

Date of Notification (1) 02/28/2014					f Building des Me			(2)		-0	EIVE	D	7		
Agencies Notified	Type Notification			Street A	ddress River Ro	oad			2014 14	AR -	6 PM 8	2:51			
□ DEP □ DOL □ DOL □ DOL □ DOL □ DEP □ DOL □ DOL	Amended Amendment Emergency	#	_[North	ate, Zip Co Bergen,		047		# JES	STOS	CONT	Rni			
DOH DCA	justification) Cancellation	33.011.00.01.00.000. 00 0		Manue	f Contact el Mede					- 1 <u>पि</u>	ebbonie Nu	mber	4		
Name of Facility Where Palisades Medical	Abatement is Takir	g Place (3)		FACI	LITY INF	ORMAT	ION		of Facility (56 5 					
Street Address 7600 River Road								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			dings	, hom	es,
City (5) North Bergen								-	e Feet	#0	f Floors	E	Bldg. A	\ge	
County (6) Hudson					Code (7) USE ONLY)		Curre	nt Use (Prio	or if be	ng demolis	hed)			
Name of Monitoring Fir Detail Associates,	m Hired by Building Inc.	Owner (8)		ASCN	No.	2			tement Con pany, Inc		(9)				
Street Address 300 Grand Ave				- 1 //2				Addres							
City, State, Zip Code Englewood, NJ 07	631								p Code 07011						:
Project Manager for Mo Steven Jaraczews	onitoring Firm ski	,	T	Telephor 201-56	ne No. 69-6708			hone No 253-8			License N 00704	lo.		Sec. 19-10-19-	1/2
Start Date (10) 03/12/2014		Scheduled 03/13/20		npletion	Date (11)		4 - March - 10 - 5	of OSH	IA Monitor						
Occupancy Status Duri	ng Abatement (Chec	k Only One) -				Street	Addres	s						
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire med Outside of Norn occupied	Period of Ab	aten	nent			City, S	State, Zi	p Code					2	
Scope of Work (Check	All That Apply)								•						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit				į.	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure	- Tr				
		ls L	ocati	on					ZAGIII	/ / un	a Horri Haz	1	Abate	emen	t
Locatio Asbestos-Containin		No Used	rmal Sole			De	scription	of				-		ре	
TO BE AI	BATED	Main Custo	tenar	nce/	Asbes (i.e.		taining N system: cing, VA niscellar	s insula T, or	(ACM) tion,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Incinerator R	oom 2nd Fl	x		-	-	(Gasket			1	0 SF.	x	-		
						•						-			
•															
Name of Registered Wa				JDEP W auler ID		Cubic of Was			Name of F	Registe	red Landfill	-			
Newark Carting, Inc). 			5409		NESC CREMINA			GROWS	3					
City, State Newark, NJ					V	Dispos	sal Date		City, State Morrisvi		Ą				
Completed by Voytek Roszkowski		Title Preside	ent			S	Signature	\ _		£.\	7	ite 2/28/2	2014		

1000 033161

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

•	
Date of Notification (1)	Name of Building Owner/Operator (2)
10131/10141/11/141	BL England R. Capte Mar 16 ldi. Street Address North Shore Proch.
Agencies Notified Type Notification	Street Address
The state of the s	000 1/2-1/2 5/200 PM2-1
[]EPA [X]Initial	03750
Notification	City, State, Zip Code
K]DOL []Amended	1 Seesles PT 10 100 Min. 3
Notification Notification	Name of Contact
[]Cancellation	Doug Adolfsen
[X] DCA	Doug Marit Ser
	FACILITY INFORMATION
Name of Facility Where Abatement is Tal	king Place (3) Type of Facility (4)
BI Carland Sta	[]School (K-12) []Subchapter 8 (Other than K-12)
	[]Subchapter 8 (Other than K-12) [[y]Other (i.e., private & commer-
Street Address	
900 North Short	Square Feet # of Floors Bldg. Age
City (5) County	(6) (County Code (7) 46000 10 60
\circ	(STATE USE ONLY) Current Use (Prior if being demolished)
1709 64 1	1000
Name of Monitoring Firm Hired by Build: Owner (8)	ing ASCM No. Name of Abatement Contractor (9)
1//n	New States Contracting
Street Address	Charact Address
, , ,	2400 Main St Ext Suite 10
City, State, Zip Code	City, State, Zip Code
City, State, Zip code	Jagreville NJ 08872
Project Manager for Monitoring Firm To	732-525-0100 00749
Λ	
Scheduled Start Date (10) Sched.Comp.	letion Date (11) Name of OSHA Monitor
1013/11/8/11/19 1013/12	15/12/41 Tiger Environental
Month / Day / Year Month / I Occupancy Status During Abatement (Chec	on vone) Street Address
[]Facility Closed/Vacated During Ent	
of Abatement []Abatement Performed Outside of No.	
Hours - Describe:	1 0 1 0 0 0 7 2 4
[Alother - Describe: Gas Vo.c+	Brick, NJ Soley
Scope of Work (Check all that apply)	[X]Full Containment with Negative Pressure
[]Demolition	[V]Renovation [']Mini-Enclosure
[]>3 sf or >3 lf []>160 sf or >260 lf	[]Glovebag Procedure []Non-Friable Procedure
[1 <u>7</u> 100 at 61 <u>7</u> 200 11	
	Location
Location of Asbestos-Containing	Normally Description of R N N Used Asbestos-Containing Amount E R C C
Material (ACM)	Solely Material (ACM) (Specify M E A L
TO BE ABATED in Facility	tenance/ insulation, surfacing, VAT, LF) V A S S
(13)	Custodial or other miscellaneous) A I U U
. 5	Yes No N/A
3. A. Heater 4th Floor	X Duct Insulation 60 SF X X
0.14.704.6.7	Mastic
	Trias ite
Name of Registered Waste Hauler	NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste
Frankald Cochane Two	15939 30 Grows Landfill
Freehold Cartage Irc	
	2-25 MACCIEWILL P. A
Freehold NJ	3-25 Morrisville P.A.
Completed By (Print or Type) Title	Signature Date
Kurt N9/e Super	Disposal Date City, State 3-25 MORRISVILLE P.A. Fintendent Signature Signature Signature South hale 3-4-14
1011/11/10	1000
N3D-41	



Date of Notification (1) State Address S	Date of Notification (1)			Name of Building Owner/Operator (2)													
Agendance Notine PA	3/3/2014			Dover VF, LLC 2014 MAR -6 PM 8: 50													
Amendment Amendment Paramus, N. 107652-0945 C. LILENSING C. LILENSING Paramus, N. 107652-0945 C. LILENSING Paramus, N. 107652-0945 C. LILENSING C. LI	Agencies Notified Ty	pe Notification	84	10	ireel Ad	laress											
Amendment Amendment Paramus, N. 107652-0945 C. LILENSING C. LILENSING Paramus, N. 107652-0945 C. LILENSING Paramus, N. 107652-0945 C. LILENSING C. LI	X EPA X	Initial						Á	388	STOS	CONT	POL					
Emergency (including Judith D. Knop. P.E.	X DEP			- 1	5 7 .00			S A	č	LICEN	SINC						
Doth	⊠ DOL			- 22			/652	2-0910								e vo	
School (k-12) School (k-12) School (k-12) Subchapter 8 (Other than K-12) Subchapter 8 (Ot		justification)		- 50			Б.	-			2						*
Name of Facility (Where Abstement is Taking Place (3) School (K-12) Subchapter 6 (Other than K-12) Subchapter 6 (Other than	☐ DCA ☐	Cancellation		,							1						
Former Strauss Discount Auto Street Address 419 U.S. Highway 46 East City (5) Rockaway County (5) Rockaway County (5) Morris County Morri	Name of Engility Where Abat	tement is Taking	Place (3)		FACIL	ITY INFO	RMA	ION	Type	of Facility (4	1)	-	-	-			-
Stockalay			riace (o)						lament.		356 938						
A19 U.S. Highway 46 East		dit / tato							in :	Subchapter	8 (Othe	r than	K-12)				
Square Feet		Fact						18	X	Other (i.e. p	rivate 8	comm	ercial b	uild	ings,	home	s,
10,000 1 50		Luot		-		VC-UII COLORE		_	-		# of	Floors		Bl	da. A	ge	-
County (6) County Code (7) County Code (7) County Code (7) County Code (7) Commercial Commerci											1000			0.000		-	
Morris County					County C	ode (7)			15		or if beir	ng dem	olished)			_
Name of Monitoring Firm Hired by Building Owner (8)							_							5			
EnviroVision Consultants, Inc. Street Address Street		red by Building Ov	wner (8)		ASCM	No.		Name	of Aba	tement Con	tractor	(9)					
Street Address 20-21 Wagaraw Road, Building 35E City, State, Zip Code Fair Lawn, NJ 07410 Telephone No. (973) 636-9145 (973) 636-9145 (973) 636-9145 Scheduled Completion Date (11) 3/15/2014 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) 21 60 of or ≥260 if B Location of Asbestos-Containing Material (ACM) (13) In Facility (13) Pescription of Asbestos-Containing Material (ACM) (13) In Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (13) In Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (14) Normally Used Solely by Maintenance/ Custodial Staff? (14) Normally Used Solely by Maintenance/ Custodial Staff? (15) Normally Used Custodial Staff? (16) Normally Used Custodial Staff? (17) Normally Used Solely by Maintenance/ Custodial Staff? (18) Normally Used Solely by M	N 255		, T. J.		The state of the s							S(01877)					
20-21 Wagaraw Road, Building 35E																	
City, State, Zip Code		l, Building 35E						136	0 Clift	on Avenu	e, Un	it 365					
Fair Lawn, NJ 07410 Scheduled Completion No. (973) 636-9145 (973) 450-9500 01036 Start Date (10) 3/15/2014 Scheduled Completion Date (11) 3/15/2014 Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) 3/15/2014 Scheduled Completion Date (11) Scheduled Date (11)						-	-	City, S	State, Z	ip Code			S-VATO	200			
Scheduled Completion Date (11)								Clift	on, N	J 07012							
Start Date (10) 3/15/2014 Scheduled Completion Date (11) 3/15/2014 Scheduled Completion Date (11) 3/15/2014 Name of OSHA Monitor Incinia Contracting, Inc. Street Address Street Address Street Address 1360 Clifton Avenue, Unit 365 City, State, Zip Code Clifton, NJ 07012 Scope of Work (Check All That Apply) 23 sf or ≥3 if 23 sf or ≥260 if Scope of Work (Check All That Apply) 1 ≥3 sf or ≥260 if Scope of Work (Check All That Apply) 23 sf or ≥260 if Scope of Work (Check All That Apply) 24 sf or ≥260 if Scope of Work (Check All That Apply) 25 sf or ≥260 if Scope of Work (Check All That Apply) 26 sf or ≥260 if Scope of Work (Check All That Apply) 27 sf or ≥260 if Scope of Work (Check All That Apply) 28 sf or ≥3 if 29 sf or ≥260 if Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) 29 sf or ≥260 if Scope of Work (Check All That Apply) Scope of Work (Check All That Address of Address of Check All That Addr	Project Manager for Monitor	ing Firm		Т	elephor	ne No.		Telepi	hone N	0.		Licen	se No.				
3/15/2014 3/29/2014 3/29/2014 Incinia Contracting, Inc. Cocupancy Status During Abatement (Check Only One) Title	Fred Larson				(973) 6	636-914	5	(973	3) 450	-9500		0103	36				
Street Address 1360 Clifton Avenue, Unit 365	Start Date (10)	1	Scheduled (Com	pletion [Date (11)	-11	Name	of OSI	HA Monitor							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply)	3/15/2014		3/29/201	4				Incir	nia Co	ontracting	, Inc.						
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Clifton, NJ 07012 City, State, Zip Code C	Occupancy Status During Al	batement (Check	Only One)					100000000000000000000000000000000000000			2262 10						
Clifton, NJ 07012 Scope of Work (Check All That Apply)	Facility Closed/Vacated				ent						e, Un	it 365		5-1			
Scope of Work (Check All That Apply) 3 sf or >3 lf		Outside of Norma	I Facility Ho	ours													
Salidity Secondarian Secondaria Secondarian Secondaria Secondaria Secondaria Secondaria Secondaria Secondaria Secondaria Secondaria Secondaria Secondar							_	Clift	on, N	J 07012							
Second Demolition Demoli	Scope of Work (Check All Ti	hat Apply)						_	-								
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Atlantic Carting Name of Registered Waste Hauler Atlantic Carting Ciovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Retail Space/Restroom/Stock Area X Tan/Orange VAT/ Mastic Atlantic Carting NJDEP Waste Hauler ID No. NJ-641 NJDEP Waste Hauler ID No. NJ-641 Disposal Date 3/29/2014 Bethlehem, PA Completed by Title Date	AND THE RESERVE OF THE PARTY OF							2				Negat	ive Pres	ssur	е		
Secretary Secr	≥160 st or ≥260 it		☐ Den	nolitio	on				Glo	ovebag Prod	cedure						
St. Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A									_ No	n-Exempted	d (*) and	d Non-	Friable		Var. 10.		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Retail Space/Restroom/Stock Area Name of Registered Waste Hauler Atlantic Carting Atlantic Carting City, State Wayne, NJ Completed by TO BE ABATED (Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Tan/Orange VAT/ Mastic Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Aspectiption of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Apply Ap										1				8			
Assestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Retail Space/Restroom/Stock Area X Tan/Orange VAT/ Mastic 6,200 SF X Name of Registered Waste Hauler Atlantic Carting Name of Registered Waste Hauler Atlantic Carting City, State Wayne, NJ Completed by Title Maintenance/ Custodial Staff? (12) Assestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify SF or LF) Retail Space/Restroom/Stock Area X Tan/Orange VAT/ Mastic 6,200 SF X In Substitution, surfacing, VAT, or other miscellaneous) NAME of Registered Landfill IESI PA Bethlehem Landfill Corp. Date Orange VAT/ Mastic 10 Date 10 Da						75/2006/3/V Venor #15						Alexandra de Companyo de La Companyo de La Companyo de Companyo de Companyo de Companyo de Companyo de Companyo	-		.,		
Retail Space/Restroom/Stock Area X Tan/Orange VAT/ Mastic 6,200 SF X Name of Registered Waste Hauler Atlantic Carting City, State Wayne, NJ Completed by Title NJDEP Waste Hauler ID No. NJ-641 Disposal Date 3/29/2014 Signature Date														æ	_	Enc	m.
Retail Space/Restroom/Stock Area X Tan/Orange VAT/ Mastic 6,200 SF X Name of Registered Waste Hauler Atlantic Carting City, State Wayne, NJ Completed by Title NJDEP Waste Hauler ID No. NJ-641 Disposal Date 3/29/2014 Signature Date		<u>-D</u>			taff?	(1.6.	sur	facing, VA	AT, or	**)	emo	₹ep.	aps	Clos
Retail Space/Restroom/Stock Area X Tan/Orange VAT/ Mastic 6,200 SF X Name of Registered Waste Hauler Atlantic Carting City, State Wayne, NJ Completed by Title NJDEP Waste Hauler ID No. NJ-641 Disposal Date 3/29/2014 Signature Date	(13)		,	12)			othe	r miscella	neous)					val	air	ulat	sure
Name of Registered Waste Hauler Atlantic Carting NJDEP Waste Hauler ID No. NJ-641 NJDEP Waste Hauler ID No. of Waste 40 Disposal Date 3/29/2014 Completed by Name of Registered Landfill IESI PA Bethlehem Landfill Corp. City, State Wayne, NJ Completed by Title Date Date			Yes I	No	N/A											Ф	
Name of Registered Waste Hauler Atlantic Carting NJDEP Waste Hauler ID No. NJ-641 NJDEP Waste Hauler ID No. of Waste 40 Disposal Date 3/29/2014 Completed by Name of Registered Landfill IESI PA Bethlehem Landfill Corp. City, State Wayne, NJ Completed by Title Date Date	Retail Space/Restroom	m/Stock Area			X	Tar	ı/Ora	nge VA	T/ Ma	astic	6,2	200 S	F	Х			
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Atlantic Carting Hauler ID No. NJ-641 Of Waste 40 IESI PA Bethlehem Landfill Corp. City, State Disposal Date 3/29/2014 Completed by Title Disposal Date 3/29/2014 Bethlehem, PA Date Completed by Date Completed by		5696					*		<u> </u>								
Atlantic Carting NJ-641 Atlantic Carting NJ-641 Atlantic Carting NJ-641 Disposal Date 3/29/2014 Bethlehem Landfill Corp. City, State Bethlehem, PA Completed by Title Date Completed by Date Completed by	Name of Registered Waste	Hauler		135055		120000000000000000000000000000000000000				The second second							
City, State Wayne, NJ Completed by Title Disposal Date 3/29/2014 City, State Bethlehem, PA Date	Atlantic Carting					NO.		IESI PA Rethiehei				nlehei	m Lan	dfill	Cor	p.	
Wayne, NJ Completed by Title Signature Date											-	-	-				
Completed by Title Signature Date										PA							
0/0/00/4	1 May 25 - 20 May																
		Presid	ent														

Date of Notification (1) 3/3/14 Agencies Notified Pleasantville Mixed Income L.P Street Address Type Notification Street Address Type of Facility (4) Street Address Type of Facility (4) Street Address Street Address Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)	LICENSII	PS/
Montclair, NJ 07042 Montclair, NJ 07042 Montclair, NJ 07042 Montclair, NJ 07042 Name of Contact Telephone Number Joel Wallace Street Address Street Address Street Address Street Address Street Address Subchapter 8 (Other than K-12)	105 C	į .
Amendment #	LICE, CO	Ph
Name of Contact DOH	757,	77
Name of Facility Where Abatement is Taking Place (3) Retail Stores Type of Facility (4) Street Address Street Address		A PRO
Retail Stores Street Address Street Address Street Address Street Address		(
Street Address Street Address		1
41-49 Main Street Other (i.e., private & commercial buildir homes, etc.)	ngs,	
	g. Age 80	
County (6) Atlantic County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Retail Stores		
Name of Monitoring Firm Hired by Building Owner		1
(8) Environmental Tactics Stevens Environmental Services, Inc.		
Street Address 64 Broad Street P.O. Box 322		
City, State, Zip Code Matawan, NJ 07747 City, State, Zip Code Allentown, NJ 08501		
Project Manager for Monitoring Firm Telephone No. Tom Geiger (732) 290-2534 (609) 259-9688 00493		
Start Date (10) Scheduled Completion Date (11) Name of CSHA Monitor		
3/17/14 4/4/14 Environmental Tactics		
Occupancy Status During Abatement (Check only one) Street Address		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code		
Other - Describe: Matawan, NJ		
Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Slovebag Procedure Non-Exempted (*) and Non-Friable Procedure		
Is Location Aba	atement Type	
Ashastas Castaining Material (ACM) Maintenance/ Ashastas Castaining Material (ACM) Amount	Enclosure Encapsulate	
Yes No N/A	कि	
1st Floor × Pipe Insulation 100 LF ×		
1st Floor Back Room Linoleum 130 SF 🗶		
No. of David Mark Harles		
Name of Registered Waste Hauler Stevens Environmental NJDEP Waste Hauler ID No. 17292 Stevens Environmental Cubic Yards of Waste of Waste 3 CU GROWS Landfill		
City, State Disposal Date City, State Allentown, NJ Allentown, NJ Morrisville, PA		

CK#25421

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

Date of Notification (1)	/3/14			Name	e of Buildin	g Owner/Operator Pleasan	(2) tville Mixed	Income L.P				
Agencies Notified	Type Notificat	tion		Stree	et Address	_ 1040411						
EPA DEP	Initial Amended			011	01-1-7-1		77 Park Str	eet		5		2
M DOL	Amendme		-	City,	State, Zip (ontclair, NJ	07042		119	o.	
⊠ DOH	Emergence justification	n)	,	Name	e of Contac	at .		Telephonodium	nhar		10	= '
□ DCA	☐ Cancellation	on			J	loel Wallace						1
				FA	CILITY INF	ORMATION			4	10	20	\$ 13
Name of Facility Where		aking Place tail Stor					Type of Facility	TO COUNTY		(5)	150	24
Street Address		tan Stor	es			MIT IN THE PARTY OF THE PARTY O		8 (Other than K-			1/	1 A
	35 1	Main St	reet				Other (i.e., homes, etc	private & commerce)	cial buil	dings	•	
City (5)			77.5005				Square Feet	# of Floors	В	ldg. A		1/2
	Plea	santville	e, NJ			7) (07475	7500	2			30	
County (6)	tlantic				inty Code (E ONLY)	7) (STATE	Current Use (F	Prior if being demo Retail Stor				_
Name of Monitoring Firm	5,550	A-700		ASCM	No.		nent Contractor (т			
	mental Tac	tics				Street Address	vens Environ	mental Servi	ces, II	nc.		_
Street Address	64 Broad S	Street				Street Address	P.O.	Box 322				
City, State, Zip Code						City, State, Zip C	Code					
N	Matawan, N	J 07747					Allentov	n, NJ 08501				
Project Manager for Mo			1 2000	ephone	No. 90-2534	Telephone No.	59-9688	License No.	0049	3		
Start Date (10)	Geiger	cheduled C	1			Name of OSHA			0045	<u></u>		=
3/17/14			4/4/1		ate (11)	Name of Corp.		nental Tactics				
Occupancy Status Durin	ng Abatement (0					Street Address	0.4.5					
Facility Closed/Vacat								oad Street				_
☐ Abatement Performe☐ Other - Describe:	d Outside of No	mai Facilit	у нои	rs		City, State, Zip C		iwan, NJ				
Scope of Work (Check a	all that apply)						ntainmant with N	agativo Proceura				
⊠ ≥3 sf or ≥3 lf			enovat			Mini-En	ntainment with Ne closure	egative Pressure				
≥160 sf or ≥260 lf		⋉ De	emolitio	on		☐ Gloveba	ag Procedure empted (*) and N	on-Friable Proced	ure			
			ocatio						1	Abate		
Location	of		omally Solei			Description of				Тур	oe I	\mathbf{H}
Asbestos-Containing I TO BE ABA			ntenar			tos Containing Mar thermal systems i		Amount (Specify	- d B	Repair	Enc	Enc
IN Facility		2	Staff? (12)			surfacing, VAT,	, or	SF or LF)	Removal	pair	Encapsulate	Enclosure
(13)				NI/A	-	Juliel Hiladellalle	Judy		<u> </u>		ulate	ਰ
		Yes	No	N/A				40.CE	-			
Baseme				×		Transite		40 SF	X			
Baseme						Boiler Insula		30 SF 20 SF	X			
Baseme	ent	_				Air Cell De	Dris	ZU SF	×			
Name of Registered Wa	ste Hauler		11	JDEP	Waste	Cubic Yards	Name of Red	istered Landfill				
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	nvironment	al	- 02	Hauler II	E-100-100-100-100-100-100-100-100-100-10	of Waste 2 CU		GROWS La	ndfill			
City, State	, ii Oiliiteilti		=1.	11	<i>L</i> J <i>L</i>	Disposal Date	City, State	7				
	Allentown					4/4/14		Morrisville	, PA			
Completed By		Title D-	ol	+ N/a	2000	Signature		Date	3/2	/14		
Mahlon E. Ste	evens	Pr	ojec	ı Mai	nager	_ ///	_ 		3/3	117		

ASB-41 MAR 00 * Do not use this form for asbestos licensure exempted activities.

2014 DECEIVE

				Nama	of Duildin	g Owner/Operator	(2)	-U/A MAD		1	^	
Date of Notification (1)	/3/14]	Name	or Building	Owner/Operator Pleasant	ville Mixed	Income L.P6	^	•	U	
Agencies Notified	Type Notifica	ation	-	Street	Address	11000000	20	27070	PA	φ		=
	Initial					-	77 Park Stre	eff (1050		8: _¢	2	
EPA DEP	☐ Amended		1	City, S	tate, Zip C			CAS.	WID	-		
⊠ DOL	Amendme		-			Mo	ontclair, NJ (07042	C 1	01		_
⊠ DOH	justificati	ion)		Name	of Contac			Telephone Ni	L			-
□ DCA	☐ Cancellat	ion			J	oel Wallace						-12
				FAC	CILITY INF	ORMATION						
Name of Facility Where							Type of Facility	(4)				
	R	<u>etail Sto</u>	res				School (K-1	2) 8 (Other than K-1	۵۱			
Street Address	27-2	9 Main	Stree	t			Other (i.e., phomes, etc.	rivate & commerc	ial buil	dings	•	
City (5)							Square Feet	# of Floors	В	dg. A	77	
	Plea	asantville	e, NJ				6200		- -	- 8	0	
County (6)						7) (STATE	Current Use (P	rior if being demoli				
	tlantic				ONLY)			Retail Store	S	_	_	_
Name of Monitoring Firm				ASCM	No.	Name of Abatem			T.			
	nmental Ta	ctics					ens Environi	mental Servic	es, II	IC.		_
Street Address	C4 D 1	Ctoot				Street Address	PO	Box 322				
	64 Broad	Street				City, State, Zip C		DOX 322			_	_
City, State, Zip Code	Matawan, N	JI 07747				City, State, Zip C		n, NJ 08501				
Project Manager for Mo			Tele	ephone	No.	Telephone No.	1,44	License No.	0.000			
75.0	Geiger		1920/06/20		0-2534	(609) 25	9-9688		0049	3		_
Start Date (10)		Scheduled (Comple	etion Da	te (11)	Name of OSHA N						
3/17/14			4/4/	14		-	Environm	ental Tactics				
Occupancy Status Duri						Street Address	CAD	- 1 C+4	1			2,000
▼ Facility Closed/Vaca								oad Street				
☐ Abatement Performe☐ Other - Describe:	ed Outside of N	ormai Facili	ty Hou	ırs		City, State, Zip C		wan, NJ				
Scope of Work (Check	all that apply)		h			□ Full Con	ntainment with Ne	native Pressure				
☐ >3 sf or >3 lf			enovat			Mini-End	closure	gativo i roddard				
≥160 sf or ≥260 lf		X D	emolitic	on		Gloveba	ag Procedure emoted (*) and No	on-Friable Procedu	ıre			
		Is	Locati	on		10.1	(/ =		100	bate	ment	
			lormali			Diti				Тур	e	
Location Asbestos-Containing		150,200	d Sole ntenar		Asbes	Description of tos Containing Mat		Amount	711	л	ш	т
TO BE ABA	TED		ustodi Staff?		(i.e.,	thermal systems in		(Specify SF or LF)	Removal	Repair	nca	nclo
IN Facilit (13)	у		(12)			surfacing, VAT, other miscellaned		31 01 11)	oval	=	Encapsulate	Enclosure
		Yes	No	N/A							ate	
		100				VAT/Mark		2700 SF	×			_
1st flo	or			×		VAT/ Mast	.IC		^			
		_		-					+			
		_										
Name of Registered Wa	iste Hauler		100	UDEP V		Cubic Yards of Waste	Name of Regi	stered Landfill				
Carnava	ale Disposa	1	_ '	Hauler II 172	292 292	10 CU		GROWS Lar	ndfill			_
City, State Hamilton, NJ						Disposal Date 4/4/14	City, State	Morrisville,	PΛ			
Completed Dr		_		Signature	/////////////////////////////////////	Date	171			_		
Completed By Mahlon E. Sto	evens	Title P	rojec	t Mar	ager			Julo	3/3	<u>/1</u> 4		
IVIAIIIOII E. St	C 7 C113		0,00	- 11101	-unui							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Jeff Salmon 3/3/14 Street Address Type Notification Agencies Notified PO Box 67 City, State, Zip Code Initial × **EPA** Amended Netcong NJ 07875 DEP Telephone Number Amendment # × DOL Emergency (including Name of Contact justification) Jeff Salmon DOH Cancellation FACILITY INFORMATION DCA Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, House Street Address etc.) Bldg. Age # of Floors 24 Ledgewood Avenue Square Feet 50 2 2500 Current Use (Prior if being demolished) City (5) County Code (7) (STATE USE ONLY) Netcong Name of Abatement Contractor (9) County (6) ABS Environmental Services, LLC Morris ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Street Address 4 E Gate Drive, PO Box 483 Street Address City, State, Zip Code Glenwood, NJ 07418 City, State, Zip Code License No. Telephone No. Telephone No. 703 973-583-8500 Project Manager for Monitoring Firm Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 3/26/14 Street Address 3/12/14 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Full Containment with Negative Pressure Scope of Work (Check All That Apply) Mini-Enclosure Renovation Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure ≥3 sf or ≥3 lf Demolition ≥160 sf or ≥260 lf × Abatement Type Is Location Description of Encapsulate Normally Amount Asbestos Containing Material (ACM) Remova Used Solely by (Specify Repair Location of (i.e. thermal systems insulation, Asbestos-Containing Material (ACM) Maintenance/ SF or LF) surfacing, VAT, or Custodial Staff? TO BE ABATED other miscellaneous) (12)In Facility (13)N/A No Yes 70 LF pipe insulation X Basement Name of Registered Landfill Cubic Yards NJDEP Waste GROWS Name of Registered Waste Hauler of Waste Hauler ID No. 10 15939 City, State Freehold Cartage Disposal Date Morrisville, PA TBD City, State Date Freehold, NJ Signature 3/3/14 Title Completed by President Andrew Scott Higgins

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



Chock # 1302	NO			OF ASBE to NJAC 8				Т			1	₩.	馬	F	1
Date of Notification (1) 3-3-2014				Building (Operator	(2)		MA	R _	s 21	11/1			1
Agencies Notified Type Notification		1 2	Street A	ddress olar Stree	et	,			i		U L	1		•	T
EPA X Initial Amended Amendment	ŧ	0	City, Sta	te, Zip Coo	de	07758					i di i				
区	ncluding	١	lame of	Contact					Tele	nhone	Numb	er	_	***************************************	
DCA Cancellation				. Garran		ON									
Name of Facility Where Abatement is Taking Residential	Place (3)		PAGII	LITTINFO	KNIATI	ON	Ту	oe of Facility (4	657						
Street Address							H	School (K-1: Subchapter	8 (Othe						
10 Poplar Street							×	Other (i.e. p etc.)	rivate &	comm	ercial l	ouild	ings,	home	s,
City (5) Port Monmouth, NJ 07758								uare Feet 45	# of 1	Floors	37		dg. A	ge	
County (6) Monmouth				Code (7) ISE ONLY)	lu <u></u>		Cu	rrent Use (Pric	r if beir	ng dem	olished	1)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.				batement Con nvironment			LLC				
Street Address	2					Street 235		ress inia Avene							
City, State, Zip Code								, Zip Code City, NJ 073	04						
Project Manager for Monitoring Firm		T	elephor	ne No.		Teleph	hone			Licens					,
Start Date (10)	Scheduled		pletion [Date (11)		An altitude and com-		SHA Monitor							
3-4-2014 Occupancy Status During Abatement (Check	3-4-2014						75.5	s above							
	- 3 41		ant			Street	Add	ress							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:			======================================			City, S	State,	, Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				1212	1	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure	ŭ					
	Isla	ocatio	nn.					VOII-EXEMPLE	() and	1 NOTI-1	Habie		Abate	ement	
Location of		rmally	,			scription					-	-	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo	tenan	ce/	Asbest (i.e.	thermal surfa	taining N system cing, VA miscellar	s ins	r	(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
•	Yes	No	N/A											e	
Basement (Crawl space)		X				insula				0 LF		x			
Attic		х			pipe	insula	ation	1	9	0 LF		x			
	1	_									_	_			
Name of Registered Waste Hauler		T N.	IDEP W	aste /	Cubic	Yards		Name of I	Registe	red Lar	ndfill				
Waste management		Ha	auler ID 34889	No.	of Wa			G.R.O.\				II			
City, State Coraopolis, P.A.					Dispo 3-4-2	sal Date 2014		City, State Morrisv		Α.					
Completed by Liliana Pedraza	Title Office	Man	ager		5	Signature	e - L C	- Red	ez	e	Date 3-3-		14		

Date of Notification (1)		1	Vame of	Building Owner	Operator	(2)		30				
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Agencies Notified Type Notification		15	Street Ad		_	1.01	٠. ا	1				
EPA Initial			Oity Stat	le, Zip Code	ance and	dy BI	VC					
DEP Amended Amendment #		_ `		it New	Jork	(, N)e	w.lec	Ser O	70	93	1/4	14.
Emergency (I justification)	ncluding	1		Contact			Tel	ephone Nur	nber			
DCA Cancellation			DU-	tian								
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFORMA	TION	Type of Fac	ility (4)					
6813-17 POLK St. 1	10	,					(K-12)					
Street Address						Subchi	apter 8 (Oth	er than K-12		inas	homo	
10813-17 POIKS+	- W					etc.)		& commercia		40.50		15,
City (5)						Square Fee	t #0	f Floors	B	dg. A		
Su transer		- 17	County C	ode (7)		Current Use	(Prior if he	ing demolish	ed)	25	<i>T</i>	
County (6)				JSE ONLY)		1 1	for co	ing demonsi	ieu/			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	1 No.		of Abatemen		(9)				
						Insulation	Co., Inc.					
Street Address						t Address Montrose F	Road					
City, State, Zip Code						State, Zip Cod						
					Colt	s Neck, N.	J. 07722					
Project Manager for Monitoring Firm		- 1	Telephor	ne No.	A 1000000000000000000000000000000000000	hone No.		License N	0.			
	0 1 1 1		1 41 - 6	5		294-1757		00029				
Start Date (10)	Schedule		ipletion (Jate (11)	Name	of OSHA Mo	nitor					
Occupancy Status During Abatement (Check		ie)			Stree	Address						
Facility Closed/Vacated During Entire F												
Abatement Performed Outside of Norm Other – Describe:		Hours			City,	State, Zip Coo	le					
Scope of Work (Check All That Apply)	٠,٢	•			<u></u>				-			
≥3 sf or ≥3 lf	Пв	enovat	tion			Full Cont	ainment witl	n Negative F	Pressui	'e		
≥160 sf or ≥260 lf		emoliti			-	→ Mini-Encl	osure	a seta				
'							Procedure mpted (*) ar	d Non-Friab	le Pro	cedur	e	
		Location			,					Abate Tv	ment pe	
Location of Asbestos-Containing Material (ACM)	Use	ormali d Sole	ly by		escriptio	n of Material (ACN	n) /	Amount		,		
TO BE ABATED		intenar todial S		(i.e. therm	al systen	ns insulation,	. (Specify	Re	ZD.	žnca	Enc
In Facility (13)		(12)			facing, V miscella		S	F or LF)	Remova	Repair	Encapsulate	Enclosure
,,,,,	Yes	No	N/A						<u>a</u>	7	ate	ē
7.14.	1 1		V	Sidial			100	MC	X			
ont don't			N	Sidin			100	<u> </u>	1		-	
	+						-		+	-		
			-						-			
Name of Registered Waste Hauler		N	JDEP W	/aste Cub	ic Yards	Nan	ne of Regist	ered Landfil	1			
Ace Insulation Co., Inc.		633	auler ID 2086	No. of W	aste 5		rins					
City, State			2000	Disc	osal Date	e City	, State					
Colts Neck, New Jersey					19/14	B2 27 27 27 27 27 27 27 27 27 27 27 27 27	ston, Pa					
Completed by	Title				Signatur	iem.	1.	Da	31.4	1	1,	,
George Wuest	Presi	dent			Di	Me I	<u>r</u>	تدلــــــــــــــــــــــــــــــــــــ	215	٦.	14	



CK 3954

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Date of Notification (1) 3/3/14					e Krentz F					-	10 14 14			
Agencies Notified	Type Notification		1/4 (1997)	treet Add 7 Sylvi	iress a Lane					MAR .	- 6 i	2014		
EPA DEP DOL	Initial Amended Amendment				e, Zip Code wkin NJ (08050			*					
DOH DCA	Emergency (i justification) Cancellation	ncluding	1073	lame of C Christin										***
Lond				FACIL	ITY INFORM	MATION	T =	(Facility (4)	1		-	nt lender	9	
Name of Facility Where Christine Krentz Pr Street Address		Place (3)					S S	f Facility (4) chool (K-12) ubchapter 8) (Other	than K-12)			
77 Sylvia Lane							et	ther (i.e. pri		commercia Floors		ngs, h		,
City (5) Manahawkin NJ 08	3050						Square 1000-	٢	1		35			
County (6) Ocean			(County C	ode (7) SE ONLY)		Home	t Use (Prior ∋	if bein	g demolish	ed)	•		
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	No.		ne of Abate rnaco In	ement Cont C.	ractor (9)		•		
Street Address						11 11 11 11 11 11	et Addres Box 32						16	
City, State, Zip Code							, State, Zip est Berlin	Code NJ 0809	91					
Project Manager for Mo	onitoring Firm		T	Telephor	ne No.	T. S2273535	ephone No 6-753-98			License N 00727	0.			
Start Date (10)		Schedule	d Com	npletion [Date (11)	Nar	me of OSH					00-2-1		
3/4/14 Occupancy Status Duri	ng Abatement (Che		e)				eet Addres	s						
X Facility Closed/Va	cated During Entire med Outside of Norr	Period of A	batem	nent		City	y, State, Zi	p Code	Ét	81				
Scope of Work (Check ≥3 sf or ≥3 If ≥160 sf or ≥260 If			tenova emolit			0 :	Mir	l Containme ni-Enclosure ovebag Prod n-Exempted	e cedure			cedur		
		ls	Locat	ion							100		ement pe	
Locat Asbestos-Containi TO BE A In Fa (1	ng Material (ACM) ABATED Icility	Use Ma Cus	Normal ed Sole iintena todial (12)	ely by ince/ Staff?	(i.e. ti	Descrip os Containir hermal syst surfacing other misce	ng Materia tems insula , VAT, or	(ACM) ation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterio	r Siding	Yes	No	N/A X		Exterior	Siding	`	12	200 SF	x			
Exterio	Siding		1					•						
		-		-	-	<u> </u>					-	+		
Name of Registered V United Containers				NJDEP V Hauler II 22459		Cubic Yar of Waste 2	, E	G.R.O.	W.S.	ered Landf	ill			
City, State Elm NJ						Disposal I 3/7/14	Date	City, Sta Morris		A 19067		6		
Completed by Anthony T Perna		Title Pres	sident	t		Sign	ature			-	Date 3/3/14			

Cr	rec	_1				
	4	8	96	4	F	M
	<u>I</u>		= 1		15.7	

NO	(Purst	uant to	MINCO	3:60 and 12:12		.[1] _[5		'/E		
Date of Notification (1) 3-4-14 Type Notification	·	me of B		Owner/Operator	Sates 1	AUE	MAN - 6 20)14		
☐ EPA ☐ Amended Amendment # DOL ☐ Emergency (including	_ \	ty, State	5-2-	011	lette,	NJ	phone Number	33	<u>a</u>	ا
DOH justification) Cancellation		100	1	PFIAM 2 FORMATION	Type of Facility	(4)	Notes 1		.	34 -
Name of Facility Where Abatement is Taking Place (S	nuell	ing			School (K	-12) er 8 (Oth . private	er than K-12) & commercial buildir	ngs, ho	mes,	
Street Address 50 Gates AVE					Square Feet	# 0	of Floors Bld	G. Age		
City (5) Gillette, NJ		County (STATE	Code (NI Y)	_		eing demolished)			1
County (6) MORRIS Name of Monitoring Firm Hired by Building Owner (M No.	14	Name of Abatement	ech	Voledie	.]	inc	1
Street Address Box 33	7			1	City, State, Zlp Cod	x 3	ALT O	95	33	7
City, State, Zip Code	7	Telep	hone N	35	Telephone No. 609 758-3	JYP	License No.	39	4] .
(40)	eduled C	complet	ion Date		Name of OSHA MC	IUITOI	nologies I	inc		-
5 aq Puring Abatement (Check On	3 - a				Street Address P.O. R City, State, Zip Co	BOK .				\dashv
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal F	acility H	ours			New Eg	YP+	-/9=	35	3.3	
Scope of Work (Check All That Apply)	□ Re	novation	n I		n Mini-El	nclosure	at with Negative Presentedure (*) and Non-Friable	Proced	ure atement Type	$\overline{}$
Location of Asbestos-Containing Material (ACM)	N Used Mai	Location formally d Solely intenance todial St	by ce/	Asbestos C	Description of ontaining Material (A nal systems insulation of the control of the	(CM) on,	Amount (Specify SF or LF)	Removal	Encapsulate	Enclosure
TO BE ABATED In Facility (13)	Yes	(12) No	N/A	oth	er miscellaneous)		100 LF	X	le le	
Basement	X		-	Pipe I	Insulation		100 2		-	+
Daser is .		-	-	-			land Landfil			
Name of Registered Waste Hauler		1	NJDEP Hauler I	ID No.	Cubic Yards of Waste	Wa:	of Registered Landfi	men	tuf	PA
EPC Technologie City, State New Egypt Completed by Schen Ker	S		179	000	3-25-14		tate enisuille_	PA Date	11 1	
Completed by Compl	N2		den	+	Signature Sleep)Sd	leah	3	-U-I	activities.
Steve Schenner					• Do not use	this form	for asbestos licens	ure ex	empleu a	