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

Date of Notification (1) 4/6/15					of Building			(2)		0.50					- 1			
Agencies Notified	Type Notification	1	Bloomfield Electric Supply Street Address 600 Bloomfield Ave															
₩ F5.				600 Bloomfield Ave City, State, Zip Code														
EPA X DEP	X Initial Amended		-	100000000000000000000000000000000000000		1000									7/4			
× DEP × DOL	Amendmer				nfield, N		13											
X DOH	Emergency		- }															
DCA DCA	justification Cancellation			Bill	or cornact			Telephone Number										
					ILITY INF	ODMAT	ION											
Name of Facility Where	Abatement is Taki	ng Place (3)		IAC	VICTI IN	ORWAI	ION	Type of Facilit	v (4)		_							
Bloomfield Electric	Suppy Compa	ny																
Street Address								School (K		ner than	1 K-1	2)						
658-660 Bloomfield	d Ave							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings,					s. hon	nes.				
City (5)								etc.)					2730	100				
Bloomfield								Square Feet 5000	0.000000	of Floor	S		Bldg.	Age				
County (6)			- 1	County	Code (7)				1				65+					
Essex					USE ONL	0	}	Current Use (F Electric Sur	rior if be	ing der	nolisl	ned)						
Name of Monitoring Firm		ASC	M No.		Nome				У									
	g	owner (o)		700	W 140.			of Abatement Consulation Co		r (9)								
Street Address					-			Address	, IIIC.									
40							A STATE OF THE STA		, d									
City, State, Zip Code						Montrose Road												
- 9, 9								ate, Zip Code	7700									
Project Manager for Mon	itorina Eirm		1 -					Neck, N.J. (11122									
roject warrager for wormoring Firm					me ivo.			one No. 294-1757		Licen		0.						
Start Date (10)		Scheduled	Com	plotion	Data (dd)					0002	29							
4/15/15		4/22/15	COII	ipiedon	Date (11)			of OSHA Monito Jovic	Γ									
Occupancy Status During	a Abatement (Che		`															
		(a) 10 (b)		7.0 of the				Address ain Street										
Facility Closed/Vaca Abatement Perform	ed Outside of Norr	Period of Ab nal Facility H	atem	ent		-	2883.0 0000			-								
X Other - Describe: 7	7am-7pm	nair donity i	iouis					ate, Zip Code	.7005									
Scope of Work (Check Al	((That Apply)	-					LINCO	In Park, NJ (1/035									
≥3 sf or ≥3 lf				untion F														
≥3 ST OF ≥3 IT ≥160 sf or ≥260 If				ation ×				Full Contains Mini-Enclosu	nent with	Negat	ive P	ressu	re					
		<u> </u>	nona.	3				Glovebag Procedure										
								Non-Exempted (*) and Non-Friable Proc					ocedure					
		10000000	catio											Abatement				
Location		Used	rmally	Descrip								Туре		pe	,			
Asbestos-Containing TO BE ABA	Material (ACM)	Maint			Asbes	tos Conta	aining Ma	aterial (ACM)	10000	mount		1		Ш				
In Facili		Custod		taff?	(i.e.	tnermal	systems ing, VAT	insulation,		pecify or LF)	1	Rer	R	nca	Enc			
(13)		(12)				iscellane		0,	OI LI J		Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A	-							<u>a</u>	-	late	le l			
outside	Δ			Х		foofin		-:-1			_							
Outside						1001111	g mate	riai	30	00 sf		X						
indoor	S					flo	or tile		70	00 sf		X						
indoors	S					hoiler	insulat	ion		80sf	-		-	-				
Name of Registered Wast	te Hauler		NJ	DEP W	aste	Cubic Y					acu.	X]				
Ace Insulation Co., Ir			Ha	uler ID		of Was		Name of	registe	ed Lar	unii							
		2.2	12	086		10		Chrins										
City, State						Disposa		City, Sta							-			
Colts Neck, New Jers	sey	32	4/22/15 Easton, PA															
Completed by Title						Sig	gnature,	//	1	T	Date	9	- 13					
Bree McGuire Secretary Tre					rer		124	elf			4/6	/15						

MAY 11

State of New Jersey

Check#2150		NO			N OF AS nt to NJA			TEMENT 6)	- 1	731 77	11/7	P				
Date of Notification (1)					e of Buildin			11-	- 1		rec.					
04	03	15					operator (-1								
Agencies Notified	Type Notification				nen Hynes et Address	3	1.7.				-//					
☐ EPA	✓ Initial	~11		2000									-41			
□ DOLWD	Amended				ndale Roa State, Zip				<u> </u>		10					
⊠ DHSS	Amendmen		_	- 6	55					* 1 - A.	t i surse	ú.				
DCA (NJAC 5:23-8)	Emergency justification	(includir	ıg		son, NJ 0 e of Contac				17.5							
(110/10/0.20-0)	Cancellation								Telephone N	iumber						
	1				nen Hynes								_			
Name of Facility Where	Abatanantia Ta		10)	FA	CILITY II	NFORMA	ATION									
Abor up servi	Abatement is Tak	ang Flac	e (3)					Type of Facility	33. 33.							
Private house Street Address								School (K-1	2) 8 (Other than K	1 01						
1								Other (i.e.,	private and com	rt 2) mercial	buildin	as				
8 Ferndale Road City (5)								homes, etc)		Dunann	99,				
The second								Square Feet	# of Floors		Bldg. A	ge				
Madison, NJ 07940 County (6)								2								
				Cour	nty Code (7)	(STATE U	ISE ONLY)	Current Use (P	rior if being den	nolished)					
Morris Name of Monitoring Firm	a Hirad by factor		201													
Name of Monitoring Firm	i miled by Sullain	g Owner	(8)	ASCM	l No.	Name	of Abateme	Abatement Contractor (9)								
Stroop Addison				Gr Tec	h LLC	2002										
Street Address						Street	Address									
City State 71-0							alley Rd #									
City, State, Zip Code						City, State, Zip Code										
Project Manager for Mon	the street						, NJ 0747	70								
Project Manager for Mor	litoring Firm		Tel	ephone	No.	Teleph	one No.		License No							
Start Date (10)							8-1777		01127							
04 /13 /	15	neduled (Name	of OSHA N	1onitor					_			
				4/	15	Enviro	vision Co	nsultants,Inc								
Occupancy Status Durin	g Abatement (Ch	eck only	one)				Address						*			
	ed During Entire	Period o	f Abate	ment		20-21 V	Wagaraw	Road, Bldg .#	35 E							
Time of Abatement:	a Outside of Norn	nai Facili PM/	ty Hou PM	rs - De:	Scribe AM	City, St	ate, Zip Co	ode								
					_0101	Fair La	wn, NJ 0									
Scope of Work (Check al	II that apply)					H		and decontami			ssure					
>3 sf or >3 if > 160 sf or >260 if		⊠R	enovat	ion		Н	Mini-Enc	tainment with Ne Iosure	gative Pressure	10						
☐ ≥ 160 sf or ≥260 lf			emoliți			\boxtimes	Gloveba	Procedure	Tent with Nega	tive Pre	ssure					
							Non-Exe	mpted (*) and N	on-Friable Proce	edure	- 1					
Location	n of	1	s Loca Norma				and the second	-		A	Abatem	ent T	ype			
Asbestos-Containing	Material (ACM)		ed Sol	ely by	Asbe		scription o	of terial (ACM)	Amount	Z.	D D	m	Щ			
TO BE ABA			aintena stodial		(i.∈	e., therma	l systems i	insulation,	(Specify	Kemova	Repair	Encapsulate	Enclosure			
IN Facil (13)	ity	00.	(12)				icing, VAT. miscellane		SIF or LF)	Va	=	Sul	Sure			
		Yes	No	N/A	1	other	iiiisceiiane	ous)				ate				
Basement				X							=		-			
Dasement		ᆛᆜ	부		Pipe ins	ulation			150 LF			Ш	Ш			
											חור					
10-1		Tim	In		1								닏			
Name of Registered Was	ste Hauler	1	N:	DEP West	e Hauler ID No.	Cubic Ve	and of Mont	None of Deci								
	oto Hadioi							e Name of Regi	stered Landfill							
Gr Tech LLC City. State				00337	85	TBI	222	T.R.R.F. Inc								
				Disposal Date City, State												
Wayne, NJ 07470						TBI	D	Tullytown, P	A							
Completed By (Print or T	ype) T	itie		- 203000		Sig	gnature /	0/1 .	n 1.	Date						
N.Jevtic	0	wner				Signature Heura d Date 04/03/2015										
ASB-41			-					-		UTI UJ/2	-013					

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

CK#2612 X Sondy

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

Date of Notification (1) 4/2/15			1 1 1 1 1 1 1		Building O		perator ((2)			7 T		4			
Agencies Notified	Type Notification		100000	reet Add	_{dress} ain Stre	et					F.		.5		-	
× DEP × DOL	initial Amended Amendment #				e, Zip Cod omo, Ne		sey	8			Kr. isi					
× DOH DCA	Emergency (ir justification) Cancellation	ncluding	Na		Contact				Telephone Number							
			FACILITY INFORMATION													
Name of Facility Where A		Place (3)		Type of Facility (4)						
Street Address 2103 Main Street								M c	ubchapter 8 other (i.e. pr tc.)	(Other	er than K-12 & commercia	i) al build	ings,	home	es,	
City (5) Lake Como									uare Feet # of Floors			3111303	Bldg. Age 68			
County (6) Monmouth				ounty C	ode (7) SE ONLY)				nt Use (Prio	r if bei	ng demolish	ed)				
Name of Monitoring Firm	n Hired by Building O	1	ASCM	No.		The state of the s	of Abat	ement Cont		(9)						
Street Address							Addres	tion Co.,	inc.							
		C=210/2						se Road								
City, State, Zip Code					City, State, Zip Code Colts Neck, N.J. 07722											
Project Manager for Mor	Te	Telephone No.				one No 294-1			License N 00029	0.						
Start Date (10) 4/4/15		Scheduled 4/8/15	Comp	Completion Date (11) Nam				of OSH	A Monitor							
Occupancy Status Durir	ng Abatement (Check	Only One))	Stree				Addres	s	17730				1125		
Facility Closed/Vac Abatement Perform X Other – Describe:	cated During Entire P ned Outside of Norma 7am-7pm	eriod of Ab al Facility H	ateme lours	nt		_	City, S	tate, Zi	p Code							
Scope of Work (Check /	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				novation				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		1 101	ocation				Non-Exempted				u Non-i nab	Abatement				
Locatio Asbestos-Containin TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used Main Custo	rmally Solely tenand	by ce/		os Con thermal surfa	escription taining M system cing, VA miscellar	Material s insula T, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
	** 	Yes	No	N/A			- 1	N pg						6		
outdo			Х			siding				850	X					
											-					
Name of Registered War Ace Insulation Co.,			Ha	IDEP Wauler ID		of Wa	_		Name of I	Regist	ered Landfil	12				
City, State	12	086		Dispo	Sal Date)	City, State									
Colts Neck, New Je	4/8/15					Easton,	, PA		ato							
Completed by Bree McGuire	cretary Treasurer Signature Date 4/2/15															

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

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

Date of Notification (1)					Name of Building Owner/Operator (2)										
4 / 6	. / _	15	_		State of New Jersey, Department of Corrections										
Agencies Notified Type I	Votificat	lion			Street Address										
⊠ EPA ⊠ Init					Whi	Whittlesey Road, PO Box 863									
	nended nendme	nt #			City, S	Sity, State, Zip Code									
	ieriaine iergeno		ludina		Tre	Trenton, NJ 08625									
	tificatio		adding.		Name of Contact Telephone Number										
	ncellati	on			Jos	eph May			MATE.	1	14 to stern				
					FAC	CILITY IN	FOR	MATION							
Name of Facility Where Abateme									Type of Facility						
Garden State Youth Corr	ection	al Fa	cility						School (K-12		v.				
Street Address										3 (Other than K-12 rivate and commer		ildina	S,		
98 Highbridge Rd									homes, etc.)						
City (5)									Square Feet	# of Floors	Ble	dg. Ag	ge		
Chesterfield									282,000	2		50+			
County (6)	-				Coun	ty Code (7)	(STAT	TE USE ONLY)	Current Use (Pr	ior if being demolis	shed)				
Burlington									Correctiona	l Facility					
Name of Monitoring Firm Hired b	y Build	ing C	wner (8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)						
USA Environmental Mana	170	1300			0011	2	С	ontrolled E	nvironmental \$	Systems					
Street Address							Stre	et Address							
344 West State							1	121 N. Beth	lehem Pike - S	uite 60					
City, State, Zip Code							City	, State, Zip Co							
Trenton, NJ 08618						Spring House, PA 19									
Project Manager for Monitoring	Firm			Tele	phone	No.		ephone No.		License No.	V =				
William Weisgarber, Jr				0.000	9 656		0.000	15 542 7000		00847					
Start Date (10)	9	ched	uled C	omple	tion Da	te (11)	Nan	ne of OSHA N	Monitor	1.					
4 / 19 / 15	_ -		4/		3_/_			ES							
Occupancy Status During Abate	ment (C	Check	only	one)			Stre	eet Address							
☐ Facility Closed/Vacated Durin							1	121 N. Beth	lehem Pike - S	uite 60					
Scope of Work (Check all that a	oply)		85 211-50				3	pring nous	e, FA 19411						
200	,								tainment with Ne	gative Pressure					
☐ ≥3 sf or ≥3 lf ☑ >160 sf or >260 lf				novat moliti					g Procedure						
△ ≥100 31 01 ≥200 11				. THO HEI	211					n-Friable Procedu	re				
		8	Is	Loca	tion						Ab	atem	ent Ty	уре	
Location of	-			Vorma	lly ely by			Description of			Z Z	D	Ш	Ш	
Asbestos-Containing Materia	I (ACM)	0.000	intena				Containing Ma rmal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure	
TO BE ABATED IN Facility			100000000000000000000000000000000000000	todial	Staff?	(1.6		urfacing, VAT		SF or LF)	oval	=	nsc	Sun	
(13)			G 1	(12)				ner miscellane					ate	(D	
			Yes	No	N/A										
Learning Center				\boxtimes		Pipe In	sulat	tion		150 LF					
						¥)	202								
Name of Registered Waste Hau	ler			1	JDEP 1	Waste	Cub	oic Yards of	Name of Regi	stered Landfill				-	
STG				H	1auler II		Wa:	ste 0 Yards	Minerva L						
City, State			120/40		20900 10 Yards Disposal Date City, State										
New Castle, DE					4/30/2015										
Completed By (Print or Type)		Title	9					Signature	1	n	ate				
Patricia Visco		72.0300		ce Manager fotos UNCO 4/6/15						<u></u>					

ASB-41 JAN 13

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

State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 04/06/	2015		J. F. J.S.	-02	~	Name of Building Owner/Operator (2)								
Agencies Notified	2010		lotification -			Street Address Northyale Board of Educ								
⊠ EPA			Initial Noti			City, State, Zip Code				(° L,				
□ DCA			☑ Amended	#	the dealers	441 Tappan Road, North								
⊠ DOL					ation (including	Name of Contact	Telephone Number 201-768-8404							
⊠ DEP			ustification)			Deborah Trainor	00-0404							
⊠DOH		L	☐ Cancelled	1										
					FACILITY INF	ORMATION								
Name of Facility Where Ab	atement is	Tak	king Place (3)		Type of Facility (4)								
Northvale Public School	Media Cer	nter				⊕ School (K-12) □ Subchapter 8 (other the state of the s	nan K-12)							
Ot Address						Other (i.e. private & comr	nercial buildi	nas ho	mes etc)				
Street Address 441 Tappan Road						Sg. Feet: NA # of F	loors: B	ldg. Age	9:	,				
441 Tappati Noau														
City (5)	County (6)			Code (7)	Current Use (prior if being	demolished):						
Northvale	Bergen			(State	<u>Use Only)</u>	200								
						(0)				-				
Name of Monitoring Firm H	Owner (8)	ASCM	No.	Name of Contractor (9)	0	lna								
Environmental Remedia	ement,			Panoramic Window & Do	or Systems	ing.								
Inc.				Street Address				_						
Street Address						712 Sergeantsville Road	ı							
20-10 Maple Ave, Buildin	ig 35E					712 Sergeantsville Road	•							
011 011 71-0-1-						City State, ZipCode								
City, State, Zip Code Fair Lawn, NJ 07410						Stockton, NJ 08559								
Fair Lawn, No 07410														
Project Manager for Monit	orina Firm	-	Telephone	Number		Telephone Number		License Number						
Guillermo M. Morales			609-259-80	77		732-926-0900		_						
						Name of OSHA Manitor								
Scheduled Start Date (10)		3	Scheduled	Complet	ion Date (11)	Name of OSHA Monitor								
				04/09/2	2015	MJ Consulting LLC								
04/08/2015 Occupancy Status During	Ahatemen	t (Cl	heck only o		2015	Street Address	*			**				
☐ Facility Closed/Vacated	During Er	ntire	Period of A	batemer	nt	87 Main Street								
Abatement Performed C	Outside of I	Norn	nal Facility	Hours -		Otto Olista Zia Cada								
Describe 7 am to 10 pm						City, State, Zip Code								
						Lincoln Park, NJ 07035								
□Other - Describe:														
Source of Work (Check al	I that apply	v)												
					- D	- I Mi	ni-Enclosure							
					□ Renovation □ Demolition	□Glo								
□ ≥ 160 sf or 3	≥ 260 IT				L Demondon	<u></u> ⊠!	Non-Friable F	rocedu	re (windo	w glazir	ng)			
					I D	-h-stee Centaining Motoria	I Amou	int	Abaten	nent Typ	ρ.			
Location of Asbestos-			cation Norm	ally	Description of A	sbestos Containing Materia rmal systems insulation,		ify SF	Abaton	icht Typ				
Containing Material (ACN			Solely by ./Custodial	Staff?	surfacing, VAT,	or other misc.)	or LF		Remove	Repair I	Encap E	nclose		
Facility (13)		12)	./ Oustoular	Otan.	Carraging, 1111,									
-	,	/ES	NO	NA								4		
Media Center Panorami	С			B	Window Glazir	ng	100lf		围	1				
Window					#1 #2	11			- 1					
					10.06					1				
Name of Reg. Waste Hai	Name of Reg. Waste Hauler				ler ID #	Cubic Yards of Waste			e of Regi	stered L	andfill			
Tame of road, vidoto flat						Less than 1	85	T.R.F	C.F.					
Waste Management of PA Inc.							Dianasal	Data		Pity Cto	to			
Morrisville PA 19401							Disposal [Jale			<u>r, State</u> ytown PA			
							02/08/2015	5		. dilytomi i / t				
						11								
Completed by (Print or Ty		<u>Title</u>	G28		Signature /		Date		15					
Mark M Jovic	Consultar	nt	/	04/06/2015										
					./	1,001					54			

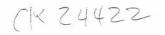
			NOTIFICATI	ION OF AS	IEW JERSEY BESTOS ABATEMEN C 8:60-7 AND 12:120-	1 4/1	cel	D	2	38	9	
Date of Notification ((1) / <u>15</u>			Name of E MERCK	Building Owner / Ope							
	/ ——			Street Add		7	×11					
Agencies Notified	Type of No				RRIS AVENUE					- E-		
☐ EPA DEP	_	Initial Amended		City, State, Zip Code UNION, NJ 07083								
☑ DOH	-	Amendment	#	Name of Contact Telephone Number								
☑ DOL		Emergency Cancellation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIKE CAF	RRANO		1	0425	ď.	7.		
			5,004	ACILITY IN	FORMATION							
Name of Facility Whe	ere Abatem	ent is Taking	Place (3)		Type of Facility (4)							
MERCK					☐ School (F	(-12)						
Street Address						ter 8 (Other	than K-1	2)				
1011 MORRIS AVENU	JE				☑ Other (I.e.)	., private & omes, etc.)						
City (5)	County (6)		County Code	(7)	Square Feet	# Of Floor		Build	ling Age			
UNION	UNION				n/a Current Use (Prior in	f being dem		-	n/	/a		
					N/A	r being dem	Olisticu					
Name of Monitoring	Firm Hired	by Bldg. Ow	ner (8)	ASCM NO	Name of Abatement	Contractor	(9)					
AET			1004				0.500					
					Northstar Contracting	Group, Inc.						
Street Address 335 HIGH STREET					Street Address							
City, State, Zip Code					32 Williams Parkway							
METUCHEN, NJ 0884					City, State, Zip Code	9						
Project Mngr. For Mo ERIC HOUSEKNETCH		rm	Telephone Nu 732-321-0666	mber	East Hanover, NJ 079	936						
Sheduled Start Date		Sched. Com	pletetion Date (1	1)	Telephone Number		License	Numbe	er			
04 / 20	/15	_04	/	15_								
Occupancy Status D	uring Abot	mant (Chap)	/ / / / / / / / / / / / / / / / / / /		973-772-3660	itar		7.7	00860			
Occupancy Status D Facility Cl			ntire Period of		Name of OSHA Mon Northstar Contracting							
Abatemen			101010110		Street Address	0.00-						
		d Outside of	Normal Facility									
Hours - De					32 Williams Parkway							
Other - De	scribe:	7:00AM-3:30	PM		City, State, Zip Code East Hanover, NJ 079							
Scope of Work (Chec	ck All That	Apply)			Edst Hallovel, No or.	930						
Demolition	n	~	Renovation		Full Containment wi	ith Negative	Pressure	e				
≥3sf or ≥3	If	_			Mini - Enclosure							
≥160 sf or	≥260 If			. 🗹	Glovebag Procedure		94 Fg	2				
					Non-Exempted (*) ar	nd Non-Fria	ble Proce	edure				
Location of	f I	İs	T	Descripti	on of	T -	Abateme	ent Typ	e			
Asbestos Conta	90	Location	As	sbestos - C			R	1	E E	E		
Material (AC		Normally	1	Material (Amount	Æ	R	N	N		
TO BE ABAT		Used		e., thermal		(Specify	M	E.	C	C		
in Facility (13)		Solely by Main-		other misc	acing, VAT,	SF or LF)	0 V	P	A	L		
(10)		tenance/		Julier IIII300	chaneous		Å	lî ·	S	S		
		Custodial					L	R	U	U		
		Staff (12)							L	R		
EXTERIOR - U14		YES NO N/A	PIPE & FITTIN			140.15		+		+		
EXTERIOR - 014			PIPE & FITTING	G		40 LF		+	1	+		
			+			_		十片		+	\vdash	
			1								ŏ	
Name of Registered	Waste Haul	er	NJDEP Waste	10 74257	Name of Registered	Landfill						
NEWARK CARTING		1	and the property of the property of the Parish	Yards of Waste	I.E.S.I.							
City, State NEWARK, NJ	(a				City. State TULLYTOWN, PA							

Title PROJECT MANAGER Signature Signature

Date

04/07/15

Completed by (Print or Type) STEVEN STILES



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

A	Date of Notification (1)				Name of Building Owner/Operator (2)										
DOLMO	4 /	7 /	15												
Double		Type Notifica	ation												
DRS					133	Prospec									
Date Emergency (including Light Easter)		_			City, State, Zip Code										
Name of Contact	() The second s	(A) (C) (A)			Passaic, NJ 07055										
				K .											
School (K-12)	(1.101.10 0.120 0)				Ale	x Baylor									
Street Address															
School (K-12) Street Address Stree	Name of Facility Where A	Abatement is	Taking Place	(3)	1.00	DIEIT III	II ONWATION	Type of Facility (4)						
Street Address	The second of th		raking r lace	(0)											
133 Prospect Street								Subchapter 8	Other than K-1	2)					
Square Feet	Programme and the second	+							ivate and comm	ercial bu	ilding	s,			
Passaic									I	1.51					
County (6)								I Same		1		ge			
Passaic Name of Monitoring Firm Hired by Building Owner (8)											50				
Name of Monitoring Firm Hired by Building Owner (8)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)					
Street Address Street Address Af Foster Road															
Street Address Street Address Af Foster Road	The second secon		ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
A	USA Enviornmenta	I					JVN Restorat	tion Inc							
City, State, Zip Code	Street Address						Street Address								
Philadelphia, PA 19153	8436 Enterprise Av	enue					47 Foster Ro	ad							
Project Manager for Monitoring Firm	City, State, Zip Code						City, State, Zip Co	ode							
Mark Jenkins	Philadelphia, PA 19	153					Staten Island	NY 10309							
Start Date (10)	Project Manager for Moni	itoring Firm		Tele	phone	No.	Telephone No.		License No.		= 11st/				
Od.	Mark Jenkins			2	5-365	-5870	718-605-6256	i.	00774						
Od.	Start Date (10)		Scheduled C	omple	tion Da	te (11)	Name of OSHA M	lonitor							
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement	■	1.00.000													
Second Pack	240														
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:00PM PM- AM City, State, Zip Code City N 11101				C. 10100005000	mant			*							
Time of Abatement: 8:00AM-4:00PM/ PM AM LIC NY 11101 Scope of Work (Check all that apply)						cribe									
Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Maintenance (Close of More applied to						Clibe									
Solid Sol	22		-	10-01			LIC NY 11101								
Solution of Senovation Demolition Description of Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) a	Scope of Work (Check all	that apply)					M Eull Cont	cinment with Nea	otivo Dropoves						
Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	≥3 sf or ≥3 lf		⊠ Re	novati	on				ative Plessure						
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Basement Season	≥160 sf or ≥260 lf		☐ De	molitic	η		Glovebag	g Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A			1 1-	1 1		4	☐ Non-Exe	mpted (*) and Nor	n-Friable Proced	ure					
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement Specify by Maintenance/Custodial Staff? (12) Yes No N/A No N/A Specify SF or LF Staff Staff Staff No N/A Specify SF or LF Staff Staff No Staff Staff No No Staff No No Staff No Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff Staff	Location	of	7,555				D	,		Ab	ateme	ent T	ype		
Second S			1			Ashe			Amount	Re	Re	E	m		
Second S	TO BE ABA	TED	Ma							mo	pai	cap	clos		
Basement Floor Tile and Mastic 2865 SF		ty	Cus		Stan?		surfacing, VAT	, or	SF or LF)	val	7	Sul	sure		
Name of Registered Waste Hauler Newark Carting NJDEP Waste Hauler ID No. NJ-566 NJ-566 Disposal Date Hackettstown, NJ Completed By (Print or Type) Ralph Barnhardt	(13)		Yes	1	N/A	1	other miscellane	ous)				ate			
Name of Registered Waste Hauler Newark Carting NJDEP Waste Hauler ID No. NJ-566 NJ-566 Disposal Date Hackettstown, NJ Completed By (Print or Type) Ralph Barnhardt	Basement					Floor T	ile and Mastic		2865 SF		П	П	П		
Name of Registered Waste Hauler Newark Carting City, State Hackettstown, NJ Completed By (Print or Type) Ralph Barnhardt				П						-		\exists			
Name of Registered Waste Hauler Newark Carting Name of Registered Waste Hauler Newark Carting Name of Registered Landfill Waste Buller ID No. NJ-566 NJ-566 Disposal Date Hackettstown, NJ Completed By (Print or Type) Ralph Barnhardt Project Manager Ralph Barnhardt															
Name of Registered Waste Hauler Newark Carting City, State Hackettstown, NJ Completed By (Print or Type) Ralph Barnhardt NJDEP Waste Hauler ID No. NJ-566 Disposal Date 3/16/15 Signature/ Ralph Barnhardt Name of Registered Landfill G.R.O.W.S., Inc. City, State Morrisville,PA Signature/ Date O 7 - 2015				Ш_	닏					-	ш	Ц			
Newark Carting Hauler ID No. NJ-566 City, State Hackettstown, NJ Completed By (Print or Type) Ralph Barnhardt Hauler ID No. NJ-566 Disposal Date 3/16/15 Morrisville,PA Signature Signature Out-07-2015															
City, State Hackettstown, NJ Completed By (Print or Type) Ralph Barnhardt NJ-566 20 City, State Disposal Date 3/16/15 Morrisville,PA Signature Signature Out-07-2015	Name of Registered Was	te Hauler		1999				Name of Regis	tered Landfill						
City, State Hackettstown, NJ Completed By (Print or Type) Ralph Barnhardt Project Manager Disposal Date 3/16/15 Morrisville,PA Signature Out - 07 - 2015	Newark Carting			H				G.R.O.W.S.	, Inc.						
Hackettstown, NJ Completed By (Print or Type) Ralph Barnhardt Project Manager 3/16/15 Morrisville,PA Signature Out-07-2015	City, State							City, State					-		
Completed By (Print or Type) Ralph Barnhardt Project Manager Signature Out-07-2015	Hackettstown, NJ			Substitute # Manufacture Control Contr											
Ralph Barnhardt Project Manager MMh full 34-07-2015	Completed By (Print or Ty	vpe)	Title					1 /1		late					
1411. 11-22		160)	Cocotanoa C	f Man	ager		Signature	6//			77-	70	15		
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* Do not use this form for asbestos licensure exempted activities.