NO CK

Date of Notification (1) 2/26/16					Building Ov Academ		perator	(2)	TEDE	IVED	-				
	tification			Street Add	dress th Orang	e Ave	enue	2016	MAR-9	AM 9: 4					
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✓ DOH jus	nergency (inclu tification) ncellation	uding	1.3	Name of 0 Brian S	Contact tephenso	on	*:	Œ	LICEN:	Telephonell	Number				
				FACIL	ITY INFOR	RMATI	ON	_	5 E - 1014 - (A)						
Name of Facility Where Abatemer	nt is Taking Pla	ace (3)						× s	f Facility (4) chool (K-12)		< 40\				
Street Address 91 South Orange Avenue								o e	ther (i.e. priv tc.)	(Other than It	ercial bi				5,
City (5) Livingston								Square 8000	e Feet	# of Floors 2		10	dg. Ag O	je	
County (6) Essex				County C (STATE U	ode (7) SE ONLY)			Currer	nt Use (Prior	if being demo	olished)				
Name of Monitoring Firm Hired by Detail Associates	Building Own	ner (8)		ASCM 00012					ement Contr onmental S	actor (9) Services, L	LC				
Street Address 350 Grand Avenue								Addres Gate D	s Orive, PO E	Box 483				2005	
City, State, Zip Code Englewood, NJ 07631-43	55						City, S	State, Zij							
Project Manager for Monitoring Fi							100000000000000000000000000000000000000	none No 764-22		Licens	se No.				
Start Date (10) 3/13/16	heduled	d Con	npletion D	Date (11)		Name	of OSH	A Monitor							
Occupancy Status During Abatem	nent (Check O	nly One	2)				Street	Addres	S						
Facility Closed/Vacated Duri Abatement Performed Outsi Other – Describe: occupied	ing Entire Peri de of Normal I	od of A	batem	nent			City, S	State, Zi	p Code						
Scope of Work (Check All That A	pply)		-				1								
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all the day of the day		N	Locati ormal	lly		D	escriptio	n of				_	Ту	ре	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Maii Custo	(12)	nce/ Staff?	Asbesto (i.e. t	os Cor herma surfa	ntaining al system acing, V miscella	Material ns insula AT, or	(ACM) ition,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
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east rooms,ground fl belov			X				TSI			30 LF					X
east rooms,ground fl below	944		×				TSI			35 L'F			х		7
dati roome, ground is zero.															
Name of Registered Waste Haule	1000	NJDEP W	60.00		c Yards		Name of F	Registered La	ndfill						
Freehold Cartage					No.	of W				Berks Lar	ndfill				
City, State Freehold, NJ						TBD			City, State Birdsbor						
Completed by A. Scott Higgins	ompleted by Title						Signatu	re	an		2/26		3		

State of New Jersey

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Date of Notification (1) 3/2/16		N:	ame of E he Sal	Building On Vation Ar	4169	perator IAR -		9:43		100					
Agencies Notified Type Notification		Si	treet Add	dress st Nyačk	Roa	610	0 000								
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			FACIL	ITY INFOR	MATI	ON	Type of	Facility (4	1						
Name of Facility Where Abatement is Taking	Place (3)						□ Sc	hool (K-12)						
Street Address 436 Mulberry Street	100						X Ot	her (i.e. pr c.)	3 (Othe ivate 8	er than K-1 commerc	2) ial bu	ildir	ngs, h	omes	3,
City (5) Trenton							Square 3000	Feet	# of 2	Floors		Bld 85	g. Ag	е	
County (6)			County C	code (7)			Current	Use (Prio	r if bei	ng demolis	hed)				
Mercer Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.		Name	of Abate	ment Cont	ractor	(9) ices, LL(
Street Address						Street	Address								
City, State, Zip Code						City, S	State, Zip	Code			-				
		- 13	Telephor	an No			hone No.	NJ 074	18	License 1	No.	_			
Project Manager for Monitoring Firm						973-	-583-85	00		703					
Start Date (10) 3/11/16	Schedule 7/1/16	d Com	pletion [Date (11)		Name	of OSHA	A Monitor							
Occupancy Status During Abatement (Chec						Stree	t Address	5							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe:	Period of A nal Facility	batem Hours	ient			City,	State, Zip	Code							
Scope of Work (Check All That Apply)								23.33		- ACT (20 - 20 -					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		tenova emolit					× Glov	-Enclosure	e cedure	n Negative					
	le	Locati	ion		No. 7 185		△ Non	-Exemple	1 () ai	IG NOTE TO	able i		Abate Ty	ment	t
Location of	1	Normal d Sole	ly			escriptio		(M2A)		Amount	F		ı y		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		therma surf	al syster acing, V	Material ms insula 'AT, or aneous)		(Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler Freehold Cartage	F	NJDEP V Hauler ID 5939		100000000000000000000000000000000000000	ic Yards /aste)		I I WAR WAS A STREET OF THE		tered Land rks Land				47.ee-200		
City, State Freehold NJ					Disp TBI	oosal Da D	te	City, Sta Birdsb		PA					
Completed by A. Scott Higgins	Title Pres	ident				Signati	ure	~	_		Date 3/2/				

ABS ENVIRONMENTAL SERVICES L.L.C. ASBESTOS * LEAD * MOLD/BACTERIA * INDOOR AIR QUALITY * DUCT CLEANING * DEMOLITION

SALVATION ARMY 436 Mulberry Street Trenton, NJ

Location	<u>Material</u>	Approx. Quantity	Remove
Green pipe basement behind boiler	Pipe/joint insulation	8 joints	Yes
Basement boiler unit	White duct insulation	150 SF	Yes
Basement left side of boiler red pipe	Pipe/joint insulation	10 joints	Yes
1st Fl kitchen & lunch room windows	Grey caulk	6, 10x3 windows	Yes
Closets of first floor	Pipe/joint insulation	45 elbows	Yes
Recreational/eating area	Pipe/joint insulation above ceiling tile	60 joints	Yes
Second floor bathroom pipe chase & behind wall	Pipe/joint insulation	10 joints	Yes
Second floor windows	Grey caulk	45, 8x3 windows	Yes

ABS Environmental P.O. Box 483 Glenwood, NJ 07418 U.S.A.

PHONE FAX E-MAIL

Web :

(877) 434-6041 (973) 764-9676 absenv@warwick.net www.absenvironmental.com

			(Pu	ırsuant t	o NJAC 8	3:60 and	12:120	0) 1		ch	148	5"3	5'/	′	
Date of Notification (1) 3/2/16					Building Curmick	Owner/Op	2016	(2) MAR –	9 AM	0. 1. 1	•		-		
Agencies Notified	Type Notification			Street Ad	ldress		_				7				7
EPA DEP X DOL	Initial Amended Amendment				e, Zip Coo on, NJ	uc	300	LICI	S CON ENSINO	ROL					
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of David	Contact					Tele	ephone Num	ber			
				FACIL	ITY INFO	ORMATIC	Ņ								
Name of Facility Where House	Abatement is Taking	Place (3)							of Facility (4 chool (K-1						
Street Address					#1.			×	ther (i.e. p		er than K-12 & commercia		lings,	home	s,
City (5)								Square 2100	tc.) e Feet	# 01	Floors	B 7	ldg. A	ge	
Princeton County (6)				County C		40			nt Use (Pric		ng demolish		0		
Mercer	n Hirad by Building (Super (9)		ASCM	ISE ONLY)		Name	of Abat	ement Con	tractor	(9)				
Name of Monitoring Firm	n Hired by Building C	owner (o)		ASCIVI	INO.						ices, LLC				
Street Address								Addres Box 48	s 3, 4 E G	ate D	rive				
City, State, Zip Code								State, Zij nwood,	Code NJ 074	18					
Project Manager for Mo	nitoring Firm			Telephor	ne No.		11 10 10 10 10 10 10 10 10 10 10 10 10 1	hone No -583-85			License N 703	0.			
Start Date (10) 3/9/16		Schedule 4/9/16	d Con	npletion [Date (11)		Name	of OSH	A Monitor						
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)				Street	t Addres	S						
	cated During Entire F ned Outside of Norm basement						City, S	State, Zi	o Code						
Scope of Work (Check /															10-10-1
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				2	Min Glo	i-Enclosure vebag Prod	e cedure	n Negative F			e	
		Is	Locat	ion									Abate	ement pe	
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		Yes	No	N/A										te	0
basement & c	crawl space			X		pipe	insula	ation		1	20 LF	х			
Name of Registered War Freehold Cartage	aste Hauler		H	NJDEP W Hauler ID 5939		of Was					ered Landfill ks Landfil				
City, State Freehold NJ						Dispos	sal Date	е	City, Stat		A				
Completed by		Title				S	ianatur	re			Da	ate			

President

3/2/16

A. Scott Higgins

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Date of Notification (1) 1/29/16 & 3/3/16		1	Name of Glen R	Building C	untry (STABLE T	(2)	M 9: 42	2						
Agencies Notified Type Notification		2	Street Ad 555 Ric	ddress dgewoo	d Aver	น็อ์ [(is c	UNTROL							
X EPA X Initial X Amended Amendmen	t #		City, Sta	te, Zip Coo	de C	& LIC	ENS	ING							
□ Emergency □ justification □ DCA □ Cancellation	,		Name of Jim	Contact				1111	Tele	ephone Ni	umbe	ſ	30 W. W.		
			FACII	LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Takin Street Address	ng Place (3)						of Facility (4 School (K-1) Subchapter	2)	er than K-	12)				
555 Ridgewood Avenue							X (Other (i.e. p etc.)	rivate 8	& commer					es,
City (5) Glen Ridge							Squar 5000	re Feet)	3	Floors		7(dg. A)	ge	
County (6) Essex				Code (7) JSE ONLY)			Curre	nt Use (Pric	or if bei	ng demoli	shed)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	1 No.				tement Con onmental			С				
Street Address							Addres 30x 48	ss 33, 4 E G	ate D	rive					
City, State, Zip Code						5000		p Code , NJ 074	18			C-11C			
Project Manager for Monitoring Firm			Telephor	ne No.			one No 583-8			License 703	No.				
Start Date (10) 3/3/16	Schedule 5/15/16		pletion [Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Addres	SS						_	
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of A	Abatem	ent			City, S	tate. Z	ip Code							
Other – Describe:							•	1							
Scope of Work (Check All That Apply)	21-1100			V			_								
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	ls	Locatio	nn.						() =::					ment	t
Location of	1	Normall	y		De	scription	of				-		Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	d Solel intenar todial S (12)	ice/ taff?		thermal surfa	taining N system cing, VA niscellar	s insula T, or		(5	mount Specify F or LF)	200	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A												
lower level, old locker room			Х			insula				00 LF	х				
boiler room			X		boil	er gas	ket		1.	20 LF	X				
Name of Registered Waste Hauler Freehold Cartage		Н	JDEP W auler ID 5939		of Wa	Yards ste		Name of I Western							
City, State Freehold NJ					Dispo TBD	sal Date		City, State Birdsbo		A					
Completed by A. Scott Higgins	Title Presi	dent			5	Signature	10	1		1.7	Date 3/3/1	6			

Date of Notification (1) 3/3/16		Name of Jock H	Building O Watkins	wner 2007 a	TAR -	9 AM 9:	lo				1	
Agencies Notified Type Notification		Street A	ddress									
EPA Initial DEP Amended Amendment #			te, Zip Cod Caldwell,	e &	LICE	CONTRI NSING	9 <u>L</u>					
Emergency (incligination) DOA Emergency (incligination) Cancellation	uding		Contact Vatkins				Telep	hone Num	her			
Name of Facility Where Abatement is Taking PI	ace (3)	FACI	LITY INFO	RMATION	Type	e of Facility (4	.)					
house Street Address	ace (5)					School (K-12 Subchapter 8	2)	than K-12)			
					×	Other (i.e. pretc.)	rivate &	commercia	l build	dings,	home	es,
City (5) West Caldwell					Squi 230	are Feet 10	# of F 2	loors		ldg. A 8	ge	
County (6) Essex			Code (7) JSE ONLY)		Curr	ent Use (Prio	r if being	g demolish	ed)			
Name of Monitoring Firm Hired by Building Own	ner (8)	ASCN	No.			atement Cont ironmental						
Street Address				1,000,000	eet Addre E Gate	ess Drive, PO	Box 48	83				
City, State, Zip Code						Zip Code d, NJ 0741	18					
Project Manager for Monitoring Firm		Telepho	ne No.	Tel	ephone I	No.		License No).			
	heduled Co	mpletion	Date (11)	Nai	me of OS	SHA Monitor						
Occupancy Status During Abatement (Check O	nly One)			Stre	eet Addr	ess						
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal I				City	y, State,	Zip Code						
Other – Describe:												
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demo	3000			× G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure				Φ.	
	Is Loca	ation			LJ IN	on-Exempled	() and	Non-Friad	FIC	Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norm Used So Mainten Custodia (12	ally lely by ance/ I Staff?		Descrip os Containir thermal syst surfacing, other misce	ng Materi ems insu VAT, or	ilation,	(Sp	nount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
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basement		Х		pipe ins	ulation		10	0 LF	x			
										<u> </u>		
Name of Registered Waste Hauler		NJDEP V Hauler ID		Cubic Yard	is			ed Landfill				
Freehold Cartage		15939	INO.	TBD				s Landfill				
City, State Freehold, NJ				Disposal D		City, State Birdsbo						
Completed by A. Scott Higgins	Title Presiden	t		Signa	iture	1an		3/3	te 3/16			



CK 5353

K590		NOTII (i	FICA Purs	TION OF	of New Je ASBEST NJAC 8:60	rsey OS ABATE and 12:12	EMENT 20)			REC	E	V	= [
Date of Notification (1) 2/23/16			Na D	ame of Bu	uilding Ow	ner/Operato y Private	or (2) Home		201	6 MAR -	- 9	R	4	
Agencies Notified	Type Notification			reet Addi					Áy.	FELA	-	17	9: 4	1
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DOH DCA	Emergency (i justification) Cancellation	ncluding	3.55.5	ame of C avid	ontact	Market 1			Telepho	one Numb	er			
			-	FACILI	TY INFOR	MATION								_
Name of Facility Where David Lenkowsky Street Address	Abatement is Taking Private Home	g Place (3)		-				of Facility (4) school (K-12 subchapter 8 other (i.e. pr) (Other th	nan K-12) ommercial	buildin	ngs, h	omes	
City (5)	2008						е е	tc.) e Feet +	# of Flo	oors	Bld 35-	g. Ag	е	
Ship Bottom NJ 08 County (6) Ocean			C	ounty Co	ode (7) SE ONLY)		Curre	nt Use (Prio	r if being	demolishe	d)			
Name of Monitoring Fir	m Hired by Building	Owner (8)	1	ASCM	No.		me of Abaternaco Ir	ement Cont	ractor (9)					
Street Address							eet Addres O Box 32							
City, State, Zip Code						City	y, State, Z est Berli	p Code n NJ 080	08					
Project Manager for M	onitoring Firm		T	Telephon	e No.		lephone N 56-753-9		- 1	icense No 0727				
Start/Date (10)		Scheduled 3/14/16	Com	pletion D	ate (11)		me of OSI ame	HA Monitor						
Occupancy Status Du	ring Abatement (Che	ck Only One)				Str	reet Addre	SS						
Facility Closed/	acated During Entire	Period of Aba	atem	ent		Cit	ty, State, Z	ip Code				e e	5	
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l		Personal	novat				Mi	II Containmoni-Enclosure ovebag Propon-Exempte	e cedure				9	
		le l	ocati	on	-							Abate		
Asbestos-Contain TO BE In F	tion of ing Material (ACM) ABATED acility 13)	No Used Main Custo	rmal Sole tenai	ly ly by nce/	Asbest (i.e.	os Containi thermal sys surfacing	ption of ing Materia stems insu g, VAT, or cellaneous	lation,	(Sp	eount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Exterio	of Olding													
				-	8									+
Name of Registered	Waste Hauler			NJDEP W		Cubic Ya				ed Landfill				
United Container	S		1 1	2459	110.	4		G.R.O						
City, State Elm NJ						Disposal 3/14/16		City, Sta Morris	ville NJ	19067				

Signature

Date

2/22/16

Completed by Anthony T Perna Title

President

CHECK #1639

Date of Notification (1) 03/04/2016			Nar VI	me of B	Building O	wner/O	perator JCTIO	(2) N (COMPANY	2010	12 57	= 1 V 1	EU		
	Notification			eet Add	iress ST PAR	K AVE				<i>€₩16 </i>	MAR -9	AM	9: 1.	9	
DEP DOL	nitial kmended kmendment #	udina	City	y, State	e, Zip Cod AND NJ	e 08360	0			&	LICEN	ONT	RAI		
✓ DOH 📜 ju	Emergency (inclustification) Cancellation	uding	100000000000000000000000000000000000000		Contact ANCE					l Tele	phone N	 Munu	0 [-	
Name of Facility Where Abatem	ent is Taking Pla	ace (3)		FACILI	TY INFO	RMATI	ON	Tv	pe of Facility (4)					_
COMMERCIAL	o								School (K-1	2)					
Street Address 79 WEST LANDIS AVE.								>	etc.)			ial build			s,
City (5) VINELAND								6	quare Feet 000	1	Floors	6	ldg. A 6	ge	
County (6) CUMBERLAND					ode (7) SE ONLY)				urrent Use (Prid ACANT BU			shed)			
Name of Monitoring Firm Hired STRATEGIC ENVIRONM	by Building Own MENTAL	ner (8)	1	ASCM	No.				Abatement Cor RED ENVIR			ERVI	CES	INC.	
Street Address 1634 SOUTH DELAWAF	RE STREET						Street 570		dress EMS RUN						
City, State, Zip Code PAULSBORO NJ 08066							City, S MUL	State _LI	e, Zip Code CA HILL NJ	08062	2				
Project Manager for Monitoring ED KEEGAN	Firm			lephone 56-42	e No. 3-5711		Teleph 610-		e No. 14-4676		License 01145	No.			
Start Date (10) 03/17/2016	rt Date (10) Schedu 3/17/2016 03/18						Name EMS		OSHA Monitor						
Occupancy Status During Abate	3/17/2016 03/18 cupancy Status During Abatement (Check Only C						Street		dress . 130 NORT	ГН					
Facility Closed/Vacated Du Abatement Performed Out Other – Describe:	uring Entire Perionside of Normal F	od of Abat Facility Ho	emen	it		_	City, S	State	e, Zip Code		77				
Scope of Work (Check All That	Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition				2		Full Containm Mini-Enclosur Glovebag Pro	e cedure					
	Т	le l'es		T					Non-Exempte	d (*) an	d Non-Fria	able Pro		e ement	
Location of		Norr	cation nally				scription						Ty	pe	
Asbestos-Containing Materi TO BE ABATED In Facility (13)	al (ACM)	Used S Mainte Custodi (1	nance	e/		therma surfa		ns in AT,		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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INSIDE VACANT RETAI	LSPACE		+	^		1001	INSUL		ION	1.4	20 01				
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						_									
Name of Registered Waste Hau ASSURED ENVIRONME			Hau	DEP Waller ID N	No.	Cubic of Wa	Yards iste				ered Landi ANDFILI			1	
City, State MULLICA HILL NJ							sal Date 8/2016		City, Sta WAYN	te IESBU	IRG, OH	ł			
Completed by RON SWANSON		Title GENEF	RALI	MANA	AGER		Signatu	e X	well	vcup0		Date 03/04/	2016	3	

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		N			to NJAC 8							RI	15/3	1.5	
Date of Notification 03/03/16	(1)				Building (Owner/0	Operator	(2)			2016	RE MAD	-	# #	ED
Agencies Notified EPA DEP	Type Notification X Initial Amended			Street Ac	ddress te, Zip Coo	de					A 3 h E	чик -576	5 n	AM	9: ş
× EPA × DEP × DOL	Amendment #		_	Berkele	ey Heigh		J 07922	2		,	Æ	LICE	NS	INC	ROL
▼ DOH ▼ DCA	justification) Cancellation			Name of	Contact					Tele	phone Nu	umber		····	
	nere Abatement is Taking	Place (3)	FACIL	LITY INFO	RMAT	ION	Type	of Facility (4)					
Bob Tokash (ioro / ibaromont io / aning	7 7000 (0	,)					School (K-12	2)					
Street Address								$\overline{\mathbf{x}}$	Subchapter of Other (i.e. proster)				dings	, home	es,
City (5) Berkeley Height	ts								etc.) re Feet	# of	Floors	E	Bldg. /	∖ge	
County (6) Union County				County C	Code (7) USE ONLY)			Currei	nt Use (Prio	r if beir	ng demolis	shed)			
	Firm Hired by Building C	wner (8)		ASCM			Name	of Abat	tement Con	ractor	(9)				
10 mm - 10 mm								Abate			N. 10.				
Street Address							100000000000000000000000000000000000000	Addres 87th	Street Su	ite A	4				
City, State, Zip Cod	е						100000000000000000000000000000000000000		p Code	7047					
Project Manager for	Monitoring Firm		Τ.	Telephor	ne No.			none No	gen, NJ 0 o.	7047	License	No.			
	150							293-6	555650.556		01223				
Start Date (10) 03/14/16		Schedule 03/28/		npletion [Date (11)				IA Monitor I CONSU	LTING	3 LLC				
Occupancy Status I	During Abatement (Check	Only Or	ne)				14.20.000	Addres		- 01 117	FF 407				
	Vacated During Entire P rformed Outside of Norm be:					_	City, S	state, Zi	JTE EAST p Code J 07083	501	IE 107				
Scope of Work (Che	eck All That Apply)						-								
≥3 sf or ≥3 lf × ≥160 sf or ≥26	0 If		Renova Demolit				,	Min Glo	I Containme ni-Enclosure nvebag Proc n-Exempted	edure				re	
		Is	Locati	on				1 1101	II-Exempted	() and	2 14011-1 110	J. J. C. T. C.	Abat	emen	:
			Normal d Sole		Aches		escription		(ACM)	Δι	mount	-	T	уре	
TO BE	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					therma surf	al system acing, VA miscella	s insula \T, or		(S	specify or LF)	Removal	Repair	Encapsulate	Enclosure
F	xterior	Yes	No	N/A			Siding			20	00 SF	x		-	
	KLOTTOT						O,GIII.G								
				IDES !			- V1-		Name of	Danie 4 -	and I am d	GII			
Name of Registered SAN TON SER\			Н	IJDEP W lauler ID 2430		of W	c Yards aste		MEDO\				/IISI	NC	
City, State KENILWORTH,	NJ					Disp	osal Date		City, State KEARN						
Completed by Bryan Parra		Title Proje	ect Ma	anager		12	Signatur	THE	HOUR			Date 03/03/	16		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

									7 1 11/	4			
Date of Notification (1)	March 1, 2016		\$10 m		Name of Building	Owner/Ope Cather	rator (rine)	(2) Bonassisa 2016 H	IAD O	26	10	29	
Agencies Notified [X] EPA		Notific			Street Address				- All	9: 3	9		
[x] DOL [x] DOH	Amen	dment	tification # ncluding		City, State, Zip C	ode Toms	Rive	er, NJ 08753 &	LICENSING	TRO G	L		
[] DCA	10 Oct 1820 1000	cation)			Name of Contact Cath	erine Bona	assisa		lephone Number	- •			
	-			FAC	ILITY INFOR	MATION		94.1					
Name of Facility Where A	batement is Taking sidence	Place (3	3)				Ту	pe of Facility (4)	School (k-12)				
Street Address								[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,
City		Coun	ty (6)		County Code (7) (STATE USE ON	LY)		uare feet 900 sf	# of Floors	Bldg	. Age	0	
Toms River		Oce						rrent Use (Prior if b Residenc	ce				
Name of Monitoring Firm		Owner (8)		ASCM No.				Ontracting,	Inc.			
Street Address						Street A		1889 Ro	ute 9, Unit 61				
City, State, Zip Code						City, Sta		Toms Ri	ver, New Jerse	-	755-12	271	
Project Manager for Moni			Telephone 1			Telephor 732-34	19-99	932	License N 00624	umber			
Scheduled Start Date (10) 3/02/16	5		3/03/1		on Date (11)	2000 (2000) 200			. Analytical				
Occupancy Status During [X] Fac	Abatement (Check of cility Closed/Vacated			d of Aba	tement	Street A	ddres:		elton Road				
	atement Performed (ner – Describe	Outside	of Normal Fa	cility Ho	purs	City, Sta	ate, Zi		ay, New Jerse	v 088	54		
Scope of Work (Check all	that apply)					<u> </u>	1	Full Containment v		P/V			
	*****					į :]	Mini-Enclosure					
[] >3	sf or ≥3 lf		[]	Renova	ition	[]]	Glovebag Procedur	e				
[x] ≥16	50 sf or ≥260 lf		[x]	Demoli	tion	[x]]	Non-Exempted (*)	and Non-Friable I	rocedu	ire		
							9			Abat	ement	Туре	
Location	of		Is Location Normally us			Description sbestos-Co			Amount	R	R	E	E
Asbestos-Containing I		8	Solely by		_ ^	Material ((Specify SF	E	E P	N C	N C
TO BE ABA		Mai	ntenance/Cu		(i	e., thermal			or LF)	M	A	A	L
in facilit	ty		Staff		ir	sulation, su		ing,		0	I	P	0
(13)			(12)			VAT,				V	R	S	S U
		YES	S NO	N/A	0	ther miscel	ianeo	ous)		A L		L	R
Exterior			X		Asbestos sid	inσ			800 sf	X		Е	E
Daterior			A		713003103 310	mg			000 31	71			\vdash
						4							
Name of Registered Waste Guardian C	Hauler ontracting, Inc.		NJDEP Wast	e Hauler 0223	ID No. Cubic	Yards of Was	ste	Name of Register T.R.R.F.	ed Landfill				
City, State	, New Jersey			04.5000000000	sal Date	City, S Tully		ı, Pennsylvania	. 16				
Completed by (Print or Ty	pe)	Title	ect Manag		Signature	\	/	1		Date			

NO CK

1.775WT1W	Nichten and A	dament of the co		
38923	1000	10 100 100 100	Carrie State	8015-HOLLES AND TO
1,500,000	Contract of the	THE PARTY	1000	Carron Service
1,03298	田田田会園	思想想 医草	the Co.	688844 ESIMS

Date of Notification (1)		of Building Owner PC Valley LLC		²⁾ 2016	MAR-9 A		14	0	
Agencies Notified Type Notification	Stree	t Address			TAN -9 A	4 9:	30	+	
	P.O.	. Box 515		ASS	Form-	-	A@		
EPA Initial DEP Amended Amendment #2		State, Zip Code th Orange, NJ	07079	8	ESIOS CO LICENSII	NTR	0L		
DOH Emergency (including justification) Cancellation		of Contact imillian Dorne		200 00 0	Telephone Ni	10		1 52	
	1	CILITY INFORM							
Name of Facility Where Abatement is Taking Place (3)		*6		Type of Facility (4).	•			¥
Former Residence		1	*	School (K-1		10)			
Street Address		* *			8 (Other than K- rivate & commerc		ldings,	home	es,
City (5)				Square Feet	# of Floors	1	Bldg. A	\ge	
South Orange			.,	2,400	2-1/2	1	136		
County (6) Essex		ty Code (7) TE USE ONLY)		Current Use (Pric Vacant Resid	or if being demolis ence	shed)			
Name of Monitoring Firm Hired by Building Owner (8)	AS	CM No.		of Abatement Con					
Bioterra Solutions		¥);*	Red F	Roc Materials,	LLC				
Street Address 1130 West Chestnut Street			Street A	Address Imapo Valley	Road				
City, State, Zip Code Union, NJ 07083				ate, Zip Code rah, NJ 07430	9				-
Project Manager for Monitoring Firm Rick Eustaquio		hone No. -494-3762	Telepho	one No. 29-4700	License I	No.		23	· -
Start Date (10) Scheduled C				of OSHA Monitor					
Start Date (10)	rompione	-	100000000000000000000000000000000000000	Roc Materials,	LLC				
Occupancy Status During Abatement (Check Only One)			Street A	Address Imapo Valley	Road	8		9.0	
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Ho Other – Describe:	ement urs	5	City, St	ate, Zip Code /ah, NJ 07430					
Scope of Work (Check All That Apply)			IVICITY	7211, 140 07,400					
23 sf or ≥3 lf Reno	ovation olition		×	Mini-Enclosure Glovebag Prod	edure				
			×	Non-Exempted	(*) and Non-Fria	ble Pro			-
Is Loc					* *		Abate	ement pe	6
Location of Used Si		Ashasta C	Description		Amount		Т	-	
Asbestos-Containing Material (ACM) Mainte	nance/	(i.e. ther	mal systems		Amount (Specify	R	77	Enc	En
In Facility Custodia	al Staff? 2)	St	urfacing, VAT er miscelland	, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	T	_	er miscelland	sous)		l a	=	late	ure
Yes N			10		75.15	77	-		
Basement	X		I System I	nsulation	75 LF	Х.			
Throughout 1st, 2nd, Attic	X		Plaster		2,720 SF	X	_	8 ,	
Throughout 1st, 2nd Floor	X		Floor Tile		750 SF	X	-		
Name of Registered Waste Hauler .	NIDE	Waste Cu	ibio Yards.«	Ve sal- Name of	Registered Landfi	H-			170 1
A.T.C.		ID No. of	Waste	14.17	rva Enter		es		
City, State Hampton Bays, NY			sposal Date /about 3/8	City, State	esburg, 0	Н			
Completed by Title			1						

MU 23622975360

Date of Notification (1) 02/26/16				Name of Building Owner/Operator (2) ATES, LLCRECEIVED										
Agencies Notified Type Notification				Street Address				2016 MAR -9 AM 9: 35						
□ EPA □ DEP □ DOL	Initial Amended Amendment #	Ludian	City, State, Zip Code PRINCETON, NJ, 08540									Roi		
DOH DCA	☐ Emergency (inc justification) ☐ Cancellation	auding	Name of Contact DAVE HUNTERTON Telephone Number 2011											
		FACILITY INFORMATION				Type of Facility (4)								
Name of Facility Where					School (K-12) Subchanter 8 (Other than K-12)									
Street Address						Other (i.e. private & commercial buildings, nomes, etc.)								
City (5) PRINCE-TON							Square 1	00	# of Floors	1	9/1			
County (6) MERCER				unty Co	ode (7) EE ONLY)		Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)				ASCM I	No.	Name AS8€	e of Abatement Contractor (9) ESTOS ROBOTICS div. OF INDIAN APPROED							
Street Address					Street Address									
City, State, Zip Code				City, S	State, Zip Code ATERSON, NJ, 07501									
Project Manager for Monitoring Firm				Telephone No. Tele			Pephone No. License No. 1257							
Start Date (10) 3/6	Comp	Completion Date (11) Name				ne of OSHA Monitor OVAN ARROW								
		Stree				et Address								
Occupancy Status Dur		140				4 MILL ST								
Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility Ho Other – Describe:				City, S				State, Zip Code TRRSON NJ, 07501						
Scope of Work (Check	All That Apply)	1												
				ovation			Full Containment with Negative Pressure Mini-Enclosure							
□ ≥160 sf or ≥260 lf □ Den				nolition -			Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
							□ Non-	-Exempted	(*) and Non-Fri	able Pro	Ahai	ement		
is Lo				n							Туре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED Custor			Soleh	Stiesetucket	A . L L	Description of stos Containing Material (A e. thermal systems insulation			Amount			ш	_	
			tenan	ce/	(i.e. therr				(Specify		Re	Encapsulate	Enclosure	
			dial S (12)	tatt?	SU	surfacing, VAT, or other miscellaneous)			SF or LF)	Remova	Repair	sula	osur	
(1		-	N/A	Out	C1 111100011				=		ite	0		
		Yes	No	N/A	-7	-31			1200 Lt	EV				
BASEMEN			~			VAT			20 SF		1			
320 FL	2 Dec	+	V	-	V	-, .								
		+-+	-	-										
Name of Registered V	Nasta Hauler			JDEP V	*aoto	ubic Yards	S	Name of	Registered Land	dfill				
ASSESTOR ROB	waster las INDA	IN ARK	WY C	auler ID	00	Waste 7BD			2.0U.S.					
City, State PATERSON, NJ				Disposal TBZ			ate	MORRISITILE, PA						
Completed by	400	9772	V	Signat	ature Date									
GORATA	UEV	1 00		. 01/	/		1/1/1/		-					