

Date of Notification (1)				Name o	f Building	Owner/Operator (2	2)	1 to			_	7
	14			New	Jersey D	Department of T	ransportation		5 117			1
Agencies Notified Type Notifica	tion			Street A	Address						7	
⊠ EPA ⊠ Initial				PO B	30x 600			. 1	001	f.		V
				City, Sta	ate, Zip Co	ode		FEB 2	201	-		-
	100			0.00	388 385	8525-0600		, -				A
□ DCA □ Emergend		ding	-		of Contact			Telephone Number	r .	500000	-	
(NJAC 5:23-8) justification    Cancellation					rew York	Α.						
☐ Cancellati	011					FORMATION			_	1.2		
Name of Facility Where Abatement is T	akina Di	200 /3	\	1 40	ILIT I III	ORMATION	Type of Facility (	4)	-			$\neg$
			)				School (K-12)					
Parcel M-56 - Former Dynamic	I ruckii	ng		1000			Subchapter 8	(Other than K-12)				
Street Address							Other (i.e., pr	ivate and commercia	al buil	dings	i,	
177 Pennsylvania Avenue			-				homes, etc.)	1	15			
City (5)			Tibe:				Square Feet	# of Floors	1	g. Ag	е	
Kearney, NJ							38400	2		0+		
County (6)				Count	y Code (7)	(STATE USE ONLY)		or if being demolishe		5		
Hudson							Former War	ehouse Distribut	ion (	ent	er	
Name of Monitoring Firm Hired by Build	ling Owr	ner (8)		ASCM N	No.	Name of Abateme	ent Contractor (9)					
Shaw Environmental Inc	iii.ig Oiii.	.0. (0)	1				onmental Inc					
						Street Address						
Street Address	-				70	1123 Beaver	Stroot					
128 S. Tryon Street - Interstate	lower										0.5	-
City, State, Zip Code						City, State, Zip Co						1
Charlotte, NC 28202						Bristol, PA 1	9007					_
Project Manager for Monitoring Firm			Tele	phone N	No.	Telephone No.		License No.				
Gary Wywra			73	2-939-	3707	215-788-6040	)	00509				
Start Date (10)	Schedule	ed Cor	nple	tion Dat	e (11)	Name of OSHA N	<b>Nonitor</b>					
ON HOLD	1.	_ / _		_ / _		Shaw Enviro	nmental Inc					
Occupancy Status During Abatement (	Check o	nly on	e)			Street Address						
☐ Facility Closed/Vacated During Enti				nent		128 South Tr	yon Street, Into	erstate Tower				
☐ Abatement Performed Outside of N	ormal Fa	acility I	Hour	s - Desc	cribe	City, State, Zip C	ode					
Time of Abatement:AM	PM/_	_	PM-	/	AM	Charlotte, NO	C 28202					- 1
Scope of Work (Check all that apply)	10-1					⊠ Full Con	ntainment with Neg	native Pressure				
□ >2 of or >2 If	_	] Rend	vati	on		☐ Mini-End		gative Flessure				- 1
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Dem				☐ Gloveba	g Procedure					
					Vec-10-11	☐ Non-Exe	empted (*) and No	n-Friable Procedure				
			ocat						Aba	ateme	ent Ty	/pe
Location of		No Used	rma			Description		Amount	R	Re	m	5
Asbestos-Containing Material (ACM	1)	Main			Asbe	stos Containing Ma	insulation.	(Specify	Removal	Repair	cap	clo
TO BE ABATED IN Facility				Staff?	(	surfacing, VAT	Γ, or	SF or LF)	val	_	Encapsulate	Enclosure
(13)	-		(12)	Τ		other miscellane	eous)				ate	
N (84)		Yes	No	N/A					_	_		
Throughout		]				ile & Mastic		4200 SF		Ш		ᆜ
Exterior of Structure					Ext. Ca	ulking & Roof T	ar Flashing	270 SF				
Along Elevated Loading Docks				$\boxtimes$	Ext. Ex	pansion Joint N	/laterial	254 LF	$\boxtimes$			
		<b>]</b> [										
Name of Registered Waste Hauler			IN	JDEP \	Waste	Cubic Yards of	Name of Regi	stered Landfill	- 735			1
Waste Management			H	lauler II		Waste	GROWS N	lorth Landfill				
		-		SW17	24	Disposal Date	City, State		A 10000 T	Serve Asset		
City, State						Dispusai Date	Morrisville	PΔ				
Camden, NJ							MOTTSVIII					
Completed By (Print or Type)	Title					Signature	1 12 100	/ Dat	e //7	, /.	11	
Patrick T. DeCaro	Est	imato	or			Patrice	& J. D. Car	e /- K 2,	1/1	//	7	-
ACD 44		-						1				

ASB-41 JAN 13 PO 13/29 How

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

OR#2559

Date of Notification (1)				The same	Name	of Building	Owner/Operator (2	2)			1	= T	
2 / 4		14			23920	- 10 M	Department of T	658			4	1	
Agencies Notified Ty	pe Notifica	ation			Street	Address					C-011		-
	Initial				1	Box 600			FFR 2 1	20	14		
☑ DOLWD7579 □	Amended	l				State, Zip C			FFB Z I	L.	117		
☑ DOH 8000	Amendme						08525-0600						
	Emergeno justification		cluding			of Contac			Talant	-			
(NJAC 5:23-8)	Cancellat					rew Yor			4			= 3	
L	Cariocilat								*		-		
Name of Facility Mileson Abox		1-1	Diana	(2)	FA	CILITY IN	IFORMATION	- (= m. /	A			let'e	
Name of Facility Where Abat				(3)				Type of Facility (					
Parcel M-56 - Former I	Jynamic	iruc	king					School (K-12)	(Other than K-12)				
Street Address									ivate and commerc	ial bu	ilding	s,	
177 Pennsylvania Ave	nue							homes, etc.)					
City (5)								Square Feet	# of Floors	Ble	dg. A	ge	
Kearney, NJ								38400	2		30+		
County (6)					Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demolish	ed)			
Hudson								Former Ware	ehouse Distribu	tion	Cen	ter	
Name of Monitoring Firm Hire	ed by Build	ling C	wner (	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Shaw Environmental II	nc						Bristol Enviro	onmental Inc					
Street Address							Street Address						
128 S. Tryon Street - In	nterstate	Tow	er				1123 Beaver	Street					
City, State, Zip Code						-	City, State, Zip Co	ode					
Charlotte, NC 28202							Bristol, PA 19						
Project Manager for Monitoring	ng Firm			Tel	ephone	No.	Telephone No.		License No.				
Gary Wywra	•			1.000	32-939		215-788-6040		00509				
Start Date (10)	Ts	Sched	uled Co	mpl	etion Da	te (11)	Name of OSHA M	lonitor	1				
2/18'/1	A CONTRACTOR OF THE PARTY OF TH				/		Shaw Enviro						
Occupancy Status During Ab	atement (0	Check	only o	ne)			Street Address	-00-00-00-00-00-00-00-00-00-00-00-00-00			_	-	
☐ Facility Closed/Vacated D					ement		128 South Tr	yon Street, Inte	rstate Tower				
☐ Abatement Performed Out						cribe	City, State, Zip Co	W		lozell -		-	
Time of Abatement:	AM	P	A/	_PM	١	AM	Charlotte, NC						
Scope of Work (Check all tha	it apply)	-								%= =====			-100
T - 2 - 4 6 16					lion			ainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Rei				☐ Mini-Enc ☐ Glovebag						
⊠ 2100 at at 2200 ii							☐ Non-Exe	mpted (*) and Nor	n-Friable Procedure	•			
				Loca						Ab	atem	ent T	ype
Location of				orma	ally lely by		Description o			Z,	Z	m	ш
Asbestos-Containing Mate		)			ance/		stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	nca	ncic
IN Facility	2		Cust		Staff?	(	surfacing, VAT,		SF or LF)	Va	=	Encapsulate	Enclosure
(13)			Yes	(12 No			other miscellane	ous)				ate	TO .
Throughout					$\boxtimes$	Floor T	ile & Mastic		4200 SF	×			
Exterior of Structure						Ext. Ca	ulking & Roof Ta	r Flashing	270 SF	$\boxtimes$			
Along Elevated Loading	Docks					Ext. Ex	pansion Joint Ma	aterial	254 LF	$\boxtimes$			
				$\overline{\Box}$	1						П		
Name of Registered Waste H	auler			_	NJDEP N	Vaste	Cubic Yards of	Name of Regist	tered Landfill	_			_
Waste Management	40101			100	Hauler II		Waste	Variation State	orth Landfill				
					SW17	24	Diametel Dete						
City, State							Disposal Date	City, State	DA				
Camden, NJ				12000				Morrisville,	PA		oonico	= = 200	
Completed By (Print or Type)		Title					Signature	1 10 100	Date	е	1,1	1.1	
Patrick T. DeCaro		Es	timat	or			Patrice	ik P. DU	aw/gl	2/	4/	14	

								Feb 12	2014 03:5	ogb <b>m</b>	H	<u>J</u> V1/L		on i Ori
			NOT	FIÇATI (Putsus	ON OF A	New Jero SBESTO AC 8:60 a	SABATE	MENT .		(# 1	5		1000	77 J. 189
Date of Notification (1)				Name	of Floridi	ng Owner	de la companya de la	- /2\		7/-		-		
2-12-2014						Keanst		(2)	11:203	L of Heal	Hi & S	enior	Serv	ces
Agencies Notified	Type Notificatio	n		-	t Address				-1-6	07		-		-
[] EPA	E Initial			29 (	Church .	Street					ignature		a.	d
DEP	Amended			City,	State, Zip	Code			Date:	2012	-(1)-	Ime:	7	
⊠ DOT	Amendment Emergency			Kea	insburg,	NJ 017	734							
DOH DCA	Justification	1)	-29	1	of Conta				Te	lephone (	Numbe	-	-	
D DCA	Cancelletic	ж		1	Glanne				. 1				_	33
Name of Facility Where	Abatement is Tel-	nn Diana	/21	FA	CITLLA III	<b>UFORMA</b>	TION							
House for Demo	,	HIN L POUR	(0)	*				Type of Fac	cility (4)	1 7 1				
Street Address								☐ Schoo	1 (K-12)	i Ei .				
10 Beschwood Av	ъ.							Suboh Other	epter 8 (Or (i.e. private	S CHIMINE	-12) -	rileties		-
City (5)								etc.)			Di	978	201	
Keansburg	5*							Square Fee	群 排	of Floors		1 77	. Age	,
County (6)				Count	y Code (7	3		Campustin	/D			50+	-	
Monmouth					E USE ON			Current Use House	FILLIOUR DE	aud gewe	isined)			
Name of Monitoring Firm	Hired by Building	Owner (	8)	ASO	OM No.		Name	of Abatemen	f Combons	r/0)				
n/a	23 104420 - 30.00		-23	n/a				ica Manac			Orti			
Street Address			-					Address	,	- (haidt)	<del></del>			
n/a							1	roy Lane			27			
Jity, State, Zip Code						1	lata, Zip Cod	e					-	
n/a						9 Jr sv		oin Park, N						
Project Manager for Mon	itoring Flow			1000	one Na.		Teleph	one No.		License	No.	_		
nva Start Date (10)				n/a				706-7950	58 10	01193			2	
2-18-2013		2-24-2		mpletion	Date (11	)	1	of OSHA Mor						
Occupancy Status During	Abstanowt /Cha							ica Manag	ment Cot	poration	)			
Facility Closed/Vaca		District Contraction	7000000 <del>0</del> 000					Address					0:053	137/2
Abatement Parforme	ad Outside of Norm	menciolof nel Fecilit	Abater V Hour	mwnt S		8		oy Laine ale, Zip Code						
J Other - Describe: _							7.86	un Park, N.						
cope of Work (Check All	That Apply)				<del></del>			mir Care, No	n 01035					
5160 at 015500 k 53 at 0155 ll	_		Renovi Demoli	4				Wini-Enclo	inmant with Gure Procedure pted (*) and		- 13			•
		le le	Locati	nn.	T			1904 (ACMENTER)	Depoi ( Jenic	Mou	Die Pro		emen	
Location	of .	1 1	Nonnal	ly	1	Doc	acription o	Æ					lba Ruen	
Asbestos-Containing & TO BE ABA	Autorial (ACM)	Mo	ed Sole intenar	iğ İty Yoği	Arbe	stos Contr	ainina Ma	terial (ACM)	Ar	Result		T	T	1
In Facility			tedial S		(i.a	thermati.	systems   ing, VAT,	nsulation,	(5	pecify or LF)	18	力	Encapsulate	Endosara
(13)			(12)			other m	iscelland	pita)	) ar	er ur)	Removal	Rapair	m8d	1093
TOTAL	***************************************	Yes	No	N/A							1 20	-	ete	1
Perimeter front, sld	e, west side			X 9x9 Floo			Floor Ti	 le	11	SF	1	-	-	
of rooms (remnar	nts of tiles)			-							X	-	-	
2nd Fl. Bedrooms	Including								-		+	-		-
Haliway				x	90	k9 Floor	Tile R !	Mastic	AR	) SF	-	-		
ime of Registered Weste	: Hauler	N.IDEP Wasto Cub				Cubic )	rands		of Register		<del>  </del>		'	
znica Management	Corp	Heuter ID No. of Will				of Wast	pe te	100	WS Land		20			
y, State		Distro					al Date	City, S		+-	-		_	
icoln Park, NJ 0703	15	TB					2000 (1000 (100 (100 (100 (100 (100 (100		Isville PA	19067				
impleted by		Title					apaiure			13007	do			

Secretary

E. Cirovia

2-12-2014



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Date of Notlingation (1)				Building Associ			(2)							1
Agencies Notified Type Notification  EPA Initial			Street A 9 Robl	ddress nson La	ine					FEB	2-1	2014	į	
DEP Amended				te, Zip Co							-		-	:
C Emergency ()	ncluding	-		wood, N	ew Jers	sey 07	450	1					<u>.</u>	
DOH Justification Cancellation			Mark I	nfante				4	Tole	enhone Ni	imber		e.	
Name of Facility Where Abatement is Taking	Place (3	)	FACI	LITY INFO	ORMATIC	 	Type of	Facility (4)						
Toyota Building Street Address								hool (K-12)						
1096 Route 17 North								bchapter 8 ner (l.e. prl\				ldings	homo	38,
City (5) Ramsey, New Jersey 07446							. Square 10,000	Feet	# of 2	Floors		3ldg. / 55;		
County (6) Bergen			County (	Code (7) USE ONLY	,		Current	Use (Prior ealership	If beir	ng demolis	shed)	4 44	1 7	
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN	No.		Name Lilich		ment Contra		(9)				
Street Address			20			Street	Address	Avenue						
City, State, Zip Code						City, S	tate, Zip		740	·				
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	none No.		1742	License	No.			
Start Date (10)	Schedule	d Cor	npletion	Date (11)			641-822 of OSHA			01104				
canceled	160	100		,,		J&S	Environ	mental						
Occupancy Status During Abatement (Check							Address						-	
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other - Describe:	eriod of A	Nour:	nent s		ŀ	Clty, S	tate, Zip	22 West		~			·	
Scope of Work (Check All That Apply)					$=\bot$	Unio	n, New	Jersey 0	708	3				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enove					Mini-E Glove	containmen Enclosure bag Proced	dure					
	Is	Locat					11011-1	exempted (	) and	I NOTIFITIA	DIG FI		ement	
Location of Asbestos-Containing Material (ACM)	Use	lormal d Sole	ly by	Ashaa	Des	cription	of				-	<u></u>	/pe	_
TO BE ABATED In Facility (13)		ntena odlal 8 (12)		(l.e.	tos Conta thermal s surfaci other mi	iystems Ina. VA	s insulatio	on,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								a		ate	9
Roof	X				Fla	ashing	)		42	0 SF	Х			
											+-	-		
Name of Registered Waste Hauler				2							+	+		
Lilich Corporation		H	JDEP W lauler ID 3724		Cubic Y of Wast 10			Name of Re			II	J		
City, State Noodland Park, New Jersey 07424	e a	- 1 · ·			Dispose	al Date		City, State		-	mic			
Completed by Fatiana Kalenikova	Title Vice I	Oresi	dent		Sig	gnature		Morrisville	3, 10		ate ,	. /		
	11001	1001			/	a.f.	Leve	aille	4	10	2/	5/	4	





Roof X Flashing 420 SF X  Name of Registered Waste Hauler Lilich Corporation NJDEP Waste Hauler ID No. 18724  Disposal Date City, State	Date of Notification (1) 01/14/14				ullding Ow Associate			)		15			100		1
DOH						)									
Mark Infante	I ii Emergency (inc		RI	dgewo	od, Nev	v Jerse	y 074	50					ļ 		4
Name of Facility Where Abatement is Taking Piace (3)   Toyota Building   Toyota Bu	DOH Justification	s 1	400000												<u>i</u>
Toyota Building  Streat Address  Clay (5)  Ramsey, New Jersey 07446  County (6)  Borgan ' County (7)  Name of Monitoring Firm Hirad by Building Owner (8)  NIA  Cly, State, Zip Code  Cloudland Park, NJ 07424  Telephone No.  973-641-8228  O1104  Sare Date (10)  O2/21/14  Cocupancy Status During Abatement (Check Only One)  Seculty Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Cly, State, Zip Code  Unlon, New Jersey O7083  Cocupancy Status During Abatement (Check Only One)  Seculty Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Cly, State, Zip Code  Unlon, New Jersey O7083  Cocupancy Status During Abatement (Check Only One)  Seculty Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Cly, State, Zip Code  Unlon, New Jersey O7083  Cocupancy Status During Abatement Contractor (9)  Lis Location One Describe  Cly, State, Zip Code  Unlon, New Jersey O7083  Cocupancy Status During Abatement Contractor (9)  Lis Location One Describe  Cly, State, Zip Code  Unlon, New Jersey O7083  Current Use (For it being demolished)  Cly, State, Zip Code  Unlon, New Jersey O7083  Cocupancy State Address  Cly, State, Zip Code  Unlon, New Jersey O7083  Cocupancy State Address  Cly, State,	Enant Saud			FACILI	TY INFOR	MATION									1
Clipt (is, private & commercial buildings, none (ic.)   Clipt (is, private & commercial buildings, none (ic.)   Clipt (is)   Square Feet   # of Feors   Bidg.Age (is.)   Square Feet   Feor   Feors   Bidg.Age (is.)   County (is.)		Place (3)					١.	J. Sch	ool (K-12	)					
Square Feet   # of Floors   # of Floors   55+   10,000   2   10,000   55+   10,000   10,000   55+   10,000   10,000   55+   10,000								X Oth	er (l.e. pri	(Othe	er than K-12 commerci	al buildi			1
Street Address   Stre							4	Square 8	eet	100000000000000000000000000000000000000	Floors				
Street Address  City, State, Zip Code  Woodland Park, NJ 07424  Project Manager for Monitoring Firm  Telephone No.  Project Manager for Monitoring Firm  Telephone No.  973-641-8228  City, State, Zip Code  Woodland Park, NJ 07424  Telephone No.  973-641-8228  City, State, Zip Code  Occupancy Status During Abatement (Check Only One)  Start Date (10)  O1/O6/14  O2/21/14  Name of OSHA Monitor  J&S En/Ironmental-  Occupancy Status During Abatement (Check Only One)  State Address  City, State, Zip Code  Union, New Jersey 07083  Telephone No.  Full Containment with Negative Pressure  Mini-Enclosure  Wini-Enclosure  Wini-Enclosure  Non-Exempted (') and Non-Friable Procedure  Abatement (City, State)  A											ng demolisi	ned)			
Street Address  City, State, Zip Code  Woodland Park, NJ 07424  Project Manager for Monitoring Firm  Telephone No.  973-641-8228  City State, Zip Code  O1104  Start Date (10)  O1/06/14  O2/21/14  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Union, New Jersey 07083  Telephone No.  973-641-8228  O1104  Name of OSHA Monitor  3&S Environmentaly  Street Address 2333 Route 22 West  City, State, Zip Code  Union, New Jersey 07083  Telephone No.  973-641-8228  O1104  Name of Self-Recorded Countries and Street Address 2333 Route 22 West  City, State, Zip Code  Union, New Jersey 07083  Telephone No.  973-641-8228  O1104  Name of Self-Recorded Countries and Street Address 2333 Route 22 West  City, State, Zip Code  Union, New Jersey 07083  Telephone No.  973-641-8228  O1104  Name of Self-Recorded Countries and Street Address 2333 Route 22 West  City, State (Check Address)  City, State Zig Code  Union, New Jersey 07083  Telephone No.  973-641-8228  O1104  Name of Self-Recorded Check Only Only  Street Address 2333 Route 22 West  City, State Address 2333 Route 22 West  City, State  City, State  Telephone No.  973-641-8228  O1104  Name of Self-Recorded Check Only Only  O1104  Name of Self-Recorded Check Only Only  O1104  Name of Registered Landfill  O1104  City, State  City, State  City, State		vner (8)	1	ASCM I	No.					ractor	(9)				
City, State, Zip Code    City, State, Zip Code   Woodland Park, NJ 07424	Street Address						Street A	Address		е					
Project Manager for Monitoring Firm	City, State, Zip Code						City, St	ate, Zip	Code		24				
Start Date (10) 01/03/14  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatament Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  23 sf or 23 If 2160 sf or 2280 If  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exemp	Project Manager for Monitoring Firm		Te	elephon	e No.		Telepho	one No.			License h	No.			
Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Other – Describe:	Start Date (10)   5	Scheduled (	Comp	eletion D	ate (11)		Name (	of OSHA	Monitor	r:					
Scape of Work (Check All That Apply)															
Scope of Work (Check All That Apply)  23 sf or 23 lf  Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted	- M	erlod of Aba		ent		_	Clty, S	tate, Zip	Code ·						
Renovation Demolition  Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abateme Type  Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Non-Exempted (*) and Non-Friable Procedure  Abateme Type  Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation  Non-Exempted (*) and Non-Friable Procedure  Abateme Type  Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation  Non-Exempted (*) and Non-Friable Procedure  Abateme Type  Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation  Non-Exempted (*) and Non-Friable Procedure  Abateme Type  Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation  Non-Exempted (*) and Non-Friable Procedure  Abateme Type  Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation  Renovation  Non-Exempted (*) and Non-Friable Procedure  Abateme Type  Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation  Renovation  Non-Exempted (*) and Non-Friable Procedure  Abateme Type  Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing (ACM) (I.e. thermal systems insulation, surfacing (ACM) (I.e. thermal systems insulation, surfacing (ACM) (I.e. thermal systems in							011101	1, 14000	Jorsey	0100					
Sacration of   Asbestos-Containing Material (ACM)   Seed Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A     N/A   Flashing   Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   N/A   Seed Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A   Flashing   Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   N/A   Seed Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A   Flashing   Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   N/A   Seed Solely by Maintenance/ Custodial Staff? (12)   Yes   N/A   Seed Solely by Maintenance/ Custodial Staff? (12)   Yes   N/A   Seed Solely by Maintenance/ Custodial Staff? (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Yes   N/A   Flashing   A20 SF   X   Yes							X	Mini- Glov	Enclosure	e cedure	1			А	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Roof  X  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler Lilich Corporation  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  No N/A  Per No N/A  Flashing  Name of Registered Landfill  G.R.O.W.S Landfill  City, State  Disposal Date  City, State		F		1	E 27.7		Dies	14011-	Exemple	J ( ) al	III INOTIFI TIE	100110			
Roof X Flashing 420 SF X  Name of Registered Waste Hauler Lilich Corporation NJDEP Waste Hauler ID No. 18724  Disposal Date City, State	Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Maint	rmally Solely enan- dial St	y by ce/	Asbest (l.e.	os Conta thermal : surfac	aining N systems oing, VA	Material ( s insulat T, or	ACM) lon,		(Specify	Removal		Encapsulate	Enclosure
Name of Registered Waste Hauler Lilich Corporation  NJDEP Waste Hauler ID No. 18724  Disposal Date  Cubic Yards of Waste G.R.O.W.S Landfill City, State		Yes	No	N/A									_	0	
Lilich Corporation  Hauler ID No. 18724  Of Waste 10  G.R.O.W.S Landfill  Disposal Date  City, State	Roof .					FI	lashin	g		- 4	120 SF	X	-		
Lilich Corporation  Hauler ID No. 18724  Of Waste 10  G.R.O.W.S Landfill  Disposal Date  City, State													1		
Lilich Corporation  Hauler ID No. 18724  of Waste 10  G.R.O.W.S Landfill  Disposal Date  City, State	Name of Registered Waste Hauler		I Ñ.	JDEP W	Vaste				Name of	Regis	tered Land	fill			L
				No.	10	30386	20								
Worldwing / or the	City, State Woodland Park, New Jersey 07424				Dispos	sal Date	9			Pennsylv	ania				
Completed by Tatiana Kalenikova  Title Vice President  Signature  Date 1/14/14									/	/	- 1		/14		

#### MO# 21382882806

DOLWD DOLWD DOLWD DOLWD NOTE: DOLWD NOTE: DOLWD NOTE: DOLWD NOTE: DOLWD NAME of Facility Where Aba Private home	ype Notification Initial Amended Amendment Emergency ( justification)	1		Rose	emarie O'let Address	Hara	Operator (		1	FE	3 2	1	2014	6
Agencies Notified  EPA  DOLWD  DHSS  DCA (NJAC 5:23-8)  Name of Facility Where Aba Private home	ype Notification  Initial Amended Amendment Emergency (	1		Stre	et Address				¥ *					
DOLWD DOLWD DOLWD DOLWD NOTE: DOLWD NOTE: DOLWD NOTE: DOLWD NOTE: DOLWD NAME of Facility Where Aba Private home	Initial Amended Amendment Emergency (			100000000000000000000000000000000000000										_
DOLWD DOLWD DOLWD DOLWD NOTE: The control of the co	Amended Amendment	ш		112 R	almiana D									
DHSS DCA (NJAC 5:23-8)  Name of Facility Where Aba Private home	Amendment : ] Emergency (	4			almiere P									
(NJAC 5:23-8)  Name of Facility Where Aba  Private home		7		City,	State, Zip	Code			4 1					- 9.000
Name of Facility Where Aba	justification)	includir	g		ford, NJ (									
Private home				Nam	e of Conta	ct			Telepho	ne Numb	er			_
Private home	Cancellation			Rose	marie O'H	Hara			0			•		
Private home				F/	ACILITY I	NEORM	ATION			" W .			-	
Private home	tement is Takir	ng Plac	e (3)			ivi Ortini	ATION	Type of Facility	: 14)					
10.00 (A. C. 10.00			- (-/					School (K-1						
Street Address					-			Subchapter	8 (Other tha	an K-1 2)				
								Other (i.e.,	private and	commen	cial b	uildin	gs.	
12 Balmiere Pkw.  City (5)								homes, etc	.)				-	
							300	Square Feet	# of Flo	ors	В	ldg. A	\ge	
Cranford, NJ 07016														
County (6)				Cou	nty Code (7)	(STATE	JSE ONLY)	Current Use (P	rior if being	demolis	hed)			
Union									Ü		7,00			
Name of Monitoring Firm Hir	ed by Building	Owner	(8)	ASCN	No.	Name	of Ahatems	I ent Contractor (9	2)					
								on contractor (s	")					
Street Address						-	ch LLC							
						Street	Address							
City, State, Zip Code							alley Rd#							
ony, otate, zip code						City, S	tate, Zip Co	ode			A series	1.000		
5 1 111		2_27				Wayne	e, NJ 0747	70						
Project Manager for Monitori	ng Firm		Tel	ephone	No.	Teleph	one No.		License	e No.				-
						973-63	8-1777		01127					
Start Date (10)	Sche	duled (	Comple	etion D	ate (11)		of OSHA N	Ionitor	01127					
02/27/	14	02	2	8 /	14									
Occupancy Status During Ab								nsultants,Inc						
☐ Facility Closed/Vacated D	uring Entire Pr	ariod of	Abete			Street	Address							
Abatement Performed Ou	tside of Norma	l Escilii	Anate	anent	a arib a	20-21	Wagaraw	Road, Bldg .#	34A					
Time of Abatement:	AM- F	M/	y 1100 PM	is - De	SCRIDE	City, St	tate, Zip Co	ode						
						Fair La	wn, NJ 0'	7410						
Scope of Work (Check all tha	t apply)						Clean up	and decontami	nation with i	negative	press	sure		
		Ø n.		1202		П	Full Cont	ainment with Ne	gative Pres	sure				
>3 sf or >3 lf 2 160 sf or >260 lf			enovati emolitic			M	Mini-Encl	osure _	Tontith A	1	_			
			J. 11 C. 11 C. 1	J11		A	Non-Exe	Procedure npted (*) and No	n-Friehle D	regative i	Press	ure		
		15	Locat	ion				inplod ( ) dile ite	Jim Hable I	Toceuure		1		_
Location of			Norma	lly		De	scription o	f			Ab	atem	ent T	ype
Asbestos-Containing Mate	erial (ACM)	Use	ed Sole iintena	ely by	Asbe			erial (ACM)	Amou	int	Re	70	四	E
TO BE ABATED IN Facility	2	Cus	todial	Staff?	(i.e	e., therma	systems i	nsulation,	(Spec		) ji	Repair	cap	Enclosure
(13)			(12)				icing, VAT, miscellaned		SIF or	LF)	Removal	=	Encapsulate	Sur
		Yes	No	N/A		Other	iiiisoellailet	ous)					ate	140
Basement		7	NO											
asement		ᆜᆜ		X	Pipe inst	ulation			100 LF		X			
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		-												
<u> </u>							12					FI		-
Name of Registered Waste H	auler		NJE	EP Waste	Hauler ID No.	Cubic Ya	rds of Waste	Name of Regis	stered Lond	Fall		الا		
r Tech LLC			8						ALC: GU LGIIQI	111				
City, State			0	03378	55	TBI		T.R.R.F. Inc						
*						Disposa	II Date	City, State						-
						TBI	)	Tullytown, P.	Д					
		0				100000		J FILL, 1 2	•					_
	Title	3				Sid	nature	10		Data				
/ayne, NJ 07470 Completed By (Print or Type) Jevtic	Title					Sig	nature	1 1		Date 02/1				

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el	冲	With	March
	Old	FAX	1_

	Pursuant to NJAC 8:00 a		40 - 11 A A	11.5
Date of Molification (1) 12 17 13	Name of Building Owner	Operator (Z)		1.
10/1/10	RIVERUIEW.		2014	1-6 833- 1
gency Notified Type Notification	I GARDEN	TERIR	1 44	· .
LEPA D Initial		NSTON N	b.	Toward E
1DEP 1DOL Amendment # Amendmen	No. H.C.L.	1051010	Telephone Number	
(DOH justification)	HO J. SE	IER		H
DCA U Ceracementuri	FACILITY INFORMAT	ION ·	-10	
lame of Facility Where Abatement is Taking Place (	3)	Type of Facilit		
I GARDEN TERR		☐ School (K-1 ☐ Subchapter	8 (Other than K-12) nivate & commercial b	eiddings,
Street Address		homes, etc	:)	Bldg, Age
	-	Square Feet	#of Floors	60
NO ARLINGTON NO	County Code (7) (STAT	EIISE Quirent Use (	Prior if being demotish	ed)
Densy (6) BERCEN	- ONLY)		APIS RE	SIDENIS
SEISE C  lame of Moralining Firm Hired by Building Owner	ASCM No. Name	of Abatement Contractor	(9) NC	•
lame of Mosiloling Film Files by Section 19		O OTT TEET		
ireat Address :	ρ	O. 150x 8	14	·-
	City.	State, Zip Code	0.Cja	2257 ·
City, State, Zip Code	Telephone No. Telephone No.		- License No.	
roject Manager for Monitoring Firm-	Telephone rec.	a 238×750	0000	
Start Date (10) Scheduled Com	Distant name from	OVATECT	INC -	
.01.7117		Address	NL .	: : : : :
Designated Status During Abatement Construction	P.	U. W	The state of the s	2012 :
Of Facility Closed/Vacated During Entire Period of it  Absternant Performed Outside of Normal Facility  Other—Describe:	Hours City		0 C;0	
Scope of Work (Check all Sust apply)	A Renovation	An MiniJencinsus	niih Negative Pressur	
m>3 <m≥3f< td=""><td>D Demotison</td><td>El Glovebag Procedi</td><td>and Non-Frishie Prot</td><td>Abstener</td></m≥3f<>	D Demotison	El Glovebag Procedi	and Non-Frishie Prot	Abstener
160 sf or ≥ 260 lf	is Location	•		Type
	Morrosthi	Description of ordaining Malarial (ACM)	Amount	2 7 7
Location of Astronomy Material (ACM)	Maria Comment of the	mal systems insulation, infacing, VAT, or	(Specify SF or LF)	Repair Removel
TO BE ABATED IN FACINY	Staff?	er miscalianeous)		. 5
(13)	YES NO NYA	· •		
	16	TING ISTORIAN	10,000	L/F X
6000 COACES 43	X LIE	INSULATION	4 300	UE X
CRAWLSPACES 43 GARASES 3	X PIPE	INSULATION	4 20	HL141
IND #Y BREMENT I	NUDEP Waste Hander Cut	Vants of Name of	Registered Landfill	
Name of Registered Waste Hauter	DNo. 9561		3.0.W.S.	70
NOVATECH INC	Dis	posal Date Caty. Stat	BOILE !	AC
CID BRIDGE N.O.	68857	mature (	7 (:)	2/12/14
Inte ()		1 Val 2. A	mud	1 31.31
CYANGS HMEIDAL PICE	use this form for asbestos licens	ure exempted activities.		

UIAU, S. Mai 1 [. Ch#1072

	1.			<del></del>		
Date of Notification (1)	12713	RIVEDIN	g Owner/Operator EW GA	ROLFUS 1	5014	FEB 2 ]
Agency Notified	Type Noticetion	Sheet Athress	IEN TEN	er Not	ARLING	gTON NO.
SEPA .	de Inestal	City, State, Zip	Code			
D DEP	Amendinent#		•	1		
	O Emergency (including instiffication)	TO T	10	4	Tolerand Manager	
E DOH	D Cancellation	MRLEI	IEIL.		77.50	
		FACELITY INF	ORMATION .	Type of Facility (4	1	
Name of Facility Where	Abatement is Taking Piec	æ (3)		CI School (K-12)	-	
Street Address				Other (i.e. privi	Other than K-12	à buildings,
I GARDEN	TERR			(homes, etc.) Sousse Feet	# of Floors	Bldg_Age
Co. ARC	inston N	County Code (	A POTATE USE	Current Use (Pris	r if being demoi	shed)
DERGEN		COUNTY COOR (I		APTS	KEO.	ENIS
Name of Marcoring Firm (8)	hised by Bullding Owns	r ASCHIND.	NOVAT			-
Street Address			P.O. 156	* 314	÷	
City, State, Zip Code	-	-	City, State, Zip	Code UDGE N	D.: 088	
Project Manager for Mo	Paning Fam-	Telephone No.	Telephone No.	8x 7500	0080	<u> </u>
Start Date (10)	Scheduled Co	omphilian Data (11)	Name of OSM	IN INL		
1 10 11/12	2/10	6/14	Street Address			•
Occupants Status Duri	ng Alterement (Checidan)	house	P.O. 130	1814		
I Distance Pendulu	ted During Entire Period o of Outside of Normal Fac	or Armental My Hours	old 3	NIDE N	D. 0885	7
Coner - Describe: Scope of Work (Check	भी रेक्स दक्षेत्र)	🗸		g Continuent with	Negative Press	Res .
D≥3 sf or ≥3 f		Demotion Demotion	(2.7	ni-Enciosura ovelizg Procedera	. New Existin Di	mendine.
102160 S G 2200 F	8 <b>-</b> 8		. /DN:	in-Exampled (*) as	S Mind-Language L	Aliatement Type
		is Location Numerity		-		
Loca	end .	Lieur Solehr by	Description	Material (ACM)	Amoun (Special	
Asheems-Conte	ing Material (ACM)	Custodial	عدرد عسه روز المشعرانية	AT or	SFORL	nologure nospaulate Repair Removal
198 F	acility 13)	Stell? - (12)	والع الأعمار	aneous)	Λ.	-
•	to,	Yes No RZA	<u> </u>		10000	UF X
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GARAGES	4000				10 41	
CHICHGES						
		NIDEP Waste Hauter	Cubic Yards	of Name of Reg	stered Landid	PA.
Name of Registered V	- M	1850L	40		1.W.S,	TH
Novalech	1DC .		Disposal Dat	Honrigi	ina Y	- I Date
OID BRIDG	E NO. 08.		Signature	111111	N-6_	7 7 13
CARIOS A ME	1-1/	I DEN not use this form for asbesto	s ficensure expans		m - 2.	
ASB-41	י י י	en ase mes total and .			s In	

CK# 13278				CATION O		STOS A			т .				וין		1	
Date of Notification (1) FEB. 17, 2014	SANDY DAM	agéd	Ì	Name of E	Building C	Owner/O	perator O	(2)								
Agencies Notified	Type Notification			Street Add		'ENUE		6		FEB	2 1	2014		,		
EPA DEP DOL	Initial Amended Amendment	#		City, State						1		1.5	t		-	
DOH DCA	Emergency (justification) Cancellation	including	-	Name of (		ANEK				Tole	nhono	Mumb	~			
L 2011			_	FACIL	ITY INFO	RMATIO	ON	-		-				-		
Name of Facility Where JOSEPH CAGGIA	Abatement is Takin NNO PROPER	g Place (3) TY						Тур	oe of Facility ( School (K-1	2)		14/10/	134	7. 1.		
Street Address 91 ROGERS AVEN	NUE							Н	Subchapter Other (i.e. p etc.)	orivate 8	comm	nercial l		V0805000		es,
City (5) MANASQUAN								87	uare Feet 75 SF	1	Floors		19	dg. A 950	ge	
County (6) MONMOUTH	1 19			County C (STATE U	SE ONLY)	u <del>r ser</del>		R	rrent Use (Pric ESIDENCE	:		olished	l) 			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCM	No.		Finis	shin	batement Cor g Touch As			temer	nt C	orp.,	Inc.	
Street Address								Bro	adway, Un	it A						
City, State, Zip Code							Lon	g Br	, Zip Code ranch, NJ 0	7740						
Project Manager for Mor N/A	nitoring Firm			Telephon	e No.		Telep 732		: No. 2.8372		Licen 0004	se No. 40		6		
Start Date (10) FEB. 28, 2014		Scheduled MARCH			ate (11)		Name	of C	SHA Monitor	*:						
Occupancy Status Durin	g Abatement (Ched	k Only One	)	N			Street	Add	Iress							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr	Period of Ab nal Facility F	atem	nent 3			City, S	State	, Zip Code		+					
Scope of Work (Check A	All That Apply)			-							_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit					╣.	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
		le I							Non Exempte	4 ( ) 4					ment	t
Locatio Asbestos-Containing TO BE AB In Faci (13)	y Material (ACM) <u>ATED</u> lity	Used Main Custo	tena	lly ely by nce/		tos Cont thermal surfa		Mate ns ins AT, o		(5	mount Specify or LF		Remova	Ty Repair	e Encapsulate	Enclosure
EXTERIOR	SIDING	Yes	No	N/A X	Δsha	etne (	Contair	nino	Siding	8	75 sf	_	x		e e	
EXTERIOR	SIDING		-		7300	23103 C	Jonitan		olding		70 01		^			
										.5						
Name of Registered Wa Finishing Touch Ask		ent Corp.,	1 1	JUDEP Walauler ID I 2058		Cubic of Wa 5 Cy	Yards ste		Name of Grows							
City, State Long Branch, NJ 07	7740					Dispo: 3/7/1	sal Date	Э	City, Sta Morris	te ville, N	IJ					
Completed by Joseph P. Miller		Title Presid	dent			8	Signatur	PA	m	,		Date 2/1	7/14	1		
					75			50200	100 SE SE	32				2 12		

cleck 17690

Date of Notification (1) 2/17/14		1000		Building Ov Goyal	vner/Opera	tor (	2)	- 0.		2.		3	1
Agencies Notified Type Notificat	ion	100000	reet Add	dress er Street	t								
EPA Initial  DEP Amende  DOL Amendm	ent #			e, Zip Code n, NJ 0					FEB	2 1 2	014	5	
□ Emerger     □ justificati     □ DCA     □ Cancella		32.65	ame of C	Contact e Goyal				Te	elephone N	Number	_		
			FACIL	ITY INFOR	RMATION			-					
Name of Facility Where Abatement is T home Street Address	aking Place (3)							(-12) er 8 (Otl	her than K				
1021 Garden Street							etc.)		& comme				S,
City (5) Hoboken				12			Square Feet 2200	2	of Floors	5	ldg. A O	ge	
County (6) Hudson	12		ounty Co	ode (7) SE ONLY)			Current Use (F	Prior if be	eing demo	lished)			
Name of Monitoring Firm Hired by Build	ing Owner (8)	1	ASCM	No.			of Abatement C Environmen			_C			
Street Address	144				100-2003		Address ate Drive, F	O Box	483				
City, State, Zip Code					Cit	y, St	ate, Zip Code						
Project Manager for Monitoring Firm	0.000	Te	elephon	e No.	Tel	leph	vood, NJ 0 one No.	/410	Licens	e No.			
							83-8500		703				
Start Date (10) 2/28/14	Scheduled 3/14/14	Comp	oletion D	ate (11)	Na	me (	of OSHA Monit	or					
Occupancy Status During Abatement (	Check Only One)				Str	eet /	Address						
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe:	tire Period of Aba Normal Facility H	ateme ours	ent		Cit	y, St	ate, Zip Code		-				
Scope of Work (Check All That Apply)						24							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		novatio					Full Contain Mini-Enclos Glovebag F Non-Exemp	ure Procedur	e			e	
	1-1										Abat	ement	
Location of	No	ocatio rmally			Descrip	ation	of			_		/pe	
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	Custoo	enand	ce/		os Containi	ng M tems , VA	laterial (ACM) s insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	163	140	X		pipe ins	ula	tion		100 LF	x			
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic Yar	ds	Name	of Regis	stered Lar	ndfill			
Freehold Cartage	(0.175)	auler ID 939	No.	of Waste 10		GRO	)WS					ı	
City, State Freehold NJ				Disposal I	Date		State isville,	PA	227				
Completed by Andrew Scott Higgins	Title Presid	ent		#11 2	Signa	ature	M		_	Date 2/17/1	4		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

02-07-14:11:28AM;

;1-856-224-4358

# 3/ 4

C1#7000	87			CATION OF ASS (Pursuant to <u>N.J.</u>		MENT		DOL -	10 DA	<u>Y</u>	
Date of Notification (1)					Name of Buildin	n Owner/O	A Terminals	L.P. Sagio	Point Family	to l	
Agencies Notified  () EPA		Notification	tification		Street Address 1240 Crown Po			11.	Vind		
(X) DOL (X) DOL (X) DOH		(X) Amende ( ) Cancelle	d Carlification	on	City, State, Zip Westville, NJ 06	3093		NAIVEŘ	APPR	QVED	
() bca					Name of Conte	d 1		Tal Number			
				FACILITY IN		7.15					
Name of Facility Where Abs Surface Partners Marketing Street Address	enimer & C	a, L.P Eagl	e Point Fac	Allity	Type of Facility ( ) School (K-1) ( ) Subchapter (X) Other (I.e. )	2) 8 (ather the	an K-12) Immercial bidi	gs., homes, e	ito.		
1240 Crewn Point Road					Sq. Feel NIA		_ # of Floor		FEB	2 1	2014
Westville	County (6) Gioutester		County Co	e Only)	Bidg, Age N/	Ontelda	Destallement	Petroleum Sr	lorage_	27.77	
Name of Monitoring Flom H KA Industrial services, LLC	rad by Bide	Owner (8)	ARCHINO	h.			Name of Chi K A Industria	itractor (9) I Services LL	.c.	74	
Street Address 26 Colonial Ave					Street Address 800 Billingsport	Rd					
City, State, Zip Woodbury NJ 08096			i		City State Zino Paulubaro, NJ	DB066	į				
Project Manuser for Manka Seek Dechant	ting Firm	Telephone 666-224-43	85		956-224-4392	oper		License Nur 00657	mbar		
Scheduled Start Date (10) 2/7/14		8cheduled 2/7/14	70	Date (11)	Name of OSHA Seme						
Occupancy Status During A  ( ) Facility Closed/Vacated  ( ) Abetement Performed C	During End	re Period of A	bstament		Street Address	VX		15		-81 - 810	
(X) Other - Describe - Extended area, no other contractors	erior abatem			elricted work	City, State Zio	Code					
Source of Work (Check all	that apply)										
[] Demoition (X) Renov. () Large Proj. (>180 SF or () Full Containment () (	>280 LF AC	M) () SM Pro	. (>25<160 lovebag Pr	8P or >10 <260	LFAGM) (20)	Minor Proj.	. (<26 SF or <	10 LF ACM)			
Location of Automates-	Is Loc	Itan Nemal	y Used	Description of		Amount (	Specify SF or	LF) Abi	tement Typ	1	
Containing Material (ACM) Facility (13)	Staff?		NA NA	thermal system surfacing, VAT miscell.)		(Estimate	od)	Ren	n_ Rep	Encas E	ncione
Pipe mek at Dock 1A	130	×		Pipe Insulation		7 LF		X			
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Name of Res. Waste Hauk Weste Management, Inc.	ı.	17273	ste Hauler	ILE	20 (estimated)	E W MINISTER		Gloucaster	County Lan		
South Harrison, NJ							Various		South Ha		J
Completed by (Print or Typ	町	Tule			Signature	2		Date			
Andrew Green		MANAGER	I - KAIS		And Sing P		Supervisor	27/14			-

Mail te: NJDEP-DSHW-BRRTP 401 E, State St., PD 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:WORDUMYDOCS/ASSESTOS B/18/00

check#

#### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14 Name of Building Owner/Operator (2) Date of Notification (1) February 17, 2014 RUTGERS, THE STATE UNIVERSITY OF NJ Notification Type Street Address FER 7 1 Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. X EPA ☑ Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DCA ☐ Amended Notification X DOL ■ Emergency (including City, State, Zip Code PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED justification) Telephone Number Name of Contact X DOH Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) UNIVERSITY BEHAVIORAL HEALTH CTR., BLDG# 3690 School (K-12) Subchapter 8 (other than K-12) Street Address ■ Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** # of Floors: 2 Bldg. Age: 60+ years Sq. Feet: N/A County (6) County Code (7) City (5) Current Use (prior if being demolished): ACADEMIC (State Use Only) **PISCATAWAY MIDDLESEX** Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number **BRIAN KEARNY** 609-386-8800 00840 973-492-0477 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 03/05/14 03/17/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 6:00PM - 5:00AM FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure **⊠**Renovation ≥ 3 sf or ≥ 3 lf ■ Demolition ≥ 160 sf or ≥ 260 Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Amount Abatement Type Description of Asbestos Containing Material Location of Asbestos-Containing Is Location Normally Used (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO NA YES C-122 X VAT/FLOORING/MASTIC 2000 SF X NJDEP Waste Hauler ID # Name of Reg. Waste Hauler 10 CY Name of Registered Landfill Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill 03/17/14 N.IDEP # 12561 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP# 22612 215-736-1700 Date Completed by (Print or Type) Raymand C. Pedalino SENIOR PROJECT February 17, 2014 RAYMOND C. PEDALINO MANAGER

YUNCTON-

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lame of Facili	ty Where About					otc.		# of Flo	ors	Bldg. Age			
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City. Oil	Firm					Name of O	SHA MON	itor SEESSIC	DNALS				
Project	Manager for Monitoring Firm	cheduled Con	npletion	Date (1	1)	AAA LE	AUFIN						
		12/1//14				Street Add	E DOVE	COUR	Τ			-	
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Date of Notification (1) 02/18/14			Name of B													
Agencies Notified Type Notification		100	Street Add		AVE											
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Emergency ( justification)  DCA  Cancellation	including		Name of O		DLYN S	SZELIC	3A	4	Tele	ephone N	lumber	_	-			
			FACILITY INFORMATION									_				
Name of Facility Where Abatement is Taking Street Address	g Place (3)			V			Sc St	f Facility (4) chool (K-12) ubchapter 8 ther (i.e. pri	) (Oth	er than K	-12) rcial bu	uildii	ngs, l	nome	s,	
406 ATLANTIC AVE  City (5)  SPRING LAKE		-					etc.) Square Feet # of Floors 1500 2			Floors	Bldg. Age			je		
County (6) MONMOUTH			County Co			Current Use (Prior if being den				ng demo	lished)					
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				PROFES								
Street Address	-				Street	Address	assatticzentowania takies									
City, State, Zip Code					City, State, Zip Code LAKEWOOD, NJ 08701					· · · · · · · · · · · · · · · · · · ·						
Project Manager for Monitoring Firm		Telephon	e No.		Teleph	one No			License	e No.						
Start Date (10)			Completion Date (11)				of OSH	A Monitor PROFES	2810							
02/28/14	03/03/1						Address			TALLO		-				
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire	Period of Al	batem				6 WF		OVE CO	URT							
Abatement Performed Outside of Nom Other – Describe:	nal Facility	Hours	· 			100000000000000000000000000000000000000		DD, NJ 08	3701							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	-	Renovation Demolition				×	Mini	i-Enclosure vebag Proc	edure		ive Pressure Friable Procedure					
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	N Used Mai	ntena	lly ely by		tos Cont thermal surfa	taining N system cing, VA	ription of ning Material (ACM) ystems insulation, ng, VAT, or scellaneous)			Amount Specify F or LF)		Remova	Ty Repair	e Encapsulate	Enclosure	
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BASEMENT		X			FLO	OR TI	LES			500SF	X					
Name of Registered Waste Hauler		IN	NJDEP W	aste	Cubic	Yards		Name of I	Regis	tered Lar	ndfill					
NEWARK CARTING						iste		IESI								
City, State NEWARK, NJ		Disposal Di 03/03/14														
Completed by JOSEPH PERLSTEIN	NER Signatu					ature				Date 02/18/14						

Date of Notification (1) 02/17/14				f Building Townshi				on			*	j.				
Agencies Notified Type Notification		7	Street A		•								100			
DEP Initial Amended Amendment	1	_	City, State, Zip Code Brick, New Jersey 08724								_F	B	2	1 20	14	
Emergency (i		-	Name o	f Contact S Edward				2	Tel	enhone !	Nemb	or -				
			FACILITY INFORMATION												-	
Name of Facility Where Abatement is Taking Brick Township High School	Place (3)						×	of Facility (4 School (K-12	2)	20.50						
Street Address 346 Chambers Bridge Road							TT (	Subchapter ( Other (i.e. pr etc.)				build	lings,	home	s,	
City (5) Brick, New Jersey 08724								Square Feet # of Floors 50,000 2				Bldg. Age 55+				
County (6) Ocean				Code (7) USE ONLY)				nt Use (Prio School	r if bei	ing demo	olished	i)				
Name of Monitoring Firm Hired by Building C Brinkerhoff Environmental Services		ASC	M No.				tement Cont oration	ractor	(9)							
Street Address 1805 Atlantic Avenue					Street 606 N		ss de Avenu	е								
City, State, Zip Code Manasquan, New Jersey	VV					City, State, Zip Code Woodland Park, New Jersey 074					89					
Project Manager for Monitoring Firm Jason Hooper	T	Telepho 732-22	ne No. 23-2225		Teleph 973-2				License 01104							
Start Date (10) 11/18/13								A Monitor onmental	Labs	LLC						
Occupancy Status During Abatement (Check			17			Street								-		
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Scope of Work (Check All That Apply)																
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Lilich Corporation			lauler ID 8724	No.	of W	aste		G.R.O.W	V.S L	andfill						
City, State Woodland Park, New Jersey 07424		1				osal Date /01/14		City, State Morrisyit		ennsyla	avan	ia				
Completed by Tatiana Kalenikova	Title Vice Pr	esi	dent			Signature			1	/	Date		7/1/	1		
					Tal cons/Calden					02/17/14						



Date of Notification (1) 11/05/13 CK#2897 \$200					Owner/Operato Board of E			•	*		-:-		
Agencies Notified Type Notification  EPA Initial				Address Hendrickso	on Avenue			FEB	2 1	2014	1		
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Name of Facility Where Abatement is Taking Brick Township High School Street Address 346 Chambers Bridge Road	g Place (	3)	FAC	CILITY INFO	RMATION	Type of Facility  School (K- Subchapte Other (i.e. etc.)	0.005 	K-12) ercial bu	ildings	s, hom	es,		
City (5) Brick, New Jersey 08724						Square Feet 50,000		Bldg. 55+	Age				
County (6) Ocean				Code (7) USE ONLY)		Current Use (Pr High School	ior if being dem	olished)					
Name of Monitoring Firm Hired by Building C Brinkerhoff Environmental Services		)	ASC	M No.		of Abatement Co	ntractor (9)						
Street Address 1805 Atlantic Avenue		-			Street	Address McBride Aven	ue						
City, State, Zip Code Manasquan, New Jersey		30.40			City, S	y, State, Zip Code oodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Jason Hooper		3000000000	one No. 23-2225	Telepi	hone No. 225-8400	Licens 0110	e No.						
Start Date (10) 11/18/13	Schedu 02/28/			Date (11)	Name	of OSHA Monitor Environmenta							
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Lilich Corporation	H	lauler ID 8724	No.	of Waste 30	14-30000040004400000000	W.S Landfill	41III						
City, State Woodland Park, New Jersey 07424					Disposal Date 03/03/14	City, State Morrisy	e itle, Pennsyla	avania					
Completed by Tatiana Kalenikova	Presi	President Signature Tollyana (a. S. Men					Date 11/05/	13					

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Date of Noti	lication (1)					Name d	of Building Owner	(Operata)	r (2)			A )!!	U				
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n/a	ab cono									Zip Code							
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				1-27-2		ilipro area -	Date (11)			Manageme	nt Co	moratio	ń				
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Facility	Closed/Vaca	ted D	aning Endre	Period of	Abater	ment		100000000000000000000000000000000000000		Lane							
& 1 Abster	rent Parlorme	id Ou	taide of Nor	nal Facilit	y Hour	8			41000	Zip Code						-	
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A38-41 (R-06-08)

City, State

Completed by

E. Cirovia

Name of Registered Worte Hauler

Lincoln Park, NJ 07035

Loznica Management Corporation

Cate

1-21-2014

Name of Registered Landfill

Morisville PA 19067

**GROWS Landfill** 

City, State

Cubic Yards of Waste

Disposal Date

TBD

TBD

NJDEP Waste Hauler ID No.

0033137

Secretary

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

\* Emergency \*

#### State of New Jersey

Date of Nation		NO	(Pursua	ON OF A	ASBESTO	S ABATI nd 12:12	EMENT 20)	CK 391	8			
Date of Notification (1) 2/18/14			Nam	e of Build	ding Owner r Private	/Operato	or (2)			· ·	- Lave	7 p
EPA Initial			Stree	et Addres	8	TIOTIE			-			
Amendm Emergen	Type Notification  Initial Amended Amendment # Emergency (including justification) Cancellation  Where Abatement is Taking Place  Private Home  NJ 08050  Ing Firm Hired by Building Owner  Schee 2/24/ B During Abatement (Check Only add/acated During Entire Period Cerformed Outside of Normal Facility  Brack All That Apply)  Schee  Calling Material (ACM) EABATED Facility (13)  Yes				p Code in NJ 086	050		1 4 4 5	<u> </u>	ZVI	4	
justificati	on)		Star					Telephone	e Numb	er	-	
Name of Facility Where Abatement is Ta Stan Brajer Private Home	king Plac	e (3)	FA	CILITY	NFORMAT	TION	Type of Facility				:	
Street Address 88 Florence							School (k	(-12) ler 8 (Other than	K-12)			
City (5) Manahawkin NJ 08050							etc.) Square Feet	# of Floors		-		
County (6)			T 0				1000	1		35+		
Name of Monitoring Firm Histor by Duilding			(STAT	y Code (1	7) ILY)		Current Use (P Home	rior if being dem	olished	)		
N/A Street Address	ig Owner	(8)	ASC	CM No.		Name Pern	of Abatement Co aco Inc.	ontractor (9)			22	
3.						Street	Address Box 329				•	_
City, State, Zip Code						City, S	tate, Zip Code					_
Project Manager for Monitoring Firm			Teleph	one No.		Teleph	Berlin NJ 08 one No.	091 Licens	e No.			
Start Date (10) 2/19/14	Sched	uled Co	mpletion	Date (1	1)	Name	753-9800 of OSHA Monitor	0072	7			
Occupancy Status During Abatement (Ch	eck Only (	14 2ne)				Same						
Facility Closed/Vacated During Entire Abatement Performed Outside of No.	Dowland and		ment			Street /	Address					
Culci - Describe:	IIIai Faciii	ty Hour	s 		[	City, St	ate, Zip Code		-1			_
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 if ≥160 sf or ≥260 if	×	Renova Demoli				×	Glovebag Pro	cedure				
Location of	1	s Locat Normal	lv		Don	cription o				Abai	emen	t
IN Facility	M	ed Sole aintena stodial S (12)	nce/	Asbe (i.e	stos Conta e. thermal s surfaci	ining Ma systems ing, VAT	iterial (ACM) insulation, or	Amount (Specify SF or LF)	Rem	T	T	Enclosure
	Yes	No	N/A		oniei III	scellane	ous)		oval	pair	sulate	osure
Exterior Siding			х		Exteri	or Sidi	ng	1000 Sf	×	2) all buildings, how a state of the state o	_	
through- out	-				Flo	or Tile		600 SF	x	-		
	+-											
lame of Registered Waste Hauler nited Containers	H	JDEP W auler ID 2459	aste No.	Cubic Y of Waste			Registered Landi	<u> </u> RII			Ĺ	
ity, State Im NJ		120			Disposa		G.R.O.V					
ompleted by	Title				2/24/14	<u> </u>	Morrisvi	lle PA 19067				

Anthony T Perna

Title

President

Date

2/18/14

Signature

() \* 1004

Date of Notification (1)			Building	Owner/Operator	GLEY	FEB .	2 1	20	)14	
Agencies Notified Type Notification	1	Street A	ddress	ELADNE	TY A	VE.				7
☐ BPA ☐ Initial ☐ Amended		City, Sta				1 /		-	and the same of th	=
DOL Amendment		1	OM	1	ER N	J.			111	_
DOH justification)	ug	1	Contac	5 0 - 1 1	0	Telephone Number	F		_	_,
DCA Cancellation		ER		PLACKI		4		Acres 1		
-		FACIL	JTY INF	DRMATION	Type of Facility	ZAV.				-
Name of Facility Where Abatement is Taki	ng Place (3)				Type of Facility  School (K-12					-
Street Address					Subchapter 8	(Other than K-12)				
I GLADNEY HI	目				homes, etc.)	ivate & commercial				_
City (5) OMS RIVER	N.	/ ,			Square Feet	# of Floors	1 4	g. Ag	)/K	3,
County (6) OCEAN		County USE 0	Code (7	) (STATE	Current Use (Pr	or if being demolish	red)	on	29	2
Name of Monitoring Firm Hired by Building	Owner	ASCM N	-	Name of Abatem	ent Contractor (9)					=
(8)				ERIC	PLAC	413		_		_
Street Address				Street Address	LTICK TI	21716				_
City, State, Zip Code				City, State, Zip C	ode N.	08/24				
	7.5	Jankana M		Telephone No.	- 140	License No.		7		$\dashv$
Project Manager for Monitoring Firm	16	elephone N	0.	732 -899	7499	011	76			
Start Date (10) Sch	eduled Comp	eletion Date	(11)	Name of OSHA	Monitor					
Occupancy Status During Abatement (Ch	eck only one	)		Street Address	*					
☐ Facility Closed/Vacated During Entire I	Period of Aba	tement		Oh State 75 C	`odo					=
Abatement Performed Outside of Norm Other - Describe:	al Facility Ho	ours		City, State, Zip C	,ode					
Scope of Work (Check all that apply)				T Full Co	ntainment with Ne	cative Pressure				
∏ >3 sf or ≥3 lf	☐ Benov			Mini-En	closure					
≥160 st or ≥260 lf	Demol	ition		Gloveb	ag Procedure tempted (*) and No	on-Friable Procedur	е			
	Is Loca							baten Typ		
Location of	Norma Used So		÷	Description of	f .		$\vdash$	176	_	
Asbestos-Containing Material (ACM)	Mainten Custo	ance/	Asbes	tos Containing Ma thermal systems	iterial (ACM)	Amount (Specify	20	_	Enc	m
TO BE ABATED IN Facility	Staf	f?	(i.e.	surfacing, VAT	, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(12	)		other miscellane	ous)		8	7	late	B.III
Demolition of	Yes N	o N/A			7	7 500			_	_
TRANSITE DANE!		V	W		elsand	2,5000	J.V	$\vdash$		-
HOME damaged			CE		re15		-	$\vdash$	_	-
DY HURRICAN ?	-		1	roughe			+	$\vdash$	_	-
SANGY.		NUDEP W	-7	ho Hou Cubic Yards		istered Landfill		لبا		
Name of Registered Waste Hauler BRICK N DUSTRIES	INC	Hauler ID		of Waste		R, O, W	. 2			1.
City, State	- Andrews	-2/-6		Disposal Date	City, State	DA.				
BRICK N.J	itle 🦳			Signature	ــــــــــــــــــــــــــــــــــــــ	Date				
Completed By PLACKIS	Per	= 5.								