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

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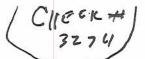
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NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60-7 and 12:120-7

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Street Address						3 was an an analysis of the second se	The state of the s	TIC	k TRAIL				
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DIMILE OF THEM DELSEY NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) April 22, 20	ies Notified EPA DEP DEP Initial Notification [] Initial Notification Amended Notification Amendment # [x] Emergency (including justification) DCA [] Cancellation From Pacility Where Abatement is Taking Place (3) Residence Address 16 Mitzie Drive County (6) Beach Haven West Ocean of Monitoring Firm Hired by Building Owner (8) N/A Address ate, Zip Code Manager for Monitoring Firm Telephone Number add Start Date (10) 4/23/14 Address Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hother - Describe f Work (Check all that apply) [] >3 sf or ≥3 lf [] Renov Solely by Maintenance/Custodial Staff (12) Location of Solely by Maintenance/Custodial Staff (12) YES NO N/A	Name of Buildin	ng Owner/Ope	crator (2)			1. 1	7 (2)	In a
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t jbch			10 10-11-11-11-11					M. William	٠ا
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Residence Street Address				Type of Facility (4	School (k-12) Subchapter 8 (Other (i.e., priv				ildings
City	April 22, 2014 es Notified EPA	County Code (7)	T.V.	Square feet	# of Floors	BI	dg. Ag	e	
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	To I assis		Adol N. Main City, State, Zip Code Barnegat, N. 1 08005 Name of Contact Ken Superak City Information Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [] None of Officer of Desire 4 of Floors [] Bidg. Age 60 Current Use Ontractor (9) Guardian Contractor, 19 Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number 732-349-9932 on Date (11) Name of OSHA Monitor E.M.S.L. Analytical Street Address 1056 Stelton Road City, State, Zip Code Piscataway, New Jersey 08854 [] Full Containment with Negative Pressure I] Mini-Enclosure [] Glovebag Procedure On [] Glovebag Procedure On Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF M P C C O I P O A A L U U U L R E Asbestos siding 900 sf X Date City, State City, State Tullytown, Pennsylvania Signature Date City, State Tullytown, Pennsylvania						
Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Normally used Solely by Maintenance/Custodial Staff (12)	Asi (i.e ins	bestos-Conta Material (AC ., thermal sy ulation, surf VAT, or	aining CM) extems acing,	(Specify SF	E M O V A	E P A I	N C A P S U L	N C L O S U R
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NOTIFICATION OF ASBESTOS ABATEMENT

				Name of Duits							,	No. of Concession,
April 22,	DEP DOL DOL DOH DOA [] Amended Notification [] Amended Notification [] Emergency (including justification) [] Cancellation County (6) Monmouth Monmouth County (6) Mo			Name of Build	ing Owner/O	perator (2	, ,					1277
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	Amendme Emergence justification	ent # cy (including on)	200	City, State, Zip Name of Conta	Bric	k, NJ 08	723					
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Former Baker	aking Place	e (3)	Jac. 100				of Facility (4)	_			_
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801 Main Stre	eet						[] [x]	Subchapter 8	(other	than k-	12)	
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Relman				County Code (7) (STATE USE ON	ILY)	Square	feet ,000 sf	# of Floors	I	Bldg. A	ge	_
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	nit 61				Street A	ddress	Guard	ian Contractin	g, Inc)		
Ity, State, Zip Code							1889 F	Route 9, Unit 6	51			
Toms River, N	J 08755				City, Sta	te, Zip Co	de	1 200				_
Nicholas Fernicola		Telephor	ne Number		Telephor	ne Number	Toms	River, New Jer	rsey ()8755·	1271	
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NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Nows of D. 11							7 75	1
Agencies Notified Type of No		Name of Build			nstruction		14	12		
[x] EPA []	tification Initial Notification Amended Notification Amendment #	Street Address City, State, Zip	128 E	Bartlett	Avenue		9 :	10		
[x]	Emergency (including justification)		West	Creek,	NJ 08092	48				23 24
	Cancellation	Name of Conta				Telephone Numb				
Name of Facility When Al	F	ACILITY INFO	RMATION			+ + -				
Name of Facility Where Abatement is Ta Residence	king Place (3)				of Facility (4)					
Street Address					L J	School (k-12)				
	and Avenue				[x]	Subchapter 8 (Other (i.e., pri	other t	han k-1 comme	2) ercial bu	uildin
City	County (6)	County Code (7)		Square	feet	homes, etc.) # of Floors				
Beach Haven	Ocean	(STATE USE O	VLY)	2	000 sf	1		ldg. Ag	60	
Name of Monitoring Firm Hired by Buildi	in = 0 (0)			Curren	Residen	being demolishe	ed)			
N/A	ing Owner (8)	ASCM No.	Name of	Abateme	nt Contractor ((9)				
Street Address			Street Ad	dress	Guardia	n Contracting	g, Inc			
City, State, Zip Code					1889 Ro	oute 9, Unit 6	1			
			City, State	e, Zip Co	de	- N				
Project Manager for Monitoring Firm	Telephone Numb	er	Telephone	e Number	Toms R	iver, New Jer	sey 0	8755-	1271	
Scheduled Start Date (10)	Scheduled Compl	etion Data (11)	732-349	9-9932		00624		er		
4/23/14	4/25/14	etion Date (11)	Name of (OSHA M		. Analytical				
L J Abatement Performe	ck only one) ated During Entire Period of A ed Outside of Normal Facility I	batement Hours	Street Add		1056 Ste	elton Road				
Other – Describe			City, State	, Zip Cod		ay, New Jers	00	054		
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Toms River, New Jersey	4/28/	14	Tullytow	n, Penn	sylvania					
Nicholas Fernicola	Title Project Manager	Signature	nal /	1			Date	/2014		
	*Do not use this form	n for asbestos licen	sure exempte	d activit	tion		4/22	12014	8	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 04/22/2014 Glenwood Apartment & Country Club Agencies Notified Type Notification Street Address 1 Cherry Hill Lane X EPA | Initial DEP Amended City, State, Zip Code DOL Amendment #_ Old Bridge, NJ 08857 Emergency (including DOH DCA justification) Name of Contact Telephone Num Cancellation Bernadette Poppel FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Apartments Bldg. School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private & commercial buildings, 28-30 Glenwood Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Old Bridge, 2000 SF 60 +County Code (7) (STATE USE ONLY) NJ County (6) Current Use (Prior if being demolished) Middlesex Apartment Bldg. Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8) N/A DIA General Construction, Inc. Street Address Street Address 1360 Clifton, Avenue, PMB Suite 218 City, State, Zip Code City, State, Zip Code Clifton, NJ 07012 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 973-389-0089 00693 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/07/2014 05/11/2014 DIA General Construction, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1360 Clifton, Avenue, PMB Suite 218 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Clifton, NJ 07012 Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf Mini-Enclosure Renovation 260 If >260 If Demolition Govebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Used Solely by Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount Custodial TO BE ABATED (i.e., thermal systems insulation, (Specify Removal staff? surfacing, VAT, or IN Facility SF or LF) (12)other miscellaneous) (13)Yes No N/A 28 Glenwood Drive - Crawl Space Pipe/Elbow Insulation 160 LF X X 160 LF 30 Glenwood Drive- Crawl Space X Pipe/Elbow Insulation X Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste of Waste Hauler ID No. 20970 Service Transport Group Minerva Landfill City, State City, State Disposal Date 05/11/2014 New Castle, DE Waynesburg, OH 44688 Completed By Title Signature Date Krutarth Jagad President 04/22/2014

State of New Jersey

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Abatement Performed Goods Other - Describe: Scope of Work (Check all that apply) >3 sf or >3 lf >160 sf or >260 lf Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility (13) 1 Boxwood Mall - Crawl Spa 3 Boxwood Mall- Crawl Spa Name of Registered Waste Haule Service Transport Group City, State	Us M	Renovatic Demolit s Locatio Normally ed Solel aintenan Custodia staff? (12)	nn, y by oce/ al N/A X	Asbesto (i.e., t	Descript S Containin hermal syst surfacing, other misce bow Insulation of Waste Disposal 05/10/2	J 07012 Containti-Enclosu vebag Pron-Exeminion of g Material elems insulvAT, or ellaneous) ation ation ation Date 2014	nent with it re ocedure oted (*) and it (ACM) ation.	Registra	Amount (Specify SF or LF) 160 LF 160 LF stered Land and fill rg, OH 44	fill 688	Removal	Repair	e	
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Abatement Performed Goods Other - Describe: Scope of Work (Check all that apply) >3 sf or >3 lf >160 sf or >260 lf Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility (13) 1 Boxwood Mall - Crawl Spa 3 Boxwood Mall- Crawl Spa Name of Registered Waste Haule Service Transport Group City, State	Us M Ye ce ce Title	Renovation Demoliti s Location Normally ed Solely aintenan Custodia staff? (12) es No	n y by cce/ al N/A X X NJDEP Hauler 2097	Asbesto (i.e., t	Descripts Containinhermal syst surfacing, other misce Dow Insul Disposal 05/10/7	J 0701. I Containt in Enclosu vebag Pron-Exemple ion of g Material eems insultaneous vebag exemple	nent with it re occedure oted (*) and it (ACM) lation, Name of Miner City, Ste Wayn	Registrate esbur	Amount (Specify SF or LF) 160 LF 160 LF stered Land and fill rg, OH 44	fill 688	Removal	Repair	e	

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

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Date of Notification (1)					Name	2)			0/01 3		. 1		
04/	03 /	14	_		CCT	S - Cres	tar Capitol, LLC		/ Job # 1404-18	65 CI	hk. #	3529	3 .
Agencies Notified ⊠ EPA	Type Notific	ation			2000000000	Address 5 Route	70 Fact	4	APR 2	5 20)14		
☑ DOLWD	⊠ Amende	d			- 000000								
☑ DHSS	Amendm					tate, Zip C							- 1
☐ DCA	☐ Emerger		uding				NJ 08034			46		**	_
(NJAC 5:23-8)	justificat				1011/12/12/12/12/16	of Contact	t		Telephone Numb	or s			-
	☐ Cancella	ition			D. N	fanrel			1		200		
				7	FAC	ILITY IN	FORMATION						
Name of Facility Where A		Taking F	Place	(3)				Type of Facility (4	Maria de la companya				
Residential Propert	ty							School (K-12)	(Other than K-12)				
Street Address							ж.		vate and commerc	ial bu	ilding	s,	
1300-1312 Chetwyn	nd Avenue							homes, etc.)			- 23	0.000	
City (5)								Square Feet	# of Floors		ig. Ag		
Plainfield								3000	3	1	1920		
County (6)			ll e		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)			
Union					9		-24	Residential					10000
Name of Monitoring Firm	Hired by Bui	lding Ov	vner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Environme	ental			- 1			Asbestos and	d Mold Services	s, Corp.				
Street Address							Street Address						
PO Box 336							3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Thorofare, NJ 0808	6												
Project Manager for Mon	itoring Firm			Tele	License No.								
Dave Flanigan				8	56-848	-0800	609-702-0400	E .	00862				
Start Date (10)		Schedu	led Co	mple	tion Da	te (11)	Name of OSHA M	lonitor					
04 / _15_ /	_14	04	_ /	22	2_//	14	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement	(Check	only o	ne)			Street Address			-		_	
☐ Facility Closed/Vacate					ment		200 U.S. Rou	te 130 North					
☐ Abatement Performed	-					cribe	City, State, Zip Co						-
Time of Abatement: _	AM	PM		_PM		AM	Cinnaminsor						
Scope of Work (Check al	I that apply)						Oli Iliani Ilia	, 10 00011				_	_
	ii tilat appiy)							tainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf		[Rer					closure					
≥160 sf or ≥260 lf		L	Der	noliti	on			g Procedure mpted (*) and Nor	n-Friable Procedur	е			
		T	Is	Loca	tion						atem	ent T	vpe
Location	of			orma			Description of	of		-			
Asbestos-Containing		M)			ely by ance/	Asbe	stos Containing Ma	iterial (ACM)	Amount	em	Repair	nca	ncl
TO BE ABA					Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
(13)	,			(12)	_		other miscellane			555		late	O)
			Yes	No	N/A							2,770	
Basement					\boxtimes	Floor ti	le & Mastic		1,000 SF	\boxtimes			
Basement					\boxtimes	Pipe In	sulation		120 LF	\boxtimes			
Name of Registered Was	ste Hauler			1	NJDEP N		Cubic Yards of	Name of Regist	tered Landfill				
Freehold Cartage, I					Hauler II	O No.	Waste	GROWS La					
City, State					02265)	5 Disposal Date	City, State					-
Freehold, NJ							4/22/14	Morrisville,	PA 19067				
		T:41						A CONTISVINE,					
Completed By (Print or T	735-36	Title	e		al!a-4:		Signature		Da			A	
Kimberly A. Trumb	etti	Uff	iice C	oor	dinato	[W		1		1-2	-1.	1_	

ASB-41 MAY 11

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

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

Date of Notification (1)				Name of Building Owner/Operator (2)										
//	14	_		Mr.	George	& Romine Roser	berger	/ Job # 1404-1	864 C	hk. #	NA-	=		
Agencies Notified Type Not	ification			Street	Address									
☑ EPA ☐ Initial				126	Washin	gton Street								
☑ DOLWD ☑ Amen	Marine Company of the	-	4	City, S	tate, Zip C	Code	9	APR 2	F 0	25.6		1.1		
The state of the s	dment #0					, NJ 08088		71111 2	0 4	714		*		
	gency (inc	luding	1		of Contac			Telephone Numb	ner .					
(NJAC 5:23-8) justific	cation)			3635004655		·		Transmone Idami	JCI	8				
Cance	Hation			Geo		IEODMATION		-			*	-		
Name of Facility Where Abatement	is Taking	Place	(3)	FAC	JILII Y IN	IFORMATION	Type of Facility (4)						
Residential Property No							School (K-12)							
Street Address	11/2/100	6	<u></u>					(Other than K-12)					
								vate and commer	cial bu	ilding	s,			
126 Washington Street							homes, etc.)							
City (5)							Square Feet	# of Floors	Blo	dg. Ag	je			
Woodstown							3600	3	1	30				
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)					
Salem							Residential							
Name of Monitoring Firm Hired by E	Building O	wner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Tiger Environmental	J	Y	'			Asbestos and	d Mold Services	s. Corp.						
Street Address						Street Address		о, остр.			-			
16 W Elizabeth Ave							oulovard							
1-11-11-11-11-11						3859 Sylon B	Annual Strategy of Contract Contract							
City, State, Zip Code						City, State, Zip Co								
Linden, NJ 07036						Hainesport, N	IJ 08036	1						
Project Manager for Monitoring Firm	1			phone		Telephone No.		License No.						
Kelly Walton	10	1 10		8-862		609-702-0400		00862						
Start Date (10) 04 / 23 / 14	Schedu 04				14	Name of OSHA M EMSL Analyt								
Occupancy Status During Abateme						Street Address	icai, iiic.							
☐ Facility Closed/Vacated During B				ment		200 U.S. Rou	to 120 North							
☐ Abatement Performed Outside of					cribe									
Time of Abatement:AM-						City, State, Zip Co								
Scope of Work (Check all that apply	′)		1		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						17			
≥3 sf or ≥3 lf	1	⊠ Rei	novati	on	*:	☐ Full Cont	ainment with Neg	ative Pressure						
☐ ≥160 sf or ≥260 lf		Der				⊠ Glovebag								
				and the second		☐ Non-Exe	mpted (*) and Nor	n-Friable Procedu	re					
		7.70	Locat						Ab	ateme	ent T	ype		
Location of			lorma d Sole		2.5	Description of		72	Z	Z.	Ш	ш		
Asbestos-Containing Material (A TO BE ABATED	CM)		ntena			stos Containing Ma		Amount	em	Repair	пса	nclo		
IN Facility				Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	₹.	psu	Enclosure		
(13)	+		(12)	T	-	other miscellane		553 S37 S37 \$			Encapsulate	O		
Basemant		Yes	No \square	N/A	Di :	- 1-6		450.00	K-7			_		
Basement			Ц		Pipe In	sulation		150 SF		Ш	Ш	Ш		
2														
						0.0000000000000000000000000000000000000								
Name of Registered Waste Hauler			IN	JDEP \	Vaste	Cubic Yards of	Name of Regist	ered Landfill						
Freehold Cartage, Inc.			702	auler II	No.	Waste	GROWS La							
				02265	5	2 Diament Data								
City, State						Disposal Date	City, State	B. 4865						
Freehold, NJ						4/25/14	Morrisville,	PA 19067						
Completed By (Print or Type)	Title					Signature	8928	Da	ite		3			
Kimberly A. Trumbetti	Of	fice C	oord	linato	•	OKAN X			4-2	3-	4	(FFF)		
ASR-41	27.						V		1 -	-	1 0			

ASB-41 MAY 11

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

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

te of Notification (1) 04 / 23	/ 14			e of Buildi : Rich Po	ng Owner/Operato erry	(2)	/ Job #14	04-1870	Chk. #3	3551	è	-	-
encies Notified Type	Notification			et Address Old Tav	ern Road		1	APR	2 5 20	14			-
	nended		1000000	State, Zip			Şī.				i	1	
	nendment #	_		owell, N.				ML.				-	4
DCA Er	nergency (includ	ing	1000000	ne of Cont			-	elenhone	Number	53	-		
(N.IAC, 5:23-8) Ju	stification)				aot		1						
, C	ancellation		1 2550	ich				.00					
			F.	ACILITY	INFORMATION	-1-	Type of Facility (4						7
ame of Facility Where Abaten	ent is Taking Pl	ace (3)					School (K-12)	9					
Residential Property						11.2	To Laborer 0	Other tha	n K-12)				
TAKES PORTE STANDARD STRUCK STANDARD STANDARD AND AND AND AND AND AND AND AND AND AN							Other (i.e., priv	ate and c	ommercia	al buildin	gs,		
treet Address							homes, etc.)						5
61 Old Tavern Road			-				Square Feet	# of Flo	ors	Bldg.	age		
ity (5)							1000	1		50			
Howell				aunty Cod	e (7)(STATE USE ON	LY	Current Use (Price	r if being	demolish	ed)			
County (6)			10	ounty Cou	e (1)(01/11/2 002 01	- /	Residential						
Monmouth					None of Abo	tome	nt Contractor (9)				24		
lame of Monitoring Firm Hired	by Building Ow	ner (8)	ASC	CM No.	Name of Aba	terne	Mold Service	Corp.					
NA				102			I MOIG SELVICE	э, остр.					
Street Address					Street Addre								
Street Address							oulevard						-
					City, State, 2	ip Co	ode						
City, State, Zip Code					Hainesp	ort, N	1J 08036	1727543					_
		- 17	olonh	one No.	Telephone I	lo.		Licens					
Project Manager for Monitoring	g Firm	١.	cichii	one me.		609-702-0400 00862							
			1-41-	- Doto /11			No. of the last of						
Start Date (10)	Schedu	led Com	pietio	n Date (11			tical, Inc.						
05 / 02 / 1				/ 14									
Occupancy Status During Ab	atement (Check	only one	e)		Street Addr		ite 130 North						
The standard of the stand of the stand of the standard of the				_ 1			TIG 120 MOLEL					_	
M Facility Closed/Vacateu L	uring Entire Peri	iod of All	ateme	ent		3.1							
☐ Abatement Performed Out	ouring Entire Peri	od of Ab Facility h	dours	DCGGGIRG	City, State,	Zip C	ode						
T Darformed OI	ouring Entire Peri	od of Ab Facility h	dours	DCGGGIRG	City, State,	Zip C							_
Abatement Performed Out	tring Entire Perintside of Normal I AMPN	od of Ab Facility h	dours	DCGGGIRG	City, State,	Zip C inso	ode n, NJ 08077	anative Pr	essure				_
T Darformed OI	ouring Entire Peri tside of Normal I AMPN at apply)	Facility H	Hours PM	AM	City, State,	Zip Cinso	n, NJ 08077	gative Pr	essure				
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Abatement Performed Out	ouring Entire Peri tside of Normal I AMPN at apply)	Facility F	Hours PM	AM	City, State,	Zip Cinso	n, NJ 08077			ıre			
☐ Abatement Performed Ou Time of Abatement:	ouring Entire Peri tside of Normal I AMPN at apply)	Facility H	Hours PM	AM	City, State,	Zip Cinso	n, NJ 08077 Intainment with Ne			ure Aba	-	ent Ty	
Abatement Performed Ou Time of Abatement:	ouring Entire Peri tside of Normal I AMPN at apply)	Facility H	Hours PM ovation olition _ocatio	AM	City, State, Cinnam Ginam Ginam Ginam Ginam Ginam Description	Zip Cinso	n, NJ 08077 Intainment with Neclosure ag Procedure tempted (*) and N	on-Friable	e Procedu	Aba	-		
□ Abatement Performed Ou Time of Abatement: Scope of Work (Check all the □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if Location of	ouring Entire Peri tside of Normal I _AMPM at apply)	Rend Of Active Holder	PM ovation ocation cocation ormali	AM	City, State, Cinnam Ginam Gin M Gin Description	Zip Cinso	n, NJ 08077 Intainment with Neclosure ag Procedure tempted (*) and No	on-Friable	Procedu	Aba	-		
□ Abatement Performed Ou Time of Abatement: Scope of Work (Check all the ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if Location of Asbestos-Containing Ma	tside of Normal I AM-PN at apply)	Is I No Used Mair	ovation ocation ocatio	AM	City, State, Cinnam Ginam Ginam Description Asbestos Contain (i.e., thermal state)	Zip Cinso	ntainment with Neclosure ag Procedure tempted (*) and Neclosure tempted (*) and Neclosure	on-Friable Ar	e Procedu	Aba Removal	teme		
□ Abatement Performed Ou Time of Abatement: Scope of Work (Check all the □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if Location of	tside of Normal I AM-PN at apply)	Is I No Used Mair	ovation povation ocation ocation ormalli Solel otenar odial S	AM	City, State, Cinnam G M G N Description Asbestos Contain (i.e., thermal sysurfacin	Zip Cinso ill Conini-Endovebrion-Ex iption ing Mystem g, VA	ntainment with Neclosure ag Procedure tempted (*) and Neclosure tempted (*) and Neclosure tempted (*) and Neclosure	on-Friable Ar	Procedumount pecify	Aba	-	t Encapsulate	
□ Abatement Performed Ou Time of Abatement: □ Scope of Work (Check all the □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if □ Location of Asbestos-Containing Ma TO BE ABATE	tside of Normal I AM-PN at apply)	Is I No Used Main Custo	ovation olition cocation of the cocation of th	AM	City, State, Cinnam Ginam Ginam Description Asbestos Contain (i.e., thermal state)	Zip Cinso ill Conini-Endovebrion-Ex iption ing Mystem g, VA	ntainment with Neclosure ag Procedure tempted (*) and Neclosure tempted (*) and Neclosure tempted (*) and Neclosure	on-Friable Ar	Procedumount pecify	Aba	-		Liciognic
□ Abatement Performed Ou Time of Abatement: □ Scope of Work (Check all the □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if □ Location of Asbestos-Containing Ma □ DE ABATE □ IN Facility	tside of Normal I AM-PN at apply)	Is L National Custor	ovation olition ocation or continuous in Solein tenar odial S (12)	AM on y y by nce/ staff?	City, State, Cinnam Fi M G N Desci Asbestos Contair (i.e., thermal si surfacir other mis	Zip Cinso	ntainment with Neclosure ag Procedure tempted (*) and Neclosure tempted (*) and Neclosure tempted (*) and Neclosure	An (S	Procedumount pecify	Aba	-		/pe
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□ Abatement Performed Outine of Abatement: □ Scope of Work (Check all the	tside of Normal I AM-PN at apply)	Is I Nused Mair Custo	ovation olition ocaticormalli Solel otenarodial S (12)	AM	City, State, Cinnam Fi M G N Desci Asbestos Contair (i.e., thermal si surfacir other mis	Zip C inso ill Con ini-En inoveb in-Ex iption ing M in	n, NJ 08077 Intainment with New Closure agg Procedure Itempted (*) and Note of Material (ACM) Items is insulation, Items of of other orders of other orders Items of other orders of other or	on-Friable Ar (S	mount pecify or LF)	Aba Removal	Repair	Encapsulate	Liciognic
□ Abatement Performed Outime of Abatement: □ Scope of Work (Check all the	tring Entire Peritside of Normal I AMPM at apply)	S Rend Dem Is L No Used Main Custo	ovation olition ocaticormally Solel otenar odial S (12)	AM on y y by nce/ staff? N/A I I I I I I I I I I I I I I I I I I	City, State, Cinnam Ginnam Description Asbestos Contain (i.e., thermal signification other missing surfacing surf	Zip C inso ill Con ini-En inoveb in-Ex iption ing M in	n, NJ 08077 Intainment with New Colosure ag Procedure rempted (*) and North Material (ACM) is insulation, NT, or ineous)	An (S SF	mount pecify or LF)	Aba Removal	Repair	Encapsulate	-
□ Abatement Performed Outime of Abatement: □ Scope of Work (Check all the	e Hauler	Is I Nused Mair Custo	ovation olition ocaticormally Solel otenar odial S (12)	AM	City, State, Cinnam Fi M G N Desci Asbestos Contair (i.e., thermal si surfacir other mis ransite Shingle	Zip C inso ill Con ini-En inoveb in-Ex iption ing M in	n, NJ 08077 Intainment with New Closure agg Procedure Itempted (*) and Note of Material (ACM) Items is insulation, Items of of other orders of other orders Items of other orders of other or	An (S SF	mount pecify or LF)	Aba Removal	Repair	Encapsulate	-
□ Abatement Performed Outime of Abatement: □ Scope of Work (Check all the	e Hauler	Is I Nused Mair Custo	ovation olition ocaticormally Solel otenar odial S (12)	AM on y y by nce/ staff? N/A I I I I I I I I I I I I I I I I I I	City, State, Cinnam Find M G N Description Asbestos Contain (i.e., thermal signification other missing surfacion other miss	Zip C inso ill Cor ini-En ioveb ini-En ini-En ioveb ini-En ini-En ioveb ini-En ini-En ioveb ini-	ntainment with Neclosure ag Procedure rempted (*) and North Material (ACM) is insulation, art, or neous)	An (S SF	mount pecify or LF)	Aba Removal	Repair	Encapsulate	-
□ Abatement Performed Outime of Abatement: □ Scope of Work (Check all the Scope of Work (Check all the ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Mator Beautiful (13) Detached Garage Name of Registered Waster Freehold Cartage, In	e Hauler	Is I Nused Mair Custo	ovation olition ocaticormally Solel otenar odial S (12)	AM	City, State, Cinnam Ginnam Description Asbestos Contair (i.e., thermal sire other missive Shingle) Transite Shingle State No. Disposal	Zip C inso ill Con ill Con ini-En ioveb in-Ex iption ing M i	ntainment with Neclosure ag Procedure rempted (*) and North Material (ACM) is insulation, art, or neous) Name of Regrows City, State	on-Friable Ar (S SF 2	mount pecify or LF)	Aba Removal	Repair	Encapsulate	
Abatement Performed Outime of Abatement: Scope of Work (Check all the Sc	e Hauler	Is I Nused Mair Custo	ovation olition ocaticormally Solel otenar odial S (12)	AM	City, State, Cinnam Ginnam Description Asbestos Contain (i.e., thermal sister other missive Shingle) Ister Cubic Yawaste Disposal 05/02	Zip C inso ill Cor ini-En ioveb ini-En ini-En ioveb ini-En ini-En ioveb ini-En iove	ntainment with Neclosure ag Procedure rempted (*) and North Material (ACM) is insulation, art, or neous) Name of Regrows City, State Morrisv	on-Friable Ar (S SF 2	mount pecify or LF)	Removal	Repair	Encapsulate	1
Abatement Performed Outime of Abatement: Scope of Work (Check all the Scope of Sc	e Hauler	Is I Nused Mair Custo	ovation olition ocaticormally Solel otenar odial S (12)	AM	City, State, Cinnam Ginnam Description Asbestos Contain (i.e., thermal sister other missive Shingle) Ister Cubic Yawaste Disposal 05/02	Zip C inso ill Con ill Con ini-En ioveb in-Ex iption ing M i	ntainment with Neclosure ag Procedure rempted (*) and North Material (ACM) is insulation, art, or neous) Name of Regrows City, State Morrisv	on-Friable Ar (S SF 2	mount pecify or LF)	Aba Removal	Repair \square \square \square \square	Encapsulate	
Abatement Performed Outime of Abatement: Scope of Work (Check all the Sc	e Hauler c. puring Entire Perintside of Normal I _AMPM at apply) terial (ACM) ED	Is I No Used Main Custor	ovation olition ocation olition ocation ocatio	AM	City, State, Cinnam Ginnam Description Asbestos Contain (i.e., thermal sister other missive Shingle) Ister Cubic Yawaste Disposal 05/02	Zip C inso ill Cor ini-En ioveb ini-En ini-En ioveb ini-En ini-En ioveb ini-En iove	ntainment with Neclosure ag Procedure rempted (*) and North Material (ACM) is insulation, art, or neous) Name of Regrows City, State Morrisv	on-Friable Ar (S SF 2	mount pecify or LF)	Removal	Repair \square \square \square \square	Encapsulate	

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 04/22/2	2014					g Owner/Operator partment & Co			- 4	5.121		84		
Agencies Notified	Type Notification		-	-	t Address	partificiti & Co.	unity Club			_	7/1	=		
☐ EPA	Initial				erry Hill				4					
DEP DOL	Amended Amendment #	ŧ	_		State, Zip (Code NJ 08857								
(<u></u>	Emergency (in justification)	ncluding			of Contac			T		_		=		
DCA	Cancellation				dette Po			- C		-				
				FAC	CILITY INF	ORMATION		± ,-						
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility	(4)			-			
Apartments Bldg.		7	100.00				School (K-1	2) 8 (Other than K	1 2)					
Street Address							Other (i.e.,	orivate & comme	ercial bui	ldings				
24 Cyprus lane							homes, etc			Bldg.				
City (5) Old Bridge,							Square Feet 2000 SF	2	_ 6	0+	-ge			
County (6) Middlesex				USE	ONLY)	(7) (STATE NJ	Apartment B	rior if being den ldg.	nolished)					
Name of Monitoring Firm	Hired by Building	Owner	T	ASCM	No.		nent Contractor (9					10783		
(8) <u>N/A</u>			_				I Construction	n, Inc.			_			
Street Address	7.0					Street Address	Avenue DM	R Suite 218						
				1360 Clifton, Avenue, PMB Suite 218 City, State, Zip Code								_		
City, State, Zip Code						Clifton, NJ								
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephone No.		License No				20.00000		
				*		973-389-00		00693				_		
Start Date (10)		duled C		tion Da	ite (11)	Name of OSHA		- 1						
05/02/2014		05/20				DIA Genera Street Address	ral Construction, Inc.							
Occupancy Status Durin Facility Closed/Vacat				ment			, Avenue, PM	1B Suite 218	}	0000				
Abatement Performed	d Outside of Norma	l Facilit	y Hou	rs		City, State, Zip C								
Other - Describe:						Clifton, NJ 0								
Scope of Work (Check a	II that apply)						-tainment with No	agativa Pressure	3					
>3 sf or >3 lf		X R€	enovat	ion		Mini-En	ntainment with Ne closure	egative Fressure						
∑≥160 sf or ≥260 lf			emol				ag Procedure xempted (*) and	Non Eriable Pr	ocedure					
		Isl	Locati	on	Ι]] Non-E	xempled () and	Non-Fliable Fi	ocedure	Abate	emen	t		
		N-	ormall	у	1	Dintian a				Ту	ре			
Location Asbestos-Containing N	of Naterial (ACM)	100 100 2000	l Sole ntenar		Asbes	Description o tos Containing Ma	terial (ACM)	Amount			m	_		
TO BE ABA	TED .		ustodi:		, (i.e.	, thermal systems surfacing, VAT	insulation, or	(Specify SF or LF)	Ren	Re	псар	nclo		
IN Facility (13)	/		(12)			other miscellane			Remova	Repair	Encapsulate	Enclosure		
			100					27	"		ē	CD		
24 A Cyprus Lane -	Crawl Space	Yes	No	N/A X	Pine/FI	bow Insulation		160 LF	X	\top				
24 A Cypius Lane -	Clawi Space		-	^	T IPO, E	.com monate				1				
		1												
					l	L Outle Weeds	Name of Pea	istered Landfill						
Name of Registered Wa				NJDEP lauler II 20970		Cubic Yards of Waste	Minerva L							
Service Transport G		20970		Disposal Date	City_State	anuilli								
City, State				Disposal Date 05/05/2014		rg, OH 44688	8							
New Castle, DE Completed By				Signatulie Date						_				
Krutarth Jagad	Titl Pro	esiden	t	- 52.00	5 Tgráth N		~	04/	22/201	4				

Date of Notification (1)		Name o	of Building Ov	wner/Operator	(2) ASSOCIATE	ES, LLC	a P	7	7 [7		
Agencies Notified Type Notification		Ctroot	Addross						14	./		
EPA Initial Amended Amendment #_ Emergency (inc	eludina			is, No	541TE - 07652	Telephone Numb		4		7		
DOH justification) DCA Cancellation		Die	of Contact CK OAK		<u> </u>	Talannna kirkin				1		
Name of Facility Where Abatement is Taking F	Place (3)	FAC	CILITY INFOR	RMATION	Type of Facility (4))						
VACAVT BULLDING Street Address					School (K-12) 3 (Other than K-12)		12				
770 RT 17 N.					etc.)	ivate & commercial				s,		
City (5) PARAMUS					Square Feet 14 000	# of Floors		dg. Ag				
County (6) BERGEN			y Code (7) E USE ONLY)		Current Use (Prior if being demolished) STORE DEMO							
Name of Monitoring Firm Hired by Building Ov	vner (8)	ASC	CM No.		ame of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address				No. 10 10 10 10 10 10 10 10 10 10 10 10 10	reet Address 05 Lowell Road							
City, State, Zip Code					y, State, Zip Code Blen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Teleph	none No.		hone No. -262-5841	License No. 00156	•					
Start Date (10) 14	Scheduled Co	ompletio	n Date (11)		of OSHA Monitor ega Environmen	ntal Services Inc	5 .					
Occupancy Status During Abatement (Check	Only One)				t Address							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other — Describe:	eriod of Abate Il Facility Hou	ement urs		City,	Huyler Street State, Zip Code ckensack, NJ 07	7606		-74-34				
Scope of Work (Check All That Apply)		-			-							
≥3 sf or ≥3 If ≥160 sf or ≥260 If		vation olition			Mini-Enclosure Glovebag Prod				е			
	Is Loc		Т					Abate Ty	emen	ıt		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Nom Used So Mainter Custodia (1:	nally olely by nancel al Staff?	(i.e.	os Containing thermal syster	Description of Containing Material (ACM) Amount Mal systems insulation, Urfacing, VAT, or SF or LF)					Enclosure		
(10)	Yes N	lo N/	(C)						Encapsulate	- 6		
OUTSIDE		>	PER	IMETER	ROOF FLANHING	- G15-LF	X	-	-	\vdash		
		Luze	2006-1	Cubic Yards	Name of	Registered Landfill						
Name of Registered Waste Hauler Rovic Transport			P Waste ID No. 5	of Waste	IECLD	A Bethlehem La	indfil	l Co	rp.			
City, State Riverdale, New Jersey 07457				Disposal Da		hem, PA 18015		,				
Completed by R. McDonald	Title Preside	ent		Action of the Contract of the	2 Mc Jon	eld Da	te 4/	22	1	4		

Kuin

Date of Notification (1) APRIL 24, 2014				Name	of Building	Owner/Operato	r (2)	LLC APR	1	ER				
	Type Notification	on		Street	Address	CVS PHAR	MACY	, LLC " "	35	SO	Pa	ge 1	of	
F-9					CVS DR	IVE		100	5 19 1					
DEP	Amended				tate, Zip Co			& 1/2/2	,	12				
X DOL	Amendme			WOO	NSOCKE	ET, RI 0289	5	CNS/ATA						
DOH DOA	Emergeno justificatio	y (includii n)	ng	_	of Contact			<u> </u>	WG TO	<u></u>				
DCA [Cancellati				PHILLIF	S		. 1	Calanhana N	li imhai				
Name of E. III. 112		- 1			CILITY INFO						11.4-99	_		
Name of Facility Where Ab WARREN AUTO TRA	atement is Tak	ing Place	(3)			- TION	Type o	f Facility (4)	Ď .			-		
Street Address	ADING						-	chool (K-12)						
77 SOUTH BROADW	/AV	1					☐ Si	ubchapter 8 (O	ther than K	-12)				
City (5)	1/1						× O et	ther (i.e. privat	e & comme	rcial bu	ilding	s, hor	nes	
LONG BRANCH							Square		of Floors		Bldg.	Ane	_	
County (6)							1,70	0	1		74			
MONMOUTH				County	Code (7)		Current	Use (Prior if b	eina demol	ished)				
					USE ONLY)		TRADING		,					
Name of Monitoring Firm Hi OMEGA ENVIRONM	IRED BY BUILDING	Owner (8)	10000000	M No.	Name	ment Contract	or (9)			-	-		
Street Address	LIAIVE SEL	VICES		0012	20	ACT	ON RE	MEDIATIO	N, INC.					
280 HUYLER STREE	т	-				1000000	Address							
City, State, Zip Code	1	8				3010	BURN	S AVENUE						
SOUTH HACKENSAC	W NII 076	20				City, S	tate, Zip	Code						
Project Manager for Monitor				WAN	TAGH,	NY 11793								
ANTON RESIN	Telepho			one No.		License	No.			70				
					89-8700		81-300		01138					
5/8/2014		5/30/2	iled Co	mpletion	Date (11)	Name	of OSHA	Monitor						
Occupancy Status During Al	hatement (Che													
Facility Closed/Vacated Abatement Performed (Other – Describe:	Outside of Non	Period of mal Facilit	Abater by Hour	ment s			Address ate, Zip (Code						
Scope of Work (Check All Th	nat Apply)					-								
≥3 sf or ≥3 if × ≥160 sf or ≥260 if		State of the last	Renova Demoli			×	Mini-E Glove	ontainment wit inclosure pag Procedure				_		
		l:	Locat	ion				Tomptod () di	id Non-i fid	riable Procedure Abatement				
Location of		He	Normal ed Sole	ly hybr		Description of	of					ре	1	
Asbestos-Containing Mai TO BE ABATE	terial (ACM)	Ma	intena	nce/	Asbestos	Containing Ma	terial (A	CM) A	Amount			m		
In Facility	_	Cus	todial S	Staff?	(i.e. th	ermal systems surfacing, VAT	insulation		Specify	R	20	Encapsulate	Enclosure	
(13)			(12)		c	ther miscellane	ous)	0	F or LF)	Removal	Repair	ısqı	SOK	
		Yes	No	N/A			948 1			<u> 83</u>	-	late	lre	
EXTERIOR X					IA/AI	L PLASTER	COAT	-		-				
					AAVL	LFLASIER	1 -1 12 1	1 1.6	880 SF	37			1	
		+	V	+					00 01	X			1	
DOOR			Х			RIOR DOOR			20 SF	X				
DOOR					EXTE					-				
DOOR ame of Registered Waste H	auler		N	JDEP Wa	EXTE	RIOR DOOR	CAUL	K	20 SF	х				
DOOR ame of Registered Waste H RI-STATE TRANSFER	auler	TES, INC	N H	JDEP Waauler ID N	EXTE	RIOR DOOR	CAUL	K arme of Register	20 SF	х				
DOOR ame of Registered Waste H RI-STATE TRANSFER ty, State	auler	TES, INC	N H	auler ID N	EXTE	Cubic Yards of Waste 30	N.	K ame of Registe	20 SF	х				
DOOR ame of Registered Waste H. RI-STATE TRANSFER ty, State RONX, NY	auler	TES, INC	N H	auler ID N	EXTE	RIOR DOOR	N. N.	mame of Registe	20 SF ered Landfill	х				
	auler	Title	C. N.	auler ID N	EXTE	Cubic Yards of Waste 30 Disposal Date	N. N.	K ame of Registe	20 SF ered Landfill	X SES				

Or W

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

REN.

Date of Notification (1) APRIL 24, 2014				Name o	f Building JERSEY	Owner/	Operator	(2) MAC	M MC	TIVE	'n	Pan	e 1 o	of 1
Agencies Notified	Type Notification			Street A	ddress	1\/E		#	APR	5 PM 1:	a.s	- ug		
EPA DEP DOL	Initial Amended Amendment	\$	_	City, Sta	ate, Zip Co	de ET. RI	02895	d d	LICEA	CONTROL STATE	io			
DOH DCA	Emergency (i justification) Cancellation	ncluding	Ī	Name o	f Contact PHILLIF				1 7/1	Melanhrine	Number		20 10	
Name of Facility Where	Abatement is Taking	Place (3)	FAC	LITY INFO	ORMAT	ION	Type o	of Facility (4)	·			
5 CORNERS AUTO									chool (K-1	B A				
Street Address 76-78 NORTH BRO	DADWAY							X O	ubchapter ther (i.e. p	8 (Other than rivate & comm	K-12) ercial bu	ildings	, hom	ies,
City (5) LONG BRANCH								Square 4,00	Feet	# of Floors		ldg. Age 66		
County (6) MONMOUTH					Code (7) USE ONLY				Current Use (Prior if being demolished) AUTO REPAIR					
Name of Monitoring Firm OMEGA ENVIRON				ASCN 0012						tractor (9) TION, INC.				-
Street Address 280 HUYLER STRI	EET						15,613(505)51	Address	S AVE	NUE				
City, State, Zip Code SOUTH HACKENS	ACK, NJ 07606	3							Cip Code H, NY 11793					
Project Manager for Mor	Project Manager for Monitoring Firm ANTON RESIN						 \$170,000,000,000.000 	one No.	The same	Licens 0113				<u>×0</u>
Start Date (10) 5/5/2014		Schedule 5/30/20		npletion	Date (11)		Name	of OSH/	Monitor					
Occupancy Status Durin	g Abatement (Check	Only On	e)			· · · · · · · · · · · · · · · · · · ·	Street	Address	5					_
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire P ed Outside of Norm	eriod of A al Facility	baten Hours	nent i			City, S	tate, Zip	Code					
Scope of Work (Check A	JI That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		arrest to the same of the same	enova emolit				×	Mini- Glov	Enclosure ebag Proc				ıre	
			Locati					-				Aba	temen	it
Location Asbestos-Containing		Used	lormal d Sole	ly by	Ashes		scription taining M		ACM)	Amount	-	T-	уре	Г
TO BE AB. In Facil (13)	ATED	Custo	ntena odial S (12)	Staff?		thermal surfa	systems cing, VA niscellan	insulati T, or		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
ROO	=	Yes	No	N/A	BOOL	EIEI	D DEC	NA AFTE	-D 0			_	6	
ROO	X				D, PER			3,855 SF		+	┼			
WINDO	ws	+	X		INTER					36 SF	X	+-	+	-
				-			VIIIO		-1110	30 01	- A	+	\vdash	\vdash
Name of Registered Was	ite Hauler			JDEP W			Yards	Т	Name of F	Registered Lan	dfill			
TRI-STATE TRANS	FER ASSOCIAT	ES, INC). H	auler ID 19551	No.	of Wa	30			VA ENTERF	PRISES	;		
City, State BRONX, NY		Title					sal Date 0/2014		City, State WAYNE	SBURG, O	Н			
Completed by ANN SWEENEY	ASS	ISTAN	Т		Signature		ere	200	Date 4/24/2	014				

Chilles

D.	
160	*

Date of Notification (1) APRIL 24, 2014				Name of Building Owner/Operator (2) NEW JERSEY CVS PHARMACY, LADR 25 PM 1: 10 City, State, Zip Code Name of Building Owner/Operator (2) Page 1 of 1											
Agencies Notified EPA DEP DOL	Type Notificat Initial Amende	1		Street ONE City, S	Address CVS DR State, Zip Co	RIVE		में अर्	ESI	25	°M 1: 6	ie –	ra(Je T	017
DOL DCA	Amendm Emerger justificati Cancella	cy (includin	9	Name PAU	of Contact L PHILLIF	ET, RI PS	02895	; 	LICE	MSIA	TROI				
Name of Facility Where COACH CLASSIC	Abatement is Ta	king Place	(3)	FAC	CILITY INFO	ORMAT	ION		of Facility		-	-	-		
Street Address 71 SOUTH BROAD City (5)	WAY							x C	chool (K- ubchapte ther (i.e. tc.)	r 8 (Oth	ner than K & comme	-12) rcial bu	ilding	s, hon	nes,
LONG BRANCH County (6)		4		-				Square 2,5	фо		of Floors 1		Bldg. Age 74		
MONMOUTH				(STATE	Code (7) USE ONLY)	'	_	Current Use (Prior if being demolished) RETAIL STORE							
Name of Monitoring Firm OMEGA ENVIRON	MENTAL SE	ng Owner (8 RVICES)	ASC 001:	M No. 20		Name of ACTION	of Abate	ment Co	ntracto	(9) I, INC.	-			
	280 HUYLER STREET City, State, Zip Code						Street / 3010		dress URNS AVENUE						
SOUTH HACKENS							Zip Code GH, NY 11793						-		
Project Manager for Moni ANTON RESIN		Telepho 201-4	one No. 89-8700		Telepho 516-7	one No.			License 01138	No.		*****			
Start Date (10) 5/5/2014		Schedul 5/30/2	ed Co 014	mpletion	Date (11)		Monitor		01136						
Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entir	e Period of	Abata	ment s			Street A								
Scope of Work (Check Ali ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		Renova				×	Mini-	Enclosure bag Prod	e edure	Negative				
Location (1	Local lorma d Sole	lly		Des	cription o							emen /pe	t
Asbestos-Containing N TO BE ABA In Facility (13)	TED	Ma Cust	intena odial ((12)	staff?	(i.e. ti	hermal s surfac	aining Ma systems i ing, VAT, iscellane	faterial (ACM) s insulation, T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
ROOF		Yes	No X	N/A	BIJII	T_I IP	ROOF	EIELI		2.0	05.05			te	ro .
ROOF			X		PERIME				100000		25 SF 50 SF	X			
Name of Registered Waste	Hauler			JDEP W		Cubic Y	'ards	TA	ame of E	Penieter	ed Landfil				
RI-STATE TRANSFER ASSOCIATES, INC. Ha				auler ID 19551		of Wast		1955	The second second		TERPR				
City, State BRONX, NY						Disposa 5/30/2			ity, State		RG, OH				
Completed by Title ADM. ASSI				Signature						The course of th					