(K 3423

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

Date of Notification (1) 09/26/2104					wner/Operate Schools	tor (	2)	0014	00=	J.					
Agencies Notified	Type Notification			Street Add		30110015			2014	UET	-2 P	₩ 5:	36		$\dashv$
			- 4 3		ware A	ve.									
EPA DEP DOL	Initial Amended Amendment #				e, Zip Cod					£ LI	OENS!	<del>INTR</del> ING	ÛL		and the second second
ĭ DOH	Emergency (ir justification)	ncluding	28 5	Name of (						Telen	those hi	,			
☐ DCA	Cancellation				Onigbo	RMATION				1		. • •			
Name of Facility Where A	400 J.	Place (3)		FACIL	ITY INFO	RMATION		Type of	Facility (4)						-
John F. Kennedy Hi	gh School						_		hool (K-12)						The same of
Street Address 61-127 Preakness A	venue						A STATE OF THE PERSON	T of	ibchapter 8 her (i.e. pri				ings,	home	s,
City (5) Paterson								Square 80,000	Feet	# of F	Tours		dg. A	ge	
County (6)				County C	ode (7)				Use (Prior	1	demolis				
Passaic					SE ONLY)				School	)	g acmon	incu)			
Name of Monitoring Firm	1,000	wner (8)		ASCM	No.				ment Contr			Inc			
TTI Environmental I	nc.			0003				Address	ruction &	nesi	JIAUON	, IIIC.			
1253 North Church	Street								46 Suite	3D					
City, State, Zip Code Moorestown, NJ 08	057							tate, Zip va, NJ	Code 07512			- Control March			
Project Manager for Mon Jim Gallardi	itoring Firm			Telephon 856-84				one No. 256-70		4	License 0666	No.			1
Start Date (10)		Scheduled			NOT THE PERSON OF THE PERSON O				A Monitor	1					
10/10/14		10/13/14			10 10 10 10 10 10 10 10 10 10 10 10 10 1				truction &	Rest	oration	, Inc.			
Occupancy Status During								Address	e 46 Suite	- 3D					
Facility Closed/Vaca Abatement Perform Other – Describe: 5	ed Outside of Norm	al Facility	Hours			City	y, St	tate, Zip							-
Scope of Work (Check A	li That Apply)													***	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ACCOUNTS.	enova				L	Mini- Glov	Containmer Enclosure rebag Proce Exempted	edure				•	
		let	Locat	ion			_	1 11011	LACITIFICA	) unu	TOTAL TRA		Abat	ement	
Location	ı of	N	orma	lly		Descrip	tion	of					Ty	pe I	_
Asbestos-Containing TO BE AB In Facil (13)	ATED	Mair	ntena	ety by nce/ Staff?		tos Containin thermal syst surfacing, other misce	VA	s insulat T, or		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								2	THE PERSON NAMED IN	ate	.e
Rooms 251,34	8,351,352		Х			Table	Top	ps		18	0 SF	X			
												-			-
			,												
Name of Registered Was			- 10 O	NJDEP W Hauler ID		Cubic Yard of Waste	ds		Name of F		ed Land	fill			
Bako Construction 8	Restoration, Ir	IC .		0889		TBD			G.R.O.V						
City, State Totowa, NJ			Disp TBI				Date		City, State Morrisvi		4				
Completed by Damir Valjevac		Title Projec	ct M	anager	10	Signa		w/	lase	a		Date 09/26/	2014		
		1				1//	·VV	(	/		1_		-		

(K 465)8

				Name	e of Building Ov	ner/Operato	r (2)			
Date of Notification (1)				RICH	ARD AND LISA	STEIMEL			A 100	
3 / 14 /14				Stree	t Address		9016 050 6	20 011		
Agencies Notified Type Not	ification		er 400 u 50 (03 (04 (04 (04 (04 (04 (04 (04 (04 (04 (04	444 L	AKE ROAD		2014 SEP 2	'9 FM	5: 0	
DEP Am	ial Notification ended Notifica ncellation				State, Zip Code KOFF, NJ 07481				1	
	Hold IERGENCY N	OTIFIC	ATION	100000000000000000000000000000000000000	of Contact IARD STEIMEL		Telephone	Number		
			FACILIT	YINFO	RMATION				-	
Name of Facility Where Abatement 444 LAKE ROAD, WYCKOFF, NJ 074		ce (3)					cility (4) of (K-12) napter 8 (Other th	an K-12)		
***************************************							(ie. Private/Comr		., home	s, etc.)
Street Address 444 LAKE ROAD						Square Fo 1,776	eet # of Floor	ors	Bldg. / 68	_
	unty (6) RGEN				ty Code (7) USE ONLY)		(Prior if being de	emolished	)	
Name of Monitoring Firm Hired by E CTSI	Building Own	er (8)			ASCM No. 17	PAR ENVIR	patement Contra CONMENTAL CO		TION	
Street Address 622 GEORGES ROAD						Street Addre 313 SPOOM	ess CROCK ROAD			
City, State, Zip Code NORTH BRUN	ISWICK, NEV	V JERS	EY 0890	12		City, State, 2 SUFFERN,	Zip Code NEW YORK 109	901		
Project Manager for Monitoring Firm		Teleph	one Nun	ber		Telephone N	Number	License I	Vumber	
KYLE KRUGE			7-5644			845-369-75		460		
Expected State Date (10)			pletion	0.0377		Name of OS		. 14		
10 / 6 /14 Month Day Year		10 /		17 Day	/14 Year	QUALITYE	NVIRONMENTA	(L		
Abatement Performed Outs X Other - Describe: 8Al  Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	M to 4:30 PM		Hours -	Describ	Full Conta X Mini-Enclo	inment with N	Zip Code APPINGERS FA egative Pressure		2590	
Location of	I le	Locatio	n		Description of As			LAH	atomor	nt Type
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	norr s Main Si	nally us olely by t/Custo taff (12	dial	in	containing Materia (ie. Thermal systemation, surfacinor other miscella	at (ACM) stems ng, VAT,	Amour (Specif SF or L	nt REM	REPAIR	ENCAPSUL
BASEMENT		>	BO	I FR IN	SULATION		60 SF	х		
BASEMENT		>			NG INSULATIO	N	10 LF	X		
			#							
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler ID No. 15939				s of Waste 10	LYCOMING 447 ALEXA	gistered Landfill COUNTY RESONDER DRIVE/RO		IANAG	EMEN
City, State FREEHOLD, NEW JERSEY				oosal Da 06-10/17		City, State MONTGOM	ERY , PA 17752			,
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR	R OF O	PERATION	ONS	Signature			Date 9	26	114

			NOT	FICA	TION OF A	New J	Brsey FOS ABAT 7 and 12:12	EMENT					
Bets divide	***************************************		7.	4100				Owner/Operator	M	-			
Date of Notification (1)					\i	RICHAF	ED AND LE	SA STEIMEL	(2)				
9 / 29	194					Street A				~			
Agencies Notified Type	Notificati	on					E ROAD					All Property	
EPA	Initial No	tificat	ion		L								
DEP	Amende	d Not	ficatio	n	K	AUY, SIZ	te, Zip Cod	B 184					
X DOL	Cancella				1		11,1000/1	101					
DCA	On Hold		8		Ī	tame of	Contact		ITalanh	ana M.			
DOA _	EMERG	ENC	NOT	<b>IFICA</b>	TION F	RICHAR	D STEIME	L		TAME IME	mber		
Name of Eacilly Miles are 85 of				F	ACILITY I	NFORM	ATION					18	
Name of Facility Where Abatem	ent is Tal	ding F	lace	(3)				Type of Facil	the (A)		-	_	
444 LAKE ROAD, WYCKOFF, NJ	07404	-11						School (	K-12)				
	0/481	H							ter 8 (Oth	or than	K-92\		
Street Address		-						X Other (ie	. Private/C	ommel.	blolos	hon	nec' etc
444 LAKE ROAD								Square reet	# of	Floors	T	Bldg	Age
City (6)	County (	(8)			7 6		ode (7)	1,776		1		6	8
WYCKOFF	REPORM				(ST	ATE H	E ONLY	Current Use (F	rior if bein	g demo	lished)		
Name of Monitoring Firm Hired t	y Buildir	10 0	mer (	8)	1011		ASCM No.	PRIVATE RES	SIDENCE				
CTSI Street Address						1 '	17	Name of Abat PAR ENVIRO	ement Co	ntracto	w (9)		
622 GEORGES ROAD								Street Address	MACHIAL	CORP	ORAT	ION	
City, State, Zip Code								313 SPOOK R		0			
	1 13 150 5 4 6							City, State, Zip	Code		-		
NORTH BR Project Manager for Monitoring Firm	UNSWIC	K, NE					200 - 200 - 00	SUFFERN, NE	W YORK	10901			
KYLE KRUGE	1				e Number			Telephone Nun	nber		ense N	umbe	r
Expected State Date (10)		Tar	908	377-	5644			845-389-7500		460			
4- 1	114	SCI	ied. C	iompi D/	etion Date		52/12	Name of OSHA	Monitor	,			
Month Day Yes	DP .	l M	landle.	0 /	Day	17	/14	GRATILA ENA	IRONMEN	ITAL.			
Occupancy Status During Abatemen	nt (Check	make o	Loren	-	THE RESERVE OF THE PARTY OF THE		Year	Street Address					
X Facility Closed/Vacated	During En	itire P	eriod	of Aba	stement			1376 ROUTE S	M				
Abatement Performed O	utside of I SAM to 4	Norm	al Fac	ility H	ours - Dear	cribe:			•				
ET GUICH - DESCRIBE.	24460 103 49	:30 P	NE					City, State, Zip	Code				
Scope of Work (Check all that apply)	<b>S</b>						70	WAPF	INGERS	FALLS.	NY 12	590	
Demolition		Ren	ovatio	n		V	Mini-Enci	imment with Nega	tive Pressi	are .			
X >3SF OR LF	-	1				<u>^</u>	Gloven-Cittle	z , J Procedure					
>160 SF OR 280 LF							Non-Frlah	le Procedure				*	
Location of		18	Loca	tion	T	Descr	iption of As		T -		T		
Asbestos-containing			mally		1	Contain	ning Materi	el (ACM)	Amo	n servir	Abai	emer	t Type
Material (ACM)		1	solely	Dy	1	(le. '	Thermal sy	stems	(Spe		ŝ	REPAIR	2
TO BE ABATED in Facility (13)			WCus		1	insulati	ion, surfaci	no. VAT.	SF or		ò	ě	X
in racinty (13)			No		1	or all	er miscella	neous)		/	REMOVAL	70	ENCAPSUL
	_	163	11/00	1									F
ASEMENT			_	X	BOILER	INSULA	TION		60 SF		x		
MASEMENT				x	PIPE FIT	TING	ISULATIO	M			-	_	-
							10001110		10 LF		X		$\vdash$
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ame of Registered Waste Hauler		NJD	PW	ente	Cubic Yar	rie of M	landa.	Name of D					
REEHOLD CARTAGE, INC.			TID N		- Table 14	03 OF W	GAUS	Name of Register	ned Landfill				
25 HIGHWAY 33			15939					LYCOMING COL 447 ALEXANDE	D DDWE WES	OURC	E MAI	VAGE	MENT
ity, State					Disposal [			City, State	LURIVE	COUTE	15		
REEHOLD, NEW JERSEY ompleted by (Print or Type)	-				10/06-10/			MONTGOMERY	. PA 1775	2			
ENJAMIN SANCHEZ	Title	^T^-	05		4774	Signa	ye -	2		Date	01		7
The state of the s	DINC	JIUN	UP (	JPER	ATIONS					Date	710	39	10

NO CK

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7)

								"ILUE	IVE		
Date of Notification (1) 04/11/14					Building Owner/O J Department of			4 OCT -2		<del></del>	
Month/Day/Year				-				- 001 - 2	rH 2:	62	-
	Type Notifi			Street Add							
x EPA	]	Initial		50 Barrac	k Street		45	BESTES (	Samo	5711	
x DEP		Notifica	ation	City, Stat	e, Zip Code			& LICEN	CITIC	TUL	
DCA	4	Amende	d	Trenton N	J 08608			W LICEN	SING		
x DOH		Notific	ation	Name of C	Contact			Telephone Ni	umber		
		Cancella	ation	Craig Cod	ły						
					TY INFORMAT	ION			_	-	
		. 701	(2)	PACILI	11 LITORWAI	1011	I m CE W	· (A)			
Name of Facility Where Abaten		mg Place	e (3)				Type of Facility				
Marlboro Psychiatric Hospital								l (K12) apter 8 (Other	. 41 T/1	12)	
				100-00				(i. e. Private &			
Street Address								(i. e. Private e lings, homes, et		CIM	
346 Newman Springs Road										-	
					To Co	<u></u>	Square Feet	# of Floors	Bldg. A	ge	
City (5)		County			County Code		0	70+ bldgs	100+		
Aarlboro Township	l)	Monmo	uth Cour	ıty	(STATE USE ONLY	r)	Current Use (P	rior if being de	molished	)	
						П.,	vacant				
Name of Monitoring Firm Hire			er (8)		ASCM No.		of Abatement Co				
accredited Environmental Tec	hnologi <mark>e</mark> s, I	nc.			N/A	Assoc	iated Specialty Co	ntracting			
Street Address						Street	t Address			Collins a sile	
28 North Pennell Road							Crue Avenue				
70 1 TOTAL T CHIER KOMU											
City, State, Zip Code							State, Zip Code				
Media, PA 19063						Glen	Mills, PA 19342				
Project Manager of Monitoring	g Firm			Telephone	e Number	Telen	hone Number		Licenc	e Numb	er
David Turotsy					114		64-9622		1103		2.50
						1					
Scheduled Start Date (10)	uled Start Date (10) Sched.				e (11)		of OSHA Monito		S 8		
04/28/14		-		05/28/15	5	Accre	edited Environme	ntal Technologi	es, Inc.		
Month/Day/Year			M	lonth/Day/Ye	ar						
Occupancy Status During Abat	ement (Che	eck only	one)			Street	t Address				
x Facility Closed/Vacated	l During En	ıtire Per	iod of Al	patement		28 No	orth Pennell Road				need the
Abatement Performed	Outside of I	Normal	Facility			City,	State, Zip Code				
Hours - Describe:							a, PA 19063				
Other - Describe:	7700 1212	DID O I IV			<del></del>	1					
						Щ					
Scope of work (Check all that a	pply)					X	Full Containme		e Pressu	re	
x Demolition			x	Renovatio	on	x	Mini - Enclosu	re			
>3 sf or >3 if						x	Glovebag Proc	edure			
x >160 sf or >260 lf						XX	Non-Friable Pr	ocedure			
		Is		T			T	Ι Δ	batement	Type	
I agation of		Locat		Dos	scription of		1	A	T	E	T E
Location of Asbestos - Containing		Norma			tos-Containing		Amou	nt R		N	N
		Used			erial (ACM)		(Speci		R	C	0
Material (ACM)		Solel			hermal systems		SF or	- 1	E	A	I
TO BE ABATED						r			P	P	1
In Facility		by Ma			n, surfacing, VAT	٠,	LF)	v		S	1
(13)		tenan		or other	r miscellaneous)			1 300	A	U	1
		Custo		1			1	A	R	L	F
		Staff (		4				L	K	l r	E
		Yes N	o N/A	<b>+</b>			+		-	-	E
ee attached sheets											
See 1 = 1 15 1	+										
See high ligh							<del> </del>		+	+	+
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				<u> </u>			1,				
Name of Registered Waste Hav	ıler		540.50	EP Waste	Cubic Yards		Name of Regist	tered Landfill			
A 11	T			ler ID No.	of Waste						
Allstate Power Vac,	inc		##		3700	Congress person	Minerva Land	till			
City, State					Disposal Date	2	City, State				
Rahway, NJ 07065					As needed		Waynesburg, C	H			
			locus.			T ce				In-t-	7
Completed By (Print or Type)			Title			Signa	Ture VI	me		Date	1.
John Heemer			Proj	ect Manager		11/	1/ 140	me		1 9/	30
ABS-41			-	ndanii waaksee		11	7700		7	1	1
JUN 95						-//	7			8.5	G46
01170						11					120000

CK 1496

SEP-26-2014 13:52 From: SKY CONTRACTING LLC 19739285042

To:16096330664

Page: 2/5

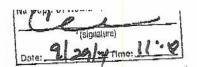
RECEIVE	ED									15	Print	For
2814 BET -2 PM Deu of Notification (1)	0.50	OTIFIC	St.	ne of New Jo Of Address	OS ABATEN	MENT []	OL - 10	DAV	*****			
2014 OCT -2 PH	Z: 39	(Pu	raught	rece Salk of	and 12 1201	, DI	7 10	NAI				
9/26/2014	TRO	1	lame of	Building Own	Br/Operator (	(2)			+	-+~		$\neg$
A PACCIFEC CIT	MIRI	L   '	Ridge	Crossing L	LC	1 .	-1	1	1,	1		
Agendes Noutled Type Notice at pa	NG		P.O. B				to Vin	111	1	-		7
E DEP Inkiel Amended				te, Zip Code			BA NOA	1				
Amandment Amandment	Ø			ne, NJ 070	102	WAIV	ER APP	BUM	in			
DOH Juelfloetlon)		7	ama d	Contact		YYMIV		IV()/I	ニレノ			4
DCA Cancellation	1 -			chae Rista					33	4		
Name of Facility Where Absternant is Tekin	rg Flace (3	5	FACI	LITY REOR	ATION	Type of Fa	-ING. 743					$\exists$
Building 18A						GEN						1
Strei Address 590 Belleville Tumpike						T Bubel	ol (K-12) hapter 8 (Other	Pan K-1	2)			1
CIP (3)	1:					Other etc.)	(i.u. privata &	40mmere	ial bulle	ilingo, h	omeş,	
Keginy						Square Fee		- loons	1 2 2 2 1	ide. Ap	D	$\dashv$
Daunty (8)		1.0	ALIAN I	Add 17)		12,000	2		0	0		
Hudson	J.		STATE	ode (?)		Resident	tiel Com	g damolig	hed)	di.		
Name of Monttoday Firm Hired by Building	Ommer (6)		ASCA	Na.	Agentie 2	or momental	m Contractor (	AERCI BI	ist/	MA	es	7
Health & Safaty Services, Inc.	\$ . *				Sky C	Contraction	ig, LLC	7.0	1	7		1
318 12th Street	3					Addrage.				#	~	$\dashv$
City, Siste, Zip Code		-				VEHEY RO	oad, Sulte K					_
Hammonton, NJ 05037							ersey 0747	D				
Project Menager for Monitoring Firm			'elepho		Telaph	gne No.		License I	₩o.			-
Stert Date (10)	( Sabaratul			704-8850		928-504		00874				- [
B/29/2014	10/08/2		ptetion	Date (11)		O OSHA MA						7
Occupancy Status During Abatement (Cher						Address	ig, LLC					
	Barlod of t	Natam.	an)				oad, Suite K	1				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non- Other - Describe:	rud Fachly	Hours	<b>9</b> 111		City, 8	ale, Zip Co	de					$\dashv$
Respe of Work (Charak All That Apply)					Wayr	10, New .	Jersey 0747	0				
The beautiful was proposed and post of a recommendation of the state o	P .				pa		- Indiana					
#3 af or 23 h 2189 af or 2380 if		lemovet lemovet		29		Full Con	Sement With	Negalive	Pyterus	m		- (
	0.000					Gloveba	ig Procedure impled (*) and	N-n Fra	N- 5-			
	ls:	Locatio	n			1 19917-00	IEIDIAG () Sha	NON-PILE		Abster		-
Location of	T	demail delas b		24	Description	of				Typ		
Anbeston-Combining Material (ACM) TO BE ABATED	Mu	intenso ladiel 8	Dia	(1.e. the	Containing M mail systems	Insulation.		ngunt. secify	70		ě.	Enclosure
in Fadility (13)	200	(12)	Law?		ourleading, VA'	T, cor		or LF)	Remous	To the		Enclosure
	Yere	No	NA		and: Indibidual Cit	eous)			重	1	- 42	5
Throughout 2nd Floor	+	×			Floor Tile		-+		+-	1	) (55)	-
2nd Floor Ceiling	+	×	$\vdash$	Communi			_	06 SF	X	-	10	_
Main Envence Highest Roof	+		<u> </u>		sed Board			05 SF	×	1	73	
Lower Warehouse Roof	+	×	_		ofing Mem		_	90 SF	14	1	5	
Isme of Registered Weste Haute		X	DEPW		oding Flas			OLF	ж		之	
		l Ho	auler ID	No. 0	Visio Yards Waste		me of Register				7	
POTYTCH I THITISPIDIT GROUD. INC.		20	990		s Needed		inerva Enter	prises,	LLC			
	7-				Isposal Date	CI	A' BIWE					
City, State	,							Ohla				1
Barvica Transport Group, Inc. City, Suta tiew Castle, Delaware Completed by	Tipa				BD	W	synesburg,		- Andrew			4
City, Suta lew Castle, Delawere		Presk	ient			W		TE	iate 0/26/2	D14		-

CK 000 289

			(F	wrauant	to NJAC 8	:60 and	d 12:120	)	RE	CF	IVE	- pc				
Date of Notification (1) 09-26-14					f Building C Aarkovic	wner/C	Operator (	(2)	2014 007		7 6	<del>- D</del>				
	Type Notifica	tion		Street A 707 W	ddress food Ave	•			A SOCO	-2	PH 2	2: 3	8			
DEP DOL	Amenda Amenda	nent #			nte, Zip Coo e NJ 072				ASSEST & LI	CEN	CONT	RO	L			
DOH DCA	justifica Cancell				f Contact Markovic					Tels	phone A	Vie seroch	r Of			
				FACI	LITY INFO	RMATI	ION									
Name of Facility Where A Private Residence	batement is 1	aking Place	(3)	V 22					of Facility (4) School (K-12)	)						
Street Address 707 Wood Ave.								N	Subchapter 8 Other (i.e. pri etc.)				build	ings,	hame	es,
City (5) Roselle								-	are Feet	# of	Floors		BI	dg. A	ge	
County (6) Union					Code (7) USE ONLY)			Cum	ent Use (Prior	if beir	ng denno	lishe	d)			
Name of Monitoring Firm	Hired by Build	ding Owner (8	3)	ASCA	I No.				stement Contracting LL		(9)					
Street Address	erne en e						Street /	Addre	33				-	-		
City, State, Zip Code	itate, Zip Code						City, S	tate, 2	Zip Code							
Project Manager for Monit	lanager for Monitoring Firm				ne No.		Teleph	one N			License					
Start Date (10)		Schedu	uled Co	mpletion	Date (11)		201 2 Name		9603 HA Monitor		01206				4	
10-07-14 Occupancy Status During	Ababamant /	10-08					Delfa		ntracting LL	C						
Facility Closed/Vacar Abatement Performs	ted During En	ntire Period o	Abate				522 7	th S								
Other - Describe: 8:	00 AM- 5:00 I	PM							y NJ 07087	<u> </u>						
Scope of Work (Check All ≥3 sf or ≥3 if ≥160 sf or ≥260 if	That Apply)	B	Renov				Xod	Mi	uli Containmer ini-Enclosure lovebeg Proce on-Exempted	dure					Ř	
			ls Loca		1									Abate	pe pe	ì
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACI)	<sup>(1)</sup> N	Normi led Sol lainten stodial (12)	lety by ance/ Staff?		os Con therma surfa	escription taining M Il systems icing, VA' miscellan	lateria insul T, or	lation,	(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Baseme	ent	168	X	INT	<del> </del>	pipe	insula	tion		9	0 LF	-	K		-	H
Name of Registered Wast	la Hauler			NJDEP V	Vaste	Cuhin	Yards		Name of R	egiste	red Lan	dfill				
Delfa Contracting LLo				Hauler ID 35240		of Wa	iste		Tullytown	n Re			COVE	ary F	acili	ty
City, State Union City NJ						Dispo 10-09	sal Date 9-14		City, State Tullytow							
Completed by Jaime Delgado						\$	Signature	1	D			Date 09-		4		

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

Date of Notification (1) Aug.	6, 2014		Name of Bu	uilding Ow	ner/Operator (2)	South Brunswid	k Board of	Education	on / /~ ~	
	tion Type		Street Add	ress	4 Executive Drive	201	A GCT		CD	
	ial Notificat ended Certi celled		City, State,	Zip Code	Monmouth Junction	, NJ 08852 Δ **	4 007 -	2 PM	2:57	
	mergency		Name of C	ontact Jo	hn Bruff	Tel. Number	€ 732 29 £	7800 N	TROI	
4			FA	CILITY IN	FORMATION			voi#(	3	
Name of Facility Where Abater Crossroads Middle School	nent is Tak	ing Place (	3)	(X)	e of Facility (4) School (K-12) Subchapter 8 (other tha	an K-12)				
Street Address 635 Georges	Road		J	()( Sa.	Other (i.e. private & cor Feet 30,000 # of Flo	nmercial bldgs. ors 3 Bldg.Age	70			
City (5) County (6) Monmouth Junction	5)	County C (State Us			rent Use (prior if being School	demoilsned)_	Municipal C	nnice		
Name of Monitoring Firm Hired Owner (8) Briggs Associate	-	ASCM N	lo. 00004	***************************************		Name of Cont Academy C		on, Inc	;	
Street Address 3 Crosswick	s Street	/				Street Addre	<u>ss</u> : 205 Rt	46W, S	Suite 14	
City, State, Zip Code Borde	ntown, Ne	w Jersey	08505			City State, Z Totowa, NJ				
Project Manager for Monitoring Mike Hoodak	a Firm	Teleph	none Number	609-29	98-5520	Telephone N 973-832-424			<u>License I</u> 01155	Number
Scheduled Start Date Sept.	25, 20 <mark>1</mark> 4	Sched	luled Complet	ion Date	Sept. 27, 2014	Name of OS	HA Monito	r: none		
Occupancy Status During Aba (X ) Facility Closed/Vacated D ( ) Abatement Performed Outs	uring Entire	Period of	Abatement							
Source of Work (Check all tha () Demolition ( X ) Renovatio () Large Proj. (>160 SF or >2 ( X ) Minor Proj. (<25 SF or < ( ) Full Containment with Neg	n 50 LF ACM 10 LF ACM	1)			10 <260 LF ACM) ebag Procedure (X) Ir	itact Removal:	Wrap & Cu	t		
Location of Asbestos- Containing Material (ACM) in Facility (13)		tion Norma by Maint./0 (12)		therma insulati	otion of ACM (i.e. I systems on, surfacing, VAT, r miscell.)	Amount (Spec LF)	ify SF or	Abater	ment Type	
	YES	NO	NA	[			Rem.	Rep.	Encap	Enclose
Auto Shop	X			Pipe fit	tings Insulation	Wrap & Cut	12 LF			
Name of Reg. Waste Hauler Academy Construc	tion	100	EP Waste Hau		0034422	Cubic Yards o		OVES	g, Landfill	
City, State: Totowa, New	lersey		A Augustia			Disp. Date: 9	/27/14		State: isville, PA	
Completed by (Print or Type) Frank Marino		<u>Title</u> :	VP Operation	ons	1	Signature	15	Date	Sept. 23,	2014



.7hrs	48	F. Commission of Pro-
REC	-	
Ch# 0	V	BED

Date of Notification (1)				Name of	Building	Owner/O	perator (	2)	V 201	1007_	2 -	- 11000	7 17 33	
9/29/14				Legow	/ Manag	pement				٠, -	< P	1 2	27	i.
Agencies Notified	Type Natification			Stroot Ad	dress outh Liv	inneton	AVA		455	ESTOS LICE	· co.		47	
	Initial .		-		te, Zip Co		NVG.			FILE	10/12	TR	ra :	
DEP DOL	Amended Amendment	#			ston, N.					02	MICH	$G^{''}$	O.L.	
1	Emergency i		-		Contact				<del></del>	Telephone I	limber			
DOH DOA	justification) Dancellation			John	CONTRACT		57			(distribute t	4GIIIDGI		3	9
H Pan	End Citizendhar				LITY INFO	OPRIATIO	OM	-349H978H11		•				
Name of Facility Where A	batament is Takin	g Place (3)	_	IAVE	CITY STAFF	ONIGATI	OH .	Type of Fa	cility (4)					
Brandywyne East A	pt. # 96A							TT School	ol (K-12)					
Street Address								Subcl	napter 8 (C	Other than H				
Brandywyne East C	ourt							Other etc.)	(i.e. prive	bs & comme	ercial bull	idings	, hom	es,
City (5)	1							Square Fe	et i	of Floors	T	3ldg. /	Age	
Brielle, NJ								2500	1	1	1	50±		
County (6)			T	County (	Code (7)			Current Lis	e (Prior if	being demo	lished)			
Monmouth				(STATE L	JSE ONLY	)	-	Apartme	nt Unit	- 5				
Name of Monitoring Firm	Allred by Building	Owner (B)		ASCN	No.	1	Name	Abateme	nt Contrac	tor (8)		- V		
n/a				n/a			Lozn	ica Mana	gement	Corporat	ion			
Street Address					1-15-3	- 1	Street	Address			***************************************			
n/a							22 Tr	oy Lane					1	
City, State, Zlp Code								ate, Zip Co						
n/a							Linco	in Park,	NJ 0703	5				
Project Manager for Mont	toring Firm			Talapha	ne No.			one Na.		Licens				
n/a				n/a		l		706-7950		0119	3			
Start Date (10)		Scheduled		npietion i	Date (11)			of OSHA M	10.00					
10/1/2014		10/2/20							gement	Corporat	on		- 1	
Occupancy Status During	Abatement (Chec	k Only One	<u>*</u> )					Address					40	
Facility Closed/Vacs	ted During Entire I	Period of Al	nedac	nent		ļ		by Lane						
Abatement Performe Other – Departue:	d Cuiside of North	usi Lection	Ноцга	5				ate, Zip Co		_				
	Then Assets						Linco	oln Park,	NJ 0703	5	-			-
Scope of Work (Check All	Triet Appty)	H-104											35	
실 23 sfor 23 lf 점 2180 sfor ≥260 lf			יווסעם וווסמו				H	Full Con Mini-End		vith Negativ	e Pressu	ira '		
		L. 0.	MINOR	lot				Gloveba	d Procedu	ire			.!	
							PS	Non-Exe	mpted (*)	and Non-Fr	iable Pro			
		100	ocaf	1000 PM 1000 PM					1		1		ement	t
Location		Deed	Sole Sole				cription				-	<del>1 ''</del>	pe :	
Asbestos-Containing I		Melr	tene	nces/	Asbest /i.e	tos Conte	sining Ma	aterial (ACT Insulation,	A)	Amount (Specify	77		Enica	m
In Facilit		Custo	địai 9 (12)	Staff?	ino.	surfac	ing, VAT	, or		SF or LF)	Remova	Rep		Endo
(13)		-				other m	riscelland	cone)			EN C	pair	osulate	8,11180)
		Yes	No	N/A			200000000000000000000000000000000000000						40:	1
Throughout Ap	Throughout Apartment x						VAT			333 SF	x			
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	A CONTRACTOR			John A		of Wes		1		istered Land				
Loznica Managment	Corporation		1 613	3137		TBD	20	G.	R,O,W,	3. Landfill				
City, State							al Date		, State					-
Lincoln Park, NJ 070	35	92000		-8		TED		Mo	arrisville	, PA 1906	7 .		i	
Completed by		Title				Sj	ignature		_		Data		:	
E. Cirovic	rovic Secretary						17	nòn	n		9/29/1	4		
					- 1	414	1 WI			2,201.				

Do not use this form for asbestos Ilcansura exempted activities.

Punt Form

## CK 1495 RECEIVED

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PM 2: 6					Owner/Operator E. Harris	(2)	N	deptyp Clay	Health	Sen	or Se	rvice	2
Type Notifice	ien .				Road	-77650	Dat	. 9		8	1:5	140	111
Amende Amendm	ent#	_[						.,					1
justificati	on)		Mrs. B	lanche	E. Harris			Tele	ephone t	Vumber			
Abatement is T	aking Place (3)	)	FACI	LITY INF	ORMATION	Type of Fa	cility (	4)				_	1
						☐ Subc	hapter	B (Othe	er than k	(~12). ercial bu	ldings	, hom	nes.
						Square Fo		# 01			Bidg.		-
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Hired by Buildi	(S) renwO gri		ASCN	1 No.		of Abateme	nt Cor		(P)		<b></b>		-
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Ct Manager for Monitoring Firm  Date (10) Schedu					(973		0					edilee.V	į
	9/27/20	14	npletion I	Date (11)	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			С					i
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Material (ACM)	Used Mai	Sole	ly by nce/	Asber	tos Containing N	Naterial (ACI	M)					T	·
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ent		INO	IWA	Pi.	ne Insulation	2 fillings	-		ele.		-	10	4
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ta Hauler					<u> </u>			15					$\mathbb{T}$
		H	lauler ID		of Waste								1
re					Disposal Date TBD	1 2 2 2 1 2 2 1			Ohía				1
	Title			·	Signatur		-			Date			1
	Amende Amende Amende Emerger justificati Cancello Cancello Abatement is Total Abatement (Cated During Entred Durin	Amended Amendment # Emargency (including justification) Cancellotion  Abatement is Taking Place (3)  Abatement (Check Only One 1)  Betted During Entire Period of A 1  And Outside of Normal Pacility Abatement performed within under 1)  And That Apply)  Is Noted Main Customed Within Customed Marial (ACM)  ATED Amendment (ACM)  Am	Amended Amended Amendment #_ Emergency (Including justification) Cancellotion  Abatement is Taking Place (3)  Abatement is Taking Place (3)  Abatement is Taking Place (3)  Abatement (Check Only One)  ated During Entire Period of Abatement During Entire Period of Abatement ed Dutside of Normal Facility Hours Abatement performed within unoccur.  If That Apply)  ATED Is Local Normal Used Solie Maintena Custodial (12)  Yes No ent X	Street A   1115 Street A   1	Street Address 1115 Sussex  Amended Amendment # City, State, Zip C. Teaneck, NJ ( Rame of Contact Mrs. Blanche  FACILITY INF  Abatement is Taking Flace (3)  County Code (7) (STATE USE ONLY (	Amended Amende	Street Address   1115 Sussex Road	Street Address   Stre	Type Neffication  Sirect Address 1115 Sussex Road  Amended Amendment # Ester Hadres 1115 Sussex Road  Date: 91  Teaneck, NJ 07866  Name of Contact Mrs. Blanche E. Harris  FACILITY INFORMATION  Type of Facility (A)  School (K-12) Subchapter B (Orin Other (La, private & etc.)  County Gode (7) (STATE USE ONLY)  Current Use (Prior if bein Residential 1385 Valley Road, Sulte if City, State, 2ip Code Wayne, New Jersey 0747  Telephone No.  Scheduled Completion Date (11)  Scheduled	Steet Address   1115 Sussex Road   Dato: 9 24 16   City, State. Zip Code   Teamerogency (including justification)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Subchapion (Comercial Adament is Taking Place (3)   Type of Facility (#)   School (K-12)   Type of Facility (#)   Type of Facility	Type Nelsiscation	Street Address 1115 Sussex Road Date: 121 Substantial Replace (3)  Street Address 1115 Sussex Road Date: 121 Substantial Replace (3)  City, State, 2/p Code Amendment # Teaner(k, N J 07666 Name of Contact Subdrapting (Other than K-12)	Steet Address   Steet Addres

(K 2887

	N		CATION	te of New OF ASBE to NJAC 8	STOS	ABATE		.es	F	PEC PT-2	E	V			
Date of Notification (1) 04/01/14			Name of COL-M	Building C	)wner/	Operator	(2)	Ž	0/4 0	CT -2	,	**	<del>(</del> 1)		
Agencies Notified Type Notification		1 3	Street Ad		IZI INI	CTDE	ET.	43	BFC	ir.	C	15	: 66		
EPA Initial		_	0.100.000 100-0.00	4 FRAN te, Zip Coo		SIRE			2/	S C	Chi	17.			
DEP Amended Amendment				MFIELD,		7003			-/	CEN Senhone	SIN	CAR	01		
Emergency justification)  DCA  Cancellation		11 3	Name of DAVID	Contact	ζ.	part			Tele	enhone I	Numb	nar			
N	- DI (2		FACI	LITY INFO	RMAT	ION	Tuna	of Facility (	4/						1.11.554
Name of Facility Where Abatement is Takin	ig Place (3	)					-		160						
Street Address 210-214 FRANKLIN STREET								School (K-1 Subchapter Other (i.e. petc.)	8 (Othe			build	ings,	home	es,
City (5) BLOOMFIELD, NJ								e Feet	# of	Floors		BI	dg. A	ge	
County (6)			County C	Code (7)			Curre	nt Use (Pri	or if bei	ng demo	olishe	d)			
ESSEX COUNTY			STATE	JSE ONLY)		_		TI-FAMI							122223-24
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	l No.		111		tement Cor PROFE							
Street Address							Addres	SOVE CO	DURT			-0.00			
City, State, Zip Code				2		100000000000000000000000000000000000000		p Code DD, NJ 0	8701						
Project Manager for Monitoring Firm		T	Telepho	ne No.			hone No 668-9			Licens 1200	e No				
Start Date (10) 10/21/14	Schedule 10/22/		pletion i	Date (11)				HA Monitor PROFE	SSIO	NALS					
Occupancy Status During Abatement (Che	ck Only Or	ne)					Addres				7.5				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:						City, S	State, Zi	DOVE Co p Code			+	-			
					_	LAK	EWO	DD, NJ 0	8701						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renoval Demoliti					Mir Glo	I Containm ni-Enclosure ovebag Pro n-Exempte	e cedure					е	
	Is	Locati	on						-					ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel iintenar todial S (12)	ly by nce/		os Co therma surf	escription ntaining I al system facing, V/ miscella	Material as insula AT, or		(5	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A											е	
BASEMENT	X				WA	TER T	ANK		2	0 SF		X			
BASEMENT	X					PIPINO	3		18	50 LF		Х			
										Wasses					
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W auler ID 1509		(*) (15-U.V.V.)	c Yards aste		Name of IESI	Registe	ered Lan	dfill				
City, State NEWARK, NJ						osal Date 2/14	9	City, Stat		1 PA	T			200	
Completed by JOSEPH PERLSTEIN	Title OWN	NER				Signatur	e				Dat 9/3	e 0/14	l .		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) September 29, 20	14	Name of Building		Excavating	FECE CIA LAND C	LV		240	1
[]	ion Notification ded Notification	Street Address	24 Butle	er Blvd.	-2	PH .	2: 5	5	
[x] DOL Amen [x] DOH [] Emerg	dment # gency (including cation)	City, State, Zip C	Bayville	e, NJ 08721	SEESTES & LICEN	CONT SING	ROL		
I IDCA I	ellation		ald Bouch	Te.	ephone (valuoci				
	I	FACILITY INFOR	MATION						
Name of Facility Where Abatement is Taking Residence	Place (3)			5 5	School (k-12)	or than l	c 12)		
Street Address 131 George Road	¥		-	[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)	e & com	mercia	l buildi	ngs,
City	County (6)	County Code (7) (STATE USE ON	ILY)	Square feet 1000 sf	# of Floors	Bldg.	Age 60	)	
Toms River	Ocean			Current Use (Prior if b Residence					
Name of Monitoring Firm Hired by Building (	Owner (8)	ASCM No.	Name of A	batement Contractor (9		Inc.			
Street Address			Street Add	ress	ute 9, Unit 61				
City, State, Zip Code			City, State	, Zip Code	16-14-	007	55 12	71	
Project Manager for Monitoring Firm	Telephone Nur	mber	Telephone 732-349	Number	Ver, New Jerse License N 00624		33-12	/1	
Scheduled Start Date (10) 9/26/14	Scheduled Con 9/30/14	npletion Date (11)		SHA Monitor	. Analytical				
Occupancy Status During Abatement (Check			Street Add	ress					
	During Entire Period of Outside of Normal Facili				elton Road				
Other – Describe	Juside of Normal Facili	ty Hours	City, State	, Zip Code Piscataw	ay, New Jerse	y 0885	54		
Scope of Work (Check all that apply)			[ ]	Full Containment v	vith Negative Pres	sure			
[ ] -2-6>216	[ ] p.	enovation		Mini-Enclosure Glovebag Procedur	م				
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$	L J	emolition	[x]	Non-Exempted (*)		Procedur	e		
				7		Abate	ment 7	ype	
	Is Location		Description		Amount	R	R	E	Е
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		Asbestos-Con Material (A		(Specify SF	E M	E P	N C	N C
TO BE ABATED	Maintenance/Custo		i.e., thermal s		or LF)	0	A	A P	L
in facility (13)	Staff (12)	1	nsulation, sur VAT, or			V	I R	S	S
(13)	(12)		other miscella			A		U L	U R
	YES NO N	N/A				L		E	E
Exterior	X	Asbestos sie	ding		900 sf	X			
						$\vdash$			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste F 202	Control of the contro	Yards of Waste	Name of Register T.R.R.F.	ed Landfill				
City, State		Disposal Date 10/1/14	City, Sta	te own, Pennsylvania	7				
Toms River, New Jersey Completed by (Print or Type)	Title	Signature	a C	/ Simbyivania		Date 9/29	/14		
Nicholas Fernicola	*Do not use thi	s form for asbestos li	censure exem	nted activities		9129	/14		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

	20	\	2 (2)	- MECE	11.						
Date of Notification (1) September 29, 20	014	Name of Building Owner/Operator (2) Crivelli Construction  Street Address  1955 Route 35 North, Suite D  Crivelli Construction  2014 007 - 2 PH 2: 35									
[ ] DEP [ ] Ame	al Notification ended Notification	Street Address  City, State, Zip Coo	1955 Route 35 North,	Suite D	PH 2: 35	;					
[ A ] DOL	endment # ergency (including	City, State, Zip Co.	Ortley Beach, NJ 0875	1 & LICENS	HTROL						
DCA justi	fication) cellation	Name of Contact Matt (	Crivelli	Telephone Number	3						
		CILITY INFORM									
Name of Facility Where Abatement is Taking Residence	g Place (3)		Type of Facility (4	School (k-12) Subchapter 8 (oth	A company of the company						
Street Address 3205 Ivy Lane			[x]	Other (i.e., privat homes, etc.)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ial build	lings,				
City	County (6)	County Code (7) (STATE USE ONL	Square feet Y) 1500 sf	# of Floors	Bldg. Age	50					
Lavallette	Ocean			if being demolished) ence							
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of Abatement Contractor Guard	or (9) dian Contracting,	Inc.						
Street Address			Street Address	Route 9, Unit 61							
City, State, Zip Code	16		City, State, Zip Code	River, New Jers		271					
Project Manager for Monitoring Firm	Telephone Number	er	Telephone Number 732-349-9932	License N 00624							
Scheduled Start Date (10) 9/30/14	Scheduled Complete 10/2/14	etion Date (11)	Name of OSHA Monitor	S.L. Analytical							
Occupancy Status During Abatement (Check		hatement	Street Address	Stelton Road							
Abatement Performed	Outside of Normal Facility I		City, State, Zip Code								
Other – Describe			l	taway, New Jerse							
Scope of Work (Check all that apply)			Full Containme Mini-Enclosure	nt with Negative Pres	sure						
$\begin{bmatrix} \\ \\ \\ \\ \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \\ \\ \\ \\ \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	į į	vation	[ ] Glovebag Proce	edure (*) and Non-Friable	Procedure						
[A] stood of size of	[]		[-]		Abatement	Туре					
102 PEN VE	Is Location		Description of		R R	E	Е				
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		bestos-Containing Material (ACM)	Amount (Specify SF	E E P	N C	N C				
TO BE ABATED	Maintenance/Custodia	al (i.e	e., thermal systems	or LF)	M A	Α	L				
in facility (13)	Staff (12)	ins	sulation, surfacing, VAT, or		V R	PS	S				
(13)	(12)	oti	ner miscellaneous)		A	U	U				
	YES NO N/A				L	L E	R E				
Exterior-house	X	Asbestos sidi		1000 sf	X						
Exterior-garage	X	Asbestos sidi	ng	500 sf	X	-	-				
							-				
Name of Registered Waste Hauler Guardian Contracting, Inc		3	T.R.R.F.	stered Landfill							
City, State Toms River, New Jersey		posal Date /3/14	City, State Tullytown, Pennsylvan	nia							
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	chel +,/	1	Date 9/29/201	4					

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

2014 OCT -2 PM 2

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

OIA O.S. MAIL

Igency Notified  Speak Address  Lipe Annexited  Speak Address  Lipe Annexited  Speak Address  Lipe Annexited  Annexitement & City, State, Zip Code  Ho ON TAINSIDE  Sport  Sport  Lipe Annexited  Annexitement & City, State, Zip Code  Ho ON TAINSIDE  Facility Information  Facility Information  Type of Pasiny (4)  City State, Zip Code  Ho ON TAINSIDE  Facility Information  Type of Pasiny (4)  City State, Zip Code  Ho ON TAINSIDE  City State, Zip Code  Ho ON TAINSIDE  Facility Information  Type of Pasiny (4)  City State, Zip Code  Ho ON TAINSIDE  Type of Pasiny (4)  City State, Zip Code  Ho ON TAINSIDE  Name of City State, Zip Code  Ho ON TAINSIDE  Type of Pasiny (4)  City State, Zip Code  Ho ON TAINSIDE  Name of City State, Zip Code  Ho ON TAINSIDE  Type of Pasiny (4)  City State, Zip Code  Ho ON TAINSIDE  City State, Zip Code  Ho ON TAINSIDE  Type of Pasiny (4)  City State, Zip Code  Ho ON TAINSIDE  City State, Zip Code  Ho ON TAINSIDE  To Code  To Cod	-014 GCT -2 PH 2: 53	(Pursuant to reproduce		75 .
SERIES DISTRICTIONS STATES STA	Date of Man 10 - 6 10 6 11 13	Manne of Building Owns	MODERAN (S)	21
SEPA OL Material State State of Control of C		Colored Address	. 0 +1	
Approach Montager for Members of Particular Desires (19) State of Particular Desires (19) State of Particular (19) State	Agency Notified Type Name and	1491 DE	AR FAIN:	
Process   Proc	An binended	City, State, Zip Code	ISING NO	0,07092
Processor   Proc	LL/L/CI	HOONLAL		phone Mussles
FACILITY ENFORMATION	POOH justification)		udERT	<u> -1 . 1000</u>
Street Address	D DCA D Cancescation		TION ·	
Street Dates (19) Street Address City (S) Street Dates (T) Street Date	No. 18 Abatement is Taking Place		Type of Facility (4)	
Country (5)	Manie of Lagrand, Assessed			er than K-12)
Country (S) Countr	Street Address		homes, etc.)	CONTRIBUTION DESCRIPTION OF THE PARTY OF THE
Country (5)  Country (6)  Country (7)  Rearries of Bioritisating Firm Filtered by Statisting Owner  (8)  Street Address  CRy, State, Zip Code  Cry, State,	1491 DEBIC TENT	) · · ·	Square Feet #0	
Neme of Bioritioning Firm Fitned by Building Owner  (8)  Street Address  City, State, Zip Code  City, State, Zip C	CONFRONTINISIDE	•.	3,000	reinn demolished)
Name of Bloritioning Firm Filtered by Building Owner  (B)  Street Address  City, Sinta, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Start Delay (19)  Start		County Gode (7) (S1A	KESI	DENT
Name of Mortiforting Firms Person by Summing Allocations (ACAM)  Street Address  Street Address  Street Date (16)  Street Date (16)  Street Date (16)  Street Date (16)  Street Date (17)  Stree			of Ahmement Contractor (9)	
City, State, Zip Code  City State, Zip Code  City State, Zip Code  City State, Zip Code  City State, Zip Code  City, State, Zip Code  Cit	Name of Mordining Firm Hired by Building Owner	1	VOVETICE	00
City, State, Zip Code  Project Manager for Infimitioning Firm  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Start Date (16)  Locationing Abstrace During Abstrace Completion Date (17)  Posses of CSSNA Notice Completion Date (17)  Posses of CSSNA Notice Completion Date (17)  Posses of CSSNA Notice Completion Date (17)  Posses Address  City, State, Zip Code  City, Stat		Sing	at Address 214	•
Project Manager for blamming Firm  Teleghome No.  T	DREET MARK COS	City	State, Zin Code	00 02257
Project Manager for Hamiltonian Firm  Telesphone No.  Start Date (10)  Sta	City, State, Zip Code	/ · [0]	D BUIDGE	ense No. COC
Start Date (10)  Conception of Charles During Albertament (Chards only one)  A reading Classed Visions Albertament (Chards only one)  A reading Classed Visions Albertament (Chards only one)  A reading Classed Visions (Chards only one)  A read Visions (Chards one)  A rea	The state of the s	Telephone No. Tele	232x7500	0080.6
Steet Date (10)  Occupancy Status Buring Attenuance (Cherolic only one)  Occupancy Status Buring Attenuance (Cherolic only one)  I Puel Confidence of Noternal Parallel Processor  Occupancy Status Buring Attenuance (Cherolic only one)  I Puel Confidence of Noternal Parallel Processor  Occupancy Status Buring Attenuance (Cherolic only one)  I Puel Confidence of Noternal Parallel Processor  Occupancy Status Buring Attenuance (Cherolic only one)  I Puel Confidence of Noternal villa Negative Processor  Occupancy Status Buring Attenuance of Processor  Occupancy Status Buring	V AL	LE-Despita Na	THE OF CISHA REMINE	010
Prestript Classed Viscosited During Endings Period of Abedrament   City, State, Zig Code   City   Containment periorment Outside of Normal Facility Hours   City, State, Zig Code   City   Ci	I STATE OF THE PARTY OF THE PAR	Tally 1	MOUHIECT	NC .
Precitity Chosentiff Performed Outside of Normal Facility Hours  Dispersion Performed Outside of Normal Facility Hours  City, State, Zig Local  Other - Description Of Work (Check all Such apply)  Example of Work (Check all Such apply)  Location of Performed Outside of Normality Hours  Description of Performan Villa Negative Procedure  Normality User Solety by Mesticesure Outside of Normality User Solety by Mesticesure Outside of Normality User Solety by Mesticesure Outside of Solety	Commonant States Business Abstraction (Check only	one)   Sin		• • • • • • • • • • • • • • • • • • • •
Describes  Scope of Work (Check all Seet apply)    Comparison   Compar	and the standard of	ARCHOTTHERE		10 A 2857
Scope of Work (Check all Start apoly)    Start   Start	C Mediament rendence	A Horaz	IV PARTITION	101-
Part	Freeze of Winit (Check all Sun aught)			
Location of Asheston Containing Material (ACAM) Asheston Containing Material (ACAM) Asheston Containing Material (ACAM) By Feather (12)  Yes No NUA  Name of Registered Waste Heater  NOTICE (NO NUA)  Name of Registered Landing  NAME (NO NUA)  NAME (NO	N>340123E	O Demotion	Chivebag Procedure	Procedure.
Location of Ashestos Gondering Material (ACM)  Ashestos Gondering Material (ACM)  TO BE ABATED  TO SE ABATED  TO S	Q 2 (40 s or 2 200 li		Contract of the contract of th	
Name of Registered Waste Hearier  NOUATECN  NO NO NUA  NAME OF THE Waste Hearier  NAME OF REgistered Landing  NAME OF REGISTERED CORP. State  ON ON STATE  Signature	-	Storengeller (	Description of	
Name of Registered Waste Hearier  NOUATECN  NO NO NUA  NAME OF THE Waste Hearier  NAME OF REgistered Landing  NAME OF REGISTERED CORP. State  ON ON STATE  Signature	Location of	BANCON PROPERTY BANCO BANCON BY	AND THE RESERVE OF THE PARTY OF	C) Specify of the party of the
Name of Registered Waste Hearier  NOUATECN  NO NO NUA  NAME OF THE Waste Hearier  NAME OF REgistered Landing  NAME OF REGISTERED CORP. State  ON ON STATE  Signature	AR II I'M FOR THE STATE OF THE	A THEORETICAL A	THE RESERVE THE PARTY OF THE PA	ST ST
Remo of Registered Waste Haufer NOUATECN  INC  NATION	(13)	- (12)		õ o 4111
Name of Registered Waste Haufer  NOUATECH  NOUBEN NO. 1850   Disposed Date   Da		Yes No REA	1	V
Name of Registered Waste Haufer NOUATECN (NC 1850)  NEDEP Waste Haufer Waste  ON 1850   Disposed Date Caty State  ON 160   Detect   Detect		- JURE	1N50LA 11010	= 10 4F 1A 11
Name of Registered Waste Haufer  NOVATECY  NOV	GARAGE ONLY	++-		
Nerme of Registered Waste Haufer  NOVATECH INC 18501 Disposed Date 1975 Sinte 1976  Cay, State Beidge ND. 08857 111014 Harris 1976 1976 1976 1976 1976 1976 1976 1976			Name of Register	red Landfill O A
NOVATECH INC 18501  11014 Harrison 1964  11014 Harrison 1964  11014 Harrison 1964  11014 Harrison 1964	Name of Bookstowel Wasto Haufer	Maller and services		rws . L.A.
BRIDGE ND. 08857 IIIO 14 HORAS ON 1E 930 14		1 185011	Carl Sala.	Side DIA
O(D) O(C) DOC 1300 (A) O(C) DO	NOOHIECY) THE	. 18	MANY Hadrisc	ILE TOTAL
(1880 / 10 C)	BRIDGE NO	0.0004	SIGNATURE AT A VALLA	1. 93014
An OS HITE DAT . Do not use this form for asbestos licensure exemples accuracy	Time //	e lat	· / (XOI) XOILENO	
	VADIOS HITELDATE DOMO	use this form for asbestos ficen	RISE STERRITHER STREET	

NO CK

Date of Notification (1)				Name of	Building	Owner/C	Operator	(2)	-RE	CFI	Ve	<b>4</b> C			- 1
Septem	F	Name of Building Owner/Operator (2)  Epic Management (GC)  Street Address  136 11th Street													
Agencies Notified	Type Notification	2.77	-	Street A		SITE ( OC	<i>J</i>		2014 DET	٠ ,					
₩					h Street				11 001	-2	PH 2:	31	)		
EPA DEP	Initial Amended				te, Zip Co	-		1	ISPECT	` M - a	24000				
DOL	Amendment #				way, NJ		1		ASBEST & LI	65 C	ONTR	ΩI			
DOH	Emergency (i justification)	ncluding			Contact	0000			Te	lephone	NaGoe	<u> </u>			
DCA	Cancellation		F	Project	Manage	ar .		22							
					LITY INFO		ON						****		
Name of Facility Where A	batement is Taking	Place (3	3)					Type of Fac	cility (4)						
Skillman N&S Buildin	gs							Schoo	l (K-12)						
Street Address									apter 8 (Oth						500
199 Grandview Rd.								Other etc.)	(i.e. private	& comm	ercial bu	ıldı	ngs,	home	es,
City (5)								Square Fee	et # c	of Floors		Blo	g. A	ge	
Skillman, NJ					55										
County (6)				County (	Code (7)			Current Use	e (Prior if be	ing dem	olished)			-	
Somerset				(STATE U	JSE ONLY)				5	Somers	set				
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	l No.	-	Name	of Abatemen							
EHI, Inc.							The M	IACK Grou	ıp. LLC.						
Street Address								Address	11		-				-
655 West Shore Trail							1500 [	Kings HW	Y N. STE	209					
City, State, Zip Code								State, Zip Cod				_			
Sparta, NJ 07871							Cherry Hill, NJ 08034								
Project Manager for Moni	toring Firm			Telephoi	ne No.			none No.		Licens	se No.	-		-	
Project Manager			ç	973-729	9-5649		(973)	759 - 5000	)	0078	1				
Start Date (10)		Schedul	-		Date (11)		1	of OSHA Mo							
10/10/14	4			10/10/1	5		The M	IACK Grou	ip. LLC.						
Occupancy Status During	Abatement (Check	Only Or						Address	.,						
Facility Closed/Vaca	ited During Entire P	eriod of	Abater	nent			1500 Kings HWY N, STE 209								
Abatement Performe							City, State, Zip Code								
Other - Describe:							Cherry Hill, NJ 08034								
Scope of Work (Check All	That Apply)											3-67-6			
≥3 sf or ≥3 lf			Renova	ation				Full Cont	ainment wit	h Negati	ive Press	шге			
≥160 sf or ≥260 lf			Demoli	tion			Mini-Enclosure								
							ŀ		Procedure		able Pro	-edi	ILE		
								THOIT EXCI	111011-111	Non-Friable Procedu			ment		
1 0		100	Locat Norma									1.5.0	Ту		
Location Asbestos-Containing		Use	d Sole	ely by	Asbes		scription	i of Naterial (ACN	0 /	Amount					
TO BE ABA			intena todial 3			. therma	system	s insulation,	DEC 1	Specify	2		מ	Encapsulate	E
In Facilit (13)	ty		(12)	otan.			icing, VA miscellar		S	F or LF)	Kemova	-	Repair	sde	Enclosure
(1.57				T		Othio, i	mooona	10000)			2		ä.	ilate	Jre
		Yes	No	N/A						-				(U	
New SC/POP Lab	Ground Floor		X			fume I	hood tr	ansite	2	228 s/f	>				
_"_			X			\/Δ]	Г & Ма	stic	8	,764 sf	: 5	À			
										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	1			
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				TAU DEDWIN								1			
Name of Registered Was	te Hauler		6.0	NJ DEP W Hauler ID		Cubic of Wa	Yards	Nam	ne of Regist	ered Lar	ndfill				
Freehold Cartage			1	222		Jivva	89.9	GRO	DWS N La	andfill					
City, State				ما ما ما ما		Dispo	sposal Date City, State								
Freehold, NJ							10/10/15 Morrisville, PA 19067								
Completed by		Title					Signature Date								
Michael Cooper		Presid	dent					9/29/14							

NO CK

Date of Notification (1)				Name of	Building (	Owner/Operator	ner/Operator (2)									
Septer	mber 29, 2014			OCD/PF	RD/J&J	Owner/Operator (2) RECEIVED										
Agencies Notified	Type Notification			Street Ad	ddress		2014 OCT -2 PM 2: 30									
⊠ EPA	Initial		1	920/100	1 Rt. 20	2	-014 (	11-2 PM	2. 20							
DEP	Amended			City, Sta	te, Zip Co	de	49950-									
IX DOL	Amendment a			Raritan,	NJ 0886	69	ASBESTOS CONTROL									
<b>⊠</b> DOH	justification)	ncidaling		Name of	Contact		& LIDEIAPBORGAUMBER									
☐ DCA	Cancellation			Project I	Manage	r	i									
				FACII	LITY INFO	RMATION										
Name of Facility Where	The second secon	Place (3	3)				Type of Facility (4)									
Skillman N&S Build	ings		-			17.0	School (K-12)									
Street Address							Subchapter 8 (Other than K-12) Other (i.e. private & commercial building									
199 Grandview Rd.							etc.)	private a commi	crciai buii	unigs	Home					
City (5)				2000	***************************************	11-1-16-1	Square Feet	# of Floors	E	Bldg. /	Age					
Skillman, NJ																
County (6)				County C		· · · · · · · · · · · · · · · · · · ·	Current Use (Pr	ior if being demo	olished)							
Somerset				(STATE U	ISE ONLY)			Somers	set							
Name of Monitoring Fire	m Hired by Bu <mark>i</mark> lding C	wner (8)		ASCM	No.	Name	of Abatement Co	ntractor (9)		-						
EHI, Inc.						The N	MACK Group,	LC.								
Street Address					1500000		t Address									
655 West Shore Tra	ail					1500	Kings HWY N	STF 209								
City, State, Zip Code			771033	300			State, Zip Code	0,2200								
Sparta, NJ 07871							Cherry Hill, NJ 08034									
Project Manager for Mo	nitoring Firm			Telephor	ne No.		hone No.	Licens	e No.							
Project Manager				973-729		1	759 - 5000	00781								
Start Date (10)		Schedul		mpletion [			of OSHA Monitor									
10/10/	14			10/10/1		(0)000000000000000000000000000000000000	//ACK Group, I									
Occupancy Status Duri		Only Or		10/10/1	J		t Address	_LO.								
		- 2500000	C46					STE 200								
Abatement Perform	cated During Entire P med Outside of Norma	eriod of a	Abate / Hour	ment 's			1500 Kings HWY N, STE 209  City, State, Zip Code									
Other - Describe:		ar r donne,	, 170ui													
Scope of Work (Check	All That Apply)					Cherr	Cherry Hill, NJ 08034									
	All That Apply)	KZI					$\square$									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Comment	Renov			Full Containment with Negative Pressure										
Z 100 31 01 2200 11		Ц,	Demoli	luon			Mini-Enclosus Glovebag Pro									
								d (*) and Non-Fria	able Proce	dure						
		Is	Loca	tion							emen	t				
Location	on of		Norma	0.00		Description	n of			T:	уре					
Asbestos-Containin		200000000000000000000000000000000000000	ed Sole intena	ely by		os Containing I	Material (ACM)	Amount	1	-	m	_				
TO BE A				Staff?	(i.e.	thermal system surfacing, V/		(Specify SF or LF)	Re	Z	nca	Enc				
(13			(12)			other miscella		SF OI LF)	Remova	Repair	Encapsulate	Enclosure				
									<u>a</u>	=	ate	9				
		Yes	No	N/A		-				-		-				
New SC/POP Lat	b Ground Floor		X			fume hood t	ransite	228 s/f	$\times$							
_n_			X			VAT & Ma	astic	8,764 sf	X							
			/	+				3,70.3		1						
				-								-				
			L.,													
Name of Registered Wa	aste Hauler			NJ DEP W Hauler ID	00000000	Cubic Yards of Waste	Name of	Registered Lan	dfill							
Freehold Cartage			1.		0.0000000	89.9	GROW	S N Landfill								
City, State			22253 89 Disposal D													
Freehold, NJ			9110 € 0000 00 00 00 00 00 00 00 00 00 00 0				10/10/15 Morrisville, PA 19067									
Completed by		Title						7 1900	Date							
Michael Cooper		250000	don+													
iviiciaei Coopei		Presid	Jelli						9/29/14							

OK 41572

Date of Notification (1)			Name of	Building	Owner/Or	erator	(2)	ECE	11/1	-				
09/25/2014			South (	Orange	Maplew	vood l	BOE		·IA					
Agencies Notified Type Notification  EPA Initial			Street Ac 525 Ac	ddress ademy	Street		<del>&lt;814                                    </del>	ECE 107-2	PH :	2: 20				
X DEP Amended X DOL Amendment			,,		ode IJ 07040	<del></del>	SEE	STOS	กมา	B				
X DOH justification) DCA Cancellation		- 1	Name of William				CC	STOS	Wiele	ephone Nu	mhar 			
Cancellation					ORMATIC	N			-			_		
Name of Facility Where Abatement is Takir Columbia High School	ng Place (3)	)						of Facility ( School (K-1						
Street Address 17 Parker Avenue							R	Subchapter Other (i.e. petc.)	8 (Othe			dings,	home	es,
City (5) Maplewood									# of	Floors	В	ldg. A	ge	
County (6) Essex			County C	Code (7) ISE ONLY	)	_	Curre	nt Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building Ahera Consultants, Inc	Owner (8)		ASCM 0057				ne of Abatement Contractor (9) IC Company, Inc							
Street Address Po Box 385						Street	Addres Piage	ss						
City, State, Zip Code Oceanville, NJ 08231	city, State, Zip Code Oceanville, NJ 08231				City, State, Zip Code Clifton, NJ 07011									
Project Manager for Monitoring Firm Eric Clarckson		Telephor	ne No.		Teleph	none No	o.		License I	Vo.			-	
Start Date (10)	ate (10) Scheduled					Name		A Monitor		00704				
09/26/2014	09/27/2							pany, Ind	0					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of A	baten	nent 3				Addres	ip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				Þ	Mir Glo	l Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				e	
	7733	Locat	2000		2					0 110/11 110	100	Abat	ement pe	i
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole intena odial ( (12)	ely by nce/		stos Conta . thermal s	system ing, VA	Material s insula T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
2.1510(::1	Yes												te	- 10
3rd FI Stair Landing		Х			Ceilir	ng Pla	ster		1	0 SF	Х			_
Name of Registered Waste Hauler			JDEP W	/aste	Cubic \	Yards		Name of	Registe	ered Landf	ill			
Newark Carting, Inc	Hauler ID No. 05409				of Was			IAESI			cont 0			
City, State Newark, NJ					Dispos	al Date	1	City, Sta Morris		A				
Completed by Voytek Roszkowski	Title Presi	dent				gnatur	1	Jest	(X)	1 10	ate 09/25/2	2014		

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

Check 9017

· I V has been been been been been been been bee									
Date of Notification (1)	Name of	Sholo	perator (2) S	choi	abec	lm			
Agencies Notified Type Notification 27	Street Ad	idress 231	Caro	io	UE		4		
BEPA ASSESTE AMERICATROL	City, Stat	e, Zip Code		Contraction	V=	A CI T	7.		
DOL & LICENSHIP #	Name of		wood	·	Telephor	e Numb	10	1	
DOH justification)  Cancellation	Sho	olom Sc	honbi	aun_	1 1010			w	
Name of Facility Where Abatement is Taking Place (3)	FACIL	ITY INFORMATI		of Facility (4	4)			:	
Single family Du	<u> بن ال</u>	149		chool (K-1	2) 8 (Other tha	n V 12\			
Street Address J Care AUE		. )	TX C	other (i.e. p tc.)	rivate & com	mercial	buildi		es,
City (5) Lakewood NJ	··· 08	3701	Squan	e Feet	# of Floo	rs ?		ig. Age 60t-	-
County (6) Cean	County C	Code (7) ISE ONLY)	Currer	nt Use (Pric	or if being de	1	in (b)	. 11/4.	16
Name of Monitoring Firm Hired by Building Owner (8)	ASCM	No.	Name of Abat	ement Con	tractor (9)	0	0.0	<u> </u>	)
Street Address		MA	Street Addres	166		logi	69	Ir	36
RO. Box 337			City, State, Zi	30%	337	.=			
City, State, Zip Code New Equat N.J	08	533	New	Egy	Ser V	U	01	353	3
Project Manager for Model ril gr Firm	Telephor	758-3365	Telephone No. 609 758			nse No	3	194	V
Start Date (10) OCH OCH OCH	ompletion D	Date (11)	Name of OSH		hnoloc	1	I		
Occupancy Status During Abatement (Check Only One)		18011	Street Addres	s		3.00			
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou	ement urs		City, State, Zi	Box Code	251			-	
Other - Describe:			New &	Sypt	تلا	0	85	533	
Scope of Work (Check All That Apply)	tio.o.		☐ Full	Containme	ent with Neg	ative Pr	PSSIIN	<b>A</b>	
E	vation olition		□ Min	i-Enclosure	3	Ace.	201		
'is Loc						1.5	S	Abatemer Type	it
Location of Used Sc Asbestos-Containing Material (ACM)	olely by	Asbestos Con	scription of taining Material	(ACM)	Amou		N	Til.	_ m
TO BE ABATED Custodia	al Staff?	surfa	systems insulations, VAT, or	tion,	(Spec		RPMVD:	Encapsulate Repair	Enclosure
(13)		other	miscellaneous)		ā	7	1000000	ulate air	ure
Yes N	o N/A	Sidians	Shine be	-	1200	SF	マメ		
exterior Walls	1	Mais	JUINGE -		7000	<i>)</i> •	-		
			<u> </u>		Dl-trand	ond611			1
Name of Registered Waste Hauler	NJDEP W Hauler ID	No. of Wa	Yards iste		Registered LM an		1	L . c .	PIA
EPC Technologies :	170	Dispo	sal Date	City, Stat	te			7.0	
New Egypt NJ Completed by Completed by			-15-14 Signature	Morn	<u>iisville</u>	Dat	A		
Steve Schenker Presi	dent		Steve	Sch	h		1-	30-1	4

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

Check 9076

I I have been been I will be		4		1	
Date of Notification (1)	Name of	Building Owner/Op	rator (2)	ichent	ach
Agencies Notifice 114 OType Notification	Street A	ddress 57	2 Vine	AUE	
DEP ASSESSION ON THE CONTROL OF THE		ite, Zip Code	Kewood	NTO	9701
DOH Emergency (ir justification)	Name of	Contact (	, i	Telephone Nur	mber
DCA Cancellation	FACI	RITY INFORMATIO		_'	
Name of Facility Where Abatement is Taking	~ 11	'ne	Type of Facility  School (K-	3.3	i.
Street Address	•	.,)	☐ Subchapte	er 8 (Other than K-1:	2) al buildings, homes,
City (5) Line AU	٤		etc.) Square Feet	# of Floors	Bldg. Age
Lakewood 1	12 08.			1	604-
County (6) O(ean	County (	Code (7) USE ONLY)	- Sinsile	rior if being demolish	Dielling
Name of Monitoring Firm Hired by Building O	wner (8) ASCN	No.	Name of Abatement Co	choolee	ر ي
Street Address	3		Street Address	337	100 0116
City, State, Zip Code	PA TW	<b>533</b>	City State, Zip Code	711	VOC 33
Project Manager for Monitorial of Firm	Telephoi		New Equation Telephone No.	License N	200
Start Date (10)	Scheduled Completion		309 758 - 33 Name of OSHA Monito	65 OK	7999
Oct 10, 2014	Oct 15.	2014		hnologies	Inc
Occupancy Status During Abatement (Check	***		Street Address P-0 Box	337	
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe:	al Facility Hours		City, State, Zip Code		
. Scope of Work (Check All That Apply)			New Egypt	· W (	98533
\$≥ ≥3 sf or ≥3 lf	Renovation			nent with Negative F	Pressure
≥160 sf or ≥260 lf	Demolition		☐ Mini-Enclosu ☐ Glovebag Pro		le Darodure
	Is Location		Non-Exemple	ad ( ) alid Notice lian	Abatement
Location of	Normally Used Solely by		inption of ining Material (ACM)	-8	STET
Asbestos-Containing Material (ACM)  TO BE ABATED	Maintenance/ Custodial Staff?	(i.e. thermal s	ystems insulation, ng, VAT, or	(Specify	Enclosure Enclosure Repair Repair
In Facility (13)	. (12)		scellaneous)	9.50 1.50	Enclosure ocapsulate Repair
	Yes No N/A	- 1			
exterior	×	Siding S	hingles	14005F	*
					+++
Name of Registered Waste Hauler	* NJDEP W Hauler ID			f Registered Landfill	
EPC Technologies		00	6 Was	te Manage	nent of PA
City, State  New Equat	NJ.	Dispose 10-		nisville l	PA
Completed by	Title		nature Sel	1 0	1-20-1U
Steve Schenker	President	-	News John	WAL	17

()X# 2455

0.1							000	(S. 1944				
Date of Notification (1)			Name of	Building Owner/C	Operator	aulfe	12	CE	IVE	D		
Agencies Notified Type Notification			Street Ad	131 T	اان	o Farm	114.00	V -2	間	: 2	5	
EPA Initial Amended Amendment	i 4r		City, Sta	te, Zip Code	G +0	~ LINA	SEES	Deg.	PONT	80		
Emergency		}-	Name of	Contact	المراجع	11000	of ole	Gen	<b>WHEN</b>	RU	•.	
DOH Justification		i	DI	11:50				,	. ¬	<b>*</b> .		
1.41			FACI	LITY INFORMAT	ION			-1			- 0	
Name of Facility Where Abatement is Takin	ng Place (	3)	125			Type of Facility	(4)					
(aulteild	Resi	96	vce_			School (K-			A TOP No. and			
Streat Address 1031 TUIL	OF	- ar	nRa	1		Subchapte Other (i.e. etc.)				dinga,	hom	08,
City (5)				7		Square Feet	# of	Floors	E	dg. F	vge)	
Bridyewate	2					1700	1	1	(	04		
County (6)		1	County C	Code (7) USE ONLY)		Current Use (Pr	6	123	Ished)			
Name of Lionitoring Firm Hired by Building	Ounor (9		ASCA	: Nio	Latino	of Abatement Co						Made and the control
Name of Lionioning Pinn Pines by Bollong	Owner (o	1	/ AGOI.	4 140.	1	Insulation Co		(8)				
Street Address					1	Address						
					95 N	iontrose Roa	d					
City, State, Zip Code					2000,2000	tate, Zip Code						
					<u> </u>	Neck, N.J. 0	7722			-		
Project Manager for Monitoring Firm		Telephar	ie No.		ione No. 294-1757		License 00029	ivo.				
Start Date (10)   0   10   14	1		Date (11)	Name	of OSHA Monito:							
Occupancy Status During Abatement (Cite	ck Only Or		2117		Street	Address						
Facility Closed/Vacated During Entire			gent									
Abatement Performed Cutside of Non	nal Facility				Cily, S	tate, Zip Code	-					
Other - Describe:	1pm	-										
Scope of Work (Check All That Apply)					<b>N</b>	1						
À ≥3 sf or ≥3 If		Renova			$\triangleright$	Fuil Containin	ent with	Negative	Pressu	Ð		
≥160 sf or ≥250 lf		)emo:it	on		-	Mini-Enclosur Glovebag Pro		_				
			·····			Non-Exempte	d (*) and	Non-Frie	ble Pro	edur	<u>.                                    </u>	
	200	Locat	5250)411 HB								ment	1
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	De Asbestos Con	scription	of			-	1 9		-
TO BE ABATED		intena todial S		(i.e. thermal	systems	s insulation,	(8)	nount cecify	ZP.	37	Enc	9
in Facility (13)	000	(12)	Ment?		cing, VA niscellan		SF	or LF)	Romoval	Ropair	aps	nclosura
(10)	Y		TNI	oneri	mousian	eousj			<u>ā</u>	Ŧ	capsulate	la l
	Yes	מיֶּת	NIA		,				100			
17000			9	Ceiling	- mct	eil	120	D	14			
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-												
Name of Registered Waste Hauler		1	JDEP Wa				Register	ed Landfi	ill	•		
Ace Insulation Co., Inc.			2086	0, 144	2	G.R.O.	W.S.					
City, State					al Date	City, Stat						
Colts Neck, New Jersey				1 10	15/14	1 Tullyton	wn, PA					1
Completed by Bree McGuire	Title	story "	Treasur	S	ignature	1 -		D	9/3	1		
DIGG MOGUIS	OGGIE	, ical y	- I Gasul		~	Brey			1/3	11	1	
						//						

Agenic's Notices   Type Notification   Name of Registered Versite Processing Control (2)   Name of Registered Versite Processing Control (2)   Name of Registered Versite Processing Control (2)   Name of Registered Versite Procedure Residence of Name Processing Control (2)   Name of Registered Versite Procedure Residence of Name Processing Control (2)   Name of Registered Versite Procedure Residence (2)   Name of Registered Versite Residence (2)   Name of Registered Landful Versite Residual (2)   Name of Registered L	$\sim$														
City State Zip Code	Date of Natification (1)			Name of	Building	Owner/O	perator (	(Z) C.K			PI	- -			
DOE			Ť	Street A	ddress	161		C. C.	Th.	0		- 62	TV	EL	)
DOLD Amendment   State   State			-	City, Sta	te, Zip C		<u> </u>			وي الما	114 ac	1-2	Pu	0	
School (Kef.12)   School (Ke	DOL Amendment		-				(n)	2005	Je 4	A	Philipse Ch	maher		6	25
Name of Facility Whitere Abatement is Taking Place (3)  Street Address  County (9)  Name of School (K-12)  Subchapter 8 (Other than K-12)  Subchapter 9 (Other	11.00					7(7				19	08 L	DEN	304	TRO	)[
School (K-12) Subchapter 6 (Other trans K-12) Subchapter 6 (Ot				FACI	LITY IN	ORMATIC	NC		7 H	7.77			3174	<u>;                                    </u>	
City (9) City (9) County Code (7) Code (	13000 CK 12051			2					ichoo! (K-	12)	ir than K-	12)			
County (8)  County (9)  County (9)  Name of Controlling Firm Hired by Bullding Cwner (8)  Name of Controlling Firm Hired by Bullding Cwner (8)  ASCEI No.  Name of Abatement Contractor (9)  Ace Insulation Co., Inc.  Streat Address  Streat Address  Streat Address  City, State, Zw Code  City, State, Zw Code  Cotts Neck, N.J. 07722  Project Manager for Monitoring Firm  Telephone No.  Telephone No.		i iuc					Other (i.e. private & commercial building							home	38,
County (e)   County Code (f)   Code   Code	City (5)						-	11	-	# of	Floors	E			
Name of Containing Firm Hirsd by Building Cwner (8)  ASCM No.  Name of Abatement Contractor (9) Ace Insulation Co., Inc.  Street Address  Street Address  Street Address  Gity, State, Zip Code City, State, Zip Code Colts Neck, N.J. 07722  Project Manager for Monitoring Firm  Telephone No. Telephone No. Telephone No. To 22-294-1757 00029  Start Date (10) Coccupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Gity, State, Zip Code City, State City								1 14		ior if beir	ig demol	shed)	0	1	
Ace Insulation Co., Inc.	Name of Contoing Firm Hired by Building C	Mner (8)		25-1-10 C-0-0-0		"	Name				(9)				
State   Zip Code   City, State, Zip Code   City, State, Zip Code   Colts Neck, N.J. 07722	Regular of morning ( )										1-7				
City, State, Zip Code  Colts Nacit, N.J. 07722  Project Manager for Monitoring Firm  Telephone No.  Telephone Teleph	Street Address		Street						- 12	nl				-	
Cotts Neck, N.J. 07722  Project Manager for Monitoring Firm  Telephone No. Telephone Telephone Telephone No. Telep	City, State, Zip Code	· · · · · · · · · · · · · · · · · · ·													
Start Date (10)  Start Date (10)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated Outring Entire Period of Abatement Abatemant Performed Cutside of Normal Facility Hours  City, State, Zip Code  City, State	50 N. S.									7722					
Cocupancy States During Abstement (Check Only One)  Facility Closed/Vacated During Entire Period of Abstement Abstement Performed Cutside of Normal Facility Hours  Other - Describe:	Project Manager for Monitoring Firm		Telepho	ne No.	}	SHIP SELLS					No.				
Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Abatement Abatement Period of Abatement Abatement Period of Normal Facility Hours   Other - Describe:		Schedule	C		Date (11)		Name	of OSH	A Monito:						
Abatement Performed Cutside of Normal Facility Hours  City, State, Zip Code  City, State, Z		Only On		111/	-7		Street	Addres	s						
Renovation Damolifon	Abatement Performed Cutside of Norm	al Facility	Hours	nent S			City, S	tate, Zij	Code			·			
Demolition    Demolition   Demolition   Description of Asbestos-Containing Literial (ACM)   Asbestos-Containing Literial (ACM)   Containing Li	Scope of Work (Check All That Apply)		-												~
Location of Asbestos Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler Ace Insulation Co., Inc.  Location of Normally User Society by infall female (Inc. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Waste Hauler Ace Insulation Co., Inc.  Location of Normally User Society by infall female (Inc. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Landfill G.R.O.W.S.  Name of Registered Landfill G.R.O.W.S.  Disposal Date City, State Colts Neck, New Jersey  Disposal Date Tullytown, PA	≥3 sf of ≥3 if ≥160 sf or ≥260 if	Chronil					12	Mini Glov	Enclosure rebag Pro	e cedure					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Nome'ly Used Sciely by Maintenance/Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler Ace Insulation Co., Inc.  City, State Colts Neck, New Jersey  Description of Asbestos Containing Material (ACM) (Asbestos Containing Material (ACM) (Acm) (ACM) (Asbestos Containing Material (ACM) (A		lsi	Locati	on			berg	14011	LACINIDAG	u ( ) and	NOTIFIE	100			
Name of Registered Waste Hauter Ace Insulation Co., Inc.    Amount   Amount					ماده						700000 E		Ty	90	
Name of Registered Waste Hauter Ace Insulation Co., Inc.  City, State Colts Neck, New Jersey  No NA  Cubic Yards of Waste Cubic Yards O	TO BE ABATED In Facility		odlal S			thermal : surfac	systems ing, VA	s insulat T, ot		(S	pacify	Romoval	Ropair	Encapsula	Enclosure
Name of Registered Waste Hauter Ace Insulation Co., Inc.  City, State Colts Neck, New Jersey  NJDEP Waste Hauter ID No. 12086  Cubic Yards of Waste Cubic Ya												1		0	15
Ace Insulation Co., Inc.    Hauler ID No.   12086   G.R.O.W.S.     City, State   Disposal Date   City, State   Tullytown, PA	in doors				+1	かしナ	le			150	T)	12			
Ace Insulation Co., Inc.    Hauler ID No.   12086   G.R.O.W.S.     City, State   Disposal Date   City, State   Tullytown, PA															
Ace Insulation Co., Inc.    Hauler ID No.   12086   G.R.O.W.S.     City, State   Disposal Date   City, State   Tullytown, PA	Name of Registered Waste Hauler		I N	IDEP W	aste	Cubio	ards		Name of	Register	ed Lands	30			
City, State Colts Neck, New Jersey  Disposal Date City, State Tullytown, PA			111	auler ID							ea Landh				
	City, State Colts Neck, New Jersey							4							
		* 15 % 45 GH (16 GH)							/			9/2	3/10	1	