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

Date of Notification	1 (1)	1	Name of Build	ding	Owner/Operator	(2)	ME	CE		7\/7	PP
7/21/2016			Elisabe	th 1	Neff				= 1	\mathbb{W}	
Agencies Notified	Type Notificati	on s	Street Addres	35		32000 - 12000	IInii				
[]EPA	[X] Initial							UL 2	5	2016	
[]DEP	Notificat.	ion	City, State,	Zip	Code			0		2010	1-
[X] DOL	[]Amended	. 11	Verona,	NJ,	07044		1000				
[X] DOH	Notificat		Name of Conta	act		Telepho	ASBE.	STOS LICE!			8
[]DCA	[] EMERGENCY		Elisabe		Neff	1		LIOLI	VIICY	0	
i jour	[]Cancellati	on									
				ITY :	INFORMATION						
Name of Facility Who		Takin	g Place (3)			Type of Facil	Lity (4)				
Same as above						[]School		+	5	101	
Street Addres							oter 8 (Othe (i.e., priva				
						cial h	ouildings, h				
				- (-		Square Feet		ors			
City (5	Co	unty (6)Essex	C 1995	nty Code (7)	2000	2		8		73
						Current Use	(Prior ii be	eing o	demo	lisne	d)
Name of Monitoring I	Firm hired by Bu	ildino	ASCM No.		Name of Abates	ment Contracto	or (9)				
Owner (8)						ANAGEMENT					
N/A Street Address					Street Address	s			-		
Juleet Address						topher St	· .				
Dity, State, Zip Coo	de .				City, State,						
orely becaut are out					A SANGE STATE OF THE STATE OF T	r, NJ 070	42				
Project Manager for	Monitoring Firm	Tel	ephone Numbe	T	Telephone Numi			Licen	se N	umber	
radjede ranager abr	110111 0011119 11111	N/	200		(973) 744			003	371		
Scheduled Start Date	e (10) Sched.	Compl	etion Date (11)	Name of OSHA 1	Monitor					
8/1/2016		/201			N/A						
Month Day Y	ear Mont	h D	ay Year								
Decupancy Status Du:	ring Abatement (sed/Vacated Dur				Street Address	s					
of Abatemen	ıt	-70									
12. 12.000000000000000000000000000000000	rformed Outside ribe:«OffHours 1		Control of the contro	У	City, State, 1	Zip Code					
	ribe: «Other Occ										
Scope of Work (Check	k all that apply	r)			11 x x x x x x x	20.5 III vs 10 25.4%	personal appropriate the symptocen			-	
[X]>3 sf or	>3 1f	F.5	[]Renovation			Containment w. Enclosure	ith Negativ	e Pre	ssur	e	
[]≥160 sf		500]Demolition		[X]Glove	bag Procedure					
-			Is	200111.70	[]Non-F	riable Proced	ure .	2	Abat	ement	Type
Location	n of		ocation ormally		Description	on of	5- 18		T	E	E
Asbestos-Co			Used Solely		Asbestos-Con Material (Amount (Specif		R	R C	C
Material TO BE AE		B	y Main-		(i.e., thermal		SF or		0	E A P	0
In Faci		Cu	enance/ stodial	ir	sulation, surf		LF)		V. A	A S U	
(13)		Yes	aff (12) No N/A		or other misce	Lianeous)			L	K L	R
Basement			X I	Pipe	e insulati	on	120 1	£	2		
Same region and control and co				-							
Name of Registered	Waste Hauler	NJ	DEP Waste	Cu	bic Yards	Name of Reg	istered Land	dfill	_		
AZTECH MANAG			Tuler ID No.	of	Waste 1.5	Minerva	a Enterp	ris	e I	NC	
Dity, State	98.11	1-	7040	Di	sposal Date	City, State					-
Montclair, NJ	07042				8/4/2016		ourg, Oh	io	446	88	
							/				
Completed By (Print	3 m 1/2 - m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Signature /	1 1	- 1/	Dat	te 21/2	016	
Constantine V	ivian Pre	side	III			our land	CAR HIVAA	1'	Z 1 / Z	010	
					1 > -	T. T.	1				

CK 29722

			arouni.	Name of Buildin	g Owner/Operato	or (2)				
Date of Notification (1)				THE LILLIAN BC	OTH ACTORS H	DME ID IS	P.		\\/\	ſΞ
7 / 20 /	16			Street Address	10/27-2000		<u> </u>	5 1	D	
Agencies Notified Type N	Notification			155-175 WEST H	HUDSON AVENU					
DEP X	nitial Notific	Votificatio	on #	City, State, Zip C 2 ENGLEWOOD, I	ode NEW JERSEY 076	531	JUL	2 5	2016	ò
//	Cancellatio On Hold	n		Name of Contact		Telephone Num	ber	2.00	NITO	~
		ICY NOT	IFICATIO	ON JORDAN STROI			1.10.7	LIVS1	NG	JL
				CILITY INFORMATION						
Name of Facility Where Abatem	ent is Tak	ing Plac		OILITY HAT CITATION	Type of Fac	ility (4)				
THE LILLIAN BOOTH ACTORS F					Subch	(K-12) apter 8 (Other than h	(-12)			
						(ie. private & commo	I. bldgs			(C.)
Street Address					Square Fe	et # of Floors		Blag.	Age	
175 WEST HUDSON AVENUE	-71				10,360	(Prior if being demo	lichad)			0
	County (6)	l.		County Code (7 (STATE USE ONL		CATION BUILDING	lisiteu)	Hall	III. LCIL	
LITOLLITOOD	BERGEN	0	25 (0)	ASCM 1		patement Contracto	r (9)			
Name of Monitoring Firm Hired ENVIRONMENTAL HEALTH INV	by Buildii	IONS IN	31 (o) 3C	17		ONMENTAL CORP		ON		
Street Address	ILSTIONT	10140, 11	10.		Street Addr					
655 WEST SHORE TRAIL						ROCK ROAD				
City, State, Zip Code					City, State,					
	RTA, NEW	JERSE'	Y 07871		The second secon	NEW YORK 10901				
Project Manager for Monitoring F	irm	Te	elephone	Number	Telephone	tarribo.	ense N	lumbei	r	
JEAN PAUL VON DOEHREN		1000	3-729-56		845-369-75		J1			
Expected State Date (10)		Sched.		tion Date (11)		SHA Monitor				
7 / 12	16	Month	9 /	30 /16 Day Y	ear AMERISCI					
Month Day Ye Occupancy Status During Abater				Day	Street Addr	ess				
Facility Closed/Vacate	ed Durina E	Entire Pe	riod of Al	patement	117 EAST	30TH STREET				
Abatement Performed	Outside o	f Norma	Facility	Hours - Describe:						
X Other - Describe:	Monday -F	riday 8a	ım-4pm		City, State,	Zip Code NY, NY 10	016			
				[∇] Euli	Containment with	Negative Pressure	010			
Scope of Work (Check all that ap	pply)	Renova	ation		-Enclo,	regative rioscale				
Demolition >3SF OR LF	^	Trenove	10011		vebag Procedure					
x >160 SF OR 260 L	_F				-Friable Procedure					
Location of			cation	Description	of Asbestos-		A	batem	ent Ty	уре
Asbestos-containing			Illy used	14. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	Material (ACM)	Amount (Specify	E	REPAIR	N	N
Material (ACM)			ely by Custodial		nal systems urfacing, VAT,	SF or LF)	Ì	Alf	ΆP	NCLOSURE
TO BE ABATED in Facility (13)		DATAPOLITICAL DOS	ff (12)		scellaneous)		AL	~	SUI	SUF
iii i adiity (10)		Yes N		and the entire of the state of					m	I A
1st FLOOR WINGS 1 & 2			×	CEILING PLASTER		2,700 SF	X			
LOWER LEVEL			X	VAT & MĄSTIC		600 SF	X			
ATTIIC			X	DUCT MASTIC		16 SF	×			
EXTERIOR WINGS 1 & 2			X	WINDOW CAULK		10 SF	X			
EXTERIOR WINGS 1 & 2	100		X	TRANSITE WINDOW	W PANELS	850 SF	X			
EXTERIOR WINGS 1 & 2		1	X	BUILDING CAULLK		8 SF	Х			
EXTERIOR ROOF			X	FLASHING		390 SF	X			
EXTERIOR PATIO			X	WATERPROOFING	TAR	60 SF	X			
EXTERIOR SOFFITS WINGS	2.2		X	TRANSITE PANELS	3	1,000 SF	X			
Name of Registered Waste Hau		NJDE	> Waste	Cubic Yards of Was	te Name of R	legistered Landfill				
GLOBAL WASTE INDUSTRIES		Hauler	ID No. 2147	80	GROWS L	ANDFILL/TULLYST	NWC			
City, State				Disposal Date	City State					
HACKETTSTOWN, NJ 07840				7/12/16-9/30/16	// /	ELL,PA 19067/TULL	NO. 1-2	WN, P	'A	
Completed by (Print or Type)	Title			Signatur	724	D	ate 7	12	0/	18
BENJAMIN SANCHEZ	DIR	ECTOR	OF OPE	RATIONS /	1100			10	-/	

		1		CATION	OF ASBE	STOS	ABATE		(i)	Pon	lk _	12	<u> </u>	39	不	
Date of Notification (1) 7/21/16					f Building ((2)		D	EG	F	П	D.O.	_	
Agencies Notified	Type Notification			Street A	159	2	-			Utr	15 16		1	\mathbb{Y}	E	$\sqrt{\Gamma}$
EPA DEP	× Initial Amended		-	City, Sta	ite, Zip Co	de					JIII	. 2	7.7	2016		H
X DOL	Amendment # Emergency (ii		-	Name of	f Contact					Tel	ephone I	22. 116.7	2001	2010		
DOH DCA	justification) Cancellation				Horzen	пра				20.					1	
Name of Facility Where	Abatement is Taking	Place (3	3)	FACI	LITY INFO	DRMATI	ON	Туре	of Facility	(4)	LIC	JEN!	SIN(3	_	
house Street Address								×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth			build	lings,	home	es,
City (5) Hamilton		-							are Feet	# 0	f Floors		B 6	ldg. A	ge	5095
County (6) Mercer					Code (7) USE ONLY)			Curre	ent Use (Pr	ior if be	ing demo	olishe	d)			
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCN	ΛNo.				atement Co			10				
Street Address							Street	Addre	:SS							_
City, State, Zip Code							Section 1		83, 4 E 0 Zip Code	Sate D	rive			50-115E		
Droingt Manager for Man	14-1 Fl			+ 1 1					d, NJ 074	118	Г.					
Project Manager for Mor	nitoring Firm			Telepho	ne No.		10/2002/02/2007	none N 764-2			Licens 703	e No.				
Start Date (10) 7/30/16		Schedule 8/30/16		pletion	Date (11)		Name	of OS	HA Monitor							
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street	Addre	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire P ned Outside of Norma	eriod of A	Abatem Hours	ent		_	City, S	state, Z	Zip Code				-			
Scope of Work (Check A	All That Apply)							7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovat Demoliti				×	Min	III Containm ni-Enclosui ovebag Pro on-Exempte	re cedure						
		1000	Location										A-1300	Abate Ty	ment	
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Use Ma	Normali d Solel intenar todial S (12)	y by ice/		tos Con thermal surfa	scription taining M systems cing, VA niscellar	Materia s insul: .T, or		(3	Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>	ſ	late	le l
basem	ent			×		pipe	insula	tion		4	0 SF	2	C			
-																
									T							
Name of Registered Was Freehold Cartage	ste Hauler		Ha	JDEP W auler ID 5939		of Wa	Yards ste		Name of Wester	22.042						
City, State Freehold, NJ							sal Date		City, Sta Birdsb		Α				2 - 2	
Completed by A. Scott Higgins	dent				Signature		1-			Date 7/21						
								_/				114	, 10			

- weekly-stord data if the entrance and	Size of New Jersey National Jul 25 2016 Agence Notice of New Jersey Personal to NJAC 8:60 and 12:120) JUL 25 2016 Agence Notice of New Jersey Personal to NJAC 8:60 and 12:120) JUL 25 2016 Agence Notice of New Jersey Agence Notice of New Jersey Personal to NJAC 8:60 and 12:120) JUL 25 2016 Agence Notice of New Jersey Agence Notice of New Jersey Decrease of New Jersey Decrea	6
	Name of Perry Mining Americans is fining Pere (3) De Color of Col	Comments of the major desired for the second of the second
The state of the s	Name of Remaining Fame Pared by Surving Orans ASCAL No. Name of Associated Controls (9) AND Street Address I LI L GUALING Fame City, State, Jap Code City,	And the state of t
Harman Constitution	Constancy States Design Africance (Create daily end) / If Pacify Closed/Vended Design Entire Pessed of Africance If Africance Pessed Outside of Normal Pacify Hores If Other - Describe Scope of Work (Check all that apply) If any any and any any any and any	And the second of the second o
	Aspector County of Action	经
11	ANI SUE LICE DESCRIPTION OF THE STREET OF T	
	ී විය හැර ජනව රජ්න රියාක රසු පත්තයේදන බලපාසඟ පැපසාවලට සහවරුම්දන.	



Date of Notification (1) July 19, 2016		12		ne of Bu tact, Ll	ilding Owner LC	Operator	(2)		E C E		W	E	5	7
Agencies Notified	Type Notification		7 10 10 10 10 10 10 10 10 10 10 10 10 10	et Addre -99 Pa	ess cific Avenu	je								
EPA DEP DOL	Initial Amended Amendment				Zip Code ity, NJ 073	05			JUL 2	2 5 2	016		U	
M DOH DCA	Emergency (i justification)	ncluding	15/3/2100	ne of Co				A	Telephone	CON.	TRO	. &		
				ACILIT	YINFORMA	TION			LIGH	VSINC	ì			1
Name of Facility Where Former Commercia		Place (3)					☐ s	f Facility (4) chool (K-12)						
Street Address 51-99 Pacific Aven	ue							ubchapter 8 ther (i.e. priv tc.)			buildi	ngs, h	ome	8,
City (5) Jersey City					jit.		Square 100,0	e Feet	# of Floors	3	11 943735	dg. Ag)0+	ie	
County (6) Hudson				unty Coc ATE USE	de (7) E ONLY)			nt Use (Prior ufacturing/		nolishe	d)			
Name of Monitoring Firm AECOM	n Hired by Building (Owner (8)	13.00	ASCM Not app	o. dicable	1,000,000,000		ement Contr Unlimited						-
Street Address 30 Knightsbridge R	Rd, Suite 520						Address 2 Bulla	s rd Avenue						
City, State, Zip Code Piscataway, NJ 08							State, Zip	Code 10644	3.00					
Project Manager for Mo Mark Conners			Tel	ephone	No.	1.0	hone No 994-13		Licer 010	nse No. 67				
Start Date (10) 7/26/16		Scheduled Decembe			te (11)	Name AET		A Monitor						
Occupancy Status Durin	ng Abatement (Chec	k Only One)					t Addres							
Facility Closed/Vac	cated During Entire	Period of Aba	atemen	t				ennell Ro	ad ————					
Abatement Perform Other – Describe:	ned Outside of Norm Exterior isolated are	nal Facility H a	ours			The state of the s	State, Zi dia, PA	19063						
Scope of Work (Check	All That Apply)					F	_			N 121				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novatio nolitior				Min X Glo	Containmer i-Enclosure vebag Proce n-Exempted	edure					
		T			4							Abate		
Locatio			ocation rmally			Descriptio	n of					Ту	pe	
Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (ACM) BATED cility	Maint Custoo	Solely enance dial Sta (12)	e/	Asbestos C (i.e. their su		Material ns insula AT, or	(ACM) tion,	Amoun (Specif SF or Lf	y	Removal	Repair	Encapsulate	Enclosure
	-	Yes	No	N/A	Di	pe Insul	ation		60 LF	:	x		-	
Exterior /	Ground				PI	pe msui			- OO LI	-				
	· · · · · · · · · · · · · · ·		5											
Name of Registered Wi	asta Hauler		N.IF	DEP Was	ste Cu	bic Yards		Name of F	Registered L	andfill				
Freehold Cartage I			Hau	iler ID N 913	o. of 10	Waste 00		Grand C	entral Sa		Lan	dfill		
City, State Newark, NJ					Dis TB	sposal Dat	te 7	City, State Pen Arg	yl, PA 18	3072				Í
Completed by John Barone		Title Senior	Proje	ect Mar	nager (Signatu	íre W	prie	_	— Dat	te 19/15	5		

FilesAnywhere.com				29:49 AM		ge GE	3/00	4 - + 9 7	#	3	6	5
		OTIF	Sti	ate of New Jersi OF ASBESTOS to HJAC 8:50 at	ey Sarate	MENT			5 C		1 3	
Dann of NewHealton (1)			Nama of	Burcing Owner	Operator	(8)		-14-41-	JU	 	5 7	2016 1
July 20, 2016		1		n Habitat for I				1 7	• • •		J L	.010
Aparelles Hottlee Type Notificetion			Street A							n		
M EPA III Introd		F	O BO)	Z OKRK				AS	BEST	OSC	CONT	ROL &
DEP Hottps:			easy plan I all a second op an	in. Zim Cháis				-	-/.LI	CEN	SING	i o L
Are engas qu	1.2	1		n, NJ 07509-1	0505				/			:
DOH Bettflogion		-	NAME OF	Celifol	2303			Telephone	o e etheren			
DOA ps titlo all on DOA				Manager				Lotofficence	s saffrank	Ď,		
The state of the s	19 19-14-1-14-14-1	- market direct		LITY INFO AMAY	"IDN			ant - con-mind	militario de mario de la compansión de l			
Name of Family Whate Abotement is Takin	ng Plans (3)	}		*	,	Typ	n of Facility	4)	***************************************	· · · · · · · · · · · · · · · · · · ·		
louse							School (K. 1	21				
Strent Addikss	Married at Married Land of the Con-	11.1111		*#			Bubuhapter	6 (Other than	K-12)			
						X		ncivaça A apera	oppoist h	gnibhna	ie, han	nes,
City (6)			rediction to digment			S-34	mo.) arp i om	a of Flagra		Birin	. A26	
aterson, NJ 07522							waterweiter für	4.874		1		
CORNIY (6)		т.	County (20de (71		Contr	de Usa (Pri	or If being dan	olished	ļ		
assaic			intate e	ISE ONLY		-1,		hous				
Name of Workering Firm Hiror by Building	०भगगा १६०		ASCM	No	Name	of Ah	stement Cor	ग्रह्म (के)				ti 4
ET .			0021	-	2007		Group, L					
Rison Addrass		min 1011(1) 10			Sireat			#	Tdl			
07 Doollttie Drive					1500	Kinai	BHWYN.	STE 209				
City, Stelle, Zip Code	and a territorian and a few con-	41-1000 11011	-11	Marie Commission of the Commis			Zip Cede					
indgewater, NJ 08807					Cherry	, Hiii	, NJ 08034	4				
Project Manager for Montioring Firm			Telephor	e No.	र लिलान			COLUMN SERVICE SERVICES SERVIC	ne No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Mudhalaner .
ric Houseknecht		10	308) 21	8-1108	(973)	759	5000	0078	1			
Stort Date (10)	8 Stedillis						10 She H AH		MINISTER PROPERTY			1 111411
7/21/16			7/31/16	3	The M	ACK	Group, L	LC.				
Goodpanay Status During Abatement (Cho	ak Oply On	ć)			SIMOT					#1 		
Fecility Closed Vacated During Entire	Period of A	botom	\$ ₹-!		1500 1	Kinge	HWY N	STE 209				
Abatement Performed Outside of Nors Other - Describe:	nal Facility	House			Page to the second second		Zip Code	Print artist on Olymbia qui e.g.				
And appropriate for the control of t		g		ma Militana a Miliana	Cherry	/ Hitl	E080 LM ,	4	8			1
Scope of Work (Greek All That Apply)												
₹ 190 d or 780 lt		epoval Handii				M.	Ini-Ensidaure Kreboo Proc					
1 1881 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						CM 114	e exemple	1.1 Still MOD 3.1	reple His	M41114	1 10 m et	P-185
Edealight of		Louisi		_							Type	
Ashenos Containing Material (AGN)	User	lalaa h sanac	y hy	Asheatas Cor	raitoras A printarior		HACH)	Amount	1	-	1	
TO BE ABATED In Facility		odini E		(i.e. therme	st avarems	inau.		(Specily	1	P R	100	il.
(13)		(15)	9933337.		aring. VA mis pallar		1	BF WLF		Removai	13.0	Enclosure
			ω					12	É	5	Encapsuters	N 19
	Y86	No	N/A								4	
2nd floor		-w	X	floor tile	on y, n	o ma	stic	100 s/l				
basement			X		_"_			60 s/1	15	<		
				······································				10 10 ann prins 200 200 200 200 200 200 200 200 200 20				
Jame of Reg blaced Wasin Hailer			DES W	nels F.,LL	Yards		1 100-	Name of the second seco]			
THE PROPERTY OF THE PROPERTY O			arger ID I				Lasting Ot :	teginered Lar	01111			
ewark Carting			4.50	Ş	6.3		Cumbert	and County	HEBI	Beth	leher	27
Chy. Slate				Dispo	orac lead		Chy, State		diamong a papernamon	Mark 1970 Ma		
ewark, NJ					7/31/16		Newburg	/ Bethlehe	m, PA			
Compte to d by	Tite				Shart Muria	والرابع و	7 - No. 1 - No. 1 - No. 1	Amilian, chara, monomida.	Date			
Alke Gooper	Preside	the		-	ACRES OF STREET	1000	and the second		2/20/1	6		

Date of Notification (1) 7-20-2016					uilding Ov Franz	wner/Op	erator	(2)							
Agencies Notified EPA DEP DOL DOH DCA	Type Notification Initial Amended Amendment # Emergency (i justification) Cancellation		Ci F	Rockaw ame of C	, Zip Cod ay NJ 0					Tele	2 5 2016 bhone Num	ber			
Name of Facility Where A Private Dwelling Street Address	batement is Taking	Place (3)		FACILI	TY INFO	RMATIC	DN		ASB of Facility (4) School (K-12 Subchapter 8 Other (i.e. pri etc.)	LICI) (Othe	r than K-12)	ngs,	nome	S,
City (5) Rockaway NJ 0786 County (6)	66	33		County Co	ode (7)			n/a Curr	ent Use (Prior rate Dwellir	2 flo	Floors OORS g demolish	n/	dg. A	ge	
Morris Name of Monitoring Firm Bioterra Solution Street Address 1130 W Chestnut S		Owner (8)		ASCM			Ama Street 24 N	of Ab x Co Addre	atement Continutracting L	ractor (9)				
City, State, Zip Code Union NJ 07083 Project Manager for Mon Rick Eustaquio	itoring Firm	Scheduled	9	TEPACHER MINERAL	4-3762		Woo Teleph 973-	odlan none t -692-	d Park NJ	07424	License N 01266	0.			
Start Date (10) 07-30-2016 Occupancy Status During Facility Closed/Vaca Abatement Perform Other – Describe: Scope of Work (Check A	ated During Entire I led Outside of Norm	08-02-2 k Only One Period of Al	016) pateme		alo (11)		Ama Street 24 N	Addre Morle State,	entracting L	LC					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio					× G	ull Containme lini-Enclosure llovebag Proc on-Exempted	edure				e	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Used Mair	ocation ormally solely of tenan odial S (12)	y y by nce/	Asbesi (i.e.	tos Con thermal surfa	scriptio taining system cing, V niscella	n of Materi ns insu AT, or	al (ACM) ulation,	A (S	mount Specify or LF)		Abat	ement pe Encapsulate	Enclosure
Basem	ent	100	140	X		Pipe	Insul	ation		3	0 LF	X			
Name of Registered Wa Amax Contracting L			Н	JDEP W auler ID 036184	No.	of Wa	,		Name of I	S	ered Landfi	II			
City, State Woodland Park NJ Completed by Tome Maslarkov	07424	Title Proje	ct Ma	anager		08-1	sal Dat 5-201 Signatu	9//	Morrisv		D	ate 17-20-	201	6	

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

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#2551			(Purs	suant	to NJAC	8:60 and 5:16	i)							
Date of Notification (1)			N	lame o	f Building (Owner/Operator (2	2)							
	21 / 16			ave T		89 30	Γ	5	ECE	7	V	R	E	7
Agencies Notified	Type Notification		300		Address			11)),	U L	Ш	Ü		11	1
☐ EPA	Initial					Ĭ		15						
□ DOLWD	☐ Amended			City, St	ate, Zip Co	de			JUL 2	5 21	016	1	tE	力
DHSS	Amendment # Emergency (incl	uding	N	Iontel	air, NJ 07	043								
DCA (NJAC 5:23-8)	justification)	uumg			of Contact				Telephone N		-			
	☐ Cancellation		D	ave T	om				LYEEY	4011VC	1			
(1				FAC	ILITY INF	ORMATION								
Name of Facility Where	Abatement is Taking	Place (3)				Type of Fa	cility (4)					
Private house							School		Other than K-1	2)				
Street Address									vate and comme		ouilo	dings	,	
							homes		1 4 - I F (Dida	. ^-		
City (5)							Square Fe	et	# of Floors	1	3100	. Ag	е	
Montclair, NJ 07043				Count	, Codo (7) /9	STATE USE ONLY)	Current H	e /Prin	r if being demol	(ished)				_
County (6)				County	/ Code (/) (c	STATE USE ONLT)	Current o.	36 (1 110	i ii being deine	101100)	70.			
Essex Name of Monitoring Fire	m Hired by Building O	wner (8	Δ (SCM N	lo I	Name of Abatem	ent Contrac	tor (9)						
, tame of morning i m			·			Gr Tech LLC		ante Croxo						
Street Address						Street Address								
						576 Valley Rd #	#283							
City, State, Zip Code						City, State, Zip C	ode							
						Wayne, NJ 074	70		T					
Project Manager for Mo	nitoring Firm		Telep	hone h		Telephone No.			License No.					
		1-10		D-4		973-638-1777 Name of OSHA !	Monitor		01127					77.
Start Date (10)	/ 16 Sched				16			•						
The same of the sa						Envirovision Co Street Address	onsultants,	inc						-
Occupancy Status Duri Facility Closed/Vaca				nent		20-21 Wagaraw	. Road Bl	da # 3	SF.					
Abatement Performe	ed Outside of Normal	Facility	Hours	s - Des	cribe	City, State, Zip C		ug .11 J	J.L.				19/4	
Time of Abatement:	AMPM	Λ/	_PM		AM	Fair Lawn, NJ (07410							
Scope of Work (Check	all that apply)								ation with negat	ive pre	essu	ıre		
☑ >3 sf or >3 If		⊠ Re	novatio	on		Mini-En	closure		ative Pressure					
>3 sf or >3 lf = 160 sf or 260 lf			molitio			Gloveba Non Ev	ag Procedur	e IT	ent with Negati n-Friable Proced	ive Pre	essi	ıre		
		le	Locati	OD		I HOH-EX	empted () t	110 1101	111111111111111111111111111111111111111	-	Aba	teme	ent T	vpe
Location	on of	1	lormal	ly		Description	of					_	_	T
Asbestos-Containin			d Sole intena		Asbes	stos Containing M ., thermal systems	aterial (ACN	A)	Amount (Specify	9	Removal	Repair	ncar	nclo
TO BE A	1000	Cust	odial S	Staff?	(1.6	surfacing, VA	T, or		SIF or LF)	1	ave	÷	Encapsulate	Enclosure
(13)		(12)	1		other miscellan	eous)						ie e	
		Yes	No	N/A		- 10 July 1 - 10 J				F	3			
Basement		Ш	Ш	\boxtimes	Pipe insu	ılation			105 LF			ᆜ		는
Bathroom-second flo	or			\boxtimes	Pipe insu	ılation			6 LF	12	X	Ц		Ш
										[
Name of Registered W	laste Hauler		NJI	EP Wast	e Hauler ID No.	Cubic Yards of Wa	ste Name o	f Regis	tered Landfill					
Gr Tech LLC			(0337	85	TBD	T.R.R.	F. Inc						
City, State						Disposal Date	City, St					-		
Wayne, NJ 07470						TBD	Tullyto	wn, Pa	A					
Completed By (Print or	Type) Titl	е				Signature	1.			Date				
N.Jevtic	Ow	ner				//	leute w	lenad		07/21	/16	Š		
ASB-41				A) 22	27 27									

State of New Jersey

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

	i		3			8:60-7 and 12:120-7)	IN E	CE	n W	E	7.1]
, D-tf N-ti5ti /1)	4	1,		1958 		Name of Building Owner/O	1 1 1 1 1 1	(6 5	<u> </u>		11 11	
Date of Notification (1) 07/25/16				598	0	Bound Brook Board of E	ducation					
Agencies Notified		Notif	ication T	ype	=	Street Address 111 W Union Ave		JUL 2	5 201	6		
⊠ EPA		⊠ In	nitial Noti	fication	ŀ	City, State, Zip Code					1	
□ DCA			mended		-ti (in alcoding	Bound Brook, NJ 088	305	JSIBAHX-	78 86 1 1 7	17. 11	1	
⊠ DOL □ DEP			mergeno fication)	cy notifica	ation (including	Name of Contact	ASE	Planh>~			¥	
⊠DOH			ancelled			Erinie Turner		-				-
					FACILITY INF	ORMATION						
Name of Facility Where A	batement is	Taking	Place (3	3)	TAGILIT III	Type of Facility (4)						
Community Middle				77.		School (K-12) Subchapter 8 (other the state of the state	nan K-12)					
Street Address						Other (i.e. private & comm	nercial buildin	gs., home	s, etc.)			
120 E. Second Stre	et					Sq. Feet: 100,000 #	of Floors: 3	Bldg. A	ge:	1960'	S	
City (5)	County (6)		T	County	Code (7)	Current Use (prior if being	demolished).	High Sci	001			
Bound Brook		nion			Jse Only)							
						Name of Contractor (9)						
Name of Monitoring Firm RK Occupational & Env			ner (8)	ASCM I	No.	Name of Contractor (9)						
NN Occupational & Lin	viioiiiiiciitai					Panoramic Window & Do	or Systems	Inc.				
Street Address						Street Address 712 Sergeantsville Road						
01 Saint James Ave.						712 Sergeantsville Road						
City, State, Zip Code						City State, ZipCode						
Phillipsburg, NJ 08865		1 = .				Stockton, NJ 08859		License I	dumber			
Project Manager for Mon Jon Gilbert	itoring Firm		ephone N -454-631			Telephone Number P (732)926-0900 x102		01237	turnou			
John Gilbert		1			_	3 4						
Scheduled Start Date (10	<u>D)</u>			Completio	on Date (11)	Name of OSHA Monitor						2
07/26/16		08/3	31/16			IAQ GUNU LLO						
Occupancy Status During	g Abatement	(Chec	k only or	ne)	× 1	Street Address						
☐ Facility Closed/Vacate	ed During En	tire Per	riod of Al	patement	t	87 Main Street						
⊠Abatement Performed Describe	Outside of i	Normal	racility r	Tours -		City, State, Zip Code						
	0.187 1.0.00	. 44.0	0.004			Lineala Dark NJ 07025						
⊠Other - Describe: Tue	& Wed 3:0	J- 11:00	U PIVI			Lincoln Park, NJ 07035						
0 (10) 4 (0)1-	. 11 45 -4	·										
Source of Work (Check a	all that apply	1										
\geq 3 sf or \geq 3					⊠ Renovation		Enclosure					
⊠ ≥ 160 s	$f \text{ or } \geq 260$) If			□ Demo		Non-Friable P	rocedure				
Location of Asbestos-	le	Locatio	n Norma	ally	Description of A	sbestos Containing Material	Amou	nt	Abaten	nent T	ype	
Containing Material (ACI	M) in Us	sed Sol	ely by	•	(ACM) (i.e. ther	mal systems insulation,	(Spec	ify SF or	Remov	10 Dr	opair F	Encan
Facility (13)			istodial S	Staff?	surfacing, VAT,	or other misc.)	LF)		Enclos		:pall L	ilicap
	(1 Y	Z) ES	NO	NA								
Rear of Building				X	PHASE 1 16 W	indows with Glaze and Ca	aulk 320 L	F	X			
Entire Building				X	Phase 2 119	Windows Glaze and Caul	k 2380	LF	X			
								T			150	
Name of Reg. Waste Ha	uler			ste Haul	er ID#	Cubic Yards of Waste		Name o		red La	ancitill	
Panoramic Window &	Dr Svs Inc	00:	36057				<u> </u>				Ti.	
alloraniie William &	2, 0,3 1110						Disposal D	ate		y, Stat ston, F		
						11			Eas	storr, F		
						1//		Date				
Completed by (Print or	Type)	Titl	<u>le</u> oject Ma	nager		Signatúre/			22	\ /	1-	
Mark M Jovic		FIL	oject ivia	ilagei	1	1/0/05/			Fdo	1-1	XV	

Park NOCY

5 1 FAL 11F 11 - 141												
Date of Notification (1)	29 / 16				dimension provides and the	Owner/Operator (2 e Community Co			= n	ΠΠ	P	
	23 / 10	<u></u>			0.	e community of	Silege	E G B	7 1	\V/	E	_
Agencies Notified	Type Notification			Street A								7
⊠ EPA				5100	Black F	lorse Pike						
DOLWD	Amended Amendment #	7/20/4	6	City, St	ate, Zip C	ode		ll ll JUL :	25	2016		
☑ DHSS	☐ Emergency (in		0.1	Mays	s Landin	ig, NJ 08330						
☐ DCA (NJAC 5:23-8)	justification)	Glading	Ī	Name o	of Contact			Telephone Numb	er			7
(1.10.12.0120.0)	☐ Cancellation			Tim	Edmund	ls		LIVE	NSIN	113	L &	
				FAC	ILITY IN	FORMATION	lus.				-	_
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facility					
ACCC Student Su	ccess Center Blo	dg C				9	School (K-12					
Street Address							☐ Subchapter 8	8 (Other than K-12) rivate and commerc	cial bu	ildina	S.	
5100 Black Horse I	Pike						homes, etc.)					
City (5)				-			Square Feet	# of Floors	Blo	dg. Ag	ge	
Mays Landing												
County (6)				Count	y Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolisl	hed)			
Atlantic									-32.0			
Name of Monitoring Firm	n Hired by Building	Owner (8) [ASCM N	No.	Name of Abateme						
Brinkerhoff Enviro						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address		1000				Street Address						
1805 Atlantic Ave						1123 BEAVE	R STREET					_
City, State, Zip Code						City, State, Zip Co	ode					
Manasquan, NJ 08	736					BRISTOL, PA	19007	<u> </u>				
Project Manager for Mor	nitoring Firm	7)	Tele	phone N	No.	Telephone No.		License No.				
Gary Fleming	F1		73	32-425-	7258	215-788-6040)	00509				
Start Date (10)	Sche	duled Co	mple	tion Dat	e (11)	Name of OSHA N			4			
7 - /- 21	16	7 /	22	1	16	DDISTOL EN	VIRONMENTA	LINC				
2 _ 1 _ 21 _ 1		<u>, , , , , , , , , , , , , , , , , , , </u>		/ _	10	DKISTOL EN	VIIIOINILIAIA	L, INC.				
					10	Street Address	VIICONNILIVIA	L, INO.		-3		-
Occupancy Status Durin Facility Closed/Vacat	ng Abatement (Chec	k only or	ne)		10			L, INC.				
Occupancy Status Durin Facility Closed/Vacat Abatement Performe	ng Abatement (Chec ted During Entire Pe ed Outside of Norma	k only or eriod of A I Facility	ne) batei Hour	ment		Street Address 1123 BEAVE City, State, Zip C	R STREET	L, 1140.	7-2			
Occupancy Status Durin Facility Closed/Vacat Abatement Performe Time of Abatement:	ng Abatement (Checked During Entire Person of Checked Outside of Normand 17:00 AM-3:30 PM/_	k only or eriod of A I Facility	ne) batei Hour	ment		Street Address 1123 BEAVE	R STREET	L, IIVO.	222			
Occupancy Status Durin Facility Closed/Vacat Abatement Performe	ng Abatement (Checked During Entire Person of Checked Outside of Normand 17:00 AM-3:30 PM/_	k only or eriod of A I Facility	ne) batei Hour	ment		Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	R STREET					
Occupancy Status Durin ☐ Facility Closed/Vacat ☐ Abatement Performe Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 If	ng Abatement (Checked During Entire Person of Checked Outside of Normand 17:00 AM-3:30 PM/_	k only or eriod of A I Facility PN	ne) bater Hour I	ment rs - Desc AM		Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	R STREET ode A 19007 tainment with Ne					
Occupancy Status Durin Facility Closed/Vacat Abatement Performe Time of Abatement: Scope of Work (Check a	ng Abatement (Checked During Entire Person of Checked Outside of Normand 17:00 AM-3:30 PM/_	k only or eriod of A I Facility PN	ne) bater Hour I	ment rs - Desc AM		Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	R STREET ode A 19007 tainment with Ne closure g Procedure	gative Pressure	re			
Occupancy Status Durin ☐ Facility Closed/Vacat ☐ Abatement Performe Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 If	ng Abatement (Checked During Entire Person of Checked Outside of Normand 17:00 AM-3:30 PM/_	k only or eriod of A I Facility PW Ren Den	ne) bater Hour I	ment rs - DescAM ion on		Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	R STREET ode A 19007 tainment with Ne closure g Procedure		-	atem	ent T	Гу
Occupancy Status Durin ☐ Facility Closed/Vacat ☐ Abatement Performe Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 If	ng Abatement (Checked During Entire Pered Outside of Norma 7:00 AM-3:30 PM/_	k only or eriod of A I Facility PW Ren Den	batei Hour Hour I- nolitio	ment rs - DesiAM ion on	cribe	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe	R STREET ode A 19007 ttainment with Neclosure g Procedure empted (*) and No	gative Pressure on-Friable Procedu	Ab	-	1	Гу
Occupancy Status Durin Facility Closed/Vacat Abatement Performe Time of Abatement: Scope of Work (Check at >3 sf or >3 lf >160 sf or >260 lf Location Asbestos-Containing	ng Abatement (Checked During Entire Person of Material (ACM)	Ren Den	he) bater Hour l- nolition	ment rs - DesiAM ion on tion allly ely by	Asbe	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe	R STREET ode A 19007 tainment with Ne closure g Procedure empted (*) and No	gative Pressure on-Friable Procedu	Ab	-	1	T
Occupancy Status Durin ☐ Facility Closed/Vacat ☐ Abatement Performe Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB	ng Abatement (Checked During Entire Person of Material (ACM)	Rer Den	he) bater Hour l- nolition	ment rs - DesiAM ion on	Asbe	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the stos Containing Mains, thermal systems	R STREET ode A 19007 tainment with Ne closure g Procedure empted (*) and No of aterial (ACM) insulation,	gative Pressure on-Friable Procedur Amount (Specify	-	atem	1	Гу
Occupancy Status Durin Facility Closed/Vacat Abatement Performe Time of Abatement: Scope of Work (Check at 3 sf or ≥3 lf 160 sf or ≥260 lf Location Asbestos-Containing	ng Abatement (Checked During Entire Person of Garage Material (ACM) BATED illity Entire Person of Carte (ACM)	Rer Den	bater Hour I	ment rs - Desc AM ion on tion ally ely by ance/ Staff?	Asbe	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe	R STREET ode A 19007 tainment with Ne closure g Procedure empted (*) and No of aterial (ACM) insulation,	gative Pressure on-Friable Procedu	Ab	-	t Encapsulate	Γ
Occupancy Status Durin ☐ Facility Closed/Vacat ☐ Abatement Performe Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Facil	ng Abatement (Checked During Entire Person of Garage Material (ACM) BATED illity Entire Person of Carte (ACM)	Rer Den	bater Hour Local cocal orma is Sole intenacial (12) No	ment rs - Desc AM ion on tion ally ely by ance/ Staff?	Asbe (i.e	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the cast of the containing Mage, thermal systems surfacing, VAT other miscellane	R STREET ode A 19007 tainment with Ne closure g Procedure empted (*) and No of aterial (ACM) insulation,	gative Pressure on-Friable Procedur Amount (Specify SF or LF)	Removal	-	1	Ту
Occupancy Status Durin ☐ Facility Closed/Vacat ☐ Abatement Performe Time of Abatement:: Scope of Work (Check at ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Faci (13)	ng Abatement (Checked During Entire Person of Garage Material (ACM) BATED illity Entire Person of Carte (ACM)	Ren Den	bater Hour I	ment rs - Desc AM ion on tion ally ely by ance/ Staff?	Asbe (i.e	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the story Containing Mise, thermal systems surfacing, VAT other miscellane	R STREET ode A 19007 tainment with Ne closure g Procedure empted (*) and No of aterial (ACM) insulation,	gative Pressure on-Friable Procedur Amount (Specify	A Removal	-	1	Гу
Occupancy Status Durin Facility Closed/Vacat Abatement Performe Time of Abatement: Scope of Work (Check at 3 sf or ≥3 lf 160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Faci (13) Room C 153	ng Abatement (Checked During Entire Person of Garage Material (ACM) BATED illity Entire Person of Carte (ACM)	Ren Den	bater Hour Local cocal orma is Sole intenacial (12) No	ment rs - Desc AM ion on tion ally ely by ance/ Staff?	Asbe (i.e	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the cast of the containing Mage, thermal systems surfacing, VAT other miscellane	R STREET ode A 19007 tainment with Ne closure g Procedure empted (*) and No of aterial (ACM) insulation,	gative Pressure on-Friable Procedur Amount (Specify SF or LF)	A Removal	-	1	Гу
Occupancy Status Durin ☐ Facility Closed/Vacat ☐ Abatement Performe Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Faci (13) Room C 153 Room C 151	ng Abatement (Checked During Entire Person of Garage Material (ACM) BATED illity Entire Person of Carte (ACM)	Ren Den	bater Hour Hour Hour Hour No	ment rs - Desc AM ion on tion ally ely by ance/ Staff?	Asbe (i.e	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the story Containing Market, thermal systems surfacing, VAT other miscelland itle and mastic that black mastic	R STREET ode A 19007 tainment with Ne closure g Procedure empted (*) and No of aterial (ACM) insulation,	gative Pressure on-Friable Procedur Amount (Specify SF or LF) 2,400 SF	A Removal	-	1	Ту
Occupancy Status Durin ☐ Facility Closed/Vacat ☐ Abatement Performe Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Faci (13) Room C 153 Room C 151	ng Abatement (Checked During Entire Person of Games (ACM)) n of Games (ACM) ATED iiity (Checked Checked Che	Ren Den	ne) batei Houri l- novatii nolitic cocal orma i Sole ntena odial (12) No	ment rs - Desc AM ion on tion ally ely by ance/ Staff? N/A	Asbe (i.e	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the containing Mage, thermal systems surfacing, VAT other miscellane tile and mastic trail black mastic trail.	R STREET ode A 19007 tainment with Ne closure g Procedure empted (*) and No of aterial (ACM) insulation, r, or eous)	gative Pressure on-Friable Procedur Amount (Specify SF or LF) 2,400 SF 100 SF 7 ea 25 LF	A Removal	-	1	Ту
Occupancy Status Durin Facility Closed/Vacat Abatement Performe Time of Abatement: Scope of Work (Check at >3 sf or >3 lf >160 sf or >260 lf Location Asbestos-Containing TO BE AB IN Faci (13) Room C 153 Room C 151 Throughout	ng Abatement (Checked During Entire Perented Outside of Normal 7:00 AM-3:30 PM/_all that apply) In of g Material (ACM) SATED illity	Ren Den	ne) batei Hour l- ovati nolitic cocal orma i Sole (12) No	ment rs - DesiAM ion on tion ally ely by ance/ Staff? N/A	Asbe (i.e	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the state of t	R STREET ode A 19007 tainment with Ne closure g Procedure empted (*) and No of aterial (ACM) insulation, , or eous)	gative Pressure on-Friable Procedur Amount (Specify SF or LF) 2,400 SF 100 SF 7 ea 25 LF istered Landfill	A Removal	-	1	Гу
Occupancy Status Durin □ Facility Closed/Vacat □ Abatement Performe Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Faci (13) Room C 153 Room C 151 Throughout Roof	ng Abatement (Checked During Entire Person of General (ACM) ATED illity aste Hauler	Ren Den Usec Main Custo	ne) batei Hour l- ovati nolitic cocal orma i Sole (12) No	ment rs - DesiAM ion on tion ally ely by ance/ Staff? N/A	Asbe (i.e	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the story Containing Market, thermal systems surfacing, VAT other miscelland itle and mastic that black mastic tors ashing	R STREET ode A 19007 tainment with Ne closure g Procedure empted (*) and No of aterial (ACM) insulation, , or eous)	gative Pressure on-Friable Procedur Amount (Specify SF or LF) 2,400 SF 100 SF 7 ea 25 LF	A Removal	-	1	Гу
Occupancy Status Durin Facility Closed/Vacat Abatement Performe Time of Abatement: Scope of Work (Check at 3 sf or >3 lf >160 sf or >260 lf Location Asbestos-Containing TO BE AB IN Faci (13) Room C 153 Room C 151 Throughout Roof Name of Registered WasserVICE TRANSE	ng Abatement (Checked During Entire Person of General (ACM) ATED illity aste Hauler	Ren Den Usec Main Custo	ne) batei Hour l- ovati nolitic cocal orma i Sole (12) No	ment rs - DesiAM ion on tion ally ely by ance/ Staff? N/A	Asbe (i.e	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the state of t	R STREET ode A 19007 tainment with Ne closure g Procedure empted (*) and No of aterial (ACM) insulation, , or eous)	gative Pressure on-Friable Procedur Amount (Specify SF or LF) 2,400 SF 100 SF 7 ea 25 LF istered Landfill	A Removal	-	1	Гу
Occupancy Status Durin ☐ Facility Closed/Vacat ☐ Abatement Performe Time of Abatement: Scope of Work (Check at ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Facil (13) Room C 153 Room C 151 Throughout Roof Name of Registered WaseRVICE TRANSE	ng Abatement (Checked During Entire Person of Company (Checked During Entire Person of Checked D	Ren Den Usec Main Custo	ne) batei Hour l- ovati nolitic cocal orma i Sole (12) No	ment rs - DesiAM ion on tion ally ely by ance/ Staff? N/A	Asbe (i.e	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the story Containing Mage, thermal systems surfacing, VAT other miscelland itle and mastic ital black mastic ital black mastic ors ashing Cubic Yards of Waste	R STREET ode A 19007 tainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation, r, or eous) Name of Reg MINERVA	gative Pressure on-Friable Procedur Amount (Specify SF or LF) 2,400 SF 100 SF 7 ea 25 LF istered Landfill	A Removal	-	1	Ту
Occupancy Status Durin Facility Closed/Vacat Abatement Performe Time of Abatement: Scope of Work (Check at 3 sf or >3 lf >160 sf or >260 lf Location Asbestos-Containing TO BE AB IN Faci (13) Room C 153 Room C 151 Throughout Roof Name of Registered WasserVICE TRANSE	ng Abatement (Checked During Entire Person of Common of	Ren Den Steel De	ne) batei Hour l- ovati nolitic cocal orma i Sole (12) No	ment rs - DesiAM ion on tion ally ely by ance/ Staff? N/A	Asbe (i.e	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the state of t	R STREET ode A 19007 tainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation, r, or eous) Name of Reg MINERVA	gative Pressure on-Friable Procedur Amount (Specify SF or LF) 2,400 SF 100 SF 7 ea 25 LF istered Landfill LANDFILL BURG, OH 44688	A Removal	Repair	Encapsulate	Гу

ASB-41 β S / 6 0 3 / * Do not use this form for asbestos licensure exempted activities. ** β S / β S / β S / β T β T / β / β / β | β S / β S / β | β S / β

State of New Jersey

(A)		N	IOT			N OF AS	SBESTOS ABAT AC 8:60 and 5:1		Pa a	2			
Date of Notification (1)					Nam	e of Buildi	ng Owner/Operator ((2)	- '9"				
4/	29 /	16	_				pe Community C						
Agencies Notified ☑ EPA ☑ DOLWD	Type Notin			e e montho	51		Horse Pike	demonstrate of the second	DEG		$-\mathbb{V}$		
☑ DHSS ☐ DCA	Amend	lment #3- ency (incl	A STATE OF THE PARTY OF	100	M		ing, NJ 08330		i i JUL	2 5	2016	õ	
(NJAC 5:23-8)	justification Cancel					e of Conta m Edmur			Telephone Num		_		
					FA	CILITY	NFORMATION		LICE			3.10	
Name of Facility Where	Abatement is	s Taking F	Place	(3)				Type of Facility	The second secon	1017	V-U	COM Delivers	
ACCC Student Sur								School (K-1					
Street Address					_			☐ Subchapter	8 (Other than K-12)			
5100 Black Horse F	Pike							Other (i.e.,) homes, etc.	private and commer	cial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ep	
Mays Landing				2002								_	
County (6)					Cou	inty Code ((7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Atlantic													
Name of Monitoring Firm			mer (8)	ASCN	No.	Name of Abateme	ent Contractor (9)				
Brinkerhoff Enviror	nmental S	ervices					BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					1		Street Address						
1805 Atlantic Ave							1123 BEAVE	R STREET					
City, State, Zip Code						1000	City, State, Zip Co	ode					
Manasquan, NJ 087	736						BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Telephone No.		License No.			_	
Gary Fleming						5-7258	215-788-6040		00509				
Start Date (10)		Schedule	ed Co	omple	etion D	ate (11)	Name of OSHA M						
7 / 21 /		7	_ /	_ 2		16	THE STATE OF THE S	VIRONMENTA	L, INC.				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	ed During En	tire Perio	d of A	Abate	ment		1123 BEAVER	R STREET					
Abatement Performed Time of Abatement: 7	Outside of 1:00 :00 :00 :00	Normal Fa	PN	Hou /	rs - De AN	scribe	City, State, Zip Co BRISTOL, PA				7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Scope of Work (Check all	that apply)		-				1						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novat				Procedure	gative Pressure on-Friable Procedure	e	2		
			Is	Loca	ion	T				T	atem	ent T	vpe
Location				orma			Description of	f			_		1
Asbestos-Containing N TO BE ABA	Material (AC	M)		ntena	ely by nce/	Asbe	estos Containing Mat	terial (ACM)	Amount	Removal	Repair	nce	Enclosure
IN Facilit		1 3		odial	Staff?	(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	ova	H.	sdi	USO
(13)	(12)	T	-	other miscellaned		or or ery	=		Encapsulate	ē			
Roof		Y	es	No ⊠	N/A	White f	lashing caulk		25 LF			П	
Room C119			7				le and mastic		32 SF				
Room C 161										-			
			-			Pipe Fi	Lungs		70 ea				
Name of D. 11			1	Ц							Ш	Ш	Ш
Name of Registered Wast SERVICE TRANSPO		P. INC.			JDEP auler I	D No.	Cubic Yards of Waste	Name of Regis					
City, State		<u> </u>			20990)	Disposal Data						
							Disposal Date	City, State					

ASB-41 135/603/

Brian Scafiro

NEW CASTLE, DE 19720

Completed By (Print or Type)

* Do not use this form for asbestos licensure exempted activities. 7/21 + 7/22/16

Signature

WAYNESBURG, OH 44688

Date // 20 // 6

SITE K-X AN

Title

Estimator

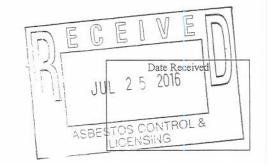
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2) Date of Notification (1) July 19, 2016 Manuel Ferreira Street Address Agencies Notified Type of Notification P O Box 1026 x] EPA Initial Notification [X]DEP Amended Notification City, State, Zip Code Amendment #_ x] DOL Ocean Gate, NJ 08740 2 5 2016 Emergency (including x] DOH Telephone Number justification) Name of Contact] DCA Cancellation Manuel Ferreira ASBESTOS CONT LICENSING FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (k-12) Residence Subchapter 8 (other than k-12) Street Address Other (i.e., private & commercial buildings, [X] homes, etc.) County Code (7) Square feet # of Floors Bldg. Age County (6) City 60 (STATE USE ONLY) 2000 sf Current Use (Prior if being demolished) Ocean Ocean Gate Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00624 732-349-9932 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) E.M.S.L. Analytical 7/29/16 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Glovebag Procedure Renovation >3 sf or ≥3 lf Non-Exempted (*) and Non-Friable Procedure Demolition X ≥160 sf or ≥260 lf [x][X] Abatement Type Description of Is Location Amount Normally used Asbestos-Containing E N N Location of E (Specify SF C Material (ACM) C Solely by P Asbestos-Containing Material (ACM) M or LF) L A (i.e., thermal systems Maintenance/Custodial A TO BE ABATED 0 P 0 insulation, surfacing, Staff in facility V S R VAT, or (12)(13)U U A other miscellaneous) R L L N/A YES NO X Asbestos siding 2400 sf X Exterior Cubic Yards of Waste Name of Registered Landfill NJDEP Waste Hauler ID No. Name of Registered Waste Hauler T.R.R.F. 20223 Guardian Contracting, Inc. Disposal Date City, State City, State 8/2/16 Tullytown, Pennsylvania Toms River, New Jersey Date Signature Completed by (Print or Type) Title 7/19/16 Nicholas Fernicola Project Manager

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755



DEMOLITION / RENOVATION NOTIFICATION

or Project #:	Postmark:	Notificati	JU.		
TYPE OF NOTIFICATION (O - Original R - Revised C - Ca	ancelled): O	II.	IS ASBESTOS PRESENT? (Yes/No):	Y
FACILITY INFORMATION (identify owner, removal contractor	and other operator)				
OWNER NAME: Manuel Ferreira					
Address: P O Box 1026					
City: Ocean Gate State:	NJ	Zip:	08740		
Contact: Manuel Ferreira		Tel:	732-921-3913		
REMOVAL CONTRACTOR: Guardian Contr	racting, Inc.		NJ License: 0062	.4	
Address: 1889 Route 9, U	Unit 61				
City: Toms River State:	New Jersey	Zip:	08755		
Contact: Nicholas Fernic	cola	Tel:	732-349-9932		
OTHER OPERATOR (if different)			NJ License:		
Address:					
City: State:		Zip:			
Contact:		Tel:			
TYPE OF OPERATION (D - Demo O - Ordered Demo R -	Renovation E - Emergency	Renovation):	D		
FACILITY DESCRIPTION (Including building name, number as	nd floor or room number)	-			
Building Name: Residence					
Address: 348 E Bayview Avenue					
City: Ocean Gate State:	New Jersey	County:	Ocean		
Site Location: Exterior					
Building Size: 2000 sf # of Floor	rs: 2	Age in Y	ears: 60		
Present Use: Residence	Prior Use:	Residen	pe e		
PROCEDURE, INCLUDING ANALYTICAL METHOD, IF AP	PPROPRIATE, USED TO DE	TECT THE PRE	SENCE OF ASBESTOS MATE	RIAL:	
IS MATERIAL ASSUMED TO BE ASBESTOS?					
APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be removed	RACM		LOCATION	Not 7	Го Ве
Category I ACM not removed Category II ACM not removed	Removed				Cat II
Pipes (Linear feet):					02
Surface Area (Square feet): 2400 sf	Asbestos siding		Exterior		
RACM Off Facility Component (Cubic feet):					
SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 7/29	9/16	Complete: 8/	1/16	
	FACILITY INFORMATION (identify owner, removal contractor) OWNER NAME: Manuel Ferreira Address: P O Box 1026 City: Ocean Gate State: Contact: Manuel Ferreira REMOVAL CONTRACTOR: Guardian Contractor Address: 1889 Route 9, 1 City: Toms River State: Contact: Nicholas Fernice OTHER OPERATOR (if different) Address: City: State: Contact: TYPE OF OPERATION (D - Demo O - Ordered Demo R-FACILITY DESCRIPTION (Including building name, number a Building Name: Residence Address: 348 E Bayview Avenue City: Ocean Gate State: Site Location: Exterior Building Size: 2000 sf # of Floot Present Use: Residence PROCEDURE, INCLUDING ANALYTICAL METHOD, IF AF IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed 4. Category II ACM not removed 6. Pipes (Linear feet): Surface Area (Square feet): 2400 sf RACM Off Facility Component (Cubic feet):	FACILITY INFORMATION (identify owner, removal contractor and other operator) OWNER NAME: Manuel Ferreira Address: P O Box 1026 City: Ocean Gate State: NJ Contact: Manuel Ferreira REMOVAL CONTRACTOR: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Contact: Nicholas Fernicola OTHER OPERATOR (if different) Address: City: State: Contact: TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency FACILITY DESCRIPTION (Including building name, number and floor or room number) Building Name: Residence Address: 348 E Bayview Avenue City: Ocean Gate State: New Jersey Site Location: Exterior Building Size: 2000 sf # of Floors: 2 Present Use: Residence Prior Use: PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DE IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category I ACM not removed 3. Category I ACM not removed 4. Racm To Be Removed 7. Pipes (Linear feet): 2400 sf Asbestos siding RACM Off Facility Component (Cubic feet):	PACILITY INFORMATION (identify owner, removal contractor and other operator) OWNER NAME: Manuel Ferreira Address: P O Box 1026 City: Ocean Gate State: NJ Zip: Contact: Manuel Ferreira Tel: REMOVAL CONTRACTOR: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: Contact: Nicholas Fernicola Tel: OTHER OPERATOR (if different) Address: City: State: Zip: Contact: Type OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): FACILITY DESCRIPTION (including building name, number and floor or room number) Building Name: Residence Address: 348 E Bayview Avenue City: Ocean Gate State: New Jersey County: Site Location: Exterior Building Size: 2000 sf # of Floors: 2 Age in Yersent Use: Residence Procedure, including Analytical Method, if Appropriate, USED to Detect The Presidence To Be. Is MATERIAL ASSUMED TO BE ASBESTOS? Approximate Amount of Asbestos including: 1. Regulated ACM to be removed To Be. 2. Category I ACM not removed Removed Removed Pipes (Linear feet): Surface Area (Square feet): 2400 sf Asbestos siding RACM Off Facility Component (Cubic feet):	FACILITY INFORMATION (identify owner, removal contractor and other operator) OWNER NAME: Manuel Ferreira Address: P O Box 1026 City: Ocean Gate State: NJ Zip: 08740 Contact: Manuel Ferreira Tel: 732-921-3913 REMOVAL CONTRACTOR: Guardian Contracting, Inc. NJ License: 0062 Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact: Nicholas Fernicola Tel: 732-349-9932 OTHER OPERATOR (if different) NJ License: NJ L	FACILITY INFORMATION (identify owner, removal contractor and other operator) OWNER NAME: Manuel Ferreira Address: P O Box 1026 City: Ocean Gate State: NJ Zip: 08740 Contact: Manuel Ferreira Tel: 732-921-3913 REMOVAL CONTRACTOR: Guardian Contracting, Inc. NJ License: 00624 Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact: Nicholas Fernicola Tel: 732-349-9932 OTHER OPERATOR (if different) NJ License: NJ

NOTIFICATION OF DEMOLITION AND RENOVATION (continued) DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF Xi. ASBERTOS AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground believe and the aspestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal. removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal. XII. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact Person: Nicholas Fernicola WASTE TRANSPORTER #2 Address: City: State Zip: Contact Person: xiii. WASTE DISPOSAL SITE T.R.R.F Name: Location Bordentown Road City: Tullytown Pennsylvania State: 19007 Zip: Telephone: 215-943-9732 Permit #: 101494 IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER XIV. Name Title: Authority Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY): FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER cvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager (Printed Name/Title)

cviii.

(Signature of Owner/Operator)

July 19, 2016

(Date)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager (Printed Name/Title)

(Signature of Owner/Operator)

July 19, 2016 (Date)

P	rir	it	10	rm	1

Date of Notification (1) 6/28/2016			100		Building Ov		erator (2)			JUI	25	5 20)16	
Agencies Notified	Type Notification		1 25	treet Add	dress elton Ro	oad		55		10 -	ĺ				
DEP DOL	Initial Amended Amendment				e, Zip Cod way NJ						ASBEST	ICEN	SIN	3	
DOH DCA	Emergency (justification)	induding	111111111	lame of 0						Tele	obopo Nue	nber			
	<u> </u>			FACIL	ITY INFO	RMATIO	N								
Name of Facility Where Private property Street Address	Abatement is Takin	g Place (3)			**			☐ S	f Facility (4' chool (K-12 ubchapter 8 ther (i.e. pr	:) 3 (Othe	r than K-12	!) al build:	ngs, l	nomes	s,
								et et	(c.)						
City (5) Somerville NJ		5 13						Square 15000)	2	Floors	+5	dg. Ag 50	je	
County (6) Somerset County				County C	ode (7) SE ONLY)		_	Сиптеп	t Use (Prio	r if beir	ig demolish	ied)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM N/A	No.	*			ement Cont vironmen					4	
Street Address N/A								Addres: Lafaye	s ette Stree	t					
City, State, Zip Code N/A								itate, Zip ark NJ	Code 07105						
Project Manager for Mon	nitoring Firm		- 4	Telephor N/A	ne No.			none No 491-08			License N 01240	0.			
Start Date (10) 7/8/2016	Date (10) Schedu 7/29/3				Date (11)				A Monitor onmental	Corp					
	. – –					1700		Addres							
Facility Closed/Vac Abatement Perform	cated During Entire ned Outside of Non	Period of A	batem	ent		ĺ	City, S	State, Zi		st 					
Other – Describe:				1			Unic	n NJ (7/083						
Scope of Work (Check / ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	All That Apply)		enova emolit		i)			Min	Containme i-Enclosure vebag Prod n-Exempted	edure				9	
		T	S 37				E	1901	FEXERIPLE	() 611	a Ivoir-i Ilai	1	Abate		
			Locati Iormal			Das	scription	n of	-				Ту	ре	
Asbestos-Containing TO BE AB In Fac	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					tos Cont thermal surfac	aining I system cing, V	Material is insula		(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Doc		Yes	No	N/A X		roo	f flash	ina		3	50 LF	x			
Roof First Floor				×			oor til	275			000SF			-	
FIRST FIGOR				^			001 111								
Name of Registered Wa	Name of Registered Waste Hauler						Yards		Name of	Regist	ered Landfi	11 .			
Newark Carting Inc 04509					No.	of Wa					am Landi	fill			
City, State PO Box 5670 Newark NJ 07105						Dispos	sal Dat	-	City, Stat 2335		utter Rd	Bethle	ehen	PA	
Completed by Carlos Gomes		dent			5	Signatur	N	N		J 578	ate /28/21	016			

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

			155				
-	-:	nt	\mathbf{r}	-		-	
-	n	nT.	-	n	r_{i}	n	

Date of Notification (1) 7/19/2016			5,000		Building O		erator ((2)			JUL	2 5	2016	-	刌
Agencies Notified EPA	Type Notification X Initial		S	treet Ad	dress					l A	BESTOS	400 8	ITRO	-	
DEP DOL	Amended Amendment		_ \ \	Nutley N		ie					LICE	7131 <u>N</u>	3		
DOH DCA	justification) Cancellation		N	lame of						l lele L	nhone ****				
Name of Facility Where Private property Street Address	Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATIO	N .	SS	chool (K-12) ubchapter 8 other (i.e. pri) (Othe	er than K-1	2) al build	ings,	nome	ss,
City (5) Nutley NJ								Square 1800	tc.) e Feet	# of 2	Floors	1000000	dg. Ag 50	ge	
County (6) essex				County C	ode (7) SE ONLY)		_	Currer	nt Use (Prior	if bei	ng demolis	hed)			
Name of Monitoring Firm N/A	n Hired by Building (wner (8)	,	ASCM N/A	No.		Dinag	go Env	ement Contr ironment		(9)				
Street Address N/A							339 L		te Street						
City, State, Zip Code N/A		ia.					Newa	tate, Zip ark NJ (07105		···				
Project Manager for Moi N/A	nitoring Firm		1	Telephor N/A			973-4	191-08	77		License N 01240	NO.			
Start Date (10) 7/29/2016		8/5/2016	5	pletion I	Date (11)		J&S E	nviron	A Monitor Imental Co	orp					
Facility Closed/Vac Abatement Perform	ccupancy Status During Abatement (Check Only On						2333 City, S	Addres Route State, Zip n NJ 07	22 West p Code		-				
Scope of Work (Check / ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	All That Apply)		enovat emoliti	7.7868			×	Min Glo	Containme i-Enclosure vebag Proce -Exempted	edure	328			e	
		1 10 10 10 10 10 10 10 10 10 10 10 10 10	_ocatio	2000									Abate Ty		
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Solel ntenan odial S (12)	y by nce/		tos Conta thermal s surfaci other mi	system ng, VA	Material s insula T, or		(3	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
Exter		×		shing	les sid	ding		2	000SF	x					
Name of Registered Wa	Name of Registered Waste Hauler					Cubic Y					ered Landfi				
Newark Carting Inc Hauler ID No. 04509									Ises Beth City, State		m Landfil				
City, State PO Box 5670							al Date	1	2335 Ap	plebu	uter Rd Be		am P	4	
Completed by Carlos Gomes		Title President							1		1.00	ate 7/19/20	016		

Do not use this form for asbestos licensure exempted activities.

Of mak	2 19	NC	TIFIC. (Pur	ATION (suant to	OF ASBES	TOS ABA 60 and 12	ATEME 2:120)	NT			; i;;			-[
Date of Notification (1) 07-20-16					Building Overst Prop							- 20	116	
Agencies Notified	Type Notification		6	TOTAL TROCKING	ena Vista	on consequence					UL Z	-		
DEP DOL	Amended Amendment # Emergency (ir		_ \ V	Vyckof	e, Zip Code f, NJ 074					ASBES	L V	NO: Subst	rrol 3	- &
DOH DCA	justification) Cancellation	icidaling	1000	ame of o	The state of the second					Telephone N	umber			
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFOR	RMATION		Type of	Facility (4))			-	-
Commercial Buildi		1 1400 (0)						7 Sc	hool (K-12)	450			
Street Address 235-241 Ridge Rd								Oti etc	her (i.e. pri	Other than K- vate & commer	12) cial build	lings, l	nornes	i,
City (5) North Arlington		24						Square	Feet	# of Floors	BI	idg. Ag	ge	
County (6) Bergen				County C	ode (7) SE ONLY)		-	Current	Use (Prior	r if being demol	ished)			
Name of Monitoring Fir	m Hired by Building C	wner (8)		ASCM	No.	200			ment Cont acting LL					
Street Address						1 7	Street A 522 7	ddress th St.						
City, State, Zip Code								ate, Zip City I	Code NJ 07087	7				
Project Manager for M	onitoring Firm			Telephor	ne No.	71 822		one No. 16 - 96		License 01206				
Start Date (10) 08-01-16		Schedule 08-07-1		pletion [Date (11)	54 333			Monitor Acting Ll	_C				
Occupancy Status Dur	ing Abatement (Chec	k Only One	e)					Address th St.						
Facility Closed/Va Abatement Perfor	acated During Entire F rmed Outside of Norm :	eriod of A al Facility	batem Hours	ent		C	City, St	ate, Zip	Code NJ 0708	7				
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	F		enovat emoliti					Mini- Glov	Enclosure	edure				
		T					r	Non	-Exempted	(*) and Non-Fr	iable Pro	Abate	ement	
Locat	ion of	N	Locati Iormall	у		Descr	ription	of			-	Ту	rpe	
Asbestos-Containi TO BE A In Fa	Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Use Ma Cust					tos Contair thermal sy surfacin other mis	ystems ng, VA	insulat T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Ground	Ground Floor					V	/AT			3700 SF	Х			
	Name of Registered Waste Hauler					To II. V	d		Nome of	Registered Lan	dfill			
Name of Registered V Delfa Contracting		11 (2)	IJDEP W lauler ID 35240	No.	of Waste	е			wn Resource		ery F	acili	ту	
City, State Union City, NJ					Disposa 08-0	al Date 09-16	,	City, Stat Tullytov						
Completed by Jaime Delgado		Title Proj.	Mana	ager.		Sig	gnature	14			Date 07-20-	-16		
							1	10		Chical				



CK 5579	N		ATION (of New Corner ASBES	TOS A	ABATEN			E C	E	7	<u> </u>		7	
Date of Notification (1) 7/20/16				Building Ov Macko F					11	11 25	21	116			
Agencies Notified Type Notification		5	Street Ad	dress				H -		14- E-0			1	5	
EPA Initial Amended			Pity State	e, Zip Code	Δ			1 49	RES	TOS C	ONI	TRO	1 2		\vdash
DOL Amendment #_				awkin NJ		50				ICENS			Lu		
Emergency (in justification)	cluding	1	Name of	Contact			-		Tele	phone N	lumb	er			
DCA Cancellation		,	Janusz						1						
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFOR	RMATI	ON	Туре	of Facility (4)				-		
Janusz Macko Private Home	1844							School (K-12	2)						
Street Address							X	Subchapter (Other (i.e. pretc.)	3 (Otherivate 8	er than Kar commen	-12) rcial l	buildi	ngs,	nome	s,
City (5)							Squa	re Feet	N 351 N 25	Floors			dg. A	je	
Manahawkin NJ 08050			2 1 0) - d - (7)			1000	nt Use (Prio	2	na domoi	lichae	35)+		
County (6) Ocean			County C STATE U	ode (/) ISE ONLY)			Hom	ne		3	1151160	1)			
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCM	No.			of Aba	tement Cont	tractor	(9)					
Street Address			,				Addres								
City, State, Zip Code								ip Code in NJ 0809	91						
Project Manager for Monitoring Firm	19	T	Telephor	ne No.			ione N 753-9			License					
	Schedule 8/5/16	ed Con	npletion [Date (11)		Name Sam		HA Monitor							
Occupancy Status During Abatement (Check	Only On	ie)				Street	Addre	SS							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of A	Abatem Hours	nent			City, S	State, Z	ip Code							
Scope of Work (Check All That Apply)															-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Mi	II Containme ni-Enclosure ovebag Prod n-Exempted	edure					9	
	ls	Locati	on									8		ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	Normal d Sole intena todial S (12)	ly by nce/		os Con therma surfa	escription taining i I system acing, V/ miscella	Viateria is insul AT, or		(5	inount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ф	
Exterior Siding		х		Exte	erior Si	ding		18	00 SF		X				
										-	_				
		1								-					
November 1 Description of Microsoft Having	I	JDEP W	laste	Cubic	Yards		Name of	Registe	ered Land	dfill					
Name of Registered Waste Hauler United Roll off	H	lauler ID 2459	373 Jan 194	of Wa			G.R.O.\								
City, State				Dispo 8/5/1	sal Date	9	City, State Morrisv		A 1906	7					
Completed by Anthony T Perna	Title Pres	ident				Signatur		7			Date 7/2	0/16	6		

									and the second second second second		_
Date of Notification (Name o	f Building	Owner / Operator (2 onal Medical Cente	2)				
Agencies Notified	July 19, 2016 Type Notification	n		Street A					UL 25	2016	
DEPA	Emerger			1925 P	acific Ave	nue			STOS C	ONTRO	
DOL	Initial			City, St	ate & Zip	Code			LICENS	SING	
	Amend	led		Atlantic	City, NJ	08401					
ĎOH		iment #		N	5 O t t			T-	Telephone	Number	9
DCA	Cancel	lation			of Contact			1	relephone	TTG///DO	
				James	Allen						(6
				FAC	CILITY II	NFORMATION					
Name of Facility Wh			ce (3)		1/2	Type of Facility School (
AtlantiCare Region	nal Medical Cente	r					oter 8 (Other than	K-12)			
Street Address							.e., private & co		nas home	e etc.)	
1925 Pacific Avenu	ie					Square Feet	# of Floo		Bldg. Age	3, 0.0.)	5 1
City (5)						Square Feet	# 011100	,,,,		years	
Atlantic City, NJ						Current Use (Hospital	Prior if being dem	olished)			
County (6)		Cou	nty Code	(7)		T. Copical					
Atlantic			ONLY_		Trees		(t Ott	(0)			_
Name of Monitoring		ilding Owne	er (8)		ASCM N	Name of Abai Synatech, In	tement Contractor	(a)			
Hillmann Consultii Street Address	ng, inc.				1	Street Addres	Polysius				
1600 Route 22 Eas	st, Ste. 107					829 Radio Ro	oad				_
City, State & Zip Co						City, State &					
Union, NJ 07083	n, NJ 07083					Telephone No	arbor, NJ 08087 umber	License N	umber		
Project Manager for Tammy Lomax	ect Manager for Monitoring Firm					609-296-6916	3		00817		
Scheduled Start Da	1000 10000000	Scheduled (Name of OSH					
July 20,		101		31, 2016		Synatech, In					-
Occupancy Status I	During Abatement osed/Vacated Duri	(Check on ng Entire P	y one) eriod of	Abatemer	nt	Street Addres					
	t Performed Outsi				100	City, State &	Zip Code				
	escribe: Work Are					Little Egg Ha	arbor, NJ 08087				
	cupied During Aba										
Scope of Work (Che											
							Full Containmen	t with Negative Pr	essure		
≥3 sf or ≥ 50	If			Renovati	on		Mini-Enclosure				
≥160 sf or ≥2				Demolitic	n		Glovebag Proces				
			25		-522	\boxtimes	Non-Exempted(*) and Non-Friable			- 111
	ocation of			on Norma		Descript		Amount (Spec		tement "	yp
	itaining Material (A BE ABATED	ACM)		y Mainter dial Staff		Asbestos-C Material		SF or LF)	ary		
	N Facility		Ousio		(12)	(i.e., therma	l systems			Ш	Г
	(13)					insulation, sur or other miso			Re	R	Enclosure
		1				or other misc	ellarieous)		Remova	capsula Repair	SOI
			Yes	No	N/A				val	Encapsulate Repair	ure
			makesaa 1			Floor Tile a	nd Mastic	400 SF	X		+
Storage Area, 2 nd	1001		X			FIGOR THE A	III IIII SUU	100 01	- ^		
Name of Registere	d Waste Hauler	- 1	NJDEP \		Cubic Y	ards of Waste	Name of Regis	ered Landfill			
Synatech, Inc.				7429	10		Grows Landfil	I			
City, State					Disposa	al Date	City, State				
Little Egg Harbor,	N.I						Morrisville, PA				
Completed By	, 110	Title			Signatu	t 1, 2016		Date			_
						1001 ///	12				
Diana Alaia		Evacutive	Admin	etrator	1 11	11120 1216		July 19, 2016			

07/19/2016 12:02 Synatech, Inc.

(FAX)6092943300

P.003/004

		NO	TIFICA	TION C)F ASBE	istos as	BATEMENT	FRE	- n	D/I	E	1
			(Pura	uant to	NJAC 8	:60 and 1	2:120}	11 " 5 0 0	<u> </u>	<u>\//</u>	E	_
Data of Notification (_	Nen	ne of Bull	Idina Own	or / Operator	. (3)	Check #	10794	4 /		
Agencies Notified	Type Notification		AUI	mucare I	Regional	Medical Car	nter .	ii JUL	25	2016	j	
	The Association Committee of the Committ		Stre	el Addres	58			-	7	1		1
DEP.	Emergency		192	5 Pacific	Avenue		1	- d=0	100	, XITD	01	7
⊠ DOL			-	-				ASBESTO	ENSI	nviri NG	JL	C
J-10-10-10-10-10-10-10-10-10-10-10-10-10-	Amended			State &	ZIP COde , NJ 0840					-		=
DDCA	Amendment :	"	l.				_	Į.				
	Canomagan		1,000	te of Con				[7	alephi	one Nu	mbe	11
			-	es Allen								
Name of Facility Who	re Abatament la Taking	51	F	ACILIT		MATION						
Adanticare Regions	Medical Center	Piece (3)	}			Type of Fac	lility (4) I (K-12)			delama		
Stroot Address							apter 8 (Other the	in K-12)				
1925 Pacific Avenue						○ Other	(i.e., private & :	commercial building	as, ha	itte e	(0)	
City (5)						Square Fee	# of F		dg. Ag	В		-
Atlantic City, NJ						Cutrent Use	(Prior if being de	molished)	1	18 you	P3	
County (6)	Id	County Co	de (7)			Hospital			-			
Atlantic	m Hired by Bullding O	ISP ON!	Υ	a sudmin								
illmann Consulting	, Inc.	wher (8)		ASC		Name of Ab Synatech, I	stament Contract	or (8)				-
treet Address 800 Route 22 Best,	86s. 107	-			1	Street Addre	88			-		_
ity, State & Zip Code Inlon, NJ 07063						829 Radio F City, State 5	Zin Code					_
roject Manager for M	enliating Firm	14	elephone	Mumbas		Little Ego H	proof. NJ GROS?	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.				
cheduled Start Date		9	08-688-7	806		Telaphone N 809-286-891	lumber 6	License Nun	nber 008			_
July 20, 20	16	d Comple	h. 84 and	(11)	1	Vame of OS	HA Montor		000	1/		
ccupancy Status Dur	ing Absternant (Chart	antu anni		-		Bynatech, in Bireat Addre			-		_	_
racing closes	Nacated During Entire	Pariod a	(Abatamy	ant	8	29 Radio R	cad					
Other - Descr	ibs: Work Area Unocc	upled	TIS .			ony, State &	Zip Code arbor, NJ 08687					-
Facility Occup	xed During Absternant				1,	THE COR L	arbos, NJ 08987					
cope of Work (Check	all that apply)								Con the			-
23 af or ≥ 80 K			Renovat	ion			Full Cantainmen	it with Nagative Press	gure .			
≥160 af ar ≥280	of		Demolite				Mini-Enclosure Glovebag Proce	4				
-			_			×	Non-Exampled	oure *) and Non-Frieble Po	cocadu	1799		
Asbestos-Contain	tion of Ing Material (ACM)	Solety I	tion Norm by Mainte	ally Used		Descript Asbestos-C	on of			ateme	it Ty	76
	ABATED	Cust	odial Sten	7 (12)		Material ((ACM)	Amount (Specify SF or LP)				
	3)	1			In	i.s., therma Julation, our	legina VAT				mT	-
		1			01	other misc	alianeous)	1	Reg	₽.	3	TIME
		Yes	No	N/A					Recented	Requestr	Encapsulate	Design Property of the Propert
orage Area, 2nd Floo	P.	X	-		<u></u>	Jan 50	Abradi				5 0	
						loor Tile an	o Mastic	400 SF	X		T	
ma of Bagintand Mi									1			
ime of Registered We	ista Hehiet	Hauler IS		Cubic '	Yards of W	reste	Name of Registr	ered Landfill				-
matech, Inc.			429	10			Grows Landfill					
				Disposi	al Date		City, State				_	-
LIA NOGISCH DES BILL				Aunuel	1, 2016		Morrisville, PA					
mpleted By	Thie			Signatu		111		Date			_	_
ine Alpha	Exacuty	e Admini	alrelor	12	lani	1/30	a 1.	uly 19, 2016				



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Eugene Mcdonald Private Home 25 7/20/16 Street Address Type Notification Agencies Notified Initial STOS CONTHUL & LICENSING EPA City, State, Zip Code Amended DEP Manahakin NJ 08050 × Amendment # DOL Emergency (including Telephone Number Name of Contact × justification) DOH Eugene Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Eugene Mcdonald Private Home School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) 1.5 35 +1000+ Manahakin NJ 08050 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Ocean Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00727 856-753-9800 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same 8/1/16 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Description of Normally Location of Used Solely by Amount Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e. thermal systems insulation, Removal Repair TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A Yes No 1800 SF X **Exterior Siding** X Exterior Siding

Date

7/20/16

Name of Registered Landfill

Morrisville PA 19067

G.R.O.W. S.

City, State

Cubic Yards

Disposal Date

Signature

of Waste

8/5/16

NJDEP Waste

Hauler ID No.

22459

President

Anthony T Perna

Completed by

United Roll off

City, State

Elm NJ

Name of Registered Waste Hauler

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

CK 3039		NC		Stat CATION (ursuant to		STOS A	BATEN		Company of the Compan	介屋	CE		\mathbb{V}	1	
Date of Notification (1) 07/20/2016					Building O ace Sch		perator	(2)				5	2016		60 60 80 80 80
Agencies Notified	Type Notification			Street Ad 42 Norv	dress wood Av	enue			į U	L.	002 (. U			1
EPA DEP DOL	Initial Amended Amendment	#	Ī		e, Zip Coo t, NJ 07					ASB	ESTOS LICE	CO	NTR VG	OL	Š.
DOH DCA	Emergency (injustification) Cancellation	ncluding	Ī	Name of Frank L	Contact		*		L	Teleph	one Num				
	Carlochadon	-		FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Kent Place School Street Address	Abatement is Takinç	Place (3)						Type	School (K-12 Subchapter 8 Other (i.e. pr	?) 3 (Other ti	han K-12)	build	inas l	nome	S.
42 Norwood Avenu	е								etc.)						
City (5) Summit									are Feet	# of Flo			dg. Ag	je	
County (6) Union				County C (STATE U	Code (7) ISE ONLY)			vac				ed)			
Name of Monitoring Firm Partner Engineering	Hired by Building (g and Science I	Owner (8) nc.		ASCM	No.				atement Cont ruction Co						
Street Address 611 Industrial Way	West						Street 235		ess chung Aver	nue					
City, State, Zip Code Eatontown, NJ 077	24								Zip Code ange, NJ 07	7052			105		
Project Manager for Mor Brian Nemetz	nitoring Firm			Telephor 732-38	ne No. 0-1700		Teleph 973-		No. 2900	423	icense No 1231).			
Start Date (10) 07/21/2016		Scheduled 08/15/2			Date (11)				SHA Monitor er Laborato	ries Glo	bal Inc.				
Occupancy Status Durin	ig Abatement (Chec	k Only One	e)				Street								
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I	Period of A	bate	ment rs			City, S	State,	Cary Street Zip Code id, VA. 232			12			
Scope of Work (Check A							1 (101)		1			-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enov emol	ration lition				l N	ull Containme fini-Enclosure Blovebag Proc Ion-Exempted	edure				0	
		1 30 10		Yo			E		ion-Exempled	() and r	VOI - FITAD		Abate		
Leading	= of	1 (35)	Loca Iorma			De	scription	n of	55)				Ту	ре	
Asbestos-Containing TO BE AB In Fac	Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)							Materi ns insu AT, or		(Spe	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
	. =	Yes	No			Tron	site Pa	anala		180	SF	X			
B-1, B-2, B-3, B-		X			1.0/217856					SF	X				
Exterior of		X			Var	oor Ba	rrier	,	400	101	Α.				
Name of Registered Wa	1	NJDEP W		Cubic of Wa	: Yards		Name of	Registere	d Landfill						
The state of the s	uture Sanitation, Inc.								Tullytov	vn Facil	ity				
City, State Passaic, NJ		11/2				Dispo	sal Date	e 2	City, State Tullytov						

Date

07/20/2016

Signature

Title

President

Completed by

Barbara Reed

Chart 13011		VAE E		1 W	IS I	P. (
MOOR H 10011	~ all	11-11	7 1	2 1	1	
	nex	JR-H	- /	761	1	

Date of Notification (1) 7–18–16	a formation of the second		N: R	ame of Bu lockaw	ilding Own Jay Tov	er/Operator (MShip	(2) Board c	of Edu	113	or JUL 2	5 2	2016	- 1	卫
Agencies Notified EPA □ DEP	Type Notification Initial Amended		P	ity, State.	30x 500 Zip Code				ASE	ESTOS LICEI	CON	TRO	L &	
XD DOL XD DOH DCA	Amendment # Emergency (in justification) Cancellation		N	liberr ame of Co art Pi		0784	2	W. S. Ve	Teleph	one Numbe	Γ			
Name of Facility Where Ab Birchwood Scho Street Address		ace (3)		FACILI	TY INFOR	MATION	≚ Sch □ Sub	acility (4) ool (K-12) chapter 8 () (Other tha					
1 Art Street City(5) Dover, NJ 0780)1						Square Fe	eet	# of F1		Bld	g. Aga yrs)
County (6) Morris				ounty Co			Current (u being d	emolished)				
Name of Monitoring Firm H West Chester E				ASCM	No.		ne of Abatem Lymouth			ental C	٥.,١	Inc.		
Street Address 307 N. Walnut City, State, Zip Code West Chester,						9 City	et Address 23 Haws y, State, Zip C orristo	'ode		101				
Project Manager for Monitor Paul McCaa Start Date (10)		Scheduled (6		31-7545	Tele	ephone No. 10–239- ne of OSHA	-9920		License No.				
7-20-16 Occupancy Status During A	Abatement (Check O	7-2			e (11)	P	lymouth eet Address		ronme.	ental (.,:	Inc.		
☐ Facility Closed/Vacat ☐ Abatement Performed ☐ Other — Describe:	ted During Entire Pe I Outside of Normal NON-Friable	riod of Abater Facility Hour transi	ment te		-	Cir	23 Haws y, State, Zip (Jorristo	Code		101				
Scope of Work (Check All ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	That Apply)		novati moliti				☐ Mini	-Enclosure ebag Proce	edure	egative Pre Von-Friable		ıre		
			_ocati	300		2			, ,			Abate Ty		
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Used Mai	Solel ntenar odial S	y by nce/		os Containin mal systems VAI	otion of ng Material (A insulation, su F, or tellaneous)		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
book cases		Yes	No X	N/A	trans	ite bo	ard		300	SF	x		G	
LOOK Cases														
-														-
Name of Registered Waste Newark Cart			1	NJDEP W Hauler ID 17304	No.	Cubic Yar of Waste 3	rds	Name of IE	5.0	ed Landfill		1		1
City, State Newark, NJ	N				11	Disposal [7–29–		City, Sta	thleh	em, PA				
Completed by James Kell	У	Title I	Pres	siden	t	X The state of the	AMO)	W)ale '–18-	-16		
ASB→1 (R-06-08)							* Do no	t use this t	orm for a	sbestos lice	nsure ex	empte	d acti	vities

		100							-	1	F	102	1-	1	W	己	11)
Date of Notification (1) 07/20/2016	8			Building C Hall Univ			(2)		1	3	5	<u> </u>					
Agencies Notified Type Notification EPA Initial			Street Ad 400 Sc	ddress outh Orai	nge A	Avenue						JUL	. 2	5	2016)	
DEP Amended Amendment #				te, Zip Coo Orange,		7079					A 95	BEST	OS	CO	NTR	OL 8	1
Emergency (in justification) DCA Cancellation	cluding			Contact T. Decle	esis				L	Те	lepho	ne Nu	limbé	151	ΝĞ		
			FACII	LITY INFO	RMAT	TION				-							
Name of Facility Where Abatement is Taking Ring Building Garage	Place (3)					Тур	e of Facility									
Street Address 400 South Orange Avenue							×	School (K- Subchapte Other (i.e.	er 8					uild	ings,	nome	s,
City (5)							Squ	etc.) uare Feet	7	# (of Flo	ors		330	dg. A	je	
South Orange, NJ 07079								2000		: ::::::::::::::::::::::::::::::::::	2				150		
County (6) Essex				Code (7) JSE ONLY)			Cur	rrent Use (P Gara		if be	eing d	emoli	shed)			
Name of Monitoring Firm Hired by Building On Omega Environmental Service, INC			ASCN 001			- 1000000000000000000000000000000000000		batement Co n Environr			1	C					
Street Address 280 Huyler St.	-		L			Street 106		ress eland Ave	nue	9							
City, State, Zip Code South Hackensack, NJ 07606								Zip Code ackensac	k. N	JJ (0760)6					
Project Manager for Monitoring Firm			Telephoi	ne No.		Teleph		security and the				ense	No.		-		-
Geiser Fajardo			201 48	89 8700		201	546	2027			0	1243	3				
	Schedul 10/01/2		pletion l	Date (11)				SHA Monito nalysis La									
Occupancy Status During Abatement (Check	Only Or	ne)				Street											
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: 7:00 am to 3:30 pm			ent			City, S	State,	Ilwood Ro Zip Code Iains, NY		503							
Scope of Work (Check All That Apply)										_							-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti						Full Contain Mini-Enclosu Glovebag Pr Non-Exempt	ire oceo	dure	3						
White the second of the second		Location											T		Abate Ty	ment	
Location of		Normali d Solel		A		escription		/A O.M			۸	un f	-		. ,		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/		therm surf	ntaining in al system facing, VA miscellar	is ins AT, or				Amou (Spec SF or	ify		Removal	Repair	Encapsulate	Enclosure
1st Floor		X			Pin	e insula	ation	1	+		10 L	F	1	X			
1st Floor					CM Det					000			X				
2nd Floor	2nd Floor .X						oris		T	1,	000	SF		X			
Name of Registered Waste Hauler								Name o	of Re	egis	tered	Land	fill				
Newark Carting	143 04303							Lesi									
City, State Newark NJ	0		osal Date 03/2016		City, St. Bethle		m,	PA									
Completed by Carmen Repreza	Title Offic	e Man	ager			Signatur	6	neuro	2	3		1000	Date 07/2	0/2	016		

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

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-218

D&S Proj. #: 16-218			(Pursua	nt to NJAC	8:60	and 12:120)	*		23		UPEAN.	7
97						(1/# la	7 HOE O	Ti li	M		1	1/1
Date of Notification (1) Name of Building Owner/Operator (2)											111	
0 7 /1 8 /1 6		ecker resi	idence		-	1151		001	<u></u>	111	11	
Agencies Notified Type Notification Initial	on Stre	et Addres	S	9		111 11 1	UL 43	LUI	J	1		
DEP Amended									OLIT	2()(<u></u>	_
Amendment #:		, State, Zi				ASELSTOS CONTRUL a						
Emergency			ains, NJ	07076		Telephone		LO COMPANY	-		ACRONOMIC.	
justification)	Nan	ne of Cont	tact				Tolophone	1 val 110 of				
DCA Cancellation	<u> </u>	oobbie m	ulvee									
			FACIL	ITY INFORM	ATION	I						
Name of facility where abatement is	taking plac	e (3)					Type of Facility (4) (K - 12)				
decker residence		Subchapter 8 (Other than K-12)										
Street Address							Other (F	rivate/Con	nmer			
			lomes, etc	· 	Bld	g. Ag	je					
ity (5) County (6)			T			inty Code (7)	Oquare i coi	. 0, 1,00,0				
County (6)						ite use only)	Current Use (Prior if being demolished)					
Scotch Plains	UNIC		-			Name of Abatement	Contractor (0)					
Name of Monitoring Firm Hired by E	Bldg. Owner	(8)		ASCM No.								
					_	D & S RESTOR	ATION, INC.					
Street Address						20 California A	ve.					
City, State, Zip Code					-	City, State, Zip Code					A THE SEA	
5.1y, 5.1a.15, <u>2.</u> p 5555						Paterson, NJ 07	503					
Project Manager for Monitoring Firm Phone Num				er		Telephone Number License Number						
						973-345-8020 01169 Name of OSHA Monitor						
Start Date (10) Sched. Completion Date)		D & S Restorati						
07/21/16 08/15/16						Street Address						
Occupancy Status During Abatement (Check only one)						20 California Avenue						
Facility closed/vacated during Abatement performed outside						City, State, Zip Code			*			
Describe:		ionity flour				Paterson, NJ 07	7503					
Other-Describe: NORMAL H						Taterson, 115 o	Full Containment w	/negative (oress	ure		
Scope of Work (check all that apply >3 sf or >3 lf	() Renovation	í					Mini-enclosure					
	Demolition	5				\boxtimes	Glovebag procedur Non-Exempted (*)		riable	proce	edure	
		normally	used solely	1			TYON-Exempted ()	and Hon h	R	R	Е	E
asbestos-containing by maintenance/custo			stodial Description			asbestos-containing	Amount (Specify S	E or	e m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material	(ACM)	LF)	01	0 V	έι i	a	L
2. 1500	103	140	INA	n rar	TT 1.07	WONT	201 ET		e			\vdash
BASEMENT		X		PIPE INST	JLAI	ION	20 L FT			青	H	計
						-	-		Ħ		i	恄
					-							恒
			1									
Registered Waste Hauler		P Hauler		ubic Yards of	Waste		d Landfill , RESOURCE RE	COVED	v			
D & S RESTORATION, INC.	1350	J0		l yd. Date	- 10 ma	City, State	, RESOURCE RE	COYER	1	-		
City, State PATERSON, NJ 07503			Disposal Date 07/21/16			TULLYTOWN, PA						
Completed by (Print or Type) Title			Signature				Date					
BOGDAN JOLDZIC	PRESIDI	,		V0	ad activities		02/18/	2016)			
	* Do not nee	this form	tor ashest	os licensure e	xempt	eu activities.						