State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2015-12			(Pursu	ant to NJAC	8:60	and 12:120)		1	ya+1 1						
Date of Notification (1)    0   1   / 0   2   /   1   5    Agencies Notified   Type Notificati		ame of Bui donna koo treet Addre	cubinska	er/Operator (2)											
DEP Amended Amendment #: Emergency (including	-	278 e. kir ity, State, z Newark,	Zip Code NJ 07106					100			NIC.				
justification)  DCA  Cancellation		donna ko	ocubinska			=		1							
-			FACI	LITY INFORM	IATION										
Name of facility where abatement is	s taking pla	ice (3)					Тур								
donna kocubinska												12)			
Street Address								Bldgs./H	lomes, e	tc.		da A	20		
278 e. kinney street	I Cour	ity (6)			I Cou	nty Code (7)	So	quare Feet   #	f of Floor	S	DIC	19. A	ge		
City (5)					100	te use only)	Current Use (Prior if being demolished)								
Newark Name of Monitoring Firm Hired by I	esse Bldg Owne			ASCM No.	L	Name of Abatemen	t Cont	ractor (9)							
Traine of Monttoning Firm Fined by I	olug. Own	, (5)		ACCIVITIO.											
Street Address					-	Street Address	Telephone Number    Type of Facility (4)								
ou out / taar ood						20 California A	Ave.								
City, State, Zip Code						City, State, Zip Code	NAME AND ADDRESS OF THE OWNER, OR OTHER			CH STREET		DISHBURS.	promiseration		
					.	Paterson, NJ 0	7503								
Project Manager for Monitoring Firm		Ph	one Numb	er	-	Telephone Number			License	Numb	er	_			
						973-345-8020	0	9.	0	1169					
Start Date (10)	ISched	. Completio	on Date (1	1)	_	Name of OSHA Mo	nitor								
01/13/15	01/30		,,,	.,		D & S Restora Street Address	tion, l	Inc.							
Occupancy Status During Abatemer	-				meann.			2							
Facility closed/vacated during Abatement performed outside	entire peri	od of abate				City, State, Zip Cod		e							
Describe: NORMAL H	OURS				-	Paterson, NJ 0	7503								
Scope of Work (check all that apply						F		Containment w/	negative	press	ure				
>3 sf or >3 lf	Renovation Demolition						Mini- Glov	enclosure ebag procedure	9			e atomica.	277		
		n normally	used solely	/			_ Non-	-Exempted (*) a	and Non-	-	_		T		
Location of asbestos-containing	by mainte	enance/cus		1	ion of a	sbestos-containing	1	Amount		1000000	е	7000	1		
material (acm) to be	staff(12)		Т —	material		SDOSIOS GOITIGITING			= or		E (2)	1000	1		
abated in facility (13)	Yes	No	N/A				1	LF)		1 3	i	р	1-		
BASEMENT		X		PIPE INSU	JLATI	ON		133 1 ft					口		
NAMED AND DESCRIPTION OF THE PARTY OF THE PA															
Registered Waste Hauler D & S RESTORATION, INC.	NJD 135	EP Hauler I		Cubic Yards of	Waste	Name of Registere			COME	v					
City, State	135		Disposal D	2 yds Date	CONTRACTOR.	City, State	, KE	SOURCE RE	COVER	( 1	nes tratavals	en som	MERCUS AVERS		
PATERSON, NJ 07503			01/14/1			TULLYTOWN	N, PA								
Completed by (Print or Type)	Title			Signature		1			Date						
BOGDAN JOLDZIC	PRESID	ENT							01/02/	2015	5				

D&S Proj. #: 2015-10

ASB-41

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

DEP   Amended   Amended   Amended   City, Siste, Zip Code   WEST ORANGE   Siste, Zip Code   WEST ORANGE   County (6)   County (7)   Code (7)   Citate use only)   County (7)   Citate use only)   County (8)   ASCM No.   County (7)   Citate use only)   County (8)   ASCM No.   County (7)   Citate use only)   County (7)   Citate (7)														
				•	ner/Operator (2	2)	2015	JAN -	7 图11: 6	7				
	Initial		treet Addi 10 unde	ess rcliff terra	ice		£ 30	E510	S COLLE EKSING	ut				
			WEST	ORANGE	E, NJ 07052									
	justification)								Telephon	e Numbe	г			
				FAC	ILITY INFORM	MATIO	V							
	here abatement i	s taking pla	ace (3)					T	Schoo	(K - 12)		nan K	12)	
	2770.00								Other (Bldgs./	Private/C Homes, e	omme etc.	rcial		
	Ellace	Cour	nty (6)			T Cou	inty Code (7)	=     *	square Feet	# 01 F100	rs	DIC	ıy. Aş	je.
	encies Notified							-	Current Use (P	rior if beir	ng dem	olishe	ed)	
Name of Monitorin	2   / 3   1   / 1   5     encies Notified				ASCM No.									
Street Address							Street Address		ion, inc.					
City, State, Zip Coo	le						City, State, Zip Co	ode			POSTER ORDER		CONTRACT OF THE PARTY OF THE PA	
Project Manager fo	r Monitoring Firm		P	hone Numi	ber		Telephone Number License Number							
Start Date (10)		Sched	I. Complet	tion Date (1	1)				Y					
01/02/15		01/18	3/15					ration,	inc.					
Facility close Abatement p	d/vacated during	entire peri	od of abat						16					
Describe:  Other-Descri	be: NORMAL H	OURS				_	Paterson, NJ	07503	3					
Scope of Work (ch	neck all that apply	/) Renovatio						Min Min Glov	i-enclosure vebag procedu	re	•		edure	
asbestos-cor material (acr	Notified Type Notification Amended Amendment #:  □ Amended Amendment #: □ Emergency (including justification) □ Cancellation  □ Cancellation	by mainte staff(12)	enance/cu	stodial	Descripti			g	(Specify S		e m o	е	n c a	EnoL
BASEMENT			X		PIPE INSU	JLAT	ION		77 L FT		-		Р	
						ora iniconstru		DESTRUCTION OF STREET			吕			吕-
														口
D & S RESTOR					In a proper state (2) In a proper state (2) In a proper state (2) In a proper state (3) In a proper state (4)		AND HOLDING							
				100	15		B	VN, PA	A					
		Title PRESID	ENT		Signature					Date 12/31	/15	*		

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

D&S RESTORATIO

PAGE 82/84

			State	of I	NU File.	we have	3 7	55				
D&S Proj. #: 2015-10		Noti (Purs	lication of As quant to NJA	Dea C R	los Abatement 60 and 12:120),	pesti	: LLMG	67				
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Date of Notification (1)	I Na	ime of Building Ov	matiOnerator (2	7			. 50 11	RCL	0 0	11		
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Agencies Notified Type Notific		og Address	-		<u> </u>		2-1. III.	11 1	A CONTRACTOR	1_		-
DEP Amended		O underchiff ton	RCS				4	YM/2	M	,		
M DOL Amendment	#: CIE	y, State, Zip Code					WAIVE	RIF	77	JVF-	1	-
M DOH (including	1 day 100	WEST ORANG	B, NJ 07052			<u> </u>		- 1 L 11	116	AL	L	
DCa Justification	v 11	ne of Contact					Talepho	ne Numb	91	T	•	
Oancellate	on II 3	marcia eskin				Con Con				H	_	
A10		FA	CILITY INFORM	IATIC	N							
Nems of facility where abatement	le teking place	5 (3)				TT	ype of Facility		-	1	-	
marcia eskin		_					Name of the last o	ol (K-12	6	Marian III		
Straet Address	The second secon					11	50 Other	epter 8 ( (Private/t	Other	han	K-12)	
10 undercliff terrace						11	Blogs.	/Homes,	eic.	<u> </u>		
City (5)	County	(8)		Co	unty Cods (7)	118	iquare Fast	# of Floo	25.6		ildg. A	/85
WEST ORANGE					ate use only)		Current Use (P	rior if bal	no de	holisi	tod)	\$40, 4000 Janes Se
Name of Monkoring Firm Alred by	Bidg, Owner	E)	A COMME	-							,	
		-1	ASCM No.	- 1	Name of Abateme		CITATOR NACOU CAROL INC.					
Street Address				-	D & S RESTO	KATI	ON, INC.					No bearing
Chy, State, Zip Code			Process of the Control of the Contro		20 California		_					3
ony, come, 210 odde					City, States, Zip Cod				1			
Project Manager for Monitoring Firm	)	Phone Numb	at at	_	Paterson, NJ (					line many		Territoria de la companya della companya della companya de la companya della comp
			701	Totaloval	973-345-802			License	Num 1169			
Start Date (10)	Sched. C	ompletion Date (1	1)	-	Name of OSHA Mo			- ACCORDING	71403		A .	
01/02/15	01/18/1:	5			D & S Restora	tion, l	Inc.	THE A NAME OF				
Occupancy Status During Abatemen	nt (Check only	one)		-	20 California A	12##III	_		1			
Facility diosed/vacated during Abatement performed outside	entire period of	of abatement.			City, State, Zip Cod				12-0	•		
Describe: NORMAL X		my nouse		_								
Scope of Work (check all that apply					Paterson, NJ 0	STREET, SQUARE						
⊠ >3 c1 or >3 ff ⊠	Renovation					Mini-	Conteinment w	/negative	press	ure		
≥160 sf or ≥280 lf	Demokition				8	Glove	shaq procedur	e				
Location of	le location no	rmally used solely		-		Non-	Exempted (*)	and Non-	frishle	proc	edure E	
asbestos-containing material (acm) to be	by maintenar staff(12)	ICENT DRIEDGIST	Description	of a	gdinistrac-eatebale		Amount	40.000	8	8	n	E n
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			The same of the sa	- Carrer					-	H	1	1
										d	D	
Regulatered Waste Hauler	NJDEP F	euler ID# 175	Die Yarda of W	30/-	0			-1000000				
D&S RESTORATION, INC.	13506	1	yd.	-1010	Name of Registered	RES	OURCE RE	XOVER	Y			- Contraction
City, State PATERSON, NJ 07503		01/05/15	1000	-	City, State					apalatura.	-	
Completed by (Print or Type)	Title	01/03/13	Signature	and the same of th	TULLYTOWN	, PA		Value de la company				
	PRESIDEN	Γ					-	Date 12/31/	15			
	. 121		- Ilmana	nnta/	artivities			22/21/	4 -	o la compania		THE REAL PROPERTY.

( ) ( ) ( ) Notification

D&S Proj. #: 2015-11

State of NJ

Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12112014 -7 PM 11: 66

Di VIII

Name of Building Owner/Operator (2) Date of Notification (1) 0 11 1/0 12 1/11 15 1 william ryder Agencies Notified Type Notification Street Address EPA Initial 128 linwood avenue Amended DEP City, State, Zip Code Amendment #: DOL M Emergency RIDGEWOOD, NJ 07450 (including DOH Name of Contact Telephone Number justification) DCA william ryder Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) william ryder Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 128 linwood avenue Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) RIDGEWOOD bergen Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 01/23/15 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Mini-enclosure □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure is location normally used solely E Location of E е by maintenance/custodial е n asbestos-containing Amount Description of asbestos-containing m staff(12) P C material (acm) to be (Specify SF or material (ACM) 0 C a а abated in facility (13) LF) Yes No N/A V BASEMENT PIPE INSULATION 1181ft Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 2 vds TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State PATERSON, NJ 07503 01/09/15 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 01/02/2015 Do not use this form for asbestos licensure exempted activities. ASB-41

CK 3069

01/02/15

Agencies Notified

EPA

DEP

DOL

DOH

DCA

Street Address

City (5)

County (6)

Street Address

Start Date (10)

01/04/2015

City, State, Zip Code

×

×

Date of Notification (1)

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

410 SE CENTRAL AVENUE

Project Manager for Monitoring Firm

Other - Describe:

SEASIDE HEIGHTS, NJ

OCEAN COUNTY

Amended

Amendment # Emergency (including

justification)

Cancellation

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

OMAR GUERRERO

Street Address

City, State, Zip Code

Name of Contact

County Code (7) (STATE USE ONLY)

ASCM No.

Telephone No.

Scheduled Completion Date (11)

01/04/2015

OMAR

Name of Building Owner/Operator (2)

410 SE CENTRAL AVENUE

SEASIDE PARK, NJ 08752

FACILITY INFORMATION

				7 2015  SING  uildings, homes,  Bldg. Age	
	-			Print Form	
BATE! 12:120			E C	IVEN	Market Street Street
erator	(2)		JAN	7 2015 IU	-
ENU	E	Ĺ	ASBESTOS	CONTROLL	AND ASSESSMENT OF THE PARTY NAMED IN
8752	<u>-</u>	-	LICE	NSING	
		Tele	ephone Numbe	er	
N					
	Type of Facility (4)				
2)	School (K-12 Subchapter 8 X Other (i.e. prietc.)	(Othe		ouildings, homes,	
	Square Feet 1000	# of 2	Floors	Bldg. Age	
	Current Use (Prior HOME	if bei	ng demolished	)	
	of Abatement Cont LEAD PROFES				
	Address HITE DOVE CO	URT			
	State, Zip Code EWOOD, NJ 08	701			
	hone No. -668-9078		License No. 1200		
	of OSHA Monitor LEAD PROFES	SSIO	NALS		
	t Address HITE DOVE CO	URT			
City, S	State, Zip Code				
LAK	EWOOD, NJ 08	3701			
	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure	8 60 20		
				Abatement Type	

Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	housed	Renovai Demoliti				Mini-Enclosure Glovebag Prod				e		
	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)							Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A							le l		
EXTERIOR					ACM SIDING	i	500 SF	X				
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W lauler ID 4509		Cubic Yards of Waste 5 YARDS	Name of IESI	Registered Lan	dfill				
City, State NEWARK, NJ					Disposal Date 01/04/15	City, Stat BETHL	e EHEM PA					
Completed by JOSEPH PERLSTEIN	Title OWN	NER			Signature			Date 01/02/15				



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

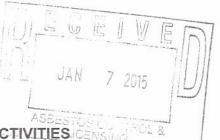
		(	ii o a a i i c	111011 111	2. 0.00 a	,	A E as I	E A MARIS		
Date of Notification 01-05-2015	(1)				Owner / Operator ackensack NJ Ll		in the last			
Agencies Notified  EPA	Type Notifica	ation		Street Address 150-170 Main Street  JAN 7						
☐ DEP	Initial			state & Zip C	- 1					
DOL     DOH     DOH	☐ Amer	gency		nsack NJ, 0 of Contact	7001		ASBEST 17	elephone Number		
DCA DCA		ellation	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	oh Alkilani		-				
			lFA	CILITY INFO	ORMATION					
Name of Facility Wh Retail Buildings	nere Abateme	ent is Taking Pl			Type of Facilit					
Street Address				- Christ School - C	☐ Subchapt	ter 8 (Other than	n K-12)			
160 Main Street						# of Floo		ldg. Age		
City (5)		County (6)	County C	Code (7)	20,000		ng basement)	100		
Hackensack NJ, 07	601	Bergen	Journey	(,)		Prior if being de				
Name of Monitoring	Firm Hired b	y Building Own	er (8)	ASCM No.	Name of Abat	ement Contract				
Health & Safety	Services					nagement Grou	p, LLC			
Street Address POB 365					Street Addres 2115 Hamilton	s n Ave, Suite 202	2			
City, State & Zip Co Berlin, NJ 0800					City, State & 2 Trenton, NJ 0					
Project Manager for Mr. Jim Proctor	r Monitoring F	irm	Telephone 852-452-		Telephone Nu 609-977-6159		License N	umber 01185		
Scheduled Start Da 01-06-20	ite (10)	Scheduled Cor			Name of OSH	IA Monitor nental Laborator	ies, Inc.			
Occupancy Status I	During Abater	ment (Check or	nly one)		Street Addres	s	· · · · · · · · · · · · · · · · · · ·			
		During Entire P			2333 Route 2					
Abatement Union, NJ 0		uring 1st Shift (	Describe.9am	- to 5.00pm	City, State & 2	Zip Code				
☐ Facility Occ	supied During				Union, NJ 070	083				
Scope of Work (Che	eck all that ap	pply)				☐ Full Cont	ainment with N	egative Pressure		
≥3 sf or ≥3	lf		⊠ Rer	ovation		Mini-Enc				
≥160 sf ≥26	80 If		A STATE OF THE PARTY OF THE PAR	nolition	⊠ Glove Bag Procedures             □					
			1.1	· T	Description		mpted and Nor Amount	n-Friable Procedure Abatement Type		
	ocation of tos-Containin	a	Is Locat Normally		Description Asbestos-Con		(Specify			
	terial (ACM)	9	Solely		Material (AC	CM)	SF or LF)			
	BE ABATED		Maintenan		(i.e., thermal sy			Enclsoure Encapsulate Repair Removal		
ı	n Facility (13)		Custodial (12)	Stan?	insulation, surfactor or other miscella			our sula air ova		
	(10)		Yes No	N/A				Te e		
					Floor tile & N	Mastic	7,020 SF			
					Floor tile & r	mastic	1,725 SF			
					Pipe wrap		60 LF			
						*				
			<u> </u>	<del>                                     </del>						
Name of Registered	d Waste Haul	er	INJ	DEP Waste	Cubic Yards	Name of Regis	stered Landfill			
			Ha	uler ID No.	of Waste	_				
Resource Manager	ment Group, L	LC	00	35218	TBD	Grows Landfill				
City, State Trenton, NJ					Disposal Date TBD	City, State Morrisville, PA	ž			
Completed By (Prin Mr. Brian J. Haney	nt or Type)		Tit Pr	le esident	Signature			Date 01/05/2015		

#### New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975



### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES CENSING

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INF	ORMATION
Date of Notification: 12 / 05 / 2014  ☐ Initial ☐ Amended ☐ Cancellation ☐ Emergency  Type of Work: ☐ Demolition ☐ Renovation	(must include justification)
II. BUILDING INFO	RMATION
Name of Building Owner/Operator: 15	0-170 Main Street, LLC
Street Address: 150-170 Main St City: Hackens	
Name of Contact: Shergoh Alkilani	Telephone No.:
III. FACILITY INFO	RMATION
Describe Facility Use: Forme	r Retail Space
Street Address: 160 Main Street City: Hackens	State: NJ Zip: 07601
	Code (State Use Only):
	uled Completion Date: 12 / 31 / 2014
Occupancy Status During Activity (check only one):	
Facility Closed/Vacated During Entire Activity	
☐ Activity Performed Outside Normal Facility Hours—Describe:	
Other—Describe:	
Scope of Work (check all that apply):	
⊠ Floor Tile Square Footage: 8,745	
☐ Transite Square Footage:	
Roofing Square Footage:	
Siding Square Footage:	
Other: Square Footage:	Percentage Asbestos:%
IV. CONTRACTOR INF	ORMATION
Company Name: Resource Management Group, LLC	Telephone No.: 609-914-4279
Street Address: 2115 Hamilton Ave-Ste202 City: Trenton	State: NJ Zip: 08619
New Jersey Asbestos License Number (if applicable):	
Monitoring Firm (if applicable): Criterion Laboratories, Inc	
V. SIGNATU	
Completed By	No.
(type or print legibly): Brian J. Haney	Title: President
Signature:	Date: 12-05-2014

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

	Na	ame of Bui	iding Owner/O	perator (2)						111
pate of Notification (1)		Cha	5 506	1501e		17.81	7 2	nie.		+ $J$
I Type Notification	St	reet Addre	ess \	-: \-		JAN	1 2	015	- 1	7
igencies remine		1101	en ter	ST					1	-
EPA Initial Amended	C	ity-State,	Zip Code	ASBESTOS CONTROL &						
Amendment #	_ \		nson M	$(\omega)^{\alpha}$	De-7	Telephone Numb	NSINO	-		1
Emergency (including justification)	N	lame of Co				-LGIRDHOUG LABIUM				
D Consoliation			16-5			L				-
J DOA		FACILIT	Y INFORMAT	ION	pe of Facility (4)					7
Name of Facility Where Abatement is Taking Place (3	)			1 1 1 1 1						1
Sonsone Residence				——	School (K-12) Subchapter 8	(Other than K-12)				
Street Address					Cother (i.e. pri	vate & commercial	buildin	gs, ho	mes,	-
lin Conterst					etc.) juare Feet	# of Floors	Bldg	. Age		$\neg$
City (5)				50	i HW	2		Ož		- 1
Rumson						if being demolishe	-			-
County (6)	1	County Co	de (7)	( C	ROS CON		,			
Monmorth				T 11 16	Abatement Cont					
Name of Monitoring Firm Hired by Building Owner (8	)	ASCM	No.		sulation Co.,					
Ivalle of mornoung						1114.				-
Quant Address				Street Ad	idress ntrose Road					
Street Address		54.04					-			-
City, State, Zip Code				Calle N	e, Zip Code Jeck, N.J. 07	722				
City, State, M.P. 312				1		License No	n.			-
Project Manager for Monitoring Firm		Telephon	e No.	Telephor	ie No. 14-1757	00029				
						00020				
Start Date (10) Schedu	led Gor	npletion D	ate (11)	Name of	OSHA Monitor					
114115	7-11	5			<u></u>					
Occupancy Status During Abatement (Check Only C	One)			Street A	ddress					
- W Clared Macated During Entire Period O	f Abater	nent			71 0-12					-
Abatement Performed Outside of Monthal Page	ty Hour	S		City, Sta	te, Zip Code					
Other - Describe: +7m-	-111	'						-		-
Scope of Work (Check All That Apply)				c <del>é</del> ~3·			3	6		
∑ ≥3 sf or ≥3 lf	Renov	ation		H	Full Containm Mini-Enclosure	ent with Negative F	ressui	e		
≥160 sf or ≥260 lf	Demol	ition			Glovehad Pro	cedure	W Palentin			
					Non-Exempte	d (*) and Non-Friat				-
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	le Loca Norm			Description (	of		-	ı y	10	
Location of	sed So		Asbestos C	Containing Ma	aterial (ACM)	Amount	-		En	m
	Viainten ustodia		li.e. ther	mal systems urfacing, VAT	insulation,	(Specify SF or LF)	Removal	Repair	G <sub>E</sub>	nclo
In Facility	(12		oth	er miscelland	eous)		oval	ar	Encapsulate	Enclosure
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Ye	s No	1017-4		- 1		MAN	W			
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		1	Vineta 1 C	uhic Yards	Name o	f Registered Landf	ili			
Name of Registered Waste Hauler		NJDEP V Hauler ID		ubic Yards Waste		f Registered Landf	ill .			
Selection of the second contraction of the s					Chrine	3	All			- 110
Ace Insulation Co., Inc.		Hauler ID	No. of		Chrins City, Sta	ste	āli			
Ace Insulation Co., Inc.		Hauler ID	No. of	Waste 2	Chrins	ate n,, PA				
Ace Insulation Co., Inc.  City, State Colts Neck, New Jersey	0	Hauler ID	No. of	Signature	City, Sta	ate n,, PA	Date	1		
Ace Insulation Co., Inc.  City, State Colts Neck, New Jersey  Completed by		Hauler ID	No. of	Signature	Chrine City, Sto	ate n,, PA		15	- 0.77	