Date of Notification (1) 12/26/2013					Building (partmen				eteran Aff	airs			F		1
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Street Address					Equiti-				School (K-1 Subchapter		er than K-1	2)			
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City, State, Zip Code Cranbury, NJ 0851						10 THE CO.			ip Code le, PA 19	460					
Project Manager for Mo			Τ.	Telephor	ne No.		1000	none N	. 32		License N	10.		-	
Kevin Lovely				20.000000000000000000000000000000000000	90-5858		Northernoe	933-4			00836				
Start Date (10) 10/30/2013		Schedule 1/10/20		npletion (Date (11)				HA Monitor nvironme	ntal S	ervices, I	nc.			
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)					Addres							
	ated During Entire F						100	idge l	ip Code			-			
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TO BE AB In Faci		Custo	odial S (12)	Staff?	(i.e.	surfa	system cing, VA	T, or	ation,		Specify or LF)	Remova	Repair	caps	Enclosure
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City, State Williamstown, NJ						Dispo: 12/13	sal Date	1	City, Stat Millville						
Completed by Jeffrey A. LaRiviere		Title V.P.				8	Signature	e				ate 2/26/2	2013		
ASB-41 (R-06-08)		•			10		, Don	ot use t	his form for	asbes	tos licensu	e exer	npted	activi	ties.

6397-NJ

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

Initial Notification Check # 5697

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Street Address	·							11	[]Other	(i.e., mildino	priv	ate omes	e cor	mmer c.)	•
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Owner (8)	rirm mired	by Bull	iing	ASCI	ı NÇ	•	I Name Of Abac	Can	ent contractor	1-1					
Whitman Companies	s. Inc.						Four Strong	Bu	ilders, Inc.						
Street Address							Street Addre	ess							
116 Tices Lane, Unit	B-1						180 Sargean	nt A	venue						
City, State, Zip Co							City. State.	. Z	ip Code						
East Brunswick, NJ (08816	Firm T	Tele	phone	Num	ber	Clifton, NJ 07				Licer	ise N	umbe	r	
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0 1 / 1 7 / Month / Day / Occupancy Status Do	1 4 C	0 1 1/1.	2 C	1/11	14 Year	.1	Four Strong								
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Scope of Work (Che	ck all that	apply)					f !Fu:	11	Containment w	ith Neg	ativ	e Pre	essur	e	•
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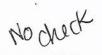
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Name of Monitoring Firr Creative Environment)wner (8)		ASCN	l No.				tement Cor terprises		(9)				
Street Address 39 West 37 th St.							Addres Beers								
City, State, Zip Code New York, New Y	ork 10018					City, S Keyr	state, Z	ip Code I.J. 0773	35						
Project Manager for Mo Igor Martirosian	nitoring Firm	20		Telephor 212-290			Teleph 732-	none N 739-	1200		License 01095				
Start Date (10) 1/13/2014	I		ed Com 3/2014		Date (11)		Name n/a	of OSI	A Monitor						
Occupancy Status Durir	ng Abatement (Check	Only On	e)				Street	Addres	SS						-
	ated During Entire Pened Outside of Norma			ent			City, S	State, Z	ip Code						
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Street Address 39 West 37 th St.	V2		-					ddress eers St						
City, State, Zip Code New York, New Y	ork 10018					· C	City, Sta Keypo	ate, Zip Code ort N.J. 0773	5		100			
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Start Date (10) 1/13/2014	-	Scheduled 6/13/	Com /2014		ate (11)		Name o	f OSHA Monitor						
Occupancy Status Durin X Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I	Period of Aba	ateme	ent	111			ddress ate, Zip Code						
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Union				(STATÉ L	JSE ONĹY,)		ware house	€		HORSIN	-u)			
Name of Monitoring Firm Creative Environment S		Owner (8)		ASCN	1 No.		Name Trico	of Abatement Co n Enterprise	ontractor es Inc	(9)					
Street Address 39 West 37 th St.						Street 322 E	Address Beers St								
City, State, Zip Code New York, New Yo	ork 10018					City, S Keyp	ate, Zip Code ort N.J. 077	'35							
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X Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility					City, St	ate, Zip Code							
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Nocheck

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

Date of Notification (12/26/13			Name of Port	f Building Authorit	Owner/C ty of N	perator IY and	(2) NJ	20.	YEC	EH	/EI)			
Agencies Notified XEPA XDEP XDOL XDOH XDCA	Type Notification XInitial Amended Amendment # Emergency (justification) Cancellation		N	City Sta	n Plaza 2 nd ate, Zip Co y City,N Contact	de	306	7	4385	EC 3	0 PA	1 7.	K 2			
name of Facility Where Residence Street Address 139 Bayway Ave		Place (3)	FACI	ILITY INFO	ORMATI	ON	x	of Facility (4 School (K-1 Subchapter Other (i.e.	2) 8 (Othe private	& comn		build	lings,	hom	es,
City (5) Elizabeth,New J	ersey,07202								e Feet	5	Floors		10	dg. A 0 +	ge	
County (6) Union	1				Code (7) USE ONLY)]	Curre Ware	nt Use (Price house	or if beir	ig dem	olished)			
Name of Monitoring Fin Creative Environment		Owner (8)		ASCN	/I No.		Name Trico	of Aba	tement Con terprises	tractor Inc	(9)		11			
Street Address 39 West 37 th St.						Street 322	Addres Beers	s St								
City, State, Zip Code New York, New Y	ork 10018				-	City, S Keyp	tate, Zi ort N	p Code .J. 0773	35		1	****				
Project Manager for Mo Igor Martirosian	nitoring Firm			Telepho 212-290			Teleph 732-	one No 739-1	200		Licens 0109	se No. 95	5.10.00			
Start Date (10) 1/13/2014			ed Com 3/2014		Date (11)		Name n/a	of OSF	IA Monitor							
Abatement Perform Other – Describe: Scope of Work (Check A	cated During Entire Poned Outside of Norm	eriod of A al Facility	bateme Hours	ne.		× ×	Street City, S	tate, Zi	p Code							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enovat emoliti	1251		2		X Min	tainment w i-Enclosure vebag Prod n-Exempte	e cedure			Proc	W3200 7055	- 2	
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Asbestos-Containin <u>TO BE AB</u> In Fac (13	g Material (ACM) BATED illity	Ma Cus	Solely be intended to the control of	nce/ Staff?		tos Con therma surfa	taining M I systems cing, VA niscellar	faterial s insula T, or		(S	mount pecify or LF)	Remova		Repair	Encapsulate	Enclosure
See Attached		Yes	INO	N/A X							-	,	+		te	Φ
Name of Registered Wa Atlantic Carting Inc	ste Hauler		Н	JDEP W auler ID 6085		of Wa 30			Name of I	Bethleh			35 A	Apple	butte	r RdI
City, State 1141 Rt 23 Wayne N.J.	07470					Dispo: 8/29/1	sal Date 2		City, State Bethleher		0815					
Completed by James Mahoney		Title Projec	t mana	ger		S	Signature	res	Mah	one	1	Date 12/26	/201	3		

ASB-41 (R-06-08)

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



RECEIVED 2013 DEC 30 PM 7:48 Name of Building Owner/Operator (2)
Port Authority of NY and NJ Date of Notification (12/26/13 Type Notification Street Address Agencies Notified One Path Plaza 2nd Floor X Initial XEPA City, State, Zip Code Jersey City, N.J. 07306 XDEP Amended XDOL Amendment # Emergency (including XDOH Name of Contact justification) XDCA Uday Mehta Cancellation **FACILITY INFORMATION** Type of Facility (4) name of Facility Where Abatement is Taking Place (3) Residence School (K-12) Subchapter 8 (Other than K-12) Street Address 137 Bayway Avenue x Other (i.e. private & commercial buildings, homes, Square Feet Bldg. Age City (5) Elizabeth,New Jersey,07202 # of Floors 100 +Current Use (Prior if being demolished) County Code (7) County (6) Union (STATE USE ONLY) ware house Name of Abatement Contractor (9) Tricon Enterprises Inc ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Creative Environment Solutions Street Address 322 Beers St Street Address 39 West 37th St. City, State, Zip Code Keyport N.J. 07735 City, State, Zip Code New York, New York 10018 License No. 01095 Project Manager for Monitoring Firm Igor Martirosian Telephone No. 732-739-1200 Telephone No. 212-290=6323 Name of OSHA Monitor Start Date (10) 1/13/2014 Scheduled Completion Date (11) 6/13/2014 Street Address Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) X Containment with Negative Pressure Renovation ≥3 sf or ≥3 If x Demolition X Mini-Enclosure x ≥160 sf or ≥260 lf X Glovebag Procedure X Non-Exempted () and Non-Friable Procedure Abatement Is Location Type Normally Used Description of Location of Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A X X See Attached Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler IESE PA Bethlehem Landfill 2335 Applebutter Rdl Hauler ID No. of Waste Atlantic Carting Inc 26085 30 Disposal Date City, State City, State Bethlehem P.A. 10815 8/29/12 1141 Rt 23 Wayne N.J. 07470 Completed by James Mahoney Date Title Signature 12/26/2013 Project manager

* Do not use this form for asbest s licensure exempted activities.



	12/26/13		l N	Port A	uthority	y of N	erator (2 Y and	NJ **	:TY	ED		75.7		
Agencies Notified XEPA	Type Notification			street Ad ne Path	dress Plaza 2 nd	Floor		2013 DEC 30	PM ·	7:60				
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X DOH X DCA	Emergency (justification) Cancellation	including		me of Co			105	- LICE	, -/1-					
7,001	Cancellation		00		execution with	DREATIC	NI.							_
name of Facility Where Cory Warehouse		Place (3)		FACIL	ITY INFO	RMATIC	N N	Type of Facility (4						
Street Address 666- 668 South	Front St.	-						Subchapter × Other (i.e. etc.)	8 (Othe private 8	than K-1. commerc	2) cial bui	ildings,	home	es,
City (5) Elizabeth						1		Square Feet	# of 5	Floors		3ldg. Ag 100 +	ge	
County (6) Union				County C	ode (7) SE ONLY)			Current Use (Prio ware house	or if bein	g demolis	hed)			
Name of Monitoring Fi Creative Environmen	rm Hired by Building (at Solutions	Owner (8)		ASCM	No.		Name o Trico	of Abatement Cor n Enterprises	tractor (s Inc	9)				
Street Address 39 West 37 th st.							Street A	Address Beers St						
City, State, Zip Code New York, New	York 10018						City, St Keyp	tate, Zip Code ort N.J. 0773	35					
Project Manager for M Igor Martirosian	lonitoring Firm		Telephon 212-290=				one No. 739-1200		License 1 01095	No.				
Start Date (10) 1/13/2014		Scheduled 6/13/	Com/2014		Date (11)		Name on/a	of OSHA Monitor						
Occupancy Status Du	ring Abatement (Chec	k Only One)				Street	Address						
X Facility Closed/Va Abatement Perfo Other – Describe	rmed Outside of Norm			ent			City, S	tate, Zip Code						
Coons of Mark (Charl									-20		= 100			
Scope of Work (Check ≥3 sf or ≥3 lf x ≥160 sf or ≥260 l	All That Apply)		enovati					X Containment w X Mini-Enclosur X Glovebag Pro	e cedure			ocedure	,	
13.500 T. O.	All That Apply)	x De	Locatio	on				X Mini-Enclosur	e cedure			Abate	emen	t
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Date of Notification (1) Dec. 26, 2013					Building C		perator	(2)		DE	C 3 (20	13			
Agencies Notified EPA	Type Notification		100	Street Ad 820 Md	ddress orris Tur	npike								1		-
EPA DEP DOL	Amended Amendment				te, Zip Coo Hills, Nev		ey 070	078			-	N.		- i		ĺ
DOH DCA	Emergency (i justification) Cancellation	ncluding	- 1		Contact Kleymar	1									8	
Edical				FACIL	LITY INFO	RMATI	ON									- 2000
Name of Facility Where Former Pathmark/k		Place (3)						S	of Facility (4) School (K-12) Subchapter 8)	er than k	(-12)				
4516 Rt. 9 South								⊠ c e	Other (i.e. pri etc.)	vate 8	k comme		1000000			es,
City (5) Howell								40,00			Floors 1		4	dg. A IO	ge	
County (6)				County C	Code (7) JSE ONLY)		_		nt Use (Prior er superm			olished)			
Name of Monitoring Firm None	n Hired by Building C	wner (8)		ASCM	No.				ement Contr Constructi							s "
Street Address								Addres	s West, Su	uite 1	4				ill.	
City, State, Zip Code	- 37						City, S	tate, Zi	Charles at 187 W		100 E	(4)				
Project Manager for Mor	nitoring Firm	120		Telephor	ne No.		Teleph	none No).		Licens	e No.				
Start Date (10) Jan. 8, 2014		Schedule Feb. 1,			Date (11)		Name	of OSH	A Monitor Construction	on li	nc					
Occupancy Status Durin	ng Abatement (Chec	NY SOCIETE CONTROL	-22000000000000000000000000000000000000					Addres		O.,, .,						
Facility Closed/Vac Abatement Perform	cated During Entire F	eriod of A	baten				-	tate, Zi								
Other – Describe:						_							22.000			
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enova emolit				×	Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	edure	4 7 .					
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	12		Locati ormal			_		- 28						Ту		
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) IATED lity	Used Mai	d Sole ntena odial S (12)	ly by nce/		os Cont thermal surfa	scription aining M systems cing, VA niscellar	Material s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Pathmark -Sho	opping Area		х	4		-	Mastic			33.2	200 SI	= x	-			
Pathmark - F			^				ualking			W. J. S. S. S. S.	0 LF	-	1			
Kmart - Ro	of Area						site Pa				00 SF	+				
			116										1			
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of R	egiste	red Lan	dfill	10	-		\vdash
Newark Carting, Inc			132.00	lauler ID 4509	No.	of Was	ste		Bethlehe	em La	andfill					
City, State Newark, New Jerse	у					1000 CO 1000 C	sal Date 1, 2014		City, State Bethlehe		PΑ					
Completed by Frank Marino		Title Presid	dent			S	Signature	10	1,	_		Date Dec.	26	20	12	
Tank Wallio		1 1631	JOI IL	46.000000000000000000000000000000000000		a	la	1/10	he	_		Dec.	20	, 20	10	

Date of Notification (1)	2/23/2013		Name	of Build	ling Owr cavatin	ner/Operating Incorpo	tor (2)		i la					
Agencies Notified Notif	fication Type nitial Notificati	ion	Street	Address incoln E	S	9			DEC	3 0	201	3		
() DEP	Amended Amendment #			tate, Zip	Code J 0884	16		T. S.		4		1907		· water
(x) DOH	Emergency (in justification) Cancellation	nciuaing		of Conta	7.7.7.17.				1,					
			FACILI	TY INFO	ORMAT	TION								_
Name of Facility Where Ab	atement is Ta	king Place	(3)			T	ype of Fa	cility (4)					
Eatontown Project Street Address 347 Route 35	* 1					(`) School) Subcha) Other (homes	apter 8 (i.e. priva	other t	han K-	12) cial	buildi	ngs,	
City (5)						s	quare Fe		# of F	loors	E	Bldg.	Age	
Eatontown			ΤΑ .		(T) (OT)	ATE O	urrent Us	o (Drio	if hain	a dom	lieh	(he		\dashv
County (6) Monmouth			USE C	DNLY)	(7) (STA				II Dell	ig dem	JII 311			
Name of Monitoring Firm H ABS Environmental Sen	lired by Bldg. (vices	Owner (8)	ASCM	No.		Name of Co Cid & Son		(9)						
Street Address P.O. Box 483					1000	Street Addi 365 River								
City, State, Zip Code Glenwood, NJ 07418						City State, Sarfield, N								
Project Manager for Monito Scott Higgins		Telephone (973)764-2				elephone 973)685-				Licens 0119			r	
Scheduled Start Date (10) 01/03/2013		Scheduled C	ompletion /20/201		100 E	Name of O		nitor						
Occupancy Status During	Abatement (C	heck only o	ne)			Street Add		ropus						
(x) Facility Closed/Vacated () Abatement Performed (() Other – Describe:	I During Entire Outside of No	Period of A	Abateme Hours	nt	0	City, State, Long Islar	Zip Cod	e	01				2000	
Source of Work (Check all	that apply)								N	D				
$(x) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $(x) \ge 160 \text{ sf or } \ge 260 \text{ lf}$		(x) Renovat () Demoliti				() Mini-E	ontainme Inclosure bag Pro Exempted	e cedure					e	
		Is Locat	ion							1	Abat	emer	t Ty	ре
Location of Asbestos-Containing M (ACM) TO BE ABATED in Facility (13)		Normally I Solely I Maintena Custodial (12)	oy nce/	Contai	ining Ma mal syst rfacing,	on of Asbes aterial (AC tems insul VAT, or o ellaneous)	M) (i.e. ation,	(Sp	nount pecify or LF)	Tollowa	Domousi	Repair	Encapsulate	Enclosure
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Roof	627/2		X		ng, Flash	hing Mate	rial		00 SF	-	<u> </u>			
Guest Rm, Lobby, Rm 30,	Kitchen		X	VAT				_	50 SF	_	(_		
Window & Door			X	Caulki					30 LF		(
Ceiling			X		g Plaste		T	- 2 y z 2000	00 SF					
Name of Reg. Waste Haul Cid & Sons, LLC	ler N	IJDEP Wast 32	e Hauler 905	r ID #		Yards of Y		Name of	.W.S.,	Waste	Ma	anag	eme	nt
City, State Garfield, NJ					Dispos	sal Date TBD		City, St Morris		A				
	Title Proje	ect Manage	er	Sign	ature	Bass	A book	UM		Date	12/2	23/20)13	

CHECK # 20590/20597/20637/20660

Date of Notification (1) 12-24-13				Building Owner/ ervices, Kear			Park			,	7 1	5 1
Agencies Notified Type Notification	ı		Street A 9 Basi	^{ddress} n Drive, Suite	120			2.5	.0 0			1
EPA Initial DEP X Amended Amendmer				ite, Zip Code y, NJ 07032				DE	.U 3	0 20	313	•
□ Emergency justification □ DCA □ Cancellation)			Contact mmern								
			FACI	LITY INFORMAT	TION							
Name of Facility Where Abatement is Tak Building 89 Street Address	ing Place (3)					ility (4) (K-12) apter 8 (Otl	ner than K-	12)			
9 Basin Drive						Other (etc.)	i.e. private	& commer	cial buil	dings,	home	es,
City (5) Kearny						Square Fee 10,300	t #0	of Floors	E	Bldg. A	ge	
County (6) Hudson			County (Code (7) USE ONLY)		Current Use		ing demoli	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	1 No.		of Abatemen acle Enviro						
Street Address				2		^{Address} Broad Stre	et					
City, State, Zip Code				-1		tate, Zip Cod stadt, NJ 0						
Project Manager for Monitoring Firm	roject Manager for Monitoring Firm					none No. 939-6565		License 00756	No.		(3)	
Start Date (10) 12-05-13				Date (11) Completed		of OSHA Mo -Air Inc.	nitor			200		
Occupancy Status During Abatement (Che	eck Only On	e)				Address	•					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Area is vacant					City, S	9 Jackson state, Zip Cod g Island Cit	е	101				
Scope of Work (Check All That Apply)			30 500-10 500		Long	, iolaria Oit	y, 141 11	101	-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				Mini-Encl Glovebag	ainment wit osure Procedure npted (*) a				· A	
		Locati				I NOII-LXEI	Inpled () al	14011-111	able 110	Abate	ement /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole intena odial S (12)	ely by nce/	Asbestos Cor (i.e. therma surf		/laterial (ACM s insulation, .T, or	.	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Roof	100	110	x	Built	t Up Ro	ofing	10	,300SF	x			
			-	,						-		
Name of Registered Waste Hauler		IN	JDEP W	/aste Cubi	c Yards	Nam	ne of Regist	tered Land	fill			
(3)Weigle Trucking		H	lauler ID W2912	No. of W	aste)	Min	erva Ent					
City, State 274 Reynolds Road, Linden, PA 1	7744			Disp TBD	osal Date		Staté ynesburg	j, OH 440	688			
Completed by John Tancredi	Title Proje	ct Ma	anager		Signatur			L. 1886	Date 12-24-	13		

Date of Notification (1)	/26/13			Name o	of Building	Owner/Operator Palmer S	(2) quare Manag	ement, LIREC	3 () 2()13	_
Agencies Notified	Type Notification	16	1	Street	Address		40 Nassau Str					
EPA DEP DOL	Initial Amended Amendment #		F	City, St	ate, Zip C	ode				(vj.)		_;
⊠ DOH	Emergency (in justification)	cluding	-	Name	of Contact		inceton, NJ 0	0342				_
□ DCA	Cancellation		_		Ji	m Elkington						52
			(6)	FAC	ILITY INF	ORMATION	Type of Facility	(4)			_	\dashv
Name of Facility Where	Abatement is Taking Residentia			nt			☐ School (K-12	2)	2			
Street Address	Unit 43-E P			10			Other (i.e., p	8 (Other than K-12 rivate & commercia) al build	ings,		
City (5)	UIII 43-E I	anner	Squ	iai C_			homes, etc. Square Feet	# of Floors	Blo	lg. Ag		\neg
	Prin	ceton		Coun	h, Codo (7) (STATE	800	ior if being demolis	hed)	9)	=
County (6)	/lercer				ONLY)	2 17 17 17 17 17 17 17 17 17 17 17 17 17		Residential				
Name of Monitoring Firm (8)		Owner	7	ASCM I	Vo.		nent Contractor (9) nental Service	es In	C		
Street Address	IECS Inc.	-	_L:			Street Address	vens Environ	nontal belvio	, III			=
Street Address	PO Box 34	L						322 Box 322				_
City, State, Zip Code	rosswicks, NJ (08515				City, State, Zip 0		n, NJ 08501				_
Project Manager for Mo William	nitoring Firm Weisgarber			phone 1 9) 298	No. 3-4070	Telephone No. (609) 2:	59-9688	License No.	0493			_
Start Date (10)		duled C			te (11)	Name of OSHA		ECS				
12/27/13 Occupancy Status Duri	ng Abatement (Che		2/30/ one)	13		Street Address	171	ECS				=
☐ Facility Closed/Vaca	ted During Entire Pe	riod of	Abate	ment				30x 341				_
☐ Abatement Performe ☑ Other - Describe:			y Hour	rs		City, State, Zip (ks, NJ 08515				_
Scope of Work (Check	all that apply)					☐ Full Co	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitio			Mini-Er Gloveb	closure ag Procedure	on-Friable Procedu	re			
	IV		ocatio						165	bate Typ		
Location Asbestos-Containing		Used	Solel	y by	Asbes	Description of tos Containing Ma	of aterial (ACM)	Amount	70	R	т	ш
TO BE ABA	TED		ustodia Staff?	al	(i.e.	thermal systems surfacing, VAT	, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellane	eous)		/al		sulate	anu
Well C	hasa	Yes	No	N/A		Pipe insula	iton	40 LF	×			
Wall C	liase	^				T TOO THIS GIVE			Ť			
Name of Registered W	aste Hauler			JDEP \		Cubic Yards	Name of Reg	istered Landfill				
Stevens Environ		s, Inc	1 +	Hauler ID		of Waste 1 CU		.R.R.F., Inc. I	Landi	fill		
City, State			= -	102		Disposal Date	City, State	m 11 .	D.4			
- 14.45	Allentown,					12/30/13// Signature	4H/	Tullytown,	PA			_
Completed By Mahlon E. St	tevens		rojec	t Mar	nager	3977	X		12/2	6/13	3	_
ASB-41 MAR 00	*[o not u	ise thi	s form	for asbes	tos licensure exe	mpted activities.			VIE.2 VIE.2		

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) proj. #:

2299

Date of Notification	(1)	11	Name of Bu	ilding Ow	ner/Operator (2)				1 14	I III
1121/1210						BUC SCHO	0013	*	14 - M	- 1-1
Agencies Notified EPA DEP	Type Notification		Street Addre 26 City, State,	VA	uey.	RD		DEC 3 (201	3
Ø DOL	American	iment	PRI/	VCE	TON, NOT	J 08542	1.		421.	- 1
☑ DOH	Cance	10.10	Name of Co		10 -	. /			N. C.	
DCA DCA	T & merg		GAR	14 L	NEISM	A~				
W-000				FAC	LITY INFORM	ATION	,			
Name of facility who		is taking p	lace (3)				Type of Facility (4) (K - 12) apter 8 (Other	than V	12)
Street Address 25 VA	uey	RD	-				Other (Bldgs./l	Private/Comm Homes, etc.	ercial	
City (5)		Cou	nty (6)		The state of the s	County Code (7)	Square Feet	# of Floors	Bid	lg. Age
PRINCE			HERCH	ER		(State use only)	Current Use (Pr	for if being der	nolisher	d)
Name of Monitoring AHERA		Bldg. Own	er (8)		ASCM No.	Name of Abatement		N. 11.		
Street Address P. O. BO		,		لصحيت	See and	Street Address	STORATIC	w ccc	_	ra delication de
	Management of the last						WSIDER	20		
OCEAN V	ille,	NJ O	8231			City, State, Zip Code	PH, NJ C	07869	land typical and part	
Linler insurabet tot t	Mondound Pill	1	Ph	one Numb		Telephone Number		License Num	ber	
JOHN SA Scheduled Start Date					52-1833			01133		
12-23-2			l. Completic		*	Name of OSHA Mon	IRONMEN	ITAL	Co	
Occupancy Status Du						2333 RT	22			
Facility closed/A Abstement perf Describe:	ormed outside	of normal	od of abate facility hour	ment. s-		City, State, Zip Code				
Other-Describe						- UNION,	NJ 0708	3		
Scope of Work (chec		/) Renovatio	n			Full Containment w/ne	active amount.	71		
≥3 sf or >3 If		≥160 sf or	≥260 If			Mini-enclosure	galive pressure X	Glovebag pr Non-friable ;		
Location of asbestos-conta	Ining		n normally u mance/cust		1	of asbestos-containing	Amount	R e		E E
material to be abated in facility	y (13)	Yes	No	N/A	material (A		(Specify SF LF)	or o	a	c c c
ClawLSPAC			X		T51		6LF	e ⊠	4	1
CRAWLBPAC	\mathcal{E}	MIN MEN	1 X		T51-	wrap - clire	3LF			
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NICK REST			PHauler II 782	O# C	Dic Yards of W	Name of Registered	Langhi		pa	
City, State RANDO	CP4, N.	1078	69	T 8	ate	City, State	MOWN, PA			
Completed by (Printy of	ida		ESIDE	-	Signature	a llida		Date /2 - 20)-dt	063

NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of 1 otification (1) Delication (1)	ecember 16, 20	13			Name o	f Building (rator (2) e Waste S	ervices	3	3	34	6	
Agencies Notified [X] EPA [] DEP		Notific	cation otification		Street A	Address ate, Zip Cod		st Kenned	y Street	DEC-	3 0	2013		
[x] DOL	[x] Emer		including		City, St	ate, Zip Coc		nsack, NJ	07601			gr.	4	
[] DCA	102	ication) ellation			Name o	of Contact John C	Siaquinto		1					
				FAC	CILITY	INFORM	ATION							
Name of Facility Where Al	patement is Taking sidence	Place (3)	40-4	(2	Type of F	acility (4)	School (k-12)				
Street Address	Ocean Bay Bl	vd							[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	lings,
City		Cour	ity (6)		County C	Code (7) USE ONLY	r)	Square fee		# of Floors	Bldg	. Age	 i0	
Lavallette		80000160			8				****	being demolished) ce				
N/A	Lavallette Ocean Te of Monitoring Firm Hired by Building Owner (8) N/A et Address State, Zip Code ect Manager for Monitoring Firm Telephone Number eduled Start Date (10) 12/26/13 upancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement	ASCM N	No.		Abatement (9) n Contracting,	Inc.						
Street Address	of Monitoring Firm Hired by Building Owner (8) N/A Address State, Zip Code It Manager for Monitoring Firm Telephone Number uled Start Date (10) 12/26/13 Scheduled Completion Dat 12/30/13 Pancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement			Street Ac	ldress	1889 Ro	oute 9, Unit 61							
City, State, Zip Code	Lavallette Ocean Monitoring Firm Hired by Building Owner (8) N/A Iddress te, Zip Code Manager for Monitoring Firm Telephone Number Scheduled Completion Date 12/26/13 cy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement			City, Sta	te, Zip Code		iver, New Jers	ev 087	755-12	271				
Project Manager for Monit	Lavallette Ocean te of Monitoring Firm Hired by Building Owner (8) N/A et Address State, Zip Code ect Manager for Monitoring Firm Telephone Number eduled Start Date (10) 12/26/13 Inpancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement			e Number 9-9932		License N 00624								
Scheduled Start Date (10) 12/26/13	ne of Monitoring Firm Hired by Building Owner (8) N/A et Address 7, State, Zip Code feet Manager for Monitoring Firm Telephone Number eduled Start Date (10) 12/26/13 Scheduled Completion Date (1) 12/30/13 supancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement	11)		OSHA Mon		. Analytical								
	me of Monitoring Firm Hired by Building Owner (8) Na N/A Set Address State, Zip Code Get Manager for Monitoring Firm Telephone Number Telephone Number	Street Ac	ldress											
	e of Monitoring Firm Hired by Building Owner (8) ASCM No. N/A Address State, Zip Code ct Manager for Monitoring Firm Telephone Number duled Start Date (10) 12/26/13 Scheduled Completion Date (11) 12/30/13 pancy Status During Abatement (Check only one)		1		1056 St	elton Road								
	er – Describe	Justuc	of Ivolinar i a	- Ionity Tit	7413		City, Sta	te, Zip Code	Piscatav	vay, New Jerse	y 088	54		
Scope of Work (Check all t	that apply)						[]			with Negative Pres	sure	(Celledelli	:	
[] >3 s	f or ≥3 lf		гі	Renova	ition		L J		nclosure ag Procedui	re				
	0 sf or ≥260 lf		[x]	Demol	actions.		[x]			and Non-Friable I	Procedu	re		
					T						Abat	ement	Гуре	
			Is Location				Description		-		R	R	Е	Е
Location of Asbestos-Containing N			Normally us Solely by				estos-Cor Aaterial (A			Amount (Specify SF	Е	E	N	N
TO BE ABA		Mai	ntenance/Cu				, thermal			or LF)	M	P A	C A	C L
in facility	y		Staff				ılation, su	rfacing,			0	I	P	0
(13)			(12)			ath	VAT, o				V	R	S	S
		YES	S NO	N/A		our	er miscell	aneous)			A L		L E	R E
Exterior			X		Asbe	stos sidin	ıg	4		1000 sf	Х			11
						,								
Name of Registered Waste Guardian Co	Hauler entracting, Inc.		NJDEP Wast	e Hauler 0223	ID No.	Cubic Ya	rds of Was	-076	of Register R.R.F.	ed Landfill				
City, State				Dispo	sal Date		City, St							
Toms River, Completed by (Print or Typ		Title		12/3	1/13 Signat	ture	, //	/ / Penr	isyivania		Date			
Nicholas Fer			ect Manage	er		Mid	rof.	10			100000	6/13		

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

					10						
Date of Notice agon (1) December 24, 2	013		Name of	Building C		ator (2) is Contracting,	LLC (77-	少2	TAR	+
Agencies Notified [X] EPA		cation		ite, Zip Cod	le	alyard Road Beach, NJ 087	DEC 3 0	2013			
		EA	CILITY I								
Name of Facility Where Abatement is Takin Residence Street Address 232 Melody Lan		FA	CILITTI	NFORM	ATION	Type of Facility [[[X	School (k-12) Subchapter 8 (oth			al build	ings,
City	County ((6)	County C		n	Square feet	# of Floors	Bldg.		0	
Ortley Beach	Ocean		(STATE	USE ONLY	()	- A STATE OF THE PROPERTY OF THE PROPERTY OF	ior if being demolished) idence	L	6	0	
[] [] [] [] [] [] [] [] [] []	g Owner (8)	- 1	ASCM N	lo.	Name of	Abatement Contra	ctor (9)	T			
N/A Street Address			I		Street Ac	ldress	ardian Contracting, 9 Route 9, Unit 61	inc.			
City, State, Zip Code					City, Sta	te, Zip Code		000			
Project Manager for Monitoring Firm				1	732-34	e Number	ns River, New Jerse License N 00624		55-12	271	
12/26/13	Ortley Beach Ocean of Monitoring Firm Hired by Building Owner (8) N/A Address ate, Zip Code Manager for Monitoring Firm Telephone Number led Start Date (10) 12/26/13 Scheduled Completion Date (11) 12/30/13 Incy Status During Abatement (Check only one)	.1)	Name of		I.S.L. Analytical						
	ed During E				Street Ad City, Sta	105 te, Zip Code	6 Stelton Road	y 0885	4		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf	2	[] Renov	vation		[]	Full Contains Mini-Enclose Glovebag Pro		sure			
[X] ≥160 sf or ≥260 lf		[x] Demo	olition		[x]	Non-Exempte	ed (*) and Non-Friable l	Procedure	e		
								Abate	ment 7	Гуре	
Location of Asbestos-Containing Material (ACM TO BE ABATED in facility (13)	No	s Location ormally used Solely by enance/Custodia Staff (12) NO N/A		Asl (i.e ins	Description pestos-Con Material (A ., thermal ulation, su VAT, of er miscell	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R
Exterior		X	Asbe	stos sidir	ıg		1000sf	X			
								\sqcup			
Name of Registered Waste Hauler	10000	DEP Waste Haul	er ID No.	The second control of	ards of Was		egistered Landfill				
Guardian Contracting, Inc.	.	20223 Disp	osal Date	3	City, St	T.R.R.I	Γ.				
Toms River, New Jersey	I mist		31/13			own, Pennsylv	ranja	I n			
Completed by (Print or Type) Nicholas Fernicola	Title Projec	t Manager	Signat	Ture /	cho	11.	V	Date 12/2	4/20	13	

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				T	Name of I	Building O	wner/Oper	ator (2)		7 -	2 7	11	
	ecember 16, 201					•	On Site	e wa	aste Services	DEC	के त	7.2	35	-
Agencies Notified [X] EPA [] DEP	1 2	on Notificati led Notifi			Street Add			t Ke	nnedy Street					
[x] DOL	Amend [x] Emerg	iment #_ ency (inc			City, State	e, Zip Code		nsac	k, NJ 07601					
[] DCA	justific [] Cancel				Name of 0		iaquinto							
	1			FACI	LITY IN	FORM	ATION							
Name of Facility Where A	batement is Taking F sidence	Place (3)						Ту	5 5	School (k-12) Subchapter 8 (oth	ar than	L-12\		
Street Address	25 Washington A	Avenue							[x]	Other (i.e., private homes, etc.)			l buildi	ngs,
City		County	(6)		County Co	de (7) JSE ONLY	,	Sq	uare feet 1000 sf	# of Floors	Bldg.	Age 6		
Ortley Beac	ch	Ocean	U	1	(STATE C	SE ONL I	,	Cu	rrent Use (Prior if b			0	<u> </u>	
Name of Monitoring Firm		owner (8)			ASCM No).	Name of	Abat	ement Contractor (9		Inc			
N/ Street Address	Α						Street Ac	ddress	S		1110.			
C: 0 7 0 1							City, Sta	to 7;		ute 9, Unit 61				
City, State, Zip Code							15/84	8	Toms Ri	ver, New Jerse		55-12	271	
Project Manager for Mon	itoring Firm		Telephone N	umber			Telephor 732-34			License N 00624	umber			
Scheduled Start Date (10) 12/26/1			Scheduled C 12/30/11		n Date (11	1)			IA Monitor	. Analytical				
Occupancy Status During [X] Fac	Abatement (Check of cility Closed/Vacated		Entire Period	of Abate	ement		Street A	ddres		elton Road				
[] Ab	eatement Performed (her – Describe						City, Sta	ite, Zi	ip Code Piscataw	vay, New Jerse	y 088	54		
Scope of Work (Check all	I that annly)				-			1	Full Containment v					
Scope of Work (Check at	i mai appiy)						į	į	Mini-Enclosure					
	sf or ≥3 lf 60 sf or ≥260 lf			Renovat Demolit			[x]]]	Glovebag Procedur Non-Exempted (*)		Procedu	re		
						-			11		Abat	ement '	Гуре	
Location Asbestos-Containing TO BE AB in facil (13)	Material (ACM) ATED ity	N	Is Location formally use Solely by tenance/Cus Staff (12)	ed		Asi N (i.e ins	Description of the control of the co	ntair ACM syst urfac or	ning f) ems ing,	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U L	E N C L O S U R
		YES	NO	N/A							L		Ē	E
Exterior			X		Asbes	stos sidir	ng			800 sf	X	-		
		-						-			-	\vdash		
Name of Registered Was		1	UDEP Waste		ID No.		ards of Wa	ste	Name of Register T.R.R.F.	red Landfill			-	
City, State	Contracting, Inc.		20	Dispos 12/3	sal Date	3	City, S		, Pennsylvania					
Completed by (Print or T Nicholas Fo	r, New Jersey Type) ernicola	Title Proje	ct Manage		Signat	THE O	1 dily	// I	- 1		Date 12/	16/13		-
T (TOTAL)					n for asb	estos lice	nsure exe	mple	ed activities.		1			

NOTIFICATION OF ASBESTOS ABATEMENT

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

= 'n: /- :				-	N	aildina O		tor (2)			9 (1		吗」	4
Date of Notification (1)	ecember 24, 201	3			Name of I	Sullaing O	wner/Opera Disanti	s Contracting,	LLC	۵-2	33	347		
Agencies Notified [x] EPA	Type of Notificati		ation		Street Add	dress		lyard Road	3	DEC	3.0	2013 ·		
[] DEP [x] DOL [x] DOH	Amen	dment#	ification ————————————————————————————————————		City, State	e, Zip Code		Beach, NJ 087	751					
DCA	1 23 20 15 20 15	cation) llation			Name of (Contact Frank I	Disantis	24						
				FAC	ILITY IN	JEORM.	ATION							
Name of Facility Where A	batement is Taking lasidence	Place (3))	1710		u orași		Type of Facility] School	ol (k-12)	or than	k 12)		
Street Address	7 Durborow Ave	enue	×					[x] Other	hapter 8 (oth (i.e., privates, etc.)			ıl build	ings,
City		Count	y (6)					Square feet	# of	Floors	Bldg	10000		
Ortley Beac	ch .	Ocea	ın		(STATE U	SE ONL I	' 	800 sf Current Use (Pr	ior if being and idence	1 demolished)	L	6	J	
)wner (8	3)		ASCM No	D.	Name of	Abatement Contra	actor (9)		T a			
Street Address	A						Street Ad	dress	9 Route 9	ntracting, Unit 61	inc.			
City, State, Zip Code	:						City, State	e, Zip Code			097	55 10	71	
Project Manager for Moni	itoring Firm		Telephone N	umber				Number	ns River,	New Jerse License N 00624		33-12	./1	
Scheduled Start Date (10)	Ortley Beach Ocean Ocean Marie of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address Street Address Street Address City, State, 2 Street Address ASCM No. City, State, 2 Street Address Street Address Street Address Street Address ASCM No. Name of Ab City, State, 2 Street Address Street Address ASCM No. Name of Ab No. No. No. No. No. No. No. No	OSHA Monitor	A.S.L. An	22 2200 2300										
Occupancy Status During)	200	tement		Street Ad	dress	66 Stelton					
1 85 5 777	eatement Performed (her – Describe	Outside	of Normal Fac	ility Ho	ours		City, Stat	e, Zip Code Pis	cataway,	New Jerse	y 088	54		
Scope of Work (Check all	l that apply)	-		- 0			[]	Full Contain	ment with N	egative Pres	sure		HSO:T	
1 5 5	sf or ≥3 lf 60 sf or ≥260 lf			Renova Demoli			[] [] [x]	Mini-Enclos Glovebag Pr Non-Exemp	ocedure	Jon-Friable l	Procedu	re		
[X] EI	00 31 01 2200 11		[,,]				· · · · ·						r.	
			Is Location				Descriptio				R	ement R	Е	Е
Location Asbestos-Containing		1	Normally use Solely by	ed			estos-Con laterial (A		100	Amount pecify SF	E	E P	N C	N C
TO BE AB.		Mair	ntenance/Cus	stodial		(i.e.	, thermal s	systems		or LF)	M	Α	Α	L
in facili	ity		Staff			insu	llation, su				v	I R	PS	S
(13)			(12)			othe	VAT, o er miscella				A		U	U
		YES	S NO	N/A	b#			•			L		L E	R E
Exterior			X		Asbes	stos sidin	g		70	0sf	X			
					-						-		_	-
			-		_						-	-		-
Name of Registered Wast	te Hauler	L	NJDEP Waste	Hauler	ID No.	Cubic Ya	rds of Was	e Name of R	egistered La	ndfill		_		_
Guardian C	Contracting, Inc.)223		3		T.R.R.						
City, State Toms Rive	r, New Jersey			Dispo 12/3	sal Date		City, St	_{ate} own, Pennsylv	vania 1					
Completed by (Print or T) Nicholas Fe	ype)	Title Proj	ect Manage		*Signatu	ire ,	~ l	14	IJ		Date 12/2	24/20	13	

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

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursu	ant to N	NJAC 8:60 a	nd 12:12	0)					
Date of Notificatic (1) December 26, 20	13	1336400	Namo	e of Building C		lajimian		33	7-	3	
[] DEP [] Amen	ion Notifica ded Noti dment #	ification		t Address State, Zip Cod	le	one Avenue	30 2563) .4			
[x] DOH [x] Emerging justification	gency (in cation)		Name	e of Contact John N	Cedar Vajimian	Grove, NJ 07009	NI.			-	
	FACILITY INF cility Where Abatement is Taking Place (3) Residence 288 108 Clark Avenue County (6) Monmouth County Code (STATE US) Monmouth Conitoring Firm Hired by Building Owner (8) N/A County Code (STATE US) ASCM No. N/A County Code (STATE US) The code of the control o	Y INFORM	ATION								
Residence Street Address	Residence ddress 108 Clark Avenue County (6) County C (STATE Monmouth F Monitoring Firm Hired by Building Owner (8) N/A ddress ate, Zip Code Manager for Monitoring Firm Telephone Number ed Start Date (10) 12/27/13 Scheduled Completion Date (1) 12/31/13			Type of Facility (4) [] [] [x]	School (k-12) Subchapter 8 (oth Other (i.e., privat			al buildi	ings,		
108 Clark Avenue	Facility Where Abatement is Taking Place (3) Residence dress 108 Clark Avenue County (6) County Cod (STATE US) Monmouth Monitoring Firm Hired by Building Owner (8) N/A dress ie, Zip Code				homes, etc.)						
Street Address City County (6) County Code (7) (STATE USE ONLY) Ocean Grove Monmouth Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone Number	Square feet 2000 sf	# of Floors	Bldg	Age 6	0						
Residence Street Address 108 Clark Avenue City Ocean Grove Monmouth Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Telephone Number Telephone Number Telephone Num 732-349-99 Scheduled Start Date (10) 12/27/13 Street Address Name of OSH	Current Use (Prior if Residen										
Residence Street Address 108 Clark Avenue City County (6) County Code (7) (STATE USE ONLY) Ocean Grove Monmouth Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone Number Telephone 732-34 Scheduled Start Date (10) 12/27/13 Occupancy Status During Abatement (Check only one) Street Address	Abatement Contractor (Guardia	9) n Contracting,	Inc.								
manager and the second	Residence 108 Clark Avenue County (6) County C (STATE Monmouth Monitoring Firm Hired by Building Owner (8) ASCM N N/A Iddress te, Zip Code Manager for Monitoring Firm Telephone Number ad Start Date (10) Scheduled Completion Date (1) 12/27/13 12/31/13		Street A		oute 9, Unit 61						
City, State, Zip Code	Residence County (6) County Coun		City, Sta	te, Zip Code	iver, New Jers	ey 087	55-12	271			
Project Manager for Monitoring Firm	Residence Address 108 Clark Avenue County (6) County Code (STATE USE) Monmouth c of Monitoring Firm Hired by Building Owner (8) ASCM No. N/A Address State, Zip Code ct Manager for Monitoring Firm Telephone Number duled Start Date (10) Scheduled Completion Date (11) 12/27/13 12/3 1/13 pancy Status During Abatement (Check only one)			ne Number	License N 00624	-					
Telephone Number	OSHA Monitor	. Analytical			2000						
Occupancy Status During Abatement (Check)	hatement	,	Street A	ddress	elton Road				
Abatement Performed	_				City, Sta	te, Zip Code	way, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[]	Full Containment	with Negative Pres	ssure			
[] >3 sf or ≥3 lf		[] Reno			[]	Mini-Enclosure Glovebag Procedu		25 (4)			
[x] ≥160 sf or ≥260 lf		[X] Dem	olition		[x]	Non-Exempted (*) and Non-Friable	Procedu	ire		
		10.						Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Is Location Normally used Solely by htenance/Custodi Staff (12) NO N/A		(i.e ins	Description bestos-Co Material (A bestos, thermal culation, so VAT, core miscel	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	-	X	Α.	sbestos sidi	nσ		1900 sf	X	\vdash	-	1
Exterior	<u> </u>	A		3003103 3101	6		1,,,,,,,	-			\vdash
	—	+ +	_								
Name of Registered Waste Hauler		NJDEP Waste Hau 20223		o. Cubic Y	ards of Wa	ste Name of Registe T.R.R.F.	red Landfill				
Guardian Contracting, Inc. City, State		Dis	sposal Da		City, S	tate					
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Proj	ect Manager	2/14 Si	gnature	Tully Little	town, Pennsylvania	1	Date 12/	26/13		

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

Date of Notification (1)				$\overline{}$	Name of	Building O	wner/Oper	ator (2	2)	DEC	2-0	2012		\pm
	ecember 26, 20	13					On Site	e Wa	aste Services	果	373	53	71	
Agencies Notified [X] EPA		Notifica			Street Ad	dress	27 Eas	st Ke	nnedy Street	22	1.71		. i	The same of the
[] DEP [x] DOL [x] DOH	Amen	ded Noti dment # gency (in			City, Stat	e, Zip Code		nsac	k, NJ 07601	S (0.000)				
[] DCA	justifi	cation)	2		Name of		iaquinto		\$					
				FAC	LILITY II	NFORMA	ATION					-	•	
Name of Facility Where Al Res	patement is Taking sidence	Place (3)						Тур	pe of Facility (4)	School (k-12) Subchapter 8 (e	other than	k-12)		
Street Address 309	Durborow Av	enue				700			[x]	Other (i.e., priv homes, etc.)			al build	ings,
City Ortley Beach Ocean Ocean Ocean Ocean Ocean Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm County (6) County Code (7) (STATE USE ONLY) Square feet # of Floors 1000 sf 1 Current Use (Prior if being demolished and in Residence) Residence Name of Abatement Contractor (9) Guardian Contract Street Address 1889 Route 9, United the County Code (7) (STATE USE ONLY) City, State, Zip Code Toms River, New Telephone Number Lices	# of Floors	Bldg	. Age 6	0										
Ortley Beach	h	Ocea	n		(5.1.1.5		,	Cu	rrent Use (Prior if		d)			
		Owner (8	3)		ASCM N	0.	Name of	Abat			Tnc			
	Α						Street Ac	ddress	3					
City, State, Zip Code							City, Sta	te, Zij	p Code			766 1	271	
Project Manager for Monit	toring Firm		Telephone l	Number					mber	License	Number	/33-12	2/1	\neg
Ortley Beach Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone Number Telephone Number		00624												
12/26/13	3		12/30/1			-/			E.M.S.	L. Analytical				
				d of Aba	atement		Street A	ddress		elton Road				
							City, Sta	ite, Zi	p Code			Abelle		
[] Oth	er – Describe	-								way, New Jer	sey 088	354		
Scope of Work (Check all	that apply)						Į į]	Full Containment	with Negative P	ressure			
[] >3	sf or ≥3 lf		[]	Renov	ation		I -]	Mini-Enclosure Glovebag Procedu	іге				
	50 sf or ≥260 lf		[x]	Demol			[x]	-	Non-Exempted (*		le Proced	ure		
		Γ									Aba	tement	Туре	
1			Is Locatio				Description			Amount	R	R	E	Е
Location Asbestos-Containing	0.70.70	1	Normally us Solely by				estos-Co laterial (A			(Specify SI	EM	E	N C	N C
TO BE ABA		Mair	ntenance/Cu		ı	(i.e.	, thermal	syste	ems	or LF)	O	Α	A	L
in facilit	ty		Staff			insı	ılation, sı VAT,		ing,		V	I R	PS	S
(13)			(12)			oth	vAI, er miscell		ous)		A	1.	U	U
		YES	NO	N/A		Our		101100)		L		L E	R E
Exterior			X		Asbe	stos sidin	g			1000 sf	Х			
													-	<u> </u>
				-	-						-	+	-	-
Now of Project and West	. Hauler		NJDEP Was	to Haule	r ID No	Cubic Va	rds of Wa	cte	Name of Registe	ered Landfill				
Name of Registered Waste Guardian C	e нашег ontracting, Inc.			0223		3			T.R.R.F.					
City, State					osal Date 31/13		City, S		n, Pennsylvani	a .				
Completed by (Print or Ty		Title			Signat -Signat	ure	1 runy	1/	, reamsyrvania	/	Dat			
Nicholas Fe		Proj	ect Manag	ger		10.	ina	1	te	Designation of the same of	12	/26/13		

*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 o	f Building (Owner/Oper	ator (2)	DEC 0.0				
	ecember 26, 20	13			Name o	I Dunding (1 C/O Pauline Ba	alogh 30	2013	3	77	
Agencies Notified [X] EPA [] DEP	1: :	l Notific	eation		Street A	ddress	417 El	izabeth Avenue			1		
[x] DOL	Amer	ndment gency (#including		City, Sta	ate, Zip Coo		set, NJ 08873					
[] DCA		ication) ellation			Name o	f Contact Paulin	e Balogh						
				FAG	CILITY	INFORM	ATION	W.S.			-	:	
Name of Facility Where A	batement is Taking sidence	Place (3)					Type of Facility (4)	School (k-12)				+
Street Address				-				[]	Subchapter 8 (ot				
	Jansen Avenue							[x]	Other (i.e., privathomes, etc.)			ial build	lings,
City		Cour	ty (6)				Y)	Square feet 2500	# of Floors 2	Bldg	g. Age	30	
Woodbridge		Mid	dlesex					100 200		0			
City County (6) County Code (7) Square feet # of Flex (STATE USE ONLY) 2500 2 Woodbridge Middlesex Current Use (Prior if being dem Residence Name of Monitoring Firm Hired by Building Owner (8) Guardian Contractor (9) Guardian Contracting, Inc. Street Address Street Address Street Address Street Address 1889 Rte. 9, Unit 61 City, State, Zip Code City, State, Zip Code City, State, Zip Code Toms River, NJ 08755 Toms River, Ne Project Manager for Monitoring Firm Telephone Number Nicholas Fernicola 732-349-9932 Telephone Number 732-349-9932 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	(9)	Inc											
Street Address			10,				Street Ad	dress	V I				
City, State, Zip Code							City, Stat	e, Zip Code					
	City County (6) County Code (7) (STATE USE ONLY) Woodbridge Middlesex Street Only Square fee 25 Current Use Only Code (7) (STATE USE ONLY) Woodbridge ASCM No. Name of Abatement Guardian Contracting, Inc. Street Address Street Address 1889 Rte. 9, Unit 61 City, State, Zip Code City, State, Zip Code City, State, Zip Code Toms River, NJ 08755 Project Manager for Monitoring Firm Telephone Number Nicholas Fernicola 732-349-9932 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitoring Status During Abatement (Check only one) Street Address Square fee 25 Current Use ONLY) Street Address Street Address Street Address Street Address Street Address Street Address Street Address				755-1	271							
Woodbridge Middlesex MascM No. Guardian Contracting (9) Guardian Contracting, Inc. Street Address Street Address 1889 Rte. 9, Unit 61 City, State, Zip Code Toms River, NJ 08755 Project Manager for Monitoring Firm Nicholas Fernicola Scheduled Start Date (10) Scheduled Completion Date (11) 12/27/13 Occupancy Status During Abatement (Check only one) Middlesex ASCM No. Street Address Name of Abatement Contracting, Inc. Street Address Tomrs River, New Jersey 0875: Toms River, New Jersey 0875: Telephone Number 732-349-9932 00624 Name of OSHA Monitor E.M.S.L. Analytical													
	Woodbridge Middlesex Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. Street Address 1889 Rte. 9, Unit 61 City, State, Zip Code Toms River, NJ 08755 Project Manager for Monitoring Firm Nicholas Fernicola Scheduled Start Date (10) 12/27/13 Middlesex ASCM No. Street Address Street Address City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1 Telephone Number Telephone Number 732-349-9932 Scheduled Completion Date (11) 12/21/13 E.M.S.L. Analytical												
			e)				Street Ad	dress					
	ility Closed/Vacated atement Performed							1056 St	telton Road			15	
	er – Describe	Ouiside	Of Normal Pac	inty F1	ours		City, Stat	e, Zip Code Piscata	way, New Jerse	y 088	54		
Scope of Work (Check all	that apply)						[]		with Negative Pres	sure			
[x] >3:	sf or ≥3 lf		r 1 1	Renov	ation		[] [x]	Mini-Enclosure Glovebag Procedu					
E 100 E	50 sf or ≥260 lf			Demol			[x]		and Non-Friable	Procedi	ıre		
								12000	T	Abat	ement	Туре	
		-2	Is Location				Descriptio			R	R	Е	Е
Location	7.7		Normally use	d			estos-Cor		Amount	E	E	N	N
Asbestos-Containing N TO BE ABA		Mai	Solely by ntenance/Cus	todial			Material (A		(Specify SF or LF)	M	P A	CA	C
in facilit		1124	Staff				ulation, su		0.13.7	0	I	P	o
(13)			(12)				VAT, c			V	R	S	S
		YES	S NO	N/A		oth	er miscella	aneous)		A L		U	U R
D		1150		11//					145.15			E	E
Basement			X				insulatio	11	145 lf	X	-	-	-
Exterior house & gar	age		X		Asbe	stos roof	ing		370 sf	X			
										\vdash			
Name of Registered Waste	Hauler ontracting, Inc.		NJDEP Waste	Haule 223	r ID No.	Cubic Ya	ards of Wast	Name of Registe	red Landfill				
City, State			20.		sal Date	1 0	City, Sta	ite				10	10-10
	, New Jersey	med		1/2/			Tullyt	own, Pennsylvania		I n			
Completed by (Print or Typ Nicholas Fer		Title Proj	ect Manager	•0.	Signat	ure \	dol	"+0 -	1	Date 12/2	26/20	13	

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

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Date of Notification (1) 12/24/2013	20 000		Name of Octav	of Building C vio Fernar	owner/Operato ndes;6-30 C	r (2) hapel	Street LL	C SUE	30		3	50	
The state of the second	e Notification			Address Teming Av	ve			E STO	2	PA	7:	50	
X DEP X DOL	Amended Amendment #			ate, Zip Coo rk NJ 071					3/1	MIT	Ø.,,	76	
DOH DCA □	Emergency (includi justification) Cancellation	ng		of Contact vio Fernan	ndes			Telephone	- Num	ber	1		
			FAC	ILITY INFO	RMATION					-			
Name of Facility Where Abate Warehouse	ement is Taking Place	(3)				liminal .	of Facility (4	L\$3		90			
Street Address 6-30 Chapel, Street						X S	Other (i.e. pr	2) 8 (Other than rivate & comr	K-12 nercia) il buil	dings	, hom	es,
City (5) Newark						Squar	e Feet	# of Floors	3	100	1000	\ge	
County (6) Essex						Curre	nt Use (Prio	r if being den	nolish				
Name of Monitoring Firm Hire N A	d by Building Owner	(8)	ASCI	M No.	Name	of Abat	tement Cont	tractor (9)					
Street Address					Street	Addres	is		-				
City, State, Zip Code					City, S	State, Zi	p Code						
Project Manager for Monitoring	g Firm		Telepho	one No.	Telep	hone No).	Licen).			
Start Date (10)	Square Feet # of Floors 2500 SF 1 1 8 Bldg. Age 60 county (6) Sex County Code (7) (STATE USE ONLY) Construction LLC warehouse set Address Scot Street Address Scot Str												
Occupancy Status During Aba		One)	- 20	214		Addres	onsulting s	LLC					
Facility Closed/Vacated D Abatement Performed On	During Entire Period outside of Normal Faci	of Abater lity Hour	ment s			Route		st Suit 107	7		-		
Other – Describe: Scope of Work (Check All Tha	t Annly)						07083						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	X I	Renova Demoli				Mini Glov	i-Enclosure vebag Proce	nt with Negatedure (*) and Non-F				e	
1		Is Locat	377								Abate	ement	1
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)	· Cu	sed Sole Maintena ustodial S (12)	ely by nce/	(i.e. th	Description as Containing N nermal system surfacing, VA other miscellar	Material (s insulat T, or	(ACM)	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Pipe above loading	Yes	No	N/A	*	D:							6	· ·
ripe above loading	area	-	X		Pipe Insula	ition		50 LF		x			
					7.03								
Name of Decistered West													
Name of Registered Waste Ha San Ton Services	uler	H	JDEP W lauler ID 2430	100 000 000 mm m	Cubic Yards of Waste		Name of R	egistered Lar	ndfill				
City, State Ken Worth NJ					Disposal Date		City, State						\neg
Completed by Eric Jeter	Title Ope	ertions	-		Signature		_		Date 12/2		014		

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)	1300	- 200	4/	1.	1,
12/	26 / _	13	_		Pate	rson Rx	Owner/Operator (2 Development L	LC c/o DLC Ma	nagement Cor	S CON		8	0
Agencies Notified	Type Notifica	tion			Street .	Address	17,		27.72	-0	AL		
☐ EPA					580	white Pla	ains Road		E110	?	.11/2	?	
□ DOLWD □	Amended				City, S	tate, Zip C	ode			,500	,	15)
☑ DOH	Amendme		din n		Tarr	ytown, N	IY 10591			SIN	PAR		
☐ DCA (NJAC 5:23-8)	☐ Emergence justification		uaing		Name	of Contact			Telephone Num				
(10/10/0.20/0)	☐ Cancellati				Sall	y Krauss			1				
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is T	aking l	Place (3)				Type of Facility ((4)				
Residential House								School (K-12					
Street Address		-,							(Other than K-12 rivate and comme		ildina	_	
10 Leslie Street								homes, etc.)	ivate and comme	iciai bu	liuling	ъ,	
City (5)								Square Feet	# of Floors	Blo	ig. Ag	je	
Paterson													
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Passaic													
Name of Monitoring Firm	Hired by Build	ing Ov	vner (8		ASCM I	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Monit	toring Firm			Tele	ephone I	No.	Telephone No.		License No.				
Rick Eustaquio				9	73-494	3762	973-928-4888		1188				
Start Date (10)	S	chedu	led Co	mple	tion Dat	e (11)	Name of OSHA M	lonitor			0.0042-162		
01 /06 /	14	01	_ / .	1:	3_/_	14	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During	Abatement (C	Check	only on	e)			Street Address						
□ Facility Closed/Vacate	d During Entir	e Peri	od of A	bate	ment		27 Outwater	Lane					
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement:	AM	PM	/	PM		ΑM	Garfield, NJ	07026					
Scope of Work (Check all	that apply)				1		□ Eull Cont	tainment with Neg	active Proceure				
≥3 sf or ≥3 lf		[Ren	ovat	ion		⊠ Mini-Enc		Jauve Flessule				
☐ ≥160 sf or ≥260 lf		. 1	Dem	oliti	on			g Procedure	- Friehle Deced				
			le I		tion		⊠ Non-Exe	mpted (*) and No	n-Friable Procedu				
Location	of			orma	Control of the Contro		Description of	of .			ateme		
Asbestos-Containing I)			ely by	Asbe	stos Containing Ma		Amount	Remova	Repair	Enc	Enclosure
TO BE ABA					ance/ Staff?	(i.e	., thermal systems		(Specify	Von	<u>a</u> .	aps	losı
IN Facilit (13)	У			(12)			surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	Te
X7			Yes	No	N/A							Ö	
Roof					\boxtimes	Roofing	g Material		100 SF				
Basement					\boxtimes	Pipe Ins	sulation		170 LF	\boxtimes		\boxtimes	
Basement	-03/00-002/0000				\boxtimes	Patch N	/laterial on Brick		9 SF	\boxtimes		\boxtimes	
	Hara .												
Name of Registered Wast	te Hauler			1.33	NJDEP N		Cubic Yards of	Name of Regis	stered Landfill			0.6-200	
All Pro Managemen	t			1	lauler II 00348		Waste As Needed	IESI Landf	111				
City, State					00040		Disposal Date	City, State					
Garfield, NJ							TBD	Bethlehem	ı, PA				
Completed By (Print or Ty	/pe)	Title					Signature		/ ID	ate 1	-	1	
Zvonko Veskov	A. A.	100000	esider	nt			6	1/00/		21.	21	11	2
ASB 41				MARKET TO THE			1/1	Jan C	-	M	OCC.	oft)

ASB-41 JAN 13

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



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/	Type Notification			Stree	et Addre	ess					١٠ ميد ١	3	1	<u>`</u>	
encies Notified	☐ Initial			58	0 Whi	te Plains	Road				13	Ca		1	1
EPA DOLWD	☐ Amended			City,	State,	Zip Code					وه 'آڻ.	.5,		1	1
DOLVID	Amendment					vn, NY 1	0591				11	, -	2		+
DCA	☐ Emergency	(including	9		ne of Co		27			Telephon	e Number	je –	The		1
(NJAC 5:23-8)	justification)				ally Kr					V*mark		3	1	-	4
	☐ Cancellation	1		3.53			RMATION		5000 E		1	12		·-	4
				F	ACILI	Y INFOR	NIATION	Type of	Facility (4)		0/19	25	5	
ame of Facility Where	e Abatement is Tak	king Plac	e (3)					□ Schr	nol (K-12)		14 40)				1
Residential House	е							Sub	chapter 8	Other the	an K-12) commercia	l buildin	gs,		
treet Address								hom	er (i.e., prin nes, etc.)	ate and			ā		
750 Main Street								Square	The state of the s	# of Flo	oors	Bldg. A	Age		
City (5)															
Paterson						ada (7)/ST	TATE USE ONLY)	Current	Use (Pric	or if being	demolishe	ed)			
ounty (6)				10	ounty C	ode (1)(S1	ATE OOL OTHER	-				5/0/0/202			
Passaic						LNI	ame of Abatem	ent Cont	ractor (9)						
lame of Monitoring F	irm Hired by Buildi	ng Owne	er (8)	AS	CM No.	IN.	ALL PRO MA	ANAGE	MENT LI	_C					
Bio Terra Solutio	ons						treet Address								
Street Address						5	27 Outwater	lane						6	
P.O. Box 1224							City, State, Zip C						55		
City, State, Zip Code						10	Garfield, NJ								
Union, NJ								0,020		Licen	se No.				
Project Manager for N	Monitoring Firm		1		one No		Telephone No. 973-928-488	20		118	88				
Rick Eustaquio					494-3		_ 0.0.70,000,000,000,000,000,000,000,000,0			_					
141014 =															
Start Date (10)	5	Schedule	d Con	npletio	n Date	(,,,	Name of OSHA	NOTILO	MENTI	LC					
Start Date (10) 01 / 06		Schedule 01	d Con	npletio	n Date	14	ALL PRO M	ANAGE	EMENT L	LC					_
01 / 06	/ 14_	01	_ / _	13	n Date _ /	14	ALL PRO M Street Address	IANAGE	EMENT L	LC					
01 / 06 Occupancy Status D	Juring Abatement (01 Check or	nly one	e)	_ /	14	ALL PRO M Street Address 27 Outwate	r Lane	EMENT L	LC					_
	Juring Abatement (acated During Enti	O1 Check or ire Period	nly one	e) patement	ent - Descr	ibe	ALL PRO M Street Address 27 Outwate City, State, Zip	r Lane		LC					_
	Juring Abatement (acated During Enti	O1 Check or ire Period	nly one	e) patement	ent - Descr	ibe	ALL PRO M Street Address 27 Outwate	r Lane		LC					_
	ouring Abatement (acated During Enti med Outside of Nent:AM	O1 Check or ire Period	nly one	e) patement	ent - Descr	ibe	ALL PRO M Street Address 27 Outwate City, State, Zip Garfield, N.	r Lane Code J 0702	6		ressure				_
	ouring Abatement (acated During Enti med Outside of Nent:AM	01 Check or ire Perioc lormal Fa PM/_	nly one	e) patementours PM	ent - Descr	ibe	ALL PRO M Street Address 27 Outwate City, State, Zip Garfield, No	r Lane Code J 0702	6 ent with Ne		ressure				_
Occupancy Status D ☐ Facility Closed/Vi ☐ Abatement Perform of Abatement Scope of Work (Che	ouring Abatement (acated During Enti med Outside of N ent:AM eck all that apply)	01 Check or ire Period ormal Fa PM/	_ / _ nly one d of Ak acility I	e) patementors PM ovatio	ent - DescrA	ibe	ALL PRO M Street Address 27 Outwate City, State, Zip Garfield, N. Full City Mini-E	Code J 0702	6 ent with Ne	egative P		rre			_
01 / 06 Occupancy Status D ☐ Facility Closed/V: ☐ Abatement Perfo Time of Abatement Scope of Work (Che	ouring Abatement (acated During Enti med Outside of N ent:AM eck all that apply)	01 Check or ire Period ormal Fa PM/	_ / _ nly one d of Ak acility I	e) patementours PM	ent - DescrA	ibe	ALL PRO M Street Address 27 Outwate City, State, Zip Garfield, N. Full City Mini-E	Code J 0702	6 ent with Ne	egative P	ressure le Procedu	re Aba	iteme	ent Ty	
Occupancy Status D ☐ Facility Closed/Vi ☐ Abatement Perform of Abatement Scope of Work (Che	ouring Abatement (acated During Enti med Outside of N ent:AM eck all that apply)	01 Check or ire Period ormal Fa PM/	nly oned of Abacility I	e) patementors PM ovation covation	ent - Descr Al	ibe	ALL PRO M Street Address 27 Outwate City, State, Zip Garfield, N. Full City Mini-Eity Glove Non-Eity	er Lane Code J 07020 ontainme	6 ent with Ne	egative P		Aba			
O1 / O6 Occupancy Status D ☐ Facility Closed/Vi ☐ Abatement Perfo Time of Abateme Scope of Work (Che ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260	Juring Abatement (acated During Entiremed Outside of Nent:AM eck all that apply) If	O1 Check or ire Period ormal Fa	nly oned of Abacility I	e) patementors PM ovation nolition	ent - Descr A	ibe M	ALL PRO M Street Address 27 Outwate City, State, Zip Garfield, N Full C Mini-E Glove Non-E	er Lane Code J 0702 ontainme Enclosure bag Proc Exemptee on of Material	ent with Ne	egative P	le Procedu	Aba			
O1 / O6 Occupancy Status D ☐ Facility Closed/Vi ☐ Abatement Performe of Abatement Scope of Work (Che ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 Ashestos-Conta	ouring Abatement (acated During Entionmed Outside of Nent:AM eck all that apply) If cation of aining Material (AC	O1 Check or ire Period ormal Fa	Ren	e) paterne Hours PM ovation nolitior Location ormalid Sole ntenan	ent - Descr Al n on by by by ce/	ibe M	ALL PRO M Street Address 27 Outwate City, State, Zip Garfield, N Full C Glove Non-E Description stos Containing	er Lane Code J 0702 ontainme Enclosure bag Proc Exemptee on of Material ms insula	ent with Ne	egative P	le Procedu Amount Specify	Aba Remova	Repair		
O1 / O6 Occupancy Status D Facility Closed/Vi Abatement Perfo Time of Abateme Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Loc Asbestos-Conta	ouring Abatement (acated During Entionmed Outside of Nent:AM eck all that apply) If cation of aining Material (ACE ABATED	O1 Check or ire Period ormal Fa	Ren	e) patementors PM ovation nolition Location tormall d Sole ntenan odial \$	ent - Descr Al n on by by by ce/	ibe M	ALL PRO M Street Address 27 Outwate City, State, Zip Garfield, No State, Zip Garfield, No State, Zip Garfield, No State, Zip Mini-E Glove Non-E Descriptionstos Containing Thermal system	er Lane Code J 0702 ontainme Enclosure bag Prot Exempter on of Material ms insula (AT, or	ent with Ne	egative P	le Procedu	Aba		T Encapsulate	
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750 Main Street, Paters	on			State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET	\$ 00 pc	Made Color	たのの理な	心的	8
Location of Asbestos- Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely itenan- ial Staf	Used by ce/Cust	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 r	E n c a p s	E n c l o s u r e
Roof			Х	Black Sealant at Base of Chimnney	30 SF	Х			
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	-	-							
	\vdash								
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Completed by: Zvonko Veskov	Title: President	Signature:	Date: 2 13
			1 7

MAY 11

r dd.		NOTI				C 8:60 and 5:16) RE	0~.				
Date of Notification (1)	24 / 13				_	Owner/Operator (2 Christian Schoo	2013 DEC.	CONVED	•			
Agencies Notified	Type Notification			Street	Address		1.550	AM12	*			
⊠ EPA			- 1	444	A Route	35 South	\$157nn	16:10	?			
☑ DOLWD	Amended Amendment #			City, S	tate, Zip C	ode	a Line	COMTA				
☑ DHSS □ DCA	☐ Emergency (inc			Eato	ntown, I	NJ 07724		SIMORE				
(NJAC 5:23-8)	justification)	Juding	Ī	Name	of Contact			Telephone Num	ber	23		
(110110-0100-07	☐ Cancellation			Brot	ther Jam	es R Martino, F	SC .			[*])3		
		-		FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is Taking	Place	(3)				Type of Facility (4	1)				
Buildings at 3025 C							School (K-12)					
Street Address							☐ Subchapter 8☑ Other (i.e., pri	(Other than K-12) raial bui	ldina		
3035 Central Ave							homes, etc.)	vate and comme	iciai bu	lidirig	5,	
City (5)							Square Feet	# of Floors	Blo	lg. A	эе	
Ocean City, NJ 082	26						150000	5		30	, ,	
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)			
Cape May							Abandoned	on an energy attended to the control of the control				
Name of Monitoring Firm	Hired by Building C)wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
FINOG ENVIRONM	ENTAL HAZARD	S, INC	;.			Alliance Envi	ironmental Syst	tems				
Street Address						Street Address						
617 Stokes Road, S	Suite 4-318				550 East Uni	on Street						
City, State, Zip Code						City, State, Zip Co	ode					
Medford, NJ 08055	5					West Cheste						
Project Manager for Mon			Tele	phone	No	Telephone No.		License No.		-		
Mark Rubnitz	intoring i iiiii			•	5-2211	610-701-9000) i	00508		9		
	Sahaa	lulad C		tion Da		Name of OSHA N		00000				
Start Date (10)01 /13 /	The second secon			/ _			RONMENTAL H	AZARDS, INC.				
Occupancy Status During	g Abatement (Checl	c only o	ne)			Street Address						
□ Facility Closed/Vacate	ed During Entire Pe	riod of	Abate	ment		617 Stokes F	load, Suite 4-31	8				
☐ Abatement Performed					cribe	City, State, Zip C	ode				18416	
Time of Abatement: 7	7AMPM/3:3	<u>0</u> PM	/	ΔM		Medford, NJ	08055					
Scope of Work (Check a	ll that apply)						tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		∐ Re ⊠ De	novati			☐ Mini-End	closure g Procedure					
△ 2160 St 01 2200 II		□ De	rronuc	,,,			mpted (*) and Nor	n-Friable Procedu	ire			
		Is	Locat	ion					Ab	atem	ent T	уре
Location	n of	1	Norma			Description of			R	R	Ш	m
Asbestos-Containing			d Sole intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABA		100000000000000000000000000000000000000	todial	STATE STATES	(1.6	surfacing, VAT		SF or LF)	oval	=	nsc	Sur
(13)			(12)	1		other miscellane	eous)				ate	(0)
		Yes	No	N/A								
Building A					Floor T	ile		15079 SF				
Building B				\boxtimes	Floor T	ïle		1000 SF	\boxtimes			
									П	П	П	П
Name of Registered Was	eta Haules			JDEP \	Naste	Cubic Yards of	Name of Regist	tered I andfill				
N.E.T.S.	ole Haulei		72.5	lauler II	O No.	Waste		Ilied Disposal				
13-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-				18947		60 Disposal Date	City, State					
City, State Hazelton, PA						TBD	Imperial, P	A		,		,
						attendance .	1		ate,	+		_
Completed By (Print or T John Heemer		e stima	tor			Signature	\mathcal{H}		7/)	4/	15
ASB-41		_					<i>b</i>		1		1-	/
MAY 11	*	Do not	use th	nis form	tor asbes	tos licensure ^V exem _i	oted activities.					

M		NC			TION (OF ASB	w Jersey ESTOS ABATI 3:60 and 5:16		nagement Corp	CC	/1.		
Date of Notification (1)							Owner/Operator (2		DEC		- Jan 1	SA	
12 /	26 /	13			Pater	rson Rx	Development Ll	LC c/o DLC Ma	nagement Corp	0 1		V	
Agencies Notified	Type Notificati	ion			Street A	: 15: 15: 15: 15: 15: 15: 15: 15: 15: 15	ains Road		& [][S]	71)	12.	09	
☑ DOLWD	☐ Amended				City, Sta	ate, Zip Co	ode		13	11/4/	Da.		
□ DOH	Amendmen	72.71		1	Tarry	town, N	Y 10591		,	"G	17		
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		ung	-	Name o	f Contact			Telephone Number	er			
(110/10/0.20/0)	☐ Cancellatio				Sally	Krauss				200			
					FAC	ILITY INI	FORMATION						
Name of Facility Where	Abatement is Ta	aking Pl	lace (3)				Type of Facility	(4)				
Residential House								School (K-12)				
Street Address				-0.00				Subchapter 8	(Other than K-12) rivate and commerce	ial buil	dinas	į.	
44 Hine Street	7 gs							homes, etc.)					
City (5)							-	Square Feet	# of Floors	Bld	g. Ag	е	
Paterson													
County (6)			-		Count	y Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Passaic													
Name of Monitoring Firm	Hired by Buildi	ing Ow	ner (8	3)	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solution							ALL PRO MA	NAGEMENT L	LC				
Street Address		. All marks					Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip C	ode					
Union, NJ		2				X:	Garfield, NJ	07026					
Project Manager for Mor	nitoring Firm			Tele	phone N	No.	Telephone No.		License No.				
Rick Eustaquio				97	3-494-	3762	973-928-4888	3	1188				
Start Date (10)	S	chedule	ed Co	mple	tion Dat	e (11)	Name of OSHA N	/lonitor					
01_ / _06_ /	14	01	_ /	13	_ / _	14	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status Durin	ng Abatement (C	Check o	only o	ne)			Street Address						
☐ Facility Closed/Vaca					ment		27 Outwater	Lane					
☐ Abatement Performe	d Outside of No	ormal Fa	acility	Hour	s - Des	cribe	City, State, Zip C	ode					
Time of Abatement:	AM	PM/		_PM-		AM	Garfield, NJ	07026					
Scope of Work (Check a	all that apply)								- ti - D				
M > 2 of or > 2 f		_	∃ Re	novat	on		☐ Full Cor	itainment with Ne closure	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			De				☐ Gloveba	ag Procedure		325			
	Vacanta de la companya della companya della companya de la companya de la companya della company						⊠ Non-Exe	empted (*) and No	on-Friable Procedur				
	720			Loca			Description	of			atem		
Locatio Asbestos-Containing		0	Use	d Sol	ely by	Asbe	stos Containing M	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE A	BATED	<i>'</i>		intena	ince/ Staff?	(i.e	e., thermal systems		(Specify SF or LF)	SVOL	air.	apsi	uso
IN Fac (13)			Ousi	(12)			surfacing, VAT other miscelland		Si di Li)	<u>n</u>		ulate	ē
(13)	!		Yes	No	N/A							CD	
Roof		1			\boxtimes	Flashir	ng vents & chim	mneys	40 SF	\boxtimes			
Roof					\boxtimes	Tar Sea	alant		50 SF	\boxtimes			
					T								
				H									
	anta Uniden		Ц		NJDEP '	Maete	Cubic Yards of	Name of Reg	istered Landfill				
Name of Registered Wa				1.5	Hauler I		Waste	IESI Land					
All Pro Manageme	=				0034	860	As Needed	City, State	MY 188				
City, State							Disposal Date TBD	Bethleher	m PA				
Garfield, NJ								Detrilleriel		ate 1		Ę.	
Completed By (Print or	Type)	Title	200				Signature	16 1		ate)	٦.	1.	\
Zvonko Veskov		Pre	eside	ent			7.1	Mar	7	31	α	He	5

ASB-41 **JAN 13** * Do not use this form for asbestos licensure exempted activities.

NOT	TIFICATIO (Pursua	nt to N	JAC C.		20)	1300	C 20	· VED				
Date of Notification (1)	Pali	sades	S Oper	wner/Operat ation LLC	or (2)	4500 E	20	M12:07				
10/06/2013	Stree	et Addr	ess	J East		£ 170	- COL	, ,			1	
Agencies Notified Type Notification	681	19 Bou	ulevaro	East			SINO	ROI				
Initial	Gu	ittenb		new jerse	y 070	93	Tolonho	ne.Number		72-794	1	
DOL Amendment #	Nar	me of C	contact	Design of the second of the se			Marketon III	-			-	
iustification	Fr	ank D	egrazi	O								
DOH Cancellation		FACIL	ITY INF	ORMATION	T	pe of Facility (4						
Name of Facility Where Abatement is Taking Place (3	()				I	School (K-1 Subchapter	2)	nan K-12)				
Name of Facility Where Abatement							rivate & co	nan K-12) ommercial build	dings, no	mes,		
Palisade Nursing Com-					1	etc.)	# of FI		3ldg. Age			
Street Address					- 18	Square Feet	2	0013				
6819 Boulevard East								demolished)				
City (5)			0-1-17	7	-+	Current Use (Pr	for it being	dellione				
Guttenberg New Jersey		County	Code (7	ĽY	_	Nursing Hor	ne tor (2)				
County (6)					Name	of Abatement C	ontractor (9)		_		
Bergen Name of Monitoring Firm Hired by Building Owner (Department Contracting Corp.	(8)	443	M No.	1	Apex	developmen	11, 1110					
Name of Monitoring Firm Hilled by School Turning Point Contracting Corp.		443			Street	Address	_					
Turning Point Contracts					658	Rutgers place	e					1
Street Address					City, S	State, Zip Code	652					1
51 Berkeley TR.					Para	amus , NJ 07	002	License No.				
City, State, Zip Code			t and N		Telep	Telephone No. 01215						
Laington N.I U/ III		Telep	hone N 92762	25	1	3500101						1
Project Manager for Monitoring Firm					Nam	e of OSHA Mor C Environme	iitor Intal Ser	vices Corp.				1
Emeka Okeke Sch	eduled C	ompleti	ion Date	, (, , ,			illai oo.			57/102		1
Start Date (10) 01	12/201	3			Stre	et Address	ctreet					4
01/04/2013 Occupancy Status During Abatement (Check Or	ly One)				143	2 North 13th	Sucor					1
Occupancy Status During Abatement	od of Aba	tement			City	, State, Zip Coo	ie ercov 07	107.				-
Facility Closed/Vacated Duffing Enter	acility Ho	ours			Ne	ewark New J	ersey or					
Abatement Performed Colors Other – Describe:						Salan Sa		Negative F	ressure			1
Other South All That Apply)						Full Cor × Mini-En	tainment v	vith Negative F				- 1
Scope of Work (Check All That Apply)	× Rer	novatio	n			× Mini-En	g Procedu	ire	hie Proce	dure		\dashv
≥3 sf or ≥3 lf	De	molition	1:			Non-Ex	empted (*)	and Non-Frial	A	bater	nent	
≥160 sf or ≥260 lf							1			Тур	e	\dashv
	Is I	ocation	n			iption of		Amount			ш	m
	N	ormally	1	1-hactos			CM)	(Specify	Removal	교	Encapsulate	Enclosure
Location of	Mai	Solely ntenan	ce/ \				n,	SF or LF)	Non	Repair	Sula	Sur
Asbestos-Containing Material (ACM) TO BE ABATED	Cust	odial S	taff?			g, VAT, or scellaneous)			<u>B</u>		ate	(D)
In Facility		(12)		1	outer time		1				-	-
(13)	Yes	No	N/A			1 1100		54 LF	×	_		-
V		-	+			nsulation		42 LF	x			
kitchen storage room	X	-	-	+	pipe i	nsulation			×	1		
boiler room	X		-			insulation		90 LF		+	+	+
	X				Pipo					1		
house keeping storage room	-	1				Vardo	Name of	Registered La	ndtill			
		1	NJDEP	Waste	Cubic of Wa	Yards ste	Minerv	a enterprise	s Inc		_15.54	
Name of Registered Waste Hauler			Hauler	ID No.	5							
CPC Environmental Services Corp).		NJ727			sal Date	City, Sta	sburg, OH	44688			
						25000 S-50	wayns	buig, c.	1 Date	000000		2000 ESE
City, State					1-	Signature	an	W	12/2	6/13		
Newark NJ	Titl	e .	-0-		1		111	-				
Completed by	Su	upervi	SUI				//	for asbestos lic	censure e	exemp	oted a	ctivitie
Chika Onwukaife					•	* Do not use	this form	101 40000				

STATE OF NEW JERSEY

		NOTIFICATIO (PURSUANT	ON OF ASB	ESTOS AB. 8:60-7 AND	ATEMENT 12:120-7	.(The	cka	4 /	655
Date of Notification (1)				ilding Own		tor (2) Fi	FO			
12 / 27 / 13			First Energy Street Addr			20.	-00	11/2	20	
A service Notified Type of I	Notification		5treet Addi 76 South St			437F		151)	100
Agencies Notified Type of I	Initial		City, State,				30	٠.		
DEP	Amended	4	Akron, Ohio	44308		5/20-	A	1/2		
☑ DOH	Amendment #_		Name of Co			8/1	Solenhon	o Mumbe	3	
	Emergency w/ Cancellation	justification	Jim Halsey			~ \(\lambda \/ \pi	N. 1/2 UT	1/200		
	Cancellation	FA	CILITY INF	ORMATION			1/4/	S C.		
Name of Facility Where Abate	ment is Taking P	lace (3)		Type of Fac	ility (4)					
		2			School (K-1	12)				7
Street Address						r 8 (Other t				
South Park Pl & South Street/Pa	ark Place & Marke	et Street			Other (I.e., oldgs., hon	private & c nes, etc.)	ommerc			
City (5) County (County Code (7	7)	Square Fee	t i	# Of Floors		Building	g Age	
WORK WOO			1	Current Use	(Prior if b	eing demo	lished)		n/a	te e
				MANHOLE						
Name of Monitoring Firm Hire	d by Bldg. Owne	r (8)	ASCM NO							
Environmental Health Investigation	tions			LVI Demoliti	ion Service	s Inc.				
Environmental Health Investigates Street Address	liolia			Street Addr						
655 West Shore Trail										
City, State, Zip Code				32 Williams						
Sparta, NJ 07871				City, State,	Zip Code					
Project Mngr. For Monitoring	Firm	Telephone Nur 212-682-9271		East Hanov	er. NJ 0703	36				
Dino Nappi Sheduled Start Date (10)		etetion Date (1		Telephone			License	Number		
12 / 27 / 13	12	28_/	13			- 1		_		
				973-884				0	0860	
Occupancy Status During Ab	atement (Check (Only 1)		Name of OS LVI Demolit						
Facility Closed/Vac	cated During Enti	re Period of		Street Add		3 1110.				
Abatement Abatement Perform	ned Outside of N	ormal Facility	- 1	0110017100						
Hours - Describe:				32 Williams						
☑ Other - Describe:	Friday/Sat 8:0	0 am to 5;00 pm		City, State,						
Scope of Work (Check All The	at Annly)			East Hanov	er, NJ 0703	36				-
Scope of Work (Check All The	at Abbil)	*								
☐ Demolition	V	Renovation		Full Contai		h Negative	Pressure	9		
			-	Mini - Enclo Glovebag F						
≥160 st or ≥260 if				Non-Exem	pted (*) and	d Non-Frial	ole Proce	edure		
Location of	ls		Descripti				Abateme	ent Type	1-	ļΕ
Asbestos Containing	≥3sf or ≥3lf ≥160 sf or ≥260 lf Location of Is Asbestos Containing Location			ontaining		Amount	R E	R	E	N
TO DE ADATED	Normally Used	//:	Material (e., thermal			(Specify	M	E	c	c
TO BE ABATED in Facility	Solely			acing, VAT	, 1	SF or LF)	0	P	A	L
(13)	by Main-		other misce				V	A	P	0
(,						Α	11	S	s	
	Custodial					1	L	R	U	U R
	Staff (12)							+	+	-
South Park Pl & South Street	YES NO N/A	ELECTRICAL \	WRAP			10 LF	V		7	
Market Ave & Park PI		ELECTRICAL				10 LF	Ø			
Walker Ave at alk 11										
Name of Registered Waste H NEWARK CARTING	auler	NJDEP Waste Hauler ID No.		Name of R I.E.S.I.	egistered l	Landfill				
NEWANK OAKTING		4509	of Waste				_			
City, State			Disposal Date	City. State BETHLEHE		105				
NEWARK, NJ	4	*-	Date						In /	
Completed by (Print or Type)		Title	**************************************		Signature		A	1	Date	
Steven Stiles		Project Manage	er		Ite	ser.	200			12/27/13

Steven Stiles

Je.		N		ATION	ate of New Jers OF ASBESTO: to NJAC 8:60 a	ABATE			<	13/3 PM	EC		Pri	nt Fc	
Date of Notification (1)					Building Owner		(2)	7.	is:	3	30		8	>	
-A12-1	Notification			State of New Jersey IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Victaulic REH, LLC Street Address 4901 Kesslersville Road City, State, Zip Code											
ĭ DEP	nitial mended	<i>2</i> 21	(City, Sta	te, Zip Code		3093			200					
_ D E	mendment : mergency (istification)		1	Name of	PA 18044-0	1031				phone Nu	ımber	(₁₀),			
DCA C	ancellation			Kraig Hume											
Name of Facility Where Abateme	ent is Taking	a Place /2	\	FACI	LITY INFORMA	TION	Time	of Facility	(A)						
Victaulic REH, LLC	entis raking	g Place (3)				-	of Facility (
Street Address 119 Edision Road						-		School (K-1 Subchapter Other (i.e. p	8 (Othe			dings,	home	es,	
City (5) Stewartsville						etc.) re Feet	# of	Floors		Bldg. A	•				
County (6)		County (Code (7) USE ONLY)		Curre	nt Use (Pri	or if beir			00 y	15				
Warren Name of Monitoring Firm Hired b	y Building (Owner (8)		ASCN		Name		earch & I tement Cor							
NBC Environmental Street Address				Site	ite Enterprises Inc.										
1554 Paoli Pike	815 12th st City, State, Zip Code														
City, State, Zip Code West Chester Pa 19380				p Code on NJ 08	037										
Project Manager for Monitoring F Allen Feinberg	irm			Telephor 610-49	ne No. 96-3379		none No 567-1			License 01172	No.			30.000	
Start Date (10)		Schedule	ed Com					me of OSHA Monitor BC Environmental							
Occupancy Status During Abater	ment (Chec	k Only On	3// ie)	/ / 7				treet Address							
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe: monday-	ide of Norm	nal Facility	Abatem Hours	urs City, Stat				4 Paoli Pike State, Zip Code st Chester Pa 19380							
Scope of Work (Check All That A	Apply)				10.00	1103	it One	Stell a I	3300						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	20		tenovat emoliti		1		Mir Glo	l Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				_		
		lo.	Location			<u>b</u>	i NO	i-Exemple	u () and	I NOIFFIIA	Die Fit		emeni		
Location of		1	Normali	у		Description	systems insulation, icing, VAT, or						/pe	_	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	al.(ACM)	Ma	d Solel intenar odial S (12)	ice/	Asbestos Co (i.e. therm	ontaining final system				nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
(10)		Yes	No	N/A	Julie	. macena	icous)				val	1	ılate	ure	
Building #2 Baseme	Building #2 Basement				TSI	Mixed w	ith soi	ı	52	5°C y	x				
		-										-			
- X						17									
Name of Registered Waste Haul Elk Transportation INC	er .	187	Н	JDEP Wauler ID	No. of V	vaste		See sev		red Landf Cunes		.F.	-	I	
City, State Reading PA						osal Date	1	City, Stat		PA					
Completed by		Title /				Signatur					ate				