Agencies Notified Type Notification Street Address Amended Amended Benegrency (including Linestenson) DOH Linestenson December 1 Telephone No. Telephone	1714 PAII	NOTI	Pursu	ION OF ant to N	of New Jersey ASBESTOS AB IJAC 8:60 and 1:	2:120)	91.79	DECE				The same of the sa
Agences Notined PA	ate of Notification (1) 09//3//7		Nam	ne of Bui	STR EET	erator (2	FUTUR	E11/1288 6	6 6	2017	1000	
Amended Amendment # Emergency (including London Location of Asbestos-Containing Material (ACM) School Location of Asbestos-Containing Material (ACM) Location of Registered Waste Hauser Name of Registered Waste Hauser Na			1		P.O. 30	X	000	ASEL-NIOS	CON	ITR(OL 8	R
Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) School (K-12) School	DEP Amended		City	State,	Zip Code	17.	08053	English Commission Com	1 6 Call	AND AND PERSONS NAMED IN	DECEMBER OF	marin .
Name of Facility Where Abatement is Taking Place (3) Go New Street S	Emergency (in justification)	cluding	Nan	ne of Co	ontact 10	- 1		Telephone Numb	er			
Name of Facility Where Abatement is Taking Place (3) Go No Court County C	- Constitution					N						
Street Address Subchapter 8 (Other than R-12) Subchapter 9 (O	Name of Facility Where Abatement is Taking	Place (3)				Г						
Surger Feet # of Floors Bldg, Age Square Feet # of Floors Square Feet Floors Square Feet # of Floors Square Feet Floors F	Street Address						Subchapter	8 (Other than K-12)	building	gs, ho	mes,	
City (5) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Start Date (10) Organic Scheduled Completion Date (11) Organic Status During Abatement (Check Only One) Telephone No. Street Address Street Add	166 NEW ST					1.	etc.)	# of Floors	Bldg	J. Age		-
County (B)	City (5)					5	3000			741	2	
Street Address Stre	County (6)		Co:	unty Co	de (7) E ONLY)	_	Current Use (Pri	or if being demolishe	a)			
Street Address Street Address Stree	Name of Monitoring Firm Hired by Building O	wner (8)	1	ASCM N	No.	Name	of Abatement Co	ntractor (9)				
City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Name of OSHA Monitor GDV/JS 53 9 52 License No. 12 57 Name of OSHA Monitor GDV/JS 57 Strept Address Strept Address Telephone No. Strept Address Telephone No. Telephone V. Telephone No. Te						Street	Address	1				-
Project Manager for Monitoring Firm Telephone No. Telephone Volute Telephone Telephone Volute Tel									10	7 4	_	-
Start Date (10) Of 22 / 7 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) 23 sf or ≥3 lf ≥160 sf or ≥260 lf Period of Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) 1	City, State, Zip Code					PA-	TERSON	,NJ, 00	130	1		_
Start Date (10) Of 122/7 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) 23 sf or ≥3 lf ≥160 sf or ≥260 lf Period of Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Period of Abatement With Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos-Containing Material (ACM) In Facility (13) Yes No N/A AC N S D IN G Name of Registered Waste Hauler Name of Registe	Project Manager for Monitoring Firm		Те	elephone	e No.	Teleph 973	·653 96	52 125 f	<u>}</u>			
Cocupancy Status During Abatement (Check Only One)	Start Date (10)	Scheduled A	Comp	letion D	ate (11)							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Name of Registered Landfill Other Waste of Waste Hauler Name of Registered Landfill Other Waste of Waste	Occupancy Status During Abatement (Chec	. /		7.7		Street	Address M 12 4	57				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) In Facility (13) Ves No N/A Name of Registered Waste Hauler Name of Registered Landfill Disposal Date City, State Name of Registered Landfill City, State	Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of Ab	ateme	ent		25.000			57	7/	8	
Secription of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) Insulation	Scope of Work (Check All That Apply) ≥3 sf or ≥3 If						Mini-Enclos	ure rocedure			e	
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF To the miscellaneous SF or LF To the miscellaneous Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous SF or LF To the miscellaneous		ls l	ocatio	on								-
Yes No N/A	Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Mair	Solely ntenan odial S	y by ice/	Asbestos Cor (i.e. therma surfa	ntaining al syster acing, V	Material (ACM) ns insulation, 'AT, or	(Specify	Removal	Repair	Encapsulate	
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. State		Yes		N/A		200.		2.00 +	1/	-	-	-
Name of Registered Waste Hauler NAM ARROW Hauler ID No. Of Waste TBD FARRISS WILLS City, State Disposal Date City, State TBD MORKIS VILLE, PB	ACH SIDING				SURF	y S.	A/ L7	20007				
Name of Registered Waste Hauler Name of Registered Waste Hauler Hauler ID No. Of Waste FARRISS WILLS City, State Disposal Date City, State PD City, State TBD MORKIS VILLE, PD												
Name of Registered Waste Hauler Name of Registered Waste Hauler Hauler ID No. Of Waste FARRISS WILLS City, State Disposal Date City, State PD City, State TBD MORKIS VILLE, PD				UDEDV	Mosto Cubi	ic Vards	Name	of Registered Landf	ill			
City, State MDRGSVILLE, PH	Name of Registered Waste Hauler		H	lauler ID	No of W	laste	D FA	RRiSS #	ille	5		
1/11/16/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	City, State						ite City,	State ORCISVILL	·f,	P	9	
Completed by CGO Signature Og/18/		Title							Date	1,2	11;	1

Print Form

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



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

M	E	C	E	\mathbb{V}	E
K		TO THE REAL PROPERTY.		 diversiya Ar Citi	

ETS JOB # 4959/17

AMENDMENT #1 - PROVIDED WITH INCORRECT ADSRESS 6 2017

6							1 1	1
Date of Notification (1) 9/20/2017	·	Name of B	uilding O	wner / Ope	erator (2)		ASI	BESTOS CONTROL &
Agencies Notified Type Notification	on	Street Add	ress					LICENSING
□ EPA		323 DR. N		LUTHER	KING B	LVD.		
The state of the s	otification	City, State						
	ed Notification	NEWARK	, NJ 071	102				
DOH Cancell	ation	Name of C	ontact				Telephone N	umber
DCA DCA		MR. TOD	D K. MIL	LER.				
-		FACILI	TY INFO	RMATIO	N.			9
Name of Facility Where Abatement	is Taking Place		I I IIVI O		acility (4)		-	
NJIT - FACULTY MEMORIAL HAI		· (0)			ool (K-12)			
Street Address				1 —		Other than	K-12)	
111 SUMMIT STREET								ings, homes, etc.
				Square F	Charles Control of the Control of the	# of Floors		Bldg. Age
City (5)	ounty (6)	County Code	(7)	92.	516		5	51
NEWARK E	SSEX		0 th			f being den	nolished)	
10000				UNIVER	RSITY	· · · · · · · · · · · · · · · · · · ·	00.33080.00.00-336 8 0	
Name of Monitoring Firm Hired by E	Building Owner		CM No.			t Contracto		
OMEGA ENVIRONMENTAL		001	120			ING, INC.		
Street Address				Street Ad				
280 HUYLER STREET					AY STRE			
City, State & Zip Code SOUTH HACKENSACK, NJ 07	ene				e & Zip Co LYN, NY			
Project Manager for Monitoring Firm		lephone Num	her		e Number		License	Number
ALEX PALLETS		1-310-9665	DCI	718-706			License	00511
	neduled Comple)		OSHA Mo	nitor		
10/02/2017		01/2018	,		R TECH.			
Occupancy Status During Abateme			V-2-2	Street Ad		e. periodologico en completar e		
Facility Closed/Vacated Dur						AVENUE		
Abatement Performed Outs					e & Zip Co		2 22 2	
Describe: MONDAY – F	RIDAY 8:00 /	AM – 4:30 P	M	LONG IS	SLAND C	ITY, NY 1	1101	
Other - Describe:								
Scope of Work (Check all that apply Demolition					Full Con	tainment		
☐ Demolition ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Renovation			H	Mini-End			
Quantity is ≥ 3 SF or ≥ 3 LF	ACM			H		g Procedur	е	
Quantity is ≥ 160 SF or ≥ 20				\boxtimes		TENT & EXTE	RIOR NON-FR	IABLE PROCEDURES
Location of		ocation Normally	I	-	ption of		Amount	Abatement Type
Asbestos-Containing Material (A		Used Solely by Maintenance or	1	Asbestos-			(Specify	(Specify: Removal,
TO BE ABATED in Facility (13)		stodial Staff? (12)			e., thermal s urfacing, VA		quare Feet or Linear Feet)	Repair, Encapsulation or Enclosure)
(13)					scellaneous)		Linear reet)	of Enclosure)
BASEMENT - BOILER ROOM		YES	-	PIPE INS	ULATION		150 LF	TENT
BASEMENT - HALLWAY & ROOMS		NO			ULATION		45 LF	TENT
1 ST FLOOR		NO		PIPE INSU	JLATION &	-	213 LF	TENT
				WINDOW	GLAZING		76 SF	EXTERIOR NON-
								FRIABLE PROCEDURES
2 ND FLOOR		NO			JLATION &		213 LF	TENT
				WINDOW	GLAZING		96 SF	EXTERIOR NON-
								FRIABLE PROCEDURES
3 RD FLOOR		NO		PIPE INSU	LATION &		213 LF	TENT
				WINDOW	GLAZING		96 SF	EXTERIOR NON-
								FRIABLE PROCEDURES
4 TH FLOOR		NO		PIPE INSU	LATION &		213 LF	TENT
l .				WINDOW	GLAZING	1	96 SF	EXTERIOR NON-

						PROCEDURES
PENTHOUSE		NO	PI	PE INSULATION	213 LF	TENT
Name of Registered Waste Haul JIMMY BYRNE T/A JIMMY E TRUCKING		NJDEP Waste H 1955		Cu. Yds. of Waste	Name of Regist	ered Landfill #1 TERPRISES, INC.
City, State 1199 RANDALL AVENUE, B	RONX, NY 1	10474		Disposal Date TBD	City, State 9000 MINERV WAYNESBUR	
Completed By (Print or Type) THOMAS AHERN ASB-41 JUN 95 G4667	Title Project	Executive		Signature Arm Mile	Date 9/20/2017	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

0261

Date of Notification (1)							- 1	16 //A	E	N. and Co. and Co.	Chartes and the same				
Date of Notification (1) 9/22/17				City	of Building of Newa	g Owner/ Irk/DPV	/Operato N	ř (2)	夏夏罗 [GE		7個		
Agencies Notified EPA	Type Notification Initial	1			Address Broad S	treet			1		SEP 2	7 201	7	Victoria incerca recollina victoria recollina conserva-	
✓ DEP DOL	Amended Amendmen Emergency				tate, Zip C ark, NJ					ly	NA AL ALA TAMOR MANAGEMENT			7	
DOH DCA	justification Cancellation)			of Contac ANT HA					Те	lephone N	Number		**Calabases**	
N				FAC	CILITY IN	ORMAT	TION								
Name of Facility Where	Abatement is Takir	ng Place (3)					Туре	of Facility	(4)					
Street Address					7 - 5 - 5 - 5 - 5 - 5				School (K- Subchapte	r 8 (Oth	ner than K	-12)	2000	55	
									Other (i.e. etc.)	private	& comme	rcial bu	ildings	s, hom	ies,
City (5) Newark, NJ									re Feet	# 0	f Floors		Bldg. +50	Age	
County (6) Essex					Code (7)	Y)			ent Use (Pr amily hou		ing demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Name Dina	of Aba	itement Co nvironme	ntractor	(9) C.				
Street Address		,,,,,						Addre: Lafay	ss /ette Stre	et					
City, State, Zip Code			· ·				City, S	state, Z	ip Code NJ 07105						
Project Manager for Moni	itoring Firm			Telepho	one No.		Teleph	one N 491-0	0.		License 01240				
Start Date (10)		Schedule	ed Cor	mpletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During	Abatement (Cher	k Only Or	101				Street				.0.		Less -		
Facility Closed/Vaca									JTE 22 V	VEST					
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	Hour	nent S					ip Code IJ 07083						
Scope of Work (Check All	That Apply)	- 8													
≥3 sf or ≥3 lf	er mont distribute of the color of	П	Renova	tion				1				_			
≥160 sf or ≥260 lf			emoli						l Containm		Negative	Press	ıre		
							-	Glo	vebag Pro	cedure					
					1			I NOI	n-Exempted	d (*) and	d Non-Fri	able Pro			
Location	of		Locat Iormal					35725						ype ype	L
Asbestos-Containing I		Use	d Sole	ly by	Asbes		scription taining M		(ACM)	Δ	mount			T	
TO BE ABA	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	intena odial S			thermal	systems	insula		(S	Specify	Re	70	Enc	E
In Facilit (13)	У		(12)				cing, VA		1	SF	or LF)	Removal	Repair	apsı	Enclosure
# #		Yes	No	N/A								Val	=	Encapsulate	иге
On the gro	ound			X	House	was d	emolis	hed a	Iready	esilli 700-es		х			
					Abater	nent co	ontracto	or to r	nonitor	- 10		+	+		
				-			f the co			210/2		+			
		1					debris		atou			+	+-		
Name of Registered Wast	e Hauler		l N	JDEP W	/asta	Cubic	NO DANCE DO PRODUCE		Nome of	Dogists					
NEWARK CARTING			Н	auler ID 4509		of Was			Name of I			Ш			
City, State PO BOX ,NEWARK,	NJ 07105					Dispos	sal Date		City, State 2335-A	PPLE	BUTTE	R RO	AD. E	BETH	ILE
Completed by		Title				S	ignature	/				ate			
CARLOS GOMES		PRES	SIDE	NT			1	1		7	9	9/22/1	7		

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	X	11	14
YALA	X	•	

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

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5055	Çelephone Numbe	er .	-	í.	+
				-	\exists
of Facility (4)					
other (i.e. priva	Other than K-12) te & commercial	building	s, ho	mes,	
tc.) e Feet	# of Floors	Bldg.	Age	2	
	being demolishe	d)			
tement Contra	ctor (9)				
122 S	57.				
ip Code 250N,		50	1		
39650	2 125 f	<u>}</u>	##		
HA Monitor	ev				
1/24 2	57				
Zip Code PSON	NJ,07	50	1		
	- M7				
ull Containmer Iini-Enclosure Blovebag Proce	nt with Negative F	riessuit			
lon-Exempted	(*) and Non-Friat	ole Proc	edure Abate	ement	
				ре	
ial (ACM) ulation,	Amount (Specify	Re	R	Enca	Enc
s)	SF or LF)	Removal	epair	ncapsulate	Enclosure
-/		=		ate	O
	2000+	V			-
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Name of	Registered Land	ill			
Name of	Registered Landi RiSS H te RiSHILL	ill ILL	5		

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

100h		(F	Pursuan	t to NJAC	8:60 an	d 12:12	20)				Œ,		WI		
Date of Notification (1) 08/08/17				of Building			r (2)		ji s	SEP				S CONTRACTOR OF THE PROPERTY O	
Agencies Notified Type Notifica	ation			Address					1 1					B	-
EPA Initial	21			uibb Driv					- militari	i de societados con	-	Des Prosipion		жиниз»	
	ment #_2			tate, Zip C Brunswi											
DOH Emerge	ncy (including	g		of Contact					Tel	ephone I	Numi	ber			
X DCA Cancell				DeSpir					I —			4	-		
Name of Facility Where Abatement is	aking Place	(3)	FAC	ILITY INF	ORMAT	ION	Tyne	of Facility ((1)						
Bristol-Myers Squibb	3	/					District Control	School (K-1	2000						
Street Address								Subchapter	8 (Oth						
1 Squibb Drive								Other (i.e. p etc.)	orivate a	& comme	ercial	buil	dings	, hom	ies,
City (5) New Brunswick							Squar	e Feet	23	f Floors		1 200	ldg. /	Age	_ ==4193
County (6)			County	Code (7)			Currer	nt Use (Pri	3 or if hei	na demo	lieha	1	00		
Middlesex				USE ONLY)		100	atory	J. 11 DOI	ng como	,,,,,,,,,,	٠,			
Name of Monitoring Firm Hired by Build)		M No.				ement Cor							
Environmental Health Investigation	ations		001	04			Addres	Specialt	y Con	tractor	S				
655 West Shore Trail								s St. Exte	nsion	Suite :	10				
City, State, Zip Code						200000000	State, Zip								
Sparta, NJ 07871								NJ 0887	72						
Project Manager for Monitoring Firm Bill Kerbel			Telepho	ne No. '29-5649	1		none No -525-0			License 00750					
Start Date (10)	Schedu	led Cor		Date (11)		2010000000		A Monitor		00750	,	1012711			
08/23/17	10/18	/17	***	, ,				ntal Tac	tics, Ir	nc.					
Occupancy Status During Abatement (0	Check Only O	ne)					Address								
Facility Closed/Vacated During En Abatement Performed Outside of I	tire Period of	Abaten	nent				Broad State, Zip								
Abatement Performed Outside of I Other – Describe: Building is vaca	ted, abateme	nt to be	performe	ed on 2 sh	ifts			NJ 0774	7						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova				×		Containme			e Pre	ssur	e		
2100 St 01 2200 II	X	Demolit	lion				Glov	-Enclosure rebag Proc	edure						
		70 10					l Non-	-Exempted	(*) and	Non-Fri	iable			e emen	4
Location of	0.00	s Locati Normal			Doc	scription	-6							pe	ι
Asbestos-Containing Material (ACM		ed Sole			tos Cont	aining N	laterial (mount				ш	_
TO BE ABATED In Facility	Cus	todial 3 (12)	Staff?	(I.e.		ing, VA	T, or	ion,		pecify or LF)		Remova	Repair	псар	Enclosure
(13)			_		other m	niscellan	leous)					oval	air	Encapsulate	sure
	Yes	No	N/A											Ф	
1st Floor North		X				Attachr					×	2			Х
1st Floor South		X				r LN ft	<u> </u>				Х				Х
2nd Floor North		X				Cu ft					×	2			Х
2nd Floor South		X				Sq ft					Х	:			Х
Name of Registered Waste Hauler		10000	IJDEP W lauler ID		Cubic of Was			Name of F			fill				
Freehold Cartage		1	5939		10,00	100.		Grows I		11	5 / 1				
City, State Freehold, NJ					Dispos 10/18	al Date		City, State Tullytow							
Completed by	Title						- 1		, , , , ,		Date				
Kurt Nale	Bran	ich Ma	anager	1	1	wit	1/2	K		1	09/2	21/1	7		



	Pipe Insulation			Not report to any steem or require
Туре	Size	Quantity		Floor
Friable	3-5"	588	ft	
Transite	5"	10	ft] 1st
joints	3"	6	ea	
par wrap	6"	20 -	ft	
Friable	3-5"	656	ft	
Joints	3"	61	ea	7
Tar Wrapped	6-8"	33	ft	2nd
Joints	6"	4	ea	

Floor Tiles		Size	Floor	Туре		
15850	SqFt	9x9	1+	Non-Friable		
2412	SqFt	12x12	1st	Non-Friabl		
3572	sqft	9x9	2nd	Non-Friable		
5159	sqft	12x12	Zna	Non-Friable		

Misc.	Туре	Quantity	Unit	Floor
Cont. Debris	Non-Friable	16	sqft	
Glue Dots	Non-Friable	440	sqft	1st
Celing Tile	Non-Friable	232	sqft	
Lab Tables	Non-Friable	720	sqft	
Fume Hood	Non-Friable	167	sqft	
Sink Mastic	Non-Friable	108	sqft	
4" lead pipe	NA	12	ft	2nd
Fire Doors	Friable	28	sqft	
Duct Insulation	Friable	60	sqft	
Glass Block Windor Perimeter Caulking	Non-Friable	28	LF	1st
Glass Block Windor Perimeter Caulking	Non-Friable	28	LF	2nd
Glass Block Windor Perimeter Caulking	Non-Friable	28	LF	3rd
Glass Block Windor Perimeter Caulking	Non-Friable	28	LF	4th

State of NJ Notification of Asbestos Abatement (Pursuant to NUAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 1219/12/01/11/7 Agencies Notified Type Notification Street Address EPA M Initial Amended BEP Amendment #:_ City, State, Zip Code DOL Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K = 12) Street Address Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Square Feet City (5) # of Floors Bldg. Age County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) PROPERTY MAINTENANCE Street Address Street Address ity, State, Zip Code City, State, Zip-Code roject Manager for Monitoring Firm Phone Number Telephone Number Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor Street Address occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-City, State, Zip Code Describe: Other-Describe: NORMAL HOURS Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If V Renovation Mini-enclosure ≥160 sf or ≥260 lf Glovebag procedure Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of asbestos-containing by maintenance/custodial E Description of asbestos-containing e E staff(12) e material (acm) to be Amount п abated in facility (13) material (ACM) m n (Specify SF or p C Yes 0 No C N/A LF) a a V L p asomen e Ca Y NJDEP Hauler ID# gistered Waste Hauler Cubic Yards of Waste Name of Registered Landfill 110 ty, State Disposal Date City, State ompleted by (Print or Type) Signature Do not use this form for aspestos licensure exempted activities.