#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT DECENIED

(Pursuant to NJAC 8:60 and 5:16)

4	₹	
	6	

Date of Notification (1)					Nam	e of Buildin	g Owner/Operator (	\$4.5°					
	20 /	14	<u> </u>		Mi	r. George	Minier	7814 HAY	5 # 1405-1878	6hk.	<b>#357</b>	3	
Agencies Notified	Type Noti	fication			659555	et Address							
⊠ EPA ⊠ DOLWD	☐ Initial	404			7	Dewey Av	enue	7. 1. TES [	US CONTR	91.			
☑ DOLWD	☐ Amend	aea ament #			100000000000000000000000000000000000000	State, Zip (		201	CENSING	15		20 00 000	
□ DCA	☐ Emerg			ı	Ma	anasquan	, NJ 08736	G. L.	V = .	型上			
(NJAC 5:23-8)	justific				Nam	e of Contac	t .		Telephone Nun	nber			
	☐ Cance	llation			EI	izabeth R	iva						
					FA	CILITY IN	FORMATION						
Name of Facility Where A		is Takin	g Place	(3)				Type of Facility (	4)				
Residential Propert	у							School (K-12		0)			
Street Address								☐ Subchapter 8 ☑ Other (i.e., pr			ildino	IS.	
7 Dewey Avenue								homes, etc.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
City (5)								Square Feet	# of Floors	Ble	dg. A	ge	#2100k100
Manasquan								500	2	- 1	1961		
County (6)					Cou	unty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Monmouth								Residential					
Name of Monitoring Firm	Hired by B	uilding	Owner	(8)	ASC	/I No.	Name of Abateme	ent Contractor (9)					
Horizon Environme	ntal						Asbestos an	d Mold Service	s, Corp.				
Street Address		0.00					Street Address						
PO Box 336							3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Thorofare, NJ 08086							Hainesport, I	NJ 08036					
Project Manager for Moni	toring Firm				lephon		Telephone No.		License No.				
Dave Flanigan						8-0800	609-702-0400	00862					
Start Date (10)	14					ate (11)	Name of OSHA N						
06/04/					/ 0	14	EMSL Analyt	ical, inc.					
Occupancy Status During					unananda ar		Street Address						
<ul> <li>☐ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> </ul>						ecribe	200 U.S. Rou						
Time of Abatement: _							City, State, Zip Co						
Scope of Work (Check all	that apply	)					57.5.40			Chains	ilici		
☐ >3 sf or >3 lf			⊠ Re	nova	tion		⊠ <del>Full Con</del>	tainment with Neg	ative Pressure	Elicibi	MIL	/	
≥160 sf or ≥260 lf			☐ De	molit	ion		☐ Gloveba	g Procedure					
			Τ.				∐ Non-Exe	mpted (*) and No	n-Friable Proced			Paletti	
I anadian			1	Loca			<b>5</b>			Ab	atem	ent T	ype
Location Asbestos-Containing I		CM)			lely by	Ashe	Description of estos Containing Ma	The same and the s	Amount	Re	Repair	四	四
TO BE ABA	TED	,			ance/	(i.e	e., thermal systems	insulation,	(Specify	Removal	pair	cap	clos
IN Facilit	у		Cus	1001a (12	Staff?	ite	surfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	Enclosure
(13)			Yes	No		X .	other miscellane	ous)				ite	8076
Basement			П		$\boxtimes$	Floor T	ile and Mastic		500 SF			П	
				-						-			=
			-		<u> </u>						브	Ц	Ш
			Ш	Ш									
<i>5</i>													
Name of Registered Wast	e Hauler					Waste	Cubic Yards of	Name of Regis	tered Landfill				
Freehold Cartage, In	nc.				Hauler 0220	ID No. 55	Waste 5	GROWS La	ındfill				
City, State					- m in 1		Disposal Date	City, State	****				
Freehold, NJ							6/7/14	Morrisville,	PA 19067				
Completed By (Print or Ty	rpe)	Tit	e	- 22			Signature ,	1		ate		100	
Kimberly A. Trumbe	******	12.25	Office	Cool	rdinat	or	781			5-2	6.1	4	
100							JAK.N.			, ,		1	

CK# 2452/



	Name of Building Owner/Operator (2)  Joann Hellings  AY 22 PM 1									
5/20/14	Joann Hellings 114 22 PM 1									
Agencies Notified Type Notification Street Address  ☑ EPA ☑ Initial	66A River Rd. 953/03 000+									
DEP Amended City State Zin Code										
Amendment # Emergency (including	Rumson, NJ 07760-1122									
DOH justification) Name of Contact	Telephone * 1									
Joans Joans	n Hellings									
FACILITY INFOR										
Name of Facility Where Abatement is Taking Place (3)  Residential Property	Type of Facility (4)									
Street Address	School (K-12) Subchapter 8 (Other than K-12)									
66A River Rd	Other (i.e., private & commercial buildings, homes, etc.)									
City (5)	Square Feet # of Floors Bldg. Age									
Rumson, NJ	10000 3 107									
County (6) County Code (7) (3  Monmouth USE ONLY)										
	Residential ame of Abatement Contractor (9)									
(8) MECS	Stevens Environmental Services, Inc.									
	reet Address									
PO Box 341	PO Box 322									
City, State, Zip Code Crosswicks, NJ 08515	ty, State, Zip Code									
	Allentown, NJ 08501									
Lou Laureti (609) 298-4070	(609) 259-9688 00493									
	ame of OSHA Monitor									
6/2/14 7/3/14	MECS									
	reet Address									
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Cit	PO Box 341									
M Other - Describe: 8am to 4pm	City, State, Zip Code Crosswicks, NJ 08515									
Scope of Work (Check all that apply)										
☐ ≥3 sf or ≥3 lf	Full Containment with Negative Pressure Mini-Enclosure									
≥160 sf or ≥260 lf Demolition	Glovebag Procedure									
Is Location	Non-Exempted (*) and Non-Friable Procedure  Abatement									
Normally Location of Used Solely by	Туре									
Asbestos-Containing Material (ACM) Maintenance/ Asbestos C	Description of Containing Material (ACM)  Amount  TO THE PROPERTY OF THE PROPE									
	rmal systems insulation, (Specify en constraint) arfacing, VAT, or SF or LF)									
	rmal systems insulation, urfacing, VAT, or ler miscellaneous)  Amount (Specify Specify									
Yes No N/A										
Basement X Therm	nal Pipe Insulation 3500 lf 🗶									
Crawl space x Therm	nal Pipe Insulation 300 lf 🗶									
Basement Therm	nal Tank Insulation 110 sf 🗶									
	oiler Breeching 60 sf x									
Hauter ID No. of	ibic Yards Name of Registered Landfill Waste									
Carnevale Disposal 17297	40 CU T.R.R.F., Inc.									
City, State Dis	sposal Date City, State Tullytown, PA									
Completed By Title	7/3/14 Tullytown, PA Signature 7 Date									
Mahlon E. Stevens Project Manager	5/20/14									

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

			ron works-					CK#24100							
Date of Notification (1)					Name of Building Owner/Operator (2) 2514 MAY 22 PM 4: 44										
5/16/2014					DANJON	MANA	GEMENT CO./V	ILLAGE EAST AP	rs rs	÷ 4					
Agencies Notified	Type Notifi	cation			Street Addr										
□ EPA	/y/ Initial				661 ARRIT	NCTON	DRIVE ADT I	45BESTOS CO 17B & LICENS	MIK	3 L					
☐ DEP	Amen	ded An	nendme	ent#	City, State,	Zin Code	DRIVE, ALL.	1/D & HERS	MC	68 YE					
□ DOL	⊠ Emer									67					
□ DOH		ation)	noidan	9	Name of Co		NJ 08520								
DCA	17-17-E	ellation						v v	ĮΤε	elephor	ie Nur	nber			
- DON	L Cand	mation			DEBBIE D										
None of Facility and					FACILITY II	NFORM	ATION			11.00	1200				
Name of Facility Where At		laking	Place (	3)				Type of Facility (4)							
VILLAGE EAST APAR	TMENTS							School (K-12)							
Street Address								Subchapter 8 (	Other ti	nan K-1	(2)				
661 ABBINGTON DRIV	E APTS. K	7, K8,	K9,K1	0,K15,	K16,K17,K18	8		Other (i.e., priv				ildinas			
City (5)								Square Feet				g. Age			
EAST WINDSOR, NJ									- 1"	<i>31</i> 1 1001	بالار	g. Age			
County					County Cod	e (7) (S	TATE USE ONLY	) Current Use (Prior i	fheing	domali	ahod)				
MERCER						- ( ) ( -		) Joan Chic Osc (1 Hor)	Dellig	iemonsned)					
Name of Monitoring Firm H	ired by Build	ding Ow	/ner (8)		ASCM No.	Name	of Abatement Cor	otroctor (0)							
	•	•	(-)		, iooiii ito:	A Committee of the		200 C 200 E 200 C	_						
Street Address			-	-			Address	IRONMENTAL INC	J						
							ACK FOREST	ROAD							
회						4	tate, Zip Code		•						
Declaration of the second						HAM	LTON, NJ 0869	91							
Project Manager for Monito	ring Firm	Telep	ohone I	No.		Teleph	one No.		Lic	ense N	lo.				
							0-7110		000	576					
Start Date (10)		Sche	duled (	Comple	tion Date (11)	Name	of OSHA Monitor								
5/19/2014			2014			N/A									
Occupancy Status During A						Street	Address								
Facility Closed/Vacate	d During En	tire Per	iod of A	Abatem	ent										
Abatement performed outs	side of worki	ng hou	rs 5PM	-2 AM		City, St	ate, Zip Code								
ESSENTIAL PERSONNEI	ONLY					1									
Scope of Work (Check all the	nat apply)						-	☐ Full Containmer	at south A	la a a tir.	- D				
					Renova	tion			IT AMITLI I	egauv	e Pres	ssure			
≥ 160 sf or ≥ 260 lf					Demolit			Mini-Enclosure							
					T Demont	1011		Glovebag Proce							
		T 1	s Locat					☐ Non-Exempted							
			mally		Description	n of Ache	stos Containing		Aba	temen	t Type				
Location of Asbestos-Co			Solely I				thermal systems	Amount (Specify SF	05 7		g	m			
Material (ACM) TO BE A Facility (13)	BATED IN	1		/Custo			g, VAT, or other	LF)	Removal	Repair	Encapsulate	Enclosure			
r domey (15)			Staff?			niscellan		-/	Į Į	a a	SE.	usu			
		Yes	No	N/A			81		=		ate	6			
APTS. K-7 THFOUGH K			X		BLDG CON	TENTS	(FIRE)	UNKNOWN	X						
APTS. K-15 THFOUGH I	S. K-15 THFOUGH K-18				11	11	1(	et	TX						
									+	+-	_	$\vdash$			
									_	+	-	$\vdash$			
lame of Registered Waste I	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered	andfill			$\vdash$			
					Hauler ID No.		Waste	Tames or rangiological							
CARNEVALE DISPOSAI					17297		120 YDS	GROWS							
City, State							Disposal Date	City, State							
IAMILTON, NJ							5/19-23/14								
Completed By Title						Signatur		Morrisville, Pa.	IDet		****				
AVID D'ANDREA			IDEN	г			vida. K	Derdien	Date						
AVID D'ANDREA PRESIDENT SB-41						10000	J. V	- win	5/16	/2014					

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

Name of Registered Waste Service Transport Inc. City, State New Castle, Delaware Completed By (Print or Tyl Gino Pizzigoni				Tit Pr	20 le	ID No. 1990	of Waste 30 Disposal Da 6/3/14 Signature	ate (	Minerva Lan City, State Waynesburg	dfill		Date 5	1/1	4/	/14	
Service Transport Inc. City, State New Castle, Delaware				На	uler 20	ID No.	30 Disposal Da 6/3/14	ate (	City, State	dfill	74	Date				
Service Transport Inc. City, State					uler	ID No.	30 Disposal Da	ate (	City, State	dfill	<u></u>				2-51-00	
Service Transport Inc.					uler	ID No.	30		same established and market to provide the				-350			
					uler	ID No.	Second to a second second second		E4 1999							
	a Haula	•		NJ	DEF	P Waste	Cubic Yards	s I	Name of Regis	stered La	ndfill					
						]								j		
			П	Ħ	T	il					-	十十	1	#	H	H
			H	П	1	1	0.000				1	ᆉ	Hþ	#	片	님
			H		+  -	+	VAIČ	IVIAS	uc	5,20	) OF		4	#	붜	님
1 <sup>st</sup> Floor Sportswear						1	VAT &	Bass	tio	E 201	n er		+	+		
(13)			Yes	(12) No	N/	Δ.	or other mis	scella	neous)			/a	-	=	late	ure
in Facil				odial		200 mm	insulation, su	urfacir	ng, VAT			Remova		Repair	Encapsulate	Enclosure
TO BE AB	ATED		Main	tenar	nce (		(i.e., therm			3F 0	· LF)	Ze e	3	R	nca	Enc
Asbestos-Co Material (A				nally		d	Asbestos- Materia			(Spe			T		m	
Location		3	5-60-1100	Locat			Descri				ount	Ab	oate	me	nt T	pe
								Ì	Non-Exe			Friab	le F	roc	edu	е
≥160 sf ≥260 lf			H			ation tion	7.1	I.	<ul><li>Mini-Enc</li><li>Glove Ba</li></ul>		dures					
☐ ≥3 sf or ≥3 lf			$\square$	Da	2011	ation			Full Conf		with Ne	egativ	e P	res	sure	
Scope of Work (Check all	that app	oly)			- 1		-						ntener			
Facility Occupied							Di ISCOI,	. ^ 1	0001							
Describe: 10 PM			ai 110	ui S –			City, Stat Bristol,									
Facility Closed/Va  Abatement Perform						ment	1123 Be									
Occupancy Status During	Abatem	ent (Check o	nly on	e)			Street Ac									
5/28/14			6/3	/14	- (		Bristol	c.								
Scheduled Start Date (10)	cheduled Start Date (10) Scheduled						Name of	100	70303							
Alan Lloyd					e Nu <b>287</b>	ımber 5	Telephor (215)78		License Number 00509							
Project Manager for Monit		rm	Tele	nhan	Al.	ımbor	Bristol,			Ti s	ones M	.mel				
City, State & Zip Code	0025						City, Stat									25000
515 Grove St.							1123 Be	V. 100   1 - 100   100						320		
Street Address							Street Ac						W	**************************************		10,000
Pennoni Assocaites, I		Danding OW	iner (o	,	1	OCIVI IV			ronmental, Ir							
Name of Monitoring Firm	Hired by	Building Ow	ner /9	`	IA	SCM No	School	Abot	ement Contrac	tor (O)			_			
Livingston		Essex				şii		Jse (F	Prior if being de	emolishe	d)					
City (5)		County (6)	Co	ounty	Coc	de (7)									4	
				3.0			Square F		# of Floo			Idg. A				
South Orange Ave & \	Nalnut	Ave.					☑ Othe	er (i.e	. private & com	nmercial	building		me	s, e	(c.)	
Street Address		_							er 8 (Other tha		200	7				
Macys Store #71-016	waterne	nicis raking F	riace (	3)			Type of I	⊦acılıt ool (K			<u> </u>	2		Z.		
Name of Facility Where A	hotomo	nt in Takina F	N /	FA	CIL	ITY INI	ORMATIO		7.8		लंड	7			4	
	Odilo														,	
DOH DCA		gency ellation				Contact mauro					Tmos	elept	non	e N	umb	Эr
□ DOL □	Amen					ati, OH					€£ , <del>~</del> /~	2814		Our.		
DEP 🛛	Initial	9 0				te & Zip				20.1 - 3 - 11.1 - F. 3	,Ę,	2	,		0.000	
⊠ EPA				PULL AND SOURCE			h Street									
	Notifica	tion		Mac		ddress							_			
Date of Notification (1)	4/14						Owner / Ope	erator	(2)							
				Nom												

NO CK

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

DEORINGE

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)					7000		
	14	1		Cape Liberty Cruise Port, LLC / Job #1404-4757 Check #6253										
Agencies Notified Type Noti	ication			Stree	t Address		CEIS DI	11 22 PM	4:40					
☑ EPA ☐ Initial		\		10	50 Caribl	oean Way								
☑ DOLWD / ☑ Amend		1	ii .		State, Zip		1.00	<del>3 î 0\$-</del> con	TROL	-				
☐ DHSS Amend			)	V-2000000		ida 33138	å	<del>TOS CON</del> LICENSIN	G	4 Th-				
DCA Emerg		ncludir	g		e of Contac				1	<u> </u>				
(NJAC 5:23-8) justific						753		Telephone Nu	mber					
	lation				n Fergus			<u> </u>						
Name of Facility Where Abatement i	Tokin	a Diaa	- (2)	FA	CILITY	NFORMATION	I =			TELULIA S				
Cape Liberty Cruise Termina				oon I is			Type of Facility (	250						
Street Address	1 - 100	yai Ca	יממווג	an Lii	ie		Subchapter 8	) (Other than K-	12)					
14 Port Terminal Boulevard							Other (i.e., pr	ivate and comn	nercial b	uildin	gs,			
							homes, etc.)							
City (5)							Square Feet	# of Floors	В	ldg. A	ge			
Bayonne														
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Price	alian and a same a same and a same a sam	olished)					
Hudson							Port Termina	al						
Name of Monitoring Firm Hired by Bu	uilding	Owner	(8)	ASCM		Name of Abateme	ent Contractor (9)				38			
Omega Environmental				001	20	AbateTech, I	nc.							
Street Address						Street Address								
280 Huyler Street						30 Maple Ave	e. PO Box 25							
City, State, Zip Code					20 <del>22</del>	City, State, Zip Co	ode							
South Hackensack, NJ 07606						Lumberton, N	NJ 08048					0		
Project Manager for Monitoring Firm				ephone		Telephone No.		License No.	-3-21%					
				01-489	1	609-265-2107		00529				-		
Start Date (10)	F				ite (11)	Name of OSHA M	lonitor		32.00					
05/07/14 \		06	_ 0:	2_/	14_)	EMSL Analyt	ical							
Occupancy Status During Abatement	(Chec	konly	one)			Street Address			-					
☐ Facility Closed/Vacated During Er						200 Route 13	0 North							
Abatement Performed Outside of	Norma	Facili	ty Hou	rs - Des	scribe	City, State, Zip Co	ode				-			
Time of Abatement:AM	P	W/	PM		AM	Cinnaminson								
Scope of Work (Check all that apply)							•							
U > 2 - f > 2   f		F-1 -					ainment with Nega	ative Pressure						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enovat emoliti			Mini-Ence     Glovebage     Gloveba								
			Jilloni.	011		☐ Non-Exe	mpted (*) and Non	-Friable Proced	lure					
		Is	Loca	tion			T		Ab	atem	ent T	vpe		
Location of			Norma			Description of			-			<u> </u>		
Asbestos-Containing Material (AC TO BE ABATED	M)		ed Sol		Asbe	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	nce	Enclosure		
IN Facility				Staff?	(i.e	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>		(Specify SF or LF)	ova	=	psu	nso		
(13)			(12)	-	1	other miscellaned		01 01 11 )	-		Encapsulate	le l		
		Yes	No	N/A				s						
Excavated Trench				$\boxtimes$	Steam I	Line		150 LF						
		П								П				
				1					- -					
									$  $ $\Box$	П	П	Ш		
Name of Registered Waste Hauler				JDEP V		Cubic Yards of	Name of Registe	ered Landfill	-					
AbateTech, Inc.				18750 18750		Waste 40	G.R.O.W.S.	Landfill						
City, State			-	10/30		Disposal Date	City, State					-		
Lumberton, NJ						6/2/14	Tullytown, F	PA						
Completed By (Print or Type)	Title			-		Signature	0 0		Date ,	1		_		
Jennifer Piraine	100000		one (	Coordi	nator	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	La Char		برائے	-/11	_1			
SB-41		,				JAM	year of via	ing .	2/13	11				
MAY 11	*1	Do not	use th	is form	for asbest	os licensure exempl	ted activities.		15					

/	/ _1	4		St	ate of Ne	w Jersey, Dept o	ETHASHIY 220	b##405-4	764 Ch	eck #	6301	
	lotification	1			et Address				V 1		_	
⊠ EPA				Di	vision of	Property Manag	ement & Cons	truction P	O Box 0	034		
☑ DOLWD ☐ Ame ☑ DHSS Ame	ended endment a	u.			State, Zip		& LIUE		-		- 100	_
	ergency (i		-	Tre	enton, N.	J 08625-0034			7.0			
	ification)	incidali	ig	-	e of Contac			Telephon	e Number		2	
	cellation			Ste	even Piet	rzak, Building M	anager	relephon	C   Quinta			
						NFORMATION						
Name of Facility Where Abatemen	nt is Takir	ng Plac	e (3)	17	CILITII	NFORMATION	Type of Facility	(4)		-		
NJ State House Garage Me				locati	on		School (K-12	41.00				
Street Address							Subchapter     Subchapter	8 (Other tha	n K-12)			
165 West State Street							Other (i.e., p	rivate and c	ommercia	l build	lings,	
City (5)							homes, etc.)					
Trenton							Square Feet	# of Floo	ors	Bldg	Age	
County (6)				Con	-h - O - d - /	7) (07475 1105 011) 1						0.53
Mercer				Cou	nty Code (	7)(STATE USE ONLY)	Control Control Control Control Control	ior if being o	demolished	d)		
	D. 11.11	_	(0)				Utility					
Name of Monitoring Firm Hired by			(8)	ASCM	No.	Name of Abateme						
USA Environmental Manag	gement,	inc.				AbateTech, I	nc.					
Street Address						Street Address						
344 West State Street						30 Maple Ave	e. PO Box 25					
City, State, Zip Code			1811			City, State, Zip Co	ode			200		
Trenton, NJ 08618						Lumberton, N	J 08048					
Project Manager for Monitoring Fir	rn		Tele	ephone	No.	Telephone No.		License	No.		- '	
William Weisgarber, Jr.			6	09-656	-8101	609-265-2107		00529	)			
Start Date (10)					ite (11)	Name of OSHA M						
//				<u> </u>	14	EMSL Analyti	ical					
						Street Address						
☐ Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ment		Street Address 200 Route 13	0 North					
☐ Facility Closed/Vacated During☐ Abatement Performed Outside	Entire Pe	eriod of I Facili	Abate ty Hou	rs - Des	scribe	200 Route 13						
☐ Facility Closed/Vacated During	Entire Pe	eriod of I Facili	Abate ty Hou	rs - Des	scribe AM	200 Route 130 City, State, Zip Co	ode					
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement:AM	Entire Pe of Norma P	eriod of I Facili	Abate ty Hou	rs - Des	scribe AM	200 Route 13	ode					
Scope of Work (Check all that app	Entire Pe of Norma P	eriod of I Facili M/	Abate ty Hou PM	rs - Des 	scribe AM	200 Route 130 City, State, Zip Co Cinnaminson	nde , NJ 08077 ainment with Neg	ative Pressu	ure			
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☐ Facility Closed/Vacated During ☐ Abatement Performed Outside ☐ Time of Abatement:AM ☐ Scope of Work (Check all that app ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If ☐ Location of ☐ Asbestos-Containing Material (ADDE ABATED	Entire Pe of Norma P	Priod of I Facility M/ Re De Use Ma	Abate ty HouPM- enovat emolitic s Locat Norma	ion ion illy ely by ince/	AM	200 Route 130 City, State, Zip Co Cinnaminson  Full Cont.  Glovebag  Non-Exer  Description of stos Containing Mat., thermal systems in	ainment with Negosure Procedure mpted (*) and Nor	n-Friable Pro Amour (Specit	ocedure		71	
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□ Facility Closed/Vacated During □ Abatement Performed Outside □ Time of Abatement:AM □ Scope of Work (Check all that app □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of □ Asbestos-Containing Material (A) □ TO BE ABATED □ IN Facility □ (13) □ Basement	Entire Pe of Norma P	eriod of I Facili M/ Re	Abate ty Hou PM- enovate emolitic s Locat Norma ed Sole aintena stodial (12) No	ion on lly ely by ince/	Asbe (i.e	200 Route 130 City, State, Zip Co Cinnaminson  Full Cont.  Glovebag  Non-Exer  Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneous sulation	ainment with Negosure Procedure mpted (*) and Nor ferrial (ACM) nsulation, or	Amour (Specing SF or L 350 Si 70 LF	ocedure  nt fy F	Removal	71	1
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O5 /	19 /	14					ng Owner/Operator( w Jersey, Dept o		#12405+4764	Chec	k #63	02		
⊠ EPA	Type Noti ⊠ Initial	fication			Stree	t Address	Property Manage							
☑ DHSS	☐ Amend Amend ☐ Emerg	lment #	District Control	g	City,	State, Zip			NITHO	A.E.				
(NJAC 5:23-8)	justific ☐ Cance			7.0	100000000000000000000000000000000000000	of Contac	20.	comes Account	Telephone Nur	nber				
	☐ Cance	liation			_		rzak, Building M	anager		1				
Name of Facility Where Ab	atoment i	c Takin	n Diago	(2)	FA	CILITY II	NFORMATION	T						
NJ State House Gara			70.0	2000000	locatio	nn .		Type of Facility (	100					
Street Address	.goo.	·umou	- 1100		locatio			☐ Subchapter 8	(Other than K-1	2)				
165 West State Stree	et							Other (i.e., pri homes, etc.)	vate and comm	ercial bi	uilding	gs,		
City (5)				_				Square Feet	# of Floors	В	ldg. A	ae	-	
Trenton								- 4-4			ug. /	gc		
County (6)					Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Prid	or if being demo	lished)				
Mercer								Utility						
Name of Monitoring Firm H	fired by B	uilding (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
USA Environmental	Manager	ment, I	nc.				AbateTech, I	nc.						
Street Address							Street Address			- 7 77				
344 West State Stree	t						30 Maple Ave	e. PO Box 25						
City, State, Zip Code							City, State, Zip Co	ode						
Trenton, NJ 08618							Lumberton, N	J 08048						
Project Manager for Monito William Weisgarber,				20000000	phone 09-656		Telephone No. 609-265-2107	9	License No. 00529					
Start Date (10)		Sched	uled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor	1			-		
06 /16 /	14		6_ /	_ 20	_ / .	14	EMSL Analyti	ical						
Occupancy Status During A				33 (43) (335) 7			Street Address							
☐ Facility Closed/Vacated							200 Route 13	0 North						
Abatement Performed C	Outside of AM	Normal Pl	Facilit //	y Hou PM-	rs - Des 	cribe AM	City, State, Zip Co							
Scope of Work (Check all ti	hat apply)							, 110 00011				207		
≥3 sf or ≥3 lf			⊠ n.		Fores			ainment with Nega	ative Pressure					
≥160 sf or ≥260 lf			De	novat			☐ Mini-Encl	osure Procedure						
							⊠ Non-Exer	mpted (*) and Non	-Friable Proced	ure				
				Locat						Ab	atem	ent T	уре	
Location of Asbestos-Containing Ma		(M)		d Sole		Ashe	Description of estos Containing Mar		Amount	Re	Re	Ε̈́n	E	
TO BE ABATI		,,		intena	nce/ Staff?		e., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure	
IN Facility (13)			Cus	(12)	Stall?		surfacing, VAT, other miscellaned		SF or LF)	la la		Encapsulate	ure	
(10)			Yes	No	N/A	1	other miscellane	ous)			1	ĪĒ.		
1 Window @ Powerhou	ıse			$\boxtimes$		Windov	w Caulking		34 LF					
1 Window @ Powerhou	ıse			$\boxtimes$		Windov	w Glazing		70 SF	$\boxtimes$				
			П											
										12		ᆜ		
Name of Registered Waste	Llouler		Ц			N/	101:37				Ш	Ш	Ш	
AbateTech, Inc.	Hauler			100	JDEP \ auler II 18750	No.	Cubic Yards of Waste	Name of Registe G.R.O.W.S.						
City, State			- 107		. 57 00		Disposal Date	City, State						
Lumberton, NJ							6/20/14	Tullytown, F	PA					
Completed By (Print or Type	e)	Title	-				Signature	1 0	D	ate į	1			
Jennifer Piraine		0	perati	ons (	Coordi	nator	( ) M M M	Les Visas		5/10	1114	1		
ASB-41							Tola	1	014	1,	11			
MAY 11		* L	Do not	use th	is form	for asbest	tos licensure exemp	ted activities.						

**MAY 11** 

CK#24520

Second	Date of Notification (1)	20/14			Name	of Buildin	g Owner/Oper	rator	V2001.00 500 2000.00	.:11			100.750		
Martin   Amended   Amend			cation		Stree	t Address			ivatane man	1111			100		_
City   Cannel   Cannel and			Jation		Silee	Address			146 Carter R	d.	-	_			
Princeton, NJ 08540		Amende			City, S	State, Zip C	Code		72.20 042.00 2.		Ţ.		3		1
Name of Facility Where Abatement is Taking Place (3)   Residential Property   Street Address   146 Carter Rd   Shook (K-12)   Schook (K-12)	M DOL			na				Pr	inceton, NJ 0	8540	80 L	Ξ	E	•	1
Name of Facility Where Abatement is Taking Piace (3)   Residential Property		justifica	tion)	.5	Name	of Contac				Teleph	one Numb	er	<	4	5
Name of Facility Where Abatement is Taking Place (3)   Residential Property   Street Address   146 Carter Rd   Subchapter 8 (0c) (K-12)   Subchapter 8 (0c		L Cancella	ition				N. Hamill	<u> </u>				-	• .	1	1_
Name of Facility Where Abatement is Taking Place (3)   Residential Property   Street Address   146 Carter Rd   Subchapter 8 (0c) (K-12)   Subchapter 8 (0c					FA	CILITY INF	ORMATION				350	_	73	· et	-
Street Address  146 Carter Rd    Schedinger & Cother (i.e., private & commercial buildings, homes, etc.)   Square Feet   Square	Name of Facility Where								Type of Facility	(4)	===	-	ši.	Fi	T
The complete by   Title   The completed by   Title   The complete by		Resi	dential P	roper	ty							,	<del>.</del> .		
County (5)	Street Address		10.0	ъ.					Other (i.e., p	8 (Other rivate & (	than K-12 commercia	) al buil	ر dhaas	20	
Princeton, NJ	07. (5)	1	46 Carter	Rd				_	homes, etc.)	)			1831		
County (6)   Middlesx	City (5)	ם	rinaatan	NII					A DESCRIPTION OF THE PROPERTY.	# of F		B	1100		
Middlesex   USE ÓNLY   Sesidential	County (6)	<u> </u>	rinceton,	NJ	I Cou	nhi Codo (	7) /OTATE	-		ior if bai				JU	_
Name of Monitoring Firm Hired by Building Owner (8) MECS  Street Address  PO Box 341  PO Box 341  PO Box 322  City, State, Zip Code  Crosswicks, NJ 08515  Project Manager for Monitoring Firm Lou Laureti  Globy 298-4070  Steret Address  PO Box 322  City, State, Zip Code  Allentown, NJ 08501  Telephone No. (609) 259-9688  Clou Laureti  Telephone No. (609) 259-9688  Cocupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entitre Period of Abatement Performed Outside of Normal Facility Hours  Cother - Describe: 8am to 4pm  Scope of Work (Check all that appty)  Scope of Work (Check all that appty)  Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  IN Facility (13)  Pacific Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Basement  X Thermal Pipe Debris  City, State, Zip Code Crosswicks, NJ 08515  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Ci		ddlesex					I) (SIAIE		Current Ose (Pr			nea)			
Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Project Manager for Monitoring Firm Lou Laureti Glo9) 298-4070  Start Date (10) 5/29/14  Scheduled Completion Date (11) 6/6/14  Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Barn to 4pm  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Abbestos-Containing Material (ACM) IN Facility (13)  Basement  Crawl space  Allentown, NJ  Allentown, NJ  Street Address  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 322  City, State, Zip Code City, State, Zip Code City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  Telephone No. (6(09) 259-9688  Name of OSHA Monitor MECS  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  City, State, Zip Code Crosswicks, NJ 08515  City, State, Zip Code City, State Address  Allentown, NJ  Street Address  PO Box 341  City, State, Zip Code City, State Address  Allentown, NJ  Street Address  PO Box 341  City, State, Zip Code City, State Address  City, State Address  City, State Tity, State Tullytown, PA  State Address  City, State Tity, State Tullytown, PA  Completed By  Title Signature Allentown, NJ  City, State City, State Tullytown, PA  State Address  City, State Tity City, State City, State Tity City, State City, State Tity City, State Ci		-	Iding Owner	-	ASCM	No.	Name of Ab	- atem	ent Contractor (9)		dontida	_		_	_
Street Address	1 122		J			×271.51.21			[12] [14] [14] [14] [14] [14] [14]	N1	Service	s, Ir	ıc.		
City, State, Zip Code Crosswicks, NJ 08515  Project Manager for Monitoring Firm Lou Laureti (609) 298-4070  Scheduled Completion Date (11) 5/29/14  Scheduled Completion Date (11) 6/6/14  Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Completed By  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Allentown, NJ 08501  Telephone No. (609) 259-9688  City, State, Zip Code Crosswicks, NJ 08501  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Scope of Work (Check all that apply)  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure  Asbestos Containing Material (ACM) (Specify SF or LF)  Page Tity Tity Tity Telephone No. (609) 259-9688  Closers No 00493  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  Street Address  PO Box 341  City, State, Zip Code Crosswicks, NJ 08515  City, State Allentown, NJ 08501  City, State Allentown, NJ 08501  City, State City	Street Address														=
Crosswicks, NJ 08515		PO Box	x 341						PO E	Sox 32	2				
Project Manager for Monitoring Firm Lou Laureti   Telephone No. (609) 298-4070   (609) 259-9688   00493		~			City, State, 2	Zip C			0501						
Start Date (10)			Felenhane No Telenhan				Allentown								
Start Date (10)  5/29/14  Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Cother - Describe: Cother - Descr				939254	' 영화 500 - 1985 - '' '' 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 19				0.000	Licer		040	,		
Steel Address			Cabadulad	1	<del></del>						U	049.			_
Street Address   PO Box 341			Scheduled			ite (11)	Name of US	HA I		FCS					
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code   Crosswicks, NJ 08515		ng Abatement	(Check onli		14		Street Addre								_
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Crosswicks, NJ 08515    City, State, Zip Code			•		ement		Oli Coli / loui l	PO B	ox 34	1					
Scope of Work (Check all that apply)    Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Wint-Enclosure   Mint-Enclosure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Abatement Type     Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Mint-Enclosure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type     Stope of Work (Check all that apply)   Stope of Work (ACM) Amount (Specify Specify (Specify Specify (Specify Specify (Specify Specify Specify (Specify Specify Specify (Specify Specify Specify Specify (Specify Specify Sp	Abatement Performed	d Outside of N	Normal Facil				City, State, Z	Zip C							-
Salif   Salif   Section	Other - Describe:	8am to 4p	m												
Secondaries	Scope of Work (Check a	all that apply)													
Demolition    Solvebag Procedure   Non-Exempted (*) and Non-Friable Procedure	<b>⊠</b> ≥3 sf or ≥3 lf		<b>X</b> R	enovat	tion					gative Pr	essure				
Secretarion of Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A     Thermal Pipe Debris   10 lf   X	≥160 sf or ≥260 lf			emolitio	on		Glo	veba	ag Procedure	n Eriabla	Dragadus	_			
Normally Used Solely by Maintenance/ Custodial Staff? (12)   Normally Used Solely by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Normally Used Solely by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Normally Used Solely by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Normally Used Solely by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Normally Used Solely by SF or LF			Is	Locati	on			I-CX6	empled ( ) and No	II-FIIable	riocedui		hate	ment	
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Per No N/A  Basement  Crawl space  Name of Registered Waste Hauler Stevens Environmental  Stevens Environmental  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Thermal Pipe Debris  Thermal Pipe Insulation  NJDEP Waste Hauler ID No. 18292  City, State  Allentown, NJ  Disposal Date  Amount (Specify SF or LF)  To Disposal Date  T.R.R.F., Inc.  Tullytown, PA  Completed By  Title  Signature  Signature  Signature  Signature  Signature  In Date			100000000000000000000000000000000000000		55 SSS		20 0 0	1/2				ĺ .			
Custodial Staff? (12)   Custodial Staff? (12)   SF or LF)   Custodial Staff? (12)   Yes   No   N/A   Thermal Pipe Debris   10 lf   X   Thermal Pipe Insulation   100 lf   X						Asbest				Amo	ount				
No N/A   No N/A   No N/A	TO BE ABAT	ΓED					thermal syste	ms i	nsulation,			Rem	₹ера	Enca	incl
No N/A   No N/A   No N/A										SF 0	r LF)	lova	air	psc	Inso
Basement X Thermal Pipe Debris 10 If X  Crawl space X Thermal Pipe Insulation 100 If X  Name of Registered Waste Hauler Stevens Environmental Stevens Environmental Allentown, NJ  Completed By Title Signature I Date			Vac	Г	N/A							_		ilate	o,
Crawl space     ★     Thermal Pipe Insulation     100 lf     ★       Name of Registered Waste Hauler     NJDEP Waste Hauler ID No. 18292     Cubic Yards of Waste 2 CU T.R.R.F., Inc.     Name of Registered Landfill of Waste 2 CU T.R.R.F., Inc.       City, State     Allentown, NJ     Disposal Date City, State 6/6/14 Tullytown, PA       Completed By     Title     Signature     Date	Pasama		103		100	7	'h1 D'-	T	)-1	10	16				-
Name of Registered Waste Hauler  Stevens Environmental  City, State  Allentown, NJ  Completed By  NJDEP Waste Hauler ID No. 18292  Disposal Date City, State  Cubic Yards of Waste 2 CU T.R.R.F., Inc.  Disposal Date City, State  6/6/14  Tullytown, PA  Date			-	-											
Stevens Environmental         Hauler ID No. 18292         of Waste 2 CU         T.R.R.F., Inc.           City, State         Disposal Date 6/6/14         City, State Tullytown, PA           Completed By         Title         Signature         Date	Crawl sp	ace		×	-	In	ermai Pipe	e ins	sulation	100	) II	X		_	
Stevens Environmental         Hauler ID No. 18292         of Waste 2 CU         T.R.R.F., Inc.           City, State         Disposal Date 6/6/14         City, State Tullytown, PA           Completed By         Title         Signature         Date						(i <del></del>		_							
Stevens Environmental         Hauler ID No. 18292         of Waste 2 CU         T.R.R.F., Inc.           City, State         Disposal Date 6/6/14         City, State Tullytown, PA           Completed By         Title         Signature         Date	Name of Registered Wests House				I DED !	Aleste I	Cubia Varda	_		4	- 4611				
City, State  Allentown, NJ  Completed By  Title  Tity, State  Disposal Date  6/6/14  Tullytown, PA  Signature  Signature  Date					Hauler ID	No.	of Waste		Name of Regis						
Allentown, NJ 6/6/14 Tullytown, PA  Completed By Title Signature Date	Stevens Environmental				182	292	2 CU_		- C	T.K.	K.F., In	c.			_
Completed By Title Signature Date	L. STANCE CONTROL CONT							e	City State	T. 11-	rtovim I	۸			
	Completed By	1 MEHOV						d A	7 /	1 unly		А			-
		vens		rojec	t Mar	ager		V/				5/20	0/14		

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t lat					T			
Date of Notification (1)  S/19/14				of Building Owner/Operate		AYC	16 8 67	
Agency Notified Type Notification	8		Street	Address				
D EPA				119 KARP State, Zip Code	AUE			
D DEP D Amended Amendment #				SBROUCK	HEIGHT	S NT	0760	29
ZI DOH · justification)	ding		Name	of Contact		Telephone Number		
DCA Cancellation			14.	S. PANDY	7			
			FAC	ILITY INFORMATION				
Name of Facility Where Abatement is Taking F	Place (3)	)		•	Type of Facility	(4)		1/4
MS. PANDY Street Address	A			<u>-                                    </u>	School (K-12	t). 3 (Other than K-12)		
119 KIPP AU	6				Dither (i.e. pr	ivate & commercial l	ouildings,	
City (5)					homes, etc.) Square Feet	# of Floors	Bidg. Age	
HASBROUGE HEIG	THS	,		0.8	2000	2	134	Z .
County (6)		-1	Count	y Code (7) (STATE USE	, -	ior if being demolish		
BERGEN			ONLY		1	ESIDEN CE	<u> </u>	
Name of Monitoring Firm Hired by Building Ow (8)	ner	ASCM	No.	1 L	ment Contractor (S	39		
Street Address	1			Best I	Removal I	nc		
J Garage S S S S S S S S S S S S S S S S S S S				1	River St			
City, State, Zip Code				City, State, Zep				
				Hacker	nsack, N.			
Project Manager for Monitoring Firm	Te	elephor	ne No.	. Telephone No.		License No.		
Start Date (10) Scheduled (	Complet	ion Da	m (44)	201-329- Name of OSHA		00388		
5/28/14   5/2	28/	14	æ (11 <i>)</i>	Omega Er	vironmen	tal Inc		
Occupancy Status During Abatement (Check or	nly one)			Street Address				
Ja Facility Closed/Vacated During Entire Period	of Albat	ement		280 Huy				
D Other - Describe: 704 TCM	citity Ho	urs		City, State, Zip		- N T 07	606	
Scope of Work (Check all that apply)			<del></del> -			k, N.J. 07	000	
DE350023#			2 Ren	Ovation C Mini	Containment with -Enclosure	Negative Pressure		
D ≥ 160 sf or ≥ 260 if			☐ Den	notition as Glov	rebag Procedure	Non-Friable Proceds	1700	
	le	Locati		Q ROR	-Exemples ( ) and	NON-Plable Ploceur	Abarte	
Location of		lonnall	ly	December:			Ту	pe
Asbestos-Containing Material (ACM)		d Solei intenat		Description Asbestos Containing M	laterial (ACM)	Amount	2	g m
TO BE ABATED IN Facility		ustodi Staff?		f.e., thermal systems surfacing, VA		(Specify SF or LF)	Removal	noto
(13)		(12)		other miscellan			Na P	Enclosure
	Yes	No	NVA					
BRELLENT			×	THERMAR INSULA-	170~	53 UF	×	
				·				
Name of Registered Waste Hauler		DEP V No.	Vaste F	lauter Cubic Yards of Waste	Name of Regist	ered Landilli		
Best Removal Inc	3	710	9	11/2	Minerva	Enterpris	ses	
City. State Hackensack, N.J.	076	01		Disposal Date 5/29/14	City. State Waynesb	urg , Oh		,
Completed by Title	070	-		S/29/19 Signature /	1	Da	ite , ,	
J. Maiorano Estin	nato	r			عسر صروشه	3	5/19/	14

Check#1903

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

Emergency notification

Date of Natification (1)				Name	of Bullding	Owner/Operator (2)	)	O FE FAIR SAN (14			1	
05/	19 /	14	1	Mariko	Weather	lv	NEDA	APPROVE				
Agencies Notified	Type Notific	ation			Address	24	- Hurte	PHO Health & S			-	
⊠ EPA	M Initial	17		740 37/	et Moun	t Pleasant Avenu	<del>  484</del>	(Signature)				
☑ DOLWD	☐ Amende	d	F		tate, Zip C		<u> </u>		75.	BUB	601 a	
⊠ DHSS	Amendm			janene eta eta eta eta eta eta eta eta eta et			Date:	5/19/14 7	me:O	474	W	
☐ DCA (NJAC 5:23-8)	Emergar justificat	ncy (including ion)	9		of Contact			Telephone Nu	mber			-
(1,0,12,0,00,0)	☐ Cancella			Marik	Weather	rly		1		7 5 63 8 600 8 7 7 8		
WHU !				FAG	CILITY IN	FORMATION			C.	m,000	-	
Name of Facility Where	Abatement is	Taking Place	e (3)				Type of Facility			325		-
Private home			,				School (K-1	50	1 -	~-4		
Street Address							Subchapter	8 (Other than K-1	(2)	10g) 50.0		
240 West Mount Plea	dant Avanua						Other (i.e., homes, etc	private and comm	nercial t	ulldings	) <sub>1</sub>	
City (5)	CALL PA VOINGE			_			Square Feet	# of Floors		3ldg. Ag	0	-
OSAST. TACT				21.0				01110010		-149. M		
Livingston, NJ 07039	,			7.5								
County (6)				Coun	ty Code (7)	STATE USE ONLY)	Current Use (F	rior if being demi	olished)			
Essex		4								3/31		
Name of Monitoring Fir	m Hired by Bui	fiding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)	. 47000000000000000000000000000000000000	0.000		
			Ì			Gr Tech LLC						
Street Address				12		Street Address						
					29	576 Valley Rd#	283					
City, State, Zip Code				<u></u>		City, State, Zip O						_
Project Manager for Mo	onitoring Firm		Tale	ephone	No	Wayne, NJ 0747	70	License No.	-			un
Troject manager for the	simorning ( tini)		1010	p-ione	140,			60000000000				
Ole of Date 1870						973-638-1777		01127				
Start Date (10)	14	Scheduled			75 (1 1) The State of the State	Name of OSHA A	Monitor	19				
				2 7		Envirovision Co	ensultants, Inc					
Occupancy Status Dur	ing Abatement	(Check only	one)			Street Address			-			
						20-21 Wagaraw	Road Blde f	E 3.4.A				
Abatement Perform	ed Outside of I	Normal Facil			acribe	City, State, Zip C		0.171				****
Time of Abatement	AM	PM/	PM		_AM	Fair Lawn, NJ 0						
Scope of Work (Check	all that arapivi							instion with nega	five pre	EDITO		
	an ame opper,							ogative Pressure		issurs		
>3 sf or >3 !f     ≥ 160 sf or >260 If			tenoval		67	Mini-End	closure					
20 ≥ 160 St or ≥ 260 If			Demoliți	on		Gloveba	g Procedure L	Tent with Nega	tive Pre	ssure		100
			Is I see	-1	· · · · · · · · · · · · · · · · · · ·	I NOUNCE A	simpled ( ) and i	Ion-Friable Proce				
Langti	f		la Loca Norma				~ <b>*</b>	1	1	Abatem	ent Ty	þė
Locati Asbestos-Containing	on or In Material (AC	in U	sed Sol		A=1-	Description e stos Containing Ma			1 3	D 20	m	П
TO BE A	BATED	A	hainten	ence/		s., thermal systems		Amount (Specify	1 5	Repair	亞	do
IN Fa	cillty	Ct	stodial			surfacing, VAT	, or	SIF or LF)	TAN DESCRIPTION OF THE PERSON		Je L	Endosure
(12	3)	-	(12)	<u></u>	4	other miscellane	ad⊓Z)		1 1 5	-	Encapsulate	æ
		Ye	s No	_								
First floor-dining roo	om			$\boxtimes$	Plaster	eiling -		280 SF	P			-
			-	_	1,120,44			270 51		#		- =
			$\perp \Box$		1:				L		U	
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			10	7	1			+				-
Name of Best-territo	Ingle Devices			inco inco	la Harbar (B. ()	Tours of Table	to I block and a second					_
Name of Registered V	vaste mauter		14-	POET WAS	ie uscial In (40	. Cubic Yards of Was		gistered Lendfill				50
Gr Tech LLC				00337	85	TBD	T.R.R.F. In	c				
City, Stare	,					Disposal Date	City, State			mar <sub>e</sub> :		
Wayne, NJ 07470						TBD	Tullytown,	ΡΔ .				
Completed By (Print o	- Tunel	Title					1 dilytown,	Y Y.J	Date	200		_
possiblered by (Lui)( p	1 ) [val	Title	2			Signature	1 1 . 1	ð.				
N.Jevtic		Owner		88		The state of the s	Sic Nev	rad	05/19/	2014		
ASP.A1		e Pe		above A			and married				97 at 300	
MAY 11		" Do	1101 1150	mis jor	m for aste	stos licensuréfesem	pira activities.					

\* Do not use this form for usbeston licensurffenempted activities.

Check# 10591

Date of Notification (1) 5–19–14		Name of Building Owner/Operator (2) Pennrose Properties, LLC											-4		
Agencies Notified	Type Notific	ation			Address Nort	h 31s	t Str	eet							
EPA DEP DEP DOL		iment #_3_		City, St	ate, Zip C adelpl	ode		9121	1			2.	251		
Ŭ DOH □ DCA -	☐ Emerg justifica ☐ Cance		g	Name o	of Contact					Tel	ephone	Number			
			- 1	FAC	ILITY INF	ORMATI	ION				p. 600		2.		Ji .
Name of Facility Where A 15 Washington		Taking Place	(3)					5/8/	of Facility School (K-	30.5			<u>~</u>	10 H	
Street Address 15 Washington	Street							DX.	Subchapte Other (i.e. etc.)	er 8 (Oth			ildings	, hom	es,
City (5) Newark								Squa	re Feet	# 0	f Floors 16	2	Blag. / 50y		
County (6) Essex					Code (7) USE ONLY	)	_		ent Use (Pr cant	ior if bei	ing demo	lished)			
Name of Monitoring Firm EHS Environme			3)	ASCI	M No.				atement Co h Envi			Co.,	Inc.		
Street Address 411 Southgate	Court,	Suite E					Street 923		ss s Aven	ue					
City, State, Zip Code Mickleton, NJ					City, S Norr	tate, Z	ip Code Own, P	A 194	101						
Project Manager for Moni Jack Carney		Telepho	ne No.	80	Teleph 610-		o. -9920		License (	No.		-			
Start Date (10) 4–15–14			iled Cor	,88	Date (11)				HA Monitor		, Inc				
Occupancy Status During	Abatement				-		Street Address								-
□X Facility Closed/Vaca	ted During E	ntire Period of	Abaten	nent			411	So	uthgate	e Cou	rt, S	uite	E		
☐ Abatement Performe ☐ Other – Describe: _							City, State, Zip Code  Mickleton, NJ 08056								
Scope of Work (Check Al	That Apply)														
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					·e			
			s Locat					140	TI-Excitipte	, d ( ) din	3 14011-11	lable i it	Abat	ement pe	
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACI TED	M) Us	Normal ed Sole aintena stodial ( (12)	ely by nce/		tos Cont thermal surfac		laterial insula T, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
5th Floor		Yes	XNo	N/A	floor	mast	ic			7,60	00 SF	x		te	CD .
throughout buil			x		windo	w gla	zing			980	each	х			
throughout buil			x		VAT					2,00	00 SF	x			
throughout building x					pipe					-	00 SF	x			
throughout building x 3rd floor annex x					black plast	mast er ce	ilino	<b>1</b>		5,00	0 SF	X			
Newark Carting				NJDEP Waste Cubic Y Hauler ID No. of Wast 4509 100					Name of IESI	Registe					
City, State Newark, NJ						Dispos	al Date		City, Stat	te Lehem	. DA				
Completed by		Title					gnature		V_\\\	/		Date			
James Kelly President				nt			amo		KULL	$\swarrow$		5–19-	-14		
ASB-41 (R-06-08)							bo not	t use t	his form fo	asbesto	os licens	ure exer	npted	activit	ies.

(KJE 1258157790

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	14			SBESTOS ABATE C 8:60 and 12:1.	ZO) DOI	- 10 DAY	1			
Date of Notification (1)				ding Owner/Operato	DUL.	10	_	-		
5/22/14		_	Danie	r m	1	A SOIA				
Agencies Notified Type Notifica	tion	S	P. ()	Box 54	MAI	1 But		1		
DEP Amended		0	ity, State, Zij		9 1/11	PROVED	-	+	-	
DOL Amendme	y (including		Clark	: 1V-	WAYE	R APPROVED	_		100	
DOH justification		1 ,	ame of Cont			Telephone Nur	nber			
			FACILITY II	Renzi						- j
Name of Facility Where Abatement is Ta	aking Place		TAGILITI	ar Ordination	☐ Public (	Contracts	уре о	of Fac	rility (	<u>(4)</u>
Street Address	ng K	oad.			School (					7)
Millstone					Other (i.e	e., private & commerc	iz) cial bu	uildin	gs,	
City (5)					Square Fee		$\neg$	Bldg.	Age	
County (6)					700	2	_   .			
County (6)		U	Sounty Code (SE ONLY)	(7) (STATE	Current Use	(Prior if being demol		)		
Name of Monitoring Firm Hired by Buildin	ng Owner	ASC	CM No.	Name of Abatem		r (9)	1			
(8)				Headline	Envi	ronnen ta		11	(	
Street Address				Street Address	Clinton	1				32
City, State, Zip Code				City, State, Zip C		Ave	==		_	
Project Manager for Monitoring Firm		Tolonka		Tren tor	·. NJ	08609				
Project Manager for Monitoring Pirm		Telephor	ne No.	Telephone No. (609) - 80	72 - 732	License No. (			_	
	eduled Cor			Name of OSHA N		Contract No. (	101			
5/22//4 Occupancy Statús During Abatement (Ch	5/2	7/14	<u> </u>							
Facility Closed/Vacated During Entire I				Street Address						
Abatement Performed Outside of Norm	al Facility I	Hours		City, State, Zip Co	ode					_
Other - Describe: Abordone of Scope of Work (Check all that apply)	5+	year!							14	
	Пропо					legative Pressure				
≥160 sf or ≥260 lf		vation	leanup	☐ Mini-Encl ☐ Glovebaç	osure g Procedure	100				
	ls Loc	ation	T		-	T .	T	Abate	ment	_
Location of	Nom Used So			Description of				Тут		
Asbestos-Containing Material (ACM) TO BE ABATED	Mainter Custo			os Containing Mate		Amount (Specify			ш	m
IN Facility (13)	Stat (12			surfacing, VAT, o other miscellaneou	ρr	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(19)	Yes N			oner misceraneou	5)		ovai	air	ulate	sure
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in the wround surface		+	and a	bout 2H	7 7		·V		-	-
		+		BUT LIT	in sulation	different	$\dashv$	$\dashv$	$\dashv$	$\dashv$
		1				areas	$\dashv$	$\dashv$	$\dashv$	$\dashv$
ame of Registered Waste Hauler		NUDEP V		Cubic Yards of Waste	Name of Reg	istered Landfill				$\neg$
1319-n-Little Car	ting			20						
i, ouic		10	1	Disposal Date	City, State	*				
ompleted By	0	\		Signature	11166	Ø Date /	/	),,		=
NSON MAXWELL P	RESIL	S(- N1.		1/ Chrisan	Mexue	9 05/2	2/	14		_

Date of Notification (1) May 19, 2014				of Building MacDon		perator Ch	(2) eck # 115 <b>7</b> 37 r/						
Agencies Notified	Type Notification			Address Avenue	·····		eck # 11577/	1 22 1	11 2:	77			
EPA DEP X DOL	Initial Amended Amendment	#		ate, Zip Co Wildwoo		8260		1.05.43 1.05.43	0000 1010	٦.			
⊠ DOH	Emergency (justification)		11,000,000	of Contact	ماط			Telephon					
DCA	Cancellation			MacDon	NOTATION OF THE PARTY OF THE PA			'				-5	
Name of Facility Where	Abatement is Takin	n Place (3)	FAC	ILITY INFO	ORMATI	ON	Type of Facility (4	4)				-	
Residence	Abatement is Takin	g Flace (3)					School (K-1						
Street Address 224 Q Avenue			July 50 10000		5		Subchapter			ıildir	ngs,	home	es,
City (5) West Wildwood							Square Feet 5,000	# of Floor	rs	Bld 10	g. A 0	ge	
County (6) Cape May				Code (7) USE ONLY	)		Current Use (Prio	or if being de	molished)	8			
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASC	M No.			of Abatement Con de Environmen						
Street Address						Street	Address Cutler Ave.						
City, State, Zip Code				***		City, S	State, Zip Code le Shade, NJ 0	18052					
Project Manager for Mor	nitoring Firm		Telepho	one No.		Teleph	none No. 755-0099		nse No.				
Start Date (10)		Scheduled (		Date (11)		Name	of OSHA Monitor	000	42	54 X			-
May 31, 2014		June 2, 2	014			EMS	L						
Occupancy Status Durin	ig Abatement (Chec	k Only One)					Address Haddon Ave						
	ated During Entire I ned Outside of Norm					City, S	itate, Zip Code tmont, New Je	vreev 081	ng.				
Scope of Work (Check A	All That Apply)					******	thort, New 3e	isey our	00	-			-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Transport .	ovation nolition			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					
		Is Lo	cation							Α		ment	
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) ATED lity	Used S Mainte Custod (1	mally Solely by enance/ ial Staff? (2)		tos Cont thermal surfac		Material (ACM) s insulation, T, or	Amoun (Specify SF or LF	y   2		Ty	Encapsulate	Enclosure
Euton		Yes N	mere protested			Cidina		1 200 6	· - 100	<u></u>			
Exter	lor		X			Siding		1,200 S	SF XX	X			
										-			
Name of Registered Wa	ste Hauler		NJDEP \		Cubic	Yards	Name of I	Registered L	andfill				
Freehold			Hauler II 22253		of Was		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Berks Co		ty L	and	lfill	
City, State Mount Holly, New Je	ersey 08060				Dispos 6/2/20	sal Date 014		e ro, PA 195	508		×		
Completed by Christina Lynch		Title Operati	ons Man	ager	8	ignature	mode		Date May	19,	201	14	

			NOTII	FICATIO Pursuan	N OF ASE t to NJAC	BESTOS 8:60 an	ABATE d 12:12	MENT 0)	?	For My	7. 7.	4 ( 2			
Date of Notification (1) May 19, 2014					of Building d Way o				2 Che	\$K##10	5634				
Agencies Notified  EPA DEP	Type Notificat	ion			Address . Broad	way			A vers	:	1-16	<del>ੇ: ਨੂੰ ਨ</del> ੂੰ	<u> </u>		
DEP DOL	Amended Amendm	ent #			ate, Zip C n, NJ 08				13.	105	Sivis	ioi.			
DOH DCA	justification  Cancella				of Contact Serpico					Te	ephone N	Number			
				FAC	ILITY INF	ORMAT	ION	7700.000				-			
Name of Facility Where A Commercial Building	batement is Ta	iking Place (	3)					Тур	of Facility School (K-						
Street Address 279 E. Broadway						S-0-2-			Subchapte Other (i.e. etc.)	r 8 (Oth	er than K & comme	-12) rcial bu	ildings	, hom	nes,
City (5) Salem								Squi 10,0	are Feet	# 0	f Floors		Bldg. 100	Age	
County (6) Salem			10.		Code (7) USE ONLY	n		Curr	ent Use (Pri	ior if be	ng demol	lished)			
Name of Monitoring Firm I Management & Envi	Hired by Buildir ro. Consultii	ng Owner (8 ng Service	) es	ASCI	M No.				atement Convironmer						
Street Address P.O. Box 341							Street 623 (		ess r Ave.				-		
City, State, Zip Code Chesterfield, NJ 085	15								Zip Code ade, NJ (	08052					
Project Manager for Monitorial Bill Weisgarber	oring Firm			Telepho 609-29	one No. 98-4070		Teleph 856-	none N	lo.		License 00842		-0.000		
Start Date (10) May 28, 2014		Schedul May 30			Date (11)		Name EMS		HA Monitor						_
Occupancy Status During	Abatement (Ch	neck Only Or	ne)				Street	Addre	SS		_				
Facility Closed/Vacate	ed During Entir	re Period of	Abater	ment			107 H	Hadd	on Ave						
Abatement Performed Other – Describe:	d Outside of No	ormal Facility	/ Hour	S					ip Code t, New Je	ersey	08108				
Scope of Work (Check All	That Apply)						8.1180211101101	-00							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Property	Renova Demoli				×	Mi Gle	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				e	
Location o	f	0.505	Locat Norma			Dos	scription	68	2				Abat	emen	t
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ED	Ma	d Sole intena odial ( (12)	nce/		tos Conta thermal surfac	aining M	lateria insula T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	Ф
1st Floor			X			Lir	noleum	1		13	8 SF	XXX			
												+	-		
Name of Registered Waste -reehold	Hauler		Н	IJDEP W lauler ID 2253	5200	Cubic of Was			Name of F Westerr				Land	lfill	
City, State Mount Holly, New Jers	ey 08060					Dispos 5/30/2			City, State Birdsbo		19508				
Completed by Christina Lynch		Title Opera	ations	s Mana	aer		gnature		00			ate Nav 19	20.	4	



& Emergent .

			(P	ursuant	to NJAC	8:60 an	d 12:120	0)	CK	04	103	17				
Date of Notification (1) 5/19/30					f Building elrossi P								<del>((0))</del>	1000		
	Notification Initial			Street A 8 One	ddress Eye Wa	ıy			754	* MAY	22	PH	2:	र ह	4	
DEP DOL	Amended Amendment Emergency		_ [		ate, Zip Co own NJ		3		<i>I</i> 3 3	たられし	ius KIL	0 UI 1314	i i	ÄL.		
DOH	ustification) Cancellation			Name o	f Contact						ephone					
N				FACI	LITY INFO	DRMAT	ION									100
Name of Facility Where Abatem Joe Delrossi Private Hom		g Place (3)								12)						
Street Address 8 One Eye Way								×		8 (Oth	er than & comn	K-12 nercia	) Il buil	dings,	hom	es,
City (5) Waretown NJ 08758						x			quare Feet 000+	# 0	f Floors	i -	10.552	ldg. <i>A</i> 5 +	ge	
County (6) Ocean	:				Code (7) USE ONLY			Cu	urrent Use (Pri	or if be	ng dem	nolish	ed)			3
Name of Monitoring Firm Hired N/A	by Building (	Owner (8)		ASCN	No.				Abatement Cor o Inc.	ntractor	(9)	-		•		
Street Address					***		Street PO E									
City, State, Zip Code									e, Zip Code erlin NJ 080	91						
Project Manager for Monitoring	Firm		T	Telepho	ne No.		Teleph 856-7		No. 3-9800		Licen:		).			
Start Date (10) 5/19/14		Scheduled 5/23/14		npletion	Date (11)		Name Same		SHA Monitor						-	
Occupancy Status During Abate	ment (Chec	k Only One	2)				Street		Iress							
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire F	Period of Al	patem	nent					, Zip Code							
Scope of Work (Check All That	Apply)		-													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	<b>PP-77</b>	-	enova emolit				×		Full Containmon Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					9	
×2		le I	ocati	on						1/2	4110111	Habi			ment	
Location of	= 10	No	ormal	y		De	scription	of						Ту	ре	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM)	Custo	itenar	nce/	Asbest (i.e.	os Con therma surfa		late ins T, o	r	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Throughout - out				х		Floor	Tile / m	nas	tic	12	00 SF		х			
											1					
Name of Registered Waste Haul United Containers	er		Н	JDEP W auler ID 2459		Cubic of Wa 3	Yards ste		Name of G.R.O.\		red Lar	ndfill				
City, State Elm NJ							sal Date		City, State		1906					
Completed by Anthony T Perna		Title Presid	ent				Signature	1	Nomia		_	Date	9/14			
												0/1	5/ 14			

CK# 1500

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

PROSIVED

Date of Notification (1)		g Owner/Operator	(2)	2814 MAY 22	PM	2.	31	- Australian
3-19-2014	MR LE Street Address		7			-		=
Agencies Notified Type Notification	Street Address	312 ST.	LOUIS	AVE			21	=
DOOL Amended	City, State, Zip		A-SANTI	BEACH	M	S -		-
MI Emergency (including	Name of Contac	1		Telephone Numbe	7			日
DOH (ussincamon).	ERIC	PLAC	KIS.			7	$z^{\frac{1}{2}}$	Z
	FACILITY IN	ORMATION	/	,	_			4
Name of Facility Where Abatement is Taking Place (3)			Type of Facility					L
			FT Suthehanter	(Other than K-12) ivate & commercial	hulldi	nas.		-
Street Address ST. LOUIS AVE			homes, etc.)			g. Ag		4
	ACH	NJ	Square Feet		_	Š		_
County (6) DEAN	County Code ( USE ONLY)	7) (STATE	Current Use (Pr	or if being demolish	red)			
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatan	nent Contractor (9	ISTRIE	~	11	V C	
(8)		BRIC Street Address			=			=
Street Address		145 N	ATICK	TRAIL				_
City, State, Zip Code		City, State, Zip C	ck · A	11.08;	12	4	/ 	_
Project Manager for Monitoring Firm	elephone No.	Telephone No.	00-4110	License No./	9	6		_
Start Date (10)/ Scheduled Com	pletion Date (11)	Name of OSHW						
Start Date (10) Scheduled Com	114	1_8	MISL					_
Occupancy Status During Abatement (Check only one	s)	Street Address	toHor	ROAD				
Facility Closed/Vacated During Entire Period of Abs	Mement Ours	City, State, Zip C			-			
Other - Describe: VACANT		1_ PIS	CATAN	y, N.J	<u>,                                     </u>	-		_
Scope of Work (Check all that apply)			ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf	ration Ition	Cloud	ndosure pag Procedure	Erioble Drocadui	-			
		Non-E	compted (*) and Ivi	on-Friable Procedur	A	bater		
Norm	ally :	Description (	e.			Typ	e 	_
Location of Used So Mainter Asbestos-Containing Material (ACM)	vence/ l &ehe	stos Containing Ma ., thermal systems	iterial (ACM)	Amount (Specify	70	_	땅	Ē
TO BE ABATED State	ff?	surfacing, VAT other miscellane	. Of	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Other thisoeneric	<b>/</b>	2,400	18	7	ate	16
DRYWALL COMPOLYES "	lo N/A	DYWA!	COMPONE	2,400	1			
7	44-				۲			
					T			
						-		
Name of Registered Waste Hauler	NUDEP Waste	Cubic Yards of Waste_	Name of Reg	Stared Landfill		•		
BRICK INDUSTRIES INC	21602	Disposal Date	City State	1/	·		_	
BRICK NEW JERSEY	/	Signature	Mo	RRISVI/A	2			-
Completed By PLACKIS PRE.								

H 1034	(Purs		8:60 and 12:1		DiA	FAX	
Date of Notification (1) 5	14	RIVERY	g Owner/Operator	DARDEN	)	ch#	F/0
AEPA Q Initia	ot fication	City, State, Zip	Code	ERR NO	176 Y		2
DE Eme	rgency (including fication) cellation	Name of Conta		2/	Telephone N	lumber	ــــــــــــــــــــــــــــــــــــــ
		FACILITY INF	ORMATION			80 H-	<u> </u>
Name of Facility Where Abateme				Type of Facility  Cl School (K-12  Subchapter 8  Other (i.e. pri	) 3 (Other than K	-12)	Y 22 F
1 GARDEN TO	JON NO			homes, etc.) Square Feet	# of Floors	Bldg. A	ユ
County (6) BERGE	~	County Code (7 ONLY)		Current Use (Pr	Part 1		ENTS
Name of Monitoring Firm Hired by (8)	Building Owner ASC	M No.	NOVATE		3)4		
Street Address	1.		Street Address City, State, Zip (	ode .	1.		
City, State, Zip Code  Project Manager for Monitoring F	rm Teleph	none No.	CID B	S.DGE	T 1 51-		TO THE RESERVE OF THE PERSON NAMED IN COLUMN TO THE PERSON NAMED I
Start Date (10)	Scheduled Completion		Name of OSHA	$88 \times 4500$	^	0806	>
Occupancy Status During Abatem	ent (Check only one)	16	NOUA (	0116	wc_		72
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	of Normal Facility Hours	nt ·	1 10			. 088	57
Scope of Work (Check all that app ≥ 3 sf or ≥ 3 If ≥ 160 sf or ≥ 260 If	oly)	Renovation Demolition	DOMini Glov	Containment with Enclosure rebag Procedure Exempted (*) an			
Location of Asbestos-Containing Materia		ally blely by pance/ Asbe	Description stos Containing M	aterial (ACM)	Amoi (Spec		Abatem Type
TO BE ABATED IN Facility (13)	Custo Staf (12	ff? 2)	surfacing, VA other miscellan	T, or	SF or		Repair Removal
CRAW SPACES	1327	X Pil	PE INSC	MATION	47,000 5,600	5 7 TF	X
GARAGES / (L)	3/22/1	X	l Louis Variant	11	8600	0 4F	*
10001110	N)C NOEP	Waste Hauler	Cubic Yards of Waste	Name of Regi	Siered Landill O.W.S	^ ^_∧	
City, State OID BRIDGE Completed by	NO. C	8857	Disposal Date  Signature	City, State	THE !	Date	الله.
CARIOS AMEIDA	* Do not use this fo	)) rm for asbestos li	1 141	activities.	4	15	19/10
Cr.			<u> </u>				1

Date of Notification (1) 5/12//14 Name of Building Owner / Operator (2) Type Notification Cooperative Counseling Services Agencies Notified Street Address **Emergency Notification** P.O. Box 1301 X **EPA** City, State & Zip Code X DFP Initial Notification X DOL Amended Notification Mountainside, NJ 07090 X DOH Cancellation Name of Contact DCA John Moorman **FACILITY INFORMATION** دت Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Vacant Building Subchapter 8 (Other than K-12) Street Address 1474 Woodacres Drive X Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age City (5) County Code (7) 50 County (6) 3000 Current Use (Prior if being demolished) Mountainside Union Home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Global Abatement Services, LLC Environmental Tactics, Inc N/A Street Address Street Address 443 Schoolhouse Road 64 Broad Street City, State & Zip Code City, State & Zip Code Monroe Township, NJ 08831 Matawan, NJ Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 00714 Tom Geiger 732-290-2217 732-605-9062 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) Global Abatement Services, LLC 5/13/14 5/15/14 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: After 4pm Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure X Demolition Renovation Mini-Enclosure Large Project X Glovebag Procedure X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Non-friable Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify (Specify: Removal, Material (ACM) Solely by Material (ACM) Square Feet or Repair. (i.e., thermal systems Linear Feet) Encapsulation or TO BE ABATED Maintenance or Enclosure) in Facility Custodial Staff? insulation, surfacing, VAT or other miscellaneous) (13)(12)Removal 8 SF Basement N/A **Duct penetrations** NJDEP Waste Hauler ID # Cu. Yds. of Waste Name of Registered Landfill Name of Registered Waste Hauler Freehold Cartage Inc. 18693 TRRF Disposal Date City, State City, State 5/15/14 Fullytown, PA Freehold, NJ Date Completed By (Print or Type) Signature Title 5/12/14 Dominick Tringali Manager

ASB-41 JUN 95 G4667

RECEIVEN

Date of Notification (1) 05/19/14 CK#3100 \$2	00		of Building Owner beth Public Sc		r (2)		984 M.	v .		From F	
Agencies Notified Type Notification  EPA Initial	1		Address Iorth Broad St	reet		7.77	ZIA MA	1 22	F	2:	57
DEP Amended Amendmer Emergency		Elizab	ate, Zip Code oeth, New Jers	ey 072	08		åL	ICEN	CU 4S/A	i K	樹山
☒ DOH   justification     ☒ DCA   Cancellation	)	Luis N	of Contact Milanes				Telephone N	umbor			
Name of Facility Where Abatement is Taki Abraham Lincoln School # 14	ng Place (3)	FAC	ILITY INFORMAT	TION	li constanti	acility (4)					1000000
Street Address 50 Grove Street	В				Sub	chapter 8 ( er (i.e. priva	Other than K- ate & commer		ildings	, hom	nes,
City (5) Elizabeth, New Jersey 07202					Square F 20,000		# of Floors 2		Bldg. 55+	Age	
County (6) Union		(STATE	Code (7) USE ONLY)		School		being demoli	shed)			
Name of Monitoring Firm Hired by Building Detail Associates, Inc.	Owner (8)	ASC	M No.		of Abatem Corpora	ent Contra ation	ctor (9)				
Street Address 300 Grand Avenue	w			606	Address McBride						
City, State, Zip Code Englewood, NJ 07631					State, Zip C dland Pa	ode ark, NJ 07	7424				
Project Manager for Monitoring Firm Stephen J.		The second second	69-6708		none No. 225-840	)	License 01104	No.			
Start Date (10) 05/30/14	Scheduled C 06/02/14	ompletion	Date (11)		of OSHA N Environr	Monitor nental La	ibs	0.			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	Period of Ahat	ement		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address Route 2	2 West					
Abatement Performed Outside of Norm Other – Describe: Fri 6:30PM, Sat 8AI	nal Facility Hou	ırs			state, Zip C n, New J	ode Iersey 07	083				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if	⊠ Reno □ Demo	vation olition		×	Mini-Er Gloveb	nclosure ag Procedu	with Negative ure and Non-Fria	5		·e	
Location of	Is Loc Norm	ally	De	scription					Abat	emen /pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	nance/ I Staff? 2)	Asbestos Con (i.e. therma surfa	taining M	Material (AC s insulation T, or	CM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Gym	X	10000	Pipe	Insula	tion	_	45 LF	Х	-		
Name of Registered Waste Hauler											
Lilich Corporation		NJDEP W Hauler ID 18724		Yards ste		me of Reg .R.O.W.S	istered Landfi Landfill				
City, State Woodland Park, NJ 07424			Dispo 06/03	sal Date 3/14		y, State orrisville,	Pennsylva	nia			
Completed by Tatiana Kalenikova	Title Vice Pres	sident		Signature			D	ate 5/19/	14		

#### Check#1902

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

						-/	RECT	1 1 1 pm p	5		
Date of Notification (1)			Nam	e of Buildi	ng Owner/Operator (	2)		7 9 F.	<del>;</del>		
	14		Regi	na Buttor	i	<b>ទ</b> ួន	M ter.				
Agencies Notified Type Notifi	cation			et Address			4 HAY 22	FM 2:	57		_
☐ EPA ☐ Initial			3348	IFKen	nedy Blvd.				<b>.</b>		
■ DOLWD □ Amend				State, Zip		^ <u>~</u>			- 2		_
	ment #	_					& LICER	Think	ij.		
	ency (includ	ling		y City, N							
(NJAC 5:23-8) justifica	0.00						Telephone	Number			
Cancen	allOi1		Regi	na Buttor	1						
			F	ACILITY	NFORMATION						
Name of Facility Where Abatement is	Taking Pl	ace (3)				Type of Facility	(4)	-			-
Private home						School (K-	(2)				
Street Address		**-				Subchapter	8 (Other than	K-1 2)			
3348 J.F.Kennedy Blvd.						Other (i.e., homes, etc	.)				
						Square Feet	# of Floor:	s E	Bldg. A	(ge	
Jersey City, NJ 07307 County (6)	-			-T A							
			COL	inty Code (7	) (STATE USE ONLY)	Current Use (F	rior if being de	emolished)			
Hudson	11-112-										
Name of Monitoring Firm Hired by Bu	liding Own	er (8)	ASCN	No.	Name of Abateme	ent Contractor (9	9)		*	- 15	
					Gr Tech LLC						
Street Address					Street Address						
					576 Valley Rd #	283					
City. State, Zip Code					City, State, Zip Co				-		
					Wayne, NJ 0747						
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.	0	License N				
			50				AND THE PROPERTY OF THE PARTY O	U.			
Start Date (10)	Schedule	1 Comp	lation D	ate /11)	973-638-1777 Name of OSHA M	114-	01127				
05/28/14			29 <i>j</i>		Name of OSMA IV	ionitor.					
					Envirovision Co	nsultants,Inc					
Occupancy Status During Abatement	(Check on	y one)			Street Address						
Facility Closed/Vacated During En  Abatement Performed Outside of I	tire Period	of Abai	tement		20-21 Wagaraw	Road, Bldg .#	34A				
Time of Abatement:AM	vormai Fac	ility Ho PN	urs - De 1	scribe	City, State, Zip Co	ode					_
	140			_AM	Fair Lawn, NJ 0	7410					
Scope of Work (Check all that apply)					Clean up	and decontami	nation with neo	ative pres	sure		
<ul><li>≥3 sf or &gt;3 lf</li><li>≥ 160 sf or &gt;260 lf</li></ul>		Renova			Full Cont Mini-Encl	ainment with Ne losure	gative Pressur	e			
		Demoli	1011		Non-Exe	Procedure mpted (*) and N	I ent with Neg	jative Pres	sure		
		Is Loc	ation	7	Z Non Exc.	mpted ( ) and it	T TIABLE FIO		1		
Location of		Norm	ally		Description o	f		A	atem	ent T	ype
Asbestos-Containing Material (AC		Ised So		Asbe	estos Containing Mat	erial (ACM)	Amount	고 R	Re	S	E
TO BE ABATED IN Facility		Mainter ustodia	l Staff?	(i.	e., thermal systems i	nsulation,	(Specify	, m	Repair	cap	clos
(13)		(12			surfacing, VAT, other miscellaned		SIF or LF	) <u>va</u>	=	Encapsulate	Enclosure
	Ye	s No	N/A		Other Iniscending	ous)				ie	
Basement		SINC	X	Pipe ins	ulation		120 LF	X	$\Box$	l n	-
Basement		Tim	$\boxtimes$	1					-		1=
Sascincin		4		VAT flo	oor tiles		200 SF	X		Ш	
		ПП	П		6.2						
Name of Registered Waste Hauler		- N	JDFP Maci	e Hauler ID No	Cubic Vardo of Me-	Nome of De	along dit in the second				
		1					stered Landfill				
Gr Tech LLC City, State			00337	85	TBD	T.R.R.F. Inc	d				
					Disposal Date	City, State					
Vayne, NJ 07470					TBD	Tullytown, P	A				
Completed By (Print or Type)	Title		1.000		Signature	),,		Date	275		
l.Jevtic	Owner				40/	1.	1		212 21		
SB-41	Owner				1/20	Inc wer	19.0	05/19/2	)14		
AAY 11	* Do	101 use	this for	n for asbes	tos licensure Exempt	ed activities.					

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5-19-2014				Mann	e of Build	ing Owner/Operate	or (2)	Addition of		Ī
	Notification			4	1 (	10 DONO	JOG H	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no	Į.
				10	ED.	ITH PLAC	iE		GE C	
B DOL As	onded rondment#			City.	State, Z	HILL N	J. 07	803	12	
IDOH - jus	eigency (inc discalion) teollation	Home		Nam	LING	ect _		Tolephane blood-	<del>. 110</del>	i
						FORMATION		1 - 112	11=	1 10
lams of Facility Where Abatom	estis Taking	Place (	39	1.000	PRINTE UN	FORESTRON	Type of Facility		1100	-
I. Mc Dono	UGH-				<u>- : · · · · · · · · · · · · · · · · · · </u>		U School (K-12	, 1	35	l.
10 EDITH	PLACE	<u> </u>						i (Other than K-12) ivate & communicial be	aidings.	
MINE HILL			•	•			Square Feet		641	
Morris		:		Coun	by Code (	7) (STATE USE		ior if being damelishe		
lame of Monitoring Firm Hired b	y Building O	naner	ASC	d No.		Name of Abete	mont Contractor (5	n i	-	1
inet Address						Best B	Removal I			
						Street Address		18-7 		
ly, State, Zip Code						City, State, Zip	River St	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	411-1	<u> </u>
	-						sack, N.	J. 07601		
ojost Manager for Manibong P	inn .	T	Telepho	ae No.		Telephone No.		License No	THE	-
not Dado (10)	Schoduled	Commi	efen De	4 100		201-329-		00388		
-28-14	5-	30.	14	ND (11)		Omega En	Wombr Vironmen	tal Inc		
cupancy Status During Abates	ant (Check	niy on	8) .			Street Address				
Facility Closed/Vacaled During	Entire Perio	d of Alba	alement			280 Huy	ler St	8		
Abditioned Periodical Ostable	of Normal Fa	city H	ours	,	• •	City, State, Zip C	ode	77.5 \$ 1	11. 1	
Other - Describe: 8 Av	1 5 P	77				South H	ackensacl	c, N.J. 076	06	
235023F 2160502250F	-37	1		& Ren C Des	ISVESSOR ROSSION	' E Mini-	Containment with ) Enclosure shap Precedure Enemoted (*) and	legative Pressure Non-Friable Precedur		
	•	l t	s Locati	98			T			Assess
. Location of			Normall ed Solei			Description o		#. * 		Dipo
Ashestes-Containing Material TO BE ARATED	(ACM)	M			Asbes	des Containing Ma	torial (ACM)	Amount		9
Di Facility		1 .	Shir?	<b></b> .	(6.0)	. Sustained systems i surfacing, VAT,	CL_	(Specify SF or LF)	Removal	Encapaulate
(13)	• • •	Ŀ	(12)			other miscellans	ous)		No.	
		Yes	No	NKA				1	Name of Street	9
Asemen T				X	V	AT.		400 SF	X	++
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no of Revisiered Warte Hauter	-		DEP W	aste it	auler		Name of Register	od Landill		
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est Removal Inc		1	7109	)		Discovered Darba		Enterprise	S	
est Removal Inc		1	7109	)		Disposal Date	Minerva Waynesbu		S	
est Removal Inc		076	7109 01	-			Cay, San Waynesbu	rg , Oh	s 19-1	



				(Pi	ursuant	to NJAC 8	:60 an	a 12:120	)		RE:	5 × 1	1, 1	- 3			
Date of Notification (1)						Building (			23,5325				1				- 10-01
05/19/14	W.Series III				March	Associa	ates C	onstruc	ction,	Det -							
Agencies Notified	Туре	Notification			Street A		_	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	<b>C</b> \$13	4 MAY	22	PH	2:	59		
☑ EPA		Initial		-		amburg		ike #30	JU					000000			
DEP DOL		Amended Amendment #	+ 1			te, Zip Co				6.1	1 3		10		til t		
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DOH DCA		ustification) Cancellation				March					1 11-10-						
Прох	J	Caricellation				LITY INFO	RMAT	ION									40.00
Name of Facility Where	Abatem	nent is Taking	Place (3	3)	1 101		T CHILLY I		Туре	of Facility	(4)						
Residential Buildir	ng								$\Box$	School (K-	12)						
Street Address										Subchapter	8 (Othe						200
52 Hemlock Terra	ce									Other (i.e. ¡ etc.)	orivate &	comme	rciai	Dulla	ings,	nome	es,
City (5)									Squa	re Feet	# of	Floors		BI	dg. A	ge	
Wayne									3,00			2		- T	0+-		
County (6)						Code (7) USE ONLY)				ent Use (Pri		-	lished	d)		n	
Passaic					·*					sidential E							
Name of Monitoring Fire	m Hired	by Building C	wner (8)		ASCN	I No.		1		tement Co		3. 20					
N/A								4-18-55		Contrac	tors, Li						
Street Address									Addre	ss Drive							
City, State, Zip Code								100		ip Code					-		
City, State, Zip Code								1		NJ 07461							
Project Manager for Mo	nitorina	Firm			Telepho	ne No.		No. of the last of	none N	WEST STATE OF THE	Т	License	e No.				
· · · · · · · · · · · · · · · · · · ·					. о.оро				864-2			0113					
Start Date (10)			Schedul	ed Cor	npletion	Date (11)	-	Name	of OSI	HA Monitor							
05/16/14			05/31/		×	0.50 16		Ame	eriSci								
Occupancy Status Duri	ng Abate	ement (Check	Only Or	ne)				Street	Addre	ss							
▼ Facility Closed/Val	cated Di	uring Entire P	eriod of	Abaten	nent			117	East	30th Stre	eet						
Abatement Perform		side of Norm	al Facility	/ Hour	S			255		ip Code							
Other – Describe:							_	New	/ York	k, NY 100	)16		70.00				
Scope of Work (Check	All That	Apply)	_					150	<b>a</b>								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		4	printing.	Renova Demoli				XIXIX	Fu	II Containm		Negativ	e Pre	essur	е		
2 100 SI 01 2200 II		~		Jemon	uon			×	Gid	ovebag Pro	cedure						
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				Locat	007									9	Abate Ty	ment pe	3
Locatio				Norma ed Sole				escription					ŀ				
Asbestos-Containin TO BE A		ial (ACM)	Ma	intena	ince/			ntaining N al system				mount		Z.	71	Enc	m
In Fac	ility		Cus	todial (12)			surfa	acing, VA	T, or		SF	or LF)		Remova	Repair	apsı	Enclosure
(13	43 				1			miscellar						-	Ę.	Encapsulate	ure
EXTERIOR OF	= 1H	USE	XYes	No	N/A	TRAK	1517	E 51	DIA	UG	2,00	05,1	F. /	X		· CD	
Basen	nent		X				d	uct wra	ap.		20	) L.F.		x			
Kitchen	Floor		х				gray	paper	base		130	0 S.F.		x			
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-	1.0.0				-		1012/101400					00 S.F.	-				
Basen Name of Registered Wa		iler	Х	L	JDEP W	/aste		plaster c Yards		Name of	N. 177. 3 115.			х			
	aste Hal	ale)		123	Hauler ID		of Wa	aste		***************************************		iou Lail	uiiii				
Pro-Tech					190713		L	2(6.5%)	*	G.R.O							
City, State							1000	osal Date		City, Sta							
New Haven, CT			7			<del></del>		complet	000/01/27		ville, P	A					
Completed by			Title	ide-			1	Signature	e //-	Sau		_	Date		1.4		
Marko Stankovic			Pres	sident				Mari	120	11-au	ue		U5/	19/1	14		

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				(Pu	rsuant t	o NJAC 8	:60 and	1 12:120	))		77.0		100	File			
Date of Notification (1) May 16/2014 Cl	(100)		Building C ne Janes		perator	(2)											
Agencies Notified	Type Noti				Street Ad 11 Park	ldress k Place					MAY 2						
DEP DOL	Ame Ame	nded ndment #				e, Zip Coo ı, NJ 070				* (	LJC LTC	J UL EKSI	111	付待	-		
DOH DCA	justif	rgency (ir ication) cellation	iciuaing	1	Name of Andrev	Contact v Horan					Tele	nhone I	Numb	er	3.00		
					FACIL	ITY INFO	RMAT	ON									
Name of Facility Where Commercial-(Aban			Place (3	)						oe of Facility School (K-	12)						
Street Address 190 Passaic Avenu	ne							1	×	Subchapte Other (i.e. etc.)				build	ings,	home	s,
City (5) Belleville, NJ 0710	9			F	ACC FOR ACCR.					uare Feet 000	# of 1	Floors		154	dg. A )+	ge	
County (6) ESSEX					County C	ode (7) ISE ONLY)				rrent Use (Pr ommercial	ior if beir	ng demo	olishe	d)			
Name of Monitoring Firm	m Hired by E	Building O	wner (8)		ASCM	No.				batement Corporices Corpo		(9)					
Street Address								Street 426		ress Street							
City, State, Zip Code										, Zip Code erg, NJ 07	093						
Project Manager for Mo	nitoring Firn	1		T	Telephor	ne No.		Teleph 201-		No. -1700		Licens 01074					
Start Date (10) May 27/2014			Schedule May 31			Date (11)		1000		SHA Monitors above							
Occupancy Status Durin	na Ahateme	S. S. S. S. S.		ovroles-Teories				Street	12000		_						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During	Entire P	eriod of A	Abatem			_			, Zip Code							
Scope of Work (Check	All That App	ly)															
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			and the same of th	Renova Demoliti				×	<	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					e	
			le	Locati	on											ment	
Locatio	on of		1	Vormal	y		De	scription	n of						Ту	pe	
Asbestos-Containin TO BE AB In Fac (13	g Material (A BATED cility	ACM)	Ma Cusi	d Sole intenar todial S (12)	ice/ staff?		tos Con therma surfa		Mate s ins	r	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A		<b>-</b> ,	O 1				00.05	_				
First F Basen				x				Tile & I				00 SF	-	x x			
			1														
_			1														
Name of Registered Wa	aste Hauler			2000	JDEP W	120 120 120 120 120 120 120 120 120 120		Yards		Name of	Registe	red Lan	ndfill				
Freehold Carting In	iC				auler ID 5939	No.	of Wa		10	GROV		rth Lar	ndfill				
City, State PO Box 5010-Freel	hold, NJ 0	7728					tbd	sal Date		City, Sta Morris		A					
Completed by Gina Salvador			Title Offiio	e Ma	nager			Signature	e Le	Elwas	0_		Date 5/1	6/20	14		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Agencies Notified  [x] EPA  [] DEP  [x] DOL  [x] DOL  [x] DOH  [x] DOH  [] Emergency (including)  Name of Building Owner/Operator (2)  CRI  2 13 1  Street Address  5 Swackhammer Road  City, State, Zip Code  Whitehouse Station, NJ 08889	
Whitehouse Station NISUXXVIII	
[ ] Cancellation Jeff Colucci	
FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3)  Residence - Garage  Street Address  Type of Facility (4)  [ ] School (k-12)  [ ] Subchapter 8 (other than k-12)	
947 Rabens Avenue [x] Other (i.e., private & commercial homes, etc.)	buildings,
City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 600 sf 1 600	
Manville Somerset (STATE USE ONLY) 600 sf 1 60  Current Use (Prior if being demolished)  Residence	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)	
N/A Guardian Contracting, Inc. Street Address Street Address	
1889 Route 9, Unit 61	
City, State, Zip Code  City, State, Zip Code  Toms River, New Jersey 08755-127	1
Project Manager for Monitoring Firm  Telephone Number  Telephone Number  Telephone Number  Telephone Number  732-349-9932  00624	
Scheduled Start Date (10) Scheduled Completion Date (11) Scheduled Completion Date (11) Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)  [ X ] Facility Closed/Vacated During Entire Period of Abatement  Street Address  1056 Stelton Road	
[ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply)  [ ] Full Containment with Negative Pressure	
[ ] Mini-Enclosure	
[ ] $>3$ sf or $≥3$ lf [ ] Renovation [ ] Glovebag Procedure [ X ] $≥160$ sf or $≥260$ lf [ X ] Demolition [ X ] Non-Exempted (*) and Non-Friable Procedure	
[X] ≥160 sf or ≥260 lf [X] Demolition [X] Non-Exempted (*) and Non-Friable Procedure	
Abatement Ty	эе
	EE
Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF )	N N C
TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF)	A L
institution, surfacing,	
other miscellaneous) A	UU
	L R E
Exterior garage X Asbestos siding 1000 sf X	-
Name of Registered Waste Hauler Guardian Contracting, Inc.  NJDEP Waste Hauler ID No.  Cubic Yards of Waste  Name of Registered Landfill  T.R.R.F.	
City, State Disposal Date City, State A	
Toms River, New Jersey 5/22/14 Tullytown, Pennsylvania  Completed by (Print or Type) Title Signature Date	
Nicholas Fernicola  Project Manager  *Do not use this form for asbestos licensure exempted activities.	

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				N CD	11: 0	′0	(2)	per pay the t						
May 19, 2014				Name of Building Owner/Operator (2)  Bayshore Community Hospital 24315										
Agencies Notified Type o  [ X ] EPA [ ]  [ ] DEP [ ]	f Notification Initial Noti Amended 1			Street Address 727 North Beers Street 727 North Beers Street										
[x] DOL [x]	Amendmer Emergency	nt # (including		City, State, Zip Code Holmdel, NJ 07733 & LICENSING										
[ ] DCA justification) [ ] Cancellation				Name of Co	ntact Louis D'An		Telephone Number							
			FAC	CILITY INF	ORMATIC	ON								
Name of Facility Where Abatement is Taking Place (3)  Bayshore Community Hospital				Type of Facility [				(4) School (k-12)						
Street Address 727 North Beers Street				[ x										
City County (6)			County Code (7)			Square feet	homes, etc.) # of Floors	Bld	g. Age	W-14.05				
				(STATE USE ONLY)		* 1	500,000 sf	5	50					
Holmdel Monmouth  Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Hosp										
	ntal Tactics	(8)		ASCM No.	Nam	Name of Abatement Contractor (9)  Guardian Contracting, Inc.								
Street Address					Stree	Street Address								
City State Zin Code	treet				1889 Route 9, Unit 61									
City, State, Zip Code Matawan, NJ 07747					City, State, Zip Code Toms River, New Jersey 0873						271			
Project Manager for Monitoring Firm	irm Telephone Number				Telephone Number Lice				e Number					
Tom Geiger 732-290-2217				732-349-9932				00624						
Scheduled Start Date (10) Scheduled Completic 5/19/14 6/2/14				ion Date (11)	on Date (11) Name of OSHA Monitor  E.M.S.L. Analytical									
Occupancy Status During Abatement (Check only one)					Stree	et Ad	dress	C. Analytical						
<ul> <li>[ X ] Facility Closed/Vacated During Entire Period of Abate</li> <li>[ ] Abatement Performed Outside of Normal Facility Hot</li> <li>[ ] Other – Describe</li> </ul>							1056 Stelton Road State, Zip Code							
				ours	City,	Stat								
[ ] Ouler - Deser	ibc				-		Piscata	way, New Jerse	y 088	354				
Scope of Work (Check all that apply		4			ſ:	x ]	Full Containment	with Negative Pres	sure					
[ ] >3 sf or ≥3 lf					Ī	]	] Mini-Enclosure							
							] Glovebag Procedure							
[ X ] ≥160 sf or ≥20	[ ] Demolition				Non-Exempted (*) and Non-Friable Procedure									
									Abatement Type					
Location of		Is Locati		Description					R	R	E	Е		
Asbestos-Containing Material (ACM)		Normally to Solely b		Asbestos-Cor Material (A				Amount (Specify SF	E	E	N	N		
TO BE ABATED	**************************************	intenance/C		(i.e., thermal s				or LF)	M	P A	CA	CL		
in facility			Staff				facing,		O V	I	P	0		
(13)		(12)			VA' other miso			ours)		R	S	SU		
	YE	YES NO N/A				Clia	neous)		A L	1	L	R		
Boiler room		X	1	Fireproof	ing	-		600 sf	X	-	Е	Е		
				<del>                                     </del>	<u> </u>	8 7		1		<del>                                     </del>	<u> </u>	$\vdash$		
		+	-						-	-		$\vdash$		
						-		<del>                                     </del>				$\vdash$		
Name of Registered Waste Hauler NJDEP Waste Ha			r ID No.   Cubic Yards of Waste			Name of Register	red Landfill				_			
Guardian Contracting, Inc.		20223					T.R.R.F.							
City, State Toms River, New Je.	rsev		6/3/1	sal Date 1		, Sta	te wn, Pennsylvania		y ==					
Completed by (Print or Type)	Title	- 100	0/3/1	Signature	<u> </u>	Tyto	/// remisylvania	7	Date					
Nicholas Fernicola	Pro	ject Manag	ger		le Ma	(1) 21 - 5/19/14   5/19/14								
	,	*Do not use	this form	for asbestos	licensure ex	xemi	oted activities.							

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 19, 201	Name of Building Owner/Operator (2) Dennis Stefanitsis										
Agencies Notified Type of Notific  [ X ] EPA [ ] Initi  [ ] DEP [ ] Am	Street Address 700 1st Street, Unit 6N 22 PM 2: 29										
[ x ] DOL Am [ x ] DOH [ x ] Eme		City, State, Zip Code Hoboken, NJ 07030 & LICENSING									
[ ] DCA justi	Name of Contact Denn	is Stefani	Telephone Number								
	F	ACILITY INFORM	MATION								
Name of Facility Where Abatement is Takin Residence			Type of Facility (4)	School (k-12)							
Street Address 103 Dolphin Driv			[x]	Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings, homes, etc.)							
City	County (6)	County Code (7) (STATE USE ONI	.Y)	Square feet 600 sf	# of Floors	Bldg.		30			
Ortley Beach	Ocean			Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building N/A	ASCM No.	Name of	Inc	nc							
Street Address		Street Ad	n Contracting,								
City, State, Zip Code	,	City, State, Zip Code			Route 9, Unit 61						
Project Manager for Monitoring Firm	Telephone Num	ber	Toms River, New Jersey 08755-1271  Telephone Number								
Scheduled Start Date (10) 5/19/14	Scheduled Comp 5/20/14	oletion Date (11)	Name of OSHA Monitor E.M.S.L. Analytical								
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacate	Abstement	Street Ac	ldress								
Abatement Performed					Stelloll Road						
Other – Describe		Piscataway, New Jersey 088									
Scope of Work (Check all that apply)		[ ] Full Containment w [ ] Mini-Enclosure				with Negative Pressure					
[ ] $>3 \text{ sf or } \ge 3 \text{ lf}$ [ X ] $\ge 160 \text{ sf or } \ge 260 \text{ lf}$	ovation nolition	[ ] [x]	Glovebag Procedu								
		[ , ]	Tron-Exempted ( )	and Non-Friable	Abate		T				
	Is Location		Descriptio		Amount	R	R	E	E		
Location of Asbestos-Containing Material (ACM)	Normally used Solely by	196.000	bestos-Con			E	E	N	N		
TO BE ABATED	Maintenance/Custod		Material (A			М	P A	C A	C L		
in facility	Staff		ulation, su		0. 5.	0	I	P	0		
(13)	(12)	-21	VAT, o			V	R	S	S		
	YES NO N/.	1	er miscella	ineous)		A L		L E	R E		
Exterior	X	Asbestos sidi	ng	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	600 sf	X		<u> </u>	12		
Name of Registered Waste Hauler	NJDEP Waste Hat	uler ID No.   Cubic Vi	ards of Wast	a Nama of Bosi	ad LandEll						
Guardian Contracting, Inc.	20223		arus or wasi	e Name of Register T.R.R.F.	ed Landilli						
City, State Toms River, New Jersey		posal Date 21/14	City, Sta								
Completed by (Print or Type)	ompleted by (Print or Type) Title			1 /	/	Date					
Nicholas Fernicola	Project Manager	1 16	(1)0	1 +21			5/19/2014				

<sup>\*</sup>Do not use this form for asbestos licensure exempted activities.