		TOVE	#17	10	41.		2					erite Sandana							
		TUN	1.1.5		FICATION	of Nev	STOS	ABATE				C	EI	W		Paraman Paraman Paraman			
K 054	$\mathcal{O}$	PAT		(F		to NJAC 8				1 1 1 1		all the manage manie			155				
Date of Notification (1 1/27/20	1)	the A Madella	Jan Land		1	Building ( Franke	Owner/C	Operator	(2)	1		JAN	2 9	วกวก					
Agencies Notified	Тур	oe Notification			Street A	OFFICE STORY							J	2020	-	S. Bent.			
<b>⋉</b> EPA		Initial								V.		analistic).	Y		1				
DEP X DOL		Amended Amendment	#			ite, Zip Co wood, N		31			er ere	· Alik	Name	is.	i S				
П рон	×	Emergency justification)	(including			Contact	0,00				Tele	ephone Nur	nber		1152	3414/11			
DCA		Cancellation			Betty I	Franke													
Name of Facility Whe	ere Abate	ement is Takin	o Place (3	3)	FACI	LITY INFO	RMAT	ION	Type	of Facility (	y (4)								
Residential Hom		***************************************	· 5 · · · · · · ( ·	,					_	School (K-1									
Street Address										Subchapter	8 (Oth	er than K-12 & commerci		linas	home	25			
0:4./5)									E-1	etc.) re Feet		Floors		<del></del>					
City (5) Englewood									3000		2	Floors	19774	ldg. A 5 +/-	-				
County (6)					County (		<u></u>					ng demolish	ned)						
Bergen		di Didi	0(0)			JSE ONLY)	-		10 100	idential F		(0)							
Name of Monitoring F Project Manager		ea by Building	Owner (8)	16	ASCM	I NO.	Name of Abatement Contractor (9) All Stages Abatement												
Street Address								Street Address											
0'1- 01-1- 7'- 0-1-								1000000	This of the same of	dland Av	е.								
City, State, Zip Code								9.5355		ip Code ook, NJ (	7663								
Project Manager for I	Monitorir	ng Firm			Telepho	ne No.		100000	none N			License N	lo.						
Stort Data (10)			Sahadul	od Co	mpletion I	Doto (11)	201-600-3184 01305 (11) Name of OSHA Monitor												
Start Date (10) -1/27/20			1/28/2		mpletion	Date (11)		Ivanie	01 031	TA IVIOITILOI									
Occupancy Status Di	uring Ab	atement (Che	ck Only Or	ne)	7		The state of the s												
Facility Closed/\ Abatement Perf								City	toto 7	ip Code									
Other – Describ			nai i aoiit	y i iou				Oity, C	nate, Z	ip code									
Scope of Work (Chec	k All Th	at Apply)						_	_										
≥3 sf or ≥3 lf ≥160 sf or ≥260	If		ACCOUNTS NO.	Renov	ation			>	Fu	ll Containm		Negative F	Pressu	re					
2100 \$1 01 2200	10		Ц,	Jemo	ildori			2	- 1	vebag Pro	cedure	d Non-Friat	do Dro	aadur	0				
			le	Loca	ation				_ NO	II-Exemple	u ( ) an	u Non-Friat	Te Fio	Abate		t			
Loca	ation of			Norma	ally			scription						Ту	ре				
Asbestos-Contair TO BE	ning Mat		Ma	inten	lely by ance/			taining N I system			F. 1756	mount Specify	R	77	Enc	m m			
In F	acility 13)		Cus	todial (12	Staff?		surfa	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure			
	.0,		Yes	No	N/A				,				<u>a</u>	-	late	lle			
Basement x Pipe									ap		1	8 LF	х						
								•											
	-																		
Name of Registered	Waste F	lauler			NJDEP W Hauler ID		Cubic of Wa	Yards		Name of	Registe	ered Landfil	l						
All Stages Abate	ment				0036592		1 YD			Grand	Centr	al Sanita	y Lar	ndfill					
City, State								sal Date	)	City, Sta		۸							
Saddle Brook, N. Completed by	J		Title				TBD	Signatur	e	Pen Ar	gyı, P		ate	- B					
Richard Cristofol			Pres	iden	nt			- 13. 14141	1/1		5		/27/2	0					
										7/									

INV# [	100	40	9	tate of Ne	w lore	01/						L				
CK 2541 PAI	D		CATIO	N OF ASB	ESTOS	ABATE		IT	į į	GE	Ī V	/ E	Maria 1975			
Date of Notification (1) 1/27/20				of Building Kidon	Owner	/Operator	(2)	1/2/		- diterrible and		40.76	7	A Branch Land		
Agencies Notified Type Notification			Street A							JAN 2	20	20		H.		
EPA Initial Amended			City St	ate, Zip Co	nde								<u> </u>			
DOL Amendment #				wood, N		75				Gertie C !.GkN:			1			
DOH justification)  Cancellation	ricidaling		Name o	of Contact Kidon					Te	ephone Nu	ımber					
				ILITY INFO	ORMAT	TION										
Name of Facility Where Abatement is Taking Residential Home	Place (	3)					Ту	oe of Facility								
Street Address							×	School (K- Subchapte Other (i.e.	r 8 (Oth	er than K-1 & commerc	2) cial bui	dings	, hom	es,		
City (5) Westwood							1000	etc.) uare Feet :50	# 0	f Floors		3ldg. <i>F</i>				
County (6) Bergen				Code (7) USE ONLY	)	Current Use (Prior if being demolished)  Residential Home										
Name of Monitoring Firm Hired by Building O Project Manager	wner (8)		ASC	M No.				batement Cor es Abatem	batement Contractor (9)							
Street Address							eet Address									
City, State, Zip Code						280 N. Midland Ave.  City, State, Zip Code										
						Sado	dle l	Brook, NJ	07663							
Project Manager for Monitoring Firm			Telepho	50.W.C.A.V.E. BERKE (ACT of )			600	-3184		License N 01305	No.					
2/3/20	2/6/20		pletion	Date (11)		Name	of O	SHA Monitor	X			()				
Occupancy Status During Abatement (Check						Street	Addı	ress		<u> </u>						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe: 8 A.M to 4 P.M	eriod of all Facility	Abatem Hours	ent		_	City, S	tate,	Zip Code								
Scope of Work (Check All That Apply)						1										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti	70.00			×	100	full Containm Mini-Enclosure Blovebag Pro- Mon-Exempte	e cedure				dura			
	ls	Location	on				-	TOTI EXCTIPIO	4 ( ) 411	a Hon-i Hai	10110	Abate	ement			
Location of Asbestos-Containing Material (ACM)		Normall d Solel		Achae		escription		ial (ACM)	^	mount		Ty	pe			
TO BE ABATED In Facility (13)		intenar todial S (12)			therma surfa	Il systems acing, VA miscellan	s insi T, or	ulation,	(5	specify or LF)	Remova	Repair	Encapsulate	Enclosure		
(10)	Yes	No	N/A		other	mocellari	ieou	"			Val	<b>≒</b>	ulate	ure		
Basement	x				VAT			20	)4 SF	х						
											+					
										500 IV	-					
Name of Registered Waste Hauler			JDEP W		Cubic	Yards		Name of	Registe	red Landfil	I					
All Stages Abatement		11	auler ID 036592	Section 1997	of Wa	)		Grand	Centra	al Sanitar		ndfill				
City, State Saddle Brook, NJ					Dispo TBD	sal Date		City, Stat		A						
Completed by	Title	ident				Signature		1/11	3,,,,,	Da	ate					
Richard Cristofol President										1.	/27/2	U				

2017 11 W	mio P	AT		CATION	ate of Nev I OF ASB to NJAC	ESTOS	ABAT		NT É	<del>/ 1 -</del>	EC		W	En p	
Date of Notification (1) 01/27/2020	0/0	~ .50,.50			f Building ort Auth				k & New Je	rsey	JAN	/ n	20 <b>20</b>	·	
Agencies Notified	Type Notification			Street A	ddress wster R	oad			1		UAN S	<u> </u>	2020	1	
EPA DEP  DOL	Initial Amended Amendmen				ate, Zip Co k, NJ 07				· · · · · · · · · · · · · · · · · · ·			1 . 1			
DOH DCA	Emergency justification Cancellation				f Contact el DaCo	sta					lephone Nur 73-961-63				
				FACI	LITY INFO	ORMATI	ON								
Name of Facility Where Newark Airport	Abatement is Takii	ng Place (3	5)					Ту	pe of Facility (	12)					
Street Address 350 Scargo Earhar	t Drive					PRE-11		×	0" "	orivate	ner than K-12 & commerci		dings,	home	es,
City (5) Newark								Sc N	quare Feet /A	# c	of Floors A		ldg. A 5+	.ge	
County (6) Union					Code (7) USE ONLY		_			ent Use (Prior if being demolished) derground Transite Piping					
Name of Monitoring Firm Matrix New World I		Owner (8)								patement Contractor (9) burg Industrial Service Company					
Street Address 26 Columbia Turnp	oike						30,473470	et Address 17 Spillman Drive							
City, State, Zip Code Florham Park, NJ (	)7932						100000000000000000000000000000000000000		e, Zip Code em, PA 180	)15					
Project Manager for Mor	nitoring Firm			Telepho 973-24	ne No. 10-1800		Teler 610		e No. 1-1800	-,,	License N 00721	0.			
Start Date (10) 02/10/2020		Schedule 02/20/2		npletion	Date (11)		2000		OSHA Monitor nburg						
Occupancy Status Durin	ig Abatement (Che	ck Only On	ie)				Stree						3811-6		
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Non	nal Facility	Abatem	nent			City,	State	oillman Driv e, Zip Code			*			
		Guidoois					Bethlehem PA 18015								
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	чі і пат Арріу)		Renova Demolit					×	Full Containm Mini-Enclosur Glovebag Pro	e cedure	, and the second				
				Yanka a					Non-Exempte	d (*) ar	nd Non-Friab	le Pro	cedur Abate		
Locatio	n of	N	Locati Vormal	ly		De	scriptio	n of						ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma	d Sole intenar todial S (12)	nce/		tos Cont thermal	taining syster cing, V	Mate ns ins AT, c		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		No	N/A		125								(D		
Undergroun	id Piping			X Transite 600 LF X					X						
Name of Registered Wa			10 2002	JDEP W		Cubic of Was	Yards	ļ	l second		ered Landfill		0.90390		
Brandenburg Indust	rial Service Co		21838 60 Wa					Waste Connections IESI Landfill							
City, State Bethlehem, PA					City, Stat 0 Bethleh	y, State ethlehem, PA									

Completed by

Stephen Carne

Title

**Environmental Manager** 

Date

01/27/2020

Signature

InvH17tolo7

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

1470 PAID		(Pu	rsuant 1	to NJAC 8	8:60 a	nd 12:120	))		X!"	Commercials or		1111		6)7/	
Date of Notification (1) 01/27/20				Building ( vesteme						JAI	V 2	9	2020	i	
Agencies Notified Type Notification  EPA Initial		100	Street Ad 300 Eli	ddress m Place				-	1				1000		
DEP Amended Amendment #_		0.1	City, Sta Leonia	te. Zip Coo , NJ	de			l e			H.S.			and their e	
Emergency (inc justification)  DCA  Emergency (inc justification)  Cancellation	cluding			Contact vesteme	nt Pr	operties	3			phone -310-					
			FACIL	LITY INFO	RMA	TION									
Name of Facility Where Abatement is Taking F 300 Elm Place	Place (3	)						of Facility (4 School (K-1)	2)		( 10)				
Street Address 300 Elm Place							×	Subchapter Other (i.e. p etc.)	rivate &	comme					s,
City (5) Leonia								re Feet		Floors			dg. A	ge	
County (6) Bergen			STATE U	Code (7) ISE ONLY)	-	=/===8)	Current Use (Prior if being demolished)  Apartment building								
Name of Monitoring Firm Hired by Building Ow	vner (8)		ASCM	l No.			Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS								
Street Address							Street Address 6 WHITE DOVE COURT								
City, State, Zip Code	ip Code							City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm	er for Monitoring Firm T							bhone No. License No. 1200							
	chedule 2/07/2		pletion [	Date (11)		1		HA Monitor D PROFE	SSION	NALS					
Occupancy Status During Abatement (Check C	Only On	e)		ss DOVE CO	JURT.										
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of A Facility	Abatem Hours	ent		_	City, S	state, Z	Zip Code		34-3		<u> </u>	II as a second		
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenovat emoliti				×	Mi Gle	III Containme ni-Enclosure ovebag Proc on-Exempted	edure					•	
	Is	Locatio	on										Abate	ment	
Location of	1	Vormall	y		D	escription	of				-		Тур	oe T	_
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12) No	ice/		therm sur	ntaining N al system: facing, VA miscellar	s insul T, or	ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	165	INO	IN/A	-	חוחר	INSULA	A TIO!	NI I	2	01.5	-				-
INTERIOR								N		OLF		х			
Name of Registered Waste Hauler		I N	JDEP W	/aste	Cuh	ic Yards		Name of I	Register	red Lan	dfill				-
NEWARK CARTING		H	auler ID 1509		of W 4	/aste		IESI			4.001				
City, State NEWARK, NJ					- 13323072	osal Date 07/2020		City, State		PA	PA				
Completed by Title JOSEPH PERLSTEIN OWNER							Signature Date 01/27/20								

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

			m	

Date of Notification (1)	I FREE	<i>F</i>		Name of	Building O	wner/0	Operator	(2)		U	IAN 2	9 2	020			Ži j		
01/27/20					a Rotbe	rg												
Agencies Notified	Type Notification			Street Ad	dress						S. I Cler	(a ):		· · ;	•			
EPA DEP	X Initial Amended		-	City, Stat	te, Zip Cod	le				Time	i akini	V.,218	Alexandra L	, ing <sup>2</sup> ffaction				
X DOL	Amendment Emergency		_		Dod, NJ	0870	1								*1			
<b>▼</b> DOH	justification)		- 1	Name of	Contact a Rotbe	ra				Tele	ephone N	Vumbe	ır					
DCA	Cancellation				ITY INFO		ION				2		-					
Name of Facility Where	Abatement is Takin	g Place (3)	1000-	1 Aoit			1011	Type o	f Facility (4	1)								
									chool (K-12 ubchapter		or than K	( 12)						
Street Address								× O	ther (i.e. p				uildir	ngs,	home	s,		
City (5)								Square		# of	Floors		Bld	g. A	ge			
Lakewood				County	20do (7)			Curron	t Use (Pric	r if hai	na dema	liched	)			$\dashv$		
County (6) Ocean				County C	ISE ONLY)			HONIN		i ii bei	ng demo	лынси	,					
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.				ement Con PROFE									
Street Address								eet Address WHITE DOVE COURT										
City, State, Zip Code							City, S	City, State, Zip Code										
								AKEWOOD, NJ 08701						Ne				
Project Manager for Mor	nitoring Firm		Telephor	ne No.		1/2/2005/1909	hone No 668-90			Licens 1200	e No.							
Start Date (10) 02/06/20		Schedule 02/07/2		npletion [	Date (11)		Process (1972)		A Monitor PROFE	SSIO	NALS							
Occupancy Status Durin	ng Abatement (Che	ck Only One	e)					Address		LUDT	·	1/2-2-2						
Facility Closed/Vac Abatement Perform								State, Zip	OVE CO	JURI								
Other – Describe:		riai r aciiity	riours	· 			100000000000000000000000000000000000000		D, NJ 0	8701								
Scope of Work (Check /	All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						9				
							E	M INOI	I-Exempled	J ( ) an	id Non-F	Hable			ment			
Locatio	n of	N	Locat Iormal	lly		D	escription	n of	5			-	_	Ту	ре	_		
Asbestos-Containing	g Materiai (ACM)		d Sole			os Co	ntaining I	viaterial			Amount Specify		R	_ i	Enc	Ф		
TO BE AE	ility	Cust	odial 3 (12)	Staff?	(i.e.	surf	acing, VA	AT, or	don,		F or LF)		Remova	Repair	Encapsulate	Enclosure		
(13)	)	1		T		otner	miscella	neous)					val	=	ılate	ure		
INITED	IOD	Yes	No	N/A			LOORII	NG		1	50SF	-	c					
INTER	TIOR			Г	LOOKII	NG -			3031		-	_						
			- History				-											
Name of Registered Wa	aste Hauler		1	JUEP W	Vaste		ic Yards		Name of	Regist	ered Lar	ndfill						
NEWARK CARTIN				Hauler ID 4509	No.	5	/aste		IESI									
City, State NEWARK, NJ						A. C. S. S. S. S. W. S.	osal Date 07/20	е	City, Stat BETHL		М РА							
Completed by JOSEPH PERLSTE							Signatui	re				Date 01/2		0				

## Date of Notification (1)

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

Check # 10846

Date of Notification (1)	A. Colony Colon	Nac	no of Duite:	0 '0				15 (	5	S	1 1	# #
1 -	27-2	0	BRad	ng Owner/Op		2		te de wee				
	otification		et Address		14101	botto	300		<u> </u>			
□ EPA E Init	ial		24			2	0	J/	AN	7 3	20	20
DEP O Am	iendeci	City	State, Sip	Code				1.		-		
	endment #_ ergency (includi		130	ound	Re	onk	NJ	00	an	-		-
DOR just	lification)	Ivan	ie of Conta	g .	. ,		Telepho			<u>)</u>	<u> </u>	
	ncellation	1 2	Rad	Higgin	bot	tom	A	JIIE NE	noer			
ame of Facility Where Atlatemen	A I P I			FOFWATTO	N	70.7				<u></u>		
The or i small value Attacement	us raking Place		11.		Ту	pe of Facilit	ty (4)					
traet Address . 1	anily	UME	lling			School (I	<-12)					
	0 1	and the section of th	_)		20	Subchap	ter 8 (Other th	an K-1;	2)			
ly (5)					90	etc.)	e. private & cor	mmerci	al bui	ilding	s, hor	nes,
1.7 1. 1.1	Day /	771	088	795	Sq	uare Feet	# of Floo	ors	TI	Bldg.	Age	
ounty (6)	ROOK_						2	) =-	1	-		
Promo os or		Coun	ty Code (7)	YI.	Cu	rrent Use (F	rior if being de	emolish	ned)	-		
me of Monitoring Firm Hand by F	N Building Own on A				-							
me of Monitoring Firm Hired by E		o) AS	CM No.	1	Vame of A	batement C	ontractor (9)	8.				-
del Address	Part Care de C				THE REAL PROPERTY.		E-DOO	100	ie.	5	THE PERSON NAMED IN	A t
		9		8	treef Add	ress	tille tile coule	bil	)		THE STATE OF THE S	
y, State, Σ'p Codε		th day design	h		Fo W	· Dai	1337	25				
MEDERVA	h M.			antile :	10. 41.	Zip Code	ad A	J dan	M	e e	100° (E)	O UED
eq Manager for Mondail go Firm	1 0		hone No.	THE	elephone	Die ald	por r	West	6		10	113
ec Manager for Monishing Firm	Ken		758			Albi d		ense No	). di	1.0	4.4	
rt Dare (10) - 7 / 7	Schedu	led Completio	11 Date (11		ame of Os	8-33 SHA Monito	(a)		Dh	21		
0/100/6		- 7-	20				hnolog		-			
Supancy Status During Apatemen	it (Chack Only O	ne)		S	treet Addr	ess	21 11 10109	ies		٧٢.		
Facility Clased/Vacase / During	Entire Period of	Abatement					337	68				
Abatement Performed Outside Othe: - Describe:	of Normal Facilit	y Hours		Ci	ity, State,	Zip Code			-		<del></del>	
					New	Egypt	ALT	- 1	83	S 72		
ope of Work (Check A., That Appl	1)					-off	100		0			
≥3 stor ≥3 if ≥160 stor ≥250 if		Renovation	.05			ull Containm	nent with Nega	tive Pr	DCC! IF	·a		
and of a weath	i! [	Demolition			U_ M	ini-Endosur	re ·		00001			
more expressed and a location of the same and the same an					NO IN	lovebag Pro	cedure ed (*) and Non-	Friable	Droc	odur.		
	15	Location					- 17 4.14 11011	THOUSE	100		ernent	 ł
Location of .		Normally		Descrip	otion of			1			pe	
Asbellos Containing Material (AC TO BE ABATED		ed Solely by sintenance/	Asbes	tos Containin	ng Materia	II (ACM)	Amount				(72	7
In Facility		todial Staff?	(1.8.	thermal syst	tems insul	ation,	(Specify		Re	70	inca	En
(13)		(12)		other misce	, v.a.r., u: ellaneous)		SF or LF	)	Removal	Repair	Encapsulate	Enclosure
	Yes	No NA	7		•			-	/al	=	llate	ure
in som and 4			1	190,000	6							
Kithaga a Maria Carant J. J.	<u> </u>		4.7	e Ins	ula	frun	100	LF	X			
Commence in the care of the care of the second care of the care of												
									$\dashv$			
								-	+			
e of Registered Vilaste Fauler		NJDEP V	Vaste	Cubic Yard	is	Name of	Registered La	ndfill				
to De Common las	10	Hauler ID		of Waste	フ				70-		_	,
State learnatolog	41832	1170	00	m;	<u> </u>	Mast	e Manag	gemo	ent	0 6	P	14
Mr Francis	117			Disposal D		City, State	Э.					
pleted by a SYPT	Title			2.7-		Monn	isville	PI	Contract of the Contract of th			
ere Schenhen	Par	eid +		Signat	ule -	5.11	1	Date	1	7 7	- 20	7
and the second of the first of	1 13/63	DILLIC		4 7	J. A A 183 1	DAV M.	. An	1 3	1 "	1 1	- WE	

TMH [710	7/	)							May 1702			<u></u>		
CK#5420 PAII	) 1	7777	CATION	of New OF ASBI to NJAC	ESTOS	ABATE		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CE	Townsenan 1	<u>W</u> -		
Date of Notification (1)				Building				01		JAN 2	9 2	020	A LEGISTRA	
Agericles Notified Type Notification			Of Street Ac	l(∩)~ (L	Droci	x ('0.	MIC	1 Club			· ·		- 11	
		Annualten	G		-bre	WR	4		-		(da)	11.11	i	
DEP		4		te, Zip Cģ	lle		1	7	_ 7	1.(()): 247	Munde	Ž.	.,1.2	
DOL Amendment #		-		Contact	N(J)	, Ne	زري	ricy	() t	ephone Nu	nher			
DOH justification) Cancellation			1	i SSC					G	OF F 3	47	70	1/10	9
[Description of Control of Contro				LITY INFO	Manager Committee	ION			<u> </u>					
Name of Facility Where Abatement is Taking		(1)	j				Туре	of Facility (	4)					200000000000000000000000000000000000000
Street Address	10/	U	b				(SECTION)	School (K-1 Subchapter		er than K-12	2)			
9 Springhrook Rd	/<	Ta Go	I F	1			<b>一</b>	Other (i.e. p				lings,	home	es,
City (5)	-	)r <u> </u>	-	<del>)</del>		1	and the second	etc.) e Feet	# o	Floors	В	ldg. A	ge	
Marciston				Y5 (1.14)		and the same of th		Ü	9	-		<u>50</u>	T	
County (6)				Code (7) USE ONLY	)		Curre	nt Use (Prid	or if bei	ng demolist	ned)			
Name of Monitoring Firm Hired by Building O	uner (8)		ASCN			Name	of Aba	tement Cor	ulractor	(9)				
realite of monitoring , in third by balang b	(0)					1		ation Co I		(-)				A Company
Street Address			1				Addres							
								se Rd						
City, State, Zip Code								p Code <, New Je	arsev	07722				1
Project Manager for Monitoring Firm			Telepho	ne No.			one No		,,,,,	License N	0.			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							294 1			00029				
	Schedul			Date (11)		Name	of OSI	A Monitor						
Occupancy Status During Abatement (Check	Only O	1 2 2 1 1	1090		<u> </u>	Stroot	Addres						1123-1-1	
Facility Closed/Vacated During Entire P			nent		22	03661	7100101					#2	.25	and the property of
Abatement Performed Outside of Normal Other – Describe:	al Facility			Jun 200 1100 1100 1100 1100 1100 1100 1100		City, S	state, Z	ip Code						
Scope of Work (Check All That Apply)							_							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	COMMENT	Renova Demolit				guard Same	Min Glo	l Containme ii-Enclosure ivebag Prod	e cedure					1000
	<del></del>			Ι		4	U No	n-Exempted	d (*) an	d Non-Frial	ole Pro	-35		
		Locati Normal						400				Abate Ty	emeni pe	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes		scriptior taining f		(ACM)	P	mount	The state of the s		m	
TO BE ABATED In Facility		intena todial S			. therma	system	s insula			Specify For LF)	Ren	Re	ncap	Encl
(13)		(12)		Total Control of the		niscellar		and the state of t	O.	or Er ,	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					and the state of t					6	(D
SNIGE	and the same of th		d	+0	-			efathren	/0	17)	X			
0,20								777-06		-				
											- Andrews			
Name of Registered Waste Hauler		1	JDEP W		10 P (5) (5) (5) (5) (5)	Yards		Name of	Registe	ered Landfil	-	-		
Ace Insulation Co Inc		2	lauler ID 2086	140.	of Wa	iste /		1 (	hri	5				
City, State					Dispo	sal Date				kn. PV	1			
Colts Neck, New Jersey	1				1 3	TUL"	<i>O</i>	-	() T			- 1		
Completed by Bree McGuire	Title	etarv	Treasu	irer	-	Signature	2	/		Di	ate	7	200	10
DIO MOGUIO	1 000	- July	1.0000				( )	$\tau / t$		į	. 1	- 1		i
ASB-41 (R-06-08)						" Do n	ot use t	his form for	asbes	tos licensur	е ехег	npted	activi	ties.

Inv# 17673

n. Kinnayar	PAT				ON		BEST	rsey OS ABATE and 12:12		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E. C.		₩.	in in	1 10 10 10 10 10 10 10 10 10 10 10 10 10	
Date of Notification (1)	A A A M.B.	JI.J.	٧.							- 11	1				1		
1/27/2020								er/Operato Itions U		C	1.	JAN 2	9	2020		1-1	
Agencies Notified	Type Notification					dress	0010	1110110 0	0 1111	·				<del></del>	- 1		
☑ EPA	<b>✓</b> Initial							rk West	t Dr			Luci Co	(Ui	100	د سد از،		
DEP DOL	Amended					e, Zip C				1	155	1,10%	Nath	Ü.	and the same		
	Amendment							A, 1527	5								
☑ DOH ☐ DCA	justification)					Contact Ballo						lephone Nu		205			
	Caricenation					ITY INF	OPM	ATION			(	908) 61	6-06	35	College		
Name of Facility Where Al	patement is Takin	g Place (3	3)		TOIL	-111 1141	OTTIVI	ATION	Туре	of Facility	(4)						
LanXess Solutio Street Address 1000 Convery B		Perth A	Amb	oy P	lar	nt					er 8 (Oth	ner than K-1 & commerc		ldings	hom	es,	
City (5) Perth Amboy							**********		***********	re Feet	# 0	of Floors		Bldg. A	\ge		
County (6)						ode (7)						ing demolis	hed)				
Middlesex				(STA)	E U.	SE ONLY	·	Manufacturing									
Name of Monitoring Firm I	Hired by Building	Owner (8)		AS	СМ	No.			e of Abatement Contractor (9)  Vanced Specialty Contractors								
Street Address	treet Address								et Address 00 Main Street Ext., Suite 10								
City, State, Zip Code	ity, State, Zip Code							100000		ip Code le, NJ							
Project Manager for Monito	oring Firm			Telep	hon	e No.	-	Telepi	none N			License N					
Start Date (10) 2/10/2020	10.00	Schedule 2/12/2			on D	ate (11)		Name	of OSI	HA Monitor			*		7000 200		
Occupancy Status During	Abatement (Chec			20 Environme Street Address							Tacti						
Facility Closed/Vacate	ed During Entire I	Period of A	Abater	ment		80			Broad					24			
Other - Describe:							_	City, State, Zip Code Matawan, NJ, 07747									
Scope of Work (Check All	That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enov	ation tion				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		640 8878	Loca										T	Abate	emen	t	
Location of		- 13	lorma d Sole					Description					-	T)	pe		
Asbestos-Containing M TO BE ABAT In Facility (13)	ED	Mai	ntena	nce/ Staff?			thern su	ontaining M nal system: rfacing, VA er miscellar	s insula T, or		(5	amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes														te		
Counter tops	ounter tops						6 Counter Tops 50						V				
News of President Systems																	
Name of Registered Waste Freehold Carting	Hauler		H	Hauler ID No. of Wa				Masta			me of Registered Landfill ROWS Landfill						
City, State						13939											
Freehold, NJ						Disposal Date City, State Morrisville, PA											
Compléted by Title						Signature Date											
John Evanovich Estimator								Osla	n G	2 may	5		/27/2	20			