CF 005767

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

D&S Proj. #: 2015-03

									8,71			
Date of Notification (1)	. 1	Name of Bu	ilding Own	er/Operator (2)			2011 DEC 24	PM	0.5	2		
1 2 /1 9 /1 4		Nancy Y	ozzo			*		, , ,	-20 0	3		
Agencies Notified Type No	otification	Street Addre	ess				A S			,		
_ I Aman	ded	50 ROCI	K ROAD				älm	1		1		
DEP Amendm		City, State,	Zip Code									
☑ DOL ☐ Emerg		Transfer M	ROCK, NJ	07452			0					
DOH (include	ding	Name of Co	THE RESERVE OF THE PARTY OF THE	07432			Telephone	Number	- delicated			ALC: NO.
justific	ation)											
DCA Cance	ellation	Nancy Y			Yester		i					
			FACI	LITY INFORM	ATION		Tune of Equiliby (4)					
Name of facility where abate	ment is taking	place (3)					Type of Facility (4)					
Nancy Yozzo							☐ Subchap	iter 8 (Ot	her th	an K-	12)	
Street Address			3		LI LI		Other (P			rcial		
50 ROCK ROAD							Bldgs./He Square Feet #	omes, et of Floors		Blo	ig. A	ge
City (5)	Ic	ounty (6)			Cour	nty Code (7)						
65 100 ES						e use only)	Current Use (Price	or if being	dem	olishe	ed)	
GLEN ROCK	Company of the Compan	BERGEN										
Name of Monitoring Firm Hir	ed by Bldg. O	wner (8)		ASCM No.		Name of Abatemer	nt Contractor (9)					
						D & S RESTO	RATION, INC.					
Street Address						Street Address						
						20 California						-
City, State, Zip Code						City, State, Zip Cod	le					
						Paterson, NJ (
Project Manager for Monitorin	g Firm	P	none Numb	er		Telephone Number		License		er		
						973-345-802	0	01	169			
Start Date (10)	ISc	hed. Completi	on Date (1	1)		Name of OSHA Mo						
				,		D & S Restora	ation, Inc.					
01/15/15		/20/15	Acato Black Co			Street Address			77			
Occupancy Status During Aba		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				20 California A						
Facility closed/vacated Abatement performed c						City, State, Zîp Cod	de					
Describe: NOR	MAL HOURS				-11	Paterson, NJ (07503					
Scope of Work (check all that							Full Containment w/r	negative	press	ure		
$ \times $ >3 sf or >3 lf	Renov	ration				Ė	Mini-enclosure	, oga c	P			
						D	Glovebag procedure					
≥160 sf or ≥260 lf	Demol	2.500250000					Non-Exempted (*) a	nd Non-f	riable	_	_	9
Location of		ation normally aintenance/cus					A		e	R	E n	E
asbestos-containing material (acm) to be	staff(1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			sbestos-containing	Amount (Specify SF	or	m	р	c	n
abated in facility (13)	Yes	No	N/A	material ((AUIVI)		LF)	water	O V	a	a	1 L
	1,03	140	INA		0.000				е	r	р	poste
BASEMENT				PIPE INSU	ILATI	ON	42 l ft			Ш	Ш	
						L. Carrier and Car						
				1								
			1	1								
Registered Waste Hauler		JDEP Hauler	775572	Cubic Yards of	Waste	Name of Register		2017	37			-
D & S RESTORATION,	INC.	13506	_	l yd.		The same of the same of the same	N, RESOURCE REC	COVER	Y	-	-	-
City, State			Disposal I			City, State	NT TO A					
PATERSON, NJ 07503			01/06/1			TULLYTOW	N, PA	D :				
Completed by (Print or Type)		TINE VE		Signature				Date	/2014	1		
ROGDAN JOLDZIC		SIDENT				d = asi isi		12/19	2014			
ACD A1	* Do no	t use this form	for ashest	os licensure ex	remote	n activities						

D&S Proj. #: 2014-520

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

		T I Name	of Buildin	g Owner/O	perator (2)				ZOH DEC	24 DE	ı n.	~~		
ate of Notification (1)	14 1			9 011110110				224		-7 11	3:	05		
1 2 / 1 9 / 1	Notification		Burke						ROT			,		
gencies Notified Type	tial		Address						i 1.	61.5				<u></u>
	nended			DD AVEN	UE									-
Ame	ndment #:	-	State, Zip (12.12									134
	nergency			IR, NJ 07	7042				Telephone N	umber				
	cluding stification)	Name	of Contac	et										
	ancellation	Jol	hn Burke											-
				FACILIT	Y INFORMA	ATION			· = '': /6\					
Name of facility where a	batement is ta	king place	(3)					Typ	oe of Facility (4) School (K - 12)				
valle of lability more									Subchapt		er than	K-12	2)	
John Burke								11	Other (Pr	ivate/Com	merci			
Street Address								L	Bldgs./Ho			Blda	Age	
174 INWOOD AVE	ENUE							S	quare Feet #	of Floors		Diug.	Age	
City (5)		County ((6)				y Code (7)	-		- if haing		ched)		==
Oity (O)						(State	use only)		Current Use (Prio	r ir being	JEHIOH	or ieu,		
MONTCLAIR		ESSEX					Name of Abateme	nt Con	tractor (9)					
Name of Monitoring Firm	n Hired by Bld	g. Owner (8	3) -	A	SCM No.							E S		
							D & S RESTO)KAII	ON, INC.					
Street Address							Street Address	A - 10						
							20 California City, State, Zip Co		Water Andrews			100		municipal and
City, State, Zip Code									,					
						_	Paterson, NJ Telephone Number		·	License N	lumbe	r		
Project Manager for Mor	nitoring Firm		Pho	ne Number			973-345-80				169			
							Name of OSHA N							
Start Date (10)		Sched. C	ompletion	Date (11)			D & S Resto		Inc.					
		01/16/1	5			- 11	Street Address							
12/29/14	- Abstomant			ALC: No.		THE REAL PROPERTY.	20 California	Aven	ue					
Occupancy Status Durin	ng Abatement	ntire period	of abaten	nent.			City, State, Zip Co							
Abatement perfor	med outside o	of normal fa	cility hours	3-			•							
			-				Paterson, N.	J 0750	3					
Describe:	NORWALTIC	OKS .						Ful	Containment w	/negative	pressu	ıre		
Scope of Work (check								Min Min	ni-enclosure					
> 3 sf or > 3 lf		Renovation						GIO	ovebag procedur on-Exempted (*)	e and Non-	friable	proce	dure	
≥160 sf or ≥260	f 🔲 [Demolition	-						JI-Exampled ()		I H I	R	E	Е
Location of		Is location by mainter	normally u	used solely todial		No. of	aboatos containir	na	Amount		e m	р	n c	n
asbestos-contair	ning	staff(12)	iai ioo, oao.			otion of a al (ACM)	sbestos-containir	ig	(Specify S	F or	0	a	a	C
material (acm) to abated in facility	(13)	Yes	No	N/A					LF)		v e	r	р	
					duct wor	le (symon	& cut)		50 SQ FT	w was ender	×			
BASEMENT			X		duct wor				361ft					
1st, 2nd, 3rd floor			_X_				NAME OF TAXABLE PARTY.		90 l ft		X			
BASEMENT			X		duct wor	k (wrap	o & cut)	-						
				1		_					一			IL
-					Lie Vende	of Mosts	Name of Regis	stered I	andfill					<u></u>
Registered Waste Hau	iler	NJDE 135	P Hauler 06	100	ubic Yards yds	OI Waste	TULLYTO	WN, F	RESOURCE R	ECOVE	RY	-		
D & S RESTORA	HON, INC.	133	-	Disposal D		- North Address of the Control of th	City, State							
City, State PATERSON, NJ	07503			12/31/1			TULLYTO	WN,	PA					
Completed by (Print o	The second secon	Title		1	Signature	3			15	Date				
BOGDAN JOLD		PRESID	ENT	350-400		30				2014			-	
DOODAY JOED		1												

D&S Proj. #: 2014-517

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

					4.07			
Date of Notification (1)	Name of Building Ow			2514 DEC 24	PM o -			
Agencies Notified Type Notification	RACHAEL ZAII	FERT		- 1	17 9: 51			
☐ EPA ☐ Initial	Street Address			ASE				
DEP Amended	621 DOREMUS			<u> </u>				
Amendment #:	City, State, Zip Code							
Lmergency	GLEN ROCK, N	NJ 07452				-	-	
DOH (including justification)	Name of Contact			Telephone	Number			
DCA Cancellation	RACHAEL ZA	IFERT			_			
	FA	CILITY INFORMA	ATION					
Name of facility where abatement is	s taking place (3)			Type of Facility (4	·) (K - 12)			
RACHAEL ZAIFERT	8			☐ Subcha	pter 8 (Other t	han K	12)	
Street Address					Private/Comme			
					lomes, etc.			
621 DOREMUS AVENUE				Square Feet #	of Floors	Bio	dg. Ag	je
City (5)	County (6)		County Code (7)			- aliaha	۱۵/	
GLEN ROCK	BERGEN		(State use only)	Current Use (Pri	or it being dem	iolisne	(a)	
Name of Monitoring Firm Hired by E		ASCM No.	Name of Abat	ement Contractor (9)				
Traine of memoring time times by a	2.03. 0 (0)	7.00.0710.		STORATION, INC.				
Street Address			Street Address				_	
Street Address			20 Califor					
City, State, Zip Code			City, State, Zip			-		
oity, diate, zip dode				NJ 07503				
Project Manager for Monitoring Firm	Phone Nun	mber	Telephone Nu		License Numi	ber		
rojest wanager for wormstring ram	This is a second		973-345		01169	·		
	I C I I C I I I C I I I I C I I I I I I	(44)	Name of OSH	IA Monitor				
Start Date (10)	Sched. Completion Date	(11)	D&SRe	storation, Inc.				
12/29/14	01/12/15		Street Addres	S				************
Occupancy Status During Abatemer	CONTRACTOR OF THE PROPERTY OF		20 Califor	nia Avenue				
Facility closed/vacated during Abatement performed outside	The state of the s		City, State, Zip	Code				
Describe: NORMAL H	IOURS		Paterson,	NJ 07503				
Scope of Work (check all that apply				Full Containment w	/negative pres	sure		
	Renovation			Mini-enclosure				
≥160 sf or ≥260 lf	Demolition			Glovebag procedure			oduro	
	Is location normally used sol	lelv		Non-Exempted (*) a	R R	R	E	
Location of asbestos-containing	by maintenance/custodial		on of asbestos-contai	ning Amount	e	е	n	l E
material (acm) to be	staff(12)	material ((Specify Si	For o	p a	c a	C
abated in facility (13)	Yes No N/A			LF)	V	i	P	L
DACEMENT		PIPE INSU	TATION	6 ln ft	e 🗵	1		tri
BASEMENT		THEINSC	LATION	O III II		旨	H	Ħ
		-				一	H	tF
		=			누	#	H	情
		4			누니님	+	片	十一
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of	Waste I Name of Rec	gistered Landfill				1
D & S RESTORATION, INC.	13506	1 yd.	TULLYTO	OWN, RESOURCE RE	COVERY			100
City, State	Disposa		City, State	YOUNI DA				
PATERSON, NJ 07503	01/30		TULLYI	OWN, PA	Date			-
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	9	F 15	12/17/ 201	4		
ASB-41	* Do not use this form for asbe	estos licensure ex	empted activities.					

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2014-515

						28M nr	2					
Date of Notification (1)	Name of Bu	ilding Owne	er/Operator (2)				C 24 PM	9.53				
1 12 1/1 19 1/1 14	tony & li				A			2. 06				
Agencies Notified Type Notificat	Street Addre	ess		15	86	44		,				
DEP Amended	60 courtl	and place					142					
Amendment #:	City, State, 2	Zip Code									DE LICTE	
☑ DOL ☑ Emergency	cliffside	park, nj	0700						Title -			
DOH (including	Name of Cor						Telephone	e Number		Name and Address		
justification) DCA Cancellation		isa frato					1		742	W. 72		
		FACIL	LITY INFORMA	ATION				N. State of the last of the la				
Name of facility where abatement i	s taking place (3)					Ту	oe of Facility (4					
							=	(K - 12)				
tony & lisa frato							San Control of the Co	apter 8 (O			12)	
Street Address								Private/C Homes, e		rcial		
60 courtland place						So		# of Floor		Blo	ig. Ag	ge
City (5)	County (6)			Cour	ty Code (7)	_						17
H. 1999C				(State	e use only)	C	urrent Use (Pr	ior if bein	g dem	olishe	ed)	
cliffside park	bergen	***************************************										
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abater							
					D & S REST	FORATIO	ON, INC.					
Street Address					Street Address							
1				_	20 Californ	-		_			-	-
City, State, Zip Code		251111111111111111111111111111111111111			City, State, Zip C	Code						
				_	Paterson, N							
Project Manager for Monitoring Firm) Pi	none Numbe	er		Telephone Num			License	Numb 1169	er		
				-	973-345-8			1	1109			
Start Date (10)	Sched. Completi	on Date (11)		Name of OSHA D & S Rest		Inc.					
12/22/14	12/30/14			-	Street Address	oration,	uic.					-
Occupancy Status During Abateme					20 Californi	ia Avenn	A					
Facility closed/vacated during		ement.		-	City, State, Zip (-		-	
Abatement performed outside					-1.j, -1.1.1-,							
Describe: NORMAL F	HOURS			-11	Paterson, N	NJ 07503						
Scope of Work (check all that appl						☐ Full (Containment w	/negative	press	ure		
	Renovation					the second second	enclosure		***			
≥160 sf or ≥260 lf	Demolition						ebag procedu					
☐ ≥100 st 0t ≥200 tt	Is location normally	used solely	,			Non I	-Exempted (*)	and Non-	TR	R	E	T
Location of asbestos-containing	by maintenance/cus		N 20 20 20 20 20 20 20 20 20 20 20 20 20	on of a	sbestos-containi	ing	Amount		e	е	n	E n
material (acm) to be	staff(12)		material (spesios-containi	ing	(Specify S	SF or	m o	p a	c a	C
abated in facility (13)	Yes No	N/A					LF)		V	i	р	-
DACEMENT			PIPE INSU	ΠΔΤΙ	ON		92 l ft		e	1	П	In
BASEMENT BASEMENT		#==	BOILER IN	-			45 s qft		X	Ħ	П	T
DAGEMENT		-	DOMESTI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7.		H	F	H	TH
		+		-					H	H	H	青
		#	1					_	計	H	H	T
Registered Waste Hauler	NJDEP Hauler	ID# I C	bubic Yards of \	Naste	Name of Regis	stered Lan	dfill		1		<u> </u>	1
D & S RESTORATION, INC.			2 yds				SOURCE RI	ECOVE	RY			-
City, State	1	Disposal D			City, State							
PATERSON, NJ 07503		12/23/1			TULLYTO	WN, PA						
Completed by (Print or Type)	Title	-	Signature					Date	1001	,		
BOGDAN JOLDZIC	PRESIDENT		<u></u>		1 - 11 121			12/19	/ 2014	+		
ASB-41	* Do not use this form	for asbesto	os licensure ex	empte	activities.							

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

D&S Proj. #: 2014-515

	· · · · · · · · · · · · · · · · · · ·	, -,	Sudin to Hor	4140 41			APPE	ROVED				
Date of Notification (1)		me of Building O		2)			DAN Calo	1951	or Sei	vices		
Agencies Notified Type Notific	ation	eet Address					The Paris of the P	natute) 4 Timo	:2:	50	n	
DEP Amended Amendment		Occurtland pla /, State, Zip Cod			1. 1. Mary			(-			
DOL Emergence (Including	11	liffside park, r	aj 0700									
Justificatio	u)	ne of Contact					Telephone	Number	,			
Cancellati	ion [] L	ony & lisa frat	AOILITY INFOR	MATION					-			
Name of facility where abatemen	nt is taking place		TOTAL OF C			Ty	pe of Facility (4)				
tony & lisa frato					*		School	(K-12)	ela ou di	V	10/	
Street Address			171000000000000000000000000000000000000				Other (F		omme		- (2)	
60 courtland place		711				Se	The second second second	of Floor		B	dg, Ag	je
City (5)	County	(G)		County (urrent Use (Prid	a. 16 ta a lin		. 11=6	-41	() I
cliffside park	berge							or a bear	g uem	DIRUE	10)	
Name of Monitoring Firm Hired by	y Blag. Owner ((8)	ASCM No.	- 11	ne of Abatemer	I i I						
Street Address			The state of the s		eet Address	AIN	214, 1140,					
City, State, Zip Code					O California . State, Zip Cod				-		Ok Consum	-
				11	Paterson, NJ	1						
Project Manager for Monitoring Fir	m'	Phone Nu	mber	Tele	эрпапе Number 973-345-802	140 100 20		License 0	Númb 1169	er		
Start Date (10)	Sched. C	ompletion Date	(11)	1000000	ne of OSHA Mo	1	nc.			-		
12/22/14 Occupancy Status During Abatem	12/30/1		W. Harrison		et Address	. !			300	Mahabasa		
Facility ologed/vacated during Abatement performed outside	ig entire perlad	of abatement.	82	1 1 -	O California A , State, Zlp Coo							
Describe; NORMAL	HOURS			= <u>:</u>	Paterson, NJ (7503						
Scope of Work (check all that app Scope of Work (check all that app Scope of Work (check all that app Scope of Work (check all that app Scope of Work (check all that app	. Renovation Demolition				D	Mini	containment w/i enclosure ebag procedure Exempted (*) a	ı			edure	
Location of asbestos-containing material (acm) to be		ormally used sol ince/oustodial	- 1	tion of asber	tos-containing		Amount (Specify SF	or	R e E o	Rep	Esc	E n
abated in facility (13)	Yes	No N/A					LF)		V e	i	P	L
BASEMENT BASEMENT		X	THE RESERVE OF THE PARTY OF THE	ULATION	ONT	and the last of	92.1 ft		X			
DAGEMENI		X	BUILER	NSULATI	ON	1. 11	45 s qft	- towerstorm	X	片	H	H
					W.II.						d	H
Registered Waste Hauler	Numer	Hauler ID#	Cupic Yards of	Warte IN	me of Register	ad Lar	460	Labs				
D & S RESTORATION, INC	13506	5	2 yds	T	ULLYTOWN	, RES	OURCE REC	COVER	Y			
Olty, State PATERSON, NJ 07503		D spose 12/23		10000	ity, State FULLYTOW)	N. PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	NT TV	Signature					Date 12/19/	2014		-	
ASB-41	* Do not use t	his form for asba	estos licensura 4	oxempted ac	huitias	+	 			and the same		

D&S Proj. #: 2014-519

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

														tanak
Date of Notification			lame of Bu	ilding Owr	er/Operator (2	2)				244	DEC	24	PH	9: 5
1 2 / 1 9 Agencies Notified		tion _	MARGO										_	
EPA	Type Notificat	lion S	Street Addre	ess						Har.				110
☐ DEP	Amended			VAY ROA	AD					, ·	i Li	-1.1:	1	
☑ DOL	Amendment #		City, State,	Zip Code										
	Emergency (including		- Marie and Control of the Control o	URN, NJ	07041									and the state of t
M DOH	justification)	IIN	ame of Co	ntact					Telephone	e Numbe	r			
DCA	Cancellation	n	JACKIE	3						_				
				FAC	ILITY INFORM	MOITAN						9-00-0000		MENORAL MANAGE
Name of facility wh	nere abatement	is taking pla	ace (3)				7	T	ype of Facility (4	1) (K - 12)	i a			
MARGO WOL	F								=	apter 8 (C		nan K	-12)	
Street Address		***************************************							Other (I	Private/C	omme		/	
8 RAHWAY R	OAD									Homes, e		BI	dg. A	ge
City (5)		Cour	nty (6)			Cou	nty Code (7)	= _						
		P.0.	~~~~			(Sta	te use only)		Current Use (Pr	ior if beir	ng dem	olish	ed)	
MILLBURN Name of Monitorin	a Eirm Hirad by		SEX		ACOMANIa		Name of Abatem	Vont Co	atractor (0)			_		
Name or Monitorin	g Film Hired by	biag. Own	ar (6)		ASCM No.									
Street Address						_	D & S REST	ORAT	ION, INC.				_	
Street Address							20 California	a Ave						
City, State, Zip Cod	e						City, State, Zip Co			-				
							Paterson, N.		3					
Project Manager for	Monitoring Firm	n	Pi	none Numb	per	_	Telephone Numb	O AND DESCRIPTION OF THE		License	Numb	er		
							973-345-80	020	7.		1169			
Start Date (10)		Sched	d. Completi	on Date (1	1)		Name of OSHA	Monitor						
10000000000000000000000000000000000000					•		D & S Resto	ration,	Inc.					
12/22/14 Occupancy Status I	During Abatama	12/3		Carlley and the Section	i titalian makana		Street Address							
_	d/vacated during			ement.			20 California City, State, Zip C		ue					
	erformed outside						Oity, State, Zip O	oue						
☑ Other-Descrit	oe: NORMAL I	HOURS					Paterson, N.	J 0750	3					
Scope of Work (ch	eck all that appl	y)						Full	Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf		Renovation	n					promotion in the second	i-enclosure					
≥160 sf or ≥2	60 If	Demolition	n						vebag procedur n-Exempted (*)		-friable	proc	edure	9
Location of			n normally		у			L-md			TR	R	E	E
asbestos-con		by mainte staff(12)	enance/cus	stodial			sbestos-containin	g	Amount		e m	e p	n	n
material (acm abated in faci		Yes	No	N/A	materia	I (ACM)			(Specify S LF)	r or	0 V	a	a	C
		163	INO	IN/A							e	r	р	L
BASEMENT		1	X		PIPE INS	ULATI	ON		51ft		\boxtimes			
	Wales -								<u> </u>		닏		Щ	ᆜ
						in the street					44	Щ	닏	
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Bagistared Wasta D	aulor	INUE	ED Hands	ID# 17	Jubio Vordo o	Manta	INlama of Dagist	orod I -	ndfill				Ш	
Registered Waste H D & S RESTOR			EP Hauler 506		Cubic Yards of 1 yd	vvasie	Name of Register		natili ESOURCE RE	COVE	RY			
City, State				Disposal I	THE RESERVE THE PERSON NAMED IN COLUMN 2 I		City, State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-		HILLIAN THE	Briefly Salving
PATERSON, N	J 07503			12/23/1	4		TULLYTOV	WN, PA	Α					
Completed by (Print		Title			Signature					Date				
BOGDAN JOLI	DZIC	PRESID					al a sell della -			12/19	/ 2014	-		A CONTRACTOR OF THE PARTY OF
ASB-41		Do not us	e this form	for asbest	os licensure e	exempte	u activities.							

D&S Proj. #: 2014-519

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

Date of Notification (1)	Name	of Bullding C	wner/Operator (2)							
1 2 / 1 9 / 1 4 Agencies Notified Type Notifie	11 250	RGO WOL				A tomin on access					
Agencies Notified Type Notified		Address		-	INI Vient/Inf	APPROVED Health & Senior Ser				-	
☐ DEP ☐ Amended		OWENO RO			Jour (- Smar	Vices			÷	
⊠ DOL Amendment		tate, Zip Cod	2		in Li	-(Cigirhtura)	11		_		
Emergent (Including	10.000	HWAH, N	07430		Date; (2)	9/14 Time: 9:15	HIM				
justificatio		of Contact				Teleph	one Number	-	_	-	
Cancellati	on JAC	CKIE									
		FA	CILITY INFORM	ATION	110		· · · · · · · · · · · · · · · · · · ·	_			
Name of facility where abatemen	t is taking place (3)				Type of Facility	. (4)	_			
MARGO WOLF						Soh	7 (4) 20 (K - 12)				
Street Address						Subr	chapter B (Ot	her	than I	(-12)	
& Rahway						Othe	r (Private/Co	mm	ercial		
City (6)						Square Feet	# of Floors		T E	ldg. A	ine
Only (b)	County (6)			Coun	ty Gode (7)				-	mag. r	,50
MILLBURN	ESSEX			(State	use only)	Gurrent Use (Prior if being	den	nolish	ed)	
Name of Monitoring Firm Hired by	Bidg. Owner (8)		ASCM No.	-17	Name of Abateme	ent Contractor (9)		-			
Street Address					• 00	DRATION, INC.					7
Street Address		VIII.			Street Address			_			
City, State, Zip Code					20 California						
					ity, State, Zip Co	de			-	Pictor	
Project Manager for Monitoring Fire	n .	Phone Num	hou	_	Paterson, NJ					0 0	
2,,,,	"	1 Irons Mont	per	117	elephone Numbe 973-345-802		License N		180	-	
Start Date (10)	Sched, Com	pletion Date (*	17		lame of OSHA M		01	169		-	
12/22/14		NOTON DEED (1)		D&S Restor						
Occupancy Status During Abateme	12/31/14		7.	3	treet Address			-	-		
Facility closed/vacated during	entire parled of all	natamoné			20 California						
Abatement performed outside Describe:	of normal facility	Johla-		10	ity, State, Zip Coo	de	-				
Other-Describe: NORMALE	IOURS			-11	Dataman MI	07400					
Scope of Work (check all that apply	γ)			-11	Paterson, NJ			Married			-
⊠ >3 sf or >3 ff	Renovation				-	Full Containment of Mini-enclosure	w/negative p	ress	Uto		
☐ ≥160 sf or ≥260 if	Demolition				Þ	S Glovebag procedu	ıre				
Location of	Is location norma	illy used solel	vl			Non-Exempted (*)	and Non-frie	able	proc	dure	
asbestos-containing material (acm) to be	by maintenance/ staff(12)	custodial	Doscription	n of ash	estos-containing	Amount		8	Fi e	E	E
abated in facility (13)	Yes No	N//4	material (A	(CM)	otto oomaning	(Spealty 8	ir or	m	p	¢	n
DI A CHES CON SW	, as Mb	N/A				LF)	,	V	Į.	p	Ĺ
BASEMENT	X		PIPE INSUI	ATIO	N .	51 ft		e	ń	П	
										Ħ	Ħ
								Ħ			Ħ
								Ì			
registered Waste Hauler	NJDEP Haul	ID!! 1 C									
D & S RESTORATION, INC.	13506		uble Yards of W yd		lame of Registers	ed Landfill				-	
City, State		Disposal D			City, State	, resource re	COVERY	rushelika	-	-	
PATERSON, NJ 07503		12/23/1	4		TULLYTOW	N. PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title		Signature		17.		Date	10/645	-	-	-
	PRESIDENT	ven for ashard					12/19/20	014			

OPC				
NO	TI	MAT	(M 6)	11
NO-	1	UMI	OIG	

Date of Notification (1)	14		Name o	of Building .G.	Owner/O	perator	(2)		lo E I	<u> </u>	E	In	and the same
Agencies Notified	Type Notification			Address HADLE	/ POAT	`		7	50:				
EPA DEP DOL	Initial Amended Amendment		City, St	ate, Zip Co	ode		7080	U	EC 24	2014	1		
Ď DOH DCA	Emergency (i justification) Cancellation	including	Jo.	of Contact H N			'A W	AG Te	lephone Nn	mher .	1.8		1
Name of Facility Where	Abatement is Taking	Place (3)	FAC	ILITY INF	ORMATI	ON	Type of Facility	(4)					
Street Address	G - BO HENDR	ERGE.	-		Н		Other (i.e.	r 8 (Oth	ner than K-1 & commerc	2) ial buil	dings,	home	es,
City (5)				wy			Square Feet	# 0	of Floors		Bldg. A	ige	7
County (6)	EFIELD			Code (7)			O/A Current Use (Pr	ior if be	ing demolis	and the same	N	Pi	-
Name of Monitoring Firm	ERGEN			USE ONLY)	Name	of Abatement Co) / /-	7				
ENVIRONMENTAL		owner (a)	1	45			UE SYSTEM			A			
Street Address 64 BROAD STREE	T				:		Address WHITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07	747						tate, Zip Code TH RIVER, N	J 0888	32				
Project Manager for Mor TOM GEIGER	nitoring Firm		732-2	one No. 92 - 2217			one No. 132-8350		License N 0111				
Start Date (10)	14	Scheduled C	ompletion	Date (11)			of OSHA Monitor		AMERIC	 4			
Occupancy Status Durin			21/				Address VHITEHEAD	Δ\/E					
Abatement Perform	ated During Entire P ned Outside of Norm うくてしょっとっ	al Facility Ho	ement urs		ŀ	City, Si	ate, Zip Code						
Scope of Work (Check A	The second secon	>				SOU	TH RIVER, N	J 0888	32				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processor .	vation olition				Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				a	
		ls Loc					4 Holl Example	0 () 0	2	1	Abate	ment	
Location Asbestos-Containing		Norm Used So		Achaē		cription	of aterial (ACM)		smount "	-	Ту !.		
TO BE ABA In Facil (13)	ATED '	Mainter Custodia (12	I Staff?		thermal s		insulation, f, or	(8	Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes N	o N/A		N					120		6	
outside		++		ACM	Pipe	Sõ	MASTIC	6	OO LF	X			
			+					3 7 B					_
Name of Registered Was		<u> </u>	NJDEP V Hauler ID		Cubic `of Was		Name of	Registe	ered Landfill				
WASTE MANAGEN	IENT		1125		APPX	6	GROW		RTH	**************************************			
City, State ELIZABETH, NJ					1	al Date	City, State	ISVILI					
Completed by CAROL RAIMO		OFFICE	MGR.		Si	gnature	al Ra	Lm	Le Vio	ite /	13/	14	1

CK# 5144

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¥ 0	AT	FIG	ATION	11
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Date of Notification (1)	The state of the s	e of Building Owner/ .E.G.	Operator (2)			W		
Agencies Notified Type Notification		et Address 00 HADLEY ROA	D	DEC	24	2011		
EPA Initial Amended Amendment Emergency justification) DCA Cancellation	# SOI	State, Zip Code UTH PLAINFIEL e of Contact	D, NJ. 07080	ASBESTO	Thor			
Street Address			Type of Facility School (K-Subchapte Other (i.e. etc.)	12) r 8 (Other than K-12 private & commerci	al build			s,
County (6))	/	Square Feet W/A	# of Floors N/A		idg. Ag	je IA	
BERGER) (STA	nty Code (7) TE USE ONLY)	- $ $ $ $ $ $	ior if being demolish	ned)			
Name of Monitoring Firm Hired by Building (ENVIRONMENTAL TACTICS	W 20	SCM No. 0045	Name of Abatement Co UNIQUE SYSTEM		A			
Street Address 64 BROAD STREET	5		Street Address 396 WHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747			City, State, Zip Code SOUTH RIVER, N.	J 08882				
Project Manager for Monitoring Firm TOM GEIGER		phone No. -292-2217	Telephone No. 732-432-8350	License N 0111				\neg
Start Date (10)	Scheduled Completion	on Date (11)	Name of OSHA Monitor UNIQUE SYSTEM					\neg
Occupancy Status During Abatement (Chec	DESARON ENTER IN MARK	7	Street Address 396 WHITEHEAD					
Abatement Performed Outside of Norm Other – Describe: 047 Dook	al Facility Hours		City, State, Zip Code SOUTH RIVER, N.	J 08882	A Company			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lī ≥160 sf or ≥260 lf	Renovation Demolition		Mini-Enclosure Glovebag Pro					
Location of	Is Location Normally				1	Abater Typ	nent	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12) Yes No N//	Asbestos Con (i.e. thermal surfa other r	scription of taining Material (ACM) systems insulation, cing, VAT, or niscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
outside	X	ACM Pipe	SOMASTIC	60 LF	X			
							1	-
Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP Hauler 1125	ID No. of Wa	ste / CROW	Registered Landfill S NORTH			İ	
City, State ELIZABETH, NJ		Dispos	B A MORRI	sVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE MGR.	S	ignature Caral La	como 10	3/2	81	1.4	/

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

NOTIFICATION!

								-			-
Date of Notification (1)	P	S.E.G.		ner/Operato	r (2)	m.E	GEL	W [6	ir-	7	
Agencies Notified / Type Notification		reet Addi 000 HA	ress ADLEY R	OAD		M					_
EPA Initial Amended Amendment #	_/ s	ity, State, OUTH	, Zip Code PLAINFI	ELD, NJ.				014		1	
□ Emergency (inc □ jusification) □ DCA □ Cancellation	14	ame of C		Kil	LiA	U ASE	Telephone Num	her	ŧ		1
		FACILI	TY INFORI	MATION		F					-
Name of Facility Where Abatement is Taking. F	Place (3) H 5	7 1	7		☐ s	of Facility (4) school (K-12) subchapter 8	(Other than K-12	2)	46.		
Street Address 1 = 29 BANTA	7 \$11	ACE	<u></u>		⊠ c	Other (i.e. pri etc.) e Feet	vate & commerci	al buildir	ngs, h		
City (5) FAIRLAWN					1) A	NIA	1	1/,		_
County (6) BERGEN		County Co STATE US	ode (7) SE ONLY)				if being demolish	ieu)			_
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	mer (8)	ASCM 004		Nan	ne of Abat	ement Control SYSTEMS	OF AMERICA	Α			
Street Address 64 BROAD STREET			ξ.		et Addres 6 WHIT	SS EHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747				City	, State, Zi OUTH R	ip Code IVER, NJ	08882	٠			
Project Manager for Monitoring Firm TOM GEIGER	IT	elephon	e No. 2 - 2217	1000000	ephone No 2-432-8		License N 0111		83		
	Scheduled Com		ate (11)	Nar Uh	ne of OSI	HA Monitor SYSTEMS	OF AMERIC	A			
Occupancy Status During Abatement (Check	Only One)				eet Addres	ss EHEAD A	VE.				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	il Facility Hours	ent		City	, State, Z						
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renoval Demoliii				Mi	ni-Enclosure	ent with Negative edure (*) and Non-Fria				
					DA NO	n-Exempled				ment	
	ls Locati	1							Ту	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normall Used Sole Maintenar Custodial S (12)	ly by nce/	Asbesto (i.e. t	Descrip os Containir hermal syst surīacing, other misc	ng Materia ems insul VAT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A					<i>a a</i>	-		-	-
outDoors	X		Acm	P; p	E Si	MASTIC	SOLF	X			
		+									
				0.00		l Name of	Registered Land	fill			_
Name of Registered Waste Hauler WASTE MANAGEMENT	H	NJDEP V Hauler ID 1125		Cubic Yar of Waste	as A		'S NORTH				
City, State ELIZABETH, NJ				Disposal I		City, Stat	ie ISVILLE, PA			=,	
Completed by CAROL RAIMO	Title OFFICE I	VIGR.		Sign	ature	SK.	ainid	Date 12	12.	3/1	W/
CAROL RADINO	101.1021				-000	- / 0	1,00	7	76	1	-

CK#5724

1000-11	Print Form
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NATIFIC	2ATION1

Date of Notification (1)		Name of B		wner/Operator	(2)	Ni I			- ,	
Agencies Notified Type Notification		Street Add	dress ADLEY F	ROAD		DEC 2	4 20	14	boar	
EPA Initial Amended Amendment #		City. State	e, Zip Code		7080	ASE.			1	
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	icluding	Name of O	3	Kill	IAN	Telephone Num	her	12		
		FACIL	ITY INFOR	RIVIATION						
Name of Facility Where Abatement is Taking Street Address	Place (3)	7/	4				l buildi	ngs, i	nome	s,
1-29 BANI	A TI	ACE	<u> </u>	-	etc.) Square Feet	# of Floors	Blo	dg. Ag	ge	
FAIRLAUN					NA	NIA	10.6	0/,	<u> </u>	
County (6) BERGEN		County C (STATE U	ode (7) SE ONLY)		Current Use (Price	or if being demolish \mathcal{O}/\mathcal{A}	ed)			
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)	ASCM 004			of Abatement Cor QUE SYSTEMS	itractor (9) S OF AMERICA				
Street Address 64 BROAD STREET			- '		Address WHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747					State, Zip Code ITH RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER		Telephor 732-29	ne No. 2-2217	E-20000000	hone No. 432-8350	License No 01111				
	Scheduled Co				of OSHA Monitor	S OF AMERICA				
Occupancy Status During Abatement (Check	Only One)	2111	/	Street	Address WHITEHEAD					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	ai Facility Hou	ment		City, S	State, Zip Code JTH RIVER, N.					
				- 300	JIII KIVLIK, IK	1 00002	-			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demol				Mini-Enclosur				P.	
	T				NUI-Exemple		1		ment	
	Is Loca Norma	C7070000				<i>3</i>		Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sol Mainten Custodial (12	ely by ance/ Staff?	Asbest (i.e.	Description Descri	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A								
outbooks			Acm	PipE	SOMASTIC	dolf	X			
Name of Registered Waste Hauler		NJDEP V		Cubic Yards	Name of	Registered Landfill		1	<u> </u>	L
WASTE MANAGEMENT		Hauler ID 1125	No.	of Waste 스바가 승	×	/S NORTH				
City, State ELIZABETH, NJ				Disposal Dat	MORR	ISVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE	MGR.		Signatu	ge at al K	acmid 1	ate / 2 / 2	12	11:	4

CK # 5914

ATEMENT NOTIFICATIONS

Print Form

Sta	ate of Ne	w Jersey	
NOTIFICATION	OF ASB	ESTOS A	BATEMENT
(Pursuant	to NJAC	8:60 and	12:120)

	(Pursuant to NJAC 8:60 and	d 12:120)	TEGE			7 7	$1/\Gamma$
Date of Notification (1)	Name of Building Owner/P.S.E.G.	Operator (2)					
Agencies Notified Type Notification	Street Address	, ',	DEC 2	4 20)14	T.	7
☐ EPA ☑ Initial	4000 HADLEY ROA	, D					\dashv
DEP Amended X DOL Amendment #	City, State, Zip Code SOUTH PLAINFIEL	D, NJ 07080	ASBESTOS C	ONT	HOL	&	
Emergency (includir justification)	Name of Contact .		Telephone Num		•		
DCA Cancellation		ILLIAN					
Name-of Facility Where Abatement is Taking Place	FACILITY INFORMAT	Type of Facility (4	4)				
PSEGG-M-	1339 CiRCui	ESCORE CONTRACTOR CONT					
Street Address 280 NORTH Mi		Subchapter	8 (Other than K-12) rivate & commercia		ings,	nome	:S,
SADDLE BROOM	K	Square Feet NA	# of Floors		dg. Ag	Je /A	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Pric	or if being demolished	ed)			
Name of Monitoring Firm Hired by Building Owner ENVIRONMENTAL TACTICS	(8) ASCM No. 0045	Name of Abatement Con UNIQUE SYSTEMS			-		
Street Address 64 BROAD-STREET		Street Address 396 WHITEHEAD	VE		-		
City, State, Zip Code MATAWAN, NJ 07747	a - *	City, State, Zip Code SOUTH RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-292-2217	Telephone No. 732-432-8350	License No				
Start Date (10)	Juled Completion Date (11)	Name of OSHA Monitor UNIQUE SYSTEMS	OF AMERICA				
Occupancy Status During Abatement (Check Only	One)	Street Address 396 WHITEHEAD A	WE				
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facilities Other – Describe:		City, State, Zip Code SOUTH RIVER, NJ	300 TO THE TOTAL		- 22		
Scope of Work (Check All That Apply)		300 THRIVER, NO	00002		-	_	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure			2	
	Is Location	IZA IVOII-EXCITIPIEN	-		Abate	ment	
Location of	Normally D	escription of			Ty	oe T	-
TO BE ABATED	Maintenance/ ustodial Staff? (i.e. therm:	ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Ye	s No N/A					œ .	
out Doors	X ACM P:	PE SOMASTIC	80 LF	×			
Name of Registered Waste Hauler	NJDEP Waste Cubi	c Yards Name of	Registered Landfill				
WASTE MANAGEMENT	Hauler ID No. of W	aste GROW	S NORTH				
City, State ELIZABETH, NJ	Disp	osal Date City, State	e SVILLE, PA				
Completed by CAROL RAIMO OF	FICE MGR.	Signature X	Time la	e /2	3/	14	

NO OK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

MODEN NOTIFICATION!

Date of Notification (1)		Name of Buil P.S.E.G.	lding Owner/Ope	erator (2)		E G E	<u>M</u>		,	The second
Agencies Notified Type Notifi	cation	Street Addre	ess DLEY ROAD		HANI	DEC 5.4	564			
EPA Initial Amer	nded ,	Cify State		N.I. 07080	900 MF.	<u> </u>			Lapor	7
DOL Amer	ndment # gency (including cation)	Name of Co	intact //	LLIAN		elephone Numbe	S ICIRO)1 8		
☐ DGA ☐ Cand	ellation	FACILIT	Y INFORMATIO		epility (4)					=
Name of Facility Where Abatement	is Taking Place (3) MH66	A		☐ Schr	nol (K-12)	other than K-12)				
Street Address	JEV:NS	R:	D	Othe etc.)	er (i.e. priva	te & commercial t	uilding Bldg.			4
City (5)		, , , , , ,		Square F	1A	# of Floors N / A	N	1,4		
County (6)	7WN	County Co	de (7) E ONLY)	Current U	lse (Prior if	being demolished	i)	250	62.5	
Name of Monitoring Firm Hired by	Building Owner (8)	ASCM N 0045		Name of Abatem UNIQUE SY:	ent Contrac STEMS C	otor (9) OF AMERICA				
ENVIRONMENTAL TACTION Street Address	,5	1 00.0		Street Address 396 WHITEH						
64 BROAD STREET City, State, Zip Code	-			City, State, Zip C	Code					
MATAWAN, NJ 07747 Project Manager for Monitoring Fire	m	Telephone	e No.	Telephone No. 732-432-835		License No.				
TOM GEIGER		732-292 Completion D		Name of OSHA	Monitor	OF AMERICA				
Occupancy Status During Abatem	ent (Check Only One)	31/13	5	Street Address						\neg
Facility Closed/Vacated Duri	ng Entire Period of Aba le of Normal Facility H	itement ours		396 WHITE	Code					-
Other - Describe: A LLV	Paris			SOUTH RIV	ER, NJ C	10002				
Scope of Work (Check All That Ap ≥3 sf or ≥3 lf = ≥160 sf or ≥260 lf	☑ Rer	novation nolition		Mini-	Enclosure	t with Negative P dure *) and Non-Friab			10 0	
	leli	ocation		IN INUIT	Exempled	7 4.10	А	bate:	ment	
Location of Asbestos-Containing Material TO BE ABATED in Facility (13)	(ACM) No Used Main Custon	rmally Solely by tenance/ dial Statt? (12)	Asbestos Co (i.e. therm	escription of ntaining Material (al systems insulati facing, VAT, or r miscellaneous)	AGM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No N/A	Acm	Pipe So	mastic	20 LF	X			
outbooks			I T C I' I	15 30						
				b II ya c						
Name of Registered Waste Hau	ler	NJDEP V Hauler ID		oic Yards Vaste		Registered Landfi S NORTH	II			
WASTE MANAGEMENT		1125	A	PDV A	City, State	2				
City, State ELIZABETH, NJ				TBD	MORRI	SVILLE, PA	ate	/		ā ,
Completed by CAROL RAIMO	Title OFFI	CE MGR.		Signature	e K	Eineo!	12/	19	[/	4

CK# 5727

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

OFEN NOTIFICATION 11

Agencies Notified Type Notification	Date of Notification (1)		Na	ame of Bu	ilding Owner	Operator (2)						
Agencies Notified Per Notification Per Notific	/ / /					10000000000000000000000000000000000000		- F	7 /25 (22) 17	0.7			7
All Amended	Agencies Notified Type No					4D				VI			
Pacific Control Pacific Co	DEP AN	nended nendment#	Ci S	ity, State, OUTH F	Zip Code PLAINFIEI	_D, NJ. 0	7080					IJ	-
Name of Facility Where Abatement is Taking Place (3) Street Address Street Address Street Address City (6) ADEVINS County (7) County (8) County (8) County (9) County (10) Count	ĭ DOH jus	tification)	N	-	1	2:11	IAN		•		- 1 -		
Name of Registered Waste Hauler Name of Registered Landillu Renovation 1125 Name of Registered Landillu Renovation Renovation Name of Registered Landillu Renovation Name of Registered Landillu Renovation Renovati	U DGA U G	il iccliditori	1 4			TION		1	LICENSIN	arnoi a	<u> </u>		4
School (K-12) Street Address 1	Name of Facility Where Abateme	nt is Taking Place (3	3)	A			Type of F	acility (4)					-
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Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) In Facility (13) Name of Registered Waste Hauler Name of Registered Waste Hauler WASTE MANAGEMENT Scilty Closed/Vacate During Entire Period of Abatement Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: ② UT D C O RS Renovation Demolition Renovation Demolition Scope of Work (Check All That Apply) Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A A C M F Re Sa Mas Tic Sa M	11/1/14	1	2/3		die (11)	UNI	QUE SY	STEMS	OF AMERICA				
Abatement Performed Outside of Normal Facility Hours Other – Describe:		ment (Check Only C	Onie)					HEAD A	/E.				
Secondation of Asbestos-Containing Material (ACM) Secondarian	Abatement Performed Out	side of Normal Facili	ity Hours			City, SOI	State, Zip JTH RI\	Code /ER, NJ (08882		7 -		
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City, State TB MORRISVILLE, PA						A PAY				3.0			
Completed by CAROL RAIMO OFFICE MGR. Signature Date 10/22/14						TBI	5	MORRI	SVILLE, PA				
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Date of Notification (1)			me of B S.E.G	Building Own	er/Operai	tor (2)			17/ 1			
Agencies Notified Type Notification	n		eet Add	iress ADLEY RO	DAD			DEC 24 2	2014		<u> </u>	
DEP Initial Amended Amended Amendme	nt#/	Cit	y, State	e, Zip Code PLAINFI	ELD, N.	1. 07080		BESTOS CON	(ROL	R.	and and an artist of the second	
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Name of Facility Where Abatement is Tal	ting Place (3) MH	5	6			Пѕ	of Facility (4)		Υ			
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City (5) FAIR LA	+WN		9			Squan) A	# of Floors	À	1/,		
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Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS	ng Owner (8)		ASCM 004		Na U	me of Abat NIQUE S	ement Cont YSTEMS	ractor (9) OF AMERICA	4			
Street Address 64 BROAD STREET				-		reet Addres 96 WHITI	s EHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747	((y, State, Zi OUTH R	p Code IVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER			elephor 32-29	ne No. 2-2217		lephone No 32-432-8		License N 0111				
Start Date (10)	Scheduled	Comp	oletion D	Date (11)		me of OSH NIQUE S		OF AMERICA	4			
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City, State ELIZABETH, NJ		1			Disposal TB	Date		SVILLE, PA				
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Agencies Notified Type Notification EPA Initial		4		ADLEY I					DEC 2	4 20	/17	1	
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□ Emergency (in pustification) □ DCA □ Gancellation	cluding	10	ame of	Contact 4 N	Kil	LiA	·N	Telep	hone Num	oer		-	1
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County (6) BERGEN	•	C	ounty C	ode (7) ISE ONLY)		Curr	ent Use (Prio		g demolishe	ed)			
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)		ASCM 004				atement Cont SYSTEMS						
Street Address 64 BROAD STREET				~	- 00000	eet Addre	ess TEHEAD A	VE.					
City, State, Zip Code MATAWAN, NJ 07747							Zip Code RIVER, NJ	0888	2				
Project Manager for Monitoring Firm TOM GEIGER			elephor	ne No. 2-2217	Te	lephone 1 32-432-	No.	-	License No				
	Schedule	d Com		Date (11)	Na	me of OS	SHA Monitor SYSTEMS	OF	MERICA				
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CAROL RAIMO	OFFI		GK.			-ler	al No	cay	20 1	0/0	X of	1/-	ك

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Agencies Notified Type Notification Initial DEP Americanant # 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 LICENSING SOUTH PLAINFIELD, NJ 07080 Type of Facility (Note Abatement # 2	Date of Notification (1)		Name P.S.E	of Building	Owner/Ope	erator (2)		2 4 20				
DEP Amended Amended South Plank (Dec 20) State (Dec 20) South Plank (Dec	Agencies Notified Type Notification	n	Street	Address	/ DO ^ ^				L 7 Ç0	T .	1	7	
DOH	DEP Amended	2	City, S	state, Zip Co	ode			BESTO LIC	S COUT ENSING	IOL.	8		
DCA	Emergency	/ (including			VFIELD,	NJ 070	080	Tak	anhono Nive	nhor			
Name of Facility Where Abatement is Taking Place (3) Street Address A B C C A WASTER Abatement (Check Only Offe) Supposed Processing Control of Supposed Control of S	DCA Justinication		Jo	HN			AN	1 en	epitorie ivui	noer			
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County (code (?) Services Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Odd5 Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS Street Address G4-BROAD-STREET City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm Telephone No. TOM GEIGER Scheduled Completion Date (11) Start Date (11) Scheduled Completion Date (11) Disposal Date Start Date (11) Scheduled Completion Date (11) Disposal Date Start Date (11) Start Date (11) Scheduled Completion Date (11) Disposal Date Start Date (11) Scheduled Completion Date (11) Disposal Date Start Date (11) Scheduled Completion Date (11) Start Date (11) Scheduled Completion Date (11) Disposal Date Start Date (11) Scheduled Completion Date (11) Start Date (11) Scheduled Completion Date (11) Start Date (11) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address Safet Address Safet Address South HIVER, NJ 08882 Street Address Safet Address South HIVER, NJ 08882 Street Address Safet Address Safet Address South HIVER, NJ 08882 Street Address Safet Address Safet Address Safet Address Safet Address Safet Address Safet Address South HIVER, NJ 08882 Street Address Safet	RIDGEFIEL	DP.	ARIC			S	quare Feet						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS O045 Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA Street Address 34 BROAD-STREET City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm Telephone No. 732-292-2217 Tolephone No. 732-432-8350 O1111 Scheduled Completion Pate (11) Name of CSHA Monitor UNIQUE SYSTEMS OF AMERICA Site Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. 732-432-8350 O1111 Name of CSHA Monitor UNIQUE SYSTEMS OF AMERICA STEEL Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address South River, NJ 08882 Treel Address 396 WHITEHEAD AVE: City, State, Zip Code SOUTH RIVER, NJ 08882 Treel Address SOUTH RIVER, NJ	County (6)		County	Code (7)	1	C	urrent Use (Pri				, ,	10	
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City, State, Zip Code MATAWAN, NJ 07747 City, State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm TOM GEIGER T32-292-2217 T32-432-8350 City State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm TOM GEIGER T32-292-2217 T32-432-8350 City State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm To M GEIGER T32-292-2217 T32-432-8350 City State State State State State No. 01111 Name of CSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Audress 396 WHITE-HEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 City, State City, State City, State City, State Name of Registered Landfill Academont Type Asbestos-Containing Material (ACM) (I.e. thermal systems insulation, Specify State South State Cubic Yards of Waste Hauler ID No. 1125 Name of Registered Landfill GROWS NORTH Disposal Date City, State City, State City, State Disposal Date City, State MORRISVILLE, PA	Street Address		00	45				S OF A	AMERICA	<u> </u>			
MATAWAN, NJ 07747 Project Manager for Monitoring Firm Tolephone No. 732-292-2217 Tolephone No. 732-32-32-3350 Tolephone No. 732-32-33-350 Tolephone No. 732-32-32-3350 Tolephone No. Tolephone No. 732-32-32-350 Tolephone No. Tolephone Merical (Challed Challed Challe						STORY FOR		AVE:					
TOM GEIGER 732-292-2217 732-432-8350 01111 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Normality Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler VASTE MANAGEMENT NJDEP Waste Hauler ID No. 1125 Name of Registered Landfill GROWS NORTH Plant Monitor UNIQUE SYSTEMS OF AMERICA Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos Containing Material (ACM) (i.e. fremail systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Landfill GROWS NORTH Disposal Date City, State MORRISVILLE, PA	MATAWAN, NJ 07747							0888	2				
Scheduled Completion Date (11) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	Project Manager for Monitoring Firm TOM GEIGER									0.			
Street Address 396 WHITEHEAD AVE. Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler VASTE MANAGEMENT Name of Registered Waste Hauler VASTE MANAGEMENT Name of Registered Waste Hauler VASTE MANAGEMENT Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatemen	Start Date (10)	Scheduled (1		N	ame of	OSHA Monitor	205/					-
Abatement Performed Outside of Normal Facility Hours Other - Describe: ② 17	Occupancy Status During Abatement (Che	ck Only One)	3///	5_	St	treet Ad	dress		WIERICA	-			
SOUTH RIVER, NJ 08882 SCOPE of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF	Abatement Performed Outside of Norr	mal Facility Ho	tement urs					AVE.					
Renovation Demolition Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos Containing Material (ACM) (Specify Specify	A_Other - Describe: 047 6006	2,5					20	0888	2				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A ACM PER Somps7:0 IS Location Normally Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) ACM PER Somps7:0 IS LF Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF Non-Exempted (*) and Non-Friable Procedure Abatement Type Academy Specific (Specify) SF or LF Academy S	≥3 sf or ≥3 If						Mini-Enclosure	1	Negative P	ressu	re		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A ACM Fig. Somas7: C /SLF Name of Registered Waste Hauler VASTE MANAGEMENT No. 1125 N		T		T					Non-Friabl	e Pro			
Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (13) Maintenance/ Custodial Staff? (14) Maintenance/ Custodial Staff? (15) Maintenance/ Custodial Staff? (15) Maintenance/ Custodial Staff? (15) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (13) Maintenance/ Custodial Staff? (13) Maintenance/ Custodial Staff? (13) Maintenance/ Custodial Staff? (14) Maintenance/ Custodial Staff? (15) Maintenance/ Custodial Staff? (15) Maintenance/ Custodial Staff?		Norn	nally		Descri	otion of							
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Name of Registered Waste Hauler VASTE MANAGEMENT Dity, State ELIZABETH, NJ NJDEP Waste Hauler ID No. 1125 Name of Registered Landfill GROWS NORTH Disposal Date TBS MORRISVILLE, PA					1							ite	0
VASTE MANAGEMENT Hauler ID No. 1125 of Waste Aft 2 City, State CILIZABETH, NJ Disposal Date TBS MORRISVILLE, PA	DUIDOORS			ACM	PIPE	Son	1ASTic		SLF	<u>×</u>			
VASTE MANAGEMENT Hauler ID No. 1125 of Waste Aft 2 City, State CILIZABETH, NJ Disposal Date TBS MORRISVILLE, PA	Name of Registered Waste Hauler		N IDED IA	Vacte	Cubia Va	do							
City, State Disposal Date CITY, State MORRISVILLE, PA	WASTE MANAGEMENT		Hauler ID	No.	of Waste			The second second					
Oppolished by	City, State ELIZABETH, NJ				Disposal D	ate			Ε DΛ				
	Completed by CAROL RAIMO	0.0000000000000000000000000000000000000	MGR		Signs	aturo	-		A Maria	/.	_/		

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

NOTIFICATION

Date of Notification (1)		Name P.S.E	of Building E.G.	Owner/O	perator (2)	301+116		116				
Agencies Notified / Type Notification			Address HADLE	Y ROA Ì)		DEC 24	<u> </u>	100	-			
DEP Amended Amendment			tate, Zip Co TH PLAII		, NJ 07	7080 A	SEESTOS CO LICENSIN	THO G	_ &				
DOH justification) DCA Emergency justification Cancellation		Jo				AN	Telephone Nu	mber) * ()			
Name of Facility Where Abatement is Takin		2.5	ILITY INF	ORMATIO		Type of Facility (
Street Address 295 BERGE	EN TO	URR	Pik	€		Subchapter Other (i.e. p	8 (Other than K-1 private & commerc	2) ial bui	ldings	, hom	es,		
City (5) RibGEFIEL		RIC	_			Square Feet $\mathcal{W}//2$	# of Floors WIA		N (
BERGEN	. (0)	(STATE	Code (7) USE ONLY)			or if being demolis	hed)					
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS Street Address	Owner (8)	ASC 00-	M No. 45		f Abatement Cor UE SYSTEMS	Contractor (9) MS OF AMERICA							
64 BROAD-STREET					396 W	Street Address 396 WHITEHEAD-AVE.							
City, State, Zip Code MATAWAN, NJ 07747			59			ite, Zip Code H RIVER, NJ							
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-2	one No. 92-2217			phone No. License No. 01111							
Start Date (10)	Scheduled Co	ompletion	Date (11)			OSHA Monitor JE SYSTEMS	S OF AMERIC	Α					
Occupancy Status During Abatement (Chec	S 355	mont			Street A	ddress 'HITEHEAD A	AVE.						
Abatement Performed Outside of Norm Other – Describe: 047 800 8	nal Facility Hou	rs		_		te, Zip Code H RIVER, NJ	08882						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	₩ Dense				П								
≥160 sf or ≥260 lf	Renov Demo					Mini-Enclosure Glovebag Proc	edure						
	Is Loca			200	-	140II-Exclipted	() and North Had	Abatement Type			12		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sol Mainten Custodial (12)	ely by ance/ Staff?		tos Conta thermal s surfaci		terial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes No	N/A					200	<u>a</u>		late	ıre		
outbooks	×		ACM	Pipe	- 50,	MASTIC	15 LF	X					
Name of Registered Waste Hauler		NIDEDA		0.1:- 1									
WASTE MANAGEMENT	0.63	NJDEP v Hauler ID 1125		Cubic Y of Wast	е	L was seen as a service	Registered Landfill S NORTH						
City, State ELIZABETH, NJ	<u>1</u>			Disposa		City, State	SVILLE, PA						
Completed by CAROL RAIMO	Title OFFICE I	VIGR.				Slace		te /	/	14			

CK # 5607

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:50 and 12:120)

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Date of Notification (1)		100	Name of P.S.E.	Building (G.	Owner/O	perator ((2)	11.7	F. W. 4	1 1		1	77
Agencies Notified Type Notification EPA Initial			Street Ad 4000 F	ddress HADLEY	ROAD)			DEC 21	201			
DEP Amended Amended Amendment				te, Zip Co H PLAIN		, NJ. 0	7080			2014		L	7
□ DOH				Contact HN	M	AR	oTî	8	Telephone Nu	mber	-0	,	1
Name of Facility Where Abatement is Takin	g Place (3	3)		LITY INFO	ORMATIC	NC	Туре	of Facility (4	1-)				
PSEVE								School (K-12		<u></u>			
Street Address MH25 - 295	BER	GÉ	N	TURA	1Pik	E		Other (i.e. pretc.)	8 (Other than K-1 rivate & commerc	ial build			s,
RIDGEFIELD	PA	RK			E		A	re Feet J/A	# of Floors		dg. Ag		
County (6) BEGEN			County (Code (7) USE ONLY))	_	Curre	nt Use (Pric	r if being demolis } / A	hed)			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)		ASCN 004				Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET			***************************************				Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747								ip Code IVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	ne No. 92-2217		Teleph 732-4			License i				
Start Date (10)	Schedul							HA Monitor SYSTEMS	OF AMERIC	A			
Occupancy Status During Abatement (Chec	k Only Or		Street					Street Address 396 WHITEHEAD AVE.					
Facility Closed/Vacated During Entire in Abatement Performed Outside of Norm Other – Describe:	nal Facility		tement										
Scope of Work (Check All That Apply)					1		_						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	amounts.	Renova Demolit					Mir	ii-Enclosure vebag Proc					
		Locati					-		4.		Abate Typ	ment	
Location of Asbestos-Containing Material (ACM)	Use	Normall ed Sole	ly by	Asbes	Des tos Conta	scription aining M		(AGM)	Amount		1		
TO BE ABATED In Facility (13)		todial S (12)			thermal surfac		insula T, or		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									(e	(D
OUTDOORS		X		ACI	n Pi	(AS	Sa	MASTIC	15	X			
Name of Registered Waste Hauler		NJDEP Waste Cubic Ya Hauler ID No. of Waste							Registered Landfi	11			
WASTE MANAGEMENT			1125	INU.	APPS	A GROWS NORTH							
City, State ELIZABETH, NJ			Now the state of t	al Date		City, State	SVILLE, PA						

CAROL RAIMO

Completed by

Title

OFFICE MGR.

Signature

NOCK

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

NOPEN LEMINON

Date of Notification (1)		ilding Owner/Operator	(2)	EGE	WE	\mathbb{N}
12/19/14	P.S.E.G.		12	1		
Agencies Notified Type Notification	Street Addre 4000 HAI	ess OLEY ROAD		DEC 24	2014	111
□ EPA Initial Amended Amendment # /	City, State, SOUTH F	Zip Code PLAINFIELD, NJ.	07080			
☐ Emergency (includin		ntact		Telenhone Mamha	CTROL R	
DOH justification) Cancellation	JOH		LIAN L			-
		YINFORMATION	Type of Facility (4)			
Name of Facility Where Abatement is Taking Place	(3)62	+	School (K-12)			
Street Address 17-01 NEV;	ADS F	RN	Other (i.e. pri	vate & commercial b		
City (5) FAIR LAWN	10 5	12	Square Feet	# of Floors	Bldg. Age	E:
County (6)	County Co		Current Use (Prior	if being demolished	i)	
BERGEN			e of Abatement Cont			
Name of Monitoring Firm Hired by Building Owner ENVIRONMENTAL TACTICS	(8) ASCWIT	UN	IQUE SYSTEMS	OF AMERICA		
Street Address 64 BROAD STREET			et Address 3 WHITEHEAD A	VE.		
City, State, Zip Code		City	, State, Zip Code OUTH RIVER, NJ	08882		
MATAWAN, NJ 07747 Project Manager for Monitoring Firm	Telephone	No. Tele	ephone No. 2-432-8350	License No.		
TOM GEIGER	732-292	- 22.17	ne of OSHA Monitor	1 01111		
Start Date (10)	duled Completion Da	UN UN	IQUE SYSTEMS	OF AMERICA		
Occupancy Status During Abatement (Check Only	One)		et Address 6 WHITEHEAD A	VE.		
Facility Closed/Vacated During Entire Period	of Abatement		, State, Zip Code			
Abatement Performed Outside of Normal Fac Other—Describe: 6 47 200 6	, mry riodic	so	OUTH RIVER, NJ	08882		
Scope of Work (Check All That Apply)						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		Mini-Enclosure	:edure		
			Non-Exempted	(*) and Non-Friable	Procedure Abate	
	is Location		×	-	Ту	1.7 J. F. W.
Location of	Normally Used Solely by	Descrip Asbestos Containir	tion of nr Material (ACM)	Amount		
Asbestos-Containing Material (ACM)	Maintenance/ Custodial Staff?	(i.e. thermal syst	ems insulation,	(Specify SF or LF)	Repair	nde
in Facility	(12)	surfacing, other misc	ellaneous)	Gr Gr Er y	Removal	Enclosure Encapsulate
(13) Y	es No N/A		24		7-	6
outbooks	IXI	ACM P.P	E Somastic	20LF	X	
CC(D to its						
Name of Registered Waste Hauler	NJDEP W Hauler ID			Registered Landfill		
WASTE MANAGEMENT	1125	APPX	0	IS NORTH	-	
City, State ELIZABETH, NJ		Disposal TB	MORR	RISVILLE, PA		
Completed by	itle OFFICE MGR.	Sign	ature Atal K	De De	ite //9	3/14
CAROL RAIMO	DEFICE WICK.		-urac 1	11/10	1 1	1.1

CK# 5728

~ 0 - n)	Print Form
NOT. F.C	LATION"

Date of Notification (1)	Name of B	uilding Owner	Operator (2))	V 6 6 6		$\underline{\mathbb{V}}_{\underline{-}}$	E	面
Agencies Notified Type Notification	Street Add 4000 HA	ress DLEY ROA	AD	The second secon	U DEC 2	4 21	014		Ш
EPA Initial Amended Amendment # Emergency (including	_ SOUTH	, Zip Code PLAINFIE	LD, NJ. 07	080	A SDAGES	er Jivi	HOI	2	
DOH justification Cancellation		Contact IN TY INFORMA	CILL.	AN	Plentine Ivalia			_	']
Name of Facility Where Abatement is Taking Place (3) Street Address 17-01 NEV, N	62	RN		School (K-12) Subchapter 8 Other (i.e. privetc.)	(Other than K-12) vate & commercial				,
City (5) FAIR LAWN		1 \ +1 :-		Square Feet	# of Floors N/A	A	J_ Age		
County (6) BERGEN	County Co				if being demolisher \mathcal{N}/\mathcal{H}	ed)			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS	ASCM 004		Name o	f Abatement Contr UE SYSTEMS	ractor (9) OF AMERICA				
Street Address 64 BROAD STREET		-		Address VHITEHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747			City, St	ate, Zip Code TH RIVER, NJ	08882	į,		Part Control	
Project Manager for Monitoring Firm TOM GEIGER	Telephon 732-29	e No. 2-2217		Telephone No. License No. 732-432-8350 01111					
	ed Completion D		Name o	of OSHA Monitor LUE SYSTEMS	OF AMERICA				
Occupancy Status During Abatement (Check Only On	e)	-	Street /	Address VHITEHEAD A	VE.				
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Other – Describe:	Hours			ate, Zip Code TH RIVER, NJ	08882				
1/4 =3 31 01 =0 11	Renovation Demolition			Mini-Enclosure	ent with Negative P edure (*) and Non-Friab			è	
ls	Location			a Null-Exchiptor	-		Abate Typ	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normally ed Solely by aintenance! (12)	(i.e. the	Description Containing Normal system surfacing, VA ther miscellar	iaterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Out Doors	No N/A	Acm	P: PE	Somastic	20 LF	X			
Sul Docks		11,01				-			
Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP V Hauler IE 1125	No.	Cubic Yards of Waste A PIX C	GROW	Registered Landfi IS NORTH				
City, State ELIZABETH, NJ			Disposal Date TBD	MORR	ISVILLE, PA				
Completed by CAROL RAIMO OFF	FICE MGR.		Signatu	ge at al K	aunia 1	ate 10/2	122	11.	4

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Date of Notification (1)		Name of Building Owner/Operator (2) P.S.E.G.											
Agencies Notified Type Notification		Street Ac 4000 H	idress IADLEY I	ROAD		DEC 2 4 20	14						
□ EPA □ Initial Amended Amendment #	3		te, Zip Code I PLAINF	e FIELD, NJ (The state of the s	Manager Control of the Control	and I wise the processing the						
□ Emergency (ii □ DOH justification) □ DCA □ Cancellation	ncluding	Name of	40		Li AN	Telephone Nun	nber 5		i				
Name of Facility Where Abatement is Taking	Place (3)	FACIL	ITY INFOR	NOITAM	Type of Facility (4)							
PSE+G M		18			School (K-1		2)						
Street Address 100 GREE	EN	57	e e		Other (i.e. private & commercial buildings, homes, etc.)								
City (5) TETER BO	RO				WIA	Square Feet # of Floors Bldg. Age							
County (6) BERGE		County C (STATE U	Code (7) JSE ONLY)			or if being demolish	ned)	M3 More					
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS		ASCM 004			of Abatement Cor QUE SYSTEMS	ntractor (9) S OF AMERICA	4						
Street Address 64 BROAD STREET					Address WHITEHEAD	AVE.		323					
City, State, Zip Code MATAWAN, NJ 07747					City, State, Zip Code SOUTH RIVER, NJ 08882								
Project Manager for Monitoring Firm TOM GEIGER		Telephor 732-29	ne No. 32-2217	13 15 15 15 15 15 15 15 15 15 15 15 15 15	hone No. -432-8350	License N 01111	lo.						
Start Date (10)	Scheduled Co	ompletion I	Date (11)	7/7/30/10/06/7	of OSHA Monitor	S OF AMERICA	——— Ц						
Occupancy Status During Abatement (Check		<u> </u>	<u></u>		Address WHITEHEAD	AVE.							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: @ # 7 10 00	al Facility Hou			(A)	State, Zip Code JTH RIVER, N.	J 08882							
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
	Τ			<u> </u>	Non-Exemple	d (*) and Non-Friat	1		ment				
Location of	Is Loca Norm	ally		Description	n of			Ту	pe				
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WASTE MANAGEMENT		Hauler ID 1125	20000000	of Waste	GROW	'S NORTH							
City, State ELIZABETH, NJ				Disposal Date TBL	City, Star	te ISVILLE, PA							
Completed by CAROL RAIMO	Title OFFICE	MGR.		Signatur		ende !	ate 2//	91	19	1			

CKI 5784

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

"OPEN LPI NOTIFICATION

Date of Notification (1)		T		of Building	Owner/C	Operato	r (2)								
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Agencies Notified Type Notification				Address HADLE	Y ROA	D				se :				1	
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DOL Amendment Emergency				TH PLAI	NFIELD	D, NJ	07080		DE		2014				
DOH justification) DCA Cancellation			Name o	of Contact	1	0 0 mg	Lin	200	Tel	ephone Nu	ımber		i	1	
			FAC	ILITY INF			COO PO		/ \-	HC- >	ido.			<u>.</u>	
Name of Facility Where Abatement is Takin	g Place (s (>	98			Туре	of Eacility	(4)						
Street Address		- 1	8					School (K-Subchapte		ar than V	13/				
100 GRE	= A)		57	r r			×	Other (i.e.				dings	hom	ies,	
City (5)				0			etc.) Square Feet # of Floors				Bldg. Age				
TETERBO	RO		Ž.				1	NIA		NIA		W			
County (6) BERGE	EN3			Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng demolis A	shed)				
Name of Monitoring Firm Hired by Building (ENVIRONMENTAL TACTICS	Owner (8))	ASCI 004	M No.				stement Co		(9)	٠٨				
Street Address			00	-			t Addre		3 01 7	AIVIERIO	·/\				
64 BROAD STREET				,				EHEAD .	AVE.						
City, State, Zip Code MATAWAN, NJ 07747								ip Code IVER, N.	J 0888	2					
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-2	one No. 92-2217			hone N -432-8			License N	0.000					
Start Date (10)		ed Con	npletion	Date (11)		Name	of OSH	-IA Monitor	2.05					-	
Occupancy Status During Abatement (Chec	k Only Or	/3 ne)	06 /	19		-	Addres	SYSTEM	5 OF 1	AMERIC	A ———				
Facility Closed/Vacated During Entire F	eriod of	Abaten	nent					EHEAD /	AVE.						
Abatement Performed Outside of Norm Other – Describe:	al Facility	y Hours						ip Code							
Scope of Work (Check All That Apply)			*			SOL	ЛНК	IVER, N.	0888	2					
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Name of Registered Waste Hauler	\perp	LAI	IDED IA		0.11.	, .									
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ELIZABETH, NJ					Dispos	B Date		City, State MORRI		E, PA					
Completed by	Title					gnature		1		Da	ite /		/	_	
CAROL RAIMO	OFFI	CE M	GR.		_	BA	sal	Yas	M	0/	1/0	7/	19	1	

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Print	Form

CK # 5612		ИТОИ I)	FICATIO	State of New Jerso DN OF ASBESTOS at to NJAC 8:60 ar	ABATE	EMENT (PEN		T	if.	
Date of Notification (1)			Name P.S.I	of Building Owner/ E.G:	Operato.	r(2)	1 =	None Post of	W/		
Agencies Notified Type Notification	n			Address HADLEY ROA	AD		DEC 2	2 4 2	014		tj
DEP Amended Amended Amendme				State, Zip Code TH PLAINFIEL	.D, NJ.	07080	L			Ť	
☑ DOH ☐ Emergence ☐ DCA ☐ Cancellation	1)	9	J	of Contact	TAR	0776	ASSEST Telephone ?		<u> </u>	<u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </u>	
Name of Facility Where Abatement is Tale	ing Place	(3)	FAC	CILITY INFORMAT	TON	Type of Facility					
Street Address MH18-100	G.	0,56	·NĴ	57.		School (K-Subchapte Other (i.e. etc.)	-12) er 8 (Other than K private & comme	-12) rcial bu	ildings	, hon	nes,
TETER BORD						Square Feet	# of Floors		Bldg.	Age	9,0
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Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8	3)	\$500 CONTRACTOR (CONTRACTOR (C	M No.)45	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET				14		Address WHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747				8		State, Zip Code TH RIVER, N	J 08882		20.02		
Project Manager for Monitoring Firm TOM GEIGER				one No. 92-2217		none No. 432-8350	License				
Start Date (10)	25	0/1	npletion	Date (11)		of OSHA Monitor	S OF AMERIC	CA			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	Period of	ne) Ahatem	nant			Address WHITEHEAD .	AVE.				
Abatement Performed Outside of Nor Other – Describe: 2 47 000	mal Facilit	y Hours				tate, Zip Code TH RIVER, N.	J 08882				
Scope of Work (Check All That Apply)						•					
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Location of		Locati Vormali	У	Des	scription		19-1		Abate Ty	men	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	ice/	Asbestos Conti (i.e. thermal surfac	aining M	aterial (ACiM) insulation, ī, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-		ile	6.
OUTDOORS		×		Acm Pi	ie	Samastie	15LF	X			
Name of Division											
Name of Registered Waste Hauler WASTE MANAGEMENT		Ha	IDEP Wauler ID 125	No. of Was	te	1	Registered Landfi S NORTH	II .			
City, State ELIZABETH, N.I		_1		A IPS	al Date	City, State		<u> </u>			

Title

OFFICE MGR.

ELIZABETH, NJ

Completed by CAROL RAIMO

Date

MORRISVILLE, PA

Signature

NO CK

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Date of Notification (1)		P.S.E	of Building	Owner/O	perator	(2)		DEC 2	A 01	118		\int	
Agencies Notified Type Notification	198		Address HADLEY	ROAD)			DEO Z	7 4	114	-	7	
EPA Initial Amended Amendment #	1		ate, Zip Co TH PLAIN		N.J. (7080	AS	BESTOS	GONT		8		
DOH Emergency (in justification)		Name	of Contact				Tele	ephone No			-		
DCA Cancellation			HW ILITY INFO			AN							
Name of Facility Where Abatement is Taking	Place (3)					Type of Facility	r (4)						
Street Address	RLA	o ,	SW.	10	7		er 8 (Oth	er than K-1		iinas.	home	es,	
17-53 NEVIN	25	RD.				etc.) Square Feet		Floors		ldg. A			
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Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)	1	M No.)45		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA								
Street Address 64 BROAD STREET		•			Street Address 396 WHITEHEAD AVE.								
City, State, Zip Code MATAWAN, NJ 07747						State, Zip Code JTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER			one No.			ione No. 432-8350		License I					
Start Date (10)	Scheduled C				Name	of OSHA Monito							
Occupancy Status During Abatement (Check	Only One)	21/,	7,		Street	Address		THE THE			-		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma				1		NHITEHEAD tate, Zip Code	AVE.					_	
Other - Describe: 047 DaoRS				— SOUTH RIVER, NJ 08882									
Scope of Work (Check All That Apply)	ופה					1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	***************************************	ovation olition				Full Contains iviini-Enclosu Glovebag Pr	ire	Negative	Pressu	e			
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TO BE ABATED In Facility (13)	Custodia	al Staff? 2)	(Le.		ing, VA			pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
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City, State ELIZABETH, NJ		1120			al Date			E DA				-	
Completed by	Title			150	- 1		RISVILL		ate /			_	
CAROL RAIMO	OFFICE	MGR.		اد	griati	10 P	31	(a) 1	2//	91	1/4	1	

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Print Form

Print Form

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) P.S.E.G. Agencies Notified Type Notification Street Address 24 2014 4000 HADLEY ROAD Initial DEP City, State, Zip Code Amended × DOL Amendment # SOUTH PLAINFIELD, NJ. 07080 ASBESTOS CONTROL & Emergency (including DOH Name of Contact Telephone Wilmhald (i justification) DCA Cancellation CILLIAN JOHN FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SwiTcH School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** 0045 UNIQUE SYSTEMS OF AMERICA Street Address Street Address 64 BROAD STREET 396 WHITEHEAD AVE. City, State, Zip Code City, State, Zip Code MATAWAN, NJ 07747 SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. TOM GEIGER 732-292-2217 732-432-8350 01111 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 396 WHITEHEAD AVE. Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: OUT DOORS SOUTH RIVER, NJ 08882 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 Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED Encapsulate (i.e. thermal systems insulation, Custodial Staff? (Specify Remova In Facility Repair surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A BUTSIDE PipE SOMASTIC Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste WASTE MANAGEMENT **GROWS NORTH** 1125 Appe City, State Disposal Date City, State ELIZABETH, NJ MORRISVILLE, PA Completed by Title Signature CAROL RAIMO OFFICE MGR.

NO CL

New Jersey Department of Health

Consumer, Environmental and Occupational Health Service

PO Box 369 Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

DEC 2 4 2014

Date: December 22, 2014

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legible STOS CONTROL & I. NOTIFICATION INFORMATION 22 / 2014 Date of Notification: ☐ Cancellation ☐ Emergency (must include justification) Type of Work: □ Demolition Renovation II. BUILDING INFORMATION Name of Building Owner/Operator: Josephine Monteferrante City: Mays Landing 08330 Street Address: 6868 Harding Highway State: Name of Contact: Josephine Monteferrante Telephone No.: III. FACILITY INFORMATION Monteferrante Residence Name of Facility Where Work Activity is to Take Place: Residence Describe Facility Use: Street Address: 6868 Harding Highway City: Mays Landing NJ 08330 Zip: County Name: Atlantic County Code (State Use Only): / 2015 22 / 2014 Scheduled Start Date: 12 / Scheduled Completion Date: Occupancy Status During Activity (check only one): □ Facility Closed/Vacated During Entire Activity Activity Performed Outside Normal Facility Hours—Describe: Other—Describe: Scope of Work (check all that apply): 200 SF Square Footage: Percentage Asbestos: 200 SF Square Footage: Percentage Asbestos: Transite Square Footage: Percentage Asbestos: 1.000 SF □ Roofing Square Footage: Percentage Asbestos: ☐ Siding Square Footage: Percentage Asbestos: Other: Square Footage: Percentage Asbestos: IV. CONTRACTOR INFORMATION Telephone No.: 856-755-0099 Shade Environmental, LLC Company Name: City: Maple Shade 08052 Street Address: 623 Cutler Avenue State: NJ 00842 New Jersey Asbestos License Number (if applicable): Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services 609-298-4070 Telephone No.: V. SIGNATURE Completed By Title: Operations Manager Christina Lynch (type or print legibly):

Signature:

02265

Operations Manager

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Dinnosal Date

12/27/2015

Bigitaluju

ABB-41 (R-D5-08)

Christina Lynch

Freehold Cartage

City, Blate

Freehold, NJ

Completed by

. Do not ties this form for expesion i-consure examplest scribilise

City, Stale

Birdaboro, PA

Western Barks Community Landfill

Dale

12/19/2014

359,

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

DEC 2 4 2014

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Date of Notification (1) - 1m				ling Owner/Operato	88180			_	T	A Company	
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Agencies Notified	Type Notificat	ion		Street Addres	s c	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LICENSING	ULU			535	
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□ DCA	Cancellatio	n	1_	13	DRBARA							
	<u> </u>			FACILITY II	EFORMATION .							
Name of Facility When	e Abatement is Ta	kina Plac	æ (3)			Type of Facilit	y (4)			serie.	V-200	
	IDERICE					School (K-	12)					
						Subchapte	r 8 (Other than K-					
436	5, 2 ND	AUE-				Other (i.e., homes, etc	private & commer	cial buil	dings	i,		
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County (6) A 77	LANTE			USE ONLY)	(I) (SIAIE		ONT	isned)				
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	/1					EMCO I	wc.					
Street Address			*8		Street Address							
City, State, Zip Code												
City, State, 240 Code	*				MAR	15 5 N	APE, N/J	.08	05	2		
Project Manager for Mo	onitoring Firm		Teleph	one No.	Telephone No.		License No.					
N/	Α				826-1	79-047	2 004	44				
Start Date (10)	Sch	eduted C	completio	n_Date (11)	Name of OSHA	Monitor / / A						
Occupancy Status Duri	as Abstomant (Ct				Street Address	V / 34						
Facility ClosedVaca				ent.	000000000000000000000000000000000000000							
Abatement Performe				- W	City, State, Zip C	inde					_	
Other - Describe:					ony, oute, up o	-540					- 000	
Scope of Work (Check	all that apply)											
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IN Facility			staff?		surfacing, VAT,		SF or LF)	Remova	Repair	aps	SOL	
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Name of Registered Was	to Harler	1_1	T NJDI	EP Waste	Cubic Yards	Name of Regi	stered Landfill		-			
			Hauk	er ID No.	of Waste		ABU	2				
KLEMCO	2100		-1-4	7904	Disposal Date	City State	.7.60		===	-		
City, State MARLE 5 H	4 DF . N. T.	080	ティ		Dispusar Date	PL SAS	ANT WILLE	ر در	vi-	5-		
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CX 3034

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

		(Pursu	iant to r	NJAC 6.6	60 and 12:120		į							
Date of Notification (1) 12/18/14			ne of Bu		J L DE	:0 2	2 4	201	4					
Agencies Notified Type Notifica	ation	7 - 7 - 7	et Addr 6 MAR	ess RLIN RD)	AS				BESTOS CONTROL &				
EPA	City, State, Zip Code TUCKERTON NJ 08087													
□ Emerge □ Justifica □ DCA □ Cancell	Nar	Name of Contact					Telephone Number							
		F	FACILIT	Y INFOR	RMATION									
Name of Facility Where Abatement is *	Taking Place (3)					T	ype of Facility (4							
Street Address 116 MARLIN RD						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								
City (5) TUCKERTON						Square Feet # of Floors 1				Bldg. Age				
County (6) OCEAN		County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) HOME								
Name of Monitoring Firm Hired by Building Owner (8)				lo.	Name AAA	e of	Abatement Con EAD PROFE	tractor (9) SSIONALS						
Street Address		Street Address 6 WHITE DO				idress TE DOVE CO	DURT							
City, State, Zip Code						City, State, Zip Code LAKEWOOD, NJ 08701								
Project Manager for Monitoring Firm	Tel	Telephone No.			Telephone No. Lic 732-668-9078 12				ense No. 00					
Start Date (10) Scheduled Completion Date (12/24/14 12/24/14					77.77.77.77.77	Name of OSHA Monitor AAA LEAD PROFESSIONALS								
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:						Street Address 6 WHITE DOVE COURT								
						City, State, Zip Code LAKEWOOD, NJ 08701								
Scope of Work (Check All That Apply))									500				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	n Mini-Enclosi Glovebag P													
							Non-Exemple	d () and Non-F	lable	Abatement				
	ocation rmally	1						Туре						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Main Custo			e/ aff?		Description Containing thermal syste surfacing, \ other miscell	Ma ms VAT	iterial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
MAIN FLOOR		No	N/A		VAT			400SF		Х				
													_	
Name of Registered Waste Hauler NJDEP Waste					Cubic Yards				ndfill					
NEWARK CARTING		04509 5			Vaste IESI		to							
City, State NEWARK, NJ	*				Disposal Da			EHEM PA	Data	2				
Completed by JOSEPH PERLSTEIN	Title OWNE	ER		Signat	Signature				9/9/14					

Print Form

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