						IN E (, E	IJ	\mathbb{W}	E			
							(*_\$L)+1(\$\$ \$. \$*+	Γ	Pi	rint For			
NO CIL	N	DTIFICATIO	State of New Jers IN OF ASBESTO Int to NJAC 8:60 a	ABATE	MENT 0)	AP	R 1	1	2010	3			
Date of Notification (1)		Name	of Building Owner prook Gardens	/Operato	r (2)	ASDES	a uo	cô	ITR	DL&			
Agencies Notified Type Notification			Address	nic			LICEN	ISI	IG				
EPA Initial		155 F	Riverside Drive										
X EPA X DEP X DOL	#2		tate, Zip Code York, NY 1002	A									
X DOH DCA DCA	(including		of Contact	.4		Telephone Nu	mber						
X DCA Cancellation			Brian Tarzik 212-873-4919										
Name of Facility Where Abatement is Takin	g Place (3)		FACILITY INFORMATION Type of Facility (4)										
Maybrook Garden Apartments - Be	uilding 6	Suildin	XI I		School (K-								
Street Address 2-16 Maybrook Drive					Subchapte	r 8 (Other than K-1 private & commerci	2) ial build	tings	, hom	es,			
City (5)					etc.) Square Feet	# of Floors	B	ldg. /	Age				
Maywood County (6)		10	0.1.0			2	6	0					
Bergen		(STATE	Code (7) USE ONLY		Current Use (Pr Residential	ior if being demolis	hed)						
Name of Monitoring Firm Hired by Building Crown Air Services LLC	Owner (8)	ASC	M No.		of Abatement Co stways Soluti								
Street Address 478 Albany Street		1		Street	Address Washington A								
City, State, Zip Code Brooklyn, NY 11203				City, S	tate, Zip Code								
Project Manager for Monitoring Firm		Telepho	one No.		klyn, NY 1120 Ione No.	License N	lo.						
Short Date (40)				1.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	858-2600	01340							
Start Date (10) 3/27/2018 04/09/2018	Scheduled 4/30/201		Date (11)		of OSHA Monitor stways Solution								
Occupancy Status During Abatement (Chec				Street	Address					\neg			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of Aba	atement ours	nent 132 Washington Avenue City, State, Zip Code										
Other – Describe:			Brooklyn, NY 11205										
Scope of Work (Check All That Apply)					,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Provide State of Stat	ovation nolition		×	Mini-Enclosur Glovebag Pro				2				
	Is Lo	cation			- Holl Exclipte		1	Abate	ement				
Location of Asbestos-Containing Material (ACM)		mally Solely by	De Achector Con	scription	of			Ty	pe				
TO BE ABATED		enance/ ial Staff?	Asbestos Con (i.e. therma	systems	insulation,	Amount (Specify	Re	R	Enca	Eno			
(13)	(*	12)		cing, VA miscellan		SF or LF)	Remova	Repair	Encapsulate	Enclosure			
(1) mice and a		No N/A					=		ate	e			
(4) misc crawl spaces	x		pipe	insulat	ion	380 lf	x						
							$\left \right $						
										-			
Name of Registered Waste Hauler		NJDEP W Hauler ID		Yards	A commence of the second	Registered Landfill							
Newark Carting Inc		4506			Tully-to	wn RE Facility							
Newark, NJ 07102			Dispo	sal Date	City, Stat	e							
Completed by	Title			ignalure	-m	Da	te į	ſ	32.000				
Mendy Gorodetsky	Preside	nt	14	1		0ª	Ŧĺŀ	12	2019	5			

in									- 14		-	ricus - a catant		Pr	11								
	Ν		ICATION	tate of Ne N OF ASE to NJAC	ESTOS	ABATE		and the photometry of the second	D		G	EAL:		1 8	1221								
Date of Notification (1) 01-26-18			Name o PSEG	of Building	Owner/	Operator	(2)			A	PR	1 1	201	8	-								
Agencies Notified Type Notification			Street A	Address Hadley I	Rd.				ĺ	Martin				6.	-								
DEP Amended X DOL Amendmen Emergency		_		ate, Zip Co Plainfie				i, P	• • • • • • • •		1. 1	- 227.			-								
DOH justification)	, J			f Contact y Sierra					10 C C C C C C C C C C C C C C C C C C C	lephon 8-200													
Name of Facility Where Abatement is Takin	ng Place (3	1)	FACILITY INFORMATION Type of Facility (4)											_									
PSEG Norfolk Newark	ig i idoc (o	.)					Property lies	chool (K-															
Street Address 310 Norfolk St.							S X O	ubchapter ther (i.e.)	r 8 (Oth	ier thar & comr	n K-12 mercia	2) al buil	dings,	hom	e								
City (5) Newark						Square N/A	Feet	N/.			N	Bidg. A I/A	ge										
County (6) Essex				Code (7) USE ONLY	"			t Use (Pri hing ya		ing der	nolish	ned)											
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No. Name of Abatement N/A WRS Environme						t Contractor (9) ental Services Inc.														
Street Address N/A			Street Address 17 Old Dock Rd.																				
City, State, Zip Code N/A						itate, Zip nank N	Code Y 11980)															
Project Manager for Monitoring Firm N/A			Telepho N/A				none No. 924-81			Licen 0113		0.											
Start Date (10) 02-05-18	07-03-1	18	mpletion Date (11) Name of OSHA M WRS Environr						al Ser	vices	Inc.												
Occupancy Status During Abatement (Che	10 D. 1946		Street Address 17 Old Dock R																				
 Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Electrical circuit cab 	nal Facility	Abatem Hours	ment					Code															
Scope of Work (Check All That Apply)						Tupi		1 11000		1-20000000					-								
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	president read	enova emolit				×	Mini- Glov	Containm Enclosure ebag Pro	e cedure														
Location of		Locati Iormall			Da	scription		on-Exempted (*) and Non-Friable Procedure Abateme Type				men	t										
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/	Asbes (i.e.	tos Con thermal surfa	taining M systems cing, VA niscellan	laterial (/ s insulati T, or	ACM) on,	(5	mount Specify F or LF)		Removal	Repair	Encapsulate									
Control House	Yes	No	N/A X		In	sulator	c		1	515				6									
Control House						RC Tap						15 LF				15 LF 100 LF				x X			-
Control House		X X			site par				4 SF		X			+									
															t								
Name of Registered Waste Hauler Waste Management	Н	JDEP W auler ID 7273		Cubic of Wa TBD	Yards ste		Name of Fairless	an a		ndfill				-									
City, State Elizabeth, NJ 07201		2.0			sal Date		City, State Morrisv		A 1906	67													
Completed by Title Raymond Tutiven Superviso					8	ignature Läyn	â	~	tir		Dat	te -26-*	18		-								
						L JIN	and	- M	,000	-	L				_								

ASB-41 (R-06-08)

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			ICATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATE		*		FC	ο			
Date of Notification (1) 03-28-18			Name o PSEG	f Building	Owner/(Operato	r (2)	···				······	i i Litte	1 11 1
Agencies Notified Type Notification			Street A 4000 I	ddress Hadley F	۲d.					APR	1	2018)	
EPA Initial DEP X X DOL			City, State, Zip Code South Plainfield NJ						Ľ	F				
DOH justification) DCA Cancellation	ř.	,	Name of Contact John Yeliseyev							lephone N)9-575-2				1000
Name of Facility Where Abatement is Takir	Diana (2)	FACI	LITY INFO	ORMAT	ION			1					-
PSE&G Madison Street Substation Street Address 1100 Madison St.			10 7 - COLUM		<u></u>			of Facility School (K- Subchapter Other (i.e. p etc.)	12) r 8 (Oth			ildings	, hom	16
City (5) Hoboken			Square Feet						# o N/.	of Floors A		Bldg. A	∖ge	
County (6) Hudson	County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Switching yard								ished)					
Name of Monitoring Firm Hired by Building N/A														
Street Address N/A	Street Address 17 Old Dock Rd													
City, State, Zip Code N/A														
Project Manager for Monitoring Firm N/A			Telepho N/A				none N 924-8			License 01136	No.			Ī
Start Date (10) 04-10-18	Schedul 06-05-		npletion	Date (11)				HA Monitor ronmenta	al Ser	vices, In	IC.			
Occupancy Status During Abatement (Che				100000000000		12420124323	Addres	ss ck Rd	1					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Electrical circuit cab	nal Facilit	Abaten y Hours	nent S			City, S	State, Z	ip Code NY 11980						_
Scope of Work (Check All That Apply)						api								-
		Renova Demolit					Mir Glo	I Containm ni-Enclosure ovebag Pro	e cedure	-			1	
		s Locati Normal			4784			n-Exempte	u (*) an	ia Non-Fri	able Pr	Abat	r <u>e</u> emen /pe	1
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	ed Sole aintenai todial S (12)	ly by nce/	Asbest (i.e.	os Cont thermal surfa	scription aining N system cing, VA niscellar	laterial s insula T, or	(ACM) ation,	(5	Amount Specify F or LF)	Removal		Encapsulate	Party and a state of the state
Switching yard	Yes	No	N/A		tros		inc			900 If			te	
Switching yard			X		uar	nsite pi	ihe		4	800 lf	x			
Name of Desister 2000 - 11														-
Name of Registered Waste Hauler Environmental Transport Group Inc		Н	JDEP W lauler ID JD000		Cubic of Was TBD			Name of G.R.O.		ered Land	hll			
City, State Flanders NJ 07836					Dispos TBD	sal Date		City, Stat Morrisv		A 19067				
Completed by Raymond Tutiven	Title	erviso	r		V	azy		EF	Ti		Date 03-28-	-18		-

ASB-41 (R-06-08)

Print Form	
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Check #	25575
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land been	AID		NOTII (I	State of New Jersey Check # 25575 DTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)							5					
Date of Notification (1) 4/9/2	2018			Name	of Building	g Owner/	- T. ()	r (2) Kutze	er		E	6 (** 9 (**	1 1 1			
Agencies Notified	Type Notification			Street	Address					10						
EPA DEP X DOL	Initial Amended Amendment	щ		City, St	tate, Zip C	ode				No.	AF	PR 1	1 2	2018		
Х рон	Emergency (-	Name	of Contact		Cran	tord,	, NJ 0701	1	ephonè Ni		-7	1.1	للحبيد	
	justification) Cancellation			, tunio (ncy O'N	leill			1 Iek		umber :		a a chair Lein Leine an an Airte	. 62	
Name of Facility Where	Abatement is Takin	n Place ((3)	FAC	ILITY INF	ORMAT	ION	Tur	o of Facility (4			<u>her</u> .			
	Residential	g	,						e of Facility (School (K-1	0.6 10.0				-072	1994 a., 197	
Street Address				Subchar						8 (Othe	er than K- commer		dings	, hom	es,	
City (5)	Cranford, NJ 07	016		Square Feet 2500					are Feet	# of	Floors 2	E	3ldg. / 90 +	-		
County (6) Un	ion			County Code (7) Current Use (Prior if be (STATE USE ONLY)							ng demolis	shed)				
Name of Monitoring Firm		Owner (8)		M No.		Name	of Ab	atement Con	tractor	(0)					
MEC		•••	, 				Stev	ens l	Environme	ental S	ervices,	Inc.				
	30x 341			Street Address PO Box 322												
City, State, Zip Code Chest	erfield, NJ 0851							Zip Code n, NJ 0850	01							
Project Manager for Mon Bill Weisgar		Telepho 609 2	one No. 98-407	0	Teleph 609 2	none N	No.	1	License I 00493	No.						
Start Date (10)		Schedul			Date (11)		Name	of OS	SHA Monitor		00100					
4/18/2018 Occupancy Status During	Abstement (Cheel	(Only O		/20/20	18		MEC									
Facility Closed/Vaca				nent			Street PO B									
Abatement Performe X Other – Describe:	ed Outside of Norm	al Facility	y Hour	City, State, Zip Code Chesterfield, NJ 08515												
Scope of Work (Check Al	I That Apply)	10.00														
 × ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renova Demolii				×	GI	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	.C.					
		ls	Locat	ion				140		() and	NULI-FIId			ement		
Location Asbestos-Containing			Normal ed Sole				scription						Ту	/pe		
<u>TO BE ABA</u> In Facili (13)	TED	Ma	intena todial \$ (12)	nce/				insul T, or	lation,	(Sp	nount becify or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A	1			,				al	=	llate	Ire	
Baseme	ent		Х		۲۲	nermal I	Pipe In	sula	tion	1	5 lf	x				
										i,						
Name of Registered Wast	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	enister	ed andfi					
Stevens Environmen				auler ID 18292	No.	of Was			Fairless	/		80 -				
City, State Allentown, NJ						 A second sec second second sec	al Date 23/2018	в /_	City, State							
Completed by Mahlon E. Stevens		Title Proje	ect Ma	inager		1	ignature	.11	1			ate 4/9/1	8			
							11	1	1							

Agencies Notified	ype Notification Initial Amended Amendment Emergency (justification)	8n	(F	Nam Th	ne of Buildir	AC 8:60 and 5:1 ng Owner/Operator shire Companies	(2)	CKH	P LL P MP MP)) 		
/ Agencies Notified ⊠ EPA [⊠ DOLWD [□ DCA [(NJAC 5:23-8) [] Name of Facility Where Abi Mountain Side Hospi Street Address	ype Notification Initial Amended Amendment Emergency (justification)			Tł					P LL P MP MP			
Agencies Notified	ype Notification Initial Amended Amendment Emergency (justification)		-		ne Hamps	shire Companies		AND A PARTY PROPERTY PROPERTY.	P 44.1.9.125			
 ☑ EPA ☑ DOLWD ☑ DHSS ☑ DCA (NJAC 5:23-8) ☑ ☑ Name of Facility Where Abia Mountain Side Hospi Street Address 	 ☑ Initial ☑ Amended Amendment ☑ Emergency (justification) 	n		Circ			, LLC	REM	1	1 I	7 [2
☑ DOLWD [☑ DHSS □ □ DCA [(NJAC 5:23-8) [Name of Facility Where Abia [Mountain Side Hospi [Street Address [Amended Amendment Emergency (justification)			Jone	et Address		1	<u><u> </u></u>	100		1	2
 ☑ DHSS ☑ DCA (NJAC 5:23-8) ☑ Name of Facility Where Abs Mountain Side Hospi Street Address 	Amendment Emergency (justification)			1.000	Maple A		and the second					ALC: NO.
DCA (NJAC 5:23-8)	Emergency (justification)	127		-	State, Zip				11	-20	10	
(NJAC 5:23-8)	justification)	-	_	- Sec.	1	n, NJ 07960	(X)		1 1	20	10	
Name of Facility Where Ab Mountain Side Hospi Street Address		Includii	ng		e of Contac							1
Mountain Side Hospi Street Address	Cancellation				ic Helstro			Telephone Nun			in de la composition de la composition Composition de la composition de la comp	à
Mountain Side Hospi Street Address								973-630-98	15	F		
Mountain Side Hospi Street Address	tement is Taki	Dia Dia	(2)	FA		NFORMATION						
Street Address		ig Plac	æ (3)				Type of Facility					
			-				School (K-12	2) 8 (Other than K-12				
18 Walnut Crescent							Other (i.e., p	rivate and comme	2) ercial b	uildin	as	
City (5)							homes, etc.)		in ondin D	anan	90,	
Montclair							Square Feet	# of Floors	В	ldg. A	Age	
County (6)							10,000	3		50		
Essex				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			_
Name of Monitoring Firm Hi	red by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			1.77	V	
						JVN Restorat	tion Inc					
Street Address						Street Address					10	
						47 Foster Roa	ad					
City, State, Zip Code						City, State, Zip Co	ode					
						Staten Island	NY 10309					
Project Manager for Monitor	ing Firm		Tel	ephone	No.	Telephone No.		License No.				
						718-605-6256		00774				
Start Date (10)	Sche	duled (Comple	etion Da	ate (11)	Name of OSHA M		00114			_	
04 /25 /				5 /		Testor Tech	onicor					
Occupancy Status During Al						Street Address						
S Facility Closed/Vacated [ment								
Abatement Performed Out	Itside of Norma	I Facilit	ty Hou	rs - Des	scribe	10 59 Jackson						
Time of Abatement: 7:00	AM-3:30PM/	F	PM	AN	1	City, State, Zip Co						
Scope of Work (Check all the	at apply)					LIC NY 11101						
	at apply)					Eull Cont	ainment with Neg	ativo Procesuro				
] ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			enovat			Mini-Encl	osure	alive Flessule				
		X De	emoliti	on			Procedure					
		15	Loca	tion	1		npted (") and Nor	n-Friable Procedu				
Location of			Norma	lly		Description of	-		Ab	atem	ent T	уре
Asbestos-Containing Mat			ed Sole aintena		Asbes	stos Containing Mat		Amount	Re	Re	Ē	E
TO BE ABATE IN Facility	<u>D</u>			Staff?	(i.e.	., thermal systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure
(13)			(12)			surfacing, VAT, other miscellaneo		SF or LF)	al		Encapsulate	ure
		Yes	No	N/A							te	
st Floor					Plaster	Walls and Ceiling	q	1,300 SF				
nd Floor						Walls and Ceiling	-		-			
			-	-	riaster	mails and Celling	9	1,300 SF	\boxtimes		Ц	
ame of Registered Waste H	auler			JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill				
Newark Carting				auler ID) No.	Waste	G.R.O.W.S.					
ity, State				NJ-56	6	200		, 1110.				
Hackettstown, NJ						Disposal Date	City, State					
						10/31/18	Morrisville,	PA				
ampleted D (D) -		(C)						and the second se				
ompleted By (Print or Type) Ralph Barnhardt		rojec	1			Signature /	1//	Dat	te -((-			

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PAI	Constant of the second		ΝΟΤ		ATIO		BBE	Jersey STOS ABA 8:60 and 5:1		CK#	34	Cj			
Date of Notification (1)					Nam	e of Buildir		wner/Operator	(2)		~ 1	1			
04/	10 /	18						Companies		ME	GE] H 3		
Agencies Notified	Type Notific	cation			Stree	t Address						i .	in i		
	🛛 Initial					Maple A		ue	4 1400						
	Amende					State, Zip				1111 1	APR .	11	20	18	
DHSS	Amendr					prristwon				II II F					
DCA (NJAC 5:23-8)	Emerger justificat	ncy (ind	cludin	g		e of Conta		07300					_		1
										Telephone					
		ation	_			c Helstro			i	973-630	-9815		- 13 		
Name of Facility Where Ab	atement is	Taking	Place	2 (2)	FA	CILITY	NFO	RMATION							
Mountain Side Hosp		Taking	Flace	= (3)					Type of Facility (100 M (1)					
Street Address							_		School (K-12) I (Other than	K-12)				
22 Walnut Crescent									Other (i.e., pr	ivate and cor	nmercia	al bu	ilding	JS,	
City (5)									homes, etc.)						
Montclair									Square Feet	# of Floors	5		dg. A	ge	
County (6)					1-				10,000	3			50		
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					Cou	nty Code (7)(ST/	ATE USE ONLY)	Current Use (Pri	or if being der	molishe	d)			
Essex	=									* * 1.000					
Name of Monitoring Firm H	lired by Buil	Iding O	wner	(8)	ASCM	No.	Na	ame of Abatem	ent Contractor (9)						
0						JVN Restora	tion Inc								
Street Address				4 - 11		Street Address									
							4	47 Foster Ro	ad						
City, State, Zip Code							1 1 1 2 3	ty, State, Zip Co Staten Island		<i></i>					
Project Manager for Monito	oring Firm			Tel	ephone	No.	Te	lephone No.		License No	0.				
							1	718-605-6256		00774	0.				
Start Date (10) 04 /30 /	18				etion Da	1000 (10) (100 (10) (10) (11220-0-20	me of OSHA N Testor Tech	lonitor						
Occupancy Status During A	Abatement (Check	only o	one)			Str	eet Address							
Security Closed/Vacated	During Enti	ire Peri	od of	Abate	ment		1	10 59 Jackso	n Avenue						
Abatement Performed C	outside of N	ormal F	acility	y Hou	rs - Des	scribe		y, State, Zip Co				-			
Time of Abatement: 7:0		<u>PM/</u>	P	PM	AN	I		LIC NY 11101							
Scope of Work (Check all th	nat apply)														
☐ ≥3 sf or ≥3 If		ſ	🗆 Re	novat	ion			Full Cont	ainment with Nega	ative Pressure	e				
			⊠ De					Glovebag	Procedure						
								Non-Exe	mpted (*) and Non	-Friable Proc	cedure	_			
Location of				Loca Norma								Aba	ateme	ent Ty	/pe
Asbestos-Containing Ma		A)	Use	d Sol	ely by	Asha	stos	Description o Containing Ma		Amount		R	R	ш	m
TO BE ABATE	<u>ED</u>	×		intena				ermal systems i		(Specify		Removal	Repair	lca	Iclo
IN Facility (13)			Cusi	(12)	Staff?			surfacing, VAT,		SF or LF)	val	-	Encapsulate	Enclosure
(13)			Yes	No	N/A	1	ot	her miscellane	ous)					late	æ
1 st Floor			\boxtimes			Plaster	Wal	lls and Ceilin	Ig	600 SF					
2 nd Floor						Plaster	Wal	lls and Ceilin	g	600 SF					
1 St Floor Porch		1	\boxtimes			Floor T				150 SF					H
Basement			\boxtimes			Plaster	Bas	e Coat		400 SF					
Name of Registered Waste	Hauler				IJDEP \			oic Yards of	Name of Registe						
Newark Carting					auler IE NJ-56	D No.	Wa		G.R.O.W.S.,						
City, State								posal Date	City, State						
Hackettstown, NJ							1	0/31/18	Morrisville,	PA					
Completed By (Print or Type	e)	Title						Signature	1//		Date				
Ralph Barnhardt			oject	Mar	nager			Miller	12. 5)	04	-1	0~	12	
SD 44		1					-	1 11/11/11/1			107	1	-	6.0	2

		NOTIFICA	TION OF A	NEW JERSEY SBESTOS ABA AC 8:60-7 AND 1		-6	Lec	Kto	l.	3089			
Date of Notification (1)		(FURSUA	and the second se	Building Owner	Statements in the second se	or (2)	NE	To A Los		and the second sec			
	-			DEVELOPMENT			归上	6					
Agencies Notified Type of	Notification			IMERCE BLVD		• [[]		1.50 5		Til III			
	Initial		City, Stat	te, Zip Code		1121	A A	PRIT	2018				
	Amended			ADT, NJ 07072		Í	ļ.			ILDI			
DOH DOL	Amendment		Name of	방법 전 전 전 전 전 전 전 전 전 전 전		ŀ	Telepho	ne Numb	ber				
	Cancellation	v/ justification	DOMINIC	K TUCCI		÷	201-487	5657		1.2			
			FACILITY I	NFORMATION						·			
Name of Facility Where Abate FORMER MERCK UNION	ment is Taking	Place (3)		Type of Facilit	ty (4)								
				Sch	hool (K-12	2)							
Street Address				Sut									
1011 MORRIS AVE				☑ Oth		rivate & c							
City (5) County (6)	County Code	(7)	Square Feet	Buildin	q Aqe							
UNION UNION				5,000		2			3				
				Current Use (F		ing demo	lished)	T	40	+			
Name of Manifesius First II		(0)		WATER TREA	TMENT		04274						
Name of Monitoring Firm Hire	a by Blag. Own	ier (8)	ASCM NO										
EHI				NORTHSTAR	CONTRA	CTING GR	OUP, INC) .					
Street Address				Street Address	S								
655 WEST SHORE TRAIL City, State, Zip Code													
SPARTA, NJ 07871				32 Williams Pa City, State, Zip									
Project Mngr. For Monitoring	Firm	Telephone Nu	mber	City, State, Zip	p Code								
WILLIAM KIERBIL		973-729-5649	mber	East Hanover, I	NJ 07936								
Sheduled Start Date (10)	Sched. Comp	letetion Date (1	1)	Telephone Nu			License	Number					
-04 $/ -23$ $/ -18$		04/											
Occupancy Status During Aba	tement (Check	() () () () () () () () () () () () () (973-884-86 Name of OSHA				0	0860				
Facility Closed/Vac	ated During En	tire Period of		NORTHSTAR			OUP INC						
Abatement				Street Address	In case of the local division of the local d		001,110			and the second second second			
Abatement Perform	ed Outside of N	lormal Facility											
Hours - Describe: _	7.00 414 0.00			32 Williams Pa									
		PIVI		City, State, Zip Code East Hanover, NJ 07936									
Scope of Work (Check All Tha	t Apply)			-					Charlenge				
Demolition	2	Renovation		Full Containme	ent with I	Vegative P	ressure						
				Mini - Enclosu									
☐ ≥160 sf or ≥260 lf				Glovebag Proc									
				Non-Exempted	d (*) and M	Ion-Friabl	e Proced	ure					
Location of	ls	1	Descript	ion of		1	Abateme	nt Type					
Asbestos Containing	Location	As	bestos - C	ontaining			R	I	E	E			
TO BE ADATED	Normally		Material	•		Amount	E	R	N	N			
TO BE ABATED in Facility	Used Solely		e., therma	l systems facing, VAT,		Specify	M	E	C	c			
(13)	by Main-			ellaneous)	5	F or LF)	0 V	P	AP	LO			
(tenance/			chancous)			Å	ĥ	S	s			
	Custodial						L	R	Ū	U			
	Staff (12)								L	R			
U 21 2ND FLOOR		TRANSITE				05							
U 21 2ND FLOOR		LAB TOP			90	SF							
	╉╞╡╢╧╢╧╡╴	LAB TOP			0.								
Name of Registered Waste Har	ler	NJDEP Waste	12 TH COMPANY OF T	Name of Regis	stered Lar	ndfill							
NEWARK CARTING			Yards	I.E.S.I.									
City, State		4509	of Waste Disposal	City State									
NEWARK, NJ			Disposal	City. State BETHLEHEM, F	PA 18105								
					2/								
Completed by (Print or Type)		Title		Sigr	háture	17			Date				
Steve Stiles		Project Manage		X	tee	n X	$\langle \mathbf{x} \rangle$			4/40/40			
ASB-41		Project Manage		fract	Lee	njun	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1 0)4/10/18			