12406 12406

REQUEST FOR WAIVER

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  6 /	13 / 1	2		N	lame of Har	Building Cout De	Owner/Operator ernenjian	(2)		JUN 15 20	110	The Part of the Pa	Call of the control o		
Agencies Notified	Type Notificatio	n			treet A					JUN 13 ZI	114.	The case of	1		
EPA DEP	☐ Initial☐ Amended				ib. Ctr	lain St ite, Zip Co	do			ASBESTOS CONTRO	) I D	name.	90	-	
DEP DCA (NJAC 5:16) DHSS	Amendment		na		Mai	าลริตุนส	an, NJ 087	36	6	LICENSING	AL OF		DOMESTIC:		
☐ DCA	justification)		9	N	lame o	f Contact			La aveca de la constitución de l	Telephone Numb	er North Mac	Banan.	N+ =	1	
(NJAC 5:23-8)	Cancellation	1					rnenjian	- 1	<u> </u>	<del></del>	-		ari kari	185	
					FACI	LITY INF	ORMATION	17.	una of Engility //	\				$\dashv$	
Name of Facility Where A	ore/Propos	ed J	ce (3 uic	e B	ar			JF	ype of Facility (4 School (K-12) Subchapter 8	(Other than K-12)					
Street Address 2249 Bridge								×	Other (i.e., priv homes, etc.)	ate & commercia					
Pt. Pleasant	Boro		_1						500 sf	1 6 6 1 1 100					
County (6)					County	y Code (7)	STATE USE ONLY		Vacant	r ir being demolis	ieu)				
Ocean Name of Monitoring Firm	Hired by Buildin	a Owne	er (8)	IA	SCM N	lo.	Name of Abater								
Air Consulti	ng Sérvice	S					Finishing Touch Asbestos Abatement Corp.								
Street Address 301 East Wa	rd Street														
City, State, Zip Code							City, State, Zip								
Hightstown, N				= 1			West Lor Telephone No.	ng	Branch, N	J 07764 License No.				_	
Project Manager for Mor David Kichula		F	309		-2489	732-222			00040						
Start Date (10) 6 / 14 /	12	heduled 6			on Date		Name of OSHA	Moi	nitor						
Occupancy Status Durin		neck on	ly on	e)			Street Address								
☐ Abatement Performe	d Outside of Nor	mal Fac	cility	Hours	- Desc	cribe	City, State, Zip	Cod	de						
Time of Abatement:				- IVI-		7141									
Scope of Work (Check a  ≥3 sf or ≥3 lf	all that apply)	凶	Ren	ovatio	on		☐ Mini-E	nclo		ative Pressure					
∑ ≥160 sf or ≥260 lf			Den	nolitio	n		☐ Glove	bag xem	Procedure npted (*) and Nor	n-Friable Procedu	re				
				Locati								ateme	ent Ty	/pe	
Locatio Asbestos-Containing <u>TO BE AE</u> IN Fac	g Material (ACM) BATED		Usec Mair	ormal Sole ntenal odial S	ly by nce/	Asbe (i.e., the	Descriptio stos Containing rmal systems ins VAT, o	Mate sulat r	erial (ACM) tion, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
(13)	)	-	es	(12) No	N/A		other miscella	aneo	ous)				ite		
Main Floor whe	are PACM		-		Ď	HEPA	vacmain	flo	or	165 SF					
was removed	HE I ACIVI		_				ose of PAC			5 bags					
was lellloved		$\overline{\Box}$		Diop.	300 0			0.000							
	-		旨			<del></del>			$\vdash$						
Name of Registered W	aste Hauler	_	JDEP '	// //aste	Cubic Yards o	f	Name of Regis	stered Landfill				-			
Finishing Touch Asbestos						2 No.	Waste 2		1	N. Landfil	1				
City, State							Disposal Date 6/16/12		City, State	Section DA			No.		
Oceanport, N			0.000		36		0/10/12		Mor	risville, PA	oto				
Completed By (Print or	7. All ages 19 and 19 a	Title					Signature	NL	111/1ld	6	ate 3/13/	12			
Joseph P. Mi	ller	esic	dent			190	w	11/1/000			-				

ASB-41 JUL 01

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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Date of Northcetton (1)			Name of	Building	Owner/C	perator	(2)	1	Artiford Sugar, A.	PPROVED			ī	100
6-11-2012			Newar	k Hous	ing Aut	hority	P	hune	10.70%	aith & Sen	4.00	rvices		
Agencies Notified Type Notification			Street Ac	idrees oad St	111	115	6		W (#	South .				
EPA Initial Amended Amended Amendem		1		te, Zip Co	121	11		-	w a	(signature)	5.87	C 192	ļ .	
DEP Amended Amendment	#			k, NJ 0	7 1 0		JUN	Date:	6[41	Time	a: []/)	his fift	ř	
loc Emergency	(Including	1		Contact	TIOL	-	OOM	157	1)12 T-Tel	phone Nu	mbor			
DOH Justification)		- 1		annetti	1	L	797000		1 (6.10	Priorie rank	71001			
L3 Carcesauti					ORMATI		CHESTOS	CONTRO	10-	5	- 4			
Name of Facility Where Abatement is Takir	g Place (3)		Inon	-117 11-1	-	Mary and Publishers	F-F-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	Facility	(4)		-			
Hyatt Court (Courtyard Grounds)	10 9/27						TI Se	hool (K-	12)					
Street Address							IT Su	bchaple	e (Oth	than K-1				
Roanoke Ave							西 of eb		private 8	commend	ad buil	dings	home	er,
City (5)							Square		# 01	Floors	T	3ldg. /	ige	
Newark, NJ 07102							13,50	0	Co	urtyard	- 11			
County (6)		1	County (	ade (7)			Current Use (Prior if baling demolished)							
Essex			(STATE C	SE ONLY	n		<ul> <li>Apartment Buildings - Scheduled for Dem</li> </ul>							
Name of Manitoring Firm Hired by Building	Owner (8)		ASCM	No.		Charles Control	Name of Abatement Contractor (B)							_
Lewis Consulting Group, LLC		W. C. L. C.				Jadar Contracting LLC							2000	
Street Address						Street Address								25-
40 Clinton Str., 6th Floor			·			1	22 Troy Lane City, State, Zip Code							
City, State, Zip Code								שממר						
Lakehurst, NJ 08733			T-1	- N-			oln Par	K. NJ U	1/435	License N	-			
Project Manager for Monitoring Firm Clive Williams	1	Telephor	16 NO. 76-958(	n.		hone No. -706-79	50		01088	(0,				
Start Date (10)	4 000		Date (11)			of OSHA			01000	-				
6-12-2012	7-31-20		ihienour :	Jaw		1000000	ar Cont							
Occupancy Status During Abatement (Che						45000760	Address				-	_		
Facility Closed/Vacated During Entire		-					roy Ln				1			
Abstement Performed Outside of Non						City, 5	State, Zip	Cade			-	-		
Other - Describs: Abandoned Property	Schoduled fo	r Dem	<u>a</u>			Line	oln Par	k, NJ 0	7035					
Scops of Work (Check All That Apply)														
☐ 23 sf or ≥3 lf	□ R	enova	tion			2	Full	Containm	ent with	Negative F	reest	re		
E ≥160 sf or ≥260 lf	区 D	emolit	ion			-	Mini-	Endosur	16	-				
						t		chag Pro Exempte		d Non-Friat	de Pic	paudu	ъ	
*	la la	Locati	on										emen	t
Location of	N	omat	ly		De	scription	n mf				$\perp$	T	\be	1
Ashestos-Containing Material (ACM)		i Şolei ntenav			stos Cont	baining M	dateriel (			mount			m	_
TO BE ABATED	20 A CONTRACTOR	odial S	- CO. C.	(l.a		system cing, VA	ş jnşulatik ∵or	on,		pecify or LF)	Ren	20	rcag	150
(13)		(12)				niscellar				or co y	Remova	Repair	Encapsulate	Enclosure
	Yas	No	N/A										8	40
Underground Trenches	+		x	Δο	hestne	Pine (	nsulatio		40	00 LF .				
Office ground Trendica	+		-	73	Desides	( the i	(125CHZEE)C			- I	1 111	-	-	-
	$\perp$										1111	<u> </u>		-
2		and the same								10				
					55%				1/2					
Name of Registered Waste Hauler	-	120,000	JDEP W		Cubic			Name of	Registe	लव जिल्लामा		•		-
Jadar Contracting, LLC			auler ID 033137		TBD	ate		GROV	VS Lar	dfill				
Clty, State			VOO 131			sal Defe		City, Sta	[A		-			
Lincoln Park, NJ 07035					TBD	AI LANG		And the second		A 19067				
Completed by	Title					ignatura		77			ite	-		-
Lillie Lazarevich	Secre	tarv					Pier	How		12-1	11-2	012		
	J					-1 /L	TAKE	- The	- MAN		- +			

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

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Date of Notification (1)		Name of Buil	ding Owner/Operato	or (2)		D 0.0		
Agency Notified Type Notification		Arch	rdio coro	N	Devente	$\  \ \ $	E	1
		Street Addres		1 0				111
☐ EPA		City, State, Zi	Cli€.	tan 1	100			A STATE OF THE PARTY OF THE PAR
DOL Amendment #		4 \ _	w code	17	1 III JUN 1	5 2012		
☐ Emergency (in justification)	cluding	Name of Cont		100	107 (0.5)			
□ DCA □ Cancellation		Tom	McCu		Telephone Numb	er		£
			FORMATION	<u> </u>	Cluch	O TOTAL	ريدي	-
Name of Facility Where Abatement is Taking	Place (3)		ORMATION	Type of Facil	THE SAME OF THE PERSON NAMED IN COLUMN TWO		Section 1	A CONTRACTOR OF THE
Watre Dame Ac	adem					51-784-35-100-min	ATTEN VICTORIA	100000000000000000000000000000000000000
Street Address	a ore in	7		School (K-	er 8 (Other than K-12)			
312 1ST ST				Other (i.e. homes, et	private & commercial I	buildings,		
City (5)	0 1	-		Square Feet		Bldg. Ag	е	
Palisado	tarl	~				5.09.7.9	~	
County (6)		County Code (	7) (STATE USE	Current Use	(Prior if being demolish	ed)		
Name of Monitoring Firm Hired by Building O				<	School			
1 (8)	wner ASCN	A No.	Name of Abatem	nent Contractor	(9)			3
Street Address			F. Gr	71582	4 Som	The		
20-21 1100000	_0_		Street Address	2- (				
City, State, Zip Code	ia		513 E		St			
Fairlaun No	7		Paterso		75			1
Project Manager for Monitoring Firm	Telepho	ne No.	Telephone No.	~ · ·	License No.			
Fred GRSEN	973.	636.914	5973-345	, 222	2 # 000	21		
Start Date (10) Scheduled	Completion Da	te (11)	Name of OSHA N	Aonitor	2 000	3 2 1		
Occupancy Status During Abatement (Check of	112				SAmo			1
· ·	T		Street Address					
Facility Closed/Vacated During Entire Perio  Abatement Performed Outside of Normal Fa	d of Abatement		61.61		(a)			
Other - Describe:	icility Hours		City, State, Zip Co	ode				
Scope of Work (Check all that apply)			<u> </u>					
□ ≥ 3 sf or ≥ 3 lf		Renovation	Full C	ontainment with	h Negative Pressure			
≥ 160 sf or ≥ 260 lf		Demolition	☐ Glove	nclosure bag Procedure				
	T		□ Non-E	xempted (*) an	nd Non-Friable Procedu	ure		
	Is Location				10	A	Type	
Location of Asbestos-Containing Material (ACM)	Used Solel	v bv	Description of		K 0		7	
TO BE ABATED	Maintenan Custodia	il (i.e.	tos Containing Mat thermal systems in	enal (ACM) nsulation.	Amount (Specify	20	-	E E
IN Facility (13)	Staff? (12)		surfacing, VAT, other miscellaneo		SF or LF)	Removal	Repair	Enclosure
			outer macenaries	,05)		Va Va	III O	Enclosure
Cacata	Yes No	N/A	1		= (4)			
Cufe terin	X			Mastic	600 SF	×		
C A 1	×.		E insulat	ian	36 linea	X		
Cafeteria	X	1380	in Plas	ten	2520 SF	= <	-1	
Name of Registered Waste Hauler	NJDEP Wa	ste Hairler	Cubic Yards of	No. (C)				
C + 11 +	ID No.	_	Waste	Name of Regis	stered Landfill			
Casten Waste	NJC	OF rome	30 cy	TRRE	L and 1	11.0		1
City, State				City, State	, , ,		Λ	
Completed by Jitle			7 [1] 12	o rul	Ixtaun	PI	4	
Frank Goiss &	$\omega$		Signature	1	Dat	1/0/	,	
THE THE CONTRACT OF THE		or asbestos lice	nsure exempted ac	livition		17/	13	2
			cyclubied ac	HAIRIED.				

Date of Notification (1) 06/13/12 Ck# 2120	\$200				Building C							扩度		And the second second						
Agencies Notified	Type Notification	XI		Street A 44 Bla	ddress ckburn F	Road				MM	15.2	712		The second second						
DEP DOL	Initial  Amended  Amendment				te, Zip Cod it, New J		07901		L	ei eini	CONTRO	11.0	(Pages)	CONTRACTOR						
DOH DCA	Emergency ( justification) Cancellation	ncluding	- 1	Name of John D	Contact Daura			Lyon	ant organization		phone Ni		AND INC.		7					
				FACI	LITY INFO	RMATI	ON 3	7:-				PERSONAL PROPERTY.	12 500		ŕ					
Name of Facility Where A Oak Knoll School of Street Address				all				× Sc	Facility (4 nool (K-12 ochapter (	2)	r than K-	12)		est a						
44 Blackburn Road								Oth etc	ner (i.e. pr .)	ivate &	commer	cial buil			es,					
City (5) Summit, New Jerse	y 07901							Square 20,000		2	Floors	5	lldg. A 5+	ge						
County (6) Bergen		0			Code (7) JSE ONLY)		-	Current Schoo		or if being demolished)										
Name of Monitoring Firm Birdsall Services Gr		Owner (8)		ASCN	1 No.			of Abater Corpo	nent Cont ration	ractor	(9)									
Street Address 65 Jackson Drive								Address McBride	Avenu	е										
City, State, Zip Code Cranford, New Jers	ey 07016			×				tate, Zip dland P	Code ark, Nev	w Jers	sey 074	24								
Project Manager for Mon Mike Kruppa	itoring Firm		Telepho 908-49	ne No. 97-8900			one No. 225-840	00		License 01104	No.									
Start Date (10) 06/15/12		ed Con	npletion	Date (11)			of OSHA Environ	Monitor mental	Labs	LLC										
Occupancy Status During								Address Route	22 Wes	t		-								
Facility Closed/Vaca Abatement Perform Other – Describe: 7	ed Outside of Norm							tate, Zip n, New	Code Jersey	07083	3									
Scope of Work (Check A	II That Apply)																			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit			×	Mini-I	Enclosure bag Proc	N 51											
		10	Locat	ion	l			110111	-XOIIIPIOG	174110			Abate	ement						
Location	of	. 1	Vormal	ly		De	scription	of					T)	ре						
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Ma Cust	d Sole intena todial (12)	nce/ Staff?		thermal surfa				(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure					
Boiler Ro		Yes	No	N/A		2 NA TO	21 \//rai	p & Cut		15	0 LF	- x	-	_						
Ground Fl. Hallway		1^	X	-				on Glov			LF	X	-							
Ground Fl. Hallway	X	-	Pipe Fit					11.77	5 LF	- x	-									
Schol St	X	-	A			on Glov			BLF	X										
Name of Registered Was			JDEP W			Yards		Name of F	Registe	red Land	fill	-		<u> </u>						
Lilich Corporation			lauler ID 8724	No.	of Was	ste		G.R.O.V	V.S L	andfill										
City, State Woodland Park, Nev				Dispos 06/19	sal Date 9/12		City, State Morrisyi		ennsylv	ania	-									
Completed by Tatiana Kalenikova	Presi	dent	*	1	ignature	des	ale	llv	1 1	Date 06/13/	12	1-1	2 10							

			(Pu	rsuant to	NJAC 8	:60 and	12:120	)	117.51	S 110	[ <u>[</u>   ]	VI I	3 1			
Date of Notification (1) 05/21/12 Ck# 2079	\$200		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child													
Agencies Notified	Type Notification				dress kburn R	Road				JU	N 157	012				
DEP  DOL	Initial Amended Amendment				e, Zip Coo t, New J		07901		-		ี้สบรี <b>ด</b> ัดศา	ioi a			4	
☑ DOH □ DCA	Emergency ( justification) Cancellation	including	1 1	Name of John D					La superiore	Tele	phone Nun	ber_	here and the		- Premiera	
				FACIL	ITY INFO	RMATI	ON	, , , ,							- Y	
Name of Facility Where A Oak Knoll School o				11				× s	of Facility ( School (K-1	2)						
Street Address 44 Blackburn Road			74	N.				T	Subchapter Other (i.e. p etc.)	8 (Othe rivate 8	er than K-12 commercia	) al build	dings,	home	s,	
City (5) Summit, New Jerse	ey 07901								e Feet	# of 2	Floors	1322	ldg. A 5+	ge		
County (6) Bergen	•			County C	ode (7) SE ONLY)		Current Use (Prior if being demolished) School									
Name of Monitoring Firm Birdsall Services G		Owner (8)		ASCM	No.				tement Cor oration	tractor	(9)					
Street Address 65 Jackson Drive					7			Addres McBri	ss de Avent	ie						
City, State, Zip Code Cranford, New Jers	sev 07016	_		1.000000000					ip Code Park, Ne	ew Jer	sey 0742	4				
Project Manager for Mor Mike Kruppa				Telephor	ne No. 7-8900			none No 225-8			License N 01104	0.				
Start Date (10) 06/15/12		d Con	pletion [	Date (11)				HA Monitor onmenta	Labs	LLC						
Occupancy Status Durin	g Abatement (Chec	k Only On	e)			1		Addres								
Facility Closed/Vac	ated During Entire	Period of A	baten	nent			economica de la composición della composición de		te 22 We ip Code	st	-					
Other – Describe:	7AM Start	nar r acinty				_			w Jersey	0708	3					
Scope of Work (Check A	All That Apply)						Į.	•••								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		MARKET STATE OF THE PARTY OF TH	enova emolit				2	Mir Glo	ni-Enclosur ovebag Pro	e cedure	Negative F			•		
		T		-				J No	n-Exempte	a (*) an	d Non-Friab	T PIC		ement		
10			Locat Iorma						200		76		Ty	ре		
Locatio Asbestos-Containing		Use	d Sole	ly by	Asbes		scription		(ACM)	. А	mount			m		
TO BE AB	ATED		intena todial s			therma	system	s insula			Specify or LF)	Ren	Re	ncar	nd	
In Fact			(12)				cing, VA miscella			31	OI LF)	Remova	Repair	Encapsulate	Enclosure	
(		Yes	No	N/A							2 E E			ate	е	
Boiler R	Room	X			С	&M T:	SI Wra	p & C	ut	1	50 LF	X				
								7								
ester et al. a.							-						1			
Name of Registered Wa	ste Hauler		100	JDEP W		Cubic of Wa	Yards	je sommene.	- CANADAMA - 140	2000/03	ered Landfil					
Lilich Corporation		8724	110.	3			G.R.O		andfill.							
City, State Woodland Park, Ne	1921			06/19				ville, P	ennsylva	-		= 12.				
Completed by		Title	ritle //ice President Signature Taleau (alulu 05/21/12								100					
Tatiana Kalenikova		Pres	ident			19	rea	un Ke	Ko	an .	JIZ 11	12.				

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.





Agencies Notified  Type Notification  EPA Initial Amended Amendment # Emergency (including justification)  Street Address  DOH DOH DOH DOH DOH DOH DOH DOH DOH DO
Amended Amendment #   City, State, Zip Code   City,
Name of Facility Where Abatement is Taking Place (3)    Street Address
Name of Facility Where Abatement is Taking Placs (3)    School (K-12)
Street Address    Subchapter 8 (Other than K-12)
Square Feet # of Floors Bldg. Age 45  County (6).  AscM No.  County (6).  County (6).  County (6).  Current Use (Prior if being demolished)  Cafefora. 4 offices  County (6).  Current Use (Prior if being demolished)  Cafefora. 4 offices  County (6).  Current Use (Prior if being demolished)  Cafefora. 4 offices  County (6).  Cafefora. 4 offices  Street Address  City, State, Zip Code  Cit
County (6) County Code (7) County Code (7) Cafeferra + Offices  Name of Monitoring Firm Hired by Building Owner (8) ASCM No.  Name of Monitoring Firm Hired by Building Owner (8) ASCM No.  Street Address  Street Address  Street Address  City, State, Zip Code
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  Street Address  Street Address  City, State, Zip Code
Street Address
City, State, Zip Code
City, State, Zip Code
Project Manager for Montkorine Firm  Telephone No.  73-781-344  Distant Date (10)  6-29-72  7-27-72  Decupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Full Containment with Negative Pressure Glovebag Procedure    Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Location of Normally   Description of
Start Date (10)    Scheduled Completion Date (11)   Name of OSHA Monitor
Cocupancy Status During Abatement (Check Only One)   Street Address
Street Address
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code
□ ≥3 sf or ≥3 lf □ Renovation □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Location of Normally □ Description of
Image: Second control of the cont
Is Location Abatement Type  Location of Description of
Location of Description of
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)
Yes No N/A
31d 86 Cafeteria VAT/mastic 1262st V
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Freehold Castage Inc Hauler ID No. of Waste Cyconing the Warren
needed autority on 8 72912 City, States pa 1275
completed by Sibnature Sibnature Date (1212)

# Tight

NUDept of Health & Sent	
Date: (a / 12 / 12 Time	1:09 PM

					,	UP) F C		1 1	W	S
Date of Notification (1)		1		of Building Owner(Opera				-		(5)
B - 12 - 12 Agencies Nobified Type Nobification			V .	20CK + Co	· The				1	
D EPA of initial			190	o East (	incoln	Lieni		15	2,11	2
D DEP D Amended  B DOL Amendment	e	1	. 1	ale, Zip Code hwou.	177	essel	65	70	la la	5
. Emergency	Including	9		of Contect		Telephone N	1105	BIRTORE	37	
DOH Justification)  Cancellation				Montecelvo		T GIOPHOILE-IV	O(HP/8)		-7	
				ILITY INFORMATION					1	
Name of Facility Where Abatement is Takin	g Place (	[3]			Type of Facility			2 2		
Street Address	116	<u></u>	· ************************************	,	O School ()	(-12) Ler 8 (Other than K-	12)	9		
126 Exect Line:	1	A.	risk	E.	風 Other (1.e	. private & commerc	clal bu	Udingo	, nom	183,
19(F)					Square Feel	. Saf Floors	7	Bldg.	Age	-
shure ( ) with	2005	ece	<u>.</u> C	57065	2.2,000			4	5	
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Date of Notification (1)			Name	of Building Owner/Operato	or (2)	100	2377	1 :	2 4	112
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Street Address	1	2		٠	☐ Subchapt	er 8 (Other than K- private & commen	12)	4 C		2300000
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6-15-12		13-1		Date (11) Name	of OSHA Monitor					
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Facility Closed/Vacated During Entire I			nent	.						ie.
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Date of Notification	n (1)		Name	of Bu	ilding	Owner/Operator		REIW	E	n	1					
6/15/12		-	V	Vill:	iam (	Cassidy		(b) (3 t) (1	Name of Street	ACTION CONTRACTOR	#12.0 vision					
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							Current Use (Prior if being demolished) Residence									
Name of Monitoring E Owner (8)	irm hired by E	Building	AS	CM No.		The same and the s	of Abatement Contractor (9)									
N/A			6	7		AZTECH M	AZTECH MANAGEMENT, Inc.									
Street Address						Street Address	Address Thristopher St.									
								t. 								
City, State, Zip Cod	e					Montclai	zip Code r, NJ 070	042								
Project Manager for	Monitoring Fir	m Tel		ne Num	ber	Telephone Numb (973)744		1000	cense		ber					
Scheduled Start Date	(10) Sched	. Compl	0.000	n Date	(11)	Name of OSHA N			003							
6/27/12	201 100	28/12	C C.C.O.	Date	(11)	N/A	AOIII COL									
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Occupancy Status Dur [X]Facility Clos	sed/Vacated Du	(Check ring Ent	only tire	one) Period	i	Street Address	3									
of Abatement []Abatement Per		of Nor	rma l	Facili	i tv	City State 5	74- 0-4-					-				
Hours - Descr	ibe: «OffHours	Descrip	ot»		1	City, State, 2	ip code									
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Scope of Work (Check	all that apply	λ)				[ ]Full (	Containment w	ith Negative	Press							
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(13)			ff (			or other miscel	laneous)		A L	R	T	U R				
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Name of Registered Wa	ste Hauler	NJE	EP W	aste	Cul	oic Yards	Name of Regi	 .stered Landfi	11	L	L					
AZTECH MANAGE	MENT, INC		040	ID No.	of	Waste 1.0	G.R.O.W.	S.								
City, State					Dis	sposal Date	City, State									
Montclair, NJ	07042				1 6	/29/12		lle, FA 1	906	7						
Completed By (Print o	r Type) Title					10	1) 1	-//-								
Constantine Vi		siden	t			Signature	17 1	//	0ate 6/15/	/12						
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Date 6/12/12

			Sta	ate of 1	New Jei	csey			heck #	101	48	L teor			
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Date of Notification 6/12/12	on (1)			arole		wner/Operator ian					Characteristics of Personal				
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	į jourcerruci			FACII	TTY IN	FORMATION									
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9 Argyle Rd							cial l	ouildings, h	omes, e	etc.)		_			
City (5)	lo	ounty (	6)		Coun	ty Code (7)	Square Feet # of Floors Bldg. Age								
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							Residen								
Name of Monitoring	Firm hired by B	uilding	ASC	CM No.	11	Name of Abate	ment Contracto	or (9)				r-tra-actions to the			
Owner (8) N/A			67	7		AZTECH N	MANAGEMENT	I, Inc.		ill second l'					
Street Address	1.000					Street Addres 86 Chris	stopher St								
City, State, Zip Co		- I		\*\		City, State,  Montclai  Telephone Num	r, NJ 070		icense	Numb					
Project Manager for	monitoring Fire	N/	200	ne Numbe		(973) 744		ľ	0037		Jer				
Scheduled Start Dat			etion	Date (	20 20 11	Name of OSHA	Monitor								
6/13/12 Month Day Y	ear Mont	.4/12	ay	Year		N/A									
Occupancy Status Du [X]Facility Clo	ring Abatement osed/Vacated Dur	(Check	only	one)		Street Addres	ress								
Hours - Desc	nt erformed Outside cribe: <u>«OffHours</u> cribe:«Other Occ	Descrip	ot»		Y .	City, State,	Zip Code								
Scope of Work (Chec	k all that apply	7)			Ш					Kellin		<del></del>			
[X]>3 sf or [ ]>160 sf	: <u>≥</u> 3 lf	[x		ovation olition		[ ]Mini- [ ]Glove	Containment ware Enclosure Abag Procedure Triable Procedure		Pressi	ure ·					
	-	T.c	Is	on		D	n of		Aba	teme	nt I	Abe			
Locatio Asbestos-Co		No	rmal	ly		Description Asbestos-Con		Amount	R	R	N	N			
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Montclair, NJ	07042				6/	/15/12	Morrisvi	lle, PA	1906	57					

Completed By (Print or Type) Title
Constantine Vivian President

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Date of Notification (1) 6/13/12		, ,	Name of Buil Oxford Cu	Iding Owner/operatistom Homes	JEM	APPRO NADeption Health (	Sani	or S	ervic	20
Agencies Notified  EPA  DEP  DEP  Amended  Amended  Amendment  Emergence	nt#		Straet Addre 625 Witthi City, State, Zi	il Road	N S	Date: 11 17	(e)	4/		<u> </u>
DCA Justificatio	n)	T	Name of Con ydney McI	tect /	, L	Telephone Num	her	1		
		- 1	<u> </u>	NFORMATION	AUGUSTO LIC	S CONTROL &				
Name of Facility Where Abatement is Ta Residential Property Scheduled for	king Place or Demol	ition			Type of Faci	(-12)		7		
Street Address 242 Vivien Court					Subchapi Subchapi Other (I.e. homes, e	ter 8 (Other than K-1 -, private & comments.)	2) dal bu	iildin	ge,	
City (5) Paramus, NJ					Square Feet 2,500	# of Floors	1	50 -	Age	l
County (6) Bergen	711	L	USE ONLY	e (7) (STATE	Residential		lished	)		12
Name of Monitoring Firm Hirad by Buildir (8) N/A	ig Owner	100	CM No. /A	Jadar Contra		(9)				
Street Address N/A City, State, Zip Code				Street Address 22 Troy Lane	<u>.</u>					
N/A Project Manager for Monitoring Firm			NAME .	City, State, Zip Lincoln Park	, NJ 07035	***	11 ***			
N/A	]	N/A	one No.	76lephone No. 973-706-795	0	Ucense No. Q1088				
6/14/12	/18/12		r Data (11)	Name of OSHA Jadar Contrac	ting LLC					
Occupancy Statue During Abatement (C) Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of A	Abstemer	nt	Streat Address 22 Troy Lane						
Other - Describe: Scheduled for I	emolitio	nauns D		City, State, Zip Lincoln Park,						
Scope of Work (Check all that apply)    3 sf or \( \sigma \)       160 sf or \( \sigma \) 260   f		novation nolition		Mini-Er Gloveb	iclosure ad Procedure	K PROCEDURES	e	-		Maria
Location of Asbestos -Containing Material (ACM)	Wor Used S	ocation mally Solely by		Description o	f		7		eman pe	
TO BE ABATED IN Pacility (13)	Cus	enance/ stodiel taff? 12)	Asbes (l.e.	stos Containing Ma , thermal eystems I surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulale	Enclosure
Exterior	Yes I	No N/	1	e Shingles	-	1,200 SF	X	H	1	F
		1		<del></del>						
	++	+	-		W		-	H	_	-
Name of Registered Waste Hauler ladar Contracting LLC	-		P Waste ID No. 137	Cubic Yarda ct Waste		Istered Landfill		7		
City, States Lincoln Park, NJ 07035	**	0033	137	Disposal Date	G.R.O.W.S	· ·		+		
Completed By Title See See See See See See See See See S	0			TBD Signature	Morrisville	Date				=

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

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Date of Notification (1) 06/12							Owner/operato ol District	r (2)					Thurst sales
Agencies Notified  EPA	Type Notific				et Address Newark I		pton Turnpi	ke	JUN 15	201	2	Character A.	ij
DEP DOL	Amende Amendn	2000		15 55	State, Zip			i	400000000000000000000000000000000000000	in the second		li mell	
	☐ Emerge	ncy (includin	g	-	erdale, N		7457	Ę.	ASBESTOS CON	TIROL	&		
DOH DCA	justifica Cancella			10-10-11-11	e of Conta			Terr resident	Telephone Numb		and the state of	CANAL DE LOS	THE STATE OF
					iel Denuc				<u> </u>	- 19	15/5/10/	iyonaya.	
15 10 14				FA	CILITY IN	FOR	RMATION					-	
Name of Facility Where Riverdale School	e Abatement is	Taking Place	€ (3)					Type of Facility School (K-	12)				
Street Address 52 Newark Pompto	on Turnpike								er 8 (Other than K-1 , private & commerc		lding	S,	
City (5) Riverdale								Square Feet	# of Floors	В	lldg.	Age	
County (6)				Cou	inty Code	(7) (	STATE	Current Use (I	Prior If being demoli	shed)			
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(8) Aero Environm				ASCM	No.		ame of Abaten lick Restorat	nent Contractor (	(9)		5		
Street Address						1	treet Address						
275 Route 10 East						-	2 Brookside						
City, State, Zip Code Succasunna, NJ 07	876						ity, State, Zip ( andolph, NJ						
Project Manager for Mo Michael Berta	onitoring Firm		N 1002000	ephone 3-920			elephone No. 73 933-2550		License No. 01133				
Start Date (10)		Scheduled C	-			-	ame of OSHA		01133				
06/22/12		06/23/12	Ompre	CIOII De	ate (11)		&S Environn						
Occupancy Status Dur	ing Abatement	(Check only	one)				reet Address						
☐ Facility Closed/Vaca						23	333 Rt 22 W		18				
Abatement Performe Other - Describe:	ed Outside of N	lormal Facilit	y Hou	rs		1	ty, State, Zip C				110		
Scope of Work (Check	all that apply)					<u>U</u>	nion, NJ 070	)83		-			
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			ocatio							1	Abate		t
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Name of Bandara Trail	7.11			JDEP 1									
	ame of Registered Waste Hauler ick Restoration LLC						ibic Yards Waste	Name of Reg	istered Landfill				
City, State							sposal Date	City, State		-			_
Randolph, NJ 07869	9				. IV	100000	BD	Tullytown,	PA			31	
Completed By		Title					Signature /	vive li	Date				
Elvira Mrda		President					20	our prin	06/12	2/12			



Date of Notification (1) 06/11						ng Owner/operator e / Maplewood	(2) School Distric	5 6 E	W [	5		The state of the s
Agencies Notified	Type Notification	1			t Address Academ		de de la constitución de la cons		1110		Total Control	-
DEP	☐ Amended			City,	State, Zip	Code	1 /		-	1		-
DOL	Amendment :		ia	Мар	lewood,	NJ 07040	l 1	The state of the s				-
DOH DCA	justification) Cancellation		5	Name Bill H	of Conta	ct		Telephone Numbe	ZL O	est en 14		
						FORMATION		m name in the state of the figure of	40 april	Chargh of		
Name of Facility Where		ng Plac	e (3)		CILITI III	TORMATION	Type of Facility	(4)	1 146			1000
Columbia High Sch	nool						School (K-1	2)				
Street Address 17 Parker Ave							Other (i.e., homes, etc	8 (Other than K-1 2 private & commercia	) al build	dings	,	
City (5)	0.10					-	Square Feet	# of Floors	ВІ	dg. A	\ge	
Maplewood, NJ 07	040								<u></u>			
County (6) Essex County			-	USE USE	nty Code EONLY	(7) (STATE	Current Use (F	rior If being demolis	shed)	-		
Name of Monitoring Fir		Owner		ASCM	No.		ent Contractor (	9)			0.00	
(8) AHERA Consu	ltants, Inc					Nick Restorat	ion LLC					
Street Address PO Box 385						Street Address 72 Brookside	Rd					
City, State, Zip Code	*	811000				City, State, Zip C	Code					
Oceanville, NJ 082						Randolph, NJ	07869					
Project Manager for Mo John Smoyer	onitoring Firm			ephone 9-652-		Telephone No. 973 933-2550		Dicense No. 001133				
Start Date (10)	Sche	eduled (	-	D INVASIANCE		Name of OSHA		001133				_
06/22/2012		/24/20		otion be	(11)	J&S Environn						
Occupancy Status Dur					-	Street Address	H			19250		
Facility Closed/Vaca						2333 Rt 22 W						
Other - Describe:			ity Flot	115		City, State, Zip C Union, NJ 070						
Scope of Work (Check	all that apply)					1571						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti			Mini-En Gloveba	ag Procedure	egative Pressure on-Friable Procedur	e			
			Locati				cripted ( ) and it	OIT THUBIOT TOCOGGI	1		ment	
Location	of	Use	Iormall d Sole	y Iv bv	-	Description of	f			Ту	pe	
Asbestos -Containing	Material (ACM)	Mai	intenar	nce/	Asbes	tos Containing Mat	erial (ACM)	Amount	1		ш	_
TO BE ABA			ustodi Staff?		(i.e.	, thermal systems i surfacing, VAT	nsulation, or	(Specify SF or LF)	Rer	Re	псар	nc
(13)	· ·		(12)			other miscellane		-, -, -,	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					<u>a</u>		ਰਿ	ro'
3rd floor		100	X	1.00	plaster	ceiling		16 SF	X			1
<u> </u>					0.0					i-sens		
			L.,	LIBER		I a ti W t	T 11 (5		1_		L_	
Name of Registered War			0.000	NJDEP dauler II 00337		Cubic Yards of Waste		istered Landfill	r 30			
City, State			-1	10337	82		G.R.O.W.S			_		_
Randolph, NJ 0786	9					Disposal Date TBD	City, State Tullytown,	PA				50
Completed By	Titl	e			7 . 7	Signature		Date				
Elvira Mrda	Pro	esiden	t			1. 2.	rus Wat	06/11	/201	2		

Date of Notification (1)				Nan	ne of Build	ding Owner/Ope	erator	(2) 1	GETW	[ ]	F 6 3	-	1
06/13/2012				1.000	othy Rac			THE REPORT OF THE PERSON OF TH	u U		Appendix of		
Agency Notified	Type Notification				et Addres			111111			11	-	
□ EPA				412	19th Str	eet		10 0	JUN 15 2012	100			
☐ DEP	☐ Amended			City	State, Zi	p Code							-
⊠ DOL	Amendment #	ludina		Unic	on City,	NJ 07087	. }	I lamen	CHESTOS CONTROL O	-			
₩ DOH	justification)	Juding			ne of Cont			- 100	Telephone Num	ber		-	_
□ DCA	☐ Cancellation			Doro	thy Rad	lvanski	-	The HEATMAN DESIGNATION OF THE PARTY OF THE	THUCKOUS!	manhou	man.		
				-		FORMATION	444		· · · · · · · · · · · · · · · · · · ·	- 45 Ro			-
Name of Facility Where	Abatement is Taking	Place (3	)					Type of Faci	lity (4)	0	-	-10-	-
Private home								☐ School (K-					
Street Address					-			☐ Subchapte	er 8 (Other than K-1 2)				
412 19th Street								Other (i.e.	private & commercial	buildin	gs,	-	
City (5)								homes, et	200	DI-	A ===		_
Union City, NJ 0708	7					1/2				Bldg.	Age		
Hudson				ONL		7) (STATE USE		Current Use	(Prior if being demolis	hed)		-	
Name of Monitoring Firm	Hired by Building O	wner(8)	ASC	M No.	_	Name of Ab	atem	ent Contractor	(9)			-	-
Street Address						Gr Tech LI	G 600 - 17						
						576 Valley	-047/570	#202					
City, State, Zip Code				- E		City, State. 2							
Project Manager for Mor	itorina Flam				Wayne, NJ		70						
r roject Manager for Mor	nitoring Firm	eiepho	one No.		Telephone N			License No.					
Start Date (10)	Scheduled	Complet	ia D	-1- /44		973-638-17			01127				
6/22/2012	A harmonia and a second		tion D	ate (11	)	Name of OS							
Occupancy Status Durin	06/23/201					Envirovisio		onsultants,I	nc	_			
						Street Addre		1020					
Secility Closed/Vacate Abatement Performed Other - Describe:	ed During Entire Perio Outside of Normal F	od of Abar acility Ho	temen urs	t		20-21 Wags City, State, Z	ip Co	ode	g .# 34A				
Scope of Work (Check al	I that anniv)				-	Fair Lawn,	NJ (	07410					
⊠ >3 sf or >3 lf ⊇ ≥160 sf or >260 lf	. шасарруу)				novation molition	⊠ <sup>M</sup> <sub>G</sub>	lini-E ilovet	nclosure pag Procedure	h Negative Pressure	dura.			
	-	le	Locat	ion	T		OH-L.	xempled ( ) an	Non-Friable Proced	ure T	Aba	tem	ent
Locatio			Norma									уре	
Asbestos-Containing TO BE AB IN Fac (13)	g Material (ACM) BATED ility	Mai	d Sole intena sustod Staff? (12)	nce/ ial	Asbes (i.e.	Description of the containing	Mate ms in /AT, o	erial (ACM) sulation. or	Amount (Specify SF or LF)	To the second	Repair	Encapsulate	Licioadia
		Yes	No	N/A						-		Φ	1
asement		, in	X	Pipe ins	sulation			40 LF	- x	+	t	1	
						_				1	F	-	
amo of Pasistand W.	a Uaula											-	-
ame of Registered Wast	e nauler	ID N		Vaste H	lauler	Cubic Yards o Waste	of	Name of Reg	stered Landfill			-	die
Tech LLC		003	3785			TBD	Т	R.R.F. Inc					
ty, State	-1-		24		Disposal Date		City, State				-		
ayne, NJ 07470		0 12					T	ullytown, P	A				
ompleted by	Title					Signature	1	1	) Da	te		-	-
Jevtic													

					ESTOS ABATEMENT )-7 and 12:120-7)	111113 F.3	(TO E H D)	7 (-1	Mahali		3
Date of Notification	on (1)				g Owner/Operator		GE I W	FE	1,	11	
6/12/12		•	Lorra	aine	Weeks		Commission of the Commission o				
Agencies Notified	Type Notifica	tion	Street Add				JUN 15 20	14)	11.		0.1400
[ ]EPA	[X]Initial		71 0	verl	ook Road		DON 10 TO	14		1	1
[ ]DEP	Notifica	ation	City, Stat	te, Zi	p Code	1 1			1	1	30
[X]DOL	[]Amended		Monte	clai	r, NJ 07043	<b>3</b>	esucatos contro	B.	-site		3
[X] DOH	Notifica	N. Seromanovanovanovanovanovanovanovanovanovanov	Name of Co	ontact		Telepho	ne Number	Ministry and	Min state our	1	-
177 (400 - 1400	[ ]EMERGENCY	100	Lorra					Kulty	- 100		1
[ ]DCA	[ ]Cancellat	ion				¥			0.000	and the	P.
				Moral Transcores	INFORMATION						
Name of Facility W	nere Abatement	is Taki	ng Place (	3)		Type of Facil	son ven <del>a</del> n recinera.				
Private						[ ]School	(K-12) oter 8 (Other	+han	K-1	21	
Street Address							(i.e., private				
71 Overlook	Road					cial h	ouildings, hom	es, e	etc.	)	
		~ .	(6)	la		Square Feet	# of Floors		dg.	Age	
City (5) Montclair	Î	County Esse		- 0.00	ounty Code (7) STATE USE ONLY)	2600	3		92		
MOIICCIALL		11550	-22			Residence	(Prior if bein	g der	noll	snea	,
Name of Monitoring	Firm hired by	Buildin	g ASCM No		Name of Abate					-	
Owner (8)			67			ANAGEMENT					
N/A Street Address			07	-	Street Address						-
Street Address						topher St					
City, State, Zip Co	ode				City, State, 2						+
orely bears, are						r, NJ 070	42				
rject Manager for	Monitoring Fi	rm Tel	Lephone Nu	mber	Telephone Numb	per	Lic	ense	Numi	ber	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		N/			(973) 744		0	037	1	200 200	
Scheduled Start Dat	NEW ACTION OF THE PROPERTY OF	41 (41 ) (1	Letion Date	e (11)	The state of the second of the	Monitor					***
6/21/12		22/12			N/A						
Month Day Y	Year Mon		only one)	ar	Street Address	3					
[X] Facility Cl	osed/Vacated Du			od							
of Abateme: [ ]Abatement P	nt erformed Outsid	le of No	rmal Facil	Lity	City, State, S	Zip Code					_
Hours - Des	cribe: «OffHours	Descri	pt»			•					
	cribe: «Other Oc		Descriptx	<u> </u>							
Scope of Work (Chec	ek all that app.	rA)			[ ]Full (	Containment wi	th Negative P	ressi	ıre	•	
[X]≥3 sf or		357	X]Renovati		[ ]Mini-1	Enclosure					
[ ] <u>&gt;</u> 160 sf	or <u>&gt;</u> 260 lf	L	]Demoliti	on	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	bag Procedure riable Procedu	ire				
		1 -	Is ocation					Aba	teme		SHARE SHARE SHARE
Locatio Asbestos-Co			ormally		Description Asbestos-Cont		Amount	RE	R	E N	E
Material	2000 CONTRACTOR (1970)		Used Solely		Material (	ACM)	(Specify	M	E	CA	C
TO BE A		t	y Main- enance/		(i.e., thermal insulation, surfa		SF or LF)	O	Ā	PS	OS
(13)			aff (12)		or other miscel	7.0		A	R	U	UR
		Yes	No N/A				120 15	37	-		E
Basement			X	PIE	e Insulation	on	130 lf	X	<u> </u>		-
	W							+-			<u> </u>
							112-12-12	1		L	
Name of Registered	는 사용하게 되었다. 그런 100 TO TO TO THE TOTAL TO THE T		DEP Waste auler ID No		ubic Yards of Waste 1.5	Name of Regi	stered Landfi	TT			
AZTECH MANAC	SERIENI, IN		7040				<b>.</b>				1
City, State	. 07040			P	isposal Date	City, State	110 03 1	900	7		
Montclair, No	0/042				6/25/12	MOTTISVI	lle, PA 1	900	1		
Completed By (Print	or Type) Tit	le	1,000		Signature	11-1-1		ate			
Constantine V		eside	nt		· love	stuken !	1	6/12/	/12		

Date of Notification (1),			I Nome	-f D :1 !!		- 17	11113		1139	-			
671-12			Dave	Deinz	ing Owner er	/Operator		E		ET	37	. /	
Agencies Notified Type Notification  EPA Initial	1			Address echwo	od Lane	9		11 11	4				
DEP Amended  X DOL Amendmen				tate, Zip elon No	Code J 07405	1		V-1-5	2012		//	1	
□ Emergency     justification     □ DCA     □ Cancellation	)	}		of Conta		1	ASSES	7.05 Jul 1873	elephone	e Numb	er i		
					NFORMAT	TION	The state of the s	ALL IV	* HELI Shemupon	1000	-	-	
Name of Facility Where Abatement is Takin house	ng Place (	3)			1		Type of Facili	ty (4)	Frankling Co.	THE RESERVE			
Street Address							School (	K-12)	•		100		
9 Beechwood Lane							Subchar Other (i.e.	iter 8 (Ot e. private	her than & comn	K-12) nercial b	uilding	s. ho	nes.
City (5)		-	-				etc.) Square Feet		of Floors		Bldg		
Kinnelon							3,800	3			40	Age	
County (6) Morris				Code (7 USE ON			Current Use (I	Prior if be	eing dem	olished			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name of ABS E	Abatement (	contracto tal Ser	r (9) vices,L	LC			6.1
Street Address						Street Ad 4 E Ga	ddress ate Drive, F	O Box	483				-
City, State, Zip Code	F-1					City, Sta	te, Zip Code		-				
Project Manager for Manifesian Elec-			Telepho				ood, NJ 07	7418					
	ect Manager for Monitoring Firm  t Date (10) Schedul						ne No. 4-2276		Licens 703	se No.			
Start Date (10)	6/95/19						OSHA Monito	or					
Occupancy Status During Abatement (Chec						Street Ac	dress						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm  Other – Describe:	Period of A al Facility	bater Hour	nent s			City, Stat	e, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				re	įS.
		Locat					J					emen	t
Location of	Used	ormal Sole	ly ly by			cription of	1			-	T	уре	
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Mai	ntena odial S (12)	nce/		thermal surfac	aining Mate systems in sing, VAT, o iscellaneo	or	(5	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					0				te	to
basement			X		pipe	insulatio	1	6	SLF	x		-	
	-		-			-	-		r	-	-		J
79370		-			-	-			1 111	F-11 (64)	1		
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Y	/ards	Name of	Registe	red Land	Ifill		- 11	-
Newark Carting			auler ID I 509	No.	of Wast	te	IESI						
City, State Newark NJ	- 1				Dispose	al Date	City, Sta Bethlel		·	7.50 L. <b>40</b> .77			., .
Completed by	Title					gnature	Double	John F	10 10 10	Date		+ 1.0	
Andrew Scott Higgins	Presid	ent				(	li-				//-	12	

Date of Notification (1) 6/11/12	3-				f Building			(2)		SC	間		5		
Agencies Notified	Type Notification		+	Street A			W.H. 133		A Comment of the Comm	.1111	15	2012	The state of the s		
DEP X DOL	Amended Amendment			City, Sta Newar	te, Zip Co k, NJ	ode				0018		2012	lest		
□ DOH DCA	Emergency justification) Cancellation		Ī	Name of Name Name Name	f Contact IcCue		13	od hard	o- no sometime necessive	Tele	phone N	umber			
Name of Facility Where Address 39 East 22nd Stree		ng Place (3)		FACI	LITY INFO	ORMATIO	ON		of Facility ( School (K-1 Subchapter Other (i.e. p	2) 8 (Othe				, hom	es,
City (5) Bayonne	The survivor service of	<del>3/11-11/1</del>	09-9						tc.) e Feet	# of 2	Floors	1000	3ldg. /	Age	
County (6) Hudson					Code (7) USE ONLY	)	_	Curre	nt Use (Pri	or if bein	ng demol	ished)	1		
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.				ement Cor onmenta			.C			
Street Address								Addres Gate D	s Irive, PO	Box 4	83				
City, State, Zip Code								tate, Zi wood	Code NJ 0741	18					
Project Manager for Mon	oject Manager for Monitoring Firm  art Date (10) Schedule							none No 764-22			License 703	No.			
Start Date (10) 6/21/i	/21/10 7/5/12						Name	of OSH	A Monitor						
▼ Facility Closed/Vac	7/5/12 iccupancy Status During Abatement (Check Only One Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility							Addres							
Scope of Work (Check A	II That Apply)	877-978						_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		distribution .	enova emolit				×	Mini	Containme -Enclosure rebag Prod -Exempted	e cedure	-			e ·	
			ocati			20		7					Abat	ement /pe	t
Location Asbestos-Containing TO BE ABA In Facil (13)	Material (ACM) ATED	Used Mair	Sole ntenar odial S (12)	ly by nce/		tos Conta thermal :	systems ing, VA	faterial s insulat T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
boiler ro	oom			х		pipe	insula	tion		60	) LF	x			
boiler ro	boiler room					boiler	insula	ation		10	0 SF	×			
	12						-								
Name of Registered Was	ste Hauler	100 9000	JDEP W		Cubic \			Name of I	Register	ed Land	Fill .			L	
Newark Carting			auler ID 509	INO.	of Was			IESI		73,					
City, State Newark NJ		on the				Dispos: TBD	al Date		City, State Bethleh						
Completed by Andrew Scott Higgin	S	Title Owne				Si	gnature	2				Date 5/11/12	2		

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State of New Jersey

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•		2.3				8: 60 and 12: 120-)	III E		11 \// 1				Y.
Date of Notification (1)			(2.0			ilding Owner/Operato		(9) (3)	and the second second second		200000	The part of	
0 6 / 0		<u>.</u>		s	tate of NJ l	Dept. of Human Service	es III			Mary Art and Art		The property of the second	
Agencies Notified Type o  [X] EPA	Notification			1	treet Addre	ess Varren Street		JUN	1 9 ZUIZ		است		
[ ] DEP [X] In	itial			_	ity, State, 2					and the part	i .	1	
	mended				renton NJ	2.EX	1 6-	ASBESTOS	CONTROL	ķ		1	
A	mendment #							LIC		odaten en die	and the best of	3	
	nergency (including stification)			N	ame of Cor	ntact	0.349 65 30.000	Te	lephone Numb	er	-51177		- آنوار ــا
[ ] DCA [ ] C	ancellation			P	am Harlan		a -			+4/1		340	
Name of Facility Where Abatement is Taking	Place (3)			FACI	ILITY INF	ORMATION	Jm	2.00			A		
4000 3000 4000 4000 4000 4000 4000 4000	2000000 05 54.0K						Type of Facility	y (4)					
Trenton Psychiatric Hospital - Richardson B Street Address	uilding	-					[ ]	School (K-		** *	•		
Sirect Address							[ ] [X]	Military and Miles and a	r 8 (Other tha private & con				
101 Sullivan Way				T 6				buildings, l	nomes, etc.)	_			
City (5)	ounty (6)			72.073	unty Code FATE USE	Read COST to the	Square Feet	# 0	of Floors	I	Bldg. A	ge	
Touris				1			Current Use (P	rior if being d	emolished)				
Trenton M Name of Monitoring Firm Hired by Building	Owner (8)		ASC	I.		Name of Abatement	Contractor (9)						
NCA E													
USA Environmental Management Inc Street Address		-			-	J.R. Contracting & I Street Address	Environmental C	onsulting, Inc					
344 West State Street						1141 Route 23							
						City, State, Zip Code	:				-		
Trenton, NJ 08618						Wayne NJ 07470							
Project Manager for Monitoring Firm		Tele	phone	Numb	er	Telephone Number		Lic	ense No.		110-00-		
Willie Weisgarber Scheduled State Date (10)	Scheduled Com		915-11 Data (			973 628-9500	14	004	108				
	2 0 6 Month	2	9	Ĺ	1 2 Year	Name of OSHA Mon Enviro Vision Consu							
Occupancy Status During Abatement (Check	only one)					Street Address							
[X] Facility Closed/Vacated Do of Abatement	iring Entire Period					20-21 Wagaraw Road	d, Bldg. #34A						
[ ] Abatement Performed Out	side of Normal Faci	ility Ho	urs			City, State, Zip Code							
[ ] Other - Describe:						Fairlawn NJ 07410							
Scope of Work (Check all that apply)		[X]	Reno	vation	1	f 1	Full Containme Mini-Enclosure	nt With Nega	tive Pressure				
$[ ] \geq 3 \text{ sf or } \geq 3 \text{ If}$ $[X] \geq 160 \text{ sf or } \geq 260 \text{ If}$		[ ]	Deme	olition		[]	Glovebag Proce						
[A] 2100 31 01 2 200 11					T	[X]	Non-Exemted (*	) and Non-Fi	riable Procedu	_	baten	ent T	vne
			Is		-							E	E
Location of			cation rmally			Description of Asbestos-Containing		An	nount	R	R	N C	N C
Asbestos - Containing Material (ACM)			Used lely by			Material (ACM)			pecify	M	E	A	L
TO BE ABATED			itenano			(i.e., thermal systems nsulation, surfacing, V	ΛT,	J. SF	or LF)	O V	P A	PS	O S
in Facility (13)			stodial ff (12)			or other miscellaneou	15)			A L	I R	U L	U R
		Yes	No	N/A	_			-	-			E	E
Basement / First Floor				X	Pipe Inst	ulation		445 LF		X			
First Floor				X	Sink Und	lercoating		1 ea.		X			
First Floor				X	Linoleun	n		75 SF		X			
		71.0		V	100000			1 9 25	<u> </u>				
Name of Registered Waste Hauler		NID	EP Was	oto	Cubia Va	-36 W1.	IN	D. data dil	1611				
		100000000000000000000000000000000000000	er ID N	in.	Cubic Ya	rds of Waste		Registered La	momi				
.R. Contracting & Environmental Consulting City, State	, Inc.		17819	1	Disposal I	Date	G.R.O.W City, Sta		7.11	-	-		
Vayne NJ 07470					2 sposar L		Morrisvi						
Completed by (Print or Type)	Title				Sign	nature			Date		-		
erry Bijelonic	Project Manager				THE RESERVE OF THE PERSON OF T	72	Carrier and a second and a second	g		6/8/	2012		
en ti										0101	-412		

Check #6538

Date of Notification (	1) June 11, 2012			e of Building	Owner / Operator	r (2)		,			
Agencies Notified	Type Notification			et Address	117	) P M E	The state of the s				
□EPA □DEP			33 Di	rummond Pl	lace	NE GE	I V E ID				
DOL	☐ Initial ☐ Amended			State & Zip 0	7 1.3	U JUN I	5 2012 . [1]				
DOH	Amendment				S. Carrier	1					
DCA	Cancellation	8		e of Contact ert Chenal	S and a second	ASBESTOS CO LIGENS	INTERNAL PROPERTY.	elepho	ne Ni	ımbe	ar .
			F/	CILITY IN	FORMATION						
Name of Facility Whe Residence	ere Abatement is Takin	ig Place (3)			Type of Fa		T W. PRE-WAY				
Street Address						napter 8 (Other than	n K-12)				
282 Texas Drive						r (i.e., private & c	ommercial building			etc.)	
City (5) Brick					1,1	77 1 ·	+ Basement	g. Age 5	o ye	ars	
County (6) Ocean		County Cod			11001001						
Name of Monitoring F	Firm Hired by Building (			ASCM No	Name of At	patement Contracto	or (9)				
Street Address					Street Addr	ess					
City, State & Zip Code	e				City, State				-		
Project Manager for N	nonitoring Firm	Te	elephone	Number	Telephone 609-296-69	Number	License Num	ber 0081	7		
Scheduled Start Date June 21, 2		led Complet	tion Date			SHA Monitor					
Occupancy Status Du	uring Abatement (Chec ed/Vacated During Ent	k only one)			Street Addr 829 Radio	ess					
- 1 <u></u>	Performed Outside of N	lormal Hour	s		City, State &		7				
	upied During Abatemen	nt			Little Egg i	Harbor, NJ 08087					
Scope of Work (Chec								A CONTRACTOR OF THE PARTY OF TH		-	
≥3 sf or ≥ 50 lf ∑ ≥160 sf or ≥260			Renovati Demolitic			Mini-Enclosure Glovebag Proced			~~~		
Loc	ation of	Is Locat	ion Norma	ally Head	Descrip	THE RESERVE OF THE PARTY OF THE	*) and Non-Friable Pro	-		ent T	- Cura
Asbestos-Contai	ining Material (ACM) ABATED	Solely b	oy Mainter	nance or	Asbestos- Materia	Containing I (ACM)	Amount (Specify SF or LF)	7.0	atem	en, .	ype
	Facility (13)	Yes	No	N/A	(i.e., therm insulation, su or other mis	rfacing, VAT		Removal	Repair	Encapsulate	Enclosure
Basement		163	X	1917	- Floor		1450.5.5			fe	O
basement					Floor	THE	1,150 S F	X			
Name of Registered W	Vaste Hauler	NJDEP \	D No.		ds of Waste	Name of Registe	ered Landfill	**	18		
Synatech, Inc. City, State		27	7429	6	\	Grows Landfill					
	1 00007			Disposal D		City, State					
Little Egg Harbor, NJ Completed By	Title	***************************************		June 25, 2 Signature	2012	Morrisville, PA	Date			-	
Diane Aloia		tive Assista	nt	1/10	mi alor		une 11 2012	140			

#1502

#### State of New Jersey NOTIFICATION OF ASBESTOS AS ATEMENT

(Persuant to NJAC 8:60 and 1 1:120) Name of Building Owner/Ophrator (2) Date of Notification (1) Type Notification Agencies Notified 4 milal Amended Cay. State, Zip Code Amerkiment# KEANS BU Emergency (including 1400H justification) Name of Contaci Telaphone Number DOA Cancellation 2006 FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is, Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) Square Feet Bldg Age 1500 County Code (7) (STATE USE ONLY) Current Usa (Prior if being demo Name of Monitoring Firm Hired by Building Owner SCM No Name of Abatement Contractor (9 (8) Street Address Street Adviress 95 MONTR City, State, Zip Code City, State Zip Gode License No Project Manager for Monitoring Pirm THE HARRY NO 731-21417 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) ACC ENSULATION Street Address Occupancy Status During Abatement (Check only one) 95 MONTROYE Facility Closed/Vacated During Entire Period of Absternent [] Abatement Performed Outside of Normal Facility Hours City, State. Zip Code Gother - Describer 7AM - 7PM Scope of Work (Check all that apply) It ull Containment with Negative Pressure []≥3, s1 or ≥3 lf []≥160 st or ≥260 li Mini-Enclosure Henovation Demolition Glovebay Procedum Mon-Exampled (\*) erxi Non-I-riable filocodure Abelement la Location Type Nonnatty Used Solely by Description of Location of Asbestos Contahung Material (ACM) Amount Maintenance/ Asbestos-Containing Material (ACM) Encapsurate (Specify Remova (i.e., thermal systems insulation, Custodial TO BE ABATED SF or LF) Staff? surfacing, VAT, or Facility (13) (12)other mia collaneous) MIA OUTDOORS Name of Registered Landfill Cubic Vards NIDEP Waste Name of Registered Waste Haule: of Waster Heiler 10 No. Completed By ASB-41

Do not usa this form for asbestos licensure exempted activities



Date of Notification (1)				Na	me o	f Building	Owner/Operator (2	2)		waxanburah		eroments,	
06/	13 / 12	_		9	95 M	ontgome	ery, LLC	m	GEIN		Total Control	1	
Agencies Notified	Type Notification		FE .	Sti	reet A	ddress		11/1/	lilione action to residence of article Augustaness	THE ASSESSMENT	7]]		
⊠ EPA	☐ Initial			1	P.O.	Box # 4						Separate Sep	
□ DOLWD	☐ Amended			Cit	ty, Sta	ate, Zip Co	ode		JUN 15 2	012	L	1	
□ DHSS	Amendment #_			١.	Jerse	ey City, N	NJ 07303	CA COLUMN			4		
DCA	Emergency (inc justification)	cluding	-23	Na	ame o	f Contact			Telephone Numb	er		¥.	
(NJAC 5:23-8)	☐ Cancellation			11000		Fio Rito	)	la de la companya de	W/BEZIII/ LIMITE	CZ -	*	Chapter	
	Z ouncondition		-				ORMATION	Francisco Carrol		the control of the co	- Replacement		
		DI /	0)	02	FAC	LITINI	ORWATION	Type of Facility (	<u> </u>	office - a a		_	-
Name of Facility Where Street Address	Abatement is Taking	Place (	3)					School (K-12)		cial bui	ldings	s.	
95 Montgomery S	treet							homes, etc.)					
City (5)					-			Square Feet	# of Floors	Bld	g. Ag	е	
Jersey City	appear.							14,000	5	6	0+Y	ears	-
County (6)				(	Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	ned)			
Hudson County				100	CNAN	ia l	Name of Abateme						
Name of Monitoring Fire	m Hired by Building C	owner (8	5)	AS	CM N	10.	Incinia Contr						_
Street Address							Street Address 1360 Clifton	Avenue, Unit 3	65				e e e e e e e e e e e e e e e e e e e
City, State, Zip Code					-		City, State, Zip C		at t				
	To do a Piless		To	lonh	one N		Telephone No.		License No.				_
Project Manager for Mo	ject Manager for Monitoring Firm  rt Date (10) Scheduled						973-450-9500		01036				
Start Date (10) 06 / 11	1 4 4 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	duled Co					Name of OSHA N Incinia Conti						
			1-0-	_			Street Address						
M Encility Closed Mac	ated During Entire Pe	rind of A	hat	teme	ent		1360 Clifton	Avenue, Unit 3	65				
☐ Abatement Perform	ed Outside of Norma	l Facility	Но	urs -	- Desc	cribe	City, State, Zip C						_
Time of Abatement	:P	M/	_PN	M	/	AM	Clifton, NJ 0						
Scope of Work (Check	all that apply)	-					□ Full Con	tainment with Ne	native Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Rer			1		☐ Mini-End	closure ag Procedure	on-Friable Procedu	re			
		1		- 1/		1	⊠ No⊓-Exe	empled ( ) and No	III-I Habie i Toccuu	The second second	atem	ant T	'vne
				ation nally			Description	of	3		_		
Location Asbestos-Containing TO BE A IN Fa (13	ng Material (ACM) BATED cility	Use Mai Cust	d So inter odia (1:	olely nanc al Sta 2)	by ce/ aff?	Asbe (i.e	stos Containing M., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	N		N/A	D. 6			3,500 SF				1
Roof			$\boxtimes$	-			g Membrane			-	H		+
Roof				1		Flashin	g Membrane		380 SF				
7							max -			무	분	7	-
				] -		12.171	Con al all		13-13-1			Ш	IL
Name of Registered W Atlantic Carting,			7.7	Ha		Waste D No.	Cubic Yards of Waste 40		stered Landfill athlehem Landf	ill Co	rpora	atior	1
City, State					.0000		Disposal Date TBD	City, State Bethlehen	n, PA				
Wayne, NJ							The second second			ate	-		_
Completed By (Print o		<sup>le</sup> Secreta	ary				Signature	new X		6/	13,	1/2	
			1150				//6			-/-	1		

ASB-41 MAY 11 \* Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 06/08/2012					Building N PASC			(2)		2 6	J W	E	M	Table Medical	
Agencies Notified	Type Notification	Calculation		Street A 143 C	ddress	AND A	VE.		U JU	N 1	5 2012			i	
EPA  DEP  DOL	Initial Amended Amendment	#			ite, Zip Co ROUCK		HTS N	. Ü.	L			1	1		
☑ DOH □ DCA	Emergency justification) Cancellation		100	Name of	Contact V PASQ		-	Lorenton	ASBES 1	Tel	ephone N	umber	- Second		
	1			FACI	LITY INFO	ORMATI	ON				No. of Contract	La level	diane.y	3	
Name of Facility Where PRIVATE HOUSE	Abatement is Takin	g Place (3)		10 2				☐ s	of Facility (4 school (K-12	2)			44	ľ	
Street Address 38 LINDEN ST.07	644							X C	Subchapter ( Other (i.e. pr tc.)	8 (Otherware &	er than K- & commer	·12) rcial bui	dings	, hom	es,
City (5) LODI N.J.		W.				4			e Feet		Floors		Bldg.	Age EARS	5
County (6) BERGEN		1 -			Code (7) USE ONLY,	)		Currer	nt Use (Prio	r if bei	ng demoli	ished)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCN	No.				ement Cont QUALITY			CTIO	N LL	С	
Street Address		-						Address AN OF	s RDEN PL						
City, State, Zip Code			-					state, Zij	Code ACK N.J.	076	01	. 11			
Project Manager for Mor	nitóring Firm	T	Telepho	ne No.		Teleph	none No 708-42	<u>.</u>		License 01135	No.				
Start Date (10) 06/18/2012		d Con	npletion I	Date (11)		Name	of OSH	A Monitor RONMEN	ΙΤΔΙ	340	CES				
Occupancy Status Durin	a Abstament (Char							Address	and the second		OLICOI				
			33			8		RT. V							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr	nal Facility	Hours	ent			City, S	tate, Zip	Code						
Scope of Work (Check A	All That Apply)		- 2 - 2 -				Oitic			-			70		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				×××	Mini	Containme i-Enclosure vebag Proc	edure					
			-					_ Non	-Exempted	(*) an	Non-Fra	able Pro	-	re emen	
			Locati ormal											ype	
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Used	i Sole ntenar odial S (12)	ly by nce/		tos Cont thermal surfac		faterial s insulat T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				-					_	(0)	
BASEM	ANT		Х			PIPE II	NSULA	NOITA		17	0 LF	X			
		-									-	-	-	-	
			4							-		+	-	-	
Name of Registered Wa	eto Haudor		LN	JDEP W	lacto	Cubic	Varde		Name of F	Pagista	red I and	611	<u>L</u>	<u></u>	L
SHARON QUALITY	the second second second	ON LLC	Н	auler ID 033967	No.	of Was			TRI- ST				SER\	/ICE	s
City, State 22 VAN ORDEN PL	HACKENSAC	7601				al Date /2012		City, State BRONX		10474			102-11 13 Juli		
Completed by CARLOS ESQUIVE	L of section	Title SUPE	RVIS	SOR		S	ignature	Pere	ful	200	11	Date 06/08/	2012	2	
		1		-			-11		1-1	-			10000	- 1	

6328-NJ check

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 4735

Amended Notification Check #: 4735

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Date of Notification	on (1)		Name	of Bui	lding	Owner/	Operato	r (2)	Ē ((°	EIWE	- The state of the	77		
0 6 1/1	1 1/1 1 2	-1	Ring	wood E	Board o	of Educ	ation	1 100		E I V E	- 17		÷ †	-
Agencies Notified	Type Notifica	tion							JUN	1 5 5010	Alberta A	WARES.		
[X]EPA	[ ][nitial		121	Carleto	ndale	Road		14 14.00	. UUN	1 2 7015	7	7	Ka T	-
[X] DEP	Notifica	tion	1					1 -			. Spanner	100		
[X]DOL	(X)Amended Notifica	tion		gwood,		456		i	Avg:	hone Number	egi)	+		= 1
(X) DOH	[ ]Cancella					1		And the second second		CM2HAC	*increase	J	1	
<b>⋉</b> ]DCA			Wai	ren C.			- 1			drown	*********			=
						FORMAT	ION	Type of	Facili	ty (4)		+ 41 - 11		_
Name of Facility W	here Abatement	is Tak	king h	Place (	3)					/W 121				
Eleanor G. Hewitt In	ntermediate Sch	ool							Subcha	pter 8 (Othe				
Street Address							1		- 1 - 7 h	uildings, ho	mes.	666		_
266 Sloatsburg Roa	ıd							40	200	2	1	50		
City (5)		County	(6)	S2 1.42	(ST	ATE USE	ONLY)	Current	Use (P	rior if beir	ig de	moli	shed	)
Ringwood, NJ 0745	6	Passai	С			112	- 81 - 6	School	tractor	(9)				<del></del>
Name of Monitoring	g Firm Hired b	y Build	ing	ASCM No	٥.	Name o	of Abate	ment Cor	CLactor					
Owner (8)			100	00120		Four S	Strong B	uilders, I	nc.					_
Omega Environmer	ital Services						Addres							
280 Huyler Street		F 1				180 S	argeant	Avenue Zip Cod						
City. State. Zip	Code													
South Hackensack	, NJ 07606	W	7-1-2	one Nu	mher	Clifton	hone Nu	013-1935	<u> </u>	Licen	se Nu	moet		
South Hackensack	or Monitoring						614-0377			00807	7			
Geiser Fajardo, SP	M (10) ISC	red.Com	201-40	89-8700 on Date	(11)	Name	of OSHA	Monitor						
		1 6171	3 1 0	1/11/	21	Eour	Strong F	Builders,	Inc.					
Month / Day /						Stree	t Addre	SS						_
Occupancy Status	sed/Vacated D	uring E	ntire	Period	i	180 5	Sargean	t Avenue						
of Abatement []Abatement Pe	rformed Outsi	de of N	ormal	Facil:	Lty	City.	State.	Zip Cod	e					
Kours - Desc [ ]Other - Desc	ribe:				_	Clifto	n, NJ 07	7013						
Scope of Work (C)		apply)				Homes			nment W	with Negative	e Pre	ssui	e	
[ ]Demol:			[X]	Renova	tion		r 1Mir	i-Enclos	ure					
( 1)7 ef	or >3 lf sf or >260 lf						[ ]Nor	-Friable	Proced	lure				
			T	Is	T	-					Abat	emer		
Loc	ation of		Nos	mally		Ď	escript	ion of		Amount	RE	R	N	C
Asbesto	s-Containing ial (ACM)		Sc	Jsed olely		Ma	terial	(ACM)		(Specify SF or	M	E	P	T.
TO B	E ABATED		ter	Main-		ngnlat	ion. Su	l system rfacing. scellane	VAI.	LF)	V	A	S U	SU
	(13)		St	stodial	8 3	or o	ther mi	accitanc	0437		I.	R	L	RE
			Yes	No N/	Pine	Insula	tion			750 LF	X		-	
Basement & Crav	wl Space		1	V		and m				2,987 SF	X			
	1st Floor						Heating	Units		180 SF	X		E EV.	П
1st Floor - Heatin	1st Floor - Heating Units					SIIC OIT I	Touring	The state of the s		F/8 -7			1	1
	Name of Registered Waste Hauler					Cubic	Yards	Name	of Regi	stered Land	111	_		1
Name of Register	red waste hadi		Н	JDEP Wa	ID No.	of Wa	aste	G B	D.W.S.,	Inc				
Four Strong Build	ders, Inc.		1	2609		Dispo	sal Dat		State	1110.				
City. State						-				Δ				
Clifton, NJ					11111	1	Signatu		town, PA	Visit in the second sec		ate		_
Completed By (P)	rint or Type)	Title					1					5/11/	12	
Bilyana Kulakovs	ska	Office	Admi	nistrato	r						16	)/ 1 1/	12	

you of

MO# 1980784595	2	(	Purs	uant	to NJA	C 8:60 ai	nd 12	:120)	Cancellation	on	THE STATE OF	rijen.			
Date of Notification (1	)			Nam	e of Build	ing Owner/	Operat	or (2)							
06/10/2012						Street LL		ME	GEIVE		6	١.			
Agency Notified	Type Notification				t Address		<u> </u>		(e) (h () (f) (t)			-			
X EPA	☐ Initial	al				Street				11					
□ DEP	☐ Amended			City, State, Zip Code					JUN 1 5 2012		11	-	-		
M DOL				Rahv	vay, NJ	07065	- 1		0011 1 3 2012	-					
⊠ DOH	justification)	ing			e of Conta		ý		Telephone Number	r	1 to 1000-1	-			
□ DCA	☑ Cancellation			Steve	Steven Nuran			ASB CO GONEDOL							
	FORMATI	NC	W. C.	CIOCROPIG -			-								
Name of Facility Whe	re Abatement is Taking PI	ace (3)	)					Type of Faci	ity (4)	41-0-		-	+		
Apt. bldg.			School (K-	1 2)											
Street Address								☐ Subchapter 8 (Other than K-1 2)							
1582 Irving Street								☑ Other (i.e. private & commercial buildings, homes, etc.)							
City (5)						~		Square Feet		Bldg. /	Age				
Rahway, NJ 07065										51					
County (6)				Coun	ty Code (	7) (STATE	USE	Current Use	(Prior if being demolishe	d)			-		
Union				ONLY		CONCRETE CONTRACTOR									
	irm Hirod by Building O	00/01	ASCI	M No.		Name o	f Abate	ement Contractor	(9)		-				
Name of Monitoring Firm Hired by Building Owner(8)						Gr Tech LLC									
Street Address						Street Address									
						576 Valley Rd #283									
City, State, Zip Code						City, State. Zip Code									
						Wayne,									
Project Manager for Monitoring Firm Telephone No.						Telephone No. License No.									
		- 1				973-638	3-177	7	01127						
Start Date (10) Scheduled Completion Date (11)							Name of OSHA Monitor								
06/03/2012 06/10/2012							Envirovision Consultants, Inc								
Occupancy Status Dui	ring Abatement (Check on	ly one)				Street A									
☐ Facility Closed/Vac	ated During Entire Period	of Aba	temen	it		20-21 V	Vagara	aw Road, Bld	g # 34A						
△ Abatement Perform  ○ Other - Describe:	ed Outside of Normal Faci	lity Ho	urs			City, Sta				5					
Scope of Work (Check	all that apply					Fair Lav	vn, N.	J 07410					2		
	all that apply)						Full	Containment wi	th Negative Pressure						
→ 3 sf or > 3 If     → 160 sf or > 260 If					novation molition		Mini	i-Enclosure							
					nontion	$\times$	Non	vebag Procedure -Exempted (*) a	: nd Non-Friable Procedur	re					
		Is	Locat	tion			1		1		Abat	eme	ent		
Location of				ily						-	Type				
Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility			Custodial (i.				cription ining M	of aterial (ACM)	Amount	1		Ш	i		
							ystems	insulation.	(Specify	7	R	Encapsulate	Enc		
(13)			Staff?				ng, VA` scellan		SF or LF)	Kemova	Repair	psu	Enclosure		
			(12)	T		other miscellaneous)				Va	5	late	ē		
		Yes No N/A								j.					
Outside siding	10 000			X	Transite Siding				900 SF	Х			1-		
											1				
						2 1 1 1 E							-		
		4 114	7.7				100			1	T		-		
Name of Registered Wa	aste Hauler			Waste F	lauler	Cubic Ya	rds of	Name of Reg	stered Landfill	-		***	-		
Gr Tach III C		ID				Waste									
Gr Tech LLC         0033785           City, State         0033785						Disposal	Date	T.R.R.F. Inc							
Wayne, NJ 07470						nishozaj	Date	City, State		Q/21	000000				
Completed by Title						Signature	1	Tullytown, I	The second secon						
J.Jevtic	Owner					oignature	Al.	he ile	Date						
ASB-41		use thi	s form	for as	bestos lic	ensure exe	mpted	activities.	06/10	J/201	12				



Date of Notification (1)	6-11-12					wner/Ope ar Servic	rator (2)	WE I	) W	5	The state of the s				
Agencies Notified	Agencies Notified  Type Notification  Initial  DEP  Amended				dress ark Ave	nue		JUN 15	201	2 IU	A CANADA				
DEP					e, Zip Coo lew Yorl			anterios to							
⊠ DOH □ DCA	Emergency (in justification) Cancellation		Name of _ucio	Contact			LICENS	Tele	phone Nun	nber					
	RMATION	I		4,75,452	CARDONA										
Name of Facility Where auto repair shop Street Address	Abatement is Taking	Place (3)						of Facility (4 School (K-12 Subchapter ( Other (i.e. pr	?) 3 (Othe	er than K-12	?)	dinas	hom	es.	
6215 Park Avenue						<u> </u>	E-31 6	etc.)							
City (5) West New York		1000		1	Floors	5	3ldg. <i>i</i> 60	\ge							
County (6) Hudson		County C STATE U	ode (7) SE ONLY)		Curre	nt Use (Prio	r if beir	ng demolish	ned)						
Name of Monitoring Fire		ASCM	No.			me of Abatement Contractor (9) 3S Environmental Services, LLC									
Street Address							Street Addres	et Address Gate Drive, PO Box 483							
City, State, Zip Code	- C	City, State, Zip Code Glenwood, NJ 07418													
Project Manager for Monitoring Firm				Telephone No.			Telephone No. License No. 973-764-2276 703								
Start Date (10)	617	Scheduled	Com	pletion [	Date (11)		lame of OSI			-				.00.00	
Occupancy Status During Abatement (Check Only One)							Street Address								
☐ Facility Closed/Va	cated During Entire P med Outside of Norm	eriod of Ab	atem	ent		-	City, State, Z	ip Code							
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		novat moliti				Mir × Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				ге		
						T				Abatement					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Is Loc Norr Used S Mainte Custodi (1)				y ly by nce/	Asbes (i.e.	tos Contair thermal sy surfacin	ription of ning Materia /stems insula ng, VAT, or scellaneous)	I (ACM) ation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enciosure	
		Yes	No	N/A									-		
gara	garage					window	caulking	ulking		60 LF		-	-		
	The second										-	-	-	+	
	<u> </u>												-	+	
4			1	IDED I	lanta	Cubic Ya	arde	Name of	Reniete	ered Landfil		١	1	1_	
Name of Registered Waste Hauler Freehold Cartage				NJDEP Waste Cubi Hauler ID No. of W 15939				Name of Registered Landfill GROWS N Landfill							
City, State		Disposal Da				City, State Morrisville PA									
Completed by		Signa			nature			D	Date						
Completed by Title Andrew Scott Higgins Preside							0				6-11-12				

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.