CK#25279

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

	N		CATIO	N OF ASE	ew Jersey SESTOS ABATEN C 8:60 and 5:16)		57.			*	1 · 1	
Date of Notification (1) 8/28/13			Name	e of Buildin	g Owner/Operator N		nalis ///.	ę :_	10.	2.5		
Agencies Notified Type Notificatio	on		Stree	t Address		13 Patton A	ve	- <u></u>	11.12			
X EPA X Initial □ DEP □ Amended X DOL Amendment		_	City, S	State, Zip C		inceton, NJ (ě Lite	P • . 1		- 24		
DOH justification DCA Cancellation)	9	Name	e of Contac Mer			Telephone Num	ber			-	
			FA		ORMATION	15			_			
Name of Facility Where Abatement is Tak	10.00					Type of Facility						
Street Address	sidenti						2) 8 (Other than K-1 private & commerc		dinas			
13 P	atton A	ve.				homes, etc. Square Feet			dg. A			
	ceton,	NJ				2400	2	_ _	-	30		
County (6) Mercer				nty Code (ONLY)	7) (STATE	Current Use (P	rior if being demoli Residentia					
Name of Monitoring Firm Hired by Building	g Owner		ASCM	No.	100 M	nent Contractor (9))				-	
(8) MECS					-	vens Environ	mental Servic	es, Ir	IC.			
Street Address PO Box 3	41			12	Street Address	PO I	3ox 322					
City, State, Zip Code Crosswicks, N.	J 0851:	5			City, State, Zip C		n, NJ 08501					
Project Manager for Monitoring Firm William Weisgarber Jr.		2049.0	phone 9) 29	No. 8-4070	Telephone No. (609) 25	License No. 00493						
	neduled C				Name of OSHA	Monitor						
9/9/13		9/20/	13			MECS						
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire I			ment	ent PO Box 341								
Abatement Performed Outside of Norm Other - Describe: 8am to 4pm					City, State, Zip Code Crosswicks, NJ 08515							
Scope of Work (Check all that apply)											_	
⊠ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	K Re	enovat emolitic	ion on		Mini-End Gloveba	ag Procedure	gative Pressure on-Friable Procedu	ire				
	N	Locatio	/					1	bate Typ	ment be	577-579 B 1795	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Mair	d Solel ntenar ustodia Staff? (12)	ice/ al		Description of tos Containing Mat thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A							œ		
Basement	-	×			ermal Duct In		<u>10 lf</u>	×		_	_	
1st Floor			×	1h	ermal Duct In	sulation	30 lf	×				
	-				-				-		_	
Name of Registered Waste Hauler			JDEP V		Cubic Yards	Name of Regi	stered Landfill					
Stevens Environmental			lauler ID	292	of Waste <u>1 CU</u>	\square	T.R.R.F., I	nc.				
City, State					Disposal Date	City/State/						
Allentown, NJ	08501				9/20/131-		Tullytown,	PA				

CK#25276

Date of Notification (1)			Name of Building Owner/Operator (2) Impacting Your/World Ministries Inc.									
	26/13 Type Notification		St	treet Ad	dress							
Agencies Notified			_				901 Chapel Av					1
EPA DEP M DOL	Amended		C	ity, State	e, Zip Coo	de Che	rry Hill, NJ 0	011 M 1140 3034			_	
DOH	Emergency (ind justification)	cluding	N	ame of	Contact Bill	Hutchinson		Telephone Number				
			-	FACIL		RMATION						
	the Telling	Place (3)		FACIL			Type of Facility (4	4)				
Name of Facility Where I Street Address	mpacting Your	World	Mir	nistrie	S		Other (i.e., pri	(Other than K-12) vate & commercial b	uilding	js,		
	2901 Ch	napel Ar	ve.				homes, etc.) Square Feet	# of Floors	Bldg.	Age		1
City (5)	Cherry	Hill, N	IJ				20000	2		55		-
County (6)		11111, 1	T	County USE O	Code (7 NLY)) (STATE	Current Use (Pric	or if being demolishe Church	:u)			-
	lamden	Owner	-	SCM N	0.	Name of Abater	ment Contractor (9)	. 10	Inc			
Name of Monitoring Fir (8)	MECS	Owner				Ste	vens Environn	nental Services	, me.			-
Street Address	MEED					Street Address	POB	ox 322				
Slieer Address	PO Box 34	1				City, State, Zip		OX 522				-
City, State, Zip Code	Crosswicks, NJ	08515				City, State, Zip	Allentow	n, NJ 08501				-
Project Manager for N				phone N		Telephone No.	50.0688	License No.	493			
W. W	eisgarber			9) 298		(609) 259-9688 00493						
Start Date (10)	Sche	eduled Co	mplet 13/1		e (11)	Name of OSHA	Monitor <u>M</u>	ECS			_	_
9/6/13 Occupancy Status Du	uring Abatement (Ch	eck only c	one)			Street Addres	s PO F	30x 341				
	rated During Entire F	Period of P	vpare	ment		City, State, Zip		lok 5 12				-
Abatement Perform	ned Outside of Norm	al Facility	Hou	rs		City, State, Zip	Crosswick	s, NJ 08515				_
Scope of Work (Chee						Full C	Containment with Ne	egative Pressure				
₩ >3 sf or >3 lf		Rei	novat	tion		Ealer	Enclosure ebag Procedure	l				
≥160 sf or ≥260 lf		Der	molitio	on		Non-	Exempted (*) and N	on-Friable Procedur		bater	nent	
			ocati							Тур		
		Used	Sole	ly by	24.02	Description	n of	Amount	-	-	m	ш
Locati Asbestos-Containi	ng Material (ACM)	Main	tena ustodi	nce/	Asbe	estos Containing I	ns insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
TO BE A IN Fa	BATED	5	Staff	?		surfacing, V. other miscella	AT, or	SF or LF)	oval	.	osula	sure
(1			(12)	T	-	Other modeling	,				ate	
		Yes	No			hermal Tank	Insulation	20 SF	×			
Basement I	Boiler Room	_		×		nermai rank	modulation					
		-										
		_										
		_	L	NIDEE	Waste	Cubic Yards	Name of Re	gistered Landfill				
Name of Registered		·		Hauler	ID No.	of Waste 1 CU		K.R.F., Inc. 1	Land	fill		
Stevens Envi	ronmental Serv	ices inc	<u>. </u>	1	3292	Disposal Da	te City, State					
City, State	Allentown	n. NJ				9/13/13		/ Tullytown,	PA	_		_
Completed By		Title				Signat	MA 1/	Date	8/2	.6/1	3	
Mahlon E	. Stevens	P	roje	ect Ma	anager	/	1A-					
Mahlon E	. Stevens	^	101			1	exampted activities					

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State of New Jersey

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		Name of PSEG	Building C	Owner/C	Operator	(2)								
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		Street A	^{ddress} Iadley R	bood			0116	~	• ••11	27	-			
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cluding			Contact				and the second second second	Tel	ephone Nu	mber	2			
		Rich H		DBEATI	ON	11-11-11		, 	-	MACE ST				
Place (3)	FACI		RMAII		Туре	of Facility ((4)						
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								# of 5	f Floors				2	
								or if bei	ng demolis	hed)				
wner (8)		ASCM	1 No.		and the second				(9)				0	
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									License N 01085	10.				
		npletion (Date (11)					nc.	 ک.					
Only On	ne)													
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and the second se					XXXX	Ful Mir Glo	ni-Enclosure vebag Pro	e cedure				e		
1. 1.5 5		2001											t	
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Cust	todial S (12)	Staff?	(i.e.	thermal surfa	system cing, VA	s insula T, or	ation,	(5	Specify	Removal	Repair	Encapsulate	Enclosure	
Yes	No			0	A++	J		0	Atte al - 1			-		
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	H	auler ID		of Wa			teres accessors	sun Sur - s						
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Title Envir	onme	ental Co	oordinate	ls	Signature	1	1		D		3			
	wner (8) Schedule 12-31- Only Or eriod of A I Facility demolitic Is N Use Ma Cusi Yes I Is Title	wner (8) Scheduled Con 12-31-13 Only One) eriod of Abatem al Facility Hours demolition. No Is Locati Normal Used Sole Maintenau Custodial S (12) Yes No N H 10 Title	Place (3) Place (3) County ((STATE (WINER (8)) Telepho 917-25 Scheduled Completion 12-31-13 Only One) eriod of Abatement al Facility Hours demolition. No occupan Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Yes No N/A X X X X NJDEP W Hauler ID 16227 Title	Place (3) County Code (7) (STATE USE ONLY) wner (8) Telephone No. 917-299-7122 Scheduled Completion Date (11) 12-31-13 Only One) eriod of Abatement al Facility Hours demolition. No occupancy Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? 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(12) Description Asbestos Containing N (i.e. thermal system surfacing, VA other miscellar Yes No N/A X See Attack X Yes No N/A X Transite Contami X X Transite Contami At aluer ID No. 16227 Cubic Yards of Waste 400 Disposal Date 6-30-12 Disposal Date 6-30-12 Title Signatuge	Place (3) Type Place (3) Type Squai 100, County Code (7) (STATE USE ONLY) Where (8) ASCM No. Curre Not i Street Addres 3000 Burn City, State, Z Wantagh f Street Addres 3000 Burn City, State, Z Wantagh f City, State, Z Wantagh f Street Addres 3000 Burn City, State, Z Wantagh f City, State, Z Wantagh, City, State	Place (3) Type of Facility (Subchapter School (K-1 Subchapter Subchapter Winer (8) ASCM No. Street Address 3000 Burns Avenue City, State, Zip Code Wantagh NY 11792 Telephone No. 917-299-7122 Scheduled Completion Date (11) Name of OSHA Monitor Gramercy Group Ir Street Address 3000 Burns Avenue City, State, Zip Code Wantagh NY 11792 Telephone No. 917-299-7122 516-876-0020 Scheduled Completion Date (11) Name of OSHA Monitor Gramercy Group Ir Street Address 3000 Burns Avenue 3000 Burns Avenue Iz-31-13 Gramercy Group Ir Only One) Street Address ard of Abatement at Facility Hours demolition X Wantagh, NY 11752 Iz Renovation X Subcation Subcation, Non-Exempter Non-Exempter Asbestos Containing Material (ACM) (i.e. thermal systems insulation, suffacing, VAT, or other miscellaneous) Non-Exempter Yes No N/A	Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Oth Other (Le. private / etc.) Square Feet # of 100,000 (STATE USE ONLY) Current Use (Prior if beil Not in use wner (8) ASCM No. Name of Abatement Contractor Gramercy Group Inc. Street Address 3000 Burns Avenue City, State, Zip Code Wantagh NY 11793 Telephone No. 917-299-7122 Scheduled Completion Date (11) 12-31-13 Only One) Street Address 3000 Burns Avenue City, State, Zip Code Wantagh NY 11793 Telephone No. 917-299-7122 Scheduled Completion Date (11) 12-31-13 Gond Abatement I Facility Hours demolition X Breat Address 3000 Burns Avenue City, State, Zip Code Wantagh, NY 11793 Wantagh, NY 11793 Used Solely by Maintenance/ Custodial Staff? (12) Yes No	Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-1 Supara Feet # of Floors 100,000 \$ County Code (7) Current Use (Prior if being demolis Not in use Name of Abatement Contractor (9) Gramercy Group Inc. Street Address 3000 Burns Avenue City, State, Zip Code Wantagh NY 11793 Telephone No. 12-31-13 Telephone No. Only One) Street Address 3000 Burns Avenue O1085 Scheduled Completion Date (11) Name of OSHA Monitor 12-31-13 Gramercy Group Inc. Only One) Street Address arid of Abatement If Facility Hours demolition No accupancy If Facility Hours Street Address 3000 Burns Avenue City, State, Zip Code Wantagh, NY 11793 Street Address 3000 Burns Avenue City, State, Zip Code Wantagh, NY 11793 Street Address Glovebag Procedure Non-Frial Maintenance/ Asbestos Containing Material (ACM) (12) Asbestos Conta	Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial built etc.) Square Feet # of Floors B IO0,000 5 5 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Not in use wner (8) ASCM No. Name of Abatement Contractor (9) Gramercy Group Inc. 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License No. 01085 Scheduled Completion Date (11) Name of OSHA Monitor Gramercy Group Inc. License No. 01085 Street Address 30000 Burns Avenue Street Address 30000 Burns Avenue Street Address 30000 Burns Avenue Browstion Street Address 3000 Burns Avenue Full Containment with Negative Pressure Nini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur Normally Used Soley by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) To other miscellaneous) Yes No N/A See Attached See Attached X X Reoofing Material of Waste 40	Place (3) Type of Facility (4) School (K-12) School (K-12) Square Feet # of Floors Bidg. Age 100,000 5 55 years County Code (7) Current Use (Prior if being demolished) Not in use wner (8) ASCM No. Name of Abatement Contractor (9) Gramercy Group Inc. 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	ncebon		Street Address	NO2V17			0 4	013	
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Name of Facility Where Abelement is Private.	Taking Pie	ce (3)	FACILITY INFO	RELATION					
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County (6)	L. V.				S 04 1-10-36	8	Bh	tg. Ag	je
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Name of Monitoring Firm Hirsd by Build	Sing Owner	(8)	ASCA No.			notishad	9)		
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City, State, Zip Code				STEEL Address	And in the owner of the owner			-	
				22-VAN ORD	en pl	(**)			
Project Manager for Monitoring Firm		-		HACKENIGACH	NJ. 07601				
NA		T	Telephone No.	Telephone No.	The second s				
Start Date (10)	Salaada			201-708-4270	. Libene 0113				
08-28-2012	a o		pistion Date (11)	Name of OSHA Mon	iller UTT:	50			
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cope of Work (Check All That Apply)				Level's Property City Child					
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Location of Asbestos-Containing Material (ACM)	Used	onnally I Solaly b					Abata	Ment	
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IO BE ABATED In Facility (13)	Custo	rdial Staff (12)	i Stef	BORG WAT or	(Sescilly	20	-	E3 (ndo
In Facility	Custo	dial Staff (12)	- aufi other	d systems insulation, scing, VAT, or miscellaneous)		Remo	Rep	ada	
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In Facility (13)	Custo Yes	dial Staf (12) No R	ir surfa othar	ncing, VAT, or Miscallensous)	(Specify SF or LF)	$\downarrow \downarrow$	Ropeir	energe de la construction	ans
Basement,	Custo Yes	dial Staf (12) No R	ir surfa othar	ncing, VAT, or Miscallensous)	(Specify SF or LF)	$\downarrow \downarrow$	Rapair	apeulate	sure
Basement,	Yes		Maste Colin	in spaceme meutation, noing, VAT, or miscellensous)	(Specify SF or LF) '70 Lf.	$\downarrow \downarrow$	Rapak	apsulete	ame
Basement,	Yes		Maste Colin	Yards Name of	(Specify SF or LF) '70: Lf.	X			
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Name of Facility Where Abatement Private Street Advinese	is Taking Place (3)	CILITY INFORMATION	Type of Facility (4)	zone Akumber
Gity (5) County (6) Name of Monitoring Firm Hired by Ba	. County	Code (7) USE ONLY	Subchapter 8 (Other In Other (Le. private & con etc.) Square Feat \$ of Flor 2,200 2 Current Use (Prior if being de	ors Bidg. Age
Street Address City, State, Zip Code	ASCI	Street / 22- V	Y P.S. of Abatement Contractor (9) RON QUALITY CO LL Address AN ORDEN PL rts, Zip Code	·,
Project Manager for Monitoring Firm N/A Start Date (10) 07 - 31 - 2013 Occupancy Status During Abstement (Scheduled Completion D C3 - 01 - 2013	PIACK Telepho 201-70 Nate (11) Name of	ENSACK N.J. 0760 ne No. Licen 08-4270 011 OSHA Montine	se No. 35
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe: Scope of Work (Check All That Apply)	tire Period of Abatement Ionnal Facility Hours	307 -	dress West. 38th Zip Code York . N.Y.	Streef.
	Renovation Demotion	· XX	Full Containment with Negative Mini-Enclosure Blovebag Procedure Ion-Enempted (*) and Non-Frid	e Pressure
Asbestos-Conteining Material (ACM) <u>TO BE ABATED</u> In Facility (13) Basemant	(12) Yes No N/A	Description of Asbastos Containing Materi (i.e. thermal systems insu surfacing, VAT, or other miscellaneous)	al (ACM) Amount lation, (Specify SF or LF)	Abatement Type Tope Removal
Name of Registered Weste Hauter Shann Quality (City, State		Cubic Yards	Name of Benjamu U	X
Completed by CARLOS ESQUIVEL		7 T BJ Disposal Date 7 B P Signature	Waynesburg	Ohio.
ASB-41 (R-06-06)		PDo not use this	form for asbestos licensure e	7-29-2013 mempled activities.

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No Kell	N	OTIFICATIC	State of New Jers IN OF ASBESTO It to NJAC 8:60 a	SABATE	IMENT 0)	DEC	[4 f]]]_[2
Date of Notification (1) 8/23/13		Name Paul	of Building Owner Schatz	/Operato	r (2)	AUG	3	0 20	13	
Agencies Notified Type Notification		(1) 100 000 000 000 000	Address Visty Lane							<u> </u>
DEP Amended X DOL Amendment			tate, Zip Code ppany, NJ 070)54		ASRES	KUS KOEN	suer Suer	nu.	<u>~</u>
DOH Justification) DCA Cancellation			of Contact Gorsczya	<u> </u>		Telephone N	umber			
			LITY INFORMA	TION		<u> </u>				
Name of Facility Where Abatement is Takin Commercial Building	g Place (3)				Type of Facil					
Street Address 3001-3005 Hadley Road					X Other (i.	(K-12) pter 8 (Other than K- .e. private & commer	·12) cial bu	ildings	s, hor	nes,
City (5) South Plainfield, New Jersey 0708	0				etc.) Square Feet 20,000	# of Floors 2		Bldg. 55+	Age	
County (6) Middlešex		(STATE	Code (7) USE ONLY)		Current Use Commerci	(Prior if being demoli al Building	shed)		-	
Name of Monitoring Firm Hired by Building Environmental Design Inc.	Owner (8)	ASC	M No.	Name Lilich	of Abatement Corporatio	Contractor (9) N				
Street Address 5434 King Avenue, Suite 101			ý		Address McBride Ave	enue				
City, State, Zip Code Pennsauken, New Jersey 08109					itate, Zip Code dland Park,	New Jersey 074	24	GP5 <u>2</u>		
Project Manager for Monitoring Firm Tom Pruno			16-9516	Teleph	ione No. 225-8400	License 01104				
Start Date (10) 08/26/13	11/26/13		Date (11)		of OSHA Monif Environmen					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F					Address Route 22 W	loat				
Abatement Performed Outside of Norm Other – Describe: 6AM-1PM	al Facility H	ours	-	City, S	tate, Zip Code					
Scope of Work (Check All That Apply)				Unio	n, New Jers	ey 07083				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition			Mini-Enclos Glovebag P					
		cation			- Hon-Exemp	and Non-Fria		Abate		
Location of Asbestos-Containing Material (ACM)		mally Solely by	De	scription	of			Ту	pe	
<u>TO BE ABATED</u> In Facility (13)	Mainte Custod	enance/ lal Staff? 12)	Asbestos Con (i.e. therma surfa other r	taining M systems cing, VAT niscellan	Insulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Exterior Building/Various Locations		No N/A					a		late	ſē
Exterior Building/Various Locations		×		ransite		7,536 SF	X			
Exterior Building/ various Locations		×	Cau	lk/Glazi	ng	302 SF	X			
Name of Poglatored Master Linder							-		-	
Name of Registered Waste Hauler ilich Corporation		NJDEP W Hauler ID 18724	aste Cubic No. of Was 40		and the second sec	of Registered Landfill D.W.S Landfill		I		
City, State Voodland Park, New Jersey	11		Dispos 11/28	al Date /13	City, St Morris	ate sviller Pennsylvar	nia			
Completed by Fatiana Kalenikova	Title Vice Pre	esident	s	Ignature	Caril	Da a Da	te /23,	/13		

			ICATION	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE		M	. (C	1				
Date of Notification (1) 08/09/13 CK#2770 \$200				of Building Schatz	Owner/	Operator	. (2)		٨١١	G 3 D	2013		1U	1
Agencies Notified Type Notification			Street A	Address listy Lan	e				-	9.00	2010			
EPA Initial DEP Amended X DOL Amendment #	4	ŀ	City, St	ate, Zip Co opany, N	ode	= 4		A	SBE	STUS D		02-8	-	+
Emergency (i				of Contact						enhone N	lumber			
DOH justification) DCA Cancellation				Gorsczy					1	_				
Name of Facility Where Abatement is Taking Commercial Building	Place (3)	1.40				Туре	of Facility (4)					
Street Address 3001 Hadley Road							×	School (K-12 Subchapter i Other (i.e. pr etc.)	B (Oth			ilding	s, hom	ies,
City (5) South Plainfield, New Jersey 07080							Squa 20,0	ire Feet	# o 2	f Floors		Bldg. 55+	Age	
County (6) Middlesex	1 M. 2000.			Code (7) USE ONLY)			ent Use (Prio nmercial B			ished)			
Name of Monitoring Firm Hired by Building O Environmental Design Inc.	wner (8)	ASC	M No.				tement Cont	ractor	(9)				
Street Address 5434 King Avenue, Suite 101						Street	Addre		е					
City, State, Zip Code Pennsauken, New Jersey 08109								ip Code Park, Nev	w Jer	sev 074	24			
Project Manager for Monitoring Firm Tom Pruno		T	Telepho 856-6	ne No. 16-9516		Teleph 973-2	none N	0.		License 01104				
	Schedul 11/26/		npletion	Date (11)		S. 1933		HA Monitor onmental	Labs					
Occupancy Status During Abatement (Check						Street		ss te 22 West	•					
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma X Other – Describe: 6AM-1PM	eriod of al Facilit	Abaten y Hours	nent S			City, S	tate, Z	ip Code w Jersey (>				
Scope of Work (Check All That Apply)							ii, ive	w Jersey (5708					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Mir Glo	ll Containmei ni-Enclosure ovebag Proce n-Exempted	dure				re	
2 175 18		Locati Normal							<u> </u>			Aba	temen ype	t
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	todial Sole (12)	ly by nce/		tos Conf thermal surfa	scription aining M systems cing, VA niscellan	lateria s insula T, or		(S	mount pecify or LF)	Removal	Τ	Encapsulate	Enclosure
	Yes	No	N/A										te	
Exterior Building/Various Locations Exterior Building/Various Locations		X				ransite lk/Glaz				36 SF	X		+	
Exchor Building, Various Ecoations	1						ang					-		
												1		
Name of Registered Waste Hauler Lilich Corporation		H	JDEP W auler ID 3724		Cubic of Was 40			Name of R G.R.O.W			111			
City, State Woodland Park, New Jersey						al Date /13		City, State Morrisvill	e, Pe	ennsvlva	ania			
Completed by Tatiana Kalenikova	Title Vice	Presi	dent		s	ignature Ta	1.a	nth	-		Date 08/09/	13		

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Federal No		tos Ahat	ement (Pur	suant	to NJAC 8:60-7 and 12:120	A E C E	U.	V I		
Date of Notification	dification of Asbes	Name	of Building	Owne	r/Operator					111
0 8 2 7	7 1 3	Merch	Sharp & Do	ohme	Corp.		0.0	012 -		
	of Notification		Address		ļ i.	AUG S	0 2	013		
USEPA X DEP	Initial Notification	556 N	IORRIS AVE	INUE						
X DCA/DOL X	Amended 2		State, Zip Co			ASDES103	CONT	ROL	&	
х рон	Cancellation	Sumn	nit, NJ 0790)1	L	LIGE	USPUC	2		
		Name	of Contact			Telephone Numbe	er		1101	
						ļ	~			
		EACII	Ruta	MATIC	N .	<u> </u>				
Name of Facility Where Abate	ement is Taking Pla			T	Type of Facility					
					() School (K-12)() Sub-Chapter 8 (Other the second se	an K-12)				
MERCK - Building S 5 Street Address				1	(X) Other (i.e. private & Co					
					buildings, homes, etc.)	# Floor		A	of Bldg.	
556 MORRIS AVENUE	County	County	Code	ISF 0	f Bldg. 1000	2,0%, 12,382043 (34767) S			50+	
City		State us		Curre	ent Use (prior if being demolis					
SUMMIT, NJ	UNION	<u> </u>	ASCM No.	Nam	e of Abatment Contractor				-	
Name of Monitoring Firm Hire	a by building Owne	21	ASCIVI NO.	van	o or rubatiment oontractor					
AERO ENVIRONMENTAL				and the second second	CONSULTING CORP.			-		
Street Address				Stree	et Address					
275 ROUTE 10 E. SUITE 220)-306				STANLEY TERRACE				_	
City, State, Zip Code				City,	State, Zip Code					
SUCCASUNNA, NJ 07876					ON, NJ 07083					
Project Manager for Monitorin	ng Firm	Telephone	e No.	Tele	phone Number	License Number				
TO BE DETERMINED	тов		RMINED	908-	687-1008	00575	5			
Scheduled Start Date	Scheduled Comp			Nam	e of OSHA Monitor					
8 30 201	3 8 29	2013	0	EMS	LANALYTICAL					
Month Day Year	Month Day	Year			et Address					
Occupancy Status During Ab	atement (Check Or	ily One)	tomont	307	WEST 38TH STREET					
E 111 OL 10/ 1			lement		State, Zip Code					
Facility Closed/Vacated				1 5						
Abatement Outside Nor X Describe: 4:00PM TO	rmal Facility Hours				INODE NY 10110					
Abatement Outside Nor	rmal Facility Hours			NEV	V YORK, NY 10118					
Abatement Outside Nor X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C	rmal Facility Hours 4:00AM		Abatement	t Meth	od			1. er - e 3		
Abatement Outside Nor X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition	rmal Facility Hours 4:00AM		Abatement	t Meth Full	od Containment with Negative P	ressure				2-101 - H-101 10
Abatement Outside Not X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition X >3sf or >3lf	rmal Facility Hours 4:00AM		Abatement X	t Meth Full Mini- Glov	od Containment with Negative P Enclosure rebag Procedure	ressure				5.4 <u>.9</u> - 100 113
Abatement Outside Nor X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition	rmal Facility Hours 4:00AM		x	t Meth Full Mini- Glov Non-	od Containment with Negative P Enclosure rebag Procedure Friable Procedure		Ahat	ement	Туре	
Abatement Outside Not X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition X >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation	rmal Facility Hours 4:00AM		X ion Normally	t Meth Full Mini- Glov Non-	od Containment with Negative P Enclosure rebag Procedure	Amount to be Removed		ement		
Abatement Outside Not X Describe: 4:00PM TO Other - Describe:	rmal Facility Hours 4:00AM	Used by Yes	X ion Normally Custodial S	t Meth Full Mini- Glov Non- Staff	od Containment with Negative P Enclosure Priable Procedure Friable Procedure Describtion of ACM to be Removed	Amount to be Removed (Specify SF/LF)	Rem.	ement Rep.		Encl.
Abatement Outside Nor X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition X >3sf or >3If ≥ 160sf or ≥ 260If Renovation	rmal Facility Hours 4:00AM	Used by	X ion Normally Custodial S	t Meth Full Mini- Glov Non- Staff	od Containment with Negative P Enclosure Priable Procedure Friable Procedure Describtion of ACM to be	Amount to be Removed				Encl.
Abatement Outside Not X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition X >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation Location of ACM Facility	rmal Facility Hours 4:00AM	Used by Yes	X ion Normally Custodial S	t Meth Full Mini- Glov Non- Staff	od Containment with Negative P Enclosure Priable Procedure Friable Procedure Describtion of ACM to be Removed	Amount to be Removed (Specify SF/LF)	Rem.			Encl.
Abatement Outside Not X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition X >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation Location of ACM Facility	rmal Facility Hours 4:00AM	Used by Yes	X ion Normally Custodial S	t Meth Full Mini- Glov Non- Staff	od Containment with Negative P Enclosure Priable Procedure Friable Procedure Describtion of ACM to be Removed	Amount to be Removed (Specify SF/LF)	Rem.			Encl.
Abatement Outside Not X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition X >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation Location of ACM Facility	rmal Facility Hours 4:00AM	Used by Yes	X ion Normally Custodial S	t Meth Full Mini- Glov Non- Staff	od Containment with Negative P Enclosure Priable Procedure Friable Procedure Describtion of ACM to be Removed	Amount to be Removed (Specify SF/LF)	Rem.			Encl.
Abatement Outside Not X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition X >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation Location of ACM Facility Basement Area	rmal Facility Hours 4:00AM Dne)	Used by Yes X	X ion Normally Custodial S	t Meth Full Mini- Glov Non- Staff N/A	od Containment with Negative P Enclosure rebag Procedure Friable Procedure Describtion of ACM to be Removed Pipe Insulation	Amount to be Removed (Specify SF/LF) 40LF	Rem. X	Rep.	Enc.	Encl.
Abatement Outside Not X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition X >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation Location of ACM Facility Basement Area Name of Registered Waste H Clean Harbors Env.Services,	rmal Facility Hours 4:00AM Dne)	Used by Yes X	X Custodial S NO P Waste ID PE 16666	t Meth Full Mini- Glov Non- Staff N/A	od Containment with Negative P Enclosure rebag Procedure Friable Procedure Describtion of ACM to be Removed Pipe Insulation Cubic Yds waste	Amount to be Removed (Specify SF/LF) 40LF Name of Register 5 Clean Harbors Lo	Rem. X	Rep.	Enc.	Encl.
Abatement Outside Not X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition X >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation Location of ACM Facility Basement Area Name of Registered Waste H Clean Harbors Env.Services, City, State	rmal Facility Hours 4:00AM Dne)	Used by Yes X NJDE NJDE Dispo	X Custodial S NO	t Meth Full Mini- Glov Non- Staff N/A	od Containment with Negative P Enclosure ebag Procedure Friable Procedure Describtion of ACM to be Removed Pipe Insulation Cubic Yds waste City, State of Registered Lai	Amount to be Removed (Specify SF/LF) 40LF Name of Register 5 Clean Harbors Lo	Rem. X	Rep.	Enc.	Encl.
Abatement Outside Nor X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition X >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation Location of ACM Facility Basement Area Name of Registered Waste H Clean Harbors Env.Services, City, State Norwell, MA	rmal Facility Hours 4:00AM Dne) lauler Inc.	Used by Yes X	X Custodial S NO P Waste ID PE 16666	t Meth Full Mini- Glov Non- Staff N/A	od Containment with Negative P Enclosure ebag Procedure Friable Procedure Describtion of ACM to be Removed Pipe Insulation Cubic Yds waste City, State of Registered La Waynoka, Oklahoma	Amount to be Removed (Specify SF/LF) 40LF 40LF Name of Register 5 Clean Harbors Londfill	Rem. X	Rep.	Enc.	
Abatement Outside Not X Describe: 4:00PM TO Other - Describe: Scope of Work (Checl Only C Demolition X >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation Location of ACM Facility Basement Area Name of Registered Waste H Clean Harbors Env.Services, City, State	rmal Facility Hours 4:00AM Dne) lauler Inc.	Used by Yes X NJDE NJDE Dispo TBD	X Custodial S NO P Waste ID PE 16666	t Meth Full Mini- Glov Non- Staff N/A	od Containment with Negative P Enclosure ebag Procedure Friable Procedure Describtion of ACM to be Removed Pipe Insulation Cubic Yds waste City, State of Registered Lai Waynoka, Oklahoma Signature	Amount to be Removed (Specify SF/LF) 40LF 40LF Name of Register 5 Clean Harbors Londfill	Rem. X	Rep.	Enc.	

State of New Jersey APPROVED TOM VOORHEES, NJPOL ON OF ASBESTOS ABATEMENT

NOTIFICATION	OF	ASBES	STOS	ABA	TEME
(Pursuant	t to	NJAC 8	8:60 a	nd 5:	16)

				(Pı	ırsuan	t to NJA	C 8:60 and 5:16	s) (·	2# 2491	
Date of Notification (1)					Name	of Building	Owner/Operator (2			
8 /	26 /	13			Sta	te of NJ I	Department of C	orrections	ECEL	
Agencies Notified	Type Notific	cation			Street	Address				
EPA	🛛 Initial				500	Ward Av	/e	lin):		
DOLWD	Amende				City, S	State, Zip C	ode		AUG 3 0	2013
	Amendn				Bor	dentown	NJ 08505			
(NJAC 5:23-8)	justificat		adding		Name	of Contact	l en	1 4	Telephone Numb	erR
	Cancella	ation			Joh	n Gibers	on			
					FAG	CILITY IN	FORMATION		and the second	
Name of Facility Where A		Taking	Place	(3)				Type of Facility (4)	
Albert Wagner Cor	rectional							School (K-12)	Other than K-12)	
Street Address								Other (i.e., priv		
500 Ward Ave								homes, etc.)		
City (5)								Square Feet 20000	# of Floors	Bldg. Age 40+
Bordentown					Cour	ty Code /7	VETATE LISE ONI V	Current Use (Prio	_	
County (6) Burlington					Cour	ity Code (/)(STATE USE ONLY)	Surrent Use (Pflo	in being demolis	icu)
Name of Monitoring Firm	Hired by Bui	ilding ()wner /	8)	ASCM	No	Name of Abatem	ent Contractor (9)		
Environmental Cor		liaing c	Which (.,	71001	110.	The second se	VIRONMENTAL,	INC.	
Street Address							Street Address			
120 N Warren Stree	et						1123 BEAVE	R STREET		
City, State, Zip Code							City, State, Zip C	ode		
Trenton, NJ 08608							BRISTOL, PA			
Project Manager for Mon	itoring Firm		1	Tel	ephone	No.	Telephone No.		License No.	
Domininck Dercole				6	09-392	-4200	215-788-6040		00509	
Start Date (10)		Sched	uled C	omple	etion Da	ite (11)	Name of OSHA M	lonitor		
8 /27 /	13		<u> </u>	2	7 /	13	BRISTOL EN	VIRONMENTAL,	, INC.	
Occupancy Status During	Abatement	(Check	c only c	one)			Street Address			
Facility Closed/Vacate							1123 BEAVE	R STREET		
Abatement Performed Time of Abatement: <u>7</u>						scribe	City, State, Zip C			
		<u>/ ww</u>		IVI			BRISTOL, PA	19007		
Scope of Work (Check al	I that apply)							tainment with Nega	tive Pressure	
			🖾 Re				Mini-End	losure		
□ ≥160 sf or ≥260 lf			🗌 De	molit	ion			g Procedure empted (*) and Non-	-Friable Procedur	م
			Is	Loca	ation	1			- Hable T Toocda	Abatement Type
Location	of		1	Norm	ally		Description of	of		
Asbestos-Containing	Material (AC	M)			lely by ance/		stos Containing Ma		Amount	Enclosure Encapsulate Repair Removal
TO BE ABA IN Facil					Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova
(13)				(12	1	-	other miscellane		,	late
			Yes	No	N/A					
Storage Closet				\boxtimes		Pipe In	sulation		6 LF	
							1			
				_	-					
Name of Registered Was	to Hauler					Wasta	Cubic Yards of	Name of Regist	ered Landfill	
Service Transport					Hauler I		Waste	Minerva La		
	croup inc.				2099	0	1 Disposed Data			
City, State New Castle, DE							Disposal Date 8/27/13	City, State Waynesbur	a OH	
									/ Da	to
Completed By (Print or T	уре)	Title	e stima	tor			Signature	Kunin		126/13
Gino Pizzigoni			suna	101			Jeno ,	Typyon	1	100/10
ASB-41 MAY 11 GI 13 KS	52	•	Do not	use	this forn	n for asbes	tos licensure exem	pted activities.		

orect	2026			"ION	OF AS	ew Jersey BESTOS ABA C 8:60 and 12:					
Date of Notfication (1)				Name		ing Owner/Operato			ETR	1 1	3
8-24 Agency Notified	Type Notification			 	Address	URUB/	euski			<u> </u>	-
GEPA				Sugar			trace 1	n			1
G PEP	-Ounitial Osmonded			City S	itate, Zip	Coda	che h	Durnues	0 201	3	4
DOL.	Amendment #	1				WNE C.F	4 100				1-
DOH	justification)	inand			of Conte	nd		Telephone Num	beritar	1 0	<u> </u>
O DCA	Cancellation			: 1	/	Rich	÷				
Money of F. 199 184				FAC	LITY IN	FORMATION					
Name of Facility When	1	Place (3)				Type of Facilit	ty (4)			
Street Address	EUSKI						School (K-		p.		
78	1/2 Nep	Lus	10	1.1.		7	D'Other (i.e.)	r 8 (Other-than K-12 private 8 commercia) I buildinos		
Chy (5)		1010	21	100	NUL		homes, etc	5.)			
MEDTUM	12 0, 14						Square Feet	# of Finors	Bldg. A		4
County (8)				Count	Code (7) (STATE USE	1800	Prior if being demoli		0	
mermou	oth			ONLY				Prior if being demolis			
Name of Monitoring Fir		wnei	ASC	No	·····	Name of Abates	ment Contractor		<u> </u>		
(8)			1			1 1	iscilat	tion Co	The		
Street Address						Street Address	the second s				
Chy State 74 Cod						195 M	20tos	eRd			
City, State, Zip Code						City, State, Zip	Code	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~		
Project Manager for Mo	ontoring Flam		Telanh	-'ie No.		Taiephone No.	eck, N.	JUTTJ	5		
	Surveying China			- 18 NU.		123) 7 GU	1752	License No.	0	10.0007.000	
Start Date (10)	Schedule	Compl	otion D			Name of OSHA	Monitor	10002	1		
9- 10-1	3 Scheduled	14-1	13			1					
Occupancy Status Duri	ng Abatement (Check	only on	e)			Street Address		· ·			
A Facility Closed/Vaca	ted During Entire Perio	od of Ab	elemen	h					84		
D Abatement Performe D Other - Describe:	1 Outside of Normal F	acility H	PM			City, State, Zip (Code		and the second second second		
Scope of Work (Check			1			L					
□ ≥ 3 sfor ≥ 3 if © ≥ 160 sfor ≥ 260 if				O Ren 8-Can	ovation	U Mini- U Giav	-Enclosure ebag Procedure	n Negative Pressure			
		T	Is Local		<u> </u>	(STNon-	-Exempted (*) an	nd Non-Frieble Proce	station of the local division of the local d	buter	
lact	ton of		Norme	liv				•	Ľ	Typ	
Asbestos-Containi	ng Material (ACM)		antena		Asbe	Description stos Containing M	sterist (ACM)	Account			-
TO BE A	ABATED		Custor		(i.e	., thermal systems surfacing, VA1	insulation.	(Specify	Re	Repair	ncapsulat
(1	3)		(12)			other miscellane	ecus)	SF or LF)	Removal	pai	DSU
		Yes	No	N/A					12		eie
cutoo	als	1	1	1		SIDING		1800 4	5-0	H	
				1		wid	INAT	1.0001		++	-+
										††-	-
Name of Registered Wa	ate blevil	1.		1		Y 710					+
		110	JDEP \ No.	laste H	auler	Cubic Yards of Waste	Name of Regi	stored Landlik		•	-
ACCINSUL Colts No Conspleted by	Afren Co	1	20	86		3	C	Cales C			
City. State	a:11 4.1		.,1			Disposa! Date	City, State	eous cytown	~		
COLTS NO	CK NUS					9-17-13	Juli.	cytown ,	PA		
CERSE C 11	ulsi PRO	ser a	<i>E</i>	-		Signature	1	<i>c</i> c	8-2	~~~~	
		×12	2.10	1000	1	1 1159 1201	Ca dillaga	2	7.7	Y-1	2

* Emergency	K	IOTIFIC	Sta CATION	te of New OF ASBE	Jerse	y ABATEI	WENT	248 26					Prin	nt Fo
Date of Notification (1) 8/26/13		(Pu	rsuant f	Building O Quinlan	wner/	Operator	(2)		3532		F			
Agencies Notified Type Notification		4	Street Ad 40 Rot	pert				: AU	3 0 201	3	IJ	丌		
DEP Amended X DOL Amendment Emergency				te, Zip Cod awkin N.)50	The second second	49,36 ()		01.8				
DOH DCA DCA DCA			Name of Robert	Contact				L	Jah-L	2				
Name of Facility Where Abatement is Takir Robert Quinlan Private Home	ng Place (3)	FACII	LITY INFO	RMAT	10N	Туре	of Facility (4)					
Street Address 40 Robert									2) 8 (Other than I private & comm		uildii	ngs, I	home	s,
City (5) Manahawkin NJ 08050								re Feet	# of Floors 1		Blo 35	lg. Aq +	ge	
County (6) Ocean				Code (7) JSE ONLY)			Curre Horn		or if being dem	olished)	[
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	1 No.			of Aba aco Ir	tement Cor	ntractor (9)			•		
Street Address							Addres Box 32							
City, State, Zip Code								ip Code in NJ 080	91					
Project Manager for Monitoring Firm			Telepho	ne No.			none N 753-9		Licens 0072					
Start Date (10) 8/26/13	Schedule 8/29/13		pletion I	Date (11)		Name Sam		HA Monitor						
Occupancy Status During Abatement (Che						Street	Addres	SS						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:						City, S	State, Z	ip Code						-
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(enovat)emoliti		÷			Mir Glo	ni-Enclosur ovebag Pro					9	
		Locatio											ment	-
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	d Solel intenar todial S (12)	ly by nce/	Asbesto (i.e. 1	os Co therma surf	escription ntaining I al system facing, VA miscella	Materia is insula \T, or	ation,	Amount (Specify SF or LF)	Actional	Demoval	Repair	Encapsulate	Enclosure
Through out	Yes	No	N/A X			-loor Ti	le		700 SF	x	-	_	fē	
											_			
Name of Registered Waste Hauler United Containers	L	Н] JDEP W auler ID 2459	1045 Star 1 (2017)		ic Yards /aste		Name of G.R.O.	Registered Lar W.S.	ndfill				L
City, State Elm NJ					Disp 8/29	osal Date 9/13	9	City, Sta Morrisv	te ville PA 1906	57				
Completed by Anthony T Perna	Title Preis	dent		I		Signatur		2		Date 8/26/	/13			

S.J.	ĩ	N		CATION	te of New Je OF ASBEST o NJAC 8:60	OS ABATE		$\overline{\mathbb{D}}$	ECE	7 []	V	E.		
Date of Notification (1) 8/28/13					Building Own yffer Privat		(2)		ALIC 2/	0 00				T
Agencies Notified	Type Notification		ľ		Burgee Driv	ve		2	AUC JI	J 20	13		9	
DEP X DOL	Amended Amendment				e, Zip Code ton NJ 080	87		Ê.	Satisfied 5 License		POL	&		
	Emergency (justification) Cancellation	including	1.00	Name of Mary	Contact				T-l-nhana	Numb	or			
				FACIL	ITY INFORM	ATION			1			- <u>R</u>		
Name of Facility Where Mary Pyffer Private		g Place (3))					of Facility (School (K-1	100					
Street Address 128 N Burgee Drive	e .							Subchapter	8 (Other than H private & comme	K-12) ercial l	build	ings,	home	es,
City (5) Tuckerton NJ 0808	7							re Feet	# of Floors 1		1.2.2	dg. A 5+	ge	
County (6) Ocean				County C (STATE U	code (7) SE ONLY)		Curre Hom		or if being demo	olished	d)			. t
Name of Monitoring Firm N/A	n Hired by Building (Owner (8)		ASCM	No.		of Abat aco Ir	tement Cor	ntractor (9)					
Street Address							Addres							
City, State, Zip Code								ip Code n NJ 080	91					
Project Manager for Mon	nitoring Firm			Telephor	ne No.		hone No 753-9		Licens 0072					
Start Date (10) 9/9/13		Schedule 9/13/13		npletion [Date (11)	Name		A Monitor						
Cocupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I ned Outside of Norn	Period of A	batem	nent	× 1		Addres	ip Code						
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enova emolit				Mir Glo	ni-Enclosure ovebag Proc					e	
			Locati Iormal		9 9								emen pe	t
Locatio Asbestos-Containing <u>TO BE AB</u> In Fac	g Material (ACM) <u>BATED</u> ility	Use Mai	d Sole intenar odial S (12)	ely by nce/	(i.e. thei s	Description Containing I rmal system urfacing, V/ ner miscella	Material is insula AT, or		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
(13)				N/A									te	œ
(13)		Yes	No						1000 000	- TO	60 T			1
(13) Exterior	Siding	Yes	NO	x	E	Exterior S			1200 SF		x			-
(13)	Siding	Yes	NO		E	Exterior S			1200 SF 600 SF		x x			
(13) Exterior through	Siding n out	Yes	NO		E				600 SF		-			
(13) Exterior	Siding n out	Yes	N		'aste C			Name of G.R.O.	600 SF Registered Lar		-			
(13) Exterior through Name of Registered Wa	Siding n out	Yes	N	X NJDEP W Hauler ID	aste Cl No. of 3 Di	Floor Ti	le	G.R.O. City, Stat	600 SF Registered Lar W.S.	ndfill	-			

8

Street, State	50 P.S.	1. 1. 1. 1.	1000	APRCT	1000
				orr	

-25	280			Sta	ate of Nev	w Jersey							10000		
5.					OF ASB			ENT			<u> </u>	W		M	
Date of Notification (1) 8/28/13					Building Colitsas					A 117	3 0	2012		Uİ	
Agencies Notified	Type Notification		1.22	Street A 6 Hunt	ddress ley Driv	e		l.			<u> 1 .</u>	<u>(UI)</u>	1	Ð	-
EPA DEP DOL	Amended Amendment				te, Zip Co Vindsor		50		e.S.	2 2 1 1		inact S	- &		in the second se
DOH DCA	Emergency justification)			Name of Maya	Contact			-	1	LTek	enhone Ni	mhor	ð		-
				1.122	LITY INFO	ORMATIC	DN .			-			-		-
Name of Facility Where Maya Colitsas Priva	Abatement is Takir ate Home	ng Place (3	3)				1		acility (4) ool (K-12)				10-1945 		
Street Address 6 Huntley Drive	e.			0.000				Sub X Othe	chapter 8 er (i.e. priv	(Oth	er than K-1 & commerce	2) cial buil	dings,	hom	1
City (5) West Windsor NJ (8550							<u>etc.)</u> Square F 1000+		# of	f Floors		81dg. A	ge	-
County (6) Ocean	12.0			County ((STATE (Code (7) JSE ONLY)	0		Jse (Prior	-	ng demolis	-		•	
Name of Monitoring Firm	Hired by Building	Owner (8))	ASCN	1 No.		100	fAbatem	ent Contr	actor	(9)			•	
Street Address Mercer				I			Street A	ddress							-
City, State, Zip Code							City, Sta	ite, Zip C	ode JJ 0809						-
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Telephor	ne No.			License	No.			
Start Date (10)				npletion	Date (11)		Name of				00727				-
9/10/13 Occupancy Status Durin	a Abatamant (O)	9/13/1					Same								
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of	Abatem	nent i			Street A		ode				0.011		
Scope of Work (Check A	I That Apply)														-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				X	Mini-Ei Gloveb	nclosure bag Proce	dure	n Negative d Non-Fria			ē	
1	<i>.</i>		s Locati										Abat	emen	1
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci	Material (ACM) <u>ATED</u> lity	Use	Normal ed Sole aintenar stodial S (12)	ly by nce/		tos Conta thermal s surfac	systems i ing, VAT,	iterial (A) insulation , or		(5	mount Specify F or LF)	Remova	Repair	e Encapsulate	
(13)		Yes	No	N/A		other m	iscellane	ous)				oval	air	ulate	
Living R	oom			x		Flo	oor Tile			4(00 SF	x			
		-													
Name of Registered Wa	ste Hauler			JDEP W	/aste	Cubic	Yards	N	ame of R	eaiste	ered Landfi	0			1
United Containers			н	lauler ID 2459		of Was 2		1.00	a.R.O.W	25 9 - 200					
City, State Elm NJ						Dispos 9/13/1			ity, State Iorrisvill	le PA	A 19067				
Completed by		Title				Si	gnature	<u>\</u>				ate			-

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355~		N		ATION C	e of New Jo OF ASBEST NJAC 8:6	TOS AB		NT	1.5	Ĉ		Ø €	5	\mathbb{N}
Date of Notification (1) 8/28/13			N A	lame of E Andrea	Building Ow Daniels F	ner/Ope Private	erator (2) Home		A	UG 3	3 0 20	13	IJ	İ
Agencies Notified Type Not				treet Add	dress est Ave									
tered and the second se	ai ended endment #				e, Zip Code NJ 0800			Ĺ,	F1636 -		anan Delan	175 Å		
X DOHjust	ergency (ind ification) ncellation	cluding	N	lame of (Andrea	Contact					Tele	<u>pho</u> ne Ni	umher	i	
Name of Facility Where Abatement	t is Taking F	Place (3)		FACIL	ITY INFOR	MATION		vpe of	Facility (4	+)		141.10		e la la la la la la la la la la la la la
Andrea Daniels Private Hor Street Address 5011 West Ave] Scl	hool (K-12 bchapter i her (i.e. pr	2) 8 (Othe	r than K- commer	12) cial buil	dings,	hom
City (5) Holgate NJ 08008			- 10.7					quare 000+	Feet	# of 1	Floors	10.008	8ldg. A 5+	ge
County (6) Ocean	in .		0	County C STATE U	ode (7) SE ONLY)		1.	Current Home	Use (Prio	or if beir	ng demoli	ished)	1.5	1
Name of Monitoring Firm Hired by N/A	Building Ov	vner (8)		ASCM	No.		Name of Pernac		ment Con	tractor	(9)			
Street Address							Street Ac PO Bo)					
City, State, Zip Code							City, Stat West E		Code NJ 080	91				
Project Manager for Monitoring Fir	m			Telephon	e No.		Telephor 856-75		00		License 00727			
Start Date (10) 9/9/13		Schedule 9/13/13		pletion [Date (11)		Name of Same		Monitor					
Cocupancy Status During Abatem Facility Closed/Vacated Durin Abatement Performed Outsic Other – Describe:	ng Entire Pe de of Norma	eriod of A	batem	ent			Street Ac							
Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	yply)		Renova Demolit				×	Mini- Glov	Containme Enclosure ebag Prod Exempted	e cedure				re
	Ŷ		Locati											teme ype
Location of Asbestos-Containing Material <u>TO BE ABATED</u> In Facility (13)	(ACM)	Use Ma	ed Sole intenar todial S (12)	ly by nce/	(i.e. tl	es Conta hermal s surfaci	cription of ining Ma systems ing, VAT iscellane	aterial (insulati , or		(\$	mount Specify F or LF)	Removal	Repair	Encapsulate
Exterior Siding		Yes	No	N/A		Exter	ior Sidi	ina		8	00 SF	x	-	-
Extends ording														
Name of Registered Waste Haule	er			JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Lan	dfill		
United Containers				lauler ID 2459	No.	of Was 2			G.R.O.					
						Dispos	al Date		City, Sta	te				
City, State Elm NJ						9/13/1			Morris	ville P.	A 1906	7		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

71										
Date of Notification (1) September 10, 201	12		Name of Build		erator (2) Waste & Recycl	ing, Inc 🗄 🜔 🕇	Į į	Br	個	2
[] DEP [] Ameni [x] DOL Ameni [x] DOH [x] Emerg	Notification ded Notification dment # gency (including		Street Address City, State, Zij Name of Cont.	P O E Code Sprin	ox 188 g Lake, NJ 07762	-	-	2013	L &	Ш Д
[] DCA [] Cance				chard Hyde						
		FAC	CILITY INFO	RMATION						
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility ([]	4) School (k-12) Subchapter 8 (ot	her tha	n k12)		
Street Address 280 E. Virginia Av	enue				[x]	Other (i.e., privat homes, etc.)	_		ial buil	dings,
City	County (6)		County Code ((STATE USE (Square feet 2500 sf	# of Floors 1		g. Age 6	0	
Manasquan	Monmouth				Resid	or if being demolished lence	.)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No.	Name o	f Abatement Contrac Guar	tor (9) dian Contracting,	Inc.			
Street Address				Street A	1889	Route 9, Unit 61				
City, State, Zip Code				City, St	ate, Zip Code Tom	s River, New Jers			271	
Project Manager for Monitoring Firm	Telephor	ne Number			one Number 49-9932	License N 00624	lumber		201720-3	
Scheduled Start Date (10) 8/27/13	Schedule 8/28	2007-201-201-2	tion Date (11)	Name o	f OSHA Monitor E.M.	S.L. Analytical				
Occupancy Status Duing Abatement (Check o [x] Facility Closed/Vacated [] Abatement Performed 0	d During Entire P			Street A City, St	1056 ate, Zip Code	Stelton Road				
[] Other – Describe				-		itaway, New Jerse		354		
Scope of Work (Check all that apply) $\begin{bmatrix} \\ \\ \\ \end{bmatrix} >3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} x \\ \\ \\ \\ \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	[] [x]	Renov Demol		[[[x] Mini-Enclosur] Glovebag Pro			ure		
	[*]	Demoi		[*				tement	Туре	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Locat Normally Solely Maintenance/ Staff (12) YES NO	used by Custodial		Descripti Asbestos-Co Material ((i.e., therma insulation, s VAT, other miscel	ntaining ACM) I systems urfacing, 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 s	siding		2300 sf	X			
							-			
			TDN LOT	Vol Cur	ata Name - CD	istered Landfill		1		L
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP W	20223		ic Yards of Wa	T.R.R.F.					
City, State Toms River, New Jersey		Dispo 8/29	osal Date	City, S Tully	state town, Pennsylva	nia				
Completed by (Print or Type) Nicholas Fernicola	Title Project Mana		Signature	i cha	11	j	Date 8/2	e 7/201	3	

Date of Notification (1)				Name	of Buildi	ng Owner/Operato	vr (2)	11010	<u> </u>			_
8-27-13				C. C. C. C. C. C. C. C. C. C. C. C. C. C		nagement C		DE	⁶ E	<u>[]</u>	/ 1	F
Agency Notified	Type Notification				t Address							-
	X Initial			975	US H	lighway 22	West	1		55		
				City,	State, Zip	Code		IA LL	JG 30	20	13	
XI DOL	Amendment #			Noi	th Pl	ainfield,	NJ 07060		00 0 0	20	10	
X DOH	 Emergency (inc justification) 	luding			of Conta			Telephone	1			100
	Cancellation			Gei	ry 0'	Brien				1471	ROL	8
				FAC	ILITY IN	FORMATION			1	.1		
Name of Facility Where A			3)				Type of Facili	ty (4)				_
Twin City Shop	oping Cente	r					School (K-	12)				
Street Address						1) 1)	Subchapte	r 8 (Other than K-				
2-36 Garfield	Avenue						Dother (i.e. homes, etc.	private & commer	cial building	s,		
City (5)							Square Feet	# of Floors	Bldg. A	ge		
Jersey City							98,500	1	53 y	rs.		
County (6)				Count	y Code (7	7) (STATE USE	Current Use (Prior if being dem	olished)			
Hudson				ONLY		96 80	exterior					
ame of Monitoring Firm H	lired by Building O	wner	ASC	M No.		Name of Abater	nent Contractor	(9)				
^{B)} EHS								ental Co.,	Inc.			
treet Address						Street Address		· · · · · · · · · · · · · · · · · · ·		-		-
411 Southgat	e Court, S	uite	Е			923 Haws	Avenue	80. 10				
Sity, State, Zip Code						City, State, Zip	Code					
Mickleton, N	IJ 08056						wn, PA 1	9401				
roject Manager for Monito		1	Telepho	one No.		Telephone No.		License No.				
Jack Carney		8	356-2	224-0	080	610-239-	9920	00398				
tart Date (10)	Scheduled					Name of OSHA				1	2012	_
9-10-13	9-20-	13				Plymouth	n Environ	mental Co.,	Inc.			
ccupancy Status During /	batement (Check	only one	e)			Street Address					0.1.1000	
Facility Closed/Vacated	Durina Entire Perio	d of Aba	atemen	t ·		923 Haws						
Abatement Performed O Other - Describe: WOI	utside of Normal F	acility Ho	ours			City, State, Zip C	Code Dwn, PA 19	2401				
cope of Work (Check all th		UTALE	54			NOLISC	WII, FA I.	9401			223022	
	ar appiy)							h Negative Press	Jre		2	
l ≥ 3 sf or ≥ 3 lf l ≥ 160 sf or ≥ 260 lf	·				ovation nolition		Enclosure ebag Procedure	· · ·				
2 100 51 01 2 200 11		80m - A 1978			, en e e e			nd Non-Friable Pr	ocedure .			
		ls	s Locat	ion							tem Type	
Location			Norma			Description	of	12	F	Т	ype	T
Asbestos-Containing M		110 10 10 80	ed Sole aintena		Asbes	stos Containing Ma	aterial (ACM)	Amount	: .	_	m	1
TO BE ABA			Custod		(i.e.	, thermal systems surfacing, VAT		(Specify SF or LF	<u>/</u>	Remova	Cap	Enclosure
IN Facilit (13)			Staff (12)	· ·		other miscellane		SF OF LF	1	Removal	Encapsulate	- Dour
				1						-	le	a
xterior canopy		Yes	No X	N/A	tran	eito		4,620 SF	×	+	+	+
caropy			-		uai	BICE		-1,020 SF		+		+
										-	+	+
										-	+	+
me of Registered Waste	Hauler	I N.	JDEP V	Vaste H	auler	Cubic Yards of	Name of Reg	istered Landfill		1	1	1
Newark Carting	0.027873	10.000	No	1509		Waste 25	IESI					
				1309			24.36.56.755.7515				t	
y, State						Disposal Date	City, State		29			
Newark, NJ						9-20-13	Bernie	hem, PA				
mpleted by imothy E. Bryar	Title					Signature	11/-	5	Date			
	Vice-P	rocio	ent		1	F	111.1	50	8-27-	13		

ored		N	(Pu	ICATION OF ASBESTOS	12:120-7)			; (VE
ate of Notification (1)				Name of Building Ov HESS CORPORATIO							
8 / 26 /13 gencies Notified Type Notification	n			Street Address 1 HESS PLAZA				AU	IG :	30	2013
EPA Initial Notif	fication	tion #	5	City, State, Zip Code WOODBRIDGE, NEV	V JERSEY 07095		1				
X DOL Cancellation X DOH X On Hold DCA EMERGEN				Name of Contact DAVID CERULO	ſ	Toloch					
DCA EMERGE	NCTIN			FACILITY INFORMAT							
ame of Facility Where Abatement is Tak	ing Pla	ce (3)			Type of Facility School (K-						à
IESS PLAZA					Subchapte	r 8 (Other than Kenning and the second secon	-12) bldg:	s., hor	mes, e	etc.)	ene.
treet Address HESS PLAZA					Square Feet 187,000	# of Floors 13			Bld	g. Age 42	
City (5) County (6			T	County Code (7)	Current Use (Pri		ished))			
VOODBRIDGE MIDDLES lame of Monitoring Firm Hired by Buildin		07 (9)		(STATE USE ONLY) ASCM No.	COMMERCIAL O		(9)			-	
ILLMANN ENVIRONMENTAL	ig Own	ei (0)		17	PAR ENVIRONIN	ENTAL CORPO	RATI	ON			
Street Address		цр. Пр			Street Address 313 SPOOK RO	CKROAD					
600 ROUTE 22					City, State, Zip C	Code		100.78			
UNION, NEW				Mumber .	SUFFERN, NEV Telephone Num		ISO NI	umber	r		
Project Manager for Monitoring Firm	1	Teleph 908-37		Number 44	1 elephone Num 845-369-7500	460	IOC IN	annoel	9		
/IKE NEHLSEN Expected State Date (10)				ion Date (11)	Name of OSHA	Monitor					
7 / 15 / /13		12 /		30 /13	QUALITY ENVIR						
Month Day Year Decupancy Status During Abatement (Chec	Mor k only o	ne)			Street Address				(-
Facility Closed/Vacated During E	Intire P	eriod o	f Aba	tement	1376 ROUTE 9	W					
Abatement Performed Outside o X Other - Describe: Monday -	r Norma Friday (al Facil ôpm - 2	11ty H 2:30 :	ours - Describe: am Sat. 7am-3:30pm	City, State, Zip C						
		1 1 1110 - 11			ainment with Nega	WAPPINGERS	FAL	_S, N	Y 1259	90	
Scope of Work (Check all that apply)	Reno	vation		Mini-Encl		ave r ressure					
>3SF OR LF					Procedure ble Procedure						
X >160 SF OR Location of	lel	ocatio	n T	Description of A			L		Abate	ment T	уре
Asbestos-containing	nom	nally us	sed	Containing Mater	ial (ACM)	Amount	RE	REPAIR			
Material (ACM)	- 23	blely by /Custo		(ie. Thermal sy insulation, surfac		(Specify SF or LF)	REMOVAL	PAIF	CAP	10	
TO BE ABATED in Facility (13)	St	aff (12)	or other miscell			AL	[~	ENCAPSUL	ENCLOSUR	
- 2007 197	Yes	No N	N/A				1	1	1		
1st floor mailroom		×		Floor tile and mastic		3,200 SF	x		_		
1st floor mailroom		X	(Pipe fittings Pipe fittings		50 LF 30 LF	x	-			
1st floor MER	+	×	(Pipe fittings		30 []	Î				
Please note addition to scope:							-	-	-		
Oth floor	+			VAT & Mastic		8,005 SF	x	+	-		
9th floor 9th floor			<u>`</u>	Pipe Fittings		75 LF	x	1		-	
9th floor		þ	ĸ	Joint Compound		7,920 SF	x	-			
9th floor			x	Cove Base Mastic		55 SF	×	+	+	1	
13th floor MER	1	,	x	Pipe Fittings		100 LF	x				
							-	+	-		
							+		1	1	
	1-						1	1		1	
								-	-		
							+	1			
								-	-	-	
	-		_				+-	+-		-	
									1		
	-						1		1		
					Name of Regis	ered Landfill	1	1			
		ED IA/	at-								
Name of Registered Waste Hauler	Haul	EP Wa er ID N	lo.	Cubic Yards of Waste 150	GROWS LANE	FILL					
EXPRESS WASTE LLC	Haul		lo.	150	GROWS LANE	FILL		eone	25		7
Name of Registered Waste Hauler EXPRESS WASTE LLC City, State KEARNEY, NEW JERSEY Completed by (Print or Type)	Haul	er ID N	lo.		GROWS LANE	FILL		0	-1	-1	

				State of New	.lerse	v						
			NO	TIFICATION OF ASBE	STOS	ABATEMENT		100) F	1		वि ।
			(Pursuant to NJAC 8:6		112:120-7) wner/Operator (2)	<u>I</u>	1 15			<u>1</u>
Date of Notification (1)				HESS CORPO			,2)		(i.	
8 / 15 /13				Street Address				In	11	-		
Agencies Notified Type Notifica	tion	-	8-91-12	1 HESS PLAZA					11	AU	IG 3 0 2013	
EPA Initial N	otificatio	en a		City, State, Zip	<u> </u>			14		110		
DEP X Amend	ed Notific		#4			JERSEY 0709	5					
X DOL Cancel							•	1	AS	RE	STOS CONTROL	8
X DOH On Hole	I ENCY N			Name of Conta			Tolonhan	i	6		LICENSING	-
	ENCYN	•		DAVID CERUL	2							1
Name of Facility Where Abatement is T	king Pl	300 /	2)	FACILITY INFO	RMATI					÷		1
there is a sub-	inding Fla	ace (3)			Type of Facilit	y (4)					7
HESS PLAZA						School (K	er 8 (Other than	14 40				
						X Other fie	private & com	ncl bl) dae h	ome	etc.)	
Street Address 1 HESS PLAZA						Square Feet	# of Floors	1	uga., n		Bildg. Age	-
	(0)					187,000	13				42	
City (5) County WOODBRIDGE MIDDLE				County Code (7 (STATE USE ONL	7)	Current Use (P	rior if being den	olishe	ed)		are shown there are	1
Name of Monitoring Firm Hired by Build	ing Ow	ner (S	8)	ASCM		COMMERCIAL						
HILLMANN ENVIRONMENTAL			-1	17		Name of Abate PAR ENVIRON	MENTAL COR	OF (9)	TICAL			1
Street Address	_					Street Address	COR	URA	I UN			-
1600 ROUTE 22						313 SPOOK RC	OCK ROAD					1
City, State, Zip Code UNION, NEV	V JEDCI	EV	7082			City, State, Zip	Code				· · · · · · · · · · · · · · · · · · ·	1
Project Manager for Monitoring Firm				Number		SUFFERN, NE	and the second se					
MIKE NEHLSEN			377-56			Telephone Nurr			Numb	er		
Expected State Date (10)				tion Date (11)		845-369-7500 Name of OSHA	46 Monitor	0				1
7/ 15/ /13		12		30 /13		QUALITY ENVI						1
Month Day Year	Mor	nth		Day Ye	ear		CONTRACTOR OF THE					
Occupancy Status During Abatement (Che Facility Closed/Vacated During	ck only o	one)				Street Address	and a second second second second second second second second second second second second second second second					1
Abatement Performed Outside	of Norm:	enoo al Far	OI AD	alement ours - Decoribe:	1	1376 ROUTE 9	W					
X Other - Describe: Monday	Friday (6pm -	- 2:30	am Sat. 7am-3:30pr		City, State, Zip (ode.	1				4
					1		WAPPINGER	S FAL	LS. N	Y 125	590	1
Scope of Work (Check all that apply)	-10			X Full C	Contair	ment with Nega	tive Pressure					1
>3SF OR LF	Renov	valion	1	Mini-	Enclo,	rocedure						1
X >160 SF OR				Non-	Friable	Procedure						
Location of	Ist	ocati	on	Description		and the second se		T		Abote	amont Tune	1
Asbestos-containing	norm	nally u	ised	Containing M	laterial	(ACM)	Amount	R			ment Type	1
Material (ACM)		dely b	· ·	(ie. Therm	al syst	ems	(Specify	M	면	NC	N	
TO BE ABATED in Facility (13)	Maint	/Cust aff (12		insulation, su			SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
	Yes		NA	or other mis	scelland	eous)		P		Ĩ₽		
								+	+	-	<u><u> </u></u>	1
1st floor mailroom			_	Floor tile and mastic			3,200 SF	x	1	1		1
1st floor mailroom 1st floor MER	+	-		Pipe fittings			50 LF	x				1
	+ $+$	-	X	Pipe fittings			30 LF	x		-		
Please note addition to scope:	+-+		-+	-	-			+	+	-		1
	1-1	-	-					+		-	1	1
9th floor			x	/AT & Mastic			8,005 SF	x	-	+	1	
9th floor		1		Pipe Fittings			75 LF	x	+	1		
9th floor	+ T		_	loint Compound			7,920 SF	x		1		
9th floor	+-+	-	x (Cove Base Mastic			55 SF	x				
13th floor MER	+			N								
	++	-	× -	Pipe Fittings			100 LF	x	-	-		li -
	+ $+$	-+	-+							-	+	
	++	-+	-+						-		<u>├</u>	n i i i i i i i i i i i i i i i i i i i
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Name of Registered Waste Hauler	NJDEP	Was	ste C	ubic Yards of Waste	IN	ame of Register	ed Landfill	1	1	L		
EXPRESS WASTE LLC	Hauler			150		ROWS LANDFI						
City, State	26	5981	_									
KEARNEY, NEW JERSEY				isposal Date	C	DRRISVILLE, P						
Completed by (Print or Type) Title		-		6/03/13-12/30/13 Signature	HM	CINKISVILLE, P			-			
	CTOR O	OFO	PERA	TIONS	1	YXX	Date		5	11	1-12	

								10-0						
г Г					IFICATIO	itate of New Jerse N OF ASBESTOS NJAC 8:60-7 an	ABATEMENT	Γ	n.	E	6	le g	ĮV	
Date of Notification (1)				(Nai	ne of Building O SS CORPORATIO	wner/Operator (2)						
7 / 11 /13					Stre	et Address			1		NUG	-3-	0 2013	-102
Agencies Notified Type Not	ification				1 H	ESS PLAZA			1					
DEP X Am	ial Notific ended N ncellatio	lotific		#3		, State, Zip Code ODBRIDGE, NET		5	1	ASE	EST	OS C CENA	ดิศาสด	1 8
X DOH On	Hold				Nar	ne of Contact		Telephone No	mhhr	-	1, 14	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	24.453	
	ERGEN	CYN	1			VID CERULO				-				
Name of Facility Where Abatement	is Takin	ng Pl	ace (3)	FAC	ILITY INFORMAT	TON Type of Facilit School (K				_			-
HESS PLAZA							Subchapt	er 8 (Other than private & comm	K-12) Icl. bld	as ho	mes	etc.)		
Street Address 1 HESS PLAZA	1						Square Feet 187,000	# of Floors 13		<u>go., no</u>		dg. Ag 42	e	·
	unty (6) DLESE					nty Code (7)	Current Use (P		olishe	d)			19.788	
Name of Monitoring Firm Hired by I			ner (l	3)	(SIA)	ASCM No.	COMMERCIAL Name of Abate	The Circle OCCUPERIS WILLOW AND ADDRESS OF	or (9)					_
HILLMANN ENVIRONMENTAL					_	17	PAR ENVIRON			ION				
Street Address 1600 ROUTE 22							Street Address 313 SPOOK RC	CKROAD						
City, State, Zip Code	10.2	-					City, State, Zip					-		
UNION, Project Manager for Monitoring Firm	, NEW J	ERS	_			•	SUFFERN, NEL						292	
MIKE NEHLSEN			1.100	pnone 377-56	Number		Telephone Num 845-369-7500	iber Lic	ense N	lumbe	r			
Expected State Date (10)	1	Sche			tion Date	(11)	Name of OSHA		·					
7 / 15 / /13 Month Day Year		Ma	12 nth	1	30		QUALITY ENVI	RONMENTAL						
Occupancy Status During Abatement	(Check d	only	one)		Day	Year	Street Address							_
Facility Closed/Vacated Du Abatement Performed Out	uring Ent side of N	tire F	eriod	of Aba	atement lours - De	scribe:	1376 ROUTE 9	w						
	nday - Fr						City, State, Zip	Code						-
Scope of Work (Check all that apply)						X Full Conta	 inment with Nega	WAPPINGER	S FAL	LS, N	r 1259	90		
Demolition	XF	Reno	vatior	1		Mini-Enclo	×,	auve Pressure						
>3SF OR LF X >160 SF OR							Procedure							
Location of	T	Is	Locat	ion		Description of As	le Procedure	r			Abota	mont 7		
Asbestos-containing			nally		(Containing Materia		Amount	70	12 Í		ment 1	уре	1
Material (ACM)			olely I			(ie. Thermal sys		(Specify	EMO	REPAIR	NQ	NCL		
TO BE ABATED in Facility (13)	1		t/Cust taff (1	todial 2)	1	nsulation, surfacion or other miscella		SF or LF)	REMOVAL	R	ENCAPSUL	ENCLOSUR		
	Ň	fes		N/A			neousy		-		F	R		
1st floor mailroom				x	Elect tile	and mastic		0.000.05	_					
1st floor mailroom		-	-	x	Pipe fitting	IS IS		3,200 SF 50 LF	x					
1st floor MER					Pipe fitting			30 LF	x			1		
Please note addition to scope:					1		•14							
rease note addition to scope.		-								+				_
9th floor				x	VAT & Ma	stic		8,005 SF	x	+		+		-
9th floor 9th floor		_		_	Pipe Fittin	A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O		75 LF	x					
9th floor					Joint Com Cove Base			7,920 SF	x					
				<u> </u>	COVE Dasi	ANASTIC		55 SF	x			-		
13th floor MER				x	Pipe Fittin	gs		100 LF	x					-
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Name of Registered Waste Hauler EXPRESS WASTE LLC		laule	P Wa r ID N 6981	lo.	Cubic Yan	ts of Waste 150	Name of Registe GROWS LANDF							-
City, State				1	Disposal D		City, State			71,000				-
KEARNEY, NEW JERSEY Completed by (Print or Type)	Title			0	06/03/13-1		MORRISVILLE, F						1	
BENJAMIN SANCHEZ		TOR	OF	DPER/	ATIONS	Signature	6	Date	3	1	2/	111	13	

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				(Pi		NJAC 8:60-7 and e of Building On									
Date of Notification (1)						CORPORATIO				20		1220	a 130		
	13				Stree	t Address				1	10G	3	0 20	13	TU
o , <u></u>	otification				1 HE	SS PLAZA			1				-		
	nitial Notific Amended N Cancellatior	otifica	tion #	\$2		State, Zip Code DBRIDGE, NEV	N JEI	RSEY 07095		ASE	EST EST	16 (16 (TMC DNT	ROL &	٤
X DOH X	On Hold					e of Contact		I	Telephone:Num	bars					
	MERGEN	CYN				D CERULO	ION								
Name of Facility Where Abateme	nt is Takin	g Pla	ce (3)		FAGIL		Typ	e of Facility	(4)						
		5						School (K-1	- 18 - 19						
HESS PLAZA						-	x		8 (Other than K rivate & commol		s., hoi	nes. e	etc.)		
Street Address								quare Feet	# of Floors	T			g. Age		
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	County (6) MIDDLESE					ty Code (7) E USE ONLY)		MMERCIAL C		naneu	,				
Name of Monitoring Firm Hired t			er (8))		ASCM No.			ent Contractor		ON				
HILLMANN ENVIRONMENTAL						17	-	R ENVIRONIM	ENTAL CORPO	RATI					-
Street Address 1600 ROUTE 22						1	313	SPOOK ROO							
City, State, Zip Code	ON, NEW J	FDer	Y 07	683				y, State, Zip C FFERN, NEW	ode / YORK 10901						
Project Manager for Monitoring Fin					Number		_	ephone Numb		nse N	umbe	r			
MIKE NEHLSEN				77-56				5-369-7500	460				-		
Expected State Date (10) 6 / 3 /	/13	Sche	d. Co 12		ion Date (30		100000	me of OSHA I IALITY ENVIR							
Month Day Yes	ar	Mor	nth	·	Day	Year									_
Occupancy Status During Abateme Facility Closed/Vacated	ent (Check	only o	ne) oriod	of Ab-	tement			eet Address 76 ROUTE 9 \	N						
Abatement Performed	Outside of Monday - F	Norma	al Fac	ility H	ours - Des	cribe:		y, State, Zip C		SFAL	SN	(1259	90		_
Scope of Work (Check all that app		Reno	vation			X Full Cont Mini-Encl		ent with Nega			20,11	120			
>3SF OR LF						x Glovebag Non-Frial									
X >160 SF OR Location of		le l	ocati			Description of A				T		Abate	ment T	уре	-
Asbestos-containing			nally u			Containing Mater	ial (A	(CM)	Amount	R	盈				
Material (ACM) TO BE ABATED		J	olely t t/Cust		1	(ie. Thermal synattics) (ie. Thermal synattics) (ie. Thermal synattics)			(Specify SF or LF)	REMOVA	REPAIR	ENCAPSUL	ENCLOSUR		
in Facility (13)			laff (1	2)		or other miscell				A	~	SUL	SUF		
		Yes	No	N/A			- 107			+	+	-	1~		
1st floor mailroom				x	Floor tile a	and mastic			3,200 SF	x	1				
1st floor mailroom					Pipe fitting				50 LF 30 LF	x	+	-			_
1st floor MER			-	x	Pipe fitting	gs			30 []	ŕ					
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Name of Registered Waste Haule	er	NJD	EP W	aste	Cubic Ya	rds of Waste	N	ame of Regist	ered Landfill			-			
EXPRESS WASTE LLC			er ID	No.		30	G	ROWS LAND	FILL				The Read Party		
City, State		1	2698	1	Disposal	Date	C	State 0							
KEARNEY, NEW JERSEY						-12/30/13	M	ORDISVILLE,				1-	7,	1	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title		ROF	OPFI	RATIONS	Signature	1	NL	Da	ie	6	0	6/	13	
DENORMALI OFICIEL							0	00	and the second second second second second second second second second second second second second second second		1		T		

Date of Notification (1) 5 / 17 /13 Agencies Notified Type Notifica EPA			(F		NJAC 8:60-7 an ne of Building O			11	E	11.7	15	U W	
5 / 17 /13 Agencies Notified Type Notifica						wher/operator (2		1.		Birth - Street		1	
Agencies Notified Type Notifica								([]					
	lion				et Address ESS PLAZA				۵	UG	3 0) 2013	ΠU
	uon otificatio	n			State, Zip Code		isi			00	3 0	ZUIJ	\neg
	ed Notific		ŧ i			W JERSEY 07095	5	Ĺ,	SPE			างรอกข	
X DOH On Hold	t			10000	ne of Contact		Telephone Nun		<u></u>		18NS		~
	BENCY N				ID CERULO	TON		ĩ					_
Name of Facility Where Abatement is T	aking Pl	ace (3)			Type of Facility							
HESS PLAZA							-12) er 8 (Other than I private & commo		ne hr	mas	ate)		
Street Address 1 HESS PLAZA						Square Feet	# of Floors		ys., no		ldg. Ag	le	-
City (5) County	(6)		-	Cour	nty Code (7)	187,000 Current Use (Pri	13 ior if being demo	lished	d)		42		
WOODBRIDGE MIDDLE Name of Monitoring Firm Hired by Buil		mer (81	(STAT	E USE ONLY) ASCM No.	COMMERCIAL (F (0)		_			_
HILLMANN ENVIRONMENTAL	ang on		~		17	PAR ENVIRON	VIENTAL CORPO		ION				
Street Address 1600 ROUTE 22					2	Street Address 313 SPOOK RC	CK ROAD						
City, State, Zip Code UNION, NE	WIEDO	EVO	7083			City, State, Zip C	Code						
Project Manager for Monitoring Firm	IT JERS			Number		SUFFERN, NEV Telephone Num		nse N	lumbe	er			-
MIKE NEHLSEN	- 10-1-		377-56			845-369-7500	460						
Expected State Date (10) 6 / 3 / /13		12		ion Date (30	j /13	Name of OSHA QUALITY ENVIR							
Month Day Year Occupancy Status During Abatement (Ch		onth one)	-	Day	Year	Street Address		0.000					
Facility Closed/Vacated During Abatement Performed Outside	g Entire A	Period				1376 ROUTE 9	w						
	- Friday				scribe:	City, State, Zip C							-
Scope of Work (Check all that apply)					X Full Cont	ainment with Nega	WAPPINGERS ative Pressure	s fal	LS, N	Y 125	590		
Demolition X	Rend	ovatio	n		Mini-Encl	α,							
X >160 SF OR						Procedure ble Procedure							
Location of Asbestos-containing		Locar maily			Description of As Containing Materi		Amount	-			ement	Туре	
Material (ACM)		solely			(ie. Thermal sy		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR		
TO BE ABATED in Facility (13)		nt/Cus Staff (*	todial	i	nsulation, surfact or other miscella		SF or LF)	OVA	R	APSI	SO.		
	Yes		N/A					<u> </u>		F	R		
1st floor mailroom		+	x	Floor tile a	and mastic		3,200 SF	x	+	-	+		-
1st floor mailroom				Pipe fitting			50 LF	x					
1st floor MER		-	X	Pipe fitting	js		30 LF	x	+	+	+		-
	_									-	1		
		+						+	+	+	+		
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		EP W	aste	Cubic Yar	ds of Waste	Name of Registe		_	1	-			
Name of Registered Waste Hauler													
Name of Registered Waste Hauler		er ID 2698			30	GROWS LAND	FILL						
EXPRESS WASTE LLC				Disposal [Date					_	,		_
EXPRESS WASTE LLC City, State KEARNEY, NEW JERSEY Completed by (Print or Type)		2698	1	06/03/13-1	Date	GROWS LAND		, Ź	=/-	72	-11	2	

					State of New Jerse FIFICATION OF ASBESTOS Pursuant to NJAC 8:60-7 ar	ABATEMENT		2	E	<u>C</u>		N E	
Date of Notification (1)				Name of Building O HESS CORPORATION	wner/Operator (2	2)	初					1
5 /	, 17 /13				Street Address			11		AUG	30	-2013	-
Agencies Notified	Type Notificatio	n			1 HESS PLAZA		10	L.	1	400	50	Loto	
EPA DEP	x Initial Noti				City, State, Zip Code			i					1
X DOL	Amended Cancellati		catior	1	WOODBRIDGE, NE	W JERSEY 07095	5		ASE	E S]	03.13	alsiantoit. Na ha	C.
X DOH DCA					Name of Contact	2	Telephone Nur	ntion				- حدودين - من - مورد م	
	EMERGE	NUT	N		DAVID CERULO FACILITY INFORMAT								_
Name of Facility Wher	e Abatement is Tak	ing P	lace (3)	FACILITY INFORMAT	Type of Facility	y (4)						-
HESS PLAZA						School (K	The second						
HESS FLAZA					.*		er 8 (Other than private & commo		as., ha	omes.	etc.)		
Street Address 1 HESS PLAZA	12					Square Feet	# of Floors	Τ			dg. Age		1
City (5)	County (6	5)			County Code (7)	187,000 Current Use (Pr	13 ior if being demo	lishe	d)		42		-
WOODBRIDGE	MIDDLES	ĒΧ			(STATE USE ONLY)	COMMERCIAL	OFFICE		.,				
Name of Monitoring F HILLMANN ENVIRONM		ng Ov	vner (8)	ASCM No. 17	Name of Abate PAR ENVIRON							7
Street Address						Street Address	ALMIAL CORF	JIVAI			6.000 m		-
1600 ROUTE 22 City, State, Zip Code		•				313 SPOOK RC							4
	UNION, NEW	JERS				City, State, Zip C SUFFERN, NEV							
Project Manager for Mon	nitoring Firm			1. St. 1975	Number	Telephone Num	iber Lice		lumbe	er			1
MIKE NEHLSEN Expected State Date (1	(0)	Sch		-377-5	644 tion Date (11)	845-369-7500 Name of OSHA	460 Monitor	anna.					-
5 /	28 / /13		12	2/	30 /13	QUALITY ENVIR	Standard Contractor Contractor Contractor						
Month Day Occupancy Status Durir			onth one)		Day Year	Street Address							4
Facility Clos	ed/Vacated During E	Intire	Period	t of At	atement	1376 ROUTE 9	w						
X Other - Desc	Performed Outside of cribe: Monday -	r Norn Friday	nal Fa / 6pm	- 2:30	iours - Describe: am	City, State, Zip C	Code						-
Seene of Mark (Cheek						1	WAPPINGER	S FAL	LS, N	Y 125	90		
Scope of Work (Check a Demolition	(Tat apply)	Ren	ovatio	п	X Full Conta Mini-Encle	ainment with Nega	tive Pressure						
>3SF OR LF X >160 SF OR					x Glovebag	Procedure							
Locatio		Is	Loca	tion	Description of As	le Procedure	Г	T		Abata	ment Ty	100	-
Asbestos-co	•	nor	mally	used	Containing Materi	al (ACM)	Amount	교				he	1
Material TO BE AB			solely	by stodial	(ie. Thermal sy insulation, surfaci		(Specify SF or LF)	REMOVAL	REPAIR	ENCAPSU	ENCLOSUR		
in Facilit	y (13)	S	Staff (1	12)	or other miscella			VAL		USc	USC		
		Yes	No	N/A				+	-	<u> </u>			٦
1st floor mailroom				x	Floor tile and mastic		3,200 SF	x					1
1st floor mailroom 1st floor MER		-	-	x	Pipe fittings Pipe fittings		50 LF 30 LF	x	-	-			
				Ê	i ipe intiliga		JULF	x	+	+			-
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Name of Registered Wa	ste Hauler	NJDI		2100207	Cubic Yards of Waste	Name of Registe							1
EXPRESS WASTE LLC	ste Hauler	Hauk	EP Wa er ID I 26981	No.	Cubic Yards of Waste 30	GROWS LANDF							1
EXPRESS WASTE LLC		Hauk	er ID I	No. I	30 Disposal Date	GROWS LANDF	ILL				L		
Name of Registered Wa EXPRESS WASTE LLC Dity, State (EARNEY, NEW JERSE Completed by (Print or T	ΞΥ	Hauk	er ID I	No. I	30		ILL					(12	

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

		NC	PTIFIC.	ATION C suant to	NJAC 8:	STOS A 60 and	BATEN 12:120)	IENT)	C	14	02	$\langle \gamma \rangle$	\mathcal{D}			
Date of Notification (1)					uilding Ov			(2)		D T T	2	7				
8-27-2013			E	Boroug	h of Kea	insby	g		CEL	W_I	EIP	11				
Agencies Notified	Type Notification			treet Add 29 Chu	^{tress} rch Stre	et		<u>L</u>	0 6 0						000	
EPA DEP X DOL	Initial		1.1		, Zip Code			A	UG 30.	2013	jĽ	刘				
X DOL	Amendment # Emergency (in		The second	lame of (0177					ohone N	lumbe	er	-		
DOH DCA	justification)			Joe Gia	e creation and the second second second				ESTOS CO			-	-	1		
DCA	Cancellation				TY INFOR	RMATIC	DN	ASH	LICENSI	VG		-				
Name of Facility Where House for Demo	Abatement is Taking	Place (3)							School (K-12 Subchapter 8)	r than K	-12)				
Street Address								H	Other (i.e. pri	vate &	comme	rcial t	ouildi	ngs, t	omes	5,
33B Bayview Ave.									etc.)		Floors			lg. Ac		
City (5)								Squa	are Feet	# 01	FIOUIS		50			
Keansburg County (6)				County C	ode (7)			Curr	ent Use (Prior	r if beir	ig demo	lished	1)			
Monmouth			(STATE U	SE ONLY)				use		(0)					
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	No.				atement Cont Manageme			ion				
n/a Street Address				11/4			Street				·					
n/a							22 T	roy l	ane							
City, State, Zip Code									Zip Code					8		
n/a							Linc	oln F	Park, NJ 07	035	1.64					
Project Manager for Mo	nitoring Firm			Felephon	e No.		Telep				Licens					
n/a			1	n/a				12 STREPHONES	-7950		0119	3				
Start Date (10)		Schedule		pletion D)ate (11)				SHA Monitor Managmer	t Cor	noratio	'n				
9-16-2013		9-23-2					Street				poratic					-
Occupancy Status Durin									Lane							
× Facility Closed/Vac	cated During Entire P ned Outside of Norm	eriod of A	batem	ent					Zip Code							
Other – Describe:				_					Park, NJ 07	7035						
Scope of Work (Check	All That Apply)															
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova emoliti						ull Containme fini-Enclosure flovebag Proc lon-Exempted	edure			Proc	edure		
		Is	Locati	on									- 3	Abate Ty	ment	
Locatio	on of		lormal d Sole				scriptio					ł	- 1	.,		
Asbestos-Containin <u>TO BE Al</u> In Fac (13	BATED	Ma	intenar todial S (12)	nce/		thermal surfa	taining I system Icing, V/ miscella	ns insu AT, or		(5	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							and Second Sec		_		~	
Utility Rm. Pene	trating through			x		Tran	nsite P	iping		1	5 LF		x		_	
Roo																
	1 V															
New of Decision 1997	esta Haular			JDEP W	aste	Cubic	Yards		Name of	Registe	ered Lar	ndfill				
Name of Registered W. Loznica Managem			H	lauler ID	No.	of Wa TBD	iste		GROW	S La						
City, State	7005					Dispo TBD	sal Dat	е	City, Stat Morrisv		A 190	67				
Lincoln Park, NJ 0	/035	Title				I	Signatu	rea	Moms			Date	e			
Completed by E. Cirovic			retary				EC	7:	414	$ \ge $				013		

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

			M			OF ASBE to NJAC 8					$(\downarrow$	(#	na	210	2		
Date of Notification ((1)					Building C gh of Ke			(2)				00	10	_		
8-27-2013					8	<u> </u>	ansou	irg					0.7		Partie		
Agencies Notified	_	pe Notification			Street A 29 Ch	aaress urch Str	eet			ME	C	EU	\mathbb{W}	E		\mathbb{N}	
EPA DEP	×	Initial Amended			City, Sta	te, Zip Co	de			1-VI					11		
X DOL	Ľ	Amendment	#			burg, N		'34		in):					111		
		Emergency (including			Contact					Altele	phone N	Jumbe	er	1	1	
DOH DCA	Г	justification) Cancellation			Joe G	iannetti											
					and burner with	LITY INFO	ORMATI	ION						1 0		+	-
Name of Facility Wh	ere Aba	tement is Taking	g Place (3	5)					Туре	of Facility (4)	- CALLER					
House for Demo				•					the second second second second second second second second second second second second second second second se	School (K-1							
Street Address		and the second sec								Subchapter		er than K	(-12)				
65 Bayview Ave	2								n	Other (i.e. p				uild	ings,	home	es,
-	θ.			110202022						etc.)	1 #	Floom		DI	da A	20	
City (5)									Squa	re Feet	# 01	Floors			dg. A 0+	ge	
Keansburg															0+		
County (6) Monmouth						Code (7) USE ONLY)) (Hou	ent Use (Pri	or if bei	ng demo	lished)			
monitouni	Circu I II	and hy Duilding (Dumor (0)		ASCN	ANo		Namo	and the second second	itement Cor	tractor	(0)	2000				
Name of Monitoring	FILM HI	rea by Building (Jwner (o)		n/a	INO.		-		lanagem			ion				
Street Address					11/4				Addres			nporad					
n/a								1223303	roy L	200							
								A CONTRACT OF		AND THE REPORT OF THE REPORT O							
City, State, Zip Code	e									ip Code	7005						
n/a										ark, NJ 0	1035						
Project Manager for	Monitor	ring Firm			Telepho	ne No.			hone N			License					
n/a					n/a				-706-7			01193	3				
Start Date (10)					npletion	Date (11)				HA Monitor							
9-16-2013			9-23-2							lanagme	nt Cor	poratio	n				
Occupancy Status D	During A	batement (Chec	k Only Or	ne)				1.150.000	Addres								
		d During Entire F							roy L								
Abatement Per Other – Descrit		Outside of Norm	nal Facility	/ Hours	;					ip Code ark, NJ 0	7035						
Scope of Work (Che	eck All T	hat Apply)															
			Π.		<i>L</i>			Г	Т . е.,	II Oantainn	a a t u dila	Manatin	Draw				
≥3 sf or ≥3 lf ≥160 sf or ≥260) If		Concession of the local division of the loca	Renova Demolit				t		II Containm ni-Enclosure		Negativ	e Pres	ssur	e		
			- 124						Glo	ovebag Prod	cedure						
			-						No	n-Exempted	d (*) and	d Non-Fr	iable I		1000	1	
			Is	Locati	on									1	Abate Ty	ment	
Loc	ation of	(20		Vormal			De	scriptior	n of				+	- 1	i y	pe	
Asbestos-Contai				ed Sole			tos Con					mount		_		Щ	m
	E ABATE Facility	<u>=D</u>	Cus	todial S	Staff?	(I.e.	thermal surfa	cing, VA		ation,		or LF)		en	Re	cap	nclo
	(13)			(12)				niscella			0.	0. 2.)		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A									≝		ate	6
Utility V	Vall Ro	noc			x	Tr	ransite	Wall F	Paneli	ng	2	5 SF	1	X			
													1	İ			
													-	-			
	0.00000				-									-			
Name of Registered	Waste	Hauler	-	N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red I and	dfill				
					auler ID		of Wa			V/225525.5							
Loznica Manage	0	03313	7	TBD			GROW	5 Lar	Idtill								
City, State							Dispo	sal Date	1	City, Stat		1					
Lincoln Park, NJ	0703	5					TBD			Morrisv	ville P/	A 1906	7				
Completed by	2		Title				S	Signatur					Date				
E. Cirovic			Secr	etary				0	.(משתו	5		8-27	7-20	013		

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

		r			to NJAC 8				С	这# O	2)]			
Date of Notification (1) 8-27-2013			1		f Building C gh of Ke			2)							
Agencies Notified	Type Notification			Street A	•					1	67	3	P	П	
	× Initial			29 Ch	urch Stre	eet					E	G	E	U	VEI
EPA DEP	X Initial			City, Sta	te, Zip Coo	de				5 Mar 1					
× DOL	Amendment #			Keans	sburg, N.	J 0177	734								
X DOH	Emergency (in justification)	ncluding	h	Name of	f Contact				the set of the	Telephone	Num	ber G	3	Q 2	013
DOH DCA	Cancellation			Joe G	iannetti					j	-	-			
				FACI	LITY INFO	RMATI	ION				0£_4	-	*		
Name of Facility Where A	Abatement is Taking	Place (3)					Туре	of Facility (4	4)	1.11.11				et su pr
House for Demo									School (K-1						
Street Address										8 (Other than rivate & comm			linas	home	
6 Beechwood Ave.									etc.)		iei olu	June	inigo,	nome	,
City (5)	n - Angelen an sider an an an an an an an an an an an an an							Squar	re Feet	# of Floors		11000	ldg. A	ge	
Keansburg													60+		
County (6)					Code (7) USE ONLY)				10 A	or if being dem	olishe	ed)	_		
Monmouth					5			Hou							
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCI	/ No.		1.1.1.2.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		tement Cor						
n/a				n/a				- 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10		ent Corpora	tion				
Street Address							Street A								
n/a							22 Tr								
City, State, Zip Code									ip Code	1005					
n/a						a summer and	1	ark, NJ 07							
Project Manager for Mon	itoring Firm			Telepho	ne No.		Telepho			Licens					
n/a				n/a			973-7			0119	33				
Start Date (10)				pletion	Date (11)		1.0000000000		HA Monitor		2				
9-18-2013		9-23-2								nt Corporati	on				
Occupancy Status During	g Abatement (Check	CONIY Or	ne)				Street A								
Facility Closed/Vaca							22 Tr	0.000							
Abatement Performe Other – Describe:	ed Outside of Norma	al Facility	Hours						ip Code	2005					
							Linco	oin Pa	ark, NJ 0	035					
Scope of Work (Check A	ii That Apply)						[]								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovat Demoliti				H		Il Containme ni-Enclosure	ent with Negati	ve Pr	essur	e		
			emoliu					Glo	ovebag Proc						
							×	Nor	n-Exempted	(*) and Non-F	riable				
			Locatio											ement pe	
Location			ormall d Solel				scription						1.9		
Asbestos-Containing TO BE ABA		Ma	intenar	nce/			taining M I systems			Amount (Specify		R		E	m
In Facili		Cus	todial S	staff?	(1.0.		cing, VA		auon,	SF or LF)	8	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other r	miscellan	eous)				ova	air	sula	sure
		Yes	No	N/A								_		ŧ	
South Real	r Roof			x		Ro	ofing fe	lts		300 SF		x			
Porch & Front / Re	ear Bedroom			x		F	loor Tile	9		200 SF		x			
Kitche		X		F	loor Tile	•		165 SF		X					
Name of Registered Was		JDEP W		Cubic	Yards		Name of I	Registered Lar	ndfill						
Loznica Managemer	1 22	auler ID 03313		of Wa TBD			511-71-517 001-20 VIC-	S Landfill							
City, State							sal Date		City, State	9					
Lincoln Park, NJ 070	035					TBD			Morrisv	ille PA 1906	67				
Completed by	Completed by Title					S	Signature	5			Date	S			
E. Cirovic		Secr	etary			10	2 F	tu	at	2	8-2	27-2	013		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		1			OF ASBE to NJAC 8				C	Koz	26	9			
Date of Notification (1)			1	Name of	Building C)wner/	Operator	(2)				_			
8-27-2013				Borou	gh of Ke	ansb	urg			IN F	<u>(</u>]	E	[]	17	
Agencies Notified	Type Notification			Street A	ddress										
	× Initial			29 Ch	urch Stre	eet				1 m 1					
EPA DEP	X Initial			City, Sta	te, Zip Coo	le	at				AUG	3	0	2013	
X DOL	Amendment			Keans	sburg, NJ	J 017	734				AUG	J	0	2013	-
DOH	Emergency (justification)	including		Name of	Contact					Telephone	Numbe	r	<u>t.</u>		
DOH DCA	Cancellation			Joe G	iannetti								5	TRO	L&
	—			FACI	LITY INFO	RMAT	TION			T	Ŀi,	-21	Viciniy	0	
Name of Facility Where /	Abatement is Taking	g Place (3	3)					Туре	of Facility (4))					
House for Demo									School (K-12)					
Street Address									Subchapter 8	(Other than					
82 Shore Blvd.									Other (i.e. pri etc.)	ivate & comm	ercial b	uildi	ngs,	home	s,
City (5)				10000					are Feet	# of Floors		Blo	lg. A	ge	
Keansburg												50)+		
County (6)					Code (7)			Curr	ent Use (Prior	if being dem	olished))		-	
Monmouth				STATE	USE ONLY)			Ho	use						
Name of Monitoring Firm	Hired by Building	Owner (8))	ASCN	I No.		Name	of Aba	atement Cont	ractor (9)					
n/a				n/a			Lozi	nica M	Manageme	nt Corpora	tion				
Street Address							Street	Addre	ess						
n/a						22 7	roy L	ane							
City, State, Zip Code	- Martine Carlos - Carl					City, S	State, 2	Zip Code			30 - E				
n/a						Linc	oln P	ark, NJ 07	035						
Project Manager for Mon	itoring Firm		Telepho	ne No.		Telep	hone N	lo.	Licens	se No.					
n/a							973	-706-	7950	0119	3				
Start Date (10)		Schedul	ed Con	pletion	Date (11)		Name	of OS	HA Monitor						
9-19-2013		9-23-2					Lozi	nica M	Managmen	t Corporatio	on				
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	Addre	ess						
Facility Closed/Vac	ated During Entire I	Pariod of	Abotom	ont			22 T	roy L	ane						
Abatement Perform									Zip Code						
Other – Describe:						_	Linc	oln P	ark, NJ 07	035					
Scope of Work (Check A	II That Apply)					-									
≥3 sf or ≥3 lf		П	Renova	tion			E		II Containmer	nt with Negati	ve Pres	SUITE	2		
≥160 sf or ≥260 lf		Common State	Demolit				F	Mi	ini-Enclosure	-	101100	oure			
							5		ovebag Proce		riable E	Proc	odur		
								1 140		() and Non-	TIADIE F			ment	
		10 12	Locati Normal					1221					Ty		
Location Asbestos-Containing		Use	ed Sole	y by	Ashest		escriptior		al (ACM)	Amount				-	
TO BE AB			intenar todial S				al system			(Specify		ק	R	Encapsulate	<u> </u>
In Facil	ity	Cus	(12)				acing, VA			SF or LF)		Remova	Repair	aps	Enclosure
(13)			. <i>,</i>	1	-	other	miscella	neous,			2	5	Ŧ	ulat	ure
		Yes	No	N/A						<u>05</u>				œ	
Front Ro				x	R		ooring l		rial	150 SF	х	s			
South East E	South East Bedroom					F	Floor Til	le		120 SF	X				
				-								-			
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubi	c Yards		Name of R	egistered Lar	ndfill				
	н	auler ID	No.	of Wa	aste		040-040-00200200200	S Landfill							
Loznica Manageme	in ooip		0	03313	7	TBD									
City, State					-		osal Date		City, State		_				
Lincoln Park, NJ 07	035					TBC			Morrisvi	lle PA 1906	57				
							Signatur	e n	י י אוסת		Date	22.54			
E. Cirovic										2	8-27	-20)13		

C88855 YU														
0 020				St	ate of Ne	w Jersey		13 		7	17		1	
0						ESTOS ABATEM		DE	Ĝ		1	IN)		
Date of Notification (1)		(Pursu:			60-7 and 12: 120- Iding Owner/Oper	1. The second second second second second second second second second second second second second second second						11	
	3 / 1 3					Public School Dist		In				U	Д	
	Notification				eet Addro	ess nt Avenue			AUG	<u> </u>		1		
[X] EPA	tial Notification				y, State, 2						. 0	1	+	
25 12	nended Notification					NJ 07305		A	SBESTO	DS CONTRO) L Q			
An	nendment				me of Co					elephone Numbe				
	ncellation nergency				nne Peto				1	septione roumbe	-	- 1		
[] DCA [] Ei						ORMATION	50-1		-					
Name of Facility Where Abatement is Taking	Place (3)						Γ	Type of Facility	(4)					
William Dickinson High School								[X]	School (K-	10000000000000000000000000000000000000				
Street Address										r 8 (Other than , private & com				
2 Palisades Avenue		_		0	4. C. A.	(17)	4		buildings,	homes, etc.) of Floors				
City (5)	unty (6)			100000000	nty Code ATE USE			Square Feet			D	ldg. Aş	ie.	
Jersey City Hu	dson							Current Use (Pri	or if being	demolished)				
Name of Monitoring Firm Hired by Building		2157375	ASC	M		Name of Abater	nent	Contractor (9)						
USA Environmental Management Inc.						J.R. Contracting	g & 1	Environmental Co	nsulting, In	с.				
Street Address						Street Address								
344 West State Street						1141 Route 23 City, State, Zip					1000	1011046		
Trenton, NJ 08618						Wayne NJ 0747								
Project Manager for Monitoring Firm		Telej	obone l	Numbe	er	Telephone Num	ber			cense Number				
Willie Weisgarber Scheduled State Date (10)	Scheduled Com		556-810			973 628-9500 Name of OSHA	Mor	aitor	00	408				
	3 1 0	3	0		3	Enviro Vision C								
Month / Day / Year Occupancy Status During Abatement (Check	Month	/ D	ay /		Year	Street Address								
[X] Facility Closed/Vacated D						20-21 Wagaraw	Roa	d, Bldg. #34A						
of Abatement [] Abatement Performed Ou						City, State, Zip			2016 PT		0.023		5	
[X] Hours - Describe: [] Other - Describe:	7:00a.m 3:30p	.m.				Fairlawn NJ 07	7410							
Scope of Work (Check all that apply)		11	Demo	lition			1	Full Containmer	t With Neg	ative Pressure				
		[X]	Reno			Ì	1	Mini-Enclosure Glovebag Procee						
$\begin{bmatrix} 1 \\ 2 \end{bmatrix} \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} X \\ 2 \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$] X]	Non Exempted (Friable Procedu	ire			
			Is								A	batem	ent T E	ype E
		Lo	cation			Description of Asbestos-Contain				mount	R E	R	N C	N C
Location of Asbestos - Containing		T	rmally Used			Material (ACI	M)		(Specify	M	E	A	L.
Material (ACM) TO BE ABATED			lely by itenanc	ce /		(i.e., thermal syst insulation, surfac		VAT,	S	F or LF)	0 V	P A	P S	o s
in Facility (13)			stodial ff (12)			or other miscell	laneo	ous)			AL	I R	U L	U R
		Yes	No	N/A									E	E
Room 338				X	VAT				650 Sf 1260 SF		X X			
Room 339 Room 340				X	VAT VAT	-			635 SF		X	\vdash	-	
Room 341				X	VAT				820 SF		X			
· · · · · · · · · · · · ·				-							-	$\left \right $	_	
			_		-						-		-	
Name of Registered Waste Hauler		NJD	EP Wa	liste	Cubic Y	ards of Waste		Name of	Registered	Landfill	L			
J.R. Contracting & Environmental Consultin	a Inc		ler ID 1 17819	No.		aan oo shekkaan oo sangii (1922 (1921 Abri)		G.R.O.W						
J.R. Contracting & Environmental Consultin City, State	5, 1110.	_	17013		Disposa	l Date		City, Sta						
Wayne NJ 07470	1				L		4	Morrisvi	lle PA					
Completed by (Print or Type)	Title				s	ignature K	_			Date				
Jerry Bijelonic	Project Manage	r			1	<u></u>					8/23	3/2013 G4667		
ASB-41 Jun-95												04067		

Date of Notification (1) 8/27/2013			Name of Bu	ilding O	wner/Oper A to Z	ator (Site	(2) Contractors, 1	nc.	17	34	//		
[] DEP [] Amen [x] DOL Amen	Notificat ded Notif dment #_	fication		Street Addre		940 Pa e Lakew			ECE 8701	n	0012		
[x] DOH justifi	gency (ind cation) Ilation				rving]	Perlstein			elephone Number	3-0 5-7	2013		
		100000	FACI	LITY INF	ORM	ATION			ASBESTO		0		
Name of Facility Where Abatement is Taking Residence	Place (3)					Тур	pe of Facility (4) [] []	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address 44 Lisa Court						10-1-10-1		[x]	Other (i.e., privat homes, etc.)			al build	lings,
City	County	(6)		County Code (STATE US)		n	-	uare feet 1200 sf	# of Floors		. Age 6	0	
Lakewood	Ocear	1					Cu	rrent Use (Prior 1) Resider	beirg demolished)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No.		Name of	Abat	ement Contractor		Inc.			
N/A Street Address	-					Street Ad	Idress	S	oute 9, Unit 61				
City, State, Zip Code						City, Sta	te, Zi	ip Code	liver, New Jerse	ev 087	755-12	271	
Project Manager for Monitoring Firm	Т	Telephone N	umber			Telephor 732-34		umber	License N 00624				
Scheduled Start Date (10)	ompletio	on Date (11)			_	IA Monitor	L. Analytical						
8/27/13 Occupancy Status During Abatement (Check	only one	8/28/13				Street Ad	ddres	S	2				
[x] Facility Closed/Vacate	d During	Entire Period							telton Road				
Abatement Performed Other - Describe						City, Sta	ite, Zi		way, New Jerse	y 088	54		
Scope of Work (Check all that apply)						[]		Full Containmen Mini-Enclosure	t with Negative Pre	ssure			
[] >3 sf or ≥3 lf		[]]]	Renovat	tion		[]		Glovebag Procee					
$\begin{bmatrix} x \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[x]_1	Demolit	ion		[x]		Non-Exempted (*) and Non-Friable 1	Proced	ure		
										Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	d todial N/A		Ast N (i.e. inst	Descriptio bestos-Con Aaterial (A ., thermal ulation, su VAT, o er miscell	ntain ACM syste irfaci or	ling I) 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 -		X		Asbesto	os sidir	ng			1000 sf	X			
		1											
										-	-		-
								DT OD	and I and Ell				
Name of Registered Waste Hauler Guardian Contracting, Inc.	1	JDEP Waste	Hauler 223	ID No.	Cubic Ya S	ards of Was 3	ste	Name of Regist T.R.R.F.	ered LandIIII				
City, State		20	Dispos	sal Date	- Ť	City, S	tate	83					
Toms River, New Jersey Completed by (Print or Type)	Title		8/29/	13 Signature	en	Tully	tøŵı	n, Pehnsylvani	11	Date	1 1 1 1 1 C C C C C C C C C C C C C C C		
Nicholas Fernicola	r	Y	107	that		the	10-1	8/2	7/201	3			

								1	PARI	5.4			
Date of Notification (1)	August 26, 201	3			Name o	f Building	Owner/Ope Rich-N	rator (2) Aark Contractin	EGEJ g, Inc.	B-	E	驯	
Agencies Notified [x] EPA [] DEP		l Notifi	cation otification		Street A			ox 124	AUG 30	201 3		儿	
[x] DOL [x] DOH	[x] Emer		including		City, St	ate, Zip Co	Toms	River, NJ 08752	kspepnos nov	TROL	&		
[] DCA		ication) ellation			Name o	f Contact Mark	Tucker	t water and	Telephone Numbe	.2			
				FAC	CILITY I	NFORM	LATION						
Name of Facility Where A Res	batement is Taking sidence	g Place	(3)					Type of Facility (School (k-12)				
Street Address	New Jersey A	venue						[x]	Subchapter 8 (c Other (i.e., priv homes, etc.)			ial buil:	dings,
City		Cour	ity (6)		County ((STATE	Code (7) USE ONL	Y)	Square feet 1800 sf	# of Floors	Bld	g. Age	50	
Point Pleasa	nt	Oce	an		10				or if being demolishe lence	d)			
Name of Monitoring Firm N/A		Owner	(8)		ASCM N	ło.			tor (9) dian Contracting	, Inc.			
Street Address							Street Ad	1889	Route 9, Unit 6	[
City, State, Zip Code							s River, New Jer			271			
Project Manager for Moni	e Number			Telephon 732-34	e Number 9-9932	License 00624	Number						
Scheduled Start Date (10) 8/26/13			Scheduled 8/27/	1	tion Date (11)			S.L. Analytical				
Occupancy Status During . [X] Faci	Abatement (Check ility Closed/Vacate			riod of Al	oatement		Street Ad		Stelton Road				
	tement Performed er – Describe	Outside	e of Normal	Facility F	Iours		City, Stat	te, Zip Code Pisca	taway, New Jers	ey 088	354		
Scope of Work (Check all	that apply)						[]	Full Containm	ent with Negative Pr	essure			
r 1				-			[]	Mini-Enclosur					
	f or ≥3 lf 0 sf or ≥260 lf		[] [x]	Renova			[x]	Glovebag Proc Non-Exempted	edure 1 (*) and Non-Friable	Proced	ure		
							[·]			-			
						5	D 1.1	c		Aba	tement	Туре	
Location	of		Is Locati Normally 1		 		Descriptio pestos-Con		Amount	R E	R E	E N	E N
Asbestos-Containing M			Solely b	у		Ν	Aaterial (A	.CM)	(Specify SF	M	P	C	C
TO BE ABA		Mai	ntenance/C	ustodial			, thermal s		or LF)	0	A	A	LO
in facility (13)	y		Staff (12)			insi	ulation, sur VAT, o			v	I R	P S	s
(15)			(12)			oth	er miscella			A		U	U
YES NO N/A										L		L E	R E
Exterior			X	T	Asbe	stos sidir	ıg		1500 sf	X			
												<u> </u>	
			_	-								<u> </u>	
N	TY				IDN	Cubic W	ards of Wast	Nore of D	istarad Lar 4611				
Name of Registered Waste Hauler NJDEP Waste Hauler Guardian Contracting, Inc. 20223						Cubic Ya	uus oi wast	T.R.R.F.	istered Landfill				
City, State				Dispo	sal Date		City, Sta	ate					
Toms River, Completed by (Print or Ty		Title		8/28/	/13 Signat	ure A	Tullyto	owa, Pennsylva	/	Date			
Nicholas Ferr	ect Manag	ger	- Signat	Μċ	ch	1 te		1000000	5/201:	3			

	(I ursu	ant to NJAC 0.00	and 12.12		POP	<u>η</u> Γ		1
Date of Notification (1) August 27, 2013		Name of Building		Demolition		33	731	
	n otification d Notification	Street Address		Camplain Road	AUG 30	2013		
[x] DOL Amendm		City, State, Zip Co	ode Hillsb	orough, NJ 08844	ASBESTOS OF	NTROL	8	
[X] DOH [X] Emergen [] DCA justificat [] Cancella	ion)	Name of Contact	nio Dimuz	L	elephone Number			1
		CILITY INFORM			1			
Name of Facility Where Abatement is Taking Pl Residence				Type of Facility (4)	School (k-12)			
Street Address 61 West 5 th Street				[] [x]	Subchapter 8 (ot Other (i.e., priva homes, etc.)			ildings,
	County (6)	County Code (7) (STATE USE ONI	Y)	Square feet 2000 sf	# of Floors	Bldg. A	lge 60	
	Ammouth	(STATE ODE OTA		Current Use (Prior if Residen	being demolished)		00	
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)	ASCM No.	Name of	Abatement Contractor		Inc.		
Street Address			Street A	ddress	oute 9, Unit 61			
City, State, Zip Code			City, Sta	ate, Zip Code	iver, New Jers	ey 0875	5-1271	
Project Manager for Monitoring Firm	Telephone Numbe	er		ne Number 19-9932	License N 00624			
Scheduled Start Date (10) 08/28/13	Scheduled Compl 08/29/13	etion Date (11)	Name of	FOSHA Monitor E.M.S.I	. Analytical			
Occupancy Status During Abatement (Check on [x] Facility Closed/Vacated D	During Entire Period of A		Street A		elton Road			
Abatement Performed Out Other – Describe	tside of Normal Facility	Hours	City, Sta	ate, Zip Code Piscatav	way, New Jerse	y 08854		
Scope of Work (Check all that apply)		• H. • · · · · · · · · · · · · · · · · · ·	[]	Full Containment Mini-Enclosure	with Negative Pre	ssure		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 20
$ \begin{bmatrix} 1 \\ x \end{bmatrix} >3 \text{ sf or } \ge 3 \text{ lf} $ $\begin{bmatrix} x \\ z \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf} $	[] Reno [x] Demo	vation olition	[] [x]	Glovebag Procedu Non-Exempted (*		Procedure		
						Abatem	ent Type	
in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	al (i.e ins oth	Description bestos-Con Material (A e., thermal sulation, su VAT, of her miscell	ntaining ACM) systems irfacing, or	Amount (Specify SF or LF)	E I M I O J V J A L	R E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos sidi	ng		1200 sf	X		
								+
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	3	ards of Was	T.R.R.F.	red Landfill			
City, State Toms River, New Jersey		oosal Date 30/13	City, St Tuliyt	tate town,/Pennsylvania	,			
Completed by (Print or Type) T	itle roject Manager	Signature	hot	J		Date 8/27/2	.013	

	- 1							Aug 27 20	13 12:41	pm	PO	01/0	02	
office ca	OPY	9	IOTIFIC (Pu	CATION	in of New J OF ASBES to NJAC 8:6	TOS AB	ATEM 2:120)	ent .	CY)井($\gamma\gamma$		}	
Date of Notification (1)					Building Ow	menOpe	erator (2	2) [APPROV		10	<u>_</u>	
8-27-2013	Tone N-Official			BCSI				R N/ FM	Deputer	hallh bh	eu Senior	-Sen	rices	
Agencies Notified	Type Notification			146 P	oplar Stre	-	G		and (<u> </u>	m	И		
EPA DEP	Amended				te, Zip Code	1000		·		alsignature	-	<u>,</u>	1.1	-
DOL DOL	Amendmont		-1	Ridget	lield Park,	N/ 07	679 (2013	te: Drol	<u> [</u>]	lmer.	<u>[]:</u> 4	<i>WI</i>	Y
DOH	Etholgency (including		승규는 것은 것을 들었다.	Content	- dhuman		1	. Teleph	ione Num	iber	2		-475
DCA	Cancellation			Bobby					1		-			
Name of Facility Where A	Abalament is Takin	g Place (2	0	FACE	LITTY INFOR	DITATIO		Type of Fapility	(4)	·~~ ,				••
House for Demo	17				L		T	School (K-						
Street Address								Subchapter	8 (Other 1	han K-12	2			
68 Norman Street						•	1		ninggy g'r	ommercia	r Duk	nuda"	noņie	s
City (5)								Square Feet	#of Fi	0076		ldg. A	ge	
Tenafly, NJ 07670				Carlant .	Dede (72			Cummed ()	All March -	diam at the		i0+		_
County (6) Bergen	÷	,		(STATE)	Code (7) USE DALLY)		_	Current Use (Pr House	or it cellig	CEMONO	ed)			
Name of Monitoring Firm	Hirod by Building	Chvinei' (A)		ASCI	A No.		Name	of Abatement Co	ntractor (9)	1				-
n/a				n/a				ica Managem		C	1			
Streat Address	· · · · · · · · · · · · · · · · · · ·						Street /	and Address						
ri/a								2 Troy Lane						
City, State, Zip Code								nte, Zip Goda In Park, NJ 0	7025					-
Project Manager for Monitoring Firm					ne No.			ephone No. License No.						
Na.								3-706-7950 01193						
Start Date (10)								ne at OSHA Monitor						-
8/30/2013		9/2/20	1111 (La				1	znica Management Corporation						
Occupancy Status Durin						1		Address mar L comp					< - 1	10
Abatement Portom Other - Describe:	nd Outside of Non	Period of <i>i</i> nal Facility	Abaten / Hours)esn(L	53 		City, Su	oy Lane nte, Zh Code	7865					78
Scope of Work (Check A							Linco	In Park, NJ C	7035	••••••	_			_
23 sfor 25 if 젊 ఎ160 sfor 2260 li			Renova Demolé	tion ion			MILLIN	Mini-Enclosur	caqrue 6				_	
······································		Ia	Locati	on			لاسته	A A A A A A A A A A A A A A A A A A A		and the a BUILD		Abete	ment	-
Location	n of		lonnel	ly .		Dasc	niplion (of					ilites	-
Asbestos-Containing TO BE AB		Ma	d Solei Intenat	ncel	Asbestor	s Contai	ining Ma	aterial (ACM) Insulation,	Amo (Spe		211		F	
In Fadi	iky	Ous	12) (12)	Stal)?		จนก่อฉ่า	ng, VAT	, of	(Spe SF or	LF)	Removal	Repair	Encapeulate	
. (13)				T	5	other mis	scoliona	pangs)			IEA	sir	ulati	
Exterior .				N/A X		Shingle			2400 SF		x			
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		1		1			-	· · · · · · · · · · · · · · · · · · ·			<u> </u>			F
												-	-	F
		<u> </u>	L TŃ	J NDEP W	lasta I	Cubic Y	ands	Namo al	Pagistere	d Landfill		1	1	L
Name of Registered Wat	ste Hauler			lauler ID	No.	of Wast			VS Land					
Loznica Managmen				03313	1000 CONTRACTOR 1000	TBD								÷
	it Corp.			03313		Disposa TBD	al Date	City, Sta Morris	te ville PA	19067				
Loznica Managmen City, State	it Corp.	Title		03313		Disposa TBD			ville PA	19067 Da	te			

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ASB-41 (R-05-08)

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

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Aug 27 2013 12:41pm

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	N		CATION	OF ASB	w Jersey ESTOS AB 8;60 and 12			XH D)		-		
Dets of Notification (1) 8-27-2013		Name of Building Owner/Operator (2) NDDept of lealth & Senior Services BCSI												
Agencies Notified Type Notification		Street Address 146 Poplar Street AUG 3 0 2013 Date: 8/10/1/3 rime: 11:40 A M City, State, Ap Code												
E DOI. Amendment. E DOH Emergency in justification. D DCA Cancellation.	Including	Ridgefield Park, NJ 07670 Name of Contact ADUCS CONTROL & Telephone Number Bobby FACILITY INFORMATION												
Name of Facility Where Abatement is Takin	- Filmer (A	-	FACIL	JTY INFO	ORMATION		her Miller			1	3			
House for Demo	g Place (3	9					ype of Facility (4							
Street Address							School (K-1:	2) 8 (Other than K-	491					
204 Denver Place							Other (i.e. p	Avale & commen	cial buli	dinga	home	es,		
City (5) Paramus, NJ 07652							etc.) Square Feet	# of Floors		31dg. / 50+	/de			
County (6)	<u>e negete en</u>		County C	Code (7)			Currant Use (Pric	r if being demoi				<u></u>		
Bergen				ISE ONLY	o		House	i ii nom9 eeriet	onday					
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCM	I No.	N		Abatemant Con	Iractor (9)						
·n/a		•	n/a				a Manageme		nc					
Street Address				~.	5	Street A	ddress		- 					
n/a						22 Tro	2 Troy Lane							
City, State, Zlp Code n/a	1.0					City, State, Zip Coda Lincoln Park, NJ 07035								
Project Manager for Monitoring Firm	ne No.		Telephone No. License No.											
n/a	n/a 973				73-706-7950 01193									
Start Date (10)	ed Co	mpletion [Date (11)	N	lame of	Intre of OSHA Monitor								
8/30/2013	9/2/20		Loznica Management Corporation											
Occupancy Status During Abatement (Cher	ne)		15	S	Street Au	eet Address								
Facility Closed/Vacated During Entire	Period of /	Abater	nent				22 Troy Lane							
Abatement Performed Outside of Nom Cother - Describe: 9 am - 5 pm	nal Facility	/Hour	5				State, Zip Code							
Scope of Work (Check All That Apply)	-					Lincol	n Park, NJ 07	7035	_					
≥3 sf or ≥3 lf . ≥2 sf or ≥3 lf . ≥160 sf or ≥280 lf		kenova Demoli					Mini-Enclosure Glovebug Proc				à			
Location of	P	Local	lly		Deerer	iption of				Abaten Typ		t		
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	d Sole interna todial (12)	inac/ Staff?			ning Mal Instams In Ig, VAT,	tarial (ACM) neulation, or			Regain	Encapsulate	Enclosure			
and the second se	Yes	No	N/A		•						8	1		
Exterior			X	~	Shir	ngles		1000 SF	x	—				
and the second		•								-	<u> </u>			
									· ·	-		-		
Name of Registered Waste Hauler		j N	JDEP W	aste	Cubic Ya	wie	Name of S	Control to and						
Loznica Managment Corp.		F	lauler ID 033137	No.	of Waste TBD									
City, State Lincoln Park, NJ 07035	4				Disposal TBD	Dale	City, State Morrisv	ille PA 19067	,					
Complated by E. Cirovic	Tille Secr	etary	,		Sig	agiture C	uron							

ASB-41 (R-06-05)

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* Do not use this form for activities, licensure exempted activities,

										Che	ck # 8	304					
Date of Notification (1) August 28, 2013					Name of Building Owner / Operator (2) Bank of America												
Agencies Notified	Type Notificat			Street	Street Address												
	Initial			City S	state & Zi	n Code		ALLO	3 0 2013				-				
Доон	Amen	ded dment #			esboro, I		085	AUG	5 () 2013		ŵ						
DCA	Contraction of the second	ellation	a k	Name	of Conta	ct		ACCEST	DE CONTROL	.& IT	elephor	e Nu	mbe	ſ			
				Jim K	alafsky			LIC	DENISTING	صلحم مصححے ا	_			-			
				FA	CILITY	INFO	RMATION	1				-0-29					
Name of Facility When Bank of America	e Abatement i	s Taking F	Place (3)				Type of Fa	cility (4) ol (K-12)									
Street Address							Subcl	hapter 8 (Ot	ther than K-12)								
1427 Kings Highway									ate & comme	rcial building	as, hon	ne, e	tc.)				
							Square Fe		# of Floors		dg. Age						
City (5)								000	2			100					
Swedesboro							Current Us Bank	e (Prior if b	eing demolishe	d)							
County (6) Gloucester		U	SE ONLY	9 (7)													
Name of Monitoring Fi Environmental Testin	rm Hired by Bung Consultant	uilding Ow s, LLC	mer (8)		ASCM	ASCM No. Name of Abatement Contractor (9) Synatech, Inc.											
Street Address		V.					Street Add										
One Mall Drive, Suite 404 City, State & Zip Code							829 Radio Road City, State & Zip Code										
Cherry Hill, NJ 08002								Harbor, NJ									
Project Manager for Monitoring Firm Telephone Numb							Telephone Number License Number						-1997				
Howard Zenobi 856-482-1311 Scheduled Start Date (10) Scheduled Completion Date (11)							609-296-6916 00817										
September 14	2013	scheduled		on Date (er 14, 20			Name of OSHA Monitor Synatech, Inc.										
Occupancy Status Dur Facility Close	ing Abatement d/Vacated Dur		only one)				Street Add 829 Radio	ress									
Abatement Pe	erformed Outsi	de of Nor	mal Hours	e l	City, State & Zip Code												
Other – Desc	ribe: bied During Ab	atomont			Little Egg Harbor, NJ 08087												
Scope of Work (Check	.																
				Renovatio Demolitio				Mini-End	g Procedure								
Loca	tion of		Is Locati	on Norma	ally Used		Descri	iption of	empted(*) and	NON-FRIADIE F	_	_	ant T	VDO			
Asbestos-Contair TO BE	ning Material (A ABATED	ACM)	Solely b	y Mainter dial Staff	ance or		Asbestos-	-Containing al (ACM)		Amount (Specify SF or LF)		Abatement Type					
	acility 13)						(i.e., therm nsulation, s	nal systems					т	_			
(13)		8 8 3				or other mi				Re	R	nca	Enc			
											Removal	Repair	Encapsulate	Enclosure			
			Yes	No	N/A						a	=.	late	Ire			
Exterior Windows					x		Windo	w Caulk		480 LF	_ x						
Name of Registered W	aste Hauler		NJDEP V Hauler ID		Cubic	Yards of	Waste	Name o	lame of Registered Landfill								
Synatech, Inc.			CONTRACTOR STATES	429	4			Grows	Landfill								
City, State					Dispos	al Date		City, St	ate								
Little Egg Harbor, NJ	08087				Octobe	er 15, 20	013	Morrisville, PA									
Completed By		Title			Signatu		· /	·	Date								
Diane Aloia	Executive Administrator					In	i All	n~	Augus	28, 2013							

		V.	arouu			In E C		Check	(# 8	303							
Date of Notification (1)					g Owner / Operat	or (2)											
	ugust 28, 2013 Type Notification			of Americ Address	:a				-								
	Type Notification				Avenue,	L L AU	G 3 O 20	013									
	Initial		City, St	tate & Zip	Code	ASEES	INCO CONT	HOL&				_					
	Amended				k, NJ 08901 l	L	JCENSING										
	Amendment		Name	of Cantas				Tolo	nhon	o Nuu	nho						
DCA	Cancellation		Jim Ka	of Contac	it i			reie	ephon	e Nur	nber						
						·۲.											
Name of Facility Wher	a Abatamant is Takir	Diace (3)		acility (4)													
Bank of America	e Abalement is Takir	ig Place (3)				ool (K-12)											
Street Address					Sub	chapter 8 (Other	r than K-12)										
609 Livingston Avenu	Je,				🖂 Oth	er (i.e., private	& commer	cial buildings	, hon	ne, et	c.)						
				Square F		of Floors		. Age	_								
City (5)					,000		Basement			56							
New Brunswick						Jse (Prior if being	g demolished	1)									
County (6)		County Code	(7)		Bank												
Middlesex		. (')															
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC						Name of Abatement Contractor (9)											
Street Address	ig Consultants, LLC	1		Synatech, Inc. Street Address													
One Mall Drive, Suite		829 Radio Road															
City, State & Zip Code				City, State & Zip Code Little Egg Harbor, NJ 08087													
Cherry Hill, NJ 08002 Project Manager for M	onitoring Firm		e Number	8087	License Numb	er		2.722									
Howard Zenobi		609-296-				0081	7										
Scheduled Start Date September 10,		uled Completi Octob	on Date (* er 10, 20*			Name of OSHA Monitor Synatech, Inc.											
Occupancy Status Dur Facility Close	ing Abatement (Che d/Vacated During En		Abatemer	nt		Street Address 829 Radio Road											
Abatement Pe	erformed Outside of I	Normal Hours	1		City, Stat	City, State & Zip Code											
Other – Desc					Little Eg	Little Egg Harbor, NJ 08087											
	bied During Abateme	nt															
Scope of Work (Check ≥ 3 sf or ≥ 50 lf	all that apply)		Renovatio	n		☐ Full Containment with Negative Pressure ☑ Mini-Enclosure											
>160 sf or >260) If	П	Demolitio			Glovebag F											
		_					on-Friable Pro	riable Procedure									
Loca	ation of	Is Locati	on Norma	lly Used	Des	cription of						ment Type					
	ning Material (ACM)		y Mainten dial Staff			os-Containing rial (ACM)		Amount (Specify SF or LF)									
	ABATED facility	Cusio		: (12)		rmal systems					-						
	13)					surfacing, VAT			교	л	Encapsulate	Enclosure					
					or other r	niscellaneous)			Remova	Repair	aps	clos					
		Yes	No	N/A					va l	a¦-	ulat	sure					
		103									æ						
Basement				X		Insulation		200 LF		Х							
Basement				Х	Pipe	Insulation		20 LF	X								
Name of Registered W	/aste Hauler	Vaste D No.	Cubic	Yards of Waste	of Waste Name of Registered Landfill												
Synatech, Inc.			429	3		Grows La											
City, State				Dispos	al Date	City, State	9										
Little Egg Harbor, NJ	08087			Octob	er 11, 2013	Morrisvill	le, PA										
Completed By	Title			Signat			Date										
		Indiana	alatart	$\langle 1 \rangle$	Janin Of	-0-	A	20 2042				(\cdot)					
Rachel Andreala	Adm	inistrative As	sistant		Lecrus	- May	August	28, 2013									

08-23- 07 0D:31 PHUM-1_001 100100 ບາງຄວ State of New Jersey .: G NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 6. 4 1 100 10 Agency Notified Type Notification Street Address 100 AUG 3 @ 2013 2 Initial DEPA 401 - 403 haighy Afre DEP **Q** Amended City, State, Zip Code DOL Amendment 0 ASED PROLE 0 m SV Emergency: (Including U DOH iustification) Nama of Contact Telephone Numb DCA Cancellation ancesk FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) à onth Buildin C School (K-12) Streat Adda U Subchapter 8 (Other than K-12) Cliner (Le. private & commercial buildings. 9 City (S) homos, etc.) Square Fest # of Floors Bidg_Age 5000-County (6) 76 County Code (7) (STATE USE ONLY) Current Usa (Prior & being demolished) RUSTER PUNO Name of Monitoring Firm Hired by Building Camar ASCM No. Name of Abstemant Contr (8) ictor (9 An, Filoz Street Address eno Street Address 1212 City, State, Zip Code City, State, Zip Delay 0 8025 Preject Manager for Monitoring Firm Telephone No. Telephone No. License No. 602)346-096 01070 Start Date (10)-Schedulad Completion Date (11) : Name of OSHA Monitor 13 8.17. 10-17. Occupancy Status During Abatoment (Chack only one) Street Address Pracity Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours B Other - Describe; City, State, Zip Code Demo Scope of Work (Check all that apply) - C Full Containment with Negative Pressure Q,2\$stor23H C Renovation 2 2 160 st or 2 260 F C Mini-Endosuro The Demolition C Glovebag Procedure Non-Exempted (?) and Non-Friable Procedure Is Location Abacoment Normelly Location of Type Used Solely by Asbestoz-Containing Material (ACAS) Description of Aspestos Containing Material (ACM) Maintenance/ TO BE ABATED Amount (i.e., thermal systems insulation, surfacing, VAT, or • Custodiał IN Facility Encopeulato Enclosure (Bpecit Romoval Stafi Ropaly (73) OF LF (12) other miscellancous) Yes No 1 MA Bur 11/ 25-Jan Hoort M ŒІ TONE Name of Registered Waste Hat NJDSP Waste Hauler Cubic Yards of Name of Registered Landil ID No. Maste inson 00 aste City, State m. U. Disposal Dat City, State a B Comp L 21 sted town Title n, Signature Bats 8.22 20 regia 01 ARRA Do not use this form for asbestos Reensure exampled activities. 13 :