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

											, E	-	1
Date of Notification (1) 05/04/14				of Building of Consol	Owner/Operat i	or (2)	i						
Agencies Notified	Type Notification			Address Indercliff	Ter. South		1	MA	AY 12	2014		· .	1
DEP DOL	Initial Amended Amendment	#		State, Zip C	ode ,NJ,07052					1			
☑ DOH	Emergency justification)	(including	Name	of Contact				Tele	phope N		i.	- :	-
☐ DCA	Cancellation				ORMATION		5	15-					
Name of Facility Where A Consoli Family Hon		g Place (3)		<u> </u>	ORMATION		Facility (4						
Street Address 52 Undercliff Ter. So	outh					Su	bchapter 8 her (i.e. pr	(Othe			dings	, home	es,
City (5) West Orange						Square 4000	Feet	# of 2	Floors		3ldg. A 40	∖ge	
County (6) Essex				y Code (7) E USE ONL	n	Current Resdi	Use (Prio ence	r if bein	g demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	AS	CM No.		ne of Abater dian Arrov							
Street Address						et Address 4 Mill St							
City, State, Zip Code		, in the second			City, Pa	State, Zip	Code J,07501						
Project Manager for Moni	toring Firm		Telep	hone No.		phone No. 3-653-96	52		License 1183	No.			
Start Date (10) 05/19/14		Scheduled 06/19/14		n Date (11)		ne of OSHA dian Arrov		ries Ir	nc.				
Occupancy Status During						et Address 4 Mill St.							
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire I ed Outside of Norn	Period of Aba nal Facility H	atement ours		City	State, Zip							
Scope of Work (Check All	That Apply)					11015011,14							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation nolition			Mini-l	ontainme Enclosure bag Proce		Negative	Pressu	ire		
		T				₩ Non-E	Exempted	(*) and	Non-Fria	able Pro		re ement	
Location	of	No	cation mally		Descripti	on of				L	100000000000000000000000000000000000000	уре	
Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM) TED	Maint Custoo	Solely by enance/ lial Staff? 12)	Asbe (i.e	stos Containing thermal syste surfacing, \ other miscell	Material (A ms insulation MT, or	on,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
			No N/A	\	\/AT	-			250			0	
Baseme	ent	+	X	-	VAT	1			350	X	$\vdash$		
***************************************		-								+	$\vdash$		
Name of Registered Wast	e Hauler		NJDEP	Waste	Cubic Yards		Name of R	Register	red Land	fill			
Atlantic Carting			Hauler 26085	ID No.	of Waste TBD		G.R.O.V	<u> </u>					
City, State Wayne,NJ			38.54.5.5		Disposal Da TBD	te	City, State Morrisvi	lle,PA	<b>L</b>				
Completed by Goran Igev		Title Secret	ary		Signatu	ire /	X			Date 05/04/	14		

Date of Notification (1) 4/27/1	1	31			e of Buildi ald Sinc	ng Owner/Operator	r (2)	MAY 1 2 20	14		3	
Agencies Notified	Type Notification	n			t Address					÷	=	_
☐ EPA	Initial					on Avenue	1			å 		
DEP X DOL	Amended Amendment	#			State, Zip			: 1 141	.,,,			
	Emergency (	includin	g	-	****	IJ 08090						_
DOH DCA	justification)			100000000000000000000000000000000000000	e of Cor ld Sincla			Telephone Num	ber	5886		
								<u> </u>			_	_
Name of Facility Where	Abatement is Taki	na Place	e /3)	FA	CILITY IN	FORMATION	Type of Facili	tv (4)				
Residence	Abatement is Taki	ing riaci	5 (3)				School (K-					
Street Address								r 8 (Other than K-1				
204 N. Marion Aver	nue						homes, et	private 8 commerci c.)		500		
City (s)							Square Feet	# of Floors	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bldg.	CONTRACTOR	
Wenonah,				1.0		(7) (OTATE	1800	2 Prior if being demoli		0 yr	5	_
County (6) Gloucester					ONLY)	(7) (STATE	Residence	Prior it being demoil	snea)			
Name of Monitoring Firm	n Hired by Building	Owner		ASCM	No.	Name of Abater	nent Contractor	(9)				_
(8)	,					AEi2, LLC						
Street Address						Street Address						
		Martin a				300 Lenola R	NECONAL PROPERTY.					
City, State, Zip Code						City, State, Zi Maple Shade,						
Project Manager for M	Monitoring Firm		Tel	ephone	No.	Telephone No. 609-481-212	22	License No. 00689				
Start Date (10)	Sche	eduled C	omple	etion Da	ate (11)	Name of OSHA	Monitor			2011		_
5/8/14	5/10	)/14		NATIONAL PROPERTY.		AEi2, LLC				=	17	_ }
Occupancy Status Durir	(E)					Street Address				YY		(0)
Facility Closed/Vaca Abatement Performed					•	300 Lenola I				1		ine.
Other - Describe: V					•	City, State, Zip C Maple Shade	e, NJ 08052			_		
Scope of Work (Check a						☐ Full Co	ntainment with	Negative Pressure	-	-3.		253
	11.27	IZI p		tion		Mini-En				72:		-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		P 58	enova emoliti	on			ag Procedure			£8		
			ocati	on.	Γ	☐ Non-Ex	cempted (*) and	Non-Friable Proced T		Abate	mant	
		N	ormall	y					1	Ty		
Location Asbestos-Containing M			d Sole		Asbes	Description o stos Containing Ma		Amount	R	Τ	E	E
TO BE ABAT	TED	C	ustodi Staff?	al	(i.e.	, thermal systems i	insulation,	(Specify	e m	R	c	n c 1
IN Facility (13)	t.	1	(12)			surfacing, VAT other miscellane		SF or LF)	0 4	p a	p s	o s
				Т	1				a 1	r	1	u r
A44: -		Yes	No	N/A	37	1:4-		4 sf		+	t	
Attic		-		X	Vermi	cuite		4 81	X	-		
		-		-					+	-		
		-		-		<del>V-188</del>			+	-	-	
Name of Registered Wa	ste Hauler	·L		NJDEP 1		Cubic Yards	I Name of Red	gistered Landfill				
AEi2, LLC	oto i judioi		- 11	Hauler II		of Waste	TBD					
City, State			-12	21376		.1 Disposal Date	City, State					_
Maple Shade, NJ						TBD /	TBD	1				
Completed By	Tit				-	Signature	1/10-0:	Date			-	
Wm. Minnick	<u> </u>	rogran	n Mg	ŗ.		11/1	mm	4/28/14	1			
SB-41						- //						

Do not use this form for asbestos licensure exempted activities.

Notes

Date of Notification	AP(180)							Owner / Operato	or (2)			1	•			
Aganaiaa Natifiad	4/22/14			-				of Education					- 111			
Agencies Notified  EPA	Type Notifica	ation				Addr	7.7.7	044						3.	1	
☐ DEP								Street		- MAY	1 2 20	774		7.5	1	
⊠ DOL	Amer			57			& Zip							4		
□ DOH		gency			_		NJ 08	030				T-1-	- 6		-	
DCA		ellation		4				Collins				lele			lumb	er
	Z Odno	Chation									27		٠		1	
N				F	AC	ILIT	Y INF	ORMATION								
Name of Facility Wi	nere Abateme	ent is Taking P	lace (	(3)				Type of Facil								
Trenton Central	H5							School (								
Street Address									oter 8 (Othe							
400 Chambers St	treet								e. private 8						etc.)	
0'1 (5)								Square Feet		f Floors		Bldg.	Ag	е		
City (5)		County (6)	C	ount	y C	ode (	(7)	70,000		3				60+		
Trenton		Mercer	1					Current Use	(Prior if bei	ng demoli	shed)					
								School								
Name of Monitoring		y Building Own	ner (8	)		ASC	M No	. Name of Aba	tement Co	ntractor (9	)					
Environmental C	onnection							Bristol Env		al, Inc.						
Street Address	<b>-</b>							Street Addres								
120 North Warren	PORTO PROGRAMMA SERVICIONAL PROPERTY OF THE PR				_			1123 Beave								500-02-2
City, State & Zip Co Trenton, NJ 0801								City, State &								
Project Manager for		irm	Tele	nha	no N	Lumb		Bristol, PA Telephone N			17	vi - i		<u></u>		
Dominick Dercole			609				Jei	(215)788-60			License I 00509	vumb	рег			
Scheduled Start Dat		Scheduled Cor	-	_	_	_		Name of OSH			00000					
5/6/14	,		100000000000000000000000000000000000000	/14		(11)		Bristol Env		al Inc.				,		
Occupancy Status D	ouring Abaten	nent (Check o	nly on	e)				Street Addres								
Facility Clos	ed/Vacated D	During Entire F	eriod	of A	bat	eme	nt	1123 Beave	r Street							
		itside of Norm	al Ho	urs	<b>-</b> 7a	am to	3pm	City, State &	Zip Code	W						
Describe:	4:00 PM to	1:30AM						Bristol, PA								
	pied During															
Scope of Work (Che	ck all that ap	ply)						V/s=+2597222	<u> </u>							
			_							Containm		Vegat	ive	Pres	ssure	
≥3 sf or ≥3 lf			$\boxtimes$			vatic				-Enclosur	S					
≥160 sf ≥260	)		Ш	D	emo	olition	1			e Bag Pro						
										-Exempte	d and No					
	cation of os-Containing	•		Loc				Description			Amount	_'	Aba	item	ent T	ype
	erial (ACM)	}	Nor	olel				Asbestos-Con Material (A			Specify F or LF)				m	
	E ABATED		Mair					(i.e., thermal s		"	i Oi Li )		Re	Z	inc	E
	Facility		Cust				8	insulation, surfac					Remova	Repair	sde	Enclsoure
	(13)			(12				or other miscella	aneous)				<u>a</u>	Ŧ.	Encapsulate	ure
			Yes	No	35	N/A	27								Ф	
Community Roon	n							Nail Cref	te	3	350 SF			$\boxtimes$		
Name of Registered	Waste Haule	r		1000				Cubic Yards	Name of F	Registered	Landfill			0-0-0-0		5-55-140-
Deletal Fundament							No.	of Waste	0001110							
Bristol Environme	ental, inc.			1	870	J6		3 Cu Yd	GROWS						-	
City, State Bristol, PA								Disposal Date	City, State							
Completed By (Print	or Tuno\			1+	-i4i-			5/8/14	Morrisvi	iie, PA		ID-	4.0			
				1 1000	itle	ect		Signature	0	. /	0	Da		14 4		
Gino Pizzigoni						age		Lino 1	183400	xe/-1	X	4/	44	/14		
				10	nelli	aye	•	/	110 1	10						

Ck#2606

Date of Notification (1)		Name	of Buildin	g Owner / Opera	tor (2)		7 / /尼		7		
4/22/14		Trent	on Boar	d of Education				, )	1		
Agencies Notified Type Notified EPA	ation		Address					1.1	1		
		1490	Prospec	t Street		MAY 12	000	1.1			
= /n =	ai ended		tate & Zip			1651 1 Z	2014			A 3	
/	ergency		on, NJ 0								
	cellation		of Contac verett O.	· · · · · · · · · · · · · · · · · · ·			4000	Telenh	one l		1
							4.		-		)
Name of Facility Where Abatem	ent is Taking Plac	CP (3)	JILIIY IN	FORMATION	:!!4 (4)						
Trenton Central HS	one to running that	00 (0)		Type of Fac		ON SUB-CHA	ADTEDA				
Street Address						ther than K-1					
400 Chambers Street						e & commerc			201212		
				Square Fee	t la	of Floors				etc.)	
City (5)	County (6)	County C	ode (7)	70,00				ildg. A			
Trenton	Mercer		(.)			3 being demolis	the of the		60-	·	
				School	(F1101 11 1	being demons	snea)				
Name of Monitoring Firm Hired b	y Building Owner	r (8)	ASCM N		otomont (	Camtra et e e (O)					
<b>Environmental Connection</b>	,	(0)	7.00IVI IV	Bristol En	vironmo	Contractor (9)	)				
Street Address				Street Addre		illai, ilic.					
120 North Warren Street				1123 Beav		f					
City, State & Zip Code				City, State &						455	-
Trenton, NJ 08010				Bristol, PA	19007						
Project Manager for Monitoring F		elephone		Telephone N			License N	umber			_
Dominick Dercole		09-392-4		(215)788-6			00509				
Scheduled Start Date (10) 5/6/14	Scheduled Comp		e (11)	Name of OS							
Occupancy Status During Abater		5/8/14		Bristol Env		ntal Inc.					
Facility Closed/Vacated I	During Entire Peri	iod of Aha	tement	Street Addre							
Abatement Performed O				1123 Beave City, State &							
Describe: 4:00 PM to	1:30AM	110010 7	an to opi	Bristol, PA		9					
Facility Occupied During				Bristoi, FA	13007						
Scope of Work (Check all that ap	iply)								-	_	
	_	Zinth of S			□ F	ull Containme	ent with Ne	egative	Pres	ssure	3
☐ ≥3 sf or ≥3 lf			vation		M	lini-Enclosure					
≥160 sf ≥260 lf	L	Dem	olition			love Bag Pro					
T						on-Exempted	and Non-	-Friable	e Pro	cedu	ıre
Location of Asbestos-Containing		Is Location lormally Use	n l	Description			mount	Ab	atem	ent T	уре
Material (ACM)	, 14	Solely by	sea /	Asbestos-Con Material (A	CM		pecify		Г		Г
TO BE ABATED	М	aintenanc		(i.e., thermal s	vstems	SF	or LF)	Z.		Ē	g
in Facility		ustodial St		insulation, surface	cing, VAT	-		Removal	Repair	aps	Enclsoure
(13)		(12)		or other miscell	aneous)			val	air	Encapsulate	l i
	Ye		N/A							e	
Community Room				Nail Cre	te	3	50 SF			П	
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The second of th								T		П	n
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									П	П	n
Name of Registered Waste Haule	Г		EP Waste		Name o	f Registered	Landfill				
Bristol Environmental, Inc.			er ID No.	of Waste	00000						
City, State		1870	00	3 Cu Yd		S Landfill					
Bristol, PA				Disposal Date 5/8/14	City, Sta						
Completed By (Print or Type)	<del> </del>	Title			INIOLLIZA	ville, PA		_	007.62		
Sino Pizzigoni		Proj	act	Signature	2	. /5 /	2	Date			
JIIO F IZZIGOIII		A 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ager	Sero P	green	ni/jl		4/22	114		
		Iviali	ayer	1-	1/1/	1					

180/ 12.

# State of New Jersey NOTIFICATION: OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

Charlos/

	(Pursuant to rest to	
Date of Notification (1) 5 06	Name of Building Owner/Operator HOWARCO HO	YES Holdings LLC
Agency Notified Type Notification	1 10/10:1	idGE AUE WY 12-2014
DDEP Interested	City State, Zip Code	BOK NO 08904
DIDOL Amendment	(including Maine of Contact	Telephone Number
POOH justification)  D DCA  Cancellation	ITTO JON TIGER	
	FACILITY INFORMATION	Type of Facility (4)
Name of Facility Where Abatement is Tak	ing Pace (3)	☐ School (K-12) ☐ Subchapter 8 (Other than K-12)
Street Address	.00	B Other (i.e. private & commercial buildings, homes, etc.)
218 GOIF Edge	- UK	Square Feet # of Floors Elidg. Age
CHY(5) WESTRED	County Code (7) (STATE USE	(Crier if being demolished)
County (5) UNION	OMEN)	FAKILY NOUSE
Name of Monitoring Firm Hired by Buildin	ng Owner ASCM No. Name of Abat	TECH INC
(8) Street Address	Street Arkinss	
	City, State, Z	in Code ARRCA
City, State, Zip Code	OID Telephone N	CICI DOC
Project Manager for Maniforing Firm-	Telephone No.	2381500 00000
Start Date (TU)	duted Complition Date (11) Name of OSI NOVE	TEO INC
Occupancy Status During Abatement (C		30x 214 .
	Donal of Chatamers	30,06E N.D. 08857
O Other - Describe:	0101	321DGE N.O. 0 885.T
Scope of Work (Check all Sust exply)		Mini-Endosura · · ·
19 ≥ 3 sf or ≥ 3 lf 10 ≥ 160 sf or ≥ 260 lf	Demolition D	Shwebag Procedure Non-Exempled (*) and Non-Priable Procedure  Abatement Type
	is Location Normally Descrip	fign of
Location of	Used Solely by	Metasial (ACM)  In Metasial (ACM
Ashesino Guidening Material (ACI TO BE ABATED	Custodial suifacing, Staff? other misc	g Material (ACM) terns institution, (ACM) (Specify SFor LF) (VAT, or Interneous)
IN Facility (13)	(12)	
	Yes No NIA 9X9 HOO	RIVE LIGESF X
(BASEHEN)		·
		19 About Londing
Name of Registered Waste Hauter	NUDEP Waste Hauter Cubic Yerd ID No.	S Of Name of Registered Landfill  G.RO.W.S.
NOVATECH IL		rito (Shr. State: (c)
City, State	0 08857	JHADONSOINE   TUIL
OID GRIDGE Time	TO-INST	John Athurs 1 3 port
PARIOS AMEIDA.	* Do not use this form for asbesios licensure extension	mpled activities
ASB-41		



							121		10	_		
Date of Notification (1) 5/6/14					of Buildin Rochfo	g Owner/Operato	r (2)	"1 15	L-			
	Type Notificat	Han			Address			1/1/		_	- 3	
Agencies Notified	T	uon				ant Blvd.						
DEP	Initial Amended		-		tate, Zip					_	_	
<b>⊠</b> DOL	Amendmen		- 1		200	NJ 08110		* 12 T				
<b>⋈</b> DOH	Emergency justificato	y (including on)	1		e of Con			Telephone Num	her			
DCA	Cancellation				Rochfor							
						FORMATION		L				
Name of Facility Where	Abatement is Ta	aking Place	(3)				Type of Facility	· (4)				_
Retail Space			(-)				School (K-1	( )				
Street Address								8 (Other than K-1)				
6325 S. Cresant Blvo	1.						Other (i.e., )	private 8 commerci	al buil	dings	C.	
City (s)							Square Feet	# of Floors	В	ldg.	Age	
Pennsauken, NJ 081	10						5000	1	-	0 yrs		_
County (6)				Cou	nty Code	(7) (STATE		rior if being demoli	shed)			
Camden				USE	ONLY)		Retail/Wareh					
Name of Monitoring Firm	Hired by Buildi	ing Owner		ASCM	No.	The second section of the section of	ment Contractor (9	9)				
(8)						AEi2, LLC						
Street Address				1000		Street Address						
						300 Lenola R						_
City, State, Zip Code						City, State, Z Maple Shade						
			-				, 113 08032	License No.				_
Project Manager for M	onitoring Firm	n	Tele	ephone	No.	Telephone No. 609-481-21:	22	00689				
Ot - + D - + - (40)		cheduled C		tion Do	to (11)	Name of OSHA						· .
Start Date (10) 5/16/14	1000	cneduled C /20/14	ompie	uon Da	te (11)	AEi2, LLC	World					
Occupancy Status Durin			one)			Street Address	s					=
Facility Closed/Vacat				tement	12	300 Lenola						
Abatement Performed						City, State, Zip	Code					_
Other - Describe:						Maple Shad	e, NJ 08052					
Scope of Work (Check a	Il that apply)					☐ Full C	ontainment with N	legative Pressure	130.00			
		⊠ n.	. n. m. rot	ion			nclosure					
≥3 sf or ≥3 lf ≥160 sf or >260 lf		A 25	enovat emolitic	on On			oag Procedure					
23/2 100 31 01 <u>-2</u> 200 11						₩ Non-E	xempted (*) and N	ion-Friable Proced	1	A1 /		
			ocati						1	Abate Ty		Š.
Location	of	Used	Sole	y by		Description				T	E	E
Asbestos-Containing M TO BE ABAT			ntenar ustodia		Asbes	stos Containing Ma , thermal systems	aterial (ACM)	Amount (Specify	R	R	n c	n
IN Facility			Staff?		(10	surfacing, VA7	Γ, or	SF or LF)	m o	e P	a P	0
(13)			(12)	,		other miscellane	eous)		v a	i	u 1	u u
		Yes	No	N/A	1				ī	r	a .	e
Showroom		163	140	X	Floor	Tile & Mastic		1500 sf	X		a	
				Α.					+	+		-
22011100111			-	+					+	1		-
				1					+	+-	-	-
		_									1	1
				IDER	Monto	T Cubic Varda	I Name of Pen	istered Landfill			_	
Name of Registered Was	ste Hauler			NJDEP		Cubic Yards of Waste		istered Landfill		1		330,50
Name of Registered Was	ste Hauler		1			of Waste 2	TBD	istered Landfill				
Name of Registered Was AEi2, LLC City, State	ste Hauler		1	lauler II		of Waste 2 Disposal Date	TBD City, State	istered Landfill				
Name of Registered Was AEi2, LLC City, State Maple Shade, NJ			1	lauler II		of Waste 2 Disposal Date TBD	TBD City, State TBD	1				
Name of Registered Was AEi2, LLC City, State		Title Prograr	_ \ \ \frac{1}{2}	1376		of Waste 2 Disposal Date	TBD City, State TBD	/   Data	4			

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

		ı			OF ASE to NJAC			0.00	di	200	15	186	7		
Date of Notification (1) 5/7/14					Building Mrs. Ri			(2)				× (10)	5	1	
Agencies Notified  X EPA	Type Notification	1		Street A 13 Mo	<sup>ddress</sup> nroe St	reet		-				70			
DEP DOL	Amended Amendmen				ite, Zip C and, NJ		8			YAM	1 2	2014			1
	Ernergency justification Cancellatio	)		20159	Contact Mrs. Ri		d			Teleph	none N	umber	8		1
				FACI	LITY INF	ORMAT	TION								+
Name of Facility Where A house	Abatement is Taki	ng Place (3	3)					_	of Facility ( School (K-1	1010 1-1110					
Street Address 13 Monroe Avenue								×	Subchapter Other (i.e. p	8 (Other t			dings	home	es,
City (5) Roseland					79				etc.) re Feet )	# of Fi	oors		Bldg. A	ge	
County, (6) Essex				County (	Code (7) JSE ONLY	0		Curre	ent Use (Pri	or if being	demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				tement Cor onmenta				272255	47.00	
Street Address							Street	Addres	ss						
City, State, Zip Code									ip Code , NJ 074	18					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Telep	hone N 583-8	0.	Li	cense	No.			
Start Date (10) 5/19/14		Schedul	ed Con	pletion l	Date (11)				HA Monitor	1.					
Occupancy Status During	g Abatement (Che	1	ne)	_			Street	Addres	SS						_
Facility Closed/Vaca Abatement Perform Other – Describe:							City, S	State, Z	ip Code					12	
Scope of Work (Check Al	II That Apply)			20-4-			,				-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Property .	Renova Demolit					Mir Glo	ll Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				e	
			Locati											ement pe	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma Cus	Normall d Sole intenar todial S (12)	ly by nce/ staff?		stos Cor therma surfa	escription ntaining Mal system acing, VA miscellar	Material s insula T, or		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
- 1		Yes	Ņo	N/A								_			
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			(1) F 10 - 12 -							+	$\top$	1			
to the state of th	The state of the s										+				
Name of Registered Was	te Hauler		8389	JDEP W		- 10 HONOR	Yards		Name of	Registered	i Landi	fill			
Freehold Cartage	4,			auler ID 5939	No.	of Wa	aste		GROW	S					
City, State Freehold, NJ		N N				Dispo	sal Date		City, State Morrisv						
Completed by A. Scott Higgins		Title Presi	dent				Signature	Z				Date 5/7/14			

YAGE	1		(Pui	rsuant	to NJAC	8:60 and	12:120	0)	Cher	1	28	17			
Date of Notification (1) 5/7/14		5)			Building  DiMassi		perator	(2)	<u> </u>			723		_	
	Type Notification	1	1000	Street A	ddress t Street					•					
DEP  DOL	Initial Amended Amendmer				te, Zip Co it, NJ 0				MA	y 1 <sub>2</sub>	2014		-		
☑ DOH DCA	Emergency justification Cancellatio	)	1000		Contact DiMassi	imo				Telepho		nber			
				FACI	LITY INFO	ORMATIC	ON					i	- 1		
Name of Facility Where Al house	batement is Taki	ng Place (3)						Тур	e of Facility (4 School (K-12	·)				7.5	
Street Address 52 Colt Street								×	Subchapter 8 Other (i.e. pretc.)				dings,	home	es,
City (5) Summit								Squ 220	are Feet 00	# of Floo 2	ors	200	ldg. A 5	ge	
County (6) Union			(5	County (	Code (7) JSE ONLY	)		Cur	rent Use (Prior	if being de	emolish	ed)			
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCM	1 No.				atement Cont ironmental		, LLC				
Street Address							Street PO E								
City, State, Zip Code	1								Zip Code d, NJ 0741	8					
Project Manager for Monit	oring Firm		Т	elephor	ne No.		Teleph	one	No.	Lic	ense N	0.			
Start Date (10) 5/22/14		Scheduled 6/4/14	d Comp	oletion (	Date (11)		Name	of OS	SHA Monitor		Т				
Occupancy Status During  -Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire	Period of Al	bateme	ent			Street City, S		ess Zip Code		i i i i i		18.	ek e	
Scope of Work (Check All	That Apply)				210					11.15	-				
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		le I	ocatio	_					- Lxomptou	() 4.14.110	ii i iidb	1	Abate		t
Location of Asbestos-Containing Machine Machin	Material (ACM)	Used Mair Custo	ormally Solely ntenand odial St (12)	by ce/ aff?		tos Conta thermal surfac		Materi s insu T, or		Amou (Speci SF or L	ify	Removal	Ty	e Encapsulate	Enclosure
		Yes	No	N/A			- 6							W	
bathrooi	m			Х			insula			10 LI		х			
closet				х		pipe	insula	tion		6 LF	<u> </u>	x			
laundry ro	om			х		pipe	insula	tion		24 LI	F	x			
above refrige				х			insula	tion		6 LF					
Name of Registered Waste Freehold Cartage	e Hauler		Ha	DEP Wuler ID 939		of Was			Name of R		Landfill				
City, State Freehold NJ			,			Dispos TBD	al Date		City, State Morrisvil					ies.	
Completed by A. Scott Higgins		Title Presid	lent			S	ignature	L	1	`	Da 5/	te 7/14		,	
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

HGE 2			(P		to NJAC				Clo.	ok_	10	28	81		
Date of Notification (1) 5/7/14					f Building DiMassi		r/Operator	(2)							
	lotification			Street A 52 Co	ddress It Street		400								
DEP A	itial mended mendment #		_		ate, Zip Co nit, NJ 0			M	AY 12	2014					
Ŭ DOH □ ju	mergency (i stification) ancellation	ncluding			f Contact DiMassi	mo				Telephon	e Nun	ber			
				FACI	LITY INFO	ORMA	TION								
Name of Facility Where Abateme house	nt is Taking	Place (3	3)					Тур	e of Facility (4 School (K-1)	15. 					
Street Address 52 Colt Street								×	Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5) Summit				- W				Squ 220	are Feet	# of Floor	s		ldg. A	ge	
County (6) Union					Code (7) USE ONLY			Curi	rent Use (Prio	or if being der	molish	ed)		2000	
Name of Monitoring Firm Hired b	y Building C	wner (8)		ASCN	I No.				atement Con		LLC				
Street Address							Street PO E	Addr	ess						
City, State, Zip Code									Zip Code d, NJ 074	18					
Project Manager for Monitoring F	irm			Telepho	ne No.		Telepi				nse No	).	500		
Start Date (10) 5/22/14		Schedule	ed Con	npletion	Date (11)		Name	of OS	SHA Monitor						
Occupancy Status During Abaten		76 W 108	ne)				Street	Addre	ess						
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:	ing Entire P de of Norma	eriod of A	Abaten Hours	nent			City, S	State,	Zip Code				-		
Scope of Work (Check All That A	pply)		W												-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Section 1997	Renova Demolit				>	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure				e	
		Is	Locati	on						1/200			Abate	ement	
Location of			Normal d Sole				Description						1 y	ре	_
Asbestos-Containing Material  TO BE ABATED In Facility (13)	(ACM)	Ma	intenai todial S (12)	nce/		therm sur	ontaining M al system facing, VA r miscellar	s insu T, or	lation,	Amount (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
furnace room		1		X		nir	e insula	tion	-	24 LF		x			
water softener roor	n			X			e insula			2 LF	-	x			
				0.0											
. 1								***							
Name of Registered Waste Haule	r		N	JDEP W	/aste	Cub	ic Yards		Name of F	Registered La	andfill			reason see	-
Freehold Cartage				auler ID 5939	No.	10	/aste		GROWS						
City, State Freehold NJ						Disp TBI	osal Date		City, State Morrisvi						
Completed by A. Scott Higgins		Title Presi	dent				Signature	a			Dat 5/7	e 7/14			

& Emergency &

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

CR 4073

Date of Notification (1) 5/7/14						mer/Operato Private Ho		1				7 [	3 5	7
Agencies Notified	Type Notificat	ion	-	treet Add	iress 27th Stre	et			-					
DEP  DOL	Initial Amende				, Zip Code Haven Ga	ardens NJ	08008		ŀ	ABY 1	2 20	114		
☑ DOH □ DCA	Emerger justificati		0	ame of C	Contact				Telep	hone Nu	mher			
				FACILI	TY INFOR	MATION								
Name of Facility Where A Adelio Campos Priv Street Address		aking Place (3)					☐ s	f Facility (4 chool (K-12 ubchapter 8	2)	than K-1	2)			
6 West 27th Street							⊠ O e	ther (i.e. pr	rivate &	commerc	ial build			s,
City (5) Beach Haven Gard	ens NJ 0800	08		2100			Square 1000		# of 1.5	Floors	100	ldg. A 5 +	ge	4000000
County (6) Ocean				County Co	ode (7) SE ONLY)		Currer	nt Use (Prio e	r if bein	g demolis	hed)			
Name of Monitoring Firm	Hired by Build	ling Owner (8)		ASCM	No.		ne of Abate	ement Con	tractor (	9)		•		
N/A Street Address						Stre	et Addres	s						
City, State, Zip Code		- 10					Box 32 State, Zi							
						We	st Berlin	NJ 080	91	11	NI-			
Project Manager for Mor	nitoring Firm			Telephon	e No.	100000000000000000000000000000000000000	phone No 3-753-98			License I	NO.			
Start Date (10) 5/8/14		Scheduled 5/9/14	Com	pletion D	ate (11)	Nam Sa		A Monitor						
Occupancy Status Durin	g Abatement (	Check Only One	2)			Stre	et Addres	s						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Er ned Outside of	ntire Period of Al	batem	ent		City	, State, Zi	p Code						
Scope of Work (Check A	All That Apply)						evener							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	enova emoliti				Mir Glo	Containment Contai	e cedure				e.	
							i NO	FLXemple	u ( ) arn	214011111	T	77.77	emen	t
Locatio Asbestos-Containing TO BE AE In Fac (13)	g Material (ACI BATED ility	M) Used Mai	Locati ormali d Sole ntenar odial S (12)	ly ly by nce/		Descript os Containing thermal system surfacing, other misce	g Material ems insula VAT, or		(5	mount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
	0: "	Yes	No	N/A		Exterior	Cidina		1.9	00 SF	x	+		-
Exterior				X		Exterior Floor tile				00 Sf	×	+	-	+
throug	nout			<u> </u>		1 1001 tile	debilo		_	-	-	$\dagger$	$\vdash$	$\vdash$
	5							1			EII.			
Name of Registered Wa	aste Hauler		10000	IJDEP W lauler ID	100000000000000000000000000000000000000	Cubic Yard of Waste	S	9 6 6 60		ered Land	THE			
United Containers			0.000	2459		3	ata .	G.R.O.						
City. State Elm NJ						Disposal D 5/9/14	ate	City, Sta Morris		A 19067	,			
Completed by Anthony T Perna		Title Presi	dent			Signa	ture				Date 5/7/14			

0	-:	Carno	
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\* Sordy \*

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

* Sondy *		NOT	(Pure	TION O	F ASBES NJAC 8:6	TOS A	BATEM 12:120)	ENT	CY	仕	22	Q	4			
[1] U	40		Na	me of B	uilding Ov	vner/O	oprator (	2)		1-4.	1		-1-		1	
Date of Notification (1)						2		ign	+ .							_
Agencies Notified Type	Notification		St	reet Add	~ /	_	n.	10								
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DOH DCA	justification) Cancellation		1"	Do		•							_	-	100	
		S. (1			INFO	MATI	ОИ									
Name of Facility Where Abate	ment is Taking							Type of	f Facility (4	)						
	52196J	ع_							chool (K-12 ubchapter (		r than h	(-12)				
Street Address	00							700	ther (i.e. pr	ivate &	comme	ercial	bulldir	ngs, h	omes	
44 Olean	MUE							Square	c.) Feet	# of	Floors		Bld	g. Ag	e	-
City (5)	`~								600		1		1	'nΪ		
County (6)				ounty C				_	t Use (Prio		g dem	olishe		-		
ti monarit	h		15	STATE U	SE ONLY)		-	16	side	nce						
Name of Monitoring Firm Hire	d by Building O	wner (8)		ASCM	No.				ement Con		(9)					
									tion Co.,	inc.						
Street Address							1	Address lontros	s e Road							
City, State, Zip Code			-					tate, Zip								-
City, State, Zip Code							Colts	Neck	, N.J. 07	722						
Project Manager for Monitorin	g Firm		T	elephon	e No.		Teleph	one No			Licens					
1 Tojoot Managar 191 //							732-	294-17	757		0002	9				
Start Date (10)		Scheduled	40/20	pletion D	ate (11)		Name	of OSH	A Monitor							
5/12/14			9	114			Street	Addres			_					-
Occupancy Status During Abo							30000	Addios								
Facility Closed/Vacated Abatement Performed Cother – Describe:	utside of Norm	eriod of Ac al Facility L	tours P			_	City, S	State, Zij	Code		941					
Scope of Work (Check All The								~~								
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≥160 sf or ≥260 lf			moliti				-		i-Endosure							
1-		,					T.	Nor	-Exempted	i (*) and	d Non-F	riable				
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Location of			Solei		4-1		escription		(ACM)	^	mount					
Asbestos-Containing Mat	erial (ACM) D		ntenar	ice/		therma	ntaining I	s insula		(5	Specify		Ren	æ	Encapsulate	Enc
In Facility (13)		Cusio	(12)	LCIII:			acing, VA miscella			51	or LF)		Remova	Repair	psul	Enclosure
(13)		V	N.	N/A		(5,000,000)							=	-	ate	6
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Out dos	<u> </u>			X	210	410	4				100	1/1	12			-
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Name of Registered Waste H	lauler			JDEP Wauler ID		Oubi	c Yards aste ·	7	Name of		ered La	manii				
Ace Insulation Co., Inc.				2086		64/04/03/03		5	G.R.O.							
City, State Colts Neck, New Jersey	1					Disp 5	psal Date	14	City, Sta Tullyto		A					
Completed by		Title				<u> </u>	Signatur	e	A -			Da	te /_	. 1	( )	
Bree McGuire		Secre	tary	Treasu	ırer		BL	am	1			10	1/	/1	4	

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

* Sondy *	NO			NJAC 8:6				Ch	eds	出台	33	3	<del>-</del>	$\Box$
Date of Notification (1)		Na	me of B	Building Ow	vner/Ope	erator (	2)				1		7	71
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Agencies Notified Type Notifie	cation	Str	reet Add	iress		Š								, ,
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EPA IM Initial Amen	ded			, Zip Code									4	
DOL \_Amen	dment #	-15	Ma	NG58	OCA	<b>`</b>	NC	in Ja	375	y			;	1
	gency (including cation)	Na	ame of (	Contact C	)	7			Tel	optone Nu	mber		1	
	ellation		Da	29										٠
			FACIL	TYNFOR	OITAMS	N								
Name of Facility Where Abatement is							Type o	of Facility (4	1)					
mangan Res	ide1C						s	School (K-12	2)					
Street Address							S	Subchapter Other (i.e. p	8 (Othe	er than K-1	2) iat buik	linne	home	ie.
US OTECO A	ンC							tc.)	ivate o	Commerc	Hai Duii	an igo,	1101116	٥,
City (5)							Square	e Feet	# of	Figors		ldg. A		
manasaxo							15	$\mathcal{L}\mathcal{O}$		/	1	67	4	
County (6)			ounty C				Currer	nt Use (Pric	or if bei	ng demolis	hed)			
monwith	Ga .	(S	TATE U	SE ONLY)		- 1	14	52 · 40	200	)				
Name of Monitoring Firm Hired by Bu	uilding Owner (8)		ASCM	No.		Name		tement Con			this to			
						Ace	Insula	tion Co.,	Inc.					
Street Address						Street	Addres	S						
								se Road					mary mary	
City, State, Zip Code								p Code						
						Colts	Neck	k, N.J. 07	722					
Project Manager for Monitoring Firm		Te	elephon	e No.			one No			License I	No.			
						732-	294-1	757		00029				
Start Date (10)	Schedule	d Comp	letion D	ate (11)		Name	of OSH	A Monitor						
51114	1511		14											
Occupancy Status During Abatemen	t (Check Only On	e)				Street	Addres	ss						
Facility Closed/Vacated During	Entire Period of A	bateme	nt <sub>.</sub>		L									
Abatement Performed Outside Other - Describe:	of Normal Facility	Hours	217		-	City, S	tate, Zi	ip Code						
Scope of Work (Check All That Apply	v)													
		enovatio	nn.				] Full	l Containme	ant with	Negative	Pressi	ire		
≥3 sf or ≥3 if ≥160 sf or ≥260 if		emolitio				_	Min	ni-Enclosure	•	···ogauro		11250		
7	2					6		vebag Prod		d Blon Eric	bla Dr	ondu	**	
							L INDI	n-Exempted	1 ( ) all	d Non-File	IDIE FI	1500000	ement	t
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Location of Asbestos-Containing Material (A	1100	d Solely		Achestr	Des os Conta	cription		(ACM)	A	mount			_ m	
TO BE ABATED	1414	intenand todial St			hermal s	system	s insula		(	Specify	æ	20	nca	Enc
In Facility	Cus	(12)	-		other m	ing, VA			S	F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)					obici iii	iooona.	.0000)				0	-	late	129
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05/705						1						1		
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						Vasile		) Name of	Desiri	ered Land	60	1_		1
Name of Registered Waste Hauler		0.000	IDEP W		Cubic 'of Was	rards				erea Lana	1115			
Ace Insulation Co., Inc.		1,000	086			9		G.R.O.	W.S.					
City, State			-,		Dispos	al Date	•	City, Sta	te					
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Bree McGuire	Secr	etary T	reasu	irer		BY	er	m)	, .		5/	H	14	

State of New Jersey

* Sondy *	. N	(Pu	ATION (	ce of New Jersey OF ASBESTOS A O NJAC 8:60 and	ABATEMI 1 12:120)		Chec	K	壮,	) ?	30	3
Date of Notification (1)		1	1 0	Building Owner/C								2
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Agencies Notified Type Notificat  EPA Initial  Amende			26	A Delice of the second	hry	~2+		MA'	/ 1	2 2	2014	_
DOL Amendm	ent #	_   -	100	The state of the s	8/	New S	ersex	_				
DOH Emerger	ncy (including on)	1	Name of	Contact			Telephen	e Num	ber			
DCA Cancella			20	e			h-1		_		UU	
	-lin- Diago (0	`	FACIL	ITY INFORMATI		Type of Facility (	4)					-
Name of Facility Where Abatement is T  Resi  Street Address	dence	)				School (K-1 Subchapter Other (i.e. p		n K-12 mercia	) il build	ings,	home	s,
City (5)	01					etc.) Square Feet	# of Floor	s	Bi	dg. A	je	
Tom River						1000	/		1	63	3	
County (6)			County C	ode (7) SE ONLY)		Current Use (Pri		molish	ed)			
Ocean							esce					
Name of Monitoring Firm Hired by Build	ing Owner (8)		ASCM	No.		of Abatement Cor nsulation Co.,						
					Street A		, 1110.		_			
Street Address						ontrose Road	i					
City, State, Zip Code		• • •				ate, Zip Code Neck, N.J. 07	7722					
			Falanhar	o No	Telepho			nse No				
Project Manager for Monitoring Firm			Felephor	le No.		194-1757	000		J.	VOLUMEN - TURNE		
Start Date (10)		3	pletion E	Date (11)		of OSHA Monitor						
Occupancy Status During Abatement (					Street	Address						
Facility Closed/Vacated During En Abatement Performed Outside of Other – Describe:	Normal Facility	Hours			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti	100			Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure				Э	
	le	Location	on								ment pe	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	l) Use Ma	Normali ed Sole iintenar todial S (12)	ly by	Asbestos Con (i.e. therma surfa		aterial (ACM) insulation, I, or	Amour (Specit SF or L	fy	Removal	Repair	Encapsulate	Enclosure
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00.40005			X	51 dia	<u>}</u>		8001	1	X			
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Name of Registered Waste Hauler			JDEP W		Yards	Name of	Registered L	.andfill	1			
Ace Insulation Co., Inc.			auler ID 2086	No. of Wa	este 2	Chrins						
City, State Colts Neck, New Jersey				Dispo	sal Date	City, Sta						
Completed by	Title			101	Signature		1	Da	te)	1		
Bree McGuire	Sec	ton:	CAT	reasure	BA	sem.	1-	15		11	4	

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



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Date of Notification (1) 04/24/14 05 de	114				Building C ULTON				0							18
	ype Notification			Street Ad	Idress CHARD	AVE.			1							
DEP DOL	Initial Amended Amendment	#		City, Stat	e. Zip Coo CHEN, N	de	40					-				
☑ DOH DCA	] Emergency ( justification) Cancellation			Name of JONI F	Contact				74	Tele	phone N	nber				
	1 Carreenador				ITY INFO		ON .									-
Name of Facility Where Aba	itement is Takin	g Place (3)						☐ s	of Facility (4) chool (K-12 subchapter 8	)	er than K-	12)		720		
99 ORCHARD AVE.								e e	ther (i.e. pri tc.)	1						s,
City (5) METUCHEN								Square 1000		# of 2	Floors		Bldg	. Ag	je	
County (6) MIDDLESEX				County C	Code (7) ISE ONLY)		_	Currer	nt Use (Prior	if bei	ng demoli	ished)				
Name of Monitoring Firm Hi	red by Building	Owner (8)		ASCM					ement Cont							
Street Address		,		10-7			Street	Addres								
City, State, Zip Code		- /	84				City, S	tate, Zi	. 5. 117 47 45		_					
Project Manager for Monitor	ring Firm			Telephor	ne No.		Teleph	none No	).		License 1200	No.	11158			
Start Date (10)		Schedule		npletion [	Date (11)		Name	of OSH	A Monitor PROFES	9810						
05/06/14	hatament /Cha	,						Addres		3010	TALLO					
Occupancy Status During A				NAME OF THE OWNER O					OVE CO	URT						
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire Outside of Non	Period of A nal Facility	Hours	nent S	11	_	City, S	tate, Zi								
Scope of Work (Check All T	hat Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova				×	Min Glo	Containme i-Enclosure vebag Proci i-Exempted	edure	-			dure	,	
		le	Locat	ion									-	ate	ment	
Location of Asbestos-Containing Mi TO BE ABATI In Facility (13)	aterial (ACM)	Use Ma	lorma d Sole intena	ily ely by		tos Conta thermal	system cing, VA	Material s insula T, or		(5	mount Specify For LF)	Removal		Tyr	e Encapsulate	Enclosure
FLOOR			X			FLO	OR T	ILE		10	00 SF	х	İ			
												_	-	4		-
												-	+	-		
Name of Registered Waste	Hauler			JUEP W		Cubic			Name of F	Registe	ered Land	fill	-1-			
NEWARK CARTING			10000	Hauler ID 4509	No.	of Was		v	IESI			-				
City, State NEWARK, NJ		14				Dispos 05/06	sal Date 5/14	;	City, State							
Completed by JOSEPH PERLSTEIN		Title OWN	IER			S	Signatur	е				Date 04/24	/14			

A Committee	ACCOMMAND.	durance and the	Dillin.
m.	- t-	Lorn	2
HAID.	12.1	FULL	1

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te of Notification (1) 5/07/14				22	2 ISABE	ling Owner/ LLA LLC	Operator (	2)		MAY	1 2 201	Ą			
gencies Notified	Type Not	fication		Stre 22	et Addres 2 ISABE	s ELLA AVE	Ē					,		-	4
EPA DEP DOL	Initia Ame	al ended endment #		City	, State, Z	ip Code N, NJ 07	111	12, 2		2 2-2			٠		
	Eme	ergency (incl fication)	uding	9777700	me of Cor	itact				Telenh	none hi				
DOH DCA		cellation			DU		TION								
		. Tables D	lace (3)		FACILITY	INFORMA	TION	Type of Fa	acility (4)				5725		
ame of Facility Where	Abatemen	is raking r	iace (0)					Subo	ool (K-12) chapter 8 er (i.e. pri	Other	than K-12) commercial	building	js, hoi	mes,	
222 ISABELLA AV	Έ							etc.) Square F		# of F			. Age		
City (5) RVINGTON County (6)				C	ounty Cod	e (7)		2500 Current U	Jse (Prior	(1 STAN) 1000	demolishe	ed)			
ESSEX				(S	TATE USE		Nome	e of Abatem	ent Conf	tractor (	9)				
Name of Monitoring Fir	m Hired by	Building Ov	vner (8)		ASCM N	0.	AAA	LEAD P	ROFE	SSION	IÁLS				
Street Address							6 W	et Address /HITE DC		DURT		7			
City, State, Zip Code							LAH	State, Zip ( KEWOOD	Code ), NJ 08	8701					
Project Manager for M	lonitoring F	irm		T	elephone	No.	732	phone No. 2-668-907			License No.	0.			
Start Date (10)			Scheduled 05/21/14	Com	pletion Da	ite (11)	Nam AA	ne of OSHA A LEAD F	Monitor PROFE	SSIO	NALS				
05/21/14 Occupancy Status Du				4			Stre	et Address							
	ring Abate	ment (Check	(Only One)				0.11	MUTE DO	NEC	OURT					
Facility Closed/V	acated Du	ring Entire P	eriod of Ab	atem	ent		6 V	VHITE DO , State, Zip ,KEWOO	Code						
Facility Closed/V Abatement Perfo Other – Describe	acated Du ormed Outs e:	ring Entire P side of Norm	eriod of Ab	atem	ent		6 V	, State, Zip KEWOO	Code D, NJ (	8701			27		
Facility Closed/V Abatement Perfo Other – Describe Scope of Work (Chec	acated Du ormed Outs e: k All That	ring Entire P side of Norm	eriod of Ab al Facility H	atem	tion		6 V	, State, Zip KEWOO	Code D, NJ (  Containment of the	)8701 nent with	n Negative				
Facility Closed/V Abatement Perfo Other – Describe Scope of Work (Chec	acated Du ormed Outs e: k All That	ring Entire P side of Norm	eriod of Ab al Facility H	dem	tion		6 V	, State, Zip KEWOO	Code D, NJ (  Containment of the	)8701 nent with		ble Proc	cedure	ement	
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Date of Notification (1) 05/07/14		37			Building O			(2)							
	Type Notification			treet Ad		WOLL.			MA	Y 1 2 20	714		* 1	1	
Agencies Notified  EPA	x Initial		9	3 GLE	NWOOI		E						17		
DEP	Amended				e, Zip Cod									7	
DOL	Amendment #		L	EON!	A NJ 076	305						-£			
ĭ DOH	justification)	liciduling	1	lame of						Telephone	NI		-		
DCA	Cancellation		P	ANGEL	O ANDI	RIULI	_1					8			
				FACIL	ITY INFO	RMAT	ON	_							
Name of Facility Where	Abatement is Taking	Place (3)						-	of Facility (4) School (K-12						
Street Address								S	Subchapter 8	Other than k					200
93 GLENWOOD A	VE.							100	Other (i.e. pri tc.)	ivate & comme	ercial	build	ings,	nome	s,
City (5)									e Feet	# of Floors		BI	dg. A	ge	
LEONIA								2500		3					
County (6)				County C	ode (7) SE ONLY)			Currer	nt Use (Prior	if being demo	olishe	d)			
BERGEN															
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.				ement Cont PROFES	SSIONALS					
Street Address			i					Addres		national design of the last of					
									DOVE CO	URT		- C			
City, State, Zip Code								State, Zi EWO0	p Code DD, NJ 08	701					
Project Manager for Mor	nitoring Firm		T	elephon	ie No.		2,000000,00009330	none No 668-9		Licens 1200	e No.				
Start Date (10)		Scheduled (	Com	pletion D	Date (11)	-			IA Monitor		-				
05/19/14		05/20/14					2000			SSIONALS		*	0000		
Occupancy Status Durin	ng Abatement (Check	(Only One)						Addres	s DOVE CO	URT					
Facility Closed/Vac	ated During Entire F ned Outside of Norm	eriod of Aba	teme	ent					p Code						
Other – Describe:	led Outside of North	ai racility n	ours					22,000,000	DD, NJ 08	3701					
Scope of Work (Check A	All That Apply)		-			-			,						-
	ш тистфріј)	<b>▽</b> □ □					Г	7 5	Containmo	nt with Negativ	vo Pr	200111	•		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovat					☐ Min	i-Enclosure	iii wiiii negaii	ve Fit	essui	е		
							2	Marry .	vebag Proc						
	*	T						_ Nor	n-Exempted	(*) and Non-F	riable			ement	
		ls Lo		26000									драце Ту		
Locatio		Used S	mally				escription		(1010		ı				
Asbestos-Containing TO BE AB		Maint					ntaining I			Amount (Specify		Z	_	Enc	Щ
In Fac		Custod		taff?	(1.0.	surfa	acing, VA	AT, or		SF or LF)		Remova	Repair	aps	ldo
(13)		(	12)			other	miscella	neous)				oval	a:	Encapsulate	Enclosure
		Yes	No	N/A										ē	
BASEM	ENT		X		F	PIPE	INSUL	ATION	1	110 LF		X			
		1				-						-			
Name of Registered Wa	ste Hauler			JDEP W		100000000000000000000000000000000000000	c Yards		Name of F	Registered Lar	ndfill			la	
NEWARK CARTING	3			auler ID 1509	No.	of W	-		IESI						
City, State NEWARK, NJ						Dispo 05/2	osal Date 0/14	<b>9</b>	City, State	EHEM PA					
Completed by		Title	_				Signatur	е			Date				
JOSEPH PERLSTE	IN	OWNE	R								05/	07/1	4		

_	_	_	_	_	_	_	_	_

7			(Pu	rsuant t	O NJAC 8	:60 and 12:12	20)							1	
Date of Notification (1) 05/07/14			12030		Building C	wner/Operato K	or (2)		VAI	1 2 7	2014				
Agencies Notified	Type Notification	1	(100)	Street Ad 112 CA	ldress ARTAGE	NA DR		1	W.A.			a.	,	-	
DEP DOL	Amended Amendmen				e, Zip Cod NJ 0872									_	
DOH DCA	justification Cancellatio	)	1	Name of ROBER	Contact RT HELI	K		= = =	Tele	phone (	Numbe		4		
				FACIL	ITY INFO	RMATION	10000								
Name of Facility Where Street Address 112 CARTAGENA		ng Place (3)					Ty	pe of Facility ( School (K-1 Subchapter Other (i.e. p	2) 8 (Othe			ıildir	ngs,	nome	s,
City (5)								etc.) juare Feet	# of	Floors		Bld	g. A	je	
BRICK County (6)				County C		7	2000	rrent Use (Prid		ng demo	olished)				
OCEAN					ISE ONLY)										
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			Abatement Cor AD PROFE							
Street Address						7.77	et Add	tress E DOVE CO	DURT						
City, State, Zip Code								e, Zip Code OOD, NJ 0	8701						
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		phone 2-668	e No. 3-9078		Licens 1200	e No.				
Start Date (10) 05/16/14		Scheduled 05/19/14		pletion [	Date (11)	0000000	50% N. TO E. N. C.	SHA Monitor	SSIO	NALS					
Occupancy Status Durin	ng Abatement (Che	The state of the s		70		Stre	et Add	dress							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of No	Period of Al rmal Facility	batem Hours	ent		City,	State	E DOVE CO e, Zip Code /OOD, NJ 0							
Scope of Work (Check A	All That Apply)							000, 110 0	0101		-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, , , , , , , , , , , , , , , , , ,		enova emoliti					Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	•				ı	
			_ocati									Α	bate Ty	ment	
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) BATED ility	Used Mair	ormali I Sole ntenar odial S (12)	y by nce/		Description Containing thermal syste surfacing, \ other miscell	Mate ms in AT, o	sulation, or	(5	mount specify or LF)		Domous	Repair	Encapsulate	Enclosure
		Yes	No	N/A		22-27 (64						-		ate	re ·
WALLS AND	CEILING		X		J	OINT COM	IPOL	JND	10	00 LF	X	+			
											+	1			
Name of Registered Wa	ste Hauler		10162872	JDEP W	0.0000000000000000000000000000000000000	Cubic Yards	3	Name of	Registe	red Lan	ıdfill				
NEWARK CARTING	3		1000	auler ID 1509	No.	of Waste 15		IESI							
City, State NEWARK, NJ						Disposal Da	ite	City, Stat BETHL		1 PA					
Completed by JOSEPH PERLSTE	in	Title OWNI	ER			Signati	Signature Date 05/07/14								



Check No.

No Fee - PA Project

Date of Notification (1)					Name o	of Buildin	g Owner/Operator	(2)						
March 27, 2014					PA of	FNY &	NJ, Newark L	iberty Interna	ational Airpo	rt				
Agency Notified	Type Not	ification	7//5 (1979)			Address			1.					
□EPA	☐ Initial				Build	ing 12	5		1.					
Managinder Sale Reg. 10-2004	☑ Amend	led			City, St	ate, Zip	Code	MAY 12 2	014					
⊠ DOL	200000000000000000000000000000000000000	dment # 1			Newa	rk, NJ	07114	MAY 12	.01.					
⊠ DOH	justific	ency (includin ation)	9		Name o	of Contac	it j		Telephone Nu	nber				
□ DCA	☐ Cance				Ralph	n Cam	oione			_				
					FACIL	ITY INF	ORMATION							
Name of Facility Where	Abatement	is Taking Plac	e (3)		all your second		- Secretary	Type of Facility	(4)					
Newark Liberty Int	ternation	al Airport						☐ School (K-12	)\					
Street Address								☐ Subchapter 8	(Other than K-1					
Hanger 14									rivate & commerc	ial buildin	gs,			
City (5)								homes, etc.) Square Feet	# of Floors	Bldg.	Age			_
Newark								61,408	2	50 +	0.000			
	-				County	Codo /7	VOTATE LICE		r or if being demo			-	7	_
County (6)					ONLY)	Code (7	) (STATE USE		nor it being demo	ilistied)				
Essex	11: 11 5			10011	N-		N 6 Ab-4	Terminal	2)					_
Name of Monitoring Firm	n Hired by t	Building Owne		ASCM	No.			nent Contractor (						
PA of NY & NJ				N/A				storation Co.,	Inc.					_
Street Address							Street Address							
241 Erie Street, Ro	oom 236						223 Randoli							
City, State, Zip Code							City, State, Zip (							
Jersey City, NJ 07			1 +				Clifton, NJ	0/011	Transan					
Project Manager for Mon	litoring Firm	1			ne No.		Telephone No.	4.000	License No.					
Ralph Campione		0-1-1-1-1-0-	1006	CONTRACT STREET	24-689	18	973-478-468 Name of OSHA		00120					
Start Date (10)		Scheduled Co	100				A DESCRIPTION OF THE PROPERTY		Camilago I I	^				
April 07, 2014 Occupancy Status Durin		December			. T. Sell.		Street Address	vironmental	Services, L.L	.0.	_	-		_
Occupancy Status Durin	g Abateme	it (Check only	one			53		Prook Avenu	_ 22 - 25					
☑ Facility Closed/Vacate	ed During E	ntire Period o	Abat	ement			City, State, Zip	Brook Avenu	B					
☐ Abatement Performed ☐ Other - Describe:	Outside of	Normal Facili	ty Hoi	urs				NJ 07071-199	38					
Scope of Work (Check a	II that annly	<u>'</u>					Lynanaist,	145 0707 1-15	,,,				_	
	ii tilat appiy	1							n Negative Pressu	ıre				
$\square \ge 3 \text{ sf or } \ge 3 \text{ If}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ If}$					☑ Ren			-Enclosure rebag Procedure						
2 2 100 SI 01 2 200 II									d Non-Friable Pro	cedure				
			Is	Locat	ion						A		eme /pe	nt
Location	on of			Normal	•		Description	of				, , <u>, , , , , , , , , , , , , , , , , </u>	pe	
Asbestos-Containir		(ACM)		d Sole intena	0.000	Asbe	stos Containing M		Amount				m.	п.
TO BE A				ustodi	ial	(i.e	., thermal systems		(Specify		Ren	Re	ıcap	nclo
IN Fac	500000			Staff? (12)	)()		surfacing, VA other miscellan		SF or LF	)	Removal	Repair	Encapsulate	Enclosure
	•			(12)							<u>a</u>	7	ate	e
			Yes	No	N/A					Matazas sector 1990		_		_
First Floor MER, 2nd Floor Lo	ft and Hanger	High Bay Area			X	Pipe	Insulation		43	00 In ft	X			_
First Floor MER	1.0		8		X	Expa	nsion Tank Ir	sulation		90 sq ft	X			
Adjacent Runway		Tale i			X	Concrete	encased transite pipe duct	bank & tar paper		80 yrds	X			
rank v i i i i je i je i je	E 75						that Made							
Name of Registered Was	ste Hauler	3 11 11 11/12	30000		Waste H	auler	Cubic Yards of	Name of Regis	stered Landfill	i i i i i i i i i i i i i i i i i i i				
Two Brothers Con	tracting	Inc	1 441 (1999)	No. 3743	11-		Waste 25 / 80	Grows North	Landfill / Grand	Central	Lar	dfil	l	
7 11 12 15 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	goding	,	10	5143			(Fri) / (Non-Fri		) (No	n-Friable	)			
City, State		01:0			1040		Disposal Date	City, State	DA / Danie	A married . Th	Α.			
250 Rutherford Bo			J 07	U14-1	1312	1 (1)	4/14/14 - 12/19/14	Worrisville	e, PA / Penn /		A	_		
Completed by		Title					Signature	1111	_	Date	04	4		
G. Roger Woodma	ın	Project Ma	ınag	er				-		5/2/2	U 14	•		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	<del></del>	Name of Building			, 0	1 >		
5/7/2014				y Development	U 2	122	2	
	cation ial Notification nended Notification	Street Address	120 4 <sup>th</sup>	Street		1		
[x] DOL Am	nendment # ergency (including	City, State, Zip Co.	de Lakewo	ood, New Jersey 0		2 2014		
	tification) ncellation	Name of Contact Abe A	Auerbach	Te	elephone Number			
		CILITY INFORM	IATION					
Name of Facility Where Abatement is Takin Residence	ng Place (3)			Type of Facility (4)	School (k-12)			
Street Address 256 Bruce Street				[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			dings,
City	County (6)	County Code (7) (STATE USE ONL	v)	Square feet 800 sf	# of Floors	Bldg. Ag	60	
Lakewood	Ocean	(SIME COL CIVE	- /	Current Use (Prior if	being demolished)		00	
Name of Monitoring Firm Hired by Building	g Owner (8)	ASCM No.	Name of A	Residen Abatement Contractor (				
N/A Street Address		1	Street Add		n Contracting,	Inc.		
			54774240 26466912000000	1889 Ro	oute 9, Unit 61			
City, State, Zip Code			City, State	e, Zip Code Toms R	iver, New Jers	ey 08755-	1271	
Project Manager for Monitoring Firm	Telephone Number	er	Telephone 732-349	Number	License N 00624			
Scheduled Start Date (10) 5/8/14	Scheduled Compl 5/9/14	etion Date (11)	Name of (	OSHA Monitor E.M.S.L	. Analytical			
Occupancy Status During Abatement (Chec	k only one) ted During Entire Period of A	hatement	Street Add		elton Road			
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	d Outside of Normal Facility		City State	e, Zip Code				
Other – Describe					vay, New Jerse	y 08854		
Scope of Work (Check all that apply)			[ ]	Full Containment v Mini-Enclosure	with Negative Pres	sure		
[ ] >3 sf or ≥3 lf	[ ] Reno	ovation	[ ]	Glovebag Procedur	re			
[ X ] ≥160 sf or ≥260 lf	[x] Dem	olition	[x]	Non-Exempted (*)	and Non-Friable	Procedure		
						Abatemen	it Type	
Location of	Is Location Normally used	As	Description bestos-Cont		Amount	RR	E N	E
Asbestos-Containing Material (ACM)	Solely by	1	Material (A	CM)	(Specify SF	E E P	C	N C
TO BE ABATED in facility	Maintenance/Custodi Staff		e., thermal sulation, sur		or LF)	OA	AP	L
(13)	(12)	IIIS	VAT, or			V R	S	S
(/	()	oth	ner miscella			A	U	U
	YES NO N/A	<b>A</b>				L	L E	R E
Exterior	X	Asbestos sidi	ng		750sf	X		
							-	-
Name of Registered Waste Hauler	NJDEP Waste Hau	lar ID No.   Cubic V	ards of Waste	Name of Register	ed Landfill			
Guardian Contracting, Inc	20223	3		T.R.R.F.	od Dandilli			
City, State Toms River, New Jersey		posal Date 2/14	City, Sta	te wn, Pennsylvania	1			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	i cho	PJo /	/	Date 5/7/201	4	

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

		N	OTIFIC/ (Pur	ATION suant t	to NJAC	8:60 and	2:120)					ş:		$\vdash$	
				of	Building	Owner/Op	erator (2	)					٠.,		
te of Notification (1) oril 9/2014 C	heck#2600	)	5	St Ced	cilia Ele	ementary	School		MA	Y	2 20	Ą.	, F	$\sqcap$	
encies Notified	Type Notific		S	street A 55 We	ddress est Der	narest Av	enue							1	
EPA	Initial Amen	ded	1	Tity St	ate Zip	Code					44	, i		ال	
DEP DOL	Amen	dment # gency (including			wood, of Conta	NJ 0763			Telep	hone	Number	-			
DOH	iustific	cation)	'   '	Mike	Hunke	n						+ W			
DCA		ellation		FAC	ILITY II	NFORMATI	ON	Type of Facilit	y (4)						
lame of Facility Where St Cecilia Elemen	e Abatement i Itary Schoo	s Taking Place I	(3)					School (		er than	n K-12) mercial bu	uildings,	home	es,	
Street Address 35 West Demares								etc.) Square Feet		Floor		Bldg. A 60+		ist.	
City (5) Englewood, NJ 0	7631							40,000 Current Use	11.00	ng de	molished	)			
County (6)				Coun (STAT	ty Code	(7) DNLY)		School							1
BERGEN Name of Monitoring F	irm Hired by	Building Owner	(8)	AS	SCM No.		Name	e of Abatement Services Co	rporation	)   					1
N/A							Stree	et Address 6 69th Street							
Street Address							City	State, Zip Cod	le						
City, State, Zip Code	9							ttenberg, NJ	07095	_	cense No				
Project Manager for	Monitoring Fi	rm		Tele	ephone I	No.	20	1-295-1700		01	1074				4
			eduled (	Comple	etion Dat	re (11)	Nar	ne of OSHA Mo me as above	onitor e						
Start Date (10) 4/9/2014		4/1	1/2014	4				eet Address							
Ctatus	During Abater	ment (Check Or	nly One)												-
	d/Vacated Du	ring Entire Perio					Cit	y, State, Zip Co							_
Scope of Work (Ch	neck All That	Apply)						Full Co	ntainment	with N	Negative F	ressure			
1 >3 ef or ≥3 lf			X Re	novatio	n n			Mini-Er	nclosure						
≥160 sf or ≥2	260 lf							Non-E	pag Proced xempted (*	) and	Non-Fila	DIE FTOO			
				Locatio			_	iption of					Ту	T	-
Asbestos-Cor TO	ocation of ntaining Mater BE ABATED In Facility (13)	rial (ACM)	Use	ormally d Solely ntenan odial S (12)	y by ice/	(i.e. th	Contair ermal sy	ipilon of hing Material (A rstems insulation ig, VAT, or scellaneous)	cM) on,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Elicioadio
	(.0)		Yes	No	N/A		Dino li	nsulation	-	- (	9 LF	*	E.		L
Crawl spa	ace (Media	Center)		×	-		Pipe	Tisulation.					_	-	-
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	tered Waste F	lauler		1	NJDEP I	Waste	Cubic of Was		GROW	S No	orth Lan	dfill			
Al - FDaniel	CILLY FINANCE .				15939		TBD	sal Date	City, State	e					
Name of Regist	rting Inc	25/2000/2000 2000/2000													_
Freehold Car	rting Inc	Id -N I 07728					TBD		Morrisv	nne,	PA	Date			
Freehold Ca	rting Inc	d -NJ 07728	Title		anage		TBD	Signature /	Norrisv	ille,	PA	Date 4/9/2	014		

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Services Notifice  Services Noti	e Nólificatori  pria  pria  primenoed  primenoen #  Emergency (including  justification)	Street Address 25 City, State-Zip	47 FIRE			
	Amendment &	60				
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of Chelia, Whate Ahale	meni is Taking Place (3)		FORMATION	Type of Facility (4)		
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MAROS	<u> </u>	County Code			Boung demoising	101
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Owner Describe	VSt SIXI(I)		D Fut	Containment with No	egaure Piessare	
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