NO CK

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

Check # 9653

Date of Notification (1)	March		5					r / Operator (2 der, Inc.	2)		* ***	# 5-			
Agencies Notified		otificatio	n			Address	,0				AFTE LES	· ·			
□EPA □DEP					2260 S	tate High	nway 33	3			2018 1.55		1.12	€.	3
DOL	П	Initial			City, St	ate & Zip	Code				1. :		ir.		
⊠DOH	\boxtimes	Amende		4	- B	ne, NJ 0					** 4. **		12		
DCA	П	Amenda			Name o	of Contac	t				IT	elenhon	e Nur	mbei	r
					James	Pittenge	er								
					FAC	CILITY	INFO	RMATION							-
Name of Facility When Residence	re Abate	ment is	Taking F	Place (3)				Type of Facilit				£3			
Street Address			11					Subchap	ter 8 (Oth	er than K-12	?)				
299 First Street									Contraction of the contraction o		ercial building		ie, e	c.)	
City (5)				=				Square Feet 3,000		f of Floors 2 + Bas	20	dg. Age	yea	re	
Keyport								Current Use (Residence					yeu	13	
County (6) Monmouth				ounty Code									,		
Name of Monitoring Fi	irm Hired	d by Buil				ASCM	No.	Name of Abat Synatech, Inc		ntractor (9)					
Street Address								Street Addres	ss						
City, State & Zip Code	9	<u> </u>						829 Radio Ro City, State & 2	Zip Code						
Project Manager for M	lonitoring	g Firm		Те	ephone N	lumber		Telephone Nu 609-296-6916	ımber	08087	License Nur	mber 0081	7		
Scheduled Start Date		So	heduled	Completi				Name of OSH	A Monitor			0001			
March 31, 2 Occupancy Status Du	ring Aba	tement (Check o	nly one)	27, 2015			Synatech, Inc Street Addres	s				- 1 12		
Facility Close Abatement P						t		829 Radio Ro City, State & 2							_
Other – Desc		a Outoid	0114011	nai riodic				Little Egg Ha		08087					
Facility Occu			ement												
Scope of Work (Check	k all that	apply)							Full Cont	-i	Negative Pres				
>3 sf or > 50 lf					Renovatio	n			Mini-Encl		Negative Pres	ssure			
≥160 sf or ≥260	O If				Demolition	n				Procedure					
								\boxtimes	0.00		d Non-Friable F	Procedu	е		
10 to 50.0 miles	ation of	**************************************	200 200		on Norma			Descripti					ateme	ent T	уре
Asbestos-Contai	ning Mat		CM)		y Mainten dial Staff?			Asbestos-Co Material (I A	mount (Specify SF or LF)				
	Facility	_			I	(- /		(i.e., thermal	systems					ш	
((13)						i	nsulation, surf				Re	Z	nce	En
								or other miso	ciiarieous)			Removal	Repair	psu	Enclosure
				Yes	No	N/A						val	Ŧ	Encapsulate	ure
First Floor				Х			Transite I	Piping		34 LF	Х			П	
Name of Registered V	Vaste Ha	auler		NJDEP \		Cubic	ards of	f Waste	Name of	Registered	Landfill				\vdash
Synatech, Inc.				Hauler II	No. 429	1			Grows I	_andfill					
City, State					7	Dispos	al Date		City, Sta						
Little Egg Harbor, N.	1					April 2	8, 2015		Morrisv	ille PA					
Completed By	1	Title			Signatu		. 1.	Intottiav	Date	2.					
Diane Aloia	ppleted By Title) Wan	e Alo	76-	Marc	March 30, 20 h 20, 2015	15			

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

Check # 9653

Data of Natification (4)	(V)				1			_				OTTOOK II O				
Date of Notification (1)		0, 2015					ng Owner / O ger Builder,		tor (2)	- 1					
Agencies Notified		lotificatio	n		_	Address		IIIC.							5-6-	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		"		Otroc	71001000				21.15	117 -	-0 411/2	23			
□EPA					2260	State Hig	hway 33									
DEP							20000000.									
⊠DOL	\boxtimes	Initial			City, S	State & Zi	p Code				1	200	77			
⊠рон		Amende			Nepti	ine, NJ (7753				* - 4 - 1 - 1					
DCA		Amend														
	Ш	Cancell	ation		100000000000000000000000000000000000000	of Conta						Te	lephor	ne Ni	ımhe	r
					Jame	s Pitteng	er									
		51			FA	CILITY	INFORMA	TIO	N							
Name of Facility When	e Abate	ment is	Taking F	Place (3)			Туре	of F	acili	ty (4)						
Residence								Sch	ool (K-12)						
Street Address								Sub	chap	oter 8 (Other tha	n K-12)					
299 First Street								Oth	er (i	.e., private & d	commer	cial building	s, hor	ne, e	tc.)	
								are F		# of FI			g. Age		,	
City (5)						=	1000 00000		,000		+ Basen	nent		5 yea	ars	
Keyport										Prior if being de	molished	i)				
County (6)			I C	water Carl	- /7\		Res	iden	ce							
Monmouth				ounty Code												
Name of Monitoring Fir	m Hirec	d by Build			-	ASCM	No Nam	e of	Ahat	ement Contract	05 (0)					
N/A		a by built	ing Ow	1101 (0)		AGGIVI	Syna				01 (9)					
Street Address	et Address						Stree		_							
0" 0"	. State & Zip Code						829									
City, State & Zip Code	, State & Zip Code									Zip Code						
Project Manager for Mo	ject Manager for Monitoring Firm									rbor, NJ 08087 Imber		Lieuwa Mana				
r rojour manager for me	Jintornig	3 1 11111		116	lephone	Number	609-					License Num	0081	7		
Scheduled Start Date (10)	Sc	heduled	Completi	on Date (11)				IA Monitor			0001			\dashv
March 31, 20					1 27, 201	5	Syna	tech	, Inc	3.						- 1
Occupancy Status Duri	ing Aba	tement (Check o	nly one)			Stree			500						
Facility Closed						nt	829 1	Radio	o Ro	ad						- 1
Abatement Pe		d Outside	of Non	mal Hours	3		City,	State	e & Z	Zip Code						
Other – Descr	*******						Little	Egg	Ha	rbor, NJ 08087						- 1
Facility Occup			ement													
Scope of Work (Check	all that	apply)														
									П	Full Containme	nt with N	egative Press	ure			
≥3 sf or ≥ 50 lf					Renovati	on			X	Mini-Enclosure		•	100000			
≥160 sf or ≥260	lf				Demolitic	n				Glovebag Proce	edure					
									=	Non-Exempted		lon-Friable Pr	ocedu	re		- 1
Locat	tion of			Is Locati	on Norma	ally Used		Desc		on of	1			atem	ent T	vne
Asbestos-Contain			M)		y Mainter					ntaining		unt (Specify				,,,,
TO BE A	ABATEI acility	<u>D</u>		Custo	dial Staff	? (12)				ACM)	S	SF or LF)	<u></u>			
	3)									systems acing, VAT					m	_
ζ.	-,									ellaneous)			Re	Z	Encapsulate	Enclosure
				1						arrene riser words 🐔			Remova	Repair	psu	ilos
				Yes	No	N/A							va l	=	ılat	ure
												0				
First Floor		Х			Flue	Pac	king		45 SF	X		22				
									-110200							
		and the second											1			
Name of Registered Wa	aste Ha	uler		NJDEP V	Vaste	Cubic \	ards of Was	te		Name of Regis	tered La	ndfill				-
				Hauler ID												- 1
Synatech, Inc. City, State				27	429	1	15.4			Grows Landfi	II					
ony, state						Dispos	al Date			City, State						
Little Egg Harbor, NJ						April 2	8, 2015			Morrisville, P	A					
Completed By							ire .	1	85	1	Date					-
D:			N 200	20 10 20 00		1/		1/1	1							
Diane Aloia	e Aloia Executive Admin						What C	U	020		March 2	20, 2015				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building (-			
March 30, 2015			Riggin		₩ ₩	ti H	÷.	J'	
	Notification ded Notification	Street Address	200000000000000000000000000000000000000	South Main Road	2115 (P3 -2		2: (E	
[x] DOH [x] Emerg	dment # gency (including	City, State, Zip Coo		ind, NJ 08360					
I DCA	cation) ellation	Name of Contact Mike	Nagao	Te	elephone Number				
		CILITY INFORM	ATION	·					
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12)				
Street Address 319 West Rio Gran	nde Avenue			[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	ings,
City	County (6)	County Code (7) (STATE USE ONL)	Y)	Square feet 1100 sf	# of Floors 1	Bldg. A	Age 6	0	
Wildwood	Cape May			Current Use (Prior if Residen					
Name of Monitoring Firm Hired by Building (Owner (8)	ASCM No.	Name of	Abatement Contractor (Inc			
Street Address	10000000000000000000000000000000000000		Street Ac	ldress					
City, State, Zip Code			City, Sta	te, Zip Code	oute 9, Unit 61				
Project Manager for Monitoring Firm	Telephone Numbe	r	Telephor 732-34	ie Number	License N 00624		5-12	271	
Scheduled Start Date (10) 3/31/15	Scheduled Comple	etion Date (11)		OSHA Monitor	. Analytical				
Occupancy Status During Abatement (Check			Street Ad	ldress	elton Road				
1 2 2 2	l During Entire Period of Ab Outside of Normal Facility F		City, Sto	te, Zip Code	TROIT KOAU				
Other – Describe			City, Sta		vay, New Jerse	y 08854	4		
Scope of Work (Check all that apply)			[]	Full Containment v Mini-Enclosure	with Negative Pres	sure			
[] >3 sf or ≥3 lf	[] Renov	vation	[]	Glovebag Procedur	re				
[X] ≥160 sf or ≥260 lf	[x] Demo	lition	[x]	Non-Exempted (*)	and Non-Friable I	rocedure			
						Abaten	nent 7	ype	
Location of	Is Location Normally used		Description of the Description o		Amount	1	R E	E N	E N
Asbestos-Containing Material (ACM)	Solely by Maintenance/Custodia		Material (A		(Specify SF	M	P	C	C
TO BE ABATED in facility	Maintenance/Custodia Staff		., thermal ulation, su		or LF)		A I	A P	LO
(13)	(12)		VAT,	or			R	S U	SU
	YES NO N/A		er miscell	aneous)		A L		L	R
Exterior	X	Asbestos sidir	1g		1055 sf	X	_	Е	Е
B. Marier		120000000000000000000000000000000000000	-5						\vdash
									2
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	3	ards of Was	T.R.R.F.	ed Landfill				
City, State Toms River, New Jersey	Disp 4/2/	oosal Date /15	City, St Tullyt	ate own, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	ich	d'te	1	Date 3/30/1	15		

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

CK-4741

Date of Notification (1) 3/30/15		W.72538		Building Ov (norr Pri			(2)					,	. 4		
Agencies Notified Type Notification EPA Initial		1000	reet Add 2 Lake	dress Michiga	an Dr	rive		žť.	13 4.5	77 -2	731	2	: : ¿		
DEP Amended DOL Amendment #_				e, Zip Code gg Harbo		08087		# S	EL	5/US 1/05/	CÚ)		30	-	
X	luding	7.500	ame of 0 aren	Contact				-		KI.	mhar	~			
Name of Facility Where Abatement is Taking P	lace (3)		FACIL	ITY INFOR	RMAT	ION	Type of	f Facility (4)					aesti mi		
Karen Knorr Private Home	.000 (0)			6.			☐ So	chool (K-12))		46)				
Street Address 12 Lake Michigan Drive				·			× O et	ubchapter 8 ther (i.e. pri c.)	vate 8	commerc	cial bu				s,
City (5) Little Egg Harbor NJ 08087							Square 1000-	٠	1	Floors		Bld 35	lg. Ag +	je	
County (6) Ocean			ounty C	ode (7) SE ONLY)	-		Curren	t Use (Prior	if beir	ng demoli	shed)				
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)	T	ASCM	No.		The Age of Company	of Abate aco Inc	ement Control	ractor	(9)					
Street Address						200	Address 30x 329								,
City, State, Zip Code		4)1164					tate, Zip t Berlin	Code NJ 0809)1						
Project Manager for Monitoring Firm		Te	elephon	e No.			none No. 753-98			License 00727	No.				
	cheduled (Comp	oletion D	Date (11)		Name Sam	factories and	A Monitor		1 AT 9276-6A (PCA) 11	,				
Occupancy Status During Abatement (Check C	Only One)					Street	Address	5						0017	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Aba Facility Ho	iteme ours	ent		_	City, S	State, Zip	Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovati nolitio					Mini Glov	Containme i-Enclosure vebag Proci i-Exempted	edure					<u>.</u>	
	ls I o	catio	n I				1101	-Exempted	() an	0 11011 1 11			Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Nor Used S Mainte Custod	mally Solely enanc	/ / by ce/		os Co therm surf	escription ntaining I al system acing, VA miscella	Material is insula AT, or		(5	mount Specify or LF)	Nellioval		Ty Repair	e Encapsulate	Enclosure
Exterior Siding	165	NO	X		Ext	erior Si	dina		11	00 SF	x	1			
Exterior Glaring									100			1			
					- 11				3-23-						
Name of Registered Waste Hauler		Ha	JDEP W auler ID		of V	ic Yards /aste		Name of F		ered Land	ווונ				
United Containers		22	459		3 Disr	osal Date	e.	City, State							
City, State Elm NJ					4/3/			Morrisvi		A 19067	7				
Completed by Anthony T Perna	Title Preside	ent				Signetür	re /				Date 3/30/	15			



1	10 -	- 1-1	·	40	
6	1	. 7	1	7,67	

Date of Notification (1) 3/30/15						Building O				non-			9%	1	3-1		
Agencies Notified		otification		1000	Street Ad	ldress each Ha	aven V	Vest B	lvd		II II	-2 _{ini}	112	: 6	5		
EPA DEP DOL	Ar Ar	tial nended nendment #,				e, Zip Cod awkin N		50		-4002	3/1 L.18	JS CO JENSI	NT I	30	L		
DOH DCA	jus	nergency (in stification) ancellation	icluding	1	lame of Roy	Contact					Tele	ephone N	umbe	er			
					FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Roy Jabloski Privat			Place (3)).					□ s	of Facility (4) school (K-12) subchapter 8)	er than K-	-12)				
1067 Beach Haven	West I	3lvd							X C	other (i.e. pri tc.)	vate 8	commer			- C C C C C C C C		s,
City (5) Manahawkin NJ 08	050								Square 1000		# of	Floors		35 35	dg. A	ge	
County (6) Ocean					County C	ode (7) ISE ONLY)			Currer	nt Use (Prior e	if bei	ng demol	ished)			
Name of Monitoring Firm	n Hired by	/ Building O	wner (8)		ASCM	No.		099000000000000000000000000000000000000	of Abate	ement Contr	actor	(9)			*		
Street Address								2000000	Address								
City, State, Zip Code	5)							City, S	State, Zip		1						
Project Manager for Mor	ct Manager for Monitoring Firm							Telepi	none No 753-98).		License					
Start Date (10)	Date (10) Schedu							Name	of OSH	A Monitor		00727					
3/31/15			4/3/15					Sam									
Occupancy Status Durin Facility Closed/Vac Abatement Perforn Other – Describe:	ated Dur	ing Entire Po	eriod of A	Abatem	ent				Addres							III Parameter	
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All I nat A	рріу)	-	tenovat emoliti					Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	edure	1953				9	
					5350			bee	1401	LXOIIIPIOG	1 / 411	4 11011 111	T			ment	
				Location			-								Ту	ре	
Locatio Asbestos-Containing TO BE AE In Fac (13)	g Materia BATED ility	(ACM)	Use Ma	d Solel intenar todial S (12)	y by nce/		tos Con therma surfa		Material is insula AT, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior	Sidina				X		Eyte	erior Si	dina		11	00 SF	×				
Exterior	Sidility				_		LAIG	51101 01	dirig			00 01					
													+				
Name of Registered Wa	ste Haul	er	1	IN	JDEP W	l Vaste	Cubic	Yards		Name of F	Registe	ered Land	dfill	-			
United Containers				H	auler ID 2459		of Wa			G.R.O.V						<u> </u>	
City, State Elm NJ							Dispo 4/3/1	sal Date 5	9	City, State Morrisvil		A 19067	7				
Completed by Anthony T Perna			Title Presi	ident				Signatur	0				Date 3/30)/15	i	*11	

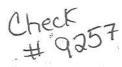
Check # 9 256

Clock 13747

Date of Notification (1) 3/30/15						Building C		perator	(2)								
Agencies Notified	Type Noti	fication		-	Street Ac	an en sentantina	JOHOH								. 2		
EPA	x Initia					est Main	Stree	t		ě		8 - 9					
DEP	Ame	nded		Ī		te, Zip Co		205		40',					· -		
X DOL	Eme	ndment #_ rgency (in		-	Name of	Brook, I	43 00	005		(100 mm - 100 mm - 10	Tal	ephone N	umhai				
DOH DCA		ication) cellation			Rob Bi						1 101	epitotie iv	unibe				
					FACIL	LITY INFO	RMATI	ON									
Name of Facility Where	Abatement	is Taking I	Place (3))					Туре	of Facility (4))						
Street Address										School (K-12 Subchapter 8		er than K-	12)				
91 Harding Avenue)								×	Other (i.e. pri				uildi	ngs,	home	es,
City (5)										etc.) re Feet	# 0	f Floors		Blo	ig. A	ge	
Clifton									2100		2			55			
County (6) Passaic					County C	Code (7) ISE ONLY)			Curre	nt Use (Prior	r if be	ing demol	ished)				
Name of Monitoring Firm	n Hired by B	uilding Ov	vner (8)		ASCN	l No.		Name	of Aba	tement Cont	ractor	(9)	-				
										onmental			C				
Street Address									Addres 30x 48	ss 33, 4 E Ga	ite D	rive					
City, State, Zip Code				100						ip Code NJ 07418	8					10-112-	
Project Manager for Mor	ect Manager for Monitoring Firm					ne No.		Teleph	none N 583-8	0.		License	No.	-			
Start Date (10)	rt Date (10) Schedule					Date (11)		30000000	PERSONAL IN	HA Monitor		100	-				_
4/10/15			5/10/15				(6)	8	10 0	rr [®] e		10.00					-
Occupancy Status Durin	ng Abateme	nt (Check	Only On	ie)			0.	Street	Addres	SS	υ						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside							City, S	State, Z	ip Code		i i	<u>. </u>			, 10	
Scope of Work (Check A		ly)															_
≥3 sf or ≥3 lf	All That App	iy)	Пь	enova	otion				7 E.,	II Containme	nt witl	n Negative	Proc	Clira			
≥3 \$1 01 ≥3 11 × ≥160 sf or ≥260 If				emoli)				×	Mir	ni-Enclosure ovebag Proce			1100	Suit			
										n-Exempted			able F	- 10	mAND Arrest	We to leave	
	9.8		100	Locat		80		.0400026		1	*			F	Abate Ty	ment pe	
Locatio Asbestos-Containing		(CM)	Use	d Sole	ely by	Asbes		scription taining A		(ACM)	. 4	Amount			5	m.	
TO BE AE	BATED	,			ince/ Staff?	(i.e.		system		ation,		Specify F or LF)	3	Ran	Re	ncal	End
(13)				(12)		*		niscellar			0	or Li)	2	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A								-		9	ite	е
basem	nent				X		pipe	insula	ition		1	60 LF	x				
															0.55-5		
							ų s	* *			2				14.		
				1147					201		1						
Name of Registered Wa	ste Hauler		-	- 1	NJDEP W Hauler ID		Cubic of Wa	Yards		Name of F							
Freehold Cartage	12.50	i iew			5939	110.	TBD	A17		Western		ks Land	fill		Ť.		= 29
City, State Freehold, NJ							Dispo TBD	sal Date		City, State Birdsbor		A.					
Completed by			Title	dont	104155-	6		Signature	e A	1		100	Date 3/30/	115			
A. Scott Higgins			Presi	uent	/Owner				L		`		3/30/	10	21/86		

									FUNTI	11-1	~		
Date of Notification (1)	20	4.5					Owner/Operator (2		DIMENT	5 80			
	30 /	15	-		IVIO	NIVIOUIF	I COUNTY PURC	HASING DEPA	ARTIVIENT. =	4 1.7	141	4	
Agencies Notified	Type Notif	fication				Address			Ė.			21	
⊠ EPA ⊠ DOLWD	☐ Initial	led					MILL ROAD				300		
☑ DOH		lment #_				tate, Zip C					-2		
☐ DCA	☐ Emerg		cluding				NJ 07728						
(NJAC 5:23-8)	justifica Cancel					of Contac			Telephone Nu	mber			
	☐ Cancel	lation			15-5-7-7-7-5	ARLES A			-				
					FAC	CILITY IN	FORMATION						
Name of Facility Where A					D	DING		Type of Facility (3 50				
MONMOUTH COUN	IIY VEIE	RANS	MEMC	RIAL	. BUIL	DING		☐ School (K-12 ☐ Subchapter 8		12)			
Street Address 50 EAST MAIN STR	EET							Other (i.e., pr homes, etc.)			uildin	js,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
FREEHOLD								8,500	2		50+		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			56
MONMOUTH							VX	VACANT			14		
Name of Monitoring Firm	Hired by Bu	uilding C)wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
BRINKERHOFF EN	VIRONME	NTAL	SRVC	S			PLYMOUTH E	ENVIRONMENT	TAL				
Street Address							Street Address						
133 Jackson Rd, #I)						923 HAWS A	VENUE					
City, State, Zip Code							City, State, Zip Co						
MEDFORD, NJ 080							NORRISTOW	N, PA 19401					
Project Manager for Mon	itoring Firm				phone	3	Telephone No.		License No.				
JASON HOOPER		Το.				4-2141	610-239-9920		00398				
Start Date (10)	15					te (11)	Name of OSHA M		- 41				
4/_15_/					_ / -	13_		ENVIRONMENT	AL				
Occupancy Status During			50		200000		Street Address						
 ☐ Facility Closed/Vacate ☐ Abatement Performed 						cribe	923 HAWS A						
Time of Abatement: _							City, State, Zip Co						
							NORRISTOW	N, PA 19401					
Scope of Work (Check al	that apply))					□ Full Conf	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			⊠ Re	novati	on		☐ Mini-Enc	losure					
≥160 sf or ≥260 lf			☐ De	molitic	n		☐ Glovebag	g Procedure mpted (*) and No	n-Friable Proced	dure			
			Is	Locat	ion			() and ()			atem	ent T	vne
Location				Vorma			Description of	250		50.00	_		7
Asbestos-Containing TO BE ABA		CM)		d Sole intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili			Cus	todial	Staff?	(1.0	surfacing, VAT	, or	SF or LF)	oval	=	psul	Sur
(13)			Van	(12)	T NI/A	-	other miscellane	ous)				ate	CD
BASEMENT CRAWLS	SPACE		Yes	No	N/A	ACM IN	I SOIL DEBRIS		2,000 SF				
	_	_	_		Company of the control of the contro				1				
1ST FLOOR BATHRO	OIVI					SINK B	ОТТОМ		4 SF			Ш	
									<u> </u>				
Name of Registered Was	ste Hauler			1 1 2 2 2	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
NEWARK CARTING	3			H	04509		Waste 7	WASTE MA	NAGEMENT				
City, State					3.000		Disposal Date	City, State					
NEWARK, NJ							3/12/15	ARGYLE, F	PA				
Completed By (Print or T	ype)	Title	9				Signature	^		Date	1.		
RUSSELL KING		P	M				1	NE		3	130	15	

Date of Notification (1)					Building O		perator	(2)							
3/26/15			1	A.Molly	y Compa	ny				711	(P? -1	11	12:	22	
Agencies Notified	Type Notifica	ation	1 1	Street A											
X EPA	× Initial		1	31 Vos							1011			111	
× DEP	Amend				te, Zip Cod						BILL		HC.	-	
× DOL	Amend	ment # ency (including	- 3	South	Orange,	NJ 07	079				L	- 1 - 1			
× DOH	justifica				Contact					Tel	ephone Nur	nher			
☐ DCA	Cancell	ation	- 1	Gary T	oriello					35					
				FACI	LITY INFO	RMATI	ON								
Name of Facility Where A House	Abatement is	Taking Place (3)						Ту	pe of Facility (4)					
									School (K-1						
Street Address											er than K-12		dinas:	home	20
44 Highland Avenu	е							×	etc.)	nivate.	a commerci	ar built	unigs,	HOHIE	55,
City (5)								52,353	quare Feet	1005	f Floors		ldg. A	ge	
Madison								550	/A	N/A		- 1987	I/A		
County (6)					Code (7) ISE ONLY)				urrent Use (Pri	or if be	ing demolish	ned)			
Morris			'	STATE	ISE ONLT)	79		0.00	ouse		V6				
Name of Monitoring Firm	Hired by Buil	ding Owner (8)		ASCM	No.				Abatement Cor		(9)				
N/A							D&S	Ab	atement, Ir	IC.					
Street Address							Street								
	State, Zip Code								engren Ave	nue					
City, State, Zip Code									e, Zip Code						
			li.				Toto	wa	, NJ 07512						
Project Manager for Mor	itoring Firm		7	Γelephor	ne No.		Teleph				License N	0.			
							973-3	345	5-8685		#00675				
Start Date (10)		Schedule	d Com	pletion [Date (11)				OSHA Monitor						
4/09/15		4/10/15							atement, In	IC.					
Occupancy Status Durin	g Abatement (Check Only One	2)				Street								
Facility Closed/Vac									engren Aver	nue					
Abatement Perform X Other – Describe:	ed Outside of	Normal Facility	Hours	2.5					e, Zip Code						
			7.00				Toto	wa	, NJ 07512						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf		Property Co.	enovat				×		Full Containm		Negative F	ressu	re		
≥160 sf or ≥260 lf	\$	☐ De	emoliti	on			-		Mini-Enclosure						
84									Glovebag Pro- Non-Exempte		d Non-Friab	le Pro	cedur	е	
(6)		le l	ocatio	nn.								T	100	ement	
Location	n of	N	ormall	y		Des	scription	of					Ту	ре	
Asbestos-Containing	Material (ACN		Sole			s Cont	aining M	Nate	erial (ACM)	A	mount			m	
TO BE AB			dial S		(i.e. t				sulation,		Specify	Re	20	nca	Enc
(13)			(12)				cing, VA niscellar			Si	or LF)	Remova	Repair	Encapsulate	Enclosure
V.5.000		Yes	No	N/A				10.700011				a	¬	late	ıre
4 . 5		165	0.00800	IVA										0.480	
1st floor dini	ng room		X			wa	ll plast	ter		5	0 SF	X			
												-			
Name of Decisions 4144	to Herrie		1.47	IDES ::	le e te	0	V- 1								
Name of Registered Was			1,000	JDEP W auler ID	500000000000000000000000000000000000000	Cubic of Was			Section 2000 to		ered Landfill				
D&S Abatement, Inc	: .			0996		TBD			Waste	Mana	gement o	f PA			
City, State						Dispos	al Date		City, Stat	e					
Totowa, NJ						TBD			Tullytov		A				
Completed by		Title				S	ignature	e/	11	7	// LDa	te			-
Deanna Brkusanin		Projec	t Ma	nager				/	ll Perus	RU	wee 31	26/15	5		
								- 1	The state of	1 - LL					



Date of Notification (1)	0.01		-	Mama o	f Building (Owner/O	perator (2)				_	*	
Date of Notification (1)	3-31-15				Kolar			rilder	SI	-0.	F 5		
Agencies Notified	Type Notification		-	Street A	ddress P	O. F	Box 6	,14		= 0 f	_	4 4	+
D EPA	Initial Amended		- 17	City, Sta	ite, Zip Co	de	reserve the	AIT	Λ77	10		- 1.	
DOL	Amendment #		- L	Name	1 4	tm S	X)/)	IW	UII	60	1.5		
DOH DCA	justification) □ Cancellation		- ['	VO.	f Contact	alar	Sick						
				FACI	LITY INFO		NC						
Name of Facility Where	Abatement is Taking Chupck		+	Ha	11		Туре	of Facility School (K-					
Street Address	runch St	-				-	-	Subchapte	r 8 (Other than I private & comm		ilding	s, hom	ies,
City (5)							Sau	etc.) are Feet	# of Floors		Bldg.	Ane	
Fair	Haven	N.	7	01	704			i	1		8	Öt	-
County (6) MONN	nouth	ti			Code (7) USE ONLY)				or if being demo				
Name of Monitoring Firm		wner (8)		ASCN	No.	-	Name of Ab	atement Co	ntractor (9)	١.			
Street Address	ennole	316			MA		Street Addre		chnole	gie	5	Ir	16
P.O.	30x 33	37					P.O.	Box	337				
City, State, Zip Code	tave	N ₂	-	80	53	3	City State, 2	Zip Code Equ	A+ AL	50	18	53	3
Project Manager for Mo	rithri gu Firm		- 1	Telepho		226-	Telephone N	lo.	Licens	e No.	26	L	
Start Date (10)	chen ken	Schedule			758-3 Date (11)	3365	609 758 Name of OS			<u>, U,</u>	9,	II.	
4-19-	5	5-	- -	-15	5		EP	C Tec	hnologic	25 ع	-2		
Occupancy Status Durin							Street Addre	ss Bor	337				
	ated During Entire Period ared Outside of Norma					1	City, State, 2						
☐ Other – Describe:			Sep. (6.0)			-	New	Egypt	TLN	08	S	33	
Scope of Work (Check A	III That Apply)							J (F				_	
☐ ≥3 sf or ≥3 lf		~ /	enovat					ıll Containm ini-Enclosur	ent with Negativ	ve Press	ure		
≥160 sf or ≥260 lf			emoliti	OII				ovebag Pro					
							DK No	on-Exempte	d (*) and Non-F	riable Pr			
,			Locatio									temen ype	t
Location Asbestos-Containing			lormall d Solel		Ashesi		scription of aining Materia	(ACM)	Amount		T	T.	
TO BE AB	ATED		ntenan odial S			thermal	systems insul		(Specify	70	l z	nce	Enc
In Faci		0000	(12)				ing, VAT, or iiscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
- (10)		Yes	No	N/A						a	-	late	ıre
Throughout	Church			X	Flo	ORY	19 Tile	lindleum	3080	SFX	T		
Church office	C			X		1 4/	pound		380				
Throughout	the Hall			X	Flo	orling	· 5		4000	SFX			
Basement	Boiler RM			10	Flu	re P	ackine	1	25F				
Name of Registered Was	ste Hauler			JDEP Wauler ID	, and a second s	Cubic of Was		1	Registered Lan				
EPC Tec	hnologies	•		170			24		te Manag	iene	it o	E f	A.
City, State	avot 1	VJ.	Α.				al Date ເບັບປຸ	Mozn	usuille	PA			1
Completed by	71/2	Title .	٠, ٨	1			gnature	50	1	Date		1-13	5
Steve Sche	noa	MRE	Sidh	ent		6	Deep	in the	op	2.	0	1	1



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

							1 60	1 1				
Date of Notification (1)					Name of Buildi							
3/20/15					Paulsboro Refi							
Agencies Notified		Notification '	Type		Street Address 800 Billingspor		6.F- C			43		
() EPA () DEP (X) DOL (X) DOH		(X) Initial No () Amended () Cancelle	Certificatio	n	City, State, Zip Paulsboro, NJ	The state of the s	÷ ;					
() DCA					Name of Conta	act		Tel. Nu	umber			
		-		FACILITY IN	FORMATION							22.00
Name of Facility Where Aba	toment is To	king Place (3)	17tOILITT IIT	Type of Facility	(4)						
Paulsboro Refining Compan		aking r lace (<u> </u>		() School (K-1 () Subchapter	12) r 8 (other th						
Street Address					(X) Other (i.e.	private & c	commercial bld	gs., hom	nes, etc).		
800 Billingsport Rd					Sq. Feet N/A		# of Floor	sN/A	1			
City (5)	County (6)		County C	ode (7)								
	Gloucester		(State Us	e Only)	Bldg. Age N/ Current Use (p		 g demolished)_	Oil Re	finery			
Name of Monitoring Firm Hir	ed by Blda	Owner (8)	ASCM No	D.			Name of Co	ntractor	(9)			
KA Industrial Services, LLC.		O MIGITAL P		-	Ct		K A Industria	al Servic	es LLC			
Street Address 800 Billingsport Rd					Street Address 800 Billingspor	rt Rd						
Paulsboro, NJ 08066					City State, Zipe Paulsboro, NJ		345000000000000000000000000000000000000			ik .		
Project Manager for Monitor	ing Firm	Telephone I	Number		Telephone Nu	mber		Licens	e Numb	<u>oer</u>		
Scott Dechant		856-224-43	85		856-224-4392			00857				
Scheduled Start Date (10) 4/6/15		Scheduled (Completion	Date (11)	Name of OSHA K A Industrial		LC					
Occupancy Status During Al	hatement (C	100.00	ie)		Street Address							
() Facility Closed/Vacated I () Abatement Performed O	During Entire	e Period of A	batement		800 Billingspor	rt Rd						
(X) Other – Describe – Rem				rea in outside	City, State, Zip							
areas	N 11											
Source of Work (Check all the												
() Demolition (X) Renova () Large Proj. (160 SF or > () Full Containment with Ne	260 LF ACM	(X) SM Pro	oj. >25<160	SF or >10 <260	LF ACM) () Nebag Procedure	Minor Proj.	(<25 SF or <1	0 LF AC	M)			
Location of Asbestos-		tion Normally		Description of		Amount /	Specify SF or	I E\	Ahate	ment Ty	20	
Containing Material (ACM) i		by Maint./Cus		thermal systen		Amount	opecity of or	,	Abate	arione ry	50	
Facility (13)	Staff?			surfacing, VAT	, or other					44000000		
	YES	NO	NA	misc.)					Rem.	Rep.	Encap E	Enclose
Furf 2 Unit		,X		Pipe Insulation	n	Approx 5	0 LF		X			
CU 7		X		Pipe Insulation	1	Approx 2	0 LF		X			
007		H ~										
Name of Reg. Waste Hauler	-	NJDEP Wa	ste Hauler I	D#	Cubic Yards of	f Waste		Name	of Reg.	Landfill		
Waste Management, Inc.										ounty Lar	dfill	
City, State	City, State						Disp. Date			City, Stat	e	
South Harrison, NJ							Various			South Ha	rrison, N	11
Completed by (Print or Type	9)	Title			Signature			<u>Date</u>				
ANDREW GREEN		MANAGER	- KA Indus	strial Services	And	4 M		3/20/1	5			
							Supervisor					
					I			l				

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00



ASB-41 (R-06-08)

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

Date of Notification (1)							Operator ((2)		-								
3/30/15				Federal Business Centers										1.7	35			
Agencies Notified X EPA	Type Notification			Street Address 300 Raritan Center Parkway							/ = 1; ·							
× EPA × DEP × DOL	Amended	t #		City, State, Zip Code Edison, NJ 08837							A LANCAGE							
× DOH	Emergency justification)			Name of Contact							Telephone Number							
☐ DCA	Cancellation		Gavir		1													
Name of Facility Where A	Abatement is Takir	ng Place (3))	FAU	ILITY INF	ORMAI		Type o	f Facility (4	1)								
Federal Business C	enters propert	У						\Box s	chool (K-12	2)								
Street Address								□ s	ubchapter	8 (Oth								
63 N. Disbrow Hill F	Rd								ther (i.e. pr c.)	rivate	& comme	rcial bu	uilding	s, hor	nes,			
City (5) Monroe	City (5) Monroe							Square 1800	Feet	# of Floors			Bldg. Age 75+					
County (6) Middlesex	ex				Code (7) USE ONL	n			t Use (Prio		ng demol	ished)						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.	-			ement Cont	-	(9)							
NATE:	7.								ion Co.,		(0)							
Street Address							Street A 95 Mc		e Road									
City, State, Zip Code					City, State, Zip Code Colts Neck, N.J. 07													
Project Manager for Monitoring Firm					ne No.	-	Telepho	hone No. License No.										
Start Date (10)	Data (10)							2-294-1757 00029										
4 9 1	5	Scheduled Completion Date (11) A/13/15 Name of OSHA Moni Mark Jovic																
Occupancy Status During							Street A						7.0					
Facility Closed/Vaca Abatement Performe	ted During Entire I ed Outside of Norm	Period of At	batem Hours	ent			City, Sta		eet Suite	₽ A								
Other – Describe: 78	am-7pm		- Touro			 20		Co-Shirt Mark	k, NJ 070	035								
Scope of Work (Check All × ≥3 sf or ≥3 lf	That Apply)																	
≥160 sf or ≥260 lf			enovati emolitic	The state of the s					Containmer Enclosure ebag Proce		Negative	Press	ure					
								Non-	Exempted	(*) and	Non-Fria	ble Pr	on the sales					
(- 6	# 10 DOM: 10 D	ocatio										Abatement Type					
Location Asbestos-Containing I	27.0	Used	Solely	y by	Asbes		scription o	ption of ing Material (ACM)			mount							
TO BE ABA In Facilit		Custo	itenan dial St	ce/ taff?	(i.e.	thermal	nal systems insulation.			(5	pecify	Re	Z	Enca	Ē			
(13)	<i>y</i> .		(12)	15000000			cing, VA1, niscellane	VAT, or laneous)			or LF)	Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A								8	-	late	ıre			
baseme	nt			х		pipe wi	rap cove	ring	135 If		35 If	Х						
(5)																		
Name of Desistered West	- 11- 1										6							
Name of Registered Waste Ace Insulation Co., In			Ha	NJDEP Waste Cubic Yards of Waste				Name of Registered Landfill Chrins										
City, State		-	12	086		2 Dispos	al Date											
Colts Neck, New Jers	ey					4/13/1			City, State Easton,,	PA								
Completed by Bree McGuire		Title					ignature		1		2000	ate						
Diee McGalle		Secret	ary I	reasu	rer		M	W	1		3	/30/1	5					

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

MO 22252848028

Date of Notification (1).				Name of Building Owner/Operator (2).													
03/27/15				Aaron Frankel													
Agencies Notified × EPA	Type Notification		Street Address 680 Reba Road										Mine	1	~ E)		
× EPA × DEP × DOL	Amended Amendmen	City, State, Zip Code Landing, NJ, 07850															
× DOH	Emergency justification)			Name of Contact					Telephone Number								
× DCA	Cancellation	1		FAOI	LIEVINE	DESAT	1011										
Name of Facility Where	Abatement is Takir	ng Place (3)		FACI	LITY INFO	JRIVIA I I	ION	Type	e of Facility (4	1)							
Aaron Frankel		.3						,,,,,									
Street Address								H	School (K-1: Subchapter		er than K-1	2)					
680 Reba Road								×	Other (i.e. p				dings	hom	es,		
City (5)								Sau	etc.) are Feet	# 0	f Floors	T	Bldg. /	Age			
Landing													3	.90			
County (6)				County (Code (7)	_		Curr	ent Use (Pric	or if bei	ng demolis	hed)					
Morris				(STATÉ U	USE ONLY		_	250000	*		0						
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.		Name	of Ab	atement Con	tractor	(9)						
							Pro	Abat	ement								
Street Address							Street		TXT-12	6901 NAS	70%						
				Successive			2/5/6/20		h Street Su	uite A	4						
City, State, Zip Code			City, State, Zip Code														
5 :								gen, NJ 07047									
Project Manager for Monitoring Firm				Telepho	ne No.		Teleph		ne No. License No. 93-6305 01223								
Start Date (10)	l Con	anlation	Date (11)		Vesero 1970	e of OSHA Monitor											
04/01/15	5	ipietion	Date (11)			MAMM CONSULTING LLC											
Occupancy Status During Abatement (Check Only One) Stree							Street	et Address									
➤ Facility Closed/Vac	ated During Entire	Period of Al	atem	nent			1600 ROUTE EAST SUITE 107										
Abatement Perform	ned Outside of Non	mal Facility I	Hours	,					State, Zip Code								
Other – Describe:							UNI	ON N	NJ 07083								
Scope of Work (Check A	All That Apply)							_									
≥3 sf or ≥3 lf				ovation					ull Containme		Negative	Pressu	ire				
≥160 sf or ≥260 lf	molit	Glovebag Proce							edure								
] Ñ	on-Exempted	(*) an	d Non-Frial	ole Pro	cedu	е			
		ls L	ocati	on									Abatement				
Location		Normally Used Solely by				Description of							Туре				
Asbestos-Containing TO BE AB				ASDESIOS C				Material (ACM) as insulation,			mount Specify	77		四	ш		
In Faci	lity	Custo	dial-S (12)	Staff?	. (1.6.		cing, VA				or LF)	(em	Repair	cap	nelo		
(13)			(12)			other r	niscellar	neous)			Removal	air.	Encapsulate	Enclosure		
		Yes	No	N/A										6			
Kitchen, room, ha	allway, closet						VAT			78	30 SF	= x					
												1					
		+															
													-				
Name of Posistered We	eto Haules		K1	JDEP W	lasta	Cubi-	Vorda		Nome of F	Dog!et-	rod I Je						
Name of Registered Wa			0.6549	auler ID		of Wa	Yards ste		Nava-mana-mana-mana-		ered Landfil						
SAN TON SERVICE	=5		1.000000	2430		900 H. 27 (2007)		MEDOWLANCHES COMMISION									
City, State						Dispo	sal-Date	-	City, State								
KENILWORTH, NJ									KEARN	Y, NJ	Š.						
Completed by		Title	i n 4		8	_	Signature					ate	1.				
Bryan Parra		Project Manager						20	tano) 0:	3/27/	15				



Date of Notification (1) 3/28/15	0.00	Name of Building Owner/Operator (2) PSEG													
Agencies Notified Type Notification		Street Ad	dress adley road						1 5						
EPA Initial Amended		City, State	e, Zip Code	07080											
Emergency (inc	cluding	Name of	Contact	07000			Telep	hone Num	ber						
City, State, Zip Code South Plainfield NJ 07080 DOH															
A State of S	Place (3)	FACIL	ITY INFORMA	TION	Type of F	Facility (4)				-				
	Flace (5)				Sch	nool (K-12	2)								
					X Oth	Other (i.e. private & commercial buildings, hom etc.)						s,			
City (5)					Square Feet # of Floors Bid						-				
County (6)					Current Use (Prior if being demolished)				ed)						
				Nome	2000000		ractor (0)\				-			
	vner (8)		No.	WRS	S Enviro										
		e(Rd									
1 854	3														
		12.5	ne No.			1	£11).						
Start Date (10)		mpletion [Date (11)												
1900-200-1000	Only One)			Street	Address										
		ment	25	same	e as abo	ove									
Abatement Performed Outside of Norma Other – Describe:	I Facility Hour	s			State, Zip (e as abo										
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				Mini-E Glove	Enclosure bag Proc	edure	Negative P Non-Friabl		8	e				
					_ Non-	Zempted	() and	TYON THUB			ement				
	Is Local Norma		_							Ту	ре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solo Maintena Custodial (12)	ely by ance/ Staff?	Asbestos Co (i.e. therm sur	Description ontaining I nal system facing, V/er miscella	Material (Ans insulation	ACM) on,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes No	N/A	A - b 4-	- Doofin	a/fleshi	20	300) SE	~		10000				
Control House roof		X	Asbestos T												
Control House		X	ASSESSMENT OF THE PARTY OF THE	bestos o		211013		SF x SF x							
Ceiling Interior		X	287.65					0 LF	x						
Substation yard		X		oic Yards	site pipe										
Name of Registered Waste Hauler ETGI		NJDEP W Hauler ID 37107		Vaste											
City, State Flanders NJ	28		Dis TBI	posal Date D		City, State Morgan		PA							
Completed by Michael j DiMaria	Title Proj Mgr/	Site Su	ipervisor /	Signatur	chai	PIK	M	ner 3/	ate /28/15						

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

B & G proj. #: 2015-54

*** EMERGENCY ***

Check # 7146

Date of Notification	(1)	Na	me of Build	ing Owne	r/Operator (2)			7				7						
10 13 1/12 17]/[1 5	F	hil Frank	(+, *)								
Agencies Notified	Type Notification	Str	eet Address	3	i i			Ç.				97						
	X Initial		S2 Courte	er Avent	ie													
☐ DEP	- Amandmi	100,000	y, State, Zip		27040		6											
X DOL	Amendme		Maplewo		07040		alanha	ne Number										
X DOH	Cancellati	1000000	ne of Conta	act				1,	еверпо	ne Multibel								
☐ DCA	☐ Cancellat		Djoko Na	aumovs	ki							_						
				FACI	LITY INFORMA	ATION												
Name of facility wh	nere abatement is	taking plac	e (3)					Type of		(4) ol (K - 12)								
Phil Frank								1 1		hapter 8 (O	ther th	an K-	12)					
Street Address								×	Other	(Private/C	mme							
62 Courter Av			Square	-	# of Floor		Ric	lg. A	ne en									
		Count	v (6)			Cour	nty Code (7)	Square	reet	# 01 11001	5	Dic	9.7	90				
City (5)		Count	y (0)				e use only)	Curren	t Use (Prior if bein	g dem	olishe	d)					
Maplwood		Ess	ex				residential											
Name of Monitorin	ng Firm Hired by B	ldg. Owner	(8)		ASCM No.		Name of Abatement Contractor (9)											
n/a	ξ/r				-		B & G Restoration, Inc.											
Street Address							Street Address 105 Ryerson Road											
- Ola Ola -	Ia.						City, State, Zip Code		-									
City, State, Zip Coo	16						Lincoln Park		35									
Project Manager for Monitoring Firm Phone Number					er		Telephone Number			License		er						
							(973)696-68				378	_						
Scheduled Start Da	ate (10)	Sched.	Completio	n Date (1	1)		Name of OSHA Mo B & G Restora				,							
03/28/2015		03/2	8/2015				Street Address											
Occupancy Status	During Abatement	(Check or	nly one)				105 Ryerson	Road		71	9		-					
Facility close	d/vacated during	entire perio	d of abater	nent.			City, State, Zip Cod	е										
Abatement p Describe:	erformed outside	of normal f	acility hours	S-		_	LincolnPark,	N I 07035										
Other-Descri						-	Ellicolli ark,	140 07 000						N 1				
	heck all that apply						ull Containment w/n	ogative pre	ccura	☐ Glove	han nr	ocedi	IFA					
Demolition		Renovatio				-	un Containment wit Iini-enclosure	legative pre	33010	☐ Non-f	-							
>3 sf or >3 lf	f L 2	160 sf or	3/4,	and asial		<u> </u>	IIII-eliciosure				R	R	Е	1_				
Location of asbestos-co		by mainte	normally unance/cust		1	on of a	sbestos-containing		Amount		e m	e	n	E n				
material to b	oe e	staff(12)		Τ	material			1	SF or	0	a	a	C					
abated in fac	cility (13)	Yes	No	N/A							v e	ı	р					
kitchen				X	pipe (wra	р & сі	ut)	6) If		×		Ц	11				
											ዙ		님	井				
								_		114	ዙ	H	H	岩				
40					-			_			ዙ	H	H	干				
Designation of Waste	Hauler	INIDE	P Hauler I	D# 1 (Cubic Yards of	Waste	Name of Register	ed Landfill			-		1—	1-				
Registered Waste B & G Restora	ation, Inc.		9563		1		Tullytow	n Resour	ce & l	Recovery	Cen	ter						
City, State				Disposal			City, State Tullytown	n PA										
Lincoln Park,		Titl			/30/2015 Signature		l —	l Data										
Completed by (Pri		Title Secreta	ry/Treasu	ırer			Gordana Luna					03/27/2015						