MO 214/20117410

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

Date of Notification (1)		((-)		lama of	Building C	hunor/O	porator	(2)			000		- 1	1
12/11/2013			150					رد) hool District	t		OCC /	د		V)
Agencies Notified	Type Notification		_	Street Ad			9		30	-,	16	A	70	
⊠ EPA	Initial			11 Pine	e Street								o:	25
X DEP	Amended				e, Zip Coo						_			
1.421.00	Amendment Emergency			Charles and the Control of the Contr	ntown, N	IJ 0772	26							
DOH DCA	justification)			Name of Judy L					Tel	ephone Nu	mber			
X DCA	Cancellation				ITY INFO	DMATI	ON							
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	II INTO	ICININA I IV	OI4	Type of Facil	ity (4)					
Freehold Township	High School							X School	(K-12)					
Street Address					10			Subcha	pter 8 (Oth			linge	home	.
281 Elton Adelphia	Road				9			etc.)	.e. private	x commerc	iai buiic	ıııys,	HOME	35,
City (5)							1 2	Square Feet	1 1 1 1 1 1 1	f Floors		ldg. A	ge	
Freehold			1.2	2 - 1 0) - J - (7)			250000	2	dli-		2		
County (6) Monmouth				County C STATE U	SE ONLY)			Current Use	•	ng aemolis	nea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No		Name	of Abatement		(9)		2000		
Environmental Test				N/A			AEi2			17/				
Street Address	H			1			Street	Address						
413 N. Black Horse	Pike						300	South Leno	la Road					
City, State, Zip Code								tate, Zip Code						-
Runnemede, NJ 08								le Shade, N	J 08052					
Project Manager for Mon Howard Zanobi	itoring Firm		- 1	Felephor	ne No. 32-1311			none No. 481-2122		License 1 00689	No.			
Start Date (10)		Scheduled	1					of OSHA Mon	itor	00009				-
12/20/2013		12/20/20		ipieuon L	Date (11)		AEi2		itoi					
Occupancy Status Durin	g Abatement (Chec						Street	Address						
Facility Closed/Vac	ated During Entire	Period of Ab	atem	ent			300	South Leno	la Road					
Abatement Perform								tate, Zip Code					100	
							Мар	le Shade, N	IJ 08052					
Scope of Work (Check A	II That Apply)	District Control					-	1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova moliti	53.00-500			-	Full Conta Mini-Enclo		n Negative	Pressu	re		
			mont	OI1			2	Glovebag	Procedure					
		1							pted (*) an	d Non-Fria	ble Pro	10.5	e ement	
			ocation			0.540.00							pe	2
Location Asbestos-Containing		Used	Sole	y by	Asbest		scription aining N	ı of //aterial (ACM)		mount			ш	
TO BE AB	ATED	Mair Custo	tenar		(i.e.	thermal	system	s insulation,	(3	Specify	Re	Z.	nca	Eno
In Facil (13)			(12)				cing, VA		Si	F or LF)	Remova	Repair	Encapsulate	Enclosure
, ,		Yes	No	N/A							<u> </u>	2.76	ate	- F
Main O	ff.oo		X	1,,,,		1000	TSI			8 LF	××			\vdash
Main O	ilice		^				131		-	O LI	m			
			-					_			-			
200														
Name of Registered Wa			100000	JDEP W auler ID		Cubic of Was	Yards ste	0.0000000000000000000000000000000000000	e of Regist	ered Landf	II			
American Disposal	Systems		13.26	0213	. 10.	1	0	GR	ows					
City, State							sal Date		State	\cap				
Lumberton, NJ						12/23	3/2013	Mor	risville, F	PA				
Completed by		Title			1055	S	Signatur	NM	11/	1/	ate	0040		
BERNARD D MCK	ENNA JR	GENE	:KAl	_ MAN	AGER		1,	1111	76-		12/11/	2013		

REQUEST WAINER OF 10 DAY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)
WAIT PERIOD DUE TO HURRICANE SANDY DAMAGE

Date of Notification (1) 12/9/13	TO TORK			Name of	Building MRS. I				RTY	Ų.	***			-	J *	7
Agencies Notified	Type Notification			Street A	ddress EABOD	Y AVF	NUF									
EPA DEP DOL	Initial Amended Amendment		_	City, Sta	ite, Zip Co HURST	ode	40450000000				DEC	12	21	S	1	
DOH DCA	Emergency justification) Cancellation				Contact K CRUI	PI									-	
Name of Facility Where	Abatement is Takir	g Place (3)		FACI	LITY INFO	ORMATI	ON	Tv	pe of Facility	(4)						
RUEDA PROPER	TY	g . 1200 (c)							School (K-			ñ				
Street Address 255 PEABODY AV	'ENUE							~	Subchapte Other (i.e. etc.)				ouild	ings,	home	es,
City (5) LYNDHURST				£11				1:	quare Feet 250 SF	2	f Floors		5	dg. A 5+	ge	
County (6) BERGEN				County (Code (7) USE ONLY)			irrent Use (Pr ESIDENCE		ng den	nolished	1)	200 200 1000		
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.	₩.			Abatement Co ng Touch As			atemer	nt C	orp.	, Inc	
Street Address	X See Silvers Control of Control			/			Street 580		dress badway, Un	it A						
City, State, Zip Code			===						e, Zip Code ranch, NJ (7740	30		11111			
Project Manager for Mon	nitoring Firm			Telepho	ne No.		Telepi 732		e No. 2.8372		Licer 000	nse No. 40				
Start Date (10) 12/18/13		Scheduled 12/19/1	Cor 3	mpletion	Date (11)		Name N/A		OSHA Monitor							
Occupancy Status Durin	ng Abatement (Che	k Only One)	-			Street	Add	dress							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr ABANDONED	Period of Ab nal Facility F	aten	nent s			City, S	State	e, Zip Code		_					
Scope of Work (Check A	All That Apply)			<u> </u>												17
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova moli	ation tion					Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	ĺ				0	
		İst	ocat	ion			L		Non-Exemple	u () an	u Non-	FIIADIE		Abate	ement	t
Locatio		25/03/97	rma	lly			scription			274		-	-	Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	BATED ility	Main Custo	tena	nce/ Staff?		thermal surfa		ns in: AT, c		(5	mount Specify F or LF		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u> </u>		ate	Гe
EXTER	IOR			Х	1	ASBES	TOS S	SID	ING	12	50 SI		X			
		-		-							*		-			
											-					
Name of Registered Wa Finishing Touch Ast		t Corp., Ir	,	NJDEP W Hauler ID I 2058		Cubic of Wa 10 cy		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name of GROV				FIL	L		
City, State OCEANPORT, NJ (07757-0400					1	sal Date	9	City, Sta MORF	te RISVIL	LE, P	'A				
Completed by JOSEPH P. MILLER	100	Title PRES	IDE	ENT		S	Signatur	e h	101100			Date 12/	10/1	13		
							A CAME	Ary	your	U						

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of No 12/06/2013	tification (1):				ding Ov	vner/Operator (2)							
Agencies Notified	Type Notificat	ion		Addres ar Stree	50							3	- ^
E EPA	Initial ☐ Amended				ip Code:	:		7		-	- 1.0		
□ DEP	Amendment#:			rk, NJ 0 of Con									1
DBOL	☐ Emergency (including				tact: 1 Olagad	leyo							
₽DOH □DCA	justification ☐ Cancellation			•	J	•							1
						FACILITY INFO	RMAT	ION		14	V.		
Name of Fa	acility Hawki	ns Eler	nentary	School				f Facility (4):					
8 Hawkins	Street							ol (K-12) hapter 8 (Other than K-	·12)				
City/ (5)	I	Count	y (6):		Count	y Code (7):		r (i.e., private & comme		mes, e	tc.)		
Newark		Essex			07105		Squar	e Feet:	# of Floor	rs:			
							Bldg.	Age					
			11			14	Curre	nt Use : School					
	Ionitoring Fire RONMENTA			ilding (Owner:	ASCM No.: 0003	Name	of Abatement Contra	actor (9):				
		ш, птс	··			0003		Development, Inc	с.				
Street Add	ress: th Church St	reet					Street	Address:					
1233 11011	in Church St	1001					658	Rutgers Place					
City, State,	Zip Code:							State, Zip Code:					
Mooresto	wn, NJ 0805	7					Para	mus, NJ 07652					
Project Ma	nager for Mo		g Firm:			Telephone No.:		none No.:	License No.:		-		
James A (Guilardi					856-840-8800	(973)	350-0101	01215				
Start Date 12/20/13	(10):		Schedul 1/03/1		pletion 1	Date (11):	200	of OSHA Monitor: Analytical Laborato	ries				
100000 10000 10000 1000	Status During A losed/vacated D					f		Address: /est 36 th Street, Suit	te 203				
	t Performed Ou							State, Zip Code: York, New York, 10	018				
□ Other Describe:													
Scope of Wo	ork (Check all t	hat appl	y):					□ Full C	ontainment with	Negat	ive Pr	essure	
$\square \ge 3 \text{ sf or } $ $\square \ge 160 \text{ sf}$	$\geq 3 \text{ lf}$ or $\geq 260 \text{ lf}$				□ Reno	vation lition		☐ Mini-l	Enclosure bag Procedure xempted (*) and I				
				Locati		ъ.					Abate	ement	
	ocation of Containing Ma	aterial		Vormal d Solel		Asbestos Cont	escription taining l	Material (ACM)		-		/pe	
Asuestos-C	(ACM)	attrai	Ma	intena	nce/	(i.e., therma	al syster cing, V	ns insulation,	Amount	78	R	Enc	En
1	BE ABATED		C	ustodia Staff?			miscella		(Specify	Removal	Repair	Encapsulat	Enclosure
1.	N Facility (13)			(12)					SF or LF)	val	H.	ulat	ure
Custodia	an Room	at	Yes	No	N/A					-	-		
Entrance		oiler		X		Pipe Insulation			125 LF	*			
Room.											ļ		
										-			-
	-												
Nemastr	Legistered Wa	ete Lla	ler:		NIDE	P Waste Hauler ID	No ·	Cubic Yards	Name of Regi	stered	landfi]:	
	E TRANSFE			IC.	Nade	i waste Hadiei ID	140	of Waste: 30	MINERVA ASSOC, INC.			ERPR	ISES
City, State Bronx, NY				Dispo	sal Date	e:		City, State: Waynesburg, OH 44	1688				
Completed	l By:				Title:		Signat	ire: /	Date:				
Sylvester (Oraegbunam				Presid	lent	Sylv	ester mores	12/06/20)13			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of No 12/06/201	otification (1):				Iding O	wner/Operator (2)	- 500 - 500	11	19 7				
Agencies	Type Notificat	ion	Street	Addre	SS:								
Notified	Limitial			State 7					nFC	72			
ØÉPA □ DEP	☐ Amended Amendment#:			state, z	Zip Code 07102				520	1 -			
E DOL	☐ Emergency	211		of Cor				<u> </u>					
-600	(including justification	,	Mr. B	Benjami	n Olaga	deyo							
DOH □ DCA	☐ Cancellation	0											
22011						FACILITY INFO	DRMAT	ION					
Name of F	acility Hawki	ns Eler	nentary	Schoo	ol .	THOIDIT IN		of Facility (4):					
8 Hawkins								ool (K-12)					
							□ Sub	chapter 8 (Other than K					
City/ (5)		Count	TO 123 TO			y Code (7):	□ Othe	er (i.e., private & comm	ercial buildings, he	omes, e	tc.)		
Newark		Essex			07105		Squar	e Feet:	# of Floo	rs:			
							Bldg.	Age.					
				76				nt Use : School					
	Monitoring Firm			ilding	Owner:	ASCM No.:	Name	of Abatement Contr	actor (9):				
THENV	IRONMENTA	L, INC	٥.			0003	Apex	Development, In	с.				
Street Add	lress:							Address:					
1253 Nor	th Church St	reet											
								Rutgers Place					
City, State	, Zip Code:						City,	State, Zip Code:					
Mooresto	wn, NJ 0805	7					Para	mus, NJ 07652					
	anager for Mor	nitoring	g Firm:			Telephone No.:	Telep	hone No.:	License No.:				
James A	Guilardi					856-840-8800	(973)	350-0101	01215				
Start Date	(10):				pletion	Date (11):		of OSHA Monitor:	7				
12/20/13			1/03/1					Analytical Laborato	ries				
100 100 100	Status During A			- 570				Address:				0.00	
	losed/vacated D					t		Vest 36 th Street, Suit	te 203				
Describe:	nt Performed Ou	tside of	Normal	Facility	Hours			State, Zip Code: York, New York, 10	019				
							New	iork, New Tork, 10	016				
☐ Other Describe:													
0.11-20.00.00.00.00.00.00.00.00.00.00.00.00.0	ork (Check all th	nat apply	y):										
□ ≥ 3 sf or					□ Reno	vation			ontainment with Enclosure	Negat	ive Pr	essure	
$\Box \ge 160 \text{ sf}$	$or \ge 260 \text{ lf}$				□ Demo			☐ Glove	bag Procedure				
		-	Ĭe	Locati	ion			□ Non-E	xempted (*) and N	on-Fr		rocedi	
L	ocation of			Vormal		. De	scriptio	n of				/pe	
Asbestos-0	Containing Ma	terial		d Sole		Asbestos Cont	aining f	Material (ACM) ns insulation,				Т	
то.	(ACM) BE ABATED			intena		surfa	cing, V.	AT, or	Amount	Removal	R	Encapsulat	Enclosure
	N Facility			Staff?		other	miscella	ineous)	(Specify	non	Repair	psi	losi
-	(13)			(12)	T				SF or LF)	/al	7	ılat	лге
Custodi	an Room	at	Yes	No	N/A					-	-	-	
Entranc		oiler		X		Pipe Insulation			125 LF	*			
Room.						z ipe znoumnom			120 21				
					1								
Name of R	egistered Was	te Hau	ler:		NJDE	P Waste Hauler ID	No.:	Cubic Yards	Name of Regi	stered	landfi	11:	
TRI-STAT	E TRANSFEI	R ASS	OC., IN	IC.				of Waste: 30	MINERVA		ENT	ERPR	ISES
City, State		and Alberta at		Diana	sal Date	<u> </u>		City, State:	ASSOC, INC.	N 11 11 21 22 22 22 22 22 22 22 22 22 22			
Bronx, NY				Disbo	osai Dali			Waynesburg, OH 44	1688				-5555
Completed	l By:		V-2		Title:		Signati	ire:	Date:				
Sylvester (Oraegbunam				Presid	lent	Syln	estr in afm	12/06/20	13			

Date of Notification (1) 12/09/2013			100		Building C		perator	(2)		14					
	Notification Initial		100	Street Ad 27 Hei	ddress nry Stree	et				i.	DEC	1 2	201	â	
DEP DOL	Amended Amendment#		- 1		te, Zip Coo City, Nu		6			e.		111			
DOH _	Emergency (in justification) Cancellation	icluaing	198		Contact n Almime	eh									_
				FACI	LITY INFO	RMATIC	N		*		-				
Name of Facility Where Abater Street Address 27 Henry Street	nent is Taking	Place (3)						Typ	School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			lings,	home	es,
City (5) Jersey City							= = 3	_	etc.) uare Feet	# of	Floors	В	ldg. A	ge	
County (6) Essex					Code (7)			Cur	rent Use (Pri	or if bei	ng demolis	shed)			
	L. D. ILI O.	(0)	,	O			N	-£ A1			(0)			-	
Name of Monitoring Firm Hired CA Environmental	by Building O	wner (8)		ASCN	i NO.		Supe	er Ll		itractor	(9)				
Street Address 2200 Paterson Plank Ro	I #7						Street 484		ress ite 17 Nortl	h					
City, State, Zip Code North Bergen, NJ 07047	<u> </u>								Zip Code s, NJ 0765	2					
Project Manager for Monitoring Carmelo Altomonte	Firm			Telephor	ne No. 34.6583		Teleph 201.		No. .0477		License 001195				
Start Date (10) 12/21/13		Scheduled		pletion (Date (11)		Name Test		SHA Monitor ech						
Occupancy Status During Abat				25/25/2004			Street							_	-
				ent					ackson Ave	•					
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:						_			Zip Code 11101						
Scope of Work (Check All That	Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				I S	N C	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				9	
		ls l	ocatio	on									Abate	ment	
Location of		No	rmall	y		Des	cription	of					Ту	pe	
Asbestos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Custo	tenan	ice/		thermal s	system ing, VA	s insi		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										w	
Basement			A.	х	11	Pipe	Insula	ation		8	0 LF	х			
						0	, .			D	41				
Name of Registered Waste Har Super LLC	uier		H	JDEP W auler ID 34893	3507	Cubic \ of Was			Grows	~	red Landf ill	III			
City, State Paramus, NJ			100	7 1000		Disposa	al Date	,	City, Stat		/				
Completed by		Title					gnature	1	IVIOLISV			ate			
Tailor Dominguez		Projec	t Ma	nager				10	1/6	14	//	2/09/1	13		

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) December 6	3 2013		100.00			Building Owner, of John A.		000/	A Talba	4 EV		
Agencies Notified	3, 2013	Notification	Type				Talbot / Fi	enry A	A. Taibo	LEXE	Cuto	1
		I Initi	al Noti		Street A	ot Drive	75					
X EPA DCA		☐ Amende	d Certi	fication	City, Sta	te, Zip Code						
x DOL			ency (including	Kinne	lon, NJ 0740	05	DFC	1 10			1
X DEP		justific			The second second second	Contact						
x DOH		☐ Cance			Henry A							
A BOIL				FACILITY INF	ORMATIO	N						
Name of Facility Where Abatem	nent is Tal	king Place (3)		TAGILITTIN		acility (4)						
Residence	1011110 101	1019 / 1000 107			□ School						- 5	, d
		10000				apter 8 (other tha	n K-12\					
Street Address												
8 Talbot Drive						ther (i.e. private &						
City (5)	County (6	1	County	/ Code (7)	Sq. ree	<u>et:</u> 10,000 # o	UI F10018. 3	Diag	. Age.	50 ye	ars	
1.027222222	Morris	1		Use Only)	Current	Use (prior if bein	g demolished	l):				
Name of Monitoring Firm Hired			ASCM		Name of	Contractor (9)			,	3)		
EnviroVision Consu	Itants	inc.	0007	79	GREEN	WOOD ABA	TEMENT C	ONSL	JLTANT	S. INC	3 .	
Street Address					Street Ad							
20-21 Wagaraw Road,	Bldg #	34A			269 847	IN STREET						
City, State, Zip Code						e, ZipCode	THE STATE OF THE S		-			
Fairlawn, NJ 07410						NJ 07405						
Project Manager for Monitoring	Firm	Telephone N	lumber			e Number		Licon	nse Number	-	100	
Fred Larson		973-636-			relephon	e Number		Licei	se Number	ī		
					973-49			008	40			
Scheduled Start Date (10) December 7, 2013		Scheduled C December			Name of	OSHA Monitor						
December 7, 2013		Decembe	FI 144, 4	2013	EMSL i	inc.						
Occupancy Status During Aba					Street Ad	<u>dress</u>					1	
▼ Facility Closed/Vaca					1056 9	Stelton Road						
Abatement Performed (Describe	Jutsiae o	i Normai Faci	lity Hour	'\$ -		e, Zip Code			+		-0-	
Other – Describe:					Oity, Otal	e, zip code						
Other Describe.					Piscata	away, NJ 08	854					
Source of Work (Check all that	apply)				<u> </u>			-				
							x Full Conta	inment	with Nega	ative Pr	ressur	e
≥ 3 sf or ≥ 3 lf				Renovation			X Mini-E	nclosur	е			
□≥ 160 sf or ≥ 26	0			Demolition			x Glovebag	Proced	dure			
							Non-Exem	pted (*)	and Non-	Friable	Proce	dure
Location of Asbestos-Containing Material (ACM) in Facility (13)		cation Normall	y Used	Description of Ast			Amou		Abateme	ent Type	3	
Waterial (ACW) in Facility (13)		ly by Maint./Cu ?? (12)	stodiai	(ACM) (i.e. therm VAT, or other mis		insulation, surfac	ing, (Speci		Remove	Repair	Encap	Enclose
	YES		NA	V/(I) Of Other fills	· · · · · · ·		10,51,					
Basement			X	TSI			900 1	_F	X			T
	- 1		0.000	TSI			50 s		X	1		
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler	· ID#	Cubic Ya	ards of Waste:		Name	e of Registe	ered La	ndfill	_
See Hauler Below # 1 & 2		See Below			30 Cu.				dowfill La			
					00000	1 45		G.R.	.O.W.S			
									erva Ent.	Ohio		
Hauler #1) Greenwood A	bateme	nt Consulta	nts, In	c Butler, NJ (7405		Disposal Da		Ci	ity, Stat		
NJ DEP # 125			•				Decembe	er 14,		oute 2,		
Hauler #2) Newark Carting							2013			ridgepo 04-842-		A
Hauler #3) Tri State-Bronx	NY DE	P # NY 1047	4 – NJ I	DEP #19591			0.0000000000000000000000000000000000000		30	7-042-	2104	
										000 Min		
0	- 1 -									/aynesb	urg, O	Н
Completed by (Print or Type)		Fitle	00 150	`T	Signature	1 444		Date			4.2	
Marin Graure		SENIOR PE		, I	Maria	Graure		Dec	cember	o, 20°	13	
		MANAGER										

GAC # 2013-419

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.LA.C. 8:60-7 and 12:120-7)

Date of Natification (1)					277.0		1 1	1	11	/GAIU
December	6, 2013			Name of Bu	John A.	Charatat	1	1	10011	A CONTE
Agencies Notified X EPA DCA L DOL X DEP L DOH	DA File	ication Tym I initial No mended Ce imargency ustification anoalled	mification	Street Address 8 Talbot I City, State, J Kinnelon Name of Cor Henry A. Ta	orive Drive In Code NJ 0740)5	V	IAW	LIN AN	PAUV
~			FACILITY	INFOL TION	11	Lth.	_			
Name of Facility Where Ababa Registence	oeni is Tukine Pis	ce (3)		aheel (K-	12)				DEC 1	, 2
8 Talbot Drive					8 (other tr	-12) mmerds	il bulldings, 3 Bilda	homes.	, etc.)	
Kinnelon	Caunty (8) Morria	(Stat	R Use Only)		prior if be	omollah		DAST	100 AGI	ire .
Name of Menhatia Firm Hinted Enviro Victor Consu	by Blds. Owner it Itants inc.		M No. 079	GEENWO	OD AR	MENT	CONSUL	TAN	TA INC	
Street Address 20-21 Wagaraw Road	Bida # 34A			E RAGGON			- ONOG	IMN	6, 1166.	
City. State. Zip Code Fairlawn, NJ 07410				GN Size, Zio Butler, NJ	Code					***************************************
Project Menager for Monitoring Fred Larson		10ne Number 636-9145		Tolanhone Nu	tober (Numb	ac .	
Scheduled Stat Date (10) December 7, 2013	Deci	mber 14,	2013	Name of OSHA	Monitor		00840	k		
Occupancy Status Durino Aba Company Status Durino Aba Abatement Performed Company Describe Other — Describe:	ad During Fatte	Barlad of Al	patement Jo -	1056 Stelle Chy Biate Zio Plocatoway	n Road	4				
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≥ 3 af or ≥ 3 if □≥ 160 of or ≥ 260			Renovation Demolitica		3.3	MinHE Glovebar	ainment w ncioeure Procedur peed (*) er	D		
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Basement			TSI TSI		41	B00 50 g				
Name of Reg. Waste Heuler See Heuler Below #1 & 2	See B		=======================================	Cubic Yards of 30 Cu, Yds	Wesle:		Meador G.R.O.	will Le W.S		in .
Hauber #1) Greenwood Ab NJ DEP # 1268 Hauber #2) Newark Carting, Hauber #3) Tri State-Bronx P	INY DEP# Inc Newark	NU DAGDO	WINEP#10481		l i	Asposel Di Decemb 1013	ate	Richard Street	ity. State oute 2, Bor ridgeport, 1 04-842-276 000 Minery	WVA 94 vs Road
Completed by (Print or Type) Marin Graure	SENIOF MANAG	PROJEC ER	CT .	Slopelure Maria Grad	246		Ome Deser		6, 2013	
AC 4 3012 410	District Control of the Control of t		41144		-					

CHECK # 20591/20661

Date of Notification (1) 12-05-13				Building ervices,			(2) It Industrial	Park					
Agencies Notified Type Notification EPA Initial			Street A	^{ddress} n Drive,	Suite :							/	
DEP Amended Amendmen Emergency		_	Kearny	te, Zip Co /, NJ 07					DEC	1 7		r	
DOH justification Cancellation	,	1.00		Contact nmern	-2-								
Name of Facility Where Abatement is Takin Building 160 Street Address	ng Place (3)		FACI	LITY INFO	ORMATI	ON	Type of Facil	(K-12)	ner than K	-12)		•	
9 Basin Drive									& comme		ldings	, hom	es,
City (5) Kearny							Square Feet 54,000	1	of Floors		Bldg.	Age	
County (6) Hudson				Code (7) JSE ONLY			Current Use Commerci		eing demo	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.			of Abatement acle Enviro						
Street Address							Address Broad Stree	et					
City, State, Zip Code						A SEVENS	State, Zip Code stadt, NJ 07						
Project Manager for Monitoring Firm		T	Telephor	ne No.		Telep	none No. 939-6565		License				
Start Date (10) (2)12-10-13	Schedule		pletion (Date (11)	,	Name	of OSHA Mon	itor					
Occupancy Status During Abatement (Che	ck Only One	e)		2			Address 9 Jackson A	Avenue					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Area is vacant						City, S	State, Zip Code g Island City)	101				
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti	10 (Table 10 (A)				Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedure	•			ıre	
	1000000	Location	N. 10								Aba	temen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Solel ntenar odial S (12)	y by nce/	Asbes (i.e.	tos Cont thermal surfa	scription aining I system cing, VA niscella	Material (ACM) s insulation, AT, or		Amount (Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Roof	Tes	INO	X		Built	Up Ro	ofing	54	,000SF	x	+	+	
									11				
Name of Registered Waste Hauler		N	JDEP W	'aste	Cubic	Yards	Name	e of Regis	tered Land	dfill		1	
ATC, Inc. / JBT (50071)			auler ID 1310	No.	of Was	,	Mine	erva Ent	erprises				
City, State Shirley, NY / Bronx, NY					Dispos TBD	sal Date			, OH 44	688			
Completed by John Tancredi	Title Projec	ct Ma	nager		S	ignatur	e / / (X X		Date 12-05	-13		



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State of New Jersey

N	J'apine	("			to NJAC				CK	۰.	3769				
Date of Notification (1) 12/6/13				Name of Kathle	f Building en Dan	Owner/Ciel Priva	perato ate Ho	r (2) ome	192.0				1	7	
	ype Notification			Street A 223 2r	ddress nd Stree	et		×	3				T		
DEP X DOL	Amended Amendment	#	_		ate, Zip Co Haven		008		<u> </u>	EC	12		10 1000		
DOH DCA	Emergency justification) Cancellation			Name of	f Contact en					-					
				FACI	LITY INF	ORMATI	ON			-0					
Name of Facility Where Aba Kathleen Daniel Priva		g Place (3))						of Facility (School (K-1	Tribate District					
Street Address 223 2nd Street						3		×	Subchapter	8 (Oth	ner than K-1: & commerci		dings,	home	es,
City (5) Beach Haven NJ 0800	08								re Feet	# 0	of Floors		Bldg. A	ge	
County (6) Ocean				County (Code (7) USE ONLY)			ent Use (Pri		eing demolisi se	ned)			
Name of Monitoring Firm Hi N/A	red by Building	Owner (8)		ASCN	/ No.			of Aba	tement Cor	ntracto	r (9)				
Street Address							F-71100032500	t Addre	3.7						
City, State, Zip Code							City, S	State, Z	ip Code in NJ 080	91					
Project Manager for Monitor	ing Firm			Telepho	ne No.		Telep	hone N	0.		License N	0.			
Start Date (10) 12/9/13		Schedule 12/13/1		npletion	Date (11)			of OSI	HA Monitor		00727		====		
Occupancy Status During A	hatement (Cher	A CONTRACTOR OF THE CONTRACTOR					1677								20.000
Facility Closed/Vacater Abatement Performed Other – Describe:	d During Entire	Period of A	baten	nent				t Addre	ip Code						
Scope of Work (Check All T	hat Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The state of the s	enova emolit					Min	ni-Enclosure ovebag Prod	e cedure	h Negative F			A	
	,	Is	Locati	ion .								T	Abate		1
Location of		N	ormal	ly		Des	scription	n of				_	Ту	pe	
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		Yes	No	N/A										Ф	1000
Exterior Sidi	ng			X		Exte	rior Si	ding		7	00 SF	x			
Name of Registered Waste	Hauler	\perp	I N	JDEP W	laste	Cubic	Varda		Name of	Docist	orod Landell				
United Containers			Н	lauler ID 2459		of Was			G.R.O.	Z-100 Hallows	ered Landfill				
City, State Elm NJ						Dispos 12/13	al Date	•	City, State Morrisv		A 19067				202 1281

Anthony T Perna

Completed by

Title

President

Date

12/6/13

Signature

* Emergency *

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

CK 377/

Date of Notification (1) 12/6/13		1		Building (Bender I				CIC	•	///	-	,**-	-7		7
Agencies Notified Type Notification EPA Initial		17.55	Street Ad 403 Md	ddress orris Blv	d										
DEP Amended				te, Zip Co					UE	C 1 2	, -				
X Emergency (in				awkin N	IJ 0805	0									
DOH justification) Cancellation		700	Name of John	Contact											
Name of Facility Where Abatement is Taking	Diago (2)		FACI	LITY INFO	RMATIC	ON	T	f Facility (1						
John Bender Private Home	Place (3)						☐ s	of Facility (4 chool (K-12	2)						
Street Address 403 Morris Blvd							X O	ubchapter ther (i.e. p tc.)	8 (Otherivate 8	er than K comme	(-12) ercial b	uild	ings,	home	es,
City (5) Manahawkin NJ 08050							Square 1000-	Feet	# of	Floors			dg. A	ge	
County (6) Ocean				Code (7) USE ONLY)			Curren	nt Use (Prio	or if bein	ng demo	lished)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	l No.				ement Con	tractor	(9)					
Street Address						Street	Address Box 32	S							
City, State, Zip Code							State, Zip						-		
								NJ 080	91						
Project Manager for Monitoring Firm			Telephor	ne No.			hone No 753-98			License 00727					
	Schedule 12/13/1		pletion I	Date (11)		Name		A Monitor							
Occupancy Status During Abatement (Check	Only On	e)		-		Street	Address	3							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	batem Hours	ent		}	City, S	State, Zip	Code							
Scope of Work (Check All That Apply)							-					-1-1	-170690		-
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	le.	Location	on			- 12	14011	-Lxempted	() ain	3 14011-1 1	lable i			ment	
Location of	- N	Iormall	у.		Des	cription	n of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	d Solel intenar odial S (12)	ice/ staff?		tos Conta thermal surfac	system sing, V	Material on the second		(S	mount Specify For LF)	ā	Removal	Repair	Encapsulate	Enclosure
Futoriori Cialina	Yes	No	N/A		F. 4.	0:	-1*	3	40	00.05	-				
Exterior Siding			X	4:	Exte	rior Si	aing	-	. 12	00 SF	×				
		10-5200													
Name of Donishand Wests III			IDEE			V		Ne	5						
Name of Registered Waste Hauler United Containers		Н	JDEP W auler ID 2459		of Was			Name of I	CHARLES VIDEO TO	red Lan	attil				
City, State Elm NJ					Dispos 12/13		9	City, State Morrisvi		1906	7				
Completed by Anthony T Perna	Title Presi	dent				ignatur	e7				Date 12/6	/13	1	Ü	\neg

3770

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

Emergency

Date of Notification (1) 12/6/13				Building Ow Petersen								7	- 1
Agencies Notified Type Notification		- 5	Street Ad	idress				DEC	1 4	ď			
EPA Initial				18th Streete, Zip Code									
EPA Initial Amended Amendment				e, zip code leach Twp		8008		7					
DOH Emergency (in justification) DCA Cancellation	ncluding	1	Name of Glen	Contact				•					ž:
Name of Facility Marcon Abel Supplies Tables	DI (0)		FACIL	ITY INFOR	MATION		CP -111 /						
Name of Facility Where Abatement is Taking Glenn Petersen Private Home	Place (3)						ype of Facility (4						
Street Address							Subchapter	8 (Other than			22		
8 East 18th Street							etc.)	rivate & comn			:	00 000000000	s,
City (5) Long Beach Twp NJ 08008							equare Feet 000+	# of Floors		Blo 35	dg. A	ge	
County (6) Ocean), , , , , , , , , , , , , , , , , , , 		County C	Code (7) USE ONLY)		1000	Current Use (Price Home	or if being dem	nolished)				
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.	100		Abatement Con	tractor (9)					
N/A Street Address						Pernac	co Inc.				•		
Street Address					1 5	PO Bo							
City, State, Zip Code							te, Zip Code Berlin NJ 080	91					
Project Manager for Monitoring Firm		T	Telephor	ne No.		Telephor	ne No. 53-9800	Licen 0072	se No. 27				
Start Date (10) 12/9/13	Scheduled 12/13/13		pletion [Date (11)	100	Name of Same	OSHA Monitor						
Occupancy Status During Abatement (Chec	k Only One	:)			S	Street A	ddress						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Al al Facility	oatem Hours	ent		- 0	City, Sta	te, Zip Code						
Scope of Work (Check All That Apply)			`										\dashv
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Location of		ormali Sole			Descr	ription o	f		-	_	Ту	pe	\vdash
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		ntenar	nce/	(i.e. th		stems in var.		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									(D	
Exterior Siding	-		X		Exterio		ng 2	2000 SI		-			
through out			х	-	Floo	or Tile		900 sf	x	-			
Name of Registered Waste Hauler United Containers		Н	JDEP W lauler ID 2459	No.	Cubic Ya of Waste 4		G.R.O.	Registered La W.S.	indfill				
City, State Elm NJ					Disposal 12/13/1		City, Stat Morrisv	e ille PA 190	67	3673			
Completed by Anthony T Perna	Title Presid	dent	-		Sign	nature	C		Date 12/6/	/13			



SIGN OF NOW JOINGY HOTHICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

		Name	of Buildino	Owner/Operator (2	T · Utul	1 4 .	- 1
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	Type Holification	Svee	LAGOV B SA			3,	į
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∞	Emergency (Inc	ماساس	of Contact				
00n	justification)	resile.	N 4 =	BREURI	C _		
œa ·	Caronava.						
		FA	CIUTY INFO	ORMATION		771	
	The manus Taking	Place (3)			Type of Facility		
ime of Earling When	e Abatement is Taking				School (K.	, I I O I D AY I DAN N - I	(2)
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ee: Addiess .	INTH STRE	FT.			homes, sie	# of Floors	BIDO AGE
5.5	4TH STRE				Square Feel	2-	40 -
7 (5)	1.4				1000	= 1	-
000	EAN CITY	TCO	niy Code (?	1 ISTATE	Current Use (Prior li baing demo)V3::60/
		USE	ONLY			SCANT	
AF	FMAY			Name of Abatem	וחו לסחיום מטו	(9) -	
- (340000000 E)	im Hired by Building O	mer ASON	no.	KLEM	co Li	vc,	
ייי פון אימיאוטווויט רי	V/A			Syeel Address		1 / -	38
1/	//			369 9	. Spal	ICE AVE.	
eet Aggress		7.1		City. State. Zip C	×4.		
	\longrightarrow			MAP	12 CH	ODEIND	08:32
in State Zp Code				Telephone No.		License No	
	- Em	nordele f.	a No	856-7	19-047	2.2 000	144
ideci Hanage: la l	Housand Livin	, .					
	T Cana	oued Compleion					,
10:	300	ILLAND COMPRESSION	Dale (11)	Harra of OSHA	01/2/16	MM	
can Date (10)		27/13	Dale (11)	JOSE	OKHI'C	MM	
	1 - 12	/27/13	Date (11)	JIN S E	OKHI'C	MM = Aus.	
12/20/	13 12	27/13 ck only one)		Jose Sueel Address 3695	, 5 PILU	MM CEANE.	
coupancy Status D	13 12	ck only one)		Sueel Address 3695 Cry. Suie, XIII	SPILU		08057
capana Status D	13 12	ck only one)		JIN S E	SPILU	RAM CEANER DE, N. J	, 0805Z
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* Emergency *

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

CK 3773

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Date of Notification (1) 12/9/13					Building Ov Stanton P						+ the			~]	
Agencies Notified	Type Notification		1,000	treet Ad 03 Eas	dress st Rarita	n				A STATE OF THE STA				1	
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Code on NJ 08]	EC	1.2				
DOH DCA	Emergency (justification) Cancellation	ncluding	10.73	ame of o	Contact				11					- I	
				FACIL	ITY INFOR	RMAT	ION								
Name of Facility Where A John Stanton Pri		Place (3)							of Facility (4 School (K-12	20				المداد	
Street Address 103 East Raritan	97			#			,(+	×	Subchapter Other (i.e. pr etc.)	8 (Otherivate 8	er than K- & commer	-12) rcial bui	ding	s, ho	mes,
City (5) Tuckerton NJ 0808	7					-	-		e Feet	# of	Floors		31dg. 35+	Age	
County (6) Ocean		-		County C	ode (7) SE ONLY)			Curre	nt Use (Prio	r if bei	ng demoli	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8)	_	ASCM	No.		100000000000000000000000000000000000000	of Abat aco Ir	tement Con	tractor	(9)				
Street Address							Stree	Addres	ss						
City, State, Zip Code		W						State, Zi							
***************************************									n NJ 080	91					
Project Manager for Mor	itoring Firm		1	elephon	e No.		182234000	hone No -753-9			License 00727				
Start Date (10) 12/10/13		Scheduled 12/16/13		pletion D	Date (11)		Name		A Monitor						
Occupancy Status Durin	g Abatement (Chec	k Only One)					Stree	t Addres	SS						
Facility Closed/Vac Abatement Perform	ed Outside of Norn			ent			City,	State, Z	ip Code						
Other - Describe:						_									
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ы тпас Арріу)		novat moliti			 88	,	Mir Glo	l Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				uro	
		le l	ocatio			COCDERN.		140	II-Exemple) aii	u Non-Fi	iable F1		atem	ent
Location Asbestos-Containing TO BE AB	Material (ACM)	US08500E0	rmall Solel tenan	y y by ice/		os Co	escription ntaining	Materia		(Amount Specify	Re	Τ.	Type	40
In Faci			(12)				acing, V miscella			S	F or LF)	Removal	Nepall		Enclosure
		Yes	No	N/A								\perp	\perp	1	
Exterior 9	Siding			х		Ext	erior S	iding	,	12	200 SF	x	1	1	
													_	4	
		-					-						+	-	+
Name of Registered Wa	ste Hauler		N	JDEP W	aste	Cubi	ic Yards		Name of	Regist	ered Land	dfill	L		
United Containers		Н	auler ID 2459	Manager and the same of the sa		aste /		G.R.O.							
City, State Elm NJ							osal Dat 6/13	e	City, Stat Morrisv		A 19067	7			
Completed by Anthony T Perna		Title Presid	ent	41			Signatu	re)	>	3		Date 12/9/	13		
								_							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

12/06/201					lding Ov lic Schoo	wner/Operator (2)			· V					
Agencies Notified	Type Notificat	ion		Addre ar Stre	00.							ì		
⊡ÆPA □ DEP	☑nitial ☐ Amended Amendment#:		City, Newa	State, 2 rk, NJ	Zip Code 07102	:		DEC	12	•	2	1		
D DOL	□ Emergency (including			of Con	ntact: n Olagao	devo		-						
© DCA	justification Cancellation		IVII. D		ii Olagai		(#)							
						FACILITY INFO								
	acility Burnet	Street	School	l. 				of Facility (4):						
28 Burnet	Street School							nool (K-12) ochapter 8 (Other than K	(-12)					
City/ (5)		Count				y Code (7):		ner (i.e., private & comm		uildings, ho	mes, e	tc.)		
Newark		Essex			07102		Squa	re Feet:		# of Floor	s:			
								. Age ent Use : School						
	Monitoring Fire			ilding	Owner:	ASCM No.:		e of Abatement Contr	ractor (9):				***************************************
THENV	IRONMENTA	L, INC).			0003	Ape	x Development, In	c.					
Street Add								t Address:						
1253 Not	th Church St	reet					658	Rutgers Place						
City, State	, Zip Code:		100					State, Zip Code:		***************************************				
Mooresto	wn, NJ 0805	7					Par	amus, NJ 07652						
	anager for Mor	nitoring	g Firm:			Telephone No.:	Tele	phone No.:	Lice	nse No.:				
	es A. Guilardi					856-840-8800		350-0101	012	15				
Start Date 12/27/13	(10):		1/10/1		npletion	Date (11):		e of OSHA Monitor: o Analytical Laborato	ories					
Occupancy	Status During A	bateme	nt (Chec	k only o	ne)			t Address:	**************************************					
	Closed/vacated D nt Performed Ou					t	City,	West 36 th Street, Sui State, Zip Code: York, New York, 10						
□ Other Describe:						****								
	ork (Check all th	hat appl	y):											
□ ≥ 3 sf or □ ≥ 160 sf	$0.5 \le 3 \text{ lf}$ or $0.5 \le 260 \text{ lf}$				□ Renor	vation olition		☐ Mini- ☐ Glove	Enclos bag Pr					
			Is	Locat	ion		72 ///		T	u () anu i	UII-I-I	Abate	ment	
1 100 ATT - 100 ATT	ocation of	1		lormal d Sole		Asbestos Con	escripti	on of Material (ACM)			=	Ty	ре	
Asbestos-G	Containing Ma (ACM)	iteriai	Ma	intena	nce/	(i.e., therma	al syste	ms insulation,		mount	R		En	E
	BE ABATED		C	ustodi Staff?				AT, or laneous)	7/33	pecify	Removal	Repair	cap	ıclo
e v	N Facility (13)			(12)						or LF)	val	air	Encapsulat	Enclosure
Doilor			Yes	No	N/A	Di			50	I D	*		-	
Doller	Boiler Room X					Pipe Insulation	-		30	LF	, ,	-		
									-					
	***								-					
Name of F						P Waste Hauler ID	No.:	Cubic Yards	Nan	ne of Regis	tered	l landfil	l l:	
TRI-STATE TRANSFER ASSOC., INC.						1		of Waste: 30	MIN	IERVA OC, INC.	1000	ENTI		SES
City, State Bronx, NY	City, State: Disposal Date:							City, State: Waynesburg, OH 44	4688					
Completed	i By:				Title:		Signa			Date:			3	
Sylvester (Oraegbunam				Presid	ent	226	meser weg	~	12/06/201	13			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of No 12/06/201	otification (1):				ilding O	wner/Operator (2)						F .+	7	
Agencies Notified	Type Notificat	ion	Street	Addre lar Stre	ss:								į.	
Ø ÉPA	☐ Amended Amendment#:		City, Newa	State, Z rk, NJ	Zip Code 07102	::			ŪĒ	12	F		1	
DOOL	☐ Emergency (including			of Co	ntact: in Olaga	devo							•	
ФОН □ DCA	justification) □ Cancellation		1411.12	Ciljain	iii Oiaga	acyo							100	
	NATION AND ADDRESS OF THE PARTY					FACILITY INFO								
	Facility Burnet	Street	School				1	of Facility (4):						
28 Burnet	Street School							hool (K-12) bchapter 8 (Other than	K-12)					13
City/ (5)		Count	700 7000			ty Code (7):		her (i.e., private & cor		buildings, ho	omes, e	etc.)		23
Newark		Essex			07102		Squ	are Feet:		# of Floor	rs:			
								g. Age rent Use : School						
	Monitoring Firm			ilding	Owner:	ASCM No.:		ne of Abatement Co	ntractor	(9):	7			
IIIENV	IRONMENTA	L, INC	j.			0003	Apo	ex Development,	Inc.					
Street Add		1900/1941/10					Stre	et Address:						
	rth Church Str	reet					658	Rutgers Plac	e					
City, State	e, Zip Code:						City	, State, Zip Code:						
	own, NJ 0805					r		amus, NJ 07652						
	ect Manager for Monitoring Firm:					Telephone No.: 856-840-8800	Tele	phone No.:	Lic	ense No.:				
		- 1 6	_L _ JI	-10-	1.4			3) 350-0101		215				
Start Date 12/27/13	(10):)1/10/1		npietion	Date (11):		ne of OSHA Monito ro Analytical Labor						
	Status During A			w & 35				et Address:						
	Closed/vacated D nt Performed Out					t	City	West 36 th Street, S , State, Zip Code: v York, New York,		,				
☐ Other Describe:														
	ork (Check all th	nat appl	y):				-							
□ ≥ 3 sf or □ ≥ 160 sf	$r \ge 3 \text{ lf}$ for $\ge 260 \text{ lf}$				□ Reno □ Demo			□ Mi □ Glo	ni-Enclo vebag F	nment with sure Procedure ted (*) and N	7			
				Locat		_			Likemp	ieu () anu i	VOII-F1	Abat	emen	
C-1	Location of Containing Ma	torial		Vorma d Sole		Asbestos Con	escript taining	ion of Material (ACM)				Ty	/pe	
ASUESIUS-	(ACM)	iciiai	Ma	intena	ince/	(i.e., therm:	al syste	ems insulation, 'VAT, or		Amount	R	-	En	En
-0.00000000	BE ABATED		C	ustodi Staff				llaneous)		Specify	Removal	Repair	caps	Enclosure
,	N Facility (13)			(12)						F or LF)	val	H.	Encapsulat	sure
Boiler	7/58 888		Yes	No X	N/A	Dine Insulation				0 LF	*		-	
Doller	KOOIII			^	-	Pipe Insulation			3	U LF				
Noncor) ! 1 117	4 - TT-	1		NITTO	P Waste Hauler ID	No :	Cubic Yards	177	CD :		1 10		
	Registered Was FE TRANSFER			IC.	NJDE	P waste Hauter ID	No.:	of Waste: 30	MI	me of Regis NERVA SOC, INC.	stered		II: ERPR	ISES
City, State Bronx, N	Y 10474			Disp	osal Date	9:		City, State: Waynesburg, OH						
Completed Sylvester	d By: Oraegbunam				Title: Presid	lent		ture: Unester One	regh	Date: 12/06/20	13			

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

(1)	N	ame of Bui	lding (Owner/Operator	(2)		-				7
		Bill &	Cath	nerine McG	ough			1	言:		
Type Notifica	tion S	treet Addr	ess								i
[X]Initial		524 Ric	dgewo	ood Ave							
Notifica	ation	ity, State	, Zip (Code		DEC 1	2	7.7		٠,	
[]Amended		Glen R	idge,	NJ,07028							l.
NOTIFICE		ame of Con	tact		1						_
[]EMERGENC	z	Bill &	Cath	nerine							
[]Cancella	tion	icGough		£0	1						
				NFORMATION							
re Abatement	is Taking	Place (3)			Type of Facil	Lity (4)					
							+h		-10		
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		20			Current Use ((Prior if be	eing (demo)lis	ned)	
irm hired by	Building	ASCM NO		Name of Abate	ment Contracto	or (9)		-		-	
TIM HILLOG DJ	Jurrung	1001									
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				IP	50 50.000						
		0			-						
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Monitoring Fi	rm Tel	nhone Numb)er				Licen	se l	Numb	er	—
Monitoring Fi		-									
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(10)			(11)	The state of the s							
T/20071	nth Da	ay Year	=								
				Street Address	В						
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			ty	City, State,	Zip Code						
all that app	ly)			L							
>3 1f	ſχ	1Renovatio	n			ith Negativ	e Pre	ssu	re		
or ≥260 lf				[X]Glove	bag Procedure						
		Is		[]Non-F	riable Procedu	ure	12	Abat	ene	nt T	vpe
of								D		E	E
		Used			3 () () () () () () () () () (Sec.	E	E	C	C
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	ies	100000	Duc	t Insulat	ion						
aste Hauler	NJ C Ha	X DEP Waste	Cul	oic Yards Waste 1.5	Name of Reg	sf					
	NJ C Ha	X DEP Waste	Cul of	oic Yards	Name of Reg	sf					
	NJ C Ha	X DEP Waste	Cul of Dis	oic Yards Waste 1.5	Name of Reg	sf istered Lan	dfill		7		
EMENT, IN	NJ C. Ha	X DEP Waste	Cul of Dis	Waste 1.5 sposal Date	Name of Reg: G.R.O.W. City, State Morrisvi	sf istered Lan	dfill	06	7		
O7042	NJ C. Ha	X DEP Waste iler ID No 7040	Cul of Dis	oic Yards Waste 1.5 sposal Date	Name of Reg: G.R.O.W. City, State Morrisvi	sf istered Lan	dfill	06			
	Type Notifica [X]Initial Notifica []Amended Notifica []EMERGENCE []Cancellad re Abatement re Abatement for hired by de Monitoring Fi (10) Sche ar Mo ring Abatement reformed Outsid ribe: «OffHours ribe: «OffHours ribe: «Other Oc all that app >3 lf or >260 lf ataining (ACM) ATED	Type Notification [X]Initial Notification []Amended Notification []EMERGENCY []Cancellation The Abatement is Taking County (6) Coun	Type Notification [X]Initial Notification []Amended Notification []EMERGENCY []Cancellation County (6)Essex County (6)Es	Bill & Cath	Bill & Catherine McG	Bill & Catherine McGough	Bill & Catherine McGough Street Address S24 Ridgewood Ave	Street Address Stre	Bill & Catherine McGough	Bill & Catherine McGough	Street Address Stre

Date of Notification (1)	, 13	3				Owner/Operator (2 Little Falls	2)		**		114	1	i
□ EPA Ø	ype Notification			Street A	ddress Main St	reet .		DEC 12	2"				1
Ď DOH	Amended Amendment #	dudina			ate, Zip Co tie Falls,	ode NJ 07424	- 4				ū		1
(NJAC 5:23-8)	Emergency (inc justification)Cancellation	Juding	-	Name o	of Contact hillip H. Si	mone, C.P.W.M							
	-			FAC	ILITY INF	ORMATION							
Name of Facility Where Aba Private House Street Address	tement is Taking	Place	(3)				Type of Facility (☐ School (K-12) ☐ Subchapter 8 ☐ Other (i.e., pr	Other than K-1	2) ercial	buil	dinas		
48 Riverview Circle							homes, etc.)	ivate and comm	Ciciai	Dull	unige	'1	
City (5) Little Falls, NJ 07424	1		Se 700				Square Feet 1600	# of Floors 3		Bldg 55	g. Ag i+	е	
County (6) Passaic				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri-	or if being demo	lished	d)			
Name of Monitoring Firm H Detail Associates, Ir		wner (8)	ASCM N 00012	88889855	Name of Abateme ALKAT Cons	ent Contractor (9) struction LLC					39.23	
Street Address 300 Grand Avenue	(2) N					Street Address 1017 McBrid	de Avenue # 603	3			92		
City, State, Zip Code Englewood, NJ 076	 631			·····		City, State, Zip Co Woodland	ode Park, NJ 07424						
Project Manager for Monito	ring Firm		- STORES	ephone N 1) 569-6	Medition -	Telephone No. 973.893.7	005	License No. 01097					
Start Date (10) 12 / 20 /			53	tion Date	82.33	Name of OSHA N Ranko Vuka			-				
Occupancy Status During A	batement (Check	only o	ne)			Street Address 88 Banta A	lve.		_			-8	
☐ Facility Closed/Vacated☐ Abatement Performed ☐ Time of Abatement:	outside of Normal	Facilit	v Hou	rs - Desc	cribe AM	City, State, Zip C Garfield, N	ode						
Scope of Work (Check all to	nat apply)												
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		☐ Re	novat moliti			Mini-End	tainment with Neg closure ig Procedure empted (*) and No		dure				
			Loca							Aba	teme	ent Ty	уре
Location o Asbestos-Containing M TO BE ABAT IN Facility (13)	aterial (ACM) ED	Use Ma	inten	ely by ance/ Staff?		Description stos Containing Manne, thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Basement		Yes	No No	N/A		Pipe Insulation		114	+	DA			
-11-				1	-	Furnace insulation	on	12 SF	-	X	П	П	П
-11-				+-	-						$\overline{\Box}$		
-			H							П			
Name of Registered Waste	Hauler		片	NJDEP V		Cubic Yards of	Name of Regis	stered Landfill		_	-		_
ATLANTIC Carting			1	Haulez d	3850.	Waste 9	IESI PA BET	HLEHEM CO	RP.				
City, State 1141 Route 23 Wayne	e, NJ					Disposal Date	City, State Bethlel	nam, PA 1801	5				
Completed By (Print or Type Uros Spasic	pe) Titl	e Presi	dent			Signature	LA	15.	Date 12/0	05/1	3		
ASB-41 JAN 13		Do no	t use t	this form	for asbes	tos licensure exen	npted activities.						

CK# 0433

Date of Notification (1)		N	ame of B	uilding Owner/C	perator	(2)		- ,					
12-9-2013		E	3orougl	n of Keansbu	ırg						-		_
Agencies Notified Type Notification		S	treet Add	Iress									1
		2	29 Chui	rch Str.									i
EPA Initial Amended		C	ity, State	, Zip Code				Ŋ	EC 12				,;
DOL Amendment		. 1	Keansb	urg, NJ					12				i
Emergency (ncluding	N	lame of C	Contact				•					
DOH justification) DCA Cancellation			Joe G.										
Li box			FACILI	TY INFORMAT	ION						•		1
Name of Facility Where Abatement is Taking	Place (3)					Type	of Facility (4)					r
House							School (K-12	2)					
Street Address							Subchapter 8	8 (Othe	er than K-1	2)	i	hama	_
128 Main Str.							Other (i.e. pr etc.)	ivate a	commerc	iai Duiic	iliys,	IOITIE	٥,
City (5)		35-35-5					re Feet	# of	Floors	В	dg. A	ge	
Keansburg										5	0+		
		10	County C	ode (7)		Curr	ent Use (Prio	r if bei	ng demolis	hed)			
County (6)				SE ONLY)			ool		•	•			
Monmouth	751		ASCM	No	Nome		atement Con	tractor	(9)		-		-
Name of Monitoring Firm Hired by Building	Owner (8)			NO.			vlanageme			n			
n/a			n/a					JIIL ()	poratio		72100 110		
Street Address					Street								
· n/a						roy l							
City, State, Zip Code		5					Zip Code	7005					
n/a					1		ark, NJ 07	/035					
Project Manager for Monitoring Firm		Τ-	Telephon	e No.		hone l			License I	No.			
n/a			n/a				7950		01193				
Start Date (10)	Scheduled	Com	pletion D	Date (11)			HA Monitor						
12-10-2013	12-17-2	013			Loz	nica l	Manageme	ent C	orporatio	n			
Occupancy Status During Abatement (Che	k Only One)			Stree	Addr	ess						
Massaw 50 35s			ont		22	Troy I	_ane						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	nal Facility F	lours	icili		City,	State,	Zip Code						
Other – Describe:					Line	coln F	Park, NJ 0	7035					
Scope of Work (Check All That Apply)													
						7 -	ull Containme	ant wit	Negative	Pressi	ire.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova			ı		lini-Enclosure		Tregative	1 1000			
2160 St Ot 2260 II			.011				lovebag Prod						
•7					1	_ N	on-Exempted	d (*) ar	d Non-Fria	able Pro		emen	
	Is L	.ocati	on				- 1					pe	
Location of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ormal	The state of the s	0	escriptio	n of					T	Ī	T
Asbestos-Containing Material (ACM)	Used	Sole itenai		Asbestos Co					Amount Specify	70		E	m
TO BE ABATED	Custo			(i.e. therm	al system facing, V				F or LF)	Remova	Repair	Encapsulate	Jolo
In Facility (13)		(12)			r miscella					0V8	air	sins	Enclosure
(1.5)	V	No	N/A							=		ê	0
	Yes	NO	N/A							-	+-	\vdash	\vdash
Entire House				To be	dispos	ed of	as				-		_
		-		asbe	stos ma	ateria	ds		TBD				
			+								1	T	T
										-	+	+	+
						V214544545							L
Name of Registered Waste Hauler		1 20	JDEP W		ic Yards		Name of	Regist	ered Land	fill			
Yannuzzi & Sons Demolition		1 3	lauler ID		/aste		GROW	VS La	ndfill			3.	
		13	3137	TB			City, Star	te			-		
City, State				YB	osal Dat	E			A 19067	7			
Hillsborough NJ				YB			INIOILIS	AIIIG L		Date			
Completed by	Title				Signatu	8_	$\overline{}$			12-9-	2012		
E. Cirovic	Secre	etary	• ES	322, 419	6	i	سب			12-5-	2013		

* Emergency *

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

2774
3717

Date of Notification (1)					Building O				UN	<u>ر</u>	//				7 -	$\overline{}$
12/9/13					Alyse A	dams	Privat	e Hon	ne					20.000		-
Agencies Notified EPA DEP	Type Notification		3		st Potom						4 - 1					1.
DEP DOL	Amended Amendment				te, Zip Cod ton NJ 0							1 4				
DOH DCA	Emergency justification) Cancellation	3078	1 200	ame of	Contact											
				FACIL	LITY INFO	RMATI	ON									1-1
Name of Facility Where . Tom & Alyse Adam								☐ s	of Facility (4 school (K-12	2)				- 6	v.nu	
Street Address 38 West Potomac								X C	Subchapter (Other (i.e. protect)	8 (Otherivate 8	er than k	<-12) ercial b	uildi	ngs, l	nome	s,
City (5) Tuckerton NJ 0808	7						182		e Feet	# of	Floors		Blo 35	dg. Ad	ge	
County (6) Ocean	0.4				Code (7) USE ONLY)	-		Currer	nt Use (Prio e	r if bei	ng demo	olished)				
Name of Monitoring Firm	n Hired by Building	Owner (8)	1	ASCM	l No.			of Abat	ement Con	tractor	(9)					
Street Address								Addres	Decar							
City, State, Zip Code							City, S	tate, Zi	p Code	91						
Project Manager for Mor	nitoring Firm		T	elephor	ne No.		Teleph	one No).		Licens				-	
Start Date (10) 12/10/13	X	Scheduled		oletion I	Date (11)			of OSH	A Monitor					V		
Occupancy Status Durin	ng Ahatement (Che							Addres	۹		-		_			-
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of Ab	ateme	ent		_			p Code					-		
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati		8		. [Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure						
		le l		_				1101	I-Exempled	() all	u North	TIADIC I		Abate		
Locatio	n of	(1) Page 1000000000000000000000000000000000000	ocatio rmally			De	scription	of						Ту		
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED ility	Main Custo	Solely itenandial St (12)	ce/		os Cont thermal surfa	taining N I system cing, VA miscellar	faterial s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											. Ф	
Exterior	Exterior Siding					Exte	rior Si	ding	2	12	00 SF	x	-	_		
		-			т.	-										
Name of Registered Wa United Containers	iste Hauler		Ha	IDEP Wauler ID 459		Cubic of Wa 3	Yards ste		Name of G.R.O.		ered Lar	ndfill				
City, State							sal Date		City, State Morrisv		1906	 87			-	
Completed by Anthony T Perna	AND PARAMETERS AND ADDRESS OF THE PA	Title Presid	lent			Assessed 11-9.	Signature)				Date 12/9	/13			
Italiony i i onia		1 10010										. 2, 3,				

						Glovebag Pro Non-Exempto	cedure d (*) and Non-Fri	abie Pro	icedu	ne en	
11. 1	Nomal	y		Desc	ariphien et	, i			Abat	emen	1
Me	eindenen	rce/	Asper (Le	stos Conta s, thermal s surfaci	ining Met ystems in ng. VAT,	eriot (ACM) sulation, or	Amount (Specify SF or LF)	Remov	Repai	Encepeut	Enclosura
Yes	No	NA]	al a	2
Ţ		x		Si	ding		1,200 SF	K			
		X		Chimne	y Flash	ing	1 SF	K.			\vdash
					1						
	ليب						4				
!	Ha	ader ID I	No.					10			
					Date						
Title Secre	etary			Sig		-, -	1	Destre	013		
	Ves Yes	Namnall Used Solei Maintenar Custodial S (12) Yes No	Yes No N/A X X X NJDEP W Hearier ID 0033137	Normally Used Solely by Meintenerce/ Custodial Sterr? (12) Yes No N/A X X NUDEP Waster Hauter ID No. 0033137	Normally Used Solety by Maintenance/ Custodial Stier? (12) Yes No N/A X Si X Chimne N.IDEP Waste Cubic Y Hauter ID No. of Waste 0033137 TBD Diapose TBD Sig	Is Location Namelly Used Solety by Mointenerce/ Custodial Sterr? (12) Yes No NIA X Siding X Chimney Flash NUDEP Waste Cubic Yards Heater ID No. of Waste 0033137 TBD Disposal Date TBD	Its Location Namely Used Solely by Meintenence/ Custodial Steff? (12) Ves No N/A X Siding X Siding X Chimney Flashing Number Waste of Waste GROW Disposel Date City, State TBD Months	Its Location Namelly Used Solely by Meintenervel Custodial Steff? (12) Yes No N/A X Siding 1,200 SF X Chimney Flashing 1 SF Number ID No. of Waste GROWS Landfill Disposel Date City, State TBD Morrisville PA 19067	Is Location Namely Used Solety by Maintenance/ Custodial Steff? (12) Yes No N/A X Siding 1,200 SF x X Chimney Flashing 1 SF x NAME OF Registered Location NAME OF Registered Location O033137 Title Description of Aspective Containing Meterial (ACM) (Le. thermal systems insulation, SF or LF) SF or LF) Registered Location Name of Registered Location GROWS Landfill Disposal Date TBD Moxinsville PA 19067	Is Location Namelly Used Solety by Mointenervel Custodial Stell? (12) Yes No N/A X Siding 1,200 SF x X Chimney Flashing 1 SF x Name of Registered Logsfill Heater ID No. 0033137 Title Signature Description of Abat T) Amount (Specify SF or LF) SF	Is Location Normally Used Solety by Maintenance/ Custodial Staff? (12) Ves No N/A X Siding 1,200 SF x X Siding 1 SF x X Chimney Flashing 1 SF x Name of Registered Logatil Hauter ID No. of Waste TBD GROWS Landfill Disposal Date TBD Normisville PA 19067

Ck#2528

Date of Notification (1)				Na	ne of Buildir	ng Owner/Operator	(2)					
		13			erizon	ig Owner/Operator	(2)					
Agencies Notified ⊠ EPA 7555 ⊠ DOLWD 7531 ⊠ DHSS 7548	Type Notificat ☐ Initial ☐ Amended Amendment			1	eet Address 5 East Mo 7, State, Zip	ntgomery Place,	Lower Level	DEG	1 2			
□ DCA	Emergency		ng	F	ittsburgh,	PA 15212					•	
(NJAC 5:23-8)	justification	1)	•	Nai	ne of Conta	ct	-					
	☐ Cancellation	on		_ A	nthony Po	orta						
N					ACILITY II	NFORMATION		-				
Name of Facility Where		iking Pla	ce (3)				Type of Facility	(4)				
Verizon Paterson C Street Address							School (K-12) (Other there	K 40\			
114 Paterson St							Other (i.e., pr	rivate and cor	mmercial	build	dings,	
City (5)			0.95				Square Feet	# of Floors	5	Bldg	. Age	
Paterson										a a	S) 5(5)	
County (6) Passaic				Co	unty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being de	molished	1)		
Name of Monitoring Firm	Hired by Buildin	ng Owne	r (8)	ASC	M No.	Name of Abatem	ent Contractor (9)		-			
TTI Environmental,	Inc.						VIRONMENTAL					
Street Address						Street Address						
1253 N. Church St						1123 BEAVE	R STREET					
City, State, Zip Code			36.			City, State, Zip C	ode					
Moorestown, NJ 08						BRISTOL, PA	19007					
Project Manager for Moni Harold Baldwin	itoring Firm			elephor		Telephone No.		License N	0.			
Start Date (10)	100	لد دارزاد د دا			10-8800	215-788-6040		00509			*	
					Date (11) 13	Name of OSHA N BRISTOL EN	/lonitor VIRONMENTAL	., INC.				
Occupancy Status During						Street Address				_		
☐ Facility Closed/Vacate	d During Entire	Period o	f Aba	tement		1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: 7	Outside of Non :00AM-3:30PM	mal Facil	ity Ho PM	urs - D A	escribe VI	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)											
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		= -	lenova Jemoli	44.000.000		☐ Mini-End	tainment with Neg closure g Procedure mpted (*) and Nor					
Location	-t		Is Loc Norm	CT-0729-701-770					7	Abate	ement	Туре
Asbestos-Containing N TO BE ABA IN Facilit (13)	Material (ACM) TED	N	sed Solainter stodia (12	olely by nance/ al Staff?	(i.e	Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF		Demoval	Encapsulate	Enclosure
Basement Basment c	ooridor				+	le and mastic		700 SF		alr		H
Basement Water mete	er room					le and mastic		800 SF		-		+
					1					-	110	
									-	1		
Name of Registered Wast SERVICE TRANSPO		INC.	1-	NJDEF	Waste ID No.	Cubic Yards of Waste	Name of Regist			<u> </u>	712	1
City, State NEW CASTLE, DE 19	9720					Disposal Date	City, State WAYNESBU	JRG, OH 44	1688			
Completed By (Print or Ty Brian Scafiro	pe) 1	itle Estima	ator			Signature	Serlio /	il	Date ///	11/	13	
SB-41	2						1 //		1 /	-		

MAY 11 B5/3/03

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

Date of Notification (1)					Name	of Buildin	a Ow	ner/Operator (2)			-		7 .	
11 /	11 /	13			10000000000	izon	9 0	non oporator (-/						
Agencies Notified			_		04	Addess							-		
⊠ EPA	Type Notifica ☑ Initial	HION			100000000000000000000000000000000000000	Address	-4	manı Dinan	I more I more!	nen	12				
☑ DOLWD	⊠ Amended	i			A		C. W	nery Place,	Lower Level	550	1 4				
☑ DHSS	Amendme	ent #1.	-12/6/	13		State, Zip (E242							
□ DCA	☐ Emergen		luding			sburgh,		5212							
(NJAC 5:23-8)	justification Cancellat				7.77	of Contac	570		*.6						
	Li Cancellat	lion				hony Po									
					FA	CILITY IN	IFOF	RMATION						Y/2	
Name of Facility Where A Verizon Paterson C		aking	Place	(3)					Type of Facility (4 ☐ School (K-12)	•)					
Street Address									Subchapter 8	Other than k	(-12)				
114 Paterson St									Other (i.e., privalent)			l bu	ilding	js,	
City (5)							-		Square Feet	# of Floors		Blo	dg. A	ae	
Paterson													-g. / ·	90	
County (6)			1777	37.	Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Prio	r if being den	nolishe	d)	200.200		
Passaic									Office						
Name of Monitoring Firm	Hired by Build	ding O	wner (8	3)	ASCM	No.	Nar	me of Abatem	ent Contractor (9)	The state of the s		-			
TTI Environmental,	Inc.			(100)			B	RISTOL EN	VIRONMENTAL,	INC.					
Street Address							Stre	eet Address							
1253 N. Church St							1	123 BEAVE	R STREET						
City, State, Zip Code			=				City	, State, Zip C	ode						
Moorestown, NJ 080	057						В	RISTOL, PA	19007						
Project Manager for Monit	toring Firm			Tel	ephone	No.	Tel	ephone No.		License No).		X = 4		
Harold Baldwin				8	56-840	-8800	2	15-788-6040)	00509					
Start Date (10)	5	Schedu	iled Co	mple	etion Da	te (11)	Nar	me of OSHA N	Monitor						
12/_2_/	13	_ 12	2_/	_ (_ /	13	В	RISTOL EN	VIRONMENTAL,	INC.					
Occupancy Status During	Abatement (Check	only o	ne)			Stre	eet Address							
☐ Facility Closed/Vacate					ement		1	123 BEAVE	R STREET						
Abatement Performed	Outside of No	ormal F	acility	Hou	rs - Des	cribe		, State, Zip C				-			
Time of Abatement: 7:	00AM- <u>3:30</u> F	PM/	PN	١	AM		1000	RISTOL, PA							
Scope of Work (Check all	that apply)			_											
☐ >3 sf or >3 lf			⊠ Rer	0.40	lion				tainment with Nega	tive Pressure	Э				
≥3 si oi ≥3 ii ≥160 sf or ≥260 lf		i	Der	noliti	on				g Procedure						
¥1				2				☐ Non-Exe	mpted (*) and Non-	Friable Proc	edure				
4 2				Loca orma	ition			192				Aba	atem	ent T	уре
Location of Asbestos-Containing N	73.50	0			ely by	Ashe	etne	Description of Containing Ma		Amount		Re	Re	m	Ш
TO BE ABA	TED	"		93700	ance/		e., the	rmal systems	insulation,	(Specify		Removal	Repair	cap	Enclosure
IN Facility (13)	у		Cust	(12	Staff?			surfacing, VAT her miscellane		SF or LF))	<u>a</u>		Encapsulate	ure
(13)			Yes	No	1000000		Oti	ner miscellane	ous)					ite	
Basement Basment c	ooridor					Floor ti	le ar	nd mastic		700 SF		X			
Basement Water meter	er room					Floor ti	le ar	nd mastic		800 SF		\boxtimes			
Name of Registered Wast	e Hauler			\exists	NJDEP I	Vaste Vaste	Cub	oic Yards of	Name of Registe	red Landfill	,				_
SERVICE TRANSPO	RT GROUP	, INC		1	Hauler II		Wa	ste	MINERVA L						
City, State					20990)	Dist	posal Date	City, State			-			
NEW CASTLE, DE 1	9720						213	- Jou. Duto	WAYNESBU	IRG. OH 44	1688				
Completed By (Print or Ty		Title						Signature		, •11 -11		- 2			
Brian Scafiro	PG/	0.000000000	timat	25					1. 1.	10	Date 12	10	//:	3	
Dilair Scalifu			umat	J1				Druen	Scolino /	K	1	/	11		

ASB-41 MAY 11 /35/3/03

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

Emergency

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

ACI D	O .			OF ASBESTOS to NJAC 8:60 an			11/1	+ AN	A ?	1	21	9
Date of Notification (1)			Name o	Building Owner/G	Operator	(2)	(N-1-	- WELL	*	-	1	-
13/9/13			0	nock N	in	Stron	\					
Agencies Notified Type I	Notification		Street A	ddress	:1	20.101	1					,
DO EPA DO IT	nitial	-	(2015	1	AVR		DEC 1	2	A IA		- 4
DEP A	mended	Ī	0.00	ite, Zip Code		2 - 1		1				
	mendment # Emergency (including			vormana	41	beach,	Neu	rest	re	4		
	ustification) Cancellation		Name o	f Contact	,							
	Jancenation	i	FAC	LITY INFORMAT	ION		_					
Name of Facility Where Abatem	ent is Taking Place (3)	1 70	LITTINIONINA	1014	Type of Facility	(4)					
	on Kes	ide	20	2		School (K	-12)					
Street Address	A				(5	Subchapte	er 8 (Othe	er than K-12)		Posterior	
0015=	HVC					Other (i.e. etc.)	private a	k commercia	al Dull	amgs,	nom	es,
City (5)	. 0 . 0 !-					Square Feet	# of	Floors		ldg. A	300 k	
County (6)	4 Deach		County	Code (7)		2300	1- 161 1	1		00		
DI RO		1		USE ONLY)		Current Use (P			ed)			
Name of Monitoring Firm Hired I	by Building Owner (8))	ASC	A No.	Name	of Abatement Co	ontractor	(9)				
						Insulation Co		1-7				
Street Address					1 2 2 2 2 3 3	Address						
City Plate 7in Code					1	nontrose Roa	id					
City, State, Zip Code	×					State, Zip Code	7700					
Project Manager for Monitoring F	irm		Tolonho	no No		s Neck, N.J. 0	11722					
r roject manager for worldoning r	11111	1	Telepho	ne No.		none No. 294-1757		License No 00029	0.			
Start Date (10)	Schedul	ed Cor	mpletion	Date (11)		of OSHA Monito		00028				
12/13/13	12	11	912)		or we monito						
Occupancy Status During Abate	ment (Check Only O	ne)			Street	Address	· · · · · · · · · · · · · · · · · · ·					
Facility Closed/Vacated Dur	ring Entire Period of	Abaten	nent									
Abatement Performed Outs Other – Describe:	ide of Normal Facility	y Hours	· _		City, S	State, Zip Code			- 77			
Scope of Work (Check All That A	(vlaa)	<i>1</i> 13.	1									
≥3 sf or ≥3 lf					Г	1						
≥160 sf or ≥260 lf	· prompty	Renova Demolit				Full Containn Mini-Enclosur	nent with	Negative P	ressu	e		
,T	_				5	Glovebag Pro	cedure		and the same of the same of			
	le le	Locati			~	Non-Exempte	ed (*) and	Non-Friabl		Abate		
Location of	1	Vormal	lly	De	scription	of				Ту		
Asbestos-Containing Materia TO BE ABATED		d Sole		Asbestos Cont	taining N	Material (ACM)	A	nount			т	
In Facility		todial S		(i.e. thermal surfa	system cing, VA	s insulation, T. or		pecify or LF)	Ren	Re	nca	Enc
(13)		(12)		other n	niscellar	neous)		0, 1,	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						=		ale	e e
1007400C			Y	Sidia			73	00 IT	Y			
<u> </u>				2.00			00	UV Y	_/\		-	
		K-S eate						-			-	
										_		
Name of Registered Waste Haule	er l	N	JDEP W	aste Cubic	Yards	Name of	Register	ed Landfill				
Ace Insulation Co., Inc.			auler ID 2086			Grows	-	-u Landiii				
City, State			2000	Disease	al Date							
Colts Neck, New Jersey				I Dispos	iv	City, Sta	te wn, Pa					
Completed by	Title			0	ignature		wii, ra	Date				
George Wuest	Presi	dent		. 1	5	hora GWA	after the same	Date	3/10	ili	2	
					A	17	,		1	111		

(KH219)

Date of Notification (1)			Name	of Bullding	1 Owner/	Operator	(2)								
12/9/13	-			tie	1,7		jesser a	nen	nort	-10		,-	7		
Agencies Notified Type Notification			Street	Address			^ ^						1		
EPA Initial Amended	. a		City S	tate, Zip C	200	20 1	TUR		7						
DOL Amendmen				20. 6		ht	A) T	DE	L 12						
DOH Emergency justification		3	Name	of Contac	1	 	14.5.					-			
DCA Cancellation	1							1							
Name of Facility Where Abatement is Takin	ng Place (3)	FAC	CILITY IN	ORMAT	TON	Type of Facility	(4)				-	J.		
Cloutier, Engesse	on	dn	nex	in IX	esic	lence	School (K								
Street Address	,						Subchapt	er 8 (Othe	er than K-1 commerc	2)	latter at a	0004.00000	220		
454 Ocean Are							etc.)						nes,		
Sea Bright N	Τ					1	Square Feet	# of	Floors		3!dg.				
County (6)	<u></u>	1	County	Code (7)		-+	Current Use (P	rior if beir	ng demolis						
Name of Monitoring Firm Hired by Building)			USE ONL	γ)		Current Use (Prior if being demolished)								
Rame of Monitoring Firm Fired by Building	Owner (8)	ASC	M No.		Name o	of Abatement C	ontractor	(9)	-					
Street Address							e Insulation Co., Inc.								
City, State, Zio Code							Montrose Road								
City, State, 210 Code							, State, Zip Code lfts Neck, N.J. 07722								
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho	io.								
Store Date (40)							94-1757		License N 00029	ιο.					
Start Date (10)	Schedul		npletion	Date (11)		Name o	f OSHA Monito	г							
Occupancy Status During Abatement (Chec	k Only Or	ne)	211)		Street A	Address								
Facility Closed/Vacated During Entire	Period of	Abaten	nent												
Abatement Performed Outside of Norm Other – Describe:	nal Facility	/ Hours	S			City, Sta	ate, Zip Code								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf	□ F	Renova	tion				Full Containn	nent with I	Monativa E	FOCCU	ro				
1 ≥160 sf or ≥260 lf	* C	emalit	ion			H	Mini-Enclosur Glovebag Pro	re	Nogalive	10330	16				
						- 7	Non-Exempte	ed (*) and	Non-Friab	le Pro	cedur	e			
Location of	1 1	Locati	lv		-							emen ipe	t		
Asbestos-Containing Material (ACM) TO BE ABATED	Use	d Sole intenar	ly by nce/	Asbes	tos Cont	scription of aining Ma	terial (ACM)	Am	nount		Γ	1	П		
In Facility (13)	Cust	odial 8 (12)	Staff?	(i.e.	surfac	ing, VAT	insulation, or		ecify or LF)	Remova	Repair	ncap	Enclo		
(10)	Yes	No	1 2//2		other m	niscellane	ous)		8 6	oval	bair	Encapsulate	Enclosure		
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G7405715	+		1	210	Chr.	}		130	U56/A	-X					
	+														
	+														
Name of Registered Waste Hauler	1		JDEP W		Cubic		Name of	Registere	ed Landfill						
Ace Insulation Co., Inc.			auler ID 2086	No.	of Was	^{te} 3	Grows	•							
City, State					Dispos	al Date	City, Stat	te							
Colts Neck, New Jersey Completed by	T 7/4:				12/2	7.0	Tullyto								
George Wuest	Title Presid	dent			Si	gnature	Ames		Dat	e/_	· -		\neg		
	L						Hudell	1 de	112	19/	13				

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Date of Notification (1)		Name of Building Owner/Operator (2)													
Agencies Notified Type Notification		-	Street	Address	NCP	ny									
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EPA Initial Amended		+	City S	ate, Zip Co	31	<u> </u>	100							- !	
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Emergency		- 1	Name (of Contact	y co	, 00	New	سعر ا	رسي	tirli 1	2				
DOH justification) DCA Cancellation		1	Manie (Stee	٠				*						
			FAC	ILITY INFO	DRANATI	ON									
Name of Facility Where Abatement is Takir	g Place (3)	170	ILIT HEF	OKNEATI	ON	Type of Facility (4)								
artworky									202				- 5		
Street Address				-			H Si	hool (K-	12) r 8 (Oth	er than K-	12)				
417 CSSEV AUG							NO OI	her (i.e.	private	& commerc	cial buil	dings	, hom	es,	
City (5)							Square	1	1 41 -	(
Soc a- loke									# 0	f Floors	1 ,				
County (6)			County	Code (7)			3, 3		or if hai	ng demolis	- do - al -	60	T		
monmuch		1		USE ONLY			TYO	Si d	12 ()	ng demois 2	snea)				
Name of Monitoring Firm Hired by Building	Owner (8)		LASCI	M No.		Name	of Abate		otractor	(0)	-				
						Insulati			(9)						
Street Address							Address		, 1110.		×	-	-		
12		*			1		/lontros		t						
City, State, Zip Code						State, Zip			•	-	-				
				1		s Neck,		7722							
Project Manager for Monitoring Firm		T	Telepho	ne No.			none No.			License No.					
,=			I diophone No.				294-17	00029	NU.						
Start Date (10)	Schedule	d Con	npletion	Date (11)		Name	ne of OSHA Monitor						-		
12/18/13	121	2		3	1										
Occupancy Status During Abatement (Chec	k Only On	e)	• • • •			Street	Address		- 1						
Facility Closed/Vacated During Entire F	Period of A	baten	ent		1										
Abatement Performed Outside of Norn	nal Facility	Hours	i		1	City, S	tate, Zip	Code						-	
Other – Describe:	- 121	1			-		483								
Scope of Work (Check All That Apply)		- 2											-	-	
≥3 sf or ≥3 if	☐ R	enova	tion			Full Containment with Negative Pressure									
≥160 sf or ≥260 lf	DO0	emolit	ion			7	Mini-Enclosure								
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	la	Locati	0.0			7	110111	_xemplet	1 () and	1 NOII-FIIdi		Abate			
Location of	N	ormal	у		Doo	cription	-6				1		pe		
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TO BE ABATED In Facility	100000000000000000000000000000000000000	odial S		(i.e.			s insulatio	n,	(S	pecify	R	מג	inc	E	
(13)	2000000000	(12)			other mi	ing, VA			SF	or LF)	Removal	Repair	Encapsulate	Enclosure	
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Name of Registered Waste Hauler		l M	JDEP W	laste	Cubic Y	ords.		10-00 50	2						
	0.000	auler ID	150-5,5000	of Wast			704	Registe	red Landfil						
Ace Insulation Co., Inc.	10000	2086			1		ESE								
City, State			Disposa			City, State)			-		\dashv			
Colts Neck, New Jersey	12/21/13 Bethlehem, Pa					а									
Completed by	Title				Sig	nature	and	,	Date						
George Wuest	Presid	ent Glogia W west							12/9/13						
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Date of Nolification (1)			Nam	e of Bull	ding Owne	er/Operator	(2)	-	11-		-		
Agencies Notified Type Notification	-				hour	16 1	nust	C	÷.				-
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DOL Amendme	int#	li a a	-	(11:0	Lars	211	7	DEC	. n			
justification	n)	nug	Name	e of Con	tact	100	, N		_DEC	1.4.			
DCA Cancellati	on			SM									
Name of Facility Winere Abatement is Tak	ing Plac	e (3)	FA	CILITY	INFORM	TION							
Line)tata T	_		1			1	Type of Faci						
Street Andress							School Subcha	(K-12) nter 8 (O	ther than	V 101			
City (5)	1					Í	Other (i.	e, private	≥ & comm	ercial b	uilaing	js, ho	mes
M:11 4-4 30						1	Square Feet	#	of Floors	1	B!da	. Age	
County (6)			Count	y Code (7)		1500)	2	1	1)	
middle sex			(STAT	E USE O	VLV)		Current Use	Prior if b	eing dem	olished)			
Name of Monitoring Firm Hired by Building	Owner	(8)	ASC	CM No.		Name	Of Abatement	Contract	200				
Street Address			l			Ace I	nsulation C	o., Inc.	01 (8)				
						Street A	Address						
City, State, Zip Code							ontrose Roate, Zip Code	ad	-				
						Colts	Neck, N.J.	07722					
Project Manager for Monitoring Firm			Teleph	one No.		Telepho	ne No.	01122	License	. No.			
Start Date (10)	School	ulad C				732-2	94-1757		00029	0.0000000000			
12/19/13	1	11.	ompletion	Date (1	1)	Name of	OSHA Monit	or	1				
Occupancy Status During Abatement (Chec			A			Street A	ddress						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period o	f Abate	ement				7						
Other - Describe:	in Laci	TY HOU	irs **			City, Sta	te, Zip Code						
Scope of Work (Check All That Apply)	· ·	<u>'</u>				L							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	The	Renov	ation				5.46						
		Demoi	ilion			<u>_</u> -	Full Contains Mini-Enclosu	169	Negative	Pressu	re		
	T						Glovebag Pro Non-Exempter	authana	d Non Esta	.LI_ D			
Location of		s Loca Norma						l / am	1 14011-1111	Die Plo		ement	
Asbestos-Containing Material (ACto)	Us	ed Sol	elv by	Ashe	Das	scription of				-		say	
TO BE ABATED In Facility	Cur	aintena stodial	Staff?	(i.i	e. memmai	systems in	erial (ACM)		mount specify	70		9	
(13)		(12)			other m	ing, VAT, iscellaneo	or `	SF	or LF)	Removal	Repair	caps	Endosure
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inknor besenant			X	Tr	102.			110	10	-			
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ame of Registered Waste Hauter ce Insulation Co., Inc.			JDEP Wa		Cubic Y		Name of	Register	ed Landfil				
se medianon co., mc.			2086	v 0.	of Wast	ie /			T	_			
					Dispose	i Date	City, Stat	<u> </u>		<u> </u>			
ty, State ofts Neck, New Jersey ompleted by	Title				121	31/13	10 0 <u>0</u> 000		m Di	4			1
olts Neck, New Jersey	Title Presid	dent			125	nature	10 0 <u>0</u> 000	skehe.	1 03	f = 1 01			_
olts Neck, New Jersey		dent			12/5/8	Plong	10 0 <u>0</u> 000		1 03	7 29	13		_

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Date of Notification (1)				Name	of Distinging	Owner/Operato	- M)	1,								
12-6-2013						ownenoperaci Parsippany	F (2)		A	PPROVE	13					
	Notification				Address	anothbatty	**	NADer	toof H	alli & Se	w Minte Q	arulaa				
						any Blvd.		Fa	VC	Ho) AA 0		.0			
EPA M	Initial Amended	1			ata, Zip Ca					(signalure)	1002	-	1_			
DOL -	Amendment	# :				LJ 07054		Date:	2/6/	1:3 m	na: 🗀	GP1	24			
E DOH	Emergency (Including	3		of Contact		_		-		0.01		-0			
ET DCA	justification) Cancallation			Phil	n extincte											
1.20					ILITY INFO	DRHATION		 								
Name of Facility Where Abatter	ment ls Takin	g Place (3)	-			Typ	of Facility (4)							
House for Demo								School (K-1	2)							
Street Address								Subchapler	6 (Oth	er than ic-	12)	2	2010			
1 Minnehaha Bivd.								Other (i.e. p	rivate 4	& commer	del bu		r pom	105,		
City (5)							Stp	tore Feet	# a	Floors	··· 1	Bklg.	Acre			
Parsippany										.,	- 1	50+				
County (5)		-		County	Code (7) USE ONLY		Can	ment Use (Pri	or if bel	ng demail	ched)			-		
Morris			20	(STATE	usie oally)	'		use for De			- (10)					
Name of Monitoring Firm Hined	by Building I	Dwner (8)	ASCI	M No.	Name	of A	selement Cor	dactor	(9)						
n/a		i		n/a		Loz	Loznica Management Corporation									
Street Address		59	-	•			t Addi					•				
n/a						22	22 Troy Lane									
Olly, State, Zip Code		1					City, State, Zip Code									
n/a						Line	i nios	Park, NJ 0	7035	15						
Project Manager for Monitoring	Pires	6		Telepho	me No.	3357,000000	hone		License							
n/a				n/a				-7950		01193						
Start Date (10) 12-9-2013	1			0.11.	Date (11)			SHA Monitor								
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Occupancy Status During Abat					•	Street				1100	Y.					
Facility Closed/Vacated D	uring Entire F	whod of	Abate	ment		The state of the s		Lane								
Abatement Performed Out Other - Describe:	DSIDE OF NORTH	al Facilit	y Hou	*				Zip Code								
Scope of Work (Check All That	Annha					_ Line	niox	ark, NJ 07	7035							
	white)	<u>:</u>					-							1		
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- TOO OF SECURIE		143	volute:	l@⇔t/l		Č	I G	lini Enclosure lovebng Proc	edure							
		т —					I N	on-Exempled	(*) and	Non-Fria	ble Pro	cedu	ne en			
			ليجافيا										emen	Ł		
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Asbestos-Containing Materi TO BE ARATEO	el (ACM)		में क्रमाह स्टब्स्			os Containing i thermal system				mount	_		m	-		
In Facility		Cura	todiai : (12)		(i.e.	surfacing, VA	T, or		3E (2)	pacify or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)			(12)			other miscella	neous)		500000	SA C	華	E.	Ser		
		Yea	No	NVA							_	1	3			
Living Room				X		VAT and M	agtic	7	20	0 SF	12	\vdash				
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	The said of	-			_											
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Namo of Registered Waste Hau				UDEP W	100 to 10	Cubic Yards		Neme of F	legistor	ed Landiii						
Loznica Management Cor	poration .	39		faculer ID 1033137		Of Waste		GROW	S Lan	dfill				1		
City, State		· · · · · ·				Disposal Date		City, State								
Lincoln Park, NJ 07035						TBO				10027						
Completed by Title					Skinghija			Morrisville PA 19067								
E. Cirovic		Secr	etarv		*	1	Date 12-6-2013							1		
		1	-		Maria Company	16.1	111					210		1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	.,		ırsuant	to NJAC 8:60	and 12:12	0)	Chec	le 12	54	8			
Date of Notification (1) 12/9/13				Building Owne	er/Operator	r (2)			11.	-		Ţ	7
	tification	- 1	Street A	ddress ark Road				*		120000			1
the state of the s	al ended endment #			te, Zip Code ale, NJ 074	01			DEC 1	2	13		-	-
DOH Em	ergency (including ification)	F	Name of	Contact finicucci									,
	rociidation			LITY INFORMA	ATION								
Name of Facility Where Abatemen Home	t is Taking Place (3)		1 401	LITT HET OKIED	ATION	promong.	of Facility (4						
Street Address							School (K-1) Subchapter	2) 8 (Other than i	(-12)				
3 Albert Road						×		rivate & comm		uilo	lings,	hom	es,
City (5) Allendale						Square Feet # of Floors Bld 2200 2 50						ge	
County (6) Bergen		T	County (Code (7) USE ONLY)		Curre	nt Use (Pric	or if being demo	olished)			
Name of Monitoring Firm Hired by	Building Owner (8)		ASCM	1 No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address			,		Street	Addres	SS	113700000000000000000000000000000000000					
City, State, Zip Code		- 300			City, S	4 E Gate Drive, PO Box 483 City, State, Zip Code							
Project Manager for Monitoring Fire	m	-1-	Telephor	no No			, NJ 0748		- 11-				
	•					hone No 764-2		Licens 703	e No.				
Start Date (10) 12/20/13	Schedule 1/20/14		pletion [Date (11)			A Monitor				Ve contract	1000	
Occupancy Status During Abateme	ent (Check Only One	e)			Street	Addres	SS .	sor					
Facility Closed/Vacated Durin Abatement Performed Outside Other – Describe:	g Entire Period of A e of Normal Facility	batem Hours	ent			State, Zi		·	***				********
Scope of Work (Check All That App	oly)					il tues saan	*					-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Desirement	enova emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur						e	
	Is	Locati	on					1/200			Abate	emen	:
Location of	Lleas	ormall			Description	n of			<u> </u>	-	Ту	ре	
Asbestos-Containing Material (TO BE ABATED In Facility (13)	Maii	d Solel ntenar odial S (12)	ice/	su	ontaining N nal system rfacing, VA er miscellar	s insula T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									Ф	
exterior			х	ех	cterior sic	ding		300 SF	x				
							-			\dashv			
										\dashv	_		-
Name of Registered Waste Hauler		N.	JDEP W	aste Cut	bic Yards	-,	Name of F	Registered Lan	dfill				L
Freehold Cartage		H	auler ID 959		Vaste		GROWS		J				
City, State Freehold, NJ				Dis TBI	posal Date D		City, State Morrisvi						
Completed by Andrew Scott Higgins	dent			Signature	1			Date 12/9/	/13				

State of New Jersey

						8:60 and			Cher	6	12	742	,			
Date of Notification (1) 12/9/13					f Building Minicuc	Owner/C	Operator	(2)	Clea		10				_	
Agencies Notified	Type Notification			Street A 448 M	ddress lark Roa	ad									+	
DEP DOL	Amended Amendment		_ [ate, Zip C lale, NJ	ode 07401		•			FC 1	201				
DOH DCA	Emergency justification) Cancellation				f Contact Minicuc					•						
Name of Facility Where	Abstament is Takin	a Diago /	2)	FACI	LITY INF	ORMATI	ON							•		
Home	Abatement is Takin	g Place (3)					[man]	of Facility (School (K-1	eren j						
Street Address 3 Albert Road								×	Subchapter Other (i.e. petc.)	r 8 (Oth private	er than K & comme	-12) rcial bui	ldings	, hom	ies,	
City (5) Allendale		14							re Feet	# 0	f Floors	rs Bldg. Age 50				
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Name of Monitoring Firm	Hired by Building	Owner (8)	ASCN	M No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC									
Street Address						Street Address 4 E Gate Drive, PO Box 483								3 300		
City, State, Zip Code						City, S	State, Z	483								
Droinet Manager for Man	W. d						100000000000000000000000000000000000000		, NJ 074	81						
Project Manager for Mon	litoring Firm		Telepho	W. Carlotte			none N 764-2			License 703	No.					
Start Date (10) 12/20/13		1/20/1	4	npletion	Date (11)		Name	of OSI	HA Monitor	03535411258						
Occupancy Status During	g Abatement (Chec	k Only O	ne)				Street	Addres	SS						10	
X Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of nal Facilit	Abaten y Hours	nent s			City, S	state, Z	ip Code					<u></u>		
Scope of Work (Check A	II That Apply)								-				0,000	-	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		France	Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proced							lure		
			Locat											emen	t	
Locatior Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	Material (ACM) ATED	Use Ma	Normal ed Sole nintena todial (12)	ly by nce/	Asbe: (i.e	stos Cont thermal surfac	scription aining M systems cing, VA niscellar	Material s insula T, or	(ACM)	(5	mount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure	
		Yes	No	N/A										te		
exterio	exterior						rior sic	ling		30	00 SF	х				
Name of Registered Was Freehold Cartage	te Hauler		H	IJDEP W lauler ID 5959		Oubic of Was 10			Name of GROW		ered Land	fill				
City, State Freehold, NJ						Dispos	posal Date City, State D Morrisville				A					
Completed by Andrew Scott Higgin	ident			S	ignature	1		_	. [1	Date 12/9/13	3					

Date of Notification (1)	N		Building Owner/C										
12/9/13		MR. MATT NAZZARO											
Agency Notified Type Notification	. S	Street Address A SAMOSET (LD)											
D EPA D'initial		A	SAMOS	=7	140								
□ DEP □ Amended	C	ilv. Stat	e, Zio Code					0.01	0				
Amendment #		CR	anforti	·	CO CH,	016_DE	1.20	9	5				
DOH justication)	N		Contact		8-585×15 1 * 16 fc								
□ DCA □ Cancellation		HR	NAZZY	380									
		FACILI	TY INFORMATIO	M			-		٠				
Name of Facility Where Abatement is Taking Place (3	3)		•		Type of Facility	(4)		50		4000			
MR NAZZARO			•.	160	School (K-12	n.							
Street Address					☐ Subchapter 8	(Other than K-1)	2)						
4. SAMOSET NO	_				homes, etc.)	ivate & commerci	al pullang	5,					
City (5) .		- N		-	Square Feet	# of Floors	Bldg. A	ge					
CRAN FORES					2100	2	19	31	_				
	17	number (code (7) (STATE	HOE		rior if being derno							
() N 1 ON		MLY)	AGG (1) (SIATE			ESIDENO		0					
Name of Monitoring Firm Hired by Building Owner	ASCM I	No.	Nome	F Alastan	nent Contractor (9				_				
(8)	ASCENT I	40.	NOT STREET, CASE			•							
N.S.	<u> </u>	70 - 10	Street A		emoval I	пс							
Street Address					Direct Ch								
Ch. Onto To Code			City, Sta		River St								
City, State, Zip Code			Ha	ee, zp v	eack N	J. 07601							
Project Manager for Monitoring Firm	Telephone	- No	Telepho		Back, IV.	License No.							
Project Manager for Morniolary Falls	elephone	s reo.			7444 -	00388	65						
Start Date (10) Scheduled Comple	lation Date	(44)			Monitor	1 00300				_			
	20/1				vironmen	tal Inc							
Occupancy Status During Abatement (Check only one			Street A										
	×15				ler St								
ZTFacility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility H			City, Sta										
D Other - Describe: 7A4 10 CPH	1000					k, N.J.	07606)					
Scope of Work (Check all that apply)			. 1 500	41	F.X.	281 12 242							
M5340153#	2	Reno	cation		Containment with Enclosure	Negative Pressu	re .						
□ ≥ 160 sf or ≥ 260 lf		2 Demo			ebag Procedure								
				□ Non	-Exempted (*) an	d Non-Friable Pro	cedure	AL	dem				
*	ls Locatio								туре				
Location of Us	Normally sed Solely		Des	cription	of	5¥	Γ	Т	Т	T			
	Aaintenan	ce/	Asbestos Contr	aining M	aterial (ACM)	Amount (Specify	1:	æ	18	, m			
IN Facility	Custodia Staff?		(i.e., thermal	sysæm: ing, VA'		SF or LF) [Removal	Encapsulate	Enclosure			
(13)	(12)		other n	iscellan	eous)	,		5		1			
Yes	s No	N/A											
	5 160		JICA IIII	1-11	-1 0	20	- h	×	+	+			
BREWERT	+	7	HERMAL 10	USU W	1100	280		4	+	+			
	+							+	+	+			
	+							+	+	+			
	NJDEP W ID No.	aste Ha	uler Cubic Y Waste	ards of	Name of Regis	stered Landfill							
Dant Domorrol Inc	17109	9		27	Minerva	Enterpr	ises						
City, State	1,10		Disposa		City, State								
Hackensack, N.J. 07	601			20/12		ourg , Oh	1						
Completed by Title			Signatur)		Date .						
J. Maiorano Estimat	or		1	rot	اصدونه	a	12/	91	13				
	de la ferra		estos licensure e	Y				-1					

NOTIFICATION OF ASBESTOS ABATEMENT

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

													.00				
Date of Notification (1)	1 0 001				Name of Building Owner/Operator (2) Carla Young												
	cember 9, 201	13					Carla	Young) ?)=) F	10				
[X] EPA		Notific			Street A	ddress	5 Beve	erly Court					i i				
[x] DOL	Amer	ndment			City, Sta	ate, Zip Cod		nsville, NJ	08691	DEC 12		7)					
[]		gency (i ication)	ncluding		Nama	f Contact	10000										
[] DCA		ellation			Name o	Carla `	Young										
				FAC	CILITY	NFORM	ATION										
Name of Facility Where Abat Resid		Place (3	5)					Type of Fa	cility (4)	School (k-12)							
Street Address		_			-		-		[]	Subchapter 8 (oth							
	N Street								[x]	Other (i.e., privat homes, etc.)	te & co	mmerc	al build	lings,			
City		Coun	ty (6)			Code (7) USE ONLY	0	Square fee 1500		# of Floors	Bldg	g. Age	60				
Seaside Park		Oce	an					Current Us	e (Prior if Residen	being demolished) ce							
Name of Monitoring Firm His N/A	red by Building (Owner (8)		ASCM N	lo.	9)										
Street Address			10.00		Street Address					ian Contracting, Inc.							
City, State, Zip Code				oute 9, Unit 61													
Project Manager for Monitori	Number			Telephon	e Number	Toms R	iver, New Jerse License N		755-1	271							
Scheduled Start Date (10)		D : (1		732-34	9-9932		00624	umoci									
12/10/13	Haran San San San San San San San San San S		Scheduled C 12/12/1		on Date (1	.1)	Name of	OSHA Moni		. Analytical							
Occupancy Status During Ab	atement (Check of Closed/Vacated			of Aba	tement		Street Ad	dress	1056 St	elton Road							
3 3	nent Performed (City Stat	e, Zip Code				1111-0200-0					
[] Other -	- Describe						City, Stat	e, Zip Code	Piscatav	vay, New Jerse	y 088	54		35			
Scope of Work (Check all tha	t apply)					2000	[]	Full Co		with Negative Pres	sure						
>3 sf o	r≥3 lf		[]	Renova	tion		[]		iciosure ig Procedui	re							
[x] ≥160 s	f or ≥260 lf		[x]	Demoli	tion		[x]			and Non-Friable I	rocedu	ire					
					T						Abat	ement '	Time				
		20	Is Location	1		1	Description	n of					<u> </u>				
Location of		1	Normally us	ed		Asb	estos-Con	taining		Amount	R	R E	E	E N			
Asbestos-Containing Mat TO BE ABATE		Main	Solely by stenance/Cu	_+_ d:_1	1		laterial (A			(Specify SF	M	P	C	С			
in facility	<u>2D</u>	Maii	Staff	stodiai			thermal s lation, sur			or LF)	0	A I	A P	L			
(13)			(12)			mou	VAT, o				V	R	S	S			
		YES				othe	r miscella	ineous)			Α		U	U			
	N/A							L		L E	R E						
Exterior- X						stos sidin	g			1250 sf	X						
							-39										
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler I 20223					ID No.	Cubic Yar	ds of Wast		of Register R.F.	ed Landfill							
City, State Disposal					sal Date		City, Sta	ite						-			
Toms River, N	ew Jersey			12/13	3/13			wn, Penn	sylvania	A							
Completed by (Print or Type) Nicholas Fernicola Title Project Manager					Signature Date 12/9/2013												

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (i)				-	Nome of Building	Ouman/Oma	rotor (2)		W00 W0-0						
Date of Notification (1)			Name of Building		Coast Construction	- J.	3.	?	39						
Agencies Notified [X] EPA [] DEP		Notific	ation tification	7	Street Address City, State, Zip Co		oms River Road		i						
[x] DOL	[X] Emerg		# including		City, State, Zip Ci		on, NJ 08527	DEC 1	2 _						
[] DCA		cation) llation			Name of Contact Brad	Lebbing	V.								
		10		FAC	ILITY INFORM	MATION						Ŷ.			
Name of Facility Where Ab Res	patement is Taking laidence	Place (3	3)		*		Type of Facility (4)	School (k-12)							
Street Address	4 Lake Avenue						[] [x]	Subchapter 8 (oth Other (i.e., privathomes, etc.)			ial build	lings,			
City		Coun	ty (6)	Т	County Code (7)		Square feet	# of Floors	Bldg	g. Age					
Seaside Park		Oce	an		(STATE USE ONI	.Y)	1200 sf 1 60 Current Use (Prior if being demolished)								
							Residence								
Name of Monitoring Firm I N/A)wner (8)		ASCM No.	Name of	Abatement Contractor		noting Inc						
Street Address						Street Ac	Guardian Contracting, Inc. Address 1889 Route 9, Unit 61								
City, State, Zip Code						City, Sta	tate, Zip Code Toms River, New Jersey 08755-1271								
Project Manager for Monito	oring Firm		Telephone	Number		Telephor	ne Number	License N		/33-1	271				
Scheduled Start Date (10)			Scheduled	Completi	on Date (11)		9-9932 OSHA Monitor	00624							
12/10/13	The state of the s		12/12/		on Date (11)	I varile of		. Analytical							
Occupancy Status During A	Abatement (Check of lity Closed/Vacated	- 23	TO:	nd of Aba	tement	Street Ac		elton Road							
5 5	tement Performed C					City Stat	te, Zip Code	onon reduc		1227					
[] Othe	er – Describe				 	ony, ou		way, New Jerse	y 088	54					
Scope of Work (Check all t	hat apply)					[]		with Negative Pres	sure						
[] >3 si	f or ≥3 lf		г 1	Renova	tion	L J	Mini-Enclosure Glovebag Procedu	re							
E	0 sf or ≥260 lf		[x]	Demoli		[x]		and Non-Friable	Procedu	ire					
									Abat	ement	Туре				
•			Is Location			Description			R	R	Е	Ė			
Location of Asbestos-Containing M			Normally u Solely by			bestos-Cor Material (A		Amount (Specify SF	Е	E P	N	N			
TO BE ABA		Mair	itenance/Ci			e., thermal		or LF)	M	A	C A	C L			
in facility	/		Staff		in	sulation, su			0	I	P	0			
(13)			(12)			VAT, o			V	R	S	S			
	NO	N/A	01	ner miscen	aneous)		A L		L	R					
Exterior	X	Τ	Asbestos sidi	ng		1100 sf	X	-	E	Е					
Exterior	A	 	Asocsios sidi	ng		1100 31	A	-	-	-					
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler I 20223						ards of Wast		red Landfill			-				
City, State	nuacting, inc.			0223 Dispos	sal Date	City, St	T.R.R.F.				-				
Toms River,		Title		12/13	3/13	Tullyt	own,-Pennsylvania	17							
Completed by (Print or Type	ect Manag	or	Signature	-1	14.	1	Date								

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