NOCH

Date of Notification (1) 12/16/14				Building O others C)							
Agencies Notified Type Notification			street Ad 1000 M	dress laxwell L	ane				DEU 1	Ŝ _			7/	
EPA Initial DEP Amended Amendment #				e, Zip Cod en, NJ 0				I AS	DESTUE		HO.	. J.		
	ncluding	1000		Contact by Bailey	/			Te	ephone Nu	mber		w		
			FACIL	ITY INFO	RMATION	V								
Name of Facility Where Abatement is Taking 10 Provost Street Street Address	Place (3)							cility (4) I (K-12) apter 8 (Oth	er than K-1	2)				
10 Provost Street						-	etc.)	(i.e. private					es,	
City (5) Jersey City						7	Square Fee 7,500	1	of Floors	1	idg. A 00	.ge		
County (6) Hudson			County C STATE U	ode (7) ISE ONLY)			Current Use ndustrial	e (Prior if be	ing demolis	hed)				
Name of Monitoring Firm Hired by Building C Testor Technology	wner (8)		ASCM	No.				nt Contracto elopment		, Inc.				
Street Address 10-59 Jackson Ave							Street Address 557 Grand Concourse Suite 3-51							
City, State, Zip Code Long Island City, NY 11101				0	City, State, Zip Code									
Project Manager for Monitoring Firm Sten Evenhouse	1	Telephor	ne No. 32-2090		Telepho 718-90	ne No. 06-1055		License 1 01241	Vo.					
Start Date (10) 12/17/14	art Date (10) Scheduled					Name of Julio L	OSHA Mo opez	onitor	4					
Occupancy Status During Abatement (Check	Only One	≘)				Street Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Al	batem	ent			317 9t	h St te, Zip Coo	de				_		
Other – Describe:							City, NJ							
Scope of Work (Check All That Apply)						X Variance Request						R		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	enovai emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu						l. ro		
	T						NOII-EXC	impled () a	III TNOTI-T TIE	Die i ic	100,000 100	emen	t	
	305533	Location or mall			D-+-	ulastaa a	.c			L	Т	/pe		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	d Solel ntenar odial S (12)	y by nce/ staff?	Asbesi (i.e.	tos Contai thermal sy	ystems ng, VAT	iterial (ACI) insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
6 d 51	Yes	No	N/A		Eiron	oroofin			7,500	X	1	-		
1st Floor	1	X			rnep	31001111	9		7,500	X	1	-	-	
		X								x	+	-	-	
		X	2047	2							-	-	-	
		X	IDEDIA	(Cubic Y	/ordo	Na	me of Pegis	Registered Landfill					
Name of Registered Waste Hauler ATC	Hauler ID No.			of Wast		1	nerva En							
City, State Shirley, NY 11967	Disposal Date 12/23/14													
Completed by Sanford Alper	Title Senio	r Pro	ject Ex	xecutive		gnature	1		1.8	Date 12/16/	14		7.50	

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NIAC 8:50 7 AND 12:120.7

ROXBURY TWP. MORRIS	
Agencies Notified EPA	
□ EPA □ Initial □ City, State, Zip Code □ Akron, Ohio 44308 □ DOH □ Amendment #□ □ DOL □ Emergency w/ justification □ Cancellation □ Cancellation □ Type of Facility (4) □ School (K-12) □ Street Address ROUTE 206 □ County (6) □ County Code (7) □ Square Feet □ Floors □ Building Age □ City, State, Zip Code □ Akron, Ohio 44308 □ Name of Contact □ Telephone Number □ Jim Halsey □ Liouring □ School (K-12) □ School (K-12) □ School (K-12) □ School (K-12) □ Other (I.e., private & commercial bldgs., homes, etc.) □ Square Feet □ # Of Floors □ Building Age	
□ DEP □ Amended Akron, Ohio 44308 □ DOH Amendment # □ Name of Contact Jim Halsey □ DOL □ Emergency w/ justification Cancellation □ Cancellation □ Cancellation □ School (K-12) □ School (K-12) □ Subchapter 8 (Other than K-12) □ Other (I.e., private & commercial bldgs., homes, etc.) □ City (5) □ ROXBURY TWP. MORRIS □ County (6) □ County Code (7) □ Square Feet # Of Floors □ Building Age	The state of the s
DOH	
DOL ☐ Emergency w/ justification ☐ Sim Halsey ☐ Cancellation ☐ FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3)	
Name of Facility Where Abatement is Taking Place (3) Street Address ROUTE 206 City (5) ROXBURY TWP. Cancellation FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (I.e., private & commercial bldgs., homes, etc.) City (5) ROXBURY TWP. MORRIS FACILITY INFORMATION Type of Facility (4) Cuty (5) Square Feet # Of Floors Building Age	
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (I.e., private & commercial bldgs., homes, etc.) City (5) ROXBURY TWP. County (6) ROXBURY TWP. County Code (7) County Code (7) Square Feet Type of Facility (4) Subchapter 8 (Other than K-12) Other (I.e., private & commercial bldgs., homes, etc.)	
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (I.e., private & commercial bldgs., homes, etc.) City (5) ROXBURY TWP. County (6) ROXBURY TWP. MORRIS Type of Facility (4) Subchapter 8 (Other than K-12)	
Street Address ROUTE 206 Street Address ROUTE 206 Subchapter 8 (Other than K-12) Other (I.e., private & commercial bldgs., homes, etc.) City (5) ROXBURY TWP. MORRIS School (K-12) Other (I.e., private & commercial bldgs., homes, etc.) Square Feet # Of Floors Building Age	
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ROUTE 206 Other (I.e., private & commercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors Building Age ROXBURY TWP. MORRIS	
City (5) County (6) County Code (7) Square Feet # Of Floors Building Age ROXBURY TWP. MORRIS	
City (5) County (6) County Code (7) Square Feet # Of Floors Building Age ROXBURY TWP. MORRIS	
ROXBURY TWP. MORRIS	
To the state of th	
Current Use (Prior if being demolished)	
Telephone Pole	
Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO	
Environmental Health Investigations NORTHSTAR CONTRACTING GROUP, INC	
Street Address Street Address	
655 West Shore Trail	-
City, State, Zip Code 32 Williams Parkway	
Sparta, NJ 07871 City, State, Zip Code	
Project Mngr. For Monitoring Firm Telephone Number	
Dino Nappi 212-682-9271 East Hanover, NJ 07036 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number	
973-884-8682 00860	
Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor	
Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC	
Abatement Street Address	
Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5;00 pm	
Other - Describe: City, State, Zip Code	
East Hanover, NJ 07036	
Scope of Work (Check All That Apply)	
S S III Contain and this Newstitus Decognies	
 □ Demolition ☑ Renovation □ Full Containment with Negative Pressure ☑ ≥3sf or ≥3lf □ Mini - Enclosure 	
✓ ≥3sf or ≥3lf Mini - Enclosure ✓ >160 sf or >260 lf Glovebag Procedure	
Non-Exempted (*) and Non-Friable Procedure	
Location of Is Description of Asbestos Containing Location Asbestos - Containing R E E	
Asbestos Containing Location Asbestos - Containing R E E N N N	
TO BE ABATED Used (I.e., thermal systems (Specify M E C	
in Facility Solely insulation, surfacing, VAT, SF or LF) O P A L	
(13) by Main- or other miscellaneous) V A P	
tenance/	3
Custodial L R U L R L R	2
YES NO N/A	
Exterior Telephone Pole	
	Щ
the control of the co	
Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill Hauler ID No. Vards	
NEWARK CARTING Hauler ID No. Yards I.E.S.I.	14
NEWARK CARTING Hauler ID No. Yards I.E.S.I. 4509 of Waste	
NEWARK CARTING Hauler ID No. Yards I.E.S.I. 4509 of Waste	4
NEWARK CARTING Hauler ID No. Yards 4509 of Waste City, State NEWARK, NJ Disposal Date Disposal Date Date Date Disposal Date Disposal Date Disposal Date Disposal Date	7
NEWARK CARTING Hauler ID No. Yards 4509 of Waste City, State NEWARK, NJ Disposal Date Date Date Date Date Date Date Date	-
NEWARK CARTING Hauler ID No. Yards 4509 of Waste City, State NEWARK, NJ Disposal Date Disposal Date Date Date Disposal Date Disposal Date	'/14

CK 2167

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

					/B ##	~ 10 / "	,			•	0 0	Von z
Date of Notification (1)	. 11		1 1			Owner/Operator (2			UEU	1	8 2	4014
12 / 17	/ 14			-irs	t State	es investo	rs 5200, LI	_4 _				
■ EPA	Type Notification Initial				_{Address} Blair Mi	II Road		AS	BESTO LIC	JS (SING	TRO
■ DHSS	Amended Amendment #	oludina	10.0		ate, Zip Co ham, P	ode A 19044						
(NJAC 5:23-8)	 ☐ Emergency (in justification) ☐ Cancellation 	cluding	- 1	Name (of Contact y Webb			Telephone Num	ber			
I				3.00	-	The second secon		-	1000000		-	
Name of Facility Where Ab	ata a santia Tablas	Dlaga /	2)	FAC	ILIIY INI	FORMATION	Type of Facility (4	`				
Bank of America	atement is Taking	Place (3)		114		School (K-12)	<i>)</i> .				
Street Address							Subchapter 8 (Other than K-12	2)	n an a a	20 14	
367 Springfield Av	enue .						Other (i.e., priv homes, etc.)	rate and comme				
City (5)							Square Feet 100,000	# of Floors	100	lg. Ag)+/-		
Summit County (6)				Count	v Code (7)	(STATE USE ONLY)	Current Use (Prior			, . , -		
Union				Couri	ly Code (1)	(STATE USE UNET)	Bank	in boing donnon	J.104)			
Name of Monitoring Firm F	lired by Building C	Owner (8)	A	SCM N	No.	Name of Abateme	ent Contractor (9)					
Hillmann Consulting	ng, LLC					Prism Resp	onse, Inc.					
Street Address	20.					Street Address						
1600 Route 22 Ea	ıst					102 Techno		+				
City, State, Zip Code						City, State, Zip Co						
Union, NJ 07083						Export, PA	15632	T				
Project Manager for Monitor Craig Abrams	oring Firm	P. 45	A CONTRACTOR OF THE PARTY OF TH	hone N -688	No. 3-7800	Telephone No. 724-325-333	923273	License No. 01121				
Start Date (10) 12 / 29 /		luled Cor	DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	on Dat	2000 September 2000	Name of OSHA M Hillmann C	_{lonitor} Consulting, L	LC				
Occupancy Status During	Abatement (Chec	k only on	e)			Street Address					71-41	
Facility Closed/Vacated	During Entire Pe	riod of Al	oatem	ent		1600 Route						
Abatement Performed (Time of Abatement:						City, State, Zip Co Union, NJ 0			2.5			
Scope of Work (Check all	that apply)						tainment with Nega	tiva Praesura				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Rend				☐ Mini-End ☐ Gloveba			ure			
		Is L	.ocati	on					Ab	atem	ent T	уре
Location of Asbestos-Containing N <u>TO BE ABAT</u> IN Facility (13)	laterial (ACM) CED	Used Main Custo	tenar	y by nce/		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			-	<u>.</u>				
Basement - Mecha	nical Room			x		Pipe Insulat	ion	25 LF	×			
				x								
				x					×			
Name of Registered Waste	e Hauler		N.	JDEP V	Vaste	Cubic Yards of	Name of Registe	ered Landfill				
Waste Manager	ment			auler ID /1724	No.	Waste	Grows No	orth Landf	ill			
City, State Morrisville, PA			-			Disposal Date 12/31/14	City, State Morrisville	e. PA			(4	
Completed By (Print or Ty		-		277		Signature	1113111341113	7 10	ate			
Jessica Wolfe	Ad	inimt	stra	tive	Supp	ort /	SUCALE	104 Kel 1	2/17	/20	174	

ASB-41 MAY 11

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

CK 1843

State of New Jersey

NOTIFICATION OF	ASBESTOS ABATEMENT
(Pursuant to	NJAC 8:60 and 5:16)

1042					ESTOS ABATE 8:60 and 5:16		DEC	E	V	7 [7
Date of Notification (1) 12 / 15 / 14					Owner/Operator (2 sics c/o Cathy V		DE	0 18	201	4		
Agencies Notified EPA DOLWD DOH Type Notification Initial Amended Amendment #_	6		City, Sta	rower La ate, Zip Co				OS COI ICENSIN		OL 8	<u> </u>	
DCA Emergency (inc justification) Cancellation	cluding	D /	Name o	of Contact Johnson			Telephone	Number				
44			FAC	ILITY IN	FORMATION			2001				
Name of Facility Where Abatement is Taking Commercial Building Street Address 1377 Route 206	Place ((3)		41		Type of Faci ☐ School (№ ☐ Subchape ☐ Other (i.e. homes, e.e.)	(-12) ter 8 (Other than a., private and co	mmercial				
City (5) Montgomery, NJ						Square Feet				ı. Age	e 	
County (6) Somerset			Count	ty Code (7)	(STATE USE ONLY)		(Prior if being de	emolished)			
Name of Monitoring Firm Hired by Building C	Owner (8	3)	ASCM N	No.	Name of Abateme	ent Contractor	r (9)					
Bio Terra Solutions					ALL PRO MA	NAGEMEN	T LLC					
Street Address				William III	Street Address		=					
P.O. Box 1224					27 Outwater	Lane		5755		2000		
City, State, Zip Code Union, NJ					City, State, Zip Co				2			
Project Manager for Monitoring Firm Rick Eustaquio			ephone 1 73-494-		Telephone No. 973-928-4888	3	License I	No.				
Start Date (10) Sched			etion Dat		Name of OSHA N		IT LLC				- Alle	
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Time of Abatement:AMP	riod of a	Abate / Hou	rs - Des	cribe AM	Street Address 27 Outwater City, State, Zip C Garfield, NJ	ode						
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	□ Re					ntainment with closure ag Procedure	n Negative Press	ocedure				
		Loca						L	Aba	teme	ent T	ype
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use	inten	lely by ance/ I Staff?		Description estos Containing M e., thermal systems surfacing, VA other miscellan	aterial (ACM) insulation, T, or	Amou (Spec SF or	int ify LF)	Removal	Repair	Encapsulate	Enclosure
Thereselves				Tiles			3701	SF	\boxtimes		\boxtimes	\boxtimes
Throughout					lbow Insulation		12 S	F	\boxtimes			
Electrical Room and Loading Dock		П		1 -	lbow Insulation		200 \$	SF				
Main Entrance, Office, Hallway	+-				rope lining		30 L		\boxtimes			×
Small cat walk boiler			NJDEP		Cubic Yards of	Name of	Registered Land					
Name of Registered Waste Hauler Future Sanatation, Inc.	Ä		Hauler I 2205	D No.	Waste As Needed	Grows	3					
City, State					Disposal Date TBD	City, Stat	e own, PA					
Farmingdale, NJ					IDD	Tunyo						

ASB-41 JAN 13

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

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

		-		1377 Route 206, Montgomery, NJ		Abatemer	it Type		
Location of Asbestos- Containing Material (ACM) TO BE ABATED In Faculty (13)	Solely by Maintenance/Cust odial Staff (12) Normally Used Solely by Maintenance/Cust odial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount - (Specify SF or LF)	R e m o v a l	R e p a i	Encaps.	E n c l o s u r e	
	Yes	No	N/A						
Main Entrance & Office					2005 55	X		X	Х
Hall			X	Black Mastic	2085 SF	-		X	<u>^</u>
High & Metal Roof			X	Black Roofing Material	8,700 SF	X			
High & Metal Roof			X	Black Flashing	530 SF	X		X	_
Silver Roof & AC Unit			X	Black/Silver Flashing	690 SF	Х		X	_
Black Roof			X	Black Flashing	440 SF	X		X	
Rear Small Building & Outhang			X	Black Flashing	180 SF	X		X	

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature:	Date: / 12/15/14
Alleli Wollchik			100	11111

State of NJ

Notification of Asbestos Abatement C (Pursuant to NJAC 8:60-7 and 12:120-7) 2014-224 B & G proj. #: Check # 7006 Date of Notification (1) Name of Building Owner/Operator (2) DEC 18 2014 1 12 1/1 15 1/11 14 1 Satarus Landau Type Notification Agencies Notified Street Address ASBESTOS CONTROL & LICENSING ☐ EPA 26 West Central Avenue X Initial ☐ DEP City, State, Zip Code X DOL Amendment Maywood, NJ 07607 Telephone Number Name of Contact X DOH Cancellation ☐ DCA Satarus Landau FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Satarus Landau Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 26 West Central Avenue Square Feet # of Floors Bldg. Age County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) Maywood, NJ 07607 Bergen Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 12/29/2014 12/30/2014 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure ★ Glovebag procedure Demolition X Renovation Non-friable procedure >3 sf or >3 If ≥160 sf or ≥260 lf E Is location normally used solely Ε Location of e е n by maintenance/custodial Amount n Description of asbestos-containing asbestos-containing m p C staff(12) (Specify SF or C material (ACM) 0 material to be a a L abated in facility (13) v Yes No N/A p X 2 lf / 18 lf pipe insulation main room / boiler room 3 If X X pipe insulation back room 18 If X pipe insulation X laundry room 40 lf / 8 lf main room, boiler room pipe X 15 lf pipe back room Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restcration, Inc. Disposal Date City, State Tullytown, PA 12/31/2014 Lincoln Park, NJ Date Signature Completed by (Print or Type) Gordana Luna Title 12/15/2014 Secretary/Treasurer Gordana Luna

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) 2014-226 B & G proj. #: Check # 7007 8 2014 Date of Notification (1) Name of Building Owner/Operator (2) 1 12 / 1 5 / 1 14 Atul Meharshi Type Notification Agencies Notified Street Address ASBESTOS CONTROL & EPA LICENSING 303 Vose Avenue X Initial DEP City, State, Zip Code Amendment South Orange, NJ 07079 X DOL Telephone Number Name of Contact X DOH Cancellation ☐ DCA Atul Meharshi FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Atul Meharshi Other (Private/Commercial X Street Address Bldgs./Homes, etc. Bldg. Age 303 Vose Avenue Square Feet # of Floors County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Fssex South Orange, NJ 07079 residential Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 12/31/2014 12/30/2014 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure ★ Glovebag procedure ☐ Demolition **X** Renovation Non-friable procedure Mini-enclosure >160 sf or >260 lf E Is location normally used solely E e I ocation of п by maintenance/custodial Amount n Description of asbestos-containing m p asbestos-containing C (Specify SF or staff(12) C material (ACM) 0 a а material to be L V abated in facility (13) p N/A Yes No X 6 If pipe insulation basement main room X 27 lf X air cell insulation basement main room X 52 If contaminated fibergass insulation X boiler room Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# 19563 Registered Waste Hauler Tullytown Resource & Recovery Center B & G Restoration, Inc. Disposal Date City, State Tullytown, PA 12/31/2014 Lincoln Park, NJ Date Signature Completed by (Print or Type) Gordana Luna 12/15/2014 Secretary/Treasurer Gordana Luna

State of NJ

State of NJ
Notification of Asbestos Abatement
Pursuant to NJAC 8:60-7 and 12:120-7

(Pursuant to NJAC 8:60-7 and 12:120-7) 2015-01 B & G proj. #: Check # 7008 Date of Notification (1) Name of Building Owner/Operator (2) 1 8 2014 1 12 / 1 5 / 1 14 Christine Thoma Type Notification Agencies Notified Street Address ASBESTOS CONTROL & LICENSING EPA 3132 Valley Road X Initial DEP City, State, Zip Code Amendment Basking Ridge, NJ 07920 X DOL Telephone Number Name of Contact X DOH Cancellation Christine Thoma ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Christine Thoma Other (Private/Commercial Street Address Bldgs./Homes, etc. 3132 Valley Road Bldg. Age Square Feet # of Floors County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Baasking Ridge, NJ 07920 Somerset residential Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 01/03/2015 01/02/2015 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Demolition Renovation Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 If Is location normally used solely E e е Location of n by maintenance/custodial Amount n Description of asbestos-containing m asbestos-containing p C (Specify SF or staff(12) C 0 material (ACM) material to be a LF) V p abated in facility (13) N/A Yes No X 48 lf pipe insulation crawl space X 5 If X pipe insulation basement X 2 If flue pipe insulation X garage loft Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. City, State Disposal Date City, State Tullytown, PA 01/05/2015 Lincoln Park, NJ Date Signature Gordana Luna Completed by (Print or Type) 12/15/2014 Secretary/Treasurer Gordana Luna

CK 24187

		N					8:60 and 5			NEGI	EII	v/ [= [7
Date of Notification (1)	45 /	- 14				_	Owner/Operato					-		
	15 /	14			-		alu Oi Euuca			<u>DEC</u>	1 9 20	14	111	4
Agencies Notified ☐ EPA	Type Notific	cation				\ddress Grove St	reet						1	\neg
☑ DOLWD	☐ Amende	ed		-		ate, Zip Co			<u> </u>	ASBESTOS	CONT.	2/51	1	\neg
☑ DHSS	Amend					Head, N.			<u>L</u>	LICE	NSING	IUL	×	
□ DCA	☐ Emerge		uding	-		of Contact	7 001 12			Telephone Nun	nber		-	
(NJAC 5:23-8)	justifica						Christopher			•				
	Gaineen						FORMATION	_						
Name of Facility Where	Abatement is	Taking	Place I	3)	IAC	12111 1141	ORWATION		Type of Facility (4)				
Bay Head Element									School (K-12)					
Street Address	tary correct	- Cyllin	aoran					-	☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-1	2)	dinas		
145 Grove Street									homes, etc.)	ivate and comm	erciai buii	uiigs	,	
City (5)			-		307-				Square Feet	# of Floors	Bld	g. Ag	€	
Bay Head									10,000	2	1	934		
County (6)					Count	y Code (7)	(STATE USE ONL	Y)	Current Use (Pri	or if being demo	lished)		=0.018	
Ocean							2		Elementary	School				
Name of Monitoring Firm	m Hired by Bu	uilding O	wner (8	3) /	ASCM N	No.	Name of Abat	eme	ent Contractor (9)					
Environmental Co					0003	0	Superior /	Aba	atement Inc					
Street Address			-				Street Addres	s						
120 North Warren							2 Henders	son	Drive					
City, State, Zip Code							City, State, Zi							
Trenton, NJ 08608	3								ell, NJ 07006					
Project Manager for Mo	nitoring Firm			Tele	phone N	No.	Telephone No			License No.				
Dominick Dercole	1			(6	09) 46	2-3218	(973) 808-	16	16	00411	773555			
Start Date (10)				3.5	tion Dat		Name of OSH							
12 /26	/14	_ 0	1_/	03	_ / _	15_	Superior	Aba	atement Inc					
Occupancy Status Duri	ng Abatemen	t (Check	only o	ne)			Street Addres							
☐ Facility Closed/Vaca							2 Henders	son	Drive		У.			
Abatement Performers Time of Abatement:						cribe	City, State, Zi West Cald		ode ell, NJ 07006					
Scope of Work (Check	all that apply)	_							500 520				
			₽ D.						ntainment with Neg closure	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De	novati molitic			☐ Glov	eba	ag Procedure					
	- A						☐ Non-	-Exe	empted (*) and No	n-Friable Proce				_
	16.20			Local Norma			D					ateme		-
Location Asbestos-Containing	50.00-530	CM)			ely by	Asbe	Descripti estos Containing			Amount	Removal	Repair	Enc	Enclosure
TO BE A	BATED	J.I.,	227770073	intena	ince/ Staff?		e., thermal syste	ems	insulation,	(Specify	nov	air	aps	ISO
IN Fac (13			Cus	(12)			surfacing, other miscel			SF or LF)	<u>m</u>		Encapsulate	ē
(10	')		Yes	No	N/A								Ф	
Gymnasium			П		\boxtimes	Glue D	ots Behind C	eil	ing Tile	2,808 SF	\boxtimes			
											ПП	П	П	
				-	-					- 4				Г
					$ \Box $							1		-
							7/						Ш	L
Name of Registered W	aste Hauler	*		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NJDEP!		Cubic Yards	of		stered Landfill				
Service Transpor	t Group, In	С		F	lauler II		Waste 40		Minerva L	andfill				
City, State			-770 - 35				Disposal Dat	е	City, State					
New Castle, DE							1/3/15		Waynesbi	urgh, OH				
Completed By (Print or	r Type)	Title	9				Signatu	re	1	111	Date			
Nick Petrovski		Р	resid	ent					11/11	1	12	-/	5-1	14
ASB-41						0	, ,		of the	Julai		, -		
MAY 11		*	Do no	t use t	his form	for asbes	stos licensure e	xen	npted activities.					

Date of Notification (1)				Nome	f Building	Oumanic		(0)	11.1		11	4	1	10	2
12/15/14					Real E		perator	(2)		DEC	1 9	8 2	014		$\parallel \parallel \parallel \parallel$
Agencies Notified	Type Notificat	tion		Street A	ddress				F per 1 1 1		- 1 1	1 14	.U14	-	-
П го.	IST			2 Bro	ad St, S	uite 40	0		1 L		4	1		I	
EPA DEP	Initial Amende	d	-		ate, Zip Co				ASI	32370	18 C	100	. mil il	*	
X DOL	Amenda	7.0	_		nfield, N		3			LIC	DENS	SING	i i i i i i	(LX	
		ncy (including	-		f Contact				170						
DOH DCA	justificati Cancella				Smith				1 e	ephone	Num	her			
	Cariceila	idori										1			
Name of Facility Where	Abatement is T	aking Place (3)		FACI	ILITY INFO	DRMAIN	ON	Type of Fa	cilib. (4)			-			
Commercial Prope		and 19 1 1000 (0)				- 5						1			
Street Address									ol (K-12)		14.40				
11 Broad St								X Other	hapter 8 (Oth (i.e. private	er inan & comm	K-12,	l buil	dinge	hom	96
The second secon								etc.)	(i.o. piivato	u 0011111	ioi oia	l Duii	uniga	HOIH	cs,
City (5)								Square Fe	et #o	f Floors		E	3ldg. A	Age	- 100
Bloomfield								5000	2+	-			50+		
County (6)					Code (7)			Current Us	se (Prior if be	ing dem	olishe	ed)		45555	
Essex				(STATE	USE ONLY)	-	Bank							
Name of Monitoring Firm	n Hired by Build	ing Owner (8)		ASCN	A No.		Name	of Abateme	nt Contractor	(9)	-	+			
n/a		1 1		n/a					gement C	005005		1			
Street Address								Address	.90			\pm			
n/a	Ne.					5		roy Ln							
City, State, Zip Code				-				State, Zip Co	de			+			
n/a									NJ 07035						
Project Manager for Mo	nitoring Firm			Telepho	no No				140 07033			_			
n/a	mioning raini			n/a	rie No.			none No. 706.7950		Licens 0119					
Start Date (10)		Schedule	d Cor	npletion	Date (11)		Name	of OSHA M	onitor			1			
12/26/14		12/31/1	4				Lozr	nica Mana	gement Co	orp		1			
Occupancy Status Durin	g Abatement (C	heck Only One	e)				Street	Address	-			T			
Facility Closed/Vac	ated During Ent	ire Period of A	baten	nent		- 1	22 T	roy Ln							
Abatement Perform						İ	City, S	tate, Zip Co	de		1	\pm		-	
Other – Describe:						- 1	Linc	oln Park.	NJ 07035			- 1			
Scope of Work (Check A	II That Apply)										-	+		_	-
23 sf or ≥3 lf	82	X D	enova	tion			×	F				- 1			
≥160 sf or ≥260 lf			emolit	15353				Mini-End	tainment with	Negati	ve Pr	essu	re		
		-						Gloveba	g Procedure			-			
								■ Non-Exe	mpted (*) an	d Non-F	riable	Pro	cedur	е	
			_ocati	(T. 500)								-		ement	1
Location		11	ormal			Des	cription	of				-	ı ıy	pe	
Asbestos-Containing TO BE AB			Sole Stenar		Asbest	os Conta	aining M	laterial (ACI		mount				m	
In Facil		Custo		Staff?	(i.e.		systems ing, VA	s insulation,		pecify or LF)		Removal	76	Encapsulate	Enclosure
(13)	•		(12)			other m				UI LI)		Von	Repair	nsd	OSC
		Yes	No	N/A								<u>a</u>	7	ate	Fe
		100		100						-20		1			
Basement Bo	iler Room			X	Asb	estos [Duct Ir	sulation	40	00 SF		K			
		-													
					_		-		-		1	1			
												-			
Name of Registered Was	ste Hauler		N	JDEP W	aste	Cubic Y	/ards	Nar	ne of Registe	red Lan	ndfill	+			\Box
Loznica Manageme			Н	auler ID	No.	of Was		0.0000	ROWS Lan						
City, State			U	033137		TBD	nl Date				-	1			
Lincoln Park, NJ 07	035				4	Disposa	ai Date	100000	, State	^					
	000	T 7:0				TBD			orrisville, P	Α					
Completed by Title					Signature Date 12/15/14										
E. Cirovic Secretary						ع	· lin	orie			12/	15/	14		

* Emergency *

Date of Notification (1) 12/15/14			T			Owner/C		r (2)			9 L	N N A		TI.	
Agencies Notified	Type Notification	-	1	Street A	ddress	each Blv	-			D	EC 18	2014			
EPA DEP DOL	Initial Amended Amendment	#	-	City, Sta	te, Zip Co	ode								سا	+
DOH DCA	justification) Cancellation			_	Contact				L	Tel	ephone Nu	mber	-2		<u> </u>
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITY INF	ORMATI	ON	Туре	of Facility	(4)				-	
William Feil Private	e Home								School (K-						
Street Address 4307 Long Beach	Blvd							×	Other (i.e.		er than K-1 & commerc		dings	hom	es,
City (5) Holgate NJ 08008									etc.) e Feet +	# 0	Floors	1000	3ldg. <i>A</i>	ge	
County (6) Ocean				County (Code (7) JSE ONLY	ı		Curre		ior if bei	ng demolis	hed)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	1 No.			of Abat naco Ir	ement Co	ntractor	(9)				
Street Address							Street Address PO Box 329								*
City, State, Zip Code	3.2.2.5.5.5					State, Zi st Berli	p Code n NJ 080	091							
Project Manager for Mo	T	Telephone No.				hone No -753-98			License N	No.					
Start Date (10) 12/16/14	d Cor	npletion [Date (11)		Name		IA Monitor								
Cocupancy Status During Facility Closed/Var Abatement Perform Other – Describe:	cated During Entire F	Period of A	baten	nent				t Addres State, Zi		60					
Scope of Work (Check			-	-											2-1-16-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						0		
	-	Isl	ocati	ion				1401	FEXCHIPIC	U () an	a Non-i na		Abate	emen	t
Locatic Asbestos-Containing <u>TO BE AB</u> In Fac (13)	g Material (ACM) BATED illity	Used Mair	ormal Sole ntena odial S (12)	ly by		stos Cont thermal surfac	escription of taining Material (ACN I systems insulation, acing, VAT, or miscellaneous)					Removal	Repair	e Encapsulate	Enclosure
Exterior botto	m of house	Yes	No	N/A			·	·····				-	_	Ф	-
Exterior botto	m or nouse			X		Trans	site Bo	parso		20	00 SF -	x			
Name of Registered Wa United Containers	este Hauler		H	JDEP W lauler ID 2459		of Was			Name of G.R.O.		red Landfil	ı			
City, State Elm NJ				Disposa			oisposal Date City, State 2/19/14 Morrisville PA 19067			19067	067			83	
Completed by Title Anthony T Perna Presider				Signature Date 12/15.											



		NO			OF ASBES NJAC 8:					EN E		E		\mathbb{V}	
Date of Notification (1) 12/15/14					Building Ov Atlantic		perator	(2)						0001	
Agencies Notified	Type Notification		/60%	Street Ad 1301 B	dress acharach	n Boul	levard				Ü	ĒŪ Ī	8	2014	1
EPA DEP DOL	Initial Amended Amendment				e, Zip Code City NJ		1			F	SBE	STOS LICE	CONSIN	TRO)L&
DOH DCA	Emergency (justification) Cancellation		100	Name of Lois An	Contact iderson					Teleph	one N				
				FACIL	ITY INFOR	RMATIC	NC						100		
Name of Facility Where Vacant House	Abatement is Takin	g Place (3)							of Facility (4) School (K-12)		*			
Street Address 7 Sovereign Avenu	ie							×	Subchapter 8 Other (i.e. pri etc.)				lding	, hon	ies,
City (5) Atlantic City NJ 08	401						0.*E		are Feet	# of Flo	ors		Bldg. 35 +	Age	
County (6)		***		County C	ode (7) ISE ONLY)			Curre	ent Use (Prior	if being o	demol	ished)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.			of Aba	atement Cont	ractor (9)					
Street Address								Addre	32.74		Ţ				
City, State, Zip Code	*-					-			Zip Code Iin NJ 0809	91	_				
Project Manager for Mo	nitoring Firm	E.	T	Telephor	ne No.	(Telep	hone N	No.	Li	cense				
Start Date (10) 12/29/14		Schedule		npletion [Date (11)		6.000.30%	of OS	SHA Monitor						
Occupancy Status Duri	ng Abatement (Cher							Addre	ess	•				-	
Facility Closed/Va	cated During Entire med Outside of Norr	Period of A	baten	nent	**	_ 、	City, S	State, 2	Zip Code					=	-
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1	enova emolit					M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure				ure	
		T :-	Lagati	ion				14	OIPEXEMPLE	() and i		Table !	Ab	ateme	ent
Location	on of	l N	Locati Iormal	lly		De	scriptio	n of				_	_	Туре	
Asbestos-Containin TO BE Al In Fac (13	ig Material (ACM) BATED cility	Ma	d Sole intena todial 3 (12)	nce <i>l</i> Staff?	Asbesto (i.e. t	os Con therma surfa		Materians insured AT, or		Amo (Spe SF o	cify	Kemoval	Zeball	Encapsulate	Enclosure
Exterior	Cidina	100	140	×		Eyte	erior S	idina		3800	SF	×	+	+	
Exterior			_	X			Porch			400		x	+		
Name of Registered W Earth Tech	aste Hauler	4	F	NJDEP W Hauler ID 6429	STEEL ST	of Wa	Yards aste		Name of ACUA	Registere	d Lan	dtill			•
City, State Greenfield NJ				3.20	- F		sal Dat	е	City, State 6700 D		d. E.	H.T. N	IJ 08	3234	
Completed by Anthony T Perna		Title Presi	ident				Signatu	re				Date 12/15	5/14		
Antiony i reina		1 103	.GOIIL	8 V		1		1				300			

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

								Print F
NOCK			State of New Jers FICATION OF ASBESTO Pursuant to NJAC 8:60 a	S ABATE			EC	EIVE
Date of Notification (1) 12/13/2014			Name of Building Owne Farleigh Dickinson				DEC	1 8 2014
Agencies Notified	Type Notification		Street Address 10 Woodbridge Av	enue	. 543		ASBEST	OS CONTROL &
EPA DEP DOL	Amended Amendment		City, State, Zip Code Hackensack, NJ 0	7601			Lic	CENSING
X DOH X DCA	Emergency justification) Cancellation		Name of Contact Dick Frick			Tele	ephone Num	ber
			FACILITY INFORMA	ATION				
Name of Facility Where of Kron Admin. Buildir Street Address 1000 River Road		g Place (3)				K-12) oter 8 (Oth	er than K-12) & commercia) I buildings, homes,
City (5) Teaneck					Square Feet 80,000	# o 2	f Floors	Bldg. Age 50y
County (6) Bergen			County Code (7) (STATE USE ONLY)		Current Use (Offices	(Prior if bei	ng demolish	ed)
Name of Monitoring Firm Environmental Des		Owner (8)	ASCM No. 0095	100000000000000000000000000000000000000	of Abatement C Company,		(9)	
Street Address 5434 King Ave					Address Piaget Aven	iue		=
City, State, Zip Code Pennsauken, NJ 08	8109				State, Zip Code on, NJ 0701			
Project Manager for Mor Jay Murray	nitoring Firm	,	Telephone No. 856-616-9516	100000000000000000000000000000000000000	hone No. -253-8828		License No 00704	D.
Start Date (10) 12/23/2014		Scheduled C 01/03/2014	ompletion Date (11)	- Profession	of OSHA Moni C Company,			-
Occupancy Status Durin X Facility Closed/Vac			ement	Stree	t Address			
Abatement Perform Other – Describe:	ned Outside of Nor			City,	State, Zip Code	-		10.1
Scope of Work (Check A	All That Apply)	ŭ.						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		X Reno	vation olition		Mini-Enclo Glovebag	sure Procedure		ressure le Procedure

Location of	1	Locati			Description of				Abate Ty	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintena todial S (12)	nce/		estos Containing Mate e. thermal systems ins surfacing, VAT, o other miscellaneou	ulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosule
	Yes	No	N/A							le le	π
Crawlspaces	X	1			Pipe insulation	1	675 LF	x			
Water Meter Room	X				Pipe insulation	1	6 LF	x			
Water Meter Room	х			275	Pipe insulation fitt	ings	15 EA	х			
Name of Registered Waste Hauler Newark Carting, Inc		H	IJDEP W lauler ID 5409		Cubic Yards of Waste 20	Name of IESI La	Registered Land	dfill			
City, State Newark, NJ					Disposal Date	City, State Bethleh	e em, PA				
Completed by Voytek Roszkowski	Title Pres	ident	7.5		Signature	057/-	1	Date 12/13/2	2014		39

CK 4548

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

Date of N 12/15/1	Notification (1)			- T	Name o	f Building C	Owner/Operato			DEC	1.8	201/		
Agencies		Type Notification			Street A	f Atlantic	City		الماليا	DEC	10	ZU 14		_
							h Boulevar	d			-		21.0	
DEF DOL	>	Initial Amended Amendmer	nt #	_		ate, Zip Coo			24	BESTO LIC	ENSIN	IG I) <u>L a</u>	
DOI:	(17)	Emergency justification Cancellatio)		Name of	f Contact nderson			Те	leohone l	Numbe			
						LITY INFO	RMATION							
	Facility Where A Building	batement is Taki	ng Place (3)				Type of Fa	acility (4)					
Street Ad	9								ol (K-12) hapter 8 (Oth	or than k	(10)			
	each Avenue							Other	(i.e. private			uildin	gs, hoi	mes,
City (5)	City NJ 0840	21		_				Square Fe		f Floors	T		ı. Age	
County (6		71			County (Code (7)		1000+	1			35 -	+	
Atlantic						USE ONLY)		House	se (Prior if be	ing demo	olished)			
N/A		Hired by Building	Owner (8)		ASCN	No.		of Abateme naco Inc.	nt Contractor	(9)				2:3
Street Ad	dress							t Address Box 329						
City, State	e, Zip Code							State, Zip Co						
Project M	anager for Monit	oring Firm	- M2		Telepho	ne No		hone No.	00091	License	e No			
	3	J			relepito		U. 5.65 0000 P.	753-9800		00727				
Start Date 12/29/1			Schedul 1/16/1		npletion I	Date (11)	Name	of OSHA M	onitor					
Facil Abat Othe	lity Closed/Vacat tement Performe er – Describe:	Abatement (Che ted During Entire d Outside of Nor	Period of	Abaten	nent			t Address State, Zip Co	de					
Scope of	Work (Check All	That Apply)												
	f or ≥3 If 0 sf or ≥260 If		- Contract C	Renova Demolit				Mini-End Gloveba	ntainment with closure ng Procedure empted (*) an				lure	
544		2	Is	Locati	on			14				Ab	ateme	nt
	Location	The firement of the second of the contract of		Normal d Sole			Description				-	-	Туре	
Aspes	otos-Containing M TO BE ABA In Facility (13)	TED	Ma	intenar todial S (12)	nce/	(i.e. t	os Containing I hermal system surfacing, VA other miscella	is insulation, AT, or	(5	mount Specify or LF)	Removal	. Nepall	Encapsulate	Enclosure
	Exterior Si	dina	160	140	X		Exterior Si	ding	45	00 SF	x	+	+	-
	Through				×		Floor Ti			00 SF	-	+	+	-
	Through-		-			-	Sheet Ro				x	+	+-	+
	Interior		-	-	X					00 SF	x	+	+	+
Name of F	Registered Waste			I NI	JDEP W	aste T	Flue Pack Cubic Yards		me of Registe	1 sf	X			
Earth Te		e i laulei		Н	auler ID 3429	No.	of Waste	11	CUA	ered Land	וווונ			
City, State Greenfie							Disposal Date TBD		, State 00 Delilah	Rd. E.I	 	J 08	234	*/
	ompleted by Title nthony T Perna Preside					123 - 1 ₁	Signatur	1			Date 12/15	/14		

Print Form

Emergenel

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

Date of Notification (1) 12/15/14					Building Own lore Grazia			ne		- DF6	2-18	201	4	1
Agencies Notified	Type Notification			Street Ad	ddress bert Dr.			- Dave				:HOL		
EPA DEP DOL	Amended Amendment				te, Zip Code awkin NJ 0	8050			A	SPES	ICEN!	SING	CL	لـــــــ
DOH DCA	justification) Cancellation			Name of Ted	Contact				Tele	phone N	Number			
Name of Facility Where Theodore Graziar				FACIL	LITY INFORM	ATION	FORM	of Facility (4	500 600		-			
Street Address 113 Albert Dr.								School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Othe			ildings	, hom	es,
City (5) Manahawkin NJ 08	3050				-			e Feet	# of	Floors		Bldg. / 35+	Age	
County (6) Ocean				County C	Code (7) USE ONLY)		Curre	nt Use (Prior e	r if bein	g demo	lished)	¥		
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCM	l No.		e of Abat naco In	ement Cont	ractor (9)			•	
Street Address						10 17 77 77	t Addres Box 32	T-3						
City, State, Zip Code							State, Zi st Berlii	p Code n NJ 0809	91					
Project Manager for Mor	nitoring Firm		T	Γelephor	ne No.	100000000000000000000000000000000000000	hone No -753-98			License 00727	SONIE CONTRACTOR			
Start Date (10) 12/16/14		Scheduled 12/19/14		pletion [Date (11)	Name San		A Monitor	- 1			Z = 0.		
	ng Abatement (Chec cated During Entire I ned Outside of Norn	Period of Ab	atem				t Addres							
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				Min Glo	Containmer i-Enclosure vebag Proce i-Exempted	edure				re ·	
T. a. P.		(C-888)535	ocatio	5000				Lxomptou	() una	1101111	iddic i i	Abat	emeni /pe	
Location Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED Ility	Used Main Custo	Solel tenan	y by ice/	SI	Descriptio Containing mal systen urfacing, V er miscella	Materiai ns insula AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior 5	Sidina	165	140	X	F	xterior S	idina		100	0 SF	×	+-	-	
Through				х	1	Floor T	- 10.75A			0 SF	x			
											+	-		
Name of Registered Wa United Containers	ste Hauler	<u> </u>	H	JDEP W auler ID 2459	S702	ibic Yards Waste	,	Name of R		ed Land	ifili			
City, State Elm NJ					Dis	sposal Dat /19/14	е	City, State Morrisvil		19067	7	19		
Completed by Anthony T Perna		Title Presid	ent	-		Signatur	rë'				Date 12/15	/14	6	

Print Form

CK 4549

			NOTIF (P	ICATIOI ursuant	N OF ASI	BESTOS 8:60 an	ABATE	MENT 0)		E	G			7 - [5	- [
Date of Notification (1) 12/15/14				Name of	of Building	Owner/e	Operator	(2)				** ***********			
Agencies Notified EPA	Type Notificatio	n		Street A			ulevaro	i)FC	18	201	<u> </u>	
DEP DOL	Amended Amendmen				ate, Zip C ic City I		01			ASB	STO	S CC	NTR NG	OL 8	
DOH DCA	justification Cancellation				f Contact Inderso				1	Telepho	ne Nu	mber			
Name of Facility Where A	batement is Tak	ing Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type of F	acility (4)						
Vacant Building Street Address 139 North Massachu	usetts Ave	2	-					Sub	ool (K-12) chapter 8 er (i.e. priv	Other thate & co	an K-1 mmerc	2) ial bui	ildings	, hom	nes,
City (5) Atlantic City NJ 0840	01		WEE -					Square F		# of Flo	ors		Bldg	Age	
County (6) Atlantic				County (STATE)	Code (7) USE ONL	0		Current U	Jse (Prior i	f being d	emolis	hed)			
Name of Monitoring Firm I N/A	Hired by Building	Owner (8)		ASCN	No.			of Abatem	ent Contra	ctor (9)					
Street Address								Address Box 329							
City, State, Zip Code		j			1	+	City, S	tate, Zip C							
Project Manager for Monit	oring Firm	T	Telepho	ne No.		Teleph	one No. 753-9800		Lic	ense N	lo.				
Start Date (10) 12/29/14		d Con	pletion (Date (11)			of OSHA N								
Occupancy Status During . X Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire d Outside of Nor	Period of A	batem	ent		_		Address tate, Zip C	ode						
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	Personnel.	enovat emoliti				×	Mini-En Gloveb	ntainment closure ag Procedi empted (*)	ıre				e	
Location o Asbestos-Containing M		N	Location ormalist Solel	y			scription	of			-		Abate	ement pe	1
TO BE ABAT In Facility (13)	ED .	Mair Custo	ntenan odial S (12)	taff?	Asbes (i.e.	thermal surfac	aining M systems ing, VAT niscelland		M)	Amour (Specit SF or L	y	Removal	Repair	Encapsulate	Enclosure
Exterior Sid	ling	Yes	No	N/A X		Exter	ior Sid	ing	-	2800 S	F	x		Ф	
Name of Registered Waste Earth Tech	Hauler		Ha	DEP Watuler ID N		Cubic Y of Wast		- 1	me of Reg	stered L	andfill				
City, State Greenfield NJ						Disposa TBD	al Date		, State 00 Delila	h Rd.	E.H.T	. NJ	0823	34	
Completed by Anthony T Perna		ent			Sig	gnaturé	1			Date 12	e /15/1	4			

			*		NJAC 8:60 a			(1)	uck		27	0		Щ
Date of Notification (1) 12/15/14					uilding Owner nity Manag				J DEU	1 8		14	-	
Agencies Notified	Type Notification			reet Add 030 Cli	ress fton Avenu	e, Suite	205		ASBES	TOS C	ONI DMR	HOL	&	
EPA DEP DOL	Initial Amended Amendment		Ci	ty, State lifton, I	, Zip Code NJ 07013									
DOH DCA	Emergency (justification) Cancellation	including		ame of C raig No					Lejenhene	Numbe	er .			
				FACILI	TY INFORMA	TION								_
Name of Facility When	re Abatement is Takin	g Place (3)					Sc St	Facility (4) chool (K-12 ubchapter 8		K-12)	buildii	nas, h	omes	
38-24 Bedford Te	errace						et	c.)						
City (5) Irvington						4-3	Square 2200		# of Floors		55	lg. Ag	е	
County (6) Essex				ounty Co	ode (7) SE ONLY)				r if being den	nolished	d) 			
Name of Monitoring F	irm Hired by Building	Owner (8)		ASCM	No.			ement Cont onmental	Services,	LLC				
Street Address			•				t Address Gate D	rive, PO	Box 483					
City, State, Zip Code							State, Zip wood,	Code NJ 0741	18					
Project Manager for N	Monitoring Firm		T	elephon	e No.		hone No -583-85		Licer 703	nse No.	¥			
Start Date (10) 12/29/14		Scheduled	Com	pletion D	ate (11)	Name	e of OSH	A Monitor						
	uring Abatement (Che	ck Only One	9)			Stree	t Address	S						
☐ Facility Closed/	Vacated During Entire ormed Outside of Nor	Period of A	batem	ent		City,	State, Zip	o Code						
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260		N. C.	enovat emoliti				Min Slo	i-Enclosure vebag Prod					e	
		20722	Location	E9000								Abate Ty	ment pe	×
Asbestos-Contain TO BE	ation of ning Material (ACM) ABATED Facility (13)	Used Mai	d Sole ntenar odial S (12)	y by nce/	s	Description Containing rmal system urfacing, Vener miscell	Material ms insula /AT, or	(ACM)	Amoun (Specif SF or Li	y	Removal	Repair	Encapsulate	Enclosure
bas	ement	163	110	×	TS	I pipe ins	sulation	1	155	+		х		
540	omen													
													-	
Name of Registered	Waste Hauler			I IJDEP W lauler ID		ubic Yards f Waste	3		Registered I	_andfill				
City, State					D	isposal Da	ite	City, Sta	te					
Completed by A. Scott Higgins		Title Pres	ident			Signati	ure		$\overline{}$	Da 12	te 2/15/	14		

Print-Form

	NOTIFI (Pu	CATION OF ursuant to I	F ASBESTOS AN NJAC 8:60 and	12:120)	170	WE AS	和	7 8/1	厚	
Date of Notification (1)		Name of Bu	uilding Owner/Op Cosmopolitan	erator (2) Urban Rene		0		<u> </u>	L	
Agencies Notified Type Notification		Street Addr					18	2014		14
EPA Initial Amended		City, State,	, Zip Code	7003		ASBESTO	3 66	Andrew State		
DOL Amendment #_ Emergency (inc	luding	Name of C	ew York, NJ 0	7090		Telephone Nun	ibes N	G G		\dashv
DOH justification)		Richard				- 1-	-			
DCA Cancellation		FACILIT	TY INFORMATIO	N					2022	-
Name of Facility Where Abatement is Taking F Residence	Place (3)			П sc	Facility (4)	Other than K-12				
Street Address				☐ Su ☑ Ot	her (i.e. priv	ate & commercia	al buildir	ngs, h	omes	,
30 Washington Avenue				Square		# of Floors	Blo	ig. Ag	е .	-
City (5) Carteret				2,000	,	2 If being demolish	50)+-		
County (6) Middlesex	4	County Co (STATE US		- Resid	lence		ieu)			
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)	ASCM	No.	Name of Abate Stanmark (
Street Address				Street Address 27 Edsall D	rive				- 10	
City, State, Zip Code				City, State, Zip Sussex, No						
Project Manager for Monitoring Firm		Telephone	e No.	Telephone No. 973-864-20		License N 01137	lo.			
Start Date (10)	Scheduled Co	ompletion D	ate (11)	Name of OSH	A Monitor					
12/11/14	12/19/14			AmeriSci					-	
Occupancy Status During Abatement (Check				Street Address 117 East 3		t				
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of Abate al Facility Hou	ement irs		City, State, Zip New York,	Code					
Scope of Work (Check All That Apply)				1,0,1,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno	vation olition		X Min	i-Enclosure vebag Proce	nt with Negative edure (*) and Non-Fria			Э	
	Г			<u> </u>	LXGIIIptos	17-11-11-11		Abate	ment	E
	Is Loc Norm		De	escription of			-	Ту	pe	Г
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (1:	nance/ al Staff? 2)	Asbestos Cor (i.e. therma surfa	attaining Material Il systems insula acing, VAT, or miscellaneous)	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	N			o inculaion		197 L.F.	x			
Basement) ×		, .	e insulaion		20 S.F.	x	-		+
Basement floor	,	-		pe debris		64 S.F.	x	+		+
Basement)	(nsite slabs			1,850	-		+
Rear porch roof)	(overing & flas	Name of F	112 S.F. Registered Land	fill			
Name of Registered Waste Hauler Atlantic Carting		NJDEP W Hauler ID 190713	No. of W	5	G.R.O.	W.S.				
City, State Wayne, NJ	κ.			osal Date completion	City, State Morrisy	rille, PA		ii.		
Completed by Marko Stankovic	Title Preside	ent		Signature (CITE)	Steam	IKCHÍ	Date 12/10	/14		

ate of Notification (1)			Name of	Building Own	er/Operator	(2)	wal Carte	eret, LLC DE	r 1 (o on	1/1	
12/10/14			1		olitan Urba	an nene	wai Cai te	i JE	U I	1 60	14	- 1
gencies Notified	Type Notification		Street A									
d EPA	☐ Initial			Park Avenu	ie			ASSES	TUSIC	ONI	HUL	8
DEP	Amended		City, Sta	ate, Zip Code New York,	N I 07003		Ĺ		LICENS	SING		
DOL	Amendment Emergency				140 07030			Telephone Nur	nber			\neg
NOH	iustification)	(Intolucining		of Contact			- 1	3				
DCA	Cancellation	2 1		rd Osica					-	_	-	
		B) (0)	FAC	ILITY INFORM	MATION	Type of	Facility (4)					
Name of Facility Where A Residence Street Address	Abatement is Takir	ig Place (3)				☐ Sc	hool (K-12)		2) ial buildi	ngs, h	omes,	
28 Washington Av	enue			Jan 19 1		- etc			I DI	ig. Age		-
City (5)						Square		# of Floors	1.05,270	19. Agi)+-		
Carteret						2,000				J+-	-	22
County (6)				Code (7)				if being demolis	nea)			
Middlesex			(STATE	USE ONLY)		Resid						_
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.			ment Contr					
N/A	11	**************************************	- 1		Sta	nmark C	Contracto	rs, LLC				
					Stree	et Address						8
Street Address					27	Edsall D	rive					
an Note The Code					City,	State, Zip	Code					
City, State, Zip Code	a.				Su	ssex, N.	J 07461					
	it in Firm		Teleph	none No.	Tele	phone No.		License	No.			
Project Manager for Mo	nitoring Firm		Tolopi	10110 1101	95,000,000	3-864-20		01137				
		Scheduled C	Completio	n Date (11)	Nam	ne of OSH	A Monitor					
Start Date (10)		12/15/14	Joinpieuo	(I Bate (II)	100000000000000000000000000000000000000	neriSci						
12/11/14						et Address	S					
Occupancy Status Duri					77-47-0-70		0th Stree	et				
▼ Facility Closed/Va	cated During Entire	e Period of Aba	tement			, State, Zip						
Abatement Perform	med Outside of No	rmal Facility Ho	ours				NY 100	16				
Other - Describe:					146	JW TOIK,	111 100					
Scope of Work (Check	All That Apply)								Droccu			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation nolition			H Min	i-Enclosure				e	
							1 2/10/11/2	1			ement	
			cation			(3)				Ту	ре	_
Locati Asbestos-Containin <u>TO BE A</u> In Fa (1)	ng Material (ACM) .BATED cility	Used S Maint Custod	rmally Solely by enance/ dial Staff? (12)	(i.e.	Descript os Containin thermal syste surfacing, other misce	g Material ems insula VAT, or	(ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Ericlosure
120000000000000000000000000000000000000			No N/	A				A II II -				
Exterio	r Walls		х		Transite		_	All walls	x	-	-	
Ro	oof		х		flash	ing		20 S.F.	x	-	-	-
									-	+-	-	-
				P Waste		1-	Nome of	Registered Lan	dfill			_
The state of the s	lame of Registered Waste Hauler				Cubic Yard of Waste	us	G.R.O					
Atlantic Carting	Atlantic Carting				15		City, Sta					
City, State	City, State				Disposal D			sville, PA				
Wayne, NJ					on comp	/ ,	IVIOTTIS	vine, i A	Date			
Completed by		Title			Signa		5/		12/10	1/1/1		
Marko Stankovic		Presid	dent		1910	11/16	1/C	ill	12/10	<i>7</i> / 1-4		

			90900000		io ivazio a			([]	DCK	12	(4	25)	
Date of Notification (1) 12/15/14			- 1		Building Cance Hug		erator (2)	DL.	- 10	4) +		
Agencies Notified X EPA	Type Notification	1	- 1 3	Street Ad 156 Ma	ddress adison A	venue			ASBES	TOS CO			. &	
EPA DEP DOL	Amended Amendmer		1 2		te, Zip Coo on, NJ 0					19				
DOH DCA	instification Cancellation)	111 6		Contact Lynn Co	ounts			Telephon	e Numbo	•			
				FACII	LITY INFO	RMATION						-		
Name of Facility Where House	Abatement is Tak	ing Place (3)						Type of Facility (4	2)					
Street Address 156 Madison Aven	ue							Other (i.e. p etc.)	8 (Other than rivate & comi	mercial b			91	es,
City (5) Irvington								Square Feet 2000	# of Floor 2	S	58	dg. A	ge	
County (6) Essex				County ((STATE L	Code (7) JSE ONLY)		- [Current Use (Price	or if being der	molished)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	1 No.			of Abatement Con Environmental		LLC				
Street Address								Address Sate Drive, PO	Box 483		ii .			
City, State, Zip Code					7			ate, Zip Code wood, NJ 074	18					
Project Manager for Mo	nitoring Firm			Telephor	ne No.	2.0		one No. 83-8500	Licer 703	nse No.				
Start Date (10) 12/17/14		Schedule 12/31/1		pletion [Date (11)	1	Name o	of OSHA Monitor						
Occupancy Status Durin	ng Abatement (Che	eck Only On	e)		and the same	5	Street	Address						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of No	rmal Facility				0	City, St	ate, Zip Code				-		
Scope of Work (Check A	All That Apply)							· · · · · · · · · · · · · · · · · · ·				96	5	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1000	enova emoliti				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				9	
		le le	Locati	on					(/ =				ment	
Locatio	n of	_ N	lormal	ly		Descr	ription	of				Ту	ре	
Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Mai Cust	d Sole ntenar odial S (12)	nce/ Staff?		os Contair	ning M ystems ng, VA	aterial (ACM) insulation, T, or	Amoun (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
hasan		Yes	No	N/A		nine in		ion	2015					
basem	ent			X		pipe in	isulai	ion	20 LF	×	-			
Name of Registered Wa	ete Hauler		L	JDEP W	lasta	Cubic Ya	arde	Name of	Registered L	andfill				
Freehold Cartage	iste i taulei		H	lauler ID 5959		of Waste		TBD	registered L	GITUIII				
City, State Freehold, NJ						Disposal TBD	l Date	City, State	е				d	
Completed by A. Scott Higgins		Title Presi	dent	+		Sig	nature	hi	<u> </u>	Date 12/1	5/1	4		

CK 36021

						77 T	n ie		
*					NEGE	11 \	y is		
Federal Notification of	Asbestos Aba	tement (Pursu	ant to NJA	AC 8:60-7 and 12:120-7)	1 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			11111	
ate of Notification 1 2 1 2	I INIS	me of Billiding	OwnerOb	RVICES (FEDERATED)	MI DEC 1	g ?	()14		
encies Notified Type of Notification	on St	reet Address WEST SEVENT	TH STREE	Т		agency to a second	TUCK /		
DEP Notification	1	ty, State, Zip Co	ode		ASSES OF	NSIN	G		1
DCA/DOL Amended Cancellat		INCINNATI, OH	10 45202						
	N	ame of Contact			Telephone Number				
	- Lo	ou DeMauro ACILITY INFO	RMATION						
me of Facility Where Abatement is Takin				Type of Facility () School (K-12)					
				Sub-Chapter 8 (Other	than K-12)				
ACY'S - LIVINGSTON MALL			-	(X) Other (I.e. private & C	commercial				
reet Address				buildings, homes, etc.)			Age of	Dida	
OUTH ORANGE AVE & WALNUT STREE	т		SF of	Bldg.	# Floor			ышу. 60+	
cy County	Cou	nty Code		1 MILLION +SF				01	
/INGSTON MIDDLE	State	e use Only		nt Use (prior if being demol	isned)				_
me of Monitoring Firm Hired by Building	Owner	ASCM No	o. Name	of Abatment Contractor	2				
			ACM	CONSULTING CORP.					
nnoni Associates Inc. eet Address				Address					
eet Address				OTANI EV TEDRACE					
5 Grove Street Ste 1B			2150	STANLEY TERRACE State, Zip Code					
ty, State, Zip Code			City, S	State, Lip Gode					
III - II-i-bt- NI 09035			UNIO	N, NJ 07083					
addon Heights, NJ 08035 roject Manager for Monitoring Firm	Telep	phone No.	Telep	hone Number	License Number				
ojest Manager iei meime s			000.0	887-1008	0057	5			
D BE DETERMINED		TERMINED		e of OSHA Monitor			1.0	#15-0 e.m	
cheduled Start Date Schedul	ed Completion	Date	l' Cann						
1 12 2015 4	15	2015		L ANALYTICAL					
onth Day Year Month		Year	Stree	t Address					
scupancy Status During Abatement (Che	eck Only One)		2071	WEST 38TH STREET					
Facility Closed/Vacated During Enti	re Period of Abi	atement	City	State, Zip Code					
Abatement Outside Normal Facility	Hours		City,	State, Zip Godo					
Describe: 9:00PM TO 6:30AM			NEW	YORK, NY 10118					
Other - Describe:									
cope of Work (Checl Only One)			ent Method	d Containment with Negative	Pressure				
Demolition		×		Enclosure	1 1000011				
>3sf or >3lf				ebag Procedure					
≥ 160sf or ≥ 260lf			Non-	Friable Procedure					
Renovation	lis	Location Norma	The second secon	Describtion of	Amount to be	Aba	tement "	ype	
ocation of ACM Facility	Us	ed by Custodia	l Staff	ACM to be	Removed (Specify SF/LF)	Ren	n. Rep.	Enc	End
ocation of Acivi I acinty		Yes NC		Removed	14000SF	X	. I top.		+
rd Floor Sales Floor Phase 2				Spray-on Fireproofing	500LF	X	1		T
				Pipe insulation	SUULF		+		
			_						
									\perp
			-+				100		
The state of the s		NJDEP Waste	ID No.	Cubic Yds waste	Name of Register	ed Lan	dtill		
Name of Registered Waste Hauler		SW189		TBD	MINERVA ENTER	KPRISE	5, INC		_
TRI-STATE TRANSFER ASSOC., INC. Dity, State		Disposal Date		City, State of Registered	Landfill				
BRONX, NY		TBD		WAYNESBURG, OHIO			Date		
Completed By (Print or Type)		Title		Signature Of the			1000000	12/12	2/14
TIMOTHY RYAN		GENERAL MA	NAGER	1/m Ref					
THE STATE OF THE S									

NOTIFICATION OF ASBESTOS ABATEMENT

				1	W		variation.							
Date of Notification (1)	ecember 15, 20	14			Name o	of Building C			onmental Ir	7			· >	
Agencies Notified [X] EPA		Notifica			Street A	Address	1102 U	Jnion A	venue	s-1719C 18	r Fil	9: ,	· 7	
[] DEP [x] DOL [x] DOH	Arner	nded Noti ndment# gency (in			City, St	tate, Zip Cod	e Union	Beach,	NJ 07735	A5. C		(16	
[] DCA		ication) ellation			Name o	of Contact John		4	Г	elephone Number	e de la composition della comp		11880	
				FAC	CILITY	INFORM.	ATION							
Name of Facility Where At Res	patement is Taking sidence	Place (3)		ti				Type of	f Facility (4)	School (k-12)		1. 100		
Street Address	Seabright Aver	ue							[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	ings,
City		County	(6)			Code (7) USE ONLY	7		00 sf	# of Floors		, Age 6	0	
Bayville		Ocea	n					Current		being demolished)				
Name of Monitoring Firm N/A		Owner (8)		ASCM 1	No.	Name of	Abateme	Resident Contractor		Inc			
Street Address							Street Ad	dress	Guaran	an contracting,	mo.		100	
										oute 9, Unit 61				
City, State, Zip Code							City, Stat	e, Zip Co		Divor Novy Jorg	ου, Λ 02	755 17	771	
Project Manager for Monito	oring Firm	Number			Telephon			License N 00624		/33-12	2/1			
Scheduled Start Date (10) 12/15/14			Scheduled (ion Date (11)	Name of			L. Analytical				
Occupancy Status During A							Street Ad	dress						
2 B	lity Closed/Vacated								1056 S	telton Road				
2 2	tement Performed er – Describe	Outside o	f Normal Fa	acility Ho	ours		City, Stat	e, Zip Co		way, New Jerse	y 088	54		
Scope of Work (Check all t	hat apply)	-						Full	Containment	with Negative Pres	sure			
,	71-37						ii		i-Enclosure					
[] >3 s	f or ≥3 lf		[]	Renova	ation		[]	Glov	vebag Procedi	are				
[X] ≥160	0 sf or ≥260 lf		[x]	Demol	ition		[x]	Non	-Exempted (*) and Non-Friable I	rocedu	ire		
					T					I	Ahat	ement '	Type	
			Is Locatio	n		Т	Descriptio	n of						
Location		1	ormally us		9	Asb	estos-Con	taining		Amount	R E	R	E N	E N
Asbestos-Containing M			Solely by		1		laterial (A			(Specify SF	M	P	C	C
TO BE ABA in facility		Maint	tenance/Cu Staff	ıstodial			thermal salation, sur			or LF)	0	A	A P	L
(13)	,		(12)			IIISu	VAT, o			8	v	R	S	S
4						othe	er miscella				Α		U	U
		YES	NO	N/A							L		L E	R
Exterior garage X						estos sidin	g			750 sf	Х			
Name of Registered Waste Guardian Co	Hauler intracting, Inc.	N	IJDEP Wast 2	te Hauler 0223	ID No.	Cubic Yar	rds of Wast		me of Registe Γ.R.R.F.	red Landfill				
City, State				Dispo	sal Date		City, Sta	ate ,	1					
Toms River, New Jersey 12/18						ture	Tullyte	own, Pe	nnsylvania	1	T 5 :			
	Completed by (Print or Type) Nicholas Fernicola Title Project Manager						dot			7	Date 12/1	15/20	14	
	*Do not use this form							pted act	ivities.					

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of Building	Owner/Ope	erator (2)				
December 15, 20			Auro	a Environmental In	ic. 7	- 50	351	
	tion I Notification nded Notification	Street Address	1102	Ollion Avenue	18 P4 9: ?	F,		
[x] DOL Ame	ndment # rgency (including	City, State, Zip Co		1 Beach, NJ 07735		Ĺ		
DCA justif	ication)	Name of Contact John			elephone Number			3
	FA	CILITY INFORM	ATION			-		
Name of Facility Where Abatement is Taking Residence		OLDIT I II ORIV	HITTON	Type of Facility (4)	School (k-12)			
Street Address					Subchapter 8 (oth	er than k-	12)	
207 Sloop Creek I	Road			[x]	Other (i.e., privat homes, etc.)			dings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 900 sf	# of Floors	Bldg. A	ge 60	· ·
Bayville	Ocean			Current Use (Prior if Residen	being demolished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name o	f Abatement Contractor (Inc		
Street Address			Street A		in Contracting,	mc.		
City, State, Zip Code			G: 6:		oute 9, Unit 61			
City, State, Zip Code			City, Sta	ate, Zip Code Toms R	iver, New Jerse	ev 0875	5-1271	
Project Manager for Monitoring Firm	Telephone Numbe	г		ne Number 19-9932	License N 00624		12/1	
Scheduled Start Date (10) 12/15/14	Scheduled Comple 12/17/18	etion Date (11)		f OSHA Monitor	. Analytical			
	only one) d During Entire Period of Al Outside of Normal Facility I		Street A	ddress 1056 St	elton Road			
Other - Describe	Odiside of Normal Lacinty I		City, Sta	nte, Zip Code Piscatav	way, New Jerse	y 08854	5	
Scope of Work (Check all that apply)			Į.		with Negative Pres	sure		
[] >3 sf or ≥3 lf	[] Reno	vation	L [Mini-Enclosure Glovebag Procedu	re			
[X] ≥160 sf or ≥260 lf	[x] Demo	olition	[x		and Non-Friable F	Procedure		
	Is Location					Abatem	ent Type	
Location of	Normally used		Description of the contract of		Amount	RF	100	E
Asbestos-Containing Material (ACM)	Solely by	ı	Material (A	ACM)	(Specify SF	E E	2 30.003	N C
TO BE ABATED in facility	Maintenance/Custodia Staff		., thermal ulation, su		or LF)	0 4	2000	L
(13)	(12)	IIIS	VAT,			VF	S	s
	, ma		er miscel	aneous)		Α .	U	U R
	YES NO N/A					L	E	E
Exterior	X	Transite skirt			120 sf	X		
-				MISC.				
Name of Registered Waste Hauler	NJDEP Waste Haule		ards of Was	0	ed Landfill			
Guardian Contracting, Inc. City, State	20223 Disp	osal Date	City, S	T.R.R.F.				
Toms River, New Jersey	12/	18/14	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	town Hennsylvania				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hol	tel		Date 12/15/	2014	

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

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) December 15, 20	14	Name of Building	Owner/Ope	rator (2) a Environmental I	nc. 2 -	58	48	e.	
Agencies Notified Type of Notificat	tion	Street Address		Union Avenue					
[] DEP [] Amer	Notification nded Notification	City, State, Zip Co		A'S:					
[X] DOH [X] Emer	gency (including			Beach, NJ 07735					
I DCA	ication) ellation	Name of Contact John			Telephone Number				
	FA	LICILITY INFORM	ATION				1		
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12)				
Street Address				{ i j~	Subchapter 8 (oth	er than	k-12)		
50 Good Luck Dri	ve			[x]	Other (i.e., privat homes, etc.)	e & coi	mmerc	ial build	ings,
City	County (6)	County Code (7) (STATE USE ONI	Y)	Square feet 900 sf	# of Floors	Bldg	, Age	50	
Bayville	Ocean			Current Use (Prior in Reside:					
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor	(9)				
Street Address			Street A		an Contracting,	inc.	_		
City, State, Zip Code			City Sto	1889 R ate, Zip Code	oute 9, Unit 61				
				Toms I	River, New Jerse	y 087	755-1	271	
Project Manager for Monitoring Firm	Telephone Number			ne Number 19-9932	License N 00624	umber			
Scheduled Start Date (10) 12/15/14	Scheduled Comple 12/17/18	tion Date (11)		OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Check	only one)		Street A	ddress					
	During Entire Period of Ab Outside of Normal Facility H		G': 6:		telton Road				
Other – Describe			City, Sta	ite, Zip Code Piscata	way, New Jerse	y 088	54		
Scope of Work (Check all that apply)			[]	Full Containment	with Negative Pres	sure		-	
>3 sf or ≥3 lf	[] Renov	ration	[]	Mini-Enclosure Glovebag Procede	nro.				
[x] ≥160 sf or ≥260 lf	[x] Demo		[x]	, –) and Non-Friable I	rocedu	ire		
		T				Abat	ement	Туре	
Location of	Is Location Normally used	Δ.	Description bestos-Co		Amount	R	R	Е	Е
Asbestos-Containing Material (ACM)	Solely by		Material (A	ACM)	(Specify SF	E M	E P	N C	N C
TO BE ABATED in facility	Maintenance/Custodia		e., thermal sulation, su		or LF)	0	A I	A P	L O
(13)	(12)	1111	VAT,			v	R	S	S
	WEG NO NA	oti	ner miscell	aneous)		Α		U	U R
	YES NO N/A				× .	L		Ē	E
Exterior	X	Asbestos sidi	ng		750 sf	X			
							-		
									\vdash
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule	r ID No. Cubic Y	ards of Was	te Name of Register	red Landfill				
City, State	Dispo	osal Date	City, St	ate			-		
Toms River, New Jersey Completed by (Print or Type)	Title	8/14 Stanature	TUHY	own Pennsylvania	1	Date			
Nicholas Fernicola	Project Manager	Mid	10(fire and		12/1	15/20	14	
	*Do not use this for	m for asbestos lice	nsure exen	npted activities.					

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of Building	Owner/Ope	rator (2)	1	8	. i				
December 15, 2			Panep	into, Panepinto & I		7	58	55	8		
	ation al Notification ended Notification	Street Address	1540	rnghway 156, Suite		DH 9	: : 5				
[x] DOL Ame	endment #ergency (including	City, State, Zip Co		NJ 07719	CS : 1 July C		1.06	ŭ			
DCA	fication) cellation	Name of Contact Celes	te Miller	To	elephone Number						
	FA	CILITY INFORM	MATION								
Name of Facility Where Abatement is Taking				Type of Facility (4)		W.					
Residence				[]	School (k-12)						
Street Address				[]	Subchapter 8 (oth						
430 Washington	Avenue			[x]	Other (i.e., privat homes, etc.)	e & cor	nmerci	al build	lings,		
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	# of Floors	Bldg	. Age	70			
Avon by the Sea	Monmouth	(STATE OSE ON	.1)	Current Use (Prior if	being demolished)	eing demolished)					
Name of Manitoring Firm Hind by Duilding	. (9)	10000	11 31 /	Residen							
Name of Monitoring Firm Hired by Building Guardian Contrac		ASCM No.	Name of	Abatement Contractor (Guardia	9) n Contracting,	Inc.					
Street Address			Street A	ddress							
1889 Rte. 9, Unit City, State, Zip Code	01		City Sta	te, Zip Code	1889 Route 9, Unit 61						
Toms River, NJ 0	08755		City, Sta	Toms River, New Jersey 08755-1271							
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Numbe 732-349-9932	r		Telephone Number License Number 732-349-9932 00624							
Scheduled Start Date (10)	Scheduled Comple	etion Date (11)	_	OSHA Monitor	r						
12/16/14 Occupancy Status During Abatement (Check	12/17/14		0: 11		E.M.S.L. Analytical						
	ed During Entire Period of Ab	natement	Street A		elton Road						
	Outside of Normal Facility I	Hours									
Other – Describe		1	City, Sta	te, Zip Code Piscatav	vay, New Jerse	v 088	54				
Coope of World (Cheek all that and h)	-										
Scope of Work (Check all that apply)			[]	Full Containment v Mini-Enclosure	with Negative Pres	sure					
$[X]$ >3 sf or \geq 3 lf	[X] Renov	vation	[x]	73 ACT 528 700 FEB 21 TO SERVICE STATE	re						
[] ≥160 sf or ≥260 lf	[] Demo	lition	[]	Non-Exempted (*)		rocedu	re				
						Abate	ement '	Гуре			
	Is Location	8	Description			R	R	Е	Е		
Location of	Normally used		bestos-Co		Amount	E	E	N	N		
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custodia		Material (A		(Specify SF or LF)	М	P A	CA	CL		
in facility	Staff	55 (ulation, su		0.21)	0	I	P	o		
(13)	(12)		VAT,			V	R	S	S		
2 ~	ALEG NO MA		ner miscell	aneous)		A		L	U R		
	YES NO N/A					L		Е	Е		
Basement	X	Asbestos pipe	insulatio	n	75 lf	X					
4				2)							
Name of Registered Waste Hauler	NJDEP Waste Haule	er ID No. Cubic Y	ards of Was	te Name of Register	ed Landfill				L		
Guardian Contracting, Inc.	20223	3		T.R.R.F.				-			
City, State Toms River, New Jersey	Disp 3	osal Date	City, St	ate own, Pennsylvania							
Completed by (Print or Type)	Title	Signature Date									
Nicholas Fernicola	Project Manager	\mathcal{N}	Cho	(Tu		12/1	5/20	14			

^{*}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 (1)		Name of Building			The same the		61			
December 15, 2			Merrio	ck Construction	0	158	3	/		
1 7 7	cation tial Notification nended Notification	Street Address	0.000 0.000 0.000	rospect Avenue	THE DEC. I	8 PM 9:	: 15			
[x] DOH [X] Em	nendment # nergency (including	City, State, Zip C		Silver, NJ 07739	(4		.ÚL			
	tification) ncellation	Name of Contact Ron	Ens		Telephone Number					
N 00 W W	FA	CILITY INFORI	MATION							
Name of Facility Where Abatement is Takir Residence	ig Place (3)			Type of Facility (4)	School (k-12)					
Street Address 5 Alston Court				[] [x]	Subchapter 8 (o Other (i.e., priva homes, etc.)		-	ildings,		
City	County (6)	County Code (7) (STATE USE ONI	LY)	Square feet 1500 sf	# of Floors	Bldg. Age	70			
Red Bank	Monmouth			Current Use (Prior Reside)				
Name of Monitoring Firm Hired by Building Guardian Contra		ASCM No.	Name of	Abatement Contracto		. Inc.				
Street Address 1889 Rte. 9, Unit	t 61		Street Ad	dress	Route 9, Unit 61			12		
City, State, Zip Code	00755		City, Stat	State, Zip Code						
Toms River, NJ (Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number	г	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Toms River, New Jersey 08755-127						
Scheduled Start Date (10)	732-349-9932 Scheduled Comple	etion Date (11)		732-349-9932 00624 Name of OSHA Monitor						
12/16/14	12/17/14		T turne of		L. Analytical					
Occupancy Status During Abatement (Check X Facility Closed/Vacat	k only one) ted During Entire Period of Ab	estamont	Street Ad		1056 Stelton Road					
	d Outside of Normal Facility H				stellon Road					
Other – Describe			City, Stat	e, Zip Code Piscata	away, New Jerse	ey 08854				
Scope of Work (Check all that apply)			[] Full Containment with Negative Pressure							
$[X]$ >3 sf or \geq 3 lf	[X] Renov	vation	[x]	Mini-Enclosure						
[] ≥160 sf or ≥260 lf	[] Demo	NOVERNING CO.	[]	Glovebag Proced Non-Exempted (*) and Non-Friable	Procedure				
		1								
v v	Is Location		Description	n of		Abatement	Type	_		
Location of	Normally used	As	bestos-Con		Amount	R R E E	E	E		
Asbestos-Containing Material (ACM) TO BE ABATED			Material (A		(Specify SF	M P	C	C		
in facility	Maintenance/Custodial	7	e., thermal sulation, sur		or LF)	0 · A	A	L		
(13)	(12)	1113	VAT, or			V R	PS	O S		
		oth	ner miscella			A	U	U		
	YES NO N/A				34 V 34	L	LE	R E		
1 st & 2 nd floor risers	X	Asbestos pipe	insulation		65 lf	Х	Ė			
										
Name of Registered Waste Hauler	NIDED W IV	TDN- Love	1 0							
Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	r ID No. Cubic Ya	ards of Waste	Name of Registe T.R.R.F.	ered Landfill					
City, State	Dispo	osal Date /	City, Stat	te						
Toms River, New Jersey Completed by (Print or Type)	Title *	12/18/19 Signature	Tullyto	wn, Pennsylvania	1	T				
Nicholas Fernicola	Project Manager	organie /	hat	11.1		Date 12/15/20	14			

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

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				-				71		Cress .	- 1	-		
Date of Notification (1)	5	1.4			Name o	of Building	Owner/Operator (2	2)						
12 / 1	5 1	14	_			ider Grou	p LLC		WANTER H	A PM	C.		_	
-	ype Notificat	tion			Street	Address				n Ed	9:	3		
	☑ Initial					ckwood F			Art.					
☑ DOLWD ☐	Amended Amendme	nt#			City, S	tate, Zip Co	ode		(6.1)		1.)L		
] Emergenc	-	ludina		Florha	m Park, N	J 07932				٦			
(NJAC 5:23-8)	justificatio	in)	Ψ,	Ī	Name	of Contact			Telephone Nur	mber				
	Cancellati	on	2 - 7		Lenny	Leider							. 0	
					FAC	ILITY INF	FORMATION			12				
Name of Facility Where Aba	atement is T	aking	Place	(3)				Type of Facility (4)					
Private house								School (K-12) (Other than V 1	2)				
Street Address		***						Other (i.e., p	(Other than K-1	ercial bu	idina	š.		
119 Park Avenue								homes, etc.)						
City (5)							7-7	Square Feet	# of Floors	Bi	ig. Ag	e		
Madison, NJ 07940														
County (6)					Count	y Code (7) (STATE USE ONLY)	Current Use (Pr	or if being demo	lished)				
Morris														
Name of Monitoring Firm H	ired by Bullo	ding O	wner (8) [ASCM	No.	Name of Abatem	ent Contractor (9)						
name of morning (*			Gr Tech LLC							
Street Address							Street Address							
Stied Addiess							576 Valley Rd							
City, State, Zip Code		_					City, State, Zip C						-	
Dity, State, Lip 5546							Wayne, NJ 074							
Project Manager for Monito	ring Firm			Tale	phone	No	Telephone No	70			-			
Project Manager for Months	4 H 19 4 H 11 H			1	,p. toric	.,,	973-638-1777		01127					
Start Date (10)		Schad	ulad C	conie	tion Da	te /11\	Name of OSHA	Monitor	01127				-	
12 / 24 / _					<u> </u>			•						
							Envirovision Consultants,Inc Street Address							
Occupancy Status During A					mani			- I DII #	2.5 E	4				
Abatement Performed C						cribe		v Road, Bldg .#	33 E					
Time of Abatement.	AM-	PI	1/ 1/	PM_	-	AAA	City, State, Zip (
							Fair Lawn, NJ	07410 up and decontamii	nation with nega	tive nres	SUITE			
Scope of Work (Check all t	nat apply)							ntainment with Ne		uve pres	Suic			
				novat			Mini En	clocura		ii Daaa				
			⊠ De	emoliti	on		Gloveb Non-Ex	ag Procedure	j i ent with Negai on-Friable Proce	dure	sure			
	ALL STREET	NOT THE	1.	Loca	tion.		M NOTIFEX	n-Exempted (*) and Non-Friable Procedure Abater					/DO	
Location o			35	Norma			Description	of			1	The same	- 1000	
Asbestos-Containing M		A)	Use	ed Sol	ely by	Asbe	stos Containing M		Amount	Remova	Repair	Encapsulate	Enclosure	
TO BE ABAT				inteni todial	ance/ Staff?	(i.e	, thermal systems		(Specify SIF or LF)	Von	air	aps	USC	
IN Facility (13)			0 40	(12)			surfacing, VA other miscellar		SIF OF LE	0		late	6	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No	N/A							1E .		
Personnet	Samuel Annual Property	1		Ī	X	Pipe inst	ulation	*	75 LF	X				
Basement	-	·	-		X	1				X	ta			
First floor- kitchen				片	-+	Linoleur			120 SF	X	+	-		
Second floor					\boxtimes	VAT flo	or tiles		120 SF	_	냼	January .		
Outside siding				\boxtimes	Transite			650 SF	X		ᄔ	4000		
Name of Registered Wast	e Hauler			N	JDEP Was	te Hauler ID No	. Cubic Yards of Wa	aste Name of Reg	istered Landfill					
Gr Tech LLC				00337	85	TBD	T.R.R.F. Inc					page of the co		
City, State							Disposal Date	City, State						
							TBD	Tullytown, I	PA					
Wayne, NJ 07470 Completed By (Print or Ty	ne)	Titi	۵					/1		Date		-		
Completed by (Print or Ty	he)						Signature	Pentra Ne	120		014			
N.Jevtic		Ow	ner					leure we	vino	12/15/2	U14			
ASB-41		* Do n	01 11SP	this for	m for ashes	sios licensure elei	mpted activities.							
MAY 11					and the									

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Page # 2	

Date of Notification (1)		+ 74			Name	of Building	Owner/Operat	tor (2	2)	, and had here.	Air	<i>;</i>			
12	15 /	14	_		The I	eider Gro	un I I C	127							
Agencies Notified	Type Notifica	tion	3007.1			Address	up LLC		- Exit	PFC 18 PF	9:	+3	-	-	-
	X Initial					ockwood	Dood								
	Amended					State, Zip C			AD"			1 1 1			-
▼ DHSS	Amendme	nt#_				(S4) 133 A				s • NGCŽS			Ži.		
	Emergend		cluding				NJ 07932								
(NJAC 5:23-8)	justificatio				Name	of Contac	t			Telephone Nu	eamı	r			
	Cancellat	ion		68.7	Lenny	Leider				9		12			
					FA	CILITY IN	FORMATION	V							
Name of Facility Where At	atement is T	aking	Place	(3)			No. of Marie		Type of Facility	(4)	Т				
Private house									School (K-12)					
Street Address								1	Subchapter 8	(Other than K-	1 2)		V 100 A		
									Other (i.e., p		nerci	al bui	lding	5.	
119 Park Avenue		1							homes, etc.)	# of Floors	-	I Dia	- 6.		
City (5)									Square Feet	# 01 F1001S		DIC	lg. Ag	5	
Madison, NJ 07940												<u></u>			
County (6)					Coun	ty Code (7)	(STATE USE ON	ILY)	Current Use (Pr	ior if being dem	olish	ed)			
Morris					-				54 . S 4 . S 4 . S						
Name of Monitoring Firm F	lired by Build	ding C)wner (8)	ASCM	No.	Name of Aba	iteme	ent Contractor (9)						
							Gr Tech LL	C							
Street Address							Street Addres								
						576 Valley I	D A 4	1282							
City, State, Zip Code						City, State, Z				+					
0.17. 01010, 2.19 0000		Wayne, 1													
Project Manager for Moniti	orina Eicos			Tale		Na			70	License No.	+-				
Project Wallager for World	AING CIAN	Telephone No.					Telephone No				lo.				
			-]			973-638-177	0.089		01127					
Start Date (10)							Name of OSI	HAN	fonitor						
12 / 24 /	14	Scheduled Completion Date (11					Envirovision	n Co	nsultants,Inc						
Occupancy Status During	Abatement (Check	coniy c	one)			Street Address								
X Facility Closed/Vacated			A CONTRACTOR	500000	ment		20 21 Waga	TO11/	Road, Bldg .#	25 E					
Abatement Performed	Outside of No	ormal	Facilit	y Hou	rs - Des	scribe	City, State, Z			33 L	2 1	-			
Time of Abatement:	AM-	PI	W	PM_		AM	The second second second								
Scope of Work (Check all I	hat apply?			-		MARION TO SOME OF	Fair Lawn, 1		7410 p and decontamir	ation with noga	tivo.	25000			
	nat apply)								tainment with Ne	and the second s	ilive	11622	uie		
⇒3 sf or >3 If≥ 160 sf or ≥260 If				novat			Mini Mini	-Fnc	losure						
≥ 160 sf or ≥260 If			X De	emolitic	nc		⊠ Glov	veba	g Procedure	tive F	Press	ure			
				Name Const			Non	-Exe	mpted (*) and No	n-Friable Proce	dure		1		
			11	Loca								Aba	eteme	ent Ty	уре
Location of Location of Aspestos Containing M		iv.	100	Norma ed Sole			Descript					Z)	Z	m	ū
Aspestos-Containing M TO BE ABAT	ED	1	Ma	intena	ance/		stos Containing e., thermal syste			Amount (Specify		em	Repair	าดล	rcle
IN Facility			Cus		Staff?	(1.0	surfacing,			SIF or LF)		Remova	air.	Encapsulate	Enclosure
(13)				(12)			other misce					<u>m</u>		316	m
			Yes	No	N/A										
Third floor			П	П	X	Linoleur	m			150 SF		X	П	П	
				1	+								=	=	
Third floor					X	Window	glazing putt	у		1 SF		X	Ш	Ц	
Roof-1st floor back roor	n				\boxtimes	Roof flu	ishing			20 SF		X			
		+-			15	1.001 110		†			П				
						1				L.,	-	Ш	Щ		Lij
Name of Registered Waste	e Hauler		*	NJ	DEP Wast	e Hauler ID No	Cubic Yards of	Was	te Name of Regis	stered Landfill					
Gr Tech LLC	35.00				00337	85	TBD		T.R.R.F. Inc						
City, State							Disposal Dat	e	City, State						11111
									100000						
Wayne, NJ 07470		Tara					TBD	Tullytown, PA							
Completed By (Print or Ty	pe)	Title				Signatu	re /	1 1 - 1	1	Date	е				
N.Jevtic		Ow	ner					No	In ver	20	12/1	5/20	14		
ASB-41					1811 - 11	T-101	0 //	1				2.0			
May 11			Done	H HSC	this for	m for asbed	stos licensure j e	xemp	oted activities.						

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					- Dungell n	erator (2)		1				
of Notification (1)			Name	of Bull	ing Owner/Op	and they		1	الهيا الحداد	Residence of		
a lially				101				.: 15:7 8	D=0	_	2670 (201	
ncles Notification				Addres 400		170nl	My	Surle	(POI	8_	PH	<u>Q:</u>
nitial Initial		+	City,	State, Z	ip Code		· ·	Section				,
DEP Amended	nt #	\	0	Nt. (gunel 1	son se	rsex 1	Telephone N	imber,			- 1
DOL Emergency justification	y (including n)	1	Mam	e of Co	mact		0	,	Y TEAT		c)	7
DOH Cancellation		1	1	X	Y INFORMATIO	iN .						
		(1)	Į.	ACILIT	Y IRPORTATION	Туре	of Facility (4	•)				
me of Facility Where Abatement is Tale	ting Place ((3)				io	School (K-12	2)	42)			
S DI Proferry							Subchapter Other (i.e. p)	8 (Other than K- lvote & commen	cial build	ings,	tion	ies.
254 HUCFFVILLE	C1255	Ko	15	M		i im.	etc.)	# of Figors		dg. F		
	(10.30		7-1			Some	ine Feet	***			+	
(5)					1- (9)	1 Curis	ent Use (Price	or if being demo				
DUMY (A)	1		COL	Inty Co	EONLY)		Flo Bu	1dini _				
124 110 146	- Owner /	(0)		ASCM P	Vo.	Mame of Ab	atement Co	ntractor (1)				
amo of Monitoring Firm Hired by Buildin	ng Carner ((0)	1				lation Co.	, Iric.				
						Street Addr	cas rose Road	i				
treet Address						City, State,	Zip Code					
ity, State, Zip Code						Colts Ne	ck, N.J. 0					
			Tel	ephone	No.	Telephone (No.	Licens 0002				
roject Manager for Monitoring Firm	76		1			732-294-						
Start Date (10)	Sched	julad C	lomp!	etion Da	ate (11)	Name of OS	SMA Monitor					
1 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						() () () () () () () () () ()						
	111	011	4			Street Add	resa		,			
2 2 1 1 During Abatement (C	Check Only	One)	4				VANCAUTEC .					
Discupancy Status During Abatement (C	Check Only	One)	LY .			Street Add	VANCAUTEC .					
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Copancy Status During Abatement (Copancy Status During Abatement (Copancy Copancy Cop	Check Only Normal Fac	or Abacility (Ho	nteniel ours	on on or by	Asbestos Ci (i.e. therm su oths	City, State, Cescription of ontaining trate hal systems in tracing, VAT, or miscellaneous	, Zip Ceile Full Containn Mini-Endosu Glovebag Pr Non Exempt anal (ACLI) sulation, or	Amount (Specify SF or LF	Friab!e F'	Ab	Type	E Lives
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Print Form

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Agencies Notified Ty	pe Notification		Street Ad	idress	\ - C	2120		inish j	IFP:	18	D.	
EPA DEP DOL	Initial Amended Amendment		City Stat	te, Zip Code	O) IN	+ T1	N	Ab.				} C
DOH DCA	Emergency (i justification) Cancellation	ncluding	Name of		7-1		Telepho	one Numb	er 🖯	المياد	- 3/4-E	.,
			FACIL	LITY INFORMA		T	<u></u>				w-	
Name of Facility Where Abat AMOX G TO F Street Address	tement is Taking Conilu R+71	Place (3)	C			School (K-1 Subchapter Other (i.e. p	12) r 8 (Other th	ian K-12) mmercial	buildi	ngs, l	nome	s,
City (5)						Square Feet	# of Flo	ors		ig. Ag		
County (6)	, 105.		County C	Code (7) USE ONLY)		Current Use (Pri	200	lemolishe	1 60			
Mame of Monitoring Firm Hir	ed by Building (Owner (8)	ASCN	1 No.		of Abatement Connaction Co.	ntractor (9)					
Street Address					Street /	Address ontrose Road					-3777	
City, State, Zip Code						ate, Zip Code Neck, N.J. 07	7722					
Project Manager for Monitori	ing Firm		Telephor	ne No.	#6 18 (18 (18 (18 (18 (18 (18 (18 (18 (18	one No. 294-1757	- 19-22	cense No. 0029				
Start Date (10)		Scheduled	Completion I	Date (11)	Name o	of OSHA Monitor						
		(21	17/14								202-00-0	
Occupancy Status During At	patement (Chec	k Only One)	17114		Street	Address						
Occupancy Status During At	During Entire F	Period of Ab	atement			Address rate, Zip Code						
Occupancy Status During At Facility Closed/Vacated Abatement Performed	During Entire F Outside of Norm	Period of Abnal Facility H	atement			Full Containm Mini-Enclosur Glovebag Pro	re ocedure					
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NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	10/15/14				Name of Building				72		11	,	
	12/15/14		<u> </u>			Auro	ra Environme	ntal, Inc	7 2	18	5 4	i)	
Agencies Notified [X] EPA [] DEP		tion l Notifica nded Not			Street Address City, State, Zip Co	1234/16 2222	Union Avenu	ie Ži	M DEC 1	8 F	M 9	: 12	
[x] DOL		ndment # gency (ir			City, State, Zip Ci		n Beach, NJ (7735			ŀ	171	
[] DCA		ication) ellation			Name of Contact John		38	Telepho	one Number-	/:" <u>(</u> . ;	š		
				FAC	ILITY INFORM	ATION				101124120			
Name of Facility Where Al For	patement is Taking mer Knights of						Type of Facil		ool (k-12)				
Street Address	89 Jackson Stre	eet] [x] Oth	chapter 8 (oth er (i.e., privat nes, etc.)			ial build	lings,
City		County	y (6)		County Code (7) (STATE USE ONI	Y) .	Square feet 10,000	# 0	of Floors	Bldg	g. Age	30	
South River		Midd	llesex		,		Current Use		demolished)				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics Street Address 64 Broad Street					ASCM No.	Name o	f Abatement Con						
City, State, Zip Code			ute 9, Unit 61										
Ma:	3-1-2-2		River, New Jersey 08755-1271										
Project Manager for Monitor Tom Geig	1 7 .0		Telephone 732-290-		1		ne Number 49-9932	License Number 00624					
Scheduled Start Date (10) 12/15/14				Completi	on Date (11)		f OSHA Monitor	.M.S.L. Ar					
[] Abai	Abatement (Check of the Check o	d During	Entire Perio	d of Abat		Street A	address 10	056 Stelton	Road	v 088	54		
Scope of Work (Check all t	hat apply)					II		inment with N				1200-110	
[] >3 s:	f or ≥3 lf) sf or ≥260 lf	,	[] [x]	Renova Demoli		[x [x	Mini-Enclo	osure	4-9-9-1		ıre		
1				UE.	T					Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A				sed ,	(i.	Descripti bestos-Co Material (.e., thermal sulation, so VAT, ner miscel	ntaining ACM) systems urfacing, or	(S	Amount pecify 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
Basement			Х		Transite pane	ls		. 35	0 sf	X	-	E	Д.
									-				
Name of Registered Waste	Hauler	l N	JDEP Wast	e Hauler	ID No Cubic V	ards of Was	ete Name of	Registered La	ndfill				
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Toms River,				12/18		100000000000000000000000000000000000000	tate town¶Pennsyi	lvania					
Completed by (Print or Type Nicholas Ferr	e)	Title Proje	ct Manag		Signature	-lad	4	1		Date 12/1	15/201	14	N
		*L	o not use	this form	for asbestos lice	nsure exer	npted activities	·.					

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) December 15, 20	014	Name of Building		erator (2)	ic. 0)-S.F	53				
[] DEP [] Ame	tion I Notification nded Notification ndment #	Street Address City, State, Zip Co	1102	Union Avenue	DEC 18 PA	1 9: 1	2				
2 2	rgency (including lication)		Unior	Beach, NJ 07735	d white is	11/08					
	ellation	Name of Contact John		T	elephone Number						
	FA	CILITY INFORM	ATION								
Name of Facility Where Abatement is Taking Gas Station	Place (3)			Type of Facility (4)	School (k 12)						
Street Address 84 Jackson Street		-		[]	School (k-12) Subchapter 8 (off Other (i.e., privat homes, etc.)		0.5	uildings,			
City	County (6)	County Code (7)	***	Square feet	# of Floors	Bldg. A	Age				
South River	Middlesex	(STATE USE ONL	Υ)	1400 sf Current Use (Prior if	being demolished)	1 60					
Name of Monitoring Firm Hired by Building	0	100010		Gas Star	tion	olished)					
Name of Monitoring Firm Hired by Building (Owner (8)	ASCM No.	Name of	f Abatement Contractor (Guardia							
Street Address			Street A	ddress							
City, State, Zip Code			City, Sta	1889 Route 9, Unit 61 tte, Zip Code							
Principle C. M. S. J. S.				Toms River, New Jersey 08755-1271							
Project Manager for Monitoring Firm	Telephone Number		100 Philosophia (1900)	none Number License Number 349-9932 00624							
Scheduled Start Date (10)	Scheduled Complet				Monitor						
	During Entire Period of Aba										
[] Abatement Performed (Outside of Normal Facility H	ours	City, Sta	te, Zip Code Piscatav	vay, New Jerse	y 08854					
Scope of Work (Check all that apply)			[]	Full Containment v	with Negative Pres	sure	-				
^[] >3 sf or ≥3 lf	[] Renov	ation	[]	Mini-Enclosure Glovebag Procedur	re						
[X] ≥160 sf or ≥260 lf	[x] Demol		[x]			rocedure					
		T				Ahatem	ent Typ	,			
Location of	Is Location Normally used		Description		Amount		R E	Е			
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custodial		Material (A ., thermal		(Specify SF	M I	c	C.			
in facility	Staff	1 (ı, mermar ılation, su		or LF)	0 1	A A	LO			
(13)	(12)	oth	VAT, of er miscella				S	S			
	YES NO N/A) ou	er miscem	alleous)		A L	L	R			
Exterior Bay #1	X	Asbestos roof	ing		1296	Х	Е	Ε.			
Exterior Bay # 2 & 3	X	Asbestos roof			916 sf	X		-			
				7.00	+						
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	r ID No. Cubic Ya	rds of Wast	te Name of Registere T.R.R.F.	ed Landfill						
City, State Toms River, New Jersey	Dispo	sal Date	City, Sta	ate _			- 1/2				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hol	own, Pennsylvania		Date 12/15/	2014				

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



7 Energency \$

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

CK 4546

Date of Notification (1) 12/15/14		-	4			Building C Lepley F				1	, C	, : a ,	Ü				
Agencies Notified	Type Not				Street Ad 34 Wes	dress st Sailbo	at (89	thSt)		WM DE	C 18	PH	9: 40				
EPA DEP DOL	Ame	ended endment#				e, Zip Coo each Tv		08008		45.							
DOH DCA	justi	ergency (in fication) cellation	cluding	0.4/5	Name of Travis	Contact				Ot. I	Tele	ephone N	umber				
	_				FACIL	ITY INFO	RMAT	ON			1				7		
Name of Facility Where Travis Lepley Priva			Place (3)							of Facility (4 school (K-12	2)						
Street Address 34 West Sailboat (89thSt)								X C	Subchapter 8 Other (i.e. pr tc.)	Othe	er than K- & commer	·12) rcial buil	ding	s, h	ome	3,
City (5) Long Beach Twp N	J 08008								Squar 1000	e Feet +	# of 2	Floors	- 9	31dg. 35+	Ag	e	
County (6) Ocean				(County C	ode (7) SE ONLY)			Currer	nt Use (Prio e	r if bei	ng demol	ished)				
Name of Monitoring Firm	n Hired by I	Building O	wner (8)		ASCM	No.		6000	of Abat aco In	ement Cont	ractor	(9)					
Street Address		12		-	J		_	10000000	Addres							-	
City, State, Zip Code								City, S	State, Zi	p Code	21					-	
Project Manager for Mo	nitoring Firm	n		- [Telephone No.				West Berlin NJ 08091 Telephone No. License No. 856-753-9800 00727								
Start Date (10)					Completion Date (11)				Name of OSHA Monitor								
12/16/14			12/19/1					Same Street Address									
Occupancy Status Durin Facility Closed/Vac Abatement Perforr Other – Describe:	cated Durin	a Entire Po	eriod of A	batem	ent				State, Zi								
Scope of Work (Check	All That App	oly)					-712	200									0.000000
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					lure		20	
			Τ.	14			-			Literature	1/2	- 11011		100	40000	nent	
Locatio Asbestos-Containin TO BE Al	g Material (ACM)	Use Mai	Locati lormal d Sole ntenai odial S	ly ly by nce/		tos Cor therma	Description of Containing Material (ACM) Amount mal systems insulation, (Specify			ntaining Material (ACM) Am al systems insulation, (Sp		Т		e Enca	Enc	
In Fac (13				(12)			surfa other	acing, V/ miscella	AT, or neous)		S	F or LF)	Removal	Kepan		Encapsulate	Enclosure
			Yes	No	N/A									+	+		
Exterior					Х			erior Si				800 SF	x	1	1		
Throug	h-out				X		F	loor Ti	le		un	known	x	+	+		
Name of Registered Waste Hauler					NJDEP Waste Cut				Cubic Yards Name of Registered Landfill								
United Containers					Hauler ID No. of W 22459 4			of Waste 4 G.R.O.W.S.									
City, State Elm NJ					12/19			isposal Date City, State 2/19/14 Morrisville PA 19067									
Completed by Anthony T Perna		dent				Signatur	Signature Date 12/15/14										

(K 4551

Date of Notification (1) 12/15/14		<u> </u>			Building (Owner/Opera	ator	200 to 1		2	the ha	-				
Agencies Notified	Type Notification	9.		Street Ad		ch Boulev	ard		EC +	8 PE	9:	úZ				
EPA DEP DOL	Initial Amended Amendment			City, Sta	te, Zip Co	Section 1 - A Section 2005	ara	AST.	 Live	Aur	1	ÜL				
☑ DOH DCA	Emergency justification) Cancellation				Contact nderson					ephone	Numb	er				
				FACIL	LITY INFO	ORMATION										
Name of Facility Where Vacant Building Street Address	Abatement is Takin	g Place (3)		*	1.0		Type of Facility School (K-	12)	41.	(40)					
27 Chalfonte Ave	nue							Subchapter Other (i.e. etc.)				build	lings,	hom	es,	
City (5) Atlantic City NJ 08	3401							Square Feet 1000+	# o 2	f Floors		0.000	ldg. A 5 +	ige		
County (6) Atlantic				County C	Code (7) ISE ONLY			Current Use (Pri House	or if be	ing dem	olishe	d)				
Name of Monitoring Fir N/A	m Hired by Building	Owner (8)		ASCM	No.	20035		of Abatement Co	ntractor	(9)						
Street Address						10.00		et Address Box 329								
City, State, Zip Code					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, State, Zip Code est Berlin NJ 08091									
Project Manager for Mo	Project Manager for Monitoring Firm					Те	leph	one No.		ense No. 727						
Start Date (10) 12/29/14		Schedule		npletion [Date (11)	Na	356-753-9800 00727 Iame of OSHA Monitor Same							1		
Occupancy Status Duri	na Abatamat (Cha														- 0.22 L	
➤ Facility Closed/Va	cated During Entire I	Period of A	batem					Address ate, Zip Code								
			8			_										
Scope of Work (Check ≥3 sf or ≥3 If ≥160 sf or ≥260 If				enovation molition				Mini-Enclosur Glovebag Pro	ontainment with Negative Pressure Inclosure bag Procedure Exempted (*) and Non-Friable Procedu							
			Locati					THOM Example	<u> </u>		III		Abate	emen pe	t	
Asbestos-Containin TO BE Al In Fac	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility No Used Main Custo					cation mally Solely by enance/ ial Staff? 12) Descripti Asbestos Containing (i.e. thermal syste surfacing, other miscel			(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
100.1		Yes	No	N/A										W.		
Kitch	76	-		X		Floor		9		27 SF	-	C				
	Rear Porch Roofing					Roof			3000	50 SF	-	ζ				
Main Roof ed		X		Flash	ning			52 SF	F x							
Name of Registered Wa	IN	JDEP W	aste	Cubic Yard	ds	Name of	Registe	ered Lar	dfill							
Name of Registered Waste Hauler Earth Tech							bic Yards Name of Registered Landfill ACUA									
City, State Greenfield NJ	Disposal Date TBD				6700 Delilah Rd. E.H.T. NJ 08234											
Completed by Anthony T Perna	dent			Signa	ture	ure-7 Date 12/15/14										

CK1718

Date of Notification (1) December 15, 2014		Name of Building Owner/Operator (2) St. Theresa's School Check # 1718								U								
Agencies Notified Type Notification					Street A		7011001			OHOOK II		eres IIF (16) pag	10			
▼ EPA	× Initia			- 1		sham R	oad				45	ø.			, y.	441		
DEP DOL	Ame Ame	ended endment #	A POST OF THE PARTY OF THE PART			te, Zip Coo mede, N		'8		-					j.	ÜL		
DOH DCA	justi	ergency (i fication) cellation	ncluding		Name of Contact Tony						Telepho	ne Numi	er		,			
					FACI	LITY INFO	RMATIC	N										
Name of Facility Where St. Theresa's Scho		is Taking	Place (3	3)						of Facility (4)						1		
Street Address	-							1,7		School (K-12) Subchapter 8		an K-12)						
27 Evesham Road								Other (i.e. private & commercial buildings, homes etc.)										
City (5) Runnemede										re Feet	ors	Bldg. Age 100						
County (6) Camden	100 500 Telephone						County Code (7) Current Use (Prior if b					emolishe	d)					
Name of Monitoring Firm		Building C	wner (8)		ASCN	No.			me of Abatement Contractor (9) nade Environmental, LLC									
Street Address								Jan Jan	Addre			-	_					
1000 Maplewood Drive, Suite 207								623 Cutler Avenue										
City, State, Zip Code Maple Shade, NJ 08052								City, State, Zip Code Maple Shade, NJ 08052										
Project Manager for Monitoring Firm Chris Macri						ne No. 55-9300		C. Service Co.	none N 755-0		90 mm 10000000	ense No 842			100 Per 100-			
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor December 29, 2014 December 30, 2014 EMSL Analytical, Inc.																		
Occupancy Status During Abatement (Check Only One)									Addre				-			15		
Facility Closed/Vac Abatement Perform	ned Outside							200 Route 130 North City, State, Zip Code										
Other – Describe:							_	Cinnaminson, NJ 08077										
Scope of Work (Check /	All That App	oly)	57		02400000			Г	7 -									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit	ovation olition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
		V	1						_l_No	on-Exempted	(*) and No	Non-Friable Procedure Abatement						
			39	Locat Normal	Contract of					is:				Ty				
Locatio Asbestos-Containin <u>TO BE AE</u> In Fac (13)	g Material (A BATED ility	ACM)	Use Ma	aintenance/ stodial Staff? Asbestos C				Description of ontaining Material (ACM) nal systems insulation, rfacing, VAT, or er miscellaneous)			Amou (Spec SF or	ify	Removal	Repair	Encapsulate	Enclosure		
			Yes	No	N/A										Ф			
Kitch	en			XXX			Pipe	Insula	ation		9 LI		Х					
Kitch	en			XXX			Pipe	Insula	ation		12 L	F			Χ			
Name of Registered Waste Hauler				100	NJDEP Waste Cubic Ya Hauler ID No. of Waste					Name of R	35		n:t	l co	£11			
Freehold Cartage				02265 1			vvestern Berks Comm				Jommu	nity	Lanc	ш				
City, State Freehold, NJ					Disposal Dat 12/30/2014													
Completed by Christina Lynch Title Operations Mar				s Mana	ager	\$	ignatur 1	m	081	\sim	Dat 12		2014					

Date of Notification (1) 12/15/14				Name of Building Owner/Operator (2) Iraisa Orihuela-Reilly Name of Building Owner/Operator (2) Iraisa Orihuela-Reilly												
Agencies Notified	Type Notific	otion		-	t Address					1.04	~, ·	्रे भ				
EPA	Type Nounc	auon			Box 17			ASE-			١.	d				
I ☐ DEP	Amende				State, Zip			4 570	UN.	v) 1	-					
⊠ DOL	Amendm	ent #_ ncy (includin	<u></u>	Abs	econ, N.	08201			1	- 5						
DOH	justificat	ton)	9	Nam	e of Cor	ntact		Telephone Num	ber							
☐ DCA	Cancella	tion		Iraisa	Orihue	la-Reilly										
				FA	CILITY IN	FORMATION										
Name of Facility Where Residence	Abatement is	Taking Plac	e (3)				Type of Facilit	12)								
Street Address 1124 Center Ave.						Subchapter 8 (Other than K-12) Other (i.e., private 8 commercial buildings, homes, etc.)										
City (s)							Square Feet	# of Floors	E	ldg.	Age					
Bellmawr					£:		1500 SF	_ 2	50yrs							
County (6) Camden				USE	nty Code ONLY)	(7) (STATE	Current Use (F Residence	Prior if being demoli	shed)							
Name of Monitoring Firm (8)	n Hired by Buil	ding Owner		ASCM	No.	Name of Abate AEi2, LLC	ment Contractor (9)								
Street Address			-		Street Address	3					_					
<u> </u>						300 S. Lenola Road										
City, State, Zip Code						City, State, Zip Code Maple Shade, NJ 08052										
Project Manager for M	m	Tel	ephone	No	Telephone No.	5, 143 00032	License No.				-					
- reject manager for t		101	срионе	110.	609-481-21	22	00689									
Start Date (10) 12/26/14		Scheduled C	Comple	etion Da	ate (11)) Name of OSHA Monitor AEi2, LLC										
Occupancy Status Durin			one)	-		Street Addres	s					_				
☐ Facility Closed/Vaca				tement		300 Lenola Road										
Abatement Performe Other - Describe:	d Outside of N	ormal Facili	ty Hou	irs		City, State, Zip Code Maple Shade, NJ 08052										
Scope of Work (Check a	all that apply)					☐ Full C	ontainment with N	legative Pressure								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re	enovat emoliti	ion on	mini-Enclosure											
			Locati				exempted () and (TOTAL HADIC FIRE		Abate	ment					
Location	of	N Used	ormall d Sole	y Iv by		Description	of	2.		Ту	oe					
Asbestos-Containing N TO BE ABA IN Facility (13)	laterial (ACM) <u>FED</u>	Mai	ntenar ustodi Staff? (12)	nce/ al	Asbes (i.e.	stos Containing Ma , thermal systems surfacing, VA other miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	R e m o v	R e p a	E n c e p s u 1	E n c l o s				
		Yes	No	N/A					1	r	a	e				
Basement				X	TSI			200 LF	X		e					
									T			П				
					Waste	Cubic Yards	Name of Reg	istered Landfill	•							
LARIZ LLC					No.	of Waste	TBD				7).					
City, State				1376		Disposal Date	City, State	1								
Maple Shade, NJ						TBD	TBD									
Completed By Title Wm. Minnick Program Mgr						Signature	Lama	Date 12/15/2	14							
VV III. IVIIIIIIICK		1 Togram	n ivi8	1.		4/	11110	1/1 131	****							

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

Check # 1482

Date of Notification (1)		Name of Building Owner/Operator (2) Meridia Cosmopolitan Urban Renewal Carteret_LLC																
12/12/14						opolita	n Urba	an Re	enewalCar	teret	CLF C	MA	ما					
Agencies Notified		otification tial		Street A 6035	ddress Park Ave	enue			ASA			1 17	9.	75)			
EPA DEP DOL	An An	nended nendment #		97.8	ate, Zip Co New Yo		07093			4	UEA.	1177	, in	JĮ.				
DOH DCA	jus	nergency (i stification) incellation	ncluding	Name o	f Contact rd Osica			*****		_	ephone N		er			-		
П всх	1 00	licellation		1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	LITY INFO	Secretary and the second	ON					┿						
Name of Facility Where Commercial Prope		nt is Taking	Place (3)	FACI	LITT INC	JAMATI	ON	Туре	e of Facility (4)	9		Т						
Street Address 6 Cooke Avenue									School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,									
City (5)								Squ	etc.) are Feet	t # of Floors Bldg. Age								
Carteret				TA .	0 1 (7)			Alexandra I	,000		2	es e		0+-				
County (6) Middlesex					Code (7) USE ONLY))	_	Co	rent Use (Prior mmercial P	rope	rty	lishe	a)					
Name of Monitoring Firm N/A	m Hired by	Building C	wner (8)	ASCN	M No.	7777523			atement Contractor			Ī						
Street Address	-						Street					+				_		
0.4									II Drive			_						
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461																
Project Manager for Mo		Telepho	ne No.		Teleph 973-		No. -2022		License 0113									
Start Date (10) 12/13/14							Name Ame		SHA Monitor									
Occupancy Status Durin	ng Abatem	ent (Check	Only One)				Street	Addre	ess	-		+						
▼ Facility Closed/Vacated During Entire Period of Abate							117	East	t 30th Stree	t								
Abatement Perform Other – Describe:	ned Outsid	e of Norm	al Facility Ho	City, 5					Zip Code	_		T						
Scope of Work (Check All That Apply)					New York					Ь								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Air Mat A	ргу)		ovation Dittion				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure										
								Non-Exempted (*) and Non-Friable Procedure										
			Is Loc	ation								Abatement						
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material BATED ility	(ACM)	Norm Used So Mainter Custodia (12	nally Description Asbestos Containing (i.e. thermal system surfacing, V other miscella				ng Material (ACM) tems insulation, VAT, or			Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure		
Basen	nent		x	-		pipe	insula	tion		-10	1 L.F.		x					
Basemer	1000000		×	-			e debi	NOW MAKE) S.F.		x					
	-									ende								
N (5 11 11																		
Name of Registered Waste Hauler Atlantic Carting			NJDEP W Hauler ID	No.	of Was	ste		Name of R G.R.O.V	-	ered Land	llitt							
City, State			190713 3					\$28,000 PERSON SERVICE			-			_				
Wayne, NJ			Disposal Date on completi															
Completed by			Title															
Marko Stankovic		-	Preside	lent			Uar	rK	o Ha	San-			12/12/14					

Check # 1477

Date of Notification (1)		Name of Building Owner/Operator (2) Meridia Cosmopolitan Urban Renewal Carteret, LLC Street Address															
12/10/14			•		Meridi	a Cosm	opolita	an Urb	an Re	newai (¿a	nerei		isa e	2. "	-		
Agencies Notified Type Notification					Street Address 6035 Park Avenue					7. 43							
⊠ EPA	☐ Initi			L						05.			-		STE		
DEP DOL		ended endment a	4		-	te, Zip Co		07000	3 GERCEMONIA								
		ergency (i		-		New Yo	rk, NJ	07093									
DOH DCA	just	ification)	7.		Name of Richar	d Osica	1				l e	ephone N	Numt	er			
П вох	L Cai	ICCHALION				LITY INFO	L	ION			-		-				
Name of Facility Where	Abatement	t is Taking	Place (3)		PACI	LITT INFO	JUNIAI	ON	Туре	of Facility (4	1)	-	1				
Residence									lп	School (K-1)	2)						
Street Address									1 🗆	Subchapter	8 (Oth						
32 Washington Av	/enue									Other (i.e. p etc.)	rivate	& comme	ercial	build	lings,	home	es,
City (5)										re Feet	#0	f Floors	+	В	ldg. A	ge	
Carteret									2,00	00		2		5	0+-		
County (6)				T	County Code (7)				Curre	urrent Use (Prior if being demolished)							
Middlesex					(STATE USE ONLY)				Res	sidence							
Name of Monitoring Firm	n Hired by	Building C	Owner (8)	100	ASCM	l No.		Name	of Aba	tement Con	tractor	(9)	1				
N/A	N/A							Star	nmark	Contract	ors, L	LC					
Street Address			***************************************			***************************************		Street	Addre	ss			1				
					27 E	Edsall	Drive										
City, State, Zip Code				City, State, Zip Code													
								Sus	sex, l	NJ 07461							
Project Manager for Mon	nitoring Fire	m			Telephor	ne No.			hone N			Licens					
									-864-			0113	7				
Start Date (10)			Scheduled		npletion [Date (11)		1		HA Monitor							
12/11/14			12/13/1						eriSci								
Occupancy Status Durin	ng Abateme	ent (Check	k Only One)				7 7 7 7 7 7	Addre								
Facility Closed/Vac	ated Durin	g Entire P	eriod of Al	aten	nent			1000		30th Stree) 		_				
Abatement Performed Outside of Normal Facility Ho Other – Describe:										Cip Code							
Scope of Work (Chook)	All That Ass	ali d						Nev	v YOU	k, NY 100	10		+				
Scope of Work (Check A	All That App	oly)						Г	٦.								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf					ovation					II Containme		n Negativ	e Pr	essur	e		
Z =100 31 01 =200 11				HOII	IOIIIION				Mini-Enclosure Glovebag Procedure								
			_						No.	n-Exempted	l (*) an	d Non-Fi	riable	Pro	cedur	е	
			1000	ocat	N										Abatement Type		
Locatio			Used	Sole			Description			ion of			1		1 9	pe	
Asbestos-Containing TO BE AB		ACM)	Mair							Material (ACM) as insulation,		mount Specify		71		Ē	m
In Faci			Custo	dial (12)		(1.6.	surfa	cing, V	AT, or	- 1		or LF)		Remova	Repair	caps	nclo
(13)				(12)			other	miscella	neous)					oval	a⊨	Encapsulate	Enclosure
				No	N/A											e	
Windows 8	& Sidina			х			S.E. Contract	Caulk		***********	13	3 units		x			
	J								8				-		-		
					+ -								-				
													1:1				
Name of Registered Wa	ste Hauler				JDEP W			Yards		Name of I	Registe	ered Lan	dfill				
Atlantic Carting				- 122	Hauler ID No. of Waste 190713 2			2		G.R.O.	W.S.						
City, State				1	30, 10		Dispo	sal Date)	City, State	9	-	+		_		
Wayne, NJ				on completi													
Completed by			Title					Signatur				1	Date				
Marko Stankovic			Presid	dent	10.73			Herren Hour			12/10/14						

Check# 180

Date of Notification (1)			Name of Building Owner/Operator (2)													
12/11/14		Meridia Cosmopolitan Urban Renewal Carteret LLC														
Agencies Notified	Type Notification		Street Ad 6035 F	Idress Park Ave	enue			(1C) 17 mag	(9) W	6 6.4	,,r	٠.				
EPA DEP	Initial Amended		City, Stat	e, Zip Co	de		7	40°.			1.	, I'L				
DOL	Amendment		West New York, NJ 07093													
⊠ DOH	Emergency (justification)	including	Name of	lumber												
DCA	Cancellation		Richar	d Osica												
			FACIL	ITY INFO	RMATI											
Name of Facility Where		g Place (3)					Type of Facility	(4)								
Commercial Prope	erty				-,2-		School (K Subchapt		or than K	12)						
Street Address							Other (i.e	. private	& comme	rcial bu	Iding	s, ho	mes,			
20 Cooke Avenue			etc.)	1 # 2	f Eleone		Dida	A 00								
City (5)				Square Feet 20,000	# 0	f Floors 2		Bldg. 50+	_							
Carteret			County	ada (7)			Current Use (F	Prior if he		liched)	JUT					
County (6) Middlesex			(STATE U	ISE ONLY	is		Commercia			iisrieu)						
Name of Monitoring Firm	n Hirad by Building (Dwner (8)	ASCM	No		Name	of Abatement C									
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Street Address				-		Street A										
0.0001.100.000						27 E	dsall Drive									
City, State, Zip Code						City, St	ate, Zip Code			-			-			
7000 90 10				Suss	ussex, NJ 07461											
Project Manager for Mo	Telephor	ne No.		Telepho	one No. 364-2022		License 0113									
Start Date (10)	Scheduled C	ompletion [Date (11)		1 1 1	of OSHA Monit	or	1			-					
12/12/14		12/12/14	opiouo	(,		Amer										
Occupancy Status Durin	ng Abatement (Chec	k Only One)				Street A	Address				-					
Facility Closed/Vacated During Entire Period of Abatement						117 E	East 30th St	reet								
Abatement Perform	ned Outside of Norm															
Other – Describe:					_	New	York, NY 10	0016								
Scope of Work (Check /	All That Apply)															
23 sf or ≥3 lf		The second secon	vation				Full Containment with Negative Pressure Mini-Enclosure									
≥160 sf or ≥260 lf		□ Demo	olition				Glovebag Procedure									
						X	Non-Exemp	riable Pr	oced	ıre						
		Is Loc	ation									teme				
Locatio	n of	Norm Used So			De	escription	of				7	Гуре				
Asbestos-Containing TO BE AB		Mainter				ntaining Mal systems	Material (ACM)		Amount Specify	z		<u></u>] m			
In Fac		Custodia	20.75	(1.6.	surfa	acing, VAT	Γ, or		F or LF)	Removal	Kepair	ap.	nclo			
(13))	(12	<u>-</u>)		other	miscellan	eous)			Va	ar	Elicapsulate	Enclosure			
Windows		N.	X N/A			cau	lking	22	2 units	>		d				
Basen	nent	x			pipe	e insulat	ion	39	97 L.F.	х			\perp			
Basemer	nt floor	l x			pi	pe debri	is	4	1 S.F.	x						
Roc	of	х			1	flashing			All	x						
Basen	nent	x		bo	iler ins	sulation	& debris	18	35 S.F.	x						
Name of Registered Wa	aste Hauler		NJDEP W			Yards	Name	of Regist	ered Lan	dfill						
Atlantia Cartina				Hauler ID No. of Waste 190713 10			G.R.O.W.S.					\$ (
City, State			Disposal Da				744									
Wayne, NJ					2,000,000,000	completion		ișville, l	PA ,							
Completed by					3	Signature Date 12/11/14										
Marko Stankovic		Preside	nī		,	Main	40 /VC	1116	011	12/1	/14					

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Agencies Notified Type Notification	Svee: Addres	155 RT	, 50			
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Name of Facility Where Abatement is Taking	Place (3)		School (K-12		17; da bulonçt	
Siree Address 15 STH ST			Square Foot) # of Floors	1 Bldg Aφ	
CITY OLEAN CITY			1000	1-2-	40 +	
COUNTY 15) CARE MAY	County Code USE On 1		VA	noi il baing demo CANT	esued:	
Name of Marioning Firm Hired by Building On	mer ASON No	Hame of Abater	Teni Convacor 19	10,	5 B 6	
1.6:		Sueel Address	S. SPRU	cé Ave.		
Sirec. Address		Co Suite Zip				
Cry State Do Code		MAR	OLS SHA	DE NJ Lanse No		
Praince Hanages for Montoning Firm	SA Successes		79-047		44	
Scredu	Jec Comaiglan Dais (11)	Name of OSHA	bKA/GL	4 M		
Sian Date 10 /14 17	18/15 (only ane)	Sue et Addre sa		=105.		
Occupancy Status During Abatement (Check Tacility Closed/Vacated During Engre Pen	~ .	Cay, State, Xip	COOR SHAD	i Ni T	06052	
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Scope of ivory (Check all that apply)	Renovation	. Mun · €	eçanve Pressure			
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(13)	YES NO NIA			1800	b ×	
	X	TRADS 17	TE .	1.00		
5171NB						
A laure Waste Havior	MOED Wase	CUDIC Yards	Hame of R	epistered Landii	. U. Å·	
Name of Registered Waste Hauter KUEMCO INC.	(7927	0500 M 031		- O WF	んご・	
MAPLE SHADE, NI	5,08052	Signatur	: 1000	0.750	2/16/14	
Completed By 1/1-	OWNER		osigh lo	1	2/16/1	
JISGPH KUEMM -	to not use this form to tas	pesios trensure e	i rempled activitie	ı		
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