Date of Notification (1) 8/8/13	V.	15			uilding Owr				CV		Tr.					
Agencies Notified	Type Notification			eet Add	ress ul Blvd								***			
EPA DEP DOL	Initial Amended Amendment #				, Zip Code wkin NJ	0809	11					5		· ;		
DOH DCA	Emergency (indiguity justification) Cancellation	cluding	100	me of C	Contact					Tele	phone Nu	mber .		ř		
DOA .	- Carlooman		_	FACILI	TY INFOR	MATIC	ON					4.0				
Name of Facility Where A Keri & Scott Allmers Street Address	Abatèment is Taking F S Private Home	Place (3)						Sc Su	Facility (4 hool (K-12 bchapter 8 her (i.e. pr	!) B (Othe	r than K-1	I2) cial buil	ldin	gs, h	omes	s,
1383 Paul Blvd								Square	c.)		Floors			g. Ag		
City (5) Manahawkin NJ 080	091							1000 -	+	1			35-	۲		
County (6) Ocean				ounty Co	ode (7) SE ONLY)		_	Current Home	Use (Prio	r if beir	ng demolis	shed)				
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCM	No.		CONTRACTOR OF	of Abate aco Inc	ment Con	tractor	(9)			٠		
Street Address								Address Box 329								
City, State, Zip Code								State, Zip	Code NJ 080	91						
Project Manager for Mor	nitoring Firm		T	elephon	e No.			hone No. -753-98			License 00727	No.				
Start Date (10)		Scheduled B/12/13		oletion D	Date (11)		Name		A Monitor							-02-03
8/9/13 Occupancy Status Durin								t Address	5	-0.0						
Facility Closed/Vac	ated During Entire Pened Outside of Norma	eriod of A	bateme	ent			City,	State, Zip	Code	-	3.		_	-		
Scope of Work (Check A																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation Demolition						Mini	Containm i-Enclosur vebag Pro i-Exempte	e cedure						
		T -		- 1				△I NOF	-Exemple	u () ai	IQ INOH-FII	able r			ment	
Location Asbestos-Containing TO BE AF In Fac (13	g Material (ACM) BATED illity	Use Mai Cust	Locatic lormally d Solely ntenan odial S (12)	y y by nce/ staff?	Asbesto (i.e. t	os Cor herma surf	al systemacing, V	Material ns insula	(ACM) tion,	(Amount Specify F or LF)	Neillower	Domova	Ty Repair	e Encapsulate	Enclosure
Ė. J. J.	Cidina	Yes No N/A X E					erior S	Siding		1	200 SF	×	1			
Exterior	Siding						01101	, iding								
		-		-								+				
		-	-	-								+				
Name of Registered W	aste Hauler		N	JDEP V	Vaste	Cubi	ic Yards		Name of	Regis	tered Land	dfill		- 1100	-	10
United Containers				lauler ID 2459	No.	2	/aste	la .	G.R.O							
City, State Elm NJ			Dispo 8/12/						City, Sta Morris		A 1906					
Completed by Anthony T Perna		Title Pres	ident				Signat	ure	{	1300000	ental ottake	Date 8/8/1	13			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Bu	uilding Owner/Opera	tor (2) le Construction	422	16	6		
8///2013 Type of Notification		Street Add	ress 128 Bar	rtlett Avenue 5 /					
[x] EPA [] Initial Notifi	otification	City, State	Zin Code	reek, NJ 08092					
[] DEP	(including	Name of 0	Contact		Telephone Number				
[X] DOH [] Cancellation	n	CILITY IN	Joyce NFORMATION	OF Him (A					٦
Name of Facility Where Abatement is Taking Place Residence				Type of Facility (4	School (K-12)	han k12)	nilding	s
Street Address 362 N 9 th Street				[x]	Other (i.e., private & homes, etc.) # of Floors B	omme			1
	unty (6)	County C (STATE	Code (7) USE ONLY)	Square feet 1500 sf	1 1 rif being demolished)		60		+
Surf City	cean	ASCM N	Name o	Resid	dence				
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)	ASCIVIT	,	Guar	rdian Contracting, In Route 9, Unit 61				
Street Address			City, S		ns River, New Jersey	08755	5-127	1	
City, State, Zip Code Project Manager for Monitoring Firm	Telephone Numi	ber	732-	none Number 349-9932	00624				
Scheduled Start Date (10) 8/08/13	Scheduled Com 8/09/13	pletion Date	(11)	4 44-and	1.S.L. Analytical 56 Stelton Road		1		
[] Outer Death	During Entire Period o atside of Normal Facili	f Abatement	t City,	State, Zip Code Pis	scataway, New Jersey		4		
Scope of Work (Check all that apply)		enovation	[] Mini-Enclo Glovebag I		Procedu	re		
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	[x] D	emolition		x] Non-Exem		Abate	ement		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Cust Staff (12)		Asbestos Mater (i.e., the insulatio	ription of s-Containing ial (ACM) rmal systems on, surfacing, AT, or iscellaneous)	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
	YES NO	N/A	11:00		1500 sf	X		=	#
Exterior	X		Asbestos siding			+	+	+	\pm
					of Registered Landfill			1_	\perp
Name of Registered Waste Hauler	NJDEP Wast	0223		T.R	.R.F.				
Guardian Contracting, Inc. City, State Toms River, New Jersey		Disposal : 8/12/13	Date	Tullytown/Penn	sylvania		ate /2/20	13	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manag *Do not use		for asbestos licensi	10 + Cure exempted activi	ities.				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

August 7, 2013 Agencies Notified [x] EPA [] Initial Notification [x] DEP [] Amended Notification [x] DOL [x] DOL [x] DOH [x] Emergency (including justification) [] DCA [] Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Street Address Street Address Telephone Number FACILITY INFORMATION Type of Facility (4) [] School (k·12) [] Subchapter 8 (othe le., private homes, etc.) Street Address Ortley Beach Ocean Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) Guardian Contracting, I Street Address Street Address Street Address Street Address Street Address Street Address 1889 Route 9, Unit 61	er than	19	<i>ī</i> ,	
Type of Facility Where Abatement is Taking Place (3) Street Address Street Address County (6) County Code (7) (STATE USE ONLY) Street Address City State, Zip Code City, State, Zip Code City, State, Zip Code Hawthorne, NJ 07506	er than		<i>5</i> /	
X DOH	er than	**:		
Name of Contact Telephone Number	er than	-		
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 309 4 th Avenue City County (6) Ortley Beach Ocean County (8) Name of Monitoring Firm Hired by Building Owner (8) N/A City County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, I	e & con		2	
Residence Street Address 309 4 th Avenue City Ortley Beach Ocean County (6) Ocean County Code (7) (STATE USE ONLY) Ortley Beach Ocean ASCM No. Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address [] School (k-12) Subchapter 8 (othe [x]) Other (i.e., private homes, etc.) Square feet # of Floors 1200 sf 1 Current Use (Prior if being demokshed) Residence Name of Abatement Contractor (9) Guardian Contracting, I	e & con			
Street Address 309 4 th Avenue City County (6) Ortley Beach Ocean County (6) Ocean County Code (7) (STATE USE ONLY) Ortley Beach Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address [x] Other (i.e., private homes, etc.) Square feet # of Floors 1200 sf 1 Current Use (Prior if being demolshed) Residence Name of Abatement Contractor (9) Guardian Contracting, I	e & con	1-12\		
Ortley Beach Ocean Ocean Ocean Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address County (6) (STATE USE ONLY) 1200 sf 1 Current Use (Prior if being demolshed) Residence ASCM No. Name of Abatement Contractor (9) Guardian Contracting, I	Bldg.		ial buil	dings,
Ortley Beach Ocean Current Use (Prior if being demolshed) Residence Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Current Use (Prior if being demolshed) Residence Name of Abatement Contractor (9) Guardian Contracting, I		Age 6	.0	
Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) Guardian Contracting, I Street Address Street Address	2		0	
Street Address Street Address	Ima			
1889 Route 9. Unit 61	IIIC.		M2- 21	
C'- C T Code				
Toms River, New Jersey		55-12	271	
Project Manager for Monitoring Firm Telephone Number Telephone Number Telephone Number 732-349-9932 U0624	umber			
Scheduled Start Date (10) 8/7/13 Scheduled Completion Date (11) 8/8/13 Name of OSHA Monitor E.M.S.L. Analytical				
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement Street Address 1056 Stelton Road				
[] Abatement Performed Outside of Normal Facility Hours [] Other – Describe Piscataway, New Jersey	y 088:	54		
Scope of Work (Check all that apply) [] Full Containment with Negative Pres	ssure			
[] Mini-Enclosure				
	Procedu	іге		
[x] ≥160 sf or ≥260 lf [x] Demolition [x] Non-Exempted (*) and Non-Finance (*)		ement	Type	
Is Location Description of			T	Е
Location of Normally used Asbestos-Containing Amount	R E	R E	E N	N
Asbestos-Containing Material (ACM) Solely by Material (ACM) Solely by Maintenance/Custodial (i.e., thermal systems or LF)	M	P A	C A	C
TO BE ABATED in facility Maintenance/Custodial (i.e., thermal systems or LF) Staff insulation, surfacing,	0	I	P	0
(13) VAT, or	V	R	S	S
other miscellaneous) YES NO N/A	A L		L E	R E
1000 sf	X		 -	1
Exterior - X Asbestos siding 1000 si				
			_	
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler ID No. Cubic Yards of Waste Cubic Yards of Waste T.R.R.F.				
City, State Toms River, New Jersey Disposal Date 8/9/13 City, State Tullytown, Pennsylvania				
Completed by (Print or Type) Title Signature				
Nicholas Fernicola Project Manager *Do not use this form for asbestos licensure exempted activities.	Date 8/7/	e /2013		

	(Pursuant t						222	13		
	N	Jame of Bu	uilding Ow	ner/Operato	or (2) ite Contract	ors, Inc.	200	1,0		
Date of Notification (1) 8/7/2013				A to Z S	lie Contract		1.5			
0/1/24-		Street Add	ress		- Avenue		4.	2	1	_
Agencies Notified Type of Notification Type of Notification Type of Notification	1			940 Pari	Avenue			2		+
Agencies Notified [X] EPA [] Amended Not	rification	City, State	, Zip Code	e	1 Now Te	rsey 08701		7	1	
[] DEP [] Amended Not		City, as		Lakewo	od, New Je	Telephone	Number	- 4		
[X] DOL [V] Emergency (i	ncluding	Name of	Contact			Telephone	TVullion			
justification)		Name or	Irving	Perlstein	50001 = 2000 = 2000 <u>= </u>				1.	
[x] DOH [] Cancellation										
[] DCA		ILITY II	NFURIVI	Allon	Type of Fac		ol (k-12)			
Name of Facility Where Abatement is Taking Place	(3)			1	1		o (-ther that	1 k12)		
Name of Facility Where Abaciness Residence						v 1 Other	(i.e., private & co	mmerci	al build	iings,
						home	es, etc.)	g. Age		
Street Address 65 Linden Avenue			(7)		Square feet		f Floors Bld	6	0	
	unty (6)	County (Code (1) USE ONI	LY)		sf se (Prior if being	(emolished)			
City		(SIAIL	, 052		Current Us	Residence				
Lakewood	cean			-11-3-	£ A batement	= · · · · · · · (0)	. T-0			
Lakewood	ear (8)	ASCM	No.	Name o	I Abatement	Guardian Co	ontracting, Inc.			
Name of Monitoring Firm Hired by Building Own	nei (8)			Street	Address	1889 Route	o Tinit 61			
N/A				11					1071	
Street Address				City, S	State, Zip Cod	Toms Rive	r, New Jersey (18755-	12/1	
City, State, Zip Code				Tolen	hone Number		License Ivania	per		
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Telephone Numb	per		722-	349-9932		00624			
Project Manager for Monitoring Firm	A .		te (11)	Name	of OSHA Me	enitor E.M.S.L.	analytical			
	Scheduled Com	pletion Da	iic (11)							
Scheduled Start Date (10) 8/7/13	8/8/13			Stree	t Address	1056 Stelt	on Road	11 2000-2000		
Status During Abatement (Check of	nly one) During Entire Period 0	f Abateme	ent							
[x] Facility Closed/Vacated Abatement Performed O	utside of Normal Facil	ity Hours		City	, State, Zip Co	Piscatawa	y, New Jersey	08854		
Abatement Performed C				-			ith Negative Press			
[] Other – Describe				[] Full	Containment w	IIII I NOBaas			
Scope of Work (Check all that apply)				I		ni-Enclosure ovebag Procedur	e	- 4		
Scope of Work (Cheek	r 1 R	enovation			[x] No	n-Exempted (*)	and Non-Friable P	rocedure		
[] >3 sf or ≥3 lf	[x] [Demolition	(c		[X] 110			Abate	ment T	ype
$\begin{bmatrix} x \end{bmatrix}$ $\geq 160 \text{ sf or } \geq 260 \text{ lf}$	L ~							n T	R	EI
				Desc	cription of		Amount	R E	E	N]
	Is Location	.		Ashesto	os-Containin	g	(Specify SF	M	P	CA
Location of	Normally use Solely by	:4		Mate	erial (ACM)	18	or LF)	0	A I	P
Asbestos-Containing Material (ACM)	Maintenance/Cus	stodial		(i.e., th	ermal systen ion, surfacin	g.	1	V	R	S
Asbestos-Containing TO BE ABATED	Maintenance			insulat	VAT, or	8,		A		U
in facility	(12)	1		other 1	miscellaneou	is)		L		L E
(13)				Office						++
	YES NO	N/A					2500 sf	X		+
,	- X		Asbest	os siding				1-		+
Exterior	+	1							1-	
LANCE		1	1							
		+	1			Name of Regi	stered Landfill			
	NJDEP Wa	cte Hauler	ID No.		ds of Waste	T.R.R.F.				
Name of Registered Waste Hauler	1 .	20223		3	City, State					25-11-12-1
Name of Registered waste Hard Guardian Contracting, Ir	ıc.	Dispo	sal Date		Tullytow	n, Pennsylva	nia	TD	ate	
		8/9/1	Signal	NIE -	V	71		8	/7/201	3
Toms River, New Jorgan	Title	10022		VI	151	11/				
Completed by (Print or Type) Nicholas Fernicola	Project Mana	ager	- Carr 201	pestos licer	isure exempt	ed activities.				
Nicholas I cam	*Do not us	se this for	rm jor ust	,50,50 / / /						



EMENT 20) CR 3481

Date of Notification (1) 8/8/13		ų.	N S	Name of B Sheila B	uilding Ov Saldwin F	mer/C Privat	perator te Hom	(2) e		7/3						
Agencies Notified	Type Notification		1	Street Add	lress eenwoo	d Av	e			٠.,	160 gg	· ÷,		-		
EPA DEP DOL	Initial Amended Amendment				, Zip Code NJ 0860				-/:	·		4				
DOH DCA	Emergency (in justification) Cancellation	ncluding		Name of C Sheila						Tele	phone Nu	ımber	_			
Name of Facility Where	Abatement is Taking	Place (3)		FACILI	TY INFOR	MATI	ION	Type of	Facility (4)		-				
Sheila Baldwin Priv		1 11000							hool (K-12		r than K 1	12)				
Street Address 1502 Greenwood A	Ave							Ot etc	her (i.e. pr	rivate 8	commerc	cial bu	ildir	ngs, h	omes	3,
City (5) Trenton NJ 08609								Square 1000+	Feet	# of 2	Floors		Bld 35	g. Ag +	е	
County (6) Mercer		Į.		County Co	ode (7) SE ONLY)			Current	t Use (Prio	r if beir	ng demolis	shed)				
Name of Monitoring Fire	n Hired by Building C	Owner (8)		ASCM	No.		1 50000	of Abate	ment Con	tractor	(9)	14				
N/A Street Address			_				Street	Address							-	
1	*						1.25	Box 329								
City, State, Zip Code									NJ 080	91						
Project Manager for Mo	onitoring Firm			Telephon	e No.		856-	none No. 753-98	300		License 00727	No.				
Start Date (10) 8/21/13		Scheduled 8/27/13	Con	npletion D	ate (11)		Name Sam		A Monitor					2-140000		
Occupancy Status Duri							Street	Address	3							
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire I med Outside of Norn	Period of Al nal Facility I	baten Hours	nent s		_	City, S	State, Zip	Code	.1 (2) (2) (2)						
Scope of Work (Check	All That Apply)						F	7					*****			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli					Mini Glov	Containm i-Enclosure vebag Pro i-Exempte	e cedure					9		
		Is	Locat	tien		-			LXCIIIpto	4 (/ 4.				Abate Ty	ment	į
Locati Asbestos-Containi <u>TO BE A</u> In Fa (1:	ng Material (ACM) <u>BATED</u> cility	N Used Mai Cust	orma d Sole ntena odial (12)	ally ely by ance/ Staff?	Asbest (i.e.	os Co therm sur	escription entaining al systen facing, V r miscella	Material ns insula AT, or	(ACM) tion,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes No N/A Basement X					Din	e insul	ation		1	00 LF	- x	_			-
Base	ment	-		X		Pip	e irisui	allon			00 Li	1	_	_		
			-						-			+				
			-	-												
Name of Registered V	Vaste Hauler			NJDEP W Hauler ID		- SEALTHE	ic Yards Vaste		0.0000000000000000000000000000000000000		tered Land	dfill				
United Containers			100	22459		2			G.R.O						_	
City, State Elm NJ							oosal Da 7/13		City, Sta Morris		A 1906		, ex			
Completed by Anthony T Perna		Title Presi	den	t			Signatu	ire C				8/8/				



CK 3480

Date of Notification (1) 8/8/13	*			Building Ov Bonnie F					/						
Agencies Notified Type Notification			treet Add	dress t Ocean	Viev	Dr.		**	-		U.				
EPA Initial DEP Amended Amendment #				e, Zip Code each Tw		08008		- / U = /					= 57		
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding	1 10	ame of 0	Contact					Tele	phone Ni	imha				
	DI (0)		FACIL	ITY INFO	RMAT	ION	Ŧ ·	Frank. //						WE'T	
Name of Facility Where Abatement is Taking Paul & Bonnie Farkas Private Hom			•				-	Facility (4 chool (K-12							
Street Address							St.	ubchapter ther (i.e. p	8 (Othe	r than K-	12)	uildi	nae l	ome	
18 West Ocean View Dr.							et	c.)			Ciai D				3,
City (5) Long Beach Twp NJ 08008							Square 1000 -	+	2	Floors		35	ig. Ag	je	
County (6) Ocean		C	ounty C	ode (7) SE ONLY)			Current	t Use (Pric	r if bei	ng demoli	ished)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.		19790	of Abate	ement Con	tractor	(9)					\neg
Street Address				•		1	Address							3	
T.							30x 329								
City, State, Zip Code							tate, Zip t Berlin	Code NJ 080	91						
Project Manager for Monitoring Firm		T	elephor	e No.			none No. 753-98			License 00727					
	Schedule 8/23/13		pletion D	Date (11)		Name Sam		A Monitor							
Occupancy Status During Abatement (Check	Only On	e)	- 1000			Street	Address	3							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of A	bateme	ent			City, S	State, Zip	Code				-			
Other - Describe:					=	1									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	eck All That Apply)						Mini Glov	Containm Enclosure vebag Pro	e cedure						
	1					<u> </u>	≦ Non	-Exempte	d (*) ar	d Non-Fr	iable		0.00	ment	
		Locatio			_						L		Ту		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solelintenan todial S (12)	y by ice/		os Co therm sur	escription ntaining I al system facing, V/ miscella	Material ns insulat AT, or		(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior Siding	Exterior Siding				Fx	erior Si	idina		16	00 SF	٦,	ς .	_		
Exterior Siding	Exterior crains				-//						\dashv				
·			-								-				
	+										+				
Name of Registered Waste Hauler			JDEP W		97555	ic Yards		Name of	Regist	ered Lan	dfill				L
United Containers			auler ID 2459	No.	3	/aste		G.R.O.							
City, State Elm NJ					- 2 - 3 2 3 3 3	osal Date 3/13	е	City, Star Morris		A 1906	7				
Completed by Anthony T Perna	Title Preside					Signatu	(E)				Date 8/8/				



ck 3479

Date of Notification (1) 8/8/13							r/Operator an Priva		me							
Agencies Notified	Type Notification		- 1	Street A						→ √ 7.,	1/12	-	<u> </u>			
EPA DEP DOL	Initial Amended Amendment	#	-	City, Sta	ite, Zip Co Beach N	de		-			3					
DOH DCA	Emergency justification) Cancellation		- 1	Name of Bill	f Contact						ephone	Numh	er			
	1			FACI	LITY INFO	ORMA	ATION									
Name of Facility Where William Scheuren				1 (1)				Туре	of Facility (4	4)						
Street Address 6209 Bayview Av		ne			****				School (K-1 Subchapter Other (i.e. p	8 (Oth	er than l	K-12) ercial	builc	lings,	home	es,
City (5)								Earth	etc.)							
Brant Beach NJ 0	8008							1000	52. 1170	2	f Floors		3	ldg. A 5 +	.ge	
County (6) Ocean					Code (7) USE ONLY,			Curre	ent Use (Prid 1e	or if be	ing dem	olishe	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	- 1	ASCN	No.			of Aba	tement Con	tracto	(9)					
Street Address								Addres	3333							
City, State, Zip Code		10/25					City, S	State, Z	ip Code							
Project Manager for Mo	nitoring Firm			Telepho	ne No.			t Berli	in NJ 080 o.	91	Licens	e No.				
Start Date (10)		Schedule	d Con	nletion	Nate (11)	IROSHE		753-9	800 HA Monitor		0072	7				
8/20/13		8/23/13		ipicuoii	Date (11)		Sam	е								
Occupancy Status Durin	ng Abatement (Che	ck Only One	≘)				Street	Addres	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A nal Facility	batem Hours	ent			City, S	State, Z	ip Code					2		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Check All That Apply) 3 If ≥260 If			tion ion				Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	e edure					•	
			Locati	00				2 140	II-Excilipted	1 () ai	IG TYOU'S	Table			ement	
Locatio	n of	N	ormal	y y		1	Description	of				L		Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mair Custo	d Sole ntenar odial S (12)	nce/ Staff?	Asbes (i.e.	tos Co thern su	ontaining In all system rfacing, VA er miscella	Material s insula T, or	(ACM) ation,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
F	Yes N Exterior Siding		No	N/A								_				
Exterior	Siding			X		Ex	terior Si	ding		17	'00 SF	2	2			
Name of Death 1																
Name of Registered Wa	ste Hauler		1000000	JDEP W auler ID		11 50 182 192	oic Yards Vaste		Name of F		ered Lan	dfill				
United Containers				2459		3			G.R.O.V	7.20						
City, State Elm NJ							posal Date 3/13	ı	City, State Morrisvi		A 1906	7				
Completed by		Title	*******				Signature	n /	7			Date				
Anthony T Perna		Presid	dent					_				8/8/	13			

				ı			OF ASBE to NJAC 8				ſ		(j	1	= 2	311	14	81
	of Notification (1) 2/13						Building C eth Garre		perator	(2)						[]		
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	et Address I Village Road									×	Subchapter Other (i.e. p etc.)					ings,	home	s,
City Sou	⁽⁵⁾ uth ORange								-	Squ N/A	are Feet	# of I N/A	Floors			dg. A /A	ge	
Cour	nty (6) Sex						Code (7) JSE ONLY)			277.75	rent Use (Prid use	or if bein	g dem	olishe	ed)			
Nam N/A	ne of Monitoring Firm	Hired by E	Building O	wner (8)		ASCM	No.				atement Con atement, In		9)					
Stree	et Address								Street 11 R		ess ngren Aver	nue			41			
City,	State, Zip Code		Mariani III								Zip Code NJ 07512						2002	
Proje	ect Manager for Mon	nitoring Firm	n		T	Telephor	ne No.		Teleph 973-		No. -8685	13	Licens #006		•			
	t Date (10) 4/13			Schedul 8/15/1		pletion (Date (11)				SHA Monitor atement, In	с.		=			12-1 . 13-e-	
Occi	upancy Status Durin	g Abateme	nt (Check	Only Or	ne)				Street	Addr	ess		-					
×	Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside				ent		8	City, S	State,	ngren Aver Zip Code NJ 07512	nue						
	pe of Work (Check A	II That App	lv)	10-1-1-1					1010	wa,	143 07312							\dashv
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				Is	Location	on		¥									ment	
	Location				Normalled Solel		_		scription						_	Ту	pe	
<i>A</i>	Asbestos-Containing TO BE AB. In Facil (13)	ATED lity	ACM)	Ma	intenan todial S (12)	ice/		thermal surfa	taining M system cing, VA miscellar	s insu		(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
				Yes	No	N/A					1						ø	
	basem	ent		-	Х			pipe	insula	tion		50) LF		X			
	ne of Registered Was Abatement, Inc				H	JDEP W auler ID 20996	(3/3/11/2017	Cubic of Wa TBD	Yards ste		Name of Waste				PA			-
	State owa, NJ						- 1 / 2 / 2 / 2 / 2	Dispo TBD	sal Date	2	City, Stat Totowa							
	npleted by nna Brkusanin			Title Proje	ect Ma	nager		5	Signatúr	Pul	wo All	luce	5	Dat 8/0	e 12/13			

CY#68805882-0

Date of Notification (1) 8/02/13			lame of l	Building O Miller	wner/O	perator	(2)		15	21.235					
Agencies Notified Type Notification		100	Street Ad 27 New	dress Englan	d Roa	ıd	Ç	4,5		× 11/2 - 3	7				
EPA Initial Amended Amendment #				e, Zip Coo ood, No		0	0	1.77	,		<i>i</i>				
DOH Emergency (inclining justification) Cancellation	uaing	100	lame of c				•		Tele	phone	Numl	per			
			FACIL	ITY INFO	RMATI	ON						$\overline{}$			
Name of Facility Where Abatement is Taking Pl house Street Address	ace (3)							of Facility (4 School (K-12 Subchapter	2)	" er than k	(-12)				
27 New England Road							× e	Other (i.e. p	rivate 8	k comm		build	1591		es,
City (5) Maplewood							Squar N/A	e Feet	# of	Floors		3350	dg. A /A	ge	
County (6) Essex			County C	ode (7) SE ONLY)			Currer	nt Use (Prid se	r if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building Own N/A	ner (8)		ASCM	No.				ement Con		(9)			· · · · · · · · · · · · · · · · · · ·		
Street Address							Addres		·						
		30				11 R	oseng	ren Aver	ue						
City, State, Zip Code								p Code J 07512							
Project Manager for Monitoring Firm		1	Γelephon	e No.	,	20000000	none No 345-8			Licens #006		-			
	heduled 20/13	Com	pletion D	Date (11)		12 12 12 12 12 12 12 12 12 12 12 12 12 1		IA Monitor ement, In	С.						
Occupancy Status During Abatement (Check O	A 1	1				- TOTAL	Addres	s Iren Aver	NI IA						
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal I	od of Aba acility H	atem ours	ent			City, S	state, Zi	p Code							
Scope of Work (Check All That Apply)					_	Toto	wa, N	J 07512							
≥3 sf or ≥3 If	Ren	ovat	tion				Full	Containme	ent with	n Negati	ve Pr	essui	re		
≥160 sf or ≥260 lf	Den	noliti	on			>	Min Glo	i-Enclosure vebag Prod	e edure						
						L	☐ Nor	n-Exempted	i (*) an	d Non-F	riabl	e Pro	100011 355		
	Is Lo	catio												ement rpe	·
Location of Asbestos-Containing Material (ACM)	Used S Maint	Solel	y by		os Con	scriptior taining N	Material			mount				m	
TO BE ABATED In Facility	Custod		335-67600	(i.e.		system		ition,		Specify or LF)		Remova	Repair	ncap	1 20
(13)	(12)				miscella		1				oval	pair	Encapsulate	Enclosure
	Yes	No	N/A											ē	
basement	basement				pipe	insula	ation		6	66 LF		Х			
										00000000					_
															-
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Regist	ered Lar	ndfill				<u></u>
D&S Abatement, Inc.		2007	auler ID 20996	No.	of Wa	ste		Waste				PA			
City, State Totowa, NJ					Dispo TBD	sal Date	•	City, Stat Tullytov		4					
Completed by	Title					1 1		Belle			Dat			_	

OK# 2913520

Date of Notification (1) 8/02/13			ame of Bo avid La	uilding Owr anders	ner/Op	erator (2)		745	43					825	
Agencies Notified Type Notification			reet Add 50 Que	ress en Ann F	Road		ď,			7.9 	į.				
EPA Initial Amended Amendment #				, Zip Code c, NJ 076	66			14	Aria.					92	
Emergency (ir justification) DCA Cancellation	cluding	0.000	ame of C				*		Teler	ohone Nu	ımbe	r			
_ Box			FACILI	TY INFOR	MATIC	N									-
Name of Facility Where Abatement is Taking house Street Address	Place (3)					—E	Sch Sub	ool (K-12 chapter 8) 3 (Othe	r than K-	12)	wildir	as h	omes	
650 Queen Ann Road						×	etc.)	1025		olai L				_
City (5) Teaneck						N	quare F I/A		N/A			N/	g. Ag A		
County (6) Bergen			ounty Co	ode (7) SE ONLY)		1000000	urrent (louse	Jse (Prio	r if bein	g demoli	shed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.		Name of D&S A				(9)					
Street Address		7				Street Ad		n Aven	ue						
City, State, Zip Code						City, Stat	te, Zip (Code							
Project Manager for Monitoring Firm		T	elephon	e No.		Telephor	ne No.			License					\neg
	61 11 1		-1-6 D	hata (44)		973-34 Name of				#0067	5				
Start Date (10) 8/13/13	Scheduled 8/14/13	Com	pietion D	ale (11)		D&S A	baten	nent, In	c.						
Occupancy Status During Abatement (Chec						Street A		en Aver	nue						
Facility Closed/Vacated During Entire Facility Closed/Vacated During Entire Facility Closed Performed Outside of Norm Other – Describe: Occupied	Period of Ab nal Facility H	atemo lours	ent 		_	City, Sta	te, Zip	Code							
Scope of Work (Check All That Apply)		-												_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	rk (Check All That Apply) ≥3 If Renova					×	Mini-l	Enclosure	e cedure	Negativ				•	
							140111	ZACITIPAC	4 / / 4.				Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar	ly ly by nce/	Asbesto (i.e. t	os Con herma surfa	escription of staining Ma Il systems acing, VAT miscellane	aterial (/ insulation) , or	ACM) on,	(Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
h	res	X	INA		nine	e insulati	ion		(60 LF		х			
basement		^	-		Pipe	, modian		-							
	+		-								-			_	-
	+		-								-				-
Name of Registered Waste Hauler		IN	NJDEP W	Vaste		c Yards	П	Name of	Regist	tered Lan	dfill		1		
D&S Abatement, Inc.			lauler ID 20996	No.	of Wa	1				agemen	t of	PA			
City, State Totowa, NJ					TBD	/1/		City, Sta Tullyto		A					
Completed by Deanna Brkusanin	Title Projec	ct Ma	anange	er		Signature	iwe	Relle	lu	`	8/0	te 02/1:	3		

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

CV4#60772100000

Date of Notification (1) 8/02/13				Name of James	Building O	wner/O _l	perator	(2)		V / ? ,				
Agencies Notified	Type Notification		100	Street Ad 3 Old F	dress arm Roa	nd	,	+ (2)	ø.	7			ŝį	
EPA DEP DOL	Initial Amended Amendment				e, Zip Code Caldwell,		7006			- P-11	7/4			
DOH DCA	justification) Cancellation	including	1970	Name of James				* ***	Tele	phone Nu	mber			
				FACIL	ITY INFO	RMATIC	ON							
Name of Facility Where House	Abatement is Takin	g Place (3)						Type of Facility School (K-	12)		•			
Street Address 208 Ridge Road								Subchapte Other (i.e. etc.)				dings,	home	es,
City (5) Nutley								Square Feet N/A	# of N/A	Floors		ldg. A	ge	
County (6) Essex				County C	ode (7) SE ONLY)			Current Use (Pr House	ior if beir	ng demolis	shed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			of Abatement Co Abatement, I		(9)				
Street Address							Street	Address						
City, State, Zip Code				-		_		osengren Ave	nue		- K			
Project Manager for Mor	nitaring Firm			Telephor	a Na		Totov	va, NJ 07512 one No.		License I	No			
	mioning Film			74 .			973-3	345-8685		#00675				
Start Date (10) 8/20/13	#	Schedule 8/21/13		pletion E	Date (11)			of OSHA Monitor Abatement, I						20 le Composi
Occupancy Status Durin				28	702	38		Address osengren Ave	nue					
	cated During Entire ned Outside of Norm					-	City, S	tate, Zip Code						
Scope of Work (Check A	All That Apoly)						10101	wa, NJ 07512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition						Z	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				re	
		Is	Locatio	on								Abat	ement	t
Locatio Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED ility	Used Mai	lormali d Solel ntenar odial S (12)	y ly by nce/	(i.e. t	os Conta hermal surfac		laterial (ACM) s insulation, T, or	(8	mount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
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basem			X		Pipes		insula	The state of the s		0 LF	x		_	
500011						Pipo	modia				+			
Name of Registered Wa			0.100	JDEP W		Cubic of Was		0.0000000000000000000000000000000000000		red Landf				
D&S Abatement, Inc	c. 			20996		TBD				gement (of PA			
City, State Totowa, NJ						TBD	sal Date	Totow						
Completed by Deanna Brkusanin	8	Title Proje	ct Ma	nager		S	ignatúré L	Dawe B	llew	in 8	ate 3/02/1	3		

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Date of Notification (1) 8/7/13			of Building O Maki Jone		rator (2	2)	3	7.5	75					
Agencies Notified	Type Notification			Street A	Address	Several III		357	Cr ,	1000		;	j	
EPA DED	× Initial		-		lanor Roa ate, Zip Cod				~	4.				
DEP DOL	Amended Amendment				wood, NJ					14	ė Q	4		
≥ DOH	Emergency justification)		İ		of Contact el Pinto				Tele	ephone Nu	mher	:		02 0. 92
DCA	Cancellation	1			ILITY INFO	PMATION					_	—		
Name of Facility Where	Abatement is Takir	ng Place (3	3)	1 40	ILIT I INT O	KINATION		Type of Facility (4)					
house		11 6888					[School (K-12	2)					
Street Address 305 Manor Road								Subchapter 8 Other (i.e. pr	8 (Otherivate 8	er than K-1 & commerc	2) ial bui	dings	, hom	es,
City (5)	1							etc.) Square Feet	# of	Floors	- 1	Bldg. /	Ann.	
Ridgewood								1000	1	1 10013		50	ige	
County (6)					Code (7) USE ONLY)		-	Current Use (Prio	r if bei	ng demolis	hed)			
Bergen	- Hisad by Dulldian	0(8)												
Name of Monitoring Firm	n Hirea by Building	Owner (8)		ASCI	M No.			Abatement Cont Invironmental						
Street Address						2553		ddress ate Drive, PO	Box 4	183				
City, State, Zip Code							- 100 miles	te, Zip Code						
							050000000000000000000000000000000000000	ood, NJ 0741	8					
Project Manager for Mor		Telepho	one No.		elepho 73-58	ne No. 33-8500		License N 703	10.					
Start Date (10) 8/16/13		ed Cor	npletion	Date (11)	Na	ame of	OSHA Monitor							
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)			St	reet A	ddress						
Facility Closed/Vac	ated During Entire	Period of	Abaten	nent										
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	/ Hours	S		Ci	ity, Sta	te, Zip Code						
Scope of Work (Check A	II That Apply)											-	-	
23 sf or ≥3 lf		☐ F	Renova	ation				Full Containme	nt with	Negative I	Pressu	ire		
≥160 sf or ≥260 lf			Demolit	tion			×	Mini-Enclosure Glovebag Proce						
		- T						Non-Exempted		Non-Frial	ole Pro	cedu	e	
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Location Asbestos-Containing		Use	d Sole	ly by	Asbesto	Descrip	ption o	f terial (ACM)	Aı	mount		T		П
TO BE AB. In Facil			intena todial S		(i.e. th	nermal sys surfacing	tems i	nsulation,	(S	pecify or LF)	Rer	Re	nca	Enc
(13)	•		(12)			other misc			01	UI LI')	Remova	Repair	Encapsulate	Enclosure
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basem		х		pipe ins	sulatio	on	5	0 LF	х					
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		-		-							-	-		
Name of Registered Was	ste Hauler		l N	JDEP W	Vaste	Cubic Yar	ds	Name of R	egiste	red Landfil				
Tri State Transfer	Н	lauler ID 2325	No.	of Waste 10		Minerva	110.000							
City, State						Disposal D	Date	City, State						
Bronx NY Completed by Title						TBD	. /	Waynesi	burg		,	.,		
Completed by Andrew Scott Higgin	dent			Signa	ature	//	_		ate 7/13					

Date of Notification (1) Agencies Notified Type Notification EPA. Initial Amended Amendment # City, State, Zip Code Amendment # City, State, Zip Code Name of Facility Where Abatement Is Taking Place (3) City (5) County Code (7) County Code (7) County Code (7) Street Address City, State, Zip Code County Code (7) Code (7) County Code (7) Code (7	100	nature	n) Timos	=	
Agencies Nothed Type Notification EPA. Initial DEP Amended A			Time:		
DEP Amended Amendment # City, State, Zip Code WEST CALMALU, NJ. 07006 DOH Emergency (including justification) Name of Contact Name of Contact City, State, Zip Code Name of Contact Name of Contact City (5) State, Zip Code Name of Contact City (5) State, Zip Code Name of Contact City (5) State, Zip Code Name of Contact City (6) Square Feet	V			O a	3
Amendment # Line Line	5.0				
Name of Facility Where Abatement Is Taking Place (3) Street Address County (6) County (6) Rame of Monitoring Firm Hired by Building Owner (8) Street Address City, State Zin Corfe City, State Zin Corfe City, State Zin Corfe Concellation Name of Contact Rame of Contact Subchapter 8 (Other than S			E		
Name of Facility Where Abatement Is Taking Place (3) Place GARDEUS Street Address Succinal #451 485 Lindsu Place City (5) County (6) ESSEX Name of Monitoring Firm Hired by Building Owner (8) Street Address City State Zin Code City State Zin Code County Code City State Zin Code	Mir	mba			
Street Address Street Address Succine #491 489 LINDEN PLACE City (5) ORANGE County (6) ESSEX Name of Monitoring Firm Hired by Building Owner (8) Street Address City State Zin Code Type of Facility (4) School (K-12) Subchapter 8 (Other than in the contractor (9) ASCM No. Name of Abatement Contractor (9) A. Mac Contracting Inc. Street Address City State Zin Code	IAD	HIDE	and the same	70	
Street Address Street Address Success			_		
Subchapter 8 (Other than Other (i.e. private & comme etc.) City (5) CRANGE County (6) ESSEX County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Sireet Address City (5) ASCM No. Name of Abatement Contractor (9) A. Mac Contracting Inc. Street Address City State In Code					
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County (6) County (6) ESSEX County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address City (5) Square Feet # of Floors #	erci	ial bu	iilding	s, hor	mes
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Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A. Mac Contracting Inc. Street Address City, State, Zin Code				()	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A. Mac Contracting Inc. Street Address City, State, Zin Code	lsilc	ned)			
A. Mac Contracting Inc. Street Address Street Address 105 Lowell Road				34	
Street Address Street Address 105 Lowell Road			2		
City State Zin Code					
City, State 7 in Code					
LILV. SIRTE AN COME	-				
Glen Rock, N. f. 07452					
Project Manager for Monitoring Firm Telephone No. Telephone No. License	≥ Nr	0.	_	7	
Start Date (10) / Scheduled Commission Patr (14)	3				
Name of OSHA Monitor	_				
Occupancy Status During Abstragant (Charles Cart	in	ıÇ.			
. 500000000000000000000000000000000000					Bonomer
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, Stats, Zip Code					
Hackensack Nil 07606					
Scope of Work (Crieck All That Apply)			-		
≥8 sf or ≥3 lf ≥160 sf or ≥260 if Percolition Full Containment with Negative	e Pr	resen	lire		
Demolition Full Containment with Negative MinI-Enclosure Glovebag Procedure		-			
Non-Exempted (*) and Non-Fri	able	<u>₽</u> Prò	oedu	re	
is Location			Abab	emen	t
Location of Normally Asbestos-Containing Material (ACM) Used Sofely by Asbestos Containing Material (ACM)	-	_	T3	ype	
TO BE ARATED Maintenance/		777		g	
In Facility (12) Custodial Staff? (12) Surfacing, VAT, or SF or LF) office miscellaneous)		Remova	Repair	G.	흕
Yes No N/A	-	38	导	Seriesdesurg	Enclosure
CAMPAGE CHIEF OF FIRST				(D)	
185 c	F	X			
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lame of Registered Waste Haulier NJDEP Waste Cubic Yards Name of Registered Landf	1				
Rovic Transport Hauler ID No. 20785 Cubic Yards Name of Registered Lands		ıdfill	Con	o.	
ily, State					
8/7/13 Dec Bethlehem, PA 1801					
Title Singularia	5				
McDonald President	ale		1/1	_	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building	Owner/Ope	rator (2)	//	1.	2	2.2	17
August 7, 2013			Dean I	R. Theuret Custon	n Builder, Inc.	u	7	<i>J J</i>	(/
[] DEP [] Amend	Notification ded Notification	Street Address City, State, Zip Co	20022-2003	han Lane	<u> </u>		; /		
[K] DOD	dment # gency (including			vay, NJ 08205	A May				
[X] DOH justific		Name of Contact Dean	Theuret		Telephone Number		•		
	F	ACILITY INFORM	IATION				57		
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12)				
Street Address 40 Beach Drive				[x]	Subchapter 8 (ctl Other (i.e., priva homes, etc.)			ial buil	ldings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 900 sf	# of Floors	Bldg	g. Age	50	
Little Egg Harbor	Ocean	(0	-/	Current Use (Prior i	f being demolished)		,0	
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of	Abatement Contracto		Inc.			
Street Address			Street Ac		0				
City, State, Zip Code			City, Sta	te, Zip Code	Loute 9, Unit 61				
			2015	Toms l	River, New Jers			271	
Project Manager for Monitoring Firm	Telephone Num	ber	732-34	ne Number 9-9932	License N 00624	umber			
Scheduled Start Date (10) 8/08/13	Scheduled Comp 8/09/13	oletion Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical				
I 7 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	only one) I During Entire Period of Dutside of Normal Facilit		Street Ad	1056 S te, Zip Code	telton Road way, New Jerse	ey 088	354	H.	
Scope of Work (Check all that apply)			[]		t with Negative Pre	ssure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		ovation nolition	[] [x]	Mini-Enclosure Glovebag Proced Non-Exempted (lure *) and Non-Friable	Procedi	ure		
	ti			6)		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.e ins	Description bestos-Con Material (A, thermal sulation, sur VAT, on her miscella	ntaining .CM) systems rfacing, 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 sidi	ng		750 sf	X			
									-
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hat 20223	2	ards of Wast	T.R.R.F.	ered Landfill			L	
City, State Toms River, New Jersey		sposal Date 12/13·	City, Sta	own Pennsylvani	a				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	chol	tel		Date 8/7/	2013		

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	8/7/2013						wner/Oper Eunice	ator (2 Besir) nger	/3	Ch 23	17	18		
Agencies Notified [X] EPA	[] Initial]	on Notificati led Notifi			Street Add		POBo	x 108	3. - / (-	***	12 3 ₁				
[] DEP [x] DOL	Amend	lment #_ ency (inc			City, State	e, Zip Code	Forked	l Rive	r, NJ 087		· ·				
[x] DOH	justific	ation)	.uu.mg	İ	Name of	Contact	Eunice	Besi	nger	Teleph	one Number	- to a	•		
[] DCA				FAC	II YTLII	NFORMA	ATION					7,2-17		5-70-5	_
Street Address	Residence							Туре	of Facility [[[x] Sch] Sub] Oth	ool (k-12) chapter 8 (other er (i.e., private	er than l	€12) mercia	l buildii	ngs,
. 1	716 Anchorage D	rive -						C	are feet		of Floors	Bldg.	Age		-
City		County	(6)		County C (STATE I	ode (7) USE ONLY	7	W	900 sf		1		60		
Forked Ri	iver	Ocean	ť						Res	idence	g demolished)				
Name of Monitoring F	irm Hired by Building	Owner (8	3)		ASCM N	o.	Name of	Abate	ment Contr	actor (9) ardian C	ontracting,	lnc.			
	N/A						Street A	ddress			9, Unit 61				
							City, St	ate, Zip	Code			007	55 12	71	
City, State, Zip Code			m 1 1	Marka			Telepho	ne Nu		ns Rive	r, New Jerse License N	umber	03-12	/1	
Project Manager for M	oject Manager for Monitoring Firm Telephone l						732-34	49-99			00624				
Scheduled Start Date (Scheduled Start Date (10) Scheduled C 8/08/13 Scheduled C						Street A		E.N	A.S.L. A	nalytical				
[]	Facility Closed/Vacate Abatement Performed Other – Describe	ed During	Entire Per	riod of A Facility I	batement Hours		City, St		p Code Pis	cataway	on Road		54		
Scope of Work (Check	>3 sf or ≥3 lf		[] [x]	Renov			[[[x	j	Mini-Enclo Glovebag P Non-Exemp	rocedure	nd Non-Friable	Procedi	ıre		
[x]	2100 31 01 2200 12	T	-		T							Abat	ement '	Туре	
Asbestos-Containi TO BE A	Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally us Solely by Maintenance/Cu Staff (12) YES NO				ul	(i. in:	Descript bestos-C Material e., therma sulation, VAT her misce	ontain (ACM al syst surfac , or	ing () ems ing,		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					estos sid	ing				850 sf	X	_		_
Exterior												-	-	-	-
												+			
Name of Registered	Waste Hauler		NJDEP W		ler ID No.	Cubic 3	Yards of W	/aste	Name of T.R.F		d Landfill				
Guardia	n Contracting, Inc	;. <u> </u>			posal Date		City	, State		t è	1				
Completed by (Print	iver, New Jersey or Type)	Title		8/1	2/13	nature	Tul	lytow 1	n Penns	o /	1	Dat 8/2	e 2/2013	3	
Nichola	Nicholas Fernicola Project Manage *Do not use ti						ensure e		d activitie	S.					

MO#20613941098

MAY 11

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

Date of Notification (1)				Name	of Building	Owner/0	Operator (2	2)	7777						
08	07/	13			Darrel	ll Bishop				* /	Ġ.				
	Type Notifica	tion			Street	Address	***************************************			,	,	47	: 5,		
1 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	✓ Initial				221 L	awrence.	Avenue		•	4	84		· 7.	1	
	Amended Amended					State, Zip (-		-	-	
□ DHSS	Amendme			i	2000			0.62		es factor					
DCA	☐ Emergend		ing	1		Plainfiel		063		1-1					1000000
(NJAC 5:23-8)	justificatio	200			Name	of Contac	τ			Telephone N	lumbe	er .			
	Cancellati	ion	35	1	Darre!	ll Bishop				1		_	200		
					FA	CILITY IN	IFORMA	TION		- XXX - 10 - 11 - XX	West Affice	_			
Name of Facility Where At	atement is T	aking Pla	ce (3))					Type of Facility	(4)					
Private house								IIIVS.—	School (K-1						
Street Address								72	Other (i.e.,	8 (Other than K		ol bu	ممنامان		
221 Lawrence Avenue									homes, etc.		merc	ai bu	namy	15.	
City (5)									Square Feet	# of Floors		T RI	dg. A	76	
North Plainfield, NJ 070	VC2								oquaio i cot	" OI 1 10013		0,	19. A	90	
County (6)	703			+	T Cour	t. Codo (7)	CTATE (OF ONLY	0						
1000 B					Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior it being den	nolish	ed)			
Union					1										
Name of Monitoring Firm F	fired by Build	ling Own	er (8)		ASCM	No.	Name o	of Abateme	ent Contractor (9)			100		
							Gr Tec	h LLC							
Street Address		il produ	i	T			Street	Address		***************************************					
							576 Va	lley Rd#	283						
City, State, Zip Code								ate, Zip Co		****	-	_			
					80	70	35-350	1377 1350 500							
Project Manager for Monito	orina Eism		17	1-		Ma		, NJ 0747	0						
Project Manager for Mornit	1	eie	phone	NO.	Telepho	one No.		License No							
							973-63	8-1777		01127					
Start Date (10)	S. 1950.	Scheduled					Name o	of OSHA M	lonitor						
08/16/_	13	08	/ _	18	/	13	Environ	rision Co	nsultants,Inc						
Occupancy Status During .	Abatement (C	Check on	v one)				Address	iisuitaitis,iiic		2000				_
□ Facility Closed/Vacated	and the second of the second o		-		ment		100000000000000000000000000000000000000		D 1 D11 "	25.5					
Abatement Performed (cribe	20-21 V	Vagaraw	Road, Bldg .#	35 E					
Time of Abatement:	AM-	PM/		M_		AM		ate, Zip Co							
				1			Fair La	wn, NJ 0'					_		
Scope of Work (Check all t	hat apply)						H		and decontami						
		\boxtimes	Reno	vati	on		H	Mini-Enc	tainment with Ne losure	gative Pressure	9				
\times >3 sf or >3 if \times 2 160 sf or 260 if			Demo					Glovebad	Procedure	Tent with Nega	ative I	ress	ure		
								Non-Exe	mpted (*) and No	on-Friable Proc	edure		t.		
11 200 7			Is Lo									Ab	atem	ent T	ype
Location o Asbestos-Containing M	f atorial (ACM)	. 1	Nor Ised S					scription o				נג	D	т	П
TO BE ABAT		,]	Maint					aining Mat I systems i	terial (ACM)	Amount		em	ер	nca	ncl
IN Facility		C	ustod	ial S	Staff?	(1.6		cing, VAT,		(Specify SIF or LF)		Removal	Repair	sde	Enclosure
(13)			(12)				niscellane		On or Ery		<u>a</u>		Encapsulate	ē
		Ye	s I	No	N/A									Ф	600
Basement	İF	7	\boxtimes	Pipe ins	ulation			95 LF		X					
	7	-		-							ᆜ	-			
Basement	L		×	VAT Flo	or tiles			900 SF		X	Ш				
]								П	П				
4 100	1000		I	1											
Name of Registered Waste	Hauler			NIL	FP Waste	 Hauler ID No.	Cubic Ya	rde of Wasti	e Name of Regi	stored Landfill		Ш		Ш	
- N										stereo Landini					
Gr Tech LLC			7000	0	03378	35	TBI		T.R.R.F. Inc		***************************************				
City, State							Disposa	II Date	City, State						
Wayne, NJ 07470							TBI)	Tullytown, P	A					
Completed By (Print or Typ	e)	Title					Sig	natur	A 1		Date	9			
N.Jevtic		Owner						18 th	the we	nad	08/0	7/20	13		
ASB-41						1/									
MAY 11		Do	noi us	e ir	us jorn	i jor asbes	ios ticens	ure exemp	ted activities.						

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT (Le Ck 24 1459
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (Building O	wner / Ope	erator (2)	10	4/18						
08 / 12	/13				Bank of A						3		
Agencies Notified	Type of N	otificatio	. n		Street Ad	nut Street					*	fig.	-
EPA	□ ype or w	Initial	,,,,			e, Zip Code			140				*
DEP		Amend	ed		Philadelph		*0.			-7 Gy			
☑ DOH		Amend	ment #		Name of				Telephor	ne Numb	er	ý	
☑ DOL				justification	John Lux	ford					1	- 24	
		Cancel	lation	F	ACILITY IN	FORMATIC	DN .		L				
				11900									
Name of Facility Who	ere Abatem	ent is Ta	aking F	Place (3)		Type of Fa	acility (4)						
Bank of America							School (I	(-12)					
Street Address						1 🗄	The state of the s	ter 8 (Other	than K-12	2)			
11 Wycoff Avenue							Other (I.e	., private &	commerc	ial			
								omes, etc.)		-			
City (5)	County (6)		County Code	(7)	Square Fe		# Of Floor	S	Buildin	g Age		
Waldwick	Bergen						0,000	f being dem	oliched)	+	40	_	
						Bank	se (Filori	i being dem	onsneu)		40	2.70	
Name of Monitoring	Firm Hired	by Blda	. Owne	er (8)	ASCM NO								
		-,	8	,									
Arcadis						LVI Demo	ition Servi	ces Inc.					
Street Address						Street Ad	dress						
655 Third Avenue 12t						00 14/3115	- D-d						
City, State, Zip Code						32 William City, State						_	
New York, NY Project Mngr. For Mo	onitoring E	irm		Telephone Nu	mher	City, State	, zip cou	<i>d</i>					
Dino Nappi	orntorning r			212-682-9271	ilibei	East Hand	ver, NJ 07	036					
Sheduled Start Date	(10)	Sched.	Compl	letetion Date (1	1)	Telephone			License	Number			
08 / 24	/13	_09		08 /	13								
//	/			/		7.500.000.000.000	34-8682				00860		
Occupancy Status D				Only 1) ire Period of		Name of C							
Abatemen		teu Durn	ng End	ire Period of		Street Add		es ilic.				_	
	555	d Outsid	de of N	ormal Facility		Otreet Au	11033						
	escribe:					32 William	s Parkway						
☑ Other - De	escribe: _	1:00 PM	1 to 10:	00 PM		City, State							
Scope of Work (Che	ck All That	Annly)				East Hano	ver, NJ 07	036				_	
Scope of Work (one)	CK All Illat	-ppiy)											
☐ Demolitio		V]	Renovation				ith Negative	Pressure	9			
☐ ≥3sf or ≥3					님	Mini - End	4.7.7.7.7.7.	•					
	2260 II					Glovebag Non-Exem		e nd Non-Fria	ble Proce	dure			
						Non Exem	.p.ca () a						
Location o	f	Is	5		Descript	ion of			Abateme	nt Type			
Asbestos Conta	aining	Loca	and the same of th	As		ontaining			R	_	E	E	
TO DE ADAT		Norm		,,	Material e., therma			Amount (Specify	E M	R	N C	N C	
TO BE ABAT in Facility		Sol				r systems facing, VAI	-	SF or LF)	0	P	A	Ľ	
(13)		by M			150 AX	elianeous)		Jar or Li /	v	A	P	o	
(10)		tenar		9	Julio1 111100	·onuneous,			A	i	s	s	
		Custo	(1)						L	R	U	U	
		Staff									L	R	
	A/N DN BBY										+-		
at Floor				Floor Mastic				2.050.05		 -	1	+	-
1st Floor D Floor M					72300			2,050 SF			╅┾	+	+-
										 	+ +	-	\dashv
Name of Registered	Waste Hau			NJDEP Waste	Cubic	Name of F	Registered	Landfill					
NEWARK CARTING	rraoto riaa			Hauler ID No.	100100000000000000000000000000000000000	I.E.S.I.							
City, State					Disposal	City. State							
NEWARK, NJ						BETHLEH	EM, PA 18						
Completed by (Print or Type) Title					-		Signature	4 fh			Date		
Ralph Barnhadt	alph Barnhadt Operation						1//	hope				08/12/	/13

CY# 1263

Date of Notification (1)	•	***************************************		Name	of Building	Owner/Operator (2	2)	1/7-				
08 /	9/	13		Ma	rjule Drur	У	4					
	Type Notificati	on		Stree	Address				- 7,	0.57160		
to the state of th	Initial			29	Forest Av	/e	* 6.					
	Amended Amendmer	nt #		City,	State, Zip C	ode		The same of	0			
☑ DOH ☐ DCA [☐ Emergency		a a	Ca	dwell NJ	1124_X0_104500X40-000-3000-111		2.0	No.			
(NJAC 5:23-8)	justification		9	Name	of Contact	t		Telephone Numb	er			
	☐ Cancellatio	n		Ma	rjule Drur	'y						
				FA	CILITY IN	FORMATION						
Name of Facility Where Ab	atement is Ta	king Plac	e (3)				Type of Facility	20.00				
House							☐ School (K-12) 3 (Other than K-12)				
Street Address							Other (i.e., pr	rivate and commerc	ial bu	ilding	s,	1
29 Forest Ave							homes, etc.)		DIA	J A		
City (5)							Square Feet	# of Floors	BIG	ig. Ag	je	
Caldwell				Cou	nty Codo /7	VOTATE LISE ONLY	Current Lice (Pri	or if being demolish	ned)			
County (6)				Cou	nty Code (/)(STATE USE ONLY)	Current Ose (Pri	or il being demoisi	ieu)			
Essex Name of Monitoring Firm H	liend by Duildi	na Ouma	(0)	ASCM	No	Name of Abateme	ant Contractor (9)	A	100			
Bio Terra Solutions	illed by Bullai	ng Owne	(0)	ASCIV	NO.	The contract of the second sec	NAGEMENT L					
Street Address			-			Street Address	MACEMENT E		77.50			-
P O Box 1224						27 Outwater	l ane					
City, State, Zip Code			City, State, Zip Code									
Union NJ						Garfield NJ 0						
Project Manager for Monito	oring Firm		Te	ephone	No.	Telephone No.		License No.				
Rick Eustaquio	·····9 · ·····			73 494		973 928 4888		1188				
Start Date (10)	Sc	cheduled	Comp	etion D	ate (11)	Name of OSHA N	Monitor			- 11 52		W
08/20/		80				ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During	Abatement (C	heck only	one)			Street Address						
☑ Facility Closed/Vacated						27 Outwater	Lane suite B					
Abatement Performed (Time of Abatement:						City, State, Zip Co						-0) = = = = = = = = = = = = = = = = = = =
Scope of Work (Check all t	that apply)	-				Carrieta No c	7020		7-1-67		E 500	
	,						tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf ⇒160 sf or >260 lf		_	enova emoli			☐ Mini-End ☑ Gloveba	a Procedure					
								n-Friable Procedur	е			
			ls Loc						Ab	atem	ent T	ype
Location of		U	Norm sed So	ally lely by	Acho	Description of estos Containing Ma		Amount	Re	Re	Ē	Ē
Asbestos-Containing N TO BE ABAT		I N	lainter	ance/	(i.e	e., thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	•	Ci	istodia (12	I Staff?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		sula	ure
(13)		Ye									ā	
Basement	t 🗆 🖂 TSI							60 LF				
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*				一一	+				$\frac{1}{\Box}$		П	
				+				<u> </u>				1
Name of Registered Waste	Hauler		ᆜ	NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill			Ц_	
ALL PRO MANAGEN				Hauler	ID No.	Waste	IESI Landi					
City, State				0034	860	As Needed Disposal Date	City, State					
Garfield NJ				(200)		TBD	Bethlehen	ı, PA				
Completed By (Print or Ty	pe)	Title	2			Signature		Da	te :	ŕ		
Ted Veskov	10	PM					while.	(810		3	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		NO				C 8:60 and 5:16		UN#	101	0		
Date of Notification (1) 08 /	9/_	13		- Secretary	of Building	g Owner/Operator (2 ewski	2) 1/1/2/2		11,70	شکو		
Agencies Notified EPA	Type Notifica				Address Normady	Parkway		17				
⊠ DOLWD	Amended Amendme			1000	State, Zip C		****	Vita C				
☑ DOH ☐ DCA	Emergence		- ng	2000	rristown							
(NJAC 5:23-8)	justificatio	n)	5		of Contac	×.		Telephone Num	ber			
	☐ Cancellati	on		G	eorge Ge	lewski		1	-			
	/			FA	CILITY IN	IFORMATION						
Name of Facility Where	Abatement is T	aking Plac	e (3)			30 300	Type of Facility	(4)		-300000		
House							School (K-12		11			
Street Address							Other (i.e., p	3 (Other than K-12 rivate and comme	:) rcial bu	ilding	S,	
18 Normandy Park	way						homes, etc.)			•		
City (5)				-3305			Square Feet	# of Floors	Bio	dg. Ag	ge	
Morristown												
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Morris												
Name of Monitoring Firm	Hired by Build	ing Owne	r (8)	ASCM	No.	Name of Abateme						
Bio Terra Solutions	5					ALL PRO MA	NAGEMENT L	LC			2	
Street Address						Street Address						
P O Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip C						
Union NJ						Garfield NJ 0	7026					
Project Manager for Mon	itoring Firm			elephone		Telephone No.		License No.				
Rick Eustaquio				973 494		973 928 4888		1188				
Start Date (10)08 /21 /		cheduled 08		oletion Da 26/		Name of OSHA N	Monitor NAGEMENT L	LC				
Occupancy Status Durin	g Abatement (C	Check only	one)			Street Address						
☐ Facility Closed/Vacat	0.75					27 Outwater	Lane suite B					
Abatement Performed Time of Abatement:						City, State, Zip C Garfield NJ 0						
Scope of Work (Check a	ll that apply)		-			Garrield NJ C	77020					
							tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	Renov				g Procedure	n-Friable Procedu	ıre			
			Is Lo	cation					Ab	atem	ent T	ype
Location	of	l		nally		Description of				_	1	-
Asbestos-Containing TO BE AB		383		olely by nance/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil		Ci		al Staff?	(1.6	surfacing, VAT		SF or LF)	Va	=	usc	sure
(13)	•		1 32	2)	-	other miscellane	eous)				ate	
Basement	V4-34-15-14-14-14-14-14-14-14-14-14-14-14-14-14-	Ye	s N	lo N/A	-	sulation		210 LF				
			+-		•						-	-
Basement			ļ		Plaste	r ceiling		750 SF				
							**************************************		. 🗆			
la la						20						
Name of Registered Was	ste Hauler		1	NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill		-		
ALL PRO MANAGE				Hauler I		Waste As Needed	IESI Landf					
City, State						Disposal Date	City, State					
Garfield NJ						TBD	Bethlehen	ı, PA				
Completed By (Print or T	ype)	Title				Signature	10 .	. [0	ate			
Ted Veskov	verme We J	PM				1-1.11	Makes		751	4	12	

CHECK 10535 TD BANK. STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of E	Building Owner/Op	erator (2)	₹,						
08/08/2013				David	And Erin C	urtis	* .	r., 			
Agencies Notified	Type of Notifica	ition		Street Add	iress	(:5		4.			
(X)EPA	(X) Initial N	otification			Park Ave		Se se			-	
(X) NJDEP	() Amende			City, State	, Zip Code		1	9		1	
(X) NJ DOL	Amend			Hobo	ken,NJ 07030)		i.			
(X)DOH ()DCA	(X) Emerg justifica		ling	Name of C				Tel. Nun	nber		_
() DOA	() Cancell			Jense	en Vasil		1				
		F	ACILIT	Y INFORMA					100000000000000000000000000000000000000		
Name of Facility Where Abateme	ent is Taking Place	(3)		Type of Fa							
Residential Property				() Subc	hapter 8 (other t	han K-12	2)				
Street Address				(X) Othe	r (i.e. private & c	commerc	ial bldgs., ho	mes, e	tc.		
1238 Park Ave, Hoboken N	JI 07030			Sa. Feet:	20,000	# of Floo	ors 3	Bld	g. Age (30	
City (5)	County (6)	County Code							-		
Hoboken	TIJanu	(State Use C	Only)	Current	Jse (prior if being	g demolis	snea):				
	Hudson										
Name of Monitoring Firm Hired b	y Bldg. Owner (8)	ASCM No.		ISES, In	Contractor (9)						
Street Address		1		Street Add							
N/A					udson Avenu	e					
City, State, Zip Code				City State							
N/A					City, NJ			- 17	icense N	umbor	
Project Manager for Monitoring F N/A	Telephone N	lumber		(201)32	25-0055				11124	umber	
Scheduled Start Date (10)	Scheduled C	ompletion Date	e (11)		OSHA Monitor						
08/14/2013	08/20/20	~~~		ISES, Inc).						
Occupancy Status During Abater (X) Facility Closed/Vacated Du	ment (Check only o	ne)		Street Add		_					
() Abatement Performed Outs	side of Normal Faci	lity Hours -			udson Avenu	e					
() Other - Describe: Unoccu	pied during abaten	nent.Exterior jo	ob.		Zip Code	7					
Source of Work (Check all that a	nnly) () Demolition			City, NJ 0708) Renovation	/				-	
	ACCURACY AND A SERVICE										
() Minor Project (< 25 SF () Small Project (>25 <16	or < 10 LF ACM	l)) Full Containm) Mini-Enclosur		Negative Pre	essure			
(X) Large Project (>160 S	F or > 260 LF AC	M)		(X) Glovebag Pro	cedure					
) Non-Exempte	ed (*) and	d Non-Friable Amount	Proce	dure Abateme	nt Type	
Location of Asbestos- Containing Material (ACM)	Is Location Nor Solely by Main		(i.e.		ription of ACM ems insulation, su	rfacing,	(Specify SF		T	iit Type	
To be Abated in Facility (13)	Custodial St	aff? (12)		VAT, or ot	her miscellaneous	.)	or LF)	R		En	Ψ.
								Removal	Repair	Encapsulate	Enclosure
	YES NO	N/A						val	¥	ulate	ure
	125 140		.				44015	X	-		-
Basement		Х	_		e Insulation		110 LF 730 SF	X			-
Basement		_	VAT				730 SF	X	 		_
Basement			ivias				750 01				
								1			
Name of Reg. Waste Hauler	NJDE	P Waste Haule	er ID#		Cubic Yards of V	Vaste	Name of Red	g. Landf	ill		
NEWARK CARTING	2239		-20150000		5		Cumberla	and Co	ounty	Landf	ill_
City, State	1 377 0740			Date			City, State	D A 1	7242		
369 Raymond Blvd, Nev	vark,NJ 07105		-	20/2013			Newburg Date	, PA I	1242		
Completed by (Print or Type)	Signa	atule	-a/)		V-1990						
Jorge Delgado	Project Sup		pro-	7		08/08/20	13				

		N			OF ASBES o NJAC 8:					12	41	(G	ac	4	
Date of Notification (1) 8/8/13					Building O				ducation	7				\	
Agencies Notified	Type Notification		1 2	Street Ad 292 Pa	ldress rsippany	/ Road					W.				
DEP DOL	Amended Amendment				e, Zip Cod bany, NJ		4	5	P 50			i,			
DOH DCA	justification) Cancellation	here have es t e	- 3		Contact aveglio					Tele	ephone Nur	nber			
<u> </u>			-	FACIL	ITY INFO	RMATIC	ON			ř		-			
Name of Facility Where A Parsippany Hills High		g Place (3)						×	of Facility (School (K-1	2)					4
Street Address 20 Rita Drive								Ħ (orivate 8	er than K-12 & commerci	al build			es,
City (5) Parsippany				24					re Feet	0.33.4346	Floors		ldg. A	ge	
County (6) Morris				County C STATE U	Code (7) ISE ONLY)		_	Curre		or if bei	ng demolish	ned)			
Name of Monitoring Firm Whitman	Hired by Building	Owner (8)		ASCM 0110					tement Cor ve Inc.	ntractor	(9)				
Street Address 7 Pleasant Hill Roa	d						Street / 27 W								
City, State, Zip Code Carnbury, NJ 0851	2								ip Code I, NJ 070	003					-,-,-,-
Project Manager for Mor Kevin Lovely	nitoring Firm			Telephor (732) 6	ne No. 344-5418	3	Teleph (973)				License N 357	lo.			
Start Date (10) 8/23/13		Schedule 8/23/13		pletion [Date (11)		Name	of OSI	HA Monitor			100 1-0010			======================================
Occupancy Status Durin	g Abatement (Che	ck Only On	e)				Street	Addres	SS						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of A	batem	ent	.11		City, S	tate, Z	ip Code				3 W-0		
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	iii mac <i>rippiy)</i>	-	enovat emoliti				×	Mir	ni-Enclosur ovebag Pro	e cedure	n Negative I			Э	
		1 323	Location	3.000		D				77.26			Abate	116	t
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Use Mai	d Solel intenar odial S (12)	y by nce/		os Conta thermal surfac		lateria s insula T, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A			ninina				6 If	x		TO .		
hallw		X				piping	-8			O II	1				
Name of Desisters 1345	ata Harrian		l NI	JDEP W	laste	Cubic '	Varde		Name of	Registr	ered Landfil				
Name of Registered Wa Atlas Disposal Option			Н	auler ID 3262		of Was			The state of the s	E-100 NEW 100 NO	source R		ery		
City, State Dover, NJ	-			*		Dispos	sal Date		City, Sta Tullyto		\				
Completed by		Title				S	ignature	,_	1	1	D	ate			

Sec/Treas

8/8/13

Sharon Hendee

State of New Jersey

		NO			OF ASBE o NJAC 8				2	0, .	OV #	- Q	lo	44	
Date of Notification (1) 08/12/13		-			Building C					1771					
Agencies Notified	Type Notification			treet Ad 9999 H		ON BOU	ULEV	ARD-T	EK PAR	K #5	31. 4	72,	7		
EPA DEP DOL	Amended Amendment				e, Zip Coo IGSVILL		18031	1		-	4. 416	ā ,			
DOH DCA	justification) Cancellation	-			Contact RISHA	<		72	reliene (Tele	phone Num	ber	3		
<u></u>				FACIL	ITY INFO	RMATIC	ON			-		-			-
Name of Facility Where BUCKEYE PARTN								☐ s	f Facility (4 chool (K-1	2)	19 00000-0000				
Street Address 1200 STATE STRE	EET								ubchapter ther (i.e. p :c.)	8 (Otherivate 8	er than K-12) commercia	l buildi	ings, l	nome	s,
City (5) PERTH AMBOY								Square 7500		# of	Floors		dg. Ag -100		
County (6) MIDDLESEX					Code (7) ISE ONLY)		_	120000000000000000000000000000000000000	t Use (Prio	or if bei	ng demolishe	∋d)			
Name of Monitoring Firm		Owner (8)		ASCM	No.				ement Con		(9) TAL SER	VICE	S, IN	IC.	211
Street Address 617 STOKES ROA	D-SUITE 4-318	3						Address	EY STR	EET					
City, State, Zip Code MEDFORD, NJ 08	055							State, Zip _ADEL	Code PHIA, P.	A 191	37				
Project Manager for Mo MARK RUBINETZ	nitoring Firm		1 1	Telephor	ne No. 5-2211			hone No			License No).			
Start Date (10) 08/22/13	·	Schedule 09/23/1	d Com	entropolicia s	NO. OFFICE PROPERTY.				A Monitor VIRONN	/FNT	ΔI				
Occupancy Status Durin	na Abatement (Che							Address							2.000
11-2-2-1										D-SU	ITE 4-318				
Abatement Perform	cated During Entire med Outside of Non OUTSIDE REMOVA	mal Facility			-1000	_		State, Zip	Code O, NJ 08	055					
Scope of Work (Check	All That Apply)			11 - 123 33						79.5					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		100	enova emoliti					Min X Glo	i-Enclosur vebag Pro	e cedure	n Negative P			e	
		le	Locati	on					•	1000	20,000		Abate	ment	
Location	on of	1	Iomali	У		Des	scription	n of				-	l y	ре	
Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (ACM) BATED sility	Ma Cust	d Sole intenar odial S (12)	nce/ staff?			system	ns insula		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							2015		-		-
PIPE RACK V	VEST YARD	-		Х		8	ACPI		- H	8	00 LF	X			
Name of Registered W	aste Hauler			JDEP W			Yards		Name of	Regist	ered Landfill				
SERVICE TRANSF	PORT		H	lauler ID	NO.	of Wa			A & L S		AGE				
City, State MORRISVILLE, PA	1					Dispos	sal Dat	e	City, Sta LIBSO		I				

Date

08-12-13

Signature

Title

ADMINISTRATIVE ASST.

Completed by

DENISE M. NIVEN