State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

		(Pursuar	nt to NJAC 8:60	and 12:12	20)	Cli	#	73/	n<	•
Date of Notification (1) November 19,	2013			Name of Building	Owner/Ope Kim V					<u> </u>	
[] DEP [] A [x] DOL A	nitial Notifi mended No mendment	otification #		Street Address City, State, Zip Co		Cherryville Ro	ad				228
[x]DOH ju	mergency (stification) ancellation	15.00		Name of Contact Kim	Ward		Telephone Number 973-98		4	<u> </u>	
			FAC	ILITY INFORM	IATION						
Name of Facility Where Abatement is Ta Residence		(3)				Type of Facility (School (k-12) Subchapter 8 (ot			rial buil	Idinas
225 Durborow	Avenue					[.]	homes, etc.)	iie & co	mmer	iai oui	idiligs,
City	Cour	nty (6)		County Code (7) (STATE USE ONL	.Y)	Square feet 800 sf	# of Floors 1		g. Age	51	
Ortley Beach	Oce				0	Resid	r if being demolished dence	1)			
Name of Monitoring Firm Hired by Build	ling Owner	(8)		ASCM No.	Name of	Abatement Contrac	ctor (9) dian Contracting,	Inc			
Street Address			-		Street A	ddress	Route 9, Unit 61				
City, State, Zip Code					City, Sta	te, Zip Code	s River, New Jers		755-1	271	
Project Manager for Monitoring Firm		Telephone	Number		4!	ne Number 0.0032	License N 00624				
Scheduled Start Date (10) 12/02/2013		Scheduled 12/03/20		ion Date (11)	Name of	OSHA Monitor E.M.	S.L. Analytical				
Occupancy Status During Abatement (Ch [X] Facility Closed/Vac [] Abatement Perform	cated Durin	ng Entire Peri			Street A		Stelton Road				
Other – Describe_						N 영영 전 이 시 배 규칙은 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	taway, New Jerse	ey 088	54		
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix} $		[] [x]	Renova Demoli		[] [] [x]	Mini-Enclosure Glovebag Proc			ıre		
				T				Abot	ement	Т	
Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> in facility (13)	Is Location Normally us Solely by Internance/Cu Staff (12) NO	sed	As I (i.e ins	Description bestos-Con Material (A ., thermal ulation, su VAT, of the miscella	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior		X	Γ	Asbestos sidir	19		500 sf	X			
200000000000000000000000000000000000000	-	1		1250 Bidli	-0		23032	1			
80	+										
Name of Registered Waste Hauler Guardian Contracting, In		NJDEP Wast 20	0223	2	ards of Was	T.R.R.F.	stered Landfill		-		
City, State Toms River, New Jersey			l 2	al Date		^{ate} own, Pennsylvai	nia				
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manage	1	Signature	12	Len	1	Date 11/1	9/20	13	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) ch# 23 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 [X]Initial Notification [x] EPA Amended Notification] DEP City, State, Zip Code Amendment # Lakewood, NJ 08701 [x] DOL Emergency (including Telephone Number justification) Name of Contact 732-278-0744 [x] DOH Cancellation Abe] 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, Street Address [x]145 Green Street homes, etc.) # of Floors Bldg. Age Square feet County Code (7) County (6) City 35 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 City, State, Zip Code Toms River, New Jersey 08755-1271 License Number Telephone N Telephone Number Project Manager for Monitoring Firm 00624 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 [x]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 E E Is Location Amount N Asbestos-Containing E N E Normally used Location of (Specify SF C C P Material (ACM) Solely by M Asbestos-Containing Material (ACM) or LF) A A L (i.e., thermal systems Maintenance/Custodial 0 TO BE ABATED 0 P insulation, surfacing, Staff in facility S V S VAT, or (12)U H (13)A other miscellaneous) Τ. R I. NO N/A F YES X 1250 sf X Asbestos siding 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. Disposal Date City, State City, State Tullytown, Pennsylvania 12/05/2013 Toms River, New Jersey Date Signature

11/19/2013

Title

Project Manager

Completed by (Print or Type)

Nicholas Fernicola

. State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Ch# 23091

D : ENI-(E(1)			10387			Name of	Building C	wner/Oper	rator ((2)				- 11	
Date of Notification (1)	ovember 1	9, 2013	3			Tiume or				ironmental					
Agencies Notified	Type of N					Street Ad	dress		Herrie I						
[X] EPA	[]		Votificatio	n				PO I	Box	8297					
[] DEP	ĺĺĺ		ed Notific	cation	-	City, Star	te, Zip Cod	le	_						
[x] DOL	[v]	Amendr	ment # ncy (incl	uding					n, N	J 08650	1 1 1 W				
f l nov	[x]	justifica		uumg	-	Name of	Contact				Telephone Number				
[X] DOH [] DCA	[]	Cancell						chardson	1		609-847	-2956	5		
[] bek					FACI	LITY D	NFORM	ATION		N	3V 2 2 2013				
Name of Facility Where A	hatement is	Taking P	Place (3)		TACI		VI OILVI		Тур	oe of Facility (4)					
	sidence	Ü						1		[]	School (k-12)				
Street Address										[]	Subchapter 8 (oth Other (i.e., private			al build	lings
	14 H Stree	t								[x]	homes, etc.)	e & coi	innere	ai buiic	migs,
City			County (6)		County C			Squ	are feet	# of Floors	Bldg	. Age		
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Belmar			Monmo	outh					Cui	rrent Use (Prior i Reside	f being demolished)				
Name of Monitoring Firm	Hired by B	uilding C)wner (8)			ASCM N	o.	Name of	Abat	ement Contracto					
N/A											an Contracting,	Inc.			
Street Address							Street Ad	dress		Route 9, Unit 61					
Oit State 7in Code							City, Stat	te, Zi		coulc 5, Onit of	//		-		
City, State, Zip Code						1			Toms	River, New Jerse		755-12	271		
Project Manager for Mon	itoring Firm	T	elephone	Number			Telephor	ne Nu	mber	License N 00624	umber				
Scheduled Start Date (10) 11/20/20				cheduled 11/22/2	Completio	on Date (1)	Name of	USH	A Monitor E.M.S	.L. Analytical				
Occupancy Status During	Abatement	(Check o	only one)					Street Ac	ddress						
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	atement Perf		utside of	Normal I	Facility Ho	ours		City, Sta	ite, Zi		NI I	000	<i>-</i> 1		
[] Otti	ner – Describ	e	e -							Piscata	away, New Jerse	y 088	54		
Scope of Work (Check all	l that apply)					1185		[]			nt with Negative Pre	ssure			
								[]	San I	Mini-Enclosure					
	sf or ≥3 lf	1.202		[]	Renovat			[]		Glovebag Proce	dure (*) and Non-Friable l	Procedi	ıre		
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					-	-			_						
		4.6	- DIT	DED Was	ste Hauler	ID No.	Cubic V	ards of Was	ste	Name of Regis	tered Landfill				
Name of Registered Wast Guardian C		. Inc.	l NJ		20223	ID No.	3			T.R.R.F.					
City, State					Dispos	al Date		City, S		. Down 1	io				
Toms River		sey	Title		11/25	1/2013 Signar	NIE A	Tully	towr	n, Pennsylvan	lid	Date		- Frederick	
Completed by (Print or Type) Nicholas Fernicola Title Project Manager							Y	Int	//	Lit		100000000000000000000000000000000000000	19/20	13	
111010010	Nicholas Fernicola Project Manager *Do not use this fo								mpted	d activities.		12			

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ate of Notification (1)	11 19 13	Street Arkitress			NOV 22	2012
gency Notified	Type Notification	26 0	AUGHE	RTY AUG		2010
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DOH :	Cancellation					
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lame of Facility When	e Abatement is Taking Place	(3)		O School (K-12 O Subchapter 8) 3 (Other than K-12 Ivate & commerci	i) at buildings,
Street Address	heary ADE		**	/ homes, etc.)		Bidg. Age
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0.).		2,100	nior if being demo	
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	irm Hired by Building Owner	ASCM No.	Name of Allah		:: 	
Name of Monitoring (8)			Street Address	S	· .	•
Street Address	·		P.O. 13	- 418 XO		
Street Mills	· · · · ·		City, State, Zi	o Code	80 CW	957
City, State, Zip Code	-		- · · · ·	7.0	J. License No.	,
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Project Manager for I	Month of the Control	:	Name or work	in tennilor		
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Start Date (10)	1 12	128113	Street Adding	SS	•	
makes D	uring Abatement (Check on	y ane)	P.O. 13	- XIS XO	<u>:</u>	19
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				-ul Containment & Mini-Enclosure		
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	N Facility (13)	(12)	٠.	18.		
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City, State	BRIDGE N.	D. 08857	Signature	-	7()	Date 1913
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Completed by	AMEDA INE	SIDER!	in ficensure exe	empted activities.	\	
CARLOT	*Do	not use this form for assume			1	Υ.

ASB-41

Federal Noti Date of Notification	incation of Asbe	Name	of Building (Dwner	to NJAC 8:60-7 an /Operator						
1 1 9	1 3	MACY	S CORPOR	RATE	SERVICES (FEDER	RATED)			1,73-1		
Agencies Notified Type of X	of Notification	Street 7 WES	Address ST SEVENT	H STF	REET		NOV 2 2 20	113			
X DEP	Notification										
X DCA/DOL X DOH	Amended Cancellation		tate, Zip Co NNATI, OHI		202	2 4					
		Name	of Contact				Telephone Numbe	r			
		Tia We					513-579-7241				
			TY INFORM	MATIO	N C C - 1016						
Name of Facility Where Abate	ment is Taking Pla	ace			Type of Facility () School (K-12)	Otherth	on K 12)				
MACYS STORE					() Sub-Chapter 8 (X) Other (I.e. pri						
Street Address					buildings, home		Millioroidi			-201	
1750 Almonesson Road				SF o	f Bldg		# Floor			f Bldg.	J.
City	County	County C			1 MILLIO		3	1		50+	
		State use	Only	Curre	ent Use (prior if bein	ig demolis	sned)				
Deptford NJ 08096 Name of Monitoring Firm Hired	by Building Own	er er	ASCM No.	Nam	e of Abatment Cont	ractor					
BUREAU VERITAS NORTH A	MERICA INC			ACM	CONSULTING CO	RP.		779			
Street Address	INIERIOA IIVO.		landa de la constanta de la co		et Address				100		
160 FIELDCREST AVENUE				2150	STANLEY TERRA	CE					
City, State, Zip Code				City,	State, Zip Code						
Oity, Otato, Elp 0000					N. N.I. 07002						
EDISON, NJ 08837	Fire	Telephone	No		ohone Number	-	License Number				
Project Manager for Monitoring	g Firm	releptione	INU.	Tele	SHORE HUMBER						
TO BE DETERMINED		BE DETER			687-1008		00575				_
Scheduled Start Date	Scheduled Com	oletion Dat	е	Nam	e of OSHA Monitor						
12 2 2013	12	2013		EMS	L ANALYTICAL						
Month Day Year	Month Day	Year		Stree	et Address						
Occupancy Status During Aba	tement (Check O	nly One)]							
Facility Closed/Vacated	During Entire Per	iod of Aba	tement		WEST 38TH STRE State, Zip Code	El					
X Abatement Outside Nort X Describe: 10:00PM TO	mal Facility Hours			City,	State, Zip Code						
X Describe: 10:00PM TO Other - Describe:	6.3UAIVI		eti berez	NEV	YORK, NY 10118	3					
Scope of Work (Checl Only O	ne)		Abatement	Meth	od						
Demolition	/		Χ	Full	Containment with N	legative P	ressure				
>3sf or >3lf					-Enclosure		*:				
X ≥ 160sf or ≥ 260lf				Non	ebag Procedure Friable Procedure						
Renovation		Ils Locati	on Normally		Describtion of		Amount to be	Abate	ement	Туре	
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Name of Registered Waste H	auler	NJDE	P Waste ID	No.	Cubic Yds waste		Name of Register			10	
TRI-STATE TRANSFER ASS	OC., INC.	-	SW1896		TBD City, State of Regi	stered La	MINERVA ENTE	KPKIS	ES, II	NC	
City, State		TBD	sal Date		WAYNESBURG,						
BRONX, NY Completed By (Print or Type)		Title			Signature 4	/	7 ,		Date		
TIMOTHY RYAN		GEN	ERAL MANA	AGER	Vmith	yK	yn			11/19/	2013

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Date of Notification (1) 11-12-2013		NE	ame of Ba	riking On zi and S	mer/Operator (ons Demolh	2) tion	NHL DO		APPROVED lezith & Ser	ior S	STAIC	25		
	Type Notification			ippet Addition	ress Highwa	y 206		Te	WC.	(fignature)	_		-	
DEP DOL	Amended Amendment		C	ity, State,	Zip Code			Date	ikiz	10%	e:]	30	N	
DOH DCA	Cancellation	auding	100	lame of C Joe Gia	nnetti		•			phone Numb 3-218-088			1	
Name of Facility Whore It House for Demo Street Address 35 Hudson Ave.	Assessment is Taking	Place (3)	81	FACILI	TY RIFOR	SEATON	F 50	nool (K-1 bolesplet her (i.e. p	2) \$ (Office	r think k-12) commercial	Duildi	ngs,	home	39,
City (5) Tenafity							Square	Fost	2	Floors	5	ig. A D∻	ge	مارسان مارسان
County (6) Bergen			8	County Co ISTATE U	R ONTA NO (L)		House	8		ng demolishe	(1)			
Name of Monitoring Five n/a Street Address	i Hired by Building C	Paner (6)		ASCM N/a	No.	Loż	of Abeter nica Ma Address	nagem		(P) irporation				
n/a. City, State, Zip Code						City, S	Froy Lar Stete, Zip	Code	The P					- 18
tv/a. Project Manager for Mon	Moning Fina			Telephon	e No.		oin Par hone No.		/035	License No	-			,
Sant Date (10) 11-19-2013	!	Scheduled 11-25-2	1013	Section of the conception	ale (11)	Loz	of OSHA nice. Me	nagem		ир.				
Abelement Perform Other - Describe:	ated During Entire F ned Outside of Norm	eriod of Al	riets	ent		22 T	Address Troy Lau State, Zip cotn Par	10 Code	7035					
Scope of Work (Check /	W That Apply)		enovei enocité				GPW MINT	Endosus ebsp Pro	e cedure	i Negativa Pi d Non-Friabl			e	
			.ocati		•							Abah	amend pe	Ŕ
Asbestos-Centaining TO BE AB In Faci	Location of Location of Asbestos-Containing Material (ACM) Na TO BE ABATED In Facility (13)					Descriptions Containing Intermal system surfacing, Vanion response	Material (/ ns insulati AT, or	ACM) on,	G	mount Specify or LF)	Removal	Repair	Encepsulate	Enelosure
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	Basement Basement					Pipe Insul				+ 7 filtings	-			T
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Name of Registered Wa	Name of Registered Wasta Hautor Loznica, Marragement Corp.					Cubic Yards of Waste TBD		Name of		ered Landill ndfill				
City, State			3	13137		Disposal Dal	le l	City, Str						
Lincoln Park, NJ			5100 32000	TBD		Monte	sville, I	PA 19067		5)				
Completed by Title Secret						-	uro			Els	_			

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Date of Notification (1) 11-12-2013						unedOpe Sons De			Nypept	APPIRE of Health, i	& Senia	ur S	ervic	es	
Agencies Notified Type No		-	1		Highwa					(signal	lure)				
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	ergency (Incl Micelion)	nana	h	lame of C	Contact				1000	elephone P					}
DOM just	ncellation			Joe Gid						908-218-	0880				
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Name of Facility Where Abatement House for Demo Street Address	fis laking Pi	(a)					١.	Sch	ool (K-12) chapter & (C er (Le. priva	र्थे जन्म रे जन्म स्माताब्द के ले	(-12) spcial b	alidi A	ngs,	home	:S,
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City (5) Tenafly							1	Square F		2	N - N	5) +		
County (6) Bergen			1		se only)		-	House			MISTEU,				
Name of Monitoring Firm Hired by n/a	Building Own	near (8)		ASCM n/a	No.		Lozni	ca Mar	ent Contrac lagement		ion				
Street Address n/a							22 Tr	widness oy Lan							
City, State, Zip Code	Brance Andrews Committee C							als, Zip (
n/a ·	/a								, NJ 0703		. 51	_			
Project Manager for Monthisting Fi In/a	Tujeck Warmger for Monitoring Firm						7510.7	one No.	10	0119					
Start Date (10) 11-13-2013		chedule: 1-25-2		pietan C	Patro (11)			FOSHA Ica Mar	Monitor IdgeMeni	Corp.					
Occupancy Status During Abaton	ent (Check C	anly One	1)					Address							
Facility Closed/Viceted Duri Abatement Performed Outsi	ng Entire Per	lod of Al	paten House	ent			12120000000	oy Lan							\dashv
Other - Describe:	20 24 9 (49)(122)								, NJ 0703	15					
Scope of Work (Check All That A	oply)												-		
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Basement Boiler Roc	ж		S 188	X	P	ipe Insu	dation	Debris		2 SF		7			
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Loznica Management Corp	H	3137		of Was		1	GROWS								
City, State	_			Disposs	al Date	40.0	Jity, State								
Lincoln Park, NJ		;		TBD			Morrisville	, PA 190		_					
Completed by		Title				Si	Shaper .		1		Date	44	ሰሴ4	Δ.	
E. Cirovic	stary			1	1.1	UNI	mic		175	12	201	5			

Check # 9128

Date of Notification (1) vember 18, 201	3		Name o	f Building	Owner / Operator (2) tate Parks Commissi	ion					
Agencies Notified	Type Notification			Street A		and I also commission		21.00				
⊠EPA				Alpine	Approach	n Road			E	7		
□DEP □DOL	☐ Initial ☐ Amend	led		1000	ate & Zip		NC	V 2 2 2013				
⊠рон		lment #_			£ 0 t t				elephone	Nun	her	-
DCA	Cancel	lation		A STATE OF THE STA	of Contact		1		01-768-1		1001	
					-	NFORMATION						\dashv
Name of Facility Whe	ro Abatement is	Taking Pla	rce (3)			Type of Facility	(4)				_	\dashv
Headquarters Buildi		raking r ic	.00 (0)			School (K						- 1
Street Address							er 8 (Other than K-		22	92		- 1
Alpine Approach Ro	ad						e., private & com			e, et	c.)	
				100000		Square Feet	# of Floors	1 BI	ldg. Age	55		- 1
City (5)						2,000 Current Use (F	Prior if being demol			33		\neg
Alpine						Garage		<u>.</u>				
County (6) Bergen			inty Code	(7)								
Name of Monitoring F	irm Hired by Bu	ilding Own	er (8)	*	ASCM N		ement Contractor (9)				
PM Environmental						Synatech, Inc		70.0				
Street Address 170 Changebridge R	Road, Building (C5-4	- 40			829 Radio Ro						
City, State & Zip Cod				7.		City, State & Z						
Montvale, NJ 07045			Tol	ephone N	lumbor	Telephone Muji	bor, NJ 08087	License Nu	mber		_	-
Project Manager for M William Mener	Monitoring Firm			3-479-647		150H-295-6916	inber	Liconice Ive	00817	,		
Scheduled Start Date December 7		Scheduled	Completio	on Date (1 ory 6, 201	11) 4	Name of OSHA Synatech, Inc						
Occupancy Status Do	uring Abatement	(Check on	ly one)	- Valled State		Street Address 829 Radio Ro						
	Performed Outsi					City, State & Z	ip Code					
Other – Des		uc of Hom	iai riodio				rbor, NJ 08087					
	upied During Aba	atement										
Scope of Work (Chec	ck all that apply)							TOTAL STATE STATE				
_							Full Containment v	with Negative Pre	ssure			
≥3 sf or ≥ 50 lf				Renovation			Mini-Enclosure					
≥160 sf or ≥26	60 If			Demolitio	n		Glovebag Procedu Non-Exempted(*)		Drocodur			
	ation of		le Locati	on Norma	lly Head	Description		and Non-Friable		atem	ent T	Type
Asbestos-Conta	cation of ining Material (A	ACM)		y Mainter		Asbestos-Co	ntaining	Amount (Specif				71-
TO BI	E ABATED		Custo	dial Staff	? (12)	Material (/ (i.e., thermal		SF or LF)	-			
IN IN	Facility (13)					insulation, surfa			ایرا		E	ш
	(10)					or other misce			em	Repair	Saps	nclo
					, l			980	Removal	air.	Encapsulate	Enclosure
			Yes	No	N/A						हिं	W .
Steam Lines in Bas	ement				х	Pipe Fittings/	Insulation	40 LF	X			T
Lobby					Х	Floor Tile an	d Mastic	400 SF	x			
			==		la : : :	,	Name of Barbi	rad Landell			_	
Name of Registered	Waste Hauler		NJDEP \	No.	Cubic	ards of Waste	Name of Registe	red Landiiii				
Synatech, Inc. 27429					Dispos	al Date	Grows Landfill City, State				-	
City, State												
Little Egg Harbor, NJ 08087						ry 7, 2014	Morrisville, PA	oto			_	
Completed By Title					Signate	ire . // //	l _p	ate				
Diane Aloia	100	Executiv	e Admini	strator	10	une allow	N	ovember 18, 201	13			





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		Si	tate of New Jer	rsey		9470			_		
	NO		N OF ASBESTO to NJAC 8:60				CIL.	L			~
Date of No ification (1)			of Building Owne		1500		(NZ	型(\rtimes	16	2
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Agencies Notified Type Notification	n	Street A			000 1						
EPA Do Initial		10		191	·08	0+.					
DEP Amended Amendmen	ot#	101	ate, Zip Code () ,	4) = \	HUNF	22213			i	
Emergency	y (including		of Contact	7	N. J	.68					
DOH justification		I valie 9	DO 10		5		loog a		1 15		`
		FAC	ILITY INFORM	ATION	`		WO91 6	7.0	1-0	01=	4
Name of Facility Where Abatement is Tak	ing Place (3)	(4 1	_ 1	Type of F	acility (4)					
Street Address	JOI E	L got K	ed ha	Chow	Sch	ool (K-12)	ther than K-12	3.			
577 / CKO AR		•			1 Othe	er (i.e. private	e & commerci	د) al buil	dings,	hom	es,
City (5)	•				Square F		of Floors	TE	Bldg. A	oe.	
145 bury Park,					900	7 7	1	1	5	1	
County (6)		County	Code (7) USE ONLY)				eing demolish	ned)			
Name of Monitoring Firm Hired by Building	Owner (0)					weh					
Traine or Monitoring Firm raised by Bullding	Owner (8)	ASC	VI INO.			ent Contract n Co., Inc.					
Street Address					t Address	55., 116.				-	
					Vontrose	Road					
City, State, Zip Code					State, Zip C						
Project Manager for Monitoring Firm		Talasti	no Ne			N.J. 07722					
1 Toject Wanager for Wormtoning Firm		Telepho	ne No.	1	hone No		License N 00029	0.			
Start Date (10)	Scheduled	Completion	Date (11)		of OSHA N		100020				
11/29/13	13		3								
Occupancy Status During Abatement (Che	ck Only One))		Stree	t Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of Ab	atement		City	State 7in C	ada .					
	- 705-			City,	State, Zip C	ode					
Scope of Work (Check All That Apply)	· .			-							-
≥3 sf or ≥3 lf		novation		F			ith Negative P	ressu	re		
≥160 sf or ≥260 lf	∐ Der	molition		Ŀ		nclosure ag Procedur	Δ.				
			Γ		Non-Ex	empted (*) a	and Non-Friab	le Pro	cedur	9	
100000000000000000000000000000000000000		ocation rmally	S3						Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM)	Used	Solely by	Asbestos C	Description ontaining l		(M)	Amount		Ú		Г
TO BE ABATED In Facility		tenance/ dial Staff?	(i.e. thern	nal system	s insulation	,	(Specify	Re	מ	Encapsulate	Enc
(13)	((12)	othe	rfacing, VA er miscella	neous)	1 3	SF or LF)	Remova	Repair	psu	Enclosure
	Yes	No N/A						8		ate	lre
induses		0	floor 1	- (0		31	, Sift	X	-		
	1	7	710017		otic	100	DT,	~			
	1			- 1:r)	JIIC						
						_					
Name of Registered Waste Hauler		NJDEP W		ic Yards	Na	ame of Regis	tered Landfill				
Ace Insulation Co., Inc.		Hauler ID 12086	No. of V	Vaste /	1	hrins					
City, State		12000	Dist	oosal Date	Cit	ty, State					-
Colts Neck, New Jersey				2/4	1 000000 N 7550	aston, Pa					
Completed by	Title			Signature		, ,	Dat			1 -	_
George Wuest	Preside	ent		Ski	orage 9	When	F 1	1/6	20	113	5
ASB-41 (R-06-08)				0	0	f l	-11				egues.
version V Community				טט חו	or use this to	offill for aspe	stos licensure	exem	pted a	activit	ies.

		NO	TIFICA (Purs	ATION Of	F ASBESTO NJAC 8:60	and 12:120	MENT))		CK	本	9	10	3
			N	ome of Bu	uilding Own	er/Operator	(2)				1		
Date of Notification (1)	2 2		1	15	Al San	10 072	SIDEN	(3)			1		
Agencies Notified	Type Notification		St	reet Addi	ress		117.1	19.19					
_/				20	Al Signature Contract Lip Code Al Signature Code Al Code Al Code Al Code Al Code Al Code Al Code	INC	con		5-X*				
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DOH DCA	justification) Cancellation			1/4	ORK			17	732330	203	7	المد	
				FACILI	TY INFORM	ATION	T = \	= 101 74					-
Name of Facility Where	Abatement is Taking P	ace (3)	77727745				Type_or	Eacility (4))				1
\$AIS.	AND BESI	DEN	CE				Sc Su	hool (K-12) 3 (Other than K-12)				
Street Address	. ,	25					Ho	her (i.e. pr	ivate & commercial	buildin	igs, h	omes	5,
204/	VO IAGOOR	/.					eto	2.)					-
City (5)	177						Square		# of Floors	Blu	9.A9 ک ک	2	1
IAVA	Vo lAGOOR						10	100	if heins demolishe	_	_	7_	
County (0)			0	County Co	ode (7) SE ONLY) _		Current	Use (Pilo	r if being demolishe	uj			
OCE.	AN -	nor (0)		ASCM		Nam	e of Abate	ment Conf	tractor (9)				
Name of Monitoring Fire	m Hired by Building Ow	ner (o)		ASCIVI	140.			ion Co.,					
							et Address		37.34.44.33				
Street Address						(A) (B) (B) (B) (B)		e Road					1
							State, Zip			10000			
City, State, Zip Code								, N.J. 07	722				
	-itaring Eirm		-17	Telephone	e No.	Tele	nhone No.		License No				
Project Manager for Mo	onitoting Firm			Ciopilo		132			00029				
Ota + Data (10)	Is	chedule	d Com	pletion D	ate (11)	Nam	e of OSH	A Monitor					
Start Date (10)	2 , 3	10-	7	-2	. ,	1							
Occupancy Status Dur	ing Abatement (Check (Only One	e)			Stre	et Addres	S					
	acated During Entire Pe								¥V				
Abatement Perfor	med Outside of Normal	Facility	Hours	011		City	State, Zip	Code					
Scope of Work (Check													
1_	/iii (flactippi))	По	enova	tion			☐ Full	Containme	ent with Negative P	ressur	е		
≥3.sf or ≥3 lf 2160 sf or ≥260 lf			emolit				Min	i-Enclosure	9				
2 100 SI OI 2200 II	5	-					Glo	vebag Pro	cedure d (*) and Non-Friabl	e Proc	edur	9	
							1101	LAGINATO	. ()		Abate	ment	t
	*		Locati Iormal			D					Ту	ре	
Locat		Use	d Sole	ly by	Ashesto	Descript s Containing		(ACM)	Amount			·m	_
Asbestos-Containi TO BE A			intena			ermal syste	ems insula		(Specify	Rei	ZD.	Encapsulate	Enclosure
In Fa	cility	Cust	odial (12)	stan?	76	surfacing, other misce			SF or LF)	Remova	Repair	psu	losu
(1	3)	ļ	, ,	1	,	Julei Illisce	lianeous			a	7	ate	9
		Yes	No	N/A						1			-
0	atilors			4	.57/	DING.			2000/	1			
	Kthey Bon		5-33	/	it	bile			700 \$	10			
	and they				, ,			7				78	
	<u> </u>	-		-	-								
				ANDER M	Ineto	Cubic Yard	e	Name of	l Registered Landfill				
Name of Registered V			100	Hauler ID		of Waste	_	The second second	1.13-11				
Ace Insulation Co	., Inc.			2086		5		Chrins	· <u>- 10,6 </u>				
City, State				Disposal D		City, Sta							
Colts Neck, New				12-2-		Eastor							
Completed by	Completed by Title					Signa	ture	-		ate		1000	
George Wuest		Pres	ident				Ge	grap &	Winf 1	1-1	9	13	

Date of Notification (1) 11/19/13			400		Building O SPEISE		Operator	(2)			5 14	ii .	17	R	
Agencies Notified	Type Notification		1 100	Street Add	dress 2 VAN H	HOUT	EN AV	E			MOV	0			
DEP X DOL	Initial Amended Amendment		9.7	La Contraction Contraction	e, Zip Cod IC, NJ 0		;				NOV-	222	013		-
☑ DOH DCA	Emergency (i justification) Cancellation	ncluding	1 10	iame of 0	Contact SPEISE	R					ephone Nu 5-434-90				
	T			FACIL	ITY INFO	RMAT	ION						111		
Name of Facility Where Street Address		Place (3)						So St	f Facility (4 chool (K-12 ubchapter	2) 8 (Oth	er than K-1	12)	inae	home	
150-152 VAN HOU	JTEN AVE								c.)		Floors		dg. A		-
PASSAIC															
County (6) PASSAIC				County County County County	ode (7) SE ONLY)			Curren	t Use (Pric	or if bei	ng demolis	shed)			
Name of Monitoring Firm	m Hired by Building (Owner (8)		ASCM	No.		2,75400000000000		PROFE		A 50 C 50				
Street Address				1				Address HITE D	OVE CO	DURT					
City, State, Zip Code								State, Zip EWOO	Code D, NJ 0	8701					
Project Manager for Mo	nitoring Firm		T	Telephon	e No.		Telep	hone No	int.		License 1200	No.			
Start Date (10) 12/01/13		Scheduled 12/02/13		pletion D)ate (11)				A Monitor PROFE	SSIC	NALS				
Occupancy Status Duri	ng Abatement (Chec	k Only One)			-		Address							
Facility Closed/Va	cated During Entire I med Outside of Norm	Period of Ab	atem	ent		_	City, S	State, Zip	Code DD, NJ 0						
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Bearing .	nova molit	acta con				Mini Glov	i-Enclosure	e cedure	n Negative			e	
		Tiel			-								Abat	emen	t
Location Asbestos-Containing		No Used		ly ly by	Asbes		escriptio ntaining		(ACM)	,	Amount		Ty	ре	
TO BE A In Fac (13	cility	Custo	(12)		(i.e.	surf	al systen facing, V miscella	AT, or	tion,		Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	IN/A		DIDE	INSUL	ATION		- 2	52 LF	x	-	-	-
	+					OOR T				00 SF	X		-	+-	
	+++					JUK 1	ILES			00 SF	^				
Name of Registered W	asta Haular		N	JDEP W	/asie	Cub	ic Yards		Name of	Regis	ered Land	fill			
NEWARK CARTIN			1	lauler ID 4509		1000000	/aste		IESI		0.00				
City, State NEWARK, NJ			1			Disp	osal Dat	е	City, Sta BETHL		м РА				
Completed by JOSEPH PERLST	EIN	Title OWNI	ER.				Signatu	ге				Date			

Date of Notification (1) 11/15/16			E	lizabetl	uilding Ow h Sewin	vner/Ope g Mach	erator ((2) Outlet				; ;	$\overline{}$		
Agencies Notified	Type Notification		17000000	reet Add 164 E	ress ast Jers	ey Stre	eet				. 17 1	-			
EPA DEP DOL	Amended Amendment				, Zip Code h, NJ 07				NO.	7 9	2013				
	Emergency (justification)	including	100000	ame of C			- C W		I		phone Numb		- Avenue		
DOH DCA	Cancellation	-12-1	A		Gazzo				-11	/32	2-598-791				_
	Ab-to-satio Tokin	Diago (2)	-	FACILI	TY INFOR	MATIO	N	Type of	f Facility (4)	1	- X	· ** :==			
Name of Facility Where Elizabeth Sewing N	Machine Outlet	y Flace (5)						☐ Sc	chool (K-12)	er than K-12)				
Street Address 1164 East Jersey S	Street							× o	ther (i.e. pri c.)	ivate 8	commercia	buildi			à,
City (5) Elizabeth								Square N/A		N/A		N/	dg. Ag	je	
County (6) Union				ounty Co	ode (7) SE ONLY)		_	Curren Hous		r if bei	ng demolishe	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.	- 1			ement Cont ment, Inc		(9)		A .		
Street Address								Address	ren Aven	ue					
City, State, Zip Code	+			-			City, S	State, Zip							
Project Manager for Mo	nitoring Firm		T	elephon	e No.	assessment in	Telepi	hone No			License No #00675).			\neg
0: 10-1-(10)		Scheduled (Comr	oletion D	ate (11)	-			A Monitor	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				\dashv
Start Date (10) 12/03/13		12/04/13	JOI111	DICTION D			D&S	Abate	ment, Inc	o					
Occupancy Status Duri								Addres	s ren Aven	ue					
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire med Outside of Nor Occupied	Period of Aba nal Facility Ho	teme	ent		_	City, S	State, Zij			300 H 300 G 1				
Scope of Work (Check	All That Apply)													5Y- 1-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovat					× Min Glo	i-Enclosure vebag Prod	e edure	n Negative P			е	
		To Lot	antic										Abate	ement	
		ls Lo Nor	mali			Dos	criptio	n of				_	Ту	ре	_
Location Asbestos-Containin TO BE A In Fact	g Material (ACM) BATED cility	Used S Maint Custod	enan	ice/		os Conta thermal : surfac	aining systen sing, V	Material ns insula AT, or aneous)		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										· O	
baser	nent		X			pipe	insul	ation		2	37 LF	Х			
												-		_	-
												-	-	-	-
			т.	IDED		Cubic	Varde		Name of	Dogio	ered Landfil				
Name of Registered W D&S Abatement, Ir		Н	JDEP W auler ID 20996		of Was			The state of the s		agement o					
City, State Totowa, NJ						Dispos	sal Dat	te	City, Stat		'A				
Completed by		Title				s	ignatu	ire	, //	V		ate	40		
Deanna Brkusanin		Projec	t Ma	anager			Y [[]	auil	1 1) 11	LECL	les 1	1/15/	13		

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

Date of Notification (1) 11/15/16				124	ame of Bi isa Lau	uilding Owner/C	perator	(2)		NOA	2 2 2	Ulio				
Agencies Notified	_	e Notification			reet Add	ress ess Street		1	ž 14.2							
EPA DEP DOL	×	Initial Amended Amendment #				Zip Code NJ 07041										
☑ DOH DCA		Emergency (in justification) Cancellation	cluding		ame of C isa Lau						phone Nun 3-377-490					
					FACILI	TY INFORMATI	ON									
Name of Facility Where Home	Abat	ement is Taking	Place (3)					☐ Sc	Facility (4 chool (K-12	2)		o)				
Street Address 31 Cypress Street								X Ot etc	ther (i.e. pr	ivate 8	er than K-12 commerci	z) ial buil	din	gs, h	omes	
City (5) Millburn								Square N/A	Feet	# of N/A	Floors	1000	SIdo N/A	g. Ag N	е	
County (6) Union				C	ounty Co	ode (7) SE ONLY)	_	Current		r if bei	ng demolis	hed)				
Name of Monitoring Fire	n Hin	ed by Building C	wner (8)		ASCM I	No.	100000000000000000000000000000000000000		ment Con		(9)					
N/A Street Address							Street	Address	Shirt South Strategic Action							\neg
City, State, Zip Code						- A	City, S	State, Zip	Code							
Project Manager for Mo	nitori	ng Firm		1	elephone	e No.	100000000	hone No.	07512		License N					_
			Scheduled	1 Com	nletion D	ate (11)	Name	of OSH	A Monitor		#00675			-		
Start Date (10) 12/04/13			12/05/13	3	piction b	u.u (11)	D&S	Abate	ment, In	c.						_
Occupancy Status Duri					ent		100000000000000000000000000000000000000	t Address Roseng	s ren Aver	nue				20020		
Facility Closed/Va Abatement Perfor Other – Describe:	med	Outside of Norm	nal Facility	Hours				State, Zip owa, N	Code J 07512							
Scope of Work (Check	All T	hat Apply)					Г	7	0 1		L N	Draas				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova emoliti				× Mini	i-Enclosure	e cedure	h Negative				•	
			Т.							- 1.7		T	7.5	Abate	ment	
Locati	on of		N	Locati	ly		escriptio					-	_	Ту	pe	
Asbestos-Containii TO BE A In Fa (1:	ng Ma BATI cility	aterial (ACM)	Mai Cust	d Sole ntenar odial S (12)	nce/ Staff?			ns insula 'AT, or		(Amount (Specify SF or LF)	Kellioval		Repair	Encapsulate	Enclosure
hass	mon	•	Yes	No X	N/A	nin	e insul	ation			14 LF	X	1			
base	men		+		-	P.P		dion					1			
				-			-									
Name of Registered V		Hauler			JDEP W	100000000000000000000000000000000000000	ic Yards /aste	0	Company of the second		tered Land		Δ			
D&S Abatement, I	nc.	1973		100%	20996	TBI		to	City, Sta		agement	OI P	_	-		
City, State Totowa, NJ						TBI	oosal Da)	Tullydo							
Completed by Deanna Brkusanir	1		Title Proje	ct M	anager		Signati	l Illili	Ble	leve	u	Date 11/1	5/1	3		

Date of Notification (1) November 15, 2013		Na 19	me of E	Building Ow zel Road,	ner/Operato LLC c/o l	or (2) Mountain	Develop	ment	Ē, 15		7 J	7	7
Agencies Notified Type Notification		Str 3	reet Add	dress t Mountai	in Plaza		1		1017				,
EPA Initial Amended Amendment #_		Ci	ty, State Voodla	e, Zip Code Ind Park,	NJ 07424	1				201,	3	1 700	-
Emergency (inclusion) DOH justification) Cancellation	iding	1000	ame of o	Contact CZ			1		none Numb) 730-690		003		11
			FACIL	ITY INFOR	MATION	T = 2 06	Facility (4)			- 10		_	
Name of Facility Where Abatement is Taking Pla 19 Roszel Road Street Address	ace (3)					Sc Su	hool (K-12)	(Other	than K-12) commercial	huildin	ge bo	mae	
19 Roszel Road						Square	:.)	# of F			g. Age		\dashv
City (5) West Windsor						10,400		1 if being	demolishe	d)			4
County (6) Mercer		(5	STATE L	Code (7) ISE ONLY)		Office	and Wo	rksho	o				
Name of Monitoring Firm Hired by Building Own Environmental Consulting, Inc.	ner (8)		ASCN N/A	No.	Nar Re	ne of Abate source N	ment Cont lanagem	ractor (9 ent G	9) roup, LLC	;			
Street Address 2002 Renaissance Boulevard, Suite 1	110					eet Address 15 Hamil		Ste 2	02				
City, State, Zip Code King of Prussia, Pennsylvania 19406						y, State, Zip enton, N.							
Project Manager for Monitoring Firm	-		Telepho	ne No. 79-7070	1	g .	Balan .	-	License No 01185).	1		
Richard S. Werner Start Date (10) S	cheduled			Date (11)	Na	me of OSH	A Monitor		etorioo li				
12-02-2013	2-30-20					S Enviro		Labor	atones, ii	10.			-
Occupancy Status During Abatement (Check C			nent		23	333 Route	e 22 Wes	st					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	Facility I	Hours				y, State, Zij nion, NJ							
Scope of Work (Check All That Apply)						図	0	ome verith	Negative P	recur	Φ.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				Min	i-Enclosure	e cedure					
				1		LI Nor	n-Exempted	d (*) an	d Non-Friab		Abate		
		Locat	0.00								211/2020 12:30:00	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Sole intena odial (12)	ely by ance/ Staff?	(i.e.	tos Containi thermal sys surfacing	ption of ing Material stems insula g, VAT, or cellaneous)	ation,	(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	-	Black	Mastic		6,0	000 SF	x			-
Beneath floor tile and carpet Record Vault			X			wall			32 SF	x			
Above & below perimeter windows			x	E	xterior tra	nsite pan	els	5	25 SF	x			
												L	
Name of Registered Waste Hauler			NJDEP Hauler	ID No.	Cubic Ya		Name of Grows		ered Landfi fill	li			
Robinson Waste Disposal			17304		TBD Disposal	Date	City, Sta	ate			-	8	
City, State Voorhees, NJ					TBD	hature	Morris	ville, l		Date			
Completed by Brian J. Haney	Title Pres	iden	t		Sign	7	141		1	1/15/	201	3	



Date of Notification (1) 11/19/13		(4)			ilding Own eter Priva			2)	3 1 1 TE	- ,A	1.5 1	7 1	3 7		
Agencies Notified Typ	e Notification		1	reet Addr 2 east 2						. (9)			1 .		
EPA DEP DOL	Initial Amended Amendment #	aludina	В	each H	Zip Code aven Ga	rdens	NJ 0	8008			V 2 2 2				
☑ DOH ☐ DCA ☐	Emergency (in justification) Cancellation	cluding	100	ame of Co iloria	ontact						hone Numb -352-4753		<u>;</u>		
				FACILIT	Y INFORM	OITAN	N		Facility (4)					* \$5 7 7 PM	1 2
Name of Facility Where Abate Gloria Peter Private Ho	ement is Taking ome	Place (3)						☐ Sch	nool (K-12))	r than K-12)				
Street Address 12 east 27 St	88					1		Oth etc.	er (i.e. pri .)	vate &	commercial				
City (5) Beach Haven Gardens	NJ 08008					1794		Square I 1000 +	•	2	Floors	35-	g. Ag		
County (6) Ocean				ounty Co	ide (7) E ONLY)		_	Home			ng demolishe	d)			
Name of Monitoring Firm Hir N/A	ed by Building C	wner (8)	_	ASCM N	No.			of Abater aco Inc	ment Cont	ractor	(9)		•		
Street Address								Address Sox 329							
City, State, Zip Code			-					tate, Zip Berlin	Code NJ 0809	91		,			
Project Manager for Monitor	ing Firm		T	Telephone	e No.		Telenh	none No			License No 00727				
Start Date (10)		Scheduled	Com	pletion D	ate (11)	-	Name		Monitor						
11/29/13 Occupancy Status During A	hatement (Chec						50000000	Address							
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire F	Period of Aba	atem	ent		_	City, S	State, Zip	Code						
Scope of Work (Check All T	hat Apply)	+	*4	k	¢			_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The same of the sa	nova molit					Mini	-Enclosure	e cedure	h Negative P				
		T						Non Non	-Exemple	u () ai	IQ INOTI-I ITAD			ement	
Location o Asbestos-Centaining M		No Used		lly ely by	Asbesto	os Con	scriptio	Material	(ACM)		Amount			ре	m
TO BE ABAT In Facility (13)	ED .	Main Custo	A		(i.e. t	surfa	cing, V	ns insulat AT, or aneous)	tion,		Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-	-		-
Exterior Sig	ding			х		Exte	erior S	iding	- 2	1	800 SF	x	_		-
			_				_10					+-	-	-	\vdash
				-					- 			+-	-	\vdash	\vdash
Name of Registered Waste	Hauler			NJDEP W		LUNCONSTRUCTOR	c Yards		Name of	l Regis	tered Landfil	1	L	1	
United Containers			11.0	Hauler ID 22459	No.	of Wa			G.R.O						
City, State Elm NJ						12/5			City, Sta Morris		PA 19067				
Completed by Anthony T Perna		Title Presid	den	t			Signate	ire			_	ate 1/19/	13		

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Date of Notification (1)				Name	of Buildin	g Owner/Operator	r (2)	f Colom		0		7
11-20-13						morial Ho	spital o	ı salem (count	- YE	2	C
Agency Notified	Type Notification				Address Woo	dstown Ro	oad	é	200		2	
DEP E DOL	Amended Amendment #			City, S	state, Zip Lem,	Code NJ 08079			8	,	•	3
ДКООН	☐ Emergency (included justification)	ing			of Contac			Telephone Nun		0	À	ب
ZXDCA	☐ Cancellation							856-935-	-1006	3	1	
				FAC	ILITY INF	ORMATION	,	(4)			4	6
Name of Facility Where A				em C	count	У	Type of Facility School (K-12			6	9	
Street Address 310 Woodsto	wn Road						☐ Subchapter 8	(Other than K-12 ivate & commercial		js,		
City (5)							Square Feet	# of Floors	Bldg.	Age	-	
Salem							200,000	2	+/-	50)	
County (6)				Count	y Code (7) (STATE USE	1	rior if being demol				
Salem				ONLY			hospital	Talian and a second <u>a</u> transfer in second				
Name of Monitoring Firm		er	ASCN	I No.			nent Contractor (9	9)				
(8) Quad 3 Gro	oup					Pepper E	nvironme	ntal Serv	rices	,	In	c.
Street Address 72 Glenmaur	a National	Blv	d.			Street Address 2251 Fr	aley Str	eet				
City, State, Zip Code MOOSIC, PA	18507		1			City, State, Zip C Philadel	Code phia, PA	19137	***************************************			
Project Manager for Mon	itoring Firm			ne No.		Telont		License No.		-		_
Scott Jenki	ns	5	70-	406	-6288			01166				
Start Date (10) 12-2-13	Scheduled C 12-6-1		tion Da	ate (11)		Name of OSHA Quad 3						
Occupancy Status During	g Abatement (Check on	ly one)			Street Address			-			
☐ Facility Closed/Vacate☐ Abatement Performed☐ Other — Describe: ○○	Outside of Normal Fac			t		City, State, Zip C		ional Bl	va.			
Scope of Work (Check al						MOOSIC,	PA 10507					
☐ ≥ 3 sf or ≥ 3 lf ☐≥ 160 sf or ≥ 260 lf					novation nolition	☐ Mini- ☐ Glove	Enclosure ebag Procedure	Negative Pressur				
		10	Local	ion	1	ALS INOT	Exempled () and	1401-1 Hable Floo	zedule	Ab	atem	ent
¥ 200500 440		1	Norma	lly		200000000000000000000000000000000000000			-		Туре	
Locatio Asbestos-Containin TO BE AE IN Fac (13)	g Material (ACM) BATED illity	Ma	ed Sole aintena Custod Staff? (12)	ince/ lial	Asbes (i.e.	Description of tos Containing Ma, thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Renair	Enclosure
		Yes	No	N/A				5				
CSR unit in t	the basement			x	12x12	floor ti	le & mast	ic 2,720	2	x	T	F
				-	-					+	+	+
· · · · · · · · · · · · · · · · · · ·			-		-					+	+	+
Name of Registered Was	te Hauler	N.	DEP V	Vaste F	lauler T	Cubic Yards of	Name of Regis	lered Landfill				_
Service Tran			No.			Waste	A & L Sa	_				
City, State Morrisville,	PA					Disposal Date	City, State Libson,	ОН				
Completed by Jennifer Niv	Title	Or	era	atio	ns	Signature)		Date 11-2	0 -	13	
ACD 44	\$ Do not				h = = 4 = 1	Jun	/					

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Date of Notification (1)			200		Building Ow			^	000	- 3	2	`)
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Agencies Notified	Type Notification		S	treet Ad	Forest Hamber	, ,				-3	2	`.	1
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DOH DCA	justification) Cancellation			A	NDR	FW.	RIC	C12	18564	086	1	0	1
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Name of Facility Where A	batement is Taking F	Place (3)					Ty	pe of Facility (4)	60	3		1
	ENCE						1	School (K-1	2)	· C	y		1
Street Address)4,1004				S III			Subchapter	8 (Other than K-1	12)		8	
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County (6)					SE ONLY)		_		IDENUE	_			1
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Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCM	No.					- 7	00	00	
NIA							KIC	Co Con	SMUCT	DIO	LD	KY	-
Street Address						5	Street Ad						
							28	2 CILE	EKROF	D			
City, State, Zip Code					715 15 16 110 1111			e, Zip Code		_ ^-		- i	
							B	ELLMAN	UIL, NO	0.	(A)	2	
Project Manager for Moni	toring Firm		T	elephor	e No.	11	Telephon	e No.	/License	No.	. 1		
	- 25 Table - 17					1	al .		, 01	20	4		
Start Date (10)	15	Schedule	d Comi	oletion D	Date (11)	ı	varne or	OSMA IMONITOR					
Control of the Contro	3	12	131	112)		An	BREW	PICC	0			İ
Occupancy Status During	Abatement (Check			11-		1 8	Street Ad		1,00				
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Facility Closed/Vaca Abatement Performe	ted During Entire Pe	nod of A	Hours	ent		1	City, Stat	e, Zip Code	CHILD	111			\neg
Other – Describe:	d Odiside of Norma	ir active	110013			_ `			NR, N.	TO	(A)	31	
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≥160 sf or ≥260 lf		DA D	emolitic	on				Glovebag Pro	cedure				ĺ
								Non-Exempte	d (*) and Non-Fria	able Pro	cedure	9	
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Location Asbestos-Containing			d Solely		Asbesto			erial (ACM)	Amount			m	_
TO BE ABA			intenan odial Si		(i.e. th			nsulation,	(Specify	Rer	70	nca	no
In Facili	ty	Ous	(12)			surracir other mis	ng, VAT,		SF or LF)	Remova	Repair	Encapsulate	Enclosure
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FUTERI	DIL		X		100	LEIL	TIUS	ULATION	7777	1			
						2.230							
Name of Registered Was	te Hauler		IN	JDEP W	aste	Cubic Y	ards	Name of	Registered Land	fill			
			, Ha	auler ID	No.	of Waste			20	101	1		
RICENCE	NSTRUCTI	onico	ILY :	289	09		2		LEM COL)NT	1_	A	
City, State	2,711001011					Disposa	Il Date	City, Sta		19			
BELLMA	WR MT	-				T12	D	1 AL	LOWAY,	NJ			
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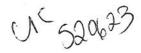
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Agencies Notified Type Notification			6 3	Address			3 2	0	1	10	7
☑ EPA ☑ Initial	ווכ				hire Boulavard		*.	4	4		S
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(NJAC 5:23-8) justification			1998001	of Contac			Telephone Nur	nber	0,	0	10
Cancellation	1 —			an Peck	<u> </u>		617-757-56	mber of 32	62)	0
Name of Facility Where Abatement is Tal	ine Dies	- /2\-	FAC	SILITY II	NFORMATION				5 0	?	
Santander Bank	ang Piac	e (3)			· 10	Type of Facility	100-000		P)	
Street Address						School (K-1)	2) 8 (Other than K-1	2)	- 20		
220 Route 9					*	Other (i.e., p	rivate and comm	ercial b	uildin	gs,	
City (5)						homes, etc.					
Manalapan						Square Feet	# of Floors	В	ldg. A	ge	
County (6)			-			3000	1		40		
			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)		(2)	65
Monmouth					1						
Name of Monitoring Firm Hired by Buildin		(8)	ASCM I	No.	Name of Abateme	ent Contractor (9))				
Hillmann Consulting	102	-	6225	2	JVN Restorat	ion Inc					
Street Address					Street Address						
1600 Route 22 East			22	25	47 Foster Ro	ad					
City, State, Zip Code					City, State, Zip Co	ode		7			
Union NJ 07083					Staten Island	NY 10309					
Project Manager for Monitoring Firm	-	Tele	phone N	No.	Telephone No.		License No.				
Brian Nemetz			32-616-				00774				
11 /23 /13	12		/ _	e (11) 13	Name of OSHA M Testor Tech	onitor	8.				
	12 /eck only	one) Abater	/ ment	13	Testor Tech Street Address 10 59 Jackso	n Avenue	8			7.0	
	12 / eck only Period of nal Facilit	one) Abater	/ ment	13	Testor Tech Street Address 10 59 Jackso City, State, Zip Co	n Avenue	2			70	_
	12 / eck only Period of nal Facilit	one) Abater	/ ment	13	Testor Tech Street Address 10 59 Jackso	n Avenue			-		
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11 / 23 / 13 Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement:AM Scope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	12 / Peck only Period of hal Facility PM/2PM	Abater y Hours -2AM enovation s Locati Normal ed Sole sintenan	ment s - Desc on ion ily ly by nce/	13 cribe	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC NY 11101 Full Cont Glovebag Non-Exer Description of stos Containing Material	n Avenue de ainment with Negosure procedure mpted (*) and No	n-Friable Proced	At	_	_	T
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11 / 23 / 13 Decupancy Status During Abatement (Che Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Time of Abatement:AM- Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED	12 / eck only Period of hal Facility PM/2PM	Abater y Hour- l-2AM enovation s Locati Normal ed Sole sintenant todial S (12)	ment s - Desc on in ion ily ly by nce/ Staff?	13 cribe	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC NY 11101 Full Cont Glovebag Non-Exer Description of stos Containing Math, thermal systems in the store of	ainment with Negosure Procedure Inpted (*) and No erial (ACM) Insulation, or	Amount		_	en Encapsulate	T
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11 / 23 / 13 Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement:AM	12 Peck only Period of hal Facility Pe	Abater by Houril-2AM enovative molitions a Locati Normal et al. (12) No	ment s - Desc on ion ily ily by nce/ Staff?	Asbe (i.e	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC NY 11101 Full Cont Glovebag Non-Exer Description of stos Containing Mathemal systems i surfacing, VAT, other miscellaneous	ainment with Negosure Procedure Inpted (*) and No erial (ACM) Insulation, or	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate	Enclosure
11 / 23 / 13 Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Time of Abatement:AM Scope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) st Fl. Hallway and Vault Area	Deck only Period of hal Facilities PM/2PM Re Dec Is Use Ma Cus Yes	none) Abater by Hour- l-2AM enovation S Locati Normal ed Sole sintenan todial S (12) No	ment s - Description on lay lay by nace/Staff?	Asbe (i.e	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC NY 11101 Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mation, thermal systems is surfacing, VAT, other miscellaneous astic	ainment with Negosure Procedure mpted (*) and No erial (ACM) nsulation, or ous)	Amount (Specify SF or LF)	At Removal	Repair	Encapsulate	Enclosure
	12 Peck only Period of hal Facility Pe	Abater by Hour- I-2AM enovation S Locati Normal end Sole sintenan todial S (12) No	ment s - Desc on ion ily ily by nce/ Staff?	Asbe (i.e	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC NY 11101 Full Cont Glovebag Non-Exer Description of stos Containing Mathemal systems i surfacing, VAT, other miscellaneous	ainment with Negosure Procedure mpted (*) and No rerial (ACM) nsulation, or ous) Name of Regis	Amount (Specify SF or LF) 200 SF	A Removal	Repair	Encapsulate	Enclosure
11 / 23 / 13 Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Time of Abatement:AM Scope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) st Fl. Hallway and Vault Area Name of Registered Waste Hauler Global Waste Industries, Inc.	12 Peck only Period of hal Facility Pe	Abater by Hour- I-2AM enovative molition s Locati Normale ed Sole intenaitodial S (12) No	ment s - Description on lay lay by nce/Staff?	Asbe (i.e VAT/Ma	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC NY 11101 Full Cont Glovebag Non-Exer Description of stos Containing Mat., thermal systems i surfacing, VAT, other miscellaned astic Cubic Yards of Waste 5	n Avenue de ainment with Negosure procedure mpted (*) and No ferial (ACM) nsulation, or ous) Name of Regis G.R.O.W.S.	Amount (Specify SF or LF) 200 SF	A Removal	Repair	Encapsulate	Enclosure
	12 Peck only Period of hal Facility Pe	Abater by Hour- I-2AM enovative molition s Locati Normale ed Sole intenaitodial S (12) No	ment s - Description on lay ly by nce/ Staff? N/A DDEP Wauler ID	Asbe (i.e VAT/Ma	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC NY 11101 Full Cont Mini-Enci Glovebag Non-Exer Description of stos Containing Mat thermal systems i surfacing, VAT, other miscellaned astic Cubic Yards of Waste 5 Disposal Date	n Avenue de ainment with Negosure Procedure mpted (*) and No ferial (ACM) nsulation, or ous) Name of Regis G.R.O.W.S. City, State	Amount (Specify SF or LF) 200 SF	A Removal	Repair	Encapsulate	Enclosure
	12 Peck only Period of all Facility Pe	Abater by Hour- I-2AM enovative molition s Locati Normale ed Sole intenaitodial S (12) No	ment s - Description on lay ly by nce/ Staff? N/A DDEP Wauler ID	Asbe (i.e VAT/Ma	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC NY 11101 Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mai thermal systems i surfacing, VAT, other miscellaned astic Cubic Yards of Waste 5 Disposal Date 12/29/13	n Avenue de ainment with Negosure procedure mpted (*) and No ferial (ACM) nsulation, or ous) Name of Regis G.R.O.W.S.	Amount (Specify SF or LF) 200 SF	At Removal	Repair	Encapsulate	Enclosure
	12 Peck only Period of hal Facility Pe	none) Abater Aba	ment s - Description on lay lay by nce/Staff? N/A DDEP Wauler ID NJ-221	Asbe (i.e VAT/Ma	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC NY 11101 Full Cont Mini-Enci Glovebag Non-Exer Description of stos Containing Mat thermal systems i surfacing, VAT, other miscellaned astic Cubic Yards of Waste 5 Disposal Date	n Avenue de ainment with Negosure Procedure mpted (*) and No ferial (ACM) nsulation, or ous) Name of Regis G.R.O.W.S. City, State	Amount (Specify SF or LF) 200 SF	At Removal	Repair	Encapsulate	Enclosure

MAY 11

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

heck		NOT		TION	OF ASE	BESTOS ABAT C 8:60 and 5:16		201	P	SO.	^	
Date of Notification (1)	21 /	13				Owner/Operator (2)	13 A	OVS	~	12	× ×
Agencies Notified ⊠ EPA ☑ DOLWD ☑ DHSS ☑ DCA (NJAC 5:23-8)	Type Notificat Initial Amended Amendmen Emergency justification	nt #1 y (including		City, S Wyo	tate, Zip Comissing	ı, Pa.		Telephone Numb	er er	<u>, </u>	``	\delta
	☐ Cancellation	on			an Peck	FORMATION		617-757-5632		(0	
Name of Facility Where Santander Bank Street Address 220 Route 9	Abatement is Ta	aking Place	(3)	TAC		TORMATION	Type of Facility School (K-12 Subchapter Other (i.e., p	2) 8 (Other than K-12) rivate and commerc	cial bu	ilding	s,	
City (5) Manalapan							Square Feet 3000	# of Floors		ig. A	ge	
County (6) Monmouth						')(STATE USE ONLY)	Current Use (Pr	ior if being demolis				
Name of Monitoring Firm Hillmann Consulti		ing Owner	(8)	ASCM 6225		Name of Abateme						
Street Address	ng			0220		Street Address	uon inc			, ×.		
1600 Route 22 Eas	st					47 Foster Ro	ad					
City, State, Zip Code Union NJ 07083						City, State, Zip Co Staten Island				11120021270		
Project Manager for Mo	nitoring Firm			phone		Telephone No.		License No.				
Brian Nemetz	10	abadulad C		32-616		Name of OSHA N	Annitos	00774				
Start Date (10)/	ACCOUNTS TO THE PARTY OF THE PA	cheduled C				Testor Tech	Monitor					
Occupancy Status Durin						Street Address						
☐ Facility Closed/Vaca☐ Abatement Performe Time of Abatement:	ed Outside of No	rmal Facilit	y Hou	rs - Des	scribe	City, State, Zip C	ode					
Scope of Work (Check a	all that apply)						•		-	-		
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		The second of the second	enovat emoliti			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedur	·e			
	57070-0	1	S Loca Norma						Ab	atem	ent T	уре
Locatio Asbestos-Containing TO BE AB IN Fac (13)	g Material (ACM) <u>ATED</u> ility) Use Ma	ed Sol	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Ist Fl. Hallway and \	/ault Area				VAT/M	astic		150 SF			П	
			Ħ	+-	-	157 <u>11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1</u>						1
	···	- LA	H		 				12			H
Name of Registered Wa	este Hauler			NJDEP.	Waste	Cubic Yards of	Name of Regi	stered Landfill		ш		
Global Waste Indu			1 3	dauler li NJ-22	D No.	Waste 5	G.R.O.W.S					
City, State Hackettstown, NJ						Disposal Date	City, State Morrisville	e, Pa.		ï		
Completed By (Print or Joe Tardy	Type)	Title Projec	et Ma	nager		Signature	incly		ite	-1	13	
ASB-41						1			-	-1		

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



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)					Name of Buildi							
11/21/2013					Exxon-Mobil T	echnology	Corp					
Agencies Notified		Notification	Туре		Street Address	3				2	P	C
(X)EPA		(X) Initial No	otification		600 Billingspor	t Road				13	<i>.</i> . `	C.
(X) DOL		() Amende		ion	City, State, Zip			0	9	7	5,_	4
(X) DOH		() Cancelle			51(), 51415, 215			141.0	· Y	3	-3	101
() DCA		. ,			Paulsboro, NJ	08066			C.	1.0	3	-
(/					Name of Conta			Tel. N		100		2
					Bill Nelson			856-22	4-2498	10 ·	,	", э —
A.		-li Diago	2)	FACILITY IN	FORMATION Type of Facility	. (4)				1	0,_	0,.
Name of Facility Where Al	batement is i	aking Place (<u>3)</u>		() School (K-	American				1	En A	0
Exxon-Mobil Technology					() Subchapte		nan K-12)				Q	1
Street Address					(X) Other (i.e.			gs., hom	es, etc.		3	***
<u> </u>								700 II			en	
600 Billingsport Road			T		Sq. Feet8	3,660	# of Floors	_1			* T.	
<u>City (5)</u>	County (6)		County C		Bldg. Age 89	,						
Paulsboro	Gloucester		(State Us	e Only)	Current Use (p		demolished)	R&D	Admin			
Name of Monitoring Firm	Hirad by Blda	Owner (8)	ASCM No	2	1 0 0 1 1 1 1		Name of Co					
Name of Monitoring Film	med by blug	. Owner (o)	ACCIVITION	<u>J.</u>			NCM Demo			diation. I	_P	
Environmental Manageme	ent Internation	nal					110111 201110					
Street Address		-			Street Address	3					1000	
<u> </u>					395 Turner Inc		/					
34 East Germantown Pike)											
City, State, Zip Code					City State, Zip							
East Norriton, Pa 19401					Aston, PA 190	014						
Project Manager for Monit	oring Firm	Telephone	Number		Telephone Nu	mber	- write	Licens	e Numb	er		
Ray Giordano		610-277-04			1			01066				
Scheduled Start Date (10)	1	Scheduled	Completion	Date (11)	Name of OSH	A Monitor						-
12/18/2013		12/21/2013			EMSL Analytic							
Occupancy Status During	Abatement (Check only or	<u>ne)</u>		Street Address	3						
() Facility Closed/Vacate					107 Haddon A							
(X)Abatement Performed	Outside of N	Jilliai Facility	nouis -		City, State, Zin							
Describe_segregated area	a no other tra	ades			Westmont, NJ							
Doodings_sogregated area	.,				VVCSarione, 140	00100						
Other - Describe -												
Source of Work (Check al	I that apply)											
70 TO 100												
() Demolition (X) Ren	ovation	CMAN (NA De-	-: /> DE -46	0.05 ~~ > 10 < 26	OLEACM) /	\ Minor Dro	oi. (<25 SF or	-10 LE	1000			
(X) Large Proj. >160 SF (X) Full Containment with	or >260 LF A	CIVI) ()IVI PIO	0j. (>25<10) Mini-Encle	0 SF 01 > 10 < 20	u Lr ACIVI) (oj. (<25 SF 01	~10 LF /	(CIVI)			
Location of Asbestos-		ation Normall		Description of			Specify SF or	1 F)	Ahate	ment Ty	ne	
Containing Material (ACM		by Maint./Cu		thermal system		/ uniodine (opeony or or	,	7.00.00			
Facility (13)	Staff?			surfacing, VAT								
	YES	NO	NA	miscell.)					Rem.	Rep.	Encap	Enclose
Guard Shack Bldg. 30		X		VAT/Mastic - I	_inoleum	670 SF			X			
		LAURERIA	<u> </u>	<u> </u>	Louis Vester	510/		Name	- (D	1		
Name of Reg. Waste Hau	ler	NJDEP Wa 20990	ste Hauler I	<u>D#</u>	Cubic Yards o	r vvaste			of Reg. al Landi	Landfill		
Service Transport Group		20990			1 Cyus			impen	ai Lailui	ш		
City, State					Secretary		Disp. Date		T7	City, Sta	te	
Oity, State							12/27/2013			mperial,		
New Castle, DE											AND ADDRESS OF THE PARTY OF THE	
Completed by (Print or Ty	pe)	Title			Signature			Date			A. 10 W. D. D	
	_	Project Mar	nager			1		11/21/	2013			
Russell King		Page 1			1	X						
8=						4						

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J

Notification of Demolition	or Renovation(continued)	ALCOHOLD STREET		
X. Description of Planned Demo VAT/Mastic from connecting roo			lsed: Ren	noval and Disposal of 670 sf of
				20131
XI. Description of Engineering C Demolition or Renovation Site: material, and double bag.				
XII. Waste Transporter#1 Servic	e Transport Group			67 %
Address: 58 Pyles Lane		v		ैं ट
City: New Castle	County: New Castle		State: DE	Zip: 19720
Contact: Randy Bridges			Telephone: 302-	-778-5930 V
Waste Transporter#2 Same a	ns #1			
Address				
City Imperial	County		State	Zip
Contact			Telephone	
XIII. Waste Disposal Site Imper	ial Landfill		EPA Certificatio	n Number: PAD987285624
Address: 11 Boggs Road				
City: Imperial	County: Allegheny		State: PA	Zip: 15126
Contact: Brent Bowker			Telephone: 724	-695-0900
XIV. If the Demolition was Order	ed by a Government Agency, Ple	ease Identify th	e Agency Be	elow:
Name		Title		
Authority	2.04 000.30012.00			
Date of Order (MM/DD/YY)		Date Ordered to	Begin (MM/DD/Y)	0
XV. For Emergency Renovations	s:			
DATE and HOUR of Emergency: (MM/DD/Y)	0	(HH:MM)		
Description of SUDDEN, UNEXPECTED EVI	ÎNT		£	
Explanation of how the Event caused unsat	e conditions, or a serious disruption of ind	ustrial operations		
XVI. Description of Procedures to Fiable Asbestos Material Becomt alert generator				
XVII. I Certify that an Individual, During the Demolition or Renov Person will be Available for Insp	ation, and that Evidence that the ection During Normal Business	Required Trail	ning has Bee one (1) year after	en Accomplished by this
XVIII. I Certify that the Above Inf	~	- L	(0)	h) 410442 ·

X 4895

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

RECEIVED

Date of Notification (1)		Name o	of Building Owner .G.	/Operator	⁽²⁾ 2013 A	104 55 bH)					
Agencies Notified Type Notification			Address HADLEY ROA	AD.	^52¢). 43					
EPA Initial Amended Amendment			ate, Zip Code TH PLAINFIEL	.D, NJ.	07080	LICENSING	A	<i>D</i>				
□ Emergency (i justification) □ DCA □ Cancellation	ncluding	Joh		DLE	ξ¥	Telephone Nu 609-9		5	190	0		
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFORMA	TION	Type of Facility	(4)		5-2X-X				
DSE46 Street Address TRENTON AVE. 4		Tow	57.		School (K- Subchapte			dings,	home	es,		
City (5) ELIZABETH					Square Feet APP× 8002	# of Floors	1	Bldg. A	1	VRS.		
County (6)			Code (7) USE ONLY)		Current Use (Pr	rior if being demolis	shed)		13	7~		
Name of Monitoring Firm Hired by Building C	Owner (8)	ASC	M No.	Name	of Abatement Co	TCH ST Intractor (9)	4/10	<u> </u>				
ENVIRONMENTAL TACTICS		00	45	UNI	QUE SYSTEM	IS OF AMERIC	A					
Street Address 64 BROAD STREET			*	**	: Address WHITEHEAD	AVE.						
City, State, Zip Code MATAWAN, NJ 07747					State, Zip Code JTH RIVER, N	J 08882						
Project Manager for Monitoring Firm TOM GEIGER			one No. 92-2217		No	License 011						
Start Date (10)	Scheduled (/	Date (11)	1/20/20/20	of OSHA Monitor	r IS OF AMERIC	A					
Occupancy Status During Abatement (Check	(Only One)	7			Address WHITEHEAD	A\/E						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility Ho	ours .	Cators only	City, S	State, Zip Code JTH RIVER, N							
Scope of Work (Check All That Apply)				1 300								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	0.0000000000000000000000000000000000000	ovation nolition			Mini-Enclosu Glovebag Pro				-A			
	ls Lo	cation	T		- Non-Exemple	d () and North the	T TO	Abat	ement	t		
Location of	Non	mally Solely by		escription				Ty	ре Г	Г		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi	enance/ ial Staff? 12)	(i.e. therm			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
0 .7. / 0		No N/A	FI OT			40		-	Ф			
CONTROL ROOM	-	X	F/00R 1	LEX	MASTIC	2700 SF						
VARIOUS LOCATIONS IN	1	X	Pipe I	NSu!	Alion	100 LF	1					
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP \ Hauler II 1125	No. of V	ic Yards /aste × 3C	CBOM	f Registered Landf VS NORTH	ill					
City, State ELIZABETH, NJ			Disp	osal Date	City, Sta	ite RISVILLE, PA						
Completed by CAROL RAIMO	E MGR.		Signatur	ral Rac	ma !	Date						

CK ,1892

													t Form
X 48ds	NOTIF (P	ICATION	te of New J OF ASBES o NJAC 8:6	TOS A	BATEM	IENT					20	12.	PACCE PA
Date of Notification (1)		Name of P.S.E.C	Building Ow	vner/Op	perator ((2)			60	7.5	À.	10	کی کی
Agencies Notified Type Notification		Street Ad 4000 H	dress ADLEY F	ROAD)					Ç	10	```````\	Phy
EPA X Initial DEP Amended Amendment #_			e, Zip Code I PLAINF		, NJ. 0	7080						36	(A)
Emergency (incl justification) DCA Cancellation	luding		Contact I C H			uc	iAN;	Telephone	Number 28	er 9-	96	49	
Name of Facility Where Abatement is Taking P	lace (3)	FACIL	III INFOR	MAIN	JN		f Facility (4						
Street Address	CT					☐ S × O	ther (i.e. pr	2) 8 (Other than I rivate & comm		buildi	ngs, I	nome	s,
207 N. DEAN City (5)	3/.					Square	c.) Feet	# of Floors			dg. Aq	ge	
ENG/EWOOD County (6)		County C	ode (7)				t Use (Prio	r if being dem			A		_
BERGEN		(STATÉ U	ISE ONLY)		_	(SUB -	STATIC		90			
Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	mer (8)	ASCM 004			UNIC	QUE S		tractor (9) S OF AMER	RICA		020000		
Street Address 64 BROAD STREET	10.1		,r			Address WHITE	S EHEAD A	VE.					
City, State, Zip Code MATAWAN, NJ 07747						tate, Zip TH RI	Code VER, NJ	08882					
Project Manager for Monitoring Firm TOM GEIGER		Telephor 732-29	ne No. 02-2217		Teleph	one No			se No. 1111				
	cheduled Co	ompletion I					A Monitor YSTEMS	OF AMER	RICA				
Occupancy Status During Abatement (Check C	Only One)	7//				Addres	s EHEAD A	E					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	Facility Hou	ement irs		_	City, S	tate, Zij					8		-
Scope of Work (Check All That Apply)	_					,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov					Min Glo	i-Enclosure vebag Prod	cedure					
	Is Loca				<u> </u>		-cxempted	d (*) and Non-l	Hable	_	Abate	200	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodia (12	olely by nance/ Il Staff?	(i.e. ti	os Cont hermal surfa	scription taining N system cing, VA miscellar	Material s insula AT, or		Amount (Specify SF or LF)	- 1	Removal	Repair	Encapsulate	Enclosure
	Yes No	o N/A		- FARES - T		N		<u> </u>				fe	LU .
OUTSIDE SUBSTATION	×	!	ACM	TRAI	nsite	e P:	PE	704	F	X			
		-								-			
		-					-		-				
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP W Hauler ID 1125		Cubic of Wa				Registered La	ındfill				
City, State ELIZABETH, NJ		1120		2,170	60 sal Date		City, Stat	e ISVILLE, PA	Α				
Completed by CAROL RAIMO		Signature Date 1/19/13						,					

CX 4894

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Date of Notification (1)	100000	Name of Building Owner/Operator (2) P.S.E.G. Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080 Name of Contact Telephone Number															
Agencies Notified Type Notif			Street Address 4000 HADLEY ROAD														
EPA Initial Amer				e, Zip Code		\	10000										
Emer	gency (including	_		Contact					Telephone Number								
	cation) ellation	Fe	ÓΧ	MC.													
Name of Facility Where Abatement	s Taking Place (3)		FACIL	ITT INFO	MATIC		0.0000000000000000000000000000000000000	of Facility (4			(0	.1				
PS EY G Street Address	ii	4.1	_				T s	chool (K-1) subchapter	8 (Other	than K-12)	buildi	nas. I	nome	s.			
996 KL		716	5.				E e	tc.) e Feet		loors		dg. Ag		-,			
City (5) Glouces						A	NIA NI			NIA							
County (6) GLuces			Code (7) ISE ONLY)		_	Current Use (Prior if being demolished)							N				
Name of Monitoring Firm Hired by B	1	ASCM	No.		Name	ne of Abatement Contractor (9)											
ENVIRONMENTAL TACTIC	S		The state of the s							AS OF AMERICA							
Street Address 64 BROAD STREET	§(• %			4			et Address 6 WHITEHEAD AVE.										
City, State, Zip Code MATAWAN, NJ 07747								p Code VER, NJ	08882	2							
Project Manager for Monitoring Firm TOM GEIGER	2500	Telephone No. Telephone No. 732-292-2217					phone No. License to 0111										
Start Date (10) / / / / 3	Scheduled 12	Compl	Tipione ()					ne of OSHA Monitor NIQUE SYSTEMS OF AMERICA									
Occupancy Status During Abatement (Check Only One) Str								eet Address 6 WHITEHEAD AVE.									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours						City, State, Zip Code SOUTH RIVER, NJ 08882											
Other – Describe: 0 47 D						SOL	пнк	IVER, N.	08882								
Scope of Work (Check All That App	150					Г	7					100					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	novatio						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure										
						No.	n-Exempte	d (*) and	(*) and Non-Friable Procedur								
		ocation	r.		1527/000						Abatement Type						
Location of Asbestos-Containing Material (A	Solely		Asbest		escription of ntaining Material (ACM)			An			ш						
Aspestos-Cornali inig Material (AGM) TO BE ABATED In Facility (13) Mainte Custodi (1					thermal	system	s insula				Rer	Re	nca	End			
						acing, VAT, or miscellaneous)			SF OF LF)		Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A								=		ate	ō			
outDoors		X		Soma	stic	P:	PEC	opT: ug	_/	OLF	X						
						-											
					67.	V		l News	Donier	rod I or Jen							
Name of Registered Waste Hauler WASTE MANAGEMENT	Hau	NJDEP Waste Hauler ID No. 1125 Cubic Yar of Waste				ie											
City, State	1	Disposal Da				ate City, State MORRISVILLE, PA											
ELIZABETH, NJ Completed by	, NJ					↑B∆ Signaty											
CAROL RAIMO	OFFICE MGR.						aral Jaims 11/19/13										

				Ctata	of Nov. 1	arsav				20.	PA			Print	Forr		
		NOTII	FICAT Pursi	TON OF	of New J ASBES NJAC 8:6	TOS ABA	ATEM 2:120)		7 3.	13	8 ?	2					
Date of Notification (1) 09/18/2013	Name of Building Owner/Op Liz Allcock						rator (2)	رع ﴿		C PA	ঁ	0				
	Notification Initial	State of New Jersey IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Liz Allcock Street Address 109 Willow Avenue															
EPA DEP DOL		Garwood, NJ 07027															
X DOH	Emergency (inclu justification) Cancellation	ding	Name of Contact Liz Allcock						Telephone Number (908) 956-3930								
				FACILIT	TY INFOR	RMATION		- /	E - 1114 / /41					-	\dashv		
Name of Facility Where Abaten Residential	nent is Taking Pla	ice (3)						☐ Scl	Facility (4) hool (K-12 hohanter 8)	er than K-12))					
Street Address 109 Willow Avenue		2						➤ Oth	ner (i.e. pr)	ivate 8	commercia	I buildir					
City (5) Garwood	2						Square 2,000		Floors	Bldg. Age 80							
County (6) Union		In	Co (S	unty Co	de (7) E ONLY)	17 5		Reside	ential		ng demolish	ed)					
Name of Monitoring Firm Hired by Building Owner (8)				ASCM N	No.		Name of Abatement Contractor (9) Sky Contracting, LLC										
Street Address	/ NOI				2 2 20	2 2013 Street Address 1385 Valley Road,					d, Suite K						
City, State, Zip Code							City, State, Zip Code Wayne, New Jersey 07470										
Project Manager for Monitoring	g Firm		Te	elephone	e No.		Telen	hone *!			License N 00874	0.					
Start Date (10) 09/27/2013	Scheduled Completion Date (11) 09/30/2013						Name of OSHA Monitor Sky Contracting, LLC										
Occupancy Status During Abatement (Check Only One)							Street Address 1385 Valley Road, Suite K										
Facility Closed/Vacated I Abatement Performed O Other – Describe:	During Entire Peri utside of Normal	od of Aba Facility H	ateme ours	nt			City,	State, Zip									
Scope of Work (Check All Tha	at Apply)		-												600mE		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic					Mini × Glov	-Enclosure vebag Pro	e cedure	h Negative I nd Non-Frial						
		Is Lo	ocatio	n				NON Imm	-Exemple	u () ai	iu ivon-i nai		Abate	ement pe	į)		
Asbestos-Containing Material (ACM)		Used Maint Custo	d Solely by intenance/ (i.e. therroot)				Description of surfamining Material (ACM) all systems insulation, facing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
(10)		Yes	No	N/A								<u> </u>		ate	œ.		
Basement x		х				Pipe Insulation 120 LF				120 LF	×						
		-										-					
3						16::			Non	Deel	torod I and	ill					
Name of Registered Waste Hauler Service Transport Group, Inc.				NJDEP Waste Hauler ID No. of Was 20990 2						istered Landfill nterprises, LLC							
City, State New Castle, Delaware						Dispos	sal Da	ite	City, Sta Wayne		g, Ohio						
Completed by Predrag Sarcev	Title Vice President						signat	Date 09/18/2013									
							1							100			