PAID NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

	E	C	E		\mathbb{V}	E	M
or (2)		NOV	-	2	2017	,	

Date of Notification (1)				Name of Build	ing Owner/C	Operator	(2)	N	0V -	- 2 20	17	U				
10/25/17 Revised		Matification	Tuno		Paulsboro Ref Street Address		any			- //						
Agencies Notified		Notification			800 Billingspo		-		ASBE	STOS	CONTR	ROL &				
() EPA (X) DEP		() Initial Noti (X) Amende		tion	City, State, Zip	Code					NSING					
(X) DOL		() Cancelle		lion	Paulsboro, NJ											
(X) DOH		() Emergend	су			thing.										
() DCA					Name of Conta	act		1	Tal N	ıımhar						
				FACILITY IN	FORMATION						-					
Name of Facility Where Aba	tement is T	aking Place (3	3)	THOLETTIN	Type of Facilit	y (4)				- 100-00-0						
Paulsboro Refining Compan	ıy				() School (K- () Subchapte		an K-12)									
Street Address					(X) Other (i.e.			al bld	gs., hor	nes, et	C.					
800 Billingsport Rd					Sq. Feet N/A		# of F	loors	s N//	Ą						
City (5)	County (6)		County C	ode (7)	1000 COO DE 1000						_					
Paulsboro	Gloucester		(State Us	se Only)	Bldg. Age No Current Use (p		 demolish	ned)_	Oil Re	efinery			28			
Name of Monitoring Firm Hir	ed by Bldg	Owner (8)	ASCM N	0.	,,	Ī	Name o									
ATC Associates					T 01 1 1 1 1		Mansfie	ld Ind	dustrial,	Inc.						
Street Address 3 Terri Lane, Suite 4					Street Address 26 Colonial Av											
Burlington, NJ 08016					City State, Zip Woodbury, NJ											
Project Manager for Monitor	ing Firm	Telephone N	Number		Telephone Nu	mber			License Number							
John Lutz		609-479-851	12		856-224-4392			00857								
Scheduled Start Date (10)		Scheduled (Date (11)	Name of OSH	A Monitor										
10/16/17 Occupancy Status During Al	actomont (11/22/17 Re	1107/2010		Mansfield Indu Street Address											
() Facility Closed/Vacated I () Abatement Performed On	During Entir	e Period of Al	patement		26 Colonial Ave											
		850			City, State, Zip Code											
(X) Other – Describe – Remarkate	oval of ACN	I within restric	cted work a	rea in outside	Woodbiry Nj 08096											
Source of Work (Check all th	nat apply)				_!											
() Demolition (X) Renovat	tion															
(X) Large Proj. (160 SF or >	260 LF AC					linor Proj. (<	<25 SF or	<10	LF ACI	VI)						
(X) Full Containment with N Location of Asbestos-		ation Normally		Description of	ebag Procedure ACM (i.e.	Amount (S	Specify S	Forl	LF)	Abate	ement Ty	pe				
Containing Material (ACM) in	Solely	by Maint./Cus	todial	thermal systen	ns insulation,	Real Address of the			: 1:000							
Facility (13)	Staff? _YES	(12) NO	NA	surfacing, VAT misc.)	, or other					Rem.	Rep.	Encap	Enclose			
DA 203 Tower at Coker Unit		l x	0,400,00	TSI		Approx 10	000 SF		-	X	т —					
						10.52										
Add DA 202 Tower		X		TSI		Approx 10	000 SF	-		X	-					
Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	D#	Cubic Yards of Waste Name of Reg											
Waste Management, Inc.		17273			3 CY				Glouce	ester Co	ounty Lar	andfill				
City, State							Disp. Da				City, Stat					
South Harrison, NJ							Various				South Ha	arrison,	NJ			
Completed by (Print or Type))	Title			Signature				Date							
ANDREW GREEN		MANAGER .	– Mansfield	d Industrial, Inc	11	1.			10-25-	17						
MINDINEW GREEN		MUNACEN.	Mananal	a moodilal, mo	ande	Ma	car			35						
					Site	perations S	uperviso									
					//											
					V											

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00



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

E	C	E		\mathbb{V}	E	M
3	NOV	_ D_	2	2017 7		
ASB	EST	OS (CON	NTRC)L &	

Date of Notification (1)	30 /	17	Name of Building Owner/Operator (2) Valda Bendinskaite NOV - 2 3 3 0 2													
Agencies Notified EPA	Type Notificat	tion		Stre	et Address			ASE	SESTOS	and the second	NTRO	OL &				
☑ DOLWD ☑ DOH ☐ DCA	Amended Amendme	-	_		State, Zip					11011	10	-				
(NJAC 5:23-8)	justification Cancellation	n)	ig		ne of Conta			Telephone Nu	mber							
				F	ACILITY I	NFORMATION				-						
Name of Facility Where A	batement is Ta	aking Plac	ce (3)		tolell I	W ORWATION	Type of Facility	(4)	3)							
Residence							School (K-12)							
Street Address								8 (Other than K- rivate and comn)		uildin	gs,					
City (5)							Square Feet	# of Floors	В	ldg. A	ge					
Brick							2000 sf	2		65						
County (6)				Cou	unty Code	(7)(STATE USE ONLY)	, , , , , , , , , , , , , , , , , , , ,									
Ocean							Residence									
Name of Monitoring Firm	Hired by Buildi	ng Owne	r (8)	ASC	ЛNo.	Name of Abateme	nent Contractor (9)									
N/A						Guardian Co	Contracting, Inc.									
Street Address						Street Address										
						1889 Route 9										
City, State, Zip Code						City, State, Zip Co										
Desired Manager for Mari	- · · · · · · · · · · · · · · · · · · ·		1-				New Jersey 08755									
Project Manager for Monit	toring Firm		Te	elephone	e No.	Telephone No.		License No.								
Start Date (10)	0	cheduled	Comp	lation D	ata (11)	732-349-9932 00624 Name of OSHA Monitor										
11 / 09 /	0.000.000				17	E.M.S.L. Anal										
Occupancy Status During						Street Address	iyacai									
☐ Facility Closed/Vacate						1056 Stelton										
☐ Abatement Performed					escribe	City, State, Zip Co	nde			0-1-1-1						
Time of Abatement:	AM	_PM/	PI	νI	_AM	Piscataway, I	854									
Scope of Work (Check all	that apply)															
☐ >3 sf or >3 lf			enova	ation		☐ Full Cont	ainment with Neglosure	gative Pressure								
≥160 sf or ≥260 lf			emoli			☐ Glovebag	Procedure		w-country							
				-4:		⊠ Non-Exe	mpted (*) and No	in-Friable Proced								
Location	nf		ls Loc Norm			Description o	f		Ab	atem	ent T	ype				
Asbestos-Containing N	Material (ACM)			olely by		estos Containing Ma	terial (ACM)	Amount	Remova	Repair	Enc	Enclosure				
TO BE ABA		100		nance/ Il Staff?	(i.	 e., thermal systems i surfacing, VAT, 		(Specify	Nova	air	aps	lost				
(13)	,		(12	2)		other miscellane		SF or LF)	=		Encapsulate	le l				
		Yes	No	N/A	\						CD:					
exterior					asbest	tos siding		2400 sf								
			П	П							П	П				
Name of Registered Wast	e Hauler			NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill								
Guardian Contractir	ıg, Inc.			Hauler 2022		Waste 3	T.R.R.F.									
City, State					-	Disposal Date	City, State									
Toms River, New Je	rsey					11/13/17	Tullytown,	Pennsylvania	1							
Completed By (Print or Ty	pe)	Title	100000000000000000000000000000000000000			Signature		0	Date /		i					
Nicholas Fernicola		Projec	t Ma	nager		1	(+	4	10/3	301	17					
ASB-41						V	The state of the s	1								



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

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	keen		

Date of Notification (1)	Name of Building Owner/Operator (2)																
10/30/17	e1			David	Calhou	n				LE	C	E				1	
Agencies Notified	Type Notification			Street A	ddress											\parallel	
X EPA	× Initial									1			-00	.,-	Ш	Ш	
DEP X DOL	Amended Amendment	4			ate, Zip Co	ode			111		NOV	- 2	20	11/	L	2	
	Emergency		-	Leonia						1_							
□ DOH □ DCA	justification)				f Contact Calhour					Tele	phone	Num	ber-		3	\neg	
DCA	Cancellation				ILITY INF		ION	-5757-1-						with the last of t	_		
Name of Facility Where A	Abatement is Takin	g Place (3)	1	FAC	ILII T INF	URIVIAT	ION	Тур	e of Facility (4)		and the second	(Inchina)				
house									School (K-12	ž							
Street Address								×	Subchapter 8 Other (i.e. pr	(Othe				dinas	hom	ies.	
City (5)					-				etc.) are Feet		Floors		_	Bldg. /			
Leonia								230		2	1 10013			88 . 7	iye		
County (6)			T	County	Code (7)				ent Use (Prior	if bein	a dem	olishe					
Bergen				(STATE	USE ONLY)			t food resta								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	ЛNo.	Z. (1)		e of Abatement Contractor (9)									
							ABS	S Environmental Services, LLC									
Street Address								et Address Box 483, 4 E Gate Drive									
City, State, Zip Code									Zip Code	ne Di	11106						
									d, NJ 0741	8							
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph 973-				Licens	se No.					
Start Date (10)	T	Schedule	d Cor	mpletion	Date (11)				SHA Monitor								
11/8/17		11/20/1															
Occupancy Status During	Abatement (Chec	k Only One)		-		Street	Addre	ess								
Facility Closed/Vaca Abatement Performe Other – Describe: b	ed Outside of Norm	Period of Allial Facility	oaten Hours	nent s	City, State, Zip Code								-				
Scope of Work (Check All	That Apply)					-						-					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	07.86	-	enova emolit				×	Mi GI	ull Containmer ini-Enclosure ovebag Proce on-Exempted (dure					0		
		le l	.ocati	ion					on Exempled () and	14011-1	Habie		Abate			
Location	of	7775575	ocau ormal	C-435-001		Dec	andation.								ре		
Asbestos-Containing I	Material (ACM)	Used			Asbes		scription aining M	5.00	al (ACM)	Arr	nount				rn		
TO BE ABA In Facilit		Custo	itenai dial S			thermal	systems	insul			pecify		Re	D	Encapsulate	Enclosure	
(13)	у		(12)				cing, VA ⁻ niscellan			SF	or LF)		Remova	Repair	psu	180	
		Yes	No	N/A									<u>a</u>	-	late	ire	
Baseme	nt			×		pipe	insulat	ion		90	LF	1	×				
Name of Registered Wast	e Hauler		N	IDED W	aste	Cubic	Varde		Name of Re	agistor	od Lac	den					
Freehold Cartage	o nadioi		NJDEP Waste Cubic Yards Hauler ID No. of Waste					- -									
			11:	5939		TBD Western Berks Landfill											
City, State Freehold, NJ							Disposal Date City, State TBD Birdsboro, PA										
Completed by		Title					Signature 0. Date										
A. Scott Higgins		Presid	ent								10/3	0/30/17					

TAIL

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) 2017-157 B & G proj. #: Check # 8673 201 Date of Notification (1) Name of Building Owner/Operator (2) 1 1 0 1/13 11 1/11 7 Paula Satterly Agencies Notified Type Notification Street Address LICENSING EPA X Initial ☐ DEP City, State, Zip Code Amendment X DOL Glen Ridge, NJ 07028 Telephone Number Name of Contact X DOH Cancellation ☐ DCA Paula Satterly **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Paula Satterly Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) Glen Ridge, NJ 07028 Essex residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 11/10/2017 11/11/2017 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ✗ Full Containment w/negative pressure Demolition ▼ Renovation Mini-enclosure Non-friable procedure >160 sf or >260 lf x >3 sf or >3 If Is location normally used solely E Location of e n by maintenance/custodial Amount asbestos-containing Description of asbestos-containing n m p C staff(12) (Specify SF or C material to be material (ACM) a а 1 abated in facility (13) v Yes No N/A p X 110 sf / 10 lf VAT & mastic / pipe insulation Laundry room X 98 sf / 15 lf X VAT & mastic / pipe insulation Boiler room 33 lf / 20 lf X X pipe insulation / pipe Main room Cubic Yards of Waste | Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State Tullytown, PA Lincoln Park, NJ 11/13/2017 Signature Date Completed by (Print or Type) Ciordana Luna 10/31/2017 Gordana Luna Secretary/Treasurer

PAID	53								T	J E	C [W	rin
23180028892) NO		Sta ICATION ursuant t		ESTOS	ABATE				以	VOV		201	7
Date of Notification (1)		T	Name of	Building	Owner/0	Operator	(2)		-	4	4UV		201	1
10/27/2017					ority O	F City	OF E	lizabeth				village in		
Agencies Notified Type Notification	n		Street Ad							ASB	ESTO	S CC ENSI	NTR	OL
× EPA Initial		-	688 Ma								LIO	LINO	ING	
X EPA Initial X DEP Amended X DOL Amendme	nt#		City, Stat			2								
X Emergence	y (including	- -	Name of						To	lephone Ni	umbar			
DOH justification			Clive V						16	lephona ki	IIIIIA			
Count Desert				ITY INF		ION			_			-		
Name of Facility Where Abatement is Tak	ing Place (3)						Туре	of Facility	(4)					
Comercial								School (K-	12)					
Street Address 208-210 3rd Street							×	Subchapter Other (i.e. petc.)	r 8 (Oth orivate	er than K- & commen	12) cial bui	ldings	, hom	es
City (5) Elizabeth								re Feet	# o	f Floors A	1	Bldg.	Age	
County (6) Essex			County C (STATE U		,			ent Use (Pri VATE BL			shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				tement Cor						
Street Address			-			Street		764					-	_
								KLIN STF	REET			- SHISSON		
City, State, Zip Code						- V. S.		ip Code DN,NJ,07	524		(i)	it.		
Project Manager for Monitoring Firm			Telephon			Teleph 973-	one N 333-5			License 01274	No.			
Start Date (10) 10/31/2017	Scheduled 11/20/20	17	pletion D	ate (11)				HA Monitor	r llc					
Occupancy Status During Abatement (Che	150 0					Street		•						
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe:	Period of Aba mal Facility H	atem ours	ent			City, S	tate, Z	KLIN STR						_
Scope of Work (Check All That Apply)						PAT	ERSC	O, LN,NC	7524					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		novat noliti				×	Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	e edure	-01-01-01-00-00-00-00-00-00-00-00-00-00-			'e	
Location of		catio				10.12						Abat	emen	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used 8 Maint Custod	enan	ice/		tos Cont thermal surfac		laterial insula T, or		(8	mount Specify or LF)	Remova	Repair	Encapsulate	
	No	N/A								<u> </u>		ate		
ROOF		X			F	ROOF			30	00SF	X			
		X												
Name of Registered Waste Hauler		N1	IDED W.	eto	Cubic	Varde		Name of	205:1	rod 1 - 100	11			
EHW ABATEMENT LLC		Ha	JDEP Wa auler ID N 1946		Oubic of Was				570	red Landfil RANSF				
City, State PATERSON,NJ					Dispos TBD	al Date		City, State BRONX				,		
Completed by /ICTOR ESPIRITU	Title PROJE	СТ	MANA	GER	S	ignature	Aw	WKE	1	1	ate 0/27/2	2017		

PATD												-	温	Prin	nt Fo
24595147810	N		CATION	of New OF ASBE ONJAC 8	STOS A	ABATE									
Date of Notification (1) 10/30/2017				Building (ay Com				nership		Ц	NOV	-	2 2	017	
Agencies Notified Type Notifica	tion		Street Ad 110 Cd	ddress ohansey	Street	t				ASE	BEST		CON		. &
X EPA Initial Amende Ame		1000		te, Zip Co		8-1					Carlotte Marie	₩ in it	311 V		
□ Emerger □ Justificat □ DCA □ Cancella		1	Name of Tim Fir	Contact					Tel	ephone	Numb				
DCA Cartosia	1011			LITY INFO	RMATIO	ON									
Name of Facility Where Abatement is T Private House	aking Place (3)						_	of Facility (School (K-1							
Street Address				O S DIST.			×	Subchapter Other (i.e. p	8 (Oth	er than & comm	K-12) ercial	build	ings,	home	s,
City (5)								etc.) re Feet	# o	f Floors Δ			dg. Aq	je	
Bridgeton County (6)			County C	Code (7)			Curre	nt Use (Pri	or if be	ing dem	olishe		,,,		
Cumberland Name of Monitoring Firm Hired by Build	ling Owner (8)		ASCM				of Aba	VATE HO	ntractor	(9)					
N/A Street Address							V ABA Addre	SS STEMEN	T LLC						_
City, State, Zip Code								KLIN STF	REET						
			T.1	N-		PAT		ON,NJ,07	524	Licens	se No.				
Project Manager for Monitoring Firm			Telephor			973-	-333-5	5144		0127					
Start Date (10) 11/09 /2017	Schedule 11/12/2		npletion [Date (11)				HA Monitor		;					
Occupancy Status During Abatement (89 FRANKI IN ST							REET						
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: OCCUPIE						280		ip Code ON,NJ,07	7524						
Scope of Work (Check All That Apply)	□ -		<i>U</i> = 2			Г	7	II Containm	ont wit	h Negati	ivo Pro	Secur	0		
≥3 sf or ≥3 if ≥160 sf or ≥260 if	The state of the s	enova emolit				2	Mi K Gl	ni-Enclosur ovebag Pro on-Exempte	e cedure					e	
		Locati	5000000		D-								Abate	ment pe	12
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	d Sole ntena odial S (12)	ly by nce/		tos Cont thermal surfa		Materia ns insul AT, or		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
PAGENENT	Yes	No	N/A	PIPE INSULATION					0015			X		Ō	
BASEMENT		X		PIPE INSULATION						80LF		.,			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Cubic Yards Hauler ID No. of Waste 111946 N/A						Name of	- 7			3			
City, State	Disposal Date City, State TBD BRONX,NY					/ Te									
PATERSON ,NJ	Titla						re A	Diton	/ 1/		Date	9		-	
Completed by		Title Signature Signature									- 14000		017		

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M		147888			CATION	ate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE			EG			₩	
	te of Notification (1) 0/30/2017					of Building Owner/ovay Communit			144	NOV		2 2	017	
	encies Notified	Type Notification			Street A		•			ASBEST	OS	CON	TROI	. &
×	EPA DEP DOL	Initial Amended Amendmen			City, Sta	ate, Zip Code eton,NJ,08302			L	L	CEN	ISINC	2	
×	DOH DCA	Emergency justification) Cancellation			_	f Contact			Telep	hone Nur	nber		7 7	
					FAC	LITY INFORMAT	ION				_			
A 100000	me of Facility Where ivate House	Abatement is Takir	ig Place (3	3)				Type of Facility	(4)					
31.3	eet Address							School (K-		than 1/ 10	**			
300	eet Address							Subchapte Other (i.e. etc.)				ldings	, hom	es,
	y (5) neland							Square Feet N/A	# of F N/A	loors	1 3	3ldg. A N/A	Age	
100000	unty (6)					Code (7) USE ONLY)		Current Use (Pr		demolish	ed)			
1	umberland me of Monitoring Firm	Hired by Building	Owner (8)		ASCN		Name	PRIVATE H		1)				
N/	120	Timod by Dananig	owner (e)		Acon	n 140.	- 10 THE CONTROL	ABATEMEN		')				
Stre	eet Address							Address RANKLIN ST						
City	, State, Zip Code							ate, Zip Code ERSON,NJ,0	7524					
Pro	ject Manager for Mor	nitoring Firm			Telepho	ne No.		one No. 333-5144	1 3	icense No 01274	0.			
11	rt Date (10) /10/2017		11/12/	2017	mpletion	Date (11)		of OSHA Monitor ABATEMEN						
Occ	cupancy Status Durin							Address RANKLIN STI	DEET					
Н	Facility Closed/Vac Abatement Perform	ed Outside of Norr						ate, Zip Code	NEE I					
×	Other - Describe:		*				PATE	ERSON,NJ,0	7524					
× ×	pe of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	il I hat Apply)	CONTRACTOR OF THE PARTY OF THE	Renova Demoli			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure				e	
				Locat									ement	į
	Location Asbestos-Containing <u>TO BE AB/</u> In Facil (13)	Material (ACM) ATED	Use Ma	Normal ed Sole intena todial ((12)	ely by nce/	Asbestos Cont (i.e. thermal surfa		aterial (ACM) insulation, , or	Amo (Spe SF o		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A								te	W
	BASEME	ENT		X		PIPE II	VSULA:	TION	801	_F	Х			
														-

NJDEP Waste

Hauler ID No.

111946

PROJECT MANAGER

Cubic Yards

Disposal Date

Signature

of Waste

N/A

TBD

Completed by

PATERSON, NJ

VICTOR ESPIRITU

City, State

Name of Registered Waste Hauler

EHW ABATEMENT LLC

Date

10/302017

Name of Registered Landfill

City, State

BRONX,NY

TRI STATE TRANSFER

PALU									IF) E	C	;	W	1			
	N	OTIFI		ate of Ne			MENT				0 1	3 11	U				
ND 2459 514787	7			to NJAC								•					
Date of Notification (1)		Т	Name o	f Building	Owner/0	Operator	(2)		14		101 -	- 2	201/				
10/30/2017			Gatew	vay Con	nmunity	y Actio	n Par	nership						1			
Agencies Notified Type Notificat	ion		Street A						\top	ASB	ESTOS			L&			
X EPA X Initial				ohanse		t					LICE	NSI	IG				
X EPA X Initial Amende Amendm				ate, Zip Co													
Emerger	cy (including	- L		eton,NJ, f Contact	06302				Tal		Marakan						
X DOH justificati DCA			Tim Fi						Tel	ephone	Number	•					
_ Gainesia				LITY INF	ORMATI	ON			-					-			
Name of Facility Where Abatement is Ta	king Place (3)						Туре	of Facility (4)			-77-77	V/4 11 11 11 11 11 11 11 11 11 11 11 11 11				
Private House								School (K-1	2)								
Street Address							- Contraction of the Contraction	Subchapter Other (i.e. p				ildina	a ham				
								etc.)			sicial bu	lialing	5, 110111	es,			
City (5)								re Feet	100.50	f Floors			Age				
Bridgeton County (6)			0	0 1 (7)			N/A	/5 :	N/			N/A					
Cumberland				Code (7) USE ONLY)			nt Use (Prid		ng demo	olished)						
Name of Monitoring Firm Hired by Build	na Owner (8)		ASCN	1 No		Name		tement Con		(9)							
N/A	ing owner (o)		7.001	1110.				TEMENT									
Street Address						Street	Addres	ss	-								
						89 F	RAN	KLIN STR	EET								
City, State, Zip Code						City, S	state, Z	p Code									
								N,NJ,07	524	4.000							
Project Manager for Monitoring Firm			Telepho	ne No.			none N			Licens							
Start Date (10)	Cahadula	973-333-5144 Scheduled Completion Date (11) Name of OSHA Moni								01274	+						
11/09/2017								TEMENT	шс								
Occupancy Status During Abatement (C														-			
Facility Closed/Vacated During Ent			atement 89 FRANKLIN ST														
Abatement Performed Outside of N		d of Abatement															
Other - Describe: OCCUPIE				9		PAT	ERSC	N,NJ,07	524								
Scope of Work (Check All That Apply)							_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat					Ful	Containme		Negativ	e Press	ure					
2100 \$1 01 2200 11	☐ De	emoliti	ion			×	Glo	i-Enclosure vebag Proc									
								n-Exempted		d Non-Fr	iable Pr						
	75.00	ocatio	7.23										itemen Type	t			
Location of Asbestos-Containing Material (ACM)	11	ormall Solel	•	Aches	Des tos Cont	scription		(ACM)	۸	mount				Т			
TO BE ABATED	Main Custo	ntenan			thermal	system	s insula			specify	Re	1 20	Enca	E			
In Facility (13)		(12)	naii:			cing, VA niscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure			
(32)	Yes	No	N/A		01110111	noodilai	10000)				/al	=	ilate	лге			
BAOCHENT	A/AE	IN/A		2/25 /	10111.4	7101	-		01.5	_	-	+					
BASEMENT	X		1	PIPE IN	NSULA	IION		8	0LF	X	-	-					
Name of Registered Waste Hauler		1100	JDEP W		Cubic			Name of F	Registe	red Land	dfill						
EHW ABATEMENT LLC			auler ID 11946	No.	of Was	ste		TRI STA	ATE 1	RANS	FER						
City, State		1	11040		100000	sal Date		City, State)								
PATERSON ,NJ	TBD BRONX,NY																
Completed by	Title				S	ignature	1	2 10	10	1	Date						
VICTOR ESPIRITU	PROJ	ECT	MANA	AGER	1	V	Ph.	1 (NE	210	/	10/30	2017	,				

Charles and all all	auin	aa													Pr	int F	
MA	(KI)	8°1,		CATION	ate of Ne N OF ASE to NJAC	ESTOS	ABATE		IT	(D)	EC			\mathbb{V}	E	- - -	
Date of Notification (1) 10/31/17					of Building	Owner/0	Operator	(2)			NO	٧ -	- 2	201	7	\parallel L	
Agencies Notified Ty	ype Notification			Street A	Address					and bush						-	
EPA DEP	Initial			0:: 0:							ASBES	TOS	CO	NTR	DL 8		
DEP DOL	Amended Amendment #				ate, Zip C nus, NJ							LICE	NSI	NG		CONTRACTOR OF THE PERSON	
DOH DCA	Emergency (in justification) Cancellation	ncluding		Name o	f Contact t Levy					Te	lephone	Num	per_	_			
	-				ILITY INF	ORMAT	ION						_				
Name of Facility Where Aba Residential Home	tement is Taking	Place (3)	X				Ту	pe of Facility	(4)						1112	
Street Address								×	School (K- Subchapte Other (i.e.	er 8 (Oth	ner than & comm	K-12) ercial	buil	dings,	hom	es,	
City (5) Paramus								_	etc.) uare Feet		of Floors		В	Bldg. A	ge		
County (6) Bergen				County (STATE	Code (7) USE ONLY	o		Cu	rrent Use (Presidential I	rior if be	ing dem	olishe	1 -				
Name of Monitoring Firm Hir Project Manager	red by Building O	wner (8)		ASCN	Л No.			of A	batement Co	ontracto	r (9)		-				
Street Address							Street	Add									
City, State, Zip Code									Zip Code								
Project Manager for Monitori	ing Firm			Tolonha	no No				Brook, NJ	07663							
Start Date (10)		2-1-1-1	20						No. -3184	4.00074.00	Licens 0130						
11/1/17	•	11/4/17	50 L														
Occupancy Status During Ab		25.7															
Facility Closed/Vacated Abatement Performed C Other – Describe: 8 A.M	Outside of Norma	eriod of A I Facility	od of Abatement acility Hours City, State, Zip Code														
Scope of Work (Check All Th	nat Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		Is	Locati	on					von-Exemple	u () ai	IU INOI I-F	Habie		Abate			
Location of Asbestos-Containing Mat	torial (ACM)		lormall d Sole		Andrews		scription					-		Ту	oe		
TO BE ABATE			ntenar			thermal	systems	s insi		(:	Amount Specify		Re	77	Enc	E	
(13)	In Facility Cust						cing, VA niscellan			SI	F or LF)		Remova	Repair	Encapsulate	Enclosure	
Basement	No X	N/A		473 SF							ite	е					
							VAT			4	/3 SF	-	C				
												+					
Name of Registered Waste H	lauler		NJDEP Waste Cubic Y				uhia Varde			Pegiat	ered Lan	den					
All Stages Abatement	10 T S		Hauler ID No. of Waste				Grand				_an	dfill					
City, State Saddle Brook, NJ			Disposal Date TBD					City, Sta Pen Ar		Α							
Completed by Richard Cristofol		Title Signat President						1	1//	_	5	Date		7			

Print Form