CK280!

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

	e		1,			AC 8:60 and 5:1	•,	Im E	(C	15		W
Date of Notification (1)					of Buildle	ng Owner/Operator (		0	브	Ш	<u>U</u>	
04/	05 / 1	7		PE	RTH AM	BOY PUBLIC SC	HOOL			0	r .	0049
Agencies Notified	Type Notification	1		Stree	Address				APR	12	<del>) (</del>	2017
□ EPA				17	8 BARR	ACKS STREET		and the same of th				
⊠ DOFMD	☐ Amended			City.	State, Zip	Code		ACDI	CT	20.7	300	TD
□ DOH	Amendment			PE	RTH AM	BOY, NEW JERS	EY 08861	ASB			SIN	
DCA (NJAC 5:23-8)	Emergency (i justification)	nciuain	9		of Contac			Telephone Numb		26.14	Oller	<u> </u>
(110110 0.20 0)	Cancellation			Mr	Derek J	ess						
				FΔ	CHITYI	NFORMATION				-		
Name of Facility Where Al	patement is Takir	na Plac	9 (3)	- ' ^	OILIT II	W CHINATION	Type of Facility	(A)	_			
DELANEY HOME			- 1-7				School (K-12					
Street Address							Subchapter (	(Other than K-12)	)			
CONVERY & CHAMI	BERLAIN AVE						Other (i.e., p homes, etc.)	rivate and commer	cial bu	uilding	15,	
City (5)		~					Square Feet	# of Ficors	RI	dg. A	ne	-
PERTH AMBOY						8	26,300	2		~50	90	
County (8)				Cour	ly Code (	7)(STATE USE ONLY)		ior if being demolis	- 1	- 00		_
MIDDLESEX					, codo (	יון סיייים שטב שייביין	Housing	ioi ii baing damons	ileu)			
Name of Monitoring Firm F	lired by Bulldina	Owner	(8)	ASCM	No.	Name of Abateme				_		-
AHERA ENVIRONME		J	,		5753	TRICON ENT				24		
Street Address						Street Address						$\neg$
PO BOX 385						322 BEERS S	TREET					
City, State, Zip Code						City, Stale, Zip Code						
OCEANVILLE NJ 082	231					KEYPORT NEW JERSEY 07736						
Project Manager for Monito			Tele	phone	one No.   Telephone No.   L					_		-
DONNA D' ERRICO			1		1833 732-739-1200 01095							
Start Dale (10)	Sche	duled C				Name of OSHA M	71000		-		_	
_04_ / _19_ /	200000	10 /	Commence of the second			N/A						
Occupancy Status During						Street Address						
Facility Closed/Vacated				ment		o ilect / ideiess						
Abalement Performed (					cribe	City, Slale, Zip Co	de			_		$\dashv$
Time of Abalement:	AMP	M	_PM-		AM	ony, orato, Esp oo	40					
									-		_	$\dashv$
Scope of Work (Check all t	hat apply)					□ Full Cont	ainment with Neg	aline Draggues				1
	hat apply)							alive Fiessure				
≥3 sf or ≥3 lf	hat apply)		novali			Mini-Encl	osure	alive Pressure				
≥3 sf or ≥3 lf	hat apply)		novali molilio			Mini-Encl     Glovebag	osure Procedure	n-Friable Procedure	9			
≥3 sf or ≥3 lf	hat apply)	⊠ De	molilio Local	lon		Mini-Encl     Glovebag	osure Procedure	703674 898 <b>8</b> 00 30		atem	ent Ty	pe
☐ ≥3 sf or ≥3 If ⊠ ≥160 sf or ≥260 If  Location of	1	⊠ De	molilio Local Iorma	on ly		⊠ Mini-Encl ⊠ Glovebag ⊠ Non-Exer	osure Procedure npted (*) and Nor	n-Friable Procedure	Aba			_
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing M	( alerial (ACM)	Is Use Ma	Local Normal d Sole	on ly ly by		☑ Mini-Encl ☑ Glovebag ☑ Non-Exer  Description of stos Containing Mat	osure Procedure npted (*) and Nor erial (ACM)	n-Friable Procedure	Aba			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing M  TO BE ABAT  IN Facility	( alerial (ACM)	Is Use Ma	Local Normal d Sole Intena	on ly ly by		☐ Mini-Encl ☐ Glovebag ☐ Non-Exer  Description of stos Containing Mat ., thermal systems is surfacing, VAT,	osure Procedure npled (*) and Not erial (ACM) nsulation, or	n-Friable Procedure		aleme Repair		e Enclosure
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing M  TO BE ABAT	( alerial (ACM)	Use Ma Cus	Local Normal d Sole intena (odia) (	on ly ly by nce/ Staff?		☐ Mini-Encl ☐ Glovebag ☐ Non-Exer ☐ Description of stos Containing Mat	osure Procedure npled (*) and Not erial (ACM) nsulation, or	Amount	Aba		ent Ty	-
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	( alerial (ACM)	Use Ma Cus	Local Normal d Sole intena (da) (12)	lon ly ly by nce/ Staff?	(1.0	Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaneous	osure Procedure npled (*) and Not erial (ACM) nsulation, or	Amount	Aba	Repair		-
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	( alerial (ACM)	Use Ma Cus	Local Normal d Sole intena (odia) (	on ly ly by nce/ Staff?		Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaneous	osure Procedure npled (*) and Not erial (ACM) nsulation, or	Amount	Aba			-
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	( alerial (ACM)	Use Ma Cus	Local Normal d Sole intena (da) (12)	lon ly ly by nce/ Staff?	(1.0	Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaneous	osure Procedure npled (*) and Not erial (ACM) nsulation, or	Amount	Aba	Repair		-
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	( alerial (ACM)	Use Ma Cus	Local Normal d Sole Intensicodial S (12)	on ly ly by nce/ Staff?	(1.0	Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaneous	osure Procedure npled (*) and Not erial (ACM) nsulation, or	Amount	Ab Removal	Repair		Enclosure
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	( alerial (ACM)	Use Ma Cus	Local Normal d Sole Intensional S (12)	on ly ly by nce/ Staff?	(1.0	Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaneous	osure Procedure npled (*) and Not erial (ACM) nsulation, or	Amount	Abi Removal	Repair 🔲 🗆 🗆		Enclosure
≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	alerial (ACM) ED	Use Ma Cus	Local Normal d Sole Intensional S (12)  No	on ly by nce/ Staff?	See Att	Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems is surfacing, VAT, other miscellaned	osure Procedure Inpled (*) and Nor erial (ACM) Insulation, or ous)	Amount (Specify SF or LF)	Ab Removal	Repair		Enclosure
≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  See Attached	f alerial (ACM) ED	Use Ma Cus	Local Normal d Sole intensional S (12)  No	on ly ly by nce/ Staff?	See Att	Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaneous	osure Procedure Inpled (*) and Nor erial (ACM) Insulation, or ous)  Name of Regist	Amount (Specify SF or LF)	A Removal	Repair 🔲 🗆 🗆		Enclosure
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  See Attached  lame of Registered Waste Freehold, Cartage, In	f alerial (ACM) ED	Use Ma Cus	Local Normal of Sole Intensited (12)  No	on ly by nce/ Staff?	See Att	Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaned  ached  Cubic Yards of Waste 40	osure Procedure Inpled (*) and Nor erial (ACM) Insulation, or ous)  Name of Regist Cumberlan	Amount (Specify SF or LF)	A Removal	Repair 🔲 🗆 🗆		Enclosure
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  See Attached  lame of Registered Waste Freehold, Cartage, In City, State	f alerial (ACM) ED	Use Ma Cus	Local Normal of Sole Intensited (12)  No	on ly ly by nce/ Staff?	See Att	Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscallaned ached  Cubic Yards of Waste 40  Disposal Date	osure Procedure Inpled (*) and Nor erial (ACM) Insulation, or ous)  Name of Regist Cumberlan City, State	Amount (Specify SF or LF)	A Removal	Repair 🔲 🗆 🗆		Enclosure
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  See Attached  Name of Registered Waste Freehold, Cartage, In	f alerial (ACM) ED	Use Ma Cus	Local Normal of Sole Intensited (12)  No	on ly ly by nce/ Staff?	See Att	Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaned  ached  Cubic Yards of Waste 40	osure Procedure Inpled (*) and Nor erial (ACM) Insulation, or ous)  Name of Regist Cumberlan	Amount (Specify SF or LF)	A Removal	Repair 🔲 🗆 🗆		Enclosure
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  Gee Attached  Rame of Registered Waste Freehold, Cartage, In City, State  Freehold, NJ	falerial (ACM) ED  Hauler c,	Vse Ma Cus	Local Normal of Sole Intensited (12)  No	on ly ly by nce/ Staff?	See Att	Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscallaned ached  Cubic Yards of Waste 40  Disposal Date	osure Procedure Inpled (*) and Nor erial (ACM) Insulation, or ous)  Name of Regist Cumberlan City, State	Amount (Specify SF or LF)	Aba Removal	Repair 🔲 🗆 🗆		Enclosure
Asbestos-Containing M TO BE ABAT IN Facility (13)  Gee Attached  Name of Registered Waste Freehold, Cartage, In City, State	faterial (ACM) ED  Haufer c,	Vse Ma Cus	molitic Local Normal d Sole Intena odial \$ (12) No	on ly ly by nce/ Staff?  N/A  DDEP Valuer IC S2266	See Att	Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat , thermal systems is surfacing, VAT, other miscellaned  ached  Cubic Yards of Waste 40  Disposal Date 04/19/17	osure Procedure Inpled (*) and Nor erial (ACM) Insulation, or ous)  Name of Regist Cumberlan City, State	Amount (Specify SF or LF)	Aba Removal	Repair 🔲 🗆 🗆		Enclosure

## DOL Asbestos Notification asb-41-unprotected State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Continuation Sheet

Name of Facility Where Abatement is Taking Place (3) DELANEY HOMES							1	APR	2	5 2	017
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Locali mally I Solely I sintena lodíal S (12)	Jsed by nce/ Staff?	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Ame (Spe SF o	AS bunt polity r LF)		alem SRC Bair		ype Enclosure	TRO G
BLDG 17 Boller Room	Yes	No	N/A	haita baiat Bhallas	400.05		-				-
			⊠ M	boiler brick 2 boller	480 SF						-
BLDG 17 Boller Room				Rib Rope Packing	288 LF						1
BLDG 17 Apt 867 Bedroom BLDG 17 Apt 879 kitchen/Livingroom			⊠ SZ	VAT & MASTIC	120 SF						1
	-		×	VAT & MASTIC	375 SF		×				
BLDG 17 Apt 877 Livingroon/Kitchen	-		Ø	VAT & MASTIC	375 SF						
BLDG 17 Apt 875 Livingroom/Kitchen	-			VAT & MASTIC	375 SF						
BLDG 17 Apt 833 Kitchen			Ø	VAT & MASTIC	155SF						
BLDG 17 Apt 887 Kitchen				VAT & MASTIC	120 SF						
BLDG 18 Apt 899 Kitchen			-	VAT & MASTIC	190 SF						
BLDG 18 Apt 889/891 Kitchen			_	VAT & MASTIC	504 SF		×				
BLDG 18 Apt 905 stair			×	VAT & MASTIC	60 SF		$\boxtimes$				
BLDG 18 Apt 901 Kitchen			×	VAT & MASTIC	190 SF		X				
BLDG 19 Apt 917 Livingroom			×	VAT & MASTIC	250 SF		$\boxtimes$				
BLDG 19 Apt 905 stair			$\boxtimes$	VAT & MASTIC	60 SF	$\boxtimes$					
BLDG 19 Apt 909 Storage			Ø	VAT & MASTIC	45 SF		M				
BLDG 20 Apt 929 Kitchen			$\boxtimes$	VAT & MASTIC	120 SF		$\boxtimes$				
BLDG 20 Apt 931 Kitchen			Ø	VAT & MASTIC	110 SF		X				
BLDG 23 Apt 910 kitchen			X	VAT & MASTIC	155 SF		×				
xterior piping Underground			×	TSI	6800 LF		×				
BLDG 17,18,19,20,23, & 24 Doors				Micellaneous	2376 LF		$\boxtimes$				
LDG 17,18,19,20,23, & 24 Windows			×	Micellaneous	5776 LF		×				
											\$3
								H		뒴	
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			긤					님	7	H	
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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Chec	k	#	25
14 157		1	U

Date of Notification (1)	/22/17		N	lame of	Building	Owner/Operator	(2) Berner	APR Z	2 20	17		7	
Agencies Notified	Type Notification		S	Street A	ddress			SBESTOS C	TIAO	ROI	2		
☐ EPA	M Initial		HOFNS									1	
DEP DOL	Amended Amendment #		City, State, Zip Code  Lumberton, NJ 08048										
	☐ Emergency (incl	uding	Name of Contact Telant									in the	
DOH DCA	justification)  Cancellation		Bruce Berner										
			-	EACII		ORMATION							
Name of Facility Where	Abstamant is Taking	Place (3	3)	TAGIL		71 (11)	Type of Facility	(4)					
Name of Facility Where	Resid	ential	<i>(</i> ):				School (K-12	2)					
Street Address	resie						Subchapter Other (i.e., p	8 (Other than K-12) rivate & commercial	buildin	gs,			
Officerytations						rj.	homes, etc.			. Age		-	
City (5)				SEN			Square Feet 2400	# 01 F1001S	100	70+,			
	Lumberton	, NJ 0	804	8		(OTATE		rior if being demolish	-	70.7		-	
County (6)	Mercer			USE C	Code (7 NLY)	) (STATE						_	
Name of Monitoring Fir		wner	F	SCM N	0.	Name of Abater	ment Contractor (9	mental Service	s. Inc				
(8)	MECS					Street Address		mentar Service	,			=-	
Street Address	PO Box 341					City, State, Zip	PO I	30x 322					
City, State, Zip Code	2 3 2 2 2 2	0515				n, NJ 08501	NJ 08501						
	Crosswicks, NJ (	18515	= 1	1 h		Telephone No.							
Project Manager for N		ohone N	No. Telephone 140.						93				
Bill V		poletion Date (11) Name of OSHA Monitor											
Start Date (10)	10/1		٠(٠٠)		N	1ECS				_			
5/5/17 5/10/ Occupancy Status During Abatement (Check only one)  ✓ Facility Closed/Vacated During Entire Period of Abate					ne) Street Address								
☐ Abatement Perform ☐ Other - Describe:	ned Outside of Norma	Facility	Hour	rs		City, State, Zip	Code Crosswic	ks, NJ 08515					
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Rei Dei	novat molitic			☐ Mini-E	containment with N Enclosure Bbag Procedure	egative Pressure	re				
Ш		le l	ocatio	on		I INOIH	_xempted ( ) and .		Abatement				
		No	_ocation ormally			D	of		Туре				
Asbestos-Containir TO BE A IN Fa	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Used : Maint Cut S				Asbe: (i.e	Description stos Containing N ,, thermal system surfacing, VA other miscellar	Material (ACM) as insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A	Т	hermal Pipe	Insulation	60 lf	×				
	Basement/Crawlspace X						e Debris	15 lf	×				
Base	ment		×			THEITHAL TIP	C D COLLO						
		-			-								
Name of Registered	Waste Hauler			NJDEP Hauler I		Cubic Yards of Waste	Name of Re	egistered Landfill	Agn	1			
Stevens Envir	onmental Servic	es, Inc	2.	18	292	1 cu	0:4 : 04644	Fairless Lar	141111			_	
City- State	Allentown,					Disposal Date 5/10/17	City, State	Morrisville	, PA				
Completed By	Tir	tle	roie	ct Ma	nager	Signatur		Date	4/2	2/17	7		
Mahlon E.	Stevens	P	roje	ct Ma	nager								

CK 940	ī		FICATION	ate of Ne N OF ASE to NJAC	ESTOS	ABATE		Property of the second of the second		E C		W				
Date of Notification (1) 04-19-17	Name of Building Owner/Operator (2) Borough of Paramus							APR	25	2017		世				
Agencies Notified Type N	Street A	ddress	ıare		V.S 44-Sec.	- Live	AS	BESTO			DL 8	ž.				
DEP A	nitial mended mendment #			ate, Zip Co						LIG	<u>4ISM</u>	IG_		_		
_ E	mergency (including stification)	_		f Contact	01002				Te	lephone N	lumber					
	ancellation		Robinso		ION											
Name of Facility Where Abateme Commercial Building	ent is Taking Place (3	)	1 Au	EIII III	OKWAI	ION	Туре	of Facility	(4)							
Street Address 97 Fairview Ave.					III-XXXI			School (K-1 Subchapter Other (i.e. p	8 (Oth	er than K- & comme	-12) rcial bui	ldings	, hom	ies,		
City (5) Paramus							-	etc.) re Feet	# 0	f Floors	E	Bldg. /	Age			
County (6) Bergen			County (	Code (7) USE ONLY	)		Curre	nt Use (Pri	or if be	ing demol	ished)					
Name of Monitoring Firm Hired b	y Building Owner (8)		ASCN	No.				tement Cor tracting L		(9)						
Street Address		Street Address 522 7th St.														
City, State, Zip Code						ip Code NJ 0708	7	- <u>- 220 - 2</u> 00 111 2 - 2								
Project Manager for Monitoring F	Telephor	ne No.	1	none N 216-9			License 01206	No.								
Start Date (10) Scheduled Completion Date (11) 04-25-17 05-02-17								HA Monitor tracting L	LC	L	41-40-2-3					
Occupancy Status During Abaten					Addres											
Facility Closed/Vacated Duri Abatement Performed Outsi Other – Describe:	ment 522 7th S rs City, State, 2 Union Cit					p Code	7									
Scope of Work (Check All That A	oply)					Unio	n City	NJ 0708	07					_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	tion  Full Containment with New Mini-Enclosure Glovebag Procedure Non-Exempted (*) and No															
	4	Locat							// /	9 11011 110		Abate	emen pe	t		
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Used	ntena	ely by nce/ Asbestos Constant? (i.e. therm			systems cing, VA	Material (ACM) ms insulation,		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A								<u>a</u>	,	ate	re		
All Floors		Х				VAT			3,0	00 SF	X					
Basement		X			Pipe	Insula	tion		10	00 LF	X					
Name of Registered Waste Haule Delfa Contracting LLC	Г	1	JDEP Walauler ID I 35240	No.	Cubic of Was		Name of Registered Landfill Tullytown Resource Recovery Faci					acili	ty			
City, State Union City, NJ					4 15 15 20 16 4 50	sal Date 5-17		City, State		ι	***************************************					
Completed by Jaime Delgado	ager.		S	ignature	1	L			ate )4-19-	17						

Print Form

	S	tate of Ne	w Jer	sey - Notific	cation of Asbestos Aba	itemen		= @	ra n	D.O.	F21 300			
NO 06			(Pursu	ant to N.J.A.C	. 8:60-7 and 12:120-7)	1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	D), L	EG.	E I	₩				
Date of Notification (1)					Name of Building Owner/Open	rator (2)		APR	25	2017				
April 20, 2017					Name of Building Owner/Open North Jersey District	Water	Suppl	y Com	nissic	on'	Locard			
Agencies Notified		Notification			Street Address		į							
		Initial I			1 F.A. Orechio Drive	ASSESTAG CONTROL								
X EPA x DCA		⊠Amende			City, State, Zip Code	LICENSING								
x DOL		☐ Emerg		ncluding	Wanaque, NJ 07465									
X DEP		justific			Name of Contact Telephone Number									
x DOH		☐ Cancel	led		Ron Farr	1	22							
				FACILITY INF										
Name of Facility Where Abate					Type of Facility (4)									
North Jersey District					School (K-12)	120								
Old Administration B	Building-	Room 112	(Mec	nanical Rm)	Subchapter 8 (other than K-1									
Street Address					Other (i.e. private & comme									
737 Ringwood Avenu	ıe				Sq. Feet: Unknown #	OT F1001	<u>s:</u> <u>B</u>	ag. Age:	yea	ırs				
City (5)	County (6	)		Code (7)	Current Use (prior if being der	nolished	):							
Wanaque	Passai	C	(State L	Jse Only)	Carrein ose (prior il bellig del	nononou,								
	II BII (	(0)	10011								0.00			
Name of Monitoring Firm Hire			ASCM		Name of Contractor (9)									
EnviroVision Cons	ultants	inc.	0007	9	GREENWOOD ABATEM	ENT C	ONSU	LTANT	S. INC					
Street Address					Street Address				,					
20-21 Wagaraw Road, Bldg # 35E														
	511 MAIN STREET													
City, State, Zip Code					City State, ZipCode									
Fairlawn, NJ 07410 Project Manager for Monitorin	a Eirm	Telephone N	umbor		Butler, NJ 07405  Telephone Number License Number									
Fred Larson	I <u>G FIIIII</u>	973-636-	Z		Telephone Number		Licens	se ivumbe	200					
i ieu Laison		373-000-	3143		973-492-0477 00840									
Scheduled Start Date (10)		Scheduled C	ompletio	n Date (11)	Name of OSHA Monitor									
TBD		TBD			EMSL inc.									
Occupancy Status During A	hatamant (	Chook only on	10)		Street Address									
Facility Closed/Vacate				ment	And the second s									
Abatement Performed					1056 Stelton Road									
Describe					City, State, Zip Code									
Other - Describe: No	n-Occup	oied			Piscataway, NJ 08854									
					1 Isoataway, No 00007									
Source of Work (Check all tha	t annles													
Source of Work (Check all tha	it apply)				v F	ull Conta	inment	with Nea:	ative Pr	ecciire				
≥ 3 sf or ≥ 3 lf	f			Renovation	x Full Containment with Negative Pressure Mini-Enclosure									
□> 160 sf or > 2				Demolition										
<b>=</b> 100 0, 0, <u></u>				Demonion	Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containi		cation Normall			pestos Containing Material	Amour		Abateme	ent Type					
Material (ACM) in Facility (13)		y by Maint./Cu	stodial		al systems insulation, surfacing,	(Specification or LF)	fy SF	Remove	Repair E	Encap E	Enclose			
	YES	? (12) NO	NA	VAT, or other mise	oon.)	OI LF)								
Room # 12	X			TSI		160 I	F	X						
				TSI- Joints/F	ittings	40 ea		X						
					3-									
Name of Reg. Waste Hauler		NJDEP Wast		ID#	Cubic Yards of Waste:			of Registe		ndfill				
See Hauler Below # 1 & 2	2	See Below			5			dowfill La	ındfill					
							G.R.	O.W.S						

Marin Graure MANAGER GAC # 2017-596- Amendment # 1- Awaiting inspection and DCA permit – Schedule to be determined.

Signature

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405

SENIOR PROJECT

Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

NJ DEP # 12561 NY DEP #

Completed by (Print or Type)

Marin Graure

City, State Route 2, Box 68

Bridgeport, WVA

304-842-2784

Disposal Date

April 30, 2017

Date

April 20, 2017