Date of Notification (1)				Name	e of Buildin	ng Ov	wner/Operator	(2)	r	n E	6	E	-	W
	30/17					J -		Porzio	The state of the s	リピ	9			
Agencies Notified	Type Notific	cation		Stree	t Address	Š			11	Steel L			^ ′	0047
□ EPA □ DEP	Initial Amende	ıd							1000		APR	-	3 2	<u> 201</u> /
☑ DOL	Amenda	nent#	_	City,	State, Zip 0	Code		t D1	NIT OF	740			11 10	
₩ DOH	☐ Emerger justifica		ng	Nome	of Contac		Pt. Ple	asant Beach,		13 00 10	EST	0s	COL	ITR(
DCA	Cancella			ivame	of Contac	2000	nary Porzio		relepi	none killing			·~11	
													_	—
Name of Facility Where	Ahatement is	Taking Plac	e (3)	FA	CILITY INF	-ORI	VIATION	Type of Facility	, (1)					
Traine of Facility vinere		Resident						School (K-1						
Street Address								■ Subchapter	8 (Other					
								Other (i.e., phomes, etc.)		commerci	al buil	dings	,	
City (5)	100.000 000-000	200	200					Square Feet		Floors	В	ldg. A	ge	
	Pt. Ple	easant Ba	ech,					3500		3		75	+/-	_
County (6)				Cou	nty Code (7) (5	STATE	Current Use (P	rior if bei	ng demoli	shed)			
	Ocean				-									
Name of Monitoring Firm (8)	n Hired by Buil MECS	aing Owner		ASCM	NO.	Na		ement Contractor (9) evens Environmental Services, Inc.						
Street Address	MECS					C+,	reet Address	ens Environ	mental	Service	es, II	ic.	-	_
Officer Address	PO Box 341						PO Box 322							
City, State, Zip Code	City, State, Zip Code						City, State, Zip Code							
C	5			Allentown, NJ 08501										
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Те	Telephone No. License Ne.							_
Bill We	eisgarber		(60	9) 29	8-4070		(609) 259-9688 00493							_
Start Date (10)		Scheduled (Comple	tion Da	ate (11)	Na	me of OSHA N							
4/10/17			4/14/	17				M	ECS					_
Occupancy Status Durin				-0-A10000110#5		Str	eet Address	DO I	Day 24	1				
★ Facility Closed/Vacat Abatement Performed							y, State, Zip C		34 Box 34	1			_	_
Other - Describe:	a Outoldo of I	ionnai i aon	ity i lou			Cit	y, State, Zip C		re NI	08515				
Scope of Work (Check a	all that apply)					_		Crosswicks, NJ 08515						
<u>X</u> ≥3 sf or ≥3 lf	11.77		onovot	ion				tainment with Ne	gative Pr	essure				
≥160 sf or ≥260 lf			enovat emolitic				Mini-End							
200000000000000000000000000000000000000		1 6	11			_	Non-Exe	empted (*) and No	on-Friable	e Procedu	T			
		1 272	Location lormally	555							F	bate Typ		
Location Asbestos-Containing N			d Solel intenan		Ashaai		Description of		Λ		\vdash			\vdash
TO BE ABAT	TED	0	ustodia				containing Mate mal systems in			ount ecify	R		Enc	Щ
IN Facility (13)	1		Staff? (12)		188		rfacing, VAT, er miscellaneo		SF o	r LF)	Remova	Repair	aps	Enclosure
(10)		- V	1	T	-	Our	or misocilarico	(43)			val	=	Encapsulate	ure
		Yes	No	N/A									(U	
Attic Ev	/es	×			Th	erm	al Pipe Ins	sulation	80	lf	×			
						(V	Vrap and C	cut)						
Figure 1 and					Vaste No.	1707	bic Yards <i>N</i> aste	s Name of Registered Landfill						
Stevens Environmental Services, Inc.					292	01 \	2 CU	cu Fairless Landfill						
City, State							posal Date	City, State			9			
Allentown, NJ														
Completed By		Title		N. T.			Signature	MIL	/	Date	2/20	/17	0	
Mahlon E. Ste	rojec	t Mar	ager		- 7//				3/30)/1/		_		

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	<u>U</u>	<u>s</u> [\mathbb{A}		
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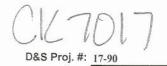
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Date of Notification (1)			100		Building (Club	Į Li	L AI	1.1	0 6	011	
03/29/2017					ood Apa	artmen	is & C	ounty	Club	1	<u> </u>			man programme and	
Agencies Notified EPA	Type Notification				ry Hill L		***************************************				ASBES L	TOS ()L &
DEP X DOL	Amended Amendment	#	- 1		e, Zip Co dge, NJ		7								
☑ DOH	Emergency justification)			Name of						Tel	ephone Nui	mber			
DCA	Cancellation			Eric Pr	ieto								_		
				FACIL	ITY INFO	RMATI	NC	T	-6 Filih. //	()		-			
Name of Facility Where a Glenwood Apartme		g Place (3)						Deciment.	of Facility (4						
Street Address	1110								School (K-1) Subchapter		er than K-1	2)			
33-35 Peach Ln								×	Other (i.e. pretc.)	rivate &	& commerci	al build			s,
City (5)							7	155	re Feet		f Floors	100	dg. A	ge	
Old Bridge, NJ								2,00		2			5+	- Hell	
County (6) Middlesex				County C (STATE U	ode (7) ISE ONLY)			Apa	nt Use (Pric rtment		- CCC	nea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.					Contractor (9)					
N/A							*************	Addres		nstruction, Inc					
Street Address									on Ave, P	MB S	uite 218				
City, State, Zip Code									ip Code					-	_
Oity, Otate, Zip Gode									07012						
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		Teleph	none N	0.		License N	lo.		-3-2-2-10	
				4000			973-	389-0	0089		00693			V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Start Date (10)		Schedule		npletion [Date (11)				HA Monitor	ruotio	n Inc				
04/10/2017	- Ab-t /Ob	04/18/2			_0_000		1 5 2 3 5	Addre	ral Consti	uctio	11, 1110				
Occupancy Status Durin									on Ave, P	MB S	Suite 218				
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norr	Period of A nal Facility	Hours	ient i					ip Code						
Other – Describe:		-				_	Clift	on, N	J 07012						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit					-	II Containme		Negative	Pressu	re		
E100 St 01 E200 II			Citioni	1011			Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					aadur	•		
								_ No	n-Exempted	1 (*) an	d Non-Fila	DIE PIO		ement	
			Locati Iormal			_								ре	
Locatio Asbestos-Containing		Use	d Sole	ly by	Asbes	e: tos Cont	scription aining N		(ACM)	Α	mount			Ш	_
TO BE AB	BATED		intena odial S			thermal		s insul			Specify F or LF)	Rem	Re	ncap	nck
In Faci			(12)				niscella			0.	OI LI)	Remova	Repair	Encapsulate	Enclosure
A 10	(c	Yes	No	N/A										ite	Ф
33 A-D Peach Lr	-Crawl Space	x			P	ipe/Elb	ow In	sulati	on	1	80 LF	X			
35 A-D Peach Ln	-Crawl Space	Х			Р	ipe/ Ell	oow In	sulati	on	1	50 LF	Х			
				T	.,			D							
Name of Registered Wa	2.00	IJDEP W lauler ID		of Wa	Yards ste				ered Landfi						
Service Transport (0990		6 CY	<u> </u>		Minerva		allii				717			
City, State				sal Date 3/2017		City, Stat		g, OH 44	688						
New Castle		Title							vvayne	o Dul		ate			
Completed by Milan Njezic		Vice	Pres	ident		C	Signatur	7	17		× 1	3/2 9 /:	2017		
arrijozio		7,00					E 0 4	- (40	e		7.		-	

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

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	APR	=	3	2017		

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Date of Notification (1)	T	Name of	f Building Ow	ner/Operator (2	2)							***************************************	
0 3 / 2 8 / 1 7		france	sca gibbons	3				ASE	ESTOS	COI	VTR	OL 8	
Agencies Notified Type Notifica	ition	Street A	ddress						LICE	NOIL	(Q		
DEP Amended													
Amendment #		City, Sta	te, Zip Code										
DOL Emergency		hawtl	horne, nj 07	7506									
DOH (including justification	, []	Name of	Contact					Telephor	e Numbe	r			
☐ DCA ☐ Cancellatio	- 11	franc	esca gibbon	ıs				ļ	-				
				CILITY INFORM	MATIC	N .		<u> </u>					
Name of facility where abatement	is taking p	place (3)					\top	Type of Facility ((4)		_	-	
francesca gibbons									I (K - 12)				
Street Address							-		apter 8 (C				
									(Private/C /Homes, e		erciai		
							_	Square Feet	# of Floo	rs	В	ldg. A	ge
City (5)	Co	unty (6)			100000000000000000000000000000000000000	unty Code (7)							
hawthorne	PA	ASSAIC			(51	ate use only)		Current Use (P	rior if bein	g den	nolish	ed)	
Name of Monitoring Firm Hired by				ASCM No.	-	Name of Abatem	nent C	ontractor (9)					
						D & S REST	OR A	TION INC					
Street Address					_	Street Address	Ord	irrori, iric.					
						20 Californi	a Av	e.					
City, State, Zip Code						City, State, Zip C	ode			ELAISON.	-	CONTRACTOR OF	
						Paterson, N.	J 075	503					
Project Manager for Monitoring Firm	1		Phone Numb	per		Telephone Numb			License		oer		
						973-345-80			0	1169			
Start Date (10)	Sche	ed. Compl	etion Date (1	1)		Name of OSHA I							
03/31/17	04/2	20/17				Street Address	natio	ii, iiic.					
Occupancy Status During Abatemen		N.5.2 (6)				20 California	Ave	enue					
Facility closed/vacated during	entire pe	riod of ab	atement.			City, State, Zip C	ode				-		
Abatement performed outside Describe:		i facility h	ours-										
Other-Describe: NORMAL I					_	Paterson, N.	075	03					
Scope of Work (check all that apply	0 4 0							ull Containment w	/negative	press	ure		
	Renovat	ion						lini-enclosure lovebag procedur	-				
≥160 sf or ≥260 lf	Demolition	on						lon-Exempted (*)		friable	proc	edure	
Location of		on normal tenance/c	lly used solely	/						R	R	E	E
asbestos-containing material (acm) to be	staff(12)		ustoulai			asbestos-containin	g	Amount (Specify S	For	m	e p	n	n
abated in facility (13)	Yes	No	N/A	material (ACIVI)	M		LF)	r 01	0	a	а	L
BASEMENT		11		DIDE DICE	T A T	101		1051 000		е	r	р	_
DASEMENT		₩ X		PIPE INSU	LAI	ION		105 L FT				닏	쓔
		-	=	1						님	무	片	H
		-		1						片		H	H
										片	片	H	 -
Registered Waste Hauler	NJE	EP Haule	er ID# C	ubic Yards of V	Vaste	Name of Registe	red L	andfill					
D & S RESTORATION, INC.		506	1	yd.				ESOURCE RE	COVER	Y			
City, State PATERSON, NJ 07503			Disposal D 04/03/1		N =0.50 C. A =	City, State TULLYTOW	/N T						
Completed by (Print or Type)	Title			Signature		I TOPPELLON	Y 1N, I		Date				
BOGDAN JOLDZIC	PRESII	DENT							03/31/	2017			



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

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	APR	_	3	2017		

							111 1	Arm -	3 4	2017		
Date of Notification (1)	111	Name of E	Building Own	ner/Operator (2)							
0 3 /2 4 /1 7		Ray Lyı	nch				ASB	ESTOS)L &	I
Agencies Notified Type Notifical	tion	Street Add						TICEV				=
_												
DEP Amended Amendment #:	110	City, State	, Zip Code						_	-	_	_
□ DOL □ Emergency		17.00 V	od, NJ 07	1618								
DOH (including		lame of Co		040			I Telephon	e Number				
justification)							1.01	0				
Cancellation	1	Ray Ly	nch						=			
			FAC	ILITY INFORM	ATIO	N						
Name of facility where abatement	s taking pla	ace (3)					Type of Facility (
Ray Lynch							=	I (K - 12)	L 41	12	40)	
Street Address							Other (apter 8 (Ot			-12)	
								Homes, et		ICIAI		
							Square Feet	# of Floors	5	Blo	dg. A	ge
City (5)	Cour	nty (6)				unty Code (7)						
Norwood	DE	RGEN			(St	ate use only)	Current Use (Pr	rior if being	dem	olishe	ed)	
Name of Monitoring Firm Hired by				ASCM No.	-	Name of Abatement Co	intractor (9)			_		
(3) 1						D & S RESTORAT						
Street Address					-	Street Address	TION, INC.					
						20 California Ave.						
City, State, Zip Code					-	City, State, Zip Code					-	
						Paterson, NJ 0750	13					
Project Manager for Monitoring Firm		P	hone Numb	er	_	Telephone Number		License I	Numb	er		
						973-345-8020		01	169			
Start Date (10)	Sched	. Complet	ion Date (1	1)	-	Name of OSHA Monitor						
04/18/2017	05/1/	/2017				D & S Restoration	, Inc.					
Occupancy Status During Abatemer		0/2017			-	Street Address						
Facility closed/vacated during			ement			20 California Aven	iue					
Abatement performed outside						City, State, Zip Code						
Describe: NORMAL H	OURS				-	Paterson, NJ 0750	3					
Scope of Work (check all that apply							I Containment w	/negative	nrace	ure		_
≥3 sf or ≥3 lf	Renovatio	n					ni-enclosure	riogative j	11033	uic		
≥160 sf or ≥260 lf	Demolition					⊠ Gid	ovebag procedur	е				
□ <u>≥100 31 01 ≥200 11</u>		8	ad aalal			∐ No	n-Exempted (*)	and Non-fr	iable R	_		
Location of asbestos-containing	by mainte		used solely stodial				Amount		e	R e	E n	E
material (acm) to be	staff(12)			material (asbestos-containing	(Specify S	For	m o	р	С	n
abated in facility (13)	Yes	No	N/A				LF)		v	i	a p	L
BASEMENT			1	PIPE INSU	ΙΔΤ	ION	135 1 ft		e	-	_	\vdash
DA GENTERY I			-	I I I I I I I I I I I I I I I I I I I	LAI	1011	155111			님	+	쓔
			1						뉘	H	+	片
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Registered Waste Hauler	NJDE	EP Hauler	ID# I C	ubic Yards of V	Vaste	Name of Registered La	Indfill				<u> </u>	ഥ
D & S RESTORATION, INC.	135		2	2 yds.		TULLYTOWN, RE		COVER	Y	THE INTE		
City, State			Disposal D			City, State						
PATERSON, NJ 07503			04/19/1			TULLYTOWN, PA	<u> </u>					
Completed by (Print or Type)	Title			Signature				Date				-

Data of Notification (1)			_	Name	of Duildin	a Oumas/Onasatas	(2)		0	E	П	7/7	
Date of Notification (1)	3/30/17			Name	of Bullain	g Owner/Operator	Wolf / Bro	wn	6	15	1)	A	
Agencies Notified	Type Notification	i i		Stree	t Address	1			9 =				
⊠ EPA	Initial							A	APR	122	3 8	olj	
DEP	Amended Amendment #			City, S	State, Zip C								
⊠ DOH	☐ Emergency (in		g				inceton, NJ (7 450	-5,17	355 (770	TO	
DCA	justification) Cancellation			Name	of Contac	t Bob Faucett		Telephoné Núm	ber,	· • 1	74L113	3	
100 - 100 -											-	_	
Name of Facility Where	Ahatement is Takin	n Plans	2 (3)	FAC	JILITY INF	FORMATION	Type of Facility	(A)					
Traine of Facility Vinere		denti					School (K-1						
Street Address							☐ Subchapter	8 (Other than K-12 private & commerci		dings	i		
City (5)							Square Feet	# of Floors	В	dg. A	ge		
	Prince	eton,	NJ				3000	2	_ _	75	+/-		
County (6)	Mercer				nty Code (* ONLY)	7) (STATE	Current Use (P	rior if being demoli	shed)				
Name of Monitoring Fire		Owner		ASCM	No.	Name of Abatem	그리즘 보이는 이번 이번 시간 시간에 되었다.	10ft					
(8)	MECS						ens Environ	mental Service	es, Ir	ıc.			
Street Address	PO Box 34	1				Street Address	DO 1	Box 322					
City, State, Zip Code	1 O DOX 34	1				City, State, Zip C		DUX 322			-	_	
	Crosswick, NJ (8515	5			Oity, Otate, Zip O		n, NJ 08501					
Project Manager for Mo	onitoring Firm		Tele	ephone	No.	Telephone No. License Ne-							
Bill W	eisgarber		(60	9) 29	8-4070	(609) 25	9-9688		0493	3			
Start Date (10)	Sche		ana an Albani	tion Da	te (11)	Name of OSHA N							
4/10/17			1/21/	17		L	N	IECS				_	
Occupancy Status Dur Facility Closed/Vac				mont		Street Address	PO I	Box 341					
Abatement Perform						City, State, Zip Co		DOX 541				_	
Other - Describe:						Oity, Otato, Elp O		rosswicks, NJ 08515					
Scope of Work (Check	all that apply)												
≥3 sf or ≥3 lf ★ ≥160 sf or ≥260 lf			enovat emolitio			☐ Full Containment with Negative Pressure ☑ Mini-Enclosure ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure							
		18/20%	Location			- A	, , ,				ment		
Location	n of		omally Sole			Description of	¥			Ту	е		
Asbestos-Containing	Material (ACM)	Mai	ntenar ustodia	ice/		tos Containing Mate	erial (ACM)	Amount			Ш	ш	
TO BE ABA		100	Staff?	1020	(ı.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
(13)	T2		(12)			other miscellaneo	us)		ova	pair	sula	nusc	
		Yes	No	N/A							le	(D)	
1st Flo	oor		×		The	ermal Duct Ins	sulation	120 lf	×				
						(Wrap and C							
1st Floor Fan	X			VAT		496 sf	×						
					NJDEP Waste Cubic Yards Name of Registered Landfill								
Stevens Environmental Services, Inc.					Hauler ID No. of Waste								
City ₇ State						Disposal Date	City, State						
	Allentown, 1					4/21/17	10//	Morrisville,	PA		-		
Completed By	Title		:.	+ 1/-	10.00	Signature	- 1//	Date	3/2/	7/17	arm anto.		
Mahlon E. St	levens	P1	tojec	t Mar	lager	-144			3/3(JI 1 /			

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Date of Notification (1) 3/29/17					Building C hip of U		perator	(2)		ll L	A F	'п -	J	201	1	
Agencies Notified Typ	e Notification			Street A							ASBES	TOS	00	MITE	301	2
X EPA X	Initial			1976 N	Norris Av	re			1	,	ا	LICE	VSI	NG	.01	۵
DEP I	Amended				te, Zip Coo					TOTAL SECTION		1200 TO THE TO	-			
▼ DOL	Amendment # Emergency (i				NJ 0708	33							-			
DOH L	justification)	ricidaling	110		Contact					Te	lephone	Numb	er			
☐ DCA ☐	Cancellation			Philip I	Hadere										*	
Name of Facility \Adams Abote	arratic Tables	DI (0		FACI	LITY INFO	RMATI	ON	T	-f = -11th . /	4)					1	
Name of Facility Where Abate Vauxhall Branch Library		Place (3)					Туре	of Facility (4)						
Street Address	(School (K-1 Subchapter		nor than l	V 12)				
220 Russell St.									Other (i.e. p				ouild	ings,	home	es,
								_ e	etc.)	1.4.	of Floors		I DI	alas A		
City (5) Vauxhall NJ 07088								3800	e Feet	2	DIFIOOIS			dg. A		
County (6)			Т	County (ode (7)				nt Use (Pri		ing demi	olisher		,,,,		
Union					JSE ONLY)				ed / Aba			Olishicc	')			
Name of Monitoring Firm Hire	d by Building C	wner (8)		ASCN	1 No.		Name	of Abat	tement Cor	ntracto	r (9)					_
Prestige Environmental		,							Environm			es				
Street Address							Street	Addres	S		-				- 11	
220 Davidson Ave suite	307						135 k	Kinnel	lon Rd si	uite 1	02					1
City, State, Zip Code									p Code		,					
Somerset NJ 08875							Kinne	elon, l	NJ 07405	5						
	oject Manager for Monitoring Firm						1000	one No			Licens					
Dilip	그림 그렇게 다른 그래까? 그만만 그러면 그렇게 그래?				7-9700		908-2	218-0	880		01228	8				
Start Date (10)	1.0			npletion I	Date (11)		100 100 100 100 100		A Monitor	4 . 1						
4/11/17		4/18/17					274 S C 776 T C	SEVIETO SEE	Environm	ienta	Servic	es				
Occupancy Status During Aba	tement (Check	Only On	e)				Street Address 135 Kinnelon Rd suite 102									
Facility Closed/Vacated I								y, State, Zip Code								_
Abatement Performed On Other – Describe: aband			Hours			450	THE STATE OF THE			5						
Scope of Work (Check All Tha							IXIIIII	Cioii,	lon, NJ 07405							
	it Abbià)						1x	Full Containment with Negative Pressure								
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enova emolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Eriable Procedure									
							×	Glo	vebag Pro				_			
		1					<u></u>	1 Nor	n-Exempte	d (*) ai	nd Non-F	riable		Abate		
			Locati											Ту		
Location of Asbestos-Containing Mate	vrial (ACM)	Use	lormal d Sole	ly by	Ashast		scription aining M		(ACM)	1 0	Amount				-	
TO BE ABATED		100000000000000000000000000000000000000	intenar				systems				Specify		R	20	nc	E
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children library and	kitchen			Х			VAT			2	,350 sf	2	2			
crawlspace, above ce	ilings etc.			х	pip	e ther	mal in	sulatio	on	;	325 sf	2				
roof flashing				x		roo	f flashi	ng			10 sf	2				
exterior caulking	ng			х		exte	erior ca	ıulk			10 sf	2				
Name of Registered Waste Ha	Name of Registered Waste Hauler				/aste	Cubic			Name of	Regist	tered Lan	ndfill			-	
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City, State						-	sal Date		City, Stat						- 1	
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Date of Notification (1)	31/17			Nam	e of Buildir	ng Ow	ner/Operator	1300000	. 1147			-			
	- In-secutions						J(oann Constru	iction						
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Street Address									8 (Other than k private & comme		ildinas				
O#+ /F)								homes, etc	.)			100			
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(8)	NA	uning Owner		AGCIVI	140.	Ivali		ens Environ		iooc I	no				
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City State Zin Code	ty, State, Zip Code						City, State, Zip Code								
ony, orato, zip oode	ity, State, Zip Code						State, ZIP C	Allentown, NJ 08501							
Project Manager for Mon	roject Manager for Monitoring Firm						phone No.								
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Start Date (10)	1.9	Scheduled (_	-		Nam	ne of OSHA N			0017	5		_		
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☐ Abatement Performed						City	State, Zip Co						=-		
Other - Describe:						,	- time, - p	Crosswicks, NJ 08515							
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio				☐ Mini-Enc	losure g Procedure					- 1		
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TO BE ABAT IN Facility			ustodia Staff?	ı	(i.e.,	therm	al systems in acing, VAT,	sulation,	(Specify SF or LF)	Re	Z.	nca	Enc		
(13)			(12)				miscellaneo		Si Oi Li)	Removal	Repair	Encapsulate	Enclosure		
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Exterio	or		×			Tra	insite Sidi	ng	1400 sf	_ X					
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					NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste										
Stevens Environmental Services, Inc.					No. 292		aste 1 CU		Fairless La	ndfill					
City, State							osal Date	City, State					-		
Allentown, NJ							14/17/		Morrisvill	e, PA					
Completed By	T	Title					Signature	7	Date				=		
Mahlon E. Ste	roject	Man	ager	_ .	111			3/3	1/17						

Date of Notification (1)			Man	o of Duildi	ng Owner/Operator	(0)	1112			_	
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Agencies Notified ☐ EPA ☐ DOLWD ☐ DOH ☐ DCA ☐ Type Notifi ☐ Initial ☐ Amenda ☐ Amenda ☐ Emerge	ed	ng	City,	State, Zip	60 CWB code OF Pluss	HOUSE FLD	- Jane	BEST	OS (SON ISIN	H. G
(NJAC 5:23-8) justifica Cancell	tion)			e of Conta JASO	N Carmo	100	Tolonhoon No.		1		
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City (5)						Square Feet	# of Floors	В	ldg. A	ige .	-
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County (6)			Cor	nty Code (7)(STATE USE ONLY)		rior if being demo	olished)			
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Name of Monitoring Firm Hired by Bu	lding Owne	r (8)	ASCN	No.	Name of Abateme						-
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Street Address					Street Address						
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City, State, Zip Code					City, State, Zip Co	ode		CHARLES AND ADDRESS			-
					Midland Park	, NJ 07432					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Start Date (10)					201-262-5841		00156				
4 / 10 / 17	Scheduled 4	/ <u>3</u>	etion Di	ite (11)	Name of OSHA M Omega Envir		vices				
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Abatement Performed Outside of N Time of Abatement:AM	lormal Facil PM/	ty Hou	irs - Dei	scribe AM	City, State, Zip Co	ode					
Scope of Work (Check all that apply)					1				**********	man Decom	-
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Location of Asbestos-Containing Material (ACI	n) Us M	Norma ed Sol aintena stodial	ely by		Description of stos Containing Mat thermal systems in surfacing, VAT,	terial (ACM) nsulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosole
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TO BE ABATED IN Facility (13)	Yes	No	N/A		other miscellaned	ous)					
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TO BE ABATED IN Facility (13) LAUNDRY ALEX Rame of Registered Waste Hauler Newark Carting City, State	Yes	No	N/A	No.	PIPE INSU	Name of Regis	GO CF stered Landfill othlahem Land				

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(NJAC 5:23-8) justification	on)	-	1 ~	e of Contac		, 4	Telenhone Numl	ber			
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Name of Facility Where Abatement is T		e (3)				Type of Facility ☐ School (K-12)					
COMMERC	IAL.) 3 (Other than K-12))			
Street Address 25 DE FOLK	est A	VE			·	Other (i.e., pi homes, etc.)	rivate and commer	cial bu	ilding	S.	
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50					Midland Park	, NJ 07432					
Project Manager for Monitoring Firm		Tel	ephone No. Telephone No. License No.								
				1	201-262-5841		00156				
Start Date (10) 5	Scheduled (etion Da		Name of OSHA M	lonitor onmental Serv	rices				
Occupancy Status During Abatement (Chack only				Street Address						
☐ Facility Closed/Vacated During Entit			ement		280 Huyler St						
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Scope of Work (Check all that apply)		n, producer describe									and the state of t
≥3 sf or ≥3 lf	☑R	enova	tion		☐ Mini-Enc	ainment with Neg losure	jauve Fressure				
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Newark Carting		Ē	Hauler l	ID No.	Waste Hugs		thlahem Landfi	II Cor	p		
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Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) Gostool (K-12) Gother (i.e., private and commercial buildings, homes, et.) Goth	P (1)					KUM	BLFORD A	13 010	10				
Name of Facility Where Abatement is Taking Place (3) RESIDENCE Street Address City (5) County (6)			60			or Contact	_		i relephone Nu	imper	~ ,		
Name of Facility Where Abatement is Taking Place (3) RESIDENCE Street Address City (5) County (6) County (7) Should Feet # of Floors Bidg, Age 7000 Mines, etc.) County (6) County (7) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contracting Inc. Street Address 185 Vinesland Ave City, State, Zip Code Midland Park, NJ 07432 Telephone No. 201-262-5841 Correct Address 185 Vinesland Ave City, State, Zip Code Midland Park, NJ 07432 Telephone No. 201-262-5841 Correct Address Street Address		☐ Cancellation	n					4N,			27. 12	-	
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Midland Park, NJ 07432							185 Vreeland	Ave					
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Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Waintenance/ Custodial Staff? (12) Yes No N/A Pope Insolution Surfacing, VAT, or other miscellaneous Name of Registered Waste Hauler Newark Carting Newark, NJ Name of Registered By (Print or Type) Joseph Vocaturo Nase-41 Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) NATIONAL INSULATION Name of Registered Landfill IESI PA Bethlahem Landfill Corp City, State Newark, NJ Completed By (Print or Type) Joseph Vocaturo Vice President Voulture Date 3 /31/17-							- 7.7			Aba		ent l	ype
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Name of Registered Waste Hauler Newark Carting City, State Newark, NJ Completed By (Print or Type) Joseph Vocaturo NJDEP Waste Hauler ID No. 04509 Disposal Date Uity Signature Date 3 /31/17- ASB-41	PASULONT			-	-								I
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Joseph Vocaturo Vice President 4 Vocaturo 3/31/17.							Control of the Contro		.3	Data		-	
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			VICE P	eside	:nt			- Voultu	Q	3/3	1/1)-	
	ASB-41 JAN 13		* Do no	use t	his form	for ashes	tos licensure exem	oted activities					

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

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Date of Notification (1) 03/29/2017					of Building vood Ap				Club	benl	Li /	APR-	J	201	1	
Agencies Notified EPA	Type Notification X Initial			Street A	Address erry Hill I	Lane					ASBE	STOS	S OC	NTR NG	OL 8	
DEP X DOL	Amended Amendment	#			ate, Zip Ci ridge, N		 7	9:		*******	-	37.2	-			
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N				FAC	ILITY INF	ORMATI	ON						-			
Name of Facility Where A		Place (3	3)					prompty.	Facility (4 hool (K-12	,						
Street Address	_							Su	bchapter 8	(Oth	er than K	-12)				
6-10 Ashwood Mall	<u> </u>							× Oth	her (i.e. pri :.)	ivate 8	& comme	rcial bui	laings	, nom	ies,	
Old Bridge, NJ								Square 2,000	Feet	# of	Floors		Bldg. 65+	Age		
County (6) Middlesex	19.				Code (7) USE ONLY)		Current		rior if being demolished)						
Name of Monitoring Firm	Hired by Building C	wner (8)		ASC	A No.	The Control of the Co	ment Conti	ractor	(9)				_			
N/A									I Constru							
Street Address								Address	Ave, PN	MR S	uite 21	3				
City, State, Zip Code						200200000000000000000000000000000000000	tate, Zip	nancersagcom	VID O	uite 2 it	,					
					Clifto	ton, NJ 07012										
Project Manager for Mon		Telepho	ne No.		0.000	one No. 389-008										
Start Date (10) 04/10/2017		Schedule 04/18/2		npletion	Datε (11)			of OSHA General		r struction, Inc						
Occupancy Status During	g Abatement (Check	Only On	e)					Address								
Facility Closed/Vaca Abatement Perform	ated During Entire P	eriod of A	baten	nent					Ave, PN	ИB S	uite 218	3				
Abatement Perform Other – Describe:	ed Outside of Norma	al racility	Hours			_		tate, Zip (n, NJ 0								
Scope of Work (Check A	II That Apply)							.,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		College States	enova emolit				×	Mini-E Glove	Enclosure bag Proce							
		la.	Locati					I NOTI-L	xempled	() and	I NOII-FII	able Pro	70-37-5	emen	t	
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TO BE ABA		0.0000	odial S		(i.e.	thermal s	systems ing, VAT		n,		pecify or LF)	Remova	Repair	псар	nclo	
(13)			(12)				iscellan				6	loval	pair	Encapsulate	Enclosure	
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10 A-D Ashwood Ma			Р	ipe/Elb	ow Ins	ulation		16	0 LF	X	-	-				
Name of Registered Was	N	JDEP W	aste	Cubic	Yards	l N	Name of Re	egiste	red I and	il I						
Service Transport Group					No.	of Was	te		Minerva			***				
City, State						TENTON STORY	al Date		City, State	/ TO THE REAL PROPERTY OF THE PERTY OF THE PE	11352/ 					
New Castle						04/18/		1900	Naynes	Burg	, OH 44	1688				
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Milan Njezic Vice Pre							7). >	4	700)_	1	03/24/	201	7		

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	/30/17			INam	e of Bullair	ng O	wner/Operato	Fullam	2.4.74					
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DEP DOL	Amende			City,	State, Zip (Code			outile o					_
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	L Caricella	ation			F:	ranc	cis Fullam	1		_				
				FA	CILITY IN	ORI	MATION							
Name of Facility Where		10.75	0.000					Type of Facilit	y (4)				-	
		Resident	ial					School (K-						
Street Address								Subchapter Other (i.e., homes, etc.)	private 8			dings		
City (5)		9						Square Feet		f Floors	В	ldg. A	ge	
	P	rinceton,	NJ					2500		2	255	95	+/-	
County (6)	1ercer			Cou	nty Code (E ONLY)	7) (5	STATE	Current Use (F	rior if be	eing demo	lished)			
Name of Monitoring Firm	Hired by Buil	lding Owner	$\overline{}$	ASCM	No.	Na	me of Abater	nent Contractor (9)			_	_	_
(8)	MECS					10.00	Ste	vens Environ	menta	al Servi	ces, Ir	ic.		
Street Address				Street Address										_
	PO Box	x 341						PO	Box 3	22				
City, State, Zip Code		NIT 0051	_			Cit	y, State, Zip (3270.0					
	rosswick,	NJ 0851:			Allentown, NJ 08501									
Project Manager for Mor	1.50			ephone		Tel	ephone No.	••••	Lice	ense N o.				
	isgarber		_		8-4070	_		59-9688			00493	3		_
Start Date (10)					ion Date (11) Name of OSHA Monitor MECS									
4/14/17 Occupancy Status Durin	A Abatamant		4/18/	1/			eet Address	IV.	IECS				_	_
☐ Facility Closed/Vacate		20	- 100	mont		Box 3	41							
☐ Abatement Performed						Cit	y, State, Zip (JUX 3.	71				_
Other - Describe:						Oit	y, Otate, Zip (eks, NJ 08515					
Scope of Work (Check a	Ill that apply)				100	-		C1000 11101	10, 110	00515			_	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic				☐ Mini-En Gloveb	ntainment with Ne closure ag Procedure empted (*) and Ne			duro			
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(13)			(12)				er miscellane		SF	OI LF)	Removal	Repair	nsd	Enclosure
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Name of Registered Was	JDEP \	Vaste	Cul	oic Yards	Name of Regi	stered L	andfill							
Stevens Environmental Services, Inc.					No. 292	25000	Vaste 3 CU			less Lar	dfill			
City ₇ State	Allentow	m NI					posal Date 1/18/17	City, State	1		D A			
Completed By	VIICHIOM	Title					Signature /	44	Wior	risville.	PA	_		_
	Mar	ager		Signature /			Date	3/30	/17					
Mahlon E. Stevens Project Manag							-///			- -	2/30		-	-

Ch 2840

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

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	otification (1						Building Ov	vner / Ope	rator (2)	716	6 6	U W		M
	$/ \frac{13}{}$					HOPES C			111					# ##
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Agencies	EPA	Type or N	Initia				e, Zip Code		111	A A	PR -	3 201	7	19/1
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			Cano	cellation					1		L.JEN	SING		
					F	ACILITY IN	IFORMATIO	N						
Name of F	Facility When	e Abaten	nent is	s Taking	Place (3)		Type of Fa	cility (4)						
								School (K	-121					
Street Add	dress							100	er 8 (Other	than K-12	2)			
	LTON STREE	ĒΤ							, private &					
									mes, etc.)					
City (5)		County (6)		County Code	(7)	Square Fe		# Of Floor		Buildin	g Age		
SOMERSE	ET S	SOMERSE	ΞT				3,0			2	1			
					<u> </u>		Current Us	e (Prior if	being den	iolished)		47	+	
Name of 5		111		1.1- 0	(0)	TACCIA NO	DAYCARE						-	
Name of N	Monitoring F	irm Hirea	ру В	iag. Own	er (8)	00126	1							
GZA GEO	ENVIRONME	NTAL IN	C			00120	NORTHSTA	AR CONTE	RACTING G	ROUP. IN	C.			
Street Add							Street Add		0.0					
	ROAD, SUITE	407												
	e, Zip Code			200 mm m			32 Williams	Parkway						
	D, NJ 07004						City, State,	Zip Code						
Project Ma	ngr. For Mor	nitoring F	irm		Telephone Nu	mber	1							
BEN SALL					973-774-3300		East Hanover, NJ 07036							
Sheduled	Start Date (1		Sche	7.5	letetion Date (1	,	Telephone	Number		License I	Number			
	$// -\frac{25}{}$	17	-	06/		17	973-884	1_8682			0	0860		
Occupano	cy Status Du	ring Abat	aman	t (Check	Only 1)		Name of O		for	J		0000		
					ire Period of		NORTHSTA			ROUP. IN	C.			
	Abatement						Street Add							
V	Abatement	Performe	d Out	side of N	ormal Facility									
	Hours - Des						32 Williams Parkway							
	Other - Des	cribe: _					City, State,							
Scope of V	 Work (Check	All That			PM - 11:30PM		East Hanov	er, NJ 070	36	-	-			
	*													
	Demolition			V	Renovation	$\overline{\checkmark}$	Full Contai		h Negative	Pressure				
	≥3sf or ≥3lf						Mini - Encl							
7	≥160 sf or ≥	260 If					Glovebag F Non-Exemi		d Non-Eria	hle Proce	dure			
						<u> </u>	NOII-EXCIII	pieu () an	u Non-i na	DIE I TOCC	uure			
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	estos Contair	ning	Lo	cation	As	bestos - C				R		E	E	- 1
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TC	D BE ABATE	D	- 8	Used		e., thermal			(Specify	M	E	C	C	
	in Facility		1	Solely			facing, VAT,		SF or LF)	0	P	A P	L	
	(13)			Main-	ord	other misc	ellaneous)			V A	A	S	s	- 1
			1100000	nance/ stodial						Ĺ	R	Ü	U	
			8390000	aff (12)						-	.,	L	R	
				NO N/A										
1ST FL MA	AINTENANCE	SHOP	1		FLOOR TILE				60 SF	7				
	NDER STAIR		V		FLOOR TILE				18 SF	7				
2ND FL KITCHEN									576 SF	7				
2ND FL SLOP SINK CLOSET FLOOR TILE									12 SF	V				
Name of Registered Waste Hauler NJDEP Waste Cub							Name of Re							
					Yards	WASTE MO	SMT (GRAI	ND CENTR	AL)					
4509 of Was						City State								
City, State Disposa						City. State PEN ARGY	IE PA 190	172						
NEWARK, NJ Date					Date	LIVANGI	LL, FA 100							
Completed	d by (Print o	(sayT			Title]5	Signature				Date		
									200	-1				_
PAUL MAS	ST		VICE PRESIDE	NT		The	C 0 V J	(S) A_		0	3/31/1	1		

Location of	ls	Description of			ent Type		1-
Asbestos Containing	Location	Asbestos - Containing		R		E	E
	Normally	Material (ACM)	Amount	E	R	N	N
TO BE ABATED	Used	(I.e., thermal systems	(Specify	M	E	C	C
in Facility	Solely	insulation, surfacing, VAT,	SF or LF)	0	P	A	L
(13)	by Main-	or other miscellaneous)		V	A	P	0
	tenance/			A	1 .	5	13
	Custodial Staff (12)			L	R	L	R
	YES NO N/A						1
2ND FL PHONE CLOSET		FLOOR TILE	36 SF	V		1 4	1 4
2ND FL REC ROOM		PLASTER CEILING	1600 SF	1			1
2ND FL OFFICE		PLASTER CEILING	630 SF	V			1 4
2ND FL REC ROOM BALCONY		DEBRIS	4 SF	V			1 5
							1 4
							1



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) Agencies Notified Type Notification Street Address. 口包口 **EPA** Initial DEP Amended City, State, Zip Code DOL Amendment # Dewil 08080 Emergency (including DOH justification) Name of Contact DCA Cancellation ark Dary MADL Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) Street Address School (K-12)
Subchapter 8 (Office than K-12)
Other (i.e. private & confimercial duildings, homes City (5) # of Floors Bldg. Age County (6) APD County Code (7) Current Use (Prior, if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address-1212 150 Rliv City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. 6.07-346 Start Date (1,0) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Scope of Work (Check All That Apply) ≥3 sf or ≥3 If - Renovation ≥160 sf or ≥260 lf Full Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Lecation of Normally Asbestos-Containing Material (ACM) Used Solely by Туре Description of TO BE ABATED Asbestos Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, surfacing, Amount Custodial Staff? In Facility (Specify Enclosure Removal incapsulate (13)(12)VAT, or SF or LF) other miscellaneous) Yes No N/A Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 20847 City, State Disposal Date City, State 1.5.0 Completed by 10/10 Title Signature V. Riedent Date * Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) MAR 28 2017 Date of Notification/(1) Name of Building Owner/Operator (2) ASBESTOS CONTROL & Agencies Notified Type Notification Street Address 中中 **EPA** À Initial DEP Amended City, State Zip Code DOL Amendment # Emergency (including N DOH justification) Name of Contact ì DCA Cancellation 2956 Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) Street Address School 1877 Subchan (Ch) TROL & П Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address 1212 DURLI City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Start Date (10) 607-346-21070 Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Scope of Work (Check All That Apply) ☐ ≥3 sfor≥3 lf .☐ ≥160 sfor≥260 lf Renovation Full Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure 0 Non-Exempted (*) and Non-Friable Procedure Is Location Lecation of Abatement Normally Asbestos-Containing Material (ACM) Used Solely by Description of Type TO BE ABATED Asbestos Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, surfacing, Amount In Facility Custodial Staff? Enclosure (Specify incapsulate (13)(12)VAT, or Removal Repair SF or LF) other miscellaneous) Yes No N/A Name of Registered Waste Hauler tai NJDEP Waste Cubic Yards. Name of Registered Landfill Hauler ID No. of Waste 20547 City, State Disposal Date City, State

1.50

Signature

V. Resident

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

Date

Completed by

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	of Notification (1) 29-17				me of E	Building Owner/oth	Operator	r (2)		The state of the s	A	PR	3 -	201	17		
Agen	ncies Notified	Type Notification		Stre	eet Ado	dress				1							
П	EPA DEP	Initial Amended				e, Zip Code				-	ASBES		S CC ENSI		ROL		
	DOL	Amendmen Emergency justification	(including	Nar	me of C	on, NJ 0703 Contact	9			Tel	ephone Nun	ber					
	DCA	Cancellation			ian Ro	oth TY INFORMAT	ION				_						
	e of Facility Where	Abatement is Takir	ng Place (3)		AOILI	TT IN ORMA	1014	Ту	pe of Facility (4)							
	ate Home et Address			School (K-1 Subchapter Other (i.e. p						8 (Oth	er than K-12 & commercia) al buil	dings,	home	es,		
City ((5) ngston			Square Feet # of F						f Floors	E	ldg. A	ge				
	nty (6)				unty Co	ode (7) SE ONLY)		Cı	ırrent Use (Prid	or if bei	ing demolish	ed)	l ed)				
Name N/A	e of Monitoring Firm	n Hired by Building	Owner (8)	F	ASCM N	No.			Abatement Con ontracting L								
Stree	et Address			Street 522 7													
City,	State, Zip Code		- A						, Zip Code City NJ 0708	7							
Proje	ct Manager for Mor	nitoring Firm		Tele	ephone	No.	Telep 201		No. 6-9603		License No 01206	0.					
	Date (10) 07-17		Scheduled 04-08-17		etion Da	ate (11)			OSHA Monitor ontracting L	LC							
	pancy Status Durin						Street 522										
	Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Non	mal Facility H	ours		11	0.50		, Zip Code City NJ 0708	7							
Scop	e of Work (Check A	All That Apply)					Onic	JII C	71ty 140 0700								
-	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	novation nolition	1				Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	H.			e			
		-		cation				(Abate Ty	emen pe	t		
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	D	ont			N/A		VAT			A	15 SF	v		cO .			
Basement x							VAI			4	J JF	X	-				
					+		-										
Name	e of Registered Was	ste Hauler		NJD	EP Was	ste Cubic	Yards		Name of	Registe	ered Landfill						

Hauler ID No. 35240

Title

Proj. Manager.

of Waste

04-14-17

Disposal Date

Signature

City, State

Tullytown, PA

Tullytown Resource Recovery Facility

Date

03-29-17

Union City, NJ

Jaime Delgado

Completed by

City, State

Delfa Contracting LLC

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

	•	State of N	ow Io	rsev - Notifi	cation of Asbestos	Abatama	nt				
		State of Ivi	CW JC	iscy - Notifi	cation of Aspestos	Abateme	NE	C		V	
Ch laga	0		(Purs	uant to N.J.A.C	2. 8:60-7 and 12:120-7)	La production of	KI			-	Culture or other
Date of Notification (1) March 29, 2017					Name of Building Owner North Jersey Dist			APR	3 -	2017	-
Agencies Notified		Notification		ification	Street Address		1				
X EPA		Amende			1 F.A. Orechio Driv	ve	ASB		S CON ENSIN		18
x DCA x DOL		□ Emerg			Wanaque, NJ 07	465		LIU	LINOHA	<u>u</u>	
X DEP		justific Cance			Name of Contact Ron Farr		Teleph	ione Ni.	ımber		
x DOH		L Cance	iled	FACILITY IN	FORMATION				_	- W	
Name of Facility Where Abate					Type of Facility (4)						
North Jersey District Old Administration E					☐ School (K-12) ☐ Subchapter 8 (other that	an K 12)					
Street Address		- KOOIII 112	z (INIEC	manical Kill)	Other (i.e. private & co	500	dings, hom	nes, etc.	.)		
737 Ringwood Avenu	16				Sq. Feet: Unknown					ırs	
City (5) Wanaque	Passai	-		y Code (7) Use Only)	Current Use (prior if bein	g demolished	d):				
Name of Monitoring Firm Hire EnviroVision Cons			ASCM 000		Name of Contractor (9)						
	uitants	inc.	000		GREENWOOD ABA	TEMENT C	ONSUL	TANT	S, INC		
Street Address 20-21 Wagaraw Road	l, Bldg#	\$35E			Street Address 511 MAIN STREET						
City, State, Zip Code Fairlawn, NJ 07410					City State, ZipCode						
Project Manager for Monitorin	g Firm	Telephone N	lumber		Butler, NJ 07405 Telephone Number		License	Numbe	er		
Fred Larson		973-636-	9145		973-492-0477		00840				
Scheduled Start Date (10)		Scheduled C		on Date (11)	Name of OSHA Monitor		00040			-	
April 24, 2017		April 30,	2017		EMSL inc.						
Occupancy Status During Al				76	Street Address						
Facility Closed/Vacate Abatement Performed					1056 Stelton Road						
Describe			10		City, State, Zip Code						
Other – Describe: No	II-Occu	pieu			Piscataway, NJ 08	854					
Source of Work (Check all that	t apply)						741- N.I				
\geq 3 sf or \geq 3 lf				Renovation		x Full Conta Mini-Enclo		ith iveg	ative Pre	essure	1.1
$\square \ge 160 \text{ sf or } \ge 2$	60			Demolition		Glovebag I					
Location of Asbestos-Containing		ocation Normall			bestos Containing Material	Non-Exem Amou			-Friable ent Type		dure
Material (ACM) in Facility (13)		ly by Maint./Cu f? (12) S NO	stodial NA	(ACM) (i.e. therm VAT, or other mis	nal systems insulation, surfac cell.)	ing, (Spec or LF)		Remove	Repair E	ncap E	Enclose
Room # 12	X			TSI TSI- Joints/F	ittings	160 I 40 ea		X			
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler	I r ID #	Cubic Yards of Waste:		Name of	f Regist	ered Lan	dfill	
See Hauler Below # 1 & 2		5		Meado G.R.O.		andfill					
Hauler #1) Greenwood A	batemer	nt Consultar	nts, Inc	Butler, NJ 07	7405	Disposal Da			ity, State		
NJ DEP # 12 Hauler #2) Newark Cartin			4509, N	NJ DEP # 19551		April 30,	2017	В	oute 2, E ridgeport 04-842-2	t, WVA	
Completed by (Print or Type)	1 -	<u> </u>			Signature		<u>Date</u>			- 1	
Marin Graure	1	SENIOR PF VIANAGER		T	Marin Graure March 29, 2017						