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Date of Notification (1) 7/27/2019	72		Name of	of Building	Owner		r (2)			A	UG -	- 8	20	19	Long
Agencies Notified Type Notificati	on		Street A			00			I famoustacean	ASBE				ROL	2
□ EPA □ Initial □ Amended ▼ DOL □ Amendm				ate, Zip Co Westfiel		7000		2			LICE	NS	NG		
Emergen justification	cy (including on)		Name o	of Contact		77090			Tel	lephone	Numb	er			-
DCA Cancellat	ion			Tacktike		ION						-			×
Name of Facility Where Abatement is Ta		3)	FAC	ILIT INF	URIVIA	ION	Тур	e of Facility	(4)						
Chris Tacktikos's Private Reside	ential							School (K-							
Street Address							×	Other (i.e. petc.)				ouild	ings,	home	es,
City (5) West Westfield NJ 07090							Squ	are Feet	# 0	f Floors		В	dg. A	ige	
County (6) UNION				Code (7) USE ONLY)		Curr	rent Use (Pri	or if bei	ing dem	olished)			
Name of Monitoring Firm Hired by Buildin	ng Owner (8))	ASCN	M No.		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		atement Cor OPERTY			NCE	LLC)		
Street Address						Street 105		ess RIPER A	VENU	JE					
City, State, Zip Code								Zip Code N NJ 7011							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 2018	none l	No.		Licens 0133			-		
Start Date (10) 07/27/2019	Schedul 07/30/		npletion	Date (11)				SHA Monitor		0100					
Occupancy Status During Abatement (Ch						Street	Addre	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of	Abaten	nent					Zip Code			į				
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	M	ull Containmoini-Enclosure lovebag Procon-Exempted	edure	3552				9	
1	1000	Locati Normal					200		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole iintenar todial S (12)	ly by nce/		tos Con thermal surfa	scription taining M systems cing, VA niscellar	fateria s insu T, or		(8	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									-		ate	e)
Basement		X			Pipe	insula	tion		5	4LF	×				
Basement closet		Х				VAT			1	4SF	X	-		-	
Name of Registered Waste Hauler		l M	JDEP W	lasto	Cubic	Yards		Nome of	Dociet	rod I -	46"				
MKD PROPERTY MAINTENANC	E LLC	Н	auler ID 037991	No.	of Was			Name of Waste	ww.			irle	ss L	andf	ill
City, State CLIFTON NJ 07011			Andrew ()		Dispos N/A	sal Date		City, State Morrisv		A 1906	67				
Completed by Darko Raloski	Title Proje	ect Ma	anager		S	Signature	2				Date 7/27	/20	19		

Inv 13400)					200 <u>000</u> 0 2000		-		a E	П	3.77		pure l
Ch37103		NO		Pur	sua	OF AS	lew Jersey BESTOS ABA AC 8 60 and 5:1	6)	IN	<u>GE</u>		<u>W</u>	5	
Date of Notification (1)				1			ng Owner/Operator	(2)	LI LI A	UG - 8	2	019	5 10	
	19)			Ru	sco Win	dow Co., Inc.			37	1/2	23	> 1	
Agencies Notified Type Notif	fication			,	Stree	t Address			ASBE	STOS C			. &	
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☑ DOLWD ☑ DOH Amend Amend				(City,	State, Zip	Code							
□ DCA			-		Во	und Bro	ok, NJ 08805							
(NJAC 5:23-8) justifica		icidali	ig	1	_	of Contac			Telephor	ne Numbe	or .			
☐ Cancel	lation				Ga	ry Russo				10-8879				
N 45 W 45					FA	CILITY II	NFORMATION							
Name of Facility Where Abatement is		g Plac	e (3))				Type of Faci	lity (4)					- 527
School #1 Elementary School	ı							School (K						
Street Address								Other (i.e.	ter 8 (Other that	an K-12)	ial hi	ildin	10	
563 Willow Avenue								homes, e		Johnnerd	iai Di	indiri	J S,	
City (5)								Square Feet	# of Flo	ors	BI	dg. A	ge	
Scotch Plains								100,000	2			65		
County (6)				I	Cour	nty Code (7)(STATE USE ONLY)	Current Use	(Prior if being	demolish	ed)			-
Union								School						
Name of Monitoring Firm Hired by Bu	ilding (Owner	(8)	AS	SCM	No.	Name of Abatem	ent Contractor	(9)				-	
N/A							Guardian Co		10. (3)					
Street Address							Street Address	3,						
							1889 Route 9	Unit 61						
City, State, Zip Code							City, State, Zip C	A						
							Toms River,		08755					
Project Manager for Monitoring Firm			Te	eleph	one	No	Telephone No.	itew dersey	License	No	_			
							732-349-9932	,	0062					
Start Date (10)	Sched	uled (Comr	pletio	n Da	te (11)	Name of OSHA M		0002	+				
08 / _06 / 19			War was de	A LEGISLANIA		19	E.M.S.L. Ana							
Occupancy Status During Abatement			12					iyucai						
☐ Facility Closed/Vacated During En					nt		Street Address							
☐ Abatement Performed Outside of I	Normal	Facilit	tv Ho	ours -	Des	cribe	1056 Stelton							
Time of Abatement:AM	PN	N	-	M		AM	City, State, Zip Co							
Scope of Work (Check all that apply)							Piscataway, I	New Jersey	08854					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re		ation lition			☐ Mini-Enc	tainment with Notes of the losure general Procedure mpted (*) and						
				cation	1							atem	ent T	vpe
Location of Asbestos-Containing Material (AC	N.41\			nally	hv		Description o							T
TO BE ABATED	IVI)	Ma	ainte	nano	e/	Asbe	stos Containing Ma ., thermal systems	terial (ACM)	Amou (Spec	20000	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus		al Sta	iff?	(surfacing, VAT,	or	SF or		oval	=	nsd	Sur
(13)		Vac	(1: N		AL/A	-	other miscellane	ous)		.			late	O
exterior		Yes			N/A	A = b = = 4								
OKCHO			-	-	_	Aspesto	os caulk		150	lf		Ш		Ш
				-										
] [
Name of Registered Waste Hauler						Vaste	Cubic Yards of	Name of Re	gistered Landf	ill				
Guardian Contracting, Inc.					er IL 1223	No.	Waste 5	T.R.R.F.						
City, State							Disposal Date	City, State	·					
Toms River, New Jersey							08/21/19	Tullytow	n, Pennsylv	ania				
Completed By (Print or Type)	Title						Signature	1		Date	1	ļ		
Nicholas Fernicola	Pr	oject	Ma	nag	er			tel		-8	15	//	9	

Date of Notification (1) 07/29/2019 TN 1 356	7	IOTIF (F	ursuant Name of	ate of Ne I OF ASB te NAC f Building el Smilo	8:60 an	ABATE d 12:12	0)]G -	8	201	<u></u> [
Agencies Notified Type Notification	1		Street A		w								and the state of t	samone or	-
			Otroot 7	iadi cco						ASBE	STOS			S JC	M.
X EPA X Initial Amended Amendmer	it#			ate, Zip Co						MICHIGAN CONTRACTOR	Page 27 con	oe-remon	THE STATE AND	REPORTED TO	
Emergency justification DCA Cancellatio	(including	_		f Contact					Ta	lonhana	kt				
DCA Cancellatio				el Smilo		1011			_1_						
Name of Facility Where Abatement is Taki	ng Place (3))	FACI	LITY INF	ORMAI	ION	Туре	of Facility	(4)						
House Street Address								School (K-			K 40)				
Officer Address							×	Subchapter Other (i.e. p				uild	ings, I	nome	es,
City (5) Teaneck								etc.) re Feet	# c	f Floors A			dg. Ag	je	
County (6) Bergen			County C	Code (7) USE ONLY)		Curre	ent Use (Pri se	or if be	ing demo	olished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	1 No.		0.000 0.000 0.000		tement Cor ement, Ir		(9)			1123-3117		10
Street Address							Addre		nuo						
City, State, Zip Code				15		City, S	state, Z	gren Ave ip Code J 07512	nue						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph		0.		Licens 0131			_==:::	=	
Start Date (10)	Schedule	d Cor	mpletion [Date (11)				HA Monitor		0131	1	_			-
08/12/2019	08/13/2		h +====================================				200000000000000000000000000000000000000	ement, In	ıc.			550.00			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire			nent			Street 11 R		ss gren Avei	nue						
Abatement Performed Outside of Nor. Other – Describe: Occupied	mal Facility	Hour	S			. ER. (50) [S. 7		ip Code							
Scope of Work (Check All That Apply)						1010	wa, N	J 07512						2000 EE	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	provinces.	enova emoli	30,000,000			×	Mir Glo	l Containmeni-Enclosure ovebag Proen-Exemptee	e cedure						
	ls l	ocat	ion						4 / / 4	4	1100101		Abater	nent	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	ntena	ely by nce/		tos Cont thermal surfa	scription aining M systems cing, VA niscellan	Material s insula T, or		(8	mount Specify or LF)		Remova	Typ	e Encapsulate	Enclosure
	Yes	No	N/A									_		ate	co.
Furnace room		X			Pipe	insula	tion		4	5 LF	7	2			
											+	-	-		_
Name of Registered Waste Hauler		1,220.0	JDEP W		Cubic			Name of	Registe	ered Lan	dfill				
Atlantic Carting			lauler ID I 6085	N0.	of Was	ste		Grand (Centra	al					
City, State Wayne, NJ					Dispos TBD	al Date		City, State Pen Arç		4		S- 54			
Completed by Ned Joksimovic	Title Projec	t Ma	anager		S	ignature		St.	/		Date	2/2/	110		

Print Form

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Date of Notification (1) 08/02/2019	3499			of Building		Operator	(2)		AUG	- 8	201	4	indi
Agencies Notified Type No	otification		Street A	Address					ASBESTO	os cc	NTR	OL &	<u>, luum</u>
	tial nended	-	City St	ate, Zip C	odo.			<u></u>	LIC	CENSI	NG	u-equiribres	P-day and a second
	nendment #	_		bridge,		95							
DOH jus	nergency (including tification) ncellation			f Contact				Te	elephone N	umber			
				ILITY INF		ION				_	-	-	
Name of Facility Where Abatemen	t is Taking Place (3))					Type of Facility	y (4)					
Street Address							X Other (i.e	er 8 (Ot	her than K-		ldings	, hom	ies,
City (5) Woodbridge				-			etc.) Square Feet N/A	# 0 N	of Floors		Bldg. /	Age	
County (6) Middlesex				Code (7) USE ONLY	n		Current Use (P	Prior if be	eing demolis				
Name of Monitoring Firm Hired by N/A	Building Owner (8)		ASCN	I No.			of Abatement C Abatement,		r (9)				
Street Address				•		Street	Address osengren Av						
City, State, Zip Code						City, S	tate, Zip Code wa, NJ 07512						
Project Manager for Monitoring Fire	m		Telephoi	ne No.		Teleph	one No. 458685		License I	No.			
Start Date (10) 08/13/2019	Schedule 08/14/2		npletion I	Date (11)		Name	of OSHA Monito Abatement, I		01011			*****	
Occupancy Status During Abateme							Address						
Facility Closed/Vacated Durin Abatement Performed Outside	g Entire Period of A e of Normal Facility	baten Hours	nent				osengren Ave	enue					
Other - Describe: Occupied	-1. \					Totov	va, NJ 07512	2					
Scope of Work (Check All That App ≥3 sf or ≥3 lf	Property and the second						ĺ						
≥160 sf or ≥260 lf	processes.	enova emolit				×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure	:				
	ls l	ocati	on				Non-Exempte	Cu () ai	iu Non-Fila	Die Pic		ement	t
Location of	No	ormal	ly			scription				-	Ту	ре	
Asbestos-Containing Material (/ <u>TO BE ABATED</u> In Facility (13)	Mair Custo	itenai	nce/		thermal surfac			(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ate	.ej
Basement		X			Pipe	insulat	ion	9	00 LF	Х			
Name of Registered Waste Hauler		1 1	IDED I										
Atlantic Carting		Н	JDEP Wa auler ID I 3085		of Was		Name of Grand	3.20 W.T.	ered Landfil al				
City, State Wayne, NJ					Dispos	al Date	City, Sta		Δ				
Completed by Oliver Hegedis	Title	+ 11-	noac-			gnature	// -	3711 1	Da	ate			

CK 3548		NOTII	FICATIO	Plate of New Jersey N OF ASBESTOS t to Nove 8,60 and	ABATE 12: 20	F Ch	DE G	E -5	3 20	19	
Date of Notification (1)				FBuilding Owner/Or Cerich	erator (2)	ASBESTO	OS C	ONT	ROL	. &
Agencies Notified Type Notific:	tion		Street A	ddress			LIC	CENS	SING		
■ EPA □ DEP □ Amende	ud			Wilshire Ite. Zip Code	Bou	levard, Su	ite 700				
DOL Amenda		_		nta Monica	a, C	A 90401					
DOH justified DCA □ Cancell	tion)		Name of	Contact m Rinaldo			Telephone Numb	er	200		
Name of Facility Where Abatement is Tak	ing Dla 2 :			LITY INFORMAT			010-004		000		
Deptford Mall - Sungl	ass Hut					Type of Facility (-			Will 1-5		
1750 Deptford Cente	r Road					☐ Subchapter 8	2) 3 (Other than K-12) rivate & commercial b	ouildin	gs, hon	nes, et	tc.)
Deptford Township			0	8096		Square Feet 1,040,000) # of Floors 2	8 4	dg. As	ear	s
Gloucester			County (Code (7) USE ONLY)		Store Current Use (Prior	if being demolished)				
Name of Monitoring Firm Hired by Buildi Pennoni	ng Owner (8)		ASCM	1 No		of Abatement Contr	ronmental C	-	-		
Street Address 515 Grove Street, Su	ite 1B				Street	Address		0.,	Inc.		
City, State, Zip Code Haddon Heights, NJ						Haws Aven	ue				
Project Manager for Monitoring Firm	00033		T- 1 1		Nor	ristown, P	A 19401				
Alan Lloyd			Telephon	656-2875		none No. 1–239–9920	License No.	8			
8-19-19	Schedule 9-1-	d Comp	oletion Da	ite (11)	Name Plv	of OSHA Monitor	vironmenta			Inc	
Occupancy Status During Abatement (Che					Street	Address B Haws Av			· · · · ·		
Facility Closed/Vacated During Entir Abatement Performed Outside of Nor Other - Describe	e Period of Aba mal Facility Ho	tement urs				State, Zip Code	renue				
Scope of Work (Check All That Apply)						ristown, F	A 19401	-12-1			
□ ≥3 sf or ≥3 lf ※ ≥160 sf or ≥260 lf		Renovat Demolit				 ☐ Mini-Enclosure ☐ Glovebag Proce 			nus.		
ř	11 00	Locati Normal							Abate		
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Use M	ed Sole aintena todial S (12)	ly by nee/ Staff?	Asbestos Conti (i.e. thermal syste	scription aining N ems insu VAT, or miscellar	faterial (ACM) flation, surfacing.	Amount (Specify SF or LF)	Removal	Ty	Encapsulate	Enclosure
Sales area & back of h		No	N/A	mastic III	nder	floor tile	420 CE			e	
Dailed at Daok Of I	louse			mastic ui	iuei	ווטטו נוופ	420 SF	X			
2000									-		

NJDEP Waste Hauler ID No. 17304 Cubic Yards of Waste Robinson Waste Disposal **GROWS** Voorhees, NJ Disposal Date 9-1-19 Tulleytown, PA Completed by Matthew Kelly Secretary B-5-19

Name of Registered Waste Hauler

Name of Registered Landfill

CK 7409	200	OTIF	CATION	ate of Ne NOF ASE to NJAC	ESTOS	ABATE	MENT D)		R	<u>L</u> <u>U</u>	<u>5 U</u>		<u> </u>	
Date of Notification (1) 8/5/19	1			f Building ragoso I					1 11	AU6	- 0	201	9	Tourse of
Agencies Notified Type Notification			Street A	ddress						ASBESTO	SCC	NTR	OL &	-
EPA Initial Amended		-	City, Sta	ate, Zip Co	ode	11/				LIC	ENS	NG NG	or and the same of	
DOL Amendment Emergency (i		-		City NJ 0	8008									
DOH justification) DCA Cancellation			Joe	f Contact					Te	lephone Nu	mber			
Name of Facility Where Abatement is Taking	Dlace (3	5)	FAC	ILITY INF	ORMAT	ION	T		4)		-			
Joe Fragoso Private Home	i iace (c	"					Type of F	ool (K-1						
Street Address							Sub	chapter er (i.e. p	8 (Oth	er than K-1 & commerc	2) al buil	dings,	home	es,
City (5) Surf City NJ 08008							Square F		# 0	f Floors	100	ldg. <i>A</i> 35+	ge	
County (6)				Code (7)	n		Current U	Jse (Pric		ing demolis				
Ocean Name of Monitoring Firm Hired by Building C	wner (8)		ASCA			Name	House of Abateme			(9)	-			
N/A						1 537	aco Inc.			(0)				
Street Address						PO	Address Box 329							
City, State, Zip Code						33353	tate, Zip Co t Berlin N		91					
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	one No.			License N	0.			
Start Date (10)	Schedule	ed Con	pletion	Date (11)			753-9800 of OSHA N			00727				
8/15/19	8/23/19	9		()		Sam		normo:						
Occupancy Status During Abatement (Check	1153	55				Street	Address					1112		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	Hours	ent			City, S	tate, Zip Co	ode						
Scope of Work (Check All That Apply)	-													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emoliti				×	Mini-En Gloveba	nclosure ag Proc	edure	Negative F			ρ	
	1 700	Locati							`			Abate		
Location of Asbestos-Containing Material (ACM)	Use	lormall d Sole	y by	Asbes		scription aining M	of laterial (AC	(M)	А	mount		1 9		
TO BE ABATED In Facility (13)	1 (222,000)	intenar odial S (12)		(i.e.	thermal surface	systems cing, VA niscellan	insulation. T, or	,		Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								=		ate	e e
Exterior Siding			×		Exter	rior Sid	ing		14	00 SF	х			
					70-2									_
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yards	Na	ame of F	Registe	red Landfill				-
United Roll Off		1,13,23	auler ID 2459	No.	of Was	ste		.R.O.\						
City, State						al Date		ty, State						
Elm NJ Completed by	Title				8/23/	19 ignature		Iorrisvi	ille P	4 19067 Da	te			
Anthony T Perna	Presi	dent			1	.9,4,416	L				5/19			

THE Print Form

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

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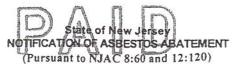
01.00.000		4			11.5			LIL AUG	-82	UIA-		Lange Co.
Date of Notification (1)	^		Na	me of		Owner/Operator		and Invol				
8/5/1	9	- 1	1_		<i>S.</i>	DIANA	DINE	ASBEST	OS CON	TRO	2	-
Agency Notified	Type Notification		Str	reet Ad	dress			ASBEST	CENSING	3	-	***************************************
□ EPA	A Initial		C	h, Chat	e, Zip C	nde	too		Section States of the Section of the			
DEP EDOL	Amended Amendment#		0"		EW	MILEO	KIN. N	J. 0764	6			
	☐ Emergency (including		Na		Contact			Telephone Num	nhar			
DOH DCA	justification) ☐ Cancellation			M	PS.	NINO					95	
25011			F	ACILI	TY INFO	RMATION					no esta	
Name of Facility Where	Abatement is Taking Place	(3)	Top or server		· ·		Type of Facility	(4)		100		
regine or r downy riner	MS. DIANA	N	Wi	0			☐ School (K-12	2)				
Street Address	, 13	10.0				:	☐ Subchapter	3 (Other than K-1) ivate & commerci	2) al huilding	s		
							homes, etc.					
City (5)							Square Feet		Bldg. A	age 340	`	
NEW	MILFORD					0	.1800.			340		
County (6)					Code (7)	(STATE USE		rior if being demo				
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	m Hired by Building Owner	AS	SCM N	lo.			nent Contractor (
(8)							moval In	С				
Street Address				377		Street Address	th River	C+				
						City, State, Zip		31				
City, State, Zip Code	82						ack, N.J	. 07601				
Project Manager for Mo	onitorina Firm	Tele	phone	No.	- A	Telephone No.	,	License No.				
Project manager for in-						201-329	-7444 -	00388				
Start Date (10)	Scheduled Co					Name of OSHA						
8/19/		20	19	, 		1	Environm	ental				
Occupancy Status Dur	ing Abatement (Check only	one)		i e		Street Address	1 a == C+					
☐ Facility Closed/Vaca	ated During Entire Period of	Abate	ment			City, State, Zip	uyler St					
☐ Abatement Performe	ed Outside of Normal Facili	ty Hour	Ďμ					,N.J. 0	7606			
Scope of Work (Check				7								
☐23sfor≥3#	\$1.7000011005011000000 000000000000000		Æ	Reno	vation		i-Enclosure	h Negative Press				
□ ≥ 160 sf or ≥ 260 lf			Į	⊒ Dem	olition	☐ Glo	vebag Procedure	nd Non-Friable Pr	ocedure			
<u> </u>	T					<u> </u>	- Exemples () s				atem	
			ocatio				- 2			П	Туре	-
	ntion of ning Material (ACM)		Solei		Asbe	Description stos Containing I	Vaterial (ACM)	Amoun		-	1	5 E
TO BE	ABATED		ustodia		(1.€	., thermal system surfacing, V/	insulation,	(Specifi SF or Li	•	em.	Ren	nolo
하늘 이 그리겠다가의 경험이다.	Facility (13)		Staff? (12)			other miscella	neous)	0		Removal	Repair	Enclosure
Ì	()				1							D
		Yes	No	N/A				130	9SF	X	+	+
FIRST FLO	or Bedroom			1	<u></u>	14	T	1 30	1 31	H	+	+
					-					H	+	+
				-	-					H	+	1
Name of Registered V	Maste Hauter	N.F	DEP V	Vaste I	lauler	Cubic Yards o	f Name of Re	gistered Landfill		1 - 1		
	noval Inc	1 5000	No.			Waste		1 4 14 841	W/ 1 A	111/2	5/1	, :
			17	109				LAND COU	MY LA	וטא	14	_
City, State						Disposal Date	City, State	JRCSH, PA	17.	21	0	
	ack , N.J. 07	601				Signature	I NEW O	JICON , FI	Date		_	
Completed by J. Maioran	Title	imo	- 0 ~			Signature /	1 only	Pmo	8	15	(?
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CHLTOU	NOT	IFICATIO	tate of New NOF ASBE I to NJAC 8	STOS A	BATE	ENT	B	E C E		V [
Date of Notification (1) 08/05/2019 10 1342	D	Name Mac	of Building C lison Boar	owner/Ord Of E	perator ducati	(2) on		AUG -	- 8 2	019	The same of the sa	刘
Agencies Notified Type Notification EPA Initial			Address Woodland	d Aven	ue		A	SBESTOS	CON	TROL	. &	_
DEP Amended Amendment #			tate, Zip Coo lison, NJ (£		LICE	NSING	3		
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding		of Contact Zulla	0 00 11 0 1 0 0 0 0 1 0 1 0 0 1 0 1 0 1 0				ephone Nui 73-593-3				
		FAC	CILITY INFO	RMATIC	ON						-	-
Name of Facility Where Abatement is Taking Torey J. Sabatini School Street Address	Place (3)					Type of Facility School (K	-12)					
Glenwild Circle	45-200-18-400					Other (i.e etc.)	private	er than K-1: & commerci	al build			s,
City (5) Madison						Square Feet 70,000	2	1		ldg. A	ge	
County (6) Morris			Code (7) USE ONLY)			Current Use (P Elementar			hed)			
Name of Monitoring Firm Hired by Building O Rk Occupational & Env. Analysis, I		ASC 09	OM No.			of Abatement C to Construction			, Inc.			
Street Address 401 St. James Ave.					and the second second	Address A Route 46	Suite 3	D			as	
City, State, Zip Code Phillipsburg, NJ 08865						itate, Zip Code owa, NJ 0751	2	*****				
Project Manager for Monitoring Firm Jonathan Gilbert			one No. -454-6316	3		none No. -256-7010		License N 0666	lo.			
Start Date (10) 08/12/2019	Scheduled 0 08/16/20		n Date (11)			of OSHA Monito to Construction		estoration	, Inc			
Occupancy Status During Abatement (Check	Only One)					Address A Route 46	Suito 2	D				
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:					City, S	State, Zip Code owa, NJ 075	**************************************				100.004	
Scope of Work (Check All That Apply)											-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition			2	Full Contain Mini-Enclose Glovebag P Non-Exemp	ure rocedure				a	
	ls Lo	cation					T			Abate	ment	
Location of		nally olely by			scription				-	Т	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi	nance/ al Staff? 2)		thermal surface			(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes N	lo N/A									te	(U
Lower level hall		(Acc	oustica	l Ceili	ng Plaster	1	68 SF	Х			
			-						+			
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Name of Registered Waste Hauler Bako Constr. & Rest. Inc.		NJDEP Hauler 20889	D No.	Cubic of Was TBD	ste			ered Landfi ndfill/Was		nage	emer	nt
City, State Totowa, NJ				Dispos TBD	sal Date		ate isville,	PA				
Completed by Damir Valjevac	Title Projec	Manag	er	S	ignature 100	un fur	'n		ate 08/05	/201	9	

FIRE FORM

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Date of Notification (1)	5-19			Na	me of Build	ing Owner/Operato MOOSE		ASBESTOS CONTROL &									
Agencies Notified	Type Notificati	on		Str	eet Addres		7-		Liù	ENSII	VI.		-				
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	Amended			City	, State, Zip				400	2		-					
Ø DOF	Amendmen Emergency		ina		BR	<i>iGANTIAL</i>	E N.J		0820	5							
DOH DCA	justification Cancellation	۱)		Nai	ne of Conta			Tel	lephone Num	ber			_				
				1=		FORMATION		=					=				
Name of Facility Where	Abetement in Tel	ring Dlo	20 (3)	-	ACILITY	FORMATION	Time of Fooil	h. (4)									
	ES (VILW (Ce (3)				Type of Facil										
Street Address	e stollor						School (K		her than K-1	2)							
Street Address							Other (i.e. homes, et	private			lding	5,					
City (5)	RIGAN	TIN	E		08!	203	Square Feet	#	of Floors		Ildg. /						
County (6)					unty Code (E ONLY)	7) (STATE	Current Use (Prior if	being demol	g demolished)							
Name of Monitoring Firm		Owne		ASCI	ASCM No. Name of Abatement Contractor (9)												
	1A	,			CLEMCO INC												
Street Address	1.5				Street Address								_				
Ou corridares.					369 S. SPRUCE IALE												
City, State, Zip Code						City, State, Zip C		100	CC ITTL				=				
City, State, 21p code					MAPLE SHADE W. J 0805												
Project Manager for Moni	toring Firm		Tel	ephone	e No.	Telephone No.	9-0472	Li	cense No.	71							
Start Date (10)	Sche	eduled (Comple	etion D	ate (11)	Name of OSHA N											
8-15-19			30				ALLA	ē									
Occupancy Status During	Abatement (Che	~	_			Street Address							_				
Facility Closed/Vacate				ment			.*										
Abatement Performed					1	City, State, Zip Co	ode						_				
Other - Describe:																	
Scope of Work (Check all	that apoly)																
Coope of Frank (Official dis	5.C. opp.))						tainment with N	egative	Pressure								
≥3 sf or ≥3 lf			enovati emolitic			☐ Mini-Enc	losure g Procedure										
∑≥160 sf or ≥260 lf		KI DE	eri Koriuc				mpted (*) and N	lon-Fria	ble Procedu	re							
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			ormally			-					Typ	е					
Location of Asbestos-Containing Ma			Soleh ntenan		Asbest	Description of os Containing Mate	erial (ACM)	. A	mount			m					
TO BE ABATE		C	ustodia			thermal systems in	sulation,	(S	Specify	Re	R	Encapsulate	Enc				
IN Facility		1	Staff?			surfacing, VAT, other miscellaneou		SF	or LF)	Removal	Repair	psi	Enclosure				
(13)			(12)			outer muscenarieou	رهد			val	=	llal	ure				
		Yes	No	N/A								0					
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Name of Registered Waste	Hauler		IN	IDEP V	Vaste T	Cubic Yards	Name of Reg	istered	Landfill				_				
21 8	90000 0000000			uler ID		of Waste	۸۱ ا										
ICLEMO	INC		-11	791	24		A	CU	M.			_	=				
City, State MAPLE SE	HAPE W	. 5				Disposal Date	City, State	AZA	MIVIL	LE	21						
Completed By		Signature Date = 10															
MICHAEL KLEN	Title	PR	ES			Mul	074		- 8	-)	-1	1_	_				

Jnv 13494	NOTIFIE	cation rsuant	State of New Jersey Affici of ASBESTOS ABA/TEMENT Suan to NAAC 8460 and 12:120) Name of Building Owner/Operator (2) AUC 8 2019									
Date of Notification (1) 5-19		Name	of Buildin	g Owner/Operator MOOSE	(2)					4		
Agencies Notified Type Notification BPA			Address P. C	DOX	322	ASBESTOS CO	NTRO	8 JC		_		
DOL Amendment Emergency (including	Name	of Contact	GANTINE	= 14.3	08203 Telephone Numbe	7			\exists		
DCA Cancellation		EAC.		ORMATION								
Name of Facility Where Abatement is Taki	ng Place (3)	FAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Type of Facility School (K-12)	2)						
Street Address				i P	Other (i.e., p homes, etc.		buildings, Bldg. Age					
City (5) BRIGANT	INIE	(186	103_	Square Feet	# of Floors Bldg. Age 50 +						
County (6)		USE	ONLY)	7) (STATE						=		
Name of Monitoring Firm Hired by Building (8)	Owner	ASCM	No.	- Kut	ent Contractor (9							
Street Address				Street Address		RUCE AU			_	=		
City, State, Zip Code				City, State, Zip C	LE SE	License No.		080	25	2		
Project Manager for Monitoring Firm		ephone		0)0	9-0472	2.013	21.		_	=		
Start Date (10) Sche	aduled Compo	etion Da	te (11)	Name of OSHA N	MONITOR WA				_	=		
Occupancy Status During Abatement (Ch	eck only one) eriod of Abat	ement	Street Address							_		
Abatement Performed Outside of Norm Other - Describe:	al Facility Ho	urs City, State, Zip Code								_		
Scope of Work (Check all that apply)	Renova	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure										
≥3 sf or ≥3 H ≥160 sf or ≥260 H	Demolit			Non-Ex	empted (*) and N	on-Friable Procedur	e A	bater Typ	nent e			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Norma Used Soli Maintena Custoo Staff (12)	ify ety by ince/ lial ?	Asbes (i.e.	Description of tos Containing Mai thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes No	N/A	T	RANSITE		2500 SE	X					
SIDING	+-+-	+^					-	_	_	-		
	+	1					+-		-	-		
		NUDEP		Cubic Yards	Name of Reg	istered Landfill						
Name of Registered Waste Hauler		Hauter II		of Waste Disposal Date	City, Stales	+CUA	1000	_				
City. State WAPLE SHAPE V	U.5			Signature	PIE	ASANTUL Dais	IE.		9	=		
Completed By KLTNIM -	PRE	5_		Mu	lo m							

CK" 4879 Inv 1349?	3				State of New Jersey CATION OF ASBESTOS ABATEMENT SUBINIT to NJAC 8:60 and 12:120) AUG - 8 2019										
Date of Notification (1)	-19			Na	me of Build	sing Owner/Opera		ASBESTOS	CON	TRO	L &	Parameter Service			
Agencies Notified BPA DBP DOD DOL DOL DOA	Type Notification Initial Amended Amendmer Emergency justification Cancellation	nt # (includi	ng	City	me of Cont	O. BOX Code IGANTIN		J 0820		- 1000					
				F		OB IFORMATION				_		=			
Street Address	S (WEW (king Plac	ce (3)					K-12) oter 8 (Other than K- e., private & commer		iiding	s,				
City (5)	CANTI	NE			08	1203	Square Feet	# of Floors		Age †					
County (6)					unty Code E ONLY)	(7) (STATE	Current Use	(Prior if being demo	emolished)						
Name of Monitoring Firm H	lired by Building	Owner		ASC	d No.	- KL		r (9)							
Street Address						Street Address	2 S	PRICE IA	E						
City, State, Zip Code						City, State, Zip	code PLE S	HADE N.	5	08	05	2			
Project Manager for Monito	ring Firm		Tele	ephone	No.	Telephone No.	9-0472	License No.	71						
Start Date (10)	Sch	eduled C		tion D		Name of OSHA	Monitor N / K	+							
Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe:	During Entire P	eriod of	Abate									_			
Scope of Work (Check all th ≥3 sf or ≥3 tf ≥160 sf or ≥260 tf	nat apply)	☐ Re	novati			☐ Mini-En ☐ Gloveb	closure ag Procedure	Negative Pressure	ıre		S				
		No	ocatio mally						A	bater Typ					
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	rial (ACM)	Cu S	Solely tenance stodial taff? 12)	œ/		Description of os Containing Mat thermal systems i surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
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	NG /											_			
ame of Registered Waste F	lauler			DEP V	No,	Cubic Yards of Waste Disposal Date	City, State	gistered Landfill							
MAPLE SHO				Signature	PLE	ASANTUIL Date		10	_	=					
VICHATI KITHI	Title	PR	FS			Du. l	D M	- 1-2-	2-	17		_			

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

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=	0	U	L		11

Date of Notification (1) 8/5/19	Jnu	134	01	Bar/ Ger	Name of Build Paulsboro Re	ding Owner/	Operator (2)	AU	G - 8	2019		加		
Agencies Notified	30	Notification	Type		Street Addres	SS	ally	1914-45) bearings			
(X) EPA		(X) Initial N	otification		800 Billingspo	ort Ka		ASBEST	TOS C	ONTROL	8			
() DEP		() Amended		on	City, State, Zi	p Code			ICENS		~	0		
(X) DOL		() Cancelle			Paulsboro, N.	J 08066		WASHINGTON TO THE PROPERTY.	CONTRACTOR OF COMMUNICATION CO.	AND AND AND AND AND AND ASSESSMENT	THE OTHER MADE	powed		
(X) DOH () DCA		() Emerger	icy											
() BCA					Name of Cont Ravi Jarecha				umber					
				FACILITY IN	FORMATION			856-2	24-4444		-			
Name of Facility Where Al	patement is T	aking Place (3)	TAGILITTI	Type of Facilit	tv (4)		-						
Paulsboro Refining Compa					() School (K- () Subchapte	-12)	an K-12)							
Street Address 800 Billingsport Rd					(X) Other (i.e			dgs., hor	nes, etc	: .				
ooo DiiiiigSport (Ca					Sq. Feet N/A		# of Floor	rs N/A	Α					
<u>City (5)</u>	County (6)		County (Code (7)										
Paulsboro	Gloucester		(State U	se Only)	Bldg. Age_N/A Current Use (prior if being demolished) Oil Refinery									
Name of Manitarina Firm	lies at his Distri	0(0)	400141											
Name of Monitoring Firm I	Hirea by Blag	. Owner (8)	ASCM N	<u>10.</u>	Name of Contractor (9) Mansfield Industrial, Inc.									
Street Address					Street Addres 26 Colonial Av									
					City State, ZipCode									
Project Manager for Monito	orina Firm	Telephone N		Woodbury NJ 08096 Telephone Number License Number										
	ger for Monitoring Firm Telephone Number					856-224-4392 00857								
Scheduled Start Date (10) 8/19/19	Completion	Date (11)	Name of OSH Mansfield Indu					~~~						
Occupancy Status During	Abatement (0	8/23/19 Check only on	e)		Street Address									
() Facility Closed/Vacated () Abatement Performed	During Entir	re Period of Al	batement		26 Colonial Av									
() reaconomer orienties	0010100 01 111	on none a control	riouro		City, State, Zip	Code								
(X) Other – Describe – Rei area	moval of ACN	M within restric	cted work a	area in outside	Woodbury NJ									
Source of Work (Check all	that apply)										F			
() Demolition (X) Renov														
() Large Proj. (160 SF or > () Full Containment with N	260 LF ACN						<25 SF or <10	LF ACI	VI)					
Location of Asbestos-		ation Normally	ini-Enclosu	Description of	ebag Procedure		Specify SF or	IE)	Ahata	ment Type	3			
Containing Material (ACM)	in Solely	by Maint./Cus			ems insulation,									
Facility (13)	Staff?	(12)		surfacing, VAT						120000	_			
	YES	NO	NA	misc.)					Rem.	Rep. E	ncap E	Enclose		
Pipe Insul. Under Drums		X		TSI - Pipe		Approx 30) LF		Х	П	1150			
C&D – Coker Unit		_												
		-												
Name of Reg. Waste Haule	er	NJDEP Was	te Hauler	D#	Cubic Yards o	f Waste		Name	of Reg.	Landfill		-		
Waste Management, Inc.		17273			<3 CY			Glouce	ester Co	unty Land	Ifill			
City, State							Disp. Date		T	City, State				
South Harrison, NJ							Various			South Har		17		
Completed by (Print or Typ	ompleted by (Print or Type) <u>Title</u>				Signature Date									
***************************************					1 1	1								
ANDREW GREEN	REW GREEN MANAGER – Mansfield Industrial, Ir				(/w/	, M.	24	8-5-19						
					- CATAC	perations S	unervisor							
					31100	peranons 3	apervisor							
					/									

Mail to: NJDEP-DSHW-BRRTP

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

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

				NOTIFI	St	ate of Nev	v Jerse	y ADATE	80ESIT			, ,						
T	111200	R	ſſ)(Pi	ursuant	to NJAC	3:60 an	ABATE d 12:120	MENI O)		CH	人性	1	23	9			
Date	e of Notification (1)	10			Name o	f Building	Owner/C	nerator	(2)		lad	F C	F	1	WI	ET	5	
	/06/2019		loli	4	Rory			- por ator	(-)		UJF	5 0		U	F-1			
Age	ncies Notified T	ype Notification			Street A	ddress					n).	4110		0 6	040		111	
	EPA 🗵	Initial										AUG	-	8 2	1019	1	mental .	
×	DEP DOL	Amended Amendment	#			ate, Zip Co		7010							e con etter		onstitute of	
		Emergency (de Park, f Contact	NJ U/	010			A	SBEST ephone	OS	CON	TRO	L &		
×	DOH DCA	justification) Cancellation			Rory	Contact				in in	161	epriorie	NULH	DEL	a	MERCHANISM AND		
						LITY INFO	RMATI	ON										
110000	ne of Facility Where Aba ivate home	atement is Taking	Place (3	3)					Туре	e of Facility	(4)							
	et Address									School (K-1								
Otro	ot / Idai 033								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								es,	
City	(5)								etc.) Square Feet # of Floors Bldg. Age									
7.77	ffside Park								, sit 10010									
100000000000000000000000000000000000000	nty (6)					Code (7)			Curr	ent Use (Pri	or if bei	ng demo	demolished)					
	rgen					USE ONĹY)	. —				1 (0)							
Nan	ne of Monitoring Firm Hi		ASCN	/l No.		Name of Abatement Contractor (9) Removal Safety LLC												
Stre	et Address						reet Address											
						257 350	osby											
City	, State, Zip Code					1000		Zip Code , NJ 0750	12									
Proi	ect Manager for Monitor		Telepho	ne No.		Teleph		30	12	Licens	e No	_	_					
,	J		тоюртю				400-			0133		53						
	t Date (10)				npletion	Date (11)		Name	of OS	HA Monitor								
	/16/2019		08/22/						ne as									
Occ	upancy Status During A		•					Street	Addre	ess								
H	Facility Closed/Vacated Abatement Performed	d During Entire P	eriod of	Abatem	ent			City C	toto 7	Zip Code								
×	Other – Describe: 8:0		ar r dome	riours	(). 			Zip Code	0.00									
Sco	pe of Work (Check All T	hat Apply)		- 100														
×	≥3 sf or ≥3 lf		- Contracting	Renova								th Negative Pressure						
Ц	≥160 sf or ≥260 lf			Demolit	ion		ini-Enclosur lovebag Pro	osure										
			_			1				on-Exempte		d Non-F	riable					
			100	Locati Normal											Abate Ty			
,	Location of Asbestos-Containing Ma		Use	d Sole	ly by	Ashes		scription		al (ACM)	Δ	mount						
	TO BE ABATE			intenar todial S			thermal	system	s insul		(5	Specify		Re	찟	Encapsulate	Enc	
	In Facility (13)			(12)				cing, VA niscellar)	Si	or LF)		Removal	Repair	psul	Enclosure	
			Yes	No	N/A				•					<u>a</u>	,	ate	re	
	Basemen	t			x	7	Pipe	insula	ation		2:	20 LF		х		х		
											23,74							
							110 255 35											
Nan	ne of Registered Waste		JDEP W			Yards		Name of	Registe	ered Lan	dfill							
	moval Safety, LLC	7.00	lauler ID 03700		of Wa	ste		Fairles	S									
City, State Paterson, NJ							Dispo	sal Date	1	City, Stat		۸ ۸			0 - 00,000			
Completed by Title								lanatur	27.4	,	Morrisville, PA							
Lasko Veskov President							~	Tron		Vesti	08/06/2019							
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CK 1021		NOTI	FICATION	tate of Ne NOF ASB to NJAC	ESTOS	ABATE	MENT 0)	D),E	ECEIVEN						
Date of Notification (1)- 08/06/2019	7			of Building			(2)		li.	AUG	- 8	201	19	and the same of th]	
Agencies Notified Type Notification			Street A	o Const	ruction			Ш		AUU		20	14	Loca		
				ludson S	Street				100	BEST	26 00	MITE	201	2.	-	
▼ EPA ▼ DEP ▼ DOL Amended Amendment				ate, Zip Co					AC		CENSII		(OL			
DOL Amendment Emergency		_	South	Hacker	sack N	۷.J. 07	066	Controvers	nija ne promo	TOTAL PROPERTY OF THE	-	Antologia (
DOH justification)	÷ -			of Contact						lephone		er				
DCA Cancellation	1		Joe G						20)1-440	3901					
Name of Facility Where Abatement is Takir	g Place (3)	FACI	ILITY INFO	ORMAI	ON	Type	of Facility (4)							
Residental Home-Basement							Property.	School (K-12	ž.							
Street Address				-71				Subchapter 8	(Oth	er than	K-12)		dinas homes			
			C) Ke	4	2		Other (i.e. prietc.)	ivate	& comm	nercial b	uild	ings,	hom	es,	
City (5) New Milford N.J.								re Feet		f Floors		Bldg. Age				
County (6)			Country	Code (7)			1,30		2			92	2			
Bergen				USE ONLY				nt Use (Prior idential Ho		ing dem	iolished)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	Л No.		Name			nt Contractor (9)							
EnviroVision Consultants, Inc.						And the second second		ruction, LL		(0)						
Street Address						Street	Addres	SS								
20-21 Wagaraw Rd							et Street									
City, State, Zip Code Fair Lawn, NJ 07410							p Code									
Project Manager for Monitoring Firm		Telephor	ne No		Teleph		J 07026		Licens	a a Na	_					
Fred Larson			65	636-914	5		747-6			0137						
Start Date (10)	Schedule	ed Co		Date (11)		Name	of OSH	A Monitor								
08/26/2019	09/09/2					Envir	oVisi	on Consul	tants	s, Inc.						
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street										
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of	Abater	ment					garaw Rd								
Other – Describe:	iai Facility	Hou	City, State, Zip Code Fair Lawn, NJ 07410													
Scope of Work (Check All That Apply)						1 all	Lawii	, 143 07410								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Transporter.	Renova Demoli	i an contaminant mail regative i													
	is	Locat	ion									-	bate	ment		
Location of		Norma			Des	cription	of				-	_	Ту	ое		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Sole intena	nce/		os Conta thermal					mount Specify		,		En	П	
In Facility	Cust	odial ((12)	Staff?	(1.0.	surfac	ing, VA	T, or	don,		or LF)	Kelliova		Repair	Encapsulate	Enclosure	
(13)		M 18			otner m	iscellan	eous)				100	1	ar.	ulat	sure	
D	Yes	No	N/A							21 - 22 - 2-42				Ф		
Basement		X		Fl	oor tile			С		50 sf	X	-	_			
Basement		X				insulat	Cress		5	50 If	X					
Basement		X			Boiler	insula	ition		,	3 sf	X					
Name of Registered Waste Hauler	9.0	IJDEP Watauler ID I		Cubic 'of Was			Name of Re			dfill						
Atlantic Carting, Inc.		- 900	6085		5 yard			Grows La	andfi	II						
City, State						al Date		City, State							\neg	
Wayne, NJ	Title					9/201	-	Morrisvill	e, P	Α						
Completed by Krste Veljanoski	Si	gnature K	ita	Veljer	402	h	Date 08/06	6/20	19							

10 CL	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) AUG - 8 2019															
Date of Notification (1) 8 / 6	_ / _1	9				g Owner/Operator (ation Admin.	took family	AUG - 8 432 Chk. #NA		7						
⊠ EPA ⊠ I	e Notification nitial Amended			W.		ical Center, Atla		ASBESTOS CO		L &		1				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amendment #		-		State, Zip (antic City						N 20 S					
	Emergency (i ustification)	ncludin	g		e of Contac			Talankan N								
	Cancellation				lie Deip			Telephone Num 609-485-46								
						IFORMATION		003-403-40	10							
Name of Facility Where Abate	ment is Takin	a Place	2 (3)	I A	CILITI	FORWATION	Type of Facility	(4)								
Building 300 - Secure R		gao	3 (0)		Type of Facility (4) ☐ School (K-12)											
Street Address					Subchapter 8 (Other than K-12)											
WJ Hughes Technical C	enter		1100				Other (i.e., pr homes, etc.)	ivate and comme	ercial buildings,							
City (5)				1	1811	175	Square Feet 516,000	# of Floors	Bldg. Age							
Atlantic City					104	1		40								
County (6) Atlantic				Cou	nty Code (7	()(STATE USE ONLY)		or if being demoli	shed)							
Name of Monitoring Firm Hired	his Duitstin		(0)	10011			Office Space	9								
Horizon Environmental	by Building	Owner	(8)	ASCM	No.	Name of Abateme										
Street Address				d Mold Service	s, Corp.											
PO Box 316																
City, State, Zip Code	3639 Sylott Boulevard															
Thorofare, NJ 08016						City, State, Zip Co	NJ 08036									
Project Manager for Monitoring	Firm		Tele	phone	No.	Telephone No.		License No.								
Steve Flanigan			0.00	56-848		609-702-0400		00862								
Start Date (10)		duled C	omple	tion Da	ite (11)	Name of OSHA M	onitor									
8/15/19		8 /		3_/.	19_	EMSL Analyti	cal, Inc.									
Occupancy Status During Abat						Street Address										
☐ Abstement Borformed Outsi	ing Entire Pe	riod of	Abate	ment		200 U.S. Rout	te 130 North									
Abatement Performed Outsi	AM- A PI	racilit	y Hou PM	rs - Des	Describe City, State, Zip Code											
Time of Abatement: No Scope of Work (Check all that a	WW	WILL	uni	IW	Cinnaminson, NJ 08077											
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	арріу)	⊠ Re			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure											
		Is	Loca	ion			prod () drid redi	T Habie T Toceda	1	atem	ent T	vne				
Location of			Norma d Sole			Description of	f		-	_						
Asbestos-Containing Materi TO BE ABATED	al (ACM)	0.500,0000	intena			stos Containing Mat , thermal systems in		Amount	Removal	Repair	Encapsulate	Enclosure				
IN Facility		Cust		Staff?	(1.6.	surfacing, VAT,	or	(Specify SF or LF)	ova	Ħ.	nsd	Sur				
(13)		Vac	(12)	NI/A	-	other miscellaneo	ous)		-		late	e e				
Throughout		Yes	No	N/A	Floor Ti	le & Mastic		7700		П	П	П				
Exterior Wall			П		Glue Do			5 SF								
Basement Stairwell					Flue Pa			6 SF								
		П					-	0 01								
Name of Registered Waste Hau	ler			JDEP V	Vaste	Cubic Yards of	Name of Registe	ared Landfill		Ш		믜				
Waste Management			1000	auler ID	No.	Waste	ACUA	Sied Landini								
City, State				17273		5 Disposal Date	City, State									
Lafayette, NJ						8/23/19	SALES SANGE SANGE	Township, NJ								
Completed By (Print or Type)	Title					Signature/	7	Da Da				_				
Kim Trumbetti	Ops Coordinator															
SB-41							-	1)	U	1						

ASB-41 MAY 11

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