

ND CK

Date of Notification (1)			Name of	Building Ov	wner/Op	perator (2)	- 1 4	nlan)	775		
			PHATA	# COOL	De l	LOLWA	RUM.	anks Fix	500 B		,	
Agencies Notified Type Notification		1	Street Ac	idress				10 OL	20 1	n 1:	44	
EPA Initial		-	City Cto	a Zin Code	•			- ,		1 -		
DEP Amended Amendment #		- 1	Jity, Sta	te, Zip Code	01 N	11. (1	1 N.	Telephone N	25	8	-L	
Emergency (in			Name of	Contact	J C 13	W101	- , / - ,	Telephone N	Jumber	ن بو		
DOH justification) DCA Cancellation		- 1	S	Piran is	PM.	OK	MEN)	V Cophone :	10111001		171	
_ BOA _ Cancellation			FACIL	ITY INFOR	RMATIO	N ON	1616	-				
Name of Facility Where Abatement is Taking	Place (3)						ype of Facility ((4)				
NIA							School (K-1	12)				
Street Address							Subchapter Other (i.e. r	8 (Other than K private & comme	(-12) ercial huil	dinas	home	
						1	etc.)					,3,
City (5)		_	20	~1		- 1	quare Feet	# of Floors		Bldg. A	-	
OLDWICK	N.	5		858			1,500			50	T	
County (6)	_		County C	ode (7) ISE ONLY)		0		or if being demo	lished)			
	(8)					NI	Abatement Co	WIAL				
Name of Monitoring Firm Hired by Building O			ASCM	No.				Miracior (9)	mr.	- 0	2	
Street Address	1 (-	Street Ac		10 30	10 00		7	
Street Address	-					Olieet Ac	101633					
City, State, Zip Code						City, Stat	e, Zip Code					
Project Manager for Monitoring Firm		T.	Telephor	ne No.		Telephor	ne No.	License	e No.			
370.7 80.22 60.9												
Start Date (10)	Schedule	d Com	pletion [/	Name of	OSHA Monitor					
OCT. 3 ^{PL} 2016	NOU	1.2	8",	201	D							
Occupancy Status During Abatement (Check	Only One	e)	1			Street Ac	idress					
Facility Closed/Vacated During Entire P	eriod of A	batem	ent			0: 0:	7: 0-1-					
Abatement Performed Outside of Norma Other – Describe:	I Facility	Hours				City, Sta	te, Zip Code					
Scope of Work (Check All That Apply)												
	D :						F. II Ozataian	ant with Noneti	o Droop	ıro		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti					Mini-Enclosur	nent with Negativ re	re Press	ure		į.
	JAC -					H	Glovebag Pro		riabla De	d	_	
		× ***				234	Non-Exemple	ed (*) and Non-F	nable Pr		ement	-
		Locati ormall	359.56			100					/pe	
Location of Asbestos-Containing Material (ACM)	Used	Sole	y by	Ashesto		cription o	f terial (ACM)	Amount			П	
TO BE ABATED	10000 10000	ntenar	10-00 EXCES		hermal s	systems i	nsulation,	(Specify	Rei	70	nca	Enc
In Facility (13)		(12)				ing, VAT, iscellane		SF or LF)	Removal	Repair	Encapsulate	Enclosure
47	Yes	No	N/A				A00000 ***		1 2		ate	Ге
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CELLAN		\nearrow	1	15	1-1	105 6	rabbins	60 CF	V	-		
				Cor.	24							
					'							
							II.					
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic \	Yards	Name of	Registered Lan	dfill			
		Н	auler ID	No.	of Was	ste						
City State					Dienes	al Date	City, Sta	ite				-
City, State					Dishos	al Date	Oity, Sta					
Completed by	Title				Si	ignature			Date			
Electrical Control of the Control of						3 .0						

CK# 25268

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

RECEIVED

Date of Notification (1)	21/16			Name	of Building	g Owner/Operator	(2) ETS	2016 SEP	26	P)	: 1	1.5
Agencies Notified	Type Notification	1	-	Street	Address		LIU			- 1	1 1.	4
⊠ EPA	Initial						Rosedale R		118		UT.	0
DEP DOL	Amendment		- [City, S	state, Zip C		inceton, NJ 0	主 [] 08541	LEI	451.	¥G	
⊠ DOH	☐ Emergency (i		-	Name	of Contac		meeton, 145 c	Telephone Numb	er			_
□ DCA	☐ Cancellation				I	Bill Lehman	-				7	9
				FAC	CILITY INF	ORMATION						
Name of Facility Where A	Abatement is Takir Brigha						Type of Facility School (K-1					
Street Address	Diigna	III LIU	1 а1 у				Subchapter	8 (Other than K-12		••		
	Rose	dale F	ld.				Other (i.e., phomes, etc.	orivate & commercia .)	ıl buik	dings		
City (5)	Dringata	n NII	0054	1			Square Feet 10000	# of Floors	BI	dg. A	ge +/-	
County (6)	Princeto	II, NJ	0634		nty Code (7	7) (STATE	-	rior if being demolis	hed)	33	T/-	_
	[ercer			USE	ONLY)			17. N	f:			
Name of Monitoring Firm (8)		Owner		ASCM	No.		nent Contractor (9		т.			
Street Address	MECS					Street Address	ens Environi	mental Service	s, Ir	ic.		_
Street Address	PO Box 34	11				Street Address	PO I	Box 322				- 20
City, State, Zip Code		00514	-			City, State, Zip C		NII 00501				
Project Manager for Mon	osswicks, NJ	08513		phone	No	Telephone No.	Allentow	n, NJ 08501				_
Bill Wei	0.70				8-4070	(609) 25	59-9688		0493	3		
Start Date (10)		eduled C				Name of OSHA						_
10/3/16			0/31/	16_			M	IECS				_
Occupancy Status During Facility Closed/Vacate	ā			ment		Street Address	PO I	3ox 341				
Abatement Performed						City, State, Zip C						_
Other - Describe: 5	pm to 2 am						Crosswick	cs, NJ 08515				
Scope of Work (Check a ≥3 sf or ≥3 lf	Il that apply)	⊠ Re	novat	ion		☐ Full Cor	ntainment with Ne	egative Pressure				
≥160 sf or ≥260 lf			molitic			Gloveba	ag Procedure	on-Friable Procedur	e			
			ocatio						T	bate		
Location of		Used	ormally Solel	y by		Description of				Тур	e	
Asbestos-Containing N TO BE ABAT		C	ntenan ustodia			tos Containing Mar thermal systems i	nsulation,	Amount (Specify	Z	71	Enc	En
IN Facility (13)			Staff? (12)		3000	surfacing, VAT, other miscellane		SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			7C 33C 34		<u>a</u>		late	ıre
1st Floo	or		X		T	hermal Pipe F	ittings	250	×			
1st Floo	or		X			VAT		225 sf	×			
Name of Desistered Wes	to Unidos	-	1.6	JDEP V	Mosto	Cubic Yards	I Name of Box	istered Landfill				
Name of Registered Was Stevens Environn		es. Inc	H	lauler ID	STATISTICS.	of Waste 4 CU	Ivallie of Reg	GROWS Land	dfill			
City, State	allocated to a			102	14	Disposal Date	City, State	<i>II</i>				_
Completed Dy	Allentown,			~		10/31/16	10/	Morrisville,	PA			
Completed By Mahlon E. Ste	vens Tit		ojec	t Mar	nager	Signature		25-10000000	9/22	2/16		

CX 925269

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

PECEIVED

Date of Notification (1)	10.1.11.6			Name	of Building	g Owner/Operator	(2) Borders	HI SEP	26 Pi	1 :	43	}	
Agencies Notified	21/16 Type Notification	1	-	Street	Address		Dorders	300 6 5 1	115 4 1	i.i.T.	5m		=
	Initial	1		Olicci	Addiess				Da UU	110	TUL		_
EPA DEP	Amended		H	City, S	tate, Zip C	ode							
⊠ DOL	Amendment	including	-			St	tockton, NJ 0	8559					_
M DOH ☐ DCA	justification)	Second Second Second		Name	of Contact			Telephor	ne Numbe	er			
	Cariocilation					mes Borders							
				FAC	ILITY INF	ORMATION	1 = 65 33	74)					
Name of Facility Where		ng Place sidentia					Type of Facility						
Street Address	Res	nucnua	11				School (K-1	8 (Other th	nan K-12)				
Officer Address				16			Other (i.e., phomes, etc.		mmercia	build	ings,		
City (5)					E MINNEY		Square Feet	# of Flo	oors	Bio	lg. A	ge	
	Stoc	kton, l	ŊJ				2000	.	2	_	120)+/-	_
County (6)					ity Code (7 ONLY)	7) (STATE	Current Use (P	rior if being	demolish	ned)			
	interdon	Oumor	_	ASCM	-	Name of Abater	ment Contractor (9	2)					
Name of Monitoring Firm (8)	MECS	Owner		ASCIVI	INO.		vens Environ		Service	s. In	c.		
Street Address	WECS					Street Address				,			_
	PO Box 34	41					PO I	30x 322					
City, State, Zip Code						City, State, Zip 0		217.00	0501				
	rosswicks, NJ	08515					Allentow			_			_
Project Manager for Mo	onitoring Firm eisgarber		1/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3	phone	No. 8-4070	Telephone No.	59-9688	Licens)493			
Start Date (10)		eduled C				Name of OSHA		L-		3 1 3 3			_
9/30/16	00.1		0/14/					ECS					
Occupancy Status Duri	ing Abatement (Ch					Street Address							
☐ Facility Closed/Vaca								30x 341					_
Abatement Performe		nal Facilit	y Hou	rs		City, State, Zip (so NII O	0515				
Other - Describe:							Crosswich	CS, INJ U	10313				_
Scope of Work (Check ≥3 sf or ≥3 lf	all that apply)	▼ Re	enovat	ion			ontainment with Ne	egative Pre	ssure				
≥160 sf or ≥260 lf		De	emolitic	on			pag Procedure xempted (*) and N	on-Friable	Procedur	e			
		Is	Locatio	on		111011 2	komptou () unu n	J. T. TIGOTO	1100000		bate	ment	
Location	of		omally Solel		3.7	Description of	of				Тур	e	
Asbestos-Containing	Material (ACM)	Maii	ntenar	ice/		tos Containing Ma	aterial (ACM)	Amou (Spec				Щ	m
TO BE ABA			ustodia Staff?		(i.e.,	thermal systems, surfacing, VAT	Γ, or	SF or		Remova	Repair	cap	nclo
(13)	53		(12)			other miscellane	eous)			oval	air	Encapsulate	Enclosure
		Yes	No	N/A								Ö	
Basem	nent		×		Th	ermal Pipe Ir	nsulation	100	1f	×			
Name of Registered W	aste Hauler			JDEP Tauler II		Cubic Yards of Waste	Name of Reg					- 1	e I
Stevens Environ	mental Servic	es, Inc	<u>.</u> '		292	2 CU		GROW	/S Lan	dfill			
City- State	. 11) TT		77	050	Disposal Date	City, State	11	:11	D 4			
Completed By	Allentown,	NJ				10/14/16, Signature/	1/1-1	Morri	sville,	rA			
Mahlon E. St			rojec	t Mai	nager	Signature	1 //			9/21	/16		
													-

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

CK#25267

Date of Notification (1)	/23/16	£		Name	of Buildin	g Owner/Operator	(2) Leifer	2016 SEP	26	PH	1:	32
Agencies Notified	Type Notific	cation		Stree	t Address			2 20 E 8 :	105		110	<u> </u>
DEP DOL	Amende Amendr	nent#	_	City,	State, Zip C		inceton, NJ (Œ L	ÜÉR			
M DOH □ DCA	Emerger justifica	tion)	9	Name	of Contac			Telephone Nur	mber			
				FΔ		ORMATION				-		
Name of Facility Where					OILITT III	OTHIATION	Type of Facility	y (4)				
		Resident	ial				School (K-1		40)			
Street Address							Other (i.e., phomes, etc.)	8 (Other than K- private & commer .)	cial bui	ldings	s,	
City (5)	Princ	eton, NJ	0854	12			Square Feet 2400	# of Floors	E	8ldg. A	\ge ;+/-	
County (6)	Mercer				nty Code (* ONLY)	7) (STATE	Current Use (P	rior if being demo	lished)			_
Name of Monitoring Firm		lding Owner	T	ASCM	No.	Name of Abatem	nent Contractor (9)	-			_
(8)	MECS	550				Stev	ens Environ	mental Servi	ces, I	nc.	Mes III	
Street Address	PO Box	241				Street Address	DO I	222				
City, State, Zip Code	FO D02	(341				City, State, Zip C		Box 322			_	
	rosswicks,	NJ 0851	5					n, NJ 08501				
Project Manager for Mo			100000	phone		Telephone No.		License No.				
Start Date (10)	eisgarber	Scheduled (_		8-4070	(609) 25 Name of OSHA		-	0049	3		
10/13/16			0/17		ite (11)	Name of OSHA		IECS				
Occupancy Status Duri	ng Abatement					Street Address						
Facility Closed/Vaca								341 Sox 341				
☐ Abatement Performe☐ Other - Describe:	d Outside of N	iormai Facili	ty Hou	rs		City, State, Zip C		ks, NJ 08515				
Scope of Work (Check	all that apply)					☐ Full Cor	ntainment with Ne	anative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-End Gloveba	closure ag Procedure	on-Friable Proced	ure			
			Location			THOIL EX	sinpled () and iv	on nable i rocce	7	Abate		
Location		Use	lomally d Solel	y by		Description of				Ту	oe -	
Asbestos-Containing TO BE ABA			ntenar ustodia		Asbest (i.e.,	tos Containing Mat thermal systems i	erial (ACM) nsulation.	Amount (Specify	7.		En	Ш
IN Facilit (13)			Staff? (12)			surfacing, VAT, other miscellaned	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
, · - /,		Yes	No	N/A			,,,,,		val	=	ulate	ure
Baseme	ent		x		Th	ermal Pipe Ins	sulation	250 lf	×			
Nome of Desistered We	ata Uardas			LIDED.	Nosts 1	Ouble Veels	I Name (D	-111 150				
Name of Registered Wa Stevens Environs		vices, Inc	l L	IJDEP V lauler ID 183		Cubic Yards of Waste 3 CU	Name of Regi	stered Landfill GROWS La	ndfill			
City, State	Allentow	5555		102		Disposal Date 10/17/16	City, State	1		11		
Completed By	Anemow	Title				Signature	1 11/ /	/ Morrisville	, PA			
Mahlon E. Ste	evens	P	rojec	t Mar	ager	_////			9/2:	3/16		

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

CHEAR 9208 VED

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		Macik.						
City State E L Name of C	, Zip Code LIZASETH Contact	-	67			a E	SIUS LICEA	CONTI
								And the Control of th
17.0121		Type	of Facility (4	1)				And the second s
Marine reside (India) in the constitution of t	Section Control of the Control of th		Subchapter Other (i.e. p	8 (Other than K-12	2) al build	ings .	homes.	
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- V	PIPE	MSULA	700	350LF	V	Maria and and		
I NJDEP VV	aste Cubic	Yarus	Name of	Registered Landfi	n	<u> </u>		
Hauter ID 1 04509	No. of V/as	ster U	IESI P	Bethlehem La	andfill	Cor	p.	111111111111111111111111111111111111111
		Sal Date 4/1600.					n ence e dan peri dinakan mere	
					ALC: N. March Common or Common	myschorennennen et	en nero construiros de la construiro	
	City State E Name of C FACIL County D FACIL County D FACIL ASCM ASCM Telephon d Completion D So / 16 e) chalement Hours tenovation temotrion Location temotrion Location temotrion No N/A NJDEP VV Hauter ID	Street Address City State, Zip Code ELIZABETH Name of Contact JOHN MA FACILITY INFORMATIO County Dade (7) (STATE USE ONLY) ASCM No Telephone No. d Completion Date (11) // So/16 e) chalement Hours Centrolision Location Jornally Contact Asbestos Contact (i.e. thermal surface) (inchinence)	Street Andrees City State, Zip Code ELIZABETH	Street Address City State, Zip Code ELIZABETH N. J O Name of Contact JOHN MACK FACILITY INFORMATION Type of Facility (School (K. I) Subchapter Other file p etc.] Square Feet 2,200 County Dode (7) (STATE USE ONLY) ASCM No Name of Abatement Con A. MAC Contracting Street Address 185 Vreeland Ave. City State, Zip Code Midland Park, NJ Telephone No. (201)262-5841 Name of OSHA Moneor Omega Environment Comega Environment C	Street Address City State, Zip Code ELIZABETH A. 5 67 201 Name of Contact JOHN MACK FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-1) Other (i.e. private & commerciate) Square Feet 4 of Floors Square Feet 4 of Floors Street Address 185 Viceland Ave. City, State, Zip Code Micland Park, NJ Telephone No. Telephone No. (201)262-5841 Dougle Street Address 280 Huyler St. City State, Zip Code Hackensack, NJ 07606 Cenovation Permittion Street Address 280 Huyler St. City State, Zip Code Hackensack, NJ 07606 Cenovation Permittion Street Address 280 Huyler St. City State, Zip Code Hackensack, NJ 07606 Cenovation Permittion Street Address 280 Huyler St. City State, Zip Code Hackensack, NJ 07606 Cenovation Street Address 280 Huyler St. City State, Zip Code Hackensack, NJ 07606 Cenovation Street Address 280 Huyler St. City State, Zip Code Hackensack, NJ 07606 Cenovation Street Address 280 Huyler St. City State, Zip Code Hackensack, NJ 07606 Cenovation Street Address 280 Huyler St. City State, Zip Code Hackensack, NJ 07606 Cenovation Street Address 280 Huyler St. City State, Zip Code Non-Exempted (*) and Non-Etal City State State Street Address Street Address 280 Huyler St. City State, Zip Code Non-Exempted (*) and Non-Etal City State Street Address Street Addres	City State, Zip Code ELIZABETH N. J. O. 201 Name of Contact JOHN MACK FACILITY INFORMATION Type of Facility (4) School (K-12) Subchaster 8 (Other than K-12) Other the private 8 commercial build etc. Square Feet 4 of Floors Jagoo D. County Code (7) (STATE USE ONLY) ASCIM NO Name of Abatement Contractor (6) A. MAC Contracting Inc. Street Address 185 Vireland Ave City. State. Zip Code Micland Park, NJ Telephone No. (201)252-5841 Outself No Name of OSHA Monkor Omega Environmental Services Street Address 280 Huyler St. Cry. State. Zip Code Hackensack, NJ 07606 Full Containment with Negative Pressu Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Pro Location odial Stati? (12) Nume of Vaste PIPE / NSVLATION SSOLF Name of Registered Landfill IESI PA Bethlehem Landfill	City State, Zip Code ELIZASETH D. 3 07 201 Name of Contact JOHN MACK FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter & Johnstein K-12) Subchapter & Johnstein K-12) Subchapter & Johnstein K-12) Courrent Use (Pnor ii being demoished) CESTIDOUT AL ASCM No Name of Abatement Contractor (9) A MAC Contracting Inc. Street Address 185 Vireeland Ave. City State, Zip Code Midland Park, NJ Telephone No. Telephone No. (201)262-5841 Outsell Vireeland Ave. City State, Zip Code Midland Park, NJ Telephone No. (201)262-5841 Outsell Vireeland Services Street Address 280 Huyler St. City State, Zip Code Hackensack, NJ 07606 Telephone No. Street Address 280 Huyler St. City State, Zip Code Hackensack, NJ 07606 Telephone No. Canada Procedure Non-Exampted (1) and Non-Friable Procedure Non-Exampted (2) and Non-Friable Procedure Non-Exampted (1) and Non-Fri	Street Appears City State. Zip Code ELIZABETH D. TO 201 Name of Contact JOHN MACIK FACILITY INFORMATION Type of Facility (4) School (K-12) Subchasber 8 (Other than K-12) Other (it.e. private & commercial buildings, homes state) Square Feet & of Floors Birg, Age 2,800 ASCM No Name of Abatement Contractor (5) AMAC Contracting Inc. Street Address 185 Vireeland Ave. City State. Zip Code Midland Park, NJ Telephone No. Telephone No. (201)262-5841 (201)262-5841 City State. Zip Code Midland Park, NJ Telephone No. Telephone No. (201)262-5841 Completion Date (11) Name of OSHA Monetor Omega Environmental Services Street Address 280 Huyler St. City State. Zip Code Hackensack, NJ 07606 Pull Contament with Negative Pressure. Mini-Enclosure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (2) and Non-Friable Procedure Non-Exempted (3) and Non-Friable Procedure Non-Exempted (4) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Proce

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Date of Notification (1)	a the state of securious of	N		Atres		erator (2)	101		20	IS SE	72	6	M
9/21/16 Agencies Notified Type Notification	>r-		itrest Adı	Darb	ala_		austr			- 5 5	Fr	e e	
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X DEP Amended		1.5	0	r, Zip God			sp- 57	070			- : 0	- 11.	J1190
☐ Emergent	y (including	- - -	Vame of 0	THEN.	HOLD	$-, \sim$	3 01	Telapi	hone Nur	nbe:	90000		
DGA iustificatio		1	_	ufbal	A I	MANS	br.	-22	-			-	
				TY INFO		N							
same of Facility Where Abatement is Tal	king Place (3)					pe of Facility						
ESIDONCE							Subchapte	6 (Other	than K-11	2)			
SHEEL FOREGE						×	Other (i.e.)	private & a	commerci	al build	ings I	nome	S.
24v (5)	*****					56	uare Feet	# of F			dg. Ar		
RUTHERFORD							1,800		2	warmi mee	45	0	
lounty (6)			County C	ode (7) SE ONLY)		(C:	nteni Usa (Pr	for it being SIPON		ned)			
SEN-ADA Name of Monitoring Firm Hired by Buildin	NA CHINAT (8)		LASCM			Name of	ibalement Co					ing a page of the design of th	
rates at worthhard Little till 60 på 9860)	A DALE TO		1.000	1.900			Contracting						
Street Address		DEC-88 - 111 - 12 - 12 - 12 - 12 - 12 - 12	بسببسبب بأي			Street Ad	iress eland Ave			non-state describer de sant 1			
73. 6. 3. P. 3.							e Zip Code	#					
City, State, Zip Code							Park, NJ						
Project Manager for Monitoring Firm	and the second section of the second		Telephon	e No.	1	Telephon		1000	License N	Jo.	MERCHANICA PROPERTY AND ADDRESS OF THE PARTY A	***************************************	
						(201)26			00156	· · · · · · · · · · · · · · · · · · ·			
Start Date (10)	Schedule	ed Con	pletion D	ate (11)			SHA Monitor						
1 1	1	_ 1			1	Omens	Environme	ental Ser	VICES				
10/3/16	10 J	30/18	2	.e			Environme	ental Ser	rvices	Victoria Chilade W	ndere known neutrine		
Occupancy Status During Abatement (C	heck Only dr	ne)		.es		Omega Street Ad 280 Hu	oress	ental Ser	rvices	Orași de Paris de Pa	nderen der der den der		
/o 3 16 Occupancy Status During Abatement (C Facility Closed/Vacated During Enti Abatement Performed Gutside of N	heck Only Or ire Period of /	ne) Abaiem	nent	ag at constitution	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Street Ad 280 Hu City, State	oress yler St . Zip Code		vices				1
Occupancy Status During Abatement (C Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe:	heck Only Or ire Period of /	ne) Abaiem	nent			Street Ad 280 Hu City, State	oress yler St		vices				
Company Status During Abatement (C Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe:	heck Only Or ire Period of /	ne) Abaiem	nent		20 100 100 100 100 100 100 100 100 100 1	Street Ad 280 Hu City, State	dress yler St zin Code isack, NJ 0	7606	4			. A. M. A. M. A. M.	4
/ 0 3 16 Decupancy Status During Abatement (C Facility Closed/Vacated During Entl Abatement Performed Gutside of N Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	heck Only Or tre Period of formal Facility	Abatem Hours	ieni tion			Street Ad 280 Hu City, State	oress yler St . Zip Code	7606	4	Pressur	E		
To 3 16 Occupancy Status During Abatement (C Facility Closed/Vacated During Enti- Abatement Performed Gutside of N Other – Describe: Scope of Work (Check All That Apply)	heck Only Or tre Period of formal Facility	he) Abatem Hours	ieni tion			Street Ad 280 Hu City, State	oress yler St Zip Code isack, NJ 0 Full Contains Mini-Enclosu Glovebag Pre	7606	Vegative I				
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70 3 16	heck Only Or size Period of a formal Facility	Abatem Hours Renova Demotifi Locali Normal	tion ion on ly			Street Ad 280 Hu City, State Hacker	oress yler St Zip Code isack, NJ 0 Full Contains Mini-Enclosu Glovebag Pre	7606	Vegative I	ble Pro	cedur Abate		
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Decupancy Status During Abatement (C Facility Closed/Vacated During Entity Abatement Performed Outside of N Other – Describe: Scope of Work (Check All That Apply) ≥2 sf or ≥3 ft ≥180 st or ≥280 ft	heck Only Or tre Period of a formal Facility Is Use Ma	Abatem ; Hours Renova Demotiti S Locati Normali ed Sole sintenar todial S	tion on ly by hoce!		Desc os Conta thermal s	Street Ad 280 Hu City, State Hacker	otess yler St Zin Code isack, NJ 0 Full Containin Mini-Enclosu Glovebag Pro Non-Exampts prial (ACM) sulation,	7606 nent with 1 reproduce ed (*) and Am (Sp	Vegative Non-Erial	ble Prod	caduri Abate Ty	ment pe	e indo
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Decupancy Status During Abatement (C Pacility Closed Avacated During Enti Abatement Performed Gutside of N Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 ft ≥150 sf or ≥260 ft Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	heck Only Or tre Period of a formal Facility Is Use Ma	Abatem ; Hours Renova Demotiti S Locati Normali ed Sole sintenar todial S	tion on ly by hoce!	(i.e.	Desa os Centa thermal s surfaci olher mi	Street Ad 280 Hu Crly, State Hacker Address of the Compiler of sining Matrix Systems ming, VAT, iscellaneo	ortess yer St Zip Code isack, NJ 0 Full Contains Mini-Enclosu Glovebag Pri Non-Exempts sulation, ortes sulation, ortes	7606 nent with 1 re procedure ed (*) and Arr (St. SF. (*)	Negative Non-Frial rount redify or LF)	ble Prod	caduri Abate Ty	meni	e indo
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Cocupancy Status During Abatement (C Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: Scope of Work (Check All That Apply) 23 sf or 23 ti 2150 st or 2260 tt Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BOILEL LOCAL Name of Registered Waste Hauler Newark Carting , Inc. City State	heck Only Or size Period of Journal Facility Is September 19 Septembe	Renova Renova Demotifi S Locati Normali ed Sole intenar todial S (12)	sent sion on ly by hose! N/A N/A N/A N/A N/A N/A N/A N/	(i.e.	Description of Wash	Street Ad 280 Hu 280 Hu Crip State Hacker Address of the Composition o	ortess yer St Zip Code Isaack, NJ 0 Full Contains Mini-Enclosu Glovebag Pre Non-Exempte crial (ACM) sulation, or us) Name o IESI P	7606 nent with 1 re procedure ed (*) and (Sp. SF.) //S f Registers A Bethle	Negative Non-Erial Iount redify or LF)	Removal	Abate Ty	Encapsulate	e indo

Ch 3898

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

Date of Notification (1)					f Building st Corpo			(2)		2	1015 SE	ТР	25	PM	1.	sn.
Agencies Notified	Type Notification			Street A						-	.0 10 01	_1 2	_ 0	1 11	1.	10
EPA	☐ Initial			315 G	rove Str	eet				. 4	bei E	5 F (18	TOH	1712	ΔI
EPA DEP DOL	Amended Amendment			605220	ate, Zip Co II NJ 07						20€ &	UI	ĒΚ	SIL	G	<u> </u>
X DOH DCA	justification) Cancellation				f Contact n Ellis					Tel	ephone	Num	ber			
				FAC	ILITY INFO	ORMAT	ΓΙΟΝ								7	
Name of Facility Where Former Hudson Sa		g Place (3)					Туре	of Facility (4)						
Street Address	VIIIgs Balik								School (K-1			K 40\				
161 Harristown Rd								Ħ	Subchapter Other (i.e. p					dings	hom	es,
City (5)									etc.) re Feet	# 0	f Floors		TP	ldg. A	\ne	
Glen Rock NJ 0745	52				N. 1900			20,0	00	1			6	1 ye		
County (6) Bergen					Code (7) USE ONLY			Curre	ent Use (Pri ant	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Omega Environme)	ASCN 0012					tement Cor Environm							
Street Address				0012			Street			Gillai,	LLU		-			
280 Huyler Street							106 \	/reela	and Aven	ue						
City, State, Zip Code South Hackensack	NJ 07606								ip Code kensack	NJ 07	7606					
Project Manager for Mor Mr. Geiser Fajardo				Telepho	ne No. 39-8700		Teleph 201 5				Licens					
Start Date (10)		Schedul			Date (11)	-			HA Monitor		01210					
September 19, 201		Noven		, 2016			Niche									
Occupancy Status Durin							Street 399 k									
Facility Closed/Vac Abatement Perform	ned Outside of Norm	nal Facility	Abatem y Hours	nent	014				ip Code							
X Other – Describe:					ak	_			ns, NY 1	0603						
Scope of Work (Check A	II That Apply)	permanag					pro-	,					112			0.000
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Particular III	Renova Demolit				×	Mir Glo	Containmeni-Enclosure	e edure					225	
		le	Locati	on				1 140	n-Exempted	() an	u Non-F	паріє			e emen	t
Location	n of		Normal	y		De	escription	of						Ту	ре	
Asbestos-Containing TO BE AB			ed Sole aintenar			tos Cor	ntaining M	aterial			mount Specify		-		g	Ш
In Facil		Cus	todial S (12)	Staff?	(1.0.	surfa	acing, VA	T, or	ition,		or LF)		Remova	Repair	caps	Enclosure
(13)		Yes	No	N/A		otner	miscellan	eous)					val	air	Encapsulate	sure
Lowerr	oof	1	X	1	flashin	g /tar	on the p	parap	et wall	310	sf/150s	sf	x			
1st Floor vario	us location		Х		glue	under	carpet a	and n	nastic	9,4	450 sf		x			
Upper r	oof		X			Roof	ing mat	erial		18,	700 sf		x			
Upper r	oof		Х			Ro	of flashi	ng		1.4	400 sf		x		7.70	
Name of Registered Was	ste Hauler		1000000	JDEP W		Prince Control of the	Yards		Name of I	Registe	red Lan	dfill				
Newark Carting			10.00	auler ID J04509		of Wa	aste		IESI							
City, State Newark NJ						Dispo	sal Date		City, State Benthle		PA 18	015				
Completed by		Title				1 5	Signature					Date		330, WA 34		
Carmen Repreza		Offic	e Mar	ager			Da	row	Repet	S		09/	22/2	016		





Date of Notification (1) 9/22/16				Building O I Novogr			(2)		201	SEP :	26	Př	1 1:	30	
Agencies Notified Type Notification X		C		dress e, Zip Cod k, NJ 07					<u> </u>	9537(\$ 1.10)\$;)EK	20	HTI VG	ROL	
DOH justification) Cancellation	ncluding	1	lame of Michae	Contact I Novogi	roder				Tele	ephone N	umbe	г			
_			FACIL	ITY INFO	RMAT	ION									
Name of Facility Where Abatement is Taking Residential Home Street Address	Place (3)							of Facility (4 School (K-12 Subchapter Other (i.e. p	2) 8 (Othe			uildi	ngs, l	nome	s,
City (5) Teaneck							- (etc.) re Feet	# of	Floors			ig. Ag	ge	
County (6) Bergen			County C	ode (7) SE ONLY)				nt Use (Prid idential H		ng demoli	ished)		50 qui		
Name of Monitoring Firm Hired by Building C Competent Supervisor	wner (8)		ASCM	No.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		tement Con Abateme		(9)					
Street Address							Addres	ss dland Ave							
City, State, Zip Code						Sado	dle Br	ip Code ook, NJ 0	7663						
Project Manager for Monitoring Firm			Telephor				600-3	184		License 01305					
Start Date (10) 10/5/16	Scheduled 10/10/16	ij.	pletion [Date (11)				-IA Monitor		22					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	eriod of Ab	atem	ent				Addres	ip Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novat				>	Min	II Containme ni-Enclosure ovebag Prod on-Exempted	e cedure					3	
	ls L	ocatio	on										10.00	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar	y by nce/		os Co therma surf	escription ntaining Mal system facing, VA miscellar	Materia s insul AT, or	ation,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Basement		Х				VAT			3	50SF	x				
		1888									_				
							1555-50								
Name of Registered Waste Hauler		0.0	JDEP W	10.00	0.0000000000000000000000000000000000000	ic Yards		Name of	Regist	ered Land	dfill				
Newark Carting		4179	auler ID 4509	No.	of W	J		IESI La							
City, State Newark,NJ					Disp TBD	osal Date)	•	City, Stat Bethleh		PA					
Completed by Richard Cristofol	Title Presid	ent				Signatur		his			Date 9/22	/16			

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

	a ⁽¹⁾	(PURSUAN		C 8:60-7 AN			tek	ister .)70	10	
Date of Notification (1)		ANNUA	Name of B	Building Ov	vner / Oper	ator (2)		ROLL .	× / -	70	
09 / 23 / 16			NEW BRU	JNSWICK P	ARKING A	JTHORITY,	REP 1	E Dis	1. 55		
Agencies Notified Type of N	otification			uress ERSET STF	REET, 6TH I	=L	JSEP 2	o rii	1:0/		
□ EPA ☑	Initial		City, State	e, Zip Code				i cuk	Toni		
□ DOH □	Amended Amendment #	ŧ	Name of 0	JNSWICK, I	NJ 08901		Telephor	ne Numbe			
DOL	Emergency w Cancellation		MITCH KA			4		************	110		
		F	ACILITY IN	FORMATIC	N						
Name of Facility Where Abatem FERREN DECK COMPLEX	nent is Taking I	Place (3)		Type of Fa	acility (4)	57					
					School (K						
Street Address ONE PENN PLAZA						er 8 (Other , private & mes, etc.)					
City (5) County (6		County Code	(7)	Square Fe	et	# Of Floor		Building			
NEW BRUNSWICK MIDDLES	EX				,000 se (Prior if		olished)	1	45+	i.	
					OFFICE/RE		olisticu)				
Name of Monitoring Firm Hired LOUIS BERGER GROUP	by Bldg. Own	er (8)		Name of A	batement	Contractor	(9)				
LOUIS BERGER GROUP			111	Marie and the same	Contracting	Group, Inc.					
Street Address				Street Add	iress						
412 MT KEMBLE AVE City, State, Zip Code				32 William	s Parkway						
MORRISTOWN, NJ 07962					, Zip Code				-		
Project Mngr. For Monitoring F BRUCE LOCKWOOD	irm	Telephone Nu 201-247-8907	mber	East Hans	ver, NJ 079	36					
Sheduled Start Date (10)	Sched. Comp	letetion Date (1	11)	Telephone		30	License	Number	9		
10/06/16	_12/	16/	16_	973-77	2-3660			00	0860		
Occupancy Status During Abat				Name of C	SHA Moni				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Facility Closed/Vaca	ted During Ent	ire Period of		Northstar (Contracting	Group, Inc.					
Abatement Performe	ed Outside of N	lormanl Facility	,	Street Aut	11622						
Hours - Describe:				32 William							
Other - Describe:	_ MON-FRI /AN	11 - 3:30PM			, Zip Code ver, NJ 079				Age of the Organization		
Scope of Work (Check All That	Apply)										
Demolition	~	Renovation	$\overline{\checkmark}$		inment wit	h Negative	Pressure	•			
≥3sf or ≥3lf≥160 sf or ≥260 lf			V	Mini - Enc	losure Procedure						
				_	pted (*) an		ble Proce	dure			
Location of	Is		Descript	ion of			Abateme	nt Type			
Asbestos Containing	Location	As	sbestos - C				R	I ·	E	E	
Material (ACM)	Normally		Material			Amount	E	R	N	N	
TO BE ABATED in Facility	Used Solely		e., thermal	l systems facing, VAT		(Specify SF or LF)	M	E P	C A	C	
(13)	by Main-			ellaneous)	,	31 01 11)	l v	A	P	0	
(/	tenance/			,			A	1	s	S	
	Custodial						L	R	U	UR	
SEE ATTACHED	Staff (12)	SEE ATTACHE	FD						-	- In	
							V				
										+	
Name of Registered Waste Hau		NJDEP Waste	Cubic	Name of F	Registered	Landfill					
NEWARK CARTING			Yards of Waste	IESI		2.0.000					
City, State NEWARK, NJ			Disposal Date	City. State			1				
Completed by (Print or Type) STEVE STILES		Title PROJECT MAI	NAGER		Signature	110/	1-1-	1	Date		

+	-								
BASEMENT		V		CAULK	30 LF	V	c. B.		
BASEMENT		1	-	GASKET	2 SF	THE RESERVE THE PERSON NAMED IN			- H
BASEMENT		17	14	MASTIC		V			_
BASEMENT		1/	-	CAULK	1,500 SF	V		1-1-1	\dashv
BASEMENT		-	1		110 LF	97140	70-	# 무리	
BASEMENT		4	-	SINK TAR	4 SF	TRIEDOF	20	In Dal	
		4	14	MASTIC	1,200 SF	V		1 4 1	
BASEMENT		V	111	CAULK	4 LF	V -		1 1 1 1 1 1 1 1	
2ND FL				CAULK	150 LF	V	10-11	71110	
		-	_			35. 3		CHILD.	
BASEMENT		4		MASTIC	8,300 SF	V			
BASEMENT		4		VAT/MASTIC	9,500 SF	V			
BASEMENT		V		VAT	9,500 SF	V			
EXTERIOR		1		CAULK	450 LF				
INTERIOR		V		CAULK	250 LF				
OFFICE		1		TILE & MASTIC	200 SF				
		T							
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		T						 	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check No. 3545

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

			(0 (0	(0)	PEOLIT	E 1				-
Date of Notification (1)							Owner/Operator	(-)		- 67				
September 20, 201							NJ, Newark L	iberty interna	tional Airport		_			-
Agency Notified	Type No	otification		1 2	Street A			-013	SEP 25 PM	1:02				
□ EPA	Initial			- 1		ng 125		<u> </u>	E S T N E	AS GUIDA				
Par Not equivalper State Reg. 10-2004	☐ Amer			- 11	5000	ite, Zip C			E LICENSIN	THOL				
⊠ DOL	0.33002	ndment # rgency (including		111		rk, NJ			Telephone Num	C				
M DOH	justif	ication)				Contact			relephone ivani	001				
☐ DCA	☐ Cano	ellation				Camp			1					-
					FACIL	ITY INFO	DRMATION							
Name of Facility Where	Abatemen	nt is Taking Place	(3)					Type of Facility	(4)					
Newark Liberty Int	ternatio	nal Airport -	WO	Vo.	11			☐ School (K-12						
Street Address								☐ Subchapter 8	(Other than K-1 2) I building	10			
Building # 57 - Fire	e Resei	rve Water Tar	ık					homes, etc.)	ivate & commercia	i bununig	jo,			
City (5)		70 110101 101						Square Feet	# of Floors	Bldg.	Age	2		V-35
								11,000	1	50 +	/-			
Newark					County	Code (7)	(STATE USE		rlor if being demoli	shed)	_			-
County (6)					ONLY)	000e (1)	(51/1/2 002			uminosoma (P				
Essex			1		000000000000000000000000000000000000000		Name of Abota	Mechanica nent Contractor (9				-	= -	-
Name of Monitoring Firm	n Hired by	Building Owner	(147,08	SCM	No.									
PA of NY & NJ		77	N	/A				storation Co.,	inc.					
Street Address							Street Address							
241 Erie Street, Ro	oom 23	6					223 Randol				_			
City, State, Zip Code							City, State, Zip							
Jersey City, NJ 07	7310						Clifton, NJ	07011						
Project Manager for Mor	nitoring Fi	rm	Tele	phon	e No.		Telephone No.		License No.					
Ralph Campione			1		4-689	8	973-478-468		00120		_			
Start Date (10)		Scheduled Com	pletio	n Dat	e (11)		Name of OSHA			_				
October 03, 2016		November 2	20, 2	016			McCabe En	vironmental	Services, L.L.	С				
Occupancy Status Durin	ng Abatem	nent (Check only	one)				Street Address							
☑ Facility Closed/Vacat	ad Durina	Entire Period of	Ahater	nent				Brook Avenu	e					
☐ Abatement Performed	d Outside	of Normal Facility	Hour	S			City, State, Zip							
☐ Other - Describe:							Lyndhurst,	NJ 07071-199	98					
Scope of Work (Check a	ill that app	ply)						Containment with	n Negative Pressur	re				
⊠ ≥3 sf or ≥3 lf					⊠ Reno	ovation	☐ Min	-Enclosure	i Negativo i 1000a.					
□ ≥ 160 sf or ≥ 260 lf					☐ Dem	olition	☐ Glo	vebag Procedure	d Non-Friable Pro	redure				
						i	⊠ Not	i-Exempled () all	u Non-mable mo	caaro	· A	bate	eme	nt
				ocati	2150000							Ту	ре	1
Locat	ion of		Used	rmal Sole			Description						_	
Asbestos-Containi		al (ACM)	Main	tena	nce/	Asbe	stos Containing I ., thermal system	Material (ACM)	Amount (Specify		Re	וני	Enca	Enc
TO BE A				stodi staff?		(1.0	surfacing, VA		SF or LF)		ome	Repair	sde	Enclosure
(1:				(12)			other miscellar	neous)			Removal	air	Encapsulate	ure
			-	* **	T								G	
			Yes	No	N/A				2	14 In ft	V	1	\vdash	+
Base of Tank			X		-	Caul	king		2			1	-	+
2/											-	-	-	-
											-		-	+
Name of Registered Wa	aste Haule	er	19,69,6		Vaste H	lauler	Cubic Yards of	Name of Regi	stered Landfill					
Two Brothers Co			IDA	lo. 743			Waste 1	Grand Ce	ntral Sanitary	Landfi				
55000000	inactii	19, 1110.	10	140										
City, State							Disposal Date	City, State	ilo DA					
250 Rutherford B	ouleva		070	14-	1312		11/27/2016	Penn Arg	IIE, PA	Date				
Completed by		Title					Signature	////		9/20/	20	16		
G. Roger Woodm	an	Project Ma	nage	r			1//	U		3/20/	~U	10		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

THORNES T CHINOS				n for asbestos l	icaneura es	amnta	ed activities	5					
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manager	r	Signature	\(\).					1	1/201	6	
City, State Toms River, New Jersey			04/14	120	/6 Tul	lytoŵ	n, Pennsyl	vania		Dat	e		
Name of Registered Waste Hauler Guardian Contracting, Inc.			223	3		State	T.R.R.						
		NJDEP Waste	Haular	ID No Cubic	Yards of W	aste	Name of R	egistered	Landfill		1		
											-		-
Basement		- A		1 ADD SOLOD P	1								
D	YES	NO X	-,35.HCR	Asbestos pi	ipe insulat	ion		7	75 lf	X			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	l odial N/A	(i	Descript Asbestos-C Material i.e., therma nsulation, VAT other misce	ontain (ACM al syste surfac , or	ing () ems ing,		Amount Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Scope of Work (Check all that apply)		F	enovatio		[[x [j 1	Mini-Enclosu Glovebag Pro	ire ocedure	Negative Pres	Procedu		Comp	
Occupancy Status During Abatement (Check o [X] Facility Closed/Vacated [] Abatement Performed Company of the company of t	During E Outside of		ty Hour		City, St		105 Code	6 Stelto	n Road , New Jerse	y 088:	54		
Scheduled Start Date (10) 10/3/16		Scheduled Con 10/4/16	npletion	Date (11)				I.S.L. A	nalytical				
Toms River, NJ 08' Project Manager for Monitoring Firm Nicholas Fernicola	1	Telephone Nun 732-349-99	32		Telepho 732-34	19-99	nber 32	is River	New Jerse License N 00624		33-12	/ 1	
1889 Route 9, Unit City, State, Zip Code	61				City, Sta	ite, Zip	Code		9, Unit 61	007	55 10	71	
Guardian Contraction	ng, Inc.				Street A	ddress			ontracting,	me.			
Name of Monitoring Firm Hired by Building O	wner (8)		A	SCM No.	Name of	Abate	ment Contrac	dence ctor (9)	ontracting	Inc			
City Little Silver	County ((S	ounty Code (7) TATE USE ONI	LY)		2000 sf rent Use (Prio	or if being	2 demolished)	2,46	60		
Street Address				2.1.(2)		San	[X] are feet	Othe hom	chapter 8 (other er (i.e., private es, etc.)		mercial	buildin	gs,
Name of Facility Where Abatement is Taking Pl Residence	lace (3)					Type		Scho	ool (k-12)	th on le	. 12\		
		F	ACIL	ITY INFORM	MATION	T	e of Facility (4)					
X] DOH [] Cancelle		uding	N	ame of Contact	Valeri	e Rog	goff	Telepho	ne Number				
x DOL Amenda			C	ity, State, Zip Co	de Little S	Silver	, NJ 07739) Še	LICENS	ING	, C L		
X] EPA [X] Initial N	iotificatio							1000	<u> </u>	1) 4 LT :	र्दीं		
September 21, 2016 Type of Notification			St	reet Address				2016 S	EP 28 /	HH:	19		
ate of Notification (1)	-		N	ame of Building	Owner/Oper Valerie	ator (2)	off					10	
(1)0000		(1 1113	dane co) NJAC 0.00		8		17		151	_		

Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms River, New Jersey 08755



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	P	ostmark:	Notificatio	n:		
I. TYPE OF NOTIFICATION (O - Original R -	Revised C - Car	ncelled): O	II.	IS ASBESTOS PRESENT? (Yes/No):	Y
III. FACILITY INFORMATION (identify owner, re	moval contractor	and other operator)				
OWNER NAME: Va	alerie Rogoff					
Address:						
City: Little Silver	State:	New Jersey	Zip:	07739		
Contact: Valerie Ro	goff		Tel:	732-842-2799		
REMOVAL CONTRACTOR: G	uardian Contr	acting, Inc.		NJ License: 006.	24	
Address: 18	389 Route 9, I	Jnit 61	478888888			
City: Toms River	State:	New Jersey	Zip:	08755		
Contact: N	icholas Fernic	cola	Tel:	732-349-9932		
OTHER OPERATOR (if different)		80-110		NJ License:		
Address:				1		
City:	State:		Zip:			
Contact:			Tel:			
IV. TYPE OF OPERATION (D - Demo O - Orde	ered Demo R -	Renovation E - Emergency	Renovation):	R		
V. FACILITY DESCRIPTION (Including building	name, number ar	nd floor or room number)				
Building Name: Residence						
Address: 52 Woodb	ine Avenue					
City: Little Silver	State:	New Jersey	County:	Monmouth		
Site Location: Basement	1					
Building Size: 2000 sf	# of Floor	rs: 2	Age in Ye	ears: 60		
Present Use: Residence		Prior Use:	Residenc	ce		
VI. PROCEDURE, INCLUDING ANALYTICAL I		PROPRIATE, USED TO DE	TECT THE PRES	ENCE OF ASBESTOS MAT	ERIAL:	
IS MATERIAL ASSUMED TO BE ASBESTO VII. APPROXIMATE AMOUNT OF ASBESTOS I 1. Regulated ACM to be removed 2. Category I ACM not removed		RACM To Be		LOCATION	Asbesto Not	nfriable os Materia To Be moved
3. Category II ACM not removed		Removed			Cat I	Cat ∏
Pipes (Linear feet): 75 lf		Asbestos pipe insulat	ion	Basement		
Surface Area (Square feet):						
RACM Off Facility Component (Cubic feet):						
VIII. SCHEDULE DATES ASBESTOS REMOVAL (M	(M/DD/YY)	Start: 10/	3/16	Complete: 1	0/4/16	

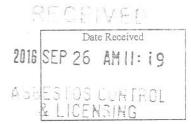
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, A	AND METHOD(S) TO BE USED	CLIVED
	* * ***	2016 SE	P 26 AMII: 10
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS AND RENOVATION SITE:	TO BE USED TO PREVENT EMISSIONS OF ASBI	ESTOS AT THE DEMOLITION
	Removal to take place using negative pressure glove-bag method. Prior to removal, work a with a surfactant/water mix. All waste to be double bagged, sealed and affixed with approp surfaces where removal took place. All materials to be kept wet during the entire operation	rea to be isolated, negative air units to be put in place. "All ast viate warning labels and placed in closed/locked container for	disposal. Encapsulation of all
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.		
	Address: 1889 Route 9, Unit 61		
	City: Toms River State: New	w Jersey Zip: 08	755
	Contact Person: Nicholas Fernicola	8	
	WASTE TRANSPORTER #2 Name:		
	Address:		
	City: State:	Zip:	
	Contact Person:		
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.		
	Location: Bordentown Road		
	City: Tullytown State: Pen	nsylvania Zip: 19	007
	Telephone: 215-943-9732	ermit#: 101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE ID	ENTIFY THE AGENCY BELOW AND ATTACH C	OPY OF ORDER
	Name: T	itle:	
	Authority:		
	Date of Order (MM/DD/YY):	ate Ordered to Begin (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS	(4.11) 17 a 36 14 1 - 14 14 14 1 1 1 1 1 1 1 1 1 1 1 1	
	Date and Hour of Emergency (MM/DD/YY):		
	Description of the Sudden, Unexpected Event:		
	Explanation of how the event caused unsafe conditions or would cause equipment	nt damage or an unreasonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT TH ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR RED		EVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF T THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQ AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.	UIRED TRAINING HAS BEEN ACCOMPLISHED	
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature of Owner/Operator)	September 21, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	1-11	
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature of Owner/Operator)	September 21, 2016 (Date)

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Ch 30539	IVI	(F	ursuant	to NJA(C 8:60 ar	id 12:120	0)		T T 1 12	S (1)			
Date of Notification (1) September 21, 201	6		1	Name of E	Building Ov	vner/Opera Thoma		2)	SEP 26 AH		33	3 9	
[X] DOL Amend		ication		Street Ado	lress , Zip Code	Clintor	ı, NJ	08809 ⁶	ESTOS CON ELICENSIA				
[X] DOH justifica				Name of (Thomas			Te	ephone Number		-		
Name of Facility Where Abatement is Taking P Residence Street Address	lace (3)		FACII	_11 Y 1N	IFORM.	ATION	Тур	e of Facility (4)	School (k-12) Subchapter 8 (other Other (i.e., private			l buildin	gs,
City	County	(6)		County Co			Squ	are feet	homes, etc.) # of Floors	Bldg.	Age		
Lavallette	Ocean	n	(STATE U	SE ONLY)	Cu	1000 sf rrent Use (Prior if I Residen			60)	
Name of Monitoring Firm Hired by Building O N/A	wner (8)	A	ASCM No				ement Contractor (Guardia		Inc.			
Street Address						Street Ad		1889 Ro	oute 9, Unit 61				
City, State, Zip Code Project Manager for Monitoring Firm		Telephone	Number			Telephon	ne Nu	Toms R	License N		55-12	71	_
Scheduled Start Date (10)		Scheduled		n Date (11)	732-34 Name of		A Monitor	. Analytical				
10/3/16 Occupancy Status During Abatement (Check o [X] Facility Closed/Vacated [] Abatement Performed C	During	Entire Perio	od of Abate			Street Ad City, Sta		1056 St	elton Road vay, New Jerse	y 088:	54		
Scope of Work (Check all that apply) $ \begin{bmatrix}] >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] \ge 160 \text{ sf or } \ge 260 \text{ lf} $		[] [x]	Renovat Demolit		•	[] [] [x]	ĵ	Mini-Enclosure Glovebag Procedu	with Negative Pres re) and Non-Friable l		re		
				1						Abat	ement 1	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Is Location Normally to Solely butenance/C Staff (12)	ised y		Ast (i.e ins	Description of the control of the co	ntair ACN syst urfac or	ning f) ems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbe	stos sidii	ng			500 sf	X			
											_	-	
N. C.										-	-		
			1	ID.V.	0.11.37	ards of Wa	ote	Name of Registe	red Landfill			1	
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Wa	20223		Cubic Y			T.R.R.F.	or or pariorni				
City, State Toms River, New Jersey	1 =::		Dispos 10/5/		Tira	City, S Tully		n, Pennsylvani	a	Date	e		
Completed by (Print or Type) Nicholas Fernicola	Title Proj	ect Mana	ger	Signat	ure						1/201	6	



DEMOLITION / RENOVATION NOTIFICATION

Operator	r Project #:	3	P	ostmark:		Notificat	ion:		
I.	TYPE OF NOTIFIC	ATION (O - Original R -	Revised C - Ca	ncelled): C)	П.	IS ASBESTOS PRESE	NT? (Yes/No):	Y
Ш.	FACILITY INFORM	MATION (identify owner, re	moval contractor	and other opera	tor)				
	OWNER NAME:	Thomas M	iller						
	Address:								
	City:	Clinton	State:	New Jersey	,	Zip:	08809		
	Contact:	Thomas M	iller	-		Tel:	908-442-4123		
	REMOVAL CONT	RACTOR: G	uardian Contr	acting, Inc.			NJ License:	00624	
	Address:	18	889 Route 9, U	Jnit 61					
	City:	Toms River	State:	New Jersey	/	Zip:	08755		
	Contact:	N	icholas Fernic	cola		Tel:	732-349-9932		
	OTHER OPERATO	R (if different)					NJ License:		
	Address								
	City:		State:			Zip:			
	Contact:					Tel:			
IV.	TYPE OF OPERAT	TON (D - Demo O - Orde	ered Demo R -	Renovation I	E - Emergency I	Renovation):	D		
V.	FACILITY DESCR	IPTION (Including building	name, number ar	nd floor or room	number)				
	Building Name:	Residence							
	Address:	17 Vance	Avenue						
	City: Lavalle	ette	State:	New Jersey	У	County:	Ocean		
	Site Location:	Exterior							
	Building Size:	1000 sf	# of Floo	rs: 1		Age in Y	Years: 60		
	Present Use:	Residence		Pr	rior Use:	Resider	ice	· · · · · · · · · · · · · · · · · · ·	
VI.	PROCEDURE, INC	CLUDING ANALYTICAL	METHOD, IF AF	PROPRIATE, V	USED TO DET	ECT THE PRE	ESENCE OF ASBESTOS	MATERIAL:	
		SUMED TO BE ASBESTO		,					C :- 1.1.
VII.	APPROXIMATE A	MOUNT OF ASBESTOS	NCLUDING:					Asbesto	ifriable os Materia
	1. Regulated ACM				RACM To Be		LOCATION	1	To Be moved
	 Category I ACN Category II ACN 				Removed			Cat I	Cat II
	Pipes (Linear feet):								
	Surface Arra 15	ure feet): 500 sf		Asbestos s	iding		Exterior		-
	Surface Area (Squa	ure reet): 500 SI		Asocstos s			LAGIN		-
	RACM Off Facility	Component (Cubic feet):							
VIII.	SCHEDITE DATES	ASBESTOS REMOVAL (N	/M/DD/YY)	Start:	10/3	/16	Complete:	10/4/16	

NOTIFICATION	OF DEMOLITION	AND RENOVATION	continued
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X.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION WO	RK, AND METHOD(S) TO B	E USED	TOLIVED
	k2 - ¹²			9010	SEP 26 AMIL: 10
xi.	DESCRIPTION OF WORK PRACTICES AND ENG AND RENOVATION SITE: Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed	oped off with caution tap	e and warning signs. Plastic sheet	VENT EMISSIONS OF	ASBESTOS AT THE DEMOLITION ESTOS CONTROL LICENSING
	WASTE TRANSPORTER #1 Name: Guard	lian Contracting,	Inc		
xii.		Route 9, Unit 61	me.		
	City: Toms River	State:	New Jersey	Zip:	08755
		olas Fernicola			
	WASTE TRANSPORTER #2 Name:	7145 1 011110014			
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.R	R.F.			
	Location: Borde	entown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #: 10	1494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	NT AGENCY, PLEA	SE IDENTIFY THE AGENCY	BELOW AND ATTA	CH COPY OF ORDER
8	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (M	M/DD/YY):	*
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condition	ons or would cause equ	uipment damage or an unreaso	nable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED	OWED IN THE EVEN D, PULVERIZED, OR	NT THAT UNEXPECTED AS REDUCED TO POWDER	BESTOS IS FOUND C	R PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORM	IDENCE THAT THE	REQUIRED TRAINING HA	S BEEN ACCOMPLIST	HED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Op	erator)	September 21, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		1	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Op	erator)	September 21, 2016 (Date)
	*				

CK1471

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-	1.		

Date of Notification (1) 09/22/2016					Building O				016 SEF	26 A	10:	55				
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment	#	C		e, Zip Coo		Jerse	y, 07974	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	TOS CO TOENST	KIR	OL				
DOH DCA	Emergency (justification) Cancellation		N	lame of		0-1-12		•	Tel	lephone Nur	mber					
Name of Facility Where A N/A Street Address	Abatement is Taking	g Place (3)		FACIL	ITY INFO	RMATIC	ON		K-12) oter 8 (Oth e. private	ner than K-1: & commerci	al build	lings,		s,		
City (5) New Providence County (6)				County C				1400 Current Use	2		5	200 To 100 To 10				
Union County Name of Monitoring Firm		Owner (8)	(5	ASCM	No.			Residentia of Abatement	Contracto		ti a w					
Street Address 142 North 13th Stre							Street	ingpoint Co Address erkeley Ter		Corpora	uON					
City, State, Zip Code Newark NJ 07107							City, S	tate, Zip Code gton, New J		7111						
Project Manager for Mon Chika Onwukaife	itoring Firm		0.6	elephon 973-68	ne No. 8-8056		Telephone No. License No. 973-372-2177 01238					0.				
Start Date (10) 10/03/2016		Scheduled 10/06/20	16	pletion D	Date (11)		Name of OSHA Monitor JLC Environmental Inc. Street Address									
Occupancy Status During Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I	Period of Ab	ateme		work area		30 W	/est 25th St itate, Zip Code York, NY 1								
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	ll That Apply)	Landanian .	novat				2	Mini-Enclo	sure Procedure	th Negative e nd Non-Fria			e			
Location	a of		ocatio			Des	cription	of					ement rpe			
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity		tenan	ice/		tos Conta thermal	aining N system sing, VA	Material (ACM) s insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Bed ro	om	100		X			VAT			SF	X					
												,44				
Name of Registered Was	ste Hauler		13000	JDEP W		Cubic				tered Landf	I	1	1			
Newark Carting Inc.			0.000	auler ID 506	No.	of Was	ste		ytown R	efacility						
City, State Newark NJ 07102							sal Date	Tull	State y Town							
Completed by Emeka Okeke		Title Presid	ent			S	ignatur	The	S	1000	ate 19/22/	2016	i			



		1				-10	(2)			- 1 - 1 - L	i			
ate of Notification (1)			Na C	ime of Bui aravella	lding Owne Demoliti	on	(2)		10-					4
gencies Notified	Type Notification			reet Addre				2016	SEP	26 AH I	0:56)		
EPA DEP	Initial Amended Amendment #		Ci	ty, State, a	Zip Code over NJ (7936		6 5	E 3 1	US COR	TRO			
DOL DOH	Emergency (in justification)	cluding	N	ame of Co	ntact				Tele	phone Numb	er			
DCA	Cancellation				Y INFORM	ATION				-				
Name of Facility Where A	Abatement is Taking	Place (3)		PAGILIT	1 Her Order	A.1.9.1.	☐ Sch	Facility (4) nool (K-12)	16.40				
Street Address 250 W. Westfield A							Sub Oth etc	er (i.e. pri	vate &	r than K-12) commercial				2
City (5)	ve.						Square		# of	Floors	Bldg	g. Age		
Roselle Park County (6)			(6	County Coo	de (7) = ONLY) _		Current	Use (Prio	r if beir	ng demolishe	d)			
Union		(0)		ASCM N			e of Abater	ment Conf	ractor	(9)			55	
Name of Monitoring Firm N/A	n Hired by Building C	wner (o)		AGGINIT		Del	fa Contra	acting LI						
Street Address						522	7th St.							
City, State, Zip Code							State, Zip ion City N		7					
Project Manager for Mo	nitoring Firm	<u> </u>		Telephone	No.		phone No. 1 216-96			License No 01206),			
Start Date (10)		Scheduled		npletion Da	ate (11)		ne of OSHA		LC					
10-05-16 Occupancy Status Duri	ing Abatement (Chec						et Address 2 7th St.	5						
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entire I med Outside of Norm	Period of Ab nal Facility I	oaten Hours	nent S		City	, State, Zip nion City		37					
Scope of Work (Check														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				Min	i-Enclosur	e	th Negative F e and Non-Friab			9	
							< Nor	-Exemple	() a	ing Honer Has	1	Abate	ement	
			Loca				900 S. C. C.					Ту	ре	_
In Fa		Used Mai	ntena	ely by ance/ Staff?	(i.e. tl	Descrip s Containing nermal system surfacing other misco	ng Material tems insula , VAT, or	(ACM)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Liciosaro
		Yes	No	N/A	Dina	Insulatio	n / Wrap	-Cut		80 LF	X			T
Base	ement		X			Joint Co			1	1.000 SF	X			
	Floor		X			Wall F				2,200 SF	X			
2nd	Floor		Х	-		vvali i	103.01		-			1		T
				NJDEP V	Vaste	Cubic Ya	rds	Name	of Regi	istered Landf	ill			
Name of Registered V				Hauler ID 3524	No.	of Waste		Tullyt	own F	Resource F		ery	Faci	ity
City, State Union City, NJ						Disposal 10-10-		City, St Tullyt	ate own,					
Completed by		Title	Title Signature Date 09-18-16					-16						
Jaime Delgado		1 10).	roj. Manager.											

CK 105

CF 10)		N	ama of F	Building Ow	mer/One	erator (2	')				1		,		
Date of Notification (1) 09-18-16		Name of Building Owner/Operator (2) Caravella Demolition Street Address 2016 SEP 26 AM 10: 56													
Agencies Notified Type Notification		-	treet Add	dress orest Ave					21	IIB SEP 2	26 Al	10:	56		
EPA Initial Amended Amendment #				e, Zip Code anover N.		36			4	37 E S 1 L)	111	(O).		
Emergency (ir justification)			lame of Cary Pa	Contact almer III					Tele	phone Nun	nber:	Πu			
DCA Cancellation				ITY INFOR	MATIO	N							5-05-		
Name of Facility Where Abatement is Taking Commercial Property	Place (3)					Lumb I	1 :	of Facility (4) School (K-12) Subchapter 8)	ar than K-1	2)				
Street Address 240 W. Westfield Ave.						1.	c ,	Other (i.e. pri etc.)	vate 8	& commerci	al buildi			,	
City (5) Roselle Park								re Feet		f Floors		g. Ag	=		
County (6) Union		- (County C	Code (7) ISE ONLY)		-		ent Use (Prior			hed)				
Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCM	l No.				atement Cont atracting LL		(9)					
Street Address						Street 7									
City, State, Zip Code							City, State, Zip Code Union City NJ 07087								
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph	Telephone No. License No. 201 216-9603 01206								
Start Date (10)	Scheduled		npletion	Date (11)		Name	me of OSHA Monitor elfa Contracting LLC								
10-03-16	10-07-16	000				Street								_	
Occupancy Status During Abatement (Chec						522 7									
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of At nal Facility I	Hour	nent s		_	17-60 (18-7) (18-7)		Zip Code ty NJ 0708	7						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli					- N	ull Containme lini-Enclosure Blovebag Prod lon-Exempted	e cedure	9			e		
				Т				IOII-EXEMPLE	1 / 2	ind Patricia		Abate	ment		
	1	Loca			Do	scription	of					Ту	pe		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maii	ntena		(i.e.	tos Coni thermal surfa	taining N I system acing, VA miscella	Mater is insi AT, or			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	1	
	Yes	No	N/A						-	400 CE	117			+	
Roof		Х	-		Ro	of Flas	sing		3	,400 SF	X				
														I	
											(51)			L	
Name of Registered Waste Hauler Delfa Contracting LLC			NJDEP Hauler II	D No.	of Wa	e Yards aste 20				stered Land Resource		ery i	-acil	ity	
City, State		35240 20 Disposal Da 10-10-16				osal Dat	sal Date City, State								
Union City, NJ Completed by	Title					Signatu		AR.			Date 09-18-	-16			
Jaime Delgado	Proj.	Proj. Manager.													



MOCK			CATION	OF ASB to NJAC	ESTOS	ABATE					7 -	1.			
Date of Notification (1) 9/21/16			Name o Garde	f Building n State	Owner/ Episco	Operator opal Co	(2) mmu	inity Devi	A SEE	en26or	AM I	:	iO		
Agencies Notified Type Notification X EPA X Initial			Street A	ddress ummit A	ve			۵.5	523	IUS C	UN	I R	ŌL		
DEP X Amended DOL Amendment				ate, Zip Co / City, N		04			Œ L	IUERS	١١٠٠	1			
Emergency (i justification) DCA Cancellation	ricidariy		The state of the s	f Contact Morale	s				Tel	ephone N	umbe	r			
No. of Control of Cont	Diana //	2)	FACI	LITY INFO	ORMAT	ION	Tunn	of Facility (W1					-	
Name of Facility Where Abatement is Taking Commercial Property Street Address	Place (o)		5				School (K-1 Subchapter	2)	er than K-	-12)				
184 Hobart Ave							×	Other (i.e. petc.)	orivate 8	& commer					es,
City (5) Bayonne							1,90		2+	Floors		50	dg. A O+	.ge	
County (6) Hudson				Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng demoli	ished)				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	/ No.		100000000000000000000000000000000000000		itement Cor ontractin							
Street Address						Street 205 F		ss e 46, Suite	e 7a						
City, State, Zip Code								ip Code IJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-3				License 01232	No.				
Start Date (10) 9/29/16	Schedul 10/1/16		pletion I	Date (11)				HA Monitor on Consu	Itants	Inc					
Occupancy Status During Abatement (Check						Street 20-21		ss garaw Ro	l, Bldg	35 E					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	al Facility	Abatem / Hours	ient			0.70		ip Code , NJ 0741	10						
Scope of Work (Check All That Apply)						20,510									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mir	II Containmeni-Enclosure ovebag Prod n-Exempted	e cedure	-				е	
	Is	Locati	on										Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Sole intenar todial S (12)	y by nce/		tos Con therma surfa	escription Itaining M I systems Icing, VA miscellan	laterial insula T, or		(S	mount pecify or LF)	Nei Hove	Damaiia	Repair	Encapsulate	Enclosure
	Yes	No	N/A											(D)	
Roof			X	В	uilt-Up	Roof N	/lateri	ial	5,0	00 SF	X	-			
											+	+			
												1			
Name of Registered Waste Hauler Unicorn Contracting Corp.		Н	JDEP W auler ID 35844	No.	Cubic of Wa	Yards iste		Name of Tullytov	11-04-04 -0 1-04-04-04-0			ve	ry F	acilit	ty
City, State Totowa, NJ			.000			sal Date		City, State							
Completed by Dimo Golcev	Title Gene	eral M	anager	-	1000000	Signature		1			Date 9/21/	16			



> > Title

VP

BY OWNER

City, State

Completed by (Print or Type)

ROBERT GROGAN

NO CK	_				BESTOS ABATE J.A.C. 7:26-2.12)		7 (Ĺ					
Date of Notification (1) Sept 2, 2016					Name of Build PSEG Fossil, I	The second second second second second	7/Operator (2) 2016 S		AH I	1: 63					
Agencies Notified		Notification			Street Address 80 Park Plaza	<u> </u>	Yes	1.13		1701					
(X) EPA (X) DEP (X) DOL (X) DOH		() Initial Not (X) Amende () Cancelle	d Certifica	ation	City, State, Zip Newark, NJ 07			Libb	Kork						
(X) DCA					Name of Contact Tel. Number CHRIS COLEMAN										
				FACILITY IN	Y INFORMATION										
Name of Facility Where A NORTH BERGEN SUBST		Taking Plac	e (3)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12)										
Street Address 7211 WEST SIDE AVE					(X) Other (i.e. Sq. Feet_450			ldgs., h	omes, e	itc.					
City (5) NORTH BERGEN	RTH BERGEN BERGEN (State Use Only)						ng demolishe	ed) Elect	ric Gen	erating	Station				
Name of Monitoring Firm (8)	ne of Monitoring Firm Hired by Bldg. Owner ASCM No.						Name of Co Absolut Ac		r (9)						
Street Address					Street Addres PO BOX 295	<u>s</u>									
City, State, Zip Code					City State, Zip Florham Park,										
Project Manager for Mon Firm	itoring	Telephone	Number		Telephone Nu (973) 410-9217			Licens 00225	e Numb	oer					
Scheduled Start Date (10 Sept 2, 2016))	Scheduled Oct 15, 201		on Date (11)	Name of OSH	A Monitor									
Occupancy Status Durin (X) Facility Closed/Vaca () Abatement Performed	ated During E	Entire Period	of Abaten		Street Addres 5 Linwood Ct										
Describe					City, State, Zig Hamilton, NJ										
Other - Describe Two S	hifts, 12 hou	rs each, 24 h	our plant	coverage			27744								
Source of Work (Check a	all that apply)					8								
() Demolition (X) Rer (X) Large Proj. (>160 SF () Full Containment wit			Proj. (>25<) Mini-En		<260 LF ACM)) Glovebag Pro-	7/107	Proj. (<25 SF	or <10	LF ACN	A)					
Location of Asbestos- Containing Material (ACI in Facility (13)	Is Loc VI) Solely Staff?	ation Norma by Maint./Ci (12)	ustodial	Description of thermal system insulation, su	ems urfacing, VAT,	Amount	(Specify SF	or LF)	Abate Rem.	ment T	ype Encap	Enclose			
ROOF	YES	NO X	NA I	or other misc		200 squa	are feet		X	Tep.	Liloap				
Name of Reg. Waste Hau	ıler	NJDEP Wa	ste Hauler	ID#	Cubic Yards o	of Waste		Name	of Reg.	Landfi					

City, State

Disp. Date

Signature

Date

9/2/16

no ck

Date of Notification (1) 09/20/2016				Name of Building Owner/Operator (2) Franklin Development Group Street Address AM II:													
Agencies Notified	Type Notification			Street Ad 46 Chu	ldress urch St						6010		-0-	Alti	1:0		
X DEP X DOL	Amended Amendment				e, Zip Cod air, NJ C					& LICENSING							
DOH DCA	justification) Cancellation	including	1		Contact Bolows	ski				Tele	phone Nu	mber					
				FACIL	ITY INFO	RMATIO		_	r= 10 44	1							
972-976 Summit A Street Address	ve	g Place (3)						☐ S	f Facility (4 chool (K-12 ubchapter 8 ther (i.e. pr	.) 3 (Othe	er than K-1	2) tial build	lings,	home	es,		
	ve							ef	c.)		Floors						
								Square	e reel	# 01	FIDUIS		ldg. A 5+	ge			
				County C	ode (7)			Curren	t Use (Prio	r if beir	na demolis		-		-		
Agencies Notified Agencies Notified Agencies Notified Type Notification Initial Amended Amendment #1 Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place 972-976 Summit Ave Street Address 972-976 Summit Ave City (5) Jersey City County (6) Hudson Name of Monitoring Firm Hired by Building Owner (6) Health and Safety Services Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009 Project Manager for Monitoring Firm James Proctor Start Date (10) 09/12/16 Occupancy Status During Abatement (Check Only (6) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other - Describe: Vacant Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes Basement 1 st floor/Basement					SE ONLY)		_	n/a	. 000 (,								
Agencies Notified Agencies Notified Agencies Notified Agencies Notified Type Notification Initial				ASCM	No.		Name o	of Abate	ement Cont	ractor	(9)						
The control of the co		Secretaria de Marie					Site I	Enterp	orises, Ind	Э.							
Street Address						-	Street /	Address	3								
Agencies Notified Agencies Notified Agencies Notified Type Notification Initial Amended Amendment # 1 Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (972-976 Summit Ave Street Address 972-976 Summit Ave City (5) Jersey City County (6) Hudson Name of Monitoring Firm Hired by Building Owner (6) Health and Safety Services Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009 Project Manager for Monitoring Firm James Proctor Start Date (10) 09/12/16 Occupancy Status During Abatement (Check Only Company S							6626	Delila	ah Road								
City, State, Zip Code							City, St	Section of the same		.58 6W							
Berlin, NJ 08009							00	gg Harbor Township, NJ 08234									
		elephor				one No			License I	No.							
					52-1311			567-1			01172						
	oject Manager for Monitoring Firm ames Proctor art Date (10) Sched 09/32/16 09/30 ccupancy Status During Abatement (Check Only of Abatement Period of Abatement Performed Outside of Normal Facility			pletion [Date (11)				A Monitor afety Sei	rvices	: Inc						
	og Abstement (Cher		- T					Address		11000	,						
				-14				30x 36									
Abatement Perform	ned Outside of Norn	nal Facility	batem Hours	ent		-	City, St	tate, Zip	Code	-64-15-7		- THE SEC.					
Other - Describe:	Vacant					-	Berli	n, NJ	08009								
Scope of Work (Check /	All That Apply)						20020										
			enovat emoliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		T		844				1 INOI	-LXempled	() an	d Non-i ne	Abatement					
	9	100	Location ormall			D							Type				
Asbestos-Containing TO BE AB In Fac	g Material (ACM) BATED ility	Used Mai	d Solel ntenar odial S (12)	y by nce/		tos Conta thermal surfac		Material (ACM) As insulation, (SAT, or SI			mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A										-			
Basen	nent			X		F	Piping				135 If	X					
1st floor/Ba	asement			Х		Tile a	and Ma	astic		9	130 sf	x					
														-			
Name of Registered Wa	aste Hauler		10000	JDEP W		Cubic '			Name of I	Regist	ered Landi	fill			-		
Site Enterprises Inc	C.		111111111111111111111111111111111111111	auler ID 03522		of Was			Tullyto	wn La	andfill						
	Egg Harbor To	wnshin N	LI			Dispos 09/30	sal Date		City, State Bristol,								
Completed by	Lyg Harbor 10	Title				1	Signature	=[]			1	Date]				
Eric Keys		OM				Š	li	12	12			09/20/2016					

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

RECEIVED

Date of Notification (1)			1	Name of Building Owner/Operator (2)													
9 /	20 / 1	6		Boro	of Belln	nawr		ONIS SEP OC	21/1		ı						
				Stroot A	ddress		2016 SEP 26 AM II: i I										
Agencies Notified EPA	Type Notificatio	H.C.	,			ning Road											
☑ DOLWD	☐ Amended				ate, Zip Co	A) 584		<u> </u>	to of the	THU	L.						
☑ DOH	Amendment	#			nawr, NJ			& LICE	140 HA	2							
☐ DCA	☐ Emergency		H		f Contact			Telephone Num	nber		100000						
(NJAC 5:23-8)	justification) Cancellation			2.0	ua Treg												
	Caricellation					FORMATION											
		i Di	/2)	FAC	ILII I IIVI	PORIVIATION	Type of Facility	4)			-						
Name of Facility Where		ing Place	(3)				School (K-12										
Bellmawr Police St	ation			-			Subchapter 8	Other than K-1	2)								
Street Address	n						Other (i.e., property)	rivate and comme	erciai buli	aings	1						
21 East Browning I	Road						Square Feet	# of Floors	Bld	g. Ag	е						
City (5)							20,000	2	7								
Bellmawr				0	C-d- (7)	(STATE USE ONLY)		ior if being demo	lished)								
County (6)				Count	y Code (7)	(STATE USE CIVET)	Police Stati										
Camden			a) I.	100111	10	Name of Abatem											
Name of Monitoring Firm			8) A	ASCM N	NO.												
Mgmt. & Enviro. Co	onsulting Serv	rices				Shade Environmental, LLC											
Street Address							Street Address 623 Cutler Avenue										
PO Box 341																	
City, State, Zip Code						City, State, Zip C											
Chesterfield, NJ 08					No.	Maple Shade	e, NJ 00032	License No.									
Project Manager for Mor	nitoring Firm		10000	ohone N		Telephone No.	2	00842									
Bill Weisgarber				9-298-		856-755-0099 Name of OSHA		00042			-	-					
Start Date (10)		heduled C															
10 /01 /	16	10 /	03	_ ′ -	16	EMSL Analy	tical, inc.										
Occupancy Status Durin						Street Address	* ¹										
☐ Facility Closed/Vacat	ted During Entire	Period of	Abater	nent	0.00000000	200 Route 13					35-1-25						
☐ Abatement Performe	d Outside of Nor	mal Facilit	y Hour	s - Des	cribe	City, State, Zip C											
Time of Abatement:	AIVI	_PIVI/			Zivi	Cinnaminso	n, NJ 08077										
Scope of Work (Check a	all that apply)						ntainment with Ne	native Pressure									
		⊠ Re	novati	on		☐ Mini-En		gative i resoure									
□ ≥160 sf or ≥260 lf			molitic			Gloveba	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
						⊠ Non-Ex	empted (*) and N	Tilable Floce		atem	ant Ti	vne					
		10.5	: Locat Norma		0.0	Description	of.				100	100000					
Locatio Asbestos-Containing			ed Sole		Asbe	Description estos Containing M		Amount	Rem	Repair	nca	ncl					
TO BE AB			intena todial		(i.e	e., thermal systems	s insulation,	(Specify SF or LF)	Remova	ar.	psu	Enclosure					
IN Fac		Cus	(12)	Stair		surfacing, VA other miscellan		SP ULLT)	=		Encapsulate	ē					
(13)).	Yes	No	N/A		Other Impoduati					(D						
			-		Extorio	or and Interior C	aulking	50 LF			П						
Front Door				1000	Exterio	and interior o											
											Ш						
				10													
	1 11 1			JDEP	Masta	Cubic Yards of	Name of Reg	istered Landfill									
Name of Registered Wa			1786	lauler II		Waste	The state of the s	ind County La	ndfill								
Freehold Cartage				15939		1			50050H5 7.70								
City, State						Disposal Date											
Freehold, NJ						10/03/2016											
Completed By (Print or	Type)	Title				Signature	Date										
Christina Lynch		Vice P	resid	ent of	Operation	ons ()M	gner 9/20/11										

Date of Notification (1) 9/21/2016		Name of Building Owner/Operator (2) NJDEP OFFICE OF RESOURCE DEVELOPMENT												
Agencies Notified Type Notification	#1. # 1. E		Street A											
EPA Initial Amended Amendment #		-	City, Sta	te, Zip Co					·					
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding			Contact		AT 600		Tel	ephone Nu	mber		200611102		
			FACI	LITY INFO	RMATION	-						-		
Name of Facility Where Abatement is Taking ORCHARD HOUSE - MONMOUTH		FIE	2.1				Type of Facility (926						
Street Address 18 WEMROCK ROAD							Subchapter Other (i.e. p				lings,	home	∋s,	
City (5) FREEHOLD TOWNSHIP		500 1100					Square Feet	# 0	f Floors	В	ldg. A	ge		
County (6) MONMOUTH			County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY)											
Name of Monitoring Firm Hired by Building Ov USA ENVIRONMENTAL MANAGEN	A CONTRACTOR OF THE PARTY OF TH	VC.	ASCN	1 No.			of Abatement Cor BROTHERS			IG, IN	С.			
Street Address 344 WEST STATE STREET				1 222		Address REELAND AV	ENUE							
City, State, Zip Code TRENTON, NJ 08618	*****				151.47	ate, Zip Code DWA, NJ 075	2							
Project Manager for Monitoring Firm WILLIAM WEISGARBER		111 9	Telephoi	ne No. 56-8101	Tel	lepho	one No. 956-8700		License N	No.				
Start Date (10)		A1 1 1 1 1 1 1 1 -	Date (11)	Na	me c	of OSHA Monitor E AS (9) ABC	\/E	00101	311					
Occupancy Status During Abatement (Check							Address	V L						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: VACANT	eriod of Ab	atem					ate, Zip Code							
Scope of Work (Check All That Apply)								1-,				3000		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova moliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	1-1			-		homos	Non Exempte	2 () 4	10 11011 1110		Valuable of San	emen	t	
Location of Asbestos-Containing Material (ACM)	No Used		ly ly by	Asbesi	Descrip tos Containir		of aterial (ACM)	F	Amount		Ту	rpe m		
TO BE ABATED In Facility (13)	Maint Custo			(i.e.	thermal syst surfacing, other misce	, VA	Γ, or		Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									e		
Rooms 103,104,104A,104B,105, S2		Χ		Mu	ılti-Layere	d Fl	oor Tile	4	60 SF	Х				
Room 105	Χ		Black (Condensa	ite S	ink Coating		6 SF	Х					
Exterior	Χ			Window	Gla	zing	43	3 Units	Х					
Name of Registered Waste Hauler		2000	JDEP W		Cubic Yard	ds	Name of	Regist	ered Landfi	11		L		
TWO BROTHERS CONTRACTING		1000	auler ID 8743	No.	of Waste 15		WAST	ЕМА	NAGEME	ENT G	.R.0	D.W.	S.	
City, State TOTOWA, NJ					Disposal D 10711/20		City, Sta		LE, PA		ě			
Completed by VIVECA RAMOS	Title PROJE	ECT	COOF	RDINAT	Signa	ature	ica Ra	n		ate /21/20)16			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MO#19730006976	(Pursuant to NJAC 8:60 and 5:16)																
Date of Notification (1)				Name	F 14	1	-										
09 /	21 / 16						000.000 (2	/				*					
Agencies Notified	Type Notification			-	Rosenber	·g			2018 SEP	26 A	HII	• 50					
□ EPA				Street	Addiess												
⊠ DOLWD	Amended			City. S	State, Zip C	ode			- 	40 b	· h-	POI					
DHSS □ DCA	Amendment #_ Emergency (in	-	8		ırn, NJ 07				4 - E 3 1 & L 10	ENSI	NG	nu:					
(NJAC 5:23-8)	justification)	ordanig			of Contact	TOTAL SECTION			Telephone Nun								
	☐ Cancellation			Caryn	Rosenber	g											
				FA	CILITY IN	FORM	ATION										
Name of Facility Where	Abatement is Taking	Place	(3)					Type of Facility	(4)								
Private house		0222						School (K-1)	2) 8 (Other than K-1 :	2)							
Street Address								Other (i.e., p	orivate and comme	z) ercial bui	ilding	S,					
- C								homes, etc.	The second second								
City (5)								Square Feet	# of Floors	Blo	dg. A	ge					
Millburn, NJ 07041 County (6)				Coun	ty Code (7) (STATE	USE ONLY)	Current Ilea /P	rior if being demol	ichod)							
Essex				Coun	ty code (1) (SIAIL	USL UNLI)	Current Use (F	nor it being demoi	isticu)							
Name of Monitoring Firm	n Hired by Building ()wner (8)	ASCM	No.	Name	of Abateme	nt Contractor (9)								
							ch LLC										
Street Address							Address										
						576 V	alley Rd #2	#283									
City, State, Zip Code						City, S	State, Zip Co	de									
Droinet Manager for Ma	-14		T=-			The second second second	e, NJ 0747	0	T.:								
Project Manager for Mor	nitoring Firm		Tele	ephone	No.		none No.		License No.								
Start Date (10)	Scher	tuled C	omnie	tion Da	te (11)		38-1777 of OSHA M	onitor	01127	<u> </u>							
09 / 30 /																	
Occupancy Status Durin							Address	nsultants,Inc									
	ted During Entire Pe	riod of	Abate					Road, Bldg .#	35F								
Abatement Performe	d Outside of Normal	Facilit	у Ноц	rs - Des	scribe		State, Zip Co		مردر		2000						
Time of Abatement:	P	M/	PIVI_		_AM	lan affici	awn, NJ 07										
Scope of Work (Check a	II that apply)					F			nation with negation		ure	SURIUM					
≥3 sf or >3 If		⊠ Re	novat	ion		-	Mini-Encl	osure	gative Pressure								
≥ 160 sf or ≥260 lf			moliti			X	Glovebag	Procedure	Tent with Negativ on-Friable Proced	ve Press	ure						
		1 19	Loca	tion	1		NOII-EXE	-	otom	ent Ty	VID.O.						
Locatio			Norma	ally		D	escription o	f			_		T				
Asbestos-Containing TO BE AB			ed Sol	ely by ance/			ntaining Mat		Amount (Specify	Rem	Repair	nca	nck				
IN Faci	lity	Cus		Staff?	(1.6		facing, VAT,		SIF or LF)	Removal	air	Encapsulate	Enclosure				
(13)		-	(12)	1	-	other	miscellane	ous)		_		ate	(u)				
		Yes	No	N/A	Lange over	amas				57							
Basement		닏			Pipe insu	ılation			150 LF	\boxtimes	Ц	Ц	Ш				
		Ш	Ш														
Name of Registered Wa	ste Hauler		N.	DEP Wast	e Hauler ID No.	Cubic \	Yards of Waste	Name of Reg	stered Landfill								
Gr Tech LLC				003378	85	TH	3D	T.R.R.F. Inc									
City, State				Dispo	sal Date	City, State				-							
Wayne, NJ 07470						TE	BD	Tullytown, PA									
Completed By (Print or	Type) Title	е				S	Signature / Date										
N.Jevtic	Ow	ner					7	leutic Wen	ad 0	9/21/16)						
ASB-41						-	1/					deste i	-				

CKIDUI

01,10														-			
Date of Notification (1) 09/19/16		Name of I DCH A		2	016 SE	EP 2	5	FM	11-								
Agencies Notified	Type Notification			Street Ad	dress									F+1 1	11.	6,0	
⊠ EPA				124 Rt	. 4					Ć.	E.	3 10 -	d a		-		
EPA DEP X DOL	Amended Amendment	#			e, Zip Cod us, NJ C		>				& E.	LIC	ĔĦ	SIN	G	UI,	
	Emergency		- -	Name of		,, 00.	-			Tele	phone N	Numb	er				
DOH DCA	justification) Cancellation				is Catar	zaro				1.515	E. C. E. C.	03/42/03/1909					
Прох	Carlochation				ITY INFO												
Name of Facility Where Commercial Building		g Place (3)		171012					of Facility (4			1939					
	ig								School (K-12 Subchapter		r than K	(-12)					
Street Address									Other (i.e. p	rivate &	comme	ercial	build	ings,	home	≥S,	
11 Mackay Avenue	,		10011					- 6	tc.)	44	Floors		DI	da A	0.0		
City (5)								3,00	e Feet	# 01	Floors 1			dg. A 0+-	ge.		
Paramus				0	tede (**)				nt Use (Pric	r if hair		licho	2.70	O+			
County (6)				County C (STATE U	SE ONLY)				mercial E			MISHIE	4)				
Bergen	Trade Barre	0		ASCM	Nie	-	Nome	1.5	ement Con					188	_		
Name of Monitoring Firm N/A	n Hirea by Bullaing	Owner (8)		ASCIVI	INO.		100000000000000000000000000000000000000		Solutions		500MI						
Street Address								Addres									
Oit Chata 7ia Cada								dsall	Drive p Code								
City, State, Zip Code	500 Per 3000 Annie 1980 Desembre 1						12 20 20 W. 12 2		J 07461								
Project Manager for Mor	nitoring Firm			Telephon	ne No.		Teleph	none No).		Licens	e No.			-		
							973-	864-2	022		0113	7					
Start Date (10)	npletion [Date (11)				IA Monitor											
09/30/16		10/05/16	ž					riSci									
Occupancy Status Durin	ng Abatement (Che	ck Only One)					Addres									
☐ Facility Closed/Vac	ated During Entire	Period of Ab	aten	ement 117 East 30th Street City, State, Zip Code													
Abatement Perform Other – Describe:		nal Facility F	Hours	3													
L-112							New	/ Y Ork	, NY 100	16		A-1					
Scope of Work (Check A	All That Apply)	_						7									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	nova				Full Containment with Negative Pressure Mini-Enclosure										
≥160 sf or ≥260 lf		N De	molit	UON			Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
								≤ Nor	n-Exempted	i (*) and	Non-F	riable					
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.ocat	25000		100								batement Type			
Locatio		No Used	Sole				escription			7.5		-					
Asbestos-Containing TO BE AB		Main					ntaining N				mount specify		D	_	Enc	Щ	
In Fac		Custo	dial (12)	Staff?	(1.0.	sur	facing, VA	T, or			or LF)		Remova	Repair	aps	Enclosure	
(13)			(12)			othe	r miscellar	neous)					val	air	Encapsulate	sure	
	% 		No	N/A							***				О		
Roc	of		Х			Fla	ashing &	tar		0.000	5 S.F.	-	х				
1st & 2nd	d Floor		X				floor tile	S			00 S.F	-	х				
1st Fl	oor		X			tra	insite bo	ard			0 S.F.	-	х				
Building Exterior x							dow cal	king			0 L.F.		x				
Name of Registered Waste Hauler NJDEP Wast Hauler ID No.						1000 (A) 119	ic Yards /aste		Name of	Registe	red Lan	dfill					
Atlantic Carting				90713	INU.		30		G.R.O.	-24110 Per							
						Disposal Date City, State											
Wayne, NJ						on completion Morrisville, PA											
Completed by		Title					Signature	9	S.	/	,	Date					
Bilyana Stankovic President							Bilyana Stankovic 09/19					19/	3/16				



					110/10 0.00						1. 6					
Date of Notification (1)	rate of Notification (1)			ame of B amilo	Building Owi Fraga	ner/Opera	ator (2))				4 - 1 - 1				
	Notification		St	reet Ado	iress					2015	SEP 26	5 AM	10:	59		
X DEP DOL	nitial Amended Amendment #_		Ci N	ity, State Iorth B	e, Zip Code ergen, N	J 07047	,	# ESTUS CONTROL & LICENSING Telephone Number								
O DOH	Emergency (inc ustification) Cancellation	duding	N	ame of (Telep	ohone Nur	mber				
		777-77-7		FACIL	ITY INFOR	MATION	- 17	Type of Fa	noility (A)						7.1	
Name of Facility Where Abatem Camilo Fraga Street Address	nent is Taking F	Place (3)					-	Scho	ol (K-12)	(Other	r than K-1 commerc	2) ial buildi	ngs, l	nomes	· ,	
City (5)							-	etc.) Square Fe			Floors			ı. Age		
North Bergen County (6) Hudson County				County C	ode (7) SE ONLY)		_	Current U	lse (Prior	if bein	g demolis	hed)				
Name of Monitoring Firm Hired	wner (8)		ASCM	No.	F	Pro A	f Abatem bateme		actor ((9)						
Street Address					1	1009	reet Address 009 87th Street Suite A4									
City, State, Zip Code				1	North	ate, Zip C Berger		047								
Project Manager for Monitoring		Telephor	ne No.	2	201-2	one No. 293-630			License 01223	No.						
Start Date (10) 09/30/16	i Com	pletion l	Date (11)	N	Name of	of OSHA	Monitor ONSUL	LTIN	G LLC							
Occupancy Status During Aba				ent.			Address ROUT!	E EAST	SUI	TE 107						
Facility Closed/Vacated D Abatement Performed Out Other – Describe:	utside of Norm	al Facility	Hours	i i				ty, State, Zip Code JNION NJ 07083								
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at Apply)	September 40	enova emolit			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		Т					-	1 14011 2	ZAGITIPAGE	Impled () and North rider			Abatement			
Location of Use Asbestos-Containing Material (ACM) Ma				ion lly ely by ince/ Staff?	Asbest (i.e.	os Contai thermal s surfaci	Description of Containing Material (ACM) rmal systems insulation, urfacing, VAT, or ner miscellaneous)				Amount Specify F or LF)	Removal	Repair	Encapsulate	Lilologuio	
		Yes	No	N/A			TSI				75 LF	x		-		
Basement			_				131				70 1					
													-		+	
	loulor			NJDEP 1	Waste	Cubic	Yards	T	Name of	Regis	tered Lan	dfill				
Name of Registered Waste F NEWARK CARTING		Hauler II 04509		of Was					NAGEN	MENT (GRC	WS I	٧.			
City, State HILLSIDE, NJ				,		Dispos		MORRISVILLE PA								
Completed by Bryan Parra		Title Proje	ect N	lanage	er	Si	ignatur	为课	H	ak	POI	Date 09/20	/16			