CK 3717

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

810.00

			(Pu			8:60 and 12:120		2815 AUG 2	20		-14					
Date of Notification_(1)						ng Owner/Operator	(2)		_ '-'	hii	1.	36				
8:-	16-15				ARTH	TECH (CONTRIAC					_				
Agencies Notified	Type Notification	i		Stree	et Address	RT. 50		- 135.31, 8.110		2017 243	U.V.					
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₹ cor	_ Amendment		_		Correction of the Correction o	JFIELD .	N.J. C	08230			. ,					
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	Cancellation			6	3 RUCE	BREUN	116				<	-				
				FA	CILITY IN	ORMATION										
Name of Facility Where	Abatement is Takir	ng Piac	e (3)				Type of Facility	(4)								
	SINFACE	-	1000				School (K-1	2) 8 (Other than K-12)								
Street Address		D+1	u	li"			Subchapter Subchapter Subchapter homes, etc.	rivate & commercia	l build	lings,	8					
135	0 Step 13	UN	pe	UL			Square Feet	# of Floors	Blo	dg. A	ge					
City (5)	-M. 1 (. 5						1000		!	40	۲	_				
	Aul Cit			T Cou	inty Code (7) (STATE	Current Use (Pr	rior if being demolish	ned)							
County (6) CHDE	MAY		20		E ÖNLY)		VACE	TWA			_	_				
Name of Monitoring Firm		Owner	-	ASCH	l No		ent Contractor (9			14						
(8) N I	Δ					KLEN	100 JN	۲,								
Street Address	1					Street Address	C 5	DE AVE								
E E I I I I						369 City, State, Zip C	S. Spri	OLL AVE				=				
City, State, Zip Code						MAPL	E SHA	DE N.J	-05	ro	55	_				
Project Manager for Mor	nitorina Firm		Tei	ephone	. No	Telephone No.		License No.	١.							
						856-779-0472 00444										
Stan Date (10) 9 - 7 - 1		duled (9 –	/ S	ale (11)	J6SEPH	1	JR				_				
Occupancy Status Durin	g Abatement (Che	ck only	onel			Stree: Address	. Spruce	AVE	`*	V		_				
▼ Facility Closed Vacate	ed Dunng Entire Pe	to cons	Abate	men'		City, State, Zip Co										
Abatement Performed Other - Describe:) Uutside of Norma	1780411	., 1100			MAPLE	SHADE	N.J 081	05	2	_	_				
Scope of Work (Check a	Il that apply)			*		□ Eull Con	tainment with Ne	gative Pressure								
		□ R€	enovat	100		Min-End	closure									
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		De De	emolisa	xn		Gloveba	g Procedure	on-Friable Procedur	е							
			Location	~	Ī	TO NOT SE	711.00		A	bate						
* :			iormalij							Typ	ж					
Location o	of		d Solei ntenar		Aches	Description of tos Containing Mat	erial (ACM)	Amount			Ē	Е				
Asbestos-Containing M TO BE ABAT	Hatenal (ACM)	С	ustoda		(i e	inermal systems in	nsulation.	(Specify SF or LF)	Ren	Repair	Encapsulate	Enclosure				
IN Facility			Staff? (12)			surfacing, VAT, other miscellaneo	or ves)	31 01 27	Removal	pair	Sula	SUF				
(13)				T					=	23	ile	6				
	180 f	Y≅	he.	747.4		4 16		17000-	1							
SIDING				×		TRAM SITI	Ğ	1200 St	^							
2181120						598						-				
Name of Registered Was	te Hauler			UDEP !		Cubic Yards	Name of Regi	stered Landfill								
1	TNO		Н	auler IC	04_	of Waste	C.M.	C.M.V.	A			_				
City State	- TAR C -					Disposal Date	City, State	10 March 10	7	_						
	HANE L	1.5					WOOV_	BINE A	1.7			=				
Completed By	Tide	1	2	2	W 88	Signature A	0 001	Date -	16	₂ –	15					
MICHAELK	ltarus -	LICE		TRES	IMAI	- Mue	11/ Ju									

CK 3717

State of New Jersey

-(Pursuant to NJAC 8:60 and 12:120)

				7715	11000									
Date of Notification [1]		Name of Buildi	ng Owner/Operator	(2)	U0 20 kii 7:	58								
5-16-15		F AVET	+TECH	CONTRIAC	TING				_					
		Stree: Address		12 475		75								
Agencies Notified Type Notification		Suee, Address	RT. 50		LICENTAL	UL								
M EPA (X Inital		133						-	=					
☐ D⊕ ☐ Amended	Γ	City, State, Zip	Code						- 1					
X DOL Amendment =	-	(+RFF	MFIELD.	N.). (08230									
☐ Emergency (inclusion)	raing	Name of Conta			Telephone Numb									
	1			.: .					,					
□ DCA □ Cancellation	- 1	BRUC	e BREUN	116				-	-					
	1 1 1 1 1 1	FACILITY IN	FORMATION	.*										
)			Type of Facility	(4)									
Name of Facility Where Abatement is Taking P	ACC 13:			School (K-1										
RESIDENCE				Subchapter	S (Other than K-12)									
Street Address				Other (i.e., p	onvate & commercia	build	lings.	i it						
1400 WEST AUE	7			homes, etc.										
				Square Feet	# of Floors	Bio	dg. Ag	ge						
City (5)				1000	7	1	40	٦,	- 1					
OCCAN CITY					- Whalle a demolish	-								
County(6)	Value and Carlos	County Code	(1) (S:A/E		nor if being demolish	,60)								
CAPE May		USE ONLY)		VACE										
	ner	ASCM No	Name of Abatem	nent Contractor (9	3)									
Name of Monitoring Firm Hired by Building Own			KLEV											
(8) N.A				NU JA	<u> </u>									
Street Address			Street Address	C C										
To the second of the Secolar State Control of the Second o			369	S. Spr	UCE AVE									
			City, State, Zip C	ode					. 1					
City, State. Zip Code			MAPI	E SHA	$p \in (V, I)$	0)	30	2	_					
# L					License No.									
Project Manager for Monitoring Firm	Tele	phone No	Telephone No.	c -1100		1								
			856-17	9-0472	00999	1			=					
12144	- Complai	on Date (11)	Name of OSHA	Monitor										
31811 2812 (10)	n Combier) Co.	JOSEPH		Te									
	-9-	1)		14 LPPIP										
Occupancy Status During Abatement (Check of	only one i		Street Address	< - · · ·	E AVE									
X-Facility Closed/Vacated Dunng Entire Penox	of Abater	nen!		. SPRUCE	AVE			_	=					
Abatement Performed Outside of Normal Fa	ciliry Hour	S	City, State, Zip C	ode					- 1					
			NA NO	SHADE	N.T 080	25	2							
Other - Describe:			LALABOR	OHADE	12 1 00									
Scope of Work (Check all that apply)		4.5550	T- "C-	ntainment with Ne	gative Pressure									
Sweet of them (energy)			Min-En		gatteriossis									
>3 sf or ≥3 lf	Renovation			ag Procedure										
2 ≥ 160 st or ≥ 260 tt	Demolitor	1	Non-Ex	empted (*) and Ni	on-Friable Procedure	е								
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	Normally sed Solely	by	Description of											
Location of	vaintenand	e/ Asbe	stos Containing Mat	erial (ACM)	Amount			Ē	m					
Asbestos-Containing Material (ACM)	Custodal	(i.e	thermal systems i	nsulation.	(Specify	Remova	Re	Encapsulate	Enclosure					
TO BE ABATED	Staff?		surfacing, VAT.	or	SF or LF)	out	Repair	DS1.	180					
IN Facility	(12)		other miscellaned	XLS)		val	=	ilat	Te.					
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XI XI	es ho	14.14				,		-						
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SIDING		X	I NMM JII											
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	-													
									-					
	INI	IDEP Waste	Cubic Yards	Name of Reg	istered Landfili									
Name of Registered Waste Hauler		juler ID No,	of Waste	C IA A	C 184 11	M								
KLOMEO INC.		7904	_5	- M	V. V. V.									
		4-1-	Disposal Date	City, State		_			1					
City State	T				OBINE . N	(·)								
MAPLE SHADE N.)			40000	Date	,			_					
Completed By Tide	-	2	Signature	0 0	8	-11	0-	1)						
	CE. t	REJURNI	1 14/1	1.1/11.		- 1 4	_							

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

Date of Notification (1)			Name of Building Owner/Operator (2) Elwyn New Jersey											
8/17/	15			Elw	yn New J	erse	У		- 11016	W AN	7:	(A		
Agencies Notified Type Notific	ation			Street	Address									
☐ EPA ☐ Initial				166	7 East La	ndis	Ave.							
☑ DOLWD ☑ Amende			T	City, S	tate, Zip Co	ode								
☐ DHSS Amendm		lina	1	Vine	eland, NJ	083	61							
(NJAC 5:23-8) justificat		my	T	Name	of Contact	-0-0			Telaphone Nu	mber				
☐ Cancella	tion			Pete	er Thoma	5			-					
				FAC	CILITY INF	FOR	MATION						53.11	
Name of Facility Where Abatement is	Taking Pla	ace (3))					Type of Facility	8.8					
Elwyn New Jersey								School (K-12	2) 8 (Other than K-	12)				
Street Address								Other (i.e., p	rivate and comm	rercial bu	iilding	s,		
1667 East Landia Ave.								homes, etc.)						
City (5)	7-2							Square Feet	# of Floors	В	dg. A	ge		
Vineland, NJ 08361								3000	3		84+			
County (6)				Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pr	ior if being demo	olished)			w 8777	
Burlington								Vacant / Ins	stitutional					
Name of Monitoring Firm Hired by Buil	lding Own	er (8)	I	SCM										
VERTEX			1	NA		Al	liance Envi	3000 3 84+ Current Use (Prior if being demolished) Vacant / Institutional lent Contractor (9) vironmental Systems ion St. code er, PA 19382 License No. 0 00508						
Street Address						Stre	et Address							
700 Turner Way						55	0 East Uni	on St.						
City, State, Zip Code	State, Zip Co	ode												
Aston, PA 19014				West Chester, PA 19382										
Project Manager for Monitoring Firm		T	elep	phone I	No.	Tele	phone No.		License No.					
Don Heim			61	0-558	-8902	61	0-701-9000	£3	00508					
Start Date (10)	Schedule	d Com	plet	ion Dat	te (11)	Nam	ne of OSHA N	lonitor						
8 /31 /15	9	1_	11	_ / _	15	Al	ET							
Occupancy Status During Abatement	(Check or	ly one) -	Street Address									-	
☐ Facility Closed/Vacated During Ent						28	N. Pennel	Road						
☐ Abatement Performed Outside of N					cribe	e City, State, Zip Code								
Time of Abatement: 7AMP	M/ <u>3:30</u> Pf	VI	_^A	AM Media, PA 19063										
Scope of Work (Check all that apply)							D Full Con	tainmant with No	active Procesure					
☐ >3 sf or >3 lf		Reno	vatio	n			☐ Mini-Enc	tainment with Ne losure	gative Pressure					
≥160 sf or ≥260 lf	\boxtimes	Demo	litio	n				g Procedure	100 N 100 100	io.				
				200000000000000000000000000000000000000			Non-Exe	mpted (*) and No	on-Friable Proce					
Location of		Is Lo	mal				Description	4		At	atem	ent T	ype	
Location of Asbestos-Containing Material (ACI	VI)	Used S	Sole	ly by	Asbes	stos C	Description of Containing Ma		Amount	Ren	Repair	Enc	Enc	
TO BE ABATED	**	Mainte Dustod				., ther	mal systems	insulation,	(Specify	Removal	pair	aps	Enclosure	
IN Facility (13)			12)	otalis			urfacing, VAT er miscellane		SF or LF)	<u> 8</u>		Encapsulate	ure	
(15)	Y	es l	No	N/A		Oth	er miscenarie	:005)				তি		
Old Purchasing] []		VAT				50	\boxtimes				
Old Purchasing]		Pipe Ins	sulat	ion		125 LF					
Old Purchasing] [Transite	e Pip	е		30 LF					
Old Purchasing				Wire Wrap Soo LF □										
Name of Registered Waste Hauler			NJDEP Waste Cubic Yards of Name of Registered Landfill											
David Geppert Recycling			Hauler ID No. Waste 40 Western Berks Community Landfill											
City, State						Disposal Date City, State								
Hatfield, PA						TBD Birdsboro, Pa								
Completed By (Print or Type)	Title						Signature	44		Date			Carrier .	
Mark Griffin Estimator Signature Signature Signature														

	,							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	YES NO	N/A	Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
9		X			X			
		X			X			
Old Purchasing		X	Window Caulk	430 LF	X			
Old Purchasing		X	Roof Tar	3500 SF	X			
		X			X			
		X			X			
		X			X			
		X			X			
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Page 2 - Notification - 1/4/13

Chack # 11767

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 9033-2015 Date of Notification (1) Name of Building Owner/Operator (2) August 13, 2015 MR. PAT VALENTI Agencies Notified Notification Type Street Address ☑ Initial Notification 113 JAY PLACE ☐ EPA □ Amended Certification #1 City, State, Zip Code DCA MIDDLESEX, NJ 08846 X DOL Name of Contact Telephone Number justification) ■ DEP- No Longer REQUIRED PAT VALENTI □ Cancelled X DOH FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) VALENTI RESIDENCE ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address ■ Other (i.e. private & commercial buildings, homes, etc.) 113 JAY PLACE Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 60+ years City (5) County (6) County Code (7) MIDDLESEX MIDDLESEX (State Use Only) Current Use (prior if being demolished): RESIDENCE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ENVIROVISION, INC. 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 WARGARAW ROAD 268 MAIN STREET City, State, Zip Code City State, ZipCode FAIRLAWN, NJ BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number FRED LARSON 973-636-9145 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/17/15 08/18/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Other - Describe: 8:00 AM - 8:00 PM FAIRLAWN, NJ Source of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥ 3 sf or > 3 lf X Renovation ■ Mini-Enclosure □≥ 160 sf or > 260 ■ Demolition ☐ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) NO YES NA BASEMENT X VAT 100 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 5 CY Name of Registered Landfill Cubic Yards of Waste: Newark Carting, Inc. NJ DEP # 4509 G.R.O.W.S. North Landfill Newark, NJ 04509 Disposal Date City, State Notes: None 08/18/2015 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT August 13, 2015 MANAGER



A Emergency &

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

CK 5034

Anthony T Perna		ent				Signature	Q	7		-	Date 8/17					
City, State Elm NJ Completed by		Title					Disposal Date City, State B/20/15 Morrisville PA 19067									
United Containers	e nauier		H	JDEP W auler ID 2459			ic Yards Vaste		Name of F	VI - I/I OR DO DO DO DO DE	ed Lan	dfill				
Name of Registered Wast	a Unider															
Bathroo	m			х		Floo	or tile &ma	astic		35	5 SF		x			
		Yes	No	N/A									<u>a</u>	-	ate	Ге
Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM) TED	Used	l Sole ntenar	ly by nce/	Asbest (i.e.	os Cos thern sui	Description ontaining M nal systems rfacing, VAT miscelland	aterial insula r, or	(ACM)	(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
Location	of		Locati						II Exemple) and	1 11011-1	Парк		Abate	e ement pe	t
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	l That Apply)	Section 1989		vation Full Containment with Nega Mini-Enclosure Glovebag Procedure							ve Pressure					
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norn some owner home	Period of A	haten	nent s					ip Code							
Occupancy Status During	Abatement (Chec						Same									
Start Date (10) 8/18/15		Schedule		mpletion	Date (11)			of OS	9800 HA Monitor		0072	.7		**		
Project Manager for Mon	itoring Firm			Telepho	one No.		West Teleph	Berl	in NJ 080	91	Licen).			
City, State, Zip Code						_	PO E	30x 3								11,500,500
Street Address							Pern Street	aco I	nc.						*	
Name of Monitoring Firm	Hired by Building	Owner (8)			M No.				atement Co	ntractor	(9)					
County (6) Camden	34			County (STATE	Code (7)) _		100	ent Use (Pr		ing dem	nolish		JUT		
City (5) Haddonfield NJ 080	033								etc.) are Feet		f Floors		1	Bldg.		165,
Street Address 14 Lane Of Acres								×	School (K- Subchapte Other (i.e.	r 8 (Oth	er than	K-12	el bui	ldings	hom	
Name of Facility Where John Silvestri Priva	Abatement is Takii te Home	ng Place (3	3)		, , , , , , , , , , , , , , , , , , ,	OTTIN	ATION	_	e of Facility							
☐ DCA	Cancellatio	n		Tom	CILITY INF		IATION	-	<u></u>	1 10	repriorie	S Mu	ппаг			
☑ DOH	Amendmen Emergency justification	(including	_		onfield N		8033			& Li	CEM.			∂i.		
EPA DEP DOL	Initial Amended			City, S	tate, Zip C	ode			S.	00 800 0						
Agencies Notified	Type Notification	1			Address ane Of A	oroo			C 0 1	d Fills	20	HIT	გ:	Ũ1		
Date of Notification (1) 8/17/15			Name of Building Owner/Operator (2) John Silvestri Private Home Street Address 14 Lane Of Acros													
Date of Notification (4)									CU		-0	6	44			



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

Date of Notification (1) 8-14-2015			Name o	of Building ican Boi	Owner/	Operato	r (2)		nr						
Agencies Notified	Type Notification		+	Street A		101 001	прапу	N. Service		CE 10 F	in eo	Paid.	000		
	× Initial				outh 21		eet		Ź				-	٠.	
DEP DOL	Amended Amendment Emergency (_		ate, Zip C ton, NJ					Ġ.	LIGER	- A	1.1.	li	
☑ DOH ☐ DCA ☐	justification) Cancellation	iricidaling		Name of Gary 1	of Contact Frank					Tel	enhone Ni	mha-	1	2 21	
Name of Facility Where Ab	natement is Taking	Diose (2)		FAC	ILITY INF	ORMAT	ION			-					
Residential	datement is Taking	g Place (3)						Typ	e of Facility	8050				re-site-	
Street Address					1000			H	School (K- Subchapte		er than K-1	2)			
806 Morris Turnpike								×	Other (i.e. petc.)	private	& commerc	ial bui	ldings	, hom	ies,
City (5) Short Hills, NJ 07078								Squ 120	uare Feet	# 0	f Floors		Bldg.	Age	
County (6) Essex				County (STATE	Code (7) USE ONLY)		Cur	rent Use (Pri	or if bei	ng demolis	100			
Name of Monitoring Firm H	fired by Building C	Owner (8)		ASCN	M No.		Name	of Al	patement Cor	ntractor	(9)				
Street Address							Gree	en Ei	nvironmen	tal Se	rvices, L	LC			
							Street 235		ess nia Avenu	е		-1.5			
City, State, Zip Code									Zip Code ity, NJ 073	304					
Project Manager for Monito	oring Firm	T	Telepho	ne No.		Teleph	none	No.	704	License N	lo.				
Start Date (10)						2000		8855		01174					
8-14-2015		Scheduled 8-14-201	15	npletion	Date (11)				SHA Monitor above						
Occupancy Status During A							Street	Addr	ess						
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Norm	eriod of Ab al Facility H	atem lours	ent			City, S	tate,	Zip Code						
Scope of Work (Check All T						_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	нас Арріу)	The state of the s		Position Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure											
16		le L	ocatio					J N	on-Exempted	d (*) and	Non-Friat	le Pro		e ement	
Location of		No	rmall	у		Des	scription	of						pe	
Asbestos-Containing Ma TO BE ABATI		Used Maint	enar	ice/		tos Cont	aining M	lateria	al (ACM)		mount			ш	_
In Facility (13)		Custoc (iial S (12)	taff?	(i.e.	thermal	cing, VA	T, or			pecify or LF)	Remova	Repair	cap	Enclosure
(15)		Yes	No	N/A		otner n	niscellan	eous)			oval	air	Encapsulate	sure
Boiler roor	m		X	INA		Pipe	insula	tion		25	0 LF	Х		(b)	
				1 100	- Incara					Δ					
Name of Registered Waste	Hauler		IN	JDEP W	asto	Cubia	Varda		I No 61	- · ·					
Green Environmental S			Ha	auler ID 34889	No.	of Was			V same and a second		red Landfill Iorth Lan				
City, State			100	34009		4 Dispos	al Date		City, State		- Lan	GHII:			
Jersey City, NJ						8-17-2			Morrisville, PA						
Completed by Liliana Serrano	Man	ager			igrature		17 Se 10	لناد	Da 8-	te 14-20	015				

CK08138

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)

Date of Notification (1) / 2015				Name of	Building O	wner / Ope	rator (2)	(4		11/5	7.		
08 / 19		CHARLES THE PARTY NAMED IN	City Electric	:	COURS - TO NATIONS				1.1					
/ /					Street Ad									
Agencies Notified	Type of N					ding Highw			2115	ALIC OF) Fr.			
EPA		Initia				e, Zip Code				10 %	FIT ()- (18		
			nded		THE RESERVE AND PERSONS ASSESSED.	nding NJ 08	330							
☑ DOH ☑ DOL			ndment #		Name of				Telepho	na Niimh	~~```;;;;;	Fr. B. I		
☐ DOL				/ justification	Bob Fram	ne				10:	- JAG	HAF		
		Cano	cellation		AOU ITA	I CODMAND		-			114 G			
					ACILITY IN	IFORMATIO	JN .							
Name of Facility Who		nent is	Taking I	Place (3)		Type of F	acility (4)							
Peermont Substation	1					1 _	2							
Street Address			-			. !	School (K							
262 60th Street								er 8 (Other						
202 00111 311661						7	11 11 11 11 11 11 11 11 11 11 11 11 11	, private &	cmmercia	21				
City (5)	County (6	1		County Code	(7)	Square Fe		mes, etc.) # Of Floor		Duildin	~ A~~			
Avalon	Cape May			County Code	(1)		000	# Of Ploor	S	Buildin	g Age 25			
	oups muj						se (Prior if	heing dem	oliehed)	ł	25			
						Sub Statio		being dem	olisileuj					
Name of Monitoring	Firm Hired	by Bl	lda. Own	er (8)	IASCM NO	Name of A	-	Contractor	(0)					
		-, -,		o. (o)	7.00	1	waterrierit	Contractor	(3)					
Vertex					1	NorthStar	Contractin	a Group. I	nc.					
Street Address					-	Street Ad								
700 Turner Industrial	Way													
City, State, Zip Code						32 Williams Parkway								
Aston, PA 19014							, Zip Code							
Project Mngr. For Mo	nitoring F	irm		Telephone Nu	ımber	1	8							
Don Heim		610.558.8902		East Hanover NJ. 07936										
Sheduled Start Date	d. Comp	letetion Date (1	11)	Telephone	Number		License	Number						
09 / 10	2015		09	/ 16 /	2015									
/ /	¹ / ₂		/			973.772.3660 00860								
Occupancy Status Di							SHA Moni							
		ted D	uring Ent	ire Period of		Section 2010 Contract	Contractin	g Group, I	nc.					
Abatemen	5					Street Add	dress							
		d Out	side of N	lormal Facility										
Hours - De		MON	EDI			_	s Parkway							
Other - De	scribe:		I-FRI. AM-3:30P				, Zip Code							
Coope of Work (Char	le All Thes			IAI		East Hand	ver, NJ. 07	936						
Scope of Work (Chec	K All Inat	Apply	")											
☐ Demolition	1		V	Renovation		Full Contr	inment wit	h Nogotivo	Drocours					
≥3sf or_≥3				Reliovation		Mini - End		n Negative	Pressure					
✓ ≥160 sf or							Procedure							
	_						pted (*) an		ble Proce	dure				
Location of			ls		Descript	ion of			Abateme	nt Type				
Asbestos Conta	-	Lo	cation	As	sbestos - C	ontaining			R		E	E		
Material (ACI			rmally		Material			Amount	E	R	N	N		
TO BE ABATE	<u>-D</u>		Jsed		e., thermal			(Specify	M	E	С	С		
in Facility			olely			facing, VAT	,	SF or LF)	0	Р	Α	L		
(13)			Main-	or	other misc	ellaneous)		,	V	Α	P	0		
		1.55.53	nance/						A	1	S	S		
		1002/52/2	stodial aff (12)	1					L	R	U	n n		
											1-	R		
1st Floor			NO N/A	Transite Panels				2200.05			-			
Exterior		-		Caulk	5			2380 SF	7	<u> </u>	1 4	1-4-		
LATERIO		H		Caulk				100 LF	7	┝	1 1			
										느ᆜ	1 4	1		
Name of Posistored V	Nacto Harr	lor		N IDED Wast	Cubia	Mores of F	anister d	an eletti						
Name of Registered V JL Davis Waste	vaste mau	ier		NJDEP Waste			egistered I							
PO Box 524				Hauler ID No.	of Waste	Саре Мау	County La	пати						
City, State		-		10337	Disposal	City. State								
Ocean View NJ 08230	1				Disposal	2046 Kear						1		
7.011 110 00250	t:				Date	Woodbine	-							
Completed by (Print or Type) Title						,	Signature		7		Date			
Rich Semega							- g.iatai c		1		Jaco			
	ch demega Project Manager							<u></u>	43	- 1	1	08/19/15		
ASB-41	The state of the s		-			-		Tricon action of		SCHOOL SCHOOL	The same of the sa			

State of NJ

B & G proj. #: 2015-143

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Check # 7355

Date of Notification	(1)	111	Name of	Building	Owne	er/Operator (2)		2815 ALIC O	2								
0 8 / 1 8			Judy [50.053			0 AM 8: (
Agencies Notified EPA	Type Notificati	on 3	Street Ad 187 H	_{dress} lagger	ty Av	enue		AbsEntj & Lice	D CONTROL								
☐ DEP	□ Amonda		City, Stat														
X DOL	Amendr			osburg	, NJ	08865			Talanhaa	Number							
▼ DOH	Cancella		lame of (Telephone	Number							
DCA			Judy	Dolan	-				= '			-					
					FACI	LITY INFORM	IOITAI										
Name of facility wh	ere abatement is	s taking pl	ace (3)						Type of Facility (4 School	1) (K - 12)							
Judy Dolan	-			No.					Subcha	apter 8 (O	ther th	an K	12)				
Street Address									X Other (Private/Co		rcial					
187 Haggerty	Avenue		-1.05							# of Floor		Blo	ig. A	ge			
City (5)		Cou	nty (6)				2000,000	unty Code (7)									
Phillipsburg,	NJ 08865	W	arren				(50	ate use only)	The second of the second secon	Current Use (Prior if being demolished) residential							
Name of Monitoring	g Firm Hired by	Bldg. Own	er (8)			ASCM No.	-	Name of Abatement Co									
n/a								B & G Restoratio	n, Inc.								
Street Address								Street Address 105 Ryerson Ro	ad								
City, State, Zip Code	e.					-	_	City, State, Zip Code				-					
J., J.	-							Lincoln Park, N	J 07035								
Project Manager for	Monitoring Firm	ı		Phone	Numb	er		Telephone Number (973)696-6869		License 00	Numb 378	ег					
Scheduled Start Date	te (10)	Sche	d. Comp	letion Da	ate (11)	_	Name of OSHA Monito B & G Restoration									
09/03/2015		09/	04/201	5				Street Address	, 1110.								
Occupancy Status I																	
Describe:	erformed outside				t.		_	City, State, Zip Code LincolnPark, NJ	07035								
Other-Describ		/)					-							L			
Demolition 3 sf or >3 lf	X	Renovati					_	Full Containment w/nega Mini-enclosure	tive pressure	Glovet							
			on norma	Ily used	solely	1			T		R	R	Е	1_			
Location of asbestos-con	San	by maint staff(12)	enance/	custodia	ıl	Descripti		asbestos-containing	Amount (Specify S	E or	e m	e p	n	E n			
material to be abated in faci		Yes	No		N/A	material	(ACM))	LF)	r oi	0	a i	a p	L			
basement boiler	room			\dashv	X	pipe insul	ation		32 lf		e X			10			
shop area				Х	pipe insula			33 lf		X							
											片		片	H			
Registered Waste H	auler	INIT	EP Hau	er ID#	10	ubic Yards of	Waste	Name of Registered L	andfill			Ш	Ш				
B & G Restorat			19563			1½		Tullytown R	esource & Re	covery	Cent	er					
City, State Lincoln Park, N	1J			Disp	osal D	04/2015		City, State Tullytown, P	A								
Completed by (Print Gordana Luna		Title Secreta	arv/Trea	asurer		Signature		Gordana Luna		Date 08/18	3/201	5					

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7

B & G proj. #: 2015-139

ation of Aspestos Apatement	
nt to NJAC 8:60-7 and 12:120-7)	Check # 735

Date of Notification	1(1)	I I Non	as of Buildin	a Owne	r/Operator (2)		98	10	*,.		
0 8 / 1 8			atti Deerin		i/Operator (2)		28	15 AUG 20 A	M 8: :	2	
Agencies Notified	Type Notificati		et Address								
☐ EPA	X Initial		21 Hillside	e Aver	iue			i like	HTHBI		
☐ DEP		City	, State, Zip 0	Code				7.4	1:0		
X DOL	Amendn	nent L	ivingston,	NJ 07	7039						
X DOH			ne of Contac	t				Telephone	Number		
☐ DCA	Cancella	ition	Patti Deeri	in				_ 1		_	
				FACI	LITY INFORMA	ATION					
Name of facility wi	here abatement is	s taking place	(3)					Type of Facility (4	(K - 12)		
Patti Deerin								=	pter 8 (Oth	er than	K-12)
Street Address								X Other (F	Private/Con		
321 Hillside A	Avenue						-		lomes, etc. of Floors	I E	Bldg. Age
City (5)		County	(6)			Cou	nty Code (7)			_ _	
Secondaries 16	11.07020	Esse	V			(Sta	te use only)	Current Use (Pri	or if being	demolis	hed)
Livingston, N		_			ASCM No.	_	Name of Abatement Co	residential			
Name of Monitoring	ng Hirm Hired by	Blag. Owner	(0)		ASCIVI NO.		B & G Restoratio				
Street Address						=	Street Address	n, mc.			
Street Address							105 Ryerson Ro	ad			
City, State, Zip Coo	de					-	City, State, Zip Code				
							Lincoln Park, N	J 07035			
Project Manager fo	or Monitoring Firm	1	Phone	e Numb	er		Telephone Number (973)696-6869		License N 003		
Scheduled Start Da	ate (10)	Sched.	Completion [Date (11)	-	Name of OSHA Monito				
09/02/2015	u.o (10)		3/2015	20	£K		B & G Restoration	n, Inc.			20
Occupancy Status	During Ahatemer		100000000000000000000000000000000000000			-	105 Ryerson Roa	ad			
Facility close	ed/vacated during	entire period	of abateme	nt.			City, State, Zip Code				
Abatement p	erformed outside	of normal fa	cility hours-			3					
Other-Descr	ibe:					-	LincolnPark, NJ	07035			17.1
Scope of Work (c	heck all that appl	y)				_		_	_		
Demolition	X	Renovation					full Containment w/nega	tive pressure	Gloveba		
\times >3 sf or >3 l	f 🔲	≥160 sf or ≥2			,	X I	Mini-enclosure		Non-fria		
Location of			normally use ance/custod					Amount		R R	
asbestos-co material to b		staff(12)			Description material (sbestos-containing	(Specify S	F or	m p	c n
abated in fac	cility (13)	Yes	No	N/A	,			LF)		v i	p L
basement mair	n room			X	pipe insula	ation		60 lf		X	
crawl space #1				X	pipe insula			10 lf		X	
crawl space # 2	2			Х	pipe insula	ation		9 lf		X	
				7						ᆗ놈	
Designation of Master	Haulor	INJE	P Hauler ID#	- 10	ubic Yards of V	Naste	Name of Registered L	andfill			
Registered Waste B & G Restora			9563		1	,,,,,,,		esource & Re	covery C	enter	
City, State Lincoln Park,	NJ		Dis	posal D 09/	oate 03/2015		City, State Tullytown, P	A			¥.
Completed by (Prin	nt or Type)	Title	//Trops:::-		Signature		Gordana Luna		Date 08/18/	2015	
Gordana Luna	а	Secretary	//Treasure	1			Julian Govern		00/10/	2010	

State of N.I

2015-128

B & G proj. #:

	Oldi	5 01 140				
Notification	of As	sbestos	Aba	tement	1.3	
Pursuant to N	IJAC	8:60-7	and	12:120-7)	11	

Date of Notification (1) Name of Building Owner/Operator (2) 0 |8 |/1 |8 |/11 |5 | Daniel Michalchuk Type Notification Agencies Notified Street Address EPA 540 Ridgewood Road X Initial ☐ DEP City, State, Zip Code Amendment DOL Maplewood, NJ 07040 Telephone Number Name of Contact X DOH Cancellation ☐ DCA Daniel Michalchuk FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Daniel Michalchuk Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 540 Ridgewood Road Square Feet | # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Maplewood, NJ 07040 Essex residential Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 09/02/2015 09/01/2015 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Glovebag procedure ▼ Full Containment w/negative pressure Demolition **X** Renovation Non-friable procedure ☐ Mini-enclosure ≥160 sf or ≥260 lf × >3 sf or >3 lf Is location normally used solely E Location of е е by maintenance/custodial Amount n Description of asbestos-containing m asbestos-containing p C (Specify SF or staff(12) C material to be material (ACM) 0 a a LF) abated in facility (13) V Yes No N/A р X 72 If boiler room, main room, stairwell duct seams X 7 If thick duct insulation bathroom & laundry room Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 09/02/2015 Lincoln Park, NJ Signature Date Completed by (Print or Type) Gordana Luna 08/18/2015 Secretary/Treasurer Gordana Luna

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7352

B & G proj. #: 2015-133

							CD					
Date of Notification (1		Na	me of Bui	Iding Owne	er/Operator (2)		2815	4UG 20 (AM)	R: :=			
0 8 /1 8 /			David Ar	nthony					J. ()			
Agencies Notified PA	Type Notification	on Stre	eet Addre	SS			#4 1.5 .a	LICERTURE	11-01			
	X Initial		330 Mai	n Street			<u> </u>	LIGENTING				
DEP		1011000	y, State, Z									
X DOL	Amendm	ent	Little Fa	ills, NJ 0	7424						-	
X DOH			me of Cor	ntact				Telephone	Number			
☐ DCA	☐ Cancella	tion	David A	Anthony								
				FACI	LITY INFORM	MOITA	N	and the second				
Name of facility when	re abatement is	taking plac	e (3)					Type of Facility (4	(K - 12)			
David Anthony									pter 8 (Other	than	K-12)	
Street Address								Other (F	rivate/Comn			
630 Main Stree	et							Bldgs./F Square Feet #	fomes, etc.	·	Bldg. A	ige .
City (5)		Count	y (6)			Cou	unty Code (7)			_ _		
1-0-2010 M-01	07404	Des	a a i a			(Sta	ate use only)	Current Use (Pri	or if being de	moli	shed)	
Little Falls, NJ		Pas:				<u> </u>		residential				
Name of Monitoring	Firm Hired by E	Bldg. Owner	(8)		ASCM No.		Name of Abatement (
n/a	92					_	B & G Restorati	on, Inc.				
Street Address							105 Ryerson R	oad				
City, State, Zip Code							City, State, Zip Code					
Oity, Gtate, Zip Gode							Lincoln Park, N	NJ 07035				
Project Manager for N	Monitoring Firm		P	none Numb	per		Telephone Number (973)696-6869		License Nur			
							Name of OSHA Monit		0037	0	_	
Scheduled Start Date	(10)	Sched.	Completi	on Date (1	1)		B & G Restorati					
08/31/2015		09/0	1/2015				Street Address					
Occupancy Status Du	uring Abatemer	t (Check or	nly one)				105 Ryerson Ro	oad				
Facility closed/	vacated during	entire perio	d of abate	ement.			City, State, Zip Code					
Abatement peri	formed outside	of normal fa	acility hou	irs-			Lissada Davis N	1.07025				
Other-Describe	e:					_	LincolnPark, N.	07035				14 1
Scope of Work (che	ck all that apply	′)				_		_	_			
☐ Demolition	X	Renovation	n				Full Containment w/neg	ative pressure	Glovebag			
\times >3 sf or >3 lf		≥160 sf or ≥	≥260 lf			X	Mini-enclosure	L	Non-friabl		cedure	
Location of		Is location	normally	used solel	у				. R	8 1 8	R E	E
asbestos-conta	aining	by mainter staff(12)	nance/cus	stoulai			asbestos-containing	Amount (Specify S	F or	1 2	0 0	n
material to be abated in facilit	ty (13)	Yes	No	N/A	material	(ACIVI)	ĹF)	v	- 1 - 2	a a	L
					1 -:			70 lf	e F	711	X	1
basement main r	oom			X] pipe			10 lf		++=		一
crawl space				×	pipe	-				11	귀뜸	
				-	1			_		itr		同
				1								
Registered Waste Ha	nuler		P Hauler	ID# (Cubic Yards of	Waste		Landfill				
B & G Restoration			9563		1		- The same of the	Resource & Re	covery Ce	ente		
City, State Lincoln Park, N.	J			Disposal 09	Date /01/2015		City, State Tullytown,	PA				1.
Completed by (Print		Title			Signature		(0, 0		Date			
Gordana Luna	of the fi	Secretar	y/Treas	urer			Gordana Luna		08/18/2	015		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-130

Check # 7351

Date of Notification	11	Name of Build	ling Owne	er/Operator (2)		9815 5HO 00												
0 18 1/11 18		Darius Sa				2015 AUG 20 AH 8: 16												
Agencies Notified	Type Notificati	on	Street Address	S			Para Charles III											
□ EFA □ DEP	X Initial		12 Wood		re			& HIPFHISH	11 4.			17)						
▼ DOL	☐ Amendr		City, State, Zip		240		*1											
₩ DOH			Madison,		940			I Telephor	ne Number			-						
_	Cancella							Telephon	ic realition									
DCA			Darius S	alb						=								
				FACI	LITY INFORM	ATION		1=										
Name of facility wh	nere abatement is	s taking p	lace (3)					Type of Facility School	(4) ol (K - 12)									
Darius Saib					Subchapter 8 (Other than K-12)													
Street Address								Other (Private/Commercial Bldgs./Homes, etc.										
12 Woodcliff	Drive				Square Feet	# of Floor		Bl	dg. A	ge								
City (5)		Cor	unty (6)				nty Code (7)											
Madison, NJ	07940	М	orris		(State use only) Current Use (Prior if being demolishe													
Name of Monitorin		Bldg, Owi	ner (8)	\neg	residential Name of Abatement Contractor (9)													
n/a	g		(-)	-	ASCM No.		B & G Restoration, Inc.											
Street Address					Street Address													
						105 Ryerson Road												
City, State, Zip Code						City, State, Zip Code Lincoln Park, NJ 07035												
Project Manager for	er	Telephone Number License Nur																
1 Toject Manager To	i wontoning i iii					(973)696-686	9	00	378									
Scheduled Start Da	ite (10)	Sche	ed. Completion	Date (1	1)	-	Name of OSHA Monitor											
08/28/2015	2 8 3	08	/29/2015				B & G Restoration, Inc. Street Address											
Occupancy Status During Abatement (Check only one)						-	105 Ryerson Road											
Facility closed	d/vacated during	entire pe	riod of abatem				City, State, Zip Code											
Abatement per Describe:	of norma	al facility hours			_	LincolnPark, NJ 07035												
Other-Descri						-	LincolnPark, N.	J 07035				-4	1 .					
Scope of Work (ch	1 <u>200</u> 1		•			[V] -	ull Containment w/ne					s =						
	X	Renovat					uii Containment w/neș Iini-enclosure	gative pressure	Glovel									
>3 sf or >3 lf		_	or <u>></u> 260 lf on normally us	delos hes	,		_ RRF											
Location of asbestos-cor	ntaining	by main	itenance/custo		1	on of a	sbestos-containing	Amount	ii ii	e m	e p	n	E n					
material to be		staff(12 Yes	1	·	material ((Specify LF)	SF or	0	a	a	C					
abated in facility (13)										е	r	р	_					
garage	garage			X		insul	ation	86 sf		X	H	븜	H					
										ዙ	H	H	片					
					1					計	H	H	情					
Registered Waste F B & G Restorat		NJI	DEP Hauler ID 19563)# C	ubic Yards of V	Vaste	Name of Registered Tullytown	nter .										
City, State Lincoln Park, N	٧J			oisposal D 08/	ate 31/2015		City, State Tullytown, PA						k					
Completed by (Prin		ary/Treasur	rer	Signature		Gordana Luna	18/2015											

NO CK

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

15-136-NJA

Date of Notification (1) 08/13/2015					Name of Building Owner/Operator (2)								11/10/19				
Agencies Notified	oe .			hristopher Pain treet Address								* *	Stage				
	() Initial Noti		1	A STATE OF THE STA	ast Oal		eet		-	and H	nn 5	0 /	14 7	: 57			
(x) EPA () DEP	(X) Amended			State, Z			2615 AUS 20 A4 7:57										
(x) DOL	Amendmer () Emergence		ding			700	J 07920	0 & 1. S + 6.1 R31									
(x) DOH () DCA	justification () Cancellation)		1923-01	of Cor topher				Tel. Number								
				ATION		T () () () ()											
Name of Facility Whe		III IINI	OKW	ATION	Type of Facility (4)												
40 East Oak Street	VS 2000				() School (K-12)												
49 East Oak Street Street Address					() Subchapter 8 (other than K-12)												
49 East Oak Street	Basking Ridge	e, NJ C	7920					(x) Other (i.e. private & commercial buildings, homes, etc.									
City (5) Basking Ridge								Square F 2,000 SF									
County (6) Somerset					ty Code	(7) (9	STATE	Current Use (Prior if being demolished)									
Name of Monitoring F	irm Hired by Blo	lg. Owr	ner (8)	ASCN	I No.		Name o Super,	of Contractor (9)									
Street Address	nk Road #7						Street A	Address									
2200 Paterson Plank Road #7 City, State, Zip Code								oute 17 North ate, Zip Code									
North Bergen, NJ							Paramus, NJ 07652										
Project Manager for Monitoring Firm Telephone Carmelo Almonte (201) 864-							Telepho (201)33		License Number 01195 "A"								
Scheduled Start Date (10) Scheduled Co 8/13/2015 Scheduled Co					n Date (11)	Name of OSHA Monitor Testor Tech										
Occupancy Status During Abatement (Check only or								Address									
(x) Facility Closed/Vacated During Entire Period of A					ent		10-59 J	Jackson Avenue									
() Abatement Performed Outside of Normal Facility () Other – Describe:								ate, Zip Code sland City, NY 11101									
Source of Work (Che	ck all that apply)									00V 55	// 1000						
() ≥ 3 sf or ≥ 3 lf		(x) F	Renovati	on				Il Containment with Negative Pressure ni-Enclosure									
$(x) \ge 160 \text{ sf or } \ge 260 \text{ lf}$ (x) Renovati							() Glo	Glove bag Procedure Non-Exempted (*) and Non-Friable Procedure									
		L	s Location				(X) No	n-Exempte	d (*) and	Non-	-Friable Procedure Abatement Type						
Location		No	rmally U	sed							AL		Datement Type				
Asbestos-Contain (ACM)	Solely by Maintenance/							Amount		D D		_	Enc	Щ			
TO BE ABATED			Custodial Staff?			mal s	ystems in	sulation,		ecify or LF)		Removal	Repair	aps	Enclosure		
in Facili (13)		(12)		SU		g, VAT, o cellaneou			4		val	air	Encapsulate	sure			
	Yes	No	N/A	100 000 0									(0)				
Attic of House			Х	Insula	ition			200) SF		X						
										_							
											-						
Name of Reg. Waste Hauler NJDEP Waste					· ID #	Cub	ic Yards o	Ren	Land	511							
SUPER, LLC 0034					10 #	Jub	ic Yards of Waste				., Waste Management						
City, State Paramus, NJ						Disp	osal Date TBD										
Completed by Title					Sign	ature	1	Date									
Tailor Dominguez	ominguez Project Manager						You	1/1/8 07/30/						15			

NO CK

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)														
August 17, 2015				Estate of Nina Bein clo-Robert Bein Check # N/A															
Agencies Notified	ified Type Notification				Street Address 545 Mud College Road														
EPA DEP DOL	Amended Amendment			City, State, Zip Code Littlestown, PA 17340 & LUCEN (NG															
X DOH	Emergency justification)	including	Name of Contact Telephone Number																
DCA	Cancellation			Robert Bein															
N		FACILITY INFORMATION Type of English (4)																	
Name of Facility Where Bein Residence						Type of Facility (4) School (K-12)													
Street Address 1072 Trafalgar Stre						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)													
City (5) Teaneck						23.00	quare Feet	# 0	f Floors	1000	3ldg 75	Age)						
County (6) Bergen	(County C	Code (7) USE ONLY)		_	Current Use (Prior if being demolished) Residence													
Name of Monitoring Firm Management & En									e of Abatement Contractor (9)										
Street Address					Street	et Address													
PO Box 341 City, State, Zip Code					City, S	3 Cutler Avenue													
Chesterfield, NJ 08 Project Manager for Mor							Maple Shade, NJ 08052 elephone No. License No.												
Bill Weisgarber				609-29	98-4070		856-755-0099 00842												
Start Date (10) August 5, 2015		()					ne of OSHA Monitor ISL Analytical, Inc.												
Occupancy Status During Abatement (Check Only One)							et Address												
Facility Closed/Vac	atem	ement					Route 130 North												
Abatement Performed Outside of Normal Facility Ho Other – Describe:									State, Zip Code naminson, NJ 08077										
Scope of Work (Check A	All That Apply)							201420											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- 55.5	ovation olition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
		7500000														tement			
	1125		ocati rmall										Туре						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Norm Used S Mainte Custodia (1				ly by nce/ staff?		os Cont thermal surfac	system cing, VA	Material (ACM) ms insulation,		Amount (Specify SF or LF)		Removal	Nepall		Encapsulate	Enclosure			
			No	N/A		- .							+	+	-				
Exterior				XXX		Text	ured F	Paint 2,800 S				X	+	+					
Name of Registered Waste Hauler				NJDEP Waste Cubic Yards				Yards Name of Registered Landfill											
Freehold Cartage				Hauler ID No. of Was 02265 40					2.0	Cumberland County Landfill									
City, State Freehold, NJ		Disposal Dat 10/2/2015																	
Completed by Christina Lynch	ions	s Mana	(ignatur	Date 8/17/20				201)15									