In#16871

CK208+ PA	ID NO	(Purs	uant to	NJAC 8:6	OS ABATE 0 and 12:12	0)) E C			∅ [A Comment		
Date of Notification (1) 12/16/2019				uilding Ow uth Unive	ner/Operato ersity	r (2)	100 mg	DEC	10	20	10	And William Street	A Particular		
Agencies Notified Type Notification		375.039	eet Add	ress lar Aven	ue			520	. 9	20	19		-24		
EPA X Initial Amended Amendment #_				, Zip Code ng Brand	ch		1	1365111 110	15 (T) MIVS (I	10	ď. I.	en sati			
	luding	888	me of C			Telephone Number 732-263-5163									
Z DOA GUITOUIIAUON			FACILI	TY INFOR	MATION										
Name of Facility Where Abatement is Taking P Wilson Hall	lace (3)						of Facility (4) School (K-12)							
Street Address 400 Cedar Avenue	1/4					IT (Subchapter 8 Other (i.e. pri etc.)	ildings, homes,							
City (5) West Long Branch				(2)			re Feet	# of Floors		Bldg. Age					
County (6) Monmouth		ounty Co	ode (7) SE ONLY)		Curre		r if being demo	lished)							
Name of Monitoring Firm Hired by Building Ow AHERA Consultants Inc.		ASCM 0057	No.			tement Cont pany, Inc.	nent Contractor (9) any, Inc.								
Street Address PO Box 385				100000000000000000000000000000000000000		Address Piaget Avenue									
City, State, Zip Code Oceanville, NJ 08231					State, Zip Code fton, NJ 07011										
Project Manager for Monitoring Firm John Smoyer	7235	elephon	e No. 2-1833		Telephone No. License No. 973-253-8828 00704										
Start Date (10)	d Comp	oletion D	ate (11)		ame of OSHA Monitor MC Company, Inc.										
Occupancy Status During Abatement (Check	Only One	;)			Stre	et Addre	SS								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of A I Facility	bateme Hours	ent .		City	, State, 2	Zip Code					-			
Scope of Work (Check All That Apply)						. ,									
≥3 sf or ≥3 If × ≥160 sf or ≥260 If		enovati emoliti				H M	ini-Enclosure Iovebag Prod								
	Is	Locatio	on							Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Solel ntenan odial S (12)	y by ice/	Asbest (i.e. t	Descrip os Containir thermal syst surfacing, other misce	g Materia ems insu VAT, or	lation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A							_					
Exit Stairway		X	1	wall/	ceiling joi	20		550 SF		x			-		
		Lanca -			Roofing			250 SF							
			-		Transite	panels	k	600 SF	2	ζ			-		
		1.00	JDEP V	Vento	Cubic Yar	de	Name of	Registered La	ndfill			_			
Name of Registered Waste Hauler Newark Carting, Inc.		Н	lauler ID 5409		of Waste		GROV	<i>I</i> S							
City, State Newark, NJ					Disposal D	Date	City, Sta Morris	ite ville, PA							
Completed by Voytek Roszkowski	Title Pres	ident			Sign	ature	Sako	Date 12/16/2019							

State of New Jersey

	NOTIFI	CATION	OF AS	New Jersey SBESTOS AB AC 8:60 and	BATEME 12:120)	ENT	0 KA	£ 127	4					
WHILOS IS PALL	(P					2) [7	200 100 100 100 100 100 100 100 100 100	@ F 1	WE	Parent Parent Parent	77			
ate of Notification (1)		Name of Building Owner/Operator (2) Moshe Zyndorf CEUVE												
2/16/2019		Street Address												
gencies Notified Type Notification		DEC 1 9 2019												
■ EPA Initial		City, State, Zip Code												
DEP Amended Amendment #_		Fair	Lawn,	NJ, 07410)		· Te	lephone Numbe	er -	a nis				
Emergency (incl	luding		of Conf	tact		1	1. 1. 1.							
DOH DCA Justification		Mos		INFORMATION	ON		and the second	A DECEMBER OF THE PARTY OF THE				-		
	Place (3)	FA	CILITY	INFORMATI		Type of Fac	ility (4)							
Name of Facility Where Abatement is Taking P	lace (5)						(K-12)	hor than K-12)						
Private Home						Subch Other	apter 8 (Ot (i.e. private	her than K-12) & commercial	buildings	, hon	nes,			
Street Address						etc.)		of Floors	Bldg.			1		
						Square Fee	et #	OI FIOOIS		875				
City (5) Fair Lawn						Current Us	e (Prior if b	eing demolishe	ed)			1		
County (6)		Cour	ty Code	e (7) ONLY)		Ourient 03	5 V					1		
Bernen		10.70			Name	of Abateme	nt Contract	tor (9)						
Name of Monitoring Firm Hired by Building Or	wner (8)	AS	SCM No	J.	Ren	Name of Abatement Contractor (9) Removal Safety LLC								
		Street Address												
Street Address			8 Crosby Ave									Ti.		
		City, State, Zip Code Paterson, NJ 07502												
City, State, Zip Code							0/502	License N	0.					
Project Manager for Monitoring Firm		Tele	phone	No.		phone No. 3-400-871	1	01332						
Project Manager for Monitoring						ne of OSHA								
Start Date (10)	Scheduled	Comple	tion Da	ite (11)		me as (9)	***************************************					_		
12/25/2019	12/31/20	2019 Street Address									40			
Occupancy Status During Abatement (Chec	k Only One).	2											
Facility Closed/Vacated During Entire In Abatement Performed Outside of Normal Other – Describe:	Period of At	atemen	t		City	, State, Zip (Code							
Scope of Work (Check All That Apply)		enovatio				Mini-E	Enclosure	t with Negative						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Ciriolicio				X Glove	Exempted	(*) and Non-Fria	n-Friable Procedure					
					7-22-7		1 '	Abatement Type						
		Is Location Normally Description of									m			
Location of	Use	d Solely intenan	by	Asbestos	Containi	ng Material (stems insulati	ACM)	Amount (Specify	Re	Z.	Encapsulate	Licioadia		
Asbestos-Containing Material (ACM) TO BE ABATED	Cus	todial St	aff?		surfacing	, VAT, or	,	SF or LF)	Removal	Repair	psul	0		
In Facility (13)		(12)			ther misc	cellaneous)	1		<u>a</u>	,	ate	1		
(15)	Yes	No	N/A					_	1000	-	x	-		
			x	1	Pipe in	sulation		74 LF	X	-	-	+		
Basement			x		Pipe insulation 74 LF x Transite 150 x					-	X	+		
Basement		-	-		Tra	insite		63	х	1	X	+		
Basement			X									1		
		1	UDED	Maste	Cubic Ya	ards	Name of	Registered Lar	ndfill					
Name of Registered Waste Hauler			IJDEP ' lauler I	VVaoto	of Waste		Fairles							
Removal Safety, LLC		0	0370	07	D:	I Doto	City, Sta							
City, State					Disposa TBD	li Date		ville, PA						
Paterson, NJ						gnature	//	/	Date					
Completed by	Title				100	the line	· Van	hor	12/1	6/20	19			
Lasko Veskov	Pr	esiden	ι		4									

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

Inu	# 108	331		ICATIO	tate of Ne N OF ASB	ESTOS	ABATE		T		EGI		V	P	int-F						
Date of Notification (1) 12/17/19	LEAN E			Name o	of Building	Owner/C			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DEC	1 9	2019)—	1						
Agencies Notified	Type Notification			Street A	et McLa	ughlin				- 1	en e	ei av	ور احدادی ا								
ĭ EPA	☐ Initial							ASSESTOS CONTROLA LIGERSING													
DEP DOL	Amended Amendment			2.0000000000000000000000000000000000000	ate, Zip Code Vale, NJ 07675																
□ рон	Emergency justification)			Name o	of Contact et McLai			Telephone Number													
☐ DCA	Cancellation																				
Name of Facility Where	Abatement is Takin	g Place (3)	FAC	ILITY INF	URWATI	ON	Тур	e of Facility ((4)				-							
Residential Home									School (K-1												
Street Address							×	Subchapter Other (i.e. p				dings,	home	es,							
City (5)									etc.) Jare Feet	# 0	f Floors	E	Bldg. Age								
River Vale County (6)		County	Code (7)			29	rent Use (Pri	2	an dans the		5+/-										
Bergen					USE ONLY				esidential F		ng demolis	nea)									
Name of Monitoring Firm Project Manager	ASC	ΛNo.			be of Abatement Contractor (9) Stages Abatement																
Street Address						eet Address 0 N. Midland Ave.															
City, State, Zip Code			227522	10.000	Zip Code	e. 															
10				Sad	addle Brook, NJ 07663																
Project Manager for Mon						hone -600	No. -3184		License N 01305	lo.	- 1										
Start Date (10) 12/19/19		Schedul 12/24/		mpletion Date (11) Name					e of OSHA Monitor												
Occupancy Status During	g Abatement (Chec			Stree					ess												
Facility Closed/Vaca Abatement Perform	ated During Entire F	Period of	Abaten	27-20-20-20					7:- 0 - 1-												
X Other – Describe:	A.M to 4 P.M	iai i aciiit	riours	•		_	City, s	state,	Zip Code												
Scope of Work (Check A	ll That Apply)							_													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit					- N	ull Containme lini-Enclosure Blovebag Prod Ion-Exempted	e cedure											
		Is	Locati	on					Ion Exemples	4 () air	u IVOII-I IIak	Abatement									
Location Asbestos-Containing	Normal ed Sole		A = b = =		criptio		-1 (4 04 0			-	Ту	pe									
TO BE ABA	ATED	Ma	intenar todial S	nce/		thermal	system	is inst		(8	mount Specify	Re	D D	Enca	Enc						
In Facili (13)	(12)			other m	ing, VA			SF	or LF)	Remova	Repair	Encapsulate	Enclosure								
	No	N/A								=		ate	ē								
Basem	ent		Х				VAT			74	14 SF	x									
Bedroo	om		Х				VAT			22	25 SF	x									
Name of Registered Was	te Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of	red Landfill											
All Stages Abatemen			Н	auler ID 036592	No.	of Was			100 Control (100 C	move an n cons	al Sanitar		ndfill								
City, State Saddle Brook, NJ							Oosal Date City, State Pen Argyl, PA														

Completed by

Richard Cristofol

Title

President

Date

12/17/19

Signature,

	= 108 DAT	33	7											Г		nina I		
TWH	- 10		,	5	State of No	ew Jerse	ev		(*	eranteratura	7.3	0		11.17		rint I		
~ W9 W	PAI	D	NOTI	FICATIO	ON OF ASI	BESTOS	ABATE	MEI (0)	NT			C		<u>W</u>	E	ALTERNATION OF THE PERSON OF T		
Date of Notification (1) 12/17/19				Name Barb	of Building ara Nich	Owner/	Operato	r (2)				DEC	1 9	2019)			
Agencies Notified	Type Notification	1		Street Address														
X EPA	Initial			Tourse see that a												į.		
DEP X DOL	Amended Amendmen	t #1			tate, Zip C n, NJ 07					LICENSING LA								
П рон	Emergency justification	(includin	g		Name of Contact Telephone Number													
DCA	Cancellation			Rona	ald Nicho	olls						none i	varribei					
Name of Facility Where A	batement is Takir	ng Place	(3)	FAC	CILITY INF	ORMAT	ION	Тту	pe of Facili	h. (4)								
Residential Home			(-)						School (
Street Address								×	Subchar	oter 8 (ildings	, hom	es,		
City (5)								1 1000	uare Feet		# of F	loors		Bldg. /	Age			
Clifton County (6)				01	Code (7)			10.00	700		2		- 1	65+/-	' -			
Passaic	ssaic					o		R	esidentia									
Project Manager	ame of Monitoring Firm Hired by Building Owner (8) Project Manager						Name of Abatement Contractor (9) All Stages Abatement											
Street Address					Street Address 280 N. Midland Ave.													
City, State, Zip Code									, Zip Code	Ave.								
%* 									Brook, N.	J 076	63							
Project Manager for Monitoring Firm					Telephone No. License No.													
Start Date (10)		led Co	moletion	Date (11)		CONTRACTOR OF THE PARTY OF THE)-3184 SHA Monit		0	1305	j						
12/18/19		12/22	/19	mpietion	Date (11)		ivame	01 0	SHA MONIT	or								
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Add	ress									
Facility Closed/Vacate Abatement Performed Other – Describe: 8 A	d Outside of Norn	Period of nal Facilit	Abater y Hour	ment			City, Si	tate,	Zip Code									
Scope of Work (Check All	That Apply)							_	N. S.				-					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli				×	N	Full Contain Mini-Enclose Glovebag P Non-Exemp	ure rocedu	ıre							
	Is Loc						nance						able Pro		e ement			
Location of Norm				lly		Des	escription of								Туре			
Asbestos-Containing M TO BE ABAT	ED `	Ma	aintena	nce/	tos Conta thermal	taining Material (ACM) I systems insulation,			1) Amount (Specify		R		E	Ш				
In Facility (13)		Cus	todial ((12)	Stair?		surfac	ing, VAT	T, or	190		SF or		Remova	Repair	Encapsulate	Enclosure		
10 35		Yes	No	N/A				Jour	-/				val	 	ulate	ure		
Basemer		х			VAT			306		06 SF								
lame of Registered Waste				JDEP W		Cubic \			Name o	of Registered Landfill								
II Stages Abatement			1000	lauler ID 036592		of Was 4 YD	ıe		Grand	d Cer	tral S	Sanita	ary Lar	ndfill				
city, State saddle Brook, NJ						Dispos	al Date		City, St Pen A		PA							
Completed by		Title				Si	gnature	//	/ /	//			Date					
Richard Cristofol		Pres	ident				Mi	11	1//	/	>		12/17/	19				