State of NJ Notification of Asbestos Abatement (Pursuant to N IAC 8:60 and 13:130)

D&S Proj. #: 2014-40	<u>n</u>	(Pursu	ant to NJAC	8:6	0 and 12:120)				3 1	v q		M
Date of Notification (1) 0 1 / 2 7 / 1 4 Agencies Notified	on Street A	of Building Own VE MATTHE Address OBART AVI ate, Zip Code	ews				7-	JAN 3		7		
DOL Emergency (including justification) DCA Cancellation	Name o	RFIELD, NJ f Contact EVE MATTH	27				Telephor	ne Number	-			
A CONTRACTOR OF		FAC	ILITY INFORM	ATIO	N							
Name of facility where abatement is STEVE MATTHEWS	s taking place (3)		1				=	(4) ol (K - 12) napter 8 (O	ther th	nan K	-12)	
Street Address			58					(Private/Co /Homes, e		rcial		
18 HOBART AVENUE					11	11	Square Feet	# of Floor		Ble	dg. A	ge
City (5)	County (6)			3375555	unty Code (7) ate use only)	<u> </u>	Current Use (P	rior if bein	g dem	olishe	ed)	—
GARFIELD	BERGEN	1		Ц,	(1)	Ц.	(0)					
Name of Monitoring Firm Hired by I	Bldg. Owner (8)		ASCM No.		Name of Abatem							
Chrost Address	Maria and State of the State of			_	D & S REST	ORAT	TON, INC.					
Street Address					20 California	0 4 1/0						
City, State, Zip Code				_	City, State, Zip C							
oity, State, Zip Gode					Paterson, N.		2					
Project Manager for Monitoring Firm	LANCE A STATE OF STATE	Phone Numb	ner .	_	Telephone Numb		3	License	Numb	er	_	_
1 Tojoct Managor Tor Morntoning 1 min		T Hono Hame	,01		973-345-80				1169	70		
Start Date (10)	ISahad Com	pletion Date (1	1\	_	Name of OSHA	Monitor						
0-04-27-48-29-50-5-59-0-10-0-10-0		pietion bate (1	1)		D & S Resto	ration	, Inc.					
02/10/14	02/10/14				Street Address							
Occupancy Status During Abatemer Facility closed/vacated during Abatement performed outside Describe:	entire period of a of normal facility	abatement.			20 California City, State, Zip C	-	iue	-0.25				2000
Other-Describe: NORMAL H	OURS			=	Paterson, N.	J 0750	3					
Scope of Work (check all that apply	Renovation Demolition	2				☐ Mir ☑ Glo	l Containment v ni-enclosure ovebag procedu on-Exempted (*)	ire	friable	proc	edure	
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location norm by maintenance staff(12)	e/custodial	2		asbestos-containin	g	Amount (Specify S	SF or	e m o	R e p a	E n c a	E n c
abates in rasing (1.0)	Yes N	lo N/A							v e	r	р	
BASEMENT			PIPE INSU				130 L FT		\boxtimes			
BASEMENT ABOVE ceiling			PIPE INSU	LAT	ION		37 L FT		X			닏
4				57/537								닏
									<u>Ш</u>	ᆜ	ᆜ	닏
							100			Ц	Ш	Ш
Registered Waste Hauler D & S RESTORATION, INC. Cvy. State	NJDEP Ha 135()6	Dioposal (vvaste	TULLYTOW	VN, RI	ESOURCE R	ECOVER	Y			
1 TERSON, NJ 0 (6)		- <u> 1 (2/1 1/1</u>		_	TENTAL	<u> </u>	л 	Tools	=	== .	_	r. 🚐 .
Completed by (Print or Type BOGDAN JOLDAN)	Title PRESILENT		Signature		34 E			Date (1/27/	1 4			

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

*											CHECK &	8372	
		NOTIFIC	SE	OF AS	1615 Jēl 1615 Jēl 1615 Jēl	SBY DS ABATE and 12:12							
				FRUID	ing Owl	eriOperati	or (2)			11		-+	
tale of Notification (1)		Į.		5	COTT	LE	צוע		۸ -	JAH :	R 0 <u>2014</u>	. 1	
1/2///	Type Notification	1		Addres	5 51_	Kms	106	TON	Alue				
AGENCIAS INCLUSION	initial Amended	1	City, S	Alo	ip Code	٥ ,٧	.5_	07	648	Telepho	one Number		1
I DEP	Amenament (including	19	Name	of Go	Mac					M.	Health .		7
E DOH	justification) Cancellation		F	ACILII	COTT	(DUI)			Facility (Water
Name of Facility Where		≥ (3)						☐ Sc ☐ Su	hool (K-1 bchapter	2) 8 (Other t	han K-12) ommercial bu	ildings, homes, Bidg. Age	
Name of Facility Williams	RESIDENCE					•		BO	inei (use i	T #Of I			
Street Address	KENSINGTON	Aut							35°		7	150	\dashv
(S. (5)				aurite l'	ode (7)			Curre	ent Use (F	V - 3 : 0	g demoished)		-
NOR	_W00_Ω		(8)	TATE	M No.	y)	Nan	ne of Ab	dement C miracing	ontractor	9)		
BEX	(AON) Interest by Building Own	6 (8)		ASC	EI FELL		-	- Origin					
						•	1 10	15 LOWE	Kosu	1			
Street Address			_				1 6	len rou	Zip Code k, NJ 074	52	License No	0.	
City, State, Zip Gode			-1	Tek	phone	No.	1	dephone 201-262	-0041		00156	<u> </u>	
Project Manager for	Hontoing Firm	Schedul		lafi	m Date	(11)	N	aute of 9	ISHA MO	nitor nental Ser	vices Inc.		
Start Date (10)	1,,,	Schedul	3/3	1/8/	1		1	Stand At	Idness				
The state of the s	The same of the sa	ck Only C)ne) Abaie	ment			-	280 Hu City, Sta	PET Street Re, Zip Co Sack, NJ	de 07505			
E Palenty D		nal Facilit	y Hou	5			1				with Negative	Pressure	
Other-Desc	check All That Apply)			vation		20			Full Con	damment closure on proced		-ble Dincedure	
	PF.		Den	office	:ee:			- [Non-Ex	empted (*	and Non-Fir	able Procedure Abate Ty	nent pe
다 >160 라.	200 1		an I o	ocation	T			Scription	not		Amount		E E
	San of	1	No Heari	mmally Solely	by	Ashesti	s Co	ntamino		(ALAN)	(Specify SF or LF	Repair	Engapaulaba
Ashesins C	Location of containing Material (ACM) TO BE ABATED		Custo	denanc diai St (12)	aff?	(12	offici	d system wing, V miscell	aneous)				+
	in Facility (13)	F	Yes	No	N/A	<u> </u>	_	- 1	COLOT	10.6)	231		+
		-			V	-	PIP	E 10	sucati Suca	TION	600	F	土
	ON OUT			_	1	+-	711			-	-		
Bus	CMONT			-	七	1	10	hic Yan	is	Name	f Registered	Landill Corp.	
	In the Harles			1	NJDEP Hauler	D MO-	of	Waste (11	1	To Cook	Landilli Corp.	
	gistered Waste Hauter				20785		D	الجومية	Dafe 14	Befile	ehem. PA 180	I Dala	
Ruvic Trans City, State,	7 Code							Sign	ebue	1.1/1	raturo	1/3	17/1
Filterdamy	il lines		Till	eration	S			-نانـ		Ja	n for asbestos	licensure exemp	ited ac
Joseph Vo	ocaturo							4	Do not u	SE MIS ROM			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

W# RODL			(Pur	suant t	to NJAC	8:60 and 5:16)		24		77	- \	1
Date of Notification (1)				Name of	Building	Owner/Operator (2 pard of Education) on / Joh #14	401-4723 Chec	k #5924				
	24 / 1					Dard Of Education	JII 7 00D # 1-		3 0 20	-			-1
Agencies Notified	Type Notificatio	n		Street A		Turnnika		MAU	3 0 20				1
⊠ EPA	☐ Initial☐ Amended					Turnpike				-		9	ㅓ
☑ DOLWD☑ DHSS	Amendment	#			ite, Zip Co			*y.			1	# J#	ł
□ DCA						J 07087		Telephone No	umber	-			1
(NJAC 5:23-8)	justification)				f Contact n Merca	do		Telephone IV	arribo.	7			
				FACI	LITY INF	ORMATION							
Name of Facility Where	Abatement is Tak	ing Place ((3)				Type of Facil						
Hudson Elementar		_					School (K	(-12)	12\				
Street Address							Other (i.e.	er 8 (Other than K ., private and com	mercial bu	iildir	ngs,		
167 19 th Street						10	homes, e	tc.)			- W		
City (5)							Square Feet	# of Floors	BI	dg.	Age		
Union City													
County (6)				County	y Code (7)	(STATE USE ONLY)	Current Use	(Prior if being dem	nolished)				
Hudson							School				400		
Name of Monitoring Firm	n Hired by Buildin	ng Owner (8	8)	ASCM N	lo.	Name of Abateme	ent Contractor	(9)					
Pennoni Associate						AbateTech, I	nc.				1000		
Street Address	•					Street Address							
515 Grove Street,	Suite 1B					30 Maple Ave		5					
City, State, Zip Code						City, State, Zip C							
Haddon Heights, I	NJ 08035					Lumberton,	NJ 08048		-			_	
Project Manager for Mo		-	Tele	ephone N	10.	Telephone No.		License No	D.				
Thomas Adams			8	56-547-	0505	609-265-2107		00529		_	_		
Start Date (10)		heduled C				Name of OSHA							
01 / _28_	/ _14	_02_ /	_ 0:	3_/_	14	EMSL Analy	tical						
Occupancy Status Duri	ng Abatement (Cl	heck only o	one)			Street Address	2000 AND - 1200 A						
☐ Facility Closed/Vaca	ted During Entire	Period of	Abate	ement	22	200 Route 13							
☐ Abatement Performe	ed Outside of Nor	mal Facility	y Hou	rs - Desc	oribe AM	City, State, Zip C							
Time of Abatement:	AIVI	_PIVI/			-\IVI	Cinnaminso	n, NJ 08077						
Scope of Work (Check	all that apply)					☐ Full Cor	ntainment with	Negative Pressur	re				
≥3 sf or ≥3 lf		⊠ Re	enova	tion		☐ Mini-En	closure						
⊠ ≥160 sf or ≥260 lf		☐ De	emolit	ion		☐ Gloveba	ag Procedure empted (*) an	d Non-Friable Pro	cedure				
		le	Loca	ation	Ι	2	()			bate	eme	nt Ty	/pe
Location	on of		Norm	ally		Description	of		Z	, [Z.	Щ	Щ
Asbestos-Containin	g Material (ACM)			lely by ance/	Asbe	estos Containing M e., thermal systems	laterial (ACM)	Amoun (Specify			Repair	Encapsulate	Enclosure
TO BE A				Staff?	(1.6	surfacing, VA		SF or LF) <u>a</u>		_	sula	ure
(13			(12	1	1	other miscellan	eous)					te	
		Yes	No			Laura Flaga Ti		800 SI	F 🗵	a r	\exists	П	П
1 st Floor Classroom	n					Layer Floor Ti		50 SF		-	$\exists \dagger$		
2 nd Floor Classroom	m				Double	e Layer Floor Ti	ie	30 31		-	=		
											끍	믐	=
							- 151 - 61	D. istered Londfil		1			L
Name of Registered W AbateTech, Inc.	/aste Hauler			NJDEP !	D No.	Cubic Yards of Waste 20		Registered Landfil .W.S. Landfill	ıı				:
City, State		-		18750	U	Disposal Date	City, State	е				Home	
Lumberton, NJ						2/3/14	Tullyto	own, PA					
Completed By (Print o	r Type)	Title				Signature	1 0		Date	,			
Jennifer Piraine	, , , ,		tions	s Coord	linator	Cenn	uker Pi	aura	13	4	1	1	

STATE OF NEW JERSEY

							BESTOS ABATEMEN C 8:60-7 AND 12:120-7	, ,	rek	6	174	19	
Date of Notification (,	Name of E	Building Owner / Oper	The state of the s					
$\frac{-01}{29} / \frac{29}{29}$						First Energ					_	-	日:
Agencies Notified	Type of No	otifica	tion			76 South S				-			
☐ EPA	Image: Control of the	Initial					e, Zip Code			, <u> A</u>	M n n	2012	,
DEP DOH		Amer				Akron, Ohi		-	Telephon			71112	1
☐ DOH DOL					/ justification	Jim Halse	7	_	TOODITO	C IVOID.			
		Canc	ella	tion									
					. F/	ACILITY IN	FORMATION						
Name of Facility Whe	ere Abatem	ent is	Tak	king I	Place (3)		Type of Facility (4)				10		
69			-				☐ School (K	-12)					
Street Address								er 8 (Other					
81 RED VALLEY ROA	AD						Other (l.e. bldgs., ho	, private & mes. etc.)	commerci	iai			
City (5)	County (6))			County Code	(7)		# Of Floor	s	Buildin	g Age		
CREAM RIDGE	MONMOU	TH					2	<u> </u>					
					<u> </u>		Current Use (Prior if Telephone Pole	being dem	olished)				
Name of Monitoring	Firm Hired	by Bl	dg.	Own	er (8)	ASCM NO	1 1						
Environmental Health	Investigatio	ns					LVI Demolition Service	es Inc.					
Street Address							Street Address						
655 West Shore Trail				_			32 Williams Parkway						
City, State, Zip Code Sparta, NJ 07871							City, State, Zip Code						
Project Mngr. For Mo	onitoring Fi	irm		-	Telephone Nu	mber							
Dino Nappi	(40)	10-1	-1 0		212-682-9271	4)	East Hanover, NJ 070	36	License N	lumbar			
Sheduled Start Date 02 / 11	(10)	Sche	a. C 02	omp	letetion Date (1	11)	Telephone Number		License	vumber			
///	/			_/	/		973-884-8682				00860		
Occupancy Status D Facility Cl					Only 1) tire Period of		Name of OSHA Moni LVI Demolition Service						
Abatemen		teu Di	211115	<i>-</i> 1110	are remode or		Street Address	55 1116.					
					lormal Facility		00.1450						
1/0-01/6 P.O. SOAS P.O. SANS	escribe: escribe:				am to 4;00 pm		32 Williams Parkway City, State, Zip Code						
- Jounes - De							East Hanover, NJ 070						
Scope of Work (Ched	ck All That	Apply)		~~~~								
☐ Demolition	n		V		Renovation		Full Containment wit	h Negative	Pressure	į			
≥3sf or ≥3							Mini - Enclosure	\$\frac{2}{2}\lambda					
≥160 sf or	≥260 If						Glovebag Procedure Non-Exempted (*) an		hle Proce	dure			
							Hon-Exempted () an	a Non-i na					
Location of			Is			Descripti			Abateme	nt Type	ΙE	ĮΕ	
Asbestos Conta	aining	United Sections	cation		As	bestos - C Material (Amount	R E	R	N	N	
TO BE ABAT		ι	Jsec	í		e., thermal	systems	(Specify	М	E	С	C	
in Facility			olei	•			facing, VAT, ellaneous)	SF or LF)	O V	P	A P	L	
(13)			Mai nanc		or o	otner misc	elianeous)		Ă	i	s	s	-
		Cus	stod	lial					L	R	U	U	
			aff (1								┖	R	
Exterior Telephone Po	ole	YES			Transite Pipe			20 LF	7		+-	\neg	
-													
All												1	
Name of Registered	Wasta Hau	lor.	Ш		NJDEP Waste	Cubic	Name of Registered	andfill		Щ.			
NEWARK CARTING	waste nau	iei			Hauler ID No.	Yards	I.E.S.I.	Landiii					
City, State					4509	of Waste Disposal	City. State						
NEWARK, NJ						Date	BETHLEHEM, PA 181	105					
C	or Turnel			-	Title		Signature			_	Date		

PROJECT MANAGER

STEVEN STILES

				NOTIFICATI		BESTOS A	EY ABATEMENT ND 12:120-7	r dk	eck	4	1.	17:	52)
Date of Noțification (Name of E	Building O	wner / Opera			-11			-88	
01 / 29	/14				Mercedes Street Add				19-11					- primarie
Agencies Notified	Type of No	otificati	on		1 Mercede	F17 F1 F1 F1								
☐ EPA		Initial			City, State		е				1000			
☑ DOL		Amend			Montvale Name of C				Telephon	a Nu	mhar			
☑ DOH □ DCA			dment # encv w/		Thomas D				Telephon	e Nu	IIIDei	~1		
<u> </u>		Cancel												
				- FA	ACILITY IN				Ge					
Name of Facility Who Mercedes Benz	ere Abatem	ent is T	Taking F	Place (3)			acility (4)	(†)				16.9	1000	
Street Address							School (K- Subchapte	5 T T T T T T T T T T T T T T T T T T T	than K-12	Λ.				
1 Glenview Ave							Other (l.e.,	private &		7.				
	1 - (5)				(3)	0 5	bldgs., hor			Duil	dina A			
City (5) Montvale	County (6) Bergen			County Code ((7)	Square F	.000	# Of Floor:	S	Bull	ding A	40+		
inonevalo	50.95						Jse (Prior if	being dem	olished)					
		3.1				commerci			(0)					
Name of Monitoring bureau veritas	Firm Hired	by Bld	g. Owne	er (8)	ASCM NO	Name of	Abatement (Contractor	(9)					
Dureau veritas				- Sanga		LVI Demo	olition Service	es Inc.						í.
Street Address						Street Ad	idress							
110 fieldcrest ave						20 William	Darkway							
City, State, Zip Code Edison NJ 08837							ns Parkway te, Zip Code			_				
Project Mngr. For Mo	onitoring Fi	rm		Telephone Nu	mber	1	33 B)							
Pat Hand				732 2256040			over, NJ 0793	36		1				
Sheduled Start Date 02 / 14	(10)		. Compl	letetion Date (1	1)	Telephon	ne Number		License I	Vumi	ber			
	/		_/	/		973-7	72-3660				008	60		
Occupancy Status D							OSHA Monit							
☐ Facility Cl		ted Dur	ing Ent	ire Period of		Street Ad	dition Service	s Inc.		-				-
	550	d Outsi	ide of N	lormal Facility										
Hours - De				11:30pm sat 8ar	m to 4pm		ns Parkway			_				
Other - De	scribe:	sun 8a	m to 4pr	m if necessary			te, Zip Code over, NJ 0793							
Scope of Work (Che	ck All That	Apply)				Lastria	0101, 110 2	50		:	-			
☐ Demolitio	n	E	7	Renovation	V	Full Cont	tainment with	h Negative	Pressure	10				
≥3sf or≥3	lf	_	-1	None and		Mini - En	closure							
☐ ≥160 sf or	≥260 If						g Procedure		Lie Droce	4				
						NOII-EXC	mpted (*) and	J NOII-Fila	DIE FIOGE	uuic				
Location of	27		ls		Descripti				Abateme	nt Ty			-	2-10
Asbestos Conta		10.70%	ation	, As	sbestos - C			Amount	R E	R	E		E N	
Material (AC TO BE ABAT	2000 P. C. C.	4 (1)	mally sed	(I.	Material (e., thermal			(Specify	M	E	ľ		C	
in Facility		So	lely	insul	lation, surf	facing, VA		SF or LF)	0	Р	A	A	L	
(13)			Main-	or o	other misc	ellaneous)		V A	A	F		o s	
			ance/ todial						Ĺ	R		J	Ü	
		Staf	ff (12)								L		R	
			NO N/A	tion data				60 sf	7		-+		-	
vehicle delivery room test cell room			<u> 기 </u>	glue dots				60 sf	<u> </u>		++		+-	H
test cell room				gido doto									工	
	me of Registered Waste Hauler wark Carting				Cubic Yards	Name of	Registered l	_andfill						
Newark Carting				Hauler ID No. nj566	of Waste									2010
City, State					Disposal	City. Stat								
Newark, NJ					Date	Bethleher	n, PA							
Completed by (Print	or Type)			Title		1	Signature		50-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	-	10	Date		
Paul Mast	A			Vice President		1	12.	00	100+				01/	29/14

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

1	do av		(PURSUAN	T TO NJAC		D 12:120-7					
Date of Notification	(1)			Name of B		ner / Opera	tor (2)	-			- 1 1
06 / 26	/ 13			ALCATEL/L	UCENT TE	CHNOLOG	IES INC.		ax Fig		1 1 1
/-	/—			Street Add							
Agencies Notified	Type of No				TAIN AVEN				111 2 1	1 Data	
☑ EPA		Initial		City, State MURRAY H				J	AN 3 C	2014	1.0
□ DOH		Amended Amendment #_	2	Name of C		J/ 4		Telephor	ne Numbe	r	1
DOL DOL		Emergency w/		JOEY SOU					_		
. 502		Cancellation			September 1				T-AN-COLUMN		
			F.A	ACILITY INF	ORMATIO	N		2 7			
Name of Facility Wi	nere Abatem	ent is Taking P	lace (3)		Type of Fa	cility (4)					
ALCATEL/LUCENT						C-L1//	42)				
						School (K- Subchapte		han K-12	2)		
Street Address 600 MOUNTAIN AVI	-NI IF					Other (I.e.,					
						bldgs., hor					
City (5)	County (6)	6.77	County Code	(7)	Square Fe		# Of Floors		Building	Age 20-50	1
MURRAY HILL	SOMERSE	т			500,	e (Prior if	5 being dem		ł	20-50	,
						ESEARCH	being denie	Jiisiicuj			
Name of Monitoring	Firm Hired	by Blda. Owne	r (8)	ASCM NO		batement (Contractor	(9)			
WCD	,	_,ug. o	. (-)	111				000076			
						tion Service	s Inc.				
Street Address					Street Add	iress					
23 ROUTE 31 NOR City, State, Zip Cod					32 Williams	Parkway					
PENNINGTON, NJ					COMPANY TO STATE OF THE STATE O	, Zip Code					
Project Mngr. For M		irm	Telephone Nu	mber	-						
MIKE GARAMBONE			212-631-9000			ver, NJ 079	36				
Sheduled Start Dat	**************************************	Sched, Compl			Telephone	Number		License	Number		
07_/16	/13	06 /	/	14	973-77	2-3660			0	0860	
Occupancy Status	During Abat	ement (Check (Only 1)			SHA Monit	tor				
☐ Facility (Closed/Vaca	ted During Enti	re Period of			ition Service	es Inc.				
Abateme				c:	Street Add	iress					
	ent Performe Describe:	d Outside of N	ormani Facility	,	32 Williams	s Parkway					
		M-F 7AM - 11:	30PM			, Zip Code					
		SAT - 7AM - 3:	30PM		East Hano	ver, NJ 079	36				1
Scope of Work (Ch	eck All That	Apply)									
☐ Demoliti	on	V	Renovation	V	Full Conta	inment wit	h Negative	Pressur	е		
□ >3sf or >				1	Mini - Enc	losure					
☑ ≥160 sf	or ≥260 If			Image: Control of the		Procedure pted (*) an		blo Proce	adura		
				V	Non-Exem	ipted (*) an	u Non-Fila	DIE FIOC	suure		
Location	of	Is		Descript					ent Type	l.	l-
Asbestos Cor	ntaining	Location	A:	sbestos - C				R	B	E N	E N
Material (A		Normally		Material			Amount	E M	R	C	C
TO BE ABA		Used		.e., thermal		-	(Specify SF or LF)		P	A	L
in Facili	ty	Solely by Main		lation, sur other misc			31 01 11)	ľv	A	P	ō
(13)		by Main- tenance/	l or	outer misc	charleous)			À	17	s	s
		Custodial	198					L	R	U	U
		Staff (12)								L	R
	<u> </u>	YES NO N/A					00515		1	-	-
BLDG 1			PIPE FITTING	S			325 LF	<u> </u>	++		
BLDG 1			PIPE				10620 LF 2848 SF	✓ ✓	++	++	누片
BLDG 1			HEAT SHIELD WINDOW GLA	The second secon			31710 LF		1 7	1	
BLDG 1 Name of Registere	d Waste Har		NJDEP Waste	-	Name of F	Registered					
Newark Carting	a viage iide			Yards of Waste	I.E.S.I	***					
City, State				Disposal							
NEWARK, NJ				Date	BETHLEH	∟М, РА					
Completed by (Pri	nt or Type)		Title			Signature	ſ	-		Date	
STEVE STILES	15 de 15		PROJECT MA	NAGER		to	in S	S			01/29/1

Check # 9426

Date of Notification (1)		27 2014					r / Operator ea Church	(2)						
Agencies Notified	-	27, 2014 lotification			Address	n uie S	ea Gridicil				123 ?	_		
□EPA □DEP	EME	RGENCY		2651 A	tlantic A	venue								
DOL		Initial		City, St	tate & Zip	Code			.1,	aw an 2014				
⊠doh		Amended	4	Atlanti	c City, N.	J 08401	1			20 TO 10 TO				
DCA		Amendment a Cancellation	+	Name	of Contac	t				Te	lephon	e Nui	nber	
				Conn I	Mechanic	al			8.4				_	
				FAC	CILITY	INFOF	RMATION							
Name of Facility When Our Lady Star of the							Type of Fac	ility (4)						
Street Address	s Sea St	onoor - Gymme	isiuiii			-	Section 19 Control of the Control of		ther than K-	12)				- 1
15 North California A	venue						Other	(i.e., priv	ate & com	mercial building	s, hom	ie, e	c.)	
							Square Fee		# of Floors		g. Age			
City (5)							50,0		eing demoli	3	10	0 ye	ars	-
Atlantic City							School	0 11 1011 1)	cing demon	ionica)				
County (6)			County Co	ie (7)										
Atlantic Name of Monitoring F	irm Hiro	-	USE ONLY		ASCM	No	Name of Ab	patement C	Contractor (9	9)				
Tiger Environmental		a by building c			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Synatech, I	Inc.		<u> </u>		acii		
Street Address 15 West Elizabeth Av	/ADUA						Street Addr 829 Radio							
City, State & Zip Code							City, State	& Zip Code						
Linden, NJ 07036	faaikasin	a Ciam	IT.	elephone N	lumbor		Little Egg I Telephone		J 08087	License Nun	her			
Project Manager for M Kelly Walton	ionitorin	ig Film	1000	08-862-430			609-296-69			License ivan	0081	7		
Scheduled Start Date		Schedu	led Comple				Name of OS		or					
January 25, Occupancy Status Du		atement (Chec		ary 26, 20	14	_	Synatech, Street Addr					3-3W-F		
Facility Close	ed/Vaca	ted During Ent	ire Period o		nt		829 Radio							
		ed Outside of N	lormal Hou	rs			City, State							
Other – Desc		ring Abatemen	.+				Little Egg I	Harbor, N.	J 08087					
Scope of Work (Chec	0		it.											
Scope of Work (Office	n all lila	(apply)						Full Co	ntainment w	vith Negative Pres	sure			
≥3 sf or ≥ 50 lf			· [Renovation	on		Ī	Mini-En						
≥160 sf or ≥26	O If] Demolitio	n				ag Procedu					
									xempted(*)	and Non-Friable P		re atem	ont T	ivmo
Loc Asbestos-Contai	ation of			tion Norma			Asbestos-	ption of Containing	,	Amount (Specify	AD	atem	ent i	ype
TO BE	ABATI			todial Staff			Materia (i.e., therm	al (ACM)		SF or LF)	\vdash	_		
	Facility (13)					i	insulation, si	urfacing, V	'AT	100	ا ا	_	Enc	Ш
							or other mis	scellaneou	is)		Removal	Repair	aps	clos
			Yes	No	N/A						val	=	Encapsulate	Enclosure
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Gymnasium		X			Pipe In	sulation		5 LF	X					
			-						-	+				
Name of Registered V	lauler	Waste	Cubic `	Yards of	f Waste	Name	of Register	ed Landfill				_		
		ID No.				Grow	s Landfill							
Synatech, Inc. City, State	-	27429	< 1 Dispos	al Date		City, S								
			×											
Completed By	J 0808.	7 Title			Signati	ry 30, 2 ure	U14	IWIOTTI	sville, PA	ite	-			
						0	11/10	,	_	nuary 27, 2014				
Diane Aloia		Exec	utive Assis	tant	1	und	-1110		Ja	ilualy 21, 2014			84.5	

Jan 28 2014 08:03am

P001/001

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

									Check # 94	26			ė.
Date of Notification (i) Ianugry 27, 20	14				ng Owner / Operator of the See Church							
Agencies Notified	Type Notifica			_	Address	-1 -1							
□EPA □DEP	EMERGE			2661	Allantic A	Venue	MDDebb (APPHOVE Health & S	enior Services				
⊠ DOF	[X] Initia			City S	state & Zh	- Cardo	Vanl		men			_	
⊠DOH	Ame	ndad		7.00	100	J 08401	1 1	A (Signature)	ne:8:04 A	4-3	_	7	
DCA	25 - 15 COS CARLES	ndment#				-	Date: C	TI TI					
Шоох	L Cano	allation			of Contact Mechani	•••			`. To	lephor	ie Nu	mbe	Ar .
	<u> </u>			FA	CILITY	INFORMATION		15 N	3 0 2014				
Name of Fecility Whe Our Lady Star of the	re Abstement Saa School	is Taking Gymnai	P(ace (3) slum			Typo of Fac	ility (4)					+	-
Street Address				*				ner than K-12					
15 North Callfornia	eunevA						33	100	roial buildings	s, hon	ne, e	tc.)	
St. 151				~		Square Fee	it i	# of Floors	Bldg	g. Age			
City (5) Atlantic City						50,0		3		10	0 ye	316	-
						School	(Pilor If be	ing demotishe	ed)				
County (6) Attentic		14	County Code		270			****		0000			
Name of Monitoring F Tiger Environmental	irm Hirod by B I, Inc.	ullding O	wner (8)		ASCM	No. Name of Ab Synatech, I		ontractor (9)	400	***			70
Street Address						Street Addr	083						
15 West Elizabeth Ar City, State & Zip Code	venue					829 Radio I							
Linden, NJ 07038						City, State & Little Egg I	darbor, NJ	08087					
Project Manager for N Kelly Walton	ionitoring Firm			lephone 1 6-862-431		Telephone I 609-296-69			License Num	0081	7		
Scheduled Start Date January 25,		Schodule	d Completi	on Date (lry 28, 20		Name of OS Synatech, I		1			-		
Occupancy Status Du		it (Check ring Entin	only one)			Street Address	965	***					
	erformed Oute					City, State &	_						
Other - Dead						Little Egg I		08087					
	plad During At												
Scope of Work (Chec	k all that apply)											
≥3 sf or ≥ 50 If			П	Renovatio		Ĺ			Negative Proce	цю			
25 st of 250 ii	n 14			Demolitic	70:01	and the same of th	Mini-Encl						
	J ()		Ц	Pattiolitic	n	12	Glovobag						
lac	ation of		In Leants	on Norma	Net Head			mpted(*) and	Non-Frieble Pri	_			
Asbestos-Contai		ACM)		y Mainten		Aspestos-C	otlon of Containing	Arr	ount (Specify	Abi	atem	ent 1	Гуре
	ABATED	70		dial Staff		Materia	(ACM)	1	SF or LF)				
	Facility (13)					(i.e., therm Insulation, su		- 1				m	
(.)	,,_,					or other mis				ઢ	20	2	Endosura
							,			Remova	Repair	100	l de
			Yes	No	N/A)a	7	Encapsulate	5
Gymnaolum			+	X		Pipe Ins	sulation		5 LF	х		H	4—
				•					-	1^			
	-									1 1		1	
Name of Registered V	Vasto Houler		NJDEP V		Cubic Y	ards of Wastu	Name of	Registered L	endfill	,,			
Synatoch, Inc.				429	<1		Grows L	_endfill					
City, State				HE HE HE HE	Disposi	al Date	City, Sta						
Little Egg Harbor, N.	08087				lancer:	- 20 pale		M. DC			80		
Completed By	30001	Title			Signatu	y 30, 2014	Morrisv	Ille, PA					
					12.31	11/1		Date					1
Diene Aloia		Executi	lvu Assista	nt	1 1	ane all		Janua	N 27, 2014				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner/Operator (2) original sent with check Gregory Storms January 27, 2014 Street Address Type of Notification Agencies Notified 44 Veterans Memorial Highway Initial Notification X EPA [x]Amended Notification DEP City, State, Zip Code Amendment # [x] DOL Somerville, NJ 08876 Emergency (including [x] DOH Telephone Num justification) Name of Contact DCA Gregory Storms 1 Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (k-12) Former Body Shop Subchapter 8 (other than k-12) Street Address Other (i.e., private & commercial buildings, 44 Veterans Memorial Highway homes, etc.) Bldg. Age Square feet # of Floors County Code (7) County (6) City 60 (STATE USE ONLY) 3500 sf Current Use (Prior if being demolished) Somerville Somerset Former Body Shop Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00624 732-349-9932 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) E.M.S.L. Analytical 2/11/14 1/21/14 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Piscataway, New Jersey 08854 Other - Describe Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Glovebag Procedure Renovation >3 sf or ≥3 lf Non-Exempted (*) and Non-Friable Procedure Demolition ≥160 sf or ≥260 lf Abatement Type Description of Is Location R E E Amount Asbestos-Containing N Normally used E E Location of (Specify SF C C Material (ACM) P Solely by Asbestos-Containing Material (ACM) M or LF) L A A Maintenance/Custodial (i.e., thermal systems TO BE ABATED 0 0 I P insulation, surfacing, Staff in facility V S R S VAT, or (12)(13)U H A other miscellaneous) R L L N/A YES NO E E 3700 sf X Asbestos roofing X Exterior Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Hauler ID No. Name of Registered Waste Hauler T.R.R.F. 45 Guardian Contracting, Inc. City, State Disposal Date City, State Tullytown; Pennsylvania 2/12/14 Toms River, New Jersey Signature Completed by (Print or Type) Title 1/27/2014 Project Manager Nicholas Fernicola

MO# 21382890412

MAY 11

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

Date of Notification (1)				Name	of Building	g Owner/Op	perator (2	2)	No.			1-3		1
	27	N			h Garrett		ALINGO					8.8		
Agencies Notified	Type Notifica	ation		Stree	t Address					10 10			0 .	7
☐ EPA				30 Rc	dney Stre	eet			JAN 3	0 2	2014			
▼ DOTMD	Amended				State, Zip (001111100			+
▼ DHSS	Amendme		_	No. of Co.										÷
DCA	Emergen		ng		Rock, NJ				1 -					1
(NJAC 5:23-8)	justification	0000		Name	of Contac	t			Telephone N	umbei	r		2111	ڶ
	Cancellat	ion		Josep	h Garrett		*><			_			*	
				FA	CILITY IN	VFORMAT	ION				87			-
Name of Facility Where A	batement is T	aking Pla	ce (3)	11-05-00				Type of Facility	(4)	11. 12				
Private home								School (K-1						
Street Address									8 (Other than K-	-1 2)				
								Other (i.e., p		mercia	al bui	ilding	S,	
30 Rodney Street								homes, etc.						
City (5)								Square Feet	# of Floors		Bio	ig. Ag	ge	
Glen Rock, NJ 07452											1			
County (6)		7		Cour	nty Code (7)	(STATE USE	E ONLY)	Current Use (P	rior if being dem	nolishe	ed)			
Bergen														
Name of Monitoring Firm	Hired by Build	ding Owns	r (8)	ASCM	No.	Name of	Ahateme	ent Contractor (9	1	-				_
	900 500 400 ±000 100 0 ₹ 1 - 0.000 00 0 00			7.00		1		ant Gornadior (9	,					
Street Address				_		Gr Tech								
Street Address						Street Ac	dress							
						576 Vall	ey Rd#	283						
City, State, Zip Code				11 = 1350000		City, Stat	te, Zip Co	ode				-		
						Wayne,	NI 0747	70						
Project Manager for Moni	torina Firm		Tel	ephone	No	Telephon		U	License No					
			1.0	CDITOTIC	140,	Maria Caratteria			CONTRACTOR CONTRACTOR	į				
0						973-638-	THE REAL PROPERTY.		01127					
Start Date (10)		Scheduled				Name of	OSHA M	lonitor		2000			-	
/		02	1_0	6 /	14	Envirovi	sion Co	nsultants,Inc						
Occupancy Status During	Abatement (Check onl	v one)			Street Ac		iisuitaiits,iiic						
▼ Facility Closed/Vacate				ement					2000					
Abatement Performed					scribe	20-21 W	agaraw	Road, Bldg .#	34A					
Time of Abatement:	AM-	PM/	PN		AM	City, Stat	te, Zip Co	ode						
						Fair Law	n, NJ 0'	7410						
Scope of Work (Check all	that apply)							and decontami			ress	ure		And the second
▼ >3 sf or >3 lf		∇	Renova	tion				tainment with Ne	gative Pressure	£				
>3 sf or >3 lf 2 160 sf or >260 lf			Demolit				Mini-Encl	g Procedure	Tent with Nega	ative P	ress	ure		
			50 85785				Non-Exe	mpted (*) and No	on-Friable Proce	adure	.000			
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Location	of		Norm	ally		Desi	cription o	ıf.			ADE		2111 T Y	-
Asbestos-Containing I	Material (ACM		sed So		Asbe			terial (ACM)	Amount		Re	Repair	E	En
TO BE ABA		1.0	Mainten ustodiai		(i.∈	e., thermal :	systems i	insulation,	(Specify		mg	pa	cap	clos
iN Facilit	ty	0	12)				ng. VAT,		SIF or LF)		Remova	7	Encapsulate	Enclosure
(13)		-		7	+	other m	iscellane	ous)					ate	
		Ye	s No											
Basement				\times	Pipe inst	ulation			115 LF		X	П	П	
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Name of Registered Was	te Hauler		N	JUEP Wasi	e Hauler ID No.	. Cubic Yard	ds of Wast	e Name of Regi	stered Landfill				W. Charles	
Gr Tech LLC				00337	85	TBD		T.R.R.F. Inc						
City, State						Disposal		City, State	SOCIETY MATERIAL PROPERTY OF THE PROPERTY OF T					
						1 05 00000 Wallestoner								
Wayne, NJ 07470		1_		1		TBD		Tullytown, P	A					
Completed By (Print or Ty	rpe)	Title				Sign	ature			Date				
N.Jevtic		Owner					18.	4- 4	1	01/27	7/20	14		
ASB-41		Enterprise and a			***************************************		1/20	ALC ON	7 9 97	01/2	1/20	4 T		
MAY 11		* Do	rot use	this for	n for asbes	tos licensui	M exemp	ted activities.						

State of New Jersey NOTIFICATION OF ASSESTOS ASATEMENT

(1/ # 11750	1				60 and 12:120)		VAN U U -				,
Date of Notification (1)	15/14		Name e	Building	Chid Cer	2) & Ne	wark				
Agencies Notified	Type Notification		Street	Address	if ton 1	A ee					+
□ EPA	Initial Amended	<u> </u>		<u> </u>			0.71	^	-		4
□ DOF	Amendment #		City, St	ate Zip Co	south no	1	0764	12			
□ рон	Emergency (incluing justification)	iding	Name (of Contact			Johnston	_			7
□ ∞A	Cancellation		00	NI	Inan						
		1	FAC	LITY INFO	RMATION			-			٦
Name of Facility Where	Abatement is Taking F	Place (3)	· -			Type of Facility (4)				٦
STGARI	iel Paris	sh !	HOU	no		School (K-12	(Other than K-12)				
Street Address Sa	ddle Rioc	2 Re	X			Other (i.e., pr homes, etc.)	ivate & commercial b				
City (5) Sada	llo River					Square Feet	# of Floors		. Age		
County (6)	ngen		USE	ONLY)			or if being demolishe	rd)			
Name of Monitoring Firm	n Hired by Building Ov	vner	ASCM	No.		nent Contractor (9)					
(8) EM:	SL				F Gar	565 47	<u></u>			_	=
Street Address	12284	St			Street Address	5 32~l	ST				
3.01	$\omega > 0$				Ciry, State, Zip						=
City, State, Zip Code	1 🗸				City, State, 2p	5m N	7				_
Project Manager for Mo	onitoring Flan	I Te	lephone	No.	Telephone No.		License No.				\neg
Man &	en e	2	12.4	21-665	1973 34	52222	80L 800	2	_		
Start Date (10)	Sched	uled Comp			Name of OSHA		0				
1/3/14	121	> (14					two		=		=
Occupancy Status Du	ring Abatement (Chec	k only one).		Street Address	5					
☐ Facility Closed/Vac	ared During Entire Per	Facility Ho	tement		City, State, Zip	Code				_	러
Other - Describe:	Demo	itic	^		City, State, 2p						_
Scope of Work (Check	k all that apply)				· Full C	ontainment with No	edative Pressure				
□≥3 sf or ≥3 lf		Rénov	ation		☐ Mini-E	nclosure					
≥160 sf or ≥260 if	le,	Demo	itan		☐ Glove	bag Procedure Exempted (*) and N	on-Friable Procedure	е			
-		Is Loca	ation	T					bater		
	200	Norma Used So			Description	of			Typ	7	_
Asbestos-Containing	on of a Material (ACM)	Mainten	ance/	Asbe	stos Containing M	Aaterial (ACM)	Amount (Specify	_		5	Ē
TO BE AS	BATED	Custo Staf		(i.e	, thermal system surfacing, VA	is insulation, (T, or	SF or LF)	Removal	Repair	22	nclo
IN Fac		. (12	:)	5	other miscellar	neous)	1	oval	air	ncapsulate	Enclosure
		Yes N	IO NIA	4						•	
1+2nd	Floor		1×	P	asten		18755	X			
To be	242		1	NON	n Mi Li	no eum	300 SF	X			
4110				1							_
			\top								
Name of Registered \	Waste Hauler			P Waste	Cubic Yards	Name of Re	gistered Landfill	0	1.		
Exster	~ Worte		Mauler	10 No.	of Waste	Ince	enock land	6.	V		
City, State	ld NIT				Disposal Date		xerial PY	7			
Completed By	Tito	e ^	, , , , , , , , , , , , , , , , , , ,		Signature		Date	1/15	-/	14	
many (Sauce _	ynea	ule	<u>. Y</u>		11		1-			_

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OV # 10710					to NJAC 8:											
Date of Notification (1) 1/26/2014	2		100		Building Ov rondolo	wner/O	perator	(2)			IAN	3, 1) (2014		i
Agencies Notified	Type Notification		1 1	Street Ad	ddress ashingtor	Δνο										+)
EPA DEP	Initial Amended				te, Zip Code				# <u> </u>	-	-	-			-	\dashv
X DEP X DOL	Amendment #				nt, NJ 076											
DOH DCA	Emergency (i justification)	ncluding	1.000		Contact		210			Tele	phone N	Numb	25			
DCA DCA	Cancellation				rondolo	OM ATI	ON					-	_		_	
Name of Facility Where		Place (3)	FACI	LITT INFOR	ZIVIPATT	ON	Туре	of Facility (4))					2.	
TOM BRONDOLO									School (K-12		- than 1/	(12)			1	
Street Address 636 Washington A	ve							×	Subchapter 8 Other (i.e. pri				ouild	ings,	home	s,
City (5)									etc.) re Feet	# of	Floors	-	BI	dg. A	ge	\dashv
Dumont														200. 8	F2!	
County (6) Bergen					Code (7) USE ONLY)			Curre	nt Use (Prior	if beir	ng demo	olished	1)			
Name of Monitoring Fire	n Hired by Building C	Owner (8)		ASCN	1 No.			of Abat Abater	tement Cont ment	ractor	(9)					
Street Address								Addres 87th	st Suite A	4		Т				
City, State, Zip Code									p Code gen, NJ 07	047						
Project Manager for Mo	nitoring Firm		T	Telepho	ne No.		300000000000000000000000000000000000000	none No 293-6			License 01223					
Start Date (10)				pletion I	Date (11)				HA Monitor			_				
2/5/2014		2/8/201					200000		CONSUL	TING	3 LLC	4				
Occupancy Status Durin Facility Closed/Vac	ng Abatement (Check cated During Entire P			ent				Addres ROU	S STE EAS S	SUITE	E 107			**		
Abatement Perform Other – Describe:	ned Outside of Norm	al Facility	Hours	ient i		_			p Code J 07083			T				
Scope of Work (Check	All That Apply)											_		0.		
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	8 " 11	Towns and the same of the same	Renova Demoliti				2	Min	l Containment ni-Enclosure ovebag Procen-Exempted	edure					a .	
	701	le	Locati	on				<u> </u>	II-LXeIIIpted	() and	11011-1	Table		Abate	ment	
Locatio		1	Normall ed Sole	ly			scription					1	_	Ту	pe	
Asbestos-Containin TO BE AF In Fac (13	BATED	Ma	intenar todial S (12)	nce/		hermal surfa	taining f system cing, VA niscella	s insula AT, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basen	nent	163	140	X	P	IPF I	NSUL	ATION	J	5	5 LF		2		-	
1st flo				×	-	17. 1000000	Insula	A	-	1000	0 LF	-				
Kitch				X		1 100	VAT				8 SF					-
7,41011	70.0			-								+				
Name of Registered Wa	aste Hauler			JDEP W			Yards		Name of R	Registe	red Lan	dfill				
SAN TON SERVIC	ES			lauler ID 2430	No.	of Wa	#49.0%		MEDOW		CHES	COI	ИM	ISIO	N	
City, State KENILWORTH, NJ						Dispo	sal Date	,	City, State							
Completed by Bryan Parra		Title	ot Ma	nager		25	Signatur		> /)		Date 1/22		114		
Diyanrana		FTOJE	OL IVIZ	a layer		1	12	>				1122	., 20	1		

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te of Notification (1)			Nam	e of Bu	ilding Ov	vner/Operator (2)			No.			1
01 /	27 / 14	_	Ne	ew Jer	rsey Tur	rnpike Authori	ty			_	-	\dashv
encies Notified	Type Notification		4	et Addr	ress x 5042			JAN 30	2014			
EPA .	☐ Initial		7.638		Zip Code	9					1	
DEP DCA (NJAC 5:16)	Amended Amendment #1					J 07095	9 98				1	
DHSS	☐ Emergency (inc	cluding		ne of C		0.000		Telephone Nu	mber	****	į.	
DCA	justification) Cancellation		1,550,500,500		er Julo,	PE		1				
(NJAC 5:23-8)						ORMATION						
		E) (0)		ACILI	I T INFC	DRIVIATION	Type of Facility	(4)				
ame of Facility Where		Place (3)					☐ School (K-1)	2)	7724			
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reet Address						12	homes, etc.)				
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Project Manager for M			eleph	one No).	Telephone No.		License No	0.			
Stephen Pharai	officining i		242	913-9	640	215-739-816	6	00646	25-52			
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^{*} Do not use this form for asbestos licensure exempted activities.

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te of Notification (1)	27 / 14		Ne	w Jers	ey Turn	pike Authorit	ty 			0014		\dashv	-
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DHSS	☐ Emergency (including justification)	auding		ne of Co				1 166	ephone reamber_				
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Saban Engineeri	ng Group				St	treet Address		75 kg - 32 kg					
Street Address 1001 Avenue of t	he Americans 12	2 th Floor				500 East Lux		Street					
	ne Americans,				С	ity, State, Zip C	Code	40424					
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^{*} Do not use this form for asbestos licensure exempted activities.

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Abatement Performance Time of Abateme Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 Asbestos-Conta TO Bl IN All Window France Name of Registers Diamond Hurr City, State	rmed Outside of Norman Int. 7AM-5PM/PM-ck all that apply) f cation of ining Material (ACM) E ABATED Facility (13) mes ed Waste Hauler atbach Construction	Reno Dem Is L No Used Main Custo Yes	AM ovatio oolitior cocatii Toolee I Solee I Solee I (12) No	on ly ly by nce/Staff?	Asb (i.e., the Cauli	□ Full C □ Mini- □ Glove □ Non- Descripti estos Containing ermal systems ir VAT, other miscel king Cubic Yards Waste 1 CY	contain Enclossebag P Exemp on of Mater sulation or laneout	ment with Neure rocedure oted (*) and Normal (ACM) on, surfacing, us) Name of Remarks o	Amoun (Specific SF or Life SF or	Ab Removal F	Repair	Encapsulate	Liciona
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te of Notificati	ion (1)				Na	me of Bu	uilding Ov	wner/Operator (2)	•		MAN.		1	
01	1	27 /	14		1	New Jei	rsey Tu	rnpike Authori	ty	1 0 5 MAG	2014		+	4
encies Notifie	ed -	Type Notifica	tion		1	reet Addi			are es	O1.tr			Ì	
EPA		☐ Initial				P O Box							1	5
DEP					Ci	ty, State,	Zip Cod	е						
DCA (NJAC	5:16)	Amendme		ine	,	Woodb	ridge, N	J 07095	10 10			-		\dashv
DHSS		☐ Emergend	cy (includ	ing	1 1 1	ame of C			Т	elephone Numbe	r			
DCA (NJAC 5:23-	8)	☐ Cancellat	ion				er Julo,	PE	15			_		4
								ORMATION						_
-f Familia	· Mhoro	Abatement is T	Taking Pla	ace (3)					Type of Facility (4)					
									School (K-12)	Other than K-12)				
Toll Utility		9							☐ Subchapter 8 (☐ ☐ Other (i.e., priv	ate & commercial	building	s,		
treet Address		-h 11							homes, etc.)					_
NJ Turnpik	e Inter	change ii							Square Feet	# of Floors	Bldg.	Age		
ity (5)									6,120	2	49			
Woodbridg	ge					County (Code (7)(5	STATE USE ONLY)	Current Use (Prio	r if being demolish	ned)			
county (6)						County	2000 (. W.		Utility Buildir	ng				
Middlesex				(0)		SCM No		Name of Abatem	ent Contractor (9)	9.				
		rm Hired by Bui	ilding Ow	ner (8)	\ ^	SCIVI NO		Diamond Hu	ntbach Constru	ction Corporat	ion			
Saban Eng	gineerii	ng Group						Street Address						
Street Address	Saban Engineering Group reet Address							500 East Luz	erne Street					
1001 Aven	nue of t	he American	s, 12 th F	loor										
City, State, Zip								City, State, Zip C						
New York	New Y	ork 10018						Philadelphia	I, FA 13124	License No.				
		Ionitoring Firm			Telep	hone No	D.	Telephone No.		00646				
Stephen P						2-913-9		215-739-816		00040				
Start Date (10			Schedu	led Co	mplet	ion Date	(11)	Name of OSHA						
		/ 14	02	/	_12	_ / _	14	SAME AS A	BOVE				_	_
		iring Abatement	t (Check	only or	ne)			Street Address						
Occupancy S	acadA/a	cated During E	ntire Peri	od of A	bater	nent								_
□ Abatemen	t Perfor	med Outside of	Normal F	-acility	Hour	s - Desci	ribe	City, State, Zip	Code					
Time of Al	batemer	nt: <u>7</u> AM- <u>5</u> PM/_												
Scope of Wor	rk (Chec	k all that apply))					☐ Full Co	ontainment with Neg	gative Pressure				
				⊠ Re	novati	ion		☐ Mini-E	nclosure					
≥3 sf or ≥3≥160 sf or	ว II r >260 lf			De	molitic	on		⊠ Glovel	pag Procedure xempted (*) and No	n-Friable Proced	ure			_
M = 100 5. c.				- lo	Loca	tion		⊠ Non-E	Xemples ()		Aba	ateme	ent Ty	ype
					Norma	6982		Descriptio	n of		71	70	ш	Г
		ation of ning Material (A	(CM)			ely by	Asbe	etos Containing	Material (ACM)	Amount (Specify	Remova	Repair	nca	100000
Aspestos	TO BE	ABATED	.011.)		intena	Staff?	(i.e., the	ermal systems ins VAT, o	sulation, surfacing,	SF or LF)	ova	=	psu	1 3
	IN F	acility		Jus	(12)			other miscella			-		Encapsulate	1
	((13)		Yes	No	N/A		Pauly International Control of Control			K7			1
Window F	rames						Caulk	ing, multiple la	ayers	125 LF				1-
	lames						Floor	Tile and mastic	3	10 SF				11
Foyer	1			-	-									
	1										П	П		1
, eye.	T.									jistered Landfill				1
	THE STREET			1	-	NJDEP'		Cubic Yards of Waste	and the second s	JISIEIEU LAIIUIIII				
	edistered	Waste Hauler					1.00	1 WYSTE	Minerva					_
Name of Re	egistered d Hunt	Waste Hauler	uction			Hauler I		1 CY	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1					
Name of Re	egistered d Hunt	Waste Hauler	uction			1968		1 CY Disposal Date	City, State		,			
Name of Re Diamone	d Hunt	bach Constru	uction					1 CY	City, State	ourg, OH 44688				_
Name of Re Diamon	d Hunt Iphia, F	PA 19124	uction	le				1 CY Disposal Date	City, State Waynest	ourg, OH 44688	Date /		1.1	_

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

No CK			0.85								1 1		+
Date of Notification (1)				N			wner/Operator (2						
01/	27 / 1	4			New J	Jersey II	ırnpike Author	ity	- JAN 9 9-	2014			1
Agencies Notified ⊠ EPA	Type Notification	ņ		S	treet Ad	ddress ox 5042			JAM 13				
☑ DEP				C	ity, Sta	te, Zip Coo	de				40		
☑ DCA (NJAC 5:16)☑ DHSS	Amendment Emergency (ie.		Wood	lbridge, l	NJ 07095				2.5		الد
□ DCA	justification)	(III Cidding		N	lame of	Contact			Telephone Number	er			
(NJAC 5:23-8)	☐ Cancellation	1			Mr. P	eter Julo	, PE	11					
				-	FACI	LITY INF	ORMATION						
Name of Facility Where	Abatement is Tak	ing Place	(3)		THE STATE OF THE S			Type of Facility (4)				
Toll Utility Buildin								School (K-12)					
Street Address					1			☐ Subchapter 8 (☐ Other (i.e., priv	(Other than K-12)	buildin	as.		
NJ Turnpike Interd	change 13							homes, etc.)	rate a commo ora		3-1		
City (5)								Square Feet	# of Floors		. Age	•	
Elizabeth								4,256	2	49	9		
County (6)			-	П	County	Code (7)	STATE USE ONLY)	Current Use (Prio		ned)			
Union								Utility Buildin	ng				
Name of Monitoring Fire	m Hired by Buildin	g Owner	(8)	A	SCM N	0.		ent Contractor (9)					
Saban Engineerin							Diamond Hu	ntbach Constru	ction Corporat	on			
Street Address			Military.				Street Address						
1001 Avenue of th	ne Americans, 1	12 th Floo	or				500 East Luz	erne Street					_
City, State, Zip Code							City, State, Zip C	ode					
New York, New Yo	ork 10018						Philadelphia	, PA 19124	1				
Project Manager for Mo	nitoring Firm		Te	elep	hone N	lo.	Telephone No.	100	License No.				
Stephen Pharai				212	2-913-9	9640	215-739-816		00646		_		
Start Date (10)	Sc	heduled				C. 200	Name of OSHA						
02 / 06	/ _14	02_	/ _	14	_ / _	14	SAME AS A	BOVE					
Occupancy Status Duri	ing Abatement (Ch	heck only	one))			Street Address						
☐ Facility Closed/Vac	ated During Entire	Period o	f Aba	item	nent	070							19-09
Abatement Perform Time of Abatement	ed Outside of Nor	mal Faci	ity H	ours	s - Desc	cribe	City, State, Zip C	ode					
			^	IVI									_
Scope of Work (Check	all that apply)						☐ Full Cor	ntainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		⊠ F	Renov	atio	on		☐ Mini-En	closure					
≥160 sf or ≥260 lf			emo	litio	n		☐ Gloveba	ag Procedure empted (*) and No	n-Friable Procedu	re			
			Is Lo	cati	on		△ I¥OII-LX	ciripted () and re-			ateme	ent T	ype
Locati	on of		Nor			100 100	Description	of		77	Z)	m	т
Asbestos-Containir	ng Material (ACM)		sed S Nainte		ly by nce/	Asbes	stos Containing M rmal systems insu	laterial (ACM)	Amount (Specify	em	Repair	nca	Enclosure
TO BE A		С			Staff?	(i.e., the	VAT, or		SF or LF)	Removal	Ŧ	Encapsulate	Sur
(13	•			12)	Τ	-	other miscellar	eous)				late	Ф
	W 2.5 963 1.50	Ye	s I	No	N/A				4.000 5	N .			-
Doors and window	frames						ng, multiple lay	ers	1,620 LF				
Roof Parapet		\boxtimes				Flashin	g material		1 LF				
											П	Ш	닏
			E]									
Name of Registered V	Vaste Hauler	100000000000000000000000000000000000000		1 33	JDEP \		Cubic Yards of		stered Landfill	P. 100 Common Co.			
Diamond Huntba		on		H	19689		Waste 1 CY	Minerva					
City, State					13003		Disposal Date	City, State					
Philadelphia, PA	19124						03/03/14	Waynesbu	ırg, OH 44688				
Completed By (Print of		Title			100000		Signature	1111	1/2010	Date			,
Charles F. Imbin			ect N	lan	ager		M	5 104	raff	011	2-	7/	14
Charles F. Illibili					J-'			0/-0	6 Y	-11		1	-

NO CV			(Pu	rsuant	t to NJA	C 8:60 and 5:16)				9 1,	,	
Date of Notification (1)			Т	Name o	of Building	Owner/Operator (2	2)					
	14			New	Jersey 7	Turnpike Author	rity	AAM	2 A	2014		77
Agencies Notified Type Notific	ation			Street A	Address					200		
☑ EPA ☐ Initial				PO	Box 504	2						
DEP Amende			Ī	City, St	ate, Zip C	ode					2	
☑ DCA (NJAC 5:16)☑ DHSS☑ Emerger		dina		Woo	dbridge	, NJ 07095						
☐ DCA justificat	ion)			Name o	of Contact			Telephone Num	ber			
(NJAC 5:23-8)	ation			Mr. I	Peter Jul	o, PE						
10			=	FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is	Taking Pl	ace (3)			770	Type of Facility (4	4)				
Toll Utility Building							School (K-12)					
Street Address							Subchapter 8 Other (i.e., pri			nas		
NJ Turnpike Interchange 14							homes, etc.)					
City (5)							Square Feet	# of Floors	1000000	g. Ag	е	
Newark							10,992	2		4		
County (6)				Count	ty Code (7	(STATE USE ONLY)	Current Use (Price		shed)			
Essex							Utility Buildin	ng				
Name of Monitoring Firm Hired by Bu	lding Owr	ner (8) /	ASCM N	No.	Name of Abateme	(2.3)					
Saban Engineering Group		20130					ntbach Constru	ction Corpora	tion			
Street Address	. ath —					Street Address	· ·					
1001 Avenue of the American	s, 12" F	loor				500 East Luz						_
City, State, Zip Code						City, State, Zip C						
New York, New York 10018						Philadelphia	, PA 19124	I Lianna Na				
Project Manager for Monitoring Firm			10120000000	phone I		Telephone No.		License No.				
Stephen Pharai	0 1 1 1	10		2-913-		215-739-8166	Table 1	00646		11/20/15/14	10000	
Start Date (10)	Schedule			tion Dat		Name of OSHA N						
Occupancy Status During Abatement						Street Address						
 ☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of Information 					crihe	01. 01.1. 71. 0	-1-					
Time of Abatement: <u>7AM-5PM/</u>				3 - DC3	SHIDC	City, State, Zip C	ode					
						-	-				-	
Scope of Work (Check all that apply)						☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf	⋉	Ren				☐ Mini-End						
≥160 sf or ≥260 lf	L	Den	nolitic	on		⊠ Gloveba ⊠ Non-Exe	ig Procedure empted (*) and Nor	n-Friable Procedi	ure			
			Locat						Ab	ateme	ent T	уре
Location of			orma I Sole	lly ely by		Description		Amount	70	Z)	т	т
Asbestos-Containing Material (AC TO BE ABATED	ivi)	Mair	ntena	ince/		stos Containing Ma rmal systems insul		(Specify	Remova	Repair	nca	nclo
IN Facility		Custo	odial : (12)	Staff?	(VAT, or	8 33	SF or LF)	oval	=	Encapsulate	Enclosure
(13)	5	res	No	N/A	1	other miscellane	eous)		9-21		late	Ф
O. th Flanding I.					Carrie			40 LF	\boxtimes			
South Elevation Louvers	-	a			Caulki	ng		40 LF			<u> </u>	Ш
	[Ш	П	Ш
		7	П		100	10.0 (0.0)			П	П		
Name of Registered Waste Hauler				JDEP V		Cubic Yards of	Name of Regis	tered Landfill		_		
Diamond Huntbach Construc	tion		7//	lauler II	O No.	Waste	Minerva					
City, State				19689)	1 CY Disposal Date	City, State					
Philadelphia, PA 19124						03/03/14		rg, OH 44688				
	Title					Signature	2 2		Date		5,700	
Completed By (Print or Type) Charles F. Imbimbo	23	iert	Man	ager		Signature	1 1.111	1	au L	-/	11	
Charles F. IIIIDIIIIDU	-10	JUUL	.vicii i	uyer		X Mr	2/WW	8/	11/2	1/1	7	

ASB-41 JUL 01

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

Date: (Signature)		ification (Pursuant (te of New Jersey OF ASBESTOS NJAC 8:50 and	ABATEM 12:120)		. (Ol	19	y		
Date of Notification (1) 1-24-2014			Building Owner/O zzi and Sons I		- 1			1 12 4 -		73	-	7	
Agencies Notified Type Notifi		Street Ad 152 U	ldress S Highway 200		uon					lin.		1	
DEP Anicr Arner	aded adment#aency (including	Hillsbo	te, zip Code prough, NJ 088	344		J,	VM 3	* 7					
☑ DOH justifi	cation) ellation		Contact lannetti				Teler	connection License No. 01193 P. Negative Pressure Abatement Type mount pecify or LF) OSF Constantible Abatement Type Type The License No. OTHER Abatement Type Type The License No. OTHER Abatement Type Type					
		FACI	LITY INFORMATI	ION					-	-		J	
Name of Fadility Where Abatement i House for Demo Street Address 46 Harmony Station	s Taking Place (3)	i				o of Facility (4) School (K-12 Subchapter & Other (i.e., pr etc.)	:) 3 (Other	rthan Kri	12) cial b	ulldl	ngs,	omor	G,
City (5)	17.000				Squ	iare Feet		Floors		1		919	
Harmony Township County (6) Warren			Code (7) USE ONLY)			rent Use (Prio	2 r if bein	g demoli	shed		J+ 		
Name of Monitoring Firm Hired by B	uilding Owner (8)	ASCA	/i No.	Name		balamont Conf	tractor ((8)			V-15-	go, homo Age Type	_
n/a		n/a	20. 20.00			Manageme	nt Co	rporatio	אל		dings, home Bidg. Age 50+ Description of the second of th		
Street Address				Street 22 T		ress Lane					Sure Procedure Abatement Typs Repair		
City, State, Zip Code						Zip Code			-	-		edure Abatement	
n/a	X51					Park, NJ 07	'035		Number Number No. 12) Station Station Station Abatement Type Abatement Type Type Type Abatement Type Ty				
Project Manager for Monitoring Firm N/2		Telepho n/a			706	-7950					edure Abatement Type Repair		
Start Date (10)		Completion	Date (11)			SHA Monlior							
1-27-2014 Occupancy Status During Abetsme	1-31-201			Street		Manageme	an Co	rp.		_			
Facility Closed/Vacated During					3	Lane							
Abatement Performed Outside	of Normal Facility H	lours				Zip Code	7000						
Scope of Work (Check All That App	NA .			Linc	niox	Park, NJ 07	1035	\rightarrow					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	☐ Ret	novation molitiqu				Vimi-Enclosure Blovebay Proc	ædure					e ment pe	
		ocation mally								Abate			:
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	ACM) Used Maint Custon	Solety by tenance/ tial Staff? (12)	Asbestos Cor (i.e. therms surf	oscription ntaining t al system acing, VA miscella	Male: us ins AT, o	ulation,	(S	pectfy		Ramoval	Sure Procedure Abatement Type Repair	Enclosure	
	Yes	No N/A		·· · ·					1			-	
Kitchen		X	VATu	nder Li	nole	um	-		-	ς_		_	_
Basement		X		VAT			4(NO SF	-				
									+			-	-
Name of Registered Waste Hauler		NUDEP V		c Yards		Name of	Ragiste	red Land		200		L	L
Loznica Management Corp.		33137	TBC		•	GROW City, State		ıdfill					
City, State Lincoln Park, NJ			TBD		-			A 1906	57				
Completed by E. Cirovic	Title Secret	lary		Signatur	- C	A	A		Date		014		

Date: (24/14/me: 2 m	, N	OTIFI (Pi	CATION	OF ASB	W Jersey ESTOS A 8:60 and	BATEN	ENT	16	#0	ua:	_ حر		
Date of Notification (1)		\neg	Name of	Building	Owner/Op	perator (2)	(=	411	14	1		
1-24-2014					Sons D			$\overline{}$	1				
Agencies Notified Type Notification			Street A	***				•			-		
☐ EPA ☑ Initial			152 U	S Highy	vay 206	}							
DEP Amended		-		te, Zip Co		-		1,1,12	N 3-4	7 20	17		
☑ DOL Amendment		_		1000	NJ 088	44			🗸				- [
DOH Emergency (ncluding			Contact				Tolo	Abore Ne	mhar			
DCA Cencellation			Joe Gi	iannetti									1
					DRMATIC	Mai						_	
Name of Facility Where Abatement is Toking	Place (3))				T	Type of Facility (4)					
House for Demo							School (K-1	21					
Street Address							Subchapter	8 (Other	then K-	(2)			
4 Harmony Station							Other (i.e. p	nivata &	colinner (ial bull	dings	, ham	9 8 ,
Gity (5) Harmony Township	100		-	-			Square Feut	# of	Floors	E	lkig. A	ge	
County (6)							_	2			50±		
Warren			County C	20de (7) ISE ONLY)	- 1	Current Use (Pric	or it bein	g demolis	hed)			
Name of Monitoring Firm Hired by Building (herner (R)		ASCM				House				_		
n/a	ta) tanan		r/a	I NO.			of Abatement Cor ca Manageme			_			
Street Address	_						ddress	CIL CO	poratio	11			
n/a							oy Lane						
City, State, Zip Code		-					ato, Zip Code					re ement pe	-
n/a							in Park, NJ 07	7035				dure	
Froject Manager for Monkoring Firm		1	Telaphor	ie No.		Telepho			License I	No.		dure estement Type	
n/a		_	n/a			973-7	′06-7950		01193				
Start Date (10)	Schedule		pletion [Dalu (11)		Name o	f OSHA Monitor						
1-27-2014	1-31-20		-			Lozni	ca Manageme	ent Cor	p.				
Occupancy Status During Abatement (Check	Only On	P)	2772030			Street A			,		102	8.8	
Facility Closed/Vacated During Entire F	eriod of A	batem	ent				oy Lane					-	
Abatement Porformed Outside of Norm Other - Describe:	al Facility	Hours					te, Zip Code	25 1000				800	
Scope of Work (Chock All That Apply)	777					Linco	In Park, NJ 0	7035					
			WC:=3										
≝ ≥3 af or ≥3 if ≥160 af or ≥260 if		enova emoliti				H	Full Containme		Negative	Pressu	te	ge ament	
		STRONIL	un				Mini-Enclosure Glovebag Proc						
						×	Non-Example:		Non-Frie	ble Pro	gedu	е	
													ŧ
Location of		ormali Solel				cription:					()	pe	
Asbestos-Containing Material (ACM) TO BE ABATED		ntener					alurial (ACM) insulation,		nount	1_	Bldg. Age 50+ Procedure Abstement Type Repair	m	
in Feelity	Custo	dial 5 (12)	Statt?	fred,		ing, VAT			oeckly or LF)	2	R	ure stement Type	DG.
(13)	ļ	(12)	,		other mi	iscellane	eous)			55 E	134	ge amment	Enclosure
	Yes	No	N/A				1			1 -		#	80
Exterior Windows			X		Wind	ow Ca	ulk	50	SF	X			
							1			19-	-	•	
										1	-	-	
		-	ļ: -							+			\vdash
Name of Registered Weste Haujor		Į N.	IDEP W	aste	Cubic Y	ards	Name of i	Register	ed Lands	n	L		Щ
Loznica Management Corp.		H	autor ID f 3137		of Want		GROW						ĺ
City, Stata		10.	713/		Dispose	I Deta	City, State						
Lincoln Park, NJ					TBD	A LACOS	Morrisv		19กสว				
Completed by	Title					matum	- MICH (S)	1110-1 1 1		ete .			
E. Cirovic	Secre	dans			1 2		4A7752	.)		1.5	Δ4 A		l

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	i i		1	Name of Building C	wner/Oper	ator (2) ole Construction	2	7	55	5	7				
January 27, 2014 Agencies Notified Type of Notificati	0.1			Street Address	Semino	ole Construction	· · · · · · · ·) -	من ر						
[X] EPA [] Initial	Notificat				128 Ba	artlett Avenue	1411 0 0	5.04			Ш				
[x] DOL Amen	ded Notif dment #_ ency (inc			City, State, Zip Cod		Creek, NJ 08092	JAN - U	2014	÷ .						
	cation)		1	Name of Contact Joyce		Tel	lephone Number		•						
[] ben			FACII	ITY INFORM	ATION										
Name of Facility Where Abatement is Taking I Residence	Place (3)					Type of Facility (4)	School (k-12)								
Street Address 13 Toms Court		el		2		[] [x]	Subchapter 8 (other Other (i.e., private homes, etc.)			l buildi	ngs,				
City	County	(6)		County Code (7)	r)	Square feet 1000 sf	# of Floors	Bldg.	Age 60)					
Mystic Island	Ocean	n			Current Use (Prior if being demolished) Residence										
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address				ASCM No.	Name of	Abatement Contractor (9									
Street Address			Street Ad		ute 9. Unit 61										
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-127													
Project Manager for Monitoring Firm	Number														
Scheduled Start Date (10) 1/28/14	Scheduled Start Date (10) Scheduled Con			1 Date (11)	Name of	OSHA Monitor E.M.S.L	. Analytical								
Occupancy Status During Abatement (Check of X] Facility Closed/Vacated			d of Abate	ment	Street A		elton Road								
Abatement Performed (City, Sta	te, Zip Code Piscatav	vay, New Jerse	y 088:	54						
Scope of Work (Check all that apply)					[]	Full Containment	with Negative Pres	sure	-						
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[] [x]	Renovati		[[x	Mini-Enclosure Glovebag Procedur Non-Exempted (*)		rocedu	re						
								Abat	ement 1	Гуре					
		Is Location			Descripti			R	R	Е	Е				
Location of Asbestos-Containing Material (ACM)	1	Normally us Solely by			bestos-Co Material (Amount (Specify SF	E M	E P	N C	N C				
TO BE ABATED	Main	tenance/Cu		(i.e	e., thermal	systems	or LF)	0	A I	A P	L O				
in facility		Staff (12)		ins	ulation, su VAT,			v	R	S	S				
(13)			N/A	otl	ner miscel	laneous)		A L		U L E	U R E				
Exterior X			1	Asbestos sidi	ng		950 sf	X		E	E				
DAMIN	Exterior														
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Was	te Hauler 1 0223	D No. Cubic Y	ards of Wa	ste Name of Register	red Landfill	I							
City, State			Dispos	al Date	City, S			70							
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manag	2/3/14 er	Signature	1 mily	lowii, Jeilisyivariia		Date 1/2	7/14						
1 (Ionolas I officola	110			1 11/	1101	-11/		1	-						

^{*}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)

te of Notification (1)		Name of I	Building Ow	ner/Operato Seminol	e Constru	iction	7	355	6			`
January 27, 2014		Street Ad	dress	128 Bar	tlett Ave	nue						5
rencies Notified Type of Notification I plep Type of Notification I initial Notification Amended Notification Amended Notification I plep Amended Notification	otification	City, Sta	te, Zip Code		reek, NJ	08092			3 0 2)]4		
x] DOL [x] Emergency justification	(including)	Name of	f Contact Joyce			Te	lephone N	Iumber		-		
X] DOH [] Cancellation	EAC	TI ITY	INFORM	ATION								1
Name of Facility Where Abatement is Taking Place Residence					Type of I	Facility (4)	School (Subchap	ster & (other	than k-12)	ial bui	ldings,	
Street Address						[x]	homes,					4
45 Lake Huron	ounty (6)	County	Code (7)		Square 1	nn of	# of F	1	Bldg. Age	60		
City	cean	(STAT)	E USE ONL		Current	Use (Prior i Reside	nce	molished)				_
Mystic Island		ASCM	No.	Name o	f Abatemen	nt Contractor Guard	r (9) ian Con	tracting, I	nc.			_
Name of Monitoring Firm Hired by Building Own N/A				Street A	Address	1889	Route 9	Unit 61				_
Street Address				City, S	tate, Zip Co		Control of the second	New Jerse	y 08755	-1271	<u> </u>	_
City, State, Zip Code	Telephone Numb	ber		Teleph	one Numb 349-9932	er		License No 00624	umber			_
Project Manager for Monitoring Firm	Scheduled Com		te (11)	Name	of OSHA	Monitor	S.L. An	alytical				_
Scheduled Start Date (10) 1/28/14	1/31/14			Street	Address		Stelton					
United - Described	Ouring Entire Period of utside of Normal Facilit	Abatementy Hours		City,		Code Pisco ull Containn fini-Enclosu	nent with	New Jers		1		
Scope of Work (Check all that apply)	ſ] R	enovation		[j	Hovebag Pro	andure	Non-Friable	e Procedur	e		_
[] $>3 \text{ sf or } \ge 3 \text{ lf}$ [X] $\ge 160 \text{ sf or } \ge 260 \text{ lf}$	[x] E	Demolition		l	x] 1	Noll-Exchipt				ment T	ype	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally use Solely by Maintenance/Cus Staff (12)	todial		Asbestos Mater (i.e., the insulation	ription of s-Contain ial (ACM rmal syste on, surface 'AT, or iscellance	ems ing,		Amount (Specify SI or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	
	YES NO	N/A	Asbesto	e ciding				1000 sf	X	I-	+	4
Exterior	X		Asbesto	Siding						+	+-	-
	1-1-								_			
	NJDEP Was	te Hauler	ID No. C	Cubic Yards	of Waste	Name of	Registere R.F.	d Landfill				_
Name of Registered Waste Hauler Guardian Contracting, Inc.		20223	al Date	3	City, State							_
City, State Toms River, New Jersey	Title	2/3/1			Tullyton	VIII FEILIS	/			ate /27/1	4	_
Completed by (Print or Type) Nicholas Fernicola	Project Mana *Do not use	ger	m for asbes	stos licens	ure exemp	nted activiti	ies.					