OK 3386

Date of Notification (1)	Na	ame of B	uilding Ow	ner/Ope	erator (2)						1			
07/27/2015				Ms. J	uliet	Mun	roe							- [
Agencies Notified	Type Notification		St	reet Add 173 H	ress olmes	Stre	eet			JUL :	0 40	3		
□ EPA □ DEP	☐ Initial ☐ Amended		C	ity, State,	Zip Code									
☑ DOL	Amendment #_				ville,	NJ	07109							
□ DOH	Emergency (inc justification)	luding		ame of C			20000 000000		Tele	ohone Numb	er			
□ DCA	☐ Cancellation]	Ms. J	uliet	Muni	roe							
				FACILI	TY INFOR	RMAT	ION							-
Name of Facility Where	Abatement is Taking Place	ce (3)					Type	of Facility (4)						
								School (K-12))					
Street Address			3- 3					Subchapter 8	Other t	han K-12)		25		107
173 Holmes S	Street			19			X	Other (i.e. pri Private	vate & o Hom	commercial e	building	s, hon	nes, et	c.)
City (5)								re Feet		Floors	BI	dg. Ag	e	
Belleville,	NJ													
County (6)				County Co	ode (7) SE ONLY)		Сигте	ent Use (Prior	if being	demolished)			
Name of Monitoring Fi	rm Hired by Building Own	ner (8)	1	ASCM	No.		Name of Aba	tement Contra	ctor (9)					
		N. 1			1000 TEC			ch Inc.	(*)					
Street Address							Street Addres		-					-
							P. O.	Box 814						
City, State, Zip Code							City, State, Z							
111								idge, N	1 0	8857				
Project Manager for Me	onitoring Firm	er Dictions	T	elephone	No.		Telephone No			License No	0.			
				•			732-238	3-7500	-	00806				
Start Date (10) 07/28/2015		Scheduled C 08/28			te (11)		Name of OSI Novate	HA Monitor ch Inc.						
Occupancy Status Duri	ing Abatement (Check Onl	y One)					Street Addres							
☐ Facility Closed/V	acated During Entire Perio	od of Abaten	nent				P. O.	Box 814						
☐ Abatement Perfor	rmed Outside of Normal F						City, State, Z			7.00±02				
☐ Other – Describe	:						Old Bri	idge, NJ	08	3857				
Scope of Work (Check	: All That Apply)													
□ ≥3 sf or ≥3 lf		E Rer	novati	on			∠ F	ull Containme	nt with	Negative Pr	essure			
≥160 sf or ≥260 l	f	☐ Det	noliti	on				fini-Enclosure						
								lovebag Proce Ion-Exempted		Non-Friable	Proced	ure		
		T		erale					()		T		ement	
T	e		ocationall			_						Ty	/pe	
	ation of ning Material (ACM)	Used			Asbes		escription of ntaining Materia	l (ACM)	1	Amount			1 _	
	ABATED	Custo	ntenan dial S		(i.e. ther	mal sys	stems insulation	, surfacing,		Specify	Rei	~	Encapsulate	Enc
The state of the s	Facility (13)		(12)			other	VAT, or miscellaneous)	,	5	F or LF)	Removal	Repair	psul	Enclosure
	30 0	Yes	No	N/A	1						=		ale	G
		1 es	INU	-								-		
Basement				X	Pip	e I	nsulation	n	75	LF	X			
		+ +									+	-	-	+
Name of Posistant 133	Josta Haules		31	IDED IV	l .	CL'	a Varda	None	Dan't					1
Name of Registered W Novatech In	1000	IJDEP W lauler ID		of W	c Yards aste	Name of	kegiste	red Landfill						
				18501		2	condition?	GROWS	Inc	2.,	A			
City, State						Dispo	osal Date	City, Stat	e					
Old Bridge, NJ						08,	/31/2015	Morri	svi	le, PA				
Completed by		Title					Signature	1/1/	11	I	Date			
Carlos Alme	eida	President 08/27/20							015					

Check# 11934

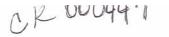
Date of Notification (1)		Name of	Building Ow	ner/Operator	(2)						
7-27-45 3 0 2015		Free	hold Reg	gional H	ligh :	School I	District				
Agencies Notified Type Notification		Street A	ddress								
□ EPA		405	Squankur	n-Yellow	broo	k Road					
□ DEP □ Amended		City, Sta	ite, Zip Code								
		Farm	ingdale	, NJ 07	7727						
□ DOH justification)	iciading	Name o	f Contact				Telephone N	li imite			
☑ DCA · ☐ Cancellation		Pat	Lagrave	nis							
	51 101	FACI	LITY INFOR	MATION							
Name of Facility Where Abatement is Taking	Place (3)				Type	of Facility (4)					
Manalapan High School						chool (K-12)		1.0.			
Street Address							(Other than K rate & comme		dinas	home	9
20 Church Lane					е	tc.)	rate & committe	orar buil	uniya,	HOINE	3,
City (5) Englishtown, NJ 07726						e Feet 000+/-	# of Floors 1		ildg. A 10+y		
County (6)			Code (7)		Currer	nt Use (Prior	if being demol	ished)			
Monmouth		(STATE)	USE ONLY) _		scho	xol (
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN				ement Contra					
PARS Environmental Service	es	001	31	Pl	ymout	h Envir	onmental	Co.	Inc		
Street Address				100000000000000000000000000000000000000	Addres						
500 Horizon Drive, #540				92.	3 Haw	s Avenu	ie				
City, State, Zip Code				City, S	State, Zi	Code		HIID-1-32-			
Hamilton Township, NJ 086	591	Norristown, PA 19401									
Project Manager for Monitoring Firm		Telepho	ne No.	Telepi	hone No		License	No.			
Firoz Jan		609-8	390-7277	61	0-239	9920	003	98			
	Scheduled C		Date (11)			A Monitor					
8–10–15	8-28-15			Pl	ymout	th Envir	conmental	. Co.	,Inc		
Occupancy Status During Abatement (Check	Only One)			Street	Addres	S					
☐ Facility Closed/Vacated During Entire Pr				92	3 Hav	vs Avenu	ie				
Abatement Performed Outside of Norma	al Facility Hou	ırs		City, S	State, Zi	o Code					
Other - Describe: Occupied				No	rrist	cown, PA	19401				
Scope of Work (Check All That Apply)											
□ ≥3 sf or ≥3 lf	Xi Reno	vation		X	3 Full	Containmen	nt with Negativ	e Pressi	ıre		
∑ ≥160 sf or ≥260 if	□ Demo	olition				i-Enclosure					
						vebag Proce -Exempted (dure (*) and Non-Fr	iahle Pr	ncedur	· a	
	Is Loc	otion						10010111	10.00	ement	
Location of	Norm			Description	- of				Ty	/pe	
Asbestos-Containing Material (ACM)	Used So		Asbestos	Description Containing 1		(ACM)	Amount			m	
TO BE ABATED	Mainter Custodia		(i.e. the	ermal system	is insula		(Specify	Re	N N	nca	Enc
In Facility (13)	(1)	2)		surfacing, VA ther miscella			SF or LF)	Removal	Repair	Encapsulate	Enclosure
90-34	Voc N	- NUA	1		,,,,,,,,,			/al	7	late	Ге
	Yes N	A/M c									
boiler room	х		inciner	ator br	eechi	ng	250 SF	X			
									+	1	
									-	-	-
N(811)		1110=5									
Name of Registered Waste Hauler		NJDEP V Hauler ID	[2007] [20] [20] [20] [20] [20] [20] [20] [20	Cubic Yards of Waste		Name of R	egistered Lan	dfill			
Newark Carting		4509		40 yds.		Grand	Central	Sanit	ary	Lar	ndfi
City. State		944-80018	1	Disposal Date		City, State			- (0)		
Newark, NJ				8-28-15			gyl, PA	18072			
Completed by	Title			Şignatur	е		21-1-17	Date			
David Rowley	Projec	Project Manager 7-27-15									

Check# 11935

Date of Notification (1) 7–27–15			T		Building O				School 1	Distric	tan	97	115		
Agencies Notified	Type Notification		-	Street A						002	UU		10		-
200	322 N 28970V			405	Smianki	ım_V	ellow	oroo	k Road						
© EPA □ DEP			-		te, Zip Cod		CIIOWA	0100	, r rioda						
X DOL	Amendment #	<u> </u>	_ 1		ingdale		T 07	727							
E DOU	☐ Emergency (i	ncluding	-		Contact	=, IN	0 07	121		Telephone	Numh	er			
X DOH X DCA -	justification) Cancellation				Lagrave	enis				Total Inchine					
Br DOM					LITY INFO									- 11272	
Name of Facility Where A	batement is Taking	Place (3)	80	1 AOI	LITT IN O	I XIMA LI		Туре	of Facility (4)						
Freehold Towns	ship High So	chool							School (K-12)						
Street Address 281 Elton-Adel	lphia Road								Subchapter 8 Other (i.e. pri	(Other than		build	lings,	home	s,
City (5) Farmingdale, M	J 07727							Squar	e Feet .000+/-	# of Floors			dg. A 0 + y	ge rs.	
County (6) Monmouth				County (Code (7) USE ONLY)			Currer	nt Use (Prior	if being dem	olished	d)			
Name of Monitoring Firm	Hired by Buildina C	wner (8)		ASCN	1 No.		Name o	of Abat	ement Contr	actor (9)				700000	
PARS Environme				001			155		h Envir		1 Cc	D.,	Inc		
Street Address	TOOL DOLVED			1			Street A							-	-
500 Horizon Dr	ive. #540						923	Haw	vs Avenu	ie					
City, State, Zip Code			City, State, Zip Code												
Hamilton Towns	hip, NJ 08	691							cown, PA	19401					
Project Manager for Moni	toring Firm			Telephor	ne No.		Telepho		13		se No.				
Firoz Jan				609-8	90-727	7	610	-239	9-9920	00	398				
Start Date (10) 8-10-15		Schedule	d Con		Date (11)				A Monitor h Envir	onmenta	1 Cc)	Inc		
Occupancy Status During	Ahatement (Check	A Section Control	200				Street A	a market was	Service Services Services						
								S too	vs Avenu	10					
 □ Facility Closed/Vaca □ Abatement Performed 							City, St			ie		-			
🔯 Other – Describe: _				5) 					town, PA	19401					
Scope of Work (Check Al	I That Apply)						1001	TID	LOWITY II	10101					
		a		0			~	- "	· · ·						
 ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf 		D D	enova emolit	35			□ Ø		Containmer i-Enclosure	it with Negat	ive Pre	ssur	e		
Q = 100 01 01 = 200 11		- D	cirioni	1011					vebag Proce	dure					
		T						Nor	n-Exempted	*) and Non-F	riable		-		
			Locati	A. (1) 14 - 100							95 B	(9)		ement pe	
Location			ormal Sole		20 60 80	De	scription	of	DY-69-9-000000		-		. ,	PC	
Asbestos-Containing			ntenar				taining Ma I systems			Amount (Specify		ת		Ē	Ш
TO BE ABA		Cust	odial S	Staff?	(1.5. (cing, VAT		uori,	SF or LF)		(em	Repair	сар	nclo
(13)			(12)			other r	miscellane	eous)			1	Removal	oair	Encapsulate	Enclosure
		Yes	No	N/A										ite	Ф.
boiler room				boile	r bre	eechir	ng/d	uct	360 SF		X				
boiler room		Х			pipe :	fitt:	ing ir	nsul	ation	110 LF		х			
boiler room		х			spray	on :	firep	roof	ina	1,300 SI	F	X			
Name of Registered Was	te Hauler		I N	JDEP W	/aste	Cuhic	Yards		Name of R	egistered La	ndfill		_		
Newark Carting	.s. mande		H	lauler ID	2000	of Wa						2.1		т -	25:12:
LICHALL CALCING	4	4509		40	yds.		Grand (Central	San	TTS	ıry	Lan	aIII.		
City, State				Dispo	sal Date		City, State								
Newark, NJ				8-28	8–15		Pen Ar	gyl, PA	180	72					
Completed by		Title				18	Signature				Date				
David Rowley	=	Proj	ect	Mana	ger	4	Ja-		2165	5	-7-	27–	15		

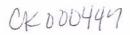
K 5721

Date of Notification (1)		T	Name	of Building	Owner/Operator	(2) BOLLN	JUL 3 g	201	15			
	lotification	-	Street	Address	שייים							_
D EPA Britis	al				aru ard	57						
D DEP D Ame	ended			tate, Zip (15	3043					
□ Em	endment# ergency (including				win.	M2 0						_
	ification) cellation			of Contact	منام		Telephone Numbe	er				
			FACI	LITY INF	ORMATION							
Name of Facility Where Abateme				*		Type of Facility	y (4)					
M2. Bo	رين ا					☐ School (K-1						
Street Address GHARUA	NO 84		٠				8 (Other than K-12) rivate & commercial b .)	uilding	gs,			
City (5)								Bldg.	_			
MONTEL	AIR					.1800	1		92	<u></u>		_
County (6)			County		(STATE USE		Prior if being demolish	ed)	81			
Name of Monitoring Firm Hired b	Professor Orman	ASCM			Name of Abote	nent Contractor	SINGNE .					
(8)	y building Owner	ASCIN	NO.	50		moval Ir	. ,					
Street Address					Street Address	movar ii	10				-	_
11			٠		450 S.	River St		•				
City, State, Zip Code					City, State, Zip C	Code						
	•	34					N.J. 07601				_	
Project Manager for Monitoring F	im T	elephor	ne No.		Telephone No.		License No.		2000			
Start Date (10)	Scheduled Complete	ion De	h- (44)		201-329- Name of OSHA		00388				_	_
8/7/15		31 (Omega En		ntal					
Occupancy Status During Abater					Street Address				_		_	-
- Q-Facility Closed/Vacated During	Fittire Period of Ahar	fament			280 Huy	ler St						
☐ Abatement Performed Outside	of Normal Facility Ho	urs	٠.		City, State, Zip C							
DrOther - Describe: 7 AM			11		S.Hacke	nsack ,	N.J. 07606)				
Scope of Work (Check all that ap	ply)		_	. 1			Negative Pressure					
-E123 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf				notition		Enclosure ebag Procedure		•				
							d Non-Friable Proced	ure				
	ls	Locati	on						Ab	aten Typ		it
Location of	Use	Normali d Sole		l	Description of				T	T	1	
Asbestos-Containing Materi TO BE ABATED	· · · · · · · · · · · · · · · · · · ·	intenar Sustodi			tos Containing Ma		Amount (Specify	- 1	2	- E	Eng	E
		SHAP		(100.	surfacing, VAT	, or	SF or LF)		Removal	600	908	Enclosure
(13)		(12)			other miscellane	eous)			10	Repair	fato	oll
	Yes	No	N/A									
BASEMENT				THERI	ual system	INSULATION	854	FY	2			
					85				1			
N						-						
Name of Registered Waste Haule	ID	No	Vaste H		Cubic Yards of Waste /	Name of Regi		_				_
Best Removal In			7109) 1	2929	Cumberl	land County	La	ano	ifi	il	1
City, State	N 7 07/	0.1		(Disposal Date	City, State	-hunch Di	170	1. 1	,		7
Hackensack		UI			818/12	Nev	vburgh , PA.		4()		_
Completed by J.Maiorano	Table Estimator				Signature	1 1000	Da Da	7/2	7	1,0	-	
J. FIGIUL GILO	TO CIMA COI				V ()	صدهاني		112	1	17	1	╝



Print Form

Date of Notification (1) 07-24-15				Building			(2)									
Agencies Notified	Type Metification				ella Den	Olltior	1				7471					
	Type Notification			Street Ad 40 Def	aaress forest Av	/e					JUL	0.0	201	5		
EPA DEP	Initial Amended		-		te, Zip Co											
DOL	Amendment				lanover		936									
□ DOH	Emergency (justification)	including	-	Name of	Contact					Tel	ephone	Numh	er			
DCA	Cancellation			Tom B	andelt											
Name of Facility Mhars	A b a b a a a a a b a b a b a b a b a b	- DI /0		FACI	LITY INFO	PRMAT	ION	-	. F . W. //						100	
Name of Facility Where A Mount Pleasant Sch		g Place (3)					ТУР	e of Facility (4	3000						
Street Address	1001								School (K-12 Subchapter l		er than k	(-12)				
89 Hackensack St.								d	Other (i.e. pr				build	lings,	home	es,
City (5)		-						Sai	etc.) uare Feet	# 0	Floors		BI	dg. A	ge	
Wood Ridge																
County (6)				County C				Cur	rent Use (Prio	r if bei	ng demo	olishe	d)		-	
Bergen				(STATE U	JSE ONLY)									202 - 036		
Name of Monitoring Firm N/A	Hired by Building (Owner (8)		ASCN	1 No.				batement Cont		(9)					
Street Address							Street		ontracting LI	_0.		-302-31				
Street Address							522									
City, State, Zip Code							City, S	State,	Zip Code						A	_
							Unio	n Ci	ity NJ 0708	7						
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph				Licens					
Start Date (10)	т	Cabadula			Date (11)			35.015.	-9603 SHA Monitor		01206	0				
08-03-15		08-14-		impletion i	Date (11)		110000		ontracting Ll	_C						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street									
Facility Closed/Vaca	ated During Entire F	Period of A	Abater	ment			522									
Abatement Perform Other – Describe:	ed Outside of Norm	nal Facility	Hour	'S	73		1 3		Zip Code ity NJ 0708	7						
Scope of Work (Check A	II That Apply)						Office	<i>/</i> 11 C	ity 140 0700	-					1516	-
☐ ≥3 sf or ≥3 lf		Пв	Renov	ation			F	7 .	ull Containme	nt with	Negativ	ve Pre	200111	·e ·		
≥160 sf or ≥260 lf			emol						Vini-Enclosure		rrogan		Jooui	ŭ		
							-	- '	Glovebag Proc Non-Exempted		d Non-F	riable	Proc	cedur	е	
		ls	Loca	tion								T		Abate	emen	t
Location	of	1	Norma	ally		De	escription	n of				-		Ту	pe	_
Asbestos-Containing			d Sol	ely by ance/		tos Con	taining N	Mater	rial (ACM)		mount	- 1	77		Ē	п
TO BE ABA		Cus		Staff?	(I.e.		I system acing, VA				Specify or LF)		Remova	Repair	caps	nclo
(13)			(12)	-		other	miscellar	neou	s)				oval	air	Encapsulate	Enclosure
<u></u>		Yes	No	N/A											е	
1st & 2nd	Floor	Х				VAT			35	00 SF		X				
1st & 2nd	Floor		X		Blad	ck Boa	ard Mas	stic I	Daubs	3	0 SF		X			
Basem	ent		X			Pipe	Insula	ation	1		4 LF		X			
Basem	ent		Х			Flue	e Insula	ation	1	3	2 SF		X			
Name of Registered Was	ste Hauler		100	NJDEP W Hauler ID		Cubic of Wa	Yards		Name of F							
Delfa Contracting LL	.C		1007	35240	NO.	30	1310		Tullytow	n Re	source	e Re	COVE	ery F	acili	ty
City, State Union City NJ 07087							sal Date 7-15	9	City, State Tullytow		Ą					
Completed by		Title				1	Signature	е	10			Date				
Jaime Delgado		Proj.	Man	ager.				1	1			07-	24-	15		



Date of Notification (1) 07-24-15			Building C			(2)	kanaa.	111					1000000		
Agencies Notified Type Notification		1	Street Ac	idress orest Av	e				JU	L 0 0	201	3			
EPA Initial Amended Amendment #			City, Stat	te, Zip Coo anover N	ie	936							<u></u>	10000	
Emergency (in justification) DCA Cancellation	cluding	1	Name of Tom Ba	Contact andelt					Tele	ephone N	Numbe				
			FACIL	ITY INFO	RMAT	ION									
Name of Facility Where Abatement is Taking Mount Pleasant School	Place (3)							of Facility (4 School (K-12	2)		. 40\				
Street Address 89 Hackensack St.							T o	Subchapter Other (i.e. pretc.)	rivate 8	comme	ercial b	uildi	ngs,	home	s,
City (5) Wood Ridge								e Feet	# of	Floors		Blo	dg. A	ge	
County (6) Bergen		(County C	ode (7) ISE ONLY)			Curre	nt Use (Pric	r if bei	ng demo	lished)				
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)		ASCM	No.		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		ement Con racting L		(9)					
Street Address						Street	Addres	s							
City, State, Zip Code		-				City, S		p Code						-	
Project Manager for Monitoring Firm		T-	Telephor	ne No.			n City	NJ 0708	7	License	e No.				
Ct++ D-++ (40)	2-11-1-	10	-1-6' P	D-4- (44)			216-96	SO3 IA Monitor		01206	3				
08-03-15	08-14-1	5	ipietion L	Date (11)		Delfa	a Cont	racting L	LC						
Occupancy Status During Abatement (Check	E.						Addres 7th St								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:						100 100 100 100 100		p Code NJ 0708	7						
Scope of Work (Check All That Apply)						Office	ni City	143 0700	1					30 p.m.:	
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovat emoliti					Min Glo	Containme i-Enclosure vebag Prod n-Exempted	edure	170				e	
	ls	Location	on										Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	lormall d Solel intenar odial S (12)	y ly by nce/		os Co therm surf	escription ntaining M al system facing, VA miscellar	Material s insula AT, or		(5	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure	
1st Floor	х			Ce	iling Pla	ster		32	20 SF	X					
Basement	X		Blac	k Bo	ard Mas	stic Da	aubs	3	0 SF	х					
Basement		Х			tra	nsite bo	pard		10	00 SF	x				
Exterior		Х			wir	ndow Ca	aulk		3	20 LF	x				
Name of Registered Waste Hauler			JDEP W auler ID		10000000	c Yards aste		Name of					100	00 0000	
Delfa Contracting LLC		11 702	5240	140.	30			Tullytov		source	Rec	OVE	ry F	acili	ty
City, State Union City NJ 07087						osal Date 17-15	-	City, State Tullytov		A					
Completed by Jaime Delgado	20 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										Date 07-2	4-1	5		

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

		1000 0000000000000000000000000000000000	0186018	A	10-01/2014 - 10/2	and 12:120-7		7274	LAS ME		-	- (r		
Date of Notification 7-27-15	on (1)		ALC: NO STATE OF	of Buil Zapa		ner/Operato	r (2)		1			. 1	2	
Agencies Notified	Type Notifica	tion	Ctros	et Addre					1111					
[]EPA	[X]Initial					side Roa	d		JUL	J ()	23	0		
[]DEP	Notific	ation	City	State,	Zip Co	de		11					7	
[X]DOL	[]Amended Notific	ation	Ve	rona,	NJ,07	7044								6
[X]DOH	1		Name	of Cont	act			Telephon	e Number					
[]DCA	[]EMERGENC		P.	Zapa	ntis									
				FACIL	ITY INE	TORMATION								
Name of Facility W	here Abatement	is Takin	ng Pl	ace (3)			Tyr	e of Facil:	ity (4)					
Same as abov	e							[]School	(K-12)					
Street Addres								[]Subchap [X]Other (:	ter 8 (Othe i.e., priva uildings, h	ate &	COI	mer-		
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Street Address					S	treet Addres		C+						
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City, State, Zip C	oae					ity, State, Montcla	77		42					
Project Manager fo	r Monitoring Fi	rm Tel	S 70	ne Numbe	er T	elephone Nur (973)74		800	1	003			er	
Scheduled Start Da	te (10) Sche	ed. Compi	letio	n Date	(11) N	ame of OSHA	Moni	tor						
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Scope of Work (Che	ck all that app	oly)									S-102	- 31		
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Date of Notification (1)		Name of	Building C)wner/C	perator (2	hon	JUL	30	2015		
Agencies Notified Type Notification		Street A	ddress	11	1 6	01. D1					
EPA Initial Amended		City, Sta	te, Zip Çoc	de	Lang	sert Rd	•)				
DOL Amendment #		F	Dir L	awr	11	10 61	410				
DOH justification)	iciuaing	Name of	Contact				Telephone I	Number			
DCA Cancellation			LITY INFO	RMATI	ON						
Name of Facility Where Abatement is Taking	Place (3)					Type of Facility	(4)				
Street Address						School (K-	r 8 (Other than K	(-12)			
1-14 Lambert	Rb				Ē	Other (i.e. etc.)	private & comme	ercial build	dings,	home	es,
City (5)	•				\$	Square Feet	# of Floors	В	ldg. A	ge	
County (6)	=1	County	Code (7)				ior if being demo	olished)		1	
Bergen			USE ONLY)		_	Hon	nl				
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	/ No.			Abatement Co Industries Inc					
Street Address					Street A		·				
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City, State, Zip Code						ite, Zip Code New Jersey	08723				
Project Manager for Monitoring Firm		Telepho	ne No.		Telepho		License	e No.			
		11				399-7499	01196	3			
Start Date (10) 177 5	Scheduled Co		Date (11)		Name of	f OSHA Monitor					
Occupancy Status During Abatement (Check	Only One)				Street A	ddress					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma					City, Sta	ite, Zip Code					
Other – Describe:											
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	Reno	vation	195		A	/ Full Containm	nent with Negativ	ve Pressu	re		
≥160 sf or ≥260 lf	Demo				F	Mini-Enclosur Glovebag Pro	re		1		
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	ls Loc									ement pe	Į.
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City, State Brick, New Jersey				Dispo	sal Date	City, Sta	ite				
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roject Manager for Monitoring Firm	1		Te	lephoni	a Mo	Gerfield, NJ	07028		¥3			
Rick Eustaquio			1	2 3 4 6	4-3762	Telephone No. 973-928-4868		License No.			7.1	
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^{*} Do not use this form for exhibitors ficensure exempted activities.

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NOTI	State of New Jersey FICATION OF ASBESTOS ABATEM (Pursuent to NJAC 8:60 and 5:18)	DOL - 10 DA	/
5	Name of Building Owner/Operator (2) Division of Property Management	nt & Construction	

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City (6)				de la			Square Feet	# of Floor		ildo.	^	
Seyreville, NJ 085	72			16				4 01 110011	"	nag.	4ge	
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Middlesex		.50		Et.			1) 000	ince ii merilih Ob	INDIN 160)			
Name of Monitoring Firm	Hired by Bullding	Q Owner	(6)	ASCIV	No.	Name of Abatem	Ent Contractor 10	1				
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Street Address		-				Street Address	·				1 1	
P.O. Box 1224				H		27 Outwater	lana .		,		4.0	1.5
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Project Manager for Mbnl	toring Firm		Tal	sphone	No.	Telephone No.	01020	License No				
Rick Eustaquio			9	3.49	-3762	973-928-4888		1188	٠,			
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7 / 21 /	16		11000	1	0.000		NAGEMENT L	l C				
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M Facility Closed Vacate	d During Entire P	erlod of	Abate	ment		27 Outwater I						
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^{*} Do not use this form for sebestos licensure exempled activilles.

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Date of Notification (1)						UAC 5:60 and 5:		001-1	50	27		
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Agencies Notified			-		DIVISION	of Property Isane	gement & Co	retruction	13		27	
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rolad Manager for Monlic	oring Firm		Ti	a ephor	or No.	Talaphone No.	67026	.,,	• • •			
Rick Eustaquio					94-3762	973-028-4808		License No.		-		
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(FAX)

P.007/017

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 6:50 and 5:16)

Date of Notification (1)	17 /	18				ing Owner/Operator f Property Manag		struction		<u>'</u>	
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olect Manager for Moni	tering Mm	+-	TTE	sphons	No	Telephone No.	070\$6		,		
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* Do not use this form for esbesias licensure exempled activities.

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P.008/017

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rolact Manager for Monitoring Firm			_			Gerfield, NJ	07026					
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07/18/2015 20:05 P.009/017 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuent to NJAC 5:50 and 5:16) Date of Notification (1) Name of Building Owner Operator (2) 7 18 Division of Property Management & Co uction Agenoles Nothed Type Notification Street Address (X) EPA ₩ Indial 26 W. Stets Street 3rd Ft. DOLWD ☐ Amendad City, State, Zip Gode MOD 1 Amendment # Trenton, NJ 06608 O DCA B Emergency (Including (NJAC 5:23-8) Justifice ton) Name of Control Telephone Number ☐ Canoellation Rick Perrers FACILITY INFORMATION Name of Pacility Where Abstement is Taking Place (3) Type of Facility (4) Residential House ☐ 8chool (K-12) Street Address Subchapter & (Other than K-12) 94 MacAnhur Ave 🖾 Olhar (i.e., private and commercial buildings, homes, atc.) Square Feet Szyrevilla, NJ 08872 # of Floors Bidg. Age County (8) County Code (7)(87ATERS ONLY) Current Use (Prior If Deing demolished) Middlesex Name of Montoring Firm Hirsd by Sullding Owner (8) MASCM No. Name (Abatement Contractor (9) Blo Terre Solutions ALURRO MANAGEMENT LLC Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, 210 Code Union, NJ Garfield, NJ 07028 Froject Manager for Monitoring Firm Elaphone No. slephons No. License No. Nok Eustaquio 973-494-1762 873-928-4888 1185 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7 / 21 / 8 / 23 / 15 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address Redlity Closed/Venated During Entire Period of Abatement 27 Outwater Lang Abatement Performed Outside of Normal Fedity Hours - Desorbe Time of Abatement: ____AM-_ Olly, State, Zip Code _PM/____PM-__ Garffald, NJ 07025 Scope of Work (Check all that apply) Full Containment with Negative Pressure
Mini-Englosure ⊇3 8f or ≥3 f
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Domaktion Glovebeg Procedure
Non-Exempted (*) and Non-Prizole Procedure la Location Abatement Type Location of Normally Description of Asbestos-Containing Material (AOM) Used Solely by Aspestos Containing Material (ACM) Empayard she Maintenance/ Amount TO BE ABATED (I.e., thermal systems insulation. Custodki Star? (Spacify IN Facility zurfacing, VAT, or SF or LF) (13) (12)other miscellangous) Yes No N/A Interior M Tile and Massic 250 SF Ø X 8 Interior Ø Macto beneath Ceremic Tile 280 SF X (8) X Throughout and Kitchen 図 Mastic with 1x1 Calling Tile \$10 8F X X X Exterior X Window Gavik 210 LF X X Name of Registered Wests Hauler NJOEF Waste Cubic Yerds of Name of Registered Landfill Newerk Carting Hauter ID No. Waste IESI Landfill 04509 As Needed City, State Dispusal Deta City, State Newerk, NJ TED Bathishem, PA Completed By (Print or Type) algnature Raymond Blum Project Manager -16-15 APE 41 **JAN 13** Do not use this form for asbestos licensure exempted schilles.

07/16/2015

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ABB-41 **JAN 13**

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SF or LF)

7-16-18

P.010/017

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)" Date of Notification (1) Name of Building Owner/Operator (2) 7 / 17 15 Division of Property Management & Construction Agencies Notified Type Natification Street Address DI EPA 1 Inttel 20 W. State Street, 3rd Fil. ₩ DOLWD ☐ Amended City, State, Zip Code M DOH Amandment # DCA Emergency (including Trenton, NJ 08608 (NJAC 5:23-8) Juelification) Name of Conted . Islephone Number O Cancellation Mick Farrers FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (1) Type of Facility (4) Residential House School (K-12)

Subchapter 8 (
Other (i.e., pri Street Address Subchapter 8 (Other than K-12) 51-53 MegArthur Ava Other (i.e., private and commercial buildings, homes, etc.) Chy (6) Squers Fast # of Floors Sayreville, NJ 08872 Bldg. Age County (6) County Code (1)(STATE DE ONLY) Current Use (Prior if being demolished) Middlesex Name of Maniforing Flow Hired by Building Owner (8) MACM No. Name Abetament Contractor (B) Blo Terra Solutions ALLERO MANAGEMENT LLC Street Address Pirest Address P.O. Box 1226 27 Quitwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 Project Manager for Monitoring Flori Telephone No. Telephone No. Ucense No. Rick Eustsoule 278-496-3762 973-028-4888 1188 Start Date (10) Scheduled Comptetion Date (11) Name & OSHA Mentior 7 / 21 / 15 9 / 23 / 15 ALL PRO MANAGEMENT LLC Occupancy Status During Absternant (Check only one) Street Address 图 Fao所y Closed/Vscated During Entire Period of Abetement 27 Outwater Lane Abetement Performed Outside of Normal Facility Hours - Describe Time of Abstement: ___AM-__PM/__PM-__AM City, State, Zip Code Gertfald, NJ 07026 Scope of Work (Check at that apply) Full Contehnment with Negative Pressure
Mini-Enclasure
Glovebas Procedure 23 sf or ≥3 lf 2 ≥160 sf or ≥260 lf ☐ Ranovalion Demolition Glovebag Procedure Non-Exempted (") and Non-Frizble Procedure is Location Abatement Type Location of Nomally Description of Asbestos-Containing Meterial (ACM) Used Solely by Asbestos Conteining Material (ACM) TO BE ABATED Amount Encayerotate **Encioware** Maintenance/ (i.e., thermal systems insulation, Custodist Staff? (Specify N FEOILTY surfacing, VAT, or

1st / 2nd Floor Ø Gypeum peper drywes & John comp 8.500 SF X 8 X Exterior 8 Window Glazing 200 LF X (2) Interior Ø Tile and Mastic 140 SF (8) X 8 Exterior X Window Czulk 300 LF 00 X Name of Registered Weste Hauler NJDEP Wasts Cubic Yards of Name of Registered Landfill Hauler ID No. Newerk Cartino Westo IESI Landill 04509 At Needed City, State Dispossi Dato City, State

other miscellaneous)

Newark, NJ Tap Belhishem, PA Completed By (Print or Type) Title Signatura

Project Managor

(12)

No

NA

Yes

* Do not use this form for aspectos licensure exempled activities.

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Project Manager for Monito	onno Firm		Te	laphona	No.	1	one No.		License No.				
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JAN 13

CK 1157

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

Date of Notification (1)	·			I Alson	d William	o o standonario persor	2	1000				
	17 / 1/					Property Meneg	* C.	ouction			/	0.
Agencies Notified 区 EPA 区 DOLWD 区 DOH	Type Notification Initial Amended Amendment			20	Address W. State State, Zip	Street, 3rd Fir.		dil	-(-	1	1	- 1
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Name of Facility Whats A	Abstament is Takin	o Piece	e (ž)	FA	CIUTY	NFORM TON	Type of Facility ((4)		- 1	=	
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City (5) Sayreville, NJ 0887	'2		1.				Square Feet	# of Floors		idg. A		
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F.O. Box 1224	12			}		27 Outwater	Lane					
City, State, Zip Code	promise and the second			1		City, State, Zip C	ods					
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Project Manager for Month	loring Firm	25		phone		Telephone No.		Ucanse No.				
Rick Eustaquio			2.000	273-494		973-826-4686		1188				
Start Date (10)				Willon De 23 /		Name of OSHA N	fonitor NAGEMENT LL	c				
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Exterior				×	Window			250 LF	120		Ø	
Name of Registered Wash Newark Carting	e Hauler			NJOEP V Hauler IC 04509	No.	Cubic Yards of Wasts As Needed	Name of Registr		2			
City, State Newark, NJ			-		granusti	Diaposel Date TBD	City, State Esthichem,	PA				
Completed By (Print or Tys	oal Mas	-				Signature /	//	-	ate			
Raymond Blum	P	rojeot	Mai	rager		L M	h		7-	16	1	5

* Do not use this form for asbeetos licensurs exempled ectivities.

FAX)

215 JUL 20 ANTH: 69 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET as Charles Street Abetement Type E is Location E ñ Location of Asbertos Centelning Normally Used Description of Asbestos-Containing Material R n c Material (ACM) TO BE ABATED IN Solely by Amount (Specify SF (ACM) (i.e. therma) systems, indulation, 0 R ¢ 1 Faculty (13) Maintenance/Cust or LF) surficing, VAT, or other miscellaneous) m 4 0 odial Staff (12) ٥ P P 8 ā B u 8 U Г 1 \$ Yes No N/A Exterior X Window Quazing 410 LF X X Garage Window Glazing/Caulking X 200 LF X X

Campleted by: [Print or type]	L		transfer to the contract of th	
	Title:	Project Manager	Signature: // / /	Data
Reymond Blum	1		C. W. W. A. I.	Date:
			111111	7-110-15
	market market market day		- Allender of the second	

(K 1157

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notitication (1)						no olov anu :			0 2	1		
7 /	17 /	45				ing Owner/Operat		-		1		
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Street Address	14		-	II.			LANAGEMENT	LLC				
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P.O. Box 1224					_	27 Outwate						
City, State, Zip Gode						City, State, Zip	Code		-			
Union, NJ						Gerfield, N.	J 07026					
Project Manager for Mo	nlioding Flim	1	T	elephone	No.	Telephone No.		LICENSE NO.	-			-
Rick Eustaquio				678-49		\$73-028-4B	58	1188				
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7 / 21 /	15	8	/	23 /	16	그 [10] 전 시간에 있는 경우를 한 번째 시간에 되었다.	ANAGEMENT	LLC				4
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Raymond Blum	P	roject	Mar	regar		1/1	///	_ -	7-	160	-11	5
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07/16/2015 20:06

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NOTIFICATION OF ASSESTOS ABATEMENT

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Agencies Nothed	Type Not	Mostlon				est Address				1 1	_/:		3		j
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Union, NJ					V			Gerfield, NJ			9				
roled Managar for Mon	tocino Firm			Tel	cphone	Ma			0/028						
Rick Eustequio					ehioils	4-3762	1	alephone No.	**	License	No.				
iten Date (10)		8 दोम्बर्च प		Omis!	10-48-	4-3182	٠.,	975-926-4888		1183					
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* Do not use this form for esbeetos Hoeneurs exempted activities.

NO CK

Date of Notification (1)					Name	of Building	g Owner/Operator	(2)				1 (vil)-	
7 / 2	7/_	15			Div	ision of I	Property Manag	ement & Cons	truction				
	ype Notifica	ation			Street	Address				2022			
	Initial				20	W. State	Street, 3rd Flr.						
	Amended				City, S	State, Zip C	Code						
⊠ DOH	Amendm	_	•			nton, NJ							
□ DCA (NJAC 5:23-8)	Emergen justification		cluding	3		of Contac	536-5666		Telephone Nur	mher			
] Cancellat				500000000000000000000000000000000000000	k Ferrera	ā.		Tolopholic Hui	ilbei			
					FA	CILITY IN	FORMATION						
Name of Facility Where Aba	tement is 7	Taking	Place	(3)		W		Type of Facility	(4)				
Residential House								School (K-1					
Street Address									8 (Other than K-1				
119 Weber Avenue								homes, etc.	orivate and common)	erciai b	ullain	gs,	
City (5)								Square Feet	# of Floors	Е	ldg. A	ge	
Sayreville, NJ 08872								***					
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	iished)			
Middlesex								10	-				
Name of Monitoring Firm Hir	ed by Build	ding O	wner ((8)	ASCM	No.	Name of Abatem	ent Contractor (9)				
Bio Terra Solutions					10/2002-00000		2000-000-000-000-000-000-000-000-000-00	NAGEMENT L					
Street Address							Street Address	THE TOTAL PROPERTY OF					
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip C						
Union, NJ							Garfield, NJ						
Project Manager for Monitori	ing Firm			Tel	ephone	No.	Telephone No.		License No.		-		_
Rick Eustaguio					73-494		973-928-4888	3	1188				
Start Date (10)	5	Schedu	ıled C	lamo	etion Da	te (11)	Name of OSHA N	<u> </u>	1.00				
7 /21 /					3_/			NAGEMENT L	LC				
Occupancy Status During Ab	patement (0	Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated D							27 Outwater	Lane					
Abatement Performed Ou	itside of No	ormal F	Facility	γ Ηοι	rs - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:	AM	PM	/	_PM		AM	Garfield, NJ						
Scope of Work (Check all that	at apply)												
☐ >3 sf or >3 lf		1	☐ Re	nova	tion		☐ Full Con	tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf			⊠ De				Gloveba	g Procedure					
							Non-Exe	mpted (*) and No	n-Friable Proced	ure		Legisla	
I was a series of the				Loca				Nev I		Al	atem	ent T	ype
Location of Asbestos-Containing Mat	erial (ACM	0			ely by	Ashor	Description of stos Containing Ma		Amount	R	R	ш	ш
TO BE ABATEI		2			ance/		, thermal systems		(Specify	Removal	Repair	ıcar	ıclo
IN Facility			Cust	odial (12	Staff?		surfacing, VAT		SF or LF)	Va	_	Encapsulate	Enclosure
(13)			Yes	No	N/A		other miscellane	ous)				ate	U
Roof					\boxtimes	Chimne	y/Roof Flashing	1	20 SF			\boxtimes	
Interior					\boxtimes	Residua	al Popcorn Coat	ing	100 SF			\boxtimes	
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Name of Registered Waste H	lauler			1	NJDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill		1		
Newark Carting				ŀ	Hauler ID		Waste	IESI Landf					
City, State					04509		As Needed Disposal Date	City, State			_		
Newark, NJ						TBD	Bethlehem	, PA					
Completed By (Print or Type)		Title					Şignature	1		ate	_	1	
Raymond Blum	8	7 7 7 8	oject	Man	ager		(1 /	1/~	.		17	10	
SP 44			,,,,,,		5				20	110	1//		



Date of Notification (1)					Name	e of Buildin	g Owner/Operator (2)			-		
7/	27 /	15			200,000,000		Property Manage	A	truction				
Agencies Notified	Type Notific	ation			Stree	t Address							
⊠ EPA	☐ Initial						Street, 3rd Flr.						
□ DOLWD		d			_	State, Zip (- i					
□ DOH	Amendm					enton, NJ							
DCA	⊠ Emerger		cluding	3		e of Contac			Tolombons Ni.				
(NJAC 5:23-8)	justificat Cancella				100000000000000000000000000000000000000	k Ferrera			Telephone Nu	imber			
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Name of Facility Where A	hatement is	Taking	Dlace	(3)	ГА	CILITIN	IFORMATION	T of Facility	(4)				
Residential House	ibatoment is	raking	1 lace	(3)				Type of Facility ☐ School (K-12)	30.000				
Street Address									8 (Other than K-	12)			
120 Weber Avenue									private and comn	nercial b	uildin	gs,	
City (5)								homes, etc.) Square Feet	# of Floors	1	Ilda /	100	
Sayreville, NJ 0887	2							oquale i eet	# 01 110015	1	Bldg. A	age	
County (6)				- 7.7-1	Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	olished)	7		
Middlesex							 Professional Control of the second of the sec		3	,			
Name of Monitoring Firm	Hired by Buil	ding O	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9))			-	
Bio Terra Solutions							The state of the s	NAGEMENT L					
Street Address							Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telephone No.		License No.				
Rick Eustaquio				9	73-494	-3762	973-928-4888		1188				
Start Date (10)						ate (11)	Name of OSHA M	lonitor					
7/_21_/	15	9	/	_2	3_/	15_	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During			A 4				Street Address						
☐ Facility Closed/Vacate	d During Enti	re Peri	od of	Abate	ment		27 Outwater I	_ane					
Abatement Performed Time of Abatement:	Outside of N	ormal F	acility	/ Hou	rs - Des	scribe	City, State, Zip Co	ode					
			′	-PIVI		Alvi	Garfield, NJ	07026					
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf		Γ	Re	novat	ion		☐ Full Cont	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf		0	⊠ Dei	moliti	on		☐ Glovebag	Procedure					
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Location of	of			lorma			Description of	f		A	patem	ent T	уре
Asbestos-Containing N		1)		d Sol	ely by		stos Containing Mat	terial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABAT					Staff?	(i.e.	 thermal systems i surfacing, VAT, 		(Specify	Removal	air	aps	Enclosure
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Name of Registered Waste Hauler						Vaste	Cubic Yards of	Name of Regis	tered Landfill				_
Newark Carting						No.	Waste	IESI Landfi					
City, State)	As Needed Disposal Date	City, State				7 (8-11-)	-
Newark, NJ							TBD	Bethlehem	, PA				
Completed By (Print or Typ	oe)	Title					Signature			Date /		1	
Raymond Blum		Pro	ject	Man	ager		(VIV)	1		7/	27	V	1

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

Date of Notification (1)			-		Name	of Buildin	o Own	ner/Operator	(2)					
7 /	27 /	15					500	and Williams	(²⁾ ement & Cons	truction				
Agencies Notified	Type Notific					t Address		,						
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Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility					
Residential House									School (K-1	2) 8 (Other than K	12\			
Street Address										private and com		ouildin	gs,	
121 Weber Avenue									homes, etc.)				
City (5)									Square Feet	# of Floors		3ldg. A	ge	
Sayreville, NJ 0887	2												×	
County (6)					Cou	nty Code (7	7)(STA	TE USE ONLY)	Current Use (P	rior if being dem	olished)			
Middlesex														
Name of Monitoring Firm		ding O	wner	(8)	ASCM	No.	Nan	ne of Abatem	ent Contractor (9)				
Bio Terra Solutions							Α	LL PRO MA	NAGEMENT	LLC				
Street Address							Stre	et Address					3122 -	
P.O. Box 1224							27	7 Outwater	Lane					
City, State, Zip Code							City	State, Zip C	ode					
Union, NJ							G	arfield, NJ	07026					
Project Manager for Moni	toring Firm				ephone		Tele	phone No.		License No.				
Rick Eustaquio					73-494		97	73-928-4888	3	1188				
Start Date (10)						ite (11)	10000000	ne of OSHA N						
7/21/					/ .	15	A	LL PRO MA	NAGEMENT L	LC				
Occupancy Status During							Stre	et Address						
☐ Facility Closed/Vacate	d During Enti	re Peri	od of	Abate	ment		27	Outwater	Lane					
Abatement Performed Time of Abatement:	Outside of N	ormal F	acility	y Hou	rs - Des	cribe	City,	State, Zip Co	ode					
			'			VIVI	G	arfield, NJ	07026					
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 lf		1	☐ Re	novat	on			☐ Full Con	tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf		Ì	⊠ De	molitic	on			☐ Gloveba	g Procedure					
			1	Lancard	•	Т			mpted (*) and No	on-Friable Proce	dure			
Location	of			Loca: Norma				Di			Α	batem	ent T	уре
Asbestos-Containing N	7.00	1)	Use	d Sole	ely by	Asbes	stos C	Description of Containing Ma		Amount	Re	Re	En	E
TO BE ABA				intena	nce/ Staff?		., ther	mal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	У			(12)	otun:			ırfacing, VAT, er miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
			Yes	No	N/A				000,				te	
Exterior					\boxtimes	Transite	e Sid	ina		3,000 SF	×	ПП		
										5,555 5.				H
		-			10000								Ш	Ш
										=				
Name of Registered Waste	100	JDEP \		Cubi	c Yards of	Name of Regis	stered Landfill							
Newark Carting	H	auler II		Was		IESI Landi								
City, State					04509			Needed osal Date	City, State					
Newark, NJ							TE		Bethlehen	ı. PA				
Completed By (Print or Type	Title					100000	Signature/		A November	Data /	-	i		
Raymond Blum	/	100000	oject	Man	ner			Signature	1/1/2		Date /	7/	15	
		1.10	Joct	maile	age!						1/2	11	1'	

NO CK

[5					T								
Date of Notification (1)	27 /	15					g Owner/Operator (Property Manage		ruction				
Agencies Notified EPA	Type Notific	ation				t Address	04						
⊠ DOLWD	⊠ Amended	d					Street, 3rd Flr.					-125-	
☑ DOH	Amendm	ent # <u>1</u>				State, Zip (
			cluding	3		nton, NJ			T=				
(NJAC 5:23-8)	justificati					of Contac			Telephone Num	nber			
	☐ Cancella	tion			Ric	k Ferrera	1		J -:				
					FA	CILITY IN	IFORMATION		170				
Name of Facility Where Al	batement is 7	Taking	Place	(3)				Type of Facility	(4)				
Residential House								School (K-12		2)			
Street Address									B (Other than K-12 rivate and comme		uildin	as.	
124 Weber Avenue								homes, etc.)				301	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Sayreville, NJ 08872	2												
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demoli	shed)			
Middlesex													
Name of Monitoring Firm H	Hired by Build	ding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address			() = 1; ES			
P.O. Box 1224							27 Outwater	_ane					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Monito	oring Firm		11/22/	Tel	ephone	No.	Telephone No.		License No.				
Rick Eustaquio				9	73-494	-3762	973-928-4888		1188				
Start Date (10)	5	Sched	uled C	omple	etion Da	ate (11)	Name of OSHA M	onitor		61-2			
7 /21 / _	15	_ 9	/	_ 2	3_/	15	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During	Abatement (Check	only	one)			Street Address						
☐ Facility Closed/Vacated					ment		27 Outwater I	ane					
☐ Abatement Performed (Outside of No	ormal	Facility	y Hou	rs - Des	scribe	City, State, Zip Co					-	
Time of Abatement:	AM	PN	N/	_PM		_AM	Garfield, NJ						
Scope of Work (Check all f	that apply)						- Carriora, 110	0.020					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re 図 De				☐ Mini-Enc		ative Pressure				
△ 100 31 01 2200 11			M De	inonti	OII		☐ Glovebag ☐ Non-Exe	mpted (*) and No	n-Friable Procedu	ıre			
				Loca							atem	ent T	vpe
Location o				Norma	ally ely by		Description o		1400000	785	1		1
Asbestos-Containing M TO BE ABAT		1)	Ma	intena	ance/		stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust		Staff?	(surfacing, VAT,	or	SF or LF)	oval	7	psu	Jusc
(13)		ŀ	Yes	(12) No	N/A	-	other miscellane	ous)				late	е
				30000	7 7 7 7 7 7	-				-	-	_	-
Exterior			Ш			Transit	e Siding		3,210 SF	\boxtimes			
			П								П		
				_	-						1		1
Name of Decision 1981	111		Ц	Ц		<u> </u>							Ш
Name of Registered Waste Newark Carting	e Hauler			435	IJDEP I lauler II		Cubic Yards of Waste	Name of Regis					
					04509		As Needed	IESI Landfi	11				
City, State							Disposal Date	City, State	occover.				
Newark, NJ							TBD	Bethlehem	, PA	*			
Completed By (Print or Typ	pe)	Title					Signature	M	D	ate		1.	_
Raymond Blum		Pr	oject	Man	ager		11 CVL	$\sim N \perp \sim$	7	1/2	7	115	
								1/1/		- 1/			

NO CK

Date of Notification (1)				Nar	ne of Buildi	ng Owner/Operator (2)					
	15	<u> </u>		- 1		Property Manage		ruction				
Agencies Notified Type Not	fication			Stre	et Address							
☐ EPA ☐ Initial				2	0 W. State	Street, 3rd Flr.						
☑ DOLWD ☑ Amen					, State, Zip							
	iment #	- 20			renton, N							
DCA Emerg		cludin	g	_	ne of Conta			Telephone Nu	mbor			
Cance				100000000000000000000000000000000000000	ick Ferrer	17.7		Telephone Nu	iiiibei			
				F	ACILITY I	NFORMATION						
Name of Facility Where Abatement	s Takin	g Place	(3)				Type of Facility (4)	4-,			
Residential House							School (K-12)				
Street Address							Subchapter 8	(Other than K-	12)			
51-53 MacArthur Ave							Other (i.e., pr homes, etc.)	ivate and comm	nercial t	ullain	gs,	
City (5)				0.0			Square Feet	# of Floors	E	Bldg. A	Age	
Sayreville, NJ 08872												
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)	5		
Middlesex												
Name of Monitoring Firm Hired by B	uilding (Owner	(8)	ASC	M No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions						ALL PRO MA	NAGEMENT LI	_C				
Street Address						Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code				-		City, State, Zip Co						
Union, NJ						Garfield, NJ						
Project Manager for Monitoring Firm			Te	lephon	e No	Telephone No.	0.020	License No.				
Rick Eustaquio			-		94-3762	973-928-4888		1188				
Start Date (10)	Sched	duled C			Date (11)	Name of OSHA M		1100		-	-	-
7 /21 /15	1				15		NAGEMENT LL	_C				
Occupancy Status During Abatemer						Street Address						
☐ Facility Closed/Vacated During E				ement		27 Outwater	ane					
☐ Abatement Performed Outside of						City, State, Zip Co						
Time of Abatement:AM						Garfield, NJ						
Scope of Work (Check all that apply						Garriera, No	07020					_
□ >2 of or >2 lf				n-#-#			ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		☐ Re				☐ Mini-Enc	losure g Procedure					
							mpted (*) and Nor	-Friable Proced	dure			
25 0000		120000		ation					A	batem	ent T	уре
Location of Asbestos-Containing Material (A	N. #1		Norm	nally blely by	A = b	Description o	Co		R	R	m	m
TO BE ABATED	JIVI)	Ma	inter	nance/	(i.	estos Containing Ma e., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus		I Staff?	, , , , , , , , , , , , , , , , , , , ,	surfacing, VAT,	or	SF or LF)	ova	=	psu	nus
(13)		Yes	(12 No	57.50	,	other miscellane	ous)				late	G.
Exterior		Tes	INC	N//		w Caulk		200 5		-		
Exterior						w Glazing		300 LF 200 LF		屵		
Interior						d Mastic				12		
menoi					Tile an	IQ IVIASTIC		160 SF				
Name of Registered Wests Liviles				L	210/	101:1/						
Name of Registered Waste Hauler			- 10		Waste ID No.	Cubic Yards of Waste	Name of Regist					
Newark Carting				0450		As Needed	IESI Landfil	1				
City, State						Disposal Date	City, State					
Newark, NJ						TBD	Bethlehem,	PA		1		
Completed By (Print or Type)	Title					Signature	1		Date	/	1	
Raymond Blum	P	roject	Mai	nager		1 900	1		7/	27	11	3

Date of Notification (1)					Name	of Building	a Ow	ner/Operator (2	2)				7		
07/	29 /	15	_			izon	3	V		Fig of so		F1000			
Agencies Notified	Type Notifica	ation	200		Street	Address	The second				7.1	-	45	×	
⊠ EPA					150	Main St	reet								
⊠ DOLWD	☐ Amended				City, S	tate, Zip C	Code			V- 1 I.		-	1		_
□ DHSS	Amendme		1 11		Mad	dison, N.	079	940		15 2 12 - 1	1 19				
☐ DCA (NJAC 5:23-8)	☐ Emergen		luding			of Contac				Telephone N					
(16,100,200)	☐ Cancellat					x Baylor	-				diffici				
					FAC	CILITY IN	IFOF	RMATION		-			-		
Name of Facility Where A	Abatement is T	aking	Place	(3)	200000				Type of Facility	(4)					
Verizon									School (K-1						
Street Address									☐ Subchapter	8 (Other than K					
150 Main Street		4.55, -7.50							M Other (i.e., phomes, etc.	orivate and com)	mercial	l bu	ilding	IS,	
City (5)									Square Feet	# of Floors		Blo	ig. A	ge	
Madison, NJ									10,000	2		5	50		
County (6) Morris					Coun	ity Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being dem	nolished	d)			
Name of Monitoring Firm	Hirad by Duile	dina O		0)	ACCM	M-	T N I = i		-1.0-1-1.0						
USA Enviornmenta		aing O	wner (٥)	ASCM	NO.			ent Contractor (9)					
	U							VN Restorat	tion inc						
Street Address							75-6591	eet Address							
8436 Enterprise Av	enue							7 Foster Ro							
City, State, Zip Code							10000	, State, Zip Co							
Philadelphia, PA 19							-	taten Island	NY 10309						
Project Manager for Mon	itoring Firm				ephone		Tel	ephone No.		License No	12				
Mark Jenkins				100	15-365		7	18-605-6256	Tr.	00774					
Start Date (10)08 /10 /					etion Da 1 /			me of OSHA M estor Tech	lonitor						
		- 81												15.6	
Occupancy Status During	T)						180	eet Address							
 ☐ Facility Closed/Vacate ☐ Abatement Performed 						cribe		0 59 Jackso			232-001				
Time of Abatement:						CIDE	1	, State, Zip Co IC NY 11101							
Scope of Work (Check al	Il that apply)									: 6	23				
≥3 sf or ≥3 lf			⊠ Re	novat	ion			☐ Mini-Enc	tainment with Ne losure	gative Pressure	2				
≥160 sf or ≥260 lf			☐ De					☐ Glovebag	g Procedure		eropouses				
					,,			∐ Non-Exe	mpted (*) and N	on-Friable Proc					
Location	of			Loca Iorma				Description	£			Aba		ent T	-
Asbestos-Containing		1)	Use	d Sol	ely by	Asbe	stos	Description o Containing Ma		Amount		Re	Re	En	En
TO BE ABA	ATED				ance/ Staff?		., the	rmal systems	insulation,	(Specify		Removal	Repair	cap	Enclosure
IN Facili (13)	ity		Cusi	(12)				surfacing, VAT, her miscellane		SF or LF)		al		Encapsulate	ure
(10)			Yes	No	N/A		011	nor miscenario						te	
Basement Boiler Roo	om					Pipe In:	sula	tion and Fitt	ings	350 LF	1	\boxtimes			
Basement Boiler Roo	om					Boiler I	nsul	ation		150 SF	[\boxtimes			
Basement Boiler Roo	om					Boiler I	3ree	ching		80 SF	[
Basement Generator	Room		\boxtimes			Pipe In:	sula	tion and Fitt	ings	250 LF	1				
Name of Registered Was	te Hauler			1	NJDEP N	Vaste	Cut	oic Yards of	Name of Regi	stered Landfill					
Newark Carting				ŀ	Hauler III		Wa 4	ste 0	G.R.O.W.						
City, State						-		posal Date	City, State						
Hackettstown, NJ							0	8/21/15	Morrisville	e,PA					
Completed By (Print or T	vpe)	Title						Signature/	11	0	Date				
Ralph Barnhardt	,r~/			Mai	nager			J. A.	Il home	-/	07	17	C; -	15	7
pr. Darmarat		,	. 0,00	ina	,agei			Mile !	fr. Killian		01	-	1		

Date of Notification (1)				Name	of Buildir	na Ov	wner/Operator ((2)					
07 / 29 /	15				rizon	3		/					É
Agencies Notified Type Notific	otion			Ctore	4.6.1.1				7750 0				
☐ EPA ☐ Initial	alion				t Address				21 P 2 P 2 P	to Die	1	4	15
☑ DOLWD ☐ Amende	d			11000	Main S		*		61				~
□ DHSS Amendm				E 58%	State, Zip								
DCA Emerger	ncy (inc	luding		_			, NJ 07940			E. A	14	2	
(NJAC 5:23-8) justificat				100000000000000000000000000000000000000	of Contac				Telephone Nu	mber			
Caricella	ition				x Baylor								
Name of E. W. Lan				FA	CILITY II	NFO	RMATION						
Name of Facility Where Abatement is	Taking	Place ((3)					Type of Facility	7007				
Verizon								School (K-12	2)				
Street Address						1233		Subchapter 8	3 (Other than K-	12) nercial h	wildin	ae	
150 Main Street								homes, etc.)	ato and comm	ioroidi i	, and in	93,	
City (5)								Square Feet	# of Floors	E	Bldg. A	ge	
Madison, NJ								10,000	2		50		
County (6)				Cour	nty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Morris	and and a		-107.7-025.0										
Name of Monitoring Firm Hired by Buil	ding Ov	vner (8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					_
USA Enviornmental						١,	JVN Restorat	tion Inc					
Street Address						St	reet Address						
8436 Enterprise Avenue							47 Foster Ro	ad					
City, State, Zip Code						Cit	ty, State, Zip Co	ode					
Philadelphia, PA 19153						1	Staten Island	NY 10309					
Project Manager for Monitoring Firm			Tele	phone	No.	Te	lephone No.		License No.				
Mark Jenkins				15-365		7	718-605-6256		00774				
	Schedu				(2) E)	Na	me of OSHA M	lonitor					_
08 /10 /15			100	/ .	15_	7	Testor Tech						
Occupancy Status During Abatement (Str	reet Address						_
☐ Facility Closed/Vacated During Enti	re Perio	od of A	bate	ment		1	10 59 Jackso	n Avenue					
Abatement Performed Outside of N Time of Abatement:AM	ormal F	acility	Hour	s - Des	cribe	Cit	y, State, Zip Co	ode					
	PIVI/	3.00P	IVI- <u>Z.</u>	30AIVI		L	LIC NY 11101						
Scope of Work (Check all that apply)								x en se englisen					
☐ ≥3 sf or ≥3 lf	D	⊠ Ren	ovati	on				ainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf		Dem					☐ Glovebag	Procedure					
							☐ Non-Exer	mpted (*) and Nor	n-Friable Proced	lure			
Location of			ocat rma				_			A	patem	ent T	уре
Asbestos-Containing Material (ACN	1)	Used	Sole	ly by	Ashe	estos	Description of Containing Mat		Amount	R	R	ш	Ш
TO BE ABATED		Main Custo					ermal systems i		(Specify	Remova	Repair	ncap	nclo
IN Facility (13)			uiai ((12)	olan :			surfacing, VAT,		SF or LF)	val		Encapsulate	Enclosure
(10)		Yes	No	N/A	1	OL	ther miscellaned	ous)				ate	(D
Basement Genertor Room	- 1	X [П	Floor T	ilo o	and Mastic		400	F7			
					1 1001 1	iie a	IIIU Mastic		480			Ш	Ш
	L	ال		Ш									
	[П	П	П
	1	7 [7	П			1007120						
Name of Registered Waste Hauler			IN	JDEP V	Vaste	Cul	bic Yards of	Name of Regist	ered Landfill			Ш	Ш
Newark Carting			Н	auler II	No.	100000000000000000000000000000000000000	iste	G.R.O.W.S.					
City, State				NJ-56	6	-	0		, 1110.				
Hackettstown, NJ						1.000	posal Date 8/21/15	City, State	D.4				
Completed By (Print or Type)	T:41-					0	8000 MARCH 1927/2	Morrisville,					
Ralph Barnhardt	Title	oject l	A	000-			Signature'	111 .		Date		100	
ASB-41	FIG	oject i	viall	ayer			1.14/11	theme	/	07	-29.	15	1

Agencies Notified Type Notification Street Address Amended	
Initial Amended Telephone Number Telephone Number	
DOL Amendment # Emergency (including justification) Cancellation Name of Contact VY FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Street Address 301 City (5) City (5) Square Feet Amendment # Emergency (including justification) Name of Contact VY FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Agg	
Name of Contact Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Street Address 2301 City (5) Square Feet Square Feet Square Feet Telephone Number Telephone Number Telephone Number Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	est t
Street Address City (5) Square Feet # of Floors FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
Name of Facility Where Abatement is Taking Place (3) Street Address 23 0 1 Grey Avenue City (5) Square Feet # of Floors Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	
Street Address Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age	
2301 Gree Heme Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age	
City (5) Square Feet # of Floors Bldg. Age	t out
County (6) County Code (7) Current Use (Prior if being demolished)	
Union (STATE USE ONLY) School	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Name of Abatement Contractor (9) Name of Abatement Contractor (9)	
Street Address (Street Address ())	
202 Hunterden Street 2717 Linux of Koad	
City, State, Zip Code City, State, Zip Code	
Project Manager for Manitoring Eirm Telephone No. Telephone No. License No.	
along Pellis 908-418-2737 01227	^
Start Date (10) Scheduled Gompletion Date (11) Name of OSHA Monitor Name of OSHA Monitor Name of OSHA Monitor	(Q-
Occupancy Status During Abatement (Check Only One) Street Address	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours 202 Huntivolon Street City, State, Zip Code	
Other-Describe: Neverale, W 97103	
Scope of Work (Check All That Apply)	
≥3 sf or ≥3 lf	
Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Is Location Abatement	
Location of Used Solely by Description of Used Solely by	\dashv
Maintenance/ Maintenance/ (i.e. thermal systems insulation, Specify Description Descript	Encl
Maintenance/ Custodial Staff? (12) Maintenance/ Specify Specify Surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (Specify SF or LF) Other miscellaneous	Enclosure
Yes No N/A	
Sover Room V 151, Flue ruse X	
Pipe	_
	_
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	\dashv
Tri-State Hauler ID No. of Waste 30 Thurly town	
City, State Disposal Date City, State	\exists
Completed by O Title (Merations Signature O C Date /	_
Cimonel Chies Manager amound Chies 7/27/15	

CK#24882

Date of Notification (1)	27/15			Name	of Building	g Owner/	Operator (2	2) The Nassau	lhn	30				
Agencies Notified	Type Notificat	ion		Street	Address) Palmer Sq				70		_
DEP DOL	Amended Amendmen		.	City, S	tate, Zip C	ode		nceton, NJ 0	× 1. it.	i ik i g	5			
M DOH □ DCA	☐ Emergency justificatio ☐ Cancellatio	n)	İ	Name	of Contac Fr	t ank O'				ne Numbe	er			
				FAC	ILITY INF	ORMATI	ON							
Name of Facility Where			0.700000	1.50.5000				Type of Facility	(4)		1			
	The	Nassau	Inn					School (K-1 Subchapter		han K-12				
Street Address	10 Pa	almer So	uare					Other (i.e., phomes, etc.	rivate & c			lings,		
City (5)								Square Feet	# of FI	loors	Blo	dg. A	ge	\neg
	Prince	ton, NJ	0854	2				25000	.	6	_	100	+/-	
County (6)	/Iercer				ity Code (7 ONLY)	7) (STAT	E	Current Use (P	rior if bein	g demolis	ned)			
Name of Monitoring Firm	n Hired by Buildi	ing Owner		ASCM	No.	Name o		ent Contractor (9						
(8)	MECS		_					ens Environ	mental	Service	s, In	c.		
Street Address	PO Box	341				Street	Address	PO I	30x 322)				
City, State, Zip Code	TODOX	311				City, St	ate, Zip Co				_			_
	rosswicks, N	NJ 08515	5				orania di	Allentow	n, NJ 0	8501	- 51			_
Project Manager for Mo			- 193,000	phone		0.000.000.000.000.000	one No.	0.000	Licen	se No.	0.400			
	eisgarber				8-4070		609) 259			0	0493			_
Start Date (10) 8/6/15	S	cheduled C	omple 1/10/		te (11)	Name	of OSHA M		ECS					
Occupancy Status Durin	ng Abatement (0			15		Street	Address							=
☐ Facility Closed/Vacat	ted During Entire	e Period of	Abate						30x 341					
Abatement Performe Other - Describe:	d Outside of No	rmal Facilit	y Hou	rs		City, St	ate, Zip Co		wicks, 1	ŊJ				
Scope of Work (Check	all that apply)					[a.	7 Eull Cont	tainment with Ne	active Pre	occure.				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat molitic				Mini-Encl				A			
		ls l	ocatio	on			TIVOII EXO	mptod () dna 11	on madic	1 100000		bater		
Location	of		ormally Solel			Dec	cription of					Тур	e	
Asbestos-Containing	Material (ACM)	Mair	ntenar	ice/		tos Conta	aining Mate	erial (ACM)	Amo				Ш	m
TO BE ABA			ustodia Staff?	āl	(i.e.,		systems in ing, VAT,		(Spe SF or		Remova	Repair	сар	inclo
(13)	•		(12)			other m	iscellaneo	us)			loval	oair	Encapsulate	Enclosure
		Yes	No	N/A									le l	
Basement	Office	_ ×			Th	ermal	Pipe Ins	ulation	70	<u>lf</u>	X			
Basement	Office	_ ×			Th	ermal]	Duct Ins	sulation	120) sf	X			
		_												
		_							<u> </u>	1511				
Name of Registered Wa			H	NJDEP Nauler ID		Cubic `of Was	te	Name of Reg			1 (* 11			1
Stevens Environ	mental Serv	ices, Inc	<u>. l</u> .	182	292	3 (CU	City State	GKON	VS Lan	afill			
City, State	Allentown	n. NJ					al Date 0/15 //	City, State	Morr	isville,	PA			
Completed By		Title					nature	7/		Date				
Mahlon E. St	evens	P1	ojec	t Mar	nager		///				7/27	7/15		

CK#24881

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

Date of Notification (1)	27/15			Nam	e of Buildir	ng Owner/Operator	r (2) Shivers	Etis A	77 -	100 mm			.*
Agencies Notified	Type Notificatio	n		Stree	et Address						F. 67 1	(1)	- C-
EPA DEP DOL DOL	Milital Amended Amendment Emergency ((includin	g .	_	State, Zip (Code T	renton, NJ (œ Į.	(C/)	- 1			
□ DCA	Cancellation					anice Shivers		. 5.5		85			
				FA	CILITY INF	FORMATION							
Name of Facility Where		ing Plac sident				_	Type of Facilit		V 12\				
Street Address	26 Delaw	are Vi	ew A	ve.				private & comm			dings	,	
City (5)	Trento	n NI	0861	R			Square Feet 2000	# of Floors	5	В	idg. A	kge)+/-	
County (6)	1 dercer	1,110	0001	Cou	inty Code (E ONLY)	7) (STATE	-	Prior if being de	molish	led)	- / (_
Name of Monitoring Firm		Owner		ASCM	l No.	Annual Communication of Communication	nent Contractor (vens Environ		vices	. Ir	nc		_
Street Address	PO Box 34	11				Street Address		Box 322		,			_
City, State, Zip Code			5			City, State, Zip C	Code		1				_
Project Manager for Mor	osswicks, NJ	0031		phone	Nie	Telephone No.	Allemov	n, NJ 0850					_
	isgarber		T		8-4070	(609) 25	59-9688	License N		493	3		
Start Date (10)		eduled (-			Name of OSHA I							_
8/17/15			3/30/	15			N	IECS					
Occupancy Status Durin						Street Address	DO 1	Day 241					
☐ Facility Closed/Vacate	5000					City, State, Zip C		Box 341					_
Other - Describe:	8 am - 4 pm	air aoin	ty i lou			City, State, Zip C		wicks, NJ					
Scope of Work (Check a 3 sf or >3 if 160 sf or >260 if	III that apply)		enovati emolitio			☐ Mini-End Gloveba	ntainment with Ne closure ag Procedure empted (*) and N	925					
		N	Locatio omally							Α	bate Typ		
Asbestos-Containing N TO BE ABAT IN Facility (13)	Material (ACM) ED	Mai C	I Solely ntenan ustodia Staff? (12)	ce/ Il		Description of os Containing Mat thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Baseme	nt	Yes	No	N/A	The	ermal Pipe Ins	nulation	130 If	-	×	_	-	
Dasenie	1111	^				rmai ripe ms	Sulation	130 11	-	^	\dashv	-	-
Name of Registered Was	te Hauler		IN	JDEP V	Vaste T	Cubic Yards	Name of Reg	stered Landfill					_
Stevens Environm		es, Inc	H	auler ID 182	No.	of Waste 2 CU		GROWS I	andi	fill	16		
City, State	Allentown, l	NJ				Disposal Date 8/30/15	City, State	Morrisvil	le, P	A			
Completed By Mahlon E. Stev	Title	Э	oject	Man	ager	Signature		Date			/15		
			-	_	AA41	1							

ASB-41 MAR 00

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

CK* 24885

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

Date of Notification (1)	10.011.5			Name	of Buildin	g Owner/	Operator			tio JUL	20			
	28/15							Tuleja			JU	<i>f</i> :		
Agencies Notified	Type Notific	ation		Stree	t Address			74 High Str	apt	1.5			14.	44
EPA DEP	☐ Amende			City. S	State, Zip C	Code		/ / IIIgii bu	001	5 L/C	+ L1-		- Au	_
⊠ DOL	Amendm Emerger		<u> </u>				Southa	ampton, Mas	s. 010	73	t.W.	14	, ' '	11
☑ DOH □ DCA	justificat	tion)	•	Name	of Contac				Teleph	one Numb	er			
	☐ Cancella	Ition				Greg T	uleja							
				FA	CILITY INF	ORMATI	ON							
Name of Facility Where		Taking Plac Resident	1000 1000					Type of Facility						
Street Address		Resident	lai					☐ School (K-1☐ Subchapter	8 (Other	than K-12)			
	97	Rodney	Ave.					Other (i.e., phomes, etc.	orivate &	commercia	al build	dings		
City (5)	Some	erset, NJ	0887	13				Square Feet 2400	# of F	Floors 2	Bi	dg. A	ge +/-	
County (6)	50111	C15Ct, 143	0007		nty Code (1	7) (STAT	 E	Current Use (P	rior if beir	na demolis	hed)	13	1/-	_
Mi	ddlesex				ÓNLY)					J				
Name of Monitoring Firm		ding Owner		ASCM	No.	Name o		ent Contractor (9			H et He			
	MECS							ens Environ	mental	Service	s, Ir	ic.		_
Street Address	РО Вох	2/11				Street A	Address	DO I	3ox 32	2				
City, State, Zip Code	10 00	1 341				City Sta	ate, Zip Co		30X 3Z					_
	rosswicks,	NJ 0851	5				ato, zip o	Allentow	n, NJ (08501				
Project Manager for Mo			0.000	phone		Telepho		0.000	Licer	nse No.				
	eisgarber	0 1 1 1 1	-		8-4070			9-9688	_	0	0493	3		_
Start Date (10) 8/13/15		Scheduled	Somple 8/17/		ite (11)	Name o	f OSHA N		ECS					
Occupancy Status Durin	ng Abatement			13		Street A	Address	147	LCS		_			_
▼ Facility Closed/Vacate				ment				PO I	30x 34	1				
Abatement Performe	d Outside of N	lormal Facil	ity Hou	rs		City, Sta	ate, Zip Co							_
Other - Describe:								Crossy	wicks,	NJ				_
Scope of Work (Check a	all that apply)						Full Con	tainment with Ne	aative Pr	essure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio				Mini-Enc							
			Ciriolitic	,,,		4	Non-Exe	mpted (*) and No	on-Friable	Procedur	е			
			Location Location								A	bater Typ		
Location		Use	d Solei	y by			ription of					1,71		_
Asbestos-Containing N TO BE ABA			intenar Sustodia			thermal s		erial (ACM) nsulation,	Amo (Spe		R	_	Enc	Ш
IN Facility (13)	1		Staff? (12)		0/ //		ng, VAT, scellaneo		SF o	r LF)	Removal	Repair	Encapsulate	Enclosure
, , ,		Yes	No	N/A							val	=	ılate	ure
Baseme	ent	×			The	ermal P	ipe Ins	ulation	120) lf	×	\neg		
														\neg
Name of Registered Wa		(A) (C)	h	JDEP \ lauler ID	403000000000000000000000000000000000000	Cubic Y of Wast		Name of Regi						
Stevens Environr	nental Ser	vices, In	<u>. ˈ</u>		292	2 C	CU		GROY	WS Lan	dfill			
City, State	Allentow	n, N.I				Disposa - 8/17	1	City,/State	Morr	isville,	PA			
Completed By		Title	940				nature/	1//	141011	Date			_	=
Mahlon E. Ste	evens	P	rojec	t Mar	ager	_/	TYK	1/			7/28	3/15	_	

ASB-41 MAR 00

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

CK# 24878

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

Date of Notification (1)	28/15			Name	of Buildin	g Owner/Operator	(2) Henderso	n 2015 JUL 31	7 6			
Agencies Notified	Type Notification			Street	Address		Tichaciso	n U(J - E ;	1 10	44	
EPA	Initial					507	3 Province L	ine Rd				
DEP	Amended Amendment #		t	City, S	State, Zip C			8540	VSI	301	ÜL	
	☐ Emergency (in		ī [inceton, NJ (00.00		r Cr		
DOH DCA	justification) Cancellation			Name	of Contac	t 1d Henderson		Telephana Numi	ner			
				EAC		ORMATION						_
Name of Facility Where	Abatement is Takin	g Place	(3)	FAC	JILITY INF	ORIVIATION	Type of Facility	(4)		_		
		denti					☐ School (K-1					
Street Address								8 (Other than K-12 private & commerci		dinas		
	5073 Provi	ince I	ine !	Rd.			homes, etc	.)				
City (5)	Duine		NTT				Square Feet	# of Floors	BI	dg. A	_	
County (6)	Prince	eton,	NJ	Cour	nty Code (7) (STATE	3200	rior if being demoli	shed)	120)+/-	_
	1ercer				ONLY)	i) (SIAIL	Current Ose (F	nor it being demois	sileu)			
Name of Monitoring Firm		Owner	$\overline{}$	ASCM	No.	Name of Abaten	nent Contractor (9)				_
(8)	MECS		_				vens Environ	mental Service	es, Ir	ic.		
Street Address	DO D 24	1				Street Address	DO 1	222				
City State 7:2 Code	PO Box 34	1				Oit - Ot-1- 7:- 6		30x 322				_
City, State, Zip Code	rosswicks, NJ	08515	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mo		-		phone	No.	Telephone No.		License No.				=
	eisgarber				8-4070	(609) 25	59-9688	(0493	3		
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Name of OSHA						
8/7/15			3/28/	15		L	N.	IECS				
Occupancy Status Durin	. 374			mont		Street Address	PO I	3ox 341				
Facility Closed/Vacat						City, State, Zip C		JON 341		_	_	_
Other - Describe:						ony, orato, zip o		wicks, NJ				
Scope of Work (Check a	all that apply)			-								_
≥3 sf or ≥3 lf		⋉ Re	novati	on		☐ Full Cor ☐ Mini-En	ntainment with Ne closure	egative Pressure				
≥160 sf or ≥260 lf			molitic			Gloveb:	ag Procedure	on-Friable Procedu	IFO.			
		Isl	ocatio	on		INOII-EX	empled () and iv	on-mable Procedu		bate	ment	
Lasation	n.f		omally Solel			Description				Тур		
Location Asbestos-Containing I	Material (ACM)	Mair	ntenan	ce/		Description of tos Containing Ma	terial (ACM)	Amount			Е	1000.00
TO BE ABA		1	ustodia Staff?	al	(i.e.,	thermal systems is surfacing, VAT		(Specify SF or LF)	Ren	Re	ncal	Encl
(13)	,		(12)			other miscellane		J. J /	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					-		ate	Φ.
Crawl St	pace	×			Th	ermal Pipe In	sulation	60 lf	×			
Crawl Sr	pace	×			Г	Thermal Pipe	Debris	30 sf	×			
Name of Registered Wa			h	JDEP \ lauler ID		Cubic Yards of Waste	Name of Reg	istered Landfill				
Stevens Environ	mental Service	s, Inc	<u>. </u>	182	292	2 CU		OROWS Lar	ndfill			
City, State	A 11	TT				Disposal Date	City, State	/ \/	D 4			
Completed By	Allentown, 1					8/28/15 Signature	WEY/	Morrisville,	PΑ			_
Mahlon E. Ste			oiec	t Man	ager	Signature		Date	7/28	3/15		
			5,00	1.101								

ASB-41 MAR 00

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

D# 2847

D-1(N											~ ,	. 1	-		
Date of Notification (1)	27 /	15			1			-	ner/Operator (nceton Unive	ALC:	Eli III	m, ac			
Agencies Notified EPA	Type Notifica				S		Address MacMill	an E	Building		Alb Ma	3.5	All i	C: ¿	2
⊠ DOLWD	Amended				C	ity, S	state, Zip C	Code							
☑ DHSS ☐ DCA	Amendme			8		Prin	nceton, N	J 08	8544		\$ 1.0	24		11	į.
(NJAC 5:23-8)	☐ Emergen justification		ciuaing	3	N	ame	of Contac	t	503 AC		T-1- 1	_	(:		
, , , , , , , , , , , , , , , , , , , ,	Cancellat					Rob	ert Orte	go			003-230-10	J4 I			
						-		_	RMATION						
Name of Facility Where	Abatement is T	aking	Place	(3)	_	1 //	JILIT III	11 01	MATION	Type of Facility	(4)				
Princeton Universi				. (0)						School (K-12					
Street Address	.,			-						Subchapter	8 (Other than K-1				
Faculty Rd										Other (i.e., p	rivate and comm	nercial b	uildin	gs,	
City (5)										Square Feet	# of Floors	F	ldg. A	ane.	
Princeton										30,000	3	_	50+	·gc	
County (6)		-		_	10	Coun	ty Code (7	VSTA	ATE USE ONLY)		ior if being demo	olished)			
MERCER							,		•			noneu)			
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	AS	CM	No.	Na	me of Abateme	ent Contractor (9)	N.				
Pennoni Assoicate	s, Inc.				(010	12	E	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address								Str	eet Address						
515 Grove St., Suit	e 1B							1	123 BEAVE	R STREET					
City, State, Zip Code								Cit	y, State, Zip Co	ode					
Haddon Heights, N	Haddon Heights, NJ 08035								BRISTOL, PA	19007					
Project Manager for Mon	roject Manager for Monitoring Firm								lephone No.		License No.				
Alan Lloyd				-	856-	547	-0505	2	15-788-6040	Ĺ	00509				
Start Date (10) 8 /11 /			uled C				te (11) 15	100000	me of OSHA M BRISTOL EN	lonitor VIRONMENTA	L, INC.				
Occupancy Status During	g Abatement (0	Check	only	one)				Stre	eet Address						
☐ Facility Closed/Vacate						nt		2000000	123 BEAVE	R STREET					
☐ Abatement Performed	d Outside of No	ormal	Facilit	у Но	urs -	Des	cribe		y, State, Zip Co			-			
Time of Abatement: 7	<u>':00</u> AM- <u>3:30</u> F	PM/	P	M		_AM		1000.000	BRISTOL, PA						
Scope of Work (Check a	ll that apply)									ACCES TO SECURE					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re							tainment with Neg losure g Procedure mpted (*) and No		dure			
÷	51		1000		ation					127		A	baten	ent T	уре
Location		15			nally olely		A-1		Description of			70	R	Ш	Ш
Asbestos-Containing TO BE ABA		1)	Ma	inter	nanc	e/			Containing Ma ermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil			Cus	todia (12	al Sta	iff?	,	S	surfacing, VAT	, or	SF or LF)	val	7	lusc	sure
(13)			Yes	N		N/A		ot	her miscellane	ous)		1		ate	
Attic spaces					[Pipe ins	sula	tion		250 LF				
Basement Mechanica			[Flue Pa	tch			1 SF						
1 st Floor Room 110				\boxtimes	[Rope G	iask	et		20 LF				
Exterior]		Windov	v gla	azing and ca	ulk	22 windows				
Name of Registered Was							Vaste	100000000	bic Yards of	Name of Regis	stered Landfill				
SERVICE TRANSPO	ORT GROUP	, INC). 			er IL 1990	No.	Wa			. NORTH LAN	DFILL			
City, State BRISTOL, PA 1900						Dis	posal Date	City, State MORRISVI	LLE, PA 1906	7					
Completed By (Print or T	ype)	Title							Signature	1 1	/ -	Date /		/	
Brian Scafiro		355	stima	tor					Drian	Scafiro	/jl	7/0	1/	15	

C1 # 2848

Date of Notification (1)		-			Name	e of Buildin	ια Ον	vner/Operator ((2)					11 1
	27 /	15	_					nceton Unive		eth M	4.30		7 10	
Agencies Notified	Type Notific	ation			Stree	t Address				68 10			-	2
⊠ EPA					E.A	A MacMill	lan E	Building						
⊠ DOLWD ⊠ DHSS	Amender Amendm				City,	State, Zip (Code				8: :		1 10	Tig .
⊠ DCA	Emerger				Pri	nceton, l	0 LV	8544					9	
(NJAC 5:23-8)	justificati	ion)	ordani	9	Name	of Contac	ct			- ()	-			
	☐ Cancella	tion			Ro	bert Orte	go			ou∋-∠oŏ-1ŏ4	11			
					FΔ	CILITY IN	JEO	RMATION						_
Name of Facility Where A	batement is	Takino	Place	(3)	- 17	OILITT II	11 0	MATION	Type of Facility (4)			-	
Princeton University				- (-)					School (K-12)					
Street Address	,								Subchapter 8	(Other than K-12	2)			
Faculty Rd									Other (i.e., pr homes, etc.)	ivate and comme	rcial b	uildin	js,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Princeton									30,000	3		50+		
County (6) MERCER					Cou	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (Prid	or if being demoli	shed)			
Name of Monitoring Firm	Hired by Build	dina C	wner	(8)	ASCM	No	No	mo of Abatom	ant Contractor (0)					
Pennoni Assoicates		unig C	WITE	(0)	001				ent Contractor (9)	INO				
Street Address	, 1110.				001	02	-		VIRONMENTAL	., INC.				-
515 Grove St., Suite	10							eet Address	DOTREET					
City, State, Zip Code	10							1123 BEAVE	The state of the s					
Haddon Heights, NJ	100025						- 3	y, State, Zip C						
Project Manager for Monit				T-1		Ma	- 1	BRISTOL, PA	19007					
Alan Lloyd	oning rinn				ephone			lephone No.		License No.				
Start Date (10)		2 - 11	1-10			-0505		215-788-6040		00509				
8 /11 /					5 /	ate (11) 15	(1000000)	me of OSHA N BRISTOL EN	lonitor VIRONMENTAL	, INC.				
Occupancy Status During	Abatement (Check	only	one)	-			eet Address		8				
☐ Facility Closed/Vacated					ement		107100011	123 BEAVE	R STREET					
☐ Abatement Performed	Outside of No	ormal	Facilit	у Ноц	rs - Des	scribe		y, State, Zip Co						
Time of Abatement: 7:	<u>00</u> AM- <u>3:30</u> F	PM/	P	M	AM			BRISTOL, PA						
Scope of Work (Check all	that apply)											-5		_
≥3 sf or ≥3 lf			⊠ Re	nova	ion			☐ Mini-Enc	tainment with Nega closure	ative Pressure				
≥160 sf or ≥260 lf			☐ De					☐ Gloveba	g Procedure					
			1.		.*			☐ Non-Exe	mpted (*) and Non	-Friable Procedu	re			
Location of	of.			Loca Norma				Description			Ab	atem	ent T	ype
Asbestos-Containing N		1)	Use	d Sol	ely by	Asbe	stos	Description of Containing Ma		Amount	Re	Re	E	E
TO BE ABAT		6)			ance/ Staff?		., the	ermal systems	insulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)	/		Ous	(12)				surfacing, VAT, her miscellane		SF or LF)	l a		Encapsulate	sure
()			Yes	No	N/A	1	O.	ner miscenane	ous)				ate	
1st floor hallway and s	ide rooms					Floor ti	le ar	nd mastic		1080 SF				
Attic Spaces				\boxtimes		Drywall				250 SF				
					П						П	П	П	
Name of Registered Waste	e Hauler			1	NJDEP I	Waste	Cut	oic Yards of	Name of Registe	ered Landfill				
SERVICE TRANSPO	RT GROUP	, INC	:.	0.00	lauler II	O No.	Wa			NORTH LAND	FILL			
City, State					20990	,	Dis	posal Date	City, State				227	-
BRISTOL, PA 19007							2,3	- 300. 000	17420	LE, PA 19067				
Completed By (Print or Typ	ne)	Title						Cianatura	OITITIOVIL				~ ~ ~	
Brian Scafiro	,.,	55.00	timat	for				Signature	2 1.	/· o Da	ite 7	20	1.	-
Jilaii Joanio		ES	unid	LOI				Hrean,	Scalino	1-22	1/	1/	13	/

(K 4887

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

Pagaman

Date of Notification (1) 7/21/2015					of Building					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	71			i		
Agencies Notified	Type Notification				Townsh	nip Boa	rd of E	duca	tion	بی ۵۰ ۳	UL 30	£18	jr	. 5		
EPA	x Initial				Address Hendrick	son Av	enue		10					2	ŝ	
DEP X DOL	Amended Amendment			City, St Brick	ate, Zip C , NJ	ode				£ [Tup h	1-14	- / Sa	1 1		
Ĭ DOH	Emergency (justification)	including		Name o	of Contact					1 +						
DCA	Cancellation				ames E					, , (,_ , , , , ,	-5000	,			
Name of Facility Where	Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility	(4)			_			
Osbornville Elemen	ntary School	, (-,					Percent		No.						
Street Address									School (K- Subchapte	r 8 (Oth	er than	K-12)				
218 Drum Point Ro	ad								Other (i.e. etc.)	private	& comm	ercial b	ouile	dings	, horr	ies,
City (5) Brick, NJ								0.0	re Feet		f Floors		22	ldg.	Age	
County (6)				County	Code (7)			30,0		1			1 10	70+		
Ocean				(STATE	USE ONLY)			ent Use (Pri artment	or it bei	ng dem	olished)			
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCI	M No.		Name		atement Co	ntractor	(9)		_			
McCabe Environme	ental Services, L	LC							eral Cons							
Street Address 464 Valley Brook A	Venue						Street						_			
City, State, Zip Code	venue								on Avenu	ıe, PN	IB Suit	te 218	3			
Lyndhurst, NJ 0707									J 07012							
Project Manager for Mon Robert North	itoring Firm		Telepho 201-4	ne No. 38-4839	9	Teleph 973-				Licens 0069						
Start Date (10) 7/22/2015			npletion	Date (11)		Name	of OSI	HA Monitor				_				
Occupancy Status During	Ahatement (Check	7/30/2							ral Cons	tructio	n, Inc.					
The state of the s							Street /		ss on Avenu	ie PM	R Suit	a 218				
Abatement Performe	ed Outside of Norma	al Facility	Hours	nent					ip Code	10, 1 10	D Guit	6 2 10		-		
Scope of Work (Check Al						_			J 07012							
≥3 sf or ≥3 lf	i inat Apply)	াতা –					1	1								
≥160 sf or ≥260 lf		Delication of the last of the	lenova emolit	21/22/17			×	Ful Mir	l Containme	ent with	Negativ	e Pres	sur	e		
								Glo	ovebag Prod n-Exempted	edure	l Non E	dabla F	٠		20	
		ls	Locati	on			-	140	II-LXeIIIptet	() and	I NON-FI	lable P			emen	
Location		N	lormal d Sole	ly		Des	cription	of						Ту	ре	
Asbestos-Containing I TO BE ABA		Mai	ntenar	nce/	Asbes	tos Conta thermal	aining Ma	aterial	(ACM)		nount pecify	_	,		ш	m
In Facilit (13)	ty	Cust	odial S (12)	Staff?	(surfac	ing, VAT	Γ, or	auori,		or LF)	Verificati		Repair	caps	Enclosure
(10)		Yes	No	N/A		other m	niscellane	eous)				DVQ.		air	Encapsulate	sure
Basement Corridor	s and Rooms			X	Pipe/s	elbow ir	nsu. (W	/rap	& Cut)	56	0 LF	×	1			
Boiler Ro	om		X		elbow ir			,) LF	X	1				
Curiculum Office 1 &	2, CST Office			i.	Transi	ite Pan	el		40	SF	×	1				
Faculty Rm, Reso						Trans	site Par	nel		24	4 SF	X	1			
Name of Registered Wast	e Hauler			JDEP W		Cubic \			Name of I			1000				
Service Transport Gr	oup			auler ID 0990	No.	of Was			Minerva	a Lanc	lfill					
City, State New Castle, DE 1972	20					Disposi 7/30/2			City, State Wayne		OH 44	4688				
Completed by		Title	y: ex				gnature	i	4	/		Date	-			
Krutarth Jagad		Proje	ct Ma	anager				1		_)		7/21/	20	15		

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2015-137

(Pursuant to NJAC 8:60-7 and 12:120-7) *** Sub chapter 8 ***

	Check	c# 7323				
251		O AMIO	. ,			
# 3 5 d		, L	7/			
	*	TAIG!	≥£			
****	Telepho	ne Number				
	.			-		
Туре	Subo	ool (K - 12) chapter 8 (Or r (Private/Co s./Homes, et	mme		12)	
Squ	are Feet	# of Floor	S	Blo	lg. Ag	е
Mi	rrent Use (ddle Sch	Prior if being	dem	olishe	ed)	_
tion, I	nc.					
Road						
NJ 07	7035					
		License	Numb	per		
nitor			070			
tion, I	nc.				- N	
Road		Sir.				
IJ 070	35					
egative	pressure	Gloveb	iable	ргосес		
	Amount (Specify LF)		Remove	K e p a r	Шпсар [E n c L
_	100 lf		X	H	븜	H
	10011		H		Ħ	T
d Landi	fill				Ш.	Ш
		Recovery	Cen	ter		

Date of Notification	1 (1)	I I Na	me of Build	ing Owne	er/Operator (2)			2815 1111	tv.	J					
0 17 1/12 17	1/115	11			ship Schools	S		2815 JUL 30	AH IO.						
Agencies Notified	Type Notificati	on Str	eet Address				20)	2-yE -	-	7/					
X EPA	X Initial		70 Conov	er Road	d		_	& 1 m							
☐ DEP			ty, State, Zip					114	ING	- £					
X DOL	Amendn		Colts Ned		17722						-		_		
X DOH			me of Conta	ict				Telephone	Number						
☐ DCA	Cancella	tion	Vincent N	/larasco)										
				FACI	LITY INFORMA	ATION	1								
Name of facility w	here abatement is	s taking place	ce (3)					Type of Facility (4							
Cedar Drive I	Middle School	(Sub ch	napter 8)						(K - 12) opter 8 (Oth	er th	an K-	12)			
Street Address								Other (F	Private/Cor	nmer					
73 Cedar Dri	ve								lomes, etc		Blo	lg. Ag	e		
City (5)		Coun	ty (6)		T	Cou	nty Code (7)	_					36 		
Colts Neck			nmouth				te use only)	Current Use (Pri		dem	olishe	d)			
Name of Monitorin	as Firm Hirad by				ASCM No.	_	Name of Abatement Co	Middle Schoo	OI			-			
	ng riim nileu by i nsultants, Inc.	siag. Owne	(6)	.	00057		B & G Restoratio								
Street Address						=	Street Address	11, 1110.							
P.O. Box 38	35						105 Ryerson Ro	ad		171					
City, State, Zip Coo					*	_	City, State, Zip Code								
Oceanville,						_	Lincoln Park, N	J 07035		l					
Project Manager fo		Ĺ		ne Numb			Telephone Number (973)696-6869		License N 003		er				
John Smoye		12		09-652-		_	Name of OSHA Monitor								
Scheduled Start D		000000000000000000000000000000000000000	Completion	Date (1	1)		B & G Restoration	n, Inc.				702			
08/10/2015		0.000000	1/2015				Street Address								
Occupancy Status				ont.			105 Ryerson Ro	ad							
Abatement p	ed/vacated during performed outside	of normal f	acility hours	-	8		City, State, Zip Code								
Describe: Other-Descr						-	LincolnPark, NJ	07035							
Scope of Work (c		()										- 1			
☐ Demolition	X	Renovatio	n			X F	rull Containment w/nega	tive pressure	Gloveba	ag pro	cedu	re			
>3 sf or >3 l	f \Box	≥160 sf or	≥260 If				Mini-enclosure		Non-fria	ble p	госе	dure			
Location of			normally us		/				-	R	R	E	E		
asbestos-co		by mainte staff(12)	nance/custo	dial			sbestos-containing	Amount (Specify S	For	m	р	С	n		
material to b abated in fa		Yes	No	N/A	material (ACIVI)		LF)		o v	a i	a	L		
=				X	hoiler#1	hoile		100 lf		e X	r	\Box	h		
Boiler room				X	boiler #1 -			100 lf		X	Ħ	H	計		
Boller Toolli					Doller #2	DOIL	er rope	100 11			言		l		
*															
Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of						Vaste			and and	Cont	or		=======================================		
B & G Restoration, Inc. 19563 5						Tullytown Resource & Recovery Center City, State									
City, State Lincoln Park, NJ Disposal Date 08/10/15 - 08/21/1															
Completed by (Pri		Title			Signature										
Gordana Luna	а	Secreta	y/Treasur	er		Gordana Luna 07/27/2015				5					

CK 3763

State of Hew Jersey HOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC \$:60 and 12:120)_ ...

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7/26/ d.S.	Hause of Briggin	ANDREWS ES	SONS = =
JUM: MOUNTA 7: Type Houseson	Sueel Address	E. JIMMY	LETO \$ 1200 7:38
Z DE	City, State, Zip C	ದಿಹೇ	
South the Emergency (und	Hanse of Contact		galedout unothic
☐ Carcellason	QUIL		
1,9%	FACIUTY IN		of Earline III
13 - 6 of Facility Where Abatement is Taking	Place (3)	n sc	nool (X-17)
RESIDENCE		□ Su	ochapier \$ (Other than X-17) her (i.e., physic & commercial outlongs
147 S CHARLET	ALE	Squal	mes, etc.) e Feet
PLEASANITVICL	E		100 P 2 40 T
(1.0) :6·A	County Code (USE ONLY)	1/10///	VACANT
TLANTIC	Wher ASCH No	Hame of Abatoment Con	NI 3 CIOI (9)
·		Succi Addiess	
\$ \int \(\text{Approximate} \)	8	369 S. State. Dip Code	SPRULE SUE
1 . 5 à € 2.0 C∞€		~1.5.0 =	SHADE, N.J. OSCIZ
P ANC Manager to Monitoring Film	INSPIRATE NO	856.774.	5 47 2 (30 1 -1 -1
	sued Compreion Dale [11]	Hame d. OSHA HONRO	
8-5-15	8-12-1	Sucer Address	Kirmon
Tistun Closearv Zaled During Entre Pe	ck only one)	3695.	Sport Avis
Thanking Penamen Duiside of Noma	A Facility Hours	Cay, State, 2p Coope	11.4 D = POR J. 5 5 5 - 72-
Chinal Describe			אונוא אווט אהמשפים בוהו בה
The The Town (Councy all rush sitaly)	Renovation	- C1~	•
E : 1 1 2 2 2 0 0 11	(2) Demailor	TO NOT ELEMPI	Occours
	Normally	Description of	1
Cocation of Material (ACM)	The state of the s	Desios Containing Hatenal	ACM) Specify Significant
10 GE ABATED	Stan? (17)	sunscing, YAT, or	alion. Start,
(1.1)	14. NO 1411.		
		TRANSITE	1500中 ×
510100-	1 1	1 1	
and the same of th			.4
	NOCE WASOLN	Cubic Yards	Name of Recessions Careful
Taries Waste Hauler	17901	ol waste.	Ciry State
K. M. LNE.	11:7	0160 18000	PLED PANTYICLE NO. 2
MANCE SILAPE	Tios /	Signalue	Ke Care
Timos Kremm	\//F	-9 m	<u></u>
	. Do voi nte luis loum tot a	spesios licensure exemp	ico schaines

(K 1232

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

		(P		to NJAC 8			21		21	14 11	11 -	_			
Date of Notification (1) 07/27/2015			of Building Corella Cont			(2)			15 JE	'L j	U	AM .	7:5	2	
Agencies Notified Type Notification			Street A	Address forest Av	e					0 1.	1			h.)	
EPA Initial Amended				ate, Zip Coo	ie							12	107		
DOL Amendment #				Hanover of Contact					I Tai		. Nive	-b			
DOH justification) Cancellation				Palmer					. (6)	ephone	: INUI	ibei			
				ILITY INFO	RMATION								_		
Name of Facility Where Abatement is Taking Private Residence	Place (3	3)					Туре	of Facility (4)						
Street Address						-	H	School (K-1 Subchapter		er than	K-12	2)			
940 Route 10 East			-311204 734				×	Other (i.e. p etc.)	rivate 8	& comn	nercia	al buil			es,
City (5) Whippany							1,90	are Feet 00 +	2	Floors		5	8ldg. /	Age	
County (6) Morris				Code (7) USE ONLY)		-	Curr	ent Use (Prid	or if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASC	И No.	10000000			atement Cor Contracting		2000000					
Street Address					1 - 0.	reet A									
City, State, Zip Code							Zip Code J 07512								
Project Manager for Monitoring Firm		Telepho	ne No.	1000000	elepho		No. 9176		Licen 0123).			25	
	Schedule		015 En					HA Monitor on Consu	Itants	Inc.					
Occupancy Status During Abatement (Check			Stree												14 To 1 to 1 to 1
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Working Hours	I Facility														
Scope of Work (Check All That Apply)					- F	all L	awı	1, NJ 074	10						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×××	Mi	III Containme ni-Enclosure ovebag Proc on-Exempted	edure	10.75				e	
	Is	Locati	on		34.2								Abate	- Self Depositor	t
Location of		Normal d Sole			Descrip								1 9	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	intenar todial S (12) No	nce/	(i.e. th	os Containir hermal syst surfacing, other misce	tems , VAT	insul , or	ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Kitchen	Yes	140	X		Floor Co	overi	na	-	25	0 SF		X			
NW Bedroom			X		Floor		~			0 SF		X			
West Bedroom	<u> </u>	X		Floor		<u> </u>			0 SF		X				
SEE CONTINUATION SHEET		-	SEF CO	ONTINUA		*	SHEET								
Name of Registered Waste Hauler	N	JDEP W		Cubic Yard			Name of F	Registe	red Lar	ndfill					
Unicorn Contracting Corp.	100000	auler ID 035844	1000000	of Waste 10 G.R.O.W.S., Inc.											
City, State Totowa NJ 07512		Disposal Date TBD													
Completed by Dimo Golcev	ect Manager			Signature Date 07/27/2015											

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

State of New Jersey Notification of Asbestos Abatement Continuation Sheet

2116 JUL 30 AH 7:52

	Is Location Normally Used Solely by							ement ype	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	d Sole intena todial (12)	ely by nce/ Staff:	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A X	Black (Tar) Packing	1 SF	X			
Throughtout House			X	Wall Ceiling Plaster (Base Coat)	1,500 SF	X			
House & Garage			×	Roof Shingles 2nd Layer	1,925 SF	Х			
				, , , , , , , , , , , , , , , , , , , ,					
				9					
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						\dashv			
			\dashv				-		
		-	\dashv			\dashv	-	-	

CK# 24873

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

Date of Notification (1)	23/15			Nam	e of Buildir	ng Owner/Operato	r (2) Pimley	- 2515 JUL 31	7 1	N -			
Agencies Notified	Type Notification	1		Stree	et Address		1 miley	1000		1	-	-	
□ EPA	☐ Initial		6	0.,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		l 17 Library F	Place			a.		
DEP DEP	Amended	u		City,	State, Zip (21-11	77	1	_	
M DOL	Amendment #		ig			Pr	rinceton, NJ (08542					
☑ DOH □ DCA	justification) Cancellation			Name	e of Contac	t Lou - LBB		Telephone Numi	oer				
				FA		ORMATION			_				
Name of Facility Where	Abatement is Takir	ng Plac	e (3)			O. albanion	Type of Facility	v (4)					
	Res	ident	ial				School (K-1	(2)					
Street Address								8 (Other than K-12		r e			
	117 Lit	orary	Place	2			homes, etc	orivate & commerci .)	al Dul	laings	, ,		
City (5)				7820			Square Feet	# of Floors	E	ldg. /	Age		
	Princeto	n, NJ	0854				10000	3	. _	9()+/-		
County (6)	1ercer			USE USE	nty Code (E ONLY)	7) (STATE	Current Use (P	rior if being demolis	shed)				
Name of Monitoring Firm	Hired by Building	Owner		ASCM	No.	Name of Abaten	nent Contractor (9	9)				_	
(8)	MECS					Stev	vens Environ	mental Service	es, I	nc.			
Street Address	0007527 0000 00077	77.0				Street Address						_	
	PO Box 34	1						30x 322					
City, State, Zip Code		0051	-			City, State, Zip C		377.00.501					
	osswicks, NJ	0851					Allentow	n, NJ 08501					
Project Manager for Mor	isgarber		1000000	phone		Telephone No.	0.000	License No.	0.40	2			
Start Date (10)		dulad (_		98-4070 ate (11)	(609) 25 Name of OSHA			049	3		_	
7/24/15	Scrie		7/24/		ate (11)	Name of OSHA I		IECS					
Occupancy Status Durin	g Abatement (Che			13		Street Address	147	iLCS	_			_	
▼ Facility Closed/Vacate		C. C. C. C. C. C. C. C.	0.0000000000000000000000000000000000000	ment PO Box 341									
Abatement Performed												=	
Other - Describe:	The state of the s					wicks, NJ							
Scope of Work (Check a	II that apply)		-			Π= "0							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			Mini-End Gloveba	☐ Full Containment with Negative Pressure ☑ Mini-Enclosure ☐ Glovebag Procedure						
		Is	Locatio	on	T	NOII-EXE	empled () and No	on-Friable Procedur	T	hata	ment		
	_	N	lomally	,					,	Typ			
Location of Asbestos-Containing N			d Solel ntenan		Asbest	Description of os Containing Mat		Amount					
TO BE ABAT	ED	C	ustodia Staff?			thermal systems is	nsulation,	(Specify	Z,	п	Enc	Ē	
IN Facility (13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	Remova	Repair	apsı	Enclosure	
		Yes	No	N/A					val	=	Encapsulate	ure	
2nd Flo	or		×	10000000	The	ermal Pipe Ins	sulation	8 lf	×	_		-	
2nd Floor						Duct Insulat		20 lf	X		-	-	
Ziid 1 1001						(Wrap & Ci		2011	^		-	-	
						(WTap & C	ut)				-	\dashv	
				JDEP \	Vaste T	Cubic Yards	Name of Regi	stered Landfill					
Stevens Environmental Services, Inc.					No. 292	of Waste 1 CU	/ /	GROWS Land	dfill				
City, State						Disposal Date	City, State	1				-	
Allentown, NJ				711112334		7/27/15/	TY/_	Morrisville,	PA				
Completed By Mahlon E. Stevens Project						Signature	7/	Date	7/00	/1 =			
Manion E. Ste	vens	PI	oject	ect Manager 7/23/15								_	

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

Date of Notification	(1)	(Full				Owner/Operator	12 () () () () () () () () () (
7-27-15				John Ar	cer			1	E	Ì		
Agencies Notified	Type Notif	ication	St	reet Addre	ss		2015	.//// 00				
[]EPA	[X] Initi	al fication	2	241 W E	nd 2	Ave	<i>\$</i> -11	JUL 30 M	17:2	9		
[]DEP			25000	ty, State,	0-		™ JG	£87. · · ·				
[X]DOL	[]Amend Noti	ed fication	E	Ridgewo	od,1	NJ,07450		LICENSU	<u>LIRO</u>	L		
[X]DOH	[] FMFDC	ENICY		me of Cont			Telephor	ne Number	U			
[]DCA	[]EMERG			John Ar	cer				,			
				FACII	ITY I	NFORMATION						
Name of Facility Whe	re Abateme	nt is Ta	king	Place (3)			Type of Facil	ity (4)	201751 = 5		100	
Same as above							[]School	(K-12) ter 8 (Other	than	K-12	2)	
Street Addres							[X]Other (i.e., privatouildings, ho	mes, e	mme	:-	
5:1 /5		- L	161		- I-		Square Feet	# of Floor	920	dg.	Age	
City (5		Count	У (6)	Essex	200	nty Code (7) ATE USE ONLY)	2700 Current Use (Prior if bei		97 molis	shed))
Name of Monitoring F	irm hired	by Build	ina	ASCM No.		Name of Abate	ment Contracto	r (9)				
Owner (8) N/A		-1	9				MANAGEMENT					
Street Address						Street Addres 86 Chris	s stopher St					
City, State, Zip Cod	le					City, State, Montclai	Zip Code Lr, NJ 070	42				
Project Manager for	Monitoring		Telep N/A	hone Numbe	er	Telephone Num			cense		oer	
	Table 1								,,,,	_		
Scheduled Start Date 8-17-15	(10) S		mplet -18		(11)	Name of OSHA	Monitor					
	ear	Month				N/A						
Occupancy Status Dur [X]Facility Clos	ing Abatem	ent (Che	ck or	k only one) Street Address								
of Abatemen []Abatement Pe	76	taida af	Moses	ol Woodlib								
Hours - Desc []other - Desc	ribe:«OffH	ours Desc	cript	<u>»</u>	·Y	City, State,	Zip Code					
Scope of Work (Check			201 2			Ц						_
[X]>3 sf or []>160 sf or	≥3 lf	-11-11		Renovation Demolition		[]Mini-	Containment wi Enclosure abag Procedure	th Negative	Press	ire		
							Friable Procedu	re				
Togstion				Is ation		Decemination	f		Aba	teme	nt I	Type
Location Asbestos-Con				mally sed		Description Asbestos-Con		Amount	R	R	N	N
Material			So.	lely		Material		(Specify	E	E	CA	C
TO BE AB	-			Main- ance/		(i.e., thermal	A	SF or	0	A	PS	0
In Facil	.ity			codial f (12)		sulation, surf or other misce		LF)	A	I R	U	U
		Ye		No N/A					L		L	R
Basement			X	Pir	e Insulat	ion	160 lf	X			_	
												-
Name of Registered W	Jacto Davilo	-	N.TOE	P Waste	0,1	bic Yards	Name of Posi	stered Landf	111			
AZTECH MANAG		er ID No.		of Waste 1.5 Minerva Enterprise								
City, State			Dis	sposal Date	ate City, State							
Montclair, NJ	8-19-15											
Completed By (Print	Signature				mature Date							
Constantine V		Presi	den:	t		01.	7-27-15					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Cneck#2247			(P	ursuai	nt to NJA	AC 8:60	and 5:16	5)	R. Jr.	-1-1				
Date of Notification (1)			_	Name	of Buildin	a Owner	Operator (2)	96	1	* / .			
	27 / _			l san	e Patterso		operator (EE 18 JUL 30	7 100				
Agencies Notified	Type Notifical	tion		Stree	t Address				- 00	1 1 55	7:5	1		
☐ EPA ■ DOLWD	Initial			42 Fie	erro Aven	ue		ź			15471.1			
☑ DOLWD	Amended Amendme			City,	State, Zip (Code			a Line,	15.11	Pall			
□ DCA	☐ Emergenc			Matav	wan, NJ 0	7747				140	-			
(NJAC 5:23-8)	justificatio	n)	2		of Contac				Telephone N	lumber				
	Cancellation	on		Nicol	e Patterso	n			0 55 55 55	9				
				-	CILITY IN		ATION							
Name of Facility Where A	batement is Ta	aking Place	(3)					Type of Facility	/ (4)					
Private house								School (K-1						
Street Address								Subchapter	8 (Other than K	-1 2)				
42 Fierro Avenue								homes, etc	private and com	mercial b	uildin	gs.		
City (5)								Square Feet		F	Bldg. A	ane		
Matawan, NJ 07747										"	nug. r	,gc		
County (6)				Cour	nty Code (7)	(STATE (JSE ONLY)	Current Use (F	Prior if being den	nolished)				
Monmouth								,	3	10.T-20.T-2-11.T-2.T-40.				
Name of Monitoring Firm	Hired by Buildi	ing Owner	(8)	ASCM	No.	Name	of Abateme	ent Contractor (9	9)					
						1	ech LLC							
Street Address						_	Address							
						576 V	alley Rd#	283						
City, State, Zip Code							tate, Zip Co	DOCUMENTS OF THE PARTY OF THE P						
						Wayne	e, NJ 0747	70						
Project Manager for Moni	toring Firm		Tel	ephone	No.	- Contraction	one No.		License No	l.		-		
				- 25		973-63	8-1777	64	01127					
Start Date (10)	Si	cheduled C	omple	tion Da	ite (11)	Name	of OSHA M	Ionitor	12.3.221					
08/05/		08/	_ 0	5_/	15	Enviro	vision Co	nsultants,Inc						
Occupancy Status During						The second second second	Address	iisaitaires, iire						
∑ Facility Closed/Vacate	d During Entire	e Period of	Abate	ment		20-21	Wagaraw	Road, Bldg .#	35 E					
Abatement Performed Time of Abatement:	Outside of Nor	rmal Facility	y Hou	rs - Des	scribe	City, S	tate, Zip Co	ode	22 D				_	
Time of Abatement		PIVI/			_AM	Fair La	wn, NJ 0	7410						
Scope of Work (Check all	that apply)						Clean up	and decontami	ination with nega	ative pres	sure	-		
		ズ Re	novat	on			Full Cont Mini-Encl	ainment with Ne	egative Pressure	à.				
>3 sf or >3 If > 160 sf or >260 If		Toward.	moliti					Procedure	Tent with Nega	ative Pres	sure			
							Non-Exe	mpted (*) and N	on-Friable Proce	edure	1			
Location	n f	324	Loca Vorma							At	oatem	ent T	уре	
Asbestos-Containing N		Use	d Sol	ely by	Asha		scription o	f terial (ACM)	Amount	ZD.	Z	Ш	ш	
TO BE ABA	TED	Ma	intena	ince/ Staff?			l systems i		(Specify	Remova	Repair	Encapsulate	Enclosure	
IN Facility (13)	У	Cus	(12)	olali?			cing, VAT,		SIF or LF)	ova	=	lusc	sure	
(1.5)		Yes	No	N/A		other	miscellaneo	ous)				ate		
Kitchen		l les	INO	N/A	T		***********		Sea Degranation of	-	-			
Kitchen					Linoleur	n			150 SF	\boxtimes				
			Ш											
											П	П		
		П	П	П										
Name of Registered Waste	e Hauler		N.I	EP Waste	Hauler ID No.	No. Cubic Yards of Waste Name of Registered Landfill						Ш		
Gr Tech LLC						n vvasic ivalile of Registered Landfill								
City, State			(003378	55	TB		T.R.R.F. Inc						
						Disposi		City, State						
Wayne, NJ 07470	22/	Title				TB		Tullytown, P	A					
Completed By (Print or Ty	Signature													
N.Jevtic	(Owner					Heu	whe wenad 07/27/2015						

		NO			OF ASBE o NJAC 8					1	orl.	14	11	4	
Date of Notification (1) 7/24/15					Building C Englew			2)	7E15	JUL	30 f.K		- (-)	1	
Agencies Notified	Type Notification		1.55	Street Ad 1330 A	ldress venue o	f Ame	ricas		P. Line	15.7	- Fall P	F = 13	The state of the s		nio celi Si
EPA DEP DOL	Amended Amendment		- 1	(70)	e, Zip Coo ork NY	ie			Ć.	1.17	76-46	EQ_l			
X DOH DCA	justification) Cancellation		1,550	Name of Brian H	Contact leytink					Tel	ephone Num	ber -			
				FACIL	ITY INFO	RMATI	ON			1					
Name of Facility Where	Abatement is Takin	g Place (3)						Туре	of Facility (4	1)					
house									School (K-12	2) 8 (Oth	er than K-12	1			
Street Address 308 Booth Avenue								×	Other (i.e. pr etc.)	rivate	& commercia	ıl build			s,
City (5) Englewood								Squa 2400	re Feet)	# 0	f Floors	6:	ldg. A 5	ge	
County (6) Bergen					Code (?), ISE ONLY)			Curre	ent Use (Prio	r if be	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				tement Con		(9) rices, LLC				
Street Address							Street A		ss 83, 4 E Ga	ate D	rive				
City, State, Zip Code							City, St	ate, Z	ip Code , NJ 074		,,,,				
Project Manager for Mor	nitoring Firm		-	Telephor	ne No.		Teleph	one N	0.	10	License No	٥.		-	
Start Date (10)		Scheduled					973-7 Name		AA Monitor		703				
8/14/15		9/3/15					01	0.1.1							
Occupancy Status Durin							Street	Addre	SS						
X Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of Ab	atem	ent .		_	City, State, Zip Code								
Scope of Work (Check A	All That Apply)							2 - 1							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		processor .	nova molit				×	Mir	ni-Enclosure ovebag Proc	e cedure	n Negative P			۵	
								1 140	III-EXCITIPACE	1 () 41	id (voir-) ridb	10110	Abate		t
Locatio	n of		ocati ormal			De	scription	of					Ту	ре	_
Asbestos-Containing TO BE AB In Faci (13)	Main Custo	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A			Asbestos Containi			ation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
kitche	an an		110	×		nine	insula	tion		2	40 LF	x			-
Kitori	511					pipo	rinouiu								
	II.														
Name of Pagistared 1975	ete Hauler		l N	IDEB 14	laste	Cubic	Yards		Name of	Regiet	ered Landfill				
Name of Registered War Freehold Cartage	sie naulei		NJDEP Waste Cubic Y Hauler ID No. of Wast 15939 10					9702970 355		ks Landfil					
City, State Freehold NJ			Disposal Date				e City, State Birdsboro, PA								

Signature

Date

7/24/15

A. Scott Higgins

Completed by

Title

President/Owner

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

CK 5722

Date of Notification (1)			Mame of Building Owner/Operator (2) MS. DEBRA PALGON 2015 JUL 30 AH 7: 53										
7/27/15		- 24						9 A17	1:3	13			
Agency Notified	Type Notification	20	Stre	et Addres	s CHURCH		Abof		- The state of the				
D EPA	A Initial			286	CHUKCH	SILC KI	P	f V	1 136	1			
DEP POOL	☐ Amended Amendment #		City	, State, Zi	COde NJ	07//	0	- 0 0 / PE					
a DOL	Emergency (include)	ing		and the second state of the second		. 0/66	Tolonhone Nium	hor					
ZTDOH	justification) □ Cancellation	77/1		ne of Cont	ac con		Lagrana istilli	CRES .		,			
□ DCA	La Cancesauon		`										
	AL	(0)	F/	ACILITY IN	FORMATION	Type of Facility	10						
Name of Facility Where		ace (3)		•		Type of Pacinty	(4)						
	PALGON					School (K-12	2) 8 (Other than K-12)						
Street Address		20		2.	1	2 Other (i.e. pr	rivate & commercia	buildings	à,				
	HURCHILL	100				homes, etc.		1 Did- 4					
City (5)	.1					Square Feet	# of Floors	Bidg. A	ge . 95°	0			
TEA	NECIC					2200	2		>7				
County (6) BEVLC				unty Code LY)	(7) (STATE USE	Current Use (P	nior if being demok	shed)	8				
Name of Monitoring Firm	n Hired by Building Own	er AS	CM No			nent Contractor (•						
(8)						moval In	C						
Street Address				N.	Street Address			-					
71						River St							
City, State, Zip Code					City, State, Zip		T 07601						
2011416		1 7-1-	-6	1-	Hacken Telephone No.	sack , N	.J. 07601						
Project Manager for Mo	HEOTING PRIN	iee	phone N	eO.	201-329-	71.1.1.	00388						
Start Date (10)	Scheduled C	ompletion	Date (11)	Name of OSHA		00300						
211518		13/1		,		vironmen	tal						
Occupancy Status Durir	ng Abatement (Check on	ly one)			Street Address								
☐ Facility Closed/Vacate	ed During Entire Period	of Ahaten	nent		280 Huy								
☐ Abatement Performer	d Outside of Normal Fac	atity Hours		City. State. Zip Code S. Hackensack , N.J. 07606									
_El Other - Describe: 7 △					S. Hacke	nsack,	N.J. 0760) 6					
Scope of Work (Check a	all that apply)			_ 1	□ Full	Containment with	Negative Pressure	.					
DE3store3#			-	Renovation Demolition		Enclosure	570 (18 5 2)	1000					
□ ≥ 160 sf or ≥ 260 lf			U 1	JEHIONUOH ,		ebag Procedure -Exempted (*) an	d Non-Friable Proc	edure					
		ls Lo	cation						-	ement pe			
		No	mally		Description			 	19	pe			
. Locati Asbestos-Containi			Solely benance	Ast	estos Containing M	aterial (ACM)	Amount	-	,	g m			
TO BE A		Cus	todial	(4	.e., thermal systems surfacing, VA		(Specify SF or LF)	Nettoka	Repair	oap			
(1:		17.7	12)		other miscellan		0, 0, 1,	18	=	Enclosure			
	*4	Van T	Na I a	1/4		Validation				0			
A-AD-MEAL		Yes	No N	VA .	RMAE INSUL	(515.0)	400	F	0	\vdash			
15AZET CET	BASEMENT				IGHAL ILV 30 V	(1737		1	+	\vdash			
								+	+	1			
								-	+	-			
Name of Deal to 1991	, ata Uardea	1 27 500	ED14/-	te Hauler	Cubic Yards of	Name of Regi	lighted I heads						
Name of Registered Wa		ID No	0		Waste			- T -	24	F;11			
Best Remova	Best Removal Inc				Cumberland County L					- 1 1 1			
City, Starte					Disposal Date City, State				<i>I</i> . O				
Hacken	Hackensack ,N.J. 07601				8/13/15	Nev	burgh , PA	1	40				
Completed by Title					Signature	0 .	.0	Date / 2	1.	سد			
J.Maiorano					1 \ \ ' \	مصمصد		1/2	() (7			
ASB-41	* Do no	t use this	form fo	r asbestos	licensure exempted	lactivities.							



C.A. O	7 11 3		FICATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATE	200		रें		4 1			
Date of Notification (1) 7/28/15			Name of Glen H	Building Owner/ Harris	Operator	(2)	2815	JUL (²⁰ AH 7	: 20	•		
Agencies Notified X EPA	Type Notification X Initial		Street A 31-33	^{ddress} Main Street			45/1	7			3		
× EPA × DEP × DOL	Amended Amendment		2000	te, Zip Code River, New Je	ersey		***	i, sei	110				
X DOH DCA	Emergency justification) Cancellation		Name of Glen	f Contact ,				l Te	elephone Num	ber			
			FACI	LITY INFORMAT	ION				*1				
Name of Facility Where A Harris Clothing Sto		ig Place (3)				Тур	e of Facility						
Street Address				- West		H	School (K-		acthon V 10	v.			
31-33 Main St					0	×			ner than K-12 & commercia		dings,	home	es,
City (5)						Squ	uare Feet	# (of Floors	TB	ldg. A	ge	
Toms River						65	00	2		7	7у		
County (6) Ocean			County (Code (7) USE ONLY)			rent Use (Pr	ior if be	eing demolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASCN	I No.	Name		batement Co	ntracto	r (9)				
					Ace	Inst	ulation Co.	, Inc.					
Street Address				16	Street 95 M		ress rose Road	4					
City, State, Zip Code					-	0.000.00.00	Zip Code					-	
	%				Colts	s Ne	ck, N.J. 0	7722					
Project Manager for Mor	nitoring Firm		Telepho	ne No.	Teleph 732-		No. -1757		License No).			
Start Date (10)		Scheduled Co	mpletion I	Date (11)		100	SHA Monitor		00020				
8/6/15		8/12/15											
Occupancy Status Durin	g Abatement (Che	ck Only One)			- Street	Addı	ress						
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Abate	ement		City C	toto.	Tin Code						
X Other – Describe:	7am-7pm	nai i acility i lou	113		City, S	iaie,	Zip Code						
Scope of Work (Check A	III That Apply)											_	
≥3 sf or ≥3 lf		× Renov	vation] F	- ull Containm	ent wit	h Negative Pr	ressu	re		
2160 sf or ≥260 lf		Demo				1	/lini-Enclosur	e	•	0000			
					×	- '	Slovebag Pro Jon-Exempte		nd Non-Friabl	e Pro	cedur	e	
		Is Loca	ation								Abate	ement	t
Location	n of	Norma	ally	De	escription	of					Ту	ре	
Asbestos-Containing	Material (ACM)	Used So Mainten		Asbestos Cor	ntaining N	later			Amount			Ш	-
TO BE AB.		Custodial	Staff?	(i.e. therma	al systems acing, VA				Specify F or LF)	Ren	Re	ncar	Encl
(13)		(12)		miscellan				,	Removal	Repair	Encapsula	Enclosure
I .		1					1				1	-	LD:

Location of		voimai		Description of				-		-	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/		estos Containing Mate e. thermal systems ins surfacing, VAT, o other miscellaneou	sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsula	Enclosure
	Yes	No	N/A					=		ate	.e
crawl space			х		pipe wrap		165lf	x			
					-						
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Yards	Name of	Registered Landfil				
Ace Insulation Co., Inc.		1.1936	auler ID 2086	No.	of Waste 2	Chrins					
City, State					Disposal Date	City, Stat	е				
Colts Neck, New Jersey					8/12/15	Easton, PA					

Signature

Title

Secretary Treasurer

Completed by

Bree McGuire

Date

7/28/15

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Data Children in the						4.7				
Date of Notification (1) July 27, 2015		Name of Building	Owner/Ope Baysi	rator (2) de Marine Constr	uction	-3	7	34	9	
[] DEP [] Ame	ation al Notificat ended Notificat endment #_ ergency (inc	fication	Street Address City, State, Zip C	oue	rator (2) de Marine Constr rdsall Street	13 ME 30 13 ME 4 LAME	AM	7: 2	4	
[] DCA justi	fication) cellation	ciuding	Name of Contact Adar			Telephone Number	1413	MUL		
Name of Facility Where Abatement is Taking Residence	g Place (3)	FA	ACILITY INFORI	MATION	Type of Facility (4)					
Street Address 230 Edison Road					[x]	School (k-12) Subchapter 8 (o Other (i.e., priva homes, etc.)				dings,
City	County	(6)	County Code (7)		Square feet	# of Floors Bldg. Age				
Barnegat	Ocean	1	(STATE USE ONI	.Y)	1200 sf 1 60 Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No.	Name of	Reside Abatement Contracto	or (9)	50.00			
N/A Street Address			1	Street Ac	idress	ian Contracting		-		
City, State, Zip Code				1889 Route 9, Unit 61 City, State, Zip Code						
Project Manager for Monitoring Firm	Telephone Numbe	er	Telephor 732-34	License 1	River, New Jersey 08755-1271 License Number 00624					
Scheduled Start Date (10) 7/28/15	S	Scheduled Comple 7/30/15	etion Date (11)	1	OSHA Monitor	.L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed	Entire Period of Al		Street Address 1056 Stelton Road							
Other – Describe				City, Stat	te, Zip Code Piscata	away, New Jerse	ey 088	54		
Scope of Work (Check all that apply)				[]		t with Negative Pres	ssure			
[] $>3 \text{ sf or } \ge 3 \text{ lf}$ [X] $\ge 160 \text{ sf or } \ge 260 \text{ lf}$		[] Renor	vation olition	[] Glovebag Hoccoure						
	Γ	*				,	1			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	No	s Location ormally used Solely by mance/Custodia Staff (12) NO N/A	l (i.e ins	Description bestos-Con Material (A, thermal sullation, sur VAT, o eer miscella	taining CM) systems facing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		Х	Asbestos sidir	ng		1100 sf	X			-
				0		1100 31	121		_	\vdash
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJI	DEP Waste Haule 20223	er ID No. Cubic Ya	rds of Waste	Name of Register	ered Landfill				
City, State Toms River, New Jersey			osal Date	City, Sta		3				
Completed by (Print or Type) Nicholas Fernicola	Title Project	: Manager	Signature	1 runyil	I Lo	1	Date 7/27	7/15		

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

B				W			***								
Date of Notification (1) July 27, 2015					Name of Building Owner/Operator (2) Mack Industries, Ificity 3 48 Street Address										
Agencies Notified Type of Notification [X] EPA [] Initial Notification [] DEP [] Amended Notification					560 Perry Street 5/1/2										
[X] DOL Ame: [X] DOH [X] Emer	DOL Amendment #					City, State, Zip Code Trenton, NJ 08618									
I Den	ication) ellation			Name of Contact Telephone Number Frank											
			FAC	CILITY IN	FORM	ATION									
Name of Facility Where Abatement is Taking St. Mary's Cathed				Type of Facility	Scho	ool (k-12)									
Street Address 151 N. Warren Str	eet			72			[X.	Othe	chapter 8 (other (i.e., privales, etc.)		(5)	ial build	lings,		
City	Cour	nty (6)		County Coo (STATE U)	Square feet 10,000 sf	73670164899	of Floors Bldg. Age 2 140						
Trenton	Mer						Current Use (Pric	rch	demolished)						
Name of Monitoring Firm Hired by Building Guardian Contract				ASCM No.		Name of	Abatement Contrac		ntracting,	Inc					
Street Address 1889 Rte. 9, Unit						Street Ad	dress		9, Unit 61	mc.					
City, State, Zip Code Toms River, NJ 08				City, State, Zip Code					r, New Jersey 08755-1271						
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone N 732-349-				Telephon	e Number			se Number					
Scheduled Start Date (10) 7/27/15	ion Date (11)			OSHA Monitor	.S.L. An										
Occupancy Status During Abatement (Check			Street Ad	dress	reserve vert	24.00									
[X] Facility Closed/Vacated [] Abatement Performed								Stelton	Koad						
Other – Describe				City, State, Zip Code Piscataway, New Jersey 08854											
Scope of Work (Check all that apply)				A.		[]	Full Containm		egative Pres	sure					
[X] >3 sf or ≥3 lf		[x]	Renova	[] Mini-Enclosure tion [X] Glovebag Procedure											
[] ≥160 sf or ≥260 lf		[]	Demoli	1							dure				
				T						Abat	ement '	Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A					Asbo M (i.e., insu	Description estos-Confectorial (A thermal salation, sur VAT, our miscella	taining CM) systems facing,	(SI	Amount pecify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Caferteria		X		Pipe fit	tinge							E	E		
Carontonia		A		r ipe iii	ııngs			10	nungs	Λ			-		
								-							
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste	Hauler	ID No.	Cubic Yar	ds of Wast	Name of Reg		ndfill			1			
City, State			Dispos	sal Date		City, Sta	te 1								
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manage	7/29/ er	Signature	M:	Land	own, Pennsylva	nia,		Date 7/27	7/201:	5			

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

2 × 1						1.1-									
Date of Notification (1) 7/27/2015	Name o	Name of Building Owner/Operator (2) Doug Petrozzini													
Agencies Notified Type of Notifica	Street	7015 11 2 1001													
[X] EPA [] Initia	[] Initial Notification				6 Banff Drive										
	nded Noti		City, St	City, State, Zip Code											
[X] Emer	gency (in			West Windsor, NJ 08550 /CENTRAPOL											
[] Cono	ication) ellation		Name o	Name of Contact Doug Petrozzini Telephane Number											
[] DCA	Charlon					Petroz	Zini								
Name of Facility Where Abatement is Taking	Place (3)		CILITY	INFORM	ATION	Type	of Facility (4)								
Residence	1 1400 (3)					1 spc	[]	School (k-12)							
Street Address					-	1	[]	Subchapter 8 (oth							
234 Sampson Ave	nue						[x]	Other (i.e., private homes, etc.)	te & co	mmerc	ial build	lings,			
City	County	y (6)		Code (7) USE ONL	V)	11 50	re feet	# of Floors	Bldg	g. Age	· 0				
Seaside Heights	Ocea	n	(STATE	ODE ONE	.)		1000 sf int Use (Prior	if being demolished)			50				
Name of Monitoring Firm Hired by Building	One on (8)	`	ASCNA	T- 1	N	[Marin								
N/A	Owner (8)	ASCM 1	NO.	Name of	Abatem	ent Contracto Guard	ian Contracting,	Inc.						
Street Address					Street A	ddress	0.00								
City, State, Zip Code					City, Sta	ite, Zip C		Route 9, Unit 61							
Project Manager for Monitoring Firm		Telephone Number		Toms River, New J							271				
	er	Telephone Number License Number 732-349-9932 00624													
Scheduled Start Date (10) 7/28/15	etion Date (11)	Name of	OSHA I		S.L. Analytical									
Occupancy Status During Abatement (Check			Street A	ddress											
X Facility Closed/Vacated Abatement Performed				ire											
Other - Describe				City, State, Zip Code Piscataway, New Jersey 08854											
Scope of Work (Check all that apply)					[]] Fu	ll Containmer	nt with Negative Pres	sure						
[] >2.6>2.6		Г 1 в		[] Mini-Enclosure											
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf		2 2	vation olition							rocedure					
									_	ement	Tema				
		Is Location		83	Description of						r.	-			
Location of	N	lormally used			estos-Co		3	Amount	R E	R E	E N	E N			
Asbestos-Containing Material (ACM) TO BE ABATED	Maint	Solely by tenance/Custodia	al		Material (A		S	(Specify SF or LF)	М	P A	C A	C L			
in facility		Staff			ılation, su	rfacing		,	0	I	P	0			
(13)		(12)		oth	VAT, of er miscell		v.		V	R	S	S			
· ·	YES	NO N/A		Our	ei iiiisceii	ancous)	,		A L		L E	R			
Exterior		X	Ashe	stos sidin	g			1000 sf	X		E	Е			
			1		.0			1000 01	1						
			1												
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	JDEP Waste Haul 20223	er ID No.	Cubic Ya	rds of Was	te N	ame of Regis T.R.R.F.	tered Landfill							
City, State		Disp	oosal Date	1 3	City, St		,								
Toms River, New Jersey Completed by (Print or Type)	Title	1/3	0/15 Signat	ture	Lullyt	own, P	ennsylvan	/a /	Date						
Nicholas Fernicola Project Manager				7/27/2015											

NOTIFICATION OF ASBESTOS ABATEMENT

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

							1157							
Date of Notification (1) 7/27/2015		Name of Building Owner/Operator (2) Mac Management Properties Street Address 2005 Pouts 88												
[X] EPA [] Initial [] DEP [] Amer [X] DOL Amer	Type of Notification [] Initial Notification [] Amended Notification Amendment #				Street Address 3005 Route 88 City, State, Zip Code Point Pleasant, NJ 08742									
[x] DOH justiff	[X] Emergency (including justification) [] Cancellation				Name of Contact Telephone Nur Mike Colucci									
		F	ACT	LITY INFORM	ATION			_		-				
Name of Facility Where Abatement is Taking Residence	Place (7101		MIION	School (k-12)								
Street Address 63 Brower Drive						[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ial build	lings,			
City	Cour	nty (6)		County Code (7) STATE USE ONL	()	Square feet 1200 sf	# of Floors	# of Floors Bldg. Age 1 60						
Brick	Oce	an					if being demolished)			,,,				
Name of Monitoring Firm Hired by Building (N/A	Owner ((8)	1	ASCM No.	Name of	f Abatement Contracto		Ino						
Street Address					Street A	ddress	Route 9, Unit 61	mc.		-				
City, State, Zip Code				00755 1271										
Project Manager for Monitoring Firm	ber		0.0000000000000000000000000000000000000	ne Number		se Number								
Scheduled Start Date (10)	-	Scheduled Comp 7/29/15	pletion	n Date (11)		19-9932 f OSHA Monitor	00624							
7/28/15 Occupancy Status During Abatement (Check of X) Facility Closed/Vacated Abatement Performed Of Check of			Street A	ddress 1056 ate, Zip Code	S.L. Analytical Stelton Road taway, New Jerse	y 088	54							
Scope of Work (Check all that apply) $ \begin{bmatrix}] >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] \ge 160 \text{ sf or } \ge 260 \text{ lf} $		[] Rer		[] [] [x]	Mini-Enclosure Glovebag Proce			ıre						
								Abat	ement	Туре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A				Ash N (i.e. inst	Description Destos-Co Material (A , thermal ulation, su VAT, er miscell	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M	R E P A I R	E N C A P S U L E	E N C L O S U R E			
Exterior		X		Asbestos sidin	g		1200 sf	X						
					<u> </u>									
			-					-	-					
								-			-			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Ha 2022		D No. Cubic Ya	rds of Was	Name of Regis	tered Landfill	1			L			
City, State Toms River, New Jersey			sposa 30/1	l Date 5	City, St		ia							
				Signature	ch	1/1	1	Date 7/2	7/201:	5				

NOTIFICATION OF ASBESTOS ABATEMENT

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

D					11					1 100								
Date of Notification (1) 7/27/15				Name (of Building (Owner/Ope Wood	rato l Ho	or (2) ollow Homes, 1	LLC	(, ,)	J:	73	3	7				
Agencies Notified [X] EPA DEP	Type of Notification [] Initial Notification [] Amended Notification				Name of Building Owner/Operator (2) Wood Hollow Homes, LLC Street Address 3 Skyview Garden Road AM 7: 62													
[x] DOL	Ame [x] Eme	ndment rgency (# including		City, S	City, State, Zip Code Lebanon, NJ 08833												
[X] DOH justification) [] DCA [] Cancellation						of Contact Tom (Giovanuc	cci		Telephor	a Number	3						
				FAG	CILITY	INFORM	IATION											
Name of Facility Where Abatement is Taking Place (3) Residence							ä	T	Type of Facility (4)	Schoo	ol (k-12)		Taile: 7426000					
Street Address	7 West Broad S	Street							[x]		apter 8 (ot (i.e., priva s. etc.)				dings,			
City		Cour	nty (6)			Code (7) USE ONL	Y)	S	Square feet 2500 sf		Floors 2	Bld	g. Age	50				
Westfield		Uni			1		7)	C	Current Use (Prior Reside		emolished)							
Name of Monitoring Firm		Owner ((8)		ASCM 1	No.					tracting,	Inc.						
Street Address			= 150 - 0				Street Ac		1889 I	Route 9,	Unit 61							
City, State, Zip Code					2	City, State, Zip Code Toms River, New Jers												
Project Manager for Monitoring Firm Telephone Number							Telephor 732-34				License N 00624	lumber						
Scheduled Start Date (10) Scheduled Completi 7/27/15 7/29/15					tion Date (11)	Name of	f OS	SHA Monitor E.M.S	.L. Ana	lytical							
Occupancy Status During A	Abatement (Check ility Closed/Vacate			od of Aba	atement		Street Ac	ddre		Stelton I	Road							
	tement Performed er – Describe	Outside	of Normal F	acility H	ours		City, Sta	ite, Z	CONTRACTOR OF THE PROPERTY OF	N	r		<i>51</i>					
Scope of Work (Check all	that apply)						r 1	1	Full Containmen		lew Jerse		54					
g g	of or ≥3 lf		r 1	D			[]		Mini-Enclosure		gative ries	Suic						
2 1	0 sf or ≥260 lf		[x]	Renova		[]							Procedure					
					T							Abat	ement	Type				
Location of Asbestos-Containing M TO BE ABA in facility (13)	Material (ACM) TED		Is Locatic Normally u Solely by Intenance/C Staff (12)	ised y		Asb N (i.e. inst	Description pestos-Cor Material (A , thermal : alation, su VAT, o er miscella	ntain ACN syst orfactor	ning M) tems cing,	(Spe	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E			
Exterior			X	T	Asbe	stos sidin	g			3500) sf	X			-			
			- 1000	+	1		0			3300	0 51	21						
				-	+					+			_	-				
				-	+					+								
Name of Registered Waste Guardian Co	Hauler ntracting, Inc.		NJDEP Was	te Hauler	ID No.	Cubic Ya	rds of Wast	te	Name of Register	ered Land	lfill							
City, State Toms River,				Dispo	sal Date		City, Sta		1	201								
Completed by (Print or Typ Nicholas Ferr	e)	Title Project Manager				Signature Tullytown, Pennsylvania						Date 7/27/2015						

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

NK 3752

State of New Jersey NUTUTICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 5:60 and 12:120)

Date of Notification (1)	I Wasan of	. 1021C 0.00 ZHE				
Agencies Notified A Time Notified		Selecting Owner/Co	1815 JUI Rone	thankla@	五山上山	間
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Amended	City Charles	A A	300 77	4 54		MISIN.
	Gly, Jee	, Zip Code	Sea Isle	C+ 11	7 0523	10-3
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E E		THE	AK	Telsaime	Number -	=
Name of Parally Wilners Abstract is Taking Page (3)	FACELIF	Y IN-CREMATION				-
- Kesigeist		en e	Type of Fed		200	0
Street Actions 108 3644 St.			School (#	at 8 Miner then	15.490 TE 17	==
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Sea Iste City			Some Per	& of Places	Big Ar	ge 9
County (6) Albertic	County Con USE ONLY	(I) (STATE	- A second	nus y being den	70	
Name of Monitoring Form Hired by Bulliford Owner	ASOM No.	-	li .	KESKIRM	- (BB)	1
(0)	reside ME	Name of Ahara	Any Just	9)	30	
Street Address		Street Address				
City, State, Zip Code		_	1212 Buplu	, .		-
		Lay, Sale, Zo	Delisaci	NIOS	075	7
Project Weneger for Monitoring Firm Telep	irone No.	Telephone No.	2011	i License No.	7 0	
Start Date (10) Scheduled Complete	in Date Hall		The second second second	0107	20	
1-10-15 1 7-30-10	er octe (11)	Name of OSHA!	uansar Sel:/	4	् ।	
Company Sizhs During Abdament (Cherk only one) Life Ferding Closed Verseled During Entire Period of Abstance		Street Address				.
Li The second of	er	Ohy, Siete, Zip Cr	rio .		= '.	
Other - Despress			100	-		1
Scope of Work (Check all that emply)		Carlo				=
		1 Penter market	inant win Nega Nega	The same of		1
			Procedure wind (7) and Non-	Prieble Procesion	<u> </u>	Militarea
Is Location Numerly Location of Location of Location of	nerana n				Abatement	
Asbestos-Conizining Meterial (ACM) Meintenance	Achesta	Description of s Contenting Materi	= 160mm		Турэ	_
TO SE APATED Control STATE (13) (12)	(Le. 1	hannel systems ins swieding, YAT, or	The state of the s	Amount (Specify SPortF)	Pinca Pinca Pinca Pinca	Enc
	7	Cher misceleneous		,	Elicapsulata Flapali Flamoval	Endloguro
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The state of the s	1 CACPU) Siding		40005	HII	
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April Jose LCC Failer		f Wate 34	WH of	PA		
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THI VP		1	#	Data & -3	1-15	- Note for the state of
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[°] Do not use this form for esbestos licensure exempled activities.