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

Initial Notification Check #: 5824

												11-1					-
Date of Notification	on (1)			Nam	e of	Buil	ding	Owner	Operato	r	(2)						
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Agencies Notified				Str	eet	Addre	SS			-21	HA TAN TIT	4111	44				
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[X] DEP	()Ame							8854			& LIULIA	J;:1Q					
[X] DOL	No	ific	ation			Cont				_	Telep	hone N	lumber	-			-
[X] DOH	[]Car	ncell	ation	11							_		-				
[]DCA				Mid	chae	Kris	her (d	owner's	s rep)								_
								FORMAT	ION	1 700	ype of Facilit	w (A)					_
Name of Facility W	here Aba	temen	t is Ta	king	Plac	e (3)		1	17	T-700						
Former Electrical Bu	uildina "D	ı									[]School []Subchar	ter A	Othe	r the	an K	-12)	
Street Address	anding 2	1									◯ Other	1.e.,	priva	mee	etc	.)	_
Od OZ Duekinaham	Avenue									S	quare Feet	of F	loors	Bld	g. A	ge	
91-97 Buckingham	Avenue		County	(6)			Cour	nty Co	ie (7)	-	12,000 urrent Use (Pr	10= 1) f heir	n de	90	shed	5
							(ST	ATE US	ONLY)	1.		101 1		g GC			
Perth Amboy Name of Monitoring	= ===== 91	red F	Middle	esex	TASC	y No.	1	Name	of Abate	eme	Vacant int Contractor	(9)		-		-	_
Owner (8)	l LILM DI	. reu r	/ Dull	9													
Karl & Associates, I	nc.				N/A			Four	Strong B	Sull	ders, Inc.				_		_
Street Address							1	1									
20 Lauck Road								180 5	State.	A\	venue D Code					-	
City. State. Zip	Code																
Mohnton, PA 19540)		er - T	Telen	bone	Numb	-	Clifto	n, NJ 07	mbe	3-1935		Licens	se Nu	mõei	-	
Project Manager to	or Mource	errad	- 1						314-0377				00807				
Michael Krisher Scheduled Start Da	222 (10)	150	ned Com	610-8	0n D	/UU		Name	of 05HA	Mo	onitor		0000.	•			
								_	O: F		Idaya Inn						
0 5 / 2 7 / Day /	Year	M	0161/1	Day	-1/1-	Year		Four	Strong E	Sul	iders, Inc.						
Occupancy Status [X] Facility Close	During A	oatem	ent (Cn	eck c	bury • Per	iod											
-F Shatomost							.		State		ip Code				_	O-Cluster	
[]Abatement Pe Hours - Desc	ribe:	Jutsi	de or w	OIMA	L rac		_				358						
[]Other - Desc		-						Clifto	n, NJ 07	701	13						<u> </u>
Scope of Work (Ch		that							[X]Ful	ļ	Containment w	ith Ne	gative	Pre	ssur	e	
<pre>[X] Demoli []>3 sf</pre>				[Rend	vati	on		MIGIO	We	Enclosure bag Procedure						
[X]∑160 s	f or ≥26	0 1f							[X]Non	1-F	riable Procedu	ure				- m-	
				T.,	Is	20								Abat	emer	E	E
	tion of			No.	rmal:	Ly			escripti stos-Con			Amo	unt	RE	R	N C	C
	-Contain al (ACM)				Used olel			Ma	terial ((AC	CM)		cify	M	R E P	A P	C T. 0
TO BE	ABATED				Mai		i	nsulat	thermal	rfa	acing, VAT.		LF)	V	A	S	S
	(13)			Cu	stod aff(ial		or o	ther mis	sce	ellaneous)			A L	Ř	L	R
100.00 10				Yes	No	N/A						-		V	_	<u> </u>	E
See attached					X							<u> </u>			-		-
																	-
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				1										1,			L
Name of Register	ed Waste	Haul	er			Wast r ID		of Wa	Yards		Name of Regis	tered	Landi	111			
- o: p::11	1				1260		10.	30			G.R.O.W.S., I	nc.					
Four Strong Builde	ers, inc.	-			1200			Dispo	sal Dat	e	City. State						
152	G.							TDD			Tullytown, PA						
Clifton, NJ			1994 - 1					TBD	Signatu	re				מן	ate		
Completed By (Pr	int or T	(pe)	Title							1		2	0)	/n = '		
Nick Zivkovic			Presid	ent					'ele	ée	ce de		3	4	/23/	14	
ASB-41 JUN 95																G46	667

Date of Notification (1)					Name	of Buildir	ng Owner/Operator	(2)	2.17 11.7					
04/29/2014			_	I	Ralph	Santoro		0011111						
Agency Notified	Type Noti	fication				Address		2014 MAY -	-7 PHII:4	0				
⊠ EPA	☑ Initial			2		tmouth						-	_	
☐ DEP	☐ Amend				City, S	state, Zip	Code		OS CONTRO)L				
⊠ DOL		dment # ency (includii	na	1		e, NJ 074		& LI	CENSING					
⊠ DOH	justific		19			of Conta	ct		Telephone Nu	IMDer				
☑ DCA	☐ Cance	lation]	Ralph	Santoro			F					
					FAC	ILITY INF	ORMAT10N							2000
Name of Facility Where A	Abatement	is Taking Pla	ce (3)					Type of Facility	(4)					
								☐ School (K-12	2)					
Street Address					1822			Subchapter	8 (Other than K-1 rivate & commerc	-2) cial building	as			
326-332 Union Blvd							\$2	homes, etc.		Jidi Dallalli	90,			
City (5)		+			-			Square Feet	# of Floors	Bldg.	Age			
Totowa, NJ 07512							20			50+				
County (6)					Count	y Code (7) (STATE USE	Current Use (P	r or if being dem	olished)				
Passaic					ONLY)								
Name of Monitoring Firm	Hired by E	Building Own	er	ASCN	No.		Name of Abater	nent Contractor (9)					
(8)							RICI CORP							
Street Address							Street Address							
Street Address							41 LIBERTY S	STREET						
City, State, Zip Code		-		- 771			City, State, Zip				25-52			5501111
Oity, Otato, Elp Godo	y, State, E.P Codo						PASSAIC, NJ	07055						
Project Managerfor Mon	oject Managerfor Monitoring Firm						Telephone No.		License No.	- 5.05				
10joot Managerier men	roject Managerfor Monitoring Firm						973-614-1266		00838					
Start Date (10)	- 1	Scheduled Co	omplet	on Da	te (1 1)	Name of OSHA	Monitor						
May 1, 2014		May 5, 2014			,		RICI CORP							
Occupancy Status Durin							Street Address							
				44			41 LIBERTY	STREET						
☐ Facility ClosecNacate ☐ Abatement Performed	ed During E LOutside o	ntire Period (f Normal Fac	of Abat ilitv Ho	emen urs	τ		City, State, Zip							
☑ Other - Describe							PASSAIC, NJ	07055			922			
Scope of Work (Check a	II that apply	y)					D.FII	Castainment wit	h Nogative Press	eure.				
□ ~: 3 sf or ~: 3 lf					⊠ Re	novation	☐ Min	Containment wit i-Enclosure		suic				
≥ ~: 1 60 sf or ~: 260 lf					☐ De	molition	⊠ Glo	velbag Procedure n-Exempted (*) ar	ed Non Eriable D	rocedure				
							☐ NOI	i-Exempted () at	Id Non-Friable F	Tocedare	A	bate	eme	nt
#8				Loca								Ту	ре	_
Locati	on of			Norma	ely by		Description						_	
Asbestos-Containir		(ACM)	Ma	ainten	ance/		estos Containing No.e., thermal system		Amour (Speci		Z	71	Enc	En
TO BE A			(Custor Staff		(1.	surfacing, VA		SF or L		emc	Repair	aps	Enclosure
(13	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			(12)			other miscellar	neous)			Removal	ar.	Encapsulate	ure
			-	Ι	T	_								
			Yes	No	N/A		nsulation		70 LF		x			
Basement			•	X		ripe i	iisuiatioii		/ U EI		1	1		
			-	-	-							1		+
											+	-	-	+
	-74		<u></u>	<u> </u>		.1	To bis Vanda at	Name of Boo	stered Landfill			_	1	
Name of Registered Wa	ste Hauler		0.223	JDEP No.	Waste	Hauler	Cubic Yards of Waste	Name of Reg	istered Landini					
DIGI CODD			1	051			TBD	GROWS	LANDFILL					
RICI CORP City, State			29	1001			Disposal Date	City, State					THE	
							TBD	MORRISVI	LLE. PA					
PASSAIC, NJ Completed by		Title	- 177	1775	-		Signature	A .		Date				
							all			4/29/20	014			
Ile Trajkov Vice-President ASB-41 * Do not use this					rm for a	asbestos	licensuré exempte	d activities.						

ChECK # 2618

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

RECEIVED

Date of Notification (1) 04/30/14			f Building			(2)	28	14 H	AY -	7 6	эыг	1. ~	_			
Agencies Notified Type	Notification			Street A						* * 11.	n ı	1 1	П	. 3	2_	
					OX 221				4	n T	TTO	2 12	<u> </u>			
EPA X DEP DOL	Initial Amended Amendment	#			ate, Zip Co WOOD,		01			&	STOS LICE	NS	IHC	14U }	L	
∑ DOH □	Emergency justification) Cancellation				f Contact			7		Tal	anhen-	••				
	Cariocilation			FACI	LITY INFO	ORMATIC	NC.			1		-				-
Name of Facility Where Abate	ment is Takin	g Place (3))	17101	Litt iivi (Туре	of Facility (4))						
									School (K-12	1						
Street Address 201A CENTER STREET									Subchapter 8 Other (i.e. pri	(Oth				lings,	home	es,
City (5) LAKEWOOD									etc.) re Feet	# 01	Floors		В	ldg. A	ge	
County (6) OCEAN					Code (7))		45000000	nt Use (Prior	if bei	ng dem	olish	ed)			
Name of Monitoring Firm Hired	h. D. Heiler	O		. ASCN			N				(0)		1,5	_		
	by Bullaring	Owner (o)		ASCR	/I NO.				PROFES						700	
Street Address								Addres	ss DOVE CO	URT						
City, State, Zip Code					7-				p Code DD, NJ 08	701						
Project Manager for Monitoring	eject Manager for Monitoring Firm				ne No.		Teleph		D.		Licens).			
Start Date (10) 05/11/14					Date (11)		Name	of OSH	A Monitor	2810		_				
Occupancy Status During Aba	ernent (Cher		88				Street			3310	NALO		- 1			
Facility Closed/Vacated D				nent					OOVE CO	URT						
Abatement Performed Ou Other – Describe:						- 41			p Code OD, NJ 08	701						
Scope of Work (Check All Tha	Apply)				-				-,				n mumannin mua			
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enova emolit				×	Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	dure	Ü				0	
		٦.						1401	r-Exempted	() arm	u North	Habi		30000	ement	
Location of		1.0	Locati Iormal			D									ре	
Asbestos-Containing Mate TO BE ABATED In Facility (13)	ial (ACM)	Mai	d Sole ntenar odial S (12)	nce/		tos Conta	systems ing, VA	Material s insula T, or		(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Made a language of the languag	Yes	No	N/A											Ф	
1ST FLOOR			Χ			FLO	OR TIL	ES		80	00 SF		Х			
Name of Registered Waste Ha	uler		10.00	JDEP W auler ID		Cubic \ of Was		100	Name of R	egiste	red Lar	ndfili				
NEWARK CARTING				4509	. 10.	10		F	IESI							
City, State NEWARK, NJ						Dispos	al Date		City, State BETHLE	HEM	1 PA					
Completed by JOSEPH PERLSTEIN	Title OWNER					Si	gnature					Dat 04	e /30/1	4		



FACILIER		
Check#	AL	20
0.100.04	00	LX

Date of Notification (1)		7	1	Name of	Building (Owner/Ope	rator 6	114 HAY -7	DMII	<u> </u>				
5/3/14						Corp		eld HHI - 1	PH II:	64				
Agencies Notified	Type Notification	8	100	Street A			£	SECTOR						
☐ EPA	× Initial				/Ivan Av		43*	GRESTOS	CUNTR	01				
DEP	Amended Amendment #				te, Zip Co		7000	& LICE	MSING					
₩ DOL	Emergency (in					iffs, NJ 0	7632							
☑ DOH	justification)			Name of	Contact				Telepho	ne Nur	nber			
☐ DCA	Cancellation													
Name of Facility Where	Ahatement is Taking	Place (3)		FACI	LITY INFO	DRMATION		Type of Facility (<i>A</i>)	-			-	
Meadowbrook Villa		1 1400 (0)							99 5 -0. 99521					
Street Address	-30							School (K-1 Subchapter	2) 8 (Other tha	an K-11	2)			
719 E. Front St									orivate & con			dings,	home	es,
City (5)								etc.)	# of Floo		10	14- 6		-
Plainfield							1	Square Feet	# 01 1100	ors		ldg. A	ge	
			- 1	Carmbid	Dada (7)		-	Comment the a (De)	as if hairs d			- U		
County (6) Union					Code (7) JSE ONLY)		Current Use (Pri Apartment U		emonsi	iea)			
	n Ulrad by Building O	············ /8\		ASCM	(NI=			f Abatement Cor						
Name of Monitoring Firm	ii mired by building O	wher (o)		n/a	i No.	100		ca Managem					Cast and	
Street Address				11/4				ddress	ent Corp					7.7.0
n/a						1.75	22 Tro							
City, State, Zip Code					4			ate, Zip Code		-10		-		
n/a							n Park, NJ 0	7035		5 8	157	13.0	A 10	
Project Manager for Mo	ect Manager for Monitoring Firm				ne No.			ne No.		ense N	o.			
n/a	.27. R				18/11/8	1.00		06-7950	11 (2005)	193				
Start Date (10)		Schedule	d Com	pletion	Date (11)	N	lame o	f OSHA Monitor		_				
5/13/14		5/31/14				L	Loznic	ca Managem	ent Corp			(i) (ii)	40	82
Occupancy Status Durin	ng Abatement (Check	Only One	e)			S	treet A	ddress						
Facility Closed/Vac	cated During Entire Pe	eriod of Al	batem	ent		2	22 Tro	oy Ln			40 to			-1.VI
Abatement Perform	ned Outside of Norma	I Facility	Hours			C	ity, Sta	ate, Zip Code		7	13		- 20	
Other – Describe:		-				- 1	Lincol	In Park, NJ 0	7035	5 (3) (5). 2/3	7 * 12" 9 1			1
Scope of Work (Check A	All That Apply)													310-32-3-52
≥3 sf or ≥3 lf		-	enovat	50.56 (5)			图	Full Containm		ative F	ressu	re		
≥160 sf or ≥260 lf		☐ De	emoliti	on			XIXIX	Mini-Enclosure Glovebag Pro			71			
								Non-Exempte		n-Friab	le Pro	cedur	е	0.11.20
NI		ls l	ocatio	on									emen	t
Location	n of	No.	ormali	y		Descri	iption o	of				Ту	ре	
Asbestos-Containing			l Solel ntenan			tos Contain	ing Ma	iterial (ACM)	Amou		_		Ē	-
TO BE AB		0.000	dial S	3000	(i.e.	thermal sys			(Speci SF or L		Rem	Re	cap	ncl
(13)	701. *		(12)			other misc				. ,	Remova	Repair	Encapsulate	Enclosure
1 175 1		Yes	No	N/A						1.	=		ate	(a)
Building Storage are	eas/Boiler Room			x		Pipe In	sulati	on	300 L	F	x		1	
#'s 729-731, 723-7									per build	_				
717-719								,					***	
	.0	1								-				
Name of Registered Wa	ste Hauler	E	N.	JDEP W	aste	Cubic Ya	rds	Name of	Registered I	andfill	Ц			
Loznica Managenent Corp				auler ID	No.	of Waste TBD			S Landfill					
City, State)33113) [Disposal	Date	City, Stat			- 4			
Lincoln Park, NJ 07035						TBD	Date		e ⁄ille, PA 19	9067				
Completed by Title							nature	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ite		- W E	
Elizabeth Cirovic	50	Secre	tarv			100	w			100000	3/14			
			J			a de	UVL	0			** **			

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

		(Purs	uant	to NJAC	8:60-	and 12:120-7)							
Date of Notification					Owner/Operato	r (2)			75 60	11.	i prom j	•,		
5-2-14			G	Sary Ma	ffe	ttone			7.7.44	14.2		L.	J	
Agencies Notified	Type Notif	ication		reet Addre					9814 May	, ,	24400			-
[]EPA	[X]Initi		8	39 Fran	kli	n Ave			2014 MA	-/	PF	111:	23	
[]DEP	Noti	fication	Cit	ty, State	Zip	Code			\$:== co.	raa	41.07			
[X]DOL	[]Amend	ed fication	TA	West Or	ange	e,NJ,0705	2		AUSES.	105	00	VIF	10°	
[X]DOH	NOCL	LICACION	Nar	ne of Cont	act			Telephor	ne Number	ICEN	3/1	16		
[]DCA	[]EMERG		G	ary Ma	ffe	ttone			_					
***************************************	[]cance	IIacion		FACT	TTTY T	NFORMATION							-	
Name of Facility Whe	re Abateme	nt is Tak	ing				Type	of Facil	ity (4)					
Same as above							1 .]School	(K-12)					
Street Addres							1] Subchap	ter 8 (Oth					
							1	[1] - [1] - [1] - [1] - [1] - [1] - [1] - [1] - [1] - [1] - [1] - [1] - [1] - [1] - [1] - [1] - [1] - [1] - [1]	uildings,					
							Squa	re Feet	# of Flo	ors	Bld	lg. 1	Age	
City (5		County	(6)	Essex	110000000000000000000000000000000000000	nty Code (7)	26	500	3		7	0		
					(SI	ATE USE ONLY)	Curr	ent Use (Prior if b	eing	dem	olis	hed)	
Name of Monitoring F	irm hirod	by Buildi	DO	ASCM No.		Name of Abate	ment	Contracto	r (9)				-	
Owner (8)	IIM HITEG	Dy Burro	.ng	ABOUT NO.		AZTECH I								
N/A Street Address				+-		Street Addres	ss	1000000			-			
	w. State, Zip Code					86 Chri	stop	her St						
City, State, Zip Cod	ty, State, Zip Code					City, State,								
90						Montcla	ir,	NJ 070	42					
Project Manager for	Monitoring	20-000000000000000000000000000000000000	elep V/A	hone Numb	er	Telephone Nur (973)74		00		Licer 00			er	
Scheduled Start Date	(10) S	ched. Com	plet	ion Date	(11)	Name of OSHA	Monit	or						-
5-15-14			L6-1	14		N/A								
Month Day You Occupancy Status Dur [X] Facility Clos		[[전에 사이를 맛이다. [20] [[전에 다시하기 때		ly one)		Street Addres	ss							
of Abatemen	5.	taida af	No some	al Pagilii									1172-3	
[]Abatement Pe: Hours - Desc: []other - Desc:	ribe: «OffH	ours Desc	ript	<u>»</u>	-Y	City, State,	Zip C	ode						
Scope of Work (Check	all that	apply)				IL								
[X]>3 sf or []>160 sf o				Renovation Demolition		[]Mini [X]Glov	-Enclo ebag P		th Negativ	e Pre	ssu	re		
	100			Is			10000				Abat	еле	nt I	
Location Asbestos-Con			Nor	ation mally sed		Descripti Asbestos-Co		ng	Amount	.	R	R	E	E N
Material			Sol	lely		Material	(ACM)		(Specif	Ey	E M	E	C A	L
TO BE AB			tena	Main- ance/	in	(i.e., therma sulation, sur	-		SF or LF)		o V	A	PS	o s
(13)	LLY			odial E (12)		or other misce		(F)(1) - (-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(ı	A	R	U	U R
Dannah		Ye	s l	No N/A	Di-	a Tagailaí			30 lf		K	-	•	E
Basement		+	x	PI	e Insulat	LTOII		20 11			-	-	_	
			_										, ja	
Name of Registered W	Jacto Haule	-	N.TDE	P Waste	Cui	bic Yards	Nam	e of Regi	stered Lar	dfill				
AZTECH MANAG	100	er ID No.	1,000	Waste 1.5		R.O.W.								
City, State				sposal Date		y, State		_		344				
Montclair, NJ				5	5-19-14	Mo	rrisvi	lle, PA	A 19	06	7			
Completed By (Print	or Type)	Title				Signatur	e			Da	te			
Constantine V	Presid	lent	t		0	J. 170	(100		5-	2-1	4			

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

Date of Notification (1)					of Bui	lding	Owner/Operator	: (2)	/"h / /	64.2	, , ,	7 m p-		V1 W. 100
4-30-14			- 1	Cr	aig F	Iamb	elton		RE!	V 3	Į.	to 1.	أأم	
Agencies Notified	Type Notin	ficati	ion	Stree	t Addre	ess								
[]EPA	[X]Initi	al ficat	ion	61	Hill	Lsid	e Ave.		2014 HAY	-7	Ph	:	50	}
[]DEP	1		1011	- CO. C.	State	Marie Control		30000	is comment of	ran	00	117	T. Cris	
[X]DOL	[]Amend	led .ficat	ion	Do	ver,N	IJ,0	7801		A 355 [S]	1051	しし	MIII MIII	₹UL	•
[X]DOH	f 1mmo				of Con			Telephor	e Number	 U L 	14.11	!*U		
[]DCA	[]EMERG		on	Cr	aig F	Iamb	elton		-					
							INFORMATION							
Name of Facility Wh		ent is	Taki	ng Pla	ace (3)			Type of Facil	ity (4)					
Same as above	3							[]School			Z S			
Street Addres		-							ter 8 (Oth					
								The second of th	uildings,					
		-				12000		Square Feet	# of Flo	ors	Blo	lg.	Age	
City (5		Co	unty	(6) Ess	sex	100000	Inty Code (7)							
						1,0.		Current Use (Prior if b	eing	dem	olis	hed)
Name of Monitoring	Firm hired	by Bu	ildin	or AS	CM No.		Name of Abate	ment Contracto	r (9)					
Owner (8) N/A		Dy Do		9 1	ur 110.			ANAGEMENT	TA 375					
Street Address		1					Street Addres	The 100 care						
							86 Chris	stopher St	•					
City, State, Zip Code					10		City, State, Montclai	zip Code r, NJ 070	42					
Project Manager for	Monitorino	v Firm	T'A	lenhor	ne Numb	0.5	Telephone Num			Licer	150	Mumb)OF	
rioject manager for	Monreoring	, ETIM	178 178 178 178 178 178 178 178 178 178	/A	ие мишь	er	(973) 744			00			er	
Scheduled Start Dat	e (10) S	ched.	Сотр	letion	n Date	(11)	Name of OSHA	Monitor						
5-14-14		-	-16-	-14			N/A							
Month Day D	Year	Mont		Day	Year		Street Addres						77-1-10	
[X]Facility Clo	osed/Vacate						Street Addres	5						
[]Abatement Pe					Facilit	Y	City, State,	Zip Code						
Hours - Desc []other - Desc					ript»									
Scope of Work (Chec							11				_			
[TT] \ 2 - 6								Containment wi	th Negativ	e Pre	ssu	re		
[X]≥3 sf or []>160 sf			127		ovation olition			nclosure ag Procedure						
	-							riable Procedu	re					
Locatio	n of			Is ocati			Description	on of		-	Aba	teme	nt 1	E
Asbestos-Co			N	ormal Used			Asbestos-Con		Amount		RE	R	N	N C
Material			,	Solel y Mai			Material ((Specif	У	M	E	A	L
TO BE AF			t	enanc	e/	ir	i.e., thermal sulation, surf		SF or LF)		0	A	PS	os
(13)				ustodi aff (or other misce.	7350	111,		A	I R	U	UR
			Yes	No	N/A					-	_			E
Basement			X	Bo:	iler		15 SQ	2				X		
					-									
V6 D				- 1=		L		101-						
Name of Registered	12.5	DEP Wauler	Naste ID No.		bic Yards Waste 1.5	Name of Regi G.R.O.W.		afill						
AZTECH MANAGEMENT, INC.				7040					٥.					
City, State						1000	sposal Date	City, State	11	10	0.0	7		
Montclair, NJ 07042							5-19-14	Morrisvi	IIe, PA	. 19	06	1		
Completed By (Print or Type) Title							Signature			Da	te			
Constantine V	side	ent			av	ilium			-30-	14				
							- 4	I VIUM						

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

Date of Notificatio	n (1)	(FULS				Owner/Operator						-
5-2-14			11	Jonath				REC)	TV	,	A C	
Agencies Notified	Type Noti:	fication	St	reet Addr	ess		70.00					
[]EPA	[X]Initi	al	8	81 S. I	Moun	tain Ave.	Ži	914 MAY -	7 PH	11:	20	
[]DEP	Noti	fication	Ci	ty, State	, Zip	Code						
[X]DOL	[]Amend	led fication				e,NJ,07009	9 4	SdESTOS	CON	ITR	Û!	
[X] DOH	56.33-00		Na	me of Con	tact		Telepho	ne Number	HICH	12		
[]DCA	[]EMERG			Jonath	on Ho	owell	-		~			
	[] Carice	ELIACION		FACT	т.т•гу т	NFORMATION						
Name of Facility Wh	ere Abateme	ent is Tak	ing			NF ORDERT TON	Type of Facil	ity (4)	-			
Same as above			_				SC 125-03 CC 105					
		.2					[]School	(K-12) oter 8 (Oth	er tha	an K	-12)	
Street Addres							[X]Other	(i.e., privouildings,	rate &	COM	mer-	
-							Square Feet	# of Flo	ors	Bld	g. Age	9
City (5		County	(6)	Essex		nty Code (7)				33		
					(512	ATE USE ONLY)	Current Use	Prior if h	eing o	lemo	lishe	d)
Name of Monitoring	Firm hired	by Buildi	ng	ASCM No.		Name of Abate	ment Contracto	r (9)				
N/A							IANAGEMENT					
Street Address		8				Street Addres 86 Chris	s stopher St					
City, State, Zip Coo					City, State,	Zip Code .r, NJ 070	42					
Project Manager for	Monitorina	r Diame m	-1	hone Week				74	L.			
rroject manager 101	Monreoring		/A	hone Numb	er	(973) 744			Licens 003		umber	
Scheduled Start Date	e (10) S	ched. Com	plet	ion Date	(11)	Name of OSHA	Monitor		1			
5-17-14		5-19				N/A						
Month Day Y Occupancy Status Dur	ear ring Abatem	Month	Day	Year		Street Addres						
[X]Facility Clo of Abatemen	sed/Vacated	d During E	nti	re Period		Street Addres	S					
[]Abatement Pe	rformed Out	tside of N	orma	al Facili	ty	City, State,	Zip Code		-			
Hours - Desc []other - Desc	ribe: «Officeribe:	ours Descr r Occupanc	v De	escript»		4						
Scope of Work (Check			_									
[V]>3 of on	N2 16		F 3 F 3 F 3				Containment wi	th Negativ	e Pres	sur	9	
[X]≥3 sf or []>160 sf o			5000	enovation emolition			Enclosure bag Procedure					
A-010			Sei 250		15	중점 등 이 없이 없는 것이다.	riable Procedu	re				
Location	of		Loca	s ation		Descriptio	on of		A	bate	ment	Type
Asbestos-Cor	ntaining			mally sed		Asbestos-Con		Amount		R	D N	N
Material TO PE AR				lely Main-		Material ((Specif	Y 1	M	E A	C
TO BE AR In Facil			tena	ince/	Section 1	(i.e., thermal	5 - BIJ - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	SF or		.,	A	O S
(13)				odial (12)		ulation, surfa r other miscel	5000 (70 00) N	LF)	2	A	T U	U
		Yes		No N/A						L .	L	R
Basement			X	Pip	e Insulat	ion	70 lf	X				
Garage				Pip	e Insulat	ion	40 lf					
None of Desistered F			1	البلا								
Name of Registered W AZTECH MANAG	TNC F		P Waste er ID No. 40		ic Yards Waste 1.5	Name of Regi. G.R.O.W.		dfill				
City, State					Dis	posal Date	City, State					
Montclair, NJ			100000000000000000000000000000000000000	-20-14	Morrisvi	lle, PA	190	67				
Completed By (Print	Title				Signature			Dat	_		-	
Constantine V	Presid	ent	•		ON	14(m		100000000000000000000000000000000000000	-14			



	200		-	
137	1	101	1	50
1	5	11/11	10	

Date of Notification (1) 5/5/14					uilding Ov naway P				2014 M	,	7 PH				
Agencies Notified	Type Notification		1 32.3	reet Add	iress hing Ave										
EPA DEP DOL	Initial Amended Amendment		Cit	ty, State	, Zip Code NJ 0800	1				CTO LIC	3 don Ensin	ITRUI IG	-		
DOH DCA	Ernergency (justification) Cancellation		1 1500	ame of 0 ich	Contact	***				Tele	phone N	umber			
				FACIL	TY INFOR	MAT	ON	T	Facility (4						
Name of Facility Where Rich Conaway Priv		g Place (3)	Head					☐ Sc	Facility (4 hool (K-12 bchapter	2)	ar than K	.12\			
Street Address 17 Pershing Ave								⊠ Ot etc	her (i.e. pr c.)	rivate 8	comme	rcial build			s,
City (5) Holgate NJ 08008								Square 1000+		# of 2	Floors		ldg. <i>f</i> 5 +	ige	
County (6) Ocean				ounty C	ode (7) SE ONLY)			Current	Use (Prio	r if bei	ng demol	ished)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	1	ASCM	No.			of Abate aco Ind	ment Con	tractor	(9)				
Street Address					-			Address 3ox 329							
City, State, Zip Code								tate, Zip	Code NJ 080	91					
Project Manager for Mo	nitoring Firm		Te	elephon	e No.		Teleph	none No. 753-98			License				
Start Date (10)		Scheduled	Comp	oletion D	ate (11)		A consider.	of OSH	A Monitor						
5/6/14 Occupancy Status Durin	as Abstament (Cho		`					Address						700	
Facility Closed/Vac	cated During Entire ned Outside of Nor	Period of Ab	ateme	ent		_		State, Zip							
Scope of Work (Check	All That Apply)							9-65-11-1-1-1	*						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic					Mini Glov	Containme -Enclosure /ebag Pro	e cedure				iro.	
		Т-	-				L	NON	-Exempte	u () ai	IU NOITE	Table FT	Wilder Co.	temen	t
	, 12		ocatio ormally				!						1	уре	
Asbestos-Containin TO BE A In Fac (13	g Material (ACM) BATED cility	Used Mair	Solely ntenano dial St (12)	/ by ce/		os Co therm sur	escription ntaining in al system facing, VA miscella	Material ns insula AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
throug	h-out	103	140	X			Floor Ti	ile		8	00 SF	х			
														+	
Name of Decisions J.W.	lasta Haulas		l M	JDEP W	laste	Cub	ic Yards		Name of	Regis	tered Lan	ndfill			
Name of Registered W United Containers	aste nautei		Ha	auler ID 2459		1/15/10	/aste		G.R.O.					Was a	21200
City, State Elm NJ				,	Disp 5/9/	osal Dat 14	е	City, Sta Morris		A 1906	57				
Completed by Anthony T Perna		Title Presid	dent				Signatu	re				Date 5/5/14	ı		

Y Emergened & NOTIFICAT

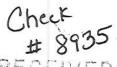
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Ch 4079)

Date of Notification (1) 5/5/14			f Building O			ate Home	44V 7	DM I	: i s			
Agencies Notified Type Notification		Street A	ddress est Mullica	a Road	d	2814			a7a 59 95			
EPA Initial Amended Amendmen		24 25 27 25 A 1 1 5 5 7 6 7 8	ate, Zip Cod Egg Harbo		08087	ot. 4	25703 & LIC	S CON ENSIN	i i Rui IG			
□ DOH		Name o	f Contact				Tele	ephone N	lumber			
		FAC	ILITY INFO	RMATI								
Name of Facility Where Abatement is Takin Christina & Paul Fiorenzo Private						ype of Facility School (K	(-12)		45			
Street Address 10 West Mullica Road		170.000				Subchapt Other (i.e etc.)				dings	home	es,
City (5) Little Egg Harbor NJ 08087		n				quare Feet 000+	# or 1	f Floors	100	ldg. / 5+	Age	
County (6) - Ocean			Code (7) USE ONLY)			urrent Use (F lome	Prior if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.		Name of Pernac	Abatement C	ontractor	(9)	32751000			
Street Address					Street Ac							
City, State, Zip Code					City, Sta	e, Zip Code Berlin NJ 0	8091					
Project Manager for Monitoring Firm		Teleph	one No.	020-1	Telephor			License				
Start Date (10)	Scheduled 0	Completion	Date (11)		Name of	OSHA Monit	or	00727				
5/6/14	5/8/14				Same							
Occupancy Status During Abatement (Che	ck Only One)				Street A	idress						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of Aba mal Facility Ho	tement ours			City, Sta	te, Zip Code	- 2/					
Scope of Work (Check All That Apply)								_	-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	No. of the last of	ovation polition			×	Full Contain Mini-Enclos Glovebag F Non-Exemp	sure Procedure	8			re	
	T		T			Non-Exemp	Jied () ai	id Holl I	Thubic 1 15	2000	temen	ıt
		cation mally		-						1	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	Solely by enance/ ial Staff? 12)		tos Cor therma surfa	escription on taining Ma al systems i acing, VAT miscellane	terial (ACM) nsulation, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes 1	No N/A					<u> </u>	20.05		-	· m	
Exterior Siding		X		Exte	erior Sidi	ng	8	800 SF	x	+	-	
			-				-		-	+		+
Name of Registered Waste Hauler		NJDEP		100000000000000000000000000000000000000	c Yards	10000	of Regis		dfill			
United Containers	Hauler I 22459	D NO.	of W			O.W.S.						
City, State Elm NJ					osal Date 14	City, S Morr	state isville P	A 1906	57			
Completed by Anthony T Perna	Title Preside	ent			Signature				Date 5/5/14	1		



Date of Notification (1)	N	Name of	Building Owner/Op		0		<u>ــــــــــــــــــــــــــــــــــــ</u>	740 to 200		
Agencies Notified Type Notification	-	Street Ac	idress	squa 10	2014	ANJOB	 : i	t.		
□ EPA ★ Initial	4/4 gr 2		35	Mars		AUE				
☐ DEP ☐ Amended ☐ DOL Amendment #	140	City, Stat	te, Zip Code Ha	milt	· ^ &	NICENSI	087	1	}	
DOH Emergency (including justification) Cancellation	ing N		contact 24 ale Ca			Telephone	E-04-000			
Name of Facility Where Abatement is Taking Place	~ (3)	FACIE	TY INFORMATIO		of Facility (4)				
	elling		201		School (K-1				:	
Street Address 35 Marshall		JE	59		Subchapter	8 (Other than lorivate & comm	K-12) ercial bu	ilding	s, home	es,
City (5) 1.1	J 0	861	19	Squa	re Feet	# of Floors		Bldg.	Age () + ~	
County (6) Mercer		County C STATE U	Code (7) ISE ONLY)	Сипте	ent Use (Pri	or if being dem	olished)			
Name of Monitoring Firm Hired by Building Owne	r (8)	ASCM	No.	Name of Aba	tement Cor	A 10	0000	e	7	
Street Address Roy 23	3		7/5	Street Addre		232	- Jus	9	41	16
City, State, Zip Code	7	19	533	City State, Z	ip Code	AL Al	71	19	52	3
Project Manager for Month ril gr Firm		Telephor		Telephone N		Licens	se No.	20	70	
Start Date (10) Schen	eduled Com	pletion [Date (11)	Name of OSI	HA Monitor	,	10	J'	17	
5-15-19	5-15	5-14		EPO	- Tec	hnologi	<u>es 7</u>	-2		
Occupancy Status During Abatement (Check Online) Facility Closed/Vacated During Entire Period		ent		Street Addre	Bor	337				
Abatement Performed Outside of Normal Fa				City, State, Z		417	^0	5	272	
Scope of Work (Check All That Apply)				1000	TAYET		08	<u> </u>	25	
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf				☐ Min	ni-Enclosur ovebag Pro				ure	
	Is Location	on						Aba	temen	ıt ,
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normally Used Solely Maintenan Custodial S (12)	y by nce/	Asbestos Conta (i.e. thermal s surfac		ation,	Amount (Specify SF or LF)	Removal	T	e Encapsulate	Enclosure
Y	es No	N/A	1 -			100		+	+	
Crawlspace)	X		Pipe In	Sulatio	2	120 L	FX	+	+	\vdash
								+	+	\vdash
							_	+	+	
Name of Registered Waste Hauler		JDEP W			Name of	Registered Lar	ndfill			
EPC Technologies	H	auler ID 1 700	00	2	Was	te Manag	gene	of a	. 6	45
City, State New Egypt N.	7		1/19/19	al Date 6-14		u'sville	PA	•		
Completed by _	Preside	ent	Si	gnature Sleace	Sch	h	Date 5	5-	14	



Date of Notification (1)	5-5-14		1	Name of	Building Owner/C	perator K	(2) Be++					
Agencies Notified Ty	pe Notification	9.1	- 1	Street Ac	idress ,	10 5502	201	MAY -7		13		
□ EPA .	Initial		~ -			1.1	ountain y	iew K	oacl	1751		
D DEP	Amended Amendment #			Jity, Stai	te, Zip Code	arre	בֿע הי	& DCZO	59	UL		
≥ DOH	Emergency (in justification)	cluding	T	Name of	Contact C	1.			Number			
D DCA				FRO	ank be	175			-	nate E		
Name of Facility Where Aba	tomont in Taking	Dlago (2		FACIL	LITY INFORMATI	ON	Type of Facility (4)				
Single f				_			5.5	•		237		
Street Address	271.19	Dog	IIIA) 				8 (Other than k				
165 (Mountai	nvi	e w	Ro	ad		Other (i.e. p	rivate & comme	ercial buil	dings,	home	es,
City (5)							Square Feet	# of Floors	E	Bldg. A	ge	
Marren	NJ	5 (07	059	<i>1</i>			Z		70) :-	
County (6) Somer	se t			County C STATE U	Code (7) ISE ONLY)		Current Use (Pri	or if being demo	olished)			
Name of Monitoring Firm Hir	ed by Building O	_ 0		ASCM	No.	Name	of Abatement Cor		•	•		-
Street Address	nnele	316	<u> </u>	L	MA	Street	Address.	thaol	gie	5	In	16
P.O. B	ox 33	37	70000000000000000000000000000000000000	***		P	O. Box	337				
City, State, Zip Code	LAL	NJ	7	08	533	City S	State, Zip Code	A& AL	TO	2	13	3
Project Manager for Monit ri	gFirm	73 =		Telephor	ne No.	Telepi	none No.	Licens	e No.	20	11	
Steve Set	nen kea				758-3365		758-336	5 (0,	ZC C	7	
Start Date (10)	The state of the s	3. C. T. C.		**************************************	Date (11)	Name	of OSHA Monitor		. ~		•	
5-16 - Occupancy Status During At		Only Or	<u> </u>	16-1	. 4	Street	Address	hnologic	ts L	nc	144.6	
				oni			O. Box	.337				
Facility Closed/Vacated Abatement Performed						City, S	State, Zip Code	<u> </u>				
☐ Other – Describe:						N	ew Egypt	TU	08.	53	3	
Scope of Work (Check All Tr	nat Apply)						0 (1					
≥3 sf or ≥3 lf			Renovat					ent with Negativ	ve Pressu	ire		
≥160 sf or ≥260 lf			Demoliti	on		1603	Glovebag Pro	cedure				
	<u> </u>						Non-Exempte	d (*) and Non-F	riable Pro		ement	
			Location	S000 To 1			19				/pe	
Location of Asbestos-Containing Ma	terial (ACM)	Use	Normall d Solel	y by		scriptior taining N	of Material (ACM)	Amount			m	
TO BE ABATE		10000000	intenar todial S	3972 3372 27	(i.e. therma	system	s insulation,	(Specify	Rer	20	nca	Enc
In Facility (13)			(12)			cing, VA miscellar		SF or LF)	Removal	Repair	Encapsulate	Enclosure
1		Yes	No	N/A	40.40.00		•		- B		ate	16
00 15-					Pipe II		عديا	30 L	FX	T		
CRawlspace		X			Tipe II	12016	21101	<u> </u>	-	\vdash		-
		-	-	-					-	\vdash		
		-							-	-		
None of Deviators d Wheete I	Haulas	L	IN	JDEP W	aste Cubic	Yards	Name of	Registered Lan	ndfill			
Name of Registered Waste I			100	auler ID	No. of Wa					,	~ 6	ΛiC
EPC Tech	nologies	<u> </u>		1700	00 Diese	sal Date	City, Sta	te Manag			F 1	V
City, State New Equ	124	NJ				19-1		isville	PA			
Completed by	,	Title.				Signatur			Date 5	_	111	-
Steve Schen	Ker	PRE	sid	ent		Sil	esp) Sche	cha	5-	2-1	7	

Cteck 12869

Date of Notification (1)						Owner/Ope	rator		0,90	<u> </u>			_	•	
5-1-14		V 20 12		Peggy	Charles	i			2814 MAY	-7	PMII	: 63			
Agencies Notified Type No	tification		- 1	Street Ad											
EPA Init					oper Av				A SIGES	105	CUNI	RUL.			
☑ DOL ☐ Am	ended endment #_	1 1			te, Zip Co NJ 088:				& L	ICE	KSING				
DOH jus	ergency (in tification) ncellation	cluding	1 1		Contact Charles	8				Tele	phone Nu	Impor			
☐ DON ☐ Ca	Cellation					RMATION	1					~			
Name of Facility Where Abatemen	t is Taking	Place (3)		racii	LITT HATC	KWIATION		Туре	of Facility (4)					;	1.8
house									chool (K-12))				X 457 - 13	53
Street Address									ubchapter 8				dings	home	
125 Cooper Avenue									ther (i.e. pri tc.)			aai bull	airiys,	nome	5,
City (5)								Squar	e Feet		Floors	9.5	ldg. A	ge	
Iselin								2200	75	2			0		
County (6) Middlesex				County C	Code (7) ISE ONLY)		-	Currer	nt Use (Prior	if beir	ig demolis	shed)			
Name of Monitoring Firm Hired by	Building Ov	vner (8)		ASCM	No.	N	lame	of Abat	ement Contr	actor	(9)				
						F	ABS	Enviro	onmental :	Servi	ces, LL	С			
Street Address						1		Addres			•				
									3, 4 E Ga	te Dr	ive				
City, State, Zip Code	As a second contract of the second contract o							State, Zij wood,	Ocode NJ 07418	3					
Project Manager for Monitoring Fir	oject Manager for Monitoring Firm					11119		none No 583-85			License	No.			
Start Date (10)		Schedule	d Com	pletion [Date (11)	N	- lame	of OSH	A Monitor						
5-12-14		\$325-1	5	-20	0-14		-								
Occupancy Status During Abatem		Only One			(S	treet	Addres	S						
Facility Closed/Vacated Durin Abatement Performed Outside							·: C	·4-4- 7:	. 0-4-				4.6		- 1
X Other – Describe:	e or inorma	racility	nouis			_	ity, S	State, Zi	Code						
Scope of Work (Check All That Ap	ply)														***
≥3 sf or ≥3 lf		□ Re	enova	tion				Full	Containmer	nt with	Negative	Pressu	ге		
× ≥160 sf or ≥260 lf			emoliti				×	Min	-Enclosure		3		80		
							É		vebag Proce -Exempted		Non-Fria	ble Pro	cedur	е	
		ls l	ocati	on										ement	
Location of			ormal			Descr	iption	n of					Ту	ре	
Asbestos-Containing Material TO BE ABATED	(ACM)		l Sole ntenar			tos Contain thermal sy					mount pecify	ת		Ē	m
In Facility		Custo	dial S (12)	Staff?	(1.6.	surfacin	g, VA	T, or	don,		or LF)	Remova	Repair	caps	Enclosure
(13)			(12)	_		other mis-	cellar	neous)				val	air	Encapsulate	sure
		Yes	No	N/A										Ф	XXX0
Basement				X		pipe	fittin	gs			20	х	_		
											-	-			
* 1a												-			
Name of Registered Waste Hauler			N	JDEP W	aste	Cubic Ya	rds		Name of R	egiste	red Landf	ill			
Freehold Cartage				auler ID 5959	No.	of Waste			GROWS	1				114	
City, State Freehold, NJ									City, State Morrisvil	le, P	Α			-12	
Completed by		Title				Sign	nature	e /2.				ate			
Andrew Scott Higgins		Presid	dent				1	er		\		5-1	14	<i>r</i> .	

(signature) 29/14 Time: 3: (5

Type Notification

Inklal

돲

Name of Facility Where Abstement is Taking Piece (3)

Name of Monitoring Firm Hired by Building Charjer (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatament
Abatement Performed Outside of Normal Facility Hours
Other - Describe: Basement - Vacated Ducing
Barrement - Rengyation
Scope of Work (Check All That Apply)

Amended

Amendment #

Justification)

Cancellation

Emergency (Including

Date of Notification (1)

4-29-2014

EPA

DEP

DOL

DOH

DÇA

Street Address

Elizabeth

Street Address

Start Date (10)

5-1-2014

City, State, Zip Code

23 sfor 28 lf 2160 sfor 2360 lf

Project Manager for Monitoring Firm

County (8)

Union

n/a

n/a

n/a

City (5)

Chilton Towers

220 W. Jersey Street

Agencies Natified

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

Telephone No.

n/a

Scheduled Completion Date (11)

Renovation Demolition

5-30-2014

	Hpr 29	ZU14 U	13:51PM		H	W1/L	W1
State of New Je ICATION OF ASBEST LESLIGHT to NJAC 8:60	OS ABATEMENT (人样) 2 -	· 1		
Name of Building Own Legow Managem	er/Operator (22614 MAY	-7 F	PH 11:	ê7			
Street Address 160 S. Livingston	Ave. A 36EST	OS C	ONTR	·OI			
City, State, Zip Code Livingston, NJ 07	CE LI	CEHS	THE	.01.			
Name of Contact	,	Tek	Prone N	umber			
FACILITY INFORM	ATION		+				
	Type of Facility School (K- Subchapte Other (i.e. etc.)	12) r 8 (Othe	r than K-	12) clai bu	flding:	s, hor	nes,
*	Square Feet 150,000	# of 15	Floors	T	Bidg. 50+		
County Code (7) (STATE USE ONLY)	Current Use (Pr Apartment E	for If bein	gidemoli	shed)			
ASCM No.	Name of Abeliament Co Loznica Managen	ntractor (9) roorstic	 П			-
•	Street Address 22 Troy Lane	-			+	_	
	City, Stale, Zip Code Lincoln Park, NJ 0	7035				:50 -2 h	
elephone No.	Telephono No. 973-706-7950		Licence I	No.	-		
plation Date (11)	Name of OSHA Monitor		01193		-		-
	Loznica Managem	ent Cor	pomilo	n			
srit .	Street Address 22 Troy Lane		-				.,
Ducios	City, State, Zip Code Lincoln Park, NJ 0	7035					**
oin in	Pull Complians Mini-Enclosure Glovabag Proc Non-Exempted	ent with N					· ···
1		100		10110	Abath	emen /pe	F .
Ashesios Co (l,o therm	Description of statement (ACM) antaining Material (ACM) all systems insulation, facing, VAT, or miscellaneous)	(Spe	city r LF)	Removel	Repair	Encapsulate	Endosure
N/A				vel	#	ulate	enns
			7	-	-	_	

Location of Asbestos-Containing Material (ACN)	1!	s Locat Normal ed Sole	ly		Descriptio	n of		-			emen /pe	
TO BE ABAYED In Facility (13)	1 Mag	aintena dodial 5 (12)	nce/	Ash (l,	estos Containing o thermal system surfacing, V other miscella	s insulation, AT, or	Amo (Spe SF or	cify	Removel	Repair	Encapsulate	Englosure
	Yes	No	N/A						E.	-	date	an an
Basement			х		7 elbow per l	ocation	арргох	120	×	-		-
16 Locations							elba					
	#	-										
Name of Registered Weste Hauter Loznica Management Corporation		H	UDEP W autor ID 033137	No.	Cubic Yerds of Waste TBD		Registered /S Landin	5	<u>. </u>			-
City, State Lincoln Park, NJ 07035					Dispose Date		ia ville PA 1	0087		-		
Completed by E.Cirovic	Title	etary			Signatur			Dal	20.20	nd.		_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MONEY ORDER # 47 - 02/345 035 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 04/29/2014				Name o	f Building AIC VAI	Owner/C	Operator SEWER	(2) RAGE	AUTHOF	RIJ.Y						
Agencies Notified	Type Notificati	on		Street A	ddress /ILSON		IF									
EPA DEP DOL	Initial Amended Amendme		_	City, Sta	ate, Zip Co ARK NJ	10-000-10-10-10-10-10-10-10-10-10-10-10-		* 555 (&	ESTUS LICEN	121M	HROI G				-	
Ŭ DOH DCA	Emergene justification Cancellat				f Contact MOD P	ANAC	(AL			Tel	ephone	Numb	er			
				FACI	LITY INF	ORMAT	ION			13						
Name of Facility Where A PASSAIC VALLEY									of Facility (4 School (K-12							
Street Address 600 WILSON AVEN	UE								Subchapter Other (i.e. poetc.)	8 (Oth			buile	dings,	hom	es,
City (5) NEWARK									e Feet	# 0	f Floors		В	ldg. A	\ge	
County (6) ESSEX					Code (7) USE ONLY	,		Curre	nt Use (Prio	or if bei	ng dem	olished	i)			
Name of Monitoring Firm BRIGGS ASSOCIA		g Owner (8))	ASCN	/ No.				tement Con			RATI	ON			
Street Address 3 CROSSWICKS ST	TREET						Street	Addres								
City, State, Zip Code BORDENTOWN NJ							City, S	State, Zi	p Code ANGE N		52					
Project Manager for Moni				Telepho	ne No. 98-5520		Teleph	none No).		Licens 0123					
Start Date (10) 05/01/2014		Schedul 05/09/		mpletion	Date (11)				IA Monitor		0123					
Occupancy Status During	Ab -4 1 (O)															
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entir	e Period of	Abate					Addres						***		
Scope of Work (Check All	That Apply)		-													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ттас Дрргу)	Control of the last of the las	Renov Demol				×	Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure	1 5 -7				e	
		Is	Loca	tion						()				en maniferant	emen	t
Location	of		Norma	illy		De	scription	of						Ту	ре	
Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM) TED	Ma Cus	(12)	ance/ Staff?	Asbes (i.e.	tos Cont thermal surfa	taining N	Material s insula T, or	(ACM) tion,	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
0	-> /	Yes	No	N/A												
CHIMNE	EY		Х		СН	IMNEY	/ JOIN	T PAS	STE		8SF	X	:			
						200										
Name of Desisters 4144	a Haviss		L,	I IDEE :		T C ::	V- ·									
Name of Registered Wast CIRCLE RUBBISH	e nauier		- 20	NJDEP W Hauler ID		of Was			Name of F				E F	ACIL	.ITY	
City, State LINDEN NJ						Dispos	sal Date		City, State		N,PA					
Completed by BARBARA REED		Title PRE:	SIDE	NT		S	Signature	20	ad			Date 04/2	9/2	014		

Check#1889		(*	(Purs	uant i	NJAC	8:60 ar	d 5:16)			Emerg		ioti	rica	tion	
Date of Notification (1)	-			N	ame of	Bullding C)wner/Op	erator (2)								
04 /	30 /	14	_	P	au! Viv	viano .			Na Dept pf Hea	ith & Se	nior Ser	vices				
Agencies Notified	Type Notific	cation			treet A				171000	(Authorities	14	- 1				
EPA	Initial			2	60 W/n	shington	Avenue		神妙	EN3	1 4 0 :4	KSTAM	1			
⊠ DOLWD	Amende	ed .				ita, Zip Co			Date:	Th	ne:		4-		>	
⊠ DH\$8	Amendo			- 1	900							070000			2	
DCA	Emerge justifica	ency (incl	uding			n, NJ 079	928			Telepho	ne Num	ber				•
(NJAC 5:23-8)	Cancall	S 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		P	aul Vi	viano										
*****	1				FAC	LITY INF	ORMAT	TION								
Name of Facility Where	a Abatement is	s Taking	Place (3)					Type of Facility (93			
Private home									School (K-12) Subchapter 8	i fOthar th	van K-1	21				
Street Address									Other (i.e., pr	ivate and	domine	irdel b	uild	ings.		
269 Washington Ave	enue	2000							homes, etc.)							
City (5)			131313					1	Square Feet	# of F	bors	E	sidg.	. Age	3	
Chutham, NJ 07928						- / (50.7	ATTACK 140	E 010 10	Garage May 1914	. I	a damai	i-badi				
County (6)					County	Code (7) (STATE US	E UNLY	Current Use (Pri	ol lu beiu	ig gartion	isnori	*0			
Morris				,,			Maria d	6 Ab - 1	Cardenatas (G)							_
Name of Monitoring Fi	rm Hited by B	uniaing C	wner (a	" "	ASCM N				ent Contractor (9)							
							Gr Tech				-			_		_
Street Address							Street A		in the							
City, State, Zip Code								lley Rd #			1					
City, State, Alp Code								NJ 074			100					
Project Manager for M	focitoring Firm	1		Tolo	phone i	Vn.	Telepho			Licer	ise No.		-			- 110
Linlect mariages for it	omornig i an	10		, 4.2	Political Inc. of		973-638		8	0112						
Start Date (10)		Scher	Juled Co	mnlet	ion Da		The second secon	OF OSHA	Agnitor	10112	1		-			•
	, 14	T.)5 /				- maintaine and a co									
								Address	onsultants, Inc					-		
Occupancy Status Du Recility Closed/Val	1.00				mant			350050503000	n . 1 m11	044						
Abatement Perform						cribe		Wagaraw ata, Zip C	Road, Bldg #	34A			_			
Time of Abatemen	t:AM-	P	M/	_PM_		AM										
Scope of Work (Check		,					Pair La	wn, NJ (p and decontami	nation wi	th negat	ive pro	2551	re		_
	r all mar apply	FJ					H	Full Cor	talnment with Ne	gative Pr	CERTIE			1570		
			Re	novati	on		×	Mini-En	closure og Procedure 🗀	Tentuck	n Nonat	is to Dr	.cer	rea.		
260 at or 2260 lf			□ ne	malitic	าก		H	Non-Ex	empted (*) and N	on-Friabl	e Proce	dure	.000	:		
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Loca	tion of			Norma			· De	scription	of				20	20	াম	17
Asbestos-Contain	ing Material (A	ACM)		intens		Aabe	stos Con	taining M	aterial (ACM)		mount	1	Removal	Repair	Encapsusale	CINTOSHIE
	ABATED acility				Staff?	(1.6		acing. VA	insulation,		pecify For LF)	13	Ś	윽.	P\$6	100
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,			Yes	No	N/A											
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Name of Registered	Waste Hauler			N.	DEF Was	te Hauler ID N:	. Cubic Y	ards of Wa	iste Name of Reg	istered L	andfill					
Gr Tech LLC					00337	85	TE	BD O	T.R.R.F. Inc							
City, State							Diapos	al Date	City, State							
Wayne, NJ 07470		•					TE	BD.	Tullytown,	PA					20	
Completed By (Print	or Type)	TT	(le	-			5	gristure	(1) 0	ri .	1	Date		-0	-80	
N.Jevtic	80.0	Ox	wner					7	tente we	read		04/30)/20	114	25.29	
ASB-41		14,						:/	20-							
MAY 11			" 130 m	of Big	THIS JOY	m for ashe	sios ilcei	PAILLE CHEL	npted activities.							

CheCK # 3153

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

RECEIVED

Date of Notification (1) 4 -29-14				ame of Building	Owner/Operato	or (2)	77 2 7 1 4				20,00	
Agencies Notified	Type Notification			reet Address		2814 MA	Y - 7 P	110:5	4		-	
□ EPA			100		Cross Keys R	Rd Bldg E			*090			
DEP DOL	Amended Amendment	#		ty, State, Zip C erlin NJ 080		# 3 ii L i	HOS CO Licensi	MHKL MG	1			
	Emergency			ame of Contact		Ot.		V2 V2				
DOH DCA	justification) Cancellation		1 272.23	arl Pursell Ir			Telephor	ne Numb	er			
				FACILITY INF	ORMATION							
Name of Facility Where Old Block Buster	Abatement is Takin	g Place (3)				Type of Facility (4)					
Street Address						School (K-1	2) 8 (Other tha	n K-12\				
500 Rt 38 West						Other (i.e. p	rivate & com	mercial I	ouild	lings	hom	ies,
City (5)						etc.) Square Feet	# of Floor	rs	BI	ldg. A	Age	
Merchantville NJ		14		(8)		1500	1 -		6			
County (6) Camden				unty Code (7) ATE USE ONLY	2	Current Use (Pri	or if being de	molished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM No.		of Abatement Cor	tractor (0)					
		(0)		100111101		& Joe LLc	macion (9)					
Street Address						t Address						
City, State, Zip Code						2 Burlington Av	B 					
Only, State, Zip Code						State, Zip Code anco .NJ . 0807	5					
Project Manager for Mon	itoring Firm		Tel	ephone No.		hone No.		nse No.			-	
				=		824-0971	070	10				
Start Date (10) 5-12 -14		Scheduled 5-30-14	Comple	etion Date (11)	Name self	of OSHA Monitor						
Occupancy Status During	g Abatement (Chec	k Only One)			Street	Address						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of Aba	atemen lours	t	City, S	State, Zip Code					-	
Scope of Work (Check A	ll That Apply)								-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		E-CONTROL OF THE CONTROL OF THE CONT	novatior molition			Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				9	
		ls Lo	ocation		***		() and reon	T HUDIC I			emen	t
Location		No	rmally Solely b	w.	Description			-		Ту	pe	T
Asbestos-Containing TO BE ABA	Material (ACM) ATED	Maint	enance	Asbes	tos Containing N thermal system		Amount (Specify	S		1200	En	ш
In Facili (13)	ty	100	lial Staf 12)	I?	surfacing, VA other miscellar	AT, or	SF or LF		Remova	Repair	Encapsulate	Enclosure
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outsid	е			x	(ACM) Flas	shing	450sqf	t x	+			
outsid	е			x	(ACM) Ca	ulk	350lf	x	1			
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Name of Registered Was	te Hauler	-		EP Waste er ID No.	Cubic Yards of Waste	Name of F	Registered La	andfill				
J Robinson Waste			1868		40cy	Wm Of	Pa					
City, State Bellmawr NJ					Disposal Date	City, State						
Completed by		Title			Signature			Date			-	
Joseph T Hill		VP				1		4 -29	-14	4		

*bt 53 1402:21b H8800.09 M	lanegement			85691448	351	, p. 2	<u>}</u>		
		State of Nov	er Jereev			Ŕ	1 () 		1
CK# 1634		ation of ASB	ESTOS ABATEME	ENTTNE	DL - 10 DA	Mana			
	(Pursu	Hank to N.J.A.C	, 8:60 and 12:128	U	7F - 10 1/4	THE PARTY	7-	7 P.	H
te of Notification (1)			wner / Operator	(2)	4	54.0			Ť
4-29-2014 encies Notified Type Notification		t Address		+	7	J. E.S.	Lite	(1)	T
		Cean Avenu	MB		2. I puller	181	ICE	VSI	M
	City,	State & Zip Ci	ode	1	100000			1	٦
DEP M Initial DOL Amended (2 DOH Emergency DCA Cancellation		ry Park, NJ 07 of Contact	712	16761	VER APPR	OVE		1	4
DCA Cancellation		im Fusco		IAW	VEN ALTH	2000	<u>LINUAR</u>		
		ACILITY INFO	PMATION						-
me of Facility Where Abelement is T	aking Place (3)	MULLI INTE	Type of Facili	by (4)					٦
rest Address			School (*						
90 Ocea Avenue			50 Other () a	ter 6 (Other ther b. private & comm	1 K-12) namial buildina	e hann	e ete	•	
			Square Feet	P of Floor		dg. Age		-	-
(y (5) Count		Cods (7)	25,000		3		950		Ĵ
Nonn	iouth		Current Use (Prior if balng de	mollahed)				
ame of Monitoring Firm Hired by Bulld	(8) remyO grill	ASCM No.	Name of Abat	ement Contract	07 (9)		-	-	-
swith & Safety Services, LLC		117	Resource Ma	nagement Grou	, LLC				
Isel Address B 12 ¹⁷ Street			Street Addres	n Ave, Ste 202					
ly, State & Zip Code			City, State & 2	Zip Code					
ammenton, NJ 08037 oject Manager for Monitoring Firm	Telephone	a Mumbar	Telephone Nu		Ucanse No	·-bee			_
. Jim Proctor	608-704-6		908-914-4279		LICSTSE N	01186			
	ulad Completion De		Name of OSH						
05-05-2014 ocupancy Status During Abatement (05-09-2014	4	J&S Environn Street Addres	nental Laborator	les inc				_
Facility Closed/Vacated During	Entire Period of At	batement	2333 Roule 2	Contract of the contract of th					
Abstement Performed Outside	of Normal Hours 4:	:00pm-12:00a	m City, State &	Zip Code					_
Describe: Facility Occupied During Ababa	ment		Union, NJ 070	063					
cope of Work (Check all that apply)	ment								-
T na at ar no W	53 P.			Full Com	alament with No	sgative i	3 ress	nte	
23 sf or 23 lf 2160 sf 2260 H	Manual Control of the	notavon mottion		Full Com	g Procedures				
				Non-Exe	mpted and Non				
Location of Asbestos-Containing	la Loca Normalily		Description		Amount	Aba	emer	it Typ	9
Material (ACM)	Solety		Asbestos-Con Material (A)		(Specify SF or UF)		1	<u>a</u>	m
TO BE ABATED	Maintene	ince or i	(i.e., thermal s	ystems		30	8		
in Facility (13)	· Custodial		inaulation, surface or other miscell			amoval	epair	regreeden	
(19)	Yes No		OF ULTER PRINCES			a	7		2
Itterior Walk Way			Pipa Inquia	tion [DOLF				
		The second second				The second secon	-		ш.
								All Property lies	205.
									1
ame of Registered Weste Hauter		JDEP Waste	Cubic Yarda	Name of Regis	Habred I amelill				_
	JH	lauler ID No.	of Waste		MAION PRINCIN				
lesource Management Group, LLC	0	035218	TBD	Grows Landrill				-	-
illy, State corhees, NJ			Disposal Date	City, State Morrisville, PA					
ompleted By (Print or Type)	17	Tile	Signature	I wan iania, rA		Date			_
Ar. Brian Haney		resident				04/29/	2014		

to Energency to

				(P	ursuant	to NJAC	8:60 an	d 12:120	0)	CKA	405	9	7 270	400			
Date of Notification (1) 4/29/14						Building			(2)								
Agencies Notified EPA	Туре	Notification Initial	•		Street A	ddress /berry L	ane				AY -						
EPA DEP DOL		Amended Amendment #		_		te, Zip Ci boro N		0		F35E	STOS LICE	CO	MIF	ł0i.			
DOH DCA		Emergency (in justification) Cancellation	ncluding		Name of Nichola	Contact as					Telep	hone	Nitrini	or	ryel,		
					FACI	LITY INF	ORMAT	ION									
Name of Facility Where Nicholas & David			Place (3	3)			21002-011			of Facility (School (K-1	533						
Street Address 38 Bayberry Lane									×	Subchapter Other (i.e. p etc.)					ings,	home	es,
City (5) Willingboro NJ 080)40								Squa 100	are Feet	# of F	loors			dg. A	ge	
County (6) Burlington					County (Code (7) USE ONLY	n		Curr	ent Use (Prid	or if being	g demo	olishe	d)			
Name of Monitoring Firm	n Hired	by Building C	Wner (8)		ASCN	1 No.			of Ab	atement Con	tractor (9)					
Street Address					1				Addre		20-02						
City, State, Zip Code			- 2			- W		City, S	State, 2	Zip Code lin NJ 080	01	+					
Project Manager for Mo	nitoring	Firm			Telepho	ne No.		Telepi	none N	No.		Licens					
Start Date (10)			C-11-1			D-1- (14)				9800		0072	<i>'</i>				
4/30/14			5/2/14		mpletion i	Date (11)		Sam		SHA Monitor	16						
Occupancy Status Durin Facility Closed/Vac Abatement Perforr Other – Describe:	cated D	uring Entire P	eriod of	Abater	ment s				Addre	Zip Code							
Scope of Work (Check	All That	Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Management of the last of the	Renova Demoli				, 	M G	ull Containmo ini-Enclosure lovebag Prod on-Exempted	e cedure	_				e	
				Loca											Abate	ment	ľ
Locatio Asbestos-Containing TO BE AF In Fac (13)	g Mater BATED ility	rial (ACM)	Use Ma	Norma ed Sole aintena todial (12)	ely by ance/ Staff?		stos Cor therma surfa		Materia s insu AT, or		(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A									_		ite	e
living room and	dinnir	ng room			х		Flo	or tile o	only		45	0 Sf		x			
Name of Begintered Mil	noto II-	idor			VIDED !!	foots	T 0	Verd-		LN	D/-1	- d ! -	46"				
Name of Registered Wa United Containers	iste ma	uiel		1	NJDEP W Hauler ID 22459		of Wa	Yards aste		Name of G.R.O.	***************************************	ed Lar	Idtill				
City, State Elm NJ							Dispo 5/2/1	sal Date)	City, Stat Morrisv		1906	57		17		
Completed by Anthony T Perna	R		Title Pres	ident			1	Signatur	el				Date 4/2	9/14	 ļ		

& Energency & NOTE

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

CKUDG2

Date of Notification (1) 4/30/14					wner/Opera D'Amico		Home ne	94 MAY					
Agencies Notified	Type Notification		Street A 380 M	ddress Iorris Blvo	i		28	14 MAY	-1 P	M IO	: 47		
EPA DEP DOL	Amended Amendment			ate, Zip Coo hawkin N	le J 0805	0	gis 🖸	BEST	US CO CENS	ING	ROL		
DOH DCA	Emergency (i justification) Cancellation	nciualing	Name of Marty	f Contact				Telepho	one Num	her			
			FAC	ILITY INFO	RMATION								
Name of Facility Where Marty & Eileen D'A							of Facility (4 School (K-12 Subchapter 8	2)	nan K-12)			
380 Morris Blvd		2				×	other (i.e. pr tc.)	rivate & co	mmercia	l build		25000000	s,
City (5) Manahawkin NJ 0	8050					1000	e Feet +	# of Flo	ors		dg. A 5+	ge	
County (6) Ocean	*			Code (7) USE ONLY)		Currer	nt Use (Prio e	r if being o	demolish	ed)			
Name of Monitoring Firm	Hired by Building C	wner (8)	ASC	M No.	10 1000	me of Abaternaco In	ement Conf	tractor (9)					
Street Address					1 (7.0)	eet Addres D Box 32	57.0	2011/10/10					60
City, State, Zip Code					Cit	y, State, Zi		91					
Project Manager for Mor	nitoring Firm		Telepho	one No.	Tel	ephone No 6-753-9).	Li	cense No).			
Start Date (10) 5/1/14		Scheduled 0	Completion	Date (11)	Na	me of OSH	_						
Occupancy Status Durin	ng Abatement (Chec	(Only One)			Str	eet Addres	S			-	7 8 8		
Facility Closed/Vac Abatement Perform	cated During Entire F	eriod of Aba	tement			y, State, Zi							
Other – Describe:													
Scope of Work (Check A	All That Apply)	Ren	ovation		6	☐ Ful	l Containme	ent with Ne	egative P	ressu	re		
≥160 sf or ≥260 lf		⊠ Dem	nolition			Glo	ni-Enclosure vebag Prod n-Exempted	edure	on-Friab	le Pro	cedur	e.	
		le Lo	cation	1		140	I-Excilipto	/ / and is	OITT HUD	1	Abate		
Locatio	n of	Non	mally		Descrip	tion of				-	Ту	pe	_
Asbestos-Containing TO BE AE In Fac (13)	BATED	Mainte Custodi	Solely by enance/ ial Staff? 12)		thermal syst surfacing other misce	ems insula VAT, or		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
		Yes N	No N/A									Ф	
Exterior	Siding		х		Exterior	Siding		1400	SF	x	_		
										-			_
		-		-						-			
Name of Registered Wa	iste Hauler		NJDEP		Cubic Yar	ds	Name of	Registered	Landfill	1			
United Containers			Hauler II 22459	D No.	of Waste		G.R.O.						
City, State Elm NJ					Disposal 0 5/5/14	Date	City, Stat Morrisv	e ille PA 1	9067				
Completed by Anthony T Perna		Title Preside	ent		Signa	eture /		_	Da 4.	te 30/1	4	11	

Check#1888

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

				۱, ۵			0 0.00 and 0.10		1450					
Date of Notification (1)					Name	of Building	Owner/Operator (2	2) - 1 - 1/	المرا وا ال					
	30 /	14			Diane	Kidwell		22						
Agencies Notified	Type Not	fication				Address		2014 MAY -	7 PH 10:	45				
☐ EPA	✓ Initial				112 5	ummit Str	oot.			10 T				
☑ DOLWD	Amen:	ded		-		State, Zip C		AJBEST U	รากผาผ	111	-			
□ DHSS	The State of the S	iment #_			155%	97			ENSING	UL				
☐ DCA	☐ Emerg		cluding	- 1		wood, NJ		GE LIU		1				
(NJAC 5:23-8)	justific Cance								Telephone f	vumbe				
	Cance	Hation				Kidwell								
					FA	CILITY IN	FORMATION							
Name of Facility Where	Abatement	is Taking	Place	(3)				Type of Facility	(4)					
Private home								School (K-12						
Street Address								Subchapter 8 Other (i.e., p	(Other than K		al bui	Idina		
442 Summit Street								homes, etc.)		in i Ci Ci	ai Dui	lullig	5,	
City (5)			11	- 355	-			Square Feet	# of Floors		Bio	g. Ag	je	
Ridgewood, NJ 07450														
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	or if being de	molish	ed)			-
Bergen						5 10.00	7	,			35			
Name of Monitoring Firm	Hired by E	uilding C	wner (8)	ASCM	No	Name of Abateme	ent Contractor (9)						
	9401 CARCO			50.50		2,157	Gr Tech LLC	on contractor (c)						
Street Address	-						Street Address							
								10.00						
City, State, Zip Code							576 Valley Rd # City, State, Zip Co		~~~					
Oity, State, Zip Code							Land Control of the C							
Desired Messes for Mes	14			I m			Wayne, NJ 0747	70						
Project Manager for Mon	itoring Firm	ì		Tele	phone	No.	Telephone No.		License No	٥.				
							973 - 638-1777		01127					
Start Date (10)		A STATE OF THE STA				ite (11)	Name of OSHA N	1anitor						
			5_ /	11	/ .	14	Envirovision Co	nsultants.Inc						
Occupancy Status During	g Abateme	nt (Check	only o	one)			Street Address							
▼ Facility Closed/Vacate							20-21 Wagaraw	Road, Bldg #	34A					
Abatement Performed							City, State, Zip Co						1000	
Time of Abatement: _		PM	Λ/	_ PW_		_AM	Fair Lawn, NJ 0	7410						
Scope of Work (Check al	I that apply)						and decontamin	ation with neg	ative	oress	ure		
			-				Full Cont	tainment with Neg						
>3 sf or >3 lf 2 160 sf or >260 lf			≥ Re	novati molitic	on		Mini-Enc	losure g Procedure	Tent with Nea	ative F	Dress	ure		
				monuc	41.8			mpted (*) and No						
			İs	Locat	ion						_	atema	ent Ty	vne
Location				Norma			Description of	of			_	_		
Asbestos-Containing		CM)		d Sole Intena			stos Containing Ma		Amount		Removal	Repair	inca	Enclosure
TO BE ABA				todial		(I.e	., thermal systems is surfacing, VAT		(Specify SIF or LF		VOL	air	apsi	080
(13)				(12)			other miscellane		OII OI LI	1	<u>a</u>		Encapsulate	ā.
			Yes	No	N/A								Œ	
Basement				П	X	Pipe inst	ulation		150 LF		X	П		
					-	+					-] [
First floor			Ш		X	VAT flo	or tiles		100 SF		X	Ш	Ш	
		od in		П							П			
Name of Registered Was	te Haular			Mil	ED Wines	e Hauter ID Ma	Cubic Yards of Wast	tel Name of Doci-	tored ! and#!!					
	ne Haulei							Ferrance and a	nereu Lanumi					Ì
Gr Tech LLC				(00337	85	TBD	T.R.R.F. Inc						
City, State							Disposal Date	City, State						
Wayne, NJ 07470							TBD	Tullytown, P.	A					
Completed By (Print or T	ype)	· Title)				Signature/) , ,	1	Date	е			
N.Jevtic		Owi	ner				491	In ver	20	04/3	0/20	14		
ASB-41							1/20		0	04/3	0120	1-7		
MAY 11		t)t	Do no	t use t	his fori	n for asbes	tos licensure f exemp	oted activities.						

(Pursuant to N.J.A.C. 8:60 and 12:120) N.C. Date of Notification (1) Name of Building Owner / Operator (2) 4/11/14 Trenton Board of Education 2814 MAY -7 PM II: 11 Agencies Notified Type Notification Street Address ☐ EPA 1490 Prospect Street # 35ESTUS CONTROL & LICENSING DEP X Initial City, State & Zip Code X DOL M Amended R#1-4/30/14 Trenton, NJ 08638 \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Mr. Everett O. Collins FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Grace Dunn MS School (K-12) NON SUBCHAPTER 8 Street Address Subchapter 8 (Other than K-12) 401 Dayton Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) Trenton Current Use (Prior if being demolished) Mercer School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Steven Fairess 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/23/14 ON HOLD Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours City, State & Zip Code Describe: 4:00 PM - 12:30 AM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Amount Is Location Description of Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Remova TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No M B-24, B-30, B-40, B-44 Nailcrete 2355 SF Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Cubic Yards Hauler ID No. of Waste Bristol Environmental, Inc. 18706 10 Cu yds. **Grows Landfill** City, State Disposal Date City, State Bristol, PA Morrisville, PA

Title

Project

Manager

Signature

Completed By (Print or Type)

Gino Pizzigoni

CK 2598

Date of Notification	(1) 4/11/14		N	lame	of	Build	ding C	wner / Operator	(2)	7 8411-1		7				
Agencies Notified EPA	Type Notifica	tion						f Education Zilla II	AY	1 PMIII: 1	1					
☐ DEP							Zip Co	ode 4 ka	5.11	S CURTRO)L					
DOL8/3€	Amen	ded	1000				J 086			ENSING	777.					
DOH8/∌I DCA	☐ Emerg	gency	_	lame	_	_						Tele	ephor	e Ni	mhe	er
☐ DCA	☐ Cance	ellation	P	۷r. E	ve	rett	0. C	ollins								
				FA	CIL	ITY	INFO	DRMATION								
Name of Facility Wh	nere Abatemer	nt is Taking Pla	ace (3))				Type of Facilit								
Grace Dunn MS								School (K	70			3				ĺ
Street Address										Other than K-1 ite & commerc		lingo	homo	c of		
401 Dayton Stree	et							Square Feet		# of Floors	iai bullu	_	. Age)	
City (5)		County (6)	Col	unty	Coc	le (7	<u>')</u>	-								
Trenton		Mercer		-3000			,	Current Use (F	Prior if	being demolis	shed)		7.5			
								School								
Name of Monitoring		Building Own	er (8)		A	SCI	M No.	Name of Abate)					
Environmental C	onnection					-,		Bristol Envi		ental, Inc.						
Street Address 120 North Warre	n Stroot							Street Address	74	ot						
City, State & Zip Co								City, State & Z								
Trenton, NJ 0801								Bristol, PA								
Project Manager for	Monitoring Fi	rm	Telep				er	Telephone Nu			License		ber			
Steven Fairess	. (40)	N	609-		_	*****		(215)788-60	The same of the sa	-14	00509					
Scheduled Start Da 4/23/14		Scheduled Con	100 appletion		te (11)		Name of OSH Bristol Envi								
Occupancy Status I	V	nent (Check on	2001 (CON)					Street Address								
Facility Clos	sed/Vacated D	uring Entire Po	eriod o	of Aba				1123 Beave								
	Performed Ou	itside of Norma	al Hou	ırs –	4PI	VI:12	:30AN									
Describe:	unied During	Abstament 7 A	NA +o 3	2·20 E	NAC			Bristol, PA	19007	7						
Scope of Work (Che		Abatement 7 A	IVI IO S	0.30 1	IVI								5000	17150		-
Scope of Work (One	on all triat ap	51,7								Full Containm	ent with	n Neg	ative	Pres	ure	
≥3 sf or ≥3 l	f		\boxtimes	(1957E)		atior				Mini-Enclosur						
≥160 sf ≥26	0 If		Ш	De	mol	ition				Glove Bag Pr Non-Exempte			riable	Droo	odur	_
	ocation of		le	Loca	tion			Description	of		Amount		Aba	_	-	-
	tos-Containing	3	255,00	nally				Asbestos-Cont		1	(Specify	/				,,,,
	terial (ACM)	1 1/2		olely				Material (AC			SF or LF	-)	D D	_	Enc	щ
	BE ABATED n Facility		Main			5322X-1-1	i	(i.e., thermal sy nsulation, surfact					Removal	Repair	aps	Enclsoure
	(13)		Ouou	(12)		•••		or other miscella					val	₩.	Encapsulate	ure
	200 P		Yes	No	N	I/A										
B-24, B-30, B-40	, B-44			Ø	1	4	-	Nailcrete	е	2	2355 SI	F	H		H	님
(4)			H	H	1	4	-						H	뉘	H	H
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			H	H	ti	=							H			
Name of Registered	Waste Haule	er		1777				Cubic Yards	Name	e of Registere	d Landfi	ill				
Bristol Environn	nental Inc			1000	aul6 870		No.	of Waste 10 Cu yd	GRO	OWS Landfill						
City, State	ionai mo			110				Disposal Date		State				-		
Bristol, PA								4/30/14		risville, PA						
Completed By (Prin	t or Type)				tle	84		Signature	1 -			I	Date	, ,		772-6-1.0
Gino Pizzigon	ni			177.50%	N 10	ect	_	Stulk	-	0			4/1	//	4	
1				IAI	all	age		June /	X	1			/_	/',		

GI 14068

No Check

Date of Notification (1 04/29/2014)	-	Na	me of Buildi	ing Owner/C	Operator (2)		T						
Agencies Notified	Type Notification	n	Str	eet Address	ALLEYS	EVVER	A SEL PATHO	RILE	411:6	8_					
☐ EPA	Initial		1.0	00 WILSO		JE	んしかごくてけ	10 00	NETTS/	1:					
DEP DOL	Amended Amendme			y, State, Zip EWARK N			& LIC			J1					
DOH DCA	Emergenc justification Cancellation		0.0000	me of Conta	10707	(AL		Tele	phone N	lumbe					
N (5 111 112				FACILITY II	NFORMATI	ON									
Name of Facility When PASSAIC VALLE	e Abatement is Tak Y SEWERAGE	ing Place (3) AUTHOR) ITY				Type of Facility (1124				
Street Address 600 WILSON AVE						Ī	School (K-1 Subchapter Other (i.e. p	8 (Othe	r than K	12) cial bu	ıilding	s, hor	nes,		
City (5) NEWARK						8	etc.) Square Feet	# of	Floors		Bldg.	Age			
County (6) ESSEX				unty Code (7		_ (Current Use (Prid	or if bein	g demol	shed)					
Name of Monitoring Fir BRIGGS ASSOCI	m Hired by Building ATES INC	Owner (8)	A	ASCM No.	I		Abatement Con		actor (9) N CORPORATION						
Street Address 3 CROSSWICKS	STREET					Street Ad		UNG AVE							
City, State, Zip Code BORDENTOWN N	IJ 08505					City, Stat	p. Zip Code DRANGE NJ 07052								
Project Manager for Mc MICHAEL	nitoring Firm			ephone No. 9-298-552	20	Telephor			License 01231	No.					
Start Date (10) ON HOLD		Scheduled 05/09/20	Comple	tion Date (1			OSHA Monitor		01231						
Occupancy Status Durin		1				Street Ad	drees								
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire	Period of Ah	atement		- 1		e, Zip Code								
Scope of Work (Check /	All That Apply)														
≥3 sf or ≥3 if ≥160 sf or ≥260 if		promise	novation molition			×	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure							
		ls Lo	ocation				TTOIT Exempled	() and	INUITIA	DIE PI	100000000000000000000000000000000000000	emen	t		
Location		No	rmally Solely by		Desc	cription of					T	ре	_		
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Maint Custoo (enance/ dial Staff? 12)	, (i.e		ining Mate ystems in ng, VAT, o scellaneor	sulation,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure		
CHIMN	EY		No N/		HIMNEY .	JOINT F	PASTE	88	SF	Х		Ф			
								100							
										+		_			
Name of Registered Was DIRCLE RUBBISH	te Hauler			Waste ID No.	Cubic Ya of Waste		Name of Ro				ACII	ITY			
City, State LINDEN NJ					Disposal	l Date	City, State								
Completed by BARBARA REED		Title PRESID	DENT		Sign	nature	A Burh		Da	ate 1/29/2	2014				
						rece	FILL	lia	10.	1/23/2	014				

Check No.

N/A - PA NY&NJ Project

Date of Notification (1)					Name	of Buildin	ng Owner/Operator	(2)	1200					
April 30, 2014					PA	f NY &	NJ, Port Ne	(2) AldMitring to	rminal					
Agency Notified	Type N	otification		\rightarrow	Street	Address	No, POIL NEED	वेश्वभीप्रिया माने ह्या	710:46					-
	5:39						ridge, 2777 .Gg	nethal Poad	North					
□ EPA Blenpindpe State Reg. 102004	☑ Initia ☐ Ame			F		tate, Zip							_	_
DOL Milejarije saereg iraus		endment #		1	- 12		nd, NY 10303-8	Q LILLERS	ING					
₩ pou		rgency (includin	g	1		of Contac		7413	Telephone Nu	mher			_	
☑ DOH □ DCA		fication) cellation				es Mas			- Telephone Nu	libei				
									l'			_	_	
Name of Facility Where A	\ hatama	et in Takina Diae	- (2)		FACI	LIIYINF	ORMATION		7.0					
		11 CONTRACTOR OF THE PROPERTY						Type of Facility	(4)				400	
Outerbridge Cross	sing - N	lew Jersey s	ide	of br	idge			☐ School (K-12)						
Street Address			0.0					☐ Subchapter 8 ☑ Other (i.e. pri	(Other than K-1 vate & commerci		nas			
777 Goethal Road.	, North	(Office Loc	catic	n)	1			homes, etc.)	vate a commerci	ai ballalli	190,			
City (5)								Square Feet	# of Floors	Bldg.	Age			
Staten Island, NY	10303-	8413 / Perth	Aml	y you	880 LI	361		545,600	1	86 4	+/-			
County (6)				T) (STATE USE	Current Use (Pr	or if being demo	lished)				
Middlesex					ONLY)			Bridge						
Name of Monitoring Firm	Hired by	Building Owner	- 18	ASCM	No.		Name of Abatem	ent Contractor (9)					
PA of NY & NJ				N/A			B&N&K Res	toration Co.,	Inc.					
Street Address					- 12		Street Address							
241 Erie Street, Ro	om 23	6					223 Randolp	h Avenue						
City, State, Zip Code							City, State, Zip C					- 4		
Jersey City, NJ 07:	310						Clifton, NJ 0	7011						
Project Manager for Moni	itoring Fi	rm	Te	lepho	ne No.		Telephone No.		License No.				_	
Uday Mehta			2	01-59	95-488	31	973-478-468	1	00120					
Start Date (10)		Scheduled Cor	npleti	ion Da	te (11)	-	Name of OSHA	Monitor					-	
May 12, 2014		May 31, 20	14				McCabe Env	rironmental S	ervices, L.L.	C.				
Occupancy Status During	Abatem	ent (Check only	one)				Street Address							AUE: -
☐ Facility Closed/Vacate	d Durina	Entire Period of	Ahat	ement			464 Valley B	rook Avenue						
☐ Abatement Performed	Outside	of Normal Facilit	v Hor	ITS			City, State, Zip C	ode						
☑ Other - Describe: No			ork/				Lyndhurst, N	NJ 07071-1998	8					
Scope of Work (Check all	that app	ily)								3330				
\boxtimes \geq 3 sf or \geq 3 lf					⊠ Ren	ovation	⊠ Mini-l	Containment with Enclosure	Negative Pressu	re				
$\square \ge 160 \text{ sf or } \ge 260 \text{ If}$					☐ Dem	olition		ebag Procedure		CONTRACTOR OF THE CONTRACTOR				
					-		∐ Non-	Exempted (*) and	Non-Friable Pro	cedure	Ι ΔΙ	ate	mai	nt
				Locati Iormal								Typ		
Locatio				d Sole			Description of							
Asbestos-Containing TO BE AB		II (ACM)		intena			stos Containing Ma ., thermal systems		Amount (Specify		Z	_	E	щ
IN Faci	lity		C	ustodi Staff?		(1.6.	surfacing, VAT		SF or LF)		em	Reg	aps	Enclosure
(13)				(12)			other miscellane	ous)			Removal	Repair	Encapsulate	sure
													е	
Light Pole 170 & 17	72		Yes	No	N/A	trane	ite pipe		· · · · · · · · · · · · · · · · · · ·	8 In ft		-	+	\dashv
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Name of Registered Was	to Haul-		At 1	DED	Voot- !!	ouls-	Cubia V	News CD					_	
			9833850	No.	Vaste H	auier	Cubic Yards of Waste	Name of Registe	ered Landfill					
Two Brothers Cont	tracting	g, Inc.	1 22	2695			5	Grand Cent	tral Sanitary	Landfi	II			
City, State	-	-					Disposal Daté	City, State			12-12-12-0-		-	_
Clifton, NJ 07014							05/15/14 - 05/31/2014	1	. PA					
Completed by		Title					Signature	1		Date				-
G. Roger Woodman	n	Project Ma	nage	er			111			4/30/2	201	4		

CheCK # 18946

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Date of Notification (1) 4/29/2014			Building Owr		FRSFY	4	كنظ ودنا الا				
Agencies Notified Type Notification		Street A 2000 F	ddress PENNINGT	ON ROAD	2014 MAY	-7 F	PM 11: 4	1			1
EPA Initial Amended Amendment			ite, Zip Code G, NJ 0862	8	A JIBEST & LII	05 C	ONTRO)L			
DOH justification) Cancellation	ncluding		f Contact JURKIN			Tele	phone Nu	mber			
		FACI	LITY INFORM	IATION		1					
Name of Facility Where Abatement is Taking THE COLLEGE OF NEW JERSEY		R HOLM	AN HALL		Type of Facility (School (K-1	2)					
Street Address 2000 PENNINGTON ROAD					Subchapter Other (i.e. p				dings	, hom	es,
City (5) EWING	ii .		72		Square Feet	# of	Floors	E	3ldg. /	\ge	
County (6) MERCER		County (Code (7) USE ONLY) _		Current Use (Pri	or if bein	ng demolis	hed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)	ASCN	No.		of Abatement Cor			IG, IN	1C.		
Street Address				Street	Address						
City, State, Zip Code				1.0000000000000000000000000000000000000	RUTHERFOR State, Zip Code	D BLV	D.				
		T= /		CLIF	TON, NJ 070	14					
Project Manager for Monitoring Firm		Telepho			none No. -956-8700		License N 00494	NO.			
Start Date (10) 5/2/2014	Scheduled C 5/9/2014	ompletion	Date (11)		of OSHA Monitor NE AS (9) ABO	VE					
Occupancy Status During Abatement (Check	Only One)			Street	Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: EXTERIOR				City, S	State, Zip Code			-			
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno Demo	vation plition			Full Containment Mini-Enclosure Glovebag Production Non-Exempted	e edure	-			re	
	Is Loc	ation			Tron Exemples					emen	t
Location of	Norm			Description	of				Т	уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	nance/ I Staff?	(i.e. the	Containing N	Material (ACM) s insulation, T, or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes No				-					e e	
UNDERGROUND	X			PIPE		100	LF +/-	X			
		-	(\	VRAP & C	CUT)			-	_		
								+-	-	-	
Name of Registered Waste Hauler		NJDEP W	/aste Ci	ubic Yards	Name of	Renister	red Landfil	1	<u></u>	1	
TWO BROTHERS CONTRACTING		Hauler ID 18743		Waste	10 10 10 10 10 10 10 10 10 10 10 10 10 1		AGEME		3.R.0	D.W.	S.
City, State CLIFTON, NJ		- 19	10000	sposal Date	City, Stat MORR		E, PA				
Completed by VIVECA RAMOS	Title PROJEC	T COOF	RDINATOR	Signature	vera Pa	m	1000	ate /29/2	014		

1/29/2014 08:5	9 Two E	rother	s Contr	actin	g						FAX)97	3 956 8811			P.	002/00
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HECK # 189	46			NOTIF	ICATION	N OF ASE	PERTOR BERTOR 18 BERTOR	ABATE	MBNT 3)	Γ	1	OL - 1	er D	AY	/	, ,
Date of Notification (1) 4/29/2014							Owner/C			EY	1		- J#1			77
Agencies Notified		otherion	-			ediass PENNII	NGTON	ROAD)		+	<u> </u>	13	L	CE	15 K
EPA DEP OOL		ijäai mended mendmani	ı #	_	Chy. St	ale, Zip C	odo			+	17	MUM	W			10,10
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					FAC	ICITY IN	DUHAYI	ON			1					
Name of Facility Where THE COLLEGE O	FNEW	INTERSET	g Ping (1 - FOR	a) Mer	HOLM	AN HAI	LL		_	of Facility School (1						
Street Address 2000 PENNINGTO	N ROA	D.	State of the state	3-0						Supones	ter & (O	ther than K-1 a 4 commerc	(2) (1a) but	dings	תופול ,	. ,
City (5) EWING										rs Feet	23	of Flaora	8	idg.	Aga	\neg
County (8) MERCER			-		County (STATE	Coes (7) USS ONL	n		Ourn	ont Vee !	Prior II b	eing demoile	had)			
Name of Menkering Fire NA	m Hirad b	y Building	B) DAWO)	ASCI	VI No.		Nume	ol Aba	otement (S CO	or (B) NTRACTIN	1G, IN	IC.	_	
Street Address								Street 260		es HERFO	RDB	LVD.				\neg
Cily, State, Zip Code			1		,	-		City. 8	tate, Z	ip Code		014				\exists
Projest Manager for Mo	nitoring F	Irm				INB No.		Telepi		e.		CO494	No.			\neg
Start Date (10) 5/2/2014			8chedu 5/9/20		omplation Data (11) Name of OSHA Monko SAME AS (9) AB				1000							
Decupancy Status Durin	ng Abatan	neni (Che	k Only O	ne)				Street						_	-	$\overline{}$
Facility Closed/Vec Abatament Perform Other - Describe;	nad Outsi EXTERIO	ing Entire de of Nom R	Period of nai Facilia	Abates y Houn	nent B		_	City, 8	tate, Z	ip Code						\dashv
Scope of Work (Check A	NI Thet A	PPIY)														\neg
2 25 af or 23 if 2 150 af or 2250 if				Renovi Demoli				,	MI	ni-Enoice Svebeg P	ure racedur	ijh Negetive e end Non-Frie			_	
	-		1	Local	lan			Ŷ.	2 100	- Envir	1	KIS. NOTHER	BANCELA	ADDI	neme	
Location				Normal	lly			scription					-	_ T	ypo I	
Asbestos-Containing 10 55 AB In Paci (13)	ATED	(ACM)	Cive	intens (todis) ((12)	noe/ Staff7				s insula T. er	ation,		Amount (Specify SF or LF)	Removal	Repair	Encepsuble	Endosuse
UNDERGR	OUND		Y06	No	N/A			PIPE			10	00 LF +/-	x	-	-	
			1				(WR	AP&C	UT)				Ī			
		-	+-		-	_					-		+	-	-	\vdash
lame of Registered Wal FWO BROTHERS)	H	UDEP W leuler ID 8743	No.	Cubic of War 10			100000000000000000000000000000000000000		NAGEME		3.R.	D.W.C	S.
CLIFTON, NJ					**		Dispos 6/9/20	al Data		City. 8		LLE, PA	***			
Completed by /IVECA RAMOS			Title PRO	JECT	, COOL	RDINAT	18	Ignature)			D	ale /29/20	014		\neg

^{*} De not use this form for sebsates licensure exempted ectivities.

NOTIFICATION OF ASBESTOS ABATEMENT

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

CK #

22 (17)					1 5 4 2150 mm	(1)	5000	
Date of Notification (1) April 30, 2014	ió	Name of Buildi	ng Owner/Ope Dean	rator (2) R. Theuret Custom	Builder, Inc.	24	176	2
[]	l Notification	Street Address	117 E	2014 MAY -7 than Avenue				
[x] DOL Amer	nded Notification ndment # gency (including	City, State, Zip	Code Gallo	4.35ESTOS way, NJ 0 8205 CE	CONTROL KSING			
IX I DON	ication) ellation	Name of Conta De			elephone Number			
	FA	CILITY INFO	RMATION					
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12) Subchapter 8 (oth	ner than k-12)	
Street Address 110 South Commo	odore Drive		*	[x]	Other (i.e., privat homes, etc.)	te & commer	cial build	dings,
City	County (6)	County Code (7) (STATE USE O		Square feet 1000 sf	# of Floors	Bldg. Age	60	
Mystic Island	Ocean			Current Use (Prior if Resider		ľ		
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	f Abatement Contractor		Inc.		
Street Address			Street A		oute 9, Unit 61	A		
City, State, Zip Code			City, Sta	ate, Zip Code	liver, New Jers	ev 08755-	1271	
Project Manager for Monitoring Firm	Telephone Numb	er		ne Number 49-9932	License N 00624		12/1	
Scheduled Start Date (10) 5/1/14	Scheduled Comp 5/5/14	letion Date (11)		f OSHA Monitor	L. Analytical			
Occupancy Status During Abatement (Check			Street A		telton Road			
	d During Entire Period of A Outside of Normal Facility				leitoii Koau			
Other – Describe	Outside of Normal Facility		City, Sta	ate, Zip Code Piscata	way, New Jerse	ey 08854	S3	
Scope of Work (Check all that apply)			[[Full Containment Mini-Enclosure	with Negative Pres	ssure	19	
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		ovation polition] Glovebag Procedu	ire i) and Non-Friable	Procedure		
[X] 2100 31 01 2200 11	[[]]		[,		Abatemer	it Tyne	
	Is Location		Descripti	on of			7	T
Location of	Normally used		Asbestos-Co	ontaining	Amount	R R E E	E	E N
Asbestos-Containing Material (ACM)	Solely by Maintenance/Custod	ial	Material ((i.e., thermal		(Specify SF or LF)	M P	CA	C
TO BE ABATED in facility	Staff	iai	insulation, s		Of Li')	o I	P	O
(13)	(12)		VAT,	or		V R	S	S
0 10		.	other miscel	laneous)		A	L	R
	YES NO N/	Α				L	Е	E
Exterior	X	Asbestos s	iding		1000 sf	X	-	+-
					+	++	+	+
						++	+	
Name of Registered Waste Hauler	NJDEP Waste Hau	Committee of the commit	ic Yards of Wa	Name of Register T.R.R.F.	ered Landfill			
Guardian Contracting, Inc.	Di	sposal Date	City, S	State	0			
Toms River, New Jersey Completed by (Print or Type)	Title 5/	6/14 Signature	Tully	town Pennsylvania	4/	Date		
Nicholas Fernicola	Project Manager	J.g.manay	ichel	te		4/30/20	14	

NOTIFICATION OF ASBESTOS ABATEMENT

14 M		110	(P	ursuan	t to NJA				· 1944	(K	#		
Date of Notification (1)	April 30, 2014				Name of l	Building C	Miller	ator (2) Homes		24	()	5		
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH	[] Amen	Notificated Notifi	tification		Street Add		112 G	AY -7 PM iffordtown La STO3 OO! rton, O.E. 10808	ne	U				
[] DCA		cation)			Name of	Jim M	1000000		Те	elephone Number		ن		
Name of Facility Where Al	patement is Taking I	Place (3)	FAC	ILITY I	NFORM	ATION	Type of Facilit	y (4)					
	sidence] []	School (k-12) Subchapter 8 (other	er than	k-12)		
Street Address	South Spinnake	r Driv	e					[x	j	Other (i.e., private homes, etc.)	& cor	nmerci	al build	ings,
City		Coun			County Co (STATE U		()	Square feet 1000 sf		# of Floors	Bldg	. Age 6	0	
Little Egg H	arbor	Ocea	an					Re	siden					
Name of Monitoring Firm	[[[] [[] [[] [[] [[] [] [[] [[] [] [] [[] [])wner (8)		ASCM No).	Name of	Abatement Cont Gu		9) n Contracting,	Inc.			
Street Address							Street Ac	idress	000 - V - 00 V A	oute 9, Unit 61				
City, State, Zip Code			7				City, Sta	te, Zip Code To	ms R	iver, New Jerse	v 087	755-12	271	
Project Manager for Monit	toring Firm		Telephone 1	Number				ne Number 9-9932		License No 00624				
Scheduled Start Date (10) 5/1/14			Scheduled 0 5/5/14		on Date (11	1)		OSHA Monitor	M.S.L	Analytical				
Occupancy Status During [x] Fac	Abatement (Check of ility Closed/Vacated			d of Abat	tement		Street A		56 St	elton Road				
5 5 400	er - Describe	Outside	of Normal Fa	cility Ho	ours		City, Sta	te, Zip Code Pi	scatav	way, New Jerse	y 088	54		
Scope of Work (Check all	that apply)	•					[]	Full Contain Mini-Enclo		with Negative Press	sure			
[] >3 : [x] ≥16	sf or ≥3 lf 60 sf or ≥260 lf		[] [x]	Renova Demoli			[] [x]	Glovebag P Non-Exem		re) and Non-Friable F	rocedi	ire		
					T						Abat	ement	Туре	
Location Asbestos-Containing N TO BE ABA in facilit (13)	Material (ACM) ATED		Is Location Normally us Solely by ntenance/Cu Staff (12)	sed		Ash (i.e ins	Description Descri	ntaining ACM) systems irfacing, or		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbes	stos sidir	ıg			1000 sf	X			
												-		-
Name of Registered Waste			NJDEP Wast		ID No.		ards of Was			red Landfill		1		
Guardian C City, State	ontracting, Inc.		2		sal Date	3	City, S							
		Title Proj	ect Manag	5/6/1 er	Signati	ire	Tully	town, Pennsyl	vania		Date 4/3	0/14		

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

NOTIFICATION OF ASBESTOS ABATEMENT RECEIVED

		(FUF)	78 N (0 N 3 A	C 8:00 SHO 13:11	VIOLET HERY	7 PHO inga	
Date of Noutication (130/14		43/M4 01 BOD	N PH PE	14 COM	- PHO inga	
Agences Nouned	Type Holification		SVOOL AGOVE	15 At.	& BBESTO	Sonur	
□ PA □ CB	E JAMES	<u> </u>	(Z Cry. Sule. U	io Code	& EICT	NSTAG ROL	
_ ∞, _ ∞	Emergency (in		<u> </u>	nceri=15	LD, N.J.	88750	
O DON	justification)	7	Name of Con		_	Telephone Humber	
	Cancalla ton			CE BREUR	-10	<u> </u>	
	•		FACILITY	HE ORMATION	Type of Facility	(4)	
who of sainy who	ere Abatement is Yaking	g Place (3)			T School (K-1	21	
	DENCE				Succession	8 (Other than K-12) Physic & commercial (9410193
200 Z Q0	5 HAVENAL	15.			Square Feel	FOF FLOORS	व्याप्त विवि
City (5)	1				1000	. 2	401
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oun's (6)	18 MAY		USE ONLY		Meur Couragon (CANT	
same of Haylonno F	im Hired by Building	Owner A	SCA HO	Name of Addition	700 ZA	ic,	
8;	N/A					/	
Sirees Appress	7	*		369	S. SPRU	CE AVE.	
7.000				Cry. State. Zip	PLZ SHR	DEINJO	805 -
City State Zp Code		T Yales	on more	Telephone No		Lanse No	4 .
Praeci Manage: lo	Morrisons Firm	1.1810			79-047	2 _0044	
	T Sche	ou ed Complet	DO 0 0 21 (11)	Harra of OSH	= bKATEL	y M	
Sian Date 10	1,4 -5	117/	(6)	Sue el Addre	4.º	•	
	Inalement	eck only one)	- 001	369	SISPILUC	きかいき・	
			s ·	City, State, X	o C∞de	SE, N. J.	15057
Applement Perio	ture of Ordina of the	a / ••••,		<u> </u>	PLE SAM	36,10,3,	
ONA DESCRIP	and all that accity)		e e e e e e e e e e e e e e e e e e e		Containment with I	Negative Pressure	
	ecz on v o	Renovati	on.	A Min	Enclosure	LILE ENERGY PIOCEOU	(8
2:351 0: 23 :1 2:160 5: 00 2:260	II.	₩ Delucies	Δ	- Hive	Exempled (') and	Non-Frishe Procedu	به دم
		is Localic					-
	orionatelle = 1	Used Sole	y by	Description Consisting	Malena (ACM)	(Specify	, <u></u> .
na rins . Contain	nion of ACM)	Maintenar Custodi	al	(is Noted 11/2/6	VAT. DI	SF or LF.	Herrous
10.55	ABATED BONY	(12)		one myscell	ianeous)		
	111	TE NO	N/A				1
		4	X	TRANS	175	18000	
51	PING	=	+				
14 ~	+ a						-
		=	+			and landill	
		<u>-</u>	NOED WE	te Cubic Yard	S Hame of	Registered Landilli M, C, M.	1. 6.
Name of Repister	ed Wasie Hauler		7907				
Kién	nco Inc.			060010	ale Ciry. Sia	-0.41	M,J.
Cin State	SHADE N	,5,080	52	Signa		Date	(30)
Marle	214 2 10 0 1	1100 W A	.E 0	3150	goein 6		1000
Compresed By	115-	0 00 1	10 -		4		
10SEPH	KEMM_L			asoesios licensure)		

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