		D			N OF ASB						H	0	30	0	
Date of Notification (1)	- U U U	-		Name o	f Building R TERM	Owner/0	Operator DEVEL	(2) OPN	IENT		EG	[]			
Agencies Notified	Type Notification			Street A	Address CENTRA	LAVE				IN IN					
DEP DOL	Amended Amendment				ate, Zip Co RNY, NJ						FEB	- 9	201	8	1
DOH DCA	Emergency (i justification) Cancellation	ncluding			f Contact IO GUA	RINO				I Tel	anhana hi	mhar	TINU	1	&
				FAC	ILITY INF	ORMAT	ION			and the second			ALEXANDER OF THE PARTY OF THE P		- C40-2017
Name of Facility Where RIVER TERMINAL		Place (3	3)						of Facility School (K-						
Street Address 22-CABLE DRIVE								~	Subchapte Other (i.e. etc.)				dings,	home	es,
City (5) KEARNY, NJ 0703	2								re Feet	# of	f Floors		8ldg. <i>A</i> +50	ge	
County (6) HUDSON		×			Code (7) USE ONLY)			ent Use (Pri FICE	ior if bei	ng demolis	shed)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASC	M No.				atement Co ENVIRO						
Street Address							1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Addre- LAFA	ss AYETTE (STREE	ΞT				
City, State, Zip Code								ip Code (, NJ 071	05						
Project Manager for Mor	nitoring Firm		Telepho	ne No.			none N -491-(License 01240	No.				
Start Date (10) 1-9-18		Schedule		npletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street	Addre	ss						
	ated During Entire P led Outside of Norma						City, S	state, Z	ip Code						
Scope of Work (Check A	II That Apply)									-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш тпас другу)		Renova Demolit				~	Mir	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	•			e	
		Is	Locati	ion									Abate	ment	
Location		1	Vormal d Sole	ly .		De	scription	of	TEAC - 120 100 - 1			-	Ту	pe	
Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	ATED	Ma	intenai todial S (12)	nce/		thermal surfa	taining M systems cing, VA miscellar	s insula T, or		(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										fe	(0
REAR ST	AIRS		Χ			PIPE I	NSULA	MOITA	١	6	0 LF.	Х			
Name of Registered Was NEWARK CARTING	Н	JDEP Wauler ID 4509		Cubic of Wa	Yards ste				red Landfi EHEM L		FILL,				
City, State PO BOX 5670, NEV	VARK, NJ 07105				Dispos	sal Date		City, Stat 2335-A		BUTTE	R ROA	\D, E	BETH	-ILF	
Completed by CARLOS GOMES		Title PRE	SIDE	NT		S	Signature	1		7		ate /26/18	8		
							1	fl.	-						

P			4 2	OF ASBE					,	# C	13,	19		
Date of Notification (1) 1/26/18	77 11		Name of KINKS	Building C SHAYRC	Owner/C NTE	perator RNAT	(2) IONAL	/EASTE	RN R	AIL DIVIS	ION			
Agencies Notified Type Notificatio	1		Street Ad 145-B	ddress AEKLAN	ND AVI	Ε,		po		E C E		\mathbb{V}	EI	n
EPA Initial Amended Amendmen	10000			te, Zip Co ATAWAY		08854	li X		n	ECD _	0 1	0010	WANTED THE PERSON	
DOH justification Cancellation)			Contact O GUAF	RINO					-,,, -	9.2	:U18	1	9
			FACI	LITY INFO	RMATI	ON				SBESTOS			&	
Name of Facility Where Abatement is Tak EASTER RAILING DIVISION	ing Place (3)							of Facilit <u>v (</u> School (K-1		LICE	ISING	3	Tella vaco	Health sarting
Street Address 145-BAEKLAND AVE.	V		11		V.			Subchapter Other (i.e. p etc.)	8 (Otherivate 8	er than K-12 & commercia) al build	dings,	home	s,
City (5) PISCATWAY, NJ 08854								e Feet SQ.	# of	Floors		ldg. A -50	ge	
County (6) MIDDLESEX				Code (7) USE ONLY)			OFF		or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building	g Owner (8)		ASCN	No.				ement Cor ENVIROI						
Street Address							Addres	s YETTE S	STREE	ΞT				
City, State, Zip Code							State, Zi WARK,	p Code , NJ 0710	05					
Project Manager for Monitoring Firm	11		Telepho	ne No.			hone No -491-0			License N 01240	ο.			
Start Date (10) 1-6-18	Scheduled 19-16-18	d Com	npletion l	Date (11)		Name	of OSH	IA Monitor						
Occupancy Status During Abatement (Ch	eck Only One	e)				Street	t Addres	s						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: DURING WORKII	Period of Al rmal Facility NG HOURS	batem Hours	ent			City, S	State, Zi	p Code						
Scope of Work (Check All That Apply)												-50.7		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Min Glo	i-Enclosure	e cedure	n Negative F			e	
	le l	Locati	on			_		,	7 7 31.			Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	N Used Mair	ormal I Sole ntenar	ly ly by nce/		tos Con		n of Material ns insula			mount Specify	ZD.		pe Enc	Ē
In Facility (13)	Custo	odial S (12)	Staff?		surfa	cing, V miscella	AT, or			F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				17101			2015			(D	
MAIN WAHREHOUSE		Χ			PIPE I	NSUL	ATION	l.	48	30 LF.	X			
Name of Registered Waste Hauler NEWARK CARTING		Н	J JDEP W lauler ID 4509		Cubic of Wa	Yards iste				ered Landfill LEHEM L		FILL		
City, State PO BOX 5670, NEWARK, NJ 07	05				Dispo	sal Dat	e	City, Stat 2335-	te APPLE	EBUTTER	RO	AD, I	BETH	HLF

Title PRESIDENT Signature

Completed by CARLOS GOMES

Date 1/26/18

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ate of Notification (1)	Personal State State Personal Stat										
gencies Notifieb Type Notification		and other state of	Street A	Address		/	1) MODE	ECTO	0.00	MITO	-
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DOL Amendment		\	Si	mon!	- N	10w Je	sev				No.
DOH justification))	9	1		, •		Telenhana N.				
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	ig Place ((3)				(Annual					
eet Address				_		Subchapte	er 8 (Other than K-1	2)			
						Other (i.e. etc.)	private & commerc	ial bui	ldings	, hom	es,
y ₂ (6)						Square Feet	# of Floors	and a Contract of the Contract	Bldg. /	Age	
DUMMIT (6)			County	Code (7)		Current Use (P	riar if being demalis	hed	2	<u>) T</u>	
Union						1881	desce				
me of Manitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.							
eet Address			1		Stree	t Address	2111/2	17	_		
5017(40),000							& Rd				
, State, Zip Code					1 City 5	State Zin Cada		33			100.000
ject Manager for Monitoring Firm		1	Telepho	ne No.	Telep	hone No.	License	lo.			-
		and the contract of the contra	58		730	294/757	000	25			
Int Date (10)		51 C	npletion	Date (11)							
			nant		Suce	Augress					
Abatement Performed Outside of Nom	nal Facilit	y Hours	S		City, S	State, Zip Code					
ope of Work (Check All That Apply)	-				· ·				*******		3270
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit	tion ion			Mini-Enclosur Glovebag Pro	re scedure				
	1	s Locati	on			a redir-Exemple		1	Abate	ement	
Location of	1						Annual Control of Cont	-	Ty	ype	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintena	nce/	(i.e. therma	al system	s insulation,		R	7	Enc	1 1 400
In Facility (13)	003		316818 E				SF or LF)	VOLLIG	epai	nsde	0000
	Yes	No	NIA					al		late	100
basement			X	Aw-	tile		JOUND	K			
		A COLOR						Open and and and and and and and and and an			
me of Registered Waste Hauler					aste.	1 / 11	Registered Landfil	1			
tel Inspiration (b.	7-1	. 17	205	(0	2/31	1 1					
State VACA NT	2			Dispo	3						
npteted by	Title	199			Signature			iter	1 ~		-
Brosmi Gice	1500	101Cx	VTY	150-	13	11-		1/71	15		

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Date of Notification (1)		40		247-222-22	refig arabaran	Owner/Operator (FEB - 95	2018/		y	
	/	18		Mad	Manage	ement Properties	s, LLC	5	36	A	5	
Agencies Notified	Type Notifica	ation		100	Address	eo gu		SBESTOS CON	ITROI	&		
☑ EPA ☑ DOLWD	☐ Amended	J		C Blocker	5 Route	THE PARTY OF THE P	P	LICENSIN	IG			
☑ DOLWD	Amendm				tate, Zip C		-					
DCA	The state of the s	cy (including				nt, NJ 08742						
(NJAC 5:23-8)	justificati	on)		10.000.000	of Contact	Th.		Telephone Num	ber			2
	☐ Cancellat	tion		Mik	e Colucc	i		9				
				FAC	ILITY IN	FORMATION	7 7					
Name of Facility Where	Abatement is 1	Faking Place	(3)				Type of Facility (
Residence	11(2)						School (K-12)	(Other than K-12)			
Street Address							Other (i.e., pri	vate and commer	cial bu	ilding	s,	
City (5)					25		Square Feet	# of Floors	Blo	dg. Ag	ge	
Lavallette							1000 sf	1	(65		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	shed)			
Ocean							Residence					
Name of Monitoring Firm	Hired by Build	ding Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A						Guardian Co	ntracting, Inc.					
Street Address						Street Address						
-						1889 Route 9), Unit 61					
City, State, Zip Code						City, State, Zip C	ode			6		
						Toms River,	New Jersey 087	755				
Project Manager for Mor	itoring Firm		Tele	ephone I	No.	Telephone No.		License No.	Was a second			
						732-349-9932	2	00624				
Start Date (10)	1000000	Scheduled Co				Name of OSHA N	Monitor		(1)			
02 /16 /	18	02/	19	9 / _	18	E.M.S.L. Ana	lytical					
Occupancy Status Durin	g Abatement (Check only o	ne)			Street Address						2000
□ Facility Closed/Vacat	-					1056 Stelton						
Abatement Performed					cribe AM	City, State, Zip C	ode					
Time of Abatement.	AIVI	PIVI/	_PIVI		Alvi	Piscataway,	New Jersey 088	354				
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll that apply)	☐ Re ⊠ De	novat moliti			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and Nor		re			
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Location		The second	lorma d Sol	ally lely by	A = l= =	Description of		A	Re	Re	m	E
Asbestos-Containing TO BE ABA		Ma	intena	ance/		stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil		Cust	odial (12)	Staff?		surfacing, VAT	, or	SF or LF)	\\ \a_{\text{a}}		sula	sure
(13)		Yes	No	The same		other miscellane	eous)				te	
exterior			×		asbesto	os siding		1000 sf				
										П	П	
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Name of Registered Was	ste Hauler		1.69	NJDEP V		Cubic Yards of	Name of Regis	tered Landfill				
Guardian Contract	ing, Inc.		1	Hauler II 20223		Waste 3	T.R.R.F.					
City, State						Disposal Date	City, State					
Toms River, New J	ersey					02/19/18	Tullytown,	Pennsylvania				
Completed By (Print or T	ype)	Title				Signature	1/	7 D	ate /	1		
Nicholas Fernicola		Project	Mar	nager		1	1 La d		2/4	110	9	



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Check 2249

Date of Notification (1)		Ma	mo of Du	ildina	Owner / Operato	- (2)		Poscholar F	N IE	n n	n r	-
P. D. Danier and A. D. D. Danier and A. D.	i i	0.000		1000	Owner / Operato	(2)		m E		11 /		
Agencies Notified Type Noti			m Saho eet Addre					12				#
⊠ EPA	ication	Oti	eel Addis	233				Mi r	FR -	0 00	10	
	tial	Cit	y, State 8	Zip C	Code	-		1111	<u> </u>	9 20	10	15
□ DOL □ An	nended		orence									
	nergency	Na	me of Co	ntact	***************************************			ASBE	STelen	nnati	thronk	nr.
☐ DCA ☐ Ca	ncellation	To	m Saho	1					- 3330)			
		F	FACILIT	Y INF	ORMATION							
Name of Facility Where Abate	ment is Taking Place		710ILII	1 1141	Type of Facil						-	
Street Address					School (O4h 4h	IC 40)				
Street Address							Other than		inas ba		-4- \	
					Other (i.e Square Feet		# of Floor				etc.)	
City (5)	County (6)	Count	ty Code (7)			# 01 11001	5	Bldg. A	200		
Florence		Courn	ty Code (1)	3000	(Drior if	hoing do	Z moliphod)		80-		
riorence	Burlington				Current Use ((PHOLII	being der	nolishea)				
Name of Monitoring Firm Hired	Lby Puilding Owner	/01	IACO	M No.		to me a mi	Cambrast	· · (0)	-	-	-	-
Ivaine of Monitoring Firm Fire	by building Owner	(0)	ASC	IVI IVO.	Name of Aba Alpha Envi							
Street Address					Street Addres		ilitai Sei	VICES				
					PO Box 829							
City, State & Zip Code					City, State & 2		de					
					Trenton, NJ							
Project Manager for Monitoring	Firm Te	lepho	ne Numb	er	Telephone Nu	umber		License	Numbe	r		
				-	609-847-295	56			012	222		
Scheduled Start Date (10)	Scheduled Comple	etion [Date (11)		Name of OSH		itor					
2/12/2018	2/22/2018				EMSL Analy							
Occupancy Status During Aba Facility Closed/Vacate	ement (Check only of	one)	^ hatamar	- t	Street Addres							
Facility Closed/Vacate Abatement Performed					107 Haddor							
Describe:	Outside of Normal 1	nouis	- /am to	3pm	City, State & 2							
Facility Occupied Durin	ng Ahatement				Westmont,	NJ UO	100					
Scope of Work (Check all that						-					-	
Caraca Ca	~PP-3/					П	Full Conta	inment with	Negativ	e Pre	ssure	
≥3 sf or ≥3 lf] R	Renovatio	n			Mini-Enclo					
≥160 sf ≥260 lf		D	emolition	1			Glove Bag	Procedures	3			- 8
						\boxtimes	Non-Exem	npted and No	on-Friab	le Pro	cedu	re
Location of		Is Loc	cation		Description			Amount			ent T	-
Asbestos-Contain			ly Used		Asbestos-Conf	-		(Specify		T	П	-
Material (ACM) TO BE ABATE		Solel			Material (AC			SF or LF)	-	, _	Enc	ш
in Facility			ance or	i	(i.e., thermal synsulation, surface				Noncova	Repair	Encapsulate	Enclsoure
(13)		(12			or other miscella				240	air	sula	oure
	Ye										te	(b)
Exterior					Siding		3	000sf				
Name of Registered Waste Ha	uler		NIDEDW	Vocto	Cubic Yards	Nomo	of Pogist	ered Landfill				
Traine of Neglotered Waste Ha	uici		Hauler ID		of Waste	Ivaille	oi registi	ereu Landilli				
ALPHA ENVIRONMENTAL			0003333		15	Grow	s Landfi	11				
City, State					Disposal Date	City, S						
Trenton, NJ					various	Morri	isville, P	A				
Completed By (Print or Type)	and the second s		Signature				Date					
Rod Richardson		10.645	Project	Ì	Rod Richardson				2/3	/201	8	
		100	Manage	r								

		Management of the Park		grare of I	vew Jersey			Inches 1	@ F	П	$\Pi\Pi$	
Check#2983	NO	四	A Tho	N OF AS	SBESTOS A AC 8 60 and	BA 5:1	TEMENT 6)	D) 丰	<u>6</u> <u>E</u>	-11	\mathbb{W}	5
Date of Notification (1)		1	1 1	11 //	ng Owner/Opera		*					
	18		Ivaii	e oi buildii	ng Owner/Opera	ator ((2)		EB -	9 2	018	
				ey Bernst						50000		1
Agencies Notified Type Notifi EPA Initial	cation		Stre	et Address		A					-	
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☑ DHSS Amendr			City,	State, Zip	Code				LIULI	VOIIV	7	THE RESIDENCE
	ncy (includi	na na	Mon	tclair, NJ	07042							
(NJAC 5:23-8) justifica	tion)	9		e of Conta		_		Telephone I	Viimher			200 700
☐ Cancell	ation		Jeffre	ey Bernste	ein							
					NFORMATION	V					-	
Name of Facility Where Abatement is	Taking Pla	ce (3)					Type of Facility	y (4)				- *
Private house							School (K-1	12)	*			g-
Street Address							Subchapter	8 (Other than K	(-1 2)			
VI							homes, etc	private and con	nmercial b	ouildin	ıgs,	
City (5)						-	Square Feet	# of Floors	- 1,	214-	A	
Montclair, NJ 07042							-quais i ect	# OF FIGURE	1	Bldg. /	nge	
County (6)			Con	nty Code (7)	(STATE USE ON	(V)	Current Hea (5)	Prior if haliand				
Essex			300	, 5006 (1)	JAME USE UN	-1)	Current Use (P	rior if being der	nousned)			
Name of Monitoring Firm Hired by Bui	lding Owne	r (8)	ASCM	No	Nome of At		-10-1					V
	3 - 11,10	17/	AOOIV	140.			ent Contractor (9))				
Street Address					Gr Tech LLO							
3,000					Street Addres							
City, State, Zip Code					576 Valley R							
ong, otato, zip oode					City, State, Zi	p Co	ode					
Project Manager for Monitoring Firm					Wayne, NJ 0		0).*				
1 Toject Manager for Monitoring Firm		Tel	ephone	No.	Telephone No).		License No				
Chart Data (40)					973-638-177	7		01127				
	Scheduled				Name of OSH	IA M	onitor					
	02		1	18	Envirovision	Cor	nsultants Inc					
Occupancy Status During Abatement (Check only	one)			Street Address					-		
Facility Closed/Vacated During Ent	ire Period o	f Abate	ment		20-21 Wagar	911/	Road, Bldg .#	25E				
Abatement Performed Outside of N	ormal Facil	ity Hou	rs - Des	scribe	City, State, Zi	D Co	de	33E				
Time of Abatement:AM	PM/	PM_		AM	Fair Lawn, N							
Scope of Work (Check all that apply)							and decontamin	nation with neg	ative pres	CUITO		
N >3 ef or >3 If	F2				L Full (Conta	ainment with Ne	gative Pressure	auve pres	Suite		
≥3 sf or >3 If ≥ 160 sf or ≥260 If		enovat emoliti					osure .	T	÷ 5			
		Ontonin	311		Non-l	ebag Exen	Procedurenpted (*) and No	n-Friable Proce	itive Pres edure	sure		
		Is Loca	tion							notom	ont T	
Location of		Norma			Description	on of				atem	1	T
Asbestos-Containing Material (ACN TO BE ABATED		ed Sole aintena		Asbe:	stos Containing	Mate	erial (ACM)	Amount	Remova	Repair	Enc	Enclosure
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(13)		(12)		1	other miscella			SIF or LF)	/al	1	Encapsulate	ure
	Yes	No	N/A								te	
Basement				Pipe inst	lation			320 I E				
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		+	12									
- Contraction of the Contraction											П	П
			П									
Name of Registered Waste Hauler		MIL	EP Waste	Hauler ID No.	Cubic Yards of M	laste	Name of Regis	torod Leadell			Ш	Ц
Gr Tech LLC						vasit	30.20	ierea Landfill				
City, State			03378	5	TBD		T.R.R.F. Inc					
5					Disposal Date		City, State		١.			
Vayne, NJ 07470					TBD		Tullytown, PA	A				
Completed By (Print or Type)	Title				Signature	/	1.		Date			
I.Jevtic	Owner					H	ewic Wens	ad	02/06/18	2		
SB-41						11	- V - V 16		UZ/UU/10	,		



CIC 4455

Date of Notification (1)			0	Building Owner/O	T. CO. TO. 1774 C.	Paris	示) E C	E		W	E
Agencies Notified Type Notification			Street A	R. LAURÉ	EN CE	140	1			- U	U	
□ EPA Initial										0 0	1040	ar or other transfer or other
□ DEP □ Amended			City, Sta	te, Zip Code	0. 1.	.15		J. FEI) -	9 6	U10	
DOL Amendment #		-	<u> </u>	CONTACT	YA(U)		07	0/0	OP THE R		- Demonstrate	
DOH justification)		1	Name of	Contact LAUNGNO	& PM	121	Tele	phone Number	ios.	CON	TRO	1 &
				LITY INFORMAT			The state of the s	UPSE PORTAGES	ORDER SCHOOL S			O-CHARLES OF
Name of Facility Where Abatement is Taking Pla		0	0	0		Type of Facility (4)					
Street Address	NŒ	KA	+ne	<u>Si</u>		☐ School (K-1		than K-12)				
Street Address			9			Other (i.e. p			ouildin	gs, ho	mes, e	etc.)
City (5)				· · · · · ·		Square Feet	# of	Floors	В	ldg. A		
CUFFSIDE (A-121	_				5200		2		19	22	>
County (6) 3€126€ √		(Code (7) USE ONLY)		Current Use (Prio						
Name of Monitoring Firm Hired by Building Ow	mar (9)		ASCN		Nome	f Abatement Cont	Pactor (9)				_	
rame of Montoring Firm Tilled by Bunding Ow	lici (o)		ASCI	a No.	1							
Street Address					Street A	Removal ddress	LIn	C			-	
						South Ri	iver	Stree	t			
City, State, Zip Code						ate, Zip Code						
Project Manager for Monitoring Firm	9)	- 13	Telephor	a No	Hack Telepho	ensack,	NJ (07601 License No				-
Project Wallager for Wolmoning Pinni			reteption	ic No.	1			0038				
Start Date (10)	Schedule	d Compl	letion Da	ate (11)	Name of	329-7444 FOSHA Monitor		0030	Ω			
2/16/18	2	17	118		Omeg	a Enviro	nmer	ital				
Occupancy Status During Abatement (Check Onl	y One)	,			Street A	2001	ř.					
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Facility Closed Performed Pe					City Sta	Huyler S ate, Zip Code	tree	et				
Other - Describe: 730 Au TO	5:00 (M			200000000000000000000000000000000000000	h Hacken	each	- N T	776	06		
Scope of Work (Check All That Apply)					Dout	II HACKEL	sacr	, 140	070	00		
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						Non-Exempted	(*) and]	Non-Friable	roced			
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Location of Asbestos-Containing Material (ACM)	Use	d Solely	by	Asbestos Cont	escription of taining Ma		A	mount			н	
TO BE ABATED In Facility		intenan todial St		(i.e. thermal syst	ems insula	tion, surfacing,	10000	pecify or LF)	Remova	Repair	incap	Encl
(13)		(12)		other	miscellane	ous)	0.	,	oval	oair	Encapsulate	Enclosure
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BASEPLENT			X	THERMAR SYS	TEM IN	SULATION	- 1	40LF	4			
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Name of Registered Waste Hauler	1		DEP W	5000000 . A DO A SOMETHING S.		Name of	Registere	d Landfill				
Best Removal Inc			uler ID 1 1 7 1 (/1 e7	S Mina	rva	Enter	ri	200	т	TC
City, State				Dispos	sal Date	. City, State	e va	THI CELL	للله	محم	,	11111
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City, States, Zip Code				Mid!	seta, Ap Co and Park,	110'	432				
Project Manager for Monitoring Firm		Telephor	ne No.	Talepi	hana No.	-:	Licar	inte No.			-
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Facility Closed/Vecated During Entire Abstract Ferturned Outside of Non	Period of Abets	ernent			Huyler St						
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Scope of Work (Check All That Apply)	······································				Western or a second such to	ww. 96.14					
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Name of Registered Waste Hauter		NJDEP W	Pauto TC	uble Yards	1 74	mi of	registered L	andili .		1	
Newark Carting inc.		Hauter 10 04509	No.	K Wzeso			lentral Sa		.andfil		
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City, State						MF: SAFE	y. PA 08	TUZ			
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Date of Notification	1		Asbes	Name	of Building	Owne			Massarding -			
0 2	0	6 1	8	MAC	Y'S CORPO	RATE	SERVICES (FEDERATED)	A		TOS CO		L &
Agencies Notified	Туре	of Notification	on		t Address					PARTICIPATION OF THE	WL7	mar-dilliyes
X USEPA X DEP		Initial Notification	n	/ VVE	ST SEVEN	IHSI	REET					
X DCA/DOL X DOH	×	Amended Cancellation	on 2		State, Zip C INNATI, OH		5202					
				Name	of Contact			Telephone Numb	er			
	€				H COPPOL		ON .	L	<u></u>			
Name of Facility W	here Abat	tement is Tal	king Plac		III INFOR	T	Type of Facility		-			_
MACY'S MOODE	SIDGE CE	NTED Mail D	Racketon	10			() School (K-12) () Sub-Chapter 8 (Other	than K-12)				
MACY'S WOODBR Street Address	NDGE CE	IN I ELV IVISII E	Jacksid	ic.		1	(X) Other (I.e. private & C					
ROUTE 1						CF.	buildings, homes, etc.) of Bldg.	# Floor		Age of B	lde	
City		County	I	County (Code	SFC	1 MILLION +SF	# 1001		50+		
WOODBRIDGE		UNION		State us		Curr	ent Use (prior if being demo	lished)		i		-
Name of Monitoring	Firm Hire		g Owner	,	ASCM No.	Nam	ne of Abatment Contractor					
			3.									
PENNONI ASSOCI	IATES						I CONSULTING CORP. et Address					_
515 GROVE STRE City, State, Zip Coo		: 18					Stanley TERRACE State, Zip Code					_
HADDEN HEIGHTS Project Manager for			То	lephone	No		DN, NJ 07083 phone Number	License Number				_
r Toject Manager To	1 WOULDIN	ng i mii	10	ерпопе	5 140.	reie	phone Number	License Number				
TO BE DETERMIN Scheduled Start Da		I Cabadulad			RMINED		687-1008 ne of OSHA Monitor	00575	i		arc	
Scrieduled Start Da	ile	Scheduled	Comple	tion Da	ile	INam	IE OI OSHA MONILOI					
1 25	2018		28	2018		-	SL ANALYTICAL					
Month Day Occupancy Status	During Ab	Month eatement (Ch	Day eck Only	Year (One)		Stree	et Address					
Facility Close	ed/Vacated	d During Enti	re Perio		atement		WEST 38TH STREET					
X Abatement OX Describe: 9:0			Hours			City,	State, Zip Code					
Other - Descr	ribe:			115		NEV	V YORK, NY 10118					
Scope of Work (Ch	ecl Only C	One)			Abatement	Meth	od					
Demolition		V. C.S.A. **			X		Containment with Negative	Pressure				
>3sf or >3lf X ≥ 160sf or ≥ 2	260lf						Enclosure ebag Procedure					
Renovation					X	Non-	Friable Procedure		la: ·			
Location of ACM Fa	acility				ion Normally Custodial S		Describtion of ACM to be	Amount to be Removed	Abate	ement Typ	је	
				Yes	NO		Removed	(Specify SF/LF)		Rep. End	c. En	cl.
3RD FL - Hall between			e Area			-	VAT & MASTIC FIREPROOFING	102SF 500SF	X		-	
3RD FL - Housekee 3RD FL - Former K			-			+	DUCT INSULATION	320SF	X		\dashv	_
3RD FL - Employee							VAT & MASTIC	1120SF	Х			
3RD FL - Large Sto							VAT & MASTIC	100SF	X			
3RD FL - FREIGHT 3RD FL - 8 COLUM		OR / KITCHI	EN		-	-	TSI FIREPROOFING	20LF EACH 100SF EACH	X		-	_
Name of Registered	d Waste F			NJDE	P Waste ID	No.	Cubic Yds waste	Name of Register	ed Lan			
TRI-STATE TRANS City, State	SFER ASS	SOC., INC.		Dieno	SW1896 sal Date		TBD City, State of Registered La	MINERVA ENTER	RPRISI	ES, INC		
BRONX, NY				TBD	odi Ddle		WAYNESBURG, OHIO	/				
Completed By (Prin	it or Type))		Title			Signature	d\ 1	1. ^	Date		
ANITA SMOLAR				GENE	ERAL MANA	GER	1 (starlin	xnoc	W	2/6	3/2018	

CH 5816	1	IOTIFI (Pu	CATION	ate of New OF ASE to NJAC	STOS	ABATIEN	MENT		IS W		0	201		
Date of Notification (1) 2/8/18				f Building (asant Pa			(2)		FEE) -	9	201	Ö	and a
Agencies Notified Type Notification			Street A	ddress		200 00			ASBEST	TOS (COI	NTR	OL 8	
EPA Initial Amended Amendment #				rolab Ro ite, Zip Co		ine A			L.	ICEN	211	VG		
Emergency (ir				ston, NJ	07039	9								
DOH justification) Cancellation		100		f Contact Quesent	perry			l leli	enhone N	ımher				
Name of Facility Where Abatement is Taking	Place (3	1	FACI	LITY INFO	RMATI	ON	Type of Facility	(4)						
Residence	1 1000 (0	<i>)</i> .					School (K-							
Street Address							Subchapte Other (i.e.	r 8 (Oth			ildi	ngs.	home	s.
City (5)							etc.) Square Feet		f Floors	Т		ig. A		
Montclair							4,500	2			50			
County (6) Essex				Code (7) USE ONLY)			Current Use (Pr Unoccupied			ished)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	No.			of Abatement Co	ntractor	(9)					
Vertex Engineering Street Address							ervices, LLC Address							
700 Turner Industrial Way, Suite 105	5					TOTAL S	B National Ro	ad						
City, State, Zip Code Aston, PA 19014							tate, Zip Code n, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy			Telepho 610-55	ne No. 58-8902			one No. 372-8884		License 01161	No.				
	Schedule 2/23/18		pletion	Date (11)		Name EMS	of OSHA Monitor L							
Occupancy Status During Abatement (Check	Only Or	ie)					Address Route 130							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:						City, S	tate, Zip Code							
Scope of Work (Check All That Apply)						Cinin	aminson, NJ			_	_			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demoliti				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	•				e	
	100	Locati									P	\bate Ty	ment ne	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Vormall d Solel intenar codial S (12)	y by nce/		os Cont thermal surfa		laterial (ACM) s insulation, T, or	(5	mount Specify F or LF)	Kemovai	7	Repair	Encapsulate	Enclosure
	Yes	No	N/A								4		Ф	
Basement			X	TSI an			31 on elbows		21 LF	X	-			
Crawl space and basement floor Basement			X		2653	I debri			0 SF 3 SF	X	+			
2nd floor restroom			X		0.000	noleun			5 SF	X	+			
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic				ered Land	1000	_			\dashv
Waste Management		H	auler ID	No.	of Was	ste	GROW	/S Lan	dfill					
City, State Trenton, NJ				Dispos TBD	sal Date	City, Sta Morrist		PA						
Completed by Jack Bally	Title Sr. P	roject	Mana	ger	S	ignature	h Ball	y (a		Date 2/8/1	8			

Do not use this form for asbestos licensure exempted activities.



	ecoservices, LLC				E 1	2018	
Location of	Is location normally				Abatem	ent Type	
Asbestos Containing Material (ACM)	used solely by			10000		WICH AND DESCRIPTION OF THE PERSON NAMED IN	
To Be Abated	Maintenance/	Description of Asbestos Containing Material (ACM) (i.e.	Amount	ASBES	OS CON	TROL &	
In Facility	Custodial Staff?	thermal systems insulation, surfacing, VAT, or other	(Specify SF or LF)	Removal	Repair	J	Enclosure
	Yes No N/A	miscellaneous)			керап	Епсар	Enclosure
Roof	N/A	Tar on chimney	30 SF	Х			
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B & G proj. #: 2018-40

State of NJ
Notification of Aspestos Abatement
(Pursuant to NAO 8 60-7 and 12 120-7)

Check # 8814

								35-03					
Date of Notification (1)					Operator (2)			ME	CE		E	F	7
0 12 1/10 7/	1 8		eena Sha	h				11115	<u> </u>	и О	كا		#
П БРА	ype Notification	Stre	et Address						F5 /	0.004	0	and	
D DEP	Initial	-	01-1-7:-	Codo					EB - (1 701	8	1	升
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	Cancellation	.	Neena Sh					g 1	210211	announced to the same of the s	es enempte	THE PERSON NAMED IN	man i
DCA C			veena on		TO CHIEDDAY	TION							
52- L + 31_1				FACIL	ITY INFORMA	ATION		Type of Facility (4	4)				_
Name of facility where	abatement is ta	king place	(3)					School	(K - 12)				
Neena Shah									apter 8 (O			2)	
Street Address								X Other (Private/Co Homes, e	ommero tc.	iai		
								Square Feet	# of Floor	s	Bldg	. Age)
City (5)		County	(6)				Code (7)				liabod	\	_
Montclair, NJ 0	7042	Esse	λ			(State	use only)	Current Use (Pr Residential	rior it bein	g demo	IISHEU	,	
Name of Monitoring F			10.4		ASCM No.	IN	ame of Abatement						
Name of Monitoring P	IIII filled by blo	ig. Owner	(0)	1	n/a		B & G Restora	tion, Inc.					
Street Address							treet Address						
Street Address							105 Ryerson F				-		
City, State, Zip Code						Ci	ity, State, Zip Code Lincoln Park,						
			Links	ne Numbe			elephone Number	110 07 000	License	Numbe	er		
Project Manager for M	Ionitoring Firm		Pho	ne Murribe	31		(973)696-686	39	00)378			
	(10)	ISchad	Completion	Date (11)	N	Name of OSHA Mor						
Scheduled Start Date	(10)	70 Store (840)	0/2018	, Dato (4		B & G Restora	ation, inc.					
02/19/2018					· · · · · · · · · · · · · · · · · · ·	-	105 Ryerson F	Road					
Occupancy Status Du Facility closed/v	ring Abatement	ntire perio	d of abatem	nent.			City, State, Zip Code						
Abatement perf	formed outside o	f normal f	acility hours	-									
Describe: Other-Describe	:					_	LincolnPark, N	VJ 07035					
Scope of Work (chec									E Claur	ebag pro	acadu	re	
☐ Demolition	X	Renovation	n			_	II Containment w/n	egative pressure	Section 1	friable p			
>3 sf or >3 If	Tanana .	160 sf or 3				X Mi	ini-enclosure		Пион	TR.	R	E	
Location of		Is location	normally u	sed solely odial			heetee containing	Amount		e m	e p	n	E n
asbestos-conta material to be		staff(12)	1100/000		Descript		bestos-containing	(Specify LF)	SF or	0	a	c a	C L
abated in facili	ty (13)	Yes	No	N/A						v e	r	p .	_
crawl space				X	pipe insu	lation		180 lf		X	4	4	뷰
Clawl Space										井	H	H	ዙ
										묶	片	H	ዙ
										믐	H	H	盲
		INID	EP Hauler I	D# 1 (Subic Yards o	f Waste	Name of Register	ed Landfill					
Registered Waste Ha B & G Restorati	on, Inc.	1430	19563		2		Tullytow	n Resource & F	Recover	y Cen	ter		
City, State Lincoln Park, N	J			Disposal 02/	Date 21/2018		City, State Tullytow	n, PA					ř.
Completed by (Print		Title Secreta	iry/Treasu	ırer	Signature	(Gordana Luni	z	02/	07/20	18		
Gordana Luna		Jediela	i y i i cast										

Notification of Asbestos Abatement NJAC 8:60-7 and 12:120-7) 2018-38 B & G proj. #: Check # Date of Notification (1) Name of Building Owner/Operator (2) 10 12 1/10 16 1/11 18 1 Sam Lonergan Type Notification Agencies Notified Street Address X EPA - 9 2018 FEB X Initial ☐ DEP City, State, Zip Code Amendment X DOL Glen Ridge, NJ 07028 ASBESTOS CONTROL & Telephone Number NSING X DOH Name of Contact Cancellation ☐ DCA Sam Lonergan **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Sam Lonergan Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Glen Ridge, NJ 07028 Essex Residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 02/24/2018 02/21/2018 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Glovebag procedure Demolition X Full Containment w/negative pressure ▼ Renovation Non-friable procedure Mini-enclosure X ≥160 sf or ≥260 lf >3 sf or >3 lf E Is location normally used solely E Location of e n by maintenance/custodial Amount Description of asbestos-containing asbestos-containing n m p C staff(12) (Specify SF or C material to be material (ACM) a a LF) abated in facility (13) N/A Yes No X 1.180 sf ceiling plaster basement Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler 19563 Tullytown Resource & Recovery Center B & G Restoration, Inc. 15 Disposal Date City, State

02/26/2018

Signature

Lincoln Park, NJ

Gordana Luna

Completed by (Print or Type)

Title

Secretary/Treasurer

Tullytown, PA

Gordana Luna

Date

02/06/2018

State of NJ

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Date of Notification (1) 2/5/18			Name of Building Owner/Operator (2) Kathleen Clemons							FEB	- 9	20	18	T		
Agencies Notified Type Notific	Street	Address			ASBESTOS CONTROL &											
EPA Initial Amend		State, Zip			LICENSING											
X DOL Amend	g		Jersey City, NJ 07305 Name of Contact Telephone Number													
DOH justification DCA Cance			y Clem			Telephone Number										
Name of Facility Where Abatement is	Taking Place	(3)	FA	CILITY IN	FORMAT	TION	Тур	e of Facility	/ (4)				-			
Residence- Clemons Street Address		1900000						School (K	-12)							
Street Address							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,									
City (5)				-			etc.) Square Feet # of Floors Bldg. Ag					Age				
Jersey City, NJ County (6)	County	Code (7)		25 2 100 Current Use (Prior if being demolished)											
Hudson			(STATE	USE ON												
Name of Monitoring Firm Hired by Buil	ding Owner (8)	ASC	M No.		Name of Abatement Contractor (9) Active Environmental Technologies Inc										
Street Address				Street	Street Address											
City, State, Zip Code					-	203 l		St Zip Code								
D.:			Mt Holly NJ													
Project Manager for Monitoring Firm		Telepho		20	elephone No. License No. 01299											
Start Date (10) 2/7/18		Scheduled Completion Date (11) 2/7/18						Name of OSHA Monitor								
Occupancy Status During Abatement (28	in a			Street /	Addre	ess								
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Vacacted during	Normal Facility	Abaten y Hours	nent s			City, St	ate, Z	Zip Code								
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ation tion			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	11/1/20	Locati					110	on Exemple	a () and No	nei nau	Abatement Type					
Asbestos-Containing Material (ACM)		Normal d Sole	ly by		scription of taining Material (ACM)			Amou	ınt		1)					
TO BE ABATED In Facility (13)	10	Maintenance/ Custodial Staff? (12)			lie thermal evetem			ation,	(Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
•	Yes	No	N/A								-		ate	Э.		
basement		X			9>	x9 Tiles			25SF	R	Х					
ame of Registered Waste Hauler		l N.	JDEP W	/aste	Cubic	Yards		Name of	Registered I	Landfill						
Active Environmental Technologies Inc			auler ID	of Was	te l			n Landfill								
ity, State t Holly NJ					Dispos 2/8/18	al Date	7	City, State								
ompleted by	Title					gnature	1	TOTAL	10	Dat		-				
ictoria Wise	Proie	ct Ma	nager			/ ,	Λ	1	1/1	12/5	5/18			- 1		

		Ιī	G .	Δ Γ	Jerse			Γ	MEC	EI	N/I	Name and Address of the Owner, where the Owner, which is the Ow	int F		
Ch 8130	1	vo i i		OF ASE	STOS 9.60 am	2				<u> </u>	$\underline{\mathbb{W}}$	E			
Date of Notification (1) 02/02/2017			f Building (Operator	or (2) FEB - 9 2018									
Agencies Notified Type Notification	-	Street A	Andrease	en		\rightarrow									
		- 1	Street A	udiess				ASBESTO	os co	NTRO	11 2	_			
EPA X Initial Amended		Ц	City, Sta	ite, Zip Co	de			- Income	ASBESTOS CONTROL & LICENSING						
X DOL Amendment		_		ilford, N								1000000			
Emergency justification)	Name of Contact Telephone Number														
DCA Cancellation		Pam A	Andreaso	on	9										
Name of Facility (Alberta Aberta and Facility	DI (6		FACI	LITY INFO	RMATI	ON	_ ,				Ce				
Name of Facility Where Abatement is Takin Residence	g Place (3	5)					personal contract of the contr	Facility	8.6						
Street Address								hool (K-		12)					
otroct Address						Subchapter 8 (Other than K-12) Other (i.e. private & commercial build etc.)						fings, homes,			
City (5)							Square		# of Floors	Е	Bldg. A	ge			
Newmilford, NJ							1500		1	1 6	1 0+				
County (6)	County (6)						Current Use (Prior if being demolished)								
Bergen County		1	(STATE (JSE ONLY)	-		Residence								
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	1 No.			me of Abatement Contractor (9)								
N/A							NA General Construction, INC								
Street Address				- 10	Street Address 1360 Clifton Ave, PMB Suite 218										
City, State, Zip Code							tate, Zip		MD Julie 210	,					
							on, NJ (
Project Manager for Monitoring Firm		Telephone No.			Telephone No. License No.										
		10			973-389-0089 00693										
Start Date (10)		npletion I	Date (11)		Name of OSHA Monitor										
02/17/2018	2018					DIA General Construction, INC									
Occupancy Status During Abatement (Chec	k Only On	ne)					Address	Α .	2112 0 11 2 11						
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal English House						1360 Clifton Ave, PMB Suite 218									
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe:			5			City, State, Zip Code Clifton, NJ 07012									
Scope of Work (Check All That Apply)						ΟΙΙπο	on, NJ (11012							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Pemolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
						L.	I Non-	xempte	ed (*) and Non-Fria	able Pro					
	22,233	Locati Normal			<u></u>					Abatement Type					
Asbestos-Containing Material (ACM) Used			ly by	Asbest		scription taining M	of Iaterial (A	(CM)	Amount			ית	.,		
TO BE ABATED In Facility	82355					al systems insulation, acing, VAT, or			(Specify	Rei	R	inca	Enc		
(13)						cing, va niscellan			SF or LF)	Removal	Repair	Encapsulate	Enclosure		
95 ± 59	Yes	No	N/A				00000000000000000000000000000000000000			<u> </u>	,	ate	re		
Basement			0.3550	Domo	wo/Dia	20000 5	nine/alh	1014	2015	Х					
Dasement			X	Remove/Dispose			pipe/elbow 20 LF			A			0020		
Name of Registered Waste Hauler	N	JDEP W	aste	Cubic	Yards Name			e of Registered Landfill							
Sonios Transport Group			auler ID 0990		of Was	ste			rva Landfill						
City, State					sal Date		City, State								
New Castle					3/2018		Waynesburg, OH 44688								
Completed by				Signature						-0.7					
Milan Niezic	Presi	dent			100	Da & tel 1 02/02/2018									