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

Date of Notification (1) 0	3/25/15					Name of Building Owner/Op Jersey City BOE	perator (2)	A. A.			J.	
Agencies Notified		Notificati	on T	ype		Street Address					1,0	
Agencies Notified						346 Claremont A	ve,					
⊠ EPA						City, State, Zip Code						
□ DCA		D Emer	aeu	# v notifica	ation (including	Jersey City, NJ 07305						
⊠ DOL		justificat	ion)	y notinoe	mon (moraung	Name of Contact		Teleph	one Nu	mber		
⊠ DEP		☐ Cance				Grayling Johnson		10.00.				
⊠DOH		_ Cano	01100			Graying connocn		1				
					FACILITY INF	ORMATION						
Name of Facility Where A	batement	is Taking Pla	ce (3)		Type of Facility (4)						
PS-25						☐ School (K-12) ☐ Subchapter 8 (other th	an K-12)					
						Other (i.e. private & comm	ercial build	ings., ho	mes, et	c.)		
Street Address 3385 John F Kennedy B	lvd.					Sq. Feet: NA # of Flo	oors: E	Bldg. Age	;			
100		0)	_	County	Code (7)	Current Use (prior if being	demolished	n:				
<u>City (5)</u>	County (O) ESSEX	- 1		Jse Only)	Current use (prior it being	demonor	7.				
Jersey City		-33EA		Totale C	300 011111	i i						
Name of Monitoring Firm	Hirad by F	Nda Owner ((8)	ASCM	No.	Name of Contractor (9)	1000 min 188					
Name of Workloning Firm	TINGU DY L	Judg. O Milotal	-1			Panoramic Window & Door	Systems I	nc,				
						Ot Address						
Street Address						Street Address 712 Sergeantsville Road						
						112 Seigeantsville Road						
Other Chate 7th Code						City State, ZipCode						
City, State, Zip Code						Stockton NJ 08559		T.,				
Project Manager for Mon	itoring Firn	n Telepho	one l	Number		Telephone Number		Licens	se Num	ber		
1 TO COC IVIANIA GOVERN				7		732-926-0900		01237	7			
		0.1.1	(- 2)	1 O-maleti	on Doto (11)	Name of OSHA Monitor		1 0				
Scheduled Start Date (10	0)	04/20/1		Completi	on Date (11)	IAQGURU LLC						
04/04/15		04/20/1	5									
Occupancy Status Durin	a Abateme	ent (Check or	nly o	ne)		Street Address						
IVI Eacility ClosedNacate	ed During	Entire Period	Of F	Apatemer	nt	87 Main Street						
☐ Abatement Performed	Outside o	f Normal Fac	cility	Hours -		City, State, Zip Code			V.			
Describe						Oity, Otato, E.P. Com						
□Other - Describe:						Lincoln Park, NJ 07035						
20000												
Source of Work (Check	all that apr	oly)										
Source of Work (official)	all triat app					T M	ini-Enclosu	°0.				
					x Renovation Demolition		e bag Proc					
x ≥ 160 sf or	≥ 260 lf				□ Demoillion	⊠ N	Non-Friable	Proced	ure (wi	ndow Cu	ualking)
			1	« U	Description of	Asbestos Containing Material	Amo	unt	Abate	ment Tv	pe	
Location of Asbestos-		Is Location N		ally	(ACM) (i.e. the	ermal systems insulation,	(Spe	cify SF	1			
Containing Material (AC	ivi) in	Used Solely Maint./Custo	dial	Staff?	surfacing, VAT	, or other misc.)	or L		-	ove Rep	air End	cap
Facility (13)		(12)	aidi			The second secon			Enclo	ise		
			NO	NA			134	7 If	×		T	T
Exterior Window Caul	king			X	Exterior perin	neter window caulking	154					
					-							
					1							
					1	O bladfards of Marks		Nam	e of Re	gistered	landfill	
Name of Reg. Waste H	auler	NJDE	PW	aste Hau	ler ID #	Cubic Yards of Waste		T.R.I		gioloicu	Landini	
Waste Management of	PA											
			- 12.5				Disposal	Date		City, St		10000
										Tullytov	vn, PA	19006
O	Type	Title	_			Signature	1	Date	2			
Completed by (Print or Mark M Jovic	1 Abe)	Cons	ulta	nt		Signature My Low		02/2	EITE			
Mark W SOVIC						1.0141 20		03/2	5/15			-

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

A AMENULU E	NO WILL ON	14								The same of the same of						
Date of Notification (1) MARCH 26, 2015		,			Building C BROTH			(2)			0.74			Ī		
	Type Notification		33	Street Ad 670 SI		00D/	ENGLI	SHTC	WN RO	AD	N.E.	. 5				
EPA DEP DOL	Initial Amended Amendment #	2		City, Sta MONF	te, Zip Coo ROE TO	de WNSH	IIP, NJ	0883	1		44.42					
DOH DCA	Emergency (in justification) Cancellation	cluding			Contact V KURR	E			1	Tele	enhone N	umbe	r			
				FACI	LITY INFO	RMATI	ON									
Name of Facility Where At LUCENT TECHNOL Street Address	oatement is Taking OGIES FORME	Place (3 ER WA	VE B	LDG.#	8 & 13				of Facility (School (K-1 Subchapter	12)	er than K-	.12)				
101 CRAWFORDS	CORNER ROAL)							Other (i.e. petc.)	orivate 8	k commer					es,
City (5) HOLMDEL								Squar 5600	re Feet)	# of 2	Floors			dg. A 5 YF		
County (6) MONMOUTH					Code (7) JSE ONLY)			Curre Tech	nt Use (Pri nnology l	or if bein 3ldg.&	ng demoli Chemi	ished) cal S	tor	age	Bldg	g.
Name of Monitoring Firm F Air Consulting Service		wner (8)		ASCN	No.				tement Cor Touch As			ment	C	orp.	, Inc	•
Street Address 301 East Ward Stree	et							Addres	s Iway, Un	it A						
City, State, Zip Code Hightstown, NJ 0852	20			01E2020				p Code nch, NJ 0	7740							
Project Manager for Monitor Dave Kichula	oring Firm		Telephor	ne No. 71.2489			none No .222.8			License 00040						
Start Date (10) 3/26/15		Schedule 4/10/1		pletion I	Date (11)		Name N/A		HA Monitor							
Occupancy Status During	Abatement (Check	Only Or	ne)				Street	Addres	SS							
Facility Closed/Vacate Abatement Performer Other – Describe:	ed During Entire Pe	eriod of A	Abatem						p Code			11				
Other - Describe						;				Teatry						
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				<u>~</u>	Mir Glo	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					Э	
•		lo	Locati	on									-	Abate	ment	
Location	-£	5000	Normal			Do	scription	o of						Ту	ре	
Asbestos-Containing N			ed Sole		Asbest		taining I		(ACM)	А	mount				т	200
TO BE ABA		J	intenai todial S		(i.e.		system		ation,		pecify	3	0	R	nca	Enc
In Facility (13)	У		(12)				icing, VA miscella			51	or LF)	0,000	2	Repair	Encapsulate	Enclosure
		Yes	No	N/A								2	2	7	ate	Ге
BLDG. 8	3	100	.,,	X	M	ASTIC	C/SURI	FACIN	IG	4	800	X				
BLDG. 8 COM	PLETED			X		TSI PII	PE EL	BOWS	3	2	5 LF	X				
BLDG. 8 COM	PLETED			X	WINDO	DW C	AULK/	SURF	ACING	35 V	Vindows	s x				
BLDG. 12 COM	IPLETED			X	LIN	OLEU	M/SUI	RFACI	ING	4	0 SF	Х				
Name of Registered Wast	e Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Land	fill				
Finishing Touch Asbe	estos Abatemen	t Corp		lauler ID 2058	No.		ıbic Ya				North L	andfi	II			
City, State Long Branch, NJ 077	40					Dispo 4/10	sal Date /15	•	City, Sta Morris		Ά		U			
Completed by Joseph P. Miller		Title Pres	sident			4	Signatur	e 1955 Y	Way	Œ.		Date 3/26	/15	5		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#2148		140	, 1 11					and 5:1	6) —						
Date of Notification (1)				1				Operator (**				W.		7
03 /	25	15			NEITH	or buildir	ig Owner/	Operator (2)			+0.0			
			st.			Hergan				17.7	- 0				
Agencies Notified EPA	Type Notific	cation			Stree	t Address				2747 4		15	16		
Ø DOLWD		d				Cedar Ter									
X DHSS	Amenda				City,	State, Zip	Code		3.0	91	V 1	W S	10	3	
☐ DCA	☐ Emerger		ling			field, NJ					TÊ Lah	82		1 21	
(NJAC 5:23-8)	justificat				Name	of Conta	ct			Telephone		-			
	Cancella	ation			Josh l	Hergan				331					
					FA	CILITY I	NFORM	ATION					-		
Name of Facility Where	Abatement is	Taking Pla	ace (3)					Type of Facility	/ (4)		_			
Private house									School (K-	12)					
Street Address									Subchapter	8 (Other than	K-1 2)				
824 Cedar Terrace									Other (i.e., homes, etc	private and cor	mmercia	l bu	ildin	gs,	
City (5)		7		-					Square Feet		3	BI	dg. A	ae	
Westfield, NJ 07090													-		
County (6)					Cour	nty Code (7)	(STATE U	ISE ONLY)	Current Use (F	rior if being de	molisher	d)			
Union										. (1999)					
Name of Monitoring Firm	Hired by Bui	iding Own	er (8) ,	ASCM	No.	Name	of Abateme	ent Contractor (9	9)					-
							Gr Tec								
Street Address						5-0-2 v a Cv - 227-3C		Address							-
							576 Va	illey Rd#	£283						
City, State, Zip Code								ate, Zip Ci							
22/F1002F2							Wayne	, NJ 0747	70						
Project Manager for Mon	itoring Firm		1	Tele	ohone	No.		one No.		License N	0.	-			900-0
							973-63	8-1777	*	01127					
Start Date (10)		Scheduled					Name	of OSHA N	1onitor	01127		-		-	
04 /03 /	_15	04	. / _	04	_ /	15	Enviro	vision Co	nsultants,Inc						
Occupancy Status During	Abatement (Check on	y on	e)			Street /	Address	insuitants, inc						
∑ Facility Closed/Vacate	ed During Ent	ire Period	of Al	baten	nent				Road, Bldg .#	25 D					
Abatement Performed	d Outside of N	formal Fac	ility I	Hours	s - Des	cribe	City, St	ate, Zip Co	road, blug .#	33 E		TOTAL	-		
Time of Abatement: _	7.181-	PM/		INI		AM		wn, NJ 0							
Scope of Work (Check al	I that apply)						1		and decontami	nation with nec	ative pro	ess	ure		
		∇	Done					Full Cont	tainment with Ne	gative Pressur	е		0.0		
2 160 sf or >260 lf				ovatio olitio				Mini-Enc	losure g Procedure	Tent with Nea	ative Pr	200	ure		
								Non-Exe	mpted (*) and N	on-Friable Prod	cedure	555	uic		
				ocati				4				Aba	item	ent T	vne
Location Asbestos-Containing		as I		rmall Solel				scription o							T
TO BE ABA				tenar				taining Mai I systems i	terial (ACM)	Amount	9	Removal	Repair	Encapsulate	Enclosure
IN Facili	ty	C		dial S (12)	itaff?	(surfa	cing, VAT,	or	(Specify SIF or LF) 3	200	air	psu	uso
(13)		1000	T	(:2)		1	other r	miscellane	ous)		, ,	-		ılate	ſe.
		Ye		No	N/A									(B	
Parage					\times	Pipe ins	ulation			25 LF	D	X	П	П	П
					П							7			
4.0			Ī	7								4	닏	Ш	Ш
											L	_	Ш		
Nigma of Daniel					Ш		1.5								
Name of Registered Was	te Hauler			NJDE	EP Waste	Hauler ID No.	Cubic Ya	rds of Waste	Name of Regi	stered Landfill					
r Tech LLC				00	03378	5	TBI)	T.R.R.F. Inc						
City. State							Disposa	I Date	City, State				_		
Vayne, NJ 07470							TBI)	Tullytown, P	Δ					
Completed By (Print or Ty	ype)	Title						nature /	i unytown, P	n.	Date	_			
.Jevtic		Owner						41	1.	1					
	The state of the s	- 111101						170 3	1711 11/24/1	40	03/25/	20	5		

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

CK 1879

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

- I HILL OHII

Date of Notification (1)				Vame	of Building Owner	/Operato	or (2)		15 V T		7 T	7 (2	2 (***
Agencies Notified	Type Notificatio	n		Street	Address	ifiln					8		
EPA DEP	Initial Amended			City, S	State, Zip Code,	Wa	Dr.	-	1/4.7	÷.			10
X DOL	Amendmen Emergency		- L	1	nanayo	Whi	NINJ	0}	250				
DOH DCA	justification Cancellation)	10.00		of Contact Plackis		l.	Te	elephone N	umbe	г		
N	1—				CILITY INFORMAT	TION		1.					
Name of Facility Where	Abatement is Tak	ng Place (3)					Type of Facilit	y (4)					
Street Address	WlinAl	re					School (k Subchapt Other (i.e etc.)	ter 8 (Ot	ner than K- & commer	12) cial bi	uilding	s, hor	mes,
City(5)	Plolats						Square Feet	# (of Floors	Т	Bldg.	Age	
County (6)	0,80 113			ounh	Code (7)		1632		2		Ь	7	
LUUD	\bigcap		(S	TATE	USE ONLY)		Current Use (P			shed)			14.7
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.	Name	of Abatement C	Ontracto	(9)				
Street Address			1				k Industries Ir		(-)				
Sueet Address							Address						
City, State, Zip Code						1	Box 915						
							tate, Zip Code k, New Jersey	08723	3				
Project Manager for Mon	itoring Firm		Te	elepho	one No.	Teleph	one No.)899-7499	00120	License I	Vo.			
Start Date (10)		Scheduled		letion	Date (11)		of OSHA Monito	r	01130			_	
Occupancy Status During	Abstament (Ch.	~	3115		* 17			ä					
						Street	Address						
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Nom	Period of Aba nal Facility H	atemer lours	nt		City, S	ate, Zip Code						
Scope of Work (Check Al	That Apply)												s.
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation				Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure					
		Is Lo	cation				THOM Exchipte	la () and	Nor-Frial	ne Pro		e ement	
Location Asbestos-Containing I	of	Nor Used S	mally Solely b)V	Des	scription	of					ре	
TO BE ABA	TED		enance	Í	Asbestos Cont (i.e. thermal	aining Ma systems	aterial (ACM) insulation.	79-00	nount pecify	77		四	m
In Facilit (13)	У		12)	1:	surfac	ing, VAT	, or		or LF)	Remova	Repair	caps	Enclosure
		Yes N	No I	N/A	-	noodiai it	Jouan			val	air .	Encapsulate	sure
			\top		ALLeins	5:4	ME	11.	(5)				
			+		1 100-3100	210	My	160	1054	8			
		1	+										_
			+									_	
Name of Registered Waste	Hauler		NJDE		- Jubio	/ards	Name of	Register	ed Landfill				*
Brick Industries Inc.		a .	2160		No. of Was	te U	GROW		od Landilli				
City, State			2100		Disposa	al Date	City, State						
Brick, New Jersey		4			411	1115	PA PA						
Completed by Eric Plackis		Title	n+		Sig	gnature	CAD		Dat	e3(20		
		Presider	nt			(M	2		5	77	10	

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

			(P	ursuant	to NJAC	8:60 an	d 12:12	0)	1	on l	Li	31	74	0	
Date of Notification (1) 3/25/15					of Building St. John		Operator	r (2)	2015 14	R 30	AH 12	: 32	1		
Agencies Notified Ty	pe Notification			Street A 419 74	Address 4th Stre	et			Anti			1.01			
DEP X DOL	Amended Amendment		_		ate, Zip C Bergen		047		Œ	i it -	1 1 5	5-35-41	13.0		
∑ DOH □ DCA □	Emergency justification) Cancellation				f Contact Tavabo					Telep	phone Nu	mber			
Name of Facility Where Abat	ement is Takir	n Place (31	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4)					
Traine or admy vinore ribat	Ciricina Takii	ig i lace (0)		4				School (K-1						
Street Address 419 74th Street					17			×	Subchapter Other (i.e. p etc.)	8 (Other			ldings	, hom	ies,
City (5) North Bergen								Squa 2100	re Feet)	# of F	Floors		31dg. / 55	Age	
County (6) Hudson				County (STATE	Code (7) USE ONLY)		Curre	ent Use (Prid	or if being	g demolis	hed)			
Name of Monitoring Firm Hire	ed by Building	Owner (8))	ASCN	И No.				tement Con onmenta)			2411
Street Address							Contraction of	Addres	ss 83, 4 E G	ate Driv	ve				
City, State, Zip Code						•			ip Code NJ 0741	18	Ti .				
Project Manager for Monitorin	ng Firm			Telepho	ne No.		Teleph	none No 583-8	0.		License N	lo.			
Start Date (10) 4/3/15		Schedul		npletion	Date (11)			Sort and comment	HA Monitor			V	-		1
Occupancy Status During Ab	atement (Ched	k Only O	ne)				Street	Addres	SS				. S Bo-		
Facility Closed/Vacated Abatement Performed O Other – Describe:	utside of Norn	Period of an all Facility	Abaten y Hours	nent			City, S	state, Zi	ip Code	1					
Scope of Work (Check All Tha	at Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit			*	×	Min Glo	I Containme ni-Enclosure nvebag Proc n-Exempted	edure				re	
			Locati									T		ement	t
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)		Use Ma	Normal ed Sole iintenar todial S (12)	ly by nce/		tos Cont thermal surfa		Material s insula T, or		(Sp	ount ecify or LF)	Remova	Repair	e Encapsulate	Enclosure
O-F1 - 79		Yes	No	N/A								a]	late	ire
basement				х		pipe	insula	tion		160) LF	x			
Name of Registered Waste Ha	auler		T NI	JDEP W	lasto	Cubic	Vordo		Name of F	On mintage	414511				
Freehold Cartage	aulei		Н	auler ID 5939		of Was			Name of F	kegistere	a Landiii				
City, State Freehold, NJ			3.			Dispos TBD	sal Date		City, State						
Completed by A. Scott Higgins		Title Presi	dent/(Owner		S	ignature	1	1		Da 3/2	te 25/15	5		

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

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(' ')	1-17-00 b	1 1/1/	1
	200	1000	>)

Date of Notification (4)								ال	- ا	D	65)	
Date of Notification (1) 3/25/15				of Building I S Mana				4R 30	6H	12.5	•		
Agencies Notified	Type Notification		777	Address Broadwa	av 3rd l	FI							
× EPA DEP	X Initial Amended		City, S	tate, Zip C	ode		<u>asse</u> r		NS N		<u></u>		
▼ DOL	Amendment Emergency (York, NY	100000000000000000000000000000000000000	3	- X						
DOH DCA	justification) Cancellation		and the second	elo A. Kl				l lei	enhone	Numbe	Г		
Name of Facility Where	Abatement is Takin	Place (3)	FAC	ILITY INF	ORMATI	ON	Type of Facility	(4)					
		g 1 1000 (0)					School (K-						
Street Address 262 Main Street							Subchapte Other (i.e.	r 8 (Oth			ıildin	as hoi	mae
City (5)							etc.) Square Feet		Floors	or ordir b		g. Age	1100,
Paterson							15,000	6	1 10015		194		
County (6) Passaic		* 14		Code (7)	n		Current Use (Pr	ior if bei	ng demo	olished)			
Name of Monitoring Fire	m Hired by Building (Owner (8)	ASC	M No.			of Abatement Co						
Street Address							Environmenta Address	al Serv	ices, L	LC			
						(F)(1)(1)(5)(5)	Box 483, 4 E C	ate D	rive				
City, State, Zip Code							tate, Zip Code wood NJ 074	10					
Project Manager for Mo	nitoring Firm		Teleph	one No.		. Same	ione No.	10	License	e No.		+ 1	<u> </u>
C(- + D + (40)		4				973-	583-8500		703	448			
Start Date (10) 3/25/15		Scheduled (4/22/15	Completion	Date (11)		Name	of OSHA Monitor					* * * **	
Occupancy Status Durin					-	Street	Address						
Abatement Perform	cated During Entire Fined Outside of Norm	eriod of Aba al Facility Ho	tement ours		47	City, S	tate, Zip Code	-			-		
Other - Describe:					_								
Scope of Work (Check A	All That Apply)	□ Pop					1						
≥160 sf or ≥260 lf			ovation olition			×	Full Containm Mini-Enclosur	е	Negativ	e Pres	sure		
9						Ê	Glovebag Pro Non-Exempte		l Non-Fr	iable P	roced	ure	
Lagatio		677575	cation nally				2					atemer Type	nt
Locatio Asbestos-Containing TO BE AB	Material (ACM)	Used S	olely by nance/		tos Cont		aterial (ACM)	Ar	nount			T	T
In Faci	lity	1000	al Staff? 2)	(i.e.	surfac	ing, VA			pecify or LF)	Kemova	Neball	ncap	Enclosure
(13)			o N/A	1	other m	niscellan	eous)			oval	. 4	Encapsulate	sure
ground	floor	100 11	X		pipe	insulat	ion	14	4 LF	x	+	+	
											+	-	
Name of Registered Was	ste Hauler		NIDEDI	Vente	T	, ,							
Freehold Cartage	ate naulei		NJDEP V Hauler ID		of Was		Name of TBD	Register	ed Land	Ifill			
City, State			15939		TBD	al Date	City, Stat	e		-			
Freehold, NJ	0 0 00	0	(9)		TBD		5, 5.00	- 31 - 31		81 X			
Completed by A. Scott Higgins`		Title Presider	nt/Owner		Si	gnature	10~			Date 3/25/	5		
		AND STREET, ST								J	-		

CK 3256

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

RECEIVED

Date of Notification (1) 03/24/15			1000		Building C BETH W			(2)	2	U15	IAR 3	0	AH	12:	31	
Agencies Notified	Type Notification		1 1 2	Street Ad 30 COL	dress _UMBIA	AVE	NUE		Ć.	005	310	51	04	TR	91	
DEP DOL	initial Amended Amendment #				e, Zip Coo BRANC		07740)			1 1	6 17 8 - 15 -	1:10	G		
× DOH DCA	Emergency (ir justification) Cancellation	cluding	100	Name of	Contact BETH					Tele	phone M	Viimh	ıor			
				FACIL	ITY INFO	RMAT	ION									
Name of Facility Where	Abatement is Taking	Place (3)							of Facility (4)							
Street Address 30 COLOMBIA AVI	ENUE							×	School (K-12) Subchapter 8 Other (i.e. privetc.)	(Othe			build	ings,	home	es,
City (5) LONG BRANCH, N	IJ				10				re Feet	# of 2	Floors		BI	dg. A	ge	
County (6) MONMOUTH COU	NTY			County C	ode (7) SE ONLY)			Curre	ent Use (Prior ME	if beir	ig demo	lishe	d)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.				ntement Contr D PROFES							
Street Address							Street 6 Wh		ss DOVE COI	URT						
City, State, Zip Code									Cip Code OD, NJ 087	701						
Project Manager for Mor	nitoring Firm	100	T	Γelephor	ne No.		Teleph		lo.		License	e No.				
Start Date (10) 03/27/15		Scheduled		pletion [Date (11)	7	Name	of OS	HA Monitor D PROFES	SIO		2-1-1-2-1				
Occupancy Status Durin			00			10	Street		ment of the second of the second	,0101	17 (20					
➤ Facility Closed/Vac	ated During Entire P	eriod of Ab	atem	ent					DOVE CO	URT						
Abatement Perform Other – Describe:	ned Outside of Norma	al Facility F	lours			_			Cip Code OD, NJ 08	701						
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	novat moliti					Mi Gl	III Containmen ni-Enclosure ovebag Proce on-Exempted	dure						
7		la l	ocatio					1 140	ni-Exempled	() and	INOH-F	Hable		3/4-7 192	ment	
Locatio	n of	No	rmall	y		De	escription	n of				-		Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED liity	Used Main Custo	tenar	ice/		tos Cor therma surfa	ntaining Mal system acing, VA miscellar	Materia s insul AT, or	ation,	(S	nount pecify or LF)	i i	Removal	Repair	Encapsulate	Enclosure
INTER	IOR		207		J	OINT	COMP	OUN	ID	1	100		X			
Name of Registered Wa	ste Hauler		5330	JDEP W			c Yards		Name of R	egiste	red Lan	dfill				
NEWARK CARTING		=	7,250,000	auler ID 1509	No.	of Wa	aste RDS	#1	IESI		F 72					
City, State NEWARK, NJ						Dispo 03/2	osal Date 7/15		City, State BETHLE	HEM	I PA					
Completed by JOSEPH PERLSTE	EIN	Title OWNE	R				Signatur	е				Date 03/	24/1	5		

CK3262

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

RECEIVED

Date of Notification (1) 03/26/15					f Building ZON PR			(2)	2	1815 F	AR 3	30	AH	2: 3	il	
Agencies Notified	Type Notification			Street A 7 GLE	ddress NWOO	D AVE	ENUE, S	SUIT	ΓΕ 412 <i>§</i>	1551	1971]5:	CON	178	OL.	
DEP X DOL	Amended Amendmen				ote, Zip Co		J 07017			ő	e Lil) <u>F</u> }	717	46		
DOH DCA	justification Cancellation)			f Contact Y EHRI	MAN				Tel	ephone	e Nun	nber			
				FACI	LITY INF	ORMAT	ION					-	-			
Name of Facility Where	Abatement is Takin	ng Place (3)						Тур	e of Facility (
Street Address 627 THOMAS BO	ULEVARD							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than & comr	K-12) al buil	dings	, hom	es,
City (5) EAST ORANGE, 1	۸J							Squ 300	uare Feet	# 0	f Floors	5	E	Bldg. A	Age	
County (6) ESSEX COUNTY					Code (7) USE ONLY				rent Use (Prid	or if bei	ng den	nolish	ed)			
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCN	ЛNo.				patement Cor			S				
Street Address							Street 6 WH		ess DOVE CO	DURT	ii.					
City, State, Zip Code							City, S	tate,	Zip Code							
Project Manager for Mo	nitoring Firm		1	Telepho	ne No.		Teleph	none		5701	Licen	ise No).			-
Start Date (10) 04/16/15		Scheduled 04/19/15		pletion	Date (11)		Name	of OS	SHA Monitor AD PROFE							
Occupancy Status Duri	na Abatament (Cha									3310	NALS	•				
1000	cated During Entire			ent			Street 6 WH	910000000	ess DOVE CO	DURT						
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility H	ours	ent.		47 1 - 2 -	(2)		Zip Code DOD, NJ 08	8701						
Scope of Work (Check	All That Apply)		-									_				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		and the same of th	iovat noliti				×	M G	ull Containme lini-Enclosure lovebag Prod lon-Exempted	edure					0	
	-	Is Lo	catio	nn					- ZXOIII PROG	· / Juin	2 14011 1	Habi		Abate	500000	
Locatio		Nor	mall	у		De	scription	of						Ту	ре	
Asbestos-Containing TO BE AB In Fac (13)	BATED		enan ial S 12)	ice/ staff?		therma surfa	taining M I systems acing, VA miscellan	insu T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
EXTER	NOR	Yes 1	No	N/A											Ф	
EXTER	NOR						SIDING			30	00 SF		Х			
												_				
												-				
Name of Registered Wa	ste Hauler		N.	JDEP W	aste	Cubic	Yards		Name of F	Registe	red Lar	ndfill				
NEWARK CARTING	3			509	No.	of Wa	ste ARDS		IESI							
City, State NEWARK, NJ						Dispo 04/19	sal Date 9/15		City, State BETHLE		PA					
Completed by JOSEPH PERLSTE	IIN	Title OWNER	3	=		5	Signature					Date 03/	e 26/1	5		





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

CK 4736

Date of Notification (1) 3/25/15					Building C			(2)							
	e Notification		11 5	Street Ac	idress North	Ba	rneari	T AL	Mª:			ñ/.)			
EPA DEP DOL	Initial Amended Amendment #		C	ity, Stat	te, Zip Coo	de		<u> </u>							
⊠ DOH DCA	Emergency (in justification) Cancellation	ncluding	3 %	lame of	Contact					Tel	ephone Nu	mber			
				FACIL	ITY INFO	RMAT	ION			1					
Name of Facility Where Abate Rob Heisler Private Hor		Place (3)			7			lamai	of Facility (4 School (K-12						
Street Address 709 North Back	egat Aus	· 2.	x++			70	**	×	Subchapter 8 Other (i.e. pr	(Oth			dings,	home	es,
City (5) Surf City NJ 08008									e Feet	# o	Floors		ldg. A 5+	ge	
County (6) Ocean					Code (7) ISE ONLY)			Currer	nt Use (Prio e	r if bei	ng demolis	hed)	#		
Name of Monitoring Firm Hire N/A	d by Building O	wner (8)		ASCM	No.			of Abat	ement Cont	ractor	(9)				
Street Address							the partie series	Addres Box 32							
City, State, Zip Code	N.		*				City, S	state, Zi		21		-			
Project Manager for Monitorin	ng Firm		T	elephor	ne No.		Telepi	none No 753-98).		License N	lo.			
Start Date (10) 3/26/15		Scheduled	Com	pletion [Date (11)		Name	of OSH	IA Monitor		00727				
							Sam								
Occupancy Status During Ab							Street	Addres	S						
Facility Closed/Vacated Abatement Performed C Other – Describe:				ent	6		City, S	state, Zi	p Code	V					
Scope of Work (Check All Th	at Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		=	novati molitic		16			Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure				re	
40.		le l	ocatio	'n						7				ement	
Location of			rmally				escription	of.					Ty	/ре	
Asbestos-Containing Mat TO BE ABATE In Facility (13)		Custo	tenan	ce/		tos Co therm surf	ntaining I al system acing, VA miscella	Material s insula AT, or		(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										e	
Exterior Sidir	ng			х		Ext	erior Si	ding		15	00 SF	x			
												1			
Name of Registered Waste H	lauler		95555	JDEP W		3-27022	c Yards		Name of F	Regist	ered Landfi	II I			
United Containers	17	11	40000	auler ID 2459	No.	of W	aste		G.R.O.V						
City, State Elm NJ						Disp 3/30	osal Date /15		City, State Morrisvi		A 19067				
Completed by Anthony T Perna		Title Presid	ent				Signatur	2	,			ate /25/1	5	10.	

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

Agencies Notified Type Notification Street Address	Date of Notification (1)		-		Non	on of Duildi	na OumariOnarata	- (2)					
DR DR DR DR DR DR DR DR		5			0.5-17-19		ng Owner/Operato	(2)					
DCP	Agencies Notified	Type Notifi	cation				3						
DOL					22	S. Maple	Ave.	***					
Martion, NJ					E 2500	8 195 1%							
DCA		Emerge	ency (includ	ling									
Same of Facility Where Abatement is Taking Place (3)									Telephone Nur	nber			
Name of Facility Where Abatement is Taking Place (3) Subchapter 8 (Other than K-12) Other (Le, private 8 commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age 5000 (K-12) Square Feet # of Floors Square Floors Square Feet # of Floors Square Feet # of Floors Square Floors Square Floors Square Floors Square Floors Squar			CONTROL VI						1	_			
Commercial Building Street Address 22 S. Maple Ave. Solution Street Address Superior Solution	Name of Facility Where Ah	atamantia	Takina Di	(2)	F/	CILITY IN	FORMATION	T	- 74				
Street Address 22 S. Maple Ave. Subchapter 8 (Other than K-12) Other (I.e., private 8 commercial buildings, homes, etc.) Other (I.e., private) Other (I.e	Commercial Building	atement is	l aking Pia	ice (3)									
City (s) Square Feet	Street Address									12)			
Square Feet	22 S. Maple Ave.							Other (i.e.,	private 8 commerc	ial bu	ilding	s,	
County (6) Burlinton County Code(7) (STATE Use (Prior if being demolished) Vacant Va	1. 11AG 75.							Square Feet	# of Floors	T	Bldg.	Age	9
Burlinton Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. 609-481-2122 Disponse No. 609-481-2122 Disponse No. 609-481-2122 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. 609-481-2122 Disponse No. 609-481-2122 Disponse No. 609-481-2122 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Joecal Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Name of Registered Landfill Table Table												S	
Street Address Street Address Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. 609-481-2122 Start Date (10) 4/11/15 Scheduled Completion Date (11) A/11/15 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Tocupancy Status During Abatement Performed Outside of Normal Facility Hours Tocupancy Status During Abatement Performed Outside of Normal Facility Hours Tocupancy Status During Abatement Performed Outside of Normal Facility Hours Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Non-Exempted (*) and Non-Friable Procedure Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade,					US	unty Code E ONLY)	(7) (STATE		Prior if being demol	ished)		
Street Address Street Address Street Address Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Project Manager for Monitoring Firm Felephone No. 609-481-2122 Start Date (10) 4/4/1/5 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NI 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NI 08052 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Abatement (Custodial Staff? (12) Valed Solely by Maintenance Custodial Staff? (13) IN Facility (13) Is Location Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A Exterior Normally Used Solely abate Hauler Abatement Type Abatement (Specify Staff) Abaestos Containing Material (ACM) (Specify Staff) (12) Yes No N/A Transite In Facility Amount (Specify Staff) The Mark of Registered Landfill Type Name of Registered Waste Hauler Name of Registered Landfill Type City, State TBD TBD TBD		ired by Bui	Iding Owne	er	ASCN	No.	Name of Abater	nent Contractor (9)				
Start Date (10)							AEi2, LLC						
City, State, Zip Code Maple Shade, NJ 08052 Project Manager for Monitoring Firm Felephone No. Telephone No. Go9-481-2122 Start Date (10) 4/4/15 Axima of OSHA Monitor Axii, LLC Cocupany Status During Abatement (Check only one) Axima of OSHA Monitor Axii, LLC Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Type Abatement Type Abatement Type Abatement Type Abatement Street Address Andress Street Address Street Address Street Address Street Address Street Address Abatement Type Abatement City, State Street Address Street Address Street Address Street Address Abatement Type Abatement City, State Street Address Abatement City, State The Cotton Internation of Abatement Street Address Street Addre	Street Address							D 1					
Maple Shade, NJ 08052	City State Zin Code												
Project Manager for Monitoring Firm	Oity, State, Zip Code												
Start Date (10) 4/4/1/15 Scheduled Completion Date (11) A/4/1/15 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Safe or ≥3 if Sementality Staff? Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Name of OSHA Monitor AEi2, LLC Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Custodial Staff? (12) Yes No N/A Transite 1000 sf X I = TBD Name of OSHA Monitor AEi2, LLC Occupancy Status During Abatement (Check only one) Street Address 300 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 Lenola Road City, State Transite Street Address Abatement Crity State TBD Occupancy Status During Abatement (Check only one) Street Address 300 Lenola Road City, State Transite Name of Registered Landfill Table T	Project Manager for Mor	nitoring Fi	rm	Te	lephone	No.			License No.				_
A/4/15		*			18			2					
Street Address Str	250.25		Scheduled	Compl	etion D	ate (11)	Name of OSHA I	Monitor					
Abatement Performed Outside of Normal Facility Hours Give State, Zip Code Maple Shade, NJ 08052							AEi2, LLC						
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Maple Shade, NJ 08052													
Other - Describe: Scope of Work (Check all that apply) Scope of Wor						t							
≥3 sf or ≥3 lf		atorae or re	orma r do	mry 110	410		Maple Shade	, NJ 08052					
Salid or ≥3 If Semovation Demolition Demolition Semovation	Scope of Work (Check all t	hat apply)					☐ Full Co	ntainment with N	Jenative Pressure				
Solution of Asbestos-Containing Material (ACM) Staff? (12) Yes No N/A N/A	≥3 sf or ≥3 lf			Renova	tion		Mini-En	closure	rogativo Product				
S Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	△≥160 sf or ≥260 lf	12	<u> </u>	zemonu	OII		Non-Ex	empted (*) and N	Non-Friable Proced	ure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Exterior Name of Registered Waste Hauler AEi2, LLC City, State Maple Shade, NJ Location of Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12) Name of Registered Landfill Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) R R R R R R R R R R R R R R R R R R				W									t
TO BE ABATED Custodial Staff? (12) (i.e., termal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF R e e a surfacing, VAT, or other miscellaneous) SF or LF R e e a m other miscellaneous SF or LF R e e a m other miscellaneous SF or LF R e e a m other miscellaneous SF or LF R e e a m other miscellaneous SF or LF R e e a m other miscellaneous SF or LF R e e a m other miscellaneous SF or LF SF or LF R e e a m other miscellaneous SF or LF R e e a m other miscellaneous SF or LF R e e a m other miscellaneous SF or LF SF or LF R e e a m other miscellaneous SF or LF R e e a m other miscellaneous SF or LF SF or LF R e e a m other miscellaneous SF or LF R e e a m other miscellaneous SF or LF R e e a m other miscellaneous SF or LF SF or LF R e e a m other miscellaneous SF or LF SF or LF R e e a m other miscellaneous SF or LF SF or LF R e e a m other miscellaneous SF or LF SF or			Use				Description of	6	8		Ту	_	
Name of Registered Waste Hauler AEi2, LLC Name of Registered Waste Maple Shade, NJ Name of Registered Maste Maple Shade, NJ Staff? (12) Staff? (12) Surfacing, VAT, or other miscellaneous) SF or LF) Manual Staff? (12) Surfacing, VAT, or other miscellaneous) SF or LF) Manual Staff? (12) Surfacing, VAT, or other miscellaneous SF or LF) Manual Staff? (12) Surfacing, VAT, or other miscellaneous SF or LF) Manual Staff? (12) Surfacing, VAT, or other miscellaneous SF or LF) Manual Staff? (13) SF or LF) Manual Staff? (13) ST or LF) ST or LF) Manual Staff? (13) ST or LF) ST or LF) Manual Staff? (13) ST or LF) ST or						Asbes	tos Containing Mat	erial (ACM)		1,000	R	n	E
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 21376 Name of Registered Landfill TBD	IN Facility	2		Staff?		(1.6.	surfacing, VAT,	or		m	100	6.772	1 0
Yes No N/A	(13)		_	(12)	_	-	other miscellaned	ius)		v	a	5	n s
Exterior X Transite 1000 sf X Name of Registered Waste Hauler AEi2, LLC Interior 21376 2 TBD City, State Maple Shade, NJ Transite 1000 sf X Name of Registered Landfill TBD City, State TBD TBD			Yes	No	N/A						r	1	e
Name of Registered Waste Hauler AEi2, LLC City, State Maple Shade, NJ NJDEP Waste Hauler ID No. 21376 Disposal Date TBD City, State TBD TBD	Exterior					Transit	e		1000 sf	X		e	\vdash
AEi2, LLC Hauler ID No. 2 TBD City, State Maple Shade, NJ TBD TBD TBD TBD TB				\top						1	+		\vdash
AEi2, LLC Hauler ID No. 21376 TBD City, State Maple Shade, NJ TBD TBD TBD TBD TBD										1			
AEi2, LLC Hauler ID No. 2 TBD City, State Maple Shade, NJ TBD TBD TBD TBD TB				1						+			\vdash
AE12, LLC City, State Maple Shade, NJ Z1376 Z1376 Z TBD City, State TBD TBD TBD TBD	Name of Registered Waste	Hauler						Name of Reg	stered Landfill		1		
City, State Maple Shade, NJ TBD TBD TBD	AEi2, LLC	<u> </u>		122		J No.		TBD					
				1.4	13/0			City, State	A				
								TBD					
Completed By Title Signature Date	Completed By		Title				Signature	11					
Wm. Minnick Program Mgr. 3/25/15	XX7 X C' 1		D	2 .									

(K 13354

JAN 13

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

Date of Notification (1)	25	/ 15				of Building	g Owner/Operator (: RIGUEZ	2)					
Agencies Notified	Type N	otification				Address		1		(4.)			
⊠ EPA ⊠ DOLWD	Initia □ Ame						R DRIVE						
⊠ DOLWD	_	ended endment #_			City, S	State, Zip C	Code						
⊠ DCA		ergency (in	100	1	BRI	ICK, NJ 0	8723						
(NJAC 5:23-8)		fication)		,	Name	of Contac	t		Telephone Number	er .			
	☐ Can	cellation			RO	BERT ST	ONE						
					FAG	CILITY IN	IFORMATION						
Name of Facility Where Al	batemer	nt is Taking	Place	(3)				Type of Facility (
RESIDENCE								School (K-12)) (Other than K-12)				
Street Address									ivate and commerci	al bu	ilding	IS,	
100 SAND POINT DE	RIVE							homes, etc.)				20,000	
City (5)								Square Feet	# of Floors	Blo	dg. A	ge	
BRICK								2050	2		59		
County (6)				7="-	Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
OCEAN								RESIDENCE					
Name of Monitoring Firm	Hired by	Building (Owner	(8)	ASCM	No.	Name of Abateme						
N/A							RICH-MARK	CONTRACTING	S, INC.				
Street Address							Street Address						
							170 U.S. HW	Y 9	95				
City, State, Zip Code							City, State, Zip Co						
Project Manager for Monit	oring Fi	rm		Tele	phone	No.	Telephone No.		License No.				
1 Tojout Managor for Month	omig i i			10.0	75.1101.10	,,,,,	732-349-3771		01244				
Start Date (10)		Sched	duled C	omple	tion Da	ite (11)	Name of OSHA N	Monitor	-				
4 / _8_ /	15	_	4_ /	10	_ / .	15	NEIL MARZA	NO					
Occupancy Status During	Abatem	nent (Chec	k only	one)			Street Address						
□ Facility Closed/Vacate							138 SENECA	BLVD.					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement:			VI/	PIVI-		_AIVI	BARNEGAT,	NJ 08005					
Scope of Work (Check all	that app	oly)					□ Eull Con	tainment with Neg	ative Pressure				
☐ >3 sf or >3 lf			ПВ	enovat	ion		☐ Full Con		alive Plessure				
≥160 sf or ≥260 lf				emolitic			☐ Gloveba	g Procedure					
			_				Non-Exe	empted (*) and No	n-Friable Procedure	_			
				S Local Norma		100		90		Ab	atem	ent Ty	уре
Location		(ACM)		ed Sole		Ache	Description of estos Containing Ma		Amount	Re	Re	E	En
Asbestos-Containing N TO BE ABA		(ACIVI)	Ma	aintena	ance/		e., thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facilit	у		Cus	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)	/al		Encapsulate	ure
(13)			Yes	No	N/A	1	other miscellane	eous)		7.0		te	
DINING ROOM						VAT			80 SF		П		
LAUNDRY / HALLWA	v					VAT			80 SF				
LAUNDRY / HALLWA	1					VAI			00 01				
										屵	분	-	
												Ш	Ш
Name of Registered Wast RICH-MARK CONTR					NJDEP Hauler I	D No.	Cubic Yards of Waste	Name of Regis	tered Landfill ORTH LANDFILL	<u>.</u> .,			
					0776	4	1 Disposal Date	City, State					
City, State							4/10/15	MORRISVI	IIF PA				
BAYVILLE, NJ			et."					O O C					
Completed By (Print or Ty NEIL MARZANO	rpe)	Titl	e SUPER	RVISC)R		Signature	W/MI.	Date	3/3	25/	15	_
ASB-41					A		1//1/	MIMA		1	-1		
JAN 13		*	Do no	t use t	his forn	n for asbes	tos licensure exem	pted activities.					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					II NT	CD '11'	0 10		1 1 1 1	4.1.00				
Date of Notification (1) March 25, 2015					Name of Building Owner/Operator (2) Charles Simone									
Agencies Notified [X] EPA [] DEP [X] DOL	Type of Notification [] Initial Notification [] Amended Notification Amendment #			Street Address 488 Block Road City, State, Zip Code										
5001	[X] Emergency (including				Mercerville, NJ 08619									
[X] DOH [] DCA	justification) [] Cancellation			Name	of Contact Charl	es Simone	е		Telephone Number		23			
				FAC	CILITY INFORMATION						11/2/11/20		-	
Name of Facility Where Abatement is Taking Place (3) Residence								pe of Facility (4)	School (k-12)					
Street Address 225 Haddonfield Avenue								[] [x]		Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings, homes, etc.)				
City	County (6)			County Code (7) (STATE USE ONLY)		Y)	Squ	are feet 1800 sf	# of Floors	Bld	g. Age			
Lavallette		Ocean		(SINIE GOD ONET)		**	Cur	rent Use (Prior if	being demolished	1 60 ng demolished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No	Name of	Residence f Abatement Contractor (9)						
N/A			,		ASCM No. Name of Abatemen				Guardian Contracting, Inc.					
Street Address							Street Address 1889 Route 9, Unit 61							
City, State, Zip Code					City, State, Zi			te, Zip Code						
Project Manager for Monit	Telephone Number					Toms River, New Jersey 08755-1271 Telephone Number								
Scheduled Start Date (10) 3/26/15	Scheduled Completion Date (11) 3/30/15				Name of OSHA Monitor									
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Aba [] Abatement Performed Outside of Normal Facility He				City, State, Zip Code				elton Road						
						8				way, New Jerse		354		
Scope of Work (Check all that apply)				[]			Full Containment with Negative Pressure Mini-Enclosure							
[] >3 sf or ≥3 lf [] Renova [X] ≥160 sf or ≥260 lf [X] Demoli				[] Gioreoug 11000				Glovebag Procedu Non-Exempted (*	dure (*) and Non-Friable Procedure					
				+	T					1			т.	
Location of Asbestos-Containing M TO BE ABA in facility (13)	N	Is Location ormally used Solely by enance/Custaff (12)	sed y	Description Asbestos-Con Material (A (i.e., thermal s insulation, sur			ontaining ACM) I systems urfacing,		Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P	E N C L O S	
	YES NO N/A			other miscella			aneous)			A L		U L E	U R E	
Exterior		X		Asbe	stos sidin	g		w	1650 sf	X			-	
										5-9-3-6-9-6-9-6-9-9-9-9-9-9-9-9-9-9-9-9-9				\vdash
Name of Registered Waste		N	JDEP Wast		ID No.	100	rds of Waste	e h	Name of Register	ed Landfill				
				Dispos	3 T.R.R.F.									
Toms River, New Jersey 3/31 Completed by (Print or Type) Title Nicholas Fernicola Project Manager			3/31/ er	715 Tullytown, Pennsylvania Date 3/25/2015				i						
			ANY SHANKS IN CONTRACTOR				FIL		17					

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building	010	(0)	5N						
March 25, 20	Name of Building		-	¥ 71	1.	2 //					
Agencies Notified Type of Notifi	Chester Miscerewicz						7	27			
[] mm. []	tial Notification	Street Address 3145 Mechanicsville Road							63		
[] nmn	nended Notification		4								
	nendment # nergency (including	City, State, Zip C	City, State, Zip Code						W)		
The second secon		Bensalem, PA 19020									
[T] O	tification) ncellation	Name of Contact			Telephone Number						
[] DCA [] Cal	ioonation	Ches	Chester Miscerewicz								
N. OR W. W.	FA	CILITY INFORM	MATION								
Name of Facility Where Abatement is Takir Residence		()									
			[]	School (k-12)							
Street Address			[]	Subchapter 8 (other than k-12)							
203 Eisenhower	Avenue			[x]	Other (i.e., private & commercial buildings, homes, etc.)						
City	County (6)	County Code (7)		Square feet	# of Floors	Bld	g. Age				
Ortlay Basak		(STATE USE ONI	.Y)	1000 sf	1			60			
Ortley Beach	Ocean			Current Use (Prior i		1)					
Name of Monitoring Firm Hired by Building	g Owner (8)	ASCM No.	Name of	Reside: Abatement Contractor							
N/A					ian Contracting, Inc.						
Street Address			Street Address								
City, State, Zip Code			City Stat	1889 R	Loute 9, Unit 61						
			City, State, Zip Code Toms River, New Jersey 08755-1					271			
Project Manager for Monitoring Firm	Telephone Number	г	Telephone Number License Number 732-349-9932 00624								
Scheduled Start Date (10)	01.11.0										
3/26/15	Scheduled Comple 3/30/15	tion Date (11)	Name of OSHA Monitor E.M.S.L. Analytical								
Occupancy Status During Abatement (Check	conly one)		. Analytical *								
[X] Facility Closed/Vacate	ed During Entire Period of Ab	atement	ement 1056 Stelton				ton Road				
Abatement Performed	Iours	City, State, Zip Code									
Other – Describe		Piscataway, New Jersey 088									
Scope of Work (Check all that apply)			<u>г</u>	Full Containment	voith Manatine Dec						
25-10			וֹ ז	Mini-Enclosure	with Negative Fres	sure					
[] >3 sf or ≥3 lf	ration	ion [] Glovebag Procedure									
[X] ≥160 sf or ≥260 lf	lition	ion [X] Non-Exempted (*) and Non-Friable Procedure									
		T				T					
	Is Location		Description	of		Abatement Type					
Location of	Normally used		estos-Cont		Amount	R	R	E	Е		
Asbestos-Containing Material (ACM)	Solely by		Material (A)		(Specify SF	E	E P	N C	N C		
TO BE ABATED in facility	Maintenance/Custodial Staff	V-1-1-	, thermal s		or LF)	M	A	·A	L		
(13)	(12)	inst	lation, sur VAT, or			v	I R	PS	0		
	()	oth	er miscellar			A	K	U	S		
	YES NO N/A	0.2750				L		L	R		
Exterior	X	Asbestos sidin	σ.		000 0			Е	E		
5. registered 5.4 (2004)		Asoesios sidili	g		900 sf	X					
Name of Registered Waste Hauler	NIDEDW	TD VI T S · · ·									
Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	ID No. Cubic Yau	ards of Waste Name of Registered Landfill								
City, State		sal Date	City, State	T.R.R.F.							
Toms River, New Jersey	3/31/	/15		wn, Pennsylvania	1						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	11/1			Date					
TAIGHOIGS L'EITHCOIA		Chet	.tel		3/25/	/2015					

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