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

Check # 8984

Date of Notification (1)		LNIe	and as Provided to		15.0						
2/08/16		IVe	ame of Building Owne								
Agencies Notified Type Notificati	on	Str	reet Address	> F1	WEREN H	FOME	L.L	-			
EPA E Initial			1000		≥ Ave			第四年 N. F			-10 1 1/2 20 m 10 7
X DEP Amended		Cit	ly, State, Zip Code	TOBWI	D AVE		00	73.	manufall (8	- T 2 2
I mount of the control of the contro			MIDLAND !	DARV	/	9-1199	140	.co	G	b	()
DOH justification	cy (including	Na	me of Contact	HUL	N.S (77432	Tops,	-	and the same	pa .	6. 2
DCA Cancellat			TIM BLOC	100	3	i i elet	none N	lumbe	L 0	-	· 1/2
N-			FACILITY INFORMA			1/01	UV	L.R.	~ 1º	redi entir	- 46
Name of Facility Where Abatement is Ta	king Place (3))	The second	11014	Type of Facilit	v (A)				19	- 1
COMMERCIAL.								0-	4	100	,
Street Address					School (N	(-12) ter 8 (Other	han ić.	121	Š	0	
159 GOSWA AUG	ř				Other (i.e	. private &	mmer	cial bu	ildina	s. ha	mes
City (5)				-	Square Feet	# of F			11.00		
MIDLAND DANK					2800	. # 011-	ors	- 1	Bldg.		
County (6)		Cou	inty Code (7)		Current Use (P	Prior if boing	lome!		15	0	
Bersen.		(ST)	ATE USE ONLY)			_	lemois	snea)			
Name of Monitoring Firm Hired by Building	g Owner (8)	A	SCM No.	Name	of Abatement C	OLC(4)					
St. 1814				A. M	ac Contractin	g Inc.					
Street Address					Address					-	-
City Chair 71- C. I				185	Vreeland Ave						
City, State, Zip Code				City, S	tate, Zip Code					-	-
					and Park, N.J.						
Project Manager for Monitoring Firm		Tele	phone No.		one No.		ense l	VI.			
01-1-0				201-2	262-5841		0156				
Start Date (10)	Scheduled		ion Date (11)		of OSHA Monito						
2/18/16	1 2	129/11	ь .	Ome	ga Environme	ental Serv	ces in	nc.			
Occupancy Status During Abatement (Che)			Address						
Facility Closed/Vacated During Entire	Period of Ab	atement		280 F	luyler Street						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	mal Facility H	lours		City, St	ate, Zip Code		-				
					ensack, N.J.	07606					
Scope of Work (Check All That Apply)	/										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation			Full Containm	ent with No	ativa (Process			
2 2 100 St 01 2200 H	L Der	nolition			/ Mini-Enclosur	е	auve r	ressu	16		
				H	Glovebag Pro	cedure	- F2-1		- The state of the		
	le i e	ocation	T	Ested	Non-Exempte	d (*) and No	1-Friab	ile Pro		-	
Location of	Nor	mally					-		Abate	meni pe	E
Asbestos-Containing Material (ACM)		Solely by enance/	Asbestos Contr	scription o	of sterial (ACM)	Amou	. 4			1	Г
TO BE ABATED In Facility	Custodi	ial Staff?	(i.e. thermal	systems i	insulation.	(Spec	V	R	77	Enc	g
(13)	(1	12)	other m	ing, VAT	ous)	SF or I	-)	Remova	Repair	Encapsulate	Enclosure
	Yes N	NO NA	A		-			/a	7	date	- Mr
BASEMONT			1 2								
10 1001	+	1	PIPE	INSUL	anov	96 4		1			
								\vdash		\neg	
	1		1				-				
Name of Registered Waste Hauler		NJDEP	Waste Out	(a)							
Newark Carting, Inc.		Hauler I				Registered I					
		04509	1	,	Grand C	Central Sa	nitary	Land	1711		
ity, State Newark, N.J. 07105			Disposa	I Date	City, State		_				\dashv
completed by	1		12/19	8/1600	Pen Arg	yl, PA 08	172				
R. McDonald	Preside	nt	Sig	parure	mck na		Date		-		\dashv
	1 reside	II (L		1011	1 Yeall		12	167/	16		- 1

CK#25051

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

Date of Notification (1)			I Na	me of Ruild	ing Owner/O	(6)			20	16 F	-			
	2/8/16	_		INA	ine or build	ing Owner/Operato				A	16 F	8/	n		
Agencies Notified	Type Notif	fication		Str	eet Addres	9	Chambers Pro	operties		35	£				
EPA BBB	Initial						20 Nassau S	Street		- 10	4/1	# 0			
DEP DOL	Amend	ed ment#		City	, State, Zip	Code			4/1	FA	6/1				
	Emerge	ment #_ ency (includ	ina		,						JA				
M DOH ☐ DCA	justific	ation)	9	Nar	ne of Conta	art	08540								
11000	L Cancell	lation				eremiah Ober	r	Telep	one No	ımher					
						FORMATION		_	, - -		V 1				
Name of Facility Where	e Abatement is	Taking Pla	ce (3)		ACILITY IN	FORMATION					1000				
		Store					Type of Facili	500 LONG 100 ECO				-			
Street Address							School (K-	12) er 8 (Other	than K	12)					
	20	Nassau	Stree	et			Other (i.e.,	private &	omme	rcial bu	iildina	S.			
City (5)					-		homes, etc Square Feet	C.)							
	Princ	eton, NJ	08.	540			1500	loors		Bldg.					
County (6)					unty Code	(7) (STATE		4	_ -	10	0+/	-			
	Mercer			US	E ONLY)	(1) (01/1/2	Current Use (F	rior it bei	g dem	olished)				
Name of Monitoring Firm	m Hired by Bui	ilding Owne	r	ASCI	VI No.	Name of Ahaten	nent Contractor (0)					_		
(8)						vens Environ		Camri	000 I						
Street Address					Street Address	CHS EHVHOL	intental	Servi	_						
	PO Box	x 341					PO 1	Box 32							
City, State, Zip Code						City, State, Zip C		DUX 32.				_			
	rosswick,	NJ 0851	5			,,, <u></u>	Allentow	n NI (3501						
Project Manager for Mo			Tel	lephone	No.	Telephone No.			e Ne:				_		
	Weisgarber				98-4070	(609) 25	Lioci	C INO.	0049	13					
Start Date (10)		Scheduled	Compl	etion D	ate (11)	Name of OSHA			_	0047	5	-	=		
3/1/16			3/31/	/16			M	IECS							
Occupancy Status Durin	ng Abatement	(Check onl	y one)			Street Address							_		
Facility Closed/Vacat	ted During Ent	ire Period o	f Abate	ement			PO I	3ox 341							
☐ Abatement Performe☐ Other - Describe:	d Outside of N	lormal Facil	ity Hou	ars		City, State, Zip C	ode						_		
-				_			Crosswicl	ks, NJ (8515						
Scope of Work (Check a	all that apply)												=		
≥3 sf or ≥3 lf		X R	enovat	tion		Full Con	tainment with Ne	gative Pre	sure						
≥160 sf or ≥260 lf			emolitic	on		Gloveba	a Procedure								
		Is	Location	on		Non-Exe	empted (*) and No	on-Friable	roced	ure					
Location	-6	N	lomall	y			1			1	Abatement Type				
Asbestos-Containing N	n Naterial (ACM)	. Used	d Solei	ly by	Achoot	Description of					1 9		_		
TO BE ABAT	ED	C	ustodia	al	(i.e.,	os Containing Mate thermal systems in	erial (ACM)	Amo (Spe				ш	_		
IN Facility (13)			Staff? (12)			surfacing, VAT,	or	SF or	F)	Removal	교	Encapsulate	Encl		
, -/		-				other miscellaneou	us)			SVOL	Repair	sul	Enclosure		
		Yes	No	N/A						=		ate	9		
Store Ar	ea		×		The	ermal Pipe Ins	ulation	30	F	100		-			
Lobby						ermal Pipe Ins				X					
						The IIIs	aration .	10	_	×					
Name of Registered Was	te Hauler		IN	JDEP \	Naste T	Cubic Yards	l New : /=								
Stevens Environm		ices In-		auler ID	No.	of Waste	Name of Regis								
City, State	iciliai Selv	ices, inc		182	292	2CU		GROW	3 Lar	ndfill					
,	Allonton	n NIT				Disposal Date	City, State								
Completed By	Allentown, NJ					3/31/16					Morris ville, PA				
Mahlon E. Stev	vens	Title D+	oicat	Manager Signature						Pate					
B-44		rr	oject	ıvıan	ager	-1-111				2/8/	16				
													_		

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

CK#0044

Date of Notification (1)		_	51					21 3	11	0	/	1	1					
Date of Notification (1) 2-4-2016					Owner/Operato							11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
Agencies Notified Type Notification	,	+	Bergen County United Way Street Address									100						
			6 Fore			نيا ن	×.											
EPA X Initial		-			100	í	-											
DEP Amended DOL Amendmen	t #		City, State, Zip Code									2		i t				
Emergency		-	Paramus, NJ 07652 Name of Contact Telephone									5	-	1				
DOH justification)			Tele	ephor	3 Num	ber	,		1								
DCA Cancellatio	n		Jeff Le	ewis						3	77 -	1	20	40				
Name of Facility Where Abatement is Taki	na Diana (2)		FACI	LITY INFO	RMATION	-	CE 1111 (11)				2							
House	ng Place (3)					lyp	e of Facility (4))		£.	,,_		in	Ĭ,				
Street Address		11112-0-				H	School (K-12) Subchapter 8		+!	V 401		2	dil.					
31.00171041000						×	Other (i.e. pri					dinas.	home	S.				
City (5)							etc.)											
Glen Rock							uare Feet	0.0000000000000000000000000000000000000	Floo	;		ldg. A	ige					
		-					500	2				0+						
County (6)				Code (7) USE ONLY)			rent Use (Prior	if beir	ng de	nolishe	ed)							
Bergen	Name of Monitoring Firm Hired by Building Owner (8)						ouse											
		ASCN	l No.			batement Contr												
n/a			n/a			21-1-11-1	y Contractin	g Co	rp.									
Street Address			Street Address															
n/a			360 Palisade Ave															
City, State, Zip Code						City, State, Zip Code												
n/a					Gar	field	, NJ 07026											
Project Manager for Monitoring Firm			Telepho	ne No.	Telep	hone	No.			se No								
n/a			n/a		201	-460	-6026		012	55								
Start Date (10)	Scheduled		pletion I	Date (11)	Name	of O	SHA Monitor		-									
2-15-16	2-16-16				Har	mon	y Contractin	g Co	rp.									
Occupancy Status During Abatement (Che	ck Only One)			Street					-								
Facility Closed/Vacated During Entire	Period of Ab	atem	ent		360	Pali	sade Ave.											
Abatement Performed Outside of Nor	mal Facility I	Hours			City, S	State,	Zip Code											
					— Gar	field	, NJ 07026											
Scope of Work (Check All That Apply)																		
≥3 sf or ≥3 lf	× Re	nova	tion			Full Containment with N					leg: tive Pressure							
≥160 sf or ≥260 lf		moliti	ion			Mini-Enclosure												
					ľ	Glovebag Proc Non-Exempted				Friable	Pro	cedur	edure					
	la l	ti				1401-Exempted () and 140					Abate							
Location of		ocation of the control of the contro			Description	escription of							/pe					
Asbestos-Containing Material (ACM)	Used	Sole	ly by	Asbest	os Containing I		ial (ACM)	A	moun				m					
TO BE ABATED	Custo	itenar		(i.e.	thermal system				pecif		Re	ZD.	Encapsulate	Enclosure				
In Facility (13)		(12)			surfacing, V/ other miscella			SF	or L)	Removal	Repair	ısqı	losi				
XX	V		T				-/				a	-	late	re				
	Yes	No	N/A								7/ s z===							
Basement			x	Ask	estos Pipe	Insu	lation	6	LF		х							
			-						-	-		-						
Name of Registered Waste Hauler	191234	JDEP W auler ID		Cubic Yards		Name of R	egiste	red L	indfill									
Loznica Management Corp	03313		of Waste TBD		GROWS	S Lan	dfill											
City, State			00010		Disposal Date	9	City, State		-	-			78.00	100 m				
Lincoln Park, NJ 07035					TBD Morrisville PA 19 167													
Completed by	Title										Date							
T. Caporino	Secre	tary			Signature MPONNO													
г. очротно	00010	iai y			1 .	2		2/4/2016										

No 23171650461

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

Date of Notice it			NOII	Pursuar	ON OF AS	8:60 a	nd 12:12	0)			15.		FR 32	3 m	
Date of Notification (1) 02/03/16				Name Euge	of Building ene Huar	g Owner	/Operato	(2)	- W	20	FFF	D .	- 5	Proce A	7
	pe Notification			Street	Address		4	FE	0 10	AM	9:	S.			
× EPA × DEP × DOL	Initial Amended			City, S	state, Zip C	ode				7.37	ES/	03 (1721	F.	J 19
	Amendment Emergency (Glen	Ridge, I	NJ 070	28				L. /	EN	ING	RO	1
▼ DOH ▼ DCA	justification) Cancellation			Name	of Contact					Tele	one I	Number	-		
Name of Facility Where Abat	ement is Taking	Place	(3)	FAC	CILITY INF	ORMAT	TION			L				-	
Eugene Huang		9 1 1000	(0)					Type of Fa	cility (4) ol (K-12)			Total Annual College			
Street Address								Subcl	napter 8 (i.e. priv	(Other	han K	-12) rcial bu	ilding	s, hon	nes,
City (5) Glen Ridge							-	Square Fe	et	# of F	ors	T	Bldg.	Age	
County (6) Essex County				County (STATE	Code (7)	0		Current Us	e (Prior	if being	demo	ished)			
Name of Monitoring Firm Hire	ed by Building C	Owner (8	3)	ASC	M No.		Name Pro A	of Abatemer Abatemen	nt Contra	actor (9	j				
Street Address							Street	Address			-				
City, State, Zip Code								87th Stre		e A4					
Project Manager for Mark							100000000000000000000000000000000000000	Bergen,		047					
Project Manager for Monitorin	Telepho	one No.			one No. 293-6305			ense							
Start Date (10) 02/15/16		Schedul 02/25/	led Co	mpletion	Date (11)			of OSHA Mo							
Occupancy Status During Aba								Address	NSUL	IING	LC				
Facility Closed/Vacated I Abatement Performed Or	During Entire Pours	eriod of	Abater	ment				ROUTE		SUITE	107				
Other Describe.		ar r donit	y i loui					ate, Zip Cod N NJ 070				is a seed to the			
Scope of Work (Check All Tha	it Apply)	[See]	21.					0			-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Property laborated in contract of the contract	Renova Demoli	0.511.511.5			×	Full Conta Mini-Encl Glovebag	osure Proced	ure					
			Locat					Non-Exer	ipted () and r	n-i-na	able Pro		emen	t
Location of Asbestos-Containing Mate	rial (ACM)	Use	Normal d Sole	ly by	Achoo	De:	scription	of aterial (ACM		0.0000000000000000000000000000000000000		_	Ty	pe	
TO BE ABATED In Facility (13)			intena todial ((12)		(i.e.	thermal surface	systems cing, VAT niscellane	insulation,)	Amo (Spe SF or	ify	Removal	Repair	Encapsulate	Enclosure
Basement		Yes	No	N/A										ate	Te
Basement & 1st f	loor			-			TSI			18	-	x			
	1001						VAT			1,000	SF	Х	-		
									-		-	-			
Name of Registered Waste Ha	uler			JDEP W		Cubic `	10.0700 THT	Name	e of Reg	istered	andfi	11			
SAN TON SERVICES			10000	auler ID 2430	NO.	of Was	te	The same of	DOWL				IISIO	N	
City, State KENILWORTH, NJ						Dispos	al Date		State RNY,	N.I					
Completed by Bryan Parra		Title Proje	ct Ma	nager		Si	gnature	WinL	AHE	0		ate 2/03/1	16		

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

PA	CHECK#	18250
	3000	Telephone Number
thou	E HS	
com	K-12)	ngs homes, etc.)
Floo	s NA	Blag. Age
g de	nolished)	
tract eso	r (9) utions Co	ntracting, LLC.

Date of Notification (1)		W	h t		n	Le C		-														
	-9-16						Owner / Operate Liability Tran				0000	05.29.1100										
	e Notification		-			dress	Liability Iran	-														
⊠ EPA			- 1				s Rd., Suite 30	16				_ =										
☐ DEP X	Initial					e & Zip																
⊠ DOL	Amended					s, MO					46.5	-	Å	47								
⊠ DOH	Emergeno					Contact				_	Section 1	eleph	one	Numl	ber							
X DCA	Cancellati	on				eetz, E					==3			-12								
Name of Facility 1811				FA	CIL	ITY IN	FORMATION				200	-		a diam.								
Name of Facility Where Building # 1, Perth A	Abatement is	Taking Pla	ce (3)			Type of Faci		7.0	-		E. F.	1									
Street Address	mboy 1160,	LLG.					School	T	N20000 - 1000				ં	Nav.								
1160 State Street		4					Subcha	pter 8 (Other tha	nai K-12)												
. Too otato oti oct	-						Other (i. Square Feet	nercial buildings homes, etc.)														
City (5)	Cou	nty (6)	Co	unty	Code	2 (7)	NA	# of Floo			dg. Ag	je										
Perth Amboy		dlesex	N/		Oud	S (1)	Current Use	(Prior i	f being de	1/		A										
		, .	1.47				None	(1 1101 1	i being at	3 110	olistied)											
Name of Monitoring Firm	Hired by Buil	lding Owne	r (8)		IAS	SCM No		temen	Contrac	t ir	(0)	O. Control of the Con		-								
	(72)		. ,					Netwo	ork Reso	oct r (9) so utions Contracting, LLC.												
Street Address			13				Street Addre	SS				WO CITT	9, -									
0:4 04 4 0 7: 0							874 Piney I	Hollow	Road,	FO	Box 70											
City, State & Zip Code							City, State &	Zip Co	de													
Project Manager for Mor	itoring Eirm	17	-1				Winslow, N		rsey 08	0 94												
1 Tojout Manager 101 19101	illoning Film	elep	none	• Nur	nber	Telephone N			License Nu													
Scheduled Start Date (1	0) Scheo	fuled Comp	letic	n Da	te (1	1)	609-567-06 Name of OSI		itor	-		012	53									
2-22-16	8-2	6-16			10 (1	1)	EMSL Anal		IIIOI													
Occupancy Status Durin	g Abatement (Check only	one	e)			Street Addres								_							
Facility Closed/V	acated During	Entire Per	iod	of Ab	atem	ent	107 Haddor	n Ave.														
Abatement Perfo	rmed Outside	of Normal	Ηοι	urs –	7am	to 3pm				_												
Describe:		MG 2 W					Westmont,	NJ 08	108													
Facility Occupied Scope of Work (Check a	During Abate	ement																				
ocope of work (Check a	ii triat appiy)			☐ Full Con							Containment with Negative Pressure											
X ≥3 sf or ≥3.lf		ſ		Rei	novaí	ion			Full Cont Mini-Enc			gative	Pre	ssure	9							
X ≥160 sf ≥260 lf		[\forall		noliti				a Procedures													
												n-Friable Procedure										
Location				Locat			Description	Description of						ent T								
Asbestos-C Material				nally l olely l			Asbestos-Containing				(Specify		T	T	T							
TO BE A		1		tenan			Material (A)				SF or LF)	R	77	l lo	5							
in Fac			Custo	dial S	Staff?		insulation, surfac	(i.e., thermal systems sulation, surfacing, VAT				Removal	Repair	aps	Encisou							
(13))	Y	es	(12) No	N/A	_	or other miscella	aneous)			<u>×a</u>	=	Encapsulate	ure							
First Floor			-							-				0	_							
Roof			4	井	X		2 Gray Floor			-	00 s. f.	X	Ш	Ш								
First Floor Windows	(Hanor & Lo	Luce) [┽┼	H	X		Roof & Roof FI			_	000 s. f.	X	H	H	H							
Boiler Room	(Opper & Lo	wer) L	=	H	X		low Caulk / Wi				each	X	H	H	H							
First Floor			╡┼	井	X	_	ace Insulation		1		00 s. f.	X	H	H	H							
First Floor	-74113		┽┼	H	X		Pipe Insulation Joint Insulation		acket	0	l. f.	X	H	H	H							
Name of Registered Was	te Hauler			IN.I			Cubic Yards	Telephone and the second	of Regis	t ire	500 I. f. ed Landfill	X			Ш							
						ID No.	of Waste	Ivanie	or regis	1 116	eu Lanuilli											
Bull Waste & Recyclin	ng, Inc.			21	435		60	Salen	n Count	L	.andfill											
City, State	y, State						Disposal Date	City, S		-		-										
Berlin, NJ							9-16-16	Allow	ay, Nev	J J	ersev											
Completed By (Print or Ty	completed By (Print or Type)							11	7			Date										
Theodore S. Budzyns	ki			Pro	esid	ent	Signature	///				2-9-1	6									
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) CHECK # 18250 PIGE 2 OF 2 Date of Notification (1) Name of Building Owner / Operator (2) 2-9-16 **Environmental Liability Transfer** Agencies Notified Type Notification Street Address X **EPA** 1650 Des Peres Rd., Suite 306 DEP Initial X City, State & Zip Code DOL Amended St. Louis, MO 63131 X DOH Emergency Name of Contact DCA Telephone Number 56 Cancellation Adam Peetz, ELT mon **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Building # 1, Perth Amboy 1160, LLC. N School (K-12) Street Address Subchapter 8 (Other than K-12) (0) 1160 State Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floor City (5) Bldg. Age County (6) County Code (7) Perth Amboy NA Middlesex NA Current Use (Prior if being de nolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM-No. Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC. Street Address Street Address 874 Piney Hollow Road, P 3 Box 70 City, State & Zip Code City, State & Zip Code Winslow, New Jersey 080 5 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-567-0600 Scheduled Start Date (10) 01263 Scheduled Completion Date (11) Name of OSHA Monitor 2-22-16 8-26-16 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 107 Haddon Ave. Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Westmont, NJ 08108 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Contai Iment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclo: ure ≥160 sf ≥260 If X Demolition Glove Bag Procedures Non-Exem ted and Non-Friable Procedure Location of Is Location Description of Amount Asbestos-Containing Abatement Type Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or Encapsulate (i.e., thermal systems Removal Enclsoure Repair **Custodial Staff?** in Facility insulation, surfacing, VAT (12)(13)or other miscellaneous) Yes N/A No First Floor X Debris on Floor 50 s. f. Boiler Room X Furnace Door Insulation 50(s. f. First Floor 8 in. Pipe w/ Flue Packing 10(l. f. First Floor X 18 in.Pipe Insulation w/ Jacket 800 l. f. X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Register ed Landfill Hauler ID No. of Waste Bull Waste & Recycling, Inc. 21435 60 Salem County | andfill City, State Disposal Date City, State Berlin, NJ 9-16-16 Alloway, New Jersey Completed By (Print or Type) Title Signature Theodore S. Budzynski Date

President

2-9-16

State of New Jersey NOT!FICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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DOH Emergence justification			Name	of Contact	, N.	0 /03	J	_	one No		500 - F/		
DCA Cancellation				ZEV MILL	m .		16	ch	DHE IN	munei			
			FAC	CILITY INFORMAT	TION			_		2)	
Name of Facility Where Abatement is Tak	ng Place (3)				Type of Facility	(4)						
ZEV MILLER						School (K-	121						
Street Address						Subchapte	r 8 (Oth	er	ian K-1	2)			
						Other (i.e.	private a	S. C	mmerc	ial bu	ilding	s, hor	nes,
City (5)						etc.) Square Feet	提 of	FFI	ors		Bldg.	Age	
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County (6)			County	Code (7)		Current Use (Pr	ior if bei	na	emolis	hed)	6	0	
PASSAIC			(STATE	USE ONLY)		1				,			
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASC	M No.	Name	of Abatement Co	ntractor	(9)	1753.			-	
0' 1011					A.M	ac Contracting	Inc.	8 5					
Street Address						Address		-			-		
					185	Vreeland Ave.							
City, State, Zip Code		100				tate, Zip Code		_	-		-		
					Midla	and Park, N.J.							
Project Manager for Monitoring Firm		T	Telepho	one No.	Teleph	one No.		Li	ense N	lo.			
Clark Date (40)					201-2	262-5841	- 1	(0156				
Start Date (10)	Schedule			Date (11)		of OSHA Monitor							
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Name of Registered Waste Hauler			DEP W	aste Cubic Y	/ards	Name of R	egistere	d I	andfill				
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City, State		1.		Disposa	al Data			_					
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