State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Check # 2294, 2430, 2445 and 2448 January 21, 2020 Name of Building Owner / Operator (2) November 6, 2019 New Jersey Division of Property Management and Construction Agencies Notified Type Notification Street Address EPA 33 West State Street DEP **DOL** Initial City, State & Zip Code M Amended Trenton, NJ 08608 **⊠**DOH Amendment # 3 DCA Cancellation Name of Contact Telephone Number Jim Stiles - TCI Construction 732-558-8967 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Warren Residential Community Home School (K-12) Street Address Subchapter 8 (Other than K-12) 509 Brass Castle Road Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 59 Oxford Current Use (Prior if being demolished) Residence -County Code (7) USE ONLY County (6) Warren Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor January 22, 2020 March 5, 2020 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement (Not including work area) Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥ 3 lf Renovation Mini-Enclosure (Wrap and Cut) ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED	Solely b		ally Used nance or f? (12)	Descrip Asbestos-0 Material	Containing (ACM)	Amount (Specify SF or LF)	Ab	atem	ent 7	уре
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Former Bathroom Chases/Walls			Х	Pipe and Fittir	ng Insulation	125 LF	Х			T
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Name of Registered Waste Hauler	NJDEP I		Cubic Ya	rds of Waste	Name of Regis	stered Landfill				

27429

Executive Administrator

Title

Synatech, Inc.

Completed By

Diane Aloia

Little Egg Harbor, NJ

City, State

and

Disposal Date

March 6, 2020

Signature

Fairless Hills

Morrisville, PA

Date

January 21, 2020

November 6, 2019

City, State

Date of Notification (1)	lanuani	44 2020		To:					Check # 2294, 243	0 an	d 24	45	
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Date of Notification (1)	Janua	ry 10, 2020	0	Nan	ne of Build	ding Own	er / Opera	ator (2)	200 100 100	# 2294, 243	ou an	d 24	45	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 9125

Date of Notification (1)	N. 1941040000											, .	*****
1/21/20) .			Name /	of Build	MARIC	NIKAL	SKJ			Ų.	100	The state of the s
Agency Notified	Type Notification			Stree	Address	5	141201	-51-7			_		4
□ EPA	D Initial							14	M 2 A	20	200		
O DEP	☐ Amended	15		City,	State, Zig	Code .		.14	N Z A	/	1/11		1
ETOOL	Amendment#					ECIC. A	JT. O	7666					
DOH	☐ Emergency (included its stiffication)	ing		Name	of Cont	ect	<u> </u>	Telephone N	tembar	-			-
□ DCA	☐ Cancellation			MR	C. No	KOLSICX		1 rejeprote n	TOTAL STREET				
		_000000000				FORMATION	t)		-				-
Name of Facility Where	Abatement is Taking Pi	ace (3)					Type of Facilit	y (4)					
1 K.1	YARK NIK	OLS	SK.	Y	72323		☐ School (K-	12)					
Street Address	750	22	11			:	☐ Subchapter	8 (Other than K-	-12)	•			
					, .		homes, etc	private & comme	rcial build	ngs,			
City (5)	. 15 . 15				;	112	Square Feet	# of Floors	Bidg	- Ag	e	-	_
TEAM	Jeac					*	2000	A STATE OF THE PARTY OF THE PAR	1	9		-	
County (6)			1	Count	y Code (7) (STATE USE		Prior if being dem		1			_
BE	RCEN		ĺ	ONLY				265105					
Name of Monitoring Firm	Hired by Building Own	er	ASCI	A No.		Name of Abatem	cont Controlle	m)	<u> </u>			_	
(\$)	S												
Street Address			-			Best Rei	HOVAL II	10					
City, State, Zip Code	State, Zip Code					450 Sout	th River	St					
								07/01					
Project Manager for Mon	t Manager for Monitoring Firm					Hackensa	ick, N.	. 0/601					
	et Manager for Monitoring Firm					Telephone No. 201-329-							
Start Date (10)						Name of OSHA		00388	3		_		
2/1/20		1 . /											
Occupancy Status During						Street Address	Environm	ental					
12	-	3 11 8		2			1						
☐ Facility Closed/Vacates ☐ Absternent Performed	During Entire Period (Outside of Mormal Each	of Abai	ement	ŧ		City, State, Zip C	yler St					_	
DOTHer - Describe: 8	BOAM TO S	226	M	•		1		NT T 0	7/0/	· (6)			
Scope of Work (Check all	that apply)					J 5. Hac	Reliback	,N.J. 0	7000				
☑ ≥ 3 sf or ≥ 3 lf				D	ovation	□ Full C	Containment will	Negative Press	ure				
□ ≥ 160 sf or ≥ 260 ff				☐ Den			Enclosure ebag Procedure		-				
								d Non-Friable Pr	ocedure				
		. Is	Locat	ion						A	bate	me	nt
. Location	n of		lormal		-	December				-	Ty	pe	_
Asbestos-Containing	Material (ACM)		d Sole		Asbe	Description o stos Containing Ma	torial (ACMI)	Amoun	t	-		100	
TO BE AB		ċ	ustod		€.€	thermal systems	insulation.	(Specifi	y .	Removal	R	noa	Eno
(13)			Staff? (12)		1	surfacing, VAT,		SF or LF	1	Von	Ropair	ned	180
							,			100	-	Encapaulate	6
210-2		Yes	No	N/A									
BASEMEN				/		/AT		110 5	F	X			
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						*					1	1	-
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Name of Registered Wast		NJ	DEPV	Vaste H	lauler	Cubic Yards of	Name of Regi	stered Landfill		1			\dashv
Best Remov	al Inc		No.			Waste /							
			17	109		21/207	CUNBERL	AND COUN	TY LA	ND	K.	LŻ	
City, State						Disposal Date	City, State		-1 -1		-		-
	, N.J. 07	601	<u></u>			2/2/20	NEWBUR	SH. PA.	1724	0			
Completed by	Title					Signature /		1/2/1	Date ,	-	1		\dashv
J. MAIORA						1 1//	Sug		1	21	12	0	-
ASB-41	* Do not	use th	is form	a for se	hastoc F	ensure everanted	adia dia a		<u> </u>	_/			

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

Proj. #: 20-22 Notification of Asbestos (Pursuant to NJAC 8:60 a

100	在图 展上	and P						11.7						
Date of Notification (1)	III	lame of E	Building Ow	ne	r/Operator (2))			JAN	2 4 20	120	11.		
0 1 /2 1 /2 0	.	Jeroen 1	Lamers					1		-			**	
Agencies Notified Type Notificati	on s	treet Ado	Iress					1	rich soll it		-			
DEP Amended									Tradeslata (A. 131)	HER STATE	10000			
Amendment #:	0	ity, State	, Zip Code									100		
DOL Emergency		PERSONAL PROPERTY.	lair, NJ 07	704	12			-				and a fe		
DOH (including justification)	N	ame of C	ontact						Telepho	ne Numbe	r			
☐ DCA ☐ Cancellation		Jeroen	Lamers											
			FA	CIL	ITY INFORM	IOITAI	N							
Name of facility where abatement is	s taking pla	ace (3)						П	Type of Facility					
Residential									=	ool (K - 12) hapter 8 (0		an K	12)	
Street Address				-				-		r (Private/0			12)	
									Bldgs	./Homes,	etc.			
					-			=	Square Feet	# of Floo	rs	90	ig. A	ge
City (5)	Cour	ity (6)					unty Code (7) ate use only)	11	2,500 SF Current Use (02	ag dom	_	od)	
Montclair	Esse	ex				(316	ate use only)		Residential	Prior it beli	ig delli	OllSi ie	iu)	
Name of Monitoring Firm Hired by E				T	ASCM No.	-	Name of Abatem	ent C						
N/A							KLOMAX, I	LC						
Street Address				-1-			Street Address			·				
							309 W. End	-						
City, State, Zip Code	- Auto-Auto-Auto-Auto-Auto-Auto-Auto-Auto-		24				City, State, Zip Co	ode						
							Hopatcong,		7843					
Project Manager for Monitoring Firm] [Phone Num	nbe	er		Telephone Numb			License 0200		er		
							833-455-662 Name of OSHA		nr .	0200				
Start Date (10)	Sched	. Comple	tion Date (11)			KLOMAX, I		,					
02/03/2020	02/10	0/2020					Street Address			-			-	
Occupancy Status During Abatemen	t (Check o	nly one)					309 W. End	Ave						
Facility closed/vacated during						-	City, State, Zip C	ode						
Abatement performed outside Describe:	of normal	facility ho	ours-											
Other-Describe: Normal H	ours					_	Hopatcong,	NJ 07	7843					
Scope of Work (check all that apply	1)								ull Containment	w/negativ	e press	ure		
	Renovation	n							lini-enclosure lovebag proced	lure				
≥160 sf or ≥260 lf	Demolition	n							lon-Exempted (-friable	proc	edur	е
Location of			y used sole	ely							l R	R	E	E
asbestos-containing	by mainte staff(12)	enance/c	ustoulai				asbestos-containin	ig	Amount (Specify		m	p	C	n
material (acm) to be abated in facility (13)	Yes	No	N/A		material	(ACIVI))		LF)	0. 0.	o v	a	a p	L
	100	1.00	14/7						1.50.7.5		e	r	10	+
basement				4	Pipe Insula				179 LF			뭐	붜	뷰
basement		LX	_	4	Boiler flute	e patc	h		<1 SF			붜	片	井
				200							#		1	14
			_	4							井	片	ዙ	井
On the world be	INIE	ED III	10#		ubic Yards of	Maeto	Name of Regist	ored I	andfill		_		Ш	
Registered Waste Hauler KLOMAX, LLC		EP Haule 38241	#עו זא		yds.	vvasit			Landill RESOURCE I	RECOVE	RY			
City, State			Disposa	_			City, State	- ',						
Hopatcong, NJ 07843			TBD			.,,	TULLYTO	WN,	PA					
Completed by (Print or Type)	Title				Signature					Date			-	ŧ
Paige Roylan	Owner				1/	-				1 01/2	/2020)		

Inv#1750	BPAT		NOTIF	TICATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE	MENT 0)	lone	1	DITE	17		
Date of Notification (1) 1/17/20					f Building	Owner/	Operator	(2)	reca		E i		ii.	
Agencies Notified	Type Notification			Street A	Spears			4			16, 1	\V;	15	
				SHEELP	Address				11					
EPA DEP	Initial Amended		}	City, Sta	ate, Zip C	ode			1 1	JA	N 2 d	202	1	1.
X DOL	Amendmen				Plainfie		07062			2 0				
⊠ DOH	 Emergency justification) 			Name o	f Contact				T	Tetephone	Number			
DCA	Cancellation			Elain	Spears					ι .		in the	1.05 × 1.05	
Name of Facility Where A	hatament is Takir	a Place (2)	FACI	ILITY INF	ORMAT	ION	- 7-			-			
home	Datement is Takii	ig Flace (5)					Type of Fac						
Street Address									l (K-12) apter 8 (Other than I	K-12)			
								X Other		ite & comm		ildings	, hom	es,
City (5)								etc.) Square Fee	t T	# of Floors		Bldg.	Age	
North Plainfield								1900		2	- 1	86	.3~	
County (6)					Code (7)	n		Current Use	(Prior if	being demo	olished)			
Union		- 12		10.		<i></i>		home						
Name of Monitoring Firm	Hirea by Building	Owner (8)		ASCN	A No.		1	of Abatement Environm			1.0			
Street Address								Address	ornar o	C1 V1003, L				-
							4 E (Gate Drive	, PO Bo	ox 483				
City, State, Zip Code							55	tate, Zip Coo						
D :								wood, NJ	07418					
Project Manager for Monit	oring Firm			Telepho	ne No.			one No.		Licens	e No.			
Start Date (10)		Schedul	ad Cor	mpletion I	Date (11)			764-2276 of OSHA Mo	alka a	703		-5		
1/25/20	κ	1/31/2		ripietion	Date (11)		ivame	OI OSHA IVIO	nitor					
Occupancy Status During	Abatement (Ched	k Only Or	ne)				Street	Address						
Facility Closed/Vacat	ed During Entire	Period of A	Abater	nent										
Abatement Performe Other – Describe: ki	d Outside of Norn	nal Facility	Hour	S			City, S	tate, Zip Cod	е					
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of	Renova Demoli				×	Mini-Encl Glovebag	osure Procedu	with Negativ are and Non-F				
		le	Locat	ion				1 HOIT EXCI	inpied ()	and Mon-	Table F		ement	8
Location of	of	1	Vorma	lly		De	scription	of				T	/ре	
Asbestos-Containing N TO BE ABA			d Sole intena		Asbes	tos Cont	taining M	laterial (ACM)	Amount			ш	m
In Facility		Cust	todial ((12)	Staff?	(i.e.	surfa	systems cing, VA	insulation, T, or		(Specify SF or LF)	Remova	Repair	cap	nclo
(13)			(12)			other n	niscellan	eous)		SED SERVER IN	oval	pair	Encapsulate	Enclosure
		Yes	No	N/A									te	
kitchen				Х		f	looring			320 SF	x			
Name of Registered Waste	Hauler		122	JDEP W		Cubic	Yards	Nam	e of Regi	istered Land	dfill			
Newark Carting			1000000	lauler ID 4509	No.	of Was	ste		1000000	tral Sani		ndfill		
City, State				1003		100000000000000000000000000000000000000	sal Date		State	100				
Newark, NJ						TBD			Argyl,	PA				
Completed by		Title				S	ignature		3, 1		Date			
A. Scott Higgins		Presi	dent					11			1/17/2	20		

Date of Notification (1)

	State of New Jerse N OF ASBESTOS		MENT	00	j		,			
Pursuan	t to NJAC 8:60 ar	nd 12:12	0)	(1)	10/	19	71	24		
	of Building Owner/	Operator	r (2)	200		0 6	17 1	10 7	3 -	
	Clean					CE		W l	111	111
	Address	, ,		1 7						914
	outh Avenue W	/est		f * 1	11	IAN 2	1 21	าวก	(1)	
107.00	tate, Zip Code ford, NJ 07016	2			1.1	JAN 4	4 21	JZU	11.	0.0
	of Contact	J			Επ.	anhana New				
a service and a	Cunningham					ephone Nui 8-574-00):(I	1, ,	
	ILITY INFORMAT	ION			00	O 01 H 00		· · · · · · · ·		-
		1011	Туре	of Facility	(4)					
			×	School (K-' Subchapter Other (i.e. petc.)	r 8 (Oth			dings,	home	es,
				re Feet	# o	f Floors		Bldg. A	ge	
	Code (7) USE ONLY)		Curre	ent Use (Pri ne	ior if bei	ng demolisl	hed)			
ASC	M No.	Name	of Aba	atement Co	ntractor	(9)				
		ABS	Envi	ronmenta	al Serv	rices, LLC)			
			Addre	*						
				Drive, PC	Box	483				
				Zip Code d, NJ 074	110					
Telenho	one No.		hone N		+10	License N	lo			
relepin	one ivo.		764-2			703	10.			
mpletion	Date (11)		10 m 100	HA Monitor						
		Street	Addre	ss		-	ri .			
ment										
rs ·		City, S	State, Z	ip Code					V. — VV	
ation lition		>	Mir Glo	II Containm ni-Enclosur ovebag Pro on-Exempte	e cedure				e	
ation ally	D.	escription	of.				11		ement pe	í.
lely by ance/ Staff?	Asbestos Cor (i.e. therma surfa	ntaining N	Materia s insula NT, or	ation,	(5	mount Specify For LF)	Remova	Repair	Encapsulate	Enclosure
N/A			~				1 2		ate	е
×		flooring	1		70	00 SF	x			
			,		1 (1			
-							-			
	-			23			-			(4)
NJDEP V	Waste Cubic	Yards		Name of	Registe	red Landfill				

1/21/20				PuroC	lean					E G			W l	1 1	
Agencies Notified	Type Notification			Street A			1 8		11.7	1					111
EPA	× Initial				uth Aver		est			141	M 2	1 OF	าวก	(II	111
DEP X DOL	Amended Amendment	: #		15000	ate, Zip Co ord, NJ		:		1 1 4	JAI	V Z	+ 21	IZU	11.	p. 2 1
	× Emergency	(including			f Contact	07010	,			Telephor	no Nhun	thor		di in	
DOH DCA	justification) Cancellation		- 1 3		unningh	am				908-57):(.T	4	
					LITY INFO		ION				11	en ika			
Name of Facility Where	Abatement is Takir	g Place (3)						Туре	e of Facility (4)						
home									School (K-12)						
Street Address									Subchapter 8				dia ara	h a ma d	33 6 (
								×	Other (i.e. privetc.)	ate & con	mercia	ii Duiic	ings,	nome	es,
City (5)									are Feet	# of Floo	rs		ldg. A	ge	
Linden								210		2			6		
County (6) Union					Code (7) USE ONLY)			Curr	rent Use (Prior	if being de	molish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	I No.		Name		atement Contra	actor (9)					
į.	10						ABS	Env	ironmental S	Services	, LLC				
Street Address							Street 4 E (_{ess} Drive, PO E	3ox 483					
City, State, Zip Code									Zip Code						
5									d, NJ 0741						
Project Manager for Mor	nitoring Firm		1	Telepho	ne No.		Teleph 973-		No. 2276	703	nse No).			
Start Date (10)		Scheduled	Com	pletion I	Date (11)		- Parties and a	100 000 000	SHA Monitor						
1/22/20		1/31/20			, ,										
Occupancy Status Durin	g Abatement (Chec	ck Only One)					Street	Addre	ess		2	1			
Facility Closed/Vac	ated During Entire	Period of Aba	atem	ent					4.5						
Abatement Perform Other – Describe:	ied Outside of Norr basement	nal Facility H	ours				City, S	state, 2	Zip Code						
Scope of Work (Check A													HH 77 A.T.		
	ш тпас Арргу)		article etc. V	•00000			IX	a _			_				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novat				Ĺ		ull Containment ini-Enclosure	t with Nega	ative P	ressui	re		
		_					-		lovebag Proced		F	-			
			10000000		72			J 100	on-Exempted (*) and Nor	i-Friabi		Abate		
		2000	ocation rmally		164								Ту		
Location Asbestos-Containing		Used :	Solel	y by	Asbest		scription		al (ACM)	Amoun	t			m	
TO BE AB	ATED	Maint Custoo				therma	l system:	s insu		(Specif	у	Re	R	Enca	Enc
In Facil (13)			12)				icing, VA miscellar		i l	SF or LI	F)	Remova	Repair	Encapsulate	Enclosure
,,		Yes	No	N/A					'			'al	=	late	ıre
basem	ent			X		f	looring	i i	,	700 SI	F	x			
										7000		**			
									5,						
Name of Registered Was	ste Hauler		16-35	IDEP W			Yards		Name of Re	gistered L	andfill				
Newark Carting			150.0	auler ID 509	INU.	of Wa			Grand Ce	entral Sa	initary	Lar	dfill		
City, State						0.0000000000000000000000000000000000000	sal Date		City, State	22 W224					
Newark, NJ						TBD			Pen Argy	I, PA					
Completed by A. Scott Higgins		Title	ont			3	Signature	9	10		Dat		`		
A. Scott Higgins		Preside	SIII					4		_	1/2	21/20	,		

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PAID	NOTIFICATION OF ASBESTOS ABATEM (Pursuant to NJAC 8:60 and 12:120)
ate of Notification (1) 1 / 21 / Z O	Name of Building Owner/Operator (2) MS. NENC 7 TA

Date of Notification (1)	<u> </u>	1 11			2 (M. 22%)									
1/21/20		Marne of Build	ling Owner/Operato	TARIET			W	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Agency Notified Type Notificat	lion	Street Addres	s	1.1626	* V.			- 1						
D EPA D Initial				1	LAM	212	nnn	4						
DEP DAmended	n. 4	City, State, Zi			0,		UZU	11						
☐ Emergence			EWOOD.	.O. DN	7450									
□ DOH justification □ DCA □ Cancellation	n)	Name of Cont		. 38	Telephone Nur		11							
G Cancellate	n		ARLETON		1			dan.						
Name of Facility Where Abatement is Ta	king Place (3)	PAGILITIN	FORMATION	T=				17.						
MS. NANCY TA	01 7200 (0)			Type of Facility	(4)									
Street Address	CLE. (O/C			School (K-12	3									
	1		ž.	Other (i.e. pr	Other than K-12 ivate & commercia	heiding	<							
City (5)			<u> </u>	homes, etc.)										
RIDGE WOD		7	5.00	Square Feet	# of Floors	Bldg. A	100							
County (6)		1 Court 0 1	-	2500.		190	45							
BERGEN		ONLY)	(7) (STATE USE		ior if being demolis	shed)								
Name of Monitoring Firm Hired by Buildin	ng Owner ACC	M No.	1		DENCE									
(8)	ASC.	M No.		nent Contractor (9										
Street Address				Best Removal Inc										
		3 6	Street Address 450 South River St											
City, State, Zip Code	· · · · · · · · · · · · · · · · · · ·		450 Sou											
			City, State, Zip (0=40-									
Project Manager for Monitoring Firm	Telepho	one No.	Telephone No.	ack, N.J.	License No.									
			201-329-											
Start Date (10) Scher	duled Completion D	ate (11)	Name of OSHA		00388		=							
2/4/20	2/4/20	0		Environme	ntel									
Occupancy Status During Abatement (Ch	eck only one)													
☐ Facility Closed/Vacated During Entire	Period of Ahatemer	rt .	280 Hu											
Abatement Performed Outside of Norm	nal Facility House		City, State, Zip C	ode										
Drother - Describe: 8:00 Au -	(0 2:00	PM	S. Hac	ckensack	,N.J. 076	606								
Scope of Work (Check all that apply)		_	D Sell (¥.	Negative Pressure									
☑≥3sior≥3li □≥160sior≥260li		Renovation	.2 Meri-	Enclosure	negative Pressure									
a 2 100 a 01 2 200 a		☐ Demolition		ebag Procedure	Non-Friable Proce									
	Is Local	tion	a root	Exemples () and	NOT-PERME PROCE		Abate	ment						
Location of	Norma	lly .	•				Ту							
Asbestos-Containing Material (ACM)	Used Sole Maintena	ely by Asbe	Description of stos Containing Ma	of storiol (ACM)	Amount	-								
TO BE ABATED IN Facility	Custod	fal (Le	thermal systems	insulation.	(Specify	200	Repair	En C						
(13)	(12)		surfacing, VAT.		SF or LF)	Kemoval	apa	Enclosure						
	-		•			2	-	late						
BASEMENT	Yes No	N/A												
DASSIENT		1	MAL SURFACTI	के जिल्लाका	66 5	FX								
		1	•			٠ -								
						'-	П							
Name of Decision 1881							П							
Name of Registered Waste Hauler Best Removal Inc	NJDEP V ID No.	Waste Hauler	Cubic Yards of	Name of Registe	ered Landfill			-						
pest Kemonal IUC		109	Waste 3015	A				٠.						
City, State			Disposal Date	CUNSER LA	ND COUNTY	LAN	DFI	LL						
Hackensack , N.J.	07601		2/5/20		1 00 19	940								
Completed by Title			Signature A	THE WOULD	H, PA. 17	Z7Q								
J. MAIORANO	Estimator		1 7 11 .	rowas		1/21	15	0						
		n for asbestos lic	zensure exempted a			1/-	1							

(K#5419

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

1 人	及風景	4500.00	11				111321-5-	1114		12	1			
Date of Notification (1)			Name of	Building Owner/O	perator CAL	(cnds)	Apin LIAN	., .	20	20	7			
Agencies Notified Type Notification			Street Ad	Idress ned A	R		J J		L.U.	4U	1			
DEP Initial Amended Amendment #		(le, Zip Code		(, ,	UTT19	15,5,4	111		-			
DOL Amendment #		-		elmar, M	CW.	Jerse y	UTT19	nhar						
DOH justification) DCA Cancellation	2		Name of	Contact		,	732 43	3 21	20	2	1			
			FACIL	LITY INFORMATI	ION									
Name of Facility Where Abatement is Taking Docon to Earth (and S Street Address		-)ruper	14					ings,	home	es,			
dl d Av						etc.) Square Feet	# of Floors		dg. A					
Bl)mar					50000	4700	2	1	0		101-14			
County (6)			County C	Code (7) USE ONLY)		Current Use (Pri	or if being demolish	ned)						
Name of Monitoring Firm Hired by Building O	umer (8)		ASCM		Name	of Abatement Co								
Traine of Monitoring 1 Min 1 mod by Sanding O	c. (0)		1			Insulation Co					and the state of t			
Street Address			-	MI		Address Iontrose Rd								
City, State, Zip Code					City, S	State, Zip Code					_			
					Colts Neck, New Jersey 07722									
Project Manager for Monitoring Firm		Control	Telephor	ne No.		none No. 294 1757	License N 00029	0.			100			
Start Date (10)	Schedule	3	pletion (Date (11)	Name									
Occupancy Status During Abatement (Check	Only On		1030		Street									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma					City, S	State, Zip Code				-				
Other - Describe:														
Scope of Work (Check All That Apply)					-	7					2			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Constitution of the last of th	enovai emoliti				Mini-Enclosur Glovebag Pro	cedure				aphinipa and plantage			
	Ι.					Non-Exempte	ed (*) and Non-Friat	ole Pro		e emen	t			
Location of	N	Locati Iormal	ly	De	scription	a of	The department of the state of		Ty	rpe	1			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intenar odial S (12)	nce/	Asbestos Con (i.e. therma surfa	taining (Material (ACM) is insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A							Θ				
exterior	The control of the co		14	Siding			4500 4	1						
	1			0				-						
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Name of Registered Waste Hauter		IN	<u>i</u> IJDEP W	/aste Cubic	Yards	Name o	i f Registered Landfil	1	1	J	L			
Ace Insulation Co Inc		1	lauler ID 2086	No. of Wa	iste	710	hrini							
City, State Colts Neck, New Jersey				1 -1	sal Date	City, Sta								
Completed by	Title			1 1	7/00 Sighatus	3 1	7107, 1/1 Di	ate _i	-					
Bree McGuire	Secre	etary	Treasu	irer		214		12	100	90				

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



KITI	PAID	.000	(Pu	rsuant to	NJAC 8:	60 and	12:120)}		1	an an area and a fe	er's men inse			A Company			
Date of Notification (1) 1/21/20					Building On			(2)		120 4	JAN	2 4	202	20	Topo de la Constitución de la Co			
Agencies Notified	Type Notification			Street Ad	dress										1	\neg		
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☐ DCA	Cancellation			Anthor	•	300 A T1	001			000	6-848-2	2091				\dashv		
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFO	RIVIATIO	ON	Type	of Facility (4	1)						\dashv		
Auto Lenders New		, (0)							School (K-12									
Street Address									Subchapter	8 (Othe	r than K-	-12)		~~~~ ~				
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City (5)									re Feet	# of	Floors		Bldg	g. Ag	е			
Voorhees Townshi	ip NJ 08043							100	0 +	1			35-	+				
County (6)				County C				Curre	ent Use (Prio	r if beir	ng demoli	ished)						
Ocean				(STATE U	ISE ONLY)	-	House											
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.		Name of Abatement Contractor (9)											
N/A								'ernaco Inc.										
Street Address							100000000000000000000000000000000000000	Street Address										
								PO Box 329 City, State, Zip Code										
City, State, Zip Code									ip Code lin NJ 080	191								
D. i. d Manager for Man				Telephor	ne No						License	No.						
Project Manager for Mo	nitoring Firm				35-9984			ephone No. License No. 00727										
Start Date (10)		Schedule	d Con						HA Monitor									
1/30/20		2/7/20					San											
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)				Street	ss										
	cated During Entire F			nent										HIDEON				
Abatement Perform	ned Outside of Norm	al Facility	Hours	3			City, S	State, Z	ip Code									
Other – Describe:				***			A ST											
Scope of Work (Check)	All That Apply)																	
≥3 sf or ≥3 lf		-	enova				P		II Containme		Negativ	e Press	sure					
≥160 sf or ≥260 lf		X L	emoli	tion			Mini-Enclosure Glovebag Procedure											
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Location	on of		Norma d Sole				scriptio			^	mount		T					
Asbestos-Containin TO BE A		Ma	intena	ince/			itaining I systen		al (ACM) lation,		Specify	2		z l	ince	Enc		
In Fac	cility	Cust	todial ((12)	Staff?			cing, V		v (1889)	SI	F or LF)	Kelilova		Repair	Encapsulate	Enclosure		
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		Yes	No	N/A									4			_		
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Kitch		x		L	inoleu	ım		_	44 SF	x	4			_				
Kitchen, Hallwa	ay, Rear Entry			х		,	Spack	de 1200 SF x							-			
									T NI=	Donist	arad La-	dfill						
Name of Registered W	aste Hauler		100	NJDEP V Hauler ID			c Yards aste		Name of			dill						
United Roll Off			100	Hauler ID No. of Waste 22459 3				G.H.O.W.S.										
City, State			Disposal Date 2/7/20															
Elm NJ		Title						ire 7	1			Date	_	-				
Completed by		Signature						/		-	1/21	/20)					
Androny i Fema	thony T Perna President 1/21/																	

CK: 4980 INH1755

JAN 2 4 2020

Data of Notification (1)	Name of Bu	siding Owner/Operato	r (2)	5-0.34-	01.6		5.0	
Date of Notification (1)		PINELAM	02 COM	STRUCTIO	14-		***	
	Street Addr	ess						
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DLEPA Minital Amended	City, State,					2		1
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DOH justification)	Name of Co	ntac! FRAWIC		- GGA CE HOLD				
☐ DCA ☐ Cancettation							_	4
	FACILITY	INFORMATION	· ·					_
Table			Type of Facility	(4)	881/4			
Name of Facility Where Abatement is Takin	J - 500 (V)	17,	School (K-1	2)				ı
RESIDEAL	-	- Si	→ Subchapter	8 (Other than K-12)) - تامان بيان -	75		
Street Address	<u> </u>		M Other (i.e., p homes, etc	onvate & commercia	1 DOMESTICA	42.		
			Square Feet	# of Floors	Bldg	Age		\neg
City (5)	- 0.76		1500		50			
SEA ISL	E CITY	TI CTATE		nor if being demotis				-
	County Co	de (7) (STATE		A CHALT	/			
COUNTY (6) CAPE WHY	, USE ONLY							-
CALL THE BUILDING	Owner ASCM No.		men! Contractor (9					1
Name of Monitoring Firm Hired by Building		1<1	LCM (O	INC				
(8) N/A		Street Address		The second secon				1
Street Address		369	S. SPI	PUCE AUG				_
		City, State, Zip			00			
City, State, Zip Code		WAF		ADE N.J	08	505	2	. 1
04), 000, 07		_		License No	TV as an			
- Mantains Firm	Telephone No	Telephone No.	9-0472		171			-
Project Manager for Monitoring Firm			9-0472		111			닉
	duted Completion Date (11)	Name of OSHA	Monitor ,					1
Start Date (10)	7-7-20		NI	A				-
		Street Address	1.					-
Che Chan Diring Abatement (Che	ck only one)	55557755		an announce and the same of th				-
- A During Finite P	21000	City, State, Zip (nde					
Abatement Performed Outside of Norma	y Facility Hours	City, State, 200				95		
Apatement ration to our state								
Other - Describe:			intainment with Ne	crative Pressure				
Scope of Work (Check all that apply)		□ Fut Co	ucyoznie Butaniment Auto 144	,900,000,000,00				
y y	Renovation	Gloven	an Procedure					
≥3 sf or ≥3 lf	Demoition	Non-E	xempted (*) and N	on-Friable Procedu	re			_
≥160 st or ≥260 H					Ab	ateme	n!	
	Is Location					Туре		_
	Normally Used Solely by	Description of	of	Amount			71	
Location of		bestos Containing Ma	sterial (ACM)	(Specify	R	- 2	Encaosulate	Enclosure
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TO BE ABATED	Staff?	surfacing, VAT other miscellane	(axe)		VOV	alr	=	SUL
IN Facility	(12)	other miscerialie	, , ,		al		le l	9
(13)	Ves No N/A						-	
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	NJDEP Waste	Cubic Yards	Name of Reg	istered Landfill				
Name of Registered Waste Hauler	Hauter ID No.	of Waste	(n	C. MU.A.				==
	17904					100		
ICLEMOD INC.	8008 90000	Disposal Date-	Lina ?	OBINIE 1	JT			
City. State	11 T 08052				<u> </u>			
MAPLE SHOULE	MI DOS	Signature	- 000.	Date -	19-	10		_
Completed By	SUP.	Mu	wh					
MICHAN CLONINI -	304.							

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CKILIT	PAI		NOT	S IFICATIO (Pursuan	N OF AS	lew Jerse BESTOS C 8:60 ar	ABATE	EMENT		E C		W	i a		
Date of Notification (1)						g Owner/		r (2)	1.051		COMPANY TO ST				
01/21/2020	-					ra-Almo	onte	20.000.000		IAN	21	2020			
Agencies Notified	Type Notification	n		Street	Address				7	Unit		-6060		#4	
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						FORMAT				- W	-	-	-	-	
Name of Facility Where	Abatement is Taki	ng Place	(3)					Туре	of Facility	(4)					
House									School (K-						
Street Address						122 123			Subchapte	r 8 (Othe	r than K	-12)			
Cit. (5)									Other (i.e.	private &	comme	rcial bu	ııldıng	s, hon	nes,
City (5) Roselle								Squar	e Feet	# of	Floors		Bldg.	Age	
County (6)				Count	0-4-(7)										
Union					Code (7) USE ONL			Currer	nt Use (Pri	ior if bein	g demol	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCI	M No.		Name	of Abat	ement Co	ntractor /	0)		11/2-		
	,		,	1.00			Rizo	v LLC	ement co	mractor (9)				
Street Address								Addres					-		
							246	Gasto	n Ave.						
City, State, Zip Code							1 9890	State, Zij	Code J 07026						
Project Manager for Moni	toring Firm			Telepho	ne No.			none No			License	No			
)262-8		1	01369				
Start Date (10)				mpletion	Date (11)	10.00		A Monitor						
01/31/2020		02/03/)			Rizov	v LLC							
Occupancy Status During								Address							
Facility Closed/Vaca Abatement Performe	ted During Entire	Period of	Abate	ement				Gastor							
Other – Describe:	od Odiside of North	nai Facilit	у пои	18				tate, Zip							
Scope of Work (Check All	That Apply)						Garii	ieid N.	07026						
≥3 sf or ≥3 lf		X	Renov	ection				1			400000000000000000000000000000000000000				
≥160 sf or ≥260 lf			Demo					J Mini-	Containme Enclosure		Negative	Pressi	ure		
							×	0.01	ebag Prod	cedure					
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(13)			(12))			niscellane		- 1	SFU	ו נר)	nova	Repair	psul	Enclosure
		Yes	No	N/A								1 20	1	ate	Ге
Baseme	nt		х			Pine	Insulat	tion		0	0	x	+	-	
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Name of Posistered West	Herder														
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Rizov LLC			10000	0037825		TBD	5.5		Fairless	Hills L	andfill				
City, State						Disposa	al Date		City, State						
Garfield NJ			-3			TBD			Morisvill	le PA					
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Date of Notification (1)	1 1 1 1 1 1 1				f Building		Operator	r (2)	17	!	JAN 2	2.4	202	0	111	
01.13.2020	N 22 7				n Balda	ssarre			÷	ā.					-	
	Notification			Street A	ddress							i vila	: ; .			
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None of Earlie Miles Al.				FAC	LITY INF	ORMAT	ION									
Name of Facility Where Abater Private House	nent is Taking	Place (3)						Тур	oe of Facility (4	4)						
Street Address									School (K-1 Subchapter		oer than l	K 12)				
security delicated								×	Other (i.e. p	rivate	& comm	ercial	ouile	dings	hom	es,
City (5)								Squ	etc.) uare Feet	1#0	of Floors		В	ldg. A	Age	
Pompton Lakes, NJ 074	42							14	64	2				952	-	
County (6) Passaic County					Code (7) USE ONLY)			rrent Use (Price)	r if be	ing demo	olished	i)			
Name of Monitoring Firm Hired N/A	by Building O	wner (8)		ASCA	No.		1		batement Con entracting LI		r (9)					
Street Address		4/3/11					Street	Addr	ress							
City, State, Zip Code							City, S	state,	orth Ave, Ur Zip Code)					
Project Manager for Monitoring	Firm			Telepho	no No				n, NJ 07501		T	- 11				
							Teleph 973-		-6330		Licens 01383					
Start Date (10) 01.13.2020		Scheduled 01.13.20		npletion I	Date (11)				SHA Monitor Intractor LL	C						
Occupancy Status During Abate							Street		ress orth Ave, Ur	nit 65				1:		
X Facility Closed/Vacated D Abatement Performed Out Other – Describe:	uring Entire Pe tside of Norma	riod of Ab I Facility I	atem Hours	ent			City, S	tate,	Zip Code							
Scope of Work (Check All That	Analys						Pate	rsor	n, NJ 07501							(adjusting)
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	<i>Д</i> рріу)		novat				×	N	full Containme Mini-Enclosure Blovebag Proc	edure	87					
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Location of			ocation ocation			D								Abate Ty	pe	
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TO BE ABATED In Facility		Custo	dial S	4	(i.e.	thermal surface	systems cing, VA				Specify For LF)		Remova	Re	Encapsulate	Enclosure
(13)			(12)				niscellan			0,	0. 2. /	910	evor	Repair	sula	osur
		Yes	No	N/A								-			te	Φ
Basement/Boiler Re	oom			X	Pipe	and F	itting I	nsu	lation	6	0 LF	X				
Name of Desistant Wash 1												- September - Sept				
Name of Registered Waste Hau Spes Contracting LLC	ier		Ha	IDEP Wauler ID I	No.	of Was	10.		Name of R Fearless			dfill)
City, State Paterson, NJ 07501				20010			al Date		City, State Morrisvil		Δ				p)	
Completed by		Title				70.010.00.000	ignature		IVIOLIISVII	ic, P		Date			11122-45	
Branislav Pavlov		project	mai	nager)	3 2.0.0		10		vere a series	01.1	3.2	020		

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CKILLI	PAI	n		ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE		Т			C			W	(12	The state of the s
Date of Notification (1) 01.20.2020		the administration			of Building Arlingto				ation			JA	N 2	4	202	0	1111
	pe Notification			Street A	Address Ridge Ro						1	ir-log.			7113	11	
× EPA × DEP × DOL	Initial Amended Amendment	t #		City, St	ate, Zip Co Arlingto	ode	7031				2. 6.	10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	. Line	(Vasil	- 1:		
☑ DOH ☐ DCA	Emergency justification) Cancellation	(including	1	Name o	of Contact							hone I					
	1 Carlocilation	Š.			ILITY INF		5300			1	201) 551	-000	00			
Name of Facility Where Aba Queen Of Peace Scho	tement is Takir	ng Place (3)	1 40	ILIT IN	ORWAT	ION	Typ	oe of Facility School (K-	Trocks							
Street Address 191 Rutherford PI									Subchapte Other (i.e.	er 8 (O	Other te	than k	(-12) ercial	build	lings,	hom	es,
City (5) North Arlington								Squ N/A	etc.) uare Feet A	# 2	f of FI	oors		1000	ldg. A	ge	
County (6) Bergen					Code (7) USE ONLY)			rent Use (Prenovations	rior if b	if being demolished)						
Name of Monitoring Firm Hir T&M Associates	ed by Building	Owner (8)	ASCM No. Name of Abatement Contracting LLC													
Street Address 40 Monmouth Park Hig	nhway Suite	2					Street Address 69 Danforth Ave, Unit #65										
City, State, Zip Code West Long Branch, Ne		SV-022					City, S	State,	Zip Code		+05						
		704		Talaaba			1		n, NJ 0750)1							
Project Manager for Monitori Kevin Burns	ng Firm				76-1725		0.0000000000000000000000000000000000000	807-	-6330								
Start Date (10) 01.30.2020		01.31.	2020	npletion	Date (11)				SHA Monitor ntracting l								
Occupancy Status During Ab	atement (Chec	ck Only O	ne)				Street Address										
Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire I Dutside of Norn	Period of nal Facility	Abaten y Hours	nent s			City, S	Danforth Ave, Unit #65 7, State, Zip Code aterson, NJ 07501									
Scope of Work (Check All Th	at Apply)						Pate	rsor	1, NJ 0/50)1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ас Арріу)	-	Renova Demolit				×	N G	full Containm Mini-Enclosur Blovebag Pro Mon-Exempte	re ocedur	re	•				a	
			Locati Normal				8 8								Abate Ty	men	t
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)		Use Ma	ed Sole aintena todial S (12)	elý by nce/		tos Cont thermal surfa		Materi s insu T, or		,	Amo (Spe SF or	cify		Removal	Repair	Encapsulate	Enclosure
Mechanical Ro	om	Yes	No	N/A	Vinyl Ti	los on	d A 000	oiot	ad Maatis		20.6	25				te	CD .
Wednamear No	JOH			X Vinyl Tiles and Associated Ma					ed Mas		30 \$	5F	2	2			
Name of Registered Waste H	lauler		l N	JDEP W	/aste	Cubic	Yards		Name of	Regio	sterer	11 and	1611				
Spes Contracting LLC			Н	lauler ID 038075	No.	of Was			Fearles				ault.				
City, State Paterson, NJ 07501						Dispos TBD	sal Date		City, Sta Morris		PA						
Completed by Branislav Pavlov		Title proje	ct ma	nager		S	ignature	9	D	5)		- 1	Date		020		

State of New Jersey

Noce			ICATIO	tate of New N OF ASB t to NJAC	ESTO	SABATE		T		G C		The second of th	W	E	A Superior of the second	
Date of Notification (1)			Name o	of Building C	wner/C	Operator (2)				1 / 1	1 /	1	2020)		
01/20/2020				lyst Expe	erient	tial				JAI	¥ Z	. 4	2020	J		
Agencies Notified Type Notification			Street A						18					32		
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DEP Amended X Amendmen	XX 2	64	_	ate, Zip Co				4		1	16/15	K.a.	ila.			
Emergency		_	-	vtown So	quare	e, PA 19	073									
DOH justification)				of contact						ephone						
DCA Cancellation	1		Jim C						61	0.810	.332	26			200	
Name of Facility Where Abatement is Takir	ng Place /	3)	FAC	ILITY INFO	ORMA	TION	Typ	e of Facility	(4)				-			
Former Zippy Lube & Residentia							Tyl		0.000							
Street Address		-,	-		-		H	School (K- Subchapte		or than	V 10	1				
307 Route 202							×	Other (i.e.					dings,	home	es,	
City (5)							_	etc.)								
Flemington,							40	uare Feet 00	1 1	f Floors			ldg. <i>A</i> i0+	ige		
County (6) Hunterdon County,				Code (7) USE ONLY)			Α	utomotive	repai	r, resid	lent	ial				
Name of Monitoring Firm Hired by Building	Owner /0		ASC	A No.	- X	Name										
EAGLE IHA Inc	Owner (o)	ASCI	VI INO.			me of Abatement Contractor (9) con Environmental Inc									
Street Address						Street Address										
359 Dresher Road						150 Glenwood Dr										
City, State, Zip Code	10,000					City, State, Zip Code										
Horsham, PA						Washington Crossing PA 18977										
Project Manager for Monitoring Firm			Telepho	ne No			Telephone No. License No.									
Mark Hays				72-6088		11.000000000000000000000000000000000000	215-313-7427 01225									
Start Date (10)	Schedu	led Con		Date (11)			1017.137.117	SHA Monitor			_				-	
12/11/19		/2020		Date (11)		same										
Occupancy Status During Abatement (Chec				17.78		Street		ess								
			ont													
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	nal Facilit	y Hours	iciit		_	City, S	tate,	Zip Code								
Scope of Work (Check All That Apply)					U-TASE											
≥3 sf or ≥3 lf		Renova	tion			(F)	7 -	ull Containm	ont with	Mogatis	(0 D					
× ≥160 sf or ≥260 lf		Demolit				×		lini-Enclosur		Negali	ve F	essu	e			
\$						×	. 0	lovebag Pro	cedure				12			
	T	-0-2000		Г		<u>[^</u>	7 1	lon-Exempte	d (*) an	d Non-F	riabi					
		S Locati Normal											Abate Tv	pe		
Location of Asbestos-Containing Material (ACM)		ed Sole		Anhani		escription		-1 /4 04 0								
TO BE ABATED		aintenar				ntaining M al systems				mount Specify		R	_	Enc	Щ	
In Facility	Cus	todial S (12)	itam?		surf	acing, VA	T, or			or LF)		Remova	Repair	aps	nclo	
(13)	-	12			other	miscellan	eous	5)				oval	air	Encapsulate	Enclosure	
	Yes	No	N/A									2,44,9		е		
Attached																
Name of Registered Waste Hauler		277	JDEP Wauler ID	100000000000000000000000000000000000000	Cubi of W	c Yards		Name of	Registe	red Lan	dfill					
Service Transport Group		10000	W2117	((0.00)	TBD			Minerv	a Ente	rprises	S					
City, State Wayneburg, OH					Dispo	osal Date		City, Stat		ОН						
Completed by	Title					Signature		- Caylie	zuig,	7	Dat		-		\dashv	
Andre Gosek	1	nanag	er			Jigriatule	_	1-0-0-					2010			
		//	11/26/2019													

~ W 1150110			NO	TIEI	САТ		State of I		Jersey STOS ABA	TERRENT									
ULIDA	ATD		NO						8:60 and 5:1			CE	Proposality 1. Lancous and	W	Ē				
Date of Notification (1)		220	200		1				wner/Operator	(2)		"nin" are to solid out of a silvenile! a	-104,	recitor par	1	B Company	H		
	17 /	20	0			Ph	yllis Gad	dsor	1	2 117		JAN 2	1 2	020	5				
Agencies Notified	Type Notifi	cation			5	Stree	t Address					UAIN Z	4 4	UZU		1. 12 d			
☑ EPA ☑ DOLWD	☐ Initial ☐ Amende	اه د								1	_				. !				
Ø DOH	Amenda		ŧ		C	City,	State, Zip	Cod	е			Justical (1)							
☐ DCA		ncy (ii		- ig			merset l		8873	la.		J. Kilisi	Carriet			- *m n	1		
(NJAC 5:23-8)	justifica	tion)		::Ti	V		e of Conta					Telephone I	Numbe	er					
	☐ Cancella	ation				Ph	yllis Gad	dsor	1			W							
						FA	CILITY	NFO	RMATION										
Name of Facility Where A	Abatement is	Takin	g Plac	e (3)						Type of Fa	acility (4	1)							
Same										School		(Other thes	K 40)						
Street Address										Other (i.e., pri	(Other than vate and con	K-12) nmerc	ial bu	ilding	gs,			
City (5)										Square Fe	et	# of Floors		1000	dg. A 59	ge			
County (6)						Cour	nty Code ((7)(ST	ATE USE ONLY)	LY) Current Use (Prior if being demolished)									
Somerset																			
Name of Monitoring Firm	Hired by Bui	lding (Owner	(8)	AS	SCM	No.	0.00	ame of Abatem										
A.E.S.L					(002	1		CPR Environ	mental Se	ervice								
Street Address 2200 PATTERSON I	OL ANIZ LIN	IT 7							reet Address										
City, State, Zip Code	LANK UN	11 /			0.0-20-0			_	8421 Hegerm					85050-0					
NORTH BERGEN N	1.07047							1	ty, State, Zip C										
Project Manager for Monit				To	leph	000	No		Philadelphia	PA 19136	-	11.							
CARMELO ALTAMO				100			1056	Telephone No. License No. 215 333-5117 01328											
Start Date (10)	20	Sched	duled C				te (11)	Na	ame of OSHA N			01020							
Occupancy Status During		Chec	k only						reet Address	-									
☐ Facility Closed/Vacate					eme	nt		100000	Same										
☐ Abatement Performed	Outside of N	lormal	Facilit	у Но	urs -	Des	cribe		y, State, Zip Co	ode						-			
Time of Abatement:	AM	PI	VI/	PN	Λ- <u> </u>		AM	1	Same	, 0000									
Scope of Work (Check all	that apply)																		
≥3 sf or ≥3 lf			⊠ Re	enova	ation				☐ Full Cont		h Nega	tive Pressure	е						
≥160 sf or ≥260 If			☐ De	molit	tion					Procedure									
		-	Is	Loca	ation		T		☐ Non-Exe	mpted (*) an	id Non-	Friable Proc	edure			7700			
Location of	of		1	Norm	ally				Description o	f						ent T			
Asbestos-Containing N TO BE ABA		A)	E2567	ed So inten			Asbe	estos	Containing Ma	terial (ACM)		Amount		Removal	Repair	Encapsulate	Enclosure		
IN Facility			1000000	todia	I Sta		(1.€		ermal systems i surfacing, VAT,			(Specify SF or LF)		влог	air	apsı	losu		
(13)				(12					her miscellane			01 01 11		-		ılate	ē		
Taal Daam			Yes	No		V/A													
Tool Room	\boxtimes	L]_	VAT					445sf		\boxtimes								
						J													
					I	7								П	$\overline{\Box}$	П	П		
Name of Registered Waste	e Hauler			T	NJDI	EP V	Vaste	Cul	bic Yards of	of Name of Registered Landfill						ш	Ш		
ASBESTOSTRANSP	ORTATION	COI	MPAN	IY		er ID	No.	Wa	ste			NTERPRIS	ES LI	_C					
City, State					32	.401	U	Dis	posal Date	City, State	9								
YAPHANK NY									3	WAYN		RG OH							
Completed By (Print or Type	pe)	Title							Signature /	1			Date						
ANTHONY JONES	ΛAΝ	IAG	ER		Ant	ho my	Jou	ÉB			20								
CD 44									11.,	6 I	F150								