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)1			gate property.		LICE	Noi	NG		-
-									
201	-		(20	11) 343	-522	<u>U</u>			
)M	Тур	e of Facility (4	)						
	E	Other (i.e. pr				ouild	ings,	home	es,
	Squ		# of	f Floors		Bl	dg. A	ge	
_	Cur	rent Use (Prior	r if bei	ng demo	lished	1)			
				(9)					
Street	Addr	ess							
City, S	tate,	Zip Code	,		100 - 100 -				
Teleph	one	No.							
				01206	<u> </u>				
			.C						
		0.733							7
City, S	tate,	Zip Code				-1			
Unio	n Ci	ty NJ 07087							
=	l M	fini-Enclosure Glovebag Proce	edure					e	
							Abate	ment	
aining M systems ing, VA	lateri s insu T, or	ulation,	(5	Specify		Removal	Repair		Enclosure
						-		0	
orn Ce	eiling		3	50 SF	X				
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Yards		Name of R	Registe	ered Land	dfill				
		Name of R				:ove	егу F	acili	ty
Yards te			n Re	source		cove	ery F	acili	ty
o cai	Name Delfa Street 522 City, S Unio Teleph 2012 Name Delfa Street 522 City, S Unio	N Typ Squ Name of At Delfa Co Street Addr 522 7th S City, State, Union Ci Telephone 201 216- Name of OS Delfa Co Street Addr 522 7th S City, State, Union Ci Telephone ining Materinystems insung, VAT, or	Type of Facility (4 School (K-12 Subchapter 8 Other (i.e. pretc.) Square Feet  Current Use (Prior  Name of Abatement Cont Delfa Contracting LL Street Address 522 7th St. City, State, Zip Code Union City NJ 07087 Telephone No. 201 216-9603 Name of OSHA Monitor Delfa Contracting LL Street Address 522 7th St. City, State, Zip Code Union City NJ 07087  Telephone No. City, State, Zip Code Union City NJ 07087  Full Containment Mini-Enclosure Glovebag Proce Non-Exempted	Tel (20  N  Type of Facility (4)  School (K-12) Subchapter 8 (Oth Other (i.e. private detc.)  Square Feet # o  Current Use (Prior if being the state of Abatement Contractor Delfa Contracting LLC.  Street Address 522 7th St.  City, State, Zip Code Union City NJ 07087  Telephone No. 201 216-9603  Name of OSHA Monitor Delfa Contracting LLC  Street Address 522 7th St.  City, State, Zip Code Union City NJ 07087  Full Containment with Mini-Enclosure Glovebag Procedure Non-Exempted (*) and cription of ining Material (ACM) and cription of ining Material (ACM) and cription of ining Material (ACM) and cription of State of Stat	Telephone I (201) 343  N Type of Facility (4) School (K-12) Subchapter 8 (Other than Mother (i.e. private & commercial) Square Feet # of Floors  Current Use (Prior if being demonstrated of the contracting LLC.  Street Address 522 7th St.  City, State, Zip Code Union City NJ 07087  Telephone No. 201 216-9603 Name of OSHA Monitor Delfa Contracting LLC  Street Address 522 7th St.  City, State, Zip Code Union City NJ 07087  Full Containment with Negative Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Foription of ining Material (ACM) systems insulation, ng, VAT, or  ASSE  Telephone I (201) 343  Total Contraction of Subchapter 8 (Other than Mother 19 (Specify 19	Telephone Number (201) 343-522  N  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial betc.)  Square Feet # of Floors  Current Use (Prior if being demolished)  Name of Abatement Contractor (9) Delfa Contracting LLC.  Street Address 522 7th St.  City, State, Zip Code Union City NJ 07087  Telephone No. 201 216-9603	ASBESTOS COLLICENSI  Telephone Number (201) 343-5220  N  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildietc.) Square Feet # of Floors Black Current Use (Prior if being demolished)  Name of Abatement Contractor (9) Delfa Contracting LLC. Street Address 522 7th St. City, State, Zip Code Union City NJ 07087  Telephone No. 201 216-9603	Telephone Number (201) 343-5220  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.) Square Feet # of Floors Bldg. And Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  Name of Abatement Contractor (9) Delfa Contracting LLC.  Street Address 522 7th St.  City, State, Zip Code Union City NJ 07087  Telephone No. 201 216-9603 01206  Name of OSHA Monitor Delfa Contracting LLC  Street Address 522 7th St.  City, State, Zip Code Union City NJ 07087  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Coription of ining Material (ACM) Amount	ASBESTOS CONTROLS  I Telephone Number (201) 343-5220  N Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.) Square Feet # of Floors Bldg. Age  Current Use (Prior if being demolished)  Name of Abatement Contractor (9) Delfa Contracting LLC. Street Address 522 7th St. City, State, Zip Code Union City NJ 07087  Telephone No. 201 216-9603





Date of Notification (1) 09/24/2018	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				of Building exewell	Owner/0	Operator	(2)		Ç	eck#	1258		W	E	10
Agencies Notified	Type Notification			Street A	Address		-		8 5 5			9 (23		- 14		
□ EPA ☑ DEP ☑ DOL	<ul><li>☑ Initial</li><li>☐ Amended</li><li>Amendmen</li><li>Emergency</li></ul>			Union,	ate, Zip Co New Jer		)83		Direction of the same	And the second s	SE	<del>P 2</del>		201		W)
☑ DOH □ DCA	justification  □ Cancellation			Joe Ta	of Contact exewell					- Tak	anhana	Milmh	er.,	ITRO	)L &	
Name of Facility Where	Abatement is Takir	na Place (3	)	FAC	ILITY INFO	ORMATI	ON	Type of Fa	acility (4	1)	Maderical Control	net miner editional			10 Principal Constitution	personal re-
Private Residence		.g + 1455 (6	,					☐ School								
Street Address								☐ Subcha ☑ Other	apter 8	(Other			dgs,	home	es, etc	C.)
City (5) Union, New Jersey 07	7083							Square Fe 1400	eet	# of	Floors 2		BI	dg. A 55		
County (6) Union					Code (7) USE ONLY	)		Current U			ng dem		1)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Name Lilich	of Abateme Corporation	ent Con on	tractor	(9)					
Street Address							STERROR TO STATE	Address /IcBride Av	re							
City, State, Zip Code								State, Zip Co Iland Park,		Jersey	,					
Project Manager for Mor	nitoring Firm			Telepho	one No			none No. 25-8400			Licens 0110					
Start Date (10) 10/05/2018			mpletion 06/2018	Date (11)			of OSHA M		orator	ies, LL	.C					
Occupancy Status Durin	g Abatement (Ched	ck Only On	e)					Address Route 22	Most							
☐ Facility Closed/Vac ☐ Abatement Perform ☐ Other – Describe:	ed Outside of Norr						City, S	State, Zip Co n, NJ 0708	ode						72.5	
Scope of Work (Check A ⊠≥3 sf or ≥3 If □≥160 sf or ≥260 If	II That Apply)		enova emoliti					Full Cont Mini-Enc Tent Pro Non-Exe	losure cedure						2	
		ls	Locat	ion						, ,				Abate	ment	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) <u>ATED</u> lity	Use Ma	lorma d Sole intena	lly ely by nce/ Staff?		tos Con thermal surfa		Material (AC s insulation, T, or		(S	mount pecify or LF)		Remova	Ty Repair	e Encapsulate	Enclosure
C		Yes	No	N/A	D:	-1 =11	TCI			14.15	•.		-			Ø
Garage/Basement				X	Pipe an	a Elbo	W 151	-	- 1	L1 LF				X	X	
								-								
Name of Registered Wa	ste Hauler		NJDEP V	Vaste	Cubic	Yards	Na	ime of F	Registe	red Lar	ndfill					
Lilich Corporation			100	Hauler ID 18724		of Wa			irless L							
City, State Woodland Park, New	Jersev					Dispo	sal Date 05/2018	Cit	ty, State orrisvill	9						
Completed by Adriana Olejarova		Title Presid	dent				Signature			-		Date 09/2		018		

## CK#1057

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



									Bad	Seed Vesto	-			
Date of Notification (1) 09/24/2018					of Building Bolton	Owner/0	Operator	(2)	Chec	k# []25		$\mathbb{V}$		7
Agencies Notified	Type Notification			Street A	Address				17/			A Part September 1		
□ EPA	Initial									0.00 0	-7 r	n10	1	
⊠ DEP	☐ Amended			City, St	ate, Zip Co	ode	27040			SET Z	1 0	UIO	Los	7
⊠ DOL	Amendmer				on, New J	lersey (	)7940	Ì					The same of the sa	1
☑ DOH □ DCA	Emergency justification  Cancellation				of Contact Bolton			The same of the sa		nahone Niii	nber.	TOL	&	and the same of th
				FAC	ILITY INFO	ORMAT	ION	- lo	TO PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRES	des		200		20226-110
Name of Facility Where Private Residence	Abatement is Takir	ng Place (3	)					Type of Facility  ☐ School (K-1)						
Street Address	7151162464104							☐ Subchapter ☑ Other (i.e. p	8 (Other		bldgs	, home	es, etc	c.)
City (5) Madison, New Jersey	07940							Square Feet 1440	# 0	f Floors 2	В	ldg. A		
County (6) Morris					Code (7) USE ONLY	)		Current Use (P	rior if be ate Res		ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCI	VI No.			of Abatement Co Corporation	ontractor	(9)				
Street Address							1,771,771,797,771,771	Address IcBride Ave						
City, State, Zip Code		···						tate, Zip Code lland Park, Nev	v Jerse	v				
Project Manager for Mor	nitoring Firm			Telepho	ne No		Teleph	none No.		License N	0.			
01-15-1 (10)		0	10	1.0	D		5/10/5/5/0/5/4	25-8400		01104				
Start Date (10) 10/04/2018		0	10/0	npletion 5/2018	Date (11)			of OSHA Monito nvironmental La		ries, LLC				
Occupancy Status Durin	g Abatement (Che	ck Only On	ie)					Address Route 22 West	f					
☐ Abatement Perform ☐ Other – Describe:	ned Outside of Norr						City, S	tate, Zip Code , NJ 07083						
Scope of Work (Check A	All That Apply)											-75-040		
⊠≥3 sf or ≥3 lf □≥160 sf or ≥260 lf	122 70		enovat emolitic					Full Containm Mini-Enclosur		Negative Pr	essure	Э		
D2100 \$1 01 2200 11		E D	emonu	OH			X	Tent Procedul Non-Exempte	re	l Non-Friabl	e Proc	edure		
		I a	1									Abate	ment	
I anatio		203323	Locat Normal			Do	a ariatia a	of				Ту	pe	
Location Asbestos-Containing		Use	d Sole	ly by	Asbes		scription taining N	naterial (ACM)	Α .	mount			Ш	
TO BE AB			intena todial S		(i.e.			s insulation,		pecify	Rer	R	nca	Enc
In Faci (13)			(12)				cing, VA niscellar		51	F or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>a</u>		ate	Ге
Basement				X	Therma	l Syste	m Insu	ılation	24 LF		Х			
Name of Registered Wa	ste Hauler		500	JDEP V			Yards	Name o	f Registe	ered Landfill		de la companya della companya della companya de la companya della		
Lilich Corporation				lauler ID 18724	INO.	of Wa			Landfill					
City, State Woodland Park, New	lersev						sal Date 05/2018		ate /ille, PA					
Completed by	ociocy	Title	Alexandra de la compansión de la compans			1	Signature		M. FA		ite	Sourses		
Adriana Olejarova		Presid	dent			design)	UKA	X	1		9/24/2	2018		

K#1881 P/		NOTIF (P	ICATION	ate of Ne I OF ASB to NJAC	ESTO	SABATE	MENT	C Carried		E C			$\mathbb{V}$	THE PARTY OF THE P	ALEXANDER PROPERTY OF THE PARTY
Date of Notification (1) 09-24-18				f Building Adams	Owne	r/Operato	r (2)		The state of the s	SEF	2	7	2018	1	凹
Agencies Notified Type Notification  EPA Initial			Street A							SBEST	OS	CON	ITRC	L &	
DEP Amended Amendment		_		ate, Zip Co Brunswic		J 08901		L	er en		Springer	own property and	underfolden für	minute and	TATAL STREET,
Emergency (i justification)  DCA  Emergency (i justification)  Cancellation	ncluding			f Contact Adams					Tel	ephone I	Numl	per			
Name of Facility Where Abatement is Taking	Place (	3)	FACI	LITY INFO	ORMA	TION	Type	of Facility	(4) 4						
Private Home Street Address							H:	School (K- Subchapte Other (i.e.	12) r 8 (Oth			build	lings,	home	es,
City (5) New Brunswick								etc.) re Feet	# of	Floors		B	ldg. A	ge	
County (6) Middlesex				Code (7)	)		Curre	ent Use (Pr	ior if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCN			1.7		tement Co		(9)					
Street Address		-				Street	Addres	ss							
City, State, Zip Code						City, S	State, Z	ip Code NJ 0708	27						
Project Manager for Monitoring Firm			Telepho	ne No.		Telepl	hone No 216-9	0.		License 01206		ž			
	Schedul 09-29-		npletion	Date (11)		Name	of OSF	HA Monitor tracting L		0.200					
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addres	ss							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma  Other – Describe: 7:00 am- 5:00 pm	eriod of all Facility	Abaten Hours	nent s			City, S		ip Code / NJ 0708	87						
Scope of Work (Check All That Apply)						1	,								
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit					Min	ll Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					Э	
		Locati	3700										Abate Ty		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cus	d Sole intena todial S (12)	oly by nce/ Staff?		tos Co therm sur	Description ontaining load system facing, VA r miscellar	Material s insula NT, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Interior / Basement	Yes	No X	N/A	Ce	ilina	Transite	Dane	ale	00	0 SF	-	,		w	
monor / buschiont		^		00		Transite	J r and	515		0 31	and the same of th	2			
Name of Posistared Wests Hauler		LN	UDED W	/anto	Cub	in Vanda			Desista	- 11	1511				
Name of Registered Waste Hauler Delfa Contracting LLC		374	IJDEP W lauler ID 35240	No.		ic Yards /aste 10		Name of Tullyton				cove	ery F	acilit	ty
City, State Union City, NJ						osal Date 02-18		City, Stat							
Completed by Jaime Delgado	Title Proj.	Mana	ager.		- Contraction of the Contraction	Signature		7	•		Date		8		

Check#3169		/RY (	[IFI	ATIC	State of N	BEST	OS ABA	TEMENT	. [				
		1	$J_{(i)}$	ursu	aht o NJ	AC 8:60	and 5:1	6)	I post	7 1	1	7 6	7 1
Date of Notification (1)	-		-	Nan	ne of Buildir	ng Owner	Operator (	2)	111) [		1	4 [	
				Joan	n McElro	v			1131				
Agencies Notified	Type Notification	on			et Address				11111 5	EP 2	7 21	)	-11
☐ EPA  ☑ DOLWD										L: L.	_		-
₩ DHSS	Amended Amendmen	t ##		City	State, Zip	Code					umation of		
□ DCA	Emergency		- a	Pass	aic, NJ 07	055			ASBE	STOSC	ONT	ROL	. g.
(NJAC 5:23-8)	justification	)	3		ne of Conta				-Telephone N	LICEN	SING		-
	☐ Cancellation	ו		Joan	n McElro	y		<i>2</i> 6					
				F	ACILITY I	NFORM	ATION				-		
Name of Facility Where A	Abatement is Tak	ing Place	(3)					Type of Facility	(4)				
Private house								School (K-1					
Street Address								Subchapter	8 (Other than K- private and com	1 2)	SHOPS		
0: (6)								homes, etc.		nerciai b	ullain	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Passaic, NJ 07055													
County (6)				Cou	inty Code (7)	(STATE L	ISE ONLY)	Current Use (P	rior if being dem	olished)			
Passaic Name of Monitoring Firm	Hirad by Duildia	- 0	(0)										
Tranco Monitoring Firm	miled by building	g Owner	(8)	ASC	A No.	Name	of Abateme	ent Contractor (9	)				
Street Address						Gr Tec							
0.1.00(7.1047000							Address						
City, State, Zip Code							Illey Rd # tate, Zip Co						
Communication - Communication (Artist Communication Communication)													
Project Manager for Moni	toring Firm		TTe	lephone	e No.	Teleph	, NJ 0747	0	License No.				
						973-63			01127				
Start Date (10) 10 / 04 /		eduled C					of OSHA M	lonitor	01127		Q-15-		
		10/		15 /		Enviro	vision Co	nsultants,Inc					
Occupancy Status During  Facility Closed/Vacate	Abatement (Che	eck only o	one)			Street	Address						
Abatement Performed	Outside of Norm	ral Facilit	Abai v Ho	urs - De	scribe			Road, Bldg .#	35E				
Time of Abatement:	AM	PM/	PN	1	_AM		ate, Zip Co						
Scope of Work (Check all	that apply)					Fair La	wn, NJ 0			·			
	-PP-J/	-				H	Full Cont	and decontaming ainment with Ne	ration with nega gative Pressure	tive pres	sure		
>3 sf or >3 If ≥ 160 sf or >260 If		⊠ Re	enova emolit				Mini-Encl	osure		liva Dean			
-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Non-Exer	Procedure mpted (*) and No	n-Friable Proce	dure	sure		
Or constant		- E	Loca							Ab	atem	ent T	ype
Location Asbestos-Containing N			Norm ed So	ally lely by	0.5.		scription o					1	-
TO BE ABA		Ma	inter	ance/			taining Mat I systems i	erial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facilit	у	Cus	todia (12	Staff?	1	surfa	cing, VAT,	or	SIF or LF)	ove	ä:	psu	Sur
(13)		16	T		1	other r	miscellaneo	ous)		-		ate	0
Basement		Yes	No								_		$\vdash$
Dascinent		12-	닏	$\boxtimes$	Pipe insi	ulation		-	150 LF				
		$ \mid$ $\cup$	Ш										
									Herioto esta de Herioto esta				
										П	П	П	П
Name of Registered Wast	e Hauler		N	JDEP Was	te Hauler ID No.	Cubic Ya	rds of Waste	Name of Regis	stered Landfill				land.
Gr Tech LLC				00337	85	TBI		T.R.R.F. Inc					
City, State				13331		Disposa		City, State					$\neg$
Wayne, NJ 07470						TBI		Tullytown, P.	Δ				
Completed By (Print or Ty	pe) Ti	tle			S	-	nature	Λ		Date			-
N.Jevtic	0	wner					H	ente Wend		09/24/18			
ASB-41							//	- Went	10	17124/10			

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

13/1		
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Check	1	V 10, 1

Date of Notification (1)					f Building Ov		rator		area	U			
9/24/18					na Labovitz	Z			Town T	= @	F	177 П	7 [=
Agencies Notified	Type Notification	1		Street A	Address						E,	U W	
C .4	× Initial			City Ct	7: 0 1				113				
DEP X DOL	Amended Amendmen	t#			ate, Zip Code on, NJ 078				Andread State	SEF	2	20	18
	Emergency	(including	-	0.0000000000000000000000000000000000000	f Contact	300			Telephone	II VII GEN OVER		20	10
DOH DCA	justification Cancellation			Marsh					Drelephone	Numbe	er.	affect record	
					ILITY INFOR	MATION			K	SEEST	<del>03 6</del>		OL&
Name of Facility Where A home	batement is Taki	ng Place (3	3)					Type of Facility (	150	nother Manual Control	CENS	ING	numu dipense
Street Address							-	School (K-1 Subchapter	2) 8 (Other than	K-12)			
								Other (i.e. p	rivate & comm	nercial b	uilding	s, hom	es,
City (5)								Square Feet	# of Floors	;	Bldg	Age	
Newton								2000	2		70	100700	
County (6)					Code (7)			Current Use (Prid	or if being den	olished	)		
Sussex					USE ONLY) _			home					
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCN	ЛNo.	11117,000		of Abatement Cor Environmenta		II C			
Street Address								Address					
						P	ОВ	3ox 483, 4 E G	ate Drive				
City, State, Zip Code						1,000,000		tate, Zip Code	702002				
Project Manager for Maril	· - F						5456 (0.00)	wood, NJ 074					
Project Manager for Monit	oring Firm			Telepho	ne No.	1		one No. 764-2276	Licen 703	se No.			
Start Date (10) 10/5/18		Schedule 10/12/		mpletion	Date (11)	Na	ime o	of OSHA Monitor					
Occupancy Status During	Abatement (Che	1,000				Str	reet A	Address					
Facility Closed/Vacat				nent		0.1	0017	100,000					
Abatement Performed  Other – Describe: ba	d Outside of Norr	mal Facility	Hours	S		Cit	ty, St	ate, Zip Code					
Scope of Work (Check All	That Apply)										-		
≥3 sf or ≥3 lf		X F	Renova	ition				Full Containme	ant with Negat	ivo Proc	ouro.		
× ≥160 sf or ≥260 lf		personal contracts	emolit					Mini-Enclosure	ł .	ve Pres	sure		
							×	Glovebag Prod Non-Exempted		Eriabla E	rood	ıro	
		le	Locat	ion				140II-Exemples	( ) and Non-	nable r	51 200000	itemen	t
Location of	of	N	Vormal	ly		Descrip	tion .	of				Гуре	
Asbestos-Containing N	Material (ACM)		d Sole intena		Asbestos	Containin	na Ma	aterial (ACM)	Amount			П	
TO BE ABAT			odial S	00.70.70		ermal syst surfacing,		insulation,	(Specify	2	2 2	nca	Enc
(13)		/	(12)			ther misce			SF or LF)	No.	Repair	Encapsulate	Enclosure
		Yes	No	N/A						2	2	ate	Ге
Baseme	nt			Х	ŗ	pipe insi	ulati	ion	120 LF	х			
Name of Registered Waste	e Hauler		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP W auler ID		ubic Yard f Waste	ds	Name of F	Registered Lar	ndfill			
Freehold Cartage			10000	5939		BD		Westerr	n Berks Lar	dfill			
City, State Freehold, NJ						isposal D	ate	City, State					
Completed by		Title				BD		Birdsbo	ro, PA				
A. Scott Higgins		Presi	dent			Signa	iture	M		Date 9/24/	18		



State of New Jersey
NOTIF CATION OF ASBESTOS ABATEMENT
Bursuant to NJAC 8:60 and 12:120)

	es (management and management and ma	PA	Total control of	NOTIF	CATION	OF ASB to NJAC	ESTOS 8:60 an	ABATE d 12:12	ME 0)	NT (	1	and	1	80	6	6
12-50	e of Notification (1) 24/18					f Building							F	П	71.77	EI
3 79	encies Notified	Type Notification			Street A		oup, LL	Cirac	cey	Cooper	1	TE U	15	Ü	<u>U</u>	5
×	EPA	× Initial				lain Stre	et					4				A THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN 1
	DEP	Amended		F	Will Daniel Tax	ate, Zip Co						III SI	-P 2	1	2018	1000
×	DOL	Amendment : Emergency (		- [		off, NJ (	07481				11	less 1	<b>3</b> 0			
×	DOH DCA	justification) Cancellation			01100101010000	f Contact Wasinle	nko				Tel	ephone Nu 1-95658	TOTO S	COL	ITRO	)L&
	DCA	Cancellation				LITY INFO		ION			120	1-20050	LICE	NSIN	G	
	me of Facility Where A	batement is Taking	Place (3	3)	1 701	LITT IN	JINIMA	IOIV	T	ype of Facility (4	1)		A CONTRACTOR OF THE PARTY OF TH			
	mmercial									School (K-1						
0.000.000.000	eet Address 5 Route 18								I ×	Subchapter Other (i.e. p				dinas	home	es.
	(5)									etc.) quare Feet	ibanaa saa	f Floors	120 th 100 th			556 <b>5</b>
	st Brunswick								l	quare reet 000	2	I FIOOIS		31dg. <i>A</i> 30	ige	
	inty (6)					Code (7)	,			urrent Use (Pric		ng demolis	hed)			
	ddlesex	Hisad by Duilding C	··· (0)				-			KOMM BUCH		761		-	up-sa-ge	
INdi	ne of Monitoring Firm	Hired by Building C	wner (8)		ASCN	/I NO.				Abatement Con nvironmental		13 6	С			
Stre	eet Address							Street PO I		dress x 483, 4 E G	ate D	rive				
City	, State, Zip Code			<del>590-792-1</del>					e, Zip Code							
-										od, NJ 074	18					
Pro	iect Manager for Monit	toring Firm			Telepho	ne No.		Teleph 973-		e No. 4-2276		License 1 703	Vo.			
	t Date (10)				npletion	Date (11)				OSHA Monitor						-
	/3/18	<u> </u>	10/17/													
	upancy Status During				· ·			Street	Ad	dress						
×	Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire P d Outside of Norm	al Facility	Abatem Hours	ient		_	City, S	State	e, Zip Code			<u> </u>			
Sco	pe of Work (Check All	That Apply)														
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	U-1-1-1-1-1	-	Renova Demolit				×	<	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
			Is	Locati	on						****			Abat	ement	
	Location			Normal d Sole				scription					-	13	ре	
	Asbestos-Containing N TO BE ABA	TED	100000	intenar todial S	200.000					erial (ACM) sulation,		mount Specify	R	71	Enc	m <sub>D</sub>
	In Facilit (13)	У	003	(12)	itan:			cing, VA niscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A					/			<u>a</u>	1	late	ıre
	Basement	East			х		boile	r insula	atic	on	6	0 SF	X			
	1st Floor East	Building			Х		1	mastic			24	40 SF	X			
	2nd Floor East	Building			х		glue	panel	ling	3	1,0	000 SF	х			
												100				
Nan	ne of Registered Wast	e Hauler		1 1 2 2 2 2	JDEP W			Yards		Name of F	Registe	ered Landfil	1			
Tor	iys Cleanup & Ha	uling			auler ID 7787	NO.	of Was	SIE		Chrin B	othe	rs Sanita	ry La	ndfill		
	State						100	sal Date	,	City, State						$\neg$
	Igewater, NJ		T:41 -				TBD			Easton,	PA	γ	J. Company			
	Scott Higgins		Title Pres	ident			S	Signature	9	Al ~		1000	ate /24/1	8		

#1060 P		NOTIF	ICATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATE	VIENT				o E		W.	E
Date of Notification (1) 09/21/2018		, gra	Name of	f Building Owner/0					ll Si	EP 2	7	2018	
Agencies Notified Type Notification			Street A									National Park	
X EPA Initial			130 Ki	ingsbridge Roa	ad				ASBE	STOS LICEN	CON	TRO	_ &
X DEP Amended Amendment		_		ite, Zip Code NY 10468		()		lane.		And had been	pesmill'ultiment	and providence	and the same
■ Emergency justification) ■ DCA Cancellation				f Contact na Katz					ephone Ni 8-741-4:				
None of Facility VAG.	DI (6		FACI	LITY INFORMATI	ON								
Name of Facility Where Abatement is Takin VA New Jersey Healthcare System			ige Can	npus			Facility						
Street Address 358 Tremont Avenue						Su X Oti	bchapte ner (i.e.	r 8 (Oth	er than K- & commer		dings	, hom	es,
City (5) East Orange			5			Square N/A		# o	f Floors		Bldg. /	Age	
County (6) Essex			County C	Code (7) USE ONLY)					ng demolis althcare		m		
Name of Monitoring Firm Hired by Building Briggs Associates	Owner (8)		ASCM 0004			of Abater Abaten			(9)				
Street Address 3 Crosswicks Street					Street	Address							
City, State, Zip Code Bordentown, NJ 08505					City, S	tate, Zip	Code						
Project Manager for Monitoring Firm Douglas Ferry			Telephor	ne No. 17-2957	Teleph	one No. 345-868			License	No.			
Start Date (10) 10/01/2018	Schedule 10/30/2		mpletion [	540 (841.000.99.1-90)	Name	of OSHA Abaten	Monitor	nc.					
Occupancy Status During Abatement (Chec					Street	Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: occupied	nal Facility	Abaten Hours	nent s		City, St	ate, Zip (	Code						_
Scope of Work (Check All That Apply)					10101	va, No	07512						-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× R	Renova Demolit			×	Mini-E Glove	nclosure bag Pro	e cedure	Negative			re.	
		Locat						<u> </u>		1	Abat	ement	
Location of Asbestos-Containing Material (ACM)		Vormal				of					1	/pe 	г
TO BE ABATED In Facility	Mai	intena codial (12)	Staff?	Asbestos Cont (i.e. thermal surface	systems cing, VA	aterial (A insulatio T, or		(8	mount Specify or LF)	Remov	Repa	ncapsu	nclos
TO BE ABATED	Mai	intena odial s	ince/ Staff?	Asbestos Cont (i.e. thermal surface	aining M systems	aterial (A insulatio T, or		(8	pecify	Removal	Repair	Encapsulate	nclosure
TO BE ABATED In Facility	Mai Cust	intena odial ( (12)	staff?	Asbestos Cont (i.e. thermal surfac other n	aining M systems cing, VA	aterial (A insulation T, or eous)		(S SF	pecify	Removal	Repair	ncapsulate	nclosure
TO BE ABATED In Facility (13)	Mai Cust	intena odial ( (12) No	staff?	Asbestos Cont (i.e. thermal surfac other n	aining M systems cing, VA <sup>-</sup> niscellan	aterial (A insulation T, or eous)		(S SF	specify or LF)		Repair	ncapsulate	nclosure
TO BE ABATED In Facility (13)  4D Floor	Mai Cust	intena codial s (12) No	staff?	Asbestos Cont (i.e. thermal surfac other n	aining M systems cing, VA niscellan	aterial (A insulation T, or eous)		35 43	Specify or LF)	X	Repair	ncapsulate	nclosure
TO BE ABATED In Facility (13)  4D Floor 4D Floor 4D Floor	Mai Cust	No X X	Staff?	Asbestos Cont (i.e. thermal surfac other n  Pipe  VCT	aining M systems cing, VA niscellan Insulai	aterial (A insulation T, or eous) tion	n,	35 43 4	50 LF 72 SF	X X	Repair	ncapsulate	nclosure
TO BE ABATED In Facility (13)  4D Floor 4D Floor	Mai Cust	No X X X	staff?	Asbestos Cont (i.e. thermal surfac other n  Pipe VCT VAT	aining M systems sing, VA niscellan Insulai & Mas Wards	aterial (A insulation I), or eous)	lame of	35 43 4 Registe	Specify For LF) 50 LF 72 SF	X X X	Repair	ncapsulate	Enclosure
In Facility (13)  4D Floor  4D Floor  4D Floor  When the second of Registered Waste Hauler	Mai Cust	No X X X	N/A NJDEP Williams	Asbestos Cont (i.e. thermal surfac other n  Pipe VCT VAT  aste No. Cubic of Was TBD	aining M systems sing, VA niscellan Insulai & Mas Wards	aterial (A insulation T, or eous)  tion  stic	lame of	35 43 4 Registe Manaç	Specify or LF) 50 LF 72 SF 0 SF red Landfi	X X X	Repair	ncapsulate	nclosure

		P			State of			I FAI	2 1	ПЛ	e r	
CV # 150	r)	(Purs	NO suant t		TION OF AS C 8:60 and 12		OS ABATEMENT Chec	r k# 1590	<u> </u>	$\mathbb{V}$		
Date of Notification (1)	Read				Mama of Du	Idia - O		11011	0. 7.	2018		111
9/24/2018							vner/Operator (2)	III III SEP	21	2010	1	-
Agencies Notified	Town Marie	-41					VILLE SCHOO	DL			riand)	
	Type Notific	ation			STREET AD	DRESS		ASBESTO	0.00	MTRO	1 2	-
□ EPA	Initial	X 54055			2500 MAIN			ASBESIC	FNSI	VG	The GA	
☐ DEP	Amend				City, State, 2	Zip Code			CHARLEST CO.			200000-m
□ DOL	☐ Emerge	ency (ii	ncludin	g	LAWRENC	CEVILL	E, NJ 08648					
□ DOH	justifica	ation)			Name of Co	ntact			Tele	phone	Num	ber
□ DCA	☐ Cancel	lation			DAVID D'A	NDRE	A		609	-890-7	110	
					FACILITY IN	FORMA	ATION		100	-		
Name of Facility Where Ab	atement is T	aking F	Place (					Type of Facility (4)				
THE LAWRENCEVILL	E SCHOOL	,						School (K-12)				
Street Address								☐ Subchapter 8 (Ot	her tha	n K-13	)	
2500 MAIN STREET								Other (i.e., private				ildinas
City (5)												
LAWRENCEVILLE, NJ	00640							Square Feet	# OT	rioors	Bldg.	. Age
County	00040		100-041-0		County Code	(7) (07	FATE LIDE ON LO					
MERCER					County Code	(1) (51	TATE USE ONLY)	Current Use (Prior if b	eing de	emolis	ned)	
Name of Monitoring Firm H	ine of her Desired		(0)			T						V.000
The average conserver.	irea by Bullai	ing Ow	ner (8)		ASCM No.		of Abatement Con					
MECS						CREA	M RIDGE ENVI	IRONMENTAL INC.			-07-1003	
Street Address						Street	Address					
P.O. BOX 341						15 BL	ACK FOREST R	ROAD				
City, State, Zip Code						City, St	tate, Zip Code					
CROSSWICKS, NJ						Hamilt	ton, NJ 08691					
Project Manager for Monito	ring Firm	Telep	hone N	No.			one No.		Lice	nse No	).	
BILL WEISGARBER		609-9	15-11	40		609-89	0-7110		006	76		
Start Date (10)		Sche	duled (	Complet	ion Date (11)		of OSHA Monitor		1000	-		
9/25/2018		9/26/		1000	(20 )2	MECS						
Occupancy Status During A	batement (C			e)			Address					
Facility Closed/Vacate					ent	0.0000000000000000000000000000000000000	OX 341					
Abatement Performed					* 1.1.2)		ate, Zip Code	~		-		
EXTERIOR WORK				110010		850		-1-				
Scope of Work (Check all the	nat anniv)					CRUS	SWICKS, NJ 08		*** N.			-
$\boxtimes$ $\geq$ 3 sf or $\geq$ 3 lf	iat apply)				VI Panavai	ion		☐ Full Containment	with Ne	egative	Press	sure
≥ 160 sf or ≥ 260 lf					Renovat			☐ Mini-Enclosure				
[ ] ≥ 100 SI OI ≥ 200 II					☐ Demoliti	on		Glovebag Procedu				
		1 6	s Locat	lan				☐ Non-Exempted (*)				
at the control of the con-			rmally		Dogorintion	of Acha	atas Cautalaia		Abat	ement	Туре	
Location of Asbestos-C	•		Solely				estos Containing thermal systems	Amount (Specify SF o			四	т
Material (ACM) TO BE A	BATED In	13.100.000.0000		e/Custo	insulation	surfacino	g, VAT, or other	LF)	Remova	Repair	Encapsulate	Enclosure
Facility (13)		dia	Staff?	(12)		niscellan		"'	VOL	pai	nsc	uso
		Yes	No	N/A					<u>a</u>		late	Гe
EXTERIOR WORK		X			PIPE			40 L.F.	X			1
								10 212	1			
									1			
									+-			
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered La	250			
HORIZON					Hauler ID No.	÷	Waste 2 YDS	GROWS	mann			
City, State												
TRENTON, NJ							Disposal Date	City, State				
Completed By		Title				0: 1 1	9/27/2018	MORRISVILLE, PA				
DAVID D'ANDREA			SIDEN	Т		Signatu	727-Mar	Hallen.	Date	2018		

ASB-41

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities

CHITCH F	9/2	OTIF (P	ICATION	DF ASBE	STOS	ABATE	MENT 0)	C	<b>坦</b> (	本常	STE	55	M		To
Date of Notification (1) 09/24/2018		C	Name of GANN	Building C	wner/C	Derator RSEY	(2) PART	NERS L		<u>IE</u> (	<u> </u>	: U	Ü		Appropriate groups and a second secon
Agencies Notified Type Notification		1	Street A		-41					SE	P-	27	201	8	
EPA Initial Amended		-	City, Sta	te, Zip Coo	de N. I				-	ASBE	STO	s cc	NTF	OL 8	<u> </u>
DOL Amendment #		-		Contact	. INJ				Tel	ephone	LIU	EINO	ING	epopolesia.	
DCA Cancellation				OTTEN	DAMATI	ON	_×		6	10-558-	-890	2			
Name of Facility Where Abatement is Taking HAMMONTON NEWS	Place (3)	)	PACI	LITTINEO	KWAT	ON	Туре	of Facility (	4)						
Street Address 115 12TH STREET								School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than h & comme	K-12) ercial	build	lings,	home	∋s,
City (5) HAMMONTON								re Feet	# 0	f Floors			ldg. A	ge	
County (6) ATLANTIC			County (	Code (7) ISE ONLY)				ent Use (Pri	or if be	ing demo	olishe	ed)			
Name of Monitoring Firm Hired by Building O'THE VERTEX COMPANIES, INC.	wner (8)		ASCN	l No.		Name ASS	of Aba	tement Cor D ENVIR	tractor ONMI	(9) ENTAL	SEI	RVIC	CES	INC	
Street Address 700 TURNER INDUSTRIAL WAY							Addres	ss //S RUN							
City, State, Zip Code ASTON, PA 19014								ip Code HILL NJ	0806	2					
Project Manager for Monitoring Firm BILL OTTEN			Telephor 610-55	ne No. 58-8902			one No -304-4			Licens 0114		(3			
	Schedule 10/12/2			Date (11)		Name EMS		HA Monitor						2-11-1	
Occupancy Status During Abatement (Check		(2)					Addres	ss 30 NORT	Н						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of A I Facility	Hours	nent S					ip Code NSON N	J 080	 77					
Scope of Work (Check All That Apply)												925000			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	30000000	enova emolit					Mir Glo	l Containmoni-Enclosure ovebag Production n-Exempted	edure	-					
		Locati					110	n-Exemples	/ / aii	u Woll-i	ITADIC		Abate		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mai	lormal d Sole ntena odial S (12)	ely by nce/		os Cont hermal surfac	scription aining M systems cing, VA niscellar	/laterial s insula T, or	(ACM) ation,	(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
(A 80.40)	Yes	No	N/A				,					a	7	late	ıге
THROUGH OUT BUILDING			X	1	VF1 F	LOOR	TILE		14	00 SF		Х			
									-						
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER	VICES	H	JUDEP W lauler ID 034895	No.	Cubic of Was 30			Name of ACUA			dfill				
City, State MULLICA HILL NJ						sal Date 2/2018		City, Stat		OR TW	'P. 1	NJ			
Completed by RON SWANSON	Title GEN	ERA	L MANA	AGER	S	ignature	Kur	estu	cmo	91	Date 09		2018		

PA		D	NOT			ION	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:1		CK#	-60	69		
Date of Notification (1)  09 /	26 /	18			N		of Building	g Owner/Operator (	(2)	D) ECE		$\mathbb{V}$		
Agencies Notified  EPA	Type Notific	ation			S		Address erizon W	'av	177 m. a.	SEP 2	2.7	2018	Direct Association in the Control of	U
□ DOLWD	☐ Amende	d							-	lear				- Industrial
☑ DHSS	Amendm	ent#_					State, Zip C		ļ		named and distribute	~~~	-	-
DCA	☐ Emerger		cluding	3	NI NI		of Contac	lge, NJ 07920		ASBESTOS	NSIN	A CHILD	Lä	
(NJAC 5:23-8)	justificati  Cancella				IN			3	h	Telephone Num		a continue	BILL HARME	-
	LI Caricella	don					an Kings	-		(201) 356-51	66			
Name - 6 E - 177 - 187						FAC	CILITY IN	IFORMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facility					
Verizon									School (K-1		1			
Street Address										8 (Other than K-12 private and comme		uilding	IS.	
71 Madison Avenue	)								homes, etc.			-	6.000	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Jersey City, NJ									10,000	3				
County (6)					(	Coun	ty Code (7	)(STATE USE ONLY)	Current Use (P	rior if being demolis	shed)			
Hudson														
Name of Monitoring Firm	Hired by Build	ding C	wner (	8)	AS	CM	No.	Name of Abateme	ent Contractor (9	)				
USA Enviornmental	1							JVN Restora	tion Inc					
Street Address								Street Address		- W				
8436 Enterprise Ave	36 Enterprise Avenue							47 Foster Ro	ad					
City, State, Zip Code								City, State, Zip Co	ode					
Philadelphia, PA 19	153							Staten Island	NY 10309					
Project Manager for Moni	toring Firm			Te	eleph	one I	No.	Telephone No.		License No.				
Mark Jenkins					215-	365-	-5870	718-605-6256	;	00774				
Start Date (10)	5	Sched	uled C	omp	letio	n Dat	te (11)	Name of OSHA N	Ionitor					
10 /10 /	18	1	1_ /	_ :	30_	1_	18	Testor Tech						
Occupancy Status During	Abatement (	Check	only o	ne)				Street Address				-		
☐ Facility Closed/Vacate	d During Enti	re Per	iod of	Abat	teme	nt		10 59 Jackso	n Avenue					
Abatement Performed	Outside of No	ormal	Facility	Но	urs -		cribe	City, State, Zip Co						
Time of Abatement: _A	MPM	/ <u>5:00</u>	PM- <u>1:</u>	<u>30</u> A	M			LIC NY 11101						
Scope of Work (Check all	that apply)							2.0 11 1110						150 F
☐ >3 sf or >3 lf			⊠ Re	nova	ation				tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf					ition			☐ Glovebag	g Procedure					
								☐ Non-Exe	mpted (*) and No	on-Friable Procedu	re			
					ation						Ab	ateme	ent T	уре
Location Asbestos-Containing N		1)			olely	by	Ashes	Description o stos Containing Ma		Amount	Re	Re	En	En
TO BE ABA	TED	~			nance	7.510.		, thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit	У		Cust	odia (12	al Sta	Π?		surfacing, VAT,		SF or LF)	val	_	sul	sure
(13)			Yes	No		V/A		other miscellane	ous)				ate	
3 <sup>rd</sup> Floor - Vacant Roo	om		$\boxtimes$		-		Ceiling	Tile and Glue Da	aubs	360 SF				
3rd Floor - Vacant Ro	$\boxtimes$		E	]	Pipe Ins	sulation		60 LF		П	П	П		
3 <sup>rd</sup> Floor - Collocation	$\boxtimes$				Ceiling	Tile and Glue D	auds	500 LF						
3rd Floor - Toll Area			$\boxtimes$				Floor Ti	le and Mastic		290 SF		П	П	П
Name of Registered Wast	e Hauler			$\exists$	NJD	EP V	Vaste	Cubic Yards of	Name of Regi	September 200 Demonstra				_
Newark Carting							No.	Waste	G.R.O.W.S					
City, State					N.	J-56	b	15 Disposal Date	City, State	400.54 P. (2.00.0 P. (				
Newark, NJ								09/30/18 · ·	Morrisville	PΔ				
Completed By (Print or Ty	200)	7:41-						01/						
Ralph Barnhardt	he)	Title	roiect	: Ma	anad	er		Signature /	1//	Da	te Q	21.	1	2

P gran	2 V	Π	(a)			Chec	K		ı	
#10504 F	U NOTIFIE	St ICATION ursuant	ate of New Jerse I OF ASBESTOS TO NJAC 8:60 an	ABATEMENT		新屋	56	具		V E
Date of Notification (1) 9, 22-18	T	Name o	f Building Owner/			2. 11.	ern	0	7 0	010
Agencies Notified Type Notification		Street A	ddress G	Ω.	<u>าร</u>	Builder	SEF		1 6	018
☐ EPA Initial ☐ Amended	1. 14.	City, Sta	ate, Zip Code	Maza		Tace ASE	EST	OS C	ON	ROL
DOL Amendment #_	cluding	Name o	f Contact	1501	_N	7 1 08	8	17	SHYC	1
☐ DCA ☐ Cancellation	L	FACI	LITY INFORMAT	sins Bui	ilden	S				
Name of Facility Where Abatement is Taking I	_			Type of	f Facility					
Street Address Street Address	ly D	well	<del>"</del>	Su Su	chool (K- ubchapte	r8 (Other than K-12	2)	41	•	
City (5)				eto	c.)	# of Floors		ildg. A		es,
Edison	NJ.	<u> </u>	188	7		2		53	5 t	-
County (6) Middles ex		County (	USE ONLY)	1	t Use (Pri	ior if being demolish		) w	ellis	15-
Name of Monitoring Firm Hired by Building Ow	vner (8)	ASCM	No.	Name of Abate	GOOD STORY				In	
Street Address	7		1-10-6	Street Address	100	332	161			
City, State, Zip Code	17	0	<b>633</b>	City, State, Zip	Code	33 T	A	06	79	9
Project Manager for Month ridge Firm	NO	Telepho	133 ne Nó.	Telephone No.	Egy	License No	O	9	)5	5
Steve Schenker			758-3365	609 758-	-334	20.4	)3	39	4	
Start Date (10) S	Scheduled Corr	S -	Date (11)	Name of OSHA EPC		hnologies	$\mathcal{I}$	nc	10.00	
Occupancy Status During Abatement (Check ( Facility Closed/Vacated During Entire Per		ent		Street Address		~				
Abatement Performed Outside of Normal     Other – Describe:	Facility Hours	ioni		City, State, Zip		(17-			_	7
Scope of Work (Check All That Apply)				laco re	jyp+	NJ C	185	ک	3	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova:			☐ Mini-E	Enclosure bag Pro	cedure				
	Is Locati	on		Non-E	-xempte	d (*) and Non-Friabl	e Pro	Abate	ement	
Location of Asbestos-Containing Material (ACM)	Normall Used Sole	ly by		scription of taining Material (A	ACM)	Amount		l y	pe m	
TO BE ABATED In Facility	Maintenar Custodial S (12)		surfa	systems insulation cing, VAT, or	on,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No	,N/A	other n	miscellaneous)			iave	air	ulate	sure
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Kitchen	X		Floori	19		100 SF	×			
2nd Floor	×	-	Floori.	<del>y</del>		300 SF	×			
Name of Registered Waste Hauler	1,000	JDEP W			Name of	Registered Landfill		l		
EPC Technologies	100000	auler ID	00	4	Wast	e Manager	neni	401	F P	A
City, State New Equat	15		Dispos 10		City, Stat Morn	ie Lisuille P	A			
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		De La Company						and a second resident	NATIONAL PROPERTY NA	711
Date of Notification (1)	1-18 Na	ame of Build	ing Owner/	Operator (2)	Peter	Paul	0.7	201	Q	or married a 120 contraction of
Agencies Notified Type Notifica	tion St	reet Address	3 0	1 1		U M - SEL	2 +	-204	0	Total Control
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☐ DEP ☐ Amende	The state of the s	ty, State, Zip	Code	1:11to		N/ASBEST	20	将	348	k
☐ Emerger	ncy (including	me of Cont				14.		N.C.		
DOH justificat	JOH)		re	ter	Paul	1				
Name of Facility Where Abatement is T	oking Place (2)	FACILITY I		ION		(4)				
Single for	aking Place (3)	11:	06	1	e of Facility					
Street Address	rily by	VEIII	77			r 8 (Other than K-1				
			4	X	Other (i.e. etc.)	private & commerc	ial build	dings,	home	es,
City (5) 1/1	117	011	050	. Squ	are Feet	# of Floors	В	ldg. A	ge	
Milltown	1 // )		950			1 02		60	Jt	
County (6) Middlesex	100	ounty Code ( TATE USE O		Cur	rent Use (Pr	or if being demolis	nea)			
Name of Monitoring Firm Hired by Build		ASCM No.		Name of At	patement Co	ntractor (9)				
EPC Techno		N	A	EP		chnoles	ies	5	In	16
Street Address	227	=		Street Addr	ess	-	3			
City, State, Zip Code	337			City State,	Box Zin Code	33 T				
New Equat	MZ C	85.	33	m %	Equ	TUN +A	0	85	13	3
Project Manager for Movith ril g. Firm	· Te	lephone No		Telephone		License N	10.	10	11	
Steve Schenk		09 751			8-334		06	M	7	
Start Date (10) (14 8 . 2018	Scheduled Compl	etion Date (			SHA Monitor		-		•	
Occupancy Status During Abatement (C		3 00	10	Street Addr		hnologies		nc		
Facility Closed/Vacated During En		nt		P-0	Box	337				يا ديا
☐ Abatement Performed Outside of I	Normal Facility Hours			City, State,						7.
				INCM	Egypt	NU	285	5.3	3	
Scope of Work (Check All That Apply)	<b>V</b> =						D			
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Renovatio  Demolition				Aini-Enclosur		Pressu	re		
The state of the s					Slovebag Pro Ion-Exempte	cedure de	ble Pro	cedur	8	
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Location of	Normally Used Solely		11 to 10 to	escription of			-	Ty	pe	Γ
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Name of Registered Waste Hauler	Hau	DEP Waste lier ID No.	of Wa	Yards aste		Registered Landfi		,		1.0
EPC Technolog	ies 1	7000		<u> </u>		te Manage	men	to	Ft	N.
City, State	NJ.		Dispo	sal Date	City, Sta	risuille.	PA			
New Egypt Completed by	Title		-11	Signature	- A		ate		•	
Steve Schenker	Preside	n+		Stew	)5ch	cha	9.	21	-	8

X#349	rs F	D/		IFIC	ATIO	N OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1	FEMENTE [	VEN	Personal in contract of the second			
Date of Notification (1)	24	40					g Owner/Operator	No. Pr	0040	and and and	-		
	24 / -	18	_		Ci	nesapeak	Homes, Inc.	SEP 27	2018	116	18	7-2	>
Agencies Notified  EPA	Type Notifica	ation			633735	et Address	TO TO THE PARTY OF			-			
☑ DOLWD	☐ Initial	ч				O Box 10:		ASBESTOS CO		1			
☑ DOH	Amendm	70				State, Zip	CONTROL OF THE PROPERTY AND THE PROPERTY	LICENSI	VG	J			
□ DCA	☐ Emergen		luding	3	_		n, NJ 08008						
(NJAC 5:23-8)	justificati				100.000000000	e of Contac	ot .		Telephone Num				
	☐ Cancellat	tion			Tit	m Jones			609-709-146	38			
					FA	CILITY IN	NFORMATION						
Name of Facility Where	Abatement is 7	Taking	Place	(3)				Type of Facility	100				
Residence				- C-12-12-12				School (K-12	)				
Street Address								Other (i.e. pr	Other than K-12 (Other and comme	() rcial b	uildin	25	
								homes, etc.)		1010101		,	
City (5)								Square Feet	# of Floors	B	ldg. A	ge	
Long Beach Twp.								2000 sf	2		65		
County (6)					Cou	inty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Ocean								Residence					
Name of Monitoring Firm	Hired by Build	ding Ov	vner (	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9)					
N/A							Guardian Co	ntracting, Inc.					
Street Address							Street Address						
							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					
							Toms River,	New Jersey 08	755				
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Telephone No.		License No.				
							732-349-9932		00624				
Start Date (10)	S					ate (11)	Name of OSHA M	Ionitor					
10 / 05 /	18	_ 10	_ /	_ 0	9 /	18	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address			_			
☐ Facility Closed/Vacate							1056 Stelton						
Abatement Performed	Outside of No	ormal F	acility	/ Hou	rs - De	scribe	City, State, Zip Co	ode					-
Time of Abatement: _	AIVI	PM/		_PM		_AM	Piscataway, I	New Jersey 088	354				
Scope of Work (Check all	that apply)							•					
☐ >3 sf or >3 lf		г	7 00	novat	ion			ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			☑ Re				☐ Mini-Enc ☐ Glovebag						
					1009723		Non-Exe	mpted (*) and Nor	n-Friable Procedu	ге			
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Name of Registered Was	te Hauler				NJDEP	Masta	Cubic Yards of	Name of David				Ш	Ш
Guardian Contraction				1.000	Hauler I		Waste	Name of Regist	erea Lanafill				
					2022	3	4						
City, State							Disposal Date	City, State	220				
Toms River, New Je							10/09/18	Tullytown,	Pennsylvania		2	9	
Completed By (Print or Ty	rpe)	Title					Signature		// Da	ate /		1	
Nicholas Fernicola		Pro	ject	Man	ager		1	1	1	91.	14	118	3

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Date of Notification (1) 9/20/2018 CHECK	#0063				f Building T STEN			(2)		弘						Application actions	-
Agencies Notified	Type Notification			Street A	ddress						- 6	EP	2	7 2	018	-	L
X EPA	Initial			0:1 01	. 7: 0				1~	[ host							
DEP × DOL	Amended Amendment		_		ate, Zip Co				-		ASB	EST	OS C	ON	TRO	_&	3
□ DOH	Emergency justification)			Name of	f Contact				1.	LTa	tepho		CEN		<u>a</u>		-
DCA	Cancellation				T STEN				3					_			
Name of Facility Where A	batement is Takin	g Place (3	3)	FACI	LITY INF	ORWAII	ION	Type of	Facility (	4)							_
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Street Address									ibchapter her (i.e. p					uildi	ngs, h	ome	20
City (5)								Square		# 0	of Flo	ors		Blo	dg. Ag	e	_
SUMMIT,NJ 07901								100X1		2				50	YEA		10
County (6) UNION					Code (7) USE ONLY	)		Current	Use (Prid	or if be	ing d	emol	ished	)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/I No.				ment Con			CTIN	IG II	NC.			-
Street Address							Street /	Address HURCH		70141	100	0111	40 11	-			_
City, State, Zip Code							X-90-7-C-S-S-C-S-C-S-C-S	ate, Zip	400000000000000000000000000000000000000								
<b>2</b> 3 3 123									NJ 074	-07							
Project Manager for Monit	toring Firm			Telepho	ne No.		E-11/1/19/19/19/19/19/19	one No. 0873-9	418		1	ense 301	No.				
Start Date (10) 09/22/2018		Schedule 09/23/2		mpletion l	Date (11)				Monitor	CONT	RA	CTIN	NG II	VC.			-
Occupancy Status During	Abatement (Chec	k Only Or	ne)					Address									
Facility Closed/Vaca Abatement Performe Other – Describe: H	ed Outside of Norm						City, St	HURCH ate, Zip	Code								
							ELM	WOOD	NJ 074	107							
Scope of Work (Check All ≥3 sf or ≥3 lf	тпат Арріу)	X	Renova	ation				Full C	Containme	tinar tera	h No	active	Droc	CHIC			
≥160 sf or ≥260 lf			Demoli				×	Mini-l	Enclosure	2		gauve	Pies	Sure	2		
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Location Asbestos-Containing I	Material (ACM)	Use	d Sole	ely by		tos Cont	scription taining M	aterial (A		A	Amou	nt		T		ш	
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lame of Registered Wast	e Hauler			JDEP W	/aste	Cubic	Yards		Name of I	Regist	ered	Land	fill				
TLANTIC CARTING			757	lauler ID		of Was		100	GRAND								
City, State					***********	Dispos	sal Date		City, State		D4	400	70				
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omniated by		Title				15	ayii igaare			/	1	11	Date		018		

Print Form State of New Jerse NOTIFICATION OF ASBESTOS ABATEME (Pursuant to NJAC 8:60 and 12:120) SFP 27 2018 Name of Building Owner/Operator (2) Date of Notification (1) 9/21/18 Horizon Properties Agencies Notified Type Notification Street Address ASBESTOS CONTROL & 7 Glenwood Avenue LICENSING EPA Initial City, State, Zip Code DEP Amended × DOL Amendment # East Orange, NJ 07017 Emergency (including Name of Contact Telephone Number × DOH justification) DCA Chananya Ehrman 973-673-3000 Ext 307 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 (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Orange 4208 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Essex Home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-668-9078 1200 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/23/18 9/26/18 AAA LEAD PROFESSIONALS Occupancy Status During Abatement (Check Only One) Street Address 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: LAKEWOOD, NJ 08701 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Repair Custodial Staff? Remova In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A INTERIOR DUCT INSULATION 15LF

NJDEP Waste

Hauler ID No.

04509

Title

OWNER

Cubic Yards

Disposal Date

Signature

of Waste

9/26/18

3

ASB-41 (R-06-08)

NEWARK, NJ

Completed by

City, State

Name of Registered Waste Hauler

**NEWARK CARTING** 

JOSEPH PERLSTEIN

Date

9/21/18

Name of Registered Landfill

BETHLEHEM PA

**IESI** 

City, State

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT

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K		SEP	2	7	2018	3	

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

	Date of Notification (1)	23-18			Nam			wner/Operator	14/	UTRA	CIN	6			
-	Agencies Notified	Type Notification	en .		Stre	et Address	5	5 RT			STOS C	ONT	ROL	. &	
		Maintial ☐ Amended			City,	State, Zip	Code	9				-			
	₩ DOL	Amendment Emergency	(includir	ng			_	en fit	LD N	T	085				_
	M DOH □ DCA	justification  Cancellation			Nam	e of Conta		CE		Teleph	one Numb	er			
1					FA	CILITY IN				1					
1	Name of Facility Where A	batement is Tak	ing Plac	e (3)					Type of Facilit	y (4)					
-	Street Address	RESIDE	VCE						☐ School (K-		than K-12	)			
	Street Address	Carlo 5-99 (1940)		100000 H					Other (i.e., homes, etc.		commercia commercia	l build	ings		
f	City (5)	- ic Do	.2 ~	_	- Electrical and the second				Square Feet	# of F	loors		dg. A	-	
L	County (6)	ONGPO	IVCI		T Cox	inty Code (	7) (	STATE	1500 Current Use (F	Prior if bein	a demolis	-	٥٥	_	=-
		MTIC				ONLY)	-7 (		VA	CAM	Ť				_
1	Name of Monitoring Firm (8)	Hired by Building	Owner		ASCM	No.	Na	200	ent Contractor (						
1	(8) N	TH					St	reet Address		INC					-
1	- Career radies						_	369		RUCE	AL	<u>`</u>			_
r	City, State, Zip Code						Cit	y, State, Zip Co	ode LE SHI	ADE	MI, I	0	80	52	_
H	Project Manager for Moni	toring Firm		Tele	phone	No.	Te	lephone No.	9-0472	Licen	se No.	7	1		
F	Start Date (10)	Sche	duled (	Comple	tion Da	ate (11)	_	me of OSHA M			<u> </u>				
	10-9-1	V	10-	-17	-18		_		NI	7				_	_
	Occupancy Status During  Facility Closed/Vacated				men!		Str	eet Address							
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	Scope of Work (Check all	that apply)							tainment with Ne	egative Pro	essure				
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	Location of Asbestos-Containing Ma		Mair	ntenan	œ/		os C	ontaining Mate		Amo (Spe		70		Enc	ū
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	(13)			(12)			oth	er miscellaneo	us)			val	=	late	ure
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-	Name of Registered Waste	e Hauler		1 5000	JDEP V			oic Yards	Name of Reg	istered La	ndfill				
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	City, State MAPLE SH	HADE NI	T				UB	posal Date	City, State	45 4m	TVIL	LE			
100	Completed By	Title						Signature .	1/m-		Date _	77	1	18	,
	MICHAEL KI	tum	SU	P.				Mer	21			4	_	10	



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

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-1	Date of Notification(1)	-73-18			Nam	ne of Buildi	ng Owner/Ope DCAU	erator J C	(2) JOY (	ASTOR		annough rody		1	
	Agencies Notified	Type Notificatio			_	et Address State, Zip	Codo	.0.1	120 1011		KEEN	GING	HOL	. Ct	
	⊠ DOH □ DCA	Amendment  Emergency justification  Cancellation	includir	<b>1</b> 9	Nam	e of Conta		.180	er PV	Telephone	O2 Numb	er		.1.	_
					FA	CILITY IN	FORMATION								
	Name of Facility Where	Abatement is Taki SIDEW (6	ng Plac	æ (3)				=	Type of Facilit  School (K- Subchapte  Other (i.e.,	12) r 8 (Other tha			finas		
	City (5)	· Da						_	homes, etc Square Feet			Bk	dg. Aq	ge	_
	County (6)	MAY	114		Cou	inty Code ONLY)	(7) (STATE		Current Use (F	Prior if being d			21/2		=
	Name of Monitoring Firm (8)		Owner		ASCM	No.		KI	ent Contractor (	IMC					_
	Street Address						Street Addr	369		RUCE V	HE			_	=
	City, State, Zip Code			1 = 1		N	Telephone 1	MAY	PLE SH	ADE M	V.J	08	05	2_	_
	Project Manager for Mon			_	ephone		856-7	279		1 11 4	013	71		_	_
	Start Date (10) 10 - 8-18	·	duled C	16	-	SE (11)	Street Addr		NA						=
	Occupancy Status During Facility Closed/Vacate Abatement Performed	d During Entire Po	eriod of	Abate	ment		City, State,	Zip Co	vde						=
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	Scope of Work (Check all  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	I that apply)	□ Re	enovat emolitic	ion on		☐ Mir	ni-Encl	ainment with No osure g Procedure mpted (*) and N			9			
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	Location o Asbestos-Containing M TO BE ABATI IN Facility (13)	aterial (ACM)	Used Mair Cu	Solet ntenan ustodia Staff? (12)	y by nœ/	Asbes (i.e.,	Description to Scottaining thermal system surfacing, other miscell	Mate ms in: VAT, o	sulation, or	Amount (Specify SF or LF	y	. Removal	Repair	Encapsulate	Enclosure
1	Olio In Id		Yes		X	T	RANSI	TE		5005	E	X			
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	Name of Registered Wash	e Hauler IMC			UDEP L	No.	Cubic Yards of Waste		Name of Reg	MCH	AU	A			_
-	City, State	111					Disposal Da		City, State :	OBINIE	- 1	V	. )	_	_
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NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)			Nam	e of Buildin	ng Owner/Operator	ASSURF	ASRESTOR CO	NYP	OLI	1	_
Agencies Notified   Type Notification	n		Street	et Address	CHIA 7	-511- 0	ITY BLUD. S	VG.	-	0	
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RI DOI Amendment		_	City.	State, Zip	AN VIEL	J NI.	J 0823	30			
Emergency ( justification)		ng	Nam	e of Conta			Telephone Numb			. 1	_
DCA Cancellation					1014						
			FA	CILITY IN	FORMATION		×				
Name of Facility Where Abatement is Takin	ng Plac	e (3)				Type of Facility					
RESIDEN	170			*		School (K-1	8 (Other than K-12)				
Street Address						homes, etc					
City (5)	j-	C	Ti.			Square Feet 2000	# of Floors		dg. A	•	
SEA ISI	-6	<u></u>	I CON	nty Code (	7) (STATE		rior if being demolish	1			=
County (6) CAPE MAY				ONLY)		VA	CANIT				_
Name of Monitoring Firm Hired by Building	Owner		ASCM	No.	11	nent Contractor (	9)				
(8) N/A					Street Address	10 TV	10				=
Street Address					369	S. Spr	ever Aux				
City, State, Zip Code					City, State, Zip C		05 11 7	08	~5	2	
					MAPC	E SHA	License No.	00	0)	_	=
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.	79-0472	- 1 -	57	1		_
Sche	duled C		tion Da	ate (11)	Name of OSHA N				,		
Start Date (10) Sche			-1			NIA	r				$=$ $\mid$
Occupancy Status During Abatement (Che	ck only	one)			Street Address						
NC Facility Closed/Vacated During Entire Pe	eriod of	Abate	ment		City, State Zip C	nde					-
Abatement Performed Outside of Norma	Facili	ty Hou	rs		City, State 210 C	oue .					
Other - Describe:  Scope of Work (Check all that apply)							anti in Droceurs				
1	□ Re	enovati	on		Full Con	ntainment with Ne closure	egative Pressure				
≥3 sf or ≥3 ff ≥160 sf or ≥260 ff		emolitic			Gloveba	g Procedure empted (*) and N	on-Friable Procedure	е			
	Isl	Locatio	on.	Γ	N				bate:		
. *		ormally Soleh			Description of	8		_	171		-
Location of Asbestos-Containing Material (ACM)	Mair	ntenan	œ/	Asbes	tos Containing Mat thermal systems in	erial (ACM)	Amount (Specify	R	-	Enc	En
TO BE ABATED IN Facility		ustodia Staff?	11	().e.,	surfacing, VAT.	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)			other miscellaneo	ous)		val	5	iate	Пе
	Yes	No	N/A						-	-	
SIDING			X		TRAN SI	TE	2500 SF	X	-		
								-	_	-	
								-		-	-
					Othin Varda	Name of Rea	istered Landfill				_
Name of Registered Waste Hauler		N	JDEP V	Naste No,	Cubic Yards of Waste	C. W		)	4		
KLEMED INC		_  ]	791	04	Disposal Date	City, State	7. (1 101				
City, State MAPLE SITABE	٨	1,	)			_ 0	OD BINE		N	, )	_
Completed By / Title					Signature .	4001	Date -	22	2-	18	_
MirHACI /LONG V	11 1				- Mee	7-0		_			

		7.070.000					ew Jersey			7 7	7 5	- I	-
10 CK		NO					BESTOS ABAT C 8:60 and 5:10		) ECE			The u	
Date of Notification (1)					Name	of Building	g Owner/Operator (	2)	N .		0	1	11
					Rad	chel Bacl	nman		SEP 2	7 20	018	-	
Agencies Notified Type Notification					Street Address						VC/III 04	+	
						Artistic Sarrier of the Access			ASSESTOS	CONT	ROL	. &	
☑ DOLWD ☑ Amended					City, S	State, Zip C	Code	ASBESTOS CONTROL & LICENSING					
☑ DOH   Amendment #1     ☐ DCA   ☐ Emergency (including)							y, NJ 08402	Countries and contribution of the contribution					
(NJAC 5:23-8)	on)			Name of Contact				Telent				1	
	Cancellation				Rad	chel Back	nman						
					FA	CILITY IN	IFORMATION		•		-		
Name of Facility Where Aba	tement is Ta	aking Pla	ce (3	3)				Type of Facility	(4)				
Bachman Residence								☐ School (K-12)					
Street Address								<ul> <li>☐ Subchapter 8 (Other than K-12)</li> <li>☑ Other (i.e., private and commercial buildings, homes, etc.)</li> </ul>					
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Margate City								1,400	3	0.0	80		
County (6)					County Code (7)(STATE USE ONLY			Current Use (Prior if being demolished)					
Atlantic								Residence					
Name of Monitoring Firm Hired by Building Owner (8)					ASCM No. Name of Abater			nent Contractor (9)					
Management & Enviro. Consulting Services						Shade Environmental, LLC							
Street Address							Street Address						
PO Box 341							623 Cutler Avenue						
City, State, Zip Code							City, State, Zip Code						
Chesterfield, NJ 0851							Maple Shade	, NJ 08052					
Project Manager for Monitoring Firm Telepho									License No.				
3						-4070	856-755-0099						
Start Date (10)         Scheduled Completion Date (*)           09         / 24         / 18         10         / 05         / 18							Name of OSHA Monitor  EMSL Analytical, Inc.						
Occupancy Status During Al	batement (C	heck only	y one	e)			Street Address						
☐ Facility Closed/Vacated During Entire Period of Abatement							200 Route 130 North						
Abatement Performed Outside of Normal Facility Hours Time of Abatement:AMPM/PM-					Oity, Otato, Zip o								
Scope of Work (Check all th	at apply)						<u> </u>						
$\boxtimes$ ≥3 sf or ≥3 lf $\boxtimes$ Renovation $\bigcirc$ ≥160 sf or ≥260 lf $\bigcirc$ Demolition							<ul> <li>         ⊠ Full Containment with Negative Pressure         □ Mini-Enclosure         □ Glovebag Procedure         □ Non-Exempted (*) and Non-Friable Procedure     </li> </ul>						
		T	ls L	ocati	on			mpted ( ) and 140	TI-I Hable I Tocedi	-1	otem	ent T	vne
Location of No				rmal	ly		Description o	f			-		T
Asbestos-Containing Ma			Sole tenar	ly by		stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure	
TO BE ABATED  IN Facility			Custodial Staf			(1.6	., thermal systems surfacing, VAT,			oval	=	nsd	Sur
(13)		Va	(12)				other miscellane	ous)				ate	CD
Attic		Ye	-	No X	N/A	Duct Pa	aper		150 SF				
			T	$\Box$							П		П
			+-		-					+=			
		ᆜᆜ	L		Ш					ᆜᆜ	Ш	Ш	Ш
			] [										
				H	JDEP \ auler II <b>3242</b> 6	O No.	Cubic Yards of Waste	Name of Registered Landfill Atlantic County Utilities Authority					
City, State					Disposal Date			City, State					
Maple Shade, NJ					10/05/2018			Egg Harbor Township, NJ					
Completed By (Print or Type) Title							Signature		Date				
Christina Lynch Vice President of Operation							7	9,74,18					