NO CK

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

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Date of Notification (1)			Building Owner/C	perator (2	)		PPROVE	Ti di		7	_
Agencies Notified Type Notification		P.S.E. Street A				Port	lealth & St	enior S	ervice	8	
EPA Linitial			HADLEY ROA	D	Tan	11			_	-	
DEP Amended Amendment			ite, Zip Code H PLAINFIELI	), NJ 070	Date:	7/6/	<u>15</u> TI	me: 4:	2310	M	
DOI-I Emergency (     justification)     DCA Cencellation	including		CHAEL	PER	CARPIO	Tel	ephone No	umhar U H	- 6	<u></u>	7
Name of Facility Where Abatement is Taking	Diana /31	FACI	LITY INFORMAT	ON	Type of Facility (	7 -					
PSE4 G	,,,,,,				School (K-1)			<del>-</del>			
Street Address	4 REN	L. A.	VE		Subchapter Other (i.e. p	8 (OU	& commerc		dings,	homs	20
Gity (5)	TI	77			Square Feet	_	fFloors	В	ldg. A	ge //	•
JERSEY C;	7		Code (7)	- 0	Durrent Use (Prio	ir If bel	Ing demolis	shéd)	12	1/4	18
HUDSON			USE ONLY)		Sw	TO	H	STA	***		1
Name of Monitoring Firm Hired by Building ( ENVIRONMENTAL TACTICS	Owner (8)	ASCR 004		Name of	Abatement Con JE SYSTEMS	tractor	(9) g AMERIC	ACT.	JUL	=	
Street Address - 64-BROAD-STREET			-111	Street A			(	70	, ,	<u>ي</u> د	=
City, State, Zip Code MATAWAN, NJ 07747	ä	-			te, Zip Code H RIVER, NJ	0888	32	100	2	ľ	-
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 92-2217	Tetepho			License 9	- Anterior		בּקּי. רע	•
Start Date (10)	Scheduled Con	mpletion	Date (11)		OSHA Monitor JE SYSTEMS	SOF	AMERIC	<u>~</u>	(	.c_	-
Occupancy Status During Abatement (Chec	k Only One;	2/3		Street A	THE RESIDENCE OF THE PARTY OF THE PARTY.				-1-1-1-1		-
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: DUT Dog	al Facility Houn	nent B	7.0	City, Ste	HITEHEAD A	T					-
Scope of Work (Check All That Apply)				5001	H RIVER, NJ	USSI	52				_
23 sf or ≥3 if 2160 sf or ≥260 if	Renova Demoli			X	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure	-			a	
11	is Local	lian				1			Abalo	men	į
Location of Asbestos-Containing Material (ACM)	. Norma Used Sole	ely by	Asbestos Cor	escription o			lmount		17	pe	T
TO BE ABATED In Facility (13)	Meintens Custodial (12)	Staff?	(i.e. therma surfa		nsulation, or	(	Specify Far LF)	Removal	Repair	Encapsulate	
<b></b>	Yes No	N/A								te	-
outside	X	-	TRANSITE	E Du	27 BANK	120	00 SF	X			-
	1	1						1			-
Name of Registered Waste Hauler		VUDEP V	Vaste Cubic	Yards	Nome of	Panie.	ered Land!				1
WASTE MANAGEMENT	1	Hauler ID 1125	No. of Wa		CROW	3 - 1		111			
City, State . ELIZABETH, NJ			Dispo	sal Date	City, Stele		LE, PA				
Campleted by	Title			Signature	-	-		رميد عا۵(	~	,	_
CAROL RAIMO	OFFICE	MGR.	. ]		al Ta	do	22	atc //	4/	-	

ASS-41 (R-08-08)

\* Do not use this form for appeatos licensure exempted activities.

CK# 6391 NOCK

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

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	Date of Notification (1)		0.0000000000000000000000000000000000000	me of 8	uliding Ov	merlOpe	erator (2	2)	N/Dent	d2020	PPROVED	or Sar	29210		
t	Agencies Notified Type Notification		12.5	reet Add	ress ADLEY F	ROAD			Lou	C	(Signatura)				
	EPA   X   Initial   Amended   Amendment #				, Zip Code PLAINF		NJ 07	080	Date:	7/6/	15_Time	4:2	301	1	
	□ Emergency (including justification)     □ DCA    □ .Cancellation	ing	100000		HAE		PER	CA	RPio	Teld	ephane Numb	per			_
	Name of Facility Where Abatement is Taking Place	e (3)		FACIL	TY INFOR	MATIO		S	f Facility (4 chool (K-12 ubchapter	2) - ····	er than K-12)				
	186 VAN KEU SERSEY CITY	RE	<u>//.)-</u>	AY	E.			Square	tc.)· e Feet V/A	# 0	Floors	Bk	ig. Ag	e	-
-	County (5)  HUDSON  Name of Monttoring Firm Hired by Building Owner	r (B)		ASCM	SE ONLY)		-		Sw ement Can	TO	4.4	id)	Tio	N	
	ENVIRONMENTAL TACTICS	(0)		0045				UE S	YSTEMS		ÀMERICA	D	C # 2	-	
	Street Address - 64-BROAD-STREET						396 V	VHITE	HEAD-A	WE.	ج ، .		0	<u> </u>	
	City, State, Zip Code MATAWAN, NJ 07747						SOU	THR	VER, NJ	088		50		ა 	_
	Project Manager for Monitoring Firm TOM GEIGER		7		2-2217		Teleph 732-4	132-8	350		O1111	38.			-
	7/9/15	7/	2	etion C	Zte (11)				A Monitor SYSTEMS	SOF	AMERICA	でこ		en So	4
	Occupancy Status During Abatement (Check Onl Facility Closed/Vacated During Entire Perior Absternent Performed Outside of Normal Facility Other – Describe:	d of Ab	ateme	ent			City, S	NHIT	s EHEAD / Ip Code IVER, N.	+	82	<u> </u>		er.	
	Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enovati					Ful Mir Gko	Containm	ent wil	h Negativo F			2	
		3307773	_ocatio	5000									Abalo	ment pe	
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Solely rienan dial S (12)	y by cel			system ing. VA	naterial s insult (T, or		1 10	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosura
	outsine	/GE	No ×	N/A	TPO	r'75	· A	1107	Bank	12	200 SF	X			
	0015.06	$\Rightarrow$	∠ <u>.</u>		7 147/1	3,7,5		461	WITH The	- 10					
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	Name of Registered Weste Hauler WASTE MANAGEMENT		H	JDEP v auler ID 125		of Was	Yards ste	0	Name of GROW		itered Landlil ORTH			/ = = =	
	City, State . ELIZABETH, NJ .					Dispos	B S	3	City, Ste MORR		LE, PA				
		Title OFFI	CE M	IGR.			ignatur	8	e La	e-	· D	arcy/e	6/	15	

ASS-41 (R-06-08)

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

CK 2023

Date of Notification (1)		Name of	Building Own		tor (2)	280	Sp 1:	2 1111				
Agencies Notified Type Notification		Street Ac	ddress)	1 10		1041	+ C / S	<u> </u>		10	30	
EPA Initial	_	City Sta	te, Zip Çode	1 151	Ng.		á.	-				
DEP Amended Amendment #	aludina	Mo	ana ha	whi	711	V) C	) 8D	30	t j		1835 1835	
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	cluding	Name of Eric Pl			1		Tele	phone N	umber			
			LITY INFORM	IATION								
Name of Facility Where Abatement is Taking	Place (3)				Тур	e of Facility (						
Street Address	()				一世	School (K-1 Subchapter Other (i.e. p	8 (Othe	r than K-	12)	linge	homo	
1259 Paul Blu	10				DA.	etc.)						:5,
city (5) Manahaw hi	$\cap$				12	pare Feet		Floors		dg. A	4	
County (6)		County (	Code (7) USE ONLY) _		Cur	Tent Use (Pri		ig demoli	shed)			
Name of Monitoring Firm Hired by Building Ov	wner (8)	ASCN	l No.	1100000		oatement Cor dustries Inc		(9)				
Street Address					et Addr	A STATE OF THE STA	,. 					
					O. Box							
City, State, Zip Code						Zip Code ew Jersey	08723					
Project Manager for Monitoring Firm		Telephor	ne No.	- 1	ephone 32)899	No. 9-7499		License 01196				
Start Date (10)	Scheduled Cor	npletion I	Date (11)	Nan	ne of O	SHA Monitor		*				
Occupancy Status During Abatement (Check	110	0 113		Stre	et Addr	ress						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of Abater I Facility Hour	nent s		City	, State,	Zip Code						_
Other – Describe:												
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	Renova	ation				Full Containm	ent with	Negative	Pressur	e e		
≥160 sf or ≥260 lf	Demoli				_ N	Mini-Enclosure Glovebag Pro	е					
						Non-Exempte	d (*) and	l Non-Fria	able Pro		e ement	
Location of	ls Locat Norma	lly		Descript	ion of					Ту		
Asbestos-Containing Material (ACM) TO BE ABATED	Used Sole Maintena	nce/	Asbestos		g Mater			nount pecify	R		Enc	Ш
In Facility (13)	Custodial (12)		s	urfacing, ner misce	VAT, or	pit W		or LF)	Remova	Repair	Encapsulate	Enclosure
(10)	Yes No	N/A				-/			<u>a</u>	-	ate	ē
		X,	ASbes	toss	Sidi	ng.	1700	SF	V			
		8	00000	nce	ilin	8	352		X			
			1 1			0						
Name of Registered Wests Hauler		NJDEP W	laste C	ubic Yard	e .	Name of	Registe	red I and	fill			
Name of Registered Waste Hauler Brick Industries Inc.	F	Hauler ID	VXVX5626 - 1	Waste •	Ž	GROW	10.7%					
City, State Brick, New Jersey			D	sposal Da	ate	City, Stat	te		1500			
Completed by	Title			Signat	ture S	3 ,000		]	Date_	دا\ا	Ar	
Eric Plackis	President		Va		(	ME	/_		1	117	110	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Notification Check #: 6372

G4667

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Date of Notification		-	Na	me of	Bui	lding	Owne	r/Operato	or	(2) 9E	115 1111 2					
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Agencies Notified	Type Notific	roiss	St	reet	Addr	ess				۵		-			3330	
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[X] DEP	Notifi	cation	CI	ty.	State	, Zi	p Code				4- L. I ()	LR.	M.	3		
<b>⊠</b> 1DOL	[ ]Amende		Ne	ewarl	k, NJ	0710	)2									
(⋉ ) DOH	1 TANKS TO THE		Na	me o	f Cor	tact				Tele	phone Num	ber				12
	[ ]Cancel	ration	II D	ouala	s Bla	and .	Bus. A	Admin.								
			11-				NFORM		- 355							_
Name of Facility W	here Abateme	nt is Ta	king						1	Type of Facili	ty (4)					
								1		X]School	(K-12)					
Newton Street School	Ol									[ ]Subcha [ ]Other	(i.e., p)	rivat	e &	COM	mer-	-
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150 Newton Street		County	7 (6)			Cor	ntv C	ode (7)	1	55000	3		30			
CITY (3)		Codito	,	9.		(SI	ATÉ U	SE ONLY)	1	Current Use (P	rior if	being	de	moli	she	<u>a)</u>
Newark, NJ 07103		Essex		1886		1_,	111	-5 35-55	113	School ent Contractor	791					_
Name of Monitoring Owner (8)	Firm Hired	ph Built	iing	ASC	M NO	.	Name	or Abate	eme	ent Contractor	127					
TTI Environmental Ir	nc.			000	003					lders, Inc.						
Street Address							Stre	et Addres	SS							
1253 North Church S							180	Sargeant	A	venue						
City. State. Zip C	ode							. State,								
Moorestown Project Manager to	- Maniforing	Firm T	Teler	hone	Num	her	Clifto	on, NJ 070	01	3-1935 er	ILI	cense	Nu	mbe	-	
	ir wonitoring								300		00	807				
Jim Guilardi Scheduled Start Da	te (10)  Sc	hed.Com		340-8		(11)		614-0377		onitor	100	001	_	_		
0   7   / 2   4   /   Month / Day / Occupancy Status D	1   5       Year	0   7   /   lonth /	2   8 Day	     /   _	Year	1	Four	Strong B	Bui	lders, Inc.						
<pre></pre>	ed/Vacated Deformed Outsi	uring E	ntir	e Per	fiod		City	Sargeant	Z	ip Code		-			_	
Scope of Work (Che		annly)					Clin	on, NJ 070	UI	13			_			-
[ ]Demolit [ ]>3 sf o	ion	-55-11	×	]Reno	ovati	.on		[X]Min: [X]Glov	i- ve	Containment was Enclosure bag Procedure riable Procedu	133	ive F	res	ssur	e	
	*		10	Is catio	-							At	ate	emen	t T	ype E
Asbestos- Materia TO BE in Fac	cion of Containing al (ACM) ABATED Sility (3)		No. Sy te Cu St	rmal: Used olel: Main nance stod: aff(: No	y n- e/ ial 12)	. i	Asbe Ma (i.e. nsulat		ta AC s	ining M)	Amount (Specif SF or LF)	T (	207	R E P A I R	NUAPSH .	N C I O S U R E
Boiler Room			1	X	_	Pipe	Insula	ation w/ as	SSC	ociated fittings	80 LF					
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Name of Registered	Waste Haul	er		JDEP aule			Cubi of W	c Yards aste		Name of Regis	tered La	ndfil				
Four Strong Builder	rs, Inc.		1	2609	)		<u></u>	Y K-1		G.R.O.W.S., In	IC.			_		
City. State							nrsp	osal Date	-	City. State						
Clifton, NJ										Tullytown, PA						
Completed By (Prin	nt or Type)	Title						Signatur	e .				Da	te		
Nick Zivkovic		l Preside	nt					seld.		2 Hmin			7/	13/1	5	
ASB-41				-						//			-			
JUN 95										//					022000	000000000

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Date of Notification (1)					liding Owne aterson	r/Operator	(2)		APPROVISIO		15	1		
7-15-2014 Agancine Notified	Type Notification		1	et Addre				Man Dept of	Health & Ser	nior S	ervic			-
			1		cet Street	:		Tour	C. HOW		_	- 1		7.
EPA DEP DOL	Initial Amended				Zip Code			7/1	1 -	ne: D	204	TE	Α	
DOL	Amendment#	1 19	Pa	atersor	n, NJ 075	05		Date: ///						-
	Emergency (li	ncluding	Ne	me of Co	ontact				Telephone Nu	ımper				
DOH DCA	Cencellation		1											- 1
LI DON	Enamed .			FACILIT	Y INFORM	ATION		5 En 1016 - 243		1,5	******	=	*	+
Name of Facility Where	Abatement is Taking	Place (3)						f Facility (4)			41) 	C	9	-
2 family house for								chool (K-12)	Costs ou though M	42)	77.		57	
Street Address								ubcnapter #	Other than K- ate & commer	dal bu	uilding	s, hó	mes,	
216 Spring Street							e	to.)				- 3		
City (5)				-			Square	e Feet	# of Floors			. Ago	721	1
Paterson							3,000		2		5Q-			
			100	цицу Со	ds (7)		Currer	nt Use (Prior	If being demal	Ished)				
County (6)		12	(3	TATE US	E ONLY) _		Ноц	se for Der	no or	- 3	>	2		
Passaic	(III. J L. D. Dalles	Owner (B)		ASCM N	Va.	Name	of Abat	ement Contri	ector (9)	- "	· ·	ಪ		
Name of Monitoring Fire	u uited by Brilliand	PARTICL (0)		n/a				anageme		Çc.	-	ب		-
n/a			_				t Addres			_		-	-	
Street Address						1/45000000	Troy La					N	)	
n/a -						The second secon	State, Z			12.49			)	
Olty, State, Zip Code			•					ark, NJ 07	35	-0	9	1	=	
n/a			-		hie.		phone N		License	e No.		-4	-	
Project Manager for Mo	nitoring Firm		63500	elephone	3 NO.		3-706-7	Commence of the Commence of th	01193	Witness.		C	?	1
n/a				1/a				A Monitor	10.70		, mar.	0		7
Start Data (10)		Scheduled		letion D	ate (11)	Nem	e of USI	A MONITOR	nt Corporat	ion .		1	)	
7-16-2015		7-20-201							III Oorpurat	TOTAL T				$\dashv$
Occupancy Status Dur	ing Abatement (Che	ck Only One)		*			et Addre	2.097						7
Facility Closed/Vs	ested During Entire	Period of Abi	ateme	ant	125	U	Troy L	1			_			-
Abatement Perfor	med Outside of Non	mal Facility H	ours				State, 2							-
Other - Describe	·		-			- Lir		ark, NJ 07		-				_
Scope of Work (Check	All That Apply)								TER + WET				ALS	
. 23 sf or ≥3 lf		□ Re	novat	an			Fu Fu	ili Containme	nt with Negati	ve Pre	BEEUP	2		1
≥160 sf or ≥260 l	f		moliti		Ÿ		MI MI	nt-Enclosure evebag Proc	adura					ļ
Em							N N	on-Exempted	(*) and Non-F	rieble	Proc	edure		
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Local	ion of		Sole		Achosta	Descript & Containin	o Mataria	al (ACM)	Amount	1	22.2		ITI	m
Asbestos-Contain	ing Material (ACM) ABATED		nenar		(l.e. ti	nermal syst	ems insu	lation,	(Specify	. 1	Ran	Re l	Enca	End
In Fa	soillty	Custo	(12)	SEAT!		surfacing,	VAT, or	s .	SF or LF)		movel	Repair	psulate	Sosure
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City, State						Disposal	Jale	City, Sta	ville, PA 19	וחבץ				
Wayne, NJ 0747	0					TBD		Mords	VIIIO, FA 13	_	do			
Completed by		Title		-		Sigin		62		Da 7	no -15-2	2015		
E. Cirovic		Secr	etar	1	98 00000	(	A.	unt		1	2-پ ر	.010		
LI VIIVIO .						-	-							

Date of Notification	(4)		No		Duilding	0	- (0	2615		2			-
Date of Notification	07-16-201	5	III	me or	i Bullaing Ianademe	Owner / Operato nt Company	r (2		20 44				
Agencies Notified	Type Notif				ddress	псоопрану		7	C AN	A	-		
	3.50				vman Ave				11.7	S. EM			
□ DEP □ DOL	☐ Init				te & Zip (			4//	N. C.	6	50		
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□ DOH     □ DCA		ergency ncellation	iva	me or	Contact				7.2	elenn	one "		
											. 550	,,,	
NI	A 1 - 1 -		(0)	FAC	ILITY INF	ORMATION							
Name of Facility Wh	nere Abater	nent is Taking P	lace (3)			Type of Facili							
Street Address								<sup>2)</sup> 8 (Other thai	n K-12)				
600 Washington Str	reet							rivate & com		dings, hor	nes,	etc.)	
						Square Feet		# of Floo	rs	Bldg. A			
City (5)		County (6)	Coun	ty Co	de (7)	3,400			4	2508 64	110 y	rs	
Hoboken, NJ		Hudson				Current Use (	(Pric	or if being de	molished)	۸			
Name of Monitoring	Firm Hirad	by Building Own	or (8)		ASCM No			nmercial, 2 &		Aparmer	its	_	
Health and Safety S		by building Owi	lei (0)		117	Resource Ma							
Street Address						Street Addres		omone oroa	P, LLO				
P.O. Box 365						2115 Hamilto	-		2				
City, State & Zip Co	de					City, State &							
Berlin, NJ 08009 Project Manager for	Monitoring	Eirm	Telepho	no Ni	umbor	Trenton, NJ 0			II issue	a Niversia a			
Mr. Jim Proctor	Monitoring	T 11111	856-452			609-914-4279		ei	License	e Number 011			
Scheduled Start Da	te (10)	Scheduled Cor			-	Name of OSH		Monitor		011	00		_
7-29-201	5		8-12-20			J&S Environn	nen	tal Laborator	ries Inc				
Occupancy Status I						Street Addres							
		During Entire P		Abate	ement	2333 Route 2							
Describe:		during Normal H	ours:			City, State & 2 Union, NJ 070							
		g Abatement				Official, NS 07	003						
Scope of Work (Che	eck all that	apply)						-					
			_		1000000000				ainment with	h Negativ	e Pre	ssure	6
<ul><li>≥3 sf or ≥3 l</li><li>≥160 sf ≥26</li></ul>	-		_	Renov				Mini-Encl	17:77:71:17:71				
☐ ≥100 SI ≥20	O II			Demoi	lition				g Procedure mpted and N		lo Dr	sood.	
Lo	ocation of		Islo	cation	1	Description	n of	NOII-LXEI	Amount			ent T	
Asbest	os-Contain		Normal	E1 70717	7.77	Asbestos-Con		ing	(Specify		T		ypc
	erial (ACM)			ly by		Material (A	CM)		SF or LF	)   z		四四	ш
	BE ABATED  n Facility	<u>)</u>	Mainter Custodi		11.53.5. I	(i.e., thermal sy				em	Rep	cap	Encls
.11	(13)			ai Sia 2)	111 :	insulation, surfactor or other miscella				Removal	Repair	Encapsulat	soure
					V/A			/		=	-86	at	e.
Basement- Boiler						Heat Shie	eld		6 SF		П	П	П
Basement- Boiler						Associated j		S	13 each				
Basement- Boiler				<u> </u>		Pipe Wra	р		78 LF				
					=						井	H	H
			HH	=	= -		971			-H	H	H	H
Name of Registered	Waste Ha	uler		NJDE	P Waste	Cubic Yards	Na	me of Regis	tered Landf	ill			-
_					er ID No.	of Waste		3 <del>-3</del> 3					
Resource Managem	ent Group,	LLC		0035	218	TBD	100	ows Landfill					
City, State Trenton, NJ 08619						Disposal Date		y, State orrisville, PA					
Completed By (Print	or Type)			Title		Signature	1	1 /		Date		-	
Mr. Brian Haney	. J. 1900)			Presi	dent	1		1 1/2	1.	110000000000000000000000000000000000000	: 6/201	5	
· ·						1 34 m		1/V	IIN		-6-30	27-28	
					~	1	<	IN	7/				
								/1	11				

#### STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 07/14/2015							er/Operator (2)	stment Mai	nage	ment	LLC	
Agencies Notified		Type of Notif	ication	150000000000000000000000000000000000000	Street Ad	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2015	111		n. 1 1	
						ghton Ro	nad	2015 J	UL 2	O AM	0. •	
(X) USEPA			Notification	n		e, Zip Code	344	Anton	. 20	1311	2.5	7
( ) NJDEP (X) NJDOL		( ) Amen Amendme						200 DE		100	y	
(X) DOH			gency (incl	udina	Clifto	n, NJ 07	7012	E [	İĞĔ	Walls	$\lfloor ROL$	
( ) DCA			cation)	duling	Name of 0		Tel.	Number		114	Y	
( /			ellation		Len Ka				-			
				FACILITY	Y INFORMA							
Name of Facility Where Abate			<u>3)</u>		Type of Fa	ool (K-12)						
(Former) Annie Sez R	retail 8	space					her than K-1	2)				
490 Broad Street								cial bldgs., hom	es, et	C.		
	Count	n/(C)	County Co.	do (7)		45.000					. 00	
City (5)	Count	<u>y (o)</u>	County Co (State Use		Sq. Feet:	~15,000	# of FI	oors $\underline{1}$	Blo	dg. Age	+60	
Shrewsbury	Mor	mouth	27		Current I	Ise (if being	demolished	):				
Name of Monitoring Firm Hire	d by Bld	a Owner (8)	ASCM No.			Contractor (9)		,-				
Matrix New World Engir			N/A					mental Solu	tions	Inc.		
Street Address					Street Add							
26 Columbia Turnpike	9				3300 H	udson Av	enue					
City, State, Zip Code						, ZipCode						
Florham Park, NJ 079						City, NJ 0	7087					
Project Manager for Monitorin	g Firm	Telephone N	100000000000000000000000000000000000000		Telephone (201) 20				1000	cense N	umber	
Gavin Gilmore		973 240-1		to (11)		25-0055 DSHA Monitor			U	1124		
Scheduled Start Date (10)		CANADA MADERIA	ompletion Da	te (11)	ISES, In		_					
07/29/2015		08/14/201								-	,U	
Occupancy Status During Aba ( X ) Facility Closed/Vacated	During	(Check only or	<u>ne)</u> of Ahatamant		Street Add	525						
( ) Abatement Performed C					3300 H	udson Av	enue					
( X ) Other - Describe:					100 000	e, Zip Code						
Work area is unoccupied of	- 55					City, NJ 0						
Source of Work (Check all tha	t apply)	_ (	) Demolitio	n	( X	) Renovation	n					
( ) Minor Project (< 25	SF or	< 10 LF ACM	)		(X	) Full Cont	ainment with	Negative Pres	sure			
( ) Small Project (>25	<160 S	F or >10 <26	0 LF ACM)		(	) Mini-Enc	losure					
(X) Large Project (>160	SF or >	> 260 LF ACN	Л				g Procedure	l Non Eriable D	roood	uro		
Location of Asbestos-Conta	ining	Is Location	Normally	1		iption of ACM		Non-Friable P		Abateme	nt Type	e
Material (ACM)	•	Used So	olely by	(i.e. t	hermal syste	ems insulation	n, surfacing,	(Specify SF			100000000000000000000000000000000000000	
To be Abated in Facility (1	13)	Mainten Custodial S			VAT, or oth	er miscellane	eous.)	or LF)	l D		E	Ш
		O do to dia i	× (12)						Remova	Repair	caps	nclos
		YES NO	N/A						oval	air	Encapsulate	Enclosure
	*	120 140	1907								W	
Main area in former retail space	ce	X				minated Car		~ 11,575 SF	X			
					and Asbest Mastic	os-Containii	ng Residual					
Main area in former retail space	ce				ADIDATOR AND THE	ng Black Masi	tic	~ 1,825 SF				
				(benea	th "floating"	laminate floor	ring)	71				
Rear area in former retail space	ce					ng 12" x 12" (l d Associated l		~ 670 SF				
Treat area in former retain space	00					nated Vinyl FI		~ 425 SF				
Rear area in former retail space	ce			100000000000000000000000000000000000000	os-Containii	ng Black Mas	tic					
Name of Reg. Waste Hauler			P Waste Hau	uler ID #	set in	Cubic Yards	of Waste	Name of Reg.				
Newark Carting, Inc.		045	09			30		Grand Cent 1963 Pen A			П	
Address, City, State				Disp.	Date /			City, State	19711	·ouu		72-77
369 Raymond Blvd., Ne	ewark,	NJ 07105			4/2015	4	,	Pen Argyl, F	PA 18	072		
Completed by (Print or Type)		Title		Signa		1/		Date				
D11 C1		C 13	ſ		An	1:-11	n/m/	07/14/2015	5			31
David Camacho		General N	nanager	1 (	1/8//	V / M	1011	10771112012				

#### CHECK #113

# State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED

Date of Notification (1) 07/14/15					Name of Building Owner ST. Peters Episcopal	er/Operator (2)	015	1111 00		1 140		
Agencies Notified		Notification	Type		Street Address	Onaron (	014	UL 20	-KM	8: 2	7	
⊠ EPA		☑ Initial N	otificatio	n	70 Maple Ave. City, State, Zip Code	60	355		*	1.4.		
□ DCA		☐ Amende		2 2 2 2	Morristown, NJ		2	TIAF	1-1-1	1HO		
☑ DOL ☑ DEP				ation (including	Name of Contact		Tele	hone N	umber	1		
⊠DOH		justification  Cancelle			Osh Khublall		100					
25011		D Caricell	zu									
Name of Facility Where Aba	-t	Takina Dlass	(0)	FACILITY IN	FORMATION							
St. Peters Episcopal Chur	ch	raking Place	(3)		Type of Facility (4)  School (K-12)							
Street Address					☐ Subchapter 8 (other than K-12)							
70 Maple Ave.					XOther (i.e. private & commercial buildings., homes, etc							
Cib. (5)	Saunt (6)			4. O. J. (7)	Sq. Feet: 2200 # of Floors: 2 Bldg. Age: 1750							
City (5) Morristown	County (6)	orris		ty Code (7) Use Only)								
			Total	OGC CHITY	Current Use (prior if bei	ng demolished	) :Chur	ch				
Name of Monitoring Firm Hi	red by Bld	g. Owner (8)	ASC	M No.	Name of Contractor (9)				-		-	
N/A					BL Contracting Inc.							
Street Address					Street Address							
					5 Marguerite Lane							
City State 7:- 0-1-												
City, State, Zip Code					City State, ZipCode Towaco, NJ 07082							
					10Waco, 140 07002							
Project Manager for Monitor	ing Firm	Telephone	Number		Telephone Number			se Numb	oer			
					973-901-0153		0126	<u>5</u>				
Scheduled Start Date (10)		Scheduled	Comple	tion Date (11)	Name of OSHA Monitor				-			
07104148		07/25/2015			BL Contracting Inc.							
07/24/15 Occupancy Status During A	hatament (	Check only o	no)		Ctroot Addrson							
☑ Facility Closed/Vacated [	During Enti	re Period of	Abateme	nt	Street Address 5 Marguerite Lane							
□ Abatement Performed Out	rtside of No	ormal Facility	Hours -				80					
Describe					City, State, Zip Code					5.00.00		
□Other - Describe:					Towaco, NJ 07082							
					10000011000002							
Source of Work (Check all th	nat apply)				L							
F1 . 0 . f 0 . f	·			100		110-20-20 W						
$\square \ge 3$ sf or $\ge 3$ If $\boxtimes \ge 160$ sf or $\ge 2$						ini-Enclosure lovebag Proce	dura					
	.00 11			Demondon		on-Friable Pro						
Location of Asbestos-	ls Lo	cation Norma	ally	Description of As	sbestos Containing Materia	al Amour	nt	Abatem	ent Typ	e		
Containing Material (ACM) in	Used	d Solely by			mal systems insulation,	(Speci				555 c		
Facility (13)	(12)	t./Custodial \$	Staff?	surfacing, VAT,	or other misc.)	or LF)		Remove	Repair I	ncap I	Enclose	
	YES	NO NO	NA									
Basement			X	Boiler wrapping	1	216 SI	:		X			
											<u> </u>	
Name of Reg. Waste Hauler		N IDED W	do Llant	- ID #	Ouble Venturista		- N					
Waste Management of Penns	ylvania	NJDEP Was 32604	ste maul	er ID#	Cubic Yards of Waste		Name T.R.R.	of Regis	tered L	andfill		
							4.44.44.					
						Disposal Da	ate		ity, Stat			
		(%)						T	ullytowr	i, PA		
Completed by (Driet or T.	1	Title			0:							
Completed by (Print or Type) Nedo Vasilic		<u>Title</u> President			Signature		<u>Date</u>					
			Nedo Vos	14ºc	07/14/	15						
						1						

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

D-t CNI-	+:C-+: (1).		NI	-£D!!	d: O-	(0				ANGLE			-	-	
07/10/201	otification (1):			ot Buil Comp		wner/Operator (2)									
Agencies Notified	Type Notificat	tion	Street	Addres	s:					£ £	lå JUL	20	1H	0	_
50	□ Initial		100000000000000000000000000000000000000		nter Ave	COLUMN TOWN				į.	-2"		1.41-7	U- 4	£
DEPA DEP	☐ Amended Amendment#:				ip Code J 07607					6€ J					
EQOT DEL	☐ Emergency			of Con					Telephone	Number	r2 1				
	(including			Arnold						`30					
врон	justification  Cancellation														
□ DCA	Cancenation			-		D. CH. MY DIE	D 3 5 1 1	ETON							
21 07		D '1				FACILITY INFO			(A):						
	acility Reacto		ding					of Facility							
100 West	Hunter Avenu	е						hool (K-12) bchapter 8 (	Other than K-	-12)					
City/ (5)		Count	y (6):		Count	y Code (7):			vate & comme		ldings, ho	mes, e	tc.)		
Maywood		Berge	n		07607		Squa	are Feet:		#	of Floor	s:			
							Ride	g. Age							
								ent Use :							
	Monitoring Fir			ilding (	Owner	ASCM No.:	Nam	e of Abate	ement Contra	actor (9)	:				
ABE Envi	ronmental and	l Consu	ltant				Ane	y Develo	pment, Inc	C.					
Street Add	iress:		\$					et Address		·-				-	
84 Verme									(2)						
5-0-07 0.30-9-09-9-									rs Place						
City, State	e, Zip Code:						City	, State, Zi	p Code:						
Franklin	Park, NJ 088	23					Par	amus, N.	J 07652						
Project M	anager for Mo	nitoring	g Firm:			Telephone No.:	Tele	phone No	.:	Licens	se No.:				
Don Ani	gbogu					732-406-3129	(973	350-010	1	01215	;				
Start Date	(10):				pletion	Date (11):	10000000		A Monitor:						
07/27/15			08/31/1						cal Laborato	ries					
0.000	Status During A			57				et Address	s: Street, Suit	- 202					
	Closed/vacated I nt Performed Ou					t		, State, Zi		te 203					
Describe:	iii renomica Ot	itside oi	Normai	racinty	nouis				p Code: ew York, 10	018					
□ Other							800000								
Describe:															
Scope of W	ork (Check all t	hat appl	y):						☐ Full C			Nicon	D.		
$\square \ge 3 \text{ sf or}$	$r \ge 3 lf$				Reno	vation			☐ Mini-l	Enclosur	re	Nega	live Fi	essure	
≥160 st	$f \text{ or } \geq 260 \text{ lf}$				□ Dem	olition			☐ Glove ☐ Mon-E:			lon-Fr	iable F	rocedi	ure
			Is	Locat	on				Laga 1011 131	Tempted	( ) 4110 1		Abat	emen	
I	Location of		N	Vormal	ly	De De	escript	ion of	(ACM)				T	/pe	
Asbestos-	Containing Ma	aterial		d Sole		Asbestos Con (i.e., therma	al syste	ems insul	ation.					Ħ	т
TO	(ACM) BE ABATED			intena ustodi		surfa	icing,	VAT, or		Am	nount	Removal	Repair	Encapsulat	Enclosure
	IN Facility			Staff?		other	misce	llaneous)			ecify	nov	pai	ıpsı	losi
	(13)			(12)	1					SF	or LF)	'al	7	ılat	ıre
DOOF			Yes	No	N/A	DOOR ED LIVE	TOD			4.600	CE	*	-		-
ROOF				X		ROOF TRANS	IIE			4,600	JSF	- m	-		-
													1		
	Registered Wa				NJDE	P Waste Hauler ID	No.:	Cubic Y			of Regis	stered			
TRI-STA	TE TRANSFE	R ASS	OC., IN	IC.				of Wast	te: 30		ERVA		ENT	ERPR	ISES
City, State	a·			Dien	sal Dat	a.		City, St	ate:	ASSC	OC, INC.				
Bronx, N				Dish	isai Dal	·.			ate. sburg, OH 44	4688					
Complete	d By:				Title:			ature:			Date:				
Sylvester	Oraegbunam				Presid	dent	5	lind		(	07/10/20	15			

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) (Check # 7300)

B & G proj. #:	2015-47		(Pursuant	to ***	EMERGE	O-7 al	***		***	Check	7300					-
Date of Notification			of Building Owne					2815 JUL	. 20	KH 8:	45					=
10 17 1/114	1/1/3/			1110	Civity			ACOFF	50.00 m	77						
Agencies Notified EPA	Type Notification  Initial	1	Address Normal Avenu	е				458E5	ITF:	ENG!	(OL		_	_		=
☐ DEP		City,	State, Zip Code													
X DOL	☐ Amendmen	t M	ontclair, NJ 07	043	3					Telephor	ne Number			He de la		_
₩ DOH	Cancellation	.	of Contact my Ferdinand							97? ^						=
☐ DCA	Alexan Parket				V INITORMA	TION										
			FAC	ILH	Y INFORMA	TION			Type	of Facility	(4)					-
Name of facility w	here abatement is ta	king place	(3)						[	Scho	ol (K - 12)					
	ate University - F									Subcl	hapter 8 (C (Private/C	Other th	nan rcia	K-12	)	
Street Address									1	Bldgs	./Homes,	etc.				_
1 Normal Av	enue								Squa	are Feet	# of Floo	ors	E	Bldg.	Age	
		County	(6)					ode (7)	Cur	rant I Isa (	Prior if being	na dem	nolis	shed)		=
City (5)		Esse	<b>v</b>			(State	e use	only)			ON Sub					_
Montclair				ΤΔ	ASCM No.	-11	Nam	e of Abatement	Contra	ctor (9)						
	ing Firm Hired by Blo	dg. Owner	(0)	"	QOM NO.		В	& G Restorat	ion, Ir	nc						_
n/a	18.				-	Stree	et Address									
Street Address							100	05 Ryerson F				13.				
City, State, Zip Co	ode						City,	State, Zip Code _incoln Park,	N.J 07	7035				110		
Only, Otalio, —	7.			_				phone Number			1	se Num				
Project Manager	for Monitoring Firm		Phone Nun	nber				(973)696-686				00378		_		_
Scheduled Start	Data (10)	ISched.	Completion Date	(11)				& G Restora		nc.						
		1	6/2015					et Address								
07/15/201	us During Abatement			-470				05 Ryerson F					_			
	to to describe d	antire nerio	d of abatement.				City	, State, Zip Code	9							
Abatemen	t performed outside Start: 2:00 p.m.	of normal fa	acility hours-			_	L	incolnPark, N	J 070	035						
Other-Des	scribe:			_			1=									
Scope of Work	(check all that apply						Full C	Containment w/n	egative	pressure	Glo	vebag	prod	cedur	re	
☐ Demolitio		Renovation						enclosure	3.		☐ No	n-friabl	e pr	oced	lure	
$\times$ >3 sf or >	<u>3</u> If ☐ :	≥160 sf or 3		lohi	1							TR e	- 1	Re	E	E
Location	of	Is location by mainte	normally used so nance/custodial	lely	Descrip	tion of	asbe	stos-containing		Amou	nt ify SF or	m	1	р	n	n
asbestos- material t	containing to be	staff(12)		_	materia	I (ACM	1)			LF)	ny Or Or	o v		a i	a p	L
abated in	facility (13)	Yes	No N//	A								e	_		П	
room 118			X		pipe insu	ulation	n del	bris		100 sf		-   -	計	X	一	盲
room 118			X		pipe ins	ulation	n_			200 11		Ti	7			
100111110													5			
-				_												
		INID	EP Hauler ID#	TC	ubic Yards o	of Wast	te N	lame of Register	ed Lan	dfill	k Recove	en/ C	ent	er		
Registered Was	oration, Inc.		19563		4		-	I ullytow City, State	/n Kes	Source o	X I LECOVE	ory or		-		
City, State			Dispos	07/	Date 116/2015			Tullytow	n, PA						- 15	
Lincoln Par		Title			Signature	K	a	iordana Luni	~		Da	te 7/14/2	201	5		
Completed by Gordana L	una (Print of Type)	Secreta	ary/Treasurer	_			9	goraana Lum			1_0	111-712	-01			

UIA U.S. MAIL

Ch# 1/25

RECEIVED

	fa mana					16 1111 20			7
Date of Notification (1) 7 / 6 / 6		Name		Canel Operator	(2)	15 JUL 20 AF	18:44		1
Date of Authorition 7 /15 /15		VA	EA	sew no	HES L		14		-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Address		E	adESita i		-	
Agency Notified Type Notification	N/OA	15		th 51	100 5.	7-7-01-01-01	MIROL		
1/2/	-				-	- CT LIVE IIII	46		Π.
1 model 174	à	Cay, S	inte, Zip (	2009	0,0,07	029			1
Amendment#	1	HP	HILLINE	sciul: h	7/7.	J . 1			-1
The state of the s	l f	Name	of Contac	1 1	· 4.	Telephone Numbe	ST		ì
GOOH justification)	1	HO	144	PHE !!	incent	191017111			_
D DCA Cancellation		IR	010	aman reservoir	·			2	
		FACE	THA INC	OPMATION ·	Type of Facility	18)			
Name of Facility Where Abatement is Taking Place	(3)	1			type of receny	(m)			1.
Mine of Larma satures and					CI School (K-12	) .		8	
	·		-		Townson Standard	O IF When Brown had?	and dince		
Street Address					Other (Le. pr	ivale & commercial t	Manney		1
409 CROSS ST					homes, etc.	#of Floors	Bldg. Age		$\neg$
- CT - CT	-			•			80		-
City (5)		1020			3,600	0			-
HARRISON NO.	- 1	Constants.	coria (7	(STATE USE	Current Use (P	nor if being demolish	(EC)		1
County (5)	-	ONLY	COMP (4)		1	HOUSE			
			•		nent Contractor (	The second secon			
Name of Mordoring Firm Hired by Building Owner	ASC	W No.				1			1
(8)				NOVATE	ich in	<u> </u>			-
				Street Address	001				
Street Address :.				1 P.O. 15	0x 814	-			$\dashv$
		<del></del>		City, State, Zip	Code				1
City, State, Zip Code -				010 30	LOGE N	0.1088	ot		_
¥				Telephone No.		- License No.	- 0		
Project Manager for Manifesting Fam-	Telegin	one No.	-	1000	22x7500	800	06.		
1	1.			Da a		1	-		
Scheduled Cor	apiellon D	(11) ets		Name of OSHA		DL -			
Start Date (10) 24 15 Sarrantias & B	4 15	67		NOVA	IECH IN	<u>S.C.</u>			
+ AT 10 CA				Street Aridress	0111				
Occupancy Status Diving Abatement (Check doly	7,			P.O. (30					-
	Abeleme	reit -		City, State, Zip	Code	: ~: 000	<		
D Facility Closed Variable During Line 1	ly Hours			OID BE	2.DGE	N, J. 088	75		_
Other - Describe:				1				-	
Scope of Work (Check all that apply)				· OF	Containment wil	h Negative Pressure			1
₹ 222		, D,Re	nveion		i-Enclosure webeg Procesium				1
D≥3sfor≥3#		P De	molecin	E No	n-Exempted (*) 3	nd Non-Frieide Proc	edine-	habani	esti
B2160 stor 2260 H			-1	-		-	1	Type	
	is Loc		-	9.0	0.00				
	None			Description	n of	Amoesi	_	I I	-100
Location of	Used Sc Mainter		Asb	estos Conteiring i		(Specify	Removal	Repair	10
Astresios-Containing Material (ACM)	Custo			e, themal system surfacing, V	at or	SFORLF)	Nou	DE DE	nag
TO BE ABATED IN FEMALE	Stat	F?	-	oter misself	neous)		=	180	- 6
(13)	- (12	2)	1	0000			-		
	Yes N	NUA		•				11	
	Yes No		+		V. 1750-156		-1-10	-	+
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1	1	X	1 31	DING .			1		1
EXIEDIAL			1	,		1		1	
	-+		1			11. 4500		-	_
	I BURDET	Waste	Hader	Cubic Yards o		gistered Landfill			
Name of Registered Waste Hauter	PET BATT			Wests	160	.O.W.S.			
	LU PROL	850	1	20		.0.00.01			
NOVATECH INC.	1	000		Disposal Date	Cary, State	TO 011			
The Court of the C	000	7	8	8/25/15	I Yours	COME Y.F	1,		
ain BONGE NO.	388C	T		Signature	1/1/	1 / - 1	Date	10-	18
UIU CILIDOS	``	_	5	Signatured	- AM	erti	7	15	N
Completed SV	=31D.6	-NI		1 1000	11/1/2				
ICANOS HMEIDA I	ner thin 6	भाग हिन्द	ashestos	Scensure exempt	en acivilles				
ASB-41	COC UNC ST		1						

										- 5	1-1	- 5	× 10	* 3
Date of Notification (1) 05/12/15			Name of U.S. A	f Building Irmy Cor	Owner/C ps of E	perator Engine	(2) eers <i>§</i>	#15 JUI	-{New	York Dis	strict)			
Agencies Notified Type Notification			Street A					331	-	ં ડ ં ર	229			
EPA Initial DEP Amended Amendment #				ate, Zip Co ork, NY				4 LE		11.7	4.			
□ Emergency (in justification)     □ DCA □ Cancellation	cluding	. 50	Name of	f Contact ic Hall					Tele	ephone Nu	mber			
			FACI	LITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking Caven Point Marine Terminal	Place (3	3)					-	of Facility (						
Street Address 3 Chapel Avenue							×	Subchapter Other (i.e. p	8 (Othe			dings,	home	es,
City (5) Jersey City								etc.) are Feet 000	# of	Floors	7000	ldg. A	ge	
County (6) Hudson				Code (7) USE ONLY			Curre	ent Use (Pri ding	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building Ov PARS Environmental, Inc.	vner (8)		ASCN	/I No.			of Aba	atement Corracting &			Cons	sultin	a In	
Street Address 500 Horizon Drive, Suite 540						Street	Addre	ss		annonia.		, (1111	9,	
City, State, Zip Code						1000		ip Code						
Robbinsville, NJ 08691								J 07470						
Project Manager for Monitoring Firm Julien Fernandez-Obregon		Telepho 609-89	ne No. 90-7277			hone N -628-9			License N 00408	No.				
	Schedul 09/30/		pletion	Date (11)		The second second		HA Monitor sion Cons		s, Inc.				
Occupancy Status During Abatement (Check	Only Or	ne)					Addre		I D	1 //0.4				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Hours: Mon - Fri - 7:00	I Facility	/ Hours						garaw Ro ip Code	oad, Bl	ag. #34/	4			
	o a.iii	5.50 p.	111.		_	Fair	Lawn	, NJ 074	10					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	_	Renova Demolit					Mi Gl	II Containm ni-Enclosur ovebag Pro nn-Exempte	e cedure				re	
	Is	Locati	on										ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normalled Sole iintenar todial S (12)	ly by nce/		tos Cont thermal surfa		Materia is insul AT, or	5000003580	(8	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A										ie	
Administration Area - A			X		10.000000000000000000000000000000000000	site Pa		2.5 = 3 <del>2</del>		00 SF	X			
Administration Area - B			X		3000000000	site Pa	megranari			00 SF	X			
Tool Shop Rm 109/Storage Rm 110		X		1,0.000	site Pa	2230000		1,2	00 SF	X				
	ame of Registered Waste Hauler						nuatio	n Sheet						
J.R. Contracting & Environmental Co	nsul.,	Н	JDEP W auler ID 7819		of Was			100000000000000000000000000000000000000		red Landfil al Landfil				
City, State Wayne, New Jersey		48			Dispos	sal Date	9	City, Stat		ennsylva	nia			
Completed by Jerry Bijelonic	Title Proje	ect Ma	nager		S	ignatur	e	1		7000	ate /14/1	5		

#### State of New Jersey Notification of Asbestos Abatement Continuation Sheet

	T					T	all and an		
		Locat lorma						ement /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	d Sole	nce/ Staff:	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Bay 8	_		Х	VAT	200 SF	Х			
Bay 9			Х	Transite Siding	100 SF	Х			
Bay 10			Х	VAT	1,800 SF	Х			
Bay 10			Х	Pipe Insulation	20 LF	Х			
Bay 8			Х	Transite Panels	800 SF	Х			
									- 10

CK 5712

Date of Notification (1)	11.7			Name	of Buildin	g Owner/Operator	(2)					
71	5/15			MZ	JO:	YN NE Y	MESKY	2015 HIL 20 A				
Agency Notified	Type Notification	4		Street 2	Address O	ARKUIEL	N SE		. 0	: 5	9	
DIDEP	La initial  Amended		ŀ	City S	toto 7in	Code			£ :			
E DOL	Amendment#	_		BE	LLE	VILLE .	NJ. O	7/09			8	
Z DOH	☐ Emergency (include justification)	ang		Name	of Contac	ct		Telephone Number				
□ DCA	☐ Cancellation					NESKi		197		-	* · ·	
		=		FACI	LITY INF	ORMATION						
Name of Facility Where A		ace (3)			•		Type of Facilit	ty (4)				
	ANESKi						☐ School (K-1					
Street Address					20			r 8 (Other than K-12) private & commercial building	nas.			
20 PARIO	NIEW ST	5					homes, etc	:.)				
City (5)							Square Feet		-			
Belle	VILLE						3000		9	2/4	0	
County (6)						) (STATE USE		Prior if being demolished)				
ESSE.	F			ONLY	) .		TES	I DENCE	5.5			
Name of Monitoring Firm	lired by Building Own	ner	ASCN	No.		Name of Abaten	nent Contractor	(9)				
(8)						Best Re	moval I	nc				
Street Address						Street Address	10					
71						The state of the s	River S	t				
City, State, Zip Code	ity, State, Zip Code					City, State, Zip C						
Decision Management of the N	piect Manager for Monitoring Firm						sack , l	N.J. 07601			_	
Project Manager for Mona	oject Manager for Monitoring Firm					Telephone No.	-,,,	License No.				
Start Date (10) /	Scheduled (		ion De	An /44\		201-329-		00388	_			
7/27/15		128				Omega En		ntal	9			
Occupancy Status During	Abatement (Check or	nly one)	)			Street Address						
☐ Facility Closed/Vacated	During Entire Period	of Aba	tement	t		280 Huy						
☐ Abatement Performed (☐ DrOther – Describe: 7人)	Outside of Normal Far	cility Ho	urs			City, State, Zip C		N.J. 07606				
Scope of Work (Check all						D.Hacke.	iiback ,	14.0. 07000		-		
EZ3sfor≥3F				DO00	ovation			h Negative Pressure				
□ ≥ 160 sf or ≥ 260 lf				□ Den			Enclosure ebag Procedure					
		1				☐ Non-	Exempted (*) ar	nd Non-Friable Procedure			_	
		1.	Locat		2009				A	bate Ty		nt
. Location	HTV Comments of the Comments o		Normal ed Sole			Description of	of					Г
Asbestos-Containing TO BE ABA		Ma	intena	nce/	Asbes	stos Containing Ma ., thermal systems	aterial (ACM)	Amount	æ		E	m
. ''IN Facil		1 ,	States States		l tre	surfacing, VAT		(Specify SF or LF)	Removal	Repair	adac	clos
(13)			(12)			other miscellane	eous)		Val	=	Encapsulate	Enclosure
		Yes	No	N/A							0	
BASEMEN	₹				THERA	ial insula-	TION	AOLF	×			
BASSMEN	-					AL SULFACIN		455F	×			
					1111000	W. DOCKNOT	<u> </u>	9,0,0	-			$\vdash$
						//			Н	-	-	Н
Name of Registered Waste	Hauler	NJ	DEPV	Vaste H	lauler	Cubic Yards of	Name of Reg	stered Landfill				$\dashv$
Best Removal	Inc	No	7109			1	land County L	an	df	il	11	
City, State			•			Disposal Date	City, State				-	$\dashv$
Hackens	ack ,N.J.	076	01			7/28/15		wburgh , PA.17	24	0		
Completed by	Title					Signature /		Date,		1	_	$\neg$
J.Maiorano	Estima					$\vee \sqcap$	, ou show	3   7/1	5/	1:	1	
ASB-41	* Do no	A some Alle	in franc	- 6!	F-		1.4. 3		100			_

2015 JUL 20 AM 0. , State of Now Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to MJAC 8:60 and 12:120)

Check # 8788

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Date of Notification (1) 7/14/15 & LIC	EHTIN	1	HEL	EN C	HOY	(2)	B	cotool Health & S	enio	Seri	lcos	
Agencles Notified Type Notification		Str	eet Addr 3 ک	ess CRES	T Ro	400		7/15/15	5	3:40	A	M
EPA Initial  Amended  DOL Amendment#		Cit	v. State.	Zip Code	آ لهٔ	074	S'-5	4.43/15.11	mai.		1	Π.
Full Full Full Gauch (m		Bla	me of Co		70 /	<u> </u>	1	Telephone Mumbe	F 32			-
DOH justification) Cancellation		INC	1466			9%	- T		-		É	-
Lui	JA	-		YINFORM	ATION				5		2	
Name of Facility Where Abatement is Taking	Place (3)			1.		Type of Fa	45/33/2		70		_	
CHOU						Subc	ol (K-12) hapter 8	Other than K-12)	1 6		3	
Street Address 53 CREST READ					10	Othe	r (i.e. priv	ate & commercial b		igs, h	andi G	,
City (5)			AMERICA			Square Fe		# of Floors		9 Ag	60 T.	
County (6)			ounty Co	de (7) E ONLY)			se (Prior	If being demalished	)			
Name of Monitoring Firm Hired by Building O	wner (8)	7	ASCM N	No.		of Abatemi		CONTRACTOR	50.50			
Street Address			•			Address Vreeland	Ave.	I Chimeran are are				
Olty, State, Zip Gode				AL INCOME		State, Zip C and Park						
Project Manager for Monitoring Firm		TT	elephono	e No.	Telop	hone No. -262-584		License No. D0156				
	Scheduled	Com	Matine D	ale (11)		of OSHA f		70.00			_	$\dashv$
7/14/15	7/	16/	15	, ,			onmeni	ai Services Inc.	4			
Occupancy Status During Abatement (Check						i Address Huyler S	treet					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norma Other – Describe:	eriod of Ab al Facility F	atems lours	ent			State, Zip C		7606				
Scope of Work (Check All That Apply)							7.14.					
≥3 sfor≥3 II ≥160 sfor≥280 If		novat molitic			,	Mini-E	nclosure san Proc	nt with Negative Pro edure (*) and Non-Friable				
						L1 Non-E	xemptea	(") suc Nous-Uspie		Abate		
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (1S)	Main	(12)	iteff?	(i.e. th	s Containing ermal syste surfacing, \ other miscell	Material (A ms insulatio /AT, or	CM) n,	Amount (Specify SF or U")	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					430				_
BASEMENT			8		Pitte	-		1294	х			
						700000000000000000000000000000000000000						
Name of Registered Waste Hauler			JDEP W		Cubic Yards of Waste			Registered Landfill				
Newark Certing, Inc.			lauler ID 4509	NU.			43636302.5	Central Sanitary	Lar	ndfill		
City, State Newark, N.J. 07105	828				Disposal Do		City, Stat	yl, PA 08072			_	
Completed by R. McDonald	Title Pres	ident			Signat	Mil	LH	Da	7//	4/	15	

the state of the s						_	1.			_			
Date of Notification (1) 7/15/15		N	lame of	Building Owner/0 ドルピタ U	Operator W D	(2) YK	€ 2815 J	JUL 20 6.4	f C.				
Agencies Notified Type Notification		S	G/2	idress PACK I	MACI	É	B sight		r Cit	ي يه	1		
EPA Initial Amended Amendment #		C	City, Stat	L PARK 1 le, Zip Code ISA VALE	. L	ノフ	0767	SICE HOTE	ij Ki	- [			
Emergency (ii  DOH  DCA  Emergency (ii  justification)  Cancellation	ncluding	N	lame of	Contact	ć			Telephone N	lumber				
			FACIL	ITY INFORMAT	ION			1.				(0)	
Name of Facility Where Abatement is Taking	Place (3)					Ту	pe of Facility (4	700 700					
Street Address						×		2) 8 (Other than K rivate & comme	-12) rcial bu	ıildi	ngs,	home	es,
612 PARK PLACE				15 			etc.)						
City (5) RIVER VACE							uare Feet	# of Floors			dg. A	ge	
County (6) BRGEN				Code (7) ISE ONLY)		Cu	rrent Use (Prio	r if being demo	lished)				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	l No.			batement Contracting						
Street Address			<u> </u>		Street	t Add							
City, State, Zip Code					City, S	State	, Zip Code						
Project Manager for Monitoring Firm		T	elephor	ne No.	Telep		Park, N.J.	License		_			
Stort Data (40)	Scheduled	dom	plátian [	Data (11)		-31	2-5841 OSHA Monitor	0015	6				
7/15/15	7,	10	15	Date (11)	Ome	ega	Environmer	ital Services	Inc.				
Occupancy Status During Abatement (Check	Only One	)			Street								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Ab	ateme	ent				/ler Street					_	
Other – Describe:	arr domey r	10010			Control of the control of		sack, N.J. 0	7606					
Scope of Work (Check All That Apply)									N				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic					Mini-Enclosure Glovebag Proc					9	
	T						Non-Exempled	( ) and Non-1	lable I		-	ment	-
I continue of		ocatio	35 <sup>2</sup>	D	escription	n of					Ту	ре	
Location of Asbestos-Containing Material (ACM)	Used	Solely	y by	Asbestos Cor			rial (ACM)	Amount				ш	
TO BE ABATED	Custo	tenan		(i.e. therma				(Specify	3	0	R	nca	Enc
In Facility (13)		(12)	72000000		acing, VA miscella			SF or LF)	TO TO VO		Repair	Encapsulate	Enclosure
(14)	Yes	No	N/A	8			,		2	0	7	late	ire
BASEMENT			X	710	-60	U.	wood	268 5	2	K			
Name of Registered Waste Hauler		1 10 22 1	JDEP Wauler ID		c Yards			Registered Land		2000	ıcıı		
Newark Carting, Inc.		1000000	509		2			Central Sanit	ary L	an	uill		
City, State Newark, N.J. 07105				7/	sal Date	04	City, State	e gyl, PA 0807:	2				
Completed by R. McDonald	Title Presid	dent			Signatur	m	Lu		Date 7	1	5/1	5-	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

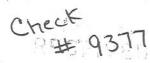
Date of Notification	(1)	I N	ame of Bui	lding	Owner/Operator	(2)	1					
7-13-15			Ron Tra					F 3				
Agencies Notified	Type Notifica	tion S	treet Addre	ess		56	íc r			-		
[ ]EPA	[X]Initial Notific	ation	276 Ric	dgewo	ood Ave.	. E 1	15 JUL 20	Alf	G:	67		
[ ]DEP			ity, State			, i						
[X]DOL	[ ]Amended Notific	ation	Glen Ri	ldge ,	NJ,07028		â j		4 (	1		
[X] DOH	[ ] EMED CHAYO		ame of Con	tact		Telephor	ne Number	¥9. s	2			
[ ]DCA	[ ]EMERGENC		Ron Tra	ivisa	ano	Í						
V					NFORMATION							
Name of Facility Whe	re Abatement	ıs Takınç	J Place (3)			Type of Facil	ity (4)					
same as above						[ ]School						
Street Addres						[X]Other (	oter 8 (Other i.e., priva puildings, h	ate &	co	mme	-	
						Square Feet	# of Floo	ors	Blo	ig.	Age	
City (5		County (6	) Essex	1 1000 000 000	ty Code (7)							
				(512	ATE USE ONLI)	Current Use (	Prior if be	eing	dem	olis	hed	)
Name of Monitoring F	irm hired by	Building	ASCM No.		Name of Abater	ment Contracto	r (9)					
Owner (8) N/A					AZTECH M	Anagement	, Inc.					
Street Address					Street Address	3						
V					86 Chris	topher St	•					
City, State, Zip Cod	e		**		City, State, 2	Zip Code						
					Montclai	r, NJ 070	42					
Project Manager for	Monitoring Fi		phone Numb	er	Telephone Numb			Licen			er	
		N/Z			(973)744	-8800		00	37.	T		
Scheduled Start Date	(10) Sche	나가 그림 쓰러 그릇하면 살	tion Date	(11)	Name of OSHA N	Monitor						
7-23-15 Month Day Ye		7-24-	100 m		N/A							
Month Day Ye		nth Da (Check o			Street Address							
[X]Facility Clos of Abatement		ring Ent	ire Period		13000							
[ ]Abatement Per		e of Nor	mal Facilit	v	City, State, Z	in Code						
Hours - Desci	ribe: «OffHours	Descrip	t»	-	city, state, 2	ip code						
[ ]other - Descr Scope of Work (Check			Descript»							2		
boope of work (oneck	arr diac app.	LYI			[ ]Full (	Containment wi	th Negative	e Pre	ssu	re		
[X]≥3 sf or		8 <u>7</u> 388	Renovation			Enclosure						
[ ]≥160 sf c	r ≥260 lf	[ ]	Demolition			oag Procedure riable Procedu	70					
			Is		[ ]NOII-EI	riable Floceda	16		Abat	teme	nt I	Гуре
Location			cation rmally		Description				2000		E	E
Asbestos-Con Material			Jsed olely		Asbestos-Cont Material (	KO16000000000000000000000000000000000000	Amount		R E	R	N C	C
TO BE ABA		By	Main-		(i.e., thermal		(Specify	Υ	M	P	AP	LO
In Facil	ity		nance/ todial		ulation, surfa	-	LF)		V A	A	PSU	S
(13)		Yes	Ff (12) No N/A	0	r other miscel	laneous)			L	R	L	R
Basement		ies	No N/A	Pin	e Insulat:	ion	240 lf	2	7			E
					- 11104140	2011	220 11		_	-	-	
								-	-			
Name of Registered W	aste Hauler	NJD	EP Waste	Cub	ic Yards	Name of Regi	stered Land	1fill				
AZTECH MANAGE		- Hau	ler ID No.	1000000	Waste 1.5	G.R.O.W.		****				
City, State				Dis	posal Date	City, State						
Montclair, NJ	07042				-27-15	Morrisvi.	lle, PA	19	06	7		
Completed By (Print	or Type) Tit	le			Signature	1		h- :				<u> </u>
Constantine Vi		esiden	t			-		Dai		3-1	5	
					1 V M / I	1/11					_	



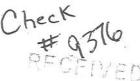
Date of Notification (1) 7/15/15					Building Ov ehr Priva			(2)	15 JUL 3	) n						
Agencies Notified	Type Notification		1 -	treet Ad	dress cean Blv	d.		£.	35 4.0	- /	ा है। पू	7				
EPA DEP DOL	Initial Amended Amendment #				e, Zip Code leach NJ		08		41.	=		1				
DOH DCA	Emergency (in justification) Cancellation	ncluding		lame of	Contact				10	Tele	ephone Nu	umbe	r			
L. DOA	Canoniation			FACIL	ITY INFOR	MAT	ION			1			72.50			
Name of Facility Where Ted Fluehr Private		Place (3)			34			☐ s	f Facility (4 chool (K-1)	2)		40)				
Street Address 4400 Ocean Blvd.		•					,	×	ubchapter ther (i.e. p tc.)	rivate 8	commer			)5 (V		5,
City (5) Brant Beach NJ 08	008							Square 1000-		# of 2	Floors		35	dg. Ag	je	
County (6) Ocean					ode (7) ISE ONLY)			Curren	it Use (Prid	r if bei	ng demoli	ished	)			
Name of Monitoring Firm	n Hired by Building C	owner (8)		ASCM	No.		100000000000000000000000000000000000000	of Abate	ement Con C.	tractor	(9)					
Street Address	T							Address Box 32	3							
City, State, Zip Code	-			11				State, Zip	Code NJ 080	91						
Project Manager for Mo	nitoring Firm		T	Telephor	ne No.			hone No 753-98			License 00727					
Start Date (10) 7/16/15		Schedule 7/20/15		pletion [	Date (11)		Name		A Monitor							
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)				Stree	t Addres	S							
Facility Closed/Vac	cated During Entire F ned Outside of Norm	Period of A	batem	ent		_	City,	State, Zi	p Code							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 If ≥160 sf or ≥260 If	20000 00- 200000 E	-	enovat emoliti	10				Min Glo	Containm i-Enclosure vebag Pro	e cedure					9	
		1.	1						LXCIIIpto	- ( )				Abate	ment	Ē
Locatio Asbestos-Containin TO BE AI In Fac (13	g Material (ACM) BATED cility	Use Mai	Location all Soles of the Control of	y ly by nce/		os Co herm suri	escriptio ntaining al systen facing, V miscella	Material ns insula AT, or		(	Amount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
Exterior	Siding			X	-	Ex	erior S	idina		10	500 SF	1	x			
LAterior	Cluring			, A												
				-								1				
Name of Registered W	aste Hauler		932	JDEP V			ic Yards		Name of	Regis	ered Lan	dfill				
United Containers				lauler ID 2459	No.	3	/aste		G.R.O.							
City, State Elm NJ						75000000	osal Dat 0/15		City, Sta Morris		A 1906					
Completed by Anthony T Perna		Title Pres	dent				Signatu	FB, C		_		7/1:		5		

Date of Notification (1)					f Building (			(2)						-	
07/07/15				Werne	er Decon	struction	on				9815 11	111			
Agencies Notified	Type Notification			Street A 135 M	ddress ain Stree	ət					2615 JI	16 26	J R	H 8	55
× EPA × DEP × DOL	Initial  Amended			City, Sta	ate, Zip Co	de				-	4	/ / .		-	
ĭ DOL	Amendment		-	South	Amboy,	NJ 08	879				# 1	. 16.7	U ·		UL
X DOH X DCA	iustification) Cancellation			Name o	f Contact					Tel	ephone N	lumber			
N DON	- Cancellation			FACI	LITY INFO	RMATI	ON								-
Name of Facility Where		g Place (3)		1 701	LITT HAT C	ZIXINA I I	ON	Туре	of Facility (	4)					-
Werner Deconstruc	ction								School (K-1	2)					
Street Address									Subchapter Other (i.e. p				ildina	e hon	200
135 Main Street			222,711						etc.)						105,
City (5) South Amboy								Squa	re Feet	# 0	f Floors		Bldg.	Age	
County (6)				County (	Code (7)			Curre	ent Use (Pri	or if hei	na damai	ichod)			
Middlesex county					USE ONLY)	9		Ourre	ent Ose (Fin	oi ii bei	ng demoi	isrieu)			
Name of Monitoring Firm Thomas P. Geiger	Hired by Building	Owner (8)		ASCN 0045			1		atement Cor	tractor	(9)	r tilosensi	11.77.E.S		
Street Address	: 			0045	<u> </u>			Addre	ement						
64 Broad Street									ss Street S	uite A	4				
City, State, Zip Code	7.0504								ip Code						
Matawan, NJ, 0774				<b>+</b>			- AN		gen, NJ 0	7047					
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 201-	293-6			License 01223				
Start Date (10) 07/08/15	<i>h</i>	Schedule 08/07/1		npletion	Date (11)				HA Monitor	II TINI	0110				
Occupancy Status Durin	g Ahatement (Chec						Street		A CONSU	LIIN	G LLC				
1 1000 1000 1000 1000 1000				ent					JTE EAS	T SUI	TE 107				
Abatement Perform	ed Outside of Norm	nal Facility	Hours	ient i			City, S	tate, Z	ip Code						
Other – Describe:	II Th					_	UNIC	N NC	J 07083						
Scope of Work (Check A	III That Apply)	E .		********			×	7 -				_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit	20020000			×	Mir	Il Containme ni-Enclosure	2	Negative	Press	ure		
- Company (1977)							-		ovebag Prod n-Exempted		d Non-Eri	ahla Pr	henn	ILO	
		le l	ocati	on				1 110	II-EXCITIPLE	( ) air	2 14011-1 11	able i i		temer	nt
Location	n of	N	ormal	ly		Des	scription	of						уре	
Asbestos-Containing	Material (ACM)		l Sole ntenar			os Cont	aining M	/lateria	I (ACM)		mount			Ш	
TO BE AB			dial S		(i.e.		systems		ation,		Specify or LF)	Ren	Ze C	ncap	incl
(13)			(12)				niscellar				J. L. /	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ite	Ф
Exteri	or					Misc	ellane	ous		13,	000 SF	х			1 1
							No. (1)								
Name of Registered Was	ste Hauler	-	97/23	JDEP W	0.53(5.05)	Cubic of Was			Name of	Registe	red Land	fill			-
SAN TON SERVICE	SAN TON SERVICES						SIC		MEDO\	NLAN	CHES	COMI	VIISI	NO	
City, State KENILWORTH, NJ						Dispos	sal Date		City, State						
Completed by		Title	-			1 0	ignature		The state of the s	, INJ		Date			
Bryan Parra		2.000	t Ma	nager		0		Ani	Brown			07/07/	15		
						1_	1/1	41/11	in vin			000000000000000000000000000000000000000			

A lease on the second								001 10 2	-010	10 . 70 alli		1 00	1/ 00	1
NJ Dept of Health & Senior Services			2						£.,	F /% -				
Date: 1116 14 Time: 9:44		NOTIFI (Pi	CATION	ate of New J I OF ASBES to NJAC 8:8	TOS AL	BATE) 12:120	MENT )	- 2	fib.	IUL 20he	ck#	<del>8.</del>	37	7/
Date of Notification (1)			Name o	Building Ow	vner/Op	erator	(2)	(+				_		
7(16/75			1	AURE	U 5	HAR	246,		2	71523		11	14	
Agencies Notified Type Notification			Street A	ddress		-				1-13-2-15-	1-4	5	18.00	
EPA Initial Amended		-		S-S- C Ite, Zip Code		Borle	الإماد بي المار الإماد بي المار	STRE	2					
DOL Amendment		L	E	Catherry J		シケ	C	1763	1					
DOH Justification)	munum (g			f Contact とほん						ephone Nun	nber	***	,	
DCA Cancellation	THEFT			LITY INFOR	WH A TO CO				1,			5.000		
Name of Facility Where Abatement is Takin	Place (	3)	PAGI	LIT INFOR	MATIO	[N	Type	of Facility (	4)				_	
SHARAGI						1	priorit.	ichool (K-1						
Street Address 488 Cum BRACUANA ST	-				•			ubchapter	8 (Oth	er than K-12 & commercia	i) al build	lings,	ham	E\$,
City (6) Exection 10							Squar	o Feet	# 0	f Floors	В	ldg. A		
County (6)				Oode (7)					or if be	ing demolish	ed)	60		
BERUEL	1.00		(STATE L	USE ONLY) _		_		RE	آک	nig warrianar	,			
Name of Monitoring Firm Hired by Building (	)wner (8)		ASCN	No.				ement Con ntracting		(9)		-		
Street Address			-		- 15 1		Addres	nd Ave.	1.					
City, State, Zip Code	***************************************			•		City, S	tale, Zi	) Cade					-	
Project Managar for Manifestor Figure			D-1					irk, N.J.						
Project Manager for Monitoring Firm			Telephoi	ne No.	0 0		ione No 262-58			License No 00156	).			
Stert Date (10) . / / / / / / / / / / / / / / / / / /	Schedul 7		pletion i	Date (11)				A Monitor	stat S	ervices In				
Occupancy Status During Absternent (Chec	Only Of	, ,	/				Address		1451 0	er vices irr	٥.			
Facility Closed/Vacated During Entire F Absternent Performed Outside of Name	eriod of a	Abatem Hours	ent		1	280 F		Street						
Scape of Work (Check All That Apply)								k, N.J. 0	7606					
23 sf or 23 if 2160 sf or 2260 if		Renovat				X	Full	Containme	n with	n Negative P	ressur	'e		
EX 2100 St 01 2200 II	L_1 L	Demoliti	οn	50		- X	Glo	-Enclosure /ebag Prod	edure	d Non-Friabl	n Bras	sodo»		
	le	Localid	on			483	14016		(1) ===	e south HgDi	1		ement	
Location of .	1	lormal!	у		Desci	ription	ρf						pe	
Asbestos-Containing Material (ACM)  TO BE ABATED		id Solet Intenan		Asbestos	Contail	ning M	laterial			mount			ш	_
In Facility	Cus	todial S (12)	(aff?		ermal sy surfacin			son,		Specify For LF)	Ren	RB	Page 1	ad
(13)				at	ther mis	cellan	oana)			1 716	Removal	Repair	Encapsulate	Enclosure
0000	Yes	No	N/A										66	
BASELS			$\times$		TILA					32025	20			
The second secon														
	ļ													
Name of Registered Waste Hauler		I At	IDER III	atta 1 -	·	.23.								
Newark Carting, Inc.		Ha	IDEP W suler ID 509		Subio Ya of Waste		ļ		_	ered Landfill al Sanitary	Lan	선위기		
City, State Newark, N.J. 07105				D	Disposal	Date //J	~	City, State		A 08072	-			
Completed by	Title					pature		7.1	311	Q 00072	e /		j .	
R. McDonald	Pres	ident	Ã.		1	KI	4/	M			7/	16/	15	



	Date of Notification (1)	S Nan	me of Building (	Owner/Operator (2	(005	Leather 2	O A	H 8	: 51	
	Agencies Notified Type Notification	Stre	eet Address	2 1	11 1	1 L	-	*1 0		*
	□ EPA Initial □ DEP □ Amended Amendment # □ Emergency (in	duding	y, State, Zip Co	de 🗸	Brost		8	91	2 2	
1	DOH justification)  □ DCA □ Cancellation	Nar	me of Contact Ni Ke	Murra	1	Telephone Num	iber			
	· · · · · · · · · · · · · · · · · · ·		FACILITY INFO		Type of Facility (	4)				
	Name of Facility Where Abatement is Taking I	farm	House		School (K-1					
	Street Address	ute 3	1 No			8 (Other than K-12 private & commercia	al build			s,
	City (5) Ringoes	NJ.	0855		Square Feet	# of Floors		dg. Ag		_
لو	County (6) Heaten too		unty Code (7) ATE USE ONLY		Current Use (Pri	or if being demolish  House				
Ram	Name of Monitoring Firm Hired by Building Ov	vner (8)	ASCM No.	Name of	Abatement Cor	ntractor (9)	306	,	7-	,
3	Street Address	162	77	Street A	ddress	thnolog	16.5	9	In	-
ار	R.O. DOX 33 City, State, Zip Code	7	200	City, Sta	te, Zip Code	33 F	-	2.6	7 00	
3	New Equat	M7 0	1853	5 Net	W Egy	License No	0	35	5	5
	Project Manager for Monitori grafirm		ephone No. <b>09</b> 7 <i>58</i> -3	3365 609 7	58-336	- 1		19	4	
3	Start Date (10)	Scheduled Comple	etion Date (11)		OSHA Monitor	hnologies	$\mathcal{I}$	10	•	
3	Occupancy Status During Abatement (Check	Only One)		Street A		727				
3	Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	riod of Abatement Facility Hours	t		O . Box ite, Zip Code	351				_
>	Other – Describe:			- New	u Egypt	NJC	280	53	3	_
9	Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	☐ Renovation	n		Full Containm	ent with Negative P	ressu	re		
SPR	≥160 sf or ≥260 lf	Demolition		00	Mini-Enclosure Glovebag Pro- Non-Exempte		le Pro	cedure	÷	
	=	Is Location						Abate	ment	
	Location of	Normally Used Solely b	21/	Description of		*	-	Ту		
	Asbestos-Containing Material (ACM) TO BE ABATED	Maintenance	/ (i.e.	tos Containing Ma thermal systems		Amount (Specify	Re	ZD.	Ence	Enc
	In Facility	Custodial Staf (12)	π?	surfacing, VAT other miscellane		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	(13)	Yes No	N/A		,		<u>B</u>		ate	гө
	- 1 1 1 1 1 1 1		x Sic	ling Shi	ngles	2000 SF	X			
	exterior Walls									
	exterior Walls			J	J		-			
	exterior Walls			J	7					
	Name of Registered Waste Hauler	NJD	DEP Waste	Cubic Yards		Registered Landfill				
		NJD Haul		of Waste	) Was	te Manage		F 01	E P	A'
	Name of Registered Waste Hauler  EPC Technologies  City, State	NJD Haul	DEP Waste	of Waste	) Was	te Manager Lisuille P		6.0	e f	ΑÝ



Date of Notification (1)  Agencies Notified  Type Notification  Street Address  Street Address  City, State, Zip Code  Amendment # Emergency (including justification)  DOH DOA  Cancellation  Name of Building Owner/Operator (2)  Street Address  City, State, Zip Code  Name of Contact  Name of Contact  Telephone Number  FACILITY INFORMATION  Type of Facility (4)  School (K-12)	8: 5 Tho	<u>,                                    </u>
Agencies Notified  Type Notification  Street Address  Street Address  Street Address  P.O. Bux 5465  City, State, Zip Code  Tree ton NJ 08638  Name of Contact  Telephone Number  FACILITY INFORMATION  Type of Facility (4)	TRO	<u>,</u>
DOL Amendment #_ Emergency (including justification)  DOH   Cancellation   Cancellation   Cancellation   Cancellation   Type of Facility (4)	G	ι (
DOH justification)  Cancellation  Cancellation  Name of Contact  FACILITY INFORMATION  Type of Facility (4)	ノモ	ι4
Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)		17
Single family Dwelling   school (K-12)		
Street Address Street	s, hom	es,
City (5) Square Feet # of Floors Bldg.	Age	7.4
County (6) County Code (7) Current Use (Prior if being demolished)	04	
MPRCER (STATE USE ONLY) - Single family		
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  EPC Technologies  Street Address  Street Address	Ir	16
P.O. Box 337		
City, State, Zip Code New Equat NJ 08533 City, State, Zip Code New Equat NJ 08	53	3
Project Manager for Month ril giFirm  Telephone No.   PE		
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	1	
7-27-15 8-14-15 EPC Technologies Inc Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Describe:  EPC Technologies Inc Street Address  P-0 Box 337  City, State, Zip Code  New Egypt NJ 0853		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  P.O. Box 337  City, State, Zip Code		
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  New Egypt NJ 085	33	
Scope of Work (Check All That Apply)		
S ≥3 sf or ≥3 lf		
Non-Exempted (*) and Non-Friable Proced		
Is Location	atemen Type	ıı
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Location of Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)	Encapsulate	Enclosure
Yes No N/A	late	Ire
extenior walls x Siding Stringles 2000 SF x		
FRONT PORCH ROOF X ROOF YOR JOOSE X	+	-
	+	
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill		
EPC Technologies 17000 of Waste 12 Waste Management	, F {	AS
City, State Disposal Date City, State		
New Egypt NJ by 8-14-15 Mornisville PA  Completed by Schenker President Steep Schenker 7-1	7- L	5

CK 5393

Date of Notification (1) 07/14/2015					of Building y Luther			or (2)		# 10 1	1 1	7-4 : 4 : ;			
	Type Notification				Address	all Olic	II CI I		2613	JUI	20 AH	٥. ٢			
1 232	✓ Initial			167 F	Palisades	s Aven	ue				i o mil	Ü: ;	3		
X DEP	Amended		Ī	0.50	ate, Zip Co				A.3.	437	a	9 11859	3		
	Amendment Emergency	-	1		ta, NJ 07	7603				£ LIC	FHIL	Hill D	1.		
☑ DOH	justification)	7			of Contact		D		01	Tel	ephone N	umber			
DCA L	Cancellation				larcus G			eter (	Jisen	_1 =					
Name of Facility Where Ab	atement is Takin	g Place (	3)	FAC	ILIIY INF	URMAI	ION	Тур	e of Facility	(4)			-		
Trinity Luthran Churc	ch								School (K-	3. 5)					
Street Address								X	Subchapte	r 8 (Oth					
167 Palisades Avenu	ie								Other (i.e.   etc.)	private 8	& commer	cial bu	ilding	s, hom	ies,
City (5)								Squ	are Feet	# 0	f Floors		Bldg.	Age	
Bogota									known	2			50 p	lus	
County (6)					Code (7) USE ONLY	2			rent Use (Pri		ng demoli	shed)			
Bergen Name of Monitoring Firm F	lised by Duilding	Ou (0							theran Ch		(8)				
EnviroVision Consult	1074 OTT	Jwner (8	)	000	M No. 79		0.23		atement Co ontracting		(9)				
Street Address	arito, 1110.		551Hw5.7436-	000				et Addre		, 1110.					
20-21 Wagaraw Roa	d, Building 35	E							ton Avenu	je. Un	it 365				
City, State, Zip Code									Zip Code	-,					
Fair Lawn, New Jerse	ey 07410						1		lew Jerse	y 0701	2-1343				
Project Manager for Monito	oring Firm			Telepho			Tele	phone I	No.	2	License	No.			
Fred Larson					36-9145		973	3-450-	9500		01036				
Start Date (10) 07/15/2015		Schedu 07/28/			Date (11)				SHA Monitor				-11:12:00		
Occupancy Status During /	Abatement (Chec				<del> </del>			et Addre	ontracting	, Inc.					
	AT 15 14 - 1 W C - 1 AT 1						1272-001		ton Avenu	ıe Uni	it 365				
Facility Closed/Vacate Abatement Performed	Outside of Norn	eriod of al Facilit	Abaten y Hours	nent s					Zip Code	, 011					
Other – Describe:			5/ 10 mm - 10 mm						lew Jerse	y 0701	12				
Scope of Work (Check All	That Apply)									-					
≥3 sf or ≥3 lf		X	Renova	ation				≠ Ft	ull Containm	ent with	Negative	Press	ле		
≥160 sf or ≥260 lf			Demoli	tion				20000	ini-Enclosur lovebag Pro						
									on-Exempte		d Non-Fria	able Pr	ocedu	ire	
		Is	Locat	ion										temen	it
Location o			Normal ed Sole				scriptio		02-50-00-00-00				T	уре	1
Asbestos-Containing M TO BE ABAT		Ma	aintena	nce/		tos Con thermal			al (ACM)		mount Specify	72		E	ш
In Facility		Cus	todial ( (12)	Staff?		surfa	cing, V	AT, or			or LF)	Removal	Repair	caps	Enclosure
(13)			T	Т	-	otner r	niscella	aneous)	)			val	air.	Encapsulate	sure
		Yes	No	N/A										CD	
	Parshal Ground Floor of Chirch							d ceilir	ng plaste	2,3	27 SF	X			
Offices, Lobby, Sta	X		Desig	nated \	VAT c	eiling	plaster	55	0 SF	X					
										N					
	F2 (374)														
Name of Registered Waste	Hauler		999	JDEP V			Yards		Name of	Registe	red Landf	ill		-	
Atlantic Carting			17630	auler ID J 691	140.	of Wa	ste		IESI PA	A Beth	lehem L	.andfi	I Co	rp.	
City, State							sal Dat	е	City, Stat	е					-
Wayne, NJ 07470						TBD			Bethleh	nem, P	PΑ				
Completed by		Title		5.		5	ignatu	re \	1)	7		ate			
Milena Zoric		Exec	utive	Direct	or		VI	1/1/	MIN	J	(	7/14/	201:	5	

#### State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)	- A	ملية را	1230	9/.		Name of Building Owner/Ope Rutheford BOE Street Address	rator (2)	19 JU	20			
7/15/15		1	1 - 1			Rutheford BOE		. 01	• <u>CU</u>	1 54	0 =	,
Agencies Notified		No	otification	Type		Street Address 176 Park Ave	f.	45-1			. 9	1
⊠ EPA		10000	Initial No		l .	City, State, Zip Code		e / /	de pl	1. 11	22.11	
□ DCA ⊠ DOL			Amended	CONTRACT.	aation (including	Rutherford, NJ 07070					int [	
□ DEP			stification		cation (including	Name of Contact		Telepho	nne Nur	nber		
⊠DOH			Cancelle			Mr. Gary Novosielski,		Î				
					FACILITY IN	FORMATION						
Name of Facility Where Aba	tement is	Taki	na Place	(3)	PACILITY IIVI	Type of Facility (4)						
Pierrepont School	torriorit is	Tan	ng i lace	(0)		☑ School (K-12)						
-1351 Periodon 3 139 - 1514 (1400 Per 151 151 151 151 151 151 151 151 151 15						☐ Subchapter 8 (other than	K-12)					
Street Address						Other (i.e. private & commerce	cial buildi	ngs., hom	es, etc	.)		
70 East Pierrepont Av	/e					Sq. Feet: 40,000 # of Flo		Bldg. Ag		1908		
City (5)	ounty (6)			County	y Code (7)	Current Use (prior if being der	molished	): School				
Rutherford		ergen	1		Use Only)							
reameriora		8				1						
Name of Monitoring Firm Hir	ed by Blo	ig. O	wner (8)	ASCM	No.	Name of Contractor (9)						
McCabe Environmental Se	rvices L	LC				A Company of the Comp						
						Panoramic Window & Door	Systems	Inc.				
Street Address						Street Address						
464 Valley Brook Ave						712 Sergeantsville Road						
City, State, Zip Code						City State 7in Code						
Lyndhurst NJ 07071						City State, ZipCode Stockton, NJ 08559						
Project Manager for Monitori	na Firm	Te	elephone I	Number		Telephone Number		License	Numbe	ar		
			1-438-48			P (732)926-0900 x102		01237	Teambo	21		
Scheduled Start Date (10)		Sc	cheduled (	Completi	ion Date (11)	Name of OSHA Monitor	*				1800 m === 1	
07/27/15		08	3/10/15			IAQ GURU LLC						
Occupancy Status During Ah		/Ch-	-11									
Occupancy Status During Ab  Facility Closed/Vacated D					nt.	Street Address 87 Main Street						
□Abatement Performed Out					IL.	or Main Street						
Describe			domey .	.00.0		City, State, Zip Code						
Carrier San Carrier W												
□Other – Describe:						Lincoln Park, NJ 07035						
Source of Work (Check all th	at apply)											
	2 15				E 5							
≥ 3 sf or ≥     □≥ 160 sf or					⊠ Renova		ni-Enclos					
□ <u>≥</u> 100 \$1 01	< 200 h				□ Demol		_	rocedure rocedure				
Location of Asbestos-	Isl	ocati	ion Norma	llv	Description of As	sbestos Containing Material	Amou		Abata	ement "	Tunn	
Containing Material (ACM) in			olely by	y	(ACM) (i.e. then	mal systems insulation,		fy SF or	Abate	ment	ype	
Facility (13)	1000000		ustodial S	staff?	surfacing, VAT,		LF)	.,	Remo	ove R	epair	Encap
ACCOUNTY OF THE PROPERTY OF TH	(12								Enclo			
Lower Level	YE		NO	NA	Achest	an Calling Director 24	1.05					
Lower Level		্র				os Ceiling Plaster 24 s to be drilled for electrical	1 SF		X			
First Floor	_		XX		The state of the s		0.05		1577			_
FIIST FIOOI			120120			os Ceiling Plaster 48 s to be drilled for electrical	2 SF		X			
Second Floor						os Ceiling Plaster 48	2 SF		X			-
						s to be drilled for electrical	201					
Lower level storage room 🗵 🗆 1'X2' Ho						Ceiling plaster 1 location	2SF		X			
First Floor Main Office			XX		1'X2' Hole in	Ceiling plaster 1 location	2SF		X			
Name of Reg. Waste Hauler		NJ	IDEP Was	te Haule	er ID #	Cubic Yards of Waste		Name of	Regist	ered La	andfill	_
		477	36057					Chrin La		0100 E	arrami	
Panoramic Window & Dr Sy	ys Inc											0
						Dis	posal Da	ate		ty, Stat		
						1.10			Al	lentowi	n, PA	
Completed by (Print or Type)		Tit	le			Signature /// /	/	Date				
Mark M Jovic			nsultant			7 11/1/			100	-11	2	
						100/		1-	15-	17		



RECEIVED

Date of Notification (1) 07/16/15				Building Ov						2815 J	IUL :	20	Li	8:	57
Agencies Notified Type Notifi		1000	treet Add	dress WARTHI	MORE	E AVE	NUE			SEE	51	13			
DEP Amer	nded ndment #			e, Zip Code OOD, N		01				Ċ,	Lit	EF	1311	:3	
X DOH justifi	gency (including cation) ellation		ame of 0	Contact PITZER		đ		- 1	Tele	nhone N					
			FACIL	ITY INFOR	RMATIC	ON									
Name of Facility Where Abatement i	s Taking Place (3)						S S	f Facility (4) chool (K-12) ubchapter 8	(Othe	r than K	-12)				
276 CRESTVIEW AVENUE							et	ther (i.e. privic.)			ercial b				s,
City (5) GLOUCESTER, NJ					A):		Square 1200		1	Floors			lg. Ag	je	
County (6) GLOUCESTER COUNTY			County Co	ode (7) SE ONLY)			Curren	t Use (Prior E	if beir	ng demo	lished	)			
Name of Monitoring Firm Hired by B	uilding Owner (8)		ASCM	No.				PROFES							
Street Address							Address	s OOVE COU	JRT	1					
City, State, Zip Code						40 10 10 10 10 10	tate, Zip EWOC	Code DD, NJ 087	701						
Project Manager for Monitoring Firm		Ī	elephon	e No.			one No 668-90			License 1200	e No.	541			
Start Date (10) 07/28/15	Scheduled 07/28/15		pletion D	Date (11)				A Monitor PROFES	SIO	NALS					
Occupancy Status During Abatemer	nt (Check Only One)						Addres		IDT	6					
Facility Closed/Vacated During Abatement Performed Outside	Entire Period of Ab of Normal Facility H	atem ours	ent			City, S	state, Zip								
Other – Describe:						LAKI	EWOC	DD, NJ 08	701						
Scope of Work (Check All That App	part					Г	آ	Containmer		Nogativ	o Dro	ceur	2		
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		novat				×	Min Glo	i-Enclosure vebag Proce	dure					2	
	la I	n anti-					1 1401	-Exempted	( ) air	14011-1	Ilabic			ment	
Location of	No	ocation rmall	y		De	scription	of				-		Ту	pe	
Asbestos-Containing Material (ATO BE ABATED In Facility (13)	Custo	tenan dial S (12)	taff?		os Cont thermal surfa	taining N system cing, VA niscellar	Material s insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A	Т	ΠΕΔ	ND M	ASTIC	:	5(	00 SF		X	-		
INTERIOR		-			TLL /	140 1417	710110	-							
							69				16"				
Name of Registered Waste Hauler			JDEP W auler ID		Cubic of Wa	Yards ste		Name of R	egiste	ered Lan	natill				
NEWARK CARTING			1509		100,000	ARDS	-	IESI							
City, State NEWARK, NJ			n.		07/28			City, State BETHLE		ЛРА					
Completed by JOSEPH PERLSTEIN	Title OWNE	R			3	Signatur	е				Date 07/		5		



	N		CATION	te of New OF ASBE o NJAC 8	STOS	ABATE				A	Fr			•	
Date of Notification (1) 07/16/15				Building C EDGE N				_C		2815 J	UL 2	20	Es	· 0.	
Agencies Notified Type Notification  EPA   Initial	l	- 1 3	Street Ad 65 KIN	ldress GSLAN	D AV	ENUE,	SUIT	E 2		Sec			-	0:	97
DEP Amended  X DOL Amendment		11.0		e, Zip Coo DN, NJ (		ļ				Œ I	-1C[	H	1	G.	UL
□ Emergency     is put if it is put if	)		Name of SARAH	Contact H HEIMO	DWIT	Z			Tele	. U1U-0	128				
			FACIL	ITY INFO	RMAT	ION									
Name of Facility Where Abatement is Taki Street Address	ng Place (3)							of Facility (4) School (K-12) Subchapter 8 Other (i.e. pri	) (Othe			uildi	inge	home	ac .
11 GARDNER AVENUE City (5)								etc.) re Feet		Floors	Giai D		dg. A		-
JERSEY CITY, NJ															
County (6) HUDSON COUNTY			County C STATE U	Code (7) ISE ONLY)				nt Use (Prior _TI-FAMIL`		~		)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				tement Contr							
Street Address							Addre:	ss DOVE CO	URT						
City, State, Zip Code								ip Code OD, NJ 08	701						
Project Manager for Monitoring Firm			Telephor	ne No.		1200200000000	none N 668-9			License 1200	No.				
Start Date (10) 07/27/15	Schedule 07/27/1		pletion [	Date (11)				HA Monitor D PROFES	SSIO	NALS					
Occupancy Status During Abatement (Che	eck Only On	e)		10.5			Addre	ss DOVE CO	IIDT						
Facility Closed/Vacated During Entire Abatement Performed Outside of No. Other – Describe:						City, S	State, Z	ip Code OD, NJ 08							
Scope of Work (Check All That Apply)			1070111111				_,,,	05,140 00	101					-	-
≥3 sf or ≥3 If     ≥160 sf or ≥260 If		enova emolit				2	Mir Glo	Il Containmer ni-Enclosure ovebag Proce	edure					Э	
	100	Locati				*						į		ment pe	į
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole ntenar odial S (12)	ly by nce/		tos Co therma surf	escription ntaining f al system acing, VA miscella	Materia is insula AT, or	ation,	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				45.000 to see 41.00							Te	
BASEMENT				AC	M PIF	PE INS	ULAT	ION	2	30 LF		X			
											-		_		
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W lauler ID 4509		of W	c Yards aste ARDS		Name of R		ered Land	ifill				
City, State NEWARK, NJ	•				250000000000000000000000000000000000000	osal Date 27/15	9	City, State BETHLE		/I PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signatur	e	L			Date 07/1	6/1	5		

CK 1.727134

	(Pu	rsuant to	o NJAC 8:	:60 and	12:120	)	200 Series 2	751	5 (0.64 - 35 / 1 	1	4-			
Date of Notification (1) 7/14/15		Name of Joe Giu	Building O unta	wner/O	perator	(2)								
Agencies Notified Type Notification	1.22	Street Ad 838 Jor	ldress ralamon	Street			2815	JUL ,	20 Ai	4 8	: 5	8		
▼ EPA     ▼ DEP     ▼ DOL     ■ Amended     ■ Amendment #     ■ Emergency (including)	- 1	***************************************	e, Zip Cod le, NJ 0				# 5 5 5 6 &	- 1 LIC	IS US ENSI	NI MC	RO.	L		
■ DOH justification     □ DCA     □ Cancellation	100	Name of Joe Git						Tele	nhone N		r			
N (5 30 M) (1 T L) (2)		FACIL	ITY INFO	RMATI	NC	Tuno	of Facility (4	`				_		-
Name of Facility Where Abatement is Taking Place (3) House						Туре								
Street Address							School (K-12 Subchapter l Other (i.e. pr	(Othe			ouildi	ngs,	homes	S,
54 Montgomery Street							etc.)					.039		
City (5) Bloomfield						N/A		N/A			N/	dg. Ag 'A	je 	
County (6) Essex		County C (STATE U	code (7) ISE ONLY)			Curr	ent Use (Prio JSE	r if beir	ng demol	ished	i)			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM	No.				atement Cont tement, Inc		(9)					
Street Address					Street 11 R		ess igren Aven	ue						
City, State, Zip Code							Zip Code NJ 07512							
Project Manager for Monitoring Firm	T	Telephor	ne No.		Telepi 973-				License #0067					
Start Date (10) Schedule 7/28/15 7/29/15		npletion [	Date (11)				SHA Monitor tement, Inc	l D.						
Occupancy Status During Abatement (Check Only On	e)				Street									_
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility	batem						ngren Aven Zip Code	iue						
X Other – Describe: Occupied				_			NJ 07512							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  R	enova	tion			Γ	7 F	ull Containme	ent with	Negativ	e Pre	SSIIT	P		
0 0/ 0/ -0 //	emolit					≤ M	ini-Enclosure lovebag Proc	Ŀ	rroganv	0110	ooui			
(c)							on-Exempted		d Non-Fr	iable	Proc	edur	9	
	Locati											Abate Ty	ment pe	
l ocation of	lormal d Sole		Ashest		scription		al (ACM)	Δ	mount	Ì			23	
TO BE ABATED MIA	intena odial S	25527 (1100)		thermal	system	s insu		(5	Specify		Rer	Re	RELEGI	Enc
In Facility (13)	(12)				cing, V/ niscella		)	51	or LF)	1	Removal	Repair	capsulate	Enclosure
Yes	No	N/A									=		te	<sup>(D</sup>
basement storage unit	Χ		pi	ipe & p	pipe in	sulat	ion	6	0 LF		X		Х	
			124											
			×											
Name of Registered Waste Hauler	100	IJDEP W lauler ID		Cubic of Wa	Yards ste		Name of	30 Th			۸ د			
D&S Abatement, Inc.		20996		TBD	000000		Waste I		gemen	l OI	A			
City, State Totowa, NJ				TBD	sal Date		City, Stat	vn, P						
Completed by Title Deanna Brkusanin Proje	ct Ma	anager	8		Signatur	Olle	we Bllu	rece	ie	Date 7/1	4/15	5		

M 921890946

			(P		to NJAC				177						
Date of Notification (1) 7/14/15					of Building a & Lew			r (2)	9815						
Agencies Notified  EPA	Type Notification  Initial	(			Address outh Seco	ond St	reet		2015 JUL	20	AH 8:5	8			
× EPA × DEP × DOL	Amended Amendment Emergency				ate, Zip Co , NJ 088				& LIC	~ 3		L			
☑ DOH DCA	justification) Cancellation	,		Gina l	of Contact Hanson						enhane Nu				
Name of Facility Where A House	batement is Takin	g Place (3	3)	FAC	ILITY INFO	DRMAT	ION	Ту	pe of Facility (	4)					
Street Address 59 South Second St	reet							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			dings	, hom	es,
City (5) Fords								Sc	uare Feet	# o	f Floors		Bldg. /	Age	
County (6) Middlesex					Code (7) USE ONLY)				urrent Use (Prid OUSE	or if bei	ng demolish	ned)			
Name of Monitoring Firm I N/A	Hired by Building	Owner (8)		ASC	M No.				Abatement Con atement, In		(9)				
Street Address							Street 11 R		dress engren Aver	iue			+		
City, State, Zip Code					74				, Zip Code , NJ 07512				3		
Project Manager for Monit	oring Firm			Telepho	ne No.		Teleph 973-		No. 5-8685		License N #00675	0.			
Start Date (10) 7/27/15		7/28/1	5	mpletion	Date (11)		1		SHA Monitor atement, In	D.					
Occupancy Status During Facility Closed/Vacat Abatement Performe	ed During Entire I	Period of A	Abaten	nent				ose	Iress engren Aver , Zip Code	ue					
Other – Describe: Od	ccupied					_			, NJ 075 <sub>1</sub> 2						
Scope of Work (Check All ≥3 sf or ≥3 If ≥160 sf or ≥260 If	і пат Арріу)		Renova Demoli				×		Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
Location	of	1	Locat	lly		De	scription	of			2			ement pe	
Asbestos-Containing N TO BE ABA' In Facility (13)	TED	Ma	d Sole intena todial (12)	nce/ Staff?		os Cont thermal surfa	taining M	/late s ins T, o		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
baseme	nt	No X	N/A		pipe	insula	tior	) -	4	8 LF	X		(D		
							59								
*												-			
Name of Registered Waste	e Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Landfill	_			
D&S Abatement, Inc.	must make ni Post Adminin	ii		lauler ID 20996	No.	of Was			Waste N	/lanag	gement of				
City, State Totowa, NJ						Dispos TBD	sal Date	)	City, State Tullytow						
Completed by Deanna Brkusanin		Title Proje	ct Ma	anager		S	ignature	200	eua Ka	fue	Da 7/	te 14/1	5		



RECOURT

Date of Notification (1) 7/14/15			30		Building Owi d Oxley	ner/Op	erator	(2)		2015	1111				
Agencies Notified	Type Notification			Street Ad	idress newood Pl	lace				L	JUL 20	ÄÄ	8: ;	59	
EPA DEP DOL	Initial Amended Amendment				e, Zip Code ck, NJ 076					Ġ	LIČEN	SIN.	js:	L	
DOH DCA	Emergency (justification)	including		Name of		-					ephone Num		,,		
DCA	Cancellation				d Oxley					Ţ.		-	W.		
Name of Facility Where	Abatement is Takin	n Place (3)	-	FACIL	ITY INFORI	MATIO	N .	T	ype of Facility (	4)					
House	Abatement is Takin	g 1 1000 (0)						-	School (K-1	323					
Street Address	-							×	Subchapter	8 (Oth	er than K-12 & commercia		linas,	home	s,
178 Pinewood Plac	e ·								etc.)						20'
City (5) Teaneck								8.55	quare Feet I/A	# 0 N/	f Floors A	1 6759	ldg. A /A	ge	
County (6) Bergen				County C	Code (7)				urrent Use (Pri House	or if be	ing demolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Name		Abatement Cor	ntractor	(9)			-	
N/A		(0)							batement, Ir			. 05-34			
Street Address							Street 11 R		<sup>ldress</sup> sengren Ave	nue					
City, State, Zip Code									te, Zip Code a, NJ 07512	×					
Project Manager for Mo	nitoring Firm	21	1	Telephor	ne No.		Telepi 973-		ne No. -5-8685		License N #00675	0.			
Start Date (10) . 7/29/15		Scheduled 7/30/15	Com	npletion [	Date (11)				OSHA Monitor batement, Ir						
Occupancy Status Durin	ng Abatement (Che	k Only One)							idress	0000000					
	cated During Entire						2007 500		sengren Ave	nue					
Abatement Perform  Other – Describe:	ned Outside of Norr Occupied	nal Facility H	ours			-	(0.70)		te, Zip Code /a, NJ 07512	2					
Scope of Work (Check /	All That Apply)						_	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	nova molit				2	×	Full Containm Mini-Enclosur Glovebag Pro	e cedure					
		T							Non-Exempte	ed (*) ar	nd Non-Friat	le Pro	18951 1877	e ement	
		1000000000	ocati rmal											ре	
Location Asbestos-Containing		Used Maint	Sole	ly by		s Conta		Mat	terial (ACM)		Amount			Ш	_
TO BE A		Custo	dial S				system ing, V		nsulation, or		Specify F or LF)	Remova	Repair	тсар	nclo
(13		(	(12)				niscella				0 100000000 <del>0</del> 0	oval	air	Encapsulate	Enclosure
385	ν.	Yes	No	N/A	(9)									ē	
basen	nent		Χ			pipe	insula	atio	on		90 LF	X			
			10000												
											e e				
			-								11 161				
Name of Registered War D&S Abatement, In			-	IJDEP W lauler ID 20996	No.	Cubic ` of Was TBD					ered Landfil agement c				
City, State Totowa, NJ					1		sal Date	e	City, Sta		Α				
Completed by		Title					ignatur	re L	0 75		//	ate			
Deanna Brkusanin			t Ma	anager			1/	W	Illua ,	SIL	10007	/14/1	5		

Check#2248

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant	to	NJAC	8:60	and	5:16)	

Date of Notification (1)					Name	of Buildin	g Owner/Operato	or (2	!)			90 S T		
07	16 /	15				ıra Holme		- 10	*	2815 JUL 2				
Agencies Notified	Type Notifica	tion		_	-	tra Holme t Address	S			-14 JUI 2	77			
☐ EPA	Initial     Initial								al al		- AH	9: 1	0	
X DOLWD	Amended					Vildwood State, Zip (							.5	
□ DHSS	Amendme	_			10					4 / E/				
DCA (NJAC 5:23-8)	Emergence justification		uding			clair, NJ (		-0				.0,		
(110/10/03/20-0)	Cancellation				0.000000		37.4			Telephone N	number			
						arlo Pesa				110.				
Name of Facility Where A	hatament is T	okina	Dlass	/21	FA	CILITY	FORMATION		T					
	Datement is 18	aking	Place	(3)					Type of Facility					
Private home Street Address									School (K-1	2) 8 (Other than K	-1 2\			
				23					Other (i.e.,			ouildin	gs,	
155 Wildwood Avenue City (5)									homes, etc.	1.				
									Square Feet	# of Floors		Bldg. A	4ge	
Montclair, NJ 07043 County (6)					10-	t 0 1 (7)	(OT) TE 110E 01111							
00000000000000000000000000000000000000					Cour	ity Code (7)	(STATE USE ONL)	Y)	Current Use (P	rior if being der	nolished			
Essex Name of Monitoring Firm	Hirad by Build	lina Os	upor i	01	LACON	Mis	Tu							
Traine of Monitoring Finn	inied by build	illig Ot	MIIGI (	0)	ASCM	NO.	the second second		nt Contractor (9	)				
Street Address							Gr Tech LLC						15-50	
Officer Address							Street Address		21200					
City, State, Zip Code				LYS/N			576 Valley Ro							
Oily, Olato, Esp Code							City, State, Zip							
Project Manager for Monit	orina Firm			To	ephone	No	Wayne, NJ 07 Telephone No.		0	11: \$1-				
· · · · · · · · · · · · · · · · · · ·	John G T Hill			10	epilone	NO.	133			License No	).			
Start Date (10)	S	chedu	led C	omni	etion D	ate (11)	973-638-1777 Name of OSHA			01127				
07 / _27 /	15				8 /									
Occupancy Status During							Envirovision		nsultants,Inc					
Facility Closed/Vacate					ement		Street Address							
Abatement Performed	Outside of No	rmal F	acility	/ Hou	ırs - De	scribe	20-21 Wagara	w I	Road, Bldg .#	35E				
Time of Abatement:	AM-	PM		_PM		_AM	City, State, Zip							
Scope of Work (Check all	that annly)						Fair Lawn, NJ							
	triat apply)						H Full C	onta	and decontami ainment with Ne	nation with neg	ative pre	ssure		
>3 sf or >3 If 2 160 sf or >260 If		100	Re				Mini-E	ncle	osure					
		Ĺ	De	molit	ion		H Glove	bag	Procedurenpted (*) and No	Tent with Nega	ative Pre	ssure		
		T	Is	Loca	ation	T			inplod ( ) dild itt	Trable 1700		hatan	and T	
Location			1	Vorm:	ally		Descriptio	n of	F		8 1	baten		
Asbestos-Containing N TO BE ABA					lely by ance/	Asbe	stos Containing I	Mate	erial (ACM)	Amount	Kelliova	Repair	Enc	Enclosure
IN Facilit					Staff?	(1.6	e., thermal system surfacing, V			(Specify SIF or LF)		pair	aps	losu
(13)		F		(12	)	_	other miscella			GIL OF LET	<u> 5</u>	•	Encapsulate	le l
			Yes	No	N/A								(D	
Basement					$\boxtimes$	Duct ins	ulation			40 SF	2			
			П	П									T	
						-						15	12	
					14	-						<u> </u>		
			Ш				**		20 <u>57 - 2 N. F. I N. W. A. H. W. T. A.</u>					
Name of Registered Wast	e Hauler			N.	JDEP Wast	e Hauler ID No.	Cubic Yards of W	laste	Name of Regi	stered Landfill			-	
Gr Tech LLC					00337	85	TBD		T.R.R.F. Inc					
City, State							Disposal Date		City, State					
Wayne, NJ 07470							TBD		Tullytown, P	Α				
Completed By (Print or Ty	pe)	Title		1111091			Signature	Λ	1 , , 1		Date			-
N.Jevtic		Owne	27					lew	Ac Wenas	0		0015		
ASB-41							//			ſ	07/16/2	2015		
MAY 11		* L	o no	use	this for	n for asbes	tos licensure exe	mpt	ed activities.					

MO#22742789872

Date of Notification (1)				Name	of Building	Owner/	Operator (	2)	_		l of F	-		
07	16 / 15							T.6	201	<sup>15</sup> JUL 20		-		
Agencies Notified	Type Notification		- 1		Patterson Address	l				OUT 50	<u> </u>			
□ EPA	✓ Initial		,		chard Roa	. J			8		., 5	4.9		
□ DOLWD     □ DOLWD	☐ Amended				State, Zip C									
□ DHSS     □	Amendment #		,							ELULIA.	27.7	J.		
DCA (NJAC 5:23-8)	Emergency (in justification)	cluding	F		ewood, NJ of Contact					Telephone Nur				
(	Cancellation				Patterson	32			1	relephone Nul	inei			
			-				TION		_					
Name of Facility Where A	hatemant is Taking	Dlage /S	2)	FA	CILITY IN	FURMA	ATION	T (F						
Private house	waternent is Taking	y riace (s	")					Type of Fa	000000000000000000000000000000000000000					
Street Address										(Other than K-1	2)			
75 Orchard Road								X Other (	i.e., pri	vate and comme		uilding	js,	
City (5)								homes	2/ 55 56	1 # - ( 5)				
Maplewood, NJ 07040								Square Fe	et	# of Floors	B	idg. A	ge	
County (6)				Coun	ty Code (7) (	STATE /	ISE ONI VI	Current He	o (Brio	s if boing down	(الم م ما م			
Essex				Gouri	ty code (7) (	SIAIE	ISE UNLT)	Current os	se (Pric	or if being demol	isnea)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	No	Nama	of Abatom	ent Contract	or (0)				- 50000	
PS	, 3	, , ,	1	(OOW)	140.	Access noon in		ani Gontiaci	.01 (9)					
Street Address			_				h LLC Address							
							illey Rd #	1283						
City, State, Zip Code							tate, Zip C					- 0.0		-
						300	, NJ 0747							
Project Manager for Moni	toring Firm		Telep	phone	No.		one No.	7.0		License No.				
*						973-63	8-1777			01127				
Start Date (10)	Sched	luled Con	nplet	ion Da			of OSHA N	Aonitor		01127				
/	15 (	)7_ / _	30	_ / _	15	Enviro	vision Co	nsultants,I	nc					
Occupancy Status During	Abatement (Check	conly one	e)				Address	iisuitaiits,1	110			755		
Facility Closed/Vacate	d During Entire Pe	riod of Ab	aten	nent		20-21	Wagaraw	Road, Bld	a # 3	5 E				
Abatement Performed	Outside of Normal	Facility F	lours	- Des	cribe	City, St	ate, Zip Co	ode	g.π J.	J L				
Time of Abatement:		VI/			AM	Fair La	wn, NJ 0	7410						
Scope of Work (Check all	that apply)						Clean up	and decon	tamina	tion with negative	e pres	sure		
≥ >3 sf or >3 lf		Reno	vetio	n		H	Full Cont Mini-Enc	tainment wit	h Nega	tive Pressure				
2 160 sf or 260 lf		Demo				X	Gloveba	g Procedure	ПТ	ent with Negativ	e Press	sure		
							Non-Exe	mpted (*) ar	nd Non-	-Friable Procedu	ıre	1		
Location	of		ocation rmall								Ab	atem	ent T	уре
Asbestos-Containing N		Used			Ashes		scription o	if terial (ACM)		Amount	R	R	П	四四
TO BE ABA	TED	Maint Custoo				, therma	I systems i	insulation,		(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)	У	\$100 miles (100 miles)	12)	laii?			cing, VAT,			SIF or LF)	oval	=	Encapsulate	sure
V = -7		Yes	No	N/A		other	iliscellane	ous)					ate	
Basement				X	D: .	1					EN			
Dascincit			-		Pipe insu	lation			2:	5 LF		Ш	Ш	Ш
						0.000								
, a														П
												П		
Name of Registered Wast	e Hauler		NJDE	P Waste	Hauler ID No.	Cubic Ya	ards of Wast	e Name of I	Registe	ered Landfill			Ш	
Gr Tech LLC				03378		TBI			1700	Journal Landini				
City, State			100	13310	. J	Disposa		T.R.R.F.						
Wayne, NJ 07470														
Completed By (Print or Ty	pe) Title					TB)	gnature	Tullytow	n, PA		ots.			
N.Jevtic						Sig		Peulic u	1	1	ate	2014),(N=1		
N.JEVTIC	Owi	ier					//	rewic u	vena	or 07	7/16/20	)15		

MO#22742785574

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Nan	ne of Buildir	ng Owner/Operator (	2)	-	9.Dec				
	15				ip Zuev			2	1015 JUL 20 AH 9:				
Agencies Notified Type Noti	ification			_	et Address			17	AM 9:				
☐ EPA ☐ Initial				638	36th Stree	.+							
☑ DOLWD ☐ Amen					, State, Zip				6 / 1 / 1 / 1 / 1 / 1				
	dment #_		-0						SEMBLE AL				
DCA Emerging [DCA   DCA   DCA	gency (ind cation)	cludin	9		on City, N.		· G						
	ellation			1	receptione Number								
	- Ination				Philip Zuev								
None of Facility and				F	ACILITY I	NFORMATION							
Name of Facility Where Abatement	is Taking	Place	(3)			in the second	Type of Facility	(4)					
rivate house							School (K-1	2)					
Street Address							Subchapter	8 (Other than I	K-1 2)				
38 36th Street						Other (i.e., private and commercial buildings, homes, etc.)							
City (5)							Square Feet	# of Floors	Bidg. Age				
Jnion City, NJ 07087							oquare rect	# 01 1 10013	blug. Age				
County (6)				Cor	unty Code (7)	(STATE USE ONLY)	Current Hee /B	rios if holon de	ti-to-di				
udson				000	5506 (1)	(OTATE OOE ONET)	Ourient Use (P	nor ii being de	monsnea)				
Name of Monitoring Firm Hired by B	Building O	Wher	(8)	1000	A No	TN== ***	L						
Initial by b	andrig U	ATTIC!	(0)	ASCI	M No.		ent Contractor (9)						
Street Address						Gr Tech LLC							
ACCUMUNICSS					Street Address								
Nity State 7in Cod					576 Valley Rd #283 City, State, Zip Code								
City, State, Zip Code													
						Wayne, NJ 0747	70						
Project Manager for Monitoring Firm	)		Tei	ephon	e No.	Telephone No.	7.200.	License N	0.				
						973-638-1777	01127						
Start Date (10)	Schedu	uled C	ompl	etion D	Date (11)	Name of OSHA M	Ionitor	01127					
07 /30 /15					_15								
Occupancy Status During Abatemen						Envirovision Co	nsultants,Inc						
Facility Closed/Vacated During E	ntire Dec	iod of	Abat			Street Address							
Abatement Performed Outside of	Normal I	Facilit	ADAR	allielli	a a a riba	20-21 Wagaraw	Road, Bldg .#	35 E					
Time of Abatement:AM	PM	/ 1/	PM	113 - DE	AM	City, State, Zip Co	ode						
						Fair Lawn, NJ 0'							
Scope of Work (Check all that apply)	)					Clean up	and decontami	nation with neg	gative pressure				
		<b>⊠</b> R€	novat	ion		Full Cont Mini-Encl	ainment with Ne	gative Pressur	e				
≥ 160 sf or ≥260 If			moliti			Glovebac	g Procedure Tent with Negative Pressure						
						Non-Exe	mpted (*) and No	on-Friable Proc	cedure				
			Loca						Abatement Type				
Location of Asbestos-Containing Material (AC	·M		Norma	ally elv by	49000	Description o		CSA.					
TO BE ABATED	J.VI.J		inten			stos Containing Mat e., thermal systems in		Amount	Enclosure Encapsula Repair Removal				
IN Facility		Cus		Staff?	11.6	surfacing, VAT,		(Specify SIF or LF)	Enclosure Encapsul Repair				
(13)	-		(12)	1	-	other miscellaned		U. L.	Enclosure Encapsulate Encapsulate Repair Removal				
		Yes	No	N/A	(			1 5	σ				
sement				X	Pipe inst	ulation		110 LF					
			П					TIO DI					
	-		Ц_										
			П	П									
			ш		to Haules ID N	Out in the	T						
ame of Registered Waste Hauler			M t	In L Minn	- CLASSIAN III BIO	LUDIC Yards of Waste	Name of Regis	stered Landfill					
			- 1			0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1							
Tech LLC			- 1	06P Was		TBD	T.R.R.F. Inc						
Tech LLC ity, State			- 1			No. of the second							
Tech LLC ity, State ayne, NJ 07470			- 1			TBD Disposal Date	T.R.R.F. Inc City, State	Δ					
Tech LLC ity, State ayne, NJ 07470	Title		- 1			TBD Disposal Date TBD	T.R.R.F. Inc	Ą	Date				
Tech LLC ity, State ayne, NJ 07470 ompleted By (Print or Type) Jevtic	Title	ar.	- 1			TBD Disposal Date TBD Signature	T.R.R.F. Inc City, State		Date 07/16/2015				

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Date of Notification (1)						Name of Building Owner/Operator (2)									
	16 /	15	-		Christ	ine Haver	ricak		2815 JUL 20	EM	0. 7	_			
Agencies Notified	Type Notific	ation			Street	Address	1015000-002			F11	7	G.			
⊠ EPA					81 She	erman Pla	ice	A	Water Trees						
DOLWD	Amended					State, Zip C		& IT FILL WILL							
□ DHSS     □ DBS     □ DBS	Amendm				1,000			ADDE STORE STATE							
DCA (NJAC 5:23-8)	Emergen justificati		iding			City, NJ of Contact		Telephone Number							
(110110 0.20-0)	Cancella				Christine Havericak										
N 25 W					FA	CILITY IN	FORMATION								
Name of Facility Where A	Abatement is	Taking P	lace	(3)				Type of Facility							
Private house								School (K-12)							
Street Address						Subchapter 8 (Other than K-1 2)  Other (i.e., private and commercial buil									
81 Sherman Place							homes, etc.)								
City (5)		-						Square Feet	# of Floors	В	ldg. A	ge	200		
Jersey City, NJ 07307															
County (6)					Coun	ty Code (7)	rior if being dem	olished)							
Hudson															
Name of Monitoring Firm	Hired by Buil	lding Ow	ner (	3)	ASCM No. Name of Abatement Contractor (9)										
							Gr Tech LLC								
Street Address					Street Address										
							576 Valley Rd#	#283							
City, State, Zip Code						City, State, Zip Co									
						Wayne, NJ 0747									
Project Manager for Monitoring Firm Tele						No.	Telephone No.		License No.						
							973-638-1777		01127						
Start Date (10) Scheduled Comple						te (11)	Name of OSHA M	lonitor	01127						
08/01/	China China	08				75 50	MANY COL DO DO DODO								
Occupancy Status During							Envirovision Co Street Address	nsultants,Inc							
					ment			agent management as	4246 (2000)						
Facility Closed/Vacated During Entire Period of Abate  Abatement Performed Outside of Normal Facility Hou						cribe	20-21 Wagaraw		35 E						
Time of Abatement: _	AM-	PM/		PM_		AM	City, State, Zip Co								
Scope of Work (Check all	that apply)						Fair Lawn, NJ 0								
	triat apply)								nation with nega gative Pressure		sure				
≥ 3 sf or > 3 lf     ≥ 160 sf or > 260 lf		≥	Rer	novati	tion Mini-Enclosure										
≥ 160 st or ≥260 if			] Der	nolitic	Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure										
			le	Locat	ion		M Nou-Exe	Abatement Ty							
Location	of			ormal			Description o	.f		At		ent T	ype		
Asbestos-Containing I		M)		d Sole		Asbes	stos Containing Ma	terial (ACM)	Amount	Re	Re	Enc	Enc		
TO BE ABA IN Facili				ntena odial (	nce/ Staff?	(i.e	., thermal systems i		(Specify	Removal	Repair	aps	Enclosure		
(13)	Ly			(12)			surfacing, VAT, other miscellane		SIF or LF)	<u>a</u>	1.	Encapsulate	иге		
10 10		,	Yes	No	N/A		outer interestante	0 40)				te			
First floor		I	7	П	X	D: :	1.4		200 1 5						
			_	=		Pipe inst	liation		200 LF			Ш	Ш		
Second floor		L			$\boxtimes$	VAT flo	or tiles		600 SF	$\boxtimes$					
	*0														
		Г	7									-			
Name of Registered Was	te Hauler			NIF	FP Weets	Hauler ID No.	Cubic Yards of Wast	Nome of Day	ptorod ! == ±£!!			Ш			
							123,000.00								
Gr Tech LLC City, State				0	03378	5	TBD	T.R.R.F. Inc							
1500 2000							Disposal Date	City, State							
Wayne, NJ 07470		-					TBD	Tullytown, P	A						
Completed By (Print or Ty	/pe)	Title					Signature /			Date					
N.Jevtic		Owne	r				Hei	sic Wena	el (	07/16/20	015				
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Date of Notification (1)  07 / 16 /	15				Owner/Operator (2	2)	2015 JUL 2	0 -	-	67.4				
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Agencies Notified Type Notifica  ☐ EPA	ition			Address elrose Aver			& LICE			46				
☑ DOLWD ☐ Amended				State, Zip Co			- & LIPE	( )	1 7-	-				
□ DHSS Amendme	ent #		0.00				.021	10/程	$G^{\cdot \cdot \cdot}$	· 1.				
	cy (including	1	Newark, NJ 07106  Name of Contact  Telephone Number											
(NJAC 5:23-8) justification							Telephone Num	iber						
Cancellat	ion		Charle	es Holmes										
			FA	CILITY INF	FORMATION									
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility	(4)							
Private house						2)								
Street Address						Subchapter	8 (Other than K-1	2) zajal bu	د سالمال					
31 Melrose Avenue					Other (i.e., private and commercial buildings, homes, etc.)									
City (5)						Square Feet # of Floors Bidg. Age								
Newark, NJ 07106									- 3	3-				
County (6)			Coun	tv Code (7) (S	STATE USE ONLY)	Current Use (P	l rior if being demoli	shed)						
Essex			1.20000000	* * * * * * * * * * * * * * * * * * *			ose (i noi ii being demonstred)							
Name of Monitoring Firm Hired by Build	dina Owner	(8)	ASCM No. Name of Abatement Contractor (9)											
Street Address			Gr Tech LLC Street Address											
City, State, Zip Code			576 Valley Rd #283 City, State, Zip Code											
Oity, Otate, Zip Code					500 16 10 10 150 10									
Project Manager for Manifesian Firm		T = +			Wayne, NJ 0747	70								
Project Manager for Monitoring Firm		lele	phone	NO.	Telephone No.		License No.							
Ctart Data (40)					973-638-1777		01127							
	Scheduled C			The second secon	Name of OSHA N	Monitor								
	08/		_ / .	]	Envirovision Co	nsultants,Inc								
Occupancy Status During Abatement (	50				Street Address									
Facility Closed/Vacated During Enti				2	20-21 Wagaraw	Road, Bldg .#	35 E							
Abatement Performed Outside of No Time of Abatement:AM	ormal Facilit	y Hour PM	s - Des	cribe	City, State, Zip Co	ode								
	1 100			- I	Fair Lawn, NJ 0	7410								
Scope of Work (Check all that apply)							nation with negativ	e press	sure					
≥ >3 sf or >3 If	▼ Re	enovati	on			ontainment with Negative Pressure								
☐ ≥ 160 sf or ≥260 lf	De	emolitic	n		Glovebag Procedure Tent with Negative Pressure									
					☐ Non-Exe	xempted (*) and Non-Friable Procedure								
		Locat							Abatement Type					
Location of Asbestos-Containing Material (ACM		Norma ed Sole			Description of		V • 7 = 1 = 2 = 2 = 2 = 2 = 2	70	Z	ш	Ш			
TO BE ABATED		intena			tos Containing Ma , thermal systems		Amount (Specify	em	Repair	nca	ncic			
IN Facility	Cus	todial	Staff?	(1.0.,	surfacing, VAT		SIF or LF)	Removal	ai-	psu	Enclosure			
(13)		(12)	_		other miscellane			<u>m</u>		Encapsulate	œ			
	Yes	No	N/A				National Control							
Basement			X	Pipe insul	lation		28 LF	$\boxtimes$	П	П	П			
		$I_{\Box}$					20 21							
		1							Ш	Ш	Ш			
			Ш											
		П	П				_	П	П	П	П			
Name of Registered Waste Hauler		NJI	DEP Waste	Hauler ID No.	Cubic Yards of Wast	Name of Regi	stered Landfill		ш					
Gr Tech LLC City, State		1	03378		TBD	T.R.R.F. Inc								
					Disposal Date	City, State								
Wayne, NJ 07470	T-V				TBD	Tullytown, P	Α							
Completed By (Print or Type)	Title				Signature /	7 , -	D	ate			M-16-11 =			
N.Jevtic	Owner				1/6	which wena	d 07	//16/20	15					
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Date of Notification (1)				Name	of Building	Owner/Opera	ator (2	)	00.	W.		11			
07 / 16	1 15					e serie terrementente province	,	•	2015	<sup>JUL</sup> 20	B24 .				
	tification			Neal I	Address					- 20	AM	:47			
☐ EPA				Street Address  25 Crescent Road  City, State, Zip Code											
⊠ DOLWD ☐ Amer			ŀ	1000	LIBER	UNT	ROL								
□ DHSS Amer	ndment #														
☐ DCA ☐ Emer	rgency (incl	uding		Livingston, NJ 07039											
	ication)			Name of Contact Telephone Number											
Canc	ellation			Neal Dick											
				FA	CILITY IN	IFORMATIO	N								
Name of Facility Where Abatement	t is Taking I	Place	(3)			11		Type of Facility	(4)						
Private house								School (K-12)							
Street Address								Subchapter 8 ✓ Other (i.e., p	3 (Other than K-		Idinas	*			
25 Crescent Road								homes, etc.)		mercial bu	iuings.				
City (5)								Square Feet	# of Floors	Bio	lg. Age				
Livingston, NJ 07039								=14.00 and another							
County (6)				Coun	ty Code (7)	(STATE USE OF	NLY)	Current Use (Pr	ior if being dem	nolished)					
Essex								12	· ·						
Name of Monitoring Firm Hired by	8)	ASCM No. Name of Abatement Contractor (9)													
					Gr Tech LLC										
Street Address				Street Address											
				576 Valley Rd #283											
City, State, Zip Code		City, State, Zip Code													
				Wayne, NJ											
Project Manager for Monitoring Firm Te					No.	Telephone N			License No.	<u> </u>					
24 200 00000000000000000000000000000000	i negroom	***************************************		973-638-17			01127								
Start Date (10)	omple	tion Da	te (11)	Name of OS	5000	onitor	01127								
07 / 28 / 15		1													
Occupancy Status During Abateme				Street Addre		nsultants,Inc									
□ Facility Closed/Vacated During				ment		800 6 7590									
☐ Abatement Performed Outside					scribe			Road, Bldg .#	35 E						
Time of Abatement:AM	PM	/	PM_	L AM											
Scope of Work (Check all that appl	1.1	-				Fair Lawn,	1,200			1.					
	19)							and decontaming ainment with New			ure				
>3 sf or >3 lf	7		novati			Min									
≥ 160 sf or ≥260 lf	1	De	molitic	n		Glovebag Procedure Tent with Negative					e Pressure				
		le	Locat	ion			II-LACI	mpted ( ) and 14c	THE TIABLE FIOL		1	T			
Location of		1	Vorma	lly		Descrip	stion o	f	10	7,7,7	atemen	<u> </u>			
Asbestos-Containing Material (	ACM)		d Sole intena			stos Containir	ng Mat	terial (ACM)	Amount	Removal	Repair	Enclosure			
TO BE ABATED  IN Facility			odial		(i.e	e., thermal syst			(Specify	lou	pair	losu			
(13)			(12)			surfacing, other misce			SIF or LF)	<u> </u>	Repair	Te l			
1		Yes	No	N/A							α	,			
Basement		П	П	X	Pipe ins	ulation		70	80 LF	$\boxtimes$	ПГ				
					1 ipc iiis	uiatioii			80 LI						
		Ш	Ш	Ш											
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Name of Registered Waste Hauler			NJI	DEP Wast	e Hauler ID No	. Cubic Yards o	f Wast	e Name of Regis	stered Landfill			<u> </u>			
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Gr Tech LLC City, State			(	003378	83	TBD	+0	T.R.R.F. Inc							
887						Disposal Da	16	City, State							
Wayne, NJ 07470	1	CORNEL				TBD		Tullytown, P	<u>A</u>						
Completed By (Print or Type)	Title					Signatu		1.		Date					
N.Jevtic	Own	er						leute Wend	ad	07/16/20	15				
ASB-41 MAY 11	*	Do no	Luse t	his fori	n for ashe	stos licensure e	exemp	ted activities							