Print Form

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

Agencies Notified Paragencies Notified Type Notification Sireet Address Sisted Notified Paragenetry (including DDL Description	Date of Notification (1) 03/23/2012					Building (RD BUF		perator	(2)			当				
EPA DEP DEP DOL		Type Notification		1			A\/C			4		1			i	
Name of Facility Where Abstement is Taking Piace (3) School (K-12) Subchapter (6) (1.6. private 8 commercial buildings, homes, etc. (1.6. pr	EPA DEP	A 200 CO		C	City, State	e, Zip Co	de			1.		3.				
Partie of Concellation Parties of County Code (?) Street Address S	1	Amendment			9. 15.130.110.00.00	and the second	J. 070	649			1 7-1	nhone Me-	abor		<u>.</u>	
Name of Facility Where Abatement is Teking Flace (3) PRIVATE Street Address 615 COOPER AVE. City (5) ORADELL N.J. 07649 County (6) Street Address County (6) Street Address County (6) Street Address County (6) Street Address City (5) Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address Street Address Street Address Street Address Start Date (10) O4/03/2012 Couphy Code (7) Sta	DOH DCA	justification)		1			IRNS									
PRIVATE Street Address City (5) ORADELL N.J. 07649 County (7) Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State City,					FACIL	ITY INFO	RMATIC	ON	T	of Coeiliby /						
Street Address 615 COOPER AVE. 616 COOPER AVE. 617 COUNTY (6) COUNTY (7) COUNTY (7) COUNTY (8) COUNTY (7) COUNTY (8) COUNTY (8) COUNTY (7) COUNTY (8) COUNTY		Abatement is Takin	g Place (3)			35					9.50					
Start Date (10) Scheduled Completion Date (11) Start Date (17) Start Date (19) Od/03/2012 Od/03/2										Subchapter	8 (Othe			inge	home	96
ORADELL N.J. 07649 County (6) County (7) County Code (7) County Use (Prior if being demolished) County (7) County Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Shame of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC. Street Address 22 VAN ORDEN PL. City, State, Zip Code City, State City, State, Zip Code City, State City, State, Zip Code City, State City, State Cocupancy Status Louring Abatement Contractor City City, State City, State City, State, Zip Code City, State City, State Cocupancy Status Louring Abatement Contractor City City, State City, State City, State City, State City, State City, State Cocupancy Status Louring Abatement Contractor City City, State		•								etc.)				1055		
Name of Monitoring Firm Hired by Building Owner (8) N/A Sireet Address Sireet Address 22 VAN ORDEN PL. City, State, Zip Code City, State		649														S
SHARON QUALITY CONSTRUCTION LLC. Street Address Street Address Street Address 22 VAN ORDEN PL. City, State, Zip Code City, State, Zip Code HACKENSACK N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. 201-708- 4270 O1135 Start Date (10) All City State, Zip Code HACKENSACK N.J. 07601 License No. 01135 Start Date (10) All City, State, Zip Code HACKENSACK N.J. 07601 License No. 01135 Start Date (10) O1135 Start Date (10) All City, State, Zip Code HACKENSACK N.J. 07601 License No. 01135 Start Date (10) O1135 Start Date (10) All City, State, Zip Code HACKENSACK N.J. 07601 License No. 01135 Start Date (10) O1135 Start Date (10) All Contain Monitor Asharity Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other Describe: Street Address 22 ROUTE WEST City, State, Zip Code UNION N.J. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other Describe: Street Address 22 ROUTE WEST City, State, Zip Code UNION N.J. Full Containment with Negative Pressure Giovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempte									Curre	ent Use (Pri	or if bei	ng demolish	ed)			
Street Address 22 VAN ORDEN PL. City, State, Zip Code HACKENSACK N.J. 07601 Project Manager for Monitoring Firm Telephone No. 201-708- 4270 O1135 Start Date (10) 04/02/2012 Start Date (10) 04/02/2012 Start Date (10) 04/02/2012 Start Date (10) 04/03/2012 Name of OSHA Monitor J&S ENVIROMENTAL SERVICES Street Address 22 VAU ORDEN Telephone No. 201-708- 4270 O1135 Name of OSHA Monitor J&S ENVIROMENTAL SERVICES Street Address 22 ROUTE WEST City, State, Zip Code UNION N.J. Scope of Work (Check All That Apply) Stope of Work (Check All That Apply) Ababetos (Check All That Apply) Stope of Work (Check All That Apply) Ababetos Containing Material (ACM) TO BE ABATION Asbestos Containing Material (ACM) TO BE ABATION Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A PIPE INSULATION 83 SF. X I I I State Name of Registered Landfill TRI STATE TRANSFER SERVICES City, State City, State City, State City, State	Name of Monitoring Firm	Hired by Building	Owner (8)	Т.	ASCM	No.										
City, State, Zip Code						180)					CON	STRUC	ION	LLC	•	
HACKENSACK N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. 2017-08- 4270 O1135 Start Date (10) 04/02/2012 O4/03/2012 O4/03/2012 O5Cupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Telephone No. Telephone No. Telephone No. Telephone No. O1708- 4270 O1135 Name of OSHA Monitor J&S ENVIROMENTAL SERVICES Street Address 22 ROUTE WEST City, State, Zip Code UNION N.J. To Be ABATED In Facility Containing Material (ACM) TO BE ABATED In Facility (13) BASEMANT To BE ABATED In Facility (12) Yes No N/A BASEMANT Name of Registered Waste Hauler Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC City, State Disposal Date HACKENSACK N.J. 07601 Telephone No. 2017-08- 4270 O1135 Name of SHA Monitor J&S ENVIROMENTAL SERVICES Street Address 22 ROUTE WEST City, State, Zip Code UNION N.J. Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abateme	Street Address										PL.					
Project Manager for Monitoring Firm	City, State, Zip Code							City, S	tate, Z	ip Code SACK N	.J. 07	601				
Start Date (10) 04/02/2012 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) In Facility (13) BASEMANT Scope of Work (Check All That Apply) Scope of Work (Check All	Project Manager for Mon	itoring Firm		17	Telephon	ie No.		Teleph	none N	lo.		License N	0.			
Od/03/2012 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code UNION N.J. Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if												01135				
Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf					ipletion L	Date (11)					TAL S	ERVICE	S			
Scope of Work (Check All That Apply) Scope of Work (721					Г					
Other − Describe: UNION N.J.	Facility Closed/Vaca Abatement Perform	ated During Entire I led Outside of Norm	Period of Aba nal Facility H	atem ours	ent				V.							nate:
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Other – Describe:							UNIC	N NC	l.J.						
≥160 sf or ≥260 lf Demolition X Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-		II That Apply)	[F] D.					Г	7 E.	dl Containm	ant with	Negative F	ressu	ne.		
Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Amount (Specify SF or LF) Repair									Mi	ni-Enclosur	9	reguliec i	10000	•		
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A PIPE INSULATION Registered Landfill TRI STATE TRANSFER SERVICES Disposal Date City, State		aa, was										d Non-Friat	le Pro	10001 100		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC Location of Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A PIPE INSULATION Rabestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Rabestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NAME OF REGISTER LANGING Name of Registered Landfill TRI STATE TRANSFER SERVICES City, State																
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC City, State PIPE INSULATION 83 SF. X Cubic Yards of Waste Hauler ID No. 0033967 Disposal Date City, State City, State			Used	Solel	y by	Asbes	tos Cont	taining N	<i>l</i> ateria	I (ACM)	100		-	-	g	т
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC City, State PIPE INSULATION 83 SF. X Cubic Yards of Waste Hauler ID No. 0033967 Disposal Date City, State City, State			Custoo	dial S		(i.e.	surfa	cing, VA	T, or				Remo	Repa	caps	Enclos
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC City, State PIPE INSULATION 83 SF. X Number of Registered Waste Hauler NJDEP Waste Hauler ID No. O033967 Disposal Date City, State	(13)				N/A		other n	niscellai	neous;	1			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	=	Jate	sure
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC City, State NJDEP Waste Hauler ID No. 0033967 Disposal Date Cubic Yards of Waste TRI STATE TRANSFER SERVICES City, State	BASEM	ANT			INA		PIPE II	NSUL	ATIO	N	8	3 SF.	x			
SHARON QUALITY CONSTRUCTION LLC Hauler ID No. 0033967 Of Waste 1 TRI STATE TRANSFER SERVICES Disposal Date City, State																
SHARON QUALITY CONSTRUCTION LLC Hauler ID No. 0033967 Of Waste 1 TRI STATE TRANSFER SERVICES Disposal Date City, State																
SHARON QUALITY CONSTRUCTION LLC Hauler ID No. 0033967 Of Waste 1 TRI STATE TRANSFER SERVICES Disposal Date City, State							1 2			T 31-	Decision	and 1 450				
I City, State			ION LLC	Н	auler ID	No.	of Wa			1				RVI	CES	5
HACKENSACK N.J. 07601 04/04/2012 BRONX N.Y. 10474	City, State HACKENSACK N	J. 07601										10474				
Completed by CARLOS ESQUIVEL MANAGER Signature 03/23/2012	Completed by	0.000	GEI	R					2.0	10			2012			
ASP 41 (P. 06.08)						*		/	/	17	1					41-

ASB-41 (R-06-08)

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

							S-1 /0\	170	1 17 1	15 1	-\ -	
Date of Notification (1)	3/22/	2012			Name of Buildi Teaneck Sc	4.2	1 11 1 1	7. II				
Agencies Notified		Notification	Type		Street Address						711	-
	55		71.		One Merriso	on Street	M/	AR 2	8 201	2	2/	
		Initial										
[7.1]			d #		City, State, Zip		1					
X DOL			ncy (includ	ing	Teaneck, N	ew Jerse	y 07666	BASS.			i	
DOH		justificat			Name of Conta			Tel No	imber	57		1
X DCA		Cancella	ation		Mr. Anthony	/ D'Angel	0 .			- 7		<u> </u>
				FACILITY IN	FORMATION							
Name of Facility Where Ab	A STATE OF THE STA	aking Place (3)		Type of Facility	y (4)						
Hawthorne Elementa	ry School				School (K	(-12)						
Street Address						ar 9 (Othor	than K 12)					
201 Fycke Lane						ter 8 (Other						
City (5)	County (6)		County C	Code (7)			commercial b	uildings,	Ž.			
- Total Co. 17	Bergen		(State Us		homes, e	etc.)						
		Oumor (9)	ACCIANI		Name of Control	(0)						
Name of Monitoring Firm H		Owner (8)	ASCM N	0.	Name of Contra							
Environmental Desig	n inc.		95		MTM Metro		ion					
Street Address				V	Street Address	-						
5434 King Avenue, S	Suite 101			135-137 Mc	Bride Ave	9						
City, State, Zip Code				City State, Zipo	Code	***********						
Pennsauken, NJ 08109		Paterson, N	11.07501									
		Telephone Nur			Licens	e Numbe	er					
Project Manager for Monito					-							
Jay Murray		856-616-9			973-742-50			00809	<u> </u>			
Scheduled Start Date (10)		Scheduled C	Completion	Date (11)	Name of OSH							
4/6/2012		4/15/2012			MTM Metro	Corporat	tion					
Occupancy Status During A	Abatement (C	heck only one	e)	W-12-111	Street Address	3						
					135-137 Mg	Bride Av	е					
Facility Closed/Vacate	ed Durina En	tire Period of A	Abatement		City, State, Zip	Code						
					City, State, Zip	Oode						
Abatement Performed	d Outside of i	Normal Facility	Hours		Paterson, N	J 07501						
_ Citier Describe:	ccupied											
Source of Work (Check all							_	□ Mi	ni-Enclo	curo		
> 3 sf or > 3 lf	×	Renovation		X Full	Containment wit	n Negative	Pressure					
× > 160 sf or > 260 lf		Demolition		Non	-Exempted(*) &	Non-Friable	Procedure	Glo	vebag F	²rocedu	re	
Location of Asbestos-		ation Normally		Description of		Amount (Specify SF or	LF)	Abater	ment Ty	ре	
Containing Material (ACM) Facility (13)	In Solely Staff?	by Maint./Cus	todiai	thermal system surfacing, VAT				2.				
r acinty (13)	YES	NO NO	N/A	miscell.)	, or other				Rem.	Rep.	Encap	Enclose
Boiler Room X				Boiler/Breeching Ins	ulation	626 SF			×		X	
Boiler Room	X			Pipe Insulation		150 LF			X		X	
											-	+
Name of Reg. Waste Haule	er	NJDEP Was	te Hauler l	ID#	Cubic Yards of	f Waste		Name	of Reg.	L Landfill	1	
MTM Metro Corporation	<u> </u>	26552			30			Tullytov			3.4	
City, State					L		Disp. Date			City, Sta	te	
Paterson, NJ		W			0.0		4/16/2012			ullytown	Married Co.	
Completed by (Print or Typ		Signature		0.00	Date		-					
Elizabeth Maslarkov		Business Adm	ninistrator	= -	Elizabeth	Masla	rkov	3/22/20	12	003		

ASB-41

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

VIA U.S. H2486

Date of Notification (1)	CONTRACTOR SERVICE	1 110	CD H.M		161		and the same	10130000		
3196119		110		ng Owner/Operator	180					
Agencies Notified Type Notification	i		at Arldrace		O					-0,
DBP Amended		1		INKLIN	TL.		-	4534	سما	
DOL Amendment #	ockylina	AX	State, Zip	ARLING	JON. 1	U.D. 0703	31	· .		
DCA justification	inining		ne of Conta	ct		1 Telephone Number	er			7
		业	<u>CA</u>	RNEIRO		16				
Name of Facility Where Abatement is Takin	- Dies- M			FORMATION		•				
- Taking Micro Publishing S Taking	ig riace (s	1			Type of Facilit School (K-					
Street Address					☐ Subchapter	r 8 (Other than K-12) private & commercia) 1 5	et		
411 SECOND AVE					homes, etc	:.)				
LYNCHURSI	Cin				Square Feet	# of Floors	BI	dg. A	ge)	
County (6)		Co	unty Code	(7) (STATE	Current Use (P	vior if being demolish	ned)	-/	_	-
Name of Monitoring Firm Hired by Building	Owner	ASCI		Name of Abaten			- inst			=
(8)				NOVATE	ch INi					
Street Address		2)		Street Address	214	and the second				
City, State, Zip Code		,		City, State, Zip C	ode	^ 0.7	===			=
Project Manager for Monitoring Firm				1	DE 1	300 CC	57	~~		
- Toject warager for Monitoring Firm	1'	elephon	e No.	Telephone No.	2×750	License No.	20			
Start Date (10) Sched	duled Com		ate (11)	Name of OSHA					==	=
0ccupancy Status During Abatement (Che	1410	12		NOVATE	<u>d1 10</u>	<u> </u>				
Facility Closed/Vacated During Entire Pe	niod of Ab	atement		Street Address	< 814					
Abatement Performed Outside of Norma Other - Describe:	I Facility H	ours		City, State, Zip C	ode	10 = 126)			-
Scope of Work (Check all that apply)				GID RIG	DEE 11	<u> </u>	0.	<u> </u>		
_≥3 sf or ≥3 if						egative Pressure				
∑≥160 sf or ≥260 if	☐ Reno	ration Ston			ag Procedure					
	Is Loc	afion	1	Non-Ex	empted (*) and N	on-Friable Procedure		bater		
Location of	Norm Used So	ally		÷		× ,	"	Typ		
Asbestos-Containing Material (ACM)	Mainter	nance/	Asbes	Description of tos Containing Mat	erial (ACM)	Amount			m	
TO BE ABATED IN Facility	Custo Stat		(i.e.	, thermal systems i surfacing, VAT,		(Specify SF or LF)	Ren	20	ncal	End
(13)	(12	2)	1	other miscellaned			Removal	Repair	Encapsulate	Enclosure
	Yes N	lo N/A					-		te	9
EXIGROR				o mencen	É .	1,000 SF	X			
A HOR RICKEN HUR	_ 1	X		INOLEUI	-	120 SF	X			
		-	-						_	_
Name of Registered Waste Hauler		NUDEP	Waste	Cubic Yards	I Name of Rec	istered Landfill				
NOVATECH INC		Hauder I		of Waste		J.W.S.				
CID BRDEE N.D.	~ Q Q C			Disposal Date	City, State	201-0	1			
CON BRIDGE NO. Title	088	<u> </u>		Signature	T TOPE			·		_
CARTOS AMEIDA	MES	(DGI	51	- Cal	3 Dime	Date	36	7		
ASB-41										

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

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

		1.0000000000000000000000000000000000000						B 1			-	
Date of Notification 3/23/12	(1)		I I was a second		ing Owner	er/Operator	(2)	F 197	\ 	gar Ere-	1 13	=
	Type Notific	ation	Street	Addres	5					1)		-
[]EPA	[X]Initial		21	O'Br	cien (Ct.						
350 W	Notific	cation	City,	State,	Zip Code	9			611			
[]DEP	[]Amended					07002		4		2012		
[X]DOL	Notific	cation					Tolophon	e Number		53		
[X]DOH	[]EMERGENO	CY		f Conta	Garne	~	rerephon	e Mumber	77			
[]DCA	[]Cancella		-	ruce	Garne	31	-		07			
	[]Cancerra	LCTOIL	Ц	FACILI	TY INFO	RMATION						5.50%
Name of Facility Whe	re Abatement	is Tak	ing Plac	ce (3)			Type of Facil:	ity (4)				
Private							[]School	(K-12)				
							[]Subchap	ter 8 (Oth				
Street Address				160			[x]Other (:	i.e., priva uildings,				
21 O'Brien C	t.						Square Feet	# of Flo			Age	<u> </u>
City (5)		County	(6)		County	Code (7)	2200	3		80	_	-
Bayonne		_	dson			USE ONLY)	Current Use (eing de			d)
Dayonic			52				Residence					•
Name of Monitoring E	Firm hired by	Buildi	ng ASC	M No.	Naı	me of Abater	ment Contracto					
Owner (8)			67		Z	AZTECH M	ANAGEMENT	, Inc.				
N/A			0 /		C+-	reet Addres	•	•0 000000000000000000000000000000000000				
Street Address							topher St	. K				
2) 41		5.0000000000000000000000000000000000000			- 11							
City, State, Zip Cod	le					ty, State, : Montclai	r, NJ 070	42				
Project Manager for	Monitoring F		elephone	e Number		lephone Num (973) 744			Licens 003		mber	
Occupancy Status Dur [X] Facility Clo of Abatemen [] Abatement Pe Hours - Desc	ear M ring Abatemen sed/Vacated I t rformed Outs: ribe:«OffHou	/3/12 onth t (Chec During : ide of :	Day ck only Entire F Normal F ript»	Year one) Period Facility	N/	/A reet Address ty, State,						
[]other - Desc	ribe: «Other	Occupan	cy Descr	ript»								
Scope of Work (Check [X]>3 sf or []>160 sf	≥3 lf	ply)	[X]Reno			[]Mini- [X]Glove	Containment wi Enclosure bag Procedure riable Procedu		e Pres	sure		20
			Is Locatio	ND			6		Al	ate	ment	Type
Location Asbestos-Cor Material TO BE AB In Facil (13)	ntaining (ACM) <u>ATED</u> lity	Ye	Normall Used Solely By Mair tenance Custodi Staff (1	ly / i- e/ al	(i.	Descriptions bestos-Con- Material (e., thermal ation, surf- other misce	taining ACM) systems acing, VAT,	Amount (Specif SF or LF)	Y N		A S A S A S A S A S A S A S A S A S A S	N C C L O S S U
Basement				X	Pipe	Insulat	ion	240 11	EX	+	+	+-
		_	_			-		11 pr 0 10 4 11 1		+		+
		-						77.7. Tarrier	-	+	-	-
Name of Registered V		NC.	NJDEP W Hauler 17040	ID No.	of Wa		Name of Regi		dfill	-		
City, State Montclair, NJ	07042					sal Date	City, State Morrisvi	lle, PA	190	67		
Completed By (Print Constantine V		itle resid	dent			Signature	July -		Dat 3/2	e 3/12	2	

Mar 23 2012 09:30am P001/001

	APPROVED I
	NJ Dent of Health & Senior Services
	(signature)
r	Date: 3 59 2 me: 4:26

Check # 1340		87 1 2 3 3 3 3 3	DAC 8:60 and 12.		Emergence	y reori	100	101	_
Date of Notification (1)	988 C 0 (14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of E	Building Owner/Operato	r (2)	9 1				
03/23/2012		Araxy Ha							
Agency Notified	Type Noutheatlon	Street Ad-	iress			12			
C) EPA	S tolde:		ago Avenue				-		
U DEP	☐ Amended	1 20 -	a. Zip Code						
W DOL	Amendment#	Rutherfo	rd, NJ 07070						
⊠ coH	Strangency (Including justification)	Name of	Contact		Telephone Number	27			
D DCA	☐ Cancellation	Araxy H	alvailan				100	- 00	
			Y INFORMATION				1031	183	37-37
Name of Facility When	a Abatement is Taking Plac			Type of Facilit	y (4) September 1				
	e weath man to identify the	- 1-7		☐ School (K-1					
Private home					8 (Other than K-1 2)				
Street Address				SO Other (i.e.	rivare & commercial t	ulldings			
224 Santiago Avent	ı€			homes, etc		_			
City (5)				Square Feet	# of Floors	Bidg. Ag	e		
Rutherford, NJ 070	70	#2		-					
County (9)	· · ·	1 County C	ode (7) (STATE USE	Current Use (Prior is being demolish	edi			50
. d 100		ONLY)							
Bergen		ASCM No.	Name of Abate	ment Contractor	(9)		.,		
Name of Monitoring Fir	m Hired by Bullding Owner	(8)			(
			Gr Tech LLC				_	-	_
Street Address									
A			576 Valley Re	114				_	
City State. Zip Code			City, State, Zip						
			Wayne, NJ 07	7470					
Project Manager for Me	onltoring Firm	Telephone No.	Talephone No.		License No.				
			973-638-1777		01127				
Start Date (10)	Scheduled Col	naielon Date (11)	Name of OSHA	Monitor					
03/24/2012	03/25/2012		Envirovision	Consultants, In	ıc				
Occupancy Status Dur	ing Abatement (Check only	опе)	Street Address			*.1 (00.000			
M. Feellib: Classed (Asse	ated During Entire Period of	Abatamant	20-21 Wagara	w Road, Bldg	# 34A				
	ad Outside of Normal Facilit		City, State, Zlp						-
☐ Other - Describo:			Fair Lawn, N.	07410					
Scope of Work (Check	ell that apply)	 # 1040		×			1.5		
11 6< 10 ts 6< 20		為 Renov		Containment wit i-Ehclosure	h Negative Pressura				
U ≥100 sf or >280 lf		☐ Demoil	- M	vebag Procedure					
	2017				d Non-Friable Proced				
		is Location				,	bati T	pe pe	nt
	rlan of	Normally	Description			-	1 3	1-	1
	Ing Material (ACM)	Maintenance/	Asbestos Containing M	1774 - 18 18 18 18 18 18 18 18 18 18 18 18 18	Amount			m	-
TO BE	ABATED	Custodial	(i.e., thormal system)	s insulation.	(Specify	Remova	2	Encapsulate	Enclosure
	acility	Sta#7	surfacing, VA other miscellan		SF of LF)	mo	Repair	2	18
S	13)	(12)	outer imacensi	ngo us)		8	=	8 3	6
		Yes No N/A				1		İ	
Basement			pe insulation		150 LF	х	+	-	i .
Contraction	···································	·-+-+	po misaration		1.50 01	<u> </u> 2-	1	-	-
· · · · · · · · · · · · · · · · · · ·			—				+-	-	-
									_
				1					L
Name of Registered W	aste Hauler	NJDEP Waste Hau	Same Call Call Mark Control of the C	Name of Reg	stered Landfil.				
		ID No.	Waste						
Gr Tech LLC		0033785		T.R.R.F. Int					
City, State	(4 M) (2)	- *	Disposal Uste				-00		
Wayne, NJ 07470			A	Tullytown, I	PA .	53,000			
Completed by	Title		Signeture	1	D D	ale			225
N.Jevtic	Owner		Te w	ha Ner	03.	/23/201	2		
ASB-41		en this form for asber	sios licensure Kempted	activities.			-	-	

Date of Notification (1) 3/23/2012	Che	ck#2178	N	lame of B St Mary'	uilding Ow s Churc	ner/Operato h	or (2)			50			
Agencies Notified	Type Notification			Street Add 516 Wes	ress st 6th St	reet				507 113			
EPA DEP DOL	initial Amended Amendment		_ F	City, State Plainfiel	, Zip Code d, NJ 07	060				.3	1		
X DOH	Emergency (justification) Cancellation	including		Name of C	contact is Gonza	alez		Ų.	Telephone N	umber			
▼ DCA	Caricellation			FACILI	TY INFOR	MATION		× 147					
Name of Facility Where St Mary's school Boundary's Street Address	Abatement is Takin uilding	Place (3)					×	of Facility (4) School (K-12) Subchapter 8		·12)	inas	home	s
501-513 West 6th	Street					_	E1	etc.) re Feet	# of Floors		dg. A		
City (5) Plainfield, NJ 0706	0			0	-d- (7)		60,0	00	3 if being demol	7-	+		
County (6) Union				County Co STATE US			Sch	ool					
Name of Monitoring Firm	n Hired by Building ental	Owner (8)		ASCM 00118				tement Contr es Corpora					
Street Address		*		٩	11	0	et Addre 6-69th						
464 Valley Brook A						City	, State, Z	Zip Code rg, NJ 0709	93			- 250	
Lyndhurst, NJ 070 Project Manager for Mo				Telephon		Tele	phone N	lo.	License 01074				
Jim Ruff		Schedule		201-438			1-295-1	HA Monitor	01074	···			-
Start Date (10) 4/9/2012	4/12/20	11					ces Corpor	tation			N.		
Occupancy Status Duri							et Addre 6-69th						
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire med Outside of Non Starting 7:00 AM	Period of A mal Facility	Hours	nent S				Zip Code rg, NJ 070	93				
Scope of Work (Check	All That Apply)						lo l						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Section 2	enova emoli				M	ini-Enclosure				re	
			W s		-		<u> </u>	UII-EXCITIPICU	() dila itali		Aba	emen	t
Locati Asbestos-Containir TO BE A In Fa (1:	ng Material (ACM) BATED cility	Use Ma Cusi	(12)	illy ely by ance/ Staff?	Asbeste (i.e.	Descrip os Containir thermal syst surfacing, other misce	ig Materi ems insu VAT, or	ilation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Water shut of	ff valve room	Yes	No	IN/A	F	loor Tile a	nd Mas	stic	80 SF	x		15	
Water shut of			×			Pipe ins			2 LF	x			
Water share								9					
							2			4611			
Name of Registered V Atlantic Carting			NJDEP W Hauler ID 26085		of Waste TBD		IESI Be	Registered Lar thlehem La		orp			
City, State Wayne, NJ						Disposal D TBD	Date	City, Stat Bethleh	e iem, PA		830 5		y. ⁽⁵⁾
Completed by Gina Salvador		Title	е Ма	anager		Signa		Pueas	_	Date 3/23/2	2012		



Print Form

Date of Notification (1) 03/24/2012					f Building			(2)			15-				-	
Agencies Notified	Type Notification		+	Street A	atthew S	cnoe	nberg				- 12				į	
☐ EPA	Initial				rchard S	Street									*	
× DEP	Amended		T		ite, Zip Co						100	0-12-				
	Amendment Emergency		- [ll, New .	Jerse	y 07649)			K					
DOH DCA	justification) Cancellation	•••••••••••••••••••••••••••••••••••••••			Contact atthew S	choo	nhora			Tel	enha-	Lumbs	_		:	
	Caricellation				LITY INFO	1500				000	•		<u></u>			
Name of Facility Where	Abatement is Takir	ng Place (3)				SINIIA.	TION	Туре	of Facility (4)			_			
Residential						- 1			School (K-12	2)						
Street Address 700 Orchard Stree	t							×	Subchapter of Other (i.e. pr	8 (Oth	er than K	(-12)	iildii	nae	home	
City (5)									etc.)					10		
Oradell								1,80	re Feet 0	2	f Floors		Bld 50	lg. A	ge	81
County (6)			T	County C			-		ent Use (Prio		na demo	lished)				
Bergen				(STATE L	JSE ONLY)	·			idential							
Name of Monitoring Fire TBD	n Hired by Building	Owner (8)		ASCM	No.				tement Cont		(9)					
Street Address									acting, LL	C						3
Street Address								Addre Valle	ss ey Road, S	Suite	K					
City, State, Zip Code									ip Code						-	
									ew Jersey	074	70					
Project Manager for Mo	nitoring Firm			Telephor	ne No.			none N) 928-	o. -5040		License 00874					
Start Date (10) 04/02/2012		Scheduled 04/04/20		npletion (Date (11)				HA Monitor							
Occupancy Status Durin	ng Abatement (Che	Control of the state of the sta	on haro				3	Addre	acting, LL							
	cated During Entire			nent					ey Road, S	Suite	K					
Abatement Perform	ned Outside of Non Immediate area isol	mal Facility H	lours	;	OUEO.				ip Code	-				******		
		ated from the	1631	or the ric	Juse		Way	ne, N	ew Jersey	074	70					
Scope of Work (Check	All That Apply)	100					г	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		TOTAL CONTRACTOR OF THE PARTY O	nova molit				×	Min	II Containme ni-Enclosure ovebag Proc		n Negativ	e Press	sure			
] No	n-Exempted	(*) an	d Non-Fr	iable P				
			ocati rmal		10				×				А	bate Ty	ment be	
Locatio Asbestos-Containing		Used	Sole	ly by	Asbes		escription ntaining N		L(ACM)	А	mount		T	Ť		
TO BE A	BATED	Maint Custor		(3) (T) (T) (1)		therma	al system	s insula		(5	Specify	2		Z.	Encapsulate	Enc
In Fac (13)	,		12)				acing, VA miscellar			SF	or LF)	Kemova		Repair	psul	Enclosure
	Yes	No	N/A									-		ate	ř	
First Floor Closet x						Pip	e Insula	tion		1	16 LF	x	T			
										***************************************		T				
AND THE RESIDENCE OF THE PARTY																
Name of Registered Wa		14		JDEP W		Cubi of W	c Yards	97 X	Name of F	or to provide the providence			1			
Service Transport C	Group, Inc.		1000000	0990	110.	1	Jole		Minerva	Ente	erprises	, LLC				
City. State New Castle, Delawa		-1	. 1		Disp	osal Date)		City, State Waynes		, Ohio						
Completed by	Title	-			1	Signafore	2	1			Date		-			
Predrag Sarcev		Vice P	resi	dent	2				200	w		03/24	/20	12		

Print Form

Date of Notification (1 03/24/2012)			Name of	of Building atthew	Owner Schoe	/Operato	or (2)			-				
Agencies Notified	Type Notificatio	n		Street A	Address Orchard										
EPA DEP DOL	Initial Amended Amendmer	nt #		City, St	ate, Zip C	ode							3.		
DOH DCA	justification Cancellation	1)		Name o	of Contact atthew					Teler	phone M	lumbo	7		
No and an analysis of the second					ILITY INF						· .				
Name of Facility When Residential	e Abatement is Taki	ng Place (3)				Ortun	OK	l	Facility (4						
Street Address 700 Orchard Street	et		-					Sul X Oth	nool (K-1) ochapter ner (i.e. p	8 (Other	than K	-12) rcial bu	ilding	s, hom	nes.
City (5) Oradell						-		Square 1,800	.)	# of F		T	Bldg.		
County (6) Bergen			T	County (STATE	Code (7) USE ONL	0	74 =	Current Reside	Use (Prio	LEEDEN	demol	ished)			
Name of Monitoring Fir TBD	rm Hired by Building	Owner (8)		ASCN	/ No.		Name Sky	of Abaten Contrac	nent Cont	tractor (9))				
Street Address							Street	Address Valley				Ť			~~~~
City, State, Zip Code							City, S	State, Zip (Code			-			
Project Manager for Me	onitoring Firm			Telepho	ne No.		Teleph	none No.) 928-50		L	icense	No.			
Start Date (10) 04/02/2012		Scheduled 04/04/20		mpletion	Date (11)		Name	of OSHA Contract	Monitor						
Occupancy Status Dur	ing Abatement (Che	ck Only One)						Address	g, LL						
Facility Closed/Va	acated During Entire	Period of Aba	aten	nent				Valley	Road, S	Suite K					
Other - Describe:	med Outside of Nor Immediate area iso	mal Facility H lated from the	res	s t of the ho	ouse		0.000	tate, Zip (ne, New		07470)				
Scope of Work (Check ≥3 sf or ≥3 lf	All That Apply)	[D] 5					Г	7							
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 lf		∑ Ren ☐ Den		ition tion	330		×	Mini-E Glovel	ontainme nclosure pag Proce xempted	edure					
	3	Is Lo	cati	ion				- 11011 E	xempted	() and i	VOI I-1 11	able Fi		emen	t
Location Asbestos-Containing		Nor Used S					escription						T	уре	Т
TO BE A In Fac (13	BATED cility	Mainte Custod (1	ena	nce/	(i.e	therma surfa	ntaining M Il systems acing, VA miscellan		CM) n.	Amo (Spe SF or	ecify	Removal	Repair	Encapsulate	Enclosure
First Floo	r Closet	х	15		er .	Pipe	e Insula	tion		16	LF	×	+		
- The state of the									-			-	ļ		<u> </u>
Name of Registered Wa	aste Hauler			JDEP W			Yards	N	ame of R	egistered	d Landf	ill	1	1	L
Service Transport (Group, Inc.			auler ID 0990	NO.	of Wa	iste	N	linerva	Enterp	rises,	LLC			
City. State New Castle, Delaw	are	÷ :				Dispo TBD	sal Date		ity, State Vaynest	ourg, O	hio				
Completed by Predrag Sarcev		Title Vice Pre	esi	dent		1 3	Signature					ate 03/24/	2012		
					-				- Carrie	w					

State of New Jersey

Notification of Asbestos Abatement

		(Pu	rsuant to	NJAC	8:60-7 and 12:120-7)					
Date of Notification (1)	rch 23, 2012				Name of Building Ow New Meadowlands R					
Agencies Notified [X] EPA	Type No	tification	TV.		Street Address 150 Route 120	according 2000			5	
[] DEP	[] Initi	ial tification			City, State, Zip Code East Rutherford NJ 07	2072	*		1 2	-
[X] DOL	[] Eme	rgency No	tification		East Rutherford NJ 07	1073			30	
[X] DOH	w/Ji	ustification	n		Name of Contact		Telepl	none Num	ber 🔙	
[] DCA	[XX] A Not	mended ification	¥2		Wallace Wright, LP C	iminelli		- 441	, 13	
	[] Can	cellation								
N			FACI	LITY IN	FORMATION	T				
Name of Facility Where Abateme	nt is Taking Pia	ice (3)				Type of Facil				
Meadowlands Racetrac	k Barns 7-	14 and	Dorms	3-6		[] Sul [X] Od		(Other that rivate & co		
Street Address						Square Fee		Floors	Bldg.	Age
150 Route 120						300,000	2		35	
City (5) East Rutherford	County (6) Bergen				y Code (7) Use Only)	Current Us Meadowlar			demolish	hed)
Name of Monitoring Firm Hired by	Building	LA	SCM No.		Name of Abatement Cor	itractor (9)			000	
Owner (8)	Danuing		ocm no.			errene de la maria				
Greentree Consulting, Inc.	- 4				LVI Demolition Service	es, me.				
Street Address					Street Address					
163 Stockton Street					32 Williams Parkway	(L				
City, State, Zip Code					City, State, Zip Code					
Hightstown NJ 08520					East Hanover, NJ 07	936				
Project Manager for Monitoring Fir	m	Telephor	ne Number	r	Telephone Number		License N	lumber		
Debbie Hines			973-884-8682			008	50			
Scheduled Start Date (10)	Sched. Com	pletion D	ate (11)		Name of OSHA Monitor			-		
3/12/12 Month / Day / Year	3/30/12 Month / Da	ıy / Year			Zibby Dolanski					
Occupancy Status During Abatemet [X] Facility Closed/Vacant During			it		Street Address					
[] Abatement Performed Outside [] Occupied	of Normal Facili	ty			32 Williams Parkway					
[] Hours – Describe:					City, State, Zip Code					
[] Other – Describe:		-			East Hanover NJ 0793	6				
Scope of Work (Check all that appl	ly)							8		
[X]Demolition [] ≥ 3 sf or ≥ 3 lf	[] Ren	ovation		[] M [] Gle	Il Containment with Negati ini-Enclosure ove Bag Procedure & "Wra					
$[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$		Is Location	on	IVI I	Non-Friable Procedure			Abatem	ent Type	
Location of		Normall: Used	у		Description of		R		Е	E N
Asbestos-Containing	1	Solely		Asl	estos-Containing	Amount	E M	R E	N C	C .
Material (ACM) (13)		By Main tenance			Material (ACM) mal systems, insulation,	(Specify SF or	o v	P A	A P	O S
	Y	Custodia Staff (12 cs No N/	d	surfa	cing, VAT, or other miscellaneous)	LF)	Ĺ	R	S U L	U R E
Dorm Roof		X		oof Flash		3120 SF	X			
Dorm & Stable Roof Throughout Structures		X		oof Vent	Mastic	62.5 SF 70 Ea	X			
Throughout Structures		X		table Doors	rs	70 Fa	X			
Throughout Structures		X	In	sulation		96 SF 🗶	X			
Name of Registered Waste Hauler	N	JDEP Was		ubic Yard f Waste	S -	Name of Regi	stered Lan	dfill		
LVI Demolition Services, Inc.	20	0859		1 Waste	•	Waste Manag	gement of	Pennsylva	nia	
City, State East Hanover, NJ 07936				isposal D 6/2012	ate	City, State Morrisville, I) ₉			er e Maria
Completed By (Print or Type)	T	itle		ignature	1/, a	Date Date	4		18	
Ed King	D	resident	(1	UMa.	March 23, 20	112	# ##		
ASB-41		concent		U		iviaion 25, 20	114			
Jun 95					()					

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

Check # 1341		(Pt	ursuant	to NJA	C 8:60 an	id 12	:120)					
Date of Notification (1)		Nam	ne of Build	ding Owner/C	Operate	or (2)		To the			
03/23/2012			Ther	esaWate	ers				2.1			
Agency Notified	Type Notification		Stre	et Addres	S					-		
□ EPA			10 G	arden S	treet							
☐ DEP	☐ Amended		City,	State, Zi	p Code				75.1		-	racionisti
A DOL	Amendment #	ludina	Mon	tclair, N	IJ 07042			¥6				
⋈ DOH	justification)	adding	Nam	e of Cont	act			Telephone Num	ber			-
∐ DCA	☐ Cancellation		Ther	esaWate	ers							
			L		FORMATIO	N			-		-	- 14
Name of Facility When	re Abatement is Taking	Place (3)					Type of Faci	lity (4)			95 C C W	
Private home	•							1 52 10				
Street Address						-	☐ School (K-	-1 2) er 8 (Other than K-1 2)	ř.			
10 Condan Store							☑ Other (i.e.	private & commercial	l building	js,		
10 Garden Street City (5)							homes, e	The state of the s				104
							Square Feet	# of Floors	Bldg.	Age		
Montclair, NJ 0704 County (6)	-2				7) (STATE U	JSE	Current Use	(Prior if being demolis	hed)	-		
Essex	200		ONL	Y)	100	-						
Name of Monitoring Fir	rm Hired by Building O	wner(8)	SCM No.		Name of	Abate	ment Contractor	(9)	11-		-	
Street Address	100000000000000000000000000000000000000				Gr Tech Street Ad							-
					576 Vall	ev Ro	1 #283					
City, State, Zip Code		The state of	-		City, Stat					-	-	
					Wayne, 1							
Project Manager for Me	onitoring Firm	Tele	phone No.		Telephon		770	License No.				-
		4			973-638-	.1777		01127				
Start Date (10)	Scheduled	Completion	Date (11))	Name of	200		01127				110
04/01/2012	04/02/20	12			Envirovi	sion (Consultants,I	nc				
Occupancy Status Dur					Street Ad		Consultants, i					
☑ Facility Closed/Vaca	ated During Entire Paris	nd of Aboton	nont.		20-21 W	agara	w Road, Bld	g .# 34A				
Abatement Performe Other - Describe:	ed Outside of Normal F	acility Hours	ilent S		City, State	e, Zip (Code	5				_
Scope of Work (Check	all that apply)				Fair Law	n, NJ	07410					
				novation molition		Mini-	-Enclosure	th Negative Pressure				
			□ Del	montion			ebag Procedure Exempted (*) a	e nd Non-Friable Proce	dure			
		Is Lo	cation						T	Aba		ant
Locat	tion of		mally		Doser	iption	of		-	Τ,	ype	T
Asbestos-Containi			Solely by enance/	Asbe			aterial (ACM)	Amount		1200	m	1_
	ABATED		todial	(i.e	., thermal sy			(Specify	3	Repair	Encapsulate	Enclosure
	acility 3)		aff?		surfacin other mis			SF or LF)	3	Repair	psu	JSOI
			12)	-					2	ד ע	ate	e
		Yes 1	No N/A			12						1
Basement			x	Pipe in	sulation			80 LF	x			
											i	
												-
		1						1				1
Name of Registered Wa	aste Hauler	NJDE ID No	P Waste I	Hauler	Cubic Yar Waste	ds of	Name of Reg	stered Landfill		8		1
Gr Tech LLC		00337					T.R.R.F. In	C				
City, State		0033	100		Disposal L	ate	City, State					_
Vayne, NJ 07470						- Control	Tullytown,	PA				
Completed by	Title				Signature	1-	1 4117,104111,		ate	-		
N.Jevtic	Owner				41		e slen		3/23/20	12		
ASB-41		not use this	form for as	sbestos lic	ensure/exer	npted	activities.			ند ا سسست	esement)	

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

378-12

Check # 1342		(Pu	rsuant	to NJAC	8:60 and	112:1	120)	2			_	_
Date of Notification (1)		Nam	e of Buildi	ng Owner/O	perator	(2)		3	1		
03/23/2012			Thon	nas Ela		J	19	to	100% II 12		-	
Agency Notified	Type Notification	n	1000000	et Address		,		MAD				
□ EPA				Wyckoff				MAR 2 8 2012		-		
□ DEP	☐ Amended		City,	State, Zip	Code			2012		400		
Ճ DOL	Amendment Emergency (Wyc	koff, NJ	07481		<u> </u>					
⋈ DOH	justification)		Nam	e of Conta	ict			Telephone Numbe	r	2		
☐ DCA	☐ Cancellation		Thor	nas Ela			L	M		1		
			FA	CILITY IN	FORMATIO	N		6,				
Name of Facility Whe	ere Abatement is Tak	ing Place (3)					Type of Facili	ty (4)				****
Private home							☐ School (K-1	2)				
Street Address	-						Subchapte	r 8 (Other than K-1 2)				
(40. W/1 FE A							★ Other (i.e. homes, etc.)	private & commercial b	uildings,			
542 Wyckoff Aver City (5)	nue					4 w - rm-	Square Feet		Bldg. Ag	ė	-	-
0 200												
Wyckoff, NJ 0748	1		Cour	nti Codo /	7) (STATE U	ICE	Current Use (Prior if being demolishe	ed)		***	means.
County (6)			ONL		// (SIMIE U	, JE	Juneill Ose (if being demonstre	/			
Bergen					1 11	A b = 4 = =	1 0	(0)				
Name of Monitoring F	irm Hired by Buildin	g Owner(8)	SCM No.				nent Contractor	(9)				
					Gr Tech					45-00		
Street Address					Street Ad							
					576 Vall							
City, State, Zip Code					City, Stat	e. Zip (Code					
					Wayne, 1	Commission September	470				377717	
Project Manager for I	Monitoring Firm	Tele	phone No	ο,	Telephon	e No.		License No.				
					973-638-			01127				
Start Date (10)	Sched	uled Completion	Date (11	1)	Name of	OSHA	Monitor					
04/01/2012	04/02/	2012					Consultants,I	nc				
Occupancy Status Di	uring Abatement (Ch	eck only one)			Street Ad	entenenen.						
▼ Facility Closed/Va	cated During Entire F	Period of Abater	nent	4.5			w Road, Bld	g .# 34A				
☐ Abatement Perform	ned Outside of Norm	al Facility Hours	3		City, State							
Other - Describe:					Fair Law	n, NJ	07410					_
Scope of Work (Chec	k all that apply)					Full	Containment wi	th Negative Pressure				
≥ 3 sf or > 3 lf				enovation		Mini-	Enclosure					
≥160 sf or >260 lf			□ De	emolition	P	Glov	ebag Procedure	e nd Non-Friable Proced	ure			
				1		Non-	Exempled () a	I Non-I Hable I roced		bate	me	nt
		100	ocation rmally							Ту	ре	_
	ation of	Used	Solely by			ription				i l		i
The state of the s	ining Material (ACM) ABATED	Iviaiiii	enance/		stos Contair e., thermal sy		aterial (ACM)	Amount (Specify	Z	_	Enc	ū
The state of the s	Facility	25	stodial taff?	(1-0	surfacin			SF or LF)	em	Rep	aps	Liciosuid
	(13)		12)		other mis	cellane	eous)		Removal	Repair	Encapsulate	0
			- T	-					1		Ф	
S		Yes	No N/A	T. Statement Comments				50 L F				H
Basement			X	Fibe II	sulation			50 LF	X		į.	+
								<u></u>		ļ		1
												1
					r			L	L_			Ĺ
Name of Registered \	Waste Hauler	ID No	EP Waste	Hauler	Cubic Yar Waste	ds of	Name of Reg	stered Landfill				
Ca Tack LLC					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TDDT					
Gr Tech LLC City, State		0033	/85		Disposal L	late	T.R.R.F. In	C			100	
		1121			Disposar	-016		DΛ				
Wayne, NJ 07470 Completed by	Title				Signature	-/	Tullytown,	PA Da				-
					Signature	16	Sie 11			2		
V.Jevtic	Owner	Da sar da ser	Cores for		1			03/	23/201			name o

Check # 1343					of Duilding	Owner/Operator	(2)					-	
Date of Notification (1)	,	Name of Building Owner/Operator (2) Lauren Mehmedovic										
03/26/2012				-		dovic					-		
Agency Notified	Type Notification		170	70.000	Address	Т	V 1						
□ EPA	🖄 Initial		1			Terrace	· · · · · · · · · · · · · · · · · · ·	e		0.00	7.0	-	
U DEP	☐ Amended			2	tate, Zip C								
M DOL	Amendment #	ng			eld, NJ,	A CONTRACTOR OF THE PARTY OF TH		Telephone Number	···				
⊠ DOH	justification)				of Contact		relephone Number						
∐ DCA	☐ Cancellation		La	uren	Mehme	dovic	been -						
			F	AÇII	LITY INFO	RMATION .							
Name of Facility Whe	ere Abatement is Taking Pla	ce (3)					Type of Facility (4)						
Private home	•						☐ School (K-1	2)					
Street Address				****			☐ Subchapter	8 (Other than K-1 2)					
							Other (i.e. homes, etc.)	orivate & commercial be	uildings	,			
635 Knollwood Te	errace							Bldg. A	ae				
City (5)							Square Feet	# 01 1 10010	J	5-			
Westfield, NJ, 070)90												
County (6)				ounty NLY)		(STATE USE	Current Use (Prior if being demolishe	ea)				
Union					85			and the second s				-	
Name of Monitoring F	er(8) AS	SCM N	0.		Name of Abaten	nent Contractor	(9)						
or morntoning i	3-7			ļ	Gr Tech LLC								
Street Address				-	Street Address				-				
						576 Valley Rd	l #283						
City, State, Zip Code		7.77				City, State. Zip (The state of the s						
					-	Wayne, NJ 07							
Project Manager for	Monitoring Firm	Tele	phone	No.		Telephone No.							
						973-638-1777		01127					
Start Date (10)	Scheduled Co	ompletion	Date	(11)			of OSHA Monitor						
04/04/2012	04/05/2012					Envirovision (n Consultants,Inc						
74010 1741 1647 1747 174 174	uring Abatement (Check onl	ly one)		-		Street Address	- Olisaltailis, i	10					
	51 (24					20-21 Wagara	w Road Bld	# 34A					
	cated During Entire Period				F	City, State, Zip (5 5 17 \$				-	
☐ Other - Describe:	med Outside of Normal Faci	iity riour:	5		-	7 20 - 7 7							
	ck all that apply)			-		Fair Lawn, NJ	0/410						
Scope of Work (Chec	on all tilat apply)							th Negative Pressure					
≥ 3 sf or > 3 lf ≥ 160 sf or > 260 l	•				ovation	IV.	Enclosure ebag Procedure						
☐ ≥160 St 01 >200 t	I.		_	Dell	iondon			: nd Non-Friable Proced	lure				
									1	Aba			
			ocation rmally		Ī				-		уре	-	
	cation of		Solely	by		Description	of	Amount	1		ш	Ì	
Asbestos-Conta	ining Material (ACM)	Main	tenanc		Asbest	os Containing Ma thermal systems	insulation.	(Specify	. 18	D R	Encapsulate		
	E ABATED		stodial staff?		(1.6.,	surfacing, VA		SF or LF)	1000	Repair	psu		
IN	Facility (13)		(12)			other miscellan	eous)		2	ar	late		
	and the second s		· · · ·	_							CD		
		Yes	No	N/A	ļ.,			220 LE			1	1	
Basement	Control of the Contro		X		Pipe ins	ulation		220 LF	X				
										. .		_	
				4						1.	1	10000	
							14.50						
	Water Health	NIE	EP Wa	ste l	Hauler	Cubic Yards of	Name of Re	stered Landfill			eoBi li	J	
Name of Registered	Waste Hauler	ier wa lo.	sare i	120101	Waste		12 1 1 1				10		
						T.R.R.F. Ir	ıc .	A					
Gr Tech LLC		3785	11		Disposal Date	City, State		and the base			-		
City, State						_	Tullytown,	PA					
Wayne, NJ 07470					2 	Signature	1		ate				
Completed by				Heu	he Ne	nad 03	/26/20	12					
N.Jevtic	Owner _					anaura demater	activities					_	

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

F 1297

proj. ».	***************************************	-							and the same		manii)	
Date of Notification	1 (1)	I I Nam	e of Buildin	a Owne	r/Operator (2)		3-			land!		
10121/1219	11/1/12				House	2 '						
Agencies Notified	Type Notification	on Street	et Address		1.1.1	D I			-2000		Marie Local	
DEP					elv i ae	re Rol		The state of		Marine 173		in the same of
図 DOL	Amenda	ent City	State, Zip	code	DO ALI	08965						
☑ DOH		Nam	e of Contact	XXX	10,700	0.9969	Teleph	one Numbe	r		- COLUMN 1 STATE	_
□ DCA	Cancella				Solde	S					- 70	
total .			1 6.	-	ITY INFORMA							
Name of facility w	here abatement is	taking place	(3)			S	Type of Facility	y (4)	-			
4003			,-,				-	ool (K - 12) chapter 8 (6		han V	10)	
							250000000000000000000000000000000000000	enapter o (\ er (Private/(· 1 d. j	
661	Belvide	ne Ro	Í			-	Bldg Square Feet	s./Homes,		BI	dg. Ag	OR.
City (5)	0001010	County	(6)		T	County Code (7)	Square root	# 0.7.60			-	,-
Philips	husa	1	IJ			(State use only)	Current Use	(Prior If bak	ng den	olishe	ed)	
Name of Monitorin	ng Firm Hired by B	lidg. Owner (8)		ASCM No.	Name of Abatemer	nt Contractor (9)				and the	
	,					NICK R	cstorat	001	10			
Street Address			i e			Street Address	ouside	Rol				
City, State, Zip Coo	10					THE REAL PROPERTY AND ADDRESS OF THE PARTY AND		A STATE OF THE PARTY OF THE PAR	C =2	Name and Address		income and the
Oily, Glaic, Zip Goo	,,					Randol	ph, Nu	0786	59	_		
Project Manager fo	r Manitaring Firm	attat .a	Phone	Numbs)f	Telephone Number	-2550	License	Numb 22	er	110000	
	- Nas I second					Name of OSHA Mo	nitor	,				
Scheduled Start Da	ate (10)	100000000000000000000000000000000000000	ompletion D)	Jrs	ENVINOND	nenta	<u></u>	- Constants	ent taut	and the late
Occupancy Status	During Abataman			_		Street Address 2333 R	4 22 W					
Facility close	d/vacated during	entire period	of abatemer	nt.		City, State, Zip Cod	le					
Abatement p Describe:	erformed outside	of normal fac	ility hours-			11		2				
	ibe:					_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NJ 0708	<u> </u>				
Scope of Work (cf Demolition	heck all that apply) Renovation				Full Containment w/n	enstive pressure	C Clave	ibag pr	oood.	+551	
23 st or >3 if		160 sf or <u>></u> 26	50 If			Mini-enclosure	egante pressure		friable			
Location of		is location n	ormally used						R	R	E	E
asbestos-co		by maintena staff(12)	nce/custodi	a1		n of asbestos-containing	Amoun (Specif		e m	e p	n	n
abated in fac		Yes	No	N/A	material (/	-CIM)	LF)	,	v	i	9	L
Boiler ROO	m Area		7				35		e	M		
			The second section of						10			
									#	H	177	H
Registered Waste	Hauler	NJDEP	Hauler ID#	C	bic Yards of V		d Landfill	that the same of	-14	<u></u>	ti mi	
Chi. State	stopation	جــاــ	Dist	oosal Da	ite	City, State	U. >					
KANI	DOLPH, NJ	10786	9	TB	<i>i</i>)	_ Tully-to	own , PA	_				_
Completed by (Prin	of Type)	Title P12GS1	DAI		Signature	risa Uraca		Date	29	- 1	2	-/
CUINT	TRUM!	1-1-6-71	1001			119 MING		(A-	027	10	X)	

Date of Notification (1)	1-11-11-11-11-11-11-11-11-11-11-11-11-1			Name of	f Building	Owner/	Operator	(2)	+ 5	497	_	_	- 1	-		
Mar	rch 26, 2012			Prism C	Construc	ction M	lanager	nent, LLC		277			ě			
Agencies Notified	Type Notification			Street A		/di	anago	norm, EEG				-				
⊠ -s.	×			200 Bro	adacre	s Drive	a.						ŝ	j.		
EPA DEP	Initial Amended				te, Zip Co		·					****				
DOL	Amendment				eld, NJ									1		
DON DON	Emergency (including	1		f Contact	01000			T	elephone Nu	mber		-	1		
DOH	justification) Cancellation			Stanhai	n Toroll	Sonic	r Projec	ct Manager						1		
					LITY INF	-	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ot Mariager	-	10 - 0 - 00	7		+	,÷.		
Name of Facility Where	Abatement is Takin	g Place (3	3)			·	1011	Type of Facili	ty (4)		-		-			
Buildings								School (K-12)							
Street Address	1									ther than K-1	2)					
5 Lawrence Avenue	4								e. privat	e & commerc	ial bui	ldings	, hom	ies,		
City (5)				_				etc.) Square Feet	1 #	of Floors	- 1	Bldg.	Δαα			
1000000000000	22							Oqualo i col	- "	01110013		Diug.	ngc			
Bloomfield, NJ 0700 County (6)				County	Code (7)	2		Current Use (Drior if h	oina domolia	hod)					
					USE ONLY)		Current Ose (riioi ii u	and Thomas	neu)			- 4		
Essex	Name of Monitoring Firm Hired by Building Owner (8)						Name	of Abatement (Contract	Buildings						
100 March 100 Ma	Mil.	ASCM	i No.		50.00 SH25) (a)								
AET Stant Address		0021				ACK Group	, LLC									
100 100 100 100 100 100 100 100 100 100	Street Address															
907 Doolittle Drive				Acceptable Lie				Kings HWY I	N, STE	209						
City, State, Zip Code	avvertees						757	City, State, Zip Code								
Bridgewater, NJ 088	333333						Cherry Hill, NJ 08034									
Project Manager for Mo	onitoring Firm			Telephone No.			Telephone No. License No.			10.						
Eric Houseknecht					18-1108		1	759 - 5000		00781	-					
Start Date (10)	₩	Schedul	ed Cor	npletion I	Date (11)		Name	of OSHA Monit	or							
4/9/1	_			11/31/1	2			e MACK Group, LLC.								
Occupancy Status Duri	ng Abatement (Chec	k Only Or	ne)				Street	eet Address								
	cated During Entire I						1500 K	HWY N, STE 209								
Abatement Perform Other - Describe:	med Outside of Norm	al Facility	/ Hour	S			City, St	ate, Zip Code						000 -0		
Other - Describe.							Cherry	Hill, NJ 080)34							
Scope of Work (Check	All That Apply)					-										
≥3 sf or ≥3 lf		F	Renova	ation			Full Contair	ull Containment with Negative Pressure								
≥160 sf or ≥260 lf		\boxtimes	Demoli	tion			R	Mini-Enclosure								
							K	Solovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		Τ.										Abatement				
	2	177	Locat Norma									Abatement Type				
Location Asbestos-Containin		Use	d Sole	ely by	Ashes		Description of S Containing Material (ACM) Amount				T. Contract		1_			
TO BE A	(T) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		intena todial	100 M160 Mar.				insulation,		(Specify	Z)	71	Enc	m		
In Fac		Cus	(12)				cing, VA			SF or LF)	Remova	Repair	aps	Enclosure		
(13	,	-	n Nessa	_		other	miscellan	eous)			ova	air	ncapsulate	ure		
		Yes	No	N/A							1		Ф	I was		
see atta	ached	X				Sec	e attach	ed	Sec	attached	X					
900 une	.0.100	-		+		000	o attaon	-	- 500	ditaonoa	-	+-		-		
									_			-	-	-		
Name of Registered Wa	Name of Registered Waste Hauler					NJ DEP Waste Cubic Yards				ubic Yards Name of Registered Landfill						
Print of recipion and bears a	15.5	lauler ID		of Wa	of Waste											
Newark / Freehold /		450)9		TBD			County / II	ESIE	Bethl	ehen	n ·				
City, State				275	sal Date	City, S										
Newark / Freehold /			0.00		1/31/12		urg / Be	ethlehem,		18						
Completed by		· ,		8	Signature	ghature Date										
Mike Cooper	lent	2 0			A Thomas I I	3/26/12										



Check# 9507

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

GAC Project # 322-12 Date of Notification (1) Name of Building Owner/Operator (2) March 26, 2012 KNOWLTON BOARD OF EDUCATION Agencies Notified Notification Type Street Address **⊠**Initial Notification 80 ROUTE 46, P.O. 152 ☐ EPA ☐ Amended Notification City, State, Zip Code **□**DCA DELAWARE (KNOWLTON), NJ 07833 ■ Emergency (including X DOL Name of Contact Telephone Number justification) DEP- No Longer REQUIRED MS. MELODY MCBRIDE ■ Cancelled ~ 001 X DOH **BUSINESS ADMIN** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) KNOWLTON ELEMENTARY SCHOOL School (K-12) ☐Subchapter 8 (other than K-12) Street Address ☐ Other (i.e. private & commercial buildings, homes, etc.) **80 ROUTE 46** Sq. Feet: ~45,000 # of Floors: 1-2 Bldg. Age: 50+ years City (5) County (6) County Code (7) **DELAWARE** (State Use Only) WARREN Current Use (prior if being demolished): ELEMENTARY SCHOOL (KNOWLTON) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) **RK OCCUPATIONAL &** 0090 GREENWOOD ABATEMENT CONSULTANTS, INC. ENVIRONMENTAL ANALYSIS, INC. Street Address Street Address **401 ST. JAMES AVENUE** 268 MAIN STREET City, State, Zip Code City State, ZipCode PHILLIPSBURG, NJ 08865 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JON GILBERT 908-454-6316 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/09/12 04/14/12 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Describe □ Facility Occupied During Entire Period of Abatement Hours 7AM - 5PM (as needed) FAIRLAWN, NJ Source of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ **X** Renovation Mini-Enclosure **⊠**≥ 160 sf or ≥ 260 ■ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Windows & Doors X CAULKING 1200 LF X Windows X TRANSITE SILLS 168 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID# Name of Registered Landfill 30 CY Cubic Yards of Waste: Newark Carting, Inc. NJ DEP# 4509 G.R.O.W.S. North Landfill Newark, NJ 04509 Disposal Date City, State Notes: None 04/14/12 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT March 26, 2012 MANAGER

6753/

Date of Notification (1)	112	1 0		g Owner/Operator	(2) 14.1	14 1	o la			
Agency Notified	Type Notification		Address	Lul of		of Marin				\dashv
D EPA	Initial Amended	City, S	tate, Zip	Code n	Ce 14 00	4	20			\dashv
3 DOL	Amendment #	00		arest	INT		F55			
D DOH D DCA	justification) Cancellation	Name	of Contac	- i	ines	Telenhone Nur	mber . M	*		
			LITY INF	ORMATION		-	9	-		
Name of Facility Where	0		0		Type of Facility					
Street Address	my 0+1	7019 1-1r	1900			z) B (Other than K-12 ivate & commerci		js,		
3 15 H	illside A	مِي			homes, etc. Square Feet	# of Floors	Bldg.	Age		$\overline{}$
Demonent	1 N5 0	7410					19	15	<u>ن</u>	5
County (6)	26 EN	ONLY)) (STATE USE	S C C	rior if being demo	lished)			
Name of Monitoring Firm	Hired by Building Owne			Name of Abate	ntractor (9)				
Street Address	Ro Visia	m 0007	৭	Street Address	71582	1	. Jr	<u>, c</u>		-
20-21	Dar grav	Rd		513 E	32 Nd	St				
City, State, Zip Code	N NJ	0740	1	City, State, Zip of		75				
Project Manager for Mon	itoring Firm	Telephone No.		Telephone No.	5, 2727	License No.	200		0.	
Start Date (18)	Schejduled Ç	ompletion Date (11)		Name of OSHA		1.00	1 () ×	. '		\neg
4/5/1	2 4/15/	12		Street Address	<u> </u>	>1/mo				_
Occupancy Status During				307	<u>U</u> 3	8 th 3	>+			
☐ Abatement Performed ☐ Other – Describe:	Outside of Normal Faci	lity Hours		City, State, Zip	NY	TO				
Scope of Work (Check a	li that apply)					n Negative Pressi	ure			
☐ ≥ 3 sf or ≥ 3 lf			novation nolition	☐ Glov	-Enclosure rebag Procedure -Exempted (*) ar	nd Non-Friable Pri	ocedure			
		Is Location			12	,		D CONTRACTOR	atem Type	25/00/2015
Location	on of	Normally Used Solely by	Asbe	Description stos Containing M	of laterial (ACM)	Amoun	ıt		п	
Asbestos-Containin TO BE Al	BATED	Maintenance/ Custodial Staff?	(i.e	., thermal systems surfacing, VA	s insulation,	(Specify SF or LF	y	Removal	Renair	Enclosure
(13		(12)		other miscellar	eous)			va	hate	ure
	1	Yes No N/A	-	NAT		5050	54	X	+	+
LiBRAN -	Lower	X	(C	Pipe in	sul,	26		X	1	
L1131CU14	Level			-1.1				++	+	
Name of Registered Was	eto Hauler	NJDEP Waste H	Hauler	Cubic Yards of	Name of Reg	istered Landfill		1_1		
	Jacta	ID No.		Waste	TRRE	LAN	26	11.		
Easten (100 T			Disposal Date	City, State	11 -4		0	A	
Freeh	a d Title)	-	Signature	6 Cu	Ily tau	Date			
Frank Gr	150 M	01.		1 6	d activities					
ASB-41	• Do no	t use this form for as	spestos li	censure exempte	d activities.					
		(26)	Ì	2		2				
		W.								
		<u> </u>								

EMERGENO		TTON	FICATIO	State of Nev ON OF ASSE of to NJAC I	v Jersey ESTOS ABAT 8:60 and 12:1	EMENT (20)	CH# /			3700	1		
Date of Notification (1)			Name	of Building (Owner/Operat	or (2)	NI Dept of Healt		(I)	Coru	000		
3/23/12					HARAU		MI Dant of Healt	11 06 9	entor.	9614	£62		
Agencies Notified Type Notification							(5)	nature		-	-		
DEP Initial Amended			7	435	5/-	STRA	9/29	是	fne:_	T	I		
X DOL Amendmen			City, 5	itale, Zip Co	18 R. B. A. C. E. S.	020	4)		777		i		
DOH Emergency justification		9		of Contact	<u></u>	- 20	Telephone M			-			
DON justification) DCA Cancellation				FLLE POI	togal	(DISTINITION IN	moner		-	7			
Name of Facility Where Abatament is Takin				CILITY INFO			- Amongo			2			
TERESITANAN LAND Street Address 1435 575 ST		WA WA	nich	# # 3	20	Other (I.e.	-12) er 8 (Other than K- private & commerc	iz) val bu	ildings	s, han	nes.		
CITY (5) BENGEL						Square Feet	# of Floors		Blog.		00000		
County (6)		—т	Count	/ Code (7)		1 2 72	3	L	G	<u></u>			
Hapson		1	STATE	USEONLY		OFFICE /	riot if being demolis	Tega C	S-LELL	E-500			
Name of Monitoring Firm Hired by Bullding	Owner (8)		ASC	M No.		e of Abatement Co Mac Contraction	ontractor (9)	<u>/_</u>					
Street Address					Stree	Address Lowell Road	,						
City. State, Zip Code					City,	State, Zip Code	e ¹						
Project Manager for Monitoring Firm		T	Telephi	one No.	Telep	none No. -262-5841	License N	lo.					
Start Date (10) 3/22	Schedule 3		npletion	Date (11)	Name	of OSHA Monitor	00156 ental Services I				20		
Occupancy Status Buring Abatement (Chec		5.040	/		Street	Acdress Huyler Street							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other Describe;	al Facility	Hours	ient		City, S	State, Zip Code :kensack, NJ ()	7000						
Scope of Work (Check All That Apoly)					- J Hat	Kerisack, NJ (1000						
≥3 sf or ≥3 lf ≥150 sf or ≥260 lf		enova		-		Mini-Endosur Glovebag Pro				e			
S14		Locati							Abate		i		
Location of Asbestos-Containing Material (ACM)	Use	formall d Sole)	y by	- Anhanta	Description	af Material (ACM)		h	1 1 1	pe	_		
TC BE ABATED In Facility (13)		intenar odiał S (12)		(i.e. the	ermal system: surfacing, VA ther miscellar	s insulation, T, or	Amount (Specify SF or LF)	Remove	Repair	Encapsulate	Endosuis		
	Yes	No	N/A							धिक	7		
CEILIAN ARMA J-C			×	1	1100		300	×					
								-	h		-		
Massa of Dogloton division 1		لبب		-				[
Name of Registered Waste Hauler Rovic Transport		HE	IDEP W Juler ID 1785		Cubic Yards of Waste		Registered Landfill A Bethlehem La	nciili	Con	 D.			
City, State					Dispesal Date	City, State	•						
Riverdale, New Jersey 07457	-				3/23/12		em, PA 18015		,				
Completed by R. McDonald	Title Presid	dent			Signature	an XI	Dat 3	100	/1.	2			

ASS-41 (R-06-08)

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

1) mean

Date of Notification (1)		- 3		bunuing our	ner/Operator	200-200		to the core	28				
3/26/12	3/26/12				GREATER COLLINGSWOOD CHILDREN'S C								
Agenáles Notified T	ype Notification		Street Ad										
∏ EPA E	1 Initial		1 10	EST 1	WAYNE	77	FRRE	HAR 2					
DEP I	Amended		City, Stat	e, Zip Code				MAH 2	8 201	2			
DOL	Amendment#_		Ca11	INVESTIGATION OF	1000	2:5	168	100					
	Emergency (in	cluding	Name of	Contact	i Cical	, 0_3	1	Telephone Nu	umber	-7			
	justification)				EAR	E W	í			,			
1 200 1 L	Cancellation					- K	Search against an	The state of the s		221			
Name of Facility Where Ab		01 (3)	FACIL	ITY INFOR	MATION	Type of	Facility (4	4)		K4			
			-						the second and after	- Proper			
GREATER CC.	14112561112	D 5/1	CDRE.	NS CE	NIER	☐ Sc	hool (K-1	2) 8 (Other than K-	121	1.1 (1973)			
Street Accress						L Su	bonapier her (i.e. n	rivate & commer	rz) cial buildir	as, homes,			
11/257 1	· A-1/2:1=	TERRE	465			etc							
Oity (5)		/ Jan Jan Jane Ca	1 1 2000			Square	Feet	# of Floors	Bld	g. Age			
200000 Paris (1940)			1.010	C/		350	رج	12	1 2	56			
CCLL/NOCS &	5 - () 0	<u> </u>	County C	Ode (7)		Current	Use (Pric	or if being demoli	shed)				
				SE ONLY) _				4-12 /= /c		1 1			
どかかりきん			1400	Na	Negr	of Abota	ment Cor	ntractor (9)	15 6 6 /6" !				
Name of Monitoring Firm H			ASCM	-1									
HEALTH +	SAFETU	SEPPLIE E	$\leq 1/$	/		EIZ	166	L					
Street Address				4 111		Address							
318 1240 5	7)1==-				30	C 2.	进入	27 12					
City, State, Zip Code	(1-1-4-) ···				City, S	state, Zip	Code	+	= 1	2000			
HAMMITTE	- 117 (چېرو د روي			777	D1 5	03	<u>roe, k</u>	T 68	1052			
Project Manager for Monitor		3-3-	Telephor	ne No	Telapi	none No.	27	License	No.				
Project Manage To Monte				704.88				22 00	76.80	7			
			10 1 41	11 7 00	JC 1 (1 1 3	/	4	<u> </u>	/			
Jim Brech	<u> </u>												
Start Dater(10) /	4	Scheduled O			Name	of OSHA	Monitor						
Start Date (10)		101/2	ompletion [Name	of OSHA	(Monitor)						
Start Dater(10) /		101/2	ompletion [Name Street	of OSHA	Monitor						
Start Date (10) 4 Occupancy Status During	Abstement (Check	Only Ohe	ompletion [Name Street	of OSHA	Monitor	1-32 - B	<i>0</i>				
Start Date (10)	Afastement (Check	Only One 7	ompletion [Name Street	of OSHA State, Zip	Monitor - 2.5 Code		<u></u>				
Start Date (10) Occupancy Status During Facility Closed/Vacate	Afastement (Check	Only One 7	ompletion [Name Street	of OSHA State, Zip	Monitor - 2.5 Code		0	2572_			
Occupancy Status During Facility Closed/Vacest Abatement Performed Other – Describe:	Adastement (Check ed During Entire Po d Outside of Norma	Only One 7	ompletion [Name Street	of OSHA State, Zip	Monitor - 2.5 Code	<u> 사로드 호</u> 10호 제	0' - <u>7</u> 81	2572_			
Occupancy Status During Facility Closed/Vacate Abatement Performed Other – Describe: Scope of Work (Check Ali	Adastement (Check ed During Entire Po d Outside of Norma	Only One / eriod of Abate at Facility Hou	ement urs		Name Street	of OSHA	Monitor Code Sima	<u> </u>					
Start Date (10) Occupancy Status During Facility Closed/Vacat Abatement Performed Other – Describe: Scope of Work (Check All ≥3 sf or ≥3 lf	Adastement (Check ed During Entire Po d Outside of Norma	Only One / eriod of Abate at Facility Hou	ement urs		Name Street	of OSHA C / 2 Address State, Zip Full (Monitor Code Containm	ent with Negative	e Pressure				
Occupancy Status During Facility Closed/Vacate Abatement Performed Other – Describe: Scope of Work (Check Ali	Adastement (Check ed During Entire Po d Outside of Norma	Only One / eriod of Abate at Facility Hou	ement urs		Name Street	of OSHA Address L: 5 State, Zip Full (Mini-	Code Containm Enclosurehag Pro	ent with Negative	e Pressure	1-67			
Start Date (10) Occupancy Status During Facility Closed/Vacat Abatement Performed Other – Describe: Scope of Work (Check All ≥3 sf or ≥3 lf	Adastement (Check ed During Entire Po d Outside of Norma	Only One / eriod of Abate at Facility Hou	ement urs		Name Street	of OSHA Address L: 5 State, Zip Full (Mini-	Code Containm Enclosurehag Pro	ent with Negative	e Pressure ಎ ೯ ರೃ	:-CV equre			
Start Date (10) Occupancy Status During Facility Closed/Vacat Abatement Performed Other – Describe: Scope of Work (Check All ≥3 sf or ≥3 lf	Adastement (Check ed During Entire Po d Outside of Norma	Only One / eriod of Abate at Facility Hou Reno	ement urs		Name Street	of OSHA Address L: 5 State, Zip Full (Mini-	Code Containm Enclosurehag Pro	ent with Negative	e Pressure ಎ ೯ ರೃ	egure spatement			
Start Date-(10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check Ali ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Adastement (Check ed During Entire Po d Outside of Norma That Apply)	Only One / eriod of Abate at Facility Hou	ement urs		Name	of OSHA Address State, Zip Full (Mini- Glov, Non-	Code Containm Enclosurehag Pro	ent with Negative	e Pressure ಎ ೯ ರೃ	:-CV equre			
Start Date (10) Occupancy Status During Facility Closed/Vacate Abatement Performer Other – Describe: Scope of Work (Check Ali ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Adastement (Check ed Düring Entire Pod Outside of Normal That Apply)	Only One / eriod of Abate al Facility Hou Reno Demo	ement urs ovation olition cation nally olely by	Date (11)	Street 3/2/City, 5/2/City,	of OSHA Address C S State, Zip Mini- Glov Non-	Code Containm Enclosur ebag Pro Exempte	ent with Negative e cedure A A A d (*) and Non-Fd	e Pressure کار کار able Proble A	eature batement Type			
Start Date (10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check Ali ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Adatement (Check ed Düring Entire Pod Outside of Normal That Apply) of Material (ACM)	Only One / eriod of Abate at Facility Hou Reno Demo	ement urs ovation olition cation nally olely by	Date (11)	Street City S Description s Containing nermal system	of OSHA Address Address State, Zip Mini- Glov Non- n of Material (instinuous)	Code Containm Enclosur ebag Pro Exempte ACM)	ent with Negative e cedure A A A d (*) and Non-Fri Amount (Specify	e Pressure کار کار able Proble A	eature batement Type			
Start Date-(10) Occupancy Status During Facility Closed/Vacate Abatement Performes Other – Describe: Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing N TO BE ABA In Facility	Adastement (Check ed Düring Entire Po d Outside of Norma That Apply) of Material (ACM)	Only One / eriod of Abate at Facility Hou Reno Demo	ement urs ovation olition cation nally olely by nance/ al Staff?	Asbestos (i.e. th	Descriptions Containing nermal system surfacing, V.	of OSHA Address L S State, Zip Mini- Glov, Non- n of Material (is insulati	Code Containm Enclosur ebag Pro Exempte ACM)	ent with Negative e cedure A A A d (*) and Non-Fd	e Pressure کار کار able Proble A	eature batement Type			
Start Date-(10) Occupancy Status During Facility Closed/Vacat Abatement Performe: Other – Describe: Scope of Work (Check Ali ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing N TO BE ABA	Adastement (Check ed Düring Entire Po d Outside of Norma That Apply) of Material (ACM)	Only One / eriod of Abate at Facility Hou Reno Demo	ement urs ovation olition cation nally olely by nance/ al Staff?	Asbestos (i.e. th	Street City S Description s Containing nermal system	of OSHA Address L S State, Zip Mini- Glov, Non- n of Material (is insulati	Code Containm Enclosur ebag Pro Exempte ACM)	ent with Negative e cedure A A A d (*) and Non-Fri Amount (Specify	e Pressure ふ ト ご able Proble A	egure spatement			
Start Date-(10) Occupancy Status During Facility Closed/Vacate Abatement Performes Other – Describe: Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing N TO BE ABA In Facility	Adastement (Check ed Düring Entire Po d Outside of Norma That Apply) of Material (ACM)	Only One / eriod of Abate at Facility Hou Reno Demo	ement urs ovation olition cation nally olely by nance/ al Staff? 2)	Asbestos (i.e. th	Descriptions Containing nermal system surfacing, V.	of OSHA Address L S State, Zip Mini- Glov, Non- n of Material (is insulati	Code Containm Enclosur ebag Pro Exempte ACM)	ent with Negative e cedure A A A d (*) and Non-Fri Amount (Specify	e Pressure کار کار able Proble A	eature batement Type			
Start Date-(10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing M TO BE ABA In Facility (13)	Agastement (Check ed During Entire Production of Normal That Apply) of Material (ACM)	Only One Pariod of Abate Reno Demo Is Loc Norm Used So Mainter Custodia (1)	ement urs ovation olition cation nally olely by nance/ al Staff? 2)	Asbestos (i.e. th	Descriptions Containing hermal system surfacing, Voother miscella	of OSHA Address L S State, Zip Mini- Glov Non- n of Material (is insulati AT, or ineous)	Code Containm Enclosur ebag Pro Exempte ACM) ion,	ent with Negative e cedure A A A d (*) and Non-Fd Amount (Specify SF or LF)	e Pressure کار کار able Proble A	eature batement Type			
Start Date-(10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check Ali ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing M TO BE ABA In Facility (13)	Adastement (Check ed Düring Entire Po d Outside of Norma That Apply) of Material (ACM)	Only One Pariod of Abate Reno Demo Is Loc Norm Used So Mainter Custodia (1)	ement urs ovation olition cation mally olely by nance/ al Staff? 2)	Asbestos (i.e. th	Descriptions Containing nermal system surfacing, V.	of OSHA Address L S State, Zip Mini- Glov Non- n of Material (is insulati AT, or ineous)	Code Containm Enclosur ebag Pro Exempte ACM) ion,	ent with Negative e cedure A A A d (*) and Non-Fri Amount (Specify	e Pressure کار کار able Proble A	eature batement Type			
Start Date-(10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing M TO BE ABA In Facility (13)	Agastement (Check ed During Entire Production of Normal That Apply) of Material (ACM)	Only One Pariod of Abate Reno Demo Is Loc Norm Used So Mainter Custodia (1)	ement urs ovation olition cation mally olely by nance/ al Staff? 2)	Asbestos (i.e. th	Descriptions Containing hermal system surfacing, Voother miscella	of OSHA Address L S State, Zip Mini- Glov Non- n of Material (is insulati AT, or ineous)	Code Containm Enclosur ebag Pro Exempte ACM) ion,	ent with Negative e cedure A A A d (*) and Non-Fd Amount (Specify SF or LF)	e Pressure کار کار able Proble A	eature batement Type			
Start Date-(10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check All ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location Asbestos-Containing M TO BE ABA In Facility (13)	Agastement (Check ed During Entire Production of Normal That Apply) of Material (ACM)	Only One Pariod of Abate Reno Demo Is Loc Norm Used So Mainter Custodia (1)	ement urs ovation olition cation mally olely by nance/ al Staff? 2)	Asbestos (i.e. th	Descriptions Containing hermal system surfacing, Voother miscella	of OSHA Address L S State, Zip Mini- Glov Non- n of Material (is insulati AT, or ineous)	Code Containm Enclosur ebag Pro Exempte ACM) ion,	ent with Negative e cedure A A A d (*) and Non-Fd Amount (Specify SF or LF)	e Pressure کار کار able Proble A	eature batement Type			
Start Date-(10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check All ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location Asbestos-Containing M TO BE ABA In Facility (13)	Agastement (Check ed During Entire Production of Normal That Apply) of Material (ACM)	Only One Pariod of Abate Reno Demo Is Loc Norm Used So Mainter Custodia (1)	ement urs ovation olition cation mally olely by nance/ al Staff? 2)	Asbestos (i.e. th	Descriptions Containing hermal system surfacing, Voother miscella	of OSHA Address L S State, Zip Mini- Glov Non- n of Material (is insulati AT, or ineous)	Code Containm Enclosur ebag Pro Exempte ACM) ion,	ent with Negative e cedure A A A d (*) and Non-Fd Amount (Specify SF or LF)	e Pressure کار کار able Proble A	eature batement Type			
Start Date (10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check Ali ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location (Asbestos-Containing Not BE ABA) In Facility (13) Defice R	Adastement (Check ed During Entire Pold Outside of Normal That Apply) of Material (ACM) TED y	Only One Pariod of Abate Reno Demo Is Loc Norm Used So Mainter Custodia (1)	ement urs ovation olition cation mally olely by nance/ al Staff? 2)	Asbestor (i.e. th	Descriptions Containing of the surfacing, Voother miscella	of OSHA Address L S State, Zip Mini- Glov Non- n of Material (is insulati AT, or ineous)	Code S.776 Containm Enclosur ebag Pro Exempte ACM) ion,	ent with Negative e cedure A CA d (*) and Non-Fri Amount (Specify SF or LF)	a Pressure	eature batement Type			
Start Date-(10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check All ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location Asbestos-Containing M TO BE ABA In Facility (13)	Adastement (Check ed During Entire Pold Outside of Normal That Apply) of Material (ACM) TED y	Only One Pariod of Abate Reno Demo Is Loc Norm Used So Mainter Custodia (1)	ement urs ovation olition cation mally olely by mance/ al Staff? 2)	Asbesto: (i.e. th	Descriptions Containing Inermal system surfacing, Voother miscella	of OSHA Address L S State, Zip Mini- Glov Non- n of Material (is insulati AT, or ineous)	Code S.776 Containm Enclosur ebag Pro Exempte ACM) ion,	ent with Negative e cedure A A A d (*) and Non-Fd Amount (Specify SF or LF)	a Pressure	eature batement Type			
Start Date (10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check Ali ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location (Asbestos-Containing Not BE ABA) In Facility (13) Defice R	Adastement (Check ed During Entire Pold Outside of Normal That Apply) of Material (ACM) TED y	Conly One Period of Abete Reno Demo Is Loc Norm Used So Mainter Custodia (1)	ement urs ovation olition cation mally olely by nance/ al Staff? 2) NJDEP V Hauler ID	Asbestor (i.e. the	Descriptions Containing Inermal system surfacing, Voother miscellar Cubic Yards of Waste	of OSHA Address L S State, Zip Mini- Glov Non- n of Material (is insulati AT, or ineous)	Code Containmencosurebag Pro Exempte ACM) ion,	ent with Negative e cedure A A A d (*) and Non-Fri Amount (Specify SF or LF)	a Pressure	eature batement Type			
Start Date (10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check Ali ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location (Asbestos-Containing Not BE ABA) In Facility (13) Perice R	Adastement (Check ed During Entire Pold Outside of Normal That Apply) of Material (ACM) TED y	Conly One Period of Abete Reno Demo Is Loc Norm Used So Mainter Custodia (1)	ement urs ovation olition cation mally olely by mance/ al Staff? 2)	Asbesto: (i.e. th	Descriptions Containing Inermal system surfacing, Voother miscellar (Cubic Yards of Waste (C) /	of OSHA Address State, Zip Mini- Glow, Non- n of Material (national institution of material) (12 / 27)	Code Social Containm Enclosur ebag Pro Exempte ACM) ion,	ent with Negative e cedure A CA d (*) and Non-Fri Amount (Specify SF or LF)	a Pressure	eature batement Type			
Start Date (10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check Ali ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location (Asbestos-Containing Not BE ABA) In Facility (13) Defice R	Adastement (Check ed During Entire Pold Outside of Normal That Apply) of Material (ACM) TED y	Conly One Period of Abete Reno Demo Is Loc Norm Used So Mainter Custodia (1)	ement urs ovation olition cation mally olely by nance/ al Staff? 2) NJDEP V Hauler ID	Asbesto: (i.e. th	Descriptions Containing Inermal system surfacing, Voother miscellar Cubic Yards of Waste	of OSHA Address State, Zip Mini- Glow, Non- n of Material (national institution of material) (12 / 27)	Code Containmencosurebag Pro Exempte ACM) ion,	ent with Negative e cedure A CA d (*) and Non-Fri Amount (Specify SF or LF)	a Pressure	eature batement Type			
Start Date-(10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check Ali ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Abbestos-Containing Notes and In Facility (13) Defice R Name of Registered Wast AE, 2 C	Adastement (Check ed During Entire Pold Outside of Normal That Apply) of Material (ACM) TED y	Conly One Period of Abete Reno Demo Is Loc Norm Used So Mainter Custodia (1)	ement urs ovation olition cation mally olely by nance/ al Staff? 2) NJDEP V Hauler ID	Asbesto: (i.e. th	Descriptions Containing Inermal system surfacing, Voother miscellar (Cubic Yards of Waste (C) /	of OSHA Address State, Zip Mini- Glow, Non- n of Material (national institution of material) (12 / 27)	Code Social Containm Enclosur ebag Pro Exempte ACM) ion,	ent with Negative e cedure A CA d (*) and Non-Fri Amount (Specify SF or LF)	acie Proce	eature batement Type			
Start Date-(10) Occupancy Status During Facility Closed/Vacate Abatement Performe: Other – Describe: Scope of Work (Check Ali ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Abbestos-Containing Notes and In Facility (13) Defice R Name of Registered Wast AE, 2 C	Adastement (Check ed During Entire Pold Outside of Normal That Apply) of Material (ACM) TED y	Only One Period of Abate Reno Reno Reno Reno Custodia (1: Yes N	ement urs ovation olition cation mally olely by nance/ al Staff? 2) N/A NJDEP V Hauler ID	Asbesto: (i.e. th	Descriptions Containing Inermal system surfacing, Voother miscellar (Cubic Yards of Waste (C) /	of OSH- of OSH- Address State, Zip Mini- Glov, Non- n of Material (is insulation) AT, or ineous)	Code Social Containm Enclosur ebag Pro Exempte ACM) ion,	ent with Negative e cedure A CA d (*) and Non-Fri Amount (Specify SF or LF)	acie Proce	eature batement Type			
Start Date-(10) Occupancy Status During Facility Closed/Vacata Abatement Performed Other – Describe: Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing No BE ABA In Facility (13) Perform Containing No Bear Containing N	Adastement (Check ed During Entire Pold Outside of Normal That Apply) of Material (ACM) TED y	Only One Period of Abete IFacility House Is Loc Norm Used So Mainter Custodia (1: Yes N	ement urs ovation olition cation mally olely by nance/ al Staff? 2) N/A NJDEP V Hauler ID	Asbesto: (i.e. th	Descriptions Containing hermal system surfacing, Voother miscellar Cubic Yards of Waste	of OSH- of OSH- Address State, Zip Mini- Glov, Non- n of Material (is insulation) AT, or ineous)	Code Social Containm Enclosur ebag Pro Exempte ACM) ion,	ent with Negative e cedure A CA d (*) and Non-Fri Amount (Specify SF or LF)	acie Proce	eature batement Type			

Check # 8147

Date of Notification (1)				Name o	of Buildi	ng Owner/Operator	502 NO 90	110		9		
	3-26-12 Type Notification			Stroot	Address	1+7 1	Realty	LLC		- 1		\dashv
Agency Notified	Type Notification						34 5	outh		i		1
SEPA	Anitial	A	.		ate, Zip	Route	<u> </u>	outh	_	-	-	\dashv
D DEP DOL	Amended Amendment #	1)				NJ	07727				
DOL	□ Emergency (inclu	ding	1	Nama	of Contr	ringdale	103	Telephone Number	-	1		\dashv
⊅ DOH	justification)							Telephone Humber	7.5	-	97	
DCA	☐ Cancellation			Jan			25	Aver			er.	
				FACII	IN YTL	FORMATION			1,			_
Name of Facility When	e Abatement is Taking F	Place (3)					Type of Facility	(4)				
Global	Painting	Egy	i'to	nent	-		☐ School (K-12	2)				
Street Address	J	0	,	M445-3-1-			Subchapter	8 (Other than K-12) rivate & commercial building	ae.			
1315	Route 34	Sou	14				homes, etc.		go,			
City/E\							Square Feet	# of Floors Bldg.	Age			
Æ.	ung dala	NT		09	77	27		1 5	U	4 -	-	
County (6)	ungan			County	Code (7) (STATE USE	Current Use (P	rior if being demolished)		1000		
				ONLY)							j	
IVO AM	rm Hired by Building Ow	mer	ASCN	No.		Name of Abatem	nent Contractor (9)				-
				NA					_			
	chnologies			17/4		Street Address	_ 1.0011	nologies, Ir	10			
Street Address	227.	8					P 0 2	. 237				
	x 337					City, State, Zip (P.O. Bo	2 33 /				
City, State, Zip Code	YPT NJ	795	33			Oily, State, Zip	. E i	WT '085	22	2		
New Eg	YPT 12	UU 3	Jobbo	ne No.		Telephone No.	-gypr	MJ 085.	رر			
Project Manager for M	onitoring ruini	1 10	ichio		7/-			0039				
Steve Scl	Scheduled	Camplet	7 /.	58-3	367	Name of OSHA		0001	1_			-
Start Date (10)		13-1		te (. 1)		Commence of the contract of th	ANOTHER PROPERTY.	alogies To	_			
4-9-12						Street Address	- ICCIIA	ologies. In	_			-
	ing Abatement (Check o						Box	227				
Facility Closed/Vac	ated During Entire Period	of Abat	ement			City, State, Zip (Code	J. J. I.	00010120			_
☐ Abatement Perform ☐ Other – Describe:	ed Outside of Normal Fa	cility Hot	าเล			Me	Egypt	NJ 085	37	4		
Communication of the communica	The sample					1 JACO	- ypr	7.0 000		_	77.0	_
Scope of Work (Check	all that apply)				1.72			Negative Pressure				
□ ≥ 3 sf or ≥ 3 lf	*			☐ Rend ☐ Dem			Enclosure ebag Procedure	*				
2≥ 160 sf or ≥ 260 lf				G Dem	Ondoir	□ Non-	Exempted (*) an	d Non-Friable Procedure				
	·	le	Locat	ion					A	bate		nt
		1 7	lormal	1000				2.	-	Т	ре	_
Loca	ition of		d Sole		Ache	Description estos Containing M	William and the second second of the	Amount			Ш	_
	ning Material (ACM) ABATED	0.0000000000000000000000000000000000000	ntena		(i.e	e., thermal systems	insulation,	(Specify	Remova	R	ncapsulate	nc
	acility		Staff?			surfacing, VAT		SF or LF)	Von	Repair	USC	Enclosure
(13)		(12)			other miscelland	euus)		B		ate	6
		Yes	No	N/A				6				
4		1			2.0	e Insula	La	500 LF	×			
Warehous	<u> </u>	+	<u>×</u>		-F'+	ر ساريمرام			1			
1.0		-		\vdash					T			
	4 2 1 1	-							1		1	
				Vocas II	oudor.	Cubic Yards of	Name of Regi	stered Landfill	1_	1		
Name of Registered W			No. s	Vaste H		Waste			L			
EPC Tec	hnologies		1	100	20	12	Waste	· Monagemen	7			
				100		Disposal Date	City, State					
City, State NJ						4-13-12	Monne	sville PA				
1030	Title O			,		Signature 1		Date		-		_
Steve Sche	aker PRE	esid	ent	-		Sh	we sch	when 3.	21	6-	17	_
ASB-41	e i Got				estos li	censure exempted	activities.					200
ASH-41		-										

ASB-41

3-22-12

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

Check #

				1	(5.7.0			e 3				
Date of Notification (1	3-12-1	2		Nam		ng Owner/Operato	Latty. L	-LC				
Agency Notified	Type Notification			Stree	t Address	5 Route	Account to		1			
□ EPA □ DEP	Anitial Amended			City.	State, Zip		34 3	outh.				
DOL	Amendment #			031	-	mingda	I. N	5 077	27			
™ DOH	☐ Emergency (including justification)	uding		Nam	e of Conta	nct J		Telephone Numb	trar-	-		7
D DCA	☐ Cancellation			Jo	in Pe	eten III	1100					
				77777700		FORMATION	V C.3	- Sherman	1000	-	71	_
Name of Facility When	re Abatement is Taking F	Place (3)				Type of Facilit	y (4)				
Globe	1 Printin		Fo	141	m.	. L	☐ School (K-1	2)				
Street Address	1 (4(///////////////////////////////////]	0		71.107		☐ Subchapter	8 (Other than K-12)				
1315 1	Route 34	Soc	ith				homes, etc	private & commercial	building	s,		
City (5)		0.000					Square Feet	# of Floors	Bldg. A	ge		
Farmi	ngdale 1	VJ		07	727			1	100	Ö d	-	
County (6)	J) (STATE USE	Current Use (F	Prior if being demolish	ned)			2011
Monno	rm Hired by Building Ow			ONLY	0							
			ASC	M No.		Name of Abaten	ment Contractor ((9)				
(8) EPC Te	chnologies			NA	1	I EPO	Tech	nologies,	To	c		
Street Address				,		Street Address	_			_		
P.O. Bo	x 33+		96				1.0. Bo	x 337		7.5		
City, State, Zip Code	OL NT	105	22			City, State, Zip (Code	(/ \cos	~ ~ ~			
Project Manager for Me	YP+ NJ (303	odenbe	ne No.		New	Egypt	MJ O	533	3		
Steve Sch		1000	CONTRACTOR OF THE PARTY OF THE		3365	(4)2 S28		34				
Start Date (10)	Scheduled (Complet	ion Da	te (11)	5367	609-758 - Name of OSHA		1 00	394			
3-22-12		L-1	7	()				ologies,	T .			
	ing Abatement (Check or					Street Address	- (igiogres,	LAC			
Sensitive Classed Mass	ted During Entire Period	of Abat	oman			P.C	Bex	337				
	ed Outside of Normal Fac			•		City, State, Zip C	Equat		853	3		
Scope of Work (Check	all that apply)						011		000	٧		
□≥3 sf or ≥3 lf				□ Ren	ovation	□ Full (Containment with Enclosure	Negative Pressure			40	
≥ 160 sf or ≥ 260 lf	*				nolition	Glove	ebag Procedure	•				
		1.			Т	□ Non-l	Exempted (*) an	d Non-Friable Proced	dure	AL		
		1	Locati Iormal				100				teme	ant
	ion of	1002003755	d Sole	A Company of the Comp	9	Description of						T
Asbestos-Containi TO BE A		(CASSESSED)	ntena: ustodi			tos Containing Ma , thermal systems		Amount (Specify		0 -	Encapsulate	5
IN Fa			Staff?	7.75	,	surfacing, VAT	, or	SF or LF)	Control	Kepair	aps	Enclosure
(1)	3)		(12)			other miscellane	ous)		1	5 =		ure
		Yes	No	N/A							L	
Warehouse			X		Pipe	Insulat	רשר	500 L	F	C	-	
				-						+	+	\vdash
					-				$\neg \vdash$	+	\dagger	T
Name of Registered Wa	ste Hauler	100000000000000000000000000000000000000		aste H	auler	Cubic Yards of	Name of Regis	stered Landfill	77			
EPC Tect	inologies	IDN	1	700	00	Waste 1 2		. Monagen	nent			
NE NJ						Disposal Date 4-2-12	City, State Monni;	wille F	PA		V/mmrg)	
Completed by ,	Title D	. 1				Signature 7	501		ate .			
Steve Schen		side				She	ve Jche	he	3-1	1-	12	`
	* Do not	uca this	form	for ach	actor lies	neura exempted a	ativities			-		

LOCK BOX OUD!