

7 -		æ	ı		ICATION	OF ASB	ESTOS A		ENT	[E G	EI	V	E	Tr	
Agenci	es Notified	Type Notification	on							16.	JUN	3	20	16	11	
DI DI	EP										/ WESTO	OS CO	ONT	FIOL	. &	
X D	ОН	Emergence justification	cy (including on)				07040			Te	elenhone Nu	A	IIIVO			
					FACI	LITY INFO	ORMATIO									
Barba	ara Brunch Pri		king Place (3	3)					School (I Subchap Other (i.e	<-12) ter 8 (Ot	her than K-1	2) sial buil	dings,	hom	es,	
City (5) Little		43						1000	quare Feet	3	of Floors	94 82	3ldg. <i>A</i>	Age		
	Bergen (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatemen									se (Prior if being demolished)						
	## Barbara Brunch Private Home Barbara Brunch Private Home		Contracto	or (9)												
Street /	(Pursuant to NJAC 8:60 and 12:120) Part Part															
City, St	tate, Zip Code									8091						
Project	Manager for Mor	nitoring Firm			Telepho	ne No.					License N	No.				
					mpletion	Date (11)			OSHA Monit	or						
Occupa	ancy Status Durin	g Abatement (Ch	neck Only Or	ne)				Street Ac	Idress							
L At	patement Perform	ated During Entired Outside of No	re Period of a ormal Facility	Abater y Hour	ment			City, Stat	e, Zip Code							
_ ≥3	sf or ≥3 If	II That Apply)						×	Mini-Enclos Glovebag P	ure rocedure	;			e	ű.	
			Is	Locat	tion								Abate		t	
Asb	estos-Containing <u>TO BE AB</u> In Facil	Material (ACM) ATED	Use Ma Cus	ed Sole intena todial (12)	ely by ance/ Staff?	Asbes (i.e.	tos Contai thermal s surfacii	ining Mat ystems ir ng, VAT,	erial (ACM) sulation, or	(Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure	
	Ord Flagge	(:Lala a	res	NO	200000		-			ļ.,	00.05	-				
								Annual Contraction	<u> </u>		00 SF	X			_	
	3rd floor bed	droom 3	-		X		Floor	tile onl	У	1	00 SF	x				
	of Registered Was Containers	ste Hauler		H	NJDEP W Hauler ID 2459		Cubic Y of Waste 2			of Regist D.W.S	ered Landfil	ľ				
City, Sta							Disposa		City, S		A 10067					

Completed by Anthony T Perna

Title

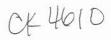
President

Date

5/31/16

Signature

Date of Notification (1)		Name of Building Owner/Operator (2)																	
May	31, 2016			Bridgew	ater Sit	e					JU	N	3	2011	ò	11			
Agencies Notified	Type Notification			Street A	ddress				-	1						1			
⊠ EPA	Initial			10 Find	erne Av	enue				L					(O) (]			
DEP DOL	Amended			City, Sta	ite, Zip Co	ode				A	SDES	IOS ICEN	UU 181	VIC.	OLO	X			
⊠ DOL	Amendment Emergency		-		ater, No	J 08807	7		L			ICLI	1011						
DOH	justification)			Name of	f Contact					Tel	ephone	Numb	er						
☐ DCA	Cancellation		2		Manage					973	-641-1	736							
Name of Facility Where	Ahatement is Takin	n Place (3	2)	FACI	LITY INFO	ORMATIC	NC	Typo	of Facility (4	`									
Bridgewater Site	Toutement is Takin	g r lace (c	,,					_											
Street Address					<u> </u>				School (K-12 Subchapter 8		er than l	K_12\							
									Other (i.e. pr				build	lings,	home	es,			
10 Finderne Avenue City (5)									etc.) re Feet	# 01	f Floors		Б	Inla A					
	07							Squa	ie reet	# 0	1 10018		Ь	ldg. A	.ge				
Bridgewater, NJ 088 County (6)	07			County (Code (7)			Curre	nt Heo /Prio	r if boi	ing dom	olichou	47	-					
SOMERSET					USE ONLY)			Curre	iii USE (FIIO	e (Prior if being demolished)									
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No		Name (of Aha	tement Cont	business t Contractor (9)									
AET		0111101 (0)		0021		-			Group, LL	00000000000000000000000000000000000000									
Street Address				0021		-	Street			.0			_		-	_			
907 Doolittle Drive							1500 K	(inas	HWY N, S	STF	209								
City, State, Zip Code									ip Code	A CONTRACTOR OF THE CONTRACTOR									
Bridgewater, NJ 088	07								NJ 08034										
Project Manager for Mon				Telepho	ne No.		Teleph				Licens	se No.							
Eric Houseknecht				(908) 2	18-1108	((973) 7	759 -	5000		00781								
Start Date (10)		Schedule			Date (11)				HA Monitor										
6/14/16	3			6/14/17	7	-	The M	ACK	Group, LL	C.									
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street												
Facility Closed/Vac	ated During Entire	Period of A	Abate	ment			1500 K	(ings	HWY N, S	STE 2	209								
Abatement Perform Other - Describe:	ed Outside of Norm	nal Facility	/ Hour	s			City, St	ity, State, Zip Code											
							Cherry	State, Zip Code y Hill, NJ 08034											
Scope of Work (Check A	ll That Apply)	-																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The state of the s	Renova							nt with	Negativ	ve Pre	ssur	е					
2100 St 01 2200 II			Demoli	tion			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure												
							\geq	No	n-Exempted (*) and	Non-Fria	able Pr	oceo	lure					
		Is	Locat	tion											ement	t			
Location			Norma d Sole	0.050		Des	cription	of				-		Тy	ре				
Asbestos-Containing TO BE ABA		1000000	intena			tos Conta thermal					mount Specify		T)		En	ш			
In Facil		Cus	todial		(1.6.		ing, VAT		1001,	0.00	or LF)		₹em	Re	cap	nclo			
(13)			(12)			other m	iscellan	eous)					Remova	Repair	Encapsulate	Enclosure			
	No	N/A									=		e e	(D					
Building	X		E	kterior ti	rancita	nan	els	10	92 s/f	1	X								
Danang		+		KICHOL II	ansite	pan	CIS	- 1,	02 3/1		$\overline{}$								
		-											_						
Name of Registered Was	te Hauler			NJ DEP Waste Cubic Yards Name of Registered Landfill															
Freehold Disposal			1	Hauler ID 450		of Was	te 1.9		Cumborlo	nd C	'ount	Long	Hill						
City, State		43(17	Disposa			Cumberla City, State	iiu C	ounty	Lail	1111	-							
Freehold, NJ							/14/17	The same of the sa											
Completed by Title						Signature Date													
Mike Cooper		Presid	lent			5	het,	//											
	2.10			05/31/16															



Date of Notification (1) 05/30/16	Name of Building Owner/Operator (2) GATEWAY PROPERTIES															
	ype Notification			Street Ad 730 All	ddress RPORT	ROAL	D, UNIT	1				27				
DEP DOL	Amended Amendment #		100		te, Zip Coo VOOD, I		701									
X DOH	Emergency (ir justification) Cancellation	ncluding	1000		Contact SSLER				1/2	Tele	ephone f	Niimh	or			
				FACIL	LITY INFO	RMATI				378						
Name of Facility Where Ab	atement is Taking	Place (3)						Туре	of Facility (4))						
Street Address								S	School (K-12 Subchapter 8 Other (i.e. pri	(Othe			ouild	ings,	home	ıs,
City (5) EAST ORANGE, NJ							8		e Feet	# of	Floors		BI	dg. A	ge	
County (6) ESSEX COUNTY	7				Code (7) ISE ONLY)		1.0	Currei HON	nt Use (Prior 1E	if bei	ng demo	olished)			
Name of Monitoring Firm H	lired by Building O	wner (8)		ASCM	No.		1		ement Contr PROFES							
Street Address							Street A		s OOVE CO	URT						
City, State, Zip Code							City, Sta LAKE		p Code DD, NJ 08	701	701					
Project Manager for Monito	1	Γelephor	ne No.		Telepho 732-6				Licens 1200	e No.						
Start Date (10) 06/09/16	d Com	pletion (Date (11)				IA Monitor PROFES	SSIO	NALS		P2010					
Occupancy Status During A	Abatement (Check	Only On	e)				Street A									
× Facility Closed/Vacate							100000000000000000000000000000000000000	HITE DOVE COURT								
Abatement Performed Other – Describe:	Outside of Norma	al Facility	Hours	8	City, State, Zip Code LAKEWOOD, NJ 08701											
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enovat emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		1-						1401	r-Exempted	() air	u Non-r	Habie			ment	
Location o	f	1000	Location ormall	Marie III		De	scription	of						Ту	ре	
Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Mai	Solel ntenar odial S (12)	ice/ staff?		Description of stos Containing Material (ACM) e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify Resource) SF or LF)					Removal	Repair	Encapsulate	Enclosure		
	No	N/A		-				7.0	00.05	_	_		2500			
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		2.5					-									
							1	10.5								
Name of Registered Waste	NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste															
NEWARK CARTING		1509	M. 17.10		ARDS	-	IESI				100					
City, State NEWARK, NJ					Disposal Date City, State D6/13/16 BETHLEHEM PA											
Completed by JOSEPH PERLSTEIN OWNER				The second secon					6							

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Date of Notification (1) 05/30/16					Building O			2)			JUI	V	3	201	6	
Agencies Notified	Type Notification			Street Ad 148 E.	ldress 5TH ST	REET			1 1.	L 150	SPEST		20	MITE	201	8
DEP X DOL	Amended Amendment				e, Zip Coo NNE, NJ		2		L		UP 1	ICEN	-			
DOH DCA	Emergency (justification) Cancellation	including		Name of BOB U						Tele	phone N	lumber	\$ /\			
Name of Facility Where APARTMENT #2B	Abatement is Takin	g Place (3)		FACIL	ITY INFO	RMATIO			f Facility (4							
Street Address								S x 0	ubchapter ther (i.e. pr	8 (Othe			ildi	ngs,	home	s,
City (5) BAYONNE, NJ				i i i			31.5	Square 20,00	Feet	1000	Floors LOOR		Blo	lg. A	ge	
County (6) HUDSON COUNTY	/			County C STATE U	Code (7) ISE ONLY)		_ [WAR	t Use (Prio EHOUSI	Ξ		isned)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		AAA L	EAD	PROFE							
Street Address								ITE D	OVE CC	URT						
City, State, Zip Code							City, Sta LAKE		Code D, NJ 08	3701					60	
Project Manager for Mor		Γelephor	ne No.		Telepho 732-6	68-90	78		License 1200	No.						
Start Date (10) 06/12/16		Schedule 06/27/1		pletion [Date (11)		AAA l	LEAD	A Monitor PROFE	SSIO	NALS					
Occupancy Status Durin X Facility Closed/Vac	2) (6			ent			Street A			VE COURT						
Abatement Perform Other – Describe:							City, St.	20 17	0 Code DD, NJ 08701							
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	ll That Apply)		enovat emoliti	olition Mini-End Gloveba					-Enclosure vebag Proc	ntainment with Negative Pr closure ag Procedure empted (*) and Non-Friable						
		100						NOT	-Lxempted	() an	3 14011-11	labic i			ment	
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Asbestos Con ntenance/ odial Staff? (i.e. thermal surf other						(5	mount Specify For LF)	Dellioval		Repair	Encapsulate	Enclosure			
EXTERIOR Yes				N/A		ACM	ROOF	ING		16,	500 SF	Х			0.00000	
					÷											
	-															
Name of Registered Wa	Н	JDEP W auler ID 4509		of Wa	Yards ste YARDS		Name of I	Registe	ered Land	dfill						
City, State NEWARK, NJ	1			7 (TOTAL)	sal Date	- 2	City, State BETHL		л РА			P-25-2110	201 (8)			
Completed by JOSEPH PERLSTE	ER		Signature Date 05/30/16													

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5	100	1	1	114	4

Date of Notification (1) 5/31/16		N	arme of	Building	Owner/Operator	(2) 1 EAR	YILIN 3 2	016		\parallel				
Agency Notified Type Notification		S		ddress	0	and the	0014 - 0 - 2	U10	l	7				
□ EPA □ Initial		-				1 100	ESTOS CON	TDOL S	2.	+				
DEP Amended Amendment #	5	C	ity, Sta	ite, Zip C	code .	ARIC.	M DENSON	1010	х	-				
☐ Emergency (inch	iding	N.		f Contact		100.0	Telephone Num	ber						
☐ DOH justification) ☐ DCA ☐ Cancellation		100			WARY									
a box					ORMATION									
Name of Facility Where Abatement is Taking	Place (3)					Type of Facility	(4)							
and the second of the control of the					*	School (K-12	n							
M.R. O LEARY .						☐ Subchapter 8	Other than K-12) I budding	_					
2	98(1) 202				*	homes, etc.)	ivate & commercia	Demorry	Α,					
City (5)			5.43			Square Feet	# of Floors	Bldg. A			_			
CLITTSIDE PAR	.10			9		2700			9	6 E	ر			
0-1-4-10				Code (7)	(STATE USE		rior if being demoli							
BERGEN		0	MLY)		4 1	Assessment of the second	ESI DENO	Ē						
Name of Monitoring Firm Hired by Building O	wner A	SCM I	No.		\$	nent Contractor (S								
(8)		32				moval In	<u>c</u>							
Street Address			- 63		Street Address		inam C+							
						th River St								
City, State, Zip Code					City, State, Zip	ack, N.J	07601							
	1 7-1-		- M-	- 12	Telephone No.		License No.	-						
Project Manager for Monitoring Firm	1 eac	phone	e NO.		201 - 329	-7444 -								
Start Date (10) , Schedule	Completio	n Date	(11)		Name of OSHA									
6/15/16	6)161	1				Environm	ental		250					
Occupancy Status During Abatement (Check	only one)				Street Address									
☐ Facility Closed/Vacated During Entire Peri	· orl of Ahatei	ment	*			uyler St								
☐ Abatement Performed Outside of Normal	acility Hour	S			City, State, Zip									
-Describe: 8:00 MM TO	5:00-	KAT			S. Hackensack ,N.J. 07606									
Scope of Work (Check all that apply)			250n	ovation		Containment with Enclosure	Negative Pressur	e						
_22 2 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf			2 Dem		-FT Glov	rehad Procedure	1 Mile Scieble Desc	no elema						
					U Non	-Exempted (*) an	d Non-Friable Prox	-eduse	Ab	ater	ment			
		ocatio					Jail			Тур	e			
. Location of	Used	Soleh	у Бу	A - h -	Description stos Containing M		Amount			1	画.			
Asbestos-Containing Material (ACM) TO BE ABATED	- PERFECTION	ntenan Istodia		(i.e	., thermal systems	s insulation,	(Specify		Removal	Repair	Encepsulate			
IN Facility (13)		Staff?			surfacing, VA		SF or LF)		BVOI	9	Bule			
(13)	·	(12)					0.0		-1		6 6			
	Yes	No	N/A					=	×	+	+			
BASEMENT			P	THEN	MAL IN SU	MTIDE	1104	ι-	~	+	+			
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		4						خ.	+	+	+			
	ليبل				Onkin Vanda d	Nome of Dea	stered Landfill							
Name of Registered Waste Hauler	ID N		laste h	auter	Cubic Yards of Waste	Minor		icco		тт	C			
Best Removal Inc			109		2/207	7 Minerv	a Enterpr	ISES	,	ىلىد	U			
City, State					Disposal Date	City, State		20 20 70						
Hackensack , N.J.	07601				ط ((ط ا (ط)	Wayne	sburg, Oh		88					
Completed by Title					Signature	Anin.	0.43	Date	2,),	,			
J.Maiorano Es	timat	or			1	10002	3/31/16 Suranoi							



						11111 111	11 2 2016 111							
Date of Notification (1) 5/27/16 Type Notification			of Building Ov		Operator (2) Family Trust									
Agencies Notified			Address	WSKI	railily ITust	ACDECT	00.001							
	cy Notification		Ruuless			ASBEST	OS CONTROL & CENSING							
DEP X Initial Not	실었다면 이 어린다면 아이 아이스 아이스		ate & Zip Coo	de		L	CENSING							
	d Notification	1.5 2 2 7 3 2 3	n, NJ 08820											
X DOH Cancellai			of Contact				Telephone Number							
DCA	tion		Grzankowsi	ki										
20/1			CILITY INFO		TION									
Name of Facility Where Abatement is	- Takina Dla		JILIT INFO											
이 그 그는 그는 그는 이 이번 경기를 가득하는 것 같아.	ences	ce (3)			of Facility (4) School (K-12)									
Street Address					Subchapter 8 (Other	than K-12)								
					Other (i.e., private &		dings, homes, etc.							
						Floors	Bldg. Age							
City (5)	unty (6)	County Co	ode (7)	1	5,000	2	60							
TO 10 TO	ddlesex			Curre	ent Use (Prior if being	g demolished)								
	autocox				idence	g domenoriou,								
Name of Monitoring Firm Hired by Bu	uilding Owne	r (8)	ASCM No.		e of Abatement Cont									
Environmental Tactics			18		oal Abatement Se	rvices, LLC								
Street Address				1.00	et Address									
64 Broad Street					Schoolhouse Roa	ad								
City, State & Zip Code					State & Zip Code	8 00000000								
Matawan, NJ 07747					roe Township, NJ									
Project Manager for Monitoring Firm Fom Geiger		Telephone N 732-290-22			phone Number	License	Number							
	eduled Comp		The Control of the Co	_	e of OSHA Monitor		00714							
6/816		6/12/16	(11)	100	pal Abatement Se	rvices, LLC								
Occupancy Status During Abatement				Stree	t Address									
X Facility Closed/Vacated During	18			443	Schoolhouse Roa	ad								
Abatement Performed Outsid			urs -		State & Zip Code									
Describe: Area Isolated Other - Describe:	During Ab	atement		Mon	roe Township, NJ	J 08831								
Scope of Work (Check all that apply)				_										
	Renovatio	n			X Full Containme	ent with Negative	e Pressure							
X Large Project					Mini-Enclosure									
Quantity is ≥ 3 SF or ≥ 3 LF	ACM				Glovebag Prod	cedure								
X Quantity is ≥ 160 SF or ≥ 26	0 LF ACM				Other:									
Location of		Is Locatio	29.12		scription of	Amount	Abatement Type							
Asbestos-Containing		Normally Us			tos-Containing	(Specify	(Specify: Removal,							
Material (ACM)		Solely by			terial (ACM)	Square Feet								
TO BE ABATED in Facility	100	Maintenanc Custodial St			nermal systems	or	or Enclosure)							
(13)		(12)			n, surfacing, VAT miscellaneous)	Linear Feet)								
(10)		(12)		ou ici	miscellaneous)									
First Floor		N/A		She	et Flooring	2,238 SF	Removal							
	-					-								
Name of Registered Waste Hauler	I N	JDEP Was	te Hauler ID #	# 1	Cu. Yds. of Waste	Name of Reg	istered Landfill							
	[,,		18693		30	TRRF								
Freehold Carting					Disposal Date	City, State								
Freehold Carting														
Freehold Carting City, State Trenton, NJ					6/12/16	Tullytown,	Pa							
Freehold Carting City, State	Title					Tullytown,	Pa Date							
Freehold Carting City, State Trenton, NJ	Title Pres.				6/12/16									

NOTIFICATION OF ASBESTOS ABATEMENT Check#2518 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) / 16 J. Narula Type Notification Agencies Notified Street Address X Initial □ EPA X DOLWD ☐ Amended City, State, Zip Code ASBESTOS CONTROL & Amendment # X DHSS Wyckoff, NJ 07481 LICENSING Emergency (including DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation J. Narula FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. homes, etc.) Square Feet # of Floors Bldg. Age City (5) Wyckoff, NJ 07481 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Bergen Name of Monitoring Firm Hired by Building Owner (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 07470 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 06 / 11 / 16 06 / 12 / 16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ AM Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf = 160 sf or >260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Repair Used Solely by Asbestos-Containing Material (ACM) Amount Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? SIF or LF) IN Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A X 90 LF Pipe insulation Basement Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill 0033785 TBD T.R.R.F. Inc Gr Tech LLC City, State Disposal Date City, State Tullytown, PA Wayne, NJ 07470 TBD Date Completed By (Print or Type) Title Signature Tente Wenas 05/31/2016 N.Jevtic Owner ASB-41

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

MAY 11

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#23456156984 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 31 / 16 2016 JUN 'Estate of Eleanore Benning" Type Notification Agencies Notified Street Address □ EPA X Initial ASBESTOS CONTROL & X DOLWD Amended City, State, Zip Code LICENSING X DHSS Amendment # Ridgewood, NJ 07450 DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Charles Schumacher FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bidg. Age Ridgewood, NJ 07450 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (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 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 06 / 11 / 16 06 / 10 / 16 Envirovision Consultants,Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 if = 160 sf or >260 if Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Encapsulate Asbestos-Containing Material (ACM) Used Solely by Remova Repair Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation 100 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic 05/31/2016 Owner ASR-41

CK 5490

Date of Notification (1) 5/31/16					Building Ov ramer P					11	IN 3	2016	1				
Agencies Notified	Type Notification		S	treet Add	iress						111		1				
EPA DEP DOL	Initial Amended Amendment				e, Zip Code y NJ 080				AS		TOS CO ICENSII	NG	L &				
DOH DCA	Emergency (justification) Cancellation	including		lame of C Collin						Tele	phone Nur	nber					
Name of Facility Where Collin Cramer Priva		g Place (3)		FACILI	ITY INFOR	RMATIO	N	Тур	e of Facility (4 School (K-12	2)		2)					
Street Address	r							×	Subchapter 8 Other (i.e. pr etc.)	ivate 8	commerci	al buildi			s,		
City (5) Surf City NJ 08008	}							100		1	Floors	35	dg. Aq	je.			
County (6) Ocean				County Co	ode (7) SE ONLY)		_		rent Use (Prio USE	r if bei	ng demolis	hed)					
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.	100	Name Pern		Inc.	tractor	(9)						
Street Address							Street PO E										
City, State, Zip Code									Zip Code rlin NJ 080	91							
Project Manager for Mo	nitoring Firm	T	Telephon	e No.		Telepi 856-		No. -9800		License N 00727	No.						
Start Date (10) 6/10/16		Schedule 6/15/16		pletion D	Date (11)		Name		SHA Monitor	onitor							
Occupancy Status Duri	ng Abatement (Che	ck Only One	e)				Street	t Addı	ress								
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entire med Outside of Norr	Period of A mal Facility	batem Hours	ent		_	City, S	State,	Zip Code	ode							
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit			a	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						e				
		Is	Locati	on										ement /pe	t		
Locati Asbestos-Containir TO BE A In Fa (13)	Use Ma	Is Location Normally sed Solely by Maintenance/ ustodial Staff? (12) Descrip Asbestos Containii (i.e. thermal sys surfacing other misc				aining systen sing, V	Mate ns ins AT, o	of laterial (ACM) Amount				Repair	Encapsulate	Enclosure			
Exterior	Siding	163	No	N/A X		Exter	rior S	idin		1.	200 SF	x					
front	-	X			oor ti			2	00 SF	х							
*																	
Name of Registered Waste Hauler United Containers				NJDEP W Hauler ID 2459		of Was	Cubic Yards Name of Registered Landfill G.R.O.W.S.										
City, State Elm NJ				Dispos 6/15/		te	City, Sta Morris		A 19067								
Completed by Anthony T Perna	ident			S (Signature Date 5/31/16												

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ASB-41 MAY 11

Date of Notification (1)		90 S. I		Na	me of Build	ding Owner/Operato	or (2)			CT	7	
5/25	_ / _	16		1	PSE&G /			Check#8372	0 0	O.A.O.	1	The story
Agencies Notified Type	Notificat	ion	-	Str	eet Addres	20		OHECK MOME	3 2	UTG	i p	1
⊠ EPA ☐ In						ley Road	2	7			-	
	mended				y, State, Zi		-	ASSESTOR	CONT	RO	1.2	
	mendmer	nt #2				infield, NJ	¥	11025	ISING	1	for CAL	
(ALIAO F ee ei	mergency stification	/ (Includ	ding		me of Cont				and the state of	Augh rough	Willestelland	- CANADO
The second secon	ancellatio							Telephone N	lumber			
					haron Bu			ll.				
Name of Facility Where Abatem	ent is Tal	kina Dl	200 /2	F	ACILITY	INFORMATION						_
PSE&G- Essex Station	One is Ta	Killy Fia	ace (3)			Type of Facil	ity (4)				
Street Address						200	School (K	-12)				
155 Raymond Blvd.							Subchapte	er 8 (Other than K	-12)			
City (5)							homes, et	, private and com	mercial	build	lings,	
Newark, NJ 07105							Square Feet			Dil		
County (6)							- - - - - - - - - -	# 01 1 10015		Blag	. Age	
Essex				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Prior if being dem	a li a la su	1)		
						1	Switching	Station	olisneo	1)		
Name of Monitoring Firm Hired b	y Building	g Owne	r (8)	ASCI	M No.	Name of Abatem	nent Contractor	O				
Health and Safety Service	s					AbateTech,	Inc	9)				
Street Address						Street Address	mo.					
PO BOX 365					30 Maple Ave. PO Box 25							
City, State, Zip Code					City, State, Zip Code							
Berlin, NJ 08009						Lumberton,						
Project Manager for Monitoring Fi	irm		Te	elephone	- No	Telephone No.	NJ 08048					
Jim-Proctor					2-1311			License No.				
Start Date (10)	Sche	eduled			ate (11)	609-265-210		00529				
4 /18 /16		6	/ :	RO /	16	Name of OSHA N						
Occupancy Status During Abatem		ok anlı				EMSL Analyt	tical					
- Facility Closed/Vacated During	Fntire D	oriod a	6 A L -		-	Street Address			_			
Abatement Performed Outside	of Norm:	al Facili	ty Ha	D-	oorib o	200 Route 13						
Time of Abatement:AM	IF	PM/	PN	113 - De 11-	AM	City, State, Zip Co						
cope of Work (Check all that app						Cinnaminsor	n, NJ 08077					
	ny)					_						
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf		☐ R	enova	tion		☐ Full Cont	tainment with Ne	gative Pressure				
2 ≥ 100 \$1 01 ≥ 260 IT		⊠ D ₀	emolit	ion		☐ Glovebac	Procedure					
		1				Non-Exe Non-Exe	mpted (*) and No	on-Friable Proced	ure			
Location of			S Loca Norma						-	nation	nent 7	Evn
Asbestos-Containing Material (ACM)	Use	ed So	ely by	Ashe	Description o	f	10000 201		1	T-	-
TO BE ABATED IN Facility		Ma	inten	ance/ Staff?	(i.e.	stos Containing Mai , thermal systems i	rerial (ACM)	Amount	em	Repair	inca	2
(13)		Ous	(12)			surfacing, VAT.	or	(Specify SF or LF)	Removal	==-	Encapsulate	Liciosdie
		Yes	No	N/A	1	other miscellaned	ous)	5. 5. 2. 7	_		ulat	ā
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					Please s	see attached		Please see				Г
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me of Registered Waste Hauler				1000							П	Г
Environmental Transport Gr	OUD IN	C	H	JDEP V auler ID	vaste	Cubic Yards of Waste	Name of Regis	tered Landfill				
/, State	- up, 114	J.		00069		40	Conestoga Landfill					
landers, NJ						Disposal Date	City, State			_		_
						6/30/16	Morgantow	n. PA				
npleted By (Print or Type)	Title					Signature	55					
wendolyn Trumbetti	0	peratio	ons (oordir	nator.		OWNT	Da	ite	70		

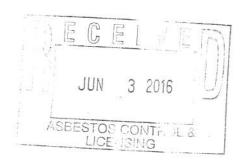
^{*} Do not use this form for asbestos licensure exempted activities.

Hock

Date of Notification (1)			Name of Building Owner/Operator (2) PSE&G / Job # 1604-5007 Check # 8152-											
5 /25 /	16		PSE	E&G / Jo	b # 1604-5007 C	heck # 8152-	0011							
Agencies Notified Type Notific	ation		Street	Address		L	SBESTOS GO	WITE	2					
⊠ EPA ☐ Initial			400	0 Hadley	Road	A	SBLS (UB UA	110						
☑ DOLWD ☑ Amended			City, S	state, Zip C	Code	aprilent .	-							
□ DHSS Amendm □ DCA □ Emergen			Sou	th Plainf	field, NJ									
(NJAC 5:23-8) justificati		9	Name	of Contact	t		Telephone Num	ber						
☐ Cancella	tion		Sco	tt Dinadi	io									
			FAC	CILITY IN	FORMATION									
Name of Facility Where Abatement is	Taking Place	e (3)				Type of Facility	(4)							
PSE&G Warehouse Building						School (K-12)							
Street Address							(Other than K-12		م مالمال					
100 American Legion Drive						homes, etc.)	rivate and comme	rciai bu	illaing	S,				
City (5)						Square Feet	# of Floors	Bl	dg. Ag	je				
Riverside, NJ 08075														
County (6)			Coun	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)						
Burlington			0.0000000000000000000000000000000000000			Warehouse								
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)								
Health & Safety Services	enter <u>s</u> to accept				AbateTech, I	nc.								
Street Address					Street Address	_								
PO Box 365					30 Maple Ave	e. PO Box 25								
City, State, Zip Code					City, State, Zip C	ode				-				
Berlin, NJ 08009					Lumberton, I	NJ 08048								
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.							
James Proctor		85	56-452	-1311	609-265-2107	7	00529							
Start Date (10)	Scheduled (Comple	tion Da	te (11)	Name of OSHA N	Monitor								
_ 5 / _ 2 / _ 16 (6	/ 30)_/	16	EMSL Analyt	tical								
Occupancy Status During Abatement	Check only	one)			Street Address									
☐ Facility Closed/Vacated During Enti			ment		200 Route 13	0 North								
☐ Abatement Performed Outside of N	ormal Facili	ty Hour	s - Des		Oity, State, Zip Code									
Time of Abatement:AM	PM/	PM-		AM		Cinnaminson, NJ 08077								
Scope of Work (Check all that apply)									-					
□ - 2 - f 2 If			020000			tainment with Neg	ative Pressure							
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf		enovati emolitio			☐ Mini-End	g Procedure								
	=0					empted () and No	n-Friable Procedu	ıre						
	0] 2	s Locat						Ab	atem	ent T	уре			
Location of	1.1-	Norma ed Sole		Aaba	Description of stos Containing Ma		Amount	Re	Z	En	E			
Asbestos-Containing Material (ACN TO BE ABATED	") M	aintena	ince/		., thermal systems		(Specify	Removal	Repair	cap	clos			
IN Facility	Cus	stodial (12)	Staff?		surfacing, VAT	, or	SF or LF)	val		Encapsulate	Enclosure			
(13)	Yes	1	N/A	-	other miscellane	eous)				te				
Exterior		No	-	Transit	e Shingles		480 SF		Г	П				
								100			H			
Exterior			닏	Door Ca	70.000		18 LF			ᆜ	닏			
Interior					sulation Mastic		300 SF		Щ	ᆜ	ᆜ			
Exterior				Windov	1		1,950							
Name of Registered Waste Hauler		1000	IJDEP \ lauler ID		Cubic Yards of Waste	Name of Regis								
Waste Management		,	18750		40	G.R.O.W.S	. ∟andfill							
City, State					Disposal Date	City, State	1201							
Camden, NJ					6/30/16	Tullytown,	PA							
Completed By (Print or Type)	Title				Signature	- 00-	D	ate	i	(CA)	,			
Gwendolyn Trumbetti	Opera	tions	Coord	inator	(^)	(YY)		5	170	7)	111			
ASB-41	VM ANDERS AND	33770=====				1111			1					
MAY 11	* Do no	t use th	nis form	for asbest	tos licensure exem _i	oted activities.								

1604-5007 Page 2 Of 2

Location of Asbestos-Containing		Locat	30 S S S S S S S S S S S S S S S S S S S	Description of Asbestos-Containing	Amount (Specify	Aba	atement Type			
Material (ACM) TO BE ABATED in Facility (13)	Mair	Solely Intenant todial (12)	by ice or Staff?	Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A			_		ate	G.	
Exterior				Window Glazing	2,200 LF					
		\boxtimes								
						\boxtimes				



State of New Jersey

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Date of Notification (1)					Name	ame of Building Owner/Operator (2)										
5/	25 /	16					Princeton		02-4871 Che		004					
Agencies Notified	Type Notifica	ation			Street	Address			لال	N J	50	D				
⊠ EPA	☐ Initial				Tru	Trustees of Princeton University E.A. MacMillan Bldg.										
⊠ DOLWD					City, S	State, Zip C	ode				-	9				
☑ DHSS	Amendme				Pri	nceton, N	J 08544									
☐ DCA (NJAC 5:23-8)	☐ Emergen justification	cy (ind	siuaing	}	Name	of Contact			Telephone No	ımber						
(110/10/0.20/0)	☐ Cancellat				10000	pert Orte			[
					FA	CILITY IN	FORMATION									
Name of Facility Where A	batement is T	Taking	Place	(3)			10 100 100 100 100 100 100 100 100 100	Type of Facility ((4)							
Princeton Universit	y-Dillon Gy	m						School (K-12								
Street Address	, ,		_	-			Subchapter 8 (Other than K-12)									
Elm Drive Princetor	n, NJ -Princ	eton	Unive	ersit	y Main	Campus		Other (i.e., pr homes, etc.)	ivate and comr	nercial b	uilding	gs,				
City (5)					2			Square Feet	# of Floors	В	ldg. A	ge				
Princeton								214,000	8		68					
County (6)	B 444				Cour	nty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)						
Mercer								University G	ymnasium							
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)								
Cardno ATC					0009	98	AbateTech, I									
Street Address							Street Address									
3 Terri Lane						30 Maple Ave. PO Box 25										
City, State, Zip Code							City, State, Zip Code									
Burlington, NJ 0801	16					Lumberton, NJ 08048										
Project Manager for Moni			Tel	ephone	No.	Telephone No.		License No.			2770					
Michael R. Keehn			6	09-386	-8800	609-265-2107	•	00529								
Start Date (10)	5	Schedi	uled C	omple	etion Da	te (11)	Name of OSHA M	Monitor			70					
5//	16	6	/	_3	0_/	16	EMSL Analytical									
Occupancy Status During	Abatement (0	Check	only o	one)			Street Address									
☐ Facility Closed/Vacate	d During Entir	re Per	iod of	Abate	ement		200 Route 13	0 North								
Abatement Performed							City, State, Zip Co	ode								
Time of Abatement:	AM	PN	1/	_PM		AM	Cinnaminson	n, NJ 08077								
Scope of Work (Check all	that apply)															
☐ >3 sf or >3 lf			⊠ Re	nova	tion	☐ Full Containment with Negative Pressure										
≥160 sf or ≥260 lf			-	moliti			☐ Glovebag	g Procedure								
						T		mpted (*) and Nor	n-Friable Proce							
1				Loca Norma						Al	patem	ement Type				
Location Asbestos-Containing I	531	0			ely by	Ashe	Description o stos Containing Ma		Amount	Re	Re	En	Ē			
TO BE ABA	TED	3			ance/	(i.e.	, thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure			
IN Facilit	У		Cusi	(12)	Staff?		surfacing, VAT,	5 1 1 2 2 3 3	SF or LF)	<u>a</u>		Encapsulate	ure			
(13)			Yes	No	N/A		other miscellane	ous)				te				
Work Area #WC1, A L	evel Shows	er	П	П		Pipe & f	fitting insulation	1	280 LF		П	П	П			
Work Area #WC1, A L	evel Restro	oom	$\overline{\Box}$				fitting insulation		100 LF							
A Level Locker Room	s/North Wir	na			_	-				_			H			
A Level Locker Rooms/North Wing						Fire Do	ors		29 total			Ш	Ш			
Name of Registered Wast	e Hauler			138	NJDEP N		Cubic Yards of	Name of Regist								
AbateTech, Inc.				_	lauler II 18750		Waste 40	G.R.O.W.S. Landfill								
City, State							Disposal Date	City, State								
Lumberton, NJ							6/30/16	Tullytown,	PA							
Completed By (Print or Ty	pe)	Title		i literatura			Signature			Date	i	11.				
Gwendolyn Trumbe	tti	Op	erati	ons	Coordi	nator		Um	TT	5) <	111	1			

ASB-41 MAY 11

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



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(Pt	ırsuan	t to NJA	C 8:60 and 5:10	6)	E 6 E	H	W	E i			
Date of Notification (1)					Name of Building Owner/Operator (2)										
5/	25 /	16	===		Resorts International Casinos /Job#1601-4984 Check# PG.1 of 2										
Agencies Notified	Type Notific	ation			Street	Address		1 444	JUN	3 4	UID	5.			
⊠ EPA	☐ Initial				113	1133 Boardwalk									
⊠ DOLWD					City, S	State, Zip C	Code		ASBESTOS			L&			
☐ DHSS	Amendm ⊠ Emergen		ludina		Atla	antic City	, NJ 08401-7329	,	LICEN	SING	3				
(NJAC 5:23-8)	justificati		luding		Name	of Contac									
	☐ Cancella				Kat	hy Cham	berlin								
					FAG	FACILITY INFORMATION									
Name of Facility Where	Abatement is	Taking	Place	(3)	10101	200000000000000000000000000000000000000		Type of Facility	(4)						
Resorts Hotel & Ca								School (K-1	10 At 10						
Street Address			10/03/-					Subchapter	8 (Other than K-12)						
1133 Boardwalk								Other (i.e., property) homes, etc.	orivate and commer	cial bu	ildin	gs,			
City (5)					No.			Square Feet	# of Floors	BI	dg. A	ae			
Atlantic City								Oquaio i coi	11 011 10013	0,	ug. r	gc			
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	ned)					
Atlantic					Cour	ny oodo (i)(011112 002 01121)	Hotel & Cas		icu)					
Name of Monitoring Firm	Hired by Build	dina O	wner (8)	ASCM	No	Name of Abateme	AND DESCRIPTION OF SECURE			100				
Health & Safety Se		ung o		,	, 100m	110.	AbateTech, I	58	,						
Street Address							Street Address								
PO Box 365							30 Maple Ave	PO Box 25							
City, State, Zip Code	- History					City, State, Zip Code									
Berlin, NJ 08009								n, NJ 08048							
Project Manager for Mon	itorina Firm			Tele	phone	No.	Telephone No.	License No.							
James Proctor	3				6-452		609-265-2107		00529						
Start Date (10)	15	Schedu	iled Co		tion Da		Name of OSHA M								
1/_18/				933		16 EMSL Analytical									
Occupancy Status During		-				***************************************	Street Address								
☐ Facility Closed/Vacate			200		ment		200 Route 13	30 North							
☐ Abatement Performed						cribe	City, State, Zip Co								
Time of Abatement: _								on, NJ 08077							
Scope of Work (Check a	Il that apply)						Olimaninison	1, 140 00077							
	ii tiidt appij)						☐ Full Conf	tainment with Ne	gative Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Rei	novat molitic			☐ Mini-Enc	losure g Procedure							
≥ 100 si 0i ≥200 ii				ПОШ)11				on-Friable Procedur	Э					
			Is	Locat	ion					Ab	atem	ent T	ype		
Location				lorma	lly ely by		Description of		00177070000000000	-	T	1	1		
Asbestos-Containing TO BE ABA		1)		ntena			stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	nca	nclo		
IN Facili				odial	Staff?	(1.0	surfacing, VAT		SF or LF)	oval	=	Encapsulate	Enclosure		
(13)		-		(12)	T	-	other miscellane	ous)	70			late	· O		
2nd Floor 50 Dethans	ma /20 OF		Yes	No	N/A										
2 nd Floor- 59 Bathroom						Mastic	Associated with	ceramic tile	1,770 SF total						
3rd Floor- 56 Bathroo	ms (30 SF p	er		\boxtimes		Mastic	Associated with	ceramic tile	1,680 SF total						
4th Floor- 60 Bathroo	ms (30 SF p	er				Mastic	Associated with	ceramic tile	1,800 SF total						
5 th Floor- 58 Bathroo	ms (30 SF p	er			$\overline{\Box}$	Mastic	Associated with	ceramic file	1,740 SF total						
Name of Registered Was	ste Hauler				JDEP \	200000000000000000000000000000000000000	Cubic Yards of		stered Landfill						
AbateTech, Inc.	occurrent.			2327	auler II	O No.	Waste	G.R.O.W.S							
City, State					18750		Disposal Date	City, State							
Lumberton, NJ							6/30/16	Tullytown	, PA						
Completed By (Print or T	ype)	Title				_	Signature		Dat	e i	_	lyy as			
Gwendolyn Trumbe		Op	erati	ons	Coordi	inator	0	mt		71	15	11	1		

ASB-41 MAY 11

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

MECEIVER

Date of Notification (1)				-	Name	of Buildin	a Ou	vner/Operator	(2)					-	
5 /	25 /	16								4984 Check#797	P	G-2 (of 2	£	
Agencies Notified	Type Notific	ation		_		t Address				LI JUN	Ĵ	201	0 _	-	
⊠ EPA	☐ Initial	ation				33 Board	wall	,		ĺ				ì	
☑ DOLWD		d				State, Zip C				ASBESTOS CONTROL &					
□ DHSS	Amendm	ent #1							L	LICENSING					
□ DCA	⊠ Emerger	ncy (includ	ling				88	J 08401-7329	9	15					
(NJAC 5:23-8)	justificati					of Contac				Telephone Numb	er				
	☐ Cancella	tion	1111-775		Ka	thy Cham	ber	lin							
					FA	CILITY IN	IFO	RMATION							
Name of Facility Where)					Type of Facility (4)						
Resorts Hotel & Ca	asino- Ocea	n Tower		☐ School (K-12)											
Street Address			Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings,												
1133 Boardwalk				homes, etc.		Ciai Di	unum	ys,							
City (5)									Square Feet	# of Floors	В	ldg. A	\ge		
Atlantic City												Š			
County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (P	rior if being demolis	hed)				
Atlantic									Hotel & Ca		a a constructive				
Name of Monitoring Firm	Hired by Buil	ding Own	er (8)	1	ASCM	No.	Na	me of Abatem	ent Contractor (9)					
Health & Safety Se		Ü					1 6	AbateTech, I		,					
Street Address							1	reet Address						_	
PO Box 365									PO Box 25						
City, State, Zip Code							30 Maple Ave. PO Box 25 City, State, Zip Code								
Berlin, NJ 08009							Lumberton, NJ 08048								
Project Manager for Mon	itorina Firm		T	olo	phone	No	Telephone No. License No.								
James Proctor	intorning i irrii		'	and the same		NO. 2-1311	609-265-2107 00529								
Start Date (10)		Scheduled	1 Com			VIVA: EXECUTE	Name of OSHA Monitor								
1 /18 /		6		3.5		20 1250	EMSL Analytical								
					_ ′ .	10_		-	iicai						
Occupancy Status During							Street Address								
☐ Facility Closed/Vacate☐ Abatement Performed						avila a	200 Route 130 North								
Time of Abatement:	AM-	PM/	iiily H	ours PM-	s - Des	AM	City, State, Zip Code								
V.S.						,		Cinnaminsor	n, NJ 08077						
Scope of Work (Check al	ll that apply)							Пгло							
≥3 sf or >3 If		\boxtimes	Renov	vatio	on			☐ Mini-End	tainment with Ne	gative Pressure					
≥ 160 sf or ≥ 260 If			Demo	litio	n			☐ Gloveba	g Procedure						
								Non-Exe Non-Exe	empted (*) and No	on-Friable Procedure	e				
Comments of			Is Lo	50.00	2000						Ab	atem	ent T	ype	
Location Asbestos-Containing		n U	Ised S			Ashe	etne	Description of Containing Ma		Amount	Re	Re	En	E	
TO BE ABA	ATED		Mainte					ermal systems		(Specify	Removal	Repair	cap	Enclosure	
IN Facili	ty		ustod 1	12)	ιαπ?			surfacing, VAT		SF or LF)	val		Encapsulate	sure	
(13)		Ye		No.	N/A		OI	her miscellane	ous)				ate		
6th Floor- 57 Bathroo	ms (30 SF r				_				140 NSSC1		_		_	-	
hathroom)	(00 01)	per _		100	Ш	Mastic /	ASS	ociated with	ceramic tile	1,710 SF total					
7 th Floor- Room 726]		Mastic /	Ass	ociated with	ceramic tile	30 SF					
7 th Floor- Room 727	or- Room 727							ociated with	ceramic tile	30 SF	\boxtimes				
]											
Name of Registered Was	te Hauler			10.7(0)	JDEP \	50000		oic Yards of	Name of Regis	stered Landfill					
AbateTech, Inc.				1077000	auler II 18750	C. 1000000000000000000000000000000000000	1	ste .0	G.R.O.W.S						
City, State								posal Date	City, State						
Lumberton, NJ						(6	/30/16	Tullytown	, PA					
Completed By (Print or Ty	ype)	Title						Signature	^	Dat	e		-1		
Gwendolyn Trumbe	etti	Opera	ation	s C	oordi	inator			umi		5	125	511	U	