147		NOT	FICATIO	State of New N OF ASB It to NJAC	ESTOS A	BATEMEN	ΙΤ	3 - On 1	E G	E			F 4		
Date of Notification (1) 06/17/2017				of Building							ALCOHOL ST.		The second		
Agencies Notified Type Notificatio	n	A		Address	incen w	CDONAIU	1	4 i i i	JUN	19	201	7			
			Ou eet 7	Address			4						Francis		
EPA Initial Amended			City, St	tate, Zip Co	nde		1	- 1	SLEST	10.00	11. 277	1750	0		
X DOL Amendmen	nt #	_		terfield.		5	1	-		iensi		IUL (	Čk.		
Emergency justification		g	20000000	of Contact	10 000 1		Telephone Number								
DOH justification			Edwa					16	iennone N	umber					
Essent Essent				ILITY INFO	DRMATIO	N						-			
Name of Facility Where Abatement is Tak	ng Place	(3)	.,,,	and the c	JKIII/ATTO		e of Facility (	4)				_			
residence							School (K-1	2)							
Street Address						Subchapter 8 (Other than K-12)									
						×	Other (i.e. p				ldings	, hom	es,		
City (5)					/	Sai	etc.) iare Feet	1 # 6	f Floors		3ldg.	۸۵۵			
Beach Haven West						75		1	1110013	- 1	50+	nge			
County (6)	-		County	Code (7)		0.050	rent Use (Prid	or if he	ina demoli		-				
Ocean			(STATE	USE ONLY)	- 115	The state of the s	sidence	oi ii be	ing demon	siledy			22		
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.	11		patement Con	tractor	(9)						
n/a	11						Abatemer								
Street Address			- 2/2 - 7 - 2 - 2			Street Addr					- Tr				
						128 Bart	lett Ave								
City, State, Zip Code	H 20	7	11			City, State,	Zip Code	C 25 11	2						
							ek, NJ 08	092							
Project Manager for Monitoring Firm	Telepho	ne No.		Telephone I	C		License	No							
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Start Date (10)	mpletion	Date (11)			SHA Monitor		0.0.0			2000					
6/27/2017	7/1/20			,		n/a									
Occupancy Status During Abatement (Che	ck Only O	ne)			S	Street Addre	ess								
X Facility Closed/Vacated During Entire	Period of	Abata	mont												
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	mal Facilit	y Hour	'S		C	City, State,	Zip Code								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf	П.		**				Full Containment with Negative Processes								
× ≥160 sf or ≥260 lf		Renov: Demoli					Full Containment with Negative Pressure Mini-Enclosure								
	E					G	lovebag Proc	Procedure							
						× N	Non-Exempted (*) and Non-Friable Procedure								
		Locat								Abatement					
Location of		Norma ed Sole		000000000000000000000000000000000000000		iption of					1)	ре			
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	aintena	ince/	Asbesto	os Contain	ing Materia stems insul	al (ACM)	8505	mount	_		四	m		
In Facility	Cus	todial	T-15 T-15 T-15 T-15	(1.6. 1	surfacing	g, VAT, or	iation,		pecify or LF)	em	Re	ıcap	nclo		
(13)	12	(12)				cellaneous	)		/	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A							=		ate	e l		
Exterior		х			Sic	ding		75	50 SF	х					
										+					
Name of Registered Waste Hauler	Name of Registered Waste Hauler NJDE					rds	Name of R	Registe	red Landfil	l					
Timster Trucking Inc		100	lauler ID i 1079		of Waste TBD		Waste N	/lanad	gement						
City, State		4	.013		Disposal I	Date	City, State	322							
West Creek, NJ					TBD	Date	Tullytow								
Completed by	Title					ature	. anytow	rr, 1 <i>F</i>		ato /		1			
Amanda Mears	10000000	er- Sa	afeway		Jigit	7 M	1			ate /	7/	1-	7		
	Owner- Safeway						1 15	$V \setminus [b/17/1]$							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 06/16/2017 Pat & Joan Shannon 19 Agencies Notified Type Notification Street Address **EPA** Initial ASRESTOS CONTROL City, State, Zip Code DEP Amended LICENSING × DOL Amendment # Howell, NJ 07731 Emergency (including Name of Contact DOH Telephone Number iustification) DCA Cancellation Joe **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Beach Haven 1575 50 +County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Ocean residence Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. n/a SafeWay Abatement LLC Street Address Street Address 128 Bartlett Ave City, State, Zip Code City, State, Zip Code West Creek, NJ 08092 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-618-5955 01319 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/26/2017 7/1/2017 n/a Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulat TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Х Siding 1500 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Timster Trucking Inc Waste Management 21079 TBD City, State Disposal Date City, State West Creek, NJ TBD Tullytown, PA Completed by Title Signature Date Amanda Mears Owner-Safeway

Prox 30f3		NOT		ATION	OF ASE	ew Jersey BESTOS ABA <sup>-</sup> C 8:60 and 5:1		DEC	GS GS		$\mathbb{V}$	E		
Date of Notification (1) 6 / 7	/17	•				Owner/Operator (		111 111	N 1	9 7	2017			
⊠ EPA   ⊠ Initial     ⊠ DOLWD   □ Amer     ⊠ DOH   Amer	nded ndment #			701 City, 3	t Address  1 Warren  State, Zip C				ASBESTOS CONTROL & LICENSING					
(NJAC 5:23-8) justif	gency (ir ication) ellation	cludin	9		of Contact			Telephone Num	ber		elic-sin <del>us</del>			
				FA	CILITY IN	FORMATION				17				
Name of Facility Where Abatement Hackettstown High School Street Address 701 Warren Street	is Takin	g Place	(3)				Type of Facility  School (K-1: Subchapter Other (i.e., p	2) 8 (Other than K-12 rivate and comme	) rcial b	uildin	gs,	1		
City (5) Hackettstown, NJ 07840							Square Feet	# of Floors	В	ldg. A 50+	ge			
County (6) Warren				Cour	nty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)					
Name of Monitoring Firm Hired by I	1170		(8)	ASCM		Name of Abateme					15447-1			
Langan Engineering & Envi	ronmer	ital		0009	99	Controlled E	nvironmental	Systems						
Street Address 300 Kimball Dr - 4 <sup>th</sup> Floor						Street Address 1121 N. Beth	lehem Pike - S	uite 60						
City, State, Zip Code Parsippany, NJ 07054						City, State, Zip Co Spring House								
Project Manager for Monitoring Fire	n		Tele	ephone	No.	Telephone No.		License No.						
					-4900	215 542 7000		00847						
Start Date (10)6 /19 /17							lonitor			100				
Occupancy Status During Abateme	nt (Checl	conly o	one)			Street Address		****			/ 1959 Lucio			
☐ Facility Closed/Vacated During I☐ Abatement Performed Outside of	f Normal	Facilit	/ Hou	rs - Des	cribe	1121 N. Beth	lehem Pike - S	uite 60	****					
Time of Abatement: 7:00AM-5:		PN	1	AM		Spring House	e, PA 19477							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re	novat molitic			☐ Mini-Enc ☐ Glovebag	g Procedure	gative Pressure n-Friable Procedu	e ·					
			Local						Abatement Type					
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)	(CM)	Use Ma	intena	ely by ince/ Staff?		Description o tos Containing Ma , thermal systems surfacing, VAT, other miscellane	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
Boys Locker Room					Bedding	/Waterproofing	under tile	300 SF						
			$\boxtimes$									П		
									Ī					
		П	П			//								
Name of Registered Waste Hauler Champion Waste Removal			1 5%	IJDEP \ lauler I		Cubic Yards of Waste	Name of Regis			<u> </u>				
City, State		Names of Lan				Disposal Date	City, State	.,						
Hainesport, NJ						7/31/17	Morgantov	vn, PA						
Completed By (Print or Type) Patricia Visco	Title	ffice I	Mana	ger		Signature	1.	Da	te /	/.	Į+			
ASB-41 JAN 13-					for asbesto	Paters s licensure exemp		0   4	7/7	12	016	>		

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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Part Zof-	(Pursuant to NJAC 8:60 and 5:16)  Notification (1)  Name of Building Owner/Operator (2)															
Date of Notification (1)					Name	of Building	wO r	ner/Operator (2	2)	112	TO !					
6 / _	7/	17				3C 480 CV (COLOR DO COLOR DA		oard of Edu	- A							
Agencies Notified	Type Notifica	ation			Street	Address										
⊠ EPA					701	Warren	Stre	et								
⊠ DOLWD	☐ Amended				City, S	state, Zip C	ode						-			
⊠ DOH	Amendm		_			kettstow		J 07840								
DCA (NJAC 5:23-8)	☐ Emergen justificati		ding		S. C. Carlotte	of Contact				Telephone Number						
(NJAC 3.23-6)	☐ Cancellat				Hamo	or contact				1 elephone 140	illibei					
					FAG	CILITY IN	FOF	RMATION					-			
Name of Facility Where A	batement is 7	Taking Pl	ace	(3)					Type of Facility	(4)						
Hackettstown High	School						School (K-12)									
Street Address							☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,									
701 Warren Street									homes, etc.)		nercial b	ullulliq	<b>J</b> 5,			
City (5)									Square Feet	# of Floors	В	ldg. A	ge			
Hackettstown, NJ 0	7840									1		50÷				
County (6)					Cour	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	olished)					
Warren	11: 11 5.11		- /-	. 1	10011		Lee		School							
Name of Monitoring Firm Langan Engineering	1,00		- 35	5)	ASCM 0009				ent Contractor (9)							
	g & Environ	imental	-		0008	19			nvironmental :	Systems						
Street Address 300 Kimball Dr - 4 <sup>th</sup>	Eleca							eet Address	lehem Pike - S							
City, State, Zip Code		, State, Zip Co		uite ou		-										
Parsippany, NJ 070		pring House														
Project Manager for Moni		ephone No.	-,	License No.												
Project Manager for Monitoring Firm Telephone No.  Vijay Patel 973-560-4900								15 542 7000		00847						
Start Date (10)		Schedule	d Co	mple	tion Dat	te (11)	Nar	ne of OSHA M	lonitor							
6 / 19 /						17	С	ES								
Occupancy Status During	Abatement (	Check or	ly or	ne)	-4000	neemberra	Stre	eet Address			11 == 10					
☐ Facility Closed/Vacate							1	121 N. Bethl	ehem Pike - S	uite 60						
☐ Abatement Performed						cribe	City	, State, Zip Co	ode							
Time of Abatement: 7	:00AM- <u>5:00</u> F	/IM/	PM-	-	_AM		S	pring House	e, PA 19477							
Scope of Work (Check all	that apply)							□ Full Cont	ainment with No.	rativa Dragovisa						
☐ >3 sf or >3 lf			Ren	ovati	on											
≥160 sf or ≥260 lf			Den	nolitio	n			Glovebag								
								Non-Exer     Non-Exer	mpted (*) and No	ted (*) and Non-Friable Procedure						
, , , , ,	,			Locat ormal							A	patem	ent T	уре		
Location Asbestos-Containing N		1)		Sole		Ashe	stns (	Description of Containing Ma		Amount	Re	Repair	E	E E		
TO BE ABA	TED		2	ntena			., the	rmal systems i	insulation,	(Specify	Removal	pair	ap	Enclosure		
IN Facilit	У	,	Justo	(12)	Staff?			urfacing, VAT,		SF or LF)	<u>a</u>		Encapsulate	ure		
(13)		Y	es	No	N/A		Oti	ner miscellane	ous)				te			
TV Studio B14			]	$\boxtimes$		Door In	sula	tion		80 SF						
TV Studio B14			1	$\boxtimes$		Windov	v Gla	azing-Putty		100 LF		-				
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			1										I			
Name of Registered Wast	te Hauler				JDEP V		Cub	oic Yards of	Name of Regis	stered Landfill		1-				
Champion Waste Re				10.00	auler II		Was		Grows-Tul							
City, State							Dist	posal Date	City, State							
Hainesport, NJ								/31/17	Morgantov	vn, PA						
Completed By (Print or Ty	rpe)	Title						Signature	1		Date ,					
Patricia Visco	e 15		e N	lana	ger			DI	a Visa		63/7	/21	17			
Patricia Visco Office Manager							runce	a vive	2)	1	100	11				

ASB-41
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<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 7 / 17 Hackettstown Board of Educaton JUN 19 2017 Agencies Notified Street Address Type Notification **⊠** EPA 701 Warren Street ASSESTOS CONTROL & **⊠** DOLWD ☐ Amended City, State, Zip Code LICENSING Amendment # **⊠** DOH Hackettstown, NJ 07840 ☑ DCA Emergency (including Name of Contact Telenhone Number (NJAC 5:23-8) justification) ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hackettstown High School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 701 Warren Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hackettstown, NJ 07840 1 50÷ County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Warren School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 00099 Langan Engineering & Environmental Controlled Environmental Systems Street Address Street Address 300 Kimball Dr - 4th Floor 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Parsippany, NJ 07054 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Vijay Patel 973-560-4900 215 542 7000 00847 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 6 / 19 / 17 7 / 31 / 17 CES Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1121 N. Bethlehem Pike - Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/\_\_ PM-Spring House, PA 19477 BUBB OCCUPED Scope of Work (Check all that apply) ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Removal Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No Yes N/A Media Center-IT office-Maker Space X Multi Layer Tile & Mastic 5910 SF X X Door Insulation X Media Center-IT office-Maker Space 240 SF Media Center-IT office-Maker Space X Window glazing putty 160 LF X Media Center X Vapor barrier under Concrete Slab 450 SF X X X Media CNTR above Suspend Ceiling Transite Ceiling Decking 5 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Champion Waste Removal Grows-Tullytown City, State City, State Disposal Date Hainesport, NJ 7/31/17 Morgantown, PA Completed By (Print or Type) Signature Patricia Visco Office Manager allicer

State of New Jersey

ASB-41

YAGE 1

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

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

JUN 1 9 2017	m E	E G E	14		h
JUN 1 9 2017	СН	ECK#_	770	T	
		JUN 1	9 21	017	1

Date of Notification (1) 6-12-17		Name of Building Owner / Operator (2) Thomas E Smith												
Agencies Notified Type Notification			Addre					200	N. ITT	101	0	1		
⊠ EPA							ASBEST	TOS CO TOENS	JIVIT	iUL	CL	_		
☐ DEP ☐ Initial	Ci	ty, S	tate &	Zip Co	de	L		NACOL	111					
□ DOL				NJ 078	823			T= .						
	Na	ame	of Co	ntact				Tele	phon	e Nu	ımbe	r		
☐ DCA ☐ Cancellation														
		FAC	CILITY	Y INFO	RMATION							_		
Name of Facility Where Abatement is Taking P	ace (3)				Type of Facilit									
Thomas E Smith					School (K	- TO TO THE PARTY OF THE PARTY	on K 12\							
Street Address					Other (i.e	er 8 (Other th		ildinas	home	s et	c)			
					Square Feet	# of Flo			. Age		.0.)	_		
07. (5)	10000	-4	ada (	7)	1000	# 01 1 10	1015	Diag	. rigo					
City (5) County (6)	Cour	nty C	ode (	")	Current Use (I	Orior if boing	lamalished)		-			_		
Belvidere Warren					1 2									
	(0)		1400	2421		ouses-TO b		iieu						
Name of Monitoring Firm Hired by Building Owr	ier (8)		ASC	M No.	Name of Abat Enterprise N			Contrac	tina	11	C			
Ot and Address			1	-	Street Addres		olutions c	Jonata	ing	,	_			
Street Address					874 Piney H		PO Box 7	0						
City, State & Zip Code					City, State & Z		, , , , ,							
City, State & Zip Gode					Winslow, No		8095							
Project Manager for Monitoring Firm	Teleph	one	Numb	er	Telephone Nu			se Num	ber					
, reject manager is member g	,				609-567-060	0		(	126	3				
Scheduled Start Date (10) Scheduled Cor	npletion	Dat	e (11)		Name of OSH	A Monitor								
6-22-17	7-14-			3	EMSL Analy	rtical								
Occupancy Status During Abatement (Check of	nly one)			93	Street Addres									
Facility Closed/Vacated During Entire F				200 Route 1										
Abatement Performed Outside of Norm	al Hour	's – '	7am to	3pm	City, State & Z									
Describe:					Cinnaminso	n, NJ 08077	li de la companya de							
Facility Occupied During Abatement							ntainment w	ith Noa	ativo	Droc	cura			
Scope of Work (Check all that apply)		D		-			ntairiment w iclosure	nui neg	alive	163	Suic			
≥3 sf or ≥3 lf			ovatio				Bag Procedu	iras						
≥160 sf ≥260 lf	$\boxtimes$	Den	nolition	1			empted and		riahle	Proc	redu	re		
l continue of	le L	ocati	on		Description	<u></u>	Amou		Abatement Typ					
Location of Asbestos-Containing	Norma				Asbestos-Cont		(Spec		1 100			7 20		
Material (ACM)		lely b			Material (AC		SF or I		<sub>D</sub>		E	П		
TO BE ABATED	Mainte				(i.e., thermal sy			**	Remova	Repair	Encapsulate	icis		
in Facility	( )	(12)	itan:		nsulation, surfac				ova	ar.	sula	0110		
(13)	Yes	No	N/A	1	or other miscella	arieous)					te	(0		
Grey Barn	$\Box$	П	$\boxtimes$	Ceilir	na		400 Sq. F	t.	$\boxtimes$					
Grey Barn	H	Ħ	×		lashing		200 Sq. F		Х					
Tin Barn	H	П	X		Coating		1200 Sq.		Х					
Grey Barn	H	Ħ	X	Sidir			5000 s		$\boxtimes$					
Name of Registered Waste Hauler		NJ			Cubic Yards	Name of Reg	sistered Lan	dfill						
		На	uler II	72/25/10/20/2000 P. V	of Waste		7.5							
Bull Waste & Recycling, LLC		21	435		5	Salem Cou	nty Landfi	III						
City, State					Disposal Date	City, State								
Berlin, NJ		7/14/17	Alloway To	wnship, N	IJ									
Completed By (Print or Type)		Tit	le		Signature	11		11.55	Date					
Theodore S. Budzynski		Vi	ce Pr			//			3-12-	17				
-														
		-					100 200 100 100 100 100 100 100 100 100							

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

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				#	

MU 23082300	3410	(· ~						- 1		001	A 1	J	201				
Date of Notification (1) 06/13/17		14.0		Building O th Kunz	-	ASJESTOS CONTROL &											
Agencies Notified Type Notifi	ication	5	Street Ad	dress				-	717		CEN			<del></del>			
➤ EPA				e, Zip Cod		)1											
X DOH justifi	gency (including cation) ellation		Name of						Tele	phone N	lumbe	er					
			FACIL	ITY INFO	RMATI	ON	T	e of Facility (4	1								
Name of Facility Where Abatement is Meredith Kunz	s Taking Place (3)						l yp	School (K-12 Subchapter	2)	er than K	-12)						
Street Address							×	Other (i.e. pretc.)	rivate 8	comme	rcial b	uildi	ngs, l	nomes	s,		
City (5) Hackensack NJ												lg. Ag	e				
County (6) Bergen County			County C	Code (7)		Current Use (Prior if being demolished)						)			$\neg$		
Name of Monitoring Firm Hired by B	ASCM No. Name of Abatement C The Asbestos Rei								LLC								
Street Address							Be	rgenline Av	re								
City, State, Zip Code								Zip Code ergen, NJ 0	7047								
Project Manager for Monitoring Firm		Telephon	ne No.		Telepi 201-		No. -6310		License 01325								
Start Date (10) 06/13/17	1							SHA Monitor IM CONSU	ILTIN	G LLC							
Occupancy Status During Abatement (Check Only One)							Add		L CI II	TE 107							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of A of Normal Facility	batem Hours	nent		_	1600 ROUTE EAST SUITE 107  City, State, Zip Code  UNION NJ 07083											
Scope of Work (Check All That Appl	y)													7.25			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	× R	enova emolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	le.	Locati	V.80						ampled ( ) and reon-ria				Abatement				
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	lormal d Sole intenar odial S (12)	lly ily by nce/		os Con therma surfa		Matens ins AT, o		Amount (Specify SF or LF)			Removal	Repair	e Encapsulate	Enclosure			
	Yes	No	N/A							500E	_				-		
1er floor						VAT				50SF	-						
Basement						TSI			20	00Ln ft	_	_	_				
											-	-			-		
Name of Registered Waste Hauler NJDEP					Cubic	Yards		Name of	Regist	ered Lan	dfill						
Name of Registered Waste Hauler NEWARK CARTING		H	Hauler ID 4509		of Wa	aste	*	WASTI	E MAI			TG	ROV	VS N	4.		
City, State					Dispo	osal Dat	e	City, Sta		LE PA							
Completed by Bryan Parra							Signature Date 06/13/17										