OK-WYS

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

Date of Notification (1)		***	Na	me of Buildi	ng Owner/Operato	r (2)		an and an analysis of the	7
	1-14				HN K81				4)45
Agencies Notified	Type Notification	n	St	reet Address	CHIMNEY	18006	Pars	1 7.2	
☐ 6PA ☐ DEP	Initial Amended		L	7/7	MINEY	NOCK	NOFE		
DOL	Amendment		Ci	y, State, Zip	Code	115	**		
Прон	[V] Emergency		Senne		RTINSVI	<u> </u>	1 Tolophene 11		1.17
DCA	justification) Cancellation	,	Na	me of Conta	or PLACK	110	Tolonkens M.		
							5		
Name of Facility Where	Ab stoment in Tale	na Dinas 6		FACILITY IN	FORMATION	T = 78 W	/		-
Name of Facility Where	Abatement is Tak	ng Place (3)	34		Type of Facility			
Street Address EHI	MNEY RE	ock i	Ron	9 P		Other (i.e.,	8 (Other than K-1) private & commerci		s,
6: 18	NSVILLE				-836	Square Feet	# of Floors	Bldg.	Age
The second secon	RSET	The second secon	TC	ounty Code (The state of the s	A second second	rior if being demoli	and the second s	
Name of Monitoring Firm	The state of the s	Owner	-	M No.	I Name of Abatas	nent Contractor (11011	Esuton
(8)	ou by building	Office	730	avi NU.			ISTRIES	10	10.
Street Address			- L		Street Address				
		E			145 1	HTICK	TR.		
City, State, Zip Code					City State Zin C	ods.		10 11	
						K. N	J. 08)	114	
Project Manager for Mon			l'elepho	ne No.	Telephone No. 32 89	39-1490	License No.	6	TO THE STATE OF TH
Start Date (10)	Sche	eduled Con	pletion	Date (11)	Name of OSHA I	Jan			***************************************
Occupancy Status Durin	g Abatement (Che	ck only on	e)		Street Address				
Facility Closed/Vacate	ed During Entire P	eriod of Ab	atemen	t					
Abatement Performed			iours		City, State, Zip C	ode	324		
Other - Describe:	VACAN	<u> </u>							
Scope of Work (Check al	It that apply)	/			EXEUR CO.	delement with M-		Democratica de la com	
≥3 sf or ≥3 lf		Reno	vation		Mini-End	ntainment with Ne closure	gative Pressure		
≥160 sf or ≥260 lf		Demo	lition		Gloveba	g Procedure	Prints Barrel		
		Is Loc	ation	T	I Non-Exe	empted (*) and No	on-Friable Procedur	Abate	ment
		Nom	ally					Ту	
Location of Asbestos-Containing M		Used So Mainter		Asbes	Description of tos Containing Mat		Amount	T	
TO BE ABATI		Custo			thermal systems in	nsulation,	(Specify	20 20	100
IN Facility (13)		(12		ĺ	surfacing, VAT, other miscellaneo		SF or LF)	Removal	Encapsulate
		Yes N	o N//					100	ate
RASSWIF			1	Tito	10015 55	7/1/2	50	1	-
BASEMEN			+-	LITERI	THOUGHT	EMS/NSV	HOADU.	1	\vdash
			+					\vdash	\vdash
			-				V-02-00-00-00-00-00-00-00-00-00-00-00-00-	\vdash	\vdash
Name of Registered Wast	a Hauter	Ц.,	NIDER	Waste	Cubic Yards	Name of Regis	stored Landfill		
BRICK INDO	ISTRIES	INC	Hauter		of Waste	(S	. R.O. W	, ۵	
City State BRICK 1	0 , LY	8/2	4		Disposal Date	City, State	PA	Overdeen het einen Kon Papart die en vir seinen.	undet maken at tempera
Completed By PL	ACKIS Title	PRE	<u>s</u> .		Signature	Littlack_	Date	2-1	4
			,			a by the	- Itematican		

ASB-41

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

State of them jeisey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building			-7	20	C'	
April 2, 2014			Seminole C	Construction		37	20	
Agence Geed Type of Notification	Notification	Street Address	128 Bartlet	Avenue	j.	53	, p. 5.	
[x] DOL Amen	nded Notification ndment # gency (including	City, State, Zip Co	ie West Creel	k, NJ 08092	60 kg	F3	- 1	
[x] DOH justifi	ication)	Name of Contact			Telephone Number			
[] DCA [] Cance	ellation	Joyce						
		ACILITY INFORM			52		- 10	
Name of Facility Where Abatement is Taking	Place (3)		Тут	of Facility (4)			13	
Residence					School (k-12) Subchapter 8 (oth		2)	179
Street Address 34 Joan Drive				[x]	Other (i.e.,/private	10. 55	100	
City	County (6)	County Code (7) (STATE USE ONL		are feet	# of Floors	Bldg. Ag	e 60	
Beach Haven West	Ocean	(STATE OSE ONE		2000 sf	if being demolished)		00	
				Reside	ence			
Name of Monitoring Firm Hired by Building O N/A	Owner (8)	ASCM No.	Name of Abat	ement Contracto	r (9) ian Contracting,	Inc		
Street Address			Street Address		ian contracting,	mo.		
					Route 9, Unit 61			
City, State, Zip Code			City, State, Zi	Toms	River, New Jerse		-1271	
Project Manager for Monitoring Firm	Telephone Numl	ber	Telephone Nu 732-349-99		License N 00624	umber		
Scheduled Start Date (10)	Scheduled Comp	oletion Date (11)	Name of OSH	A Monitor				
4/02/14 Occupancy Status During Abatement (Check	4/04/14		Street Address		L. Analytical			-
	d During Entire Period of	Abatement		983	Stelton Road			
	Outside of Normal Facility	Hours	City, State, Zi	p Code				
Other – Describe					away, New Jerse	y 08854		
Scope of Work (Check all that apply)			[]	Full Containmen	nt with Negative Pres	sure		
			ĺ	Mini-Enclosure				
[] >3 sf or ≥3 lf		novation	7 7	Glovebag Proce				
[x] ≥160 sf or ≥260 lf	[X] Der	nolition	[x]	Non-Exempted	(*) and Non-Friable	Procedure		
						Abateme	nt Type	
Location of	Is Location Normally used		Description of bestos-Contain		Amount	R R		Е
Asbestos-Containing Material (ACM)	Solely by		Material (ACM		(Specify SF	E E		N C
TO BE ABATED	Maintenance/Custoo		e., thermal syste		or LF)	OA	A	L
in facility (13)	Staff (12)	in	sulation, surfact VAT, or	ing,		V R	PS	S
(15)	(12)	ot	her miscellaneo	us)		Λ	U	U
	YES NO N	Ά.				L	L E	R
Exterior	X	Asbestos sidi	ng	+	1800 sf	X		
			-				1	1
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Ha 2022		ards of Waste	Name of Regis	stered Landfill			
City, State Toms River, New Jersey	D	isposal Date /07/14	City, State	n, Pennsylvan	ia/ ?			
Completed by (Print or Type)	Title	Signature	1 /	/ I I I		Date		
Nicholas Fernicola	Project Manager	$\perp \perp M_c$	Act	+11		4/2/20	14	

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Du Car de Car								1	1,	
Date of Notification (1) April 2, 2014	4	Name of Buildin			onstruction	2	32	5	2	
	eation ial Notification ended Notification	Street Address	128 Ba	artlett	Avenue	- Co		-0 -	> -(- 4
[x] DOL Am	endment # ergency (including	City, State, Zip (Creek,	NJ 08092		C.	100	e,	e in
[] = 0	ification) cellation	Name of Contact Joyo				Telephone Number	-	1) '?	7
		FACILITY INFOR	MATION					-	-	
Name of Facility Where Abatement is Takin Residence	g Place (3)			Туре	of Facility (4)	School (k-12)				
Street Address 1144 Mill Creek	Road	A.			[x]	Other (i.e., priva homes, etc.)				ldings,
City	County (6)	County Code (7) (STATE USE ON	LY)		e feet 800 sf	# of Floors	Bld	g. Age	60	
Beach Haven West	Ocean			Curre	nt Use (Prior i Reside)		00	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of A	Abatem	ent Contractor					
Street Address			Street Add	dress		an Contracting				
City, State, Zip Codc			City, State	, Zip C	1889 R	oute 9, Unit 61				
Project Manager for Monitoring Firm	Telephone Num	ber	Telephone	Numb	Toms I	River, New Jers			271	
Scheduled Start Date (10)	Scheduled Com	pletion Date (11)	732-349	-9932	2	00624	vumber	#UP-75-56		
4/02/14	4/04/14	piction Date (11)	Name of C	JSHA I		L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate	d During Entire Period of	Abatement	Street Add	iress	1056 S	telton Road				
Abatement Performed Other – Describe	Outside of Normal Facility	/ Hours	City, State	, Zip C		- Touch				
						way, New Jerse	ey 088	354		
Scope of Work (Check all that apply)			[]		Containment	with Negative Pres	sure			
[] >3 sf or ≥3 lf	[] Ren	ovation	ii		vebag Procedu	ire				
[X] ≥160 sf or ≥260 lf	[X] Den	nolition	[x]) and Non-Friable l	Procedu	ıre		
						T	Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custod Staff (12) YES NO N/A	ial (i. in:	Description sbestos-Conta Material (AC e., thermal sy sulation, surfa VAT, or her miscellan	aining CM) stems acing,		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior	X	Asbestos sidi	no		 	650 sf			Е	Е
		. ISOCOLOS SIGI		-		030 81	X	_		
Name of Registered Waste Hauler	NIDER Waste 11	des ID No. 1 o 1 : 5								
Guardian Contracting, Inc.	NJDEP Waste Hau 20223		ards of Waste		me of Register T.R.R.F.	ed Landfill				
City, State Toms River, New Jersey	Dis	posal Date 07/14	City, State	;		Cat.	-			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature Signature	1 dillytov	yn, Pe	ennsylvania	1)	Date 4/2/	2014	-	_

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

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of Building C	Owner/Operat	or (2)		A				
April 2, 2014			Semino	le Consti	ruction	d 39	121			_
Agencies Notified Type of Notificatio	n lotification	Street Address	128 Ba	rtlett Ave	enue			Ŕ,		
[] DEP [] Amend	ed Notification ment # ency (including	City, State, Zip Coo	de West C	reek, NJ	08092	60 100 ·	3			
[x] DOH [] DCA [] Cancell	ation)	Name of Contact Joyce			Telc	phone Number	· _ <u>-</u>	<u> </u>		
	FA	CILITY INFORM	IATION			- 4				— ×
Name of Facility Where Abatement is Taking P Residence				Type of I		School (k-12) Subchapter 8 (other	r than k-	-12)	-	
Street Address 1229 Jennifer Lane						Other (i.e., private homes, etc.)	& comm		buildin	gs,
City	County (6)	County Code (7) (STATE USE ONI	.Y)	Square for	00 sf	# of Floors	Blug. 7	60		
Beach Haven West	Ocean	(OMIZ GOD GAS		Current	Use (Prior if be Residenc					
Name of Monitoring Firm Hired by Building C	wner (8)	ASCM No.	Name of	Abatement	t Contractor (9) Contracting, I	nc.			
N/A Street Address			Street Ac		1889 Ro	ute 9, Unit 61				
City, State, Zip Code			City, Sta	te, Zip Cod	ie Tome Di	ver, New Jerse	v 0874	55-12	71	
Project Manager for Monitoring Firm	Telephone Numb	oer		ne Number 9-9932		License Nu 00624	ımber			
Scheduled Start Date (10) 4/02/14	Scheduled Comp 4/04/14	oletion Date (11)	Name of	OSHA M		. Analytical				
Occupancy Status During Abatement (Check of Facility Closed/Vacated	During Entire Period of A		Street A	ddress	1056 Ste	elton Road				
[] Abatement Performed (Outside of Normal Facility	Hours	City, Sta	ite, Zip Co	de Piscatav	vay, New Jerse	y 0885	54	10.162	
Scope of Work (Check all that apply)			[[•	Containment v	with Negative Press	sure			
[] >3 sf or ≥3 lf	L .	novation	ĺ	T. 3274 10.	vebag Procedu	re and Non-Friable I	Procedu	re		
[x] ≥160 sf or ≥260 lf	[x] De	molition	[x	j Non	i-Exempled ()	and Iton-Fridore				=
							Abate	ement	ype	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custo Staff (12)	dial (Description Asbestos-Co Material (i.e., therma insulation, s VAT, other misce	ontaining ACM) I systems surfacing, or		Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S	E N C L O S U
***	YES NO N	I/A	other misce	maricous)			L		L E	R E
Exterior	X	Asbestos si	ding			1700 sf	X	-		
						17 100				
Name of Registered Waste Hauler Guardian Contracting, Inc	NJDEP Waste F	170 (C) 20 (C)			ame of Registo T.R.R.F.	ered Landfill				
City, State Toms River, New Jersey		Disposal Date 4/07/14	City, Tull	State ytown, F	Pennsylvani	ay				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	rich	#1	+1		Dat 4/2	e 2/2014	!	
		s form for asbestos	licensure ex	empted a	ctivities.					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building	Owner/Operator	(2)	en.	100	-11	
April 2, 2014			Lertch Wi	recking & Disp	osal 🔌	295	4	
[] DEP [] Amen	Notification nded Notification	Street Address City, State, Zip Co.	5115 Belt	mar Blvd.	7,	3		
	ndment # gency (including	ony, oune, one oo	Wall, NJ	07727	60/27	ر الر		
[x] DOH justifi	ication) ellation	Name of Contact Doug		Т	ele · · · · · · · · · · · · · · · · · ·	2.		5
		CILITY INFORM			1	119	9 m. cd	
Name of Facility Where Abatement is Taking Residence	Place (3)		T	ype of Facility (4)	School (k-12)	53	6	
Street Address				i i	Subchapter 8 (oth	1.12	50	
310 Trenton Aven	ue			[x]	Other (i.e., privat homes, etc.)	e & comm	ercial buil	dings,
City	County (6)	County Code (7) (STATE USE ONL		quare feet	# of Floors	Bldg. A		
Point Pleasant Beach	Ocean	(STATE USE ONL		2000 sf urrent Use (Prior if	being demolished)	<u> </u>	60	
N	2 (0)	1001431		Residen				
Name of Monitoring Firm Hired by Building O N/A	Owner (8)	ASCM No.	Name of Aba	nternent Contractor Guardia	(9) in Contracting,	Inc.		
Street Address			Street Addres	SS	- 2010-1411 (1910-1411)			
City, State, Zip Code			City, State, Z		oute 9, Unit 61			
Project Manager Co. Marketing Piles	Table V		T. I. I. N		liver, New Jerse		-1271	
Project Manager for Monitoring Firm	Telephone Number	Ţ	Telephone No. 732-349-9		License N 00624	umber		
Scheduled Start Date (10)	Scheduled Comple	tion Date (11)	Name of OSI		(Amalaniani			
4/03/14 Occupancy Status During Abatement (Check of	4/07/14 only one)		Street Addres		L. Analytical			
	During Entire Period of Ab			1056 St	elton Road			
[] Abatement Performed (Outside of Normal Facility H	lours	City, State, Z		way, New Jerse	y 08854		
Scope of Work (Check all that apply)			[]		with Negative Pres	sure		
[] >3 sf or ≥3 lf	[] Renov	vation	[]	Mini-Enclosure Glovebag Procedu	ıre			
[x] ≥160 sf or ≥260 lf	[x] Demo		[x]) and Non-Friable I	Procedure		
						Abateme	ent Type	
	Is Location		Description o			RR		E
Location of Asbestos-Containing Material (ACM)	Normally used Solely by	The state of the s	bestos-Contair Material (ACN	P	Amount (Specify SF	E E	N	N
TO BE ABATED	Maintenance/Custodia	.l (i.e	., thermal syst	tems	or LF)	M P	119556	C L
in facility	Staff	ins	ulation, surfact VAT, or	ing,		O I	PS	OS
(13)	(12)	oth	vA1, or ner miscellane	ous)		A	U	U
	YES NO N/A					L	L	R E
Exterior	X	Asbestos sidi	ng		2200 sf	X		1
				T	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	er ID No. Cubic Y	ards of Waste	Name of Registe T.R.R.F.	red Landfill			
City, State	Disp	osal Date	City, State					
Completed by (Print or Type)	Title 4/08	8/14 Signature	Tullytow	n, Pennsylvania	1	Date		
Nicholas Fernicola	Project Manager	1	chot	tel	V	4/2/20	14	

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(P	ursuant	to NJAC 8:	60 and 12:12	20)		Det	23	74	7	
ate of Notification (1)	/1/2014			1	Name of Build	ling Owner/Ope Messe	erator (2) ercola En	terprises	, .	*	' 🤃		
gencies Notified Ty X] EPA [] DEP [pe of Notification Initial Notification Amende	otificat			Street Address	РО В	ox 790		APR	7 20	14		-
x j DOL	Amendn	nent#_			City, State, Zi	p Code	Ma	tawan, NJ	07747			i.	
x] DOH	X] Emerger justificat] Cancella	tion)	Juding		Name of Con	act rnando		Te	elephone Number			in L	-
] DCA				FACI	LITY INFO	RMATION							
Name of Facility Where Abate Reside Street Address	nce	lace (3))				Type of	Facility (4) [] [] [x]	School (k-12) Subchapter 8 (oth Other (i.e., private			al build	ings,
Beach Haven W	est	County			County Code (STATE USE			00 sf Use (Prior if	homes, etc.) # of Floors 1 being demolished)	Bldg.	Age 50)	
Name of Monitoring Firm Hire	ed by Building O	wner (8	3)		ASCM No.	Name o	of Abatemer	Residen nt Contractor Guardia		Inc.			
N/A Street Address						Street A	Address						
City, State, Zip Code						City, St	tate, Zip Co	de	oute 9, Unit 61 Liver, New Jerse	v 087	55-12	271	
Project Manager for Monitorin	ng Firm		Telephone	Number			one Numbe		License No 00624				
Scheduled Start Date (10) 04/02/201	4		04/04/20	100	on Date (11)		of OSHA M		L. Analytical				
[] Abatem	tement (Check or Closed/Vacated tent Performed Or Describe	During	Entire Peri			// // // // // // // // // // // // //	Address tate, Zip Co	de	telton Road way, New Jerse	y 088	54		
Scope of Work (Check all that	r≥3 lf		[]	Renovat		[[[[x] Min	-Enclosure vebag Proced	t with Negative Pre- ure *) and Non-Friable I		ıre		
[X] ≥160 si	or≥260 II		[^]	Demon	I	1.55					ement	Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custo Staff (12)				sed		Descript Asbestos-C Material (i.e., therma insulation, vAT other misce	ontaining (ACM) al systems surfacing, , or		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbestos	siding			1200sf	X			
				-	1			-		-	-	-	
			+										
Name of Registered Waste H Guardian Cont	auler racting, Inc.	1	NJDEP Was	ste Hauler 20223	ID No. C	ibic Yards of W		me of Regist T.R.R.F.	ered Landfill				
City, State Toms River, N					sal Date 7/2014		State ytown, P	ennsylvani	ia	T =			15.10.54-0
Completed by (Print or Type Nicholas Ferni)		ect Manag		Signature	ichol	4/	1		4/1	: /2014 		
			*Do not u	se this fo	rm for asbes	tos licensure e	exempted o	activities.					

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) April 1, 201	14	Name of Buildi	ing Owner/Operat			·····	7	J.	1.1
[] DEP	ication tial Notification mended Notification mendment #	Street Address City, State, Zip	335 Par	age Site Work	APR	<u> </u>	2014	96	
[x] DOH [x] Em	nergency (including tification)	N- CG		gg Harbor, NJ 0	8087				
	ncellation	Name of Contac Joh	n Tuck		Telephone Number	er			
Name of Facility Where Abatement is Takir	FA	CILITY INFOR	RMATION		ι -		- 4		-
Residence	ng Place (3)			Type of Facility (4)			<u>`</u>		
Street Address 44 West Raritan				[x]	School (k-12) Subchapter 8 (continued of the continued of				ildings,
City	County (6)	County Code (7) (STATE USE ON	JI V)	Square feet	# of Floors	BI	dg. Ag	e	
Little Egg Harbor	Ocean	(STATE OSE OF		1500 sf Current Use (Prior if	being demolisher	d)		60	zoce remite
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of Ab	Resider	(9)				
Street Address			Street Addre	Guardia	n Contracting	, Inc.			
City, State, Zip Code				1889 R	oute 9, Unit 6	1			
			City, State, 2	Zip Code					
Project Manager for Monitoring Firm	Telephone Numbe	r	Telephone N	lumber	iver, New Jer	Sey 08	8755-	1271	
Scheduled Start Date (10)	Scheduled Comple	tion Date (11)	732-349-9 Name of OS		00624		•		
4/02/14 Occupancy Status During Abatement (Check	4/04/14		Name of OS		. Analytical				
[X] Facility Closed/Vacate	ed During Entire Period of Ab Outside of Normal Facility H	atement	Street Addre	1056 St	elton Road				
Scope of Work (Check all that apply)				Piscatav	vay, New Jerse	ey 08	854		
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	[] Renov	PARTIES.	[] [] [x]	Full Containment v Mini-Enclosure Glovebag Procedur Non-Exempted (*)	re		ure		
						Aba	tement	Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	(i.c	Description of sbestos-Contain Material (ACM e., thermal syste sulation, surfaci VAT, or her miscellaneo	ning I) ems ing,	Amount (Specify SF or LF)	R E M O V A	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior	X	Asbestos sidi	ng		1300 sf	X		Е	Е
					1200 21	^			-
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State	NJDEP Waste Hauler 20223	ID No. Cubic Ya	ards of Waste	Name of Registered	d Landfill				
Toms River, New Jersey	4/07/		City, State Tullytown	Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager *Do not use this form	Signature	hot-	11		Date 4/1/2	2014		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		_								CL	Tr /	15	145	
Date of Notification (1) April 1, 2014	Y.			Name of Buil	lding Ov			Alternati	ves	1		7 原		1
[] DEP [] Ame [x] DOL Ame	al Notifi	otification		Street Addres City, State, Z	-		O Box	-	AF	PR 7	201			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		(including				Clin	ton, NJ	08809						
1 1 10011	fication] ellation			Name of Con St	tact teve Po	otter			Telephor	ie Nha-		1.		
			FAC	LILITY INFO	ORMA	TIOIT	V			-			44	-
Name of Facility Where Abatement is Takin Residence	g Place	(3)					Туре	of Facility	THE PERSON OF TH	ol (k-12)				
Street Address 442 Eisenhower A	ve							[x]	Other	napter 8 (ot (i.e., priva				ldings,
City	Cour	nty (6)	T	County Code (Squa	re feet		Floors	Bld	g. Age		
Ortley Beach	Oce	an		(STATE USE	ONLI)		Curr	960 sf	or if being d	I lemolished)	(50	
Name of Monitoring Firm Hired by Building N/A	Owner	(8)		ASCM No.		Name	of Abater	nent Contra		tracting	Inc		-	
Street Address	40					Street	Address			ACC - 1000 - 1000	1110.			
City, State, Zip Code					-	City, S	tate, Zip	Ode	Route 9.					
oject Manager for Monitoring Firm Telephone N heduled Start Date (10) Scheduled C					- 11		one Num	ber	s River, 1	License N			271	
Scheduled Start Date (10) Scheduled Con 04/02/2014 04/02/2014 04/03/2014				ion Date (11)			of OSHA	Monitor	S.L. Ana	00624				
Occupancy Status During Abatement (Check	d Durir	ne) ng Entire Pe	riod of Ab			Street .	Address		Stelton I					
Abatement Performed Other – Describe	Outside	or Normal	raciity H	ours	- [City, S	tate, Zip	1713 Par 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ntaway, N	lew Jerse	y 088	354		
Scope of Work (Check all that apply)]	S2	II Containm		egative Pro	ssure			
$\begin{bmatrix} \\ \\ \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \\ \\ \\ \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[] [x]	Renova Demoli			[[x	j GI	ovebag Proc on-Exempte	cedure	on-Friable l	Proced	ure		
				T ===		_	-				_			
		Is Locati	on		De	scrint	ion of					ement	T	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) YES			ised y		Asbes Mat (i.e., the insular	tos-Co erial (nerma tion, s VAT,	ontaining (ACM) I system surfacing	s s	(Spe	mount ecify SF r LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos s	siding				350	sf	X			
			-						-					
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Was	20223	2	ic Yards 2	ofWa	iste N	ame of Reg T.R.R.F.		dfill				
City, State Toms River, New Jersey				al Date /2014		City, S Tully		ennsylva	nia					
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manag	er	Signature	1		11		7		Date	2014		

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

Named

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Shelt		N		ATION	te of New Jer OF ASBESTO o NJAC 8:60	S ABATE				T,	28/4	19 10		
Date of Notification (1) April 1st-2014		, , , , ,			Building Ownert National			ining Ce	enter	ر م	Bldg. Age n/a Pressure Pressure Abatement Type Removal X			
	Notification		200	Street Ad	Idress Imp Drive					1	20	C.,	TA	
EPA DEP DOL	Amended Amendment	#	(City, Stat	e, Zip Code rt, NJ 0875	0					1		· /2	
] DOH	Emergency (i justification)		1	Name of	Contact				Telenhone N	π.		.,	'Q	
DCA D	Cancellation			Bill McI	ITY INFORM	ATION								
lame of Facility Where Abater					III INFORM	ATION	Туре	of Facility ((4)	_				
Sea Girt National Guard Street Address	Training C	enter ar	nd Arr	nory	-	*	I s		r 8 (Other than K-			:74		
100 Camp Drive	47						e	other (i.e. p tc.) e Feet	# of Floors				es, 	
Sea Girt, NJ 08750		-							0	r		.5"	*	
County (6) OCEAN	30			County C STATE U	Code (7) ISE ONLY)			nt Use (Pri ing Cen	ior if being demoli ter	shed)				
Name of Monitoring Firm Hired Whitman	d by Building (Owner (8)		ASCM	No.	The second second second second		ement Corpo	ntractor (9) oration					
Street Address 7 Pleasant Hill Road	***************************************		141	I			t Addres 69th S	F1						
City, State, Zip Code						City, S	State, Zi		093					
	anbury, NJ 08512 ject Manager for Monitoring Firm				ne No.	Telep	hone No),	License	No.		- 336		
Start Date (10)		Schedule	ed Com	pletion [Date (11)		-295-17 of OSH	700 A Monitor	01074				- 27.	
Feb/25/2014		June/3	0/201			Sam	ne as a	bove						
Facility Closed/Vacated Data Abatement Performed Out	Ouring Entire F	Period of A	Abatem	ent	1		t Addres State, Zi					-		
Scope of Work (Check All Tha	t Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Salara Comp.	Renovat Demoliti				Min Glo	i-Enclosur vebag Pro				ге		
			Location	9000									t	
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)		Use Ma	d Solel intenar todial S (12)	y by nce/	(i.e. the	Description Containing I rmal system urfacing, V ner miscella	Material ns insula AT, or		Amount (Specify SF or LF)	Remova	Repair	Encapsula	Enclosure	
=		Yes	No	N/A	Olean		'4 - J - I-	<u> </u>	0.000		-	e		
Field Training Area des				X	Clean	up trans	ite deb	DIS	8,260 cubic y	u x	-	-	-	
asbestos abatemen	t areas									-		-	-	
1,2,3 & 4										-		-	-	
Name of Registered Waste Ha Clean Venture Inc	auler		NJDEP Waste Cub Hauler ID No. of W 16755 8,26					What was a second	 f Registered Land VS Landfill	fill	1	1		
City, State 201 South 1st St. Elizab	eth, NJ 07	206			Di tb	isposal Date d	е	City, Sta Morris	ite ville, PA 1906	7		1		
Completed by Gina Salvador	7	Title Offic	e Mar	nager		Signatu	re &	Blue		Date 4/1/20	14			

Check# 0595

Date of Notification (1) 4/2/14			- 1		Building Owner/	Operator	(2)			28/4	, (2)	30000 C	<u></u>	
Agencies Notified	Type Notification		177	reet Add	tress omfield Ave)			۶	10 3	D _R	3		
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DOH DCA	Emergency justification) Cancellation		N	ame of 0	Contact		0			12.4.	ha	,	0	
		DI (0)		FACIL	ITY INFORMA	TION	Time of	Facility (4	\	2,5		_		
Name of Facility Where Student Center Bu		ng Place (3)					☐ Sc	hool (K-12	2)	- # W 40				
Street Address 120 Bloomfield Av							D Oth	ner (i.e. pr	ivate &	r than K-12 commercia	al buildi	ngs, I	nome	s,
City (5)							Square	1	# of	Floors	Bk	ig. Ac	je	_
Caldwell		12					10,00	D	2		40) +		
County (6) Essex				County C	ode (7) SE OWLY)			Use (Prio		ng demolish	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	-	ASCM	No.	100000000000000000000000000000000000000	of Abate							
Environmental Co	nsulting Group	-					nica Ma	nageme	nt Co	rp				
Street Address						1	t Address Froy Ln							1
PO Box 8466							State, Zip	Code						\dashv
City, State, Zip Code Haledon, NJ 0753	8						coln Pari		035					
Project Manager for Mo			77	elephon	e No.		hone No.			License N	o.			
Fernando Villa				30	-4036	973	.706.79	50	1	01193				
Start Date (10)		Schedule				1	of OSHA	100000000000000000000000000000000000000	7,952			1		
4/12/14		4/14/14					rironmer		sulting	Group				
Occupancy Status Durin	ng Abatement (Che	ck Only One	e)				t Address	Land						
Facility Closed/Va	cated During Entire	Period of A	batem	ent			Box 846 State, Zip					-10/3-0		
Abatement Perform Other – Describe:		mai Facility	Hours	- 7			ledon, N	1	}					
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Asbestos-Containin TO BE A In Fac (13	ng Material (ACM) BATED cility	Mai	d Solei intenar codial S (12)	nce/	Asbestos C (i.e. them su	ontaining	Material (ns insulati AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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Loznica Management Corp			1 1/10	lauler ID 133137		Waste BD				rth Land	fill			
City, State	City, State Lincoln Park, NJ 07035			1000		sposal Da BD	te	City, Stat Morris		PA				
Completed by		Title				Signate					Date			
E. Cirovic		Sec	retary			18,0	nov	ic			4/2/12	!		

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Date of Notification (1)				Name of	Building ()wner/C	perator	(2)		-414	APP	17	1		`
4-2-14					ose Pi	coper	ties	, LL	C	1000	">>		5)	<u> </u>	
Agencies Notified	Type Notification			Street A						رازاتي	Cr.	App.	,		
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Ď DOL	☑ Emergency (ir		_		delph:	La, PA	1912			Tale	ephone No	mher			
Ď DOH	justification) □ Cancellation			Name of	Contact					1 610	sprione iva	IIIDCI			
□ DCA ·	☐ Cancellation			EACH	LITY INFO	DMATI	ON					-	_		
Name of Facility Where	Abatement is Taking	Place (3)	FACI	LITT INFO	KINATI	ON	Type	of Facility	(4)					
15 Washington		C 8882088643 4 00							School (K-	12)					
Street Address									Subchapte	r 8 (Othe					
15 Washington	Street								Other (i.e. etc.)	private &	commerc	ial buile	dings,	home	es,
City (5)									re Feet	# of	Floors	E	ldg. A	ge	
Newark								150	,000	1	6	5	0yr	s.	
County (6)				County (- No		Curre	nt Use (Pr	ior if beir	ng demolis	hed)			
Essex				(STATE L	JSE ONLY)	3. 		vac	ant						
Name of Monitoring Firm		wner (8)		ASCN	l No.				tement Co						
EHS Environmen	ntal, Inc.						Ply	mout	h Envi	ronme	ental C	٠.,I	inc.		
Street Address			200201110			-02-27-17-		Addres							
411 Southgate	Court, Suite	E							s Aven	ue					
City, State, Zip Code	*								ip Code						
Mickleton, NJ	08056								own, P	A 194					
Project Manager for Mor	nitoring Firm			Telephor			10 25	none N			License N				
Jack Carney					24–008	0			-9920		00398				
Start Date (10)	1			npletion (Date (11)				IA Monitor		т				
4-2-14		4-3-					Street		ironme	ntar,	Inc.				
Occupancy Status Durin										Cours	+ 000	+0 T			
Facility Closed/Vac	ated During Entire Pe	eriod of A	Abaten	nent					thgate p Code	Cour	t, Sui	Le F		-	
 □ Abatement Perform □ Other – Describe: 		i racility	Hours				100000			000	E.C				
-Scope of Work (Check A	II That Apply)		7.72				MICI	rieu	on, NJ	080	30				\dashv
	(ii That Apply)			45			_		l Containm	ont with	Negative	Dracell	ra		
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			1000	lauler ID	200	of Was			73	255	nagemer				
Newark Carting	3			4509		5	10	1005							
City, State							al Date		City, Sta		2 T) 3				
Newark, NJ		T141 -		1		4-3-			Cora	ioho11	s, PA	ate			
Completed by		Title		J		1	ignature X) /v	NIO	1/00	0			1.4		
James Kelly		PI	.esi	dent			WI	140	THE	XX	4	-2-	14		
ASB-41 (R-06-08)							* 00 no	ot use t	his form fo	r asbest	os licensur	e exen	npted	activi	ties.

Date of Notification (1) 4/1/14				of Building Cony Nicosi		tor (2)	Clack	_ 10'	189	19	Sp	0	
Agencies Notified	Type Notification			Address ackensack	(Avenue		2	C	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		`	1/2	
DEP DOL	X Initial Amended Amendment			State, Zip Coo h Kearny,		2			-7	3	9		جر جر
✓ DOH	justification) Cancellation	3		of Contact ony Nicosi	ia	, 222		Telephone N	Numbe	er_'	Va	P.	
			FA	CILITY INFO	RMATION								
Name of Facility Where Street Address	Abatement is Takin	g Place (3)						2) 3 (Other than K					
30 Linden Place	VA	W.				×	etc.)	ivate & comme	ercial t				5,
City (5) Nutley						21	uare Feet 00	# of Floors 2		55	dg. Ag	ge	
County (6) Essex				ty Code (7) E USE ONLY)		Cu	rrent Use (Prio	r if being demo	olished)			
Name of Monitoring Fire	m Hired by Building	Owner (8)	AS	CM No.			batement Cont vironmental		LC				
Street Address						eet Add O Box	ress 483, 4 E Ga	ate Drive					
City, State, Zip Code				-			, Zip Code od, NJ 0741	18					
Project Manager for Mo	nitoring Firm		Telep	hone No.		lephone 73-583	No. 3-8500	Licens 703	e No.				
Start Date (10) 4/10/14		Scheduled 4/24/14	Completi	on Date (11)	Na	me of C	SHA Monitor						
Occupancy Status Durin	ng Abatement (Che	ck Only One)			Str	eet Add	iress					S 12 5	
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire med Outside of Nor	Period of Aba mal Facility H	atement ours	11	Cit	y, State	, Zip Code						
Scope of Work (Check	All That Apply)								-				
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Name of Registered W	aste Hauler		NJDF	P Waste	Cubic Yar	ds	Name of	Registered Lar	ndfill	77,-5		L	20.000
Freehold Cartage	10001009880000	r ID No.	of Waste 10	4 (155V	GROW				EE 100				
City, State Freehold NJ	,707			Disposal I	Date	City, Stat Morrisv							
Completed by Andrew Scott Higg	ins	Title Presid	ent		Sign	ature	3~		Date 4/1				

Sign of Mais Jessey NOTIFICATION OF ASSESSED ANATOM AT PRESENT IN MIGG. ROTO and 12-1200

CHECK - 8419.

Appendix Notified Type Notification Image	4							Ć	· 0 /		<u>``^-</u>		٠		
State Address	Date of Notification (1)			N	anne of t			ealor (2 E	-1270	7/3	APP	ROVE	D		1
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Country (S)	Street.Address					*	-		ETE SCholington	water A of the	erthan K-12, E commercia) i baitdi	ا چورا	omes	
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Advantages Company C	Keyson Name of Montaing Fran	Hired by Balding C	penic (8)	\dashv	ASCA	INO.		Name o	d Absternes C Contract	i Combracku					
Project Manager for Monitoring From Telephome No.	Street Address		·	<u>.</u>	<u></u>	-,									
Start Date (10) VI 3 14 Schieduled Completion Date (11) Manus of CSHA Bondon Conge Eminormental Services Inte. Street Address: 280 House Dates Dates Dates Dates Edino Point of Abstraction Conge Eminormental Services Inte. Street Address: 280 House Street City, Start, 25p Conference Outside of Normal Pacific Plants City, Start, 25p Conference Outside of Normal Pacific Plants City, Start, 25p Conference Outside of Normal Pacific Plants City, Start, 25p Conference Outside of Normal Pacific Plants City, Start, 25p Conference Outside of Normal Pacific Plants City, Start, 25p Conference Outside of Normal Pacific Plants City, Start, 25p Conference Outside of Normal Pacific Plants City, Start, 25p Conference Outside of Normal Pacific Plants City, Start, 25p Conference Outside Outsi	City, State, Zip Code		-	-			Ť	Cily, Si Glen F	ale, Zip Car łock, NJ 07	le 452					
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Companing Status Desired Allocation (Check Only One)	Start Date (10)		Scheduled 4	21	detion C	late (11)		Mame o Ome	doshia na ga Environ	nitor neotal Servi	ges int.				
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Name of Registered Waste Hauter NUDEP Waste Hauter ID No. 20795 City, State, Zip Code Shaperately, Nul 02957 Name of Registered Landill Corp. Disposal Date 1/3/4 Date Disposal D		•	Yes	No	N/A		i					L		ET .	
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Insent Vocation Operations Sunday 4/2/14.	City, Shife, Zip Code						4	13/14	Be	p, cases, alp Miliperi, Fi	7-1804E	nia .	1 .		
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State of New Jersey

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Date of Notification (1) 4/2/14	14		Na Li	me of Bu	uilding Ow Ed Conk	vner/Opera klin Priva	ator (2) ate Horr	ne	. 9	ر. ن _{اند}	10p	•	Sy	
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				FACILIT	TY INFOR	RMATION						2.		
Name of Facility Where Linda & Ed Conklin	Abatement is Takin Private Home	ng Place (3)					Тур	e of Facility (4) School (K-12)					
Street Address 15 Lynn Ann Iane						8	×	Subchapter 8 Other (i.e. pri etc.)	Other thivate & co	mmercial	buildir	ngs, h	omes	
City (5) Manahawkin NJ 0	3091						0.0000000000000000000000000000000000000	iare Feet 00+	# of Flo	ors	Bld 35	g. Ag +	е	
County (6) Ocean			C (S	ounty Co	de (7) E ONLY)			rent Use (Prio		lemolishe	ed)			
Name of Monitoring Fir	m Hired by Building	Owner (8)	\top	ASCM I	No.	10000	ame of Al	natement Cont	ractor (9)					
Street Address						1000	treet Add							STA 13
City, State, Zip Code			-		*	C	city, State,	Zip Code	01					=
Project Manager for M	onitoring Firm		T	elephon	e No.	- 1	elephone	No.	L	cense No).			
Start Date (10)		Scheduled	Comp	pletion D	ate (11)		856-753 Name of C	SHA Monitor		0121				
4/3/14 Occupancy Status Dur	ing Abatement (Ch	4/7/14 eck Only One)					Same Street Add	Iress		-				
X Facility Closed/V	acated During Entir	e Period of Ab	ateme	ent		_	City, State	, Zip Code						
Scope of Work (Check	(All That Apply)										1			
≥3 sf or ≥3 lf ≥160 sf or ≥260 l	ŧ	Section 1	novat moliti					Full Containmonth Mini-Enclosure Glovebag Programme Non-Exempted	e cedure				•	
			ocatio	4.000		7.00						Abate		
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Exterio	r Siding	163	140	X		Exteri	or Sidin	g	140	0 SF	x			
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News of Decision 12	Meste Hayles		- N	IJDEP W	/aste	Cubic Y	/ards	Name of	Registere	ed Landfil				
Name of Registered V United Containers			Н	lauler ID 2459		of Wast		G.R.O	.W.S.					
City, State Elm NJ			-			Disposa 4/7/14		City, Sta Morris	te ville PA	19067				

Signature

Title

President

Date

4/3/14

Anthony T Perna

Completed by

& Emergence 1 *

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

CK 4016

Date of Notification (1) 4/2/14						Building C Szucs F							28/		0	
Agencies Notified	Type No	tification	1.53	9	treet Add 71 Cap	ostan				12 7		(7	000		0
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DOH DCA	jus	tification) ncellation	icidaling	1 323	ame of 0 Agatha	Contact				5 1	Tale	nhono Nu	Mhar /		ڊ	3
Name of Facility Where Agatha Szucs Pr			Place (3)		FACIL	ITY INFO	RMAT	ION		f Facility (4			-6	100	2	್ಷಾ
Street Address 1 971 Caps	stan				-				S	ubchapter of ther (i.e. pr	(Othe			ings,	nome	s,
City (5) Forked River NJ	-	1		-	311 Tax				Square 1000-	Feet	# of	Floors		dg. A	ge	
County (6) Ocean					County C	ode (7) SE ONLY)				t Use (Prio e & Shed		ng demolis	hed)	14		
Name of Monitoring Fi	rm Hired by	Building C	wner (8)	303250	ĂSCM	No.			of Abate aco In	ement Con	tractor	(9)				
Street Address									Address 3ox 32							
City, State, Zip Code									state, Zip t Berlir	Code NJ 080	91					
Project Manager for M	onitoring Fi	rm		T	elephon	e No.)-316.5		none No 753-98		,	License N 00727	No.			
Start Date (10) 4/3/14			Scheduled 4/7/14	d Com	pletion D	Date (11)		Name Sam	ne of OSHA Monitor me							
Occupancy Status Dul Facility Closed/V: Abatement Perfo Other – Describe	acated Duri	ng Entire F	Period of Al	batem	ent				Addres				59			
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l		oply)		enovat			17		Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e edure				e	
				Locatio			744		109					Abate		
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United Containers	3				lauler ID 2459	NO.	3	/aste		G.R.O.						
City, State Elm NJ							Disp 4/7/	osal Dat 14	е	City, Stat Morrisv		A 19067				
Completed by Anthony T Perna			Title Presi	dent				Signatu	re C			1 1	Date 4/3/14			

(Pur		0.00 0	, .	``
the of Notification (1) 4 62 14	Name of Building	R & GA	BRIELA (CENUSAR
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netification)	VO CE	NUSA		
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certity (6)	OMEN)			DENI
MIGGIESEN CHIEF LA	SCM No.	Name of Abate	ment Contractor (9)	
ame of Monitoring Firm Hired by Building Owner A:	•	1000A1	-C1). (NC	
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MSST WORKERS	<u> </u>	Chy State Zn	Code	
illy, State, Zip Code		OD BO	TIDGE 10,0	. 0005+
·	enhone No.	Total Land Bloom	A D SOC C	30306
roject Manager for Maniforning Firm-		732 2	301 1001	00000
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A Facility Closed/Vacated During Entire Period of Abele Abelement Performed Quiside of Normal Facility Hou	ARITHEESTING.	Cay, State, Z	RIDGE NO	1.68857
D Other - Describe-		PCB	a Containment with Neg	time Pressure
Scope of Work (Check all first apply)	Renovation	, ESA	ini-Enclosure · ·	
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D≥160 stor≥260 lf	Location			- 1902
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Location of USE			SID DESIGNATION I	(Specify Secret
TO THE MICHAELE		CHRISTIC POLICE	MALE UNI	Val
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	- which is the	Cubic Yards		
			(PO 10)	
Name of Registered Waste Hauter N	Ma Of as	1 //	1 6.100,00	
Name of Registered Waste Patrice	18501	Pinned P		011
Name of Registered Waste France	18501	511		PA
Name of Registered Waste Hause NOUATECN IBL City, State CITY OF NO 088	18501	Disposal Da /S 12		PA
Name of Registered Waste Hause NOUATECH 1BL City, State OID BRIDGE NO 088	18501	Signature	14 Horsoile	PA



Date of Notification (1) 4.2-14 Agencies Notified Type Notification BPA Initial DEP DOL Amendment 8 Energiant (1) Chy, State, Zip Code Phillips Dury Telephone Number (2) Chy, State, Zip Code Phillips Dury Telephone Number (3) Energiant (1) Ener				- 3 - 7			-10	1 (2)				- 27 27		100	\neg
Agencies Notified PAA	Date of Notification (1)	4-2-1	4	Na	me of E		A	R E	xcai	ating	3.1	Ĺ	4	10	3
Infleat Dept Canamended City, State, Zip Code City, State City, State City, Stat				Str	eet Add	tress 3	01.	Sus	Sex	Stre	de t	grant Le	7		1
DOH DOH DISTRICTION OF CAMERICATION Name of Facility Where Abstraction of Camerication Sired Address Street Address Stre	□ DEP	☐ Amended		Cit	y, State	e, Zip Code	Phi			NΤ	Si	38	65	E.	1
Cancellation Facility (Mper Abatement is Taking Place (3) Facility (A) School (K-12) Subchapter 8 (Other than K-12) Street Address		☐ Emergend	cy (including	Na	me of 0	Contact		11123	Durity	Telephone	Numb	er C		<u> </u>	
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County (6) County (7) County (8) County (8) County Code (7) STATE USE ONLY) SITYLE FC. TILL Ducelling Name of Monitoring Firm Highd by Building Owner (8) EPC Technologies International Contractor (9) EPC	Street Address 15	5 Ur		Ro	rac	t		□ C	Other (i.e. pretc.)	rivate & comr	nercial l				
County (6) Hunter Con (Synthesis only) Sirake From the ground process of the country of the coun		3100	20	N	5			Squar	e Feet	# of Floors	S	Blo	T	2	
Name of Monitoring Firm Hird by Building Owner (8) Street Address		la alac	<u> </u>					Curre	nt Use (Pric	· · · ·	~		lh:	15	
Street Address City, State, Zip Code New EyAt NO 8533 Telephone No. City, State, Zip Code New EyAt NO 8533 Telephone No. Telephone No. Consular (10)	Name of Monitoring Firm	Hired by Buildi			ASCM	No.	N	ame of Abat	tement Con	tractor (9)	Ì		9		
Project Manager for Median of Firm Telephone No. Telephone No. Depth Manager for Median of Firm Depth Manager for Median of Median o	Street Address	2 and	122	•		10/10-2	Si	treet Address	Box	337	3			, , , , , , , , , , , , , , , , , , ,	
Telephone No. GO9 758-3365 GO9		DOX	1/7	- /	19	522	C	ity State, Zi		A & A	71	25	25	3	3
Start Date (10) Start Date (10) Start Date (10) Scheduled Completion Date (11) EPC Technologies Inc Cocupancy Status During Abatement (Check Only One) Street Address P.O. Box 337 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Start Date (10) Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533 City, State, Zip Code New Egypt NJ 08533 City, State Street Address P.O. Box 337 City, State P.O. Box 337 City State P.O. Box 337		and grim	NO	100000			onacona a		o. 37	Lice	nse No.	2	0	4	
Street Address Stre	Start Date (10)	chenk	Schedule	d Comp	letion [Date (11)		ame of OSI	A Monitor	. 1				1	\dashv
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) 3 sf or ≥3 lf	Occupancy Status Durin	14-14	heck Only On		14-	14	S	treet Addres	SS	~~~~	ies	Er	ic_		\dashv
Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 if Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) an	Facility Closed/Vac	cated During Ent	tire Period of A	bateme	nt		C	P-O (BOK in Code	337					-
Say of recording the procedure Proced	☐ Abatement Perform ☐ Other – Describe:	ned Outside of N	Normal Facility	Hours	•					LU	0	85	3	3	
Demolition □ Mini-Enclosure □ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*)		All That Apply)	пв	enovati	on			□ Fu	II Containm	ent with Nega	ative Pro	essur	е		
Secription of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A Siding Shing CS Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous Secription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous Secription of Asbestos Containing M			12. O'T-0.00					□ Glo	ovebag Pro	cedure	Crichic	Droc	sodur.		
Normally Used Solely by Maintenance Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Page 10 of Asbestos Containing Material (ACM) Yes No N/A Cyterion Porch Wall Name of Registered Waste Hauler EPC Technologies Normally Used Solely by Maintenance (Custodial Staff? (12) Normal systems insulation, Specify Sport of thermal systems insulation, surfacing, VAT, or other miscellaneous) N/A Cyterion Porch Wall Name of Registered Landfill Name of Registered Landfill Waste Management of PA City, State New Egypt Title Signature Date W-2-14								No.	n-Exempte	d (*) and Non	-Fnable		Abate	ment	\neg
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler EPC Technologies City, State No N/A Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Asbestos Containing Material (ACM) (Specify SF or LF) Specify SF or LF) Asbestos Containing Material (ACM) (Specify SF or LF) Specify SF or LF) Asbestos Containing Material (ACM) (Specify SF or LF) Specify SF or LF) Asbestos Containing Material (ACM) (Specify SF or LF) Specify SF or LF) Asbestos Containing Material (ACM) (Specify SF or LF) Specify SF or LF) Specify SF or LF) Asbestos Containing Material (ACM) (Specify SF or LF) Specify SF or LF) Specify SF or LF) Specify SF or LF) Asbestos Containing Material (ACM) (Specify SF or LF) Specify SF or LF) Specify SF or LF) Asbestos Containing Material (ACM) (Specify SF or LF) Specify SF or LF) Specify SF or LF) Specify SF or LF Specify SF or	Location	on of	1	Normally	,								l y		\dashv
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Name of Registered Waste Hauler Registered Waste Hauler Registered Waste Hauler Registered Landfill Hauler ID No. 17000 Disposal Date City, State Name of Registered Landfill Waste Management of PA Completed by Title Signature Date D	(13)	Yes	No	N/A			15	24			=		ate	Φ.
Name of Registered Waste Hauler EPC Technologies NJDEP Waste Hauler ID No. Disposal Date City, State Name of Registered Landfill Waste Management of PA Completed by Title Signature Date D	exterior Po	arch wa	Ш		X	Sid	ling	Shing	iles	400	SF	X			_
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Name of Registered Waste Hauler EPC Technologies Hauler ID No. 17000 Disposal Date V-15-14 Morni Suille Date Dat						-									
EPC Technologies 17000 Waste Management of PA City. State New Egypt NJ Completed by Completed by Title Signature Completed by Date U-2-14	Name of Pegistered W	aste Hauler						Section 1997	Name of	Registered I	andfill				
New Egypt NJ 4-15-14 Mornisville PA Completed by Title Signature C Date 4-2-14			ijes	H				ı	Was	te Man	agen	nen	f 0	F 8	4
Completed by Signature Signature	City, State		22	· ×				1	More	risville					
	Completed by	01.	Title	ارزی	.,+		Sig	nature	Sch	h	Dat	¹⁰ 4	1-2	2-1	4

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT ISES CHECK # 10819

• I.A.I. • I.I.I. • I.I.							Pa			
Date of Notification (1)				Name of Bu	ilding Owner/Operator (2)	20-	**,	7		
03/31/2014			-	Stever	Coscia (SCS Con	ntracting, A	As.)	17	<u> </u>	
Agencies Notified	Type of Notificat	ion		Street Addr		700	. >>	£.	·U	+
(-/\ EDA	(X) Initial No	stification			adyside Rd.	<u>ځې کو</u>		AM S.		
(⅓)EPA (X)NJDEP	() Amende			City, State,	Zip Code	4/0	8.00		SS	
(X) NJ DOL	Amenda			Ramce	y, NJ 07446	~<	45/1	1/D_	200	
(X) DOH	(X) Emerger		g	Name of Co		ΙΤε	el. Numb	per 0/		
() DCA	justificat	Participation of the Control of the			n Coscia	7				
(/	() Cancella	ation		- 3 - 3 - 3	• <u> </u>			- 13		=
			CILITY	INFORMAT				725		-
Name of Facility Where Abatemer	nt is Taking Place (3	<u>3)</u>		Type of Fac () School						
Residential Property	100		-	() Subch	apter 8 (other than K-12	2)				
Street Address	500 Divor	Stroot		(X) Other	(i.e. private & commerci	ial bldgs., hom	ies, etc			
581, 583, 585, 587,		County Code	(7)		10.000	2	D. I	***********	60	
<u>City (5)</u>	County (6)	(State Use O		Sq. Feet:	10,000 # of Floo	rs <u>3</u>	Bldg.	Age ~	00	
Paterson	Passaic			Current U	se (if being demolished)	: 100% damag	ed by t	fire		
Name of Monitoring Firm Hired by	Blda. Owner (8)	ASCM No.		Name of Co	ontractor (9)					
N/A		N/A		Industria	al Safety & Environ	mental Solu	tions,	Inc.		
Street Address				Street Add	20:55:00 AV					
N/A		(14			dson Avenue					_
City, State, Zip Code				City State.						
N/A					lity, NJ 07087		Lic	ense Nu	mher	
Project Manager for Monitoring Fi	rm Telephone N	umber		Telephone (201)32				1124	IIIDOI	
N/A	Cabadulad C	ompletion Date	(11)		SHA Monitor			1 1 - 1		
Scheduled Start Date (10) 4/01/2014	4/19/2014		(11)	ISES, Inc						
Occupancy Status During Abatem	nent (Check only or	ne)		Street Add						
() Facility Closed/Vacated Dut () Abatement Performed Outs	ring Entire Period o	f Abatement		3300 Ht	idson Avenue					
(X) Other - Describe:	ide of Norman aci	ity riours -		City, State	Zip Code					
Work area unoccupied during	abatement (den	nolition)		Union C	City, NJ 07087					
Source of Work (Check all that ap	oply) (X) Demolition		()	Renovation					
		×.		/ \	Full Containment with I	Vegative Press	sure			
() Minor Project (< 25 SF () Small Project (>25 <16	SO SF or >10 <26	0 LF ACM)		()	Mini-Enclosure					
(X) Large Project (>160 SF	or > 260 LF AC	√I		()	Glove-bag Procedure		D			
				()	Non-Exempted (*) and iption of ACM	Amount	Proced	ure batemer	t Type	
Location of Asbestos- Containing Material (ACM)	Is Location Non Solely by Main		(i.e.		ems insulation, surfacing,	(Specify SF				
To be Abated in Facility (13)	Custodial Sta			VAT, or oth	er miscellaneous.)	or LF)	_Z		E	<u>m</u>
	YES NO.	N/A					Remova	Repair	Encapsulate	Enclosure
	120 110						val	air	ulate	ure
										-
Fire damaged properties		×	Unkn	own ACM ma	aterials, VAT, molished materials);	~ 400 Cubic yards	Х			
			Mach	nine will remo	ve demolition materials	Cable yards				
			with s	supervision b	y ISES, Inc.					
			Any r	remaining ma	terials not removed by re quantification and					
			autho	orization (nev	proposal) by building					
			repre	esentative for unts notified t	removal with additional					
Name of Reg. Waste Hauler	NJDE	P Waste Haule		unis notified t	Cubic Yards of Waste	Name of Reg	. Landfil	<u>l</u>		-
NEWARK CARTING	0450				~ 400	IESI BETH	LEHE	M LAN	DFILI	L
City, State				. Date		City, State		A 100	1.5	
369 Raymond Blvd., New	ark, NJ 07105	in-free		/2014/-4/1	2/20,14,	BETHLEH	EM, P	A 180	12	
Completed by (Print or Type)	<u>Title</u>	Y	Sign	ature/	116.6	Date				
David Camaaha	Project Sur	nervisor	_	401/	+ MMKV	3/31/2014	-			
David Camacho	Froject Su	DCI AISOI	4	1 -101						

Lo net

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

Bureau of Technical Assistance ATTN: Mr. Kevin Kinkle 120 S. Stockton Street CN 414

Date of Notification (1)		Name of Bui	lding Owne	r/Operator	(2)	Trenton,	1) 1/00.	23-15g/14	As P
Agencies Notified Type No.	rification	Street Address	Eng	land				_ ço (Co.
() EPA (X) Initia		onect madic.	33					~	1000
* 0	n fication	611 14	rerris	aue.					600
() DOL () Ame		City, State, Z.	IP N	a 1					50.9
()	naea fication	N 60	H.T.	7 10 ,.	1.	05234	Idings) Building Age 56 975 License Number Hos 66 30 0 Monitor Abatement Type Abatement Type Abatement Type	1	
() DCA	ucadon	Name of Cor				Telenh		-	
	. F	ACILITY I							
Name of Facility Where Abatemer			Type of F				2 0		
Private home			1.	/ (//					
Street Address			() Scho	ol (K-12)					
III Morris ave	EHT	N.J.		hapter 8 (O	ther than I	<-12)			
City (5) County (6)	Coun	ty Code (7)	(Othe	r (i.e., priva	te & comn	nercial buildi	105)		. 1
	(STATE	USE ONLY)	Squar	e Feet		Floors	B	nildino	dae
					, ,		Building Age 50 315 License Number 1400 66 30 0 Monitor A Monitor A Removal A Removal		
E.H.T. ATL			1,00						105
			Current U	se (Prior if	being dem				
Name of Monitoring Firm Hired b	y Building	ASCM No.		of Contrac		ionstrea)			
				wh S	here l	catro	to	as 6	دروا
Sucet Address			Street	Address					
City, State, Zip				157 11 State, Zip	1166	KOND			
			City,	W. /.		T			
Project Manager for Monitoring Fi	rm Teleph	one Number	Telep	none Numb	oer /	. J	Abatement Type Abatement Type A Monitor A	205	
							ce e	A A B	34.6
Scheduled Start Date (10)	Schedu	led Completion	n Date (11)	2.5	Name	of OSHA M	onitor		,,,,,
3/20/14	3/2	A	. ,			0. 00.21.11	OILLIOI		
Occupancy Status During Abateme	ent (Check or	nly one)		Street A	ddress				
() Facility Closed/Vacated Durin			nr						
() Abatement Performed Outsid				1111	120 -				
Hours - Describe				Ciry Sm	7-661	1715 41	٠٠٠		
	Same 1.	1 , 1	` ,						
Score of Work (Charles !! ale	LUGE SAI	noting home be	ing Ven	a lishrel	E)	H.T. K	L. J.	68	734
Scope of Work (Check all that apple Demolition	y)						0.000		
) Renova						
() Large Project (> 160 SF or >)) Full Co	tainment v	vith Negati	ve Pressure			
() Small Project (> 25 < 160 SF		ACM) () Mini-Er	closure					
() Minor Project (< 25 SF or < 1	U LF ACM)	· · · · · · · · · · · · · · · · · · ·) Gloveba	g Procedu	c				
34 %						•			
	Is Loca	tion Normally		ription of			Aba	temen	t Type
Location of Asbestos-Containing		d Solely by		tos-Contain		Amount			
Material (ACM) in Facility (13)	Maintenan	ce/Custodial St	aff Mate	ial (ACM) (i	.e.,	(Specify	<u>6</u>	çe	5 5
		(12)	surfac	al systems in ing, VAT, o	suiation,	SF or LF)	VOV	F	los
				llaneous)	· outer		멀		un la
·	Yes	No N/	A	200.000			\vdash	-	
Name of Registered Waste NJI	DEP Waste I	Hauler ID No.	Cubi	Yards of	Waste	Name of R	egister	red Lar	od fill .
ininstruction cut lon	18952	· · · · · · · · · · · · · · · · · · ·				Attachel	70111	hill	HAN
Ece Heurbor, NJ		Disposal Da	ite		City, St	11 1 .	1	10	117
Completed by (Print or Type)	Title		1 0:	arpire	1 / 90	1 Marco	1/1	14.	W
PAUL WEIKEL						1900000	Date		

633-2159 4

send to;

1 John Fitchway Plaza 3rd-floor

P.D.

N.J.

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

Bureau of Technical Assistance
ATTN: Mr. Kevin Binkle
120 S. Stockton Street
CN 414
Trenton, NJ 08625-0413

S (N)6 ·	(1)		N 1 C	D '11'	0 //	~ //	,,		70	72		-
Date of Notification	3/10/14		Name of	25 18	JE135	Operator (2 H or	neodin	er) (10		الح	9
gencies Notified	Type Notific	ation	Street Ad			3. 11. 10. 10. 10. 10. 10. 10. 10. 10. 10			3		1/2	
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DEP	Notifica	tion	City, Stat	e 7in	0,0	1200	1000 0					-
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DOH	Notifica	100	Name of	Conraci				Telephon	ne Nu	mber	7	-
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750.		, F	ACILIT					_				
Name of Facility Wr		s Taking P	lace (3)	T	ype of Fac	ility (4)						
Street Address				-) School	(K-12)						
2 North	Brunswick	ave	. 1	16			ner than K-	12)				
City (5)	County (6)	Coun	ty Code (7	n is				rcial building	(3)			
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Margate	VET COURTE				1,000	0.	2	.	5	o y	رنح	
J				C	urrent Use	e (Prior if b	eing demo	lished)				
Name of Monitoring	g Firm Hired by	Building	ASCN	A No.	Name o	of Contract	or (9)	,	,			
					500	oth Sh	ore Co	entraci	ter	s 4	uc	-
Street Address					Street A	Address						
City, State, Zip						ate, Zip	YILL				,	
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Project Manager for	: Monitoring Fim	n Telepi	none Num	ber	Teleph 609	one Numb	er 3883	13V1X	cense l			0
Scheduled Start Day	re (10)	Sched	uled Com	oletion I				of OSHA Mo				
3/20/14	(10)		30/14									
						Street Ac	dress			-		-
Occupancy Status I Facility Closed	1977			atement		3 4/	orth c	Bronsu	ick	20	eue.	5
/				/#101110111		0						
() Abatement Per		of Norma	Facility									
Hours - Desc	ribe					City, Sta	2000 To \$0					
() Other - Descri	be					Mar	gate	. T. M.	808	148	27	
Scope of Work (Ch		\						L				
11.50	eck an mat appry	/		1	₹Renovat	ion						
() Demolition	* 140 CE > 2	COLEVO					with Neonti	ve Pressure				
() Large Project				0.53	•		widi i vegad	, c i i coourc				
Small Project () Mini-En							
() Minor Project	(< 25 SF or < 10	LF ACM)	() Gloveba	g Procedu	re	*		80		
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	200		cation No			ription of	ina		Aba		nt Ty	oe_
Location of Asbest			sed Solely		1 1	stos-Contair rial (ACM) (Amount	Re	Re	E	En
Material (ACM) in	Facility (13)	Maintena	nce/Custo	odial Sta		nal systems i		(Specify SF or LF)	Removal	Repair	Cap	clo
			(12)			cing, VAT,		or or Lr)	val	_	Encapsule	Enclosure
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20	H	Yes	No	N/A	-							
863												
Name of Registere	d Waste NIII	DEP Wast	Hauler II	D No	Cubi	c Yards of	Waste	Name of I	Registe	red I	andfi	11.
	C				Cuoi	- 1 4143 01	77 2316	Attache				
irrinstochation	CHU JUNE	1895					10: 0	UMTUUN	COUN	140	uu	11
City, State	bon NJ		Disp	osal Dat	e		City, S		Tust	in	1-	
ECK- Hark	DOM NO						Egg	· Harlers	1 Will	1 16	<u> </u>	

//	(Pursuant to NJAC)	STOP AND 12 TO 1	VENE	1
Date of Notification (1)	Name of Bullding	Owner/Operator (2AP)	17 9/1	25,1000
Agencies Notified Type Notification	Street Address	et South	Kille.	57
C PO Amended Amended Amendeded	City, State, Zip C	ode Chas, beron	MIJ 00	5025
☐ Emagency (mi	Name of Contac		Telsphone Numbs	ī
G DCA G Canadaton	FACELITY IN			
Name of Pacing Where Abelement is Taking	From (B) /:/	Type of Facility		and the same of th
HELICIEN!	011014	School (K-1	2) · 8 (Other than K-12) private & commercial	biddings.
Street Address 33 NLA14E St	Ĺ	immes, esc Square Feet	Sof Floors	Bidg. Age
City (5) Glass here N'S	08028	4000	nor or being degrated	70 ad)
County (6)	County Code (I USE ONLY)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Wach	
Name of Mordoling Form Filted by Building O	ASOM No.	Name of Abeliant Contractor (
(8) Street Address		Street Address (212 Bis	derven 4	1 2E
		City, State, Zip Cords	MIJ 080	ST.
City, State, Zip Code		Telephone No. 1897/	I Transporting	
Project Manager for Monitoring Farm	Telephone No.	86824011	010	
	ried Completion Date (11) - 30:-14	32	1.7	
Design Abstract (Cher	k undy one)	Street Address		
Compency Status Periody Puring Entire Per Period Pe	OTH CA LANGE OF THE PARTY OF TH	City, State, Zip Code		
Other - Describe:		Fri Containment with N	omine Pressure	
Scope of Work (Check ell that exply)	C Remotion	Fri Consential Can Consential Can Consent Co		è
	Is Location	Min-Elemped () autr		Abatement Type
and the state of t	Normally Used Solely by	Description of stor Containing Material (ACM)	Amount	
Location of Asbestos-Containing Material (ACM)	Meintenance/ Asher Custorial (Le. Staff?	thermal systems institute,	(Specify SFerLF)	Encapsulate Repair Removal
SN FOCAY (13)	(12)	other miscellarizatio)	CITA CANTONIA	re ate
	Ves No N/A	yn ale Floor	PUROSF	4
Hast Haor (hund)		7 2 2		+++
				AC CULCUM
\$ 195 ata Marian	NUDE Wasa	Cubic Yards Name of Re	H. J. W.	Jolla
Name of Registered Waste Hanter Adu Lot LL	Hauler ED No.	Disposed Dear Cay, State	Test to	un la
Car, State Delance W	J	700	Date	7-14
Completed By / / /	& VP	Signature	4-	2-14
14/11	ent use this form for esbe	sios licensura exempled activities		21.

NOTIFICAT (Pursuar

		NOTIFIC	CATIO suant	to N.J.A.C	ESTOS ABAT <u>.</u> 8:60 and 12	:120)	NT 4	MAPR >	7	15/	2
ate of Notification	(1)		Name	e of Building O	wner / Operator (2	2)	َهِيَ	\$3700	AM.	>.	
ale of Notification	3/27/2014		Lurc	h Demolition	1			4000 Co		· 03	+
gencies Notified	Type Notificat	tion		et Address				1857.	7p.		
⊠ EPA		72		Box 42				- 176	176	7	
				State & Zip Co							
☐ DEP	Amen		AVO	n by the Sea e of Contact	, 143 07717			Telephone	Nur	nber	
	☐ Emerg	gency ellation		nk Lurch				<u> </u>			
☐ DCA	L Cance	Sildtion -		ACILITY INFO	DMATION						
	Mara Abatama	nt is Taking Pla		ACILITY HAP	Type of Facility	(4)					
lame of Facility W	vnere Abateme	ent is raking i la	00 (0)		School (K-1	12)					
Street Address	Siderice				☐ Subchapter	r 8 (Oth	er than K-12)	I-li homo	o oto	. 1	
2 Poole Ave							& commercial bui	Idings, nome	s, eic)	-
Z FUUIC AVE			11800-1-1180-1		Square Feet	#	of Floors	Bldg. Age	80		
City (5)		County (6)	County	Code (7)	2000	12.001	2		U	-	\neg
Avon		Monmouth				nor if be	eing demolished)				
			(0)	ACCM NI-	Residential Name of Abates	ment C	ontractor (9)				
Name of Monitoring	ng Firm Hired b	y Building Owne	er (8)	ASCM No.	Alpha Enviro	nmen	al Services				
					Street Address						
Street Address					20 Canary Wa	ay					
City, State & Zip (Code				City, State & Zi						
540			-	n a Mirrorb sa	Trenton, NJ (Licen	se Number			
Project Manager	for Monitoring F	-irm	i elepho	ne Number	609-847-2956			0122	2		
Scheduled Start [Date ()	Scheduled Con	npletion I	Date (11)	Name of OSHA EMSL Analyt	Monit	or			, i	
4/4/20		4/7/2014	aly one)		Street Address						
Occupancy Statu	losed/Vacated	During Entire P	eriod of A	Abatement	107 Haddon	Ave.					
Facility C Abateme	nt Performed C	outside of Norma	al Hours	- 7am to 3pm	City, State & Z						
Describe	:				Westmont, N	J 081	08				
☐ Facility C	occupied During	Abatement				12-1-22-14			_		
Scope of Work (0	Check all that a	apply)			ī	☐ F	ull Containment v	vith Negative	Pres	sure	
	-0 If			Renovation	į	_ N	fini-Enclosure				
≥3 sf or ≥ ≥160 sf ≥				Demolition	Ī		Blove Bag Proced				
≥160 sf ≥	-£00 II				I	M 1	lon-Exempted an	d Non-Friable	Pro	cedu	re
	Location of		Is Lo	cation	Description	of	Amo		atem	ent T	ype
Ash	estos-Containi	ing	Norma	illy Used	Asbestos-Cont	aining	(Spe	IF)		ш	т
ı	Material (ACM)		Sole	ely by	Material (AC (i.e., thermal sy	/stems	3, 0	Rer	Re	Encapsulate	Enclsoure
Ī	O BE ABATED	<u>)</u>	Custod	nance or lial Staff?	insulation, surfac		T	Remova	Repair	nsq	sou
	in Facility (13)			12)	or other miscella			<u>a</u>	-	ate	ē
	(10)			No N/A				K7			
Exterior					Siding		2000				
Name of Registe	ered Waste Ha	uler		NJDEP Wast Hauler ID No			of Registered La	ndfill			
ALPHA ENVIR	RONMENTAL	. 61		00033330	4		s Landfill		_		
City, State			P		Disposal Date	City,					
Trenton, NJ					Various	Morr	isville, PA	15.4			
Completed By (Print or Type)			Title	Signature			Date	; 7/20	111	
Rod Richards	son			Project	Red Rice	hard	son	312	1120	<i>,</i> 1≃	
	one and the train			Manager	1 cou 1 coc	· cucu					

Disposal Date

Morrisville, PA

City, State

ASCM No.

Telephone No.

Scheduled Completion Date (11)

☐ Renovation

☑ Demolition

Is Location

Normaliv

Used Solely by

Maintenance/

Custodial Staff?

(12)

No

П

N/A

X

X

X

П

NJDEP Waste

Hauler ID No.

SW1724

Yes

П

3 / 7 / 14

732-939-3707

Date of Notification (1)

Agencies Notified

☑ DOLWD2579

(NJAC 5:23-8)

☑ EPA 9452

M DOH 8060

Street Address

Kearney, NJ

City (5)

County (6)

Hudson

Street Address

City, State, Zip Code

Gary Wywra

Start Date (10)

☐ >3 sf or >3 lf

Throughout

City, State

Camden, NJ

Exterior of Structure

Waste Management

Completed By (Print or Type)

Along Elevated Loading Docks

Name of Registered Waste Hauler

≥ 160 sf or ≥260 lf

Charlotte, NC 28202

Time of Abatement: ___

Scope of Work (Check all that apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility

(13)

☐ DCA

2 /

177 Pennsylvania Avenue

Shaw Environmental Inc

Project Manager for Monitoring Firm

2 / 18 / 14

4 / 14

Amendment #_

justification)

☐ Cancellation

☐ Emergency (including

Type Notification

☑ Initial

Name of Facility Where Abatement is Taking Place (3) Parcel M-56 - Former Dynamic Trucking

Name of Monitoring Firm Hired by Building Owner (8)

128 S. Tryon Street - Interstate Tower

Occupancy Status During Abatement (Check only one)

☐ Facility Closed Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe

AM-____PM/__

☐ Amended

. ~	State	of New Jersey		- 0					
4 U	IUN O	- ASRESTOR ADA	TEMENT	CE	#2	53	7	\neg	1
		NJAC 8:60 and 5:		_					. \
1	lame of E	Building Owner/Operator	(2)			_			
	New Je	rsey Department of	Transportatio	APR	7	2014			
S	treet Add	ress		P.F.N		2014			
	PO Box								
		Zip Code						1	
_	Trentor	, NJ 08525-0600			, wi				
	ame of C			Telephone I	Numbe	ar.			
_	Andrew								
_	FACILIT	Y INFORMATION	Victoria de la composição				,		_
			Type of Facility	(4)					
_			School (K-1	2)					
			Subchapter	8 (Other than I	(-12)				
_			inomes, etc.)	imercia	al buil	dings		
			Square Feet	# of Floors		Blde	a. Age		_
C	Olinhi Co	do /7\/07.1=	38400	2		3)+)+		
	ounty Co	de (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	nolishe	d)			_
SC	M No.	Alone of the	Former War	rehouse Dist	ributi	on C	ente	r	
		Name of Abateme	int Contractor (9)						-
		Bristol Enviro	onmental inc						
		1123 Beaver S	344	ū.					
		City, State, Zip Co							
		Bristol, PA 19							\dashv
on	e No.	Telephone No.	007	1					
93	9-3707	215-788-6040		License No.					7
D	ate (11)	Name of OSHA Mo	nitor	00509					1
1	_14	Shaw Environ					10000		٦
		Street Address	THOUSE INC						1
ıt		128 South Try	an Street Into	-4-4-5			-Carelles in		7
De	scribe	City, State, Zip Cod	a Sueer, Inte	rstate Tower					
	_AM	Charlotte, NC 2	28202			200			7
		Full Contain	nment with Nega	tive Pressure			# 1755 B		7
		☐ Mini-Enclos ☐ Glovebag P	iure						1
		☐ Non-Exemp	oted (°) and Non-	Friable Proced	ure				1
						paten	on T		1
•	Asb	Description of estos Containing Materi	iel (ACAn				_		1
,	(i.	e., thermal systems insi	ulation	Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
		surfacing, VAT, or other miscellaneous	S. S	SF or LF)	6A0	air.	apa	100	
A		Should inspendingons	,	25	-		Li at	8	
	Floor T	ile & Mastic		406	-		-		
1				4200 SF	X				
+		ulking & Roof Tar F		270 SF	×		П		
1	Ext. Ex	pansion Joint Mater	rial	254 LF			=	=	
					12	ᆜ	븨	Ш	
W	aste	Cubic Yards of Na	ame of Registers	ed London					
D 72	No.		GROWS North						
6	7							1	

APR 7 2014

Date of Notification (1)	112				Na	me of Build	ing Owner/Operato	(2)				_
	4 /		14		1	New Jerse	y Department of	Transportation				4
Agencies Notified	Type Not	ificatio	n	-		eet Address						****
	☑ Initial					O Box 60						
	Amen				07	y, State, Zip	100 mm					
☑ DOH ☐ DCA	Amend	dment	# <u>1-2/</u>	17/14			J 08525-0600					
(NJAC 5:23-8)	☐ Emerg justific	jency ((includ	ing		me of Conta						
	Cance						7.00 P. C.		Telephone N	lumber		
						Indrew Yo						
Name of Facility Where Ab	atement i	s Taki	no Pla	ce (3)	F	ACILITY	NFORMATION		51			
Parcel M-56 - Former	Dynam	ic Tr	ng r is	∞ (J) ~				Type of Facility (5 60	9		
Street Address								School (K-12)	104		
177 Pennsylvania Av	enile							Subchapter 8 Other (i.e., pr	Other than K	(-12)	Section:	
City (5)								homes, etc.)	and con	mercial	Duliqu	ngs,
Kearney, NJ								Square Feet	# of Floors		Bldg.	Age
County (6)								38400	2	- 1	30-	
Hudson					Co	unty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being dem	olished		
	41 =							Former Ware	house Distr	ributio	n Ce	nfe-
Name of Monitoring Firm Hi		ulding	Owne	(8)	ASCI	M No.	Name of Abatem	ent Contractor (9)			06	
Shaw Environmental	Inc							onmental inc				
Street Address			20 W				Street Address					
128 S. Tryon Street - I	nterstat	e Tov	wer				1123 Beaver	Street				
City, State, Zip Code				10000			City, State, Zip C					
Charlotte, NC 28202							Bristol, PA 1					
roject Manager for Monitori	ng Firm			Te	lephone	- No	Telephone No.			4		
Gary Wywra				1 57750		9-3707	215-788-6040		License No.			
tart Date (10)		Sched	duled			ate (11)			00509			
ON HOLD						(11)	Name of OSHA M					
ccupancy Status During Ab		<u></u>					Shaw Enviro	nmental Inc				
Facility Closed/Vacated D	using Cat	(Cnea	K ONIY	one)			Street Address					
Abatement Performed Ou	teide of N	lormal	Fooili	Abate	ement		128 South Tr	on Street, Inter	state Tower			
Time of Abatement:	AM-	Pi	raciii W/	y not	irs - De: I-	SCribe	City, State, Zip Co	de				
						-VIAI	Charlotte, NC	28202				
cope of Work (Check all tha	t apply)											
≥3 sf or ≥3 lf			□Re	novaí	ion		⊠ Full Conta	ainment with Negat	tive Pressure			
≥160 sf or ≥260 lf				moliti			☐ Mini-Encl	osure Procedure				
						DE 1877 H	☐ Non-Exer	npted (*) and Non-I	Friable Proced	ura		
				Loca					110000			
Location of Asbestos-Containing Mate	rial (ACM	as I			ely by	1	Description of	***			batem	
TO BE ABATED		"	Ma	intena	ince/	Asbes	tos Containing Mate thermal systems in	erial (ACM)	Amount	Rer	Reg	Ĕ
IN Facility		- 1	Cus	odial (12)	Staff?	(surfacing, VAT,	or	(Specify SF or LF)	Removal	Repair	à
(13)		1	Yes	No	N/A	1	other miscellaneo	us)	OF ULLEY	1 50		Encapsulate
		\dashv			-	F1. 500						te
roughout					×		e & Mastic		4200 SF	×		
		\rightarrow			-					_		
terior of Structure						Ext. Cau	Iking & Roof Tar	Flashing	270 SF			
terior of Structure	Docks						ansion Joint Mai		270 SF 254 LF	⊠ ⊠	님	
terior of Structure ong Elevated Loading [-					×		
terior of Structure ong Elevated Loading [Ext. Expa	ansion Joint Mat	terial	254 LF	-		
terior of Structure ong Elevated Loading I				O N.	DEP Vauler ID	Vaste (Perial Name of Registers	254 LF	×		-
terior of Structure ong Elevated Loading [one of Registered Waste Hail				O N.	DEP V	Vaste (No.)	ansion Joint Mat Cubic Yards of Waste	Name of Registers GROWS North	254 LF	×		-
ng Elevated Loading Ene of Registered Waste Hallaste Management				□ □ N. H.	DEP Vauler ID	Vaste (No.)	ansion Joint Mat Cubic Yards of Waste	Name of Registers GROWS North	254 LF ed Landfill h Landfill	×		-
terior of Structure ong Elevated Loading I one of Registered Waste Hai faste Management State amden, NJ				□ □ N. H.	DEP Vauler ID	Vaste (No.)	ansion Joint Mat Cubic Yards of Waste	Name of Registers GROWS North	254 LF ed Landfill h Landfill	×		-
roughout terior of Structure ong Elevated Loading I me of Registered Waste Hal /aste Management , State amden, NJ mpleted By (Print or Type) atrick T. DeCaro		Title		□ □ N. H.	DEP Vauler ID	Vaste (No.)	Cubic Yards of Waste Disposal Date	Name of Registers GROWS North	254 LF ed Landfill h Landfill			

Ck# 2581

Date of Notification (1)					Name o	of Building	Owner/Operator (2	2)		13		F	
	4/	14			New	Jersey	Department of T	ransportation					
Agencies Notified	Type Notifi	ication			Street A	Address			APF	7	0000		
E-3	Initial			- 1	PO E	3ox 600		31		1 /	2014		
			01451	. , t	City, St	ate, Zip C	ode						
⊠ DOH		ment # <u>2</u>		14	Tren	ton, NJ	08525-0600	3		\$2 te		177	
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		auding	ŀ	Name o	of Contact			Telephone Nu				
(140/10 0.20-0)	☐ Cancell	50.500 mag			And	rew Yorl	ce		1			70	-
					FAC	ILITY IN	FORMATION						
Name of Facility Where Al	batement is	Taking	Place	(3)				Type of Facility	(4)				
Parcel M-56 - Forme							5	School (K-12					
Street Address			9					☐ Subchapter 8	Other than K	-12)			
177 Pennsylvania A	venue	V.						Other (i.e., p homes, etc.)		mercial bu	ilding	s,	
								Square Feet	# of Floors	Bi	dg. Ag	10	
City (5)								38400	2	1	ug. ∧į 30÷	je	
Kearney, NJ					Court	O = d = 17	VOTATE LIDE ONLY				307		
County (6)					Count	y Code (/)(STATE USE ONLY)				_		
Hudson									ehouse Distr	ribution	Cent	er	
Name of Monitoring Firm I		uilding O	wner (3)	ASCM N	No.	Name of Abateme	Mari					
Shaw Environmenta	al Inc						Bristol Enviro	onmental Inc					
Street Address							Street Address						
128 S. Tryon Street	- Intersta	te Tow	er				1123 Beaver	Street					
City, State, Zip Code							City, State, Zip Co	ode					
Charlotte, NC 28202	!						Bristol, PA 1	9007					
Project Manager for Monit	toring Firm			Tele	phone N	No.	Telephone No.		License No.			-	
Gary Wywra				73	32-939-	3707	215-788-6040)	00509				
Start Date (10)		Sched	uled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor		W. W. Salina			
3_ / _17_ /	14	125000000000000000000000000000000000000		N. Carrier	_ / _		Shaw Enviro	nmental Inc					
Occupancy Status During	Abatemen	t (Check	only o	ne)			Street Address				-		_
□ Facility Closed Vacate					ment		128 South Tr	yon Street, Int	erstate Towe	er			
☐ Abatement Performed	Outside of	Normal	Facility	Hour	s - Desc	cribe	City, State, Zip Co				75-30		
Time of Abatement:	AM	PN	A/	_PM-	/	AM	Charlotte, NO						
Scope of Work (Check all	that apply)								1620 2001				
П. 2 - 6 - 1. 2 W			□ Re	novati	ion		☑ Full Con	tainment with Neg	gative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			☑ De					g Procedure					
25 7 100 01 21 7 200 11			450 - 163				☐ Non-Exe	empted (*) and No	n-Friable Proce	edure			
			10.00	Locat						At	atem	ent T	уре
Location			7000	lorma	illy ely by		Description of			20	Z	m	m
Asbestos-Containing N TO BE ABA	Viaterial (AC	CIVI)		intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit			Cus		Staff?	(1.6	surfacing, VAT		SF or LF)	ova	ļ =	usd	Sur
(13)	5.		V	(12)			other miscellane	eous)				ate	œ
		-	Yes	No	N/A	Elec: T	ile & Mastic		4200 SF	N7			
Throughout					+			on Floor-'					-
Exterior of Structure							ulking & Roof T		270 SF		10		
Along Elevated Loadi	ing Docks	5				EXt. EX	pansion Joint M	laterial	254 LF	☒		Ш	
								e:					
Name of Registered Wast	te Hauler		1	100	JDEP V	377	Cubic Yards of	Name of Regis	stered Landfill				
Waste Management				F	lauler IE		Waste	GROWS N	orth Landfill				
City, State					SW17	44	Disposal Date	City, State					-
City, State Camden, NJ							2.0p3our bato	Morrisville	PΔ				
		1											
Completed By (Print or Ty	/pe)	Title	320				Signature	1 10.	1.	Date /	1	11	
Patrick T. DeCaro		E	stima	tor			Tatre	ek 1 19	ow Il	3//3	//	4	
ACR A1	3377=						0.58	J. 10	11				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	4 /	14					Owner/Operator (2 Department of T		APR	7 2	014		,
Agencies Notified EPA	Type Notificat	tion				Address Box 600			.1	, _	017		
☑ DOLWD				1		ate, Zip C	ode			047		-1	-
⊠ DOH	_ Amendme			4			08525-0600		98			44.	
☐ DCA (NJAC 5:23-8)	☐ Emergence justification		ding	-		of Contact	AND THE COURSE OF THE COURSE O	T	Telephone Number	er			
(NJAC 5.25-6)	☐ Cancellati				And	rew York	(e						
							FORMATION		-				
Name of Facility Where A	hatament is T	akina Di	200 /	3/	FAC	ILII I IN	FORMATION	Type of Facility (4	() s		•		
Parcel M-56 - Form				٠,				School (K-12)					
	er Dynamic	HUCKII	ig			-1-2-1		Subchapter 8	(Other than K-12)				
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Hudson			/0		100111		[N]		enouse Distribu	uon	Jeni	51	
Name of Monitoring Firm	- 5	ling Own	ner (8) '	ASCM N	NO.	The superconnection of the control o	ent Contractor (9) onmental Inc					
Shaw Environment	al inc			\perp				onmental inc					
Street Address							Street Address	Ctt					
128 S. Tryon Street	- Interstate	lower					1123 Beaver						
City, State, Zip Code	_						City, State, Zip C						
Charlotte, NC 2820							Bristol, PA 1	9007	Titana Na			-	
Project Manager for Mon	itoring Firm				phone I		Telephone No.	•	License No. 00509				
Gary Wywra					2-939-		215-788-6040		00509				
Start Date (10)		Schedule O N					Name of OSHA N						
3 / 17 /			17		OLD	-	Shaw Enviro	nmental inc					
Occupancy Status During					March 11 Cons		Street Address						
☐ Facility Closed/Vacate								ryon Street, Inte	rstate Tower				
Abatement Performed							City, State, Zip C						
Time of Abatement.	Aivi-			- IVI-		CIVI	Charlotte, No	C 28202					
Scope of Work (Check a	li that apply)] Ren				☐ Mini-End ☐ Gloveba	ntainment with Neg closure ag Procedure empted (*) and Nor		Э		2	
				ocat						Ab	atem	ent Ty	уре
Location				orma I Sole	lly ely by	Acho	Description stos Containing Ma		Amount	Re	Re	En	En
Asbestos-Containing TO BE AB			Mair	ntena	ince/		., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
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(13)		1	res	No	N/A	1	other miscellane	eous)				ਰ	
Throughout		_				Floor T	ile & Mastic		4200 SF				
Exterior of Structure	1				\boxtimes	Ext. Ca	ulking & Roof T	ar Flashing	270 SF				
Along Elevated Load	ding Docks]		\boxtimes	Ext. Ex	pansion Joint N	Naterial	254 LF				
Name of Registered Wa	ste Hauler			N	JDEP \	Waste	Cubic Yards of	Name of Regis	tered Landfill				
Waste Managemer	nt			H	lauler II		Waste	GROWS No	orth Landfill				
City, State					SW17	24	Disposal Date	City, State					
Camden, NJ								Morrisville	, PA				
Completed By (Print or 1	[vne)	Title					Signature		Da	te .	7 1	,	
Patrick T. DeCaro	ype)	2000	imat	or			Patrick	J. O'Car		3/3	31/	14	

ASB-41 JAN 13 PO 13/29

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

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gencies Notified	Type Notification		Sve	eel Addres	155 RO		-	irn / 201	4		1
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DOH CCA	Cancellation			Bn	LUCE BA	FUNI	n Eo				=
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	· · · · · · · · · · · · · · · · · · ·	o Place (3)		70011		Тур	e of Facility (4)				
ame of Facility Where	Abatement is Takin	y race (3)				_ 🗅 :	School (K-12)	- 121			
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ounty (6)	PE MAY	-	U	SE ONLY)		_	VACA	TUT			==
		Owner	ASI	CM No.	Name of Ab	alement (Contrador (9)				
	m Hired by Building				KL.C	- M C C	INC				
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reel Address	**				36	1 7.	777000				
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ity State 20 Code					Telephone	17766	3667	1081126 110			
roject Manager for M	lonitoring Firm	[.10	elepho	one No	1 elephone	7779	-0422	0044	4		
I Clear In Carona											
itan Date (10)	Sch	eduled Comy	plelio	n Date (11)	Name of C	FPK	HLEMI	4	257,000,000		
4/10/1	cr	4/21		4							
Status Di	ring Abatement (Ch	eck only one	e)		7 L (3	SPRUCE	A UE I			
T c 3 - Classida/a	rated During Entire F	enoa oi Aux	atenne	ות							
Abatement Perform	ned Outside of Norm	al Facility H	ours		City, State	10.	SHADE	, N, J,	2080	52	
Other - Describe:											
Scope of Work (Chec	k all that apply)				□F	ull Contai	nment with Neg	abve Pressure			
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23 st or ≥3 lt ≥160 st or ≥260 lt		☑ Demo	nootibe		H2	on-Exem	bred (,) and Nox	-Friable Procedu	TA	patem	er.
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			1 1	JOEP Was	e Cubic Y	v ds	Name of Reg	istered Landfill	, ,	,	
Name of Registered	Waste Hauler		H	auler ID No	of Wast	2	C,M	, C , M , C			_
KLÉM	CO INC.		- 4	7907	0spsa	Date				20	
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Date of Notification (1) 3-31-14				Name of Lock	Building C need Ma	wner/(arti	Operator (n, Inc	2)	1		1		7	F	
Agencies Notified	Type Notification			Street Ad 199 I	ddress Borton	Lan	ding F	Road	5)	 APR	7	20	1.4		
EPA DEP	☐ Initial ☑ Amended	_		City, Stat	te, Zip Coo	ie			1		,	20	14		
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₩ DOH	 Emergency (in justification) 	cluaing			Contact	025.7			4	Telephone	Number			. *	
DCA -	☐ Cancellation			Paul	200000000000000000000000000000000000000	-1			åu						- 1
				FACIL	LITY INFO	RMAT	ION	Time	of Facility	(4)					
Name of Facility Where		Place (3)													
Lockheed Marti	n								chool (K-	12) - 8 (Other than I	K-12)				
Street Address 199 Borton Lan	ding Road							⊠ C e	ther (i.e. tc.)	orivate & comm	ercial bu			-2-11-5	s,
City (5) Moorestown								530	e Feet 0 , 000	# of Floors			yr:		
County (6) Burlington				County C	Code (7) JSE ONLY)		_	off	ices	or if being demo	olished)			74	
Name of Monitoring Firm Harvard Enviro		wner (8)		ASCM	1 No.					ntractor (9) ronmental	Co.,	In	c.		
Street Address	Interiori						Street					5005		112	
760 Pulaski Hi	ghway						923	Haws	a Aven	ue					
City, State, Zip Code	3-12						City, St			80.00.000000					
Bear, DE 1970	1						Nor	cisto	own, P.	A 19401	95				
Project Manager for Mor Chuck Styles	nitoring Firm	930		Telephor	ne No. 326–233	33	Teleph 610-		-9920	Licens 003					
Start Date (10)				npletion (Date (11)		Name o	of OSH	A Monitor						1
2-18-13		12-3	31–1	4			A CONTRACTOR			ronmental	Co.,	In	c.		
Occupancy Status Durin	g Abatement (Check	Only On	e)				Street								
☐ Facility Closed/Vac	ated During Entire Pe	eriod of A	baten	nent					Aven	ie					
☐ Abatement Perform	ned Outside of Norma work areas	I Facility	Hours	S		_	City, St Norr			A 19401					
Scope of Work (Check A	All That Apply)														
□ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		1000 C	enova emolit				XI XI XI	Min	i-Enclosur				dure		
		-											oate	ment	
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Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) A <u>TED</u> lity	Mai	d Sole intena odial ((12)	nce/ Staff?	Asbest (i.e.	os Cor therma surfa	ntaining M al systems acing, VA miscellan	laterial insula T, or	(ACM) tion,	Amount (Specify SF or LF)	Zeillova		Repair	Encapsulate	Enclosure
		Yes	No	N/A					33					Ф.	
Building 101			Х		VAT &	mas	stic			2,000SF	Х	-			
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Name of Registered Wa Waste Manageme	ste Hauler ent of Camder	ı,NJ	1 1 2	NJDEP W Hauler ID 39126	Vaste No.		c Yards		Name of	Registered Lar	ndfill				
City, State Camden, NJ						Disp	osal Date		City, Sta	te town, PA		es a p	1		
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Completed by James M. Kell	У	1000 COC	e-Pr	eside	ent		//				3–31	-1	4		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Pennrose Properties, LLC 4-1-14 Type Notification Street Address Agencies Notified 1301 North 31st Street X Initial EPA City, State, Zip Code 2014 П Amended DEP П Philadelphia, PA Amendment # X DOL Emergency (including Telephone Number Name of Contact DOH justification) X Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) 15 Washington Street School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 15 Washington Street etc.) # of Floors Bldg. Age Square Feet City (5) 50yrs. 150,000 16 Newark Current Use (Prior if being demolished) County Code (7) County (6) vacant (STATE USE ONLY) Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Plymouth Environmental Co., Inc. EHS Environmental Inc. Street Address Street Address 923 Haws Avenue 411 Southgate Court, Suite E City, State, Zip Code City, State, Zip Code Norristown, PA 19401 Mickleton, NJ 08056 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00398 610-239-9920 Jack Carney 856-224-0080 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) EHS Environmental Inc. 4-15-14 4-15-15 Street Address Occupancy Status During Abatement (Check Only One) 411 Southgate Court, Suite E Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Mickleton, NJ 08056 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure X Renovation ≥3 sf or ≥3 lf $X\square$ Mini-Enclosure Demolition П ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Removal Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)No N/A Yes 980 each window glazing X throughout building X 2,000 SF X throughout building X VAT 600 LF X pipe insulation X throughout building 1,000 SF X black mastic throughout building X Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. Newark Carting IESI Bethlehem 100 4509 City, State Disposal Date City, State Bethlehem, PA 4-15-15 Newark, NJ Date Signature Title Completed by 4-1-14 President James Kelly

o not use this form for aspestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		(P			JAC 0.0						7
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ate of Notification (1)	1/14	8	_	1	RAP	USFORM	ATION G	TO I BIZZITIE		-	=
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gencies Notified	Da Initial	8 0		60	1 6	CLORE	cs Law	1000 1001		40	7
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DOH	justification) Cancellation		'*			BARA					1
DCA	00.00										
				FACILI	TY INFO	RMATION	Type of Facility (4)			
ome of Facility When	e Abatement is Takir	ng Place (3)			1	Cabool (K-12)				
DF 9	1 DENCE						Contractor 8	(Other than N-14)) 	_	
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Jeel Address	E, 67# 5T	r:					homes, etc.) Square Feet	# of Floors	Bldg.	Age	
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		Outper	TA	SCM No	T		nent Contractor (9)		39		
lame of Monitoring F	irm Hired by Building	OWITCH	1	J J		160	emco Io	v.c.			
8)	//s		-1=		=	Street Address					
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City, State, Zip Code		*			1	MAR	16 5 1N	DE NIJ	080	-6	
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Project Manager for I	Monitoring Firm		Telep	hone No).	856-7	79-0473	004	44		
N)	1/3					Name of OSHA				100	
Start Date (10)	Sch	eduled Co	mpleti	on Date	(11)	Name of USFIA	A / IA	790			
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4/11/19	uring Abatement (Ct	neck only o	ne)			Street Address					
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Facility Closed/Va	med Outside of Norr	nal Facility	Hour	s		City, State, Zip	Code				
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City. State MARCE	co Inc	T, GY	05	17	104	Disposal Date	_ W		e ///	N.	<u> </u>

Date of Notification (1) 3-31-2014						Building C LaBarb	owner/Operato viera	or (2)		A	PR	7 20	14			1
Agencies Notified	Type Notific	ation		- 1	Street Ac 32 Allis	ldress son Road	d		y.::							
DEP DOL		dment #_				te, Zip Coo NJ 076					Q	311				
DOH DCA	Emerg justification		luding	- 1	Name of Joseph	Contact LaBarb	iera		26	ام۲	anhone	Number				
					FACIL	ITY INFO	RMATION									
Name of Facility Where Residential	Abatement is	Taking P	Place (3)						of Facility (4) School (K-12)						
Street Address 32 Allison Road								X C	Subchapter 8 Other (i.e. pri etc.)				ildin	ıgs,	nome	s,
City (5) Alpine, NJ 07620							***************************************		e Feet	# of 2	Floors		Bldg 56-	g. Ag	je	
County (6) Bergen					County C	Code (7) ISE ONLY)		Curre	nt Use (Prior	if bei	ng demo	olished)			84	
Name of Monitoring Firm	Hired by Bui	ilding Ow	ner (8)		ASCM	No.			tement Cont			LLC				
Street Address							(C)(2)(2)(2)	t Addres Virgin	s ia Avenue					7,323,3	-24.00	
City, State, Zip Code								State, Zi	p Code y, NJ 0730	 04						
Project Manager for Mor	nitoring Firm			T	Telephor	ne No.		ohone No -333-8			Licens 01174					
Start Date (10) 3-31-2014			chedule		npletion [Date (11)	11/92/2000	e of OSH ne as a	A Monitor		6					
Occupancy Status Durin	g Abatement	(Check C	Only One	e)			Stree	t Addres	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside o	f Normal	Facility	Hours			City,	State, Z	p Code							
Scope of Work (Check A	II That Apply))									-					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			-	enova emolit				× Mir	Containment Di-Enclosure Evebag Proces Di-Exempted	edure						
		-	la	0001	ion				LACINPLOG	() 4	4 110111				ment	
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Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (AC ATED lity	CM)	Mai	ntena	Staff?		thermal syster surfacing, V other miscella	Material ns insula 'AT, or		(5	mount Specify or LF)	Removal		Repair	Encapsulate	Enclosure
			Yes	No	N/A								+	_	(b	
Basem				X			VAT				55 SF	x	+			
Sun-ro				Х			VAT				00 SF	х	1			
Kitche	en		-	X			Linoleu	ım		30	00 SF	х	+			
Name of Registered Wa	ste Hauter			l N	JDEP W	laste	Cubic Yards		Name of F	enista	ered I an	ndfill				
Waste Management				H	lauler ID 034889	No.	of Waste		G.R.O.V							
City, State Coraopolis, P.A.		7744					Disposal Dat 4-1-2014	te	City, State Morrisvil		.A.					
Completed by Liliana Serrano.			Title Office	Mai	nager		Signatu	ire	Jern	Du	ا د	Date 3-31-	201	14		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

CK# 024335

		(Pursi	ant to N	JAC 8: 60-7 and 12: 120-	-7)		CLI	7 Us	193
Date of Notification (1) 0 3 / 3 1	/ 1 4			e of Building Owner/Ope THY TERRENTS	erator (2)			7.3	
	Votification		Stree	et Address	NITE		9*		
[X] EPA				6 BLUE HILL AVE	ANUE	100	7 001	A	
[X] Init	ial Notification	2		, State, Zip Code		APR	7 201	4	
	ended Notification	1	FA	IR LAWN, NJ 0741	0				
	endment icellation		Nan	ne of Contact	T	Telephone Nu	mber	- 4	
	ergency		KA	THY TERRENTS					4.
[] DCA [] 22			FACIL	ITY INFORMATION				_	
Name of Facility Where Abatement is Taking	Place (3)		racio		Type of Facility	(4)			
						School (K-12)			
RESIDENTIAL Street Address					[]	Subchapter 8 (Other t			
					[X]	Other (i.e., private & c buildings, homes, etc.)			
0-56 BLUE HILL AVENUE City (5) Co	unty (6)		Cour	ity Code (7)	Square Feet	# of Floors		lg. Age	
Lity (5)			(STA	TE USE ONLY)	0 171 00	J. 161 i. a damalished)			
EATD LAWN	ERGEN				Current Use (P)	rior if being demolished)	1		
FAIR LAWN BI Name of Monitoring Firm Hired by Building		ASC	CM	Name of Abate	ement Contractor (9)				
erene en encontraction de la resta de la Folia de la Constantion d				IR CONT	RACTING & EN	VIRONMENTAL O	CONSUL	TING,	INC.
Street Address				Street Address					
piree: Address				1141 ROU	ΓE 23				
				City, State, Zi					
				WAYNE, N		License Numi	ner		
Project Manager for Monitoring Firm		Telephone	e Numbe	Telephone Nu 973 628-95		00408			
C. L. Juled Chata Data (10)	Scheduled Comp	oletion Date	(11)	Name of OSH		100,100			
Scheduled State Date (10) 0 4 1 1 1 1 1 Month / Day / Year	4 0 4 Month	1 4 / Day		J&S ENVI	RONMENTAL L	ABORATORIES, I	LC		
Occupancy Status During Abatement (Check	only one)			Street Address	s				
[X] Facility Closed/Vacated Do of Abatement	uring Entire Period			2333 ROU	TE 22 WEST				
Abatement Performed Ou Note: 1 Hours - Describe: Other - Describe:	tside of Normal Fac 7:00 a.m 3	ility :30 p.m.		UNION, N	J 07083				
Scope of Work (Check all that apply)					[] P. P. C	With Nagative Proces	124		
potent • percontonne de la traspetta perconto (perconto traspette)		[] De	molition novation	19	[] Full Containm	ent With Negative Pressi e	ire		
$[X] \ge 3 \text{ sf or } \ge 3 \text{ lf}$		[14] 140	201202		[X] Glovebag Proc				
[] ≥ 160 sf or ≥ 260 lf					[X] Non Exempted	(*) and Non-Friable Pro	A	batemen	t Type
		Is					R	R	E
Location of		Locatio Norma	lly	Description of Asbestos-Cont	aining	Amount (Specify	E	RC	N C L
Asbestos - Containing Material (ACM)		Used Solely	by	Materiai (A (i.e., thermal s	ystems	SF or LF)	o v	PI	0
TO BE ABATED in Facility (13)		Mainten: Custod	ance / ial	insulation, surf			A	II	JU
m racinty (10)		Staff (I	12)				L	RI	70 1 0 0000
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Name of Registered Waste Hauler		NJDEP Hauler I		Cubic Yards of Waste		of Registered Landfill			
J.R. Contracting & Environmenta	l Consulting, In		819	11_		o.w.s			
City, State				Disposal Date	City, S				
Wayne NJ 07470				lei-mah	Mor	risville PA			
Completed by (Print or Type)	Title			Signature		l and			
Jerry Bijelonic	Project Ma	nager			< -		03.	/31/14	



Date of Notification (1) 3-31-2014				Name o	of Building nt Enterp	Owner	/Operato	r (2)				•	-	+
Agencies Notified	Type Notification	on	_		Address	11949								. !
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DEP	initial Amended				ate, Zip Co									
▼ DOL	Amendme			East (Orange,	N.J 07	017							į
⊠ DOH	Emergence justification	y (including			of Contact						Til.			Ĺ
DCA	Cancellation			100 St. 100 St.	Doggett				S 1	elenhana i	(lıımba			
	1		1		ILITY INFO	ODMAT	TON						200000	
Name of Facility Where Residential	e Abatement is Tak	ing Place (3)		TAC	ILIT INFO	JKMAI	ION	Type of Facilit	y (4)	-	v			
Street Address								School (F	(-12)					
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	Sireel							Other (i.e	. private	& comme	rcial bu	ilding	s, hon	nes,
City (5)								Square Feet	#	of Flours		Bidg.	Ago	
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Essex	<u> </u>			(STATE	USE ONLY			ourient out (i	1101 11 00	ang demo	iisnea)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASC	M No.		Name	of Abatement C	ontracto	r (9)				
Charact Add							Gree	n Environme	ental Se	ervices,	LLC			
Street Address						Week	Street	Address						
City State 7:- O. I	388						235	Virginia Aven	ue					
City, State, Zip Code			3.5		55-3020 = =020		City, S	tate, Zip Code						
							Jerse	ey City, NJ 0	7304					
Project Manager for Mo	nitoring Firm		T	Telepho	ne No.			one No.		License	No			
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Start Date (10)	E	Scheduled		mpletion	Date (11)		Name	of OSHA Monito	or	1				
4-1-2014		4-1-2014						as above						
Occupancy Status Durin	ng Abatement (Che	ck Only One)				Street	Address						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Nor	Period of Ab mal Facility F	aten	nent s		20	City, S	tate, Zip Code						
Scope of Work (Check A	All That Apply					_		_						
<u> </u>	All That Apply)													
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(13)			12)				cing, VA1			or LF)	Remova	Repair	ap	Clo
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Vaste Management				34889		2		G.R.O	1.2.W.	North Ian	ndfill			
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Coraopolis, P.A.						4-1-20		Morris		Δ				
Completed by		Title					gnature							
iliana Serrano.		Office N	Man	ager		13	Sharare	5			ate	24.4		
						_ \	Mu	where	سمد	$\sim 1^3$	-31-2	J14		- 1

NOTIFICATION OF ASSESTED ADATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Englewood Hospital APR 03/31/2014 Street Address Type Notification Agencies Notified 350 Engle Street Initial City, State, Zip Code **EPA** Amended Englewood, NJ 07631 DEP Amendment # X DOL Emergency (including Name of Contact justification) Harry Hahn DOH D. Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Englewood Hospital School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address etc.) Bldg. Age 350 Engle Street # of Floors Square Feet 100,000 50 Years + 3 City (5) Englewood, NJ 07631 Current Use (Prior if being demolished) County Code (7) Hospital County (6) (STATE USE ONLY) Bergen Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAL Environmental Services N/A Hillmann Consulting, LLC Street Address 11-02 Queens Plaza South Street Address 1600 Route 22 East City, State, Zip Code Long Island City, NY 11101 City, State, Zip Code Union, NJ License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 28675 718-349-0900 908-688-7800 Michael Nehlsen Name of OSHA Monitor Scheduled Completion Date (11) Martin Mcrea Start Date (10) 06/14/2014 04/14/2014 Street Address Occupancy Status During Abatement (Check Only One) 33 West 24th Street Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Bayonne, NJ 07002 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation X Mini-Enclosure ≥3 sf or ≥3 lf X Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of Normally Encapsulate Amount Asbestos Containing Material (ACM) Location of Used Solely by Enclosure Remova Repair (Specify Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Maintenance/ SF or LF) TO BE ABATED Custodial Staff? surfacing, VAT, or other miscellaneous) In Facility (12)(13)Yes No N/A 260 SF x Floor Tile & Mastic 5th Floor Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Minerva Enterprises of Waste Hauler ID No. 30 Yards 24310 ATC City, State Disposal Date Waynesburg, OH 44688 04/21/2014 City, State Shirley, NY 11967 Date Signature 03-31-2014 Title Completed by AA

Ann A. Ali

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

of Notification (1)		Nan	ne of Bu	uilding (Pikulin	Owner/Opera		APE	7 20	14	-	1	
0/4.4												
6/14 ncies Notified	Type Notification	Stre	eet Add 9 Win	sor St	reet					1		
ncies Notified	5.0000 5.0000		01-10	Zin Co	ode		2			اُ		
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DOH	justification) Cancellation	U	epple	ITV IN	FORMATIO	٧	-:Uh. (A)					
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me of Facility Where	Abatement is Taking Place (3	,,				Sch Sub	ool (K-12) chapter 8 (Othe	er than K-12)	buildings. h	omes	. \	
ouse						oth	er (i.e. private d	commercial i	Juliuliigu		\rightarrow	
reet Address						Square	Feet # 0	f Floors	Bldg. Ag	je	1	
59 Winsor Street			alialecca A			NIA	N/				-+	
ity (5)		:=::::::::::::::::::::::::::::::::::::		- 1 6	7)	Current	Use (Prior if be	ing demolishe	.a)		1	
Bound Brook			County	Code (VLY)	House	9					
County (6) Somerset				M No.		Name of Abate	ment Contracto	r (9)				
Some of Monitoring F	irm Hired by Building Owner (8)	ASC	, 141 140.		D&S Abate					X7480 (C-C)	
N/A						Street Address	ren Avenue					
Street Address						11 Roseng	n Code					
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City, State, Zip Code						Telephone N		License N				
1570.5	il des Firm		Telep	hone N	lo.	973-345-8	685	#00675				1
Project Manager for	Monitoring Firm				(44)	Name of OS	HA Monitor					
(10)	Sch	eduled C	omplet	ion Date	e (11)	D&S Abat	ement, Inc.					7
Start Date (10) 3/26/14		7/14				Street Addre	ess Avenue					
	During Abatement (Check On	ly One)				11 Roser	gren Avenue					
Class	d/Vacated During Entire Perio	d of Aba	tement			City, State,	NJ 07512					-
Abatement P	d/Vacated During Entire Pend erformed Outside of Normal F	acinty in				Totowa,	143 07012					
Other - Desc	ribe: Occup					П.	ull Containmen	t with Negativ	e Pressure			
Scope of Work (C	heck All That Apply)	□ Rei	novatio	n		1×1	Mini-Enclosure					
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≥160 sf or ≥		N	_ocation			Description of	arial (ACIVI)			O	psu	Enclosure
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lame of Facility Whe	re Abatemen	t is Taking Place	(3)				\dashv	Subch	ol (K-12) napter 8 (Other th	nan K-12) ommercial b	uildings,	home	s,	
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663 Broad Stree	t							Square Fe		N/A		N/A			
City (5) Clifton			— т	Count	y Code (7)	-	Current U	se (Prior	if being	demolished	d)			
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Passaic Name of Monitoring	Firm Hired b	y Building Owne	r (8)	AS	CM No.		D&S	S Abatem	ent, Inc). 					1
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Project Manager fo	or Monitoring	Firm		Tele	phone N	0.	97	ephone No. 3-345-868	85		#00675				+
Project Manager in	OI IVIOITIES. II S	10	heduled (Comple	tion Date	(11)	Nar	me of OSHA &S Abater	Monitor	nc.					
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Occupancy Statu Facility Clos Abatement Other – Des Scope of Work (≥3 sf or ≥3 ≥160 sf or 3	ed/Vacated I Performed O scribe: Occup Check All The If ≥260 If Location of Containing Ma TO BE ABATI In Facility	During Entire Per utside of Normal pied at Apply) aterial (ACM)	Facility H	ours	on on y y by	Asbestos C (i.e. ther	Desciontair	Rosengi ty, State, Zip totowa, No	o Code J 07512 I Contain ni-Enclosi ovebag P nn-Exemp	ment wi ure rocedur oted (*) a		able Proc	edure Abate		Enclosule
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Occupancy Statu Facility Clos Abatement Other – Des Scope of Work (≥3 sf or ≥3 ≥160 sf or 3	ed/Vacated I Performed O scribe: Occup Check All The If ≥260 If Location of Containing Ma TO BE ABATI In Facility (13)	During Entire Per utside of Normal pied at Apply)	Re De	cours conovation on on on y y y by loce/	Asbestos C (i.e. there so oth	Cit T Descontainmal surfacing mer mi	Rosengling, State, Zip totowa, No Full Min Glo No ription of ning Materia ystems insuring, VAT, or scellaneous	o Code J 07512 I Contain ni-Enclosi ovebag P nn-Exemp	ment wi ure rocedur oted (*) a	Amount (Specify SF or LF)	Removal	edure Abate Ty	pe	Enclosure	
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Occupancy Statu Facility Clos Abatement Other – Des Scope of Work (≥3 sf or ≥3 ≥160 sf or 3	ed/Vacated I Performed O scribe: Occup Check All Thi If ≥260 If Location of Containing Ma TO BE ABATI In Facility (13) basemen	During Entire Per utside of Normal pied at Apply) atterial (ACM) ED nt	Re De	cours conovation on on y y by cce/ staff?	Asbestos C (i.e. there is not in the image) Waste D No.	Description of the contain of the co	Rosengiley, State, Zipotowa, Notate in Sulation Yards aste	o Code J 07512 I Contain ni-Enclosi ovebag P nn-Exemp al (ACM) alation, b) Nar Wa	ment wi ure rrocedur sted (*) a	Amount (Specify SF or LF) 10 LF egistered La anageme	Removal X	Abate Ty Repair	pe	Enclosure	
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Date of Notification (1) 3/26/14				ame of Bu Colleen I			erator (2)	12: 20						
Agencies Notified	Type Notification		-	treet Addi 0 Park					nan st	Al	PR 7	2014			
EPA DEP DOL	Initial Amended Amendment			ity, State, ⁄Iaplewo			5.52								-
DOH DCA	Emergency (injustification) Cancellation	ncluding	2.5	lame of C Colleen	Pannon	11.00				Tele	phone Nu	mber		_]
				FACILI"	TY INFOR	RMATION	N	Type of	Facility (4	1)					
Name of Facility Where House Street Address	Abatement is Taking	g Place (3)					_	Sc.	hool (K-1	2) 8 (Othe	r than K-1	2)	b	omos	
40 Park Avenue								☑ Ot etc		rivate &	commerc	iai bullul	ngs, i	omes	٠,
City (5) Maplewood	******							Square N/A	Feet	# of N/A	Floors	Blo N/	ig. Ag A	е	
County (6) Essex				County Co			_	Current	- 25	or if beir	ng demolis	shed)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM N	No.				ment Cor ment, In		(9)				
Street Address					- 20 51111-0			Address osengr	en Aver	nue					
City, State, Zip Code	-							tate, Zip wa, NJ	Code 07512						
Project Manager for Mo	onitoring Firm			Telephone	No.			none No. 345-86			License #00675				3:
Start Date (10) 4/09/14		Scheduled 4/10/14	Com	pletion D	ate (11)				A Monitor ment, Ir		915.1				
Occupancy Status Duri								Address	ren Ave	nue					
Abatement Perfor	ecated During Entire med Outside of Nort	Period of Ab mal Facility h	atem Hours	ent		-	City, S	State, Zip	Code						
Other - Describe:	Occupied					_	Toto	wa, N.	07512						
Scope of Work (Check	All That Apply)						-	7		0 10 10					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	rs .		enova emolit	0.00			2	Mini	-Enclosur	re ocedure	n Negative			e	
		la!	ocati	ion				Non	-Exemple	u () an	id NOII-i ii	able 1 10	Abate	ement	
Locat Asbestos-Containi <u>TO BE A</u> In Fa (1	ng Material (ACM) ABATED acility	Used Mair	ormal I Sole ntena	liy ely by	Asbest (i.e.	tos Conta	system sing, V	Material ns insula AT, or	(ACM) tion,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
33		Yes	No	N/A							4015			Ф	_
base	ment		X				insul				18 LF	X	_		-
base	ment		Χ			boiler	insu	lation		-	16 SF	X			
Name of Registered V	Vaste Hauler		- 11	NJDEP W	aste	Cubic	Yards		Name o	of Regist	tered Land	dfill			
D&S Abatement, I			F	Hauler ID 20996		of Was					agemen	t of PA			
City, State Totowa, NJ						Dispos TBD	11	1	City, Sta		'A				
Completed by Deanna Brkusanir	n	Title Proje	ct M	anager		S	Signatu	Malle	7 Sile	we	in	3/26/1	4		
ASR-41 (R-06-08)							U _{Do}	not use	ℓ' this form f	for asbe	stos licen	sure exe	mpted	activ	/ities

Date of Notification (1) April 1, 2014				Building O ew York										
Agencies Notified Type Notification X EPA X Initial			Street Ad 6200 B	dress roadway	,				APF	7	2014			
DEP Amended Amendment				e, Zip Cod ew York		0709	3	*			×	-4	8	
□ Emergency justification) □ DCA □ Cancellation		1	Name of Robert	Contact Reiman	, Assis	stant P	rinc	ipal	Τ=		ımber		1	
			FACIL	ITY INFO	RMATI	NC								
Name of Facility Where Abatement is Takir Harry L. Bain Elementary School Street Address	g Place (3)						Typ	e of Facility (4) School (K-12 Subchapter 8)	er than K	-12)			
6200 Broadway								Other (i.e. pri etc.)	ivate 8	comme	rcial bui			nes,
City (5) West New York				2			- 2000	are Feet 000	# of 3	Floors		3ldg. 'O	Age	
County (6)			County C (STATE U	ode (7) SE ONLY)				rent Use (Prior hool	if beir	ng demo	lished)			
Name of Monitoring Firm Hired by Building McCabe Environmental Services	Owner (8)		ASCM 0001					oatement Contr y Constructi						
Street Address 464 Valley Brook Ave.						Street 205 I		ress 6W, Suite 1	14					
City, State, Zip Code Lyndhurst, N.J. 07071						City, S	tate,	Zip Code N.J. 07512						
Project Manager for Monitoring Firm Jim Ruff			Telephon			Teleph	none			License 01155				
Start Date (10)	Scheduled	Con	npletion D			Name	of O	SHA Monitor			V-01			
April 11, 2014 Occupancy Status During Abatement (Che	May 11,		4			Acac		y Constructi	on, Ir	nc 				
Facility Closed/Vacated During Entire	Period of Ab	atem	nent			205	Rt 4	6W, Suite	14					
Abatement Performed Outside of Non Other – Describe:	nal Facility F	lours			_	- 0.7		Zip Code N.J. 07512	!					
Scope of Work (Check All That Apply)	Post -					ıs	7 _				-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	MANAGEMENT	enova emolit				2	N 0	Full Containmen Mini-Enclosure Blovebag Proce Non-Exempted	edure				ıre	
	<u> </u>		I					*OIPEXempled	() arm	3 14011-1 1	Table 1 1	120	terne	ent
Location of	No	ocati ormal	ly		De	scription	n of					-	ype	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	itenai	nce/		os Cont thermal surfa		Mater is insi AT, or	.	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Room 302	162	Χ	INA		F	Plaster	-			18 sf	x	-	-	-
Room 311		x		samers a Test		Plaster				18 sf	x			
					*							-		
Name of Registered Waste Hauler		1 1 1 1 1 1	JDEP W	17.5		Yards	<u> </u>	Name of F	Registe	ered Lan	dfill			
Academy Construction, Inc.			lauler ID 034422		of Wa	1000000		GROWS	W. S. C. C.	th				
City. State Totowa, NJ						sal Date 11, 20		City, State Morrisvi		A 1906	67			
Completed by Frank Marino	Title VP of	Оре	erations	-	3	Signatur	e /	·	_		Date April '	, 20	14	

(A) Affection (1)		T Na	me o	f Buildir	ng Own	er/Oper	ator (2)		-	•	- 17-			
ate of Notification (1) April 1, 2014	Name of Building Owner/Operator (2) West New York School District												4	-	
gencies Notified Type Notification	Street Address APR 7									7 2	2014		_		
EPA Initial Amended Amendment #	City, State, Zip Code West New York, N.J. 07093														
Emergency (include	Name of Contact								han- *!			_	27		
DOH justification) DGA Cancellation	R	Robert Reiman, Assistant FACILITY INFORMATION					nt Principal				9				
Toking Dia	co (3)	-	FAC	ILITY II	NFORM	MATION		Type of	Facility (4))				. 17	
ame of Facility Where Abatement is Taking Pla Harry L. Bain Elementary School treet Address		School (K-12) Subchapter 8 (Othe	(Other than K-12) vate & commercial buildings, homes,					
6200 Broadway								etc	.)		Floors		dg. Ag		
City (5) West New York								50,000)	3	a demolis	70 hed))		
County (6)	(3	County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished School									
Name of Monitoring Firm Hired by Building Own McCabe Environmental Services		ASCM No. 000118				Name of Abatement Contractor (9) Academy Construction, Inc									
Street Address 464 Valley Brook Ave.						Street Address 205 Rt 46W, Suite 14									
City, State, Zip Code							City, State, Zip Code Totowa, N.J. 07512								
Lyndhurst, N.J. 07071 Project Manager for Monitoring Firm		Telephone No. 201-438-4839				Telephone No. Lice 973-832-4244 011					nse No. 55				
Start Date (10)	Con	Completion Date (11) 2014				Name of OSHA Monitor Academy Construction, Inc									
April 11, 2014 M Occupancy Status During Abatement (Check O						Street Address									
Facility Closed A/acated During Entire Period of Abatement					205 Rt 46W, Suite					14					
Abatement Performed Outside of Normal Facility Hours Other – Describe:						City, State, Zip Code Totowa, N.J. 07512									
Scope of Work (Check All That Apply)								·			h Nagative	o Draeei	ire		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enovation emolition					Full Containment with Negative Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Fr									
							NOII-EXEMPLE				IG NON 1	Abatement			
	N	Is Location Normally				Des	Description of						T	ype	T
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maintenance/ Custodial Staff? (12)					estos Containing Material (ACM) e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)		Repair	Encapsulate	Lincocono	
	Yes	No	N	I/A	=	derior	Wat	erproofi	na		120 sf	x	1		
Exterior Wall of Room 317, 318, 316 x						Exterior Waterproo			9		6 sf	x			T
Exterior Wall of Gym (east side)	X						rior Waterproofing			1	160 sf	x			1
Roof Area Wall						Window Caulking				4 sf		1		T	
Exterior Window Room 115			NIDE	EP Was	1000000	Cubic		Contract Con	Name	of Regis	stered Lar	ndfill			
Name of Registered Waste Hauler Academy Construction, Inc.			Haule	er ID No 1422		of Wa	aste	30	GRO'	WS N					_
City. State Totowa, NJ							sposal Date City, S ay 11, 2014 Morr			isville, PA 19067					
Completed by	Title.	30U					Signa	ture	کر د			Date April	1, 20)14	

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