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

16/1631	.,	(Pu		to NJAC						1 0		1	And design			
Date of Notification (1) 12/27/18			Name of	Building (Owner/O	perator	r (2)		JAN	1 6 20	119	1	3			
Agencies Notified Type Notification			Street A	ddress			_		o waren	30 77 MY	and the state of		-			
EPA				te, Zip Co / City, N		P.A.	ASSESTOS CONTROLLA LUÇENCIAC									
DOH justification Cancellation	noidaling	- 1	Name of Contact Joe Bolowski					Telephone Number								
			FACI	LITY INFO	RMATI	ON	_									
Name of Facility Where Abatement is Taking One Family Residence	Place (3)					T	ype of Facility School (K-								
Street Address							Ē	Subchapte	8 (Oth	er than K-1						
							×	etc.)	orivate 8	& commerci		l buildings, homes,				
City (5) Jersey City								quare Feet 200	# of 2	Floors	01 00	ldg. A 0+	ge			
County (6) Hudson			Code (7) JSE ONLY)		_		urrent Use (Pr /acant	or if bei	ng demolis	ned)						
Name of Monitoring Firm Hired by Building C	1000						Abatement Co Developmen		1.515-56							
Street Address					Street	: Ad			,,,,,,,,							
City, State, Zip Code		City, S					, State, Zip Code w Brunswick, NJ 08901									
Project Manager for Monitoring Firm	1	Telephone No. Teleph					phone No. License No. 2 565-3655 01284									
Start Date (10) 1/11/19	Schedule							e of OSHA Monitor								
Occupancy Status During Abatement (Check					Street Address											
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm					17 Meredith PI.											
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	City, State, Zip Code Piscataway, NJ 08854													
Scope of Work (Check All That Apply)							_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure														
	ls	Locati	ation									Abatement				
Location of		lormall d Solel	ally Description								-	Type				
TO BE ABATED In Facility (13)	TO BE ABATED In Facility Mainter Custodia					ontaining Material (ACM) nal systems insulation, rfacing, VAT, or er miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A										Ф			
roof			Х		fl	ashing	g 	213 SF								
	-										-	-		\vdash		
					·											
Name of Registered Waste Hauler		Н	JDEP W		Cubic of Was											
Nova Development Group,Inc. City, State		IN	J-807		10 Dispos	al Data	GROWS,Inc.									
New Brunswick, NJ				Disposal Date January 20				1 77								
Completed by Todd Grant	Title President						e	ToqueM	S all		ate 2/27/	18				

CK11030) PA		NOTIF (P	ICATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE	:ME	ENT		E.C	E		7 12		
Date of Notification (1) 12/27/18				Name o	of Building	Owner/	Operato	r (2	2)		2 A A I	1 ^			111	
Agencies Notified	Type Notification			Street A	Address						JAN	1 0	2019	}	141	
EPA DEP	× Initial										e company	and the second transport				
DEP × DOL	Amended Amendment	#			ate, Zip C		20			F.s.	7251U	S DOM Mari		·		
П дон	Emergency (-		y City, I		30		- HITT	To	- Co-	40000	****		m	
DCA DCA	justification) Cancellation				Bolowski					Tel	ephone N	umber				
Name of Equility Where	h-t	DI (6		FAC	ILITY INF	ORMAT	ION	,								
Name of Facility Where A One Family Reside	nce	g Place (3	3)					T	ype of Facility							
Street Address								ŀ	School (K- Subchapte		er than K-	12)				
								×		private	& commer	cial bui	dings	, hom	es,	
City (5)		512-20-20-2		M-110-25-5-2				S	quare Feet	# o	f Floors	E	Bldg. A	Age		
Jersey City County (6)				_					500	3			50+	77-10		
Hudson					Code (7) USE ONL	n			urrent Use (Pri /acant	ior if bei	ng demoli	shed)				
Name of Monitoring Firm	Hired by Building (Owner (8)		ASC	M No.				Abatement Co Developmen							
Street Address					Cursos Con	(1. 22.12.	Street		0.000	oot					200000	
0'4 0'4 7' 0 4							89 Townsend Street ity, State, Zip Code									
								w Brunswick, NJ 08901								
Project Manager for Monitoring Firm Telephone No.							Telephone No. License No. 732 565-3655 01284							00-12-12-12-12-12-12-12-12-12-12-12-12-12-		
Start Date (10) Scheduled Completion Date (Name of OSHA Monitor									
1/14/19		5/30/19		10-	309 50		EMC									
Occupancy Status During Status During Sta		Section 1997	-05					t Address Meredith PI.								
Abatement Performe	ted During Entire Ped Outside of Norma	eriod of A al Facility	Nours Hours	ent			City, State, Zip Code									
Other – Describe: _			20.27.101.0			_		cataway, NJ 08854								
Scope of Work (Check All	That Apply)	promote						7								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		processor.	enova emolit	57777			F	Full Containment with Negative Pressure Mini-Enclosure								
							×	1	Glovebag Pro	cedure		=	100 1 00 1			
	(4	le	Locati	on					Non-Exempte	o (*) and	Non-Fria	ble Pro	Abate		t	
Location		N	lormall	ally					ription of				Туре			
Asbestos-Containing N TO BE ABA	Material (ACM) TED	Mai	ntenar	al Staff? (i.e. the				g Material (ACM) ems insulation,		Amount (Specify		77		Щ	Е	
In Facilit (13)	у	Cust	(12)				cing, VA	Τ, ο	or		or LF)	Remova	Repair	Encapsulate	Enclosure	
,,		Yes	No	N/A		Olifici II	iliscellari	1000	usj			val	≒ ·	ulate	ure	
roof				х		buil	d up ro	oof		11:	25 SF	K				
facade	1			х		tr	ransite	э			2100 SF					
1st floo	r			х			VAT	163 SF			3 SF	K				
												1				
Name of Registered Wast	e Hauler		0.000	JDEP W		Cubic			Name of	Registe	red Landfi	ı	-			
Nova Development G	Froup,Inc.			J-807	140.	of Was	sie		GROW	S,Inc.						
City, State						DO 250	al Date		City, State	е				- 117-117-11		
New Brunswick, NJ Completed by		Title		-			ary 201		Morrisv	ille, P						
Todd Grant		Presid	dent			S	ignature		au Ara	4+		ate 2/27/*	18			
100 11 10 11 11							- 6	V	NO FALL							

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

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1	1/-	11'	16	/
	1-	11/	0	6

Date of Notification (1)					Nam	o of Buildin	ng Owner/Operator	(0)	*\/ { *}				11			
	15 /	19)		Contract of	ank of Am		(2)	JAN	1 9	2019	***************************************				
Agencies Notified ☑ EPA ☑ DOLWD	Type Notific				10	et Address 5 East 4 th			1	SOC	ji: T					
⊠ DHSS	Amenda	95780	8	_		State, Zip		Last, 2015 with the								
□ DCA	☐ Emerge		cludir	ng	_	selle, NJ										
(NJAC 5:23-8)	justificat					e of Contac	7.70		Telephone Number							
	☐ Cancella	ation			Di	no Nappi			516-972-8809							
					FA	CILITY IN	NFORMATION									
Name of Facility Where A Bank of America	Taking	g Plac	e (3)			Type of Facility (4) ☐ School (K-12)										
Street Address							Subchapter 8 (Other than K-12)									
105 East 4th Avenue	1							Other (i.e., pri	ivate and comm	ercial bu	uilding	s,				
City (5)								Square Feet	# of Floors	B	ldg. Ag	76				
Roselle, NJ									1		45	, .				
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Price	or if being demo							
Union							,			ioniou)						
Name of Monitoring Firm I	Hired by Bui	Iding C	wner	(8)	ASCN	l No.	Name of Abatem	ent Contractor (9)				-				
ARCADIS U.S Inc.							JVN Restora									
Street Address							Street Address					1111	Name of			
44 South Broadway							47 Foster Ro	ad								
City, State, Zip Code							City, State, Zip Code									
White Plains, NY 106	601						Staten Island NY 10309									
Project Manager for Monitoring Firm Telephone No.							Telephone No. License No.									
Thomas Ashman				6	07-624	1-9548	718-605-6256	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c								
Start Date (10) Scheduled Completion					etion Da	ate (11)	Name of OSHA N	Monitor								
01 /26 / _	19	_0	2_ /	1	0_/	_19_	Testor Tech									
Occupancy Status During	Abatement ((Check	only	one)			Street Address					-				
☐ Facility Closed/Vacated	d During Enti	ire Per	iod of	Abate	ement		10- 59 Jackson Avenue									
Abatement Performed	Outside of N	lormal	Facilit	у Ноц	rs - De	Describe City, State, Zip Code										
Time of Abatement: Sunday. AM	AM- <u>2:0</u>	10PM/1	11:30	PM-S	Saturd	LIC NY 11101										
Scope of Work (Check all t	that apply)															
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re	enova: emoliti			☐ Mini-End ☐ Gloveba	tainment with Nega closure g Procedure empted (*) and Non-		ıre						
				Loca							ateme	nt T	vne			
Location o				Norma	ally ely by		Description of	of								
Asbestos-Containing M TO BE ABAT		/1)	Ma	inten	ance/	Asbe	stos Containing Ma ., thermal systems	iterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facility			Cus	todial (12)	Staff?	(surfacing, VAT		SF or LF)	ova	≅ ·	psu	insc			
(13)		H	Yes	No	N/A	-	other miscellane	ous)				late	.ej			
Basement		-				1										
Dasement						Floor Ti	le and Mastic		45 SF	\boxtimes						
										\neg		П				
			П										-			
Name of Registered Waste	Hauler				JDEP I	Mosto	Cubia Vanda of	IN (D	11 100		Ш		Ш			
Newark Carting	, ludioi			1.00	lauler II	200000000000000000000000000000000000000	Cubic Yards of Waste	Name of Registe		- 1/mii						
City, State					NJ-56		15		ral Sanitary La	anatiil	i i					
Newark, NJ							Disposal Date	City, State								
		1-					11/16/2018	Pen Argyl, P	'A							
Completed By (Print or Typ	e)	Title					Signature	11 /1		ate						
Ralph Barnhardt Project Manager							12/1/2	1//	-/ (1-1	5-	15)			