CK5639

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

Date of Notification (1) 8/18/16					Building O Picerno						Ä	16 - 2	2 2	2.00 2.00	C U	
Agencies Notified '	Type Notification		S	treet Ad	dress				-	L	SBES	TOS	: 00	)NT	RÓL	4
X EPA	Initial								1			uc:				
EPA DEP DOL	Amended Amendment	#			e, Zip Coo ottom N		18		_							
DOL DOH DCA	Emergency justification) Cancellation	including	N		Contact					Tele	phone N	lumbe	er		29-22, 2003	
				FACIL	ITY INFO	RMATIC	ON									
Name of Facility Where Denise Picerno Pri		g Place (3)						S	f Facility (4) chool (K-12) ubchapter 8	)	than K	-12\			ō	
Street Address						20		▼ O et	ther (i.e. pri	vate &	comme					s,
City (5) Ship Bottom NJ 08	3008							Square 1000-	+	2	Floors		35	ig. Aq	je 	
County (6) Ocean				TATÉ U	ode (7) SE ONLY)		_	Home	t Use (Prior e & shed			lished	i) 			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCM	No.		Pern	aco In		ractor (	9)					
Street Address								Address Box 32								
City, State, Zip Code								tate, Zip Berlir	Code NJ 0809	)1						
Project Manager for Mon	nitoring Firm		T	elephor	e No.			one No 753-98			License 00727					
Start Date (10) 9/2/16		Scheduled 9/8/16	Comp	oletion E	Date (11)		Name Sam	CONTRACTOR OF THE PERSON NAMED IN	A Monitor							
Occupancy Status Durin	ng Abatement (Che	ck Only One	)	S. C. Service			Street	Address	S							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of Ab nal Facility F	ateme Hours	ent			City, S	itate, Zip	Code	-0.0					N	
Scope of Work (Check /	All That Apply)				192000											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Berling Park	novati molitic				×	Mini	Containment i-Enclosure vebag Proces i-Exempted	edure						
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			ocation			Dos	scription	of						Ту	ре	
Locatio Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED illity	Main Custo	Solely itenan dial St (12)	ce/		tos Cont thermal surfac	aining N	Material s insula (T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											6	
Exterior	Siding			х		Exte	rior Si	ding		19	00SF	2	ĸ			
			1	IDEO ::	(a.e.to	Cubin	Varda		Name of F	Ogists	rod Lan	deli.				
Name of Registered Wa United Roll Off	aste Hauler		Ha	IDEP Wauler ID 459		of Was			G.R.O.V	(50)	eu Laii	JIIII	*			
City, State Elm NJ						Dispos 9/8/16	sal Date	)	City, State Morrisvi		1906	7				
Completed by Anthony T Perna		Title Presio	lent			S	Signatur	e	STREET, ST. LANSING STR. (M. ST.)	_		Date 8/18		i		
574																

Print Form



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Date of Notification (1) 8/18/16			Na D	me of Bu ebra Cu	ilding Owne urry priva	er/Operator ( te Home	(2)			EEA	0.0	2012		
Agencies Notified	Type Notification		St	reet Addr	ess			1		HUU	4 4	CUID		
EPA DEP DOL	Initial Amended				Zip Code NJ 08051	4	-		ĀS	CESTO	S DON	1	JL &	
	Amendment # Emergency (i justification)		N	ame of Co					Telep	ohone Nur	mber			
DOH DCA	Cancellation			-783	Y INFORM	IATION	-		1					
Name of Facility Where Debra Curry private Street Address	Abatement is Taking te Home	Place (3)		TAGILIT	·		Sc St	Facility (4 hool (K-12 bchapter her (i.e. p	2) 8 (Othe	r than K-1 commerc	2) ial buildi	ngs, l	nomes	
City (5)			-				Square 1000+	Feet		Floors		dg. Aq		
Mantua NJ 08051 County (6)	+			ounty Co						ng demolis	hed)			
Gloucester Name of Monitoring Fil N/A	rm Hired by Building (	Owner (8)		ASCM N	No.		of Abate	ment Con	tractor	(9)				
Street Address						POI	Address Box 329	9						
City, State, Zip Code					Ŧ,		State, Zip st Berlin							
Project Manager for M	lonitoring Firm		1	elephone	No.	856-	hone No -753-98	800		License 00727	No.			
Start Date (10) 8/19/16		Scheduled 8/20/16	Com	pletion Da	ate (11)	Name		A Monitor						
Occupancy Status Du	ring Abatement (Che	ck Only One)			9	Stree	t Address	S						
Abatament Perfo	racated During Entire formed Outside of Norman Home owner Home	mal Facility H	atem	ent		City,	State, Zij				2,			
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260			nova molit				Full Min	i-Enclosu	nent witt re ocedure	n Negative			re	
							1401	I-Exemple	1			Abat	ement	
Asbestos-Contain TO BE In F	ation of hing Material (ACM) ABATED racility 13)	Used Main Custo	itena dial (12)	ly ly by nce/ Staff?	(i.e. th	Descriptions Containing nermal system surfacing, Voother miscell	Material ms insula /AT, or	(ACM)	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	na	per duct in	nsulatio	n		60 SF	x	+		
Craw	rispace	-		X	1	were						1		
					Wet	NICHIC		-						
Name of Registered	Waste Hauler			NJDEP W Hauler ID	/aste	Cubic Yards of Waste	3			tered Lan	dfill			L
United Roll Off	1			2459		2 Disposal Da	ate	G.R.C	ate	-			-	_
City, State Elm NJ		Title				8/22/16 Signat				PA 1906	Date			10152
Completed by Anthony T Perna		Presid	dent				l	Name and the order of the order			8/18/	16		



Date of Notification (1) 8/18/16					Building C et Sulliv						AU	G 22	20	16	
	Type Notification  Initial Amended Amendment	#			dress e, Zip Coo ottom N		008			A	SEES!	ios d Igan	31VI	ROL	1
DOH DCA	Emergency ( justification) Cancellation	including	N	lame of Vlargar	Contact					Tele	phone N	lumber			
Name of Facility Where A Margaret Sullivan Pr Street Address		g Place (3)		FACIL	ITY INFO	RMAT	ION	S S S	f Facility (4) chool (K-12 ubchapter 8 ther (i.e. pri	:) 3 (Othe	er than K	-12) rcial buil	dings	home	es,
City (5) Ship Bottom NJ 080	008				58	,		Square 1000-	Feet	# of	Floors		81dg. /	Age	
County (6) Ocean	4.4	***		County C	ode (7) SE ONLY)			Curren	t Use (Prior	r if bei	ng demol	lished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.			of Abate aco In	ement Cont C.	ractor	(9)				
Street Address								Address 30x 32							
City, State, Zip Code								state, Zip t Berlir	Code NJ 0809	91					
Project Manager for Moni	toring Firm		7	Γelephon	ne No.		N 200 200 200 W	none No 753-98			License 00727				
Start Date (10) 8/31/16		Scheduled 9/6/16	Com	pletion D	Date (11)		Name Sam	Washington and Control	A Monitor						
Occupancy Status During  Facility Closed/Vaca Abatement Performe Other – Describe:	ited During Entire	Period of Ab	atem	ent				Address			15			10	,
Scope of Work (Check Al ≥3 sf or ≥3 If ≥160 sf or ≥260 If	! That Apply)		novat moliti	######################################				Min	Containme i-Enclosure vebag Proc	edure				re	
			ocatio							· ·			Aba	emen ype	t
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Used Main Custo	Soiel tenar	y by nce/		tos Cor therma surf	escription ntaining f al system acing, VA miscella	Material is insula AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior S	iding	les	140	x		Ext	erior Si	ding		10	00 SF	x			
Name of Registered Was	te Hauler			JDEP W auler ID		Cubi of W	c Yards		Name of F		ered Land	dfill			L
United Roll Off				2459	110.	4			G.R.O.\						
City, State Elm NJ						Disp 9/6/	osal Date	9	City, State Morrisvi		1906	7		ji Lozsa	
Completed by Anthony T Perna		Title Presid	lent		=		Signatur	e Z		•		Date 8/18/1	6		10

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PAGE 82/83

AMAC

AUG 22 Binto of New Jorsey Motification of Abrillatos Abatement (Pursums to RJAC 2:00 and 12:130) CHECK# 9171 Date of Motification (1) Nome of Building Owner/Operator (2) WYarr K. asser MAN Type Nethication Struct Addition 国网图 ropiel DEP Amended City. Ston. Zip DOL Amendment a LIKE N.J 07028 Emergency (including justification) Cancatalion SUEN Name of Centrol DOM WYATT Name of Facility Where Abetement to Taking Prace (2) FACILIES INFORMATION **EEMANCE** Type of Facility (4) Subaci (K-12) Subactopter 8 (Cither than K-12) Cetter (I.o. private & commercial buildings, homes, d(c.) Square Foot Solow FIRE Blog. Age 1950 County Gode (7) (27A7E VOE GAL Y) +50 ESSEX

Herne of Monitoring Firm Pires by Building Owner (8) Name of Absternance Convictor (8) ABCM No. A.MAC Contracting Inc. Sitesi Aderesa Strend Address 186 Vreeland Ave. Cky, State, Zip Cade City, State, Zip Code Midland Park, NJ Project Manager for Manitoring Firm Todaphone No. Telephone No. Donnas No. Start Date (10) (201)262-5841 00156 Schadulad Completion Date (17) Oocupancy States During Absterness (Check Drily Only) Neme of OSHA Manuar Omege Environmental Bervices Street Address. Facility Classes/Vecated During Entire Period of Abetern Absenced Performed Dutains of North Facility Hours Other — Describe: 280 Huyler St. CRy, State, Zip Code Scale of Work (Chack All That Apply) Hackenback, NJ 07608 致める対は Renovation Demokran 2780 M OF 3280 M Full Containment with Negative Pressure Glovebag Procedure
Non-Frieble Procedure le Location Laterton of Achoeve Containing Matter TO BE ARATED In Facility Merconde Harmely by Description of Asbestos Containing Material (ACM) Type Mantienance/ Puriping, VAT. or other miscellaneous) SF or LF (13)(22) Rapai You No HIA Basmont PIPE INSULATION YOUR Name of Registered Weste Heider Newsrk Carting , Inc. Cubic Yords Nume of Regulatered Lungille Hauser ID No. IESI PA Bethlehelm Landfill Corp. City, State 41 Newark, NJ Disposal Del Chy. Shah 8/18/1600 Completed by Bethlehem PA Janaph Vocature Vice President Dinta

425-45 (Pt-00-00)

"Do not yearn's form for acceptant someone aremaled solvition.

### State of Nev NOTIFICATION OF ASBI (Pursuant to NJAC

ASCM No.

Date of Notification (1)

H. WESTB

Agency Notified

Street Address

CLOSTER COUNTY (6)

Street Address

City, State, Zip Code

City (5)

Q EPA

DEP

@ DOL

DOH DCA

Type Notification

Amendment #

justification)

☐ Cancellation

☐ Emergency (including

letted (

Name of Facility Where Abatement is Taking Place (3)

RERGEN
Name of Monitoring Firm Hired by Building Owner

☐ Amended

State of New Jersey ION OF ASBESTOS ABAT ant to NJAC 8:60 and 12:1	EMENT 20) # 3706
Name of Building Owner/Operator  H. WESTBY	(2)
Street Address	1000
City, State, Zip Code  CLOSTER, No	F 07624 SESTOS CONTROL 8
Name of Contact  ORNASEN	Telephone Number
FACILITY INFORMATION	
	Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes, etc.)
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Square Feet # of Floors Bidg. Age 76 YRS
County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)  RESIDERUCE

Best Removal Inc

450 South River St City, State, Zip Code

Street Address

City, State, Zip Code						Hackensa	ck, N.J	. 07	601				
Project Manager for Monitoring Fi	m .	Te	lephon	e No.		Telephone No. 201-329-		Lices	nse No. 00388				
Start Date (10) 8-30-16	Scheduled Co	29.00.00.00	Action of the second	e (11)		Name of OSHA Me Omega En		enta	11				
Occupancy Status During Abatem	ent (Check only	y one)	•	2		Street Address 280 Hu	yler St						
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside ☐ Other - Describe: SAM	of Normal Facil	Abat Lity Ho	ement urs 			S. Hac	de kensack	, N .	J. 07	606			
Scope of Work (Check all that ap ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf	ply)			■ Rem	ovation	☐ Mini-E	ontainment with inclosure bag Procedure exempted (*) an			85	l Ah	atem	ant .
		ls	Locati	on							1	Туре	
Location of Ashestos-Containing Materia TO BE ABATED IN Facility (13)	ai (ACM)	Use	Normali ed Sole einterna Custodi Staff? (12)	ly by nce/ al	Asbec (i.e.	Description of the Containing Man thermal systems in surfacing, VAT, other miscellaneous containing the Containing Contai	nsulation, or		Amount (Specify SF or LF)		Removal	Rephir	Enclosure
		Yes	No	N/A							-	+	+
BASEMENT			-	*	VA	-T .			500	SF		$\pm$	士
										·-	H	+	+
Name of Registered Waste Haub Best Removal	er Inc		No.	Naste i		Cubic Yards of Waste 2 1/2 YOS	Name of Regi			ises	з,	LL	С
City. State Hackensack ,	N.J. 07	601	L			B-31-16	City, State Wayne	sbu	g, Oh	, 44 (	688		
Completed by  R. V.F.L.D.R.A.N.	Title Est	ima	tor			P. Valdran	^			8-1	8-1	6	
ASB-41	* Do no	ot use	this for	m for a	sbestos i	censure exempted	activities.						

CK 14280	N				ESTOS ABAT 8:60 and 12:1		ENT		EG	E	W		
Date of Notification (1) AUGUST 17, 2017			Name of E	Building (	Owner/Operat ARD CHUF	tor (2	r) I		15 (0)	14 1	157	_!_	7
Agencies Notified Type Notification			Street Add		GROVE R	ROA	D		AUG	2.2	201	6	世
EPA Initial Amended Amendment #		_	City, State PERTH	e, Zip Co I AMBO	de DY, NJ 0886	61		L A	SBESTO	S CC		ROL	<del>                                     </del>
DOH justification)  Cancellation	iciuaing		Name of 0					Tele	phone Niii	nher			
Name of Facility Where Abatement is Taking GOOD SHEPARD CHURCH	Place (3)		FACIL	ITY INFO	ORMATION	Ţ	Гуре of Facility (	4)					
Street Address 625 FLORIDA GROVE ROAD			e E				School (K-1 Subchapter Other (i.e. p	8 (Othe			dings,	home	∋s,
City (5) PERTH AMBOY							Square Feet 15000sf	# of	Floors		ldg. A		
County (6) MIDDLESEX			County Co			(	Current Use (Pri CHURCH	or if beir	ng demolisi	ned)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	No.			Abatement Cor ing Touch As			ent C	orp.	, Inc	
Street Address							ddress ompson Stre	et					
City, State, Zip Code							te, Zip Code Long Branch	, NJ 0	7740				
Project Manager for Monitoring Firm			Telephone	e No.			ne No. 22.8372		License N 00040	lo.			
Start Date (10) AUG, 29, 2016	SEPT.	a.	npletion D	ate (11)	Nan N/		OSHA Monitor						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po Abatement Performed Outside of Normal	eriod of Al	baten					te, Zip Code						
Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				\ \ \	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
Location of	N	_ocat	lly		Descripti	tion o	f	1/1/8			Abate Ty	ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mair	ntena	Staff?		tos Containing thermal syste surfacing, other miscel	ems i	nsulation, or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT BOILER ROOM	X	INO	IN/A		TS	1		1	75 If	X			
п	×				Breech	hing		20	00 sf	x			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatemen	t Corp.,	1 1	NJDEP Wa Hauler ID N I 2058		Cubic Yards of Waste 10 cy		TRRF	LAND	red Landfil				
City, State WEST LONG BRANCH, NJ 07764		ī			Disposal Da 9/1/16	ate /	City, Star TULLY	te TOWN	I, PA	11		2 1	
Completed by JOSEPH P. MILLER	Title PRES	SIDE	ENT		Signat	ture	ML			ate /17/1	6		

CK 2451

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Date of Notification (1)	7		Name of	Building (	Owner/Op	erator (	2) Sn/V0	nia	(D) G 2	2 2	016		圳
Agencies Notified Type Notification		1	Street A	ddress,		1	V 101	42 1				1	
EPA Initial Amended Amendment	#	-	City, Sta	te, Zip Co	de	a id	0 1/7	AS	10 Te	1251	G	)L &	
Emergency (		-	Name of	Contact		149	11100	Tele	phone Nur	nher			
DOH justification) Cancellation			Eric P					, ,					
			FACI	LITY INFO	RMATIO	N							
Name of Facility Where Abatement is Taking	g Place (3)						Type of Facility  School (K- Subchapte	12)	erthan K-1	2)			
Street Address									commerci		lings,	home	es,
City (5) HILSON	20						Square Feet	# of	Floors	В	ldg. A	ge )	
County (6)	011			Code (7) USE ONLY)			Current Use (Pr	_	ng demolish	ned)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	I No.		Name o	of Abatement Co		(9)				
						Brick	Industries In	C.					
Street Address					100		Address Box 915						
City, State, Zip Code	-c					at wasten	ate, Zip Code						
						Brick,	New Jersey	08723					
Project Manager for Monitoring Firm			Telepho	ne No.		0.500	one No. 899-7499		License N 01196	lo.			
Start Date (10)	Scheduled	d Com	pletion	Date (11)		Name o	of OSHA Monito	Г					
Occupancy Status During Abatement (Chec	k Only One	=)	1 0			Street A	Address			2			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	nal Facility	batem Hours	ent	40		City, St	ate, Zip Code						
Scope of Work (Check All That Apply)	/												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti					Full Containr Mini-Enclosu Glovebag Pro	re ocedure				±0.	
	1						Non-Exempte	ed (*) and	Non-Friat		Abate		
Laurence of		Locati ormali			Dosc	ription	of				Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)	Mair	Sole ntenar odial S (12)	nce/		os Conta	ining M ystems ng, VA	aterial (ACM) insulation, Γ, or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		Other mi	booman				<u>a</u>		late	lre
				Aspes	stos -	Heo	rtile	320	SF	X			
Name of Registered Waste Hauler		10000	JDEP Wauler ID		Cubic Y of Wast		1	(67)	red Landfil				
Brick Industries Inc.	*	- 1023	1602				1	VS Inc.					
City, State					Disposa	I Date	City, Sta	ite					
Brick, New Jersey Completed by	Title				Sic	nature	1. 1		Da	ate I .	. 1.		
Eric Plackis	Presid	dent				,	UK			8/16	olle	)	
		70			100					(8)			

07/02/2033 09:57 PAX a 0004/0004 Print Form State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 08/13/2016 Montclair Board of Education Agencies Notified Type Notification Street Address 22 Valley Road FPA Initial X City, State, Zip Code DEP Amended 文 DOL Amendment # Montclair, NJ 07042 × Emergency (including  $\boxtimes$ DOH Name of Contact justification) Telephone Ahimha Cancellation Leonard Saponara FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hillside Elementary school School (K-12) Street Address Subchapter 8 (Other than K-12) 54 Orange Road Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Flagre Bldg. Age Montdair County (5) County Code (7) Current Use (Prior if being demolished) Essex school Name of Monitoring Firm Hired by Building Owner (8) ASCM NO. Name of Abatement Contractor (9) Detail Associates,inc Lilich Corporation Street Address Street Address 300 Grand Avenue 508 McBride Ave City, State, Zip Code Chy, State, Zip Code Englewood, NJ Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephons No. License No. Stephen Jaraczewski 201-569-6708 973-225-840D 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08-20-2016 08-21-2016 Iris Environmental Laboratories, LLC Occupancy Status During Abetement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours Other - Describe: start 7 am City, State, Zip Code × Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥180 sf or ≥260 H Demoiltion Mini-Enclosure X Glovebag Procedura Non-Exampled (\*) and Non-Friebla Procedure is Location Abatement Normally Location of Type Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance TO BE ABATED Encapsulate (i.e. thermal systems insulation, Custodial Staff? (Speqify SF or LF) Enclosure Removal In Facility Repair surfacing, VAT. or (12) (13) other miscellaneous) Yes No NA hallway outside dance studio × pipe insulation 6 LF × Name of Registered Waste Hauler NJDEP Weste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation GROWS Landfill 18724 City, State Disposal Date City, State Woodland Park, New Jersey Morrisville, PA Completed by Title Signature Date Momo Glavatovic vice president 08/13/2016

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Date of Notification (1)	151/1		N	lame of	Building (	Owner/O	perator	(2) (2) (1)		<u> </u>	- 0	1		
Agencies Notified	Type Notification		5	Street Ac	V \ ()\	11 1	211	4114		Ad0	22	2010		-
				J. 100										
EPA   I	Initial Amended		C	City, Sta	te, Zip Co	de ,	ì	21-	17.6	STO	815	NTE	ة بال	
▼ DOL	Amendment #		_	16	584	a.	ty	NJO	150	7 15	B.	16		
□ DOH	Emergency (ir justification)	ncluding	294 3010		Contact			•	Tele	nhone Num	her			
DCA I	Cancellation			Eric Pl										
				FACI	LITY INFO	RMATI	ON	Type of Facility	(4)			-		
Name of Facility Where A	batement is Taking	Place (3)	)											
								School (K-	12) er 8 (Othe	r than K-12	)			
Street Address	\ /							Other (i.e.	private &	commercia	d build	ings,	nome	s,
	w IC			()		•		etc.) Square Feet	# of	Floors	BI	dg. A	16	_
City (5)	Con PiL	M		0				4000 <b>&amp;</b>	# 01	2_		65	20	
77	JUJ UT	1	- 1	Sauahi (	Codo (7)			Current Use (P	rior if bein			00	-	
County (6)	COA	V			Code (7) JSE ONLY			Rola		700	9			
TIM	JOU!			ASCN	A No.		Name	of Abatement Co	ontractor (	1 0	<u> </u>			_
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCIN	I NO.		U.S. S.	Industries In		/				
								Address					-	
Street Address								Box 915						
			-		_	_		tate, Zip Code		-				
City, State, Zip Code								, New Jersey	08723					
	torio - Firm			Telepho	ne No			none No.		License N	0.			
Project Manager for Moni	toring riiii			relepito	110 140.			)899-7499		01196				
Start Data (10)		Schedule	ed Corr	noletion	Date (11)			of OSHA Monito	r			7//	-	
Start Date (10) 8 8	16	Ochedak	01	(11)	L									
Occupancy Status During	Abatement (Check	Only Or	ne)	1011	0		Street	Address						1000
/				ont										
Facility Closed/Vaca Abatement Performe Other – Describe: _	ed Outside of Norm	al Facility	Hours				City, S	State, Zip Code						
Scope of Work (Check Al	That Apply)					-	-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	11.77		Renova Demolit	tion ion				Full Contain Mini-Enclose Glovebag Pr	ure ocedure					
								Non-Exemp	ted (*) and	Non-Friab				_
		Is	Locati	ion									ment pe	
Location	of		Normal				escription							
Asbestos-Containing	Material (ACM)		ed Sole					Material (ACM) is insulation,	100	mount Specify	Z.		Encapsulate	Ē
TO BE ABA		Cus	todial S	Staff?	(1.6	surfa	acing, VA	AT, or		or LF)	Remova	Repair	aps	Enclosure
(13)	,		(12)			other	miscella	neous)			val	≌	ulat	ure
		Yes	No	N/A									Ф	
		1			RUF	(Inc	.U.	por tile	13A	OSF	1			
		-			MID	Ulu	7 4	71911	100		1			
					-						+-	-		
			1											
Name of Registered Was	ste Hauler		I	JDEP V	Vaste		Yards	Name	of Registe	ered Landfil	I	to - Use	N - 1 - 1 - 1 - 1 - 1	200
Brick Industries Inc.			9 28	tauler II 1602	No.	of Wa	Ĺ		WS Inc.					
City, State Brick, New Jersey		120				2	osal Date	16 PA	tate					
Completed by		Title	avar E				Signatu	e /1 0/	/	D	ate ()	(	16	1
Eric Plackis		Pres	sident					ENK	0		U	0	10	

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

CK2910

CRAC	110		(Pu	rsuant to	NJAC 8:60 a	nd 12:120	))	gran.		16	15	11	110	IL.	
Date of Notification (1 8/17/2016	) Check 2910	85		Name of B Engel N	uilding Owner eil	/Operator	(2)				L-	t)		3-3	
Agencies Notified	Type Notification		5	Street Add	ress			13		AU	G 2	2	2016	) .	1.,
EPA DEP DOL DOH DCA	Initial Amended Amendment Emergency justification) Cancellation	(including	-	10.11		3			Telep	phone I	Numb	1000	NTE.	OL a	
П всх	Caricellation				TY INFORMA	TION									-
Name of Facility Whe Engel Neil Resid Street Address	ere Abatement is Takin lence	g Place (3)		TAOLE			Type	School (K-12 Subchapter 8 Other (i.e. pr	?) 3 (Other			build	ings,	home	s,
City (5) Cranford, NJ 070	016						Squ 2,5	etc.) are Feet 00	# of F	loors			dg. A 0+	ge	
County (6) UNION					E ONLY)		Re	rent Use (Prior sidence			olished	4)			
Name of Monitoring F N/A	Firm Hired by Building	Owner (8)		ASCM N	lo.	EA S	Servi	atement Cont ces Corp	ractor (	9)					
Street Address	-	20.000		100,000			69th	Street							
City, State, Zip Code						Gutte	enbe	Zip Code erg, NJ 070							
Project Manager for N	Monitoring Firm			Telephone			295-	-1700		Licens 0107				11	
Start Date (10) 8/27/16		Scheduled 8/29/201		pletion Da	ite (11)	A 1990 A		SHA Monitor above							
Facility Closed/\ Abatement Performance Other – Describe	uring Abatement (Chec lacated During Entire ormed Outside of Norr e: Start at 10 AM	Period of Ab	atem			Street City, S		zip Code							
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260			noval moliti				M G	ull Containme lini-Enclosure llovebag Proce lon-Exempted	edure					9	
			ocation	200127		Na aminitian								ement pe	
Asbestos-Contair TO BE In F	ation of hing Material (ACM) ABATED facility 13)	Used Main Custo	Solel tenar	y by nce/	Asbestos Co (i.e. therm sur		Materi s insu AT, or	ılation,	(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Porc	h Area		х		Veri	miculite	ACN	1	22	0 SF		x			
Name of Registered	Waste Hauler		15/80	JDEP Was	20 8 St 8 S	oic Yards Vaste		Name of F							
Freehold Carting				5939	tbd			Cumber		andfi	II	<u> </u>			
City, State Freehold, NJ		ng sa			Disp tbd	oosal Date		City, State				11			
Completed by Gina Betances		Title Office	Mar	nager		Signature	e E	Vual-	_		Date 8/1	7/20	016		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.



Date of Notification (1)		Name of	Building Ow	ner/Operator	(2)			HG 2	2 2	016		
Agencies Notified Type Notification		Street A	ddress		: .							
EPA Initial Amended Amendment #  DOL Emergency (ir justification)  DOA Cancellation		1 0 0			, <u>M</u> .	Supposed of the supposed of th	Telephor	ne Numbe	or Sir	3 HC	L tx	
		FACII	LITY INFOR	MATION								
Name of Facility Where Abatement is Taking  Street Address	Place (3)	10 x 10 x 10			S				ouildi	ngs, l	nome	ıs,
city (5) Manasque	<u>ک</u>				Square	60	# of Floo			dg. Ag	ge )	
County (6)	th		JSE ONLY)	Name	}	don	or if being de ntractor (9)	emolished	·)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM	i NO.	E - Caracian Company		stries Ind						-
Street Address					t Addres							
City, State, Zip Code	E4 **				State, Zij		00700					
Project Manager for Monitoring Firm		Telepho	ne No.	Telep	hone No		Lice	ense No. 196	8-2			
	Scheduled C	ampletion	Data (11)		2)899-7	A Monitor		190				
Occupancy Status During Abatement (Check	Only One)	12/16			t Addres							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	al Facility Ho	urs		City, S	State, Zi	p Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		vation olition			Min	Containm i-Enclosur vebag Pro		jative Pre	ssur	е		
					Nor	n-Exempte	d (*) and No	n-Friable	Proc	edure	9	
	Is Loc								,	Abate Ty	ment be	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used S Mainte Custodia (1	nance/ al Staff?	(i.e. th	Descriptions Containing learnal system surfacing, Vother miscella	Material ns insula AT, or	(ACM) tion,	Amoui (Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure
	100		Oshe	Stosa	My	uall	6008	,F	8			
Name of Registered Waste Hauler	-	NJDEP V		Cubic Yards		Name of	Registered	Landfill				
Brick Industries Inc.		Hauler ID 21602	NO.	of Waste	4	GROV	VS Inc.		100			
City, State Brick, New Jersey				Disposal Date	e 6 ,	City, Sta	te					
Completed by Eric Plackis	Title Preside	nt		Signatur	re M	11/1	-	Date	31	181	16	

CK 2906

Date of Notification (1)	01 1-# 0000			lame of Bu		Annergon Marie Marie		(2)		17)	<u> </u>	UJ.	<u> </u>		Ľ	-11
8/10/2016	Check# 2906			Street Addr		rial GIT				DET :		-			191	11
Agencies Notified	Type Notification		- 1 - 3	102 Park							1	IJĞ	2 2	20	16	
EPA DEP DOL	Initial Amended Amendment	#		City, State, Harworth	Zip Code	е						<del></del>	A 60	C & 15°	Car II	
<u> </u>	Emergency (		9 55	Name of Co	100			Hesse		Tele	ohone l					0
DOH DCA	justification) Cancellation			Joe	omaor					1		1.	- 1	1.5.		
				FACILIT	Y INFO	RMATIC	ON.			-						
Name of Facility Where								_	of Facility (4)	•						
Bergen Center for	Child Developm	ent							School (K-12) Subchapter 8		r than k	(-12)				
Street Address								H	Other (i.e. pri	vate &	comm	ercial	buildi	ngs, l	nome	s,
140 Park Street								Caur	etc.) are Feet	# of	Floors		Blo	dg. Ag	ne.	
City (5)	4.4							2112000	300+	1	10015		65.00	ug. /\(\) )+	,0	
Harworth, NJ 0764	41			County Co	do (7)				ent Use (Prior		a demo	olishe	The Cale			
County (6) BERGEN				STATE US			_		nool		9		,			
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCM N	10.				atement Cont			+	-			
N/A		NT.					EA S	Servu	ices Corpo	ration						
Street Address							Street			1.2.4.111134						
									Street							
City, State, Zip Code									Zip Code erg, NJ 070	93						
Project Manager for Mo	onitoring Firm		-	Telephone	No.	-	Telepl	hone I	No.		Licens					-
1 Tojoot Manager Ter III							201-	-295-	1700		0107	4				
Start Date (10)		Scheduled	Con	pletion Da	ate (11)				SHA Monitor							
8/25/16		8/26/16							above							
Occupancy Status Dur	ing Abatement (Che	ck Only One)	)				Street	t Addr	ess							
Facility Closed/Va Abatement Perfor Other – Describe:	acated During Entire rmed Outside of Norr Starting 8 AM	Period of Ab mal Facility H	aten	nent			City, S	State,	Zip Code						-	
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit					- N	ull Containme lini-Enclosure Bovebag Proc Ion-Exempted	edure					e	
							E		ION-Exempled	( ) aii	2 14011-	Habi		Abate		1
		1.000	ocat orma	100000000		-								Ту	ре	
Asbestos-Containi TO BE A In Fa	ABATED	Used Main Custo	Sole itena dial (12)	ely by nce/ Staff?		tos Con therma surfa	escriptio staining I systen acing, V miscella	Mater ns inso AT, or	•	(5	mount Specify or LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		_					1	-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Boiler	Room	X			1000	- 84	l Oper							X		-
Boiler	Boiler Room S				Pato	ch Ins	ulation	(spc	oradic)		8 SF	-	-	X		
	201101111111111111111111111111111111111							- 15,5-				-	-			
Name of Registered V	Vaste Hauler			NJDEP Wa		100000000000000000000000000000000000000	c Yards		Name of	Regist	ered La	ndfill			1	1
Freehold Carting				Hauler ID 1 15939	No.	of Wa	aste		Cumbe		Land	fill				
City, State Freehold, NJ						Dispo	osal Dat	te	City, Stat Newbu		A					
Completed by		Title		30.5500,000,000		I STATE OF THE PARTY OF THE PAR	Signatu	ire /	80.00	1		Da		2016	 3	
Gina Betances		Office	: Ma	anager				K	Mull	<u> </u>		00	,, 101	2010		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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	-	140	(Purs	uant to	NJAC 8:60 a	nd 12:120	)	171			11		- 1	1
Date of Notification (1)			17 1723385		uilding Owner	r/Operator	(2)						7	
3/11/2016	Check #2907		- 40	t Leo S						Ellio O	0 0	016	- 1	1
gencies Notified	Type Notification		1	eet Addi 00 Mar	ress ket Street			(1)	ī-	AUU 4	4	g nor		
EPA	Initial Amended		Cit	y, State,	Zip Code	1			L		mois	170	<u></u> &	
DEP DOL	Amendment #		E	Imwoo	d Park, NJ	07407			710	The P	(Cath)	2		
DOH	Emergency (in justification)	cluding	1	ame of C	ontact				-Telepi	hone Numb	er			
DCA	Cancellation				TY INFORMA	ATION								
Name of Facility Where	Abatement is Taking	Place (3)		TAOILI			Type of	Facility (4)						
St Leo School							Sc Sc	hool (K-12) bchapter 8	(Other	than K-12)				
Street Address							H Ot	her (i.e. priv	vate & c	commercial	buildir	igs, h	omes,	
300 Market Street							Square	-	# of F	loors	Bld	g. Age	<u> </u>	-
City (5)	1.07.407						20,00		2		50	+		
Elmwood Park, N.	3 07407		TC	ounty Co	ode (7)		Current	Use (Prior	if being	demolishe	d)			
County (6) BERGEN					E ONLY) _		School							
Name of Monitoring Fir	m Hired by Building C	wner (8)		ASCM	No.			ment Contr s Corpora		9)				
N/A Street Address							t Address 69th S							
						100000000000000000000000000000000000000	State, Zip	The second second						
City, State, Zip Code						Gut	tenberg	, NJ 070	93					_
Project Manager for M	onitoring Firm	elephon	e No.		ohone No -295-17			License No 01074						
		Schedule	d Com	nletion C	ate (11)	0		A Monitor						
Start Date (10) 8/24/2016		8/25/20	piedon b	ate (11)	11.100.00000000000000000000000000000000	ne as a								
Occupancy Status Du	ring Abatement (Chec					Stree	et Addres	S						
■ Encility ClosedN/	acated During Entire I	Period of A	batem	ent		City,	State, Zi	o Code						
Scope of Work (Chec					10									
≥3 sf or ≥3 lf ≥160 sf or ≥260			enova emolit				Min	i-Enclosure	edure	Negative P				
Ц							Glo Nor	n-Exempted	(*) and	d Non-Friab	le Pro			_
		Is	Locati	on								400000000000000000000000000000000000000	ment pe	
Asbestos-Contain TO BE In F	ation of hing Material (ACM) ABATED facility 13)	Use Ma Cus	Normal d Sole intena todial (12)	ly by nce/	(i.e. the	Descript Containing ermal syste surfacing, ther misce	g Material ems insula VAT, or	(ACM) ation,	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Eliciosnia
		Yes	No	IN/A		Insula	tion			5 SF		х		
Basement	Boiler Room	X		-	0.10	Telesconsistes		elhows		4 LF	+	х		
Roor	n #202	-	X		Seal Ope	en Enas,	re-wrap	elbows		1	+			
Name of Registered	Waste Hauler			NJDEP V	1000	Cubic Yard of Waste	is			ered Landfi	11			
Freehold Carting		100	100	Hauler ID 15939		tbd	oto	City, Sta		Ladfill				
City, State Freehold, NJ						Disposal D tbd	ale	Newbu						
Completed by		Title				Signa	ature //	(K/1)	1		ate 3/11/2	2016		
Gina Betances		Offic	ce Ma	anager				Kua	0-	1	JI 1 1/2	_0 10		_

Date of Notification (1)			Name /	of Buildin	ng Owner/Operato	r (2)	1)),	EG	追力	W		Ę	11
Agency Notified Type Notification			Street	Address	OREN STE	710	5				The contract of the contract o	1	#
☐ EPA ☐ Initial ☐ Amended Amendment #		-		жате, др			(	AUG	2 2	201	<u></u>	S. D. D. D. Barrell Co. C.	200
☐ Emergency (inclu	ding	L	Name	Of Conta	al, N=	1 016	62	lephone N	Solination IV	180	100000	ال	
DOH justification)  DCA DCA Cancellation			L.		RENSTE.	in la	i ie	georgia i	anna and a		25 /	7.0	
			FAC	ILITY INF	ORMATION								
Name of Facility Where Abatement is Taking P	lace (3)				57	Type of Facilit	ty (4)			9			
L. BORENSTEIN .						School (K-1							
Street Address						Other (i.e. phomes, etc.	private			ngs,			
City (o)		12	,			Square Feet	-	f Floors	Bidg	, Ag	e	_	
County (6)			000.000		.0	1800				Z	P	8	
BERGEN		orienta annocada	Count		) (STATE USE	Current Use (			nolished)				10/0/2-
Name of Monitoring Firm Hired by Building Own	er	ASCM	No.		Name of Abaten	nent Contractor	(9)						
(8) Street Address					Best Rei	moval Ir	nc_						
					450 Sou	th River	- St						
City, State, Zip Code					City, State, Zip C	Code	. 01	<u> </u>					
					Hackensa	ack, N.J	J. 0	7601					
Project Manager for Monitoring Firm	Te	elephor	ne No.		Telephone No. 201-329-	-7444 -	Lic	onse No. 00388	3				
Start Date (10) Scheduled (	omplet	ion Da	te (11)		Name of OSHA								
8-26-16 8-2 Occupancy Status During Abatement (Check or		0_			Omega I	Environm	ent	al					
		85				ıyler St							
<ul> <li>□ Facility Closed/Vacated During Entire Period</li> <li>□ Abatement Performed Outside of Normal Fac</li> </ul>	of Abate	ement urs			City, State, Zip C	code							
Other-Describe: 8AM 5PM		- 4			S. Hac	ckensack	, N	.J. (	7606				
Scope of Work (Check all that apply)   □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf			Ren	ovation notition	Mini-	Containment with Enclosure abag Procedure Exempted (*) an			*				
		Location								A	bate	mer	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Mai	d Solei interior sustodi Staff? (12)	ly by nce/		Description of stos Containing Ma , thermal systems surfacing, VAT, other miscellane	nterial (ACM) insulation, , or	,	Amount (Specif SF or LF	У	Removal		Encapsulate	Enclosure
	Yes	No	N/A		•								
BASEMENT			X	THE	OMAL IWSU	LATION		43	LF	X		$\Box$	
											4	1	
<u> </u>									` `		1	4	_
Name of Registered Waste Hauter	N.B	DEPM	laste H	auder	Cubic Yards of	Name of Regi	stered	Landfill			_1	$\perp$	_
Best Removal Inc	ID	No.	109	- arci	Waste 3/4 YD	Minerva			rises	,	LL	ıC	
City, State					Disposal Date	City, State							$\dashv$
Hackensack , N.J. 07	601				8-27-16	Waynes	sbur	g, 0		88			
Completed by Title	•0.200				Signature		- 10-110		Date 8-1				
	imat tuse thi		for as	bestes lin	ensure exempted:				10-1	2-	14	2	

D-16N-16170								1_		l	١		
Date of Notification (1) 08-13-2016				of Building L.Donah		Operator	(2)						
Agencies Notified Type Notification	on.		Street A		iue			100	EG	12	7 1	7 1	J 100%
	100.		Otroot	1001033				114		17.5	il h		
EPA Initial  DEP Amended  DOL Amendme			City, Sta	ate, Zip Co	ode						-		
□ Amendme     □ Amendme				wood N		50		The state of	AUG	22	201	6	U
□ Emergence     justificatio	y (including n)	9	Name o	of Contact				TT	elephone N	lumber			1
DCA Cancellati			Kelly	L.Donah	iue				J72 31 5 1 X		m T	energia.	-11 -11
Name of Facility Where Abatement is Tal	ina Diasa (	2)	FAC	ILITY INFO	ORMATI	ON		a series a		ENSI		-4.0	
Private Dwelling	ang Place (	(3)					Type of Facility					\$100 miles & \$100 miles	and the same
Street Address			-				School (K		ther than K-	12\			
							Other (i.e.	. private	& commer	cial bu	ilding	s, hom	nes,
City (5)							Square Feet	11 3.25	of Floors		Bldg.	Age	
Ridgewood NJ 07450				5 1 /eV			N/A	1 1	I/A		N/A		
County (6) Bergen				Code (7) USE ONLY)			Current Use (P Private Dwe		eing demoli	ished)			
Name of Monitoring Firm Hired by Buildin	g Owner (8	)	ASCN	√ No.		Name	of Abatement C	ontracto	or (9)			-	
Bioterra Solution	9000					Ama	x Contracting	LLC					
Street Address							Address						=30.00
1130 W Chestnut St							BOX 734				Leggeror.	A. 154-11-12	
City, State, Zip Code Union NJ 07083							tate, Zip Code dland Park N	1074	24				
Project Manager for Monitoring Firm			Telepho	ne No			one No.	3 074	License	No	~	-	
Rick Eustagiuo				94-3762			692-6298		01266	NO.			
Start Date (10)	Schedul	ed Cor	mpletion (	Date (11)		Name	of OSHA Monito	r	1				
08-26-2016	08-30-					Amax	x Contracting	LLC					
Occupancy Status During Abatement (Che	eck Only O	ne)					Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of No. Other – Describe:	Period of	Abaten	nent				3OX 734						34D233
Abatement Performed Outside of No. Other – Describe:	mai Facilit	y Hours		- W.CIII (22-2			ate, Zip Code	1074	0.4				
Scope of Work (Check All That Apply)						VVOO	dland Park N	J 0/4	24		10-93		
	X .	Zanava	tion			×	l = "			_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit					Full Containn Mini-Enclosu		in Negative	Press	ure		
						×	Glovebag Pro Non-Exempte			bla Da			
	T le	Locati	ion		Was all	Franci	Non-Exemple	u ( ) a	III INOII-FIIA	Die Pi	102.000	temen	ıt
Location of		Normal	ly		Des	cription	of				T	уре	
Asbestos-Containing Material (ACM)		ed Sole			os Conta	aining M	aterial (ACM)		Amount			ш	
TO BE ABATED In Facility	1 6 6 6 6 7 7 7	todial S		(i.e. t		systems ing, VA1	insulation,		Specify F or LF)	Ren	Re	ncap	Encl
(13)		(12)				iscellan			or Er y	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		-							ate	ď
Basement(crawlspace)			х		pipe	insulat	ion		7 <mark>5 LF</mark>	Х			
Basement(crawlspace)	Basement(crawlspace)						S	1	cubic ft	х			
Basement(crawlspace)		х		debri	s on flo	oor	1	cubit ft	х				
Name of Registered Waste Hauler		33333	JDEP Wa auler ID I		Cubic Y of Wast		Name of	Regist	ered Landfi	II	110		EA
Amax Contracting LLC		10000	036184	D2004-77	4 CY		GROV	VS					
City, State Woodland Park NJ 07424		1			Disposa 09.08.		City, Sta Morris		Δ				
Completed by	Title					gnature/	// WIOTHS	<u> </u>		ate			
Tome Maslarkov		ct Ma	nager			7/	16-	1		ate 8-13-	2016	3	

Data of Natification (4)			NOTI	FICATIO Pursuan	N OF ASBESTO	S ABATE nd 12:12	20)	X	2	10	9		
Date of Notification (1) 08-13-2016					of Building Owner	/Operato	or (2)	P	D : C :	1 6.0	F.13	Marketon,	
Agencies Notified	Type Notification			0.000	r Chi Chi			E		1 W	E	m	and and
EPA	h <u></u> -	li de la companya de		Street	Address		113	- Company		Palker Kartina	-	-	
X DEP	Initial Amended			City, St	tate, Zip Code		10.74	AI	JG 22	2016	- 4	IJ,	
Ĭ DOL	Amendmen				aic NJ 07055		1 L LA		20 2 2	2010	of Section		A september 1
Ĭ DOH	Emergency justification		ıg	Name	of Contact			Tel	ephone N	umber	e den a	- 0.7	1
☐ DCA	Cancellation	1		Peter	Chi Chi			Agree			W 8.		1000
Name of Facility Where	Nhatati T-li	- DI	(0)	FAC	ILITY INFORMA	TION			Sel 5 / , 1 S				1
Private Dwelling	Abatement is Takir	ig Place	(3)				Type of Facility	(4)					
Street Address							School (K-	-12)					
Oli GOL / Idal GOS							Subchapte Other (i.e.	or 8 (Oth	er than K-	12)	ildinge	hom	200
City (5)							etc.)			ciai bu	liuligs	, 11011	165,
Passaic NJ 07055							Square Feet N/A	333.31	Floors	1112	Bldg.	Age	
County (6)				County	Code (7)	_		N//			N/A		
Passaic				(STATE	USE ONLY)		Current Use (Pr Private Dwe		ng demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCI	M No.	Name	of Abatement Co		(9)		Control	_	
Bioterra Solution							x Contracting		(0)				
Street Address			, iii			Street	Address						_
1130 W Chestnut S	İ					P.O	BOX 734						
City, State, Zip Code Union NJ 07083							state, Zip Code				-		
	torios Fi						dland Park N.	J 07424	1				
Project Manager for Moni Rick Eustagiuo	toring Firm			Telepho	ne No. 94-3762	100	none No.		License	No.			
Start Date (10)		Schodu	lad Co		Date (11)	120	692-6298		01266				
08-29-2016		08-31	-2016	inpletion	Date (11)		of OSHA Monitor x Contracting						
Occupancy Status During	Abatement (Chec						Address	LLC	<del></del>		-		
Facility Closed/Vacat			35	nont			BOX 734						
Abatement Performe	d Outside of Norm	al Facilit	y Hour	S			tate, Zip Code			-			-
Other – Describe:							dland Park NJ	07424	1				
Scope of Work (Check All	That Apply)					200000000000000000000000000000000000000			<del></del>				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolii			×	I Wini-Enclosure	e cedure				e	
		15	s Locati	ion						T	Abate		
Location			Normal ed Sole		De	scription	of				Ту	ре	
Asbestos-Containing N TO BE ABA	faterial (ACM)		aintena		Asbestos Cont	aining M	aterial (ACM)		nount			ш	
In Facility		Cus	todial S (12)	Staff?	(i.e. thermal surface	systems cing, VAT			ecify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)		other n	niscellane	eous)			lova	pair	sula	osur
		Yes	No	N/A						-		ate	(D)
Basemei	nt			х	pipe	insulat	ion	30	LF	Х			
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										+			_
Name of Registered Waste	Hauler		N.	JDEP Wa	aste Cubic	Yards	Name of F	Pagistar	ad Landfill				
Amax Contracting LL0				auler ID 1 036184		20,000	GROW		su Lariuiiii				
City, State					Dispos	al Date	n City, State	, 1					
Woodland Park NJ 07	424				09.08		// Morrisvi						
Completed by Tome Maslarkov	-	Title	1983		Si	gnature	1	7	Da	te			
TOME Wasiarkov		Proje	ct Ma	nager		-14	(e)		08	3-13-2	2016		

	NC				:60 and 12		Section 1	K		XC	8	1-1298600-12-	en total en	
Date of Notification (1) 08-13-2016				Building C Sherrick	wner/Ope	rator (	2)	) <u>E</u>	6		W	E.	10	territoria de la francia de la compansión de la compansió
Agencies Notified  Type Notification    X				dress e, Zip Coo eth NJ 0			Constitution and St. Co. Land.		AUG	er verene	2016	T. Alban mark		And the second s
Emergency (ii  DOH  DCA  Emergency (ii  justification)  Cancellation	ncluding		Name of Chuck	Contact Sherrick	(			<b>小</b> 示	elephon	è Nhim			anta Nasa-S	Howard and
Name of Facility Where Abatement is Taking	Diago (2)		William Control		RMATION		Type of Facility	(4)						
Private Dwelling	riace (3)						School (K							
Street Address							Subchapte Other (i.e. etc.)	er 8 (O				ings,	nome	s,
City (5) Elizabeth NJ 07201							Square Feet N/A	3290	of Floor	S		dg. A	ge	
County (6) Union			County C	ode (7) SE ONLY)	)	_	Current Use (P		eing de	molish	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			of Abatement C	ontract	or (9)					
Bioterra Solution Street Address					CENTRAL AND		c Contracting	LLC						
1130 W Chestnut St							30X 734							
City, State, Zip Code Union NJ 07083					100		ate, Zip Code dland Park N	J 074	24					
Project Manager for Monitoring Firm Rick Eustagiuo			Γelephor	ne No.	85		one No. 692-6298		Lice 012	nse No 266	). 			
Start Date (10) 08-24-2016	Schedule		pletion [	Date (11)			of OSHA Monito x Contracting							
Occupancy Status During Abatement (Check					S	Street	Address	,						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	batem Hours	ent		C	City, St	BOX 734 tate, Zip Code dland Park N	1107/	124		-iosi			
Scope of Work (Check All That Apply)						VV00	ulallu Paik i	10 07-	124					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				×	Mini-Enclosi	ure rocedui	re				e	
		Locati										Abate	930	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormall d Sole ntenar odial S (12)	ly by nce/			ning M stems ig, VA	laterial (ACM) s insulation, T, or		Amour (Specif SF or L	у	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-	440.1	_	1,,			
Basement			X		pipe in	sula	tion	-	140 L		X			
Name of Registered Waste Hauler Amax Contracting LLC	*	Н	JDEP W auler ID 036184	No.	of Waste		Name GRO	877	stered L	andfill.				Selven av
City, State Woodland Park NJ 07424					Disposal 8.30.20			tate sville	PA					
Completed by Tome Maslarkov	Title Proje	ct Ma	anager		Sign	nature	11/1	P.		Da 08	te 3-13-	2016	6	

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

CK 36

Date of Notification (1) 08-13-2016					Building Godar		Operator	(2)	In E	C				51	M	
Agencies Notified	Type Notification		+	Street A	AND TRANSPORTER				18	Oral lives		OF GROVE	Self-Life (gr)		- Charles	
⊠ EPA	Initial									AU	G 2 2	201	16		Щ	- 21-21
DEP     DOL	Amended Amendment	#		City, Sta Paters	te, Zip C on NJ (									1		
ĭ DOH	Emergency (	including	-  -	Name of					ASE	Tele	phone	Numb	et!	<u>.</u> 1	-	
DCA	Cancellation			Susan	Godar					1				···	4	
15 75 37 140		DI (0)		FACI	LITY INF	ORMAT	ION	_	CE 111 (4)							
Name of Facility Where Private Dwelling	Abatement is Taking	g Place (3)						France .	of Facility (4)							
Street Address	- 15		-0.110/01/20			To the Miles			School (K-12) Subchapter 8 (	Othe	er than	K-12)				
									Other (i.e. priva				build	lings,	home	es,
City (5)	Condensate Section 2.2		-			7-15-7-5	200,5	Squar	e Feet		Floors			ldg. A	ge	
Paterson NJ 07502	2							N/A		N/A	28		S (XE2)	l/A		
County (6) Passaic				County C		)			nt Use (Prior if ate Dwelling		ng dem	olishe	d)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	l No.	28 7/4 0 5-4 1 5-	Name		ement Contra		(9)		-			
Bioterra Solution	,	X-7		1.0000000000000000000000000000000000000			and the same of th		tracting LL		<b>(-)</b>					
Street Address								Addres								5.00
1130 W Chestnut S	St						C 22 1000000	BOX 7								
City, State, Zip Code Union NJ 07083								tate, Zi <sub>l</sub> dland	p Code Park NJ 07	424	4					
Project Manager for Mor	itoring Firm		T	Telephor	ne No.		1 85	one No			Licens					
Rick Eustagiuo	The state of the s	0 1 1 1 1						692-6			0126	6				
Start Date (10) 08-23-2016		Scheduled 08-26-2			Jate (11)				A Monitor tracting LL(	2						
Occupancy Status Durin	g Abatement (Chec	k Only One	)				Street	Addres	s		++					
Facility Closed/Vac								BOX 7								
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility F	Hours	5			600	tate, Zij	p Code Park NJ 07	740	4					
Scope of Work (Check A	II That Apply)						VVOC	ulariu	Faik NJ U/	42	<del>-</del>		_			
≥3 sf or ≥3 lf		× Re	nova	ition			×	] Full	Containment	with	Negati	ive Pre	ssui	e e		
≥160 sf or ≥260 lf		processor	molit				-	Min	i-Enclosure							
									vebag Proced n-Exempted (*		d Non-F	riable	Pro	cedur	e	
			ocat												ement pe	t
Location		No Used	ormal Sole				scription		(4.014)					- ',		Г
Asbestos-Containing TO BE AB		Main	tena	nce/	Asbes (i.e	stos Con . thermal	taining M systems	laterial s insula	(ACM) tion,		mount pecify		R	70	Enc	Ē
In Facil		Custo	diai 3 (12)	Starr?		surfa	cing, VA niscellar	T, or		SF	or LF)		Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		Ollier	mscellai	icous)					/ <u>al</u>	=	llate	ıre
Basem	ent	163	140	X		nine	insula	tion		14	10 LF	,	X			
		+ +					r insula				5 SF		X			
Bacom	Basement					20110	· modic									
Name of Registered Was	of Registered Waste Hauler						Yards		Name of Reg	giste	red Lar	ndfill				
Amax Contracting L	LC		1 (2.5%)	lauler ID 036184		of Wa			GROWS							
City, State Woodland Park NJ (	7424					76000	sal Date	M	City, State Morrisville	PA						
Completed by		Title				250000000000000000000000000000000000000	Signature	11	WOMS	/	)	Date	<u> </u>			
Tome Maslarkov			t Ma	anager			-/(	1/0		-				2016	5	

Check # 0378

Date of Notification (1) 8/15/16				1		g Owner/0		r (2)	riel	_	11	_ (	) )	16	,
Agencies Notified	Type Notification			Street A		ates LL	<u>.                                    </u>			W.					
Agencies Notified	Type Notification			150 JF		.n.		[7	m [	(a)	ir:	T CITED	ful.	E	June Die
EPA DEB	Initial Amended			City, Sta		No. of the last of			17) [	1 162	E,		W		
DEP DOL	Amended Amendment	#			43.5	J 0707	0							1	
	Emergency	(including	_	Name of			<u> </u>		$\square$	. 411/			17377	1	Ш
DOH DCA	justification) Cancellation			Rich K				and the second second	1 11 16	lephon	e Nur	nber/	UID	and the same of th	bod
□ box	Caricellation		2011-011			ORMATI	ON							denner	
Name of Facility Where	Abatement is Takin	g Place (3	)	FACIL	LIT IN	ORMAII	ON	Type of Facili	tv (4)	SREST	081	ON	TRO	Ms.	
Office Building			600					_			GEN				
Street Address	•					1401-414			ter 8 (Oth	er than	K-12	2)		The Control of Control	
233 Canoe Brook F	Rd							Other (i.	e. private	& com	nercia	al buil	dings	, hom	ies,
City (5)	•							etc.) Square Feet	- # /	of Floor		1	Bldg. A	\ao	
Short Hills, NJ								5,000	2	<i>I</i> 1 1001	3		50+	nge	
County (6)				County C	ode (7)			Current Use (	1 =	ing der	nolieh		JU+		
Essex				(STATE U		n		ouncil osc (	i iioi ii be	ing dei	IOIISI	cuj			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	No		Name	of Abatement (	Contracto	- (0)	<u> </u>			-	
n/a	· · · · · · · · · · · · · · · · · · ·	·····o: (0)		n/a	110.			nony Contra		20.0					
Street Address				11/4	S			Address	oung m	<u> </u>					
n/a							Palisade Av	0							
City, State, Zip Code	**						tate, Zip Code				200				
n/a								ield, NJ 070	26						
Project Manager for Moni	t Manager for Monitoring Firm					-		one No.		Licer	se No	`			
n/a	Manager for Monitoring Firm							60.6026		012					
Start Date (10)	,	Schedule	d Cor	mpletion D	ate (11)			of OSHA Monit	or		_				_
8/24/16		9/10/16					Harn	nony Contra	cting In	0					
Occupancy Status During	Abatement (Check	k Only One	e)		orane e e e e e e e e e e e e e e e e e e			Address			100				
▼ Facility Closed/Vaca	ted During Entire P	eriod of A	bater	nent			360	Palisade Av	е						
Abatement Performe	d Outside of Norm	al Facility	Hour	s .			City, S	tate, Zip Code							
Other – Describe: _					VEVIA E EST		Garf	ield, NJ 070	26						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf		☐ Re	enova	ation				Full Contain	ment with	Negat	ive P	essu	re ·		
≥160 sf or ≥260 lf		X De	emoli	tion			F	Mini-Enclos	ure	. Hoga		Joou			
							×	Glovebag P Non-Exemp		d Non-	Friabl	o Dro	codur	•	
		1-1					-	1 HOII-Exemp	led ( ) an	u Non-	Habi		Abate		
Location	of	22-200	ocat orma	51					1					pe	
Asbestos-Containing N		Used			Asbes		cription aining M	oा aterial (ACM)	Δ	mount				_	
TO BE ABA	TED	Custo	itena			thermal:	systems	insulation,	(5	Specify		Re	70	inca	E
In Facility (13)	у	576-737-75	(12)			surfac other m	ing, VA		SF	or LF)		Remova	Repair	sde	Enclosure
17		Ves	M-	T NVA		outor in	iloooiiari	0000)				<u>a</u>	=	Encapsulate	l re
		Yes	No	N/A											
Exterio	r					Wind	low Ca	ıulk	15	50 LF		ĸ			
Baseme	nt			x	-19-310-52	VAT	& Mas	stic	12	20 SF		x			
	Dasement								1						
		+							+			3			
Name of Registered Waste	Haules		1 60	IDED W		Contract	/d-	1.1	1		15				
500 N			769	JDEP Was		Cubic Y		4	of Registe		ndfill				
Harmony Contracting	Inc		- 1	33137	VIII	TBD	26	GRO	WS Lar	dfill					
City, State					Disposa	al Date	City, St	ate		-		9	OTT	$\neg$	
Garfield, NJ	88				TBD		Morri	sville, P	Α						
Completed by		Title				1.000000	gnature				Date	9			
Tina Caporino		Secre	tary		0.0018	tu	40	( RATURO			8/1	5/16	3		

Macox 15/0

Date of Notification (1)				f Building	Owner/0	Operator	(2)	poro		CLA		100	/ <u>C</u>
8/12/16  Agencies Notified Type Notification	)	_	Street A	Sutton				11).	EC	15	11	17 1	
▼ EPA		- 1	Olicetty	adi coo				1131	THE PARTY NAMED IN	CONTRACTOR AND ADDRESS OF	U Distribution	7	3//
DEP Amended		1		ite, Zip C				IIIIII	AUG	2 2			111
X DOL Amendmen	(including			rset NJ f Contact				-	lenhone N	~ ~	201	6	11
DOH justification				Sutton				1 pm					- Citizensia
			FACI	LITY INF	ORMAT	ION		1 6 %	LICI	SCO	VIAC	)LE	
Name of Facility Where Abatement is Taki Private Residence	ng Place (3	()					Type of Facil	17.000.000	SECTION AND ADDRESS OF THE PARTY OF THE PART	A SH	G C	on other a	a. province
Street Address							School Subcha		er than K-	12)			
							Other (i. etc.)	e, private	& commerc	cial buil	dings	, hom	es,
City (5)				***************************************			Square Feet		f Floors	1000	Bldg. /	Age	
Union			Carratur	2 ada (7)			1,900+	(Dring if ho		200	50+		
County (6) Union			County (	JSE ONLY	·		Current Use Residentia		ing demons	sneu)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	1 No.			of Abatement orn Contrac					likatikke	
Street Address							Address Route 46 St	uite 7a					
City, State, Zip Code							tate, Zip Code wa NJ 0751					<del>20-14-71</del>	-
Project Manager for Monitoring Firm		- T	Telephor	ne No.		100000000000000000000000000000000000000	none No.		License	No.			
347							333-9176		01232		-		
Start Date (10) 8/21/2016	Schedule 8/22/20		npletion (	Date (11)		100000000000000000000000000000000000000	of OSHA Moni ovision Cor		Inc				
Occupancy Status During Abatement (Che	ck Only On	e)					Address				-		
Facility Closed/Vacated During Entire							1 Wagaraw		35e				
Abatement Performed Outside of Normal Working Ho	nal Facility urs	Hours	5				tate, Zip Code Lawn NJ 07						
Scope of Work (Check All That Apply)						Liani	Lawii 140 07				70	- 17	
☐ ≥3 sf or ≥3 lf	X R	enova	tion				Full Contai	nment with	Negative	Pressu	re		
≥160 sf or ≥260 lf	D	emolit	ion			×	Glovebag F						
						×	Non-Exem		d Non-Fria	ble Pro			
		Locati Iormal										ement rpe	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbes		scription aining M	of laterial (ACM)	A	mount			m	
TO BE ABATED In Facility		ntenar odial S		(i.e.		systems	s insulation,		Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)				niscellan				ioval	pair	sula	Sure
	Yes	No	N/A		V 62 10							te	
Basement			x		Pipe	Insula	tion	13	35 LF	x			
Basement			х		Flo	or Tile	es .	35	50 SF	x			
Name of Registered Waste Hauler Unicorn Contracting Corp.		Н	JDEP W auler ID )35844	No.	of Was		33		red Landfi source F		ery F	ascil	ity
City, State					Dispos	al Date	City, S						
Totowa NJ 07512				- NAME OF THE OWNER	TBD	/	// Tully	town PA	111	-1-			
Completed by Dimo Golcev	Title Gene	ral M	anager		S	ignature 2	yell	y		ate /12/20	16		
ASB-41 (R-06-08)	Andrew Control					· Do no	t use this form	for asbest	os lic <mark>ens</mark> ur	e exen	npted	activit	ies.

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Date of Notification (1)		N			Owner/Operator	(2)	5	0	1972			
Agency Notified Type Notification		S	treet /	Address		111	H AU	G 2 /	2016	-	11	11
D EPA Initial										ļ	7210	
□ DEP □ Amended				tate, Zip C	ode .		_28888	FOS 201	TO FOLIA	!		1
■ DOL Amendment # □ Emergency (included)	ín.		WE	SIF	IFLD,	NJO	7090	ICENSIM	THU!	10		- 11
DOH justification)	nr9	N	lame o	of Contac	_ ′		Tel		and a		1	-1
D DCA Cancellation			5.	ZA	LE			2				_
			FACIL	LITY INFO	ORMATION		14					
Name of Facility Where Abatement is Taking Pl	ace (3)					Type of Facility	(4)		0.75			
S. ZALE						School (K-1	2)					ŀ
Street Address						☐ Subchapter	8 (Other tha	n K-12)	4			
						Other (i.e. p		mercial bu	ldings,			
City (5)						homes, etc. Square Feet		s B	ldg. Age	<u> </u>		-
		9			· .		1		7 1		$\sim$	1
WESTHELD.				_ : -		700 -				K-	_	
County (6)			OUNTY)		(STATE USE		EVUCE	dellossie.	.,			
Name of Monitoring Firm Hired by Building Own		SCM I			Name of Abatem							_
(8)	er A	SCHI I	40.	==			*****					
					Street Address	moval In	ic				_	-
Street Address					A see processor was	-1. D:	0.					
City, State, Zip Code					City, State, Zip C	th River	St				-	$\dashv$
Cay, State, 24 Code					Hackensa		0.760	) 1				
Project Manager for Monitoring Firm	Tak	ephone	No		Telephone No.	1CR, 14.0	License I					$\dashv$
Project manager for monager and	100	- priorie	- 140.		201-329-	-7444 -	003					
Start Date (10) Scheduled C	ompletic	n Date	(11)		Name of OSHA		1 000					$\neg$
	26.	000			Omega I	Environm	ental					
Occupancy Status During Abatement (Check or					Street Address							$\neg$
☐ Facility Closed/Vacated During Entire Period	of Aboto	mont	61		.280 Ht	ıyler St						
Abatement Performed Outside of Normal Fac					City, State, Zip C	ode			S 8			
Other-Describe: 8pm 5PM		~ ÷			S. Had	ckensack	,N.J.	0760	6			
Scope of Work (Check all that apply)			S-1923-14	71.70	. 854	Containment witi	Northe P	recuire				1
□ ≥ 3 sf or ≥ 3 M				ovation	O Mini-	Enclosure	i regulie i					
2 ≥ 160 sf or ≥ 260 lf		Ç	1 Dem	olition	☐ Glove	ebag Procedure Exempted (*) an	d Non-Friab	e Procedu	'e			
	<sub> -</sub>			T	G NOTE	Exchipace ( ) Ch				bate	mei	nt
950 M. O. Brow		ocation							_	Ту	pe	$\dashv$
Location of Asbestos-Containing Material (ACM)	Used	Solety	by	Achae	Description of tos Containing Ma		Arr	ount	-		m	
TO BE ABATED		itenano istodia			thermal systems		(Sr	ecify	20	2	noa	E o
IN Facility (13)	1	Staff?		٠,	surfacing, VAT other miscellane		SF	or LF)	Removal	pa.	ned	180
(13)		(12)			other histerian	ous)			2	Repair	ate	9
	Yes	No	N/A									
GROUND FLOOR			X	V	AT		580	SF	IX			
20								٠,				1
Name of Registered Waste Hauler		EP W	ste H	auler	Cubic Yards of	Name of Regi	stered Landf	退				$\neg$
Best Removal Inc	IDN		00		Waste	Minerva	a Ente	rpris	es ,	LL	C	
		171	09		21/2 405				sawo d			4
Cay, State	601				Disposal Date	City, State	a b	OF 1	1,600	ć		
Hackensack , N.J. 07	001				8-26-16 Signature	waynes	sburg,	Un, 4,	+000			-
	imat	0 50			01/00.			8-	15-	16		
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Date of Notification (1)	VI			Nama	f Duilding		0	- (0)	1	10	14		$\mathcal{L}$	_	) /	$\sim$
08/11/2016					of Building na Maho		Operato	r (2)								
Agencies Notified	Type Notification			Street A	Address					7 [	0	fc2	n	NA	E	
X EPA	× Initial								[	JE	, C	E	11	W	E	
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Name of Monitoring Firm F N/A	lired by Building	Owner (8	)	ASC	√l No.				tement Cor ement, Ir		(9)					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Dorothy Eisenhauer 08/11/2016 Agencies Notified Type Notification Street Address 2016 AUG **EPA** X Initial City, State, Zip Code × DEP Amended Roselle, NJ 07203 DOL Amendment # Emergency (including Name of Contact Telephone Number DOH iustification) Dorothy Eisenhauer DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × etc.) # of Floors Bldg. Age City (5) Square Feet N/A N/A N/A Roselle County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) House Union Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. D&S Abatement, Inc. N/A Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 01311 973-345-8685 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 08/26/2016 D&S Abatement, Inc. 08/25/2016 Street Address Occupancy Status During Abatement (Check Only One) 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: occupied Totowa, NJ 07512 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If Mini-Enclosure ≥160 sf or ≥260 lf Demolition X Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) Yes No N/A 110 LF pipe insulation x basement X Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste Waste Management of PA D&S Abatement, Inc TBD 20996 City, State Disposal Date City. State Tullytown, PA TBD Totowa, NJ

Signature

Date

08/11/2016

Completed by

Ned Joksimovic

Title

PM

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 08/11/2016					Building ( Tuazo		Operator	(2)								
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ĭ DOH	Emergency justification)			Name of	Contact					Tele	phone	Numb	eru	0	1	力
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Oity, Otate, Elp Code								07512								
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1 Toject Manager for Monito	Jing i iiii			reieprioi	10.			345-86			0131					
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Date of Notification (1)			T		f Building		Operator	(2)	Timi	F	C R	5 n	Total Base	This to the little of the litt	_	
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City (5) Summit			******						etc.) re Feet	# of	Floors		11.20	ldg. A	ge	
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Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	И No.				tement Con		(9)	-				
Street Address							Street	Addres				1.0				
City, State, Zip Code							City, S	State, Zi	p Code J 07512	240002						
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph	none No 345-8	o.		Licen 0131						
Start Date (10) 08/24/2016		ed Con 2016	npletion	Date (11)				A Monitor ement, In	c			- 3343				
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D&S Abatement, Inc		4.0	auler ID 0996	No.	of Wa			Waste N	107	emei	nt of	PA				
City, State Totowa, NJ						TBD	sal Date		City, State Tullytow							
Completed by Ned Joksimovic		Title PM				S	ignature	,	TW			Date 08/		2016		

Date of Notification (1)	**	-	Т			Owner/C	perato	r (2)	) [		1 1	V E		7
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	Type Notification			Street A	ddress			77001424 and Proposition of Control of Contr	] A	UG :	2 2 20	16		I
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City, State, Zip Code								State, Zip Code h Bergen, NJ	07047					
Project Manager for Monito	oring Firm	Т	Telephor	ne No.		1119/04/1140/124	none No.	07047	Licens	se No.				
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City, State HILLSIDE, NJ						Dispos	al Date		ite RISVILLI	E PA			1012-000	
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Name of Facility Where Abatement Alex Fleitcher	nt is Taking Place (3)						Type of Facility  School (K-	1 15	S CC ENS	ING	OL &			
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Name of Monitoring Firm Hired by	Building Owner (8)		ASCM	No.	<del></del>	Name	of Abatement Co	ntractor (	9)					
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ony, otate, 21p oode							h Bergen, NJ (	07047						
Project Manager for Monitoring Fi	m	T	elephon	e No.		Teleph	none No.			se No.		ves. 07/25		
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Date of Notification (1) 08/16/2016				Building ( well Inte			(2)	1	_						
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□ Emergency justification     □ DCA     □ Cancellatio	)	- 3	Name of Glen S	Contact				9 NO. 10 NO.	Tel	ephone	Numi		2016	<del>)</del>	
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Fitness Center		,					☐ Sc	hool (K-1	2)	en propiaTill	LIGE	NSII	V 3	wa	a. e: ***
Street Address 101 Columbia Road								bchapter her (i.e. p :.)				build	ings,	home	s,
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County (6) Morris				Code (7) USE ONLY)				Use (Prio			nolishe	d)			
Name of Monitoring Firm Hired by Building Assessment Resources & Technology		T)	ASCN N/A	1 No.				ment Con nmental							
Street Address 111 John Street Suite 538							Address 2 Quee	ns Plaz	a Sou	ıth					
City, State, Zip Code New York, NY 10038							State, Zip	Code City, N	Y 11	101			3100.0		
Project Manager for Monitoring Firm Paul Ottens			Telephoi	ne No. 35-0266		Teleph	none No. 349-09(	Janes States		Licen	se No	•			
Start Date (10) POSTPONED	Schedule 12/17/2	ed Com		Date (11)		Name	of OSHA	Monitor			1/2				
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Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:						City, S	Kenned State, Zip	-	·····					-	
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ATC		Н	lauler ID 4310		of Wa	ste ards		Minerva	a Ente						
City, State Shirley, NY 11967						sal Date 0/2016		City, Stat Wayne		, ОН	4468	38			
Completed by Ann A. Ali	Title Com	pliand	e Assi	stant	\$	Signatur	е	B	7		Date 08/		2016		

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Name of Facility Where Abatement is Takin Solvay Building	g Place (3	3)					- Inner	of Facility (4 School (K-1	M =						- 57
Street Address 101 Columbia Road								Subchapter Other (i.e. p	8 (Othe	r than comn	K-12) nercial	build	dings,	home	es,
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City, State, Zip Code New York, NY 10038						20 7000	State, Zi g Islan	p Code d City, N`	Y 111	01					
Project Manager for Monitoring Firm Paul Ottens			Telepho 212-78	ne No. 85-0266		- 0.000 to 0.000	hone No 349-09				se No. 675				
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City, State Shirley, NY 11967				ri et	Dispos	al Date /2016		City, State		OH 4	14688				
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Street Address					La con Victoria				School (K-12 Subchapter 8		or tha	n K 1	2)			
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New York, NY 100:	38						Long	g Is	land Cit	y, NY	1111	01				22.00	
Project Manager for Mon Paul Ottens	nitoring Firm			Telephon 212-78	ne No. 5-0266		Telep 718-		e No. 9 <b>-</b> 0900				se No. 675				
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### State of New Jersey

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Project Manager f	for Monitoring Firm			Teleph 973-				License I	No.						
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Completed by

A. Scott Higgins

Title

President

Date

8/16/16

Signature

#### 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) 8/16/16 Mr. & Mrs. Spadaccini Agencies Notified Type Notification Street Address **EPA** Initial City, State, Zip Code DEP Amended 2016 DOL Amendment # Tenafly, NJ Emergency (including Name of Contact Telephone Number DOH justification) DCA Tom DiStaulo Cancellation **FACILITY INFORMATION** -NSI Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Tenafly 2500 2 68 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 73.764-2276 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/29/16 10/15/16 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure

Location of	1000	Location Normall	70000	Description of						emen pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	ed Solel iintenan todial S (12)	ice/	Description of stos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous	ulation,		ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
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u.n.			х	floor tile		600	SF	x			
н п			х	duct insulation		200	SF	x			
garage			х	floor tile		150	SF	x			
Name of Registered Waste Hauler Freehold Cartage		Ha	JDEP Waller ID I	Cubic Yards of Waste TBD	Name of Western				1		
City, State Freehold, NJ				Disposal Date TBD	City, State Birdsbo			otvar-ta-			
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President

A. Scott Higgins

8/16/16

# 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) Mr. & Mrs. Spadaccini

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Date of Notification (1) 8/16/16	1 D T T T T T T T T T T T T T T T T T T															
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Project Manager for Mon	itoring Firm			Telephor	ne No.	Т	Teleph	one No.		l	icens	se No.	9			
Start Date (10) 8/29/16		Schedule 10/15/1		Completion Date (11) Name of OSHA Monitor												
Occupancy Status During	g Abatement (Chec	k Only On	e)			S	Street	Address				_	-			
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm					C	City, St	tate, Zip Co	ode							
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Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	No.		Unicipality (Carlot		tement Cont onmental		s, LLC	:			
Street Address								Addres Box 48	ss 33, 4 E Ga	ite Drive					
City, State, Zip Code									ip Code , NJ 0741	8					111111111111111111111111111111111111111
Project Manager for Mon	itoring Firm			Telepho	ne No.			none No		Lic Lic	ense N	10.	}		
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Freehold Cartage	11722			auler ID 5939	No.	of Wa			Western	2011-00	andfil	Í			
City, State Freehold, NJ						Dispo	osal Date		City, State Birdsbor						
Completed by A. Scott Higgins		Title Presi	dent				Signature	U				ite 16/16	5		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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Name of Facility Where House	Abatement is Tak	ing Place (3	)			Ortani	····	Туре	of Facility	(4)	OE,	STOS	NO	HVII	OI.	<u> </u>
									School (K-	12)				Md 		
Street Address								×	Subchapte Other (i.e.	r 8 (Other	thar	n K-12	2) al bu	ildina	a bos	
City (5)						2011-0-14-0			etc.)	private & t	SOITH	merci	ai bu	liaing:	s, non	nes,
Mountain Lakes								220	are Feet	# of F	loor	S		Bldg.	Age	
County (6)			_	County	Code (7)					2				62		
Morris				(STATE	USE ONL	n		Curr	ent Use (Pr	or if being	der	nolish	ied)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Name	of Aba	atement Co	ntractor (9	)					_
							ABS	Envi	ronmenta	I Servic	es,	LLC				
Street Address								Addre	7.7							
City, State, Zip Code									83, 4 E G	ate Driv	e					
- 1,7, - 1.1.1.1									ip Code I, NJ 074	.18						
Project Manager for Mon	itoring Firm	-	Т	Telepho	ne No.		Teleph				icen	se No			-	
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Start Date (10) 8/25/16		Scheduled 9/25/16	Cor	npletion I	Date (11)				HA Monitor	10			ر			
Occupancy Status During	Abatement (Che	ck Only One	)			-	Street	Addre	SS				_			
Facility Closed/Vaca	ated During Entire	Period of At	aten	nent			1									
Abatement Performe  Other – Describe: b	ed Outside of Nori asement	mal Facility I	Hours	3			City, S	tate, Z	ip Code							
Scope of Work (Check Al												9222				
23 sf or ≥3 lf	тис Арріу)	Пъ						1								
≥160 sf or ≥260 lf		processes.	nova molit					Ful	l Containme i-Enclosure	ent with Ne	egat	ive Pr	essu	re		
		to switten					×	Glo	vebag Proc	edure						
		la I				-2011-0		I Noi	n-Exempted	(*) and N	on-F	riable				
Location	of		ocati rmall			0.	or extent over							Ty	emen /pe	Į.
Asbestos-Containing I	Material (ACM)	Used Main			Asbes	tos Con	escription taining M	aterial	(ACM)	Amo	unt					
TO BE ABA In Facilit		Custo			(i.e.	therma	systems	insula	tion,	(Spe	cify		Re	æ	nca	Enc
(13)		1	(12)			other	miscellan	eous)		SF or	LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>	7	late	Ге
baseme	nt			x		pipe	insulat	ion		150	LF		x			
						200						-			-	
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Name of Registered Waste	e Hauler			JDEP Wa			Yards		Name of F	Registered	Lan	dfill				
Freehold Cartage				auler ID N 939	NO.	of Wa TBD	ste		Western							
City, State							sal Date		City, State		-					-
reehold, NJ						TBD			Birdsbor							
Completed by A. Scott Higgins	7,000	Title	n.t	9.00	1000	S	Signature	1			П	Date				
ocott i liggilis		Preside	ent					10	1	_		8/16	6/16			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN Check#2569 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 15 / 16 Strelecki Paul Type Notification Agencies Notified Street Address ☐ EPA Initial **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # ASSESTOS CONTROL DHSS Metuchen, NJ 08840 ☐ Emergency (including ☐ DCA justification) Name of Contact (NJAC 5:23-8) Telephone Number ☐ Cancellation Strelecki Paul FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Metuchen, NJ 08840 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 08 / 27 / 16 08 / 26 / 16 Envirovision Consultants.Inc Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_ AM- PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure ⊠ Renovation Mini-Enclosure ☐ > 160 sf or >260 lf Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Used Solely by Remova Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation 230 LF П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic 08/15/16 Owner ASB-41

### MO#19730009237

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

ICATION OF ASBESTOS ABATEMENT	
(Pursuant to NJAC 8:60 and 5:16)	

Date of Notification (1)					Name of Building Owner/Operator (2)											
		Jeff Mott Street Address								23						
Agencies Notified	1							F B F B DA								
☐ EPA ☑ DOLWD	☑ Initial ☐ Amended								1 E C E	U W	E					
☑ DHSS	Amendment #			City, S	tate, Zip C	ode		lud par	2	Contract Street, Contra	A CONTRACTOR	7// ///				
□ DCA	☐ Emergency (in	cluding		Glen F	Ridge, NJ	07028			1)							
(NJAC 5:23-8)	justification)	•		Name	of Contac				Telephone Num	ber 201	6					
		Jeff M	ott			12.										
	FAC	ILITY IN	FORMA	TION	ASSESTOS CONTROL &											
Name of Facility Where A		-11-11-12			Type of Facility (4) LICENSING											
Private house					School (K-12)											
Street Address					Subchapter 8 (Other than K-1 2)											
						Other (i.e., private and commercial buildings, homes, etc.)										
City (5)				-		Square Feet # of Floors Bldg, Age										
Glen Ridge, NJ 07028											-9. 7.9					
County (6)				Count	y Code (7)	STATE US	SE ONLY)	Current Use (Prior if being demolished)								
Essex					,		,	(, ,	ror in Doning Contoni	,,,,,,						
Name of Monitoring Firm	Hired by Building C	wner (	8) [	ASCM I	No	Name o	f Ahatama	ent Contractor (9)			-					
	,		,		10.	-000 100000 00		none contractor (a)								
Street Address						Gr Tech										
Oli Cot Madi C33						Street A		10.00								
City, State, Zip Code			-210123				ley Rd #									
Oily, State, Zip Code						DOWNSTAN BANK	ate, Zip Co	50.005.0								
Delet Marrie G. M. C			T				NJ 0747									
Project Manager for Monitoring Firm Tele					No.	Telepho	ne No.	License No.								
						973-638	3-1777	01127								
Start Date (10) Scheduled Comple						Name o	f OSHA M	lonitor								
08 / 27 / 16 08 / 28					16	Envirov	rision Co	Consultants,Inc								
Occupancy Status During Abatement (Check only one)						Street A										
☐ Facility Closed/Vacated During Entire Period of Abate						20-21 V	Vagaraw	Road, Bldg .# 35E								
Abatement Performed Outside of Normal Facility Hou Time of Abatement:AMPM/ PM_							ate, Zip Co		500			$\overline{}$				
Time of Abatement:	_PIVI_		AM	Fair Lay	vn, NJ 0	7410										
Scope of Work (Check all	that apply)	-	-						nation with negative	e press	ure					
N > 2 of or > 2 If		FZ n				日		ontainment with Negative Pressure								
						$\forall$		closure ag Procedure Tent with Negative Pressure empted (*) and Non-Friable Procedure								
							Non-Exe									
			Locati			at the same of the same of				Aba	Abatement Type					
Location			Vormal				scription o									
Asbestos-Containing N			d Sole intena					terial (ACM)	Amount	en	Repair	no no				
TO BE ABA IN Facilit			odial S		(1.6		systems i cing, VAT,	insulation, or	(Specify SIF or LF)	Remova	air	Enclosure				
(13)							niscellane		0, 0, 1,	<u>n</u>		Enclosure				
		Yes	No	N/A												
Basement				X	Pipe inst	ılation			115 LF		П					
2nd floor-closet		×	Pipe inst		· · · · · · · · · · · · · · · · · · ·		12 LF	×								
2nd floor-closet $\Box$				×	VAT flo	or tiles		15 SF			П					
Ziid iiooi-closet					VATIO	or thes	<u> </u>		13 31							
Name of Desistered Meet	a Haulas		D NIE	ED Wests	Hauler ID No.	0. L: V-					Ш	$\Box \Box \Box$				
Name of Registered Wast	le naulei							e Name of Regi				- 1				
Gr Tech LLC			0	03378	5	TBI	-	T.R.R.F. Inc								
City, State						Disposa	I Date	City, State								
Wayne, NJ 07470	SERVICE PLANTS DEPOSITS AND ASSESSED.					TBI	) ,	Tullytown, P	Α							
Completed By (Print or Ty	rpe) Title	)				Sig	nature /	1 -		ate						
N.Jevtic	Owi	ner				1	Ha	In New	a of no	/15/16						
ASB-41							1/20	-	100	. 15/10	-					

MAY 11

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

Check#13118

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Date of Notification (1)  8 /	16 /	16				of Building		er/Operator (	2)	7 May 1	F10.7 344	Your second							
Agencies Notified Type Notification  ☐ EPA ☐ Initial ☐ DOLWD ☐ Amended						Address Wsahin		Road			<u> </u>	[E]			7.79				
☑ DOH	Amendme					State, Zip C					1						11		
DCA		cy (inclu	ding	ļ		nceton, N		540				AUG		201	5	1	111		
(NJAC 5:23-8)	justification					of Contac	ct				Tele	hone	Numbe	er-01	U				
	☐ Cancellat	ion				Compta													
Name of Facility Where Abatement is Taking Place (3)								NOITAN	Type of Fa	cility (4		LIC	ENSIN	NTA 19					
SRI International								School (K-12)											
Street Address								☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,											
201 Washington Road								Mother (i.e., private and commercial buildings, homes, etc.)											
City (5)								Square Feet # of Floors Bldg. Age								je			
Princeton									100,000 3 50										
County (6)					Cour	ty Code (7	7)(STATE	E USE ONLY)	Current Us	e (Prio	r if be	ing de	molish	ed)					
Mercer								industrial											
Name of Monitoring Firm	Hired by Build	ding Owr	ner (8	3)	ASCM	No.	Name of Abatement Contractor (9)												
EHS Environmenta	l Inc.						Plymouth Environmetal Co. Inc.												
Street Address	21 SAM WOOD						Street Address												
411 Southgate Court								923 Haws Ave											
City, State, Zip Code								City, State, Zip Code											
Mickleton, NJ 08056								Norristown, PA 19401											
Project Manager for Monitoring Firm Telephone No.								Telephone No. License No.											
Jack Carney 856-224-0080							610-239-9920 00398												
Start Date (10) Scheduled Completion Date (11)							Name of OSHA Monitor												
8 / 17 / 16 8 / 26 / 16								EHS Environmental Inc.											
								Street Address											
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement							100000000000000000000000000000000000000	1 Southga	te Court										
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe								State, Zip C						_		_	_		
Time of Abatement: 7							Action Co.	Mickleton, NJ 08056											
Scope of Work (Check al	I that annly)			-073-50	V. =	-		OKIOCOII, IV				-					-		
≥3 sf or ≥3 lf = ≥160 sf or ≥260 lf	on n			losure g Procedure	th Negative Pressure end Non-Friable Procedure														
	Locat	ion								Abatement Type									
Location	of			orma	•			Description of	of				-			-			
Asbestos-Containing		1)		l Sole ntena			estos Containing Material (ACN			)		moun	1533	Removal	Repair	Encapsulate	Enclosure		
TO BE ABATED Mainten IN Facility Custodial					0.00	(1.6	e., thermal systems insulation, surfacing, VAT, or					Specif F or Li		ova	Ę	psu	Sur		
(13)				(12)	T to account		other miscellaneous)									late	G)		
		Y	es	No	N/A														
central penthouse						pipe in	sulation	on	16LF										
		_   L														Ц			
			7												П	П			
Name of Registered Waste Hauler NJDEP Waste							Cubic	c Yards of	Name of	Regist	ered I	andfil					_		
Waste Management Hauler ID 17273							Wast		GROV	- 10 Table									
City, State							Dispo	osal Date	City, Stat	е				SI/IUS III					
Central, NJ							8/2	26/16	Morris	sville,	PA								
Completed By (Print or T	ype)	Title					Signature Date 7												
James M. Kelly	20 0	Vice President						Signature Date 8/16/1											

Date of Notification (1)	Name of Building Owner/Operator (2)													
Agencies Notified Type Notification	Street A	Street Address								The same	700.4			
EPA Initial Amended	City, Sta	City, State, Zip Code												
X DOL Amendment # Emergency (i		Name o	Name of Contact Telephone Number											
DOH justification)  Cancellation		Eric Plackis												
Name of Facility Where Abatement is Taking	FACI	LITY INFO	ORMAT	ION	Type of Facility (4)									
Name of Facility Where Abatement is Taking					School (K		the second secon							
Street Address					Subchapt Other (i.e	er 8 (Oth			buildings, homes,					
City (5) 1 2 1 13 11						etc.) Square Feet	# c	f Floors	- 1	Bldg. A	ge			
/ Veller k						SIOT	.05 2			114				
County (6)		County (	Code (7) USE ONLY	)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	No.		The state of the s	of Abatement Contractor (9)								
Street Address						Industries Inc. Address								
Street Address					200000000	Box 915								
City, State, Zip Code					1 3500	State, Zip Code								
Project Manager for Monitoring Firm	Telepho	ne No		Brick, New Jersey 08723  Telephone No. License No.										
Troject Manager for Memoring Firm	Colopiio			(732)899-7499 01196										
Start Date (10)	ompletion Date (11) N				Name of OSHA Monitor									
Occupancy Status During Abatement (Check	<del>~</del> , .			Street A	t Address									
Facility Closed/Vacated During Entire Portion Abatement Performed Outside of Normal Other – Describe:	ment rs			City, Sta	ate, Zip Code									
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ation ition				Full Containment with Megative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
					Non-Exempt	ed (*) an	d Non-F	riable Pro	Abatement					
l continue of	Is Loca Norma	70.7		Do	scription	o.f					ype			
Location of Asbestos-Containing Material (ACM)	ely by ance/		tos Con	taining Ma	ng Material (ACM)		Amount			ф	_			
TO BE ABATED In Facility	Staff?	(i.e.	surfa	cing, VAT			(Specify SF or LF)		Repair	caps	Enclosure			
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Name of Registered Waste Hauler	1.50	NJDEP W			Yards	Name o	f Registe	ered Lan	dfill	1		$\vdash$		
Brick Industries Inc.	Hauler ID 21602	NO.	of Wa	ste 3	No. of the contract of the con	VS Inc								
City, State			Dispo:	sal Date	City, Sta	ate								
Brick, New Jersey Completed by	Signature					Т	Date)   ( )   (							
Eric Plackis	t			(	CONF 15/16					16				