									processor and and			76.0 7.00 7.00 7.00	Pr	int Eor
Ch1373	1		ICATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE		г		i C	ונחנו		$\mathbb{V}$	
Date of Notification (1) 1/5/17			Name o	of Building	Owner/	Operator	(2)		1	MAL	- 5	2	017	-
Agencies Notified Type Not	ification		Street /	Address				· ·	AS	BESTO	SC	ON	TRO	L &
	al ended endment#	1		ate, Zip C					1	LIC	ENS	<u>IM</u>	<u>G</u>	
Eme	ergency (including fication)	-		wood, N		5			Telephor	ne Numbe	г			
	cellation		Vish F	D-000-000-0							-			
Name of Facility Where Abatement	is Taking Place (3	3)	FAC	ILITY INF	ORMAT	ION	Тур	e of Facility (	(4)					
Street Address					-			School (K-1	12) 8 (Other tha	n K 12\				
Officer Address							×		private & con		uildir	ngs,	home	es,
City (5) Westwood							Squi 175	are Feet 2	# of Floo	rs	Bld 96	g. A	ge	
County (6) Bergen				Code (7) USE ONL	n		Curr		or if being de	malished				
Name of Monitoring Firm Hired by E	Building Owner (8)		ASCI	M No.				atement Cor erprise Gr						
Street Address						Street 370			ew Ave., S	uite 2-3	29			
City, State, Zip Code						City, S	tate, 2	Zip Code ack, NJ 07						
Project Manager for Monitoring Firm		- 1	Telepho	ne No.		Teleph 973-9	one N	10.		nse No.				
Start Date (10)			npletion	Date (11)		Name	of OS	HA Monitor		.28				-
1/16/17 Occupancy Status During Abatemer	1/18/17					Sunn		erprise Gr	oup, LLC					_
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: Private Hom	Entire Period of A of Normal Facility	batem	ient			370 \ City, S	N. Pl		w Ave., Si	uite 2-32	29			
Scope of Work (Check All That Appl	y)					Hack	.01130	10K, 145 07	001					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				×	Mi Gl	ni-Enclosure ovebag Prod						
		Locatio	707-						() and the				ment	
Location of Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility  (13)	CM) Used	d Solel ntenan odial S (12)	y by ice/		tos Cont thermal surfa		ateria insul T, or		Amoun (Specify SF or LF	y 2		Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	Ф
Basement	X			The	rmal Sy			lation	130 LF		-			
Basement	X				ACM	Floor	lies		100SF	X		+		
Name of Registered Waste Hauler Sunn Enterprise Group, LLC		Ha	JDEP W auler ID J-952		Cubic of Was TBD			Personal services	Registered La e Transfer		ciate	es		
City, State Hackensack, NJ						al Date		City, State						
Completed by Bogdan Markovski	Title Dir. of	Ope	rations		1	ignature	dr. s	1 South	louis bi	Date 1/5/1	7			

Date of Notification (1)		NOTH	State of New J FICATION OF ASBES (Pursuant to NJAC 8:6  Name of Building Own	TOS ABAT 0 and 12:120 er/Operator (	2)		JA	N -	<u></u>	V E
Justificat	d nent # cy (includin	1g	Street Address  28 19  City, State, Zip Code  A Va 100  Name of Contact	Develop Dune	Dr. 08	Coloup,		ICEN	CON	IROL &
Name of Facility Where Abatement is Takir  Resident  Street Address			Chn'S FACILITY INFORM	IATION	Type of Fac	cility (4)	phone Nu	nber ,	.,	
City (5) Stone tar ho County (6)  Cane Man  Name of Monitoring Firm Hired by Building		(57	Ounty Code (7) TATE USE ONLY)		Square Feet 2 500	1 01 .	ommercial	В	lde. As	
Street Address  City, State, Zip Code	Owner (8)		ASCM No.	Street Ad 1212	JOE	Contractor (9) Ahistories	HIL	uzli	 Tie7(	10
Project Manager for Monitoring Firm  Start Date (10)  Occupancy/Status Buring Abatement (Check Or			phone No.	Telephone	10180	1914 Li	Ost cense No.		_	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal I Other – Describe: Scope of Work (Check All That Apply)		ement errs		Street Addi City, State,				-		
□ ≥3 sf or ≥3 lf .□ ≥160 sf or ≥260 lf		novation molition		□ G	lovebag Pro	nent with Negati re cedure d (*) and Non-F			# #	
Lecation of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	No. Used : Main Custod	ocation rmally Solely by tenance/ lial Staff? 12)	Asbestos Contair (i.e. thermal system	ription of	(ACM)	Amount (Specify SF or LF)		Aba	Type	Enclosure
Out Side	Yes N	No N/A	Siding			7,500	V	4	sulate	sure
Name of Registered Waste Hauler  ANT OF UC  City, State  Completed by  Expl. 1 In 1.	Title V. LiE	NJDEP W. Hauler ID ) 20847	No. of Waste	ate	UM City, State,	egistered Landfil of PA	Pa Date		7	

# CK #1609 |2 |23 | 16 | State of New Jersey | NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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1 10 CX	ノ	(Pi	ursuant to	NJA	C 8:60 and	12:12	0)		JAN	= 9	âĥ	17
Date of Notification (1) 1/3/2017			Name of Bu Essex Co				(2) PW & Engine	1 100	2711	hel.	20	1 0
Agencies Notified Type Notificat  EPA Initial	ion		Street Addr 900 Bloo		eld Avent	ue		ASBE	STO	S CC ENS	NTI NG	ROI
DEP X Amended Amended Amendm	ent #_1		City, State, Verone, I									
➤ DOH Emergen justification Cancella		1 1	Name of Co Rasheed		7.0			Telephone N	lumber			
Name of Facility Name of All 1			FACILIT	YINF	FORMATIC	NC						
Name of Facility Where Abatement is Ta Residential	King Place (3	3)					Type of Facility					
Street Address							School (K-Subchapte Other (i.e.	12) r 8 (Other than K private & comm <mark>e</mark>	-12) rcial bu	ilding	s, hor	mes,
City (5)				-0000			etc.) Square Feet	# of Floors		Bldg.		
Newark County (6)			S	- /71			2,071 Sq Ft	2		Built		6
Essex		(3	County Code	ONLY	Y)	_	Residential	or if being demol	shed)			
Name of Monitoring Firm Hired by Buildir	ig Owner (8)		ASCM No	).			of Abatement Co orn Contractin					
Street Address							Address Route 46, Suit	e 7A				
City, State, Zip Code							ate, Zip Code va, NJ 07512					
Project Manager for Monitoring Firm		T	elephone N	lo.			one No. 33-9176	License 01232	No.		-1311	
Start Date (10) 1/5/2017	Scheduled 1/19/20		oletion Date	(11)			f OSHA Monitor ovision Consu	Itants. Inc.				
Occupancy Status During Abatement (Ch	eck Only One	e)				Street A					-	
Facility Closed/Vacated During Entire	e Period of Al	bateme	nt			20-21	Wagaraw Rd	., Bldg. 35 E				
Abatement Performed Outside of No Other – Describe:	rmal Facility I	Hours					ite, Zip Code awn, NJ 074	10			=	
Scope of Work (Check All That Apply)		TO THE		77.7			<del></del>					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	enovatio emolition					Mini-Enclosure Glovebag Prod	edure				
		-					Non-Exempted	(*) and Non-Fria	ble Pro	Marie VIII		
Location of	10000	ocation ormally	ו								emen /pe	t
Asbestos-Containing Material (ACM)	Used	Solely tenance	ai As		tos Contair		terial (ACM)	Amount			ш	
TO BE ABATED In Facility	Custo	dial Sta		(i.e.	thermal sy surfacin			(Specify SF or LF)	Ren	Re	ncap	Encl
(13)	Yes	(12) No	N/A		other mis			01 01 21 7	Removal	Repair	Encapsulate	Enclosure
Entire House	163	140	X	Wa	alls & Ce	eiling F	Plaster	450 CY	X			
lame of Registered Waste Hauler		10 (24.55)	EP Waste		Cubic Ya		Name of F	egistered Landfil				
nicorn Contracting Corp.		100000000000000000000000000000000000000	ler ID No. 5844		of Waste 450 CY		Tullytow	n Resource R	ecove	ery F	acilit	у
ity, State					Disposal	Date	City, State					
otowa, New Jersey	[ <del>-</del>				TBD		Tullytow					
ompleted by imo Golcev	Title Genera	al Man	nager		Sign	ature	hed (	M 1/	ite 3/201	7		
SB-41 (R-06-08)					- (	hot u	use this form for a	sbestos licensure	e exem	pted a	activiti	ies.

							F	P E	T E	Pri	nt Forr
Ch 5914	NC	TIFICATION (Pursuant	ate of New Jo I OF ASBEST to NJAC 8:60	OS ABATE 0 and 12:120	0)			G E an -	9 2	₩ I	5,10
Date of Notification (1) 1/4/17			f Building Own ship Of Per		(2)				0 2		-
Agencies Notified  Type Notification  EPA DEP Amended Amendment	#	Street A 500 P City, Sta		- Browns N	∕lills F	load	ASBE	STOS LICEI	CON	TRO G	L &
		Name o	f Contact	0000			Telephone N	lumber	_		
☐ DCA ☐ Cancellation		Phil	LITY INFORM	MOTTON			1-				
Name of Facility Where Abatement is Taking	g Place (3)	PACI	LITT IN OK	MATION	Туре	of Facility (4	1)				
Vacant House Street Address						School (K-12	2) 8 (Other than K	-12)			
19 South lake Drive				•	X		rivate & comme		ldings,	home	s,
City (5) Browns Mills NJ 08015						re Feet	# of Floors		35+	ge	
County (6) Burlington			Code (7) USE ONLY) _		Curre		r if being demol	lished)			
Name of Monitoring Firm Hired by Building O N/A	Owner (8)	ASCN	/ No.	1000	of Aba	tement Con	tractor (9)				
Street Address					Addre						
City, State, Zip Code					Box 3	ip Code					
City, State, Zip Code				N 2000		lin NJ 080	91				
Project Manager for Monitoring Firm		Telepho	ne No.		hone N -753-9		Licerise 00727				
Start Date (10) 1/17/17	Scheduled 1/23/17	Completion	Date (11)	Name San		HA Monitor					
Occupancy Status During Abatement (Chec	k Only One			Street	Addre	SS	4.				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:				City, S	State, Z	ip Code			<del>(45-) . (4-)</del>		
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition			Mir Glo	ni-Enclosure ovebag Proc	edure				
	le I	ocation		Ľ	21 140	n-Exempled	(*) and Non-Fr	lable FI	Abat	ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	No Used Main Custo	rmally Solely by tenance/ dial Staff? (12)	(i.e. the	Description Containing I ermal system surfacing, V/	Materia is insul AT, or	ation,	Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
(13)	Yes	No N/A	Of	ther miscella	neous)			val	air	ulate	ure
exterior siding		Х		exterior si	ding		100 SF	x			
2nd floor		х		Floor til	е		1000SF	x			
7											
Name of Registered Waste Hauler United Roll Off		NJDEP V Hauler ID 22459		Cubic Yards of Waste 1		Name of I	Registered L <mark>a</mark> nd W.S.	dfill			
City, State Elm NJ			1	Disposal Date	9	City, State Morrisv	e ville PA 1906	7			
Completed by Anthony T Perna	Title Presid	lent		Signator	e	The state of the s		Date 1/4/1	7		

									[ -				_[	Pr	int Fo
CK 825			ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		Т				G			
Date of Notification (1) 01-03-17				of Building vella De			r (2)			la.	اله	414	- 9	201	7
Agencies Notified  EPA DEP DOL  Initial Amended Amendmer			40 De	Address eforest A ate, Zip C Hanover	ode	936			A STATE OF THE STA	AS	BES	STO:	S CC	NTF NG	ROL 8
DOH justification DCA Cancellation	)	1		of Contact Glesias					Tele	ephone	e Num	ber			
			FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Abatement is Taki Private Home	ng Place (	3)					Тур	e of Facility (4	85						
Street Address							r	Subchapter Other (i.e. p etc.)	8 (Othe	er than & comr	K-12 nercia	) il buil	dings,	hom	es,
City (5) Wayne							Squ	iare Feet	# of	Floors	3	E	Bldg. A	Age	
County (6) Bergen				Code (7) USE ONLY	n		Cur	rent Use (Pric	r if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASCI	M No.		100000000000000000000000000000000000000		ntracting L		(9)					
Street Address						Street 522									
City, State, Zip Code						100000000000000000000000000000000000000		Zip Code ty NJ 0708	7						
Project Manager for Monitoring Firm			Telepho			Teleph 201		No. 9603		Licen 0120		).			
Start Date (10) 01-13-17	01-16-	17	mpletion	Date (11)				SHA Monitor ntracting Ll	_C						
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street									
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:						500	tate,	St. Zip Code ty NJ 0708			-			-	
Scope of Work (Check All That Apply)						OIIIO	II CI	ty 143 0706							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	Renova Demoli					M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure					Д	
Location of	100	Locat			Do	scription							Abate		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole intena todial (12)	nce/		tos Cont thermal surfa	aining M	dateria s insu T, or		(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
Exterior	Yes	No	N/A			Siding	-		1.0	00 SF				te	
Exterior		×	-			Sidiriy			1,0	00 31		X			
Name of Registered Waste Hauler		IN	JDEP W	l /aste	Cubic	Yards		Name of R	egister	red I ar	nd fill				
Delfa Contracting LLC		110000	lauler ID 35240	No.	of Was			Tullytow	n Res			COV	ery F	acilit	у
City, State Union City, NJ					Dispos 01-18	al Date -17		City, State Tullytow							
Completed by Jaime Delgado	Title Proj.	Mana	ager.		S	ignature		12			Date 01-	e -03-1	17		

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

CHECK# 1673

Date of Notification (1) 01/01/2017					of Building			r (2)	m	EC	E	1	// [8	
Agencies Notified T	ype Notification				Address MAPLE	EWOOI	D DRIV	/E	T	A A1		20	17	
DEP DOL	Amended Amendment				ate, Zip C LE SHA		08052			LAN		<del>-</del>	17	
DOH DCA	Emergency ( justification) Cancellation	22	]		of Contact REEN \		MS		Talá	ARAGATI	ARAF	NG		. &
				FAC	ILITY INF	ORMAT	ION					307-30-7-50-8	Section Learners	
Name of Facility Where Aba PARK CROSSING Al Street Address	PARTMENT H	g Place ( HOMES	(3)					Type of Facility ( School (K-1 Subchapter	12) r 8 (Other	r than K-1	2)			
2000 MAPLEWOOD	DRIVE							Other (i.e. p	orivate &	commerc	al bui	ldings	, hom	es,
City (5) MAPLE SHADE								Square Feet 800	# of I	Floors		3ldg. <i>1</i> 50+	Age	
County (6) CAMDEN					Code (7) USE ONL	Y)		Current Use (Pri RESIDENTIA	or if being	g demolisi RTMEN	ned) TS			
Name of Monitoring Firm Hi ACER ASSOC.	red by Building (	Owner (8	)	ASCI	M No.			of Abatement Cor SURED ENVIR			ERVI	CES	INC	:.
Street Address 1012 INDUSTRIAL D	RIVE							Address CLEMS RUN						
City, State, Zip Code WEST BERLIN NJ 08	3091			-5-21				State, Zip Code LLICA HILL NJ	08062					
Project Manager for Monitor MATT DEPALMA	ing Firm			Telepho 856-8	ne No. 09-1202	2		none No. 304-4676		License N 01145	0.			
Start Date (10) 01/10/2017		Schedul 12/31			Date (11)		Name EMS	of OSHA Monitor		-			7.000	
Occupancy Status During Al	batement (Check	Only O	ne)					Address						
Facility Closed/Vacated Abatement Performed ( Other – Describe: UNI	During Entire P	eriod of	Abaten	nent			0303500	RT. 130 NORT tate, Zip Code	H	-				
		ING AD/	AT CIVIC	INI			CINI	NAMINSON N	J 08077	7				
Scope of Work (Check All Tr	nat Apply)							a a a a a a a a a a a a a a a a a a a						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				Ý	Full Containme Mini-Enclosure Glovebag Proc	e cedure					
		la la	Locat	ina		S.(		Non-Exempted	( and )	Non-Friad	e Pro		e ement	
Location of		1	Normal	lly		Des	scription	of				Ту	ре	
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Ma	d Sole intena todial S (12)	nce/		tos Cont thermal surfac	aining M	laterial (ACM) s insulation, T, or	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									fe	U
THROUGHOUT E				Х	·	JOINT (			FORMATOR	) SF	X			
COMPLEX	V.					0.14-3.00	OR TI	100 mm - 100	V 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	) SF	X			
						M	ASTIC	,	5000	SF	X			
Name of Registered Waste H ASSURED ENVIRONN		VICES	Н	JDEP W auler ID 034895	No.	of Was		Name of F MINER						
City, State MULLICA HILL NJ							al Date /2017	City, State WAYNE		G, OH				
Completed by RON SWANSON		Title GEN	ERAL	_ MANA	AGER	Si	ignature	Luxel hu	CHO91	7 Dat		2017		

Ch5199

EGEL	Wht P	
JAN -	9 2017	
ASBESTOS C	CONTROL SING	<u>.</u> &

Date of Notification (1) 1/4/17					Building C Central									
Agencies Notified	Type Notification		44 83	Street Ad 911 E.	dress County	Line F	Rd			ASB	ESTO: LICE	S CC ENSI	NTF NG	IOL 8
EPA DEP DOL	Initial Amended Amendment Emergency (		_ [1	_akewo	te, Zip Coo ood, NJ Contact				1	Telephone N	umber			
DOH DCA	justification) Cancellation		74 3	Michae										
				FACIL	ITY INFO	RMAT	ON	Tour	e of Facility (	4)				
Name of Facility Where Street Address	Lakewood, NJ	g Place (3)							School (K-1 Subchapter		-12) rcial build	lings,	homes	s.
City (5)					The second second				etc.) are Feet	# of Floors		ldg. A		
Lakewood County (6)				County C	Code (7)			Cur	rent Use (Prid	or if being demol	ished)	_		
Ocean			(	STATE U	ISE ONLY)									
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	No.				atement Cor D PROFE	tractor (9) SSIONALS				
Street Address						10	Street 6 WH		ess DOVE CO	DURT				
City, State, Zip Code									Zip Code OOD, NJ 0	8701				
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph 732-		No. -9078	License 1200	No.			
Start Date (10) 1/15/17		Scheduled	Com	pletion [	Date (11)				SHA Monitor AD PROFE	SSIONALS				
Occupancy Status Durin	g Abatement (Chec	k Only One)					Street							
Facility Closed/Vac Abatement Perform	ated During Entire I	Period of Ab	atem	ent			City, S	State,	Zip Code					_
X Other - Describe:						_	LAK	EW	O LN , DOC	8701	_			_
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		novat moliti				×	1	Mini-Enclosure	cedure				
			-				L	١ ١	lon-Exempte	d (*) and Non-Fr	iable Pro		e ement	
			ocati rmall										/ре	
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) <u>IATED</u> lity	Used Main Custo	Solel tenar dial S (12)	y by nce/ staff?	Asbest (i.e.	tos Con therma surfa	escriptior staining N I system acing, VA miscellar	Mater is insi AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
INTER	IOR	Yes	No	N/A		Pipe	e Insula	ation	1	250LF	х			
INTER	ION	+++				1 100			11					
							III-YVVV CI							
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	100000000000000000000000000000000000000	o Yards		Name of	Registered Lan	dfill	l		
NEWARK CARTING			1000	auler ID 4509	No.	of Wa			IESI					
City, State NEWARK, NJ						Dispo 1/16	sal Date /17	9	City, Sta BETHL	te _EHEM PA				
Completed by JOSEPH PERLSTE	EIN	Title OWNE	ER				Signatur	е			Date			

CK= 3071		NOT	TIFICATI (Pursua	ON OF ASSESTE of to NJAC 8:60	S ABAT	EMENT 20)	(D)-E-(	2 E		$\mathbb{V}$	
Date of Notification (1)			Name	e of Building Owne	r/Operati ナムレ	or (2)			9 1	2017	A COLUMN TO THE PERSON OF THE
Agencies Notified Type Notification	Dil		Street	Address 1 Abedee		9,000 3		TOS	CON	ITRO	1 2.
DEP  Amended			City, S	State, Zip Code		-	1	CE	42IV	g G	La
DOL Amendme		101		serdeen	11	en Je-	Telephone N	1 Ir	17		
DOH justificatio	n)	.5	1	of Contact		,	Telephone N	s ramifice	-		,
DCA L Cancellati	0:1			CHECKE COM			į.				1
Name of Facility Where Abatement is Tal	ing Place	(3)	T PA	CILITY INFORMA	1111,755	Type of Facilit	v (4)				
Street Address	Obt-1	1-				Schaal (K					
1 Control of the cont		U			•	Subchapt	er 8 (Other than K-	12)			
1 Eight Street						Other (i.e.	. private & commen	cial bu	ding	s, hon	108,
City (5)						Square Feet	# pf Floors	1	Bldg.	Age	-
ADR- (108)			Count	.0-1-(7)		1)00	The state of the s	-	) (	1	
Mormu th				Code (7) USE ONLY)			rior if being demoli				
Name of Monitoring Firm Hired by Building	Q Owner (I	8)	ASC	M No.	Name	of Abatement C	1 (e) den				
	-		through			Insulation Co	40 H. C. B. G. S.				
Street Address					1	i Address					
					95 N	fontrose Rd					
City, State, Zip Code					City, S	state, Zip Code			-		
					Colts	s Neck, New .	Jersey				
Project Manager for Monitoring Firm		70000	Telepho	ine No.	¥	ione No.	License N	ło.	-		
Start Date (10)	Schodu	lod Co	ampleties	Date (11)	1	294 1757	00029				
111717	11.	J. 1	i J	Date (11)	Name	of OSHA Monito	Ī				
Occupancy Status During Abatement (Che	ck Only O	ine)	<u> </u>		Street	Address					
Facility Closed/Vacated During Entire	Period of	Ahate	ment								
Abatement Performed Outside of Non Other – Describe:	mal Facilit	y Hour	rs		City, S	tate, Zip Code					
Scope of Work (Check All That Apply)	1				1				-		
≥3 sf or ≥3 1/	the C	Renova	ation		No.	E.B.Conhile					
7 ≥160 ef or ≥260 ff		bemoli			Bancar Journa	Mini-Enclosur		76551	ae		
					V	Glovebag Pro	cedure ed (*) and Non-Friat	de Dro	readin		
	1	Locat	tion		Capts	z wore Exemple	i janu norri no.	i i		e ement	
Location of	100	Horma	illy	Tio.	scription	rđ	No. of the last of			pe	
Asbestos-Containing Material (ACM) TO BE ABATED		id Soli Intena		Asbestos Con	taining M	laterial (ACM)	Amount	and and	1	m	
In Facility	Cust	todial : (12)	Staff?	(i.e. thermal surface	systems cing, VAT		(Specify SF or LF)	Rem	Re	ncap	incl
(13)	-	(12)		othern	niscelland	20us)	,	Removal	Repair	Encapsulati	Enclosure
	Yes	No	NIA			7		-	1000	No.	Ø.
(250 this Dis colo	Supplement of the supplement o		7	510101			7001/1	1			
					1	i	1000	1		1	
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	1							-		- 4	
Name of Registered Weste Hauler	1 1	i N	UDEP W	aste Cubic	Varde	Mana of	Registered Landfill	-		1	
Ace Insulation Co., Inc.		11	lauler ID I	40		Chrins					1
City, State		172	2086	15	$\sim$	f					-
Colts Neck, New Jersey				Dispos	ai Uate	City. State	PA				and a second
Completed by	Title			1 0	gnature	}-   Easton	<del>-</del>	<u></u>			
Bree McGuire	4	tary -	Treasur		()	$\Lambda$	Dat	1 0	10		SA PERSON
	1	3				-W/		11)	11-		

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

		(P	ursu	ıant	to N	I.J.A	<u>.C.</u> 8:	60 and	12:1	20)	JR# .	314	4		
Date of Notification	(1) 1/6/17							/ Operat				C		$\mathbb{V}$	E
Agencies Notified EPA	Type Notific			19 N		Stree						IANI .	<b>-</b> a	2017	7
☐ DEP ☐ DOL	☐ Initia					& Zip	Code wnship	. N.I				O/III	9	LUI	
⊠ DOH □ DCA		rgency cellation		Nam	e of C	ontact		,, 110			ASF	Teleph	one 1	lumb	er 8
	☐ Cano	enation				YLOF		.=				-100	71011	<u>-</u>	
Name of Facility Wh	ere Abatem	ent is Taking F	Place (		ACILI	IY IN		ATION be of Faci	lity (4)						
Little Falls Centra		one to raking r	1400 (					School							
Street Address  19 Maple Street										Other than kate & comme		inaa har		-4- \	
15 Maple Street								uare Feet		# of Floors	iciai bullu	Bldg. Ag		etc.)	
City (5)	20000	County (6)	Co	unty	Code	(7)		1825		2			70		
Little Falls Towns	ship	Passaic							700	f being demo	olished)				
Name of Monitoring	Firm Hired b	v Building Ow	ner (8)		AS	CM No		me of Aba		Contractor	(9)				
USA ENVIRONM							BR	ISTOL E	ENVIR	ONMENTA					
Street Address 8436 ENTERPRIS	E AVE						1000000	eet Addre 23 BEAV		REET					
City, State & Zip Coo PHILADELPHIA P								, State & ISTOL,				1.00			
Project Manager for MARK JENKINS		irm			Num 5810	ber	Tel	ephone N 5-788-60	lumber	,,,,	License	Number 005			
Scheduled Start Date January 23,		Scheduled Cor		on Da	ate (11	)	Nar	ne of OSI	HA Mon	nitor ONMENTA	LINC				
Occupancy Status D	uring Abater	nent (Check o	nly one	e)			_	et Addre		JINIVICINIA	LINC				
		During Entire Putside of Norm						3 BEAV							
Abatement P  Describe: (			аі поі	uis –	/am t	o spiii	- 2	, State & ISTOL, I	22						
Facility Occu															
Scope of Work (Che	ск ан тпат ар	piy)							$\boxtimes$	Full Contain	ment with	Negative	Pres	sure	
≥3 sf or ≥3 lf	ıt		$\boxtimes$		novatio					Mini-Enclose					
≥160 sf ≥260	11		Ш	Der	nolitio	n				Glove Bag F Non-Exemp			e Pro	cedu	re
	cation of			ocat				escription	n of		Amount		ateme		
	s-Containing rial (ACM)	)		nally	Used by			stos-Con aterial (A			(Specify SF or LF)			ш	
TO BE	EABATED		Maint	enar	ice or		(i.e.,	thermaÌ s	ystems		,	Remova	Repair	ncap	Encle
111	Facility (13)		Cusic	(12)	Staff?			on, surfac er miscell				oval	oair	Encapsulate	Enclsoure
December 11VAC	2		Yes	No	N/A			-611			50.05			0	
Basement HVAC F	Room			Ш			Du	ct Insula	ation		50 SF				
V				H	H					-			H	ㅐ	뉘
			X									X			
Name of Registered \	Nasta Haule	r		INI	DEPA	Maste	Cubic	Varde	Name	of Registere	ad Landfill				
V.5.				На	uler ID		of Was			(F2)					
SERVICE TRANSP City, State	OKI GRO	JP, INC.		20	990		4 Dispos	al Date	City, S	RVA LAND	)rILL				
NEW CASTLE, DE							TBD			NESBURG	, OH 446	88			
Completed By (Print of PATRICK T. DeCA			-1,	Titl	e timat	or	Signat	ure	^	1. 0	,-	Date 1/6/1	7		
ATRION I. DECA				LS	umal	.01	Pot	rick	1.1	I Caro,	Jel	1/0/1	1		

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1:16	KI	V	V
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\ 1	111	) /	

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

01103	1			Name of Building Owner/Operator (2)					pron.					
Date of Notification (1)							-			JAN -	9 2	017		
	06 /	17	_		Ne	w Jersey	Department of I	Environmental	Protection					
Agencies Notified	Type Notifi	ication		2211	Stree	t Address								
					40	1 East St	ate Street, PO Be	ox 420	ASBE	STOS			DL 8	
☑ DOLWD	☐ Amende				City,	State, Zip (	Code			LICEN	12.17	j		
⊠ DOH		ment #_				enton, NJ								
DCA (NJAC 5:23-8)	☐ Emerge justifica		uaing			e of Contac			Telephone N	umber				
(110/10/0.20/0)	☐ Cancell				Total Section	seph Mai			Telephone 1	ullib				
		150007/05/												
Name of Facility Where A	hatement is	Taking	Dlace	(3)	ГА	CILITY	FORMATION	Tune of Facility	(4)					
Residential	batcinent is	Taking	lace	(5)				Type of Facility  ☐ School (K-12						
Street Address				-				Subchapter 8		-12)				
Street Address								Other (i.e., p	rivate and com		uildin	gs,		
<u></u>								homes, etc.)						
City (5)								Square Feet	# of Floors	В	ldg. A	ge		
Mansfield Township	, NJ											7/40		
County (6)					Cou	nty Code (7	()(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)				
Warren														
Name of Monitoring Firm I			ner (	3)	ASCM	No.	Name of Abateme	ent Contractor (9)						
USA Environmental	Managem	ent			001	12	ALL PRO MA	ANAGEMENT LLC						
Street Address					110000000000000000000000000000000000000		Street Address							
344 West State Stree	et						27 Outwater I	r Lane						
City, State, Zip Code							City, State, Zip Co	ode						
Trenton, NJ 08601							Garfield, NJ	IJ 07026						
Project Manager for Monito	oring Firm			Tele	ephone	No.	Telephone No. License No.						-	
				6	09-656	-8101	973-928-4888		1188					
Start Date (10)		Schedul	ed Co	mple	tion Da	ite (11)	Name of OSHA M	onitor						
01 /17 / _	17	_01	_ /	31	1_/	17	ALL PRO MA	NAGEMENT LI	LC					
Occupancy Status During	Abatement (	Check of	nlv o	ne)			Street Address	-						
□ Facility Closed/Vacated		***		100	ment		27 Outwater L	ane						
☐ Abatement Performed (	Outside of N	lormal Fa	acility	Hou	rs - Des	cribe	City, State, Zip Co							
Time of Abatement:	AM	PM/		_PM-		AM	Garfield, NJ							
Scope of Work (Check all t	hat apply)						Carneta, No	37020	7.					
							☐ Full Cont	ainment with Neg	ative Pressure					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		_	Ren		ion Mini-Enclosure				e					
△ ≥ 160 St 01 ≥ 200 II		Ľ	Den	TOIITIO	on			Procedure npted (*) and Noi	n-Friable Proce	dure				
			ls l	ocat	ion		Z Non Exc	inpice ( ) and its	TT Habis T 1000	1	atem	oot T	`uno	
Location of				orma			Description of				_	1	T .	
Asbestos-Containing M		A)			ely by nce/		stos Containing Mat		Amount	Ren	Repair	inc	Enc	
TO BE ABAT IN Facility					Staff?	(i.e.	, thermal systems i surfacing, VAT,		(Specify SF or LF)	Remova	ar.	aps	Enclosure	
(13)		-		(12)	N/A	-	other miscellaned		Or Or Er )	<u> =</u>		Encapsulate	Ire	
Yes No							VIV. 1 C. V. S. C.					0		
103					$\boxtimes$	Flue Ce	ment		12 SF					
Exterior						Window	& Door Caulkin	g	495 LF					
Patio						Expansi	ion Joint Caulk		40 LF					
Exterior			7	П		Cement	itious Siding (Tr	ansite)	920 SF		П	П	П	
Name of Registered Waste	Name of Registered Waste Hauler						Cubic Yards of	Name of Regist	77-31-31-31-31-31-31		1-			
						No.	Waste		hem Landfill					
City, State					32797		As Needed	Provide Manager Manager at the production of the analysis of the production of the p						
Elizabeth, NJ							Disposal Date	City, State	DA					
Commence of the commence of th		T=:-					TBD	Bethlehem						
Completed By (Print or Type	e)	Title					Signature	12		Date 1 /	1			
Zvonko Veskov		Pres	sider	It	t sulo fish 161					117				
20.44							7	-		-				

ASB-41 JAN 13

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

CX4076



Date of Notification (1) 01/04/2017	Name of Building Owner/Operator (2)  Veranda Avenue Properties, LLC.  Street Address								SIN	3	_			
Agencies Notified Type Notification				ddress ng Street										
EPA Initial Amended Amendment #_		.	City, Sta Pequa	te, Zip Coo nnock, N	e IJ 074	40			ï					
Emergency (incl justification)  Cancellation	uding	1		Contact Oriesse					Tele	phone Nur	riber	200		
			FACI	LITY INFO	RMATI	NC								
Name of Facility Where Abatement is Taking Pl	ace (3)							Facility (4						
Private residence							Sc	hool (K-12 hehanter l	) 3 (Othe	r than K-1	2)			
Strant Address							Ot etc	her (i.e. pr c.)	ivate &	commerci	ial buildir			3,
City (5) Little Falls							Square 3000		2	Floors	50	g. Ag +	е	
County (6) Passaic				Code (7) USE ONLY)			Current		r if bein	ig demolis	hed)			
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCI	vi No.		Name	of Abate	ment Con	tractor	(9)	Tara .			
Environmental Health Investigation, I	nc.		010	4		in the second			& Res	toration	Inc			_
Street Address 655 West Shore Trail						265		e 46 Sui	te 3D					
City, State, Zip Code Sparta, NJ 07871						City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm Laura Wieczezak				one No. 51-1040		0.70	hone No. -256-70			License 1 0666	<b>V</b> o.			
Start Date (10)	cheduled		npletion	Date (11)		Name Bak	of OSH o Cons	A Monitor truction	& Res	storation	Inc			
Occupancy Status During Abatement (Check C	only One	Str					t Address	- 40 00	t- 2D					
Facility ClosedNacated During Entire Per	iod of Ab	patement						e 46 Sui	ite 3D					_
Abatement Performed Outside of Normal Other – Describe:	Facility I	Hours					State, Zip owa, Nu	07512						
Scope of Work (Check All That Apply)							_			10000 Ness 1				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				<ul> <li>✓ Full Containment with Negative Pressure</li> <li>✓ Mini-Enclosure</li> <li>✓ Glovebag Procedure</li> <li>✓ Non-Exempted (*) and Non-Friable Procedure</li> </ul>					3			
				1			9 1 14011	-Exempto	<u>u ( ) ui.</u>	4 1 1 1 1 1 1 1 1		Abate	ment	
		_ocat			D	escriptio	n of					Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	l Sole ntena	ely by ance/ Staff?	Asbes (i.e	tos Cor therma	ntaining al syster acing, V	Material ns insula	(ACM) tion,	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	1									O	
Basement		Χ		The	rmal S	System	n Insula	tion		10LF	Х			
House Roof		Χ				Flashir	_			50 LF	Х			
Lower 1 apt. Kitchen & Livingroom		Χ		9X9V/	AT, 12	X12VA	T,wall r	nastic		50 SF	X			_
Upper 2 apt. and Rear apt.Kitchen		X			12X12	VAT, I	inoleum			10 SF	Х			
Name of Registered Waste Hauler	1	900	NJDEP			ic Yards				ered Land		051	-aail	1+1,
Bako Construction & Restoration Inc	Hauler ID No. of Waste 15				15 Tullytown Hesodico Hosovsky Fast			aun	ity					
City, State Totowa, NJ	TBD Tullytown, PA													
Completed by Damir Valjevac	Title Proje	ant Managar					Attaux Nagr Date 01/04/2017							

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

Cl#3142

B : (1) (6 () ()						GE	7 1	1//	E	
Date of Notification (1) 1/3/17		me of Buildin C Bank	g Owner / Operate	or (2)	DE	5 E	Ш	$\mathbb{V}$		
Agencies Notified Type Notification		eet Address								
□ EPA		00 E 9th Stre			_	AN -	9 21	017	1	
DEP   Initial	1,000,00	, State & Zip							l'	
□ DOL		eveland, OF								
DOH Emergency	70. BY 10. BY 10	ne of Contac			ASBES	gelepho	hein	UMP	<b>全</b> r &	
DCA Cancellation	on Ste	ve Katzens	stein							
	F	ACILITY IN	FORMATION							
Name of Facility Where Abatement is			Type of Faci	lity (4)	-					
PNC Bank			School (							
Street Address			Subcha	pter 8 (Other th	an K-12)					
2025 S Broad Street			Other (i.	e. private & co	mmercial building	gs, hom	es, e	tc.)		
			Square Feet	# of Flo	oors B	ldg. Age	9			
City (5) Cour	nty (6) Count	y Code (7)								
Hamilton Merc	cer		Current Use	(Prior if being o	demolished)					
			Banking	, ,	4406 (CO) (CO) (CO) (CO) (CO) (CO)					
Name of Monitoring Firm Hired by Buil	ding Owner (8)	ASCM N		atement Contra	ctor (9)					
ECS Mid-Atlantic	(-/			rironmental,						
Street Address			Street Addre							
2 Executive Drive, Suite 11			1123 Beave	er Street						
City, State & Zip Code			City, State &	Zip Code						
Moorestown, NJ 08057			Bristol, PA 19007							
Project Manager for Monitoring Firm		ne Number	Telephone N	umber	License N	umber				
Sean Barnes	609-832	-3910	(215)788-60	(215)788-6040 00509						
	luled Completion D	ate (11)	Name of OSI	HA Monitor						
1/16/17	1/16/17		Bristol Env	ironmental li	nc.			0.5		
Occupancy Status During Abatement (	Check only one)	•0000	Street Addres	505),						
Facility Closed/Vacated During			1123 Beave	The state of the s						
Abatement Performed Outside Describe: 7:00 AM – 4PM	of Normal Hours -	_	City, State &							
Facility Occupied During Abate	mont		Bristol, PA	19007						
Scope of Work (Check all that apply)	ment									
(Check all that apply)				☐ Full Cor	ntainment with Ne	egative	Press	sure		
≥3 sf or ≥3 lf	⊠ R€	enovation		☐ Mini-En		Jgao		JU. U		
≥160 sf ≥260 lf	-	emolition			ag Procedures			10		
_					empted and Non-	Friable	Proc	edu	re	
Location of	Is Loca	ation	Description		Amount		teme	_		
Asbestos-Containing	Normally		Asbestos-Con		(Specify					
Material (ACM)	Solely		Material (A		SF or LF)	מ		En	Ш	
TO BE ABATED in Facility	Maintena Custodia		(i.e., thermal s			em	Repair	cap	nclo	
(13)	(12		insulation, surfactor or other miscell.			Remova	air	Encapsulate	Enclosure	
(,	Yes No	the same of the sa		anocacy		-		te	æ	
Stairwell			Floor tile & N	Mactic	140 SF		$\Box$	$\neg$	$\Box$	
Otali Well		HH	1 loor the a h	viastic	140 01		H	H	ዙ	
		HH				ᆂ	H	H	븕	
		HH				H	H	H	片	
						H	H	H	H	
		12				HH	井	H	ዙ	
Name of Registered Waste Hauler		LIDER Waste	Cubic Yards	Name of Pagi	stered Landfill			Ш		
Traine of Registered Waste Hauter	15555	lauler ID No.	of Waste	I value of Regi	Stored Landilli					
BRISTOL ENVIRONMENTAL, INC.	1,57.3	18706	1/2 Cu Yd	GROWS LA	NDFILL					
City, State			Disposal Date	City, State						
BRISTOL, PA 19007			1/16/17	MORRISVIL	LE, PA					
Completed By (Print or Type)	IT	itle	Signature 0			Date				
Gino Pizzigoni		roject	18. 1.				1/11	7		
3	1 1/61/	lanager	Sino 1/2	Lychon	- 17c	1/3	111	/		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 1/4/17 VERIZON COMMUNICATIONS Agencies Notified Type Notification Street Address  $\boxtimes$ EPA 408 Tennent Road DEP Initial City, State & Zip Code  $\boxtimes$ DOL П Amended Morganville, NJ 07751 DOH Emergency Name of Contact ASBESTelephone Number DCA Cancellation ALEX BAYLOR **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ROBERTSVILLE CENTRAL OFFICE School (K-12) Street Address Subchapter 8 (Other than K-12) 408 Tennent Road Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 8762 Morganville MONMOUTH Current Use (Prior if being demolished) COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT, INC. BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 ENTERPRISE AVE 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code PHILADELPHIA PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MARK JENKINS 215-365-5810 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor January 18, 2017 January 27, 2017 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: (5:00 PM - 1:30 AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Removal TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)or other miscellaneous) (12)Yes No N/A 1st Floor Engine Room VAT/MASTIC 350 SF 1st Floor Engine Room X 10 SF **FITTINGS** 1<sup>ST</sup> Floor Mechanical Room X VAT/MASTIC 35 SF 1ST Floor Mechanical Room X X **FITTINGS** 14 SF X 1st Floor AHU Room VAT/MASTIC 9 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 10 MINERVA LANDFILL City, State Disposal Date City, State

TBD

Title

Estimator

WAYNESBURG, OH 44688

1/4/17

Patrick J. De Caro /fl

PD16164

NEW CASTLE, DE 19720

Completed By (Print or Type)

PATRICK T. DeCARO



n).	G	E		$\mathbb{V}$	$\overline{\Omega}$
	JAN	-	9	2017	

- W - P								IIN) B	5	G		y I	
CK JUST	)	N	OTIF	ICATI (Pursi	ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	TEMENT		IAN	- 9	20	)17	
Date of Notification (1)  1 / 5	17	117				ing Owner/Operator	(2)						
	/ 17			N	latrix F	Realty, Inc.		ASBE					
Agencies Notified Type No  ■ EPA □ Initial		n		Str	eet Address	3	4207		LIC	-NS	ING		
■ DOLWD ■ Amer	nded	,			y, State, Zip	Drive, CN400	0						
□ DHSS Amer □ DCA □ Emer	ndment a		ling			NJ 08512							
(NJAC 5:23-8) justifi	cation)	iriciuc	ing	Nai	me of Conta	act		Telephone N	umbor				
☐ Cano	ellation			Th	omas M	1cCloskey		relephone (vi	Jinber		,		
Name of Facility Manager				F	ACILITY I	NFORMATION		<u>-</u> _			<u></u>		
Name of Facility Where Abatement Building L	is Takin	ng Pla	ice (3)				Type of Facili	ty (4)					
Street Address							School (K-	12)	hon K (2)				
259 Prospect Plains Roa	ad. Bi	ıildi	na I				Other (i.e.,	er 8 (Other than K- private and comn	12) nercial	build	nas.		
City (5)	,	andi	119 L				homes, et	c.)			35010		
Cranbury							Square Feet 9,600sf	# of Floors	- 1	Bldg.			
County (6)				Co	unty Code (	7)(STATE USE ONLY)		Prior if being demo	lished	40+	yrs	,	
Middlesex							vacant (pi	reviously a la	abora	, ator	v)		
Name of Monitoring Firm Hired by B Hillmann Consulting, LL(	uilding (	Owne	r (8)	ASC	M No.	Name of Abateme	ent Contractor (	9)			3 /	-	
Street Address						Prism Respo	onse, Inc.						
1600 Route 22 East, Sui	te #1	07				Street Address	loou I						
City, State, Zip Code				-		102 Technol City, State, Zip Co	logy Lane		-				
Union, NJ 07083						Export, PA 1							
Project Manager for Monitoring Firm				ephone		Telephone No.		License No.			-		
Michael Nelsen Start Date (10)					8.7800	724-325-333		01121					
01 / 16 / 17	Schedi 02		Comple / 10		ate (11) 2017	Name of OSHA Mo							
Occupancy Status During Abatement	5500000	_				, LLC							
Facility Closed/Vacated During En	tire Peri	iod of	Abate	ment		Street Address 1600 Route 2	uita #107						
Abatement Performed Outside of N	Vormal I	Facili	ty Hou	re - Do	scribe	uite #107							
Time of Abatement:AM	PIVI		PM		_AM	Union, NJ 07	State, Zip Code on, NJ 07083						
Scope of Work (Check all that apply)						72-27							
≥3 sf or ≥3 If ■ ≥160 sf or ≥260 If			enovat emolitio			∐ Mini-Enclo Glovebag	sure Procedure	gative Pressure on-Friable Procedu	re				
Location of			Locat Norma							atem	ent T	ype	
Asbestos-Containing Material (ACM	VI)	Use	ed Sole	ly by	Asbes	Description of tos Containing Mate	erial (ACM)	Amount	200	T	T and	1	
TO BE ABATED  IN Facility			intena todial		(i.e.,	thermal systems in	sulation,	(Specify	Removal	Repair	Encapsulate	Enclosure	
(13)			(12)		-	surfacing, VAT, o other miscellaneou	ıs)	SF or LF)	<u> </u>		sulat	ure	
Floor Tile 9 NA 11		Yes	No	N/A			*				æ		
Floor Tile & Mastic	_			×		hroughout Build		4160 SF	×				
Transite Panels in Lab Hood				×		-10,E1-11, E1-2		120 SF	×				
Pipe Fitting Insulation				x	Througho	ut Building & Med	hanical Rm.	300 LF	×				
Window & Expansion caulk ame of Registered Waste Hauler				×		Exterior		176 LF	×				
Vaste Management			91313	JDEP V auler ID	100	Marta	Name of Regist						
ity, State		/1724	5	0 cubic yards	GROWS	Landfill							
renton, New Jersey					Çity, State Morrisville	DA							
ompleted By (Print or Type)			2	Signature	IVIOI II SVIII	, PA	0						
essica Wolfe	Adm	nini	stra	tive	Suppo		MINA	1 / // . / / /	5/20	17			
B-41				-		1/1/	KU CIA D	Work !!	0120	111			

NO C	H		NOT		ATION	OF AS	BES	TEMENT 6)				$\mathbb{V}$	<u>E</u>	
Date of Notification (1)  01 /	05 /	17					_	er/Operator ( munities, Ir			AN -	<b>-</b> 9	201	7
Agencies Notified  EPA  DOLWD  DHSS	Type Notific ☐ Initial ☐ Amender Amendm	d	<u>1</u>		517 City, S	State, Zip	One S Code	outh, Suite	# 5500	ASBES	STOS			IOL 8
DCA (NJAC 5:23-8)	☐ Emerger justificati	ncy (in ion)	7.7	3	Name	lin, NJ 08 of Contact f Perlma	ct			Telephone Numb				
					FA	CILITY IN	NFOR	MATION						
Name of Facility Where A Former Museum Street Address 1775 Windsor Road	batement is	Taking	g Place	(3)						2) 8 (Other than K-12) rivate and commer		uilding	js,	
City (5) Teaneck									Square Feet	# of Floors	- 1	dg. A	ge	
County (6) Bergen					Cour	nty Code (7	7)(STAT	E USE ONLY)	22,000 Current Use (Pri Vacant Mus	2 ior if being demolis eum		50÷		
Name of Monitoring Firm I Environmental Heal					ASCM 2973	2000000	Sı	uperior Aba	ent Contractor (9)					
Street Address 655 West Shore Trai	I						100000000000000000000000000000000000000	et Address <b>Henderson</b>	Drive					
City, State, Zip Code Sparta, NJ 07871								State, Zip Co	ode II, NJ 07006					
Project Manager for Monit Jean Paul Von Doeh	- To			1	ephone	No. <b>4-8850</b>	31 00000	phone No. '3-808-1616		License No.				
Start Date (10)	16	0	1_ /	omple	etion Da	te (11)	Nam	e of OSHA M	lonitor	30411				
Occupancy Status During  Facility Closed/Vacated  Abatement Performed  Time of Abatement:	During Enti Outside of No	re Per ormal	riod of a	Abate / Hou	rs - Des		2 I	et Address Henderson State, Zip Co est Caldwe	2002 (10 AUTO)					
Scope of Work (Check all	that apply)						1			7070				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			□ Re ⊠ De					Mini-Encl     Glovebag	g Procedure	ative Pressure n-Friable Proce <mark>d</mark> ur	e			
l analisa a				Locat					,		Ab	atem	ent Ty	уре
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM ED	1)	Use Mai Cust	d Sole intena odial (12)	ely by nce/ Staff?		estos C e., therr su	Description of containing Mar mal systems in facing, VAT, er miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
East Roof			Yes	No	N/A	Roofing	g Mate	erials		22,000 SF		П		
East Roof and South S	Side Exteri	or				1000	(100 ) - 100 (100 ) - 100 (100 ) - 100 (100 ) - 100 (100 ) - 100 (100 ) - 100 (100 ) - 100 (100 ) - 100 (100 )		int Caulking	12 LF / 800 LF				
1 <sup>st</sup> FI - Play, Storage, L	JSDA Roor	ms				Floor T	ile/ M	astic		1,250 SF	$\boxtimes$			
1st FI - Windsor Hall N		r			$\boxtimes$	Carpet				4,200 SF	$\boxtimes$			
Name of Registered Waste Service Transport G						er ID No. Waste Minerva V2117 250 Minerva			Minerva En	Registered Landfill va Enterprises				
City, State New Castle, DE					osal Date 27/2017	City, State Waynesbur	rgh, OH							
Completed By (Print or Typ Nick Petrovski	e)	Title	PO				-	Signature	1/1/1	halu Dal	e /-	5-	-/,	7

JAN - 9 2017 L
ASBESTOS CONTROL &

Date of Notification (1)				Name of Building Owner/Operator (2)											
12 /	09 /	16			Ava	ion Bay	Communities, In	ic		-					
Agencies Notified	Type Notificat	ion		-	Street	Address			ASBE		-				
1 9	✓ Initial						ne South, Sulte	# 5500	h	LI	EN	SIMO	<u>i</u>		
12 <del>-7-7-1</del> 2-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	☐ Amended					tate, Zip C	The state of the s				HACH LA				
☑ DHSS	Amendme					in, NJ 08									
	☐ Emergence justification		luding	- 1		of Contact	STATE OF THE STATE		Telephone Number	er.		_			
(NJAC 5:23-8)	Cancellation					Periman	•	7		-					
				1			FORMATION			-		_			
Name of Facility Where Al	natement is To	akina	Place	31	FA	ALIII IN	FORMATION	Type of Facility (	4)			F-2-110			
Former Museum	Jatomont is 10	zitirig	1 1000	.~/				School (K-12)							
Street Address								Subchapter 8	(Other than K-12)						
1775 Windsor Road								Other (i.e., pr homes, etc.)	lvate and commerc	iai bu	llding	s,			
Olty (5)								Square Feet	# of Floors	Blo	lg. As	e			
Teaneck								22,000	2		50÷				
County (6)					Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pric	or if being demolish	ed)					
Bergen								Vacant Muse	eum						
Name of Monitoring Firm F	lired by Buildi	ng O	wner (8	(1)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Environmental Healt	ih Investiga	tlons	s, Inc		2973	7	Superior Aba	tement inc							
Street Address							Street Address								
655 West Shore Trail	No.						2 Henderson Drive								
City, State, Zlp Code							City, State, Zip Code								
Sparta, NJ 07871							Wast Caldwell, NJ 07006								
Project Manager for Monito					phone l		Telephone No. License No.								
Jean Paul Von Doeh						4-8850	973-808-1616 00411								
Start Date (10) 12 / 19 /					ion Da	te (11)	Name of OSHA M Superior Aba								
								forment mic							
Occupancy Status During							Street Address	Deliver							
□ Facility Closed/Vacated     □ Abatement Performed (						cribe	2 Henderson								
Time of Abatement:							City, State, Zip Code West Caldwell, NJ 07006								
Scope of Work (Check all t	hat apply)				- 201111-1-1-1-1		AAGGE OGIGING	11,100 01000					$\dashv$		
			□ Rer				Full Conf     Mini-Enc	alnment with Neg	ative Pressure						
☐ ≥3 sf or ≥3 lf ☐ >160 sf or ≥260 lf			☐ Rer				☐ Glovebag								
							⊠ Non-Exe	mpted (*) and No	n-Friable Procedure						
	2			Locat orma		=				Ab	atems	ent Ty	уре		
Location o Asbestos-Containing M					ly by	Ashe	Description o stos Containing Ma		Amount	Re	Re	En	En		
TO BE ABAT				ntena	nce/ Staff?		., thermal systems	insulation,	(Specify	Remova	Repair	dab	Enclosure		
IN Facility (13)	'		Cusu	(12)	Juan 1		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure		
(10)			Yes	No	N/A		Outer Mileonia.re	1				6			
East Roof					$\boxtimes$	Roofing	y Materials		22,000 SF	×					
East Roof and South S	Side Exterio	r			×	Duct an	d Expansion Jo	Int Caulking	12 LF / 800 LF	$\boxtimes$					
1st FI - Play, Storage, U	JSDA Room	าร			×	Floor Ti	le/ Mastic		1,250 SF	$\boxtimes$					
1st FI - Windsor Hall N	I.W. Corner				×	Carpst	Mastic		4,200 SF	$\boxtimes$					
Name of Registered Waste				0.55	JDEP V		Cubic Yards of	Name of Regis		18 10					
Service Transport G	roup Inc			Hauler ID No. Waste Minerva Enterprises 250											
City, State						Disposal Date City, State									
New Castle, DE							1/09/2017	Waynesbu	rgh, OH						
Completed By (Print or Type) Title							Signature	1/1/1	Dat			,			
Nick Petrovski		Pri	eside	dent ////////////////////////////////////											
L. Academic Control of the Control o			111												

						NEW JERSE SBESTOS A		IT /.	/	6 11		00	10		
	WIELDOWN TO THE REAL PROPERTY.			(PURSUA		C 8:60-7 AN			CA	12 4	2	0,6	1		
Date of Notification (1						Building Ov			117	13	, E				
$\frac{01}{0} / \frac{06}{0} /$	/17					RTH AMBOY	HOLDING	S LLC							
Agencies Notified	Tuna of N	- 4: f:	antinu		Street Ad		UTE 202		Im				il		
	Type of N	Init				STREET, SI			- 111 11	3/	N - 0	201	7 !!		
☑ EPA DEP		22000	ended		NORWAI	te, Zip Code			1 4	i	111	, 201	, 16		
☑ DOH			ended endment	4	Name of				Telepho	ho Num	bor				
□ DON DOL				// justification	GLENN S				Telephio	lie Mulli		ONTE	201.8		
	H		ncellation	n justification	GLLINIA	STOCK					LICEN		102 0		
				F	ACILITY II	NFORMATIO	N				1 11 14	MINCA			
					AOILII II	II OKINATIO									
Name of Facility When	e Abatem	nent	is Taking	Place (3)		Type of Fa	cility (4)								
GERDAU AMERISTEE			io runnig	1 1455 (5)		l'ipo oi i u	omey (+/								
							School (K	(-12)	4						
Street Address						- CO		er 8 (Other	than K-1	2)					
225 ELM STREET								., private &							
								mes, etc.)							
City (5)	County (6	)		County Code	(7)	Square Fe		# Of Floor		Buildi	ng Age				
	MIDDLES				1. /	o quai o i o					119 7190				
						Current Us	e (Prior if	being dem	nolished)	1	40	) +			
						INDUSTRIA	1000		,						
Name of Monitoring F	irm Hired	by F	Blda. Own	er (8)	ASCM NO										
i i i i i i i i i i i i i i i i i i i		~, -	olug. Ollin	01 (0)	1.0011111	1'									
AET						NORTHSTA	AR CONTE	RACTING G	ROUP, IN	NC.					
Street Address		_			1	Street Add			**************************************						
907 Doolittle Drive						The state of the s									
City, State, Zip Code		_				32 Williams	Parkway								
Bridgewater, NJ 08807						City, State,									
Project Mngr. For Mon		irm		Telephone Nu	ımher	10.0,, 01									
Eric Houseknecth	intorning r			908-218-1108		East Hanov	er. NJ 079	36							
Sheduled Start Date (1	0)	Sch	ed. Comp	letetion Date (1	11)	Telephone			License Number						
01 // 24 /	17		07	30	17	l coopiions		State State House the control of the							
/ /			/	/		973-884				00860					
Occupancy Status Dur	ing Abate	emer	nt (Check	Only 1)	Name of OSHA Monitor										
				ire Period of		NORTHSTA	AR CONTE	RACTING G	ROUP, IN	IC.					
Abatement			•			Street Add	ress								
☐ Abatement I	Performe	d Ou	tside of N	ormal Facility											
Hours - Des						32 Williams	Parkway								
☑ Other - Desc	cribe:	7:00	AM-3:30P	M		City, State,	Zip Code								
	- <del> </del>					East Hanov	er, NJ 079	36							
Scope of Work (Check	All That	Appl	у)			•									
			.,												
Demolition				Renovation	V	Full Contai	nment wit	th Negative	Pressure	9					
≥3sf or≥3lf					$\checkmark$	Mini - Encl									
≥160 sf or ≥	260 lf .					Glovebag F				on white the con-					
					7	Non-Exemp	pted (*) an	d Non-Fria	ble Proce	edure					
				,											
Location of			ls .		Descript				Abateme	nt Type		I-			
Asbestos Contain	ing		ocation	As	sbestos - C			A	R	P	E N	E			
70 DE 1515-	,	11.40.00	ormally		Material	Action to the control of the control		Amount	E	R	100	1000			
TO BE ABATED	2		Used		e., therma			(Specify	M	E	C	C			
in Facility		1	Solely			facing, VAT,		SF or LF)	0	1000	A	0			
(13)		1000	y Main-	or	other misc	ellaneous)			V	A					
			nance/						A	l D	S	S			
			ustodial						L	R	l'o	R			
			taff (12)						-	-		11/2			
0000 14401 01010 11011	0.5	YES	NO N/A	LABOTONE				20.05			+	-			
2800 MAIN PUMP HOU		Н		LAB STONE				20 SF	7		-	-	H		
2800 MAIN PUMP HOU	oE	1		ROOF	AA OTIC			13,040 SF	7			-	님		
1600 MEDICAL BLDG.				FLOOR TILE/N				60 SF	V		-				
1600 MEDICAL BLDG.		Ш		FLOOR TILE/N		(v	The second second second	105 SF	V						
Name of Registered Wa	aste Haul	er	D INO	NJDEP Waste	1.0000000000000000000000000000000000000	Name of Re	egistered l	Landiiil							
NORTHSTAR CONTRA	CTING G	KOU	PINC,	Hauler ID No.	1	G.R.O.W.S									
011 011	30534	of Waste Disposal	0:1												
City, State						City. State	INI DA		34						
EAST HANOVER, NJ						TULLYTOW	IN, PA		11						
Completed by (Brint or Time)						1/	Sighafur		1/		Date				
Completed by (Print or	(ype)			Title		3	Sighature		XI	1	Date				
Steve Stiles				Project Manage	ar .	-	Ste	un 1	Vist	/2_	+-	01/06/1	17		
		_		, roject warrage	×1			-/-		- manual Property and		11001	-		
ASB-41						/		/							

Location of	T	1:	;	Description of		Abateme	nt Type		
Asbestos Containing	1	Loca	tion	Asbestos - Containing		R	1	ΙE	E
	1	Norn	nally	Material (ACM)	Amount	E	R	N	N
TO BE ABATED		Us	ed	(I.e., thermal systems	(Specify	М	E	C	C
in Facility		Sol	ely	insulation, surfacing, VAT,	SF or LF)	0	Р	A	L
(13)	1	by M	ain-	or other miscellaneous)		V	Α	P	0
	1 1	tena	nce/	The control of the co		Α	1	S	S
		Custo				L	R	U	U
		Staff						L	R
	YE	_	O N/A			3			
1600 MEDICAL BLDG.		1		SINK TAR	10 SF	V			
1600 MEDICAL BLDG.		1		ROOF	1,300 SF	J			
1000 MELT SHOP		1		GASKET	2 SF	J			
1000 MELT SHOP		V		ROOF	17,675 SF	<b>V</b>			
1000 MELT SHOP		~		CEMENT BOARD	82,000 SF	<b>V</b>			
1500 TRAINING CENTER		V		CEMENT BOARD	5 SF	V			
1500 TRAINING CENTER		V		PIPE INSULATION	1 SF	J			
2100 LOCKER ROOMS		1		MASTIC	8,600 SF	V			
2100 LOCKER ROOMS		1		TAR COVERING	50 SF	<b>V</b>			
2100 LOCKER ROOMS	In			MASTIC	700 SF				
2100 LOCKER ROOMS	TH		7	ROOF TAR	100 SF				
BLDG. 3200/STACK	$\Gamma^{-}$			VIBRATION CLOTH	80 SF	<u> </u>			
BLDG. 3200/STACK		J		FIRE DOORS	30 EA	7			
BLDG. 3300/STACK		J		FLANGE GASKETS	80 EA	V			
BLDG. 3300/STACK		1		VIBRATION CLOTH	50 SF	<b>V</b>			
BLDG. 3300/STACK		1		FIRE DOORS	30 EA	7			
400 HUMAN RESOURCES		J		ROOF	9,000 SF	V			
000 ROD MILL OFFICE		V		ROOF	5,775 SF	V			
300 MOBILE MAINTENANCE		1		ROOF	3,200 SF	V			
500 SCALE HOUSE		1		ROOF	750 SF	V			
700 FILTER PRESS		J		ROOF	1,575 SF	V			



Ch1054	+	NOT	TIFICATION	State of New Jer ON OF ASBESTO nt to NJAC 8:60	S ABATI	EMENT 20)	DE C				rint For
Date of Notification (1) 1/4/16				of Building Owne McKiernan	er/Operato	r (2)	II LI JA	-	9 20	)1/	1
× EPA DEP × DOL	Type Notificatio  Initial Amended Amendmer Emergency	nt #	City, S	State, Zip Code	J 07442		ASBEST	OS (	CON	TROI	_&
DOH DCA	justification Cancellatio		Ann	of Contact McKiernan			l Telephone N	lumbe	r		
Name of Easility Whose At	hatamast !- T ::	DI	FA	CILITY INFORMA	TION					U	
Name of Facility Where At Residential Home Street Address  City (5)	patement is Taki	ng Place (3)				Type of Facilit  School (# Subchape Other (i.e etc.)	5.05.260	-12) rcial bu	uildings	s, hom	nes,
Pompton Lakes						Square Feet 1700	# of Floors 2		Bldg. 60+/-	, ac	
County (6) Bergen			County (STATE	Code (7) USE ONLY)		Current Use (F Residential	Prior if being demoli Home	shed)			
Name of Monitoring Firm H Competent Supervisor	lired by Building Or	Owner (8)	ASC	M No.		of Abatement C tages Abaten					
Street Address						Address V. Midland Av	ve.				
City, State, Zip Code					City, State, Zip Code Saddle Brook, NJ 07663						
Project Manager for Monito	ring Firm		Telepho	one No.	Teleph	one No.	License 01305	No.			
Start Date (10) 1/13/16		Scheduled Co	mpletion	Date (11)	1 235000	of OSHA Monito					-
Occupancy Status During A	batement (Chec	k Only One)			Ctoral	۸ ما ما م م				-/:	
Facility Closed/Vacater Abatement Performed Other – Describe: 8 A.	d During Entire I	Period of Ahate	ment rs		Street Address  City, State, Zip Code						
Scope of Work (Check All T	3-14 3-14 Europe - 2-15 Per										
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Renov Demol	370 T			Mini-Enclosus Glovebag Pro				e	
Location of		Is Local	nally		escription				Abate	ement pe	
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Used Sole Maintena Custodial (12)	ince/	Asbestos Con (i.e. therma surfa	taining Ma	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remo	Rep	Encaps	Enclo

						Non-Exempte	d (*) and Non-Fria	ble Pro	cedu	e	
Location of	l i	Locati Normali ed Sole	y		Description of				Abat	emen /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar	ntenance/ odial Staff?		estos Containing Mate e. thermal systems in surfacing, VAT, o other miscellaneo	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A			20		<u>a</u>	7	late	ле
Basement		X			Pipe Wrap		47 LF	x			
								-			
Name of Registered Waste Hauler Newark Carting		Ha	JDEP Wa Juler ID N 509		Cubic Yards of Waste 1 CU	Name of I	Registered Landfill				

Disposal Date

Signature

TBD

Title

President

City, State

Newark, NJ

Completed by

Richard Cristofol

Date

1/4/16

City, State

Bethlehem, PA

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-01

							Che	eck.# 819	90-			
Date of Notification (1)		Name	of Building Or	wner/Operator (	(2)			NE			W	E
10 11 1/10 15 1/11 17	1	11	na DeNinno		/			Y				
Agencies Notified Type Noti	ification	Street	Address :						Alv	- 9	201	7
☐ EPA ☑ Init	tial							LI °	mii	J	LUI	•
▼ DOL	endmen		tate, Zip Code therford, No					ASBE				ROL 8
X DOH		2 SANCESCO SERVICES	of Contact				Telep	hone Num	LICE	11/10	NG	
DCA Can	cellation		nna DeNinn	10			l					
				CILITY INFORM	MATIC	ON		-				
Name of facility where abateme	ent is tak	ing place (3)	)				Type of Facili					aulte, a
Jenna DeNinno								nool (K - 1	135	. 61	K 40	·
Street Address							X Oth	ochapter 8 er (Private	/Comn			)
							Square Feet	gs./Homes		_	Bldg.	Age
City (5)		County (6)			Co	ounty Code (7)	- oqualo i col	H OITE	7015		Jiug. i	Age
Rutherford, NJ 07070		Bergen			(St	ate use only)	Current Use residential		ing de	molis	hed)	
Name of Monitoring Firm Hired	by Bldg.	Owner (8)		ASCM No.	1	Name of Abatement						
4				n/a		B & G Restorati	on. Inc.					
Street Address						Street Address						
City, State, Zip Code						105 Ryerson R	oad					
						City, State, Zip Code Lincoln Park, N	NJ 07035					
Project Manager for Monitoring Fi	irm		Phone Numb	ber	_	Telephone Number		Licens				
Scheduled Start Date (10)	10	1 1 0				(973)696-6869 Name of OSHA Monit		0	0378			
01/16/2017		oned. Comp 01/17/201	letion Date (1	1)		B & G Restoration						
Occupancy Status During Abatem						Street Address						
Facility closed/vacated during						105 Ryerson Ro	ad					
Abatement performed outside	de of nor	mal facility h	ours-			City, State, Zip Code						
Describe:					-	LincolnPark, NJ	07035					
Scope of Work (check all that app	oly)											-
☐ Demolition	] Renov	vation			ПЕ	ull Containment w/nega	itive pressure	X Glove	haa na			
	≥160 s	f or ≥260 If				Mini-enclosure	are procedure		riable i			
Location of			lly used solely		_		1		TR	R	_	T
asbestos-containing material to be	by ma	aintenance/c 12)	custodial	Description	n of as	sbestos-containing	Amount		е	e	E n	E
abated in facility (13)	Yes	T	N//A	material (A	ACM)		(Specify LF)	SF or	o m	p a	c	C
1 5000000000 - 1000 000	100	140	N/A						v e	i	р	L
basement main room			X	pipe insulat	tion		5 If		X	ĖТ		
throughout basement			×	pipe			110 lf				X	
	-				-							
egistered Waste Hauler	IN	JDEP Haule	r ID#   Cu	ibic Yards of Wa	acta	Name of Barrier 11	150					
3 & G Restoration, Inc.		19563		1	usic	Name of Registered La Tullytown Re	andfill esource & Re	ecovery.	Cent	ar		
ity, State Lincoln Park, NJ			Disposal Da	ate 7/2017		City, State	and the second s	- 00 Y 51 Y	36110		-	-
ompleted by (Print or Type)	Title			Signature		Tullytown, PA	1	Ta		-	1	
Gordana Luna		tary/Treas	surer	-igridial C	9	Jordana Luna		Date 01/05	/201	7		

Ch 1059		NO	TIFICAT (Pursu	TION OF	of New Jers ASBESTO JAC 8:60 a	SARATE	EMENT 0)					Pfin
Date of Notification (1) 1/5/2016			Nam	ne of Buil	ding Owner	r/Operato	r (2)		JA	N -	3	2017
Agencies Notified Type Notific	ation			ug Wal						-		
X EPA X Initial			Street	et Addres	SS			AS	BES	OS ICEN	CON	TRO
DEP Ameno			City,	State, Z	ip Code			1		IOCN	1011/	<u>u</u>
Emerg	lment #ency (includ	ling	Gar	field, N	J 07026							
justifica	ation)	my		e of Con				Telephone	Numh	er		
L DCA L Cancel	lation			ig Wals					1401112			
Name of Facility Where Abatement is	Taking Plac	e (3)	F/	ACILITY	INFORMA	TION	T (F 19)					
Residential Home							Type of Facilit					
Street Address							School (F	(-12) ter 8 (Other than I	(10)			
07. (5)							X Other (i.e	private & comme	ercial b	ouildin	as, ho	omes
City (5) Garfield							Square Feet	# of Floors			. Age	
County (6)			Count				1950	3		60-		8
Bergen			(STAT	y Code ( E USE OF	7) VLY)		Current Use (F Residential	Prior if being demo	lished	)		
Name of Monitoring Firm Hired by Build Competent Supervisor	ling Owner	(8)	ASC	CM No.		Name	of Abatement C					
Street Address						All St	ages Abaten	nent				
Officer Address						Street A	Address					
City, State, Zip Code						1	I. Midland Av	/e.				
						City, St	ate, Zip Code	07000				
Project Manager for Monitoring Firm			Teleph	one No.		Telepho	e Brook, NJ					
Stat Bala (18)							00-3184	License 01305	No.			
Start Date (10) 1/14/16	Schedi 1/15/	uled Co	mpletion	Date (1	1)		f OSHA Monitor					
Occupancy Status During Abatement (C												
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: 8 A.M to 4 P.M	ro Dorina a	E A L	ment rs			Street A	te, Zip Code					
Scope of Work (Check All That Apply)						Only, Old	ic, zip code					
≥3 sf or ≥3 If						-						
X ≥160 sf or ≥260 lf		Renov Demol				×	Glovebag Pro	ent with Negative e cedure d (*) and Non-Fria				
		s Locat					Trom Exemple	( ) and Non-Fila	Die Pr	Carlo and	re emen	
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	lly elv by		Desc	cription of					уре	ıı
TO BE ABATED	Ma	aintena	nce/	Asbe	estos Conta e. thermal s	ining Mat	erial (ACM)	Amount			П	
In Facility (13)	Cus	todial (12)	staπ?		surfaci	ng, VAT.	or	(Specify SF or LF)	Ren	Re	nca	Enc
	Yes	No	N/A		other mi	scellaneo	us)		Removal	Repair	Encapsulate	Enclosure
Basement	100		INA								te	0
		X			Pipe	e Wrap		32 LF	х			
Name of Registered Waste Hauler		I N.	JDEP W	aste	Cubic Ya	ards.						
Newark Carting		H	auler ID 1 509		of Waste		Name of R	Registered Landfill adfill				
City, State Newark, NJ					Disposal	Date	City, State					
Completed by	Titlo				TBD		Bethlehe	em, PA				

Date

1/5/16

Signature

Completed by

Richard Cristofol

Title

President

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

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

D		11500			1			***************************************		M.	- 0	201	7
Date of Notification (1)	4 ,	47	,		79:07		ng Owner/Operator	(2)		111		201	i
	4/	7			E	KA Centra	al Realty Group		311				
	ype Notifi	cation			1	et Address	2000 state.		ASBES				OL
	] Initial ] Amende	he					arth Road		'	ICE	1211	lGi_	
⊠ DOH	Amendr				1 2	State, Zip							
	Emerge		cludin	g		onroe, NJ							
(NJAC 5:23-8)	justifica					e of Contac	ct		Telephone Num	ber			
	Cancell	ation			CI	neri							
					FA	ACILITY II	NFORMATION						
Name of Facility Where Aba	itement is	Takin	g Plac	e (3)				Type of Facility					
Residence								School (K-12	?) 8 (Other than K-12				
Street Address									rivate and commer		uildin	gs,	
City (5)		9 T						Square Feet	# of Floors	В	ldg. A	ge	
Trenton								2000 sf	2	1	70		
County (6)					Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pri	ior if being demolis	hed)			
Mercer								Residence	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
Name of Monitoring Firm Hir	ed by Bui	ilding (	Dwner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)	space - do - do				
Guardian Contracting	, Inc.						Guardian Co	ntracting, Inc.					
Street Address							Street Address						
1889 Rte. 9, Unit 61							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode			10 V		
Toms River, New Jers		5					Toms River,	New Jersey 08	755				
Project Manager for Monitori	ng Firm				ephone		Telephone No.		License No.				
Nicholas Fernicola						9-9932	732-349-9932		00624				
Start Date (10)	9000					ate (11)	Name of OSHA M	onitor					
1/_4/	17_		1 /	5	_ /	17	E.M.S.L. Ana	ytical					
Occupancy Status During At							Street Address				31/		
☐ Abstancet Designed O							1056 Stelton						
Abatement Performed Ou Time of Abatement:							City, State, Zip Co		10 EN				
							Piscataway, I	lew Jersey 088	354				
Scope of Work (Check all tha	it apply)						☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			⊠ Re	novat	tion		☐ Mini-Enc	osure	ative r lessure				
≥160 sf or ≥260 lf			☐ De	moliti	on		☐ Glovebag		n-Friable Procedur				
			Is	Loca	tion	1	□ Non-Exe	ripted ( ) and Nor	I-I liable Flocedul	1	atem	ont T	1/00
Location of			1	Norma	ally		Description o	f			1		T
Asbestos-Containing Mat TO BE ABATEI		Л)		intena	ely by ance/		stos Containing Ma		Amount	Removal	Repair	Encapsulate	nc
IN Facility	2			todial	Staff?	(I.e	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>	nsulation, or	(Specify SF or LF)	ova	=	nsq	Enclosure
(13)				(12)	1	-	other miscellaned	ous)	-2011 1522 1552 <b>1</b>			late	е
basement			Yes	No ⊠	N/A		os pipe insulatio	n	85 If			П	
						100000	oo pipo modiado		0011				
		-	_			-							
			Ш								Ш	Ш	
				Ш									
Name of Registered Waste H				10.00	NJDEP Hauler I		Cubic Yards of Waste	Name of Regist	tered Landfill				
Guardian Contracting,	inc.				2022		vvaste 3	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New Jerse	У						1/6/17	Tullytown,	Pennsylyania		Į.		
Completed By (Print or Type)		Title					Signature		Da	te	1		
Nicholas Fernicola		Pr	oject	Man	ager		1	\	1 1	141	117		
SB-41 AN 13		* E	o not	use th	nis form	for asbest	os licensure exemp	ed activities		+		10/6	

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

ND4340	7465	j-),		CATION	ate of Ne NOF ASE to NJAC	BESTOS	ABATE		г	transferred times to the sage	D)-E	G	<u>E</u>	11 \	<u> </u>
Date of Notification (1) 01/03/2017					f Building eet Twig		Operator	(2)		The state of the s		JAN	= {	1 26	17
Agencies Notified	Type Notification	1		Street A	Address					a) by (see agenta	ASB	EST			
× EPA × DEP × DOL	Initial Amended				ate, Zip C								:EMS	SING	
	Amendmen Emergency	(including	-		lair, NJ			24.200		T To	ephone N	umbor			
DOH DCA	justification Cancellation				eet Twig					1 10	ephone N	umber			
Name of Facility Where A	Abatement is Taki	ng Place (3	3)	FACI	ILITY INF	ORMAT	ION	Type	e of Facility (4	· ₹6					
House									School (K-12	2)					
Street Address					Care College (1981)			×	Subchapter 8 Other (i.e. pr etc.)				ldings	, hom	ies,
City (5) Montclair								N/A	***	N/			Bldg. N/A	Age	
County (6) Essex					Code (7) USE ONLY	n		Curr	ent Use (Prio use	r if be	ng demoli	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	I No.				atement Cont tement,Inc		(9)				
Street Address							Street 11 R		ess igren Aven	ue					
City, State, Zip Code									Zip Code NJ 07512						
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph 973-				License 01311	No.			
Start Date (10) 01/13/2017		Schedule 01/14/2		mpletion I	Date (11)				HA Monitor tement, Inc	;.					
Occupancy Status During	Abatement (Che	ck Only On	ie)				Street								
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norr						City, S	tate, 2	gren Aveni Zip Code NJ 07512	ue					
Scope of Work (Check All	That Apply)						1010	wa, i	10 07512				-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		× R	lenova emoli				×	M	ull Containmer ini-Enclosure ovebag Proce on-Exempted	edure	<del>-</del>			ro	
		1 2000	Locat				-		31 Exempted	7 311	0.110.11.110		Abat	emen ype	t
Location Asbestos-Containing N TO BE ABA In Facilit (13)	Material (ACM) TED	Use Mai	lorma d Sole intena odial ( (12)	ely by		tos Con thermal surfa		fateria s insul T, or	lation,	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							20.15			te	
baseme	nt		X			pipe	insula	tion		10	00 LF	X	-		
Name of Registered Waste D&S Abatement, Inc.	e Hauler		1	IJDEP W lauler ID 0996		Cubic of Wa TBD	Yards ste		Name of R Waste M				(i		
City, State Totowa, NJ						Dispos	sal Date		City, State Tullytown	n, PA	\				
Completed by Oliver Hegedis		Title Projec	ct Ma	anager		S	ignature		AN		1	ate 1/03/	2017		

Print Form

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	time !	7						

								25000			N -	Q	2017	7
Date of Notification (1)	7						perator (2) MOUN	ALL	0 5	21		~		1
Agencies Notified	Type Notification			Street A	Will School Services	1 - 1 - 1	_		= -	SBES	TOS	COI	VTR	OL &
□ EPA	Initial			0:		_					ICE	VSIN	IG	
DEP	Amended Amendment	#			ale, LIP Co		۸ (۸	J. 07	502	2				
	☐ Emergency (		_	Name o	f Contact	1020	, , ,	30.00	Tel	ephone Num	ber	-		-
DOH DCA	justification)  Cancellation				AU	00Z	-1		10	-	_	-		
	I				LITY IN	Control of the Contro	TION							
Name of Facility Where Al							T	ype of Facility (	4)					
Street . ' '	HOON A.	ALLO	0 2	- 1	-			School (K-1 Subchapter		than K-12)				
Street.								Other (i.e. p	rivate &	commercial	buildir	igs, ho	mes, e	etc.)
City (5)	- 5			-			So	quare Feet	# o:	f Floors	E	ildg. A	ge	
KA	RERSON	7						2000		Z		13	35	_
County (6)					Code (7)	0.1	C	urrent Use (Prio	r if bein	g demolished	)			
	PASSAI			(STATE	USE ONLY,						V-1402			
Name of Monitoring Firm I	Hired by Building O	wner (8)		ASC	M No.		E service service	Abatement Contr	28.7	)				
Street Address			-				Best Street Add	Removal I	nc					
Succe radios							100000000000000000000000000000000000000	South Rive	r Stra	et				
City, State, Zip Code			50-W-				City, State		1 Suc					
							Hacke	ensack, NJ	0760	1				
Project Manager for Monito	oring Firm		- [	Telephor	ne No.		Telephone	No.	,	License No				
								1-329-744	+	003	388			
Start Date (10)	,	Scheduled	Comp	letion Da	ate (11)			SHA Monitor		-1				
Occupancy Status During A	Abatement (Check Or	ılv One)	1/	10/	1/		Street Add	ga Environ ress	menu	dI				
☐ Facility Closed/Vacate			ment					Huyler Str	eet					
Abatement Performed Other – Describe: 2	Outside of Normal 1	Facility Hour	S			_	City, State,	, Zip Code th Hackens	ack, l	NJ 07606				
Scope of Work (Check All	That Apply)					, \			-					
≥3 sf or ≥3 lf		Re	novati	on				Full Containme	nt with l	Negative Pres	sure			
□ ≥160 sf or ≥260 lf		☐ De	moliti	on				Mini-Enclosure Glovebag Proce						
			400					Non-Exempted		Non-Friable	Ртосед	ure		
		Is I	ocatio	on									ement	
Location		100	ormally Solely	e de la companya del companya de la companya del companya de la co			scription of					1)	ре	
Asbestos-Containing N TO BE ABA		Mair	ntenan	ce/	Asbe (i.e. the	stos Conta rmal syste	aining Mater ems insulatio	ial (ACM) on, surfacing,		rnount Specify	R	T.	Enc	달
In Facilit (13)	ty	Custo	diai Si (12)	arr?			VAT, or miscellaneou	(2)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A	-	Outer	msochaneoa	3)			a	_	ate	Ire
		165	140							1=	~			
BASEMENT	_				THERA	AAR ST	PSTEHIN	VSU LATTION		SOLF	1			
Name of Registered Waste I	Hauler		1000	DEP Wa		Cubic of Was	te	Name of F	Registere	ed Landfill	, \			
Best Removal Inc	0			1710			207	7.1		va Enter	prise	s, L	LC	
City, State	07601					Disposa		City, State		~	1660			
Hackensack, NJ (	100/0	Title				1 5	118/17	Wayr	iesbui	rg, OH 4				
J. Maiorano		3000	imat	or		51	ignature	Merion	برص	110000000000000000000000000000000000000	1	<	, 7	
o. maiorano		ESU	mal	.01			X	1 0207			-/	7	. /	
ASB-41 (R-06-08)							#20	not use this for	n for asl	pestos lic <mark>e</mark> nsu	re exe	npted	activit	ties.

(V)	1141		(F	ursuani	to NJAC	8:00 and	0 12:120	")		Newson I		9 [			
Date of Notification (1)					of Building		Operator	(2)			门屋(			$\mathbb{V}_{-}$	
01/03/2017	Type Notification	<u> </u>	-	Street A						17	<b>〈</b> ⊹	LE COMMON			-11
Agencies Notified	Essent .		1	Succir	nuuress	}					ال ا	AN -	9 2	m7	
EPA DEP	Initial Amended		1	City. St	ate, Zip C	ode				lmi	490				- 1
DOL	Amendmen	t #			THORN		7605			1					
	Emergency				of Contact					Tel	ASBES lephone N	TOS	CON	TRO	L &
☑ DOH □ DCA	justification) Cancellation			TOM	O'GARA	4					•		ADIM	7	
				FAC	ILITY INF	ORMATI	ON								
Name of Facility Where	Abatement is Takir	ng Place (3	3)					Type	of Facility	(4)					
PRIVATE									School (K-						
Street Address								X	Subchapte Other (i.e. etc.)				ildings	, hom	es,
City (5)									re Feet	# 0	f Floors		Bldg.	Age	
HAWTHORNE NJ.	07605							2	,200	1	STORY		65		
County (6)	TC .				Code (7) USE ONLY	n		Curre	ent Use (Pr N	ior if bei /A	ing demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	- '	ASCI	VI No.		Name	of Aba	atement Co	ntractor	(9)				
N/A.							NOR	TH E	EAST EN	VIRO	MENT	AL LL	C.		
Street Address							Street 1126		ss - ST.						
City, State, Zip Code							City, S	tate, Z	ip Code						
							NOR	TH E	BERGEN	NJ. 07	7047				
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	one N	0.		License	No.			
	2021 1000						201.	776.0	0642		01300				
Start Date (10) 01/05/2017		Schedule 01/07/2			Date (11)				HA Monitor IRONME		LAB.				
Occupancy Status During	g Abatement (Ched	k Only On	e)				Street	Addres	SS						
Facility Closed/Vaca	ated During Entire	Period of A	Abater	nent			2333	RT.	22						
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hour	S			100		ip Code						
			5-8891111				UNIC	N NC	J. 07083						
Scope of Work (Check A)	II That Apply)														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Processing.	enova emoli				×	Mir Glo	l Containm ni-Enclosure ovebag Pro	e cedure					
		Τ.						i NOI	n-Exempte	u (*) and	1 NON-F-Na	Ible Pro	10000	ement	
Location	of		Locat Iorma											ле Де	
Asbestos-Containing		Use	d Sole	ly by	Asbes	Des tos Conta	scription aining M		(ACM)	A	mount			I	
TO BE ABA	TED	70000000	ntena odial S			thermal	systems	insula		(S	pecify	Re	R	ince	Enc
(13)	-y		(12)				ing, VAT			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				1				a	7	late	re
BASEME	NT		Х			FLOOI	RTILE	9X9		632	2. SF.	X			
											Security Sec				
5							W			1000000					
Name of Registered Wast			1.00	JDEP W		Cubic \			Name of	Registe	red Landfi	II .	doner-eu		
TRI- STATE - ASSO	CC INC.			auler ID 9951	NO.	of Was			MINEF	RVA E	NTERP	RISE	INC		
City, State	= > 1 / 1		_1_			Dispos			City, State	9					
BRONX, NY.						TBD					RG, OH	10			1
Completed by CARLOS ESQUIVEL		Title SAFE	TY N	MANAG	FR	Si	gnature	een	uffre	PR	,	ate 11/03/	2017		
		1 11		., ., ., .,			7	1 .	7-1	1		1/03/	2011	1-7-	

MCH		NOT		MOITA	OF AS	New Jersey BBESTOS ABA AC 8:60 and 5:1		DE C			$\mathbb{V}$	E
Date of Notification (1)	3 /	17			of Buildir bra Katz	ng Owner/Operator iner	(2)		W -	9	2017	7
Agencies Notified  EPA  DOLWD  DOH  DCA (NJAC 5:23-8)	Type Notification	d ent # <u>2</u> icy (includin	g	City,	State, Zip	wn, NJ 08094		ASBES	LICE	CON	NTR(	OL &
(NOAC 5.25-6)	☐ Cancellat	10		introduction.	bra Katz			1				
				FA	CILITY II	NFORMATION						
Name of Facility Where A Residence Street Address	Abatement is 1	Taking Plac	e (3)				Type of Facility  School (K-12  Subchapter 8  Other (i.e., p	2) 3 (Other than K-12 rivate and comme	!) rcial bu	uilding	js,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Williamstown							2,000	3		80		
County (6) Gloucester				Cour	nty Code (	7)(STATE USE ONLY)		ior if being demoli	shed)			
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)				(A)	
Mgmt. & Environme	ental Consu	Iting Serv	ices			Shade Envir	onmental, LLC					
Street Address						Street Address						
PO Box 341						623 Cutler A	venue					
City, State, Zip Code						City, State, Zip C	ode					
Chesterfield, NJ 08	515					Maple Shade	e, NJ 08052					
Project Manager for Moni Bill Weisgarber	toring Firm		1 3	ephone 09-298		Telephone No. 856-755-009	9	License No. 00842				
Start Date (10)	18	Scheduled C	- 1		a manage	Name of OSHA N						
12 /8 /				9/		EMSL Analy	tical, Inc.					
Occupancy Status During	d During Entir Outside of No	re Period of ormal Facilit	Abate ty Hou	ırs - Des		Street Address 200 Route 13 City, State, Zip C						
Time of Abatement:	AM	PM/	PN	1	AM	Cinnaminso						
Scope of Work (Check all	that apply)					☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit			☐ Mini-End☐ Gloveba			re			
			s Loca		I				Ab	atem	ent T	уре
Location Asbestos-Containing N TO BE ABA IN Facilit (13)	Material (ACM TED	l) Use Ma Cus	ainten stodial (12	lely by ance/ Staff?		Description estos Containing Ma e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
_ower Level		Yes	No 🖂	N/A	Floor 7	Tile		508 SF		П		
									T			
			H						12			
			H	-					붐			П
Iomo of Decistered Miss	o Harries			NJDEP 1	Masta	Cubic Yards of	Name of Regis	tered Landfill		Ш	Ш	
Name of Registered Wast Freehold Cartage	e Hauler		94.50	Hauler II	O No.	Waste 5	Cumberlan	d County Land	lfill			
City, State Freehold, NJ						Disposal Date 1/9/2017	City, State Newburg, I	PA				
Completed By (Print or Ty Christina Lynch	rpe)	Title Vice Pr	resid	ent of	Operatio	Signature ons		Da	ite 1/3/	11	)	

Choar	Ó		FICATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATE				E C	<u></u>	[]/A	L	nt Fo
Date of Notification (1) 1/4/17				Building Owner/ ongosz Privat	10.50				0.3 -3.5%			<u> </u>	2.4421
Agencies Notified	Type Notification  Initial		Street A					,	ASBESTO LIC	OS CO ENS		ROL	&
EPA DEP DOL	Amended Amendment			te, Zip Code 1 Haven NJ 08	3008								
☑ DOH DCA	Emergency ( justification)  Cancellation		Name of Bob	Contact				Tel	ephone Nun	nber	-, <del>i</del>		
			FACI	LITY INFORMAT	TION	y				877			
Name of Facility Where A Bob Longosz Priva Street Address		g Place (3)					of Facility ( School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Oth	er than K-12 & commercia	l) al build	dings,	home	s,
City (5) Beach Haven NJ 0	8008					Squa 100	re Feet 0+	# 0	f Floors	100.00	ldg. A 85+	ge	
County (6) Ocean			County (	Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building (	Owner (8)	ASCN	l No.	100000000000000000000000000000000000000	15.	atement Cor	tractor	(9)				
Street Address						Addre Box 3							
City, State, Zip Code	9)						ip Code Iin NJ 080	)91					
Project Manager for Mor	nitoring Firm		Telephoi	ne No.		hone N -753-			License N 00727	0.			
Start Date (10) 1/16/17		Scheduled Co 1/23/17	ompletion I	Date (11)	Name San		HA Monitor						
Occupancy Status Durin					Stree	Addre	ss			/2.2			
Facility Closed/Vac Abatement Perform Other – Describe:					City, S	State, Z	Zip Code						
Scope of Work (Check A  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	NI That Apply)	Renov				Mi Gl	ill Containm ni-Enclosure ovebag Pro	e cedure	1070			e	
		Is Loca									Abate	ement pe	
Location Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) ATED lity	Used So Mainter Custodia (12	lely by lance/ I Staff?	Asbestos Co (i.e. therm surf		Materia ns insul AT, or	lation,	(	Amount Specify F or LF)	Removal	Repair	Encapsulat	Enclosure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Location Normall and Solel intenar todial Solel (12)	y ly by nce/	Description of stos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneo	ng Material (ACM) Amount (Specify R SF or LF)		ement pe Encapsulate	Enclosure	
	Yes	No	N/A				-	te	(D)
exterior siding			х	exterior siding	g	1600 SF x			
			х		ng 1600 SF	х			
3,									
Name of Registered Waste Hauler United Roll Off		Н	JDEP W auler ID 2459	Cubic Yards of Waste 4	Name o	f Registered Landfi ).W.S.	II		

Title

President

Disposal Date

Signature

1/23/17

Date

1/4/17

Morrisville PA 19067

City, State

City, State

Completed by

Anthony T Perna

Elm NJ

CK#1610
12/23/16

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	2017	9	-	JAN	

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Date of Notification (1) 1/3/2017					ng Owner/ ty, Divis			Engineerir		#XXXXXX				
Agencies Notified Type Notification				Street Address 900 Bloomfield Avenue						ASBESTOS CONTRO LICENSING				
EPA Initial Amended Amendment # 1				City, State, Zip Code Verone, NJ 07044										
■ Emergency justification	Name	Name of Contact Telephone Number												
DCA Cancellatio	Rasheed Yusuf FACILITY INFORMATION				h									
Name of Facility Where Abatement is Taki	ng Place	(3)	IAC	ALLI IN	FURINA	ION	Type o	f Facility (4)						
Residential Street Address	11		***				Su X Of	her (i.e. pri	(Other than K		ilding	s, hor	nes,	
City (5) Newark							Square 2,024	Feet	# of Floors		Bldg. Built	100 To 10	5	
County (6) Essex				County Code (7) (STATE USE ONLY)				Use (Prior ential	Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)								l of Abatement Contractor (9) corn Contracting Corp.						
Street Address		Street Address												
City, State, Zip Code Ci							205 Route 46, Suite 7A City, State, Zip Code							
Project Manager for Monitoring Firm				Telephone No.			Totowa, NJ 07512 Telephone No. 973-333-9176			License No.				
Start Date (10)   Scheduled Cor 1/5/2017   1/19/2017				mpletion Date (11)			Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Chec		1777				reet Address								
Facility Closed/Vacated During Entire   Abatement Performed Outside of Norn Other – Describe:		Cit			-21 Wagaraw Rd., Bldg. 35 E , State, Zip Code ir Lawn, NJ 07410									
Scope of Work (Check All That Apply)						I all L	awn, r	10 07410	,					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demoli					Mini-E Glove	nclosure bag Proced	with Negative ure and Non-Fria			e.		
	- 218	Locat		ly by nce/ staff? Description Asbestos Conta (i.e. thermal surfaction) other mi			escription of taining Material (ACM) I systems insulation, icing, VAT, or miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena	ely by ince/ Staff?								Repair	Encapsulate	Enclosure	
	Yes	No										ē		
Entire House			X	V	/alls & C	Ceiling	Plaster		450 CY	X				
Inicorn Contracting Corn				JDEP Waste Cubic auler ID No. of Was 450 C			1	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State otowa, New Jersey					Dispos: TBD	al Date		ity, State ullytown,	PA					
Completed by Iimo Golcev	Title General Manager					gnature	7	, /	Di Di	ate '3/201	7			
SB-41 (R-06-08)					6	not	use (his	form for ask	estos licensur	e exem	pted :	activit	ies.	