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Name of Facility Where A	batement is Tak	ing Place	(3)		CILITI	NFORMAI	IION	Typ	e of Facili	b. (4)					
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City (5)								ш	etc.)	o. private o	Comme	CIAI D	uliaing	js, no	mes
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Street Address	ПС			00	003		Site I	Ente	rprises,	Inc	Ó				
							Street A								
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City, State, Zip Code		656							Zip Code		_				
Moorestown, NJ 080										nship, NJ	08234				
Project Manager for Monito	ring Firm			Teleph	none No.		Telepho				License I				
Mike Seocku				100000000000000000000000000000000000000	840-880	00	609-5			1					
Start Date (10)		Schedu	ıled Co		n Date (1				HA Monito	01172					
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Facility Closed/Vacate							Street A		7.55	h Street					
Abatement Performed	Outside of Norr	nal Facili	Abate tv Hou	ment rs		-				n Street					
Other - Describe: Va	cant		,				City, Sta			200000000000000					
Scope of Work (Check All T	hat Apply)						Moore	esto	wn, NJ (08057					
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gg Harbor Township, I		Title					2								
ompleted by ric Keys		Title OM				Sign	nature	h	0		Date)			

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Madonna Taba 11/04/16 Street Address ASBESTOS CONTROL & Agencies Notified Type Notification LICENSING Initial **EPA** City, State, Zip Code × Amended DEP Bayonne, NJ 07002 Amendment # DOL Emergency (including Telephone Number Name of Contact justification) × DOH Cancellation × DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Madonna Taba School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X etc.) Bldg. Age Square Feet # of Floors City (5) Bayonne Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) **Hudson County** Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pro Abatement Street Address Street Address 1009 87th Street Suite A4 City, State, Zip Code City, State, Zip Code North Bergen, NJ 07047 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01223 201-293-6305 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) HILMAMM CONSULTING LLC 11/16/16 Street Address Occupancy Status During Abatement (Check Only One) 1600 ROUTE EAST SUITE 107 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: **UNION NJ 07083** Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A 150 LF X TSI Basement

NJDEP Waste

Hauler ID No.

04509

Project Manager

Cubic Yards

Disposal Date

of Waste

MORRISVILLE PA

Signature Date 11/04/16

City, State

Name of Registered Landfill

WASTE MANAGEMENT GROWS N.

HILLSIDE, NJ

Completed by

Bryan Parra

City, State

Name of Registered Waste Hauler

NEWARK CARTING

mp2405129433	NO.	TIFICA (Purs	ATION C	of New Je OF ASBEST NJAC 8:60	OS ABATI	EMENT 20)			ALD ALD	11 4		2046	
Date of Notification (1) 11/07/16				Building Own store -Kim		or (2)			L NO	Å 1	J		A L during 1 h
Agencies Notified Type Notification X EPA Initial			reet Add						ASBES'	TOS ICEN	CON	NTRO IG	DL &
X	uding	_ P	ennsa ame of (e, Zip Code uken Tow Contact	rnship, N	J 08109	9	Tele	phone Numb	er			
X DCA — Curiculatori			FACIL	ITY INFORM	MATION	40000							
Name of Facility Where Abatement is Taking Pl Crd Restore -Kim Jordan	ace (3)			0			of Facility (4) School (K-12 Subchapter 8) 3 (Othe	r than K-12)				
Street Address	177.172					- E	Other (i.e. prietc.)		commercial Floors		ngs, h lg. Ag		3,
City (5) Pennsauken Township							re Feet				.g. 719		
County (6) Camden County			ounty C	ode (7) SE ONLY) _		Curre	nt Use (Prior	r if bein	ig demolishe	ed)			
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM	No.	100000000000000000000000000000000000000	ne of Aba o Abate	tement Cont ment	ractor	(9)				
Street Address						et Addres 09 87th	ss Street Su	iite A	1				
City, State, Zip Code						, State, Z orth Ber	ip Code gen, NJ 0	7047					
Project Manager for Monitoring Firm		T	elephon	e No.	0.00000	ephone N 1-293-6			License No 01223				
Otali Date (10)	heduled	1975 F.	oletion D	Date (11)			HA Monitor	LTING	3 LLC				
Occupancy Status During Abatement (Check C	nly One)				eet Addre	ss JTE EAST	SUI	TE 107				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Ab Facility I	ateme Hours	ent		City	, State, Z							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio				H Mi	III Containme ni-Enclosure ovebag Proc on-Exempted	edure				ė	
		ocatio									Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	ormally I Solely ntenan odial Si (12)	y by ce/	(i.e. th	Description Description Containing ermal systems surfacing, other misce	g Materia ems insul VAT, or	lation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Vitaban	Yes	140	IN/A		VA	Т		7	0 SF	x			
Kitchen Basement					VA			2	00 SF	х			
Bassinoni													
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W auler ID 1509	No.	Cubic Yard of Waste		WASTE	E MAI	ered Landfill		RO	VS N	١.
City, State HILLSIDE, NJ					Disposal D		City, Stat			ate			
Completed by Bryan Parra	Title Proje	ct Ma	anager		Signa	Hure H	garte	#17	V .	1/07/	16		

Print Form

CK425756

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM
(Pursuant to N.J.A.C. 5:23-8.11(c)3.viii.)

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FIRM		NOV	1	5	2016

Date of Notification (1) 11/08/2016		Name of	f Building O Cou	wner / Operator (unty College of N	(2) Morris	ASBE	LICENSING
Type Notification		Street A 21		Prove Road			
Initial Noti Amended Cancellati	Notification	Rand Name of	ite & Zip Co dolph f Contact		NJ	07869	elephone Number
			en VanDer				<u> </u>
		FACI	LITY INFO	RMATION			
Name of Facility Where Abatement is Henderson Hall	Taking Place	(3)		Type of Facility School (K-			
Street Address				Subchapte	r 8 (Other tha	n K-12)	
214 center Grove Rd.				Square Feet	# of Floo	rs B	ldg. Age
City (5) Cou	nty (6)	County Co	de (7)	30000	3		60
Sity (5)	1111 (0)	ounty oo	do (/)	Current Use (Pr	rior if being de	emolished)	
Randolph Mo	rris						children > 2 1/2 yrs.
Name of Monitoring Firm Hired by Bu	Iding Owner (8)	ASCM No.	Name of Abater			A THE STREET STREET
Street Address				Street Address 91 Fulton st)		
City, State & Zip Code				City, State & Zip	Code		
Sity, State & Zip Gode				Boonton		NJ	07005
Project Manager for Monitoring Firm	Tel	ephone N	lumber	Telephone Num (973) 299-4		License N 01081	umber
Scheduled Start Date (10) Sche 11/20/2016 10	duled Comple /29/2017	etion Date	(11)	Name of OSHA NA	Monitor		
Occupancy Status During Abatement Facility Closed/Vacated Durin	(Check all that g Entire Perio	at apply) d of Abate	ement	Street Address	9		
Abatement Performed Outside				City, State & Zip	p Code		
Describe:				NA			
Facility Occupied During Abar	tement						
Scope of Work (Check all that apply) Full Containment				☐ Glov	ve Bag		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	No Ma	Is Location formally Us Solely by aintenance istodial St. (12)	sed e or aff? ir	Description of Asbestos-Conta Material (ACN (i.e., thermal sys Insulation, surfacing or other miscellar	ining M) items ig, VAT	Enter only Square Footag	Enter only Lineal Footage
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			No	V			sf If
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TOTALS						300	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IS NOT THE
Completed By (Print or Type) Marcin Owczarski	Title Pr. Mngr.			Signature	De		Date 11/07/16

mode

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Date of Notification (1) 11/11/2016			Name of Building Owner/Operator (2) Bayonne Housing Authority						Ш	L)	PR COR	1	V (الفياءة الميارية	
	lotification			reet Ado		ng manon	.,			ASBI	FOT	00	001	ITD	71 8
	iouiication			49 Av						ASBI	ES1	CEN	ISIN	ig Ig	ا ا
	itial mended		Ci	ty, State	, Zip Code	9						2 har l			
DEP A	mendment #_1				e, NJ 07										
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	stification) ancellation			ave B	andur			_ '							
				FACIL	ITY INFOR	RMATION									
Name of Facility Where Abateme	ent is Taking Plac	e (3)	-//-				T	ype of Facility (4)							
19 E 19th Street								School (K-12)			40)				
Street Address							F	Subchapter 8 Other (i.e. priv	(Oth	er than K & comme	rcial l	ouildii	ngs, h	nomes	,
19 E 19th Street								etc.)							
City (5)								quare Feet		f Floors		10000	lg. Aç	je	
Bayonne								32,000	3			25)+		
County (6)				ounty Co				urrent Use (Prior	if be	ing demo	lished	1)			
Hudson			(S	TATE US	SE ONLY)			n/a					- 4755		
Name of Monitoring Firm Hired b	y Building Owner	(8)		ASCM	No.			Abatement Contra		r (9)					
Health and Safety Service								nterprises, Inc.							
Street Address	7.					7.00	337 000	Idress							
PO Box 365						10,7000		Delilah Road							
City, State, Zip Code		10000						te, Zip Code							
Berlin, NJ 08009						1 -	_	arbor Townshi	p, ľ						
Project Manager for Monitoring F	-irm		T	elephon	e No.			ne No.		Licens					
James Proctor			8	356-45	2-1311	1		67-1250		0117	2				
Start Date (10)	Sche	eduled (Comp	letion D	ate (11)	6.022.08		OSHA Monitor							
10/31/2016	11/	18/20	16				3-00-01	& Safety Serv	/ICE	es, Inc.	100				
Occupancy Status During Abate	ment (Check Onl	y One)				1000		ddress							
Facility Closed/Vacated Du	rina Entire Period	of Aba	teme	ent			0.00	x 365							
Abatement Performed Outs	side of Normal Fa	cility Ho	urs					te, Zip Code							
Other - Describe: Vacant					711274	- Be	erlin,	, NJ 08009							
Scope of Work (Check All That A	Apply)						_								
≥3 sf or ≥3 lf		Ren	ovati	on			M	Full Containmen	t wi	th Negativ	ve Pre	essur	е		
≥160 sf or ≥260 lf	\boxtimes	Dem	olitic	on			Н	Mini-Enclosure Glovebag Proce	dure	9					
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9 9 9			mally			Descript	ion o	f			-		1 y	ре	
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TO BE ABATED	,	Mainte		133,777	(i.e.	thermal syste	ems i	nsulation,		(Specify SF or LF)		Rerr	Repair	cap	nclo
in Facility (13)		(12)	650000 S		other misce				o. c ,		Remova	oair	Encapsulate	Enclosure
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Site Enterprises Inc.			3020	035220		20 cy		Tullytow		andilli					
City, State	. 201					Disposal D		City, State							
6626 Delilah Road Egg H	larbor Townsh	nip, NJ				11/18/20	-	Bristol,	۲A		Le	in or			
Completed by		itle				Slgna	ture	16) -			Dat	e /11/	2014	2	
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Date of Notification (1)					Building Ow					8.6	UV	10	201	O.
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X EPA X DEP X DOL	Amended Amendment #		7.		en, NJ 07	030								
	Emergency (in justification)	cluding		lame of					Telepho	ne Num	ber			
☑ DOH ☐ DCA ☐	Cancellation			Tim Be										
	-ttia Talina I	Diago (2)		FACIL	ITY INFOR	MATION	Tvr	ne of Facility (4)					
Name of Facility Where Ab	atement is Taking I	riace (3)						School (K-12						
Street Address							15	Subchapter 8	(Other th	an K-12	المناط			
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City (5)							Sq	uare Feet	# of Floo	ors	- 1	dg. A	ge	
Hoboken								rrent Use (Prior	if haine d	amaliah.		5+		
County (6)				County C STATE U	ode (7) ISE ONLY)		n/		ir being a	emonsn	eu)			
Hudson Name of Monitoring Firm F	lired by Building Ov	wner (8)		ASCM	No	Nam		batement Cont	ractor (9)					
Health and Safety S		wilei (e)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77.77			terprises, Ind						
Street Address			-				et Add							
PO Box 365						00.		elilah Road						
City, State, Zip Code						0.0000000000000000000000000000000000000		, Zip Code rbor Townsh	in NJ 0	8234				
Berlin, NJ 08009 Project Manager for Monit	oring Firm		- 17	Telephor	ne No.	-	phone			ense No).			
James Proctor	oning i iiiii				52-1311	2000		7-1250	01	1172				
Start Date (10)		Schedule	d Com	pletion [Date (11)			SHA Monitor						
11/23/2016		11/30/2						& Safety Ser	vices, Ir	ic.				
Occupancy Status During						1 2	et Add	ress 365						
Facility Closed/Vacat Abatement Performe	ed During Entire Pe	eriod of A	batem	ent				, Zip Code						
Other – Describe: V	acant					1		NJ 08009						
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf			enovat					Full Containme Mini-Enclosure		gative P	ressu	e		
≥160 sf or ≥260 lf		X D	emoliti	on				Glovebag Proc	edure			× 10-0 2 000		
							N .	Non-Exempted	(*) and No	on-Friab			ement	
*			Location Location Location										ре	
Location Asbestos-Containing		Use	d Sole	ly by		Descripti s Containing	Mate		Amou	0.00			щ	m
TO BE ABA	TED		ntenar odial S		(i.e. th	ermal syste			(Spec		Remova	Repair	псар	nclo
In Facilit (13)	у		(12)		(other miscel					oval	air	Encapsulate	Enclosure
N= 14		Yes	No	N/A						7			е	0.55
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Floor				Х		Tile	1		2535	sf	х			
Ceiling	1			Х		Trans	ite		50	sf	x			
Wall				X		Wall G	ilue		280	sf	х			
Name of Registered Wast	e Hauler			JDEP W		Cubic Yards of Waste	S	0.0000000000000000000000000000000000000	Registered					
Site Enterprises Inc.			- 1	auler ID 03522		20 cy		Tullyto	wn Land	fill				
City, State				12.00		Disposal Da		City, State						
6626 Delilah Road E	gg Harbor Tow		۱J			11/30/16	1	Bristol,	PA	10	ıto.	-		
Completed by		Title				Signat	ure	01	/	1000	ite 1/09/	2016	5	
Eric Keys		OM				$\perp \cup$	~	MI				27.00	2	

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ate of Notification (1)		Nai	me of Bui arch As	Iding Owner/o	Operator ((2) tion I	nc.		NOV	15	20	Ь	The second secon
1-09-16 gencies Notified Type Notification		Str	eet Addre	ess ourg Turnp	ike			The state of the s	ASBEST	OS CO		ROL	8
T EPA I Initial		Cit	y, State, 2	Zip Code	inco			No.		END	N/O		7
DEP Amended Amendment #_	cluding	W	ayne, N	IJ 07470				Teler	ohone Numb	er			-
DOH Emergency (III	Cidding		me of Co ouis Ma										
DCA Cancellation		2000		Y INFORMAT	TION	Type	of Facility (4)	-		-			\dashv
lame of Facility Where Abatement is Taking Commercial Building	Place (3)						School (K-12)	ì	(40)				
Street Address						K	Subchapter 8 Other (i.e. pri	(Othe vate &	commercial	building	gs, ho	mes,	
57 East 30th St.							etc.) are Feet	# of	Floors	Bldg	. Age		\neg
City (5) Paterson								151 1	- demolioho	(d)			
County (6)		C	ounty Co	de (7) E ONLY)		Cun	ent Use (Prior	IT Delf	ig delliolishe	.u)			
Passaic Name of Monitoring Firm Hired by Building C	wner (8)	1	ASCM N		Name	of Ab	atement Cont	ractor	(9)				
Name of Monitoring Fifth Hilled by Building 9					- 1	a Co	ntracting LL	.U.					
Street Address					522	7th	St.						_
City, State, Zip Code					City,	State,	Zip Code ty NJ 0708	7					
393		17	elephone	No.	Tele	ohone	No.		License No).			
Project Manager for Monitoring Firm			*	3	201	216	-9603		01206				_
Start Date (10)	Scheduled		pletion D	ate (11)	Nam Del	e of Co	SHA Monitor ontracting L	LC					
11-21-16 Occupancy Status During Abatement (Chec						et Add							
T = Wh. Classed Vacated During Entire	Period of Al	batem	ent			2 7th State	, Zip Code						
Abatement Performed Outside of Norm Other – Describe: 7:00 am- 5:00 pm	nal Facility I	Hours			Un	ion C	ity NJ 0708	37					
Scope of Work (Check All That Apply)						П	Full Containm	ent wit	th Negative F	Pressur	е		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Interest	enova emolit				Н	Mini-Enclosur	e cadure	2				
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Location of Asbestos-Containing Material (ACM)	Use	lorma d Sole intena	ely by	Asbestos	Descript Containin rmal syst	g Mat	erial (ACM)		Amount (Specify	Re	Z	Enca	Enc
TO BE ABATED In Facility	Cust	todial (12)	Staff?		rmai systi surfacing, her misce	VAT,	or		SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			_	Ot	nei misce	marico	45)			=		ate	0
	Yes	No	N/A		VAT + I	Masti	С		120 SF	Х			
1st Floor		X			Roof Fl	ashir	g		270 SF	X			-
Roof												-	+
							1 11	of Pos	istered Land	fill			
Name of Registered Waste Hauler	1		NJDEP V Hauler ID	1000	Cubic Yar of Waste	ds	Tullyt	own I	Resource	Recov	ery	Facil	ity
Delfa Contracting LLC			35240)	5 Disposal I	Date	City, S	tate				THE STATE OF	
City, State Union City, NJ					11-24		Tullyt	own,		Date			
Completed by	Title				Sign	ature	4			Date 11-09	-16		
Jaime Delgado	Proj	. Ma	nager.			1	0				V		

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CHECK #	23363/2347	77/23578
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5 9	BESTOS CO	ANTERN X

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Date of Notification (1) 11-07-16		Name of Building Owner/Operator (2) United States Fire Insurance Co.					-	in .						
Agencies Notified Type Notification X EPA Initial				Address Iadison Avent	ıe				ASBE	ESTO LIC	SO	CON SIN	ITA G	ÖL 8
DEP X Amended Amendment		_		ate, Zip Code 5 Township, N	J 07960)		-		*********				Willeten
Emergency (justification) DCA Cancellation	including	İ		f Contact Mensigner			50	Tel	ephone I	Numbe	7			
				ILITY INFORMA	TION									
Name of Facility Where Abatement is Taking Crom & Foster	g Place (3)				0.0000000000000000000000000000000000000	of Facility (
Street Address 305 Madison Avenue						×	Subchapter Other (i.e. p etc.)	8 (Oth			uildi	ngs,	hom	es,
City (5) Morris Township							re Feet	# 01	f Floors			ig. A		
County (6) Morris				Code (7) USE ONLY)		Curre	ent Use (Prid ant	or if bei	ng demo	lished)				
Name of Monitoring Firm Hired by Building C Atlantic Environmental Inc.	Owner (8)		ASC	M No.			tement Con Environme							
Street Address 2 E. Blackwell Street					Street	Addres								
City, State, Zip Code Dover, NJ 07801					City, S	State, Z	ip Code NJ 07072)						
Project Manager for Monitoring Firm Raymond Pirnat			Telepho	ne No. 366-4660	Teleph	none N 939-6	0.		License					
Start Date (10)			N	Date (11)	Name	of OSH	HA Monitor		00700					
09-20-16	12-31-	27			50000000	n-Air II						دور والله		
Occupancy Status During Abatement (Check	= 1	7.0				Addres	ss kson Aver	2110						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abaten / Hours	nent		City, S	tate, Z	ip Code		01					
Scope of Work (Check All That Apply)					Long	, ISIGI	id Oity, 14		01					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Mir Glo	I Containme ni-Enclosure evebag Proc n-Exempted	edure					65	
	1 .	1 1				_ 1101	LACINIPIOU	() and	2 11011 1 11	ubic i i			ment	
Location of		Locati Normal	7.7.3.00	_	escription	of					2790	Тур	e	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	d Sole intena todial S (12)	nce/ Staff?	Asbestos Cor (i.e. therma surf	ntaining M	faterial s insula T, or		(S	mount pecify or LF)	Removal		Repair	Encapsulate	Enclosure
Grnd, 1st & 2nd Floors: Dumbwaiter	Yes	No	N/A X	ACM	Firepro	ofina		1	20SF	- V	+	-		
Basement: Electric Room			X		Firepro				00SF	x	+	-		
Exterior: Exterior Sprandrel			×		Firepro				80SF	x	+	\dashv		
1st Floor: Core Wall			x		Firepro	- 0			50SF	x	+			
Name of Registered Waste Hauler		N	JDEP W		Yards		Name of F	egiste	red Land	fill	_			-
ATC, Inc. / JBT (50071)			auler ID 4310	No. of Wa			Minerva	Enter	rprises					
City, State Shirley, NY / Bronx, NY				Dispo TBD	sal Date	2	City, State Waynes		OH 44	688				
Completed by Richard Doran	Title Proje	ct Ma	nager		Signature)	O.T.)E		Date 11-07	-16	5		
					VIV	1	1							

NOV 1 5 2016

305 Madison Avenue, Morris Typontrol & Additional Materials / Floors NG

Pg. 2

Location of	Is Location	Description of	Amount	Abatement Type
Asbestos-Containing	Normally Used	Asbestos-Containing	(Specify	(Specify: Removal,
Material (ACM)	Solely by	Material (ACM)	Square Feet or	Repair,
TO BE ABATED	Maintenance or	(i.e., thermal systems	Linear Feet)	Encapsulation or
in Facility	Custodial Staff?	insulation, surfacing, VAT		Enclosure)
(13)	(12)	or other miscellaneous)		
Basement: Basement Wall	N/A	ACM Fireproofing	30SF	Removal
Basement: Basement Beam	N/A	ACM Fireproofing	20SF	Removal
(1)Parking Garage: Storage Room	N/A	Transite Panel	1400SF	Removal
(2)3 rd Floor: Bathroom (North & South)	N/A	Pipe Insulation	30LF	Removal
(2)3 rd Floor: Bathroom (North & South)	N/A	VAT	200SF	Removal
(2)2 nd Floor: Bathroom (North & South)	N/A	Pipe Insulation	30LF	Removal
(2)2 nd Floor: Bathroom (North & South)	N/A	VAT	200SF	Removal
(2)1st Floor: Bathroom (North & South)	N/A	Pipe Insulation	30LF	Removal
ii .				

	Sta	ate of Ne	ew Jerse	y - Notifica	tion of Asbestos Ab	atement) E C	EIVEI	1					
UC CC			(Pursuai		3:60-7 and 12:120-7)	20 Company (1) Com	() 	V 15 2018 s	an Atlantonical and					
Distribution (1)					Name of Building Owner/Op	erator (2)	110	1 10 5010	-					
Date of Notification (1) November 8, 2016					Medexpress	-			_					
		Notification	Type		Street Address		ASSEST	OS CONTROL &						
Agencies Notified		Initial No			370 Southpointe Dr. S	Suite 100			_					
V EDA		X-Amend			City, State, Zip Code	<u> </u>	Li	ICENSING						
X EPA DCA				cution " =	Canonsburg, PA 153	317								
x DOL		Postponed			Name of Contact		Telephone N	lumber						
X DEP			cy (includ	aing	Mr. Ryan Rodeheaver		The state of the s							
x DOH	- 1		cation)		Wil. Ttyaii Ttodoilea T									
X DON		☐ Cance	elled						-					
				FACILITY INFO	ORMATION (A)				-					
Name of Facility Where Abateme	ent is Taki	ing Place (3)			Type of Facility (4)									
Vacant Building - Back	k Build	ing			School (K-12)	(10)								
					Subchapter 8 (other than k	(-12)	dinas homes	s atc \						
Street Address					Other (i.e. private & co	ommercial buil	angs, nomes	Ngo: 70 years						
1532 Prospect Street					Sq. Feet: Unknown	# of Floors	I Blug. F	ige. 10 years						
O:t- (E)	County (6)		County C	Code (7)	222	r r r alva								
City (O)	Mercer	10	(State Us		Current Use (prior if being of	demolished):								
Ewing	WICT CCI						1		_					
	bu Dida C	Jupor (8)	ASCM N	0	Name of Contractor (9)									
Name of Monitoring Firm Hired	by Blug, C	T C	7.00W	<u>.</u>	A THE STATE OF A DATE MENT CONSULTANTS INC.									
Environmental Fore	nsics, I	LLC			GREENWOOD ABATEMENT CONSULTANTS, INC.									
					Street Address									
Street Address					THE MAIN CTREET									
3 Clementon Way					511 MAIN STREET									
City, State, Zip Code					City State, ZipCode									
Lawrenceville, NJ 086	48				Butler, NJ 07405		License Nun	nhor	_					
Project Manager for Monitoring	Firm	Telephone	Number		Telephone Number	1	Licerise Nui	<u>IIIOCI</u>						
Lance Berens		609.49	5.4069		070 400 0477	- 1	00840							
Lance Derens					973-492-0477 Name of OSHA Monitor		000.0		_					
Scheduled Start Date (10)			Completion		Name of OSHA Moritor									
November 28, 2016		Decem	ber 23, 2	016	EMSL inc.									
					Street Address									
Occupancy Status During Ab	atement	(Check only	one)	3.2000 a										
Facility Closed/Vacated	d During I	Entire Perior	d of Abaten	nent	1056 Stelton Road									
Abatement Performed	Outside o	of Normal Fa	acility Hours	5 -	City, Staté, Zip Code									
xDescribe - Vacant	Retail	Space			AND THE RESERVE OF THE PERSON									
Other - Describe: Sch	neduled	to be de	emolishe	a	Piscataway, NJ 088	354								
27030424														
Source of Work (Check all that	apply)					Full Contains	ment with Ne	egative Pressure						
				Renovation		Mini-Enclos								
≥ 3 sf or ≥ 3 lf						Glovebag F	Procedure							
□ ≥ 160 sf or ≥ 2	60			x Demolition	1	x Non-Exem	npted (*) and	Non-Friable Procedure						
				Description of As	bestos Containing Material	Amour	nt Aba	atement Type						
Location of Asbestos-Containing		ocation Norr	nally Used	(ACM) (i.e. there	nal systems insulation, surfaci	ing, (Specif	fy SF Par	nove Repair Encap Enclose						
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- / -			X	Built up Ro	ofing	4,500	sf 🗵							
Exterior		1	_		2									
		- 1												
		Taring	Marta Havda	1D#	Cubic Yards of Waste:		Name of R	Registered Landfill						
Name of Reg. Waste Hauler	_	See Be	Vaste Haule	110#	80			fill Landfill						
See Hauler Below # 1 &	2	See De	IOW				G.R.O.W		_					
			tauta le	o Putler N.I	07405	Disposal Da		City, State						
Hauler #1) Greenwood	Abatem	nent Cons	uitants, ii	ic Butlet, No	01400	Decemb	er 23,	Route 2, Box 68 Bridgeport, WVA						
NIDED # 12	PEG1 NY	DEP#				2016		304-842-2784						
Hauler #2) STG Transpo	ort Inc., 5	88 Pyles La	ne, New C	astie DE- 1, 213	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
							Date	THE SECOND CONTRACTOR OF	_					
Completed by (Print or Type)		<u>Title</u>		CT.	Signature 2 2016									
Marin Graure			PROJE	C I	Marin Graure									
		BAARIAC	LD		7									

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Date of Notification (1) 11/07/2016			Nama	of Building Own	er/Operato	r (2)		1				
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Name of Facility Where Abatement is Tak PARK CROSSING APARTMENT	Ing Pisce (3)	PAL	ACT Y INCURNA	KEION	Type of Facili	(4)					
Street Address 2000 MAPLEWOOD DRIVE				1		School (Subchar Other (i.e.	K-12) Har & (Other than e. private & comm	K-1Z) nerojal bi	ullaing	36, ho	mas,	
City (5) MAPLE SHADE						Square Feet BOO	# of Floors	1	Bidg 50+	Age	\dashv	
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terns of Monitoring Firm Hired by Building ACER ASSOC.	Dwnsr (8)		ASC	M No.	Name	of Absternent C			000			
treet Address 1012 INDUSTRIAL DRIVE			_		Street	Address CLEMS RUI		SEM	IGE	2 IN	3.	
ity, State, Zo Code WEST BERLIN NJ 08081			33			Iste, Zip Code LICA HILL N	-					
roject Manager for Monitoring Firm				ne No.	Teleph	one No	Licens	e No.				
laft Date (10) 11/08/2016	Schedule	d Camp		09-1202 Date (11)	1	304-487B of OSHA Monito	. 0114	5				
ccupancy Status During Abatement (Cher	11/10/2 x Only One				EMS	Address						
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≥160 af or ≥260 k		inovatlo implitori				Mini-Enclosu Glovebac Pro						
Location of		ocation omally			Becken	THE PERSON NAMED IN	SULL MONAPI	inde Pro	Abet	re Arhen /pa	:	
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in Facility (13)		(12)	M/A	anta	cing, VAT	, or	(Specify SF or LF)	Removal	Rapair	Encapsulate	Enclosure	
7A ASHWOOD COURT			X	FLOOR	TILE/M/	ASTIC	673 SF	X		LE,	\dashv	
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Date of Notification (1) 11/07/2016			Building (EWOO[(2)			NOV	1 1	5 20)16	The second second		
Agencies Notified	Type Notification			Street Ad 2000	ddress MAPLE\	WOOD	DRIV	Έ			ASBEST	20.0	ONIT	501]
DEP DOL	Initial Amended Amendment	#	_ [te, Zip Co E SHAD		08052					JENS			. &:
DOH DCA	Emergency justification) Cancellation				Contact	ILLIAN	/IS			Tele	ohone Nur	nber			
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Name of Facility Where A PARK CROSSING	Abatement is Takin APARTMENT I	g Place (3 HOMES	3)						of Facility (School (K-1						
Street Address 2000 MAPLEWOOI	D DRIVE								Subchapter Other (i.e. p tc.)	8 (Other			dings,	home	es,
City (5) MAPLE SHADE								Squar 800	e Feet	# of I	Floors		ldg. A	.ge	
County (6) CAMDEN				County (Code (7) USE ONLY)	ij		Currer RES	nt Use (Pri	or if bein	g demolish RTMEN	red)			
Name of Monitoring Firm ACER ASSOC.	Hired by Building	Owner (8)		ASCN	1 No.		Name	of Abat	ement Cor ENVIR	ntractor (9) NTAL SE	RVI	CES	INC.	
Street Address 1012 INDUSTRIAL	DRIVE							Addres	s IS RUN						
City, State, Zip Code WEST BERLIN NJ	08091				,			State, Zi	o Code HILL NJ	08062	,				
Project Manager for Moni	oject Manager for Monitoring Firm MATT DEPALMA						Telepi	hone No -304-4),		License N 01145	0.			
Start Date (10) 11/08/2016		ed Cor 2016	npletion [09-1202 Date (11)			of OSH	A Monitor		01110					
Occupancy Status During	Abatamant (Cha			Street Address											
Facility Closed/Vaca				200 RT, 130 NORT					ТН						
Abatement Performe Other – Describe:	ed Outside of Norm ACANT UNIT	nal Facility	/ Hours	rs City, State, Zip Code CINNAMINSON No						J 0807	7				
Scope of Work (Check Al	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(Constitution of	Renova Demolif					Min Glo	i-Enclosure vebag Pro	Procedure					
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7A ASHWOOD	COLIDT	Yes	No	N/A X	E	OOR		MACTI	_	67	3 SF	17	_		
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Name of Registered Was ASSURED ENVIRO	H	JDEP W lauler ID 0034895	No.	100000000000000000000000000000000000000	ubic Yards Name of Registered Landfill FWaste MINERVA LANDFILL 2										
City, State MULLICA HILL NJ							sal Date 0/2016		City, Stat WAYN	e ESBUF	RG, OH				
Completed by RON SWANSON		RAL MANAGER Signature				ohu	Way Date 11/07/2016								

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2641 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 / 16 11 Ira Levine Type Notification Agencies Notified Street Address ASBESTOS CONTROL & X Initial ☐ EPA LICENSING ☐ Amended **⋈** DOLWD City, State, Zip Code Amendment # X DHSS Butler, NJ 07405 Emergency (including □ DCA Telephone Number justification) Name of Contact (NJAC 5:23-8) Cancellation Ira Levine FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) Butler, NJ 07405 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Morris Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 11 / 21 / 16 11 / 22 / 16 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__PM__AM Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or >3 lf > 160 sf or >260 lf Renovation Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Remova Repair Encapsulate Used Solely by Amount Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED (Specify (i.e., thermal systems insulation, Custodial Staff? SIF or LF) surfacing, VAT, or IN Facility (12)(13)other miscellaneous) No N/A Yes M X 90 LF Pipe insulation Basement NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc Gr Tech LLC 0033785 TBD Disposal Date City, State City, State Tullytown, PA TBD Wayne, NJ 07470 Completed By (Print or Type) Title Signature Tente Wenas 11/11/16 Owner N.Jevtic ASB-41

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Date of Notification (1) Agencies Notified Type Notification EPA Initial Amended Amendment Emergency (justification) DOH DCA Cancellation	includin	TO	Street 35 City, Si	Address O M ate, Zip Coo of Contact	h Pa		1	ASBES Telephone	TOS COLICENS	14	11.1	8		
			FAS	ALITY INFO	SHATE	ma					3			
Name of Facility Where Abatement is Taking (And Direction Plating) Street Address 128 Union Aug City (5)	g Place	(3) D ₁ C ₁ /4	enty	10000	2 15665 2 2 5 1	Committee to the state of the s	Type of Facility School (K Subchapte Other (i.e. etc.) Square Feet		ercial buil	dings,		2S,		
lany Breach						400000	2900	12	7	55	1	1		
County (6)				Code (7) USE ONLY)			Current Use (P	rior if being demo	dished)					
Minmarh		-					No du					- Committee		
Name of Monitoring Firm Hired by Building (Jwner (t	3]	ASC	M No.	departable		of Abatement C					40.00		
Street Address			_i		1		Insulation Co	100., 110						
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City, State, Zip Code							late, Zip Code					- The state of the		
					the part of		Neck, New .	lersev				Continue		
Project Manager for Monitoring Firm		- 1	Telepho	ne No.	200	Teleph	one No.	Licens	e No.					
		Company			200	732 2	294 1757	00029)			- Santag		
	. 1	. 1	700	Date (11)	-	Name	of OSHA Monito	F						
Occupancy Status During Abatement (Check		M	0		- Long Comment									
diam'r					200	Street	Address							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	al Facilit	v Hours	City, State, Zip Code									A-TIME CONTRACTOR		
Scope of Work (Check All That Apply)					1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Carl Market	Renova Demolit	tion ion			Control of the Contro	Full Containn Mini-Enclosur Glovebag Pro				e	Section of Section 1990 to 1995		
	1	s Locat		-				a statement	A rise page		ement			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normal ed Sole sintenal stodial S (12)	ly by nce/	(i.e. th	s Conta	ystems ng, VAT	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	MA						100	TO THE STATE OF TH	9			
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	away an	**************************************						-	diricitique.	***************************************	to a second			
	Part to see	o Mirello et						- Cooper	Spikeer	***				
Name of Registered Waste Hauter	1	IN	JDEP W	aste (Cubic Ya	ards	Name of	Registered Land	<u> </u> fill	·	i	5		
Ace Insulation Co., Inc.		· t	auler ID 2086	No.	of Waste	5	š	Landfill				Annual Property		
City, State Colts Neck, New Jersey		to a	Disposat	ğ	City, Stat	- 13				AND THE PERSONS				
Completed by	Title			area.	1111	nature	1	11	Date					
Bree McGuire	etary	Treasu	гег		1		Ay vicensed	1110	1	10	200			

(KH 3031			FICATIO	nate of New . IN OF ASBES It to NJAC 8:0	TOS ABAT		ŧT	D-1	E G E		<u> </u>		
Date of Notification (1) Agencies Notified Type Notification			100	of Building Ov	7		C/Diy		e Nota	17	46		
EPA Initial Amended Amended Amendency Emergency justification Cancellation	(includin	9	Citý, St	ate, Zip Code of Contact	, NJ	S- -0	7045		BESTOS LICE	MSIN	TRO G	L &	A STATE OF THE STA
Name of Facility Where Abatement is Takir	- Files	15th	FAC	JUTY INFOR	MATION								
Street Address City (5)	D Right	en Hy						-12) er 8 (Oth private	er than K-1. & commerci	al buik	lings,		Q.
Long Breach							660	Section 1	3	and of Sales	ブブ		21.0
County (6)				Code (7) USE ONLY)		Cur	rrent Use (P			ned)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			patement Co dation Co	entractor	(9)				Control of the Contro
Street Address						eet Address Montrose Rd							The same of
City, State, Zip Code						State, Zip Code							
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Project Manager for Monitoring Firm		distribution of the contract o	Telepho	rie No.	1	hone I 294			License N	D.			- Control of the same of the s
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≥3 sf or ≥3 \(\) ≥160 sf or ≥260 \(\) \(\)	The same of the sa	Renova Demolit	tion ion		lander when the same	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				e	A SECTION AND PROPERTY OF THE PERSON AND PROPERTY OF THE PERSON AND PERSON AN		
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	reaction of the second	to to the control of	de Carlo							Workson Contraction	ACTOR IN THE PARKET	the control of the co	
Name of Registered Waste Hauler	1	7	JDEP W		ıbic Yards		Name of	Register	red Landfill	2	1	<u> </u>	
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City, State				Dis	sposal Date		City, Stat	- ^					
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Bree McGuire	1	etary	Treasu	rer	Signature	1	ļ.	<i>*</i>	Da		2/1	15	ser in I live and without

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Brita	C	E			
1					-
and	NOV	1	5	2016	

Date of Notification (1)	10-16			Name of Building Owner/Operator (2) EARTHTECH CONTRIACTING										
Agencies Notified	Type Notification	n		Stre	et Address	3		FE 11 3 - 11 1	ENS	7110	1367	TX		
	Initial Amended			-	Chata Zia	155 RT	50				-	=		
DOL.	Amendment Emergency		_	City,	State, Zip	RELIMIFIE	D MI	5 3 80 7	30					
DCA DOH	justification Cancellation		ig	Nam	e of Conta			Telephone Numb	oer			_		
	10			F/		FORMATION						=		
Name of Facility Where			e (3)		10/24-10-10-20		Type of Facility	y (4)			-			
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Street Address							Other (i.e., homes, etc	private & commercia .)	al buil		HE-March			
City (5)	OCTAM	(1	44				Square Feet 2000	# of Floors	. BI	dg. A				
County (6)	MAY				inty Code (E ONLY)	7) (STATE		rior if being demolis	hed)					
Name of Monitoring Firm		Owner	=	ASCN	No.	Name of Abatem						\neg		
(8)	JA						MCO I	NC				_		
Street Address	•					Street Address	S SPIEL	CE ALE						
City, State, Zip Code					City, State, Zip Code									
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Project Manager for Mon	toring Firm		Tele	ephone	No.	Telephone No. 856-77	9-0472	License No.	44			_		
Start Date (10)					ate (11)	Name of OSHA N	Monitor	1,0						
11-22-11		11-	-	1-11	<u>e</u>	Street Address	14	14				ᅱ		
Occupancy Status During Facility Closed/Vacate				ment		Street Address						_		
Abatement Performed Other - Describe:														
Scope of Work (Check all	that apply)						tainessaturith Nic	active December						
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Asbestos-Containing Ma	aterial (ACM)	Mair	ntenan	œ/		tos Containing Mate thermal systems in		Amount (Specify	77		En	ш		
TO BE ABATE IN Facility	<u>:n</u>	5	Staff?	•	(1.6.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)		-	(12)			other miscellaneo	us)		val	Ŧ	ulate	ure		
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SIDIM	9			^.		ICAM 211		<u> </u>	1		\dashv	\dashv		
Name of Registered Waste	of Registered Waste Hauler NJDEP Waste						Name of Regi	stered Landfill						
(LEMCO	INC		_ 1	auler ID	54	of Waste	C. W	1.C. M.U.	A	_		_		
City, State	ADE IN	T			Disposal Date	City, State	DBINE							
Completed By	Title		14.7			Signature Date						=		
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Date of Notification (1)	-10-16			Nam	e of Buildi	ng Owner/Operator	MINOR	-				
Agencies Notified	Type Notificati	on	_	Stre	et Address	-		ASSESTUS	00	NT	OL	à
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	Amended			04	Ctata 7:-	Codo						=
DOL	Amendmen	t#		City,	State, Zip	Code	AU CON	0- 1- 1- CI-	23	1 7	- 1	5
	Emergency		ng			LAPL ME	TY COUN	et House	_	1,7	1.0	26
⊠ DOH	justification	1)		Nam	e of Conta			Telephone Numb	er			
□ DCA	Cancellation	ח	ł			HRIS						
				FA	CILITY IN	FORMATION						
Name of Facility Where			e (3)				Type of Facilit	y (4)				
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Street Address				-				r 8 (Other than K-12				
							homes, etc	private & commercia	al buil	dings		
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County (6)	HIIAI.			USE	inty Code (E ONLY)	7) (STATE		ACAMT	neu)			
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(8)	IIA					K	-twed	INC				_
Street Address						Street Address						
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City, State, Zip Code	25					City, State, Zip C		10- 111 5	λ	01.	7	
						MAPLE SHADE WIT DEC						_
Project Manager for Mo	nitoring Firm		Tele	ephone	No.	Telephone No. License No.						
(5.7)						816-719-0472 00444						
Start Date (10)	I Sch	eduled C	omple	tion Da	ate (11)	Name of OSHA N	Monitor	1				
	10.000	11 -		-		That is a second to	11.1	111				
11-21-16		11-		5-1	6			104				_
Occupancy Status Durin	ng Abatement (Ch	eck only	one)			Street Address						
☑ Facility Closed/Vacat	ted During Entire F	Period of	Abate	ment								
Abatement Performe	d Outside of Norm	al Facilit	ty Hou	rs		City, State, Zip C	ode					
Other - Describe:								*				
Scope of Work (Check a	all that apply)											
Scope of Work (Check a	an urat appry)					Full Con	tainment with Ne	egative Pressure				
☐≥3 sf or ≥3 lf		TRE	enovati	on		Mini-End		2.♥/0.0000000000000000000000000000000000				8
河≥160 sf or ≥260 lf		DE	emolitio	n			g Procedure	Field B	2			
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			ormally I Solek			Description of				Typ		
Location (Asbestos-Containing N		7.5	ntenan		Ashest	os Containing Mate		Amount			-	
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IN Facility		1 5	Staff?		(surfacing, VAT,	or	SF or LF)	em	Repair	ap	CIO
(13)			(12)			other miscellaneo	us)	30 A	Remova	air	suk	Enclosure
		Ves	N-	ALIA					-		te	е
		Yes	No	N/A					-			-
SIDIN	G			X		RAMSIT	<u>E</u>	2750 SC	X			
Name of Registered Was	te Hauler		TN	JDEP V	Vaste T	Cubic Yards	Name of Reg	istered Landfill				
17 17 17 17 17 17 17 17 17 17 17 17 17 1			Ha	auler, ID	No.	of Waste	(IA C IAA I)	11		
KLTMCO INC. 17904							-	17. C, VVI.	V.	5-1		_
City, State	NIII-AN VAN SERVICE		-		. 1	Disposal Date-	City, State	0	_			
MAPLE S	HADE	N.	1				1_ WC	DOBINE				
Completed By	Title	9				Signature	. ^ .	Date	1		882	-
MICHAUL K	i muut	SUP)			TAL. 0	10m	.	-10)	6	
MICHALL	THUN -	001	•			-1-440	4/					_

Location of	Normally Used Solaly by				Description of	1		francisco de mario			-
Aspello-Containing Meland (ACM) JO BE ANATED IN FEORY (13)	NA:	No Xora Notati Notati	naar	A MAN	raine Containing Name! R. Itemial legiterns in acception of the surfacing VAT, or althoughtenesses	Light to are.	America (Applity Of or Let-	Respons	Secure	Encapera	-
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CLOSEIS			4		42	- Article Company	1.6	-	١.	-	-
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Newark Carting , Inc.				46.	of Marrie	Name of Registered Land&					
Tony, State Nework, NJ				Marie S. S. Seco. p.	Disprise Date	City, Slate Bethich	1		**************************************	z. (44. 12.4 # 2.1	
Completed to					11/08/1600	1-11-11					14

Vice President

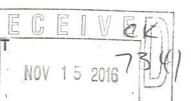
458-41 (F-04-05)

Johaph Vatature

Dr. not use the form for expenses because wavenessed activities.

11/07/16

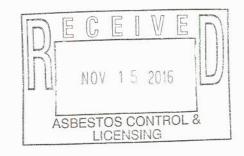
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Date of	Notification Ty	(1) 11/4/16 /pe Notificat	ion	Name of Bu		/ Operator (2)	ASBEST	OS CON	ITROL &	Control of the Contro
Agencie X	es Notified EPA	Eme	ergency Notifica	Street Addression 1722 Rout	ess th Street, S	uite 1000		ZENON	<u> </u>	j
10,000	DEP	X Initi	al Notification	City, State 8						
X	DOL	Ame	ended Notification	on Dallas, TX	75201					
X	DOH	Car	cellation	Name of Co	ontact				Telephone N	lumber
	DCA			Eric Roem	ner			ş		7
				FACILIT	TY INFORM	ATION				
Name o	f Facility Wh		ent is Taking Pant Building	lace (3)	Тур	e of Facility (4) School (K-12)				
Street A	Address	12	Locust Ave		x	Subchapter 8 Other (i.e., pri	(Other than K- vate & comme		lings, homes,	etc.
					Squ	are Feet	# of Floors		Bldg. Age	
City (5)			County (6)	County Code	(7)	2,500	2		60)
	Wallingt	on	Bergen			rent Use (Prior sidential	if being demol	ished)		
Name o	f Monitoring	Firm Hired	by Building Owr	ner (8) ASC	CM No. Nar	ne of Abateme	nt Contractor (9)		
Enviro	nmental T	actics, Inc		200	Glo	bal Abateme	ent Services,	LLC		
Street A	ddress				1	et Address				
	ad Street					Schoolhous				
	ate & Zip Co an, NJ 077					, State & Zip C nroe Townsh		I		
	Manager for		Firm	Telephone Numb		ephone Numbe			Number	
Tom G				732-290-2217		-605-9062			00714	
Schedul	led Start Da 11/20/16		Scheduled Cor	mpletion Date (11) 11/28/16		ne of OSHA Mo bal Abateme		LLC		
Occupa	ncv Status [Ouring Abate	ement (Check o	nly one)	Stre	et Address				
				eriod of Abateme		Schoolhous	se Road			
			-	al Facility Hours -		, State & Zip C				
			ted During A			nroe Townsh		l		
	Other - Des		3							
Scope o	of Work (Che	ck all that a	(ylaa			The state of the s				
	Demolition		Renovat	tion		Full Co	ntainment with	Negative	Pressure	
7.00	Large Proje	ct				X Mini-En		J		
	Quantity is 2		3 LF ACM			X Gloveb	ag Procedure			
			≥ 260 LF ACM				Non-friable			
		ocation of		Is Location		escription of		mount	Abateme	nt Type
	Asbest	os-Containi	ng	Normally Used		estos-Containin		Specify	(Specify: F	Removal,
		erial (ACM)		Solely by		aterial (ACM)		are Feet		
		BE ABATED		Maintenance or		thermal system		or	or Enclo	sure)
	11	Facility		Custodial Staff?		on, surfacing, \		ear Feet)		
		(13)		(12)	or oth	er miscellaneo	us)			
		See attac	ned							
	2505 340 45									
Name o	f Registered	Waste Hau	ler	NJDEP Waste Ha	l auler ID #	Cu. Yds. of W	Vaste Nam	ne of Rea	istered Landfi	I
	ehold Car		S100000	1869		40	TRE			
City, Sta	NAME OF TAXABLE PARTY.			L		Disposal Date		State		
	nton, NJ					11/29/		ytown,	Pa	
	ted By (Print	or Type)	Title			Signature	A CONTRACTOR OF THE PARTY OF TH			ate
	ninick Trin		Pres.			Dominick	Tringali			11/4/16
SR /1	JUN 95 G4	367								

12 Locust Ave, Wallington

214 LF of pipe insulation and fittings in the basement 1 SF of boiler flue packing 400 SF of drywall with ACM joint compound 9 SF of floor tile in the basement 110 SF of linoleum flooring in the 1st floor kitchen 168 SF linoleum flooring in the 1st floor sun porch 1,470 SF of roof shingles (3 layers) 1,600 SF of exterior transite siding



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Date of Notification (1)			Name of	Building	Owner/Operator (2) = C(1) Q \(\)					
	12/16		Street Ac	. ,	WEC G	23047		NOV	• £	P) E	SAR
Agency Notified	Type Notification		Street Ad	dress		100	Approximation of the second	MUY	1 9	68	110
□ EPA	☑ Initial	-	City, Sta	to Zin C	ode				-		
DEP DOL	Amended Amendment #		City, Sta	ORA	1570WA	CH. C	. 073	600	3.00	INC	TRO
- 26	☐ Emergency (includin	g -	Name of	Contact			Telephone Num				
Б рон	justification) □ Cancellation		N	5. 0	SOSUME ?	20					_
DCA DCA	G Cancendon				ORMATION						
	Abatement is Taking Place	in (3)	PAUL		1	Type of Facility	(4)			100 8	-5075
Name of Facility vynere	MS. GES		~ ~			D 0-11/V 12					
	M 2. 000	2012-	2			☐ School (K-12) ☐ Subchapter 8	(Other than K-12				
Street Address						Di Other (i.e. pri	vate & commercia	al building	js,		
						homes, etc.) Square Feet		Bldg.	Age		-
City (5)	of - 11'000					Z500.			90	15	•
	MOMISTO	w10		- 1 -	COTATE USE		ior if being demol	1	_	_	
County (6)	Tomes		ONLY)	Code (/)	(STATE USE		51 05N E				
									-		
	rm Hired by Building Owner	ASCN	A No.		Name of Abatem						
(8)					Best Ren	noval In	<u>c</u>		_		
Street Address					Street Address	1 0:	0.5				
					City, State, Zip C	h River	St				
City, State, Zip Code					Hackensa		07601				
		Talanha	ana No		Telephone No.	ick, 14.0	License No.				
Project Manager for M	onitoring Him	reiepno	one No.		201-329-	-7444 -	The state of the s				
	. Scheduled Co	ampletion D	ata (11)		Name of OSHA		1 0000			-	_
Start Date (10)		2/2/				Environm	ental				
	ring Abatement (Check onl	1	10		Street Address						O-155
	•				280 Hu	ıyler St				>	
☐ Facility Closed/Vac	ated During Entire Period of ed Outside of Normal Faci	or Abatemen lity Hours	и		City, State, Zip C	ode					
Ø Other - Describe:	B: AM TO EPM		2		. S. Had	ckensack	,N.J. 0	7606			
Scope of Work (Check	(all that apply)				DE ENTIR	Containment with	Negative Pressu	re			
□≥3 sf or ≥ 3 lf			D-Rend		☐ Mini-	Enclosure					
च ≥ 160 sf or ≥ 260 lf		14	☐ Dem	olition	☐ Glov	ebag Procedure Exempted (*) an	d Non-Friable Pro	cedure			
		T			G 1001)	LAUINGE ()			Ai		ment
		Is Loca Norma				5			Н	Тур	le T
	ation of	Used Soi	lely by	Acha	Description stos Containing Ma		Amount		-		四 .
	ning Material (ACM) ABATED	Mainten Custo		(i.e	_ thermal systems	insulation.	(Specify SF or LF	,	Rem	Repair	Cap
	Facility (13)	Staff	A. C. C.		surfacing, VAT other miscellan		SF OI LI		Removal	Dale I	Encapsulate
	(13)	(12)			5 5			-	1	6
		Yes No	N/A				750	.47	X	+	+
BASENER	5				VAC		130	4	A	+	+
										+	+
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	(9)										
Name of Registered V		1	Waste H	lauler	Cubic Yards of Waste	1	stered Landfill	il.			_
Best Ren	noval Inc	ID No.	7109		3 /207	Minerv	a Enterp	rises	,	LL	'C
		1	1103		Disposal Date	City, State					
City, State	ack , N.J. 07	1601			12/2/16		sburg, Ol	h.446	88		
Completed by	Title	001			Signature	I mayire	22426, 01	Date	1	1	
J. Maioran		imato	r			سرص وثاو	2	14	15	[1	b
1 U.Halulal					icensure exempted	1 - Alimberto		100000000000000000000000000000000000000			

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Date of Notification (1)	•				Owner/Operator	(2)	15				
-11/10/	16	- 2	1	15.5	SHARON	BRAH	7 2 1	W.15	2010	3	4
Agency Notified	Type Notification		Stree	et Address		1000 0000	_	J 1			1
	D-Initial						DT				
EPA	☐ Amended		City,	State, Zip C	Code · O		L 1000	00 20T	NTP	OL	R
DEP DEP	Amendment#			Rock	teue P	ARIC - N	1) · 1004.	192 NSI	VG.	- 1000	
Z	☐ Emergency (including	ng	Nam	e of Contac			Telephone Num	ber	-04-10403-613		
DOH DCA	justification) ☐ Cancellation			MS	BRAHS			,		4710	
a box					ORMATION						7
			FA	CILITIME	DRMATION	Type of Facility	(4)				1
Name of Facility Where				**		Type of Facility	(4)				
r	15. BRAH	5				☐ School (K-12					
Street Address					17	Subchapter &	(Other than K-12 ivate & commercia	i) al buildinas.			
V. 6 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2						homes, etc.)					
City (5) .					*2	Square Feet	# of Floors	Bldg. Age		.02	
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County (6)	0 1		ONL) (2141E 02E		SIDENCE				1
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Name of Monitoring Firm	n Hired by Building Own	er A	SCM No.			nent Contractor (S					
(8)					Best Re	moval In	С				_
Street Address					Street Address						
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City, State, Zip Code					City, State, Zip C				250		
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Project Manager for Mo	nin ring Form	Tak	phone N	0	Telephone No.		License No.				
Project Manager for Mo	illound Lam	100	priorie re	٠.	201-329	-7444 -	00388				
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Start Date (10)	Scheduled C	,		-		Environm	ontal				
11/29			0/16		Street Address	EIIATIOIIII	ental				\dashv
Occupancy Status Durin	ng Abatement (Check on	ly one)				1			-		1
☐ Facility Closed/Vacat	ed During Entire Period	of Abate	ment	0.60		uyler St				_	\dashv
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☑ Other - Describe: 7	: AH TO I ()	~			S. Ha	ckensack	,N.J. 07	000			\dashv
Scope of Work (Check a	all that apply)				 D 5.41	Containment with	Negative Pressu	re			
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□ ≥ 160 sf or ≥ 260 lf				Demolition	□ Glov	rebag Procedure					- 1
	and the second s				□ Non	-Exempted (*) an	d Non-Friable Pro	Cedure	bater	men	+
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Best Remo	oval Inc	IDI				Minerv	a Enterpi	cises	,LL	C	-
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City, State					Disposal Date	City, State		1110	0		
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Belleville, NJ 07109 County (6) County (homes, etc.)					
County (6) Cosmty Code (7) (STATE USE CMLY) Current Use (Prior if being demolished) Sistex Name of Möhloring Firm Hirad by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address S75 Valley Rd #283 Gity, State, Zip Code Cny, State, Zip Code Project Managar for Mohloring Firm Talephone No. Project Managar for Mohloring Firm Talephone No. Project Managar for Mohloring Firm Talephone No. 11 / 10 / 16 11 / 10 / 16 Scheduled Completion Date (11) 11 / 10 / 16 Scheduled Completion Date (11) Project Managar for Mohloring Firm Talephone No. Project Managar for Mohloring Firm Talephone No. Talephone No. 11 / 10 / 16 Environ/sloc Concultants, Inco Street Address 20-21 Wagaraw Road, Bidg. # 35B City, State, Zip Code Fair Lawn, NJ 07410 Scope Dr Work (Check all that apply) Scope Dr Work (Check all that apply) Asbestos-Contishing Material (AGM) To 3E ABATED Normally 10 3E ABATED Normally 10 3E ABATED Normally 11 / 10 Security Closedry State Street Address 20-21 Wagaraw Road, Bidg. # 35B City, State City, State City, State City State City Code Fair Lawn, NJ 07410 Cies nup and decontamination with negative pressure Normally Scope Dr Work (Check all that apply) Asbestos-Contishing Material (AGM) Asbestos-Contishing Material (AGM) Minitanance/ Custodial Staff (13) Yes No. N/A Basement Basement Basement Basement Disposed Date City, State Disposed Date City, State							A STATE OF THE STA	Square Feet	a of Figore	810	g. Ag	ğ	
Size Address Street Address Stre		1			Count	Gode (7) /	STATE USE OMLY)	Current Use /Pr	igr if being demotish	ned)			_
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Street Address City, State, Zip Code Wayne, NJ 07470 Telephone No. 973–638-1777 01127 Name of OSHA Monitor Bavirovision Concultants, Inc Street Address Street Addres		irm Hired by Building	Owner (i	5) A	SCM N	do.	Name of Abateme	ent Contractor (9)					
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Street Address Stre						0 (11)		Vionitor					_
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Location of Asbestos-Containing Material (ACM) Location of Asbestos Containing Material (ACM) Amount Report Report Location of Asbestos Containing Material (ACM) Amount Report Repo	Time of Abatemen	k all that apply)					Full Con		(7/2)	Dress	rfil.da		
Asbestos-Containing Material (ACM) TO BE ABATED White Facility (13) Yes No N/A Basement Basement Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe insulation Boiler insulation Boiler insulation Boiler insulation Amount (Specify SiF or LF) SiF or LF) Boiler insulation Basement Disposel Date City, State	Time of Abatement Scope of Work (Check	55,8400					Mini-Ent	as Procedure	Tent with Negative	r 1990			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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ate of Notification (1)			me of Bu arcia Tl		er/Operator ((2)	un para de mercana	U L NO	10	-20	10	1
1/11/16 encies Notified Type Notification		20100000	eet Addre					ASBEST	OS C	ONT	ROL	8
John Color Transport								1	CENS	ING		+
EPA Initial Amended				Zip Code	20							
DOL Amendment #_ Emergency (in	cluding	U. 12-0.5	hatham me of Co	n, NJ 079	28			Telephone Numb	er			
DOH justification)				homas			d.		_			
DCA Cancellation				Y INFORM	IATION							-
ame of Facility Where Abatement is Taking	Place (3)					Тур	school (K-12)					
Private House treet Address							Cubabanter 8 (Other than K-12) ate & commercial	l building	gs, ho	mes,	
treet Address						×	etc.)			, Age		-
City (5)						Sq	uare Feet	# of Floors	Blug	g. Age		
Chatham						C	rrent Use (Prior i	f being demolishe	l ed)			
ounty (6)		C (S	ounty Co	de (7) E ONLY) _		Cu	III 6111 030 (i iioi i		95			
Morris	wpor (8)	1	ASCM N	No.	Name	e of A	Abatement Contra	actor (9)				
lame of Monitoring Firm Hired by Building O Competent Supervisor	wher (o)		ACCIVIT		Aca	den	ny Construction	on Inc.				_
Street Address						Rt.	46 West Suit	e 14				
City, State, Zip Code	THE STREET				City,	State	e, Zip Code I, NJ 07512					
		1 7	elephone	e No			e No.	License N	0.			
Project Manager for Monitoring Firm		'	elebrion	5 110.	973	3-83	2-4244	01155				
Start Date (10)	Scheduled	Com	pletion D	ate (11)			OSHA Monitor					
11/25/16	12/2/16				100000	1111111111111	as above					-
Occupancy Status During Abatement (Chec	k Only One))			Stre	et Ad	Idress					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Ab	atem	ent		City	, Stat	te, Zip Code					
Scope of Work (Check All That Apply)						35.75						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Mini-Enclosure	edure				
							Non-Exempted	(*) and Non-Fria	ble Prod	Ahate	ement	_
	ls l	Locat	ion								ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	ntena	ely by ince/ Staff?	Asbest (i.e.	Descriptos Containing thermal syst surfacing, other misce	ng Ma ems VAT	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosnie
	Yes	No	N/A					40015	V	-	X	
Basement			X		Pipe Ins	ulat	ion	100 LF	X		^	
							Nome	Registered Land	of the state of th			
Name of Registered Waste Hauler			NJDEP \ Hauler II		Cubic Yar of Waste	as	1000	VS Landfill				
Academy Construction Inc.			034422		3 Disposal	Date						
City, State Totowa, NJ		,			TBD		Tullyto	own, PA	Date			
Completed by	Title Sup	ervis	sor		Sigr	ature	Fily D	eleski	11/11	/16		
Filip Geleski	Очр	J. V.					1	And the state of t		and the second	d acti	:+:

Ch 2034

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Date of Notification (1)			me of Buth Ea	uilding Owr ger	er/Operat	tor (2)				1401	. 1 .) <u>(</u> (110	1
Agencies Notified Type Notification		Str	reet Add	ress						ASBEST	OSC	ON	TROI	- &
EPA Initial Amended Amendment #				, Zip Code ir, NJ 070)42					Example Section 1	ICEN:	211.17	2	
DOH Emergency (In justification)	cluding	11 17 25	ame of Co		40				Telepl	none Num	ber	-		
DCA Cancellation				TY INFORM	MATION									
Name of Facility Where Abatement is Taking	Place (3)					T	ype of Fa							
Private House						\dashv	F Subo	ol (K-12 hapter 8	Other	than K-12))			
Street Address						×	Othe etc.)	r (i.e. pri	vate & d	commercia				
City (5)						S	quare Fe	eet	# of F	loors	Bld	g. Ag	е	
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County (6)			ounty Co	ode (7) SE ONLY) _			unent o	se (F 1101	II DOING	, dominion	,			
Name of Monitoring Firm Hired by Building O	wner (8)	1	ASCM	No.			Abatem my Co							
Competent Supervisor Street Address					Str	reet A	ddress							
Street Address							t. 46 W		ite 14					_
City, State, Zip Code							te, Zip C a, NJ C							
Project Manager for Monitoring Firm		Т	elephon	e No.		Telephone No. License No.								
Project Manager for Morntoning						973-832-4244 01155								
Start Date (10) 11/22/16	Schedule		pletion D	ate (11)	S	Name of OSHA Monitor Same as above								
Occupancy Status During Abatement (Check	k Only One	e)			St	reet A	ddress							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	bateme Hours	ent		Ci	ity, Sta	ate, Zip C	ode						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovat emoliti				×	Mini-E	nclosure	edure	Negative I			e	
							14011 2	жотпрто				Abate	ement /pe	
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	Yes	No	X		Pipe In	ารเปล	tion		13	30 LF	Х		Х	
Basement		3	^		r ipe ii	iodid								
Name of Registered Waste Hauler		1000	JDEP V	STATE OF THE PARTY	Cubic Ya					ered Landf	fill			
Academy Construction Inc.		10.5	Hauler ID 134422		of Waste			GROV		ndfill		_		
City, State Totowa, NJ					Disposa TBD			Tullyto	own, P		Date			
Completed by Filip Geleski	Title Sup	erviso	or		Sig	mature	File,	20	ask		11/10	/16		

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BEST REMOVAL INC

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ert Data (10)	Scheduled Co	1		(11)		Name of OSHA	Environm	antal				
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	al Inc	(10)	17		*	207	Minery Chy, Mesa	sburg, Oh, 4	468		-	

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			Na	me of	Building	Owner/Operator	(2)	III NOV 1	5 201	6		J
Date of Notification (1)	2/16		140	C	ACI-	1001 F	Auc	OOPENA	1109	3	1	
Agency Notified	Type Notification		Str	reet Ad	dress	6 PAS	er do	ASBESTOS	CONTI	ROL	. &	
□ EPA	2 Initial		03		- 7:- C	ada		LICE	VSING			7
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DOH DOH	justification)		N	anne or	So U	STARCIO	2	-				
□ DCA	☐ Cancellation					RMATION						
(F. 148-000	Abatement is Taking Place	e (3)		ACILI	·	TAMATION.	Type of Facility	(4)				
Name of Paciny Villete	HAW HOUP	CO	08	EM	4710	1 F	School (K-12))				
Ctroat Address	Secret:			440	7.0	1	Subchapter 8	(Other than K-12) vate & commercial	buildings			
2726	PARIL AUS	-			13		. homes, etc.)	>*.				_
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INE	E HAW IVEN				340.	č	45,000.			2		
	- 17:3		TC	ounty (Code (7)	(STATE USE		ior if being demolis				
County (6)	10500		0	NLY)				APTS.				_
	m Hired by Building Owner	A	SCM N	lo.	1	Name of Abaten	nent Contractor (9	9)				
(8)	••••••						moval In	c				\dashv
Street Address						Street Address	8					
Gueceria				**		450 Sou	th River	St			-	
City, State, Zip Code						City, State, Zip		07601				
1 22	•				51		ack, N.J	License No.				-
Project Manager for Me	onitoring Firm	Tek	ephone	e No.		Telephone No.	71.1.1.	내 내고하다 하게 있다고 않는데				
	7						-7444 ·	00300				-
Start Date (10)	Scheduled Co					Name of OSHA	Environm	ental				
11(23)			115	9		Street Address	HIIVILOIIM	CHOGI			27.92.07	77.7
Occupancy Status Dur	ing Abatement (Check only	y one)		3			uyler St				~	
☐ Facility Closed/Vaca	ated During Entire Period o	f Abate	ment	2.5		City, State, Zip	Code			N.		
☐ Abatement Perform	ed Outside of Normal Facil	ny Hou	006	DIM		. S. Ha	ckensack	,N.J. 07	7606			
Scope of Work (Check						O Fell	Containment with	Negative Pressu	re			
Dr≥3 sf or ≥3 lf			4	Rend	ovation	∠ Min	i-Enclosure		2.7			
□ ≥ 160 sf or ≥ 260 lf			1	☐ Dem	olition	,⊒ Glo	vebag Procedure	d Non-Friable Pro	cedure			
					l -	<u> </u>	- Zaciipiou () -			0.00	atem	
			Location						ŀ	T	Туре	T
	ation of	Use	d Solel	y by	Anha	Description stos Containing I	of Material (ACM)	Amount	İ	_	1	m
	ning Material (ACM) ABATED		intenar		(i.e	thermal system	insulation,	(Specify		Removal	Repair	Enclosure
INI	Facility	ب ا	Staff?			surfacing, V/ other miscella	T, or	SF or LF		BAOI	onle	Sur
	(13)		(12)			Other Hisceila	neous)			-	180	9
		Yes	No	N/A						20	+	+
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Name of Registered \	Naste Hauler	NJ	DEPV	Vaste I	Hauler	Cubic Yards o		istered Landfill	Ŷ			_
Best Ren	noval Inc	ID	No.	100		Waste	Minerv	a Enterp	rises	,	LL	C
			1/	109		Disposal Date	/ 1					
City, State		7.6.0.1				11 2516		sburg, 01	h.446	88		
	ack , N.J. 07	601				Signature	1 wayire	224-69	Date	1	1	
Completed by	Title		+ ~ ~				المامادية	na .	11	12	41	6
J.Maiorar	10 EST	ima	his for	m for a	sbestos	licensure exempt	ed activities.					
ASB-41	LO NO					/ /						

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Date of Notification (1)			1	lame of	Building C)wner/C	perator	(2)	1		=	Carried Ballion		3				
11-3-16				JE	55/	CA	4	TE	WA	たな				1				
Agencies Notified Typ	pe Notification		5	Street A							MOV	15	2016	- Constant	TU			
□ EPA □	/ Later of									1)	NOA	1 3	2010	Jane 4	Section 1			
EPA DEP	Initial Amended			City, Sta	te, Zip Coo	de	,	**		100								
DOL	Amendment #_				DON		=/10	NT ASSESTED CONTROL &										
	Emergency (incl	uding		The second second	Contact	1-10	12		- /	I Tel	ephone Ni	mher'	¥-2					
DOH DCA	justification) Cancellation										CONTONE. TWO		/ De-mone					
	Cancenation				55/0		ON				_							
Name of Facility Where Abat	ement is Taking Di	200 (3)		FACI	LITY INFO	RMAII	ON	Type	of Facility	(4)			-		-			
C. 17A		ace (5)																
RESIDENTIA	<i>L</i>								School (K			10)						
Street Address		-	1-3-3								er than K-1 & commerc		dinas	home	9			
									etc.)	private	o commerci	Jai Dain	anigo,	ionic	3,			
City (5)	1							Squar	e Feet	# 0	f Floors	В	ldg. A	ge				
HADDONF10	9/12							12	00	1.5	3		10	4				
County (6)		72	10	County (Code (7)			Currer	nt Use (P	rior if bei	ng demolis	shed)		-				
CAMPER					JSE ONLY)	-			5100	NO.								
Name of Monitoring Firm Hire	ed by Building Owr	ner (8)		ASCN	No.		Name	of Abat	ement Co	ontractor	(9)			-	_			
	1, 1NSF		Tina		202.696.20		151	OVA	400		2570	Pir	-	nn				
Street Address	11/10/10	501	101				Street	Addres	1/7/1	Ca	~ 5/0	100	//	0,-	-			
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City, State, Zip Code	10111						City, S	State, Zi	Code	2.	0,11							
P/+1/A	19116						017	1//	7 //	4/	7116							
Project Manager for Monitorin	ng Firm			elepho		1.0-		none No		,	License							
JASON I	0/7				784-4	673			-4699		021	76						
Start Date (10)	Sc	hedule	d Com	pletion I	Date (11)		Name	of OSH	A Monito	PΓ								
11-21-16	1//	-20	2-/6	6			5	12	1/1									
Occupancy Status During Ab	atement (Check O	nly One	e)				Street	Addres	S		0/							
Facility Closed/Vacated	During Entire Peri	nd of A	hateme	ent			27	9/	END!	e1 x	() (.							
Abatement Performed C	Outside of Normal I	acility	Hours	2111				State, Zi			<u> </u>							
Other – Describe:		-		-			PH	1/14	MA	- 19	116							
Scope of Work (Check All Th	at Apply)						0/								-			
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio				F		i-Enclosu		n Negative	Pressu	re					
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			415055					Nor	n-Exempt	ed (*) an	d Non-Fria	ble Pro	cedure					
		ls l	Locatio	n									Abate					
Location of			ormally			De	scription	of					Ту	oe				
Asbestos-Containing Mat	erial (ACM)		Solely		Asbest		aining N		(ACM)	A	mount			m	_			
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(13)	-					Other I	iliacellai	icous				/al	=	late	Tre			
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Name of Registered Waste H	lauler		N	DEP W	laste	Cubic	Yards		Name	f Registe	ered Landf	ill			-			
				uler ID		of Wa					. oc marion							
AMERICAN City, State	WASTE	-					1		1.4									
City, State						Dispos	sal Date		City, St	ate								
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