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Date of Notification (1)			T	Name	of Buildin	SOUN	erator ((2)	J OCT 3	0 2014		L	41
10/28/14				12.22	Address								
Agency Notified	Type Not	ification		4	Sal	10.5	71,10	6	ASBESTOS (. &		\dashv
∆ EPA	☐ Amen	ded		City, S	tate, Zip	Code	T (02820	LIGHT	Onto			+
DEP DOL	Amen	dment#		CC	alito	$U \cap V$	7 (71030	Telephone Numb	er -			_
		gency (including cation)		Name	of Conta	Plau	h: 5		Total Principal Control	-	- 6	7	570
DOH DCA	□ Cance			1	-110			3				1	1
				FAC	ILITY IN	FORMATION	1	Type of Facility	(4)				7
Name of Facility Where	Abatement	is Taking Place	(3)					□ School (K-12)	, ,				
Street Address . A -	· i	1 . T.	201					Other (i.e. pri	(Other than K-12) vate & commercial	buildings,			
1206 MI	nnev	rano 11	DIL					homes, etc.) Square Feet	# of Floors	Bldg. Age	r.		-
City (5) MD ND	Saua	V'N2						1368	rior if being demolis	hed)			-
County (6)	MOI	M		Coun		(7) (STATE U	JSE.	MON Current Ose (1.					
			ASC	CM No.		Name of	Abate	ment Contractor (9) 00 101				
Name of Monitoring Fir (8)	m Hired Dy	Building Owner	/			Bric	M	1 ndust	restre.				\dashv
Street Address						Street Ac	dress	P.O.B	XX 915		985.53		
City, State, Zip Code						City, Sta	te, Zip	Bode Why	O IN	8723	,		
			Telep	hone No	D.	Telepho	ne No.		License No.				
Project Manager for M	onitoring r	11111			10000	132	890	7-7499	01101	0			\dashv
Start Date (10)		Scheduled Con	npletion	Date (1	1)	Name of	f OSH/	A Monitor					
1617114		10112	114			Street A	ddrocs						
Occupancy Status Du	ring Abater	ment (Check only	one)			Street	aures	2					
Facility Closed/Vac Abatement Perform Other – Describe:	ated During ned Outside	g Entire Period of of Normal Facili	Abatem y Hours	nent i		City, Sta	ate, Zip	Code					_
Scope of Work (Chec	k all that a	oply)					□ Fu	II Containment wi	th Negative Pressu	ге			
□ ≥ 3 sf or ≥ 3 lf				9	Renovation	on '	□ Mi	ni-Enclosure					
□ ≥ 160 sf or ≥ 260 lf				EET I	Demolitio	n.	□ No	on-Exempted (*) a	nd Non-Friable Pro	cedure	Aba	tem	ent
			le 1	ocation								уре	
			No	mally		De	scriptic	on of				1,,,	
Loc Asbestos-Conta	ation of	rial (ACM)		Solely be tenance		chartes Con	taining	Material (ACM)	Amount (Specify	,	2 2	Encapsulate	Enclosure
TO BI	E ABATED	inai (i i i i i i i	Cu	stodial		surfa	cina. \	ms insulation, /AT, or	SF or LF)	Removal	psu	USO
IN	Facility (13)		I KIT	Staff? (12)		other	miscell	aneous)		120	<u>=</u>	1 2	10
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		des	N.II	DEP Wa	ste Haul	er Cubic	Yards	of Name of R	egistered Landfill				
Name of Registered	Waste Ha	ries Inc.			221	Waste	°5	G.	K.O.C	1.7.			
-	W () ()	-		LIOU	14	Dispo	sal Da	te City, State	QA.	5			
City, SECIUM	· · N	3		1		Signs	114 ature C	14	4,11	Date \O/	2 4	114	1
Completed by	61	Title PIP	ide	At.				JUNES	0/	101	-01	11	,
ASB-41	VIII	* Do no	ot use th	nis form	for asbe	stos licensure	exem	pted activities.					

	NOTIF	CATIO	NOFA	New Jersey ASBESTOS AB AC 8:60 and 1	ATEMENT 2:120)			<u> </u>	$\underline{\mathbb{V}}$	5	
Date of Notification (1)		Name	of Build	ding Owner/Op	erator (2)	GOR	K; OCT 3	0 2	2014	_	P
Agencies Notified Type Notification		Street	Addres	30/-	West	Dud		008	TDO	1 8	
Agendes Attack		07.0	tota 7	ip Code,	UCS		(ASBESTOS	ISIN	G	<u>- a</u>	1
DEP Amended	22.4 24	City, S	itale, Z	We	stfield	1 No	0 1010)			-
DOL Amendment #_ Emergency (in justification)	cluding	Name	of Cor	mact i	ionsKi		Telephone Number		72 2	-	I
DOH JUSTICATION Cancellation	•			INFORMATIO		1	- -		795	_	4
Name of Facility Where Abatement is Taking	Place (3)	FA	CILITY	INFORMATIC	Type	of Facility (4)					
Single family I)well	129				School (K-12)	(Other than K-12)				
Street Address	Dud	لتسا	A	UE	25	Other (i.e. priv	rate & commercial bu	uilding	s, ho	mes,	
306 West	Dua	_				etc.) re Feet	# of Floors		. Age		
City (5) West field	NJ	07	09	0			Z demailiahad)		51	2422	\dashv
County (6)		Coun	ty Cod	e (7) ONLY)	Curre	ent Use (Prior	if being demolished)				
(loigo			CM N		Name of Aba	atement Contr	ractor (9)				
Name of Monitoring Firm Hired by Building C	wner (8)	AS	OIVI IV	i/A	EP	2 Tee	hnologi	28	T	n	-
FLC SELLINGIA	3.63				Street Addre	SS ~ "	333				
Street Address Box 3	37				City State,	Zin Code	201	A 6		99	
City, State, Zip Code	MT	0	95	1.33	New		of M	06	2	93)
New Egypt,	MA	Tele	phone	No.	Telephone I	No.	License No.	2	a	4	
Project Manager for Movit Iril gr Firm	<u>P</u>	60	97	58-3365	609 75	8-336	5 00	J		1	\dashv
Start Date (10)	Scheduled	Complet	tion Da	ite (11)	Name of OS	SHA Monitor	mologies	In	_		
11-10-14		7-	14		Street Addr	ess	~				
Occupancy Status During Abatement (Chec	k Only One)				6.0	. Box	337				_
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Ab nal Facility H	lours _			City, State,	Zip Code Egypt		85	3	3_	
Scope of Work (Check All That Apply)						(,	13-	000115			
≥ ≥3 sf or ≥3 lf		novation			П	Mini-Enclosure	ent with Negative Pro	essure			
☐ ≥160 sf or ≥260 lf	□ De	molition				L D	cedure d (*) and Non-Friable	e Proc	edure		
			1			ton Exemple			Abate Ty	ment	
		ocation omally		ſ	escription of				,		
Location of Asbestos-Containing Material (ACM)	Used	Solely I		Achaetas Co	ontaining Mate	rial (ACM)	Amount (Specify	Re	ZD.	Encapsulate	Enc
TO BE ABATED	Custo	dial Sta	ff?	SU	facing, VAT, o)r	SF or LF)	Remova	Repair	psul	Enclosure
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City State				Di	sposal Date	1 Mag	nisuille 1	PA		(4)	
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Completed by	Title	eside	.,+		Steel	(a)	ech	10	10	o ji	1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Plumbing Type Notification Street Address Agencies Notified EPA Initial City, State, Zip Code Amended DEP DOL Amendment # Emergency (including Telephone Number Name of Contact justification) DOH CKNE zina DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Eacility Where Abatement is Taking Place (3) arenouse School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, Road # of Floors Bldg. Age Square Feet City (5) 01180 TW County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 5 Street Address City, State, Zip Code City, State, Zip Code Telephone No. 609 758-33 609 7*58-33*65 Name of OSHA Monito Scheduled Completion Date (11) Start Date (10) -6-12 Street Address Occupancy Status During Abatement (Check Only One) BOX 6-0 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: New Ea Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure Demolition □ ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Enclosure (Specify Remova (i.e. thermal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A Yes No 32 SF an Flashing on Skyligh Bump-out Section of Bldg

E C	1 1 1			
Name of Registered Waste Hauler EPC Technologies	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registere Waste Ma	d Landfill magement of PA
City, State New Equat No		Disposal Date	Mornisvill	
Completed by	Resident	Signature	Schin	Date 10-27-14

MO#22302803766		NOT	State of New Jersey OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)									
Date of Notification (1)	25 ,			Anne	Reynold	g Owner/Operator	(2)		OCT	3 0	20)14
Agencies Notified ☐ EPA ☑ DOLWD	Type Notifi Initial Amende			405 (ot Address Oradell A			ASE	BESTO	S C	ONTE	ROL
X DHSS		ment #	_	A1000 88	State, Zip			- L.	LIC	ENS	ING_	
DCA (NJAC 5:23-8)	justifica	100	g	Nam	ell, NJ 07 e of Contac	ot .		Telephone Nur	mber	(6)		
	Cancell	iation		10,700 00	Reynold							tion
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Private home Street Address							School (K-	·12) er 8 (Other than K-1	21			
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City (5)				_			homes, et		- 15	1-1 1	1000000	
Oradell, NJ 07649							Square Feet	# of Floors	B	ldg. A	\ge	
County (6)				Cou	nty Code (7)	(STATE USE ONLY	Current Use (Prior if being demol	liched\			_
Bergen					, 5000 (,,	TO INTE OOL ONE!	our ent ose (r nor ir being demoi	iisiieu,			
Name of Monitoring Firm	n Hired by Bu	ilding Owner	(8)	ASCM	No.	Name of Abater	nent Contractor ((9)				
			11			Gr Tech LLC		(0)				
Street Address						Street Address						
	NAME OF THE PROPERTY OF THE PR					576 Valley Rd	#283					
City, State, Zip Code						City, State, Zip	and the same of th					
						Wayne, NJ 074	170					
Project Manager for Mor	nitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
			1					Stramposon.				
21 . 19						973 - 638-1777		01127				
Start Date (10)	1.4	Scheduled (Comple	etion Da	ate (11)	973-638-1777 Name of OSHA	Monitor	01127				
11 /05 /	14	_11_	/ _ 0	etion Da	ate (11) 14	Name of OSHA		01127				
	g Abatement		/ <u>0</u> (6_ /	ate (11) 			01127				
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	g Abatement ed During En d Outside of N	(Check only ntire Period of Normal Facility	one) Abate	ement	14	Name of OSHA Envirovision C	onsultants,Inc					
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& Emergency	Þ			CATION	OF ASB to NJAC	ESTOS	ABATE		D	是人	1468				
Date of Notification (1) 10/27/14					f Building Jester P			(2)			OCT 3		14	1	門
Agencies Notified Type Not				Street A 8806 E	ddress Bay Lan	е е			-		BESTOS	CON	ROL	8	
DEP Ame	ended · endment #_				ate, Zip Co Beach T		08008			AS	LICE	NSINC			
DOH justi	ergency (indification) acellation	cluding	- 1	Name of John	f Contact	NOTE 2				Те	lephone Nu	umber			
				FACI	LITY INFO	ORMAT	ON								
Name of Facility Where Abatement John Jester Private Home	is Taking F	Place (3)	14					of Facility School (K	-12)					
Street Address 8806 Bay Lane	,							×	Subchapte Other (i.e. etc.)	private	er than K- & commer	12) cial buil	dings,	home	es,
City (5) Long Beach Twp NJ 08008					W-1			Squa 1000	re Feet)	2	of Floors	100	Bldg. A B5+	.ge	
County (6) Ocean					Code (7) USE ONLY)		Curre		rior if be	ing demoli:	shed)			
Name of Monitoring Firm Hired by N/A	Building Ov	vner (8)		ASCN	No.		1	of Aba aco Ir	tement Co	ontractor	(9)			•	
Street Address			- X	<u> </u>			Street PO E	Addres							
City, State, Zip Code					***		0.000		ip Code in NJ 08	091					
Project Manager for Monitoring Firm	n			Telepho	ne No.		Teleph 856-	one No 753-9			License 00727	No.			
Start Date (10) 10/28/14		chedule 0/31/1		npletion	Date (11)		Name Same		HA Monito	r				24.5	
Occupancy Status During Abateme Facility Closed/Vacated During	-00	-	370		P.		Street	Addres	ss						
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	e of Normal	Facility	Hours	ent			City, S	tate, Zi	ip Code						
Scope of Work (Check All That App	oly)														_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	A - 00		enova emoliti				×	Mir Glo	ni-Enclosu ovebag Pr	ire ocedure	n Negative			e	
Location of			Locati	220		Do	scription	16.774					Abate Ty	ment	
Asbestos-Containing Material (A TO BE ABATED In Facility (13)	ACM)	Mai	d Solel intenar odial S (12)	ice/		tos Con thermal surfa	taining M systems cing, VA niscellar	laterial insula T, or		(3	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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Exterior Siding				x		Exte	rior Sic	ding		. 19	000 SF	x			
												-			
Name of Registered Waste Hauler			N	JDEP W	/aste	Cubic	Yards		Name o	f Registr	ered Landfi	ill			
United Containers		15	H	auler ID 2459		of Wa			G.R.O		Lanull	ut			
City, State Elm NJ				20000-		Dispo: 10/31	sal Date /14		City, Sta Morris		J 08091				
Completed by Anthony T Perna		Title Preise	dent			S	Signature	o	5	# 1000 TO 100 SANO A	1000	ate 0/27/	14		

Print Form

State of New Jersey

NOTIFICATION	OF.	ASBESTOS	ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7) Date of Notification (1) Name of Building Owner/Operator (2) NJ-Dept. of Environmental Protection-Natural & Historic Resources Office of Resource Pevelopment 1 0 Agencies Notified Type of Notification [X] EPA 501 EAST STATE STREET, 4TH FLOOR ASBESTOS CONTROL & [X] Initial Notification City, State, Zip Code LICENSING [X] DOL [] Amended Notification TRENTON, NJ 08626-0420 Amendment [X] DOH Cancellation Name of Contact Telephone Number [] DCA [] Emergency MR. AL PAYNE FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LEONARDO STATE MARINA-MAINTENANCE BUILDING School (K-12) Subchapter 8 (Other than K-12) 1 Other (i.e., private & commercial [X] 102 CONCORD AVENUE buildings, homes, etc.) City (5) County (6) County Code (7) Square Feet # of Floors Bldg. Age (STATE USE ONLY) Current Use (Prior if being demolished) LEONARDO MONMOUTH Maintenance Building Name of Monitoring Firm Hired by Building Owner (8) ASCM Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT INC. 00112 J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC. Street Address 344 WEST STATE STREET 1141 ROUTE 23 City, State, Zip TRENTON, NJ 08618 WAYNE, NJ 07470 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM WEISGARBER 609-656-8101 973 628-9500 00408 Scheduled State Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ENVIRO VISION CONSULTANTS, INC. 1 1 0 3 / 1 1 1 2 | Day Month Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period 20-21 WAGARAW ROAD, BLDG. #34A of Abatement Abatement Performed Outside of Normal Facility City, State, Zip Code [X] Hours - Describe; Mon & Fri - 7:00 a.m. - 3:30 p.m. FAIR LAWN, NJ 07410 Other - Describe: [] Scope of Work (Check all that apply) [X] Demolition X | Full Containment With Negative Pressure | Renovation Mini-Enclosure \geq 3 sf or \geq 3 If Glovebag Procedure $[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$ Non Exempted (*) and Non-Friable Procedure Abatement Type Is E Location Description of Location of Normally Asbestos-Containing Amount E C C Asbestos - Containing M O V Used . Material (ACM) (Specify E L Material (ACM) Solely by (i.e., thermal systems SF or LF) P P 0 TO BE ABATED insulation, surfacing, VAT, Maintenance / A S S in Facility (13) Custodial or other miscellaneous) A Staff (12) R R Yes No Exterior X Window Glazing 20 SF X Exterior Transite Siding 90 SF X Room 104A and 108A Drywall and Assoc. Joint Compound 180 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. 17819 J.R. Contracting & Environmental Consulting, Inc. 30 G.R.O.W.S Disposal Date City, State Wayne NJ 07470 Morrisville PA Completed by (Print or Type) Signature Date Jerry Bijelonic Project Manager 10/24/14

Jun-95



Print	Form
LIHIE	101111

Date of Notification (1) October 28th, 2014		Name o Wash	f Building (Owner/Operato ark Memoria	Name of Building Owner/Operator (2) Washington Park Memorial Cementry OCT 3 0 2014							
Agencies Notified Type Notifica	tion	Street A				1 4					\dagger	
X DEP X Amende	nent #1		ate, Zip Co nus, New	de / Jersey 076	52	ASBI	ESTOS C LICENS	ONTP	IOLE			
■ Emerge justificat □ DCA □ Gancella		30 707 10	f Contact e Santar	ngelo		Tel	ephone Nu	mber	DC-00E_U	5-45-59bas-boso	n/Minimatura	
Name of Facility Where Abatement is T Washington Park Memorial Cer		FAC	ILITY INFO	RMATION	Type of Fa	cility (4)					ANDERSE	
Street Address 234 Paramus Road	nendy		No. 85 C. All Street, and Bridge of	ALACAN MANAGAMAN AND AND AND AND AND AND AND AND AND A	Subch Other	ol (K-12) napter 8 (Oth (i.e. private			dings	home	es,	
City (5) Paramus					Square Fee 3000	et #0	f Floors	Bidg. Age				
County (6) Bergen						e (Prior if bei ical Bldg.	ng demolis	hed)				
Name of Monitoring Firm Hired by Build D S A Consulting Service	A Consulting Service				of Abatemer		(9)					
Street Address 26 Lorenza Courut	et Address Lorenza Courut				Address Getty Ave.	Name of the second						
City, State, Zip Code Matawan, New Jersey 07747				State, Zip Coo on, New J e		1-1802						
Project Manager for Monitoring Firm Mr. Michael Chain			21-9223		hone No. 478-4848		License N 00724	10.				
Start Date (10) November 3, 2014	November 1				of OSHA Mo							
Occupancy Status During Abatement (C Facility Closed/Vacated During En		tamant			Address Getty Ave.							
Abatement Performed Outside of N Other – Describe: Monday-Friday	Iormal Facility Ho	ours	W. (1900)	City, S	State, Zip Coo on, New Je	de	1-1802			XH124500		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		ovation polition		2	Mini-Enc Glovebag	ainment with losure g Procedure mpted (*) and	0.0700			e		
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Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Used S Mainte Custodi	mally solely by enance/ al Staff?		Description os Containing I thermal system surfacing, VA other miscella	Material (ACN s insulation, AT, or	(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure	
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77.												
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City, State Clifton, New Jersey 07011-1802				Disposal Date	31 373	, State rrisville, Pa	a					
Completed by Vivian D. Jurcevic Title Office Mana				Signatur	M	Jucu	٠ ٥	ate ctobe	r 281	th, 20	014	

B. L. Burdle		(Pursuant to NJAC 8:60 and 12:120)								82	70		
Date of Notification (1) October 21, 2014			N	ame of Build /ashingtor	ing Owner	Operator emoria	(2) Cemetry					10	10
	Type Notificatio	n	St	reet Address 34 Param	Š.	- 1,3	y			N. Paris			
X DEP X DOL	Amended Amendme	nt #		ty, State, Zip aramus, N		ey 076	52						
DOH DGA	Emergenc justification Cancellation	y (including n) on	Na	me of Conta	act				Telephone	Numbe	ř		
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Washington Park Me	morial Ceme	entry					Type of Fa						53.
Street Address			_				School (K-12) Subchapter 8 (Other than						
234 Paramus Road							Other etc.)	(i.e. priv	ate & comn	nercial bi	ullding	s, hon	nes,
City (5) Paramus,							Square Feet # of Floor 3000 2				Bldg. Age 50		
County (6) Bergen	ergen ame of Monitoring Firm Hired by Building Owner (8)						Current Us Commer	e (Prior II	being dem	iolished)			
C S A Consulting Ser	S A Consulting Services reet Address					Name Slave	of Abateme	nt Contra	ctor (9)		-		habitments
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City, State, Zip Code Matawan, New Jersey				City, S	tate, Zip Coo n, New Je	de	011-180	2			-		
Project Manager for Monito Mr. Michael Chain	ring Firm		73	ephone No. 2-921-922	23	Teleph	one No.		Licens 0072	se No.			
Start Date (10) October 30,2014	Control of the same and the same of the sa	Scheduled November		tion Date (1 2014	1)	Name	of OSHA Mo					× 21.00m.	-
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Completed by Title Vivian D. Jurcevic Office Man				er ·	Si	gnature		n	۸	Date Octobe	er 21	2014	 4
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Motification (1)			Nan	ne of Bu	filling Owner/Operator	(Z)			011	14				
October 27, 201	4				eanor Farley	Kern	40250			1				
Agency Notified Tyr	e Notification		Stre	Pid.	geview Road		ASBES	TOS CONT ICENSING	ROL &					
35.	indial		F 255500		Zip Code					7				
	Amended		Pr	ince	ton, NJ. 085	40	." .							
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in news	ලේඛයාම්න)		Ms	. E1	eanor Farley	y Kern								
DOCA	Cancellation		4		INFORMATION									
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Street Address 37 Ridgeview Ro	ad .					homes, et	c.)							
37 Kidgeview Ko	au	<u> </u>			-	Square Feet	# of Floors	Bldg. A						
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Suest ros	•••	-			P. O. I	Box 814								
City, State, Zip Code		25-74				idge, NJ	08857-							
74		1 Talan	hone	Ala	Telephone No		- License No.							
Project Manager for Munifor	ng Firm-	tench	nivine:	16th	732-23	8-7500	00806	<u> </u>						
	Scheduled C	omni-Con	Date	(11)	Name of OSH	A hiomius								
Start Date (10)	12/05/					ch Inc.								
0ccupancy States During A	halament (Check or	ly one)			Street Address	s Box 814	•. A	11202						
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Ol Facility Closed/Variated E Ol Abatement Performed Ol Olther - Describe:	eside of Normal Fa	ally Hours			Old Br	idge, NJ								
Scope of Worlt (Check all 8	et epply)					ul Containment ini-Enclosuse	with Negative Pre	SSUE	•					
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Old Bridge, N.	I Jille			•	Signature			10/	27/20)14				
Carrieted by Carlos Almeid	_	ident	•	7,	Kal	Stand arrivalian	W.							
Carlos Almeid		not use thi	s form	for asb	estos licensure exem	diana apriame			2					

ASB-41

, 29,29	NOTIF	Stat	e of New	Jersey STOS ABATE	MENT		EG	EI	V	Bring Bring	E Pol		
Date of Notification (1)		ursuant to	NJAC 8:	60 and 12:12 wner/Operator	0)		I OCT	30	2014	-	U		
04/01/14		GREG				17 6	1				7		
Agencies Notified Type Notification EPA Initial		100000000000000000000000000000000000000	ERSON	STREET	REET ASBESTOS CONTROL & LICENSING								
DEP Amended Amendment #_			e, Zip Cod NSACK	e ., NJ 07601		_							
Emergency (indication) DCA Emergency (indication) justification) Cancellation		Name of	Contact			-	Telephone N	lumber					
		FACIL	ITY INFO	RMATION						1			
Name of Facility Where Abatement is Taking F	Place (3)		-88		-	Facility (4)							
Street Address					Sı Sı	chool (K-12) ubchapter 8 (Other than K	-12)	- ti	L			
85 ANDERSON STREET					et				175100		s,		
City (5) HACKENSACK, NJ					Square	Feet	# of Floors		3ldg. A	ge			
County (6) BERGEN COUNTY		County C	ode (7) SE ONLY)			Use (Prior if RTMENT B	0.00	lished)					
Name of Monitoring Firm Hired by Building Ov	vner (8)	ASCM	No.			ment Contra PROFESS							
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City, State, Zip Code			-		State, Zip (EWOO	Code D, NJ 087	01						
Project Manager for Monitoring Firm		Telephon	e No.		ohone No. -668-90		License 1200	e No.					
	Scheduled Co	mpletion E	Date (11)		e of OSHA A LEAD	A Monitor PROFESS	SIONALS						
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Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Abate I Facility Hou	ment rs	in	City,	State, Zip	OVE COU Code D, NJ 087							
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demol				Full Containment with Negati Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-F								
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Name of Registered Waste Hauler NEWARK CARTING		NJDEP W Hauler ID 04509		Cubic Yards of Waste 4		Name of Re	gistered Lar	dtill					
City, State NEWARK, NJ				Disposal Da 11/06/14									
		Signature											

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Date of No	tification (0/27/14				Name of Garfie	Building Id Pub	tor(2)												
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James	acility Where A Madison Sch	nool #10		Place (3)						Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)										
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City (5)	Garfield	ł						national		30	e Feet ,000	3	Floor		1	3ldg. A 100 +	ge 			
County (6)	Berger	1				County C (STATE L	Code (7) ISE ONLY)	_	resid	nt Use (Pri lence	or if beir	ng den	nolish	ned)					
	lonitoring Firm Consulting Er		uilding (Owner (8)		ASCN	1 No.	-10 -220	Name Trico	of Abat on Ent	ement Cor terprise	ntractor s Inc	(9)							
Street Add 7 Pleasa	ress ant Hill Ro	l							Street 322	Address Beers	s St									
City, State, Cranbur	Zip Code ry , N.J. 08	3512							City, S Keyp	state, Zip oort N	Code .J. 0773	35								
Project Ma Kevin Lo	nager for Mor ovely	nitoring Firm				Telephor 732-390-			Teleph 732-	none No 739-1	200		Licer 010	nse N)95	lo.					
Start Date	⁽¹⁰⁾ 7/21	/14		Scheduled Completion Date (11)					Name n/a	of OSH	A Monitor									
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Aba					ent			Street	Addres	S							-			
Abate	Abatement Performed Outside of Normal Facility Ho Other – Describe:					City, State, Zi					p Code									
Scope of W	Vork (Check A	II That Apply	')																	
	or ≥3 If sf or ≥260 If			537	enova emolit				 Containment with Negative Mini-Enclosure Glovebag Procedure Non-Exempted () and No 											
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City, State 1141 Rt 23	Wayne N.J.	07470					(Dispos 1/15	sal Date /15	\supset	City, Stat Waynest		H 4468	38						
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ASB-41 (R-0	06-08)								* Do n	ot use th	nis form for	aspest	os lice	ensure	e exer	npted	activit	ies.		

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) . 1st , 2nd , 3rd floors 1st , 2nd , 3rd floors 1st , 2nd , 3rd floors Tst , 2nd , 3rd floors	Specify Spec
1st , 2nd , 3rd floors X Pipe Insulation 1st , 2nd , 3rd floors X 9x9 VAT& Mastic 1st , 2nd , 3rd floors X Vapor Barrier & tar Gymnasium X Vapor Barrier 1st , 2nd , 3rd floors X Window caulk Entrance Roof X Flashing Throughout Building X Fire Doors Gymnasium X Concrete & Vapor Barr	3400 If X 12,720 sf X 36,000 sf X 6,000 sf X 950 If X 40 sf X 6 ea X
1st , 2nd , 3rd floors 1st , 2nd , 3rd floors X Vapor Barrier & tar Gymnasium X Vapor Barrier 1st , 2nd , 3rd floors X Window caulk Entrance Roof Throughout Building Gymnasium X Fire Doors Gymnasium X Concrete & Vapor Barrier X Concrete & Vapor Barrier	12,720 sf X 36,000 sf X 6,000 sf X 950 lf X 40 sf X 6 ea X
1st ,2 nd ,3 rd floors Gymnasium X Vapor Barrier & tar X Vapor Barrier X Vapor Barrier X Vapor Barrier X Vapor Barrier X Window caulk Entrance Roof X Flashing Throughout Building X Fire Doors Gymnasium X Concrete & Vapor Barrier	36,000 sf X 6,000 sf X 950 lf X 40 sf X 6 ea X
Gymnasium X Vapor Barrier 1st , 2nd , 3rd floors X Window caulk Entrance Roof X Flashing Throughout Building X Fire Doors Gymnasium X Concrete & Vapor Barr	6,000 sf X 950 lf X 40 sf X 6 ea X
1st , 2nd , 3rd floors X Window caulk Entrance Roof X Flashing Throughout Building X Fire Doors Gymnasium X Concrete & Vapor Barr	950 If X 40 sf X 6 ea X
Entrance Roof X Flashing Throughout Building X Fire Doors Gymnasium X Concrete & Vapor Barr	40 sf X 6 ea X
Throughout Building X Fire Doors Gymnasium X Concrete & Vapor Barr	6 ea X
Gymnasium X Concrete & Vapor Barr	
	rrier 4800 sf X

10/5/32	detector	HIZENSON	State All	WAS PROPERTY.	MATERIAL PROPERTY.
E 5746	200	004095	4.5	911-05-0	n
26600	88 H	E4 10	108	1 1	4 1 TO 22
HOS	5F2	46.00	95.000	Section in	15,000
Property of		ingsetts.	300		

# Emergency &	· N		CATION	te of New Je OF ASBEST o NJAC 8:60	OS ABATEI)厚	C E		V	5,	7
Date of Notification (1) 10/27/14				Building Own)CT 3	0 20	11/		
Agencies Notified Type Notification	-	100	Street Ad 3602 A	Idress Long Bea	ach Blvd					0 4	//4	F	7
EPA Initial Amended Amendmen	#			e, Zip Code Beach NJ 0	8008			ASBE	STOS	CONT ISING	ROL	&	
DOH justification Cancellation			Name of Joseph				130	Telep	hone N	umber			
			FACIL	ITY INFORM	TATION	-					-		
Name of Facility Where Abatement is Takin Joseph Smith Private Home	ng Place (3)						f Facility (chool (K-1	200					
Street Address 3602 A Long Beach Blvd						X O	ubchapter ther (i.e. p c.)				dings,	home	s,
City (5) Brant Beach NJ 08008				4	× 1	Square 1000	Feet	# of F	loors	11 553	ldg. A 5+	ge	
County (6) Ocean			County C	Code (7) ISE ONLY)		Curren	t Use (Pri	or if bein	g demoli	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.	120000000000000000000000000000000000000	1	ement Cor	ntractor (9)			32	
Street Address						Address Box 329							
City, State, Zip Code						State, Zip	Code NJ 080	91					
Project Manager for Monitoring Firm		T	Telephor	ne No.	Telep	hone No. 753-98		T	License	No.			
Start Date (10) 10/28/14	Scheduled Completion Date (11) Name 10/31/14 Sam						A Monitor						
Occupancy Status During Abatement (Che	- 3	100			Street	Address	3						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:					City, S	State, Zip	Code	- 1					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti			Full Containment with Negative Pressumini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro								
		Locati									Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lormall d Sole intenar odial S (12)	ly by nce/	(i.e. the	Description Containing I ermal system surfacing, V ther miscella	Material (ns insulat AT, or		(S _I	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									6	
Exterior Siding			х	. 6	Exterior Si	iding		190	00 SF	x			
Through out			×	Flo	01 711.	ť		700	2 5F	X			
										_			
Name of Registered Waste Hauler		539	JDEP W		Cubic Yards		Name of	1 A 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	red Land	fill	1		
United Containers City, State		22	2459	4	Disposal Date	е	G.R.O.	te					
Elm NJ					0/31/14		Morris						
Completed by Anthony T Perna													

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

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

Date of Notification (1)		Name of P.S.E.		Owner/Open	ator (2)		RECEIV	E)-				
Agencies Notified / Type Notification		Street A	ddress	ROAD		281	4 0CT 30 P	H In:	. 0				
DEP Initial Amended Amendment:	# 1	Cîty, Sta	ate, Zip Co		IJ. 07080		BESTOS CO						
☐ Emergency (i justification) ☐ DGA ☐ Cancellation	including	1	f Contact	LETTE	F	4//	and C. E. A.	MAC	····				
News of Capilla 10/hors Abstragat is Taking	Dinos (2)			ORMATION		of Facility (0						
Name of Facility Where Abatement is Taking	J Place (3)				1	of Facility (- EG						
Street Address							8 (Other than K-12						
1389 RTE 2	02 1	UOR	TH		100	etc.)	rivate & commerci		5 1		∌S,		
City (5) NESHANIC ST	TATIO	.)			Squa	re Feet	# of Floors	1	ldg.Æ i∪ /	ige A			
County (a)	11110	Country	Code (7)	•	Curre		or if being demolish	ned)		-			
SOMERSET		1	USE ONLY			<u>Sw</u>	ITCH S	TA	Tio	<i>(</i>)			
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	Jwner (8)	ASCI 00				stement Con SYSTEMS	tractor (9) S OF AMERICA	Ą					
Street Address 64 BROAD STREET				- 10° 70°	reet Addre 96 WHIT	ss EHEAD A	VE.						
City, State, Zip Code MATAWAN, NJ 07747	1/				ity, State, Z	ip Code NVER, NJ	N8882						
Project Manager for Monitoring Firm		Telepho		Te	elephone N	lo.	License N		-				
TOM GEIGER Start Date (10),	ompletion	92-2217		32-432-8	HA Monitor	0111	1						
10/17/14	14/1	14	U	NIQUE :	SYSTEMS	OF AMERICA	A						
Occupancy Status During Abatement (Chec			• •	100 700	reet Addre	ss EHEAD A	VE			-			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facility Hou	ement urs			ty, State, Z								
Other - Describe: OLT DOOR	2			_ s	OUTH R	RIVER, NJ	08882						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	⊠				Пъ								
≥ 160 sf or ≥260 lf	Demo	vation dition			Mi	ni-Enclosure ovebag Proc							
	Т		1					d Non-Friable Proce					
	Is Loc			_	-					Abatement Type			
Location of Asbestos-Containing Material (ACM)	Used So Mainter	lely by		Descrip tos Containi	ng Materia		Amount			Ш			
TO BE ABATED In Facility	Custodia	l Staff?	(i.e.	thermal sys		ation,	(Specify SF or LF)	Removal	Repair	ncap	Enclo		
(13)	(12			other misc	ellaneous)			oval	pair	Encapsulate	Enclosure		
	Yes No	-											
OUTS: DE	×		ACO	n TRA	NSITE	PipE	35 LF			X			
		-				1							
Name of Registered Waste Hauler	NJDEP W	/aste	Cubic Yan	ds	Name of F	Registered Landfill							
WASTE MANAGEMENT	Hauler ID 1125		of Waste		100,000,000,000,000,000	S NORTH							
City, State ELIZABETH, NJ				Disposal D	Date	City, State	SVILLE, PA						
Completed by	Title	1				1							
CAROL RAIMO	MGR.		1	arek	and Rains 10/28/14								