Chech # State of New Jersey 9243 NOTIFICATION OF ASSESTEDS ABATEMENT (Pursuant to NJAC 8:60 and 5:46)

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Date of Notification (1) 09 /	47 ,	40						wner/Operator (SEF	2	1	2018	1			
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Agencies Notified	Type Notific	ation			Stree	t Address					O D F C		O C L	Taylor Reserve				
□ EPA □ DOLWD	☐ Initial	٦				14 Bloom	Shirt and			A	SBEST Li		AUU Kirin		月. 花			
☑ DHSS	Amendm					State, Zip				f of the management	4 Section 1		eperor.	- 1-22762	Part Comment of			
☐ DCA	☐ Emerger		cludin	9		boken, N		7030										
(NJAC 5:23-8)	justificat	- 25				of Contac				Telephone	Numbe	er						
	☐ Cancella	ition			Art	Rastelli	as a	agent for own	ner	201-208	8-4329							
					FA	CILITY II	VFO	RMATION										
Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility (4	y (4)								
House									School (K-12)									
Street Address									☐ Subchapter 8	8 (Other than K-12) private and commercial buildings,								
									homes, etc.)	vate and oo	minero	ui be	man iş	,,,				
City (5)									Square Feet	# of Floor	s	Ble	dg. A	ge				
Belmar									2200	2			80 y	rs.				
County (6)					Cour	nty Code ((7)(STATE USE ONLY) Current Use (Prior if being demolished)											
Monmouth							House											
Name of Monitoring Firm	Hired by Buil	ding C)wner	(8)	ASCM	No.	Na	me of Abateme	ne of Abatement Contractor (9)									
N/A					N/A		E	East Coast H	t Coast Haz Mat Removal, Inc.									
Street Address							Str	eet Address										
							4	494 East 41st										
City, State, Zip Code				0			Cit	y, State, Zip Co	ode									
							F	Paterson, NJ	07504									
Project Manager for Monit	toring Firm			Tele	phone	No.	Tel	lephone No.		License N	10.							
					1		9	973-345-0022		00507								
Start Date (10)				7		te (11)	Na	me of OSHA M	onitor									
				-	_ / _	18	5	Same as abo	ve									
Occupancy Status During							Str	eet Address										
☐ Facility Closed/Vacate	d During Enti	re Per	iod of	Abater	nent													
Abatement Performed Time of Abatement:	Outside of No AM-	ormal PN	Facility ///	Hour PM-	s - Des	cribe AM	City	y, State, Zip Co	ode									
Scope of Work (Check all	that apply)							□ Full Cont	ainment with Nega	tivo Proces								
\boxtimes \geq 3 sf or \geq 3 lf \square \geq 160 sf or \geq 260 lf			⊠ Re	novati	on			☑ Mini-Encl		llive Fressu	i e							
≥160 sf or ≥260 lf			☐ De	molitio	n			☐ Glovebag		F B	Usanieroni							
			le	Locati	on		1112 1200	□ Non-Exer	mpted (*) and Non-	-Friable Pro	ceaure							
Location	of		1	Iormal	ly			Description of			-			ent T				
Asbestos-Containing N	Material (ACN	1)		d Sole				Containing Mat	terial (ACM)	Amoun	t	Removal	Repair	Enc	Enclosure			
TO BE ABA				odial S		(i.e		ermal systems in surfacing, VAT,		(Specified SF or Life		3701	air.	aps	uso			
(13)				(12)				her miscellaned		SF 01 Li	,	=		Encapsulate	le l			
			Yes	No	N/A									(D				
Basement					\boxtimes	Pipe In:	sula	tion		15 LF		\boxtimes						
1st Floor		Flue Packing 1 SF							П									
		П																
	The state of the s		П									$\frac{\Box}{\Box}$						
Name of Registered Wast	e Hauler			100	JDEP V	Vaste	Cut	oic Yards of	Name of Registe	red Landfill				Ц	Щ			
East Coast Haz Mat Removal, Inc. Hauler ID N							Wa	ste	G.R.O.W.S.,			Δ						
City, State							1 Dist	posal Date	City, State			0.00						
Paterson, NJ							- 33	/30/18	Morrisville, J	DΛ					1			
Completed By (Print or Type) Title							3	1	wioi i sville,	5	T-							
								Signature	/ 1/4		Date		j.		2			
V 1807 10 10 10 10 10 10 10 10 10 10 10 10 10								Ame	e 4 1/2	_	17	-/	1-	18				

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

-	/\ [7 State of New Jersey
(L)	. /A NOTE	CATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)
	14/1	Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)		N		Building (erator (2) OHEN	J	greater a second) E (D E		W	
Agencies Notified Type Notification		S	treet Ac	•	<u>. </u>		0	he			of one (p.c.	de Portagen e	
□ EPA □ Initial]		И	0010	.
☐ EPA ☐ Initial ☐ Amended		C		te, Zip Cod		190000000	A-2-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	113	13 55	P 2		2010	
DOL Amendment #		-	-10	EANS	ECIC.	DU.	. 0766	4	Ì				- 1
DOH Emergency (in justification)	cluding	N		Contact				Tele	phone Numb	er	MATERIAL PROPERTY.	r undamenten r men rinn i de	1 0
□ DCA □ Cancellation			L	1R G	3122	-(1					
			FACI	LITY INF	ORMATI								
Name of Facility Where Abatement is Taking Pla						T	pe of Facility (4)					
MR. V.	COHE	3		رد									
Street Address				33	(3)		Subchapter Other (i.e. p	8 (Other	than K-12) commercial b	uildin	s, ho	nes, e	tc.)
				"									
City (5)						Sc	quare Feet				dg. A		\
TELNECIC							2200	1	2		1.2	40	
County (6)				Code (7) USE ONLY)		Cı	urrent Use (Prio						
BERCEN							Res						
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCN	1 No.		Name of A	batement Conti	ractor (9)					
						Best	Removal	In	2				
Street Address						Street Add			2				
							outh Ri	ver	Stree	t			
City, State, Zip Code						City, State							
	20						nsack,	NJ (
Project Manager for Monitoring Firm		T	elephon	ie No.		Telephone	No.		License No.				
						201 - 3	29-7444 OSHA Monitor		0038	8			
	Scheduled (Name of C	SHA Monitor						
10/1/18		0/2	2/18	6		Omega	Enviro	nmer	ıtal_				
Occupancy Status During Abatement (Check Onl	y One)					Street Add		8					
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal F.					Į.		uyler S	tree	et				
Abatement Performed Outside of Normal F. Other – Describe: 73047	5.000	Ň				***	***************************************	٠,		076	0.0		
						South	Hacken	sack	c, NJ	0/6	06	-	-
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf □ >160 sf or ≥260 lf		novatio molitic				, <u>e</u>	Full Containme Mini-Enclosure		Negative Pres	sure			
1 2100 St W 2200 II	П Во	monuc	,,,,				Glovebag Proce	edure					
	_						Non-Exempted	(*) and	Non-Friable	Toced		ement	
	H 03853	ocatio					294					pe	
Location of	(C.S.)	rmally Solely				scription of			2.2				
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	ntenano	ce/	Asbes	stos Conta	aining Mater	nal (ACM) on, surfacing,	0 2/2	mount specify	R	-	Enc	E I
In Facility		dial Sta (12)	aff?	(7	VAT, or			or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other n	niscellaneou	ıs)			val	Ξ.	ılate	ure
	Yes	No	N/A										
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13/12/)				Incla		2 TACIA	,		, v O.				
	-		_										\vdash
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Name of Registered Waste Hauler		78 2500	DEP W		Cubic Y		Name of	Registere	d Landfill				
n -			uler ID		of Wast	21/20	7 W:		E-+				
Best Removal Inc City, State			1710	19	Disposa		I Mine City, Stat	rva e	Enter	orı	ses	,	LLC
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Hackensack, N.J. 07601 Completed by	Title				A STATE OF THE STA	ignature	Wayn	esbu	rg, Ol		468	8	
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o. marorano	Est:	rma	101			- X ·))	7	-/-	<u> </u>	
ASB-41 (R-06-08)						()* Do	not use this for	m for as	bestos licensu	іге ехе	mpted	activi	ities.

to o pulling									lame.			7	- Pr	int		
2 Buildings			ICATION	OF ASE	ew Jersey BESTOS A 8:60 and	ABATE		E		EC			$\underline{\mathbb{W}}$			
Date of Notification (1)			Name o	of Building	Owner/O	perator	(2)		la le	SEF	2	1	2018	-		
9/13/2018					enture F		338(52)									
Agencies Notified Type Notification			Street A	Address						ASBEST	00	001	TOP	N .		
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X DEP X Amended				ate, Zip C												
DOL Amendmen Emergency			Morris	stown, N	NJ 0796	0										
DOH justification)		,		f Contact						ne Numb						
DCA Cancellation	1		0.0000000000000000000000000000000000000	Megnin					973-892-4006							
Name of Facility Where Abatement is Takir	ng Place /	31	FACI	ILITY INF	ORMATIC	NC	Type	of Facility (4	4)							
Lackawanna Plaza	ig i lace (٥)							1970. 1970							
Street Address	(1)							School (K-1: Subchapter		an K-12)						
1 Lackawanna Plaza							×	Other (i.e. p etc.)			build	lings	, hom	es,		
City (5) Montclair								are Feet	# of Floo	ors	BI 8	dg. A	Age			
County (6)			County (Code (7)				50,000 2 80 Current Use (Prior if being demolished)								
Essex			(STATE	USE ONLY	o		Shopping Plaza									
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	л No.		Name			ontractor (9)							
EWMA				enderalitie 24				ontracting,								
Street Address						Street										
100 Misty Lane P.O Box 5430			1360 Clifton Avenu						e Unit 365							
City, State, Zip Code	*					City, S	tate, Z	ate, Zip Code								
Parsippany, NJ 07054						Clifto	n, N	J 07012	07012							
Project Manager for Monitoring Firm			Telepho			Teleph	ephone No. License No.									
Craig Gorczyca				03-6649		973-	450-9	9500	01	036						
Start Date (10)			npletion l	Date (11)				HA Monitor								
9/19/2018	9/28/2							ontracting,	Inc				-01901857			
Occupancy Status During Abatement (Chec							Address Clifton Avenue Unit 365									
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn	Period of	Abatem	nent						e Unit 36	0						
Other – Describe:	nai Facility	y Hours	,					ip Code								
Scope of Work (Check All That Apply)						OIIIC	n, N	J 07012								
23 sf or ≥3 lf	П.	Donou-	tion			×		II Cantaire	La Ligat No.		7 <u>0</u> 000-2019	2				
≥160 sf or ≥260 lf		Renova Demolit						II Containme ni-Enclosure	nt with Neg	ative Pre	ssure	е				
						×	Glo	vebag Proc	edure		D		_			
Ţ						12	i ivo	n-Exempted	() and Nor	i-Friable		200	e ement			
Location of		Locati Normal		j	-								ре			
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes	Desc tos Conta	cription ining M		(ACM)	Amour	nt			ш			
TO BE ABATED In Facility	100000	intenar todial S	0.000000000		thermal s	systems	insula		(Specif		Rer	R	nca	FIIC		
(13)		(12)	Sec. (30 - 1)	**	other mi	ng, VAT scellan			SF or L	r)	Removal	Repair	Encapsulate	Enciosure		
,	No	N/A								<u>a</u>	7	late	re			
Building 1/2, 2nd Floor Roof	Х		Ro	oof Caul	Iking N	Nater	rial	375 L	F							
Building 2, 1st Floor Pump Room		Х		Black Mastic Material				al	75 SF	= K						
Building 1, 1st Floor, Unit H		Х						5,000 \$		-						
×																
lame of Registered Waste Hauler		100	JDEP W		Cubic Y			Name of F	Registered L	andfill						
Atlantic Carting LTD	Hauler ID No. of Wast				Grand Central Sanitary Landfill											
Sity, State		IN	NJ641 30 Grand C				5 TO CASA M. PARTIT. HOW									
Vayne, NJ								TBD City, State Pen Argyl, PA								
Completed by	Title		-			Signature Date										

Administrator

Adam Vurchio

9/13/2018

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Date of Notification (1) 9/18/18				of Building Own					SI	EP 2	1-2	018			
Agencies Notified Type Notification			Street A	llen Mammo	on Privat	te H	ome				rused part to the	eporter -	1		
EPA	t #		City, Sta	ate, Zip Code Bar Harbor	NJ 0800	8	i i	The state of the s	ASBI	STOS: LICES	OOM DINE	EO.	8.		
DOH justification Cancellation)		Name of Marie	f Contact Ilen				Tel	ephone I	Number					
Name of Facility Where Abatement is Takin	a Place (2)	FAC	ILITY INFORM	ATION	1 =									
Mariellen Mammon Private Home		3)				Ту	pe of Facility (in the second							
Street Address City (5)						X	School (K-1 Subchapter Other (i.e. p etc.)	8 (Otherivate 8	& comme	ercial bu			es,		
High Bar Harbor NJ 08008						1	uare Feet 000 +	# 01	f Floors		Bldg. 50+	Age			
County (6) Ocean				Code (7) USE ONLY)		Current Use (Prior if being demolished) House									
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASCI	M No.		e of Abatement Contractor (9) rnaco Inc									
Street Address						et Address D Box 329									
City, State, Zip Code	·														
ony, otate, zip odde							, Zip Code erlin NJ 080	191							
Project Manager for Monitoring Firm			Telepho	ne No.	Telepi	hone		751	License				927 102		
Start Date (10) 9/27/18	Schedul 10/3/1		npletion	Date (11)	Name Sam		SHA Monitor								
Occupancy Status During Abatement (Che	ck Only Or	ne)			Street	Add	ress								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of a	Abatem y Hours	nent		City, S	State,	, Zip Code								
Scope of Work (Check All That Apply)							11 11 11 11								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Secretarion .	Renova Demolit				- 1	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				re			
Location of	1	Locati	ly		Description	of		1/2			Abat	emen	t		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	(i.e. therr	containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous) Amount (Specify SF or LF)					Repair	Encapsulate	Enclosure			
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Exterior Siding	Exterior Siding						Exterior Siding 1200 SF x								
Name of Registered Waste Hauler		l NI	JDEP W	lasto Cod	nie Veed-		I Niama a ci	Decisi-		len .					
United Containers		Н	auler ID 2459		oic Yards Vaste		Name of I		red Land	ITILI					
City, State Elm NJ				174	posal Date /3/18		City, State		1960				220,000		
Completed by Anthony T Perna	Title Pres	ident			Signature	0	7		- Property and the Control	Date 9/18/1	8				

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Name of Facility Where Aba	tement is	Taking	Place	(3)					Type of Faci											
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City (5)									Square Feet		# of Floors		Blo	ig. A	ge					
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Monmouth	Residence																			
	of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)																			
N/A	Guardian Contracting, inc																			
Street Address Street Address											10.21									
								1889 Route !	9, Unit 61											
City, State, Zip Code							Cit	ty, State, Zip C	ode											
							1	Toms River,	New Jersey	0875	55									
Project Manager for Monitori	ing Firm			Te	ephone	No.	Те	lephone No.			License No									
							1 7	732-349-993	2	-	00624									
Start Date (10)09						ate (11) 18	100	me of OSHA N E.M.S.L. Ana												
Occupancy Status During At	patement (Check	only	one)				reet Address												
☐ Facility Closed/Vacated D					ement		1000000	1056 Stelton												
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Time of Abatement:	AM	PN	N/	_PN	1	_AM	1000	Piscataway,		0885	4									
Scope of Work (Check all that	at apply)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								-				
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Name of Registered Waste H	lauler			1	NJDEP	Waste	Cul	bic Yards of	Name of Re	gister	ed Landfill					_				
Guardian Contracting,	Inc.			1	Hauler		10.000	ste	T.R.R.F.											
City, State					2022	J	Dis	posal Date	City, State											
Toms River, New Jerse	еу						Pro-Service	0/02/18	A STATE OF THE STA	n. Pe	ennşylvani	ia								
Completed By (Print or Type))	Title					1		1	.,	/		1	,	/					
Nicholas Fernicola Title Project Manager										Date	11	8/	18							

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County TO ESS BYC		6	County C	ode (T) ne ose.17				126	Y being demote.	20)			The state of the s
Name of Mankadag Fire Hand by Building	Owner (8)		ABCEL	No.		A M	of Abel no Co	ement Cont norsoting	rector (B) Inc.		1	***************************************	-
Street Address			Anna Stemmer School			185		nd Ave.				Antolio (Marie Control	
City, State, 2th Code				:		Midle	end Pe	p Code Nrk, N.J.				nerum en e	- Charles Labour III
Project Manager for Monitoring Firm		1	reisphen			201-	one No 262-51	841	Ucanae N 00166	10.			
Bank Sola (18) /17/18	Germelule 7/	100	photoin t	James (11)		Ome	ga En		tal Services k	۱C.	م مستعدم		
Occupancy Status During Absternant (Cha Faility Closed/Venited During British	Period of A	ballsm	ğrğ			280		Street	Contraction of the St. St.				
Absternent Performed Outside of Nor Other ~ Describe:	mal Facility	Hours	ASSESSMENT OF THE PROPERTY OF		1000			p Code ck, N.J. 0	7608		innerson de compress		
Spages of Work (Check All That Apply) . 20 of or 23 ti	RO	enoval emoliti	ion on				A Min	i-Endigeure Nebas Prod	nt with Nagative (adure				entitive spots socialists.
		Loosik			Phase		E., (256	t-Baumarko	(°) and Non-Friel	No Pag	Abele	pė Hthiri pė	
Location of Asbestine Committee National (ASM) TO BE ABATED IN FACILITY (19)	Mai	d Solei niema odlei 8 (12)	MAN	Aabeel (l.e.	oe Genta Digiritali a surficti other tol	rystein ks. VA	America o brouks T. or	(ACM)	imposit (Specify SF or LF)	Pagetary)	Rupeir	EPHORPHARIES	Etickotavi
BASENENT	Yes	No	N/A	ļ		IA	ingenius		<i>্যগুর</i>	AL	-	8	-
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					and a Res Operation	ensur _e				+	-		
Manus of Registered Waste Heathe Newsric Carting, Inc.	<u>.</u>	9 94	JOEF W Buller ID 1509	No.	Cubic Y of Wes	² 2	et et	5	Control Sanite		ndfill		
Cay, State Neweric, N.J. 07105					097	7/17	سمور	City, State Pen Arg	yl, PA 08072		_		

Title President

Completed by Ft. McDonald

Sep 18 2018 11:04AM NJ Asbestos Control 609.633.0664

	\A fi									
		State o	f New	Jersey			Check	# 16	377	
				STOS ABATEMENT -7 and 12:120-7	· ·					
Date of Notification	(1)			Owner/Operator		lesson)	E A	C	П	
9/17/2018		Ping I	Fu			110),	EG	G	<u> </u>	W IS
Agencies Notified T	ype Notification	Street Add	iress			1 12				
[]EPA	[X]Initial						SEF	2	1 2	018
[]DEP	Notification	City, Stat	e, Zip	Code		100 100				
[X]DOL	[]Amended Notification	Glen F	Ridge	,NJ,07028			ASBEST	O 0 0	menoranse V 3 N 17	1001
[X]DOH	NOCILICACIO	Name of Co	ntact		Telepho	ne Number		CEN		
[]DCA ·	[]EMERGENCY	Ping E	?u		-	to the section of	eleft water in Adjuster	C. C. Service	etta ette	A STANSANDER OF THE STANSAND
	[]Cancellation									
Name of Facility Where	a Abatamant is m			INFORMATION	T =					
Ping Fu	abatement is i	aking Place (3)		Type of Facil					
					[]School	(K-12) oter 8 (Oth	er than	K-1	2)	
Street Addres	±	4			[X]Other	(i.e., priv	rate & c	omme	r-	
						ouildings,				
City (5	Count	ty (6)Essex	Cot	unty Code (7)	Square Feet	# of Flo	ors B	ldg.	Age	
C1 - D: 1			1000000	PATE USE ONLY)	Current Use (Prior if h	eina de	moli:	shed)
Glen Ridge	Ess	ex					oung as			
Name of Monitoring Fir Owner (8)	m hired by Build	ding ASCM No.			ment Contracto	5 5				
N/A				AZTECH M	IANAGEMENT	, Inc.				
Street Address				Street Address					de tare	
<u> </u>				86 Chris	topher St	•				
City, State, Zip Code	102			City, State, 2						
				Montclai	r, NJ 070	42				
Project Manager for Mo		Telephone Num	ber	Telephone Numb			License		oer	
		N/A		(973) 744	100000 00 00		0037	1		
Scheduled Start Date (The state of the s	mpletion Date		Name of OSHA N	Monitor					
Month Day Year		3 18		N/A						
Occupancy Status Durin	g Abatement (Che	ck only one)		Street Address	3			-		
[X]Facility Closed of Abatement	1/ vacated During	Entire Period	1							
[]Abatement Perfo	ormed Outside of be: «OffHours Des		ty	City, State, 2	Lip Code					
[]other - Describ										
Scope of Work (Check a	ll that apply)			Ш						
[X]>3 sf or >3	lf.	[X]Renovatio	2		Containment wi Enclosure	th Negativ	e Press	ire		
[]≥160 sf or		[]Demolitio		100 March 220 March 200 Ma	pag Procedure					
		Is	_	[]Non-Fi	riable Procedu	re	7h-	teme	- L 17	
Location of	3	Location Normally		Description	n of			ceme	E	E
Asbestos-Conta Material (AC		Used Solely		Asbestos-Cont Material (A		Amount	E	R E	C	C
TO BE ABATE		By Main-		(i.e., thermal		(Specify SF or	y M	P	A P	L
In Facility	Y	tenance/ Custodial		sulation, surfa		LF)	VA	AI	S	S
(13)	Ye	Staff (12) s No N/A	'	or other miscel	Laneous)		L	R	L	R E
Basement		x	Pipe	Insulation	on	15 LF	· X	/ E2V -		
Name of Registered Was		NJDEP Waste		oic Yards	Name of Regis	stered Land	dfill			
AZTECH MANAGEM	ENT, INC.	Hauler ID No. 17040	of	Waste .5	Tri - s	tate				
City, State		- Partie and the same of the s		sposal Date	City, State		ere te care			
Montclair, NJ 0	7042		1	.0/4/18	Bronx, 1	NY, 104	74			
Completed D. (D.	mana A lm · · ·			le:						
Completed By (Print or Constantine Viv		dent		Signature	A-1	11	Date	/2010		
Over Over A TA				1 an	SIGNTINO /	Ma	9/1//	2018	6	

3h7004	Committee Agglance	O) IOTIFIC (PL	CATION	ate of Nev OF ASB	ESTOSA	BATE 12:120	MENT	т	D	panning and a	G E	of the street of the	<u>V</u> _	nt Fo	
Date of Notification (1) 9/18/18				f Building (Kline Priv			(2)			5	EP 2	1-2	018	a di diane	
Agencies Notified Type Notification Property Initial DEP DOL Amended Amendment			The state of the s	ate, Zip Co					- Company	ASBE	STOS LIGE!	CON" (S.M)	rrol	. &	
X DOL Amendmen Emergency justification DCA Cancellation	(including			Sottom N	17 0800	8			Tele	phone I	Number				
			FACI	LITY INFO	DRMATIC	ON									
Name of Facility Where Abatement is Takin Josh KlinePrivate Home	ng Place (3)					Тур	e of Facility (4 School (K-1							
Street Address							X	Subchapter Other (i.e. p	8 (Othe	er than K	(-12) ercial bu	ildinas	. hom	es.	
City (5)								etc.) iare Feet		Floors		Bldg. /			
Ship Bottom NJ 08008	CT 180						10	00÷	1.5			35+	.3-		
County (6) Ocean				Code (7) USE ONLY)		_		rent Use (Prid Ouse	or if beir	ng demo	olished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	/I No.				oatement Con Inc.	tractor	(9)					
Street Address			1				et Address D Box 329								
City, State, Zip Code		- CONTRACTOR						Zip Code							
						Wes	t Be	erlin NJ 080	91						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 856-		No. -9800		License 0072	맛이 하려라				
Start Date (10) 10/1/18	Schedule 10/5/18		pletion	Date (11)		Name		SHA Monitor		-Harayana		-			
Occupancy Status During Abatement (Che	ck Only On	e)				Street	Addr	ess	-						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A	batem Hours	ent			City, S	tate,	Zip Code	*8						
Scope of Work (Check All That Apply)							-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enoval emoliti					M G	ull Containme fini-Enclosure flovebag Proc fon-Exempted	edure	1501			-		
		Location					20 14	ion-Exempleo	() and	11011-11	lable F1	Abat	emen	:	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormall d Solel intenar odial S (12)	ly by nce/			ystem ing, VA	lateri s insu T, or		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									1_	te	Φ	
Exterior Siding		X		Exter	ior Si	ding		14	00SF	Х	-				
	1											-			
Name of Registered Waste Hauler United Roll Off		H	JDEP W auler ID 2459	S. T. S.	of Wast			Name of F		red Land	dfill				
City, State Elm NJ		24	2700		Dispose 10/5/1			City, State)	1000	7				
Completed by	Title					gņatúre	, 1	NOTTISV	me PA	1900	/ Date				
Anthony T Perna	Presi	dent			J.	jacuit	0	7		-	9/18/1	8			

CH1859		(Pi	CATION	ate of New OF ASBE O N J AC 8	5109 6 a	12:120	0)	a distribution of the control of the			C			<u> </u>		
Date of Notification (1) 09/12/2018				of Building (Bendeliu		Operator	(2)	a sulface	- Property		SEP	2 1	20	18	1	
Agencies Notified Type Notification			Street A				-1112 - 14101-152	-	· Arrest Disco	600			material man	er real	1	
EPA Initial		_	City Ct	ata Zin Ca	do			-	Market State of the	ASE	ESTO	15 U.	NG I	(UL)	£	
X EPA Initial X DEP Amended X DOL Amendment #				ate, Zip Coo stown, NJ		30										
DOH Emergency (ii justification) Cancellation	ncluding		Greg I	f Contact Bendelius					Tel	ephor	ne Nun	nber				
Name of Facility Where Abatement is Taking	Place (3	3)	FAC	ILITY INFO	RMAT	ION	Type of I	acility (4)							
House								ool (K-12	7. 							
Street Address								chapter 8 er (i.e. pr)					lings,	home	es,	
City (5) Morristown							Square F N/A		# o	f Floor	rs	1,037	ldg. A	ge		
County (6) Morris				Code (7) USE ONLY)			Current Use (Prior if being demolished) House									
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN	M No.			of Abatem Abatem		Contractor (9) t, Inc.							
Street Address							Address osengre	n Aven	venue							
City, State, Zip Code							tate, Zip C									
Project Manager for Monitoring Firm			Telepho	ne No.		F 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	none No. 345-868	 5		Lice 013	nse N).				
	Schedul 09/15/2		pletion	Date (11)			of OSHA I Abatem).		2 2 2 1					
Occupancy Status During Abatement (Check	Only Or	ne)					Address	- 0	32.23							
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe: Occupied						City, S	osengre tate, Zip 0 wa, NJ 0	ode	ue ——		71.					
Scope of Work (Check All That Apply)						1010	wa, NJ C	17512			-				_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Distriction 1	Renoval Demoliti				×	Mini-E Glovet	ontainmer nclosure pag Proce xempted	edure		V			9		
	100	Location			75377	W 000							Victor No.	ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenar todial S (12)	y by nce/		os Con therma surfa		faterial (Ad s insulation T, or		(5	moun Specify or LF	y	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									_		ite	æ	
Kitchen	Х			Duct Insulation 75 SF							Х					
Name of Registered Waste Hauler	- NI	JDEP W	lasto	Cubi-	Vorda	1 81	ome of D	0.001-1-	na d I	an alfili						
D&S Abatement, Inc.	H	auler ID 0996			bic Yards Name of Registered Landfill Waste D Waste Management of PA											
City, State Totowa, NJ		Dispo TBD					ity, State Iorrisvil		A		18					
Completed by Ned Joksimovic	ect Ma	nager			Signature	H	2	Date 09/12/2018								

Print Form