CKF 24673

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

RECEIVED

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t Address		14 AM 3:		_			
	1032 Revere	ve. UHIII	01				
State, Zip Code							
e of Contact	Trenton, NJ Oc		nber	_		=	
	nbo	Totophona -					
CILITY INFORMATION							
	Type of Facility	(4)					
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	Other (i.e., p	rivate & commerc		dings			
	Square Feet	are Feet # of Floors			ge		
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nty Code (7) (STATE ONLY)	Current Use (Pr	ior if being demo	lished)				
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Street Addres	Sox 322						
City, State, Zip	p Code						
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	M	ECS					
Street Addres		72710	-				
		ox 341					
City, State, Zip		s, NJ 08515					
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☐ Mini-li ☐ Glove	Enclosure ebag Procedure		ure				
	Exemples () and No	II-I Habie I Tocca		Abate	ment		
Description	of			Тур	e .	20020000	
Asbestos Containing N	Material (ACM)	Amount			Ш		
surfacing, VA	AT, or	(Specify SF or LF)	Rem	Rep	ncap	nclo	
other miscellar	neous)		oval	pair	sula	Enclosure	
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Boiler Insu	lation	60SF	×				
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Vaste Cubic Yards	Name of Regis	tered Landfill					
No. of Waste 292 1 CU			nc.				
Disposal Date	City, State						
	1) ~/		PA				
ager	\mathcal{U}'	Date	11/1	2/14			
	Mr. Mien Mon CILITY INFORMATION Atty Code (7) (STATE ONLY) No. Name of Aba St Street Addres City, State, Zi City, State, Zi Street Addres City, State, Zi City, State, Zi Street Addres City, State, Zi Disposal Date 12/1/14 Signature	of Contact Mr. Mien Mombo CILITY INFORMATION Type of Facility School (K-12 Subchapter Context Other (i.e., p homes, etc.) Square Feet 1500 No. Name of Abatement Contractor (9 Stevens Environe Street Address PO B City, State, Zip Code Allentown No. Telephone No. (609) 259-9688 Ite (11) Name of OSHA Monitor Street Address PO B City, State, Zip Code Crosswick Full Containment with Neg Mini-Enclosure Glovebag Procedure Non-Exempted (*) and No Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) No. Boiler Insulation Vaste Vaste No. Of Waste 92 Disposal Date 12/1/14 Signature City, State 12/1/14 Signature City, State	Trenton, NJ 08629	Trenton, NJ 08629 of Contact Mr. Mien Mombo Telephone Number Type of Facility (4) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Square Feet 1500 2 Type of Facility (4) School (K-12) School (K-12) Stubchapter 8 (Other than K-12) Square Feet 1500 2 Type of Facility (4) School (K-12) School (K-12) School (K-12) Stubchapter 8 (Other than K-12) Square Feet 1500 2 Type of Facility (4) School (K-12) School (K-12) Square Feet 1500 2 Type of Facility (4) School (K-12) School (K-12) Square Feet 1500 2 Current Use (Prior if being demolished) Type of Facility (4) Stubchapter 8 (Other than K-12) Square Feet 1500 2 Type of Facility (4) School (K-12) School (K-12) Square Feet 1500 2 Current Use (Prior if being demolished) License No. Allentown, NJ 08501 License No. He (11) Name of OSHA Monitor MECS Street Address PO Box 322 City, State, Zip Code Crosswicks, NJ 08515 Type of Facility (4) Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Type of Facility (4) Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Type of Facility (4) Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Amount (Specify Specify Spe	Trenton, NJ 08629 Telephone Number Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8	Trenton, NJ 08629 Telephone Number Type of Facility (4) School (K-12) Subchapiter 8 (Other than K-12) Subchapiter 8 (Other than K-12) Type of Facility (4) Subchapiter 8 (Other than K-12) Type of Facility (5 e., private & commercial buildings, homes, etc.) Square Feet	

State of New Jersey

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

							1	- 17	IE,					
Date of Notification (1) November 10, 2014				Name of	Building C	Schwe	ator (2) itzer-Mauduit	nra2	,5	5.5	34			
Agencies Notified [X] EPA	1 : :	Notificati		Street A	ddress	85 Ma	in Street	us.		4014				
[] DEP [x] DOL	Amer	ded Notif dment #_ gency (inc		City, Sta	ite, Zip Cod	e Spotsw	vood, New Jersey (ASBEST 0 08884-0401 ^{LIC}	S CO ENSIN	VIAL IG	1.4	t de la constant de l		
[x] DOH [] DCA		cation) ellation		Name of	Contact Hal Be	ernstein	Т	elephone Number			- CO 100 - CO			
			FA	CILITY I	NFORM	ATION								
Name of Facility Where A	Abatement is Taking hweitzer-Maudu		r House			27	Type of Facility (4)	School (k-12)	(k-12)					
Street Address	Main Street						[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,		
City		County	(6)	County C (STATE	ode (7) USE ONLY	0	Square feet 20,000 sf	# of Floors	Bldg		0			
Spotswood		Middl	esex				Current Use (Prior if							
Name of Monitoring Firm	Hired by Building (uardian Contract			ASCM N	lo.	Name of	Power I Abatement Contractor		Inc					
Street Address	uai dian Contract	mg, mc				in Contracting,	mc.		100000					
	89 Route 9, Uni	t 61		Street Address 1889 Route 9, Unit 61										
	City, State, Zip Code Toms River, NJ 08755 Project Manager for Monitoring Firm Telephone Num								ew Jersey 08755-1271					
Project Manager for Mon Nicholas Fer	г	1						ense Number 624						
Scheduled Start Date (10)	732-349-9932 Scheduled Comple	etion Date (1	1)		OSHA Monitor	00024								
11/11/1	11/14/14		*			Analytical								
Occupancy Status During	Abatement (Check cility Closed/Vacated		Intire Period of Al	natament		Street Ad		elton Road						
	patement Performed	The said of the said						CHOII Road						
	her – Describe_are:		samman namatik Mansa pandihin namindi sas			City, Stat	e, Zip Code Piscata	way, New Jerse	y 088.	54				
Scope of Work (Check al	l that apply)					[]		with Negative Press	sure					
[x] >3	sf or ≥3 lf		[X] Reno	vation		[x]	Mini-Enclosure Glovebag Procedu	ire						
1 5 1	60 sf or ≥260 lf		2 2	olition		[]) and Non-Friable I	rocedu	re				
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Main floor		X		End o	cap of tar	nk		40 sf	Х					
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Name of Registered Wast	JDEP Waste Haul	er ID No.	STREET, STREET	ards of Was	(C)	red Landfill								
	Contracting, Inc.		20223	15	1	T Git S	T.R.R.F.							
City, State Toms Rive	r, New Jersey			oosal Date 17/14		City, St	^{ate} ∂wn,∕Rennsylvania							
Completed by (Print or T		Title		Signat	ure	1 1	// /		Date					
Nicholas Fe		1	ct Manager		V (, C	not	-		11/	10/20	14			
	o not use this fo	rm for asb	estos licer	isure exen	pted activities.				20					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) November 10, 2014 DnA Demolition Agencies Notified Type of Notification Street Address X EPA Initial Notification 2156 Camplain Road] DEP Amended Notification City, State, Zip Code Amendment # [X] DOL LICENSING Hillsborough, NJ 08844 [x]Emergency (including [x] DOH justification) Name of Contact DCA Telephone Number Cancellation Antonio Dimuzio **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Bank School (k-12) Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, 54 Ridgewood Avenue homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 10,000 sf 2 100 Ridgewood Current Use (Prior if being demolished) Bergen Former Bank Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting Inc. Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, NJ 08755 Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Nicholas Fernicola 732-349-9932 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/11/14 11/21/14 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Piscataway, New Jersey 08854 Scope of Work (Check all that apply) [x]Full Containment with Negative Pressure Mini-Enclosure [x] >3 sf or ≥3 lf Renovation Glovebag Procedure [x] ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of R E E Location of Normally used Asbestos-Containing Amount E E N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P C C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) Α L A in facility 0 Staff insulation, surfacing, 0 (13)(12)VAT, or V R S S other miscellaneous) U U A YES L R NO N/A L E Mechanical room X Asbestos pipe insulation 20 lf X 3 offices X Glue dots on ceiling 1200 sf X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 T.R.R.F.

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

Signature

City, State

Tullytown, Pennsylvania

Date

11/10/2014

Disposal Date

11/24/14

City, State

Completed by (Print or Type)

Toms River, New Jersey

Nicholas Fernicola

Title

Project Manager

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) November 10, 2014 T & H Homes Agencies Notified Type of Notification Street Address 70 East Water Street Unit 5B X EPA Initial Notification DEP Amended Notification City, State, Zip Code ASSESTOS CONTROL & Amendment # [x] DOL LICENSING Toms River, New Jersey 08753. [x] Emergency (including justification) Name of Contact Telephone Number [x] DOH Cancellation Bill Hoermann] DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x] Other (i.e., private & commercial buildings, 2105 Grand Central Avenue homes, etc.) City # of Floors County Code (7) Bldg. Age County (6) Square feet (STATE USE ONLY) 1000 sf 60 Current Use (Prior if being demolished) Lavallette Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number Project Manager for Monitoring Firm Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor E.M.S.L. Analytical 11/10/14 11/11/14 Occupancy Status During Abatement (Check only one) Street Address 1056 Stelton Road [x]Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe 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 Abatement Type Description of Is Location R Location of Normally used Asbestos-Containing Amount N E N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF C C P M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A A L 0 Staff insulation, surfacing, 0 in facility I P V R S S VAT, or (13)(12)U U other miscellaneous) A R I. YES NO N/A I. E Exterior X Asbestos siding 950 sf X

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

Signature

Cubic Yards of Waste

City, State

NJDEP Waste Hauler ID No.

Title

Project Manager

20223

Disposal Date

11/12/14/14

Name of Registered Waste Hauler

Completed by (Print or Type)

City, State

Guardian Contracting, Inc.

Toms River, New Jersey

Nicholas Fernicola

Name of Registered Landfill

11/10/2014

T.R.R.F.

Tullytown, Pennsylvania

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Plotification (1) November 10, 2014					Name of	Building O	wner/Opera T & H				55	8-						
Agencies Notified [X] EPA [] DEP	[] Amen	on Notification ded Notifica dment #			Street Ac	idress te, Zip Code	;		iter Street Ur	ASBESTOS	4 2 CON	014 TROL	&					
[x] DOL	[x] Emerg	gency (inclu- cation)	ding		Name of	Contact	Toms I	River	r, New Jersey	y 08753 LICEN	VSING	ì		Ц				
[X] DOH [] DCA		llation				Bill Ho	ermann											
N. CE. III. WIL	Al a dis Talina	Dl (2)		FACII	LITY I	NFORM	ATION	Tım	e of Facility (4)									
Street Address	ere Abatement is Taking I Residence	Place (3)						тур	[]	School (k-12) Subchapter 8 (oth								
	2103 Grand Centra	l Avenue							[x]	Other (i.e., private homes, etc.)	& cor	nmercia	ıl buildi	ngs,				
City		County (6)		County C STATE	ode (7) USE ONLY)	Square feet # of Floors Bldg. Age 2500 sf 1 60										
Lavalle		Ocean							Reside									
Name of Monitoring	Firm Hired by Building C N/A	wner (8)		1	ASCM N	o.	Name of	Abate	ement Contracto Guard	r (9) ian Contracting,	Inc.							
Street Address							Street Ad	dress	11/2007/2009	Route 9, Unit 61								
City, State, Zip Code							City, State, Zip Code Toms River, New Jersey 08755-1271											
Project Manager for Monitoring Firm Telephone Number				mber	56 			phone Number License Number -349-9932 00624										
Scheduled Start Date (10) Scheduled Comp 11/10/14 11/11/14				52	n Date (1	1)	Name of	OSH	A Monitor E.M.S	.L. Analytical								
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe							Street Ad		1056 S	Stelton Road	000							
							r 1			away, New Jerse	-	J4 						
Scope of Work (Che	ck all that apply)						[]	I	Mini-Enclosure	nt with Negative Pres	sure							
[] [x]	>3 sf or ≥3 lf ≥160 sf or ≥260 lf	[Renovati Demoliti			[x]		Glovebag Proced Non-Exempted (dure (*) and Non-Friable l	Procedu	ire						
											Abat	ement '	Гуре					
Asbestos-Contain TO BE in f	ation of thing Material (ACM) ABATED facility (13)	Nor S	Location mally used solely by nance/Cust Staff (12)		Ash N (i.e. inst	Description of obestos-Containing Material (ACM) e., thermal systems sulation, surfacing, VAT, or ther miscellaneous)			Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E					
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			-+		-													
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223					D No.	Cubic Ya	rds of Was	te	Name of Regis T.R.R.F.	stered Landfill								
City, State	River, New Jersey			Disposa	al Date /14/14		City, St Tullyt		, Pennsylvan	ia								
Completed by (Print		Title Project	Manager		Signa	ture	hol	1	11		Date 11/	: 10/20	14					
*Do not use this fo					for asb	estos licer	sure exen	npted	activities.									

Print Form

	NOT	IFICATIO	CATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)												
Date of Notification (1)		Name	of Bui	Iding Owner/	Operator	(2)			NOV	1 4	201	1	\Box		
Date of Notification (1)			•	MAI	800		12/1	100	1		201		-		
Agencies Notified Type Notification		Street	Addre	Zip Code	BI	20	4	. L	SBEST	DS, QC	WTR	OL 8	*		
EPA Initial Amended		City, 8	State, 7	Zip Code		:/	L			>EIVOI	10		_		
DOL Amendment #_ Emergency (incl	ludina			10	1.1	1813	08201	Dec	778-2	7					
DOH justification)	iuunig	Name	e of Co					Telep	none Nun	noer					
DCA Cancellation				Tohn	TION			1	-			-			
2/ Carlly 185-as Absternat is Taking P	lace (3)	FA	ACILIT	Y INFORMAT	ION	Type of	Facility (4	!)							
Name of Facility Where Abatement is Taking P	1000 (0)	-0	. 11 81				thaal (K-1)								
Street Address Street Address Address	237	D 25 00	(6)	Approved the second		St	ibchapter her (i.e. pi	8 (Other	than K-12 commerci	2) al buildi	ngs, l	ome	s,		
City (5) Afills Bopo	6					Sauare		# of	Floors	Blo	ig. Ag	e			
City (5)						Oqualo 1 dec					7				
County (6)		Coun	nty Coc	ie (7)		Current	Use (Pric	r if bein	g demolish	ned)					
Sometes & T		(STA	TE USE	ONLY)					1 DE AL						
Name of Monitoring Firm Hired by Building Ow	mer (8)	TAS	SCM N	0.	Name	of Abate	ment Con	tractor (9)						
Name of Monttoring 1 mil 1 mod by 2 mil 1	13				Ace	Insulat	ion Co.,	inc.							
Street Address						t Address									
Oliegi / ladi oco							e Road								
City, State, Zip Code					100	State, Zip		700							
					Colts Neck, N.J. 07722 Telephone No. License No.					10					
Project Manager for Monitoring Firm		Tele	phone	No.					00029	NO.					
				. ///	Name of OSHA Monitor					_					
Start Date (10) S	icheduled	Completi	ion Da	te (11)	Name	01 050	A WOTHOT		- 1000						
Occupancy Status During Abatement (Check (Stree	t Address	ser k	0 6	9636				-		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	Facility F	atement lours 2			City,	State, Zip	Code	P	ذرج ب	->					
Scope of Work (Check All That Apply)	-								/		- 2500				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition		139	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
						l Non	-Exempte	d (*) and	Non-Fria		Abate				
2.6	100000	ocation										pe	50		
Location of		ormally Solely by	v	Asbestos C	Description		(ACM)	۵	mount		-	m			
Asbestos-Containing Material (ACM) TO BE ABATED	Main	tenance/		(i.e. thern	nal syster	ms insula	tion,	(5	Specify	Re	P	Encapsulate	Enclosure		
In Facility		(12)			rfacing, Ver miscell		•	SF	or LF)	Remova	Repair	usq	nsol		
(13)				Stric	or micoun	u.,eeuo,				<u>a</u>	~	ate	Fe G		
	Yes		WA	000						32		-		-	
BASEMENT BEILE			2-0	1:50	PAF	213			al .	-					
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Name of Registered Waste Hauler	5/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	EP Wa er ID N		bic Yards Waste				ered Land	HB:						
Ace Insulation Co., Inc.	1208			1		Chrins	;			y-1,-1698					
City, State	Disppsa			Disposal Date City, State											
Colts Neck, New Jersey	1	illa				iM	Easto	n, Pa	- 1.	Date					
Completed by	Title				Signatu		Poleces	_	1	Date ///	2-1	-			

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

OK# 2495 Sondy

Print Form

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

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Date of Notification (1)		Name of E	n : ヤ	wner/Ope	25, de	ce	NON	1 4 20)14	
Agencies Notified EPA DEP DOL DOH DCA Type Notification Initial Amended Amendment # Emergency (inc justification) Cancellation	sluding	Name of	e, Zip Coo Olm C Contact Mik		Ave new	Jerseg	ASRESTO 7119 Telephone N	ENSING	reot i	<u></u>
Name of Facility Where Abatement is Taking In Street Address		FACIL	ITY INFO	RMATIO	Тур	School (K-1; Subchapter Other (i.e. p		-12) cial build	ings, h	omes,
City (5) Be Inco	(0)		ISE ONLY)	V ====================================	Cur	rent Use (Price patement Con			dg. Ag	e
Name of Monitoring Firm Hired by Building Over Street Address City, State, Zip Code	vner (8)	ASCM	NO.		Ace Insu	lation Co., ress rose Road	Inc.		34	
Project Manager for Monitoring Firm	N.	Telephor	ne No.		Telephone 732-294	-1757	722 License 00029		****	
Start Date (10) Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Performed Outside of Normal Other - Describe:	Only One) riod of Aba Facility Ho	etement ovation notition			Street Add	Zip Code Full Containm		e Pressu	re	
	The Contract of the Contract o	cation			L/PI	Glovebag Pro Non-Exempte	d (*) and Non-Fr	iable Pro	cedure Abatei Typ	ment
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used 5 Mainte Custod (*	mally Solely by enance/ ial Staff? 12)		tos Conta thermal s surfac	cription of sining Mater systems ins ing, VAT, o iscellaneou	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
outsi de		4	20	ling	ul Vizyl		2500 M	1 4		
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP W Hauler ID 12086		Cubic \ of Was	te 4	Chrins		Hill		
City, State Colts Neck, New Jersey Completed by Bree McGuire	Title Secreta	ary Treasu	ırer	ill	al Date	City, Star Easton		Date	عار	

Service of the	Form

& Emergency \$	NOT	TIFICATION	OF ASE	ew Jersey BESTOS AB 8:60 and 1	BATEN 12:120)	IENT CK) E (793			
Date of Notification (1) 11/10/14				Owner/Op Private Ho		(2)	NC NC	1 4	201	4	1
Agencies Notified Type Notification	1	Street A	ddress st 26th	Street		1					
EPA Initial Amended							ASBES	STOSO		Ol 3	X
DEP Amended Amendmen			ate, Zip C Beach	NJ 08008	8	Real Property		LICENS	ilde:		
DOH justification Cancellatio)	Name o Ellen	f Contact				Telephone	Number			
		FACI	LITY INF	ORMATIO	N		1	+		_	-
Name of Facility Where Abatement is Takin Ellen Thelin Private Home	ng Place (3)					Type of Facility (4)					
Street Address						School (K-12 Subchapter 8		K-12)			
18 East 26th Street								commercial buildings, home			
City (5) Spray Beach NJ 08008						Square Feet 1000+	rs Bldg. A		\ge		
County (6) Ocean	(Code (7) USE ONLY	n		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCN	No.			me of Abatement Contractor (9)					
Street Address						co Inc.		-		-	_
City, State, Zip Code						30x 329					
Oity, State, Zip Code						ate, Zip Code Berlin NJ 0800	08				
Project Manager for Monitoring Firm	. s	Telepho	ne No.		Telepho	ne No. 53-9800	Licen:	se No.			
Start Date (10) 11/11/14	Scheduled C	ompletion I	Date (11)	1	Vame o	f OSHA Monitor	0072	.,			
Occupancy Status During Abatement (Che					Same						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Abat	ement urs			Street A	ate, Zip Code					
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Reno	vation olition			×	Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (dure			e	
	Is Loc	5 W O S W C C C C			1				Abate	ment	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norm Used So Mainter Custodia (12	nance/			stems i	terial (ACM) nsulation, , or	Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes No	o N/A						<u>/a</u>	7	ilate	ure
Exterior Siding		х		Exterio	r Sidi	ng	1600 SF	x			
through out		x		Floo	r Tile		600 SF	x		CC 3.70%	
Name of Registered Waste Hauler		NJDEP W	aste	Cubic Ya	rde	Name of De	mintored I -	dell			
United Containers	Hauler ID I 22459		of Waste	The state of the great and a contains							
City, State Elm NJ				Disposal 11/14/14		City, State Morrisville	PA 1906	7			
Completed by Anthony T Perna	ent Signature					Date 11/10/14					

CK 3430

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

Print Form

		(Pursuar	(Pursuant to NJAC 8:60 and 12:120)									
Date of Notification (1)		Name	of Building Owner	Operator (2)	Total Service	OV	1 4	- 20	14			
Agencies Notified Type Notification		Street	Address	9	1 - 17	1						
D EPA D Initial				e Green	tree Ra	#TO	SO	1077	3OL 8			
DEP Amended Amendmen	ŧ#.	City, S	State, Zip Code	11/1/	NJ 08	00	77	1110				
☐ Emergency	(including	Mamo	of Contact	RAGICAL	Telephone Nur	mher	_					
DOH justification Cancellation			J.	PARIL	Total Professional	11001						
Name of Facility Where Abatement is Takin	o Place (3)	FA	CILITY INFORMA	Type of Facili	itv (4)							
36-38-40		10 K	d Block	School (
Street Address 40 Colf	RI	_	100	Subchar	oter 8 (Other than K-12 e. private & commerci	2) al bull	ldings	, hom	es,			
City (5) Cherry K	411			Square Feet	# of Floors	E	3ldg.	Age				
County (6) Pin	///		y Code (7) EUSE ONLY)	Current Use (Prior if being demolish	ned)		0				
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	CM No.	Name of Abatement	Contractor (9)							
				ANI SOE								
Street Address				Street Address	Bustinet	131	1	Pro	2			
City, State, Zip Code				City, State, Zip Code	1212 Buplington HARE City, States Zip Code							
				Dela	nco NJ	0	80	25				
Project Manager for Monitoring Firm		Teleph	ione No.	Telephone No.	79/6 License N	27	カ					
Start Date (10)	Scheduled	Completion	n Date (11)	Name of OSHA Monli	lan							
Nov 20 14	Dec	2-19	5-14		Self.							
Occupancy Status During Abatement (Chec	k Only One)		7	Street Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:			*	City, State, Zip Code								
Scope of Work (Check All That Apply)	**************************************					-			\dashv			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation nolition		Mini-Enclos				e				
	ls Lo	ocation		, , , , , , , , , , , , , , , , , , , ,		1	Abate	ement				
Location of		mally Solely by		escription of		-	13	pe				
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	enance/ lat Staff?	(i.e. therma	ntaining Material (ACM) il systems insulation,	Amount (Specify	Re	æ	SO LEI	E			
In Facility (13)		12)		acing, VAT, or miscellaneous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes 1	No N/A				al		ate	9			
- OFFICE			1	MASTIC	3:20	V						
BAthroom			- Torse quience management	MASTIC	30-F	V						
Kitchen/Hall			VA+	/	160 LF	1						
Windows			CAU	114	1304F	V						
Name of Registered Waste Hauter		NJDEP V Hauler ID			of Registered Landfill)						
ANI JOE LLC		2089		2 U	IM OF PA	_	-					
City, State DOLANCO	\mathcal{N}	J	17)	sal Date City, Si	, Tully town	P	P					
Completed by Jos HIII	Title	SP		Signature 4	Dat //	-//)-1	14				
			and the second s	1 1 1 1		100000000000000000000000000000000000000		1	ooker Grack			

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

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

Name of	Building Own	ner/Operator (2	2)	11111 110	v/ 1 /	1 90	1/	
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).		ASBES	TOS C	ONT	ROL	<u>ا</u>
					LICEN	SINO		
Name of Ed	Contact			Telephone Nu	mber			
FACIL	LITY INFOR		T					
		[School (K-12)) 3 (Other than K-1	12)			
		İ		ivate & commerc	cial build			8,
20			1000+	# of Floors	35+			
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ASCM	I No.			ractor (9)				
			4777177.T.					
				91				
Telepho	ne No.			License 00727	No.			
d Completion	Date (11)	100						
)		Street /	Address					
batement Hours		City, St	ate, Zip Code					
enovation emolition			Mini-Enclosure Glovebag Procedure					
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ormally d Solely by ntenance/ odial Staff?	(i.e. th	s Containing M nermal systems surfacing, VA	faterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Remo	T	İ	Enclosure
No N/A	- '	otner miscellan	leous)		/al	=	ilate	re
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		transite ro	oof	600 SF	x			-
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NJDEP V Hauler ID	FC31031000 announce	Cubic Yards Name of Registered Landfill of Waste						
		5 G.H.O.W.S.						
22459								
22459		Disposal Date 11/26/14		e rille PA 19067	7			
	County (STATE L County (STATE L ASCM ASCM County (STATE L ASCM Ed & Kelly Sweet Street Address 216 East 3rd Ave City, State, Zip Code North Wildwood I Name of Contact Ed FACILITY INFORI County Code (7) (STATE USE ONLY) ASCM No. Telephone No. d Completion Date (11) 4 e) batement Hours enovation emolition Location ormaliy d Solely by intenance/ ordial Staff? (12) No N/A X NJDEP Waste	Street Address 216 East 3rd Ave. City, State, Zip Code North Wildwood NJ 08260 Name of Contact Ed FACILITY INFORMATION ASCM No. Name of Pernal Street APO Bo City, St West Telephone No. Telephone 856-7 d Completion Date (11) ASCM No. Street ASCANCE City, St West Telephone No. Telephone 856-7 d Completion Date (11) ASCM No. Street ASCANCE City, St West Telephone No. Telephone 856-7 d Completion Date (11) Ascance City, St City,	216 East 3rd Ave. City, State, Zip Code North Wildwood NJ 08260 Name of Contact Ed FACILITY INFORMATION Type of Facility (4. School (K-12 Subchapter 8. Other (i.e. pretc.) Square Feet 1000+ County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Cont Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 0809 City, State, Zip Code West Berlin NJ 0809 Telephone No. Telephone No. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 0809 City, State, Zip Code City, State, Z	Name of Building Owner/Operator (2) Ed & Kelly Sweeny Private Home	Name of Building Owner/Operator (2) Ed & Kelly Sweeny Private Home Street Address 216 East 3rd Ave. City, State, Zip Code North Wildwood NJ 08260 Name of Contact Ed FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial build except to the private & comme	Name of Building Owner/Operator (2) Ed & Kelly Sweeny Private Home Street Address 216 East 3rd Ave. City, State, Zip Code North Wildwood NJ 08260 Name of Contact Ed FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other tha	Name of Building Owner/Operator (2) Ed & Kelly Sweeny Private Home Street Address 216 East 3rd Ave. City, State, Zip Code North Wildwood NJ 08260 Name of Contact Ed FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other th	

Print Form

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Date of Notification (1) 11/10/14				Name of Joe M	of Buildin Nalatest	g Owner/C ta Privat	perato e Hon	or (2) ne			NOV	1 4	201	4				
ĭ EPA [Type Notification Initial	1			Address eorge D	r,		ā	- Department		ASBEST(7S CC	TR	nt 8	<u></u>			
DEP × DOL	Amended Amendmen Emergency		_		ate, Zip (hawkin	Code NJ 080	50	-	L			LICENSING						
DOH DCA □	justification Cancellation)	3	Name of Joe	of Contac	it .				1,000	lephone N 7-807-2				54			
Name of Facility Where Ab	patement is Takir	ng Place ((3)	FAC	ILITY IN	FORMATI	ON	Tuno	of Facility	(4)					-			
Joe Malatesta Private	e Home	3 (/					-	of Facility School (K-									
Street Address 48 George Dr.								×	Subchapte Other (i.e. etc.)	r 8 (Oth	er than K- & commer	12) cial bui	ldings	, hon	nes,			
City (5) Manahawkin NJ 0805	50			200					re Feet	# 0	f Floors		Bldg. 35+	Age	-			
County (6) Ocean				County (STATE	Code (7) USE ONL	Y)		Curre	ent Use (Pri ne	ior if be	ing demoli	shed)						
Name of Monitoring Firm H N/A	lired by Building	Owner (8)	ASC	M No.			of Aba	itement Co	ntractor	(9)							
Street Address								t Addre										
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08					008		_							
Project Manager for Monito	ring Firm			Telepho	ne No.			hone N 753-9			License 00727	No.						
Start Date (10) 11/11/14		Schedul 11/14/		npletion	Date (11))	Name Sam		OSHA Monitor									
Occupancy Status During A	batement (Chec	k Only Or	ne)				Street	Addres	SS		-				_			
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire I Outside of Norn	Period of a	Abaten / Hours	nent s			City, S	State, Zi	p Code									
Scope of Work (Check All T	hat Apply)																	
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lame of Registered Waste I nited Containers	Hauler		H	JDEP Wa auler ID I		Cubic Y of Waste			Name of F	940-2000	red Landfil	I						
ity, State Im NJ				- ,55		Disposa 11/14/			City, State Morrisvi	;	19067			(in)				

Completed by Anthony T Perna

Title

President

Date

11/10/14

Signature

(C + (CC) X)

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



			Name o	f Purildin	g Owner/Operator	(2)		-		T	
Date of Notification (1)	116/14		I Name o	TR	INSFORA	17100	INT TO PR	150	5		_
	Type Notificatio	n .	Street A			- ASI	LICENSING				٦
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☑ EPA ☑ DEP	Amended		City, Sta	te, Zip C	code			-	**		
D DOL	Amendment			EG	C NORTS	on, NJ	, 08218				_
DOH	Emergency iustification		Name o	f Contac		1	Telephone Numbe				
I DOM	☐ Cancellation			BI	RBARA		609-965	-79	98	,	
			FACE	ITY INF	ORMATION						
	Al James In Tak	no Place (3)	- 1 705			Type of Facility	(4)				
Name of Facility Where	Abatement is lak	ing Face (5)				School (K-12	2)				
	I DEN.CC					Subchapter	(Other than K-12) rivate & commercial	buikti	nas.		
Street Address 4.30	CANSON	1:VE,				homes, etc.)		00.0	90,		$ \bot $
						Square Feet	# of Floors .		g. Ag		
City (5)	INFIC C	144				1500	1		0	4	_
			Count	Code (7) (STATE		ior if being demolish	red)			1
County (6)	THATIC		USE C		2003 - 201	V 2	CINT				_
Name of Monitoring Firm		Owner	ASCM N	0.	Name of Abatem	nent Contractor (9)				
(8) Name of Monttoning Pills	A	,			160	EMCO I	vc.				_
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City, State, Zip Code					MAR	LE SIN	ADE, NIJ.	080	50		=
Project Manager for Mo	aitering Firm	TTE	elephone N	0.	Telephone No.		License No.				
Project Manager for Mo	Λ nationing Firm				856-7	79-047	0044	9			=
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Start Date (10)	50	Cdddd Carry		e de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición dela composición de la composición dela c		VIA					
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Other - Describe:											=
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