0/3714

						- 10	(0)	THE ADD		" []	3			_
Date of Notification (1) 03/29/2014			100		Building O PROPE	wner/Operat RTIES	or (2)	CAPR CAPR	-3 /	PH,				
Agencies Notified	Type Notification			Street Ad		2nd Floor		e)/(0	500	1:€	60			
EPA DEP DOL	Initial Amended		0	City, State	e, Zip Cod	e	4	- 17.5	13/A	THO!	ÿ			
	Amendment Emergency			New Br		, NJ 0890	1		Telep	hone Num	ber	-		
DOH DCA	justification) Cancellation		100	Rob Ka	flinski				_					k
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	ITY INFO	RMATION	Туре	of Facility (4)			-		-
Deals (Bakery)								School (K-12 Subchapter 8		than V 13	`			
Street Address 148 Smith Street							×	Other (i.e. pretc.)				lings,	home	ıs,
City (5) Perth Amboy			e alvers				Squa	are Feet	# of I	loors	В	dg. A	ge	
County (6) Middlesex				County C	ode (7) SE ONLY)		Curr	ent Use (Pric	r if bein	g demolish	ed)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.		ne of Ab JPER, I	atement Cont	tractor (9)		1 2		
Street Address						Stre	et Addre	ess						
2200 Paterson Pla	nk Rd 7							e 17 North Zip Code						
City, State, Zip Code North Bergen, NJ (07047							NJ 07652						
Project Manager for Mo Carmelo Almonte	nitoring Firm	4	- 1	Telephon (201)86	e No. 64-6583	E070100	ephone N 01)336			License N 01195	0.			
Start Date (10) 04/08/2014		Scheduled 04/22/20		pletion D	Date (11)	100000000000000000000000000000000000000	ne of OS	HA Monitor						
Occupancy Status Durin	ng Abatement (Che	ck Only One)				1000000	et Addre							1
Abatement Perform	cated During Entire med Outside of Norr	Period of Abmal Facility H	atem lours	ent		City	, State,	Zip Code						
Other - Describe:						- LI	C, NY	11101						
Scope of Work (Check ≥3. sf or ≥3 If ≥160 sf or ≥260 If	Ан тпат Арргу)		nova! moliti				H M	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure	Acceptance of the control of the con			e	
		is L	ocati	on								Abate		
Locatic Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (ACM) BATED cility	Used Maint Custor	tenar	ly by		Descriptos Containing thermal syst surfacing, other misce	g Materi ems insu VAT, or	lation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Main F	loor			Х		Duct Ins	ulation		26	0 SF	Х			
			A COLOR											
			0.02										11 18	
Name of Registered Wa	acte Hauter		I N	JDEP W	aste	Cubic Yard	İs	Name of I	Register	ed Landfil				
SUPER, LLC	2010 I Iddroi		H	lauler ID 34893		of Waste TBD	est . 3	GROW			9.1			
City, State PARAMUS, NJ				1		Disposal D TBD	ate	City, State		4	6 9	l e		
Completed by Tailor Dominguez		Title Projec	t Ma	anager		Signa	ture	1/4		100	ate 3/29/	2014		ų.
5.1	1.6						1/1/	/ ! !						-

State of NJ Notification of Asbestos Abatement

B & G proj. #:	2014-50			(Purs	uant to NHAC	8:6	0-7 and 12 120-7)		-			
Date of Notification	(1)				11.				heck #6	460			
Agencies Notified			Matth Street Ac	ew Mani									
☐ DEP	Initial		292 E	ssex Av	enue ^{소등} 를		OBNSING						
DOL.	Amenda	nent C		e, Zip Cod	е						3	_	
₩ DOH		I N	ame of	nfield, N.	J 07003								
☐ DCA	Cancella	tion		new Man	iscalco			Tele	hone Nu	mber			
Name of facility at				FA	ACILITY INFORI	MATI	ON			-		_	
Name of facility whe Matthew Manise	re abatement is	taking pla	ce (3)					Type of Faci	lity (4)				
	caico							so	hool (K				
Street Address				er en de la company				☐ Su	bchapter	8 (Othe	r tha	in K-1	2)
292 Essex Aver	nue							Bld	er (Priva gs./Home	te/Com es, etc.	merc	ial	
City (5)		Count	ty (6)			I C	ounty Code (7)	Square Feet	# of F		T	Bldg	. Age
Bloomfield, NJ (07003	Ess	sex		29	(S	tate use only)	Current					
Name of Monitoring F	irm Hired by Bir	100						Current Use residentia	(Prior if I	peing de	emoli	shed))
· ·	N/A	ig. Owner	(0)		ASCM No.		Name of Abatement	Contractor (9)				-	
Street Address					l 	\dashv	B & G Restorati	on, Inc.					
ity, State, Zip Code					2015		105 Ryerson Ro	ad					
						_	City, State, Zip Code				-	_	
roject Manager for Mo	nitoring Firm		Τp	hone Numi		_	Lincoln Park, N	J 07035					
			15	none Numi	per		Telephone Number		Licer	se Num	ber		
cheduled Start Date (1	0)	Sched. C	Completi	on Date (1	11	_	973-696-6869 Name of OSHA Moni	in.	037	8			
04/10/2014		1	1/2014		1)		B & G Restoration						
ccupancy Status Durin	ng Abatement (C						Street Address	, mo.			_		
Facility closed/vac	ated during ent	ire period	of abota	ment.			105 Ryerson Roa City, State, Zip Code	nd					
Describe: Other-Describe:	ned odiside of f	iormai fac	ility hour	'S-			ony, orate, zip code						100
cope of Work (check a	all that annied					-	Lincoln Park, NJ	07035					
Demolition		novation							□ wra	p & cu	t		
≥ 3 sf or >3 lf					İ		ull Containment w/nega	ative pressure		ebag pr	_	lure	
		0 sf or ≥26		sed solely		M	ini-enclosure		200	friable i			
Location of asbestos-containing	lg by	maintenar	nce/cust	sed solely odial						R	R	E	Τ_
material to be abated in facility (1		ff(12)			Description material (A)	of as	bestos-containing	Amount	·	e m	e	n	E n
		es	No ·	N/A		/		(Specify S	סר סר	o v	a	a	C
oiler room / laundr			1	X	pipe insulation	on		00.15	-	e	1	p	
sement main roor	m				pipe insulation	2/302		30 If					
						-		57 If				旦	旦
								 		-	닏	닏	H
istered Waste Hauler								+		+;;	4	무	부
& G Restoration, Inc.	c.	NJDEP H 19563	auler ID	# Cul	oic Yards of Was	ste	Name of Registered La	andfill		<u> [] </u>		Ш	Ш
State		19303	10	engeal Dat	1	_	Tullytown Resource	e & Recovery	Center				
ncoln Park, NJ 0703				isposal Dat 04/11/			City, State			-			_
pleted by (Print or Typ					Signature		Tullytown, PA		T =				
ordana Luna	Secr	etary/Tre	easurer		75/22 Vi	G	iordana Luna		Date 03/21	10044		XX2	

03/31/2014

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) RECEIVED

Date of Notification (1)				Т	Name	of Building	Owner/Operator (* TEL				
3 /3	1 / _	14					ampbell 2	14 APR -3	Job # 1403-18	860 Ch	k. #3	3528	
1.00	pe Notifica	tion			Street	Address	× /		111:62	Pi			
	Initial				123	East Sw	eet-Briar Avenu	essine r	0				
□ DOLWD □ DHSS	Amended Amendme				City, S	tate, Zip C	reet-Briar Avenu Code rest, NJ 08268	& LICEN'S	CALKOL				
The state of the s	Emergeno	AND STATE OF THE PARTY OF THE P	lina		Wild	dwood C	rest, NJ 08268	0 - 11	1147				
(NJAC 5:23-8)	justificatio		m 'g		Name	of Contac	t		Telephone N	umber		300 84.117	
] Cancellati	on			Zac	h Feinst	ein, Realtor						
					FAC	ILITY IN	FORMATION						
Name of Facility Where Abar	tement is T	aking Pla	ace (3)					Type of Facility	(4)	9			
Residential Property								School (K-12					
Street Address								☐ Subchapter ☐ Other (i.e.; p			nuildi	nas	
123 East Sweet-Briar	Avenue							homes, etc.)		incroidi i	Juliui	1190,	
City (5)								Square Feet	# of Floors	1	3ldg.	Age	
Wildwood Crest								1300	3		192	26	
County (6)		7.22.2	13540000		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	nolished)			
Cape May								Residential					
Name of Monitoring Firm Hir	ed by Build	ling Own	er (8)	1	ASCM	No.	Name of Abateme	ent Contractor (9)		1000000		Irees	
Horizon Environmenta	al						Asbestos an	d Mold Service	es, Corp.				
Street Address				1	1100	700	Street Address						
PO Box 336							3859 Sylon B	Soulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Thorofare, NJ 08086							Hainesport, I	NJ 08036					
Project Manager for Monitor	ing Firm		Т	ele	phone I	No.	Telephone No.		License No				
Dave Flanigan				85	6-848	-0800	609-702-0400)	00862				
Start Date (10)	S	chedule	d Com	plet	tion Dat	te (11)	Name of OSHA N	Monitor					
4/_14_/_	14	4	_ / _	16	_ / _	14	EMSL Analyt	ical, Inc.					
Occupancy Status During At	batement (C	Check on	ly one)			Street Address						
☐ Facility Closed/Vacated [nent		200 U.S. Rou	te 130 North					
☐ Abatement Performed Ou							City, State, Zip C	ode					
Time of Abatement:	AM	PM/_	F	M-		AM	Cinnaminsor						
Scope of Work (Check all the	at apply)											93-97 S. 67	
☐ ≥3 sf or ≥3 lf		M	Renov	/atio	on		⊠ Fu ll Con □ Mini-End	tainment with Ne	gative Pressure	FINE	اذنار	ME	
≥160 sf or ≥260 lf			Demo					g Procedure					
							☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure			
	4		Is Lo			_		54 54		A	bate	ment	Туре
Location of Asbestos-Containing Mar	terial (ACM	, t	Jsed S			Asha	Description of stos Containing Ma		Amount	2	3 2	B =	ᄪ
TO BE ABATE			Mainte				., thermal systems	insulation,	(Specify	Zellova	Topall	cap	Enclosure
IN Facility			Custod	iai 8 12)	Staff?		surfacing, VAT		SF or LF)	1 2	<u>-</u>	Encapsulate	ure
(13)		Y		No.	N/A	1	other miscellane	eous)				6	
Basement				_		Floor T	ile		800 SF		1 1	JE	
Dascinicité	W				-	1 1001 1	iic .		000 01		3		
	12] L	1						_	<u> </u>	<u> </u>	1
] [
			j Гг	1						Г	7 [J T	
Name of Registered Waste I	Hauler			N.	JDEP V	Vaste Vaste	Cubic Yards of	Name of Regi	stered Landfill				
Freehold Cartage, Inc.				H	auler II	No.	Waste	GROWS L					
City, State			-	1	02265)	5 Disposal Date	City, State					
Freehold, NJ							4/16/14		e, PA 19067				
Completed By (Print or Type		Title						1	.,	Data			
Kimberly A. Trumbetti	50		۰۵ Ca	050	linator		Signature	1		Date r\2	31	11	1
Alliberty A. Trumbetti		Onic	.e C0	ord	matol	li li	MX	1		US	2	11	1

ASB-41 MAY 11

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

page lof 2

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

Date of Notification (1)	-					g Owner/Operator (2)					-	
	14	-		Tru	stees of	Princeton	/ Job #13	04-4626	Check	#61	33		
Agencies Notified Type Notific	ation			Street	Address		11						
⊠ EPA ☐ Initial	~	_		Tru	stees of	Princeton Unive	rsity E.A. Macl	Millan Bld	ig.			A.	- 34
☑ DOLWD ☑ Amende ☑ DHSS Amendm)		City, S	State, Zip C	Code			-	3	en:	1	
DCA Emerger	V. ('C C C C C C C C C C C C C C C C C C	ding		Prir	nceton, N	J 08544				9	-		73
(NJAC 5:23-8) Justificat	on)	aumg	- [Name	of Contac	t ·		Telephon	e Nimha	r	10,		1
☐ Cancella	tion			Rob	ert Orte	go, P.E.					,	ς ;	* 3
				FAG	CILITY IN	IFORMATION			1	10		0	,
Name of Facility Where Abatement is	Taking F	Place (3)				Type of Facility (4)	- 6		0	-7	4
20 Washington Road							School (K-12			1	19		13
Street Address	-						☐ Subchapter 8 ☐ Other (i.e., pr	Other tha	in K-12)	al bu	ilding	6	·9
20 Washington Road, Princeto	n Univ	ersity	/ Ma	in Car	npus		homes, etc.)	ivate and c	ommerci	ai bu	шанц	is.	
City (5)		1922					Square Feet	# of Floo	ors	Blo	dg. A	ge	
Princeton							1,000,000	5		1	85		
County (6)				Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being o	demolishe	ed)			=
Mercer							University L	ibrary					
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8))	ASCM	No.	Name of Abateme	ent Contractor (9)						
ATC Associates				0009	8	AbateTech, I	nc.						
Street Address						Street Address							\neg
3 Terri Lane						30 Maple Ave	. PO Box 25						
City, State, Zip Code						City, State, Zip Co							\neg
Burlington, NJ 08016						Lumberton, N	J 08048						
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License	No.			20/11/12	
Michael R. Keehn			60	9-386	-8800	609-265-2107		0052	9				
Start Date (10)	Schedul	ed Cor	nple	tion Da	te (11)	Name of OSHA M	lonitor						
3/24/14	_12	_ / _	31	/ _	14	EMSL Analyti	ical						
Occupancy Status During Abatement (Check o	nly on	e)			Street Address				107		-	
☐ Facility Closed/Vacated During Enti				ment		200 Route 13	0 North						
☐ Abatement Performed Outside of N						City, State, Zip Co						9 ms	-
Time of Abatement:AM	PM/_		PM-		AM	Cinnaminson							
Scope of Work (Check all that apply)							•						-
≥3 sf or ≥3 If	F.	7 D					ainment with Neg	ative Press	sure				
\(\text{\geq} \geq \frac{2}{2} \text{si of \(\geq 2} \frac{1}{2} \text{si of \(\geq 2} \frac{1}{2} \text{of of \(\geq 2} \frac{1}{2} \text{of of \(\geq 2} \frac{1}{2} \text{of of \(\geq 2} \frac{1}{2} \text{of of \(\geq 2} \frac{1}{2} \text{of of \(\geq 2} \frac{1}{2} \text{of of \(\geq 2} \frac{1}{2} \text{of of \(\geq 2} \frac{1}{2} \text{of of \(\geq 2} \frac{1}{2} \text{of \(\geq 2} \frac{1}{2}		Rend				☐ Mini-Enc	losure g Procedure						
		-					mpted (*) and Nor	n-Friable Pr	rocedure				
			ocat	200000						Ab	atem	ent Ty	уре
Location of	m	Used	rma			Description o	English and the second	2000	. [Z,	Z,	ш	ш
Asbestos-Containing Material (ACN TO BE ABATED		Main	tena	nce/		stos Containing Ma ., thermal systems i		Amou (Spec	(CO)	Remova	Repair	ncar	nclo
IN Facility	0	Custo		Staff?	(surfacing, VAT,	or -	SF or I		Va	-	Encapsulate	Enclosure
(13)		-	(12) No	N/A		other miscellane	ous)					ate	
Room 227A					Floor T	ile & Mastic		400 5	2E	\boxtimes		П	\Box
Abandon Exterior Steam Tunnel			<u> </u>		Cut & V			300 L					
				-	Cut & v	viap		300 L	-				
see attached p.2*			_							Ц	Ш	Ш	Ш
	. [10	-							
Name of Registered Waste Hauler			1 1 1 1 1 1 1 1 1	JDEP V auler ID		Cubic Yards of Waste	Name of Regist		fill				
AbateTech, Inc.				18750		40	G.R.O.W.S.	Landfill					
City, State						Disposal Date	City, State		-				
Lumberton, NJ						12/31/14	Tullytown,	PA					
Completed By (Print or Type)	Title		5-4%			Signature	1 0 .		Date		1		
Jennifer Piraine	Оре	eratio	ns (Coordi	nator	Ver me	ber Vini	in	3	3	111	4	
ASR 41	1					701010	T' TUIN	VIG		-	1	- 1	

ASB-41 MAY 11

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

1304-4626 Page 2 of 2

	Location of	100000000000000000000000000000000000000	Locat		Description of	Amount	1.5	atem	ent T	уре
	Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	S Main			Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	500 - 700 C	Yes	No	N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				e e	
	ght Court TAR Shaft			\boxtimes	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each				
Н	eritage Glass TAR Shaft				Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each				
В	asement			\boxtimes	Exterior Perimeter Window Caulk	80 LF	M			
B	asement		P		Exterior Window Glazing	300 LF			F	Ē.
				H			H	H	H	H

2014 APR -3 PM 12: 55

Date of Notification (1)	31 /	14			Name	of Building	g Owner/Operator (2) #	ED b #1403-4741 C	hec	k #6	132	
10 <u>.42</u> 8	Type Notifica ☑ Initial				Street	Address	g Owner/Operator () nmunication [1]	APR -3 PM	12: 58	-25-00			
	☐ Amended	b				State, Zip C	ood Ave.	LICENSING	-1.				
☐ DHSS	Amendm	ent#			- 37°	andrew (1) 70	DA 10046	LICENSIN	(ROL				
	☐ Emergen		luding			10.000.000.000.000.000	, PA 19046	- ANIM					
(NJAC 5:23-8)	justification					of Contac			Telephone Number	er			
	☐ Cancellat	tion			Ale	x Baylor						_	
					FAC	CILITY IN	IFORMATION			_			
Name of Facility Where Ab	patement is 1	Taking I	Place	(3)				Type of Facility	(4)				
Verizon - Blackwood	100							School (K-12					
Street Address								Subchapter 8	3 (Other than K-12) rivate and commerc	ial bu	ildina		
38 W. Church Street								homes, etc.)		iai bu	liding	5,	
City (5)								Square Feet	# of Floors	Blo	dg. A	ne .	-
Blackwood											-9.7	, ,	
County (6)		-		-	Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolish	10d/			
Camden					Coun	ity Code (/	MOTATE OSE ONLT)	Offices	or it being demoisi	ieu)			
	r 11 5 3			a, T		-							
Name of Monitoring Firm F	Hired by Build	ding Ov	vner (8)	ASCM	No.	Name of Abateme						
USA Environmental							AbateTech, I	nc.					
Street Address							Street Address						
8436 Enterprise Ave	nue						30 Maple Ave	. PO Box 25					
City, State, Zip Code							City, State, Zip Co	ode			DOM:		
Philadelphia, PA 191	153						Lumberton, N	NJ 08048					
Project Manager for Monito	oring Firm	-	-	Tele	ephone	No.	Telephone No.		License No.				
Mark Jenkins				2	15-365	-5810	609-265-2107	Ķ	00529				
Start Date (10)	15	Schedu	led C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
4/14/_	CO. 10 10 10 10 10 10 10 10 10 10 10 10 10				1 / _		EMSL Analyt						
Occupancy Status During	Abatement (Check	only c	ne)			Street Address						
☐ Facility Closed/Vacated							200 Route 13	0 North					
Abatement Performed						cribe	City, State, Zip Co	ode			374-03-	- 500 - 500	-
Time of Abatement:	AM	PM/	5:00	PM- <u>1</u>	:00AM		Cinnaminson	, NJ 08077					
Scope of Work (Check all t	that apply)						57 = " 0		_				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		[⊠ Re	novat moliti			☐ Mini-Enc	tainment with Neg losure g Procedure	gative Pressure				
24 _ 100 of of _200 ii		-	_ 50	i i i o ii di	511				n-Friable Procedure	9			
			Is	Loca	tion					Ab	atem	ent T	vpe
Location o	of			Norma			Description of	of			-		
Asbestos-Containing M		1)		d Sol intena	ely by		stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility					Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	10/2	ai-	sde	uso
(13)		L		(12)			other miscellane	ous)	SP OF LP)	=		ulat	ē
7			Yes	No	N/A							(D	
Basement Equipment	Room				\boxtimes	Pipe In	sulation & Pipe l	Fitting Insul.	330 LF				
Basement Equipment	Room				\boxtimes	12"x12	" Floor tile & Ma	stic	400 SF	\boxtimes			
Basement Equipment	Room				\boxtimes	Duct In	sulation		2400 SF	\boxtimes			
83													
Name of Registered Waste	e Hauler			1	NJDEP \		Cubic Yards of	Name of Regis	stered Landfill			11-0.50	
AbateTech, Inc.			40	ŀ	lauler II		Waste	G.R.O.W.S					
City, State					18750)	40 Disposal Date	City, State					
	17						1		DA				
Lumberton, NJ				200-12-08			5/1/14	Tullytown,	Y				
Completed By (Print or Type	oe)	Title			331 +00		Signature	1 6	Dat	e I	1	-	
Jennifer Piraine		Op	erati	ons	Coord	inator	(VEM M)	Den YMO	line 3	131	11	4	
ASB-41		1000	2			2 0 0	7	U			+	50	
MAY 11		* D	o not	use t	his form	for asbes	tos licensŭre exem _l	oted activities.					

EDS14-042			Nar	ne of B	Building	Owner	hool 2014	AL	PR-3 PM 12:					1	
Date of Notification	n (1)		Pla	aintie	u i u			711	" -3 PM 12:	57				1	
Date of Notification			Chr	aet Ad	aress									1	
3-28-14	Type	Notification	\ 92	20 Pa	rk Av	0-40		5-1	HUS CONTRI)! ·				1	
Agencies Notified		Initial	C	ty, Sta	te, Zip	J 0706	60	= 1 	TUS CONTRO LICENSIAS						
EPA		Amended Amendment #		Tallill	ora,	oct			T						
DEP	-	Emergency (Indian	I	ame o	f Conta	mpbel	A	700000						1	
⊠ DOL	X	:ctification)	1	Euger	ne Ca	FOR	RATION		Type of Facility (4)	11				1	
IXI DOH		Cancellation		FAC	ILITY	INFOR	MATION	1						1	
P DOH		Diago	(3)					1	School (K-12) Subchapter 8 Other (i.e. priv	Other th	an K-12)	idinas, ho	mes	,	
	Mhara Abat	tement is Taking Place	(0)					-		rate & co		lidingo			1
Name of Facili	ity Where Alba	ol						1	Other (i.e. pin			Bldg. Ag	е		
Maxson IVII	luuiu							_	Square Feet	# of Flo	ors	50+			
	2								40,000	3					7
non Fast S	Seventh Str	661							40,000 Current Use (Prio	r if being	demolished)	\$6.			1 .
						. 7			Middle Schoo	١					7
City (5)				Cou	nty Co	de (1) E ONLY)		_	Widgle 2016	tractor (S	1)				1
Plainfield				1			TN	Jam	ne of Abatement Cor	Ill acto. (\$4				\dashv
County (6)			(0)	TI	SCM I	No.	1.9	GL	Group, Inc			- H-000-000-000-000-000-000-000-000-000-			
Union		Hired by Building Own	er (8)	10	00003	,				11			120		_
Name of M	onitoring Firm	nC						OUE 4 A	eet Address 10 Hamburg Turi	ріке					
TTI Envi	ironmental I	110					1								
								Cit	ty, State, Zip Code Noomingdale, NJ	07403					
Street Add	orth Church	St					\	В	loomingualo		License No	0.			- 1
1	- Code								Janhone No.		01084				
City, State	e, Zip Code stown, NJ 0	8057		TT	elepho	ne No.		1	2011710-9723						1
Moores	Stown, 140	onitoring Firm		1	856-8	40-88		4	Ismo of OSHA Moni	tor					
Project N	Manager for Mi	JIII JIII JIII JIII JIII JIII JIII JII	Schedule	سليب	onletion	Date (11)	1.	GL Group, Inc						1
Mary E	Ellen Leotta		Schedule	ed Con	ipica			1							
	10 (10)	I V	3-30-2	014				1:	Street Address 140 Hamburg T	urnpike					
0.00-	2014	ant (Chec	k Only O	ne)				1	- Cod	a					
3-20	ancy Status Du	uring Abatement (Chec Vacated During Entire formed Outside of Nori	- ∹ad of	Abate	ment			1	City, State, Zip Cod Bloomingdale,	N.1 074	03				
Occupa	ancy other	Vacated During Entire formed Outside of Norroce:	Period Oi	ty Hou	rs			1	Bloomingdale,						
X F	acility Closed	formed Outside of Non	mai i do								Negativ	e Pressu	re -		
I A	Describ	oe:							Full Cor	tainment	with Negativ				
	Julier - 24	That Apply)	51						× Mini-En	closure	ture	Dr	oced	ıre	
Scope	e of Work (Che	eck All That Apply)	×	Rend	vation				× Mini-En × Gloveb Non-Ex	ag Proced	dure *) and Non-F	riable Fi	Ah	atem	ent
ाला -	>2 ef or ≥3 lf			Dem	olition				Non-Ex	emplos			70	Type	
	≥3 sf or ≥3 lf ≥160 sf or ≥26	60 lf			V					1		-	\neg	Ť	1
	5				-tion				. san of	1	Amount	. .	_	1	Encapsulate
	4			Is Lo	ocation rmally				Description of ontaining Material (A	CM)	(Specify	1 3	pemoval	Repair	cap
			1	Hood	Solely	by (Asbestos	s Co	ontaining Material (A) nal systems insulation of acing. VAT, or	in,	SF or LF	F) :	0 .	pai	Sul
	ì	ocation of	a	A Anin	tenano	e l	(I.e. UI	Citi	TAT OF	1			a	_	ate
		Laining Material		Custo	dial St	aff?	,	othe	er miscellaneous)	1		1	1		-
\	TO	BE ABATED In Facility	1		(12)							- 1	X		
1		(13)	-		No	N/A	_		Lation		9 LF		-		
		V/	1	Yes				P	ipe Insulation			1			-
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_	B	oom ME133			-	T					1		-	1	1
	1				1	+	1				1		l	L	
											of Registere	d Landfill			
<u></u>				-	+	1			Cubic Yards	Name	of Registere				
					1-	NUDER	Waste		of Waste	Grov	vs.	0.001410440000			
F		Hauler			1	Hauler	ID No.	1.	TBD						
-	Name of Red	istered Waste Hauler				00330)34	1	Disposal Date	City,	state				
	Name of 133	Inc						1		Mor	risville, PA		ate		and the same of th
	GL Group,	11.0						1	TBD		111/	\ 3	3-28	-20	14
	City, State				250				Signature	MW N	And a second				SC=
	Blooming	lale, NJ		Tit							America.			ver	noted a
22.00	1.1-4	by		P	.M.	12.50				Also fo	rm for asbes	itos licens	sure e	, AGII	
	Michael E	Solakov							* Do not u	ise this io					
	Michael		E.												

GL14-007

State of New Jersey Page 1 of 1 (Pursuant to NJAC 8:60 and 12:120) Check #1145

Date of Notification (1) 3-25-2014			N	lame of E Vlahwah	Building Over Board of Board o	vner/Q	de proprior ucation	(3) 177 -3	Dr.				1			
Agencies Notified Type Not			8	Street Add 30 Ridg	dress e Road	11	33.00	Tije.,	, u 15:	ŜŞ						
DOL Ame	ended endment #_				e, Zip Code n, NJ 074	430	a L	ICEN!	PH 12:	\mathcal{H}						8
DOH justi	ergency (inc fication) icellation	luding		Name of 0 ED Dep						T						
				FACIL	ITY INFOR	MATI	ON	,								
Name of Facility Where Abatement Joyce Kilmer Elementary So Street Address	is Taking P chool	Place (3)						⊠ Sc Su	Facility (4 hool (K-12 bchapter 8	?) 3 (Othe	er than	K-12)				
80 Ridge Road	- 70000 1000000		000-2-1					L etc								3,
City (5) Mahwah								Square 45,000)	1	Floors		50	lg. Ag	je	
County (6) Bergen		20		County C	ode (7) SE ONLY)		_		Use (Prio entary So		ng dem	olished	d) 			
Name of Monitoring Firm Hired by RK Occupational & Environ	Building Ow mental A	mer (8) nalysis	Inc	ASCM	No.		0.0000000000000000000000000000000000000	of Abate Proup, I	ment Cont	tractor	(9)					
Street Address								Address	rg Turnp	oike						
403 St James Ave City, State, Zip Code					-	-	City, S	State, Zip	Code							
Phillipsburg, NJ 08865				Telephon	e No		· · · · · · ·	mingda none No.	ile, NJ 0	7403	Licen	se No.			_	
Project Manager for Monitoring Fir Jonathan Gilbert				908-45	4-6316		201-	710-97			0108					
Start Date (10) 4-9-2014		chedule -21-20		npletion D	Date (11)		200	of OSHA Group,	A Monitor Inc							
Occupancy Status During Abatem								Address	rg Turnp	oike						
Facility Closed/Vacated Durin	ng Entire Pe le of Normal	riod of A Facility	batem Hours	nent			City, S	State, Zip	Code							
Other – Describe:		5 5000					BIOC	mingu	ale, NJ 0	7403		70-1-25				
Scope of Work (Check All That Ap	ply)	IZI D	enova	tion			Г] Full	Containme	ent with	Negat	tive Pre	essur	e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Samuel .	emolit		•			Mini	Enclosure ebag Prod Exempted	e edure						
							Ľ	Non	-Exempled	1 () an	u Non-	FIIADIC		Abate		
Landing of		277.0	Locati Iormal	2000		De	escription	n of						Ту	ре	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Mai Cust	(12)	nce/ Staff?		os Cor therma surfa	itaining i	Material on the second of the		(5	mount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
0110		Yes	No	N/A	14/	ood o	ork fol	lt,masti		3 !	500 S	F	X			
Old Gym			X		VV	000,0	JOIK,ICI	it,inasti								
												1611				
Name of Registered Waste Haule GL Group, Inc	Γ	1	F	NJDEP W Hauler ID 033034	No.	of Wa			Name of GROW	Divis	erea La	at IOIIII				
City, State Bloomingdale, NJ							osal Dat	е	City, Stat Morrisv		PΑ			il.		
Completed by Elena Solakov	-	Title Presi	dent				Signatu	re Ele	nu Stull	ر ا		3-2	e 25-2	014		

CK 1360

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

Date of Notification (1) 3-25-14	10	,		of Buil BY K		ner/Operator	(2)		APR 3		ED		
Agencies Notified	Type Notification			Addre Ridge	ss road			L_2) g. 5//:	PM 12	: 37	>	
EPA DEP DOL	initial Amended Amendment			State, Z vater,	ip Code NJ				E TOENSIA	1/R	01		
X DOH X DCA	Emergency (justification) Cancellation	including		of Cor y Kol	0.00			4	Telenhone Numb	oer			
			FA	CILITA	Y INFOR	MATION	T-ma e	f Facility (4)					-
Name of Facility Where A Residential	Abatement is Takin	g Place (3)		İ			□ Se	chool (K-12					
Street Address 905 Ridge road							⊠ o et	ther (i.e. pri c.)	vate & commercial	buildi			5,
City (5) stillwater,NJ						30	Square 1600		# of Floors	74	ig. Ag	e	
County (6) Essex			Coun (STAT	ty Cod re use	e (7) ONLY)			t Use (Prior Iential	if being demolishe	ed)	0		
Name of Monitoring Firm	n Hired by Building	Owner (8)	AS	CM No	b.			ement Cont prises LL					
Street Address						Stree	et Address		-				
City, State, Zip Code						City,	State, Zip	Code		_			
Project Manager for Mo	nitoring Firm		Teler	ohone l	No.		erson, r phone No	NJ 07502	License No).		-2.00-12	
		Scheduled (94269	24 A Monitor	00129				
Start Date (10) 4-08-14		4-11-14	Jompleu	оп рас	le (11)								
Occupancy Status Durin	ng Abatement (Che	ck Only One)				Stree	et Addres	S					
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire med Outside of Nor	Period of Aba mal Facility He	nternent ours		1	City,	State, Zi	p Code		-			
Scope of Work (Check	All That Apply)		-		Van Co								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation nolition	¥			× Min	i-Enclosure vebag Prod				e	
				-1			140	- Lxcmptot	() and Hon I may	0.000		ement	t
			ocation mally					1	16		Ty	ре	
Location Asbestos-Containin TO BE A In Fac (13	ng Material (ACM) BATED cility	Used : Maint Custoo	Solely by enance/ tial Staff (12)	?		Description Containing thermal system surfacing, \ other miscel	g Material ems insula VAT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	-	VA	Thor	mal systen	ne incul	ation	70LF	x		-	
Basement la	undry room	+-+		×	men	nai systen	ilo il ioui	auon	TOLI	+-		-	
	7	-		+	1								
					į								
Name of Registered W DYV Enterprises L		4	Haule	P Was	CONTRACTOR OF THE PARTY OF THE	of Waste	5	100000000000000000000000000000000000000	Registered Landfill Management				
			0034	-1	1	10cy Disposal Da	ate	City, Stat			-		
City, State Paterson, NJ			1			3-15-14	26	Tullyto	wn, PA	ate			
Completed by Yanet Carpio		Title Owner				Signat	WE	(ak p	- TO 2	-25-1	4		

ASB-41 (R-06-08)

* 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

Check # 1938

Date of Notification (1)	,					Building Ov	ner / Ope	rator (2)				
$\frac{04}{0} / \frac{02}{0} / \frac{1}{10}$	14				INFINEUM				*			
Agencies Notified T	ype of No	tifica	tion		Street Ad	iaress ST LINDEN A	VE				_2	0
☐ EPA		Initial				e, Zip Code	2007					2
☐ DEP		Amer	nded		LINDEN,	NJ, 07036					4	10
☑ DOH			ndment		Name of		-		Talanha	na Nimel		Δ,
☑ DOL			gency v ellation	v/ justification	MICHAEL	. PULSFOR	i.	4			-//	<u>ن</u>
			onder on		ACILITY IN	FORMATIO	N				(2)	1
Name of Facility Where	Abateme	ent is	Taking	Place (3)	****	Type of Fa	cility (4)		16	407	ME Z	17.13
INFINEUM												100
Street Address						100 mm (c) (2)	School (K	er 8 (Other	than K-1	2)		- 0,
1900 EAST LINDEN AV	E							., private &				
							bldgs., ho	mes, etc.)				
	ounty (6)			County Code	(7)	Square Fe		# Of Floor	s	Buildir	ng Age	
LINDEN	NION					Current Us		being dem	olishod)	1	40 +	
						OFFICE	se (FIIOI II	being dem	olisheuj		40 1	
Name of Monitoring Fir	rm Hired	by Blo	dg. Owr	ner (8)	ASCM NO							
1												
AET						LVI Demoli	MIN AND THE PROPERTY	es Inc.				
Street Address 907 Doolittle Drive						Street Add	ress					
City, State, Zip Code	-					32 Williams	Parkway					
Bridgewater, NJ 08807						City, State		1				
Project Mngr. For Moni	itoring Fir	rm		Telephone Nu	mber	1		30				
Eric Houseknecth	6)	~ _		908-218-1108	43	East Hanov		936				
Sheduled Start Date (10 04 / 04 /	14		a. Comp 04	oletetion Date (1	14	Telephone	Number		License	Number	į.	75
 // /-	-1-		- /	//		973-88	4-8682	racessawa Ulyanacessa			00860	
Occupancy Status Duri						Name of O	SHA Moni	itor				
	ed/Vacate	ed Du	ring En	tire Period of		LVI Demoli		es Inc.				
Abatement	7 a mf a u m a a	4 0	side of l	Normal Facility		Street Add	ress					
Hours - Desc		Outs	side of	Normal Facility		32 Williams	Parkway					
		5:00 F	M FRID	- 5;00PM SUN		City, State		,				
Scope of Work (Check						East Hanov	er, NJ 079	936				
<u> 22 8 8</u>								97				
Demolition			√	Renovation				th Negative	Pressure	9		
≥3sf or≥3lf ≥160 sf or ≥2	260 If				Ø.	Mini - Encl Glovebag						
								nd Non-Frial	ble Proce	dure		
Location of			ls		Descript				Abateme	nt Type		I-
Asbestos Contain	iing		cation rmally	As	Material	Containing		Amount	R E	R	E N	E N
TO BE ABATED	o		sed	(1.	e., therma			(Specify	м	E	C	C
in Facility			olely			facing, VAT	,	SF or LF)	0	P	A	L
(13)	- 1	12:35:55 C	Main-	or	other misc	ellaneous)			V	A	P	0
			ance/	1					A L	l R	S	s U
8 E		0.70.000	ff (12)						L	"	L	R
			NO N/A								\pm	
4TH FLOOR			7	VAT/CONCRE	TE DEBRIS	3		1200SF	V			
											1 -	1
		-		-							 	+
Name of Registered Wa	aste Haule	er I		NJDEP Waste	Cubic	Name of R	egistered	Landfill				
NEWARK CARTING				Hauler ID No.	Yards of Waste	I.E.S.I.	- 3.0.0.00					
City, State					Disposal	City. State						
NEWARK, NJ					Date	BETHLEHE	M, PA 181	105				
Completed by (Print or	Type)			Title			Signature	(.			Date	
Steve Stiles				Project Manage	er		Dav	2 21	Q)		04	1/02/14

1 25 171

				(Pursu	ant to NJA	C 8:60-7 and 12:	120-7)			Z.	950			F 1 - P
Date of Notification (1)		a		2		e of Building On CK & CO.	wner/O	perator (2)		7; -		PP.	-3	PM 12: 32
4 / 2 /1	4				Stree	et Address				-		for		1/5.3
Agencies Notified Type No	otification				126 1	E. LINCOLN AVE	ENUE,	P.O. BOX 2	2000, RY28-	414	2/	100	1	, "<
DEP AI	itial Notifion mended Nancellation	lotifica			City, RAH	State, Zip Code WAY, NEW JER	29.292.00	V				(CC)	F. /A	GAD:
	n Hold MERGEN	ICY N	OTIF	ICATIO	ON THO	e of Contact MAS BLAZOVIC			Telephone	Numb	er			
			(8)		FACILITY	INFORMATION								
Name of Facility Where Abatement V. MERCK & CO.	is lakin	ig Pia	ce (3)		8		Х		(C. C. C. C. C. C. C. C. C. C. C. C. C.			., horr	ies, et	c.)
Street Address 126 EAST LINCOLN AVENUE -BLD	G 5	,				7	5.000	uare Feet 107,000	# of Floo				ldg. A 44	
	ounty (6) NION					nty Code (7) E USE ONLY)	OFF		or if being de	emolisi	hed)			
Name of Monitoring Firm Hired by						ASCM No.			nent Contra					112
ENVIRONMETAL HEALTH INVEST	IGATION	S, IN	C			17			MENTAL CO	DRPO	RAT	ION		
Street Address 655 WEST SHORE TRAIL							100000000000000000000000000000000000000	et Address SPOOK RO	CK BOAD					
City, State, Zip Code		-						State, Zip C						
	ΓA, NEW	JERS	SEY 0	7871					V YORK 109	901				
Project Manager for Monitoring Firm			Telep	ohone l	Number		Telep	ohone Numb	oer ·	Licen	se N	umber		
WILLIAM S. KERBEL, CIH			973-	729-56	49		845-3	369-7500		460				
Expected State Date (10)		Sche			ion Date (1		100000000000000000000000000000000000000	e of OSHA						
4/ 12 /1	. 144			1	12		AME	RISCI LAB	ORATORIE	SINC		#1	1480	*2
Month Day Year Occupancy Status During Abatement X Facility Closed/Vacated D Abatement Performed Ou X Other - Describe: S.	(Check o	onty or ire Pe Iormal	riod o Facil	ity Hou		Year be:	117	et Address EAST 30TH State, Zip C						
Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF	X	Reno	vation	i		X Full Conta Mini-Enck Glovebag Non-Friab	o∉, Proced	t with Negati dure	EW YORK, ive Pressure		YOR	RK 100	116	
Location of		E 12.500	Locat	200476		Description of As							ement	Туре
Asbestos-containing			mally		(Containing Materi	1.00	VI)	Amour	nt	RE	REPA	ENCA	E
Material (ACM)		CONTRACTOR	olely I	200		(ie. Thermal sy		-	(Special	fy	REMOVAL	PA	CA	ENCLOSURE
TO BE ABATED in Facility (13)			taff (1	todial		nsulation, surfaci or other miscella			SF or L	,	¥	≂	PSULE	SC
in radiity (13)						or other miscene	aricous,	,					Ē	교
		Yes	No	N/A								\vdash	-	-
BUILDING #32 - 5TH FLOOR				х	ACM FIRE	PROOFING			50 SF		х	_		
				\square								-	_	
						3133 14								
-				\square									-	
Name of Registered Waste Hauler		NUDS	P W	acto	Cubic Vara	ls of Waste	Mam	e of Registe	rad Landfill			<u> </u>		
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		Haule	er ID N 15939	No.		5	LYC	OMING CO	UNTY RESO R DRIVE/RO			ANAG	EMEN	T SERVICE
City, State					Disposal D		City	State				,		,
FREEHOLD, NEW JERSEY	Title				4/12-4/19/2		MON	UTGOMERY	, PA 17752		-/-	1/	3/	11/
Completed by (Print or Type) BENJAMIN SANCHEZ		СТОР	R OF	OPER	ATIONS	Signature	00			Date	7	10	4	14

Date of Notifipation (1)					NJAC 8:60			(1K#	20	241		
4/1/14			Nan 1	De of Bu	Ilding Owns	CA Ch	or (2)		<i>/- F1</i>		20		3
Agencies Notified EPA DEP DOL DOL DOH DOH Type Notificat Amendem Amendem Emergen justificati	i ent #_ cy (includ	ding	City,	et Addre	SMON Zip Code	+ D		2		र इ.स.	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sp.	2 19:
DCA Cancella	lion		4	Rya				7	' ine	Numb	P4 1	(a.	
Name of Facility Where Abatement is Ta	king Plac	Q (3)	F	ACILITY	INFORMA	TION							a.
Street Address 4 I remont Dric City (5)	27Cl				-		etc.)		er than I	(-12) ercial b	uildin	gs, ho	c ome
Neptone							Square Feet	# 01	f Floors		Bldg	. Age	
County (6)			Count	y Code E USE O	(7) NLY)		Current Use (Prior if bei		lished'	6	8	
Name of Monitoring Firm Hired by Bulldin	g Owner	(8)		CM No.		Name	Resident	2 ace					
Street Address						Ace	Insulation C	o., Inc	(9)				
Sit. Out of the same of the sa							Address ontrose Rd.						
ity, State, Zip Code		-				City, St	ate, Zip Code						
oject Manager for Monitoring Firm			Teleph	one No.		Telepho	Neck, New one No. 94 1757	T	License	No.			
tart Date (10)	Schedu	uled Co - صا	mpletion	Date (1	11)		f OSHA Monito		00029				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:			ment 's			Street A	ate, Zip Code						_
≥3 sf or ≥3 if) ≥160 sf or ≥260 if		Renova Demoli		r			Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				ro	
Location of		Locat Normal	ly		_				3071 110	1	Abat	ement	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial s (12)	nce/	Asbi (i.	estos Conta e, thermal s surfaci	cription of ining Mat systems in ng, VAT, scellaned	erial (ACM) isulation, or	Amo (Spe		Removal	Repair	e Encapsulate	0.00
	Yes	No	N/A		outer mi	scenarieo	ius)			oval	pair	sulate	cilciosure
widers			P	5	idia			1500	M	10		10	_
		-			0			100	71	-		1	
													-
e of Registered Waste Hauler Insulation Co., Inc.	<u> </u>	Ha	IDEP Wa Juler ID N 086	ste Vo.	Cubic Ya of Waste	ards		Registered	Landfill				
State		112			Disposal	Date	G.R.O.					5	
s Neck, New Jersey pleted by	Tin.					e (14	Tullyton						
ree mcGire	Title	a \ _ a	ytre		Sign	ature	, h		Date	2 1 1	-		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

ate of Notification (1)		Name of Building	Owner/Opera	tor (2)	2812.	39	ill	3	
March 31, 2014			Messer	cola Enterprise	· VAL	1 > 3		1 8	7
A I DIA	Notification	Street Address	РОВо	x 790		<u> </u>	AM	0: <u>~</u>	-
DEP [] Amen	ded Notification dment # gency (including	City, State, Zip Co	ode Mataw	an, NJ 07747	- 4/0	EHSI	14/4	<u>5</u>	
x] DOH justifi	cation)	Name of Contact Ferna			Telephone Number				
] DCA		FACILITY INFOR	MATION						_
lame of Facility Where Abatement is Taking Residence		NO.		Type of Facility	School (k-12) Subchapter 8 (othe	r than k-	12) percial l	buildin	ps.
Street Address 210 Hayes Court			**	[x	homes, etc.)	Bldg. A			J-,
Ortley Beach	County (6) Ocean	County Code (7) (STATE USE ON		Res	ior if being demolished)	Diag. 1	60		
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.			actor (9) ardian Contracting, 1	inc.			
Street Address			Street A	ddress.	39 Route 9, Unit 61				
City, State, Zip Code				ate, Zip Code To:	ms River, New Jerse	y 0875	55-127	71	
Project Manager for Monitoring Firm	Telephone Nu		732-3	one Number 49-9932	00624	umbei			_
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Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manag	Signature	$\mathcal{N} \sim l$	1	21	Dat 3/3	te 31/201	14	
Nicholas Pernicola	*Do not use	this form for asbesto	s licensure	exempted activiti	es.				

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	Date of Notification (1) 3 1 - 1 \$	Name of	Building Owner/Open	atur (2)			
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4/10/14		4/11/14				1	et Address							.27
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03/28/2014					ISCAN	wner/Oper SISTER			100	· ·				
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)



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Scheduled Start D A/14/1 Occupancy Status X Facility CI Abatemer Describe: Other - De Scope of Work (Co Demolitio Large Pro X Quantity Quantity Ash I	Date (10) 14 Is During A losed/Vacant Perform Area I: escribe: Check all the properties ≥ 3 SF (10) Location pestos-Cormaterial (Area III) TO BE AB/ in Facilia (13) Kinifectors Basem Basem Bered Wast Cartage	Scheduled Compared During Entire Period Outside of Normal Solated During About Abou	y one) priod of Abatemer I Facility Hours - patement Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) N/A N/A N/A N/A N/A	t 4	ame of OSHA I illobal Abaten itreet Address 43 Schoolho ity, State & Zip Monroe Town Full Mini- X Glov Othe Description of Asbestos-Conta Material (ACI i.e., thermal sysulation, surfacir other miscellar TSI Pipe TSI Pipe TSI Pipe TSI Pipe Gu. Yds. Disposal 4. Signatur	use Road O Code Iship, NJ 08 Containment -Enclosure Vebag Proceder: Non-fria of ining M) Stems ng, VAT neous) of Waste 2 Date /16/14	swith Negative dure able Amount (Specify Square Feet or Linear Feet) 2 LF 2 LF 100 LF Name of RegTRRF City, State Tullytown,	Abatement Type (Specify: Removal Repair, Encapsulat or Enclosure) Removal Removal Encapsulation gistered Landfill

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te of Notification (1)			Name	of Build	ing Owner/O	Operator (2 e Author	2) rity		AN NO)	` .;	10	1
28/14 encies Notified	Type Notification		Stree	t Address Main S	s			ii	40300		MA	2:4	4
EPA DEP DOL	Initial Amended Amendment #		City	State 7i	4	ersey 07	7095		- 00	434	MIA) 0(
DOH	Emergency (included justification) Cancellation	ding	Will	e of Cont liam Rit	ter			Te	lephone Numbo				-
DCA	Cancenation		F	ACILITY	INFORMA"	TION	Type of Fac	ility (A)		9			1
lewark Bay Exten	Abatement is Taking Pla sion Milepost 6.1 to	0.1					School Subch	(K-12)	ther than K-12) e & commercial t	ouilding	s, hor	nes,	
New Jersey Turnp Sity (5)	ike Milepost 8.1 to N	/illepost	0.1				Square Fee 3,200	JL	of Floors	Bldg. N/A			
Jersey City County (6)			Cou	unty Code	e (7) ONLY)		Current Us	e (Prior if to for roady	peing demolished way lighting	i)			
Hudson	m Hired by Building Own	ner (8)	1	ASCM No		Name	of Ahateme	nt Contrac					
Cardno ATC Street Address			16	98		Stroo	et Address 02 Queens						
3 Terri Lane						City	State, Zip Cong Island C	ode					
City, State, Zip Code Burlington, NJ 08			Te	elephone	No.	Tele	phone No.		License No 00853				
Project Manager for M Pat Sisk		cheduled	2	12-353-	-8280	Nam	3-349-0900 ne of OSHA	Aonitor	00000				
Start Date (10) 4/7/14	4	/6/15		- CHOIT DO			et Address				_		
CONTRACTOR OF THE PERSON NAMED IN COLUMN 1997	ring Abatement (Check (rind of Ab	ateme	ent		100 City	0 West 17	Code		1			_
Abatement Pen Other – Describ	e:	Tracinty 1				Ba	ayonne, Nu	07002					_
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260			enovati emolitio				Mini-E	nclosure	t with Negative F dure (*) and Non-Frial	ole Proc		ment	
		la	Locatio	00							Ту		
Asbestos-Conta TO BE In	ation of ining Material (ACM) <u>ABATED</u> Facility (13)	Used Mai	location all ormalic solid sol	y ly by nce/	(i.e. th	ermal sys	otion of ng Material (/ tems insulati , VAT, or cellaneous)	ACM) on,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
		Yes	No	N/A		Transite	Conduit		900 LF	х			1
	age 9B		X	-			Conduit		742 LF	X			1
St	age 11		^	-							-	-	1
				NJDEP V	Vacto	Cubic Ya	ards	Name of	Registered Land	fill	1	1	1
Name of Registere	d Waste Hauler sportation Co., Inc		l i	NJDEP V Hauler ID 24310		of Waste 125			nd Landfill				_
City, State		=				Disposal 4/9-4/3	0/14	City, Stat	e, NY	Date			
Shirley, NY 119							nature						

& Emergency &

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

Ch 4014

Date of Notification (1) 3/31/14			Nan	ne of Building Desalvo	g Owne	er/Operator	(2)	101			-79		-	
Agencies Notified	Type Notification			et Address	FIIVa	tie nome				-	3			7
<u> </u>			100000000000000000000000000000000000000	Budd Dr						-	-	್ಯ		
DEP X DOL	Initial Amended Amendmen	t #		, State, Zip C nahawkin		3050		-		18 (1)			7	
DOH DCA	Emergency justification) Cancellation		1	ne of Contac				T.	lone	e Numbr	4		1.4	2
				ACILITY IN	FORMA	TION			-	- 4	1000	7	<u> </u>	i,
Name of Facility Where All Joe Desalvo Private	patement is Takir	ng Place (3)		150			Type of Facility	(4)		N N		0,	9	
Street Address 32 Budd Dr	s nome						School (K Subchapte Other (i.e.	er 8 (Oth	er than	K-12)	u vildi:	ogo l	nomos	
City (5)						*	etc.)				unan	igs, i	iomes	•
Manahawkin NJ 080	50						Square Feet 1000 +	1	f Floors	3	Blo 35	lg. Ag +	e	
County (6) Ocean		4		nty Code (7)			Current Use (P Home	rior if be	ing dem	nolished)		1	
Name of Monitoring Firm H N/A	Hired by Building	Owner (8)	A	SCM No.			of Abatement Co	ontractor	(9)					
Street Address						Street	Address				-	-		-
City, State, Zip Code				PO Box 329 City, State, Zip Code										_
Project Manager for Monito	oring Firm		Tele	phone No.			Berlin NJ 08	091	Licen	se No				
Start Date (10)		Sabadulad		Telephone No.						cense No. 1727				
4/1/14		4/4/14	7/4	ion Date (11))	Same	of OSHA Monito	Г				W.		
Occupancy Status During	Abatement (Chec	k Only One)				Street	Address							
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire d Outside of Norn	Period of Ab nal Facility H	atement lours			City, St	ate, Zip Code							-
Scope of Work (Check All	That Apply)		-						-					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Property	novation molition			×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure						
		Is Lo	ocation				_ rion exompt	T Turn	<u>u 11011-1</u>	Tiubic i	- 31	baten	nent	
Location o	of .		rmally Solely by			Description				_		Тур	e T	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ED	Maint Custoo	enance/ lial Staff? 12)	Asbe	therm: sur			(5	mount Specify or LF)	Cincinn	Demous	Repair	Encapsulate	Enclosure
		Yes	No N/	'A									e ,	D.
Exterior Sig			×		Ex	terior Sid	ing	13	00 SF	x				
through o	ut	+	×			Floor tile		4	00 sf	x	1			
			-	-				<u> </u>			+	+	+	
Name of Registered Waste	Hauler	1	NJDEF	P Waste	Cub	ic Yards	Name of	Registe	red I ar	ndfill				_
United Containers				ID No.	1.0000.000000	/aste	G.R.O							
City, State Elm NJ	as 70				Disp 4/4/	osal Date	City, Sta Morrisv		1906	57				
Completed by		Title				Signature				Date				
Anthony T Perna		Preisde	ent			a				3/31/	14			

40. O.			State	of New J	ersey	BAENT	.0.	· · · ·			- Control	PHIL	For
Mile.	NOT	(Purs	uant to	NJAC 8:6	TOS ABATE 0 and 12:12	0)	2011		10	m		i no-voagu	
Date of Notification (1) 03/11/14				uilding Ow NSTRUC	mer/Operato	r (2)	MU AP	'-3 AM	in.	~		11	15.
Agencies Notified Type Notification			eet Add		STREET		877	13 p	,	7/			
EPA Initial Amended		1		, Zip Code			- 3 : 70	FA3/60	(AO)	,			
DOL Amendment #_	Indiaa		u zeroceni erono	OOD, N.	J 08701			1 = 1	. Alican			2	_
Emergency (inc justification) DCA Emergency (inc justification) Cancellation	luding	S		IIZRACH					e Num	oer		#	
	laca (2)		FACILI	TY INFOR	MATION	Tvi	pe of Facility (4)	-	-			-
Name of Facility Where Abatement is Taking P	lace (3)						School (K-12	!)					
Street Address						×	Subchapter 8 Other (i.e. pr	3 (Other than ivate & com	n K-12) mercia	l buildir	ngs, t	omes	he:
429 SCHOOL GARDEN						17070	etc.) juare Feet	# of Floor			ig. Ag		\dashv
City (5) LAKEWOOD											3.700 in 100		
County (6) OCEAN	***************************************		ounty Co	ode (7) SE ONLY)		Cı	urrent Use (Prio	r if being der	molish	ed)			
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASCM	No.	Nam AA	ne of A	Abatement Con AD PROFE	tractor (9) SSIONAL	S			***************************************	
Street Address					Stre 6 V	et Add	dress E DOVE CO	OURT					
City, State, Zip Code							e, Zip Code VOOD, NJ 08	3701	-				
Project Manager for Monitoring Firm		Т	elephon	e No.	Tele	phon			nse N	0.			
Start Date (10)	Scheduled	Comp	oletion D	ate (11)	Nar	ne of	OSHA Monitor		_				
03/21/14 04/02/14	3/24/14		4102	114			EAD PROFE	SSIONAL	.5				
Occupancy Status During Abatement (Check							idress TE DOVE CO	DURT					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	Facility F	lours	ent				e, Zip Code VOOD, NJ 0	8701					
Scope of Work (Check All That Apply)												O. (4-40)	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	SHOWERS	novat	0.75000			×	Full Containm Mini-Enclosure Glovebag Pro-	e cedure					
	1					X	Non-Exemple	d (*) and No	n-Friat			ement	
		ocation or mally	395		Descrip	lion of	, n				Ту	pe	
Location of Asbestos-Containing Material (ACM)		Solel		Asbest	os Containin thermal syst	g Mat	terial (ACM)	Amou		D.		Enc	En
TO BE ABATED In Facility	Custo	dial S (12)	taff?	(i.e.	surfacing,	VAT.	or	SF or L		Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other misce	manec	ous)			/a	-	late	Jre
EXTERIOR	res	NO	INA	18	XTERIOR	R SIE	HAG	1000	>	×			
LATERIOR				ROOF	= FLAS	HII	NG	4 4	F	X			
Name of Registered Waste Hauler		- N	JDEP W	Vaste	Cubic Yard	is	Name of	Registered	Landfi	1		111.5	
NEWARK CARTING		Н	auler ID 1509		of Waste	0	IESI						
City, State NEWARK, NJ					Disposal D 03/24/14		City, Sta	te _EHEM P/					
Completed by JOSEPH PERLSTEIN	Title OWN				Signa	ature	1/1	-	B	ate 8017	14	JO.	flol

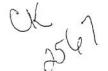
* Emergency *

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Date of Notification (1) 3/31/14					owner/Operate Private Ho		OIX			٠.,	100) ``)		
Agencies Notified	Type Notification		St	reet Address 1 Marguerite						G ,		- "	1.30	
DEP DOL	Initial Amended Amendment			ty, State, Zip C lanahawkin							100	7.7	The second	
DOH DCA	Emergency (justification) Cancellation	including	Na	ame of Contac ugh				Teler	- Jane N	linance No.	33		1.0720	
Name of Facility Where	Abatement is Taking	Place (3)		FACILITY IN	FORMATION	Tvr	pe of Facility (4)	<u> </u>				_		
Hugh Mckean Priv Street Address 61 Marguerite	ate Home				//	X	School (K-12) Subchapter 8 Other (i.e. priv) (Other	than K-	12) cial bui	ldings	, hom	es,	
City (5) Manahawkin NJ 08	3050		-				etc.) uare Feet 00 +	# of F	Floors		Bldg. /	\ge	VIII	
County (6) Ocean	*			ounty Code (7)			rrent Use (Prior	if being	g demoli	shed)				
Name of Monitoring Firm	n Hired by Building (Owner (8)	7	ASCM No.		ne of Al	batement Contra	actor (9	9)					
Street Address					Stre									
City, State, Zip Code	y, State, Zip Code					PO Box 329 City, State, Zip Code West Berlin NJ 08091								
Project Manager for Mo	nitoring Firm		Те	Telephone No. Telephone No. 856-753-9800						License No.				
Start Date (10) 4/1/14		Scheduled 4/4/14	Compl	etion Date (11) Nam		SHA Monitor			-				
Occupancy Status Durin	ng Abatement (Check	(Only One)			Stree	et Addi	ress					-		
➤ Facility Closed/Vac	cated During Entire F	eriod of Ab	atemer	nt			Zip Code	•						
Scope of Work (Check /	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Destroyance	novatio nolition			l N	Full Containmen Mini-Enclosure Glovebag Proced Non-Exempted (dure				۵		
Logotio	n of		cation				TOTI Exemples (<i>y</i> and 1	110111111		Abat	ement	i	
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED Ility	Used S Maint Custod	Solely I enance lial Sta 12)	e/ Asbe ff? (i.e	Description stos Containing thermal system surfacing, V other miscell	Mater ms inst /AT, or	Material (ACM) Amo ns insulation, (Spe AT, or SF or			Removal	Repair	Encapsulate	Enclosure	
Exterior	Siding	1 es	No	N/A X	Exterior S	Siding		1300	0 SF	×				
Name of Registered Wa	ste Hauler		NJD	EP Waste	Cubic Yards	8	Name of Re	egistere	ed Landf	ill				
United Containers				ler ID No.	of Waste		G.R.O.W			erto.				
City, State Elm NJ				Disposal Date 4/4/14			City, State Morrisville	City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title Preisde	ent		Signatu	L.			475	ate 3/31/1	4			

0,22/

Date of Notification (1) 03/30/14			Building ONSTR			(2)		V.	· /~							
Agencies Notified						JS STR	EET	4.50	71.50 -3	As						
DEP DOL	Initial Amended Amendment #		_	Name of Building Owner/Operator (2) MIZ CONSTRUCTION Street Address 21 CORNELIUS STREET City, State, Zip Code LAKEWOOD NJ 08701												
DOH DCA							Name of Contact SAUL									
Name of Facility Where		FACI	LITY INFO	ORMATIC	NC	Type of Facili	tu (4)	_	2	-						
Traine of Facility vinere	Abatement is raking	riace (5)					9	School (500 0		9			11		
Street Address	LCADDENIDD			****	100000000000000000000000000000000000000			Subchar	ter 8 (Oth	er than K-1 & commerc	2) ial buil	dinas	home	26		
419 & 409 SCHOO City (5)	L GARDEN RD							etc.)						,,		
LAKEWOOD								Square Feet 1500	2	f Floors		Bldg. A	ge			
County (6) OCEAN)		Current Use (HOME	Prior if bei	ng demolis	hed)	*******				
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.			of Abatement								
Street Address						Address HITE DOVE	COURT									
City, State, Zip Code								state, Zip Code EWOOD, No	08701							
Project Manager for Mor		Telepho	ne No.		Teleph	elephone No. License No. 1200										
Start Date (10) 04/01/14		Schedule 04/02/1		npletion (Date (11)		Name	me of OSHA Monitor AA LEAD PROFESSIONALS								
Occupancy Status Durin								eet Address								
Facility Closed/Vac	ated During Entire Poled Outside of Norma	eriod of A	baten	nent				WHITE DOVE COURT								
Other – Describe:		ar Facility	Hours	·		_		State, Zip Code KEWOOD, NJ 08701								
Scope of Work (Check A	II That Apply)								2779100							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Full Contai Mini-Enclos Glovebag F Non-Exem	sure Procedure				a			
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Location			ormal Sole				cription	SUPERIOR TO A STREET OF THE PARTY OF THE PAR			-	Туре		П		
TO BE AB	Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used So Mainter Custodia (12) Yes No					thermal s	systems ing, VA	T, or SF or		mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
EXTER	IOR		X	N/A		RO	OFIN	 G	15	1500 SF						
									1	-	X					
Name of Registered Was	ste Hauler		N	JDEP W	aste	Cubic Y	/ards	Name	of Registe	red Landfil	1					
NEWARK CARTING			Н	auler ID 4509		of Was		IESI		Ballalli						
City, State NEWARK, NJ				Disposal Date City, State 04/02/14 BETHLEHEM PA						1 PA						
Completed by JOSEPH PERLSTEIN Title OWNER						Si	gnature	7/		Di	ote o	130	114			



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σ			•••			NJAC 8				2/		1112	#4						
Date of Notification (1) 04/01/14	Name of Building Owner/Operator (2) SUSY Street Address 1454 PAWNEE RD.																		
Agencies Notified	pouron;	tification		Street Address 1454 PAWNEE RD.															
DEP DOL		ial nended nendment :	#		City, State, Zip Code NORTH BRUNSWICK, NJ 08902										2				
X DOH	Em jus	nergency (tification)		1	Name of			.,			Tele	nhone h	lumbe	nmpet					
DCA	DCA Cancellation							N.					-			-			
Name of Facility Where	Abatemer	nt is Taking	Place (3)	· · · · · ·	FAGIL	ITY INFO	KINATIO		Туре о	f Facility (4)								
Street Address 1454 PAWNEE RD).					-			Si x O	chool (K-12 ubchapter of ther (i.e. proc.)	(Othe			uild	ngs,	home	s,		
City (5) NORTH BRUNSW	ICK				115191	700			Square 700		# of	Floors	Bidg. Age						
County (6) MIDDLESEX					County C	ode (7) SE ONLY)		_	Curren	t Use (Prio	r if beir	ng demo	lished)		-0			
Name of Monitoring Firm	n Hired by	Building (Owner (8)		ASCM	No.				PROFE		Track to the second second	1						
Street Address						Address HITE D													
City, State, Zip Code						state, Zip EWOO				Y-MY-									
Project Manager for Mo		Telephor	ne No.	40.000000000000000000000000000000000000	phone No. Licens 2-668-9078 1200				nse No.										
Start Date (10) 04/04/14			Schedule 04/04/1		pletion [Date (11)			e of OSHA Monitor A LEAD PROFESSIONALS										
Occupancy Status Durin	ng Abatem	nent (Chec	k Only On	e)	Street Address								-						
Facility Closed/Vac Abatement Perform Other – Describe:	cated Duri ned Outsi	ng Entire I de of Norn	Period of A nal Facility	Abatem Hours	tement 6 WHITE DOVE City, State, Zip Code LAKEWOOD, N														
Scope of Work (Check	All That A	oply)	-					L/ 11 \		, 110 01									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		,,	DOMEST	tenova emolit					Mini	Containme i-Enclosure vebag Prod i-Exempted	edure					e			
			Is	Locati	on								Abatement Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used: Maint Custod					olely by nance/ al Staff? Asbestos C (i.e. there				Material is insulat AT, or		(5	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
700000000000000000000000000000000000000			Yes	No	N/A											te			
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					-	-							-						
		-		- 4			-						-						
Name of Registered Wa	aste Haule	er		19930	JDEP W		Cubic			Name of	Registe	ered Lan	dfill						
NEWARK CARTIN	G				Hauler ID No. of Waste 04509					IESI									
City, State NEWARK, NJ					BE						ty, State ETHLEHEM PA								
Completed by JOSEPH PERLSTE	ΞIN		Title OWN	IER	R Signate								Date 04/01/14						

Date of Notification (1)							MI	CAEL			1		
4-1-14			/ QN(q)	Iding Owners	Sperator (2	2)	1	804	22		100	~	
Agencies Notified Type Notificati	on		Street Addre		11	Υ		192 x	ئ.	19.0		-	
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DEP Amended	I		City, State, Z	ip Cade				- 40	36			D/	
DOL Amendme	ent #_ cy (includin	\	Alles-	town	DA	18101		4	43%	477	ì	•	
DOH justification		19	Name of Cor	ntact			T	elephone	Numbo	07	01		
DCA Cancellat	tion		Arty				-	Fightione	w.				
V			FACILITY	INFORMATI	ON				1	_	_		
Name of Facility Where Abatement is Ta	king Place	(3)				Type of Facilit	y (4)					_	
Forme-Go Station					I	School (K	April Charles						
549 R+36						Subchapt	ter 8 (Ot	her than K	(-12)				
					K	Other (i.e. etc.)	. private	& comme	rcial bu	ilding	s, hor	me	
301 for d					S	guare Feet	# (of Floors	T	Bldg.	Age		
County (6)	-				11	1200			1		5+	-	
11 12 Carocity		0	ounty Code	(7)	C	urrent Use (P	rior if be	ing demo	lished)	4	10.		
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lame of Monitoring Firm Hired by Buildin	ig Owner (8	3)	ASCM No.		Name of	Abatement C	ontracto						
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oject Manager for Monitoring Firm		TT	elephone No.		Colts N	leck, New J	Jersey	07722					
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art Date (10)	Schedul	ed Comp	letion Date (441				00029					
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la company of the com		(Pu	rsuant 1	to NJAC	8:60 and 1	2:120)	Mes	A (=	27	181	7			
Date of Notification (1) 3/31/14	Name of Building Owner/Operator (2) Renee Krukovsky														
Agencies Notified Type Notification	Street Address PO Box 511 APR -3 AM 10: 49														
DEP X Amended Amendmen	City, State, Zip Code Lake Hopatcong, NJ 07849														
□ Emergency □ justification □ DCA □ Cancellation	Name of Contact Renee														
			FACII	LITY INFO	RMATION	V									
Name of Facility Where Abatement is Takin house	ng Place (3)					Printed	of Facility (4							
Street Address 94 Knapp Pace	(4)			E				Subchapter	8 (Other that rivate & com			lings,	home	∍s,	
City (5) Englewood								re Feet	'S	Bldg. Age 50					
County (6) Bergen			County (STATE L	Code (7) JSE ONLY)		_	Curre	nt Use (Prio	or if being de	molish	ed)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	1 No.				tement Con onmental	tractor (9) Services,	LLC			16		
Street Address					177		Addres ox 48	ss 33, 4 E Ga	ate Drive						
City, State, Zip Code		1	×			- 300000	State, Zip Code nwood NJ 07418								
Project Manager for Monitoring Firm		Telephor	ne No.	7 (10)		lephone No. License No. 73-583-8500 703						***			
Start Date (10) 4/5/14	Schedule 4/14/14		pletion [Date (11)		of OSH	HA Monitor	- X-10							
Occupancy Status During Abatement (Che			Stree					et Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:					0	City, S	tate, Zi	ip Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				3	Ful Mir Glo	ni-Enclosure ovebag Proc	ent with Nega				e		
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Solel intenar odial S (12)	ly by nce/ staff?		tos Contair thermal sy surfacin	Description of Ontaining Material (ACM) Am Am al systems insulation, (Spracing, VAT, or SF or miscellaneous)					Removal	Repair	Encapsulate	Enclosure		
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basement		-			pipe ii	iouiu				-	-				
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Name of Registered Waste Hauler Freehold Cartage		Н	JDEP W auler ID 5939		Cubic Ya of Waste 10						11.847-1				
City, State Freehold NJ	8 - 93				Disposal TBD	Date	ate City, State Morrisville, PA								
Completed by Andrew Scott Higgins	dent		•	Sign	nature	In	<u></u>		Da 3/3	te 31/14					

X 1555

Date of Notification (1)							Owner/Operator (2	284 AP	~	1	16	7	£		
	31 /	14	-		Ros	ella F. T	runzo	HAP	7-2			<i>*</i>			
Agencies Notified	Type Notifi	cation			Street	Address		7	0355	0 /	14	1			
☐ EPA ☑ DOLWD	☐ Amende	- d				ocust A		27/6	200	20	. 0	ε			
⊠ DOH	Amenda				City, S	tate, Zip C	Code	- 7/0	5,50	470					
□ DCA	☐ Emerge	a Sandian	A STATE OF THE PARTY OF	1	Nor	th Arling	ton, NJ 07031			11014	C.	U!			
(NJAC 5:23-8)	justifica	ition)	•		1	of Contac			Telephone	Numbe	ř.				
	_ Cancen	ation													
Name of Facility Where A	\hatamant is	Toking	, Dlaco	(3)	FAC	JILII Y IN	IFORMATION	Type of Facility (4)					_	
Residential House	ADALETTICITE IS	Taking	riace	(3)				School (K-12)	_ (S)						
Street Address								Subchapter 8	(Other than	n K-12)					
47 Locust Avenue								Other (i.e., pr	ivate and co	ommercia	al bu	ilding	s,		
								homes, etc.) Square Feet	# of Floo	ro	Dia	lg. A		_	
City (5) North Arlington								Square Feet	# 01 1100	15	Dic	ıy. A	Je.		
County (6)				-	Cour	ty Codo /7)(STATE USE ONLY)	Current Use (Pri	or if boing d	lomolish	7				
					Cour	ity Code (/	NOTATE USE ONLY)	Current Use (File	or it being u	emonsne	eu)				
Bergen	Hirad by Dr	ilding (Dunor	(O)	ASCM	No	Name of Abatama	nt Contractor (0)							
Name of Monitoring Firm Bio Terra Solutions	**	iliaing C	Jwner	(8)	ASCIVI	NO.	Name of Abateme		^						
	5				, Y			NAGEMENT LI	_C						
Street Address							Street Address								
P.O. Box 1224	-						27 Outwater			-				_	
City, State, Zip Code							City, State, Zip Co								
Union, NJ				1= .			Garfield, NJ	07026		Na					
					phone 73-494	13	Telephone No. 973-928-4888	License No. 1188							
Start Date (10) Scheduled Comp				omple	tion Da	te (11)	Name of OSHA M	lonitor							
04 /12 /	14	_()4_ /	14	<u> </u>	14	ALL PRO MA	NAGEMENT LI	_C						
Occupancy Status During	Abatement	(Chec	k only	one)			Street Address								
☐ Facility Closed/Vacate	ed During Er	ntire Pe	riod of	Abate	ment		27 Outwater	Lane							
☐ Abatement Performed			State State September				City, State, Zip Co	ode							
Time of Abatement: _	AM	PI	M/	PM-		AM	Garfield, NJ								
Scope of Work (Check al	I that apply)														
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≥3 \$1 61 ≥3 11 ≥ 160 sf or ≥260 lf				novati			☐ Mini-Enc	Procedure							
					55%			mpted (*) and No	n-Friable Pr	ocedure					
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TO BE ABA	ATED	,,,,	200000	intena			., thermal systems		(Speci	0.000	Removal	Repair	cap	Enclosure	
IN Facili	ty		Cus	(12)	Staff?		surfacing, VAT		SF or L	_F)		7	Encapsulate	sure	
(13)			Yes	No	N/A	1	other miscellane	ous)					ate	0.228	
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Name of Registered Was	te Hauler			1.00	IJDEP \		Cubic Yards of	Name of Regis	tered Landf	ill					
ALL PRO MANAGE	MENT LLC	•			lauler II 00348		Waste As Needed	IESI Landfi	11						
City, State					00040	,,,,,	Disposal Date	City, State							
Garfield, NJ							TBD	Bethlehem	, PA			27	,		
Completed By (Print or T	ype)	Title				-	Signature	<u> </u>		Date	/		1.		
Zvonko Veskov		Р	reside	ent			1	1/1/1/	5×	Date	13	1/	14	•	
ASB-41							1	(NOW)		1		1'	/		
JAN 13		*	Do not	use th	nis form	for asbes	tos licensure exemp	oted activities.							