CKalob		ı	NOTIFIC, (Pur	AHON	te of New J OF ASBEST NJAC 8:6	TOC ADA	TEMENT		E (	9 E		V	
Date of Notification (1) 2-15-2017  Agencies Notified Type Notific	atio-		Na Jo	ame of E	Building Owi			1	FE	B 2	2 2	2017	Management of the late of the
EPA Initial Amend Amend	ed ment#		Cit	y, State	Lip Code City, NJ 07	7304			ASBES	TOS	CON	ITRC G	)L &
DOH Justifica Cancell	ency (inclution) ation	iding	Na	me of C	ontact armona	304		1	elephone	e Num	ber		
Name of Facility Where Abatement is T Residential	aking Pla	ce (3)	F	ACILIT	Y INFORM.	ATION	Type of Facili	ity (4)				-	
Street Address  City (5)							School ( Subchap Other (i.e	ter 8 (O	her than	K-12) nercial	buildi	ngs, h	omes
Jersey City, NJ 07304  County (6)  Hudson			Cour	nty Cod	e (7)		Square Feet 1120	2	of Floors		111	g. Agi 7+	9
Name of Monitoring Firm Hired by Buildi	ng Owner	(8)	(STA	TÉ USE	ONLY)	Name	Current Use (F			olished	d)		
Street Address						Gree	of Abatement C n Environme Address	ontracto ental Se	r (9) Prvices,	LLC			
City, State, Zip Code						235 \	Address /irginia Aven tate, Zip Code	ue					
Project Manager for Monitoring Firm			Telep	hone No	D.	Jerse	y City, NJ 07	'304					
Start Date (10) 2-25-2017	1 /-/5	neduled Completion Date (11) Name (25, 2017					33-8855 of OSHA Monitor	r	License 01174				
Occupancy Status During Abatement (Che  Facility Closed/Vacated During Entire Abatement Performed Outside of No. Other – Describe:	eck Only (	One)				Street A							
Other – Describe:  Scope of Work (Check All That Apply)		., 1100				City, Sta	ite, Zip Code						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	×	Renov Demo	vation lition			×	Full Containme Mini-Enclosure Glovebag Prod	redure					
Location of		s Loca					Non-Exempted	d (*) and	Non-Fria	ble Pro			
Asbestos-Containing Material (ACM)  TO BE ABATED	Use Ma	intena	ely by ance/	Asb	estos Conta	cription of aining Mat	arial (ACAA)	Am	ount	_		emen ype	: 
In Facility (13)		(12)	Staff?	(1	e. thermal surfact other m	systems in ing, VAT, i scellaneo	or I	(Sp	ecify r LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Basement Yes No						n	110	1.5		T.	ılate	ure
					,			110	LF	X			
Name of Registered Waste Hauler		LAI	IDED III										
Green Environmental Services, LLC		H	JDEP Wa auler ID 1 34889	aste No.	Cubic Ya of Waste 2		Name of Re G.r.o.w.s			 			
ersey City, NJ					Disposal		City, State						
ompleted by liana Serrano	Title Office	Man	ager		2-25-20 Sign	17 ature	Morrisville	e, PA	Date	9			
SB-41 (R-06-08)	2.1100	ivialle	ayer		Lle	lla	wer	low		5-20 <sup>-</sup>	17		

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

DECE 4 Wintform	
FEB 2 2 2017	
ASBESTOS CONTROL & LICENSING	

D-1 (1) 115 11 (4)		Name of Building Owner/Operator (2)							FFB	22	20	17			
Date of Notification (1) 2/16/17		Norma Zamorano											11		
Agencies Notified	Type Notification			Street /	Address					ASB	EST	SC	ONT	ROL	
× EPA × DEP × DOL	Initial Amended		1	City St	ate, Zip C	eho:					LIC	ENS	SING		
	Amendmen		_		n , NJ 0										
▼ DOH	Emergency justification	)			of Contact				T	elephone I	Number				
☐ DCA	Cancellation	n 		SOCIETURES (SECTION)	Stone	ODMAT	ION					3			
Name of Facility Where A	batement is Takir	ng Place (3	)	FAC	ILITINE	ORIVIAT	ION	Type of Faci	lity (4)						
Private Dwelling	A							☐ School							
Street Address								Subcha X Other (i etc.)	pter 8 (O i.e. privat	ther than K e & comme	(-12) ercial bu	ilding	s, hom	nes,	
City (5) Clifton								Square Feet n/a		of Floors /a		Bldg. n/a	Age		
County (6) Passaic		9			Code (7) USE ONLY	n		Current Use Private Dv		eing demo	lished)				
Name of Monitoring Firm I Standard Environmen		Owner (8)		ASCI	M No.			of Abatement x Contractin		or (9)					
Street Address 2108 Fulton St Suite	2A						Street	Address Box 734							
City, State, Zip Code Brooklyn NY 11233	Washington and the same of the							tate, Zip Code dland Park,		24					
Project Manager for Monito Kayode Adefisoye								ione No. 692-6298		License					
Start Date (10) 2/27/2017	art Date (10) Scheduled						A STATE OF THE PARTY OF THE PAR	of OSHA Mon	THE PARTY						
Occupancy Status During	Abatement (Chec	k Only One	9)			3									
X Facility Closed/Vacate	ed During Entire	Period of A	baten	nent											
Abatement Performed Other – Describe:		nal Facility	Hours			NJ 074	124								
Scope of Work (Check All	That Apply)	- I		201			ΙΨ	1							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enova emolit				××	Full Containment with Negative Pressure     Mini-Enclosure     Glovebag Procedure							
				510				I Non-Exem	pted (*) a	nd Non-Fri	able Pr	-	re temen	+	
Location o	f	N	ocati ormal	ly		Des	scription	of					уре		
Asbestos-Containing M TO BE ABAT	laterial (ACM)		Sole otenar			tos Cont	aining M	aterial (ACM) insulation.		Amount			m m	m	
In Facility		Custo	dial S (12)	Staff?	(1.6.	surfac	cing, VA	Γ, or		(Specify SF or LF)	Remova	Repair	caps	Enclosure	
(13)		Yes	No	N/A		other n	niscellan	eous)			oval	air	Encapsulate	sure	
Basemer	nt	100	110	X		Pipe	Insulat	ion		35 LF	x	-			
	Basement										-	-			
											x				
					į		J (2								
Name of Registered Waste			11300	NJDEP Waste Cubic Ya				Name	of Regis	tered Land	fill		1		
Amax Contracting LLC					Hauler ID No. of Waste 5				ess Hills						
City, State Woodland Park, NJ					Disposal Date City, State 2/28/2017 Fairless H					Hills, PA					
Completed by Title Tome Maslarkov Project Ma					ct Manager Signature				Date 2/16/17						
						V	er synthesis			Byrn -					

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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

FEB 2 2 2017

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	7 17			Nam		ing Owner/Opera		1 15-1-						
		Pe Notification Street Address LICENSING												
Agencies Notified  EPA	Type Notificat	ion	0				_							
DEP	Amended Amendmer	nt#		City,	State, Zip		0.0.20	AL T	^	g	10			
₩ DOH	Emergency justification	(includin	ng			GG HAV	CRONC	Telephone Num		0 6	18			
□ DCA	Cancellatio			Nam	e of Conta	TOM		1 Testes KX Re: [QUI]	wei			_		
			1	FA	CILITY IN	FORMATION								
Name of Facility Where A	Abatement is Ta	king Place	e (3)				Type of Facil	ity (4)		-				
RE	SIDEN(	E_					School (K	-12) er 8 (Other than K-1	21					
Street Address							Other (i.e. homes, el	, private & commerc	ial bui	ldings	5,	-		
City (5)	4						Square Feet	# of Floors	В	ldg. A				
Oct	AUL CIT	4				71 /07/75	1200	Prior if being demoli	-   -	20+				
County (6)	шач				ONLY)	7) (STATE		AC AMT	snea)					
Name of Monitoring Firm	Hired by Buildin	g Owner	T	ASCM	No.		ement Contractor							
(8)	/A					Street Address		INC.	_			=		
Street Address						369	S. SPRUCE LIVE							
City, State, Zip Code						City, State, Zip	Code			_				
						MAPLE SHAPE N. J 0805								
Project Manager for Monit	toring Firm		Telep	phone	No.	Telephone No.	9-0472	License No.	142	{		_		
Start Date (10)		eduled C			te (11)	Name of OSHA	Monitor	/						
2-23-17		-39		2		Street Address	MIK	1	_					
Occupancy Status During				nent										
☐ Facility Closed/Vacated ☐ Abatement Performed	During Entire P Outside of Norm	al Facility	Hours	s S	City, State, Zip Code									
Other - Describe:														
Scope of Work (Check all	that apply)					□ Eull Co	ontainment with N	egative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novatio			☐ Mini-Enclosure ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure								
<u></u>		<del></del>				Non-E	xempted (*) and N	Ion-Friable Procedu	7	hate	ment	$\dashv$		
		No	ocation maily				9	=		Тут				
Location of Asbestos-Containing Ma	terial (ACM)		Solely tenano		Asbest	Description of os Containing Ma		Amount			ш			
TO BE ABATE			stodial taff?		(i.e.,	thermal systems surfacing, VAT		(Specify SF or LF)	Ren	Repair	ncap	nclo		
IN Facility (13)		425	12)			other miscellane		0.0.0,	Remova	pair	Encapsulate	Enclosure		
		Yes	No	N/A							te			
510 ING	510 IWG						TE	1000 2E	X			$\vdash$		
												$\vdash$		
									-	_		$\mathbf{H}$		
			- ALIE	DEP W	lands I	Cubic Yards	I Name of Rec	istered Landfill				$\dashv$		
Name of Registered Waşte				ster ID I		of Waste	CW	CMI) A						
KLEMCO	TVIC		11	791	24	Disposal Date	City, State	LIVIUA			-	=		
City, State  MAPLE SI	HAVE	M.,	].					09 BINE	M	J	_			
Completed By	Title			7	1	Signature	-1001	Date 2	-13	-1	-17_			
MICHAET KLE	MW S	SURF	VK U	USOR Melle 213.										

Date of Notification (1)		Name of Building Owner/Operator (2)								B				
2/16/17		TR	. CHRIST	DPHEN	e Krof	EGEYL								
Agencies Notified Type Notificatio	n	Street A	Address					- (						
D EPA Initial						land have	tt	В	2	2017	/			
□ DEP □ Amended			,pe											
☐ DOL Amendmer ☐ Emergency			MONTCLA	ur.	NJ. 0	7042	DEC.	TOC	00	NITO	01 0			
DOH justification		Name o	MONTCLA of Contact			Telephone	Numi	PET F	NISIN	JG	<del>UL 0</del>			
□ DCA □ Cancellatio		H	R. Knoe	GER							-			
		FAC	ILITY INFORMA	TION							7.2			
Name of Facility Where Abatement is Taking					Type of Facility	(4)			91					
MR. KRO	EGEK				☐ School (K-									
Street Address	65				Subchapter Other (i.e. p			mildi	age ho	mec e	eto \			
		_			-						J. (.)			
City (5) MONTCLAIR		î			Square Feet	1	3	E	Bldg. A	lge	_			
MATCHAIR			* 1 10		2200		-		17	45	)			
County (6)			Code (7) USE ONLY)		Current Use (Price	or if being demo	lished)	_						
ESSEY						es ner	JCE							
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	1	f Abatement Cont									
					est Removal Inc									
Street Address				Street A	t Address									
					50 South River Street									
City, State, Zip Code					ate, Zip Code									
15				Hack	kensack, NJ									
Project Manager for Monitoring Firm		Telepho	ne No.	Telephon			se No.							
					01-329-744	4	003	88						
Start Date (10)	Scheduled Con	- S	ate (11)		OSHA Monitor									
2/28/17	3/2	117			ega Enviror	ımental								
Occupancy Status During Abatement (Check (	Only One)			Street Ad										
☐ Facility Closed/Vacated During Entire Po	eriod of Abatemen	nt	13		Huyler Str	eel				A 583	-			
Abatement Performed Outside of Norma Other - Describe: 8:00 AM -	Pacility Hours	2m			te, Zip Code uth Hackens	ack NI 07	1606							
				300	uui Hackeiis	sack, NJ U/	000							
Scope of Work (Check All That Apply)														
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	Renov Demo				Full Containment with Negative Pressure  Mini-Enclosure									
21 2100 31 01 2200 11	L Dello	ittori			Glovebag Proc						1			
						(*) and Non-Fr	iable P	roced	шге					
	Is Loca	ation							73.00	ement				
Location of	Norm		D	escription o	f				13	pe	-			
Asbestos-Containing Material (ACM)	Used Soi Mainter	2 2	Asbestos Con	taining Mat	erial (ACM)	Amount				H				
TO BE ABATED In Facility	Custodia		(i.e. thermal sys	tems insulat VAT, or	tion, surfacing,	(Specify SF or LF)		Ren	Re	ncaj	Encl			
(13)	(12	)	other	miscellane	ous)	SI OI LII)		Remova	Repair	Encapsulate	Enclosure			
	Yes No	N/A	1			**		=		ate	re			
815-11-12	100 100	1412								-	$\vdash$			
BASEMENT		-	VA	7		270	SF	×						
BASEMENT			THEAMAL SPST	EM INS	CHOITAN	75	LF	X						
7														
Name of Registered Waste Hauler		NJDEP W	aste Cubic	Yards	Name of I	Registered Land	fill				$\neg$			
ACADES HIDSELE STANDARD 14		Hauler ID	No. of Wa	ste 1		1976 1970								
Best Removal Inc		1710			/ 1	linverva E	nterp	rise	s, L	LC				
City, State Hackensack, NJ 07601	Disposal Date / City, State													
The state of the s	Tri-d	3/2/17 Waynesburg, OH 44688   Signature 0 Date												
Completed by  J. Maiorano	Title	17000075	5	Maisrons 2/16/17										
J. IVIAIUIAIIO	Estim	mator prosons 2/11								6/17				

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

$\bigcap$	no 9365	4828-C
	Date of Notification (1 02/15/2017	)
	Agencies Notified	Type Notificatio
	× EPA × DEP	X Initial Amended Amendme

	1.	Name of Building Owner/Operator (2)								F.F.	D (		004	, !		
Date of Notification (1) 02/15/2017			of Building Viganola		Operator	r (2)				FE	В	. 2	201	/		
Agencies Notified	Type Notification	1	- 1	Street A	Address						AS	BES	TOS	CO	NTR	OL 8
× EPA	× Initial		H	01. 01	7: 0				<del></del>				ICE			
X EPA X DEP X DOL	Amended Amendmen	t #			ate, Zip Co ides Parl		07650		*							
× DOH DCA	Emergency justification Cancellation	)		Name o	f Contact Viganola					Tele	phon	e Nun	her			
					ILITY INFO		ION			1		W. 5500		_		-
Name of Facility Where	Abatement is Takir	ng Place (	3)					Ту	oe of Facility (4)							
House									School (K-12)							
Street Address				7	8			×	Subchapter 8 Other (i.e. privetc.)					dings,	hom	es,
City (5)								1.000	uare Feet	300 886	Floor	S	10000	ldg. A	\ge	
Palisades Park				•	0 1 (=)			N/		N/A				I/A		
County (6) Bergen					Code (7) USE ONLY)		_	Н	rrent Use (Prior Ouse			nolish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	)	ASCN	M No.				batement Contratement, Inc.		(9)					
Street Address							Street 11 R		ress ngren Avenu	ıe						
City, State, Zip Code							City, State, Zip Code Totowa, NJ 07512									
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph	hone	No.		Licer	ise No	).				
	oject Manager for Monitoring Firm						973-	345	-8685		013	11				
Start Date (10) 02/25/2017		Schedul 02/26/		npletion	Date (11)				SHA Monitor atement, Inc.							
Occupancy Status During	Abatement (Che	ck Only O	ne)				Street									
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr			urs City, State, Zip Code												
						_	Toto	wa,	NJ 07512							
Scope of Work (Check A	I That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		process	Renova Demolit				×		Mini-Enclosure Blovebag Proced	ocedure						
		le le	Locat	ion.			Non-Exempte			) and	NOII-	гнаы			ement	
Location	of	1	Vormal	lly		De	scription	of						Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Ma	ed Sole intena todial S (12)	nce/			Mater s ins T, or		(S	nount pecify or LF		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A											w	
Baseme	Basement					e & Fi	itting Ir	nsula	ation	13	0 LF		X			
Name of Bosistand Wes	to Haules			IDED 14	loots	Code	Vard-		Nema -f D	mist-	- o el 1 :	nden				
Name of Registered Was D&S Abatement, Inc.			Н	IJDEP W lauler ID		Cubic of Was			Name of Re				DΛ			
						TBD				anagement of PA						
City, State Totowa, NJ				Disposal Date TBD												
Completed by Ned Joksimovic	ct Ma	nager	S	Signature				Date 02/15/2017								

CK#0298

										-	104					-			
Date of Notification (1)			1000000		Building Ow			(2)		la la	JE	G	E		W	E			
2/16/17					o Constr	uctioi	-			111	11 15	0		ш					
Agencies Notified	Type Notification		2		in St, PN		5			1		EER	2	9 1	2017				
EPA DEP	Amended				e, Zip Code							1 LU	_		_011	1			
X DOL	Amendment				an, NJ 07	7747				1	-b Ni								
X DOH	Emergency (	including	N	lame of (	Contact					lele	phone No ASB					DL 8			
DOH DCA	Cancellation										-	110	CEN	ISIN	G				
	At the second in Table	Diago (2)		FACIL	ITY INFOR	MAIIC	JN	Type of	f Facility (4)			7							
Name of Facility Where Residential House		g Place (3)							chool (K-12										
								F S	ibchapter 8	(Othe	er than K-	12)							
Street Address								et et	ther (i.e. pri	Yes	100000000000000000000000000000000000000	cial bu							
City (5)					***			Square			Floors		50	g. Ag	е				
Newark				54.00				3500		2		abad\		+		-			
County (6)				County C	ode (7) SE ONLY)				t Use (Prior dential Ho		ng demon	sileu)							
Essex			- 1		35%		Non-	1	ement Cont										
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCM n/a	No.					ing Inc									
n/a				n/a			0.000	Address											
Street Address							APR (5 (A) (5)		de Ave										
n/a			-			_	1000	State, Zip	The state of the s										
City, State, Zip Code									J 07026										
n/a Project Manager for Mo	onitoring Firm	_	Τ-	Telephon	ne No.		Telep	hone No		10-0	License	No.							
n/a	Antornig i iiii		- 12	n/a			973	460.60	26		01255	5		10.50					
Start Date (10)		Scheduled	Com	pletion [	Date (11)				A Monitor	828									
2/27/17		3/5/17	Harmony Contract Street Address								0					_			
Occupancy Status Dur	ing Abatement (Che	ck Only One	)																
Facility ClosedVa	cated During Entire	Period of Ab	patement Hours  360 Palisade Ave City, State, Zip Code													_			
Abatement Perfor	med Outside of Non	mal Facility F	lours																
Other - Describe:							Gai	Tield, i	J 07026					-					
Scope of Work (Check	All That Apply)	Table 1					r	7	0	ment with Negative Pressure									
23 sf or ≥3 lf		ELECTRICAL PROPERTY.	nova				Ì		i-Enclosure		n Negauv	e ries	Sure						
≥160 sf or ≥260 lf		IN De	HOIL	1011				Glo X Nor	vebag Prod n-Exempted	edure	nd Non Er	iahla l	Droc	edura	<b>a</b>				
							E	a Noi	n-Exempled	( ) ai	IC NOTI-I'I	lable			ment				
		0000000	ocati											Ту	ре				
Locat		Used	ormal Sole		Ashest	De os Con	escription taining	n of Material	(ACM)		Amount				Ш				
Asbestos-Containi TO BE A		Mair Custo	tena		(i.e.	therma	l syster	ns insula	ation,		Specify F or LF)		Ren	Re	Encapsulate	Enclosure			
In Fa	cility		(12)				acing, V	AI, or aneous)		5	F OI LF)		Remova	Repair	sul	osui			
(1	3)	V	No	N/A	-	Culor	,,,,,,						2		ate	e			
		Yes	INO	X		Trong	oito St	ningles		1:	300 SF	1							
Exte	Exterior					Hans	SILE OI	IIIIgios				-							
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											-	-							
									T Manager	Dar!-	torod I co	dfill							
Name of Registered V	Name of Registered Waste Hauler					Oubi	c Yards aste				tered Lan								
Harmony Contrac	<u> </u>	100	Hauler ID 033137		TBE	)	GROWS LANDFILL												
City, State						Sal Date City, State													
Garfield, NJ				TBE		IFO	Morrisville, PA												
Completed by		Title	Signature					ile.	0	12			6/1	7					
Kristina Caporino		Secre	Secretary Kristone Coperins 2								1.75								

			State of New Jersey  IFICATION OF ASBESTOS ABATEMENT								W	7 5						
MO#24219186401		NOTI					S ABAT and 5:16			. 9 [	3 U	U						
Date of Notification (1)				Name	of Building	Owner/C	Operator (2	)		FEB	2 2	201	7	₩				
02	16 / 17				Kurtis	5	,		In H	LED	۷ (	201	1					
Agencies Notified	Type Notification	-			Address				1	DECTO	2.00	NITI	201	-				
□ EPA			1.						ASI	BESTOS LICE			RUL	ă				
☑ DOLWD	Amended Amendment #		1	UILY, O	itate, zip u	oge			1	2101		. 10						
☑ DHSS ☐ DCA	☐ Emergency (in		ŀ	Flemir	igton, NJ	08822												
(NJAC 5:23-8)	justification)			Name	of Contact	t			Telephor	ne Numbe	Г							
	☐ Cancellation			lay D.	Kurtis				1		7							
				FAC	CILITY IN	FORMA	TION	-					5000000					
Name of Facility Where A	Abatement is Taking	Place	(3)					Type of Facility	(4)									
Private house								School (K-12										
Street Address								Subchapter 8 Other (i.e., p homes, etc.)	rivate and		al bui	ldings	š.					
City (5)								Square Feet	# of Flo	ors	Bld	g. Ag	e					
Flemington, NJ 08822																		
County (6)				Count	y Code (7)	STATE US	SE ONLY)	Current Use (Pr	ior if being	demolishe	ed)							
Hunterdon																		
Name of Monitoring Firm	Hired by Building (	Owner (	8) /	ASCM	No.	Name o	of Abateme	nt Contractor (9)	(9)									
						Gr Tecl												
Street Address						Street A												
City State 7in Code					-		lley Rd #2											
City, State, Zip Code						115.67	ate, Zip Co											
Project Manager for Mon	itorina Firm		Tele	phone	No	Telepho	NJ 0747	0	License	No.		-		-				
				5110110		973-63		01127	50,50,50,50									
Start Date (10)	100 A	duled C				Name o	of OSHA M	onitor					-518-54					
		)2/	26	_ / _		Envirov	vision Cor	nsultants,Inc										
Occupancy Status During						Street A	Address											
Facility Closed/Vacate								Road, Bldg .#	35E									
Abatement Performed Time of Abatement: _							ate, Zip Co											
						Fair La	wn, NJ 07											
Scope of Work (Check al	i that apply)					H		and decontaming ainment with Ne			ress	ure						
>3 sf or >3 lf > 160 sf or >260 lf			novatio			Ø	Mini-Encl	osure			)5000							
		□ ⊔е	molitio	n		M	Non-Exer	Procedure mpted (*) and No	n-Friable F	Procedure	1000	JIE.						
		Is	Locati	on							Aba	ateme	ent Ty	/ре				
Location			Normal d Sole				scription o											
Asbestos-Containing TO BE ABA			intena				taining Mat I systems i	erial (ACM)	Amo (Spe		Remova	Repair	Encapsulate	Enclosure				
IN Facil		Cus	todial ( (12)	Staff?	, , ,	surfa	icing, VAT,	or	SIF or		ova	=	Sul	sure				
(13)				T	1	other r	miscellaneo	ous)		i i			ate					
<u> </u>		Yes	No	N/A	<u></u>				0.5.7.7		NZI							
Basement		<del>                                     </del>		×	Pipe ins				95 LF									
Basement		X	Boiler in	isulation	1		30 SF		$\boxtimes$		Ш							
									Ц	Ш								
Name of Registered Was	EP Waste	Hauler ID No.	Cubic Ya	ards of Waste	Name of Regi	stered Land	Hill		0.25-0.00									
Gr Tech LLC 0033785						TB		T.R.R.F. Inc										
City, State		Disposa	al Date	City, State														
Wayne, NJ 07470  Completed By (Print or Type) Title						TB	D	Tullytown, P										
Completed By (Print or T		Sig	gnature	11 1	0	Date	9											
N.Jevtic	Ow	ner						lewic Wen	ad	02/1	6/17							
ASB-41							V											

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30-1702 2 2017	U

			-						0	
Date of Notification (1)	17		Name	of Building Owner.	Operato	(2)	EDS IN	Yot	ir (	chr
Agencies Notified Type Notification	)		Street	Address	10.7	1.001	TECE		E	
A EPA A Initial			City	103 (3E) State, Zip Code	HI	RE Har	豣			]  -
DEP DEP Amended Amendmen			City	SPIE ! L	CICI	. 08/12	0-178722	201	7	IV
D Emergency justification		ng	Name	of Contact			the limited and the same of th			1
DCA	n	-	170	CILITY INFORMAT	RW	110				
Name of Facility Where Abatement is Takir	ng Place	(3)	(P.AU	GRUST INFORMAT	PON	Type of Facilit	Y (4) LICENS	NO		
						School (I		.0)		
Straat Address				,		Other (i.e	ter 8 (Other than K- , private & commerc	12) cial bu	ilding	s, hon
City (5)						/ etc.) Square Feet	# of Floors		Bldg.	Age
Spring LAK	Q	N1	Ω.			3,000	12		8	0
County (6) HOMMOUTH		-		Code (7) USE ONLY)		Current Use (F	Prior if being demolis	shed)		
Name of Monitoring Firm Hired by Building	Owner (	8)	ASC	M No.		of Abatement C	ontractor (9)			
Street Address					-	DVA I ECV	J 110C			
Sassi Addisess					PC	Service American Service Servi	814			
City, State, Zip Code	artigograpio diplodita artigodis		rigital electrical programs	aka na mangan an arawan ang kamban kamban arawat ga Mahina an ankang arawan an	City, S	ate, Zip Code	SE NO.	55	Q.	57
Project Manager for Monitoring Firm	************		Telenh	one No.	Teleph	one No.	DE VIII,		0	J /
I I		1,1	Copin	1	732	238x-		80	6	
Start Date (10)	Schedu	led Co	mpletion	Date (11)	1 - 1 4	of OSHA Monito				
Occupancy Status During Abatement (Check	C Only O	die)	<u> </u>	17	Street /	VAIECN Address	1100			
Facility Closed/Vacated During Entire P	- 55		nent /		P.0	130×	814			
Abatement Performed Outside of Norm  Other – Describe:						ate, Zip Code	j∈ N/J.	08	25	7
Scope of Work (Check All That Apply)					0117	12 (100	)E 1010.		00	
☐ ≥3 sfor ≥3 lf		Renova			A		nent with Negative F	ressu	re	
2160 sf or ≥260 lf	风	Demolif	lion		2	Mini-Enclosur Glovebag Pro	ocedure			
	Τ.			1		Non-Exempte	ed (*) and Non-Friab	le Pro		re ·
Location of	1	s Locati Normal	ly	nac.	cription o	v#				pe
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole		Asbestos Conta	aining Ma	iterial (ACM)	Amount	71		E
In Facility	Cus	todial S (12)	Staff?	surfac	ing, VAT	or	(Specify SF or LF)	Removal	Repair	Encapsulate
(13)	Yes	No	N/A	other m	iscellane	ous)		val	=	late
			l							
Du Floor Bath Root			X	TILE WE	7115	& Floon	2400 SF	X		
				and the state of t						
Name of Registered Waste Hauler  NOUATECH INU			JDEP W		ards e	Name of	Registered Landfill	_		
NOUATECH INC	-		850	Dispose	O Data	City/Stat	$\frac{1}{2}$	$\rightarrow$	7	
DID BRIDGE NO.	(	089	857	3/3	IIA		ison E	K.	十、	
Completed by	Title		04		inature	1211	Date	7/1/	To	1
PARLOS AMEIDA	1.)	ESI	DEN	71	100	m) Oft	Melvila	XIII	olt	
					1	1		1		

Date of Notification (1)					Name	of Building	n Owr	ner/Operator (2	2)	FEB	2 2 201	7	1	-	-	
	16 / _	17	_					& Disposal	I had beat	reo	2 2 201	31	28	L	1	
Agencies Notified ⊠ EPA	Type Notifica	ition				Address 5 Belmai	r Blv	d.	A		OS CONTR CENSING	OL &				
⊠ DOLWD	☐ Amended				City, S	State, Zip C	ode		1-		AND STATE OF THE PARTY OF THE P					
☑ DOH ☐ DCA	Amendme		luding		Wa	II, NJ 077	27									
(NJAC 5:23-8)	justification		uumg		Name	of Contac	t			1-	Telephone Nu	ımber				
	☐ Cancellat	ion			Dot	ıg										
					FA	CILITY IN	FOR	RMATION								
Name of Facility Where A	Abatement is T	aking	Place	(3)		301			Type of I	acility (4)	)					
Residence						ř.			☐ Scho		4					
Street Address									Other		Other than K- ate and comn		ouild	ings	8,	
City (5)				35					Square F		# of Floors		3ldg.	Ag	е	
Lakewood									2000		2		65			
County (6)					Cour	ty Code (7	)(STA	TE USE ONLY)	Current l	Jse (Prior	if being dem	olished)				
Ocean									Resid	ence						
Name of Monitoring Firm	Hired by Build	ling Ov	vner (	8)	ASCM	No.	Nar	ne of Abateme	ent Contra	ctor (9)			17.1			
N/A							G	uardian Co	ntracting	g, Inc.						
Street Address							Stre	eet Address		8.50						
							1	889 Route 9	, Unit 61							
City, State, Zip Code							City	, State, Zip Co	ode							
The second secon	6-3 CONSCIENT - 10 - 20000- 10 -							Toms River, New Jersey 08755								
Project Manager for Mon	roject Manager for Monitoring Firm							ephone No.			License No.					
							7	32-349-9932	2		00624					
Start Date (10)	S	chedu	led Co	omple	etion Da	te (11)	Nar	ne of OSHA N	lonitor							
_02_ / _28_ /	17	03	3_ /	_0	1_/	17	E	.M.S.L. Ana	lytical							
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	eet Address								
☐ Facility Closed/Vacate	ed During Entir	e Peri	od of A	Abate	ement		1	056 Stelton								
Abatement Performed							City	, State, Zip Co	ode							
Time of Abatement: _	AIVI	PIVI		_PIV		AM	Р	iscataway, I	New Jers	sey 0885	54					
Scope of Work (Check al	I that apply)															
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Rei					☐ Mini-End	losure g Procedu	re	tive Pressure					
V44 82						1		Non-Exe	mpted (*)	and Non-	Friable Proce					
				Loca lorm:								1	bate	eme	nt Ty	уре
Location Asbestos-Containing		,			ely by	Ashe	stos (	Description of Containing Ma		M)	Amount	2		Renair	Enc	Enc
TO BE ABA	TED	<b>'</b>			ance/ Staff?		, the	rmal systems	insulation		(Specify	Vellova		2	Encapsulate	Enclosure
IN Facili (13)	ty		Cust	(12				urfacing, VAT ner miscellane			SF or LF)	ā	-		ulat	лге
(10)			Yes	No	N/A		Ott	ioi illisocilario	.003)	1					9	
exterior				$\boxtimes$		asbesto	os si	ding			2600 sf	Σ	3 [			
													] [			
													] [	5		
													] [			
Name of Registered Was	te Hauler				NJDEP '	Waste	Cut	oic Yards of	Name	of Registe	red Landfill					
tanarman Comracinio inc					Hauler I		Wa		T.R.	R.F.						
City, State					20223	,	Disp	posal Date	City, St	ate	54					
Toms River, New Je	ersey						J-725 250 U	3/02/17	000000000000000000000000000000000000000		ennsylvani	а				
							-	Signature			//	Date		1		
Nicholas Fernicola	ompleted By (Print or Type)  Nicholas Fernicola  Project								$\gamma'$	12	+	2/	16	11	7	

Date of Notification (1)			Name of Building Owner/Operator (2)							4			
	16 /	17	_				nvironmental Ser	vices	,	31		34	
Agencies Notified	Type Notific	ation			Stree	t Address		ASBE	STOS CON	TROL	&	1	
					24	Germani	a Station Road		LICENSING	3			
□ DOLWD   □ DOLWD	☐ Amende				City,	State, Zip	Code						
□ DOH	Amendm		ar				, NJ 08755						
☐ DCA (NJAC 5:23-8)	☐ Emerger justification		uaing	ı		of Contac			Telephone Nun	her			
(110710 0.20 0)	☐ Cancella	2000 mm			W. 10 (1991)	ris Deluc	97. C			-			
					FA	CILITY IN	NFORMATION						
Name of Facility Where A	batement is	Taking F	Place	(3)				Type of Facility (4	)				
Residence								School (K-12)					
Street Address								Subchapter 8 Other (i.e., priv	Other than K-1: vate and comme	2) ercial bu	uilding	js,	
City (5)								Square Feet	# of Floors	Tpi	da A		
Brick								1300 sf	1	1	dg. A	ge	
County (6)				_	Cour	atu Cada /	VETATE LICE ONLY				65		
15-15-25-00-11-4-11-4-11-4-11-4-11-4-11-4-11-4-					Cour	ity Code (	7)(STATE USE ONLY)	Current Use (Prio	r if being demol	shed)			
Ocean				-> 1				Residence					
Name of Monitoring Firm	Hired by Build	ding Ow	mer (	8)	ASCM	No.	Name of Abateme						
N/A							Guardian Co	ntracting, Inc.					
Street Address							Street Address						
							1889 Route 9	, Unit 61					
City, State, Zip Code	0.101—12						City, State, Zip Co	ode					
							Toms River, I	New Jersey 087	55				
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.				
							732-349-9932		00624				
Start Date (10)		Schedule	ed Co	omple	tion Da	te (11)	Name of OSHA M	lonitor					
02 / 28 /					1 /	80 50	E.M.S.L. Anal						
Occupancy Status During													
□ Facility Closed/Vacated							Street Address						
☐ Abatement Performed						oribo	1056 Stelton						
Time of Abatement:							City, State, Zip Co						
							Piscataway, N	New Jersey 0885	54				
Scope of Work (Check all	that apply)								v ==	1111	100		
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				novat molitic			☐ Mini-Encl			uro.			
			le	Loca	ion		Z Non Exc	Implod ( ) and Non-	Thable Thoceut		-1		
Location of	of			lorma			Description of	f		500000	atem	1	1
Asbestos-Containing N	Naterial (ACM	1)			ely by	Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT				ntena odial	nce/ Staff?	(i.e	., thermal systems i		(Specify	Von	air	aps	los
(13)	/			(12)	J.u.,		surfacing, VAT, other miscellaneous		SF or LF)	<u>a</u>		ula	ure ure
X-2/		Y	res	No	N/A		othor miodellanes	000)				te	
exterior house						asbesto	os siding		1250 sf	$\boxtimes$			
exterior garage			7	$\boxtimes$	П	asbesto	os siding		550 sf		П		П
			7				3						
			<del>-</del>	П									
Name of Registered Waste	Hauler			_	JDEP \	Monto	Cubia Varda of	Name of Desista	1 1511		ш	ш	Ш
Guardian Contractin					auler II 20223	O No.	Cubic Yards of Waste 3	Name of Registe T.R.R.F.	red Landilli				
City, State							Disposal Date	City, State		-35 -3			
Toms River, New Jer	rsey						03/02/17	Tullytown, P	ennsylvania				
Completed By (Print or Typ	oe)	Title					Signature	1	// D:	ate I		/	
Nicholas Fernicola	70	Proj	ject	Man	ager		-	. \	D	2/1	, 1	10	

CK 699

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

0,	E	G			$\mathbb{V}$	n
		FEB	2	2	2017	

							Current Use (Prior if being demolished)  Abatement Contractor (9)  RESTORATION, INC.  dress  lifornia Ave.  a, Zip Code  son, NJ 07503  e Number  345-8020  OSHA Monitor  S Restoration, Inc.  dress  lifornia Avenue  a, Zip Code  son, NJ 07503  Full Containment w/negative pressure  Mini-enclosure  Mini-enclosure  Glovebag procedure  Non-Exempted (*) and Non-friable procedure  ontaining  Amount (Specify SF or  O p c					
Date of Notification (1)		Name of E	Building Ow	ner/Operator (2	2)					2000		
10 2 / 1 6 / 1 7		ELIZAI	BETH BE	DER			1 4	SBESTO	SCON	ITRO	1 & 1	
Agencies Notified Type Notifica	tion	Street Add	ress				- Immarus		DS CONTROL &  DELIVISING  12) 8 (Other than K-12) e/Commercial s, etc.  Iloors Bldg. Ag  Deing demolished)  The set of th			
\( \bar{\Pi} \Lambda_{mandad} \)								ASBESTOS CONTROL & EIGENSING  Telephone Number  of Facility (4) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. re Feet  # of Floors  Bldg. Age  nt Use (Prior if being demolished)  or (9) INC.  License Number 01169  INC.  License Number 01169  Amount				
Amendment #	: 1	City, State	, ∠ıp ∪oae	-						er than K-12) mercial Bldg. As demolished)  Bldg. As demolished)  Bldg. As demolished		
		MAPL	EWOOD	NJ 07040						ontrol & ing		
DOH (including	1 1	Name of C		110 07010			Tele	phone Num	ber	than K-12) nercial  Bldg. Ag  molished)  sure e procedure R E e n p c a a a		
justification)	- 11	ELIZA	DETLIDE	TOUR			1		S CONTROL &  CIVISING  12)  (Other than K-12)  (Commercial s, etc. oors Bldg. Ag  eing demolished)  Se Number 01169  Se Number 01169  Se Number 01169  Se R R E e e n m p c o a a a v i p e r p Conservation of the co			
Cancellation	n	ELIZA	BETH BE				Type of Facility (4) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs/Homes, etc. Square Feet # of Floors Bldg. Age  (7) Y) Current Use (Prior if being demolished)  Abatement Contractor (9) RESTORATION, INC. Idress Ilifornia A ve. a, Zip Code son, NJ 07503 E Number O1169  OSHA Monitor S Restoration, Inc. Idress Ilifornia A venue a, Zip Code son, NJ 07503  Full Containment w/negative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure  Ontaining  Amount R R R E E E E E E D C Non-Exempted (*) and Non-friable procedure  Ontaining  Amount R R R E E E E E E E E E E E E E E E E					
Name of facility of the state o			FAC	ILITY INFORM	MATIO	N	I=	ASBESTOS CONTROL & LICENSING  ephone Number  cility (4) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc.  set # of Floors Bldg. Age  lise (Prior if being demolished)  C.  License Number 01169  D.  C.  License Number 01169  Exercise Resident Residen				
Name of facility where abatement	is taking p	lace (3)							2)	CONTROL & STING  Other than K-12) commercial etc.  rs Bldg. Ag ag demolished)  Number 1169  Pressure  Friable procedure  R R E e e n n p c o a a a v i p e r p c o a a a v i p e r c o a a c v i p e r c o a c o a c v i p e r c o a c o a c o c o c o c o c o c o c o		
ELIZABETH BEDER										han K	(-12)	
Street Address							図。	ther (Private	/Comm		/	
							В	dgs./Homes	, etc.			
City (E)		nty (6)					Square Fe	et # of Flo	oors	В	ldg. A	\ge
City (5)	1 000	illy (O)			0.0000000000000000000000000000000000000	unty Code (7) ate use only)				<u> </u>	- 15	
MAPLEWOOD	ES	SEX			(01	ate use only)	Current Us	se (Prior if be	eing der	nolish	ea)	
Name of Monitoring Firm Hired by		March - Committee		ASCM No.	-	Name of Abatement (	ontractor (9)					
						D& S RESTORA	TION INC	,				
Street Address				-	-	Street Address	111011, 1110					
						20 California Av	e.					
City, State, Zip Code						City, State, Zip Code			DS CONTROL &  ACTIVISING  12) 3 (Other than K-12) e/Commercial s, etc. loors Bldg. Ag  Deing demolished)  Divine pressure  The procedure R R R E e e n m p c c o a a a v i p e r p e			
						Paterson, NJ 075	503		DESTOS CONTROL & LICENSING   one Number  y (4) ool (K - 12) chapter 8 (Other than K-12) er (Private/Commercial s./Homes, etc.  # of Floors Bldg. Age  (Prior if being demolished)  Ev/negative pressure    ure			
Project Manager for Monitoring Firm	l	Р	hone Numb	er		Telephone Number		Licens	se Num	mber sy saure le procedure R E e n p c a a i p r		
						973-345-8020			01169			
Start Date (10)	Sche	d. Complet	ion Date (1	1)	_	Name of OSHA Monit				er than K-12) mercial Bldg. Ag emolished)  mber 69		
02/27/17	03/1	0/17					n, Inc.			er than K-12) mercial Bldg. Ag demolished)  amber 69  essure  ble procedure R R E e n n n a a i p r		
Occupancy Status During Abatemer					_	Street Address				ner than K-12) mmercial Bldg. Ag demolished)  lumber 169		
Facility closed/vacated during			ement.			-	enue			CONTROL & STING  Other than K-12) Commercial etc.  Ins Bldg. Age of the procedure of the pr		
Abatement performed outside					1	City, State, Zip Code						
Describe: NORMAL H	OURS	T-NU-W-			-	Paterson NI 075	03					
Scope of Work (check all that apply								ent w/nogotio	io proce	1110		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation	nn.				Name of the latest and the latest an		5250	ve press	uie		
≥160 sf or ≥260 lf	Demolitio											
<u> </u>	200000000000000000000000000000000000000	Y					Ion-Exempte	d (*) and No				,
Location of asbestos-containing	by mainte	n normally enance/cus	used solely stodial	1	9	A	Amou	ınt	1	10.533	687	E
material (acm) to be	staff(12)			material (		sbestos-containing	7.53,530,530,530			р	С	n
abated in facility (13)	Yes	No	N/A		·		LF)		1000	i		L
BASEMENT			7	PIPE INSU	HAT	ION	112 I E	Г		r	_	
DAODIVIDIVI				I II E INSU	LAI	ION	113 L F		-	片	片	#
			-				-		ᆛ井	er than K-12) mercial Bldg. A emolished)  mber 69	쓔	
									井	片	ROL &  ROL &  In K-12)  isial  Bldg. A  ished)	#
			#				-		井	屵	片	H
Registered Waste Hauler	NJD	EP Hauler	ID# I C	ubic Yards of V	Vaste	Name of Registered L	andfill		_	er than K-12) mercial Bldg. A lemolished)  Bldg. A lemolished		
D & S RESTORATION, INC.	135		1000	yd.				RECOVE	RY	than K-12) ercial  Bldg. A  molished)  ber  procedure  R E e n p c a: a		
City, State			Disposal D			City, State				- Halon		
PATERSON, NJ 07503			02/28/1			TULLYTOWN, I	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title	EXIT		Signature				Date	c (1 =			
	PRESID		for achoes	os licensure ex	amata	d activities		02/10	5/17			
			~ ~	PX								

Pr	int	F	or	m	

EDS17-042				State of No ON OF ASE ont to NJAC	BESTOS A		ENT	Page 1 Check	111	92	=3 (	C	E	
Date of Notification (1) 2-16-2017			Name Has	of Building brouck H	Owner/Op eights BC	erator (	2)		A A A A A A A A A A A A A A A A A A A		FE	B	2 2	201
Agencies Notified Type Notification	on		10000	t Address					-5546	Kno		· U	C C	201
EPA Initial				Boulevar					A STATE OF THE STA	ACI	200	770	0.0	
DEP Amended Amendme				State, Zip C						75.31	1	101	S CC ENSI	ONTE
× Emergend	y (includi	ng		orouck He		J 0760	)4			100000000000000000000000000000000000000				110
DOH justificatio			100000000000000000000000000000000000000	of Contact ditsianos				Ιт,	alanhar	ne Niin	nher			
Garicenati	OII			CILITY INF		NI .						-		
Name of Facility Where Abatement is Tal	king Place	(3)	- 10	OILITI IMP	ORIVIATIO		Type of Facility	(4)						- 170.00
Hasbrouck Heights HS						1111111	School (K							
Street Address 365 Boulevard							Subchapt	er 8 (Ot	her than	n K-12	)			
							Other (i.e etc.)	. private	& com	mercia	l buil	lding	s, hor	nes,
City (5) Hasbrouck Heights							Square Feet	10237	of Floor	'S			. Age	
County (6)			0 1	6 1 =			+ 0,000	2			1000	<del>5</del> 0+		
Bergen				Code (7) USE ONLY	)		Current Use (P School	rior if be	eing der	molish	ed)			
Name of Monitoring Firm Hired by Building	Owner (	8)		M No.					(0)					
Westchester Environmental	y Owner (	0)	001				Abatement Co	ontracto	r (9)					
Street Address						treet Ac								
307 North Walnut Street					1000		mburg Tpk	е						
City, State, Zip Code					C	ity, Stat	e, Zip Code				-			
West Chester, PA 19380					В	Bloomi	ngdale, NJ	07403						
Project Manager for Monitoring Firm Philip Conteh				one No.		elephon				se No				
Start Date (10)	Cabad	1-10		31-7545			10-9725		0108	34				
2-21-2017 at 7:00 am	2-24-	2017 :	mpletion at 11:0	Date (11)			OSHA Monitor up, Inc							
Occupancy Status During Abatement (Che				o piii		treet Ad	177211111111111111111111111111111111111							
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Other – Describe:				2			ngdale, NJ	07403						
Scope of Work (Check All That Apply)		100000000000000000000000000000000000000												
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TO BE ABATED In Facility		todial S		(i.e. t	hermal syst surfacing,				pecify or LF)		Rer	R	Encapsulate	Enclosure
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	Yes	No	N/A								<u>n</u>		ate	re
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Bloomingdale, NJ				100	Disposal Da TBD	alc	City, State Waynes		ОН					
Completed by	Title	W. W.			Signat	ure				Date				
Elena Solakov	Presi	dent				8	lem St	ulla	1	2-16	201	7		

To: NJDQL Asbestos Page 2 of 4

2017-02-17 16:28:38 (GMT)

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EDS17-042			N	iOTIFIÇ (Pur	ATION O	of New Je F ASBEST NJAC 8:80	OF ADAT	TEMENT	Page 1 of			) W	
Date of Notification (1)				C. C. S.		tilding Own		1	Check # 269	2	66	 	^
2-16-2017 Agencies Notified			<u></u>	H	lasbrou	ck Height	ts BOE	or (2)		(Farg. 1-1947)	m		-2
EPA	Type Notific	etion		S	treet Addr 79 Boul	988			- A3.	ASE	BEST	OS	CON
DEP DOL	Amend	fed fment #		Ci	ly, State.	Zìp Code				/	1	CE	ISIN
	Emergi	ency (incl	ding	-   H	asbroud	k Height	s, NJ 07	604	LUARATO A	1-		[	
DOH DCA	justifica Cancel	ition) lation	-	M	inalitsia	ntact nos Gerr	v		Tolerinos	C.D.	201	HD)	
Name of Facility Where	Abatement is	Taking Pia	ce (3)			INFORM				_	_		
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County (6) Bergen				Cou	onty Code	(7) NLVI		40,000 + Current Use	2 (Prior if being demo	lisha	50	+	
Name of Monitoring Firm	Hired by Build	ing Owne	(8)		SCM No.	······································	e representation and	School			-)		
Westchester Environ	mental		/		0127		GL G	of Absterner Froup, Inc	it Contractor (9)				-
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ity, State, Zip Code Vest Chester, PA 19	200							lamburg T					
roject Manager for Monito							Bioon	tate, Zip Cod mingdale, f	e NJ 07403				
hilip Conteh	nuig Film	1000		Tele	phone No.		Telephi	опе Na. 710-9725	License	Na			
tart Date (10)		Schar	luled c		-431-75	01084	140						
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TO BE ABATE	Δ ,	M	aintena Hodial	nce/	ASDE (i.i)	o. inormal s	Valerna in	erial (ACM)	Amount	_		m	
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mingdale, NJ pleted by Solakov		Title Presid				Clas	ature						1

#### EDS17-021-1

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

Page 1 of 1

			(1	Pursuan	t to NJAC 8	3:60 an	d 12:12	0)	Cł	neck ;	# 26	83				
Date of Notification (1) 2-10-2017					of Building ( EE SCHO					The state of the s	D	E	C	E		$\mathbb{V}$
Agencies Notified  X EPA	Type Notification				Address Lemoine	Avent	Je				n	and the second	FEB	2	2 21	017
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M DOA	Caricellation			TIM-ON MICHELOUSE	CILITY INFO		ON								21160	
Name of Facility Where A Lewis Cole MS Street Address	Abatement is Takin	g Place	(3)	FAC	JILITT INFO	KIVIATI	ON	Ту	pe of Facility ( School (K-1	2)	102					
467 Stillwell Ave									Subchapter Other (i.e. p etc.)	8 (Otr orivate	er tha & con	n K-1 nmerci	2) ial bui	ldings	, hom	es,
City (5) FORT LEE									uare Feet ,000 +	# c	f Floo	rs		3ldg. / 50+	Age	
County (6) Bergen					Code (7) USE ONLY)				rrent Use (Pric	or if be	ing de	molis	hed)			
Name of Monitoring Firm Westchester Environ		Owner (8	3)	ASC 0012	M No. 27				batement Cor ip, Inc	tractor	(9)					
Street Address 307 North Walnut St	treet						Street 140 l		ress nburg Tpke							
City, State, Zip Code West Chester, PA 1	9380								Zip Code gdale, NJ 0	7403						
Project Manager for Moni Philip Conteh	toring Firm			Telepho 610-4	one No. 31-7545		Teleph (201)		No. 0-9725		Lice 010	nse N 184	0.			
Start Date (10) 2-17-17at 3:30 pm				mpletion at 11:30	Date (11) 0 pm			30000	SHA Monitor							
Occupancy Status During	Abatement (Chec	k Only O	ne)		•		Street	~	****							
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F d Outside of Norm	Period of nal Facilit	Abater y Hour	nent s			City, St	tate,	Diburg Tpke Zip Code gdale, NJ 0	7403						
Scope of Work (Check All	That Apply)						Diooi	THE	guale, No 0	7403						
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City, State Bloomingdale, NJ						Disposa TBD	al Date		City, State Waynes		ОН					
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To: NJDOL Asbestos Page 2 of 4

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Date of Notification (1) 2-10-2017				Nam Ft, I	e of Building	OOL I	r/Operato	r (2)			1		F	₽B-	22	201
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Name of Monitoring Firm Westchester Enviror	Hired by Building Imental	Owner	(8)	A\$0	CM No. 127		Name GL G	A to	patement C	ontractor	(9)	~~~				
Street Address 307 North Walnut St	reet						Street	Addi		.0	-					
City, State, Zip Code West Chester, PA 19							CRy. SI	ate.	Zip Code Idale, NJ		-					
Project Manager for Monit Philip Conteh	oring Firm			Telephone No. Telephone 810-431-7545 (201)71				one	No.	47 700	License 01084					
Start Date (10) 2-17-17at 3:30 pm		Sched 2-20-	uled Co 2017 a		Date (11)		Name	of Q5	HA Monitor		01084	-		_		
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SCHOOL #16	aning riac	e (3)				Type of Fa	35030150						
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City (5)						Other etc.)	(i.e. private & comm	nercial b	uilding	gs, ho	omes,		
CLIFTON						Square Fee	t # of Floors		Bldg	. Age			
County (6)			Count	y Code (7)		Current Use	(Prior if being dem	olished					
PASSAIC  Name of Monitoring Firm Hired by Buildir	na O	(0)		É USE ONLY)		ELEMEN	TARY SCHOOL	-	6				
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Street Address						Address	NO CONTRACT	ING,	INC.				
PO BOX 385 City, State, Zip Code					11 V	REELAND	AVENUE						
OCEANVILLE, NJ 08231						tate, Zip Cod OWA, NJ 0							
Project Manager for Monitoring Firm				one No.		one No.	Licens	e No					
DONNA D'ERRICO Start Date (10)	T			552-1833	973-	956-8700	0049						
2/1/2017	2/24/2	uled Co 2017	mpletior	Date (11)		of OSHA Mon							
Occupancy Status During Abatement (Ch	eck Only C	One)	- 11			E AS (9) A Address	BOVE						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Exterior; Work Hrs	rmal Facili	ty Hour	nent		City, St	ate, Zip Code							
Scope of Work (Check All That Apply)													
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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)					60 and 12:1		111 1	11 -				
1/20/2017			Na	ame of Building Ov	ner/Operat	tor (2)	-	<del>                                      </del>	FR_	22	201	7
Agencies Notified Type Notific	ation		101	LIFTON PUBL	IC SCHO	OLS						
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Justifica	tion)	unig	Nar	me of Contact			T					
L Cancell	5-1000000		AL	MARCHIONE			Į T	elephone	Num	ber		
Name of Facility Where Abatement is T	aking Pla	ce (3)	F	ACILITY INFORM	IATION							-
001100L #16		(-/				Type of Faci	lity (4)		200			
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755 GROVE STREET						Other (i	pter 8 (Ot	her than !	K-12)	b. 11	· ·	
City (5) CLIFTON							e. private		ercial	ibliua	ings, h	orr
County (6)					1	Square Feet	# 0	of Floors		Blo	dg. Ag	е
PASSAIC			Cour	nty Code (7)		Current Haz /	Drin - 151					
Name of Monitoring Firm Hired by Buildin			(STA	TE USE ONLY)		Current Use ( ELEMENT.	ARY SO	ing demo	olished	i)		
AHERA CONSULTANTS, INC.	ng Owner	(8)	AS	CM No.	Name	of Abatement (						
Street Address					TWO	BROTHER	S CON	(8) Fract	INIC	INIO		
PO BOX 385					Street	Address				IIAC		_
City, State, Zip Code					11 VF	REELAND A	VENUE					
OCEANVILLE, NJ 08231					City, St.	ate, Zip Code						
Project Manager for Monitoring Firm			Teleni	none No.		WA, NJ 07	512					
DONNA D'ERRICO			609-l	one No. 352-1833	Telepho			License				
tart Date (10) 2/1/2017	Schedu	ıled Co		Date (11)		56-8700		00494				
	11111	1117		(11)	OSHA Monito	r 2) (E						
ccupancy Status During Abatement (Che	ck Only C	ne)			Street A	AS (9) AB	JVE					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Exterior Work Hay	Period of	Abaten	nent									- 1
Other – Describe: Exterior; Work Hrs:	mai Facilit 3:30 PM -	y Hours 1AM	í		City, Sta	te, Zip Code						
cope of Work (Check All That Apply)		1,				8 855						
≥3 sf or ≥3 If	<b>.</b>											
≥160 sf or ≥260 If		Renoval Demoliti			H	Full Containm	ent with N	legative (	Prace	ure		
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						Glovehag Dro	e codure					
3. 3. 2200	T .	•			×	Glovebag Prod	cedure	Von-Friah	ole Pro	cedii	re	
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	St Mary	/ & EII	zabetri	Academy		Aoi	LIC	ENSING	<u> </u>		7		
Date of Notification (1) Check# 297%	- + A d	dress											
2/14/2017 Agencies Notified Type Notification	170 Hu	ussa S	Code								-		
Agencies Notified Initial	City, Sta	te, ZIP	07036			TE	elephone	Number					
EPA Initial Amended Amendment #	Name o	f Conta	act				**		-				
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Justinos	FAC	ILITY I	INFORM	ATION	Type	of Facility (4)					\		
							other tha	n K-12)	adinas l	nome	s,		
Name of Facility Where Abatement is Taking Place (3)					Ħ	School (K-12) Subchapter 8 (C Other (i.e. priva	ite & con	nmercial bu	Illalings, .				
Name of Facility Where Abateman St Mary & St Elizabeth Academy					1	etc.)	# of Floo	ors	0,00	ge			
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170 Hussa Street					40,	000 rent Use (Prior	if being o	lemolished	)				
(5)		1.0	le (7)			1-00						1	
City (5) Linden, NJ 07036	Cou	nty Coo	ONLY)			Lamont Conti	ractor (9)						
		ASCM N		Nar	ne of A	vices Corpor	ation						
HUDSON  Name of Monitoring Firm Hired by Building Owner (8	3) /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		21	ant Add	dress						-	
Name of Monitoring Firm Filed 29				1 1	26 69	th Street							
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Street Address				- \ (	<b>3utter</b>	berg, No o.	093	License N	0.				
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City, State, Zip Code	T	elepho	ne No.	1 6	201-2	95-1700	or .					1	
Project Manager for Monitoring Firm			Data (11	) 1	Name o	of OSHA Monito						-	ĺ.
1 Sche	eduled Com	npletion	Date (1.	\_	Same	e as above							
2/2	7/201/				Street	Address							
0/25/201/	nly One)			1	Oitu 9	State, Zip Code							4
Start Date (10) 2/25/2017  Occupancy Status During Abatement (Check On Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Formal Performed Outside of Normal Formal Performed Outside of Normal Formal Performed Outside of Normal Performed Outside Outsi	od of Abater acility Hou	rs			City, s	T Full Conta	ainment v	with Negati	ve Press	sure			
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Name of Registered Waste Hauler			15939		Dispo	osal Date	City, S	burg, PA					
Freehold Carting					tbd		279	-1/		Date	4/20	17	
City State					I	Signature	Ville	25-					
Freehold, NJ	Tit	tle office N	Manage	ir		* Do not us	7700	o for ashe	stos lice	nsure	exem	ipted	activit
Completed by Gina Betances						* Do not us	e this for	III 101 2555					

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24219186388 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 17 / 17 02 Sidney Israel ASBESTOS CONTROL & Type Notification Street Address Agencies Notified Initial LICENSING ☐ EPA **⋈** DOLWD Amended City, State, Zip Code Amendment # X DHSS Bradley Beach, NJ 07720 Emergency (including ☐ DCA Telephone Number Name of Contact (NJAC 5:23-8) justification) ☐ Cancellation Sidney Israel FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) Bradley Beach, NJ 07720 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Monmouth Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 02 / 28 / 17 03 / 01 / 17 Envirovision Consultants, Inc Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: \_\_\_\_AM-\_\_PM/\_\_PM\_\_\_AM City, State, Zip Code Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation >3 sf or >3 lf > 160 sf or >260 lf Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Encapsulate Remova Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? SIF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A X 25 LF П $\boxtimes$ Pipe insulation Basement X 5 LF $\times$ Pipe insulation 1st floor-kitchen П NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler TBD T.R.R.F. Inc 0033785 Gr Tech LLC City, State Disposal Date City, State Tullytown, PA TBD Wayne, NJ 07470 Date Completed By (Print or Type) Title Signature

02/17/17

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24219186390 (Pursuant to NJAC 8:60 and 5:16)

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town, F	PA	Date				

Date of Notification (1)				Nome	of Pullalie	Owner/Oncester	(2)		EER	2 10	17	11	#
December 15	17 17			ivanie	or bullaing	Owner/Operator (	(4)		FFB 5	c ZU	1		1
	17 / 17			-	aison			-					
Agencies Notified  EPA	Type Notification  Initial			Stree	t Address			Ā	SBESTOS	CONT ISING	ROL	&	
□ DOLWD	Amended			City.	State, Zip C	ode	L		Let Collect	10111101			_
□ DHSS	Amendment #_			200	rk, NJ 07								
DCA (NJAC 5:23-8)	Emergency (in justification)	cluding			of Contac			IT	elephone Nun	ber			-
(110710 0.20-0)	Cancellation			Ray F	aison				COLOR PARCOCA POCA PRINCENT				
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and the state of t							Oquare 1 cc		W 0: 1 10013		9. 7.9	~	
Newark, NJ 07112 County (6)			-	I Cour	nty Code (7)	(STATE USE ONLY)	Current Use	(Prior	if being demol	ished)			
- C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C				Cour	ity code (1)	(STATE OSE ONET)	Our cit osc	2 (11101	n being demoi	ishou)			
Essex Name of Monitoring Firm	Hired by Building (	Owner (8	3) T	ASCM	No	Name of Abatem	ent Contracto	r (9)					
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Street Address						Street Address							
01100171001000						576 Valley Rd	#283						
City, State, Zip Code						City, State, Zip C							
						Wayne, NJ 074							
Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No.	70	T	License No.				
	ā			50		973-638-1777			01127				
Start Date (10)	Sched	duled Co	omple	etion D	ate (11)	Name of OSHA	Monitor		0.1.207		-		
02/27/						Envirovision C	oncultante Ir	ac.					
Occupancy Status Durin						Street Address	onsultants,n	10					
				ement		20-21 Wagarav	v Road Blde	r #35	F				
Abatement Performed	d Outside of Norma	I Facility	Hou	rs - De	scribe	City, State, Zip (		5 .11 30.					
Time of Abatement:	P	M/	_PM_		_AM	Fair Lawn, NJ	07410						
Scope of Work (Check a	I that apply)					Clean	up and decont		on with negati	ve press	ure		
		⊠ Re	nount	ion			ntainment with closure	h Negat	ive Pressure				
> 160 sf or >260 lf			moliti			Gloveb	ad Procedure	Те	nt with Negativ	ve Press	ure		
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Location Asbestos-Containing				ely by	Ashe	Description stos Containing M			Amount	Re	Re	En	Enc
TO BE AB	ATED			ance/ Staff?		e., thermal systems	s insulation,		(Specify	Removal	Repair	aps	Enclosure
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Gr Tech LLC				00337	785	TBD	T.R.R.F.						
City, State				00001	33	Disposal Date	City, State						
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Wayne, NJ 07470 Completed By (Print or 1	vpe) Titi	e				Signature	/)	II, IA	T	Date			
Commence Care						Olghetale	Heure We	enad	7		7		
N.Jevtic	JOW	ner				/	/		U	2/17/17		-	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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ate of Notification (1)	eck # 2974		Name St	e of Bui Rose	lding Owner/ of Lima Cl	Operator ( nurch	2)	1		ONITO	01	2	The same of
CDITOILOTT	Notification			et Addre	ess Hills Aven	ue			/ SESTOS O	SING	() L (	x	
EPA DEP	Initial Amended		City,	State,	Zip Code Is, NJ 7078								
DOL	Amendment # Emergency (including	_	Nam	e of Co	ntact				Telephone Numb	oer			
DOH DCA	justification) Cancellation		1	ssar S		TION							
		2)	F	ACILIT	Y INFORMA	TION	Type of	Facility (4)					
lame of Facility Where Abate St Rose of Lima Church street Address	ment is Taking Place (S	·)					Su	hool (K-12) bchapter 8 her (i.e. pri	(Other than K-12) vate & commercia	) I building	gs, ho	mes,	
50 Short Hills Avenue				5.00			Square	:.)	# of Floors		, Age	_	
City (5) Short Hills, NJ								II /Drior	if being demolish				
County (6) ESSEX			Cou (ST)	inty Co ATE US	de (7) E ONLY)		Churc	ch					
Name of Monitoring Firm Hire N/A	d by Building Owner (8	)	A	SCM N	lo.	EA	Service	ment Contr s Corpor	ation				
Street Address						426	t Address -69th S	treet					
City, State, Zip Code						City, Gut	State, Zip tenberg	Code J, NJ 070					
Project Manager for Monitoria	ng Firm		Te	lephone	e No.		hone No -295-1		License N 01074	io.			
Start Date (10)	Sched	uled (	Compl	etion D	ate (11)		e of OSH ne as a	A Monitor					
2/17/2017  Occupancy Status During Ab	2/18/						ne as a et Addres						
Facility Closed/Vacated Abatement Performed	During Entire Period of Outside of Normal Faci	of Aba	atemer	nt		City,	State, Zi	p Code					
Other – Describe: Star  Scope of Work (Check All Ti  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novatio				Mir	ni-Enclosur	ent with Negative e cedure d (*) and Non-Fria	able Prod	cedur	e	
											Abate	ment pe	
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	Ye	es	No	N/A		Pipe ins	ulation		4 LF	х			
Basement-Boy's Scot	it Storage Rm		X										
			N	JDEP V	Waste	Cubic Yar	ds	Name o	of Registered Land	dfill			
Name of Registered Waste Freehold Carting	e Hauler		Н	auler II 5939	) No	of Waste TBD			perland Landfil	I		1	
City, State Freehold, NJ						Disposal [ TBD		City, St Newb	ourg, PA	Date			
Completed by Gina Betances	1	itle Offic	e Ma	nager		Sign	ature	Mull	es-	2/15/2	2017		

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

04504

	ate of Notif	ication 2/16	5/17	Name Infine		wner	/ Operator (2)		Control of the contro	
Agenc	iesNotified	Type of No	tification		Address		The state of the s	ELD 0 0 0013		
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	DEP		al Notification		State & Zip Co					
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	Linde	n	Union					f being demolished)		
<u></u>	f. 1				T. 2 27		troleum Produ			
	of Monitorin onmental		d by Building	Owner (8)	ASCM No.		ne of Abatement	t Contractor (9)		
200000000000000000000000000000000000000	Address	7401100			IVA		eet Address	it Services, LLC		
	oad Street	:				1	Schoolhouse	Road		
	tate & Zip C					City	, State & Zip Co	de		
	van, NJ 07	the state of the s				-	nroe Townshi	p, NJ 08831		
Tom C	Manager fo	or Monitorin	g Firm	Telephone i			ephone Number 2-605-9062	License	Number 00714	
_	uled Start D	ate (10)	Scheduled C	ompletion Date			ne of OSHA Mon	nitor	00714	,
	2/27/17			3/3/17	. (, , ,			it Services, LLC		
			tement (Chec During Entire	k only one) Period of Abat	ement		et Address Schoolhouse	Road		
F				mal Facility Hou			, State & Zip Coo			
1 22.5	escribe:					1 .	nroe Townshi			
0	ther - Desc	ribe:						.,		
Scope	of Work (Ch	neck all that	apply)							
	emolition		Renov	ation			Full Cont	ainment with Negative	Pressure	
La	arge Projec	t					Mini-Encl			
X Q	uantity is ≥	3 SF or ≥ 3	LF ACM				X Glovebag	g Procedure		
			≥ 260 LF ACN	Λ			그 기계에 없었다. 하르아이어	Non-friable		
		ocation of		Is Locatio		D	escription of	Amount	Abate	ment Type
		os-Containi	ng	Normally Us			stos-Containing	(Specify		y: Removal,
		erial (ACM)		Solely by			aterial (ACM)	Square Feet		lepair,
		BE ABATED  a Facility	4	Maintenance Custodial St			thermal systems			sulation or
		(13)		(12)	Transfer 12 Constitution		on, surfacing, VA er miscellaneous		End	closure)
		()		(12)		Our	or miscenarioods	,		
	Mair	n Entrance	)	N/A		Wi	ndow Caulk	640 SF	Re	moval
	100000000000000000000000000000000000000	Entrance		N/A			Wall tar	30 SF	Re	moval
	Mair	Entrance		N/A			TSI pipe	15 LF	Re	moval
	f Registered		uler		te Hauler ID#	ŧ	Cu. Yds. of Wa	9		dfill
City, Sta	old Cartag	е		1	18693		10 Disposal Date	Cumberland City, State	County	
	eehold, N.	J					3/3/17	Newburg, P	Д	
	ted By (Prin		Title			-	Signature			Date
Dom	inick Trin	gali	Manag	jer			Dominick Tri	ingali		2/16/17
								Annual de la companya del companya del companya de la companya de		
ASB-41	JUN 95 G	4667								

			State o	of New	Jersey			Chec	k #15	853	
		NOT	IFICATION C	OF ASBE	STOS ABATEMENT		IME	GE		W	E
Date of Notificatio	n (1)	(Purs	Name of B	AC 8:60	)-7 and 12:120-7 g Owner/Operato	7)	1145				
2/16/2017			John			)L (2)		EB 2	2	2017	
Agencies Notified	Type Notifi	cation	Street Ad	dress			III L	LU Z	C 1	2017	-
[ ]EPA	[X]Initia	1									
[ ]DEP		ication	City Sto	h- 71			ASBE	STOS	CON	ITRO	DL 8
	[ ]Amende	1	City, Sta					LICEN	ISIN	G	
[X] DOL		ication	SCIEI.	rug,	NJ,07980						
[X]DOH	[ ] ENGINGER	7011	Name of Co	ontact		Telepho	one Number				
[ ]DCA	[ ]EMERGEN		John 1	Nali	snik	8 <b>3</b> %	. ==				
			FA	CILITY	INFORMATION					-	
Name of Facility Who		t is Taki	ing Place (	3)		Type of Faci	lity (4)				
JOHN MELLOHIAN						[ ]School					
Street Address						[]Subcha	pter 8 (Oth	er tha	n K-:	L2)	2
						buildings	(i.e., priv, homes, et	ate & (	COMM	erci	al
Name of the last o						Square Feet		C-C-10	Bldg.	Dan	
City (5)		County		1000000	unty Code (7)	850	1		90	Aye	=
Stirling		Morri	.s	(S	TATE USE ONLY)	Current Use		eing d		she	d)
Name of Monitoring E	irm hired by	Buildin	g ASCM No		Name of Abata	ment Contracto	27 (0)				
Owner (8) N/A			5			MANAGEMENT					
Street Address					Street Addres		-, IIIC.				
					A STANDARD THE PARTY OF THE PROPERTY OF THE PARTY OF THE	s stopher St					
City, State, Zip Cod							••				
orog, beate, arp cou					City, State,						
Desirat Variant 5	· · · · · · · · · · · · · · · · · · ·					r, NJ 070	142				
Project Manager for	Monitoring F	irm Te.	lephone Num	ber	Telephone Numb			License		ber	
0.1 . 1 . 1					(973)744	-8800		003.	71		
Scheduled Start Date 03 03 20			Letion Date		Name of OSHA N	Monitor					
	017   0		201	5.07 (A	N/A						
Occupancy Status Dur.	ing Abatemen	t (Check	only one)		Street Address						
[X] Facility Clos	ed/Vacated D	uring En	tire Period	i	Screet Address	5					
of Abatement []Abatement Per		de of No	rmal Eacili	+							
Hours - Descr	ibe: «OffHour	s Descri	pt»	rcy	City, State, Z	Zip Code					
[ ]other - Descr		THE PROPERTY OF THE PARTY.	Descript»								
Scope of Work (Check	all that app	olA)			[ ]Full (	Containment wi	th Negative	Prace	1170		
[X] \( \gamma \) sf or [ [ ] > 160 sf or	_		[]Renovatio		[X]Mini-E	Enclosure			ur e		
[ ]Z100 S1 0.	2200 11	L	]Demolitio	n		-bag Procedure riable Procedu					
A22.00 (0.00			Is.	1	2 31011 21	rable Flocedo	I e	Aha	ateme	ant f	Thrmo
Location Asbestos-Cont			ocation ormally		Description				Teme	E	E
Material (	-		Used Solely		Asbestos-Cont	U 10 0 0 TO	Amount	R	R	N C	N C
TO BE ABA		By Ma	intenance/		Material (A (i.e., thermal		(Specify SF or	M	E P	A	L
In Facili	.ty	Sta	stodial aff (12)	in	sulation, surfa		LF)	V	AI	S	O S U
(13)		Yes	No N/A	1 4	or other miscel	laneous)	NOT 11 PAGE 11	A	R	U	UR
Basement			X	Pipe	Insulation	าก	80 LF	X			E
					2110424024		31 00		-		
Tame of Registered Wa			DEP Waste		oic Yards	Name of Regis	stered Land	fill			
AZTECH MANAGE	MENT, IN	17	ler ID No.	oi	Waste 1.0	Minerva	Enterp	rise	INC		
ity, State	07040			1	posal Date	City, State					
fontclair, NJ	07042			0	3/06/2017	Waynesb	ırg, Ohi	0 44	688	3	
ompleted By (Print or	2				Signature	1	<del></del>	Date			-
Constantine Vi	vian Pr	esider	ıt		1/7	7//	1/	2/16/	2017	e	

AZTECH MANAGEMENT, INC. City, State 17040 Waynesburg, Ohio 44688 Disposal Date 02/28/2017 City, State Montclair, NJ 07042 Signature Completed By (Print or Type) Title President Constantine Vivian

Date

2/16/2017



	NO	(Pursi	uant to I	NJAC 8:60 a	nd 12:120)		And the second s	FEB 2	2 20	17	,	
Date of Notification (1)			me of Buike Nar	iilding Owner ooli	/Operator (	(2)						
Agencies Notified Type Notific	ation	Str	eet Addr	ess				ASBESTOS C	TMO	ROL	&	1
☐ EPA 🗵 Initial			0	7: 0-1-				LICEN	SING			+
DEP Amend	ied iment#		5.0	Zip Code e, NJ 0710	9							
Emerg	ency (including		me of Co					Telephone Numb	per			
DOH justific		13 52707	ike Na									
			FACILIT	TY INFORMA	TION	_	e of Facility (4)	0				-
Name of Facility Where Abatement is	Taking Place (3)					Тур						
Private House						H	School (K-12) Subchapter 8	(Other than K-12)	(	N. 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -		
Street Address						×	Other (i.e. privetc.)	vate & commercia	l buildin	igs, h	omes,	
City (E)						Squ	uare Feet	# of Floors	Bld	g. Age	Э	
City (5) Belleville												
County (6)			ounty Co	de (7) E ONLY)		Cui	rrent Use (Prior	if being demolished	ed)			
Essex		(5				-f A	batement Contr	ractor (9)			-	-
Name of Monitoring Firm Hired by Bu	uilding Owner (8)		ASCM N	No.	Name	oi A	ny Constructi	on Inc.				
Competent Supervisor					Street							
Street Address					205	Rt.	46 West Sui	te 14				
City, State, Zip Code							, Zip Code					
Oity, State, 219 Sous							, NJ 07512	Lizzana N	•			
Project Manager for Monitoring Firm		T	elephone	e No.	Telep		e No. 2-4244	License No 01155	0.			
			1-4' D	eto (11)	7.0		OSHA Monitor	01100				
Start Date (10)	Scheduled 03/07/1		oletion D	ate (11)	100000000000000000000000000000000000000		as above					
02/28/17 Occupancy Status During Abatemer					Stree	t Add	dress					
			ent									
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	of Normal Facility	Hours			City,	State	e, Zip Code					
Scope of Work (Check All That App	ly)								··			
X ≥3 sf or ≥3 lf		enovat				H	Full Containme Mini-Enclosure	ent with Negative F	Pressur	е		
\[ ≥160 sf or ≥260 lf	Пр	emoliti	on			×	Glovebag Proc		hle Prod	cedure	9	
							Non-Exemple	( ) and Non-i na			ement	
		Location Location			Description					Ту	ре	
Location of Asbestos-Containing Material (	Use Use	d Solel	y by	Asbestos	Containing	Mat	erial (ACM)	Amount	71		En	Ш
TO BE ABATED	100000	intenar todial S		(i.e. the	ermal syste surfacing, \	ms ir /AT.	nsulation, or	(Specify SF or LF)	Remova	Repair	caps	Enclosure
In Facility (13)		(12)		0	ther miscell	lane	ous)		oval	air	Encapsulate	ure
	Yes	No	N/A									
Basement			Х	F	Pipe Insu	latio	on	55 LF	X		X	
									-			-
												-
			LIDED !	Vacte	Cubic Yard	S	Name of	Registered Landi	fill			1
Name of Registered Waste Hauler		1000	IJDEP V Hauler ID	No.	of Waste	~	1 22.000	VS Landfill				
Academy Construction Inc.		0	34422		3	-4-	City, Sta					
City, State					Disposal Da TBD	ate		own, PA				
Totowa, NJ	Title					ture,			Date			
Completed by Filip Geleski		erviso	or				Fily I	eleki	02/16	/17		
I IIIP OCIOOM							1/					

Print-Form

						:60 and			100	000		-	$\parallel$	П	
			Name	e of Bui	lding Ow	ner/Oper	rator (2)		100	FEB 22	2017	4	1		
te of Notification (1)	17 / 17				topadr					<u> </u>	75	1	_	-	
	Type Notification		Stree	et Addre	ess				AS	BESTOS CON	TROL	&	2000	-	
encies Notified	☐ Initial								A CONTRACTOR OF THE PARTY OF TH	LICENSIA			nonement.	3	
EPA	☐ Amended		City,	State,	Zip Code	9									
DOLWD DOH	Amendment #_				I, NJ 07					elephone Numbe	r				
DCA		luding		ne of Co					1	elephone Numbe					
(NJAC 5:23-8)	justification)				ntopad	re									1
	☐ Cancellation					RMATI	ON								1
		(0)		ACILI	1 1141 0				Facility (4)						
me of Facility When	re Abatement is Taking	Place (3)							ol (K-12)	Other than K-12)					
Residence								☐ Subo	hapter 8 (	Other than K-12) ate and commerc	cial buildi	ngs,			
reet Address								hom	es, etc.)						-
1001714011	1.25							Square		# of Floors	Bldg.		:		
ity (5)								1200	sf	1	65				
Union Beach					. /71//	TATE US	E ONLY)	Current	Use (Prio	r if being demolis	hed)				
ounty (6)			C	ounty C	code (/)(3	STATE US	L OIVL I)		dence						
Monmouth							Alakom		ractor (9)						
Manitoring	Firm Hired by Building	Owner (8)	AS	CM No.	e:	Name of	Abatem	ntrocti	na Inc.						
								Muacu	ng, Inc.						
N/A						Street A		0 11=:66	24						
treet Address								9, Unit (	01						
						City, Sta	ite, Zip C	Code	av 08	755					
City, State, Zip Code	3							, New J	ersey 08	License No.					
	as altering Firm	T	eleph	one No	).	Telepho				00624					
Project Manager for	Monitoring Film						349-993			00024					
	Sch	eduled Com	pletic	n Date	(11)			Monitor							
Start Date (10)		02 / _	21	1	17_	E.M.	S.L. Ar	nalytical							
_02_ / _20						Street A	Address								
Occupancy Status	During Abatement (Ch	eck only one	atem	ent		1056	Stelto	n					-	_	
□ Facility Closed/	Vacated During Entire	nal Facility H	lours	- Desc	ribe	City, St	tate, Zip	Code							
☐ Abatement Perf	Vacated During Entire formed Outside of Norr nent:AM	PM/	PM	A	M	Pisc	atawa	y, New	Jersey 08	3854			_		-
Scope of Work (Ch	neck all that apply)					]	☐ Full C	Containme	ent with Ne	egative Pressure					
		Rend	ovatio	on				Enclosure ebag Pro			dura				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260</li> </ul>	O If	□ Dem	olitio	n			⊠ Non-	Exempte	d (*) and N	on-Friable Proce	dure	bate	man	t Ty	
M 2100 01 01		l le l	ocat	ion							A			-	ĺ
			orma				escripti	on of	(A CNA)	Amount	Ren	Kepaii	3	nca	
L	ocation of	Used	Sole	ely by	Asb	estos Co	ontaining	Material ems insul	ation.	(Specify	Removal	=	;	Encapsulate	
Asbestos-Con	taining Material (ACM) BE ABATED	Mair	ntena	Staff?	0	SIII	facing.	VAI, or		SF or LF)	1 10			ılate	
1	N Facility	Odok	(12)			othe	r miscel	llaneous)						(0	
	(13)	Yes	No	N/A						1250 sf		alr	7		
			$\boxtimes$		asbes	stos sid	ling			1250 51			=	一	
exterior				-							L	7	-	Ш	
			Ш		-							] [			
											Г	1	$\Box$		J
			П	П						11 11 - 460		=1			
			1-		Waste		ic Yards	of 1		egistered Landfill					
Name of Registe	ered Waste Hauler			Hauler	ID No.	Was		1	T.R.R.F	•					
Guardian C	ontracting, Inc.			2022	23	Disc	oosal Da	ate	City, State		1729				
City, State						1000	/22/17		Tullyto	wn, Pennsylva	ınia				,
Toms River	, New Jersey							ure	1	1	Date	1		1	
Completed By (		Title			227		Signat	uic	(	1	7	11	7	11	
Completed by	ernicola	Projec	t Ma	anager					TR			1	1	1	

01431290

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

ECEIV

N							227			11/2				111	111
Date of Notification (1)  02 /	17 /	17	,			of Buildin		ner/Operator ( ntial	2)	And the second state of	FEB 3	2/20	97		
Agencies Notified	Type Notific	cation		-	Stree	t Address				land been			, ,	-	
⊠ EPA	☐ Initial	Jation			Otree	Address				L	OPPOTOO	71400	001	١	
☑ DOLWD	☐ Amende	ed			City	State 7:-	2-4-			A	SBESTOS		HUL	ČL	$\perp$
☑ DOH	Amenda	nent #	9		200000000000000000000000000000000000000	State, Zip		005			LICEN	101110			
☐ DCA	☐ Emerger		cluding	g	-	rnegat, N	-	005							
(NJAC 5:23-8)	justificat					of Contac	t			1	Telephone Nur	nber			
	Cancella	ation	M. 12.		Vic	tor									
					FA	CILITY IN	IFOF	RMATION							
Name of Facility Where A	Abatement is	Takin	g Place	e (3)					Type of Fa	acility (4)					
Residence									☐ School						25
Street Address											Other than K-1		ildina		
									homes		ate and comm	erciai bi	illuling	5,	
City (5)									Square Fe		# of Floors	BI	dg. Ag	ie .	
Manahawkin									1200 st	000	1		65		
County (6)					Cour	ty Code (7	N/STA	TE USE ONLY)			if being demo				
Ocean					Oou	ny oodo (	ДОТТ	12 002 01121)	Reside		ii boilig doillo	nonou)			
Name of Monitoring Firm	Hirad by Buil	dina (	Junor	/o\	ASCM	No	No	me of Abateme						_	
N/A	Tilled by buil	iding (	JWITEI	(0)	ASCIVI	NO.	1								
			-					Suardian Co	ntracting,	inc.					
Street Address							1000000000	eet Address							
								889 Route 9	<u> </u>						
City, State, Zip Code						-	1000000	, State, Zip Co							
		500 C2 S					Т	oms River,	New Jerse	ey 0875	5				
Project Manager for Monit	toring Firm			Tele	phone	No.	Tele	ephone No.			License No.				
				7	32-349-9932	2		00624							
Start Date (10)	omple	tion Da	te (11)	Nar	me of OSHA N	lonitor									
03 /01 /	_ 02	_ /	17	E	.M.S.L. Ana	lytical									
Occupancy Status During	only o	one)			Stre	eet Address									
			ment		1	056 Stelton									
☐ Abatement Performed	Outside of N	ormal	Facility	y Hour	s - Des	cribe	City	, State, Zip Co	ode						
Time of Abatement:	AM	PN	Λ/	_PM-		AM		iscataway, I		ev 0885	4				
Scope of Work (Check all	that annly)							.ooutarray,		, , ,					-
Coope of Front (Chook an								☐ Full Con	tainment wi	th Negat	ive Pressure				
								☐ Mini-End							
≥160 sf or ≥260 lf			⊠ De	molitic	n			☐ Gloveba			Friable Proced	lure			
			Is	Locat	ion	Γ		23 2.10			1100101110000		atem	ent Ti	vne
Location of	of		١	Norma	lly			Description of	of			-			
Asbestos-Containing N		1)		d Sole		Asbe	stos	Containing Ma	terial (ACM	1)	Amount	Removal	Repair	inc	Enclosure
TO BE ABAT				intena todial		(i.e		rmal systems			(Specify SF or LF)	VOL	ar.	aps	uso
(13)	/			(12)	-,,_,,			urfacing, VAT ner miscellane			SF OF LF)	1 =		Encapsulate	Гe
· · · · · · · · · · · · · · · · · · ·		18	Yes	No	N/A		0,00,00		/					Ф	
exterior			П	$\boxtimes$		asbesto	ne ei	dina			1250 sf		П	П	П
CALCITOT		-				assest	J	unig			1200 31	-			
			Ц						7				Ш	Ш	Ш
П					П								П	П	
Name of Registered Waste	Hauler		Ц_		JDEP V	Masta	Cut	oic Yards of	Nama of	Pogisto	red Landfill			ш	
					auler II		Was				ieu Lanuiiii				
Guardian Contracting, Inc.					20223		3		T.R.R						
City, State								oosal Date	City, Sta						
Toms River, New Jersey							1	2/9/16	Tullyt	own, P	ennsylvania	3			
Completed By (Print or Typ	oe)	Title					L_KC	Signature	1			Date			
Nicholas Fernicola		Pr	oject	Mana	ger			1	\'_	1 1		211	7//	7	
		1						V	. V		Language P	- 1	11	- 17	

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

MO:936548324

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

10:936548324	3)		CATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		T		E G	<u>E</u>	0		Ē	int Fo
Date of Notification (1) 02/17/2017				of Building ns Instit				- 1	U L	- 1 E E	) (	Ć	201		
Agencies Notified Type Notification  X EPA Initial				tle Point		dson			ĀS	BEST LI	OS C			OL 8	2
X   DEP     X   DOL     Amended     Amendment ≠		_		ate, Zip Co ken, NJ											
□ Emergency (i justification)     □ DCA     □ Cancellation	riciuairig			f Contact Fernan	dez				Te	ephone i	Numbe	er			
Name of Facility Whose Abstances in Taking	DI //	2	FAC	ILITY INF	ORMATI	ON	-		7.0						
Name of Facility Where Abatement is Taking School	Place (	3)		100			Typ x	e of Facility School (K	-12)						
Street Address 2 9th Street								Subchapte Other (i.e. etc.)				ouilo	lings,	home	es,
City (5) Hoboken							Squ N/A	are Feet	# o 3	f Floors	47	1 0	ldg. A	ge	
County (6) Hudson			County (STATE	Code (7) USE ONLY	)			rent Use (P 100l	rior if be	ing demo	olished	)			
Name of Monitoring Firm Hired by Building O TTI Environmental	wner (8)		ASCN 0003					atement Contemporate (		(9)					
Street Address 1253 North Church Street						Street 11 R		ess ngren Ave	enue						
City, State, Zip Code Bordentown, NJ 08505						100000		Zip Code NJ 07512							
Project Manager for Monitoring Firm Jim Guilard		- 1	Telepho 609-31	ne No. 14-1683		Teleph 973-		No. 8685		License 01311					
	Schedule		npletion	Date (11)				SHA Monito tement, I							
Occupancy Status During Abatement (Check	757					Street	Addre								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Occupied						City, S	tate, 2	Zip Code NJ 07512							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	M	ull Containn ini-Enclosu lovebag Pro on-Exempte	re ocedure					e	
		Locati										,	Abate Ty	ment	į
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Solel intenar todial S (12)	y by nce/		tos Cont thermal surfac		Materia s insu .T, or		(5	mount Specify For LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									200		te	
Kitchen	X				ll plast			<.	15 SF	2	2				
Varius Location Penatrations (O&M)		Х		wall p	olaster	(outlet	ope	nings)	3	3 SF	2	2			
											_				
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic	Yarde		Name of	Registr	red Land	1611				
D&S Abatement, Inc.		H	auler ID 1996		of Was	Statistical Co.		Waste	2000000			Α			
City, State Totowa, NJ					Dispos TBD	al Date	,	City, Sta Totowa							
Completed by Oliver Hegedis	Title Proje	ct Ma	nager		S	ignature	PO				Date 02/1	7/2	017		

Ch 9562006285

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

PILITA	IS	0	E	П	7\//	IC F	rint Form
())	<u>5</u>	U	L	Ш	W/	5	MANUAL PROPERTY.

Date of Notification (1) 02/17/2017					Building O		perator	(2)	1	ī		2 20			
Agencies Notified	Type Notification		S	treet Add	dress				1	ASBE	STOS C			. &	Name of the last
× EPA × DEP × DOL	Initial Amended Amendment				e, Zip Cod Plains, N		950		L		1-11-11	Circo			
■ DOH DCA	Emergency ( justification) Cancellation	including	7.00	ame of thomas	Contact S Conno	ıly				Tele	phone Nu	mber			
				FACIL	ITY INFO	RMATI	ON	_	5 = 191. / A	\				-	
Name of Facility Where House Street Address	Abatement is Takin	g Place (3)							f Facility (4 chool (K-12 ubchapter	2) 8 (Othe	er than K-1	2)			
									ther (i.e. pr		Floors		Ings Idg. /		28,
City (5) Morris Plains								N/A		N/A	١	١	I/Ă		
County (6) Morris				County C STATE U	ode (7) SE ONLY)			Hous				inea)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				ement Con ement, Inc		(9)				
Street Address								Addres	s ren Aver	iue					
City, State, Zip Code								State, Zi wa, N	p Code J 07512						
Project Manager for Mo	nitoring Firm		1	elephon	e No.		100	hone No 345-8			License 1	No.			
Start Date (10)		Schedule: 02/28/20		pletion [	ate (11)		100000000000000000000000000000000000000		IA Monitor ement, In	C.					
02/27/2017 Occupancy Status Durin	og Abatement (Cher							Addres							
	cated During Entire			ent			11 R	Roseng	ren Aver	nue					
Abatement Perform  Other – Describe:	ned Outside of Norr	nal Facility	Hours			_	100000000000000000000000000000000000000		p Code J 07512						
Scope of Work (Check	All That Apply)						Г					5			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					× Mir	Containme ni-Enclosure vebag Prod n-Exempted	e cedure				ire	
		lel	Locati	on									Aba	temer	nt
Locatio Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (ACM) BATED sility	N Used Mai	ormall d Sole ntenar odial S (12)	y ly by nce/	Asbes (i.e.	tos Con therma surfa	escriptio ntaining Il systen acing, V miscella	Materia ns insula AT, or	(ACM) ation,	(	Amount Specify F or LF)	Removal	Repair	ype Encapsulate	Enclosure
		Yes	No	N/A										(D	
Baser	Basement						itting I	nsulat	ion	2	40 LF	X		-	
									-			+	+-	-	
												-		1	
Name of Registered W	aste Hauler		IN	JDEP W	/aste	Cubic	c Yards		Name of	Regist	ered Land	fill			
D&S Abatement, Ir				lauler ID 0996	No.	of Wa					gement	of PA			
City, State Totowa, NJ						Dispo	osal Dat	е	City, Sta Morris						
Completed by Ned Joksimovic		Title Proje	ct Ma	anager			Signatu	re	AN			Date 02/17	/201	7	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 18 JZRJ Type Notification Street Address Agencies Notified SEELE initial EPA City, State, Zip Code DEP Amended ASBESTOS CONTROL Amendment # A DOL LICENSING FARMY Emergency (including Name of Contact . iustification) DOH LU15 Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, I etc.) Bldg. Ag # of Floors Square Feet City (5), 500 NO. Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) HOUSE Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) NOVATE Street Address Street Address City, State, Zip, Code City, State, Zip Code NO.08857 License No. Telephone No Project Manager for Monitoring Firm Telephone No. 00866 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) INI NOVALEC Occupancy Status During Abatement (Check Only One) DOX Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code NO. 08857 Other - Describe: BUDGE Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation HOOSE ≥3 sf or ≥3 If 图 Mini-Enclosure Demolition GARAGE ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abaten is Location Typ Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Removal Maintenance/ (Specify (i.e. thermal systems insulation, Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13) Yes No N/A RENCUALI X SIDING HOUSE EX SIDING REAR GARAC Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Hauler ID No. 100 NOVATECH 856 10 City, State Disposal Date City, State OID 521DGE Date Signature Completed by 150 DENT

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