				NOTI	FICA	State	of New J	ersey TOS ABA	ATEM	IENT		20/3/	Property of the Park	<u> </u>		Print	FOII
Date of Notific	eation (1)				Microsoph		NJAC 8:6				(1) Jan	3	2 \	1/2			$\neg$
09/18/2013			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1000	z Allco						<u> </u>	PA	``	0		
Agencies Noti	fied		e Notification		2360	reet Add 09 Will	ress ow Aver	nue				S	3	5.00		100	
EPA DEP DOL		×	Initial Amended Amendment #				, Zip Code d, NJ 07					<u>,</u>	(C) 37				
DOH DCA			Emergency (in justification) Cancellation	ncluding	11 33333	ame of C							hone Numb 3) 956-39:				
		-				FACILI	TY INFOR	MATION	1								
Residentia	d	Abate	ement is Taking	Place (3)						Туре	of Facility (4) School (K-12) Subchapter 8	)	than K-12)				
Street Addres 109 Willow		•		-						×	Other (i.e. privetc.)	vate &	commercial	buildir			ś,
City (5) Garwood	9.			1						2,0		2	Floors	80	g. Ag	e	
County (6) Union				1//		ounty Co	ode (7) SE ONLY)	195	_	Re	rent Use (Prior sidential			ed)			
Name of Mor	nitoring Firr	n Hire	ed by Building (	Owner (8)	1	ASCM	No.				atement Contr tracting, LL(		9)				
Street Addres	SS			1		NOV	2 2 20	100	Street 1385		ess ley Road, S	Suite F	<				
City, State, Z	ip Code			7 7	450		(3)				Zip Code New Jersey	0747	0				
Project Mana	ager for Mo	nitori	ng Firm	1000	Т	elephon	e No.		Telep (97/3		No. 8-5040		License No 00874	).			
Start Date (1 09/27/201	2005			Scheduled 09/30/20		pletion D	ate (11)		Name	of O	SHA Monitor tracting, LL	C					
		ng At	patement (Chec		004104 <del>3</del> 1417				Street	t Add		0 9000 D	·				
Abatem	Closed/Va ent Perfor Describe:	med (	During Entire Outside of Norn	Period of Aba nal Facility H	ateme lours	ent		- 1	City,	State,	Zip Code New Jersey				X		
Scope of Wo	OSSESS.		nat Apply)		87				vva	yiio,	1404 00100)						
≥3 sf or			11.27		novat moliti				ŀ	×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				0	
				le I	ocatio	nn.				Laurel 1	VOII-Exemples	/ / ain	3 14011 1102		Abate	ment	t
	Locati	on of		No	rmall	y			criptio					-	Ту	pe	
Asbesto	s-Containir TO BE A In Fa (1:	BATE cility	aterial (ACM) ED	Custo	tenar	ice/		tos Conta thermal s surfac other m	syster ing, V	ms ins	r	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
				Yes	No	N/A		Pipe	Incu	latio		1	20 LF	x			-
	Base	men	t	X		-		Fibe	IIISU	ialio		<u> </u>	20 LI	1			-
Name of Re	aistored \	Vacto	Hauler		l N	JDEP V	Vaste	Cubic	Yards		Name of	Regist	ered Landfil	1			
Service T					Н	lauler ID 0990		of Was					erprises,				
City, State New Cast	tle. Delav	ware						Dispos	sal Da	ite	City, Star Wayne		, Ohio				
Completed	erica.			Title		35000 - 63500		5	signati	UD	<del></del>			ate	0011		
Predrag S				Vice F	Pres	ident			12		2		m 0	9/18/	2013	3	
ASP 41 /P.0	00)							/	* Do	not u	ise this form fo	or asbe:	stos licensu	re exe	mpted	d activ	vities

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Date of Notification (1)			ame of l	Building Own G.	ner/Op	erator	(2)	-		13Aoy		3	·,	
	e Notification	0.77	treet Ad 000 H	dress ADLEY RO	OAD			68	3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	7, 5	2	o.		0
DEP DOL	Initial Amended Amendment #			e, Zip Code I PLAINFII	ELD,	NJ. C	7080	-	1		2	بن	,	
	Emergency (including	ng N	lame of	Contact					Telephor	ie Numb	er x	1	4>	
DOH DCA	justification) Cancellation	F	6X	McC	Zui	116	EN	154	843	-24	7-	75	6	7
Name of Facility Where Abate	ement is Taking Place	(3)	FACIL	ITY INFORM	MATIO	N.	Type o	Facility (4)	)		6	ð	.'	
PSEYG								chool (K-12		. 17 40)				
Street Address	LEMM	AV	E.				⊠ ot et	ther (i.e. pri c.)	(Other that ivate & con	nmercial				5,
City (5) Glouce							Square		# of Floo	A		ig. Ag		
I COUITE TO			County C				Curren		r if being de		d)		7	
G-LAUC	ESTER	. (	STATE U	ISE ONLY) _					, TCt.	/	57	AT	01	U
Name of Monitoring Firm Hire ENVIRONMENTAL TA	d by Building Owner	(8)	ASCM 004					ement Cont YSTEMS	ractor (9) OF AME	ERICA				
Street Address 64 BROAD STREET							Address	HEAD A	VF					
City, State, Zip Code							state, Zip					-		$\neg$
MATAWAN, NJ 07747								VER, NJ						
Project Manager for Monitorin TOM GEIGER	ng Firm	1 2	Telephor 732-29	ne No. 92-2217			none No 432-83		1 700000	ense No. 01111	•			
Start Date (10)	Sche	duled Com	pletion I	-				A Monitor YSTEMS	OF AME	ERICA				
Occupancy Status During Ab	atement (Check Only	One)	//-				Address		\/ <u></u>				- Hell	
Facility Closed/Vacated Abatement Performed C	During Entire Period	of Abatem	ent		1	0.75	State, Zip	Code	VE.					
Other – Describe: 0	7000 RS				-	37.5	0.5	VER, NJ	08882					
Scope of Work (Check All Th	at Apply)	,				Г	7			701 122				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				-	Mini	-Enclosure		gative Pr	essur	е		
							Non	vebag Proc -Exempted	(*) and No	n-Friable	e Proc	edun	9	
		Is Locati	on									Abate Ty	ment	
Location of		Normall Used Sole				scription			4000000			ı y		
Asbestos-Containing Mat TO BE ABATE	enai (ACIVI)	Maintenar	ice/	Asbestos (i.e. the			Material Is insula		Amou (Spec		R	71	Encapsulate	Ē
In Facility	_ (	Custodial S (12)	itaff?		surfac	cing, VA			SF or l	_F)	Remova	Repair	apsu	Enclosure
(13)		es No	N/A	1	outet ti	IIISCEIIa	neous)				/al	=	ilate	лге
au Thanks		X	1	Somas	Tin	P	0 < 0	مد ترم	10	LF	X			
outDoors				SOMES	,,,_	- 1'	100	DRITING						
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	leulos		JDEP V	Vaste 1	Cubic	Yards		Name of	Registered	Landfill				
Name of Registered Waste F WASTE MANAGEMEN		H	auler ID	No I	of Was	ste .			S NORTI					
City, State			1125	F	Dispos	Sal Date	e e	City, State		2020140	-			
ELIZABETH, NJ					76	31			SVILLE,					
Completed by CAROL RAIMO	10.133	tle FFICE N	IGR.		S	Signatu	g Vea	1 La	ina	Dat //		7/	1.3	
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Date of Notification (1)			me of E		ner/Operat	or (2)		EB	3	<b>7.</b>	100	رح
Agencies Notified Type Notification			eet Add	dress ADLEY F	ROAD				ć	10	کی	7
EPA   X Initial   Amended   Amendment #		Cit	y, State	e, Zip Code	IELD, NJ	. 0708	30			Ξ,	360	0.
Emergency (incl	uding			Contact	. ,			Telephone Num	ber	2/	-11	5
X       DOH       justification)         DCA       ☐ Cancellation			M	TY INFOR	AEL	Lu	CiAN;	973-28	4-	96	49	
Name of Facility Where Abatement is Taking Pl	lace (3)		PAGIL	II I INFOR	UNATION	Тур	e of Facility (4	4)				
Street Address	-T		10			X	School (K-12 Subchapter Other (i.e. pr	2) 8 (Other than K-12) rivate & commercia	l buildi	ngs, l	nomes	s,
207 N. DEAN	5/.						etc.) Jare Feet	# of Floors	Ble	dg. Ag	je	-
ENG/EWOOD							NIA	NIA	N	A		
County (6) BERGEN				ode (7) SE ONLY)		Cur		STAT ON				
Name of Monitoring Firm Hired by Building Own ENVIRONMENTAL TACTICS	ner (8)	1	ASCM 004		Nar Ul	me of Al	patement Con					
Street Address 64 BROAD STREET				, E		eet Add 96 WH	ress ITEHEAD A	AVE.				
City, State, Zip Code MATAWAN, NJ 07747							Zip Code RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER	4		elephor	ne No. 2-2217		lephone		License No.				
Start Date (10)	cheduled		letion E	Date (11)	Na	me of O	SHA Monitor	S OF AMERICA				$\neg$
Occupancy Status During Abatement (Check C	- /	d	//3	3	Str	eet Add	ress					
Facility Closed/Vacated During Entire Per	riod of Aba	ateme	ent				ITEHEAD A	AVE.		-,		_
Abatement Performed Outside of Normal Other – Describe:	Facility H	ours				Table 1	, Zip Code RIVER, N.	I 08882				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If		novatio						ent with Negative P	ressu	e		
≥160 sf or ≥260 lf	∐ Der	nolitio	n				Mini-Enclosure Glovebag Pro	cedure	. D		201	
					-	Ы	Non-Exempte	d (*) and Non-Friab			ement	
Location of	No	ocatio rmally			Descrip	otion of				Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED	Used S Maint	enand	ce/		os Containir hermal syst			Amount (Specify	R	71	Enc	ш
In Facility	Custod (	iial St (12)	aff?		surfacing, other misc	, VAT, o	r	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		04101 111100		,		<u>a</u>	-	ate	re
OUTSIDE SUBSTATION		×		ACM	TRANS	116	Pipe	70 LF	X			
							,		-			
Name of Registered Waste Hauler		0710055	IDEP W	D1571110-5757	Cubic Yar	ds	Name of	Registered Landfil	1	-	-	-
WASTE MANAGEMENT	2000		auler ID 125	NO.	of Waste		55.00.007 120	/S NORTH				
City, State ELIZABETH, NJ					Disposal Dis	D		ISVILLE, PA				
Completed by CAROL RAIMO	Title OFFIC	EM	GR.		Sign	ature Ata	l La	me D	ate ///	9/1	13	,



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Date of Notification (1)		1000	Name of	Building (	Owner/O	perator (2	2013 N	0V 22 PM	<u></u>			
Agencies Notified Type Notification			Street A 4000 F	ddress HADLEY	ROAD	)	^5P=	2700 00m	<del>उ: ६3</del>			
EPA Initial Amended Amendment				te, Zip Co H PLAIN		, NJ. 07	080	LICENSING	6	B		
	50	-	JOH			DLE	¥	Telephone N			190	0
Name of Facility Where Abatement is Takin  OSEAG  Street Address  TRENTON AVE, 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			S7.				10.4. 10.10		dings,	home	es,
City (5) ELIZABETH					Elita A		Square Feet	# of Floors	E	Bldg. A	lge 65	UPS
County (6)				Code (7) USE ONLY	)	0 2	Current Use (Pri	or if being demol		A A	)	7~
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)		ASCN 004		ELLER		Abatement Cor			570	1.12	
Street Address 64 BROAD STREET						Street A	ddress HITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747					1200		te, Zip Code H RIVER, N.	J 08882				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	ne No. 92-2217	484-48	Telephor 732-43	ne No. 32-8350	License 01				
Start Date (10)	Schedule 12/	d Com	1	Date (11)	EVEL		OSHA Monitor JE SYSTEM	S OF AMERI	CA			
Occupancy Status During Abatement (Chec	Period of A	batem	ent		107 Fac		HITEHEAD A	AVE.				
Abatement Performed Outside of Norm Other – Describe:	nal Facility ECESSA	Ry	ofer	PATORS	oply		te, Zip Code H RIVER, N	J 08882				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti	1000000	10 - 210	CEAGN	CIXI L	Mini-Enclosur Glovebag Pro	cedure				
	100000	Locatio		Bon et A		<u> </u>	Non-Exempte	d (*) and Non-Fr	able Pro	Abat	emen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormall d Solel ntenar odial S (12)	y by ice/		tos Cont thermal surfa		terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
0.7.0	Yes	No	N/A	-	. (7)			4.0		-	6	
CONTROL ROOM		X		P/00	RIL	EXM	ASTIC TON	2700 St			-	-
VARIOUS LOCATIONS IN SWITCH STATION				γ.ρ.	5 + A	Sulf	lion	100 CI			TA.	
Name of Registered Waste Hauler WASTE MANAGEMENT City, State		Н	JDEP V auler ID 1125		of Was	30 sal Date		Registered Land /S NORTH	ifili	1		
ELIZABETH, NJ Completed by	Title				TI	30	MORR	ISVILLE, PA	Date	<u> </u>		
CAROL RAIMO	OFFI	CE M	IGR.			De	al Ray	mo	11/19	9/	13	

Notification of Demol	lition or Renovation(continued)				
	Demolition or Renovation Work and Me	ethods to be U	Ised: Re	moval and D	Disposal of 670 sf
VAT/Mastic from connecting	ng rooms within Building 30 Guard Sha	ack			
				Ŕ	ea =
					stos at the ion unit, wet
XI. Description of Engineer	ring Controls and Work Practices to be	Used to Cont	trol Emmisio	ons of Asbes	stos at the
	Site: Regulate work area, negative p				ion unit, wet
material, and double bag.					75 6 6
					E -
					500
XII. Waste Transporter#1	Service Transport Group	THE WATER AND A			57
Address: 58 Pyles Lane			MINISTRUCE CONTRACTOR		3
City: New Castle	County: New Castle		State: DE	Zip: 19720	0.
Contact: Randy Bridges			Telephone: 302	2-778-5930	VA
Waste Transporter#2 S	iame as #1				
Address					
City Imperial	County		State	Zip	15000000
Contact			Telephone		
XIII. Waste Disposal Site	Imperial Landfill		EPA Certification	on Number: PAI	D987285624
Address: 11 Boggs Road					
City: Imperial	County: Allegheny		State: PA	Zip: 15126	
Contact: Brent Bowker			Telephone: 724	1-695-0900	
XIV. If the Demolition was	Ordered by a Government Agency, Ple	ase Identify th	e Agency B	elow:	
Name		Title			
Authority					
Date of Order (MM/DD/YY)		Date Ordered to	Begin (MM/DD/Y	Y)	
XV. For Emergency Renov	ations:				
DATE and HOUR of Emergency: (Mf	M/DD/YY)	(HH:MM)		10.00000000	
Description of SUDDEN, UNEXPECT	FED EVENT				
	_				
Explanation of how the Event cause	ed unsafe conditions, or a serious disruption of indu	ustrial operations			
	ures to Be Followed in the Event that L				
Fiable Asbestos Material B alert generator	Secomes Crumbled, Pulverized or Redu	iced to Powde	r Segregate	area, wet m	atrials, post signs,
alen generator					
	dual, Trained in the Provisions of this				
	Renovation, and that Evidence that the r Inspection During Normal Business I				lished by this
r erson will be Available to	i inspection burning Normal business i	Λ (Required to	one (1) year aner	promuigation).	
	<u></u>	- /-			
	(Signature of O	wner/Operator)	(Da	ate) 11/21/13	
XVIII. I Certify that the Abov	ve Information is Correct				
		1			
		~ \frac{1}{2}			
		4			
	(Signature of O	wner/Operator)	(Da	ate) 11/21/13	

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Date of Notification (1)	21 /	13			1		g Owner/Operator (	2)	70. 32	13 NOV	ر دم		N.
Agencies Notified  ⊠ EPA  ⊠ DOLWD  ⊠ DHSS	Type Notific ☐ Initial ☑ Amende Amendm	ed			113 City, S	State, Zip (			e ()	No. No.	<del>کر</del>	P/ 3.	GO .
☑ DCA (NJAC 5:23-8)	☐ Emerger justificat		cluding	ı		omissing of Contac	ACTIVITY OF THE PROPERTY OF TH		Telephone N		40		
	☐ Cancella				Sus	san Peck	8		617-757-5			60	
					FA	CILITY IN	IFORMATION					-42	
Name of Facility Where A Santander Bank	batement is	Taking	Place	(3)				Type of Facility  School (K-12)	2)				
Street Address 220 Route 9						200		☐ Subchapter ☑ Other (i.e., p homes, etc.)	rivate and com		build	ings,	
City (5)  Manalapan								Square Feet 3000	# of Floors		Bldg 40	. Age	
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr		nolished	10.5		
Monmouth	IP 11 5 1	0			1								
Name of Monitoring Firm Hillmann Consulting	10000	laing O	wner (	(8)	ASCM 6225		Name of Abateme		)				
Street Address					1000		Street Address				- 1-2		
1600 Route 22 East							47 Foster Ro	**************************************					
City, State, Zip Code Union NJ 07083							City, State, Zip Co Staten Island						
Project Manager for Monit	toring Firm			1	ephone 32-616		Telephone No. 718-605-6256		License No.				
Start Date (10)11 /23 /	Automotive 11 P			omple	etion Da	te (11)	Name of OSHA M Testor Tech		00774				-
Occupancy Status During		**************************************		-0.1 · 0.10 · 0.10			Street Address						
<ul> <li>☐ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> <li>Time of Abatement:</li> </ul>	Outside of N	lormal	Facility	Hou	rs - Des	cribe	10 59 Jackso City, State, Zip Co	ode	400.2				
Scope of Work (Check all			-				LIC NY 11101						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				novat moliti			☐ Mini-Enc ☐ Glovebag		5%				
				Loca	01/01/		10.7				Abate	ement T	Гуре
Location of Asbestos-Containing M TO BE ABA' IN Facility (13)	Material (ACN TED	VI)	Use Mai	intena	ely by ince/ Staff?		Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	. Collidate	Removal	Encapsulate	Enclosure
lst Fl. Hallway and Va	ult Area					VAT/Ma	estic		150 SF	0	3		
											][		
											ם כ		
											] [		
Name of Registered Wast Global Waste Indust		1000	IJDEP V	No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S					-		
City, State	177.5				NJ-22	1/1	5 Disposal Date	City, State					
Hackettstown, NJ							12/29/13	Morrisville	, Pa.				
Completed By (Print or Ty	pe)	Title					Signature			Date	~		
Joe Tardy		P	roject	Mar	ager		1110	411			21	113	
ASB-41 MAY 11		* E	Do not	use ti	nis form	for asbest	tos licensure exemp	ted activities.				l.	

11 /	13 / 1	3				ng Owner/Operator	(2)		3	•	2	
Agencies Notified				A 7					0	2012	1	7
⊠ EPA	Type Notification  Initial	1			t Address			3.3		0/		7
□ DOLWD	Amended					hire Boulavard		<b>్</b>	Ò,	ري.		-
DHSS	Amendment #	¥			State, Zip				>	-	A	
☑ DCA	☐ Emergency (i	ncludir	ng		omissin			'' 'È	34.	2	1	_
(NJAC 5:23-8)	justification)			Name	of Conta	ct		Telephone Num	ber	Ó,		?_
	☐ Cancellation			Sus	san Pecl	(		617-757-563	1	(3)	P/	6
				FA	CILITY II	NFORMATION				G1 -	2	_
Name of Facility Where A	Abatement is Takir	ig Plac	e (3)				Type of Facility	(4)			ζ	
Santander Bank						£0 +)	School (K-1			C.	)	
Street Address							☐ Subchapter	8 (Other than K-12	2)			
220 Route 9	15 gr						Other (i.e., p. homes, etc.)	private and comme	rcial b	uildin	gs,	
City (5)							Square Feet					
Manalapan			W.				3000	# of Floors		ldg. A	ige	
County (6)				Cour	atu Cada (	TVOTATE HOE ONLY		1		40		200
Monmouth				Cour	ity Code (	7)(STATE USE ONLY)	Current Use (Pi	rior if being demolis	shed)			7.
	Llies d by D. 1141		(0) I	1								
Name of Monitoring Firm Hillmann Consulting			(8)	ASCM		Name of Abateme	BANK CONTRACTOR STATE OF THE					
	9			6225	52	JVN Restorat	tion Inc					
Street Address						Street Address						
1600 Route 22 East	8					47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip Co	ode	<del></del>	1		_	
Union NJ 07083						Staten Island	NY 10309					
Project Manager for Monit	toring Firm		Tele	phone	No.	Telephone No.		License No.	-			
Brian Nemetz			73	32-616	-4092	718-605-6256		00774				
Start Date (10)	2/2			tion Da	0.0	Name of OSHA M						
Occupancy Status During		CE CS //			10_	Testor Tech		- E				
A Facility Closed Vacator	Aparement (Chec	k only	one)			Street Address			-24		70.	
	d During Esting De											
Abatement Performed	d During Entire Pe	riod of	Abater	ment		10 59 Jackson	n Avenue					
☐ Abatement Performed	Outside of Norma	Facili	tv Hour	ment s - Des	cribe	City, State, Zip Co	ode	2)				
Abatement Performed Time of Abatement:	Outside of NormaAMP	Facili	tv Hour	ment s - Des	cribe		ode	2) <del>2)                                  </del>			-	•
☐ Abatement Performed	Outside of NormaAMP	Facili	tv Hour	ment s - Des	cribe	City, State, Zip Co	ode	2				•
Abatement Performed Time of Abatement:  Scope of Work (Check all  ≥3 sf or >3 lf	Outside of NormaAMP	l Facilii M/ <u>2</u> PN	ty Hour 1- <u>2</u> AM	s - Des	cribe	City, State, Zip Co	ainment with Neg	gative Pressure	9.	-	•	
Abatement Performed Time of Abatement:  Scope of Work (Check all	Outside of NormaAMP	I Facilii M/ <u>2</u> PM	tv Hour	s - Des	cribe	City, State, Zip Co LIC NY 11101  Full Cont Mini-Encl	ainment with Neg	gative Pressure	3		· ·	•
Abatement Performed Time of Abatement:  Scope of Work (Check all  ≥3 sf or >3 lf	Outside of NormaAMP	I Facilii M/ <u>2</u> PM	ty Hour I- <u>2</u> AM enovation	s - Des	cribe	City, State, Zip Co LIC NY 11101  Full Cont Mini-Encl Glovebag	ainment with Negosure		re		* * *	
Abatement Performed Time of Abatement:  Scope of Work (Check all  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Outside of NormaAMP that apply)	I Facilii M/2PM	ty Hour I-2AM enovation	on on ion	cribe	City, State, Zip Co LIC NY 11101  Full Cont Mini-Encl Glovebag	ainment with Negosure	n-Friable Procedur	_	atem	ent T	vne
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Abatement Performed Time of Abatement:  Scope of Work (Check all    ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing N TO BE ABAT IN Facility (13)  Ist Fl. Hallway and Vau  Name of Registered Waste Global Waste Industr	Outside of NormaAMP that apply)  of Material (ACM) IED  ult Area	Recilif	enovatiiemolitio	on ion lly lly by nce/Staff?	Asbe (i.e	City, State, Zip Co LIC NY 11101  Full Cont Similar Glovebag Non-Exer  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaned stic  Cubic Yards of Waste 5	ainment with Negosure procedure mpted (*) and No ferrial (ACM) insulation, or ous)  Name of Regis G.R.O.W.S.	Amount (Specify SF or LF)  200 SF	A Removal	_	Encapsulate	Enclosure
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Date of Notification (1)			N	ame of i	Building Owner/0	Operator	(2)		W	1	1	2
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Agencies Notified	Type Notification			reet Ad		7				6	2	-
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Name of Facility Where	Abstament is Taking (	Diaca /3)		FACIL	II T INFORMAL	ION	Type of Facil	ity (4)		FTA		
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Name of Monitoring Firm	h Hired by Building Ov	vner (8)		ASCM	No.	Name	of Abatement	Contractor (9)				
Name of Montoning 1 in		,				1-81	0000	ONSTMIC	TIDA	) (	n2	0
P/A						Street	Address	011 711001	1101			
Street Address '								LEEKRO	(A)			-
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City, State, Zip Code						0.000		_	TI	150	13	i
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Project Manager for Mo	nitoring Firm		T	elephor	ne No.		hone No.	11/5	1 1	211		
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Start Date (10)		Schedule	d Com	oletion [	Date (11)	2.0000000000000000000000000000000000000	of OSHA Mon					
12/1/	13	12	131	113	>	IA	NORE	WRI	ile	)		
Occupancy Status Durin	ng Abatement (Check	Only On	e)	-1		Street	t Address	98 000 00	2011			
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Other - Describe:						1 7	BEIM	AWR, D	JT	08	73	1
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City, State		_			Dist		72	the DWA	100	~		
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ANDREW	RICCO		OW	NE		UM	MUNT 1	WWW)		111:	JUK	)

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Date of Notification (1)			1	Name of	of Buildin e Mer	g Owner/Operator norial Ho	spital c	f Salem	Coun	t V	5	1	0
11-20-13 Agency Notified	Type Notification		-	Street /	Address	dstown Ro	***************************************	9	2013		32	5	4
CXEPA CXDEP EDOL	☐ Amended Amendment #		-			Code NJ 08079			(A)	) )	`	19	ب
гжоон	<ul> <li>Emergency (includir justification)</li> </ul>	ng	1	Name (	of Contac	t		Telephone Nur 856 – 935			之		ن
□ KDCA	☐ Cancellation							036-333	-1000	3	- 3	_	4
Name of Facility Where	Ahatement is Taking Pla	ce (3)	-	FACII	LITYINH	ORMATION	Type of Facility	(4)		E	( A	500	$\dashv$
	l Hospital c		ale	m C	ounts	v	□ School (K-12			Ø.	0		
Street Address 310 Woodsto							☐ Subchapter	8 (Other than K-1) rivate & commerci		ıgs,			
City (5)						*******	Square Feet	# of Floors	Bldg.	Age			
Salem							200,000	2	+/-	- 5	C		
County (6)						) (STATE USE	Current Use (P	rior if being demo	lished)				
Salem			1	ONLY)			hospita	1			•	76	
Name of Monitoring Firm (8) Quad 3 Gro		ГА	SCM	No.		Name of Abaten Pepper E		9) ntal Ser	vices	3,	I	nc	
Street Address 72 Glenmaur	a National 1	3lvd		*		Street Address 2251 Fr	aley Str	reet			-		
City, State, Zip Code MOOSIC, PA	18507					City, State, Zip C Philadel	Code phia, PA	A 19137				989	
Project Manager for Mor	litoring Firm	Tele	phon	e No.		Telephone No.		License No.		25-	-		$\dashv$
Scott Jenki	ns.	57	0 - 4	106-	-6288	215-533-	-5155	01166					
Start Date (10) 12-2-13	Scheduled Co 12-6-13		n Dat	e (11)	9	Name of OSHA Quad 3 (			,				
Occupancy Status Durin						Street Address 72 Glenn	naura Nat	cional Bl	.vd.	-5-			
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe: ○ C	Outside of Normal Facil					City, State, Zip (	Code PA 1850	7					
Scope of Work (Check a	II that apply)												-
□ ≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260 lf	3				ovation nolition	☐ Mini- ☐ Glov	Enclosure rebag Procedure	Negative Pressu					
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Location	on of	No	ormali	у		Description	of			-	Ту	pe 	$\dashv$
Asbestos-Containin	g Material (ACM)	Used Main	tenar			stos Containing M	aterial (ACM)	Amount		_		<u>E</u>	m
TO BE AI	BATED	Cu	stodia Staff?		(i.e.	, thermal systems surfacing, VAT		(Specify SF or LF)		em	교	cap	nolo
(13		-	(12)			other miscelland		0. 0. 2. ,		Removal	Repair	sula	Enclosure
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Name of Registered Was	ste Hauler	NJD	EP W	laste H	lauler	Cubic Yards of	Name of Regi	stered Landfill		L			-
Service Tran		IDN	lo.			Waste	A & L S	alvage					
City, State		•			***************************************	Disposal Date	City, State						
Morrisville			1.12				Libson,	OH					
Completed by Jennifer Niv	ven Dir. of	Ope	era	tio	ns	Signature .	h_	<i>)</i>	Date 11-	20	-1	3	
ASB-41	* Do not	use this	form	for as	bestos lic	ensure exempted	activities.			XX 7.5	/EPWI-	- 11	

Date of Notification (1) 11/19/13		1000		uilding Ow eter Priva			2)	7	 :	T 57 3	e g	77	7	5	
Agencies Notified Type Notification			reet Add 2 east 2					1 1				15			
EPA Initial Amended Amendment #_		Cit	ty, State each F	, Zip Code laven Ga	arder	ns NJ 0	8008			V 22				4.	
Emergency (in justification)	cluding	10000	ame of C	ontact				is the		phone Nur -352-47			ن		
DCA Cancellation		1 3		TY INFOR	MATI	ON	-	- 4			V2:		1		-
Name of Facility Where Abatement is Taking I Gloria Peter Private Home	Place (3)		PAOILI	TT INTOK			☐ Sch	Facility (4)	)	initi Te				, to the man	
Street Address 12 east 27 St							Sul Sul Oth etc	bchapter 8 ner (i.e. pri .)	vate &	commerc	ial build				
City (5) Beach Haven Gardens NJ 08008							Square 1000 +		# of 2	Floors	1000	ldg 5+	. Age	9	
County (6) Ocean			ounty Co	ode (7) SE ONLY)			Current	Use (Prior	if beir	ng demolis	hed)			9/60	
Name of Monitoring Firm Hired by Building O	wner (8)	1	ASCM				of Abater	ment Cont	ractor	(9)					
N/A Street Address				<u> </u>		Street	Address						-8		
City, State, Zip Code							Box 329 state, Zip								$\dashv$
	_	<del>-1 -</del>				- X	t Berlin	NJ 0809	91	License	No				_
Project Manager for Monitoring Firm			elephon	`		856-	753-98	00		00727					
	Scheduled 12/5/13	Comp	pletion D	ate (11)		Name Sam	ALTER CONTRACTOR	Monitor							
Occupancy Status During Abatement (Check	Only One)					Street	Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab	ateme	ent		_	City, §	State, Zip	Code							
Scope of Work (Check All That Apply)		**		4	-										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic	A CONTRACTOR OF THE PARTY OF TH				Mini- Glov	Containme -Enclosure rebag Prod -Exempted	e edure						
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel: tenan	y by nce/ staff?	Asbesto (i.e. t	os Co therm surf	ntaining	Material on ns insulated AT, or	(ACM) tion,	(	Amount Specify F or LF)	Removal		Repair	Encapsulate	Enclosure
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	+						************					+	-		
Name of Registered Waste Hauler		1 10	JDEP W	O. S. V. C.	11/1/10/2005	ic Yards				tered Land	llift		_		
United Containers		A 120.00	lauler ID 2459	NO.	3	/aste		G.R.O.							
City, State Elm NJ						oosal Da 5/13	te	City, Sta Morris		A 1906	7				
Completed by Anthony T Perna	Title Presid	lent				Signate	ire				Date 11/19	9/1	3		

					E O	Operator	(2)		15.0					7
Pate of Notification (1) November 15, 2013			19	Roszel		_C c/o N	lountain D	evelopr	nent	for Its	1 7	尼		1
	pe Notification		Stre 3 (	eet Addre Garret N	ss ⁄lountain	Plaza			h	101/-				1
EPA X DEP DOL	Initial Amended Amendment #		City	y, State, 2	Zip Code d Park, N.	07424		Ĭ.	13	U 22	2013		1	
	Emergency (inclu justification)	uding	Na	me of Co	ntact				Teleph (908)	730-690	r 9 x10	03		
DOH DCA	Cancellation		300		Y INFORMA	ATION					4			4
Name of Facility Where Aba 19 Roszel Road Street Address	tement is Taking Pl	ace (3)					Subc Subc	ool (K-12) chapter 8 ( er (i.e. priv	(Other ate & c	than K-12) commercial t	ouilding	s, ho	mes,	
19 Roszel Road City (5)							Square Fe 10,400		# of F	loors	Bldg	. Age		
West Windsor County (6)			Co	ounty Co	de (7)		100	Ise (Prior	if being	demolished	1)			7
Mercer			(S	TATE US		Nom	ne of Abatem							$\dashv$
Name of Monitoring Firm H Environmental Consu	ired by Building Ow Ilting, Inc.	ner (8)		ASCM N N/A	lo.	Re	source Ma	nageme	ent G	roup, LLC				_
Street Address 2002 Renaissance B		110				Stre 21	et Address 15 Hamilto	n Ave,	Ste 2	02				
City State Zin Code						City	, State, Zip C enton, NJ (	ode 08619						
King of Prussia, Peni Project Manager for Monit			T	elephone	No.		ephone No. 9-914-427	9		License No 01185	•			
Richard S. Werner Start Date (10)		Scheduled	Com		The Commence of the Commence o	Nar	ne of OSHA S Environ	Monitor	l abor	ratories Ir	ng.			
12-02-2013	4	12-30-20					eet Address		Labor	utorioo, ii				
Occupancy Status During				ont		23	33 Route	22 Wes	t					
Facility Closed/Vaca Abatement Performe Other – Describe: _	ted During Entire Pe ed Outside of Norma	al Facility	Hours				y, State, Zip nion, NJ 0							_
Scope of Work (Check Al	That Apply)						<b>X</b> 5.00	Containme	ant with	n Negative P	ressure	е		
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	3		enova emolit				Mini-	Enclosure	e cedure					
							∐ Non-	Exempted	d (*) an	nd Non-Friab			ment	
			Locat				of				-	Ту	pe	_
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED ity	Use Ma	d Sole intena odial (12)	ely by ince/ Staff?	(i.e. th	s Containi nermal sys surfacino	ption of ing Material ( stems insulati g, VAT, or cellaneous)	(ACM) ion,	(	Amount (Specify (SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No			Black	Mastic		6.	.000 SF	x			
Beneath floor til				X	-		wall			532 SF	x			
Record '				X	Eve		nsite pane	els	-	525 SF	x			T
Above & below per	imeter windows	-	-	×	EX	CHOI UA	none pane				+			
	eta Hardar			NJDEP V	Vaste	Cubic Ya	NY-74-10-1	Name o	f Regis	stered Landf	ill	-0.00.700		
Name of Registered Wa Robinson Waste Di				Hauler II 17304		of Waste		Grows		dfill			·	_
City, State Voorhees, NJ						Disposal TBD	Date	City, St.			5-45			_
Completed by		Title	sider	nt		Sig	instance (	M			Date 11/15	/201	3	
Brian J. Haney								4	_					

Date of Notification (1) 11/15/16				ne of B a Lau	uilding Owr I	ner/Ope	erator	(2)		NOV 22	20%				
	Notification			et Add Cypre	ress ess Stree	et		1	i.			Š			
☑ DEP ☑ A	nitial Amended Amendment #				, Zip Code , NJ 0704	41		7				-			
⊠ DOH	Emergency (includirustification) Cancellation	ng		ne of C a Lau	Contact I					Telephone No 908-377-49		er			
			F	ACILI	TY INFOR	MATIO	N	15,000 - 1 1 1 1 1							
Name of Facility Where Abatem Home	nent is Taking Place	(3)							Facility (4)						
Street Address 31 Cypress Street	9							SI X OI	ubchapter 8 ther (i.e. pri	(Other than K- ivate & commer	12) cial t	ouildi	ngs, h	omes	5,
City (5) Millburn								Square N/A		# of Floors N/A		Blo N/	ig. Ag A	е	
County (6)					ode (7) SE ONLY)			Curren		r if being demoli	ished	1000			
Union								House	5						_
Name of Monitoring Firm Hired N/A	by Building Owner	(8)	1	ASCM	No.				ment Cont ment, Inc						
Street Address								Address osengi	ren Aven	ue					
City, State, Zip Code	• • • • • • • • • • • • • • • • • • •							state, Zip wa, NJ	Code 07512						
Project Manager for Monitoring		Tel	ephon	e No.	7		none No 345-86		License #0067						
Start Date (10) 12/04/13		duled Co	omple	etion D	ate (11)		Market Street		A Monitor ment, Inc	L D.					
Occupancy Status During Abat						-		Address	participation of the						$\neg$
Facility Closed/Vacated D			oman	.+					ren Aven	iue					
Abatement Performed Ou  Other – Describe: Occupi	itside of Normal Fa	cility Hou	ırs			_	to district and the	State, Zip	Code J 07512			- 37 - 23			
Scope of Work (Check All That	seconservives and secon										VI. 411185				
≥3 sf or ≥3 lf		Reno	vatio	n			E	] Full	Containme	ent with Negative	e Pre	essur	е		
≥160 sf or ≥260 lf		Demo					F		i-Enclosure						
10.0							t		vebag Prod n-Exempted	tedule I (*) and Non-Fr	iable	Prod	edur	e	
		Is Loc	ation		-									ment	
Location of		Norm	nally			Des	criptio	n of			1	_	Ту	pe	
Asbestos-Containing Mater		Used So Mainter			Asbesto					Amount		т.	500	Ē	Е
TO BE ABATED In Facility		Custodia	al Sta		(i.e. tr		systen sing, V	ns insula AT, or	tion,	(Specify SF or LF)		Remova	Repair	cap	nclo
(13)		(12	2)			other m	niscella	neous)				oval	air	Encapsulate	Enclosure
	Y	es N	0	N/A			200,000							е	
basement		X				pipe	insul	ation		14 LF		X			
		1													
Name of Registered Waste Ha	-	NII	DEP W	laste T	Cubic	Yards		Name of	Registered Lan	dfill					
D&S Abatement, Inc.		Hau	uler ID 0996	No.	of Was				Managemen		PA				
City, State Totowa, NJ						Dispos TBD			City, Stat						
Completed by Deanna Brkusanin	1000	itle 'roject l	Man	nager		S	igratu	re Ulli	ha	eur	Date 11/	e /15/	13		

Date of Notification (1) 11/15/16					uilding Ow h Sewing					ran kui Lija		72	;-	$\overline{}$		
Agencies Notified	Type Notification			treet Add	ress ast Jers	ey Str	eet	17	1		1 1/	11-9	•			
EPA DEP DOL	Initial Amended Amendment	<b>#</b>			, Zip Code h, NJ 07				NO/	2	2 2013		1	-		
LOCAL DESIGNATION OF THE PARTY	Emergency (i justification)	ncluding		ame of C							phone Nur -598-79			-		
DOH DCA	Cancellation		A		Gazzo				12.	102	-000 10		_	<u>.</u>		-
		DI (0)		FACILI	TY INFOR	MATIO	N	Type of	Facility (4)	_			/2	1		$\dashv$
Name of Facility Where A	Abatement is Taking Nachine Outlet	Place (3)						Sc Su	chool (K-12)	) (Othe	r than K-1	2)				
Street Address 1164 East Jersey S	Street	V. Santa Province						⊠ Ot et	ther (i.e. pri c.)	vate &	commerc	ial bu				-
City (5) Elizabeth								Square N/A	Feet	# of N/A	Floors		N/A	g. Ag A	9	
County (6) Union		-		County Co	ode (7) SE ONLY)			Current	t Use (Prior	if beir	ng demolis	shed)				
Name of Monitoring Firm	n Hired by Building	Owner (8)	$\perp$	ASCM	No.	T			ement Cont		(9)		•			
N/A Street Address				-				Address	ment, Inc	;. 			_			_
Street Address									ren Aven	ue						
City, State, Zip Code								State, Zip wa, NJ	07512							
Project Manager for Mo	nitoring Firm		1	Telephon	e No.			hone No 345-86			#00675					
Start Date (10)		Scheduled 12/04/13		pletion D	Date (11)				A Monitor ment, Inc	o.						
12/03/13 Occupancy Status Durin	ng Abatement (Che	) moralize-Amount-H					Street	Address	S				150.40.	100		
Abatement Perform	ccupancy Status During Abatement (Check Only C Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facili Other – Describe: Occupied					_	City,	State, Zip	ren Aven Code J 07512	ue					-	_
Scope of Work (Check									7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova moliti					× Min	Containme i-Enclosure vebag Prod i-Exempted	e edure					9	
				enton.	\$ 1555 E.S.					\/				Abate		
			ocati rmal		e e e e e e e e e e e e e e e e e e e	2200								Ту	oe	
Location Asbestos-Containin TO BE A In Fac (13	ng Material (ACM) BATED cility	Used Main Custo	Sole tenar	ly by nce/	Asbest (i.e.	os Cont thermal surfa	syster cing, V	Material ns insula	(ACM)	(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							27.1.5					
baser	ment		X	-		pipe	insul	ation			237 LF	- X				-
										-		+				
Property and the second	Name of Registered Waste Hauler					Cubic of Wa	Yards aste		S. 1000000000	1. TO	tered Land		٥٨			
D&S Abatement, Ir	10020	Hauler ID 20996		TBD		to	City, Sta		agement	01 1	A					
City, State Totowa, NJ						TBD			Tullyto		PA .					
Completed by Deanna Brkusanin	1	Title Proje	Title Project Manager				Signati	ire Milik	7 5/	j Lea	lih	11/		13		

Date of Notification (1) 11/19/13				lame of EDAVID			perator	(2)					1	P	
Agencies Notified	Type Notification			Street Add		HOUT	EN AV	 E			NOV	0			
DEP X DOL	Initial Amended Amendment			City, State	100				*		NOV.	222	Ûß		÷
DOH DCA	Emergency (i justification) Cancellation	ncluding	1 3	Name of C		ER .				Tele 845	phone Nu -434-90	mber 068		4	
				FACIL	ITY INFO	RMATI	ON						114	4,7	
Name of Facility Where	e Abatement is Taking	Place (3)						☐ s	of Facility (4 school (K-12 subchapter	2) 8 (Othe					
150-152 VAN HO	UTEN AVE							<u>ш</u> е	other (i.e. pr tc.) e Feet		commerc		ings, dg. A		ŝ,
City (5) PASSAIC								2.52					ug. A	ge	
County (6) PASSAIC				County C STATE US		1		Currer	nt Use (Prio	or if bein	g demolis	shed)			
Name of Monitoring Fire	m Hired by Building (	Owner (8)		ASCM	No.				ement Con PROFE						
Street Address				l				Addres	s DOVE CO	OURT	-				
City, State, Zip Code									p Code DD, NJ 08	3701					
Project Manager for M	onitoring Firm		ľ	Telephon	e No.		10 (4) (3)	none No 668-9			License 1200	No.		***************************************	
Start Date (10) 12/01/13		Scheduled 12/02/13		pletion D	ate (11)				A Monitor PROFE	SSIO	NALS				
Occupancy Status Dur	ing Abatement (Chec	k Only One)	)				77 - 77	Addres	76 TEAN						Access of the
Facility Closed/Va Abatement Perfor Other – Describe	acated During Entire I rmed Outside of Norm	Period of Ab nal Facility H	atem	nent			City, S	State, Zi	p Code DD, NJ 0						
Scope of Work (Check	All That Apply)											-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	nova molit					Mir	Containmenti-Enclosurente vebag Production-Exempted	e cedure				e	
		le l	ocati											emen	t
Locat Asbestos-Containi <u>TO BE A</u> In Fa (1	ng Material (ACM) ABATED cility	No Used Main Custo	rmal Sole tenai	ly ly by nce/		itos Con therma surfa	escription taining I I system acing, VA miscella	Material is insula AT, or		(5	mount specify or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A		PIPE	INSUL	ATION	J	25	52 LF	X			<u> </u>
											00 SF	X			-
		++	-			FLC	OR TI	LES			JU SF	^			
Name of Registered V	Vasta Hauler		T N	IJDEP W	aste	Cubic	Yards		Name of	Registe	ered Land	fill			
NEWARK CARTIN	1	lauler ID 4509		of Wa			IESI	-3,510							
City, State NEWARK, NJ						Dispo	osal Date	9	City, Stat		1 PA				
Completed by JOSEPH PERLST	EIN	Title OWNE	ER				Signatur	re				Date			

		NO	TIFIC (Pur	ATION O	F ASBES NJAC 8:6	TOS A 30 and	BATEMEN 12:120)	NT		CK	甘	9	16	3
Date of Notification (1)			N	lame of B	uilding Ov	vner/Op	perator (2)	ang s	777			1		
11-19	Type Notification		S	treet Add	ress	TID .	JEST	27 6			-	- 1		$\dashv$
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DOL	Amendment #_ Emergency (incl	uding	-	Name of C	ist is	1211	- 10	71 111	Telephon	e Numb	er		+	$\dashv$
DOH	justification) Cancellation		l'		ONK.			1 17.	7322			4.	_1	
				FACILI	TY INFOR	MATIC	ON	ype of Eacility (	A	•				
Name of Facility Where A	batement is Taking P	lace (3)	re.					School (K-1						Ì
Street Address	ND BESI	Der	-0					Subchapter Other (i.e.	8 (Other than	K-12)	huildir	nas h	omes	
Street Address  DUY N  City (5)  AUA  County (6)	lo IAGOOR	1.						etc.)			Loui	,go, ,	-	_
City (5)	1.170			-			S	quare Feet	# of Floor	S	Blo	9. A9 5. J	7	
14141	2116		T	County Co	ode (7)		C	urrent Use (Pri	or if being de	molishe	d)			$\dashv$
County (6)					SE ONLY)	-	-1	100 mg						
Name of Monitoring Firm	Hired by Building Ow	ner (8)		ASCM	No.			Abatement Co. sulation Co.						1
0. 1044							Street Ad		, 110.					
Street Address							95 Mo	ntrose Roa	d					
City, State, Zip Code		o die rocalisti						te, Zip Code Neck, N.J. 0	7722					
	taring Firm		- 1	Telephon	e No		Telephor			nse No				
Project Manager for Mon	itoring Firm			relepitori	C 140.			94-1757	000	029				
Start Date (10)	s	chedule	d Con	npletion D	Date (11)		Name of	OSHA Monito						
1/- 29 Occupancy Status During	-/3	12 -	22	3			Street A	ddress						
	ated During Entire Pe								92	0 811				
Abatament Perform	ied Outside of Norma	Facility	Hours 7	PM		_	City, Sta	ite, Zip Code						
Scope of Work (Check A			-								- 1		11-2-12-20	
≥3.sf or ≥3 lf 2160 sf or ≥260 lf	39.1		enova emoli				H	Mini-Enclosu Glovebag Pr					e	
							Lea	Non-Exempt	ed ( ) and 140	III IIGUI		Abate	ement	t
Locatio	n of	N	Locat lorma	illy			escription (					Ту	pe	Γ
Asbestos-Containing	Material (ACM)	Mai	ntena					aterial (ACM) insulation,	Amou (Spec		R	71	Enc	m m
TO BE AB In Faci	ility	Cust	odial (12)	Staff?	(	surfa	acing, VAT	, or	SFort	Ę)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		outer	moodian	,			a		ate	9
	tilani	165	140	0		7	116		200	ngs	1			
00	theory			1	3	100	4:1		702	24	0			
pi	with from		-	+		Ve-10		1	700					
Name of Registered Wa	aste Hauler			NJDEP V		Cubi of W	c Yards		of Registered	Landfill				
Ace Insulation Co.,	Inc.		- 1	Hauler ID 12086	NU.	01 44	5	Chrin	IS					58 945
City, State							osal Date	City, S	tate on, Pa					
Colts Neck, New Je	ersey	Title				10	Signature		,, i a	Da	ite			
Completed by George Wuest		iden	t	1 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			Queras)	gle ling	-	1-1	9	13	28	
-			82				* Do no	t use this form	for asbestos	icensur	e exer	npted	activ	vities.



Print Form

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		CATION	OF ASB	ESTOS A 8:60 and	BATER				MIC	1.	$\cap$		~~
Data of Natification (4)			2000						UNZ	型	$\times$	$\square$	2
Date of No iffication (1)		_		Owner/Op			+1:	70	7			٠	
Agencies Notified Type Notification		Street A		1	. 1 0	<u> </u>	1 1	( )		- 20-22			
EPA Do Initial		10	Ja	(C91)	91.	10	0+	٠.					
DEP Amended Amendmen		/ 1 1	ite, Zip Co		١	4 ) -	T N	01/E 2	2 2113				
Emergency	(including		f Contact	とうし	7 1	U	J. C	6-8K		nhor			
DOH justification DCA Cancellation		realine 9	Day	R					phone Nun		-10	101	`
		FACI	LITY INFO	ORMATIO	N ,				0 1 0	^ /	-0	010	<u> </u>
Name of Facility Where Abatement is Taki	ng Place (3)	10	1 1		Land	<u>a</u>	of Facility	95939					
Street Address	raeli	PH	ic h	acel	MOUD!		School (K- Subchapte		r than K-12	2)			
527 Lake Ave						$\nabla$	Other (i.e.		commercia		dings,	home	es,
City (5)					_		etc.) re Feet	# of	Floors	В	ldg. A	ge	
145 bury Park,						4			1	1	50	+	ă.
County (6) 1		County (	Code (7) USE ONLY	)					g demolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN			Namo		tement Co						
Traine or morning i min med by building	CMICI (O)	AGGIN	1140.				ation Co.		(9)				
Street Address					Street	11000							1
							se Roa	d					
City, State, Zip Code							p Code k, N.J. 0	7722		11.5		ic woods	
Project Manager for Monitoring Firm	1	Telephor	ne No.		Telepho			1122	License No	^			-
		· ciopiio			732-2				00029	<b>.</b>			
Start Date (10)	Scheduled Cor		Date (11)		Name o	of OSH	IA Monitor						
Occupancy Status During Abatement (Che	, ,	-11	3		Chroat	A ad ad a a a							
				1	Street A	Addres	iS						
Facility Closed/Vacated During Entire Abatement Performed Outside of North	maLEacility Hour	nent s		-	City, St	ate, Zi	p Code					-	-
Other – Describe: +	- tom			-		70							
Scope of Work (Check All That Apply)	<b>b</b>			1		i e e e e e e e e e e e e e e e e e e e							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				Н		Containm		Negative P	ressur	e		
	ocinion	uon				Glo	vebag Pro	cedure					
	In Land	1			-4	Nor	n-Exempte	d (*) and	Non-Friabl			e ment	-
Location of	Is Locat Norma			Desc	cription	of						pe	
Asbestos-Containing Material (ACM)	Used Sole Maintena			tos Contai	ining M	aterial			nount			ш	_
TO BE ABATED In Facility	Custodial (12)		(i.e.	thermal sy surfacir			tion,	(S <sub>I</sub> SF	oecify or LF)	Removal	Repair	псар	inclo
(13)	(12)			other mis	scellane	eous)			estantin •	oval	bair	Encapsulate	Enclosure
	Yes No	N/A										ō	
induis		4	Da	ortil	Q			36	Sift	X			
				W	Ima	)tic			U				
					AY								
-													
Name of Registered Waste Hauler	5.0	JDEP W lauler ID		Cubic Ya				(57);	ed Landfill				
Ace Insulation Co., Inc.	3.1 800	2086			/		Chrins						
City, State				Disposa	/		City, Sta						
Colts Neck, New Jersey Completed by	Title			17	nature	13	Eastor	, Pa	15:		776		
George Wuest	President			Sig		ROLD	al.	line	- Dat		20	113	٦
				/	1	J	The	wy		. 10		1. 7	
ASB-41 (R-06-08)				Ç	Do not	use th	nis form fo	r asbesto	s licensure	exem	pted	activit	ies.

Check # 9128

Date of Notification (1		Name of	f Building (	Owner / Operator (2) ate Parks Commission	on			g				
Agencies Notified	Type Notification			Street A			14 14,					
<b>⊠</b> EPA	.,,			Alpine /	Approach	Road		GEIV	E	1		
DEP	N Initial			City Sta	ate & Zip C	inde:				i	_	$\neg$
⊠DOL	Initial Amend	led			NJ 07620		N	OV 2 2 2013		1		
<b>⊠</b> DOH		lment #									h	_
DCA	Cance	llation		Name o	f Contact		1		elephone		ber	- 1
				Christo	ph Szegli	n		2	01-768-13	360		$\dashv$
				FAC	ILITY IN	FORMATION				-1		_
Name of Facility Whe		Taking Pla	ace (3)			Type of Facility School (K-						
Headquarters Buildi	ing						er 8 (Other than I	<-12)				1
Street Address								mmercial building	as. home	e. etc	2.)	
Alpine Approach Ro	oad					Square Feet	# of Floo		ldg. Age		,	$\neg$
City (E)						2,000	1	1	-55	55		
City (5) Alpine							rior if being dem	olished)	5.50			
County (6)			inty Code							3n-27		
Bergen Name of Monitoring F	Firm Hired by Bu			-	ASCM N		ment Contractor	(9)				
PM Environmental						Synatech, Inc. Street Address						-
Street Address 170 Changebridge F	Dood Building	C5.4				829 Radio Roa						
City, State & Zip Cod		C3~4				City, State & Zi						
Montvale, NJ 07045							bor, NJ 08087	II isaasa Nii	mbar			_
Project Manager for I	Monitoring Firm			ephone N 3-479-647		Telephone Nur 609-296-6916	nber	License Nu	00817			
William Mener Scheduled Start Date	2 (10)	Scheduled	100000	-		Name of OSHA	Monitor					
December 7		Sonedaloa		ry 6, 201		Synatech, Inc.						
Occupancy Status D		(Check or	nly one) Period of A	Abatemer	nt	Street Address 829 Radio Roa						
	Performed Outs					City, State & Z	ip Code					
Other – Des							bor, NJ 08087					
	cupied During Ab	atement										
Scope of Work (Che						0 - 0 -						
							Full Containmen	t with Negative Pre	essure			
≥3 sf or ≥ 50 lf	f		$\boxtimes$	Renovation	on	Total Control of the	Mini-Enclosure					
≥160 sf or ≥2				Demolitio	n		Glovebag Proced					
							The state of the s	*) and Non-Friable	And the second	_	. ~	
	cation of			on Norma		Description Asbestos-Co		Amount (Specif		atem	ent i	ype
	aining Material ( BE ABATED	ACM)		y Mainter dial Staff		Material (A		SF or LF)	,			
	Facility					(i.e., thermal					m	
	(13)					insulation, surfa or other misce			R <sub>e</sub>	Ŗ	nca	Enclosure
						or other misse	na.roozo,	85	Removal	Repair	usq	losi
			Yes	No	N/A				l a	=	Encapsulate	те
Steam Lines in Bas	sement				Х	Pipe Fittings/l	nsulation	40 LF	X		Г	Т
Lobby					Х	Floor Tile and	d Mastic	400 SF	X			
			NUDED	Masta	Cubic	ards of Waste	Name of Regis	tered Landfill				
Name of Registered Waste Hauler  NJDEP W Hauler ID				D No.	A CUDIC 1	GIGS OF TRASES	Grows Landfil					
Synatech, Inc. 2742				1443	Disposa	al Date	City, State					
City, State								·				
Little Egg Harbor, NJ 08087						ry 7, 2014	Morrisville, PA	Date		-		
Completed By Title					Signatu	· ///		Date				
Diane Aloia		Executiv	ve Admin	istrator	Were alon		November 18, 20	13			100	

	N	OFFIC LPU	ATION C	of research Of ASBESTOR / MJAC 8:80 Date	ABATE	BENT :	C	.Kr	#[	139	33	5	
Date of Notification (1)		A	laims of E	Building Owners'C	perator	(2)			PPROV			T	
11-12-2013			77000	zi and Sons	Damoli	tion	THE THE	PE ON I	lealth & S	enior 8	ierric	es	_
Agencies Notified Type Notification		1 7	treet Ad	The state of the s		ŧ.,	1-2-24		signalure),	)	_	-	
G EPA G Initial		1		Highway 20	<u></u>		Dota	11/13	1	tme: ]	200		$\dashv$
DEF Amended	ж			s, Zip Code rough, NJ 081	344		Dele	- India-Bal	distribute 1	/		عا	
図 DOL Amendment 図 Emergency		1	Vame of		7			Tolor	thane Nur	nlage			$\dashv$
DOH justification)		- 1 -	Varme or v Joe Gir						-218-08				1
DCA Cancellation				ITY INFORMAT	MAN I	<del></del>		1 200	-510 00				_
Name of Facility Where Absternant is Takin	o Place (3	3	PARAME	SIT REPORTER	D. T.	Type of F	actity (4	3	<del></del>		£2.		
House for Demo	Ø (+	•				☐ Sch	ool (K-12	73			3,	*0	
Street Address					-	Sub	obander å	8 (Othe	then K-1	<b>z</b> }			
49 Madison Ave.									commen	iali bulld	Ings,	home	<b>3</b> ,
						Source F		1 # of	Floors	Te	dg. A	29	
City (5) Tenafly						-4	4-4	2			0+		
			County C	onle (7)		Current I	lee (Prio		g damolis	hed)		4.5	
County (8) Bergen			(STATE U	RSE ONLY)		House			•				
Name of Monitoring Firm Hired by Building	Charact (8)		ASCM	No.		of Abatem							
n/a			n/a		1	nica Mar	ageme	ant Co	rporatio	<u> </u>			
Street Address						Address							
n/a				100		froy Lan							
City, State, Zip Code						State, Zip (							
n/a						oin Park	, NJ 07	1035					
Project Manager for Monitoring Firm		T	Telephon	to No.		hone No.			License i	40"			
n/a	·		n/a			-706-79			01193				
Start Date (10)				3ato (11)	2000	of OSHA							
11-13-2013	11-25					nica Mar	lageme	aux Co	ηρ.				
Occupancy Status During Abalament (Cho	ck Only Ot	ne)				t Address Troy Lan							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of	Abattem	nant	*	1			****					-
Abatement Performed Outside of Non Other - Describe:	nel Facility	House	ī			State, Zip Cookn Park		7000					
					LAG	coan ran	, NU U	7435					
Scope of Work (Check All That Apply)	_				F	7				<u></u>			
☐ Mator≥if		Svenof Blomet			ŀ	Full C	onteinane Indostare		Negative	Pressu	e		
E ≥160 sf or ≥260 F		nexulcan	JUSIA			Glove	bad Proc	edure					
			<del></del>		1	Non-E	dempted	(") and	Non-Frie	_			
	ls ls	Locat	ion									emeni 190	L
Location of		Nomal ed Sole			escriptlo		1			-	· · ·	-	
Asbestos-Containing Meterial (ACM)		intena		Asbestos Cor (l.e. therms		Melenei (A	CM)		nount	-		四	M
TO BE ABATED	CUS	dociisi s	Statt?			at, or	114	8	pecify or LF)	Remova	Ropair	Encapsulate	Endosura
(13)		(12)			miscalia				,	88	) ik	eline	200
	Yes	No	NA							[		ê	-
Basement Laundry Area	1		X	Air Cel	Pipe (	Covering		1	0 LF	X			
Besement Boiler Room		X	Flue	Pipe C	ement		8	SF	×				
Basement Boiler Room		X	Pipe In	sulatio	n Debris		2	SF	K				
Exterior Shed			X	Wink	low Ca	wiking		All Will Shed	idows in	X			
Name of Registered Weste Haster			HOEP N	hasia Cubi	o Yards		lame of	Registe	red Landi	it			
Loznica Management Corp.		1	lember ID 33137	No. of W	aste )		GROW	/S Lar	dil				
City, State				Disp	osał Del	100	Jity, Stat		7.55			1.2	
Lincoln Park, NJ		,	TBI	)		Morris	ville, F	A 1905	7				
Completed by	Title				Signalu		`	ı	- 2	)als			5 -kl 1-
E. Girovic	Sec	retary	i		١. ك	מרטל	עעו	<u></u>		11-12	-201	3	

#### Sinds of Now Jarsoy NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:58 and 12:120)

1	Sec.		101 - 10 <u>-220</u> 11	000400
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1.1	14	$\mathcal{O}_{\sim}$	20	-
_	*			

Date of Notification (1) 11-12-2013						mer/Operator ons Demoli		NEL DE		PPROVED ezith & Sen	or Si	rvice	s	
Agencies Notified	Type Notification		100000	ppet Add				12		(Signature)			-	
D EPA	M Initial		1000		Highwa				1		4	20		
DEP DOL	Amended Amendment				, Zip Code ough, N	J 08844		Date	THE	Time		CO	到	
	Emergency (in justification)	enibulor	N	ame of C	व्यक्ता					mone Numb		-	Ţ.,	3
図 DOH	Cancellation			loe Gia				+	908	-218-0880	)		1	
	\ <del>-</del>			FACE	TY NIFOF	MATION	7	Cartharts	60		***			-
Name of Facility Whom	a Abatement is Taking	Place (3)	18					Facility (4		D.	's			
House for Demo								hool (K-1)	2) \$ (Office	रक्कि दिन्छ		8		
Street Address		63					M 01	her (i.e. p	sivete &	commercial	buildi	ngs,	nome	₽,
35 Hudson Ave.							Square		1 46 00	Floors	TE	ig. A	900	
City (5)							School	t_mort.	2	) poeso	Allegan	]+	-	
Tenafly							Cierron	Flee (Dri	1 -	g demolishe	1			-
County (6)			18	County C STATE U	E OMLY)		Hous	- N	M 11 1000	of actions	~			
Bergen		Succession (12)		ASCM	Mo	Name	of Abele		macion	(9)			-	
and the fifth and an amendment and assistance as	ion Hired by Building C	Sented (O)		n/a	rage.					rporation				
n/a Street Address	<del></del>			10-02		A CONTRACTOR OF THE PARTY OF TH	Address							
n/a	E-					22	Troy La	ne						
City, State, Zip Code							Stelle, Zip						-	
n/a	E.					Line	oin Pau	K, NJ O	7035				2015	
	ock Mamager for Monitoring Firm				e No.		hone No.	4.7		Lipense No.				
n/a	l				•	A	-706-79			01193				
Spare Dame (10)	1 1	Scheduled		pletion D	tele (11)		of OSH							
11-13-2013	-13-2013 11-25						nica Ma			rp.				_
Ed Facility Closed&	uring Abatament (Chec l'acated During Entire F armed Outside of Norm	Period of Ab	zácho	ent		22 City,	Troy La State, Zip coln Pa	ne Code	7035					
Scope of Work (Chec	k All That Apply)			Never la			_							
전 되었으면 자연 전 정보여 정말	lf .		nove move				i Mini Glor	Endossi ebso Pro	cedure e	Negative Pr			2	
		Τ							1				meh	4
Asbestos-Contaîn 10 SE. În R	Location of  Location of  Asbestos-Containing triaterial (ACM)  TO BE ABAYED  In Facility  (13)				Asbest (Le.	Descriptions Containing thermal system surfacing, V. coner miscelle	Material ( ns insulat AT, or	ACM) Dr.	(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enolosure
		Yes	No	N/A									6	L
Base	ement			X		9x9 VA		<u> </u>	1	10 SF	×			1
Base	ment			×		Pipe Insul				+7 fillings	X		_	1
Base	ement			X	Flue	Pipe Geme	ent & De	bris		3 SF	X			
A	sic			X		Window Ce	Company of the Compan	i.	Attic	ndows in	×			
Name of Registered				UDEP W	70-3000 D	Cubic Yards	•	Mame o	Regist	red Landill			Mathees	
Loznica Management Corp.				bauler ID 13137	NG.	of Waste TBD		1.	NS La	ndfill				
City, State						Disposal Da	te .	Cty, St		nd Je555			18	
Lincoln Park, NJ						TBD		Monte	sville, I	A 19067				
Completed by		Title		15		Signata	luru.	_,		Da	te 1-12	<u>ক্</u> ৰান্ত ব	2	
E. Cirovic	or invariant in 3						ww	NK			1-12	201	<del>-</del>	

Date of Notification	ication of Abbet	Mame	of Building (	)wner/	o NJAC 8:60-7 and 1 Operator					. :	
1 1 9	1 3	MACY	'S CORPOR	ATE S	SERVICES (FEDERA	TED)			41.1		
USEPA X !	Notification nitial Notification	Street 7 WES	Address ST SEVENT	H STR	EET	43	NOV 2 2 20	13			107
DCA/DOL A	Amended Cancellation	City, S CINCI	tate, Zip Co NNATI, OHI	de O 452	02					i 1	
		Name	of Contact			T	elephone Number				
		Tia W				5	13-579-7241				
			TY INFORM	IATIO	N						
Name of Facility Where Abatem	nent is Taking Pla	ace			Type of Facility  ( ) School (K-12)	745 46 o	n K 12\				
MACYS STORE					Sub-Chapter 8 (C X) Other (I.e. privat	otner that te & Com	nmercial				
Street Address					buildings, homes,	etc.)	illior olar				
1750 Almonesson Road				SF of	Bldg	#	Floor			f Bldg.	
City	County	County C			1 MILLION		3			50+	
ony	(Sec. 1971)	State use	e Only	Curre	nt Use (prior if being	demolish	ned)				
Deptford NJ 08096 Name of Monitoring Firm Hired	by Building Own	er	ASCM No.	Name	e of Abatment Contrac	ctor					
BUREAU VERITAS NORTH AM	MERICA INC.				CONSULTING CORE	P					
Street Address	WILL GOVE HELD.			Stree	t Address						
				0450	STANLEY TERRACE	=					
160 FIELDCREST AVENUE					State, Zip Code						
City, State, Zip Code				0.0,	J						
EDISON, NJ 08837					N, NJ 07083						
Project Manager for Monitoring	Firm	Telephone	e No.	Telep	hone Number	L	icense Number				
-		BE DETER	MINED	908-6	887-1008		00575			77.0	
TO BE DETERMINED Scheduled Start Date	Scheduled Com				e of OSHA Monitor						
OGING GIANT COLOR		NO ESTENDE			ANALYTICAL						
12 2 2013		4 2013 Year			L ANALYTICAL et Address						7.00
Month Day Year Occupancy Status During Abat	Month Day			1000	t / tudi ess						
Facility Closed/Vacated [	During Entire Per	iod of Aba	tement		WEST 38TH STREET						
X Abatement Outside Norm	nal Facility Hours			City,	State, Zip Code						
X Describe: 10:00PM TO 6 Other - Describe:	5:30AM 			NEW	YORK, NY 10118						
Scope of Work (Checl Only On	e)		Abatement	Meth	od	8 880					
Demolition			Χ	Full (	Containment with Neg	gative Pro	essure				
>3sf or >3lf					Enclosure		<b>海</b>				
X ≥ 160sf or ≥ 260lf					ebag Procedure Friable Procedure						
Renovation		Is Locat	ion Normally		Describtion of		Amount to be	Abate	ement	Туре	
Location of ACM Facility		Used by	Custodial S	Staff	ACM to be	1.0	Removed	D	In	IC	TE-st
		Yes		N/A	Removed		(Specify SF/LF) 35 SF	Rem	Rep.	⊏nc.	Encl.
Mechanical Room- Hot Water	Heater	-		-	Flue Insulation	1	33 SF	1			1
		-	-	+-	200000000000000000000000000000000000000	-			1		
		+		-							
								1	JE!!		
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC. SW18					Cubic Yds waste TBD		Name of Register MINERVA ENTE	ed Lai	ES, I	NC	
City, State BRONX, NY		TBD	osal Date		City, State of Registe WAYNESBURG, OF	ered Lan	natili		IData		
Completed By (Print or Type)		Title			Signature	0	. 10		Date	11/19/	2042
Completed by (1 mile of 1 ) boy			ERAL MAN		11/ milai						

VIA U.S. MAI 1069

ate of Notification (1)	11 19 13	Has LINE	OmenOperator OA KIESE	-1104 - 60	CUIRIX	
gency Notified T	pe Notification	Comment Addringers	AUGHER	IV	OV 2 2 2013	
	Initial	City State, Zip C	code .	1 1 1 1 1 1 1 1		
IEPA IDEP	Amended Amendment #	GiTLET	E 10.0	Tolor	hone Number	200
DOL	r Financency (including	Name of Contac	1	190	8:468x	1212
/	justification) Cancellation	The DAV		100	0 130	
DCA	Cencension	FACILITY INF	ORMATION .	Type of Facility (4)	<del></del>	
	11 Taking Bloca					
lame of Facility Where Ab	tement's lawy race			☐ School (K-12) ☐ Subchapter 8 (Othe ☐ Other (Le. private 8	r than K-12) commercial buildi	ngs,
Street Address	- 035		***	/ `homes, esc.)	T	ı. Age
1 - 111	ERTY AVE			School or		5
	. ~	•	-	2,100		
GILLE TE	Cr0	)	) (STATE USE	Coment Use (Prior if t	eing demonstratif	1
		ONLY)			SIDENI	
County (6)	·		I Name of Abate	ment Contractor (9)		
Name of Morelloring Firm I	fired by Building Owner	ASCM No.	FOIGUATE	ECD-1101		
(g) Name of worming			Consult Arinbess	5	-	
Street Address	ī		12.0 B	214 XC		
Street Falls			City, State, Zo	Code	02257	
City, State, Zip Code	-		1 - 1-	115	ones No	
1000 - Constant Constant	<u> </u>	Telephone No.	Telephone No	38x7500	00806	-
Project Manager for Monit	oring Firm-	1600hania	736 2	3817300		-
Project		mplation Date (11)	Name of OSI	TECO INC		
Start Date (10)	Scheduse Co	28/13	NOVA	CCV		# <b>*</b>
11128113_	Charle only	one)	Street Address	0x 814 ·		
The Part is an Electrical	Abatement (Circum	r at stempers	City, State, Z	in Code	:- 0040.	
Occupancy Status During    Facility Closed/Vacete   O Absternent Performed	d During Entire Period o	Apelerica Management	City, States	mode NO	+6830	
Absternent Performed	Outside or received a com-		TOID I	all Confedenced with Ne	naffine Pressure	
			C 10		10 may 1 may 2 may	
Scope of Work (Check a	il dent others	D Demoking		Stovebag Procedure Non-Exempted (*) and N	on-Frieble Proced	Abatement
M≥3stor≥3f	•	, C Déumeri	位 1	Non-Exemples () and to	•	Type
10≥160 si or ≥ 260 li		is Location			•	TT L
· ·			Descrip	tion of	Amount	20 70 00
Local	on of	Used Solely by A		non of ng Material (ACM) tens institation,	(Specify SF or LF)	Encapsulste Repair Removal
	no Material (Fully)				G	Val. In late
	BATCH	Staff?	other misc		*	
(1	3)			-		-111
	70 TOO TOO	Yes No NEA			10 4 F	
		1 9 5	PE 1105	1201100 G	- 10 0/1	-++-
		1 1	112 113			-++
1:3	1				100	
BASEMEN			Cubic Yerr	is of Name of Regist	ared Landin	2.A.
BASEMEN			Waste	G.R.O.	(NS. 1	, H · .
		NJDEP Waste Hauk	1 44			
Name of Registered W	aste Haufer	IO No.	3	Chain	· 00	1
Name of Registered W	J INDE	18501	Disposal L	CSM State	. 1/6	}
Name of Registered W	) IM.C	18501	3	13 10073V	. 1/6	Date, 1912
Name of Registered W	PRIDGE N.	IO No.	Disposal L	13 101730	. 1/6	Deta 1 19 13
Name of Registered W  NOVATECY  City, State  O(i)	nide Ni	18501	Disposed I	13 MONRON	. 1/6	11/19/13

ASB-41

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

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

ch# 23090

Date of Notification (1)  November 19, 20	13	N	Iame of Build	ing Owner/Ope Alpha	rator (2) Environmental					
Agencies Notified Type of Notifica		S	treet Address	PO	Box 8297					
[ ] DEP [ ] Ame:	nded Notification ndment #	C	City, State, Zip	Code Trento	on, NJ 08650			E.		
[x] DOH justif	rgency (including fication) cellation	1	Name of Conta	ect d Richardso	n	Telephone Number 609-84	7-2956			
[ ] DCA		TH CIT	TOTAL DATE OF	RMATION		NOV 2 2	2013			
	DI (2)	FACIL	II Y INFO	RIVIATION	Type of Facility	(4)				
Name of Facility Where Abatement is Takin Residence	g Place (3)				[ ]	School (k-12) Subchapter 8 (oth	ner than	k-12)	I	
Street Address 1312 H Street					[x.]	Other (i.e., private homes, etc.)	Bldg.		al buildi	ings,
City	County (6)		County Code ('STATE USE (		Square feet 1300 sf	# 61 F1001S	Blug.	9		
Belmar	Monmouth	(	JIMIE ODE		Current Use (Pri Resi	or if being demolished dence	)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	A	ASCM No.	Name o	f Abatement Contra	ctor (9)	Inc			
N/A				Street A		rdian Contracting,	mc.		-	
Street Address				Succer		9 Route 9, Unit 61				
City, State, Zip Code						as River, New Jers	ey 087	55-12	71	
Project Manager for Monitoring Firm		one Number		732-3	one Number 49-9932	License 1 00624	Number		-	
Scheduled Start Date (10) 11/20/2013	11/2	iled Completio 2/2013	n Date (11)			I.S.L. Analytical				
Occupancy Status During Abatement (Chec	ted During Entire	Period of Aba	tement	Street A		6 Stelton Road				
Abatement Performe Other – Describe	d Outside of Norm	nal Facility Ho	ours	City, S	tate, Zip Code Pisc	cataway, New Jers	ey 088	54		
Scope of Work (Check all that apply)				[	1	ment with Negative Pr	essure			
Scope of West (essential first)		35		]	] Mini-Enclosi					
[ ] >3 sf or ≥3 lf	[ [ x	Renovat Demolit		l [x	Glovebag Pr Non-Exempt	ocedure ted (*) and Non-Friable	Proced	ure		
[ x ] ≥160 sf or ≥260 lf	LA	j Demoni	1011		-	- T-x		tement	Tuna	
							Aba	lement	Турс	
	Is Loc			Descript Asbestos-C		Amount	R E	R E	E	E
Location of Asbestos-Containing Material (ACM)	Normal Sole			Material	(ACM)	(Specify SF	M	P	C	C
TO BE ABATED	Maintenanc			(i.e., therma		or LF)	0	A	A P	L
in facility	1,707	aff		insulation, VAT			V	I R	S	S
(13)	(1	2)		other misce			A		U	U
	YES N	A/N C		other mise.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		L		L E	R E
Exterior	X		Asbestos	siding		3000 sf	X			
Interior	X		Floor tile			180sf	X			
	X		Transite	panels		4	X			
Interior	+ + +									
Name of Registered Waste Hauler	10-000-0110-00-00	Waste Hauler 20223	ID No. Cu	ibic Yards of W	aste Name of R	egistered Landfill F.				
Guardian Contracting, In	C	Dispos	sal Date	City,	State					
Toms River, New Jersey		11/25	5/2013		yfown, Pennsyl	vania,	Dat	e		
Completed by (Print or Type) Nicholas Fernicola	Title Project Ma		Signature	11/10	te		1000	/19/20	013	
	*Do no	t use this form	n for asbesto	os licensure ex	empted <sup>l</sup> activities.					

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Ch# 23091

Date of Notification (1)		N	ame of Buildin	g Owner/0 Alp	Operato ha En	r (2) vironmental								
Agencies Notified  [ X ] EPA		ion Notificati		St	reet Address			x 8297						
DEP X DOL	Amen	ded Notifi dment #_ ency (inc			ity, State, Zip (	Tre	nton,	NJ 08650		1 19/	R.	` ]		
[x] DOH [ ] DCA	37,000	cation) llation		N	ame of Contac Rod	t Richard	lson			609-847	-2956			
			I	ACIL	ITY INFOR	MATIC			-	7 2013				
Name of Facility Where A		Place (3)					T	ype of Facility		ol (k-12)				
Res	sidence							[ ]		hapter 8 (oth	er than	k12)		
Street Address	14 H Street							[x]	Other home	r (i.e., privates, etc.)	e & con	nmerci	al build	lings,
City		County	(6)		ounty Code (7) TATE USE Of		S	quare feet 1300 sf	# of	Floors 2	Bldg.	Age 9	1	
Belmar		Monm	outh	(5	TATE OSE OF			Current Use (Prio Resi	dence					
Name of Monitoring Firm	Hired by Building	Owner (8	)	A	SCM No.	Nam	e of Ab	atement Contra	ctor (9)	ntracting,	Inc			
N/2	A					Stree	et Addre		Idiali Co	muacing,	mc.			
Street Address								1889	9 Route 9	9, Unit 61				
City, State, Zip Code									ns River,	New Jerse		55-12	271	_
Project Manager for Mon	itoring Firm	Telephone Nu	mber			2-349-	Number 9932	×	00624	unioci				
Scheduled Start Date (10) 11/20/20		Scheduled Co. 11/22/2013		Date (11)				[.S.L. An	alytical					
Occupancy Status During	Abatement (Check cility Closed/Vacate	only one	) Entire Period	of Abate	ement	Stre	et Addr		6 Stelton	Road				
[ ] Ab	atement Performed ner – Describe	Outside o	f Normal Faci	lity Hou	nrs	City	, State,	Zip Code Pisc	ataway,	New Jerse	y 088	54		
Scope of Work (Check al	l that apply)	16				[	]	Full Contains		Negative Pre	ssure			
Scope of			N 12 180			[	]	Mini-Enclosu						
L 3	sfor≥3 lf 60 sfor≥260 lf			enovatio emolitic		[	x ]	Glovebag Pro Non-Exempt		Non-Friable	Procedi	ıre		
			7.5								Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custod Staff (12)  YES NO No						Asbestos Materi (i.e., ther insulatio	ial (AC mal sy n, surfa AT, or	ining (M) stems acing,		Amount specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	Exterior X					iding – l	nouse	and garage	45	500 sf	X			
Interior X					Floor tile				1	80sf	X			
Interior														
	-													
Name of Registered Waste Hauler Guardian Contracting, Inc.  NJDEP Waste Hauler 20222					3			T.R.R.		andfill				
City, State					1 Date 2013		ity, Stat ullyto	wn, Pennsylv	vania		I B			
Completed by (Print or T	Toms River, New Jersey  npleted by (Print or Type)  Nicholas Fernicola  Title  Project Manage				Signature	do	d	Jul			Date 11/	19/20	13	

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT Ch# 23 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Ashley Management November 19, 2013 Street Address Type of Notification Agencies Notified 411 Ashley Ave Initial Notification [X] [x] EPA Amended Notification City, State, Zip Code DEP Amendment #\_ Lakewood, NJ 08701 [x] DOL Emergency (including Telephone Number Name of Contact justification) 732-278-0744 [x] DOH Abe Cancellation ] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (k-12) Residence Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings, [x]Street Address homes, etc.) 145 Green Street # of Floors Bldg. Age Square feet County Code (7) County (6) 35 City 1050 sf (STATE USE ONLY) Current Use (Prior if being demolished) Ocean Lakewood Residence Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755-1271 City, State, Zip Code License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00624 732-349-9932 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) E.M.S.L. Analytical 12/04/2013 12/03/2013 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Piscataway, New Jersey 08854 Other - Describe Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Glovebag Procedure Renovation >3 sf or ≥3 lf Non-Exempted (\*) and Non-Friable Procedure [x]Demolition [x]≥160 sf or ≥260 lf [x]Abatement Type Description of E R Is Location Amount N Asbestos-Containing E N E Normally used Location of (Specify SF P C C Material (ACM) M Solely by Asbestos-Containing Material (ACM) I. or LF) A A (i.e., thermal systems Maintenance/Custodial 0 TO BE ABATED P 0 insulation, surfacing, Staff V S S in facility VAT, or (12)U U (13)A other miscellaneous) R L L E NO N/A YES X 1250 sf Asbestos siding X Exterior Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Hauler ID No. Name of Registered Waste Hauler T.R.R.F. 20223 Guardian Contracting, Inc. City, State Disposal Date City, State Tullytown, Pennsylvania 12/05/2013 Toms River, New Jersey Date

11/19/2013

Signature

Title

Completed by (Print or Type)

Nicholas Fernicola

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

(Pursuant to NJAC 8:60 and 12:120) Clif 23095 Name of Building Owner/Operator (2) Date of Notification (1) Kim Ward November 19, 2013 Street Address Type of Notification Agencies Notified 221 Cherryville Road Initial Notification [ x ] [X] EPA Amended Notification DEP City, State, Zip Code Amendment # [x] DOL Flemington Emergency (including Telephone Number Name of Contact justification) [x] DOH 973-980-8544 Kim Ward Cancellation ] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (k-12) Residence Subchapter 8 (otherthan k-12) Street Address Other (i.e., private & commercial buildings, [x]225 Durborow Avenue homes, etc.) Bldg. Age Square feet # of Floors County Code (7) County (6) City 61 (STATE USE ONLY) 800 sf Current Use (Prior if being demolished) Ocean Ortley Beach Residence Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) 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 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00624 732-349-9932 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) E.M.S.L. Analytical 12/03/2013 12/02/2013 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Piscataway, New Jersey 08854 Other - Describe Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Glovebag Procedure Renovation >3 sf or ≥3 lf Non-Exempted (\*) and Non-Friable Procedure [x] [x]Demolition ≥160 sf or ≥260 lf [x] Abatement Type Description of Is Location R Asbestos-Containing Amount N Normally used N E E Location of (Specify SF Material (ACM) P C C Solely by Asbestos-Containing Material (ACM) M (i.e., thermal systems or LF) A A L Maintenance/Custodial TO BE ABATED 0 P 0 insulation, surfacing, Staff in facility S V S VAT, or (12)(13)U U other miscellaneous) A R L L YES NO N/A F 500 sf X Asbestos siding X Exterior Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Hauler ID No. Name of Registered Waste Hauler T.R.R.F. 20223 Guardian Contracting, Inc. City, State Disposal Date City, State 12/4/13 Tullytown, Pennsylvania Toms River, New Jersey Date Signature Title Completed by (Print or Type)

Project Manager

Nicholas Fernicola

11/19/2013