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D									IAN	20	20	17	
Date of Notification (1) 1/12/17				of Building ship of V		perator	(2)		OAII	2 U	La W	1	Lamenco
Agencies Notified Type Notification	n		Street A 475 V	Address alley Rd	1			Ā	SBESTO	S CC ENSI		ROL	&
EPA Initial Amended Amendme	nt #1		City, Sta	ate, Zip Co	ode				LIU	CINOI	VG		Andrew Con
DOH Emergenci justification	y (including n)		Name o	f Contact Kuca					* elephone	Numbe	er		
DCA Cancellation	n			ILITY INF	ODMATIC	281				<u>, </u>			
Name of Facility Where Abatement is Tak Abandoned House	ing Place (3)	FACI	ILITINE	ORIVIATIO	JN	Type of Fac	ility (4) (K-12)					
Street Address 10 West Rd.							Subcha Subcha Other (apter 8 (0	Other than ite & comm	K-12) ercial b	uildi	ngs, h	omes,
City (5)							etc.) Square Fee	1	# of Floors		Blo	lg. Age	
Wayne			0	0 1 (7)			1500		1		50		
County (6) Passaic				Code (7) USE ONLY	<i></i>	_	Current Use Abandone	ed	* ******	olished			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	ЛNo.			of Abatement nuzzi Enviro			es			
Street Address							Address Kinnelon R	d suite	102		Sec. Sec.		
City, State, Zip Code							tate, Zip Code elon, NJ 07						
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	none No. 218-0880	400	Licens 01228				
Start Date (10) 1/23/17	Schedule 1/25/17		npletion	Date (11)	-	Name	of OSHA Mor						
Occupancy Status During Abatement (Che						2000000	nuzzi Enviro	onmeni	ai Servic	es			
Facility Closed/Vacated During Entire					Street Address 135 Kinnelon Rd suite 102								
Abatement Performed Outside of Nor Other – Describe:	mal Facility	Hours	City, State, Zip Code Kinnelon, NJ 07405										
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit	202231201			×	Mini-Enclo	sure Procedu	vith Negativ ire and Non-F			dura	
	ls l	_ocati	on				1 HOIT EXCIT	iptod ()	und Hon i	TIGDIC I	-	batem	ent
Location of	N	ormal	у		Desc	cription	of					Туре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	I Sole ntenar odial S (12)	rice/ staff?			ystems ng, VA			Amount (Specify SF or LF)	Kellioval		Repair	Enclosure
	Yes	No	N/A						100000000000000000000000000000000000000				
Roof			Х			oofing			500 sf	X			
Roof			Х		Fla	shing	1	-	50 sf	x	+		
				Er	ntire uns	safe s	tructure				+		
Name of Registered Waste Hauler						ards	Name	e of Regi	egistered Landfill				
Yannuzzi Group		Hauler ID No. of W 17467 200				C .	Grov	NS					
City, State Kinnelon NJ					Disposa 1/25/17		City, Mori	State risvil j e	PA				
Completed by John Mucha	Title Project Mang					inature	// / / /	In L		Date 1/12/	17		



Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Amended

Amendment # Emergency (including

justification)

Cancellation

Date of Notification (1)

Agencies Notified

EPA

DEP

DOL

DOH

DCA

City (5)

Belleville

County (6)

Bergen

Street Address

City, State, Zip Code

Residential Home Street Address

Competent Supervisor

×

1/16/17

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

Judy Calvanico

City, State, Zip Code

Name of Contact

Judy Calvanico

County Code (7) (STATE USE ONLY)

ASCM No.

Belleville, NJ 07109

FACILITY INFORMATION

Street Address

Name of Building Owner/Operator (2)

	In	EGE		Printform
BATEMENT	IIYr			
12:120)		IAN	2.0. 2017	, IIII
perator (2)	ind had	0.111	L 0 L011	
	A	SBESTOS LICE	CONTR NSING	OL &
	Te	lephone Nun	nber	
ON		9		
Type of Fac	cility (4)			
Subch Other etc.)	(i.e. private	ner than K-12 & commercia	al buildings,	
Square Fee 1575	et # c	of Floors	Bldg. A 65+/-	ge
Current Use Residenti		ing demolish	ied)	
Name of Abatemen		r (9)		
Street Address 280 N. Midland	Ave			
City, State, Zip Coo Saddle Brook,				
Telephone No. 201-600-3184		License N 01305	0.	
Name of OSHA Mo	nitor			
Stroot Address				

Project Manager for Monitoring Firm			Telepho	ne No.		Telephone 201-600		License 01305				
Start Date (10) 1/25/17	Schedule 1/27/17		npletion I	Date (11)	il	Name of 0	OSHA Monitor					
Occupancy Status During Abatement (Chec	k Only On	ne)				Street Ad	dress					
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: 8 A.M - 4 P.M					_	City, State	e, Zip Code					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti	CHARLES OF THE PARTY OF THE PAR			×	Mini-Enclosure Glovebag Prod					
Location of	Locati	77,10.10		Description of				Abateme Type			t	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	sed Solely by Maintenance/ ustodial Staff? (12)			tos Con therma surfa	taining Mate systems in cing, VAT, on miscellaneo	sulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A						_		fe	Ф
Basement		Х				VAT		495 SF	x			
Name of Registered Waste Hauler Newark Carting		Н	JDEP W auler ID		of Wa		Name of IESI La	Registered Land	Ifill			
	04	4509		3 CU								
City, State Newark, NJ					Dispo TBD	sal Date	City, State Bethleh	e iem, PA				
Completed by Title Richard Cristofol President					3	Signature	1		Date 1/16/17	7		

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

	E	C	E		M	PEN	EOLIT
M		JAN	2	0	2017	7	
AS	SBE		OS (NTR	OL 8	

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 1/13/17		Ame	of Building Ov rican Legion			ļ		JAH	£ U	201		
Agencies Notified Type Notification	n		Address Elizabeth A	ve		Will standard or the standard	2A	BESTO LIC	S CO ENSI	NTF VG	OL 8	ž
EPA Initial Amended Amendme			State, Zip Code ark, NJ 071									
DOH justification		Name Wayı	of Contact ne				Tele	phone Num	nber			
	2010	FA	CILITY INFOR	MATION	Tym	ne of Facility (4	\					
Name of Facility Where Abatement is Tal Former American Building Fire D	ring Place (3) amaged				_ 	School (K-12	2) 8 (Othe	r than K-12	2)			
Street Address 212 Elizabeth Ave					×	Other (i.e. pretc.)	rivate &	commercia	al build			5,
City (5) Newark, NJ					60	uare Feet 00	3	Floors	50	dg. A)+	ge	
County (6) Essex		Count (STAT	y Code (7) E USE ONLY)			rrent Use (Prio pandoned	r if beir	ig demolish	ned)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	AS	CM No.			batement Con zi Environm						
Street Address					eet Add	iress nelon Rd su	ite 10	2				
City, State, Zip Code						, Zip Code n, NJ 07405	i					
Project Manager for Monitoring Firm		Telep	hone No.		ephone 8-218	e No. 3-0880		License N 01228	lo.			
Start Date (10) 1/27/17	Scheduled 0	Completio	on Date (11)			SHA Monitor zi Environm	ental	Services				
Occupancy Status During Abatement (C					treet Address 135 Kinnelon Rd suite 102							
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	re Period of Aba	itement ours		City	y, State	nelon Rd su e, Zip Code in, NJ 07405		2				
				- 130	Tallinoidi, Ta de Ta							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition				Full Containme Mini-Enclosure Glovebag Pro Non-Exempte	e cedure				e	
		**********				Non-Exemple	<u> </u>			Abat	ement	
Location of		cation mally		Descrip	tion of					T	/ре Т	\Box
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custod	Solely by enance/ lial Staff? 12)	(i.e.	os Containin thermal syst surfacing, other misce	ems in	sulation, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No N								-	-	
ENTIRE STRUCTURE		×	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NTIRE ST					X			
			NC	TICE OF	Dayle service	INEINI			+			
				HAZA	AKD				+			
Name of Registered Waste Hauler		NJDE	P Waste	Cubic Yard	ds	Name of	Regist	ered Landf	ill			
Yannuzzi Group	Hauler ID No. of Waste 300				300 Grows							
City, State kinnelon NJ	Disposal Date City, State 2/10/17 Morrisville											
Completed by John Mucha	roject Mang Signature Date 10/17/16											

D&S Proj. #: 17-23

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

m	E	C	E		W	E IN
KI			Transat			
	,	JAN	2	0	2017	

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Date of Notification (1)				ner/Operator (2))		ASE	BESTOS	CO	UTR	01.8	(a)
Agencies Notified Type No	otification	Street Add						LIOT	VO!			
DEP Amend	ded											
Amendm	ent #:	City, State	, Zip Code									
		IRVIN	GTON, NJ	07011								
DOH (includ		Name of C	ontact				Telephor	ne Numbe	r			
DCA Cance		larry w	ylie				-		,			
•			FAC	ILITY INFORM	ATION							
Name of facility where abater	ment is taking	place (3)					Type of Facility					
larry wylie							_	ol (K - 12)		h = = 1	(10)	
Street Address								apter 8 (C (Private/C			12)	
							Bldgs.	/Homes, e	tc.	5738850450 K		
City (5)	10	ounty (6)			0		Square Feet	# of Floor	S	В	ldg. A	ge
City (5)	"	ounty (o)				nty Code (7) e use only)	Current Hea /P	rior if boin	- do-		۱۱ م	
IRVINGTON	E	ESSEX		- 1	(Old)	o doc omy)	Current Use (P	nor ii bein	g aen	iolisn	ea)	
Name of Monitoring Firm Hire	ed by Bldg. Ov	wner (8)	T	ASCM No.	П	Name of Abatement C	contractor (9)					
						D & S RESTORA	TION, INC.					
Street Address					=	Street Address						
						20 California Ave	е.					
City, State, Zip Code						City, State, Zip Code						
					_	Paterson, NJ 075	03					
Project Manager for Monitoring	g Firm	P	hone Numb	er		Telephone Number	-	License		er		
						973-345-8020		_ 0	1169			
Start Date (10)	Sch	ned. Complet	tion Date (11)	_	Name of OSHA Monito						
01/16/17	01.	/30/17			-	D & S Restoratio	n, inc.			_		
Occupancy Status During Abat	tement (Chec	k only one)			-	20 California Ave	nue					
Facility closed/vacated d						City, State, Zip Code	1140					
Abatement performed ou Describe:	itside of norm	al facility hou	urs-									
Other-Describe: NORM	AL HOURS				- 11	Paterson, NJ 075	03					
Scope of Work (check all that	apply)					F	ull Containment w	//negative	press	ure		
≥ 3 sf or ≥ 3 If	□ Renova	ation				None and a second	ini-enclosure					
≥160 sf or ≥260 lf	☐ Demolif	tion					lovebag procedur on-Exempted (*)		riahle	nroc	edure	
Location of		tion normally					1		R	R	E	Е
asbestos-containing	by mai	ntenance/cu 2)	stodial			bestos-containing	Amount	_	e m	e	n c	n
material (acm) to be abated in facility (13)	Yes		N1/0	material (A	ACM)		(Specify S LF)	iF or	0	a	a	С
5 % 50	163	No	N/A						v e	ľ	р	-
BASEMENT				PIPE INSUI			40 1 ft		X			
BASEMENT boiler				BOILER IN	SULA	ATION	40 sq ft		\boxtimes			
					estines-s-							
Registered Waste Hauler D & S RESTORATION, II		DEP Hauler 3506	\$4E430	ubic Yards of W	/aste	Name of Registered L		COURE	V			
City, State	1	5500	Disposal Da	yds.		TULLYTOWN, R City, State	ESOURCE RE	COVER	Y	-		
PATERSON, NJ 07503			01/17/17			TULLYTOWN, F	PA					
Completed by (Print or Type)	Title		1	Signature				Date				
BOGDAN JOLDZIC	PRESI	DENT						01/12/	2017			

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01/12/2017 02:07PM	973345808	50		I)&S RE	STORATIO			E PAG	e Eo	2/04	
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D&S Proj. #: 17-23	,					nd 12:120)	D	OL - 10 DAY	1			
¥							<u> </u>	OL - IU DAI	ASBEST	DS (CONT	ROL 8
Date of Notification (1)	Name	of Buildin	g Owner/	Operator (2)	. N. 22 . 10				L		SING	
10 11 1/12 1/17		y wylie					,	JAN 1 : JULY				
Agencies Notified Type Notification	Street	Address						IV				
DEP Amended	Gity. S	State, ZIP	Code		CARROLIN III	- V	VAN	YER APPROY	/ED			-
DOL Emergency		VINGTO		7011		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
DOH (including justification)		of Contac		,				Telephone	lumber			
DCA Cancellation	lar	ry wylie										
			FACILI	TY INFORMA	ATION							
Name of facility where abatement is	taking place (3)			16.00		П	Type of Facility (4) School (V . 12\			
larry wylie								limed.	ter 8 (Other	than k	(-12)	
Street Address	TO SHOW THE PARTY OF THE PARTY				unus ligazza			Other (Pr	ivate/Comn			
									of Floors	TB	kig. Age	ė
City (5)	County (à)	ACCOUNT OF THE PARTY OF THE PAR			y Code (7)						
m.(m.c.no).	ESSEX	,			etete)	use only)		Current Use (Prio	r if baing de	amolish	(ed)	
Name of Monitoring Firm Hired by 8				ASCM No.	TIK	lams of Abster	ment C	Contractor (8)				
						PERSONAL PROPERTY AND PERSONS ASSESSED.	ror.	TION, INC.				
Street Address		Telling Telling			8	treat Address	. A.	_				
City, State, Zip Code				and the second S	- c	20 Californ ity, State, Zip (12.	ent of Epitemine	1		
Ony, Diaz., Elp Troit						Paterson, h	11 07:					
Project Manager for Menitoring Firm		Phon	e Numbe			973-345-			DI16			
Start Date (10)	Sched Co	ampletion	Date (11)			Name of OSHA	Monl		Market St. Co.			
01/16/17	01/30/17				1,	D & S Res	orati	on, Inc.		1		
Occupancy Status During Abatemen	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	and the state of the last				20 Californ		omie				
Facility closed/vacated during	entire pariod o	of abatem	ant.		3	City, State, Zip	Code	and the control of th			The second second	
Abatement performed outside Describe:		Hity nours-			_	Paterson.	VI OT	403				
Other-Describe NORMAL H					_ 11	Paterson.		Full Containment w/	negative pr	esante		
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≥180 af or ≥280 H	Demolition						台	Non-Exempled (*) s	ind Nan-frie			
Location of	is location no by maintens	ormally us	ed solely	V-100000000				Amount		RR		E
asbestos-containing material (acm) to be	staff(12)			Disscript material		bestos-conteir	iing	(Specify Sf	or (m p		L L
abated in facility (13)	Yes	No	N/A					277		V I	р	
BASEMENT		X		PIPE INS	COMPANION NAMED IN COLUMN	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO I	night and the	40 1 ft	INCHES OF THE PARTY OF			口
BASEMENT boiler		X		BOILERI	NSUL	NOITE		40 sq ft			┤┼┼	片
					Tomosomi ros		I SAFTAN					一
	\vdash		-		-41	- 12 William III of the Author	Charles 1972					
Ragistered Waste Hauler		Hauler ID	0.6%	uble Yards of	Waste	Name of Reg	steras	Landfill , RESOURCE RE	COVERS	7		
D& S RESTORATION, INC.	13506		isposal D	yds.		City, State	A MA YA	RESUUNCE RE	V V AZIX A			
PATERSON, NJ 07503			01/17/1	7		TULLYT	OWN	I, PA	I Date			_
Completed by (Print or Type)	Title PRESIDE	NTT		Signature					Date 01/12/2	2017		
BOGDAN JOLDZIC	* Do not use)		or nabani	na licansure s	etamate:	d activities.						The state of the s

CK #25396

Data - (Nationalis - (4)				Nama	of Duilding	Owner/Operator	(2)		AN	10	201	7	
Date of Notification (1)	18/17		'	name c	or bullaing) Owner/Operator	TA Propert	bed bro		. 0	601	_	
Agencies Notified	Type Notificat	tion		Street A	Address			ASBES	STOS	00	NTR	OL 8	
⊠ EPA	Initial						268 Spruce A	Ave.	LICE	NOI	40		
☐ DEP	Amended			City, Sta	ate, Zip C								
⊠ DOL	Amendme Emergenc		ī I.			Map	ole Shade, NJ						
DOH DCA	justification Cancellation	on)		Name o	of Contact			Telephone Num	oer				
	- Caricellatic	JII	_		Th	omas Taylor	e 					4	
				FACI	LITY INF	ORMATION							
Name of Facility Where							Type of Facility	y (4)					
	R	esidentia	al				School (K-1	12) · 8 (Other than K-1	2)				
Street Address							Other (i.e., phomes, etc.)	private & commerci	al build	0.000			
City (5)		te same	. Company	07024			Square Feet	# of Floors	Blo	dg. Ag	53		
	Pennsau	ıken, NJ	081				1200		<u> </u>	80-	+/-	_	
County (6)	amden			USE C	y Code (7 DNLY)	7) (STATE	Current Use (F	Prior if being demoli	shed)				
Name of Monitoring Firm	Hired by Buildi	ing Owner	TA	ASCM N	lo.		nent Contractor (
(8)	NA						vens Environ	mental Servic	es, In	c.		_	
Street Address						Street Address	PO	Box 322					
City, State, Zip Code						City, State, Zip C	Code						
				Allentown, NJ 08501									
Project Manager for Mo	nitoring Firm				one No. Telephone No. License Ne.								
			_		59-9688 (609) 259-9688 00493								
Start Date (10)	S	cheduled C			Date (11) Name of OSHA Monitor MECS								
1/31/17			2/3/17	7		-	IV.	TECS				=	
Occupancy Status Durin	3700					Street Address	PO	Box 341					
★ Facility Closed/Vacation Abatement Performe						City, State, Zip C		DOX 3 11				=	
Other - Describe:	d Outside of No	Jillai i dolla	y riouis			Oity, State, Zip C		ks, NJ 08515				_	
Scope of Work (Check	all that apply)					□ Full Co	ntainment with N	egative Pressure					
≥3 sf or ≥3 lf			enovatio			☐ Mini-En	nclosure	3					
≥160 sf or ≥260 lf		X De	emolition	1		☐ Gloveb	ag Procedure cempted (*) and N	lon-Friable Procedu	ire				
		ls l	Location	n						bater			
	,		omally I Solely	, by		Description of	v.f			Тур	е		
Location Asbestos-Containing			ntenanc		Asbest	tos Containing Ma	aterial (ACM)	Amount			ш	_	
TO BE ABA	TED		ustodial Staff?		(i.e.,	thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	Rer	R	nca	incl	
IN Facilit (13)	у	,	(12)			other miscellane		31 01 11)	Remova	Repair	Encapsulate	Enclosure	
	Yes No N/A								<u> </u>		ate	Ге	
Exteri	Exterior ×						ding	900 sf	×				
Name of Registered Wa	aste Hauler			JDEP V	2000	Cubic Yards	Name of Reg	gistered Landfill					
Stevens Environmental Services, Inc. Hauler ID No. 18292						of Waste 3 CU	/	GROWS La	ndfill				
Stevens Liivitoii		City, State											
						Disposal Date	City, State	ACTURATED BY ACCURA				1	
	Allentow	n, NJ				2/3/17	/ _ /	Morrisville	, PA			_	
		Title	roject				4	Morrisville Date		8/17		=	

State of New Jersey

CKQO7 Date of Notification (1)	N	(Pt	CATION ursuant	ate of New J	TOS ABATE 0 and 12:12	(0)	VΤ	KI	3 E		201		int For
01/16/2017		- 3	Jeff Y	f Building Ow eager	ner/Operato	r (2)		L	-			•	Izanee
Agencies Notified Type Notification EPA DEP Amended Amendment		No.		ate, Zip Code a, NJ 0704				ASBES L	TOS	CO	NTF NG	IOL	&
▼ DOH			Name o	f Contact eager				Telephone	Numb	er			
Name of Facility Where Abatement is Takin Residence Street Address	g Place (3))	FACI	ILITY INFOR	MATION	Ty		0.000		build	dings,	hom	es,
City (5)							etc.) uare Feet	# of Floors			ldg. A		
Verona, NJ County (6) Essex				Code (7)			rrent Use (Pr sidence	ior if being dem	olished	1)			
Name of Monitoring Firm Hired by Building (J & S Environmental Laboratories	Owner (8)	1	ASCN	ΛNo.			batement Contal Restor	entractor (9) ration Corp					
Street Address 2333 Route 22 West					Street 318		ress n Street						
City, State, Zip Code Union, NJ 07083		Telephone No.					, Zip Code ew York, N	J 07093	th.				ť
Project Manager for Monitoring Firm Sherrill Gelsomino			908-20	06-0073		376	-9308	0126	se No. i8				
Start Date (10) 01-26-17	Schedule 01-27-1	7	pletion	Date (11)	1.500 (0.000)		SHA Monitor nvironment	ial Laborator	ies				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A			City, S	Ro State,	ress oute 22 We , Zip Code NJ 07083	est						
Scope of Work (Check All That Apply)					Joine	71, 1	40 07 000						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti			3	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
Location of	2	_ocatio			Description	05					Abate Ty	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	l Solel ntenan odial S (12)	icel	(i.e. the	Containing Name of the	Mater s ins AT, or	ulation, r	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
basement	No	N/A		oipe insula	ition	<u> </u>	30 LF	X			е		
					F								
			ž.						-				
Name of Registered Waste Hauler Continental Restoratin Corp.					ubic Yards f Waste		3.00	Registered Lar wn Resource		ove	ery F	acilit	у
City, State West New York, NJ				isposal Date		City, Sta	te wn, PA						
Completed by Maria Pilamunga	dent Signa				Signature Vamoce 01-17-17								

CK \$ 25397

Date of Notification (1)	19/17			Name	of Building	g Owr	ner/Operator ((2) Lawrencevill	e Schoo	1 JAN	2	0 2	017	
Agencies Notified	Type Notificat	tion	\dashv	Street	Address			2500 Main S					, ja vita i	
EPA DEP	Initial Amended		-	City, S	tate, Zip C	ode		2300 Iviaili k) A	SBEST	QSI CEN			II.
⊠ DOL	Amendme Emergence	y (including	- L				Lawr	enceville, N.				Onv	<u>~</u>	
M DOH □ DCA	justification ju			Name	of Contact		Manna		Telepho	ne Numbe	er			
				FAC	ILITY INF								-	\exists
Name of Facility Where		1000				7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		Type of Facility	(4)					
Street Address	R	esidenti	al					☐ School (K-1☐ Subchapter ☐ Other (i.e., p	8 (Other t	han K-12) ommercial	build	ings,		
City (5)								homes, etc.				lg. A	ie .	\dashv
City (5)	Lawrenc	eville, N	IJ 08	648				3000		3	_	100		_
County (6)	/lercer			Coun	ty Code (7 ONLY)	7) (S	TATE	Current Use (P	rior if being	g demolish	ned)			
Name of Monitoring Firm		ing Owner		ASCM	No.	Nan		ent Contractor (9		n	. T			
(8) Street Address	MECS		_1			Stre	eet Address	ens Environ	mental	Services	8, 111	С.		=-
Street Address	PO Box 341							PO I	30x 322	,				_
City, State, Zip Code	rocewicke N	VI 0851	 5			City	, State, Zip C	ode Allentow	n. NJ 0	8501				
	Crosswicks, NJ 08515 ect Manager for Monitoring Firm Telephone No.							Telephone No. License Ne-						
Bill We	eisgarber		-		9-9688									_
Start Date (10)	S			tion Date (11) Name of OSHA Monitor MECS										
1/30/17 Occupancy Status Duri	ng Abatement (2/3/1 one)	. /		Stre	eet Address							\dashv
☐ Facility Closed/Vaca	ted During Entir	e Period of	Abate						30x 341					_
☐ Abatement Performe Control Control			y Hou	rs		City	, State, Zip C	Crosswicl	ks, NJ (08515				
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)	X Re	enovat emolitic	ion on	ь		☐ Mini-End	stainment with Ne closure ag Procedure empted (*) and N			е			
			Location					9			А	bate		
Location		Used	Solei ntenar	y by	Ashaa		Description of ontaining Mat		Amo	unt	-	- //		
Asbestos-Containing TO BE ABA IN Facilit	TED	C	ustodi: Staff?	al		therr	mal systems i rfacing, VAT,	nsulation,	(Spe SF or	cify	Ren	Repair	Encapsulate	Enclosure
(13)	у		(12)				er miscellaned			- 4	Removal	pair	sulat	osure
	Yes No N/A												rD .	
Basem	ent	_ ×			Th		al Pipe Ins		30	<u>lf</u>	×			
		_		-		(\	Wrap & Ci	ut)			-			
		_							-		-			
Name of Registered Wa	aste Hauler			JDEP I		1 12 12 12 1	bic Yards	Name of Reg	istered La	ndfill				
Stevens Environ	mental Serv	vices, Inc	<u>.</u>	Hauler II 182	0 No. 292		Naste 1 CU		GROV	VS Lan	dfill			_
City, State Allentown, NJ							posal Date 2/3/17	City, State	Morr	isville.	PA			
Allentown, NJ Completed By Title						Signature Date					_			
Mahlon E. St	nager		NY	1//			1/19	1/17						

State of New Jersey

CK2473	N			OF ASB				NT			2 0	00	147	And the Control of th
Date of Notification (1) 1/12/17				f Building ship of V		perator	r (2)		back is	JAN	21	20	11	-
Agencies Notified Type Notification EPA Initial			Street A 475 Va	ddress alley Rd						ASBEST(OS C			_&_
DEP X Amended Amendment #				ate, Zip Co e, NJ 07		A				A DOM: ONLY MICHIGANIA AND				
DOH Emergency (ii justification) DCA Cancellation	ncluding		Name of Elaine	f Contact Kuca					Tel	ep <mark>h</mark> one Nur	mber			
			FACI	LITY INFO	ORMATI	ON	-010-00-							
Name of Facility Where Abatement is Taking Abandoned House	Place (3)					Ty	ype of Facility School (K-	12)					
Street Address 17 West Rd.							×	Subchapte Other (i.e. etc.)				dings,	home	es,
City (5) Wayne								quare Feet 200	# o	Floors		ldg. A	ge	
County (6) Passaic				Code (7) USE ONLY,				urrent Use (Pri bandoned	or if bei	ng demolisi	ned)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	1 No.				Abatement Co zzi Environn						
Street Address						Street 135 I		dress inelon Rd s	uite 10)2				
City, State, Zip Code								e, Zip Code n, NJ 0740	5					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 908-2		e No. 8-0880		License N 01228	0.			
	Schedule 1/13/17		pletion l	Date (11)				OSHA Monitor zi Environn		Services				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe			ont			Street 135 H		dress inelon Rd si	uite 10	2				
Abatement Performed Outside of Norma Other – Describe:	al Facility	Hours	lent.		_			e, Zip Code on, NJ 0740	 5					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoliti				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				·e	
	Is	Location	on									Abate	ement	t
Location of Asbestos-Containing Material (ACM)	Use	lormall d Solel ntenar	ly by	Asbes	tos Cont	scription aining M	Mate	erial (ACM)		mount			/ре	
TO BE ABATED In Facility (13)	125-2	odial S (12)		(i.e.	surfac	systems cing, VA niscellar	AT, o			Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ite	е
Basement			х		Wind	dow gla	laze	е	4 w	indows	x			
Exterior			X		Trar	nsite bo	one	b	28	300sf	х			
							776.5							
Name of Registered Waste Hauler Yannuzzi Group		Н	JDEP W auler ID 7467		Cubic of Was 20			Name of Grows	Registe	red Landfill				
City, State Kinnelon NJ					Dispos 1/13/	sal Date 17		City, Stat		١				
Completed by John Mucha	Title Proje	ct Ma	ng		S	ignature	е	Jah Mu	1	Da 1/	ite 12/17	7		



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Date of Notification (1)	18 /	17			100000000000000000000000000000000000000			wner/Operator (#1701-5103	2) Check	U L JAN	20	۷)		areas
Agencies Notified EPA	Type Notific	cation			1	et Address 00 Hadle	y Ro	oad		ASBEST LI	OS CO		ROL	. &
□ DOLWD					City,	State, Zip	Code	е			The state of the s	4447		
□ DHSS	Amendm		-		So	uth Plain	nfield	d, NJ						
DCA (NJAC 5:23-8)	☐ Emerger justificat		ciudin	g	-	e of Contac				Telephone Nur	mber			
(110/10/0.20/0)	☐ Cancella				Gr	eg Maron	ne			to -				
								RMATION						
Name of Facility Where A	batement is	Taking	Place	2 (3)	17	OILIT I	0	Tamation	Type of Facility	(4)			-	
PSE&G- Union				(-)					School (K-12					
Street Address									Subchapter	8 (Other than K-1	2)	11		
1133 Springfield Ro	ad								homes, etc.	rivate and comm	ercial b	ullaing	js,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Union, NJ 07083												-	-	
County (6)					Cou	ntv Code (7	7)(ST	ATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Union									Substation	- 5				
Name of Monitoring Firm	Hired by Buil	ding O	wner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)	(
Health and Safety S		Ĭ						AbateTech, Ir	nc.					
Street Address							Sti	reet Address						
PO BOX 365							;	30 Maple Ave	. PO Box 25					
City, State, Zip Code							Cit	ty, State, Zip Co	ode			11000		
Berlin, NJ 08009							1	Lumberton, N	J 08048					
Project Manager for Monit	toring Firm			Tele	phone	No.	Te	lephone No.		License No.				
Jim Proctor		_		8	56-452	2-1311	1 6	609-265-2107	256470000000000					
Start Date (10)	/ 5	Sched	uled C	omple	tion Da	ate (11)	Na	me of OSHA M	lonitor					
1/19/	17/	1	/	_ 31	/	_17/	/ E	EMSL Analyti	ical					
Occupancy Status During	Abatement (Check	only o	one)			Str	reet Address						
☐ Facility Closed/Vacated	d During Enti	re Per	iod of	Abate	ment		2	200 Route 13	0 North					
Abatement Performed							Cit	y, State, Zip Co	ode					
Time of Abatement:	AM	PIV	1/	_PM-		AM	(Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)							·		-ti D			V	
≥3 sf or ≥3 lf			⊠ Re	novat	on			☐ Full Cont	ainment with Neg losure	gative Pressure				
☐ ≥160 sf or ≥260 lf				molitic					Procedure	F D	570L0			
								Non-Exer	mpted (*) and No	n-Friable Proced		-		
Location of			0.00	Local Norma				Description of				atem	_	
Asbestos-Containing N		1)	Use	d Sole	ely by	Asbe	stos	Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT	ΓED			intena todial		(i.e		ermal systems i		(Specify SF or LF)	SVOL	₽.	aps	iosu
IN Facility (13)	/		Ous	(12)	otan.			surfacing, VAT, ther miscellaned		SF OI LF)	=		ulat	re l
(/		T	Yes	No	N/A								CD	
Exterior			\boxtimes			Stucco				25 SF				
												П	П	П
					-							1		
													Ш	Ш
Name of Registered Waste	e Hauler				JDEP !		0.000000	bic Yards of	Name of Regis					
AbateTech, Inc.				H	auler II 18750			aste I 2	G.R.O.W.S	. Landfill				
City, State					. 5. 00			posal Date	City, State					
Lumberton, NJ							1	/31/17	Tullytown,	PA				
Completed By (Print or Typ	oe)	Title					-	Signature	L	[Date 1	1		
Gwendolyn Trumbet	ti	Op	oerati	ons (Coord	inator		(M)	W		111	81	17	

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

					2000-00000									[]
Date of Notification (1)	40				100000000000000000000000000000000000000			Owner/Operator		ment takes	-		017	
1/	18 /	17	7		V	erizon Co	mr	munications	/ Job #17	01-5099 Che	ck #89	09		İ
Agencies Notified ⊠ EPA	Type Notif	fication				et Address 00 Greenv		od Avenue		ASBES	STOS			L &
□ DOLWD	☐ Amend				City	State, Zip	Co	de		L	And No bear	101111		
□ DHSS	Amend		_	_		enkintown								
DCA	☐ Emerge		ncludir	ng		e of Contac		A 10040		Tolonhono N	umbor			_
(NJAC 5:23-8)	justifica						-			Telephone N	umber			
	L Cancer	iation			-	ex Baylor								
Name of Equilibrative	1 h at a t :-	T-1-:	- DI	- (0)	FA	ACILITY II	NF	ORMATION	T= 45					
Name of Facility Where A		s i aking	g Plac	e (3)					Type of Facility					
Verizon Farmingda	le CO								School (K-1	2) 8 (Other than K	_12\			
Street Address									Other (i.e., p			buildin	gs,	
50 Main Street									homes, etc.				2.	
City (5)									Square Feet	# of Floors		Bldg. A	Age	
Farmingdale	1													
County (6)			U.S.		Cou	inty Code (7	7)(S	STATE USE ONLY)	Current Use (Pi	rior if being dem	olished)		
Monmouth									Offices					
Name of Monitoring Firm		ilding C	wner	(8)	ASCN	1 No.	N	Name of Abateme	ent Contractor (9))				
USA Environmental								AbateTech, In	nc.					
Street Address							S	Street Address						
8436 Enterprise Ave	9.							30 Maple Ave	. PO Box 25					
City, State, Zip Code							C	City, State, Zip Co	ode					
Philadelphia, PA 19	153							Lumberton, N	IJ 08048					
Project Manager for Monit	toring Firm			Tele	ephone	No.	T	elephone No.		License No.				_
Mark Jenkins	150			1000		5-5810		609-265-2107		00529				
Start Date (10)		Schedi	uled C	omple	etion Da	ate (11)	N	iame of OSHA M	onitor					
1 / 30 /						17		EMSL Analyti	cal					
Occupancy Status During	Abatement	(Check	only (nne)				treet Address						_
☐ Facility Closed/Vacated			0-0000000000000000000000000000000000000		ment			200 Route 130	North					
Abatement Performed						scribe		ity, State, Zip Co						
Time of Abatement:								Cinnaminson						
Scope of Work (Check all	that annly)		10000					CililaiiiiiSOII	, 143 00077					
	mat apply)							☐ Full Conta	ainment with Neg	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or >260 lf			⊠ Re					Mini-Encl						
△ 2100 St 01 2200 II			☐ De	molitic	on			☐ Glovebag ⊠ Non-Exen	Procedure npted (*) and No	n-Friable Proce	dure			
			Is	Locat	ion	T						batem	ent T	vne
Location o	of		1	Norma	lly			Description of					Т-	1
Asbestos-Containing M		A)		d Sole intena				s Containing Mat	erial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility					Staff?	(i.e.		nermal systems in surfacing, VAT,		(Specify SF or LF)	SVOI	≅.	sde	uso
(13)				(12)				other miscellaneo		SF OI LF)	10		ulat	Te
	Yes No												Ф	
Please see attached			П	\boxtimes	П	Please s	see	e attached		Please see		П	П	П
										attached				
			ш									1111	Ш	Ш
Name of Registered Waste	Hauler				JDEP \	Naste	Cu	ubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.				6555	auler II	O No.	W	aste	G.R.O.W.S					
City, State					18750)		40 sposal Date	City, State					
Lumberton, NJ								2/3/17	Tullytown,	PA				
11:00:00 4:00:00 4:00:00 4:00:00 10:00 10:00 10:00 10:00 10:00 10:00 10:00 10:00 10:00 10:00 10:00 10:00 10:00									. anytown,		Dota			
Completed By (Print or Typ Gwendolyn Trumbett		Title	oret.	0== 1	` a = :-!'	na4		Signature-	, , t		Date	al.		
Swelldolyll Trumbett	.t	Up	erati	UNS (oord	nator		I (/XV	1//			XII	-1	

ASB-41 MAY 11

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



Farmingdale Central Office 50 Main Street Farmingdale, NJ 07727

Location	Quantity	Number of Estimated Shifts	Total Dollar Amount *
1st Floor-Diesel Room and Plant Storage Room	Removal of 740 SF of 12"x12" Beige VAT/ Mastic, 10 SF of VDC, and 750 SF of Joint Compound/Drywall (3 Phases)		
1 st Floor-Diesel Room	Removal of 80 SF of 12"x12" Beige VAT/ Mastic under Generator and Equipment (Separate Mobilization)		
1 st Floor-Diesel Room Exterior Louvers	Removal of 6 SF of Exterior Caulking		
	TOTAL BASE BID	TOTAL BASE BID	

11/20n1

State of New Jersey

CK38	26	NOT		MOITA	OF AS	New Jersey SBESTOS ABA C 8:60 and 12-		CECCO	NoE [7 [
Date of Notification (1)				Nam	e of Build	ding Owner/Operato	or (2)	III JA	N 20	20	7	
January 11, 2017					of NY		2.10	hed bed		# W		1
Agency Notified	Type Notification			Stree	t Addres	s						
	☑ Initial □ Amended			Goe City.	ethals I	Bridge, 2777 G	oethal Road	North ^{ASBES}	TOS CO	NTI NG	ROL	. &
⊠ DOL	Amendment #			1000000	Section of the sectio	and, NY 10303-	2/12					
⊠ DOH	☐ Emergency (inclu	ding			e of Conta		0413	Telephone N	umbor			
	justification) Cancellation				y Mehi			Telephone N	- Tillbei			
					•	IFORMATION				8		
Name of Facility Where Ab	atement is Taking F	lace (3	3)			Type of Facility (4)						
Goethals Bridge - N	ew Jersey Side	of B	ridge)								
Street Address						☐ School (K-12) ☐ Subchapter 8 (Other than K-12)						
2777 Goethals Road	North						cial buildi	ngs,				
City (5)							homes, etc.) Square Feet	# of Floors	Blde	. Age		
Staten Island, NY 10	303-8413						440,758	1	88	20 100		
County (6)				Count	v Code (7) (STATE USE	Current Use (Pr	-		+/=		
Union				ONLY		// (OTATE 00E		ior ii being demi	Jiisnea)			
Name of Monitoring Firm H	ired by Building Ow	ner	ASC	/ No		Name of Abatan	Bridge nent Contractor (9	Λ.				
(8) Creative Environment So			N/A				The state of the s	5.0				
Street Address	10110113 (023) 0011	,. 	IN/A				storation Con	npany, Inc.				
39 West 37th Street,	14th Floor					Street Address						
City, State, Zip Code	140111001					223 Randolph Avenue City, State, Zip Code						
New York, NY 10018						U	ty, State, Zip Code Lifton, NJ 07011					
Project Manager for Monito		11	Telepho	ne No		Telephone No.	7011					
Dmitry Khusidman		1 8		90 63	23	973-478-468						
Start Date (10)	Scheduled (Name of OSHA						
January 23, 2017	January			(, , ,				ervices I I	0			
Occupancy Status During A	batement (Check or	ly one)			McCabe Environmental Services, L.L.C. Street Address						
						0.0000000000000000000000000000000000000	rook Avenue					
☐ Facility Closed/Vacated I ☐ Abatement Performed Out	tside of Normal Fac	ility He	oure	l		City, State, Zip C						
☑ Other - Describe: Non-	friable exterior	worl	k			Lyndhurst, N						
Scope of Work (Check all th	at apply)											
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$					ovation	☐ Mini-l	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure					
						⊠ Non-l	Exempted (*) and	Non-Friable Pro	cedure			
		1	s Locat	ion						0.000	atem	21000000
Location o	f		Normal			Description of				\vdash	Туре	2
Asbestos-Containing M			ed Sole aintena		Asbe	stos Containing Ma		Amount			г	,
TO BE ABAT IN Facility			Custodi		(i.e.	., thermal systems i	nsulation,	(Specify		Removal	Encapsulate	Enclosure
(13)			Staff? (12)			surfacing, VAT, other miscellane		SF or LF)	ů.	Remova	nso	uso
			T							'al	ate	re
West Bound Bridge over	N I Turnnika	Yes	No	N/A							1	\perp
West Bound Bridge over		\Diamond			200	Encased Transite Pipe (Para			50 In ft		+	+
NJ Abutment Room	i ito rumpike	\Diamond			Concrete Encased Transite Pipe (Parapet) - South				50 In ft	X		\perp
THE ADMINISTR FOUND		\wedge			wnite	e Panel (Transi	ite)	8	0 sq ft	X	_	\perp
Name of Registered Waste H	lauler	N N	IDED W	/aste H		0.11.7.1.4						
1. Jimmy Byrne Truck		5000000	No.	raste n	auier	Cubic Yards of Waste	Name of Registe					
2. Clean Earth of Nor		19	9551	1135	2	51	Minerva Enterp					
City, State	,,				Chemical Waste Management Disposal Date City, State							
Bronx, NY / Newark, I	NJ				01/23/2017 - 01/21/2018 Waynesburg, OH / Emelle, AL							
Completed by	Title					Signature /	7/	esburg, OH / Emelle, AL				
G. Roger Woodman	Project M	anag	er			1/1/1			1/11/2	2017		

1/11/2017

CK#25394

								1 2				
Date of Notification (1)			Name	of Buildir	g Owner/Oper	ator (004	7
1/16/17							Hurley	JA	N ?	0	201	_
Agencies Notified Type Notified	cation		Stree	t Address								
	0.40								-			-
☐ DEP ☐ Amende			City, S	State, Zip (Code			ASBES				10L
☐ Emerge	ncy (includin	g				Pri	nceton, NJ (8540	LICE	1721	CVI	
■ DOH justifica	tion)	Ŭ	Name	of Contac	ot			Telephone Num	oor			
☐ DCA ☐ Cancella	ation				Dan Hurley	У						
			FΔ	CII ITY INF	ORMATION							=
Name of Facility Where Abatement is	Taking Place	2 (3)	17	OILITT III	ONMATION		Type of Facility	(4)				
	Residenti						34	.유 원				
Street Address	Residenti	aı				_	School (K-1	∠) 8 (Other than K-1:	2)			
Street Address					Subchapter 8 (Other than K-12) Other (i.e., private & commercial built							
C'++ (5)					homes, etc.)							
City (5)	Princeton, N						Square Feet # of Floors Bldg. A					
·	County (6)						2000	.]2	. l <u> </u>	80	+/-	
		Cour	nty Code (ONLY)	7) (STATE		Current Use (P	rior if being demolis	shed)				
Mercer		0.00000000	-		- -	100 March 2011 (2010)						
Name of Monitoring Firm Hired by Buil		ASCM	No.			ent Contractor (9	** 12 No. 11 19					
(8) MECS				S	teve	ens Environ	mental Service	es, Ir	ıc.			
Street Address					Street Addre	ess						
PO Box	x 341						PO I	30x 322				
City, State, Zip Code					City, State, Z	ip Co	de					_
Crosswicks,	NJ 0851.	5					Allentow	n, NJ 08501				
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No	0.		License Ne-				=
		(60	9) 25	9-9688	(609)	259	9-9688	0	0493	3		
Start Date (10)	Scheduled C				Name of OSH							=-
1/27/17		1/31/		(11)	11011001001	2 (1010		ECS				
Occupancy Status During Abatement			1 /		Street Addre	000	171	LCU				_
▼ Facility Closed/Vacated During Ent	. Pr		mont		Otreet Addre	,33	PO F	341 Box 341				
Abatement Performed Outside of N					City, State, Zi	in Co		JOX J41	_		_	_
Other - Describe:	ionnan raoiii	y i iou			City, State, Zi	ip Co		. NI 00515				
					S 		CIOSSWICK	s, NJ 08515				
Scope of Work (Check all that apply)					□ Full	Conta	ainment with Ne	native Pressure				
≥3 sf or ≥3 lf	X R€	enovat	on			-Enclo		gativo i roccaro				
≥160 sf or ≥260 lf		emolitic	n				Procedure	- Fishis Bassal				
	I	opotio	'n		INON-	-Exen	npted (") and No	n-Friable Procedu	T :			-
		Location or ally							1	bate. Typ		
Location of	Used	Sole	y by		Description				_			
Asbestos-Containing Material (ACM)		ntenan ustodia			tos Containing I			Amount			ш	_
TO BE ABATED IN Facility		Staff?	ii .	(I.e.,	thermal system surfacing, V			(Specify SF or LF)	Removal	Re	Encapsulate	Enclosure
(13)		(12)			other miscella			0. 0. 1.	Non	Repair	nso	OSL
	Yes	No	N/A						<u>a</u>	-	ate	ire
	163	140	INA									
Basement		×		Th	ermal Pipe	Insu	ılation	190 Lf	X			
	_			-								\vdash
								-		_		\vdash
Name of Degistered Missis Hard	IDES:	Nt- '	Oh'- V		Naw - 45	town differential						
Name of Registered Waste Hauler NJDEP V					Cubic Yards of Waste		Name of Regi					
Stevens Environmental Serv	vices, Inc	<u>.</u> '		292	2 CU		/	GROWS Lan	dfill			
City, State					Disposal Date	9	City/State	1				
Allentow	n, NJ				1/31/17	_/	d	Morrisville,	PA			
Completed By	Title				Signature Date					=		
Mahlon E. Stevens	oject	Man	ager	_///	8			1/16	/17			

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Date of Notification (1) 01-09-21017				f Building sa Don		Operator	r (2)		463 W.				1	
Agencies Notified Type Notification		$\neg \neg$	Street A	ddress					ASBEST				-&	
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X DEP Amended			7.00	ate, Zip Co									V2	
DOL Amendment Emergency (_	_	rk ,NJ ,0										
DOH justification)				f Contact		CANI			Telephone N	umber				
DCA Cancellation				STOPHI										
Name of Facility Where Abatement is Taking	Place (3)	FACI	LIIYINE	ORMAI	ION	Type of Facility (4)							
PRIVATE HOUSE							School (K-12)							
Street Address								Subchapter	8 (Other than K-			v		
						and the second	×	etc.)	rivate & commer	ciai buii	aings	, nom	es,	
City (5)								are Feet	# of Floors Bldg. Ag					
Newark			0 1	0 / (7)			N/A N/A N/A							
County (6) essex				Code (7) USE ONLY			Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building (N/A	Owner (8)													
Street Address		Street Address												
City, State, Zip Code						89 FRANKLIN ,STREET City, State, Zip Code								
Only, Claire, Zip Code							City, State, Zip Code PATERSON,NJ,07524							
Project Manager for Monitoring Firm			Telepho	ne No.		Telephone No. License No.								
Start Date (10)	Schedul	ed Cor	nnletion l	Date (11)			973-333-5144 01274							
01-18-2017	01-19-			Date (11)		Name of OSHA Monitor EHW ABATEMENT LLC								
Occupancy Status During Abatement (Check	Only Or	ne)				Street Address								
Facility Closed/Vacated During Entire P	eriod of	Abaten	nent			89 FRANKLIN STREET								
Abatement Performed Outside of Norm Other – Describe: OCCUPIDE	al Facility	/ Hours						ip Code ON,NJ,07	524					
Scope of Work (Check All That Apply)								011,110,071						
≥3 sf or ≥3 lf		Renova	tion] Fu	Il Containme	ent with Negative	Pressu	ге			
≥160 sf or ≥260 lf		Demolit	ion			×	CI NA	ni-Enclosure			10			
							No	ovebag Proc n-Exempted	(*) and Non-Fria	ble Pro	cedu	е		
	Is	Locati	on									ement	t	
Location of		Normal ed Sole				scription				-	1)	rpe		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/	Asbes (i.e.	tos Cont thermal	taining M	/lateria	I (ACM)	Amount (Specify	Z	10000	E	ш	
In Facility	Cus	todial 8 (12)	Staff?		surfac	cing, VA	T, or		SF or LF)	Remova	Repair	caps	Enclosure	
(13)	.,		Τ		otner n	niscellan	neous)			val	air	Encapsulate	sure	
BASEMENT	Yes	No X	N/A		PIPE IN	ΔΙΙΙΣ	TION		180LF	X		U U		
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											-			
		-												
Name of Registered Waste Hauler	l N	JDEP W	aste	Cubic	Yards		Name of F	e of Registered Landfill						
TRI STATE TRANSFER			auler ID	No.	of Was	ste		A SECRETARIO	ame of Registered Landfill IINERVA ENTERPRISES					
City, State		IN	N/A N/A											
1199 RANDALL AVE BRONX NY			Disposal Date City, State TBD 900 MINERVA RD WAYNE					SBU	JRG	ОН				
Completed by	Title	e Signature, /					/ A D	ate						
VICTOR ESPIRITU	PRO	JECT	MANA	AGER		W	N	- We	A C	1/09/	2017			

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	JAN	2	0	2017		

Date of Notification (1)									Name (G)	50.	
1/15/17	7		Na	ame of Building Own	er/Operator ((2)	,	<i>f</i> ,			
Agencies Notified Type Notifie	cation		Str	Pin elan reet Address 300	<u>d</u>	ion Stri	iction As	BESTC	SC	TMC	70
EPA Initial				300	77+4	Street	_	LIC	ENS	ING	
DEP Amend	led lment #_			y, State, Zip Code							_
Emerge	ency (include	ding	-	>39 13/c	- N	T 08	234				
□ DCA justifica □ Cancell	ation) lation	1750	Nar	me of Contact		/		ohone Num	ber	_	- 001
			F	Man K ACILITY INFORM	(ATION:			- 1			
Name of Facility Where Abatement is Tak	cing Place ((3)		ACILITY INFORM	IATION	Type of Facil	lity (4)	-			
Street Address						□ School					
						☐ Subchar	pter 8 (Other th	an K-12)			
City (5)						,	.e. private & co		uilding	s, hom	es,
Sea 15/2						Square Feet 2508	# of F	loors	BI	dg_Ag	0
County (6)			Coun	ity Code (7)			Prior if being de	amaliahad)		10	
Name of Monitoring Firm Hired by Buildin	- 0		1	TE USE ONLY)		(1	rios is being di	emonsnea)			
Buildin	g Owner (8	8)	AS	SCM No.	Name of	Abatement Co	ontractor (9)	1	1	1	
Street Address					HNI	Joe F	Hitemen	H 1.21	uz lii	1271	1
					Street Ad	Billi	,	· M		70/1	-
City, State, Zip Code						tę, Zip Code	ILI Kih	LIL			
Project Manager for Monitoring Firm						lunco	MIT	Osto	7)(,-	
, and the monitoring ritin			Teleph	none No.	Telephon	e No.	Li	cense No.	-/3		_
tart Date (10)	Schedi	uled Co	mpletion	Date (11)		OSHA Monitor	916	cense No.	720		
1/22/17		- 1	Proceeding	Dutc (11)		TOTAL NA					
1/ - / 1		21	781	17	I vanie or (JSHA MONITOR					
occupancy Status During Abatement (Check	Only One)	2/	28/	17	Street Add						
Ccupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Normal	Daried - F A		7.8/	17							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norma Other – Describe:	Daried - F A		7.8/ nt	17	Street Add						
Ccupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Normal	Daried - F A		7.8/ nt		Street Add	dress					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norma Other – Describe: Lope of Work (Check All That Apply) ≥3 sf or ≥3 If	Period of A al Facility I	batemer Hours			Street Add	dress , Zip Code					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norma Other – Describe: cope of Work (Check All That Apply)	Period of A al Facility I		ation	17	Street Add	ress, Zip Code Full Containm Mini-Enclosur	ent with Negat e	ive Pressure	•		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norma Other – Describe: Lope of Work (Check All That Apply) ≥3 sf or ≥3 If	Period of A al Facility I	batemer Hours Renova	ation		Street Add	ress Zip Code Full Containm Mini-Enclosur Glovebag Proc	ent with Negat e edure				
ccupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norma Other – Describe: ope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Period of Al Pacility I	Renova Demoli	ation ition	17	Street Add	ress Zip Code Full Containm Mini-Enclosur Glovebag Proc	ent with Negat e		edure	formani	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norma Other – Describe: cope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Period of All Facility F	Renova Demoli	ation ition ion	Des	City, State	ress Zip Code Full Containm Mini-Enclosur Glovebag Proc Non-Exempted	ent with Negat e edure		edure Aba	tement	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norma Other – Describe: cope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Lecation of Asbestos-Containing Material (ACM) TO BE ABATED	Period of Al Facility F	Renova Demoli Is Locat Normal sed Sole Jaintena	ation ition ion illy ly by	Des Asbestos Conta	City, State	Full Containm Mini-Enclosur Glovebag Proc Non-Exempted	ent with Negat e edure i (*) and Non-F	riable Proc	edure Aba	уре	T
ccupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norma Other – Describe: ope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Lecation of Asbestos-Containing Material (ACM)	Period of Al Facility F	Renova Demoli	ation ition ion illy ly by	Des Asbestos Conta (i.e. thermal syster	City, State	Full Containm Mini-Enclosur Glovebag Proc Non-Exempted	ent with Negat e edure I (*) and Non-F	riable Proc	Aba T	уре	T
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Ccupancy Statús During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norma Other – Describe: Ope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Lecation of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Period of All Facility F	Renova Demoli Is Locat Normal seed Sole laintena stodial S (12)	ation ition ion lly lly by nce/ staff?	Des Asbestos Conta (i.e. thermal syster	City, State	Full Containm Mini-Enclosur Glovebag Proc Non-Exempted	ent with Negat e edure I (*) and Non-F Amount (Specify	Removal	Aba T	уре	T
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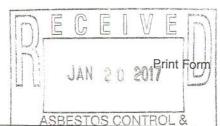
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Date of Notification (#) Agencies Notified Type Notification				of Building Owner/C		4 vction	ASBEST	OS	CON	NTR(L &
	10		Street	Address 7)	th S	+		CEI	VSIN	16_	
DOL Amendmen				State, Zip Code Sca 1914							
DOH Emergency)		Name	of Contact			Telephone Nur	nber			
□ DCA □ Cancellation	1		EAG	HAK CILITY INFORMA	TION				-		-
Name of Facility Where Abatement is Taking	Place (3)		TAC	CILII I INFORMA	HON	Type of Facility	(4)				
Street Address			22.56			☐ School (K☐ Subchapte	-12) r 8 (Other than K-12)				
Cir. (5)			.60			Other (i.e.	private & commercia	l build	lings,	nomes.	, etc.)
City (5) Sea 15/2						Square Feet	# of Floors		Bldg.	Age	
County (6) Cape May				Code (7) USE ONLY	_	Current Use (Pri	or if being demolished	d)	-/	<u>C</u>	
Name of Monitoring Firm Hired by Building C	wner (8)		ASC	CM No.	1 4	f Abatement Con	1 /		11		1//
Street Address					Street A	Joe A	hatement Li	LIUT	1,11/2	71/	4
City, State, Zip Code					1	2 Burlin	apon A	re			
3.7,7 3.3,7 3.0,7					1 1	ate, Zip Code	MITO	0)5	_	
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Start Date (10)	Scheduler	d Com	pletion D	Date (11)		OSHA Monitor	124 01				
Occupancy/Status During Abatement (Check O	nly One)	101	2//	/	Street A	ddress					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Abat Facility Ho	tement urs			City, Sta	te, Zip Code					
Scope of Work (Check All That Apply)											
☐ ≥3 sf or ≥3 lf .☑ ≥160 sf or ≥260 lf		enovat emolit		a.		Mini-Enclosure Glovebag Proc	70 p		·		
	Is	Locati	on			Non-Exempted	() and ivon-i habic i	Toces	Abat	ement	
Lecation of Asbestos-Containing Material (ACM)	Used	iormall d Solel	y by	Des Asbestos Conta	scription of	f erial (ACM)	Amount	-	1	уре	
TO BE ABATED In Facility (13)		intenar odial S (12)		(i.e. thermal system	ms insulate VAT, or niscellaneo	ion, surfacing,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							le	С
Cufside			/	Sidire)——		1500 St	/			
	-							_			
Name of Registered Waste Hauler			DEP Wa			Name of R	Legistered Landfill				
ANI DE LLC		- 1	20847			WM	of PA				
City, State	Ĭ			Disposal 7.	Date BD	City, State	illytown f	7			
Completed by Japan T. T. T. T.	Title V. E) IEIO	lent.		gnature	AL:	Date	1/1	7/	17	,
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	JAN 20 2017	
A	SBESTOS CONTROL & LICENSING	

Date of Notification (1)			of Building Own		U L JAN 20 2017											
1/9/			D'Amelio	4	Å I											
Agencies Notified Ty	pe Notification	1	***************************************	Street A	Address			ASBESTOS CONTRO								
X EPA X DEP X DOL	Amendmen	nt #1			ate, Zip Code e NJ 07470			LICENSING								
X DOH	Emergency justification		9		of Contact	-		Telephone Number								
DCA D	Cancellatio			Adam	D'Amelio	1	relephone isomost									
Name of South 18th At				FAC	ILITY INFORM	ATION					_					
Name of Facility Where Abat Private Dwelling	lement is Takii	ng Place ((3)				Type of Faci									
Street Address			School			400										
ar value of the second							Other (i	pter 8 (Othe .e. private &	comme	-12) rcial bu	ilding	s, horr	es.			
City (5)							etc.) Square Feet					1173/1147ama.com				
Wayne NJ 07470							N/A	N/A	Floors	-	Bldg. N/A	Age				
County (6)		***************************************	Ī	County	Code (7)	-	Current Use	* *1.5	•		1417					
Passaic			1		USE ONLY)	THE PROPERTY OF THE PARTY OF TH	Private Dv		y acomo	iauau)						
Name of Monitoring Firm Hire	ed by Building	Owner (8)	ASCN	A No.	Name	of Abatement	_	9)		-					
Bioterra Solution						4	x Contractin		-,							
Street Address																
1130 W Chestnut St						POE	Street Address PO BOX 734									
City, State, Zip Code	THE OLD THE PARTY OF THE PARTY	City, State, Zip Code														
Union NJ 07083						Woo	Woodland Park NJ 07424									
Project Manager for Monitorin Rick Eustaquio	ne No.		one No.	1	License No.											
Start Date (10)					94-3762		592-6298		01266	Company to the						
01-04-2017					Date (11)		of OSHA Moni		10							
Occupancy Status During Abo	atement (Cher	01-14	-2017		CALL SECTION S		Amax Contracting LLC Street Address									
➤ Facility Closed/Vacated			OX 734													
Abatement Performed O	outing Entire i lutside of Norn	period of a nal Facilit	Abater y Hour	nent s			y State, Zip Code									
Other - Describe:				dland Park												
Scope of Work (Check All Tha	at Apply)								-							
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demoi:			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
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TO BE ABATED In Facility	£		todial S			nal systems rfacing, VAT			ecify or LF)	Remova	70	Encapsulale	Enclosure			
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Basement				×	and the second of the second of the second	VAT			200 SF X							
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Name of Registered Waste Ha	suler		88 592	JDEP W		pic Yards										
Amax Contracting LLC				auler ID I	No. of V	Vaste V	GRO	WS								
City, State	****		3	6184		posal Date	Çity. S	tate		·			-			
Woodland Park NJ 0742	4					14-2017	2 /2/	sville PA								
Completed by		Title				Signature	110	13	D	ale	+					
Tome Maslarkov		Proje	ct Ma	anager		-	1/9/20									
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	AS	BESTO	ENS	NON NE	G_)L a	-
	Tele	phone Nu	mber				
	<u>-</u>				_		
of Facility (4) school (K-12 subchapter 8 other (i.e. protc.)	:) 3 (Othe	er than K-1 commerc	2) ial bu	iildir	ngs, h	omes	,
e Feet	# of	Floors		Bld N/	g. Ag A	е	
nt Use (Prior /ATE HO	r if bei		shed)	1 37			
ement Cont		(9)					
s (LIN STR	EET						
p Code N,NJ,075	524						
o.		License	No.				
144 IA Monitor		01274					-
TEMENT	LLC						
ss KLIN STR	EET						
ip Code DN,NJ, 07	7524						
Il Containme ni-Enclosure ovebag Prod n-Exempted	ent wit			Proc	edur Abate	e ement	
al (ACM) ation,	(Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
)				_		ate	Ø.
			3	ζ.			
N		80		_			
		80	-				
		80					

Date of Notification (1) 01/09/2017		Name of Building Owner/Operator (2) La Casa Don Pedro ,									CONTROL &							
Agencies Notified Type Notification	317 roseville ave								ASBESTOS CONTROL & LICENSING									
X EPA Initial Amended Amendment # Emergency (in justification) Cancellation		_ Ci	ity, State, newark, ame of C Christop	Zip Code nj,0710 ontact	e 7		Telephone Number											
DCA Cancellation					RMATION							_						
Name of Facility Where Abatement is Taking Private house Street Address	Place (3)		PACILI	T HAT OI		_	Sc Su X Ot	her (i.e. pri) (Othe	er than K-12 commercia	l I buildir	ngs, h	omes	6				
C::- (5)						-	Square		# of	Floors	Bld	lg. Ag	е					
City (5) newark							N/A		N/A		N/	Α						
County (6)		County Co			-		Use (Prior ATE HOL		ng demolish	ed)	1111							
essex Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	Vo.				ment Cont		(9)								
N/A	(-,				E	EHW	ABAT	EMENT	LLC	50. 500								
Street Address		Street Address 89 FRANKLIN STF																
City, State, Zip Code					tate, Zip ERSOI	Code N,NJ,075	7524											
Project Manager for Monitoring Firm	T	Telephone	e No.		Telephone No. 973-333-5144			License No. 01274										
	d Com	Completion Date (11) Nam					ame of OSHA Monitor											
01/19/2017 Occupancy Status During Abatement (Check				Address														
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: OCCOPIE	ent		C	89 FRANKLIN STREET City, State, Zip Code PATERSON,NJ, 07524														
						1 / 1		11,110, 01										
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		molition X Mini-Enclosur																
	Locati	ion							Abatement Type									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	lormalid Sole intenar odial S (12)	ly by nce/	Asbes (i.e.	tos Contai thermal sy surfacir	Description of ontaining Material (ACM) al systems insulation, facing, VAT, or r miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure					
	Yes	No	N/A								-		Φ					
BASEMENET		X		-	PIPE INS	NSULATION				80	X							
N of Deviatored Wests Hauley	IN	NJDEP W	'aste	Cubic Y	'ards	ards Name of Registered Landfill												
Name of Registered Waste Hauler TRI STATE TRANSFER	F	Hauler ID No. of Waste N/A N/A					\$2554555 1 \$155435555 10 \$255											
City, State 1199 RANDALL AVE BRONX NY					Dispose TBD	al Dat	e	City, State	te INER		D WAYNESBURG OH							
Completed by VICTOR ESPIRITU	UEC	JECT MANAGER					Date 01/09/2017											



Date of Notification (1) 01/20/17		Name of Building Owner/Operator (2) PHILIP VITANZO ASBESTOS CON LICENSIMO								IG.	<u> </u>								
Agencies Notified Type Notification EPA Initial		Street Address City State Zin Code																	
DEP Amended Amendmer Emergency	(including	City, State, Zip Code MAYWOOD NJ 07607																	
DOH justification Cancellatio	jacanodacii)									Telephone Number									
Name of Facility Where Abatement is Taki	ng Place (3)		FAC	ILITY INF	ORMAT	ION	Type o	of Facility	(4)			V							
Street Address	3000 NO DO						S S C	School (K- Subchapte Other (i.e. tc.)	12) r 8 (Oth	ner than k & comme	(-12) ercial bu	ıilding	s, hon	nes,					
City (5) MAYWOOD									of Floors Bldg. / 1955			-							
County (6) BERGEN	(County STATE	Code (7) USE ONL	0			nt Use (Pr		ing demo	lished)									
Name of Monitoring Firm Hired by Building		ASCM No. Name (e of Abatement Contractor (9)												
Street Address		Street Address 144 MILL ST																	
City, State, Zip Code		City, State, Zip Code PATERSON NJ 07																	
Project Manager for Monitoring Firm	Т	elepho	ne No.		18403 (540)	one No.			License 1257	No.									
Start Date (10) 01/21/17	Comp 7						of OSHA Monitor RAN IGEV												
Occupancy Status During Abatement (Chec						Address													
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	ateme lours	ment 144 MILL ST City, State, Zip Code PATERSON NJ 07:								- 7									
Scope of Work (Check All That Apply)						PATE	RSO	N NJ 07	501										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	novatio nolitio	7.00			y	✓ Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure ✓ Non-Exempted (*) and Non-Friable Procedure												
	cation	n				11011	ZXOIIIptot	y () and	4 14011-111	able 1 1	Abatement								
Location of	Nor Used S	mally Solely			Des	scription of	ription of					Туре							
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	enanc lial Sta 12)	e/ aff?	Asbes (i.e.	thermal surface	ontaining Material (ACM nal systems insulation, rfacing, VAT, or er miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure						
187 51 000		No	N/A	5	<u></u>								e						
131 FLOOR	1ST FLOOR V				CTWC	ORK AC	M INS. 20-10			-100 SF V		-							
Name of Registered Waste Hauler		NIF	DEP W	aste	Cubic '	Varde		Name of F	Dogist-	rod I and	EII.								
INDIAN ARROW INDUSTRIES		20,825,95	ıler ID		of Was			G.R.O.\		ieu Landi	Hiff								
City, State PATERSON,NJ					Dispos TBD	al Date		City, State		E PA									
Completed by GORAN IGEV	TAR	Υ		Si	gnature	ure Date 01/20/17													