	PAIL	l	NOTIF (P	ICATIO	N OF ASE t to NJAC	BESTOS	ABATE	MENT 0)	d	000	a h		18	24	万个	ſ				
Date of Notification (1) 1/08/19		Name of Building Owner/Operator (2) Yuexing Fang												20.						
Agencies Notified			Address	9			1.80		1/29	1,77	il_	V.	its.	1						
× EPA	Type Notification			0110017	1001000										Ì					
DEP	Amended		t	City, St	ate, Zip C	ode				133	JAN	1	1	2019						
X DOL	Amendment Emergency		-		Windsor		8520			14	William	•	15 2		1	.,				
X DOH	justification)  Cancellation				of Contact					Tel	ephon	e Nun	nber	esperatura	1E/1					
☐ DCA			ng Fang	50			8	13	OF.3	1/257	I Charles	1177.	1 , 5,4							
Name of Facility Where	Abatement is Takin	a Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type	of English			- pa		1300	-					
home	November Manual	9 , 1200 (0	,	Type of Facility (4)																
Street Address							School (K-12) Subchapter 8 (Other than K-12)													
							Other (i.e. private & commercial buildings, homes,													
City (5)								Squa	etc.) are Feet	# 0	f Floors	S	l E	Bldg. A	ae					
East Windsor								190		2		7		88	.5-					
County (6)					unty Code (7) Current Use (Prior if being demolished								ed)							
Mercer				(STATE	USE ONLY	)		hon	ne ·											
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM No. Name of Abatement Contractor (9)																
Street Address								S Environmental Services, LLC												
Street Address								Play 492 4 F Cata Drive												
City, State, Zip Code					PO Box 483, 4 E Gate Drive  City, State, Zip Code															
7, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,								nwood NJ 07418												
Project Manager for Monitoring Firm					ne No.			hone No. License No.												
PAT SAMES AND SAMES							973-				703	36 140								
Start Date (10)		Schedule	d Con	npletion	Date (11)		Name	of OSI	HA Monitor											
1/17/19	}																			
Occupancy Status During	25				Street	Address														
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou							City, S	tate 7	ip Code											
X Other – Describe: <u>b</u>		floor	V.S. > 1000.004						.,.											
Scope of Work (Check Al	l That Apply)																			
≥3 sf or ≥3 lf							×	Ful Mir	II Containme	ent with	Negat	ive Pı	essu	re						
							-	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
	Lanati					1 110	n-Exempled	( and	Non-											
Location of Source Norma						D-		dalla ef						Abatement Type						
Asbestos-Containing	Material (ACM)		d Sole		Asbes		scription aining M	(ACM)	Amount					Ш						
TO BE ABA		10.00	odial S		(i.e.		systems		ation,		pecify		Rei	R	nca	Enc				
(13) (*			(12)				niscellan			SF	or LF)		Remova	Repair	Encapsulate	Enclosure				
		Yes	No	N/A									<u>a</u>		ate	Ге				
basement to se	cond floor			x		exh	aust du	ıct		3	0 LF		х							
													,							
		+																		
Name of Registered Was	te Hauler		N	JDEP W	aste	Cubic	Varde		Nome of	Doctot	enel I -	- den								
Tonys Cleanup & Ha			H	auler ID	100000	of Was			Name of F			2224								
	dillig		17	7787		TBD		Chrin Brothers Sanitary Landfill												
City, State Bridgewater, NJ						E 00	al Date	3.000												
Completed by		Title				TBD	ian -t		Easton,	PA										
A. Scott Higgins		Presid	dent			S	ignature		1			Date	e 18/19	1						
									ff.	_	-	1/0	10/18							

	rallu		NOTII	Pursuar	on of ASBE of to NJAC	8:60 and	ABATE 1 12:12	MENT 0)		100	B	18	Č D	5	_				
Date of Notification (1) 1/09/19				Name of Building Owner/Operator (2) Luso Builders LLC											ir te				
Agencies Notified	Type Notification				Address	LLC					E.	!	( )	3 130					
× EPA	× Initial				Trumbull S	Street													
DEP	Amended	0.42		City, S		JAI	V 1	20	119	12									
× DOL	Amendmen Emergency		<u> </u>		beth, NJ														
DOH DCA	justification) Cancellation		•		of Contact Arroz				lephone			×-4-	125						
	Caricellation	1			CILITY INFO	DMATI		732-964-2407											
Name of Facility Where	Abatement is Takir	g Place	(3)	TAC	SILIT INFO	RIVIATIO	JN	Туре	of Facility		*1 1.4	- Particular	+1	* (#1 to 11					
home								П	School (K-										
Street Address								×	Subchapte Other (i.e.	er 8 (Oth	er than h & comm	<-12) ercial b	uilding	js, hon	nes,				
City (5)								Squa	etc.) are Feet	# 0	f Floors		Blda	. Age					
Elizabeth								220	0	2			78						
County (6) Union			Code (7) USE ONLY)	rior if be	ing demo	lished)													
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCI	M No.		actor (9)												
Street Address				ABS Environmental Services, LLC									С						
oli oct Address				Street Address															
City, State, Zip Code		PO Box 483, 4 E Gate Drive  City, State, Zip Code																	
					18	8													
Project Manager for Mon		Telepho	one No.		Teleph			License No.											
Start Data (40)				973-7				703											
Start Date (10) 1/16/19	mpletion Date (11) Name of OSHA Monitor										1								
Occupancy Status During	Abatement (Chec			Street Address															
Facility Closed/Vaca			and the state of t	aont			Sireet	-aare:	SS										
Abatement Performe  X Other – Describe: b	ed Outside of Norm	City, State, Zip Code																	
Scope of Work (Check Al	That Apply)												-						
≥3 sf or ≥3 lf       X       Renovation       X       Full Mini Glov         X       ≥160 sf or ≥260 lf       Demolition       X       Mini Glov										Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		le	Locati	on			n-Exempte	Procedure Abatement											
Location			Normal	ly		Desc	ription o	nf .					Type						
Asbestos-Containing I TO BE ABA			ed Sole aintenar		Asbesto	s Contai	ning Ma	aterial	(ACM)	Ar			ш						
In Facilit		Cus	todial S (12)	staff?	(i.e. tr	nermal sy surfacir	ystems ng, VAT	insula , or	ition,		pecify or LF)	Remova	Re	Encapsulate	Enclosure				
(13)		_	(1-)		C	other mis	scellane	eous)				lova	Repair	sula	osur				
		Yes	No	N/A								1		te	0				
second fi	second floor					pla	aster			2,0	2,000 SF								
		-																	
												_							
Name of Registered Wast	e Hauler		I N.	JDEP W	laste (	Cubic Ya	arde		Nome of	Dogists		CII.							
					No.		Name of Registered Landfill Western Berks Landfill												
City, State Freehold, NJ					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Disposal TBD	Date		City, State										
Completed by		Title					nature		Birdsbo	10, PA		)oto	10						
A. Scott Higgins		President						Date 1/09/19											

## PAID

Date of Notification (1) 1/09/19				of Building (						E M		7 1		124	(Carro			
Agencies Notified Type Notification	Edmonds Contracting, Inc.																	
			58 W	are Road				1										
DEP Amended				tate, Zip Co	1	JA	N	1	201	)	13-7							
X DOL Amendmen	t#	-	Upper Saddle River, NJ 07458															
DOH justification	)			of Contact Conklin					tephone			a eazer. Ne ee ta		-54				
DCA Cancellation	201-739-9760																	
Name of Facility Where Abatement is Takin	ng Place (3)		FAC	ILITY INFO	PRMATI	ION	Typ	e of Facility	(4)			=36	11072	1	U.S. Called			
Interstate Shopping Center							1 yp	7.5	0.150									
Street Address	School (K-12) Subchapter 8 (Other than K-12)																	
111 Interstate Shopping Center P		Other (i.e. private & commercial buildings, homes,																
City (5)			etc.) Square Feet # of Floors Bldg. Age															
Ramsey							500		2			- 1	70	.5-				
County (6)			County	Code (7)			Curi	ent Use (Pri	or if be	ing den	nolish	ned)						
Bergen				USE ONLY)	home home													
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.				atement Cor			2474							
Street Address				20422-02162					I Ser	Services, LLC								
3.001/103/503							treet Address											
City, State, Zip Code						PO Box 483, 4 E Gate Drive												
100 Control (100 C			City, State, Zip Code Glenwood NJ 07418															
Project Manager for Monitoring Firm	Telepho	ne No.		Teleph		end the control of the		Licens	se No	n								
				973-	764-	2276		703	0011									
Start Date (10) 1/16/19	npletion	Date (11)		Name	of OS	HA Monitor												
Occupancy Status During Abatement (Chec		Charl Adding										y-12						
			Street Address															
Abatement Performed Outside of Normal Facility Hours						City, State, Zip Code												
Other – Describe:					_	Oity, O	iaie, z	ip Code										
Scope of Work (Check All That Apply)												_						
≥3 sf or ≥3 lf	× Re	nova	ation				Full Containment with Negative Pressure											
× ≥160 sf or ≥260 lf	ion				Mi	ni-Enclosure		rivegali	veri	cssu	le							
					ovebag Proc on-Exempted	edure	d Non-F	riahl	e Pro	cadur	9							
	on						/ / 4.1				Abatement							
Location of		rmall			Des	cription	ition of						Туре					
Asbestos-Containing Material (ACM)  TO BE ABATED	Used Maint			Asbesto	s Conta	aining M	ateria	erial (ACM)		mount				т	_			
In Facility	Custod	dial S (12)	Staff?	(i.e. tri		systems ing, VA		ation,		pecify or LF)		Ren	Re	ncap	incl			
(13)		12)		C	other mi	iscellan	eous)			o ,		Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A									_		ate	c)			
basement			х	fl	loor til	e & m	astic		8,2	8,200 SF		x						
11					ceiling	g mate	rial			00 SF	_	x						
					•	-			0,2	00 01								
Name of Registered Waste Hauler	JDEP Waste   Cubic Yards					Name of F	Pogist-	sistered L. 160										
Newark Carting	auler ID No. of Waste							istered Landfill										
City, State		04	1509		TBD				Brand Central Sanitary Landfill									
Newark, NJ					Disposa TBD	al Date		City, State		V/								
Completed by	Title					nature	Pen Argyl, PA											
A. Scott Higgins	Preside	ent			319	, idiule		là		1/09/19								
					- 1	1/09/19												

PAU				N OF ASI				(	1 10	oh	)	83	45	7				
Date of Notification (1) 1/09/19				of Building Ganas			F		W		re-							
Agencies Notified  Type Notification  Type Notification  Initial  Amended  Amendmen  Emergency justification  DCA  Type Notification  Cancellation	nt # (includin	g -	City, St Phillip Name of	Address tate, Zip C psburg, of Contact Ganas	NJ				Te	<b>JAN</b>								
Name of Facility Where Abatement is Takinhome Street Address	ng Place	(3)	FAC	CILITY INF	ORMAT	ION	□ s □ s × o	of Facility ( chool (K-1 ubchapter other (i.e. p	12) 8 (Oth	er than F	K-12) ercial			hom	es,			
City (5) Phillipsburg				Square 2100	Feet	# o 2	f Floors			ildg. A	ge							
County (6) Warren		County (STATE	Code (7) USE ONLY	n	Current Use (Prior if being demolished) home								(t					
Name of Monitoring Firm Hired by Building  Street Address  City, State, Zip Code	3)	ASCI	M No.		ronmental Services, LLC ss 83, 4 E Gate Drive													
Project Manager for Monitoring Firm		Telepho	one No.		Teleph	Glenwood NJ 07418           Telephone No.         License No.           973-764-2276         703												
Start Date (10) 1/18/19	led Con	npletion	Date (11)		Name	e of OSHA Monitor												
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Street Address  Dent  City, State, Zip Code																	
Demolition Mini-Enclosur																		
Location of		s Locati Normali	ly		Des	scription			705	3 Maz <del> 2 - 3</del>		Abatement Type						
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used S Mainte Custodi (1			nce/		tos Cont thermal surfac	aining M	laterial (/ s insulation T, or	ation, (Spec				Removal	Repair	Encapsulate	Enclosure			
basement	Yes No basement				pipe	insulat	tion		100 LF		×			Ф				
										J 61								
				/aste No.	Cubic of Was TBD			Name of F Westerr	9000									
City, State Freehold, NJ					Dispos TBD	al Date	e City, State Birdsboro, PA											
Completed by A. Scott Higgins			Si	gnature		Date 1/09/19												