Building		Operator	(2)			sep		A 11	W	150
Agencies Notified Type Notification			Street A	Address						V 4 I	4	74	1111	-
EPA Initial Amended Amendment in Emergency (i				ate, Zip Co ELL, NJ		15			- Sy	enemental and a second	tion speak,	CONTRACTOR OF THE PARTY OF THE	Contracting	1
DOH justification Cancellation	riciuaing	' [Name o	f Contact IIS					Telephone	Numb	er			
Non-aff-William Al-	D1 /		FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Taking	Place (3)					Туре	of Facility (4 School (K-12	3.6					
Street Address									8 (Other than rivate & comm		build	lings,	home	es,
City (5) HOWELL							Squa	are Feet	# of Floors		В	ldg. A	ige	
County (6) MONMOUTH				Code (7) USE ONLY)		Curre	ent Use (Prio	r if being dem	olished	i)			
Name of Monitoring Firm Hired by Building C	wner (8)	ASCN	Л No.				atement Con	tractor (9) SSIONALS					
Street Address						Street	Addre	-on-vir innering the						
City, State, Zip Code						City, S	state, Z	Cip Code OD, NJ 08						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-	none N	lo.	Licens 1200					
			npletion	Date (11)		Name	of OS	HA Monitor						_
10/17/17 Occupancy Status During Abatement (Check	10/19/					AAA			SSIONALS					
Facility Closed/Vacated During Entire Po	eriod of	Abaten	nent			6 WH	HITE	DOVE CO	URT					
Abatement Performed Outside of Norma Other – Describe:	al Facility	y Hours	3		_			ip Code OD, NJ 08	3701					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	and the same of th	Renova Demolit		St 1786		×	Min	ni-Enclosure ovebag Proce	nt with Negation				e	
		Locati										Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintenar todial S (12)	ly by nce/		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	fateria s insula T, or		Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure
EVIEDIOD	Yes	No	N/A										ω	
EXTERIOR						DOFIN			300SF	X				
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Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards	+	Name of R	Registered Lan	dfill				_
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City, State NEWARK, NJ					Dispos 10/19	sal Date /17	Ē	City, State BETHLE	EHEM PA		30000			
Completed by JOSEPH PERLSTEIN	Title OWN	NER			S	ignature		•		Date				

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Date of Notification (1)			Name o	f Building Owner	Operator	r (2)	SEF	2.9) 20	17	The second
Agencies Notified Type Notification)		Street A		<u> </u>					8.0	+
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DCA justification Cancellation			riaino o	Coaru			Telephone IV	, inde			
			FACI	LITY INFORMAT	ION			· -			
Name of Facility Where Abatement is Takin	ng Place (3	3)				Type of Facility	(4)				
Street Address						School (K-	12) r B (Other than K-	12)			
20-22 Russel	1 11	2				Other (i.e.	private & commerce	iz) cial buil	dings	, home	es,
City (5)	1770					Square Feet	# of Floors	TF	Bldg. A	Age	
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County (6)			County (() "	ior if being demolis	shed)		13	
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	1 No.	1 1	of Abatement Co		,			
Street Address					AK	e uns	olction (0.,1	20		
Sileet Address						Address	× Pd				
City, State, Zip Code					City, S	Mun tros State, Zip Code	s- ICC				
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Project Manager for Monitoring Firm		T	Telephor	ne No.	Teleph	none No. '	License I		15-14-0-10-1		
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Start Date (10)		1 .	•	Date (11)	Name	of OSHA Monitor					
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City, State		10	1 100		sal Date	City, Stat	e	11		-	-
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	Name of Facility Where Abatement is 1	alding P	lace (3)		FACALITY INFORM	ATION	Type of Fa		the property the sample of the	Managamaga
	Street Address City (5)	and the second s	et in the state of	are and equipment			School Subol	ol (K-12) hapter 8 (Other t (Le. private & oc	han K-12) wnmercial	bulcungs
	CRANFORD 10	Nimmiremain.),		OLG My Code (7) THE USE ONLY		Square Fee 4 OC Current Use			Blog. A
	Name of Monitoring Firm Hired by Buildin		or (8)	- L	SCM No.		Control of the Contro	HOUS Centractor (9)		The State of the
Control	Street Address	and and an area of the	Particular Confessions		and a barrier of a regional reaction and region are regional confidence or the second and an explanation of the	SALA CONTRACTOR CONTRACTOR CONTRACTOR	Widness (50X	<u>1100</u> 814		NACTORNAL STATEMENT OF STREET
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Transfer management	Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nort Other — Describe:	Spring.	rdi Ministri	ment s		Street Ad (P.O.) City, State	SOX 8		gang panggang kapanin gang pantanan Makanan kapanin kapanan kapan	
3	cope of Work (Check All That Apply)					010 (Bridge	NO CIN	8857	*************
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evelendenserve kategoriska everenseriskanskrivenseriske	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Us W	is Locati Normali ed Solei sintenan stodial S (12)	y y by miet	Asbedoe Contail (i.e. themes sy statisoin	notion of	bl(ACM) ádion,	Amount (Specky SF-or LF)		Neday 25 or
- Anna Anna Anna Anna Anna Anna Anna Ann	EXTERIOR	Yes	No-	N/A	รเป้เม6	Andread the annual and any annual substantial and a substantial an	-			
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e:	CRAN FORD	J,:)		6.7	016		Salara Feet	part & (Other time) >, private & Quren	
	County (4) UNION Names of Microbiology Printy Period by Building			CIMI	Code (i)	- }	Current Use	HOUSE	(bertelle
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	Name of Registered White Passer		J ALSO		- 10mm		7300		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 9/22/2017 CHECK #3064 Mr. Doug Posluszny Agencies Notified Type Notification Street Address **EPA** Initial City, State, Zip Code DEP Amended X DOL Amendment # Oradell, NJ 07649 Emergency (including Telephore NUMBEFONTROL & Name of Contact DOH justification) DCA Mr. Doug Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence of Mr. Doug Posluszny School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Oradell, NJ 2.000 2 50+ County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) BERGEN Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A **EA Services Corporation** Street Address Street Address **EA Services Corporation** City, State, Zip Code City, State, Zip Code 426 69th Street Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-295-1700 01074 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/23/17 9/25/17 Same as above Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Starting at 10 AM Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Full Containment with Negative Pressure Renovation ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ -ncapsulate Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basementn Floor Tile 240 SF Х

NJDEP Waste

Hauler ID No.

19551

Office Manager

Cubic Yards

Disposal Date

Signature

of Waste

thd

tbd

Date

09/22/2017

Name of Registered Landfill

Waynesburg, OH

City, State

Minerva Enterprises Inc

City, State

Bronx, NY

Completed by

Gina Betances

Name of Registered Waste Hauler

Tri-State Transfer Assoc.

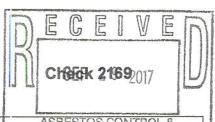
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Barnegat Light NJ 080	006							1000+		2		1	ldg. A 5+	ige	
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								t Berlin NJ 0	8091						
Project Manager for Monitorin	ng Firm			Telephor	ne No.			one No.		Licens					
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Scope of Work (Check All Tha	at Apply)							_							
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Date of Notification	(1)		I	lame	of Bui	lding (Owner / Operator	(2)	- Indiana	ASBESTO	S CON		L &				
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	**************************************			FAC	CILITY	INF	ORMATION										
Name of Facility WI	here Abatemo	ent is Taking Pl	ace (3)			Type of Facilit										
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							Other (i.e.						.C.)				
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Name of Monitoring	Firm Hired b	y Building Own	er (8)		ASC	M No.	Name of Abate Alpha Enviro										
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Project Manager for	r Monitoring F	irm	Telep	hone	Numb	er	Telephone Nu			License Nu	mber						
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Scheduled Start Da		Scheduled Con	npletio	n Dat	e (11)		Name of OSH		r								
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Trenton, NJ Completed By (Prin	of Or Typo)			Titl	9		Signature	MOLLIS	ville, PA		Date						
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Print Form

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

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Date of Notification (1) 9/27/17				of Building d Morrar		/Operator	(2)				S	cp.	2 9		S. Annah and A. S. Annah and A		
Agencies Notified Type Notification Initial Amended Amendment Emergency (justification)		City, State, Zip Code Rochelle Park, NJ 07662 Name of Contact									BBES	TO		\$ 1770	17 ROL 8		
DCA Justilication			Keith	Morran	o (son)				1 ei	ephone	Num	Der					
Name of Facility Where Abatement is Taking Residential Home	Place ((3)	FAC	ILITY INF	ORMA	TION	Туре	e of Facility (4)								
Street Address City (5)						×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Oth	er than & comn	K-12) nercia	buil	dings	, hom	ies,			
Rochelle Park						Squa 192	are Feet 25	Floors	В	1 25	Bldg. Age 70+/-						
County (6) Bergen								Current Use (Prior if being demolished) Residential Home									
Name of Monitoring Firm Hired by Building C Project Manager)						ne of Abatement Contractor (9) Stages Abatement										
Street Address					ess idland Ave	lve											
City, State, Zip Code			1.00 m) re-				State, Zip Code Idle Brook, NJ 07663										
Project Manager for Monitoring Firm		Telepho	one No.		Telepho 201-6	one N	lo.		Licens 0130	nse No. 05							
	Schedul 10/2/1		mpletion	Date (11)		Name o	of OS	HA Monitor									
Occupancy Status During Abatement (Check						Street A	Addre	SS				_					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: 8 A.M to 4 P.M	eriod of a	Abater y Hour	ment 's			City, Sta	ate, Z	ip Code									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	Renova Demoli				×	Mir	II Containmen ni-Enclosure ovebag Proceo n-Exempted (ure					9			
Location of	1	Locat	lly		Do	scription o	, f						Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12) Asbestos (i.e. the					Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous)				Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
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Name of Davidson J. M. J. M.											+						
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste All Stages Abatement Name of Registered Landfill Control Sanitary Landfill Control Sanitary Landfill								ACRES NOTES				an	dfill				
City, State Disposal Date City, State																	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Print Form

Date of Notification (1) 9/27/17		- (Name		ng Owner	r/Operator				SEP 2	9	2017		$\parallel \parallel$	
☐ DOH ☐ Emerg	led Iment #_ ency (including		Street City, S New	Address tate, Zip Milford,	Code NJ 07	646	ASBESTOS CONTROL & LICENSING Telephone Number								
DCA Cance			Carm	ela Pet	rocelli				Te	iepnone N	umber				
Name of Facility Where Abatement is Residential Home Street Address	Taking Place (3)	FAC	CILITY IN	FORMA	TION		School (K-1	12) 8 (Oth	er than K-	12)	11.41			
City (5) New Milford		Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 2100 2 70+/-													
County (6) Bergen		County (STATE	Code (7)))		Cui	rrent Use (Priesidential H	or if bei	ng demolis	- 1					
Name of Monitoring Firm Hired by Buil Project Manager Street Address		ASCM No. Name					ne of Abatement Contractor (9) Stages Abatement								
City, State, Zip Code		Street Address 280 N. Midland Ave City, State, Zip Code													
Project Manager for Monitoring Firm		Telepho	one No.			le E	Brook, NJ 0	7663	License N	lo.					
Start Date (10)	ad Cor		Date (11	,	201-6	00			01305	NO.					
10/11/17 Occupancy Status During Abatement (10/15/1 Check Only On	(7 e)			,	Street A	11558								
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: 8 A.M to 4 P.M	ntire Period of A Normal Facility	Abaten Hours	nent			City, Sta	ate,	Zip Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Location of	N	Locati	ally					n of				Abatement Type			
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Name of Registered Waste Hauler		Ha	JDEP Wauler ID 036592	No.	Cubic Yards of Waste 4 CU			Name of R Grand C			dfill				
City, State Saddle Brook, NJ					Dispos	sal Date		City, State Pen Argy	/I, PA	18072					
Completed by Richard Cristofol	Title Presio	lent			S	ignature			<u> </u>	Da 9/2	te 27/17	,			