CX7423 PAID

Date of Notification (1)			Name	of Building	Owner	/Operator	(2)				-					
11/26/18				Camacho		орогасы	(2)			NO	V 0	Q	2018			
Agencies Notified Type Notif	ication		Street	Address						110	¥ -		2010			
EPA X Initial																
DEP Amer X DOL Amer				ate, Zip Ci	ode				4 4	3116	3		***	¥ 4 5		
Emer	dment # gency (includ	ding	0.000	on , NJ												
DOH justific	cation) ellation		1986	of Contact Camacho					Telephon	e Nur	nber					
_ Callo	Silation			ILITY INF		TION			1							
Name of Facility Where Abatement is	Taking Place	ce (3)	170	ALL I HAI	OKINA	ION	Type of F	acility (4)						1000000		
							☐ Scho	ool (K-12	12)							
Street Address							Subo	chapter 8	er 8 (Other than K-12) . private & commercial buildings, homes							
							Othe etc.)		vate & com	merci	al buil	dings	, hom	es,		
City (5) Trenton, NJ							Square Fe	eet	# of Floor	S	E	Bldg. /	Age			
County (6)	17.71		0	0 - 1 - (7)												
mercer			(STATE	Code (7) USE ONLY)		Current U	se (Prior	or if being demolished)							
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCI	M No.		Name	of Abateme	ent Contr	Contractor (9)							
									SIONALS	S						
Street Address						Street	Address									
						6 WH	HITE DOV	VE COL	JRT							
City, State, Zip Code							y, State, Zip Code AKEWOOD, NJ 08701									
Project Manager for Monitoring Firm							one No.	NJ 087								
, , , , , , , , , , , , , , , , , , , ,			relepire	nie No.			668-9078	}	1200	nse No O	J .					
Start Date (10)			mpletion	Date (11)			of OSHA M									
12/06/18		20/18						ROFES	SIONALS	3						
Occupancy Status During Abatement	20	5 70					Address	/E COL	IPT							
Facility Closed/Vacated During B Abatement Performed Outside o	f Normal Fac	of Abate cility Hou	ement 6 WHITE DOVE CO City, State, Zip Code									-1177				
Other – Describe:			LAKEWOOD, NJ 087						701							
Scope of Work (Check All That Apply))															
≥3 sf or ≥3 lf	×	Renov					Full Containment with Negative Pressure									
≥ 160 sf or ≥260 lf		Demol	ition			×	IVIII II-CIII	closure ag Proced	duro							
						×			*) and Non-	Friabl	e Pro	cedur	е			
		Is Loca											ement	t		
Location of Asbestos-Containing Material (AC	M 1	Norma Jsed Sol				scription			V-1 0-10 10 10 10 10 10 10 10 10 10 10 10 10 1		_	1 1	ре			
TO BE ABATED		Maintena Sustodial					aterial (AC) insulation,		Amount (Specify		R	_	Enc	Щ		
In Facility (13)		(12)				cing, VA			SF or LF)	Remova	Repair	aps	Enclosure		
() · · · ·	Ye	s No	N/A		outer i	mscenari	eous)				val	=	Encapsulate	ure		
INTERIOR	10	3 140	INA			TOI			75005							
INTERIOR		_	-			TSI			750SF		x					
		_														
Name of Pegistered Wests Usuals			I IDEE ::	11	0.11		-									
Name of Registered Waste Hauler NEWARK CARTING			NJDEP W Hauler ID			Yards ste			gistered La	ndfill						
		0	Hauler ID No. of Waste 20				IE:	51								
City, State NEWARK, NJ			Disposal Date 12/20/18				100000000000000000000000000000000000000	, State	JEM DA							
Completed by	Title	9		12/20/18 BETHLEHEM PA				ILIVIFA	Date							
JOSEPH PERLSTEIN	100000000000000000000000000000000000000	VNER									e 26/1	8				
										200						

UL 2833

Date of Notification (1)	¥		Name o	of Building	Owner/0	Operato	or (2)		NC)V 2.8	2018					
Agencies Notified	Type Notification			Street A						INC	/1 - 0	2010	- 1			
X EPA	× Initial									·						
× EPA × DEP × DOL	Amended Amendment		[ate, Zip Co le Park,		204		Œ.	G 2				2)1		
DOH DCA	instification) Cancellation		1		f Contact Belvis					Tel	ephone N	umber				
None of Facility VAII-	6 b - 1 1 : 1 :			FAC	ILITY INFO	DRMAT	ION			-						
Name of Facility Where A	Abatement is Takin	g Place (3)						of Facility (
Street Address				//				H	School (K-1 Subchapter	2) 8 (Oth	er than K-	12)				
								×	Other (i.e. petc.)	orivate 8	& commer	cial bui	ldings	, hom	es,	
City (5) Roselle Park									re Feet	# of	Floors	1155	Bldg. Age			
County (6)				County	Code (7)			1	ent Use (Pri		na demoli		99			
Union					USE ONLY)				idential	or ii bei	ng demon	sileu)				
Name of Monitoring Firm A. Seine Lighthouse		Owner (8)	ASCN	ЛNo.			ne of Abatement Contractor (9) nks Tank Services								
Street Address PO Box 354				200000					treet Address 256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 0	7079				17		City, State, Zip Code Hillside, NJ 07205									
Project Manager for Mon Sarah Calandra		Telepho	ne No. 19-2666		Telep	hone N -462-7	0.		License 01316	No.						
Start Date (10)									HA Monitor		01010					
12/3/18		12/11/	18				A. S	eine L	ighthous	e Solu	tions				¥.	
Occupancy Status During	37	25	59				200	t Addres	7. T.							
Facility Closed/Vaca	ated During Entire F ed Outside of Norm	al Facility	Abater y Hours	nent s					ip Code							
Other – Describe: _							Sou	outh Orange, NJ 07079								
Scope of Work (Check Al	I That Apply)			0			г	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demoli					Full Containment with Negative Pressure Mini-Enclosure								
							Ë	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		Is	Locat	ion				O THE CONTRACT OF THE CONTRACT		(/ 5			Abat	ement	t	
Location	경구 하는데 그렇게 이러는 얼마를 하는데 없다.		Norma ed Sole				scription					-		/pe	Т	
Asbestos-Containing TO BE ABA	ATED	Ma	intena todial	nce/		thermal	system	s insula	I (ACM) ation,		mount pecify	_R	7	Enc	En	
In Facili (13)	ty	Cus	(12)	olali :			cing, V	AT, or neous)		SF	or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A				,				/al	-	late	ıre	
Baseme	ent		Х			Pi	oe Wr	ар		10)5 LF	X				
Name of Registered Was	te Hauler		- 31	IJDEP W		Cubic of Was			Name of							
Newark Carting			1008	Hauler ID No. of Waste 04509				Waste Management Landfill								
City, State East Orange, NJ								City, State Penn A		PA						
Completed by		Title	Signatu			Signature Date				-						
Alison Lamers	e Mai	nager		1	XI /I	W/1 V	1		1.3	1- >	17	18				

	人机况从						1	and a					
Date of Notification (1) 11/23/18			Name Bayo	of Buildin nne Ecor	g Owner/ nomic O	LIL NOV 2	8	201	9				
Agencies Notified Type Notification			Street	Address (ennedy l			7.						
□ EPA □ Initial □ Amended □ DOL Amendmen	t #		City, S	State, Zip (Code		, f					1	
□ Emergency justification □ Cancellation)	_	Name	of Contac intha Hov	t			Telephone Nur 201-688-727	mber				
New (5 III M			FA	CILITY IN	FORMAT	ION							
Name of Facility Where Abatement is Ta (Former) Holy Family Academy	king Place	(3)				Type of Fa	5.00.0						
Street Address 625 Summer Street						□ Schoo ⊠ Subch □ Other	apter 8 (Othe	er than K-12) commercial buildin	ngs, h	omes	, etc.)	
City (5) Elizabeth, New Jersey 07028						Square Fe 30,000	et	# of Floors Bidg. Age 50+					
County (6) Hudson			County (STATE	Code (7)	Y)	Current Use (Prior if being demolished) (Former) Holy Family Academy							
Name of Monitoring Firm Hired by Buildir Matrix New World Engineering	ng Owner (8)	ASC	M No.		Name of Abatement Contractor (9) Lilich Corporation							
Street Address 26 Columbia Turnpike						Street Address 606 McBride Ave							
City, State, Zip Code Florham Park, New Jersey 07932						City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Gavin Gilmore		Teleph 973-58	one No 35-9040		Telephone I 973-225-8		License No 01104	0.					
Start Date (10) 12/07/2018	Schedu 01/25/2	led Cor 2019	mpletion	Date (11))	Name of OS Iris Enviror		oratories, LLC		lie de			
Occupancy Status During Abatement (Ch	eck Only O	ne)				Street Addre					165		
□	ormal Facili	tv Hour	S			City, State, Union, NJ	Zip Code						
Scope of Work (Check All That Apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demolit				□ M □ G	ini-Enclosure lovebag Proce	nt with Negative Predure / Limited Core* (*) and/or Non-Fria	ntainı	nent8	Tent		
	1	Locati					Exempled (y anaror Non-i na	Die	Abat	emen	t	
Location of Asbestos-Containing Material (ACM)	0.000	Normal ed Sole	,	Ashar		scription of	1/4014			1)	/pe	\Box	
TO BE ABATED In Facility (13)	100000000000000000000000000000000000000	todial S (12)	Staff?	(i.e	thermal. surfa	taining Materia systems insul cing, VAT, or niscellaneous)	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
Exterior	165	No X	N/A	Page Co		Flashin - C-		245.5			(D		
Exterior		X	-			Flashing Ca d) Skylight		215 LF					
Main/South Corridor				(Full Conta		114 LF 725 SF							
		Χ		8		(i dii conti	animency	723 31				\vdash	
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards	Name of R	egistered Landfill					
Lilich Corporation	No.	of Was	ste	Fairless La									
City, State Woodland Park, New Jersey						sal Date	City, State Morrisville	e, PA		7 (22)			
Completed by Adriana Olejarova	t		S	ignature	103	Date 11		2018	(2)				

CY 2820 I	AII	NO.	TIFICAT	State of New Jers	SARAT	EMENT	v. 5					
Date of Notification (1)	A RALE		Nam	ant to NJAC 8:60 and to							- H	
Agencies Notified Type Notifie	cation			et Address				NOV 2	8 2	018		1
X EPA X Initial Amend			City,	State, Zip Code		· '			e e e		- 190°	
Emerg	dment #_ ency (includ	ling	Map	olewood, NJ 070	040		11	Andrews			. 5.1	
DCA justific			Brai	ndon Rumley			T	elephone i	Numbe	er		
Name of Facility Where Abatement is Residence	Taking Place	e (3)	FA	ACILITY INFORMAT	TION	Type of Facili	ity (4)					
Street Address						School (Subchar Other (i.e.	K-12) oter 8 (O	ther than K	-12) rcial bi	uilding	ıs, ho	mes.
City (5) Maplewood County (6)						Square Feet 2219		of Floors			Age	
Essex			Count (STAT	y Code (7) E USE ONLY)		Current Use (I	Prior if be	eing demol	ished)			
Name of Monitoring Firm Hired by Build A. Seine Lighthouse Solutions	ding Owner	(8)	ASC	CM No.	Name Brink	of Abatement C	Contracto	or (9)				
Street Address PO Box 354):		Street	Address						
City, State, Zip Code South Orange, NJ 07079					City, S	Liberty Aver tate, Zip Code					West I	
Project Manager for Monitoring Firm Sarah Calandra			Teleph	one No.		de, NJ 0720	5	License	Ma			
Start Date (10)	Schedi	uled Co		349-2666 n Date (11)	844-4	162-7465		01316	NO.			
0ccupancy Status During Abata 46	12/14	/18	mpietioi	T Date (TT)		of OSHA Monito Pine Lighthou		utions				
Occupancy Status During Abatement (C X Facility Closed/Vacated During Ent	ire Deriod of	F A b = 4 = -	ment			Address Ox 354						
Abatement Performed Outside of N Other – Describe:	lormal Facili	ty Hour	S		City, St	ate, Zip Code						
Scope of Work (Check All That Apply)					South	orange, NJ	07079)				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demoli			×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					
Location of		s Locati Normal					1	a 14011-1 IIal	T	Abat	emen	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole aintenar stodial S (12)	ly by nce/	Asbestos Conta (i.e. thermal s surfaci	cription of aining Ma systems ing, VAT iscellane	aterial (ACM) insulation, , or	(S	mount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure	
Basement	Yes	No	N/A						<u>B</u>	,	ate	Ге
Dascilletti		X		Pipe	e Wrap		7:	5 LF	Х			

Name of Registered Waste Hauler Newark Carting	NJDEP Hauler I 04509	Cubic Yards of Waste	Name of Regis	stered Landfill
City, State East Orange, NJ		Disposal Date	City, State	
Completed by Alison Lamers	Title Office Manager	Signature	Penn Argyle	Date/

PAID

-1	1	
1	VH	1-1-1-0
Ch	K ++	1049

Date of Notification (1)		Name of Building Owner/Operator (2)									1					
11/21/2018			Bilge	oray Buil		. E	(Č)	772	17.	* *.*						
Agencies Notified Type Notification	n			t Address				- 11	11 11 -	5		211	120			
EPA 🗵 Initial			743	Livingsto	on Rd.											
DEP Amended			City, S	State, Zip (Code				3 7 2	NOV	28	2010	0			
Mendme			Eliza	abeth, N.	J 07208	}		į Si	- 4	IAOA	20	2018	5			
DOH Emergenc	1)	g	Name	of Contac	t			Te	: lephone l	Vumbe	r					
DCA Cancellation	on		Nata	alie Bilgo	ray			1	2-920-				- 41			
Name of Equilibrative Alasta de la			FA	CILITY IN	FORMAT	ION				-		100				
Name of Facility Where Abatement is Tak Residential Property	ing Place	(3)					Type of Facilit	y (4)								
Street Address							School (I	<-12)								
Street Address							Subchap	ter 8 (Oth	er than K	-12)						
011 (5)							Other (i.e etc.)	e. private	& comme	rcial bu	uilding	s, hor	mes,			
City (5)							Square Feet	# 0	f Floors		Bldg.	Age				
Elizabeth							2,200	2		1	193					
County (6)			County	y Code (7)	V. V.		Current Use (F	Prior if bei	or if being demolished)							
Union			(STATE	USE ONLY	y)	_			a in boiling demolished)							
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		Name	of Abatement C	ontractor	(9)							
							vic Contractir									
Street Address						Street	Address		9 LLO							
						240	South 5th St.									
City, State, Zip Code						City, S	, State, Zip Code									
					- 1	Eliza	beth, NJ 072	206								
Project Manager for Monitoring Firm		Telepho	one No.		Teleph	one No.		License	No.							
	10.4						906-4123		01355							
Start Date (10) 12/01/2018				Date (11)		Name	of OSHA Monito	r								
	12/07/					Iris E	nvironmenta	l Labora	atories,	INC						
Occupancy Status During Abatement (Che						Street	Address						-			
Facility Closed/Vacated During Entire	Period of A	Abater	nent			2333	Route 22 W	est								
Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hour	S			City, S	tate, Zip Code						-			
					_	Unio	n, NJ 07083									
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova					Full Contains	nent with	Negative	Pressi	ire					
= 100 \$1 01 2200		emolit	tion			×	Mini-Enclosu	re	3							
							Glovebag Pro Non-Exempte		Non-Eria	hlo Dr	ocodu					
	Is	Locati	ion					7 4110	NOTE TO	DIC I II	Water in the	emen	ıt			
Location of	N	lormal	ly		Doce	cription	of.					уре				
Asbestos-Containing Material (ACM)		d Sole ntenar		Asbest	tos Conta	ining M	aterial (ACM)	Am	nount			_				
TO BE ABATED In Facility	2252	odial S		(i.e.	thermal s	ystems	insulation,	(Sp	ecify	Re	, a	nc	Ē			
(13)		(12)			other mi	ng, VAT	, or Pous)	SF	or LF)	Remova	Repair	aps	Enclosure			
	Yes	No	N/A			ooona n	,043)			\va	=	Encapsulate	ure			
Poormant	103	140										Œ				
Basement			X		Pipe I	nsulat	ion	25	LF	X						
				111, 500			7									
											-					
The second secon										-						
Name of Registered Waste Hauler		N	JDEP W	aste	Cubi- V	n a d -										
Danvic Contracting LLC	auler ID	2002	Cubic Ya of Waste		1 1000000000000000000000000000000000000	Registere										
	7574		2	Fairless Landfill												
City, State			Disposal Date			sal Date City, State										
Elizabeth, New Jersey			TBD			Morrisville, PA										
Completed by	Title		Signature			1			ate							
Jeymy Donneys	Owne	r					11/21/2018									

(V2100	PA	TON	TIFICA (Purs	TION OF	of New Jersey F ASBESTOS A NJAC 8:60 and	ABATEME	NT						
Luco					ailding Owner/O				NOV	28	2018		7
Date of Notification (1)	11/ 2(/18		No		eph Carar								
Agencies Notified Ty	pe Notification	-	Str	reet Addr									1
□ EPA □	Initial		C	h, State	Zip Code			-14-5-4-4-4	4.1		-		
DEP DOL	Amended Amendment#		Can		Pleasant	N.J	0874	2					
☑ DOI	Emergency (inc	duding	Na	ime of C		, 110			phone Num	ber			
DOH DCA	justification) Cancellation				Plackis								-
				FACILI	TY INFORMATI	ON	ype of Facility	(4)					
Name of Facility Where Aba Street Address	tement is Taking I	4ace (3)					School (K	(-12) or 8 (Othe	er than K-12 commercia	buildin			
City (5)						5	Square Feet	1 70.7%	Floors	- 19 19	g. Age		
Brielle							1548	2		1	70		\dashv
County (6)			C	ounty Co	ide (7)	(Current Use (F	Prior if bei	ng demoiisni	ea)			
Monmout	h		1-3			Name of	Home Abatement (Contractor	(9)				\neg
Name of Monitoring Firm Hi	red by Building Or	wner (8)		ASCM 1	NO.	(varie o	Brick Indus						
						Street A							
Street Address								Box 91	5				_
City, State, Zip Code						City, Sta	ate, Zip Code						İ
Oily, Gasti ap							ck, NJ 0872	3	License N	D.			-
Project Manager for Monito	ning Firm		1	elephon	e No.	Telepho			ASSESS 1200	196			
				1-6 77	man (41)		32-899-7499 of OSHA Moni	tor		100			
Start Date (10) 11/26/18		Scheduled 12/10/		pieuon u	queini	1							
Occupancy Status During /	- I					Street A	Address						
				ent									
Abatement Performed Other – Describe.	d Outside of Norm	al Facility	Hours			City, St	ate, Zip Code						
Scope of Work (Check All	That Apply)		+ 114-1-1-1										
Scape of train (of san till		□ R	enoval	tion		F	Full Conta	inment wit	th Negative	Pressur	e		
≥160 sf or ≥260 lf		X D	emoliti	on			Mini-Enclo Giovebag	Drocedure	,	t- Des	anduer		
							Non-Exem	ipted (*) a	nd Non-Fria		Abate		
		1.4	Locati								ĭy	oe .	
Location of Asbestos-Containing No. 170 BE ABA In Facility (13)	Material (ACM) TED	Use Mai	d Sole of Sole of al S (12)	ly by nce/ Staff?	Asbestos Co (i.e. therm sur	Description ontaining M nai systems rfacing, VA er miscellar	laterial (ACM s insulation, T, or		Amount (Specify SF of LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	1-1	locto-		15	00SF	X			
Basement, 2nd floor	living area			X	Interior p			-	LF	X			
Basement				X	Pipe ins	ulation		10	ILF	-			
										-	+		
				Ì			Non	o of Poci	stered Landf	511		_	-
Name of Registered Was	te Hauler			JDEP V Hauler ID	10010	bic Yards Waste	1490						
Brick Industries	s Inc.			21602	2	8			North La	HUIIII			
City, State	0, 1110.					sposal Date 2/10/18	City	. State M	lorrisville.	PA			
Brick,	NJ				12	Signatur	·	IV		Date	_		
Completed by		Title		L-1	.4	Jigi satti	£			11/	21.	/18	
Eric Pla	ackis		Pr	esider	11								

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(Y 305	7	PAT	NOTII	Pursi	TION OF	of New Jerse ASBESTOS NJAC 8:60 an	ABATEN d 12:120)	Г		NC NC	N 2	8	20 18		
Date of Notification (1)	1. 1	2-110		Na	me of Bu	ilding Owner/0	Operator	(2)		l.	1					
	11]	81105			Rich C	uarentello										
Agencies Notified	Type N	Votification		Str	eet Addr	ess						,		****	1	
_		wtial											_		\dashv	
EPA DEP	-	mended		1 5 5		Zip Code									1	
DEP DOL		mendment#		100000			7720			Tala	phone Numb	or.			\neg	
П рон		mergency (ir istification)	icadanig	Na	me of Co	ontact				Templanta Harris						
H DCA		Cancellation				Plackis							-		-	
					FACILIT	Y INFORMAT	ION	Tur	e of Facility (4	1		-				
Name of Facility Where Street Address	Abatem	ent is Taking	Place (3)	• • • • •					School (K-12 Subchapter 8 Other (i.e. pr etc.)) s (Othe	r than K-12) commercial	buildir				
D'1-151	_							Sq	uare Feet	# of	Floors	Bld	g. Ag	B		
City (5)									3000	2		1	70			
Bradley Bea	acri				ounty Co			Cu	rrent Use (Prio			d)				
County (6)	41			(S	TATE US	E ONLY)	Commercial Building									
Monmout Name of Monitoring Fin		hy Building C	Owner (8)	+	ASCM N	∛o.	Name of Abatement Contractor (9)									
Name of Montoring ("		o, 20.4					Brick Industries, Inc.									
Street Address							Street Address									
Street Address							PO Box 915									
Car. State Zin Code	City, State, Zip Code						City, State, Zip Code									
City, State, Zip Olive						Brick	c, NJ 08723									
Project Manager for Monitoring Firm				11	elephone	No.	Telep	hane	No.		License No	h.				
Project Manager for Monitoring Firm				-					-899-7499		011	196			_	
Start Date (10) 2 \	1/8		Scheduled (Some	vietion D	ate (11)	Name	e of (OSHA Monitor							
Occupancy Status Dur	ring Abat	ement (Chec	k Only One)				Stree	et Ad	dress							
X Facility Closed/V: Abatement Perfor Other – Describe	acated Domed Ou	urina Entire	Period of Aba	ateme ours	ent		City,	Stati	e, Zip Code	- 	and the same					
Scope of Work (Check	k All Tha	t Apply)	Programme .	novat					Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure			cedur	e ement		
			le l	ocatio	20									pe		
Asbestos-Contain TO BE	tion of ing Mate ABATED acility 13)		No Used Main Custo	rmall Solel tenar	y y by ice/	Asbestos C (i.e. then su	Descripti containing mal syste urfacing. \(\) er miscel	j Mai ims ii VAT,	terial (ACM) nsulation, or		Amount (Specify SF or LF)	Removal	Ropair	Encapsulate	Enclosure	
			Yes	No	N/A							-	-	1-	-	
						Floo	or Tile			300	SF	X		-	-	
										1		1	1			
		10111111111111			-											
	> <u>>===================================</u>			95	1							-	1	1	T	
										I Danie	tered Landfi	11			i	
Name of Registered				1000	JDEP W	No. of	ubic Yard Waste 4				North La					
Brick Indus	tries, I	nc.			21602		sposal D		City, St	ate			PG 2558			
City, State	20,000			Disposa				11/28/18 Morrisville, PA								
	ick, NJ		Title				Signa		C		1 1	ate		1. 17		
Completed by	Dlack	ric	1100	Pr	esiden	t		occupieti.	2			11	10	110		

President

Eric Plackis

<u> </u>							192 1944							
Date of Notification (1): 11/19/18	Name STEP	of B	uilding COMPA	Owner/Operator (2):				N	OV 2	8 2	018			
Agencies Type Notification Notified (X) Initial	Street	Add	ress:	ER AVE.					s s s					
() EPA Notification			, Zip Coo											
(X) DEP () Amendment (X) DOL Notification			DD, NJ 0	7607		_		17 113			Ten serie			
() Emergency			ontact: I OSTRO	OSKI		Telepho	ne Number: 201-	712-	7656					
(X) DOH () Cancellation () DCA			. 00110	JOKI										
N. an w			(#)	FACILITY INFO	ORMATION									
Name of Facility Where Aba 2 ND FLOOR	atement is	Taki	ng Place	e (3): BUILDING #7	Type of Facilit									
Street Address: 100 WEST H	IYNTER A	AVE			() Subchapter	8 (Other than	ı K-12) mmercial buildings	s,						
City & State (5): MAYWOO	D, NJ				Square Feet:	23000	# of Floors:	1	Bldg	Age:	NA			
County (6):		C	ounty Co	ode (7)	Current Use (Prior if bein	g demolished):							
BERGEN				JSE ONLY)	MANUFACT	ORING &	LABORATORY							
Name of Monitoring Firr Owner:(8)	n Hired	by	Buildin	500 (1970)	Name of Abar	tement Cont	ractor (9):							
ENVIRONMENTAL CONS	ULTING	GRO	UP LLC	, NA	JLs Group, Inc.									
Street Address: 71 ARCH ST	REET		OT, BBC		Street Address:									
					25-11 95 th Street									
City, State, Zip Code:					City, State, Zip Code:									
PATERSON, NJ 07522					East Elmhur	st, NY 113	69							
Project Manager for Monitorion FERNANDO	ng Firm:			Telephone No.:	Telephone No		License No.:				-			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25.72			973-418-4036	(877) 230-108	0	01368							
Start Date (10): 12/1/18	Scheduled 12/9/18	d Cor	npletion	Date (11):	Name of OSH				1					
Occupancy Status During Abatem					S/M Enterpri		Jersey, Inc.							
(X) Facility Closed/vacated Durin					Street Address: P.O. Box 8265									
() Abatement Performed Outside () Other – Describe:	e of Normal	Facil	ity Hours	ent	City, State, Zip Code: Haledon, NJ 07538									
Scope of Work (Check all that app	oly):				rialedon, NJ 07558									
(x) $\ge 3 \text{ sf or } \ge 3 \text{ lf}$ (X) $\ge 160 \text{ sf or } \ge 260 \text{ lf}$			(X) I () D	Renovation Demolition		() Mini () Glove	Containment with Enclosure bag Procedure	h Neg	gative P	ressur	e			
	Is L	ocat	ion		(X) Non-Friable Procedure Abatement									
Location of Asbestos-Containing Material	No Used	rmal		Des Asbestos Conta	cription of	(ACM)				уре				
(ACM)	Main			(i.e., thermal	systems insula	tion,				H	Е			
TO BE ABATED		stodi staff?			ing, VAT, or niscellaneous)		Amount	\em	Repair	ncaj	ncl			
IN Facility (13)		(12)		311,7	inscernance (us)		(Specify SF or LF)	Removal	pair	Encapsulat	Enclosure			
	Yes !	No	N/A	DV 0.05				_		at	e.			
2ND FLOOR		X		FLOOR TILES			600 SF	X						
								-						
								_	-					
Name of Registered Waste Hauler: JLS GROUP, INC Hauler ID 2A-799					Cubic Ya of Waste		Name of Regis	tered	landfil	1:				
City, State: Disposal Date: EAST ELMHURST 12/12/18					City, State:									
Completed By: Title:					Signature://	1 1	Date:							
EVA CUPIT	AGER	E'wa Kase /	ubit	11/19/18										